

**Medical Care Advisory Committee (MCAC)
August 16, 2016
SCDHHS, 1801 Main Street, Columbia, South Carolina 29202
10:00AM-12:00PM**

I. Welcome by Agency Director

II. Advisements

- Nursing Facility Rate Updates effective October 1, 2016
- SCDMH Community Mental Health Clinic Service Rate Updates
- Non-State Owned Governmental Long Term Care Psychiatric Hospital Rate Update
- Rotary Air Ambulance Rate
- FFY 2017 DSH Program
Jeff Saxon, Program Manager, Finance and Administration
- Medicaid and CHIP coverage of Financially Eligible Children and Pregnant Women
Lori Risk, Program Manager, Eligibility, Enrollment, and Member Services (EEMS)
- Psychiatric Residential Treatment Facilities (PRTF) Carve-In
Peter Liggett, Deputy Director, Long Term Care and Behavioral Health Services

III. SCDHHS Deputy Updates

Byron Roberts, General Counsel, Office of General Counsel

- New CMS Guidance on Public Notice process

Kelly Eifert, Project Manager, Office of Long Term and Behavioral Health Services

- South Carolina Home and Community Based Services (HCBS) Statewide Transition Plan

Jim Coursey, Chief Information Officer, Information Management

- Provider Revalidation

Beth Hutto, Deputy Director, Eligibility, Enrollment, and Member Services

- Eligibility, Enrollment, and Member Services (EEMS)

Heather Tucker, Program Manager, Planning and Budgets

- Access to Care Report
- 2016 Year-End Review

IV. Public Comment

V. Closing Comments

VI. Adjournment



**Medical Care Advisory Committee
May 3, 2016 Meeting Minutes**

Present

*Susan Alford
Sue Berkowitz
Cindy Carron
Dr. Tom Gailey
Amy Holbert
Tysha Holmes
Bill Lindsey
Dr. Kashyap Patel
Dr. Amy Picklesimer
Gloria Prevost
Dr. Jennifer Root
Dr. Keith Shealy
Lathran Woodard

Not Present

John Barber
William Bilton
Richard D'Alberto
Diane Flashnick
Chief Bill Harris
Lea Kerrison
J.T. McLawhorn
Melanie Matney
Maggie Michael
Crystal Ray
Dr. Lynn Wilson

**Ms. Joan Meacham attended on behalf of Ms. Susan Alford*

The Chief of Staff welcomed members and made a few announcements

The Director gave a high level overview which included discussion on the following topics: Budget, Asset Verification System, Final Rule from CMS on Managed Care Program, and State Medicaid Director Letter regarding justice involved population. The Director mentioned the August MCAC agenda will be full and announced that Adriana Day is leaving the agency.

Michael Jones (Program Manager, Eligibility, Enrollment, and Member Services) presented on the advisement regarding **Family Planning-Only application process**. The following questions were asked:

1) Will the enhanced services under check-up continue?

Answer: Yes, these services will continue.

2) Can you apply through any provider or can you only apply through DHEC?

Answer: Yes, you can apply through any provider; however DHEC has been the agency that SCDHHS has worked closely with.

3) Will SCDHHS make sure that everyone is aware of this service?

Answer: Yes.



Peter Liggett (Deputy Director, Long Term Care and Behavioral Health Services) presented on the advisement regarding Medically Complex Children (MCC) Waiver: There were no questions asked on this advisement.

Jim Coursey (Chief Information Officer, Information Management) gave an update on the Asset Verification System. The following questions were asked:

1) Does this project require additional security?

Answer: There will not be additional security needed because as part of the package the system must adhere to strict security measures and standards.

2) Will there be any security issues with the types of information SCDHHS receives (i.e. Bank account numbers)?

Answer: Under Section 1940 of the Social Security Act (Asset Verification through Access to Information Held by Financial Institutions) information is limited by law. SCDHHS would only receive information that an individual has an account and the current value of the account. The data transferred from a Bank would not create any security issues because of the limited data allowed.

