AGENCY NAME:	SC Health and Human Services		
AGENCY CODE:	J02	SECTION:	33

Fiscal Year 2013-14
Accountability Report

SUBMISSION FORM

AGENCY MISSION	To purchase the most health for those in need at the least cost to taxpayers.

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

	Name	*Phone*	*Email*
PRIMARY CONTACT:	Bryan Kost	803-898-2865	kostbr@scdhhs.gov
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I have reviewed and approved the enclosed FY 2013-14 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY NAME:	SC Health and Human Services		
AGENCY CODE:	J02	SECTION:	33

AGENCY DIRECTOR *(SIGN/DATE)*:	 11/19/14
(TYPE/PRINT NAME):	Anthony Keck

BOARD/CMSN CHAIR *(SIGN/DATE)*:	
(TYPE/PRINT NAME):	

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AGENCY'S DISCUSSION AND ANALYSIS

FY2014 Accountability Report Agency Discussion and Analysis

During Fiscal Year (FY) 2014, Director Keck led the South Carolina Department of Health and Human Services (SCDHHS) in their continued pursuit of an emerging, transformative approach to health reform. The mission of the SCDHHS is to purchase the most health for those in need at the least cost to taxpayers. Three strategic pillars have been developed to guide Medicaid policy and initiatives toward this end. These strategic pillars are: payment reform, clinical integration and targeting hot spots and disparities. Identifying and measuring agency success is done through a balanced scorecard, focusing agency employees on four areas: financial and operational success, innovation and flexibility and achieving quality health outcomes. The mission, strategic pillars, and balanced scorecard have all been introduced and operationalized during Director Keck's tenure, and have helped set employee mindset on the goals and expectations.

Building on the best practices of industry and other states, Director Keck's leadership is developing SCDHHS into an active purchaser of health, leveraging the Medicaid program's market position to affect state-based, population-tailored, sustainable health reform. He has brought the Triple Aim concept to the agency, focusing employees on the end goals that drive all policy decisions. His vision and hard work played a key role in statewide health delivery and outcomes successes during FY2014.

FY2014 Initiatives/Programs

The Agency has kept the beneficiaries' outcomes at the center of policy discussions, challenging the department and state stakeholders to respond to the needs of the Medicaid members and state's citizens, rather than health industry conveniences. SCDHHS' strategic planning focuses on increasing the quality and access to efficient and effective health services while enhancing people's physical health and supporting the state's fiscal health.

In addition, SCDHHS believes providers, beneficiaries and MCOs all can collaborate to improve and manage their health care.

Managed Care Transition and Quality Improvement

In January 2014, the Medicaid program started the transition from Medical Home Networks (MHN) to managed care organizations (MCO) plans. In anticipation of this shift to MCOs, the agency has worked collaboratively with stakeholders to frame statewide metrics for improvement of population health through the South Carolina Health Coordinating Council. In 2014, approximately 54 measures will be reported quarterly encompassing population health management, reducing per capita costs of health care, and improving the experience of care.

Incentives & Withholds/Payment Reform

The agency is working to increase stakeholder responsibility and reward provider performance by leveraging the state's influence as a major health care payor and implementing a series of payment reform initiatives.

Having one of the highest rates of Medicaid physician participation, SCDHHS implemented performance-based provider payments in the 2014 MCO contract as part of the Agency's initiative to institute payment reform in the state's Medicaid program. The performance-based provider payments will be tiered in five percent increments up to 20 percent over a five-year period.

MCOs and Providers are eligible to earn incentives by meeting certain criteria within a number of programs including Patient-Centered Medical Homes (PCMH), CenteringPregnancy and the Healthy Outcomes Plan (HOP). In addition, the Agency is creating stronger contracts with outlined deliverables that need to be met for payment. This is part of our efforts to further develop value-based

contracting with incentives and withholds. This reformational strategy incites a change in the fundamental way medicine is practiced by incentivizing providers that improve health outcomes. It is improving health care services and access by placing more responsibility and reward for performance in the hands of individuals, doctors and the Medicaid health plans.

Healthy Outcomes Plan

SCDHHS is developing and implementing initiatives to improve the health of South Carolina by focusing on areas of poor health where health care services are needed most. Proviso 33.34, Medicaid Accountability & Quality Improvement Initiative, is a state-based plan to increase value and transparency in the current system, invest in hotspots of poor health, reduce per capita costs and improve health outcomes. It directly aligns with SCDHHS's mission to purchase health. As part of this Proviso, SCDHHS developed the HOP, OB/GYN Telemedicine program, and a new Graduate Medical Education (GME) payments strategy.

