

**Medical Care Advisory Committee (MCAC)  
 Meeting Agenda**

Henry McMaster GOVERNOR  
 Robert M. Kerr DIRECTOR  
 P.O. Box 8206 > Columbia, SC 29202  
 www.scdhhs.gov

**Agenda**

Date: May 3, 2022 Time: 10 a.m.-12 p.m. Location: WebEx

Topic	Presenter
<b>1. Director's Welcome</b>	Robby Kerr, SCDHHS Director
<b>2. Medicaid Enrollment</b>	Nicole Mitchell Threatt, Deputy Director of Eligibility, Enrollment and Member Services
<b>3. Medicaid Redeterminations</b>	Nicole Mitchell Threatt, Deputy Director of Eligibility, Enrollment and Member Services
<b>4. Advisement: Supplemental Teaching Physician Payment Program</b>	Jeff Saxon, Chief of Reimbursements
<b>5. Advisement: COVID Vaccines, Testing and Treatment</b>	Margaret Alewine, Chief of Policy
<b>6. Advisement: Mandatory Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials</b>	
<b>7. Advisement: Rate Increases for Home-based Private Duty Nursing Services and Personal Care Services</b>	
<b>8. American Rescue Plan Act/Home and Community-based Services Spending Plan</b>	
<b>9. Recap of Recent Bulletins</b>	
<b>10. Behavioral Health Redesign Update</b>	Kathy Hugg, Director of Behavioral Health Services
<b>11. Website Redesign Update</b>	Jeff Leieritz, Director of Communications and Public Relations
<b>Closing Comments</b>	
<b>Adjournment</b>	

**Medical Care Advisory Committee  
Feb. 8, 2022, Meeting Minutes**

**Present**

John Barber  
Dr. Michelle Fry  
Dr. Thompson Gailey  
Tricia Richardson  
JT McLawhorn  
Amanda Whittle  
Lathran Woodard

**Not Present**

Graham Adams  
Sue Berkowitz  
William Bilton  
Maggie Cash  
Dr. Amy Crockett  
Chief Bill Harris  
Amy Holbert  
Tysha Holmes  
Michael Leach  
Bill Lindsey  
Melanie Matney  
Dr. Kashyap Patel  
Loren Rials  
Dr. Jennifer Root  
Dr. Keith Shealy

**Director's Welcome**

Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their time and service.

Director Kerr stated the agency recently presented their budget to the Ways and Means Subcommittee. The majority of the request is annualization. He said the agency is currently reviewing school-based mental health counseling services and funding. Approximately 80% of these services are funded by the South Carolina Medicaid program.

**Medicaid Enrollment**

Deputy Director of Eligibility, Enrollment and Member Services (EEMS) Nicole Mitchell Threatt presented an update on Medicaid enrollment.

## **Medicaid Redeterminations Reinstatement Update**

EEMS Chief of Policy and Process Lori Risk provided an update on steps the agency is taking to prepare for redeterminations at the end of the federal public health emergency.

### **Advisements**

#### **Advisement: Intermediate Care Facilities for Individuals with Intellectual Disabilities Rate Update**

An overview of the advisement was provided by Chief of Reimbursements Jeff Saxon.

There were no questions or comments.

#### **Advisement: Psychiatric Residential Treatment Facility Rate Update**

An overview of the advisement was provided by Jeff Saxon.

The following question(s)/comment(s) were provided:

1. A committee member thanked the agency for the significant increase in rates for psychiatric residential treatment facilities.

#### **Advisement: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program**

An overview of the advisement was provided by Chief of Policy Margaret Alewine.

The following question(s)/comment(s) were provided:

1. Is the postpartum 12-month extension for full-benefit Medicaid coverage, not just maternity care?
  - a. The agency affirmed that the extension will be for full-benefit Medicaid coverage to include the full array of services offered by Healthy Connections Medicaid.

#### **Advisement: FFS Ambulatory Care Visits – 12 Visit Limit**

An overview of the advisement was provided by Margaret Alewine.

The following question(s)/comment(s) were provided:

1. Is the change for ambulatory care going to carry over to behavioral health visits?
  - a. The agency responded that ambulatory care visits (ACVs) are currently defined within the [Physicians' Services Provider Manual](#), and includes the services outlined in the manual. Maternal care, EPSDT screenings or services that do not require a physician, such as physical or occupational therapy, do not count toward the ACV limit. The agency will review the change to ACVs and how it relates to behavioral health visits and will follow up.

## **Advisement: Rate Changes for Certain Incontinence Supplies and Department of Alcohol and Other Drug Abuse Services and Autism Spectrum Disorder Services**

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

## **COVID-19 Updates – Telehealth**

Margaret Alewine provided an overview of the agency's proposed approach to addressing the future of the telehealth flexibilities that were created during the COVID-19 PHE.

