

**Medical Care Advisory Committee
Aug. 8, 2023, Meeting Minutes**

Present

Graham Adams
John Barber
Sue Berkowitz
Dr. Thompson Gailey
Maggie Cash
Tysha Holmes
Bill Lindsey
JT McLawhorn
Tricia Richardson
Rebekah Spannagel
Amanda Whittle
Lathran Woodard

Not Present

Dr. Amy Crockett
Chief Bill Harris
Amy Holbert
Mike Leach
Melanie Matney
Dr. Kashyap Patel
Loren Rials
Dr. Keith Shealy

Director's Welcome

SCDHHS Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their participation. He stated the agency is working on the FY2025 budget that will be submitted to the legislature in September. Director Kerr also said the agency's largest project currently is the restart of the federally required annual reviews process.

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 stated the period Medicaid members must return their annual review form was extended from 60 to 90 days.

Director of Strategic Communications Jeff Leieritz showed the [annual review dashboard](#) located on the agency website and reviewed the communications plan.

The following questions were asked.

1. If a Medicaid member requests a fair hearing after a closure, should they still turn in the form?
 - a. The agency responded that annual review forms should be submitted at any time, even if it is after the deadline or they have received a closure notice as there is a 90-day grace period during which coverage will be re-opened and coverage maintained while an

eligibility decision is made. The agency stated the goal is to resolve the eligibility issue before it gets to a hearing.

2. How many of the disenrolled members on the dashboard are children?
 - a. The agency responded they have not gotten to that level of detail on the dashboard but does have the ability to pull by payment category. The agency said they will follow up with that information.
3. Can people check to see when their renewal date is through the online portal?
 - a. The agency responded members can see their annual review date and whether the agency has received their completed review form.

Advisements

Advisement: Nursing Facility Rate Update

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

There were no questions or comments.

Advisement: Inpatient and Outpatient Rate Update

An overview of the advisement was provided by Brad Livingston.

There were no questions or comments.

Advisement: Limitations on Non-covered Medical Expenses

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

There were no questions or comments.

Advisement: Physician Fee Schedule Rate Increase

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Advisement: Preventative Services

An overview of the advisement was provided by Margaret Alewine.

There were no questions or comments.

Behavioral Health Crisis Stabilization Services Grant

An overview of the behavioral health crisis stabilization services grant program was provided by Special Projects Coordinator Shadda Winterhalter.

The following questions were asked.

1. Can you repeat how many applications were received and number of grants awarded? When do you expect the crisis stabilization centers to open?
 - a. The agency responded that they received 13 applications and awarded grants to all 13. Two units will open this year, six in 2024, four in 2025 and one in 2026.

Closing

The meeting was closed by thanking attendees for their participation. The next MCAC meeting date is Nov. 14, 2023.

Thank you for participating in the
Medical Care Advisory Committee.

The meeting will begin shortly.

Medical Care Advisory Committee (MCAC)

