

HEALTHCARE AND REGULATORY SUBCOMMITTEE
MONDAY, MARCH 8, 2021

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AGENDA

South Carolina
House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

The Honorable John Taliaferro "Jay" West, IV, Chair

The Honorable Gil Gatch

The Honorable Rosalyn D. Henderson-Myers

The Honorable Timothy A. "Tim" McGinnis

Monday, March 8, 2021

2:00PM

110 - Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

Agenda

- I. Approval of Minutes**
- II. Discussion of the study of the Department of Health and Human Services**
- III. Adjournment**

MINUTES

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

*Micajah P. (Micah) Caskey, IV
Neal A. Collins
Patricia Moore (Pat) Henegan
William M. (Bill) Hixon
Jeffrey E. (Jeff) Johnson
Marvin R. Pendarvis
Tommy M. Stringer
Bill Taylor
Robert Q. Williams*



South Carolina House of Representatives

*Gary E. Clary
Chandra E. Dillard
Lee Hewitt
Joseph H. Jefferson, Jr.
Mandy Powers Norrell
Robert L. Ridgeway, III
Edward R. Tallon, Sr.
John Taliaferro (Jay) West, IV
Chris Wooten*

*Jennifer L. Dobson
Research Director*

*Cathy A. Greer
Administration Coordinator*

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*Charles L. Appleby, IV
Legal Counsel*

*Lewis Carter
Research Analyst/Auditor*

*Kendra H. Wilkerson
Fiscal/Research Analyst*

**Healthcare and Regulatory Subcommittee Meeting
Tuesday, July 28, 2020, at 10:30 am
Microsoft Teams (Virtual Meeting)**

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. Chair Jay West calls the Healthcare and Regulatory Subcommittee meeting on Tuesday, July 28, 2020, via Microsoft Teams conference call due to the COVID-19 virus pandemic. The following members of the Subcommittee were present for either all or a portion of the meeting: Representative Robert "Bobby" Ridgeway and Representative Bill Taylor.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.
- II. Representative Taylor makes a motion to approve the meeting minutes from the prior Subcommittee meeting.

Rep. Taylor's motion to approve the minutes from the January 15, 2020 meeting:	Yea	Nay	Not Voting
Rep. Ridgeway	✓		
Rep. Taylor	✓		
Rep. Wooten	✓		
Rep. West	✓		

Discussion of the Health and Human Services Study

- I. Chair West explains the purpose of the meeting is to discuss the Department of Health and Human Services (DHHS) agency. He further explains that the process will be intensive and take place over the next few months, including multiple subcommittee meetings.
- II. Chair West swears in Director Joshua D. Baker.
- III. Director Baker provides the Subcommittee information on the following topics:
 - a. Agency goals and budget;
 - b. Medicaid financing;
 - c. Medicaid eligibility;
 - d. Program integrity;
 - e. Health improvement programs;
 - f. Medicaid managed care;
 - g. Medicaid waiver programs; and

h. Replacement Medicaid management information system.

IV. Subcommittee members ask questions which Director Baker answers. Chair West notes members may have additional questions about the information presented at the next Subcommittee meeting.

V. The meeting is adjourned.

DRAFT

DHHS STUDY TIMELINE

Study Timeline

The House Legislative Oversight Committee's (Committee) process for studying the Department of Health and Human Services (agency, Department, or DHHS) includes actions by the full Committee; Healthcare and Subcommittee (Subcommittee); the agency; and the public. Key dates and actions are listed below.

LEGISLATIVE OVERSIGHT COMMITTEE ACTIONS

December 9, 2019 · Holds Meeting #1 to prioritize the agency for study

HEALTHCARE AND REGULATORY SUBCOMMITTEE ACTIONS

July 28, 2020 · Holds Meeting #2 to discuss the history of the Medicaid program (federal/state); Medicaid

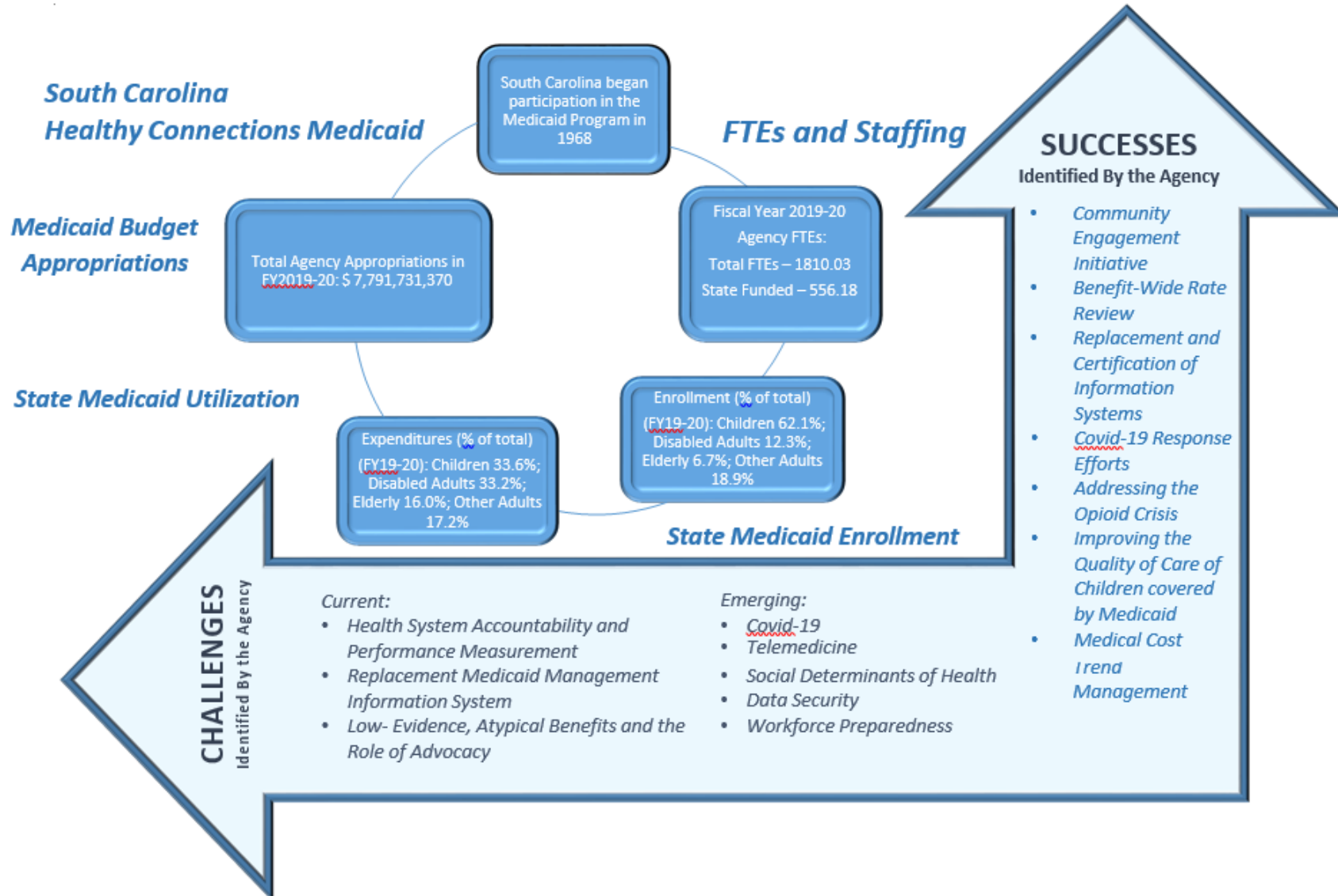
March 8, 2021 (Today) · Holds Meeting #3 to discuss Medicaid Eligibility services and operations.

PUBLIC'S ACTIONS

Ongoing · Ongoing - Submits written comments on the Committee's webpage on the General

DHHS SNAPSHOT

Department of Health and Human Services



AGENCY PRESENTATION

South Carolina Healthy Connections Medicaid Eligibility Overview

Nicole Mitchell Threatt

Deputy Director of Eligibility, Enrollment, and Member Services

South Carolina Department of Health and Human Services

March 8, 2021

Oversight Presentation Series Topics

- Agency Overview
- **Medicaid Eligibility**
- Medicaid Financing
- Program Integrity
- Medicaid Managed Care
- Home and Community Based Services Waiver Programs
- Health Improvement Programs
- Replacement Medicaid Management Information System
- Emerging and Priority Issues

Today's Agenda

- Purpose
- Program Evaluation Report Information
- Agency Eligibility Overview
- Organizational Structure
- Eligibility Operations
- Medicaid Benefit and Funding
- Basis of Eligibility
- Application and Review Process
- Appeals Process
- Agency Data
- COVID-19 Impact
- Initiatives and Outlook

Purpose

SCDHHS Mission, Principles, and Goals

Mission

The mission of the South Carolina Department of Health and Human Services (SCDHHS) is to purchase the most health for our citizens in need at the least possible cost to the taxpayer.

Principles

Engagement, Stewardship, Quality, Access, and Integration

Goals





- Purchase and evaluate care through evidence-based systems and models
- Strengthen the health and well-being of South Carolinians across their lifespan
- Limit the burden to provide and receive care
- Utilize public resources efficiently and effectively
- Maintain or improve healthcare marketplace stability

SCDHHS Strategic Plan






Agency Deliverables

1) Provide for an eligibility system that allows citizens to apply for Medicaid, processes that application, and determines which citizens are eligible for Medicaid benefits.

Strategic Plan Alignment				
Stewardship	Access	Quality	Integration	Engagement
				

Agency Deliverables

4) Provide and operate a process for member and provider appeals.

Strategic Plan Alignment				
Stewardship	Access	Quality	Integration	Engagement
				

Program Evaluation Report (PER) Information

FY19-20 Performance Measures

- Increase the number of applications completed in a timely manner by 5%
 - Target: 89.25%
 - Actual: 92%
- Decrease the number of applications and reviews aged over 180 days by 20%
 - Target: 93,343
 - Actual: 77,785
- Increase the number of online applications by 10%
 - Target: 48,640
 - Actual: 51,253 (16% increase over FY2019)

FY19-20 Performance Measures *(cont.)*

- Increase the rate of one-hour resolution for walk-in services by 10%
 - Target: 76%
 - Actual: 67%
- Increase the rates of single-touch case resolutions for applications and reviews by 10%
 - Target: 89%
 - Actual: 84%

Turnover Data

- Eligibility (includes state office, county offices, and processing centers)
 - FY 2019-2020: 14.57%
 - FY 2018-2019: 16.72%
 - FY 2017-2018: 18.09%
 - FY 2016-2017: 15.59%

Statutes Included in PER

- S.C. Code § 44-6-50(1)
 - Contracts with other agencies; program monitoring
- S.C. Code Ann. Regs. Chapter 126, Article 3 Medicaid, Subarticle 2
 - Eligibility for the Medical Assistance (Medicaid) Program
- 42 U.S. Code § 1396a.
 - State plans for medical assistance
- 42 U.S. Code § 1383c.
 - Social Security Administration determinations of eligibility in the case of aged, blind, or disabled individuals
- 42 C.F.R. Part 435
 - Eligibility in the States, District of Columbia, the Northern Mariana Islands, and American Samoa

Statutes Included in PER *(cont.)*

- S.C. Code Ann. Regs. Chapter 126, Article 9
 - Optional State Supplementation Program
- S.C. Code § 44-6-190
 - Applicability of Administrative Procedures Act; compliance with Medicaid disclosure rules
- S.C. Code Ann. Regs. Chapter 126, Article 1 Administration, Subarticle 3
 - Appeals and Hearings
- 42 U.S. Code § 1396a.
 - State plans for medical assistance: (a)(3) – beneficiary/applicant appeals and hearings; (a)(28)(D) – state appeals process for transfers and discharges
- 42 C.F.R. Part 431 Subpart D
 - Appeals process for Nursing Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities
- 42 C.F.R. Part 431 Subpart F
 - Fair Hearings for Applicants and Beneficiaries

Department Cost

- Employee Equivalents:

- FY 2019-2020: 1,175
- FY 2018-2019: 1,136
- FY 2017-2018: 902
- FY 2016-2017: 877

- Costs:

- FY 2019-2020: \$159,343,274
- FY 2018-2019: \$155,323,518
- FY 2017-2018: \$134,859,486
- FY 2016-2017: \$66,612,335

- Percent of Total Spend:

- FY 2019-2020: 2.04%
- FY 2018-2019: 2.08%
- FY 2017-2018: 1.88%
- FY 2016-2017: 0.94%

- Cost per Deliverable:

- FY 2019-2020: \$245.41
- FY 2018-2019: \$258.57
- FY 2017-2018: \$245.16
- FY 2016-2017: \$109.34

Employee Satisfaction

- Employee satisfaction tracked?
 - FY 2019-2020: No (new vendor awarded Sept. 2020)
 - FY 2018-2019: Yes
 - FY 2017-2018: Yes
 - FY 2016-2017: Yes

Agency Eligibility Overview

We (SC Medicaid/SCDHHS)

Are:

- Health payor
- Countercyclical
- Source of population health data

Are not:

- Provider
- Regulator
- Prosecutor
- Commercial insurance
- Researcher

Basic Medicaid Groups

- **Modified Adjusted Gross Income (MAGI)** – Minor children, pregnant women, parent/caretaker relatives (PCR) of minor children, children in foster care and former foster care up to age 26
- **Non-MAGI** – Individuals age 65 or older, blind, or disabled
- **Long Term Care** – Individuals who meet requirements for nursing home services, home and community based waiver services, or assisted living (Optional State Supplementation [OSS])
- **Specialty Categories** – Breast & Cervical Cancer Program (BCCP), Tax Equity and Fiscal Responsibility Act (TEFRA), also known as “Katie Beckett” and Refugee

Medicaid Authorities - The State Plan

- Centers for Medicare and Medicaid Services (CMS) requires certain populations and services to be covered in each state's plan.
- However, CMS offers states flexibility in tailoring its rules and services to its population; therefore, every state's Medicaid state plan is different.
- Changes to the state plan must be approved by CMS through the State Plan Amendment process. The approval process can range from a few months to several years.

Children's Health Insurance Program (CHIP)

- CHIP provides no-cost or low-cost health coverage for eligible children in South Carolina.
- The program provides health coverage for children so that they can get routine check-ups, immunizations, and dental care to keep them healthy.

