

Medicaid in 2020

2020 SCAAP CATCH Meeting

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Medicaid in South Carolina

- FY 2021 Appropriation: **\$8.2 billion**
- Full benefit Membership: **1.06 million**

Children	655,000
Disabled Adults	130,000
Other Adults	200,000
Elderly	75,000
Limited Benefits	225,000

- **60%** of Medicaid members are age 0 to 18
- Roughly **60%** of all children in SC are on Medicaid
- Medicaid pays for nearly **60%** of all births in SC
- **75%** of full-benefit Medicaid members are enrolled in Managed Care

Community Engagement (CE) Initiative

Community Engagement Initiative

The Healthy Connections Community Engagement Initiative is a public health initiative. Our goal is to take a **tailored approach** to promote better health outcomes and financial independence by providing access to resources to the most vulnerable South Carolinians while incentivizing able-bodied South Carolinians to achieve self-sustainability.

The initiative currently includes two parts:

- ***Healthy Connections Works waiver***
- ***Palmetto Pathways to Independence waiver***



Community Engagement Initiative

Centers for Medicare & Medicaid Services (CMS) has approved two waivers that make up the Healthy Connections Community Engagement Initiative.



Healthy Connections Works Waiver

Through the **Healthy Connections Works waiver**, SCDHHS will adopt community engagement requirements for qualifying Medicaid members.

Examples of these requirements include:

- Participation in an adult secondary education program through a public-school district or technical college
- Participation (at least half-time) in a degree or certificate-seeking program
- Employment for an average of at least 80 hours per month over a three-month period
- Volunteering for at least 80 hours per month over a three-month period



Who is exempt from CE requirements?

Qualifying Exemptions include:

- Children enrolled in Medicaid or CHIP
- Individuals age 65 or older
- Individuals who are the primary caregiver of a child or someone who is disabled
- Disabled individuals
- Pregnant women and Medicaid members who are 365 days or less post-partum
- Individuals receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)
- Participants in Medicaid covered treatment program for alcohol or substance abuse addiction, including opioid addiction

Who is exempt from CE requirements?

More Qualifying Exemptions:

- Members of federally recognized tribal organizations
- Primary caregiver of a child or someone who is disabled
- Individuals compliant with or exempt from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) requirements related to employment
- Those exempt on a case-specific basis.
- Members residing in regional areas that experience an unemployment rate of 8% or greater or when the statewide unemployment rate is 8% or greater

Palmetto Pathways to Independence Waiver

The **Palmetto Pathways to Independence waiver** will provide **additional coverage** for some of the state's most vulnerable populations who choose to engage in their community.

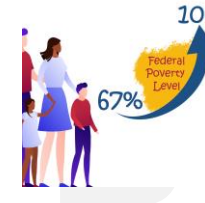
The initiative also provides a pathway to receive Medicaid coverage for parents, caretakers, and relatives of dependent children whose household income is below 100% of the Federal Poverty Level (FPL).



When do the CEW requirements go into effect?

- **NO ACTION** is required by current Medicaid members at this time.
- SCDHHS will provide updates on reporting requirement timelines for those who are impacted by community engagement requirements.
- SCDHHS will also provide coverage implementation dates for those who will be made eligible for Medicaid as we implement the Palmetto Pathways to Independence waiver.

Benefits of the Healthy Connections Community Engagement Initiative



Leverages the statewide network of job seeking, training, education and charitable resources to help get South Carolinians engaged in their communities by finding a job, continuing their education, gaining a job skill or serving their community

Removes the disincentive to earn more money many Medicaid members face by increasing the income threshold for parents and caretaker relatives of dependent children from 67% of FPL to 100% of FPL

Benefits of the Healthy Connections Community Engagement Initiative



Improves fetal and maternal health outcomes by providing coverage to women who are pregnant for up to 12-months post-partum who have been diagnosed with Substance Use Disorder (SUD), serious mental illness (SMI), or both, and have income less than 194% of FPL



Introduces new resources to combat the on-going opioid crisis by providing coverage for medically necessary addiction treatment services to those with income below the FPL, adding another path to battle the opioid crisis

Benefits of the Healthy Connections Community Engagement Initiative



Supports family reunification by extending coverage to parents of foster children who are not otherwise Medicaid eligible, who have not had their parental rights terminated, are complying with a treatment program, and have income less than 133% of FPL



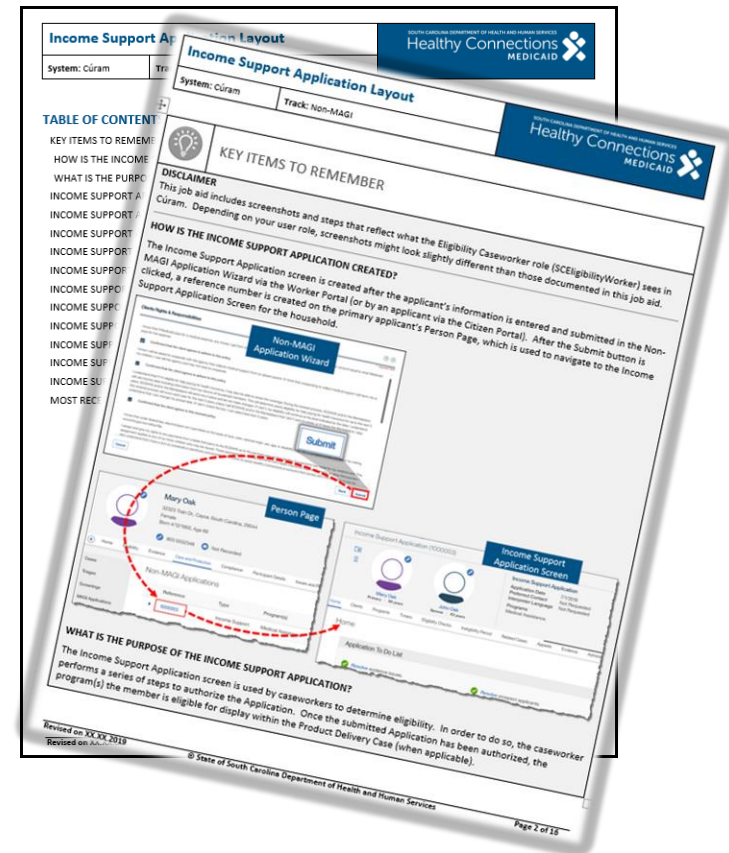
Provides coverage to those not otherwise eligible for full coverage Medicaid with no dependent children who are chronically homeless or involved in the criminal justice system and in need of SUD treatment

