

**Medical Care Advisory Committee (MCAC)
November 15, 2016
SCDHHS, 1801 Main Street, Columbia, South Carolina 29202
10:00AM-12:00PM**

I. Welcome by Agency Director

II. Advisements

- PRTF Reimbursement
- SCDMH Nursing Facility Rate Increase
Jeff Saxon, Program Manager, Finance and Administration

- Former Foster Care – Coordinated Care
- Transportation Carve-In
Deirdra Singleton, Deputy Director, Office of Health Programs

- Pharmacy Reimbursement (Fee-For Service)
- Medicaid Class-Specific MCO Carve-Out
Bryan Amick, Pharmacy Director, Office of Health Programs

- Renewal of the Community Supports (CS) Home and Community Based Waiver Program
Peter Liggett, Deputy Director, Long Term Care and Behavioral Health

III. SCDHHS Deputy Updates

Erin Laughter, Program Manager, Long Term Care and Behavioral Health Services

- EPSDT Website

Kelly Eifert, Program Manager, Long Term Care and Behavioral Health Services

- Statewide Transition Plan

Deirdra Singleton, Deputy Director, Office of Health Programs

- Marketing

Michael Jones, Program Manager, Eligibility, Enrollment, and Member Services

- Eligibility, Enrollment, and Member Services (EEMS)
- Family Planning Only Application Process

Heather Tucker, Program Manager, Planning and Budgets

- FY 2017 Year to Date Budget

IV. Public Comment

V. Closing Comments

VI. Adjournment

**Medical Care Advisory Committee
August 16, 2016 Meeting Minutes**

Present

Susan Alford
John Barber
Cindy Carron
Richard D'Alberto
Dr. Tom Gailey
Amy Holbert
Bill Lindsey
J.T. McLawhorn
Melanie Matney
Maggie Michael
Dr. Amy Crockett
Gloria Prevost
Dr. Jennifer Root
Lathran Woodard

Not Present

Sue Berkowitz
William Bilton
Diane Flashnick
Chief Bill Harris
Tysha Holmes
Lea Kerrison
Dr. Kashyap Patel
Crystal Ray
Dr. Keith Shealy
Dr. Lynn Wilson

The Director gave a high-level overview which included discussion on the following topics: Budget, Managed Care Contracts and MMIS System. He made the following announcements at the end of the meeting: 1) Kathy Bass is the permanent Chief Financial Officer; 2) the next MCAC meeting is scheduled for November 15th; and 3) the draft 2017 schedule of MCAC meeting dates will be available soon.

Jeff Saxon (Program Manager, Finance and Administration) presented on the following advisements:

- Nursing Facility Rate Updates Effective October 1, 2016 - There were no questions regarding this advisement.
- SCDMH Community Mental Health Clinic Service Rate Updates – There were no questions regarding this advisement.
- Non-State Owned Governmental Long Term Care Psychiatric Hospital Rate Update – There were no questions regarding this advisement.
- Rotary Air Ambulance Rate – There were no questions regarding this advisement.
- FFY 2017 DSH Program – There were no questions regarding this advisement.

Lori Risk, Program Manager, Eligibility, Enrollment, and Member Services (EEMS) presented on the advisement regarding Medicaid and CHIP coverage of Financially Eligible Children and Pregnant Women: The following questions were asked:

- 1) How many women will be affected by this?

Answer: SCDHHS does not have an exact number but there is at least a couple of hundred per year.

2) Does this cover Pregnant Women of any age?

Answer: It does include Pregnant Women of any age including Pregnant Women that are minors.

3) Will LARCs still be covered?

Answer: Yes

Peter Liggett (Deputy Director, Long Term Care and Behavioral Health Services) presented on the advisement regarding the Psychiatric Residential Treatment Facility (PRTF) Carve-In. There were no questions regarding this advisement.

Byron Roberts, (General Counsel, Office of General Counsel) gave an update on the new CMS guidance regarding the Public Notice process. The following question was asked:

1) Will this be effective immediately?

Answer: No, because CMS has not developed their website yet. SCDHHS will continue to publish notices in the newspapers until CMS is ready.

Kelly Eifert, (Project Manager, Office of Long Term and Behavioral Health Services) gave an update on the South Carolina Home and Community Based Services (HCBS) Statewide Transition Plan. There were no questions regarding this update.

Jim Coursey, (Chief Information Officer, Information Management) gave an update on Provider Revalidation. The following questions were asked:

1) How can an individual verify their own status?

Answer: An individual can call the Provider Service Center and get their status verified.

2) What's the worst case scenario if providers are not revalidated?

Answer: Currently 7,920 specialty providers have not revalidated. SCDHHS is tracking through revalidation to see if there are any dead zones. Based on analysis, the top three providers not responding are Individual Physicians, General Medical and Medical Professionals.

3) Are you seeing a loss of coverage in the analysis?

Answer: SCDHHS has not seen a loss of coverage due to providers not revalidating. SCDHHS will continue to monitor through September.

4) Have the MCO's been contacted about provider revalidation?

Answer: SCDHHS has kept the MCOs abreast of provider revalidation. SCDHHS has been aggressive with outreach efforts over the last few months.

5) Can the names of the Doctor's not revalidated be shared?

