2010

South Carolina Department of Health & Human Services

[ACCOUNTABILITY REPORT]

Accountability Report Transmittal Form

Agency Name ___ Department of Health and Human Services_____

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I. EXECUTIVE SUMMARY

1. Mission & Values

The South Carolina Department of Health and Humans Services (SCDHHS) seeks is to provide comprehensive healthcare coverage for South Carolinians in need while delivering value and a high return on the taxpayers' investment. More narrowly, the goal is to foster a health care delivery system that supports improved health outcomes for Medicaid beneficiaries through a focus on market based programs.

During SFY10, South Carolina's Medicaid program provided health care services for approximately 975,000 residents who are poor, elderly, or disabled. SCDHHS works with a vast network of 30,000 healthcare professionals, vendors and social service agencies to ensure their needs are met. SCDHHS also continues to help establish "medical homes" for all Medicaid beneficiaries and strengthen the bond between patients and physicians.

As stewards of a large proportion of state General Fund and federal matching dollars, SCDHHS officials are mindful of the need to protect the taxpayers' investment in the Medicaid program. SCDHHS keeps administrative costs to a minimum while aggressively pursuing waste, fraud and abuse in the Medicaid system.

2. SFY 2010 Major Achievements

South Carolina Healthy Connections Choices
SCDHHS continued to make beneficiary choice and competition among health plans a key component of overall Medicaid reform. Through partnerships with managed care organizations, Medical Home Networks and special enrollment counselors, SCDHHS seeks to increase care coordination and disease prevention methods not found in traditional "fee-for-service" Medicaid. Those who choose to enroll in a health plan also will establish crucial relationships with a primary care doctor. In the past, many Medicaid beneficiaries are left to navigate the health care system on their own, leading to sporadic care and unnecessary emergency services.

In addition, enrollees in *Healthy Connections Choices* can also take advantage of special benefits not available under traditional Medicaid, such 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. In SFY10, more than 418,000 Medicaid beneficiaries statewide were enrolled with one of five coordinated care plans.

Health Information Technology
SCDHHS worked closely with strategic partners including Health Sciences South Carolina, the SC Area Health Education Consortium, the SC Office of Research and Statistics, the SC Office of Rural Health, the Department of Health and Environmental Control and others to develop several plans to advance statewide health information technology (HIT) goals. Activities included the development of a State Medicaid HIT Plan, the Operational Plan for Health Information Exchange, and the Health Information Exchange Strategic Plan. These initiatives have received national recognition and served as models for many other states. SCDHHS is poised to pay incentive payments to providers who adopt HIT as part of the American Recovery and Reinvestment Act.

CHIPRA Grant
SCDHHS received a $9.2 million federal grant through the Children's Health Insurance Program Reauthorization Act (CHIPRA). The grant will allow the agency to work with 15 pediatric practices across the state to improve patient care. The project has four key goals: demonstrate that newly-developed quality indicators can be successfully utilized in pediatric practices; share key clinical data through a statewide electronic quality improvement network; develop a physician-led peer-to-peer quality improvement network; and expand the use of pediatric medical homes to address mental health challenges of children in our state. South Carolina is one of only 10 states selected to participate in this federal quality demonstration grant.

Administrative Reductions
Like other state agencies, SCDHHS experienced steep reductions in state appropriations as a result of declining state revenues. During SFY10, the agency's budget was reduced by more than $71 million and more than $370 million in agency funds were transferred to other agencies. SCDHHS continued to find ways to cut administrative costs in order to help mitigate the reductions.

In addition to programmatic reductions, SCDHHS significantly reduced administrative expenses. This included eliminating certain contracts, reducing temporary grant positions, instituting a hiring freeze and imposing a mandatory employee furlough.

Personnel Cost Savings 3-Year Estimate as of August 2010

	Total Funds			State Share of Total Funds		
	Actual FY 08-09	Actual FY 09-10	Projected FY 10-11	Actual FY 08-09	Actual FY 09-10	Projected FY 10-11
Voluntary Furlough	$96,383	$153,703	$125,043	$34,197	$52,044	$42,340
Mandatory Furlough	$441,433	$186,556	$136,720	$156,620	$63,168	$46,293
Vacancy Rate (Attrition, Layoff, Hiring Freeze)	$5,775,321 10% of expenditures	$7,204,540 12% of expenditures	$9,461,999 16% of budget	$2,049,084 10% of expenditures	$2,439,457 12% of expenditures	$3,203,833 16% of budget
Voluntary Separation Incentive Program	$0	$0	$274,221	$0	$0	$92,851
Training and Travel Reduction	$57,792	$60,000	$0	$20,505	$20,316	$0
Tuition Assistance Program Suspension	$1,730	$0	$0	$614	$0	$0
Leave Transfer Pool Suspension	$35,683	$0	$0	$12,660	$0	$0
Reduction in Workers' Compensation Premiums	$25,779	$5,000	$0	$9,146	$1,693	$0
Employee Pay Increase Limits	$0	$169,364	$0	$0	$57,347	$0
Employee Bonus/Recognition Suspension	$20,000	$0	$0	$7,096	$0	$0
Total	**$6,454,121**	**$7,779,163**	**$9,997,983**	**$2,289,922**	**$2,634,025**	**$3,385,317**
Estimated To Date		$24,231,267			$8,309,264	
	Expenditures	Expenditures	Budgeted			
Personal Services	$60,037,833	$59,137,491	$61,341,193			
Non Personnel	$5,094,955,479	$5,234,690,896	$5,704,340,284			
Total Agency	$5,154,993,312	$5,293,828,387	$5,765,681,477			
Ratio of Personal Services Expenditures to Total	1.16%	1.12%	1.06%			

Note: FY 2010-11 Total Agency Budget and Personnel Budget includes total veto subtraction. Vacancy includes HIT, CHIPRA, and PRTF Grant positions.

SFY 2010 Expenditure Reduction List

Updated Inpatient Retrospective Review standards
Pharmacy Care Coordination Pilot - Antipsychotics for Children
Lesion Removal/Dermal Anolamies - Utilization Control
Dose Optimization: Refilling Prescriptions in Cost-Effective Quantity
Prior Authorization of Hospice Placements
CLTC Wiaver Slots- Capped at Levels Allowed Under ARRA (2008 Levels)
Clarified reimbursement policy for Visual Evoked Potential Procedure
70% of eligible beneficiaries assigned to PCP
Implemented utilization control for atypical antipsychotics for children under 7 yrs
Clarified time limits for claims submissions
Agency Vacancy Rate Maintained at 10% or More
Transitioned to Electronic Remittance Package
Voluntary and Mandatory Furlough Programs
Voluntary Separation Incentive Program
Suspension of Pay Increases, Except for Promotions/Reclassifications
Suspension of Leave Transfer Pool, Tuition Asst., Employee Bonuses
Reduction of Agency Worker's Compensation Premiums
Implemented Travel Restrictions
Curtailed In-House Training, Elimination of Leadership Retreats
Automated internal reports
RFP for Blue Cross/Blue Shield Front-End Claims Contract
Re-negotiation of Jefferson Square, Favor Place Leases
Started Contingency-Based Contract to Identify &Recover Overpayments
Hospital Self-Audits to Recover Rx Funds Over Acquisition Costs
Program Integrity – Increased Recoveries, All Sources (Provider, Bene., Global)
Third Party Liability Recoveries (Medicare, Health, Casualty, Estate)
Insurance Verification and Recovery Contract - Payor of Last Resort

Medically Complex Children's Waiver
Under the direction of the federal Center for Medicare and Medicaid Services, SCDHHS
discontinued its regionally-based Medically Fragile Children's Program. Instead, the agency
worked with partners in the medical community to establish the Medically Complex Children's
Waiver. The waiver program, which can serve approximately 150 children, allows for many of
the same services offered under old program, but makes them available to children statewide.
The waiver serves children with a serious illness or condition that is expected to last at least 12
months. The illness or condition generally makes the child dependent upon comprehensive,
medical, nursing and health supervision. Waiver services include Pediatric Medical Child Care,
respite, care coordination and incontinence supplies.

Fraud and Abuse Efforts
Through its Program Integrity division, SCDHHS has aggressively pursued Medicaid fraud and abuse and dramatically increased collections. In State Fiscal Year 2010, the agency recovered $41,123,349 in Medicaid funds from healthcare providers and beneficiaries —a 46 percent increase in collections compared to the previous year. The rise in collections is attributable to additional investigators, an increase in pharmaceutical lawsuits, sophisticated new data-mining tools, and diligent pursuit of inappropriate billing practices.

Also in SFY 2010, the SC Attorney General's Office accepted 13 new provider fraud referrals from SCDHHS, with a total open case load of 46 cases currently under investigation by the Medicaid Fraud Control Unit. When SCDHHS suspects a case involves criminal fraud, as opposed to abusive practices, the case is referred to the SC Attorney General's Office for further investigation.

SCDHHS also has instituted a pharmacy "lock-in" program for beneficiaries who show patterns of prescription drug-seeking and abuse. This group was identified through a data analysis that flagged unusual claims activity. The program ensures the individuals must get all prescriptions from one pharmacy. Prescription drug abusers often attempt to utilize multiple pharmacies and doctors to mask their habit. Currently there are 149 beneficiaries in the pharmacy lock-in program. Cost savings have averaged almost $6,000 per beneficiary.

3. Key Strategic Goals

SCDHHS 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 the agency assists, as well as encourage them to make decisions regarding their own healthcare.

