

**Department of Social Services
Medical Services Budget Detail (0831)**
(Reflects the FY11 FMAP adjustment)

Program & Description		General	Federal	Other	Total
		Budgeted FY10	Rec Inc/Dec	FY11 Gov Rec	
<u>Medical Services Administration.</u> Provides administration of the division-includes 36.0 FTE	G	3,346,854	1,610		3,348,464
	F	2,999,913	8,775		3,008,688
	O	0	0		0
	T	6,346,767	10,385		6,357,152
<u>Title XIX Transportation.</u> Provides reimbursement to Medicaid recipients for travel expenses (mileage, meals, lodging) when a physician referral for medically necessary services requires travel.	G	974,923	0		974,923
	F	974,923	0		974,923
	O	0	0		0
	T	1,949,846	0		1,949,846
<u>Medicaid Management Information System.</u> (SD MEDX) - includes 10.0 FTE	G	48,557	303		48,860
	F	22,956,437	2,385		22,958,822
	O	0	0		0
	T	23,004,994	2,688		23,007,682
<u>School Based Administration.</u> Allows a pass-through of federal funding for the School Based Administrative Claiming Initiative. The local school districts may claim administrative expenses related to the district's students that are eligible for Medical Assistance Programs.	G	0	0		0
	F	6,887,500	900,000		7,787,500
	O	287,500	0		287,500
	T	7,175,000	900,000		8,075,000
<u>Medical Services-Physician Service.</u> Used for payments for physician services in a number of worksettings for a full array of physician services. The amount of payment is determined by the specific procedure performed and on allowable fees established. Also, included is a \$3.00 per eligible monthly managed care fee totaling \$1,700,000, paid to case manager physicians.	G	22,426,026	8,188,970		30,614,996
	F	49,637,040	7,444,893		57,081,933
	O	0	0		0
	T	72,063,066	15,633,863		87,696,929

Medical Services-Inpatient Hospital. Used for payments to hospitals for inpatient services provided to eligible recipients. Most payments to the hospitals are made on the basis of diagnosis related groups (DRGs).

G	31,360,940	14,648,157	46,009,097
F	69,413,297	16,371,079	85,784,376
O	0	0	0
T	100,774,237	31,019,236	131,793,473

Medical Services-Disproportionate Share. Used to make disproportionate share reimbursement to qualifying hospitals.

G	242,023	6,874	248,897
F	406,483	-6,874	399,609
O	0	0	0
T	648,506	0	648,506

Medical Services-Outpatient Hospital. This program funds payments to hospitals for outpatient and emergency services provided to eligible recipients. Most services are paid an amount based on reasonable and allowable cost. However, certain non-emergency services are reimbursed on a set fee schedule.

G	11,492,195	3,268,201	14,760,396
F	25,436,451	2,084,438	27,520,889
O	0	0	0
T	36,928,646	5,352,639	42,281,285

Medical Services-Prescription Drugs. This program funds payments to pharmacies for prescription drugs dispensed to eligible recipients. The amount of payment is based on the estimated acquisition cost of the drugs dispensed, plus a dispensing fee of \$4.75, or the usual charge to the public if lower, less a copayment by the client of \$3.00 per brand-name prescription for all clients 18 years of age or over and not residing in a nursing home. No copayment is charged for children, nursing home residents, generic drugs, or for family planning items.

G	12,498,268	2,481,611	14,979,879
F	27,663,253	266,855	27,930,108
O	0	0	0
T	40,161,521	2,748,466	42,909,987

Medical Services-Other Medical Services. Funds payments to various providers, such as ambulance, wheelchair transportation, home health, prosthetic devices, braces, and durable medical equipment for use in the recipient's home. Payment for most of these services is made on both a fee for service and a percentage of usual and customary charge basis.

G	3,614,632	1,333,844	4,948,476
F	8,000,514	1,225,970	9,226,484
O	0	0	0
T	11,615,146	2,559,814	14,174,960

Medical Services-Chiropractic Services. This program provides payments to chiropractors for manual manipulation of the spine to correct a subluxation.

G	125,823	52,366	178,189
F	278,493	53,742	332,235
O	0	0	0
T	404,316	106,108	510,424

Medical Services-Medicare Crossover (Adults). This program funds payments to the various types of providers for deductible and co-insurance charges under the Medicare Program for individuals that are eligible for both Medicare and Medicaid benefits. (Includes 5% inflation)

G	6,422,605	1,811,625	8,234,230
F	14,215,586	1,137,204	15,352,790
O	0	0	0
T	20,638,191	2,948,829	23,587,020

Adult Dental. Provides payment for dental coverage for eligible individuals 21 years of age and older. Services are limited to basic restorations, dentures and partial dentures, and base metal crowns. A number of services require prior authorization.

G	1,056,132	274,543	1,330,675
F	2,337,610	143,446	2,481,056
O	0	0	0
T	3,393,742	417,989	3,811,731

Adult Optometric. Provides refraction services and eyeglasses for eligible clients age 21 and older.

G	208,565	57,001	265,566
F	461,631	33,515	495,146
O	0	0	0
T	670,196	90,516	760,712

EPSDT: Early Periodic Screening, Diagnosis, and Treatment Program

EPSDT-Screening (Children). Funds payments to physicians and clients to provide periodic screening for children under age 21 in an effort to discover physical or mental defects in an early stage and initiate treatment.

G	250,222	114,448	364,670
F	553,831	126,100	679,931
O	0	0	0
T	804,053	240,548	1,044,601

EPSDT-Dental Services(Children). This program pays Delta Dental of South Dakota a per client per month fee for each eligible client under age 21, to administer the child portion of the Medicaid dental and orthodontic program.