South Carolina Medicaid Population

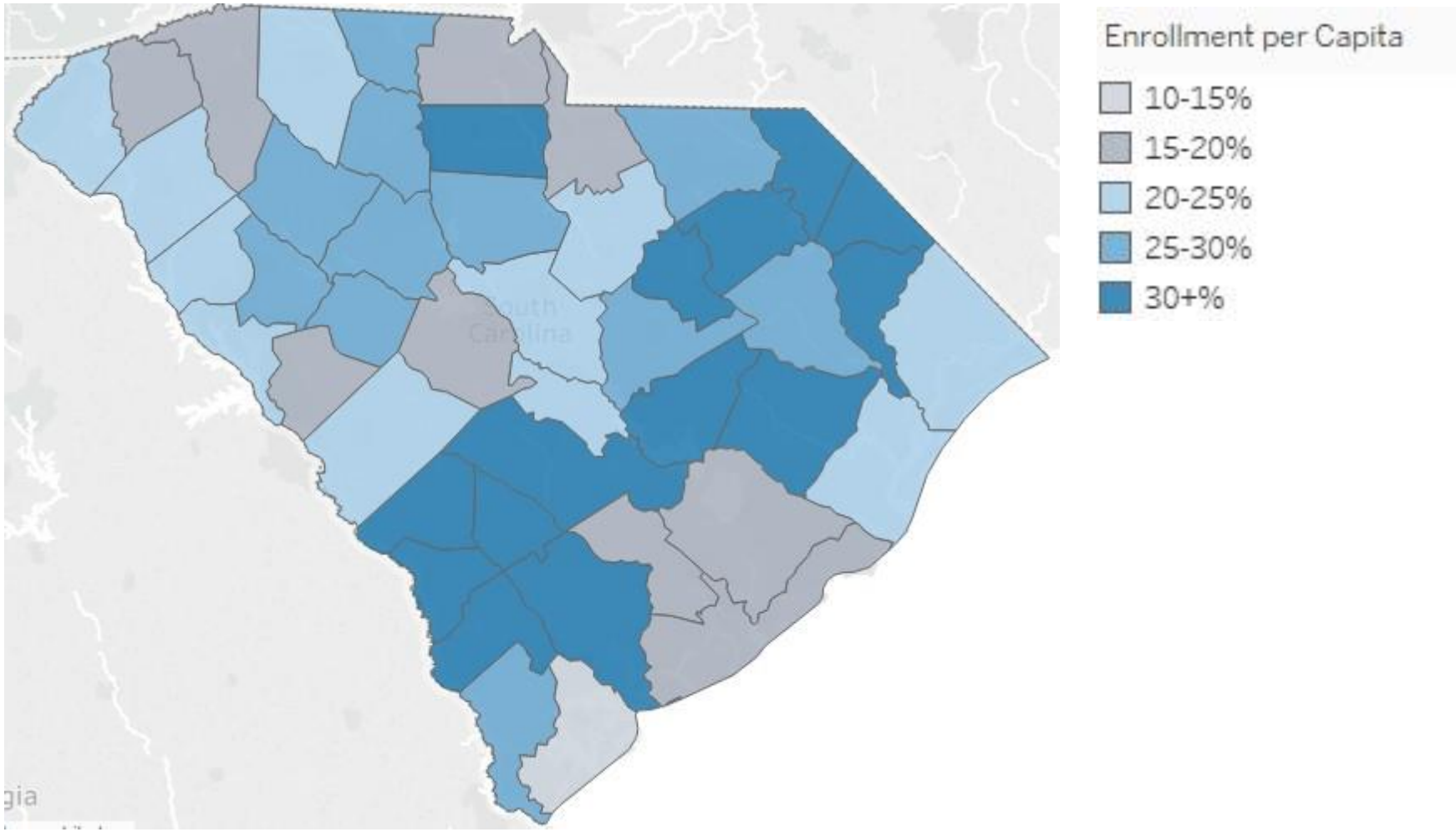
- Full benefit membership: Approximately 1.1 million

Children	690,000
Disabled Adults	130,000
Other Adults	240,000
Elderly	80,000
Limited Benefits	250,000

**Data as of Dec. 31, 2020*

- **60%** of South Carolina Medicaid members are age 0 to 18
- Roughly **60%** of all children in South Carolina are covered by Medicaid
- In South Carolina, Medicaid covers nearly **60%** of all births
- More than 75% of full benefit members are enrolled in managed care

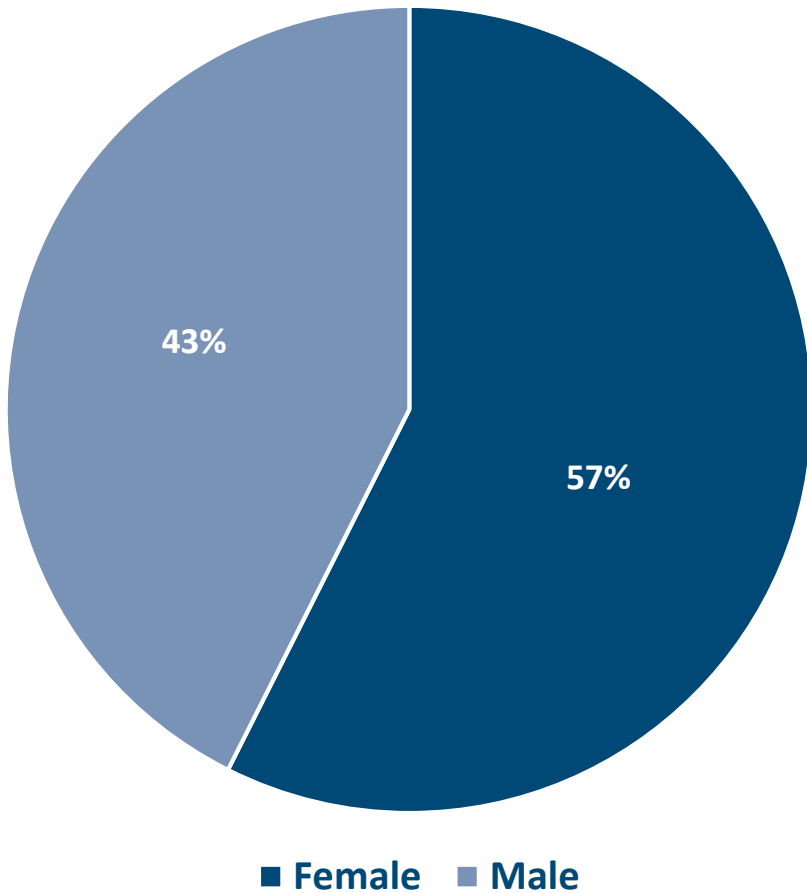
Enrollment as Percentage of County Population



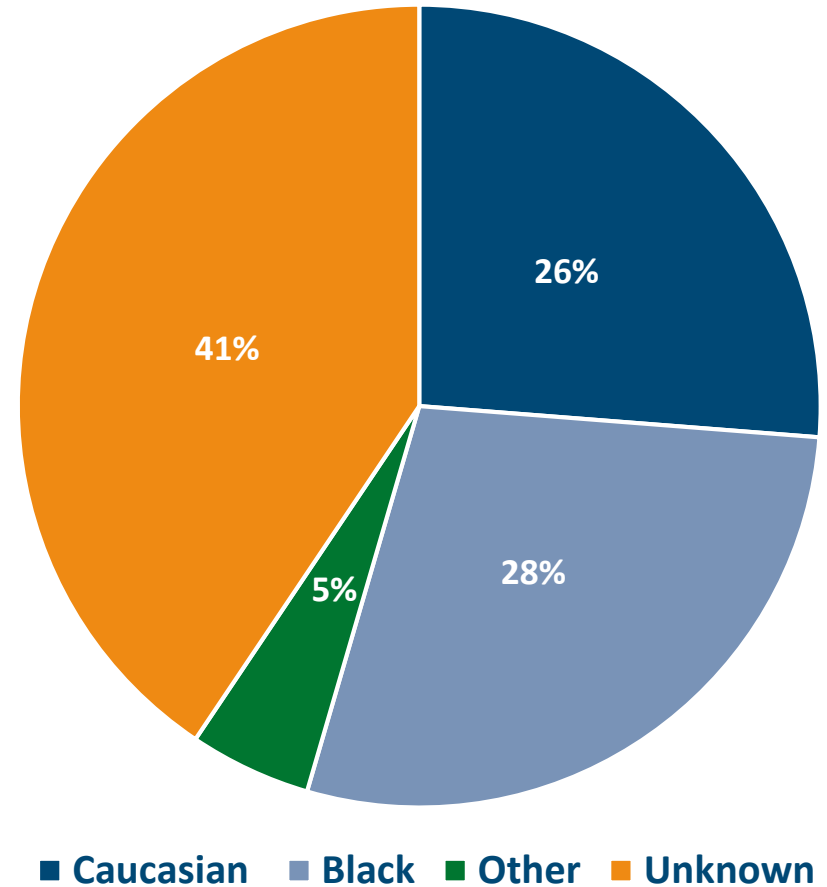
Based on December 2020 full benefit enrollment.

