

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

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 Robert M. Kerr DIRECTOR  
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[www.scdhhs.gov](http://www.scdhhs.gov)

**Agenda**

Date: May 9, 2023

Time: 10 a.m.-12 p.m.

Location: WebEx

**Topic**

**Presenter**

1. Director's Welcome	Robby Kerr, SCDHHS Director
2. Medicaid Enrollment & Redeterminations	Lori Risk, Chief of Eligibility Policy and Training
3. Redeterminations	
4. Advisement: SUPPORT Act Changes for Former Foster Care Children Group	
5. Advisement: Supplemental Teaching Physician Payment Program	Brad Livingston, Chief Financial Officer
6. Advisement: Federally Qualified Health Centers	
7. Advisement: Rural Hospital Payment Methodology	
8. Advisement: Pharmacy Access Act	Cheryl Anderson, Director of Pharmacy Services
9. Advisement: Assertive Community Treatment Services	Margaret Alewine, Chief of Policy
10. Advisement: Autism Spectrum Disorder Services	
11. Advisement: Private Duty Nursing and Personal Care	
12. Advisement: Pediatric Inpatient Rehabilitation	
13. Advisement: Ambulatory Care Visit Limit	
14. Provider Manual Updates	
15. Coverage Updates	
Closing Comments	
Adjournment	



**Medical Care Advisory Committee  
Feb. 14, 2023, Meeting Minutes**

**Present**

Graham Adams  
John Barber  
Sue Berkowitz  
Maggie Cash  
Dr. Thompson Gailey  
Amy Holbert  
Mike Leach  
Bill Lindsey  
Melanie Matney  
Rebekah Spannagel  
Amanda Whittle  
Lathran Woodard

**Not Present**

Dr. Amy Crockett  
Chief Bill Harris  
Tysha Holmes  
JT McLawhorn  
Dr. Kashyap Patel  
Loren Rials  
Tricia Richardson  
Dr. Keith Shealy

**Director's Welcome**

Chief of Staff and Deputy Director of Programs Eunice Medina welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their participation. She stated we would provide an update on the restart of the standard annual review process.

**Medicaid Enrollment**

Eligibility, Enrollment and Member Services (EEMS) Chief of Policy and Process Lori Risk presented an update on Medicaid enrollment. She also provided an update on steps the agency is taking to prepare to resume the standard annual eligibility reviews process on April 1, 2023. In addition, she noted the federal public health emergency (PHE) will end May 11, 2023.

Director of Strategic Communications Jeff Leieritz outlined the communications plan for the resumption of the annual review process.

The following questions were asked.

1. Are MCOs aware of date of redeeming action for their members?
  - a. The agency responded stating it will continue to report annual reviews information to MCOs monthly.
2. Can you show family planning and pregnant women enrollment?
  - a. The agency will follow up with this information.

## **Advisements**

### **Advisement: HASCI Waiver Renewal**

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

There were no questions or comments.

### **Advisement: Home and Community-based Services Waiver Amendments**

An overview of the advisement was provided by Margaret Alewine.

The following questions were asked.

1. For the Community Supports waiver, is the cost limit being raised or removed?
  - a. The agency responded it is evaluating raising the individual cost limit based on the impact of recent rate actions.
2. Will the limit for behavioral healthcare visits also be waived?
  - a. SCDHHS will maintain parity for behavioral health visits for federally qualified health centers consistent with the ambulatory care visits.

### **Advisement: Nursing and Children's Personal Care**

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

### **End of Public Health Emergency (PHE) Bulletin Recap**

An overview of the advisement was provided by Margaret Alewine.

The following questions were asked.

1. If there is an item one of the members are interested in hearing, can the member send in a topic for a future MCAC meeting? Can you provide a timeline for when it will need to be done?
  - a. The agency responded it will send an email with instructions on where to submit this information.
2. Could I be sent the downloadable materials for this presentation?
  - a. The agency responded the PowerPoint slides are available on the [MCAC meeting page](#) of the agency's website.
3. Will the benefits change on May 11 or upon the participant's end date/renewal?
  - a. The agency responded that for those only enrolled in the COVID-19 limited benefit group, it doesn't have all the information for them to make a full eligibility determination. Members in this category will get a notice their limited benefits will end, but they will also be sent a full application with instructions on how to apply for Medicaid.

4. Will you be posting your baseline data and numbers around reinstatement?
  - a. The agency responded the Centers for Medicare and Medicaid Services (CMS) is making state data publicly available. The agency will coordinate with CMS to see what information SCDHHS should publish on our website.
5. Do the flexibilities under the PHE expire in correspondence with a participant's end date if the participant's eligibility is not renewed?
  - a. The agency responded some policy flexibilities will end May 11 at the end of the PHE. The flexibilities that will remain will continue for any members for which they are applicable. They are not related to an individual member's situation unless there is a change in their eligibility category. It is important to recognize the Consolidated Appropriations Act decoupled the continuous enrollment requirement put in place during the COVID-19 PHE from the policy flexibilities that are tied to the actual end date of the PHE.

### **Closing**

The meeting was closed by thanking attendees for their participation. The next MCAC meeting date is May 9, 2023.

Thank you for participating in the  
Medical Care Advisory Committee.

The meeting will begin shortly.

