

# South Carolina Department of Health and Human Services

Medical Care Advisory Committee

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# HeART Initiative

Health Access at the  
Right Time



Access to Care

# HeART Update

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## Phase I:

### Retail Clinics

- Bulletin has been issued allowing for reimbursement with a referral back to the primary care provider.
- Well child visits will not be authorized for children under the age of 5 years.



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# HeART Update

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## Phase II:

### Community Health Workers (CHW)

- Survey of representative sample of primary care providers (PCPs) will be completed in two weeks.
- Preliminary results are promising indicating support for the concept of inclusion of CHW within PCPs.
- Working groups are formalizing requirements for certification and exploration of Medicaid reimbursement “grandfathering” and/or the allocation of credits toward accreditation through technical colleges.



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# SBIRT Initiative

Screening, Brief  
Intervention, Referral &  
Treatment



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# SBIRT UPDATE

SBIRT Screening Status as of July 27, 2012	
SBIRT Screenings	1,474
Positive Screens	534
Brief Interventions Performed	242
Brief Interventions Not Needed	199
Referrals Refused	93
Referral to QL	83
Referral to DMH	25
Referral to DAODAS	12
Referral to DV Hotline	2
Referral to Private Provider	12

- 36.2% of Screenings were Positive
- 45.3% of the Positive Screens had Brief Interventions Performed
- 37.2% of Positive Screens did not need intervention at this point (Mother already resolved concern)
- 38.4% of the mothers that received Brief Intervention Refused Referral
- 55.3% of the mothers that received Brief Interventions were Referred to another Provider for further assistance

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# Birth Outcomes Initiative



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# BOI UPDATE

## Recent Medicaid Bulletin Requiring Billing Modifiers to Provide Identification of Gestational Age, Appropriateness of Delivery & Documentation for Case Reviews

- Medicaid will require information modifiers on all delivery CPT codes effective August 1, 2012. Private payors have agreed to do the same but at a later date.
- The implementation will allow more rapid information flow without requiring the timely linkage of vital records to claims data to determine gestational age at birth.
- The Department will evaluate data and by November 1 determine if additional edits, non payment or pre-payment evaluations are needed.



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# BOI UPDATE

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## Enhancing Assumptive Eligibility for Pregnant Women to Allow Access to Care as Quickly as Possible

- Pregnant women will now have the ability to select a plan and a maternity care provider at the time of assumptive enrollment and prevent delays in getting her into the coordinated care system that once took months but now is completed in 24-48 hours.
- Women are still allowed 30 days to provide any additional information needed to secure their enrollment through their post partum care.
- Collaboration with providers, outreach partners, and care coordination plans is critical for this effort to continue to be a success.



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