

Healthy Connections
South Carolina Medicaid in 2018
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 2018 CATCH Quality Improvement Meeting

Medicaid in South Carolina

> FY 2017 Appropriation: \$7.2 billion
 > Full benefit Membership: 1.04 million

Children	663,000
Disabled Adults	127,000
Other Adults	180,000
Elderly	68,000
Limited Benefits	213,000

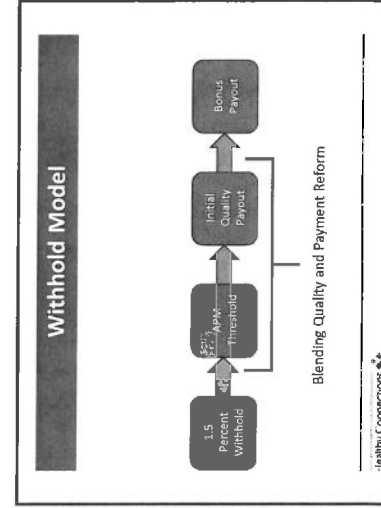
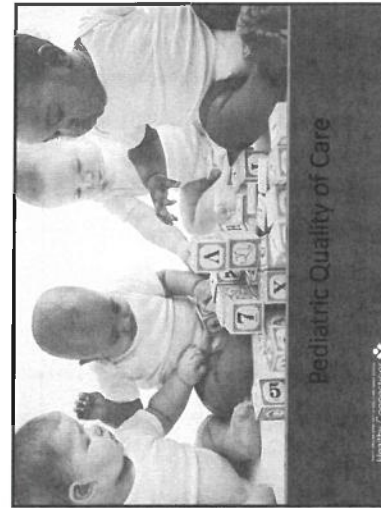
> 64% of Medicaid members are age 0 to 18
 > Roughly 65% of all children in SC are on Medicaid
 > Medicaid pays for 60% of all births in SC
 > 74% of our Medicaid members are enrolled in Managed Care

Medicaid in South Carolina

Improving pediatric quality of care

Efforts to address the opioid epidemic

Drug pricing and formulary approaches



Quality Withholds

SC Medicaid AWC Quality Index - Measurement Years 2016 and 2017

Measure	2016	2017
Hemoglobin A1c (HbA1c) Testing	45%	45%
Immunization Rates	90%	90%
Eye Exam (Referral) Performed	20%	20%
Medical Admission for Nephrology	20%	20%
Special Care Assessments of Primary Care	40%	40%
Smoker Cancer Screening	20%	20%
Chlamydia Screening	20%	20%
Well-Child Visit in the First 15 Months of Life (w/15) - 6+	30%	30%
Well-Child Visit in the Third, Fourth, Fifth and Sixth Years	30%	30%
Adolescent Well-Child Visits (AWC)	30%	30%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile	10%	10%

2017 Performance

- Well-child visits for 3 to 6 year olds
 - Between 25th and 50th percentiles
 - Improved by 14.27 percent
- Well-child visits during the first 15 month of life
 - Between 50th and 75th percentiles
- Adolescent well-care visits
 - Between 50th and 75th percentiles
- Weight Counseling BMI
 - Between 50th and 75th percentiles

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BH Index Measures

- Antidepressant medicalization management- Continuation phase (AMM)
- Follow-up care for children prescribed ADHD medication- Initiation phase (ADD)
- Follow-up after hospitalization for mental illness- 7 Day (FUH)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics- Total (APP)
- Metabolic monitoring for children and adolescents on antipsychotics- Total (APM)
- Initiation and engagement of alcohol and other drug dependence treatment- Initiation, Total (IET)

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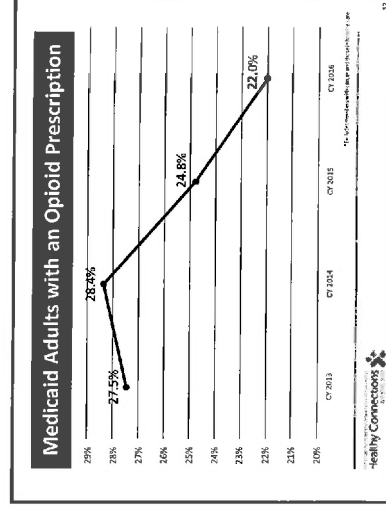
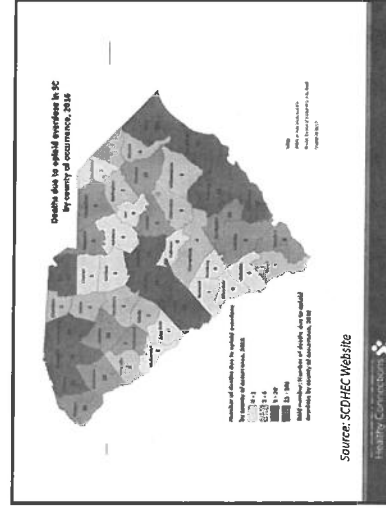


