

**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: 8/9/2022 Time: 10 a.m.-12 p.m. Location: WebEx

Topic	Presenter
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1. Director’s Welcome	Robby Kerr, SCDHHS Director
2. Medicaid Enrollment	Nicole Mitchell Threatt, Deputy Director of Eligibility, Enrollment and Member Services
3. Advisement: ICF/IID and SCDDSN EI Rates	Jeff Saxon, Chief of Reimbursements
4. Advisement: Emergency Ambulance Rates	Margaret Alewine, Chief of Policy
5. Advisement: RBHS School-based Rates	
6. Advisement: Adult Day Health Care (ADHC) Transportation	
7. Advisement: Disaster Relief	
8. Advisement: Therapeutic Child Care Rate Increase	
9. Mechanical Ventilator Dependent Waiver Renewal	
10. Recap of Recent Bulletins	
11. Fingerprint Background Screening	Nick Constantino, Director of Provider Services
12. Quality through Technology and Innovation in Pediatrics (QTIP) 2023 Focus	Jordan Desai, Chief of Quality
Closing Comments	
Adjournment	

**Medical Care Advisory Committee  
May 3, 2022, Meeting Minutes**

**Present**

Graham Adams  
John Barber  
Sue Berkowitz  
Maggie Cash  
Dr. Amy Crockett  
Dr. Michelle Fry  
Dr. Thompson Gailey  
Amy Holbert  
Tysha Holmes  
Mike Leach  
Bill Lindsey  
Melanie Matney  
Dr. Kashyap Patel  
Tricia Richardson  
Rebekah Spannagel  
Amanda Whittle

**Not Present**

Chief Bill Harris  
JT McLawhorn  
Loren Rials  
Dr. Keith Shealy  
Lathran Woodard

**Director's Welcome**

Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their time and service. He said the agency's budget is currently under review with the legislature.

**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.



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

1. Can the agency work with waiver participants to obtain any changes in address or other contact information?
  - a. The agency stated it has planned outreach and communications to inform all members with the need to provide contact information updates and how to submit this new information. Members can provide contact information updates and address changes to the Healthy Connections Medicaid Member Contact Center at (888) 549-0820 Monday through Friday from 8 a.m. to 6 p.m. or at their local county office. The agency is working to create an online option.
2. How will you assist families that do not read or speak English?
  - a. Eligibility forms and applications are available in Spanish. In addition, the agency offers translation services for all members and applicants. To access these services, members and applicants can call the Member Contact Center at (888) 549-0820 Monday through Friday from 8 a.m. to 6 p.m. or at their local county office.
3. Are you doing readability testing to make sure the reading level is at the fifth-grade level? If you have any Spanish speakers, are you noting that and sending out to families in their native language due to this knowledge?
  - a. The agency continues to work on readability levels for its applications, forms and other documents. Information on accessing translation services and form availability in other languages is included on notices and forms.
4. When will SCDHHS start up its MCO redetermination workgroups?
  - a. The agency is currently working to set up these meetings and will send out information soon.
5. How many letters have been returned each month?
  - a. The agency has not started sending out letters yet. However, CMS has provided guidance on how to handle returned mail and SCDHHS will follow these guidelines accordingly.
6. It would be very helpful to have the information available in other languages on your website without a need for request. How is a person who does not speak English read a letter to know that they need to request a form in Spanish?
  - a. The agency stated they will continue to add applications, forms and other documents in additional languages on the agency's website. In addition, information regarding translation services and the availability of documents in other languages is included on notices, forms and other documents sent to members and applicants.

Director of Communications and Public Relations Jeff Leieritz provided an overview of how SCDHHS plans to communicate the restart of the annual review process.

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

1. When will these slides be put on the department's website?
  - a. The slides are currently available on the agency website on the MCAC page under today's meeting date as part of the [meeting packet](#).
2. Website will not be enough for beneficiaries, what is your social media/earned media plans?

- a. The agency assured the committee it will use multiple communication tools/approaches to reach its various audiences including, but not limited to, the agency's current social media platforms (Facebook, Twitter); outreach to community partners, providers, members, etc. via text messaging, mail and email; fact sheets/flyers; and other supporting materials, in addition to the annual review website.

### **Advisements**

#### **Advisement: Supplemental Teaching Physician Payment Program**

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

There were no questions or comments.

#### **Advisement: COVID Vaccines, Testing and Treatment**

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

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

1. Will over the counter tests be shared with DHEC? Mostly interested in the results.
  - a. The agency stated that it does not have a means of gathering data on the results of over-the-counter COVID that are administered at home. The agency further clarified that its data on over-the-counter COVID tests is limited to the number of tests it reimbursed and their cost.

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

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

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

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

#### **Advisement: American Rescue Plan Act/Home and Community-based Services Spending Plan**

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

### **Recap of Recent Bulletins**

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

### **Behavioral Health Redesign Update**

Director of Behavioral Health Services Kathy Hugg provided an overview of the agency's behavioral health redesign.

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

1. Will the school counselors be employees of the state?
  - a. The agency stated there are several options. The counselors can be an employee of the school, or the school can contract with a sub-provider or with the South Carolina Department of Mental Health.
2. Can they be employed by the school district?
  - a. The agency said the school counselors could be employed by the school district.
3. Will they have direct access to physicians?
  - a. Currently, there is a workforce shortage, but the agency is working on a plan to increase access to psychiatry services in schools.

