

**Medical Care Advisory Committee  
February 9, 2016 Meeting Minutes**

Present

\*Susan Alford  
John Barber  
Sue Berkowitz  
William Bilton  
Cindy Carron  
Richard D'Albarto  
Dr. Tom Gailey  
\*Amy Holbert  
Tysha Holmes  
Bill Lindsey  
J.T. McLawhorn  
Melanie Matney  
Maggie Michael  
Dr. Kashyap Patel  
Gloria Prevost  
Dr. Jennifer Root  
Dr. Keith Shealy  
Lathran Woodard

Not Present

Diane Flashnick  
Chief Bill Harris  
Lea Kerrison  
Dr. Amy Picklesimer  
Crystal Ray  
Dr. Lynn Wilson

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

*\*Ms. Jena Martin attended on behalf of Ms. Amy Holbert*

The Director welcomed members and gave a high level overview which included discussion on the following topics: Budget, Autism, Planned Parenthood, Graduate Medical Education (CME) Taskforce and Nurse Family Partnership (NFP) 1915b waiver.

**Jeff Saxon (Program Manager, Office of Finance and Administration)** presented on the advisement regarding Supplemental Teaching Payments (STP) and the advisement regarding Federally Qualified Health Centers (FQHCs) Prospective Payment System. The following questions were asked on the STP advisement:

1) What is going to be the impact of this on Medicaid Beneficiaries?

**Answer: This will not have a direct impact on Medicaid beneficiaries; however providers will not get the same level of payments they usually do.**

2) Are the eight STP providers aware of this action?

**Answer: Yes, providers are aware of this. SCDHHS requested and received several extensions on the state plan amendment to give providers an adequate transition period.**

3) Is this a rate reduction for everyone?

**Answer: There will be a projected \$1.2 million increase in annual expenditures and only one provider will receive an increase in payments under this new payment methodology. No SCDHHS state funds are involved with making these payments as the non-state owned governmental hospitals, the Medical Universities, and AHEC provide the state matching funds for the payments.**

#### **FQHCs Prospective Payment System questions:**

1) This sounds much easier than it is. Currently we only deal with SCDHHS and now we will have to deal with the plans to reconcile? It sounds like this will be giving dollars to MCO plans who have different criteria. If this is a Medicaid patient, when is the center guaranteed to get the dollars? This will impact centers and cash flow which can impact Medicaid numbers. We would like to discuss this more with SCDHHS to ensure there is sufficient time to deal with all the issues?

**Answer: SCDHHS will spend the next couple of months discussing any issues with the impacted providers and provider associations.**

2) How will this impact Rural Health clinics?

**Answer: Rural Health Clinics will be affected in phase II; currently it will only affect FQHCs. When SCDHHS creates RHC methodology we will also need to take in account scope of service changes.**

3) Will the budget impact be neutral?

**Answer: Yes. SCDHHS will do an analysis to ensure that provider payments are sufficient. SCDHHS is trying to get away from doing several adjustments.**

4) Will timelines be a component of your reconciliation?

**Answer: It should be and we need to make sure it's addressed.**

5) Are you willing to sit down with FQHCs and see how this will be worked out?

**Answer: Yes.**

**Peter Liggett (Deputy Director, Long Term Care and Behavioral Health Services)** presented on the following advisements: Rehabilitative Behavioral Health Services (RBHS) Inclusion in the Coordinated Care Benefit, Rehabilitative Behavioral Health Providers – Provider Qualifications, Community Integration Services and Therapeutic Childcare Centers, and Palmetto Coordinated System of Care. The following questions were asked:

#### **RBHS Inclusion in the Coordinated Care Benefit Questions:**

1) How will this impact Medicaid beneficiaries?

**Answer: Medicaid beneficiaries will receive better coordinated care and will have more accessibility to high quality providers.**

2) How will you measure the impact of over utilization?

**Answer: SCDHHS will review spending, and quality. Coordinated care allows HEDIS measures.**

3) Will providers with sub-optimal care be sanctioned?

**Answer: SCDHHS' Program Integrity will address these providers with sanctions and recoupments.**

4) How will Medicaid beneficiaries be notified of this benefit?

**Answer: The plans would send notifications to their members.**

5) Has this been vetted with the South Carolina Department of Mental Health?