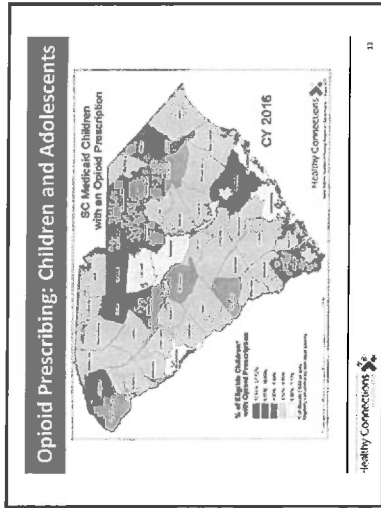
In South Carolina...

- Prescription Opioid Overdose Deaths:** In 2016, 550 deaths occurred in South Carolina from a drug overdose with prescription opioid drugs listed on the death certificate
 - > 7% increase from 2015
- Heroin Overdose Deaths:** Fatal overdoses involving heroin increased by 14% from 2015 to 2016
 - > Fatal overdoses involving heroin increased by 67% from 2014 to 2015.
- Opioid Overdose Deaths Surpass Homicides:** In 2015, the number of deaths from heroin and opioid overdoses in South Carolina surpassed the number of homicides.

Source: SCDHHS Website

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Executive Order 2017-43

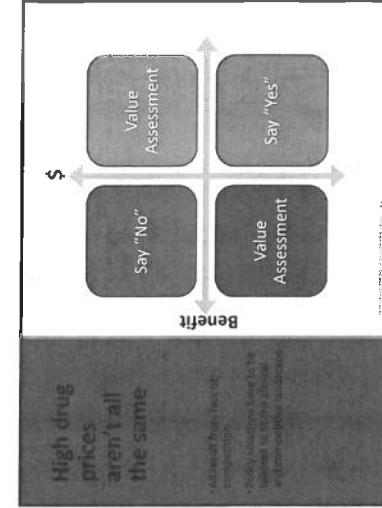
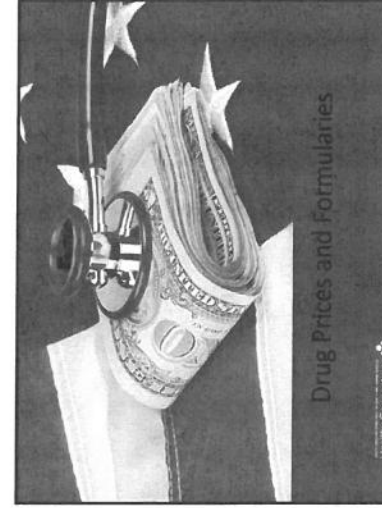
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State of South Carolina
Executive Order

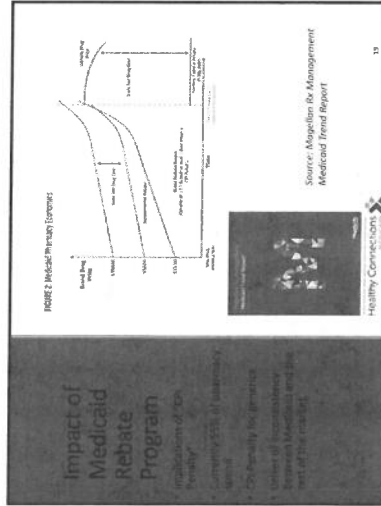
2017-43

HEALTHY CONNECTIONS

- ### SUD Treatment
- Broadening coverage for Medication Assisted Therapy (MAT)
 - > "State Managed Class" approach through MCOs
 - > New, long-acting products expected on the market in the next few months
 - Outpatient Treatment Programs as a Medicaid benefit
 - > Historically not a Medicaid covered service
 - > Unique place in therapy, especially for pregnant women
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- ### SUD Treatment
- Innovative delivery models
 - > Emergency room initiation of MAT
 - > Provision of MAT via telehealth
 - More aggressive screening
 - > Building on SBIRT model
 - > Screening, Brief Intervention, and Referral to Treatment covered for pregnant women when provided by an obstetrician
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Drug Pricing

- "High drug costs" - not a singular phenomenon
 - Valuing new technology
 - Limiting exposure to low-value expenses
- Largely the result of generous pharmacy coverage
 - Consumers and prescribers are ill-informed and insensitive to drug costs
- Current policy environments prohibit aggressive payer controls
 - Medicaid "all rebated drugs" rule
 - Bans on closed formularies

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Formulary Approaches

- Divergent incentives create widening gaps in formulary approaches between payers
- While these are usually manageable, issues can arise
- In pediatrics, those seem to center around specific drug classes:
 - > ADHD
 - > Asthma

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