# Medical Care Advisory Committee (MCAC)

## May 9, 2023

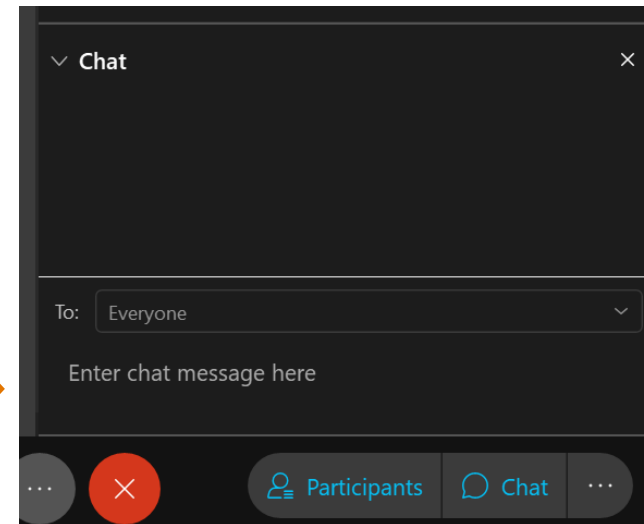
**The meeting will begin shortly.  
Microphones are muted.**

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**Thank you for participating in the  
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

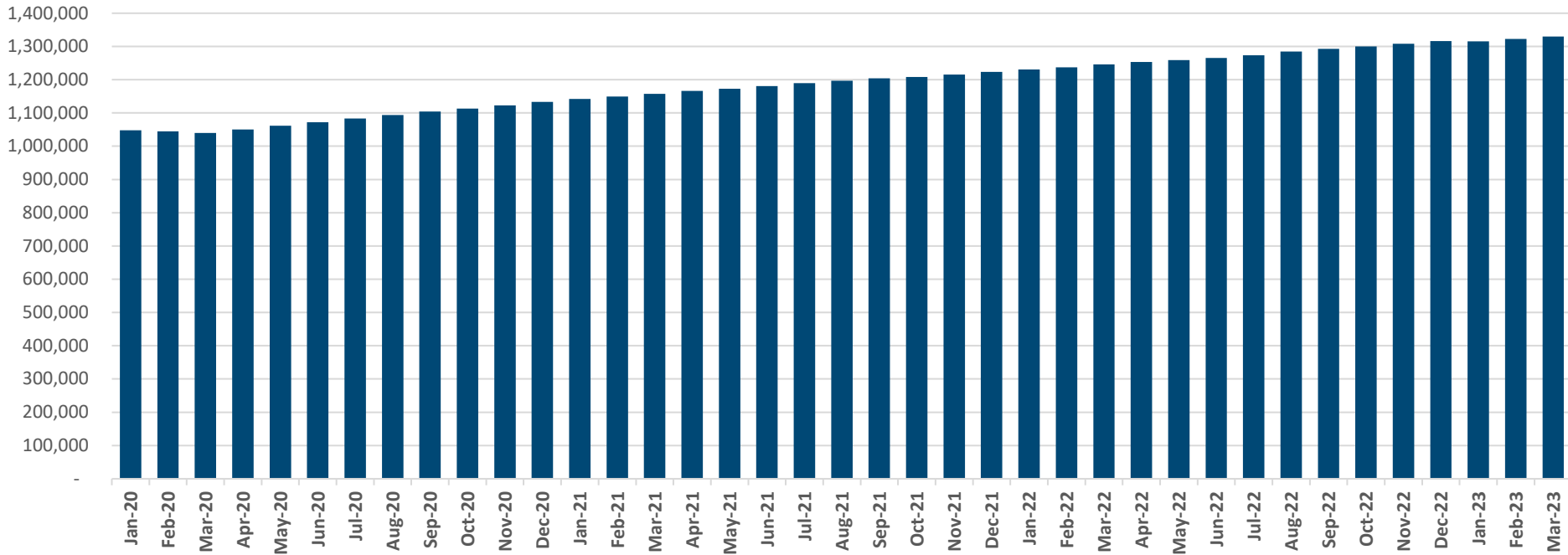


# Medicaid Enrollment & Redeterminations

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Lori Risk, Chief of Eligibility Policy

