

AGENCY NAME:	Department of Health and Human Services		
AGENCY CODE:	J020	SECTION:	33

**Fiscal Year 2019–2020
Accountability Report**

SUBMISSION FORM

AGENCY MISSION	The mission of the South Carolina Department of Health and Human Services (SCDHHS) is to purchase the most health for our citizens in need at the least possible cost to the taxpayer.
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AGENCY VISION	The vision of the South Carolina Department of Health and Human Services is to be a responsive and innovative organization that continuously improves the health of South Carolina.
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Does the agency have any major or minor recommendations (internal or external) that would allow the agency to operate more effectively and efficiently?

	Yes	No
RESTRUCTURING RECOMMENDATIONS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is the agency in compliance with S.C. Code Ann. § 2-1-230, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? See also S.C. Code Ann. § 60-2-30.

	Yes	No
REPORT SUBMISSION COMPLIANCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 30-1-10 through 30-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).

	Yes	No
RECORDS MANAGEMENT COMPLIANCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Is the agency in compliance with S.C. Code Ann. § 1-23-120(J), which requires an agency to conduct a formal review of its regulations every five years?

	Yes	No
REGULATION REVIEW:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	<u><i>Name</i></u>	<u><i>Phone</i></u>	<u><i>Email</i></u>
PRIMARY CONTACT:	Jenny Stirling	803-898-3965	lynchjen@scdhhs.gov
SECONDARY CONTACT:	Erin Boyce	803-898-2580	Erin.boyce@scdhhs.gov

I have reviewed and approved the enclosed FY 2019–2020 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	Signature on file
(TYPE/PRINT NAME):	Joshua D. Baker

BOARD/CMSN CHAIR (SIGN AND DATE):	N/A
(TYPE/PRINT NAME):	

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AGENCY’S DISCUSSION AND ANALYSIS

Leadership

The vision of the SCDHHS is to be a responsive and innovative organization that continuously improves the health of South Carolina. The values of sustainability, efficiency, responsiveness, value, innovation, compassion and excellence are the foundation of the organization’s culture. The director’s commitment to these values are at the forefront of his leadership vision and guide his steering of the agency.

SCDHHS is South Carolina’s primary health policy and finance agency, and the single state agency administering Medicaid, Children’s Health Insurance Program (CHIP) and the Individuals with Disabilities Education Act (IDEA), Part C program. The director, advised by his deputies and key stakeholders, establishes the culture, major objectives and investment activities for the agency within the agency’s relevant planning timeline. The cornerstone document used to communicate the agency’s priorities is the Strategic Plan, which covers five key pillars: Engagement, Quality, Stewardship, Access, and Integration.

Each of these items in the strategic plan connect to statewide objectives articulated through the agency’s accountability and strategic planning report and the agency head performance evaluation system. The strategic plan is populated with goals and objectives developed using the specific, measurable, attainable, relevant and time-bound (SMART) criteria detailed in annual Agency Accountability Reports. The director affects this culture through the hiring and development of senior managers that share the agency’s values, adhere to the agency’s mission and reinforce the agency’s priorities. This is achieved through regular communication with agency leaders, ad-hoc sensing sessions with central office staff and regular visits to county offices to receive direct input from the agency’s customer-facing division and provide direct articulation of the agency’s priorities to staff. The agency also regularly hosts semi-annual Leadership Development Reviews and in-town, off-site planning and development activities to focus SCDHHS staff and managers on agency priorities.

Strategic Planning

SCDHHS’ strategic planning is focused around better health, outstanding member services, responsive and responsible management and sound fiscal stewardship. The agency strives to develop and implement plans consistent with the Institute for Healthcare Improvement’s (IHI’s) “Triple Aim,” which seeks to improve the patient experience (including quality and satisfaction), improve the health of the population and reduce the per-capita cost of health care.

The agency’s strategic objectives are informed by its legal obligations as instructed by state and federal law, the South Carolina General Assembly, South Carolina Office of the Governor, policy guidance from the Centers for Medicare and Medicaid Services, among other legal authorities.

The director, along with the executive management team, hold structured strategic planning exercises to ensure that the agency produces a data-driven strategic plan that prioritizes program and project investment in a manner consistent with the agency’s project investment, prioritization and governance model. These plans are implemented through consultation with the Governor’s Office and General Assembly.

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Plans are developed and implemented through the normal operations of the agency. SCDHHS plans can be revised through several settings including federal and state legislative action, Executive Order or through organic escalation by staff, beneficiaries or providers.

Customer Focus

SCDHHS’ primary customer is the 1.3 million beneficiaries that receive either full or limited health coverage through the Medicaid State Plan, CHIP, waivers or a number of state programs that supplement the agency’s primary programs. The provider community is a valued stakeholder, as they form the network that makes services available to the agency’s primary customers. Various Medicaid programs are also articulated through a myriad of state agencies, which are funded by the General Assembly, and fall under the auspices and oversight of the Governor and various boards and commissions of the state.

The agency’s responsibilities to each one of these customer groups are defined in statute, the Medicaid State Plan and waivers, contracts and enrollment agreements. The performance against each are detailed in individual program reports, all of which contribute in some way to the agency’s strategic plan and the dashboards and metrics senior managers use to assess agency and program performance.

Workforce Focus/Human Resources

As a service organization, SCDHHS relies upon its workforce to develop Medicaid program strategy and policy and to deliver services to its members and providers. The director’s endorsement of changes to the Employee Performance Management System (EPMS) and pursuit of engagement surveys from all employees demonstrate that the agency is willing to invest considerable time and effort into the development of the workforce.

As SCDHHS reaches peak activity in the Replacement Medicaid Management Information System (RMMIS) and improves maturity within the managed care program, SCDHHS is a transformation organization that must engage in disciplined organizational change management (OCM).

Process Management/Continuous Improvement

The director, along with the executive management team, invests considerable time and effort into continuously improving the processes, procedures and systems that allow SCDHHS to function efficiently, effectively and successfully. These efforts further the agency’s vision to be a responsive and innovative organization that continuously improves the health of South Carolina’s children and families.

The agency engages various divisions and tools to identify the strengths and weaknesses of programs, including an internal audit unit, program integrity, Payment Error Rate Measurement (PERM), External Quality Review Organizations (EQRO), external audit, contract monitoring independent verification and validation (IV&V) and regular internal oversight of health programs. Ultimately, the agency-wide continuous improvement efforts are focused on the primary mission of enrolling members and providers and ensuring the timely payment of authorized services rendered by a qualified provider. Accordingly, the performance measures of Objective 5 are linked to the performance measures of Objective 3 – Customer Focus.

In addition to customer-focused performance measures, the agency has undertaken a disciplined review of its ‘early warning’ systems, including program integrity (evaluation completed 2017) and internal audits (evaluation

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ongoing). Further, the acquisition of the IDEA Part C program is testing the agency’s ability to ingest, remediate and improve low performing non-Medicaid programs that naturally overlap with the needs of Medicaid members.

Financial Management

SCDHHS is ultimately a health care policy and financing agency; without sound financial management, SCDHHS will be unable to meet its commitments to its over one million beneficiaries.

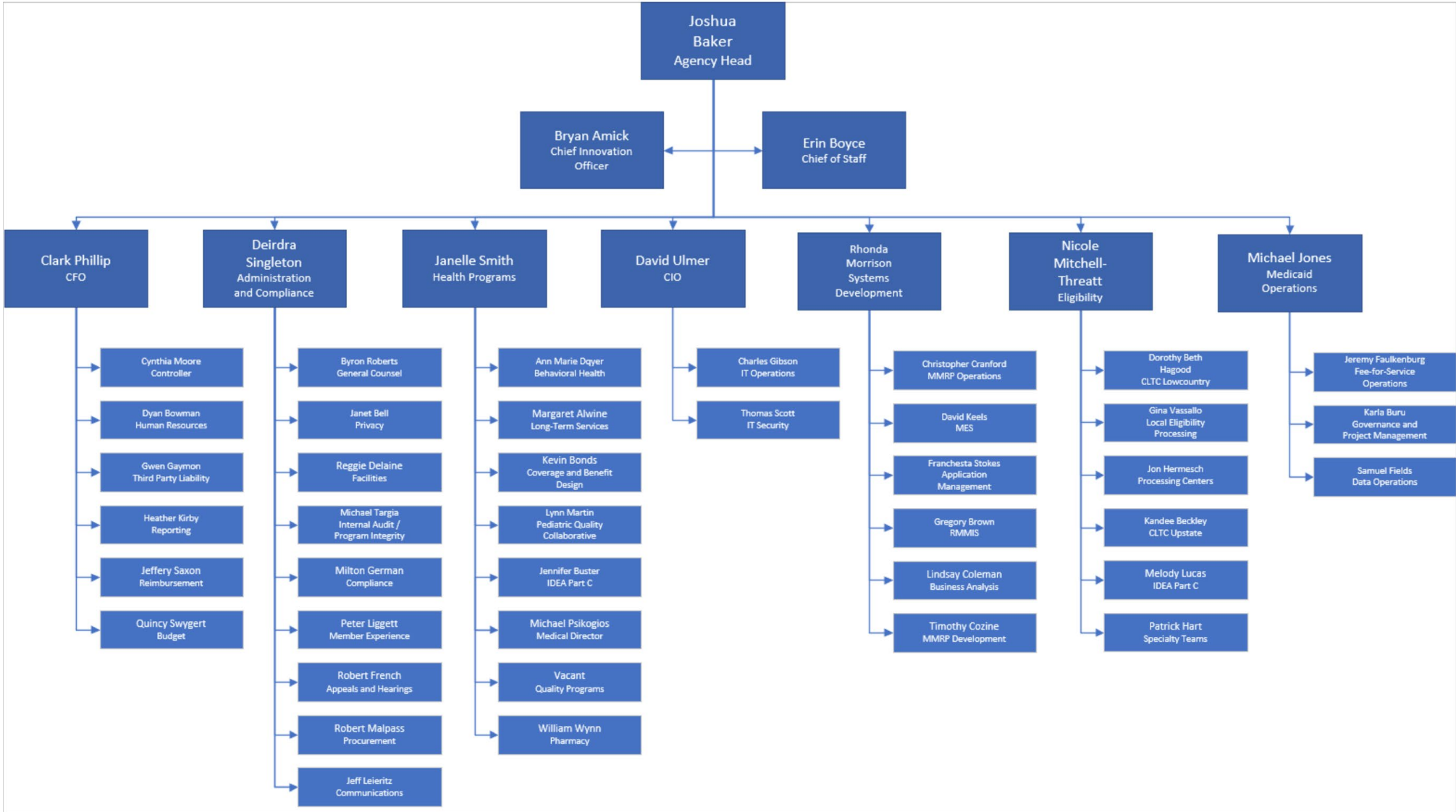
SCDHHS must ensure that it retains adequate working capital in order to pay its bills in a timely manner. Similarly, cost growth must be contained so that Medicaid expenditures do not force the Governor and the General Assembly to sacrifice whatever additional investments may be required in education, infrastructure or other policy arenas. Finally, SCDHHS must also develop a series of policies, controls and investigative/recovery mechanisms that deters or otherwise combats waste, fraud and abuse.

Risk Assessment and Mitigation Strategies

In this section, the Department is required to “identify the potential most negative impact on the public as a result of the agency’s failure in accomplishing its goals and objectives”, then “explain the nature and level of outside help it may need to mitigate such negative impact on the public”, and finally “list three options for what the General Assembly could do to help resolve the issue before it became a crisis.” Ultimately, the greatest negative impact that could result from the Department’s failure to accomplish its goals and objectives would be a loss of access to healthcare services for over one million beneficiaries. A systematic failure like this is exceedingly unlikely. The most likely major threat would be the fiscal impact of the next recession, when revenues will fall, and the agency’s budget will likely be cut. This is particularly challenging for Medicaid, which is a countercyclical program, meaning that more people become financially eligible and therefore the demand for Medicaid spending increases just as funding will start to be pulled away.

In terms of outside help, maintaining healthy reserve accounts for the Medicaid program itself and for the government as a whole is essential. Other threats to the program are technological (IT systems failure, cyberattack) or related to waste, fraud, and abuse. The Department has a multifaceted defense against many of these threats, but has taken a number of additional steps, including hiring specialists in key areas, gaining access to certain consultants, and increasing collaboration with the Department of Administration’s technology and information security staff.

The General Assembly has already taken some of the actions needed to help avoid a crisis. Key provisos have been amended in recent years to allow the Department to maintain a responsible reserve balance, despite the repeated efforts of other parties to raid those funds. The deficit monitoring mechanism has been tightened to raise the likelihood that the legislature would be recalled in the event of a major shortfall between sessions. It is also important to continue to resist the temptation to use budget provisos to alter rates for certain classes of providers and/or to limit the Department’s ability to manage the program in a responsive and responsible way.