There were no questions or comments.

## **Home and Community-based Services Waiver Updates**

Margaret Alewine provided a summary of changes included in the proposed waiver amendments for the state's home and community-based waiver (HCBS) programs.

The following question(s)/comment(s) were provided:

1. Do you have an estimated timeline for the filing of the waiver amendments to make the temporary rates permanent and the other changes listed here?
  - a. The agency responded that it intends to issue public notices with the full waiver applications and corresponding amendments or renewals that will be available to the public by the end of February. A public webinar to receive public comments will also be announced in the next few weeks. The agency added that the Community Supports renewal will be submitted no later than April 1, 2022, and the intent is for the remaining amendments and renewals be submitted to CMS in time for an effective date of July 1, 2022.

## **South Carolina Department of Disabilities and Special Needs Billing**

Margaret Alewine highlighted the transition of billing and payment of services under SCDDSN-operated waivers to Medicaid direct billing.

## **Orthodontic Services**

Margaret Alewine provided a summary of the shift in the administration and delivery of orthodontic services from the South Carolina Department of Health and Environmental Control to the Early and Periodic Screening, Diagnostic and Treatment benefit through the agency's dental administrative service organization.

## **Recap of Recent Bulletins**

Margaret Alewine provided an overview of recent bulletins. All [bulletins and alerts](#) are posted on the agency website.

## **Quality Strategy 2022**

Chief of Quality Jordan Desai provided an overview of the agency's quality strategy for 2022.

The following question(s)/comment(s) were provided:

1. Federally Qualified Health Centers (FQHCs) have not had an increase since 2017 to the encounter rate. SCDHHS staff have indicated multiple times this is something that needs to happen. So, with all the increases, when can we expect a rate increase for FQHCs?
  - a. The agency's Bureau of Policy will reach out to schedule a meeting.
2. When will the committee's open issues questions be addressed?
  - a. The agency's Bureau of Policy will reach out to schedule a meeting.

## **Closing**

The meeting was closed by thanking attendees for their participation and reminding them of the next MCAC meeting date.

# **Medical Care Advisory Committee**

## **May 3, 2022**

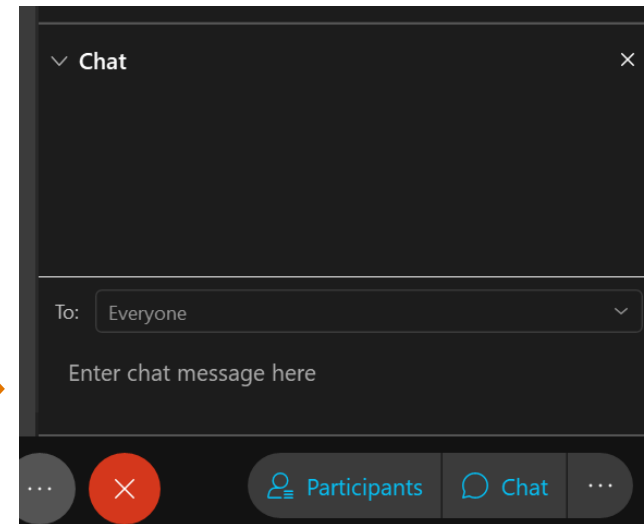
**The meeting will begin shortly.  
Microphones are muted.**

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**Thank you for participating in the  
Medical Care Advisory Committee (MCAC) meeting.**

# Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption
- MCAC members are welcome to comment or ask questions throughout the meeting
- All other attendees who wish to comment or ask questions should do so during the specified public comment periods
- Use the chat feature in Webex



