

Access to Care

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Medicaid Overview

Healthy Connections Medicaid

- Healthy Connections Medicaid is the name of South Carolina's Medicaid program
- Managed by the South Carolina Department of Health and Human Services (SCDHHS)
- Individuals who meet certain categorical, financial and non-financial requirements may qualify for benefits
- Eligibility is determined through an application process

Medicaid Explained

- Jointly funded by state and federal governments
- NOT the same thing as Medicare
- The federal government requires certain mandatory coverage groups and benefits
- The federal government gives states the right to provide for optional coverage groups and benefits so eligibility can vary from state to state

Who is Eligible for Healthy Connections Medicaid?

- Children under age 19
- Individuals receiving cash assistance such as Supplemental Security Income (SSI)
- Individuals age 65 or older, blind or disabled
- Pregnant women
- Families with dependent child(ren)
- Individuals diagnosed and found to need treatment for either breast or cervical cancer, or pre-cancerous lesions
- Individuals qualifying for family planning, a limited benefit package that is not the same as “full” Medicaid

Medicaid Mandatory Services/Providers

- Physicians, mid-wives, certified nurse practitioners
- Hospital inpatient and outpatient services
- Laboratory and x-ray services
- Family planning services and supplies
- Rural health clinics and federally qualified health centers
- Home health care for adults
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services

Medicaid Optional Services

- Prescription drugs
- Dental care
- Vision services
- Hearing aids
- Personal care services for the frail, elderly and disabled

South Carolina Medicaid Enrollment

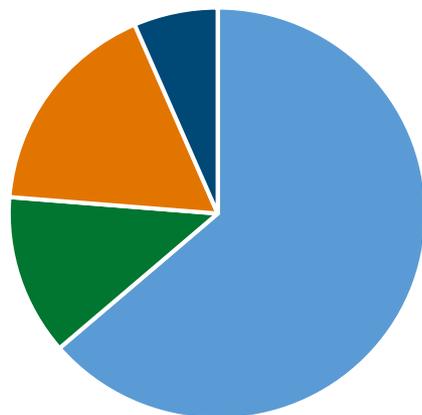
- Full Medicaid Members: 1.05 million*
- Limited Medicaid Members: 207k*
- 64% of Medicaid members are age 0 to 18
- Roughly 60% of all children in SC are on Medicaid

**as of July 2017, to account for six-month look back*



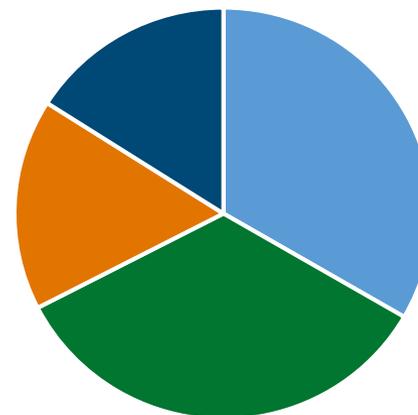
Full-Benefit Members and Expenditures

% of Enrollment



■ Children ■ Disabled Adults ■ Other Adults ■ Elderly

% of Expenditures



■ Children ■ Disabled Adults ■ Other Adults ■ Elderly

- Children represent almost 64% of enrollment, but only 33% of projected expenditures
- Disabled adults make up approximately 13% of enrollment, but account for over 34% of projected expenditures



South Carolina Healthy Connections Medicaid Initiatives

Telemedicine

Overview

- Telemedicine is the delivery of medical care via secure, electronic communications from one site to another
- Telemedicine is a tool can help to minimize many access-related issues by introducing local services into communities where they were previously unavailable
- Coverage of telemedicine services began in 2011
- SCDHHS monitors trends and regularly evaluates policy for any appropriate updates or additions
- Benefits:
 - Increase access to care
 - Address provider shortages
 - Ease burden of travel/transportation

Policy

Covered Services:

- Office or other outpatient visits (99201 – 99215)
- Inpatient consultation (99251-99255)
- Psychotherapy (90832, 90834, 90837)
- Psychiatric diagnostic interview examination (90791, 90792)
- Neurobehavioral status examination (96116)
- Electrocardiogram interpretation and report only (93010)
- Echocardiography (93307, 93308, 93320, 93321, 93325)

