

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE SOUTH CAROLINAORGANIZATION AND FUNCTION OF MEDICAL ASSISTANCE UNIT

Within the single State Agency the Bureau of Health Services administers Medicaid in accordance with the provisions of the State Plan, Title XIX of the Social Security Act as amended, and the policies and interpretations as contained in related federal and state regulations and policies. Also, the Bureau of Health Services assures that adequate medical care and services are available on a continuing basis to all eligible individuals as defined in the State Plan consistent with budgetary limitations.

Six (6) additional responsibilities associated with the administration of Medicaid are performed in other operational units. Surveillance and utilization review activities are performed by the Bureau of Medicaid Program Assessment. Third Party Liability (TPL) activities are performed by the TPL division and the Division of Technical Support is primarily responsible for supporting the Medicaid claims system, known as the Medicaid Management Information System (MMIS). These two (2) divisions are under the direction of the Bureau of Information Resources Management. Bureau of Reimbursement Methodology and Policy manages numerous Medicaid rate setting procedures. All of these fall under the supervision of the Deputy Director of Fiscal Management. The Division of Nursing Homes and Home Health coordinates and administers services relating to institutional care. The Division of Community Long Term Care performs the statewide system of evaluation and services for Medicaid eligible clients. These two (2) division are under the supervision of the Bureau of Community Services which is under the Deputy Director of Programs.

The Bureau of Health Services is structured with five (5) divisions. One (1) division The division of Medicaid Management Information System (MMIS) Users Services reports to the Office of Program.

Administration: Furnishes administration support for the Bureau Chief.

The Division of Pharmacy Services, Durable Medical Equipment and Legislative Liaison: Administers the pharmaceutical and durable medical equipment programs for Medicaid. In addition, the division services as the Program Legislative Liaison for the agency.

The Division of Hospital care and Physician Services: Coordinates and administers the Medicaid program for hospital and physician providers. Responsibilities include liaison with providers and professional associations, and developing policies and procedures surrounding the provision of care to Medicaid recipients within state and federal regulations.

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The Division of Primary Care: Coordinates and administers Medicaid activities to ensure access to high quality care and effective and efficient utilization of resources. Responsibilities include developing programs for special populations and special needs, including high risk pregnancies, teen pregnancy prevention, community mental health and mental retardation, school-based services, children services and managed care.

The Division of Preventive Care: Coordinates and administers that portion of the Medicaid program pertaining to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and the dental, optometric and transportation programs.

The Division of Eligibility: Develops and implements policies and procedures pertaining to eligibility requirement for Title XIX (Medicaid). The division monitors compliance with established policies and procedures and provides consultation and interpretation of program policy to others as requested.

The Division of Medicaid Management Information System (MMIS) User Services: This unit reports to the Office of Programs. This division ensures there is adequate system support to carry out and manage the Medicaid program. It ensures that management reports detailing expenditures and utilization of services are available and that enhancements are made to approval process, the System Performance Review (SPR).

The Medical Director: The Medical Director provides overall advice and guidance regarding medical issues and policies for the Medicaid program.

http://training.scdhhs.gov/stateplan/index.php/Image:SPAttachement1-2-B_pg3.pdf

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BUREAU OF HEALTH SERVICES

Responsibility of administering the acute care and eligibility components of the Medicaid Program. The bureau is divided into five divisions which are defined by programmatic and administrative responsibilities. In turn, these divisions are composed of one or more departments that have specific program responsibilities.

The Division of Pharmacy Services, Durable Medical Equipment and Legislative Liaison: Administers the pharmaceutical and durable medical equipment programs for Medicaid. In addition, the division serves as the Program Legislative Liaison for the agency. The division is made up of two departments.

The Department of Pharmaceutical Services administers the pharmaceutical services program by developing policy, monitoring expenditures, making projections, establishing editing criteria and claims resolution procedures, publishing program documentation, conducting training seminars, and performing provider liaison activities.

The Department of Durable Medical Equipment administers the program responsible for the reimbursement of such items as wheelchairs, braces, oxygen and liquid feedings. It administers the program through policy development, program monitoring, analysis of expenditures, and provider liaisons.

The Division of Hospital Care and Physician Services: Coordinates and administers the Medicaid program for hospital and physician providers. Responsibilities include liaison with providers and professional associations, and developing policies and procedures surrounding the provision of care to Medicaid recipients within state and federal regulations. The division consists of two departments.