Beneficiary Demographics

Full Benefit by Gender

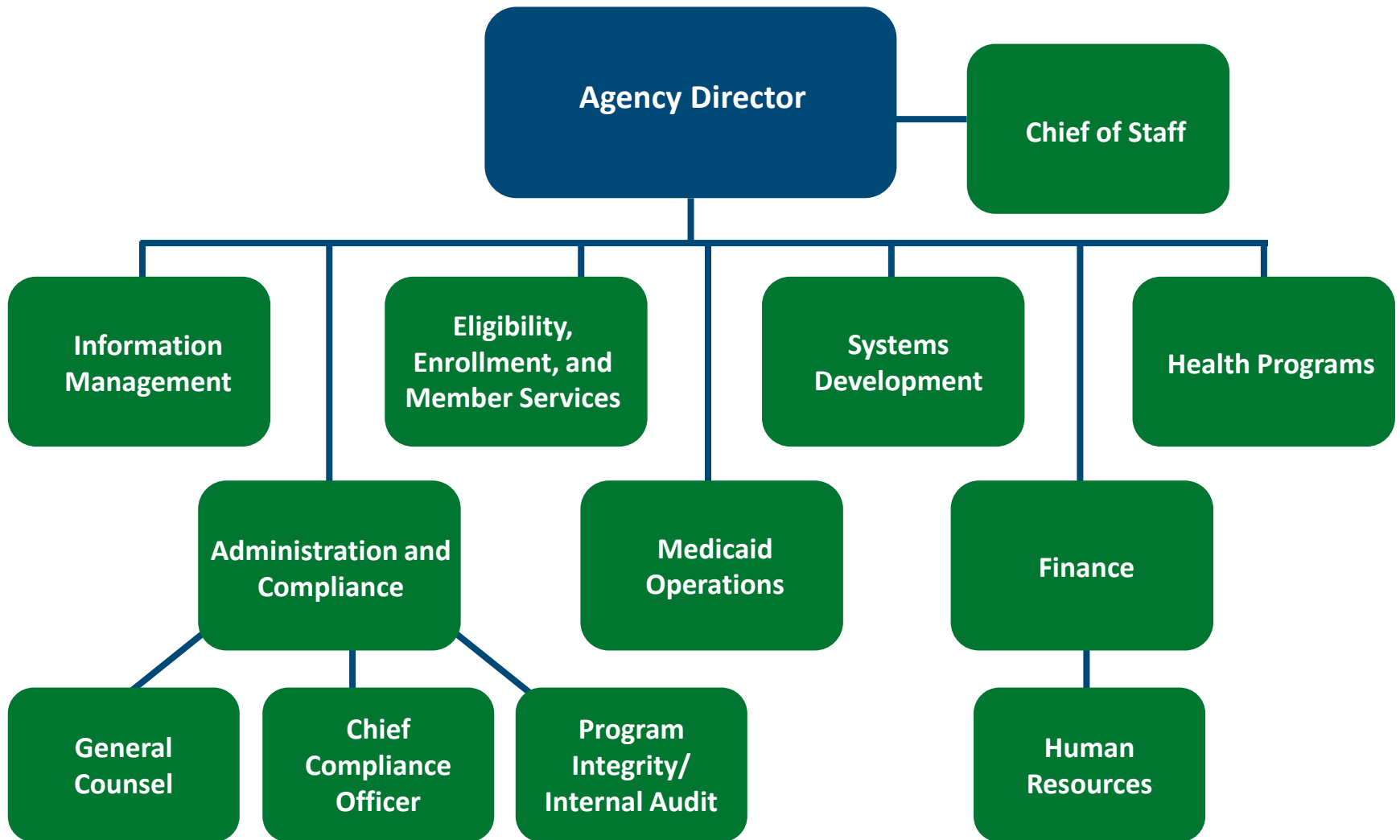


Full Benefit Enrollees by Race

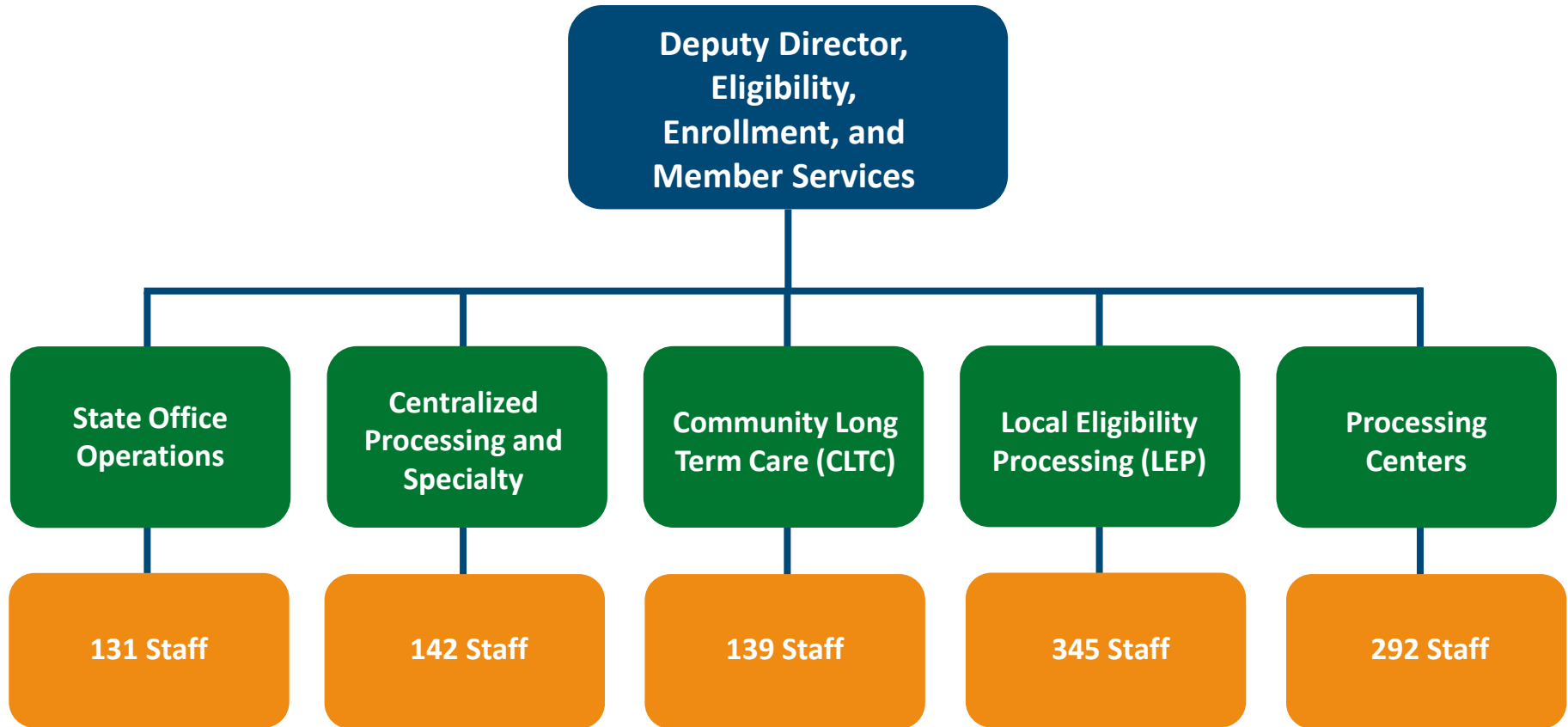


Organizational Structure

Agency Composition - Organizational Chart

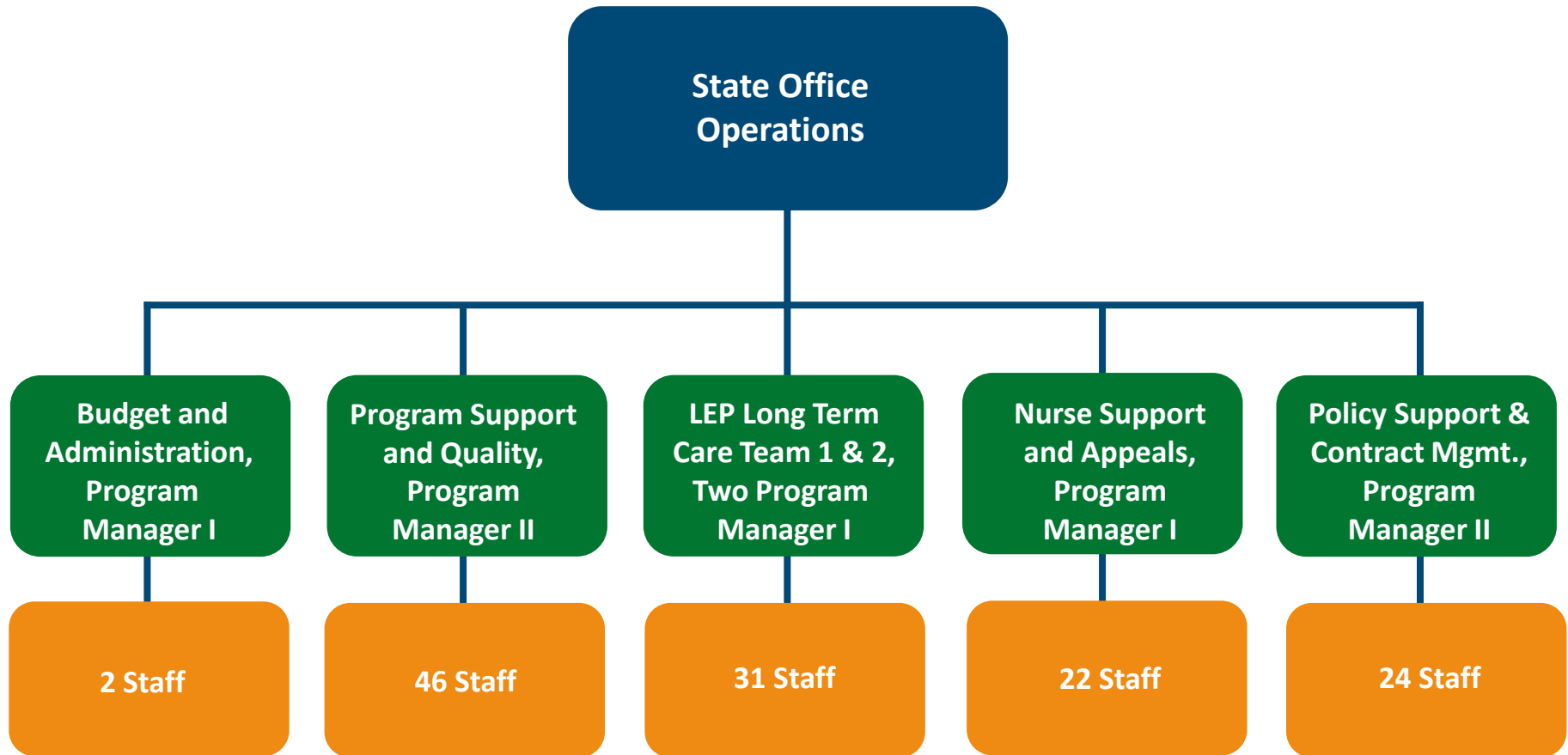


Eligibility, Enrollment, and Member Services (EEMS) Composition - Organizational Chart



