AGENCY NAME:	Department of Health and Human Services		
AGENCY CODE:	J020	SECTION:	33

Fiscal Year 2016-2017
Accountability Report

SUBMISSION FORM

AGENCY MISSION	To purchase the most health for our citizens in need at the least possible cost for taxpayers.
AGENCY VISION	The vision of the South Carolina Department of Health and Human Services is to be a responsive and innovative organization that continuously improves the health of South Carolina.

Please select yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently.

	Yes	No
RESTRUCTURING RECOMMENDATIONS:	☐	☒

Please identify your agency's preferred contacts for this year's accountability report.

	Name	*Phone*	*Email*
PRIMARY CONTACT:	Jenny Stirling	803-898-3965	lynchjen@scdhhs.gov
SECONDARY CONTACT:	Bryan Kost	803-898-2580	kostbr@scdhhs.gov

AGENCY NAME:	Department of Health and Human Services		
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I have reviewed and approved the enclosed FY 2016-2017 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	Deirdra T Singleton 9/1/2017
(TYPE OR PRINT NAME):	Deirdra T. Singleton
BOARD/CMSN. CHAIR (SIGN AND DATE):	N/A
(TYPE OR PRINT NAME):	

AGENCY'S DISCUSSION AND ANALYSIS

Leadership

The vision of the South Carolina Department of Health and Human Services is to be a responsive and innovative organization that continuously improves the health of South Carolina. Values and performance expectations are defined and communicated through several mechanisms, the centerpiece of which is the agency's Balanced Scorecard.

This tool highlights a dozen key goals for the upcoming year, with three items assigned to each of the four following categories: Better Health, Outstanding Member Services, Sound Fiscal Stewardship, and Responsive and Responsible Management.

Not only are these performance measures incorporated into the agency's annual Accountability Report; they are also discussed regularly at meetings of agency managers and supervisors and updated on intranet sites available to agency employees.

Values and performance expectations are further disseminated through personal interaction with agency employees (in group and/or individual settings) and through the performance management process.

Strategic Planning

The Department's strategic objectives are derived from its legal obligations as instructed in state and federal law, regulation, and other administrative issuances. These obligations are operationalized into more specific work plans based upon shorter-term priorities established through proviso or other budgetary instruments or in order to ensure compliance with the ever-evolving body of federal regulations and other policy guidance from the Centers for Medicare and Medicaid Services, among other legal authorities.

Against this legal backdrop, the Department strives to develop and implement plans in a manner that is consistent with the Institute for Healthcare Improvement's "Triple Aim," which seeks to improve the health of the population, enhance the patient experience of care, and reduce the per-capita cost of care.

Plans are developed and implemented through the normal operations of the agency; information is shared among agency leadership, managers, and rank-and-file employees through standing and ad hoc meetings, informal discussions, and through intranet sites (such as SharePoint) and other media. Meetings are established with a goal being to ensure that the appropriate staff and program areas are consulted and have an opportunity to participate in the decision-making process, while being spaced so that each meeting has a specific purpose and to prevent "meeting creep" from consuming so much time that employees are left without hours in which to actually execute on these plans.

The agency's plans can be revised through several of these settings, and will be escalated to a level within the agency that is commensurate with the sensitivity and importance of the matter at hand. Sufficiently disruptive changes may require additional consultation with the Governor's Office, the General Assembly, or various federal authorities. Matters such as these are likely to rise to the level that they would need to be addressed in future iterations of the Balanced Scorecard, the Accountability Report, or subsequent budgets.

Accomplishments are measured and sustained through each of these mechanisms and venues described above and also, for more "micro-level" accomplishments, through the employee performance management process.

Customer Focus

The Department's customers are South Carolina's one million Medicaid beneficiaries. Applicants and the authorized representatives of our applicants and beneficiaries are in a similar position. Certainly the Department has other stakeholders, such as the state's hospital and healthcare systems, the provider community, the managed care plans, and the friends, families, and caregivers of those we serve. Other parties, such as the Department's vendors and other health-related state agencies are also part of the same ecosystem.

The needs and requirements of these entities are in some cases defined in the Medicaid state plan and/or in one or more federally-approved waivers. They are also communicated through in-person meetings or through the platforms or requests presented by various trade associations or advocacy groups. The expectations of these individuals and associations are also presented in these same ways.

The Department's performance against these expectations is measured through several items that are presented on the Balanced Scorecard. We also use performance-based contract reports and various dashboards to monitor these trends.

- Goal 1: Provide better health outcomes for Medicaid beneficiaries.
  - Objective 1.1.1: Provide at least 20% of managed care payment using a value-based approach.
  - Objective 1.1.2: Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually.
- Goal 2: Provide outstanding service to our members and applicants.
  - Objective 2.1.1: Increase the number of online applications by 10%.
  - Objective 2.2.1: Increase the one-hour resolution rate for walk-in services by 10%.
  - Objective 2.2.2: Increase the rates of single-touch case resolutions for applications and reviews by 10%.
- Goal 4: Provide responsive and responsible management of health and human service programs.
  - Objective 4.1.1: Process 99% of provider applications within 30 days.
  - Objective 4.1.2: Process 99% of electronic claims submissions within 14 days.

Workforce Focus/Human Resources

On an individual level, employee performance is assessed and directed through an annual review process that is similar to that which is carried out all across state government. At a higher level, the Department has created some unique training and development opportunities that were custom-tailored in order to provide the Medicaid workforce with multiple paths to grow and to actively participate in the agency's planning and execution.

Every fall, all HHS employees are invited to participate in the Annual Engagement Survey, which allows employees to anonymously comment on their connection to the agency, their immediate supervisors, and the agency's leadership. They may also provide additional comments on what is and what is not perceived to be working within SCDHHS. This survey is enormously helpful to setting the Department's direction for the upcoming year, for

enabling employees to feel valued and appreciated, and for developing ideas for future workforce development initiatives.

Leadership Development Retreats have a workforce development focus and are also used as opportunities to remind managers of the agency's priorities and of recent progress against the Balanced Scorecard.

- Goal 4: Provide responsive and responsible management of health and human service programs.
    - Objective 4.2.1: Improve employee engagement scores by 5%.

Process Management/Continuous Improvement

Although agency head evaluation materials treat "process management and continuous improvement" as a distinct objective, if these priorities are being afforded the attention they deserve, then they should be treated more as a cross-cutting theme that should be present in the discussion of all other objectives. We should be asking how do we continuously improve our financial management, workforce planning, customer focus, etc. These questions are thoroughly and repeatedly explored by the agency's senior management at each discussion of the Balanced Scorecard, where we ask whether we are measuring the things that truly matter, whether we have operationalized them correctly, and whether we are potentially misinterpreting the results we have seen so far.

To ensure that this spirit is communicated throughout the organization, HHS has the Leadership Development Retreats, the Annual Engagement Survey, and the "Bright Ideas" program through which employees can offer suggestions for quality improvement that are promptly vetted by the relevant staff.

- Goal 2: Provide outstanding member services.
    - Objective 2.1.1: Increase the number of online applications by 10%.
    - Objective 2.2.2: Increase the one-hour resolution rate for walk-in services by 10%.
    - Objective 2.2.2: Increase the rates of single-touch case resolutions for applications and reviews by 10%.
- Goal 4: Provide responsive and responsible management of health and human service programs.
    - Objective 4.1.1: Process 99% of provider applications within 30 days.
    - Objective 4.1.2: Process 99% of electronic claims submissions within 14 days.

Financial Management

The South Carolina Department of Health and Human Services is ultimately a healthcare policy and financing agency; without sound financial management, the Department will be unable to meet its commitments to its one million beneficiaries.

The Department must ensure that it retains adequate working capital in order to pay its bills in a timely manner. Similarly, cost growth must be contained so that Medicaid expenditures don't force the Governor and the General Assembly to sacrifice whatever additional investments may be required in education, infrastructure, or other policy arenas.

Finally, the Department must also develop a series of policies, controls, and investigative/recovery mechanisms that deter or otherwise combat waste, fraud, and abuse.

- Goal 3: Promote sound fiscal stewardship of the Medicaid program.
  - Objective 3.1.1: Maintain General Fund expenditures within 3% of forecast.
  - Objective 3.2.1: Keep per-member cost increases below national benchmarks.
  - Objective 3.3.1: Increase the percentage of expenditures analyzed for third-party liability by 5%.