4. Key Strategic Challenges

The most important strategic challenge SCDHHS faced in SFY10 is financial. Over the past three budget cycles, reserve funds the agency had maintained as a backstop against unanticipated enrollment increases have been used both by the agency to offset these general fund reductions and reallocated by the General Assembly to other government functions. Funds transferred from the agency to other entities total more than $500 million.

Generally, there are three major areas in which Medicaid expenditure growth can be affected, positively or negatively, to any significant degree: eligibility, provider rates, and management of services. The following describes the constraints on each of these important cost levers:

Eligibility: The state's Medicaid rolls have grown 90,000 beneficiaries since the recession began in December 2007. Medicaid now covers approximately 43% of all children in South Carolina, and pays for approximately 53% of all births. Between 2,500 and 5,000 beneficiaries are being added each month, and many of these new enrollees incur greater health care expenditures than existing beneficiaries. The newly enacted federal Patient Protection and Affordable Care Act makes it virtually impossible for states to reduce Medicaid eligibility. Specifically, states cannot enact any "eligibility standards, methodologies or procedures" that make eligibility more restrictive. This restriction was previously a condition of accepting additional federal dollars through the American Recovery and Reinvestment Act (see appendix 2)

Provider Rates: While reducing any provider payment rate must be approached with care and deference to maintaining access to necessary services, modest adjustments are frequently made by other states to help ameliorate budget shortfalls. Approximately 40 states have reduced Medicaid provider rates over the past two years as a way to curb expenditures, including our neighbors in Georgia and North Carolina. South Carolina is the only state with a legislative prohibition against rate reductions, which was enacted in October 2008. Proviso 89.87 states,

among other things, "the Department of Health and Human Services shall not decrease provider reimbursement rates from their current levels." It is worth noting that South Carolina's Medicaid physician rates are benchmarked at 86% of Medicare rates, with some specialties receiving as much as 120% of Medicare. This is significantly higher than many other states reimburse for services.

<u>Service Management</u>: The majority of service expenditures paid under Medicaid are for federally mandated services, such as physician visits, hospitalization, nursing home care and non-emergency transportation. States also can provide an array of optional services, such as prescription drugs, hospice care, chiropractic services and family planning services. In SFY09, SCDHHS sought to lower certain provider rates and reduce or eliminate a number of optional services in an effort to reduce expenditures. These included a program designed to curb teen pregnancy (MAPPS), Medicaid-only hospice care and others. Several of these reductions were later restored through state legislation. The agency has been successful in implementing a number of other service reductions, including increasing prior authorizations.

In addition, new federal rules contained in the Patient Protection and Affordable Care Act and the American Recovery and Reinvestment Act have expanded the workload for Medicaid agencies. This is particularly difficult given the personnel reductions the agency implemented as a result of budget shortfalls (see chart on page 5).
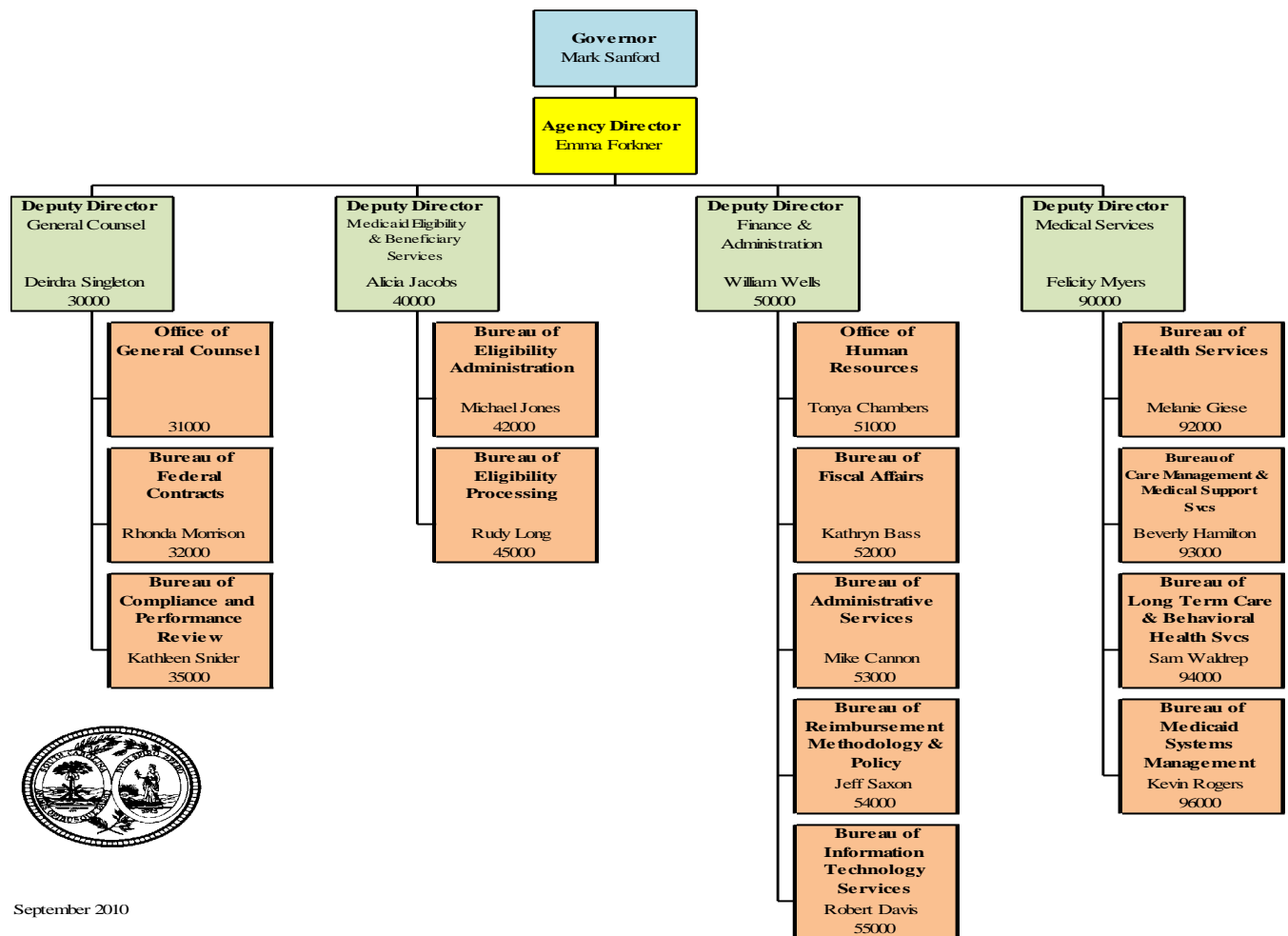
5. Use of Accountability Report to Improve Organizational Performance

Executive Staff contribute to many elements of this report, committing to the goals and performance measures relevant to their areas. It is also submitted as part of official state surveys of agencies, such as the South Carolina Single Statewide Audit. The self-assessment process that takes place helps analyze the strengths and weaknesses of each program area.

II. ORGANIZATIONAL PROFILE

SCDHHS administers Medicaid, Title XIX of the federal Social Security Act (SSA). The state's Medicaid program encompasses a host of programs, including Community Long Term Care for the elderly and disabled and the State Children's Health Insurance Program (SCHIP). In addition, SCDHHS has oversight of several Medicaid waiver programs that are administered by the SC Department of Disabilities and Special Needs, such as the Head and Spinal Cord Injury waiver and the Pervasive Development Disorder Waiver. Because SCDHHS is a cabinet level agency, it works with the Governor's Office and the General Assembly to design new programs and build on existing ones that help meet the needs of Medicaid qualified South Carolinians.

SCDHHS' Office of Human Resources supports over 1,132 full-time equivalent employees, 371 temporary grant employees. The agency conforms to the following organizational structure:

Governor
Mark Sanford

Agency Director
Emma Forkner

Deputy Director
General Counsel
Deirdra Singleton
30000

Deputy Director
Medicaid Eligibility & Beneficiary Services
Alicia Jacobs
40000

Deputy Director
Finance & Administration
William Wells
50000

Deputy Director
Medical Services
Felicity Myers
90000

Office of General Counsel
31000

Bureau of Federal Contracts
Rhonda Morrison
32000

Bureau of Compliance and Performance Review
Kathleen Snider
35000

Bureau of Eligibility Administration
Michael Jones
42000

Bureau of Eligibility Processing
Rudy Long
45000

Office of Human Resources
Tonya Chambers
51000

Bureau of Fiscal Affairs
Kathryn Bass
52000

Bureau of Administrative Services
Mike Cannon
53000

Bureau of Reimbursement Methodology & Policy
Jeff Saxon
54000

Bureau of Information Technology Services
Robert Davis
55000

Bureau of Health Services
Melanie Giese
92000

Bureau of Care Management & Medical Support Svcs
Beverly Hamilton
93000

Bureau of Long Term Care & Behavioral Health Svcs
Sam Waldrep
94000

Bureau of Medicaid Systems Management
Kevin Rogers
96000

September 2010

- *Products and Services*

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

- *Key Customer Segments*

SCDHHS Key Customer groups are the nearly one million low-income and disabled South Carolinians who rely on Medicaid for healthcare coverage and the providers that serve them. Providers include physicians, hospitals and other care facilities, pharmacies, MCOs, MHNs and other state agencies that provide medical services.

- *Other Key Stakeholder Groups*

Due to the reach of the agency and scale of its budget, the work of SCDHHS is subject to input from many constituents beyond its core customers. Other stakeholders include taxpayers and political leaders, groups that advocate on the behalf of recipients and their families, healthcare vendors and many others.

