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**Medical Care Advisory Committee (MCAC)**  
**December 3, 2019**  
**SCDHHS, 1801 Main Street, Columbia, South Carolina 29202**  
**10:00AM-12:00PM**

- I. Welcome by Director
- II. Advisements
  - South Carolina Medicaid Disproportionate Share (DSH) Payment Program Update Effective FFY 2020 and Inpatient/Outpatient Hospital Reimbursement Changes Effective January 1, 2020
  - Essential Public Safety Net (EPSN) Nursing Facility Supplemental Payment Program  
*Jeff Saxon, Program Manager, Finance and Administration*
  - 1915(c) HCBS Waiver Amendment – Community Choices
  - Private Duty Nursing  
*Peter Liggett, Deputy Director, Long-Term Living*
  - Drug Utilization Review (DUR) Support Act
  - Podiatry Services for Adults  
*Bryan Amick, Deputy Director, Health Programs*
- III. SCDHHS Deputy Updates
  - Joshua D. Baker, Agency Director
    - Community Engagement Waiver (CEW)
    - Early Intervention and Case Management Rates
  - Sharon Mancuso, Program Manager, Health Programs
    - Quality metrics
  - Bryan Amick, Deputy Director, Health Programs
    - Nurse Family Partnership (NFP)
    - Durable Medical Equipment (DME)
  - Elizabeth Ryan, Deputy Director, Eligibility, Enrollment, and Member Services
    - Eligibility, Enrollment, and Member Services (EEMS)
  - Quincy Swygert, Administrative Budget Manager, Planning and Budget
    - Quarter 1 FY 2020 Year to Date Budget Update
- 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:** Nov. 8, 2019

**SUBJECT:** The South Carolina Medicaid Disproportionate Share (DSH) payment program changes and updates effective for the federal fiscal year (FFY) 2020, Oct. 1, 2019, through Sept. 30, 2020, DSH payment period. The inpatient hospital swing bed rate and administrative day rate update effective Jan. 1, 2020. The South Carolina Department of Mental Health (SCDMH) hospital rate update effective Jan. 1, 2020. Potential increases in inpatient hospital per discharge rates and outpatient hospital multipliers effective Jan. 1, 2020, in the event that the FFY 2020 DSH Affordable Care Act (ACA) reductions are implemented.

**OBJECTIVE:** To implement changes to the South Carolina Medicaid Disproportionate Share Hospital (DSH) payment methodology based upon Milliman's review of our current DSH payment methodology. To update DSH payments for FFY 2020 using updated base year DSH financial and statistical data (HFY 2018) as well as the updated FFY 2020 DSH allotment amount. To update the inpatient hospital swing bed rate and administrative day rate effective Jan. 1, 2020, based upon the Oct. 1, 2019 nursing facility rate rebasing project. To update the SCDMH hospital payment rates using the most recent cost report data available (SFY 2018) as well as an appropriate trend rate. To potentially increase inpatient hospital per discharge rates and outpatient hospital multipliers effective Jan. 1, 2020, to offset the potential DSH ACA reductions slated for FFY 2020.

**BACKGROUND:** On Sept. 25, 2019, the Centers for Medicare and Medicaid Services (CMS) published a Final Rule which outlines the methodology that CMS will employ for implementing the annual Medicaid DSH reductions required by the ACA. The Medicaid DSH cuts, initially scheduled to begin during FFY 2014, have been delayed repeatedly but are scheduled to take place in FFY 2020. The proposed FFY 2020 DSH reductions nationwide will amount to \$4 billion federal dollars. The South Carolina Medicaid DSH program's share of this reduction amounts to approximately \$143.2 million federal dollars, or approximately \$202.5 million total dollars. Therefore, to plan for this potential reduction in DSH funds, the South Carolina Department of Health and Human Services (SCDHHS) proposes the following changes to its inpatient and outpatient hospital Medicaid reimbursement methodologies:

### **Proposed DSH Changes Without Regard to FFY 2020 DSH ACA Cuts Implementation**

- The agency proposes to update the base year used to calculate the interim DSH payments for the DSH allotment period which ends Sept. 30, 2020 (FFY 2020), using hospital fiscal year-end 2018 data, the continued use of the Dec. 19, 2008, Final Rule (Federal Register / Vol. 73, No. 245) relating to the audits of the Medicaid DSH payment plans, and the Dec. 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 2018 calendar year.
- The agency will expend 100% of its FFY 2020 Medicaid DSH allotment to qualifying DSH eligible hospitals during the Medicaid State Plan rate year.
- The agency proposes to remove all normalization adjustments from the calculation of the hospital specific DSH limits for the FFY 2020 DSH payment period.
- For the FFY 2020 DSH payment year, SCDHHS proposes to reimburse all South Carolina-defined rural hospitals at 100% of their DSH eligible unreimbursed costs and allow for 100% retrospective cost reimbursement for Medicaid fee-for-service inpatient and outpatient hospital services.
- In accordance with Budget Proviso 33.20 (A) of the SFY 2019/2020 South Carolina State Appropriations Act, the agency proposes to/may tie DSH payments to participation in the Healthy Outcomes Initiative and may expand the program as DSH funding is available.

### **Proposed Inpatient Hospital Reimbursement Changes Without Regard to FFY 2020 DSH ACA Cut Implementation**

SCDHHS will also propose making the following changes to the hospital payment methodology effective on or after Jan. 1, 2020:

- The agency will update the inpatient hospital swing bed and administrative day rates based upon the Oct. 1, 2019, rebasing of nursing facility payment rates.
- The agency will update the SCDMH hospital rates using the most recent cost report data available (SFY 2018) as well as the use of an appropriate trend factor.

### **Proposed Inpatient and Outpatient Hospital Reimbursement Changes Assuming FFY 2020 DSH ACA Cut Implementation**

- In the event that the FFY 2020 DSH ACA cuts are implemented, SCDHHS proposes to increase inpatient hospital rates and outpatient hospital multipliers in an amount, that in the aggregate, will offset the FFY 2020 DSH ACA cuts. SCDHHS does not guarantee budget neutrality for each impacted hospital.

**BUDGETARY IMPACT:** If the proposed FFY 2020 DSH ACA cuts are not implemented by Congress, the projected annual increase in DSH expenditures is approximately \$12.4 million total

dollars. In the event the FFY 2020 DSH ACA cuts are implemented, the DSH cuts will be offset, in the aggregate, by the increase in the inpatient hospital rates and outpatient hospital multipliers. The projected increase in annual inpatient hospital swing bed and administrative day expenditures is projected to amount to approximately \$30,000 total dollars. The projected increase in annual SCDMH hospital expenditures is projected to amount to approximately \$640,000 total dollars.

