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South Carolina Medicaid Moving Forward



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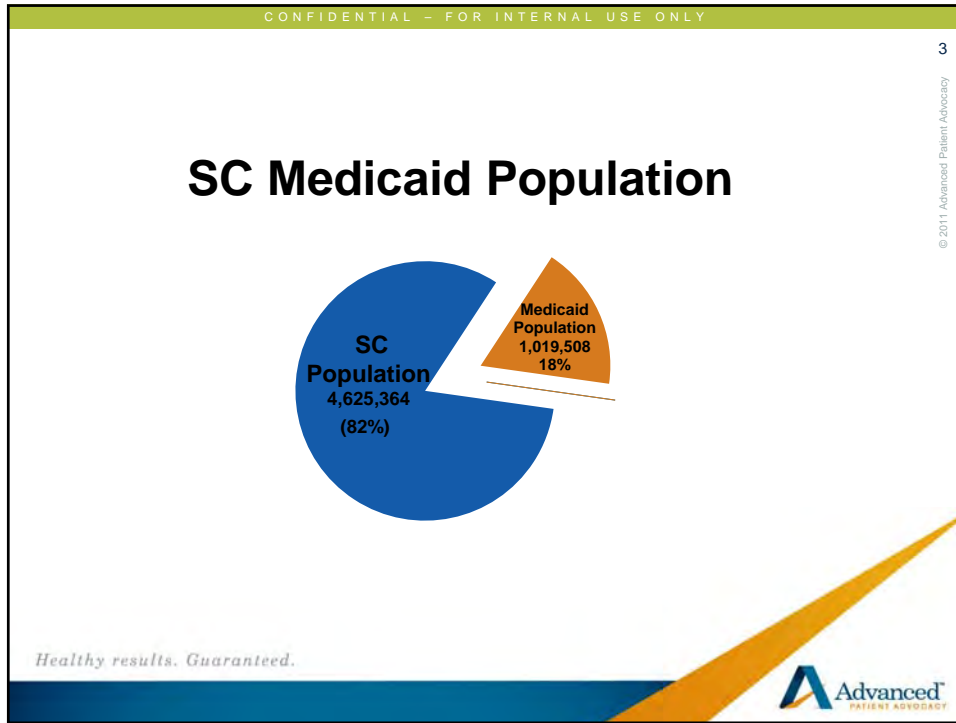
Quick Facts about SC Medicaid

- More than \$11,000 is spent each minute for SC Medicaid Services
- More than one million South Carolinians are covered by Medicaid at some point during a year.
- Medicaid covers 40% of all children in SC
- Medicaid pays for more 50% of all births and 85% of all teen births in SC
- Medicaid Contracts with 78% of the states' nursing homes and pays for 70% of the people in those facilities.
- Medicaid pays approximately 40,000 health care providers for the vital services they provide.
- Ten years ago, the DHHS General Fund budget was \$521 million. Today the DHHS General Fund budget is \$917 million. South Carolina's total expenditures is approaching \$5.9 billion.

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- ## SC Initiatives Moving Forward
- SC Birth Outcomes Initiatives – started in Feb 2012.
 - SC was ranked 4th Nationally for Pre-term babies
 - First Quarter 2013 DHHS reports saving over \$6 million
 - HHS awards SC DHHS \$852,693
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SC Initiatives Moving Forward

- Healthy Connections Checkup – previously Family Planning
 - Effective August 2, 2014
 - Available to men and women with income at or below 194% FPL
 - Estimated 450,000 individuals are eligible
 - September 1, new Checkup Cards issued.



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SC Initiatives Moving Forward

- Hospital Based Presumptive Approval
- 9 out of 70 Hospitals in the State Participating
- By the numbers:
 - 120 presumptive determinations
 - 118 full apps received
 - 61 approved
 - 45 denied
 - 5 pending
 - 2 unknown blank

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SC Initiatives Moving Forward

- Comments that DHHS is sharing:
 - It makes more sense to complete a full application while the person is present in the hospital.
 - Presumptive does not speed up the process, it actually slows the process by adding additional steps.
 - Hospitals already have a process in place for uninsured.
 - State workers work directly with the hospital, the uninsured patient, the enrollment vendor and the navigators.

