

**Medical Care Advisory Committee (MCAC)  
 Meeting Agenda**

Henry McMaster GOVERNOR  
 Robert M. Kerr DIRECTOR  
 P.O. Box 8206 > Columbia, SC 29202  
 www.scdhhs.gov

**Agenda**

Date: Feb. 8, 2022 Time: 10 a.m.-12 p.m. Location: WebEx

Topic	Presenter
-------	-----------

1. Director’s Welcome	Robby Kerr, SCDHHS Director
2. Medicaid Enrollment	Nicole Mitchell Threatt, Deputy Director of Eligibility, Enrollment and Member Services
3. Advisement: Intermediate Care Facilities for Individuals with Intellectual Disabilities Rate Update	Jeff Saxon, Chief of Reimbursements
4. Advisement: Psychiatric Residential Treatment Facility Rate Update	
5. Advisement: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children’s Health Insurance Program	Margaret Alewine, Chief of Policy
6. Advisement: FFS Ambulatory Care Visits - 12 Visit Limit	
7. Advisement: Rate Changes for Certain Incontinence Supplies and Department of Alcohol and Other Drug Abuse Services and Autism Spectrum Disorder Services	
8. COVID-19 Updates - Telehealth	
9. Home and Community-based Services Waiver Updates	
10. SC Department of Disabilities and Special Needs Billing	
11. Orthodontic Services	
12. Recap of Recent Bulletins	
13. Quality Strategy 2022	Jordan Desai, Chief of Quality
Closing Comments	
Adjournment	

**Medical Care Advisory Committee  
Nov. 9, 2021, Meeting Minutes**

**Present**

Graham Adams  
John Barber  
Sue Berkowitz  
Maggie Cash  
Amy Crockett  
Dr. Thompson Gailey  
Tysha Holmes  
Amy Holbert  
Michael Leach  
Bill Lindsey  
Loren Rials  
Tricia Richardson  
Amanda Whittle  
Lathran Woodard

**Not Present**

William Bilton  
Chief Bill Harris  
Melanie Matney  
JT McLawhorn  
Jennifer Root  
Dr. Keith Shealy

**Introduction**

Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their time and service.

**Updated Organizational Chart and Leadership**

Director Kerr presented the agency's updated organizational chart. He stated the agency lost 435 employees over the last 18 months since the public health emergency (PHE) started, about one-third of its workforce. During this time, we added nearly 200,000 Medicaid members.

He also introduced two new members of the agency leadership team, Rupi Grewal as chief of strategic planning and research and Cheryl Anderson, who is the new director of pharmacy.

**SCDHHS Strategic Plan**

Director Kerr introduced the agency's revised strategic plan which lists the 20 strategic measures included in SCDHHS' 2020-2021 accountability report. These measurements focus on primary business functions and tie into five overarching strategic goals.

Strategic Goal 1: Purchase and evaluate care through evidence-based systems and models

Strategic Goal 2: Strengthen the health and well-being of South Carolinians across their lifespan

Strategic Goal 3: Limit the burden to provide and receive care

Strategic Goal 4: Utilize public resources efficiently and effectively

Strategic Goal 5: Maintain or improve healthcare marketplace stability

Director Kerr highlighted the measures that support strategic goal two including its base and target numbers.

### **Medicaid Enrollment**

Deputy Director of Eligibility, Enrollment and Member Services Nicole Mitchell Threatt reviewed federal legislation around the PHE and how it impacts the agency and Medicaid enrollment. She also noted the PHE was extended Oct. 18, 2021, for up to 90 days.

During the PHE, full benefit membership increased to approximately 1.21 million, with most of the South Carolina Medicaid population being served by managed care organizations (MCOs).

### **Medicaid Redeterminations Reinstatement Update**

Lori Risk provided an update on steps the agency was taking to prepare for redeterminations at the end of the PHE.

### **Telehealth Update**

Jordan Desai provided an overview of the agency's annual telehealth report. The [full report](#) is available on the agency website.

### **Advisements**

#### **Advisement: Durable Medical Equipment Definition State Plan Amendment**

An overview of the advisement was provided by Tara Derrick.

There were no questions or comments.

#### **Advisement: Oct. 1, 2021, Rate Updates**

An overview of the advisement was provided by Jeff Saxon.

The following question(s)/comment(s) were provided:

1. Are there any rate increases planned for Federally Qualified Health Centers?
  - a. SCDHHS suggested provider associations seek additional funding from the South Carolina General Assembly and provide justification for them.

#### **Advisement: Medicaid Coverage of Certain Medical Transportation**

An overview of the advisement was provided by Jeremy Faulkenburg.

There were no questions or comments.

#### **Advisement: Third Party Liability Payment Changes**

An overview of the advisement was provided by Rebecca Esslinger.

There were no questions or comments.

### **Home and Community-Based Services (HCBS) Waiver updates**

Margaret Alewine provided an overview of the spending plan the agency submitted to CMS through the American Rescue Plan Act of 2021.

### **Recap of Recent Bulletins**

Margaret Alewine provided an overview of recent bulletins. All [bulletins and alerts](#) are posted on the agency website.

### **Community Connections**

Jeff Leieritz highlighted a new, free program, Community Connections, available to Medicaid members, organizations and the public. The online database is available at [www.scdhhs.gov/communityconnections](http://www.scdhhs.gov/communityconnections).

### **Closing**

Director Kerr closed the meeting by thanking attendees for their participation.

# Medical Care Advisory Committee

## Feb. 8, 2022

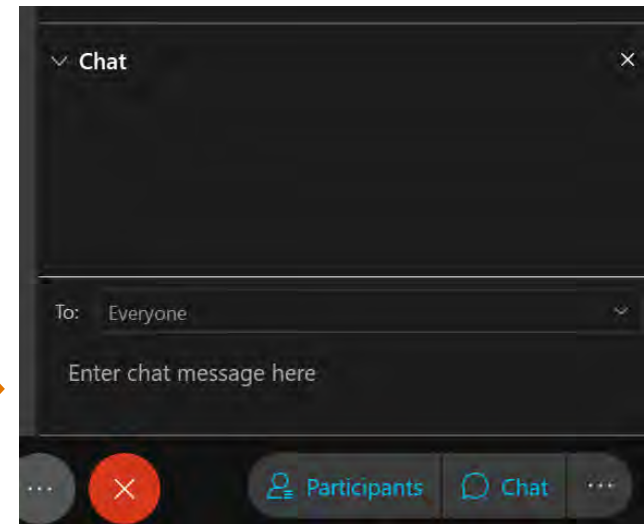
**The meeting will begin shortly.  
Microphones are muted.**

---

**Thank you for participating in the  
Medical Care Advisory Committee (MCAC) meeting.**

# Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption
- MCAC members are welcome to comment or ask questions throughout the meeting
- All other attendees who wish to comment or ask questions should do so during the specified public comment periods
- Use the chat feature in Webex



