

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

cc: Zerrone =
Please assist
Jennifer as
needed.
Thanks!

ACTION REFERRAL

TO <i>Giuse/Campbell</i>	DATE <i>11-16-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101203</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kost</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-30-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.	<i>JRS 11-17-11</i> <i>11/17/11</i>		<i>E-mailed me directly and already responded 11/17/11</i>
2. <i>By Lion</i>	<i>11/22/11</i>		<i>Closed with attached emails - 11/01/11</i>
3.			
4.			

*Brenda -
Please close.
JCS can
keep this
copy - I have
scanned.
Thanks
Anne
11/22/11*

Brenda James - please log - Fwd: SC Medicaid Information Required

From: Bryan Kost
To: Brenda James
Date: 11/16/2011 2:50 PM
Subject: please log - Fwd: SC Medicaid Information Required
Attachments: SC Medicaid Information Required

RECEIVED

NOV 16 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

thanks,

Bryan Kost
SCDHHS Senior Consultant
803.898.2865
803.429.3201
kostbr@scdhhs.gov

From: "Sharma, Gunjan" <Gunjan.Sharma@covance.com>
To: <info@scdhhs.gov>
Date: 11/16/2011 2:42 PM
Subject: SC Medicaid Information Required

Hello,

I am currently conducting a Medicaid research regarding the care for Chronic Kidney Disease (CKD) patients enrolled in SC Medicaid and how their care is coordinated with Medicare (in case of dual eligibles) and managed Medicare (if enrolled in managed Medicaid program).

I will be highly obliged if you can provide me answers to the questions listed below. If you are not the correct person to answer these questions then please let me know whom to contact. I appreciate all your help and look forward to hearing from you. If you prefer, I can also schedule a call to discuss the following questions. I would really appreciate if you can respond back to my query by November 25.

Q1. What is the per treatment allowable by SC Medicaid for patients currently on dialysis? Is there a difference in the allowable if Medicaid is the primary or secondary payer? If yes, then how much?

Q2. What is SC Medicaid's current percentage of managed Medicaid patients? Has this percentage increased since January 1, 2011 and August 1, 2011? If yes, how much?

Q3. Are there any plans to transition current Medicaid CKD patients not on dialysis into managed Medicaid plans in the future?

Q4. Are there any plans to transition current Medicaid dialysis patients into Managed Medicaid plans in the future?

Q5. Are there plans to transition dual eligible dialysis patients into managed Medicaid plans in the future? If so, how would Medicaid allowable for dialysis treatment be set and paid, and how would the payment work for dialysis patients that are Medicaid fee-for-service patients?

Q6. What is the payment mechanism(s) used by the managed Medicaid plans in SC (e.g., fee-for-service, capitation, etc.)? Is the mechanism the same for CKD patients not on dialysis as it is for those on dialysis?

Q7. What commercial insurers operate the managed Medicaid plans in SC?

Q8. What are the payment rates for the codes listed below? Are the rates same when SC Medicaid is primary or secondary payer?

- a. 96372
- b. J0881
- c. J0882
- d. Q4081

Thank you once again for all your time and effort.

Kind Regards,
Gunjan

Gunjan Sharma, DDS, MBA
Associate
Covance Market Access Services Inc.
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www.covance.com/marketaccess

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If you have received this e-mail transmission in error, please reply to the sender, so that we can arrange for proper delivery, and then please delete the message from your inbox. Thank you.

From: "Sharma, Gunjan" <Gunjan.Sharma@covance.com>
To: Annmarie McCanne <MCCANNE@scdhhs.gov>
Date: 11/22/2011 10:05 AM
Subject: RE: SC Medicaid Information Required

Hello Annmarie,

Thank you very much for the note. Yes, Dr. Bradford has responded to all my questions and has been extremely helpful. I will let you know should I have any additional queries related to this.