# Director's Welcome

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Robby Kerr, Director



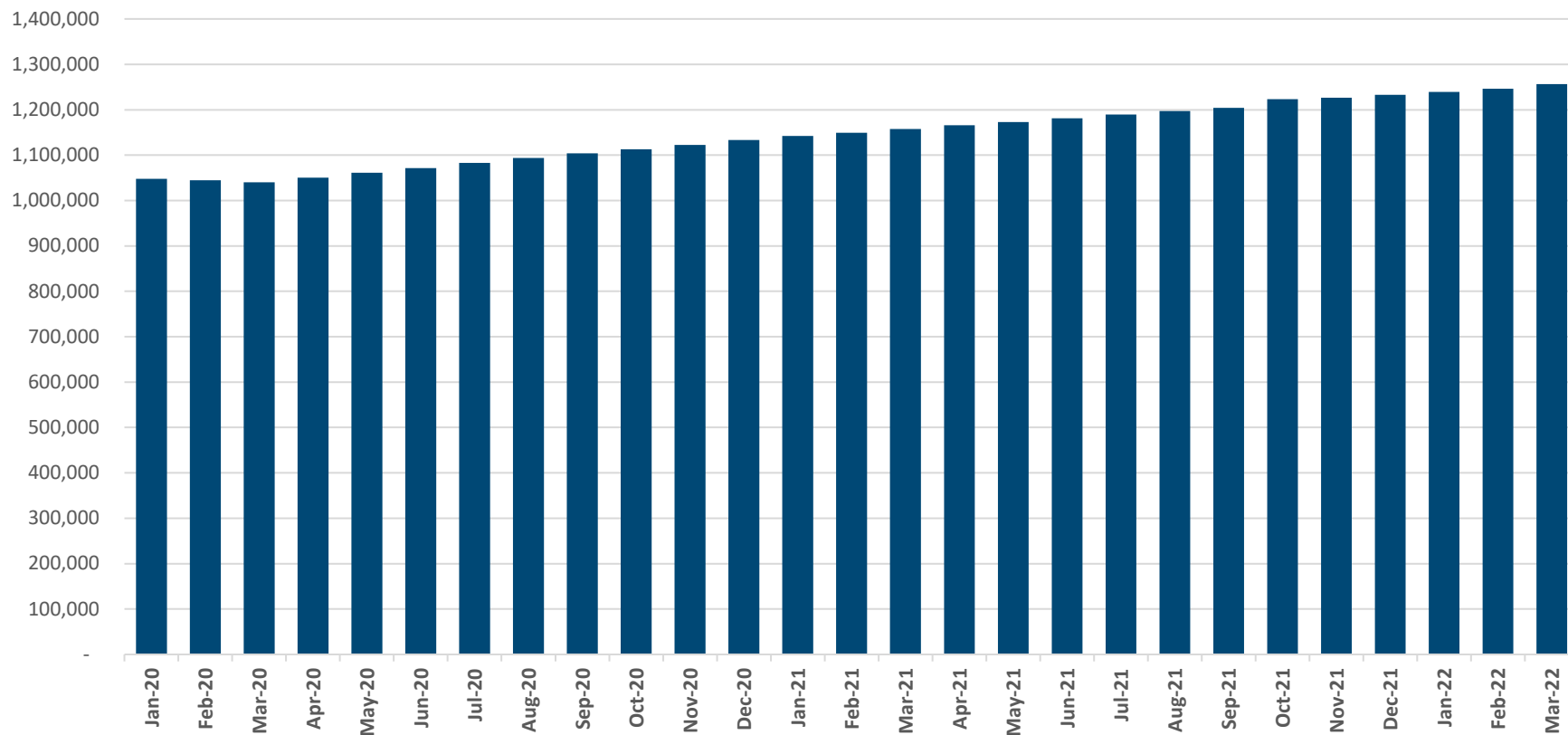
# Medicaid Enrollment

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Nicole Mitchell Threatt, Deputy Director  
Eligibility, Enrollment and Member Services

# Full-benefit Membership by Population

(as of March 31, 2022)

