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**Medical Care Advisory Committee  
March 19, 2013 Meeting Minutes****Present**

John Barber  
Sue Berkowitz  
William Bilton  
Diane Flashnick  
Dr. Greta Harper  
Alicia Jacobs  
Lea Kerrison  
Bill Lindsey  
Gloria McDonald  
J.T. McLawhorn  
Melanie Matney  
Dr. Amy Picklesimer  
Gloria Prevost  
Jackie Richards  
Tim Stuart  
Dr. Lynn Wilson

**Not Present**

Richard D'Alberto  
Dr. Charles Darby, Jr.  
Dr. Tom Gailey  
Chief Bill Harris  
Rhonda White-Johnson, Ph.D  
Dr. Kashyap Patel  
Crystal Ray  
Dr. Caughman Taylor  
Nathan Todd  
Lathran Woodard

The Chief of Staff welcomed members and mentioned we are still recruiting for new MCAC members.

The Director discussed Medicaid moving to a new location and asked if anyone opposed to this action; there were no oppositions. He also mentioned that he would be speaking in Rock Hill tonight and said information about this meeting would be available for those interested in attending. There was discussion about an article regarding mortality in America written by David A. Kindig and Erika A. Cheng. The Director referenced the MAP on page 454 and 455. Three new SCDHHS Medical Directors were introduced: Dr. William Jennings, Jr (Trip), Dr. Michael Musci, Jr and Dr. Philip Mubarak. There was discussion about the SCDHHS budget and the Privo to the budget which some people refer to as the "Obama alternative". MCAC Member asked a question about the Medicaid expansion that initiated a lengthy discussion.

**Advisements presented by Peter Liggett:****Deletion of Integrated Personal Care (IPC) from State Plan/Development of the Optional Supplemental Care for Assisted Living Program (OSCAP)/Amendment of the Community Choices Waiver to include a new service for residents residing in**

**Assisted Living Facilities:** IPC has been a covered service in the SCDHHS State Plan since 2002. The intent of the program was to provide enhanced reimbursement for residents living in assisted living facilities that require a higher degree of personal care assistance. CMS notified SCDHHS that the IPC service was out of compliance since it was not available to all eligible Medicaid recipients, and restricted provision to ones who live in assisted living facilities. SCDHHS is in the process of transforming the Optional State Supplementation (OSS) program to the OSCAP program utilizing all state funds to continue to provide the enhanced payment. SCDHHS will utilize a similar level of care criteria that was used in the IPC program for medical necessity and similar provider requirements to assure quality of care. Prior authorizations will be completed on all new OSS applicants starting July 1, 2013. Existing OSS residents will be evaluated over the next two years. Any Medicaid resident who meets the nursing home level of care may

be added to the CLTC Community Choices waiver and receive waiver service while in the facility if the waiver amendment to add this new service is approved by CMS. The waiver amendment will be submitted to CMS in March 2013. External Groups Affected: CRCF providers. MCAC member asked if this program would tie into "Money Follows the Person"; Pete answered no.

**DDSN Waiver Amendments** SCDHHS intends to add case management as a service to the following waivers: Intellectual Disabilities/Related Disabilities (ID/RD), Community Supports (CS), and Head and Spinal Cord Injury (HASCI) and to amend the case management services in the Pervasive Developmental Disorder (PDD) waiver. At the direction of CMS, SCDHHS is in the process of transforming the Medicaid Targeted Case Management (MTCM) service to bring it into compliance with federal requirements. This effort is being accomplished through a comprehensive State Plan Amendment and state policy changes. As part of the efforts to reconfigure MTCM, strict adherence to the core federal definition of MTCM has been emphasized. The definition includes four basic components: Assessment; care planning; referral and linkage; and monitoring and follow up. For persons enrolled in a 1915 (c) home and community-based waiver, case management is a vital function for these individuals, who often have multiple care needs and utilize a number of services as a part of their care plan to remain safely in the community. In addition, there are a number of assurances that the State has to make to CMS in the administration of its waivers. Assurances, like the protection of health and welfare for waiver consumers, translates into additional responsibilities for case managers. Currently, persons enrolled in the ID/RD, CS and HASCI waivers receive case management through MTCM state plan service; case management is currently a service in the PDD waiver. SCDHHS proposes to amend the ID/RD, CS and HASCI waivers to expand the core definition of the MTCM to include additional functions associated with the waiver requirements. The amendments are being finalized and the expectation is to submit the amendments to the ID/RD and CS waivers later this spring. Additionally, an amendment to the PDD waiver will be filed to standardize the case management service to be consistent across the four SCDDSN operated waivers. External Groups Affected: Waiver consumers and providers of case management services.