HOPs are community-based plans that invest in hot spots of poor health, reduce per capita costs and improve health outcomes. 100 percent of South Carolina-Medicaid designated hospitals submitted plans targeting more than 8,500 chronically ill, uninsured, high utilizers of emergency department services. These 46 plans submitted by the hospitals in coordination with clinics and primary care safety net providers will become models of ideas and practices that can improve coordination of care for an at-risk population, reduce health care costs and further the development of a high-performing replicable system of care. Implementation of this program began October 1, 2013.

Graduate Medical Education (GME) and Supplemental Teaching Payments/GME Advisory Group

Despite strong medical schools, high resident retention rates and $189,940,402 million in spending on GME by SCDHHS in state FY2012, South Carolina has struggled for years to attract and retain physicians to serve rural areas and the urban poor. Of the 46 counties in South Carolina, 43 are considered Health Professional Shortage Areas. There is strong evidence that this shortage contributes to poor health outcomes in these populations.

The proviso directs SCDHHS to incentivize the development of rural physician coverage and capacity building by leveraging the GME program and improving accountability of GME and Supplemental Teaching Payments (STPs) investments. Additionally, the Centers for Medicare and Medicaid Services (CMS) requires a revised reimbursement methodology for STPs allocated to medical universities and teaching hospitals.

SCDHHS established an advisory group to help restructure its GME policy and payments to better meet the physician workforce demands in South Carolina. Led by Dr. Fred Carter, president of Francis Marion University, the advisory group comprised medical training providers and physicians as well as consumers of medical education, including employers, consumer representatives and community leaders. Two subcommittees, Measures of Efficiency and Effectiveness and GME Financing, were also established. After reviewing baseline data on GME capacity, funding and physician workforce needs, and conducting research on models and best practices, the GME Advisory Group released a report in January with 11 recommendations. SCDHHS is reviewing these recommendations and implementing them as appropriate.

OB/GYN Telemedicine Project

Working with South Carolina hospitals and rural health services providers, SCDHHS developed a program to expand the use of telemedicine and ensure targeted placement and support of Obstetrics/Gynecology (OB/GYN) services in four counties without OB/GYN resources.

Using data from the University of South Carolina, Institute for Families in Society, Division of Policy and Research on Medicaid and Medicare, SCDHHS selected Allendale, Bamberg, Barnwell and Hampton counties for this program.

This program will create access to telemedicine services that will:

- Enable patients to receive prenatal care from family physicians in their county earlier and more frequently in pregnancy, supporting improved birth outcomes.
- Provide physicians the resources and tools for better communication and management of patients.
- Use telemedicine to connect local practices with nearby OB/GYN practices and specialty Maternal Fetal Medicine care at the Medical University of South Carolina and the University of South Carolina School of Medicine.
- Enhance care coordination by partnering with the South Carolina Office of Rural Health for Low Country Healthy Start (LCHS) services.

Launch of Healthy Connections Medicaid Online Application

As we continue to automate and streamline eligibility processes, SCDHHS continues the transition from paper-based applications and renewals to electronic. On October 1, 2013, SCDHHS launched Healthy Connection's new customer-focused, online Medicaid application. The new self-service application at apply.scdhhs.gov allows South Carolinians to apply for Medicaid at a time and location that is convenient for them, providing a more efficient application process. In addition, this new application frees staff from inefficient paper processes and enables them to concentrate on activities that will help the agency better meet the needs of residents in their community. In FY2014, almost 15% of all applications were submitted online via the Healthy Connections online application.

Express Lane Eligibility

SCDHHS implemented an Express Lane Eligibility (ELE) program in order to renew and enroll eligible children in Medicaid and the State Children's Health Insurance Program (SCHIP). ELE enables SCDHHS to electronically and automatically match families who are currently enrolled in the State's SNAP/TANF programs and then renew or enroll eligible children. The process has become so effective, that it has become a national model for streamlined enrollment. In addition, these efforts to automatically identify and enroll eligible children and eliminate duplicative processes and paperwork resulted in SCDHHS receiving a $17.5 million award from the federal government in FY2014.

This program helped SCDHHS increase the ratio of enrolled eligible children to approximately 91.5 percent in FY2014, up from 90 percent in FY2013.

Waiver Slots

This year, the SCDHHS was able to fund 300 additional head and spinal cord injury (HASCI) waiver slots and the South Carolina Department of Disabilities and Special Needs (DDSN) is now working to enroll these individuals.

In FY2015, the Agency is going even further and proposing an additional $13.3 million in general funds in a target to reduce the waiting lists for the community supports (CS) and intellectual disabilities and related disabilities (ID/RD) waivers. Including federal match, this would provide $44. 8 million to reduce the combined waiting lists by at least 1,400 slots.

South Carolina Birth Outcomes Initiative (SCBOI)

South Carolina Birth Outcomes Initiative (SCBOI) is an effort led by SCDHHS, and includes the South Carolina Hospital Association, March of Dimes, Blue Cross Blue Shield of South Carolina and over 100 additional stakeholders to improve the health outcomes for babies and moms not only in the Medicaid program, but throughout the state's population.