# Full-benefit Membership (as of March 31, 2023)

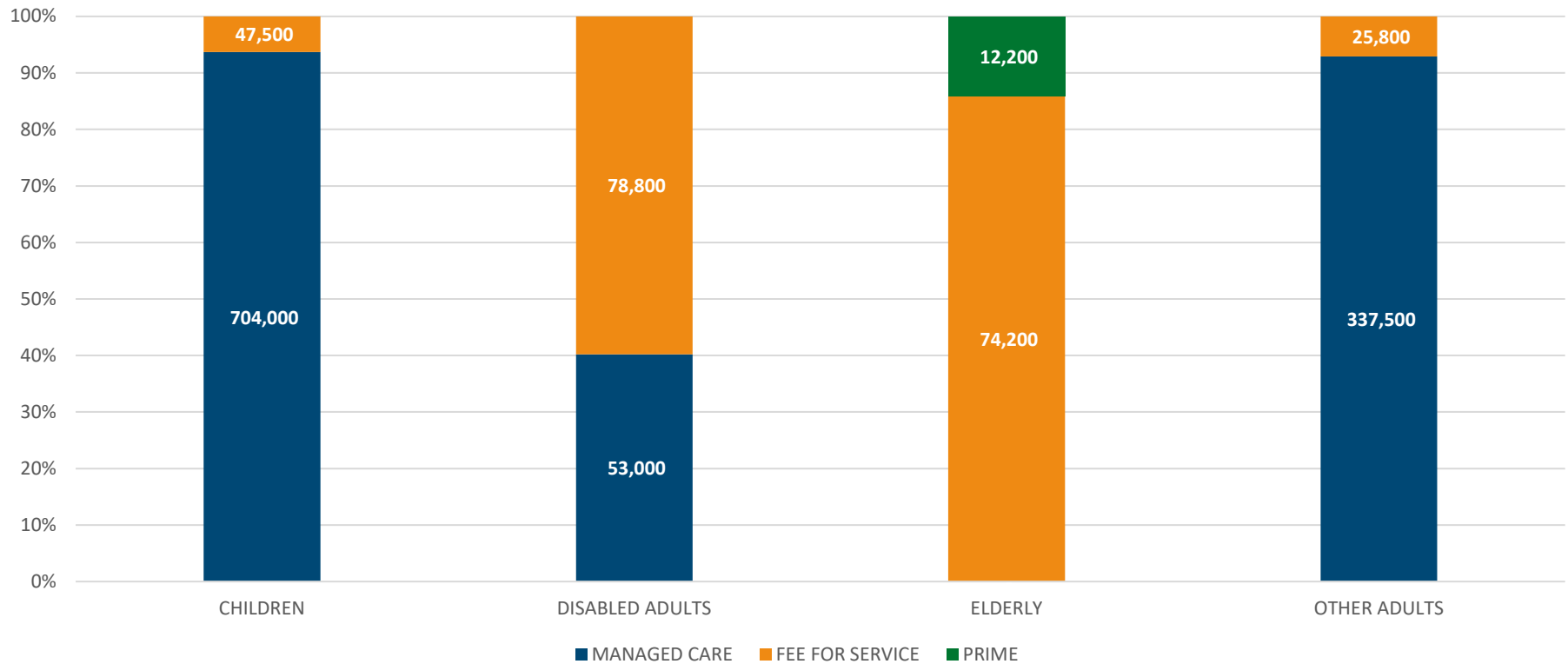


During the PHE, full benefit membership has increased to approximately 1.3 million



# Full-benefit membership by Population

(as of March 31, 2023)



# Redeterminations

## Agency Goals:

- 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 unwinding period, as well as subsequent years
- Ensure people who are eligible for Medicaid remain covered

# Redeterminations - Timeline

- March 31, 2023: Continuous enrollment requirement expired
- April 1, 2023: Initiated renewals
- April 8, 2023: Baseline reporting submitted to the Centers for Medicare and Medicaid Services (CMS)
- May 8, 2023: Next monthly report due to CMS
- May 11, 2023: PHE End Date and End Date for COVID Uninsured benefits
- June 1, 2023: First closures for failure to return review forms

# Review Process

- **Monthly:** the agency sends pre-review notices for members who are scheduled for redetermination in the next month. Each month during the unwinding period, notices will be sent approximately 30 days before a member is scheduled for redetermination.
- **April 1:** First reviews initiated
- **First week of April:** First Continuation of Benefits notices and annual review forms mailed, Text messaging begins
- **June 1:** First closures for failure to return review forms
- **Each month:**
  - Electronic data will be used as much as possible to confirm continued eligibility. (e.g. ex parte renewals)
  - 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 approximately 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
- Reviews are distributed across a 12-month period (April 2023 – March 2024)

# Communications Plan

- Communications Resources and Materials
  - [www.scdhhs.gov/annualreviews](http://www.scdhhs.gov/annualreviews)
  - Healthy Connections Medicaid member newsletter
  - Press releases
  - Member fact sheet
  - Provider fact sheet
  - Community events
  - Web articles
  - Partner FAQs

- Communications Channels
  - Direct outreach
    - Mail
    - Email
    - Text messages
  - Earned media
  - Social media
  - Community-based organizations
  - Managed care organizations
  - Providers
  - Other state agencies

# Outreach

- Presentations- agency, interagency, providers, community partners
  - Email: [AnnualReviews@scdhhs.gov](mailto:AnnualReviews@scdhhs.gov)
- Healthy Connections Medicaid members who have moved in the last few years should make sure their address and contact information are up to date so that we can reach them
- Change of address and contact information:
  - Online: <https://apply.scdhhs.gov>
  - By phone: Call (888) 549-0820 Monday through
    - Friday from 8 a.m. to 6 p.m.
  - Visit your [local eligibility office](#) Monday through
    - Friday 8:30 a.m. to 5 p.m.
- Annual review pre-mailings
- Text messages
- MCO and community partner outreach

Are you a Healthy Connections Medicaid member?

Have you moved?



➤ **Let us know!**

Make sure your mailing and home **address**, **contact information** and other **household details** are up to date so we can reach you about any changes in your Medicaid.

Change your address online at <https://apply.scdhhs.gov>. 

 Call (888) 549-0820  
Monday through Friday from 8 a.m. to 6 p.m.

Visit your local eligibility office. 

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Healthy Connections  
MEDICAID 

Revised August 2022



# Additional Tools

The following tools can also be found on the [apply.scdhhs.gov](https://apply.scdhhs.gov) SCDHHS website to assist members with the annual review process.

- **Document Upload Tool**

- Members may now return their form through SCDHHS' new [document upload tool](#). It is an online resource where you can return requested info, report a change in income, return an annual review form or submit other documents.

