SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Henry McMaster GOVERNOR
Robert M. Kerr DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

Medical Care Advisory Committee (MCAC)
Meeting Agenda

Agenda		
Date: August 13, 2024	Time: 10 a.m.-12 p.m.	Location: WebEx

Topic	Presenter
1. Director's Welcome	Robby Kerr, SCDHHS Director
2. Medicaid Enrollment and Redeterminations	Lori Risk, Bureau Chief, Eligibility, Enrollment and Member Services Policy and Contracts
3. Advisement: Changes to Third Party Liability	Rebecca Esslinger, Director, Third Party Liability
4. Advisement: Nursing Facility Rate Update	Brad Livingston, Chief Financial Officer
5. Advisement: Psychiatric Collaborative Care Model	Melanie Hendricks, Director, Behavioral Health
6. Advisement: Intensive Outpatient Programs and Partial Hospitalization Programs	
7. Update: Neuropsychological Testing and Examination Codes	
8. Advisement: Cost-sharing	Margaret Alewine, Bureau Chief, Policy
9. Policy Updates	
10. Federal Rule Update	Shadda Winterhalter, Strategic Initiatives Specialist
Closing Comments	
Adjournment	

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Medical Care Advisory Committee
May 14, 2024, Meeting Minutes

Present
Graham Adams
John Barber
Sue Berkowitz
Maggie Cash
Dr. Thompson Gailey
Amy Holbert
Michael Leach
Bill Lindsey
JT McLawhorn
Tricia Richardson
Amanda Whittle

Not Present
Dr. Amy Crockett
Chief Brian Harris
Constance Holloway
Tysha Holmes
Melanie Matney
Dr. Kashyap Patel
Loren Rials
Dr. Keith Shealy
Rebekah Spannagel
Lathran Woodard

Director's Welcome

SCDHHS Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their participation. He noted the budget for next year is not final yet. Implementation of the programs and services the agency is presenting today is dependent on the budget being fully funded. If the agency does not receive its full budget request, it will have to prioritize these items and implement as many as funding will allow and try to add the other services in the next fiscal year.

Medicaid Enrollment and Redeterminations

Eligibility, Enrollment and Member Services (EEMS) Chief of Policy and Process Lori Risk presented an update on the annual eligibility review process that restarted April 1, 2023. She reviewed the annual review dashboard located on the agency website and went over Medicaid's net enrollment and application trends.

The following questions were asked.

1. What is the current form return rate? Also, what is the benchmark for autorenewal rate?
    a. The agency responded the return rate is 34% for the 90-day return period and almost 41% when you add the grace period. The agency stated above 50% is a good number. This is one of the things we are continuing to look for additional ways to automate and opportunities to find additional available data to help automatically renew eligible members' Medicaid coverage.

Advisements and Updates

Advisement: Retroactive Payment Rates for Intermediate Care Facilities/Individuals with Intellectual Disabilities

An overview of the advisement was provided by Chief Financial Officer Brad Livingston.

There were no questions or comments.

Advisement: SC Department of Disabilities and Special Needs (SCDDSN) Early Intervention (EI) Medicaid Rate Updates

An overview of the advisement was provided by Brad Livingston.

There were no questions or comments.

Supplemental Teaching Physician (STP) Payment Program Update

An update on the STP payment program was provided by Brad Livingston.

There were no questions or comments.

Advisement: Autism Spectrum Disorder Services

An overview of the advisement was provided by Chief of Policy Margaret Alewine.

There were no questions or comments.

Targeted Case Management Moratorium Lift and Policy Updates

An update on the targeted case management moratorium lift and related policy changes was provided by Margaret Alewine.

There were no questions or comments.

Peer Support Services Update

An update on peer support services was provided by Margaret Alewine.

There were no questions or comments.

Advisement: Intensive In-home Services - Homebuilders

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

The following questions were asked.

