

**Medical Care Advisory Committee (MCAC)
August 11, 2015
10:00AM-12:00PM**

- I. Welcome by Agency Director
- II. Advisements
 - Inpatient/Outpatient Hospital Normalization Effective 10/1/15
 - Disproportionate Share Hospital Effective 10/1/15
 - Nursing Home Rates Effective 10/1/15
Jeff Saxon, Program Manager, Office of Finance and Administration
 - Health Insurance Premium Program (HIPP)
Gwendolyn Gaymon, Program Manager, TPL Services
 - Pre-Eligibility Medical Expenses for Long Term Care
 - Required Modifications to Online Healthy Connections Application
Beth Hutto, Deputy Director, Office of Eligibility, Enrollment, and Member Services
- III. SCDHHS Deputy Updates
 - Stephen Boucher, Program Director for Operations, Office of Health Programs
 - Adult Preventive Dental
 - Jason Taylor, Senior Program Director, Claims Operations and Provider Relations
 - Provider Re-validation process
 - Paul Leo, Senior Project Manager, Project Management Office
 - ICD-10 Readiness
 - Beth Hutto, Deputy Director, Office of Eligibility, Enrollment, and Member Services
 - Eligibility, Enrollment, and Member Services (EEMS)
 - Adriana Day, Deputy Director, Office of Finance and Administration
 - FY 15 Year End budget
- IV. Public Comment
- V. Closing Comments
- VI. Adjournment

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: July 20, 2015

SUBJECT: Inpatient Hospital Rate Updates and Outpatient Hospital Multiplier Updates Effective October 1, 2015.

OBJECTIVE: There are two objectives. First, to update the October 1, 2015 hospital specific per discharge rates for all eligible hospitals that receive hospital specific per discharge rates based upon the implementation of version 32 of the APR-DRG grouper. This grouper version will be used to price SC Medicaid inpatient hospital per discharge claims effective for discharges incurred on and after October 1, 2015. Secondly, to apply additional normalization adjustments to South Carolina (SC) hospitals and qualifying out of state border hospitals SC Medicaid hospital specific per discharge rates and hospital specific outpatient multipliers effective for discharges incurred/services provided on or after October 1, 2015.

BACKGROUND: First, in order to ensure that inpatient hospital claims will price properly using ICD-10 codes for discharges incurred on and after October 1, 2015, the SCDHHS will implement version 32 of the APR-DRG grouper. Because of the version change of the APR-DRG grouper, relative weights will change which will result in the recalculation of hospital specific per discharge rates effective October 1, 2015. This change will be budget neutral as it relates to the SC Medicaid fee for service program.

Effective July 1, 2014 the South Carolina Department of Health and Human Services (SCDHHS) implemented its 75th percentile payment methodology for both hospital specific per discharge rates and outpatient multipliers in order to discontinue the payment of inefficiencies incurred by certain hospitals. This payment methodology applied to SC general acute care hospitals, SC short term psychiatric hospitals, and qualifying out of state border hospitals. In order to further our goal of reducing payment of inefficiencies incurred by certain hospitals, the SCDHHS will apply further normalization adjustments to hospital specific per discharge rates and hospital specific outpatient hospital multipliers by making the following changes to the inpatient and outpatient hospital payment methodologies for discharges incurred/services provided on or after October 1, 2015:

Medicaid Inpatient Hospital Changes

- The SCDHHS will cap the base component of the hospital specific per discharge rates of the SC general acute care hospitals, SC short term psychiatric hospitals, and qualifying out of state border general acute care hospitals at the 65th percentile of the October 1, 2014 base rate component of the SC general acute care hospitals and the SC long term acute care hospitals. The Graduate Medical Education (Direct Medical Education and Indirect Medical Education) rate components will not be impacted by this change.

