
**Medical Care Advisory Committee
November 13, 2013 Meeting Minutes****Present**

John Barber
Sue Berkowitz
William Bilton
Richard D'Alberto
Dr. Tom Gailey
Dr. Greta Harper
Alicia Jacobs
Bill Lindsey
Gloria McDonald
J.T. McLawhorn
Melanie Matney
Dr. Amy Picklesimer
Gloria Prevost
Crystal Ray
Dr. Lynn Wilson
Lathran Woodard

Not Present

Dr. Charles Darby, Jr.
Diane Flashnick
Chief Bill Harris
Lea Kerrison
Dr. Kashyap Patel
Jackie Richards
Tim Stuart
Dr. Caughman Taylor
Nathan Todd
Rhonda L. Johnson-White, PhD

The Chief of Staff welcomed members and provided agency updates.

John Supra presented a Power Point that included information on Enrollment, Express Lane Eligibility, MMIS Replacement Project, Eligibility (MEDS) Replacement Project, Member Services and Provider Services.

Enrollment: At the end of June there were 921,000 members enrolled in the program. At the end of September there were 934,154 members. FY 2013 projections are as follows: Average enrollment: 1,000,248; June 2013 Enrollment: 1,034,304 and member months: 12,002,977. MCAC member asked how many beneficiaries are in Family Planning and John said a little more than 70,000.

Express Lane Eligibility (ELE): ELE started in October 2012. There were about 63,000 children currently eligible for SNAP/TNAF that were not enrolled in Medicaid. Children are enrolled in FFS and then choose a managed care plan (MCO/MHN). Richland County was selected as a pilot program. 4,963 eligibility notices were mailed and 776 children have enrolled in a health plan or about 15%. John noted that as of today that had climbed to about 20%. There were 39 opt-outs (31 families) which is less than 1%. SCDHHS has hired Anton Brown to do local outreach. He has visited providers and community leaders in Richland County and receiving successful feedback. The last County's will be rolled out the end of this week. SCDHHS started outreach initiative with the community and this will continue after the initial push. SCDHHS will track when these children are receiving their wellness visits and MCO/MHN selections. MCAC members had questions regarding how beneficiaries are able to select a health plan. John and Roy answered their questions.

MMIS Replacement Project: SCDHHS discussed an MMIS replacement system and spent time doing a Request for Proposal (RFP); however the RFP was withdrawn. SCDHHS recognized the need for a system(s) for running primarily Managed Care program. SCDHHS is working with other states and CMS to find out what the system should look like and what the processes should be.

Eligibility (MEDS) Replacement Project: This is currently in procurement and SCDHHS is making progress working on this system with other states. We will be

replacing the core of the system to do MAGI based determinations and integrate with Federal Exchange. SCDHHS is also working with CMS to find out what the best processes are for a state choosing this option.

Member Services: Resource Call Center will be expanding hours from 5:00 pm to 7:00 pm. This will be take place by the end of the year or early next year. Quality Assurance program and customer satisfaction surveys are being formalized and Long-Term Care assessments are being integrated. Idea is to have Long-Term Care driven through the same system to distribute the nurses statewide.

Provider Services: There is a new Provider Enrollment process system in testing. SCDHHS is revising how we transition state agencies on provider enrollment. The Affordable Care Act (ACA) increased primary care rates which will be effective January 2013. CMS will be issuing guidance in the next few weeks. The ACA mandated EDI operation rules will be effective January 2013. SCDHHS will eliminate paper ECFs. South Carolina is one of few states still handling this by paper.

Melanie "Bz" Giese presented a Power Point that included information on Healthy Access at the Right Time (HeART), Birth Outcomes Initiative (BOI), and Screening, Brief Intervention, and Referral to Treatment (SBIRT). She also discussed the responsibilities of the new Donuts and Detailing (D & D) team.