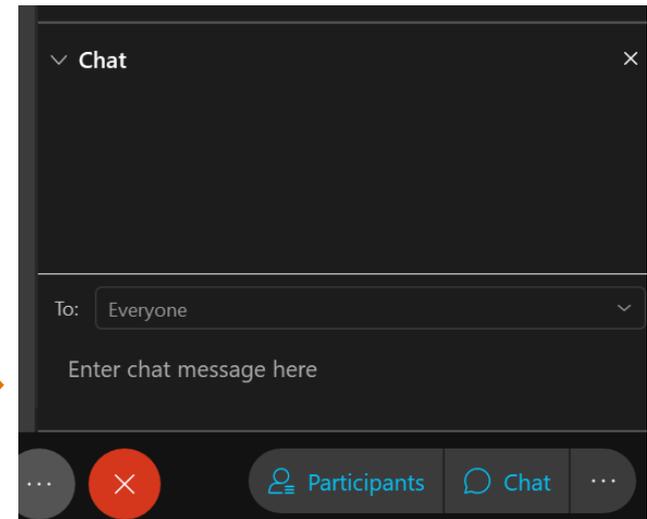
Nov. 14, 2023

**The meeting will begin shortly.
Microphones are muted.**

**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



Director's Welcome

Robby Kerr, Director

Medicaid Enrollment & Redeterminations

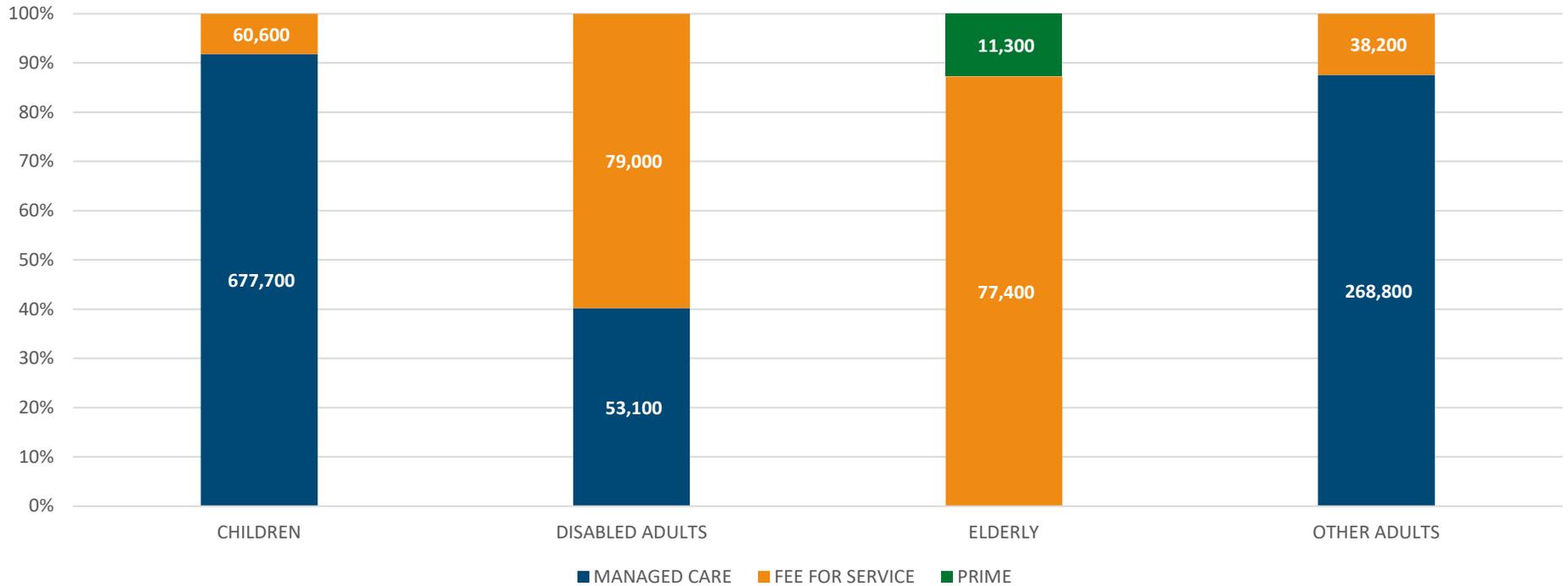
Lori Risk, Chief of Eligibility Policy

Redeterminations Updates and Activities

- Dashboard
- Auto-renewal rates
- Review form return rates
- Improving efficiencies and capacity
 - Eligibility operations – daily meetings, procedure updates, system enhancements
 - Staff augmentation
 - Federal flexibilities
 - Shared focus on applications and reviews

Full-benefit Membership by Population

(as of Sep. 30, 2023)



Total Enrollment: 1,266,100



Self-Service Tools

The following tools can also be found at apply.scdhhs.gov

- Online Review Form
 - Members may submit review forms online at apply.scdhhs.gov.
- Update Contact Info
 - Members can update their address and add email addresses and mobile phone numbers.
- Check Review Status
 - Members can view their expected annual review date, when we anticipate their annual review form, whether we have received their form.
- Document Upload Tool
 - Members may return their form through this tool or return requested info, report a change in income, or submit other documents.
- Check Eligibility Status
 - Members can now view their eligibility status.
- How to videos for apply.scdhhs.gov
 - Videos with instructions for using self-service tools

Annual Review Dashboard

- Cumulative look at unwinding data
- Data points updated weekly and monthly
- Also includes monthly Centers for Medicare and Medicaid Services (CMS) reports

Annual Eligibility Review Data

Medicaid Annual Reviews	Number	Data Definitions
Total Medicaid members reviewed for eligibility**	631,130***	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*	236,331	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*	97,943	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.

- www.scdhhs.gov/data-and-research/reports-and-statistics/medicaid-annual-eligibility-review-dashboard

Current Dashboard Metrics

Total Medicaid members reviewed*	631,130
Total members reviewed and renewed*	236,331
Total reviewed and renewed on ex parte basis*	97,943
Total Medicaid members disenrolled through annual reviews*	196,123
Total reviewed and disenrolled*	41,248
Total disenrolled for failure to return form*	152,728
Total disenrolled for procedural reason other than no response*	2,147
Percentage of review forms successfully delivered via mail**	92.42%
Percentage of review text messages successfully delivered**	86%
Percentage of reviews returned within 90 days**	38.17%
Percentage of reviews returned within 90 days + grace period**	47.68%

