
**Medical Care Advisory Committee
January 15, 2013 Meeting Minutes****Present**

Sue Berkowitz
William Bilton
Richard D'Alberto
Diane Flashnick
Dr. Charles Darby, Jr.
Dr. Tom Gailey
Dr. Greta Harper
Alicia Jacobs
Lea Kerrison
Bill Lindsey
Gloria McDonald
Melanie Matney
Dr. Kashyap Patel
Gloria Prevost
Jackie Richards
Lathran Woodard
Dr. Lynn Wilson

Not Present

John Barber
Chief Bill Harris
Rhonda White-Johnson, Ph.D
J.T. McLawhorn
Dr. Amy Picklesimer
Crystal Ray
Dr. Caughman Taylor
Nathan Todd

The Chief of Staff welcomed members. She stated the Agency Director is reviewing membership of current MCAC members whose terms expire this month and looking at new recruitment. Letters will be sent to those MCAC members that are affected. She also talked about the Accountability Zone board and asked members to look at the data presented.

Advisements presented by Sam Waldrep:

Coverage of Incontinence Supplies: SCDHHS has covered incontinence supplies through home and community-based waiver programs for over 20 years. CMS has indicated the appropriate authority for incontinence supplies coverage is under the Medicaid State Plan Home Health Benefit which means it's available to all beneficiaries that meet medical necessity criteria to receive the service and have a physician's order. This potentially will allow an increase in the number of beneficiaries receiving these incontinence supplies, leading to an increase in expenditures. After almost two years of discussions with CMS, SCDHHS has agreed to transition to providing incontinence supplies as a home health benefit. SCDHHS requested a July 1, 2013 start to ensure an orderly transition, however CMS required the state to begin implementation January 1, 2013. During the time of these discussions, three of the seven waivers were up for renewal, and CMS indicated it would not approve any extension including incontinence supplies as a waiver service past January 1, 2013. The three waivers were revised and have now been approved for five-year renewals. SCDHHS has also developed medical necessity criteria to be applied for any beneficiary requesting incontinence supplies, including a physician's order for the supplies. To increase efficiency, the agency is developing automated processes for taking applications for the supplies. In addition, a beneficiary notification will be developed to inform beneficiaries of this available service. External groups affected: Physicians, providers of incontinence supplies and eligible beneficiaries.

Head and Spinal Cord Injury (HASCI) waiver program: The HASCI waiver program has been in operation since 1995. Currently, the HASCI waiver is serving 631

participants with an additional 390 individuals on a waiting list. Each HASCI waiver participant has a service coordinator who is responsible for authorizing, monitoring and coordinating service delivery to ensure the health and welfare of the participant. SCDHHS is securing public input for the HASCI waiver renewal through a multi-step process that involves the following actions: notification to the public on the renewal on the SCDHHS listserv on December 27, 2012 and website on January 2, 2013; presentation to MCAC on January 15, 2013; notification to the Catawba Tribal Indian Health Services on December 17, 2012; a public meeting to be held on January 31, 2013; and written comments to be received until February 14, 2013. Substantive changes are: 1) addition of the following new service: Incontinence Supplies; 2) Removal of the following waiver services: Peer Guidance for Consumer-Directed Care—Waiver population has not requested assistance to direct their own care, Health Education for Consumer-Directed Care—Waiver population has not requested assistance to direct their own care and Supported Employment—Services are available through the Department of Vocational Rehabilitation; 3) Revisions to quality assurance sections—As recommended by CMS, the state is adding additional quality assurance performance measures; QA will be aligned throughout the waiver. MCAC members had questions regarding why Health Education for Consumer-Directed Care was being removed and the status of the waiting list. Sam explained that participants are given a list of services to choose from each time there is a change in their plan—Health Education for Consumer-Directed Care is one of the services. MCAC Member requested data/survey information from DDSN for feedback from HASCI participants indicating if the participants understand choice in the service package. Sam also explained the HASCI waiting list moves constantly and that slots have been added over the years. MCAC member asked how many slots were available and Sam stated he would get this information to them.