Referring Sites:

- The office of a physician or practitioner
- Hospital (Inpatient and Outpatient)
- Rural Health Clinics and Federally Qualified Health Centers
- Community Mental Health Centers
- Schools

Approved Providers:

- Physicians
- Nurse Practitioners
- Physician Assistants

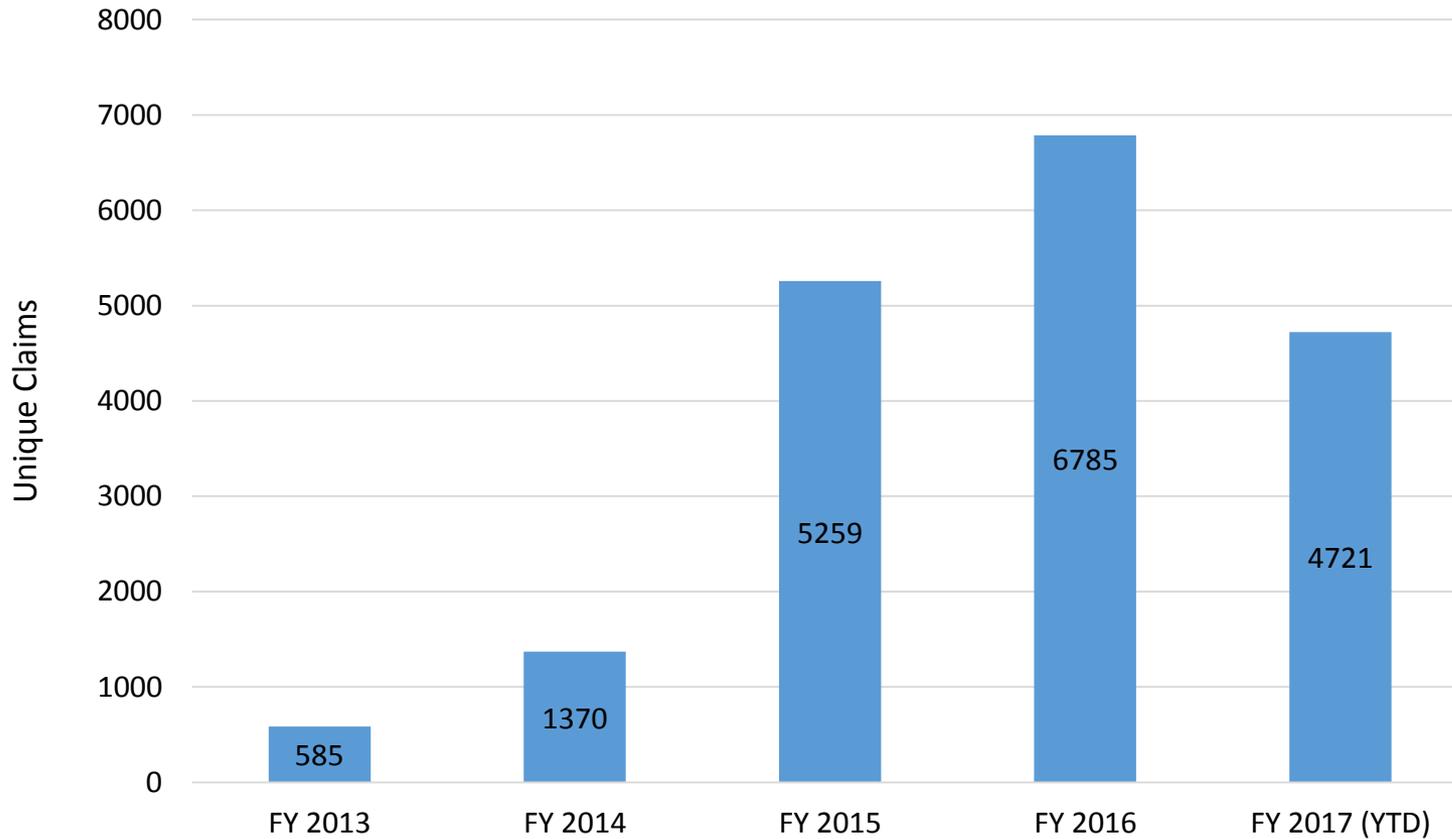
SC Telehealth Alliance

- Increased involvement with telemedicine came through its inclusion in the budget proviso beginning in 2013, when SCDHHS was directed to allocate funds to MUSC Hospital Authority for the growth of telemedicine
- Since 2013, the budget proviso has called for the development of a statewide, open access telemedicine network, which came to be known as the South Carolina Telehealth Alliance (SCTA)
- The SCTA is a collaboration of health systems, hospitals, providers, payers and state agencies
 - SCTA mission - to improve health in SC through telehealth
 - Primary responsibility - operationalizing the strategic plans to develop and implement a telehealth network, and grow telehealth in South Carolina

SC Telehealth Alliance (cont.)

- The SCTA Advisory Council is a group of stakeholders responsible for generating the strategies and tactics included in the annual strategic plan
- SCTA Advisory Council Representation:
 - Four Regional Hubs (PH-USC, MUSC, GHS, McLeod)
 - Palmetto Care Connections
 - Department of Mental Health
 - Department of Health and Human Services
 - SCETV
 - Two rural providers
 - Two members of the South Carolina legislature
- SCDHHS is represented on the SCTA Advisory Council as well as other SCTA subcommittees and workgroups

Telemedicine Utilization



Healthy Outcomes Plan(HOP)

Proviso 33.21 Sec A, C, D – Medicaid Accountability and Quality Improvement Initiative

Overview

- 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

Status/Statistics

- Participants (as of August 2017):
 - FY18 enrollment target is 14,591
 - 15,038 total enrolled HOP participants; 103% of enrollment goal
 - 95% (14,229) participants under care plan management plans
- Providers:
 - 100% participation from 56 SC Medicaid-designated hospitals leading 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)
 - Partnerships also include Transportation, YMCA, County Planners, Housing Coalition, Vocational Rehab, etc.

