












## Who is covered in South Carolina's Medicaid Program?

### ELIGIBILITY GROUPS

**FFS**<sup>1-3</sup>    **MCO**<sup>4,5</sup>

Dual Eligibles			Children (0-18 years)
Incarcerated*			Current & Former Foster Care Children
Undocumented Immigrants***			Parents and Other Caretaker Relatives
			Pregnant Women
			Aged, Blind, and Disabled Adults
			Disabled Children
			American Indians/ Alaska Native
			Qualified Non-Citizens**
			Intellectual and Developmental Disabilities

\* Inpatient hospital services only.

\*\* Qualified Non-Citizens are subject to a five-year waiting requirement.

\*\*\* Emergency Medicaid services only.

### Important News

**July 2016** - Advicare exited the state's duals demonstration program, affecting about 3,650 enrollees. The announcement follows WellCare's acquisition of the Medicaid managed care operations of Advicare on June 1, 2016.<sup>6</sup>



### Do Medicaid health plans provide coverage?<sup>7</sup>



- BlueChoice Healthplan SC
- WellCare of South Carolina
- Molina Healthcare of South Carolina
- Absolute Total Care, Inc.
- First Choice





# SOUTH CAROLINA MEDICAID FACTS

## How is South Carolina meeting the needs of Medicaid enrollees?

### Value-Based Healthcare Initiatives<sup>8</sup>

Beginning July 1, 2014, qualifying dual eligibles have had the opportunity to voluntarily enroll in the South Carolina Dual Eligible (SCDuE) Demonstration.



### Women's Health

Eligible pregnant women are covered until 60 days postpartum.<sup>9</sup>

Services for pregnant women include:<sup>10</sup>

- Prenatal care
- Case management
- Birthing services for labor and delivery
- Postpartum care
- Breastfeeding counseling
- Reproductive health
- Family planning



### Family Planning

A limited family planning benefit package is available to men and women otherwise ineligible for Medicaid up to 194% of the federal poverty level (FPL).<sup>11</sup>

South Carolina's family planning provides low- or no-cost services to men and women on a sliding fee scale. Services include:<sup>12</sup>

- Instruction in abstinence
- Educational and counseling services
- Pelvic exam and pap smear test
- Laboratory and pregnancy testing
- Barrier contraceptives (e.g., condoms)
- Permanent methods of contraception for women and men available to clients 21 years of age or older
- HIV risk assessment (education, counseling, and testing)
- Hormonal and non-hormonal contraceptives
- Intrauterine devices (e.g., IUD) and implant (e.g. Nexplanon)
- Birth control available on site (up to one year of supplies)
- Instruction in natural family planning methods



### Mental Health and Substance Use Disorder

Rehabilitative behavioral health services provided by qualified providers contracted by the South Carolina Department of Health and Human Services are available to enrollees, including the following services:<sup>13</sup>

- Behavioral health screening
- Diagnostic assessment services
- Psychological and evaluation and testing
- Child and Adolescent Level of Care Utilization System (CALOCUS) assessment
- Individual psychotherapy
- Group psychotherapy
- Multiple family group psychotherapy
- Family psychotherapy
- Service plan development
- Crisis management
- Psychosocial rehabilitation services
- Behavior modification
- Family support
- Therapeutic child care
- Community integration services
- Peer support services
- Substance abuse treatment services
- Medication management
- Covered drug therapies: naloxone, naltrexone, acamprosate, and disulfiram<sup>14</sup>



### Oral Health<sup>15</sup>

Adults have oral health coverage up to \$750 total per year. The money can be used to cover any of the following services:

- Diagnostics
- Extractions
- Fillings
- Annual cleaning

Children are eligible to receive an exam every six months, as well as fillings.





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# Timeline

## Federal

## South Carolina

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1968

The State of South Carolina adopts the Medicaid program.<sup>16</sup>



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1996

South Carolina creates a comprehensive, risk-based managed care organization (MCO) program, intended to serve certain children, pregnant women, and non-dually eligible adults with disabilities. It includes coverage for acute, primary, and some specialty care services and outpatient behavioral health services.<sup>17</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999

South Carolina begins a primary care case management program (PCCM) that utilizes a network of primary care providers to offer acute, primary, and specialty care and behavioral health services for most Medicaid enrollees in the state who can enroll on a voluntary basis.<sup>17</sup>



2006

The state expands managed care through its Healthy Connections Choices program, transitioning fee-for-service (FFS) enrollees into the new program. However, children in foster care and with certain disabilities, Medicaid waiver enrollees, certain people served in institutions, and dual-eligible enrollees remain exempt from the requirement to enroll in managed care.<sup>17</sup>

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

South Carolina transitions from the PCCM program to an MCO service delivery system.<sup>17</sup>

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2011

The state creates a program of all-inclusive care for the elderly (PACE) and a non-emergency transportation program for most Medicaid enrollees statewide.<sup>17</sup>

ACA implementation begins.

2014

2013

2014

The state carves-in inpatient behavioral health services into the MCO benefit package and expands mandatory managed care to all children under the age of 1.<sup>17</sup>

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

2015

South Carolina Department of Health and Human Services (SCDHHS) carves out coverage for medications used to treat hepatitis C virus (HCV) from the managed care organization (MCO) benefit.<sup>18</sup>