- *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 Medical Care Advisory Committee are important partners in crafting policy.

- *Operation Locations*

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

- *Employees*

SCDHHS' Office of Human Resources supports over 1,132 full-time equivalent employees, 371 temporary grant employees.

Filled FTE Positions

- Administration
- Technology Systems
- Eligibility Administration
- Resource Center (Call Center)
- Disability Determination
- Local Eligibility Processing
- Provider Services
- Managed Care
- Community Long Term Care Admin
- Community Long Term Care
- Waiver & Other Programs
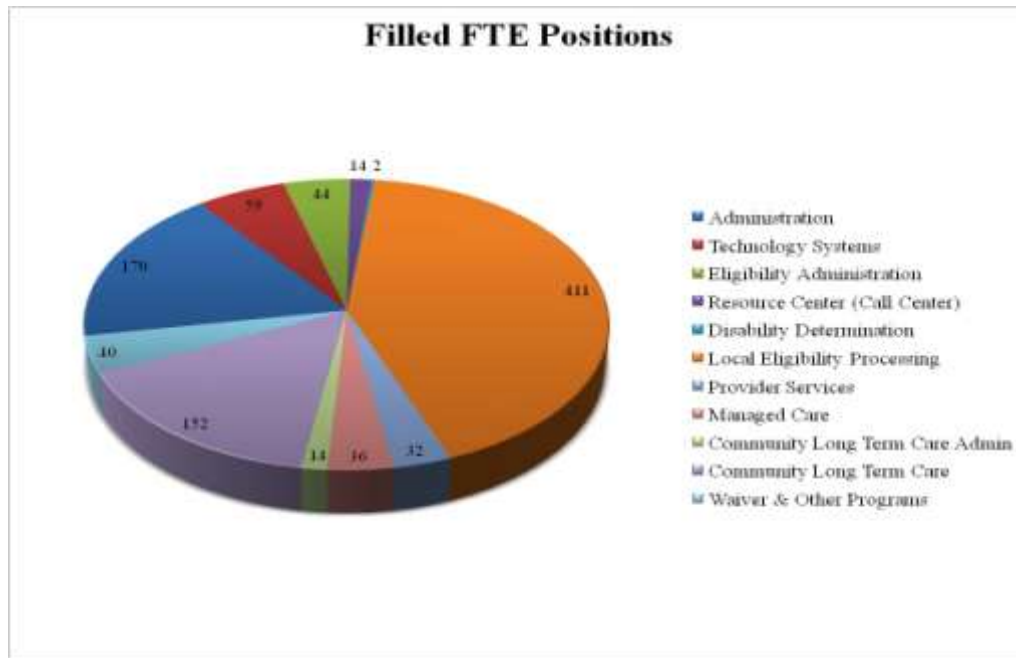
- *Regulatory Environment*

By federal statute, SCDHHS is regulated by the federal 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 SCDHHS uses to reimburse for medical services, CMS has far-reaching regulatory powers over the fiscal and policy affairs of SCDHHS. This includes dictating mandatory eligibility groups and services, as well as how the agency must interact with healthcare providers.

As a result of the passage of the American Recovery and Reinvestment Act and the Patient Protection and Affordable Care Act, additional federal regulations have been placed on eligibility processes. Specifically, states cannot enact any "eligibility standards, methodologies or procedures" that make eligibility more restrictive.

SCDHHS is also subject to the rules and regulations all other state agencies must abide by as part of South Carolina law. These rules include issues regarding procurement, human resources and freedom of information requests. The agency must also follow specific provisions dictated by the legislative, executive and judicial branches of state government. These include legislative provisos that direct the agency to fund certain programs and currently dictate payment levels for Medicaid providers.

- *Performance Improvement System*

SCDHHS maintains a rigorous system of performance evaluation through its Employee Performance Management System (EPMS) system and the decision support system, which

allows the agency to quickly analyze and adapt to an array of data measures, including clinical effectiveness of SCHHS policies.

Organizational Structure

SCDHHS is a cabinet agency, so the agency director is appointed by the governor. Under the agency director, SCDHHS 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 14.

Major Program Areas

See "Major Program Areas" chart on page 15.

Accountability Report Appropriations/Expenditures Chart

Base Budget Expenditures and Appropriations

Major Budget Categories	FY 08-09 Actual Expenditures(1)		FY 09-10 Actual Expenditures(2)		FY 10-11 Appropriations Act(3)	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	$ 45,530,266	$ 16,206,106	$ 44,520,407	$ 15,065,032	$ 46,846,502	$ 15,631,627
Other Operating	$ 111,424,605	$ 15,094,367	$ 93,574,620	$ 13,283,406	$ 190,270,166	$ 14,407,265
Special Items	$ -	$ -	$ -	$ -	$ -	$ -
Permanent Improvements	$ -	$ -	$ -	$ -	$ -	$ -
Case Services	$ 4,980,558,035	$ 635,717,773	$ 4,669,995,552	$ 572,923,952	$ 5,087,876,689	$ 691,452,823
Distributions to Subdivisions	$ -	$ -	$ -	$ -	$ -	$ -
Fringe Benefits	$ 14,507,567	$ 5,100,800	$ 14,617,085	$ 4,961,060	$ 15,269,781	$ 5,004,370
Non-recurring	$ 2,972,839		$ 470,915,174	$ -	$ 426,193,429	$ -
Total	$ 5,154,993,312	$ 672,119,046	$ 5,293,622,838	$ 606,233,450	$ 5,766,456,567	$ 726,496,085

SFY 08-09 Source: 9428 08/24/09 as of 06/31/09
SFY 09-10 Source: Bud vs Actual SFY2010 Preliminary as of 1 19 2011
SFY 10-11 Source: Chart of Accounts dated 06/25/10
SFY2010 Non-recurring consists of $435,415,174 of Federal ARRA expenditures, $30 million of Medicaid Reserves expenditures, and $5.5 million in Nursing Home Sanctions expenditures.
SFY2011 Non-recurring is the ARRA Federal Funds on the Chart of Accounts

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures		FY 08-09 Budget Expenditures		FY 09-10 Budget Expenditures	
300110501-30011507 Medicaid Health Services	Provides health insurance benefits for low-income families as well as the aged, blind and disabled.	State:	982,346,831.86	State:	661,644,614.61	State:	596,317,759.69
		Federal:	3,136,230,001.62	Federal:	3,787,358,355.45	Federal:	4,090,119,277.29
		Other:	513,787,907.20	Other:	678,316,810.39	Other:	575,440,521.64
		Total:	4,632,364,740.68	Total:	5,127,319,780.45	Total:	5,261,877,558.62
		% of Total Budget:	99.197%	% of Total Budget:	99.463%	% of Total Budget:	99.400%
Total Agency		State:	99.197%	State:	99.463%	State:	99.400%

Below: List any programs not included above and show the remainder of expenditures by source of funds.

01000000 - Agency Administration (Indirect), 95000000 Employer Contributions*

Remainder of Expenditures:						
State:	13,098,055.16	State:	10,474,431.32	State:	9,915,690.88
Federal:	18,147,757.28	Federal:	14,791,828.27	Federal:	18,789,935.08
Other:	6,276,143.81	Other:	2,407,271.71	Other:	3,039,653.75
Total:	37,521,956.25	Total:	27,673,531.30	Total:	31,745,279.71
% of Total Budget:	0.803%	% of Total Budget:	0.537%	% of Total Budget:	0.600%

* Agency Administration does not include direct program administration.

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. Scheduled meetings occur at least weekly and 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. 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 and senior managers are provided with status reports. SCDHHS implemented in SFY09 a formal Change/Control process to better track the progress of significant eligibility and reimbursement systems changes. Additionally, individual performance expectations are communicated via the 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 SCDHHS'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 SCDHHS 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

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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 SCDHHS, 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?

Providing good customer service is a critical function of SCDHHS. Standards are in place to encourage responsiveness to customer questions and concerns. In conjunction with senior managers, the agency developed specialized customer service training for staff. SCDHHS 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.

To ensure a high level of customer service is achieved, SCDHHS 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.

The agency also gathers input from provider stakeholders through its Medical Care Advisory Committee (MCAC) and Pharmacy and Therapeutics (P&T) Committee. Regularly scheduled meetings serve as a venue to raise issue and concerns pertinent to the Medicaid program, as well as an opportunity to help establish new programmatic goals.

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. The agency also presents changes requiring a Medicaid State Plan amendment to the MCAC for consideration. The MCAC is comprised of physicians and advocates who advise the agency on policy.

Significant policy changes are communicated to beneficiaries and providers prior to implementation as proscribed by law. Public notices and hearings often advance most important

policy changes, giving staff critical feedback on potential changes. Electronic Medicaid Bulletins are sent to providers regarding Medicaid policy changes or policy clarifications as needed. An internal "checklist" process was also established to ensure communications are clear.

Periodic 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?

Both SCDHHS' general counsel and the head of its finance division serve as deputy directors, which underscores 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. These changes often require notification and approval from CMS. 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.

1.5 What performance measures do senior leaders regularly review to inform them on needed actions?

Executive staff continuously reviews the progress 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.

In addition, agency leadership occasionally solicits employee feedback on a variety of initiatives. For example, during budget reductions the agency asked all employees to submit cost-saving suggestions that could be reviewed by senior staff for potential implementation.