2. So, with the increases, we should see an increase in DDSN local boards and DDSN private providers serving the children and adults that meet their eligibility?
    a. The agency responded the intent of implementation of these efforts is to improve access to care, increase and support the provider network and ensure all providers who are qualified to deliver these services can do so to help Healthy Connections Medicaid members that need them.
3. Who are the families that are eligible for Homebuilders' services?
    a. The agency responded that when developing this service, it noticed a majority of this Medicaid population are already involved in some way with the South Carolina Department of Social Services and have a need for intensive services. The goal of this service is family preservation through the ability to bring these needed intensive services into the home setting. To qualify for Homebuilders, eligible members must meet specific criteria based on the program model. Providers must complete an assessment of the referred member at the front end of the process. If they meet the population criteria for the program, there will be a six-week period in which the needs and concerns of the family will be addressed.
4. Is this designed to reduce community violence and juvenile delinquency?
    a. The agency responded the intent is to help with family preservation and to bring needed intensive services into the home to support both the child and their family.
5. Who can refer to Homebuilders? Does that include community-based organizations?
    a. The agency responded the referral can come from an array of entities, though it is anticipated that most will come from the Medicaid managed care organizations (MCOs) that serve a large complement of children, especially those with multiple agency involvement. The policy will also outline the referral process for those made outside of the MCOs. Children identified as most appropriate for Homebuilders are often at risk of, or returning from, placement in a foster care, group care or psychiatric residential treatment facility, psychiatric hospitals or juvenile justice facilities.
6. What is the difference between Homebuilders and multisystemic therapy (MST)? Will there be much overlap?
    a. The agency responded that each of these programs, Homebuilders and MST, have their own criteria and intent of services. They each identify and focus on a specific age range and intent of services. These programs both require potential participants to undergo an assessment by a qualified provider before they receive either of these services to ensure they meet the model most appropriate for their needs. The agency does not expect these programs to have much direct participant overlap.

The following comments were made.

1. This is awesome news! Now, let's work in Intercept!
2. Epworth is the main provider of Homebuilders at this point.

Advisement: Rate Update for Rehabilitative Behavioral Health Services (RBHS) Provided by Psychologists and Master's--level Practitioners

An overview of the advisement was provided by Margaret Alewine.

The following question was asked.

1. Will licensed independent practitioners (LIPs) be included?
    a. The agency responded qualified RBHS, LIP and developmental rehabilitation providers are included. Further information will be included in future bulletins issued about these services.

Advisement: Inpatient Psychiatric Hospitalization and Psychiatric Residential Treatment Facility Rates

An overview of the advisement was provided by Margaret Alewine.

There were no questions. Members of the committee praised the policy change.

Advisement: Developmental Evaluation Centers Rate Increase

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Advisement: Dental Rate Increase for Children and Intellectual Disability and Related Disabilities (ID/RD) Waiver (SC.0237)

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Advisement: Rate Update for Rehabilitative Physical, Occupational and Speech Language Therapy

An overview of the advisement was provided by Margaret Alewine.

The following question was asked.

1. Will this include all ages? BabyNet providers will receive the rate increase too?
    a. The agency responded this does apply to therapy providers that serve early intervention, and BabyNet members are included.

The following comment was made.

1. Thank you for the good news on the speech/OT/PT therapy rate increases.

Advisement: Physician Services Rate Update

An overview of the advisement was provided by Margaret Alewine

There were no questions or comments.

Advisement: Home and Community-based Services Rate Update

An overview of the advisement was provided by Margaret Alewine

There were no questions or comments.

Advisement: Medically Complex Children Waiver Amendment (SC. 0675)

An overview of the advisement was provided by Margaret Alewine

There were no questions or comments.

Advisement: ID/RD Waiver Amendment

An overview of the advisement was provided by Margaret Alewine

1. Who currently provides caregiving coaching?
    a. The agency responded this will be a new service introduced through this waiver amendment, as it is not currently available as a waiver service. The waiver amendment will outline provider qualifications and credentials required to provide the caregiver coaching service.

Policy Updates

An update on Medicaid policies and provider manuals was provided by Margaret Alewine.

The following question was asked.

