

**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: August 8, 2023 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>	Lori Risk, Chief of Eligibility Policy
<b>3. Advisement: Nursing Facility Rate Update</b>	Brad Livingston, Chief Financial Officer
<b>4. Advisement: Limitations on Non-Covered Medical Expenses</b>	Margaret Alewine, Chief of Policy
<b>5. Advisement: Physician Fee Schedule Rate Increase</b>	
<b>6. Advisement: Preventative Services</b>	
<b>7. Behavioral Health Crisis Stabilization Services Grant</b>	Shadda Winterhalter, Special Projects
<b>Closing Comments</b>	
<b>Adjournment</b>	

**Medical Care Advisory Committee  
May 9, 2023, Meeting Minutes**

**Present**

Dr. Thompson Gailey  
Amy Holbert  
Tysha Holmes  
Bill Lindsey  
Melanie Matney  
Loren Rials  
Tricia Richardson  
Rebekah Spannagel  
Amanda Whittle

**Not Present**

Graham Adams  
John Barber  
Sue Berkowitz  
Maggie Cash  
Dr. Amy Crockett  
Chief Bill Harris  
Mike Leach  
JT McLawhorn  
Dr. Kashyap Patel  
Dr. Keith Shealy  
Lathran Woodard

**Director's Welcome**

SCDHHS Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their participation. He said the agency's budget for the upcoming fiscal year is currently under review with the legislature and we expect to be fully funded.

**Medicaid Enrollment and Redeterminations**

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 the restart of the standard annual eligibility reviews process that started April 1, 2023. In addition, she noted the federal public health emergency (PHE) will end May 11, 2023.

The following questions were asked.

1. Where can we get a copy of the presentation?
  - a. The agency responded the presentation will be posted on the agency website after the meeting.
2. What was the return rate of the April mailing of renewal packets?
  - a. The agency responded they will follow up with this information.

**Advisements**

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

An overview of the advisement was provided by Lori Risk.

The following comment was made.

1. A participant expressed appreciation that the former foster care category is now open to young adults from other states.

**Advisement: Supplemental Teaching Physician Payment Program**

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

There were no questions or comments.

**Advisement: Federally Qualified Health Centers**

An overview of the advisement was provided by Brad Livingston.

There were no questions or comments.

**Advisement: Rural Hospital Payment Methodology**

An overview of the advisement was provided by Brad Livingston.

There were no questions or comments.

**Advisement: Pharmacy Access Act**

An overview of the advisement was provided by Director of Pharmacy Services Cheryl Anderson.

The following questions were asked.

1. Are the pharmacists then prescribing?
  - a. The agency responded pharmacists are assessing and dispensing contraceptives through a standing order, as outlined by the South Carolina Department of Labor, Licensing and Regulation.

**Advisement: Assertive Community Treatment (ACT) Services**

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

The following questions were asked.

1. How many ACT teams do you expect to add with this advisement?
  - a. The agency stated it is working closely with several provider teams. There is not currently an exact projection on the uptake of services, but the agency will continue to monitor usage of these services.

**Advisement: Autism Spectrum Disorder Services**

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

**Advisement: Private Duty Nursing and Personal Care**

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

**Advisement: Pediatric Inpatient Rehabilitation**

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

**Advisement: Ambulatory Care Visit Limit**

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

**Provider Manual Updates**

An overview of the provider manual updates was provided by Margaret Alewine.

There were no questions or comments.

**Coverage Updates**

An overview of the coverage updates was provided by Margaret Alewine.

There were no questions or comments.

**Closing**

The meeting was closed by thanking attendees for their participation. The next MCAC meeting date is Aug. 8, 2023.

# Medical Care Advisory Committee (MCAC)

## Aug. 8, 2023

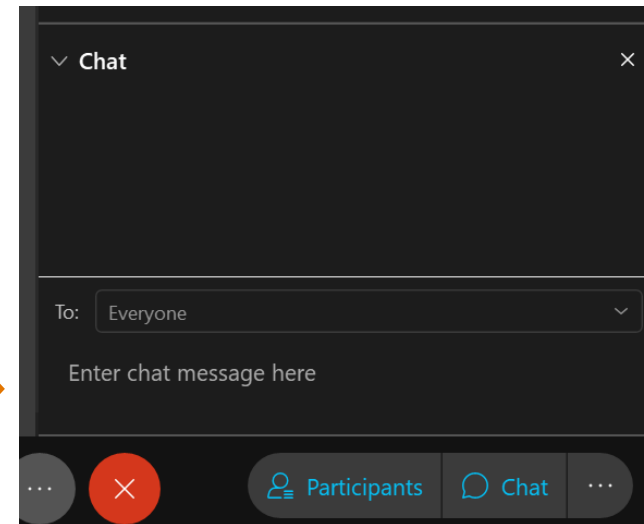
**The meeting will begin shortly.  
Microphones are muted.**