- **Online Review Form**

- Member may now submit review forms online at [apply.scdhhs.gov](https://apply.scdhhs.gov)

- **Check Review Status**

- Members can view their expected annual review date, when we anticipate their annual review form, whether we have received their form

# Advisement: SUPPORT Act Changes for Former Foster Care Children Group

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Lori Risk, Chief of Eligibility Policy

# Former Foster Care Eligibility Policy Update

## **Policy Affected:** Former Foster Care Eligibility Criteria

### **Former Policy:**

- Individuals who were enrolled in Medicaid when they aged out of foster care in **South Carolina** may be eligible for Medicaid in the former foster care category up to the age of 26.
  - Could not be eligible in any other Medicaid group

### **Updated Policy:**

- Individuals who were enrolled in Medicaid when they aged out of foster care in **any U.S. state or territory** may be eligible for Medicaid in the former foster care category in any state up to the age of 26. (Must have aged out on or after Jan. 1, 2023)
- Individuals who meet the eligibility requirements may be enrolled in this group even if they meet the eligibility requirements for, but are not enrolled in, another mandatory eligibility group.

### **Effective Date:** Jan. 1, 2023

**Authority:** Section 1002(a) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the “SUPPORT Act”), enacted on Oct. 24, 2018

# Advisement: Supplemental Teaching Physician (STP) Payment Program

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Brad Livingston, Chief Financial Officer

# Background

- SCDHHS will update the base year data used for the determination of the STP payments under the CMS-approved STP average commercial rate (ACR) payment methodology.
- The current STP payment methodology (effective April 1, 2022) employs the use of ACR, Medicaid fee for service claims experience, and STP listings applicable to calendar year 2021 service dates for each STP provider.

# Changes

- To update the STP ACR payments for the period April 1, 2023, through March 31, 2024, SCDHHS will employ calendar year 2022 commercial payer rates, Medicaid fee for service claims data, and updated teaching physician listings for each STP provider.
- The Medicaid fee for service claims data will be adjusted by an incurred but not reported (IBNR) factor to account for any incurred calendar year 2022 claims that may pay during the course of calendar year 2023.
- 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 for this policy change.

# Budget Impact and Effective Date

## Budgetary Impact:

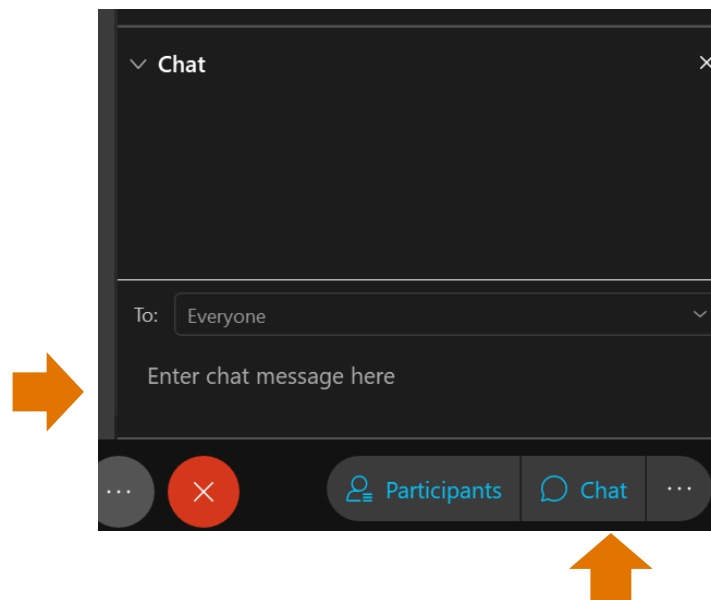
- SCDHHS anticipates an annual decrease of approximately \$5.3M (total dollars). The decrease in expenditures can be largely attributed to a decrease in claims volume.
- No state match will be incurred by SCDHHS since the state matching funds required for these payments are provided via intergovernmental transfers from the medical universities, non-state-owned governmental hospitals, or from the South Carolina Area Health Education Consortium (AHEC).

## Effective Date:

- On or after April 1, 2023

# Public Comment

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





# Advisement: Federally Qualified Health Centers (FQHC) Reimbursement Methodology Updates

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Brad Livingston, Chief Financial Officer

# Background

- SCDHHS will revise the rate setting methodology for FQHCs being reimbursed under the Alternate Payment Methodology (APM).
- The current APM payment methodology (effective July 1, 2016) was developed using FY 2014 cost reports and trended forward utilizing the Medicare Economic Index.
- Current methodology caps overhead at 30% of direct costs and set minimum productivity levels of 4,200 for physician; 2,100 for mid-level; and 3,360 for OB/GYN physician.

# Changes

- APM rate will use FY 21 cost reports trended forward utilizing the Medicare Economic Index.
- Overhead allowance will be capped at the 75 percentile.
- Minimum productivity levels will be set at 3,160 for physician; 3,160 OB/GYN physician and 2,585 mid-level.
- SCDHHS will submit a State Plan Amendment for this methodology change.

# Budget Impact and Effective Date

## Budgetary Impact:

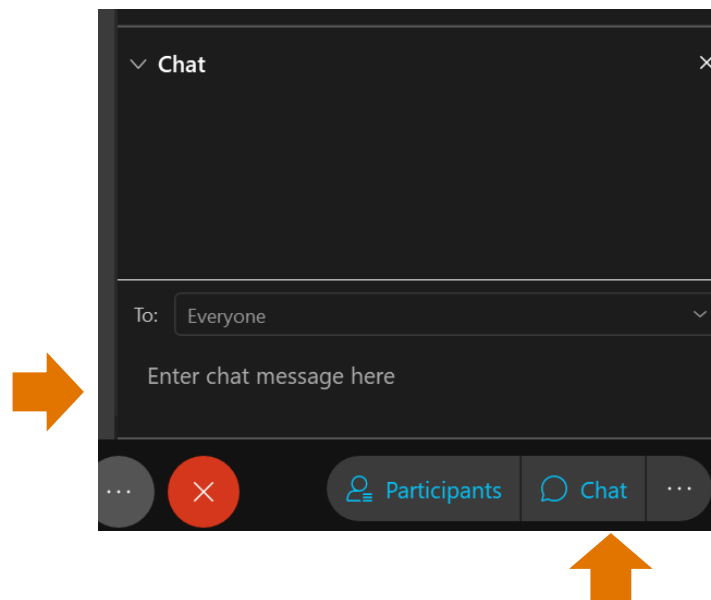
- SCDHHS anticipates an annual increase of approximately \$39 million (total dollars).
- State match will be from general fund appropriation.