# Director's Welcome

---

Robby Kerr, Director

# Medicaid Enrollment

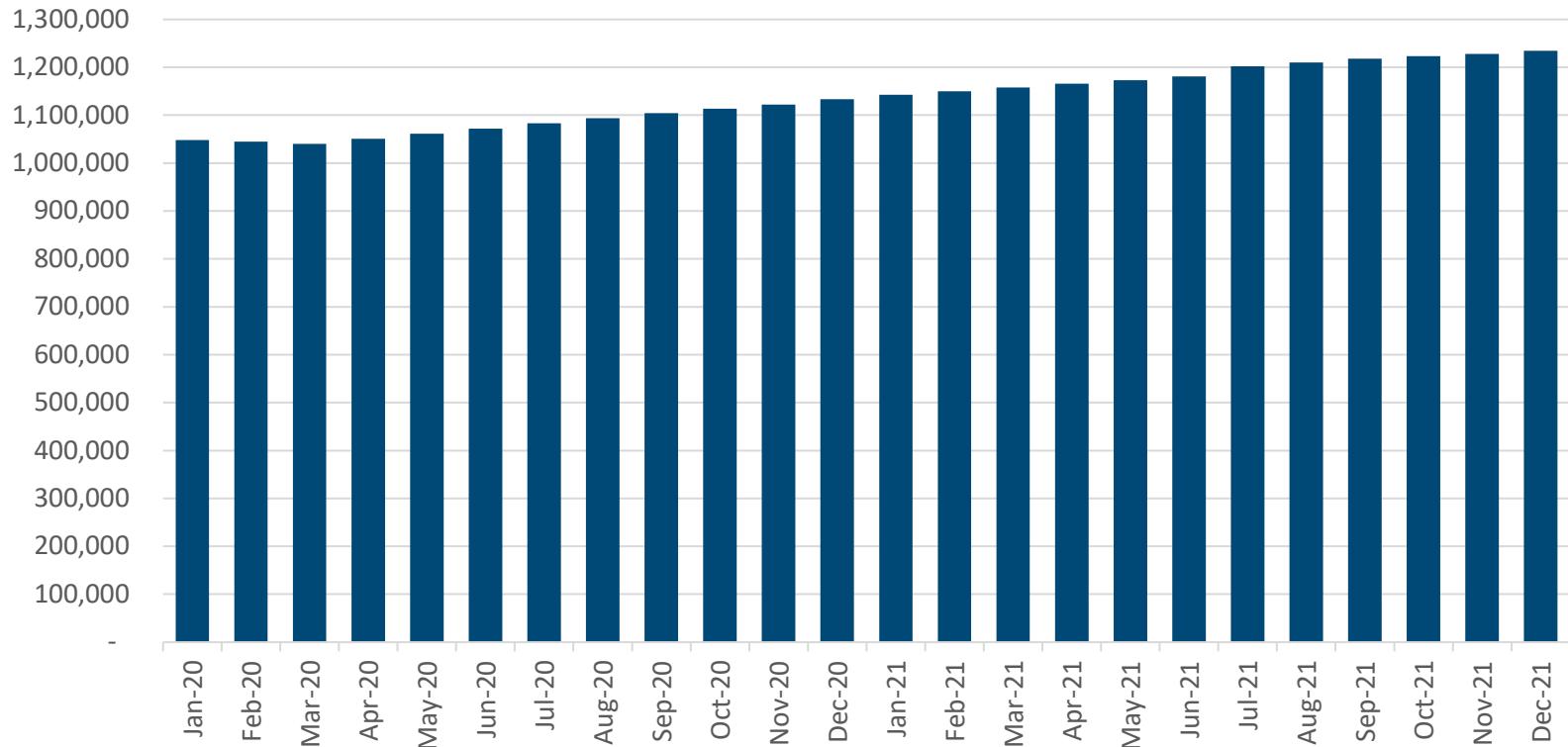
---

Nicole Mitchell Threatt, Deputy Director  
Eligibility, Enrollment and Member Services



# Full-benefit Membership

(as of Dec. 31, 2021)

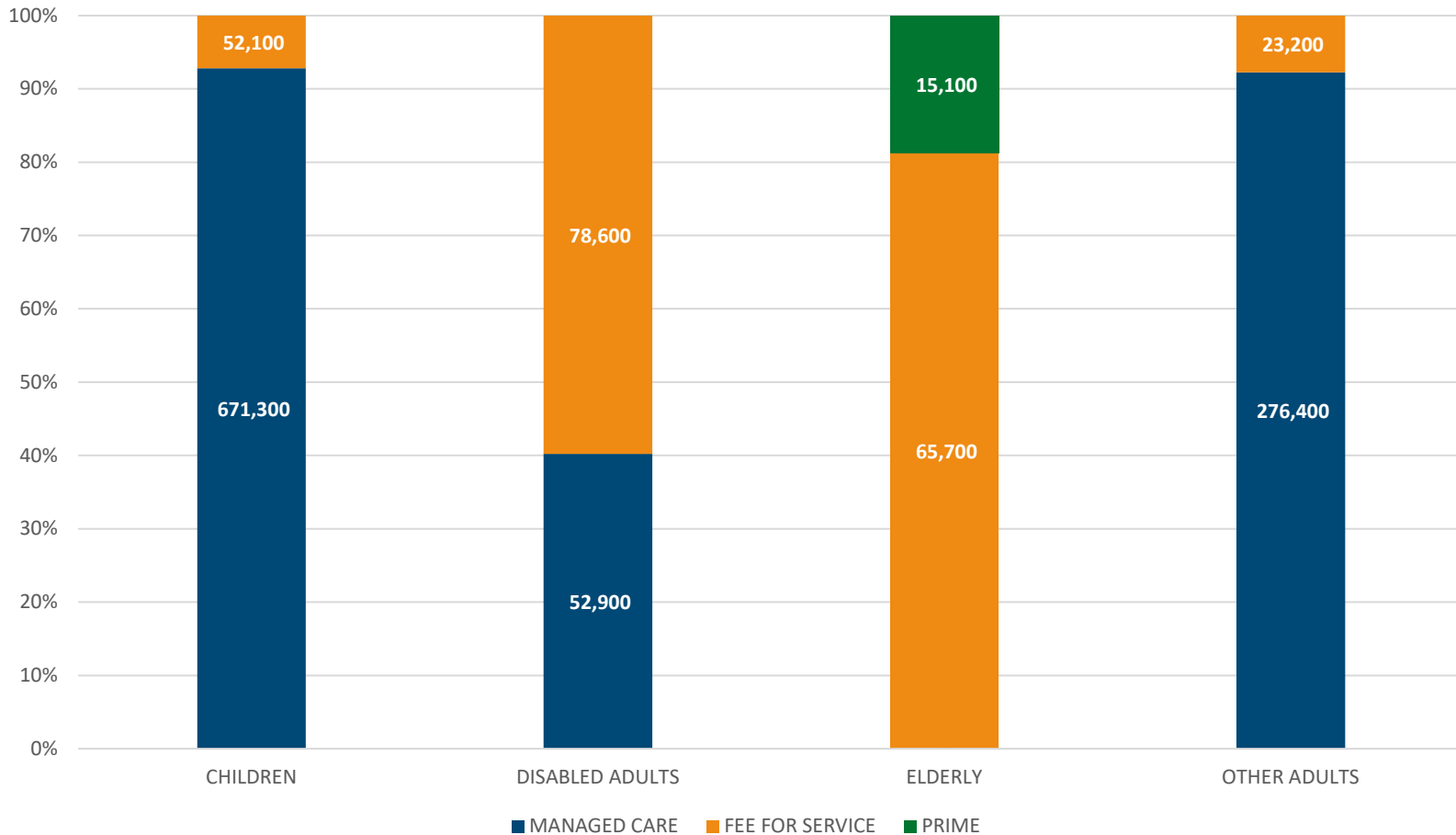


- During the public health emergency (PHE), full-benefit membership has increased to approximately 1.23 million