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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



# Annual Review Cycle

- Approximately 120 days before redetermination date:
  - The agency sends pre-review notices for members who are scheduled for redetermination in the next month.
- 90 days before redetermination date:
  - Monthly, electronic data will be used as much as possible to confirm continued eligibility. (i.e. ex parte renewals).
    - Continuation of Benefits notice sent
  - Review forms will be sent to members for whom eligibility cannot be confirmed with electronic data.
    - Review form sent and text messaging begins
- 60 days before redetermination date:
  - Members who do not return completed review forms will receive a reminder notice to let them know their Medicaid coverage will end if they do not return the form by their review date.
- 30 days before redetermination date:
  - A closure notice is sent if the review form is not received.

# 90-Day Grace Period

- Healthy Connections Medicaid members have a 90-day grace period after their coverage has expired where services can still be paid by Medicaid if they return their review form.
- During the grace period, SCDHHS will re-open the member's eligibility retroactive to the date it previously closed if the review form is submitted within 90 days of the closure date.
- Coverage will be reinstated until an eligibility determination can be made.
- If, after sending in an annual review form during the grace period, the member is determined no longer eligible, coverage will expire upon the date communicated to the member in their closure notice, not the original closure date.

# Self-Service Tools

The following tools can also be found at [apply.scdhhs.gov](https://apply.scdhhs.gov)

- **Online Review Form**
  - Members may submit review forms online at [apply.scdhhs.gov](https://apply.scdhhs.gov).
- **Update Contact Info**
  - Members can update their address and add email addresses and mobile phone numbers.
- **Check Review Status**
  - Members can view their expected annual review date, when we anticipate their annual review form, whether we have received their form.
- **Document Upload Tool**
  - Members may return their form through this tool or return requested info, report a change in income, or submit other documents.
- **Check Eligibility Status**
  - Members can now view their eligibility status.

# Outreach

- To promote continuity of coverage, SCDHHS is:
  - Sending text notifications when an individual is up for review
  - Using the National Change of Address database to improve delivery
  - Sending multiple mailings and reminder notices
  - Collaborating with community-based organizations to raise awareness about the annual review process
  - Using paid media to raise awareness about annual reviews
  - Sending email and social media updates about the annual review process
  - Created new ways members can complete their annual review, which include:
    - Online
    - By email
    - By mail
    - By fax
    - In-person
  - Updating its annual review webpage:  
[www.scdhhs.gov/annualreviews](http://www.scdhhs.gov/annualreviews)

# PHE Unwinding Period Update

- Improving return rates
  - Engaging agency partners
  - Outreach
  - 90-day review cycle
- Improving auto-renewal rates
  - Express lane eligibility
  - Additional data sources
    - Department of Revenue
    - Data broker
  - CMS technical assistance
- Improving efficiencies and capacity
  - Health Management Associates (HMA) consulting
  - Eligibility operations – daily meetings, procedure updates, system enhancements
  - Staff augmentation – North Highland
- CMS e (14) waiver flexibilities

# Annual Review Dashboard

- Cumulative look at unwinding data
- Data points updated weekly and monthly
- Also includes monthly CMS reports

## Annual Eligibility Review Data

Medicaid Annual Reviews	Number	Data Definitions
Total Medicaid members reviewed for eligibility**	228,464***	Total number of Healthy Connections Medicaid members who have been due for renewal since 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*	60,125	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*	20,054	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.

- [www.scdhhs.gov/data-and-research/reports-and-statistics/medicaid-annual-eligibility-review-dashboard](http://www.scdhhs.gov/data-and-research/reports-and-statistics/medicaid-annual-eligibility-review-dashboard)

# Current Dashboard Metrics

Total Medicaid members reviewed*	228,464
Total members reviewed renewed*	60,125
Total reviewed renewed on ex parte basis*	20,054
Total reviewed and disenrolled*	7,747
Total disenrolled for failure to return form*	84,594
Percentage of review forms successfully delivered via mail**	92.1%
Percentage of review text messages successfully delivered**	86%
Total disenrolled for procedural reason other than no response*	769
Percentage of reviews returned within 60 days**	31.98%
Percentage of reviews returned within 60 days + grace period**	38.94%