The Department of Hospital Services has two units. The Unit of Hospital Services administers medical inpatient, outpatient hospital and administrative day programs by developing policy, monitoring expenditures, establishing criteria and claims resolutions procedures, publishing program documentation, conducting training seminars and performing liaison activities with hospitals, other institutional providers and the South Carolina Hospital Association. The unit is also responsible for the end stage renal disease program. The Utilization Review Unit monitors utilization review activities performed by hospitals and the Peer Review Organization (PRO) contracted to performed reviews of Medicaid hospital services and monitors the utilization review plans of contracted hospitals. The unit is also responsible for the management of the private duty nursing services program for children, nurse practitioners/clinical nurse specialist program, ambulatory surgical centers and infusion center programs.

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The Department of Physician Services performs various coordination and liaison activities with physicians, physician groups, nurse midwives, nurse anesthetists, podiatrists, rural health clinics, federally qualified health centers, independent laboratories and x-ray laboratories. It is involved in the technical development of enrollment procedures, claims resolution procedures and reference file and pricing updates to the MMIS system. The department is also responsible for conducting workshops, making on-site visits, responding to inquiries and claims resolution issues. It coordinates reimbursement and policy development with physician consultants, medical association, and other professionals. The department encourages ambulatory services and the acceptance of Medicaid patients by all Medicaid physician specialties.

The Division of Primary Care: Coordinates and administers Medicaid activities to ensure access to high quality care and effective and efficient utilization of resources. Responsibilities include developing programs for special populations and special needs, including high risk pregnancies, teen pregnancy prevention, community mental health and mental retardation, school-based services, children's services and managed care. The division includes the departments of Mental Health and Rehabilitation Services; Early Intervention and School-based Services; High Risk and Maternal Care; and Alternative Delivery Systems.

The Department of Mental Health and Rehabilitation Services is responsible for the management of all programs related to community-based mental health services, targeted case management for individuals with disabilities, individuals with emotional disturbances, and children in foster care as well as services provided to emotionally disturbed children and the quality assurance activities associated with these programs. The department develops and implements program policies and procedures, coordinates contract negotiations, provides technical assistance to providers, and conducts liaison activities with the various state agencies and providers responsible for the delivery of these services. The department is involved in the development of Medicaid programs which provide a continuum of care for emotionally disturbed children.

The Department of High Risk and Maternal Care is responsible for the High Risk Channeling Project (HRCP), Family Planning, Healthy Mother/Healthy Futures maternal and child health initiatives, certain targeted diagnostic groups and new case management initiatives for pregnant women and infants. The HRCP continues to offer case management, nutrition, and social work services for high risk pregnant women and their infants. Special local initiatives address specific county needs and problems related to unusually high infant mortality rates, including education and treatment for alcohol and other drug related problems. The department also assists in the development and implementation of unique targeted programs to prevent teen pregnancy and promote family planning.

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The Department of Early Intervention and School-based Services, formally the Department of Clinics, Ancillary Services and Utilization Control, manages Medicaid Reimbursable services through two units, Early Intervention and School-based Services, The Early Intervention Unit is responsible for the administration of case management, family planning, diabetes education, genetics counseling, tertiary pediatrics and rehabilitation services. The School-based Services Unit is responsible for the administration of Medicaid reimbursable services offered through the State's public school system and state operated programs recognized as public schools by the Department of Education. During the past fiscal year, rehabilitation services for special needs Medicaid eligible school children which included physical, occupational, speech, and hearing therapies and psychological services were provided by all school districts and by the South Carolina School for the Deaf and Blind. The two units are responsible for program development, training, contracts monitoring, consultation, and technical assistance.

The Department of Alternative Delivery Systems is responsible for developing and managing programs that improve access to quality, cost-effective health care services, and maximize the use of federal dollars to improve health status while containing short-term and long-term costs to the state. There are two components: managed care and prevention of unintended pregnancies.

The Division of Preventive Care: Coordinates and administers that portion of the Medicaid program pertaining to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and the dental, optometric, and transportation programs. Responsibilities include ensuring compliance with EPSDT guidelines, establishing goals, increasing access to services, ensuring quality care, and prudent utilization of resources. The division is composed of two departments.

The Department of EPSDT consists of medical professional support staff which coordinates EPSDT issues with providers to maximize program benefits, implement policy and procedures, maintain provider manuals, develop new initiatives, perform provider relations and monitoring and enrollment, and promote efficient use of resources; and the Program and Field Monitoring staff which monitors DSS and DHEC compliance with contract requirements in providing EPSDT Case Management and Outreach services. The department also provides the "Help Desk" for the recently implemented automated EPSDT subsystem. The function of the help desk is to provide technical assistance and education to the users of the system in the 46 county DSS offices and health departments.