3) Will SCDHHS be using any data from Experian, Transunion, etc. because this data has been known to have high error rates?

Answer: No. SCDHHS is relying on Acuity to get the information correct. Also some caseworkers have been doing this process for years manually and know who to contact if there are any discrepancies.

4) Will the beneficiary have a chance to contest any of this information?

Answer: Yes. This is a way to verify the information that the beneficiary has already supplied to SCDHHS.

Peter Liggett (Deputy Director, Long Term Care and Behavioral Health Services) gave an update on the Hospice Tiered Rates. There were no questions regarding this update.

Jeff Saxon, (Program Manager, Finance and Administration) gave an update on the South Carolina defined rural hospital Medicaid disproportionate share (DSH) payments. Mr. Saxon informed the committee that the Department, upon further consideration of the interest shown in the Hospital Transformation Pool and the continued financial pressures that SC defined rural hospitals are operating under, made a decision to reimburse these hospitals at 100% of their hospital specific DSH limit for federal fiscal years ending September 30, 2015 and September 30, 2016. There were no questions regarding this update.

Beth Hutto (Deputy Director, Office of Eligibility, Enrollment and Member Services) gave an update on Eligibility, Enrollment, and Member Services (EEMS). The following questions were asked:

1) Is the escalation team replacing Carolyn Roach's team?

Answer: No, the Escalation team will not replace the Member Services team; however Member Services will work closely with the escalation team. This will help with the referral of issues because the Member Services team will have a dedicated team on site.

2) What else can agencies do to help with the match rate?

Answer: SCDHHS is looking at targeted enrollment strategies. We have been in conversations with CMS and DSS about matching data.

3) When will this be in place?

Answer: SCDHHS has been working through logistics with DSS for the data match and to allow for the difference in income and family composition rules between SNAP and Medicaid. We hope to have this completed later this year then work to integrate this into our system.

4) Will SCDHHS be using DOR records to match data?

Answer: Not at this time. This would require conversations with the IRS.

5) Have there been any issues with re-enrollments/re-certifications?

Answer: The majority of renewals are getting continued services. SCDHHS is creating an automated process to data match reviews received against our improved data sources so that more enrollees could potentially receive continuous benefits.

6) Is it allowed for a Managed Care Organization (MCO) to do recertifications at their businesses?

Answer: Yes, if the individual is a member of that MCO and the member's Medicaid information was sent to the MCO on the monthly recertification file, then the MCO may assist the members in completing the recertification packet.

Adriana Day (Deputy Director, Office of Finance and Administration) gave an update on the 2016 Year to date budget. The following questions were asked:

1) Has SCDHHS been involved with the Barnwell Hospital Closing?

Answer: There is a proviso in the FY 17 budget that allows SCDHHS to potentially use DSH funds to help establish/maintain certain care settings in communities like Barnwell that have recently been affected by a hospital closure.

2) Has there been any commentary, audits or DHEC increases since SCRIPTS was implemented?

Answer: DHEC has seen an increase in both utilization of the SCRIPTS database and provider inquiries related to SCRIPTS. While some concerns were voiced initially, these have given way to overwhelming neutral to positive feedback since the requirement was implemented. It should be noted that SCDHHS has no authority to sanction any licenses and no one has been hired to complete audits of SCRIPTS utilization.

Meeting Adjourned

Next Meeting scheduled for August 16, 2016 10:00 a.m. to 12:00 p.m.

**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 21, 2016

SUBJECT: Nursing Facility Rate Updates Effective October 1, 2016

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, 2016 using the fiscal year ending September 30, 2015 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, 2015);
- Update the cost center standards based upon the FYE September 30, 2015 Medicaid cost reports;
- Adjusting the occupancy factor used to establish nursing facility cost center standards and the minimum occupancy rate used in the determination of provider payment rates from 92% to 90%;
- Apply a 2.40% inflation factor in the calculation of the October 1, 2016 payment rates;
- Apply an updated deemed asset value (\$53,653) and market rate of return factor (3.21%) for October 1, 2016 Medicaid cost of capital rate setting purposes;
- Adjust the reimbursement cap on cost of capital reimbursement for beds that were being reimbursed on June 30, 1989 from \$3.99 to \$5.00 per patient day;
- Adjust the payment for professional liability claims that exceed \$50,000 on an individual claim basis from 97% of the Medicaid allowed amount to 100% of the Medicaid allowed amount 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, 2016 through June 30, 2017.