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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2019-20			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Purchase and evaluate care through evidence-based systems and models							
	S	1.1			Improve performance of Healthcare Effectiveness Data and Information Set (HEDIS) and CMS Core Measure sets							
	M		1.1.1	Ensure performance at or above the regional average for targeted Healthcare Effectiveness Information Set (HEDIS) measures	0.75	1	83% (10 of 12 met regional avg)	SFY	MCO HEDIS submission	Number of measures above 50%/total number of measures	Provide better health outcomes for Medicaid beneficiaries and expand the use of value-based payment methodologies	
	M		1.1.2	Compare South Carolina's results on the Center for Medicare and Medicaid Services (CMS) Core Measure sets to other states in the region, developing strategies to address the top three identified deficiencies	Incomplete	Complete	Delayed - COVID-19	SFY	CMS Core Measure sets	Varies	Provide better health outcomes for Medicaid beneficiaries and expand the use of value-based payment methodologies	
	S	1.2			Ensure access and engagement in the delivery of preventative care							
	M		1.2.1	Implement social determinants of health screenings in 10% of high needs communities	Incomplete	10+%	7.8%	SFY	MMIS/SAS	Number of SDOH screens completed/total communities identified	Provide better health outcomes and improve access for Medicaid beneficiaries	
	M		1.2.2	Maintain pediatric well-care rates at or above the regional Medicaid median	Incomplete	> regional median	2 of 3 measures at or above regional Medicaid median	SFY	NCQA/HEDIS	Comparison	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	1.3			Improve data quality for internal use and federal submission							
	M		1.3.1	Maintain 100% monthly production submission to the Centers for Medicare and Medicaid Services (CMS)	100%	100%	100%	SFY			Provide outstanding member services and use new technologies to improve the member service experience	
	M		1.3.2	Resolve all data issues associated with the Centers for Medicare and Medicaid Services (CMS) Top Priority Items (TPI) published in the State Health Official (SHO) Letter 18-008 and through CMS technical assistance consultation	Incomplete	Complete	One issue unresolved	SFY			Provide outstanding member services and use new technologies to improve the member service experience	
	M		1.3.3	Address all missing data values identified as affecting file linking and data usage	Incomplete	Complete	12 priority data elements still to address	SFY			Provide outstanding member services and use new technologies to improve the member service experience	
	S	1.4			Establish and document an evidence basis for coverage and benefit policies							
	M		1.4.1	Obtain approval from the Centers for Medicare and Medicaid Services (CMS) for a section 1115 Community Engagement demonstration waiver	Incomplete	Complete	Complete	SFY	CMS	N/A	Provide outstanding member services and use new technologies to improve the member service experience	
	M		1.4.2	Establish a baseline for percentage of benefit expenditures on evidence-based interventions by benefit category.	Incomplete	Complete	Complete	SFY	SAS/Actuary	\$evidence-based/\$total	Provide outstanding member services and use new technologies to improve	
Healthy and Safe Families	G	2			Strengthen the health and well-being of South Carolinians across their lifespan							
	S	2.1			Ensure access to coordinated and collaborative care delivered in appropriate settings							
	M		2.1.1	Reduce avoidable Emergency Department visits by 5% in one year	344,424	328,023	277,056	SFY	MMIS/SAS	NYU avoidable ED algorithm	Provide better health outcomes and improve access for Medicaid beneficiaries	
	M		2.1.2	Maintain performance at or above the regional Medicaid standard for Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurements of access to care	child - 77.65%; adult - 61.38%	At or above SFY 19 rates	child - 74.35%; adult - 63.87%	SFY	CAHPS	Varies and baseline changes each yr	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	2.2			Reduce the harm of the opioid epidemic to the South Carolina Medicaid population							
	M		2.2.1	Maintain an opioid prescribing rate for Medicaid beneficiaries of no more than the statewide average	731 (per 1,000)	709 (per 1,000)	194.56 (per 1,000 Medicaid full bene)	SFY	MMIS/SAS/DHEC	# of opioid prescriptions	Provide better health outcomes for Medicaid beneficiaries	
	M		2.2.2	Align coverage for the treatment options available for opioid use disorder across the fee-for-service and managed care platforms	Incomplete	Complete	Complete	SFY	MCOs	N/A	Provide better health outcomes and improve access for Medicaid beneficiaries	
	M		2.2.3	Increase the percentage of beneficiaries diagnosed with substance use disorder who are receiving treatment by 10%	52.5	57.8	58.6	SFY	MMIS/SAS	# receiving svc./# diagnosed	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	2.3			Establish program-wide measurements of health status determinants							
	M		2.3.1	Establish baseline reports that compare measurement of clinical outcomes, stratified by race/ethnicity, zip code or other geographical marker, gender, and other social determinants of health as identified by z codes, if reliably available. Z codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services.	Incomplete	Complete	Delayed - COVID-19	SFY	USC IFS	N/A	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	2.4			Implement incentives for providers and managed care plans to bridge health disparities across geography, race, and gender							

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			2.4.1	Design and implement a health disparities component to be incorporated into the managed care withhold and bonus structure, providing a direct incentive for health plans to invest in closing disparity gaps	Incomplete	Complete	Delayed - COVID-19	SFY	CMS	N/A	Provide better health outcomes and improve access for Medicaid beneficiaries
	M			2.4.2	Improve rates of pediatric well care and immunization to the 50th percentile of the Medicaid population in the southeastern US	Incomplete	Complete	Well visit: 50th Immunization rates: 50th	SFY	NCQA/HEDIS	N/A	Provide better health outcomes and improve access for Medicaid beneficiaries
Healthy and Safe Families	G	3			Limit the burden to provide and receive care							
	S		3.1		Make timely and accurate eligibility determinations							
	M			3.1.1	Increase the number of applications completed in a timely manner by 5%	85%	89.25%	92%	SFY	MEDS/CURAM	Count of number of applications completed within 45 days (that are not disability apps)	Provide outstanding member services and improve processing time and resolution rates for applications and reviews
	M			3.1.2	Decrease the number of applications and reviews aged over 180 days by 20%	116,679	93,343	77,785	At end of SFY	MEDS/CURAM	Count of pending reviews/applications on hand that are over 180 days old	Provide outstanding member services and improve processing time and resolution rates for applications and reviews
	S		3.2		Maintain comprehensive statewide provider networks							
	M			3.2.1	Process 99% of all electronic claims submissions within 30 days	99+%	99+%	99+%	SFY	iFlow	Applications over 30 days / Total applications	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
	M			3.2.2	Process 99% of provider applications within 30 days	99+%	99+%	56.81%	SFY	MMIS; Document Direct	Document Direct (CLM4710R01 - Monthly Prompt Payment Compliance Report); Average of 30 Day Period % column	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
	M			3.2.3	Achieve 97% of claims adjudicated on the provider's first submission	0.96	0.97	95.75%	SFY	MMIS	Number of claims adjudicated on first submission/total claims	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
	M			3.2.4	Evaluate and re-base rate structure for at least 20% of annual benefit expenditures	Incomplete	Complete	Complete	SFY	N/A	N/A	Ensure provider network adequacy by making sure rates are sufficient
	M			3.2.5	Ensure that 95% of beneficiaries receive primary care services within 10 miles and 15 days		95%	90%	SFY	MMIS/SAS	Percentage of beneficiaries receiving services within 10 miles and 15 days	Ensure provider network adequacy to provide responsive management of health
	M			3.2.6	Ensure that 95% of beneficiaries receive specialty care services within 40 miles and 45 days		95%	90%	SFY	MMIS/SAS	Percentage of beneficiaries receiving services within 40 miles and 45 days	Ensure provider network adequacy to provide responsive management of health
	M			3.2.7	Increase the number of providers participating in telehealth by 5%	180	189	6,120	SFY	MMIS/SAS	# of rendering providers billing	Ensure provider network adequacy to provide responsive management of health
	M			3.2.8	Produce a plan to evaluate the current models of medical training and education funding managed by the Department and develop a strategy to ensure alignment with those investments and the state's needs.	Incomplete	Complete	In progress	SFY			Ensure provider network adequacy to provide responsive management of health
	S		3.3		Implement or improve provider and beneficiary self-service tools							
	M			3.3.1	Establish enterprise-level Identity and Access Management (IAM) technology and process within two years to establish unique IDs for all account holders	Incomplete	Complete	In progress - 2 yr goal	By SFY 2021	N/A	N/A	Provide responsive and responsible management of health and human service programs and ensure timely handling of beneficiary and provider relations
	M			3.3.2	Develop and launch beneficiary and provider portals within three years and monitor usage	Incomplete	Complete	In progress - 3 yr goal	By SFY 2022	N/A	N/A	Provide responsive and responsible management of health and human service programs and ensure timely handling of beneficiary and provider relations
	S		3.4		Modernize business information systems							

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		Goal	Strategy	Measure		Base	Target	Actual				
	M		3.4.1		Attain certification of at least one MMIS module in SFY 2020	Incomplete	1+	2	SFY 20	N/A	CMS	Provide outstanding member services and use new technologies to improve the member service experience
	M		3.4.2		Successfully procure one additional MMIS module in SFY 2020	Incomplete	1+	1	SFY 20	N/A	N/A	Provide outstanding member services and use new technologies to improve the member service experience
Healthy and Safe Families	G	4	Utilize public resources efficiently and effectively									
	S	4.1	Implement policies that promote provision of care in clinically appropriate, cost-effective settings									
	M		4.1.1		Keep per-member cost increases below national benchmarks	PMPM Growth: 1.9% HC Cost Growth: 2.1%	Less than health care cost growth	3.8% (HC cost growth: 4.6%)	SFY	Expenses from Business Objects, Eligibility from SAS	PMPM - expenses/member months	Promotes sound fiscal stewardship and controls increases in healthcare spending
	M		4.1.2		Maintain or decrease the Department's percent share of the state's general funds appropriation over a three year period	16.46	<16.46	16.34%	Rolling 3-SFY	SC Appropriations Act	SC DHHS GF Appropriation/SC GF Total Appropriation	Promotes sound fiscal stewardship
	M		4.1.3		Increase the relative share of long-term care beneficiaries in community settings by 3%	59.4	61.22	69.4	SFY	MMIS/SAS	# LTC beneficiaries in community/# total LTC beneficiaries	Provide better health outcomes for Medicaid beneficiaries
	S	4.2	Modernize and digitize administrative business functions									
	M		4.2.1		Conduct a health assessment, resource intensity evaluations, and prioritization of all agency initiatives and stand-down low-priority initiatives	Incomplete	Complete	Complete	SFY	N/A	N/A	Use new technologies to improve the member service experience
	M		4.2.2		Conduct a health assessment of one third of all ongoing agency operations and programs and create measurable corrective action for all findings	Incomplete	Complete	Complete	SFY	N/A	N/A	Use new technologies to improve the member service experience
	M		4.2.3		Catalog all existing and required documentation to include agency and provider policies, procedures, and manuals and make available to staff electronically via agency intranet in SFY 2020	Incomplete	Complete	In progress	SFY	N/A	N/A	Use new technologies to improve the member service experience
Healthy and Safe Families	G	5	Maintain or improve healthcare marketplace stability									
	S	5.1	Accurately project annual budgets									
	M		5.1.1		Maintain general fund expenditures within 3% of forecast	1.00%	<3%	1.0%	SFY	Business Objects - Monthly	((Forecast- Actuals)/forecast)*100	Promotes sound fiscal stewardship and allows the agency to control increases in healthcare spending
	S	5.2	Evaluate and monitor managed care outcomes using industry-leading practices									
	M		5.2.1		Ensure MCO performance, based on National Committee for Quality Assurance (NCQA) health plan rankings, at or above the southeastern average	child - 86.27%; adult - 85.95%	At or above SE average	Stats frozen due to COVID-19	SFY	NCQA	Varies and baseline changes each yr	Provide better health outcomes for Medicaid beneficiaries
	M		5.2.2		Maintain medical loss ratio (MLR) at or above 86%	87.8-92.7%	86%	87.5% - 95.4%	Base is FY2018 reported in March 2019	Calculated by actuaries; calculation shows range from low to high of 5 MCOs	Range of MLR for 5 MCOs; calculated per CMS guidelines	Provide responsive and responsible management of health and human service programs
	S	5.3	Enhance employee accountability									
	M		5.3.1		Create a repeatable process for determining the classification and compensation of future agency hires with the process implemented in SFY 2020	Incomplete	Complete	Complete	SFY	N/A	N/A	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs
	M		5.3.2		Review the agency's classification of employees both internally and compared to other state agencies in SFY 2020, and assess annually thereafter	Incomplete	Complete	Delayed - COVID-19	SFY	Other state agencies	N/A	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs
	M		5.3.3		Implement metrics-driven planning documents for 60% of the agency's staff by June 30, 2020	Incomplete	0.6	60%+	SFY	NeoGov	Number of metrics-driven PDs/total number of PDs	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs

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		Goal	Strategy	Measure			Target	Actual				
	M		5.3.4		Modernize and develop standard training curriculum for member services employees in SFY 2020	Incomplete	Complete	Complete	SFY	N/A	N/A	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs
	M		5.3.5		Establish baseline measurement for the employee engagement survey (as the result of a new vendor)	Incomplete	Complete	Delayed - COVID-19	SFY	Results will be provider from vendor selected	Results will be provider from vendor selected	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs

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		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Purchase and evaluate care through evidence-based systems and models							
	S	1.1			Improve performance of Healthcare Effectiveness Data and Information Set (HEDIS) and CMS Core Measure sets							
	M		1.1.1	Ensure performance at or above the regional average for targeted Healthcare Effectiveness Information Set (HEDIS) measures	83% (10 of 12 met regional avg)	100%		SFY	MCO HEDIS submission	Number of measures above 50%/total number of measures	Provide better health outcomes for Medicaid beneficiaries and expand the use of value-based payment methodologies	
	M		1.1.2	Compare South Carolina's results on the Center for Medicare and Medicaid Services (CMS) Core Measure sets to other states in the region, developing strategies to address the top three identified deficiencies	Incomplete	Complete		SFY	CMS Core Measure sets	Varies	Provide better health outcomes for Medicaid beneficiaries and expand the use of value-based payment methodologies	
	S	1.2			Ensure access and engagement in the delivery of preventative care							
	M		1.2.1	Increase number of social determinants of health screenings by 5% in high needs communities	7.8%	8.2%		SFY	MMIS/SAS	Number of SDOH screens completed/total communities identified	Provide better health outcomes and improve access for Medicaid beneficiaries	
	M		1.2.2	Maintain pediatric well-care rates at or above the regional Medicaid median	2 of 3 measures at or above regional Medicaid median	All measures at or above regional Medicaid median		SFY	NCQA/HEDIS	Comparison	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	1.3			Improve data quality for internal use and federal submission							
	M		1.3.1	Maintain 100% monthly production submission to the Centers for Medicare and Medicaid Services (CMS)	100%	100%		SFY	T-MSIS report		Provide outstanding member services and use new technologies to improve the member service experience	
	M		1.3.2	Maintain yellow status or better on monthly Transformed Medicaid Statistical Information System (T-MSIS) report	Yellow or above	Yellow or above		SFY	T-MSIS report		Provide outstanding member services and use new technologies to improve the member service experience	
Healthy and Safe Families	G	2			Strengthen the health and well-being of South Carolinians across their lifespan							
	S	2.1			Ensure access to coordinated and collaborative care delivered in appropriate settings							
	M		2.1.1	Reduce avoidable Emergency Department visits by 5% in one year	292,172	278,259		SFY	MMIS/SAS	Actuary (Milliman) updated methodology used for this metric; they now have a specific algorithm they use for rate setting; base and target numbers updated based on new methodology	Provide better health outcomes and improve access for Medicaid beneficiaries	
	M		2.1.2	Maintain performance at or above the regional Medicaid standard for Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurements of access to care	child - 74.35%; adult - 63.87%	At or above SFY20 rates		SFY	CAHPS	Varies and baseline changes each yr	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	2.2			Reduce the harm of the opioid epidemic to the South Carolina Medicaid population							
	M		2.2.1	Maintain an opioid prescribing rate for Medicaid beneficiaries of no more than the statewide average	731 (per 1,000)	709 (per 1,000)		SFY	MMIS/SAS/DHEC	# of opioid prescriptions	Provide better health outcomes for Medicaid beneficiaries	
	M		2.2.2	Increase the percentage of beneficiaries diagnosed with substance use disorder who are receiving treatment by 10%	58.6	64.5		SFY	MMIS/SAS	# receiving svc./# diagnosed	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	2.3			Establish program-wide measurements of health status determinants							
	M		2.3.1	Establish baseline reports that compare measurement of clinical outcomes, stratified by race/ethnicity, zip code or other geographical marker, gender, and other social determinants of health as identified by z codes, if reliably available. Z codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services.	Incomplete	Complete		SFY	USC IFS	N/A	Provide better health outcomes and improve access for Medicaid beneficiaries	
	S	2.4			Implement incentives for providers and managed care plans to bridge health disparities across geograpy, race, and gender							
	M		2.4.1	Design and implement a health disparities component to be incorporated into the managed care withhold and bonus structure, providing a direct incentive for health plans to invest in closing disparity gaps	Incomplete	Complete		SFY	CMS	N/A	Provide better health outcomes and improve access for Medicaid beneficiaries	
	M		2.4.2	Improve rates of pediatric immunization to the 50th percentile of the Medicaid population in the southeastern US	Immunization rates: 50%	At or above SFY20 rates		SFY	NCQA/HEDIS	N/A	Provide better health outcomes and improve access for Medicaid beneficiaries	
Healthy and Safe Families	G	3			Limit the burden to provide and receive care							
	S	3.1			Make timely and accurate eligibility determinations							

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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2020-21			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
	M			3.1.1	Decrease the number of applications and reviews aged over 180 days by 10%	77,785	70,007		SFY	MEDS/CURAM	Count of pending reviews/applications on hand that are over 180 days old	Provide outstanding member services and improve processing time and resolution rates for applications and reviews
	M			3.1.2	Implement the new eligibilty system by training and evaluating the Non-Modified Adjusted Gross Income (Non-MAGI) workforce to make timely and accurate eligibilty determinations in the Cúram Global Income Support (CGIS) system	Incomplete	Complete		SFY	CGIS	N/A	Provide outstanding member services and improve processing time and resolution rates for applications and reviews
	S			3.2	Maintain comprehensive statewide provider networks							
	M			3.2.1	Achieve 97% of claims adjudicated without manual intervention	96%	97%		SFY	MMIS	Number of claims adjudicated without manual intervention/all claims	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
	M			3.2.2	Adjudicate 95% of all suspended claims (i.e. those with more than one cycle) within 30 days of receipt	95.46%	95%		SFY	MMIS; Document Direct	Number of suspended claims adjudicated within 30 days/all suspended claims	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
	M			3.2.3	Ensure 95% of the calls at the Provider Service Center are resolved to the point no call back is required	98%	95%+		SFY	Provider Service Center	Number of calls resolved/all calls	Provide responsive and responsible management of health and human service programs and ensure timely handling of provider relations
	M			3.2.4	Evaluate and re-base rate structure for at least 20% of annual benefit expenditures		Complete		SFY	N/A	N/A	Ensure provider network adequacy by making sure rates are sufficient
	M			3.2.5	Ensure that at least 90 percent of beneficiaries have primary care access within 30 miles and 45 minute drive time	90%	90%		SFY	MMIS/SAS	Percentage of beneficiaries receiving services within 10 miles and 15 days	Ensure provider network adequacy to provide responsive management of health
	M			3.2.6	Ensure that at least 90 percent of beneficiaries have specialist access within 50 miles and 75 minute drive time	90%	90%		SFY	MMIS/SAS	Percentage of beneficiaries receiving services within 40 miles and 45 days	Ensure provider network adequacy to provide responsive management of health
	M			3.2.7	Achieve 10% increase in the number of Medicaid independent professional practitioners who are engaged in the delivery of telehealth services	1,471	1,618		SFY	MMIS/SAS	# of rendering providers billing	Ensure provider network adequacy to provide responsive management of health
	M			3.2.8	Produce a plan to evaluate the current models of medical training and education funding managed by the Department and develop a strategy to ensure alignment with those investments and the state's needs.	In progress	Complete		SFY	N/A	N/A	Ensure provider network adequacy to provide responsive management of health
	S			3.3	Implement or improve provider and beneficiary self-service tools							
	M			3.3.1	Establish enterprise-level Identity and Access Management (IAM) technology and process within two years to establish unique IDs for all account holders	In progress	Complete		By SFY 2021	N/A	N/A	Provide responsive and responsible management of health and human service programs and ensure timely handling of beneficiary and provider relations
	M			3.3.2	Develop and launch beneficiary and provider portals within three years and monitor usage	In progress	In progress - 3 yr goal		By SFY 2022	N/A	N/A	Provide responsive and responsible management of health and human service programs and ensure timely handling of beneficiary and provider relations
	S			3.4	Modernize business information systems							
	M			3.4.1	Implementation of Cúram Global Income Support (CGIS) Non-Modified Adjusted Gross Income (Non-MAGI) eligibility module	Incomplete	Complete		SFY	CGIS	N/A	Provide outstanding member services and use new technologies to improve the member service experience
Healthy and Safe Families	G	4			Utilize public resources efficiently and effectively							
	S			4.1	Implement policies that promote provision of care in clinically appropriate, cost-effective settings							

Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2020-21			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
	M			4.1.1	Keep per-member per-month (PMPM) cost increases below national benchmarks	PMPM Growth: 3.8% Health Care Cost Growth: 4.6%	Less than health care cost growth		SFY	Expenses from Business Objects, Eligibility from SAS	PMPM - expenses/member months	Promotes sound fiscal stewardship and controls increases in healthcare spending
	M			4.1.2	Increase the relative share of long-term care beneficiaries in community settings by 3%	69.4	71.5		SFY	MMIS/SAS	# LTC beneficiaries in community/# total LTC beneficiaries	Provide better health outcomes for Medicaid beneficiaries
	S			4.2	Modernize and digitize administrative business functions							
	M			4.2.1	Catalog all existing and required documentation to include agency and provider policies, procedures, and manuals and make available to staff electronically via agency intranet in SFY 2020	Incomplete	Complete		SFY	N/A	N/A	Use new technologies to improve the member service experience
Healthy and Safe Families	G			5	Maintain or improve healthcare marketplace stability							
	S			5.1	Accurately project annual budgets							
	M			5.1.1	Maintain general fund expenditures within 3% of forecast	1.0%	<3%		SFY	Business Objects - Monthly	((Forecast- Actuals)/forecast)*100	Promotes sound fiscal stewardship and allows the agency to control increases in healthcare spending
	S			5.2	Evaluate and monitor managed care outcomes using industry-leading practices							
	M			5.2.1	Ensure MCO performance, based on National Committee for Quality Assurance (NCQA) health plan rankings, at or above the southeastern average	Stats frozen due to COVID-19	At or above SE average		SFY	NCQA	Varies and baseline changes each yr	Provide better health outcomes for Medicaid beneficiaries
	M			5.2.2	Maintain Centers for Medicare and Medicaid Services (CMS) medical loss ratio (MLR) at or above 86%	87.5% - 95.4%	86%		Base is FY2018 reported in March 2019	Calculated by actuaries; calculation shows range from low to high of 5 MCOs	Range of MLR for 5 MCOs; calculated per CMS guidelines	Provide responsive and responsible management of health and human service programs
	S			5.3	Enhance employee accountability							
	M			5.3.1	Review the Department's classification of employees both internally and compared to other state agencies in State Fiscal Year 2021, and assess annually thereafter, using internal or external resources	Incomplete	Complete		SFY	Other state agencies	N/A	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs
	M			5.3.2	Establish baseline measurement for the employee engagement survey (as the result of a new vendor)	Incomplete	Complete		SFY	Results will be provided from vendor selected	Results will be provided from vendor selected	Develop and maintain a committed and engaged workforce to deliver responsive and efficient health and human service programs

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Program Template

Program/Title	Purpose	FY 2019-20 Expenditures (Actual)				FY 2020-21 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
I. Administration	Provides administrative support and other shared operating services for the agency.	\$15,091,819	\$1,355,046	\$18,145,346	\$ 34,592,210	\$ 18,261,435	\$ 3,011,536	\$ 23,765,490	\$ 45,038,461	4.1; 5.1
II. Programs and Services A. Health Services 1. Medical Administration	Provides administrative support and other shared operating services for the agency.	\$8,635,199	\$373,682	\$14,938,193	\$ 23,947,074	\$ 9,301,474	\$ 980,140	\$ 17,522,414	\$ 27,804,028	5.1; 3.2; 3.3
II. Programs and Services A. Health Services 2. Medical Contracts	Provides contract development and management services for the Department's nursing home, Community Long Term Care, eligibility, telemedicine, claims payment, and other provider-facing programs.	\$ 90,569,354	\$ 52,168,501	\$ 160,291,737	\$ 303,029,593	\$ 88,912,356	\$ 67,871,872	\$ 170,630,391	\$ 327,414,619	5.1; 3.2; 3.3
II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services	Finances a broad range of inpatient and outpatient services through both the fee-for-service and managed care programs, including for nursing homes, pharmaceuticals, hospital and physician services, dental, Community Long Term Care, home health, EPSDT, medical professionals, transportation, laboratory and radiology, family planning, Medicare premium matching/payments, hospice, clinical, durable medical equipment, behavioral health, and other related services.	\$ 1,242,558,517	\$ 376,026,037	\$ 4,315,464,291	\$ 5,934,048,845	\$ 1,172,917,067	\$ 510,864,793	\$ 4,544,080,028	\$ 6,227,861,888	Goals 1-5
II. Programs and Services A. Health Services 4. Assistance Payments - State Agencies	Finances services that are provided by or through other state agencies, such as to the disabled and special needs population, for child health, chronic disease control, STI treatment, women's health, emergency medical services, outpatient and rehabilitative behavioral health, case management and clinical services, alcohol and other substance use treatment, school-based services, etc.	\$ 3,129	\$ 217,367,564	\$ 612,322,451	\$ 829,693,144	\$ 225,086	\$ 269,892,988	\$ 652,932,126	\$ 923,050,200	Goals 1-5
II. Programs and Services* A. Health Services 5. Other Entities - Assistance Payments	Provides payment to qualifying hospitals for the unreimbursed cost of providing inpatient and outpatient hospital services to Medicaid eligible and uninsured individuals (DSH Program).	\$ 6,509,223	\$ 151,612,879	\$ 385,918,287	\$ 544,040,390	\$ 18,628,621	\$ 168,375,044	\$ 405,256,577	\$ 592,260,242	Goals 1-5