HeART: CVS has 32 clinics and 120 Nurse Practitioner's (NPs) ready to enroll with Medicaid. Kroger has 0 but plans to expand into SC; Rite-Aid has 0, Target-no response; Wal-Mart 0 but interested in contracting out space and Wal-greens has 0 Take Care Clinics but plan 500 throughout U.S. in the next two years. 2012 Analytical Report: 3,000 phone call survey was conducted across the nation. There is 55% awareness.

Phase II HeART Initiative Community Health Workers: A survey of representative sample of primary care providers (PCPs) will be completed in two weeks. SCDHHS is finalizing requirements for certification and exploration of Medicaid reimbursement "grandfathering": and/or the allocation of credits toward accreditation through technical colleges. SCDHHS is also formalizing rollout of CHW initiative. 114 Surveys have been completed and there was good distribution of respondents across type, size, age and ownership. For Type, there are 34% (39) Family Practice; 16% (19) Internal Medicine; 18% (21) Pediatric and 3% (4) FQHC/RHC. Size ranged from small 1 physician practices to large practices with as many as 30 physicians. For Ownership: under half (45% were privately owned by one or more of the physicians and 43.9% are owned by a hospital or other corporation. Only 7 or 6% of the practices currently have a CHW. More than half of practices (67%) are interested (19% Yes; 48% maybe) in adding CHW to practice if additional funding is available. More than half of all these practices indicated that CHWs would be helpful in helping patients: make appointments, find transportation, understand health care actions, learn strategies for managing chronic disease, to understand and manage his/her prescriptions, with discharge, risk assessments and screenings. CHWs will also ID patients at risk for poor compliance. MCAC members had some questions about interviews with practices and corporations. MCAC member also asked if CHW could help w/ timeframe gap of seeing the provider. Bz stated this was a good idea and said outreach would be a way to achieve this.

SBIRT: An update was given on screenings through November. There have been a total of 4,649 SBIRT screenings. 39.3% of screenings were positive. 45.3% of the positive screenings required brief interventions to be performed. 39.5% of the mothers that received brief intervention refused referral. 86.4% of the mothers that received brief interventions were referred to another provider for further assistance. MCAC member asked if power point would be sent to members and Bz answered yes.

BOI: August 1, 2012 Medicaid bulletin was issued requiring billing modifiers to provide identification of gestational age, appropriateness of delivery and documentation for case reviews. Medicaid will require information modifiers on all delivery CPT codes effective

8/1/12. BCBS has required same modifiers with educational outreach to their physicians. SCDHHS and BCBS will announce same no payment policy first of 2013 for non-medically necessary deliveries prior to 39 weeks. South Carolina is the first state to implement this. BOI chart shows success of initiative. There has been a 70% reduction in early deliveries. On November 19th there will be a press conference with March of Dimes to announce success of this initiative. MCAC members had questions about quality of care and educating the beneficiary on Care Coordination. All these questions were answered by Bz Giese, Valeria Williams and Ana DeFede.

D&D Team: Bz stated the D&D team will be responsible for marketing Medicaid and will work with all projects in the Agency and work with other stakeholders.

Roy Hess gave a Power Point presentation that included information on DAODAS “Carve In” to MCOs, Foster Care Initiative and Withholds and Incentives.

DAODAS: This will improve health outcomes through integration of primary care and addictive disorder treatment services. On January 2012 SCDHHS signed an MOA with DAODAS to fund services through transfer of funds. The effective date of the “Carve In” will be January 1, 2013. DAODAS will be redesigned into six clinical bundled services; bundled services are different. 80% of services will be in one of six bundled services. DAODAS is being rolled out to the plans. MCAC members had questions regarding overlap of services and funding for uninsured individuals which Roy answered.