# Full-benefit Membership by Population

(as of Dec. 31, 2021)



# Federal Legislation – Eligibility Operations

- Families First Coronavirus Response Act (FFCRA)
  - **March 2020** – SCDHHS started receiving a temporary 6.2% Federal Medical Assistance Percentage (FMAP) increase under the FFCRA – Section 6008(b) by complying with the following:
    - Meeting an eligibility “maintenance of effort” requirement
    - Not terminating or reducing coverage for most individuals until the end of the month in which the federal PHE ends
      - **PHE extended effective Jan. 14, 2022**
        - Extensions are effective for up to 90 days
        - The U.S. Department of Health and Human Services has committed to providing states with at least a 60-day notice prior to ending the federal PHE

# Redeterminations Update

- Redeterminations remain on hold with the continuation of the PHE
- Centers for Medicare and Medicaid Services (CMS) guidance
  - States have up to 12 months after month PHE ends to complete pending actions
  - States must complete redetermination for all individuals determined ineligible for Medicaid during the PHE
  - Planning is adjusted as guidance is updated
- System, policy and operational activities required for resumption of normal operations in development to be ready for implementation when the PHE ends
- Outreach activities are ongoing to obtain updated contact information from members and to keep stakeholders informed in development.
- Additional discussions with stakeholders will be required

## **Advisement: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Rate Update**

---

Jeff Saxon, Chief of Reimbursements

# Background

- The agency will update the ICF/IID Medicaid reimbursement rates based upon the most recent cost data, the last of three direct care worker (DCW) add-ons (effective July 1, 2019) and the application of a trend factor
- Current rates were established using the state fiscal year (SFY) end 2016 cost report data, application of trend factor and three DCW add-ons based on funding provided by the General Assembly over a three-year period

# Changes

- The South Carolina Department of Health and Human Services (SCDHHS) has received SFY 2019 cost report data from the South Carolina Department of Disabilities and Special Needs (SCDDSN)
- It is now time to update the ICF/IID rates using the most recent cost report data available, the last of three DCW add-ons and the application of a trend factor
- South Carolina will submit a state plan amendment (SPA) for this change

# Budget Impact and Effective Date

## Budgetary Impact:

- SCDHHS anticipates an annual budgetary impact of \$11.7 million (total dollars), which represents a projected 7% rate increase
- SCDDSN provides the state matching funds for these services, so there is no state matching fund impact to SCDHHS

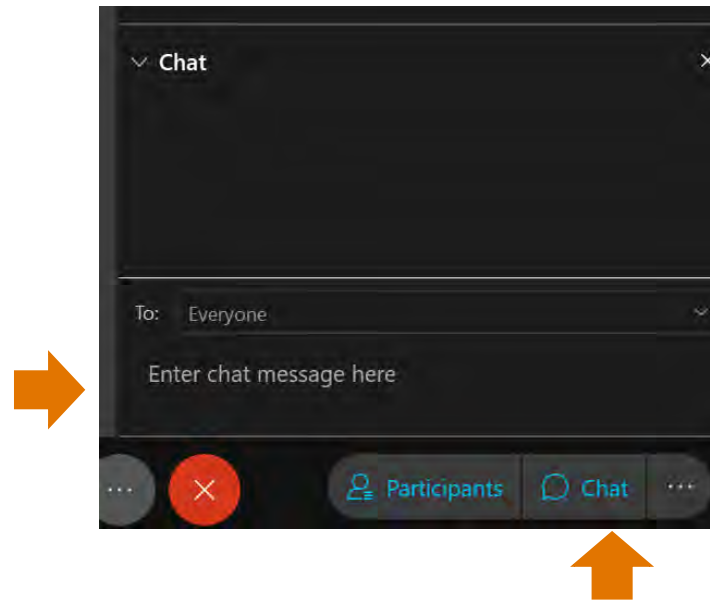
## Effective Date:

- On or after Jan. 1, 2022



# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



# Advisement: Psychiatric Residential Treatment Facility (PRTF) Rate Update

---

Jeff Saxon, Chief of Reimbursements

# Changes

- The agency will update the PRTF per diem rates due to the impact of market forces surrounding the South Carolina Medicaid PRTF program
- The Oct. 1, 2021, rate increase amounted to approximately \$327/day
- The agency will increase the South Carolina Medicaid PRTF rate for all contracting PRTF providers to \$500/day
- South Carolina will submit a SPA for this change

# Budget Impact and Effective Date

## Budgetary Impact:

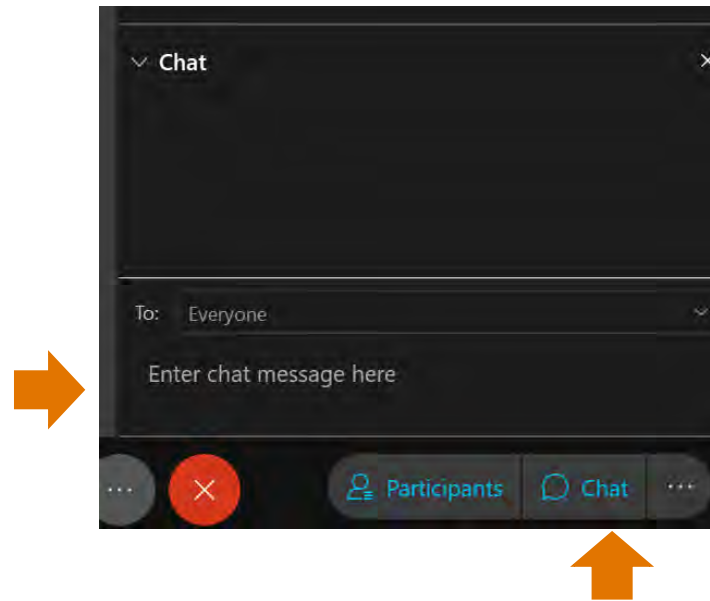
- SCDHHS anticipates an increase in annual aggregate Medicaid fee-for-service (FFS) expenditures of \$3 million (total dollars)

