SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID

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

Medical Care Advisory Committee (MCAC)
Meeting Agenda

Agenda	
Date: Feb. 13, 2024	**Time: 10 a.m.-12 p.m.** **Location: Webex**

Topic	Presenter
1. **Director's Welcome**	Robby Kerr, SCDHHS Director
2. **Medicaid Enrollment**	Lori Risk, Bureau Chief, Eligibility, Enrollment and Member Services Policy and Contracts
3. **Advisement: Value-based Agreements and Direct Manufacturer Supplemental Rebate Agreements**	Kevin O. Wessinger MD, FAAP, Chief Medical Officer
4. **Advisement: Covered Outpatient Drugs**	
5. **Advisement: Single Preferred Drug List**	
6. **Laboratory Services Update**	Margaret Alewine, Bureau Chief of Policy
Closing Comments	
Adjournment	

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID

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

Medical Care Advisory Committee
Nov. 14, 2023, Meeting Minutes

Present	Not Present
Graham Adams	Sue Berkowitz
John Barber	Dr. Amy Crockett
Maggie Cash	Chief Brian Harris
Dr. Thompson Gailey	Amy Holbert
Michael Leach	Constance Holloway
Bill Lindsey	Tysha Holmes
Melanie Matney	JT McLawhorn
Rebekah Spannagel	Dr. Kashyap Patel
Amanda Whittle	Loren Rials
	Tricia Richardson
	Dr. Keith Shealy
	Lathran Woodard

Director's Welcome

SCDHHS 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 the agency submitted the FY2025 budget to the legislature. Behavioral health services are a key component of the budget package.

Medicaid Enrollment and Redeterminations

Eligibility, Enrollment and Member Services (EEMS) Chief of Policy and Process Lori Risk presented an update on the annual eligibility review process that restarted April 1, 2023. She discussed activities implemented to improve efficiency and capacity and reviewed the annual review dashboard located on the agency website.

The following question was asked.

1. Are pending reviews included in the total number of members reviewed, just not in the totals for renewed or disenrolled?
    a. The agency responded that the total number of members reviewed does include pending reviews. However, there is not a separate data point to show the number in a pending status for follow-up needed.

<u>**Advisements and Updates**</u>

Advisement: Inpatient Rate Update and Disproportionate Share Hospital Program Updates

An overview of the advisement was provided by Chief Financial Officer Brad Livingston.

There were no questions or comments.

Advisement: Anesthesia Rates

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

There were no questions or comments.

Advisement: Dietitian Services Rate Increase

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Advisement: Department of Alcohol and Other Drug Abuse Services Medical Services

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Advisement: Interprofessional Consultation

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Advisement: Rehabilitative Therapies and Audiological Services Update

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Non-Covered Durable Medical Equipment Update

An update on non-covered durable medical equipment was provided by Margaret Alewine.

There were no questions or comments.

Appendix K Flexibilities Update

An update on the Appendix K flexibilities was provided by Margaret Alewine.

The following question was asked.

1. In regards to COVID-19 and the ending of federally supplied vaccines, does SCDHHS have a projected date for covering the vaccine?

a. The agency responded they are currently updating the provider manuals with new codes to cover COVID-19 vaccinations.

Advisement: Crisis Stabilization Services

An overview of the advisement was provided by Director of Behavioral Health Melanie Hendricks.

The following comment was made, and question was asked.

1. A member expressed appreciation and need for this initiative.
2. An attendee stated he would reach out to Melanie Hendricks to see when the crisis stabilization units for children will be operational.
    a. The agency stated it will respond to the attendee.

Advisement: Intensive In-home Services

An overview of the advisement was provided by Melanie Hendricks.

The following comment was made, and questions were asked.