Deputy Director Peter Liggett presented on the following:

**Coverage of Incontinence Supplies:** Waiver amendments are still pending approval from CMS for the removal of incontinence supplies as a waiver service. A process has been developed in MMIS to pay claims and report them to the home health line. Also a process has been developed to allow persons not in a waiver to receive supplies. Incontinence supplies are the key to keeping people in the community and SCDHHS is trying to do just that. The overall financial impact is unknown but SCDHHS could see a savings from this.

**TCM Update:** SCDHHS' use of TCM has drifted from original intent. TCM was a place to put any service that didn't fit in a State Plan service. CMS has given clear direction on what TCM is. By the summer SCDHHS will start PA process for TCM and this will be an in house process. SCDHHS talked about having KePRO do the PAs but it would be too large of a project.

Michael Jones, Director of Eligibility Enrollment and Member Services Management presented on the following:

**Enrollment and Express Lane Eligibility (ELE) update:** SFY2013 Projections are as follows: June 2013 enrollment 1,050,057; member months: 12,187,596. Preliminary-YTD February 2013: Enrollment is at 999,660 (2.9% under projection) and member months are at 7,811,299 (2.4% under projection). ELE statistics: 62,656 children were enrolled via ELE. 17,000 ELE children have already used services in FFS and approx. 10,000 children have chosen an MC plan. The Director mentioned that our measure of

success is not the number of kids in an MCO or accessing services but the number of well-child visits. SCDHHS wants to look at the number of ELE children that have had a well-child visit. MCAC member asked how SCDHHS is ensuring children are receiving the EPSDT Services and how these children initially access care; Michael answered these questions.

**Primary Care Rate Increase:** Primary Care Rate increase implementation date was January 1, 2013. The self-attestation started January 18<sup>th</sup> and has been extended until April 19<sup>th</sup> per CMS guidance that the attestation period has to be at least 90 days. The first payment is scheduled for May for FFS and capitated payments will be paid in June 2013.

Melanie "Bz" Giese, Deputy Director of Office of Medical Services, presented on the following:

**Birth Outcomes Initiative (BOI):** In Phase I there was a 50% reduction in early deliveries. Phase II of BOI initiative was introduced February 2013. There are 18 hospitals trying to achieve Baby-Friendly Hospital designation through Baby-Friendly USA by September 30, 2012 to receive \$1,000,000 incentive. H codes identified by the provider for the screenings are H002 and H004. There has been a 7% reduction in Low Birth Weight (LBW) deliveries, but this is a small sample of practices involved. 28 of 32 OB/GYN providers with the highest number of LBW deliveries have been personally visited by the D & D team to revisit SBIRT and H code utilization. MCAC member commented that SCDHHS should try to get the message out because it is not a priority in some offices. MCAC member asked if Bz was the contact person and she answered yes.

**Health Access at the Right Time (HeART):** There is a media event scheduled for April 5<sup>th</sup> in Columbia with CVS Minute Clinic President Sussman and Director Keck to do a walk-through of the clinic. 38 of 90 Nurse Practitioners are enrolled. SCDHHS received proviso date from CMS of March 31<sup>st</sup> to have all NP's enrolled. After hours codes will be effective April 1<sup>st</sup>. The hours will be defined in the Medicaid bulletin. MCAC Member stated they tried the after hours and found there was not a lot of participation. Director Keck stated a lot of information can be found by watching usage codes and stated a survey was completed on why the ER was so widely used and one of the main reasons was doctors were not available after hours.