## Effective Date:

- For services provided on or after April 1, 2022

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



# **Advisement: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)**

---

Margaret Alewine, Chief of Policy

# Background

- Center for Medicaid and CHIP Services SHO# 21-007 *RE: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)*, dated Dec. 7, 2021 ([sho21007.pdf \(medicaid.gov\)](#))
- SHO# 21-007 was provided subsequent to passage of the American Rescue Act of 2021 (ARPA) (Sections 9812 and 9822) and provided states an option to extend postpartum coverage to pregnant women enrolled in Medicaid and Children's Health Insurance Program (CHIP) to 12-months postpartum regardless of any changes in circumstances
- Extended postpartum coverage shall offer an opportunity to provide care that can reduce pregnancy-related deaths and severe maternal morbidity and improve continuity of care for chronic conditions such as diabetes, hypertension, cardiac conditions, substance use disorder and depression
- More than half of pregnancy-related deaths occur in the 12-month postpartum period, and 12% occur after six weeks postpartum (CMS SHO# 21-007)

# Changes

- Effective on or after April 1, 2022, SCDHHS will amend the South Carolina Title XIX State Plan to extend postpartum Medicaid coverage for designated eligibility groups from 60 days to 12 months as outlined in Center for Medicaid and CHIP Services SHO# 21-007
- Those included in extended coverage will have full Medicaid coverage
- Per CMS guidance, the state option is currently limited to a five-year period beginning on or after April 1, 2022, and ending no later than March 30, 2027



# Budget Impact and Effective Date

## Budgetary Impact:

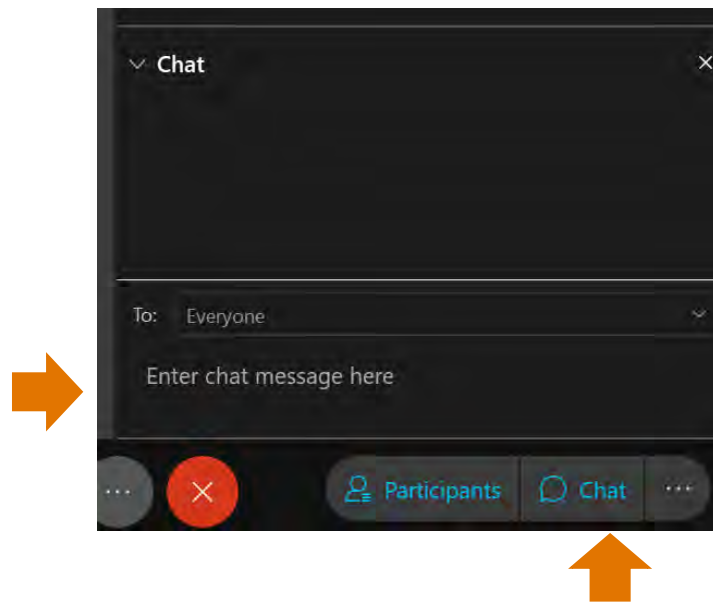
- SCDHHS anticipates an annual budgetary impact of \$20 million (total dollars)

## Effective Date:

- On or after April 1, 2022

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



## **Advisement: FFS Ambulatory Care Visits - 12 Visit Limit**

---

Margaret Alewine, Chief of Policy

# Background and Changes

## Background:

- Ambulatory care visits for FFS Medicaid are limited to 12 per year for adult members 21 and over
- FFS ambulatory care visits beyond 12 require SCDHHS prior approval
- During the PHE, this limit is suspended

## Changes:

- SCDHHS shall increase the ambulatory care visits limit for adults 21 and over to 18 visits per year without prior approval
- Authority currently exists in the State Plan; however, a modification is required to Attachment 3.1-A Limitation Supplement page 1a, 3 and 3a
- The change is not required to meet state or federal compliance

# Budget Impact and Effective Date

## Budgetary Impact:

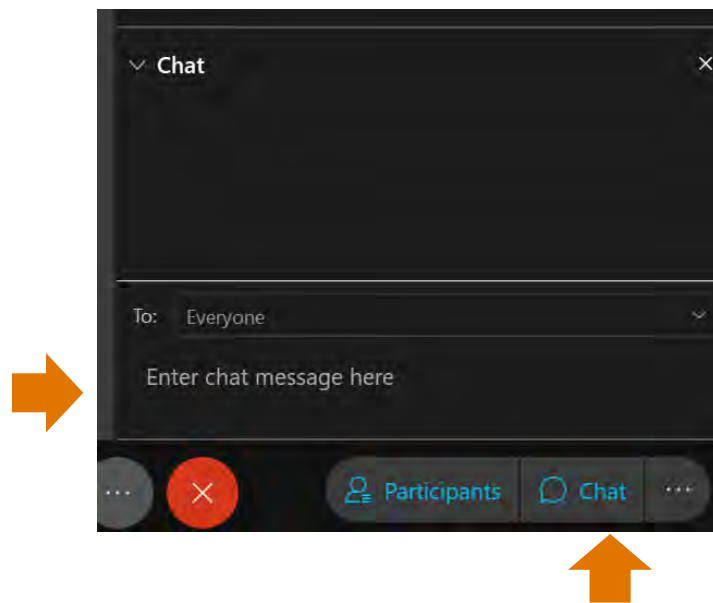
- SCDHHS anticipates an annual budgetary impact of \$1 million (total dollars)

## Effective Date:

- On or after the end date of the current federal PHE

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



## **Advisement: Rate Changes for Certain Incontinence Supplies and Department of Alcohol and Other Drug Abuse Services (DAODAS) and Autism Spectrum Disorder (ASD) Services**

---

Margaret Alewine, Chief of Policy

# Background

- As part of its commitment to both Medicaid members and taxpayers, SCDHHS regularly evaluates the rates paid to providers to ensure they are data-driven and accurately reflect the cost of providing care
- Through this evaluation, the following rates stood out as outdated and required updating



# Changes

- Incontinence supplies
  - SCDHHS will increase the reimbursement rates for incontinence supplies billed using specific Healthcare Common Procedure Coding System (HCPCS) codes by 10%
- DAODAS addiction services
  - SCDHHS will increase the reimbursement rates for certain addiction services billed using specific HCPCS codes by 15%
- ASD services
  - SCDHHS will update the reimbursement rates for certain ASD services
- Specific code listings included in [bulletin #21-014](#)

# Budget Impact and Effective Date

## Budgetary Impact:

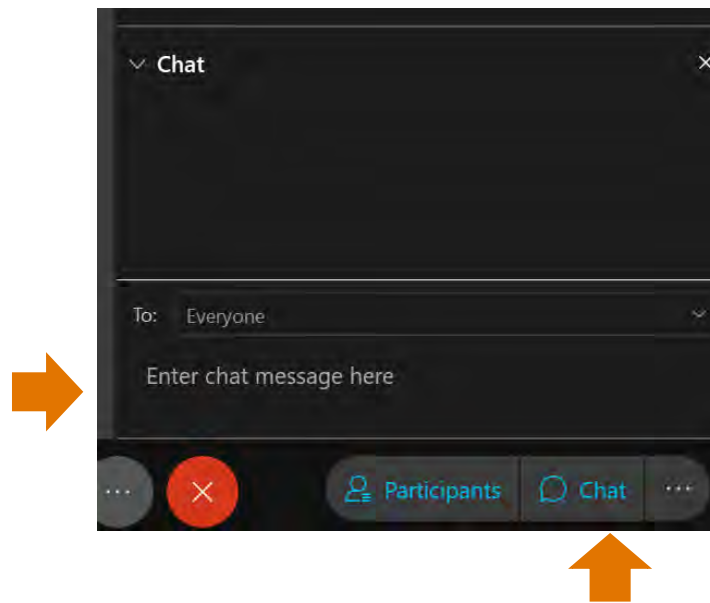
- SCDHHS anticipates an annual budgetary impact of \$10.6 million (total dollars)