1. Will updated slides be sent out?
    a. The agency responded the slides will be posted on the website. In addition, the updated slides will be resent to the committee members. This meeting's minutes will also be posted online with the next MCAC meeting packet in August.

Closing

The meeting was closed by thanking attendees for their participation. The next MCAC meeting date is Aug. 13, 2024.

Thank you for participating in the Medical Care Advisory Committee.

The meeting will begin shortly.

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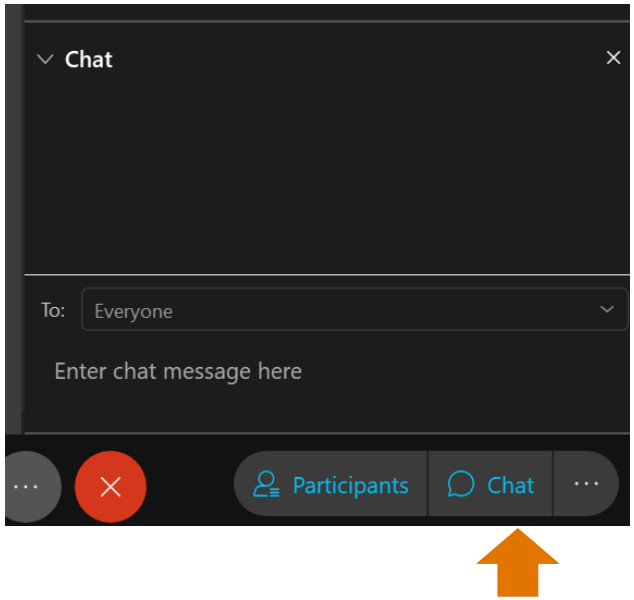
Medical Care Advisory Committee (MCAC)
Aug. 13, 2024

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

Thank you for participating in the MCAC meeting.

Meeting Logistics

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



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Director's Welcome

Robby Kerr, Director

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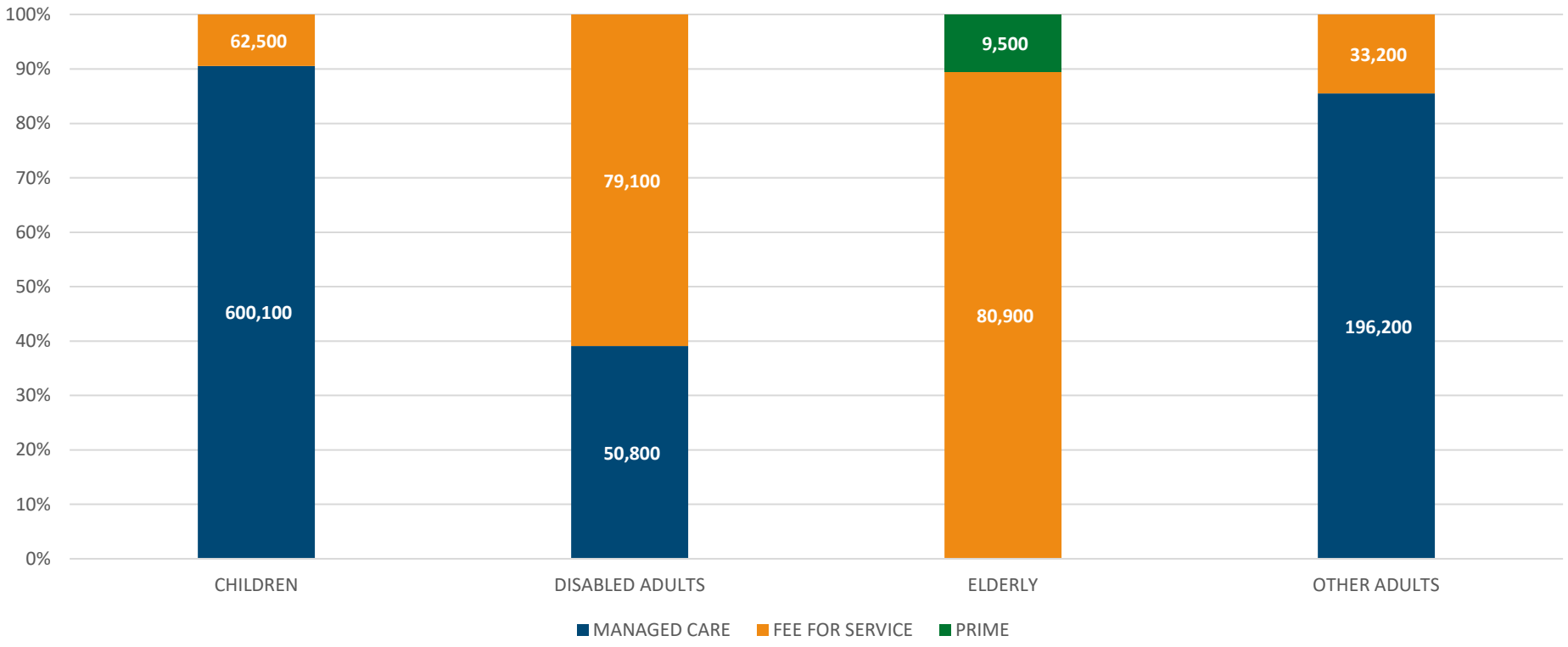
Medicaid Enrollment and Redeterminations

