



DEPARTMENT OF HUMAN SERVICES

Division of Long Term Services & Supports

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As you are aware, the Division of Long-Term Services and Supports (LTSS) has been working to transition to a new IT System, Therap, for administrative functions for LTSS services. This includes receiving electronic referrals and authorizations of services through Therap (i.e. paper authorizations will no longer be faxed to providers), Electronic Visit Verification (EVV), and mandatory claims submission through Therap for the In-Home Services Program/State funded services. Billing through Therap for HOPE Waiver services is optional, but strongly encouraged.

The target date for EVV and claims submission in Therap was scheduled for February 1, 2020, but due to a multitude of moving parts and providers expressing concern with this timeline, the go live date has been adjusted to March 1, 2020, barring any technical issues. Our goal is to ensure that providers are confident and comfortable with Therap. We believe this additional time will allow for a smoother transition, as providers will have more time to get set up properly and begin working in Therap in advance of the go live date.

Please take note of the following important clarifications regarding the transition to billing in Therap:

- State funded services (currently billed on a 522 Request for Payment) with dates of service on or after March 1, 2020 **must be submitted through Therap**. Any 522 Request for Payment forms submitted with dates of service on or after March 1, 2020 will not be processed and will be returned to the provider.
- State funded services with dates of service prior to March 1, 2020 must be submitted on a 522 Request for Payment by August 31, 2020 unless this requirement is waived due to extenuating circumstances as outlined below.
- With the transition to Therap, six month timely filing rules will be effective March 1, 2020 for all services, including State funded services. The six month timely filing rules are 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.
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- Claims for HOPE Waiver and other LTSS approved Medicaid services (currently billed on a CMS 1500 form) are not required to be billed in Therap, although it is strongly encouraged as a time-saving opportunity for providers for dates of service on or after March 1, 2020.

Providers that do not have an account set up in Therap will need to do so IMMEDIATELY to avoid delays in reimbursement for State funded services. Please e-mail sdsupport@therapservices.net to initiate account set up. If you have not yet attended one of the provider webinar trainings regarding EVV and/or billing, please visit <https://help.therapservices.net/app/south-dakota-ltss> for training materials.

NOTE: References to Electronic Visit Verification (EVV) apply only to providers of homemaker, personal care, nursing, adult companion, respite care, and chore services.

Thank you for your continued patience with this transition.

Misty Black Bear

A handwritten signature in cursive script that reads "Misty Black Bear".

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