## Effective Date:

- On Jan. 1, 2022

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



# COVID-19 Updates - Telehealth

---

Margaret Alewine, Chief of Policy

# Background

- As a part of the state's preparation and response to COVID-19, SCDHHS announced a series of modifications to policies related to the delivery of services via telehealth in order to protect South Carolina Healthy Connections Medicaid members and providers and ensure ongoing access to care
- The temporary policies introduced allowed providers the needed flexibility to help ensure access to care while supporting important social distancing measures
- Most policy changes were issued using emergency authorities and authorized for the duration of the federal PHE

# Changes

As SCDHHS prepares for the end of the federal PHE, it is grouping these flexibilities into three categories:

- **Make permanent:** Flexibilities becoming permanent policy additions
- **Continue:** Flexibilities that will continue for one year after the end of the PHE for further evaluation
- **Discontinue:** Flexibilities that will sunset with the end of the PHE

# Make Telehealth Flexibility Permanent After PHE Ends

- Patient home allowed as referring site for telehealth services

# Continue Telehealth Flexibility for 1-year Past End of PHE

- Audio-only telehealth provided by a physician, nurse practitioner (NP) or physician assistant (PA)
- Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) providers to serve as consulting site providers
- Behavioral health services, including therapy, evaluations, Applied Behavior Analysis and addiction and recovery-related services
- Additional telehealth services provided by speech and physical therapists (and assistants)
- Additional telehealth services provided by occupational therapists and assistants (BabyNet only)
- Early intervention services via telehealth
- Individualized Family Service Plan (IFSP) development via telehealth



# Discontinue Telehealth Flexibility with the End of PHE

- FQHC/RHC reimbursement above and beyond established encounter rate
- Additional telehealth services provided by occupational therapists and assistants (non-BabyNet)
- Audio-only telehealth for physical, occupational and speech therapy
- Additional behavioral health services (behavior modification, psychosocial rehabilitation, family support)
- Audio-only telehealth for Medication Assisted Treatment (MAT) services
- Group psychotherapy services via telehealth

# Budget Impact and Effective Date

## Budgetary Impact:

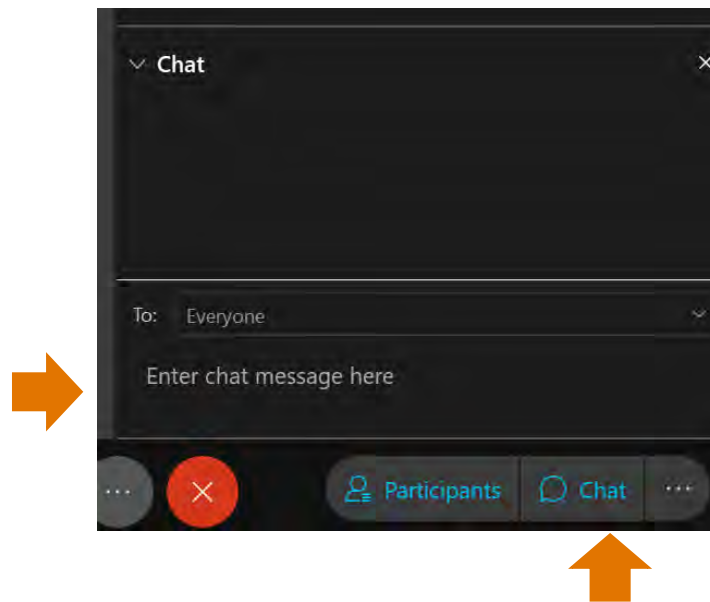
- The budgetary impact of these changes remain under review, but SCDHHS believes it will not require significant additional appropriations

## Effective Date:

- On or after the end date of the current federal PHE

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



# Home and Community-based Services (HCBS) Waiver Updates

---

Margaret Alewine, Chief of Policy

# HCBS Waiver Updates

- Recently approved waiver renewals
  - Community Choices (SC.0405)
  - HIV/AIDS (SC.0186)
    - Summary of changes
      - Updated authority for Medicaid Management Plan
      - Added to list of qualified individuals performing initial level of care evaluation and re-evaluations
      - Modified service definitions to align with scopes of service, updated frequency of validating provider qualifications and added taxonomy codes
      - Itemized services and transitioned services to the mandatory home health state plan benefit
      - Added certified nurse aide registry information to the Abuse Registry Screening section
      - Added infectious disease outbreak and elopements to the list of critical incidents

# HCBS Waiver Updates *(cont.)*

- Recently approved waiver renewals
  - Medically Complex Children (SC.0675)
    - Summary of changes
      - Increased maximum age from 18 to 21
      - Added environmental modification service

# ARPA Section 9817 Updates

- SCDHHS intends to file waiver amendments with CMS for its 1915(c) HCBS waivers
- These amendments will establish authority for the use of enhanced funding from Section 9817 of the ARPA
- Section 9817 of the ARPA provides states with a temporary 10% increase to the FMAP for Medicaid HCBS
- The funding is intended to enhance, strengthen and improve HCBS beyond what was available as of April 1, 2021
- HCBS waivers are being amended to reflect use of enhanced funding in rate methodology and to update provider rates

# Waiver Amendments

- Community Choices (SC.0405)
- Community Supports (SC.0676)
- Head and Spinal Cord Injury (HASCI) (SC.0284)
- HIV/AIDS (SC.0186)
- Intellectual Disability/Related Disabilities (ID/RD) (SC.0237)
- Mechanical Ventilator Dependent (SC.40181)
- Medically Complex Children (SC.0675)



# Waiver Amendments *(cont.)*

- SCDHHS received approval for an Appendix K amendment to temporarily increase rates and address cost limits and services to account for impact associated with the COVID-19 PHE
- The Appendix K amendment may be utilized by the state during emergency situations to request amendments to approved waivers
- SCDHHS will submit formal waiver amendments to implement the temporary rate increases on a permanent basis