The Department of Ancillary Services administers the Medicaid Dental, Optometric, and Transportation programs. It coordinates issues with providers and provider organizations to maximize program benefits and promote cost efficient use of resources. The department develops and implements program policies and procedures, and maintains provider manuals. It develops and proposes new initiatives and is responsible for enrollment, record management, provider relations, and claims resolution.

The Division of Eligibility: Develops and implements policies and procedures pertaining to eligibility requirements for Title XIX (Medicaid). The division monitors compliance with established policies and procedures; and, provides consultation and interpretation of program policy to others as requested. There are two departments within this division.

The Department of Policy plans, develops and coordinates Medicaid eligibility policies and procedures in accordance with state and federal guidelines. Responsibilities also include policy interpretation and clarification to DSS and the community at large; training and technical assistance to staff of Federally Qualified Health Centers for the initial processing of Medicaid applications for poverty level pregnant women and children; and management of a contract with Vocational Rehabilitation which is the entity designated to determine disability for the Medicaid program.

The Department of Monitoring determines DSS compliance with established policies and procedures by conducting compliance reviews, at a minimum on an annual basis; monitoring management reports which are intended to keep counties informed about staff performance; and provide technical assistance in resolving eligibility problems which affect claims processing. This department is also responsible for developing an annual corrective action plan which addresses all errors in eligibility determinations identified through a federally mandated quality control review process.

The Division of Medicaid Management Information System (MMIS) User Services:

This division reports to the Office of Programs. This division ensures there is adequate system support to carry out and manage the Medicaid program. It ensures that management reports detailing expenditures and utilization of services are available and that enhancements are made to implement changes to the state's Medicaid program. The division manages the MMIS annual approval process, the System Performance Review (SPR). The division is composed of two departments.

The Department of MMIS User Support and Internal Audit manages the Claims Processing Assessment (CPAS), an internal quality control audit of MMIS claims processing and payment. This includes developing agency procedures and standards for CPAS, monitoring agency CPAS activities to ensure compliance with agency and HCFA standards, formulating and implementing a corrective action plan to address errors identified through CPAS activities and preparing the annual CPAS report. The department also manages the development and enhancement of the Finance Commission's annual "Statistical Report of Medical Care: Eligibles, Recipients, Payments and Services - HCFA 2082". The Department serves as the Medicaid program staff's official user interface with technical support staff.

The Department of MMIS Support Systems ensures that Medicaid providers are enrolled and reimbursed appropriately. The department serves as the agency liaison for Medicaid provider enrollment with the contractor, directing the development and implementation of control standards and enrollment policies and procedures. The department is also responsible for ensuring that accurate and accessible system files for providers, reimbursement and reference are maintained to support MMIS operations.

Medical Director: The Medical Director is a licensed physician who reports directly to the Deputy Director for Programs. The Medical Director provides overall advice and guidance regarding medical issues and policies for the Medicaid program. He also makes level of care decisions on complex cases for the Community Long Term Care Program.

BUREAU OF COMMUNITY SERVICES

This Bureau provides guidance and direction for the Social Services Block Grant (SSBG) program, Child Care & Development Block Grant (CC&DBG) program, Dependent Care Planning & Development Grant, Child Development Associate (CDA) Scholarship Assistance, Medicaid Community Long Term care Program and Medicaid Home Health and Nursing Facility program.

The Division of Community Long Term Care: The Division of Community Long Term Care (CLTC) administers Medicaid waiver programs for the elderly/disabled, persons with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), person dependent upon mechanical ventilation, persons with mental retardation or related disabilities (MR/RD), and persons with head or spinal cord injuries or similar disabilities. The Elderly/Disabled Waiver provides home and community-based services to aged and disabled persons who, without this program, would require care in a nursing home. The purpose of this waiver is to provide a cost-effective alternative to nursing home care. The HIV/AIDS Waiver also provides home and community-based services to children and adults with HIV/AIDS who are at risk for hospitalization. These services assist in Medicaid cost reduction by helping shorten hospital stays and providing an alternative to care in a nursing home. The ventilator waiver offers assistance to adults with high tech medical needs as an alternative to hospitalization, sub-acute care or nursing home placement. The MR/RD Waiver provides home and community-based services to children and adults with a diagnosis of mental retardation or a related disability. These services provide an alternative for admission to intermediate care facilities for the mentally retarded. The head and spinal cord waiver offers disabled individuals an array of services to allow maximum independence in a community setting rather than an institution. These five Medicaid waiver programs give individuals a choice between care in the community or care in an institution and are funded by a combination of state and federal dollars.