Risk Assessment and Mitigation Strategies

In this section, the Department is required to "identify the potential most negative impact on the public as a result of the agency's failure in accomplishing its goals and objectives", then "explain the nature and level of outside help it may need to mitigate such negative impact on the public", and finally "list three options for what the General Assembly could do to help resolve the issue before it became a crisis." Ultimately, the greatest negative impact that could result from the Department's failure to accomplish its goals and objectives would be a loss of access to healthcare services for our one million beneficiaries. A systematic failure like this is exceedingly unlikely. The most likely major threat would be the fiscal impact of the next recession, when revenues will fall and the agency's budget will likely be cut. This is particularly challenging for Medicaid, which is a countercyclical program, meaning that more people become financially eligible and therefore the demand for Medicaid spending increases just as funding will start to be pulled away.

In terms of outside help, maintaining healthy reserve accounts for the Medicaid program itself and for the government as a whole is essential. Other threats to the program are technological (IT systems failure, cyberattack) or related to waste, fraud, and abuse. The Department has a multifaceted defense against many of these threats, but has taken a number of additional steps, including hiring specialists in key areas, gaining access to certain consultants, and increasing collaboration with the Department of Administration's technology and information security staff.

The General Assembly has already taken some of the actions needed to help avoid a crisis. Key provisos have been amended in recent years to allow the Department to maintain a responsible reserve balance, despite the repeated efforts of other parties to raid those funds. The deficit monitoring mechanism has been tightened to raise the likelihood that the legislature would be recalled in the event of a major shortfall between sessions. It is also important to continue to resist the temptation to use budget provisos to alter rates for certain classes of providers and/or to limit the Department's ability to manage the program in a responsive and responsible way.

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#	Accountability Report – Objective	Discussion
1.1.1	Provide at least 20% of managed care payment using a value-based approach	Achieved.
1.1.2	Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually	Achieved.
1.2.1	Reduce the rate of low birth weight babies by 3%	Achieved.
2.1.1	Increase the number of online applications by 10%	Did not Achieve.
2.2.1	Increase the rate of one-hour resolution for walk-in services by 10%	Did not Achieve.
2.2.2	Increase the rates of single-touch case resolutions for applications and reviews by 10%	Increased rate of single-touch case resolutions but fell short of target.
3.1.1	Maintain General Fund expenditures within 3% of forecast	Achieved.
3.2.1	Keep per-member cost increases below national benchmarks	Achieved.
3.3.1	Increase the percentage of expenditures analyzed for third-party liability by 5%	Increased the amount of spending analyzed, but the target was missed due to CLTC services that bypass TPL.
4.1.1	Process 99% of provider applications within 30 days	Achieved.
4.1.2	Process 99% of electronic claims submissions within 14 days	Achieved.
4.2.1	Improve employee engagement scores by 5%	Achieved.

Agency's Organizational Chart

AGENCY NAME:	Department of Health and Human Services		
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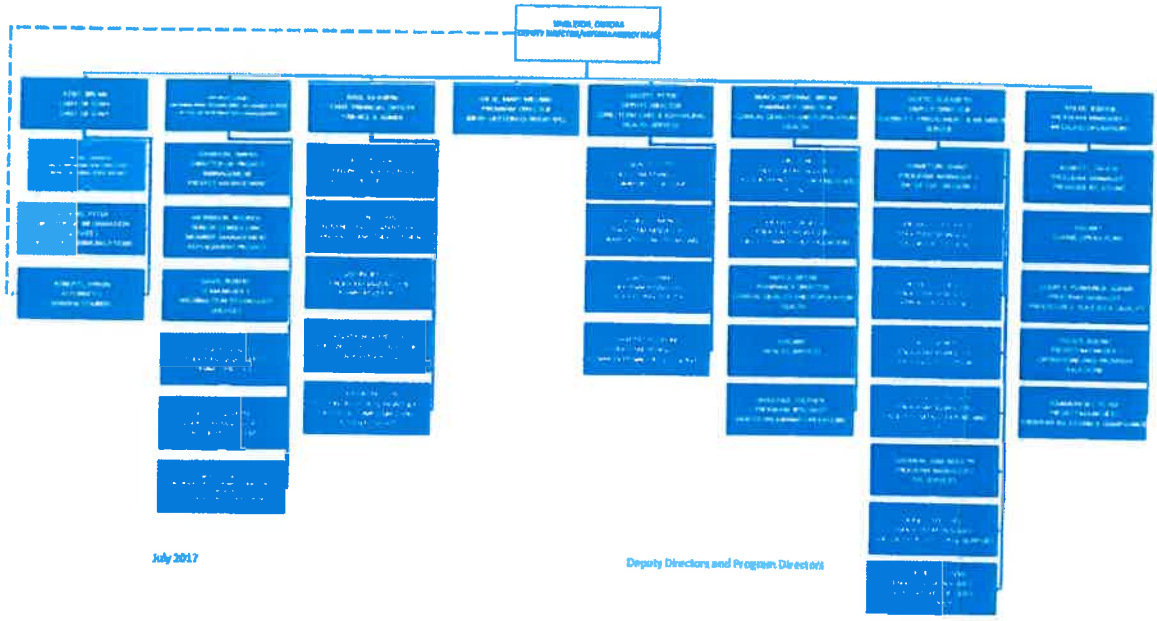

July 2017

Deputy Directors and Program Directors

Agency Name:	SCDHHS
Agency Code:	J02
Section:	33

Fiscal Year 2017-2018
Accountability Report

Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
G	1			Healthy and Safe Families	Provide better health outcomes for Medicaid beneficiaries
S		1.1		Healthy and Safe Families	Expand the use of value-based payment methodologies
O			1.1.1	Healthy and Safe Families	Provide at least 20% of managed care payment using a value-based approach
O			1.1.2	Healthy and Safe Families	Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually
S		1.2		Healthy and Safe Families	Build upon the success of the Birth Outcomes Initiative
O			1.2.1	Healthy and Safe Families	Reduce the rate of low birth weight babies by 3%
G	2			Government and Citizens	Provide outstanding member services
S		2.1		Government and Citizens	Use new technologies to improve the member service experience
O			2.1.1	Government and Citizens	Increase the number of online applications by 10%
S		2.2		Government and Citizens	Improve processing time and resolution rates for applications and reviews
O			2.2.1	Government and Citizens	Increase the rate of one-hour resolution for walk-in services by 10%
O			2.2.2	Government and Citizens	Increase the rates of single-touch case resolutions for applications and reviews by 10%
G	3			Government and Citizens	Promote sound fiscal stewardship
S		3.1		Government and Citizens	Develop reliable budget forecasts and mid-year correction mechanisms
O			3.1.1	Government and Citizens	Maintain General Fund expenditures within 3% of forecast
S		3.2		Government and Citizens	Control increases in healthcare spending
O			3.2.1	Government and Citizens	Keep per-member cost increases below national benchmarks
S		3.3		Government and Citizens	Prevent waste, fraud and abuse
O			3.3.1	Government and Citizens	Increase the percentage of expenditures analyzed for third-party liability by 5%
G	4			Government and Citizens	Provide responsive and responsible management of health and human service programs
S		4.1		Government and Citizens	Ensure timely handling of provider relations
O			4.1.1	Government and Citizens	Process 99% of provider applications within 30 days
O			4.1.2	Government and Citizens	Process 99% of electronic claims submissions within 14 days
S		4.2		Government and Citizens	Develop and maintain a committed and engaged workforce
O			4.2.1	Government and Citizens	Improve employee engagement scores by 5%