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Program Template

Program/Title	Purpose	FY 2019-20 Expenditures (Actual)				FY 2020-21 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
II. Programs and Services A. Health Services 6. Medicaid Eligibility	Process applications, annual reviews, and other eligibility changes and member services for the program's applicants and beneficiaries.	\$13,157,028	\$2,960,887	\$23,261,129	\$ 39,379,045	\$ 15,616,045	\$ 2,772,146	\$ 25,329,067	\$ 43,717,258	3.1; 5.3
II. Programs and Services A. Health Services 7. BabyNet	Early intervention services for children with disabilities from birth to their third birthday	\$13,067,170	\$5,645,703	\$20,378,894	\$ 39,091,766	\$ 14,532,857	\$ 4,407,408	\$ 16,656,362	\$ 35,596,627	Goals 1-5
III. Employee Benefits C. State Employer Contributions	Provide fringe & benefits for SCDHHS employees.	\$7,571,182	\$1,641,843	\$15,111,951	\$ 24,324,976	\$ 8,884,392	\$ 1,678,538	\$ 13,978,931	\$ 24,541,861	5.3
IV. Non-Recurring Appropriations	Non-recurring funds used towards IT projects	\$3,485,481	\$6,039,422	\$31,694,780	\$ 41,219,682	\$ 7,409,009	\$ -	\$ 141,174,758	\$ 148,583,767	3.4; 4.2
					\$ 7,813,366,726				\$ 8,395,868,950	

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Legal Standards Template

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who your agency must or may serve? (Y/N)	Does the law specify a product or service your agency must or may provide?	If yes, what type of service or product?	If other service or product, please specify what service or product.
1	44-6-5	State	Statute	Establishes the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor and serves at the will and pleasure of the Governor.	No	No - Does not relate directly to any agency deliverables		
2	44-6-10	State	Statute	There is created the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor, upon the advice and consent of the Senate.	No	No - Does not relate directly to any agency deliverables		
3	44-6-30	State	Statute	Establishes DHHS' authority to administer Title XIX of the Social Security Act (Medicaid), including the EPSDT Program and the CLTC System; Designates DHHS as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act; and prohibits DHHS from engaging in the delivery of services.	No	Yes	Other service or product our agency must/may provide	Administration of Medicaid Program
4	44-6-35	State	Statute	Establishes Medicaid waiver protections for eligible family members of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is stationed.	Yes	No - Does not relate directly to any agency deliverables		
5	44-6-40	State	Statute	Establishes the Department's duties for all health and human services interagency programs.	No	No - Does not relate directly to any agency deliverables		
6	44-6-45	State	Statute	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.	No	No - Does not relate directly to any agency deliverables		
7	44-6-50	State	Statute	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.	No	No - Does not relate directly to any agency deliverables		
8	44-6-70	State	Statute	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.	No	No - Does not relate directly to any agency deliverables		
9	44-6-80	State	Statute	Requires the Department to submit to the Governor, the State Budget and Control Board, and the General Assembly an annual report concerning the work of the department including details on improvements in the cost effectiveness achieved since the establishment of the Department and recommended changes for further improvements. Also, interim reports must be submitted as needed to advise the Governor and the General Assembly of substantive issues.	No	No - Does not relate directly to any agency deliverables		
10	44-6-90	State	Statute	Authorizes the Department to promulgate regulations to carry out its duties. Requires all state and local agencies whose responsibilities include administration or delivery of services which are covered by Title 44, Chapter 6 to cooperate with the Department and comply with its regulations.	No	No - Does not relate directly to any agency deliverables		
11	44-6-100	State	Statute	Establishes the Director as the chief administrative officer of the department responsible for executing policies, directives, and actions of the Department either personally or by issuing appropriate directives to the employees. Department employees have such general duties and receive such compensation as determined by the Director. The Director is responsible for administration of state personnel policies and general Department personnel policies. Authorizes the Director to have sole authority to employ and discharge employees subject to such personnel policies and funding available for that purpose. The goal of the provisions of this section is to ensure that the Department's business is conducted according to sound administrative practice, without unnecessary interference with its internal affairs.	No	No - Does not relate directly to any agency deliverables		
12	44-6-110	State	Statute	A Medicaid provider, outside of the geographical boundary of South Carolina but within the South Carolina Medicaid Service Area, as defined by R. 126-300(B) of the Code of State Regulations, prior to the effective date of the amendments to Section 1-1-10, which are effective January 1, 2017, shall not lose status as a Medicaid provider as a result of the clarification of the South Carolina - North Carolina border.	No	No - Does not relate directly to any agency deliverables		
13	44-6-132	State	Statute	Medically Indigent Assistance Act; Legislative Intent and Findings.	No	No - Does not relate directly to any agency deliverables		

14	44-6-135	State	Statute	The following sections shall be known and may be cited as the "South Carolina Medically Indigent Assistance Act".	No	No - Does not relate directly to any agency deliverables		
15	44-6-140	State	Statute	Establishes the Medicaid hospital prospective payment system and cost containment measures.	No	No - Does not relate directly to any agency deliverables		
16	44-6-146	State	Statute	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	No	No - Does not relate directly to any agency deliverables		
17	44-6-150	State	Statute	Creates the Medically Indigent Assistance Program to be administered by the Department. The program is authorized to sponsor inpatient hospital care for which hospitals shall receive no reimbursement.	Yes	Yes	Other service or product our agency must/may provide	MIAP services
18	44-6-155	State	Statute	Creates the Medicaid Expansion Fund. Monies in the fund must be used to: (1) provide Medicaid coverage to pregnant women and infants with family incomes above one hundred percent but below one hundred eighty-five percent of the federal poverty guidelines; (2) provide Medicaid coverage to children aged one through six with family income below federal poverty guidelines; (3) provide Medicaid coverage to aged and disabled persons with family income below federal poverty guidelines; (4) provide up to two hundred forty thousand dollars to reimburse the Office of Research and Statistics of the Revenue and Fiscal Affairs Office and hospitals for the cost of collecting and reporting data pursuant to Section 44-6-170. Any funds not expended for the purposes specified during a given year are carried forward to the succeeding year for the same purposes.	Yes	Yes	Other service or product our agency must/may provide	Medicaid coverage
19	44-6-160	State	Statute	Requires the Department, by August first of each year, to compute and publish the annual target rate of increase for net inpatient charges for all general hospitals in the State.	No	No - Does not relate directly to any agency deliverables		
20	44-6-180	State	Statute	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.	No	No - Does not relate directly to any agency deliverables		
21	44-6-190	State	Statute	Establishes that the Department may promulgate regulations pursuant to the Administrative Procedures Act and appeals from decisions by the Department are heard pursuant to the APA, Administrative Law Judge, Article 5, Chapter 23 of Title 1 of the 1976 Code. Also requires the Department to promulgate regulations to comply with federal requirements to limit the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the Medicaid program.	No	No - Does not relate directly to any agency deliverables		
22	44-6-200	State	Statute	Criminal penalties for falsification of information regarding MIAP.	No	No - Does not relate directly to any agency deliverables		
23	44-6-220	State	Statute	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Yes	No - Does not relate directly to any agency deliverables		
24	44-6-300	State	Statute	Requires the Department to establish child development services in certain counties.	No	Yes	Other service or product our agency must/may provide	Child development services
25	44-6-310	State	Statute	Requires the Department to expand child development services in certain counties.	No	Yes	Other service or product our agency must/may provide	Child development services
26	44-6-320	State	Statute	Requires the establishment and expansion of the child development services to be accomplished within the limits of the appropriations provided by the General Assembly in the annual General Appropriations Act for this purpose and in accordance with the Department's policies for child development services funded through Title XX.	No	Yes	Other service or product our agency must/may provide	Child development services
27	44-6-400	State	Statute	Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	No	No - Does not relate directly to any agency deliverables		
28	44-6-420	State	Statute	Authorizes the Department to take certain enforcement action when it is notified by DHEC that a nursing home is in violation of one or more of the requirements for participation in the Medicaid program. Requires coordination with federal authorities if the nursing home is dually certified for participation in both the Medicare and Medicaid programs.	No	No - Does not relate directly to any agency deliverables		
29	44-6-470	State	Statute	Specifies the use of funds collected by the department as a result of the imposition of civil monetary penalties or other enforcement actions against nursing homes.	No	No - Does not relate directly to any agency deliverables		

30	44-6-530	State	Statute	Before instituting an action against a nursing home, requires the Department to determine if the Secretary of the United States Department of Health and Human Services has jurisdiction under federal law. In such cases, the Department must coordinate its efforts with the Secretary to maintain an action against the nursing home. In an action against a nursing home owned and operated by the State of South Carolina, the Secretary has exclusive jurisdiction.	No	No - Does not relate directly to any agency deliverables		
31	44-6-540	State	Statute	Authorizes the Department to promulgate regulations, pursuant to the Administrative Procedures Act, to administer sanctions against nursing homes, and to ensure compliance with the requirements for participation in the Medicaid program.	No	No - Does not relate directly to any agency deliverables		
32	44-6-610	State	Statute	Citation of Article as the "Gap Assistance Pharmacy Program for Seniors (GAPS) Act".	Yes	Yes	Other service or product our agency must/may provide	GAPS services (suspended via proviso)
33	44-6-620	State	Statute	Definitions of terms in the GAPS Act.	No	No - Does not relate directly to any agency deliverables		
34	44-6-630	State	Statute	Creates within the Department the Gap Assistance Pharmacy Program for Seniors (GAPS) program. The purpose of this program is to coordinate, beginning January 1, 2006, with Medicare Part D Prescription Drug Plans to provide to low-income seniors in this State assistance with costs for prescription drugs during the annual Medicare Part D coverage gap.	Yes	Yes	Other service or product our agency must/may provide	GAPS Program Administration (suspended via proviso)
35	44-6-640	State	Statute	Establishes that the Department may designate, or enter into contracts with, other entities including, but not limited to, other states, other governmental purchasing pools, and nonprofit organizations to assist in the administration of the GAPS program. Authorizes the Department to establish an enrollment fee that must be used to fund the administration of this program.	No	No - Does not relate directly to any agency deliverables		
36	44-6-650	State	Statute	Establishes the eligibility requirements and benefits available under the GAPS program.	Yes	Yes	Other service or product our agency must/may provide	GAPS Program Administration (suspended via proviso)
37	44-6-660	State	Statute	Requires the Department to maintain data to allow evaluation of the cost effectiveness of the GAPS program and to include in its annual report, a report on the GAPS program.	No	No - Does not relate directly to any agency deliverables		
38	44-6-710	State	Statute	Requires the Medicaid application for nursing home care of a person deemed ineligible because of Medicaid qualifying trust to be treated as an undue hardship case.	Yes	No - Does not relate directly to any agency deliverables		
39	44-6-720	State	Statute	Establishes requirements for qualifying for undue hardship waiver.	Yes	No - Does not relate directly to any agency deliverables		
40	44-6-725	State	Statute	Establishes that certain promissory notes received by a Medicaid applicant or recipient or the spouse of a Medicaid applicant or recipient shall, for Medicaid eligibility purposes, be deemed to be fully negotiable under the laws of this State unless it contains language plainly stating that it is not transferable under any circumstances. A promissory note will be considered valid for Medicaid purposes only if it is actuarially sound, requires monthly installments that fully amortize it over the life of the loan, and is free of any conditional or self-canceling clauses.	Yes	No - Does not relate directly to any agency deliverables		
41	44-6-730	State	Statute	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article ("Trusts and Medicaid Eligibility").	No	No - Does not relate directly to any agency deliverables		
42	44-6-910	State	Statute	Recognition of FQHCs, RHCs and Rural Hospitals.	No	No - Does not relate directly to any agency deliverables		
43	44-6-1010	State	Statute	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.	Yes	No - Does not relate directly to any agency deliverables		
44	44-6-1020	State	Statute	Requires the P&T Committee to adopt bylaws, elect a chairman and vice chairman; establishes rules regarding compensation, meetings, and public comment on clinical and patient care data from Medicaid providers.	No	No - Does not relate directly to any agency deliverables		
45	44-6-1030	State	Statute	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.	No	No - Does not relate directly to any agency deliverables		
46	44-6-1040	State	Statute	Establishes certain procedures to be included in any preferred drug list program administered by the Department.	No	Yes	Other service or product our agency must/may provide	Preferred drug list program
47	44-6-1050	State	Statute	Establishes rules regarding the granting of prior authorization for a drug and establishes that a Medicaid recipient who has been denied prior authorization for a prescribed drug is entitled to appeal this decision through the Department's appeals process.	No	No - Does not relate directly to any agency deliverables		