1. A member expressed appreciation for the addition of these behavioral health services.
2. Will there be billing codes for intensive in-home services (IIHS)?
    a. The agency responded it is currently working on the billing codes for IIHS services. There will be separate billing codes for multisystemic therapy (MST) and for services delivered using the Homebuilders model.
3. How many MST teams are currently in place and how many will be added?
    a. The agency responded that there are currently five MST teams in place. Additional capacity will be added as needed.

Advisement: Development Evaluation Centers and Transplant Carve-in

An overview of the advisement was provided by Chief of Managed Care Scott Timmons

There were no questions or comments.

Rural and Medically Underserved Areas Grant Opportunity

An overview of the rural and medically underserved areas grant program was provided by Special Projects Coordinator Shadda Winterhalter.

2024 MCAC Meeting Dates

The listing of 2024 MCAC meeting dates was shared by Shadda Winterhalter.
- Feb. 13, 2024, from 10 a.m. to 12 p.m.
- May 14, 2024, from 10 a.m. to 12 p.m.
- Aug. 13, 2024, from 10 a.m. to 12 p.m.
- Nov. 12, 2024, from 10 a.m. to 12 p.m.

Closing

The meeting was closed by thanking attendees for their participation. The next MCAC meeting date is Feb. 13, 2024.

Thank you for participating in the Medical Care Advisory Committee.

The meeting will begin shortly.

Medical Care Advisory Committee (MCAC)
Feb. 13, 2024

The meeting will begin shortly.
Microphones are muted.
All cell phones are silenced.

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.
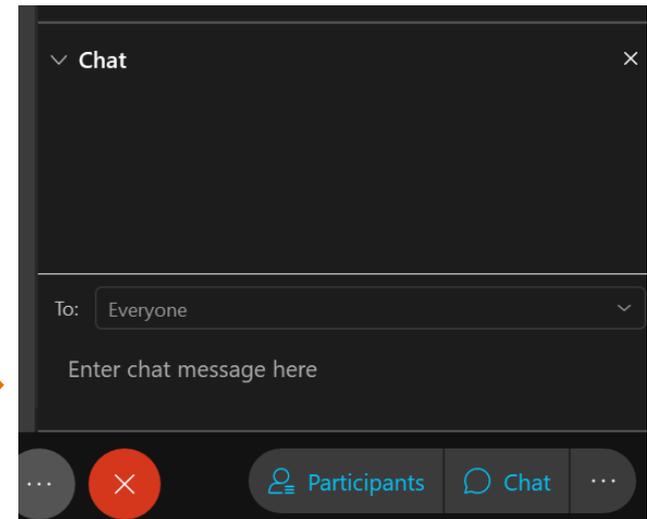
Director's Welcome

Robby Kerr, Director

Medicaid Enrollment and Redeterminations

Lori Risk

Bureau Chief of Eligibility Policy

Full-benefit Membership by Population
(as of Dec. 31, 2023)

	CHILDREN	DISABLED ADULTS	ELDERLY	OTHER ADULTS
FEE FOR SERVICE	56,000	78,900	77,800	27,500
PRIME			11,300	
MANAGED CARE	648,700	52,400		247,300