**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, SCDMH long term psychiatric hospitals and Medicaid and uninsured individuals.

**RECOMMENDATION:** Move to amend the current state plan to allow for the changes and updates to the FFY 2020 South Carolina Medicaid DSH payment program, updates to the inpatient hospital swing bed and administrative day rates, updates to the SCDMH inpatient hospital rates, and potential increases in inpatient hospital rates and outpatient hospital multipliers should the FFY 2020 DSH ACA cuts be implemented.

**EFFECTIVE DATE:** On or after Oct. 1, 2019, for the FFY 2020 South Carolina Medicaid DSH program changes; on or after Jan. 1, 2020, service dates for the swing bed and administrative day rate changes; on or after Jan. 1, 2020, service dates for the SCDMH inpatient hospital rate changes and; on or after Jan. 1, 2020, service dates for the potential inpatient hospital rate and outpatient hospital multiplier changes.

**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:** Nov. 18, 2019

**SUBJECT:** Essential Public Safety Net (EPSN) Nursing Facility (NF) Supplemental Payment Program Effective Oct. 1, 2019

**OBJECTIVE:** To update the EPSN nursing facility payment supplemental payment program for guidance provided by the Centers for Medicare and Medicaid Services (CMS) due to Medicare's transition to the Patient Driven Payment Model (PDPM) effective Oct. 1, 2019, for Medicare Part A skilled nursing services.

**BACKGROUND:** The Medicare program is currently converting its payment methodology for Part A skilled nursing care services from a Resource Utilization Group, Version IV (RUG-IV), to a PDPM methodology.

There are two main ways in which the transition to PDPM may affect state Medicaid programs: calculation of the Upper Payment Limit (UPL) and changes in nursing facility (NF) reimbursement for case-mix states. With the UPL calculation, while budget neutral in the aggregate and not impacting the scope of services covered under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS), PDPM implementation changes how payment is made for SNF services, which can have an impact on UPL calculations. With NF reimbursement, we know some states use a version of RUG-III or RUG-IV to determine payment for NF patients. With PDPM implementation, CMS will continue to report RUG-III and RUG-IV Health Insurance Prospective Payment System (HIPPS) codes, based on state requirements, in item Z0200. However, case-mix states also may rely on the myriad PPS assessments to capture changes in patient case-mix, including the scheduled and unscheduled assessments under the different RUG versions. As of Oct. 1, 2019, all scheduled PPS assessments (except the five-day) and all unscheduled PPS assessments will be retired. To fill this gap in assessments, CMS will introduce the Optional State Assessment (OSA), which may be required by states for NFs to report changes in patient status, consistent with their case-mix rules.

The new PDPM methodology was created without any consideration to state Medicaid nursing facility payment programs. The South Carolina Department of Health and Human Services only uses the Medicare RUGs-IV payment methodology to determine the EPSN nursing facility supplemental payments. Therefore, in order to assist states in this transition, CMS will allow states that use the Medicare RUG-IV payment methodology rates to increase the Oct. 1, 2018, RUGS-IV rates by the increase in the average annual increase in Medicare rates per the fiscal year 2020 final rule.

**BUDGETARY IMPACT:** This action is not a new action, but one that continues the pre-Oct. 1, 2019, Medicare Part A payment methodology for skilled nursing services.

**EXPECTED OUTCOMES:** Medicaid recipients' access to non-state-owned governmental nursing facilities will be maintained.

**EXTERNAL GROUPS AFFECTED:** Contracting Medicaid non-state-owned governmental nursing facilities and Medicaid recipients.

**RECOMMENDATION:** Move to amend the current state plan to simply increase the Oct. 1, 2018, RUGS-IV rates by the increase in the average annual increase in Medicare rates per the fiscal year 2020 final rule effective for services provided on or after Oct. 1, 2019.

**EFFECTIVE DATE:** On or after Oct. 1, 2019

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

**PREPARED BY:** Dr. Pete Liggett, Deputy Director, Long Term Living

**PRESENTED BY:** Dr. Pete Liggett, Deputy Director, Long Term Living

**DATE:** Nov. 8, 2019

**SUBJECT:** Community Choices Waiver (0405.R03) Amendment

**OBJECTIVE:** To amend the July 1, 2016, Community Choices Waiver to create alignment between waiver enrollment and state appropriation

**BACKGROUND:** Community Long Term Care directly administers and operates three home and community-based services (HCBS) waivers whose goal is to provide an alternative to institutional placement. This is done through the provision of a variety of services, with case managers working with participants and families to create an individualized service package.

Since 1983 the Community Choices Waiver has provided services for persons with physical disabilities and the frail elderly. Over the past three decades the number of individuals served has increased steadily. The Centers for Medicare and Medicaid Services (CMS) provides technical assistance for states to provide projections and limits in all HCBS waiver programs. 42 CFR §441.303(f)(6) requires states to indicate the number of beneficiaries it intends to serve; this number will constitute a limit on the size of the waiver program. CMS provides technical assistance for states to determine the number of beneficiaries served either by an unduplicated count in a given waiver year or a point-in-time count. The South Carolina Department of Health and Human Services intends to move to a point-in-time count and align that number with the number of waiver slots funded by annual appropriations. South Carolina seeks approval from CMS to amend this waiver.

**BUDGETARY IMPACT:** This amendment will not have a budget impact.

**EXPECTED OUTCOME/S:** The Community Choices Waiver will continue to operate with the number of waiver slots funded annually.

**EXTERNAL GROUPS AFFECTED:** Individuals seeking admission to the Community Choices Waiver, waiver service providers

**RECOMMENDATION:** Proceed with waiver amendment to CMS no later than Feb. 29, 2020.

**EFFECTIVE DATE:** On or after March 3, 2020, or upon CMS approval.

**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:** Nov. 14, 2019

**SUBJECT:** Home Based Private Duty Nursing Services

**OBJECTIVE:** To provide a rate increase for Home Based Private Duty Nursing Services.

**BACKGROUND:** Home based private duty nursing services are available to all recipients, under the age of 21, who are determined to be in need of such services on the basis of state- established medical criteria. The services must be ordered by the attending physician and must be provided by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN) who is licensed by the State Board of Nursing for South Carolina. The last rate increase provided for this provider type occurred July 1, 2017. Therefore, the South Carolina Department of Health and Human Services (SCDHHS) proposes to increase the regular July 1, 2017, RN and LPN nursing service rates by 5%, which will also result in an increase to the enhanced RN and LPN nursing services rate.