**Answer: Yes, DMH has been notified and there are ongoing discussions with the provider community.**

6) Will this be discussed with the Medical Directors and Managed Care Organizations?

**Answer: Yes it will.**

#### **Rehabilitative Behavioral Health Providers – Provider Qualifications Questions:**

1) Does this affect Applied Behavioral Analyst (ABA) providers?

**Answer: No, it does not.**

2) Do you know how many beneficiaries will lose provider access, because this is a vulnerable population?

**Answer: SCDHHS does not know that information because currently MMIS uses the same modifier for master's-level providers whether licensed or unlicensed.**

3) When will this go into effect?

**Answer: This will go into effect on or after April 1, 2016.**

4) How will you inform beneficiaries about this?

**Answer: The plans would send notifications to their members.**

**Community Integration Services and Therapeutic Childcare Centers:** There were no questions regarding this advisement.

**Palmetto Coordinated System of Care Questions:**

1) Many parents complain about the lack of resources for Mental Illness, will this be an answer to that?

**Answer: Yes to some degree, but SCDHHS will focus on a population that we can handle. NAMI is a good resource to help navigate families to resources for Mental Illness. This will help keep DMH children from being in DJJ.**

2) Will this include school guidance counselors?

**Answer: Yes. SCDHHS has been working with the Communications team to create a plan to get the word out.**

3) How will SCDHHS know if this program is doing what it was planned to do?

**Answer: SCDHHS will be interacting with the provider community and reporting information to the Federal Government because it is a waiver. CLS OK'd answer**

**Kelly Eifert, (Program Manager, Long Term Care and Behavioral Health Services)** gave an update on the Statewide Transition Plan. There were no questions about this update

**Stephen Boucher, (Program Manager, Health Programs)** gave the following update on Opioids. South Carolina's Office of Inspector General reported that SCDHHS lacked a plan to address the growing epidemic of opioid abuse and overdose. As a result of this report, Governor Haley appointed a council to develop an opioid plan, which was released on December 1, 2014. The primary recommendation of the opioid plan was the Mandatory use of a Prescription Drug Monitoring Program (PDMP). PDMP in SC is called SCRIPTS- SC Reporting and Identification Prescription Tracking System. SCRIPTS is a database that is maintained by DHEC. It contains information on all controlled substances dispensed in SC; data is submitted daily from all pharmacies in SC. Providers are required to access a patient's controlled substance activity through SCRIPTS prior to the issuance of a prescription for any controlled substance; unless:

- 1) less than a 5-day supply of controlled substance is being prescribed;
- 2) the Medicaid member is enrolled in hospice;
- 3) the controlled substance is being administered by a licensed healthcare provider;
- 4) the SCRIPTS system is unavailable for some reason;
- 5) patient is on chronic therapy: if so, the database should be checked at initiation of treatment and at least every 90 days thereafter

The SC Boards of Medical Examiners, Dentistry and Nursing have all revised their pain management guidelines to incorporate SCRIPTS

*"It will be considered the standard of care to assess and evaluate the current status of pain treatment*

*prior to initiating new treatment or adjusting current treatment. The registration and utilization of SCRIPTS...is considered mandatory for prescribers to provide safe, adequate pain treatment”*

Providers must maintain documentation in the patient’s medical record that the SCRIPTS database was evaluated prior to the issuance of any controlled substance prescription (unless one or more of the exclusions apply). Failure to perform and document an evaluation of the SCRIPTS database will result in the recoupment of Medicaid funds for the office visit during which the prescription was issued. SCDHHS’ Department of Program Integrity will be performing random audits after reviewing the top prescribers of controlled substances and will compare their prescribing habits to their access of the SCRIPTS database. The following questions were asked about this update:

- 1) How do you keep up with hits within an office?

**Answer: Documentation should be made in the medical record that an inquiry was made.**

- 2) How will the verification of SCRIPTs be determined for a prescribing provider if the contact with SCRIPTS is through a delegated staff member, such as a nurse or Pharm-D?

**Answer: When a prescriber’s delegate accesses the SCRIPTS system, that inquiry is recorded for both the delegated staff member and the prescriber. As such, the number of inquiries performed by a delegate will be counted for the prescriber. In those cases where an independently registered provider accesses the SCRIPTS system on behalf of a prescriber, a notation in the patient’s medical record indicating that the SCRIPTS database was consulted will sufficiently demonstrate compliance with the SCDHHS policy.**

- 3) How are multiple occurrences of the 5 day supply handled? Can a provider only issue one 5 day supply?