Legend: MANAGED CARE · FEE FOR SERVICE · PRIME
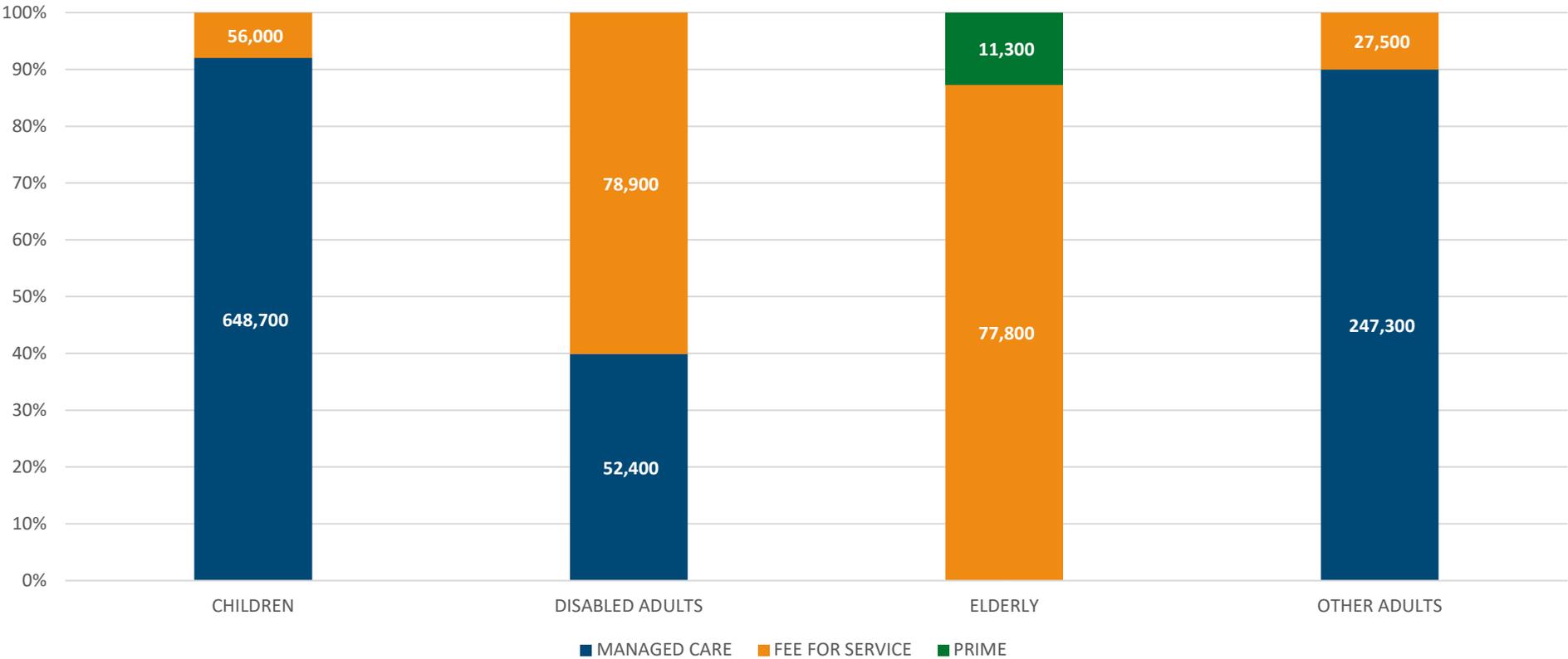
Redeterminations Updates and Activities

- Dashboard

- Auto-renewal rates

- Review form return rates

- Improving efficiencies and capacity
  - Eligibility operations
  - Staff augmentation
  - Federal flexibilities
  - Timeliness and accuracy

Annual Review Dashboard

- Cumulative look at unwinding data
- Data points updated weekly and monthly
- Also includes monthly Centers for Medicare and Medicaid Services (CMS) reports
- www.scdhhs.gov/data-and-research/reports-and-statistics/Medicaid-annual-eligibility-review-dashboard

Annual Eligibility Review Data

Medicaid Annual Reviews	Number	Data Definitions
Total Medicaid members reviewed for eligibility**	901,206***	Total number of Healthy Connections Medicaid members whose annual eligibility review has been initiated since the federally required reviews restarted April 1, 2023. This includes full and limited benefit members (ex. individuals who are enrolled in the state's family planning limited benefit program).
Total Medicaid members reviewed for eligibility and renewed*	458,849	Total number of Healthy Connections Medicaid members who have been reviewed and whose coverage has been renewed.
Total Medicaid members reviewed for eligibility and renewed on ex parte basis*	228,578	Total number of Healthy Connections Medicaid members who have been reviewed and automatically renewed based on data SCDHHS was able to access on its own, also known as ex parte renewals.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
MEDICAID