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

Full-benefit Membership by Population

(as of June 30, 2024)



Total Enrollment: 1,112,300

Redeterminations Updates and Activities

- Dashboard
- Auto-renewal rates
- Review form return rates
- Improving efficiencies and capacity
  - Eligibility operations
  - Staff augmentation
  - Federal flexibilities
  - Timeliness and accuracy

Annual Review Dashboard

- Cumulative look at unwinding data
- Data points updated weekly and monthly
- Also includes monthly Centers for Medicare and Medicaid Services reports
- www.scdhhs.gov/data-and-research/reports-and-statistics/Medicaid-annual-eligibility-review-dashboard

Annual Eligibility Review Data

Medicaid Annual Reviews	Number	Data Definitions
Total Medicaid members reviewed for eligibility**	1,534,944***	Total number of Healthy Connections Medicaid members whose annual eligibility review has been initiated since the federally required reviews restarted April 1, 2023. This includes full and limited benefit members (ex. individuals who are enrolled in the state's family planning limited benefit program).
Total Medicaid members reviewed for eligibility and renewed*	880,084	Total number of Healthy Connections Medicaid members who have been reviewed and whose coverage has been renewed.
Total Medicaid members reviewed for eligibility and renewed on ex parte basis*	582,793	Total number of Healthy Connections Medicaid members who have been reviewed and automatically renewed based on data SCDHHS was able to access on its own, also known as ex parte renewals.

Current Dashboard Metrics

Total Medicaid members reviewed**	1,534,944
Total members reviewed and renewed*	880,084
Total reviewed and renewed on ex parte basis*	582,793
Total Medicaid members disenrolled through annual reviews*	461,578
Total reviewed and disenrolled*	180,756
Total disenrolled for failure to return form*	280,615
Total disenrolled for procedural reason other than no response*	207
Percentage of review forms successfully delivered via mail**	95.28%
Percentage of review text messages successfully delivered**	86%
Percentage of reviews returned within 90 days**	34.54%
Percentage of reviews returned within 90 days + grace period**	41.15%

Note: *Members whose reviews are pending are not listed under "renewed" or "disenrolled" on the dashboard.*

*Updated weekly, last updated Aug. 9, 2024; **Updated monthly, last updated July 10, 2024.