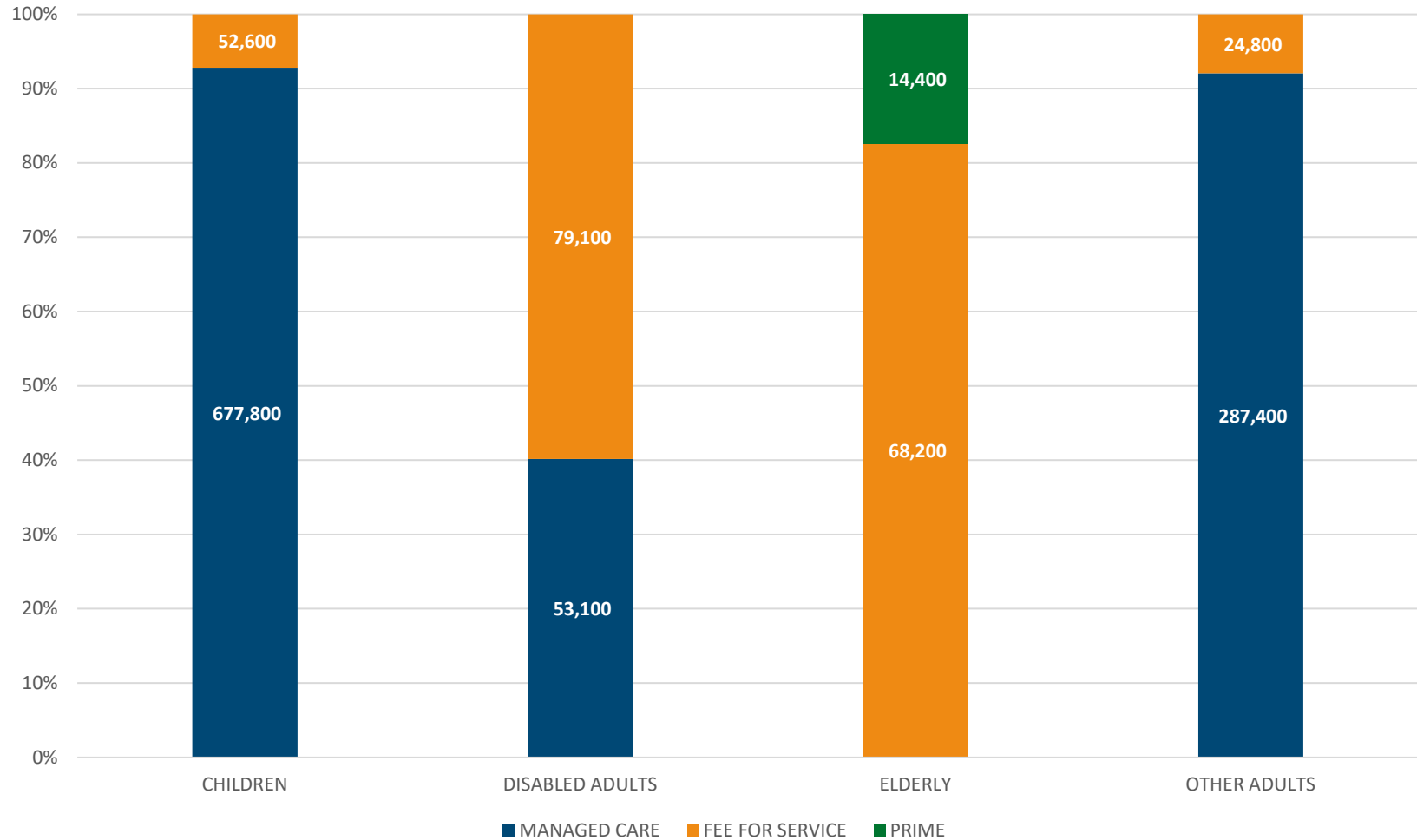


- During the PHE, full benefit membership has increased to approximately 1.25 million



# Full-benefit Membership by Population

(as of March 31, 2022)



# Current Status of Public Health Emergency

- Extended as of April 16, 2022
- States anticipate at least 60 days' notice for end of public health emergency (PHE) and end of continuous enrollment requirement
- No end date has been announced
- Centers for Medicare and Medicaid Services (CMS) has provided additional guidance that is being used to update planning for PHE unwinding

# Agency Goals for Redetermination Process

- Promote continuity of coverage for eligible individuals
- Minimize administrative burdens on members
- Limit delays in redetermination processing
- Distribute redeterminations to have a balanced workload for the PHE unwinding period, as well as subsequent years

# Review Process

- Monthly, electronic data will be used as much as possible to confirm continued eligibility
- Review forms will be sent approximately 60 days ahead of the redetermination date to members for whom eligibility cannot be confirmed with electronic data
- Members who do not return completed review forms within 30 days will receive a notice to let them know their Medicaid coverage will end if they do not return the form by the due date
- **If the PHE ends July 2022:**
  - **First reviews sent August 2022**
  - **First closures anticipated Oct. 1, 2022**

# Distribution of Redeterminations

- Redeterminations will begin the month after the PHE ends
- They will be distributed across a 12-month period
  - States have 12 months to initiate redeterminations and 14 months to complete the work.
- Distribution will begin with groups likely no longer eligible or no longer eligible in current category
  - Ex parte renewals likely limited in first few months, with most members requiring a review form be sent
- Remainder will be distributed across the 12 months
- The state may initiate no more than 1/9<sup>th</sup> of reviews each month

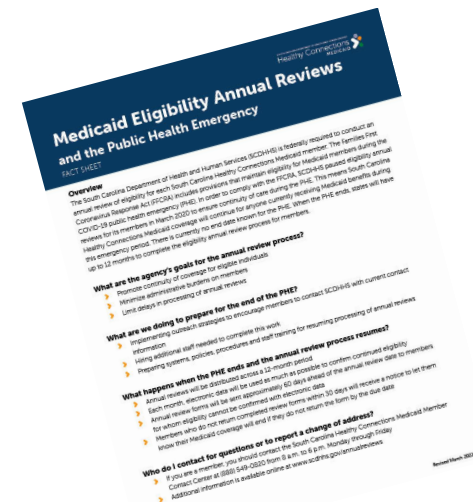
# Outreach

- Text messaging
- Outbound
- Collaboration with managed care organizations
- Proposed
  - Preliminary mailing prior to review forms sent to inform beneficiaries of upcoming review process, encourage contact for address changes, test returned mail procedures prior to reinstatement of review processing
  - Change of address form on the South Carolina Department of Health and Human Services (SCDHHS) website and/or citizen portal