Answer: Yes

Jim commented that it takes on average 30 days for the revalidation process to be completed. There is not a lock out if providers do not get revalidated; they can reapply to come back into the program.

Beth Hutto (Deputy Director, Office of Eligibility, Enrollment and Member Services) gave an update on Eligibility, Enrollment, and Member Services (EEMS). The following questions were asked:

- 1) When patients move to Family Planning do they maintain their MCO plan or move to Fee-For-service?
Answer: Individuals are moved to Fee-For-Service.
- 2) How long do they remain in Fee-For-Service?
Answer: There is no average time.
- 3) Can an individual stay on Family Planning indefinitely?
Answer: Yes
- 4) What are the expected targets/goals to get SCDHHS caught up with the backlogs?
Answer: SCDHHS has developed the Escalation team and there have been system and technology improvements.
- 5) If a Pregnant Woman needs Medicaid after delivery will she have to complete a new application?
Answer: SCDHHS' system looks at the individual's income and automatically enrolls them in Family Planning or keeps them in full benefits if they remain eligible as a Parent Caretaker Relative or through another full-benefit eligibility category.
- 6) Is anyone looking at an electronic interface to send more data to the appropriate places?
Answer: SCDHHS has added four or five data-sharing agreements with other agencies. SCDHHS can only do what is allowed by Federal Government. There are also concerns over the quality of data available through external sources and whether it is suitable for use in making eligibility determinations.
- 7) Are the sponsored workers gone?
Answer: Some sponsored workers have remained in place and some have not. For instance, in some cases, facilities have asked SCDHHS to withdraw eligibility workers.
- 8) Is SCDHHS thinking about bringing back the sponsored workers?
Answer: Many outstationed workers remain in place at off-site facilities; SCDHHS continues to review the effectiveness of these placements – in consultation with the hosting entities – on a case-by-case basis.
- 9) Is there a contact for the Escalation Team?
Answer: Beth stated to send her and Michael Jones an email and they will provide the contacts.

Heather Tucker (Program Manager, Planning and Budgets) gave an update on the Access to Care Report. The following question was asked:

- 1) Will there be a breakdown on provider types?
Answer: There will be some sections that will have this information.

Heather also gave an update on the 2016 Year-End budget. The following question was asked:

- 1) Are there any concerns about the low utilization of the Checkup?
Answer: The additional screenings continue to be covered; however, there is not a lot of interest for individuals to do the additional screenings if there are limited referral paths for them afterwards. The overwhelming majority of individuals are receiving traditional Family Planning services and have not shown an interest in using the enhanced screenings.

Meeting Adjourned

Next Meeting scheduled for November 15, 2016 10:00 a.m. to 12:00 p.m.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: October 20, 2016

SUBJECT: Psychiatric Residential Treatment Facility (PRTF) rate methodology update effective July 1, 2017.

OBJECTIVE: To update the SC Medicaid PRTF rate setting methodology as well as the Medicaid per diem reimbursement rates for all contracting PRTFs.

BACKGROUND: Many years have passed since the SCDHHS last rebased Medicaid PRTF reimbursement rates (July 1, 1989). During the last rebasing effort, the Department was required by the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) to develop an “all-inclusive” payment rate that would include payment for both the core PRTF facility services as well as all psych and non-psych related ancillary services due to the IMD exclusion. To further complicate the issue, the state matching funds required to fund PRTFs were spread among several state agencies and thus made it extremely difficult to provide for annual rate adjustments. The last rate increase provided to SC Medicaid PRTF rates occurred for dates of service beginning on and after November 1, 2013.

As part of the Department’s initiative to carve in the PRTF program under the SC Medicaid Managed Care Program, we have committed to update the PRTF provider payment rates based upon base year 2015 cost report data. The Department will determine a payment rate for core PRTF facility services only and all non-psych ancillary service costs (including both psych and non-psych drugs) will be carved out of the PRTF rate based upon guidance received from CMS dated November 28, 2012. Additionally, the Department plans to apply a minimum state wide average occupancy rate during the rate setting process and provide for a hold harmless provision for those PRTFs that reflect a rate reduction due to factors other than the carve out of ancillary service costs. And finally, a trend factor will be applied to the payment rates.

BUDGETARY IMPACT: Annual aggregate Medicaid expenditures are expected to increase by approximately \$1.5 to \$1.6 million (total dollars).

EXPECTED OUTCOMES: Medicaid recipient access to PRTFs is expected to be maintained or improved.

EXTERNAL GROUPS AFFECTED: All contracting PRTF facilities and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for the rate setting methodology update as described above as well as updated PRTF provider rates.

EFFECTIVE DATE: For services provided on and after July 1, 2017.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advise ment**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: October 20, 2016

SUBJECT: State owned governmental nursing facilities rate update effective October 1, 2016.

OBJECTIVE: To update the Medicaid per diem reimbursement rates for the four nursing facilities owned by the South Carolina Department of Mental Health (SCDMH) based upon the most recent cost report data available and the application of a trend factor.

BACKGROUND: The Medicaid per diem rates of the SCDMH nursing facilities in effect prior to October 1, 2016 were last updated November 1, 2013 based upon the fiscal year end June 30, 2012 cost reports. Therefore to account for the operating cost increases experienced by the nursing facilities owned by SCDMH since the last rate update, the Medicaid per diem rates have been updated based upon the fiscal year end June 30, 2015 cost reports and the application of a trend factor.