Agency Name	SCDHHS									
										Fiscal Year 2016-2017
Agency Code	J02		Section	053						Accountability Report
										Performance Measurement Template
Item	Performance Measure	Last Value	Current Target Value	Current Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)	Meaningful Use of Measure
1	Maintain General Fund Expenditures within 3% of forecast	-4.80%	<3%	<1%	<3%	7/1/2016-6/30/2017	Business Objects - Monthly	((Forecast- Actuals)/forecast)*100	3.1.1	Promotes sound fiscal stewardship and allows the agency to control increases in healthcare spending
2	Keep per-member cost increases below national benchmarks	PMPM Growth: 2.20% HC Cost Growth: 3.53%	Less than health care cost growth	PMPM Growth: 1.8% HC Cost Growth: 5.1%	Less than health care cost growth	7/1/2016-6/30/2017	Expenses from Business Objects, Eligibility from Document Direct - Monthly	PMPM - expenses/#enrolled/ PMPM growth = (PMPM FY17-PMPM FY16)/PMPM FY16)	3.2.1	Promotes sounds fiscal stewardship and controls increases in healthcare spending
3	Increase the percentage of expenditures analyzed for third-party liability by 5%	-1% FY 2015-16: 85%	89%	86%	90%	7/1/2016-6/30/2017	Truven Analytics - Advantage Suite	(Expenditures Reviewed by TPL)/(Total TPL Potential)	3.3.1	Promotes sounds fiscal stewardship and prevents waste, fraud and abuse
4	Provide at least 20% of managed care payments using value-based approach	19%	20%	26%	30%	1/1/2016-12/31/2016 (measurements not available until May)	MCO Attestation	Percentage of MCO claims dollars paid subject to VOC contract.	1.1.1	Provide better health outcomes for Medicaid beneficiaries and expand the use of value-based payment methodologies
5	Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually	55%	56%	83%	85%	7/1/2016-6/30/2017 (measurements not available until Aug)	MCO HEDIS submission	Number of measure above 50%/total number of measures	1.1.2	Provide better health outcomes for Medicaid beneficiaries and expand the use of value-based payment methodologies
6	Reduce the rate of low birth weight babies by 3%	7.46%	7.68%	8.76%	9.02%	1/1/2016-12/31/2016	Truven Analytics - Advantage Suite	Percentage of live birth deliveries with diagnosis of birth weight below 2,500 mg	1.2.1	Provide better health outcomes for Medicaid beneficiaries and build upon the success of the Birth Outcomes Initiative
7	Increase the rate of single-touch case resolutions for applications and reviews by 10%	71%	78%	73%	81%	7/1/2016-6/30/2017	Pathos	Number of single-touch resolutions/total resolutions	2.2.2	Provide outstanding member services and improve processing time and resolution rates for applications and reviews
8	Increase the number of online applications by 10%	41,823	46,005	39,468	43,415	7/1/2016-6/30/2017	Electronic Document Management System	Total Online Apps Submitted	2.1.1	Provide outstanding member services and use new technologies to improve the member service experience
9	Increase rate of one-hour resolution for walk-in services by 10%	78%	86%	73%	81%	7/1/2016-6/30/2017	Pathos	Number of one-hour resolutions/total resolutions	2.2.1	Provide outstanding member services and improve processing time and resolution rates for applications and reviews
10	Process 99% of electronic claims submissions within 14 days	99.91%	99+%	99.85%	99+%	7/1/2016-6/30/2017	MMIS; Document Direct	Document Direct (CLM4710R01 - Monthly Prompt Payment Compliance Report); Average of 30 Day Period % column	4.1.2	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
11	Process 99% of provider applications within 30 days	100.00%	99+%	100.00%	99+%	7/1/2016-6/30/2017	IFlow	Applications over 30 days / Total applications	4.1.1	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
12	Improve employee engagement scores by 5%	47.0%	49%	49%	51.5%	7/1/2016-6/30/2017	Third party engagement survey administered in fall	Calculated as part of third party engagement survey that generates an "Overall Engagement Score"	4.2.1	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs

Agency Name:	SCDHHS			Fiscal Year 2016-2017
Agency Code:	J02	Section:	033	Accountability Report
				Program Template

Program/Title	Purpose	FY 2016-17 Expenditures (Actual)				FY 2017-18 Expenditures (Projected)				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
I. Administration	Provides administrative support and other shared operating services for the agency.	$ 11,001,671	$ 803,887	$ 13,083,830	**$ 24,889,388**	$ 12,957,722	$ 1,474,227	$ 17,113,229	**$ 31,545,178**	3.1.1
II. Programs and Services A. Health Services 1. Medical Administration	Provides administrative support and other shared operating services for the agency.	$ 10,908,059	$ 1,095,251	$ 18,658,452	**$ 30,661,762**	$ 9,493,887	$ 1,449,879	$ 19,159,566	**$ 30,103,332**	3.2.1; 3.1.1; 3.3.1; 1.2.1; 4.1.1; 4.1.2
II. Programs and Services A. Health Services 2. Medical Contracts	Provides contract development and management services for the Department's nursing home, Community Long Term Care, eligibility, telemedicine, claims payment, and other provider-facing programs.	$ 89,760,346	$ 27,342,523	$ 147,936,119	**$ 265,038,988**	$ 70,735,844	$ 67,737,406	$ 185,165,556	**$ 323,638,806**	3.2.1; 3.1.1; 3.3.1; 4.1.1; 4.1.2
II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services	Finances a broad range of inpatient and outpatient services through both the fee-for-service and managed care programs, including for nursing homes, pharmaceuticals, hospital and physician services, dental, Community Long Term Care, home health, EPSDT, medical professionals, transportation, laboratory and radiology, family planning, Medicare premium matching/payments, hospice, clinical, durable medical equipment, behavioral health, and other related services.	$ 1,149,999,139	$ 444,393,559	$ 3,777,335,786	**$ 5,371,728,485**	$ 1,181,487,588	$ 518,563,534	$ 4,053,918,422	**$ 5,753,969,544**	3.2.1; 3.1.1; 3.3.1; 1.1.1; 1.1.2; 4.1.1; 4.1.2
II. Programs and Services A. Health Services 4. Assistance Payments - State Agencies	Finances services that are provided by or through other state agencies, such as to the disabled and special needs population, for child health, chronic disease control, STI treatment, women's health, emergency medical services, outpatient and rehabilitative behavioral health, case management and clinical services, alcohol and other substance use treatment, school-based services, etc.	$ -	$ 222,433,462	$ 552,149,867	**$ 774,583,329**	$ 225,086	$ 250,226,236	$ 615,113,693	**$ 865,565,015**	3.2.1; 3.1.1; 3.3.1; 1.2.1; 4.1.1; 4.1.2

Agency Name:	SCDHHS										Fiscal Year 2016-2017
											Accountability Report
Agency Code:	J02	Section:	033								
											Program Template
Program/Title	Purpose	FY 2016-17 Expenditures (Actual)				FY 2017-18 Expenditures (Projected)				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
II. Programs and Services* A. Health Services 5. Other Entities - Assistance Payments	Provides payment to qualifying hospitals for the unreimbursed cost of providing inpatient and outpatient hospital services to Medicaid eligible and uninsured individuals (DSH Program).	$ -	$ 171,014,599	$ 423,466,993	$ 594,481,593	$ 21,403,314	$ 151,976,852	$ 382,587,699	$ 555,967,865	N/A
II. Programs and Services A. Health Services 6. Medicaid Eligibility	Process applications, annual reviews, and other eligibility changes and member services for the program's applicants and beneficiaries.	$ 7,218,141	$ 1,594,627	$ 15,514,474	$ 24,327,242	$ 13,367,179	$ 2,512,198	$ 19,299,140	$ 35,178,517	2.1.1; 2.2.1; 2.2.2; 3.1.1
II. Programs and Services A. Health Services 7. BabyNet	Early intervention services for children with disabilities from birth to their third birthday	$ -	$ -	$ -	$ -	$ 750,000	$ 1,479,000	$ 4,986,000	$ 7,215,000	3.2.1; 3.1.1; 3.3.1
III. Employee Benefits C. State Employer Contributions	Provide fringe & benefits for SCDHHS employees.	$ 5,816,753	$ 954,314	$ 11,449,241	$ 18,220,308	$ 6,994,041	$ 1,678,538	$ 11,278,931	$ 19,951,510	4.2.1; 3.1.1
		$ 1,274,704,110	$ 869,632,223	$ 4,959,594,762	$ 7,103,931,095	$ 1,317,414,661	$ 997,097,870	$ 5,308,622,236	$ 7,623,134,767	