# Summary of Changes Included in the Proposed Waiver Amendments

Service	Affected Waiver(s)	Existing Rate	New Rate	Effective Date
Respite	SC.0676, SC.0284, SC.0237	\$3.17/15 min	\$4.05/15 min	July 1, 2021
Adult Day Health Care	SC.0676, SC.0237, SC.0405	\$56.40/day	\$60.00/day	October 1, 2021
Residential Habilitation (daily)	SC.0237	\$196.99/day	\$204.78/day	July 1, 2021
Residential Habilitation (daily)	SC.0284	\$196.99/day	\$239.39/day	July 1, 2021
	SC.0237, SC.0284	\$916.99	\$226.71 (eight tiered rates with an aggregate unit rate of \$226.71)	January 1, 2022
Home Delivered Meals	SC.0237, SC.0676, SC.0405, SC.0186, SC.40181	\$5.23/meal	\$6.40/meal	March 1, 2022
Care Coordination	SC.0675	Care coordination contact: \$28.00/15 min. Care coordination visit: \$45.00/15 min. Care advocate contact: \$15.00/15 min.	Care coordination contact: \$33.00/15 min. Care coordination visit: \$54.00/15 min. Care advocate contact: \$18.00/min.	January 1, 2022

# Summary of Changes Included in the Proposed Waiver Amendments *(cont.)*

Service	Affected Waiver(s)	Existing Rate	New Rate	Effective Date
Day Services (Day activity, Career Preparation, Community Services, Employment Services (Group))	SC.0676 SC.0284 (excluding Community Services for SC.0284)	\$31.29/1/2 day	\$36.93/ 1/2 day	January 1, 2022
In-Home Support	SC.0676	\$13.31/hr	\$16.20/hr	January 1, 2022
Employment Services (Individual)	SC.0676 SC.0284	\$21.95/15 min.	\$24.74/15 min.	January 1, 2022
Attendant Care (U1/UAP)	SC.0284	\$4.01/15 min.	\$4.05/15 min.	January 1, 2022
Waiver Case Management, Transitional Waiver Case Management – with Travel	SC.0676 SC.0284	\$25.42/15 min.	\$27.28/15 min.	January 1, 2022
Waiver Case Management, Transitional Waiver Case Management – without Travel	SC.0676 SC.0284	\$15.63/15 min.	\$16.77/15 min.	January 1, 2022

# Summary of Changes Included in the Proposed Waiver Amendments *(cont.)*

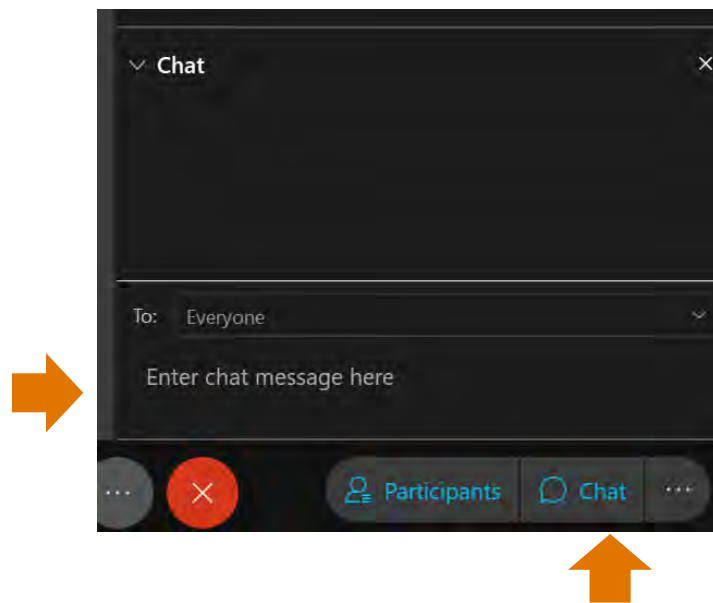
- Community Supports waiver (SC.0676) currently has an individual cost limit (lower than institutional costs) of \$17,858 for waiver year five
- With the rate increases implemented via the Appendix K amendment, the individual cost limit for entrance to the waiver is being increased to \$23,900
- Community Supports waiver (SC.0676) is being renewed with a proposed effective date of July 1, 2022
- Temporary changes implemented via the Appendix K amendment will be incorporated in the waiver renewal
- The individual cost limit and changes made to the ID/RD waiver (SC.0237) will be further evaluated for incorporation during the waiver renewal

# Summary of Changes Included in the Proposed Waiver Amendments *(cont.)*

- The HASCI waiver (SC.0284) will be amended to include the Employment-Group waiver service
- Changes made to the ID/RD waiver (SC.0237) in the recent renewal will be further evaluated for incorporation during the HASCI waiver renewal
  - Updates to service definitions, including transition to residential habilitation tiers of service
  - Updates to rate methodology
  - Addition of services: independent living skills, remote supports

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



# SCDDSN Billing

---

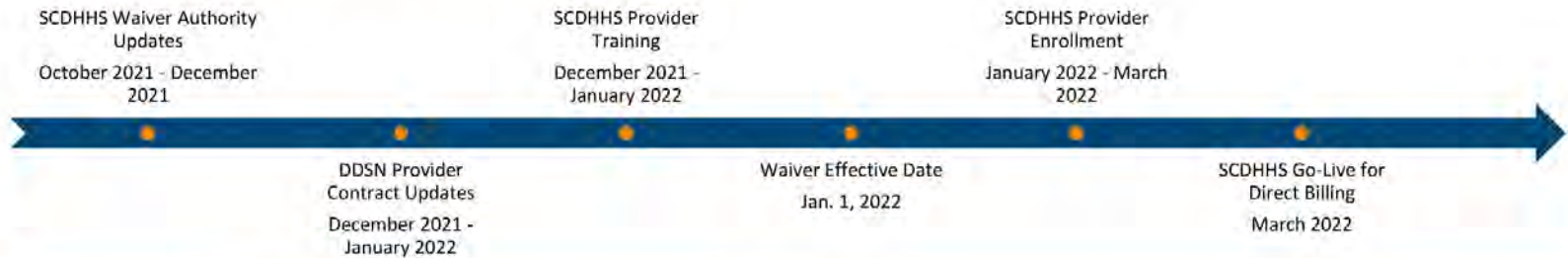
Margaret Alewine, Chief of Policy

# SCDDSN Provider Transition to Medicaid Direct Billing

- SCDHHS is transitioning billing and payment of services rendered to SCDDSN-operated waiver participants from the current pay band system to Medicaid direct FFS billing
- The transition will streamline administrative and payment processes and allow providers to direct bill Medicaid as the payor of waiver services
- SCDHHS has targeted a “go-live” date of March 1, 2022, to fully transition to provider direct FFS billing
- Prior to the go-live date, providers must be enrolled as a Healthy Connections Medicaid provider



## DDSN Provider Transition to Medicaid FFS/Direct Billing



Task Name	Task Description	Due Date
SCDHHS Waiver Authority Updates*	ID/RD Waiver Renewal	October 2021 – December 2021
	Waiver amendments for Community Supports and HASCI	November 2021 – December 2021
DDSN Provider Contract Updates	Contract Amendments for DSN Boards	December 2021
	Fixed Price Bid (FPB) extension is in place through January 2022 to allow for the QPL providers to enter into direct contracts	January 2022
SCDHHS Provider Training	Provider Education and Training (Enrollment and Billing)	December 2021 – January 2022
	Provider Enrollment Testing	December 2021
SCDHHS Provider Enrollment	Provider Enrollment activities will be ongoing	January 2022 – March 2022
SCDHHS Go-Live Date*	Transition from DDSN band payments for residential habilitation (adjusted for new tiered payment rates and projected tiered membership) to direct billing to SCDHHS.	March 2022

**\*Transition Period** - The current ID/RD waiver with CMS expires Dec. 31, 2021. To prevent any gap in coverage, we are asking CMS to renew the waiver **effective Jan. 1, 2022**. We refer to the renewal date as the “effective” date. Since we are making significant changes to the existing waiver, we are also asking CMS for a brief transition period to incorporate those changes into current processes. This transition period will allow SCDHHS to test enrollment, billing and reimbursement procedures before actually going live. The completion of the transition period will culminate with the “go-live” date.