As a result of the above payment methodology changes, the weighted average rate effective October 1, 2016 is projected to be \$170.95 per patient day, which represents a .87% increase from the September 30, 2016 weighted average payment rate of \$169.47.

BUDGETARY IMPACT: Annual aggregate expenditures are expected to increase by approximately \$5,600,000 (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, 2016 based upon the FYE September 30, 2015 Medicaid cost reports and updates to the Medicaid reimbursement policy as reflected above.

EFFECTIVE DATE: On or after October 1, 2016

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

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

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

DATE: July 22, 2016

SUBJECT: South Carolina Department of Mental Health's (SCDMH) Community Mental Health Clinic Service Rate Updates.

OBJECTIVE: To update the SCDMH's Community Mental Health Clinic service rates effective July 1, 2016 based upon more recent cost report data and an updated trend factor using updated Medicare market basket rate trend factors and the approved SC state employee cost of living percentage increase for state fiscal year 2017.

BACKGROUND: Effective October 1, 2012, the South Carolina Department of Health and Human Services (SCDHHS) established prospective payment rates for SCDMH Community Mental Health Clinic services. At the time the October 1, 2012 prospective payment rates were established, the latest cost report available that could be used in the calculation of the SCDMH clinic rates was based upon the state fiscal year June 30, 2010 cost report due primarily to SCDMH's conversion to a new accounting system. Therefore in order to account for provider cost increases over the past several years, SCDHHS has agreed to update the SCDMH clinic rates based upon the state fiscal year 2015 cost report data and an updated trend factor.

BUDGETARY IMPACT: Annual aggregate expenditures are expected to increase by approximately \$1.40 million (total dollars) for Medicaid fee for service individuals. However, because SCDMH receives the state matching funds for the services that the agency provides, there is no impact on SCDHHS state matching funds.

EXPECTED OUTCOMES: Medicaid recipient access to SCDMH Community Mental Health clinics will be maintained/may improve.

EXTERNAL GROUPS AFFECTED: The SCDMH Community Mental Health clinics and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for the update to the SCDMH Community Mental Health clinic rates based upon the state fiscal year 2015 cost report data and the application of an updated trend factor.

EFFECTIVE DATE: On or after July 1, 2016

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

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

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

DATE: July 21, 2016

SUBJECT: Non-state owned governmental long term care psychiatric hospital rate update effective July 1, 2016.

OBJECTIVE: To update the Medicaid per diem reimbursement rate for William J. McCord Treatment Facility based upon the most recent cost report data available.

BACKGROUND: The William J McCord Treatment Facility's Medicaid per diem rate in effect prior to July 1, 2016 was last updated November 1, 2013 based upon its fiscal year end June 30, 2012 cost report. To account for the operating cost increase of the subject hospital as well as changes in its occupancy rate over the past three years, the Medicaid per diem rate has been updated based upon its fiscal year end June 30, 2015 cost report and the use of a minimum occupancy adjustment factor of 90%. As a result of the above changes, the per diem rate increased by approximately 11.85%.

BUDGETARY IMPACT: Annual aggregate Medicaid expenditures are expected to increase by approximately \$213,000 (total dollars).

EXPECTED OUTCOMES: Medicaid recipient access to long term care psychiatric hospital services is expected to be maintained.

EXTERNAL GROUPS AFFECTED: William J McCord Treatment Facility and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for a rate update for non-state owned governmental long term care psychiatric hospitals based upon the use of the June 30, 2015 cost report and implementation of a minimum occupancy adjustment factor of 90%.

EFFECTIVE DATE: For services provided on and after July 1, 2016.

**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 22, 2016

SUBJECT: Rotary air ambulance rate.