### **Website Redesign Update**

Director of Communications and Public Relations Jeff Leieritz provided an overview of the new "For Members" tab on the agency's website.

He also stated SCDHHS issued a [bulletin](#) on telehealth flexibilities issued during COVID-19, but it did not make it into the slide deck.

There were no questions or comments.

### **Closing**

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

Thank you for participating in the  
Medical Care Advisory Committee.

The meeting will begin shortly.

# Medical Care Advisory Committee

## Aug. 9, 2022

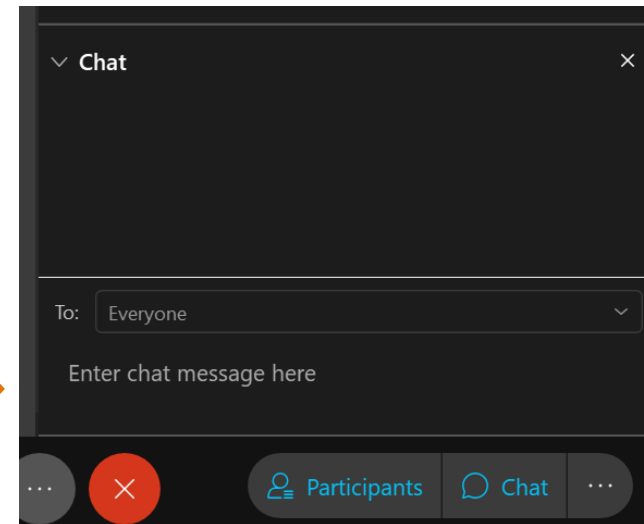
**The meeting will begin shortly.  
Microphones are muted.**

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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

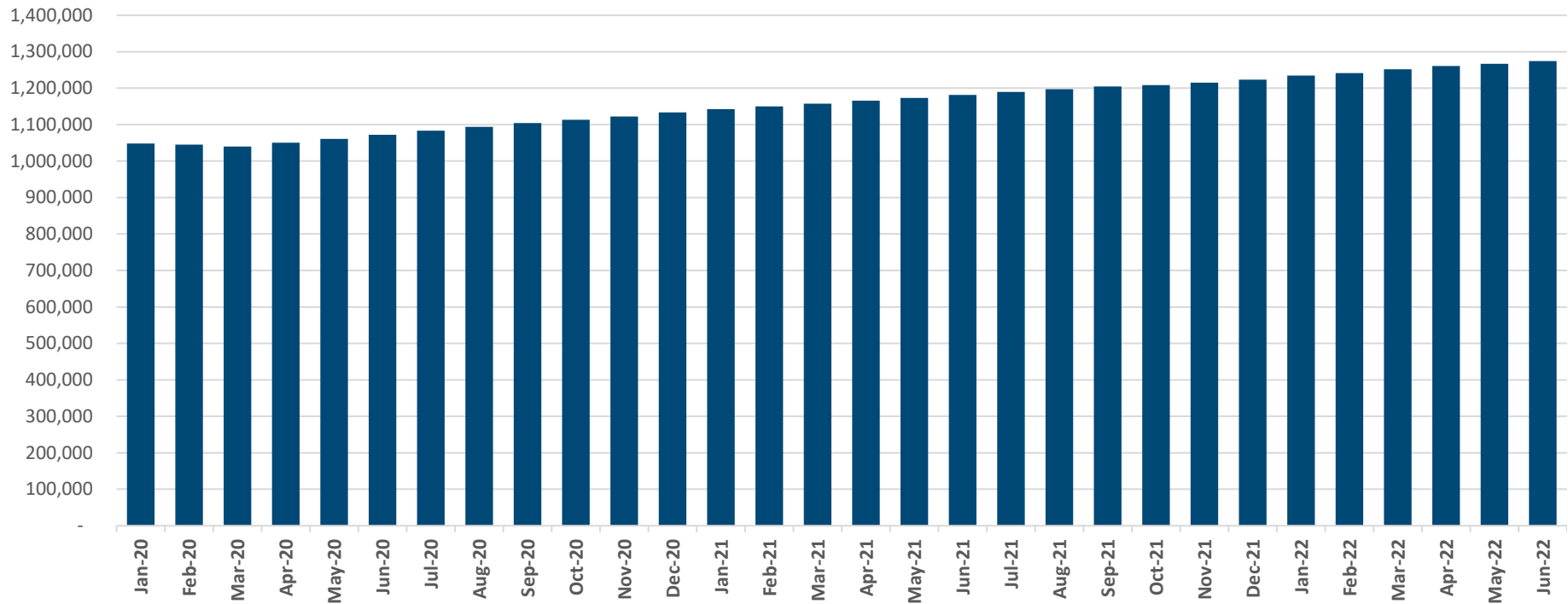
# Medicaid Enrollment

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

# Full-benefit Membership

(as of June 30, 2022)