In SFY10, the Office of Human Resources administered a survey sent to the entire SCDHHS staff. The intent of the survey was to solicit feedback in an effort to get ideas on how to manage the agency's budget cuts. Two hundred thirty five staff members submitted cost savings ideas. The Office of Human Resources administered the survey, analyzed and broke out the results and presented the findings to executive staff and bureau chiefs.   Several of the ideas were implemented to include programmatic changes and efficiencies, administrative cost savings and the suggestion to implement a tiered mandatory furlough.

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

The Office of Human Resources coordinates a comprehensive state-wide training effort to develop the knowledge, skills and abilities of agency team members. The agency offers basic and advanced Medicaid Eligibility Worker training, personal computer software applications such as Microsoft Office applications, The DHHS Way (customer service), New Employee Orientation, special sessions of Medicaid systems (MEDS) training.

The Associate Public Manager's Certification includes completion of a four-day comprehensive Supervisory Practices class, Focus goal setting class, and a Supervisory Coaching Skills class. Approximately 7 of the Department's supervisors completed the Associate Public Manager's Certification through the Budget and Control Board. Five of SCDHHS' managers completed the Certified Public Manager Program. This program takes 18 months to complete. Over 478 employees participated in approximately 31 personal computer application classes.

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.

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 relevant to their assigned roles. Senior leaders also encourage rigorous training and continuing education.

1.10 How do senior leaders 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?

With the agency's 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.

In SFY09, SCDHHS' director began video taping employee messages to appraise employees on changes at the agency and give budget updates. SCDHHS also maintains an employee blog, SCDHHS Press, which shares employee news and accomplishments.

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 SCDHHS employees 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 sponsor food drives, fundraisers, and blood drives to help support community organizations. The agency's Community Long Term Care division also sponsors an annual client fundraising event.

Importantly, SCDHHS believes it has an obligation to encourage healthy communities and works to implement policies that reflect agency values. Everyone employed by the agency has an obligation to do their best to serve the Medicaid population, and that charge is reflected in policy decisions.

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 and customer preferences
d. Workforce capabilities and needs
e. Organizational continuity in emergencies
f. Ability to execute strategic goal

SCDHHS' 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 addressed.

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

See sections 1.3 and 1.4 above

c) shifts in technology or the regulatory environment.

SCDHHS is committed to using technology to advance its goals. For example, the move to electronic billing and Medicaid bulletins have cut costs and improved efficiencies; the development of the South Carolina Health Information Exchange (SCHIEx) aids in improved patient treatment; and the development of the decision support system (Medstat) helps the agency identify fraud and develop better policies.

SCDHHS also made a successful transition to the implemented the South Carolina Enterprise Information System (SCEIS) human resources/payroll system in early June 2010. The agency's leadership team took an early active role in the accomplishment of a successful implementation where 100% of agency employees were paid correctly during the transition. The Department's active role includes participation on the SCEIS Executive Oversight Committee and serving as a key lead in the SCEIS Statewide User Group.

SCDHHS is also in frequent communication with CMS and various state Medicaid policy groups that help keep the agency of potential federal regulatory changes and their impact on states.

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. The agency also work with officials from the SC Emergency Management Division, the SC Department of Health and Environmental Control, law enforcement and others to ensure continuity if an emergency were to arise.

f) ability to execute strategic goal.

Employees and divisions work together to accomplish goals and objectives, as well as make adjustments as needed. Detailed Project Plans are utilized to ensure goals are being met.

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 SCDHHS is faced with as well as deter other challenges from arising. For example, certain objectives were added and other modified as a result of the challenges of declining state financial support.

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?

Action plans are tracked by a variety of internal mechanisms, including detailed Project Plan worksheets that help staff members stay on task during projects. Staff must be occasionally shifted from one area to help another area that is in need; for example, moving additional resources into the SCDHHS Resource Center to handle additional calls typically experienced after a beneficiary newsletter is mailed out.

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

performance measures?

Project Plans are frequently updated and sent out via email to relevant team members so progress and performance can be gauged.

2.5 How do you measure progress on your action plans?

Tasks contained in Project Plan worksheets are assigned targeted end dates and are color-coded (green: on track; yellow: needs attention; red: off track, needs immediate attention) so it can quickly be determined which action plans need additional resources.

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

The agency reviews its planning processes during executive staff meetings to ensure strategic objectives are being met in a satisfactory manner. Periodic management meetings are also serving as forums to discuss the agency's processes and identify potential improvements.

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.

Strategic Planning *

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 09-10 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (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).	Chart 7.3-3, *Medicaid Health Plan Report Card*
01000000- Agency Administration	**Goal 2**- Provide credible and continually improving eligibility processing that is accurate and efficient. Efforts include training improvements, eliminating fraud and abuse and improving workflow.	Eligibility processes and procedures were not significantly altered in FY09-10 as a result of conditions placed on Medicaid agencies under ARRA and the subsequent Patient Protection and Accountable Care Act. The agency is working with the SC Department of Social Services and the SC Department of Insurance to identify future opportunities to streamline processes.	Chart 7.3-2, 3.4; 6.5
01000000- Agency Administration	**Goal 3**- Maximize savings/ streamline admin. Efforts include continued pursuit of fraud and abuse, using the internet 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 , implementing SCEIS, and improving fraud and abuse collections.	Section 7.1; *SFY10 Major Accomplishments*

Category 3 – Customer Focus

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

Defined broadly, SCDHHS "customers" are any individual or organization that interacts with the agency, including Medicaid applicants and beneficiaries, Medicaid providers and agency 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 beneficiaries, primary interaction with the agency is through one of the county 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 9,000 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 SCDHHS 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 physician 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 SCDHHS 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 SCDHHS: 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 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. SCDHHS is learning more about recipients and providers through client management tools like its decision support system.

 As mentioned, SCDHHS 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 (e.g. Durable Medical Equipment

providers, specialty care providers, etc.) use feedback they receive from phone and business transactions as a major means of learning what 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?

As mentioned above, SCDHHS maintains multiple access mechanisms in addition to county offices throughout the state. These include: various websites, online billing capabilities, electronic bulletins, a beneficiary newsletter, a Resource Center for incoming calls, and a fraud and abuse hotline. Now in its third year, SCDHHS created a transparency web site, where the public can track Medicaid expenditures. This site also allows the public to search payments by individual Medicaid provider.

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

SCDHHS 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 Resource Center, for example, managers can get a timely read on how customers are reacting to various policies.

Beginning in SFY07, 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, University of South Carolina staff will assist SCDHHS in investigating the complaint and provide feedback to SCDHHS. The following will be done to collect information:

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

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

  o A summary of findings will be provided to SCDHHS and recommendations will be made on how to address the issue.

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

- o They feed information to the training component of SCDHHS.

- o 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 SFY08, 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 client interviews and shared with SCDHHS management staff and the local offices on a quarterly basis. For complaint investigations, once the review is completed, a report is provided to SCDHHS management staff.

SCDHHS 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.

SCDHHS began communicating with provider through an electronic newsletter called *The Provider Perspective* in SFY09, and continued the publication in SFY10. The newsletter is designed to supplement regular provider bulletins and keeps providers abreast of major changes and other topics of interest.

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

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 policymakers. 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, SCDHHS 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 is 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 objectives and action plans?

State and 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's Office, General Assembly and other interested parties. SCDHHS also commissions independent studies of programs to gauge cost-effectiveness, including actuarial firms and university researchers.

SCDHHS 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 the 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 is moved to the SAP (Systems, Applications, and Products) data system, which allows all of the agency's financial data to be integrated and aligned. SCDHHS believes quality data is an increasingly important tool in effective decision-making for the present and future.

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

Comparative data is selected based upon its relevance to the agency's goals and mission. For example, nationally recognized The Health Care Effectiveness Data and Information Set (HEDIS) measurements are used to determine the quality and effectiveness of coordinated care plans services the Medicaid population (appendix 1). These measures directly reflect the agency's goal of improving long-term health outcomes by focusing on delivery systems that encourage healthy behaviors.

The agency's Information Technology division also 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. SCDHHS 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. SCDHHS also uses fiscal comparative data to identify utilization and expenditure trends for policy planning.

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

Due to the broad scope of services managed by SCDHHS and the number of people affiliated with the program, the agency 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 Health Insurance Portability and Accountability Act (HIPAA). SCDHHS 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.

4.5 How do you translate organizational performance review findings into priorities for continuous 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.

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?

The Office of Human Resources plays a key role in facilitating workforce development. The Office coordinates a comprehensive state-wide training effort to develop the knowledge, skills and abilities of agency team members. The office offers basic and advanced Medicaid Eligibility Worker training, personal computer software applications such as Microsoft Office applications, The HHS Way (customer service), new employee orientation and special sessions of Medicaid systems (MEDS) training.

All managers must attend courses associated with the Associate Public Manager Program, which includes training in supervisory skills, coaching and time management. All supervisors are encouraged to attend Human Resources Essentials to further develop their human capital management skills. The agency regularly releases web-based multimedia presentations to employees that include messages from the director and policy information, such as anti-discrimination/anti-harassment policies.

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

Communication among the agency's workforce members is facilitated in a variety of ways. Human Resources regularly attends executive management team meetings and communicates on a daily basis with deputy level management regarding workforce matters. 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 meetings feature the agency director and other key leadership delivering comprehensive executive briefings, relevant education segments and functional area reporting. The monthly management work sessions are titled, *"The Leadership Journey"*.