SCDHHS through SCBOI has successfully introduced multiple initiatives to improve the health and health care for pregnant women and infants in South Carolina since its launch in July 2011.

Highlights from FY2014 SCBOI include:

- Awarded grants to seven OB/GYN and family practice locations in South Carolina to start CenteringPregnancy programs, a group model of prenatal care.

- Incentivized South Carolina birthing hospitals to become Baby-Friendly-certified – taking the state from zero to 6 Baby-Friendly hospitals since 2013.
- Implemented a Supporting Vaginal Birth initiative consisting of patient and provider education and a payment reform component to help South Carolina birthing hospitals reduce non-medically necessary C-section rates in first time, low-risk moms.
- Supported expansion of the reimbursement of the Screening, Brief Intervention and Referral to Treatment (SBIRT) program. Medicaid reimburses more than 260 providers for this initiative to identify, intervene and refer pregnant women through 12 months postpartum to treatment for substance abuse, domestic violence, depression and tobacco use. As of May 2014, Blue Cross Blue Shield of South Carolina started reimbursing for SBIRT.

Obesity

Obesity in adults has become a fast-growing disease in South Carolina with the state ranking 7th nationally in obesity. Nearly a third of South Carolinians are considered obese. This epidemic is imposing lasting consequences on our state's health and economy.

SCDHHS, SCDHEC and SCDSS are developing and implementing a comprehensive disease prevention program that uses an effective, all-inclusive management approach including clinical intervention and nutritional counseling to help change behavior and establish better dietary food choices. This program targets adults with body mass index, or BMI, of 30 or higher that are enrolled in Medicaid and SNAP/TANF programs in South Carolina.

SCDHHS formally recognized obesity as a disease in April of 2013. Upon State Plan Amendment approval from CMS, SCDHHS will begin reimbursement of both health care providers and licensed dietitians for up to six office visits in a 12 month period for obesity management. The provider will refer the patient to a licensed dietitian and a comprehensive care plan will be developed and monitored by both the provider and the dietitian. To support these efforts, SCDHEC will continue promoting its established statewide programs including Farms to Schools, Eat Smart Move More and Worksite Wellness.

In addition, this obesity initiative focuses on providing enhanced access to obesity services in seven underserved counties in our state that have significant health disparities. The targeted counties include Bamberg, Calhoun, Fairfield, Kershaw, Lee, Marion and Orangeburg. Additional efforts include the establishment of local farmers markets to increase availability of fresh fruits and vegetables, the use of community champions to improve participation in anti-obesity efforts, additional nutritional counseling and education support and working with SNAP and WIC vendors to identify and promote healthier food options.

Budget

The budget process helps SCDHHS to develop and target strategies and resources towards critical Agency programs and services, while creating sustainable funding. Such a strategic resource allocation process aligns these resources with key strategic goals, priorities and objectives. SCDHHS's goal is to be a good steward of the taxpayers' dollars, be fiscally responsible and ensure the money is being used to improve health outcomes for South Carolinians. The successful accomplishment of the strategies below assisted us in achieving this objective.

- In FY2013-2014, SCDHHS did not deficit spend.
- Through the restructuring of the financial management policies and operational controls, the Agency has increased reserves to an estimated $480 million by the end of FY2014. This is 7% of the FY2014 appropriation.
- The Medical Care Component of the CPI was 2.6% in the twelve months ending June 2014. The Agency's PMPM cost was $478.99 for FY2014, resulting in an increase of 3.8% from FY2013. This is 1.2% above the current Medical Care Component of the CPI. This increase can be attributed to the implementation of Proviso 33.34 as this included a rate increase and additional funding for contracts that raised expenses, but had a negligible impact on Medicaid enrollment.

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FISCAL YEAR	CUMULATIVE MEMBER MONTHS	PMPM RATE
2009	9,137,017	$564.19
2010	9,685,223	$546.56
2011	10,207,075	$576.29
2012	10,843,613	$485.38
2013	11,754,065	$461.55
2014	12,563,640	$478.99
2015	13,648,483	$503.81

Expenses for FY2014 were less than budgeted due to a realization of fewer member months than projected due to delays in some of the Affordable Care Act mandates and challenges with healthcare.gov, along with improving economic conditions.

While there is sufficient money currently in the health care system, SCDHHS needs to do the hard work to shift it from non-productive to productive uses. Director Keck's three-pronged strategy of payment reform, clinical integration and targeting hotspots and disparities has focused on creating innovative initiatives and policies that allow for investment in other health-producing activities while lowering the cost of care per person to increase affordability of coverage. Director Keck has become a leader in the health reform movement and has positively impacted the health outcomes of South Carolinians through his groundbreaking programs and continuous demand for process improvement. During this fiscal year, he has made great strides in working towards a goal of transparency and accountability. He has pushed improvement and efficiency in all areas of the agency, including fiscal responsibility, workforce, services provided and programs and policies implemented.

