

# Office of Community Initiatives and Bureau of Quality Updates

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# Topics

- Quality through Technology and Innovation in Pediatrics (QTIP)
- Transforming Maternal Health Model (TMaH), Centers for Medicare and Medicaid Services (CMS) Cooperative Award
- South Carolina Birth Outcomes Initiative (SCBOI), South Carolina's Perinatal Quality Collaborative
- MCO Carve-in and Rural Health Transformation Program (RHTP)

# South Carolina Department of Health and Human Services (SCDHHS)

## Mission

To be boldly innovative in improving the health and quality of life for South Carolinians.

## Vision

Turning thought into action through evidence-based decision making.

## Goals

**Member Experience:** Ensure a responsive member experience.

**Services:** Purchase access to needed health services.

**Operations:** Properly align resources to enable success.

# TMaH

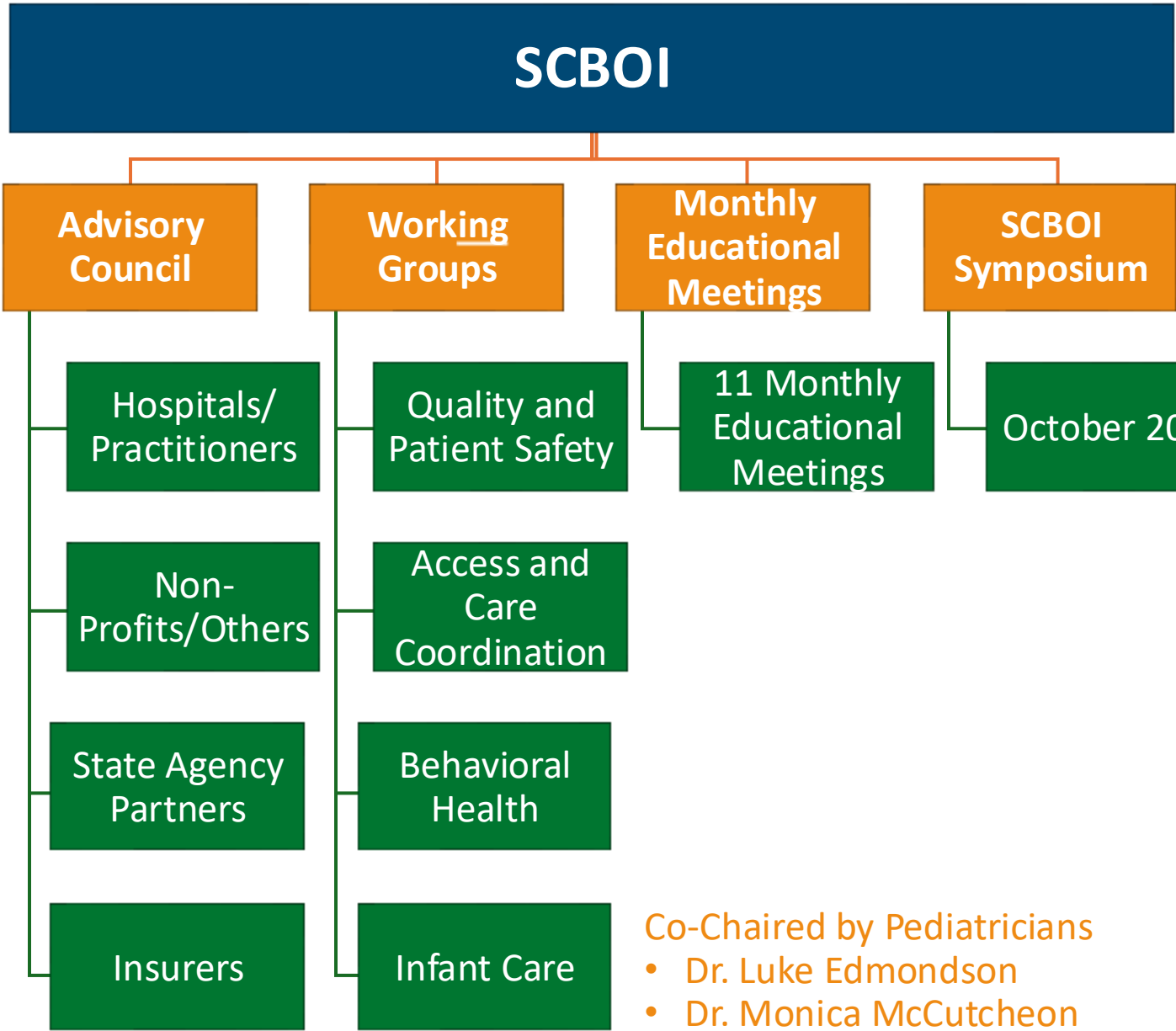
## Model

- TMaH is the CMS model designed to focus exclusively on improving maternal health care for women enrolled in Medicaid and the Children's Health Insurance Program (CHIP).
- The model will support participating state Medicaid agencies in the development of a whole-person approach to pregnancy, childbirth and postpartum care that addresses the physical, mental health and social needs experienced during pregnancy.