Net Enrollment and Application Trends

- Full-benefit Enrollment Point-in-time Data
  - Pre-public health emergency (PHE) (February 2020)—1.06 million
  - Peak of Families First Coronavirus Response Act-era enrollment (May 2023)—1.34 million
  - Current (as of June 30, 2024)—1.11 million
- Full-benefit Enrollment Trend
  - Enrollment has declined by approx. 225,000 from the COVID PHE peak
  - Enrollment remains approx. 73,000 higher than before the PHE
  - The South Carolina Department of Health and Human Services (SCDHHS) covers approx. 12,000 more children than prior to the PHE
- New Medicaid Applications
  - June 2023-June 2024—46% increase

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Advisement: Changes to Third Party Liability

Rebecca Esslinger, Director, Third Party Liability

Background

- Medicaid is generally the payor of last resort and should only pay for covered care and services if there are no other responsible sources or parties.
- Federal law generally requires health insurers and other third parties legally liable for health care services received by Medicaid members to pay for such services.

Changes

- Health insurers can no longer deny payment for an item or service rendered to a Medicaid member on the basis that the item or service did not receive prior authorization for the third-party payor. The health insurer must accept the authorization provided by the state that the item or service is covered under the State Plan.
- Health insurers are required to respond to a state inquiry regarding claim(s) submitted within **60 days** of receiving the inquiry from the state.

Budget Impact and Effective Date

Budgetary Impact

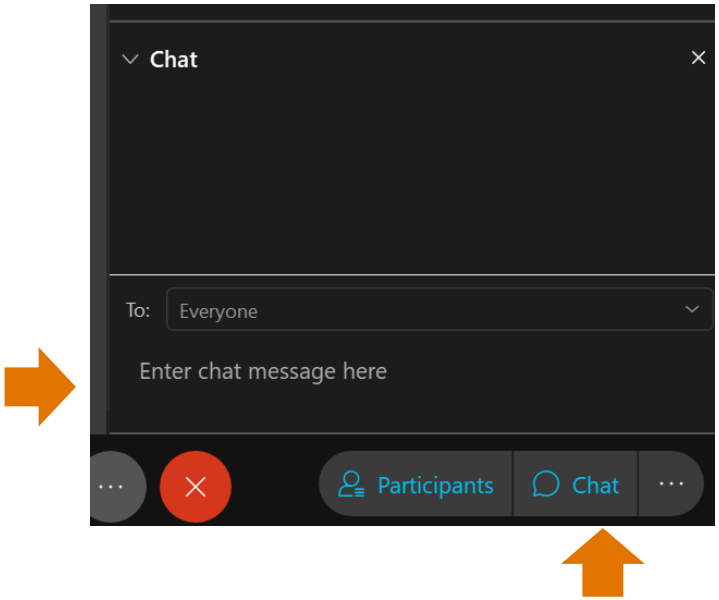
SCDHHS anticipates an annual budgetary impact of $113,000 increased fee-for-service (FFS) third party liability recoveries.

Effective Date

On or after July 1, 2024.

Public Comment

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



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Advisement:
Nursing Facility Rate Update

Brad Livingston, Chief Financial Officer

Background

- Update the private and the non-state-owned governmental Medicaid nursing facility payment rates effective Oct. 1, 2024.
- To establish the Oct. 1, 2024, Medicaid nursing facility payment rates, SCDHHS used the fiscal year end (FYE) 2023 Medicaid cost reports as the baseline starting point for Oct. 1, 2024, rate-setting purposes.

Changes

Effective for services provided on or after Oct. 1, 2024, the following adjustments to the methodology will be implemented.

- Updating the cost center standards using the most recent cost report data available (FYE Sept. 30, 2023) to 85% minimum occupancy as well as determining the general services standards at 110% of the mean and laundry, housekeeping and maintenance standards at 105% of mean.
- The minimum occupancy factor used to determine individual Medicaid reimbursement rates effective Oct. 1, 2024, will remain at 85%. The cost of capital reimbursement calculation remains at 90% minimum occupancy.

Changes *(cont.)*

- The percent skilled used in establishing each nursing facility's Oct. 1, 2024, Medicaid reimbursement rate will be based upon state fiscal year (SFY) 2024 Medicaid paid days.
- To account for another year of inflation to the base year Sept. 30, 2023, cost reporting period, a trend factor of 1.8% was applied in the calculation of the Oct. 1, 2024, rate. The trend rate was obtained from the Revenue and Fiscal Affairs Office.
- Authorizing 4,069,843 Medicaid permit days to be permitted by the South Carolina Department of Public Health for SFY 2025.