OBJECTIVE: To update the SC Medicaid rotary air ambulance reimbursement rate - Healthcare Common Procedure Coding System (HCPCS) code A0431.

BACKGROUND: The rotary air ambulance rate in effect for providers prior to October 1, 2016 was last updated November 1, 2013. Therefore in order to account for the increased operational costs incurred by rotary air ambulance providers, the Medicaid reimbursement rate has been updated to \$3,122.

BUDGETARY IMPACT: Annual aggregate Medicaid expenditures are expected to increase by approximately \$158,000 (total dollars).

EXPECTED OUTCOMES: Medicaid recipient access to rotary air ambulance services is expected to be maintained.

EXTERNAL GROUPS AFFECTED: Rotary air ambulance providers and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for a rate update for rotary air ambulance providers to \$3,122.

EFFECTIVE DATE: For services provided on and after October 1, 2016.

**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: Michael Jones, Program Manager, Eligibility, Enrollment, and Member Services

DATE: 7/13/16

SUBJECT: Medicaid and CHIP Coverage of Financially Eligible Children and Pregnant Women

OBJECTIVE: SCDHHS will modify the state plan to amend its coverage of certain pregnant women and children as described in section 1903(v)(4) and 2107e(I)(J) of the Social Security Act and who are otherwise eligible for assistance.

BACKGROUND: In 2010, CMS issued guidance, State Health Official Letter # 10-006, allowing certain pregnant women and children who are currently financially eligible but only covered by Emergency Services Medicaid to enroll in Medicaid or CHIP. This change will improve access to critical prenatal and postnatal services, as provided for in the 2010 guidance, in a manner that is more likely to lead to better health outcomes and fewer high-cost, high-risk emergency services.

BUDGETARY IMPACT: It is projected that this change will be budget neutral or positive to the state, since CHIP's match rate is currently more favorable than the Emergency Services match rate, and improved access to low-cost prenatal services should significantly reduce emergency complications.

EXPECTED OUTCOMES: The State Plan will be updated to reflect this policy; better outcomes for mothers and newborns already covered.

EXTERNAL GROUPS AFFECTED: Pregnant women and children up to age 19 who are lawfully residing in the United States as described in sections 1903(v)(4) and 2107e(I)(J).

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

EFFECTIVE DATE: On or after July 1, 2017.

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

PREPARED BY: Pete Liggett

PRESENTED BY: Pete Liggett

DATE: August 9, 2016

SUBJECT: Psychiatric Residential Treatment Facilities (PRTF) to be included in the Coordinated Care Benefit.

OBJECTIVE: To include Psychiatric Residential Treatment Facility (PRTF) Services and providers in the Coordinated Care benefit provided by SCDHHS' contracted Managed Care Organizations. MCO members will access PRTF through the MCO plan to which they are assigned. Individuals not assigned to an MCO will continue to access PRTF through the SCDHHS Medicaid fee-for-service benefit.

BACKGROUND: The Rehabilitative Behavioral Health Services (RBHS) program and associated outpatient services were included in the Coordinated Care benefit beginning July 1, 2016. Both the Licensed Independent Practitioners (LIPs) and RBHS service arrays are included in the Coordinated Care benefit. On the higher end of the service intensity continuum, PRTF placement would represent a temporary residential intervention with the goal of stabilizing and returning individuals to their homes and communities as quickly as possible. In the absence of this proposed change, the existing model could serve to encourage placement of youth into PRTF, since MCOs have a short-term financial incentive to see their beneficiaries receive PRTF on a fee-for-service basis (paid by SCDHHS directly) instead of managing care through the carved-in behavioral health service array, in which case the MCO would be financially responsible.

Inclusion of PRTF in Coordinated Care will serve to further the goal of moving toward an integrated care model for youth with serious emotional and behavioral health issues. It will also encourage the effective delivery of community-based behavioral health services designed to reduce the need for institutional placement of seriously emotionally disturbed youth.

