



# South Carolina Department of Health and Human Services Update

- HOP Update
- Funding Overview for FY17
- Stories to Tell

HFMA/SCHA Payor Summit

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**FY 2017 Update**

**Incentive program to participating communities (hospitals, primary care safety net providers, and community organizations) designed to improve health outcomes and reduce system costs through better coordinated care of the uninsured, chronically ill, high-utilizers, or those who will become high-utilizers of emergency departments and inpatient services**

### Participants

As of February 2017:

- 15,535 total enrolled HOP participants
- FY17 Enrollment Target 13,897
- 93% (14,371) of enrollees have complete care plans

### Key Points

- Interim findings presented in January 2017 moving in the right direction
- Participants under care plan
- Addressing Social Determinants is a key factor to success
- Innovative Partnerships

### Providers

- 100% participation from 56 SC Medicaid-designated hospitals leading to 44 HOPs

### Partnerships

- Estimated 56 Hospitals and 76 Primary Care Safety Net Providers (FQHCs, RHCs, Free Clinics) partnered at 104 sites
- 30 participating behavioral health clinics (MH and DAODAS)

Purpose	Proviso 33.22 FY 16	Proviso 33.21 FY 17
2.75% Rate Increase	\$31M	\$31M
Rural Hospital DSH Payment (100%)	\$25M	\$25M
301 Alcohol and Drug Abuse Clinics	\$2M	\$1.6M
Primary Care Safety Net – FQHC	\$8M	\$6.4M
FQHC – Capital Needs	\$4M	N/A
Primary Care Safety Net – Free Clinics	\$2M	\$1.6M
Primary Care Safety Net – Innovative Care	\$6.6M	\$5.2M
<b>Total</b>	<b>\$78.6M</b>	<b>\$70.8M</b>



- **Proviso 33.21 Allocated \$1.6M to 301 Clinics**
- **301 Clinic Contracts**
  - Funding for 33 locations varies per clinic
  - Funding allocated per model approved by the South Carolina Behavioral Health Service Association
  - Designed to enable clinics to be provide services to uninsured in communities

- **Proviso 33.21 Allocated \$1.6M to Free Clinics**
- **Baseline Funding (\$1M)**
  - \$16,666 per site
  - As of July 2016 Report
- **EMR ( Goal 11 New)**
  - \$25,000/ea
  - Goal is to connect with community
- **Hybrid (Goal 4 New)**
  - \$50,000/ea
  - Accept Medicaid patients
  - Potential source of income
- **SCFCA for Administrative Operations (\$100,000)**

- **Proviso 33.21 Allocated \$6.4M to FQHCs**
- **Baseline Funding (\$4M)**
  - Allocation varies based on 2015 UDS Report
  - Paid in lump sum
- **Growth Funding (\$2.4M)**
  - FQHCs paid for new uninsured placed on care management since July 2016
  - Growth allocation is based on 3.3% Growth in uninsured served based on 2015 UDS Report



- **Proviso 33.21 Allocated \$4M to Hospitals**
- **Innovative Care Contracts(\$5.2M)**
  - Contracts moving through approval system
  - In addition to 2.75% Increase and Rural DSH Pool
  - Paid monthly for each HOP participant reported as enrolled an under care plan from July 2016 to the present up to the limit of the contract
  - Contracts structured to provide maximum dollars to communities

- **Proviso for FY18 working through legislature**
- **Innovative Care Contracts(\$5.2M)**
  - **Contracts moving through approval system**
  - **In addition to 2.75% Increase and Rural DSH Pool**
  - **Paid monthly for each HOP participant reported as enrolled an under care plan from July 2016 to the present up to the limit of the contract**
  - **Contracts structured to provide maximum dollars to communities**

### *McLeod Loris*

In October 2016 AHH received a referral from McLeod Health for a 53-year-old Caucasian male. He was being seen at the emergency department for diabetes and hypertension. The hospital reported his A1C at 11.3 and blood pressure at 146/69. The patient stated that he became noncompliant due to his poor financial status. So he could not afford to pay to see a doctor or to get the medications that he should be taking to manage his chronic health conditions. AHH scheduled his follow-up medical appointment and he successfully connected with Little River Medical Center. Ever since initial HOP enrollment, he has shown a decrease in blood sugar readings as well as a lower blood pressure. His most recent documented blood pressure, in January 2017, was 90/60. His A1C decreased significantly to 7.0. This HOP participant feels confident that he will continue to show improvement.

Healthy Connections