48	43-7-50	State	Statute	Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	No	No - Does not relate directly to any agency deliverables		
49	43-7-60	State	Statute	Establishes that a false claim, statement, or representation by a medical provider is a misdemeanor and sets out penalties for violations.	No	No - Does not relate directly to any agency deliverables		
50	43-7-70	State	Statute	Establishes that a false statement or representation on application for assistance under the Medicaid program is a misdemeanor and sets out penalties for violations.	No	No - Does not relate directly to any agency deliverables		
51	43-7-80	State	Statute	Establishes that Medicaid providers are required to keep separate accounts for patient funds and maintain records of such accounts. Declares that a violation is a misdemeanor and sets out penalties for such violations.	No	No - Does not relate directly to any agency deliverables		
52	43-7-410	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	No	No - Does not relate directly to any agency deliverables		
53	43-7-420	State	Statute	Establishes that Medicaid applicants and recipients are considered to have assigned their right to recover an amount paid by Medicaid from a third party or private insurer to the department. Also that the receipt of medical assistance by an applicant or recipient creates a rebuttable presumption that the applicant or recipient received information regarding the requirements for and the consequences of assigning his right to recover from a third party or private insurer either from the department, or in the case of an applicant or recipient qualified by the Social Security Administration under Section 1634 of the Social Security Act, from the Social Security Administration. Presumption of receipt of information regarding requirement for consequences or assignment. Establishes that an applicant's and recipient's determination of, and continued eligibility for, medical assistance under Medicaid is contingent on his cooperation with the Department in its efforts to enforce its assignment rights.	No	No - Does not relate directly to any agency deliverables		
54	43-7-430	State	Statute	Establishes the subrogation of rights to the Department. The Department automatically is subrogated, only to the extent of the amount of medical assistance paid by Medicaid, to the rights an applicant or recipient has to recover an amount paid by Medicaid from a third party or private insurer.	No	No - Does not relate directly to any agency deliverables		
55	43-7-440	State	Statute	Establishes the enforcement and superiority of the Department's subrogation rights. Requires provider assistance in identification of third parties liable for medical costs. Renders ineffective certain insurance provisions.	No	No - Does not relate directly to any agency deliverables		
56	43-7-450	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; claims or actions pending or brought before June 11, 1986.	No	No - Does not relate directly to any agency deliverables		
57	43-7-460	State	Statute	Establishes the Department's obligation to recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from estates of certain individuals.	No	No - Does not relate directly to any agency deliverables		
58	43-7-465	State	Statute	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.	No	No - Does not relate directly to any agency deliverables		
59	44-7-80	State	Statute	Establishes the Medicaid Nursing Home Permits rules.	No	No - Does not relate directly to any agency deliverables		
60	44-7-82	State	Statute	No nursing home may provide care to Medicaid patients without first obtaining a permit in the manner provided in this article.	No	No - Does not relate directly to any agency deliverables		
61	44-7-84	State	Statute	Determination and allocation of Medicaid nursing home patient days; application for permit; rules and regulations.	No	No - Does not relate directly to any agency deliverables		
62	44-7-88	State	Statute	Involuntary discharge or transfer of Medicaid nursing home patients prohibited; request for waiver of permit requirements.	No	No - Does not relate directly to any agency deliverables		
63	44-7-90	State	Statute	Violations of Article; penalties; relocation of patients; report of daily Medicaid resident census information.	No	No - Does not relate directly to any agency deliverables		
64	1-1-1035	State	Statute	Establishes that no state funds or Medicaid funds shall be expended to perform abortions, except for those abortions authorized by federal law under the Medicaid program.	No	Yes	Other service or product our agency must/may provide	Abortions authorized by federal law under the Medicaid program

65	12-23-840	State	Statute	Revenues derived under Article 11 (Indigent Health Care) of Title 12 of Chapter 23 of the Code must be deposited in the Medicaid Expansion Fund created by Section 44-6-155. In addition to the purposes specified in Section 44-6-155, monies in the Medicaid Expansion Fund must be used to provide health care coverage to the Medicaid-eligible and uninsured populations in South Carolina.	No	No - Does not relate directly to any agency deliverables
66	9-1-1870	State	Statute	With one exception, retirees and beneficiaries under the State Retirement Systems receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	No	No - Does not relate directly to any agency deliverables
67	9-11-315	State	Statute	With one exception, retirees and beneficiaries under the Police Officers Retirement System receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	No	No - Does not relate directly to any agency deliverables
68	40-43-86(H)(6)	State	Statute	A Medicaid recipient whose prescription is reimbursed by the South Carolina Medicaid Program is deemed to have consented to the substitution of a less costly equivalent generic drug product.	No	No - Does not relate directly to any agency deliverables
69	62-7-503	State	Statute	Makes the spendthrift exception unenforceable against a special needs trust, supplemental needs trust, or similar trust established for a disabled person if the applicability of such a provision could invalidate such a trust's exemption from consideration as a countable resource for Medicaid or Supplemental Security Income (SSI) purposes or if the applicability of such a provision has the effect or potential effect of rendering such disabled person ineligible for any program of public benefit, including, but not limited to, Medicaid and SSI.	No	No - Does not relate directly to any agency deliverables
70	11-7-40	State	Statute	Establishes that the Department is responsible for fifty percent of the costs incurred by the State Auditor in conducting the medical assistance audit. The amount billed by the State Auditor must include those appropriated salary adjustments and employer contributions allowable under the Medicaid program. The Department must remit the amount billed to the credit of the general fund of the State.	No	No - Does not relate directly to any agency deliverables
71	12-21-625	State	Statute	Describes the portion of the cigarette tax to be deposited in the South Carolina Medicaid Reserve Fund created pursuant to Section 11-11-230(B).	No	No - Does not relate directly to any agency deliverables
72	59-123-60	State	Statute	Requires certain state appropriations to the Department to be used as match funds for the disproportionate share for the MUSC's federal program. Any excess funding may be used for hospital base rate increases. The Department must pay to the Medical University of South Carolina Hospital Authority an amount equal to the amount appropriated for its disproportionate share to the DHHS. This payment shall be in addition to any other funds that are available to the authority from the Medicaid program inclusive of the disproportionate share for the hospital's federal program.	No	No - Does not relate directly to any agency deliverables
73	38-71-2110(B)	State	Statute	Exempts the Department from Article 20, Chapter 71 of Title 38 of the SC Code, which provides procedures governing the maximum allowable cost reimbursements for generic prescription drugs by pharmacy benefit managers.	No	No - Does not relate directly to any agency deliverables
74	58-23-1610	State	Statute	A transportation network company does not include transportation services provided pursuant to Articles 1 through 15, Chapter 23, Title 58, or arranging nonemergency medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the State or a managed care organization.	No	No - Does not relate directly to any agency deliverables
75	11-5-400	State	Statute	Establishes the 'South Carolina ABLE Savings Program'. The purpose of the South Carolina ABLE Savings Program is to authorize the establishment of savings accounts empowering individuals with a disability and their families to save private funds which can be used to provide for disability-related expenses in a way that supplements, but does not supplant, benefits provided through the Medicaid program under Title XIX of the Social Security Act and other insurance.	No	No - Does not relate directly to any agency deliverables
76	11-5-440(F)(2)	State	Statute	Describes the treatment of funds in an ABLE account for Medicaid purposes.	No	No - Does not relate directly to any agency deliverables
77	Proviso 33.1 (Recoupment/R estricted Fund)	State	FY 2019-20 Proviso	Establishes a restricted fund for recoupments and overpayments and specifies the allowable uses of that fund.	No	No - Does not relate directly to any agency deliverables
78	Proviso 33.2 (Long Term Care Facility Reimbursement Rate)	State	FY 2019-20 Proviso	Establishes procedures for calculating reimbursements for long-term care facilities.	No	No - Does not relate directly to any agency deliverables

79	Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	FY 2019-20 Proviso	Directs the Department to make monthly remittances to the State Auditor's Office to support Medical Assistance audits.	Yes	No - Does not relate directly to any agency deliverables
80	Proviso 33.4 (Third Party Liability Collection)	State	FY 2019-20 Proviso	Allows the Department to fund Third Party Liability and Drug Rebate collection efforts from the monies collected in those efforts.	No	No - Does not relate directly to any agency deliverables
81	Proviso 33.5 (Medicaid State Plan)	State	FY 2019-20 Proviso	Establishes the circumstances under which the Department may bill other state agencies for state matching funds.	No	No - Does not relate directly to any agency deliverables
82	Proviso 33.6 (Medically Indigent Assistance Fund)	State	FY 2019-20 Proviso	Makes DSH-receiving hospitals liable for any audit exceptions relating to their receipt or expenditure of DSH funds.	No	No - Does not relate directly to any agency deliverables
83	Proviso 33.7 (Registration Fees)	State	FY 2019-20 Proviso	Authorizes the Department to receive and expend registration fees for educational, training, and certification programs.	No	No - Does not relate directly to any agency deliverables
84	Proviso 33.8 (Fraud and Abuse Collections)	State	FY 2019-20 Proviso	Authorizes the Department to offset the administrative costs associated with controlling fraud and abuse.	No	No - Does not relate directly to any agency deliverables
85	Proviso 33.9 (Medicaid Eligibility Transfer)	State	FY 2019-20 Proviso	Transfers responsibility for Medicaid eligibility from DSS to HHS and requires that counties provide facilities for this work, as they do for DSS.	No	No - Does not relate directly to any agency deliverables
86	Proviso 33.10 (Franchise Fees Suspension)	State	FY 2019-20 Proviso	Suspends franchise fees imposed on nursing home beds.	No	No - Does not relate directly to any agency deliverables
87	Proviso 33.11 (Program Integrity Efforts)	State	FY 2019-20 Proviso	Directs the Department to expand its program integrity efforts by utilizing resources both within and external to the agency including, but not limited to, the ability to contract with other entities for the purpose of maximizing the Department's ability to detect and eliminate provider fraud.	No	No - Does not relate directly to any agency deliverables
88	Proviso 33.12 (Post Payment Review)	State	FY 2019-20 Proviso	Requires post-payment reviews to ensure compliance with the Hyde Amendment.	No	No - Does not relate directly to any agency deliverables
89	Proviso 33.13 (Long Term Care Facility Reimbursement Rates)	State	FY 2019-20 Proviso	Requires that HHS submit its long-term care facility reimbursement state plan amendment to CMS by August 15th each year.	No	No - Does not relate directly to any agency deliverables
90	Proviso 33.14 (Nursing Services to High Risk/High Tech Children)	State	FY 2019-20 Proviso	Requires a separate classification and compensation plan for Registered Nurses (RN) and Licensed Practical Nurses (LPN) who provide services to Medically Fragile Children and others.	No	No - Does not relate directly to any agency deliverables
91	Proviso 33.15 (CHIP Enrollment and Recertification)	State	FY 2019-20 Proviso	Directs the Department to enroll and recertify eligible children for the Children's Health Insurance Program (CHIP) using various sources of information from other state agencies.	No	No - Does not relate directly to any agency deliverables
92	Proviso 33.16 (Carry Forward)	State	FY 2019-20 Proviso	Allows the Department to carry forward funds from earmarked and restricted sources and establishes relevant reporting requirements.	No	No - Does not relate directly to any agency deliverables

