

Healthcare Subcommittee Recommendations to the Proviso Subcommittee for FY 12-13 ADDENDUM TO FIRST PACKAGE

SECTION 21 - J02-DEPARTMENT OF HEALTH AND HUMAN SERVICES

Requested by DHHS

21.14. (DHHS: Medicaid Cost Savings Suggestion Award Program) ~~The department is authorized to provide cash or honorary awards to employees of Medicaid providers whose suggestion is adopted by the committee administering the Medicaid Cost Savings Suggestion Award Program that will result in savings of state or federal dollars. Employees of the department are not eligible for cash awards. The department is authorized to fund this program from revenue from third party liability collections. The maximum amount of funds that may be used annually for the program is \$20,000.~~

Requested by DHHS

21.20. (DHHS: Pediatric Literacy Program) ~~The department shall coordinate with any pediatric, non-profit early literacy program, upon request of such program, to identify program participants who are also enrolled as Medicaid providers and, to the extent possible based on data available to the department, work with the program to determine potential geographic areas for program expansion.~~

Requested by DHHS

21.22. (DHHS: Modular Ramps) ~~The Department of Health and Human Services is authorized to lease modular ramps in the event the department can foresee demonstrated cost savings to the department.~~

Requested by DHHS

21.23. (DHHS: Medicaid Cost and Quality Effectiveness) The Department of Health and Human Services shall establish a procedure to assess the various forms of managed care (Health Maintenance Organizations and Medical Home Networks, and any other forms authorized by the department) to measure cost effectiveness and quality. These measures must be compiled on an annual basis. The Healthcare Effectiveness Data and Information Set (HEDIS) shall be utilized for quality measurement and must be performed by an independent third party according to HEDIS guidelines. Cost effectiveness shall be determined in an actuarially sound manner and data must be aggregated in a manner to be determined by a third party in order to adequately compare cost effectiveness of the different managed care programs versus Medicaid fee-for-service. The methodology must use appropriate case-mix and actuarial adjustments that allow cost comparison of managed care organizations, medical home networks, and fee-for-service. The department shall issue annual healthcare report cards for each participating Medicaid managed care plan and Medical Home Network operating in South Carolina and the Medicaid fee-for-service program. The report card measures shall be developed by the department and the report card shall be formatted in a clear, concise manner in order to be easily understood by Medicaid beneficiaries. The results of the cost effectiveness calculations, quality measures and the report cards shall be made public on the department's website ~~no later than ninety days after the end of each fiscal year~~ by December 31 for the prior state fiscal year.

Requested by DHHS

21.26. (DHHS: Medicaid Provider Fraud) The department shall expand and increase its effort to identify, report, and combat Medicaid provider fraud. The department shall report to the General Assembly before April 1, ~~2012~~ 2013 on the results of these efforts, funds recuperated or saved, and information pertaining to prosecutions of such actions, including pleas agreements entered into.

Healthcare Subcommittee Recommendations to the Proviso Subcommittee for FY 12-13 ADDENDUM TO FIRST PACKAGE

Requested by DHHS

21.29. (DHHS: GAPS) The requirements of Title 44, Chapter 6-610 through Chapter 6-660 shall be suspended for Fiscal Year ~~2011-12~~ **2012-13**

Requested by DHHS

21.31. (DHHS: In-Home Health Care Systems for Medicaid Recipients) The Department of Health and Human Services, during Fiscal Year ~~2011-12~~ **2012-13**, within the funds appropriated, upon application by the department, may pilot test an in-home health care system. The pilot test must include a statistically valid sample of Medicaid patients within the counties as determined by the Director of the Department of Health and Human Services. This program shall provide a state-of-the-art in-home health care system which provides around the clock access to medical assessment care and additionally provides an emergency response function that gives a Medicaid recipient the ability to contact a local emergency response center.

The purpose of the program is to reduce the amount of emergency room visits in non-emergency cases and to reduce the amount of visits to other medical care facilities in order to save on the cost of providing this care and in order to provide better health care.

The in-home health care system option must consist of three main components:

- (1) the medical console and wireless transmitter;
- (2) the medical triage center; and
- (3) the emergency response call center.

The medical console and wireless transmitter must have the following capabilities:

(1) the medical console must be capable of communication between two separate call centers, one of which is a monitoring facility to provide certified medical triage care twenty-four hours a day and the other of which is a monitoring facility to provide emergency response services twenty-four hours a day.

(2) the wireless transmitter for the medical console must have two buttons, one for transmitting a signal to the console to contact the emergency response monitoring facility, and the second button also must send a wireless signal to the console to trigger contact with the medical triage center.