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

*Updated weekly, last updated Nov. 1, 2023; **Updated monthly, last updated Oct. 12, 2023

Advisement: Inpatient Rate Update and Disproportionate Share (DSH) Program Updates

Brad Livingston, Chief Financial Officer

Background

- Update DSH payments for FFY 2024 using updated base year DSH financial and statistical data (hospital fiscal year [HFY] 2022), as well as the updated federal fiscal year (FFY) 2024 DSH allotment amount
- Update the inpatient hospital swing bed rate and administrative day rate effective Oct. 1, 2023, based upon the Oct. 1, 2023, nursing facility rebasing project
- **REMINDER:** The Federal Consolidated Appropriations Act of 2021 further delayed implementation of the DSH Patient Protection and Affordable Care Act (ACA) reductions until FFY 2024. In accordance with this legislation, the DSH ACA reductions are planned to be implemented beginning with FFY 2024 and end with FFY 2027. The annual DSH reductions will amount to \$8 billion federal dollars each year over a four-year period. The DSH reductions were further delayed under the 47-day continuing resolution passed in October

DSH Changes Effective During FFY 2023 DSH Payment Period

- Update the base year used to calculate the interim DSH payments for the DSH allotment period which ends Sept. 30, 2024 (FFY 2024) using HFY end 2022 data, the continued use of the Dec. 19, 2008, Final Rule (Federal Register/Vol. 73, No. 245) relating to the audits of the Medicaid DSH payment plans and the Dec. 3, 2014, Final Rule (Federal Register/Vol. 79, No. 232) which relates to the Medicaid program DSH payments uninsured definition;
- Update the inflation rate used to trend the DSH base year cost to the end of the 2022 calendar year;
- CMS has approved the state directed payment for Health Access, Workforce and Quality (HAWQ) program. As a result of this approval, the agency does not anticipate expending 100% of its FFY 2024 DSH allotment

Inpatient Hospital Reimbursement Changes Effective Jan. 1, 2024

- Update the inpatient hospital swing bed and administrative day rates based upon the Oct. 1, 2023, rebasing of nursing facility payment rates

Budget Impact and Effective Date

Budgetary Impact:

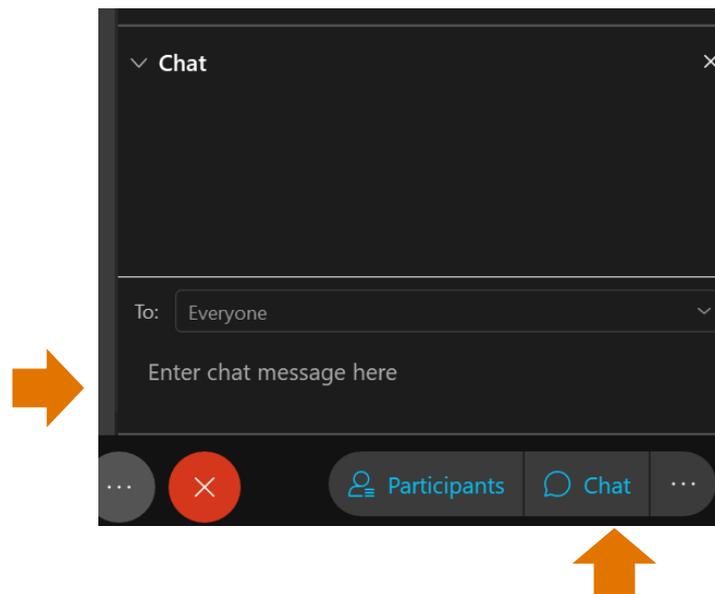
- Swing bed/administrative day rates: \$10,000 (total dollars)

Effective Date:

- For the South Carolina Medicaid DSH program, the FFY 2024 DSH payment period is Oct. 1, 2023, through Sept. 30, 2024.
- For the swing bed and administrative day rates, the payment period is Oct. 1, 2023

Public Comment

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



Advisement: Anesthesia Rates

Margaret Alewine, Chief of Policy

Background

- The South Carolina Department of Health and Human Services (SCDHHS) updated the reimbursement methodology for anesthesia services performed by anesthesiologists in Attachment 4.19-B of the SC Medicaid State Plan.