# Communications Plan

- Audiences
  - Members
  - Providers
  - Agency staff
  - Managed care plans
  - Stakeholders, community partners
- Tools/communications materials
  - Annual reviews website
    - Central place containing all key information for resuming redeterminations and support materials
    - Sample review forms
    - Contact information/how to get help
    - Review form process – infographic
    - Instructions for completing review form
    - Reminder and instructions on how to update contact information
  - Fact sheet
  - FAQs
  - Speakers bureau
  - Social media
  - Videos



# Advisement: Supplemental Teaching Physician (STP) Payment Program

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Jeff Saxon, Chief of Reimbursements

# Background

- SCDHHS will update the base year data used for the determination of the supplemental teaching physician (STP) payments under the CMS approved STP average commercial rate (ACR) payment methodology
- Current STP payment methodology effective April 1, 2021, employs the use of average commercial rates, Medicaid fee-for-service (FFS) claims experience and STP listings applicable to calendar year 2020 service dates for each STP provider

# Changes

- To update the STP ACR payments for the period April 1, 2022, through March 31, 2023, SCDHHS will employ calendar year 2021 commercial payer rates, Medicaid FFS claims data and updated teaching physician listings for each STP provider
- Medicaid FFS claims data will be adjusted by an incurred but not reported factor to account for any incurred calendar year 2021 claims that may pay during the course of calendar year 2022
- SCDHHS will continue to determine the STP ACR payments on a provider-specific level based upon the use of the ACR per code
- SCDHHS will submit a state plan amendment (SPA) for this policy change

# Budget Impact and Effective Date

## Budgetary Impact:

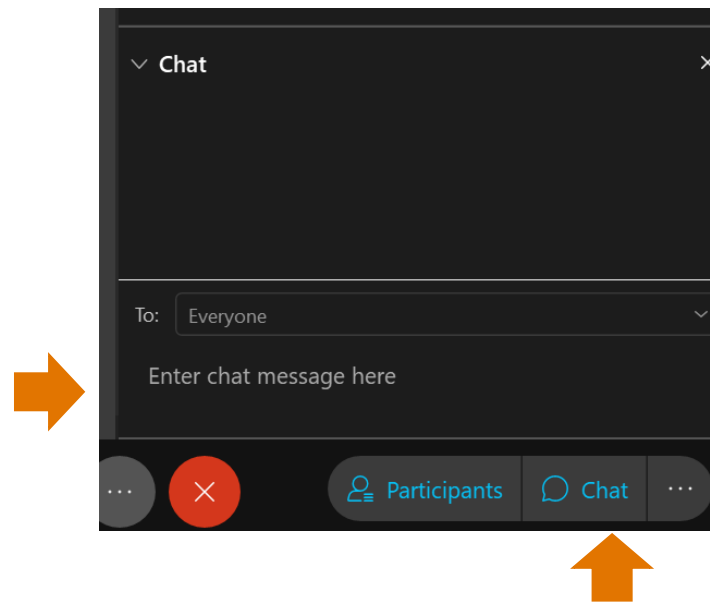
- SCDHHS anticipates an annual budgetary impact of \$6,300,000 (total dollars)
- No state match will be incurred by SCDHHS since the state matching funds required for these payments are provided via intergovernmental transfers from the medical universities, non-state-owned governmental hospitals or from the South Carolina Area Health Education Consortium

## Effective Date:

- On or after April 1, 2022

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# Advisement: COVID Vaccines, Testing and Treatment

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Margaret Alewine, Chief of Policy

# Background

- Section 9811 of the American Rescue Plan Act (ARPA) requires state Medicaid programs to cover vaccines, testing and treatments for COVID-19 without cost sharing until one year after the end of the PHE
- State Health Official letter 21-003 outlines requirements for state Medicaid programs to cover a broad array of COVID-19 testing, including all types of U.S. Food and Drug Administration (FDA)-authorized COVID-19 tests (screening and diagnostic tests)



# Background *(cont.)*

- State Health Official letter 21-006 requires state Medicaid programs to cover treatments for COVID-19, including specialized equipment and therapies, and preventative therapies