BUDGETARY IMPACT: Annual aggregate Medicaid expenditures are expected to increase by approximately \$4.7 million (total dollars). Because SCDMH provides the state matching funds for this service, there is no fiscal impact to the South Carolina Department of Health and Human Services.

EXPECTED OUTCOMES: Medicaid recipient access to state owned nursing facilities is expected to be maintained or improved.

EXTERNAL GROUPS AFFECTED: SCDMH nursing facilities and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for a rate update for state owned governmental nursing facilities owned by the SCDMH based upon the use of the June 30, 2015 cost report and application of a trend factor.

EFFECTIVE DATE: For services provided on and after October 1, 2016.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Deirdra T. Singleton

PRESENTED BY: Deirdra T. Singleton

DATE: November 15, 2016

SUBJECT: Former Foster Care – Coordinated Care

OBJECTIVE: To amend the State Plan to add former foster care youth (individuals under age 26 who were in foster care in South Carolina at the age of 18) to the list of eligibility groups that will be mandatorily enrolled in coordinated care.

BACKGROUND: Pursuant to Section 2004 of the Affordable Care Act, effective January 1, 2014, states were required to provide full Medicaid eligibility to former foster care youth who were in foster care at age 18 and receiving Medicaid benefits. Recognizing that this vulnerable population has many health care needs, including physical and mental, SCDHHS believes their health care needs would be addressed best in an integrated delivery system.

BUDGETARY IMPACT: The budgetary impact would be minimal, as these youth are currently enrolled in Medicaid.

EXPECTED OUTCOMES: Better service delivery and care coordination of Medicaid services to these beneficiaries.

EXTERNAL GROUPS AFFECTED: Former foster care youth, managed care plans

RECOMMENDATION: Amend State Plan Attachment 3.1-F, Page 5, D. 1. Eligible Groups, to add:

xii. Individuals under age 26 who were in foster care in South Carolina at age 18 and receiving Medicaid.

EFFECTIVE DATE: On or after July 1, 2017

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Deirdra T. Singleton

PRESENTED BY: Deirdra T. Singleton

DATE: November 15, 2016

SUBJECT: Managed Care Organization (MCO) Administered Non-Emergency Medical Transportation (NEMT); Modify State Plan to comply with federal NEMT requirements.

OBJECTIVE: To amend the State Plan to include NEMT as a service that will be provided under the coordinated care model for all Medicaid beneficiaries enrolled in a managed care plan; and to modify Attachment 3.1-A to comply with federal NEMT requirements.

BACKGROUND: Pursuant to federal regulations, state Medicaid agencies are required to provide NEMT for Medicaid beneficiaries to covered health care services when the beneficiary has no other means of transportation. Currently, SCDHHS contracts with a broker to administer its NEMT program for beneficiaries enrolled in managed care and fee-for-service, using a network of transportation providers.

SCDHHS recognizes the benefits of integrated health care delivery by managed care organizations (MCO). By including the NEMT services in coordinated care, this aligns the incentives for better health care outcomes with the entity that will also be responsible for consequences of missed appointments that could lead to poor health outcomes. MCOs will be responsible for ensuring their members receive both health care services and transportation to those services.

Secondly, SCDHHS will update Attachment 3.1-A of the State Plan to ensure compliance with federal transportation requirements under the broker model. Beneficiaries not enrolled in coordinated care will continue to receive transportation under the FFS NEMT Broker model.

BUDGETARY IMPACT: SCDHHS expects any budgetary impact to be minimal and would be limited to any potential differences in the MCO and broker administrative rates.

EXPECTED OUTCOMES: Better coordination of health care and transportation services, resulting in reductions in missed appointments and improving health outcomes.

EXTERNAL GROUPS AFFECTED: All Medicaid beneficiaries enrolled in a managed care plan, managed care plans, and Medicaid providers

RECOMMENDATION: To amend the State Plan to include NEMT services as a service provided under the coordinated care model; to amend Attachment 3.1-A to comply with federal regulations

EFFECTIVE DATE: On or after January 1, 2018

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advise ment**

PREPARED BY: Bryan Amick

PRESENTED BY: Bryan Amick

DATE: November 15, 2016

SUBJECT: Pharmacy Reimbursement (Fee-for-Service)

OBJECTIVE: To align pharmacy reimbursement with the requirements of the Covered Outpatient Drug final rule (CMS-2345-FC).

BACKGROUND: The Covered Outpatient Drug final rule (CMS-2345-FC) requires that Medicaid programs establish a “fairer” pharmacy reimbursement system. Specifically, this final rule is designed to ensure that pharmacy reimbursement is aligned with the acquisition cost of drugs and that Medicaid programs pay a professional dispensing fee.

Currently, SC Medicaid determines the reimbursement rate for prescription medications using an industry standard benchmark to determine a medication’s estimated acquisition cost (EAC). With this final rule, CMS requires that SCDHHS transition to one of several methodologies that uses invoice prices obtained from pharmacies to calculate an “actual” acquisition cost (AAC). SCDHHS proposes achieving this through the development of a South Carolina AAC, which will incorporate invoice prices and other pricing data available in the public domain, and supplement that data with pricing information obtained from South Carolina pharmacies.

