Accountability Report Transmittal Form

Agency Name ___ Department of Health and Human Services_____

Date of Submission ___September 15, 2008_____

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I. EXECUTIVE SUMMARY

1. Mission & Values

The mission of the South Carolina Department of Health and Humans Services (DHHS) is to provide the best health care value for South Carolinians in need. Our goal is to create a health care delivery system, through the state's Medicaid program, that supports improved health outcomes for our clients through a focus on value. We work to achieve that goal though the use of evidence-based, market-driven approaches that benefit Medicaid recipients, providers and taxpayers.

South Carolina's Medicaid program provides health care services for approximately one million residents annually who are either very poor, elderly, or disabled through a network of approximately 30,000 healthcare professionals. DHHS processes about 25 million individual Medicaid claims each year with almost $1.5 billion of those claims coming through other state agencies. Yet many of our recipients are in poor health and the state ranks 42nd in terms of the overall health outcomes of its residents.

As stewards of a large proportion of state General Fund and federal matching dollars, DHHS officials must be ever mindful of how its resources are invested. We know that our job is to ensure the state gets a better return on its health care investment. The key is to identify and confront the fundamental inefficiencies that drive up cost and hold down quality. To do this, the agency is realigning its focus to become a coordinating influence that promotes innovation, responsibility, quality and efficiency. Since we represent about 25 % of the state's health care customers, we must become the binding link to coordinate a fragmented delivery system around the patient and to move the system towards providing quality. Many of those recent efforts are highlighted in this document.

2. SFY 2006 Major Achievements

Healthy Connections Kids (SCHIP)

In SFY 2007, the South Carolina legislature approved a law that allows for the coverage of uninsured children whose annual family income does not exceed 200 % of the federal poverty level. The legislation authorized DHHS to create a "stand-alone" program that offers the same benefits as the State Health Plan, plus dental and vision coverage. Estimates show as many as 80,000 children could qualify for the new program, which began Spring 2008.

South Carolina Health Information Exchange

DHHS partnered with the South Carolina office of Research and Statistics to develop the South Carolina Heath Information Exchange system. SCHIEx is a free, secure web-based platform that will give doctors a complete history of drug, procedural or exam paid for by Medicaid over the past decade. The information pulled from the SCHIEx system will help doctors better diagnose disease, adjust treatment methods and educate patients on healthy lifestyles.

Transparency Project

In March, DHHS added the first component of the "Transparency project" to its website. This tool allows the public to view DHHS' expenditures and transactions. Under the direction of Gov. Mark Sanford, DHHS added the second component of the transparency project to its website on July 23, 2008. This allows the public to view total Medicaid payments made to individual Medicaid providers and the number of beneficiaries they served. The goal of this project is to offer greater transparency regarding how public Medicaid funds are spent. The information contained on the site does not include identifying beneficiary information, but will list enrolled Medicaid providers by name.

South Carolina Healthy Connections Choices

DHHS established a major tenet of its Medicaid reform plan in SFY 2007, called *South Carolina Healthy Connections Choices*. *Healthy Connections Choices* gives more than 600,000 Medicaid beneficiaries statewide the option to choose among several market-based health plans that encourage healthy behaviors and build relationships with primary care physicians. Participants in *Healthy Connections Choices* receive the same core benefits as those in traditional Medicaid, but may also receive many extra services offered through the individual Managed Care Organizations (MCOs) and Medical Homes Networks (MHNs). These include such benefits as unlimited doctor visits, eyeglasses and dental care for adults, incentives for pregnant women, smoking cessation classes and special programs tailored to meet the needs of those with specific diseases. *Healthy Connections Choices* launched in the Midlands in August 2007 and the rollout period continued in the rest of the state through May 2008. There are eight private individual MCOs and MHNs approved to participate in *Healthy Connections Choice*s now.

PACE

Through DHHS, Methodist Oaks in Orangeburg County launched a new PACE program for seniors in SFY2007. PACE provides an alternative to institutional care for people age 55 and over, which require a nursing facility level of care. The PACE team manages all health, medical and social services, and mobilizes other services as needed to provide preventive, rehabilitative and supportive

services for participants. The Palmetto SeniorCare program, one of the earliest PACE sites in the nation, operates five PACE centers in Richland and Lexington counties.

Academic Detailing of Pharmaceuticals

In an effort to encourage best practices in drug therapy, DHHS created the Medicaid Academic Detailing Program. This initiative represents a collaborative effort between DHHS and the South Carolina College of Pharmacy. Under the program, College of Pharmacy professors work directly with pharmacists and doctors to share the latest drug research. The program is designed to target mental health treatment.'

Health Opportunity Accounts (HOAs)

South Carolina became the first state in the nation approved to offer HOAs, which were authorized by Congress under the federal Deficit Reduction Act of 2005. The goal of the HOA pilot is to encourage preventive medical care, while discouraging unnecessary visits to the emergency room. Modeled after private Health Savings Accounts, DHHS will place a set amount of funds ($2,500 for adults and $1,000 for children) in a "virtual account" available to participants to pay for their health care expenses. Preventive care—such as regular doctor visits and immunizations—are not deducted from the account, while unnecessary emergency room visits merit a deduction. Unused funds rollover from year to year and can be spent on job training, education or other health care expenses not typically covered under Medicaid.

3. Key Strategic Goals

DHHS has established the following key strategic goals:

- To provide benefit plans that maximizes the state's return on its investment.
- To provide a credible and continually improving eligibility process that is accurate and efficient.
- To provide administrative support at the best possible value to ensure programs operate effectively.
- To provide adequate and effective communication to those that we assist, as well as encourage them to make decisions regarding their own healthcare.

Pursuing these goals with an attitude of servant leadership is a priority for DHHS. Therefore, DHHS strives to maintain a responsive service and the highest possible value.

4. Key Strategic Challenges

DHHS, like many private insurance companies, must provide quality health care coverage while working with clearly defined financial constraints. As mentioned, this task is becoming increasingly difficult given the rise in cost of health care and the state's uniquely unhealthy citizenry. DHHS also is subject to many frequently shifting federal guidelines that dictate how states must govern the Medicaid program and limit their flexibility in terms of innovation. The ongoing challenge the agency faces is striking the right balance between quality coverage, cost and the population of eligible recipients it serves. This coming year will be increasingly difficult because the nation wide economic downturn necessitated the use of reserves by the general assembly for funding initiatives including those outside this agency.

5. Use of Accountability Report to Improve Organizational Performance

Executive Staff contribute to and review all elements of this report, committing to the goals and performance measures relevant to their areas. It provides an evaluation tool that can be periodically reviewed throughout the year to help DHHS prioritize work in relation to the mission and provide a check on progress toward the agency goals. The self-assessment process that must be taken to compile this report helps to put in perspective the capabilities of the agency as well as the strengths and weaknesses that lie within each separate area.

II. ORGANIZATIONAL PROFILE

DHHS administers Medicaid, Title XIX of the federal Social Security Act (SSA). The state's Medicaid program encompasses a host of programs, including the Early Periodic Screening, Diagnostic and Treatment Program, and the Community Long Term Care System. In addition, the agency administers Title XXI of the SSA, the state's Children's Health Insurance Program (SCHIP), and the Optional State Supplement program. DHHS also manages the Gap Assistance Pharmacy Program for Seniors program (GAPS), which provides prescription drug assistance to some low-income seniors in combination with the new Medicare Part D drug coverage.

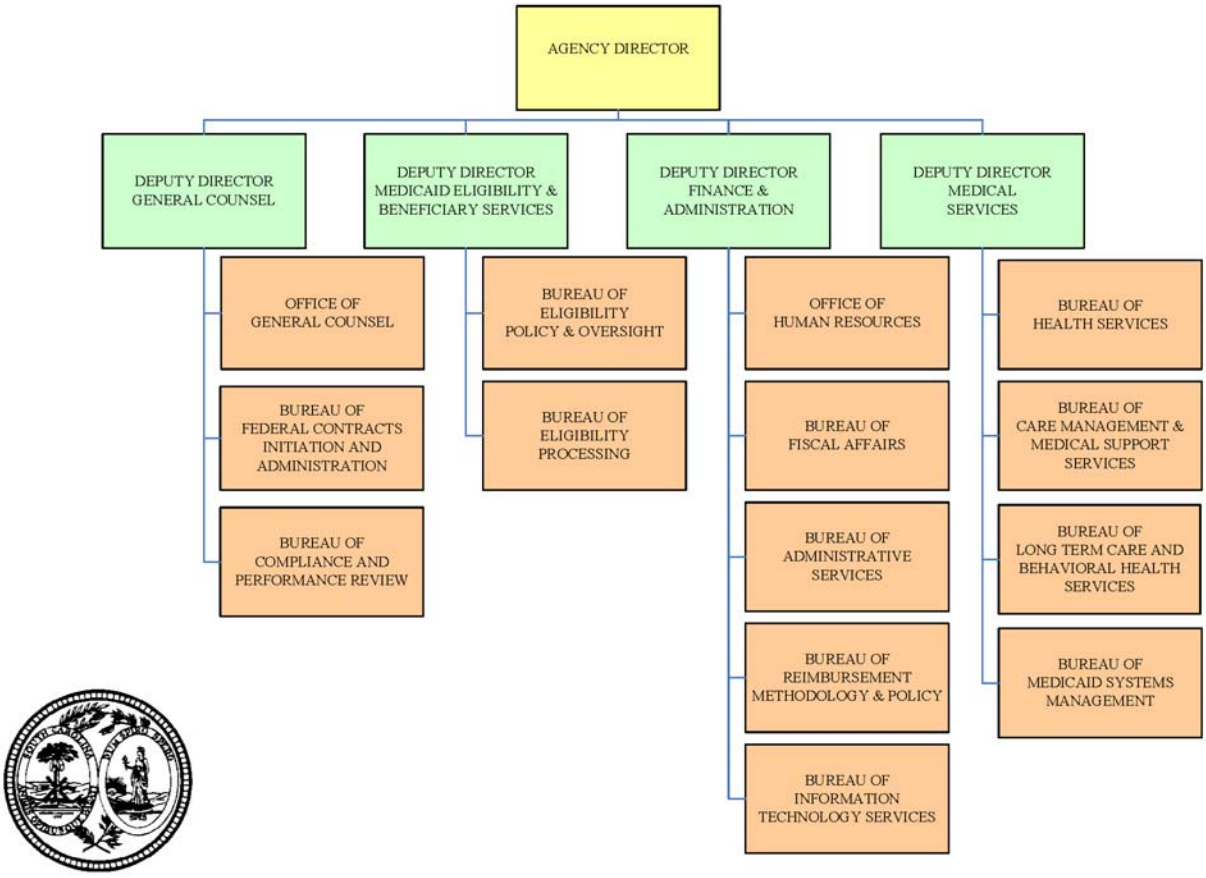
Working with the Governor and the General Assembly, DHHS leadership continues to streamline the organization and design programs that meet the needs of qualified South Carolinians. Adhering to its mission to provide value to the state's Medicaid program, DHHS is applying a progressive, market-based approach to providing quality health care coverage to low-income families and the state's aged, blind, and disabled.