Foster Care: This has been a collaborative effort between DSS, SCDHHS and the health plans. The scope of this initiative is to implement a more comprehensive, care coordinated delivery model that promotes better access and improves health outcomes. Each foster child has a medical home and establishes a relationship with a primary care physician. The FC initiative will be implemented November 1, 2012. There has been training and communication with all stakeholders. 3,000 children have been enrolled as of November 1, 2012; 260 are not currently enrolled. DSS opted to choose a health plan. DSS interviewed all plans and chose one MHN and one MCO: First Choice by Select Health of SC (MCO) and SC Solutions (MHN). Some commitments for this initiative are: expedite eligibility and enrollment; access to a 24/7 Nurse, Behavioral Health line and Out of Network (OON) provider is reimbursed for services for 90 days. MCAC member had concerns re: legality of FC enrollment into coordinate care without a SPA and wanted to discuss this further—sees it as bad precedent. There were also questions regarding if any issues would arise from this initiative. These questions were answered by Roy.

Withholds and Incentives: This initiative will hold plans accountable and get more provider involvement. Plans are at risk on an annual basis. There are \$8 million in capitation in CY 2012 for Withholds; 10 HEDIS indicators in CY 2012; 16 HEDIS indicators in CY2013. Incentives have \$16 million in both CY2012 and CY2013. 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. Payments will be made quarterly to the health plans based on certified enrollment counts from the health plans. Roy also discussed Baby Friendly which promotes Breast feeding. MCAC member asked if the Withholds and Incentives information is on our website and Roy stated it is not on our website but that NCQA has information on this. Roy also stated this information will available in the bulletin when it is published.

Sam Waldrep provided an update on Targeted Case Management. TCM SPA was submitted and there are 9 different target populations. SCDHHS has been working with CMS on the approval of this SPA. The program side has been approved but SCDHHS is still working with CMS on reimbursement. Implementation date is January 1, 2013. MCAC member asked for more information on this and Sam said he would provide this information.

Jennifer Green gave an update on the FY 2013 Year to Date Expenditures. As of November 6, 2012 37% of the fiscal year had passed. As of November 6th, SCDHHS had spent 35% of its appropriation. 38% was spent on Coordinated Care.

Advisements presented by Melanie "Bz" Giese:

ACA Mandatory Enhanced Medicaid Rate for Primary Care Physicians (PCPs):

Section 1202 of the ACA requires state Medicaid agencies to reimburse certain physicians an enhanced rate for 24 months. Effective January 1, 2012 through December 31, 2014 provision requires states to pay primary care physicians for primary care services at a rate that is no less than 100% of the Medicare payment rate. Primary care physicians are defined as physicians with a primary specialty designation of family medicine, general internal medicine or pediatric medicine. Primary care services include those in the Evaluation and Management category under the Healthcare Common Procedure Coding System (HCPCS) used by Medicare, and services related to immunization administration for vaccines and toxoids. Medicaid managed care plans must make payments to physicians consistent with these minimum payment rates, regardless of the manner in which payments are made by the plans, including capitation payments. For the specified services, SC Medicaid will receive 100% federal funding for the difference between the payment rates required under the provision and the level of payment in effect on July 1, 2009. Regular federal matching applies for any payment amounts above the minimum requirement. External groups affected are Family Medicine, General Internal Medicine, and Pediatric Medicine Physicians.

Physician Assistants: SCDHHS will amend the State Plan to allow Physician Assistants (PAs) to bill under their individual NPI number for services permanent licensed physician assistants are authorized to perform which are medical acts, tasks, or functions within written scope of state licensed practice guidelines under physician supervision. Currently, SCDHHS will only reimburse PAs directly to the physician's practice for services rendered to Qualified Medicare Beneficiaries (QMBs). All other services are currently billed under the supervising physicians NPI number. External groups affected: Medicaid recipients, Physician Assistants and Physicians.