The need for an increased dispensing fee arises primarily from concerns that the resulting AAC will be less than the current EAC as states make this transition. To ensure that overall pharmacy reimbursement remains sufficient to sustain the current level of network access, SCDHHS proposes changing the dispensing fee from the current rate of \$3.00 to whatever amount is necessary to make the adoption of AAC cost neutral in the aggregate.

For the purposes of medications purchased through the 340B program, SCDHHS proposes the development of a parallel 340B AAC, using the same methodology as described above, to establish medication specific reimbursement rates for medications purchased through the 340B program.

EXPECTED OUTCOMES: Budget neutral compliance with CMS-2345-FC) that maintains the current level of pharmacy access.

EXTERNAL GROUPS AFFECTED: Pharmacy providers.

RECOMMENDATION: Establish a SC AAC and SC 340B AAC for the purposes of determining pharmacy reimbursement. With the implementation of the AAC-based reimbursement, make such changes to the dispensing fee as to achieve no impact on aggregate, net payments to pharmacy providers.

EFFECTIVE DATE: On or after April 1, 2017

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advise ment**

PREPARED BY: Bryan Amick

PRESENTED BY: Bryan Amick

DATE: November 15, 2016

SUBJECT: Medicaid Class-Specific MCO Carve-Out

OBJECTIVE: To modify the State Plan to allow for the carve-out of certain medication classes to facilitate greater purchasing power and an overall savings to the Medicaid program.

BACKGROUND: SCDHHS supports the integrated delivery of care by the managed care organizations within the South Carolina Medicaid market. As such, the pharmacy benefit, along with other essential aspects of member care, are included in the package of services provided by the MCOs. However, there are rare occasions when the provisions of the Medicaid Rebate Program and the supplemental rebates available to SCDHHS create a strong incentive for SCDHHS to manage specific drug classes.

EXPECTED OUTCOMES: To allow for MCO carve-out and the resulting collection of supplement rebates for those instances where a tremendous financial advantage exists for the Medicaid program and no foreseeable negative clinical consequences exist.

EXTERNAL GROUPS AFFECTED: Medicaid members, pharmacy providers, managed care plans.

RECOMMENDATION: Modify Attachment 3.1F, page 13, Item L to include:

Outpatient Covered Drugs in those cases where SCDHHS has determined that the medication or medication class has been carved out of the MCO benefit.

EFFECTIVE DATE: On or after October 1, 2016

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advise ment**

PREPARED BY: Michelle Abney

PRESENTED BY: Dr. Pete Liggett

DATE: November 15, 2016

SUBJECT: Five-year waiver renewal of the Community Supports (CS) home and community-based waiver program.

OBJECTIVE: Revise the waiver program to address the following proposed operational and service delivery changes:

- Increase the number of people served through the waiver;
- Revise the Medicaid ICF/IID Level of Care criteria to clarify the developmental period for intellectual disability is prior to age 22;
- Address the CMS Final Rule requirements;
- Update the Performance Measures for quality improvement;
- Update the Respite service provider qualifications to expand provider availability;
- Revise the annual individual average cost cap amounts;
- Per CMS direction establish new Consultation services for the Vehicle Modifications and Assistive Technology/Appliances services;
- Update the entrance requirements to require Medicaid Eligibility to be placed on the waiting list, and add language for Military Personnel per state legislation.

BACKGROUND: The CS waiver program was implemented in 2009 as a means to provide a system of care that will prevent and/or delay institutionalization for individuals with intellectual and/or related disabilities. The program offers a variety of home and community-based services and is appropriate for individuals who have minimal needs that can be met within an established annual budget limit. The waiver program currently serves 2,716 individuals.

BUDGETARY IMPACT:

- DDSN will have responsibility for the state match portion of service costs.
- Projected waiver expenditures for SFY 17-18 are approximately \$66M to serve 5,800 individuals, and would be permitted to increase to as much as \$110M in SFY 21-22 to serve 8,500 individuals. These are “not-to-exceed” figures that could be amended in the future”.

EXPECTED OUTCOMES:

- More individuals served
- Compliance with federal requirements for day service settings and person centered planning
- Improved compliance monitoring related to updated performance measures.
- Improved Respite service availability through expansion of provider options

EXTERNAL GROUPS AFFECTED:

- Waiver participants
- Waiver service providers
- County Disability and Special Needs Boards
- Qualified Private Providers
- SCDDSN

RECOMMENDATION: Submit waiver renewal application to CMS for approval

EFFECTIVE DATE: July 1, 2017 – June 30, 2022

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Website

Erin Laughter, LMSW

South Carolina Department of Health and Human Services
SCDSS Liaison/EPSDT Director

Nov. 15, 2016



EPSDT Background

- EPSDT is a benefit for children under the age of 21 who are enrolled in Medicaid.
- The goal of this benefit is to ensure that children under the age of 21 receive age-appropriate screening, preventative services, and treatment services that are medically necessary to correct or ameliorate any identified conditions.
- States have an affirmative obligation to make sure Medicaid-eligible children and their families are aware of EPSDT and have access to required screenings and necessary treatment services

Purpose of EPSDT Website

- Create a “storefront” for EPSDT, specifically for fee-for-service requests that come through various avenues.
- Provide education and outreach materials for members and families, providers and agency staff.
- Direct members enrolled in managed care to their health plan when there are questions related to EPSDT.
- Make a user-friendly, easy to navigate site where families and providers can get information.