Agency Name:	SCDHHS			Fiscal Year 2016-2017		
				Accountability Report		
Agency Code:	J02	Section:	033			
				Legal Standards Template		
Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who (customer) the agency must or may serve? (Y/N)	Does the law specify a deliverable (product or service) the agency must or may provide? (Y/N)
1	44-6-5; 44-6-10	State	Statute	Establishes the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor and serves at the will and pleasure of the Governor.	No	No
2	44-6-30	State	Statute	Establishes DHHS' authority to administer Title XIX of the Social Security Act (Medicaid), including the EPSDT Program and the CLTC System; Designates DHHS as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act; and prohibits DHHS from engaging in the delivery of services.	No	Yes
3	44-6-35	State	Statute	Establishes Medicaid waiver protections for eligible family members of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is	Yes	No
4	44-6-40	State	Statute	Establishes the Department's duties for all health and human services interagency programs.	No	No
5	44-6-45	State	Statute	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.	No	No
6	44-6-50	State	Statute	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.	No	No
7	44-6-70	State	Statute	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.	No	No
8	44-6-80	State	Statute	Requires the Department to submit to the Governor, the State Budget and Control Board, and the General Assembly an annual report concerning the work of the department including details on improvements in the cost effectiveness achieved since the establishment of the Department and recommended changes for further improvements. Also, interim reports must be submitted as needed to advise the Governor and the General Assembly of substantive issues.	No	No
9	44-6-90	State	Statute	Authorizes the Department to promulgate regulations to carry out its duties. Requires all state and local agencies whose responsibilities include administration or delivery of services which are covered by Title 44, Chapter 6 to cooperate with the Department and comply with its regulations.	No	No
10	44-6-100	State	Statute	Establishes the Director as the chief administrative officer of the department responsible for executing policies, directives, and actions of the Department either personally or by issuing appropriate directives to the employees. Department employees have such general duties and receive such compensation as determined by the Director. The Director is responsible for administration of state personnel policies and general Department personnel policies. Authorizes the Director to have sole authority to employ and discharge employees subject to such personnel policies and funding available for that purpose. The goal of the provisions of this section is to ensure that the Department's business is conducted according to sound administrative practice, without unnecessary interference with its internal affairs.	No	No
11	44-6-132; 44-6-135	State	Statute	Medically Indigent Assistance Act; Legislative Intent and Findings.	No	No
12	44-6-140	State	Statute	Establishes the Medicaid hospital prospective payment system and cost containment measures.	No	No
13	44-6-146	State	Statute	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	No	No

14	44-6-150	State	Statute	Creates the Medically Indigent Assistance Program to be administered by the Department. The program is authorized to sponsor inpatient hospital care for which hospitals shall receive no reimbursement.	No	Yes
15	44-6-155	State	Statute	Creates the Medicaid Expansion Fund. Monies in the fund must be used to: (1) provide Medicaid coverage to pregnant women and infants with family incomes above one hundred percent but below one hundred eighty-five percent of the federal poverty guidelines; (2) provide Medicaid coverage to children aged one through six with family income below federal poverty guidelines; (3) provide Medicaid coverage to aged and disabled persons with family income below federal poverty guidelines; (4) provide up to two hundred forty thousand dollars to reimburse the Office of Research and Statistics of the Revenue and Fiscal Affairs Office and hospitals for the cost of collecting and reporting data pursuant to Section 44-6-170. Any funds not expended for the purposes specified during a given year are carried forward to the succeeding year for the same purposes.	Yes	No
16	44-6-160	State	Statute	Requires the Department, by August first of each year, to compute and publish the annual target rate of increase for net inpatient charges for all general hospitals in the State.	No	No
17	44-6-180	State	Statute	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.	No	No
18	44-6-190	State	Statute	Establishes that the Department may promulgate regulations pursuant to the Administrative Procedures Act and appeals from decisions by the Department are heard pursuant to the APA, Administrative Law Judge, Article 5, Chapter 23 of Title 1 of the 1976 Code. Also requires the Department to promulgate regulations to comply with federal requirements to limit the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the Medicaid program.	No	No
19	44-6-200	State	Statute	Criminal penalties for falsification of information regarding MIAP.	No	No
20	44-6-220	State	Statute	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Yes	No
21	44-6-300	State	Statute	Requires the Department to establish child development services in certain counties.	No	Yes
22	44-6-310	State	Statute	Requires the Department to expand child development services in certain counties.	No	Yes
23	44-6-320	State	Statute	Requires the establishment and expansion of the child development services to be accomplished within the limits of the appropriations provided by the General Assembly in the annual General Appropriations Act for this purpose and in accordance with the Department's policies for child development services funded through Title XX.	No	Yes
24	44-6-400	State	Statute	Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	No	No
25	44-6-420	State	Statute	Authorizes the Department to take certain enforcement action when it is notified by DHEC that a nursing home is in violation of one or more of the requirements for participation in the Medicaid program. Requires coordination with federal authorities if the nursing home is dually certified for participation in both the Medicare and Medicaid programs.	No	No
26	44-6-470	State	Statute	Specifies the use of funds collected by the department as a result of the imposition of civil monetary penalties or other enforcement actions against nursing homes.	No	No
27	44-6-530	State	Statute	Before instituting an action against a nursing home, requires the Department to determine if the Secretary of the United States Department of Health and Human Services has jurisdiction under federal law. In such cases, the Department must coordinate its efforts with the Secretary to maintain an action against the nursing home. In an action against a nursing home owned and operated by the State of South Carolina, the Secretary has exclusive jurisdiction.	No	No

28	44-6-540	State	Statute	Authorizes the Department to promulgate regulations, pursuant to the Administrative Procedures Act, to administer sanctions against nursing homes, and to ensure compliance with the requirements for participation in the Medicaid program.	Yes	No
29	44-6-630	State	Statute	Creates within the Department the Gap Assistance Pharmacy Program for Seniors (GAPS) program. The purpose of this program is to coordinate, beginning January 1, 2006, with Medicare Part D Prescription Drug Plans to provide to low-income seniors in this State assistance with costs for prescription drugs during the annual Medicare Part D coverage gap.	Yes	Yes
30	44-6-640	State	Statute	Establishes that the Department may designate, or enter into contracts with, other entities including, but not limited to, other states, other governmental purchasing pools, and nonprofit organizations to assist in the administration of the GAPS program. Authorizes the Department to establish an enrollment fee that must be used to fund the administration of this program.	No	No
31	44-6-650	State	Statute	Establishes the eligibility requirements and benefits available under the GAPS program.	Yes	Yes
32	44-6-660	State	Statute	Requires the Department to maintain data to allow evaluation of the cost effectiveness of the GAPS program and to include in its annual report, a report on the GAPS program.	No	No
33	44-6-710	State	Statute	Requires the Medicaid application for nursing home care of a person deemed ineligible because of Medicaid qualifying trust to be treated as an undue hardship case.	Yes	No
34	44-6-720	State	Statute	Establishes requirements for qualifying for undue hardship waiver.	No	No
35	44-6-725	State	Statute	Establishes that certain promissory notes received by a Medicaid applicant or recipient or the spouse of a Medicaid applicant or recipient shall, for Medicaid eligibility purposes, be deemed to be fully negotiable under the laws of this State unless it contains language plainly stating that it is not transferable under any circumstances. A promissory note will be considered valid for Medicaid purposes only if it is actuarially sound, requires monthly installments that fully amortize it over the life of the loan, and is free of any conditional or self-canceling clauses.	No	No
36	44-6-730	State	Statute	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article ("Trusts and Medicaid Eligibility").	No	No
37	44-6-610 to 630	State	Statute	Definitions and creation of the GAPS program.	Yes	Yes
38	44-6-910	State	Statute	Recognition of FQHCs, RHCs and Rural Hospitals.	No	No
39	44-6-1010	State	Statute	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.	Yes	No
40	44-6-1020	State	Statute	Requires the P&T Committee to adopt bylaws, elect a chairman and vice chairman; establishes rules regarding compensation, meetings, and public comment on clinical and patient care data from Medicaid providers.	No	No
41	44-6-1030	State	Statute	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.	No	No
42	44-6-1040	State	Statute	Establishes certain procedures to be included in any preferred drug list program administered by the Department.	No	Yes
43	44-6-1050	State	Statute	Establishes rules regarding the granting of prior authorization for a drug and establishes that a Medicaid recipient who has been denied prior authorization for a prescribed drug is entitled to appeal this decision through the Department's appeals process.	No	No
44	43-7-50	State	Statute	Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	No	No
45	43-7-60	State	Statute	Establishes that a false claim, statement, or representation by a medical provider is a misdemeanor and sets out penalties for violations.	No	No
46	43-7-70	State	Statute	Establishes that a false statement or representation on application for assistance under the Medicaid program is a misdemeanor and sets out penalties for violations.	No	No