Furthermore, this change would eliminate the need to continue a manual process of ensuring that monthly premiums are not paid to MCOs on behalf of members who spend all or a portion of that month in a PRTF, since under the current model, this could result in Medicaid double-paying for services in violation of federal policy. Maintaining this process has been entirely manual and has been error-prone, since it could only be successfully completed when the state and the relevant MCOs had timely knowledge that a beneficiary had been placed in a PRTF; this was not always the case. Including PRTF in the Coordinated Care model eliminates the need for this manual tracking and will improve the MCOs' monitoring of their beneficiaries through the authorization process. This is expected to have a favorable impact on physical and behavioral health coordination for affected beneficiaries.

BUDGETARY IMPACT: Exact budgetary impact projections specifically associated with the "carve-in" are currently being developed by Milliman – SCDHHS' actuary firm. It is expected that

the carve-in of the PRTF will initially be budget neutral, but will ultimately lead to cost savings through increases in coordination of care, better utilization management and review, and reduced institutional costs. The Department also intends to rebase PRTF rates, which have not been meaningfully updated since 1997, with an effective date that coincides with the carve-in. This action is intended to bring payment rates more in-line with current cost structures and also to improve the ability for South Carolina Medicaid beneficiaries to access the PRTF setting when appropriate and medically necessary. Current rates are far below those paid by neighboring states, leading many in-state beds to be filled by out-of-state patients. This rate action is expected to improve access for our beneficiaries and carry a net annualized cost of approximately \$1.3 million.

EXPECTED OUTCOMES: The proposed action is expected to improve the coordination of services that address our beneficiaries' physical and behavioral health needs. It is also expected that inclusion of PRTF in the Coordinated Care benefit will reduce the lengths of stay for youth placed in these institutions, as the MCOs will work with the Department to improve and enforce quality-of-care and incident reporting policies.

EXTERNAL GROUPS AFFECTED: The primary affected external group will be Psychiatric Residential Treatment Facility providers of which there are currently 14. These providers will need to contract with participating MCOs in order to be eligible for reimbursement for services provided to MCO members.

RECOMMENDATION: It is recommended that Psychiatric Residential Treatment Facility services and providers be included in the Coordinated Care benefit, and that the State Plan be amended accordingly.

EFFECTIVE DATE: On or after January 1, 2017.

General Counsel

Byron Roberts
General Counsel, Office of General Counsel
August 16, 2016



42 CFR §447.205 Public notice of changes in Statewide methods and standards for setting payment rates.

* * *

(d) *Publication of notice.* The notice must—

- (1) Be published before the proposed effective date of the change; and
- (2) Appear as a public announcement in one of the following publications:
 - (i) A State register similar to the Federal Register.
 - (ii) The newspaper of widest circulation in each city with a population of 50,000 or more.
 - (iii) The newspaper of widest circulation in the State, if there is no city with a population of 50,000 or more.
 - (iv) A Web site developed and maintained by the single State agency or other responsible State agency that is accessible to the general public, provided that the Web site:
 - (A) Is clearly titled and can be easily reached from a hyperlink included on Web sites that provide general information to beneficiaries and providers, and included on the State-specific page on the Federal Medicaid Web site.
 - (B) Is updated for bulletins on a regular and known basis (for example, the first day of each month), and the public notice is issued as part of the regular update;
 - (C) Includes the actual date it was released to the public on the Web site; or
 - (D) Complies with national standards to ensure access to individuals with disabilities; and
 - (E) Includes protections to ensure that the content of the issued notice is not modified after the initial publication and is maintained on the Web site for no less than a 3-year period.

Home and Community-Based Services (HCBS) Rule – South Carolina Statewide Transition Plan

Kelly Eifert, Ph.D.