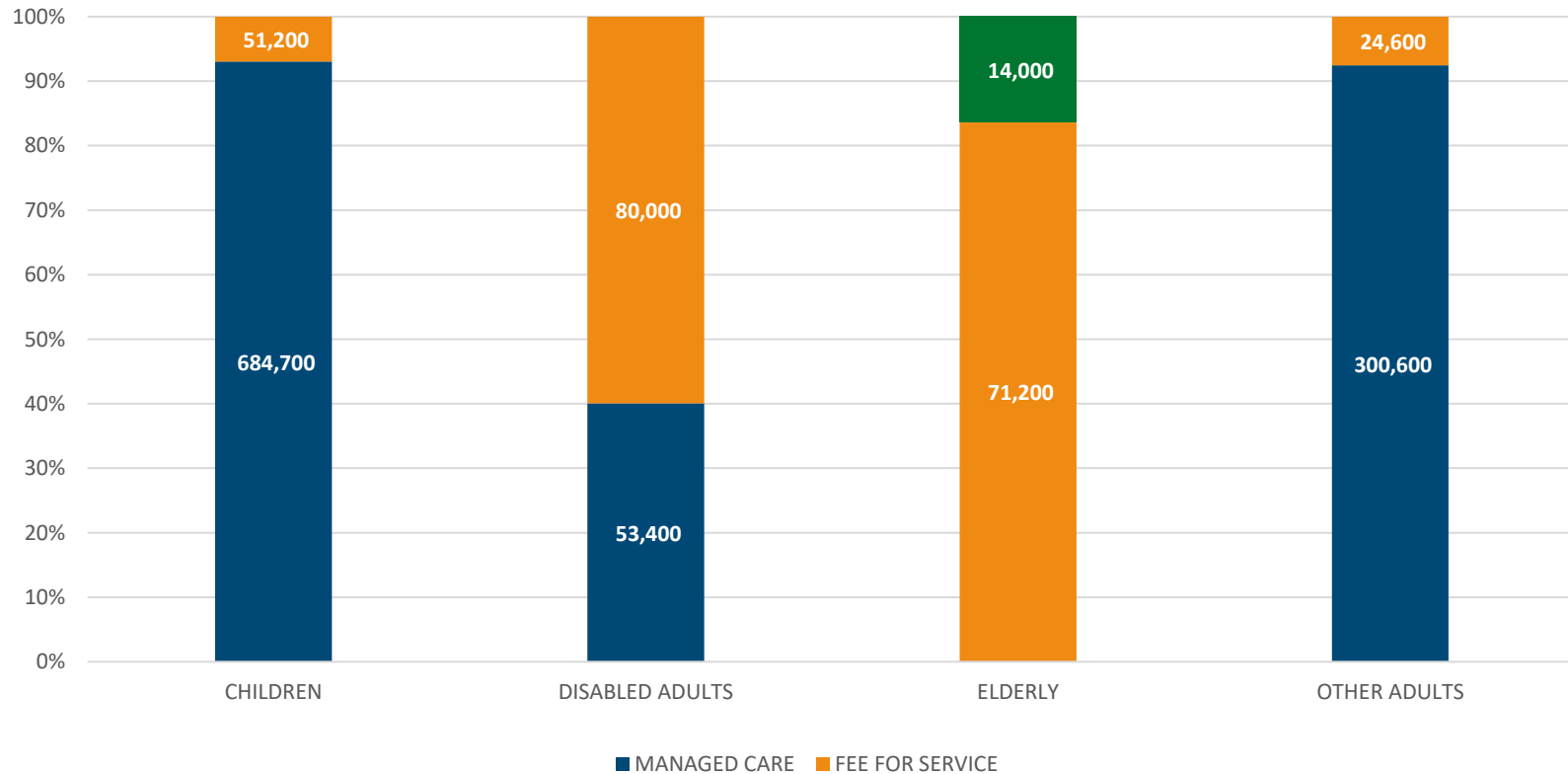


During the public health emergency (PHE), full benefit membership has increased to approximately 1.27 million



# Full-benefit Membership by Population

(as of June 30, 2022)



# Current Status of PHE

- Extended as of July 15, 2022
- States anticipate at least a 60-day notice for end of PHE and end of continuous enrollment requirement
  - Should know by Aug. 14 if it will be extended again in October
- CMS provided additional guidance that is being used to update planning for PHE unwinding

## 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 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 October 2022:**
  - **First reviews sent November 2022**
  - **First closures anticipated Jan. 1, 2023**

# PHE Unwinding Activities

- Distribution of redeterminations
- Eligibility system changes
- Policy and procedure updates and staff training
- Staffing
- Outreach
- Communication
- Appeals
- Reporting
- Returned mail

# 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
- Collaboration with managed care organizations
- Change of address form on the South Carolina Department of Health and Human Services (SCDHHS) website and citizen portal
- 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
- Community presentations

# 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
    - Contact information/how to get help
    - FAQs
    - Preparing for review form process
    - Reminder and instructions on how to update contact information
  - Legislative Fact Sheet
  - Speakers' bureau
  - Social media
  - Videos
  - Earned media

# **Advisement: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and SC Department of Disabilities and Special Needs (SCDDSN) Early Intervention (EI) Medicaid Rate Updates**

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Jeff Saxon, Chief of Reimbursements

# Background

- SCDHHS is legislatively required to update the current South Carolina Medicaid ICF/IID reimbursement rates and South SCDDSN EI rates based upon the legislatively-approved state fiscal year 2023 COLA increase (3%)
- SCDHHS will also recognize the costs of the \$1,500 one-time bonus for state employees as well as related increases in annual health insurance and South Carolina retirement system costs. SCDHHS has received and is currently reviewing, the full-time equivalent counts and annual salary amounts provided by SCDDSN, Disability and Special Needs Boards and private providers of waiver services to determine the individual state plan service rate impacts