Current Dashboard Metrics

Total Medicaid members reviewed*	901,206
Total members reviewed and renewed*	458,849
Total reviewed and renewed on ex parte basis*	228,578
Total Medicaid members disenrolled through annual reviews*	252,215
Total reviewed and disenrolled*	86,485
Total disenrolled for failure to return form*	164,774
Total disenrolled for procedural reason other than no response*	956
Percentage of review forms successfully delivered via mail**	92.63%
Percentage of review text messages successfully delivered**	85%
Percentage of reviews returned within 90 days**	35.52%
Percentage of reviews returned within 90 days + grace period**	43.36%

Note: *Members whose reviews are pending are not listed under "renewed" or "disenrolled" on the dashboard.*

*Updated weekly, last updated Feb. 7, 2024; **Updated monthly, last updated Jan 17, 2024.

Net Enrollment and Application Trends

- Full-benefit Enrollment Point-in-time Data
  - Pre-public health emergency (PHE) (February 2020)—1.06 million
  - Peak of Families First Coronavirus Response Act-era enrollment (May 2023)—1.34 million
  - Current (January 2024)—1.19 million
- Full-benefit Enrollment Trend
  - Enrollment has declined by a net of 150,000 from May 2023-January 2024
  - Enrollment remains 130,000 higher than before the PHE
  - SCDHHS covers currently covers 43,000 more children than prior to the PHE
- New Medicaid Applications
  - January 2023-January 2024—60.1% increase

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
MEDICAID

Value-based Agreements and Direct Manufacturer Supplemental Rebate Agreements

Kevin Wessinger, Chief Medical Officer

Background

- Value-based agreements (VBA) are outcome-based contracts that a manufacturer may be required to reimburse a payer if the measured outcome is not achieved in each patient.

- Direct manufacturer supplemental rebate agreements (SRA) are contracts between the state and a manufacturer that will result in a percentage-based rebate with no outcome measures attached.

- VBAs and SRAs will decrease the overall cost of therapies to the state, saving the taxpayer money. High-cost therapies are on the rise. It is anticipated that more than 15 new gene therapies will be released in 2024. Gene therapy is one type of therapy that VBAs and SRAs especially could be utilized.

- A State Plan Amendment needs to be approved by CMS before the state can enter into a VBA and SRA.

Proposed Changes

Changes

- After approval from CMS, the state will have the ability to enter a VBA and SRA using a CMS-approved template.

- The State Plan will be updated to reflect the state's ability to enter into VBA and SRA agreements.
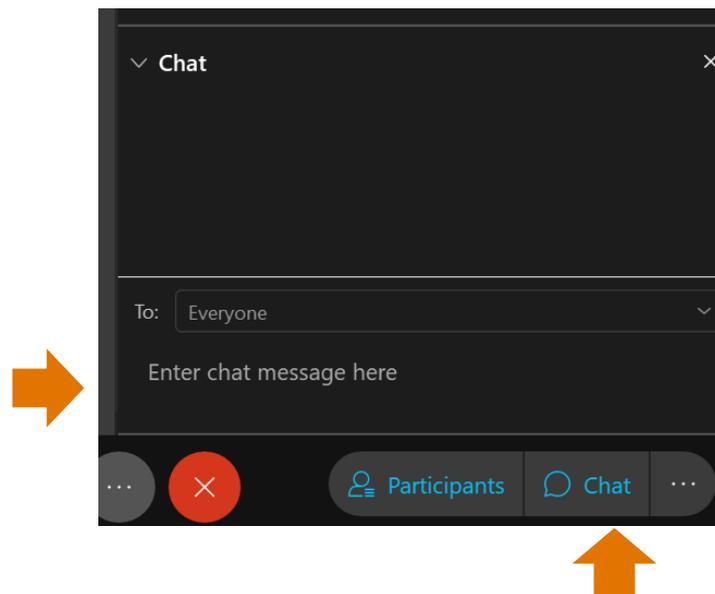
Budgetary Impact

- SCDHHS anticipates a positive impact on the fee-for-service medical benefit budget.