# Changes

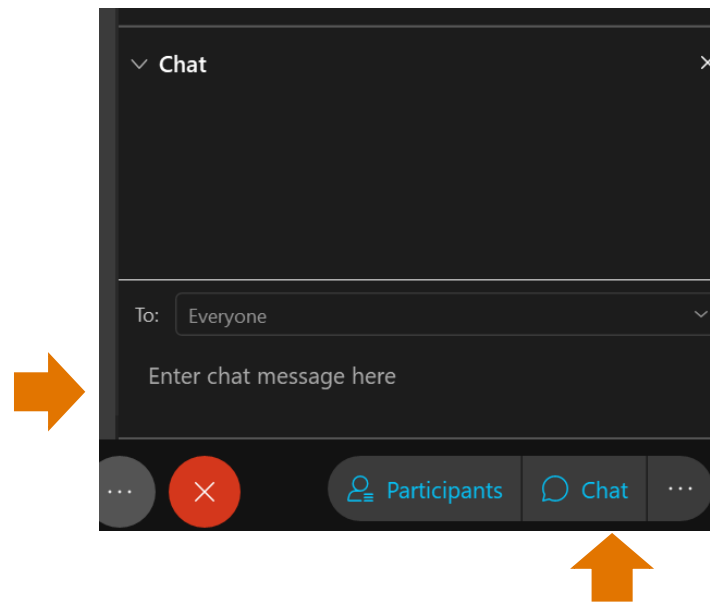
- This SPA impacts full-benefit Medicaid members and the optional COVID-19 group retroactive to March 11, 2021
- It will update the State Plan and implement coverage requirements in the ARPA
  - Mandatory coverage of COVID-19 vaccinations without cost sharing
  - Mandatory coverage of COVID-19 testing without cost sharing
  - Mandatory coverage of COVID-19 treatment without cost sharing
  - Includes treatment of a condition that may seriously complicate the treatment of COVID-19
- Effective March 11, 2021

# Coverage Changes

- For full-benefit Medicaid members, there is no change in current coverage for COVID-19 testing, treatment and vaccination other than removal of limitations on amount, duration or scope that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19
- Those who are enrolled in the optional COVID-19 testing group shall be covered for COVID-19 treatment in addition to testing and vaccinations through the end of the PHE

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# Advisement: Mandatory Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials

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Margaret Alewine, Chief of Policy

# Background

- State Medicaid Director letter SMD# 21-005 outlines new Medicaid state plan requirements for assuring coverage of routine patient costs associated with participation in qualifying clinical trials
- Division CC, Title II, Section 210 of the Consolidated Appropriations Act, 2021 (Public Law 116-260) (section 210) amended section 1905(a) of the Social Security Act by adding to the definition of medical assistance a new benefit at section (1905(a)(30)
- Applies to beneficiaries participating in a qualifying clinical trial on or after Jan. 1, 2022

# Changes

- SCDHHS will amend the South Carolina Title XIX State Plan to extend Medicaid coverage of routine patient costs associated with participation in qualifying clinical trials
- Routine patient costs that must be covered for a beneficiary participating in a qualifying clinical trial are any item or service provided to prevent, diagnose, monitor or treat complications resulting from participation in the clinical trials, to the extent the provision of such items or services to the beneficiary would otherwise be covered outside the course of participation in the clinical trial under the state plan or waiver
- Coverage will not exceed routine standards of care to meet specific clinical trial requirements

# Budget Impact and Effective Date

## Budgetary Impact:

- SCDHHS anticipates an annual budgetary impact of \$500,000 to \$2,000,000 annually (total dollars)

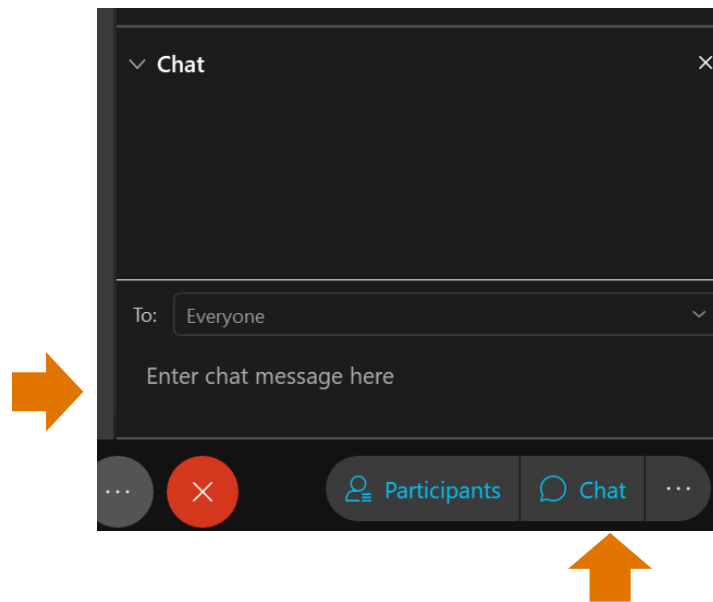
## Effective Date:

- On or after Jan. 1, 2022



# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# Advisement: Rate Increases for Home-based Private Duty Nursing Services and Personal Care Services

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Margaret Alewine, Chief of Policy

# Background

- SCDHHS intends to increase reimbursement rates for state plan home-based private duty nursing and state plan personal care services