# Changes

- SCDHHS will amend the state plan to update the current South Carolina Medicaid ICF/IID Medicaid reimbursement rates and SCDDSN EI rates based upon the legislatively approved state fiscal year 2023 COLA increase (3%), the \$1,500 one-time bonus for state employees and related increases in annual health insurance and South Carolina retirement system costs

# Budget Impact and Effective Date

## Budgetary Impact:

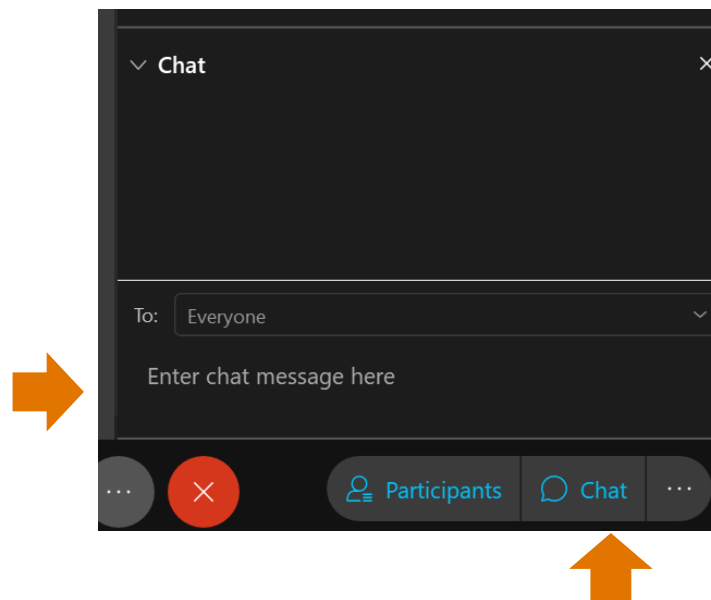
- SCDHHS anticipates a minimum annual budgetary impact of \$4.45 million (total dollars – FFS only)
- SCDHHS will provide the state matching funds for these increases

## 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.



# Advisement: Emergency Ambulance Rates

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Margaret Alewine, Chief of Policy



# Background

- Effective for services on or after July 1, 2022, SCDHHS will amend the South Carolina State Plan to increase rates for the following emergency ambulance services:
  - Ground mileage
  - Emergency transport (Level 1)
  - Ambulance service/basic life support/emergency transport

# Changes

Description	Code	Current Rate	New Rate
<b>Ground Mileage, per statute mile (ALS/BLS)</b>	A0425	\$2.42 (per mile)	\$2.66 (per mile)
<b>Emergency Transport, Advanced Life Support, Level 1</b>	A0427	\$158.96 (per trip)	\$170 (per trip)
<b>Ambulance Service, Basic Life Support, Emergency Transport</b>	A0429	\$126.82 (per trip)	\$139.50 (per trip)

# Budget Impact and Effective Date

## Budgetary Impact:

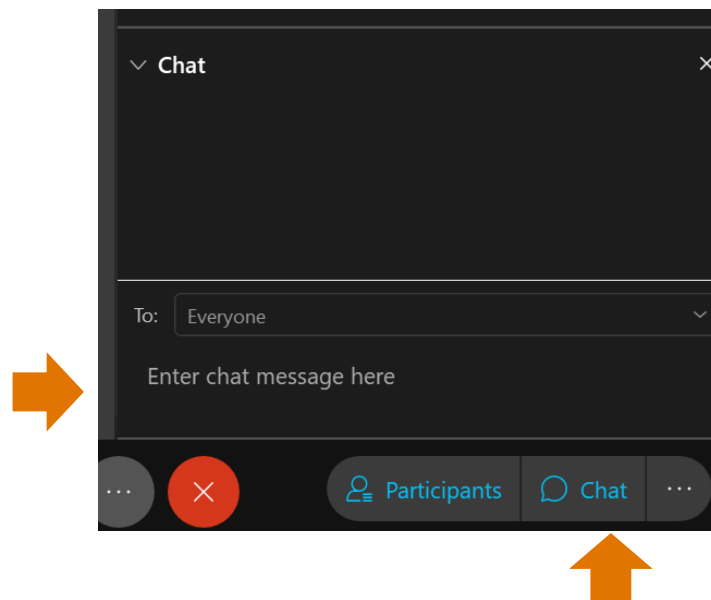
- SCDHHS anticipates an annual budgetary impact of \$1,862,275 (total dollars)
  - MCO - \$1,472,885
  - FFS - \$389,390

## 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.



# Advisement: Rehabilitative Behavioral Health Services (RBHS) School-based Rates

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Margaret Alewine, Chief of Policy

# Background

- Effective on or after July 1, 2022, SCDHHS will amend the South Carolina State Plan to implement an alternative fee schedule for specific RBHS provided to students in school-based settings
- The development of the alternative fee schedule is consistent with recommendations made by SCDHHS to improve access to school-based mental health services for children across the state

# Changes

- The following RBHS may be reimbursed in accordance with the Local Education Agencies (LEA) provider manual and its corresponding fee schedule when rendered in a school-based setting:
  - Diagnostic assessment
  - Service plan development
  - Crisis management
  - Individual psychotherapy
  - Family psychotherapy
  - Group psychotherapy

# Budget Impact and Effective Date

## Budgetary Impact:

- SCDHHS anticipates an annual budgetary impact of \$5,213,784 (total dollars)
  - MCO - \$4,890,911
  - FFS - \$322,873