- A portion of the savings incurred by the SCDHHS as a result of the implementation of the 65th percentile cap will be spread to the qualifying hospitals whose base rate component of its hospital specific per discharge rate falls below the 15th percentile of the October 1, 2014 base rate component. Each qualifying hospital which falls under the 15th percentile will be reimbursed at the 15th percentile base rate component. For hospitals that are eligible to receive retrospective cost reimbursement and fall under the 15th percentile, these hospitals will be eligible to receive Medicaid inpatient reimbursement in excess of cost. However, any teaching hospital whose base rate component falls below the 15th percentile will not be eligible to receive any of the savings under this section.
- The above base rate component per discharge rate cap will also apply to those hospitals eligible for retrospective cost settlement. Therefore, maximum allowable Medicaid inpatient hospital reimbursement for SC defined rural hospitals and qualifying burn intensive care unit hospitals that are capped by the 65th percentile methodology will be the lower of allowable actual Medicaid reimbursable inpatient hospital costs or Medicaid inpatient hospital payments at the 65th percentile of the base rate component for the applicable period.

Medicaid Outpatient Hospital Changes

- The SCDHHS will cap the hospital specific outpatient hospital multipliers at the 65th percentile of the October 1, 2014 hospital specific outpatient hospital multipliers of the SC general acute care hospitals, the SC long term acute care hospitals, and the qualifying out of state border general acute care hospitals which receive its own hospital specific outpatient hospital multiplier. The Graduate Medical Education (Direct Medical Education) component of the hospital specific outpatient multipliers will not be impacted by this change for those teaching hospitals whose hospital specific outpatient multiplier exceeds the 65th percentile.
- A portion of the savings incurred by the SCDHHS as a result of the implementation of the 65th percentile cap will be spread to the qualifying hospitals whose hospital specific outpatient multiplier falls below the 15th percentile of the October 1, 2014 hospital specific outpatient hospital multipliers. Each qualifying hospital which falls under the 15th percentile will be reimbursed at the 15th percentile hospital specific outpatient multiplier. For hospitals that are eligible to receive retrospective cost reimbursement and fall under the 15th percentile, these hospitals will be eligible to receive Medicaid outpatient hospital reimbursement in excess of cost. However, any teaching hospital whose hospital specific outpatient multiplier falls below the 15th percentile will not be eligible to receive any of the savings under this section.
- The above 65th percentile hospital specific outpatient multiplier cap will also apply to those hospitals eligible for retrospective cost settlement. Therefore, maximum allowable Medicaid outpatient hospital reimbursement for SC defined rural hospitals and qualifying burn intensive care unit that are capped by the 65th percentile methodology will be the lower of allowable actual Medicaid reimbursable outpatient hospital costs or Medicaid outpatient hospital payments at the 65th percentile for the applicable period.

BUDGETARY IMPACT: Annual aggregate expenditures are expected to decrease by approximately \$12 million (total dollars) for both Medicaid fee for service and Medicaid managed care enrollees.

EXPECTED OUTCOMES: Medicaid recipient access to inpatient and outpatient hospital services is expected to be maintained.

EXTERNAL GROUPS AFFECTED: Contracting Medicaid hospitals, Medicaid MCOs, and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for the normalization process relating to the base component of the October 1, 2014 hospital specific per discharge rate and the October 1, 2014 hospital specific outpatient multipliers as described above as well as the update to the APR-DRG grouper from version 28 to version 32.

EFFECTIVE DATE: October 1, 2015

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: July 20, 2015

SUBJECT: South Carolina (SC) Medicaid Disproportionate Share (DSH) payment methodology update effective for the October 1, 2015 through September 30, 2016 (FFY 2016) DSH payment period.

OBJECTIVE: To update the SC Medicaid DSH payment methodology for updated base year DSH financial and statistical data (HFY 2014), updated FFY 2016 DSH allotment amount, changes in the calculation of the hospital specific DSH limit for each hospital, and to comply with Budget Provisos #33.22 and #33.27 of the State Fiscal Year (SFY) 2015/2016 State Appropriations Act as it relates to the FFY 2016 SC Medicaid DSH Payment Program.