Eligibility Regional Administrators and Community Long Term Care Administrators convene monthly to share best practices and Human Resources is regularly invited to provide updates and best practices sessions. The Office of Human Resources facilitated the Bureau of Eligibility Processing (BEP) effort to implement the "BEP Model for HR Excellence" (Model) to improve human resources actions cycle times and increase accountability at each step of the process. The three main areas of emphasis of the Model are: Accountability, Accuracy and Appropriateness. This effort is currently being expanded into other program areas.

The Office of Human Resources uses the open-source (no cost associated) software application called Moodle, as a learning management system for the agency. This system has been branded internally as "eCampus". This tool allows Human Resources to distribute information agency wide or to targeted groups. The software shows how many employees have accessed the information and level of participation on associated queries on the information. Delivered

information includes: training classes, messages from the agency director, multi-media presentations, updated HR policies and training modules.

5.3 How does management recruit, hire, place and retain new employees?

The agency uses a variety of methods to attract, recruit and retain employees. SCDHHS has a reputation of developing quality employees and services in an efficient and cost effective manner. The agency employs outreach methods to recruit motivated and talented staff. These include regular participation in employment fairs throughout the state to attract potential team members. Human Resources participates in regional benefits fairs on an annual basis to showcase benefits which may be of value to potential recruits. By participating through various venues, the potential applicant pool is diversified. SCDHHS also sponsors meaningful internships for active college students, recent college graduates and current high school students. Hiring managers are trained in the use of the competency based-team interviewing, which has led to better, more effective hiring decisions.

With the opportunities that the economic environment has placed on the agency, SCDHHS has been able to provide current employees the opportunity for reassignments to other areas where they may develop a better breadth of skills and experience. When the vertical move is less available because of the decreased employee turnover, the horizontal move allows talent to expand their knowledge and gain a wider perspective in their career.

The Affirmative Action Plan for SCDHHS was again established to maintain and further diversify the workforce and to comply with federal and state guidelines.

Due to budget difficulties in SFY10, SCDHHS maintains a position vacancy rate at approximately 18%, implemented a lay-off and instituted several rounds of furloughs. This has slowed the recruitment of new hires.

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

The Office of Human Resources uses a variety tools to assess workforce needs, including web based survey instruments to identify information technology (e.g. personal computer applications, Medicaid reporting systems applications) training needs. SCDHHS also utilizes an online exit interview for employees separating employment. The survey allows the employee to provide observations on their experiences at the agency and provide constructive suggestions for improvement opportunities.

5.5 How does your 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?

SCDHHS monitors employee performance through EPMS, which 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 employee's job duties.

5.6   How does your 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 coordinates a comprehensive state-wide training effort to develop the knowledge, skills and abilities of agency team members. The agency offers basic and advanced Medicaid Eligibility Worker training, personal computer software applications such as Microsoft Office applications, The DHHS Way (customer service), New Employee Orientation, special sessions of Medicaid systems (MEDS) training.

The Associate Public Manager's Certification includes completion of a four-day comprehensive Supervisory Practices class, Focus goal setting class, and a Supervisory Coaching Skills class. Over 478 employees participated in approximately 31 personal computer application classes.

During each orientation, a member of the executive management team 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.

5.7 How do you identify and address key developmental 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 training and development programs as a key tool to ensuring a knowledgeable workforce. Identifying training needs is an ongoing process at SCDHHS. Managers provide information to the Office 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.

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.

The Affirmative Action Plan for SCDHHS was again established to maintain and further diversify the workforce and to comply with federal and state guidelines. The agency deployed a web-based tutorial and acknowledgement to train all agency staff on the agency's anti-discrimination/anti-harassment policy.

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

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 SCDHHS tries to foster those skills by assigning pertinent work. Many times the new skill or knowledge that the employee has learned would enhance the division in which the employee belongs.

One new way the agency encourages the transfer of new knowledge and skills is to allow employees to create curriculum within their area of expertise and provide in-house training for other employees.

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

SCDHHS believes that training is ongoing process. Therefore, employees are continuously challenged to adopt new skills that contribute to the agencies goals and objectives. New and existing employee training contributes to the action plan by equipping employees with the skills they need to adapt.

For example, the agency conducted significant training around the conversion to the SCEIS accounting system, and became a recognized leader in workforce training and employee communication for this project. Activities included:

- 289 agency leaders and managers attended two sessions of the SAP HR/Payroll Town Hall meetings in preparation for changes associated with MySCEmployee;
- 211 agency leaders participated in six different teleconferences prior to the go live date;
- 1264 employees participated in the MySCEmployee Overview presentation;
- 22 SCEIS On-Line Courses; SCDHHS employees completed 2790 sessions;
- Seven regional and five central office learning labs were hosted with 80 SCDHHS employees receiving one-on-one assistance in navigating and understanding MySCEmployee; and
- SCDHHS HR also partnered with the SCEIS team to host 41 SCEIS training sessions for 504 state employees from a variety of agencies.

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

All training contains an evaluative component in terms of content, organization and delivery. Training evaluations are reviewed and analyzed to determine participant satisfaction levels, to gather ideas for improving the training as well as to solicit ideas for additional training needs.

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, SCDHHS uses team building methods and a mentoring system to ensure employees are motivated both within their peer groups and from supervisors.

The management of "fair pay" within the organization also is encouraged and closely monitored by the Office of Human Resources, which is essential to maintaining good employee morale. The agency continues to support three formal reward and recognition programs within the Bureaus of Local Eligibility Processing, Fiscal Affairs and Health Services. These programs reinforce and encourage positive employee performance through a variety of rewards and recognitions. Even in a challenging budget year, SCDHHS sponsored a successful, low-cost Employee Appreciation Week featuring a hotdog luncheon and team building events.

SCDHHS also offers a variety of work-life flexibilities to staff when feasible. The agency provides regular professional development opportunities, flexible work hours, promotes employee wellness programs and employee activities through the CHAMPS committee, telecommuting, daily business casual dress code and Friday casual dress.

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?

As a capacity building initiative, The Office of Human Resources developed a workforce culture survey to assess the work environment and identify opportunities for improvement. The Office of Human Resources also developed a web-based exit interview process so that data from exiting employees can be more easily fed back in the improvement cycle.

SCDHHS 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 as well as suggest opportunities for change, which contributes to overall satisfaction. Suggestions can also be made anonymously, and these are tracked to help identify trends. The agency also regularly uses a web-based survey tool called Survey Monkey to obtain useful feedback and information from employees.

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

Agency management encourages employees to participate in the many ongoing 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?

The security division employs systems to ensure a safe work environment. SCDHHS uses magnetized card access, security cameras and guard service at the main entrance to increase safety. Recently, additional safeguards have been made to the current system to make it more efficient. 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 SCDHHS staff. This policy ensures the protection of staff and the sensitive data housed within the agency. The Office of Human Resources is also working with the Bureau of Administrative Services to create standard operating procedure for threats of violence in SCDHHS offices.

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

In terms of health, SCDHHS strongly believes its employees should set an example for fostering good health and wellness initiatives. The agency'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 efforts like the "Columbia Shrink Down" that promote good health.

SCDHHS also instituted a "Clean Sweep" initiative where all agency employees were challenged to unclutter, organize and clean up their work environment. As a result of the initiative, the workplace is more organized, and functional, as well safer because a variety of potential safety hazards were identified and remedied.

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 SCDHHS needs and uses to accomplish the goals. SCDHHS' core competencies include:
- Providing comprehensive healthcare coverage
- Communicating to underserved populations that require medical assistance/coverage
- Data analysis
- Streamlining expenses to keep administrative costs down

6.2 How do you determine and what are your 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 SCDHHS 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 a result of the *Healthy Connections Choices* program, the agency can better gauge the effectiveness of the healthcare delivery system through the use of nationally recognized quality measurements.

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 Homes 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, provider partners, and the people who rely on Medicaid for their health care needs.

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?

SCDHHS staff analyzes efficiency and cost before any change is made to process and delivery procedures and technologies such as the Medstat system help determine the relative benefits of systems changes.

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 SCDHHS. In addition to frequent meetings between supervisory staff and employees, the agency closely monitors financial and eligibility data on a monthly basis to evaluate the impact of various policies. County office staff also interacts with Medicaid clients on a daily basis and report customer feedback. Key product and service related processes are periodically analyzed by several different divisions within the agency to evaluate their relative efficiency and cost-effectiveness.

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 SCDHHS, there are multitudes of support processes including 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 supports services that plan and budget, reimbursement systems that ensure accurate payments, contracting and procurement divisions to support SCDHHS partnerships and purchasing. Other support processes include technology development and maintenance, legal counsel, internal audits and external fraud investigation and public information activities.

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.

6.7. How does your organization determine the resources needed to meet current and projected budget and financial obligations?

The major drivers which determine the agency's resource needs and financial obligations are the number of people who enroll in Medicaid, the mandatory and optional medical benefits covered by Medicaid, the utilization of those benefits by those enrolled in Medicaid, and the reimbursement rates paid to health care providers for the delivery of those medical benefits. In previous years when Medicaid enrollment was relatively stable, we could usually base our needs projections on estimated medical inflation of about 5 to 7 %. However since the recession began we have had a cumulative increase in Medicaid enrollment of over 14%, which has exceeded our projections and made it much more complex and difficult to estimate our needs. Matters are made worse by federal mandates that prevent us from controlling or reducing eligibles and state mandates which have prevented reductions of provider reimbursement or certain optional services. We have been working with our actuaries on trying to refine our budget forecasting.

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?

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; monitor quality through the use of objective, nationally recognized measures.