South Carolina Medicaid Snapshot

· Provides for more than 20% of the state's population
· Pays for more than 50% of all births
· Covers more than 40% of all children
· Covers 33% of all seniors
· Pays for 75% of all nursing home beds
· Total budget of more than $5 billion
· Accounts for about 20% of General Fund budget
· More than 46 million annual claims

DHHS' Office of Human Resources supports over 1,173 full-time equivalent employees, 274 temporary grant employees, and 30 state temporary employees. The agency conforms to the following organizational structure: (see chart on following page)

SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES



Base Budget Expenditures and Appropriation

	06-07 Actual Expenditures [1]		07-08 Actual Expenditures [2]		08-09 Appropriations Act [3]	
Major Budget Categories	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**
Personal Service	$ 40,857,922	$ 14,768,404	$ 44,126,543	$ 16,569,873	$ 47,176,624	$ 16,439,715
Other Operating	$ 98,310,748	$ 18,711,423	$ 109,279,203	$ 22,843,072	$ 154,717,278	$ 18,523,020
Special Items	$ -	$ -	$ -	$ -	$ -	$ -
Permanent Improvements	$ -	$ -	$ -	$ -	$ -	$ -
Case Services	$ 4,548,307,908	$ 783,560,155	$ 4,469,137,901	$ 936,405,245	$ 5,323,760,725	$ 910,131,318
Distributions to Subdivisions	$ -	$ -	$ -	$ -	$ -	$ -
Fringe Benefits	$ 12,241,896	$ 4,386,013	$ 13,626,670	$ 4,915,025	$ 15,136,314	$ 4,947,025
Non-recurring	$ 11,276,748	$ 10,829,290	$ 33,716,380	$ 14,711,672	$ 65,733,965	$ -
Total	**$ 4,710,995,222**	**$ 832,255,285**	**$ 4,669,886,697**	**$ 995,444,887**	**$ 5,606,524,906**	**$ 950,041,078**

[1] SFY 06-07 Source: 9428 dated 08/14/07 as of 06/31/07
[2] SFY 07-08 Source: 9428 dated 08/21/08 as of 06/31/08
[3] SFY 07-08 Source: Chart of Accounts & Summary Control Document dated 07/03/07

Major Program Areas												
Program Number and Title	**Major Program Area Purpose (Brief)**	**FY 05-06 Budget Expenditures**			**FY 06-07 Budget Expenditures**			**FY 07-08 Budget Expenditures**			**Key Cross References for Financial Results***
30010501-30011507 Medicaid Health Services	Provides health insurance benefits for low-income families as well as the aged, blind and disabled.	**State:**	776,285,730.24		**State:**	821,058,733.94		**State:**	982,346,831.86		
		Federal:	2,816,184,846.90		**Federal:**	3,161,959,622.74		**Federal:**	3,136,230,001.62		
		Other:	527,294,327.16		**Other:**	698,890,223.86		**Other:**	513,787,907.20		
		Total:	4,119,764,904.30		**Total:**	4,681,908,580.54		**Total:**	4,632,364,740.68		
		% of Total Budget:		99.376%	**% of Total Budget:**		99.383%	**% of Total Budget:**		99.197%	
	Total Agency	**State:**		99.376%	**State:**		99.383%	**State:**		99.197%	
Below: List any programs not included above and show the remainder of expenditures by source of funds.											
01000000 - Agency Administration (Indirect), 95000000 Employer Contributions*, 30150500-30151005 HeadStart											

Remainder of Expenditures:	**State:**	10,004,431.28		**State:**	11,196,551.00		**State:**	13,098,055.16		
	Federal:	14,042,389.27		**Federal:**	15,579,512.28		**Federal:**	18,147,757.28		
	Other:	1,827,355.50		**Other:**	2,310,577.70		**Other:**	6,276,143.81		
	Total:	25,874,176.05		**Total:**	29,086,640.98		**Total:**	37,521,956.25		
	% of Total Budget:		0.624%	**% of Total Budget:**		0.617%	**% of Total Budget:**		0.803%	

* Agency Administration does not include direct program administration.

Products and Services

The major product provided by DHHS is health care coverage. This includes coverage for low-income families, qualifying pregnant women and infants, children, as well as disabled and the elderly recipients. DHHS also provides educational and prevention programs and supports a range of treatment, intervention and support programs through other state agencies.

Key Customer Segments

DHHS Key Customer groups are the nearly 1 million South Carolinians who rely on Medicaid for Health Care coverage and the providers that service them. Providers include physicians, hospitals, care facilities, pharmacies, Managed Care Organizations(MCOs), Medical Home Networks (MHNs) and other state agencies that assist with the state's health care initiatives. By implementing policies to best serve these core customers, DHHS provides a fiscally sound management framework to the Medicaid program. Properly serving customers creates a positive future for DHHS because healthy relationships can be created between the agency and those that we serve.

Other Key Stakeholder Groups

Due to the reach of the agency and the amount of public money involved, the work of DHHS is subject to input from many constituents beyond its core customers. Stakeholders include taxpayers and political leaders. Groups that advocate on the behalf of recipients and the various entities that support the Medicaid system also play an important role in aligning the agencies priorities. As a state agency with a $5.4 billion budget, our policy decisions reverberate far beyond any individual recipient and their doctor.

Key Suppliers and Partners

The suppliers that support the design and implementation of Medicaid-sponsored care include research entities, health care associations and brokerage companies, universities, administrative support firms, enrollment counseling, transportation management systems, MCOs, MHNs, and many other businesses and organizations that assist the agency in fulfilling its mission, such as transportation services and computer support. Advocacy groups and advisory groups, such as the agency's MCAC are important partners in crafting policy.

Operation Locations

DHHS is headquartered at 1801 Main Street, Columbia SC. The agency maintains at least one local eligibility office in all 46 counties of the state.

Employees

DHHS' Office of Human Resources supports over 1,173 full-time equivalent employees, 274 temporary grant employees, and 30 state temporary employees.

Regulatory Environment

By federal statute, DHHS is regulated by the Centers for Medicare and Medicaid Services (CMS). CMS has the authority to set guidelines under which states must administer its Medicaid programs. Since the federal government provides most of the money DHHS uses to reimburse for medical services, CMS has far-reaching regulatory powers over the fiscal and policy affairs of DHHS.

As a state agency, DHHS is also subject to the rules and regulations all other state agencies must abide by as part of South Carolina state government. These rules extend to issues regarding procurement, human resources and freedom of information issues. The agency must follow certain provisions dictated by the legislative, executive and judicial branches of state government.

Performance Improvement System

DHHS maintains a rigorous system of performance evaluation. Managers/ supervisors are held accountable for clearly defined goals under the agency's "GO" (Goal Outline) system that tracks progress of tasks. The agency's decision support system adds a new dimension of improvement by allowing the agency to quickly analyze and adapt to an array of data measures . To reward those individuals for excellent performance there is an awards program called High Five Customer Service Awards.

Organizational Structure

Under the agency director, DHHS is organized into four major areas: eligibility, medical services, legal/regulatory, and finance. Various divisions, or bureaus, are organized under each of those major program areas. See "Organization Chart" on page 9.

Expenditures/Appropriations

See "Base Expenditures/Appropriations" chart on page 10.

Major Program Areas

See "Major Program Areas" chart on page 11.

III. MALCOLM BALDRIGE CRITERIA

Category 1 – Leadership

1.1 How do senior leaders set, deploy and ensure two-way communication for: a) short and long term direction and organizational priorities, b) performance expectations, c) organizational values, d) ethical behavior?

a) short and long-term direction and priorities

The executive staff works in conjunction with senior managers of the various bureaus within the agency to set the overall goals and objectives of the agency. Regular face-to-face weekly meetings allow senior managers, Deputy Directors, and the director to address critical needs and issues of the agency.

During these meetings, senior managers present recommendations for various projects that should be pursued to promote the mission of the agency. A uniform format, called the "GO" (Goal Outline) sheet, has been developed to provide the following: background information of projects, purpose, work plan and time frames, fiscal impact, stakeholders impacted, and team members.

The feedback received from meeting participants is used to prioritize initiatives. Deputy Directors schedule follow-up meetings with their respective senior mangers so that the status of implementation of various projects can be monitored. Senior managers schedule subsequent staff meetings to ensure that all staff is aware of the short and long term goals and objectives adopted by the agency.

b) performance expectations

Implementation of projects pursued by the agency is monitored on a regular basis. Senior managers are provided with status reports on a regular basis. Additionally, individual performance expectations are communicated via the Employee Performance Management System (EPMS) planning stage and evaluation documents. Objective feedback is provided to employees by direct supervisory staff.

c) organizational values

The following organizational values serve as the foundation of DHHS's administration: Service, Excellence, Responsive, Value, and Everyone. These organizational values, SERVE, are communicated to new employees during an orientation session and are constantly reinforced. Employees of DHHS work daily to operate with these values in mind. The SERVE credo is prominently displayed throughout the agency as a reminder of its importance.

d) ethical behavior

Executive and senior management staffs strive to model ethical behavior in conducting the day-to-day operations of the agency. Integrity is vital to an effective organization and must not be compromised. Ethical behavior starts at the top with agency leadership and is expressed primarily through the value that is placed on teamwork and integrity. At DHHS, every employee is involved in the agency's success, and as a team employees encourage and hold each other accountable for their actions.

To encourage accountability, the agency took steps to strengthen supervisory oversight in areas that could be more open to fraud and abuse. For example, statewide eligibility office management conducts increased supervisory audits. Also, eligibility rules were changed to prevent workers from handling cases involving family members. These types of efforts reflect the agency's increased awareness of potential unethical behavior and the need for proactive measures to reinforce an integral environment.

1.2 How do senior leaders establish and promote a focus on customers and other stakeholders?

DHHS seeks to have optimal customer service. Standards are in place that encourages responsiveness to customer questions and concerns. In conjunction with senior managers, the agency developed specialized customer service training for staff. DHHS worked with human service personnel from the Budget and Control Board to design and deliver this training, which focused on the skills necessary to support employees in their public service work.

The perception DHHS customers have about the agency's performance is very important. To ensure a high level of customer service is achieved, DHHS conducts a sample of customer surveys on a regular basis. The agency maintains a log system to track and resolve complaints from beneficiaries, providers, and legislators. Through representation on various committees, provider associations, and focus groups, senior managers are able to obtain feedback about customer needs. Feedback is then used to enhance services as needed. The agency also makes special efforts to recognize and reward employees for exceptional customer service.

1.3 How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operations, including associated risks?

Prior to implementation of policy changes, the potential impact on internal and external stakeholders are identified and evaluated by program staff through the GO system. The agency also presents changes requiring a Medicaid State Plan amendment to the Medical Care Advisory Committee (MCAC)—a collection of health care professionals and advocates- for consideration. Any policy changes are communicated to beneficiaries and providers prior to implementation so that the change comes as no surprise. Public notices and hearings precede most important policy

changes, giving staff critical feedback on potential changes. Medicaid Bulletins are issued to providers regarding Medicaid policy changes or to provide policy clarification as needed. A quarterly newsletter is sent to beneficiaries to alert them about any changes regarding eligibility and benefits. Additionally, verbal and written reports are provided to legislative committees and the Governor outlining the implications for policy changes.

1.4 How do senior leaders maintain fiscal, legal, and regulatory accountability?

The agency has placed both the General Counsel and the head of its finance division as deputy director level positions, highlighting the importance of these functions within the agency. Senior leaders require all proposed changes to programming or reimbursements to conform to state and federal guidelines before implementation. Proposals must identify which legal steps must occur before any change is pursued. In addition, the MCAC advises the agency on Medicaid issues and the potential impact of changes. All proposals also go through a rigorous fiscal analysis to determining the short and long-term costs associated with the potential change. Of course, the agency is proactive in working with legislators and the Governor's office on all issues involving fiscal, legal, or regulatory considerations.

1.5 What key performance measures are regularly reviewed by your senior leaders?

Executive staff continuously reviews the GO sheets, which identify the major agency projects and their respective status. Budgetary impact of the projects is included in the review. The agency's fiscal affairs staff also regularly reports to senior leaders to keep them apprised of the financial performance of various areas of the organization. These reports include the following:

- Operational Performance - utilization rates/trends, accuracy measures, eligibility accuracy reports, program integrity audits;
- Customer Performance - customer response/efficiency reports, claims data, provider reimbursements information, eligibility efficiency reports;
- Financial Performance - fiscal charts, budget-to-actual reports; and
- Mission and Program - strategic plan review, program specific outcome measures.

1.6 How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness, the effectiveness of management throughout the organization including the head of the organization and the governance body/policy making body? How do their personal actions reflect a commitment to the organizational values?

Using the information provided from the measures in 1.5 above, agency leaders are apprised of the projects employees are managing, and what the corresponding challenges might be. If a project is

behind schedule or over budget, senior leaders can work to improve the productivity of staff or the scope of the project.

Senior leaders work to use those tools as a self-evaluation so that they can work to improve upon their skills and motivate employees to do the best job possible. Executive staff members have an "open door" policy to employees, and project an attitude of cooperation. The agency's EPMS also offers a formal tool for executive staff to assess management strengths and challenges.

Because senior leaders are the face of the organization as well as an example to those that work under them, their personal actions and how they represent themselves should follow the organizational values so that others will realize the importance of SERVE. By regular interaction with employees, and by using input from bureau chiefs, executive staff members reinforce organizational values.

1.7 How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders?

Executive staff members promote a team approach to organizational structure by encouraging succession planning and cross training in specific divisions. Many departments have been reorganized into team oriented groups. During division and departmental goal planning, the team approach is often used. This approach helps built a greater breadth of knowledge transfer from more experienced staff to newer staff members. The team structure has fostered mentor relationships that aid in succession and increased morale among team members.

Nearly 300 DHHS supervisors also have completed the Associate Public Manager Certification through the state Budget and Control Board. Eleven of the Department's managers have also completed the Certified Public Manager Program, a more comprehensive certification program designed to groom future organizational leaders. DHHS also offers tuition reimbursement to employees that wish to further their education at a University or Technical College. To encourage employees to become future leaders, supervisors are asked to identify employees that show competencies and leadership potential.

1.8 How do senior leaders create an environment for performance improvement and the accomplishment of strategic objectives?

As mentioned in sections 1.1 and 1.5, senior leaders are intimately involved in developing key agency goals and objectives, monitoring the progress of tasks, and making adjustments when necessary. The organization is structured so that innovative ideas from team members are encouraged and incorporated into policy whenever possible. Senior leaders work to create an environment of employee empowerment by recognizing and rewarding new ideas that further agency goals.

