

Medicaid Advisory Council (MAC) Meeting Agenda

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Agenda

Date: Feb. 11, 2025 Time: 10 a.m.-12 p.m. Location: WebEx

Topic	Presenter	
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1. Director's Welcome	Eunice Medina, Interim Director	
2. MAC Bylaws	Shadda Winterhalter, Strategic Initiatives Specialist	
3. Medicaid Enrollment	Lori Risk, Bureau Chief, Eligibility, Enrollment and Member Services Policy and Contracts	
4. Advisement: Pediatric HIV Clinics		
5. Advisement: Update to Prior Authorization Requirements for Out-of-state Providers	Margaret Aleurine Chief of Delian	
6. Advisement: Consolidated Appropriations Act Youth Re- entry Requirements	Margaret Alewine, Chief of Policy	
7. Policy Updates		
8. Federal Grant: Innovations in Behavioral Health	Melanie Hendricks, Director of Behavioral Health	
9. Federal Grant: Transforming Maternal Health	Jordan Desai, Acting Deputy Director of Programs	
Closing Comments		
Adjournment		

Thank you for participating in the Medicaid Advisory Council.

The meeting will begin shortly.





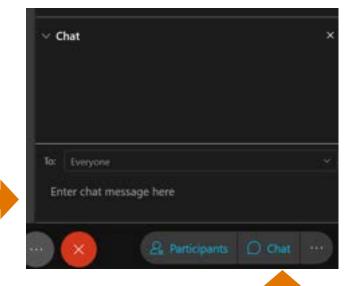
Medicaid Advisory Council (MAC) Feb. 11, 2025

The meeting will begin shortly.
Microphones are muted.
All cell phones are silenced.

Thank you for participating in the MAC meeting.

Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption.
- MAC 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

Eunice Medina, Interim Director



Medicaid Advisory Council - Bylaws

Shadda Winterhalter, Strategic Initiatives Specialist

MAC Bylaws (Effective Feb. 11, 2025)

Purpose

- Advise the South Carolina Department of Health and Human Services (SCDHHS) on optimizing Medicaid services
- Focus on improving healthcare for the vulnerable populations
- Provide recommendations on Medicaid program policies, operations and cost-efficiency

Membership

- Council members appointed for 1-year non-consecutive terms.
- It includes representation from consumer groups, health care providers, Medicaid MCOs and state agencies.
- Council members may be replaced if unable to complete their term.



MAC Bylaws (cont.) (Effective Feb. 11, 2025)

Meetings

- Meetings held quarterly either in-person, virtual or hybrid.
- Public participation is allowed with advance notice.

Public participation

- Citizens may attend meetings and submit requests to speak.
- Presentations limited to two minutes and total public participation is 15 minutes.

Amendments

 By-laws may be amended by the Medicaid director, with member consultation.

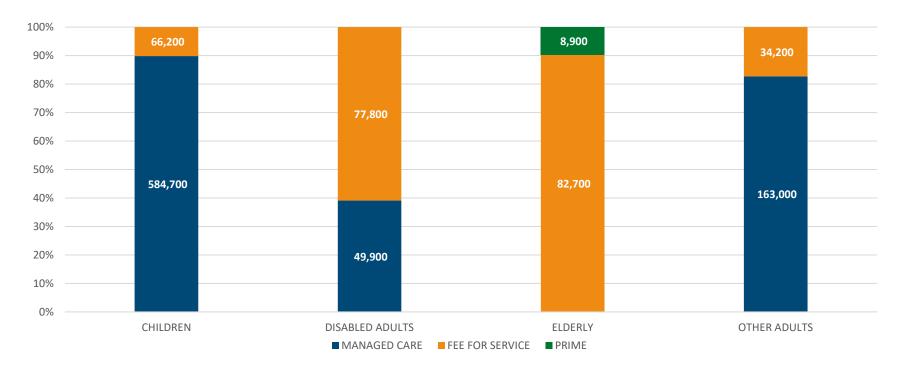




Medicaid Enrollment

Lori Risk, Bureau Chief Eligibility, Enrollment and Member Services Policy and Contracts

Full-benefit membership by Population (as of Dec. 31, 2024)



Total Full Benefit Enrollment: Approx. 1.07 million





Advisement: Pediatric HIV Clinics

Margaret Alewine, Chief of Policy

Background

- SCDHHS will amend the South Carolina Title XIX State Plan to update the Outpatient AIDS Pediatric Clinic (OPAC) services reimbursement methodology and update the name to Pediatric HIV Clinic (PHC).
- SCDHHS is making this change to support access to care, standardize reimbursement and improve Medicaid members' health outcomes.
- PHCs provide specialty care, consultation and counseling services for Medicaid members under 21 years of age at risk for or with HIV.