## Measures

- The goals for the TMaH model include the following:
  - Reduced rates of low-risk C-sections
  - Reduced incidence of severe maternal morbidity
  - Reduced rates of low birthweight infants
  - Improved experience of perinatal care
  - Reduced Medicaid and CHIP program expenditures for maternity and infant care

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Co-Chaired by Pediatricians

- Dr. Luke Edmondson
- Dr. Monica McCutcheon

# RHTP Initiatives



# RHTP Annual Grant Cycle

## Stage Zero

Develop notice of funding opportunity (NOFO).	CMS approves NOFO.	Issue NOFO.	Eligible parties prepare and submit applications.	SCDHHS review cycle.	SCDHHS issues contracts with awarded entities.
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## Stages One Through Three

Establish technical assistance and contract monitoring cadence with award entries.	Ongoing contract monitoring.	SCDHHS collects established success measures.	Awarded entities submit contractual reporting.
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## Stage Four

SCDHHS RHTP team compile and review reporting to ensure programmatic alignment.	Ongoing programmatic refinement.
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## Stage Five

SCDHHS evaluates each grant program using data from stages one through four.	Evaluation results shared with CMS and stakeholder partners.
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# Service Delivery Models

## Fee-for-Service (FFS)

The state pays providers directly for each covered service received by a Medicaid member.

## Managed Care Organizations (MCOs)

Approximately 80% of members are in an MCO.

The state pays a fee to a managed care plan for each person enrolled in the plan.

Must cover all services outlined in Medicaid regulations and the State Plan.

Can negotiate rates with providers.

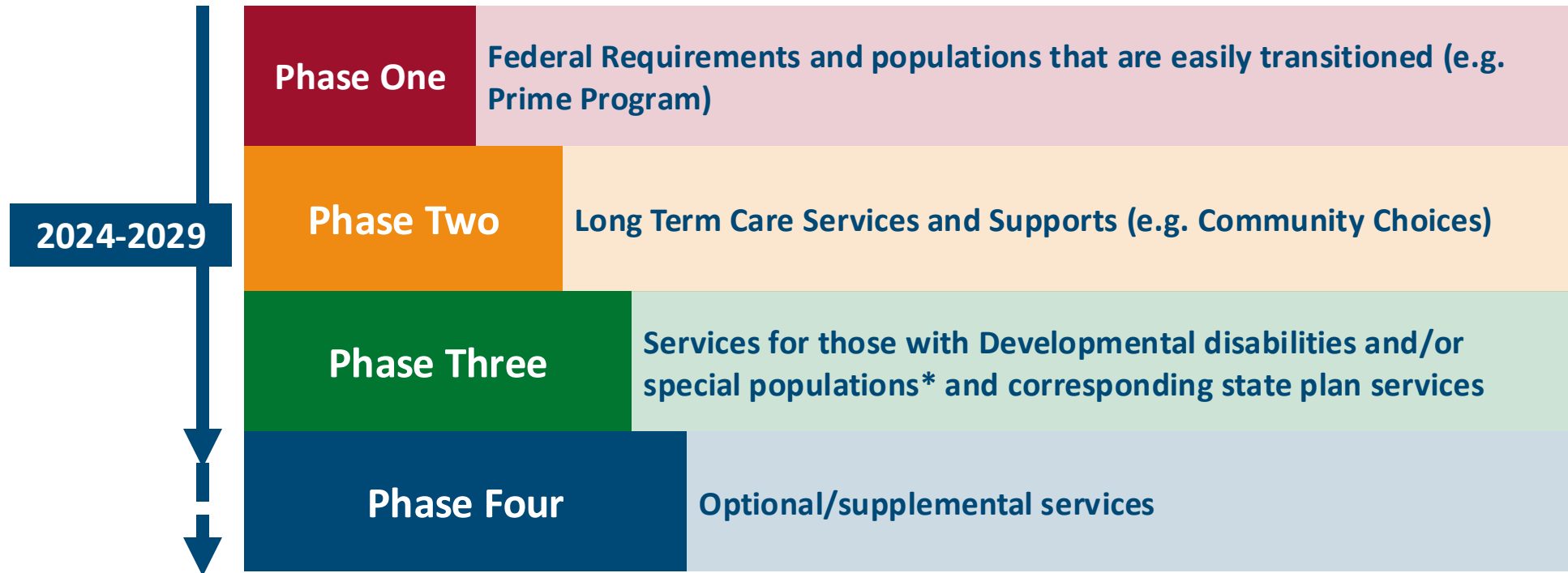
Flexibilities and incentives to deliver value-added services.