Project Manager, Long Term Care & Behavioral Health

August 16, 2016



South Carolina's Plan - Timeline

- Status Update
 - Feb. 26, 2015: SC Statewide Transition Plan submitted to CMS
 - Aug. 11, 2015: CMS provided written feedback on plan, required revision
 - Sept. 25, 2015: Revised Statewide Transition Plan submitted to CMS
 - No public notice required per CMS
 - Nov. 6, 2015: CMS provided additional written feedback on plan, required second revision
 - Dec. 9, 2015 – CMS added new deadlines for states
 - Jan. 4, 2016: Additional follow up from CMS
 - Feb. 4, 2016: Revised draft STP submitted to CMS for review prior to Public Notice, (Feb. 24, 206 – Mar. 25, 2016)
 - March 31, 2016: Revised draft SC Statewide Transition Plan submitted to CMS
 - June 17, 2016: CMS provided written feedback on plan, required significant third revision
 - Public notice & comment will be August 17 – October 7, 2016
 - Will have 9 public meetings and a webinar
 - Submission to CMS by October 28, 2016

Information Management

Jim Coursey
Chief Information Officer, Information Management
August 16, 2016



Provider Revalidation Update

- CMS deadline for revalidation is September 25th
- Current revalidation status (as of August 3rd)
 - ~ 47,300 providers in SC Medicaid program
 - 39,380 applied for revalidation
 - 7,920 have not yet responded (multiple attempts to contact)
 - 2,720 had no activity in CY16
 - Disenroll by the end of August
 - 5,200 with activity in CY16
 - Disenroll on September 25th if they don't respond in the meantime
- Next steps for providers:
 - If already responded, revalidation is in progress
 - If haven't responded, please contact provider service center
 - 888.289.0709 or www.scdhhs.gov (select "for providers")

Eligibility, Enrollment, & Member Services

Beth Hutto

Deputy Director, Eligibility, Enrollment, and Member Services

August 16, 2016



EEMS Updates

FAMILY PLANNING

Program going back to traditional Family Planning name
Benefits package with enhanced screens remains unchanged

STAFFING

Increased capacity. In SFY16, over 160 positions filled
More than 70% of postings filled
Three shifts of workers in dedicated processing centers
Changes to compensation structure to attract new hires and improve staff retention

ESCALATION TEAM

Start date: August 2
Team Leads liaisons assigned to Hospitals within their Regions
Escalation team will work directly with Member Relations, EAST to process escalated cases