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SC Initiatives Moving Forward

- ICD-10, Implement Oct 2015:
 - Although we are still waiting on the interim final rule to be published, the SCDHHS is moving forward in developing a strategic plan in accordance with the October 1, 2015 ICD-10 compliance date. In consideration of these efforts by SCDHHS, community providers and associated business partners should review their strategy now for probable adjustments to their ICD-10 implementation plan.*
 - Go this website: <https://msp.scdhhs.gov/aca/>
 - 39 y/o male, inpatient, admitting dx-colon cancer
 - Scenario 1 ICD-9 Code _____
 - Scenario 1 ICD-10 Code _____

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Prior Authorization

- Tips from Kepro
- 945 – No longer needed? Unless a Reviewer requests the 945 or if the patients Medicaid does not show retro in the system?
- Submit prior authorization request within 2 business days of emergent admission
 - If not emergent then only 1 business day.
- Labor and Delivery to include the Newborn does not need prior authorization
 - If newborn is transferred out of your facility to another facility and then transferred back to facility a prior authorization is needed.

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Healthy Connections Prime

- Healthy Connections Prime is a new option for individuals 65 and older with Medicare and Medicaid.
- Prime offers all the health care services, fully managed by a coordinated and integrated care organization (CICO).
- Prime aligns with the Triple Aim and offers:
 - Better care through a person-centered care model
 - Better value by focusing on quality and not quantity
 - Better health for the elderly population


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WITHOUT INTEGRATED CARE:	WITH INTEGRATED CARE
<ul style="list-style-type: none"> • Three ID cards: Medicare, Medicaid, and prescription drugs 	<ul style="list-style-type: none"> • One ID card
<ul style="list-style-type: none"> • Three different sets of benefits 	<ul style="list-style-type: none"> • Single set of benefits
<ul style="list-style-type: none"> • Poor communication among providers 	<ul style="list-style-type: none"> • Intentional communications, including hospital transition planning
<ul style="list-style-type: none"> • Health care neither coordinated nor person-centered 	<ul style="list-style-type: none"> • Person-centered care model featuring a multi-disciplinary team; new palliative care benefit; three-day qualifying stay
<ul style="list-style-type: none"> • Incomplete knowledge of patient's condition, medical records, medications and care plan 	<ul style="list-style-type: none"> • Provider access to individualized care plan; medication reconciliation
<ul style="list-style-type: none"> • Limited time, staff resources or incentives to coordinate services 	<ul style="list-style-type: none"> • Model of care promotes and incentivizes coordination; value-based purchasing
<ul style="list-style-type: none"> • Lack of appropriate incentives to provide care at the right time and in the least restrictive setting 	<ul style="list-style-type: none"> • Rate structure and quality incentives address right time and right place for care

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Eligibility

Individuals may be eligible for this program if they meet the following criteria:

65 and older, and
Full benefit dual eligible or
Meeting the above criteria and are enrolled in the following waivers: Community Choices, HIV/AIDS, and Mechanical Ventilation Waiver.

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Goal of Care Transitions

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- To improve transitions from institutional settings to other care settings
- To improve quality of care
- To reduce readmissions for high risk beneficiaries

Effective treatment and transition planning begins at admission to in-patient facility, including acute care, psychiatric hospitals and nursing facilities or presentation at the emergency department

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Prime Will Support Providers

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- Reduction in fragmented care, and increased efficiency
- Improved communication and collaboration through integrated provider network
- Recognition of the role of the provider in care coordination
- Provision of a single reimbursement from one payor
- Emphasis of quality, value-based healthcare that aligns payments around needs
- Support of the SCDHHS overall mission.

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Questions

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