Changes

- Updated the reimbursement methodology for anesthesia services performed by anesthesiologists in Attachment 4.19-B of the South Carolina Medicaid State Plan
 - Anesthesiologists base rate for anesthesia services are now set at 88% of the 2022 Medicare Physician Fee Schedule.
 - Base rate \$18.32
 - The rate increase did not apply to epidural services (services paid by procedure)
 - The change of the reimbursement methodology for anesthesiologists resulted in an update to the rates for the Certified Registered Nurse Anesthetists (CRNA), while reimbursement methodology for the CRNAs will remain the same at:
 - 90% of the anesthesiologist rate when performing services under the medical direction of a surgeon
 - 50% of the anesthesiologist rate when performing services under the medical direction of an anesthesiologist

Budget Impact and Effective Date

Budgetary Impact

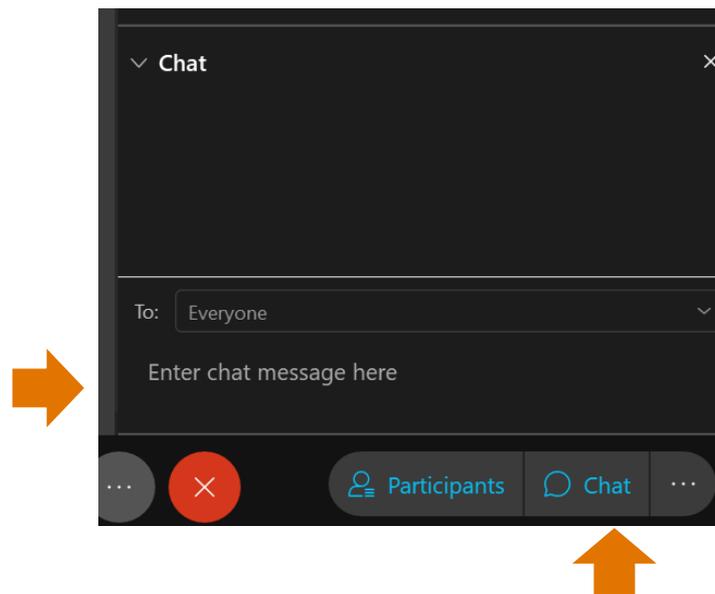
- SCDHHS anticipates an annual budgetary impact of \$1.68 million (total dollars)

Effective Date

- On or after Oct. 1, 2023

Public Comment

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



Advisement: Dietitian Services Rate Increase

Margaret Alewine, Chief of Policy

Background

- SCDHHS is updating the reimbursement methodology for dietitian services in Attachment 4.19-B of the South Carolina Medicaid State Plan

Proposed Changes

- The dietitian services reimbursement methodology will be set at 75% of the 2022 Medicare Physician Fee Schedule

Budget Impact and Effective Date

Budgetary Impact

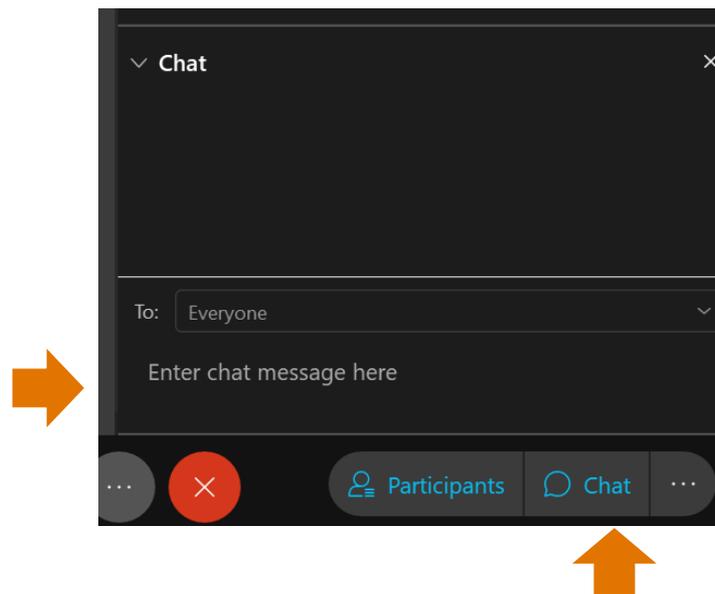
- SCDHHS anticipates an annual budgetary impact of \$712,615 (total dollars)

Effective Date

- On or after Jan. 1, 2024

Public Comment

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



Advisement: South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) Medical Services

Margaret Alewine, Chief of Policy

Background

- SCDHHS intends to add codes for delivery of medical services in Act 301 behavioral health centers