Resources

Resources on how to find community engagement opportunities are available online at www.scdhhs.gov/cew/resources.

Additional questions or comments about the initiative may be submitted to communityengagement@scdhhs.gov.

You can also access our CEW web site at www.scdhhs.gov/cew.



Quality of Care

SCDHHS – QTIP – SCAAP

Benefit for SCDHHS...

- *An open dialogue between SC AAP and SC Medicaid*
- *Quality projects to improve health outcomes for SC children*
- *Focused work on State initiatives*
- *Improvements in HEDIS scores*

Overall benefit...

- *Better care*
- *Better outcomes*
- *Lower cost of care*

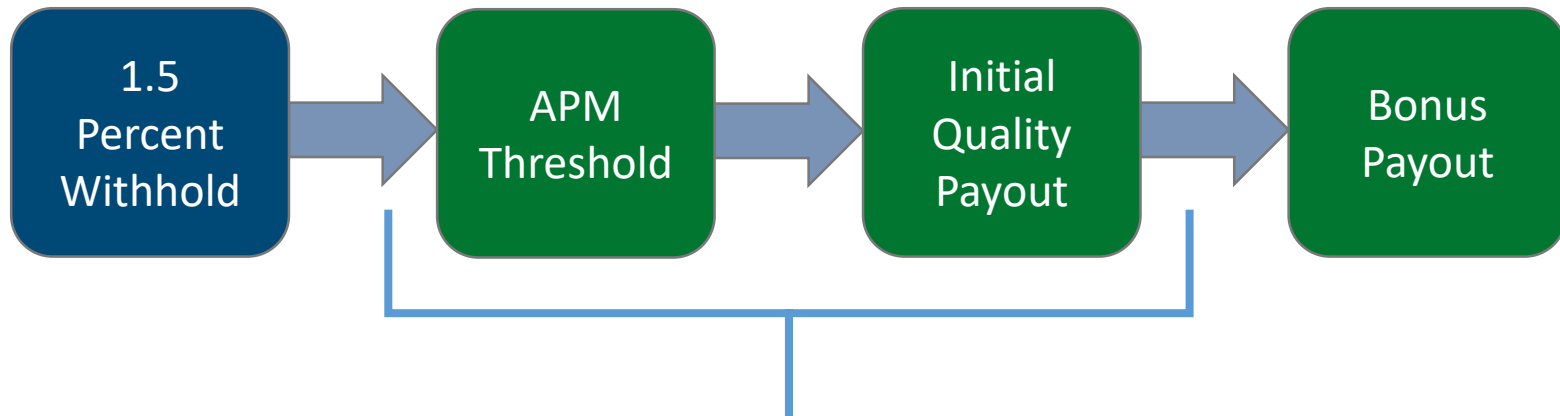
Benefit for Pediatricians...

- *Open dialogue with SC Medicaid on provider needs and impact of policies*
- *Increased capacity of practices for system changes*
- *Opportunity for exposure to trainings, community resources, AAP pilot programs, PCMH transformation*

Benefit for SC's Children...

- *Increased evidence based clinical care and quality of care*
- *Increased screening and preventative services*
- *Increased focus on mental health, well visit compliance, oral health, caregiver smoking cessation and vaccinations... etc.*

Withhold Model



Blending Quality and Payment Reform

Quality Indices:

- *Pediatric preventative care*
- *Diabetes care*
- *Women's health*
- *Behavioral health*

Pediatric Preventative Care

- Well-child visits during the first 15 months of life
 - Between 50th and 75th percentiles Ⓣ
- Well-child visits for 3 to 6 year olds
 - Between 10th and 25th percentiles Ⓣ
- Adolescent well-care visits
 - Between 50th and 75th percentiles
- Weight Counseling BMI
 - Between 50th and 75th percentiles

Reimbursement Rates

An Example: Physician Pricing Update

- Updated Benchmark
 - Shift from 2009 to 2019 Medicare fee schedule
 - Code groupings:
 - E&M
 - Pathology & Radiology
 - Medicine Services & Procedures
 - Surgery
 - Hearing/Speech Exams
 - Miscellaneous
- 78% of Medicare
- 71% of Medicare



Physician Pricing Project

Provider type differentiation:

- Four fee schedules:

• Standard	100%
• Primary Care	129%
• Pediatric Subspecialists	140%
• Other Professionals	80%
- Exceptions:
 - Physician administered drugs and equipment
 - Services with pre-existing value orientation

What this means for pediatricians...

- When benchmarked to Medicare:
 - Just over 100% for preventative and primary care
 - About 92% for procedures and other services
- Nationally, Medicaid reimbursement for physicians averages 72% of the Medicare rate
- For states overall, only 9 pay at or above the Medicare rate