BACKGROUND: The SCDHHS proposes to make the following changes to the DSH payment methodology for the FFY 2016 DSH payment period:

- The agency proposes to update the base year used to calculate the interim DSH payments for the DSH allotment period which ends on September 30, 2016 (FFY 2016) using hospital fiscal year end 2014 data, the continued use of the December 19, 2008 Final Rule (Federal Register / Vol. 73, No. 245) relating to the audits of the Medicaid DSH Payment Plans, and the December 3, 2014 Final Rule (Federal Register /Vol. 79, No. 232) which relates to the Medicaid Program DSH Payments Uninsured Definition.
- The agency proposes to update the inflation rate used to trend the DSH base year cost to the end of the 2014 calendar year.
- The agency proposes to continue the use of its qualification criteria to determine those DSH hospitals that will be subject to a reduction in their FFY 2016 DSH payments. The qualification criteria will be developed using as filed hospital fiscal year (HFY) 2013 South Carolina Medicaid fee for service and uninsured individuals' total inpatient and outpatient hospital costs, the South Carolina Medicaid Managed Care Organization (MCO) enrollees total inpatient and outpatient hospital costs, and the Medicare/Medicaid eligible and Medicaid/Commercial inpatient and outpatient hospital costs. The DSH payment reductions generated from this analysis will be spread to the remaining SC Medicaid DSH eligible hospitals (excluding the South Carolina Department of Mental Health (SCDMH) owned hospitals).
- The agency may expend one hundred percent of its FFY 2016 Medicaid DSH allotment to qualifying DSH eligible hospitals during the Medicaid State Plan Rate Year subject to budget limitations.

- For the FFY 2016 DSH payments, the agency will continue to apply a normalization adjustment to the hospital specific DSH limits of those DSH hospitals impacted by the July 1, 2014 and October 1, 2015 Medicaid fee for service state plan amendments which normalized Medicaid inpatient hospital per discharge rates and outpatient hospital multipliers. This proposed action will reduce the hospital specific DSH limits of the impacted DSH hospitals.
- In accordance with Budget Proviso #33.22 (C) of the State Fiscal Year (SFY) 2015/2016 South Carolina State Appropriations Act, the agency proposes to create a separate \$25 million (total dollar) DSH pool from the existing FFY 2016 DSH allotment that will be spread among the South Carolina defined rural hospitals as defined in Attachment 4.19-A of the SC Medicaid State Plan. This pool payment will be in addition to the SC defined rural hospital base DSH payment amount determined in accordance with the FFY 2016 DSH payment methodology. To be eligible to receive payment under this pool, SC defined rural hospitals must participate in reporting and quality guidelines published by the agency and outlined in the Healthy Outcomes Initiative. The agency will ensure that the FFY 2016 DSH payment of each rural hospital will not exceed its hospital specific DSH limit as determined above.
- In accordance with Budget Proviso 33.22 (A) of the SFY 2015/2016 South Carolina State Appropriations Act, the agency proposes/may tie DSH payments to participation in the Healthy Outcomes Initiative and may expand the program as DSH funding is available.
- In accordance with Budget Proviso 33.27 of the SFY 2015/2016 South Carolina State Appropriations Act, the agency will continue to provide funding opportunities relating to agency defined financially distressed hospitals from the remaining balance of the \$40 million (total dollar) Transformation Pool which was derived from the FFY 2015 DSH allotment. No FFY 2016 DSH allotment funding will be used to fund the Transformation Pool.

BUDGETARY IMPACT: While the FFY 2016 Medicaid DSH allotments have not been published by CMS, we are projecting that annual aggregate SC Medicaid expenditures may increase by approximately \$8.0 million (total dollars) during FFY 2016 subject to budget limitations.

EXPECTED OUTCOMES: Medicaid recipient and uninsured individuals' access to inpatient and outpatient hospital services will be maintained/may improve.

EXTERNAL GROUPS AFFECTED: Contracting Medicaid DSH hospitals as well as Medicaid and uninsured individuals.

RECOMMENDATION: Move to amend the current state plan to allow for the changes to the FFY 2016 SC Medicaid DSH payment program as noted above.