Changes

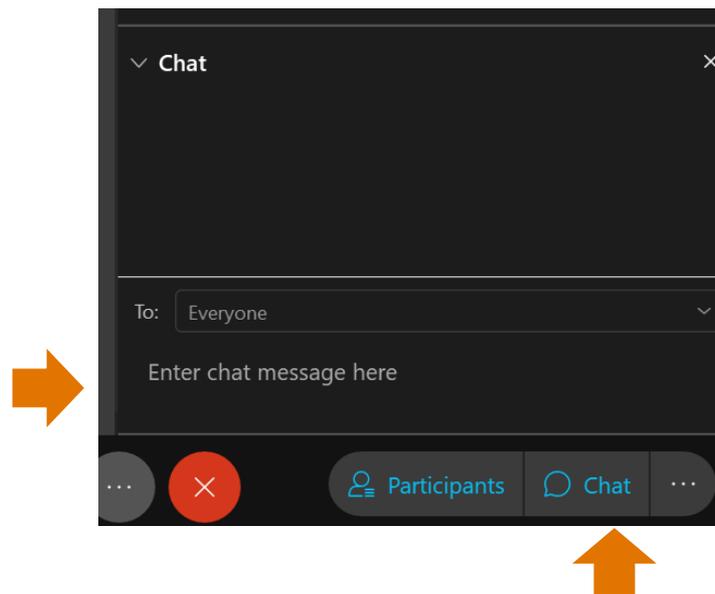
- New codes will be added for identified lab/testing, office visits, E/M codes and physician to physician consults

Effective Date

- On or after Jan. 1, 2024

Public Comment

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



Advisement: Interprofessional Consultation

Margaret Alewine, Chief of Policy

Background

- SCDHHS is adding interprofessional consultation services under the physician services' existing reimbursement methodology for evaluations, preventive and diagnostic services, in Attachment 4.19-B of the South Carolina Medicaid State Plan
- CMS recently provided clarification to allow coverage and payment for interprofessional consultations
- This guidance replaces previous CMS policy that prohibited coverage of interprofessional consultation as a distinct service, requiring the presence of the patient for specialty consultation services to be covered

Proposed Changes

- The physician services reimbursement methodology will be updated to add interprofessional consultation services payable at 78% of the 2019 Medicare Physician Fee Schedule, similar to existing methodology for physicians' evaluations, preventive and diagnostic services

Budget Impact and Effective Date

Budgetary Impact

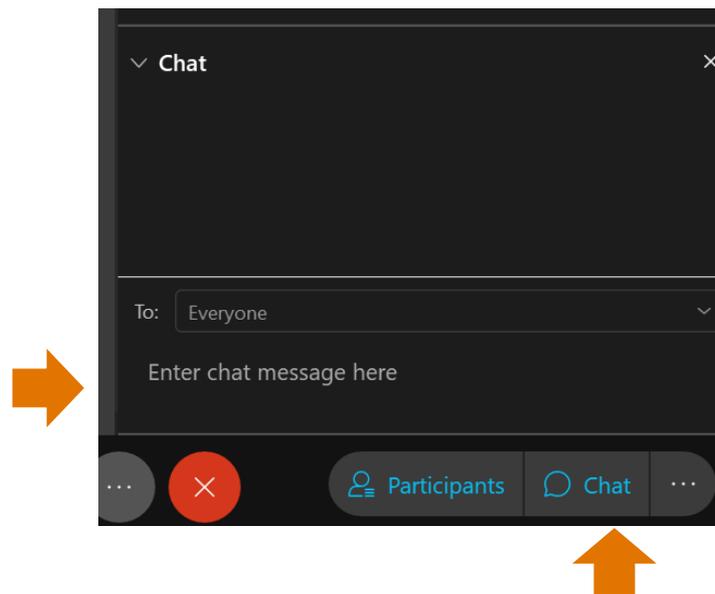
- SCDHHS anticipates minimal impact

Effective Date

- On or after Jan. 1, 2024

Public Comment

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



Advisement: Rehabilitative Therapies and Audiological Services Update

Margaret Alewine, Chief of Policy

Background

- SCDHHS is updating the rehabilitative therapies and audiological services in Attachment 3.1-A Limitation Supplement of the South Carolina Medicaid State Plan

Proposed Changes

- Update the description of physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders to align with 42 CFR 440.110
- Clarify medically necessary rehabilitative therapy services (physical, occupational and speech language pathology) are covered services as follows:
 - Full-benefit members under the age of 21 years are eligible for any medically necessary services
 - Full-benefit members age of 21 years and older are eligible for any medically necessary services with limitations as defined by the agency
- Adding coverage for medically necessary audiological services for full-benefit members ages 21 years and older
 - These services are cochlear implants and related services