Kind Regards,
Gunjan

Gunjan Sharma, DDS, MBA
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-----Original Message-----

From: Annmarie McCanne [mailto:MCCANNE@scdhhs.gov]
Sent: Tuesday, November 22, 2011 9:15 AM
To: Sharma, Gunjan
Subject: SC Medicaid Information Required

Good Morning, Dr. Sharma - We have received your request, however, it is our understanding that you have been in touch with James Bradford from our Managed Care area and he has answered your questions. Please let us know if we can be of further assistance.

Thanks,
Annie

Annmarie "Annie" McCanne
Administrative Assistant
Medical & Managed Care Services
Phone 803-898-0178
Fax 803-255-8235
mccanne@scdhhs.gov

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From: James Bradford
To: Gunjan Sharma
CC: Annmarie McCanne; Jennifer Campbell
Date: 11/18/2011 11:07 AM
Subject: RE: SC Medicaid Information Required

See responses to your questions below **inbold**. Have a great weekend.

James D. Bradford, MD
Department Manager
Department of Managed Care
Post Office Box 8206
Columbia, South Carolina 29202-8206
(803) 898-2567 (Office)
(803) 255-8232 (Fax)

>>> "Sharma, Gunjan" <Gunjan.Sharma@covance.com> 11/17/2011 4:48 PM >>>
Hello Dr. Bradford,

Thank you very much for a detailed and prompt response. I really appreciate your help. I just have a couple of clarifying questions and am listing them below. It would really help me if you can answer these as well.

1. In your response regarding having a per treatment allowable for dialysis treatment, you mentioned "SC Medicaid does not have a per treatment allowable, services are based on medical necessity. The reimbursement rate for Fee-For-Service Medicaid and our Third Party Liability policy states that we will pay the lesser of our allowed rate or the patient responsibility amount from the primary insurance." So does this mean that there is no base rate or a set allowable for dialysis services that the clinics or dialysis centers receive?

There is no per treatment allowable, services are reimbursed based on the CPT code (s) billed for the services. For current fee schedule information, please go to our web site at www.scdhhs.gov (<http://www.scdhhs.gov/>). The fee schedules are located under the Provider information tab.

2. You mentioned that the Medical Home Networks are not operated by commercial insurers. So are these managed by the state and are they equivalent to state fee-for-service programs? **No, the 3-MHNs are managed by private companies and they, like all of the managed care plans must offer as a minimum, coverage equivalent to what SC Medicaid fee-for-service offers. I have included their web-sites for your reference for additional information.**

South Carolina Solutions - www.chsamerica.com
Carolina Medical Homes - www.carolinamedicalhomes.com
Palmetto Physicians Connections -
www.palmettophysicianconnections.com

Thank you once again.

Kind Regards,
Gunjan

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From: James Bradford [<mailto:BRADFDJ@scdhhs.gov>]
Sent: Thursday, November 17, 2011 2:53 PM
To: Sharma, Gunjan
Cc: Jennifer Campbell
Subject: Re: SC Medicaid Information Required

Dear Dr. Sharma:

I have responded to your questions in the attached survey that you sent me. My responses are in bold. Please do not hesitate to contact me, if I can be of further assistance.

James D. Bradford, MD
Department Manager
Department of Managed Care
Post Office Box 8206
Columbia, South Carolina 29202-8206
(803) 898-2567 (Office)
(803) 255-8232 (Fax)

Hello James,

I am currently conducting a Medicaid research regarding the care for Chronic Kidney Disease (CKD) patients enrolled in SC Medicaid and how their care is coordinated with Medicare (in case of dual eligibles) and managed Medicare (if enrolled in managed Medicaid program). **Dual eligibles are not eligible to participate in SC (MCOs) Managed Care Programs at this time. (See Q6 for clarification of South Carolina's 2 forms of health care delivery models)**

I will be highly obliged if you can provide me answers to the questions listed below. If you are not the correct person to answer these questions then please let me know whom to contact. I appreciate all your help and look forward to hearing from you. If you prefer, I can also schedule a call to discuss the following questions. I would really appreciate if you can respond back to my query by November 25.