**Answer: The SCDHHS policy will not require consultation with the PDMP, even in cases where successive 5 day supplies are issued. While SCDHHS recognizes the potential for successive 5 day supplies to bypass use of the PDMP, this exemption was adopted in consultation with several organizations from the medical community and is consistent with other states that have adopted similar requirements.**

- 4) If a prescribing provider sees that a patient is receiving opioids from multiple sources, but the 5 day supply is deemed appropriate by the prescriber, are they able to prescribe? An example of this might be a surgeon, prescribing pain killers for post op pain.

**Answer: Yes. SCDHHS recognizes that the treatment of pain is often complex and requires clinical judgment and consideration of each individual patient’s circumstances. As such, SCDHHS does not intend this policy to direct a provider how to prescribe opioids; SCDHHS only intends to ensure that providers are informed of the controlled substance history provided by SCRIPTS.**

- 5) Is the SCRIPTS database limited to Opioids or are other controlled substances also covered in our policy?

**Answer: The SCRIPTS database and the SCDHHS policy apply to all controlled substances in Schedules II-IV.**

**Jim Coursey (Chief Information Officer, Information Management)** gave an update on Provider Revalidation.

The following questions were asked:

- 1) Is there a low risk and who determines if high risk?

**Answer: These guidelines are set by CMS.**

**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) How many people are enrolled in limited benefits category?

**Answer: Over 150,000**

- 1) How many people are waiting for an eligibility determination?  
**Answer: There are 50,000 pending applications (this includes the applications received yesterday).**
- 2) Is 45 days the time limit to process a case?  
**Answer: In general, yes for MAGI cases. For certain non-MAGI cases, the timeline is 90 days. Additional time is permissible if the application is incomplete and/or the agency needs additional information to make a final determination.**
- 3) What is the problem with getting the LTC cases processed?  
**Answer: Some nursing home payments have been tied up in 181 forms, which have been scanned and sometimes sent to the wrong work queue; however SCDHHS has added functionality to identify 181's in queue and are pulling those out and working them so there should be more improvement in this area. SCDHHS has also assigned 17 more staff members to process LTC cases.**
- 4) Hospitals still have a backlog when do you anticipate improvement in this area?  
**Answer: SCDHHS has redesigned the BPR in eligibility offices and has been working with systems personnel to improve the auto match accessibility. If an individual returns the review, they will continue with Medicaid benefits until the review can be processed. SCDHHS is seeing that nearly half of the reviews auto match resulting in continued benefits. SCDHHS has assigned more staff to process new applications which should show some improvement in this area.**
- 5) When can we see a reduction in the backlog?  
**Answer: SCDHHS has seen some improvement but we anticipate more as some improved system functions are put in place.**
- 6) Does SCDHHS know how many applications are duplicates?  
**Answer: Almost half of the applications are duplicates.**

**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) Why is Adult Dental lower than projected?  
**Answer: Individuals are utilizing this service less.**
  - 1b) **Why are individuals utilizing this service less?**  
**Answer: SCDHHS thinks there has been a shift in need versus preventative care. ER utilization numbers have lowered but individuals are in need of dentures which is not a covered benefit under Adult Preventative Dental. Part of the solution is to educate individuals on the importance of utilizing this benefit for preventive reasons.**

**Public Comments:**

There was some open discussion about the criteria in the public notice for CMS approved SPA 15-008, NH rates effective October 1, 2015. The SPA language in question is as follows (change in italics):

“In order to qualify for a supplemental payment as an Essential Public Safety Net nursing facility, a nursing facility must meet all of the following criteria:

- a) The nursing facility is a non-state owned governmental nursing facility *in which the operator of the nursing facility is also the owner of the nursing facility assets;*
- b) The nursing facility is located in the State of South Carolina;
- c) The nursing facility is licensed as a nursing facility by the State of South Carolina and is a current Medicaid provider; . . . .”

It remains SCDHHS' position that this was a policy clarification, not a policy change, which does not require notation in the public notice. There was a request to rescind this SPA; however SCDHHS is not requesting such a change at this time.

Meeting Adjourned

Next Meeting scheduled for May 3, 2016 10:00 a.m. to 12:00 p.m.