**BUDGETARY IMPACT:** The projected annual impact of the rate increases applicable to the South Carolina Medicaid program amounts to approximately \$1.2 million (total dollars). Additional changes to be made to waiver services not included in this state plan action.

**EXPECTED OUTCOMES:** Access to home based private duty nursing services will be maintained and may be improved for Medicaid waiver recipients under the age of 21.

**EXTERNAL GROUPS AFFECTED:** Medicaid home based private duty nursing service providers and Medicaid waiver eligibles under the age of 21.

**RECOMMENDATION:** Move to amend the current state plan to allow for the increase in Medicaid home based private duty nursing service provider rates effective Jan. 1, 2020.

**EFFECTIVE DATE:** On or after Jan. 1, 2020.



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

**PREPARED BY:** William Wynn, Pharmacy Director

**PRESENTED BY:** Bryan Amick, Deputy Director, Health Programs

**DATE:** Nov. 7, 2019

**SUBJECT:** Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Compliance

**OBJECTIVE:** To amend the Medicaid State Plan to demonstrate compliance with the drug utilization review components of the SUPPORT Act

**BACKGROUND:** This action does not result in any changes to Medicaid coverage policy, but rather attests to preexisting compliance with the SUPPORT Act requirements. SCDHHS currently provides for:

- Safety edits including early, duplicate, and quantity limits for opioid medications
- Maximum daily morphine milligram equivalent (MME) safety edits for opioid medications
- Concurrent utilization alerts for opioids with benzodiazepines and/or antipsychotics
- Monitoring antipsychotic medications in children
- Monitoring of fraud and abuse of controlled substances by enrollees, prescribing providers and pharmacy providers, to include lock in programs and drug monitoring

The above actions will not have any impact on Medicaid benefits or reimbursement policy.

**BUDGETARY IMPACT:** SCDHHS anticipates no budget impact, given that the policy provisions described above already exist.

**EXPECTED OUTCOMES:** Continued compliance with industry standards of safety edits, monitoring, and reduced negative outcomes for SCDHHS members who are prescribed opioids, benzodiazepines, and antipsychotics.

**EXTERNAL GROUPS AFFECTED:** SCDHHS anticipates negligible impact, given that the policy provisions described above already exist.

**RECOMMENDATION:** Amend the Medicaid State Plan to incorporate the language mandated in 1902(a)(85) and Section 1004 of the SUPPORT Act.

**EFFECTIVE DATE:** On or after Oct. 1, 2019

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

**PREPARED BY:** Elizabeth Biddle, Program Manager, Office of Health Programs

**PRESENTED BY:** Bryan Amick, Deputy Director, Office of Health Programs

**DATE:** Nov. 13, 2019

**SUBJECT:** Adult Podiatry Benefit

**OBJECTIVE:** To reintroduce podiatry benefits for adult Medicaid beneficiaries

**BACKGROUND:** Effective Feb. 1, 2011, coverage for podiatry services for adults was discontinued for South Carolina Medicaid beneficiaries. The addition of podiatry services aligns with the agency's tenants of:

- Stewardship, as these services will preserve both human and medical resources through the mitigation of negative health outcomes of chronic diseases such as diabetes mellitus.
- Access, as these services shall allow other providers to focus more fully on the other health modalities and expand the range of services available through the Medicaid benefit.
- Quality, as these services will result in improvement in the health of the population through the enhancement of services such as wound care, especially for diabetes, which is currently one of four quality focus areas identified by the South Carolina Department of Health and Human Services.

**BUDGETARY IMPACT:** Based on recent trend analysis of historical utilization when the adult benefit existed, the estimated annual cost of restoring the adult podiatry benefit is \$2.1 million. Most of this utilization is anticipated in the Supplemental Security Income population, with a lower volume of demand for healthy adults and pregnant women.

**EXPECTED OUTCOMES:** The measurable benefits of podiatry coverage are expected to manifest themselves in at least two different outcome parameters:

- Decreasing the rate of lower limb amputation resulting from diabetes.
- Decreasing the cost of care for foot ulcers once they are diagnosed.

**EXTERNAL GROUPS AFFECTED:** Podiatrists, primary care physicians, outpatient hospital services

**RECOMMENDATION:** Update the State Plan to include podiatry services for the adult Medicaid population.

**EFFECTIVE DATE:** On or after Jan. 1, 2020

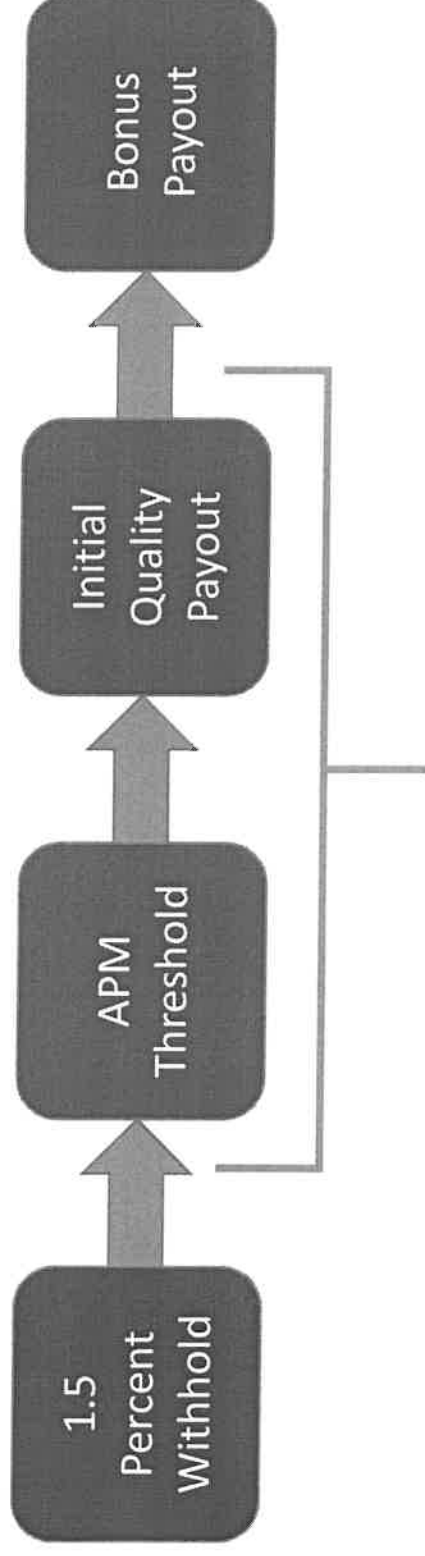
## **Quality Index Withhold Results RY2019**