# MCO Carve-in: One Delivery System

“Optimize best practice in Medicaid managed care by completing a transition to near **100% managed care by SFY 2029**”



*\*Potential for one plan obtained via the procurement process through a request for proposals*

# MCO Certification Review Stages

## Minimum Qualifications

3.5-star rating

NCQA accreditation

- Health plan, Health equity, long-term support services

Summary of contractual non-compliance

Statewide network

## Contractual Compliance/ Experience Analysis

State standards

- Network, claims payment, alternative payment model, appeals/grievances, encounters

NCQA accreditation survey and EQRO survey results review

Delivery system quality review  
(e.g. Provider-preventable conditions)

Community reinvestment plan

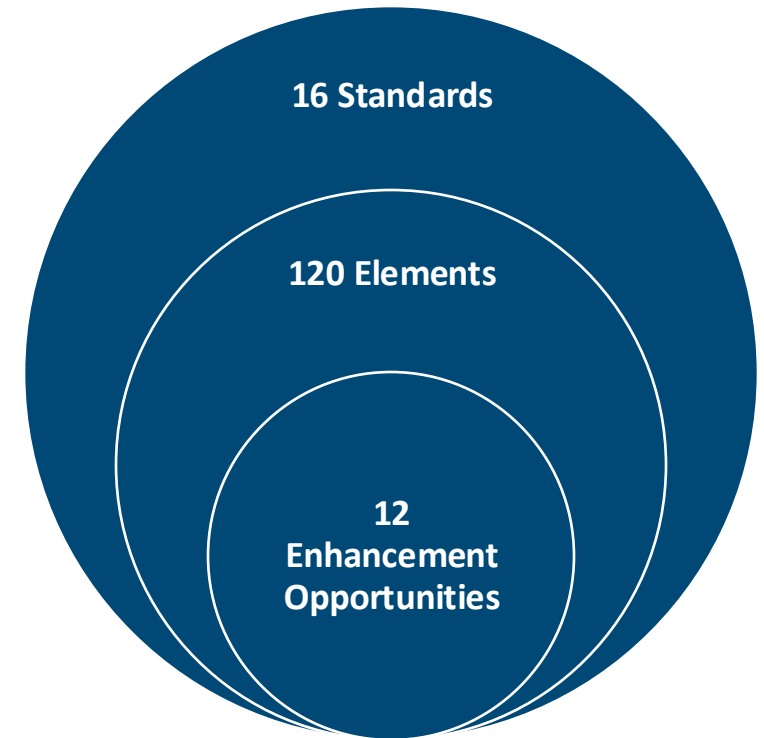
## Operational Excellence

Onsite

Testing/follow up

# MCO Certification Standard and Elements

- The certification process will prioritize MCOs that demonstrate:
  - Strong financial solvency and operational efficiency
  - **Ability to meet and exceed network adequacy and accessibility standards**
  - **Excellence in quality measures and reporting compliance**
  - **Commitment to community investment(s)**
  - Innovative approaches to program design
- The MCO certification is divided into **standards**.
  - Each standard contains key **elements** of focus for the certification period.
  - Within the identified standards and elements, there are **enhancement opportunities** where we have asked the MCOs to design submissions that go above and beyond current contractual requirements.



# MCO Certification Standards

Administrative Requirements	Member Eligibility and Enrollment	Core Benefits and Services	Care Management and Coordination
Networks	Finance	Payments	Utilization Management
Grievance and Appeals	Third Party Liability	Program Integrity	Marketing Requirements
Reporting Requirements	Data Submission Requirements	Quality	Early Intervention



# If You Want to Know More

For any questions, please email or visit the appropriate website.



TMaH

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SCBOI

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RHTP

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