## Effective Date:

- On or after July 1, 2023

# Public Comment

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



# Advisement: Rural Hospital Payment Methodology

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Brad Livingston, Chief Financial Officer

# Background

- Rural hospitals currently receive retrospective cost settlements that represent 100% of allowable Medicaid inpatient hospital costs.
- Hospitals may accrue cost shortfalls over multiple years before receiving full cost equivalent payment needed to maintain access to care.

# Changes

- Cost based prospective payment rates initially based on two-year average of each hospital's 2020 and 2021 payment data. Percentage inpatient base rate adjustment calculated using the average of each individual year's increase/(decrease).
- Outpatient hospital multiplier updated individually for each rural hospital.
- Payment rates will be reviewed regularly to maintain rural hospitals at a full-cost equivalent payment rate.
- SCDHHS will submit a State Plan Amendment for this methodology change.



# Budget Impact and Effective Date

## Budgetary Impact:

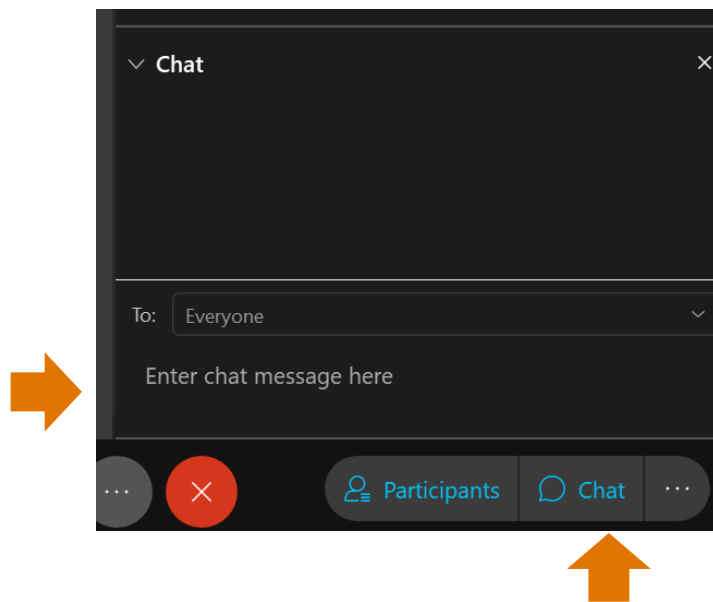
- SCDHHS estimates that this change in methodology will result in no additional spending.

## Effective Date:

- On or after July 1, 2023

# Public Comment

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



# Advisement: DAODAS Fee Schedule Updates

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Brad Livingston, Chief Financial Officer

# Changes

- SCDHHS intends to increase reimbursement rates for identified DAODAS procedure codes and add codes for delivery of medical services in Act 301 Behavioral Health Centers
  - SCDHHS anticipates an annual budgetary impact of \$1.3M (total dollars)
- Effective Date: On or after July 1, 2023
- Rate increases: psychiatric diagnostic evaluation; psychiatric treatment, E/M codes, peer services, family stabilization services
- New codes will be added for identified lab/testing, office visits, E/M codes, physician to physician consults

# Advisement: Pharmacy Access Act

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Cheryl Anderson, RPh  
Director of Pharmacy Services

# Background

- On May 23, 2022, the South Carolina General Assembly passed, and the governor signed the Pharmacy Access Act allowing pharmacists to screen individual patients to determine which, if any, hormonal contraception would be appropriate for an individual patient through a standing order.
- On March 29, 2023, SCDHHS met with representatives from each South Carolina managed care organization (MCO). The Pharmacy Access Act and reimbursements for these services under both pharmacy and medical benefits were discussed along with developing a new specialty medical professional type.
  - SCDHHS and the MCOs agreed to utilize the medical benefit.
  - SCDHHS will be sharing pharmacist enrollment data with the MCOs.
    - The MCOs will follow the state's policy to enroll pharmacists as the *rendering* provider.
    - The MCOs will follow the state's policy to recognize pharmacies as the *pay-to* provider.

# Background *(cont.)*

- Minimal increase in the utilization of this medical service.
  - Pharmacists will only be able to screen those patients <18 years of age unless prior contraceptive services have been rendered.
  - Gradual shift from other provider types assessing contraceptive therapy to pharmacists.
- 135 pharmacists are expected to engage in this medical service in year one.
- Provider communication and training development in progress.

# Changes

- In accordance with the Pharmacy Access Act, SCDHHS will update the State Plan adding pharmacists as another practitioner type under attachment 3.1-A section 6.d and attachment 4.19-B section 6.d.
- Pharmacies will be reimbursed for pharmacist services at parity with nurse practitioners and physician assistants, 80% of physician rates.