# Changes

- Private duty nursing rates will be increased as follows:
  - RN private duty nursing: from \$37.40/hr to \$39.40/hr
  - LPN private duty nursing: from \$28.30/hr to \$29.80/hr
- The hourly rate adjustment for private duty nursing provided to children who meet the High Risk/High Tech definition will result in the following rates:
  - Enhanced RN: \$45/hr
  - Enhanced LPN: \$35/hr
- Personal care service rates will be increased from \$17/hr to \$19.40/hr

# Budget Impact and Effective Date

## Budgetary Impact:

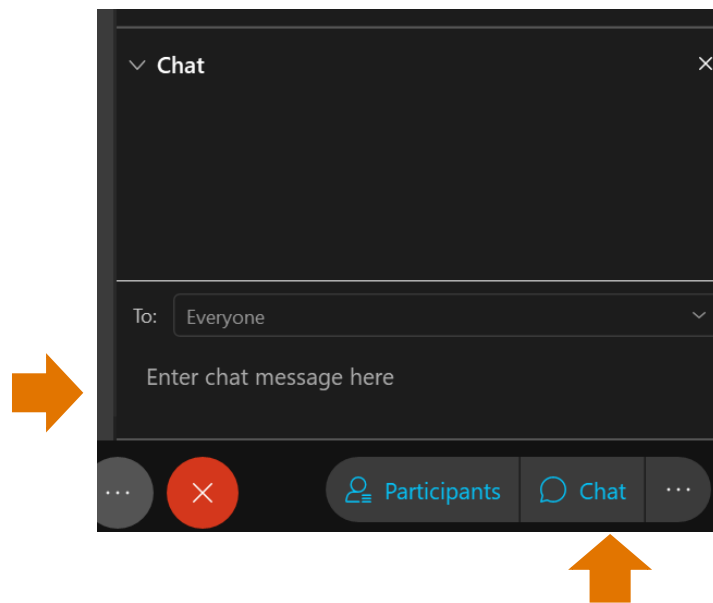
- SCDHHS anticipates an annual budgetary impact of approximately \$15,772,000 (total dollars) for state plan private duty nursing services
- SCDHHS anticipates an annual budgetary impact of approximately \$34,300,000 (total dollars) for state plan personal care services

## Effective Date:

- On or after July 1, 2022

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# ARPA/Home and Community-based Services (HCBS) Spending Plan

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Margaret Alewine, Chief of Policy

# ARPA/HCBS Spending Plan

- Section 9817 of ARPA provides states with temporary enhanced funding to enhance, strengthen and improve HCBS beyond what was available as of April 1, 2021
- SCDHHS received conditional approval from CMS on Feb. 15, 2022, for the state's ARPA spending plan



# ARPA/HCBS Spending Plan *(cont.)*

- Actions completed
  - Submitted waiver amendments to CMS to allow for use of ARPA funds for waiver service rate increases
    - Rate increases have either been implemented effective Jan. 1, 2022, or are planned for July 1, 2022
  - Incorporated new and enhanced services through waiver renewals effective Jan. 1, 2022
  - Submitted waiver amendments and waiver renewal to CMS to incorporate new or enhanced services in additional waivers

# ARPA/HCBS Spending Plan *(cont.)*

- Actions in process
  - Addressing needs for an updated incident management system
  - Actively working on distributing funds identified in the spending plan for staff retention in HCBS waiver programs
    - Formed workgroup to gather further input on activities to ensure funding incentivizes staff retention and stability of the provider network

# Recap of Recent Bulletins

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Margaret Alewine, Chief of Policy

# Pharmacy Coverage of Over-the-Counter Diagnostic Antigen Tests for COVID-19

- [Issued March 17, 2022](#)
- SCDHHS will reimburse enrolled providers for FDA-approved COVID-19 over-the-counter tests for home use as authorized by the ARPA

# Rate Increase for Home Delivered Meals (S5170)

- Issued March 21, 2022
- SCDHHS has increased the reimbursement rate for the home delivered meals service provided to Healthy Connections Medicaid members participating in waiver programs

# Improving Maternal Health and Extending Postpartum Coverage

- [Issued March 29, 2022](#)
- SCDHHS will amend the State Plan to extend postpartum coverage for Medicaid-eligible pregnant women from 60 days to 12 months effective April 22, 2022

# Rate Increase for Psychiatric Residential Treatment Facilities

- Issued March 30, 2022
- SCDHHS will increase the reimbursement rate for all contracting Medicaid Psychiatric Residential Treatment Facilities to \$500 per patient day for services provided to Medicaid-eligible children

# Behavioral Health Redesign Update

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Kathy Hugg, Director of Behavioral Health Services