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Strategic Planning Template

Type	Item # Goal	Strat	Object	Description
G	1			**Succeed Financially**
S		1.1		**Ensure expenditures are within 0% to -3% of appropriation**
O			1.1.1	*Monitor expenditures, enrollment trends, and other cost drivers on a monthly basis to ensure spending is within 0 to -3% of appropriation.*
S		1.2		**Maintain a PMPM growth due to health care cost increases that is lower than the national health care cost growth (CPI)**
O			1.2.1	*Implement utilization management, benefit coverage, and provider networking tools to ensure the delivery of cost-effective, high value care.*
S		1.3		**Implement internal controls to avoid third party audit findings**
O			1.3.1	*Assess and document deficiencies that could relate to a third party audit finding. Develop and implement related internal controls.*
G	2			**Excel Operationally**
S		2.1		**Ensure median processing time for 100% of MAGI applications occurs within 5 business days**
O			2.1.1	*Establish performance standards for MAGI eligibility workers and hold staff accountable. Cross train staff so that as we monitor application volume, we have staff available to deploy to MAGI applications as needed.*
S		2.2		**Increase online applications by 50% in FY 15. Increase automated renewals by 50% in FY 15.**
O			2.2.1	*Go-live with ACCESS eligibility system which supports online applications. Publicize online capabilities. Customer service and support available to applicants to encourage online applications and renewals.*
S		2.3		**Ensure timely handling of provider claims issues. Maintain average resolution less than 14 days and provide resolution for 98% of disputes within 21 days.**
O			2.3.1	*Change the resolution process so that staff determine the root cause and work with MMIS systems or policy staff to prevent similar future claims issues.*
O			2.3.2	*Improve claims resolution process documentation so that claims can be resolved more quickly and a greater number of claims issues can be resolved at the first point of contact.*
O			2.3.3	*Proactively monitor claims edits and automatically resolve issues prior to providers having to contact DHHS.*
O			2.3.4	*Addition of process-driven tracking and automated escalation of untimely responses.*
G	3			**Deliver Value**
S		3.1		**Reduction in C-section rates: in 2015 show a decrease in non-medically necessary C-section rates by 2% from the state average of 34%**
O			3.1.1	*Educational campaign through BOI to providers, hospitals, patients and labor and delivery nurses to include webinars, SimCoach training, ACOG and SMFM physician pocket cards and one page patient education trifold.*
S		3.2		**Adoption of a non-FFS payment structure for at least 5% of provider payments**
O			3.2.1	*Incentivize managed care plans to contract with providers via value-oriented (rather than traditional FFS) agreements.*
S		3.3		**Improvement of statewide quality measures (as determined by IFS quarterly reporting) at or above 75% on the National Benchmark for quality metrics**
O			3.3.1	*Monitor quality metrics on a quarterly basis. Incentivize health plans, through the withhold and bonus program, to improve the quality of care provided to Medicaid beneficiaries.*
S		3.4		**Achieve Healthy Connections Checkup enrollment of 200,000 people**
O			3.4.1	*The agency will engage in outreach to bring in more Checkup eligible beneficiaries focusing especially on the under-served male population of this category. SCDHHS is partnering with state agencies and organizations that serve South Carolina men in order to enroll this target group.*
G	4			**Innovate & Lead**
S		4.1		**Develop baselines for staff retention across the organization to monitor against industry standards and increase retention by at least 10% in FY16.**
O			4.1.1	*The agency will evaluate staff retention, compare it against comparable health-industry standards and work to improve retention in critical workforce areas.*
S		4.2		**Improve employee engagement scoring from FY14 baseline levels by at least 5 percentage points in FY15.**
O			4.2.1	*The agency will complete annual employee engagement surveys and will work to improve the employee engagement of staff.*
S		4.3		**Administer and receive 100% metric-driven and timely EPMS evaluations, including employee self evaluations**
O			4.3.1	*The agency will ensure EPMS evaluations are based on metrics tied to the balance scorecard and the agency's performance metrics.*