G	3,239,503	269,196	3,508,699
F	7,170,208	-628,211	6,541,997
O	0	0	0
T	10,409,711	-359,015	10,050,696

EPSDT-Optometric Services (Children). This program funds payments to optometrists for services provided to eligible individuals under age 21. The funds will assure appropriate optometric care for each individual under age 21.

G	346,554	116,978	463,532
F	767,055	97,207	864,262
O	0	0	0
T	1,113,609	214,185	1,327,794

EPSDT-Treatment Services (Children). This program provides payment for psychiatric hospital services, nutritional therapy and supplements, school district rehab services, psychiatric residential treatment facility services, and medical equipment to eligible clients under age 21.

G	4,459,204	960,822	5,420,026
F	7,371,964	654,278	8,026,242
O	0	0	0
T	11,831,168	1,615,100	13,446,268

Supplemental Medical Insurance (SMI) - Part A Premium. These funds are used to pay the Medicare part “A” premiums so that persons eligible for Medicare will be given the opportunity to receive inpatient benefits under the Medicare program. Payment of these premiums was mandated by the Medicare Catastrophic Coverage Act passed by Congress in 1988. (Includes 4.2% inflation)

G	1,667,884	244,063	1,911,947
F	3,691,640	-126,799	3,564,841
O	0	0	0
T	5,359,524	117,264	5,476,788

Supplemental Medical Insurance (SMI) - Part B Premium. These funds are used to pay the Medicare Part B premiums for eligible individuals. This mandatory program allows eligible individuals to access Medicare for covered services. State funds are used for a portion of the Medicare premium. A small portion of the funds is also being used to purchase primary health insurance through a private health insurance company for individuals eligible for health insurance through their employer. These individuals are primarily pregnant women. (Includes 11.86% inflation)

G	6,322,466	1,511,106	7,833,572
F	13,993,940	611,828	14,605,768
O	0	0	0
T	20,316,406	2,122,934	22,439,340

BBA Expanded Supplemental Medical Insurance (SMI). These funds are used to pay Medicare premiums for qualified individuals. Medicaid was mandated by the Balanced Budget Act of 1997 to enroll these individuals. (Includes 11.86% inflation)

G	0	0	0
F	1,348,362	215,046	1,563,408
O	0	0	0
T	1,348,362	215,046	1,563,408

Premium Assistance. Used to purchase private health insurance for individuals who have insurance available, but cannot afford the premiums. This program concentrates on high-risk individuals, particularly pregnant women who may give birth to infants who are at risk for neonatal intensive care admissions.

G	138,483	0	138,483
F	138,482	0	138,482
O	0	0	0
T	276,965	0	276,965

Medicare Part D - State Contribution. Medicare Part D is a Prescription Drug program administered by Medicare and the state is required to pay a portion of the cost. The state makes a payment to the federal government called the Phased-down State Contribution, or the "Clawback." The program began 1/1/06. (Includes 3.97% inflation)

G	12,631,879	2,391,148	15,023,027
F	0	0	0
O	2,153,526	-2,153,526	0
T	14,785,405	237,622	15,023,027

Indian Health Services. Funds are used for reimbursing Indian Health Service facilities for inpatient and outpatient hospital services and clinic services provided to eligible recipients. The amount for reimbursement is established by the federal Office of Management and Budget.

G	0	0	0
F	47,921,659	20,160,575	68,082,234
O	0	0	0
T	47,921,659	20,160,575	68,082,234

Children's Care Hospital & School. Provides payment for inpatient care for eligible recipients residing at the Children's Care Hospital in Sioux Falls. Recipients are required to participate in the cost of their care by paying the facility any income over \$60 per month unless other deductions are allowed. Funding is anticipated for a census of 65 children. Match is provided by local school districts.

G	0	0	0
F	7,165,900	378,711	7,544,611
O	0	0	0
T	7,165,900	378,711	7,544,611

Children's Health Insurance Program (CHIP). This program became effective July 1, 1998, and increased the eligibility requirements up to 133% of the Federal Poverty Level (FPL) for children ages 6 through 18. This is a Medicaid expansion, so the full range of medical benefits is now available for these children. Effective April 1, 1999, the eligibility requirements were increased to 140% of the FPL for all children ages 0 through 18.

G	3,903,355	481,667	4,385,022
F	11,040,576	899,869	11,940,445
O	0	0	0
T	14,943,931	1,381,536	16,325,467

Non-Medicaid CHIP. This program is a Medicaid "look-alike" program for uninsured children ages 0-18 years that are between 140% and 200% of the Federal Poverty Level. There are some additional eligibility criteria relating to being uninsured, such as not having had insurance for a period of three months prior to applying for CHIP. The service coverage for this program will be identical to those services available to Medicaid children. The program became effective July 1, 2000.

G	1,293,219	228,189	1,521,408
F	3,657,848	484,959	4,142,807
O	0	0	0
T	4,951,067	713,148	5,664,215

Renal Disease. This is 100% state funded program providing payment to hospitals, physicians, pharmacists, etc. for services provided to eligibles with chronic renal failure requiring dialysis or transportation to maintain life. All third party resources are utilized before program funds are expended.

G	11,336	0	11,336
F	0	0	0
O	0	0	0
T	11,336	0	11,336

TOTALS

G	128,081,648	38,442,722	166,524,370
F	336,490,596	52,538,991	389,029,587
O	2,441,026	-2,153,526	287,500
T	467,013,270	88,828,187	555,841,457