In addition to these home care programs, CLTC also operated the state's pre-admission screening program for Medicaid-sponsored nursing home care. The division's statewide coordination is handled through a network of 11 area offices.

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The Division of Home Health and Nursing Home Services: This division develops and administers program policy for home health, nursing homes, hospital swingbeds, hospice, institutions for mental disease and intermediate care facility services for the mentally retarded. Activities include development of goals and objectives for the programs; policy development; information dissemination on changing regulations and guidelines; monitoring of expenditures, utilization of services and program performance; and enforcement of compliance with federal regulations. The Division also coordinates the Inspection of Care and Survey/Certification contracts with the South Carolina Department of Health and Environmental Control and provides liaison functions, technical assistance, and training pertaining to billing, claims resolution, and interpretations of program guidelines and regulations. Community Long Term Care Program.

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BUREAU OF REIMBURSEMENT METHODOLOGY AND POLICY

The Bureau of Reimbursement Methodology and Policy monitors the reimbursement activities of all Medicaid, Social Service Block Grant, and Child Care and Development Block Grant service providers. These service providers include Nursing Facilities, Intermediate Care Facilities for the Mentally Retarded, Inpatient Hospitals, Psychiatric Residential Treatment Facilities, Rural Health Clinics, Federally Qualified Health Centers, Home Health providers, numerous Social Service Block Grant and Child Care and Development Block Grant providers, and other numerous ancillary Medicaid providers. Additionally, the Bureau provides leadership in the administration of the South Carolina Medicaid Disproportionate Share Payment Program.

The Bureau of Reimbursement Methodology and Policy provides leadership and direction to its three Divisions which are engaged in the management of the various rate setting methodologies.

Division of Long Term Care Reimbursements: The Division of Long Term Care Reimbursements monitors the reimbursement activities of the Medicaid service providers which include Nursing Facilities, Long Term Care Institutions for Mental Diseases, and Intermediate Care Facilities for the Mentally Retarded. This Division is responsible for rate setting and maintaining the reimbursement methodologies of its service providers in accordance with the provisions of the State Plan, Title XIX of the Social Security Act as amended and policies and interpretations as contained in related state and federal regulations. This includes initial settlements, rate revisions, ensuring final audit activity is processed properly, and accumulation of information for evaluation and planning.

Division of Acute Care Reimbursements: The Division of Acute Care Reimbursements monitors the reimbursement activities of the Medicaid service providers which include Inpatient Hospitals and Psychiatric Residential Treatment Facilities. Additionally, this Division administers the inpatient hospital disproportionate share plan for qualifying hospitals participating in the South Carolina Medicaid Program. This Division is responsible for rate setting and maintaining the reimbursement methodologies of its service providers in accordance with the provisions of the State Plan, Title XIX of the Social Security Act as amended and policies and interpretations as contained in related state and federal regulations. This includes initial settlements, rate revisions, ensuring final audit activity is processed properly, and accumulation of information for evaluation and planning.

Division of Ancillary Reimbursements: The Division of Ancillary Reimbursements is responsible for the rate setting and the maintenance of the reimbursement methodologies associated with the Social Services Block Grant, the Child Care and Development Block Grant, Home Health providers, Federally Qualified Health Centers, Rural Health Clinics, and other ancillary Medicaid providers. This Division is responsible for maintaining the reimbursement methodologies of its service providers in accordance with the provisions of the State Plan, Title XIX of the Social Security Act as amended and policies and interpretations as contained in related state and federal regulations. This includes initial settlements, rate revisions, ensuring final audit activity is processed properly, and accumulation of information for evaluation and planning.

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BUREAU OF INFORMATION RESOURCES MANAGEMENT

This bureau organizes, plans, directs, and approves the automated data processing efforts of the Finance Commission. Additionally, the bureau is responsible for the Medicaid Third Party Liability (TPL) program, that identifies other persons or businesses responsible for Medicaid expenditures and insures that Medicaid is the payor of last resort. In FY 1991-92, TPL savings exceeded \$35 million, up over 50 percent from the year before. In FY 1992-93, TPL savings exceeded \$41 million, up about 15 percent from the year before. Last year, savings leveled out, once again exceeding \$41 million.