Sam Waldrep gave an update on Targeted Case Management (TCM). SCDHHS submitted nine State Plan Amendments (SPAs) in April to revise our coverage sections of the State Plan. TCM will go from a cost based reimbursement to a single market rate. The SPAs will change how services are delivered. Final approval of the SPA has not been received from CMS however SCDHHS entered Phase I on January 1, 2013. As we move through Phase I and Phase II, SCDHHS will implement a Prior Authorization (PA) process to standardize across the Medicaid program those that are medically necessary. SCDHHS is enrolling private providers because most State Agencies don't offer choice beyond their limited network.

John Supra presented a Power Point on Express Lane Eligibility (ELE), Eligibility Replacement Project and Primary Care Rate increase.

Express Lane Eligibility (ELE): ELE enrollment is on track. SCDHHS Completed initial conversion of ELE children. Approximately 63,000 children were enrolled and there were approximately 400 opt-outs. Some of the reasons for the opt-outs were beneficiaries had other insurance, moved out-of-state or just didn't want to enroll in Medicaid. SCDHHS ran Third Party Liability (TPL) checks on these children and approximately 1,600 were found with TPL. Over 8,500 have already selected a Managed Care Organization (MCO) or Medical Homes Network (MHN) which equals 13%. In February, SCDHHS will begin tracking utilization. The next wave of communication will start in March or April. SCDHHS will go region by region and to community groups; this is being planned now. MCAC member asked if SCDHHS will continue to do a match each month. John stated the match will continue until the application is automated.

Eligibility Replacement Project: SCDHHS is working on the process and procedures. Eligibility is shifting how we think about processes; a number of these are Affordable Care Act (ACA) change driven. The System will be user-experience driven instead of

user-centric, which will shift eligibility workers from moving paper to doing more Social Work. Replacing the MEDS system will free up the caseworkers time. SCDHHS has selected IBM Curam Social Program Management. This will lead to customization. If Federal rules change, IBM will be obligated to add those changes to the system. MCAC members had questions about how this system would link to Federally Facilitated Exchanges and The Benefit Bank. John answered their questions.

Primary Care Rate Increase: SCDHHS will implement Increased Medicaid Payments for Primary Care. We have tried to come up with the best approach to handle this. Providers who want to qualify for this have to attest starting January 18, 2013. SCDHHS is updating the MMIS system so the FFS rates are paid weekly. SCDHHS anticipates making the enhanced payments to qualified providers by March 2013 for FFS claims. Retroactive payments will be made to providers for dates of service beginning January 1, 2013. Capitated Payments: SCDHHS anticipates making its first payments to the MCOs for the enhanced payment late in the second quarter of 2013 (June). There is a one quarter lag on capitated payments. Roy stated the retroactive payments will take place only if they attest by February 28, 2013. MCAC members had questions regarding how Nurse Practitioners (NPs) would be paid and uniform (timing methodology). John, Roy and Bz answered these questions but Bz is going to follow up on the NPs question.

Melanie “Bz” Giese presented a Power Point on Screening, Brief Intervention, and Referral to Treatment (SBIRT), Birth Outcomes Initiative (BOI), Healthy Access at the Right Time (HeART) and supportive measures.

SBIRT: SBIRT data report as of December 1, 2012 gives the total number of SBIRT screenings as 5,787 and the total number of positive screens as 2,117 which is 37%. SCDHHS has the total number of SBIRT screenings as 5,787 however this information is incorrect; there have only been 1,951 reported screenings according to the MMIS reported SBIRT data. Some of the lessons learned from this data are that 1) outreach was completed by phone instead of Doctor or qualified person. This resulted in the screenings not being done; 2) Training materials were dropped off instead of completing the training; 3) not having appropriate provider office employees present at the trainings and 4) missed opportunities reported by provider offices. SCDHHS action steps have been to restructure monthly meetings with the health plans and create a communication forum for health plans to share training dates with state agencies. Additionally, SCDHHS is simplifying the referral form, re-evaluating communication collateral for medical staff and designing exam room posters. D&D sales team will meet with provider offices with highest incidence of low birth rate deliveries. This will begin January 21st. SCDHHS has identified successful provider practices in screenings and brief intervention and presented SBIRT data to Medical Directors for MCOs and MHNs.