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Sharon Mancuso, Director, Division of Quality and Health Outcomes  
SC Department of Health and Human Services



# Withhold Model



Blending Quality and Payment Reform

# Quality (HEDIS) Measures

- Holds approximately \$40 million in MCO capitation payments that must be *earned back* by the MCO based on quality of care.
- Four indices of quality
  - Withhold-Diabetes care: A1c testing, A1c poor control, testing for nephropathy, eye exam
  - Withhold-Women's preventive health: Timeliness of prenatal care, breast cancer and cervical cancer screenings, chlamydia testing
  - Withhold-Children's preventive health: Well-child visits (15 months, 3-6 years, adolescent) and BMI
  - Bonus-Only for RY2019 - behavioral health quality index

# 2019 Performance

# RY2019 Performance: Diabetes Care

- A1c Testing
  - Between 75<sup>th</sup> and 90<sup>th</sup> percentiles
- Poor Diabetes control (A1c >9%)-inverse measure
  - Between 25<sup>th</sup> and 50<sup>th</sup> percentile
- Eye Exam
  - Between 50<sup>th</sup> and 75<sup>th</sup> percentiles
- Nephropathy Testing
  - Between 25<sup>th</sup> and 50<sup>th</sup> percentiles
  - *Change: reached 75<sup>th</sup> percentile last year*

\* HHS Atlanta Region - Medicaid reported 2018

# RY2019 Performance: Women's Health

- Timeliness of Prenatal Care
  - Between 75<sup>th</sup> and 90<sup>th</sup> percentiles
- Breast Cancer Screening
  - Between 50<sup>th</sup> and 75<sup>th</sup> percentiles
- Cervical Cancer Screening
  - Between 50<sup>th</sup> and 75<sup>th</sup> percentiles
- Chlamydia Screening
  - Between 50<sup>th</sup> and 75<sup>th</sup> percentiles

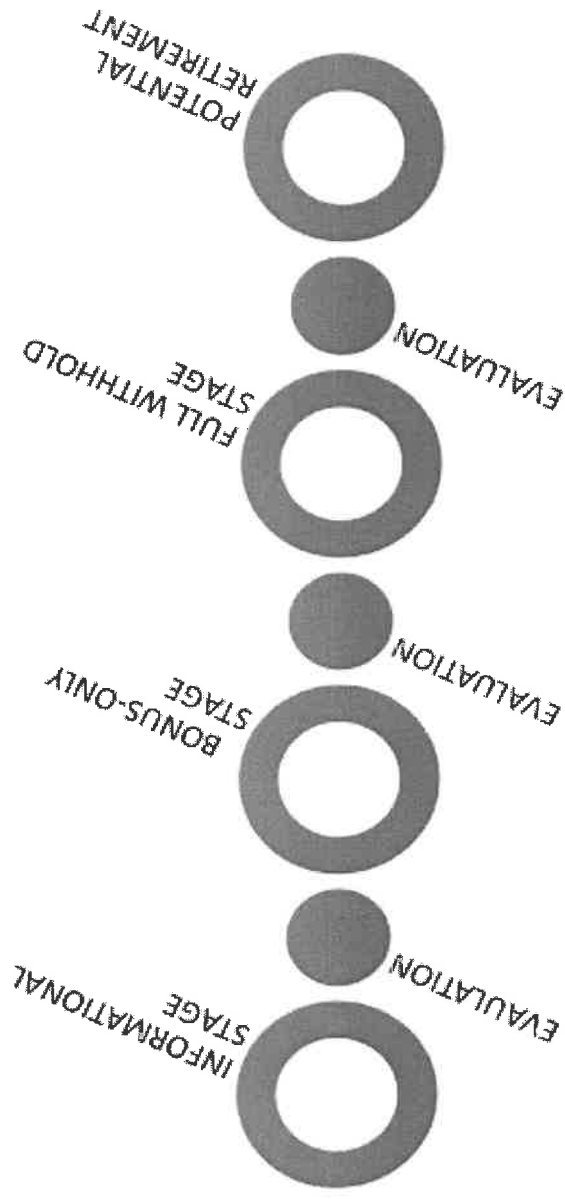


## RY2019 Performance: Pediatric Preventive Care

- Well-child visits during the first 15 months of life
  - Between 50<sup>th</sup> and 75<sup>th</sup> percentiles
  - *Change: Reached 75<sup>th</sup> percentile last year*
- Well-child visits for 3 to 6-year olds
  - Between 10<sup>th</sup> and 25<sup>th</sup> percentiles
  - *Change: Reached 25<sup>th</sup> percentile last year*
- Adolescent well-care visits
  - Between 50<sup>th</sup> and 75<sup>th</sup> percentiles
- Weight Counseling BMI
  - Between 50<sup>th</sup> and 75<sup>th</sup> percentiles

# Future Focus for HEDIS Measures

# Life Cycle of a Quality Index Measure



# Behavioral Health Bonus-Only Measures

- Follow-up care for children prescribed ADHD medication, *Initiation phase (ADD)*
  - Between 25<sup>th</sup> and 50<sup>th</sup> percentiles
- Antidepressant medication management, *Continuation phase (AMM)*
  - Between 10<sup>th</sup> and 25<sup>th</sup> percentiles
  - *Change: Reached 25<sup>th</sup> percentile last year*
- Metabolic monitoring for children and adolescents on antipsychotics- *Total (APM)*
  - Between 25<sup>th</sup> and 50<sup>th</sup> percentiles
  - *Change: Below 25<sup>th</sup> percentile last year*
- Initiation and engagement of alcohol and other drug dependence treatment- *Initiation, Total (IET)*
  - Between 25<sup>th</sup> and 50<sup>th</sup> percentiles
  - *Change: Reached 50<sup>th</sup> percentile last year*

# RY2019 Achievements

- Nine out of 12 withhold rates are above the 50<sup>th</sup> percentile benchmark, including two that exceeded the 75<sup>th</sup> percentile benchmark