**Community Health Workers (CHWs):** There is a total of 17 Primary Care Practices, including 2 FQHCs and RHC, from each region that are represented. Training by Midlands Technical College will begin April 1<sup>st</sup>. Training will be full time for six weeks. Reimbursement for individual or group will be effective June 1<sup>st</sup>. Data will be collected and tracked.

**OBESITY:** SCDHHS, in partnership with DHEC, DSS and multiple state agencies, is helping address the Obesity epidemic. SCDHHS will be submitting a State Plan Amendment to CMS. Dr. Burton is leading a collaborative effort with a group of doctors to address obesity in pediatrics, adolescents and adults. MCAC member stated the USC School of Public Health and School of Social Work are working on a project that is looking at how to make foods available; looking at hunger as primary. Bz stated it would be great to involve both of these entities on this initiative. MCAC Member asked if a non-surgical Bariatric provider would be involved. Bz answered no but stated she would look into this. MCAC Member stated there is a non-surgical Bariatric provider in his practice that could be contacted.

**Request for Proposal (RPF) Update:** SCDHHS will be holding open forums to invite the public to receive input on the administration and management of the Medicaid programs. The first open forum was held Friday, March 15<sup>th</sup> for the Dental RFP. The SC Dental Association was notified in advance of this meeting. The Transportation RFP will host two open forums; the second open forum will occur April 15<sup>th</sup>. The Vision RFP will not procure, but carving into Managed Care rates effective January 1, 2014. MCAC

member asked if an open forum could be held for Vision; Bz answered yes. The Pharmacy RFP will have an open forum but the date is pending. MCAC Member asked what was the Pharmacy RPF and Bz answered the question.

Roy Hess, Deputy Director of Managed Care presented on the following:

**Payment Incentives Update:** Patient Centered Medical Home (PCMH) Incentives are to improve health outcomes. Vicky Duckworth is working with the health plans, NCQA, and BCBS with the idea of developing an electronic application template. \$525,000 has been paid to the health plans. The plans are responsible to pay the providers. There have been 76 practices reimbursed and after review of the federal regulations, FQHCs and RHCs have been included. MCAC member asked if Enhanced Primary Care was incorporated and Roy stated no this is a separate program.

**Health Plans Transitioning:** United Healthcare was acquired by Wellcare and currently has 52,985 members. The transition from United HealthCare to Wellcare will occur by September 1, 2013. SCDHHS will convert Primary Care Case Management (PCCM) models to MCOs. South Carolina Solutions currently has 151,588 members and transitioning to MCO will begin October 1, 2013. Palmetto Physician Connections/Advicare currently has 16,593 members and transitioning to MCO will begin August 1, 2013. There is a Project Team task list to deal with all the issues involved when transitioning. MCAC Member had questions regarding the impact on Medically Complex children and if FFS would be an option; these questions were answered by Director Keck and Deputy Director Roy Hess.

Beth Hutto, Interim Deputy Director of Finance and Administration presented the following:

**Update on Year to Date Budget:** Beth discussed the budget numbers for SCDHHS Medical Assistance and SCDHHS Other Health programs. The medical contracts are running a surplus due to delays in completing contracts. Also operating expenses are currently over due to the recent payment toward a new eligibility system.

Michael Collisi, Director of Pursuits of Excellence presented the following:

**Governor's Executive Order 2013-02 for Regulatory Review:** The Governor's Executive Order was filed February 12, 2013. A taskforce has been created to develop a report that evaluates SC's current regulatory burdens on all sizes and types of businesses in SC and will propose recommendations to relieve those burdens. The report due date is November 15, 2013. Each Agency will identify its current and proposed statutes, rules, regulations, and policies that are a burden on SC's economy using certain guidelines. A report is due May 15, 2013 providing detailed recommendations to repeal or amend any provisions that unduly burden businesses and employers. SCDHHS has assigned an agency task force, identified all statutes, rules regulations and policies, assigned internal business owners, posted info to SCDHHS website, completed provider announcement, completed association newsletters/listserv, updated MCAC and will hold public forums (North Charleston April 9, 2013; Spartanburg April 10, 2013 and Florence April 11, 2013).

Next meeting scheduled for Tuesday, May 21, 2013 10:00AM to 12:00 PM