SOUTH CAROLINA

Healthy Connections

MEDICAID

EPSDT
EARLY PERIODIC SCREENING,
DIAGNOSIS, & TREATMENT

[ABOUT](#)

[FOR MEMBERS AND FAMILIES](#)

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For Early Periodic Screening, Diagnosis, and Treatment

Early Periodic Screening, Diagnosis and Treatment, or EPSDT, is the Medicaid's program's benefit that covers checkups and health care services for children from birth until age 21 to detect and treat health problems. EPSDT checkups are free for all children and youth who have Healthy Connections Medicaid.

Often referred to as a well-check or well-child checkup, EPSDT finds children with actual or potential health problems and screens, diagnoses and treats the problems before they become permanent, lifelong disabilities. EPSDT also offers preventive health services to Healthy Connections Medicaid beneficiaries under 21 years old; it includes the regular health checkup, the EPSDT screenings as part of a well-child checkup and EPSDT special services should a referral to a specialist be needed.

EPSDT is key to ensuring that children and youth receive appropriate dental, mental health, neurological and specialty services, as soon as possible.

What is EPSDT?

For Members and Families

Resources

For Providers

Do you have a question?
Contact us.

EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time and in the right setting.

Contact Information

Erin Laughter, LMSW
Program Manager

South Carolina Department of Health and Human Services
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<https://msp.scdhhs.gov/epsdt/>

Home and Community-Based Services (HCBS) Rule – South Carolina Statewide Transition Plan

Kelly Eifert, Ph.D.

Project Manager, Long Term Care & Behavioral Health

November 15, 2016



South Carolina's Plan - Timeline

- Status Update
 - Feb. 26, 2015: SC Statewide Transition Plan first submitted to CMS
 - Several revisions since then:
 - Sept. 25, 2015
 - Feb. 4, 2016
 - March 31, 2016
 - Most recent revision:
 - Public notice & comment August 17 – October 7, 2016
 - Submission to CMS on October 28, 2016
 - Received “Initial Approval” of plan by CMS on Nov. 4, 2016
 - Systemic Assessment process and changes approved by CMS (even with changes still pending)
 - Settings Assessment not complete; process may require refinement and/or more detail in STP
 - Next step: “Final Approval” of plan by CMS
 - Final compliance date: March 17, 2019

Office of Health Programs

Deirdra Singleton

Deputy Directory, Office of Health Programs

November 15, 2016



**POLICY and PROCEDURE GUIDE
For
MANAGED CARE ORGANIZATIONS**

12.0 Marketing Program

12.1 General Marketing Requirements

The MCO shall be responsible for developing and implementing written Marketing plans for all proposed Marketing activities. The Marketing plan shall include details identifying the target audiences, marketing strategies to be implemented, marketing budget, and expected results.

All Marketing Materials must contain the South Carolina Healthy Connections logo and the SC Healthy Connections Choices toll-free number. The MCO and Healthy Connections logos and associated phone numbers must be proportional in size and location. The Marketing plan and all related accompanying materials are governed by 42CFR § 438.104 and the information contained within this P&P Guide. Should an MCO require additional guidance or interpretation, it should consult with the SCDHHS. The MCO shall ensure that all written Marketing materials are written at a grade level no higher than the sixth (6th) grade (6.9 on the reading scale) or as determined appropriate by SCDHHS.

MCOs are required to make available written information in each prevalent non-English language. Foreign language versions of Materials are required if the population speaking a particular foreign (non-English) language in a county is greater than five percent (5%) percent. If counties are later identified, SCDHHS will notify the MCO. These materials must be approved, in writing, by SCDHHS. Affidavits of accuracy and reading level compliance by a professional translation service must accompany all foreign language translations and be submitted with the approval request.

Marketing Materials include, but are not limited to the following:

- Brochures
- Fact sheets
- Posters
- Videos
- Billboards
- Banners
- Signs
- Commercials (radio and television ads/scripts)

- Print ads (newspapers, magazines)
- Event signage
- Vehicle coverings (buses, vans, etc.)
- Internet sites (corporate and advertising)
- Social media sites (such as, but not limited to Facebook, Twitter, blogs)
- Other advertising media as determined by SCDHHS

12.2 Prior Approval of Marketing Materials

For all cites in Section 12.2, please refer to the contract for all requirements between MCO and SCDHHS.

For all cites in Section 12.2.2, please see Marketing guidelines below.

For all cites in Section 12.2.3 through Section 12.2.3.1, please refer to the contract for all requirements between MCO and SCDHHS.

12.3 Social Media Activities

MCOs are permitted to use social media. All social media sites must receive approval from SCDHHS before launching. All new, previously unapproved, content for social media marketing messages, as defined by C.F.R. § 438.104, must be preapproved by SCDHHS. If the messages were already approved by SCDHHS on other marketing materials, they may be used for social media and do not require additional approval.

Health and wellness messages and third-party educational materials do not need approval by SCDHHS.

Once MCOs submit the proper written notification for conducting, sponsoring, or participating in Marketing activities and events, the MCO may post about the activity/event before, during, and after the activity/event but must adhere to the C.F.R and SCDHHS marketing policies and procedures in their messaging.