## RY2020 Proposed Phase-In

- HEDIS measures anticipated for first reporting year/informational only in RY2020:
  - Women's Health-Postpartum Care
  - Behavioral Health-Follow up care for children prescribed ADHD-Continuation Phase
  - Behavioral Health-Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Engagement Total
- Further evaluation after rates reported in RY2020 to determine progression in quality index life cycle

# RY2020 Proposed Changes

HEDIS measures anticipated for retirement after RY2020 from withhold indices:

- Diabetes-Nephropathy
- Women's Health-Chlamydia
- Children's Health-Weight Assessment and Counseling (BMI)

# RY2020 Member Quality Index

- New for RY2020 – Member Quality Index
- Information/Reporting Only for RY2020; evaluation for further progression in the quality index life cycle after rates are reported
- Based on the Consumer Assessment of Health Plan Survey (CAHPS)
  - CAHPS Rating of Health Plan, Child Survey (9+10)
  - CAHPS Rating of Health Plan, Adult Survey (9+10)
  - CAHPS Getting Needed Care Composite, Child Survey (Always/Usually)
  - CAHPS Getting Needed Care Composite, Adult Survey (Always/Usually)



For questions or comments, please contact SCDHHS's  
quality program at [quality@scdhhs.gov](mailto:quality@scdhhs.gov).

**Sharon Mancuso, MPA CPM CPHQ CPC PCMH-CCE**  
*Director, Division of Quality and Health Outcomes*

**Maudra R Brown, MPH CHES APM PAHM**  
*Quality and Health Outcomes Manager, Division of Quality  
and Health Outcomes*

## **Nurse Family Partnership**

Bryan Amick  
Deputy Director, Office of Health Programs  
December 3, 2019

# South Carolina Pay for Success Project

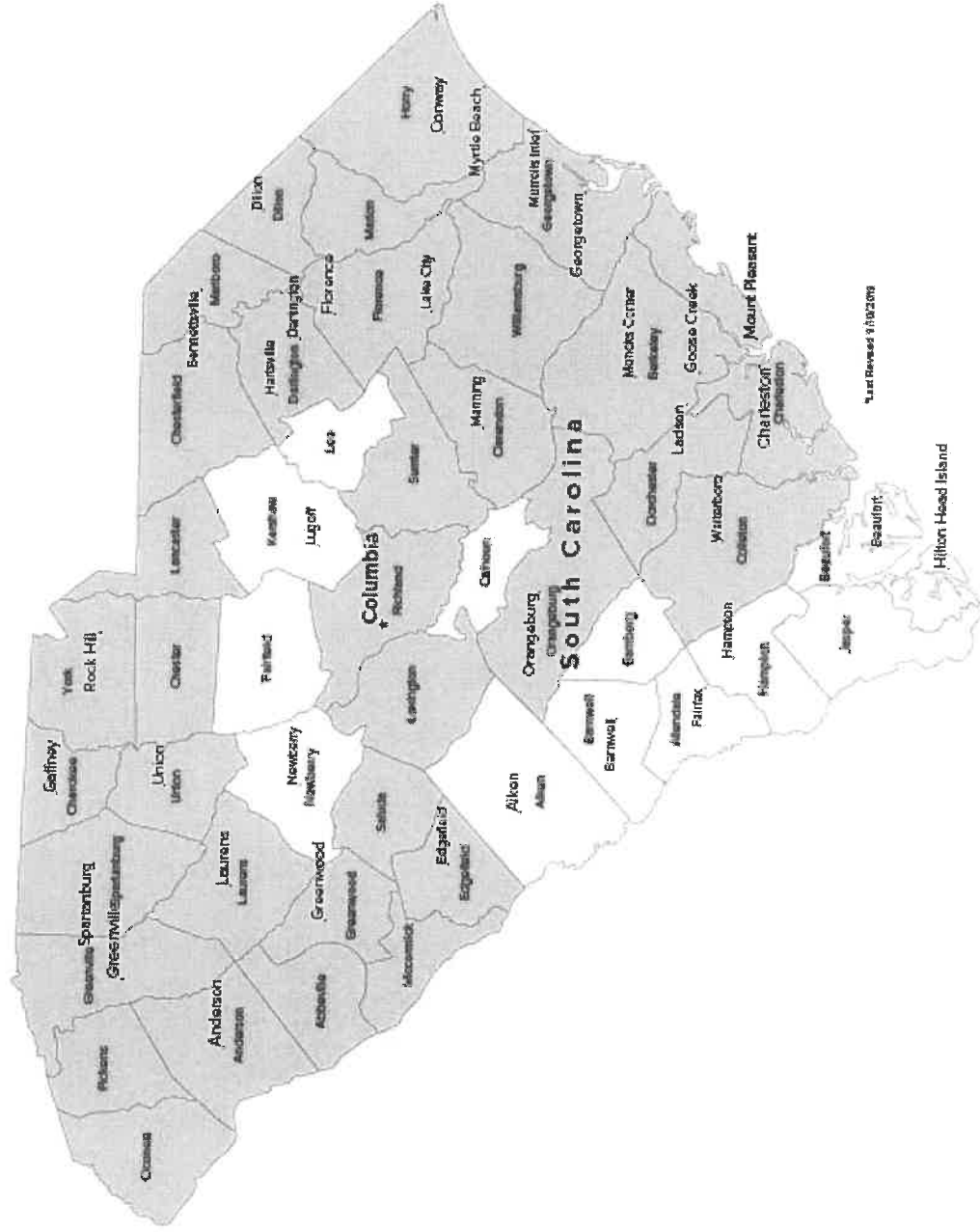
## **RATIONALE:**

- Public-Private Partnership to improve maternal and child health
- Expand evidence-based programs
- Build opportunities to fund effective programs with Medicaid

## **STRUCTURE:**

- Expanding NFP's footprint across the state
- Serving more eligible families
- Mobilizing public and private resources
- Evaluating outcomes achieved to information outcome payments

# Nurse-Family Partnership South Carolina Service Area



\*Last Revised 9/19/2019

## Project Goals

### GOAL 1

Serve 3,200 More Families

### GOAL 2

Measure NFP's Impact in South  
Carolina

### GOAL 3

Pilot Model Innovations

### GOAL 4

Reduce Program Cost ➡ Scale Up +  
Maintain Model Fidelity



# South Carolina Pay for Success Project

Outcome	Definition	Target
<b>First preterm births</b>	Reduction in preterm births (less than 37 weeks gestation).	13.5% reduction in the number of first preterm births in the Intervention Group
<b>Hospitalization/ Emergency Room Visits</b>	Reduction in the number of hospitalizations or Emergency Department Visits due to Child Injury	23.4% reduction in the Intervention Group
<b>Healthy Birth Interval</b>	Reduction in the number of closely spaced second births within 24 months	18.0% reduction in the Intervention Group
<b>Low-Income Zip Codes</b>	65% of the Project Participants and MIECHV-funded families lived in LIZCs when they initially Enrolled into the NFP Program	65% of intervention group