Division of Third Party Liabilities: This division's mission is to ensure that Medicaid is the payor of last resort by identifying other parties which are legally liable for payment of medical services. If other resources are known at the time claims are submitted to Medicaid, the claims are rejected, or "cost avoided." If resources are discovered after Medicaid has paid claims, the money is collected from the responsible party (benefit recovery). It is also the mission of the division to administer the mandatory Medicaid Estate Recovery program.

The Department of Health Development and Recovery directs the development and maintenance of a recipient health insurance database used in claims processing.

The division pursues both private and group health insurance. This department also manages the mandatory Premium Payment project, which includes the identification of Medicaid recipients who are eligible for group health insurance, and the payment of premiums for these recipients if it is determined to be cost effective to do so.

The Casualty and Estate Recovery Department reviews all Medicaid claims with trauma diagnoses to identify other sources potentially liable for payment of a recipient's medical expenses. Appropriate claims are submitted to the recipient's attorney and/or insurer to recover these expenses.

The Medicaid Estate Recovery program was implemented following passage of enabling legislation in June, 1994. The department identifies recipients who die in long term care institutions, and those recipients over age fifty-five who die in the community and who have received long term care or community long term care subsequent to July 1, 1994. Claims are filed with personal representatives and probate courts as appropriate to recover Medicaid reimbursement for these and other related services.

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Division staff have participated in numerous seminars, workshops, and training sessions during the past year. They have met with the local chapter of the National Elder Law Association and the Executive Committee of the Probate Judges Association. They have presented training sessions for all DSS county caseworkers, as well as groups of DHEC case managers and Community Long Term Care case managers across the state, and have participated in Continuing Legal Education seminars for Legal Services Offices in various judicial circuits. They have made presentations on Estate Recovery to a Rotary Club, an AARP Chapter, and the Probate Judges Association.

The Division of Technical Support: This Division provides expertise in information resources equipment and software. This division supports other areas of the Finance Commission by rendering technical advice to solve information management problems, by providing technical advice in procuring information technology to maintain and enhance existing information management systems, as well as by crafting, when appropriate, custom software and conducting user training for mainframe and micro computers, and by generating and assisting in generating reports from automated databases.

Within the Division of Technical Support are two departments. The Department of Health Services is primarily responsible for supporting the Medicaid claims system, known as the Medicaid Management Information System (MMIS). The Department of Human Services and Financial Systems manages and directs the development and operation of the agency's systems for human services programs and financial and personnel applications.

BUREAU OF MEDICAID PROGRAM ASSESSMENT

The Bureau of Medicaid Program Assessment (MPA) monitors the postpayment surveillance and utilization review process of providers and recipients who are active in the Medicaid Program. The bureau provides leadership in the detection and investigation of fraud and abuse in over eighty (80) provider groups/specialties such as medicine, dentistry, optometry, durable medical equipment, pharmacy and home health. The bureau also provides oversight of the Recipient Explanation of Medical Benefits (REOMB) Program.

The Bureau of Medicaid Program Assessment provides direction to its three Divisions whose staff conduct reviews and investigations of providers and recipients.

Division of Program Utilization: The Division of Program Utilization directs the overall activities of professional staff in the surveillance and utilization postpayment review of non physician provider specialties, dentists and recipients. Onsite reviews, utilizing sampling and extrapolation, are performed in over 90% of the Division's cases. The Division also monitors bureau compliance with Federal Systems Performance Review requirements, the update and maintenance of the SURS Control File to assure data is valid and oversight of the Health Care Utilization/LOCK IN Program, a program which counsels or restricts recipients who misuse program services.

Division of Medical Service Review: The Division of Medical Service Review directs the overall activities skilled professional medical personnel (SPMP) in the surveillance and utilization postpayment review of physicians and other medical specialties and recipients. Onsite reviews, with sampling and extrapolation, are performed in over 90% of the Division's cases. The division also provides input in the SURS quarterly processing to assure that data of high integrity.

Division of Fraud and Investigations: The Division of Fraud and Investigations conducts preliminary fraud investigations on provider and recipient cases when there are allegations of fraud or extensive abuse. The point of origin of division cases may be through complaints or through SURS exception processing. The division works with law enforcement entities at all levels of government. Once allegations have been substantiated the Division refers provider cases to the Medicaid Fraud Control Unit within the State Attorney General's Office. The recipient cases are referred to other prosecutorial entities.

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