EFFECTIVE DATE: October 1, 2015

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: July 15, 2015

SUBJECT: Nursing Facility Rate Updates Effective October 1, 2015

OBJECTIVE: To update the Medicaid nursing facility rates based upon the most recent cost report information available.

BACKGROUND: The SCDHHS intends to update the Medicaid nursing facility rates effective October 1, 2015 using the fiscal year ending September 30, 2014 cost report information. The Department will:

- Provide payments to nursing facilities based on the most recent cost report data available (i.e., FYE September 30, 2014);
- Update the cost center standards based upon the FYE September 30, 2014 Medicaid cost reports;
- Apply a 3.0% inflation factor in the calculation of the October 1, 2015 payment rates;
- Apply an updated deemed asset value and market rate of return factor for October 1, 2015 Medicaid rate setting purposes; and
- Authorize 3,815,921 Medicaid Permit Days to be permitted by the SC Department of Health and Environmental Control for state fiscal year July 1, 2015 through June 30, 2016.

As a result of the above payment methodology changes, the weighted average rate effective October 1, 2015 is projected to be \$169.01 per patient day, which represents a (.23%) decrease from the September 30, 2015 weighted average payment rate of \$169.40.

BUDGETARY IMPACT: Annual aggregate expenditures are expected to decrease by approximately (\$1,000,000) total dollars.

EXPECTED OUTCOMES: Nursing facility services provided to Medicaid recipients will be maintained/should improve.

EXTERNAL GROUPS AFFECTED: Contracting Medicaid nursing facilities, Hospice providers, hospitals, and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for the rebasing of nursing facility rates effective October 1, 2015 based upon the FYE September 30, 2014 Medicaid cost reports and updates to the Medicaid reimbursement policy as reflected above.

EFFECTIVE DATE: October 1, 2015

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advise ment**

PREPARED BY: Gwen Gaymon

PRESENTED BY: Gwen Gaymon

DATE:

SUBJECT: Health Insurance Premium Payment program

OBJECTIVE:

BACKGROUND: The Health Insurance Premium Payment (HIPP) is a cost-containment initiative that maintains premium payments for Medicaid beneficiaries who retain private health insurance when cost-effective. Currently, HIPP will reimburse Medicaid recipients for group health insurance coverage premiums only. Recent federal policy updates now permit coverage of individually purchased insurance plans; a policy change is needed to include reimbursement for individual health insurance coverage.

BUDGETARY IMPACT: Reimbursement of individually purchased plans could result in increased HIPP enrollment up to an estimated 10% annual enrollment (based on today's private health market), yielding an estimated increase of \$95,724.28 in premium payments. Medicaid saving is estimated to be \$397,621.36, presuming the enrollment increases by 10%.

EXPECTED OUTCOMES: Allowing reimbursement for both group and individual insurance plans will promote program growth that will help reduce Medicaid overall cost.

EXTERNAL GROUPS AFFECTED: Medicaid Providers and Beneficiary's

RECOMMENDATION: Include reimbursement of individual purchased health plans through HIPP.

EFFECTIVE DATE: September 1, 2015

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Lori Risk, Eligibility Policy and Process Director

PRESENTED BY: Beth Hutto, Deputy Director, Eligibility, Enrollment and Member Services

DATE: 8/11/15

SUBJECT: Pre-Eligibility Medical Expenses and Calculation of Recurring Income for Long Term Care Beneficiaries

OBJECTIVE: Modify state plan to limit allowable pre-eligibility medical expenses applied to reduce recurring income for long term care services to expenses incurred in the retro period which is three calendar months prior to the Medicaid date of application.

BACKGROUND: After in-depth conversations with federal officials, it is necessary to revise state policy, requiring Medicaid to allow the deduction of pre-eligibility medical expenses from calculated, post-eligibility recurring income for long term care beneficiaries. Recurring income is the calculated dollar amount a beneficiary is required to pay for long term care services. Policy is being revised to allow the deduction. However, the current state plan does not limit the time period from which these expenses can be applied. It is proposed that this time period be limited to expenses incurred in the three calendar months prior to the month of application (the retro period). This change will limit the application of expenses to those related to the current episode of care.