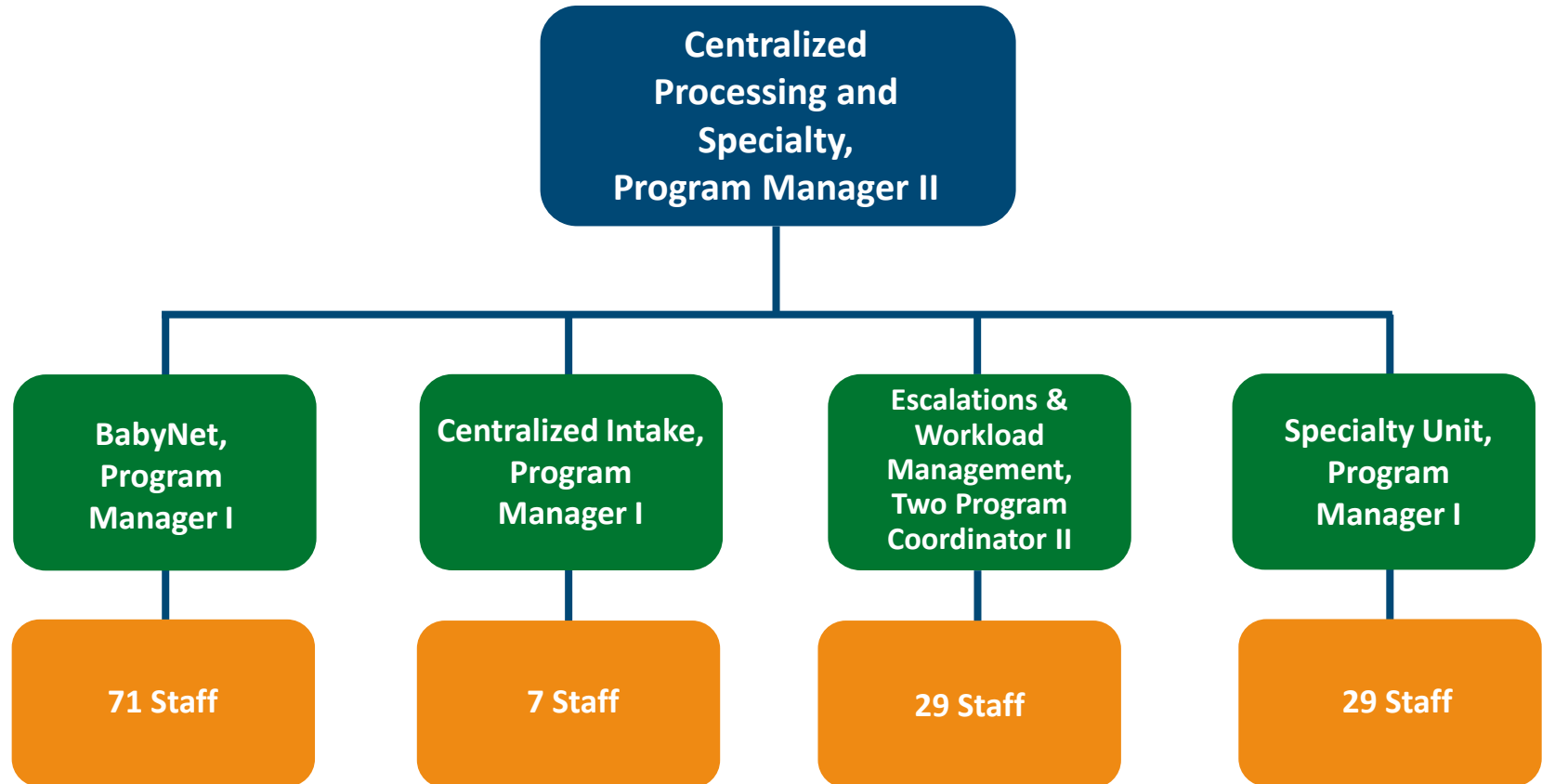
EEMS Composition - Organizational Chart

State Office Operations



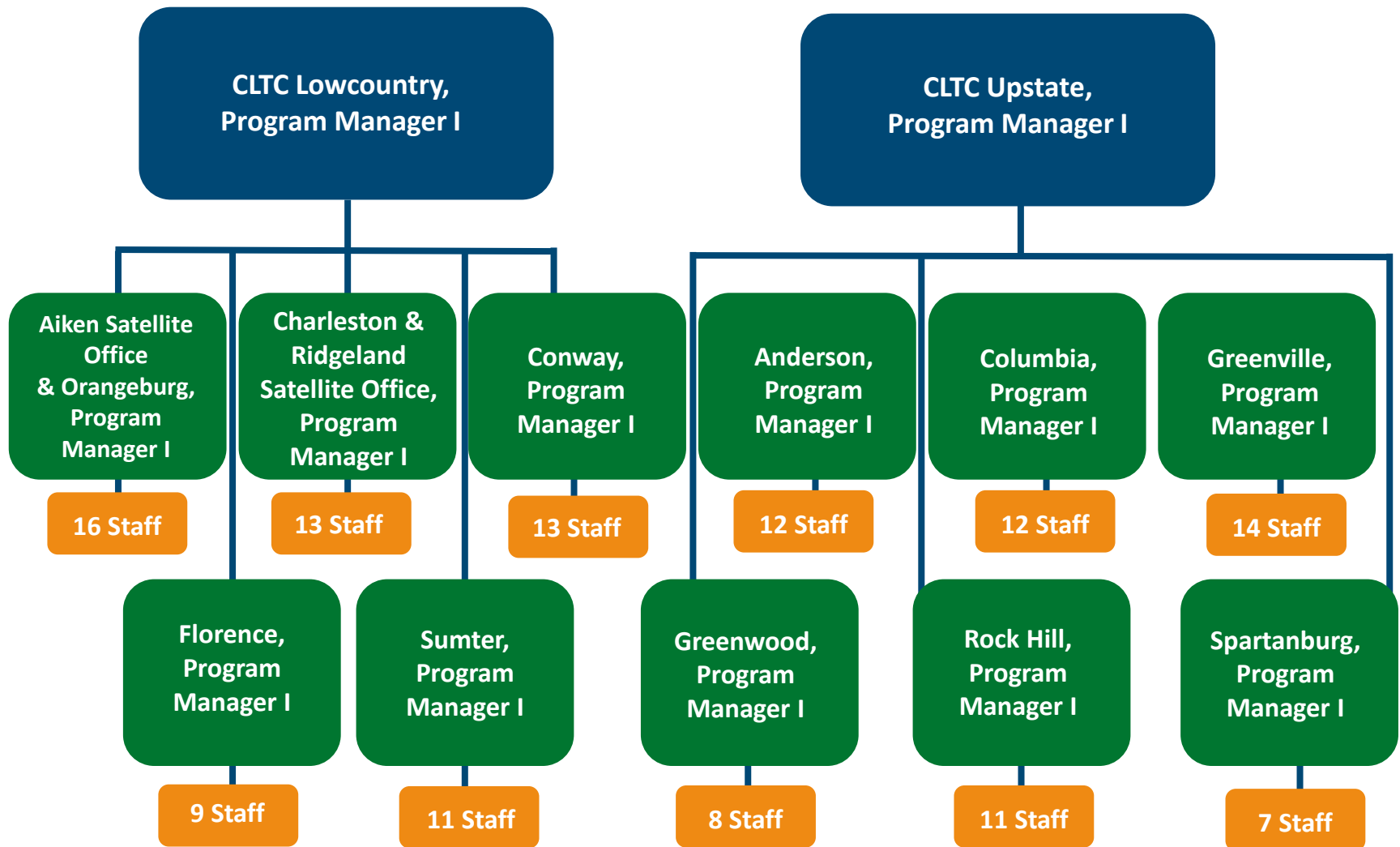
EEMS Composition - Organizational Chart

Centralized Processing and Specialty



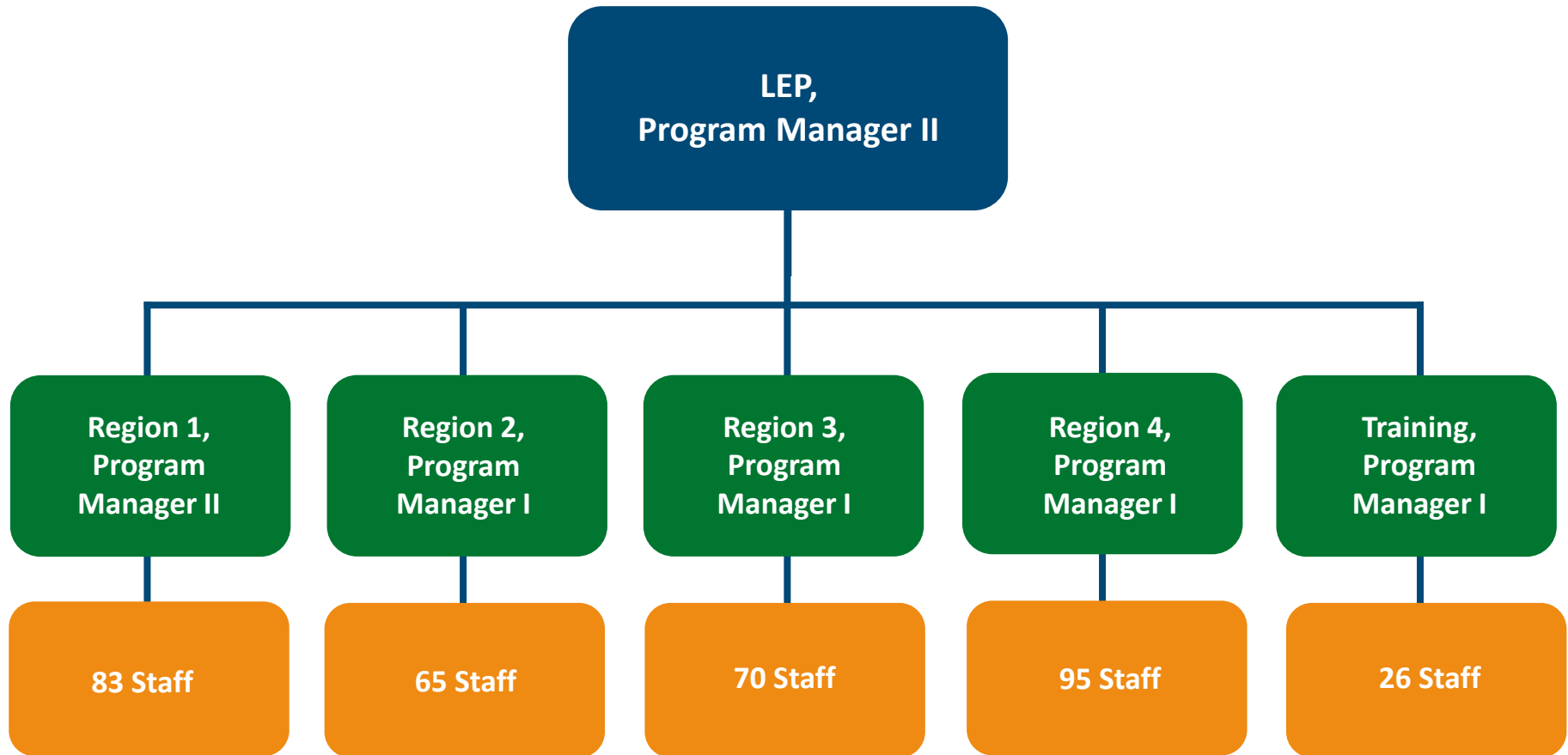
EEMS Composition - Organizational Chart

CLTC



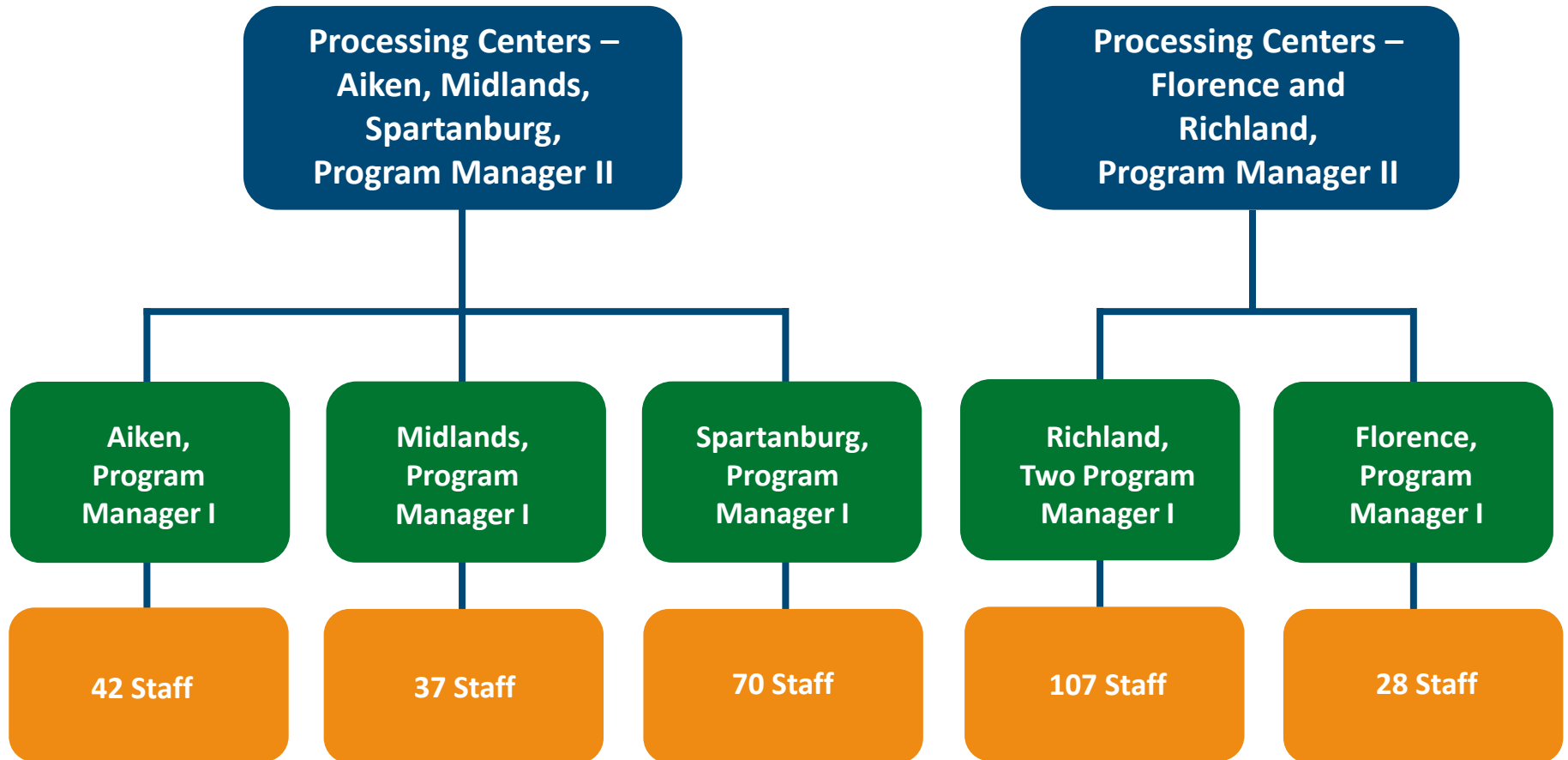
EEMS Composition - Organizational Chart

LEP



EEMS Composition - Organizational Chart

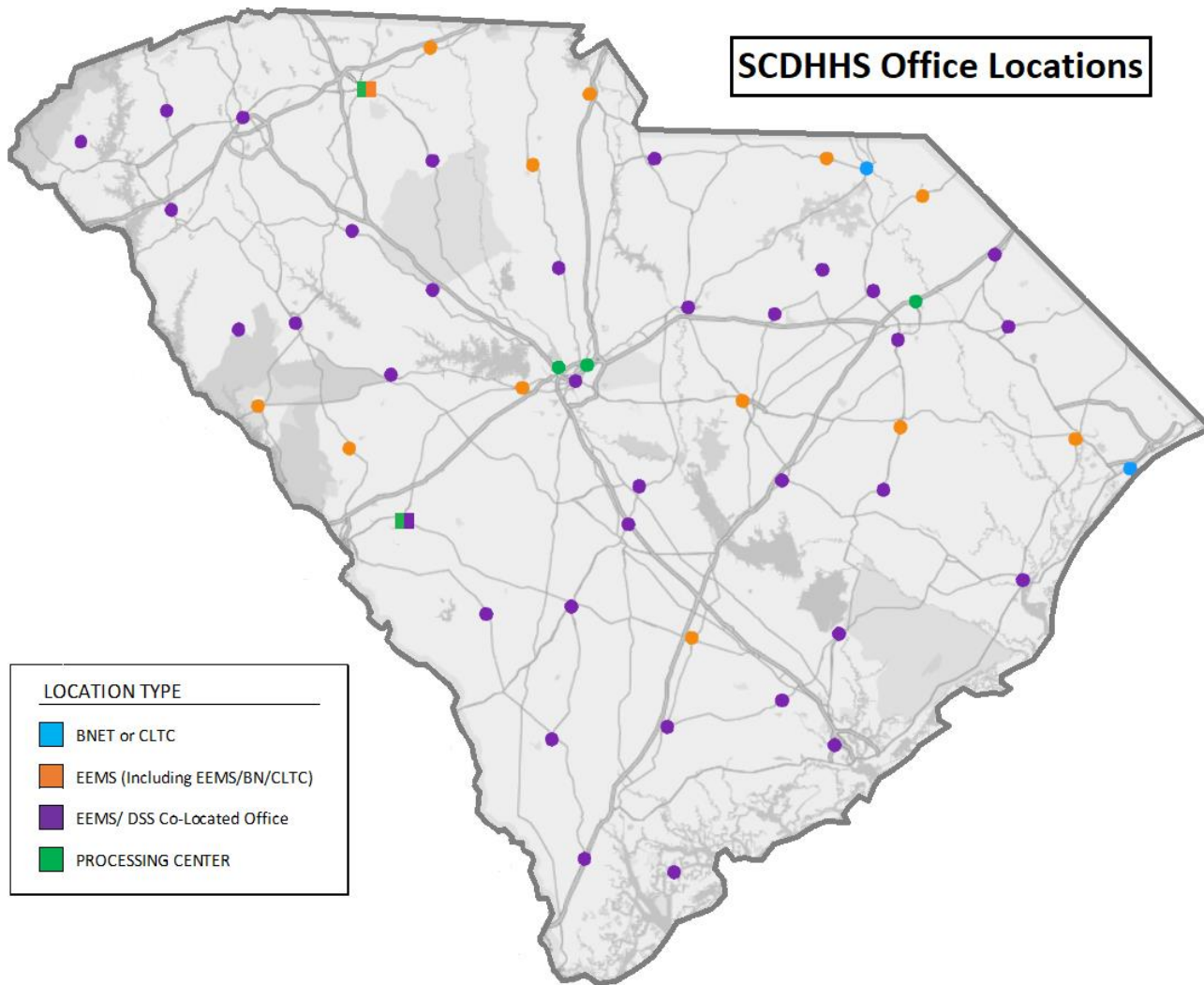
Processing Centers



EEMS

- LEP
 - 49 offices across the state
 - One office in each county
 - Two offices in Dorchester, Florence, and Darlington
- Processing Centers
 - Aiken, Florence, Midlands, Richland, and Spartanburg
- CLTC
 - 13 offices across the state
- State Office

Where We Are



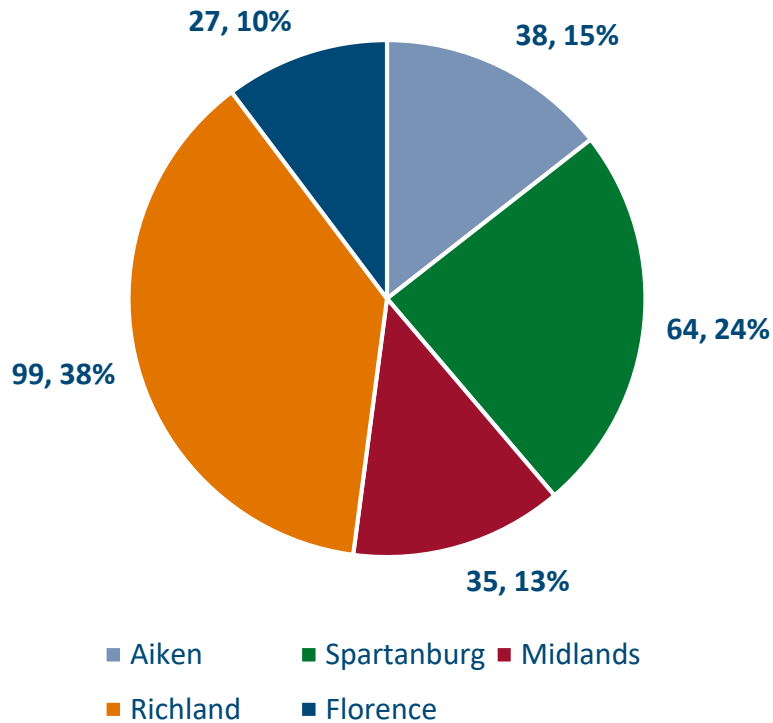
Eligibility Operations

Operations and Processing Centers

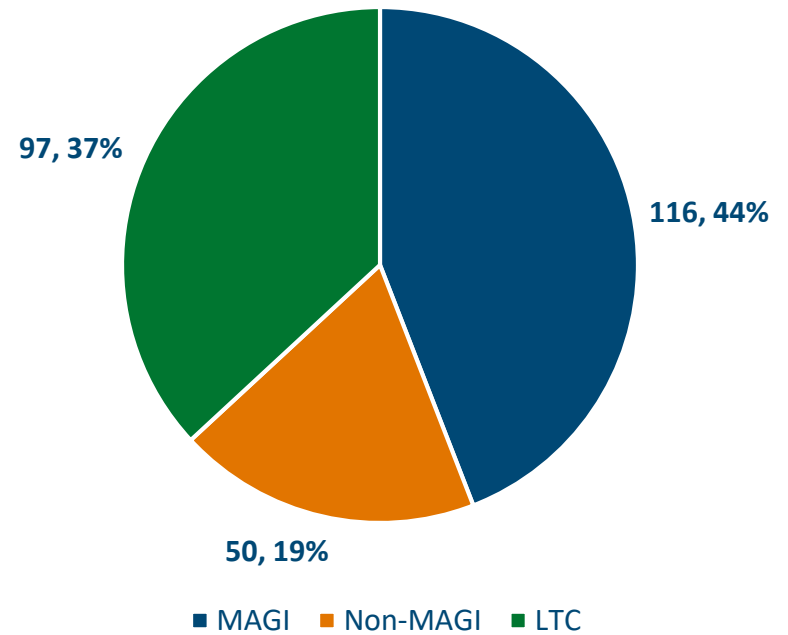
- **LEP Office Staff**
 - MAGI - 130
 - Non-MAGI - 126
 - Supervisors - 57
- **Processing Center Staff**
 - MAGI – 116
 - Non-MAGI – 50
 - Long Term Care – 97
 - Supervisors - 21

Processing Centers

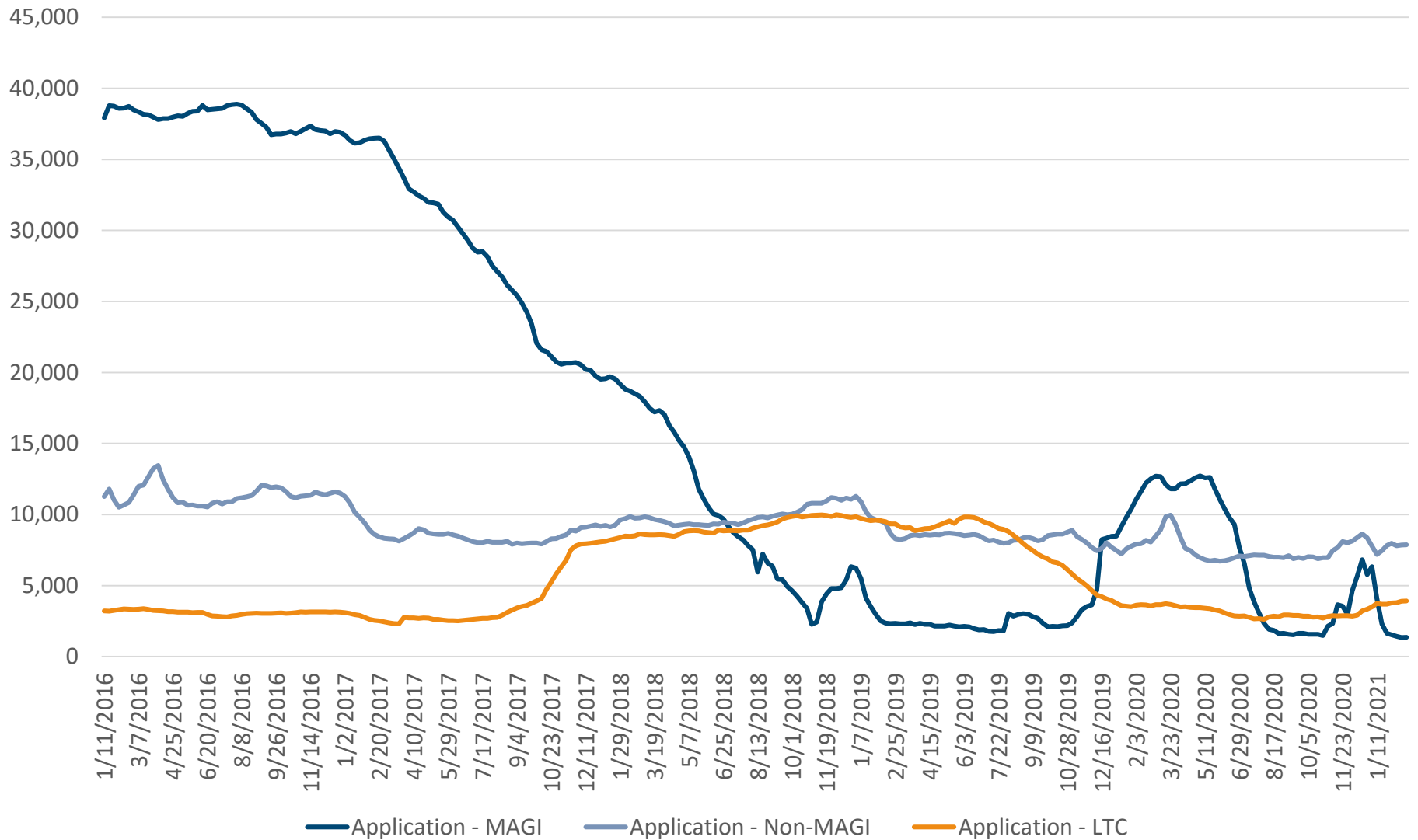
Eligibility Workers by Location Total - 263



Eligibility Workers by Work Type Total - 263



Application Backlog Trend July 2016 – January 2021



Application Backlog Trend

July 2016 – December 2020

- Application and backlog trends continue to decrease
- Year-over-year we realize an increase in MAGI applications, November through mid-December due to open enrollment via the Federal Marketplace:
 - These applications dramatically decrease mid-January through early February
- Top reasons for delays in determinations:
 - Awaiting information requested from a third party
 - Additional information requested from applicant
 - Federal 30-day requirement for long term care-related services
 - Awaiting applicant enrolling in services