Barbiturate and Benzodiazepine coverage changes for Dual Eligibles under Medicare Part D plans: This will implement a SPA to exclude Medicaid coverage of barbiturates used in the treatment of epilepsy, cancer, or a chronic mental health disorder and benzodiazepines for full-benefit dual eligible individual who will be entitled to receive Medicare benefits under Medicare Part D drug coverage plans at that time. Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) amended section 1860D-2(e) (2) (A) of the Act to include barbiturates "used in the treatment of epilepsy, cancer, or a chronic mental health disorder" and benzodiazepines under Medicare Part D drug coverage for dual eligible individuals (Medicare/Medicaid). This exclusion of coverage applies only to dual eligible individuals.

There is a projected savings of \$755,372 total dollars. External groups affected: dual eligible individuals and Medicaid enrolled pharmacies.

Medicaid Electronic Health Records (EHR) Incentive Program to include

Optometrists: This will update State Plan to make Optometrists eligible professionals to participate in the Medicaid EHR Incentive program. The Medicaid EHR Incentive program provides for incentives for Eligible Professionals (EPs) who adopt, implement, or upgrade to certified EHR technology, or meaningfully use certified EHR technology. EP provider types include, among others, physicians (MD or DO). States are permitted the option to consider optometrist services (services of the type which an Optometrist is legally authorized to perform) as physician services where the State has specifically adopted the option of 1905(e) in the State Plan. Currently Optometrists are not eligible to participate in the S.C. Medicaid EHR Incentive program because the State Plan currently does not classify optometrist services as physician services. This SPA will

allow under special circumstance the treatment of adult optometrist services as physician services, and will allow Optometrists to be eligible for the S.C. Medicaid EHR Incentive program. External groups affected: Optometrists.

Advisements presented by Roy Hess:

Concurrent Care for Children in Hospice: Section 2302 of the ACA, entitled "Concurrent Care for Children" amends Sections 1905 (o) (1) and 2110 (a) (23) of the Social Security Act to remove the prohibition of receiving curative treatment upon the election of the hospice benefit by or on behalf of children enrolled in Medicaid or Children's Health Insurance Program (CHIP). This provision does not change the criteria for hospice; a physician must certify that the child is terminally ill, with a life expectancy of six months or less. However, this provision allows parents with children under the age of 21 receiving hospice services to no longer forgo any other services to which the child is entitled under Medicaid treatment of the terminal condition. Services rendered by a provider other than the hospice must be discussed and coordinated with the hospice provider. Additionally, children under 21 years of age who qualify for the Medicaid Hospice benefit may be simultaneously enrolled in other programs that provide supplemental services such as Home and Community Based Services Waiver (HCBS). External groups affected: All providers that serve Medicaid children (i.e. Hospice Providers, Community Long Term Care, Physician and Hospital Services, Pharmacy Services, OT, PT, and SP services, etc.)

Managed Care Excluded Services: MCO excluded services are currently carved-out and this SPA update is being made to reflect the current managed care policy. The effective date is October 1, 2012. The language under MCO excluded services for Institutional Long Term Care Facilities/Nursing will be changed from (after the first thirty (30) continuous days post-admission) to (after the first ninety (90) continuous days post-admission). Additionally, we are removing the language (Alcohol and Other Drug Abuse Treatment Services) to reflect (Mental Health Services authorized or provided by State Agencies). External groups affected: Health Plans and Beneficiaries

Quality Weighted Algorithm: The State intends to promote and further its mission by defining measurable results that will improve Medicaid MCO Member access and satisfaction, maximize program efficiency, effectiveness and responsiveness, and reduce operational and service costs. This will modify the enrollment selection process to reflect Quality Weighted Assignment Algorithm (QWAA) linked to a health plan's Overall Score on the Health Plan Report Card. The Report Card will be updated twice annually, in July and January. External groups affected: Health Plans and Beneficiaries.

Chief of Staff mentioned that some MCAC members' terms are expiring in January and that they will be notified and asked if they would like to continue their service.

Director Keck opened the floor to any questions or concerns. MCAC members had questions regarding the ACA and the expansion.

Meeting Adjourned

Next meeting scheduled for Tuesday, January 15, 2013 10:00AM to 12:00 PM