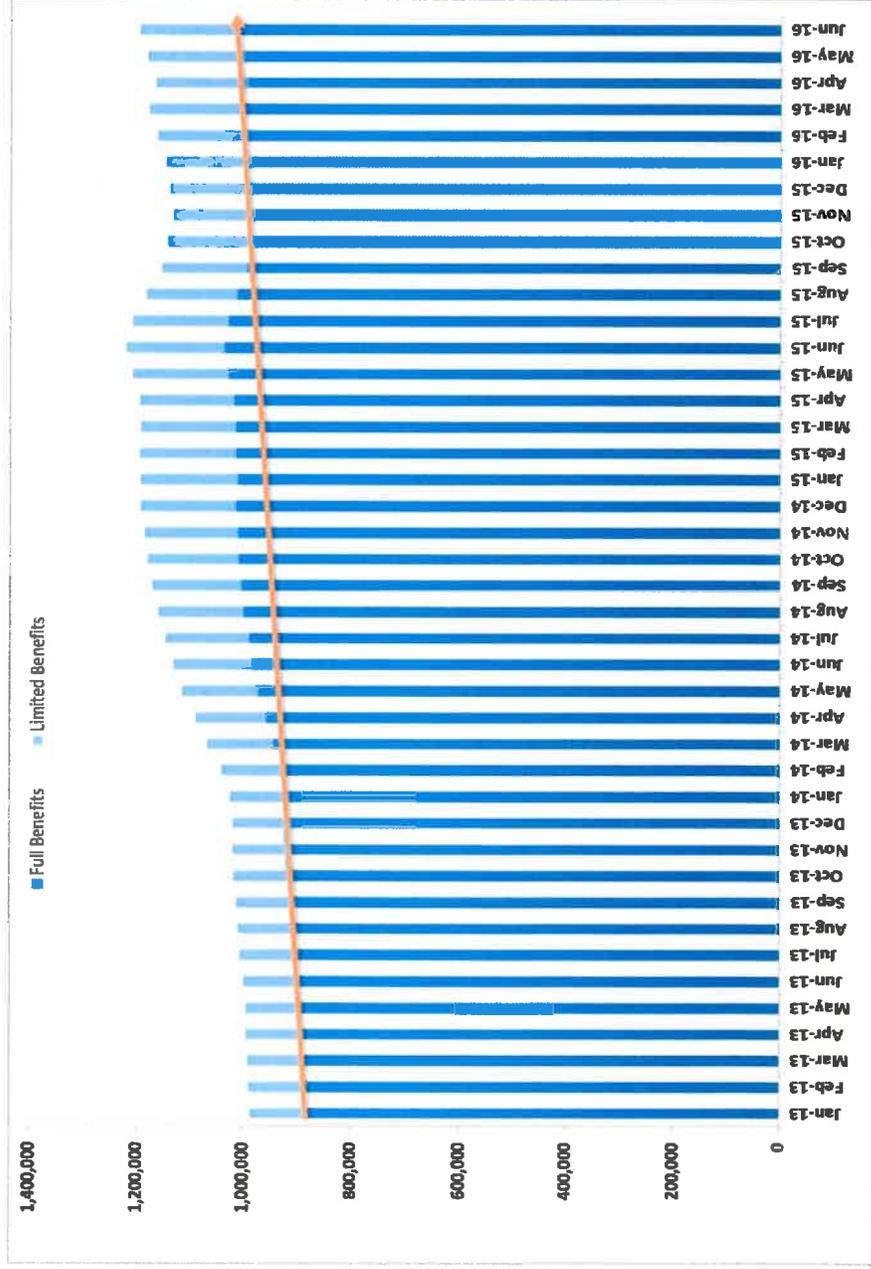
Trends in Medicaid Enrollment

March 2016 full benefit enrollment (final): 1,003,000

June 2016 full benefit enrollment (prelim): 1,010,000.

Full benefit enrollment in line with growth trend prior to delayed reviews

54% Annual Review match rate in August



Planning and Budgets

Heather Tucker
Program Manager, Planning and Budgets
August 16, 2016



Access to Care Report

- Final Rule published in the Federal Register on Monday, November 2, 2015.
 - Rule effective as of January 4, 2015
 - Final Rule Provisions:
 - 447.203(b) – Access monitoring review plan and associated data and requirements
 - In consultation with the medical care advisory committee, states must develop an access monitoring review plan
 - The plan must be published and made available for public review and comment for no less than 30 days prior to it being finalized
 - 447.204 – Provider participation and public process
 - 447.205 – Public notice requirements
- Creates a standardized, transparent process for states to document whether there are sufficient providers to assure beneficiary access to covered care and services.

Access to Care Report

- Some components of the Access Monitoring Review Plan
 - Data requirements, standards and methodologies
 - Comparative payment rate review
 - Separate analysis for each of the following provider types:
 - Primary care services
 - Physician specialist services
 - Behavioral health services
 - Pre- and post-natal obstetric services, including labor and delivery
 - Home health services
 - Special provisions for proposed provider rate reductions or restructuring
 - Mechanism for ongoing beneficiary and provider input
 - Addressing questions and remediation of inadequate access
- The SC DHHS Access to Care Report will be available at www.scdhhs.gov at least 30 days prior to October 1, 2016 and you may submit any comments to comments@scdhhs.gov.