Open Enrollment Impact on Applications

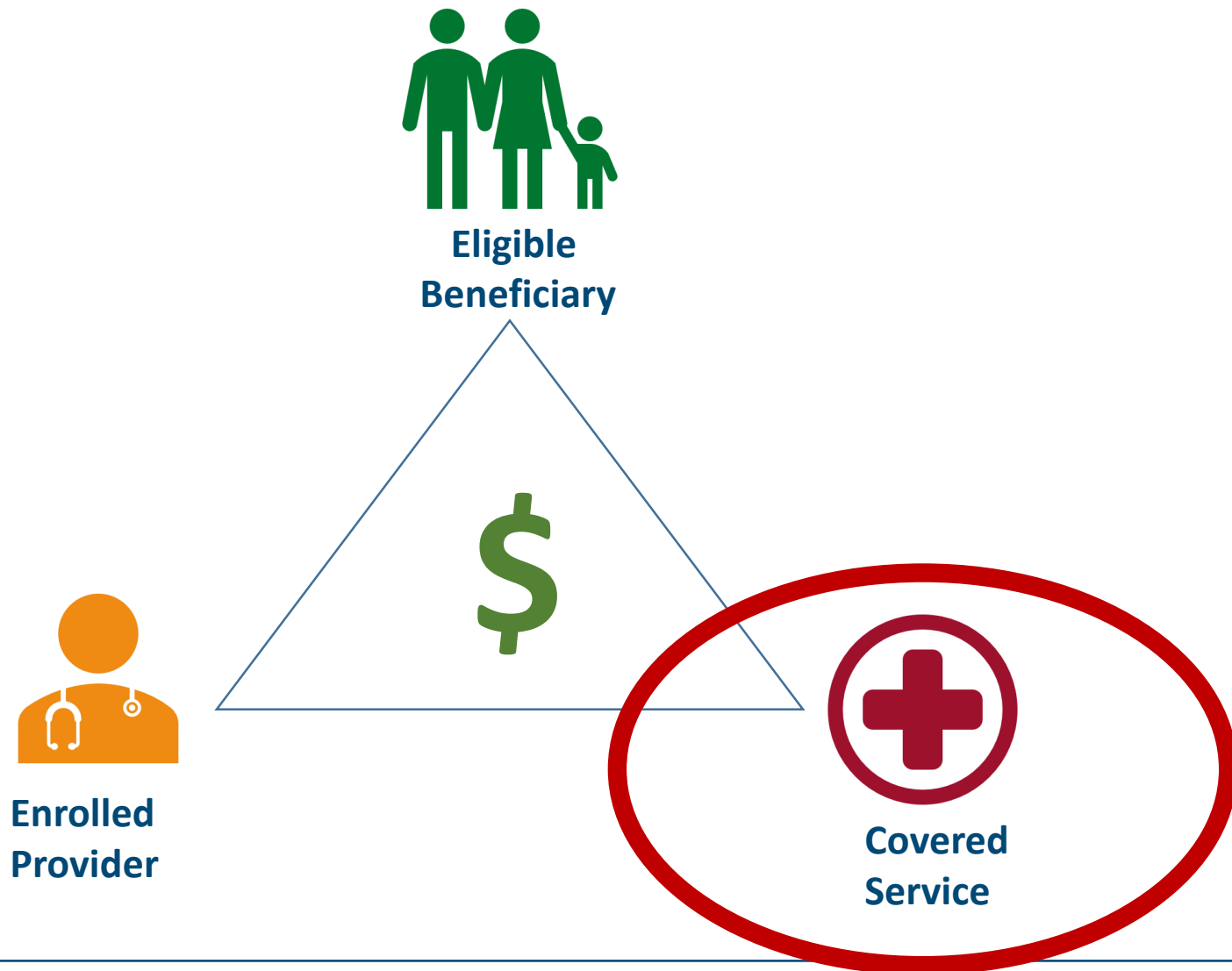
Work Type	Pending Applications as of Oct. 26, 2020	Percent Change Oct. 28, 2019 to Oct. 26, 2020	Percent Change Oct. 29, 2018 to Oct. 26, 2020
MAGI	1,484	32% decrease	34% decrease
Non-MAGI	6,965	20% decrease	35% decrease
Long Term Care	2,711	56% decrease	73% decrease

Work Type	Pending Applications as of Nov. 2, 2020	Percent Change Nov. 4, 2019 to Nov. 2, 2020	Percent Change Nov. 5, 2018 to Nov. 2, 2020
MAGI	2,155	9% decrease	12% decrease
Non-MAGI	6,964	22% decrease	35% decrease
Long Term Care	2,829	51% decrease	72% decrease

Note: Open enrollment began Nov. 1, 2020

Medicaid Benefit and Funding

Transaction Triangle



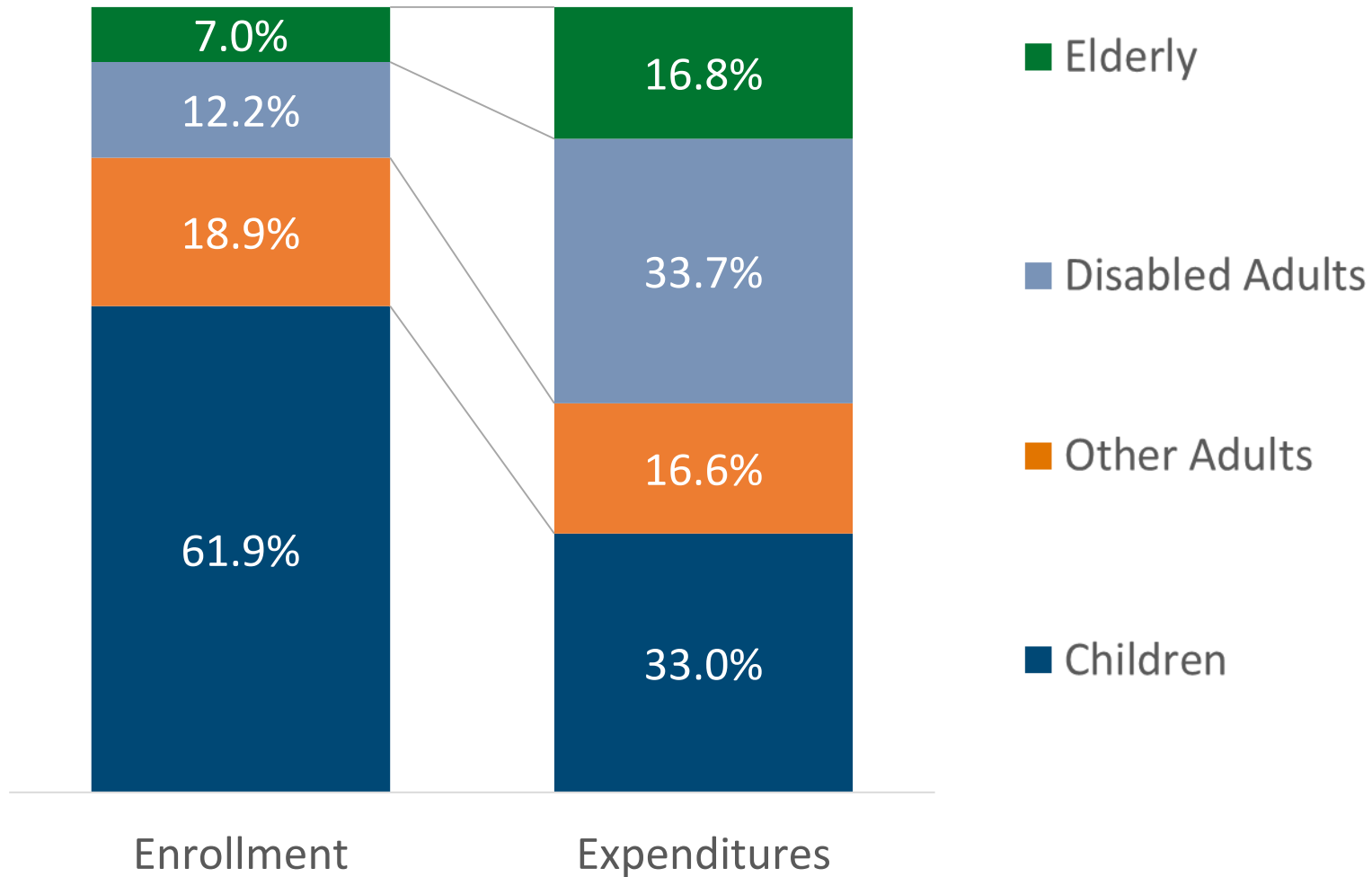
Covered Services - The State Plan – Mandatory Benefits

Certified pediatric and family nurse practitioner services	Nurse midwife services
Early and Periodic Screening, Diagnosis and Treatment services	Nursing facility services
Family planning services	Outpatient hospital services
Federally Qualified Health Center services	Physician services
Freestanding birth center services (when licensed or otherwise recognized by the state)	Rural Health Clinic services
Home health services	Tobacco cessation counseling for pregnant women
Inpatient hospital services	Transportation to medical care
Laboratory and x-ray services	

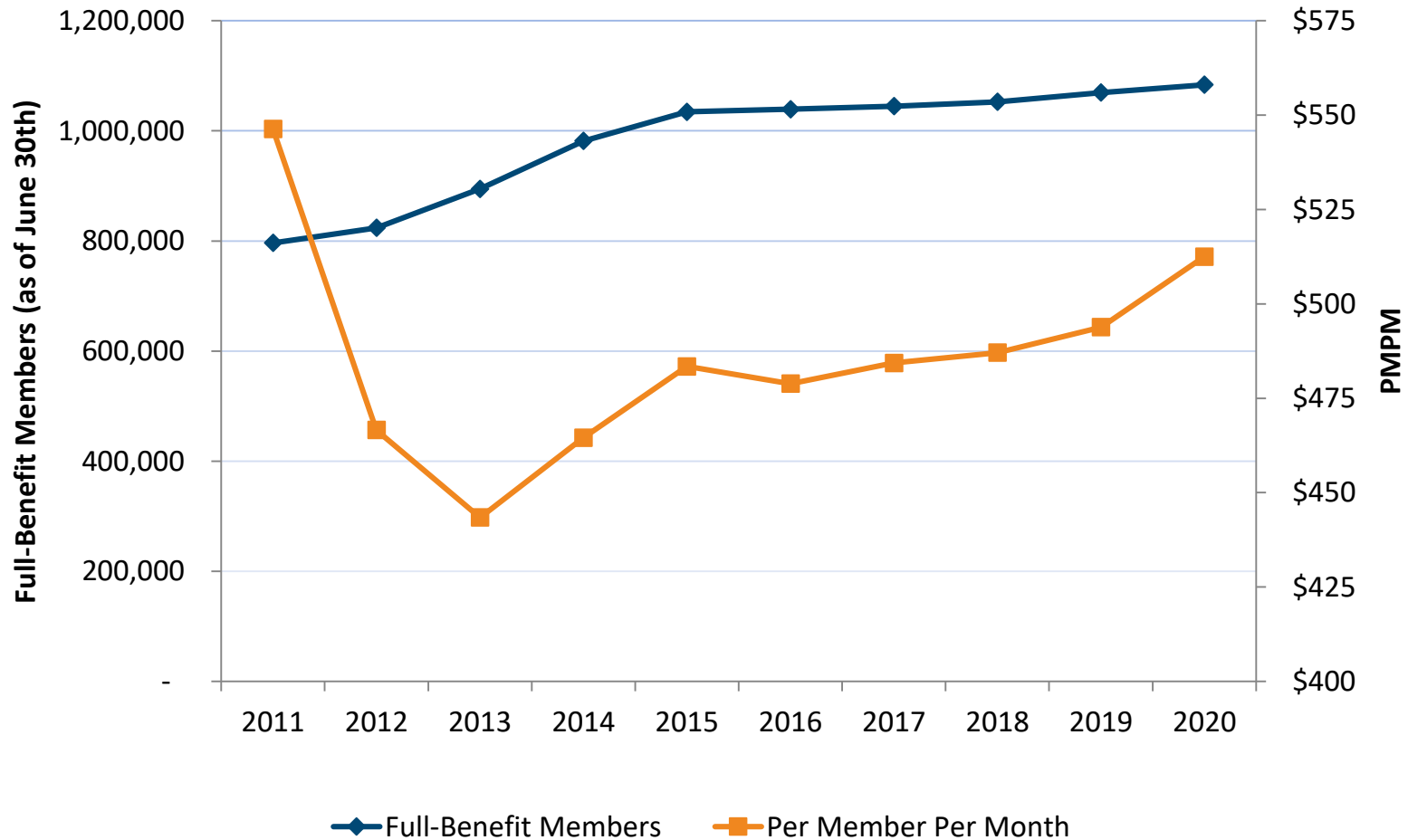
Covered Services - The State Plan - Optional Benefits

Chiropractic services	Podiatry services
Dental services	Prescription medications (not all drugs are covered)
Home and community based services (HCBS)	Private duty nursing services
Hospice	Rehabilitative behavioral health services
Inpatient psychiatric care	Speech-language therapy
Intermediate care facility services	Targeted case management
Occupational and physical therapy	Vision care