\*Updated weekly, last updated Aug. 2, 2023; \*\*Updated monthly, last updated July 18, 2023

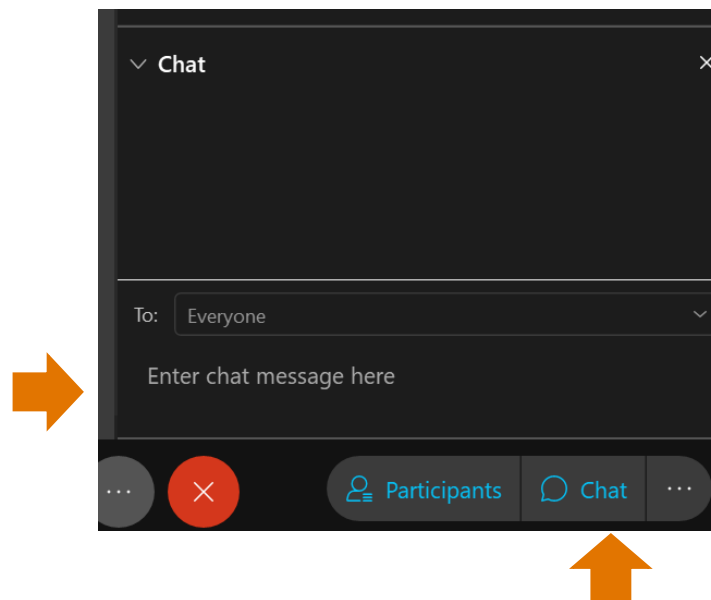
# Communications Plan

- Communications Materials and Outreach
  - Paid advertising—“Submit your review when it’s time to renew”
  - Dedicated webpage—[www.scdhhs.gov/annualreviews](http://www.scdhhs.gov/annualreviews)
  - Stakeholder outreach—providers, community-based organizations, schools, state agencies, etc.
  - Marketing material—flyers, graphics, fact sheets, FAQs
  - Member e-newsletter
  - Text messages
  - Social media
  - Earned media
  - Community events—124 through Aug. 2, 2023
  - Managed care organization outreach



# Public Comment

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



# Advisement: Nursing Facility Rate Update

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Brad Livingston, Chief Financial Officer

# Background

- Update the private and the non-state-owned governmental Medicaid nursing facility payment rates effective Oct. 1, 2023
- To establish the Oct. 1, 2023, Medicaid nursing facility payment rates, SCDHHS used the fiscal year end (FYE) 2022 Medicaid cost reports as the baseline starting point for Oct. 1, 2023, rate-setting purposes

# Changes

Effective for services provided on or after Oct. 1, 2023, the following adjustments to the methodology will be implemented:

- Updating the cost center standards using the most recent cost report data available (FYE Sept. 30, 2022) to 85% minimum occupancy, as well as determining the general services standards at 110% of the mean laundry, housekeeping and maintenance standards at 105% of mean
- The minimum occupancy factor used to determine individual Medicaid reimbursement rates effective Oct. 1, 2023, will remain at 85%. The cost of capital reimbursement calculation remains at 90% minimum occupancy
- The percent skilled used in establishing each nursing facility's Oct. 1, 2023, Medicaid reimbursement rate will be based upon state fiscal year (SFY) 2023 Medicaid paid days
- To account for another year of inflation to the base year Sept. 30, 2022, cost reporting period, a trend factor of 4.1% was applied in the calculation of the Oct. 1, 2023, rate. The trend rate was obtained from the Revenue and Fiscal Affairs Office
- Increasing the square footage allowance used for capital cost reimbursement purposes from \$231.11 to \$276.71 in accordance with the annual increase reflected in the RSMMeans Construction Cost Data publication
- Authorizing 3,864,665 Medicaid permit days to be permitted by the South Carolina Department of Health and Environmental Control for SFY 2024

# Budget Impact and Effective Date

## Budgetary Impact:

- Annual aggregate expenditures will increase by approximately \$104.5 million (total dollars)

## Effective Date:

- On or after Oct. 1, 2023

# Advisement: Limitations on Non-Covered Medical Expenses

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Margaret Alewine, Chief of Policy

# Background

- Updating the current limitations on non-covered medical expenses to align with the current state plan covered services
- Several policy changes that expanded state plan coverage, in the recent years, warrants the update of non-covered services
  - Monthly prescriptions limitations
  - Ambulatory care visits

# Proposed Changes

## Changes

- Update the limitations on non-covered medical expenses to align with current state plan covered services in supplement 3 to attachment 2.6-A