Key Findings

- There was a 65% reduction in mean ED cost for participants from pre-HOP to 19-24 months of enrollment, a reduction on average of \$1,373 per person within 24 months
- There was a 62% reduction in mean inpatient cost from pre-HOP to 19-24 months of enrollment, a reduction on average of \$2,956 per person within 24 months
- Similar gains seen for participants with Behavioral Health Diagnoses

**Note: These results are based on HOP participants under care plan management*

Medicaid Dental Benefit

Covered Dental Procedures

Procedure Categories	Coverage	
	Child < 21	Adult 21+
Examinations		
Radiographs	✓	✓
Prophylaxis	✓	✓
Fluoride Application	✓	
Dental Sealants	✓	
Amalgam Restorations	✓	✓
Composite Restorations	✓	✓
Pre-Fabricated Crowns	✓	
Build Up/ Post and Core	✓	
Endodontic Treatment	✓	
Dentures	✓	
Periodontal Treatment		
Orthodontics		
Extractions	✓	✓
Anesthesia/ Sedation	✓	✓

Dental Benefit: Children Under Age 21

- Access
 - 99.4% visited the physician for any reason (includes pediatricians, family physicians, FQHCs and RHCs)
 - 53.6% visited the dentist for any reason
- Utilization
 - 1.8% of children ages 0 to 11 received oral health services (fluoride varnish by a physician)*
 - 4.8% of children ages 0 to 5 received oral health services (fluoride varnish by a physician)*
 - Among those that received fluoride varnish by a physician, only 1 in 6 children received more than one application
- Key Points
 - Use the medical home to provide oral health services for children
 - Increase utilization of oral health services (fluoride varnish application)

*SCDHHS policy allows fluoride varnish up to the 13th birthday

Dental Benefit: Adults Ages 21+

- Access
 - 100,676 adult patients visited the dentist for any reason
- Utilization
 - \$750 Annual Cap
 - 2,640 adult patients exhausted the benefit (0.5% of those who sought dental services)
 - Oral surgery is #1 service category utilized by adult population along with related sedation services (sedation services, if medically necessary, do not count towards the \$750 limit)
- Key Points
 - Increase awareness among health professionals for referring patients to the dentist
 - Educate patients about the importance of oral health in overall health and managing chronic diseases