Covered Populations - SCDHHS Members and Costs

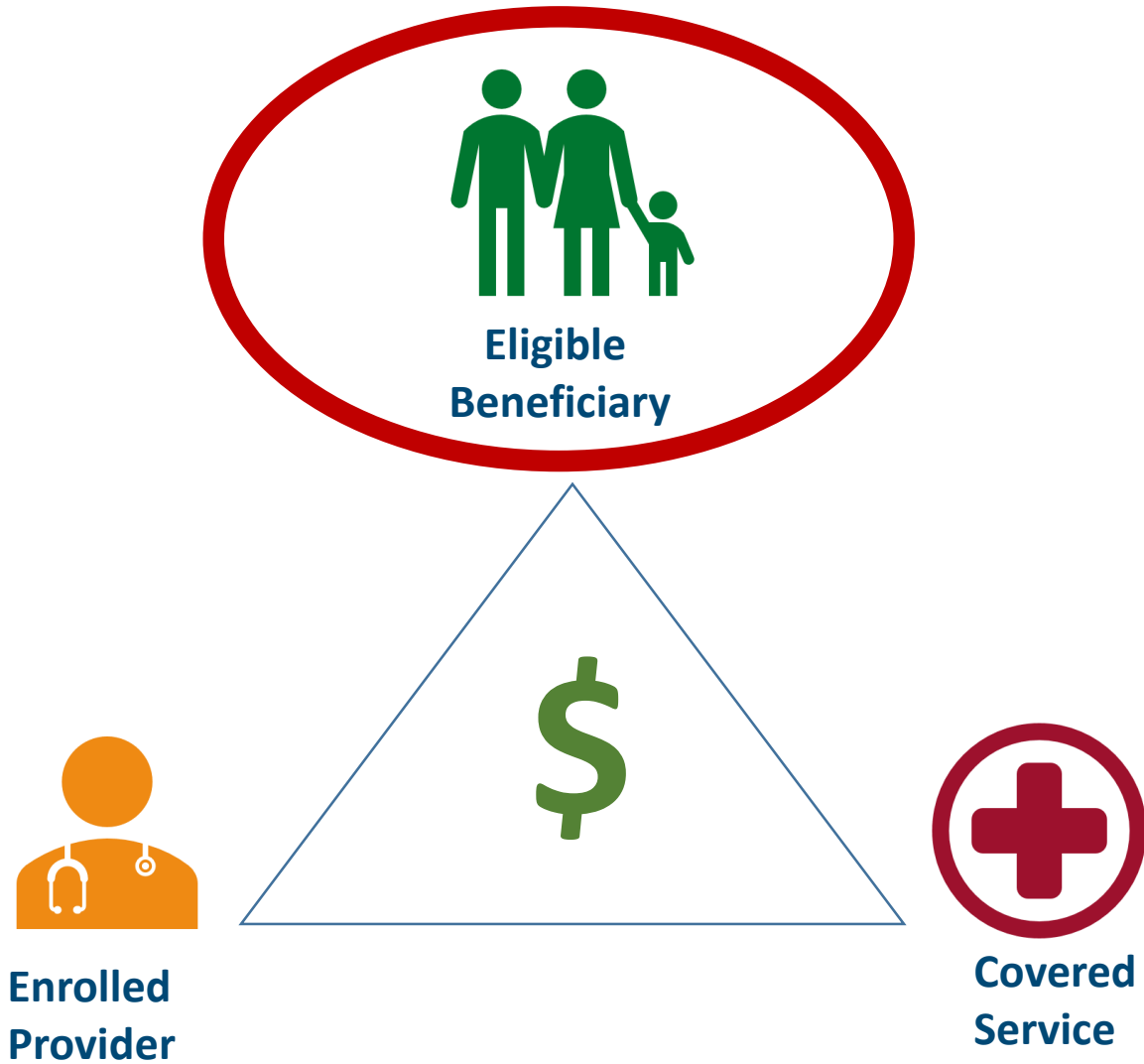


SCDHHS Per Member Per Month (PMPM) Trend



Basis of Eligibility

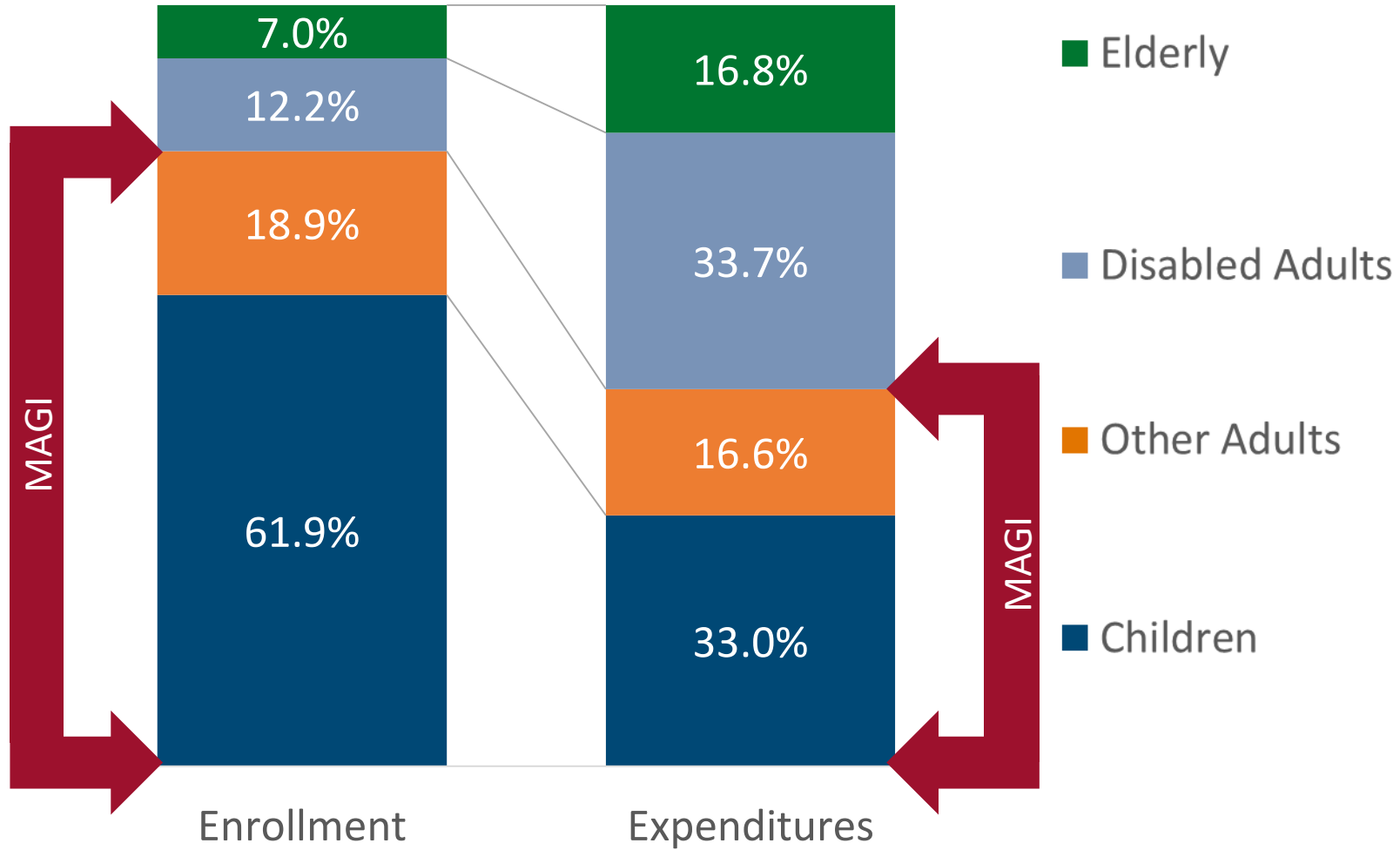
Transaction Triangle



Basic Medicaid Groups

- **MAGI** – Minor children, pregnant women, PCR of minor children, children in foster care, and former foster care up to age 26
- **Non-MAGI** – Individuals age 65 or older, blind or disabled
- **Long Term Care** – Individuals who meet requirements for nursing home services, HCBS waiver, or assisted living (OSS)
- **Specialty Categories** – BCCP, TEFRA (Katie Beckett), Refugee

Covered Populations - SCDHHS Members and Costs

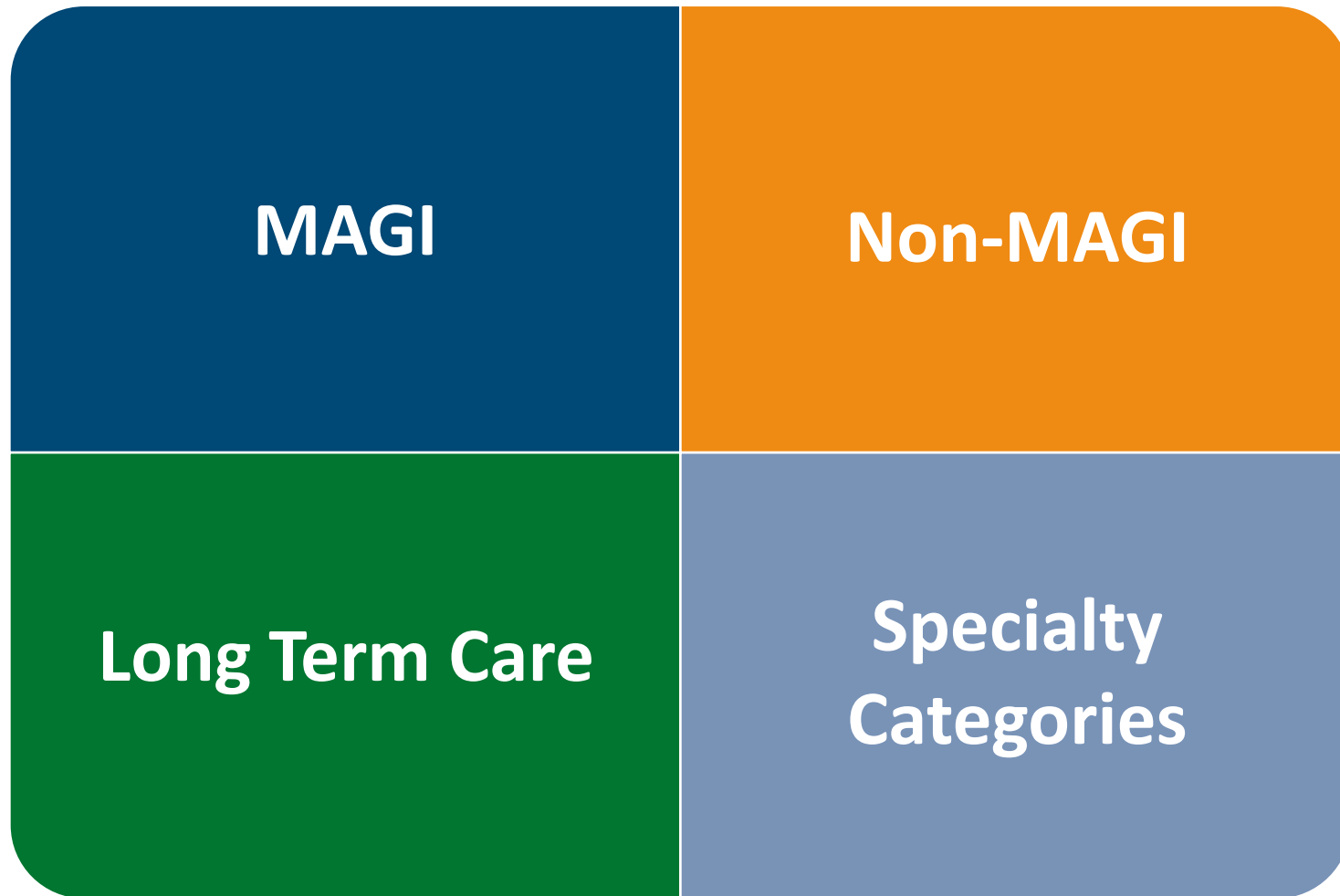


Types of Eligibility

Full Benefit

Limited Benefit

Full Benefit Medicaid Groups



Limited Benefit Medicaid Groups

**Medicare
Savings
Programs**

Family Planning

Emergency

Refugee

Waiver Medicaid Groups

**SCDHHS
Administered
and Operated**

**SCDHHS
Administered**

What Makes You Eligible?

Non-financial Requirements

**Categorical
Criteria**

**Financial
Criteria**

Non-financial Requirements

- Identity
- U.S. citizenship/immigration status
- State residency
- Enumeration/Social Security number
- Apply for and accept other benefits
- Assignment of rights to medical support

Categorical Criteria for Medicaid Eligibility

- Individual receiving cash assistance such as Supplemental Security Income (SSI) or OSS
- Individual age 65 or older, blind, or disabled
- Child under age 19
- Pregnant woman
- Family with a dependent child(ren)
- Individual diagnosed and found to need treatment for either breast or cervical cancer, or pre-cancerous lesions
- Individual qualifying for family planning services only

Financial Criteria

- Financial eligibility includes:
 - Income limits for most MAGI, Non-MAGI and Long Term Care categories
 - Resource limits for most Non-MAGI and Long Term Care categories
 - Five-year look-back for asset transfers for Long Term Care categories
 - Income limits are based on:
 - The federal poverty level (FPL) as determined by the U.S. Department of Health and Human Services
- Or
- The federal benefit rate (FBR) as determined by the Social Security Administration

MAGI Coverage Programs

- MAGI programs provide coverage for:
 - Minor children
 - Pregnant women
 - PCRs of minor children
 - Children in foster care
 - Former foster care up to age 26

100% of FPL

FPL for the 48 Contiguous States	
Persons in Family/Household	Poverty Guideline
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

In effect as of March 1, 2021.

For families/households with more than 8 people, add \$4,540 for each additional person.

MAGI Coverage Programs

Program	Eligible Group	Income Limit
PCR	At least one child in the home is under age 18 (under age 19 if in a secondary school) and lives in a family with low income	Income limit based on family size Covers up to 67% of FPL
Former Foster Care	Individual is eligible for this group if he/she is under the age of 26; was in foster care in South Carolina; was enrolled in Medicaid on his/her 18th birthday, or at the time he/she aged out of foster care	No limit
Partners for Healthy Children (includes Medicaid and CHIP)	Low-income children under age 19	Based on family size Family income cannot exceed 213% of FPL

MAGI Coverage Programs *(cont.)*

Program	Eligible Group	Income Limit
Family Planning <i>(limited coverage)</i>	Men and women of any age who don't qualify for any full Medicaid category	Family income cannot exceed 199% of FPL
Pregnant Women and Infants	Pregnant women and infants under age 1	Based on family size Family income cannot exceed 199% of FPL The unborn baby is counted in family size
Transitional Medicaid Assistance (TMA)	Individuals who lost PCR coverage due to earned income of the adult	Income limit based on family size

Non-MAGI

- Non-MAGI programs provide coverage for individuals who are age 65 or older, blind, or disabled.
 - SCDHHS partners with the South Carolina Department of Vocational Rehabilitation's Disability Determination Services to conduct disability determinations as needed.
 - Disability determinations must meet Social Security program guidelines.

Non-MAGI Coverage Programs

Program	Eligible Group	Monthly Income Limit	Resource Limit
SSI <i>(administered by SSA; in South Carolina, automatically eligible for Medicaid)</i>	Aged (65+), blind, or totally and permanently disabled	\$794/Individual \$1,191/Couple	\$2,000/Individual \$3,000/Couple
SSI Pass-Along	Individuals who lost eligibility for SSI due to increases in or receipt of certain Social Security benefits	SSI limits, once the SSA benefit increase is disregarded	\$2,000/Individual \$3,000/Couple
Aged, Blind, or Disabled	Aged (65+), blind, or totally and permanently disabled	100% of FPL \$1,074/ Individual \$1,452/Couple	\$7,970/Individual \$11,960/Couple

Non-MAGI Coverage Programs *(cont.)*

Program	Eligible Group	Monthly Income Limit	Resource Limit
Specified Low Income Medicare Beneficiaries (SLMB) <i>(limited coverage)</i>	Must have Medicare Part A <i>(pays Medicare Part B premiums only)</i>	> 100% of FPL and ≤ 120% of FPL \$1,288/ Individual \$1,742/Couple	\$7,970/ Individual \$11,960/Couple
Qualifying Individuals (QI) <i>(limited coverage)</i>	Must have Medicare Part A *Must re-apply each year <i>(pays Medicare Part B premiums only)</i>	> 120% and ≤ 135% of FPL \$1,449/ Individual \$1,960/Couple	\$7,970/ Individual \$11,960/Couple

Non-MAGI Coverage Programs *(cont.)*

Program	Eligible Group	Monthly Income Limit	Resource Limit
Working Disabled (WD)	Under age 65, totally and permanently disabled, and working	Family income limit: 250% of FPL – currently \$2,684 Individual's unearned income must be ≤ \$1,074	\$7,970/ Individual
Qualified Disabled and Working Individuals (QDWIs)	Under age 65, totally and permanently disabled, and working	200% of FPL	\$4,000/ Individual

Basic Medicaid Groups – Long Term Care

- Long Term Care – Provides coverage for individuals who have met a level of care for nursing home or home and community based services assistance.

Long Term Care

Program	Eligible Group	Monthly Income Limit	Resource Limit
Institutional Long Term Care (Medical Assistance Only)	Aged (65+), blind, or disabled and determined to be medically in need of institutional care and resides in an approved medical facility for at least 30 consecutive days	300% of FBR – currently \$2,382 Spousal allocation - \$3,259.50	\$2,000/ Individual
HCBS Waivers	Aged (65+), blind or disabled and determined to be medically in need of institutional care but chooses to remain at home	300% of FBR – currently \$2,382 Spousal allocation - \$3,259.50	\$2,000/ Individual
Optional State Supplementation (OSS)* <i>*SCDHHS administered state-funded program</i>	Individuals residing in approved, licensed community residential care facilities who meet all SSI eligibility requirements except for income	Individual's gross income limit is \$1,456	\$2,000/Individual

Basic Medicaid Groups – Specialty Categories

- Specialty categories include:
 - Breast and Cervical Cancer Program (BCCP)
 - TEFRA (Katie Beckett)
 - Refugee assistance
 - Foster care and subsidized adoption
- Other specialty determinations include:
 - Inmate coverage
 - Tuberculosis-only coverage

Specialty Categories

Program	Eligible Group	Monthly Income Limit	Resource Limit
TEFRA	Disabled children under age 19 who meet level of care required in an Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID), nursing facility or hospital	Parent's income is not counted, child's limit is \$2,382	\$2,000/Child (parents' income and resources not considered)
Foster Care	The individual must reside in a licensed foster home or other approved facility	\$719.13	No resource limit
BCCP	Individuals who've been diagnosed and are in need of treatment for breast and/or cervical cancer or pre-cancerous lesions and have no treatment coverage; ages 47-64 if screened by Best Chance Network (BCN); under age 65 if screened by non-BCN	Income limit of 200% of FPL - currently \$2,147	No resource limit

Specialty Categories *(cont.)*

Program	Eligible Group	Monthly Income Limit	Resource Limit
Subsidized Adoption	Child is determined eligible; remains eligible as long as the adoption agreement is in effect up to the age of 21	Child only \$719.13	No resource limit
Refugee Assistance	Individual outside his/her native country with documentation issued by the U.S. Citizenship and Immigration Services that designate him/her as a refugee or asylee	67% FPL	No resource limit
Individuals with Disabilities Education Act (IDEA) Part C (BabyNet)* <i>*Operated by SCDHHS but not a part of the Medicaid program</i>	Children birth to age 3 who have developmental delays or conditions associated with developmental delays	No monthly income limit	No resource limit

Application and Review Process

The Application Process Begins Here

- Applications can be completed via a paper application, phone, or online.
- Paper applications can be submitted by mail, email, fax, or in-person at county offices.
- All valid applications will be accepted.
- An application must contain a valid signature to be processed.
- Assistance is available by contacting the Healthy Connections Member Contact Center at 888-549-0820.