Effective Date

- On or after Jan. 1, 2024

Public Comment

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

Covered Outpatient Drugs

Kevin Wessinger, Chief Medical Officer

Background

- CMS reviewed SCDHHS' State Plan and requested rewording of excluded drugs that are covered by SCDHHS.

- The drug categories include weight loss medications, prescription vitamins and minerals and nonprescription drugs.

Proposed Changes

Changes

- The State Plan change will allow SCDHHS the flexibility to revise the excluded drugs by making policy manual updates.

Budgetary Impact

- No impact

Effective Date

- On or after Jan. 1, 2024

Public Comment

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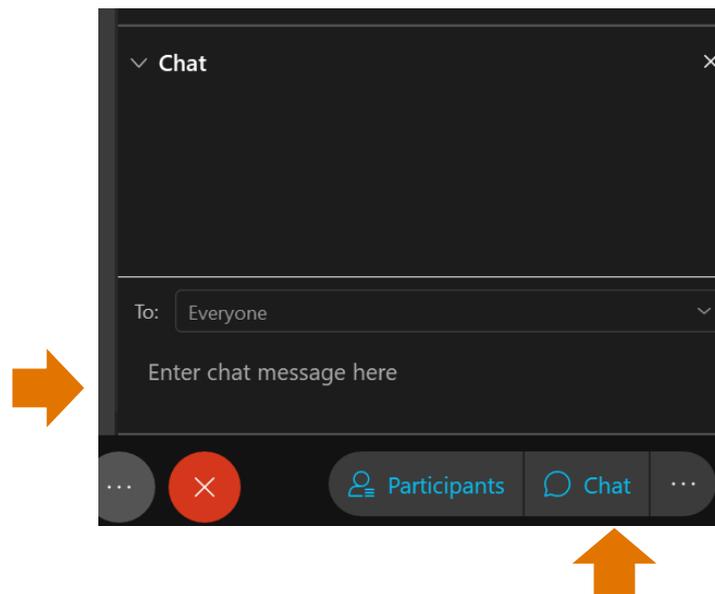
Single Preferred Drug List

Kevin Wessinger, Chief Medical Officer

Background

- A preferred drug list (PDL) is a list of outpatient drugs health care payers utilize to encourage providers to prescribe certain drugs over others.

- A PDL allows the health care payer to support use of the most cost-effective medication within a drug class and negotiate higher supplemental rebates.

- Transitioning to a single PDL will also increase continuity of care.

- This is a best practice among state Medicaid agencies with 29 of the 40 states who currently operate a managed care delivery system.

Proposed Changes

Changes

- South Carolina transitions to a single PDL to be utilized by fee-for-service Medicaid and their participating managed care organizations.

Budgetary Impact

- Transitioning from six PDLs that each have their own preferred drugs to a single PDL is estimated to save SCDHHS $21 million in state funds for state fiscal year (SFY) 25 and produce recurring taxpayer savings of at least that amount in future SFYs.

Effective Date

- On July 1, 2024

Public Comment

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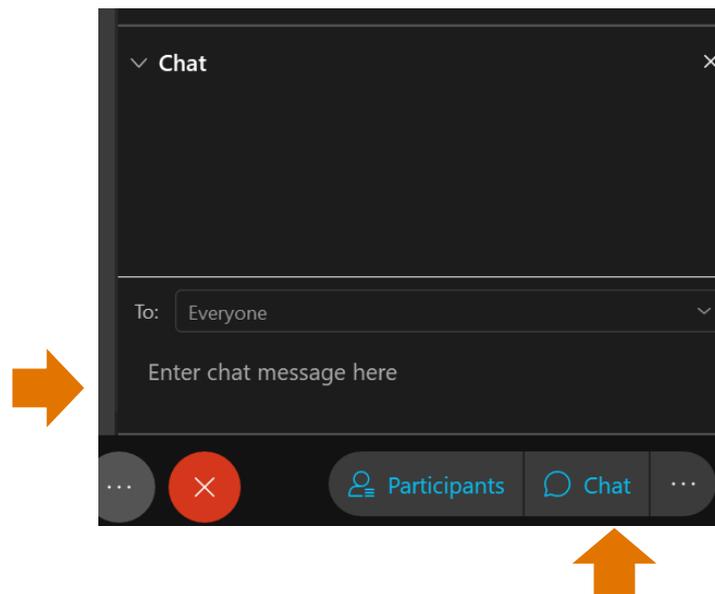
Laboratory Services Update