Trend: SCDHHS is making the concepts of managed care, disease management, and medical homes a reality for Medicaid beneficiaries. A process of enrolling beneficiaries into "medical homes" was launched in August 2007, and as of the end of SFY10 there were more than 418,000 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. SCDHHS monitors quality of care through objective, nationally-recognized measures (appendix 1).

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; the percent 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 Medicaid 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.

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

Success Indicators: realign the workforce to maximize savings while containing administrative cost to less than 3% of the program; establish an internal customer satisfaction survey baseline; provide at least ten examples of substantial savings and/or process improvements as a result of

40

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, SCDHHS 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 $22 million is SFY09) as well as significant decreases in operating expenses help instill public confidence in the Medicaid program. See "administrative Reductions" in the Executive Summary.

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."

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

During SFY09 and SFY10, SCDHHS aggressively focused on cost containment and programmatic controls to ensure Medicaid operated within its allotted budget. This included making difficult decisions regarding services available to beneficiaries and staffing levels. As mentioned in the Executive Summary, the agency decreased its expenditures through a number of changes in SFY10.

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 partly based on an expected federal expansion of Medicaid eligibility, but also on increased utilization of services, rising pharmaceutical costs and health related inflationary factors.
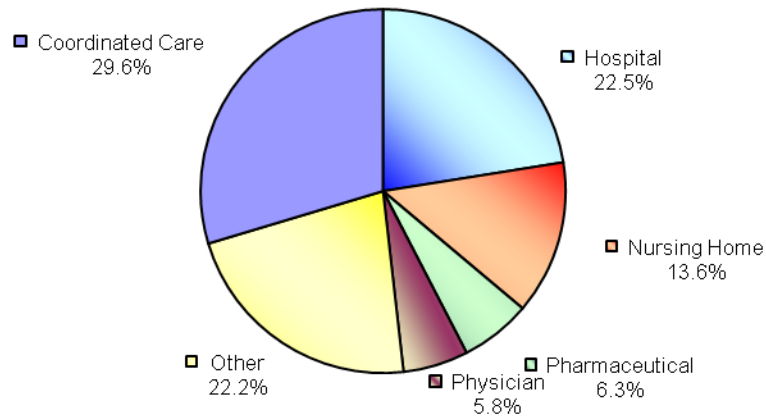
7.3-1

South Carolina's Medicaid Eligible Population
July 2009 - June 2010
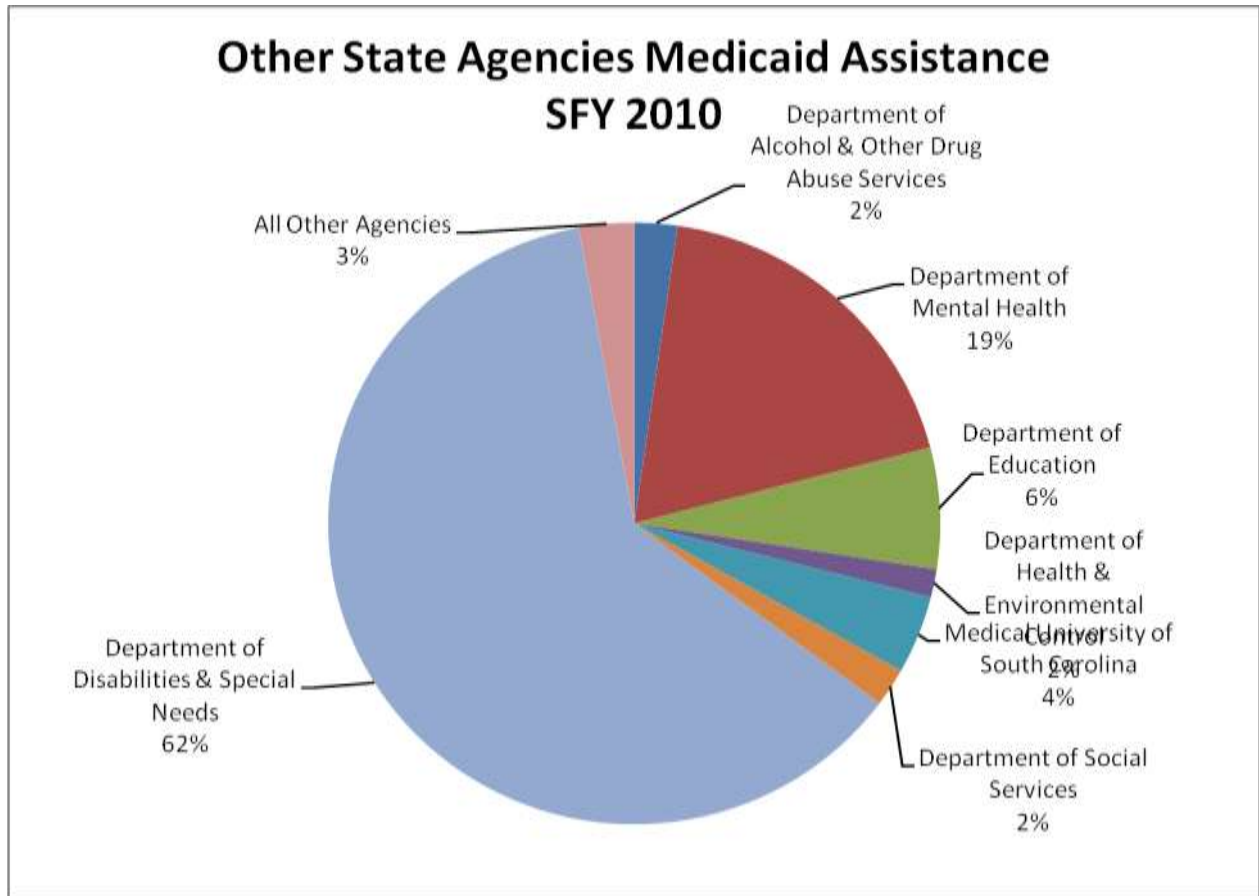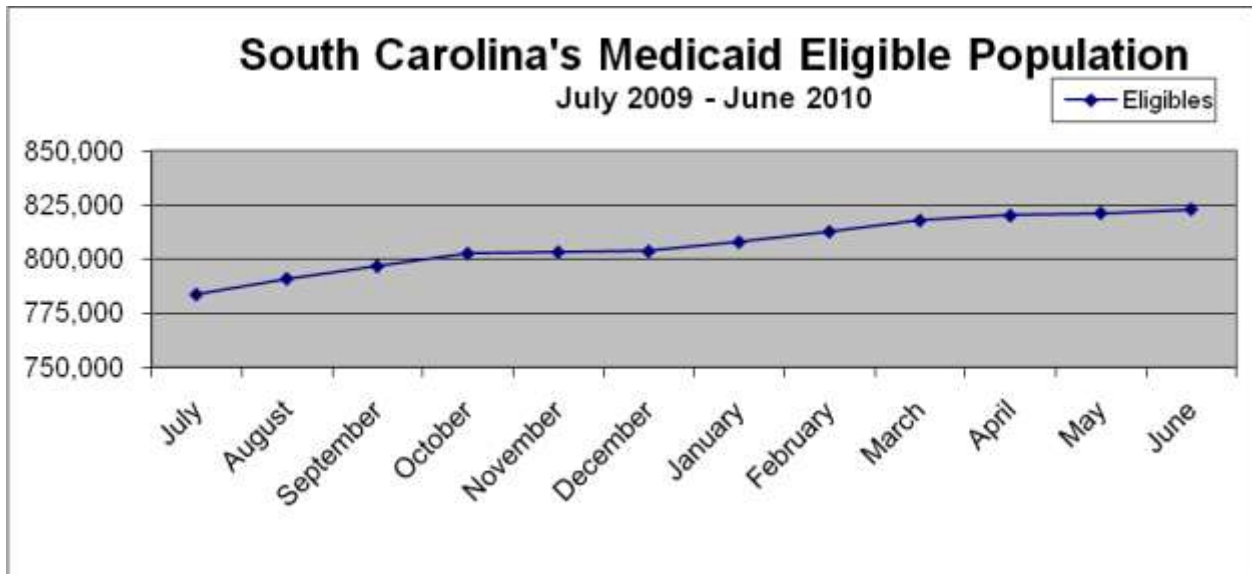
7.3-2

DHHS Medicaid Expenditures by Service
For Period Ending June 30, 2010
(Does not include other state agencies)

- Coordinated Care 29.6%
- Hospital 22.5%
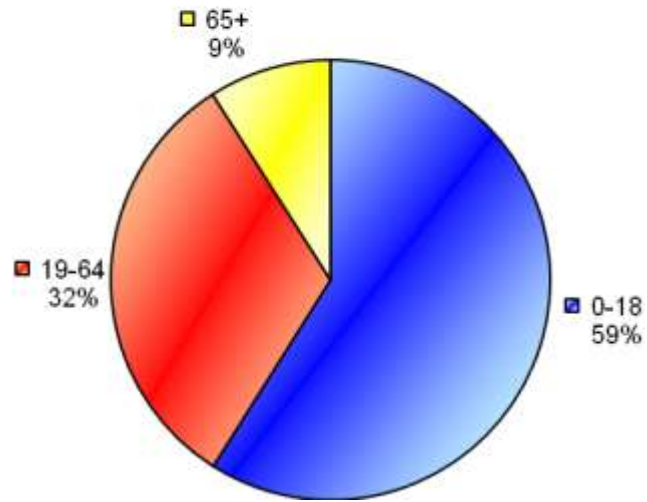- Nursing Home 13.6%
- Pharmaceutical 6.3%
- Physician 5.8%
- Other 22.2%

Note: Hospital expenditures do not include disproportionate share payments.