BUDGETARY IMPACT:

This change will not impact the number of individuals eligible for long term care services. It will only impact recurring income once they are eligible.

EXPECTED OUTCOMES: The State Plan will be updated to reflect this policy.

EXTERNAL GROUPS AFFECTED: Long Term Care beneficiaries.

RECOMMENDATION: Amend State Plan with appropriate language and make necessary policy and procedure updates.

EFFECTIVE DATE: October 1, 2015

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advise ment**

PREPARED BY: Lori Risk, Eligibility Policy and Process Director

PRESENTED BY: Beth Hutto, Deputy Director, Eligibility, Enrollment and Member Services

DATE: 8/11/15

SUBJECT: Required Modifications to Online Healthy Connections Application

OBJECTIVE: Update to SPA SC-13-0015-MM2 (Eligibility Process), regarding CMS approval of the Healthy Connections Online Application.

BACKGROUND: This is an update to SPA SC-13-0015-MM2 (Eligibility Process) which was originally effective October 1, 2013, regarding approval of changes to the Healthy Connections Online Application. CMS requested that the state remove a question from the application regarding SSI income for the applicant since this income is not counted for eligibility. We have also reordered the questions and fields for individuals who report they are not US citizens or US Nationals, based upon CMS recommendations and information needed to determine eligibility.

BUDGETARY IMPACT: None

EXPECTED OUTCOMES: We will be in compliance with CMS regulations.

EXTERNAL GROUPS AFFECTED: Medicaid applicants

RECOMMENDATION: Amend State Plan with appropriate language and make necessary policy and procedure updates.

EFFECTIVE DATE: Already implemented.



Health Programs

Medical Care Advisory Committee (MCAC)
Stephen Boucher, Program Director of Operations
August 11, 2015

Adult Preventive Dental Services

Utilization Summary For Dates of Service December 1,
2014 Thru June 30, 2015 Paid thru June 30, 2015

All Members

Ave Monthly Membership	322,993
Access Rate	10.7%
Paid Per Patient	\$273
Paid Per Service	\$53.65
Service Counts	176,247
Services Per Patient	5.10
Total Paid	\$9,455,780
Unique Patients	34,581
PMPM	\$4.18

Members with Prior Claims

Paid Per Patient	\$278
Paid Per Service	\$57.71
Service Counts	27,279
Services Per Patient	4.81
Total Paid	\$1,574,253.35
Unique Patients	5,672

Members without Prior Claims

Paid Per Patient	\$273
Paid Per Service	\$52.91
Service Counts	148,968
Services Per Patient	5.15
Total Paid	\$7,881,526
Unique Patients	28,909



Operations & Information Management

Medical Care Advisory Committee (MCAC)
Paul Leo, Senior Project Manager
August 11, 2015

ICD-10 Status

- **Implementation Date is October 1, 2015**
- **ICD-10 Status**
 - Dedicated website [www.scdhhs.gov/icd10]
 - Testing is currently in progress and will be ongoing until September 2015. No major issues identified
- **SC DHHS Approach**
 - Provider end-to-end testing in progress
 - Continue outreach efforts with providers