Margaret Alewine

Bureau Chief, Bureau of Policy

Background

- Effective for dates on or after March 1, 2024, SCDHHS will reimburse for the following laboratory services:
    - Oncotype DX breast cancer assay
    - Neuropharmagen genomic test

Changes: Oncotype DX Breast Cancer Assay

- One test per lifetime for adult full-benefit Medicaid members

- Must meet the following requirements:
  - Recently diagnosed with stage 1, stage II or stage III invasive breast cancer
  - Cancer is estrogen receptor positive
  - Cancer is HER2-negative
  - Cancer is lymph node positive or negative

- No prior authorization required

- Provider claims must include primary diagnosis of the conditions listed above

Changes: Neuropharmagen Genomic Test

- Covered for full-benefit Medicaid members
- Requires prior authorization
- Prior authorization must meet the following requirements:
  - Test ordered by a board-certified psychiatrist or a psychiatric extender (psychiatric physician assistant or psychiatric nurse practitioner); and
  - Patient must have one of these mental health conditions: general anxiety disorder, major depressive disorder, obsessive compulsive disorder, bipolar or schizophrenia; and must meet at least one of the following:
    - Patient has experienced a trial and failure of two previous psychoactive drugs for the mental health being treated

OR

    - Patient is currently taking more than two medications to treat the mental health condition

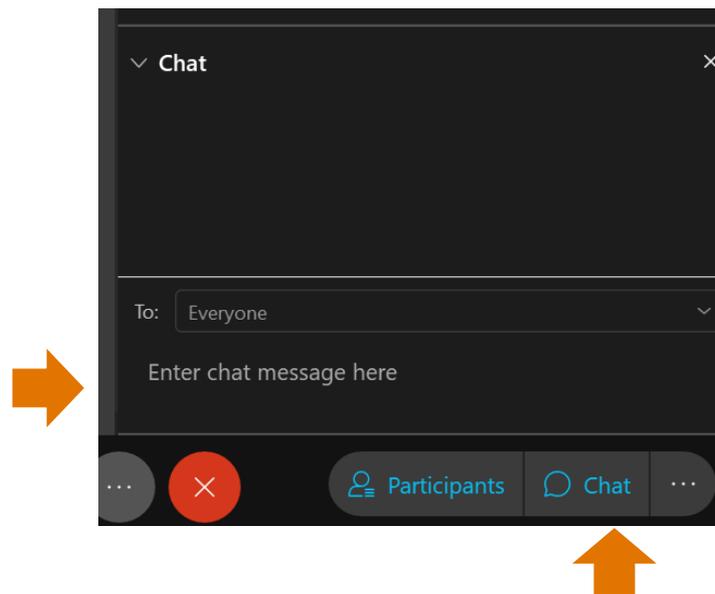# Budget Impact and Effective Date

Budgetary Impact

- SCDHHS anticipates an annual budgetary impact of $358,000 (total dollars)

Effective Date

- On or after March 1, 2024

Public Comment

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

Upcoming 2024 MCAC Meeting Dates

- May 14, 2024
  - 10 a.m. to 12 p.m.

- Aug. 13, 2024
  - 10 a.m. to 12 p.m.

- Nov. 12, 2024
  - 10 a.m. to 12 p.m.