



DEPARTMENT OF HUMAN SERVICES

Division of Long Term Services & Supports

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MEMO TO: The Division of Long Term Services and Supports (LTSS) Providers
MEMO FROM: Yvette Thomas, Director, Division of Long Term Services & Supports'
Department of Human Services (DHS)
RE: Six Month Timely Filing for LTSS State Funded Services
DATE: October 1, 2020

Effective October 1, 2020 all LTSS services, including State funded services will be subject to the timely filing rules currently in use with SD Medicaid services as follows:

- The provider must submit a claim for services within six months following the month the service was provided. This time limit may be waived or extended only if one or more of the following situations exist:
 - The claim is an adjustment or void of a previously paid claim and is received within three months after the previously paid claim;
 - The claim is received within six months after a retroactive initial eligibility determination was made as a result of an appeal;
 - The claim is received within three months after a previously denied claim;
 - The claim is received within six months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance;
 - To correct an error made by the Department.