47	43-7-80	State	Statute	Establishes that Medicaid providers are required to keep separate accounts for patient funds and maintain records of such accounts. Declares that a violation is a misdemeanor and sets out penalties for such violations.	No	No
48	43-7-410	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	No	No
49	43-7-420	State	Statute	Establishes that Medicaid applicants and recipients are considered to have assigned their right to recover an amount paid by Medicaid from a third party or private insurer to the department. Also that the receipt of medical assistance by an applicant or recipient creates a rebuttable presumption that the applicant or recipient received information regarding the requirements for and the consequences of assigning his right to recover from a third party or private insurer either from the department, or in the case of an applicant or recipient qualified by the Social Security Administration under Section 1634 of the Social Security Act, from the Social Security Administration. Presumption of receipt of information regarding requirement for consequences or assignment. Establishes that an applicant's and recipient's determination of, and continued eligibility for, medical assistance under Medicaid is contingent on his cooperation with the Department in its efforts to enforce its assignment rights.	No	No
50	43-7-430	State	Statute	Establishes the subrogation of rights to the Department. The Department automatically is subrogated, only to the extent of the amount of medical assistance paid by Medicaid, to the rights an applicant or recipient has to recover an amount paid by Medicaid from a third party or private insurer.	No	No
51	43-7-440	State	Statute	Establishes the enforcement and superiority of the Department's subrogation rights. Requires provider assistance in identification of third parties liable for medical costs. Renders ineffective certain insurance provisions.	No	No
52	43-7-450	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; claims or actions pending or brought before June 11, 1986.	No	No
53	43-7-460	State	Statute	Establishes the Department's obligation to recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from estates of certain individuals.	No	No
54	43-7-465	State	Statute	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.	No	No
55	44-7-80 through 44-7-90	State	Statute	Establishes the Medicaid Nursing Home Permits rules.	No	No
56	1-1-1035	State	Statute	Establishes that no state funds or Medicaid funds shall be expended to perform abortions, except for those abortions authorized by federal law under the Medicaid program.	No	Yes
57	12-23-840	State	Statute	Revenues derived under Article 11 (Indigent Health Care) of Title 12 of Chapter 23 of the Code must be deposited in the Medicaid Expansion Fund created by Section 44-6-155. In addition to the purposes specified in Section 44-6-155, monies in the Medicaid Expansion Fund must be used to provide health care coverage to the Medicaid-eligible and uninsured populations in South Carolina.	No	No
58	9-1-1870	State	Statute	With one exception, retirees and beneficiaries under the State Retirement Systems receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	No	No
59	9-11-315	State	Statute	With one exception, retirees and beneficiaries under the Police Officers Retirement System receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	No	No

60	40-43-86(H)(6)	State	Statute	A Medicaid recipient whose prescription is reimbursed by the South Carolina Medicaid Program is deemed to have consented to the substitution of a less costly equivalent generic drug product.	No	No
61	62-7-503	State	Statute	Makes the spendthrift exception unenforceable against a special needs trust, supplemental needs trust, or similar trust established for a disabled person if the applicability of such a provision could invalidate such a trust's exemption from consideration as a countable resource for Medicaid or Supplemental Security Income (SSI) purposes or if the applicability of such a provision has the effect or potential effect of rendering such disabled person ineligible for any program of public benefit,	No	No
62	11-7-40	State	Statute	Establishes that the Department is responsible for fifty percent of the costs incurred by the State Auditor in conducting the medical assistance audit. The amount billed by the State Auditor must include those appropriated salary adjustments and employer contributions allowable under the Medicaid program. The Department must remit the amount billed to the credit of the general fund of the State.	No	No
63	12-21-625	State	Statute	Describes the portion of the cigarette tax to be deposited in the South Carolina Medicaid Reserve Fund created pursuant to Section 11-11-230(B).	No	No
64	59-123-60	State	Statute	Requires certain state appropriations to the Department to be used as match funds for the disproportionate share for the MUSC's federal program. Any excess funding may be used for hospital base rate increases. The Department must pay to the Medical University of South Carolina Hospital Authority an amount equal to the amount appropriated for its disproportionate share to the DHHS. This payment shall be in addition to any other funds that are available to the authority from the Medicaid program inclusive of the disproportionate share for the hospital's federal program.	No	No
65	44-6-110	State	Statute	A Medicaid provider, outside of the geographical boundary of South Carolina but within the South Carolina Medicaid Service Area, as defined by R. 126-300(B) of the Code of State Regulations, prior to the effective date of the amendments to Section 1-1-10, which are effective January 1, 2017, shall not lose status as a Medicaid provider as a result of the clarification of the South Carolina - North Carolina border.	No	No
66	38-71-2110(B)	State	Statute	Exempts the Department from Article 20, Chapter 71 of Title 38 of the SC Code, which provides procedures governing the maximum allowable cost reimbursements for generic prescription drugs by pharmacy benefit managers.	No	No
67	58-23-1610	State	Statute	A transportation network company does not include transportation services provided pursuant to Articles 1 through 15, Chapter 23, Title 58, or arranging nonemergency medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the State or a managed care organization.	No	No
68	11-5-400; 11-5-440(F)(2)	State	Statute	Establishes the 'South Carolina ABLE Savings Program'. The purpose of the South Carolina ABLE Savings Program is to authorize the establishment of savings accounts empowering individuals with a disability and their families to save private funds which can be used to provide for disability-related expenses in a way that supplements, but does not supplant, benefits provided through the Medicaid program under Title XIX of the Social Security Act and other insurance.	No	No
69	Reg. 126-125	State	Regulation	Requires the Department to administer its programs without discrimination.	No	No
70	Regs. 126-150 through 126-158	State	Regulation	Establishes rules for the Department's appeals and hearings.	No	No
71	Regs. 126-170 through 126-175	State	Regulation	Establishes rules for the safeguarding and disclosure of Department-held client information.	No	No
72	Regs. 126-300 through 126-335	State	Regulation	Establishes the scope of the Medicaid program including services available under the program.	No	Yes
73	Regs. 126-350 through 126-399	State	Regulation	Establishes the application procedures and the general requirements for Medicaid eligibility.	Yes	No
74	Regs. 126-400 through 126-405	State	Regulation	Describes the administrative sanctions that may be invoked by the Department against Medicaid providers.	No	No

75	Reg. 126-425	State	Regulation	Establishes program integrity rules designed to safeguard against unnecessary, harmful, wasteful, and uncoordinated utilization of services by Medicaid eligible recipients and health care providers.	No	No
76	Regs. 126-500 through 126-515	State	Regulation	Describes eligibility requirements for the Medically Indigent Assistance Program (MIAP).	Yes	No
77	Regs. 126-530 through 126-540	State	Regulation	Describes the services covered by the Medically Indigent Assistance Program (MIAP).	No	Yes
78	Reg. 126-560	State	Regulation	Establishes the payment process to reimburse hospitals for inpatient services provided to Medically Indigent recipients.	No	No
79	Reg. 126-570	State	Regulation	Establishes the grace period for County assessments for indigent medical care in accordance with the provisions of 44-6-146(C).	No	No
80	Regs. 126-710 through 126-799	State	Regulation	Establishes rules regarding the administration of Social Services Block Grants under Title XX of the Social Security Act.	No	No
81	Regs. 126-800 through 126-850	State	Regulation	Establishes intermediate sanctions for Medicaid certified nursing facilities. Establishes that the Administrator, or his designee, of the State Medicaid Agency may invoke certain sanctions against a Medicaid nursing facility which has failed to correct deficiencies or make acceptable progress toward correction of deficiencies.	No	No
82	Regs. 126-910 through 126-940	State	Regulation	Establishes eligibility rules for individuals to participate in the Optional State Supplementation (OSS) program as well as rules for the Department in administering the OSS program.	Yes	No
83	Proviso 33.1 (Recoupment/Restricted Fund)	State	Proviso	Establishes a restricted fund for recoupments and overpayments and specifies the allowable uses of that fund.	No	No
84	Proviso 33.2 (Long Term Care Facility Reimbursement Rate)	State	Proviso	Establishes procedures for calculating reimbursements for long-term care facilities.	No	No
85	Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	Proviso	Directs the Department to make monthly remittances to the State Auditor's Office to support Medical Assistance audits.	Yes	No
86	Proviso 33.4 (Third Party Liability Collection)	State	Proviso	Allows the Department to fund Third Party Liability and Drug Rebate collection efforts from the monies collected in those efforts.	No	No
87	Proviso 33.5 (Medicaid State Plan)	State	Proviso	Establishes the circumstances under which the Department may bill other state agencies for state matching funds.	No	No
88	Proviso 33.6 (Medically Indigent Assistance Fund)	State	Proviso	Makes DSH-receiving hospitals liable for any audit exceptions relating to their receipt or expenditure of DSH funds.	No	No
89	Proviso 33.7 (Registration Fees)	State	Proviso	Authorizes the Department to receive and expend registration fees for educational, training, and certification programs.	No	No
90	Proviso 33.8 (Fraud and Abuse Collections)	State	Proviso	Authorizes the Department to offset the administrative costs associated with controlling fraud and abuse.	No	No
91	Proviso 33.9 (Medicaid Eligibility Transfer)	State	Proviso	Transfers responsibility for Medicaid eligibility from DSS to HHS and requires that counties provide facilities for this work, as they do for DSS.	No	No
92	Proviso 33.10 (Franchise Fees Suspension)	State	Proviso	Suspends franchise fees imposed on nursing home beds.	No	No
93	Proviso 33.11 (Program Integrity Efforts)	State	Proviso	Directs the Department to expand its program integrity efforts by utilizing resources both within and external to the agency including, but not limited to, the ability to contract with other entities for the purpose of maximizing the Department's ability to detect and eliminate provider fraud.	No	No
94	Proviso 33.12 (Post Payment Review)	State	Proviso	Requires post-payment reviews to ensure compliance with the Hyde Amendment.	No	No
95	Proviso 33.13 (Long Term Care Facility Reimbursement Rates)	State	Proviso	Requires that HHS submit its long-term care facility reimbursement state plan amendment to CMS by August 15th each year.	No	No
96	Proviso 33.14 (Nursing Services to High Risk/High Tech Children)	State	Proviso	Requires a separate classification and compensation plan for Registered Nurses (RN) and Licensed Practical Nurses (LPN) who provide services to Medically Fragile Children and others.	No	No
97	Proviso 33.15 (CHIP Enrollment and Recertification)	State	Proviso	Directs the Department to enroll and recertify eligible children for the Children's Health Insurance Program (CHIP) using various sources of information from other state agencies.	No	No
98	Proviso 33.16 (Carry Forward)	State	Proviso	Allows the Department to carry forward funds from earmarked and restricted sources and establishes relevant reporting requirements.	No	No