93	Proviso 33.17 (Medicaid Provider Fraud)	State	FY 2019-20 Proviso	Directs the Department to expand and increase its effort to identify, report, and combat Medicaid provider fraud and requires annual reporting.	No	No - Does not relate directly to any agency deliverables		
94	Proviso 33.18 (GAPS)	State	FY 2019-20 Proviso	Suspends the GAPS program.	No	No - Does not relate directly to any agency deliverables		
95	Proviso 33.19 (Contract Authority)	State	FY 2019-20 Proviso	Authorizes the Department to contract with community-based not-for-profit organizations for local projects that further the objectives of the Department's programs.	No	No - Does not relate directly to any agency deliverables		
96	Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	FY 2019-20 Proviso	Establishes the Healthy Outcomes Initiative, increases DSH payments to rural hospitals, and directs expenditures to safety net and other providers.	No	No - Does not relate directly to any agency deliverables		
97	Proviso 33.21 (Medicaid Healthcare Initiatives Outcomes)	State	FY 2019-20 Proviso	Requires that the Director of the Department of Health and Human Services present to the House Ways and Means Healthcare Budget Subcommittee on the outcomes of Medicaid healthcare initiatives by February 15th.	No	No - Does not relate directly to any agency deliverables		
98	Proviso 33.22 (Rural Health Initiative)	State	FY 2019-20 Proviso	Requires the Department to partner with certain agencies to implement components of a Rural Health Initiative.	No	No - Does not relate directly to any agency deliverables		
99	Proviso 33.23 (BabyNet Compliance)	State	FY 2019-20 Proviso	Requires the agency to report on the status of bringing BabyNet into compliance with federal requirements.	No	No - Does not relate directly to any agency deliverables		
100	Proviso 33.24 (Personal Emergency Response System)	State	FY 2019-20 Proviso	Requires the Department to develop one or more Requests for Proposals, to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients pursuant to the Department's Medicaid Home and Community-Based waiver.	Yes	Yes	Other service or product our agency must/may provide	Personal Emergency Response Systems
101	Proviso 33.25 (Family Planning Funds)	State	FY 2019-20 Proviso	State law having prevented Planned Parenthood from performing abortions with state funds, once the federal injunction is lifted, the Department of Health and Human Services may not direct any federal funds to Planned Parenthood.	No	No - Does not relate directly to any agency deliverables		
102	Proviso 117.9 (Transfers of Appropriations)	State	FY 2019-20 Proviso	Sets rules for transferring appropriations within programs.	No	No - Does not relate directly to any agency deliverables		
103	Proviso 117.10 (Federal Funds - DHEC, DSS, DHHS - Disallowances)	State	FY 2019-20 Proviso	Allows DSS, DHEC, and HHS to use current-year funds for certain prior-year purposes.	No	No - Does not relate directly to any agency deliverables		
104	Proviso 117.13 (Discrimination Policy)	State	FY 2019-20 Proviso	Agencies must submit employment reports to the State Human Affairs Commission by October 31st.	No	No - Does not relate directly to any agency deliverables		
105	Proviso 117.14 (FTE Management)	State	FY 2019-20 Proviso	Defines the process through which FTEs are tracked and allocated.	No	No - Does not relate directly to any agency deliverables		
106	Proviso 117.23 (Carry Forward)	State	FY 2019-20 Proviso	Allows agencies to carry-forward 10% of their General Fund appropriations; sets procedures for sweeping these accounts, if necessary in a recession.	No	No - Does not relate directly to any agency deliverables		
107	Proviso 117.24 (TEFRA)	State	FY 2019-20 Proviso	Directs HHS to amend the State Plan to exercise the TEFRA eligibility option and other agencies to identify potential sources of state match.	Yes	No - Does not relate directly to any agency deliverables		

108	Proviso 117.26 (Travel Report)	State	FY 2019-20 Proviso	Requires agencies to provide information on employee travel.	No	No - Does not relate directly to any agency deliverables
109	Proviso 117.29 (Base Budget Analysis)	State	FY 2019-20 Proviso	Agencies must submit accountability reports by September 15th.	No	No - Does not relate directly to any agency deliverables
110	Proviso 117.30 (Collection on Dishonored Payments)	State	FY 2019-20 Proviso	Agencies may collect service charges for payments dishonored for insufficient funds.	No	No - Does not relate directly to any agency deliverables
111	Proviso 117.32 (Voluntary Separation Incentive Program)	State	FY 2019-20 Proviso	Sets parameters through which agencies may establish voluntary separation incentives, subject to DOA approval.	No	No - Does not relate directly to any agency deliverables
112	Proviso 117.33 (Debt Collection Reports)	State	FY 2019-20 Proviso	Agencies must submit debt collection reports by the end of February.	No	No - Does not relate directly to any agency deliverables
113	Proviso 117.35 (Tobacco Settlement Funds Carry Forward)	State	FY 2019-20 Proviso	Agencies may carry-forward Tobacco Settlement Agreement funds.	No	No - Does not relate directly to any agency deliverables
114	Proviso 117.44 (Parking Fees)	State	FY 2019-20 Proviso	Agencies may not increase or impose new parking fees for employees.	No	No - Does not relate directly to any agency deliverables
115	Proviso 117.46 (Insurance Claims)	State	FY 2019-20 Proviso	Agencies may use insurance reimbursements to offset expenses related to the claim and may carry-forward these funds.	No	No - Does not relate directly to any agency deliverables
116	Proviso 117.47 (Organizational Charts)	State	FY 2019-20 Proviso	Agencies must file organization charts by September 1st and when making changes that affect grievance rights.	No	No - Does not relate directly to any agency deliverables
117	Proviso 117.48 (Agencies Affected by Restructuring)	State	FY 2019-20 Proviso	Defines the process for making accounting changes when agencies are restructured.	No	No - Does not relate directly to any agency deliverables
118	Proviso 117.49 (Agency Administrative Support Collaboration)	State	FY 2019-20 Proviso	Agencies should pursue cost savings through shared services efforts.	No	No - Does not relate directly to any agency deliverables
119	Proviso 117.54 (Employee Bonuses)	State	FY 2019-20 Proviso	Sets limits on employee bonuses and sets reporting requirements.	No	No - Does not relate directly to any agency deliverables
120	Proviso 117.57 (Year-End Financial Statements - Penalties)	State	FY 2019-20 Proviso	Sets deadlines for agencies to submit financial statements to the Comptroller General.	No	No - Does not relate directly to any agency deliverables
121	Proviso 117.58 (Purchase Card Incentive Rebates)	State	FY 2019-20 Proviso	Agencies that receive incentive rebate premiums for using the purchasing card may retain those funds.	No	No - Does not relate directly to any agency deliverables
122	Proviso 117.63 (Attorney Dues)	State	FY 2019-20 Proviso	Agencies employing attorneys may use their funds to pay SC Bar Association dues.	No	No - Does not relate directly to any agency deliverables

123	Proviso 117.64 (Critical Employee Recruitment and Retention)	State	FY 2019-20 Proviso	Allows certain agencies to pay bonuses, educational leave, loan repayments, and tuition for healthcare workers under specific conditions.	No	No - Does not relate directly to any agency deliverables
124	Proviso 117.67 (Voluntary Furlough)	State	FY 2019-20 Proviso	Agencies may create voluntary furlough programs	No	No - Does not relate directly to any agency deliverables
125	Proviso 117.69 (Reduction in Force Antidiscrimination)	State	FY 2019-20 Proviso	Agencies can't discriminate when applying reductions in force.	No	No - Does not relate directly to any agency deliverables
126	Proviso 117.70 (Reduction in Force/Agency Head Furlough)	State	FY 2019-20 Proviso	Agency heads must take a five-day furlough in fiscal years when they apply reductions in force, with certain exceptions.	No	No - Does not relate directly to any agency deliverables
127	Proviso 117.71 (Printed Report Requirements)	State	FY 2019-20 Proviso	For Fiscal Year 2019-20 the Department of Health and Human Services shall not be required to provide printed copies of the Medicaid Annual Report required pursuant to Section 44-6-80 of the 1976 Code and shall instead only submit the documents electronically.	No	No - Does not relate directly to any agency deliverables
128	Proviso 117.72 (IMD Operations)	State	FY 2019-20 Proviso	The Department shall produce an annual report on Medicaid-funded out-of-home placements and associated expenditures which shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November first each year.	No	No - Does not relate directly to any agency deliverables
129	Proviso 117.73 (Fines and Fees Report)	State	FY 2019-20 Proviso	Requires agencies to report on the amounts of fines and fees that were charged and collected by the agency in the prior fiscal year.	No	No - Does not relate directly to any agency deliverables
130	Proviso 117.74 (Mandatory Furlough)	State	FY 2019-20 Proviso	Defines the rules governing mandatory employee furloughs.	No	No - Does not relate directly to any agency deliverables
131	Proviso 117.75 (Reduction in Force)	State	FY 2019-20 Proviso	When RIFs occur, agencies should focus on letting contractors, TERI, and post-TERI employees go first.	No	No - Does not relate directly to any agency deliverables
132	Proviso 117.76 (Cost Saving When Filling Vacancies Created by Retirements)	State	FY 2019-20 Proviso	Agencies should eliminate 1/4 of the cost associated with positions made vacant by retirement.	No	No - Does not relate directly to any agency deliverables
133	Proviso 117.77 (Information Technology for Health Care)	State	FY 2019-20 Proviso	Establishes the intended use of funds awarded to HHS under the HITECH Act.	No	No - Does not relate directly to any agency deliverables
134	Proviso 117.79 (Reduction in Compensation)	State	FY 2019-20 Proviso	Agencies can't discipline or give pay reductions to employees solely for providing sworn testimony to legislative committees.	No	No - Does not relate directly to any agency deliverables
135	Proviso 117.80 (Deficit Monitoring)	State	FY 2019-20 Proviso	Defines the Executive Budget Office's quarterly deficit monitoring program.	No	No - Does not relate directly to any agency deliverables
136	Proviso 117.81 (Commuting Costs)	State	FY 2019-20 Proviso	Provides restrictions on the use of state vehicles for employees' commuting purposes.	No	No - Does not relate directly to any agency deliverables
137	Proviso 117.82 (Bank Account Transparency and Accountability)	State	FY 2019-20 Proviso	Agencies must provide detailed reports on non-SCEIS bank accounts by October 1st.	No	No - Does not relate directly to any agency deliverables

138	Proviso 117.83 (Websites)	State	FY 2019-20 Proviso	Agency websites must link to another agency's website that posts procurement card spending reports.	No	No - Does not relate directly to any agency deliverables		
139	Proviso 117.84 (Regulations)	State	FY 2019-20 Proviso	Joint Resolutions for regulations that raise or establish fees must state this in their titles.	No	No - Does not relate directly to any agency deliverables		
140	Proviso 118.87 (Recovery Audits)	State	FY 2019-20 Proviso	Requires state agencies to participate in recovery audit program and cooperate and provide necessary information in a timely manner.	No	No - Does not relate directly to any agency deliverables		
141	Proviso 117.89 (Means Test)	State	FY 2019-20 Proviso	Agencies providing healthcare services are to apply means tests and report on these criteria and collections by January 1st.	No	No - Does not relate directly to any agency deliverables		
142	Proviso 117.90 (Agency Reduction Management)	State	FY 2019-20 Proviso	In the event of a base reduction, agencies are to realize savings through furloughs, reductions in employee compensation, hiring freezes, elimination of administrative overhead, and as a final option, reductions to programmatic funding.	No	No - Does not relate directly to any agency deliverables		
143	Proviso 117.96 (BabyNet Quarterly Reports)	State	FY 2019-20 Proviso	The School for the Deaf and Blind, DDSN, SCDHHS, DMH and DSS each must provide on a common template, a quarterly report to the Chairman of the House Ways and Means Committee and the Chairman of Senate Finance outlining all programs provided by them for BabyNet; all federal funds received and expended on BabyNet and all state funds expended on BabyNet. Each entity and agency shall report on its share of the states ongoing maintenance of effort as defined by the US Department of Education under IDEA Part C.	No	Yes	Report our agency must/may provide	
144	Proviso 117.103 (Data Breach Notification)	State	FY 2019-20 Proviso	Creates notification requirements in the event of a data breach.	No	No - Does not relate directly to any agency deliverables		
145	Proviso 117.110 (Information Technology and Information Security Plans)	State	FY 2019-20 Proviso	Agencies must file IT and information security plans by August 1st.	No	Yes	Report our agency must/may provide	
146	Proviso 117.117 (Statewide Strategic Information Technology Plan Implementation)	State	FY 2019-20 Proviso	Directs state agencies to provide information/comply with the Statewide Strategic Information Technology Plan Implementation.	No	No - Does not relate directly to any agency deliverables		
147	Proviso 117.119 (State Employee Leave Donation)	State	FY 2019-20 Proviso	Replaces previous rules for donating annual and sick leave.	No	No - Does not relate directly to any agency deliverables		
148	Proviso 117.125 (BabyNet)	State	FY 2019-20 Proviso	Provide information upon request to Executive Budget Office	No	No - Does not relate directly to any agency deliverables		
149	Proviso 117.126 (SC Telemedicine Network)	State	FY 2019-20 Proviso	Requires DHHS to work with MUSC regarding telehealth initiative and funding provided.	No	No - Does not relate directly to any agency deliverables		
150	Proviso 117.133 (Opioid Abuse Prevention and Treatment Plan)	State	FY 2019-20 Proviso	Statewide initiative to combat the opioid epidemic	No	Yes	Other service or product our agency must/may provide	Opiod treatment

