

File

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Chavis</i>	DATE <i>4-3-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000339	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost, Depo, CMS</i> <i>file cleared 8/27/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4/30/14</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Per Sheila — same log/letter on 1/27/16</i>			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 31, 2014

Mr. Anthony E. Keck
Director
Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

APR 03 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attention: Sheila Chavis

RE: State Plan Amendment (SPA) 13-0026 MM7

Dear Mr. Keck:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed amendment submitted under transmittal number SC 13-0026 MM7 which was received on December 31, 2013. This amendment, with a proposed effective date of January 1, 2014, proposes specified options for presumptive eligibility conducted by hospitals.

Before we can continue processing this amendment, we need additional or clarifying information. We are requesting additional information as follows:

1. Based on our conversation on February 21, 2014, we understand that South Carolina will evaluate the performance of hospitals making presumptive eligibility (PE) determinations on an ongoing basis, and will determine at a later date what these standards should be. As such, please clarify the state's latest plan for imposing performance standards and if it will not impose them at this time, please change the SPA page to reflect this.
2. Please provide updated materials based on the comments CMS sent to South Carolina on January 23, 2014 and were discussed and agreed to on the conference call held on February 21, 2014. The outstanding changes that must be made are as follows:
 - a. Please add a line on the application stating that the individual can leave the phone number and email address fields blank if they do not have a phone number or email address, similar to the sentence included on the home address line.

- b. The State may require self-attestation of citizenship status, but may not verify any information as a condition of PE. Appendix A on the application appears to require the individual to provide an immigration document or call a phone number if they do not have documentation. Please clarify that documentation is not required for PE by removing the section that includes the document types.
 - c. Please reorder the training materials so that the hospital PE information is first in the presentation.
 - d. On slide 66 of the training materials, the state refers to a Single Streamlined Application. It is our understanding that the state will be using a separate HPE application. Please update the presentation to reflect this.
 - e. Please revise the eligibility categories handout to reflect which eligibility categories are relevant to hospital PE. For example, the subsidized adoption group is not a group eligible for hospital PE.
3. As CMS and South Carolina discussed, the state's description of the PE enrollment period on the training materials is currently incorrect. All materials must reflect that PE periods begin on the date that an applicant is found presumptively eligible. If the applicant files a full Medicaid application by the last day of the month following the month that PE is determined, the PE period ends on the date that a full Medicaid determination is made, no matter how long it takes. If a full Medicaid application is not filed by the last day of the month after the month PE is determined, the PE period then ends on the last day of the month after the month PE is determined.

South Carolina has indicated that it will make the necessary changes to its materials and processes, but that in order to do so a series of programming changes must be made to their eligibility system. In order to move forward with this SPA, South Carolina should submit a written timeline detailing when the updates to the system will occur, and when the required changes to the state's PE processes will be completed. All materials to be used for hospital PE by the state also need to be updated to reflect the correct time periods. Please provide CMS with all updates materials that include the referenced changes and the timeline.

We are requesting this additional/clarifying information under provisions of Section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on March 31, 2014. A new 90-day clock will not begin until we receive your response to this request.

Mr. Anthony E. Keck
Page 3

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the state's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will continue to defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the Atlanta Regional Office SPA/Waiver e-mail address at SPA_Waivers_Atlanta_R04@cms.hhs.gov. The original signed response should also be sent to the Atlanta Regional Office.

If you have any questions, please contact either Maria Drake at (404) 562-3697 or Annie Hollis at (410) 786-0795.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze" with a stylized flourish at the end.

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Brenda James

From: Sheila Chavis
Sent: Thursday, April 03, 2014 9:55 AM
To: Brenda James
Cc: Sheila Chavis; Ella Dickerson
Subject: FW: 13-0026 Presumptive Eligibility
Attachments: SC 13-0026 MM7 RAI 3-31-14.pdf

Importance: High

Brenda,
Please log the attached RAI for SC 13-0026. Sorry I thought I had forwarded this e-mail the other day. Thanks!

Ella,
This is now off the clock. Thanks!