1.9 How do senior leaders create an environment for organizational and workforce learning?

Senior leaders encourage employees to provide their input and ideas. They also encourage knowledge sharing between departments so that employees know more than just the information that they have to know for their job. Senior leaders also encourage training, retreats, and continuing education.

1.10 How do senior leaders communicate with, engage, empower, and motivate the entire workforce throughout the organization? How do senior leaders take an active role in reward and recognition processes to reinforce high performance throughout the organization?

Senior leaders are the driving force behind the organization. It is important for them to have a clear vision about what is going on and what needs to happen in the future. With the vision and mission in mind, senior leaders use staff meetings, one-on-one conferences, incentives/ rewards, and goal setting strategies to communicate with, motivate, engage and empower their employees. A Service Award Ceremony is held every year to recognize those that have given 5, 10, 20, or 30 years of service and High Five Awards are given to customer service representatives who excel at what they do.

Senior leaders are very involved in rewarding employees for a "job well done." The agency director presents Service Awards to employees and bureau chiefs and Deputy Directors are in charge of giving High Five Awards.

1.11 How does senior leadership actively support and strengthen the communities in which your organization operates? Include how senior leaders determine areas of emphasis for organizational involvement and support, and how senior leaders, the workforce, and organization contribute to improving these communities.

Executive staff and the entire DHHS team are encouraged to participate in community organizations like the United Way, the Red Cross, the Public Health Association, and other important groups. The agency also has a CHAMPS (Community, Health, Activity, Morale, Program and Service) committee, which works with senior leaders to support a variety of public causes, such as healthy lifestyle initiatives. They also sponsor food drives, fundraisers, and blood drives to help support community organizations.

Perhaps most importantly, as the state's provider of health insurance to about 900,000 South Carolinians in need, DHHS believes it has an obligation to encourage healthy communities and works to implement policies that reflect our values. The structure of the agency is such that everyone that works for it is a steward of the various communities of South Carolina. For instance, through DHHS's Prevention Partnership grants, the agency helps local community groups educate residents on the importance of proper diet and disease prevention. Through the agency's Healthy Connections Medicaid reform plan, agency leaders hope to strengthen the overall quality of health care low-income recipients receive, thus improving long-term health outcomes and the lives of those in need.

Category 2 – Strategic Planning

2.1 What is your Strategic Planning process, including KEY participants, and how does it address:
a. Organization's strengths, weaknesses, opportunities and threats
b. Financial, regulatory, societal and other potential risks
c. Shifts in technology, regulatory, societal and other potential risks and customer preferences
d. Workforce capabilities and needs
e. Organizational continuity in emergencies
f. Ability to execute strategic goal

DHHS' strategic planning process begins with the analysis of feedback from employees and service partners like providers, legislators, and recipients. Combining such feedback with ideas from staff and agency leadership leads to the cultivation of new and innovative ideas. All stakeholders – families who receive Medicaid, providers, advocates and businesses that support the system—are considered key participants and are encouraged to join the planning process.

a) organizations strengths, weaknesses, opportunities and threats.

The agency constantly evaluates current and future challenges and opportunities and incorporates them into its short and long-term planning procedures. A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis is done periodically to evaluate the agencies current position as well as near-future issues that need to be taken care of.

b) financial, regulatory, societal and other potential risks.

See sections 1.3 and 1.4 above

c) shifts in technology or the regulatory environment.

The agency's increased use of the Internet, frequent contact with technology vendors, South Carolina Health Information Exchange (SCHIEx), and the development of the decision support system (Medstat), shows DHHS's efforts to utilize technology. DHHS is aware of the importance that technology plays in an organizations progress and the agency strives to stay abreast of the rapid technological changes that could effect the organizations production. For more information on regulatory issues, see "Regulatory Environment" in the Executive Summary and section 1.4.

d) human resource capabilities and needs.

Generally, these are determined through the agency's Office of Human Resource and are selected through a process that evaluates agency priorities and available resources.

e) business continuity in emergencies.

The agency is very aware of the necessity of its operation at all times, including during disasters. Therefore, the agency has developed a detailed emergency plan that proscribes actions and contingency plans for multiple emergency scenarios. Drills are conducted periodically and unannounced so that employees are aware of how to handle emergency situations if they arise.

f) ability to execute strategic goal.

As described in section 1.1, the GO sheet procedure is a mechanism that analyzes the agency's ability to execute strategic goals and objectives, measuring progress along the way. Clearly, strategic goals are useless unless they are predicated on one's ability to execute them. As an agency, employees and divisions work together to accomplish goals and objectives, as well as make adjustments to these goals and objectives as needed.

2.2 How do your strategic objectives address the strategic challenges you identified in your executive summary?

The strategic objectives created for the agency are strictly aligned with the strategic challenges that have been identified. The objectives are used to help overcome the challenges that DHHS is faced with as well as deter other challenges from arising.

2.3 How do you develop and track action plans that address your key strategic objectives and how do you allocate resources to ensure the accomplishment of your action plans?

The GO sheet tracking system, as described in 1.1, is the agency's primary method for tracking and supporting strategic objectives. Resources are allocated accordingly, especially human resources. At certain times staff must be taken from one area to help another area that is in need. An example of this would be moving staff from one area to assist the call center during a time where heavy call volume is expected.

2.4 How do you communicate and deploy your strategic objectives, action plans and related performance measures?

The GO sheet project priority/tracking system, outlined in 1.1, is the key tool for communicating and deploying the agency's strategic objectives.

2.5 How do you measure progress on your action plans?

Progress is measured in several ways, but it is generally tracked through GO sheet tracking in terms of hitting benchmarks related to overall goals and financial considerations.

2.6 How do you evaluate and improve your strategic planning process?

Every year, DHHS looks at what they have accomplished during the previous year. If the goals and objectives on the strategic plan are being met, then the strategic planning process must be meeting the needs of the agency. If the strategic plan is not being followed then it is time to change the process because it is obviously not effective.

2.7 If the agency's strategic plan is available to the public through the agency's internet homepage, please provide a website address for that plan.

N/A

Strategic Planning

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 07-08 Key Agency Action Plan/Initiative's)	Key Cross References for Performance Measures*
030010000-03001500 Medicaid Health Services	Goal 1- Provide a benefit plan that improves member health, is evidence based, and is market driven. Initiatives include encouraging consumer choice, establishing medical homes, employing market principles, and increasing access.	DHHS worked to expand consumer choice and pursue a Medicaid system that supports the managed care/ medical homes models (Healthy Connections Choices). The agency also expanded screenings for diseases. Other programs that SCDHHS has worked to develop are: HOA Accounts and Healthy Connections Kids	Charts 7.3-5; 7.3-6; 7.3-7; 7.3-1
01000000-Agency Administration	Goal 2- Provide a credible and continually improving eligibility process that is accurate and efficient. Efforts include insuring training, avoiding misuse, improving workflow, identifying potential for privatization, and the like.	DHHS had increased eligibility oversite and managerial review, used internal and external study groups to improve processes, and contracted to eliminate backlogs, and began citizen/nationality verification for all eligibles. DHHS also went through a call center reform to make the call center a more efficient resource for Medicaid beneficiaries.	Charts 7.3-3; 7.3-8
01000000-Agency Administration	Goal 3- Maximize savings/ streamline admin. Efforts include continued pursuit of fraud and abuse , using the web to do business, streamlining delivery of services and restructuring support services when appropriate.	The agency continues to strive to approve overall administrative accountability and productivity by implementing decision support systems, developing a new web-based claims system and creating SCHIEx . A Transportation brokerage system is now being used for all transportation of beneficiaries, which helps to control that area. DHHS also continues to move forward with the implementation of SAP, which will be fully implemented in 2010.	Charts 7.3-4; 7.3-12

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Category 3 – Customer Focus

3.1 How do you determine who your customers are and what their key requirements are?

In developing DHHS customer service standards, we define “customer” as any individual or organization who interacts with DHHS. Thus, DHHS employees, Medicaid applicants and beneficiaries and their family members, Medicaid providers and DHHS partners (e.g. hospitals, other state agencies) are considered “customers.” Determining the needs of customers is achieved through agency correspondence and surveys, focus group studies, review of letters/feedback to the agency, and constant communication with these customers.

For most applicants and recipients, primary interaction with the agency is through eligibility offices, Medicaid recipient bulletins, the agency’s toll-free number, the beneficiary newsletter, enrollment counselors and the website. Toll free number operators answer on average 5,000 call per day, and use each customer service call as an opportunity to gain insight of the needs Medicaid recipients have. In addition, workers in the agency's local county offices are in constant communication with managers in the central office, sharing the needs and concerns of recipients they come in contact with every day.

Provider representatives meet regularly with DHHS leadership and give feedback through the MCAC and through interactions on task forces and in professional working groups like provider association meetings. In addition, a new physicians advisory group was created to guide the agency in healthcare-related business decisions.

3.2 How do you keep your listening and learning methods current with changing customer/business needs and expectations?

The Customer Service Initiative (CSI) Board, a team of DHHS management and direct service staff, was developed to create customer service standards and measures to be used as a benchmark system for Medicaid eligibility offices to measure progress. As a major component of the Customer Service Initiative, all eligibility staff receives training on Customer Service – The HHS Way. Participants are introduced to and challenged to adopt the five key practices necessary to achieve positive work outcomes at DHHS: Be a Team Player, Practice Effective Communication, Show Respect/Be Courteous, Demonstrate Professionalism, and Protect Customer Privacy/Confidentiality.

The Internet also has been an area of change in regard to listening and learning from our customers. In addition to the website and e-mail interaction, the agency is doing more business and receiving more feedback through online billing and issue resolution tools. DHHS is learning more about recipients and providers through client management tools like its decision support system.

As mentioned, DHHS also monitors the incoming "traffic" into its phone bank. Tracking the customer feedback has become more sophisticated in recent years and the agency can glean useful information based on what customers are communicating. In addition, the customer support

services available to specific provider groups (Durable Medical Equipment providers, specialty care providers, etc.) use feedback they receive from phone and business transactions as a major means of learning what our customers need.

3.3 What are your key customer access mechanisms, and how do these access mechanisms enable customers to seek information, conduct business, and make complaints?

The newest access mechanism is the transparency project. Through the website, anyone may access DHHS' expenditures and see what money is being paid out. This makes the financial part of the agency transparent and open to anyone who is interested in the information. Also available to customers are the website, the call center, brochures and information packets, enrollment counselors, fraud and abuse hotline, and eligibility offices located in each of the 46 counties.

3.4 How do you measure customer/stakeholder satisfaction and dissatisfaction, and use this information to improve?

DHHS uses surveys, focus groups, consumer forums and service utilization analysis, in addition to public feedback, to evaluate the satisfaction of customers and stakeholders. By tracking calls to the agency's call center, for example, managers can get a timely read on how customers are reacting to various policies.

Starting in SFY 2007, a three-pronged approach was used to monitor the implementation of more advanced customer service standards, processes, and policies.

- Secret Shopper visits/calls to all 46 counties and the Division of Central Eligibility Processing (CEP). Secret shoppers regularly visit all counties to observe and determine fidelity to agency customer service standards. Calls are be made to a random sample of out-stationed workers and to the CEP to measure CS standards.

- Complaint Follow-up. When complaints have been made on specific employees, USC staff will assist DHHS in investigating the complaint and provide feedback to DHHS. The following will be done to collect information:

    - A secret shopper will make a call to and/or visit the employee for observation.

    - Staff will attempt to determine whether the call is a complaint regarding poor customer service or dissatisfaction because eligibility has been denied or terminated.

    - A summary of findings will be provided to DHHS and recommendations will be made on how to handle the issue.

- Customer Service Initiative Board will propose establishing a centrally located Customer Service
- Resource Center. Employees will handle questions, complaints, and comments and track by region.

- They will feed information to the training component of DHHS.

- Calls will be made to a minimum of five clients that have interacted with the employee in the past month to gather their experiences working with the employee.

3.5 How do you use information and feedback from customers/stakeholders to keep services or programs relevant and provide for continuous improvement?

In SFY 2007, the CSI Board's specific implemented a continuous process of feedback and recognition through reports and regular meetings with agency staff. In SFY 08, a benchmark system was established to review the progress the agency is making in providing high quality customer service. The benchmark system lists goals with related operational measures and the results for the region. Performance data is collected from secret shopper visits/calls and MEQA client interviews and shared with DHHS management staff and the local offices on a quarterly basis. For complaint investigations, once the review is completed, a report is provided to DHHS management staff.

DHHS also tries to take a proactive approach in meeting customer demand for new services/programs. For example, the agency worked to create a "medical homes" local provider network in response to physicians' feedback on how to empower providers to manage Medicaid in their areas. The result in this case is a medical homes cooperative that offers a structure that rewards local physicians for good health and fiscal outcomes. Another example is the, DHHS *Healthy Connections Choices* program, which gives Medicaid beneficiaries an alternative to traditional Medicaid.