99	Proviso 33.17 (Medicaid Provider Fraud)	State	Proviso	Directs the Department to expand and increase its effort to identify, report, and combat Medicaid provider fraud and requires annual reporting.	No	No
100	Proviso 33.18 (GAPS)	State	Proviso	Suspends the GAPS program.	No	No
101	Proviso 33.19 (Contract Authority)	State	Proviso	Authorizes the Department to contract with community-based not-for-profit organizations for local projects that further the objectives of the Department's programs.	No	No
102	Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	Proviso	Establishes the Healthy Outcomes Initiative, increases DSH payments to rural hospitals, promotes telemedicine, and directs expenditures to safety net and other providers.	No	No
103	Proviso 33.21 (Medicaid Healthcare Initiatives Outcomes)	State	Proviso	Requires that the Director of the Department of Health and Human Services present to the House Ways and Means Healthcare Budget Subcommittee on the outcomes of Medicaid healthcare initiatives by February 15th.	No	No
104	Proviso 33.23 (Rural Health Initiative)	State	Proviso	Allows the Department to carry-forward General Fund balances.	No	No
105	33.24 (BabyNet Compliance)	State	Proviso	Requires the agency to report on the status of bringing BabyNet into compliance with federal requirements.	No	No
	(pending veto) 33.25 (Personal Emergency Response System)	State	Proviso	Requires DHHS to develop an RFP for PERS.	No	Yes
106	Proviso 117.9 (Transfers of Appropriations)	State	Proviso	Sets rules for transferring appropriations within programs.	No	No
107	Proviso 117.10 (Federal Funds - DHEC, DSS, DHHS - Disallowances)	State	Proviso	Allows DSS, DHEC, and HHS to use current-year funds for certain prior-year purposes.	No	No
108	Proviso 117.13 (Discrimination Policy)	State	Proviso	Agencies must submit employment reports to the State Human Affairs Commission by October 31st.	No	No
109	Proviso 117.14 (FTE Management)	State	Proviso	Defines the process through which FTEs are tracked and allocated.	No	No
112	Proviso 117.23 (Carry Forward)	State	Proviso	Allows agencies to carry-forward 10% of their General Fund appropriations; sets procedures for sweeping these accounts, if necessary in a recession.	No	No
113	Proviso 117.24 (TEFRA)	State	Proviso	Directs HHS to amend the State Plan to exercise the TEFRA eligibility option and other agencies to identify potential sources of state match.	Yes	No
	Proviso 117.26 (Travel Report)	State	Proviso	Requires agencies to provide information on employee travel.	No	No
114	Proviso 117.29 (Base Budget Analysis)	State	Proviso	Agencies must submit accountability reports by September 15th.	No	No
115	Proviso 117.30 (Collection on Dishonored Payments)	State	Proviso	Agencies may collect service charges for payments dishonored for insufficient funds.	No	No
116	Proviso 117.32 (Voluntary Separation Incentive Program)	State	Proviso	Sets parameters through which agencies may establish voluntary separation incentives, subject to DOA approval.	No	No
117	Proviso 117.34 (Debt Collection Reports)	State	Proviso	Agencies must submit debt collection reports by the end of February.	No	No
118	Proviso 117.36 (Tobacco Settlement Funds Carry Forward)	State	Proviso	Agencies may carry-forward Tobacco Settlement Agreement funds.	No	No
119	Proviso 117.45 (Parking Fees)	State	Proviso	Agencies may not increase or impose new parking fees for employees.	No	No
120	Proviso 117.47 (Insurance Claims)	State	Proviso	Agencies may use insurance reimbursements to offset expenses related to the claim and may carry-forward these funds.	No	No
121	Proviso 117.48 (Organizational Charts)	State	Proviso	Agencies must file organization charts by September 1st and when making changes that affect grievance rights.	No	No
122	Proviso 117.49 (Agencies Affected by Restructuring)	State	Proviso	Defines the process for making accounting changes when agencies are restructured.	No	No
123	Proviso 117.50 (Agency Administrative Support Collaboration)	State	Proviso	Agencies should pursue cost savings through shared services efforts.	No	No

124	Proviso 117.55 (Employee Bonuses)	State	Proviso	Sets limits on employee bonuses and sets reporting requirements.	No	No
125	Proviso 117.58 (Year-End Financial Statements - Penalties)	State	Proviso	Sets deadlines for agencies to submit financial statements to the Comptroller General.	No	No
126	Proviso 117.59 (Purchase Card Incentive Rebates)	State	Proviso	Agencies that receive incentive rebate premiums for using the purchasing card may retain those funds.	No	No
127	Proviso 117.64 (Attorney Dues)	State	Proviso	Agencies employing attorneys may use their funds to pay SC Bar Association dues.	No	No
128	Proviso 117.65 (Healthcare Employee Recruitment and Retention)	State	Proviso	Allows certain agencies to pay bonuses, educational leave, loan repayments, and tuition for healthcare workers under specific conditions.	No	No
129	Proviso 117.68 (Voluntary Furlough)	State	Proviso	Agencies may create voluntary furlough programs	No	No
130	Proviso 117.70 (Reduction in Force Antidiscrimination)	State	Proviso	Agencies can't discriminate when applying reductions in force.	No	No
131	Proviso 117.71 (Reduction in Force/Agency Head Furlough)	State	Proviso	Agency heads must take a five-day furlough in fiscal years when they apply reductions in force, with certain exceptions.	No	No
	Proviso 117.72 (Printed Report Requirements)	State	Proviso	For Fiscal Year 2017-18, the Department of Health and Human Services shall not be required to provide printed copies of the Medicaid Annual Report required pursuant to Section 44-6-80 of the 1976 Code and shall instead only submit the documents electronically.	No	No
132	Proviso 117.73 (IMD Operations)	State	Proviso	Funds used prior to 2006 for behavioral health services for children in group homes and other institutional settings must still be used for out-of-home placements; creates associated reporting requirements.	No	No
	Proviso 117.74 (Fines and Fees Report)	State	Proviso	Requires agencies to report on the amounts of fines and fees that were charged and collected by the agency in the prior fiscal year.	No	No
133	Proviso 117.75 (Mandatory Furlough)	State	Proviso	Defines the rules governing mandatory employee furloughs.	No	No
134	Proviso 117.76 (Reduction in Force)	State	Proviso	When RIFs occur, agencies should focus on letting contractors, TERI, and post-TERI employees go	No	No
135	Proviso 117.77 (Cost Saving When Filling Vacancies Created by Retirements)	State	Proviso	Agencies should eliminate 1/4 of the cost associated with positions made vacant by retirement.	No	No
136	Proviso 117.78 (Information Technology for Health Care)	State	Proviso	Establishes the intended use of funds awarded to HHS under the HITECH Act.	No	No
137	Proviso 117.80 (Reduction in Compensation)	State	Proviso	Agencies can't discpline or give pay reductions to employees solely for providing sworn testimony to legislative committees.	No	No
138	Proviso 117.81 (Deficit Monitoring)	State	Proviso	Defines the Executive Budget Office's quarterly deficit monitoring program.	No	No
139	Proviso 117.82 (Commuting Costs)	State	Proviso	Provides restrictions on the use of state vehicles for employees' commuting purposes.	No	No
140	Proviso 117.83 (Bank Account Transparency and Accountability)	State	Proviso	Agencies must provide detailed reports on non-SCEIS bank accounts by October 1st.	No	No
141	Proviso 117.84 (Websites)	State	Proviso	Agency websites must link to another agency's website that posts procurement card spending	No	No
142	Proviso 117.85 (Regulations)	State	Proviso	Joint Resolutions for regulations that raise or establish fees must state this in their titles.	No	No
143	Proviso 118.88 (Recovery Audits)	State	Proviso	Requires state agencies to participate in recovery audit program and cooperate and provide necessary information in a timely manner.	No	No
145	Proviso 117.91 (Means Test)	State	Proviso	Agencies providing healthcare services are to apply means tests and report on these criteria and collections by January 1st.	No	No
146	Proviso 117.92 (Agency Reduction Management)	State	Proviso	In the event of a base reduction, agencies are to realize savings through furloughs, reductions in employee compensation, hiring freezes, elimination of administrative overhead, and as a final option, reductions to programmatic funding.	No	No
147	Proviso 117.98 (First Steps - Baby Net)	State	Proviso	Imposes reporting requirements on First Steps, largely related to compliance with recent LAC reports.	No	No
148	Proviso 117.106 (Data Breach Notification)	State	Proviso	Creates notification requirements in the event of a data breach.	No	No