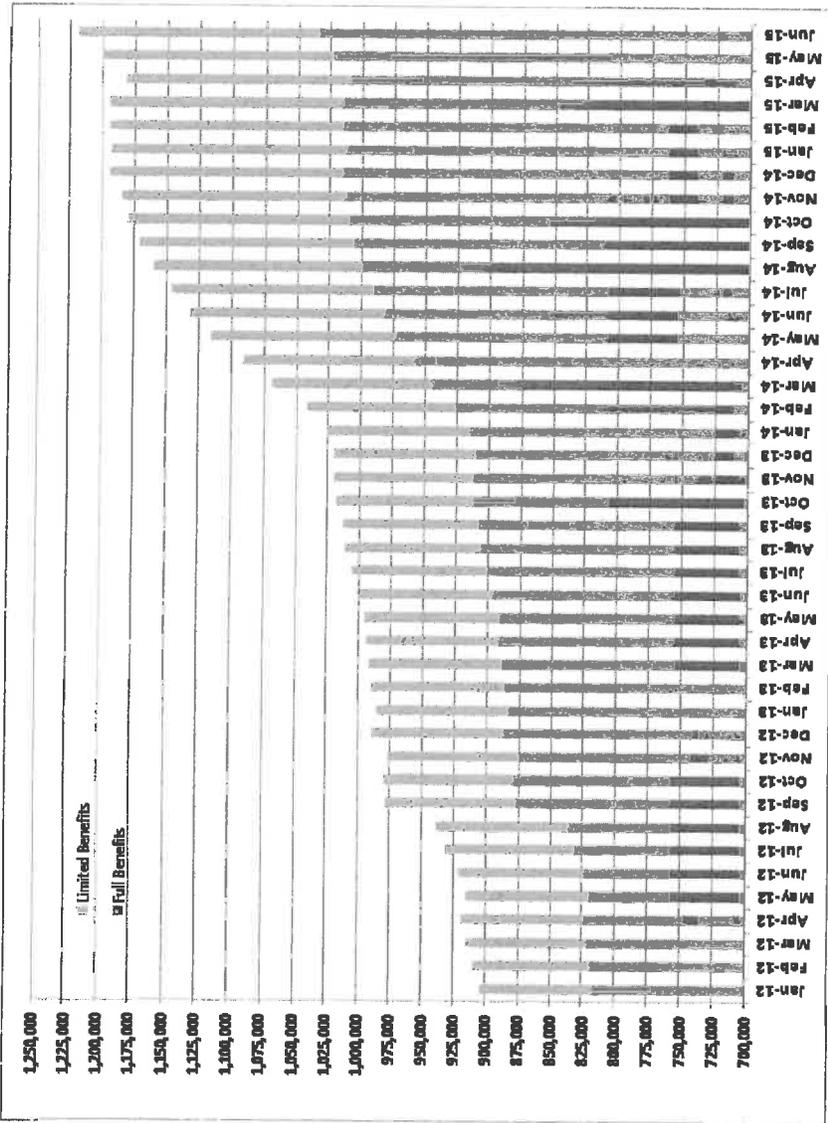
**For additional questions, please email
icd10contacts@scdhhs.gov**



Eligibility, Enrollment & Member Services

Medical Care Advisory Committee (MCAC)
Beth Hutto, Deputy Director
August 11, 2015

Trends in Medicaid Enrollment



March 2015 enrollment:
1,194,000 (most recent final enrollment number)

June 2015 preliminary enrollment: 1,218,000.

Annual Reviews
Ex parte data matches approximately 20%

Source: MMIS, most recent three months are preliminary enrollment data.

BPR

- **Reduce time to determine eligibility by removing tasks that do not add value**
- **60% of initial case actions do not end with a determination**
- **One and Done Philosophy**
 - Increase Face to Face time and implement mandatory collateral calls





Finance and Administration

Medical Care Advisory Committee (MCAC)
Adriana Day, Deputy Director
August 11, 2015