And as always, to be accessible to customers on issues of importance, DHHS has representation and/or communicates regularly with dozens of provider and advocacy-related organizations. Information gathered through such groups is used to continuously evaluate and improve program operation. For example, the agency is presently working with the Epilepsy and MS foundations.

In 2008, we began communicating with provider through a newsletter called, *The Provider Perspective*. The newsletter is designed to supplement regular provider bulletins that are send out regularly.

3.6 How do you build positive relationships with customers and stakeholders? Indicate any key distinctions between different customer and stakeholder groups.

The agency's effort to build positive relationships is embodied in the SERVE value guidelines, as indicated in the Executive Summary.

As described in 3.1, the agency broadly defines customers as groups and entities that have direct contact with the Medicaid program—recipients, providers, etc. Stakeholders would include taxpayers, advocates, and policy makers. The agency believes maintaining a positive relationship with both groups is critical to its long-term success. The director and executive staff are committed

to an open-door policy and meet regularly with both customers and stakeholders to discuss concerns and participate in various community meetings.

Since the open flow of information and productive communication are essential to any organization, the director has streamlined the agency's procedures for responding to letters and e-mails, ensuring more timely responses to the public, legislators and the media. The agency also continues to send a beneficiary newsletter to recipients. Regular reporting to providers and beneficiaries through bulletins and notices also helps build positive relationships.

On key policy and budget issues, DHHS staff is accessible to both lawmakers and their staffs. To keep the general public informed, the agency maintains contact with media outlets throughout the state and uses outreach efforts through its press office to keep them informed of major Medicaid news.

With all these audiences, the agency website continues to increasingly become a vital communications tool. Applicants can view income guidelines online, and find all forms necessary to apply for Medicaid. Providers can sign-up to participate in Medicaid, view fee schedules, information about Managed Care coverage in specific areas, and read bulletins and manuals online. The transparency website is also available to customers and stakeholders so that they can see how money is being send on administrative costs as well as to providers.

Category 4 – Measurement, Analysis, and Knowledge Management

4.1 How do you decide which operations, processes, and systems to measure for tracking financial and operational performance, including progress relative to strategic planning and action plans?

DHHS leadership measures the operations, processes, and systems that determine whether the agency is meeting goals and operating in an efficient and effective manner. Major initiatives are tracked as Outcome Measures as defined in the GO sheet system. The GO sheet system ensures that functions relevant to strategic plans are monitored.

In addition, state/federal laws require that certain aspects of programs be evaluated and program data be reported, including outcomes and profiles of processes or populations. Other measurements may be assessed in response to special inquiries from the public, media, the Governor, General Assembly, federal oversight agencies, or other interested parties.

DHHS leadership regularly reviews the financial and operational data of program lines and assesses year-to-date status to identify potential issues and make adjustments as needed. One tool that helps with this effort is the decision support system. Vital management data is available to executive staff to support value-based decisions. This system will provide key financial indicators, as well as information on service utilization dynamics and potential fraud and abuse cases.

4.2 How do you select, collect, align and integrate data/information for analysis to provide effective support for decision making and innovation throughout your organization?

Key managers continuously use data to drive policy decisions of the agency. Through use of cost reports and reimbursement data, managers can make cost-effective decisions on a range of topics. Data collection also allows the agency to compare data from month to month and year to year so that progress and changes can be watched and analyzed. In SFY 2010, the agency plans to move to the SAP (Systems, Applications, and Products) data system, which will allow all of the agency's financial data to be integrated and aligned. DHHS believes quality data is an increasingly important tool in effective decision-making for the present and future.

4.3 What are your key measures, how do you review them, and how do you keep them current with business needs and direction?

In addition to the measurements identified above, the agency's broader measures have been identified as those that will help it progress toward its overall goals.

For the first goal of providing a benefit plan that improves member health, is evidence based, and market driven, the key measures include:

- a baseline index of general health for Medicaid members relative to the general population;
- the number of consumer-driven, incentive-based medical homes; and

- Medicaid expenditure growth rate compared with the cost of healthcare costs nationally.

For the goal of providing a credible and continually improving eligibility process that is accurate and efficient, the key measures include:

- customer satisfaction survey baseline;
- average processing time – compliance with federal processing guidelines;
- % of applications accurately processed within federal requirements; and
- average baseline cost per application.

For the goal of providing administrative support at the best possible value to ensure programs operate effectively, the key measures include:

- holding the %age of administrative cost to program cost at less than 3 %;
- establishing an internal customer satisfaction survey baseline;
- leveraging technology; and enhancing savings by 10 % by expanding the number of fraud and abuse reviews, and auditing compliance reviews.
- Cutting back on the use of paper through the utilization of the Internet, DHHS' website, and e-mail.
- Moving towards only sending out electronic bulletins verses paper mail-outs
- Electronic Funds Transfer (EFT) verses check mail-outs

4.4 How do you select and use key comparative data and information to support operational and strategic decision-making and innovation?

Quality data is the foundation of all decision-making at DHHS. The agency's Information Technology division provides access to a myriad of reports and statistics needed to facilitate decision-making processes. As mentioned, the Medstat decision support system gives managers access to this data from their desktops, allowing them to quickly splice large amounts of data almost instantly. The tool significantly aids managers in goal setting, decision making and forecasting of trends. Beyond standard agency reports, the availability of more specific demographic, fiscal, and programmatic reports is helping planners make more data-driven decisions. The decision support system allows managers to "drill down" into provider/recipient behavior; ensuring data likely will be even a more integral part of agency decisions in the future.

The selection and use of comparative data is determined by the nature of a given situation. DHHS frequently uses regional and national data to compare South Carolina with other states, such as data provided by the state's Office and Research and Statistics. DHHS also uses fiscal comparative data to identify utilization and expenditure trends for policy planning. The key is for the agency to always have a wide array of reliable data so managers can choose from a "virtual palette" of information to meet its information needs.

4.5 How do you ensure data integrity, timeliness, accuracy, security and availability for decision-making?

Due to the broad scope of services managed by DHHS and the number of people affiliated with the program, DHHS stands as a source of nearly limitless data measurement possibilities. The agency's Information Technology and Fiscal Affairs departments both play a vital role in ensuring data integrity, timeliness, accuracy, security, and availability to support a range of consumers.

First, the agency's aforementioned acquisition of a decision support system further in providing timely and accurate information for policymakers. Such high-level data guides the agency in identifying key trends and uncovering areas for improvement in the Medicaid program.

In addition, the Bureau of Compliance and Performance Review works to ensure the integrity and accuracy of the processes and services behind the data. Strategies to protect data quality and ensure accessibility include reviews of comparative data and investigations of variances, access to providers to the data system via the Internet, and both internal and external audits. It should also be noted that no data is typically made public until it has been checked through multiple channels, ensuring accuracy and consistency.

Regarding security, the agency is committed to keeping Medicaid information confidential, as required by law under HIPAA. DHHS has met all major HIPAA compliance deadlines and has conducted extensive outreach during the past year to help providers and other agencies meet HIPAA guidelines. Annual and ongoing HIPAA training for staff and new employees help ingrain a strong adherence to privacy laws as it applies to data. Technology is also in place that protects the agencies computer systems and servers from hackers and unauthorized users.

4.6 How do you translate organizational performance review findings into priorities for continuing improvement?

Performance review findings help pinpoint which agency functions need improvement. If reviews find deficiencies in key areas, those problems are given priority and changes, including resource allocation and/or staffing modifications, are implemented. Those changes will later be measured to see if the desired effect of improved performance was achieved. In addition, the Division of Audits conducts both internal and external audits for performance, compliance, and fiscal accountability, and makes recommendations for improvement to agency executive staff.

4.7 How do you collect, transfer and maintain organization and employee knowledge? How do you identify and share best practices?

The collection and transfer of accumulated employee knowledge is managed in several ways. First, at the program level workers are provided on-the-job training and share knowledge and ideas tied to agency tasks. The adoption of a team approach has helped make knowledge transfer a standard part of daily staff interactions. Secondly, program level knowledge is shared at the bureau chief and deputy director levels, where agency-wide projects and strategic planning may require cross-departmental cooperation. At this executive staff level, the transfer of ideas is vital to ensuring efficient operations, eliminating duplicative efforts, and setting the standard for future performance.

The agency's quarterly employee recognition program, and various department-level employee recognition efforts, is designed to identify best practices and share lessons that are learned among the DHHS team. Also, the agency began an award program in SFY 2005 that recognizes employees who develop innovative agency practices. The agency also utilizes newsletters and variety of training and policy manuals for all its employees.

Due to the geographic dispersion of our staff, DHHS utilizes e-learning tools, such as web-based programs and interactive DVD presentations as part of its training. These tools can offer timely, cost-effective alternatives to face-to-face training methods.

DHHS also utilizes state and federal training opportunities and conferences to share and gain knowledge about capturing best practices. By closely monitoring information from other agencies and other state Medicaid systems, DHHS strives to borrow innovative ideas from a variety of sources, in addition to its "home grown" advancements.

Category 5 – Workforce Focus

5.1 How does management organize and measure work to enable your workforce to develop to their full potential, aligned with the organization's objectives, strategies, and action plans; and to promote cooperation, initiative, empowerment, teamwork, innovation and your desired organizational culture?

DHHS's Office of Human Resources has partnered with executive staff members to completely reorganize bureaus, divisions, and departments into team-oriented groups. These reorganizations have built a greater breadth of knowledge transfer from more experienced staff to the less tenured staff members. The team structure has increased employee morale through the use of mentor relationships and encourages individuals to think beyond narrow areas of responsibilities. The approach also helps identify potential future leaders and allows those with complementary skill sets to be more productive.

The Office of Human Resources coordinates a comprehensive agency-wide training effort, which senior leaders believe is crucial to maintaining a quality workforce. Personal development of employees is promoted by offering agency wide training curriculum related to computer software, time management, and customer services.

Top management at the DHHS is committed to modeling quality leadership practices, thereby, setting the example for its workforce members. The agency director sets high performance expectations for senior leadership and expects them to model the agency's core values of the acronym "SERVE".

With Bureau Chief input and Human Resources as a consulting partner, executive staff established the vision and goals for the agency and continues to publicize them throughout the agency. These goals are integrated into the Department's daily functions, employee EPMS's, framed and mounted in each office and revisited on an annual basis for focus.

5.2 How do you achieve effective communication and knowledge/skill/best practice sharing across departments, jobs, and locations? Give Examples.

The agency director has an open door policy where staff members are encouraged to share ideas, innovations and best practices. Management is also open to employee input and ideas. They create an environment in which everyone is part of a team. Areas where "stove pipe" organizational structures existed have been restructured to create teams within divisions/departments and flatten reporting structures. Mentors and team leaders are assigned to new employees and groups of employees. Team leaders and mentors assign projects, serve as area subject matter experts and serve as employee advocates so they are more than just supervisors.

Communication among the agency's workforce members is facilitated in a variety of ways including the following venues:

- The Office of Human Resources partners with program areas to create and communicate regular updates to staff via web-based multimedia presentations. Topics such as personnel policies, Managed Care implementation and Medicaid Policy and Procedures updates were disseminated this year.
- Eligibility Regional Administrators and Community Long Term Care Administrators convene monthly to share best practices.
- Program leaders regularly conduct moderated conference calls, teleconferencing sessions, and web-based meetings using Microsoft Live Meeting.
- Various functional areas are experimenting using the Wiki format concept to house program policy and procedures for agency use.
- A Joint Applications Development (JAD) task force comprised of a cross section of program staff representing local eligibility, Medicaid policy and planning staff, training, information technology and Medicaid Systems Management. The group convenes regularly to address major recent changes in Medicaid policy and procedures.

5.3 How does management recruit, hire, place and retain new employees? Describe any barriers that you may encounter.

This past year the Department experienced a 60% turnover in executive level staff. The Office of Human Resources served as a critical link between the past and the current administrations. It served a key role during the transition of administrations by supplying expert advice, tools and facilitation in the recruitment, transition and selection of new executive management members. Human Resources also facilitated three major organizational change efforts in areas of Federal Contract Monitoring, Fiscal Affairs the Office of Research and Statistics and the Medicaid Eligibility Determination Systems (MEDS) and Medicaid Management Information Systems (MMIS) units.

The agency uses a variety of methods to attract, recruit and retain employees. Our primary recruitment tool is our reputation. We have a reputation of producing and developing a quality products and services in an efficient and cost effective manner. We use a variety of outreach methods to recruit motivated and talented staff. These include:

- Regular participation in employment fairs throughout the state to attract potential team members;
- Host benefits fairs and retirement /financial planning seminars on an annual basis to showcase benefit products which may be of value to employees;
- On-line recruitment and selection system called NeoGov. This web-based system streamlines the application process for both the applicant and hiring manager and reduced the need for paper applications;
- Sponsor internships for active college students, recent college graduates and current high school students;
- Streamlined the new employee on-boarding process by ensuring new staff have positive, successful experiences during their first 90 days of employment. This includes:
    - The Office of Human Resources setting up the employee's complete benefits package with days of the hire date.