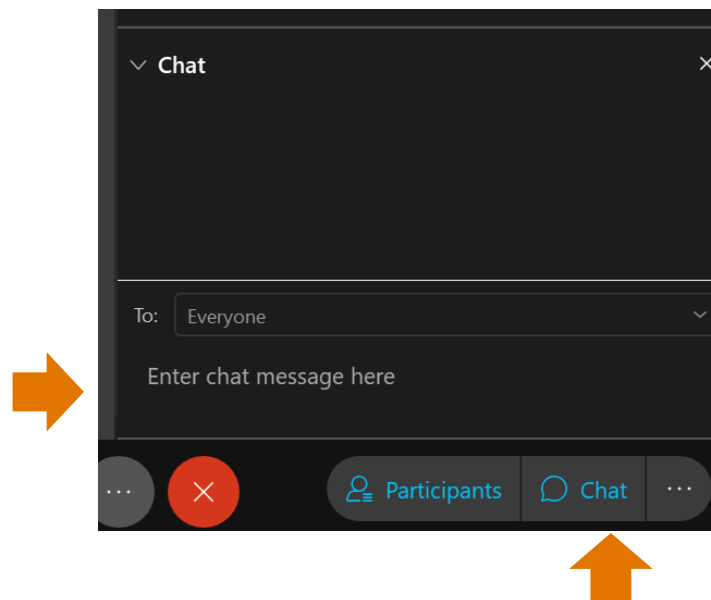
## Effective Date:

- On or after July 1, 2022



# Public Comment

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



# Advisement: Adult Day Health Care (ADHC) Transportation

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Margaret Alewine, Chief of Policy

# Background

- Effective for services on or after July 1, 2022, SCDHHS will amend the State Plan to remove reference to ADHC transportation within a 15-mile radius of ADHC centers

# Changes

- The state is seeking to transition transportation to the non-emergency medical transportation (NEMT) broker for participants within 15 miles of the ADHC
- The purpose of the change is to enhance the network for transportation and address negative impacts to providers currently required to provide this transportation
- This change is expected to have no adverse impact on providers or participants

# Budget Impact and Effective Date

## Budgetary Impact:

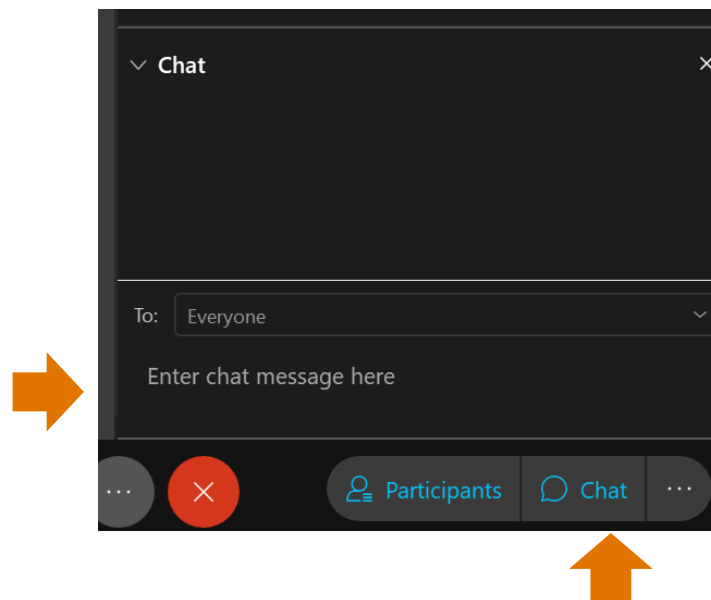
- Based on the actions described, SCDHHS anticipates no budget impact under the State Plan
- Costs for ADHC transportation within 15 miles of the ADHC are included in 1915(c) home and community-based waiver applications

## 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.



# Advisement: Disaster Relief

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Margaret Alewine, Chief of Policy

# Background

- SCDHHS intends to submit a Medicaid Disaster Relief State Plan Amendment under sections 201 and 301 of the National Emergencies Act and 1135 of the Social Security Act.
- SCDHHS will add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to the State Plan to implement temporary policies, which are different from those policies and procedures otherwise applied under the State Plan.
- South Carolina submitted an 1135 waiver request to CMS March 27, 2020, the majority of which was approved by CMS in approval letters dated March 31, 2020, and June 15, 2020.
- In the process of documenting agency plans for unwinding flexibilities put in place during the COVID-19 PHE, the agency identified three items that required authority under the Medicaid Disaster Relief SPA, in lieu of the originally requested authority contained in the 1135 waiver request.
- This represents a compliance action to document proper authorities for PHE flexibilities that have been in place since March of 2020.