The screenshot shows the South Carolina Healthy Connections Medicaid website. At the top, there is a navigation menu with links for 'GETTING MEDICAID', 'FOR PROVIDERS', 'COMMUNICATIONS', 'USEFUL TOOLS', and 'ABOUT US'. A search bar is located in the top right corner. The main content area features a large banner with a photo of four children running. Below the banner, there are two call-to-action buttons: 'Apply for South Carolina Medicaid' and 'Visit the Federal Marketplace'. The page is divided into three columns of content: 'AGENCY COMMUNICATIONS' with recent news items, 'RESOURCES' with links to various initiatives and services, and 'HEALTH DATA TRANSPARENCY' featuring 'SC HealthViz' and 'County Health Rankings & Roadmaps'.

How to Apply

- For application form(s):
 - Visit www.scdhhs.gov, “Getting Started” to download an application
 - Call the Healthy Connections Member Contact Center at 888-549-0820
 - Visit a local county office and request needed forms
- For assistance completing an application or to complete a telephonic application:
 - Call the Healthy Connections Member Contact Center at 888-549-0820
 - Call SC Thrive at 800-726-8774
- Applicants may apply online at <https://apply.scdhhs.gov>
- Upon receipt and review of a completed application, additional forms and/or information may be requested if needed to determine eligibility.
- Applicants will receive written notification of the eligibility decision.

SCDHHS FM 3400 Application Form



Use this application to see what coverage choices you qualify for

- Affordable private health insurance plans that offer comprehensive coverage to help you stay well.
 - A new tax credit that can immediately help pay your premium for health coverage.
 - Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP).
- You may qualify for a free or low-cost program even if you earn as much as \$94,000 a year (for a family of 4).**



Apply faster online

- Apply faster online at [SCDHHS.gov](https://www.scdhhs.gov) or [HealthCare.gov](https://www.healthcare.gov).



What you may need to apply

- Social Security Numbers (or document numbers for any legal immigrants who need insurance)
- Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family

things to know



Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and how to get any help paying for it. **We'll keep all the information you provide private and secure, as required by law.** To view the Privacy Act Statement, go to [https://www.SCDHHS.gov/internet/pdf/SCDHHSNoticeofPrivacyPractices080107.pdf](https://www.scdhhs.gov/internet/pdf/SCDHHSNoticeofPrivacyPractices080107.pdf).



What happens next?

Send your complete, signed application to the address on page 13.

If you don't have all the information we ask for, sign and submit your application anyway. We'll follow-up with you within 1–2 weeks. You'll get instructions on the next steps to complete your application for health coverage. If you don't hear from us, visit [SCDHHS.gov](https://www.scdhhs.gov) or call 1-888-549-0820. Filling out this application doesn't mean you have to buy health coverage.



NEED HELP WITH YOUR APPLICATION? Visit [SCDHHS.gov](https://www.scdhhs.gov) or call us at **1-888-549-0820**. Para obtener una copia de este formulario en Español, llame **1-888-549-0820**. If you need help in a language other than English, call **1-888-549-0820** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-888-842-3620**.

DMHS Form 5400 (June 2014)

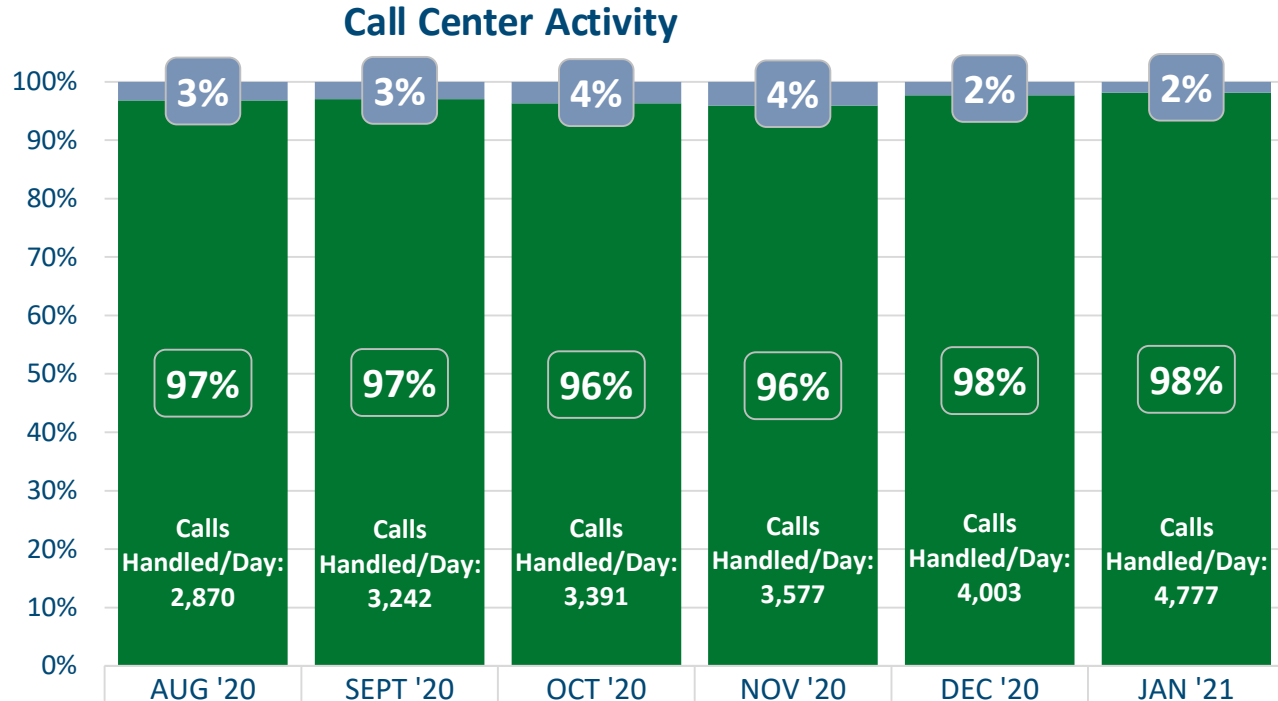
Application for Medicaid and Affordable Health Coverage

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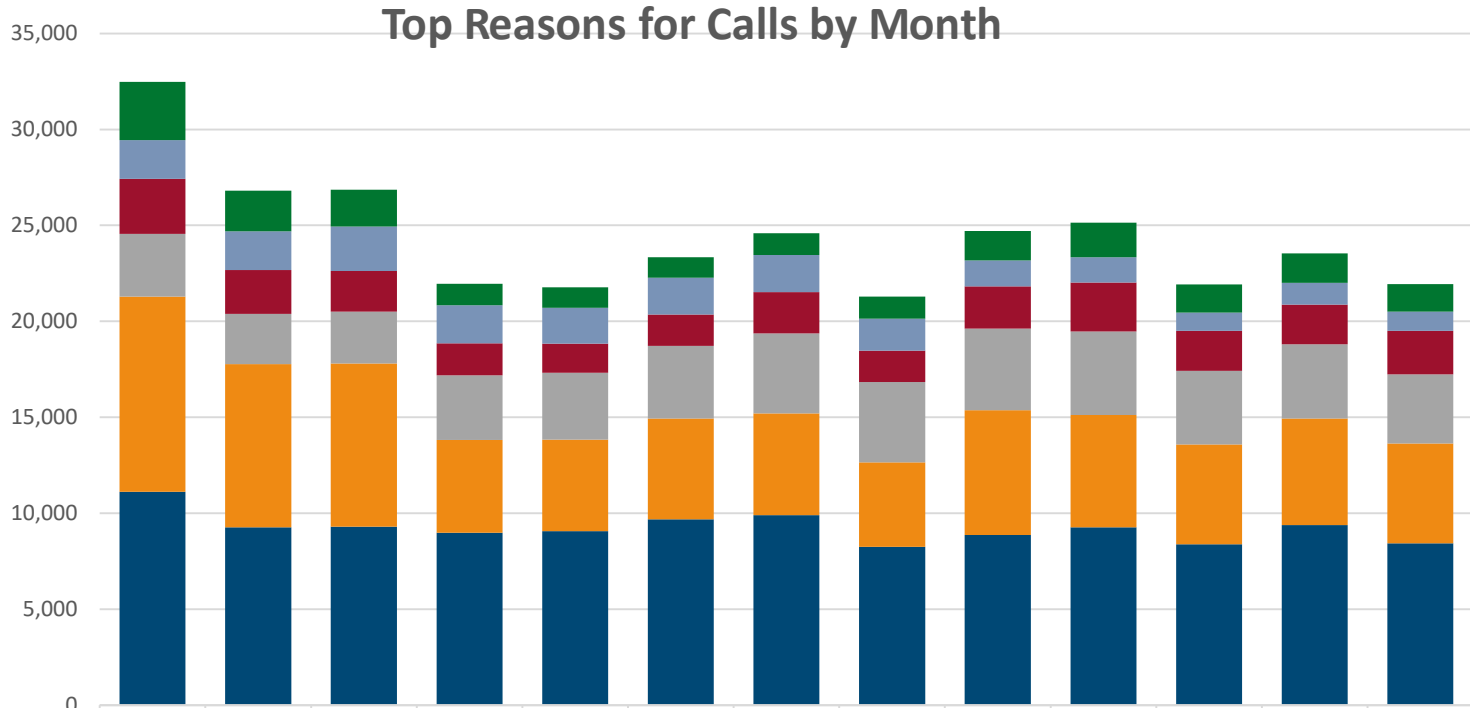
Member Contact Center Activity

August 2020 – January 2021 *(Rolling six months)*



	AUG '20	SEPT '20	OCT '20	NOV '20	DEC '20	JAN '21
■ Calls Abandoned:	1,977	2,074	2,850	3,025	2,103	1,741
■ Calls Handled:	60,261	68,092	74,592	71,539	88,068	90,772
Total Calls Offered:	62,238	70,166	77,442	74,564	90,171	92,513
Calls Handled/Day:	2,870	3,242	3,391	3,577	4,003	4,777
Average Speed of Answer:	0:40	0:45	0:45	0:44	0:40	0:48
Business Days:	21	21	22	20	22	19

Member Contact Center Top Reasons for Calls January 2020-January 2021

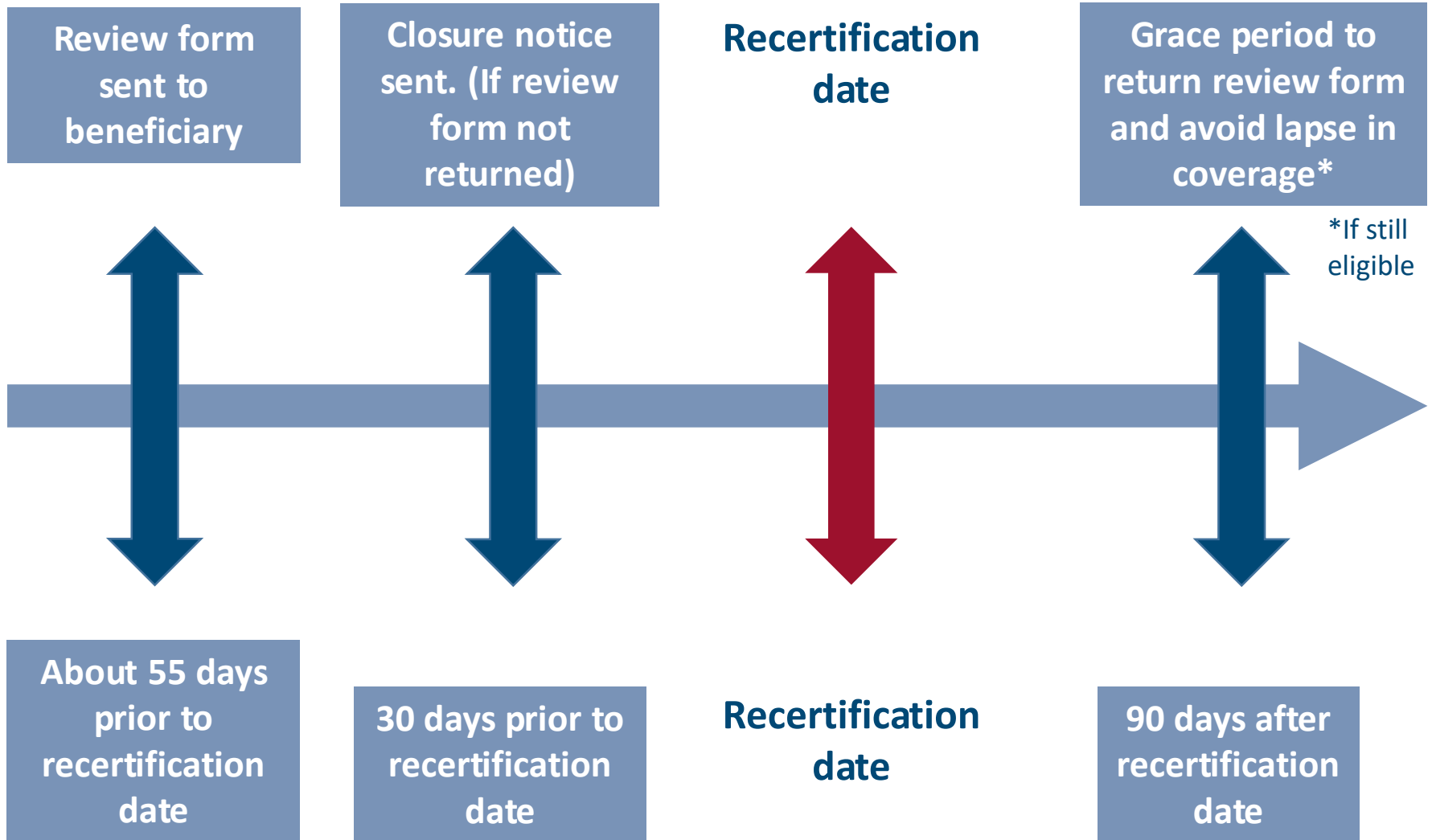


	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sept '20	Oct '20	Nov '20	Dec '20	Jan '21
■ Covered Service Inquiry	3,025	2,109	1,927	1,105	1,061	1,071	1,129	1,146	1,538	1,800	1,480	1,545	1,433
■ Contact Inquiry	2,029	2,026	2,311	1,993	1,878	1,926	1,925	1,676	1,352	1,308	941	1,131	1,007
■ Update Address - SC	2,856	2,281	2,116	1,668	1,515	1,627	2,154	1,625	2,207	2,557	2,087	2,062	2,263
■ Phone Application	3,277	2,611	2,710	3,368	3,486	3,780	4,167	4,197	4,241	4,356	3,843	3,876	3,599
■ Eligibility Status Check	10,169	8,515	8,498	4,842	4,757	5,259	5,310	4,390	6,507	5,840	5,193	5,545	5,201
■ Application Status	11,119	9,260	9,303	8,976	9,073	9,684	9,899	8,254	8,869	9,272	8,384	9,384	8,436

Annual Review Process

- Reviews conducted every 12 months, unless there is a change that affects eligibility prior to the end of the 12 months
 - Suspension of annual redeterminations per the Families First Coronavirus Response Act (FFCRA), signed into law March 18, 2020
- For MAGI categories only:
 - SCDHHS must attempt to use available electronic data sources (e.g. wage data) to extend eligibility prior to sending a review form

Annual Review Timeline



Appeals Process

What Can be Appealed?