Proposed Changes

- Effective on or after July 1, 2025, SCDHHS will amend the South Carolina Title XIX State Plan to update the OPAC services reimbursement methodology and update the name to PHC.
 - PHCs will be reimbursed for services as a set of all-inclusive rates
- These changes will move the reimbursement of these services from contractual agreements to the SCDHHS fee schedule and align the name of the clinics with current medical terminology.



Proposed Changes

Budgetary Impact

• SCDHHS anticipates a budgetary impact of \$30,500 (total dollars).

Effective Date

• On or after July 1, 2025

Public Comment

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





Advisement: Update to Prior Authorization Requirements for Out-of-state Providers

Margaret Alewine, Chief of Policy

Background

• SCDHHS will amend the South Carolina Title XIX State Plan to clarify the policy for prior authorization requirements for members placed or referred to an out-of-state provider.

Proposed Changes

- Effective on or after April 1, 2025, SCDHHS will amend the South Carolina Title XIX State Plan to clarify the prior authorization requirements for when a Healthy Connections Medicaid member is placed or referred to an out-of-state provider.
- The change clarifies for referrals out-of-state the referring physician must obtain prior approval before services rendered out-of-state are reimbursed.

Budget Impact and Effective Date

Budgetary Impact

No budget impact.

Effective Date

• On or after April 1, 2025



Public Comment

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





Advisement: Consolidated Appropriations Act Youth Re-entry Requirements

Margaret Alewine, Chief of Policy

Background

- SCDHHS will amend the South Carolina Title XIX State Plan to meet mandatory requirements set forth in the Consolidated Appropriations Act, 2023, aimed at facilitating community reintegration for incarcerated youth.
- States are required to suspend rather than terminate Medicaid for:
 - Adjudicated youth committed to a juvenile facility, and
 - Individuals who were formerly in foster care between ages
 19 and 26 who are incarcerated.



Background

- States are required to collaborate with carceral entities to cover targeted services for this population prior to and after release from juvenile justice facilities, state prisons, and local jails, which includes provision of:
 - Diagnostic and screening services
 - Behavioral health, medical and dental screenings that are required under Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
 - > Timeline
 - 30 days prior to release -or-
 - Within seven days of release -or-
 - As "soon as practicable" post-release
 - Targeted case management including referrals to services
 - > Timeline
 - 30 days prior to their release -and-
 - For at least 30 days following release



Implementation

- SCDHHS has completed an operational plan outlining steps for full implementation that will occur by Jan. 1, 2026.
 - South Carolina Department of Juvenile Justice and the South Carolina Department of Corrections will be primary entities with populations of adjudicated youth.
 - Local jails/detention centers are also subject to this requirement. However, their population is generally preadjudicatory.

Budget Impact and Effective Date

Budgetary Impact:

No budgetary impact for FY2025.

Effective Date:

• On or after Jan. 1, 2025.



Public Comment

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





Policy Updates

Margaret Alewine, Chief of Policy

Policy Update Bulletins

- Updates to Interaction Between Medicaid HCBS Waiver Programs and the Hospice Benefit
 - MB# 24-072
- Updates to Telehealth Flexibilities Issued During the COVID-19 Public Health Emergency
 - MB# 24-070





Federal Grant: Innovations in Behavioral Health

Melanie Hendricks, Director of Behavioral Health

About the Grant

- South Carolina is one of four states awarded an eight-year grant through the Centers for Medicare and Medicaid Services' (CMS) Innovation Center to implement the Innovation in Behavioral Health (IBH) model.
- The IBH model aims to test a value-based payment approach that enables behavioral health practices to integrate behavioral health care with physical health care and health-related social needs (HRSN).

About the Grant (cont.)

IBH Objectives and Intended Outcomes

OBJECTIVES •



Improve care quality and health outcomes for people with moderate to severe BH conditions, including mental health (MH) conditions and/or substance use disorders (SUDs).



Support BH practices to provide integrated, person-centered care in a BH setting, working with other providers as part of an **interprofessional care management team** to address beneficiaries' BH and PH needs as well as HRSNs.