# Progress To Date

## TIMELINE

- Final five months of project – enrollment ends 3/31/2020

## SCALING TO SERVE MORE FAMILIES

- 5,079 of 6,000 women enrolled in evaluation (as of 10/30/2019)
  - 3,403 women enrolled in NFP

## ROBUST MARKETING AND OUTREACH CAMPAIGN

- Strategic use of data to drive “ground game”
- Reaching families in vulnerable communities

## ACCOMPLISHING MODEL INNOVATIONS

- Increased productivity and efficiencies

## ENHANCED COORDINATION AND COLLABORATION

- Partnerships beyond the project

# Project Year 4: Wrapping It Up

## **ENROLLMENT**

- Working toward total enrollment goals, including 6,000 women enrolled in the evaluation

## **NURSE RETENTION**

- Keeping nurse home visitors engaged and on board

## **LOOKING AHEAD**

- Sustaining NFP in South Carolina after the project



# Looking Ahead

- Waiver renewal will be an agenda item for our next meeting
- Decision Points:
  - Visit count
  - Medicaid reimbursement
  - Service area
  - Evaluation

# **Eligibility, Enrollment, & Member Services**

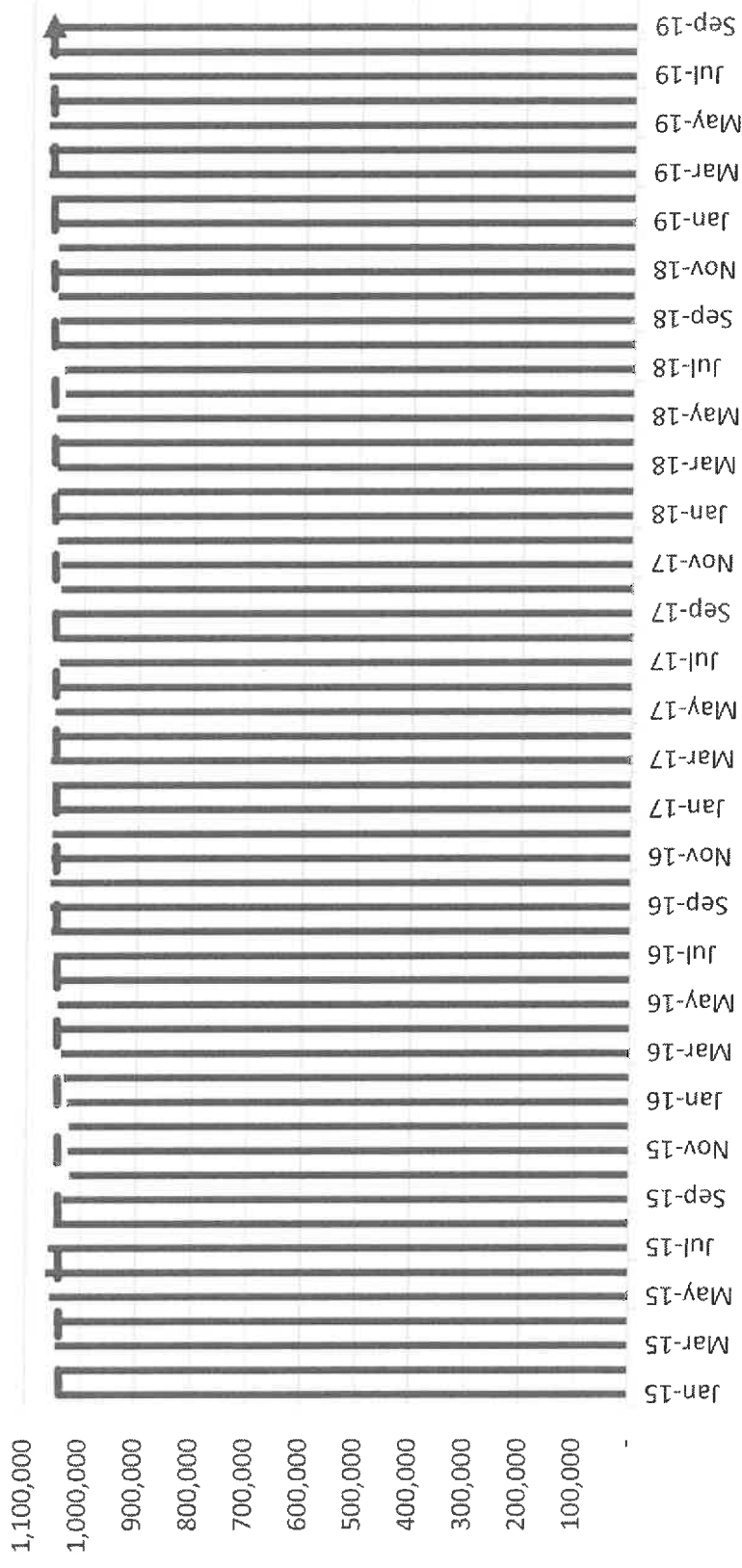
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Elizabeth Ryan