## Budgetary Impact

- No impact

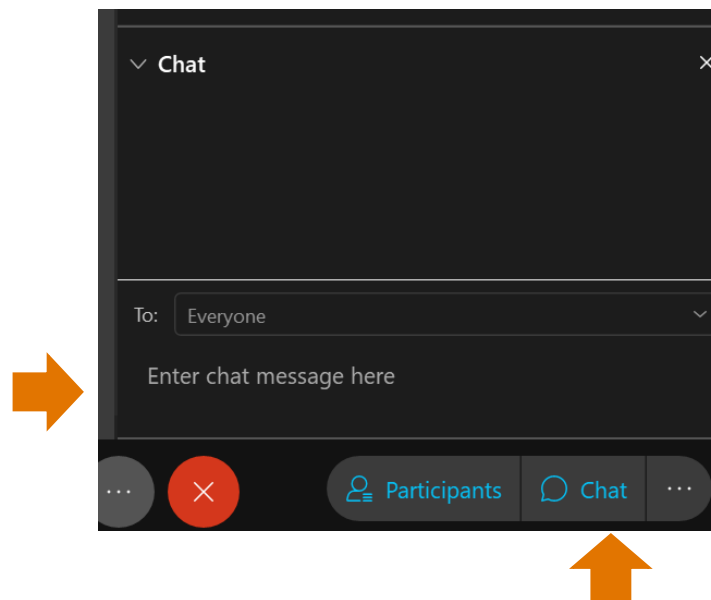
## Effective Date

- On or after Oct. 1, 2023



# Public Comment

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# Advisement: Physician Fee Schedule Rate Increase

Well and Sick Visits of an Established Patient

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Margaret Alewine, Chief of Policy

# Background

- SCDHHS is increasing the rates for certain State Plan physician services, which includes evaluation and management (E/M) for well and sick visits of established patients

# Proposed Changes

The Medicaid base rates for the certain well and sick E/M visits are set at 82% of the 2019 Medicare fee schedule and will apply to the calculations for the advanced practice providers rates and the qualifying providers enhanced rates as indicated in the State Plan, respectively.

## State Plan E/M Physician Services

Procedure Code	Short Description	Current Base Rate	New Base Rate
99211	Office or other outpatient visit for the evaluation and management of an established patient	\$16.75	\$17.61
99212	Office or other outpatient visit for the evaluation and management of an established patient, 10-19 minutes of total time is spent on the date of the encounter	\$33.34	\$35.06
99213	Office or other outpatient visit for the evaluation and management of an established patient, 20-29 minutes of total time is spent on the date of the encounter	\$55.27	\$58.11
99214	Office or other outpatient visit for the evaluation and management of an established patient, 30-39 minutes of total time is spent on the date of the encounter	\$81.15	\$85.31
99215	Office or other outpatient visit for the evaluation and management of an established patient, 40-54 minutes of total time is spent on the date of the encounter.	\$108.82	\$114.40
99391	Periodic comprehensive preventive medicine reevaluation and management of an established patient; infant (age younger than 1 year)	\$74.88	\$78.72
99392	Periodic comprehensive preventive medicine reevaluation and management of an established patient; early childhood (age 1 through 4 years)	\$79.97	\$84.07
99393	Periodic comprehensive preventive medicine reevaluation and management of an established patient; late childhood (age 5 through 11 years)	\$79.71	\$83.80
99394	Periodic comprehensive preventive medicine reevaluation and management of an established patient; adolescent (age 12 through 17 years)	\$87.54	\$92.03
99395	Periodic comprehensive preventive medicine reevaluation and management of an established patient; 18-39 years	\$89.46	\$94.05

# Proposed Changes

## Budgetary Impact

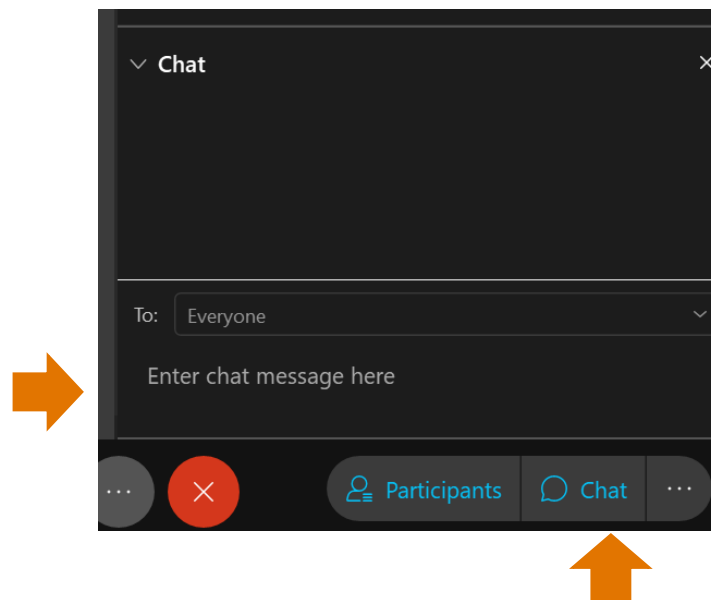
- SCDHHS anticipates an annual budgetary impact of \$10.4 million (total dollars)