INTENDED OUTCOMES -



Enhanced quality and delivery of whole person care



Increased access to BH, PH, and HRSN services



Improved health and equity outcomes



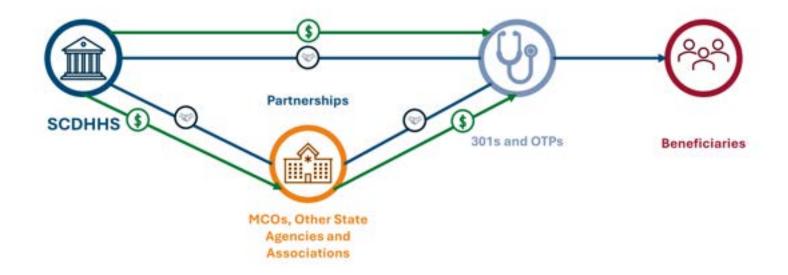
Fewer avoidable emergency department and inpatient visits



Strengthened health information technology (IT) systems capacity



About the Grant (cont.)





About the Grant (cont.)

Model Timeline

The IBH Model will run for 8 years total, including a 3-year pre-implementation and 5-year implementation period.

Key Activity	Timing
State recipient pre-implementation period	Q4 2024 - Q3 2027
Practice participant enrollment period	Q4 2025 - Q3 2028
Practice participant pre-implementation period	Q4 2025 - Q3 2027
Implementation period (state recipients and practice participants)	Q4 2027 - Q3 2032

^{*}Timelines are subject to change.





Federal Grant: Transforming Maternal Health

Jordan Desai, Acting Deputy Director of Programs

About the Grant

- South Carolina is one of fifteen states awarded a ten-year grant through the CMS to implement the Transforming Maternal Health (TMaH) Model.
- The TMaH model is designed to focus exclusively on improving maternal health care for people enrolled in Medicaid and Children's Health Insurance Program (CHIP) through a whole-person approach to pregnancy, childbirth, and postpartum care. The model focuses on addressing the person's physical, mental health and social needs during pregnancy.

Model Timeline

TMaH model's approach to maternal health includes a Pre-Implementation Period focused on tailored, state-specific technical assistance (TA) that will prepare SMAs to successfully implement the care delivery interventions and payment methods in the Implementation Period.

Pre-Implementation Period (Model Years 1-3)

January 2025 - December 2027

Combines technical and financial support to SMAs and their partners to advance the TMaH delivery and payment model. All SMAs will:

- Identify managed care plans if applicable, maternal health providers and supports, and community-based organizations (CBOs) to receive TA and infrastructure funds from TMaH, which will begin in Model Year 3
- Receive TA as needed for required model elements and state-specific assistance for any optional elements they choose
- Be required to submit quarterly reports that detail progress on model implementation and specific operational activities

(Model Years 4-10)

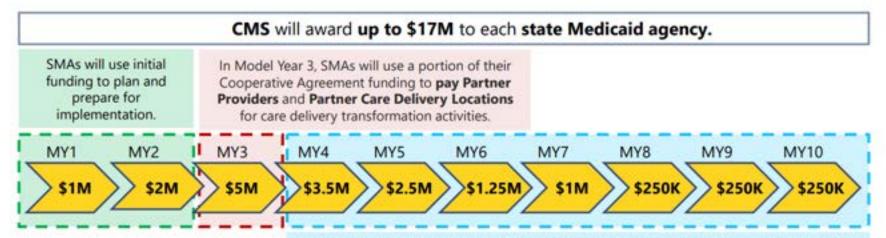
January 2028 - December 2034

Builds on the TA to SMAs, managed care plans, providers and CBOs during the Pre-Implementation Period to achieve the key payment reforms and interventions they developed in state-specific value-based alternative payment models.

- > SMAs may implement aspects of the model regionally or statewide
- In Model Year 4, providers will receive incentive payments for reaching select quality and patient safety benchmarks
- Beginning in Model Year 5, SMAs will begin to implement their state-specific, valuebased alternative payment model



Funding Cadence



In Model Year 4, SMAs will implement their Quality and Cost Performance Incentive Payment approach. Partner Providers and Partner Care Delivery Locations may earn a percentage of a provider's total Medicaid payments for pregnancy-related services for TMaH Model-attributed patients. By the end of Model Year 5, SMAs will implement a sustainable, value-based payment arrangement.

Award amounts may vary based on factors such as the size and needs of Medicaid and CHIP populations to be served by the Model, as well as the overall scope of project as described in the application. All awards are subject to availability of funds. Annual budgets are subject to negotiation, and the maximum funding amounts listed in the graphic above are not guaranteed.



TMaH in South Carolina

Anchor Partner Innovation Partner TMaH Steering Committee **AIM Implementation** Provider Infrastructure