151	Proviso 118.1 (Year End Cutoff)	State	FY 2019-20 Proviso	Sets accounting rules for fiscal year-end.	No	No - Does not relate directly to any agency deliverables		
152	Proviso 118.5 (Health Care Maintenance of Effort Funding)	State	FY 2019-20 Proviso	Directs the proceeds of the \$0.50 cigarette surcharge and applies those funds to Medicaid.	No	No - Does not relate directly to any agency deliverables		
153	Proviso 118.6 (Prohibits Public Funded Lobbyists)	State	FY 2019-20 Proviso	Agencies may not use General Funds to pay lobbyists.	No	No - Does not relate directly to any agency deliverables		
154	Proviso 118.11 (Tobacco Settlement)	State	FY 2019-20 Proviso	Allocates funds received through the Tobacco Master Settlement Agreement.	No	No - Does not relate directly to any agency deliverables		
155	Proviso 118.16 (Non-recurring Revenue)	State	FY 2019-20 Proviso	Appropriates non-recurring revenues.	No	No - Does not relate directly to any agency deliverables		
156	Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Yes	Yes	Other service or product our agency must/may provide	Medicaid services
157	42 CFR 430.0 - 430.104	Federal	Regulation	Establishes regulations regarding the Medicaid State Plan, federal deferrals and disallowances, reduction of Federal Medicaid payments, and hearings on issues of conformity of State Plan and practice to Federal requirements.	No	No - Does not relate directly to any agency deliverables		
158	42 CFR 431.1 - 431.1010	Federal	Regulation	Establishes regulations regarding State organization and general administration of the Medicaid program including rules on provider relations, appeals and fair hearings, safeguarding of applicant/beneficiary information, relations with Medicare and other state agencies, and quality control.	No	No - Does not relate directly to any agency deliverables		
159	42 CFR 432.1 - 432.55	Federal	Regulation	Establishes regulations regarding the Department's personnel administration including available federal financial participation for staffing and training.	No	No - Does not relate directly to any agency deliverables		
160	42 CFR 433.1 - 433.322	Federal	Regulation	Establishes regulations regarding the Department's fiscal administration of the Medicaid program including matching funds, third party liability, and refunding of federal share of Medicaid overpayment to providers.	No	No - Does not relate directly to any agency deliverables		
161	42 CFR 434.1 - 434.78	Federal	Regulation	Establishes general provisions regarding Department contracts including conditions for federal financial participation.	No	No - Does not relate directly to any agency deliverables		
162	42 CFR 435.2 - 435.1205	Federal	Regulation	Establishes regulations regarding eligibility to participate in the Medicaid program including mandatory and optional coverage groups, general financial eligibility requirements, certain post-eligibility financial requirements, and federal financial participation available for expenditures in determining eligibility and providing services.	Yes	No - Does not relate directly to any agency deliverables		
163	42 CFR 438.1 - 438.930	Federal	Regulation	Establishes regulations regarding the administration of the Medicaid program through managed care entities.	No	No - Does not relate directly to any agency deliverables		
164	42 CFR 440.1 - 440.395	Federal	Regulation	Establishes regulations regarding the services available under the Medicaid program including definitions, requirements and limits applicable to all services, and benchmark benefit and benchmark-equivalent coverage.	No	Yes	Other service or product our agency must/may provide	Medicaid services
165	42 CFR 441.1 - 441.745	Federal	Regulation	Establishes requirements and limits applicable to specific services.	No	No - Does not relate directly to any agency deliverables		
166	42 CFR 442.1 - 442.119	Federal	Regulation	Establishes standards for payment to nursing facilities and intermediate care facilities for individuals with intellectual disabilities.	No	No - Does not relate directly to any agency deliverables		
167	42 CFR 447.1 - 447.522	Federal	Regulation	Establishes regulations regarding the Department's payment for services including payment methods, payment for inpatient hospital and long term care facility services, payment adjustments for hospitals that serve a disproportionate number of low-income patients, payment methods for other institutional and non-institutional services, payments for primary care services provided by physicians, and payment for drugs.	No	Yes	Other service or product our agency must/may provide	Medicaid services

168	42 CFR 455.1 - 455.518	Federal	Regulation	Establishes regulations regarding Medicaid program integrity including the Medicaid agency fraud detection and investigation program, disclosure of financial information by providers and fiscal agents, the scope of the Medicaid integrity program, provider screening and enrollment, and Medicaid recovery audit contractors program.	No	No - Does not relate directly to any agency deliverables		
169	42 CFR 456.1 - 456.725	Federal	Regulation	Establishes regulations regarding utilization control measures for Medicaid services.	No	No - Does not relate directly to any agency deliverables		
170	42 CFR 460.1 - 460.210	Federal	Regulation	Establishes regulations for the administration of the Program of All-inclusive Care for the Elderly (PACE).	Yes	Yes	Other service or product our agency must/may provide	PACE services
171	Reg. 126-125	State	Regulation	Requires the Department to administer its programs without discrimination.	No	No - Does not relate directly to any agency deliverables		
172	Reg. 126-150	State	Regulation	Establishes definitions for terms used in the Department's Appeals and Hearings regulations	Yes	Yes	Other service or product our agency must/may provide	Appeals and Hearings
173	Reg. 126-152	State	Regulation	Establishes appeal procedures	Yes	Yes	Other service or product our agency must/may provide	Appeals and Hearings
174	Reg. 126-154	State	Regulation	Defines authority of Hearing Officer	Yes	Yes	Other service or product our agency must/may provide	Appeals and Hearings
175	Reg. 126-156	State	Regulation	Describes prehearing conferences	Yes	Yes	Other service or product our agency must/may provide	Appeals and Hearings
176	Reg. 126-158	State	Regulation	Establishes hearing procedures	Yes	Yes	Other service or product our agency must/may provide	Appeals and Hearings
177	Reg. 126-170	State	Regulation	Establishes rules for the safeguarding and disclosure of Department-held client information.	No	No - Does not relate directly to any agency deliverables		
178	Reg. 126-171	State	Regulation	Defines protected information	No	No - Does not relate directly to any agency deliverables		
179	Reg. 126-172	State	Regulation	Defines purposes directly connected to the administration of programs and grants	No	No - Does not relate directly to any agency deliverables		
180	Reg. 126-173	State	Regulation	Defines rules under which the Department may release information	No	No - Does not relate directly to any agency deliverables		
181	Reg. 126-174	State	Regulation	Defines rules under which materials may be distributed to recipients and providers	No	No - Does not relate directly to any agency deliverables		
182	Reg. 126-175	State	Regulation	Defines penalties related to violations of the Department's safeguarding regulations	No	No - Does not relate directly to any agency deliverables		
183	Reg. 126-300	State	Regulation	Establishes the scope of the Medicaid program including services available under the program.	No	Yes	Other service or product our agency must/may provide	Medicaid services
184	Reg. 126-301	State	Regulation	List of services covered by Medicaid program	No	Yes	Other service or product our agency must/may provide	Medicaid services
185	Reg. 126-302	State	Regulation	Defines audiology services	Yes	Yes	Other service or product our agency must/may provide	Audiology services
186	Reg. 126-303	State	Regulation	Describes coverage of certified nurse midwifery services	No	Yes	Other service or product our agency must/may provide	Nurse-midwifery services
187	Reg. 126-304	State	Regulation	Describes Community Long Term Care Home and Community Based Services	No	Yes	Other service or product our agency must/may provide	CLTC services
188	Reg. 126-305	State	Regulation	Defines dental care	Yes	Yes	Other service or product our agency must/may provide	Dental services
189	Reg. 126-306	State	Regulation	Defines durable medical equipment	No	Yes	Other service or product our agency must/may provide	DME equipment
190	Reg. 126-307	State	Regulation	Describes early and periodic screening, diagnosis and treatment (EPSDT) services	Yes	Yes	Other service or product our agency must/may provide	EPSDT
191	Reg. 126-308	State	Regulation	Describes where End Stage Renal Disease services are available	No	Yes	Other service or product our agency must/may provide	End State Renal Disease services

192	Reg. 126-309	State	Regulation	Describes purpose of Family Planning Services	Yes	Yes	Other service or product our agency must/may provide	Family Planning services
193	Reg. 126-310	State	Regulation	Defines hospital services	No	Yes	Other service or product our agency must/may provide	Hospptial services
194	Reg. 126-311	State	Regulation	Describes who must order laboratory and x-ray services/tests	No	Yes	Other service or product our agency must/may provide	Lab and x-ray services
195	Reg. 126-312	State	Regulation	Describes Medicaid medical transportation services	No	Yes	Other service or product our agency must/may provide	Medical transportation services
196	Reg. 126-313	State	Regulation	Defines mental health clinic services	No	Yes	Other service or product our agency must/may provide	Mental health clinic services
197	Reg. 126-314	State	Regulation	Describes nursing facility services	No	Yes	Other service or product our agency must/may provide	Nursing facility services
198	Reg. 126-315	State	Regulation	Defines physicians' services	No	Yes	Other service or product our agency must/may provide	Physicians' services
199	Reg. 126-316	State	Regulation	Defines podiatry services	No	Yes	Other service or product our agency must/may provide	Podiatry services
200	Reg. 126-317	State	Regulation	Defines prescribed drugs	No	Yes	Other service or product our agency must/may provide	Prescriptions
201	Reg. 126-318	State	Regulation	Describes the availability of psychiatric facility services	Yes	Yes	Other service or product our agency must/may provide	Psychiatric facility services
202	Reg. 126-319	State	Regulation	Describes limitations of rehabilitative services	No	Yes	Other service or product our agency must/may provide	Rehabilitative services
203	Reg. 126-320	State	Regulation	Defines rural health clinic services	No	Yes	Other service or product our agency must/may provide	Rural health clinic services
204	Reg. 126-321	State	Regulation	Describes availability of speech pathology services	No	Yes	Other service or product our agency must/may provide	Speech pathology services
205	Reg. 126-322	State	Regulation	Describes limitations of tubercular facility services	No	Yes	Other service or product our agency must/may provide	Tubercular facility services
206	Reg. 126-323	State	Regulation	Defines vision care	No	Yes	Other service or product our agency must/may provide	Vision care services
207	Reg. 126-335	State	Regulation	Describes reimbursement for covered inpatient hospital services	No	Yes	Other service or product our agency must/may provide	Hospital reimbursement services
208	Reg. 126-350	State	Regulation	Establishes definitions for terms used in the Department's Medicaid eligibility regulations.	Yes	No - Does not relate directly to any agency deliverables		
209	Reg. 126-355	State	Regulation	Describes generally the Medicaid application procedures	No	No - Does not relate directly to any agency deliverables		
210	Reg. 126-360	State	Regulation	Describes general Medicaid eligibility requirements	No	No - Does not relate directly to any agency deliverables		
211	Reg. 126-365	State	Regulation	Describes generally the categorically needy eligible groups	Yes	No - Does not relate directly to any agency deliverables		
212	Reg. 126-370	State	Regulation	Describes redetermination of categorically needy eligibility	No	No - Does not relate directly to any agency deliverables		
213	Reg. 126-375	State	Regulation	Describes medical institution vendor payments	Yes	No - Does not relate directly to any agency deliverables		
214	Reg. 126-380	State	Regulation	Describes denial, termination or reduction of benefits	No	No - Does not relate directly to any agency deliverables		
215	Reg. 126-399	State	Regulation	Describes that the federal regulations prevail when state and federal are not in agreement	No	No - Does not relate directly to any agency deliverables		

216	Reg. 126-400	State	Regulation	Establishes definitions for terms used in the Department's Program Evaluation regulations	No	No - Does not relate directly to any agency deliverables		
217	Reg. 126-401	State	Regulation	Describes provider sanctions	No	No - Does not relate directly to any agency deliverables		
218	Reg. 126-402	State	Regulation	Describes factors for provider sanctions	No	No - Does not relate directly to any agency deliverables		
219	Reg. 126-403	State	Regulation	Describes grounds for provider sanction	No	No - Does not relate directly to any agency deliverables		
220	Reg. 126-404	State	Regulation	Describes provider fair hearings resulting from sanctions	No	No - Does not relate directly to any agency deliverables		
221	Reg. 126-405	State	Regulation	Describes provider reinstatement	No	No - Does not relate directly to any agency deliverables		
222	Reg. 126-425	State	Regulation	Program Integrity - Beneficiary Utilization	No	No - Does not relate directly to any agency deliverables		
223	Reg. 126-500	State	Regulation	Establishes definitions for terms used in the Department's Medically Indigent Assistance Program (MIAP) regulations.	Yes	No - Does not relate directly to any agency deliverables		
224	Reg. 126-505	State	Regulation	Describes responsibilities for MIAP eligibility determination	No	No - Does not relate directly to any agency deliverables		
225	Reg. 126-510	State	Regulation	Describes the MIAP application process	No	No - Does not relate directly to any agency deliverables		
226	Reg. 126-515	State	Regulation	Describes MIAP non-financial eligibility requirements	Yes	No - Does not relate directly to any agency deliverables		
227	Reg. 126-520	State	Regulation	Describes MIAP financial eligibility requirements	Yes	No - Does not relate directly to any agency deliverables		
228	Reg. 126-530	State	Regulation	Describes the services covered by the Medically Indigent Assistance Program (MIAP).	No	Yes	Other service or product our agency must/may provide	MIAP services
229	Reg. 126-535	State	Regulation	Describes sponsorship from the MIAP	No	No - Does not relate directly to any agency deliverables		
230	Reg. 126-540	State	Regulation	Describes recovery by MIAP	No	No - Does not relate directly to any agency deliverables		
231	Reg. 126-560	State	Regulation	Payment methodology for MIAP	No	No - Does not relate directly to any agency deliverables		
232	Reg. 126-570	State	Regulation	Grace period for county assessments in the MIAP	No	No - Does not relate directly to any agency deliverables		
233	Reg. 126-800	State	Regulation	Establishes definitions for terms used in the Department's Intermediate Sanctions for Medicaid Certified Nursing Facilities regulations	No	No - Does not relate directly to any agency deliverables		
234	Reg. 126-810	State	Regulation	Describes the imposition of sanctions for Medicaid certified nursing facilities	No	No - Does not relate directly to any agency deliverables		