Current Budget to Year to Date Actual Spending
As of June 30, 2015

Budget by Major Program and Spending Purpose	FY 2015 Appropriation	FY 2015 Realigned Budget*	FY 2015 YTD as of 6/30/15	Remaining from Realigned	% Expended
SCDHHS Medicaid Assistance					
Coordinated Care	\$ 2,908,948,344	\$ 2,908,948,344	\$ 2,727,621,493	\$ 181,326,851	94%
Hospital Services	494,877,360	499,564,124	634,830,888	(135,266,764)	127%
Disproportionate Share	493,128,621	493,128,621	500,587,905	(7,459,284)	102%
Nursing Facilities	532,241,702	532,341,702	553,627,422	(21,285,720)	104%
Pharmaceutical Services	83,500,484	83,500,484	79,992,205	3,508,279	96%
Physician Services	119,018,095	119,018,095	95,018,536	23,999,559	80%
Community Long-term Care (CLTC)	149,610,372	149,710,372	173,997,978	(24,287,606)	116%
Dental Services	160,750,653	160,750,653	124,405,404	36,345,249	77%
Clinical Services	39,925,987	41,965,987	51,126,162	(9,160,175)	122%
Transportation Services	88,195,922	89,888,887	74,297,925	15,590,962	83%
Medical Professional Services	26,844,537	26,844,537	23,345,850	3,498,687	87%
Durable Medical Equipment	31,129,359	31,129,359	26,161,151	4,968,208	84%
Lab & X-Ray Services	14,583,891	14,583,891	12,731,175	1,852,716	87%
Family Planning	32,215,921	42,215,921	18,176,333	24,039,588	43%
Hospice	13,351,499	13,351,499	14,748,223	(1,396,724)	110%
Program of All-Inclusive Care (PACE)	14,246,885	14,246,885	12,649,466	1,597,419	89%
EPSDT	3,843,844	3,843,844	3,694,291	149,553	96%
Home Health Services	20,472,830	20,472,830	13,277,733	7,195,097	65%
OSCAP	3,974,400	3,974,400	7,893,531	(3,919,131)	199%
Optional State Supplement (OSS)	30,751,568	30,751,568	20,325,968	10,425,600	66%
Premiums Matched	191,400,000	191,400,000	175,982,515	15,417,485	92%
MMA Phased Down Contributions	84,300,000	84,300,000	79,341,186	4,958,814	94%
Premiums 100% State	16,500,000	16,500,000	14,501,046	1,998,954	88%
Children's Community Care	19,157,862	19,157,862	16,272,236	2,885,626	85%
Behavioral Health	36,244,620	96,103,515	137,418,979	(41,315,464)	143%
Total SCDHHS Medicaid Assistance	\$ 5,609,214,756	\$ 5,687,693,380	\$ 5,592,025,602	\$ 95,667,778	98%
SCDHHS Other Health Programs					
Continuum of Care	\$ 15,790,446	\$ 7,895,223	\$ 2,120,643	\$ 5,774,580	27%
Corrections (DOC)	4,186,764	-	-	-	0%
Disabilities & Special Needs (DDSN)	571,667,851	564,667,851	562,719,512	1,948,339	100%
Education (DOE)	49,855,201	47,855,201	52,146,301	(4,291,100)	109%
Health & Environmental Control (DHEC)	17,596,860	7,596,860	4,704,411	2,892,450	62%
Juvenile Justice (DJJ)	1,531,876	-	-	-	0%
Medical University of SC (MUSC)	19,301,413	19,301,413	28,965,769	(9,664,356)	150%
Mental Health (DMH)	177,941,102	170,941,102	166,904,230	4,036,872	98%
State Housing Authority	100,000	-	-	-	0%
School for Deaf & Blind	3,692,965	-	-	-	0%
Social Services (DSS)	6,983,336	-	-	-	0%
University of South Carolina (USC)	2,522,702	2,522,702	2,399,845	122,857	95%
Wil Lou Gray Opportunity School	40,000	-	-	-	0%
Emotionally Disturbed Children (EDC)	28,048,460	-	-	-	0%
Other Entities Funding	29,617,267	29,617,267	9,781,829	19,835,438	33%
State Agencies & Other Entities	\$ 928,876,243	\$ 850,397,619	\$ 829,742,539	\$ 20,655,060	98%
SCDHHS Operating Expenditures					
Personnel & Benefits	\$ 65,022,385	\$ 65,022,385	\$ 65,095,018	\$ (72,633)	100%
Medical Contracts	222,668,267	222,668,267	206,198,976	16,469,291	93%
Other Operating Costs	50,499,681	50,499,681	33,695,374	16,804,307	67%
Total SCDHHS Operating Expenditures	\$ 338,190,333	\$ 338,190,333	\$ 304,989,367	\$ 33,200,966	90%
Total Budget - Annual Budget Appropriation	\$ 6,876,281,332	\$ 6,876,281,332	\$ 6,726,757,508	\$ 149,523,824	98%

*Budget realignment related to shift in state agency match to DHHS