Budget Impact and Effective Date

Budgetary Impact

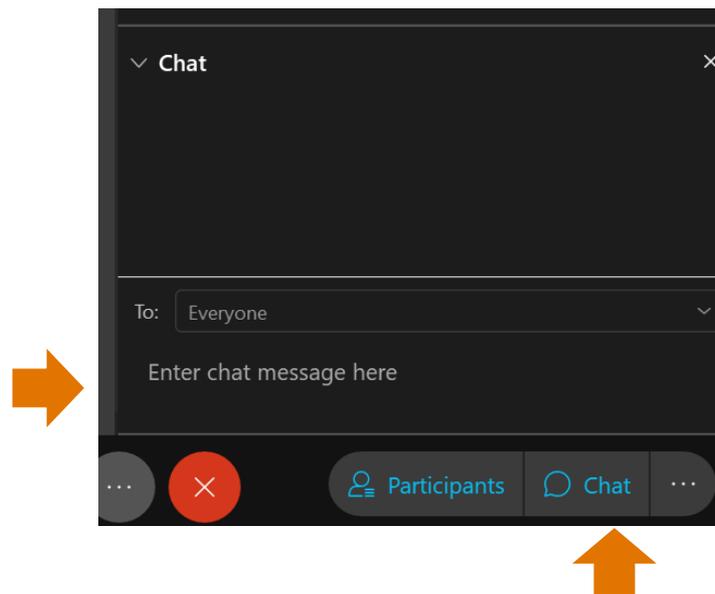
- SCDHHS anticipates an annual budgetary impact of \$5.11 million (total dollars)

Effective Date

- On or after Jan. 1, 2024

Public Comment

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



Non-Covered Durable Medical Equipment (DME) Update

Margaret Alewine, Chief of Policy

Background

- SCDHHS is updating policy to ensure compliance with federal regulation 42 CFR §440.70(b)(3)(v), also known as the Home Health Final Rule, by establishing a process that allows medical review of items not included on the pre-approved DME list for adult (21 years old and older) members

Proposed Changes

- SCDHHS implemented the first phase of this transition effective Oct. 1, 2023, authorizing and funding bath safety equipment under the Medicaid State Plan previously funded under 1915(c) home and community-based waiver programs
- The next phase of this transition includes completing a comprehensive review of all remaining DME codes to determine coverage, pricing and prior authorization criteria

Budget Impact and Effective Date

Budgetary Impact

- SCDHHS anticipates an annual budgetary impact of \$3.5 million (total dollars)

Effective Date

- On or after Jan. 1, 2024

Appendix K Flexibilities

Margaret Alewine, Chief of Policy

Background

- During the initial response to the coronavirus disease 2019 (COVID-19) pandemic, SCDHHS announced multiple policy changes
 - Most of these policy changes were issued using emergency authorities derived from the federal public health emergency (PHE)
 - COVID-19 federal PHE ended May 11, 2023
- For home and community-based services (HCBS) delivered through waiver programs, SCDHHS implemented temporary flexibilities through a series of Appendix K waivers approved by CMS
- CMS granted SCDHHS an extension for the Appendix K flexibilities, which gave SCDHHS the ability to temporarily further extend flexibilities that were created under this authority to determine which flexibilities would expire and which would continue

Appendix K Flexibilities

- Many of the flexibilities issued under Appendix K waivers, approved during the federal PHE by CMS, expired Nov. 11, 2023
- Affected HCBS waivers include:
 - Intellectual Disability/Related Disabilities (ID/RD);
 - Community Supports (CS);
 - Head and Spinal Cord Injury (HASCI);
 - Community Choices (CC);
 - HIV/AIDS;
 - Mechanical Ventilator Dependent (VENT);
 - Medically Complex Children (MCC); and
 - Palmetto Coordinated System of Care (PCSC).

Appendix K Flexibilities

- A list of the flexibilities that ended Nov. 11, 2023, was included in Medicaid bulletins sent [May 23, 2023](#) (MB# 23-020) and [Oct. 20, 2023](#) (MB# 23-054)
- The expiring flexibilities do not impact other agency policies that existed prior to the PHE or addressed in other Medicaid bulletins regarding temporary flexibilities, unless specifically indicated.
- Individuals with questions regarding Appendix K flexibilities may email MedicaidWaiver@scdhhs.gov

Advisement: Crisis Stabilization Services

Melanie Hendricks, Director of Behavioral Health

Background

- Managing behavioral health crises in hospital emergency departments (EDs) is a serious issue across our state
- Placing these patients in the chaotic environment of the ED often exacerbates psychiatric and/or substance use issues and long waits for inpatient bedspaces result in extended ED stays, thus increasing instability in the patient and placing additional burdens on ED staff
- For this reason, SCDHHS offered and awarded 13 South Carolina hospitals a total of \$45.5 million to build specialized hospital-based emergency department units dedicated to behavioral health crises

Proposed Changes

- These units will provide care in an environment which is tailored to behavioral health needs and de-escalation of the presenting crisis, thus reducing need for inpatient psychiatric admissions
 - Comprehensive services provided from a multidisciplinary behavioral health team with a warm hand-off to community-based resources for continued treatment
 - Units will serve both children and adults, depending on population needs determined by each hospital
 - Current rates have been identified based on psychiatric inpatient costs