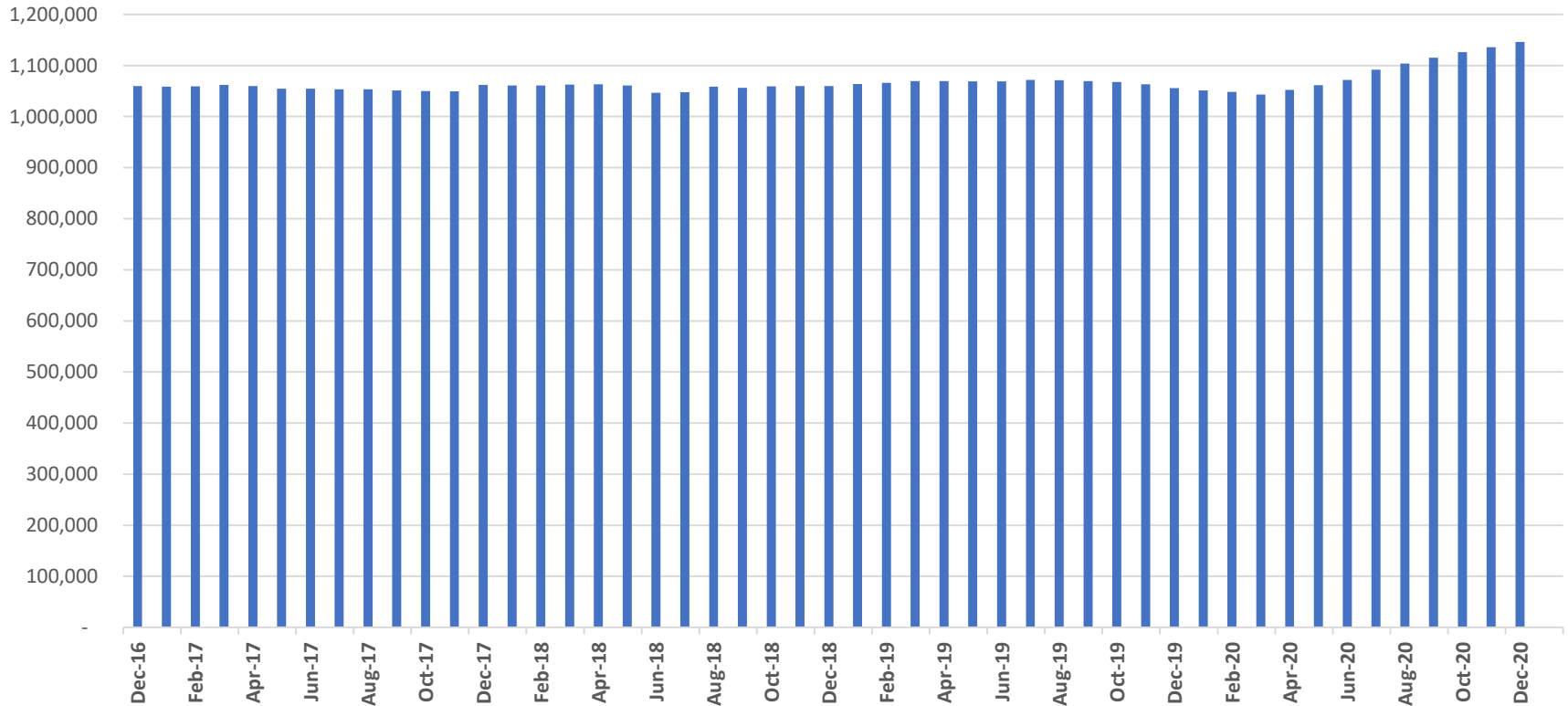
- Eligibility denial
- Reduction, termination, or suspension of services
- Denial of a request for benefits or services
- A member receives notice of money owed (SCDHHS, MCO)
- A decision on an application or request is not accomplished in a timely manner

How Appeals are Processed

- How appeals are received:
 - Email: EligAppeals@scdhhs.gov
 - Online form: www.scdhhs.gov/appeals
 - Fax: (803) 255-8274 or (888) 835-2086
 - Mail: SCDHHS
P.O. Box 100101
Columbia, SC 29202
- An appeal may be submitted:
 - Within 30 days of the notice of action
 - Member may continue to receive services during the appeals process if certain conditions are met. If the result of the appeal is that the denial of services is upheld, the services which were continued may not be covered.

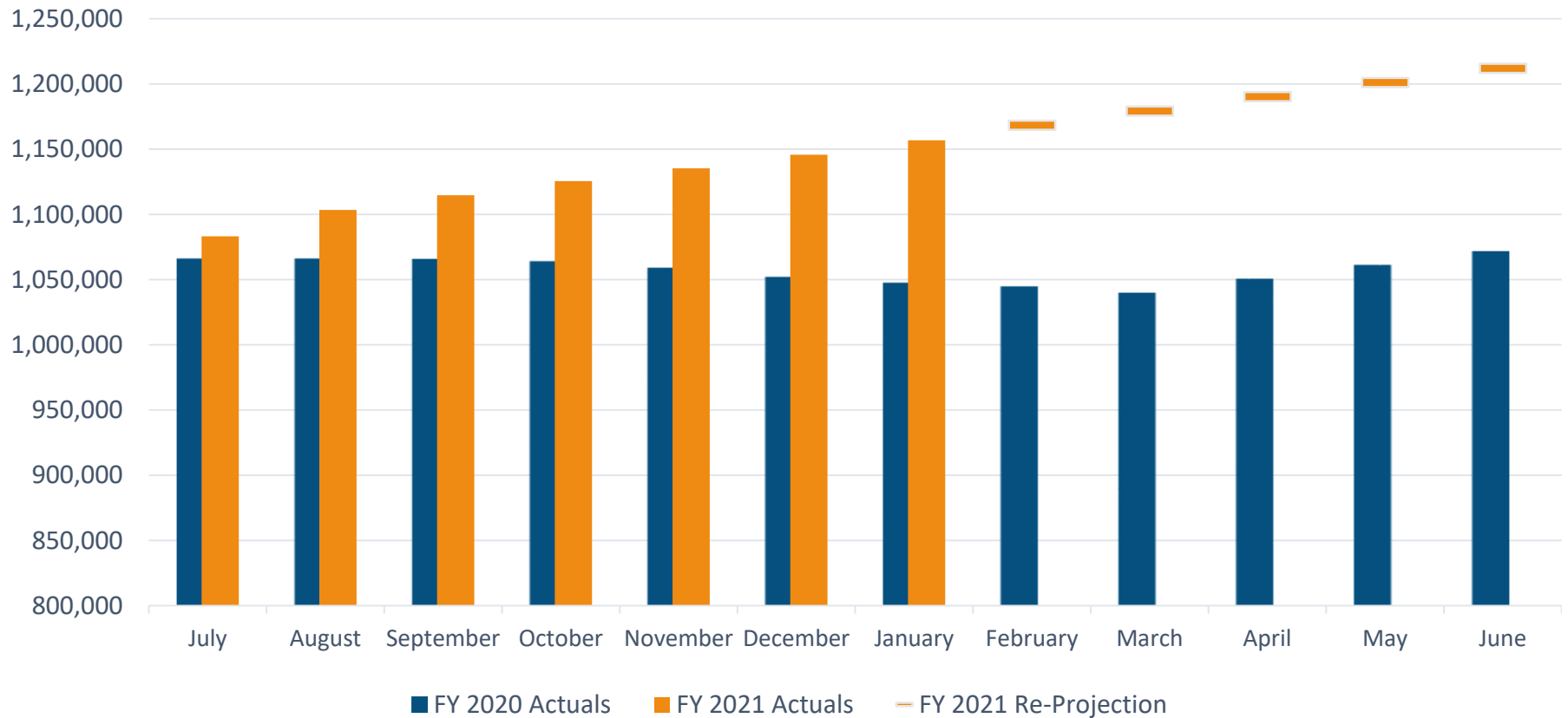
Agency Data

Full Benefit Membership

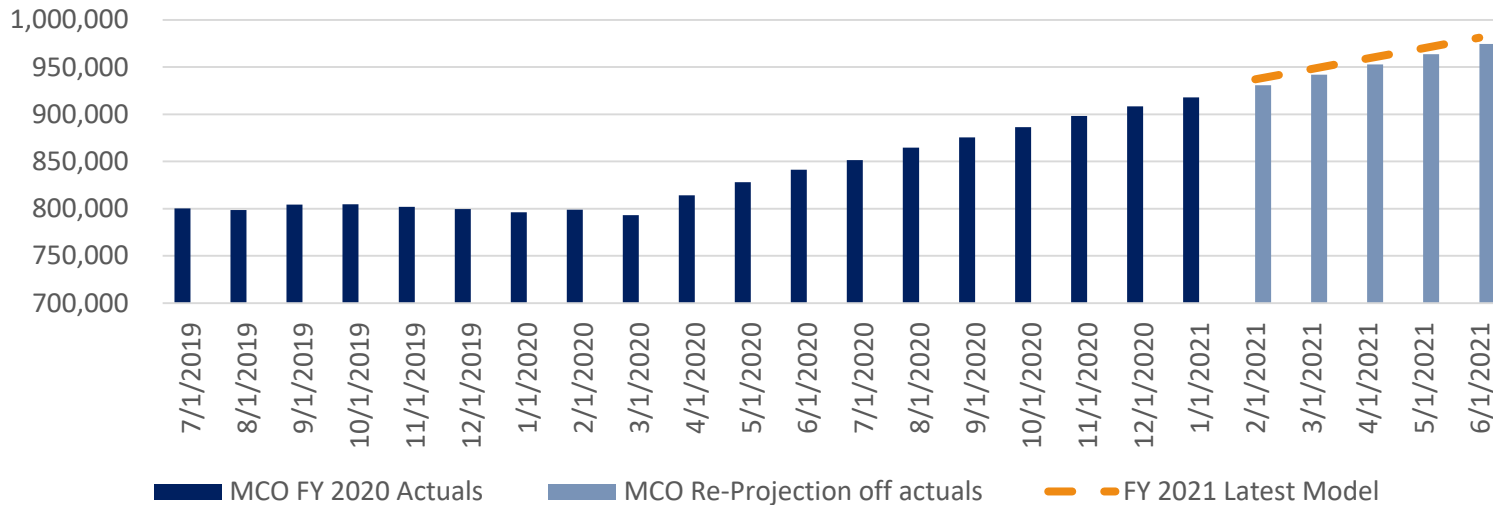
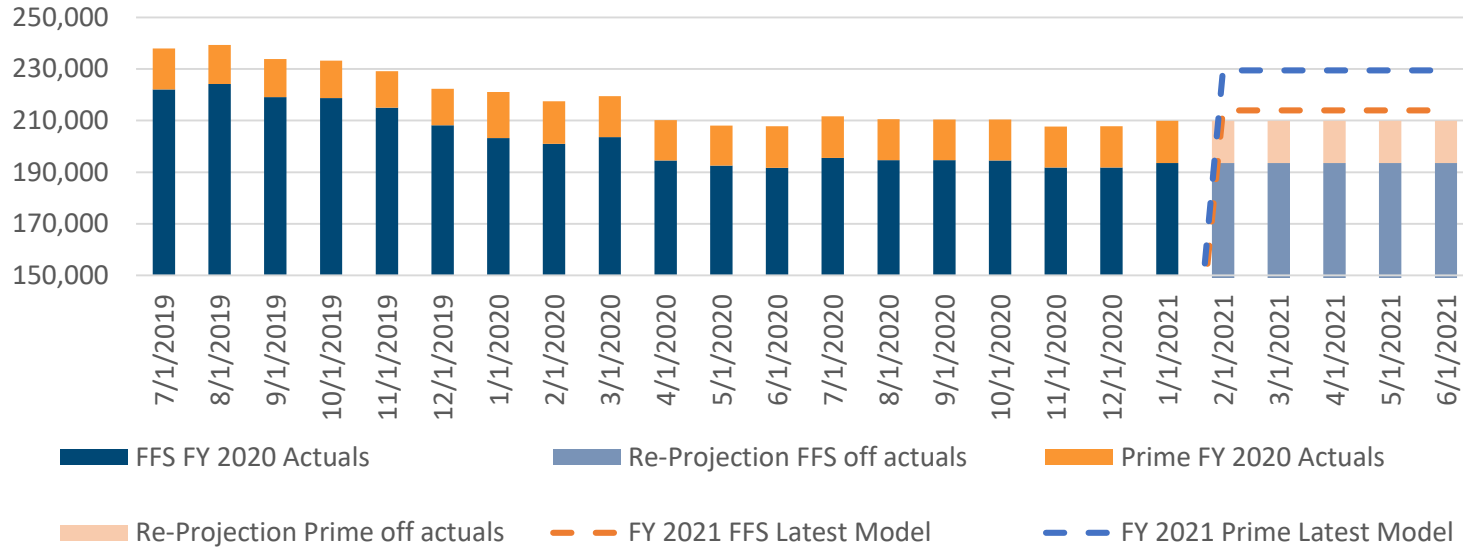


- During the public health emergency (PHE), full benefit membership has increased to around 1.15 million.

FY 2020 Full Benefit Enrollment



FY 2020 Full Benefit Enrollment (cont.)



COVID-19 Impact

COVID-19 Actions

- Suspension of annual redeterminations per the Families First Coronavirus Response Act (FFCRA), signed into law March 18, 2020
- Increased communication on alternate ways to submit applications and get assistance with Medicaid
- Added a mechanism for applicants to securely submit documents via email
- Added a mechanism for applicants and their authorized representatives to sign a Medicaid application electronically if SCDHHS is unable to get a wet signature



Pending Reviews

- Recommended approach to resuming reviews
 - SCDHHS stopped sending annual review forms to members during the COVID-19 PHE
 - CMS recently released guidance to assist states with planning the resumption of reviews in anticipation of the end of the PHE
 - SCDHHS is reviewing this guidance and will develop a recommendation on how to resume normal operations in the future

COVID-19 Coverage Actions

- Covered COVID-19 testing, treatment, and vaccination for full benefit members
- Added COVID-19 limited benefit coverage
 - Individuals without insurance are eligible to apply
 - Includes those enrolled in family planning
 - Coverage is limited to services necessary for diagnostic testing for the COVID-19 virus and administration of the COVID-19 vaccine when rendered by a Medicaid-enrolled provider
- Updated several policies to increase access to quality health care through telehealth



Initiatives and Outlook

Eligibility Systems

- Cúram Global Income Support (CGIS) to replace MEDS for Non-MAGI and long term care applications
- Release 1 occurred Nov. 27, 2020
 - Staff will be trained in waves beginning with a pilot group on Nov. 9, 2020, and scheduled to finish in late Spring 2021
 - Release 1 focuses on Non-MAGI payment categories
- Release 2 is scheduled for March 19, 2021
 - Release 2 focuses on long term care payment categories
 - Also includes TEFRA and BCCP

COVID-19 Continued Impact on Enrollment

- Enrollment has increased approximately 115,000 since beginning of PHE
- To date, there has been limited impact due to economic downturn
 - Non-disabled adults is the only population that has seen an impact related to economic conditions
- Earliest projected end date of the PHE is December 2021 with reviews not starting back until after the PHE ends

Oversight Presentation Series Topics

- Agency Overview
- **Medicaid Eligibility**
- Medicaid Financing
- Program Integrity
- Medicaid Managed Care
- Home and Community Based Services Waiver Programs
- Health Improvement Programs
- Replacement Medicaid Management Information System
- Emerging and Priority Issues



Legislative Oversight Committee



South Carolina House of Representatives

Committee Mission

Determine if agency laws and programs are being implemented and carried out in accordance with the intent of the General Assembly and whether they should be continued, curtailed or eliminated. Inform the public about state agencies.

Website: <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php>

Phone Number: 803-212-6810

Email Address: HCommLegOv@schouse.gov

Location: Blatt Building, Room 228