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Program Template

Program/Title	Purpose	FY 2012-13 Expenditures General	Other	Federal	TOTAL	FY 2013-14 Expenditures General	Other	Federal	TOTAL	Associated Objective(s)
I. Administration	Provides administrative support and other operating expenses for the agency	$ 6,693,118	$ 1,840,753	$ 12,375,655	**$ 20,909,525**	$ 8,630,944	$ 2,222,244	$ 15,459,623	**$ 26,312,811**	1.1.1
II.A.1 Medical Administration	Provides administrative support and other operating expenses for the agency	$ 8,756,906	$ 1,515,235	$ 19,280,460	**$ 29,552,602**	$ 10,506,006	$ 2,361,633	$ 22,629,031	**$ 35,496,671**	1.1.1
II.A.2.A Provider Support	Provides administrative/contractual support for Medicaid services	$ 8,774,312	$ 17,269,963	$ 28,083,405	**$ 54,127,680**	$ 25,197,718	$ 24,516,130	$ 31,237,500	**$ 80,951,348**	1.1.1
II.A.2.B Nursing Home Contracts	Provides administrative/contractual support for Medicaid services	$ 772,112	$ 578,987	$ 2,750,296	**$ 4,101,394**	$ 708,303	$ 317,879	$ 1,966,092	**$ 2,992,273**	1.1.1
II.A.2.C CLTC Contracts	Provides administrative/contractual support for Medicaid services	$ 416,836	$ 478,119	$ 1,649,490	**$ 2,544,444**	$ 458,413	$ 549,143	$ 1,646,534	**$ 2,654,091**	1.1.1
II.A.2.D Eligibility Contracts	Provides administrative/contractual support for Medicaid services	$ 3,230,977	$ 634,082	$ 3,878,937	**$ 7,743,996**	$ 3,925,960	$ 3,606,285	$ 25,775,122	**$ 33,307,366**	1.1.1
II.A.2.E MMIS-Medical Mgt Info	Provides administrative/contractual support for Medicaid services	$ 14,116,290	$ -	$ 38,552,533	**$ 52,668,823**	$ 15,628,130	$ -	$ 41,101,079	**$ 56,729,209**	1.1.1
II.A.3.A Hospital Svcs	Provide I/P and O/P hospital services	$ 101,890,721	$ 101,781,867	$ 528,133,685	**$ 731,806,273**	$ 111,216,320	$ 88,706,075	$ 509,108,718	**$ 709,031,113**	1.1.1, 1.2.1, 3.1.1
II.A.3.B Nursing Home Svcs	Provide nursing facilities services	$ 139,979,973	$ 7,430,087	$ 350,277,198	**$ 497,687,259**	$ 117,593,471	$ 38,708,315	$ 374,143,472	**$ 530,445,258**	1.1.1, 1.2.1
II.A.3.D Pharmaceutical Svcs	Provide pharmaceutical services	$ 8,677,150	$ 44,218,017	$ 128,832,047	**$ 181,727,214**	$ 33,588,846	$ 6,234,342	$ 97,191,766	**$ 137,014,955**	1.1.1, 1.2.1
II.A.3.E Physician Svcs	Provide physician services	$ 35,492,257	$ 11,509,498	$ 124,037,484	**$ 171,039,238**	$ 26,790,439	$ 9,622,181	$ 110,645,095	**$ 147,057,715**	1.1.1, 1.2.1
II.A.3.F Dental Svcs	Provide dental services to our children beneficiaries	$ 17,408,824	$ 10,755,292	$ 72,313,174	**$ 100,477,289**	$ 24,335,807	$ 5,061,153	$ 75,335,543	**$ 104,732,503**	1.1.1, 1.2.1
II.A.3.G CLTC	Provide services in the home and community setting for beneficiaries eligible for long term care	$ 37,838,947	$ 9,038,336	$ 111,428,133	**$ 158,305,416**	$ 34,076,878	$ 9,528,436	$ 104,456,703	**$ 148,062,017**	1.1.1, 1.2.1
II.A.3.I Home Health Svcs	Provide home health services	$ 2,544,070	$ -	$ 6,076,408	**$ 8,620,477**	$ 3,315,503	$ 419,070	$ 8,960,578	**$ 12,695,151**	1.1.1, 1.2.1
II.A.3.J EPSDT Svcs	Provide early and periodic screening, diagnostics, and treatment services for those under 21	$ 2,525,703	$ -	$ 6,174,686	**$ 8,700,388**	$ 1,962,809	$ -	$ 5,978,321	**$ 7,941,130**	1.1.1, 1.2.1
II.A.3.K Medical Professional Svcs	Provide medical professional services	$ 8,562,509	$ 2,259,774	$ 26,994,616	**$ 37,816,899**	$ 7,127,042	$ 1,812,637	$ 22,294,869	**$ 31,234,548**	1.1.1, 1.2.1
II.A.3.L Transportation Svcs	Provide transportation services	$ 15,390,925	$ 3,126,461	$ 44,074,341	**$ 62,591,726**	$ 15,559,790	$ 4,209,201	$ 47,352,685	**$ 67,121,676**	1.1.1, 1.2.1