Budget Impact and Effective Date

Budgetary Impact

Annual aggregate expenditures will increase by approximately $15 million (total dollars)

Effective Date

On or after Oct. 1, 2024.

Public Comment

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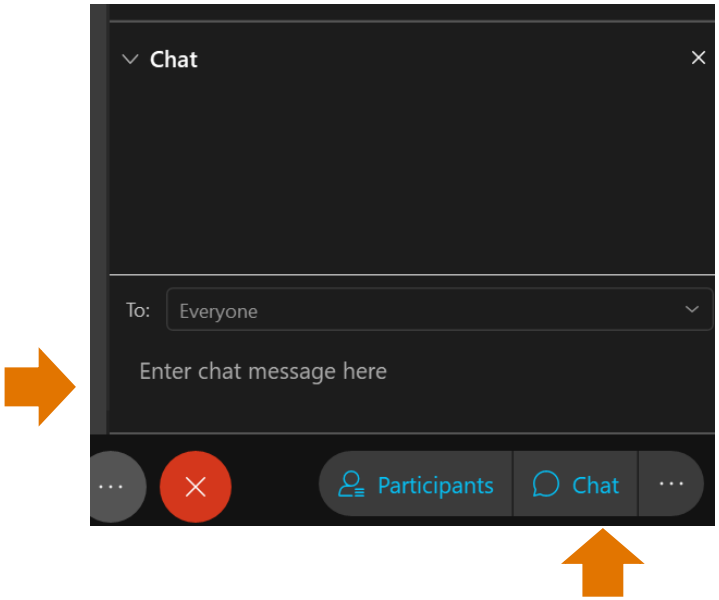

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Advisement:
Psychiatric Collaborative Care Model

Melanie Hendricks, Director, Behavioral Health

Background

- SCDHHS is seeking to add coverage of psychiatric collaborative care service codes.
- The Collaborative Care Model (CoCM) is a systematic strategy for treating behavioral health (BH) conditions in a primary care setting through integration of care coordination using a BH care manager, psychiatric consultant, and primary care practitioner (PCP).

Background *(cont.)*

- CoCM includes:
  - Care coordination and management;
  - Regular, systematic monitoring and treatment using a validated clinical rating scale; and
  - Regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement.
- SCDHHS is making these updates to increase access to BH services, enhance the state's provider network and improve health outcomes for Medicaid members.

Reimbursement Methodology

- Reimbursement for CoCM is based on claims submitted monthly under the PCP's name and provider number.
- CoCM billable time includes time spent by the PCP, the psychiatric consultant and the BH care manager when working together or independently to screen/refer/coordinate care for a patient with a BH concern.*
- Rates are based on State Plan methodology for PCPs (129% of the Base Physician Fee Schedule).

**Office visits for direct patient care continue to be billed with evaluation and management or other appropriate codes.*

Budget Impact and Effective Date

Budgetary Impact

SCDHHS anticipates a budgetary impact of $9.7 million (total dollars).

Effective Date

On or after Oct. 1, 2024.

Public Comment

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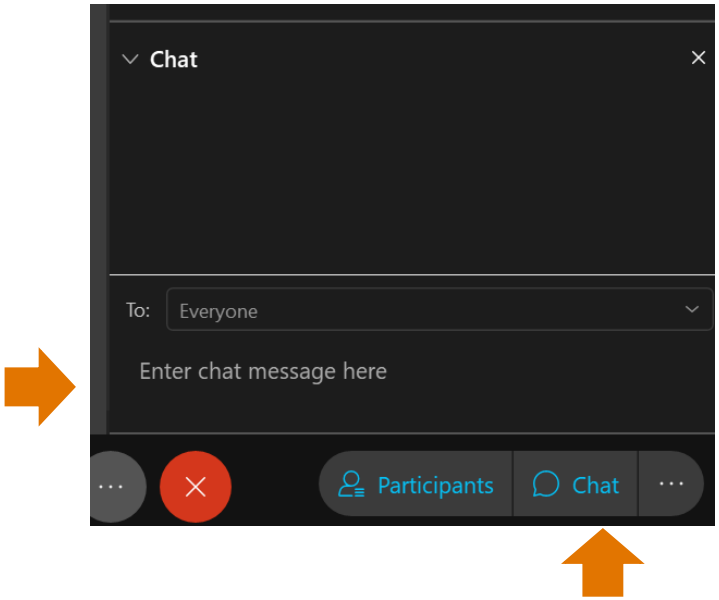