Sheila Chavis

Public Information Director I

CHAVISS@scdhhs.gov

803.898.2707 / 803.898.2707

cell: 803.521.2903

1801 Main Street

Columbia, South Carolina - 29202-8206

www.scdhhs.gov



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From: Drake, Maria (CMS/CMCHO) [<mailto:Maria.Drake@cms.hhs.gov>]

Sent: Monday, March 31, 2014 12:49 PM

To: Sheila Chavis

Cc: Holly, Mary V. (CMS/CMCHO); Ella Dickerson

Subject: 13-0026 Presumptive Eligibility

Importance: High

Please find attached a request for additional information (RAI) for SC SPA 13-0026 MM7. This has the effect of stopping the 90-day clock on this SPA. The hard copy has been placed in the mail.

Please call if you have any questions.

Thank you,

--*Maria*--

Maria Drake | Health Insurance Specialist | Centers for Medicare & Medicaid Services (CMS) | Division of Medicaid and Children's Health Operations | Atlanta Regional Office | 61 Forsyth St. S.W., Suite 4T20 | Atlanta, GA 30303-8909 | 404-562-3697 Phone | 443 380-5814 Secure Fax | Maria.Drake@cms.hhs.gov

Log# 00339



Nikki Haley
Anthony Keck
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

August 27, 2014

Ms. Jackie L. Glaze
Associate Regional Administrator
Center for Medicare and Medicaid Services
Division of Medicaid & Children's Health
Atlanta Regional Office
61 Forsyth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909

RE: Request for Additional Information (RAI) on South Carolina Title XIX State Plan Amendment (SPA), Transmittal # SC 13-0026 MM7

Dear Ms. Glaze:

This is in response to your Request for Additional Information (RAI) dated March 31, 2014 regarding the above-referenced SPA. Please find below the South Carolina Department of Health and Human Services' (SCDHHS) responses to your questions.

1. Based on our conversation on February 21, 2014, we understand that South Carolina will evaluate the performance of hospitals making presumptive eligibility (PE) determinations on an ongoing basis, and will determine at a later date what these standards should be. As such, please clarify the state's latest plan for imposing performance standards and if it will not impose them at this time, please change the SPA page to reflect this.

SCDHHS Response: SCDHHS will require that 90% of individuals determined presumptively eligible submit a regular application before the end of the presumptive eligibility period. SCDHHS will require that 90% of individuals who submit an application before the end of the presumptive eligibility period are determined eligible for Medicaid. This has been updated on the SPA, see the attached document

2. Please provide updated materials based on the comments CMS sent to South Carolina on January 23, 2014 and were discussed and agreed to on the conference call held on February 21, 2014. The outstanding changes that must be made are as follows:
 - a. Please add a line on the application stating that the individual can leave the phone number and email address fields blank if they do not have a phone number or email address, similar to the sentence included on the home address line.

SCDHHS Response: This line has been added to the application as requested. See attached PE application.

- b. The State may require self-attestation of citizenship status, but may not verify any information as a condition of PE. Appendix A on the application appears to require the individual to provide an immigration document or call a phone number if they do not have documentation. Please clarify that documentation is not required by PE by removing the section that includes the document types.

SCDHHS Response: This section was removed as requested. See attached PE application.

- c. Please reorder the training materials so that the hospital PE information is first in the presentation.

SCDHHS Response: The training materials were reordered as requested. See the attached training presentation.

- d. On slide 66 of the training materials, the state refers to a Single Streamlined Application. It is our understanding that the state will be using a separate HPE application. Please update the presentation to reflect this.

SCDHHS Response: Page 66 of the presentation was updated with the change requested. See the attached training presentation.

- e. Please revise the eligibility categories handout to reflect which eligibility categories are relevant to hospital PE. For example, the subsidized adoption group is not a group eligible for hospital PE.

SCDHHS Response: Rather than using a handout, the presentation was updated to include the FPL information, which was the intended purpose of the handout. We have ensured that the accurate eligibility categories were included in the training.