Deputy Director of Eligibility, Enrollment & Member Services

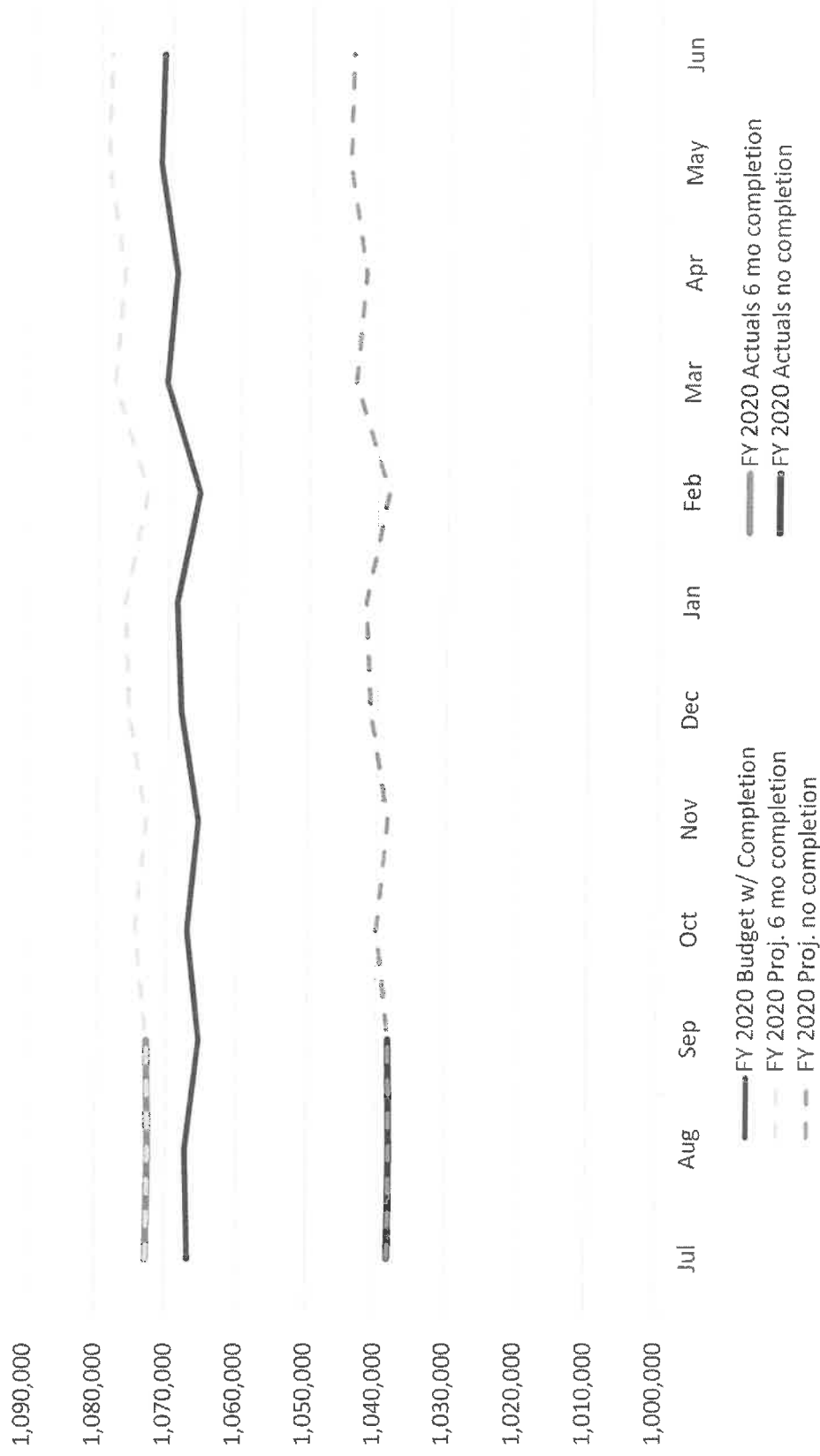
December 3, 2019

# Full-Benefit Membership

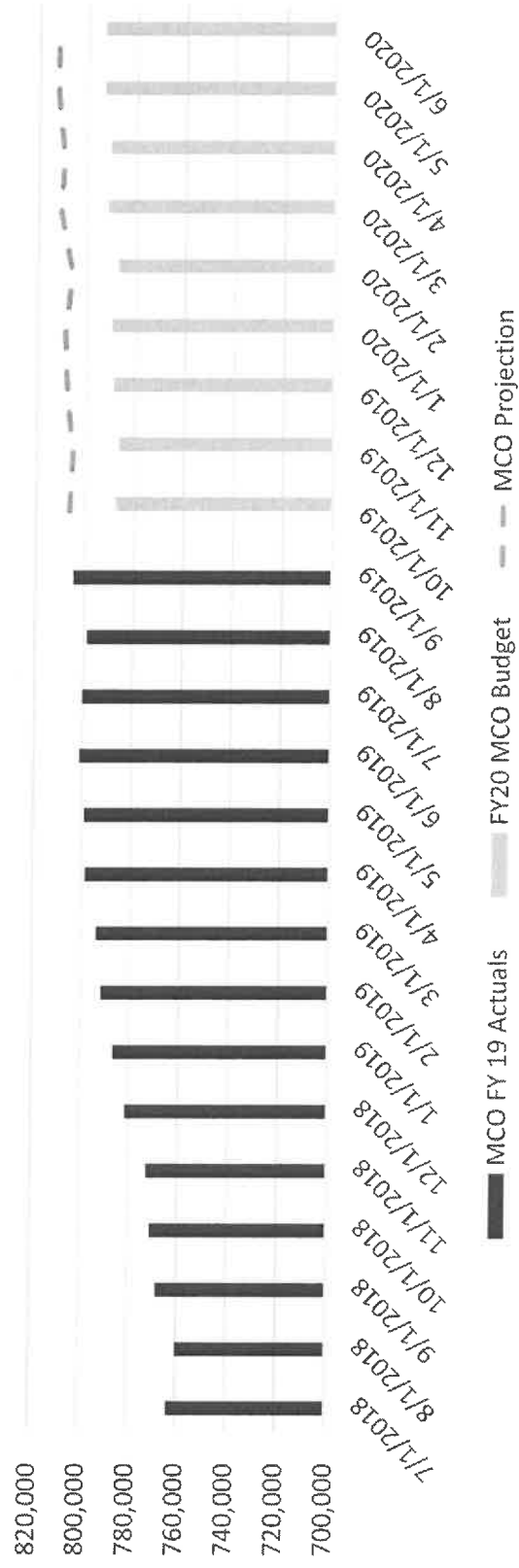
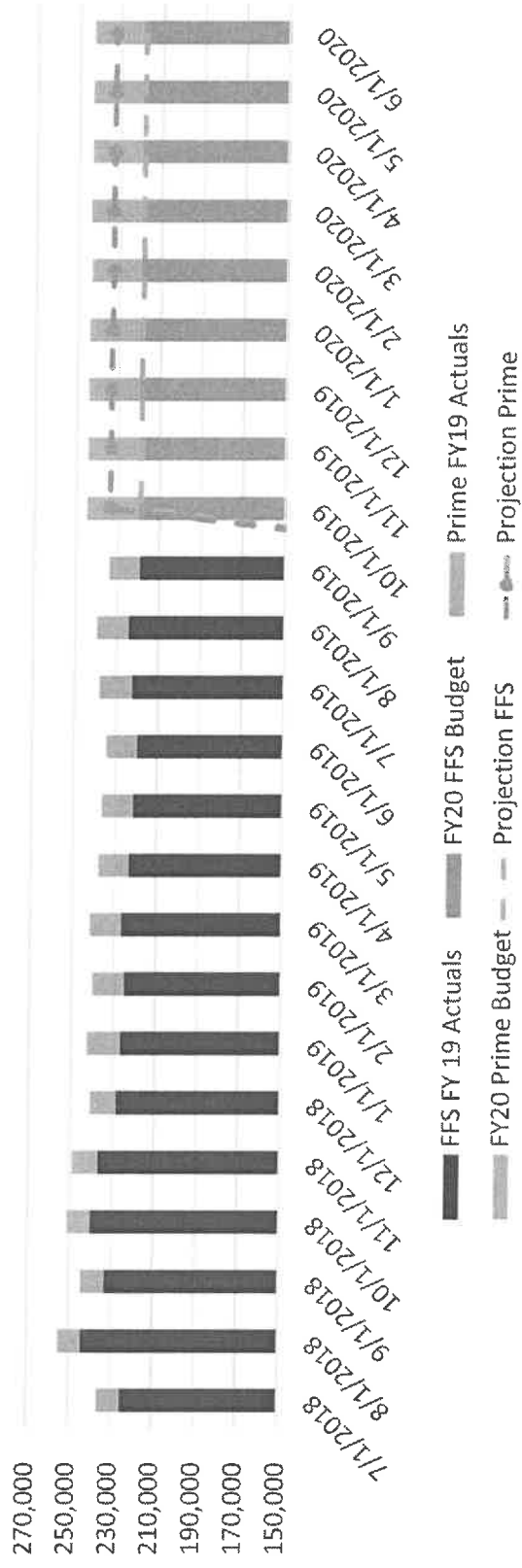