Proposed Changes *(cont.)*

Service Code	Description	Rate
S9484	Brief psychiatric emergency, per hour, up to 23 hours, limit 23 hours per patient per crisis episode	\$38.17/hour
S9485	Extended psychiatric emergency, per diem, limit three per patient per crisis episode	\$458 per diem

Patients may receive services in these units for up to 72 hours

- If patient is discharged in less than 24 hours, hospitals will bill the hourly rate
- If patient remains beyond 24 hours, their stay is billed per diem

Budget Impact and Effective Date

Budgetary Impact:

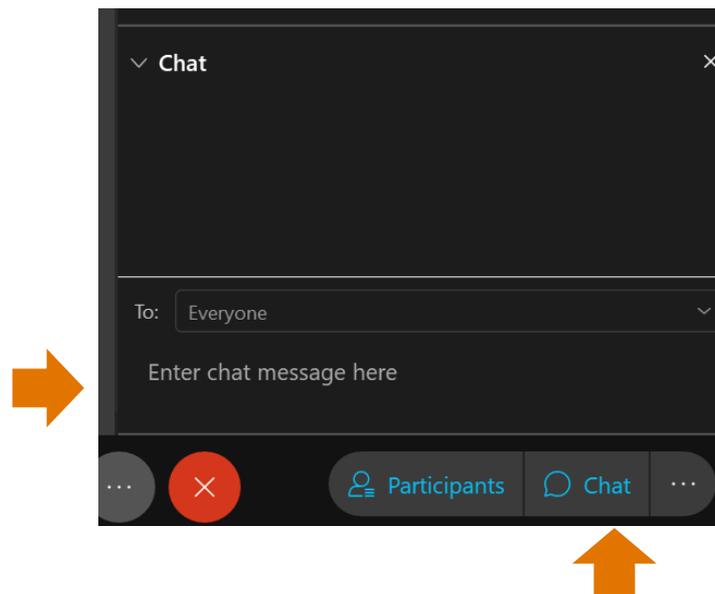
- SCDHHS anticipates an annual budgetary impact of \$8.9 million (total dollars)

Effective Date:

- On or after Jan. 1, 2024

Public Comment

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



Advisement: Intensive In-home Services

Melanie Hendricks, Director of Behavioral Health

Background

- Intensive in-home services (IHS) are based on the philosophy that the most effective way to help troubled children and youth is by helping their families
- IHS are provided in the home and community in a flexible way to accommodate the needs of the family, thus increasing engagement and investment in the change model
- Primary goals of IHS include improved family functioning and keeping youth in their homes/communities, at school and out of trouble

Background *(cont.)*

- Without intensive, community-based, in-home type services, the system will rely more heavily on high dollar crisis intervention services and out-of-home placements to cover the needs of troubled youth and families
 - Results not only in significant costs to the state, but also overburdens and creates overreliance on social services and juvenile justice when such youth further (and unnecessarily) penetrate their systems
- By adding IHS to the state plan, SCDHHS can effectively support its beneficiaries with a broader array of care options along the behavioral health continuum as well as reduce spending on less empirically supported out-of-home options with poorer long-term outcomes

Changes

- The following evidence-based practices have been selected for implementation of IIHS for children and adolescents:
 - **Multisystemic Therapy (MST)**
 - Is an intensive family and community-based, evidence-based treatment which addresses the externalizing behaviors of youth with significant clinical impairment in disruptive behavior, mood, and/or substance use.
 - **Homebuilders**
 - Is an intensive, in-home evidence-based practice (EBP) utilizing best practice strategies (e.g., motivational interviewing, cognitive and behavioral interventions, relapse prevention, and skills training) for families with children birth to 18 years of age who are at imminent risk of out-of-home placement.

Budget Impact and Effective Date

Budgetary Impact:

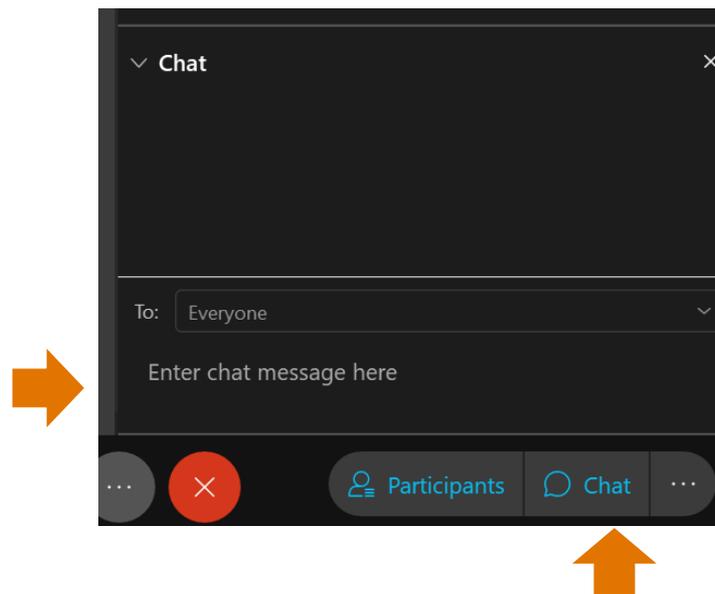
- SCDHHS anticipates an annual budgetary impact of \$3.1 million (total dollars)

Effective Date:

- On or after Jan. 1, 2024

Public Comment

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



Advisement: Development Evaluation Centers (DECs) and Transplant Carve-in

Scott Timmons, Chief of Managed Care

Background

- SCDHHS aims to carve additional services into Medicaid managed care
 - DEC's - Independent freestanding facilities that furnish a comprehensive array of developmental pediatric services
 - Transplants - medically necessary transplants and transplant-related services rendered for all transplant types (except corneal), during the pre-transplant and transplant event periods are reimbursed by SCDHHS' FFS Medicaid program, regardless of the Medicaid member's enrollment status in FFS or a managed care organization (MCO)
- For members who are currently managed care-enrolled, services are 'carved out' and paid FFS

Proposed Changes

Changes

- Require MCOs to reimburse DEC's for services provided
- Require MCOs to cover all transplant services (pre, during and post)

Budgetary Impact

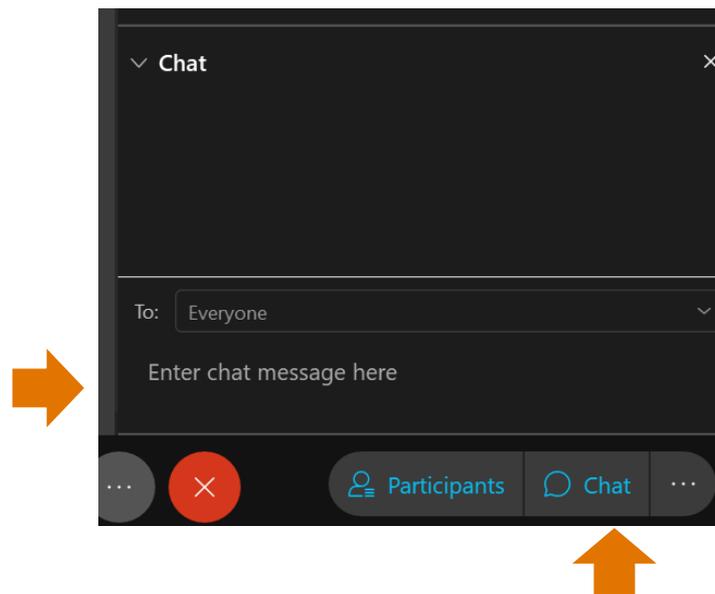
- No fiscal impact

Effective Date

- On or after Feb. 1, 2024

Public Comment

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



Rural and Medically Underserved Areas Grant Opportunity

Shadda Winterhalter, Special Projects

About the Grant

- On Oct. 9, 2023, SCDHHS announced a grant opportunity aimed at increasing access to essential healthcare services for rural and medically underserved areas throughout the state
 - These are one-time infrastructure funds that will be used to create or renovate facilities that serve rural and/or medically underserved areas in SC
 - These facilities will be required to provide quality healthcare services to these residents. Services may focus, but are not limited to, the following services:
 - Primary care
 - Maternal & infant care
 - Pediatric care
 - Behavioral health care

Applying for the Grant

- Minimum Requirements

- Eligible applicants must be a public or private health care provider serving the following areas of South Carolina:

- Rural area as designated by the Center of Rural and Primary Healthcare (CRPH)

AND/OR

- Medically Underserved Area (MUA) as designated by the federal Health Resources and Services Administration (HRSA)

- Timeline



Grant Information

- Frequently Asked Questions are posted on our website
- For more information, please visit our website at <https://www.scdhhs.gov/resources/grants> or email grants@scdhhs.gov

Upcoming 2024 MCAC Meeting Dates

- Feb. 13, 2024
 - 10 a.m. to 12 p.m.
- May 14, 2024
 - 10 a.m. to 12 p.m.
- Aug. 13, 2024
 - 10 a.m. to 12 p.m.
- Nov. 12, 2024
 - 10 a.m. to 12 p.m.