- On the mornings new employee orientation, each new team member is greeted by the Director of Training and Development and is personally escorted to the training room.
- During each orientation, a member of Executive Management delivers a welcome speech and provides an overview of the agency. In the afternoon, each new employee's supervisor receives an email from the Office of Human Resources confirming the new employee has attended orientation, and will be reporting to his or her duty station the next day.

5.4 How do you assess your workforce capability and capacity needs, including skills, competencies and staffing levels?

A continual briefing of the top three levels of the organization occurs on the third Thursday of each month and is facilitated by the Office of Human Resources. The monthly management work sessions are entitled, *"The Leadership Journey"*. Each session features the agency director and Executive Directors delivering comprehensive executive briefings, relevant education segments and functional area reports. Other ways in which workforce capacity and capability needs are identified are:

- Use of the competency based, team interview process statewide, which has led to better, more thoughtful hiring decisions.
- Supervisors use the hiring process to appropriately place agency staff into positions, which will best fit the employee's knowledge, skill and abilities.

5.5 How does you workforce performance management system including feedback to and from individual members of the workforce, support high performance work and contribute to the achievement of your action plans?

Our EPMS engages both the employee and supervisor to actively define, refine, and rate job performance. The process is designed to keep channels of communication open and, by documenting optional objectives, allow for flexibility to adjust the report to accurately reflect actual work produced by employees. Managers are encouraged to re-write position descriptions when major changes are made to an employees job duties.

The EPMS is developed keeping daily job duties in focus, thereby giving the employee and supervisor goals which can be easily measured. As stressed at the agency-wide managerial training, DHHS is strongly encouraging all managers to ensure that the EPMS process is managed in a timely fashion.

5.6 How does you development and learning system for leaders address the following:

a) Development of personal leadership attributes
b) Development of organizational knowledge
c) Ethical practices
d) *You core competencies, strategic challenges, and accomplishment of action plans*

The Office of Human Resources and Executive Management facilitate Annual Management Retreats for leaders and managers down to the Division organizational level. This year, "*The Leadership Journey: Reaching Your Maximum Potential"* was attended by 85 managers. The retreat featured nationally known speakers who delivered sessions on personal leadership and leading in times of change. The retreat also included presentations from senior management and program areas leaders on agency-wide initiatives such as Medicaid Transformation, Managed Care Enrollment, the Medicaid Transportation Contract, SCHIP expansion and alternate benefit pilot programs. Other learning opportunities include:

- This year Medicaid Eligibility supervisors participated in a two-day training initiative entitled, "The Medicaid Eligibility Supervisors Summit", to share best practices and learn new skills.
- A two-day practical supervisory training experience called "HR Essentials" for agency supervisors. Supervisors learn the key aspects of recruiting, managing and developing its workforce. This is the third phase of a five-year plan for on-going training for supervisors.
- All new and current supervisors must also complete the Associate Certified Public Manager Certificate program as the first prong of training.

5.7 How do you identify and address key developmental and training needs for your workforce, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training?

The agency uses development and training programs as a key tool to ensuring a knowledgeable workforce. Identifying training needs is an ongoing process at DHHS. Managers provide information to Human Resources regarding employee progress and potential deficiencies or opportunities for growth. This occurs formally as part of EPMS and Human Resources works with the managers to target specific training avenues employees can pursue. Managers also recommend high-achieving employees for programs such as the Certified Public Managers' Program and the Executive Institute.

Employees are well oriented to agency policy and procedures through formal training (e.g. Orientation, Customer Service, Program Training, E-Learning modules) as well as informal training such as one on one feedback sessions with supervisors and field trainers, mentoring and job shadowing.

Additionally, all new employees are auto-enrolled in the agency customer service training, "The HHS Way." All new employees attend the one-day course entitled, "The HHS Way" where participants are introduced to and challenged to adopt the five key practices necessary to achieve positive work outcomes at DHHS: Be a Team Player, Practice Effective Communication, Be Courteous and Respectful, Demonstrate Professionalism, and Protect Privacy and Confidentiality.

All new eligibility workers must complete a third tier of training and are auto-enrolled into introductory eligibly program track training called Medicaid 101 and Systems Operations.

5.8 How do you encourage on the job use of the new knowledge and skills?

When an employee has taken the initiative to acquire new skills, the leadership at DHHS try to utilize those new skills by assigning work pertaining to that skill. Many times the new skill or knowledge that the employee had worked to learn is something that would enhance the division in which that person is apart of. DHHS feels that it is important to acknowledge someone's efforts by letting them use what they have worked to learn.

5.9 How does employee training contribute to the achievement of you action plans?

There are many levels of training during an employee's career at DHHS. New employee training contributes to the action plan by giving the new employee a step in the right direction. If employees start off in the right information, then they begin contributing to the agency's goal immediately.

Periodic training for employees is very important to the employees' growth as well as the agency's. The agency cannot grow if the employees' are stagnant in their learning. Growth is so important because it is the backbone of any action plan as well as goal setting.

5.10 How do you evaluate the effectiveness of your workforce and leader training and development systems?

The best way to evaluate workforce and leader training is to look at the results that come from the training. If it is effective, results will be noted. The purpose of training is growth, so therefore, growth should be seen in the employees who have participated.

Another way DHHS evaluates effectiveness is through employee feedback. Feedback is so important because the training needs to be a positive experience for the employee. The more positive the experience, the more the employee takes from the training.

5.11 How do you motivate your workforce to develop and utilize their full potential?

Employees are motivated through a variety of methods designed to encourage teamwork, productivity and learning. As discussed, DHHS uses team building methods and a mentoring system to ensure employees are motivated both within their peer group and from supervisors. They also become involved in planning and goal setting through the GO process. Employees are also given incentives for outstanding performance.

The management of fair pay within the organization is encouraged and closely monitored by the Office of Human Resources and is key to maintaining good employee morale. The Office of Human Resources performs regular pay analyses on employee pay levels as well as across divisions, studies workload indicators such as case turn around times, encourages skill based pay

curricula such as nursing home certification for eligibility workers, as well as implementing team interviewing by building competencies in each area. Additionally, this year the agency has implemented two more formal reward and recognition programs one within the Eligibility Determination Unit and the Bureau of Fiscal Affairs. These programs reinforce and encourage positive employee performance through both monetary rewards and recognitions.

Our agency cares about its workforce and also offers a variety of work-life flexibilities to staff where feasible. The agency provides regular professional development opportunities, flexible work hours, promote employee wellness programs and employee activities through the CHAMPS committee, telecommuting, daily business casual dress code and Friday casual dress. We advocate participatory management practices, "managing by walking round", and through cross-functional and management level work teams.

5.12 What formal and/or informal assessment methods and measures do you use to determine employee well being, satisfaction, and motivation? How do you use other measures such as employee retention and grievances? How do you determine priorities for improvement?

DHHS encourages open lines of communication among employees, supervisors and Executive Staff. Aside from formal processes such as EPMS, the Office of Human Resources tracks turnover rates in positions to identify potential trends. Through the agency's "open door" managerial policy, employees are encouraged to bring grievances and suggest opportunities for change, which contributes to overall satisfaction. Suggestions can also be made anonymously, and these are also tracked to help identify trends.

All agency units are encouraged to celebrate events together as means to build employee satisfaction. Much of this is organized agency-wide by the employee activity committee, called CHAMPS, which plans events like ice cream socials and holiday parties for all employees. Attendance at these events is measured to determine employee interest.

5.13 How do you manage effective career progression and effective succession planning for you entire workforce throughout the organization?

Agency management encourages employees to participate in the many on-going agency projects to facilitate on-the-job skill advancement and cross program mentoring opportunities from more senior staff.

5.14 How do you maintain a safe, secure and healthy work environment? (Include your workplace preparedness for emergencies and disasters.)

The security division employs systems to ensure a safe work environment. DHHS security has made improvements such as magnetized card access, security cameras, and guard service at the main entrance to increase safety. Upon entering the agency, all guests must sign in and receive a guest badge. Guests are not free to move about the building unattended by DHHS staff. This policy

ensures the protection of our staff and the sensitive data housed within our agency. All employees entering the building must wear assigned employee badges at all times.

The agency has paid particular attention to its role in the statewide network of responders and emergency personnel staff, and uses regular e-mail updates during times of natural disasters. The agency maintains a detailed emergency plan it can use in case of disasters and participates in periodic drills to ensure disaster readiness.

In terms of health, DHHS strongly believes its employees should set an example for fostering good health and wellness initiatives. DHHS's CHAMPS team brings various classes and screenings to the agency to encourage employees to monitor and promote healthy living. Activities like aerobics and yoga are available on-site during lunch hours. Many employees participate in other efforts, like the Columbia Shrink down, that promote good health. The agency has been given several awards for its employee wellness efforts, and the agency presents its own health awards to employees who maintain a healthy lifestyle.

Category 6 – Process Management

6.1 How do you determine, and what are your organization's core competencies and how do they relate to your mission, competitive environment, and action plan?

The organizations core competencies are based on the agency's tasks and goals, as well as the tools and resources DHHS needs and uses to accomplish the goals. DHHS' core competencies include:

- Health Care Coverage
- Communicating to under served populations that require medical assistance/coverage
- Data Analysis
- Streamlining expenses to keep administration costs down

6.2 How do you determine and what are you key work process and produce, create or add value for your customers and your organization and how do they relate to your core competencies? How do you ensure these processes are used?

Since DHHS pays providers to deliver services to eligible beneficiaries, the agency's processes include mechanisms that support medical providers by managing the rates they are paid, and qualifying and supporting the people they serve. As detailed in the agency's Healthy Connections plan, future processes will include a more robust system of care quality measures and incentives.

Key design and delivery processes include:

- MEDS (Medicaid Eligibility Determination System) – a program to ascertain eligibility of applicants;
- MMIS (Medicaid Management Information System) – the database of beneficiary demographics and usage information;
- Provider contracts and enrollment agreements – the arrangements that bring providers into the system;
- Governmental Accounting and Financial Reporting System (GAFRS) – the system that manages payments to providers;
- The use of external actuaries to set managed-care reimbursement rates;
- Private MCOs and Medical Home Networks – other options of care delivery for beneficiaries designed to organize all aspects of their care under one provider's management (a "medical home"); and

- The toll-free beneficiary call line and provider service lines. These services, in addition to an internal letter response system, ensure timely and accurate answers to the public, legislators, media, our provider partners, and the people who rely on Medicaid for their health care needs.
- Enrollment Counselors are available to the Medicaid beneficiaries through a toll-free hotline. These services are designed to assist beneficiaries with Managed Care plan choices.

6.3 How do you incorporate organizational knowledge, new technology, cost controls, and other efficiency and effectiveness factors such as cycle time into process design and delivery?

By filtering the agency's projects through the GO sheet tracking system, which requires project managers to examine the benefits and outcomes of pursuing initiatives, the agency is supporting the consideration of factors like technology, customer requirements, cost controls, etc. into the planning and design of agency pursuits. By looking at factors like "potential savings," "impact on beneficiaries," and "positives/negatives/and other relevant information," employees must draw upon updated organizational knowledge and consider cost controls, new technology or changing customer requirements in process design and delivery.

In regard to existing and on-going agency work, incorporating such knowledge in process design and delivery is ensured through constant assessment of workflow processes and outcomes. Such assessment is encouraged at the bureau chief level, where these leaders frequently examine their program areas' outcomes and procedures. All employees are encouraged to utilize organizational knowledge, new technology and cost control elements in their work. Changing customer and mission-related requirements are incorporated whenever such changes are identified.

6.4 How does your day-to-day operation of these processes ensure meeting key performance requirements?

The design/delivery processes are all monitored at various levels. Many key supervisory employees are assigned to areas that allow them to both set major initiatives and remain close to the day-to-day processes. Therefore, frequent meeting between staff, supervisors, and the executive team ensure processes can be geared toward performance, and adjustments can be made if needed. On an executive level, the staff meets regularly to review processes and related outcomes.

6.5 How do you systematically evaluate and improve your key product and service related processes?

Evaluation of key products is an ongoing function at DHHS. In addition to frequent meeting between supervisory staff and employees, DHHS closely monitors financial and eligibility data on a least a monthly basis to evaluate the impact of various policies. Our staffs located in county offices also interact with our Medicaid clients on a daily basis and report customer feedback. Key product and service related processes are analyzed by several different divisions within the agency periodically to evaluate the efficiency of these process as time goes on. DHHS looks to ensure that processes are always

6.6 What are your key support processes, and how do you improve and update these processes to achieve better performance?