Appropriation/Authorization to Year to Date Actual Spending
FY 2016 Year End

Budget by Major Program and Spending Purpose	FY 2016 Appropriation/Authorization	FY 2016 Year End	Remaining from Approp./Auth.	% Expended	Variance/Notes
SCDHHS Medicaid Assistance					
Coordinated Care	2,919,593,633	2,701,484,735	218,108,898	93%	Per member capitated rates below projection; enrollment decreased due to redetermination restart
Hospital Services	498,422,994	542,909,948	(44,486,954)	109%	Gross adjustments under budgeted
Disproportionate Share	550,002,538	498,952,820	51,049,718	91%	Funds allocated for transformation funding may cross into FY17
Nursing Facilities	558,675,837	568,242,065	(9,566,228)	102%	
Pharmaceutical Services	72,527,229	99,539,929	(27,012,700)	137%	Shift in Hep C drug expenditures to FFS
Physician Services	89,240,781	93,797,237	(4,556,456)	105%	
Community Long-term Care (CLTC)	151,788,479	188,770,678	(36,982,199)	124%	Community Choices census higher than budget
Dental Services	154,482,726	131,143,495	23,349,231	85%	Lower utilization of adult dental services than projected
Clinical Services	36,858,789	62,496,362	(25,637,573)	170%	Cost settlements from prior years paid this FY
Transportation Services	95,905,759	74,201,917	21,703,842	77%	New broker contract awarded, not yet implemented
Medical Professional Services	20,691,967	24,818,133	(4,126,166)	120%	Utilization higher than projected
Durable Medical Equipment	23,763,350	27,252,305	(3,488,955)	115%	Higher cost per person than budgeted
Lab & X-Ray Services	12,787,691	11,822,927	964,764	92%	Utilization lower than projected
Family Planning	62,825,713	15,744,920	47,080,793	25%	Traditional FP services on-budget; Checkup utilization limited
Hospice	14,733,783	13,170,547	1,563,236	89%	Lower than projected enrollment
Program of All-Inclusive Care (PACE)	17,057,506	12,773,776	4,283,730	75%	Fewer recipients due to delay in new PACE site
EPSDT	2,823,379	4,107,445	(1,284,066)	145%	Higher utilization partially relating to Autism screenings
Home Health Services	12,992,989	12,332,711	660,278	95%	
OSCAP	10,695,773	7,846,104	2,849,669	73%	Lower than projected enrollment
Optional State Supplement (OSS)	22,607,703	19,189,833	3,417,870	85%	Lower than projected enrollment
Premiums Matched	180,000,000	191,237,019	(11,237,019)	106%	Higher than anticipated premiums
MMA Phased Down Contributions	80,237,248	83,608,778	(3,371,530)	104%	
Premiums 100% State	17,381,975	15,522,300	1,859,675	89%	Lower than projected enrollment
Children's Community Care	19,907,516	17,600,558	2,306,958	88%	Utilization less than projected
Behavioral Health	147,562,230	154,662,261	(7,090,031)	105%	
Total SCDHHS Medicaid Assistance	\$ 5,773,577,588	\$ 5,573,218,804	\$ 200,358,784	97%	
SCDHHS Other Health Programs					
Disabilities & Special Needs (DDSN)	597,762,223	601,866,434	(4,104,211)	101%	
Education (DOE)	51,693,998	49,919,705	1,774,293	97%	
Health & Environmental Control (DHEC)	7,390,368	6,122,608	1,267,760	83%	Under utilization of budgeted services for TB
Medical University of SC (MUSC)	43,348,419	35,570,062	7,778,357	82%	Timing of Supplemental Teaching Payments
Mental Health (DMH)	125,774,007	120,106,436	5,667,571	95%	
University of South Carolina (USC)	7,150,176	5,864,408	1,285,768	82%	Timing of Supplemental Teaching Payments
Other Entities Funding	35,855,745	45,116,697	(9,260,952)	126%	Timing of Supplemental Teaching Payments
State Agencies & Other Entities	\$ 868,974,936	\$ 864,566,351	\$ 4,408,585	99%	
SCDHHS Operating Expenditures					
Personnel & Benefits	68,458,064	65,908,317	2,549,747	96%	
Medical Contracts	252,785,590	244,717,634	8,067,956	97%	
Other Operating Costs	58,019,577	27,542,881	30,476,696	47%	Projected to spend less than budgeted
Total SCDHHS Operating Expenditures	\$ 379,263,231	\$ 338,168,832	\$ 41,094,399	89%	
Total Budget - Annual Budget Appropriation	\$ 7,021,815,755	\$ 6,775,953,987	\$ 245,861,768	96%	

*Variances explained when more than 5% above or below 100% of annual appropriation.