3. As CMS and South Carolina discussed, the state's description of the PE enrollment period on the training materials is currently incorrect. All materials must reflect that PE periods begin on the date that an applicant is found presumptively eligible. If the applicant files a full Medicaid application by the last day of the month following the month that PE is determined, the PE period ends on the date that a full Medicaid determination is made, no matter how long it takes. If a full Medicaid application is not filed by the last day of the month after the month PE is determined, the PE period then ends on the last day of the month after the month PE is determined.

South Carolina has indicated that it will make the necessary changes to its materials and processes, but that in order to do so a series of programming changes must be made to their eligibility system. In order to move forward with this SPA, South Carolina should submit a written timeline detailing when the updates to the system will occur, and when

the required changes to the state's PE processes will be completed. All materials to be used for hospital PE by the state also need to be updated to reflect the correct time periods. Please provide CMS with all updates materials that include the referenced changes and the timeline.

SCDHHS Response: We have used the first four months of implementation as a data collection period. We have received only 25 presumptive determinations and 75 claims related to the presumptive eligibility dates of service; the amount of claims outstanding is unknown. Of the 25 determinations, we have received all 25 full applications within the time frame required and of those 25 only 3 were actually eligible.

Our internal assessment is that the work required to create the RSP and add claims logic will take 964 hours to complete and \$70,000 in the best case scenario. Worst case scenario it will take 2892 hours and \$210,000.

While this work is being completed, we will manage the process manually through reporting. We will reeducate the hospital community on the changes and how it will affect their process. We will educate them on the mid-month eligibility requirements and that claims should not be submitted with dates of service outside of the true Presumptive Eligibility coverage period. We will perform quarterly audits of the beneficiary accounts to identify claims submitted with dates-of-service outside of the Presumptive Eligibility coverage periods. Our outreach teams will work closely with provider billing staff to ensure their issues are resolved.

If additional information is needed of if you have questions, please contact Ella Dickerson at (803) 898-3086 or Sheila Chavis at (803) 898-2707.

Sincerely,



Anthony E. Keck
Director

Enclosures

TK/dshhsc

Log # 339
FY 2014

Brenda,
This closed Log #
000339
RAI Submitted to
CMS 12/10/15

St. Harris

December 9, 2015

Ms. Jackie L. Glaze
Associate Regional Administrator
Center for Medicare and Medicaid Services
Division of Medicaid & Children's Health
Atlanta Regional Office
61 Forsyth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909

RE: Request for Additional Information (RAI) on South Carolina Title XIX State Plan Amendment (SPA), Transmittal # SC 13-0026 MM7

Dear Ms. Glaze:

This is in response to your Request for Additional Information (RAI) dated March 31, 2014 regarding the above-referenced SPA. Please find below the South Carolina Department of Health and Human Services' (SCDHHS) responses to your questions.

1. Based on our conversation on February 21, 2014, we understand that South Carolina will evaluate the performance of hospitals making presumptive eligibility (PE) determinations on an ongoing basis, and will determine at a later date what these standards should be. As such, please clarify the state's latest plan for imposing performance standards and if it will not impose them at this time, please change the SPA page to reflect this.

SCDHHS Response: Providers are expected to meet the following standards to remain in good standing as they provide presumptive eligibility to applicants:

- 90% of the individuals determined presumptively eligible will submit a full Medicaid application before the end of the presumptive eligibility period.
 - 90% of those individuals who submit a full application by the end of the presumptive eligibility period meet eligibility criteria and are determined to be Medicaid eligible.
2. Please provide updated materials based on the comments CMS sent to South Carolina on January 23, 2014 and were discussed and agreed to on the conference call held on February 21, 2014. The outstanding changes that must be made are as follows:
 - a. Please add a line on the application stating that the individual can leave the phone number and email address fields blank if they do not have a phone number or email address, similar to the sentence included on the home address line.

SCDHHS Response: This line has been added to the PE application, as well as, other recommended changes based on conversations with CMS. See attached PE application.