# Changes

- SCDHHS will submit a Medicaid Disaster Relief SPA for the following items:
  - Section A – Eligibility: No income or resource standards for COVID-19 testing
  - Section C – Premiums and Cost Sharing: Effective for dates on or after March 15, 2020, SCDHHS waives all Medicaid co-payments for all evaluation and management (E/M) codes
  - Section D – Benefits: Effective for dates of service on or after March 15, 2020, SCDHHS will suspend the annual limit of 12 ambulatory care visits. The provision of care rendered and services billed to Medicaid must meet standard requirements for medical necessity
  - Section D – Benefits: Effective for dates of service on or after March 15, 2020, pharmacies providing medications for fee-for-service beneficiaries may suspend early refill denials, bypassing this requirement, as allowed by law, using an Emergency Preparedness code in the Prior Authorizations Type Code field

# Budget Impact and Effective Date

## Budgetary Impact:

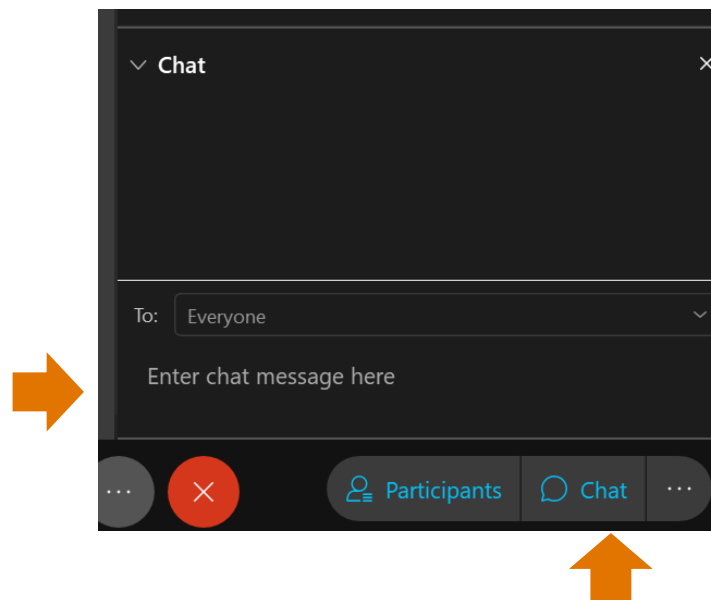
- The waiver of co-pays was a requirement to receiving enhanced federal matching (6.2%)
- The pharmacy by-pass of early refills is not expected to result in budgetary impact
- SCDHHS anticipates an annual budgetary impact of \$1 million (total dollars – FFS only), and minimal MCO impact, for suspending ambulatory care visit limits

## Effective Date:

- On or after March 13, 2020

# Public Comment

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



# Advisement: Therapeutic Child Care Rate Increase

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Margaret Alewine, Chief of Policy

# Background

- Effective for services on or after Oct. 1, 2022, SCDHHS will increase rates for therapeutic childcare services

# Changes

Description	Code	Current Rate	New Rate
Therapeutic Child Care – Individual (Master’s Level)	H2037 U2	\$9.93	\$19.86
Therapeutic Child Care – Individual (Bachelor’s Level)	H2037 U3	\$9.00	\$18.00
Therapeutic Child Care – Group (Master’s Level)	H2037 U7	\$4.96	\$9.92
Therapeutic Child Care – Group (Bachelor’s Level)	H2037 U8	\$4.50	\$9.00

# Budget Impact and Effective Date

## Budgetary Impact:

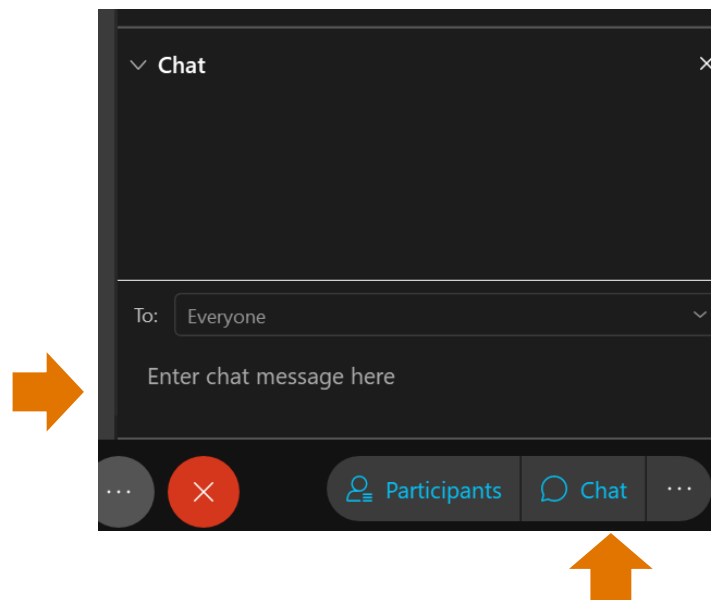
- SCDHHS anticipates an annual budgetary impact of \$1,285,623 (total dollars)
  - MCO – \$1,247,055
  - FFS - \$38,568

## Effective Date:

- On or after Oct. 1, 2022

# Public Comment

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





# Mechanical Ventilator Dependent Waiver Renewal

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Margaret Alewine, Chief of Policy

# Background

- Established in 1996
- Serves Medicaid-eligible participants ages 21 or older who are dependent on life sustaining mechanical ventilation and meet nursing facility level of care
- Current census
  - 46 participants

# Changes

- 1932(a) State Plan benefit operating authority de-selected and replaced with 1915(a)(i)(a) option to align with operation of the Medicaid management plan
  - In 2013, the state deselected the option to voluntarily enroll Medicare-eligible individuals into managed care.
  - Aligned response in Appendix I-3-g-iii
- Qualifications of individuals performing re-evaluations:
  - Addition of certified geriatric case managers and certified case managers
- Modified service definitions to align with internal scopes of service and waivers across the agency
  - Updated frequency of provider qualifications
  - Added taxonomy codes
- Itemized waiver services to improve ease of identification and meet federal reporting requirements