235	Reg. 126-820	State	Regulation	Describes factors for sanctions for Medicaid certified nursing facilities	No	No - Does not relate directly to any agency deliverables
236	Reg. 126-830	State	Regulation	Describes the assessment of sanctions for Medicaid certified nursing facilities	No	No - Does not relate directly to any agency deliverables
237	Reg. 126-840	State	Regulation	Describes the schedule of sanctions for Medicaid certifies nursing facilities	No	No - Does not relate directly to any agency deliverables
238	Reg. 126-850	State	Regulation	Describes the levying of sanctions for Medicaid certified nursing facilities	No	No - Does not relate directly to any agency deliverables
239	Reg. 126-910	State	Regulation	Establishes definitions for terms used in the Department's Optional State Supplementation Program regulations.	Yes	No - Does not relate directly to any agency deliverables
240	Reg. 126-920	State	Regulation	Describes eligibility requirements for the OSS program	Yes	No - Does not relate directly to any agency deliverables

Agency Name: DEPARTMENT OF HEALTH & HUMAN SERVICES

Agency Code and Section: J020 33

Fiscal Year 2019-2020
Accountability Report

Customer Template

Service/Product Provided to Customers	Customer Segments	<i>Specify only for the following Segments: (1) Industry: Name; (2) Professional Organization: Name; (3) Public: Demographics.</i>	Divisions or Major Programs	Description
Health coverage for members	Public	Low-income and/or disabled residents who meet categorical requirements.	Eligibility and Health Services	Medicaid members and/or applicants

Agency Name: DEPARTMENT OF HEALTH & HUMAN SERVICES

Fiscal Year 2019-2020
Accountability Report

Agency Code and Section: J020 33

Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Goal(s)
Department of Disabilities and Special Needs	State Government	DDSN administers certain waiver programs on behalf of HHS; DDSN is primarily financed through HHS.	3.2;4.1
Department of Mental Health	State Government	DMH is a major provider of behavioral health services for Medicaid beneficiaries.	3.2;4.1
Department of Education	State Government	SCDE has traditionally served as an intermediary between HHS and the school districts that provide Medicaid-funded services.	3.2;4.1
Department of Social Services	State Government	Many Medicaid beneficiaries also receive some form of services through DSS (SNAP, TANF, foster care, etc.). The agencies collaborate on eligibility and to serve certain populations.	3.2;4.1
Lt. Governor's Office	State Government	The agencies collaborate on enrollment and eligibility data for elderly and vulnerable adults pursuing Medicaid eligibility to receive long-term care or nursing facility services.	3.2;4.1
Department of Health and Environmental Control	State Government	DHEC is an important service provider and information source for Medicaid beneficiaries.	3.2;4.1
Department of Alcohol and Other Drug Abuse Services	State Government	DAODAS receives significant funding from HHS and the agencies collaborate to discuss/design Medicaid service offerings.	3.2;4.1
Continuum of Care	State Government	Continuum manages services for children needing the most intensive behavioral health assistance; these services are often Medicaid-funded.	3.2;4.1
Medical University of South Carolina	State Government	MUSC administers the statewide telemedicine system that is funded with resources from HHS.	3.2; 4.1
Managed Care Organizations	Private Company	The program's five managed care organizations are responsible for coordinating care and controlling costs for most Medicaid beneficiaries.	Goals 1-5
Providers	State Government, Private Company, Individuals, Non-profits	Roughly 48,000 individuals and organizations are currently enrolled to provide services to Medicaid beneficiaries, including physicians, dentists, and countless other classes.	Goals 1-5

Agency Name:	DEPARTMENT OF HEALTH & HUMAN SERVICES							Fiscal Year 2019-2020
								Accountability Report
Agency Code:	J020	Section:	33					
								Report and External Review Template
Item	Is this a Report, Review, or both?	Report or Review Name	Name of Entity Requesting the Report or Conducting Review	Type of Entity	Reporting Frequency	Current Fiscal Year: Submission Date or Review Timeline (MM/DD/YYYY)	Summary of Information Requested in the Report or Reviewed	Method to Access the Report or Information from the Review
1	Internal Review and Report	Carry Forward Report	General Assembly, through appropriations bill	State	Annually	August 5, 2019	Provide additional information on funds carried forward from one fiscal year to the next.	www.scstatehouse.gov
2	Internal Review and Report	Medicaid Provider Fraud	General Assembly, through appropriations bill	State	Annually	April 1, 2019	Confirm the Department is taking appropriate steps to combat waste, fraud, and abuse.	www.scdhhs.gov
3	Internal Review and Report	Medicaid Accountability and Quality Improvement Initiative	General Assembly, through appropriations bill	State	Quarterly	Various (Quarterly)	Monitor the impact of a variety of recently introduced programs.	www.scdhhs.gov
4	Internal Review and Report	Medicaid Healthcare Initiatives Outcomes	General Assembly, through appropriations bill	State	Annually	January 15, 2019	Ensure the House Ways and Means Healthcare Subcommittee has an opportunity to discuss budget and policy matters with the Department's Director early in each legislative session.	www.scdhhs.gov
5	External Review only	Discrimination Policy	General Assembly, through appropriations bill	State	Annually	October 7, 2019	Ensure that agencies are appropriately applying anti-discrimination laws in their hiring and promotion practices.	By request
6	External Review only	Travel Report	General Assembly, through appropriations bill	State	Annually	September 11, 2019	Monitor agency travel expenses.	By request
7	External Review only	Debt Collection Report	General Assembly, through appropriations bill	State	Annually	February 13, 2020	Ensure that agencies recover funds that are due to the state.	By request
8	External Review and Report	IMD Operations	General Assembly, through appropriations bill	State	Annually	November 1, 2019	Monitor the impact of funding changes made by the state in recent years due to changes in federal guidance.	www.scstatehouse.gov
9	External Review only	Bank Account Transparency and Accountability	General Assembly, through appropriations bill	State	Annually	September 24, 2019	Provide information on fund balances and accounts not managed through the SCEIS system.	By request
10	External Review only	Means Test	General Assembly, through appropriations bill	State	Annually	January 8, 2019	Ensure that recipients of public services are those in the greatest need.	www.scstatehouse.gov
11	External Review only	First Steps/BabyNet	General Assembly, through appropriations bill	State	Quarterly	Various (Quarterly)	Track BabyNet's progress in implementing various recommendations from past audit reports.	By request
12	External Review only	Information Technology and Information Security Plans	General Assembly, through appropriations bill	State	Annually	August 29, 2019	Track agencies' progress in implementing IT and information security plans; ensure adherence to government-wide initiatives.	By request
13	External Review only	Medicaid Transportation Advisory Committee Reports	General Assembly through Joint Resolution	State	Quarterly	Various (Quarterly)	Ensure the Department's management of transportation services is informed by public comment.	www.scdhhs.gov
14	External Review only	PAPD/IAPD/IAPD-U/OPAD Reports	Federal requirement	Federal	Annually or as Needed	Various	Request enhanced federal funds from Centers for Medicare and Medicaid Services (CMS); update CMS on changes to previously approved planning documents.	By request
15	External Review only	CMS 64 Report	Federal requirement	Federal	Quarterly	May 1, 2020	Update CMS on enhanced federal spending at a detailed level.	By request
16	External Review and Report	The Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act	Federal requirement	Federal	Annually	January 7, 2020	Measure quality of healthcare for children in Medicaid and CHIP programs.	By request
17	External Review only	Sole Sources and Emergencies	SFAA - Division of Procurement Services	State	Quarterly	January 30, 2020 (Sole Source) and February 7, 2020 (Emergency)	Monitor use of select source selection methods.	By request
22	External Review and Report	Minority Business Utilization Plan	Governor's Office of Small and Minority Business Assistance	State	Annually	In process	Provide information on agencies' procurement activities.	By request
23	External Review and Report	MBE Progress Report	Governor's Office of Small and Minority Business Assistance	State	Quarterly	April 24, 2020	Provide information on agencies' procurement activities.	By request

24	External Review and Report	SFAA Audit	SFAA Audit	State	Annually	Started in October 2019	Audit of procurement activitiy	Final report not complete
25	Internal Review and Report	Federal Expenditure Reports CMS-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), CMS-21 (Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI)	Federal requirement.	Federal	Quarterly	May 1, 2020	These reports are the State's accounting of actual recorded expenditures for the federal grant programs.	By request
26	External Review and Report	Federal Budget Reports CMS-37 (Medicaid Program Budget Report), CMS-21B (Children's Health Insurance Program Budget Report)	Federal requirement.	Federal	Quarterly	May 15, 2019	These reports provide a statement of the state's Medicaid and CHIP funding requirements for a certified quarter and estimates and underlying assumptions for two fiscal years (FYs).	By request
27	External Review and Report	Federal Financial Report (FFR)	Federal requirement.	Federal	Quarterly	May 1, 2020	This report allows the agency to report cash disbursements back to (i.e., reconcile to) Payment Management System, the central system responsible for paying most Federal assistance grants and contracts.	By request
28	External Review and Report	CHIP Statistical Enrollment Data Reports	Federal requirement.	Federal	Quarterly	May 1, 2020	The 64.21E report collects data on children enrolled in Medicaid expansion CHIP Title XXI funded coverage. The 64.EC report collects data on children enrolled in the Medical assistance program Title XIX, traditional Medicaid.	By request
29	External Review and Report	Schedule of Expenditures of Federal Awards (SEFA/SFFA)	Federal requirement; State of SC Proviso 117.105 of the 2015-2016 Appropriation Act requires the schedule be completed and submitted to the SC Office of the State Auditor.	Federal	Annually	August 15, 2019	The schedule is prepared each year and lists the expenditures for each grant during the fiscal year. The schedule is also the basis for the major programs audited in accordance with OMB Circular A-133.	By request
30	External Review and Report	CMS-R-199 (Survey of Medicaid Payables and Receivables) CMS-10180 (Survey of CHIP Payables & Receivables)	Federal requirement.	Federal	Annually	May 8, 2019	These reports and the accompanying questionnaires identify/estimate the accounts payable for services rendered by both Medicaid and CHIP providers which have not been reported on the quarterly CMS-64/CMS-21. The reports also identify all amounts due to the states from various sources, excluding the federal government.	By request
31	External Review and Report	Three-Year Financial Plan	SC Revenue & Fiscal Affairs Office	State	Annually	November 26, 2019	Each state agency receiving over 1% of state's general fund appropriation must provide a projection of its general fund expenditures for next three years	By request
32	External Review only	CAFR Audit (Office of State Auditor and CPA Firm)	Office of State Auditor and CPA Firm	State	Annually	August 2019	CAFR Audit reviews a sample of all financial transactions, payables, receivables, payroll, grant expenditures and draws, and is used to assist the state with preparing the State CAFR.	By request
33	External Review only	Agreed Upon Procedures Audit (Hobbs Group)	Hobbs Group	State	Annually	February 15, 2019	AUP audit tests the application of agreed upon procedures to the accounting records and internal controls of the agency.	By request
34	External Review and Report	Statewide Single Audit (Office of State Auditor)	Office of State Auditor	State	Annually	March 8, 2019	Statewide single audit reviews all aspects of DHHS, covering Eligibility Policy and procedures, Payables, Receivables, and Reporting. Also looks at our Internal audit reports, and policy and procedures.	By request

35	Internal Review and Report	BabyNet Compliance	General Assembly, through appropriations bill	State	Annually	January 8, 2019	Provide update on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.	www.scstatehouse.gov
36	External Review and Report	Legislative Audit Council, A Review of Children's Behavioral Health Services	Legislative Audit Council	State	Other	September 1, 2019	Members of the General Assembly requested an audit of SCDHHS to determine how the agency's reimbursement policy and other policy changes since 2007 have impacted children's behavioral health services in South Carolina.	https://lac.sc.gov/reports/reports-agency-a-k/dhhs-child-health-svc-2019
37	External Review and Report	Medicaid Program Integrity Opioid Desk Review Report for South Carolina	Centers for Medicare & Medicaid Services (CMS)	Federal	Other	July 18, 2019	Desk review of SCDHHS's Medicaid program integrity controls in order to assess their effectiveness in combating Medicaid fraud, waste, and abuse in the arena of opioids and other controlled substances.	By request