- b. The State may require self-attestation of citizenship status, but may not verify any information as a condition of PE. Appendix A on the application appears to require the individual to provide an immigration document or call a phone number if they do not have documentation. Please clarify that documentation is not required by PE by removing the section that includes the document types.

SCDHHS Response: This section was removed as requested. See attached PE application.

- c. Please reorder the training materials so that the hospital PE information is first in the presentation.

SCDHHS Response: The training materials were reordered as requested. See the attached training presentation.

- d. On slide 66 of the training materials, the state refers to a Single Streamlined Application. It is our understanding that the state will be using a separate HPE application. Please update the presentation to reflect this.

SCDHHS Response: Page 66 of the presentation was updated with the change requested. See the attached training presentation.

- e. Please revise the eligibility categories handout to reflect which eligibility categories are relevant to hospital PE. For example, the subsidized adoption group is not a group eligible for hospital PE.

SCDHHS Response: Rather than using a handout, the presentation was updated to include the FPL information, which was the intended purpose of the handout. We have ensured that the accurate eligibility categories were included in the training. Based on additional conversations with CMS, additional revisions have been made to the training module.

3. As CMS and South Carolina discussed, the state's description of the PE enrollment period on the training materials is currently incorrect. All materials must reflect that PE periods begin on the date that an applicant is found presumptively eligible. If the applicant files a full Medicaid application by the last day of the month following the month that PE is determined, the PE period ends on the date that a full Medicaid determination is made, no matter how long it takes. If a full Medicaid application is not filed by the last day of the month after the month PE is determined, the PE period then ends on the last day of the month after the month PE is determined.

South Carolina has indicated that it will make the necessary changes to its materials and processes, but that in order to do so a series of programming changes must be made to their eligibility system. In order to move forward with this SPA, South Carolina should submit a written timeline detailing when the updates to the system will occur, and when the required changes to the state's PE processes will be completed. All materials to be used for hospital PE by the state also need to be updated to reflect the correct time periods. Please provide CMS with all updates materials that include the referenced changes and the timeline.

SCDHHS Response: South Carolina used the first four months of implementation as a data collection period. The state received only 25 presumptive determinations and 75 claims related to the presumptive eligibility dates of service; the amount of claims outstanding is unknown. Of the 25 determinations, the state has received all 25 full applications within the time frame required and of those 25 only 3 were actually eligible.

Our internal assessment is that the work required to create the RSP and add claims logic will take 964 hours to complete and \$70,000 in the best case scenario. Worst case scenario it will take 2892 hours and \$210,000. However, we are going through MMIS replacement activities and this work will need to be redone in the new system.

Until the work is completed in the new system, we will manage the process manually. The following table outlines the proposed process.

Presumptive Eligibility in South Carolina Steps to Complete Manual Reconciliation of Partial Month Eligibility September 30, 2015 DRAFT Proposed Process to Begin 1/1/16	
1	Provider Relations to keep Eligibility Specialty Unit informed of the approved PE providers in SC
2	Eligibility Specialty Unit grants presumptive eligibility and compiles spreadsheet documentation in Sharepoint. Only those presumptively eligible beneficiaries who either submit a complete Medicaid application and are found ineligible OR those who fail to return a full Medicaid application within 60 days are subject to the partial month manual reconciliation process. The PE Spreadsheet on Sharepoint will indicate those individuals who need to be reconciled and those who do not.
3	The Specialty Unit will send the spreadsheet to Provider Relations to monitor hospital performance and determine which providers may need retraining
4	At the beginning of each month, the Specialty Unit will make the Claims unit aware that the PE spreadsheet has been updated
5	The Claims Unit will pull monthly claims report for those individuals who require a manual reconciliation. The claims report will include those individuals whose PE periods have ended, DOS, fund codes, totals paid
6	The Claims Unit will send the claims report and PE spreadsheet to the Controller on a monthly basis
7	The Controller will conduct the payment reconciliation before the end of each quarter

If additional information is needed or if you have questions, please contact Lori Risk at (803) 898-4562 or Sheila Chavis at (803) 898-2707.

Sincerely,



Christian L. Soura
Director

Enclosures

CLS/hjrrdskc