# Orthodontic Services

---

Margaret Alewine, Chief of Policy

# Orthodontic Services Policy

- Bulletin issued Dec. 30, 2021
- Administration and delivery of orthodontic services changes
  - **Current process:** Contractual agreement with the South Carolina Department of Health and Environmental Control (DHEC)
  - **New process:** Administration and delivery of orthodontic services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit through the SCDHHS' dental administrative service organization (DASO)
    - Orthodontic providers serving Medicaid members are enrolled in Healthy Connections Medicaid program
    - Claims and authorizations are filed directly to SCDHHS' DASO vendor, DentaQuest
    - Medical necessity is determined by review and when the SCDHHS' developed clinical criteria and policy are met
    - Processes and policies are clearly documented in the Dental Services provider manual

# Benefits

- Increased age coverage (services available for ages up to 21 years under the EPSDT benefit)
- Standardized clinical criteria and assessment tools
- Improve Healthy Connections Medicaid dental provider network adequacy and service availability
  - Compliance with 42 CFR 438.68; 42 CFR 438.206; and 42 CFR 455.410
- Reduction of administrative burden for providers and beneficiaries
  - Streamline authorization and reimbursement processes
  - Claims filing process
- Compliance with 42 CFR 441 Subpart B, EPSDT services, specifically delivery, documentation and accountability sections
- No changes to payment frequency and methodology

# Transition Period

Start of Transition  
Period\*  
January 1, 2022

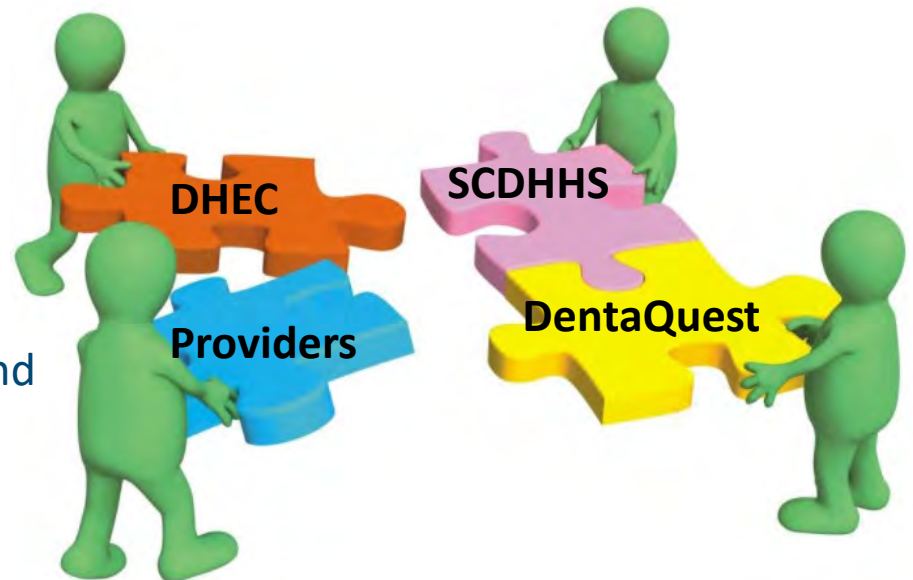
End of Transition  
Period\*  
February 28, 2022



Task Name	Task Description	Due Date
<b>Start of Transition Period*</b>	Provider Enrollment process starts	Jan 1, 2022- Feb 28, 2022
	Last date of invoicing DHEC	January 10, 2022
	Transfer of open cases from DHEC to DentaQuest	Jan 1, 2022- Feb 28, 2022
	Provider registration for DentaQuest account	February 2022
<b>SCDHHS/ DentaQuest Provider Training</b>	Provider Education and Training	February 9, 2022
<b>End of Transition Period*</b>	All tasks are completed and ready for production	February 28, 2022
<b>SCDHHS Go-Live Date</b>	Implementation of the new process	March 1, 2022

# Progress Update

- A collaborative effort
- Supported by dental community
- Provider engagement early on
  - Policy and clinical criteria development
- Provider communications
  - Bulletin (issued by SCDHHS Dec. 30, 2021)
  - Virtual meeting (hosted by DHEC Jan. 20, 2022)
  - Email (individual provider level)
  - Training (to be hosted by SCDHHS and DentaQuest on Feb. 9, 2022)



# Progress Update *(cont.)*

- Provider network participating in DHEC's Children's Rehabilitative Services program
  - 77 performing providers
  - 66 dental groups
- Providers enrolled in Medicaid as of Jan. 28, 2022
  - 46 performing providers
  - 24 dental groups
- Active cases transfer process
  - About 2,000 cases
  - Working individually with each provider
  - Estimated to complete transfer on time

# Recap of Recent Bulletins

---

Margaret Alewine, Chief of Policy



# Prior Authorization for Transplant Services

- Issued Dec. 1, 2021
- SCDHHS will accept prior approval of an organ transplant by the agency's quality improvement organization (QIO) as approval for a Healthy Connections Medicaid member to be treated out of state, if applicable
- SCDHHS requires providers to obtain prior authorization before rendering any organ transplant services
- All claims for transplants and related services must be submitted with the authorization number provided by KEPRO

# Rate Increases for Certain Incontinence Supplies and DAODAS and ASD Services

- Issued Dec. 2, 2021
- SCDHHS increased reimbursement rates for certain incontinence supplies by 10%
- SCDHHS increased reimbursement rates for certain addiction services by 15% and DAODAS peer support services
- SCDHHS increased reimbursement rates for ASD services
- Changes are reflected in the respective fee schedules on SCDHHS' website

# Non-emergency Medical Transportation (NEMT) Provider Requirements

- Issued Dec. 9, 2021
- SCDHHS updated requirements for agencies and drivers that provide NEMT services to members
- The requirements include:
  - Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services\*;
  - Each such individual driver has a valid driver's license;
  - Each such provider has in place a process to address any violation of a state drug law;
  - Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations

*\*New federal requirement for transportation network companies*

- The updated requirements went into effect Dec. 15, 2021

# Changes to Third-Party Liability Policy

- Issued Dec. 16, 2021
- SCDHHS made changes to its claims processing policy as it relates to third-party liability (TPL) coverage as required by federal law to comply with provisions of the Bipartisan Budget Act of 2018 and Medicaid Services Investment and Accountability Act of 2019
- SCDHHS will use standard coordination of benefits cost avoidance instead of “pay and chase” when processing claims related to child support enforcement beneficiaries and prenatal services, including labor, delivery and postpartum care claims