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II.A.3.M Lab & X-Ray Svcs	Provide Lab & X Ray services	$ 5,822,917	$ 1,960,774	$ 18,873,324	**$ 26,657,015**	$ 4,734,026	$ 1,491,963	$ 15,193,370	**$ 21,419,358**	1.1.1, 1.2.1
II.A.3.N Family Planning Svcs	Provide family planning services	$ 2,450,931	$ 444,770	$ 18,991,065	**$ 21,886,766**	$ 1,227,193	$ 1,337,040	$ 17,012,163	**$ 19,576,397**	1.1.1, 1.2.1, 3.4.1
II.A.3.O Premiums Matched	Pays for part of Medicare premiums for dual eligibles along with other services not covered by Medicare	$ 32,341,441	$ 13,368,974	$ 105,846,344	**$ 151,556,760**	$ 37,732,441	$ 9,330,186	$ 125,756,720	**$ 172,819,348**	1.1.1, 1.2.1
II.A.3.P Premiums 100% State	100% state funded program that covers Medicare Premiums for specific Medicaid eligibility categories (Nursing Home, General Hospital, HCBS, ABD, QI, Refugee Assistance)	$ 10,790,941	$ 3,289,047	$ -	**$ 14,079,988**	$ 13,317,913	$ 945,721	$ -	**$ 14,263,634**	1.1.1, 1.2.1
II.A.3.Q Hospice	Provide hospice services	$ 2,940,974	$ 830,605	$ 9,055,599	**$ 12,827,178**	$ 3,347,602	$ 769,622	$ 9,919,276	**$ 14,036,499**	1.1.1, 1.2.1
II.A.3.R Optional State Supplement	Program for those residing in licensed community residential care facilities who meet SSI eligibility requirements, except for income	$ 12,719,889	$ 3,751,427	$ -	**$ 16,471,316**	$ 18,779,761	$ 1,091,478	$ -	**$ 19,871,239**	1.1.1, 1.2.1
II.A.3.S Optional Supplemental Care for Assisted Living Program	An entitlement program and a state supplement to SSI for enrolled CRCFs to provide room and board for eligible consumers and a degree of personal care.	$ 1,129,600	$ 297,713	$ 3,391,325	**$ 4,818,638**	$ 6,764,271	$ -	$ -	**$ 6,764,271**	1.1.1, 1.2.1
II.A.3.T Clinical Svcs	Provide clinical services	$ 14,422,370	$ 3,977,691	$ 45,869,883	**$ 64,269,944**	$ 9,880,419	$ 3,844,588	$ 36,153,357	**$ 49,878,365**	1.1.1, 1.2.1
II.A.3.U Durable Medical Equipment	Provide durable medical services	$ 6,884,463	$ 2,463,912	$ 22,435,605	**$ 31,783,980**	$ 6,103,605	$ 2,104,600	$ 19,781,621	**$ 27,989,826**	1.1.1, 1.2.1
II.A.3.V Coordinated Care	Provide coordinated services for our beneficiaries in managed care organizations	$ 310,541,036	$ 139,933,020	$ 1,092,810,020	**$ 1,543,284,075**	$ 387,351,651	$ 195,797,078	$ 1,459,969,983	**$ 2,043,118,711**	1.1.1, 1.2.1, 3.1.1, 3.2.1, 3.3.1
II.A.3.W PACE	Long term, all-inclusive care for our elderly population	$ 2,806,630	$ 683,496	$ 8,294,570	**$ 11,784,696**	$ 2,988,105	$ 792,320	$ 9,051,214	**$ 12,831,639**	1.1.1, 1.2.1
II.A.3.X Children's Community Care	Provide children's community services	$ -	$ -	$ -	**$ -**	$ 3,864,456	$ -	$ 9,264,945	**$ 13,129,401**	1.1.1, 1.2.1
II.A.3.Y MMA Phasedown	Covers Medicare Part D for dual beneficiaries	$ 80,251,042	$ 1,577,824	$ -	**$ 81,828,866**	$ 80,613,346	$ -	$ -	**$ 80,613,346**	1.1.1, 1.2.1
II.A.3.Z Behavioral Health Svcs	Provide behavioral health services	$ -	$ -	$ -	**$ -**	$ 5,711,785	$ -	$ 14,213,722	**$ 19,925,507**	1.1.1, 1.2.1
II.A.4.A Mental Health	Provide mental health Services	$ -	$ 40,020,347	$ 96,637,827	**$ 136,658,174**	$ -	$ 41,688,138	$ 101,806,422	**$ 143,494,560**	1.1.1, 1.2.1
II.A.4.B Disabilities and Special Needs	Provide services to our disabled and special needs population	$ -	$ 152,446,381	$ 359,736,496	**$ 512,182,877**	$ -	$ 157,079,241	$ 373,246,431	**$ 530,325,672**	1.1.1, 1.2.1