# Budget Impact and Effective Date

## Budgetary Impact:

- Shift from other providers assessing contraceptive therapy to pharmacists.
- SCDHHS anticipates an annual budgetary impact of approximately \$100,000 (total dollars)

New Pharmacist Providers	New Assessments per year	Total Additional Claims per year	Average Reimbursement/ Claim	Total CY Additional Expenditure
135	10	1350	\$77*	~100K

\*The average of procedure code 99202 and 99203 with the reimbursement rate for these providers would be \$76.67.

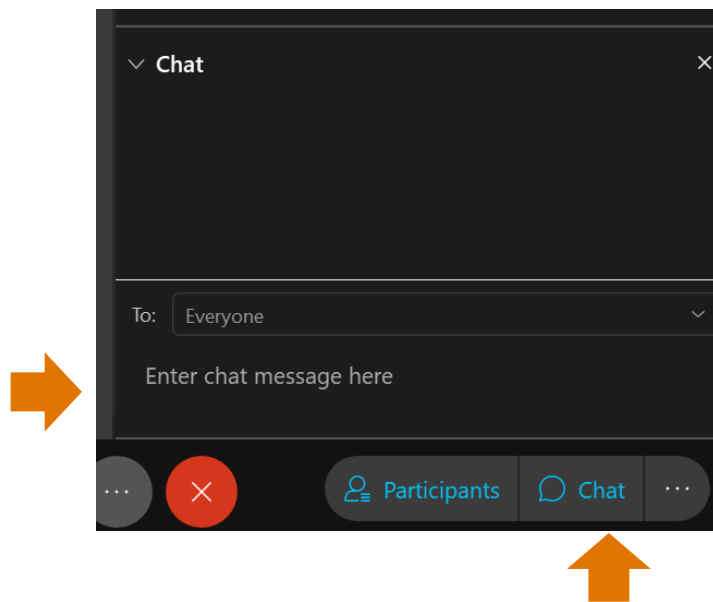
- MCO - \$80,000
- FFS - \$20,000

## Effective Date:

On or after Oct. 1, 2023

# Public Comment

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



# Advisement: Assertive Community Treatment (ACT)

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Margaret Alewine, Chief of Policy

# What is ACT?

- Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based behavioral health treatment, rehabilitation, and support to persons with serious and persistent mental illness.
- ACT uses a multidisciplinary team, which typically includes:
  - Team leader
  - Psychiatrist
  - Nurse
  - Mental health clinician (typically at least two)
  - Co-occurring disorder specialist
  - Employment specialist
  - Peer Support Specialist

# ACT Practice Principles

- A team approach
- In vivo services (in real world settings) rather than in clinic settings
- Low client to staff ratio
- Shared caseloads among team members
- Time-unlimited services
- Flexible service delivery
- Direct provision of all services by the team rather than referring patients out to other agencies
- Crisis management available 24 hours a day, 7 days a week

# ACT Fidelity

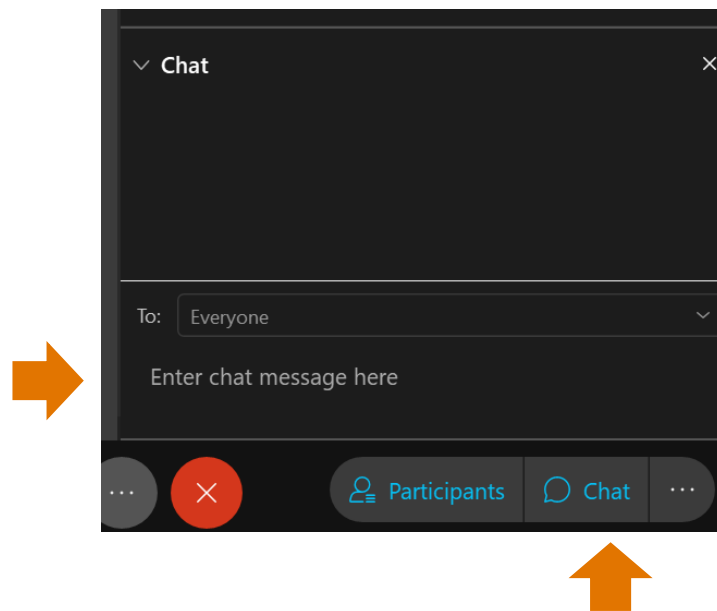
- The Tool for Measurement of Assertive Community Treatment (TMACT) will be the recommended fidelity tool.
- The tool will be used to measure the team' fidelity adherence to the ACT model.
- TMACT utilizes 47 fidelity measures that focus not only on program adherence, but also on the quality of service delivery.
- TMACT will:
  - Evaluate current practices
  - Compare to best practice standards
  - Conduct a needs assessment to guide recommendations
  - Inform broader training needs and highlight areas of strength

# Changes

- SCDHHS will amend the South Carolina Title XIX State Plan to add ACT services under Rehabilitative Behavioral Health Services (RBHS)
- Budgetary impact:
  - SCDHHS anticipates an annual budgetary impact of \$4.4 million (total dollars)
- Effective Date:
  - On or after July 1, 2023

# Public Comment

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





# Advisement: Autism Spectrum Disorder (ASD)

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Margaret Alewine, Chief of Policy