BOI: There was a press conference on November 19, 2012 with Governor Nikki Haley and the March of Dimes. SC is the first state in the nation to collaborate with Blue Cross Blue Shield of SC to stop payment at the same time for elective, non-medically indicated deliveries prior to 39 weeks. There has been a 50% drop in number of elective deliveries in the State. A Medicaid bulletin was released in December for effective date January 1, 2013 for non-payment policy for non-medically necessary deliveries prior to 39 weeks. Race to the Date—SCDHHS created an incentive pool of \$1,000,000 with a maximum payout of \$200,000 to hospitals that achieve Baby-Friendly Hospital designation through Baby-Friendly USA by September 30, 2012. SCDHHS has received 17 letters of intent by hospitals to date. Phase II of BOI Initiative will begin January 16th. MCAC members had questions and comments about why Mothers and Pediatricians are not part of this incentive. Bz and Roy answered their questions.

HeART: All 28 CVS Minute Clinics have been enrolled as Medicaid providers. 21 of 90 individual Nurse Practitioners are enrolled and tied to group locations. This number is low because SCDHHS is working with so many national CEO's. Additionally, SCDHHS

is working with national leaders of CVS to complete enrollments; reminder that electronic signature is allowed, Web Tool billing and *Here, Not There* Communications strategy. *Here* meaning CVS and *Not There* meaning Emergency Room. MCAC members were concerned about SCDHHS' marketing strategy. Some members feel SCDHHS is marketing CVS. Bz and Roy addressed their concerns.

Community Health Workers: SCDHHS has moved quickly on this and has had lots of progress. A Medicaid bulletin posted in December for primary care practices to attend informational meeting held January 9th with RSVP required. There were over 40 practices/organizations that responded to the invitation and approx. 100 people attended. The grant application and evaluation criteria were e-mailed directly to attendees on January 11th and communicated on the SCDHHS website. The application deadline is Friday January 18th at noon. Twenty practices will be awarded the grant by March 1st and training for CHWs will begin March 18th. Midlands Technical College will implement a 6 week curriculum based on SC core competencies in four regional campuses. SCDHHS is working with Milliman to establish an incentive payment for MCOs who employ a CHW.

Free Clinics: A Statewide Free clinic interview was completed in December. SCDHHS was invited to present at the South Carolina Free Clinic Association statewide meeting. Rosa Clark Free Medical Clinic will present Oconee Hybrid Model established in 2012. They have been doing this Hybrid Model for a year. SCDHHS participated in the Governor's Original Six Foundation which held four leadership summits and health fair events. SCDHHS for the 1st time is completing comparative analysis of health data on Bamberg vs. Marlboro.

Roy Hess presented a Power Point on the Patient Centered Medical Home (PCMH) Incentive and Race to the Date Baby Friendly.

PCMH: SCDHHS is encouraging all PC practices to go into a Patient Centered Medical Home. There will be a financial reward for the number of Medicaid patients seen. The total package amounts to 16 million. Payments will be paid quarterly to the Health Plans based on certified enrollment counts from the Health Plans and verified through the number of PCMH practices NCQA certified. NCQA certified requires extended hours. There are four different payment levels. Payments were made for the 1st quarter, July, August and September. Approximately \$280,593 has been paid (\$248,604 to Physicians and \$31,989 to MCOs). There were 58 practices reimbursed and 156 Physicians reimbursed. MCAC member asked question about NCQA versus TJC. Roy stated NCQA is being used because TJC only uses 1 level. MCAC Member stated they would send Roy information on JACO. Roy stated Vicky Duckworth was recently hired and she will be working with providers. The goal is to increase the number of practices from 58 to a better number of practices.

Race to the Date Baby-Friendly: This initiative is promoting breast milk as the standard for infant feeding. A Medicaid bulletin was posted on December 18th. 18 hospitals submitted a letter of intent. The 43 birthing hospitals in the state will have to achieve Baby-Friendly hospital designation by September 30, 2013 to receive an incentive.

Ruth Johnson presented Power Point on the Fiscal Year 2013 budget and Governor's Proposed 2014 budget.

2013 Budget and Governor's Proposed 2014 Budget: 52.8% of the fiscal year has passed. Medicaid Assistance is at 49% of budget and is expended as of January 9th. SCDHHS had a slow start to releasing some contracts which delayed payments.

Meeting Adjourned

Next meeting scheduled for Tuesday, March 19, 2013 10:00AM to 12:00 PM