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Advisement: Intensive Outpatient Programs and Partial Hospitalization Programs

Melanie Hendricks, Director, Behavioral Health

Background

- Partial hospitalization programs (PHP) and intensive outpatient programs (IOP) provide clinical diagnostic and treatment services when a patient does not require a restrictive 24-hour inpatient setting but does need a higher intensity than standard outpatient treatment can provide.
- These services include therapeutic milieu, nursing, psychiatric evaluation, medication management and group, individual and family therapy.

Changes

PHP and IOP will be available to both children and adult full-benefit Medicaid members using the following service codes:

- S9489—IOP
- H0035—PHP

Changes *(cont.)*

SCDHHS will also increase the IOP rate for the South Carolina Department of Alcohol and Other Drug Abuse Services, which is defined in the Rehabilitative Behavioral Health Services Provider Manual.

Budget Impact and Effective Date

Budgetary Impact

- SCDHHS anticipates a budgetary impact of $3.1 million (total dollars) for **IOP**.
- SCDHHS anticipates a budgetary impact of $1.8 million (total dollars) for **PHP**.

Effective Date

On or after Oct. 1, 2024.

Public Comment

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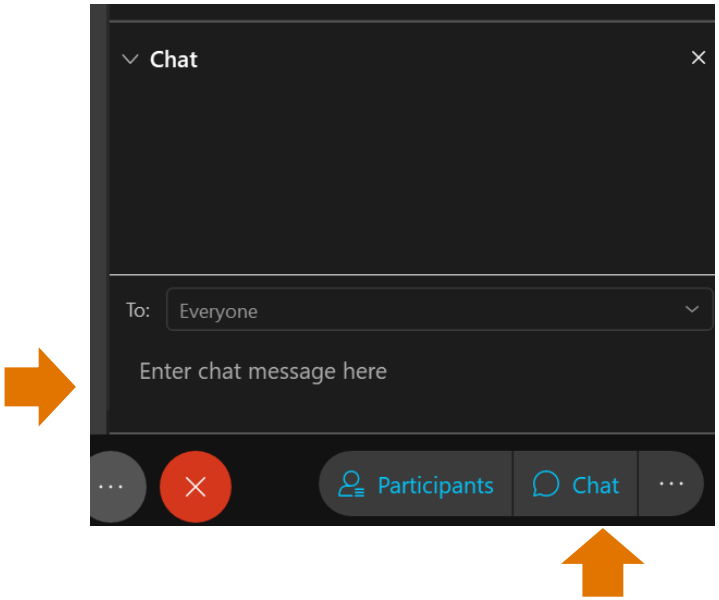

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Update: Neuropsychological Testing and Examination Codes

Melanie Hendricks, Director, Behavioral Health

Background

- Effective Jan. 1, 2019, significant changes were made to the current procedural terminology (CPT®) 2019 code set, otherwise referred to as the "Psychological and Neuropsychological Testing Codes."
- The new testing codes are part of a modernized coding structure that more accurately describes the work required when multiple hours of technical and professional services are performed.

Background *(cont.)*

- To ensure professionals have the necessary procedure codes to complete these specialized evaluations, SCDHHS is adding the remaining codes available for neuropsychological testing and examination (96121, 96132, 96133).
- Additional codes that may be necessary for completion of a neuropsychological evaluation are already available for providers and include those for test administration and scoring (96136, 96137).