- Full-benefit membership continues to hold around 1 million.

# FY 2019 Full-Benefit Enrollment



# FY 2020 Full-Benefit Enrollment



Appropriation/Authorization to Year to Date Actual Spending  
FY 2020 YTD (Through September-QTR 1)

Budget by Major Program and Spending Purpose	FY 2020 Realligned Appropriation	FY 2020 Expenditures	Remaining from Approp./Auth.	% Expended	Variance Notes
<b>SCDHHS Medicaid Assistance</b>					
Coordinated Care	3,211,533,433	786,044,427	2,425,489,006	24%	
Hospital Services	570,679,187	120,421,631	450,257,556	21%	
Disproportionate Share	551,388,621	146,119,137	405,269,484	27%	
Nursing Facilities	652,042,013	162,174,531	489,867,482	25%	
Pharmaceutical Services	161,827,370	32,720,339	129,107,031	20%	
Physician Services	101,830,682	26,632,340	75,198,342	26%	
Community Long-term Care (CLTC)	194,404,049	69,830,607	124,573,442	36%	CC and PCA seeing significant growth beyond budgeted, CC FY20 variance average at 50% over
Dental Services	154,521,932	37,462,648	117,059,284	24%	
Clinical Services	45,774,768	14,322,853	31,451,915	31%	
Transportation Services	93,817,089	21,809,027	72,008,072	23%	
Medical Professional Services	27,515,628	7,859,520	19,656,108	29%	
Durable Medical Equipment	33,611,651	9,842,211	23,969,440	29%	
Lab & X-Ray Services	12,415,512	4,580,157	7,855,355	37%	Expenses increased due to utilization of STI codes and new genetic testing codes
Hospice	15,813,290	4,017,600	11,795,690	25%	
Program of All-Inclusive Care (PACE)	16,211,851	3,407,281	12,804,590	21%	
EP/SDT	3,976,527	1,170,846	2,805,681	29%	
Home Health Services	13,042,685	3,459,082	9,583,623	27%	
OSCAP	8,300,611	1,693,359	6,607,252	20%	
Optional State Supplement (OSS)	20,633,161	4,755,362	15,877,799	23%	
Premiums Matched	257,879,091	61,038,855	196,940,236	24%	
MMA Phased Down Contributions	114,156,884	27,587,204	86,569,680	24%	
Premiums 100% State	22,605,412	5,611,233	16,994,179	25%	
Children's Community Care	20,510,164	5,022,749	15,487,415	24%	
Behavioral Health	75,212,140	12,761,307	62,450,833	17%	Budget alignment between Coordinated Care and FFS
<b>Total SCDHHS Medicaid Assistance</b>	<b>\$ 6,378,803,761</b>	<b>\$ 1,570,124,266</b>	<b>\$ 4,809,679,495</b>	<b>25%</b>	
Disabilities & Special Needs (DDSN)	702,448,900	171,310,364	531,138,536	24%	
Education (DOE)	46,091,978	3,768,858	42,323,120	8%	Spend weighted towards end of year
Health & Environmental Control (DHEC)	1,739,760	304,335	1,435,425	17%	Hemophilia/FP shifted to agency match
Medical University of SC (MUSC)	17,935,870	103,906	17,831,964	1%	Timing of Supplemental Teaching Payments
Mental Health (DMH)	54,937,749	12,369,735	42,568,014	23%	
University of South Carolina (USC)	510,321	4,992	505,329	1%	Timing of Supplemental Teaching Payments
Other Entities Funding	12,249,758	5,257,828	6,991,930	43%	Timing of Supplemental Teaching Payments
<b>State Agencies &amp; Other Entities</b>	<b>\$ 836,914,336</b>	<b>\$ 193,120,018</b>	<b>\$ 642,794,318</b>	<b>23%</b>	
<b>SCDHHS Operating Expenditures</b>					
Personnel & Benefits	86,409,229	20,500,285	65,908,944	24%	
Medical Contracts	416,806,993	40,113,026	376,693,967	10%	Contracts issued annually; spend weighted towards end of year
Other Operating Costs	72,797,051	13,047,557	59,749,494	18%	Spend weighted towards end of year
<b>Total SCDHHS Operating Expenditures</b>	<b>\$ 576,013,273</b>	<b>\$ 73,660,868</b>	<b>\$ 502,352,405</b>	<b>13%</b>	
<b>Total Budget - Annual Budget Appropriation</b>	<b>\$ 7,791,731,370</b>	<b>\$ 1,836,905,162</b>	<b>\$ 5,954,826,216</b>	<b>23.6%</b>	