149	Proviso 117.113 (Information Technology and Information Security Plans)	State	Proviso	Agencies must file IT and information security plans by August 1st.	No	No
151	Proviso 117.121 (Statewide Strategic Information Technology Plan Implementation)	State	Proviso	Directs state agencies to provide information/comply with the Statewide Strategic Information Technology Plan Implementation.	No	No
152	Proviso 117.124 (State Employee Leave Donation)	State	Proviso	Replaces previous rules for donating annual and sick leave.	No	No
	Proviso 117.135 (SC Telemedicine Network)	State	Proviso	Requires DHHS to work with MUSC regarding telehealth initiative and funding provided.	No	No
	Proviso 117.136 (Adult Protective Services Coordination Teams)	State	Proviso	Requires DHHS to serve on the Adult Protective Services Coodination Team to address abuse and neglect and to prevent or delay institutionalization.	No	No
153	Proviso 118.1 (Year End Cutoff)	State	Proviso	Sets accounting rules for fiscal year-end.	No	No
154	Proviso 118.5 (Health Care Maintenance of Effort Funding)	State	Proviso	Directs the proceeds of the $0.50 cigarette surcharge and applies those funds to Medicaid.	No	No
155	Proviso 118.6 (Prohibits Public Funded Lobbyists)	State	Proviso	Agencies may not use General Funds to pay lobbyists.	No	No
156	Proviso 118.11 (Tobacco Settlement)	State	Proviso	Allocates funds received through the Tobacco Master Settlement Agreement.	No	No
157	Proviso 118.14 (Non-recurring Revenue)	State	Proviso	Appropriates non-recurring revenues.	No	No
158	Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs	Yes	Yes
159	42 CFR 430.0 - 430.104	Federal	Regulation	Establishes regulations regarding the Medicaid State Plan, federal deferrals and disallowances, reduction of Federal Medicaid payments, and hearings on issues of conformity of State Plan and practice to Federal requirements.	No	No
160	42 CFR 431.1 - 431.1002	Federal	Regulation	Establishes regulations regarding State organization and general administration of the Medicaid program including rules on provider relations, appeals and fair hearings, safeguarding of applicant/beneficiary information, relations with Medicare and other state agencies, and quality control.	No	No
161	42 CFR 432.1 - 432.55	Federal	Regulation	Establishes regulations regarding the Department's personnel administration including available federal financial participation for staffing and training.	No	No
162	42 CFR 433.1 - 433.322	Federal	Regulation	Establishes regulations regarding the Department's fiscal administration of the Medicaid program including matching funds, third party liability, and refunding of federal share of Medicaid overpayment to providers.	No	No
163	42 CFR 434.1 - 434.78	Federal	Regulation	Establishes general provisions regarding Department contracts including conditions for federal financial participation.	No	No
164	42 CFR 435.2 - 435.1205	Federal	Regulation	Establishes regulations regarding eligibility to participate in the Medicaid program including mandatory and optional coverage groups, general financial eligibility requirements, certain post-eligibility financial requirements, and federal financial participation available for expenditures in determining eligibility and providing services.	Yes	No
165	42 CFR 438.1 - 438.930	Federal	Regulation	Establishes regulations regarding the administration of the Medicaid program through managed care entities.	No	No

166	42 CFR 440.1 - 440.395	Federal	Regulation	Establishes regulations regarding the services available under the Medicaid program including definitions, requirements and limits applicable to all services, and benchmark benefit and benchmark-equivalent coverage.	No	Yes
167	42 CFR 441.1 - 441.745	Federal	Regulation	Establishes requirements and limits applicable to specific services.	No	No
168	42 CFR 442.1 - 442.119	Federal	Regulation	Establishes standards for payment to nursing facilities and intermediate care facilities for individuals with intellectual disabilities.	No	No
169	42 CFR 447.1 - 447.522	Federal	Regulation	Establishes regulations regarding the Department's payment for services including payment methods, payment for inpatient hospital and long term care facility services, payment adjustments for hospitals that serve a disproportionate number of low-income patients, payment methods for other institutional and non-institutional services, payments for primary care services provided by physicians, and payment for drugs.	No	Yes
170	42 CFR 455.1 - 455.518	Federal	Regulation	Establishes regulations regarding Medicaid program integrity including the Medicaid agency fraud detection and investigation program, disclosure of financial information by providers and fiscal agents, the scope of the Medicaid integrity program, provider screening and enrollment, and Medicaid recovery audit contractors program.	No	No
171	42 CFR 456.1 - 456.725	Federal	Regulation	Establishes regulations regarding utilization control measures for Medicaid services.	No	No
172	42 CFR 460.1 - 460.210	Federal	Regulation	Establishes regulations for the administration of the Program of All-inclusive Care for the Elderly (PACE).	Yes	Yes

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				Customer Template

Divisions or Major Programs	Description	Service/Product Provided to Customers	Customer Segments	*Specify only for the following Segments:* (1) Industry: Name; (2) Professional Organization: Name; (3) Public: Demographics.
Eligibility and Health Services	Medicaid members and/or applicants	Health coverage for members	Public	Low-income and/or disabled residents who meet categorical requirements.

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				Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Objective(s)
Department of Disabilities and Special Needs	State Government	DDSN administers certain waiver programs on behalf of HHS; DDSN is primarily financed through HHS.	3.1.1; 3.2.1
Department of Mental Health	State Government	DMH is a major provider of behavioral health services for Medicaid beneficiaries.	3.1.1; 3.2.1
Department of Education	State Government	SCDE has traditionally served as an intermediary between HHS and the school districts that provide Medicaid-funded services.	3.1.1; 3.2.1
Department of Social Services	State Government	Many Medicaid beneficiaries also receive some form of services through DSS (SNAP, TANF, foster care, etc.). The agencies collaborate on eligibility and to serve certain populations.	3.1.1; 3.2.1
Lt. Governor's Office	State Government	The agencies collaborate on enrollment and eligibility data for elderly and vulnerable adults pursuing Medicaid eligibility to receive long-term care or nursing facility services.	3.1.1; 3.2.1
Department of Health and Environmental Control	State Government	DHEC is an important service provider and information source for Medicaid beneficiaries.	1.2.1; 3.1.1; 3.2.1
Department of Alcohol and Other Drug Abuse Services	State Government	DAODAS receives significant funding from HHS and the agencies collaborate to discuss/design Medicaid service offerings.	3.1.1; 3.2.1
Continuum of Care	State Government	Continuum manages services for children needing the most intensive behavioral health assistance; these services are often Medicaid-funded.	3.1.1; 3.2.1
Medical University of South Carolina	State Government	MUSC administers the statewide telemedicine system that is funded with resources from HHS.	3.1.1; 3.2.1
Managed Care Organizations	Private Company	The program's five managed care organizations are responsible for coordinating care and controlling costs for most Medicaid beneficiaries.	1.1.1; 1.1.2; 3.1.1; 3.2.1
Providers	State Government, Private Company, Individuals, Non-profits	Roughly 48,000 individuals and organizations are currently enrolled to provide services to Medicaid beneficiaries, including physicians, dentists, and countless other classes.	1.1.1; 1.1.2; 3.1.1; 3.2.1