# Behavioral Health Redesign

- Consulting with Mercer for overall redesign effort
  - Reviewed all benefits currently offered by Medicaid
  - Interviewed stakeholders
  - Needs assessment
- Project goal
  - Increase access to mental health services in schools
  - Increase network capacity
  - Increase quality of care

# School-based Mental Health Services

- History of rehabilitative behavioral health services (RBHS) moratorium
- Partial RBHS moratorium lift to allow for mental health services to be offered in the schools
- Timeline for moratorium lift
- RBHS training

# Website Redesign Update

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Jeff Leieritz, Director of Communications and Public Relations

# Background on “For Members”

- Dedicated space on SCDHHS.gov for Healthy Connections Medicaid Members
- Member-facing material previously scattered across different pages in different sections of the website
- Working group convened in January 2022
- Developmental site launched March 2022
- Soft launch of the new web page April 2022
- Part of larger website redesign effort

# “For Members” Tab

The screenshot displays the South Carolina Healthy Connections Medicaid website. At the top, the logo for 'SOUTH CAROLINA Healthy Connections MEDICAID' is visible, along with a search bar and a 'Report Fraud' link. The navigation menu includes 'GETTING MEDICAID', 'FOR MEMBERS' (highlighted with a red circle), 'FOR PROVIDERS', 'COMMUNICATIONS', 'USEFUL TOOLS', and 'ABOUT US'. The main content area features two large blue call-to-action buttons: 'Apply for South Carolina Medicaid' and 'Visit the Federal Marketplace'. Below these are two alert banners: one for 'Online Medicaid Eligibility Application Weekly Database Maintenance' and another for 'Coronavirus Disease preparedness'. The bottom section is divided into three columns: 'AGENCY COMMUNICATIONS' with recent news items, 'RESOURCES' with a link to the 'South Carolina Birth Outcomes Initiative', and 'COMMUNITY CONNECTIONS' with a ZIP code search form.

# “For Members” Landing Page

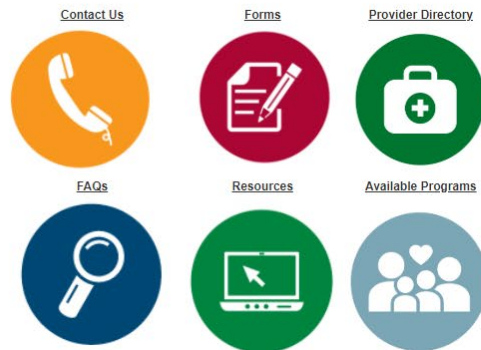
Home

## For Members

Healthy Connections Medicaid coverage varies depending on each member's needs. Not all member eligibility is the same. More information on Medicaid coverage and other resources is available below. For specific questions about eligibility, visit [Getting Started](#).

### QUICK LINKS

Click on the images below to be redirected.



Sign up to receive the latest news and updates.

SUBSCRIBE

### MOST VIEWS

[Frequently Asked Questions](#)

[Where to Go for Help](#)

[Medicaid](#)

[About SCDHHS](#)

[Medicaid Portal Login](#)

### Stay Connected

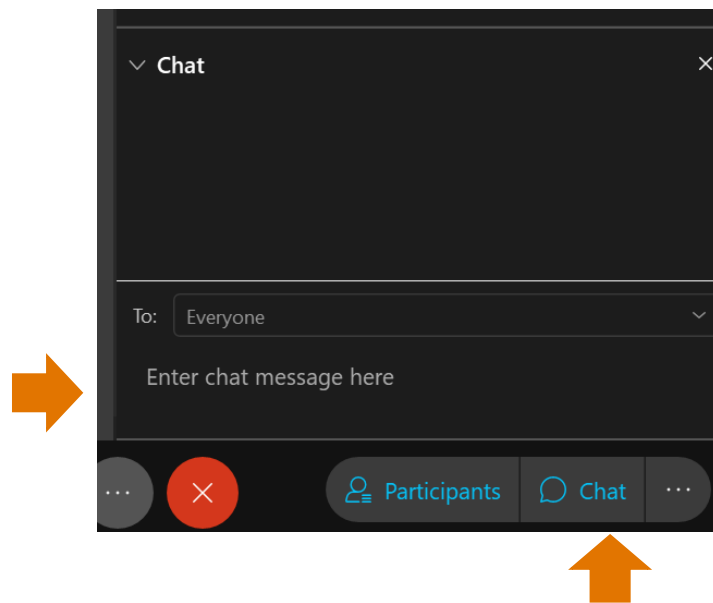


# Promotion

- Public announcement was made April 29, 2022, via “Healthy and Connected”
- Continued SCDHHS social media promotion

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.





# Closing Comments

- Future meetings will be held virtually for the foreseeable future
- Next scheduled meeting:
  - Aug. 9, 2022
  - 10 a.m. – 12 p.m.