7.3-3

Eligibles
State Fiscal Year 2010

□ 65+
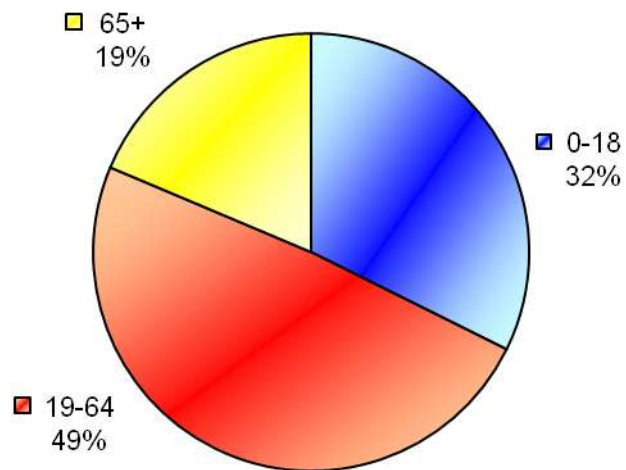9%

■ 19-64
32%

■ 0-18
59%

7.3-4

7.3-5

Gross Paid Claims
State Fiscal Year 2010

□ 65+
19%

■ 0-18
32%

■ 19-64
49%

7.3-6

Comparison of Health Care Growth Rates State Fiscal Year 2010

(1) South Carolina 5 year Average Growth Rate
(2) South Carolina Growth Rate
(3) Source: CMS FY2009-2019 National Healthcare Expenditures Projections(NHE)
(4) Source: FY2010 Projection from Kaiser State Fiscal Conditions and Medicaid, Release October 2010

7.3-7

Comparison of Medicaid Assistance & Recipients
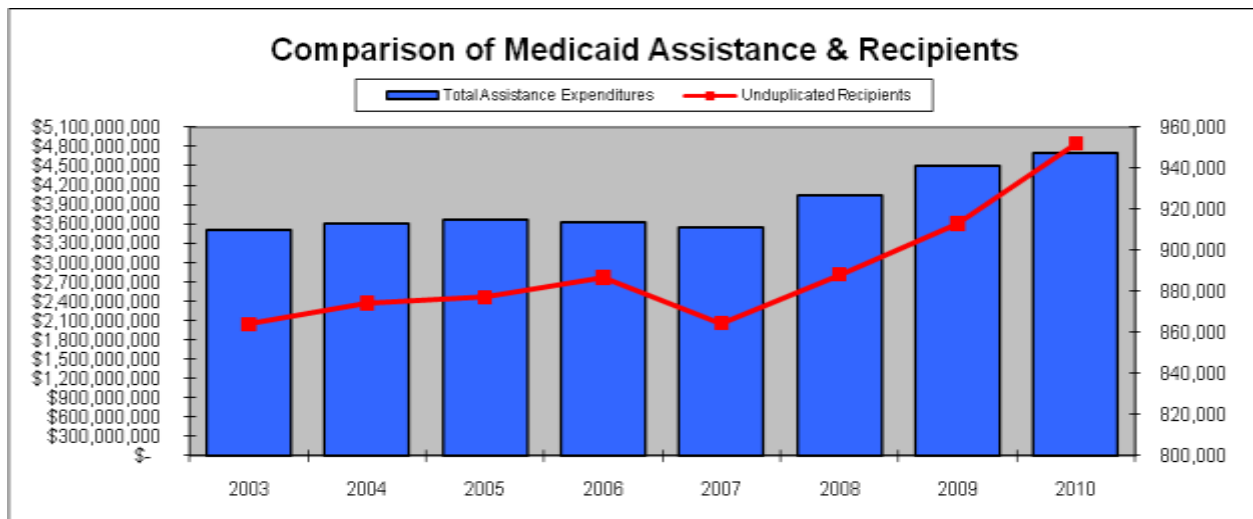
SC Medicaid Health Plans Report Card

Calendar Year 2009

Staying Healthy: Children

These measures provide information about how well a plan provides services that maintain good health and prevent illness in children:

- Annual Dental Visits
- Appropriate Treatment for Children With Upper Respiratory Infection
- Children and Adolescent Access to Primary Care Physicians
- Childhood Immunizations
- Lead Screening
- Well Child Visits for Infants and Young Children

Staying Healthy: Adults

These measures provide information about how well a plan provides services that maintain good health and prevent illness in adults:

- Adult Access to Preventative/Ambulatory Health Services
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Postnatal Care Visits
- Pretnatal Care Visits

Living With Illness and Disability

These measures provide information about how well a plan helps people manage chronic illness:

- Use of Appropriate Medication for People With Asthma
- Comprehensive Diabetes Care

Behavioral Health

These measures provide information about how well a plan helps people manage mental illness:

- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Follow-Up After Hospitalization for Mental Illness

Accessing Health Care | Consumer Satisfaction: Getting Needed Care

These measures report how often consumers said that it was easy for them or their child to:

- Get appointments with specialists
- Get the care, tests, or treatment they needed through their health plan

Accessing Health Care | Consumer Satisfaction: Getting Care Quickly

These measures report how often consumers said that they or their child:

- Got care as soon as they needed when they were sick or injured
- Got an appointment as soon as they needed when they weren't sick or injured

Experiencing Health Care | Consumer Satisfaction: How Well Doctors Communicate

These measures report how often consumers said that their or their child's personal doctor:

- Explained things in a way that was easy for them to understand
- Listened carefully to them
- Showed respect for what they had to say
- Spent enough time with them

Scoring and Rating Methods

Measures: All but one performance measure were constructed using the HEDIS® (Health Plan Employer Data and Information Set) and CAHPS® (Consumer Assessment of Healthcare Providers and Systems) quality performance systems. The one state measure, Childhood Immunizations, was modified by the SC Department of Health and Human Services to enable comparison with members in fee-for-service.

The National Committee on Quality Assurance (NCQA), a national non-profit organization dedicated to improving quality of managed health care, sponsors both HEDIS® and CAHPS®. All of the performance measure rates are based on services, care, and experiences of members who enrolled in the SC Medicaid Program throughout calendar year (CY) 2009.

Rating Method: The HEDIS® scores are based on the number of members enrolled in the plan who are eligible and who received the service based on administrative records (claims and encounters). These records do not include information from medical charts or laboratory results available to medical providers and health plans. Restricting the data to administrative records allows for a comparison between managed care organizations and fee-for-service rates. The accuracy of this information relies on the administrative records submitted by providers for services rendered to Medicaid patients in CY 2009. All administrative records were adjudicated through May 31, 2010.

The CAHPS® measures are based on a list of randomly selected children and adult Medicaid recipients enrolled in a designated health plan for at least six months during 2009. These members completed the CAHPS® survey by telephone and were asked to report their experiences with their healthcare plans, services and their doctors.

The SC Department of Health and Human Services hired the University of South Carolina which uses an NCQA certified survey vendor and software to calculate the performance scores on the Health Plan Report Card. Plans whose scores were statistically different than the national average range (40th to 60th percentile) either received an above average (61st percentile and above) or below average (39th percentile and below). The ratings are illustrated in the report card as above average (three stars - ★★★), average (two stars - ★★), below average (one star - ★). Plans that scored at the 75th percentile and above received three stars shaded in green. **A below average (one star) does not mean the health plan provided poor care or bad service. It means the plan scored below average nationally compared to other Medicaid managed care health plans.**

Not Sufficient Information (NSI) means that the health plan has too few members who were enrolled long enough to meet the HEDIS® requirements to be able to report a meaningful score for that performance measure. This is common with newer health plans. An NSI designation does not evaluate the quality of the service nor does it mean the services are not being provided for these measures by the health plan.

South Carolina

Medicaid Health Plans
Report Card

Calendar Year 2009

South Carolina Healthy Connections Choices
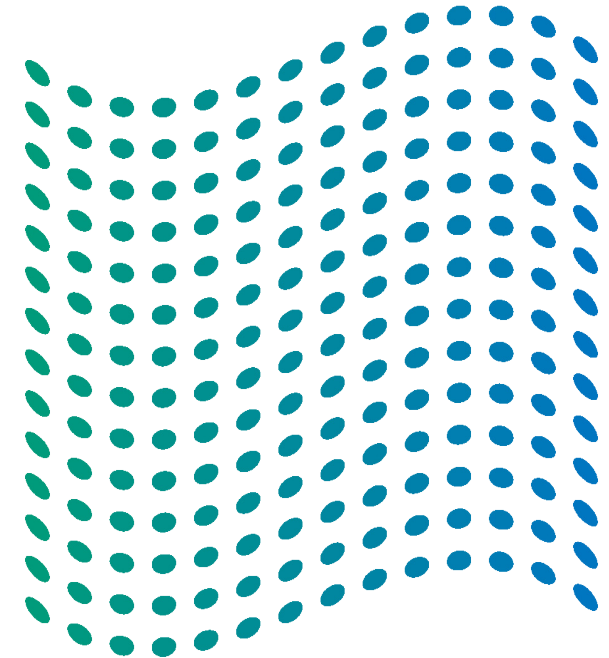
Developed by the University of South Carolina Institute for Families in Society under contract to the SC Department of Health and Human Services