Standard template responses to social media inquiries are considered scripts and must receive approval from SCDHHS.

If a MCO's parent corporation has a social media presence, any messaging to promote SC-specific Medicaid events or messages are subject to SCDHHS approval and/or the SCDHHS Policy and Procedures Guide for Managed Care Organizations.

MCOs should include this disclaimer language on all social media sites, "The views

and opinions expressed on this site are those of [INSERT MCO NAME HERE] and do not necessarily reflect the official policy or position of the South Carolina Department of Health and Human Services, nor any other agency of the State of South Carolina or the U.S. government.”

MCOs will consult with their legal team and appropriate parties regarding PHI protections, proactive messaging, and responses on social media.

All social media requests and submissions should be submitted via SharePoint. SCDHHS will respond to requests within five business days.

12.4 Guidelines for Marketing Materials and Activities

All SCDHHS Marketing policies and procedures stated within this guide apply to staff, agents, officers, Subcontractors, volunteers, and anyone acting for or on behalf of the MCO.

Violation of any of the listed policies shall subject the MCO to sanctions, including suspension, fine, and termination, as described in the contract between SCDHHS and the MCO. The MCO may appeal these actions within 30 calendar days in writing to the SCDHHS' Appeals Department.

The MCO's Marketing plan shall guide and control the actions of its Marketing staff. In developing and implementing its plan and materials, the MCO shall abide by the following Policies:

A. Permitted Activities

1. The MCO is allowed to offer nominal “give-a-way items” with a fair market value of no more than \$10.00; with such gifts being offered regardless of the Beneficiary’s intent to enroll in a plan. “Give-a-away items” may not be for alcohol, tobacco, or fire arms. Cash gifts of any amount, including contributions made on behalf of people attending a Marketing event, gift certificates or gift cards are not permitted to be given to Beneficiaries or the general public. “Give-a-way items” containing logos must receive prior approval by SCDHHS.
2. Any claims stating that the MCO is recommended or endorsed by any public or private agency or organization, or by any individual, must receive prior approval by SCDHHS and must be certified in writing by the person or entity that is recommending or endorsing the MCO.
3. The MCO is allowed to directly and/or indirectly conduct Marketing activities in a doctor’s office, clinic, pharmacy, hospital or any other place where health care is delivered, with the written consent of the Provider. This also includes government facilities, such as local offices of the South Carolina Department of Health and Human Services, the Department of Social Services, the Department of Health and Environmental Control, Head Start and public schools. The use of government facilities is only allowed with the written

permission of the government entity involved. Any stipulations made by the Provider or government entity must be followed (e.g., allowable dates, times, locations, etc.).

4. All Marketing activities shall be conducted in an orderly, non-disruptive manner and shall not interfere with the privacy of Beneficiaries or the general community.
5. The MCO may provide approved Marketing and educational Materials for display and distribution by Providers. This includes printed material and audio/video presentations.
6. Upon request by a Medicaid Beneficiary, Marketing representatives may provide him or her with approved Marketing Materials.
7. MCOs must notify SCDHHS of all sponsorships; however no approval is required. MCO sponsorships are not required to include the Healthy Connections logo on the third-party host organization's materials, even if the MCO's logo is on the materials.

B. Activities Which Are Not Permitted

1. The MCO is prohibited from Marketing activities that can reasonably be interpreted as intended to influence the Beneficiary to enroll in that particular MCO or either to not enroll in, or to disenroll from, another MCO.
2. When conducting Marketing activities, the MCO shall not assist a person in enrolling in a health plan.
3. The MCO (and any Subcontractors or representatives of the MCO) shall not engage in Marketing practices or distribute any Marketing Materials that misrepresent, confuse, or defraud Medicaid Beneficiaries. The MCO shall not misrepresent or provide fraudulent misleading information about the Medicaid program, SCDHHS and/or its policies.
4. The MCO may not directly or indirectly engage in door-to-door, telephone, email, text, or other cold call Marketing activities. Cold call Marketing activities are defined as any unsolicited personal contact by the MCO with a potential enrollee for the purposes of Marketing.
5. The MCO is prohibited from comparing their organization/plan to another organization/plan by name.

Beneficiary Marketing Education Materials

The SCDHHS and/or its designee will only be responsible for distributing general MCO Marketing Materials developed by the MCO for inclusion in the SCDHHS enrollment package to be distributed to Medicaid Beneficiaries. The SCDHHS at its sole discretion will determine which materials will be included.

Marketing Events and Activities

Written notice to SCDHHS is required prior to MCOs conducting, sponsoring, or participating in Marketing activities. Written approval from SCDHHS is not required; however, should any activity be denied by SCDHHS, written notice of the denial must be forwarded to the plan via e-mail.

All marketing activities are to be submitted through SharePoint using the Marketing Activities Submission Log. Notification of all activities must include the date, time, location and details. Submissions must be made to SCDHHS no later than noon (12 PM Eastern Time), four (4) business days prior to the scheduled event. South Carolina state holidays are excluded from being counted as a business day.

When conducting Marketing activities, the MCO may not initiate contact with members of the public or Beneficiaries, but may respond to contact initiated by the public or Beneficiary.