Q1. What is the per treatment allowable by SC Medicaid for patients currently on dialysis? Is there a difference in the allowable if Medicaid is the primary or secondary payer? If yes, then how much? **SC Medicaid does not have a per treatment allowable, services are based on medical necessity. The reimbursement rate for Fee-For-Service Medicaid and our Third Party Liability policy states that we will pay the lesser of our allowed rate or the patient responsibility amount from the primary insurance.**

Q2. What is SC Medicaid's current percentage of managed Medicaid patients? **As of November 1, 2011, the total Managed Care Eligible Beneficiary enrollment stands at 741,045 which equates to 80.95% of the current Medicaid population.** Has this percentage increased since January 1, 2011 and August 1, 2011? **Yes, it increased.** If yes, how much? **On January 1st, 2011 our managed care enrollment was at 723,577 and on August 1st that total was at 743,374 or an increase of 19,797 over that time period.**

Q3. Are there any plans to transition current Medicaid CKD patients not on dialysis into managed Medicaid plans in the future? **Not a factor, as this is a treatment that is covered by all of the managed care plans**

Q4. Are there any plans to transition current Medicaid dialysis patients into Managed Medicaid plans in the future? **Not a factor, as this is a treatment that is covered by all of the managed care plans**

Q5. Are there plans to transition dual eligible dialysis patients into managed Medicaid plans in the future? **Yes. As stated previously, the dual eligibles are only able to participate in any of the 3-MHNs at this time. However, South Carolina is participating in a CMS grant to look at moving these beneficiaries into an MCO or creating a unique managed care structure for this population.** If so, how would Medicaid allowable for dialysis treatment be set and paid, and how would the payment work for dialysis patients that are Medicaid fee-for-service patients?

Q6. What is the payment mechanism(s) used by the managed Medicaid plans in SC (e.g., fee-for-service, capitation, etc.)? **SC eligible beneficiaries enroll with and receive their Medicaid health benefits through one of two forms of CMS-approved managed care health care delivery models: Managed Care Organizations (MCO), or Medical Homes Networks (MHN).**

Both health care delivery models offer the same benefits as traditional fee-for-service coverage, and may also offer additional benefits and services to include unlimited doctor visits, reduced or no co-pays, access to smoking cessation classes, and programs specifically tailored for those with chronic diseases. The MCOs are capitated programs and the MHNs are fee-for-service. Dual eligibles can only enroll with MHNs at this time.

Is the mechanism the same for CKD patients not on dialysis as it is for those on dialysis? Yes, provided that they are not dually eligible (except for the MHNs) and depending on which plan they have chosen with whom to participate.

Q7. What commercial insurers operate the managed Medicaid plans in SC? **There are currently 4-Managed Care Organizations operating in South Carolina Medicaid. They are:**

**Absolute Total Care-operated by Centene Corporation
UnitedHealthcare Community Plan-operated by UnitedHealthCare
BlueChoice Health Plan-operated by Blue Cross Blue Shield of South Carolina
Select Health of South Carolina-operated by AmeriHealth Mercy**

The 3-participating MHNs are not operated by commercial insurers.

Q8. What are the payment rates for the codes listed below? **The reimbursement rate for Fee-For-Service Medicaid and our Third Party Liability policy states that we will pay the lesser of our allowed rate or the patient responsibility amount from the primary insurance.**

- a. 96372 - **\$3.72**
- b. J0881 - **\$3.24 per unit**
- c. J0882 - **\$3.24 per unit**
- d. Q4081 - **\$1.02 per unit**

Thank you once again for all your time and effort.

Kind Regards,
Gunjan

Gunjan Sharma, DDS, MBA
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Gaithersburg, MD 20878
phone: 240/632-3200
fax: 240/632-3201
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I would recommend that you take a look at our web-page at WWW.SCDHHS.GOV and look under the Managed Care Section. There is additional information regarding our Policies and Procedures for the MCOs and MHNs. Any additional questions or follow-up, please do not hesitate to contact me directly at (803) 898-2567 as some of this information can be confusing.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

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TO <i>Giese</i>	DATE <i>11-16-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001203</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kost</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-30-11</i>
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Attachments: SC Medicaid Information Required

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Bryan Kost
SCDHHS Senior Consultant
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803.429.3201
kostbr@scdhhs.gov

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