Due to the complexity and scope of services provided by DHHS, there are multitudes of support processes. There are health service units that support providers, and customer service employees to support beneficiaries. There are processes designed to provide research support for new program development, existing program management, and state and federal legislative developments. Agency wide, there are fiscal support services that plan and budget, reimbursement systems that ensure accurate payments, contracting and procurement divisions to support DHHS partnerships and purchasing. Other support processes include technology development and maintenance, legal counsel, internal audits and external fraud investigation, and public information activity.

The employees working in these areas use customer feedback as well as internal data to provide more effective or efficient service. Bureau chiefs and executive staff have the ability to realign processes to better serve agency goals and objectives. As mentioned, the improved use of technology and enhanced access to data are important tools in achieving efficient and effective processes.

Category 7 – Results

7.1 What are your performance levels and trends for the key measures of mission accomplishment/ product and service performance that are important to your customers ? How do your results compare to those of comparable organizations?

As mentioned in 4.3, the agency's four goals have several success indicators that will define the progress the agency makes toward the goals. For many of these, the measurement tools are being refined to capture the information for the success indicators criteria.

Goal: Provide a benefit plan that improves member health, is evidence based, and is market driven.

Success Indicators: Establish a baseline index of general health for Medicaid members relative to the general population; increase the number of consumer-driven, incentive-based medical homes; maintain average Medicaid expenditures below the growth rate of healthcare costs nationally.

Trend: DHHS is making the concepts of managed care, disease management, and medical homes a reality for South Carolina's Medicaid program. A process of enrolling beneficiaries into "medical homes" was launched in August 2007; as of August 2008 there were 236,262 Medicaid beneficiaries enrolled into a health plan (MCO or MHN). In addition, by encouraging market-oriented mechanisms like incentive reimbursement and consumer-driven care, the agency is contributing to the trend of pursuing better health outcomes by implementing a value-based framework.

Goal: Provide a credible and continually improving eligibility process that is accurate and efficient.

Success Indicators: Establish a customer satisfaction survey baseline; average processing time compliance with federal processing guidelines; % accurately processed within federal requirements; establish average cost per application baseline.

Trend: The agency has instituted internal controls, managerial oversight, and investigative expansion to reduce and discourage inaccuracies, fraud and abuse within the eligibility determination system and ensure the integrity of the rolls. Also, by focusing on the structure and processes of the eligibility function, with particular attention to the worker and the applicant, the agency is streamlining the process of determining who is properly eligible for Medicaid coverage. The agency also added a new asset test in SFY 2006 that will close eligibility loopholes for wealthy residents.

Goal: Provide administrative support at the best possible value to ensure programs operate effectively.

Success Indicators: realign the workforce to maximize savings while maintaining the %age of administrative cost to program cost at less than 3%; establish an internal customer satisfaction survey baseline; provide at least ten examples of substantial savings and/or process improvements as a result of leveraging technology; enhance savings by 10% by expanding the number of fraud and abuse reviews, audit and compliance reviews.

Trend: By encouraging accountability in delivering the Medicaid program, DHHS is strengthening a culture of efficiency among the employees and other partners who form the Medicaid infrastructure. Marked increases in fraud and abuse investigations and punitive actions/collections (more than $17.5 million is SFY 2008) against those misusing the system has sent the signal that the agency, legislators, the Governor and the public are committed to an efficient and effective Medicaid program in South Carolina.

7.2 What are your performance levels and trends for the key measures of customer satisfaction and dissatisfaction (a customer is defined as an actual or potential user of your organization's products or services)? How do your results compare to those of comparable organizations?

Please refer to Section 3, "Customer Focus."

In terms of trends, tracking customer satisfaction and implementing related processes to support satisfaction is becoming easier and more effective with advancing technology. The agency predicts the trend to improve its' future products.

7.3 What are your performance levels for the key measures of financial performance, including measures of cost containment, as appropriate?

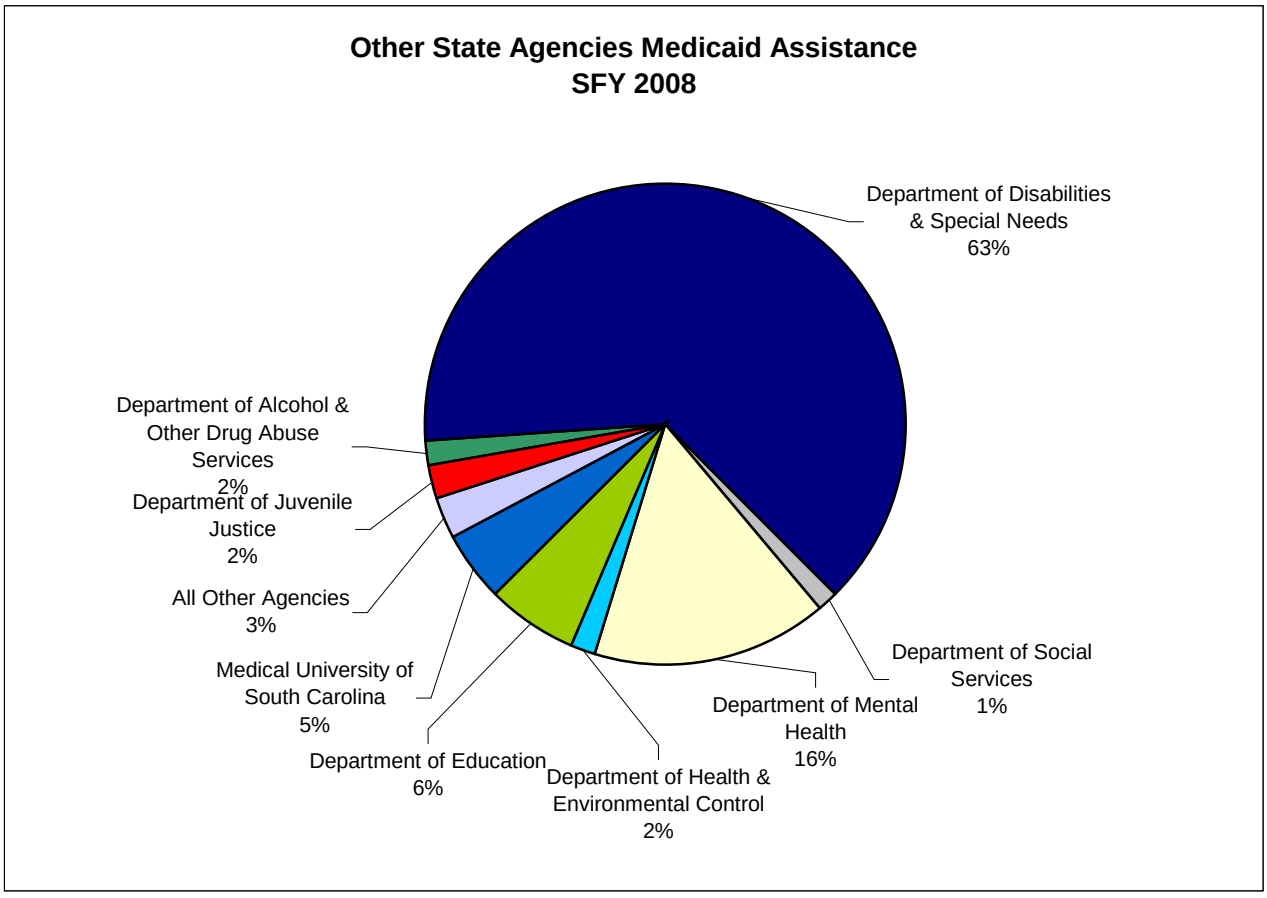
During the past fiscal year, DHHS, aggressively focused on cost containment and programmatic controls to keep Medicaid program growth in check, with no loss in services available to recipients. In SFY 2008, DHHS expenditure growth was about 7%, slightly lower than the national average

Closely tied to costs, the agency also focused on enforcing existing eligibility criteria and improving health outcomes. This was accomplished partly through increased reviews to ensure that Medicaid services are available only to South Carolinians meeting established criteria. The number of monthly South Carolinians eligible for Medicaid fluctuated throughout the year.

It should be noted that despite these successes, the agency still faces significant challenges in the years to come in terms of containing costs and growth. These challenges are not solely based on economic or demographic factors in the state but increasingly from increased utilization of services,

rising pharmaceutical costs and health related inflationary factors. DHHS will continue to apply market-based, innovative solutions to these challenges moving forward.

Graphs begin on next page.

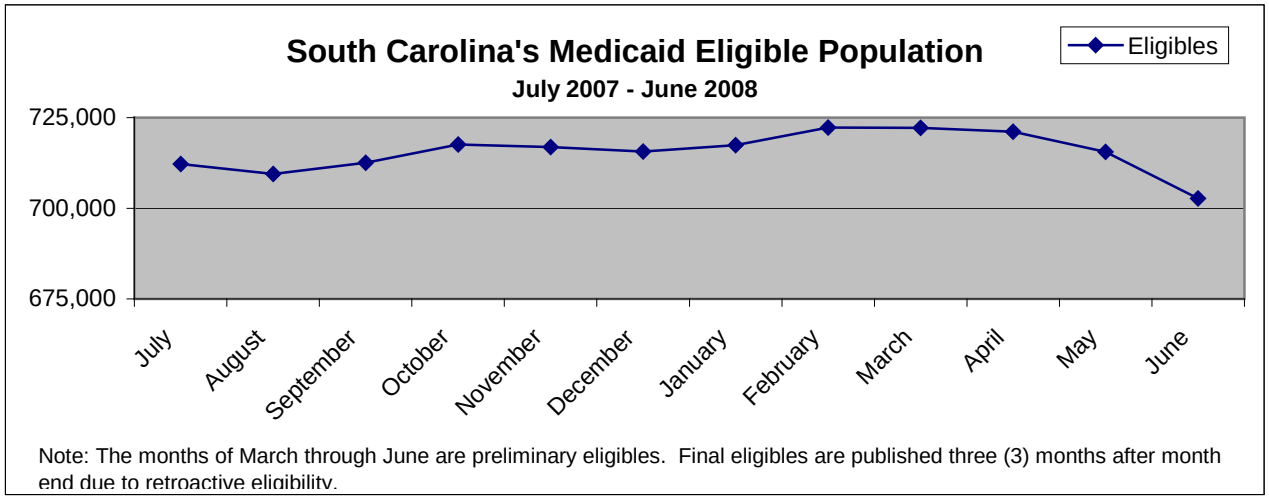

Other State Agencies Medicaid Assistance
SFY 2008
Department of Disabilities & Special Needs 63%
Department of Alcohol & Other Drug Abuse Services 2%
Department of Juvenile Justice 2%
All Other Agencies 3%
Medical University of South Carolina 5%
Department of Education 6%
Department of Health & Environmental Control 2%
Department of Mental Health 16%
Department of Social Services 1%

Graph 7.3-1

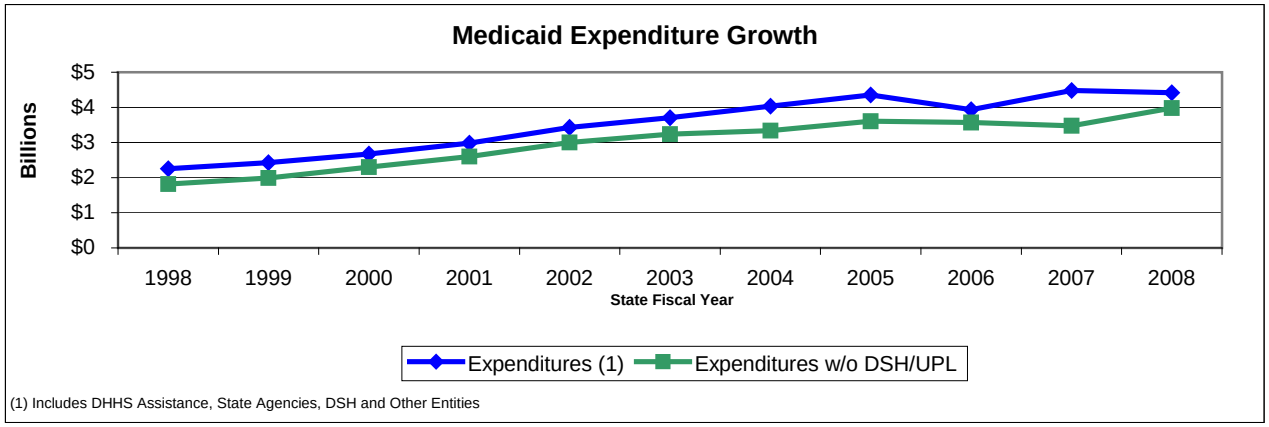
Other State Agencies Medicaid Assistance