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II.A.4.C DHEC	Provides programs for child health, chronic disease control, STDs, women's health, and emergency medical services	$ -	$ 3,139,319	$ 13,457,541	**$ 16,596,860**	$ -	$ 2,041,434	$ 9,750,044	**$ 11,791,478**	1.1.1, 1.2.1
II.A.4.D MUSC	Provide outpatient community mental health, rehabilitative behavioral health, and targeted case management services for severely emotionally disturbed children and mentally ill adults	$ -	$ 7,166,045	$ 17,187,724	**$ 24,353,768**	$ -	$ 12,238,228	$ 29,693,092	**$ 41,931,320**	1.1.1, 1.2.1
II.A.4.E USC	Provides case management and outpatient pediatrics AIDS clinics services	$ -	$ 1,003,010	$ 2,383,559	**$ 3,386,569**	$ -	$ 1,262,452	$ 3,020,811	**$ 4,283,264**	1.1.1, 1.2.1
II.A.4.F DAODAS	Provide alcohol and other drug abuse services	$ -	$ 3,182,941	$ 7,711,860	**$ 10,894,801**	$ -	$ 3,300,595	$ 7,973,325	**$ 11,273,920**	1.1.1, 1.2.1
II.A.4.G Continuum of Care	Provides appropriate services to our children beneficiaries-with severe emotional disturbance-and their families	$ -	$ 1,518,427	$ 3,711,641	**$ 5,230,068**	$ -	$ 3,523,687	$ 8,598,910	**$ 12,122,597**	1.1.1, 1.2.1
II.A.4.H School for Deaf and Blind	Provides target case management, early intervention services, and RBHS	$ -	$ 962,941	$ 2,303,473	**$ 3,266,414**	$ -	$ 1,013,988	$ 2,441,581	**$ 3,455,569**	1.1.1, 1.2.1
II.A.4.I Social Services	Provides RBHS to Medicaid children under the age of 21 who meet medical/emotional criteria who are residing in the community	$ -	$ 1,896,661	$ 4,520,847	**$ 6,417,508**	$ -	$ 726,188	$ 1,742,141	**$ 2,468,329**	1.1.1, 1.2.1
II.A.4.J Juvenile Justice	Provide mental health or rehabilitative services to Medicaid beneficiaries in DJJ	$ -	$ 1,523,935	$ 3,653,513	**$ 5,177,448**	$ -	$ 367,218	$ 903,180	**$ 1,270,399**	1.1.1, 1.2.1
II.A.4.K Department of Education	Provides school-based rehabilitative therapies, psychological testing and evaluation, adolescent pregnancy and prevention, and array of RBHS	$ -	$ 13,530,627	$ 33,691,521	**$ 47,222,149**	$ -	$ 14,258,000	$ 35,593,002	**$ 49,851,002**	1.1.1, 1.2.1
II.A.4.M. Wil Lou Gray	Provides administrative support to the school to ensure rehabilitative and health services are provided to children beneficiaries	$ -	$ 6,404	$ 16,834	**$ 23,238**	$ -	$ 9,640	$ 24,602	**$ 34,242**	1.1.1, 1.2.1
II.A.4.N. Department of Corrections	Provides inpatient services to beneficiaries admitted to a medical institution	$ -	$ 796,043	$ 1,890,718	**$ 2,686,761**	$ -	$ 1,131,926	$ 2,709,739	**$ 3,841,665**	1.1.1, 1.2.1

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II.A.4.P SC State House	Pay for home repairs for CLTC waiver recipients	$ -	$ 125,760	$ 299,536	**$ 425,296**	$ -	$ 97,328	$ 232,358	**$ 329,686**	1.1.1, 1.2.1
II.A.4.Q SC First Steps	Provide services to our children beneficiaries to help prepare them for school	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	**$ -**	1.1.1, 1.2.1
II.A.5 Emotionally Disturbed Children	Provides appropriate services to our children beneficiaries with severe emotional disturbance under the care of DSS	$ -	$ 7,263,126	$ 17,318,033	**$ 24,581,159**	$ -	$ 6,956,184	$ 16,658,277	**$ 23,614,460**	1.1.1, 1.2.1
II.A.6.B MUSC-Maxillofacial	Provides oral and maxillofacial	$ 225,086	$ -	$ -	**$ 225,086**	$ 225,086	$ -	$ -	**$ 225,086**	1.1.1, 1.2.1
II.A.6.C Other Entities	Services provided by our other teaching hospitals	$ 512,757	$ 2,639,359	$ 7,982,451	**$ 11,134,566**	$ -	$ 6,799,969	$ 16,446,062	**$ 23,246,032**	1.1.1, 1.2.1
II.A.6.F Disproportionate Share	Reimburse Hospital for the uncompensated care cost for uninsured patients treated	$ -	$ 134,748,653	$ 320,132,382	**$ 454,881,035**	$ -	$ 139,089,619	$ 332,909,443	**$ 471,999,062**	1.1.1
II.A.7 Medicaid Eligibility	Provides administrative support and other operating expenses for the agency	$ 8,861,572	$ 2,446,327	$ 22,542,143	**$ 33,850,042**	$ 5,276,245	$ 2,611,509	$ 8,870,090	**$ 16,757,843**	1.1.1
III.C. State Employer Contributions	Provide fringe & benefits for SCDHHS employees	$ 4,660,768	$ 1,282,377	$ 8,312,207	**$ 14,255,352**	$ 5,184,229	$ 1,318,418	$ 9,037,764	**$ 15,540,411**	1.1.1
		$ 910,434,043	$ 760,714,405	$ 3,753,970,587	**$ 5,425,119,036**	$ 1,033,724,513	$ 810,893,081	$ 4,173,256,379	**$ 6,017,873,974**	