# Changes

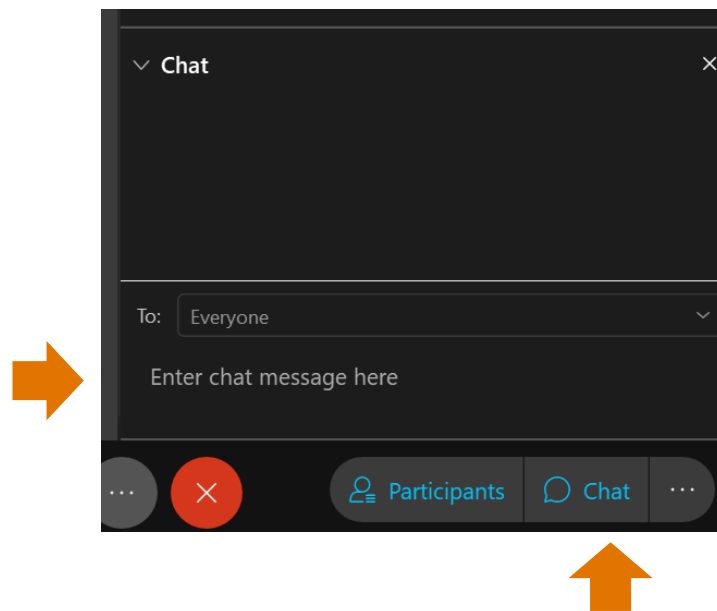
- SCDHHS intends to increase reimbursement rates for the ASD procedure codes listed below
  - SCDHHS anticipates an annual budgetary impact of \$3.6M (total dollars)
- Effective Date:
  - On or after Jul. 1, 2023
- **ASD service codes and limits will be increased as follows:**
- 97153- Adaptive Behavior Treatment by Protocol
  - Rate increase from \$11.25 to \$14.88/15 min. unit (\$45 to \$59.52/hr.)
- 97156 – Family Adaptive Behavior Treatment Guidance
  - Increase service limits to 96 units (24 hours) per year

# New ASD Procedure Codes

- SCDHHS Intends to add the following new ASD procedure codes:
  - 97154- Group Adaptive Behavior Treatment by Protocol, multiple patients
    - Performed by a Registered Behavioral Technician (RBT)
    - Rate will be \$9.10/15 min. unit (\$36.40/hr.)
    - Service limit will be 6 hours per day
  - 97158- Group Adaptive Behavior Treatment by Protocol, multiple patients
    - Performed by a Board Certified Behavioral Analyst (BCBA)
    - Rate will be \$13.00/15 min. unit (\$52.00/hr.)
    - Service limit will be 6 hours per day

# Public Comment

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



# Advisement: Consolidation of Private Duty Nursing, Personal Care Services

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Margaret Alewine, Chief of Policy

# Background

- SCDHHS intends to amend Title XIX of the Medicaid State Plan to consolidate registered nurse (RN) and licensed practical nurse (LPN) services into one consolidated nursing service
- The purpose of the amendment is to consolidate services, reduce administrative burden, and support access to care through the provider network

# Changes

- Home-based private duty nursing reimbursement will be combined into one blended rate for RN and LPN.
- The blended rate for private duty nursing will be \$42/hr.
- The blended rate for enhanced private duty nursing will be \$45/hr.
- Budgetary impact: SCDHHS anticipates an annual budgetary impact of \$5 million (total dollars).
- Effective date: on or after July 1, 2023.

# Changes *(cont.)*

- SCDHHS also intends to revise the policy for reimbursement for certain family members under the Early and Periodic Screening, Diagnostic, & Treatment benefit.
- The State Plan currently indicates the policy for reimbursement to certain family members applies to both home-based private duty nursing and personal care services.
- The State Plan will be updated to indicate that the policy applies to personal care services. Language indicating that the policy applies to home-based private duty nursing will be removed.



# Advisement: Pediatric Inpatient Rehabilitation Services

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Margaret Alewine, Chief of Policy

# Background

- SCDHHS is seeking to standardize the authorization, billing and reimbursement for pediatric inpatient rehabilitation services, delivered under the inpatient hospital benefit authority ([eCFR :: 42 CFR 440.10](#) and [eCFR :: 42 CFR 440.210 -- Required services for the categorically needy.](#))
- Pediatric inpatient rehabilitation services are designed to provide comprehensive, individually tailored care plans to meet the physical, development, social, psychological and educational needs of the patient and the patient's family.
- As the child's health needs transition from high intense interventions and monitoring, an inpatient step-down care is warranted. Traditionally this care has been provided by out-of-state facilities that have the infrastructure to deliver the care.
- Greater access to services can be established through updates to reimbursement.
- Creation of in-state pediatric rehabilitation units will provide regional care when the child's condition requires intense, coordinated rehabilitation not feasibly delivered in the home setting.

# Proposed Changes

- **Eligible members:** Children under 21 years of age
- **Eligible providers:** inpatient rehabilitation hospital unit or facility that complies with all required hospital accreditation and licensure standards for delivery of pediatric rehabilitation services and any applicable state and federal laws, rules and regulations.
- **Reimbursement:** per diem rate of \$1,200. The per diem rate is an all-inclusive facility rate to cover all facility charges, room and board costs, equipment, supplies, drugs, and all necessary services and activities rendered during the patient stay. Charges for the professional services are not included in the rate. The per diem rate is the same for private or state-owned governmental providers qualified to furnish these services.