	2005	2006		2007		2008	
Department of Mental Health	$ 155,403,328	$ 150,481,601	-3.2%	$ 141,627,995	-5.9%	$ 123,495,404	-12.8%
Department of Disabilities & Special Needs	$ 430,634,503	$ 433,129,611	0.6%	$ 450,866,073	4.1%	$ 494,252,298	9.6%
Department of Health & Environmental Control	$ 37,575,748	$ 17,805,850	-52.6%	$ 12,229,849	-31.3%	$ 12,835,980	5.0%
Medical University of South Carolina	$ 48,496,689	$ 44,836,789	-7.5%	$ 49,770,718	11.0%	$ 35,682,215	-28.3%
University of South Carolina	$ 7,982,304	$ 6,401,332	-19.8%	$ 7,317,617	14.3%	$ 8,214,125	12.3%
Department of Alcohol & Other Drug Abuse Services	$ 13,087,351	$ 14,408,349	10.1%	$ 13,494,635	-6.3%	$ 13,429,047	-0.5%
Continuum of Care	$ 8,606,575	$ 9,316,237	8.2%	$ 8,436,469	-9.4%	$ 7,845,047	-7.0%
School for the Deaf & Blind	$ 3,559,479	$ 3,941,212	10.7%	$ 3,710,691	-5.8%	$ 3,704,711	-0.2%
Department of Social Services	$ 49,360,351	$ 50,070,688	1.4%	$ 17,697,729	-64.7%	$ 10,186,396	-42.4%
Department of Juvenile Justice	$ 27,540,540	$ 20,353,749	-26.1%	$ 22,199,946	9.1%	$ 16,922,359	-23.8%
Department of Education	$ 73,504,294	$ 54,435,108	-25.9%	$ 54,617,741	0.3%	$ 48,710,978	-10.8%
Commission for the Blind	$ 6,666	$ 6,875	3.1%	$ 4,046	-41.2%	$ 3,505	-13.4%
Department of Corrections	$ 11,058	$ 1,397,614	12538.9%	$ 2,055,607	47.1%	$ 1,741,680	-15.3%
John De La Howe	$ -	$ 72,565	100.0%	$ 160,014	100.0%	$ 332,400	107.7%
Wil Lou Gray Opportunity School	$ 9,322	$ 26,258	181.7%	$ 52,773	101.0%	$ 33,291	-36.9%
State Housing Authority	$ -	$ 66,307	100.0%	$ 912,650	100.0%	$ 861,798	-5.6%
Total Other Agency Medicaid Assistance	$ 855,778,208	$ 806,750,145	-5.7%	$ 785,154,553	-2.7%	$ 778,251,234	-0.9%

Source: DAFR9427 71 dated 08/21/08 as of 06/31/08

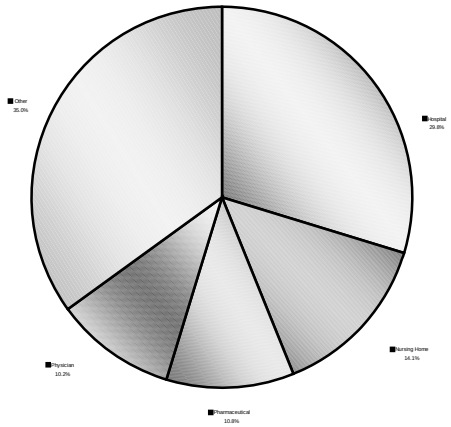


Graph 7.3-3



Graph 7.3-4

DHHS Medicaid Expenditures by Service
For Period Ending June 30, 2008
(Does not include other state agencies)

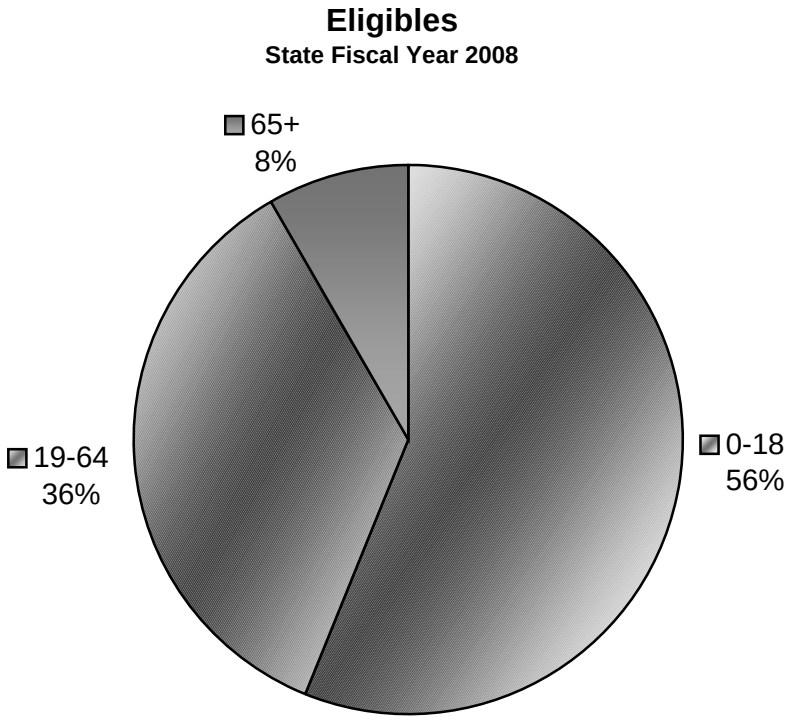


Note: Hospital expenditures do not include disproportionate share payments.

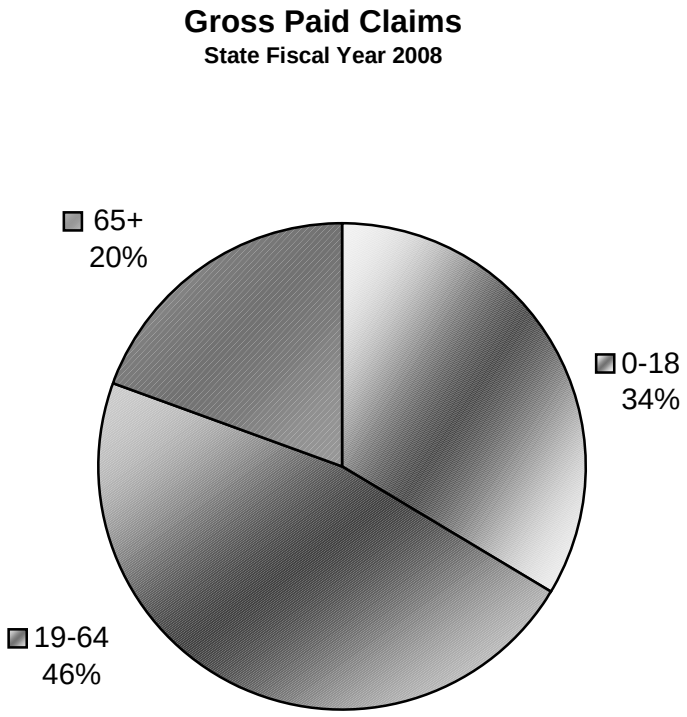
Graph 7.3-5

Eligibles to Gross Paid Claims by Age

Graph 7.3-6

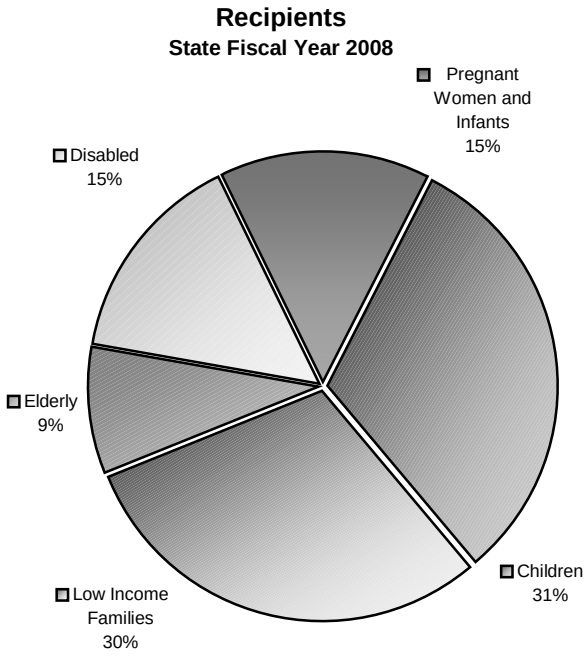


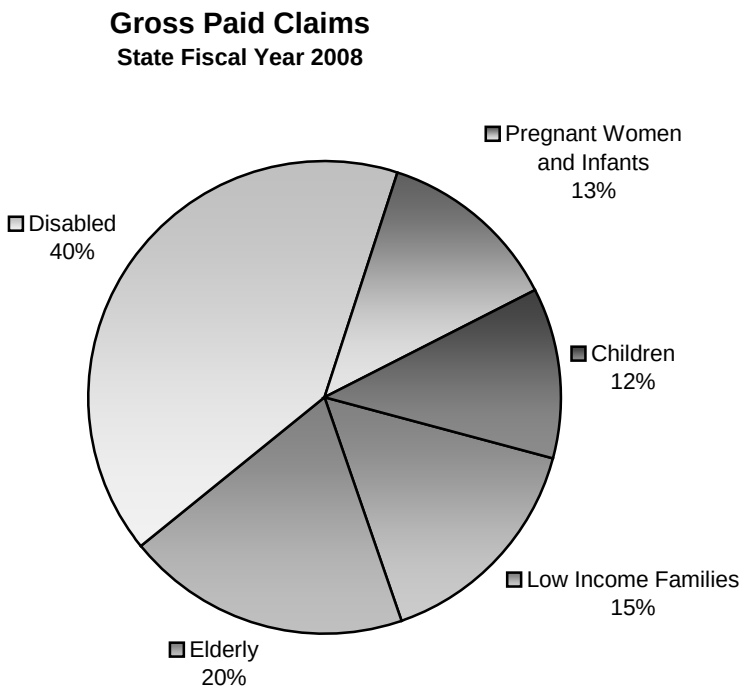
Eligibles are preliminary due to retroactive eligibiltiy.



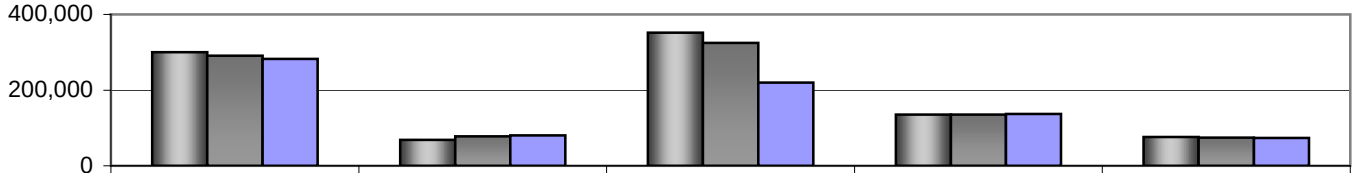
Recipients to Gross Paid Claims by Major Category

Graph 7.3-7





Medicaid Unduplicated Eligibles
By State Fiscal Year 2008



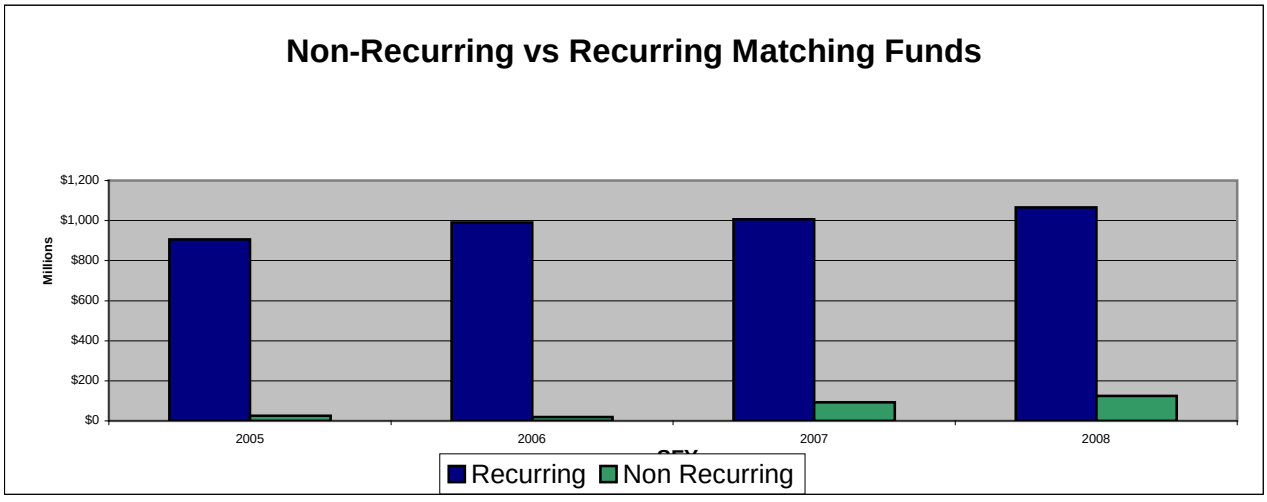
	Children	Pregnant Women and Infants	Low Income Families	Disabled	Aged (1)
SFY 2006	300593	68341	351980	135558	76236
SFY 2007	291137	77462	324333	135316	74060
SFY 2008	282592	80269	220291	137066	73289

(1) The reduction in Unduplicated Eligibles for SFY 06 is due to the elimination of the SilveRxCard Program January 1, 2006.