SCDHHS reserves the right to attend all Marketing activities/events. The MCO must secure the written permission of the business or event sponsor to conduct Marketing activities (this satisfies the "written Prior Approval" requirement of the MCO Contract) and make this document available to SCDHHS if requested. (Facsimile copies are acceptable.)

MCOs may conduct Marketing activities at events and locations including, but not limited to health fairs, health screenings, schools, churches, housing authority meetings, private businesses and other community events. The MCO may also be a participating or primary sponsor of a community event. The MCO may not present at employee benefit meetings.

Marketing Material Submission

Marketing materials should be uploaded to the MCO's SharePoint site in the PR and Member Material Review library. All files submitted should have the following standard naming convention:

Document Labeling: Plan Code + Date of 1st submission + Type-Sequence #

Plan Code: ATC (Absolute Total Care), Advicare (AD), BC (BlueChoice Medicaid), Molina (MO), Select Health (FC), WellCare (WC)

Date: MMDDYYYY

Type: M=Member, P=provider, PR=Marketing Material

Appending Type: S=Spanish

Initial Member Material Submission:

Example: ATC-01182015-M-1

Example Definition: Absolute Total Care member material submission on 1/18/2015 initial submission.

Resubmissions:

Plan Code + Date of 1st submission + Type-Sequence#.Version #

Example: ATC-01182015-M-1.1

Example Definition: Absolute Total Care member material submission on 1/18/2015 1st resubmission.

Spanish Material:

Plan Code + Date of 1st submission + Type-Sequence # + Appending
Type.Version#

Example: ATC-01182015-M-1-S.2

Example Definition: Absolute Total Care Spanish member material submission on 1/18/2015 1st resubmission.

Eligibility, Enrollment, & Member Services

Michael Jones

Program Manager, Eligibility, Enrollment, and Member Services

November 15, 2016



EEMS Updates

STAFFING

- Continuing to operate 3 shifts of eligibility workers
- Creating large processing center in Columbia
 - Soliciting space and hiring managers currently
 - Counties offices will continue to focus on walk-in customers as first priority
- Implemented new Senior Eligibility classification creating career ladder for retaining veteran staff and attracting new staff with future opportunities
 - Staff will process cases and assist with training, policy assistance, and backup supervisor
- Escalation team currently hiring team lead liaisons assigned to Hospitals within their Regions
 - 7 staff onboard and completed MAGI training
 - 13 additional staff in hiring process