# Budget Impact and Effective Date

## Budgetary Impact:

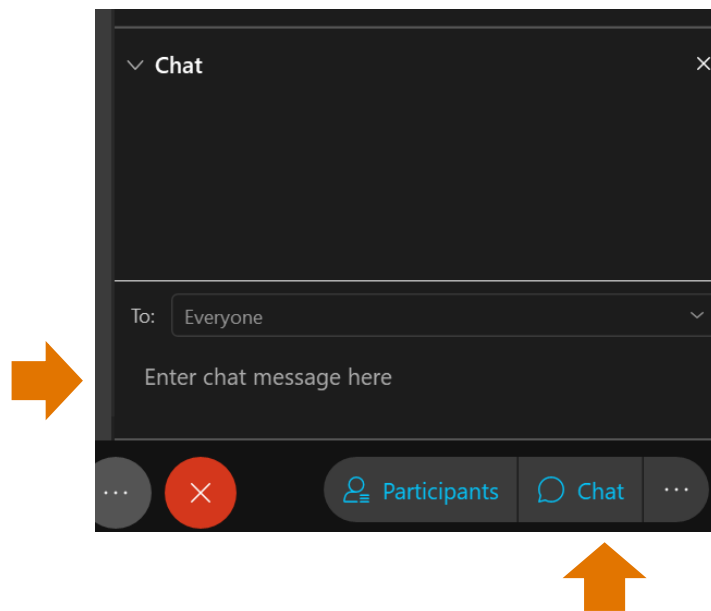
- SCDHHS anticipates an annual budgetary impact of \$1.4 million (total dollars)

## Effective Date:

- On or after July 1, 2023

# Public Comment

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



# Advisement: Fee-For-Service Ambulatory Care Visit Limit

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Margaret Alewine, Chief of Policy

# Changes

- SCDHHS intends to extend the waiver of ambulatory care visit limits for one-year beyond the end of the current federal PHE as the agency continues to evaluate data and collect feedback that will be used to establish a new annual limit on ambulatory care visits.
- A State Plan Amendment will be submitted to revise Attachment 3.1-A Limitation Supplement Page 1a, 3, and 3a.

# Budget Impact and Effective Date

## Budgetary Impact:

- SCDHHS anticipates an annual budgetary impact of \$1 million (total dollars)

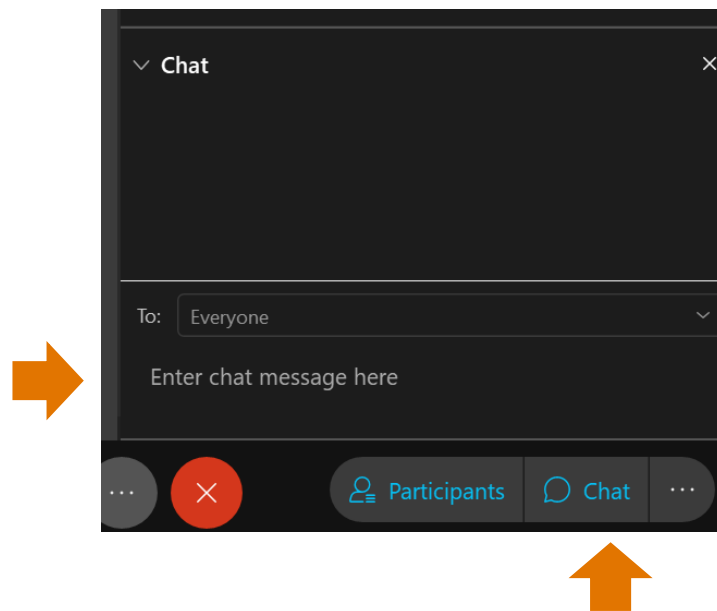
## Effective Date:

- On or after the end date of the current COVID-19 PHE (May 11, 2023)



# Public Comment

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



# Provider Manual Updates

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Margaret Alewine, Chief of Policy

# Provider Manual Updates

- SCDHHS will update provider manuals with any PHE flexibility that is being added as a permanent policy or being extended for one-year beyond the end of the PHE for further evaluation.
- Updates to the following manuals will be made no later than the end of the PHE (May 11, 2023):
  - Autism Spectrum Disorder Services Manual
  - Clinic Services Manual
  - Durable Medical Equipment Services Manual
  - Home Health Services Manual
  - Licensed Independent Practitioners Rehabilitative Services Manual
  - Physicians Services Provider Manual
  - Private Rehabilitative Therapy Audiological Services Manual
  - Rehabilitative Behavioral Health Services Manual
  - Provider Administrative and Billing Manual

# Coverage Updates

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Margaret Alewine, Chief of Policy

# Coverage Updates

## **SCDHHS is updating the coverage for the following services effective July 1, 2023:**

- **Human Papillomavirus (HPV) 9-valent Vaccine for Adults**
  - Coverage will be extended to members between the ages of 19-45 to comply with Section 11405 of the Inflation Reduction Act and aligns SCDHHS' coverage with the Centers for Disease Control and Prevention adult immunization schedule and the Advisory Committee on Immunization Practices vaccine recommendations and guidelines. This coverage applies to full-benefit Healthy Connections Medicaid members and those enrolled in the family planning limited benefit program.

# Coverage Updates *(cont.)*

- **Colorectal Screening**

- The multi-targeted stool DNA (MT-sDNA) test, also known as Cologuard, will be added to the covered preventive screenings to align with the United States Preventive Services Task Force (USPSTF) recommendation for colorectal screening. This coverage applies to full-benefit Healthy Connections Medicaid members and those enrolled in the Family Planning limited benefit program.

- **Authorization Requirements for Transplant Services**

- Prior authorizations for kidney or corneal transplants and their related services will no longer be a requirement. Prior authorization requirements for all other transplants will remain in place