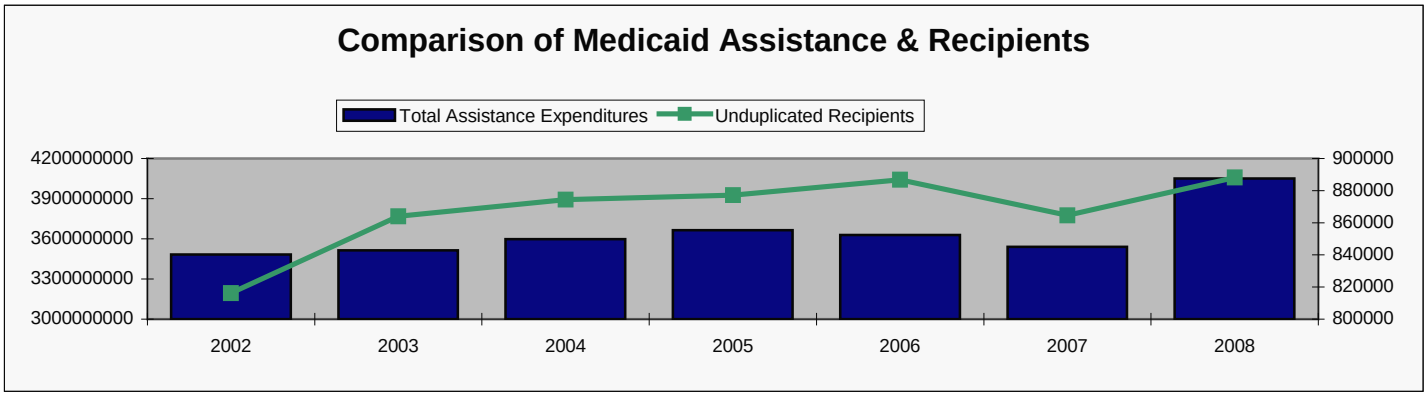
These preliminary eligibles are now receiving benefits through the state funded GAPS Program and are not reflected in the totals above.

(2) Due to retroactive eligibility, final eligibles will not be available until October 2008.

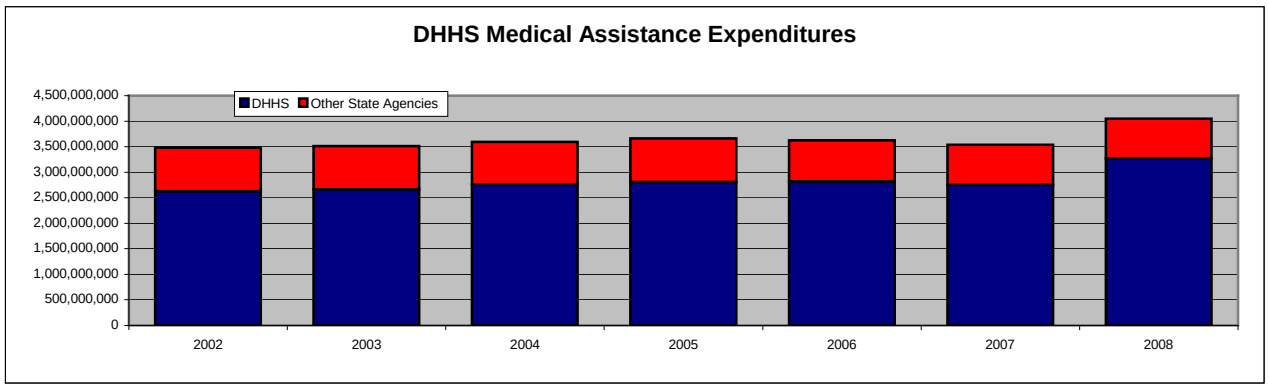
Graph 7.3-8



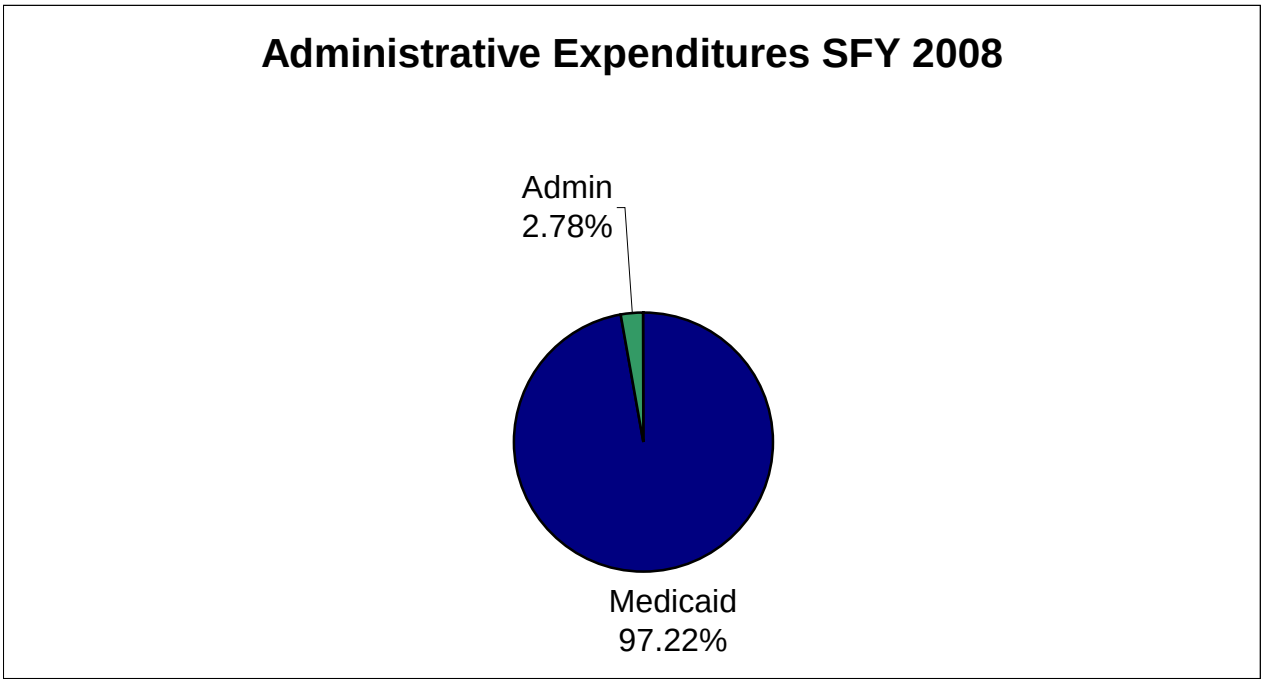
Graph 7.3-9



Graph 7.3-10



Graph 7.3-11


Administrative Expenditures SFY 2008
Admin
2.78%
Medicaid
97.22%

Graph 7.3-12

7.4 What are your performance levels and trends for the key measures of workforce engagement, workforce satisfaction, the development of your workforce, including leaders, workforce retention, workforce climate including workplace health, safety, and security?

The following workforce initiatives are in place to help ensure employee satisfaction and provide a meaningful workplace within the Department of Health and Human Services:

- Employee Morale - The Community, Health, Activity, Morale, Program and Service (CHAMPS) is a Steering Committee spearheaded by the Office of Human Resources to promote the orderly and efficient planning and management of various agency activities. Annual employee activities include: Red Cross Blood Drives, Special Customer Service Awards, Employee Recognition and State Service Pin Awards Ceremony, holiday and social events, Prevention Partners, Wellness Screenings, Charity Walks, United Way Campaign, etc.

- Open Communication – The Office of Human Resources staff members are trained in mediation and conflict resolution and utilize the techniques during employee/employer disputes. The agency actively uses the Budget and Control Board's Statewide Mediator Pool for non-grievable issues not resolved at a lower administrative level. In addition, all Human Resource personnel including benefits, employee relations and training & development, and recruitment maintain an open door policy for all employees and supervisors of the agency.

- Training and Development – The Office of Human Resources coordinates a comprehensive agency-wide training effort. Personal Development of employees is promoted by offering agency wide training curriculum related to computer software (custom and commericial), time management, and customer services:

- Team Building - Executive staff promotes a team approach to organizational structure by encouraging succession planning and cross-training in specific divisions; the team approach is being used during the interview and selection process as well as during division and department goal planning. The Office of Human Resources acted as a partner to foster team building during the reorganization of at least seven different Bureaus to the team concept. This included pay analyses, job analyses, and consultation. Further the team approach has been used consistently throughout the year when designed new approaches to the Department's work.

- Employee Evaluation and Expectations - Employee planning stage job functions and objectives are directly linked to the agency's mission and goals and communicated one on one, during staff meetings, through the agency wide newsletters, the agency intranet, and posted on the walls throughout the agency. The EPMS default rates are monitored monthly by Human Resources with the assistance of executive staff to ensure employees' performance is evaluated.

- Recruiting for Diversity and Retention - Began advertising positions through the Midlands Technical College website and the WIS television career link for televised presence of recruiting positions. The agency has served the following programs in providing internships for students: Masters in Public Health and Public Administration, from USC; Bachelor's programs in Health Services Management from Winthrop; Information Systems Technology from USC; Journalism and Mass Communications, from USC; Midlands Education Business Alliance;

Midlands Technical College; Medical University of South Carolina; North Carolina Agricultural and Technical College; Experience Works – organization for aging population; and the Columbia Urban League.

All these efforts keeps the agency on the path for increased levels of performance, employee satisfaction and well-being creates a more meaningful workplace which attracts a better workforce, learning and development fosters retention through more loyal employees, and employee diversity that emphasizes teamwork facilitates a better quality product for the department.

7.5 What are your performance levels and trends for the key measures of organizational effectiveness/ operational efficiency, and work system performance (these could include measures related to the following: product, service, and work system innovation rates and improvement results; improvements to cycle time; supplier and partner performance; and results related to emergency drills or exercise)?

DHHS checks performance in many different ways. The Transportation brokerage system has helped with performance issues as well as helped to track performance of the program. This system is working for DHHS and had greatly improved the quality of Transportation services.

Another way that performance is tracked is through the quality of health care that we are providing beneficiaries. This past year, DHHS had started to collect quality control data called The Health Care Effectiveness Data and Information Set (HEDIS). With this data, we can compare the managed care plans to one another, as well as to Fee- For- Service Medicaid and national benchmarks. (See HEDIS Chart below).

7.6 What are your performance levels and trends for the key measures of regulatory/ legal compliance and community support?

The Office of General Counsel represents the agency in state and federal courts and administrative hearings, and advises the director and staff on legal matters pertaining to the agency.
DHHS is subject to state and federal laws and regulations in its operation of the Medicaid program. Developments in the law, such as HIPAA privacy and standardization and security federal regulations, which could have precipitated such challenges, have been anticipated and actively met through the agency's history of engaging the affected stakeholders (sub-grantees and grant beneficiaries) and implementing whatever operating adjustments have been needed. DHHS continues its policy (supported by federal law) of keeping service providers and beneficiaries well informed of expected changes.

We continue to audit parties that contract with this agency to ensure contract compliance and adherence to state and federal laws and regulations as required by the contract. If the agency finds reason to suspect intentional fraud or abuse, cases are referred to the state Attorney General's Office.
Regarding community support, the success of the CHAMPS Team is evidence that employees appreciate an expanded role in the community and the agency will look for ways to foster that desire.

Healthcare Effectiveness Data and Information Set (HEDIS) Measures	Plan A	Plan B	Plan C	FFS	National Medicaid Benchmark
Well Child Visits in the First 15 Months					
Rate	72.24	83.83	91.95	67.6	N/A
Ambulatory Care- ER Visits Visits/100 Member Months					
Ages <1	68.8	18.1	102.7	84.3	94.9
Ages 1-9	37.7	13.4	61.1	48.5	47.6
Ages 10-19	30.8	12	56.4	45	37.1
Total	38.2	13.2	63.2	50.6	
Cervical Cancer Screening (% of women 21-64 who received one or more PAP test in FY2006 and FY2007					
Rate	33.11	38.45	36.66	28.9	65
Breast Cancer Screening					
Rate	29	38.9	43.2	27.7	53.9
Comprehensive Diabetes Care % of members 18-75					
HbA1c Testing	46.4	68	74.3	58.2	76.2
Eye Exam (retinal) performed	89.2	93	89.1	88.3	48.6
LDL-C Screening	40.7	56.4	73.7	49.5	80.5
Medical Attention for Nephropathy	68.6	82.5	78.2	67.5	48.8
Use of Appropriate Medications for people with Asthma					
Ages 5-9	81.8	68.4	80.4	73.1	88
Ages 10-17	60	71.3	82.4	78	85.6

HEDIS Measure Chart