## 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: Preventive Services

USPSTF and ACIP Recommendations

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Margaret Alewine, Chief of Policy

# Background

- The SCDHHS State Plan requires an updated version of the United States Preventive Services Task Force (USPSTF) recommendations for the preventive diagnostic and screening services
- SCDHHS coverage is in alignment with the USPSTF grade A and B recommendations for preventive diagnostic and screening services
- The Centers for Medicare and Medicaid Services (CMS) is requiring states to cover the Advisory Committee on Immunization Practices (ACIP) recommended vaccines for adults and amend the state plan to reference these recommendations
- SCDHHS coverage is in alignment with the ACIP vaccine schedule for adults



# Proposed Changes

## Changes

- Update the preventive services to reflect the USPSTF and ACIP recommendations

## Budgetary Impact

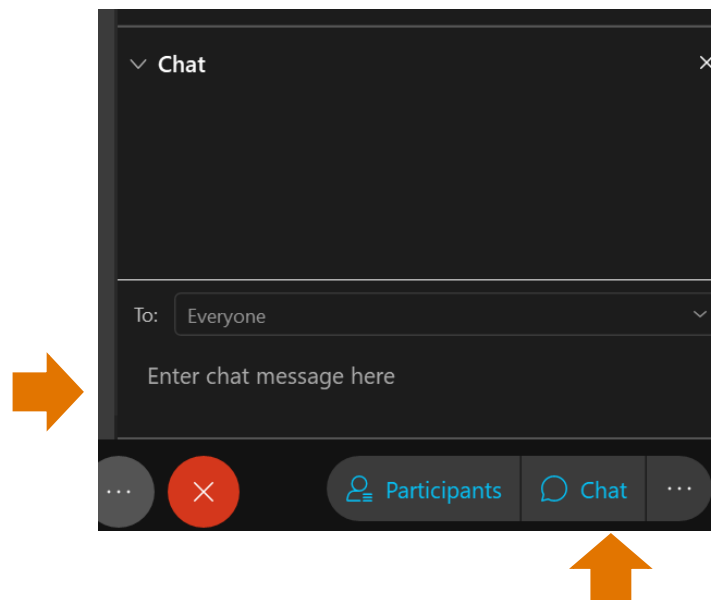
- Minimal budget impact

## Effective Date

- On or after Oct. 1, 2023

# Public Comment

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# Behavioral Health Crisis Stabilization Services Grant

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Shadda Winterhalter, Special Projects

# About the Grant

- On Feb. 21, 2023, SCDHHS announced a grant opportunity aimed at increasing access to behavioral health crisis stabilization services in hospitals statewide through the creation of specialized hospital-based emergency departments
  - These are one-time infrastructure funds that will be used to create the unit
  - These dedicated units will operate with a philosophy of “no exclusion”—they will be designed and staffed to treat all emergency psychiatric patients
  - These units, built to be distinct from the traditional medical emergency department structure by creating a calm, safe and healing environment, will provide immediate evaluation and treatment by a multidisciplinary team that is available 24 hours per day, 365 days per year

# Grant Awardees

On June 23, 2023, SCDHHS announced it awarded 13 South Carolina hospitals a total of \$45.5 million to build specialized hospital-based emergency department units dedicated to behavioral health crises.

The 13 awardees are:

- AnMed Health Medical Center
- Beaufort Memorial Hospital
- Grand Strand Medical Center
- Hampton Regional Medical Center
- Lexington Medical Center
- McLeod Regional Medical Center
- MUSC Health, Kershaw Medical Center
- MUSC Health, Orangeburg Medical Center
- MUSC Health, University Hospital
- MUSC Shawn Jenkins Children's Hospital
- Prisma Health Oconee Memorial Hospital
- Prisma Health Tuomey Hospital
- Trident Medical Center