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Item	Report Name	Name of Entity Requesting the Report	Type of Entity	Reporting Frequency	Submission Date (MM/DD/YYYY)	Summary of Information Requested in the Report	Method to Access the Report
1	Restructuring Report	House Legislative Oversight Committee	State	Annually	January 12, 2016	Assure that agency programs are rooted in an organized hierarchy of goals, strategies, and objectives; assess agency performance.	www.scstatehouse.gov
2	Accountability Report	Executive Budget Office	State	Annually	August 23, 2016	Assure that agency programs are rooted in an organized hierarchy of goals, strategies, and objectives; assess agency performance.	www.budget.sc.gov
3	Restructuring Report	Senate's committees of jurisdiction	State	Annually	January 13, 2015	Assure that agency programs are rooted in an organized hierarchy of goals, strategies, and objectives; assess agency performance.	www.scstatehouse.gov
4	Carry Forward Report	General Assembly, through appropriations bill	State	Annually	July 27, 2017	Provide additional information on funds carried forward from one fiscal year to the next.	www.scstatehouse.gov
5	Medicaid Provider Fraud	General Assembly, through appropriations bill	State	Annually	April 1, 2017	Confirm the Department is taking appropriate steps to combat waste, fraud, and abuse.	www.scdhhs.gov
6	Medicaid Accountability and Quality Improvement Initiative	General Assembly, through appropriations bill	State	Quarterly	Various (Quarterly)	Monitor the impact of a variety of recently introduced programs.	www.scdhhs.gov
7	Medicaid Healthcare Initiatives Outcomes	General Assembly, through appropriations bill	State	Annually	January 18, 2017; January 31, 2017	Ensure the House Ways and Means Healthcare Subcommittee has an opportunity to discuss budget and policy matters with the Department's Director early in each legislative session.	www.scdhhs.gov
8	Carry Forward Authorization	General Assembly, through appropriations bill	State	Annually	July 27, 2017	Provide appropriations committees with information on funds carried forward from one year to the next.	www.scstatehouse.gov
9	Discrimination Policy	General Assembly, through appropriations bill	State	Annually	October 21, 2016	Ensure that agencies are appropriately applying anti-discrimination laws in their hiring and promotion practices.	By request
10	Travel Report	General Assembly, through appropriations bill	State	Annually	September 21, 2016	Monitor agency travel expenses.	By request
11	Debt Collection Report	General Assembly, through appropriations bill	State	Annually	February 24, 2017	Ensure that agencies recover funds that are due to the state.	By request
12	IMD Operations	General Assembly, through appropriations bill	State	Annually	March 3, 2017	Monitor the impact of funding changes made by the state in recent years due to changes in federal guidance.	www.scstatehouse.gov
13	Bank Account Transparency and Accountability	General Assembly, through appropriations bill	State	Annually	September 23, 2017	Provide information on fund balances and accounts not managed through the SCEIS system.	By request
14	Means Test	General Assembly, through appropriations bill	State	Annually	December 20, 2016	Ensure that recipients of public services are those in the greatest need.	www.scstatehouse.gov
15	First Steps/BabyNet	General Assembly, through appropriations bill	State	Quarterly	July 13, 2017	Track BabyNet's progress in implementing various recommendations from past audit reports.	By request
16	Information Technology and Information Security Plans	General Assembly, through appropriations bill	State	Annually	October 1, 2016	Track agencies' progress in implementing IT and information security plans; ensure adherence to government-wide initiatives.	By request
17	Medicaid Transportation Advisory Committee Reports	General Assembly through Joint Resolution	State	Quarterly	Various (Quarterly)	Ensure the Department's management of transportation services is informed by public comment.	www.scstatehouse.gov

18	PAPD/IAPD/IAPD-U/OPAD Reports	Federal requirement	Federal	Annually or as Needed	Various	Request enhanced federal funds from Centers for Medicare and Medicaid Services (CMS); update CMS on changes to previously approved planning documents.	By request
19	Supplemental; 64 Report	Federal requirement	Federal	Quarterly	April 30, 2017	Update CMS on enhanced federal spending at a detailed level.	By request
20	The Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act	Federal requirement	Federal	Annually	January 20, 2017	Measure quality of healthcare for children in Medicaid and CHIP programs.	By request
21	Sole Sources and Emergencies	SFAA - Division of Procurement Services	State	Quarterly	April 28, 2017 (SS) and January 18, 2017	Monitor use of select source selection methods.	http://procurement.sc.gov/PS/general/PS-general-audit-reports.phtm
22	Trade-In Sales	SFAA - Division of Procurement Services	State	Quarterly	No activity	Monitor instances in which agencies trade-in items instead of selling them outright.	By request
23	Unauthorized (Illegal) Procurements	SFAA - Division of Procurement Services	State	Quarterly	January 18, 2017	Monitor procurement exceptions.	http://procurement.sc.gov/PS/general/PS-general-audit-reports.phtm
24	Preferences and 10% Rule	SFAA - Division of Procurement Services	State	Quarterly	No activity	Provide information on agencies' procurement activities.	By request
25	Quarterly Reporting of Indefinite Delivery Contract Activity	SFAA - Division of Procurement Services	State	Quarterly	No activity	Provide information on agencies' procurement activities.	By request
26	Minority Business Utilization Plan	Governor's Office of Small and Minority Business Assistance	State	Annually	July 29, 2016	Provide information on agencies' procurement activities.	By request
27	MBE Progress Report	Governor's Office of Small and Minority Business Assistance	State	Quarterly	December 16, 2016	Provide information on agencies' procurement activities.	By request
28	Federal Expenditure Reports CMS-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), CMS-21 (Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI)	Federal requirement.	Federal	Quarterly	April 28, 2017	These reports are the State's accounting of actual recorded expenditures for the federal grant programs.	By request
29	Federal Budget Reports CMS-37 (Medicaid Program Budget Report), CMS-21B (Children's Health Insurance Program Budget Report)	Federal requirement.	Federal	Quarterly	May 15, 2017	These reports provide a statement of the state's Medicaid and CHIP funding requirements for a certified quarter and estimates and underlying assumptions for two fiscal years (FYs).	By request
30	Federal Financial Report (FFR)	Federal requirement.	Federal	Quarterly	May 1, 2017	This report allows the agency to report cash disbursements back to (i.e., reconcile to) Payment Management System, the central system responsible for paying most Federal assistance grants and contracts.	By request
31	CHIP Statistical Enrollment Data Reports	Federal requirement.	Federal	Quarterly	April 21, 2017	The 64.21E report collects data on children enrolled in Medicaid expansion CHIP Title XXI funded coverage. The 64.EC report collects data on children enrolled in the Medical assistance program Title XIX, traditional Medicaid.	By request

32	Schedule of Expenditures of Federal Awards (SEFA/SFFA)	Federal requirement; State of SC Proviso 117.105 of the 2015-2016 Appropriation Act requires the schedule be completed and submitted to the SC Office of the State Auditor.	Federal	Annually	August 15, 2016	The schedule is prepared each year and lists the expenditures for each grant during the fiscal year. The schedule is also the basis for the major programs audited in accordance with OMB Circular A-133.	By request
33	CMS-R-199 (Survey of Medicaid Payables and Receivables) CMS-10180 (Survey of CHIP Payables & Receivables)	Federal requirement.	Federal	Annually	May 2, 2017	These reports and the accompanying questionnaires identify/estimate the accounts payable for services rendered by both Medicaid and CHIP providers which have not been reported on the quarterly CMS-64/CMS-21. The reports also identify all amounts due to the states from various sources, excluding the federal government.	By request
34	Three-Year Financial Plan	SC Revenue & Fiscal Affairs Office	State	Annually	October 31, 2017	Each state agency receiving over 1% of state's general fund appropriaiton must provide a projection of its general fund expenditures for next three years	By request

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External Review Template

Item	Name of Entity Conducted External Review	Type of Entity	External Review Timeline (MM/DD/YYYY to MM/DD/YYYY)	Method to Access the External Review Report
1	CMS	Federal	10/01/2011-09/30/2015	Contact SCDHHS Program Integrity (final report pending)
2	SC Office of Inspector General	State	7/1/2014-11/30/2015	By request
3	CAFR Audit (Office of State Auditor and CPA Firm)	State	7/1/2015-6/30/2016	By request
4	Agreed Upon Procedures Audit (Hobbs Group)	State	7/1/2015-6/30/2016	By request
5	Statewide Single Audit (Office of State Auditor)	State	7/1/2015-6/30/2016	By request