Budget Impact and Effective Date

Budgetary Impact

SCDHHS anticipates a budgetary impact of $24,000 (total dollars).

Effective Date

On or after Oct. 1, 2024.

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Advisement: Cost-sharing

Margaret Alewine, Bureau Chief, Policy

Background

- SCDHHS is amending the South Carolina Title XIX State Plan to eliminate cost sharing requirements for all Healthy Connections Medicaid members.
- SCDHHS has implemented this change to support access to care; reduce administrative burden for providers, members and the agency while adhering to CMS requirements; and improve Medicaid members' health outcomes.

Proposed Changes

- This change impacts Medicaid members with full benefits, those eligible for limited benefits and members in waiver programs.

Budget Impact and Effective Date

Budgetary Impact

SCDHHS anticipates a budgetary impact of $21 million (total dollars).

Effective date

On or after July 1, 2024.

Public Comment

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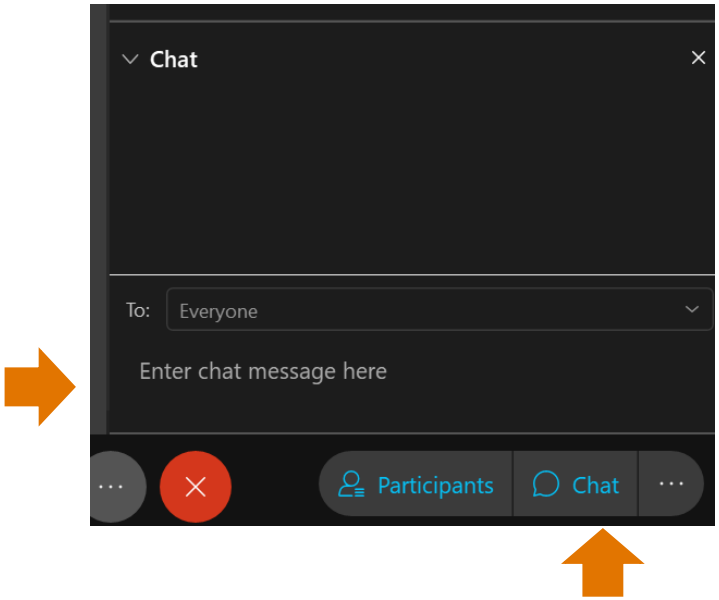

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Policy Updates

Margaret Alewine, Bureau Chief, Policy

Genetic Testing Policy, Codes and Fee Updates

- Effective for dates of service on or after Oct. 1, 2024, SCDHHS will update its genetic testing policy and coverage.
- Genetic studies are covered for full-benefit Healthy Connections Medicaid members who meet the clinical criteria that renders these tests medically necessary.
- The updated policy includes coverage criteria and limitations for specific genetic studies, including the below.
  - EpiSign complete
  - Whole exome sequencing
  - Whole genome sequencing
  - Post-transplant genetic testing protocol

Genetic Testing Policy, Codes and Fee Updates *(cont.)*

Genetic studies must meet specific criteria, including the following.

- Test must be ordered by qualified treating physician in collaboration with medical geneticist or certified genetic counselor.
- Patient must be evaluated by board-certified clinician with expertise in clinical genetics.
- Patient must be appropriately counseled about the testing by a qualified professional.
- Test must be performed by a certified clinical laboratories improvement amendment laboratory.
- Test must be clinically valid and scientifically proven for the identification of specific genetically-linked disease or clinical condition.

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Federal Rule Update

Shadda Winterhalter, Strategic Initiatives Specialist

Federal Rule Update: Medicaid Advisory Council

- In April 2024, CMS issued the Ensuring Access to Medicaid Services final rule, also known as the "Access Rule."
  - One of the rule's requirements is to update the MCAC to create the Medicaid Advisory Council (MAC).
- The new guidance includes requirements surrounding the following:
  - Membership
  - Policy and procedures
  - Reporting


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