# Changes *(cont.)*

- Modified critical incident types to include:
  - Infectious disease outbreak
  - Elopement
- Transitioned bath safety equipment to the mandatory home health state plan benefit. These items include, but are not limited to:
  - Transfer shower bench (regular and bariatric)
  - Shower chair (regular and bariatric)
  - Raised toilet seat (regular and bariatric)

# Changes *(cont.)*

- Added certified nurse aide registry information to the abuse registry screening section:
  - The Nurse Aide Registry is required as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA'87)
  - The South Carolina Nurse Aide Registry identifies those individuals who have met the training and competency evaluation requirements to work as a certified nurse aide (CNA)
  - The registry also identifies those CNAs that have had substantiated findings of abuse, neglect or misappropriation of resident property against them
  - Before allowing an individual to serve as a CNA, a nursing facility must determine that they are currently certified and eligible to work as a CNA through registry verification
  - Credentia currently maintains the registry.
  - Registry can be searched online at <https://credentia.com/test-takers/sc>

# Budget Impact and Effective Date

## Budgetary Impact:

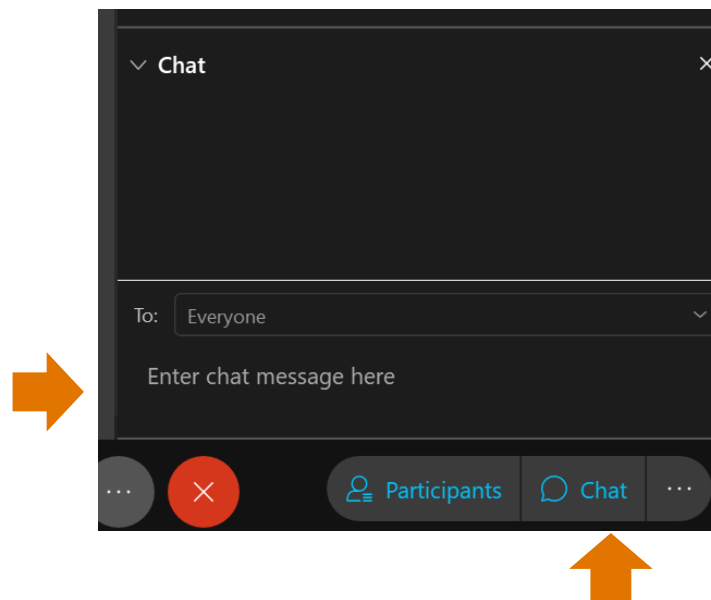
- In its application and each year during the period the waiver is in operation, the state must demonstrate the waiver is cost neutral
- The average per participant expenditures for the waiver and non-waiver Medicaid services must be no more costly than the average per person costs of furnishing institutional (and other Medicaid State Plan) services to persons who require the same level of care

## Effective Date:

- On or after Dec. 1, 2022, or upon CMS approval

# Public Comment

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



# Recap of Recent Bulletins

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Margaret Alewine, Chief of Policy



# Update on Telehealth Flexibilities Issued During the COVID-19 PHE

- [Issued April 29, 2022](#)
- SCDHHS announced updates to the temporary policy changes previously issued
- The changes will take effect once the current federal PHE has expired and fall into three categories:
  - Flexibilities being made permanent
  - Flexibilities extended for further evaluation for one year after the expiration of the current federal PHE; and,
  - Flexibilities expiring at the end of the current federal PHE

# COVID-19 Temporary Policy Updates: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistant Programs

- [Issued May 18, 2022](#)
- During the COVID-19 PHE, CMS waived certain requirements for nurse aide training and certification
- On April 7, 2022, CMS issued guidance announcing nurse aides will have to become fully certified by Oct. 6, 2022
- SCDHHS outlined documentation requirements for temporary nurse aides to assist with the transition to full certification
- SCDHHS identified all customary requirements for paid feeding assistant programs would resume effective as of the end of the federal PHE

# SCDHHS Behavioral Health Policy Updates for July 1, 2022

- [Issued June 13, 2022](#)
- SCDHHS announced updates to the following behavioral health policies:
  - CALOCUS assessment replaced by CALOCUS-CASII assessment (RBHS and Licensed Independent Practitioner provider manuals)
  - Child-Parent Psychotherapy (CPP) added as an approved evidence-based practice used in therapeutic childcare (RBHS provider manual)
  - Universal application no longer required for assignment of therapeutic foster care levels (RBHS provider manual)
  - Updated signature requirements for advanced practice registered nurses and physician assistants (Community Mental Health Services provider manual)
  - Serious occurrence reporting additions for psychiatric residential treatment facilities (Psychiatric Hospital Services provider manual)

# CMS Requirement for Fingerprint-based Criminal Background Checks of High-Risk Medicaid Providers

- [Issued June 13, 2022](#)
- Beginning July 1, 2022, SCDHHS began notifying currently enrolled high-risk providers of actions necessary to comply with fingerprint-based criminal background checks (FCBC)
- Effective Aug. 15, 2022, newly enrolling and revalidating high-risk providers will be required to meet FCBC requirements