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Fiscal Year 2013-14
Accountability Report

Performance Measurement Template

Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
1	Expenditures are within 0% to -3% of appropriation	8.60%	7.20%	<3%	7/1/2014-6/30/2015	Business Objects - Monthly	Monthly	((Appropriation - Actuals)/Appropriation)*100	1.1.1
2	Maintain a PMPM growth due to health care cost increases that is lower than the national health care cost growth (CPI)	PMPM Growth - (4.9%) HC CPI Growth - 2.8%	PMPM Growth - 3.8% HC CPI Growth - 2.6% in June	Less than health care cost growth	7/1/2014-6/30/2015	Expenses from Business Objects, Eligibility from Document Direct - Monthly	Monthly	PMPM - #enrolled/expenses PMPM growth = (PMPM FY14-PMPM FY13)/PMPM FY13)	1.2.1
3	Ensure median processing time for 100% of MAGI applications occurs within 5 business days	11	7	5 or less	7/1/2014-6/30/2015	Eligibility Determination System	Annually	Median of (Decision Date - Appl Effective Date) for all new app decisions	2.1.1
4	Increase online applications by 50% in FY15	0	40,259	60,389	7/1/2014-6/30/2015	Electronic Document Management System	Annually	Total Online Apps Submitted	2.2.1
5	Increase automated renewals by 50% in FY15	75,000	158,000	237,000	7/1/2014-6/30/2015	Eligibility Determination System	Annually	Total Automated ELE Reviews Determined	2.1.1
6	Maintain average claims resolution less than 14 days and provide resolution for 98% of disputes within 21 days	N/A	10.0 days / 99.7%	14.0 days / 98%	7/1/2014-6/30/2015	MMIS/iFlow Systems	Monthly	Aging report based on date/time of claims issue and date/time of resolution	2.3.1, 2.3.2, 2.3.3, 2.3.4
7	Reduction in C-section rates: in 2015 show a decrease in non-medically necessary C-section rates by 2% from the state average of 34%	31.45%	34.00%	32.00%	1/1/2015-12/31/2015	Quarterly reports from IFS	Quarterly	Will monitor Medicaid only and compare that to all payors	3.1.1
8	Adoption of a non-FFS payment structure for at least 5% of provider payments	N/A	Not historically measured	5%	1/1/2015-12/31/2015	Attestation reports from Health Plans (due March 2016)	Annually	Requirement of 2014 MCO contract.	3.2.1
9	Improvement of statewide quality measures (as determined by IFS quarterly reporting) at or above 75% on the National Benchmark for quality	Measures at 75% or above the National Medicaid	Measures at 75% or above the National Medicaid	Measures at 75% or above the National Medicaid	1/1/2015-12/31/2015	Quarterly reports from IFS	Quarterly	Number of metrics with improvement divided by the overall number of metrics	3.3.1
10	Administer and receive 100% metric-driven and timely EPMS evaluations, including employee self evaluations	99.83%	96.09%	100%	7/1/2014-6/30/2015	EPMS reports from NEOGOV	Annually	Number of timely EPMS evaluations completed	4.3.1
11	Achieve Healthy Connections Checkup Enrollment of 200,000	81,026	124,614	200,000	8/1/2014-6/30/2015	Document Direct Reports	Annually	Eligibility Category Numbers	3.4.1
12	Implement internal controls to avoid third party findings	N/A	N/A	0	7/1/2014-6/30/2015	Notices from state and federal agencies	Annually	Number of third party audit findings	1.3.1
13	Develop baselines for staff retention across the organization to monitor against industry standards and increase retention by at least 10% in FY16	90	90	81	7/1/2014-6/30/2015	SCEIS employment records	Annually	Percent change of number employees who separate from the department in the current year vs. the previous year for reasons other than retirement, [illegible]	4.1.1
14	Improve employee engagement scoring from FY14 baseline levels by at least 5 percentage points in FY15	38%	43%	48%	7/1/2014-6/30/2015	Third party engagement survey administered in fall (September/October)	Annually	Calculated as part of third party engagement survey that generates an "Overall Engagement Score"	4.2.1