(3) the medical console must be able to send a report/event code to the emergency response call center after a medical triage center call has been placed.

(4) an emergency button on the medical console must include Braille for the sight impaired.

The medical triage center must have or be:

(1) open twenty-four hours a day, three hundred sixty-five days a year;

(2) a call center must be located in the United States;

(3) Utilization Review Accreditation Commission (URAC) accredited;

(4) on call availability of a South Carolina licensed physician, twenty-four hours, seven days a week for guidance or review of clinical calls as needed;

(5) registered nurses with a minimum of ten years experience available to answer all calls;

(6) all calls digitally recorded and archived, and a triage report prepared and sent;

(7) daily monitoring of communications with the call center;

(8) fully HIPAA compliant;

(9) bilingual staff in English and Spanish;

(10) a mechanism that ensures that a caller will never receive a busy signal or voice mail when accessing the nurse advice line;

(11) clinical staff able to serve pediatric, adolescent, adult, and senior populations, as well as health care expertise in a variety of clinical areas such as emergency room, pediatrics, critical care, oncology, cardiology, pulmonary, geriatrics, obstetrics/gynecology and general medicine; and

(12) the infrastructure in place to allow the telephone network to digitally communicate with the medical console for incoming call connection, call disconnect, and client file access.

Healthcare Subcommittee Recommendations to the Proviso Subcommittee for FY 12-13 ADDENDUM TO FIRST PACKAGE

The emergency response call center must:

- (1) be open twenty-four hours a day, three hundred sixty-five days a year;
- (2) be located in South Carolina;
- (3) maintain a digital receiver capable of processing two-way voice audio using multiple formats.

Facilities, emergency response and the medical triage center, shall offer all recipients selected by the department unlimited use of services provided by the emergency monitoring and medical triage facilities at no additional cost burden to the State.

The pilot-testing program must be conducted for the current fiscal year. The department in developing and administering this program is authorized to take such actions as may be required, including making requests for Medicaid waivers when necessary.

The department, in implementing this program on a pilot-testing basis, also is authorized to contract with a third-party provider or vendor to furnish and operate the program or a physician's office that provides a similar patient service.

Requested by DHHS

21.32. (DHHS: Medicaid Reporting) Within ninety days of the end of each quarter in Fiscal Year ~~2011-12~~ **2012-13**, the department shall report each cost-savings measure implemented. By county, the department shall report the number of enrolled and active providers by provider type, provider specialty and sub-specialty, the number of recipients, the number of recipients by provider type, the expenditures by provider type and specialty, and service level utilization trends. The department shall continue to annually report HEDIS measures, noting where measures improve or decline. Each report shall be submitted to the Chairman of the Senate Finance Committee, the Chairman of the Ways and Means Committee, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives, and be prominently displayed on the department's website.

SECTION 23 - J12-DEPARTMENT OF MENTAL HEALTH

Recommended by Governor

23.15. (DMH: Sexually Violent Predator Program) *The Department of Mental Health and the Department of Corrections shall prepare a report evaluating the feasibility and desirability of transferring the Sexually Violent Predator Program to the Department of Corrections. This report must include population and cost projections for the next five years, and must also explore and make recommendations regarding opportunities to further expand the private sector's role in operating this program. This report shall be provided to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by December 31, 2012.*

SECTION 24 - J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Recommended by Governor

24.11. (DDSN: Summer Camps) ~~The Department of Disabilities and Special Needs cannot remove any summer camps under their purview due to reductions in their budget.~~

Healthcare Subcommittee Recommendations to the Proviso Subcommittee for FY 12-13 ADDENDUM TO FIRST PACKAGE

SECTION 26 - L04-DEPARTMENT OF SOCIAL SERVICES

Recommended by Governor

26.23. (DSS: Day Care Facilities Supervision Ratios) For Fiscal Year ~~2011-12~~ **2012-13**, staff-child ratios contained in Regulations 114-504(B), 114-504(C), 114-524(B), and 114-524(C) shall remain at the June 24, 2008 levels.

SECTION 89 - X90-GENERAL PROVISIONS

Recommended by Governor

89.116. (GP: Child Care Licensing and Inspections) ~~For the current fiscal year, the directors of the Department of Health and Environmental Control and the Department of Social Services shall collaborate and develop a plan for consolidation of the regulatory and licensing functions for child care centers. The directors shall submit the plan no later than December 1, 2011, to the following committees: Senate General, Senate Medical Affairs, and House Medical, Military, Public and Municipal Affairs.~~

The Healthcare Budget Subcommittee reviewed the other assigned Section 89 provisos and recommend adoption of the base with no changes.