# SCDHHS School-based Mental Health Policy Updates for July 1, 2022

- [Issued June 17, 2022](#)
- SCDHHS formally launched its school-based mental health services initiative effective July 1, 2022
- This initiative empowers schools to determine the best method for delivering mental health services within the school setting
- SCDHHS has developed an alternative fee schedule to ensure schools have the provider capacity to meet the mental health needs of the state's children
- Updates were made to the LEA manual for RBHS that may be reimbursed when performed in the school setting

# Updates to Adult Day Health Care Transportation

- [Issued June 21, 2022](#)
- Effective July 1, 2022, SCDHHS transitioned adult day health care (ADHC) transportation for Healthy Connections Medicaid members within 15 miles of their ADHC to the state's NEMT broker

# Updates to Personal Care and Nursing Rates for HCBS and State Plan Services

- [Issued June 24, 2022](#)
- Effective July 1, 2022, specific reimbursement rates were increased for personal care and nursing services for State Plan and home and community-based waiver services
- The new rates, including procedure codes and modifiers, are available on the Community Long Term Care fee schedule

# Updates to State Plan Emergency Ambulance Service Rates

- [Issued June 24, 2022](#)
- Effective July 1, 2022, SCDHHS increased reimbursement rates for specific emergency ambulance services
- The new rates are reflected on the SCDHHS ambulance fee schedule



# Updates to Adult Day Health Care Service Rates

- Issued June 30, 2022
- Effective for dates of service on or after July 1, 2022, the rate for ADHC services billed using code S5102 increased from \$60 to \$64 per day
- The rate increase is limited to services rendered to Healthy Connections Medicaid members participating in the following waiver programs:
  - Community Choices (CC)
  - Intellectual Disability/Related Disabilities (ID/RD)
  - Community Supports (CS)

# Fingerprint Background Screening

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Nick Constantino, Director of Provider Services

# Federal Requirements

- Required under the Affordable Care Act
- CMS classifies certain types of health care providers as “high-risk” and requires those with a 5% or more ownership stake to submit fingerprint-based criminal background checks (FCBC)
  - High-risk providers include:
    - Durable medical equipment (DME)
    - Home health agency (HHA) providers
    - Providers who have qualified overpayments, suspensions, and/or Office of Inspector General exclusions could be deemed “high-risk” based on individual review by Medicaid’s Program Integrity

# Agency Approach

- Agency partnered with South Carolina Law Enforcement Division (SLED) and Federal Bureau of Investigation (FBI) to gain access to SLED's Law Enforcement Message Switch (LEMS) system, which contains criminal history
- On July 1, 2022, approximately 200 letters were sent to DME and HHA providers currently enrolled with South Carolina Medicaid requesting they take action to comply with the requirement
- A second letter was sent July 29, 2022, as a reminder
- Effective Aug. 15, 2022, individuals with a 5% or more ownership stake in DMEs and HHAs applying to become a Medicaid provider will be required to undergo fingerprint screening as part of initial enrollment
- Long-term goals will be evaluated as experiences and data are available

# Quality through Technology and Innovation in Pediatrics (QTIP) 2023 Focus

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Jordan Desai, Chief of Quality

# What is QTIP?

- Started as a CHIPRA federal grant in 2010
- Brings pediatric practices to collaborate on specific measures and foster quality improvement projects at each practice site
- Key goals:
  - Provide useful strategies for working on core measures
  - Improve children's quality of care by promoting the pediatric medical home
  - Achieving mental health competency in the pediatric medical home
- QTIP currently has 29 practices enrolled

# Developmental and Mental Health Screening

## AT A GLANCE...

- **13.7% increase** in the number of children 18 years old or under receiving a developmental screening since 2019
- **15.2% increase** in the number of children receiving an emotional/behavioral health screening since 2019
- **5.8% increase** since 2019 in environmental and risk assessments



# QTIP Data Highlights: August 2021 – May 2022

Over the past 10 months, QTIP practices' self-audits for social determinants of health (SDOH) (ages 3-6) and obesity (ages 7-10) have reflected:

- **SDOH:** Primary work centered around:

- Documenting protective factors/family strengths
- Providing SDOH resources to families
- Documenting Z codes
- Trauma screenings

Increased by 13 percentage points (15% increase)

- **Obesity:** Primary work centered around:

- Documenting Z codes
- Discussing screen time and sleep hygiene
- Physical activity counseling
- Documenting SMART goals

Increased by 13 percentage points (17% increase)

Increased by 11 percentage points (42% increase)





# QTIP 2022-2023 Focus

- July Learning Collaborative
- Areas of focus
  - Preventative oral health
    - From 2019 to 2021, we have seen a 7.5% decrease in children receiving fluoride varnish in a non-dental setting (excluding FQHC)
  - Childhood immunizations
    - In 2021, only 20% of children had received Combo 10 by their 2<sup>nd</sup> birthday
    - Combo 10 schedule:
      1. Four diphtheria, tetanus and acellular pertussis (DTaP)
      2. Three polio (IPV)
      3. One measles, mumps and rubella (MMR)
      4. Three haemophilus influenza type B (HiB)
      5. Three hepatitis B (HepB)
      6. One chicken pox (VZV)
      7. Four pneumococcal conjugate (PCV)
      8. One hepatitis A (HepA)
      9. Two or three rotavirus (RV)
      10. Two influenza (flu) vaccines

# Closing Comments

- Future meetings will be held virtually for the foreseeable future
- Next scheduled meeting:
  - Nov. 8, 2022
  - 10 a.m. – 12 p.m.