# Early and Periodic Screening, Diagnostic, and Treatment – Orthodontic Services

- Issued Dec. 30, 2021
- Currently in transition period prior to effective date of March 1, 2022
- Reimbursement for each case shall not exceed the Medicaid allowed amount per case, which is \$6,100 for comprehensive and \$3,000 for limited cases respectively
- Payment for each case will be distributed via several installments as described in the *Orthodontic Services Policy*

# Quality Strategy 2022

---

Jordan Desai, Chief of Quality

# Priorities

- Standardization
- National benchmarking
- Engagement and collaboration
- Quality metrics beyond managed care

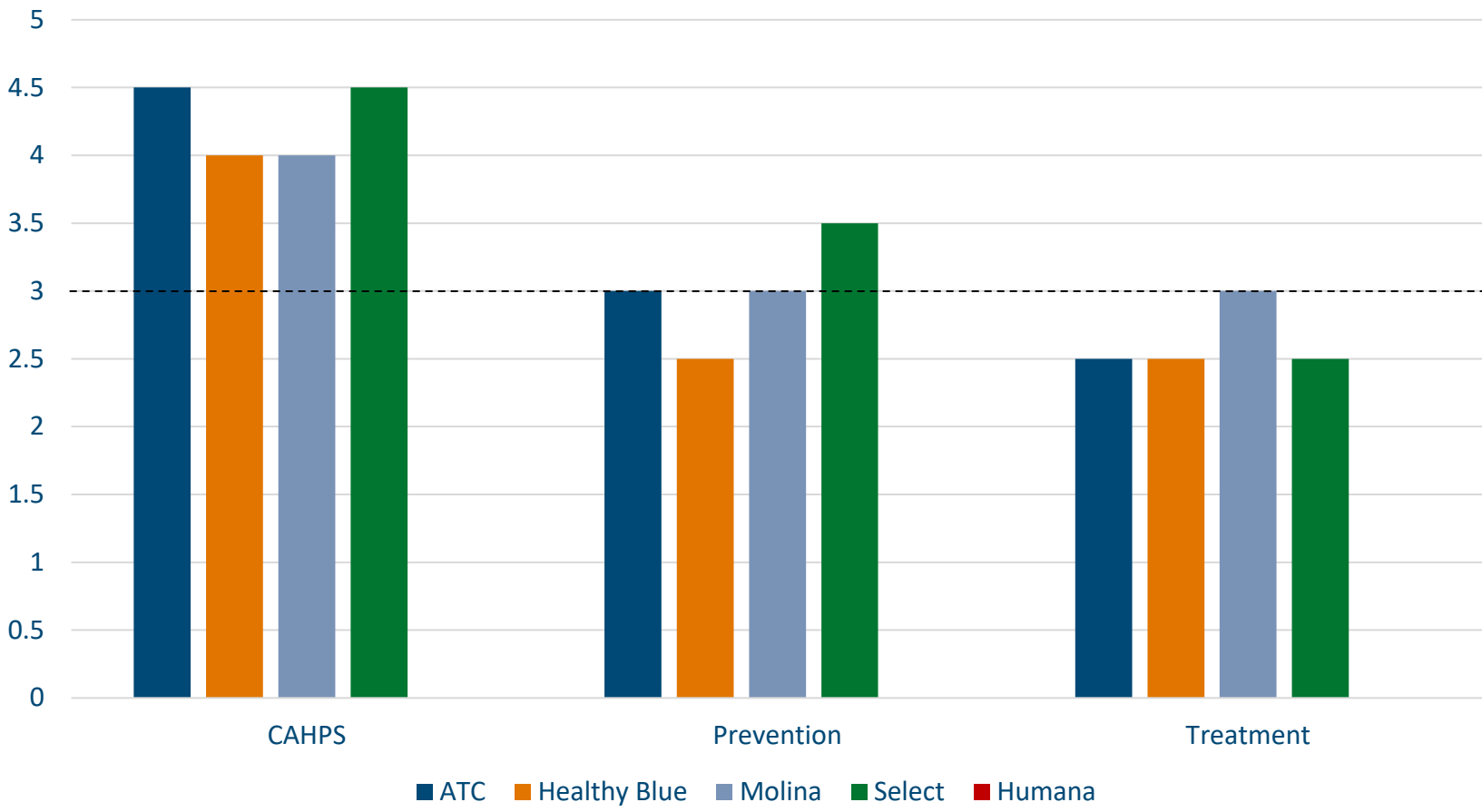
# National Standards

- The Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- CMS Core Sets
- External Quality Review



# Today's Managed Care Organization (MCO) Snapshot

## NCQA Health Plan Ratings 2021



# Quality Goals

- Quality Goal 1: Assure the quality and appropriateness of care delivered to members enrolled in managed care
- Quality Goal 2: Assure Medicaid members have access to care and a quality experience of care
- Quality Goal 3: Assure MCO contract compliance
- Quality Goal 4: Manage continuous performance improvement
- Quality Goal 5: Conduct targeted population quality activities

# Targeted Population Quality Activities

- Scalable lessons learned
- All managed care performance improvement
- Monitor and evaluate dual programs

# More Than Managed Care

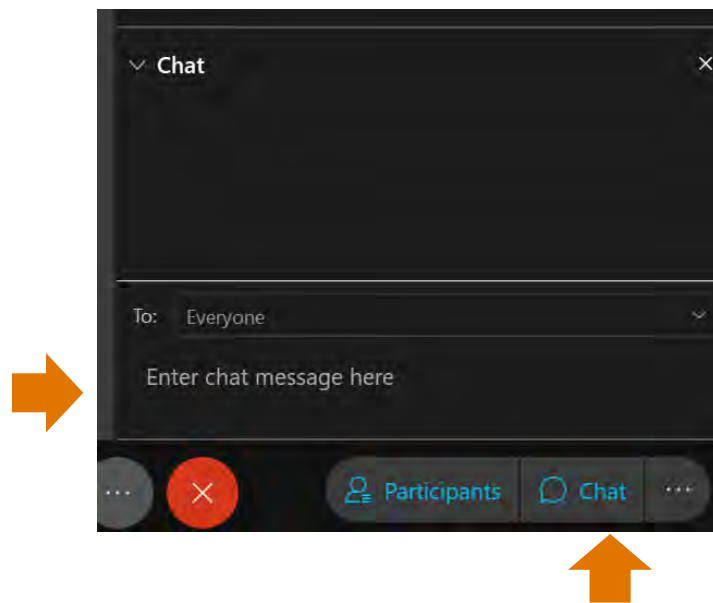
- EPSDT monitor and evaluation
- FFS quality metric development
- Standardization of quality assurance process across all programs (medical assistance and long-term care)
- Telehealth monitoring

# Next Steps

- Feedback from MCAC
- Draft strategy open for public comment
- Submit to CMS
- Publish final strategy upon approval

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now



# Closing Comments

- Future meetings will be held virtually for the foreseeable future
- Next scheduled meeting:
  - May 3, 2022
  - 10 a.m. – 12 p.m.