OPEN ENROLLMENT

- Federal Marketplace opened November 1st

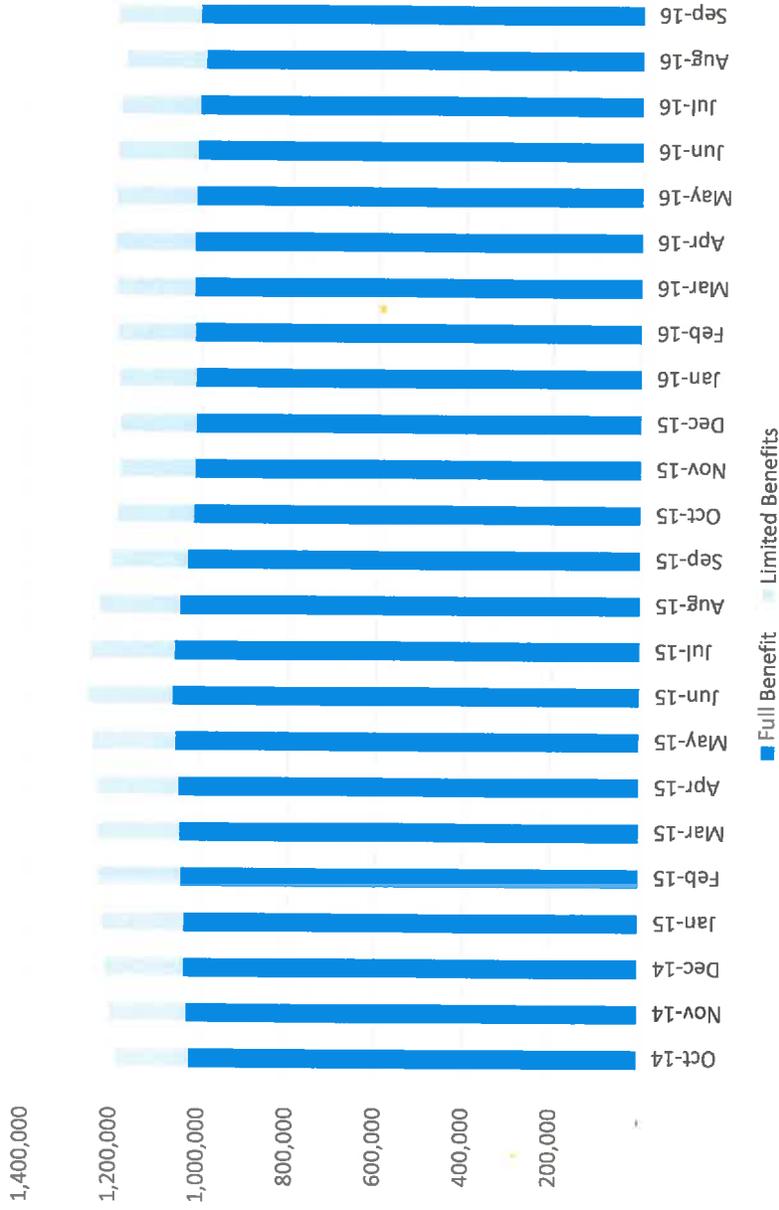
Trends in Medicaid Enrollment

**September 2016
full benefit
enrollment:
1,006,000**

**September 2016
limited benefit
enrollment:
191,000.**

**September
Annual Review
match rate: 52%**

Enrollment 2014-2016



Family Planning

Michael Jones

Program Manager, Eligibility, Enrollment, and Member Services

November 15, 2016

Update: “Family Planning Only” Option

- “Family Planning Only” Option delayed to current quarter
 - Family Planning Only Application
 - Revised policies and procedures
- No change in benefits
- State Plan Amendment and Family Planning Only Application to CMS by end of 2016
- Bulletin will be released to providers prior to implementation

Planning and Budgets

Heather Tucker
Program Manager, Planning and Budgets
August 16, 2016



Appropriation/Authorization to Year to Date Actual Spending
FY 2017 YTD (Through September)

Budget by Major Program and Spending Purpose	FY 2017 Appropriation/ Authorization	FY 2017 YTD	Remaining from Approp./Auth.	% Expended	Variance Notes
SCDHHS Medicaid Assistance					
Coordinated Care	2,782,794,766	703,471,119	2,079,323,647	25%	
Hospital Services	589,968,675	129,670,640	460,298,035	22%	
Disproportionate Share	534,426,681	180,366,480	354,060,201	34%	Payment timing
Nursing Facilities	601,773,489	149,444,697	452,328,792	25%	
Pharmaceutical Services	112,057,272	30,340,468	81,716,804	27%	
Physician Services	112,725,665	23,568,410	89,157,255	21%	
Community Long-term Care (CLTC)	167,127,233	54,767,107	112,360,126	33%	Community Choices census higher than budget
Dental Services	153,838,899	37,284,657	116,554,242	24%	
Clinical Services	68,693,191	9,973,496	58,719,695	15%	Under Appropriation due to the change in FQHC Wrap Payments-These now show in the Coordinated Care line
Transportation Services	93,529,609	20,045,970	73,483,639	21%	
Medical Professional Services	29,122,949	6,783,386	22,339,563	23%	
Durable Medical Equipment	26,729,368	8,505,998	18,223,410	32%	Cost per person higher than budgeted
Lab & X-Ray Services	13,507,079	3,668,841	9,838,238	27%	
Family Planning	19,098,788	4,465,194	14,633,594	23%	
Hospice	15,385,817	3,317,333	12,068,484	22%	
Program of All-Inclusive Care (PACE)	13,774,387	3,401,451	10,372,936	25%	
EPSDT	4,545,484	1,177,827	3,367,657	26%	
Home Health Services	14,119,678	3,605,254	10,514,424	26%	
OSCAP	8,172,575	1,949,830	6,222,745	24%	
Optional State Supplement (OSS)	21,487,464	5,121,145	16,366,319	24%	
Premiums Matched	233,423,443	52,630,074	180,793,369	23%	
MMA Phased Down Contributions	90,511,992	22,491,639	68,020,353	25%	
Premiums 100% State	20,381,833	4,497,526	15,884,307	22%	
Children's Community Care	20,112,688	4,728,716	15,383,972	24%	
Behavioral Health	200,299,533	27,262,533	173,037,000	14%	Under Appropriation due to carving-in RBHS services 7/1/16
Total SCDHHS Medicaid Assistance	\$ 5,947,610,538	\$ 1,482,539,951	\$ 4,465,070,587	25%	
SCDHHS Other Health Programs					
Disabilities & Special Needs (DDSN)	667,461,871	152,900,600	514,561,271	23%	
Education (DOE)	59,361,413	3,807,100	49,554,313	7%	State agency claims tend to come in late in FY; Under Appropriation due to carving-in RBHS services 7/1/16
Health & Environmental Control (DHEC)	6,218,799	2,008,103	4,210,696	32%	Higher utilization than budgeted in all areas except family planning
Medical University of SC (MUSC)	43,207,182	10,082,487	33,124,695	23%	
Mental Health (DMH)	136,491,177	17,249,822	119,241,355	13%	Under Appropriation due to carving-in RBHS services 7/1/16
University of South Carolina (USC)	9,228,490	2,653,225	6,575,265	29%	
Other Entities Funding	62,493,361	12,164,428	50,328,933	19%	Timing of Supplemental Teaching Payments
State Agencies & Other Entities	\$ 978,462,293	\$ 200,865,765	\$ 777,596,528	21%	
SCDHHS Operating Expenditures					
Personnel & Benefits	72,885,070	19,563,760	53,321,310	27%	
Medical Contracts	307,774,025	22,468,114	285,305,911	7%	Contracts issued annually, spend weighted towards end of year
Other Operating Costs	47,545,227	6,409,361	41,135,866	13%	Projected to spend less than budgeted
Total SCDHHS Operating Expenditures	\$ 428,204,322	\$ 48,441,235	\$ 379,763,087	11%	
Total Budget - Annual Budget Appropriation	\$ 7,354,271,153	\$ 1,741,846,951	\$ 5,612,424,202	24%	

*Variances explained when more than 5% above or below 25% of annual appropriation.