September 2010

Category Ratings for South Carolina Medicaid Health Plans
Calendar Year 2009

|	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
STAYING HEALTHY: CHILDREN						
Annual Dental Visits: Total (Ages 2-21 years)	★★★	★★★	★★★	★★★	★★★	★★★
Appropriate Use of Antibiotics: Treatment for Children With Upper Respiratory Infection (URI)	★	★	★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 12-24 months)	★	★	★★★	★★★	★★	★★★
Child and Adolescent Access to Primary Care: (Ages 25 months - 6 years)	★	★	★★★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 7-11 years)	★★	★	★★★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 12-19 years)	★	★	★★★	★★	★	★
Childhood Immunizations: (Ages <2 years) ▲	★★★	NSI	★★★	★	★★★	★★
Lead Screening in Children: (Ages <2 years)	★	NSI	★	★	★	★
Well-Child Visits: (Ages 0 Through 15 Months: 5 Visits)	★★★	NSI	★★★	★★★	★★★	★★★
Well-Child Visits: (Ages 3 Through 6 Years)	★	★	★	★	★	★
STAYING HEALTHY: ADULTS						
Adult Access to Preventative Ambulatory Health Services: (Ages 20-44 years)	★	★	★★★	★★★	★	★
Adult Access to Preventative Ambulatory Health Services: (Ages 45-64 years)	★	★	★★★	★	★	★
Breast Cancer Screening: Total	★	NSI	★★★	★★★	★	★
Cervical Cancer Screening (PAP Test)	★	★	★	★	★	★
Colorectal Cancer Screening: (Ages 50-80 years)	★	NSI	★	★	★	★
Postnatal Care Visits	★	★	★★★	★★★	★★★	★★★
Prenatal Care Visits	★	★	★	★	★	★
LIVING WITH ILLNESS AND DISABILITY						
Asthma: Appropriate Medication Use: (Ages 18-56 years)	★	NSI	★	★	★	★
Asthma: Appropriate Medication Use: (Ages 5-9 years)	★★★	NSI	★★★	★★★	★★★	★★★
Asthma: Appropriate Medication Use: (Ages 10-17 years)	★★★	NSI	★★★	★★★	★	★★★
Diabetes Care: Hemoglobin A1c (HbA1c) Test (% Members Ages 18-75 years)	★	★	★	★	★	★
Diabetes Care: Dilated Eye Exam (% Members Ages 18-75 years)	★★★	★★★	★★★	★★★	★★★	★★★
Diabetes Care: Lipid Profile (LDL-C) Screening (% Members Ages 18-75 years)	★	★	★	★	★	★
Diabetes Care: Urine Screening for Microalbumin or Medical Attention for Nephropathy (% Members Ages 18-75 years)	★★★	★★★	★★★	★★★	★★★	★
BEHAVIORAL HEALTH						
Behavioral Health: Attention-Deficit Hyperactivity Disorder (ADHD): % Ages 6 to 12 Years With an ADHD Prescription Who Had a Follow-Up During 30-Day Initiation Phase	★	NSI	★	★	★	★
Behavioral Health: Attention-Deficit Hyperactivity Disorder (ADHD): % Ages 6 to 12 Years With an ADHD Prescription Who Had a Follow-Up During 30-Day Continuation and Maintenance Phase	NSI	NSI	★	★	★	★
Behavioral Health: Follow-up Care Within 7 Days After Hospitalization for Mental Illness: Ages 6 Years and Above	★★★	★	★★★	★★★	★★★	★
Behavioral Health: Follow-up Care Within 30 Days After Hospitalization for Mental Illness: Ages 6 Years and Above	★★★	★	★★★	★★★	★★★	★★★
ACCESSING HEALTH CARE: CONSUMER SATISFACTION						
Getting Needed Care: Adult	★	★	★	★★	★	★★★
Getting Needed Care: Child	★	★	★★★	★★★	★★	★★★
Getting Care Quickly: Adult	★	★★	★★	★★	★	★★
Getting Care Quickly: Child	★	★	★★	★★	★★	★
EXPERIENCING HEALTH CARE: CONSUMER SATISFACTION						
Doctors Communicate Well With Patients: Adult	★★	★★	★★	★★	★★	★★
Doctors Communicate Well With Patients: Child	★★★	★★	★★	★★	★★	★★★

★★★ Above National Average
★★ National Average
★ Below National Average

NSI Not sufficient information available to rate

Ratings that exceed the National 75th percentile

▲ State Measure

Note: Ratings are for CY 2009 compared to 2009 NCQA Medicaid Benchmark.

Data Source: SC Medicaid claims January 1 - December 31, 2009, adjudicated through May 2010.

South Carolina Healthy Connections Choices

Department of Health and Human Services
Monthly Trend of Eligibles by Major Category
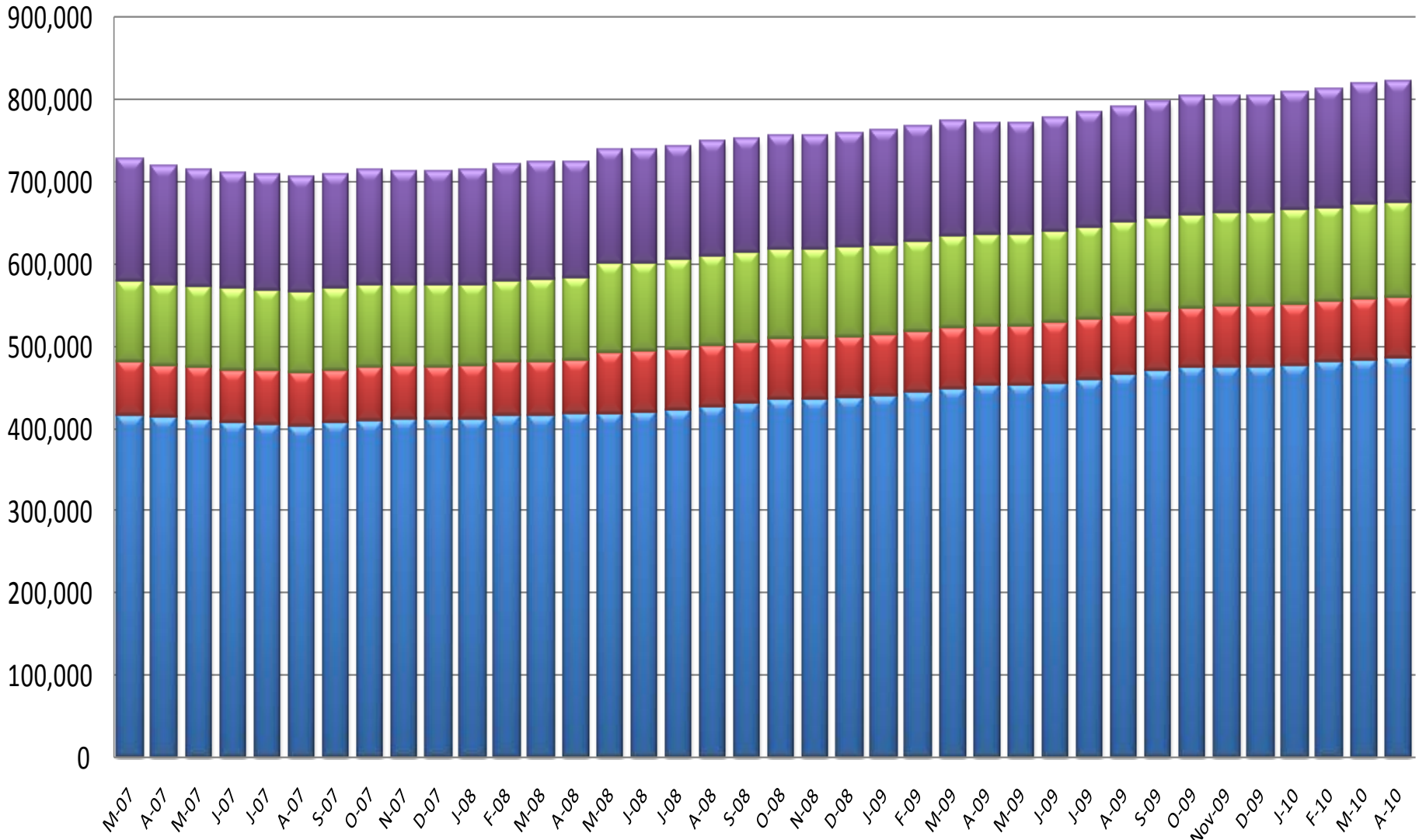
Data is net of eligibility churn each month

Legend: ■ Children ■ Elderly ■ Disabled Adults ■ Other Adults

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?

As mentioned in Section 5, the agency uses a variety of instruments to improve and measure workforce satisfaction, development and safety. Including, but not limited to:
- The CHAMPS Committee
- Employee recognition awards
- Satisfaction surveys and interviews
- EPMS
- Enhanced security and safety measure
- Employee fitness initiatives
- Training and educational development opportunities

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)?

SCDHHS tracks performance of these measures in a number of ways. For example, the agency gathers data from MCOs and MHNs that examines the effectives of beneficiary care coordination. The Health Care Effectiveness Data and Information Set (HEDIS) are nationally recognized data that measures plan effectiveness (see appendix 1)

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.
SCDHHS is subject to state and federal laws and regulations in its operation of the Medicaid program.

Developments in the law, such as the Patient Protection and Affordable Care Act, 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 and implementing needed operating. The agency's audit processes ensure compliance and adherence to state and federal laws and regulations as required by contracts with partners, such as providers and vendors.