

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bosling/Ries</i>	<i>10-4-06</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000294</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>Cleared 10/23/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <i>10-19-06</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.			
2.			
3.			
4.			



**NATIONAL ACADEMY**  
for STATE HEALTH POLICY

Dear State Medicaid Director:

We are writing to request that you complete the following survey and bring your state agency's experience to bear on a unique and exciting new initiative that the National Academy for State Health Policy (NASHP) has undertaken with support from the Commonwealth Fund: *State Health Policies Aimed at Promoting Excellent Systems* (SHAPES) complements and contributes to the work of the Commonwealth Fund's Commission on a High Performance Health System. The Fund's aim is to help move the U.S. toward a higher quality and more efficient health system, particularly for those who are most vulnerable due to income, race, ethnicity, health, or age. For more information, go to <http://www.cmwf.org/topics>.

The SHAPES project is unique in its aim to paint the "big picture" of states' efforts - across agencies and across key areas of health policy - to improve health systems. NASHP has identified a set of state policies and practices that evidence, show promise or appear innovative in improving health system performance. The survey information we are requesting will help found out and update information obtained from other recent surveys and the literature. NASHP will analyze and summarize information from this survey and other sources to describe the state of states' efforts in key domains related to health system performance. Innovative state policies and practices will be highlighted. Reports will be available both through NASHP and the Commonwealth Fund.

We know you are very busy, and thank you in advance for contributing your time and expertise. Your contributions will assist your colleagues in other states as well as the Commonwealth Fund in advancing policies to improve health system performance.

Sincerely,



Alan Weil, Executive Director



Catherine Hess, Senior Program Director

**Overview and Instructions:**

NASHP is surveying six state agencies: the Governor's office, Medicaid, SCHIP (non-Medicaid), Insurance, employee health plan, and public health. Each survey contains some unique and some cross-cutting questions in areas of:

- Quality (including leveraging state purchasing power, public reporting, collaboratives)
- Infrastructure (including population based approaches, information and technology, provider capacity)
- Coverage (including eligibility, affordability, benefits, enrollment and retention)

The survey is divided into sections, with a brief statement of topics introducing each section. The survey consists of check box and some open-ended questions. There is space at the end of each section for any additional comments or details you may wish to share. We also will follow-up with you or your colleagues as needed. NASHP understands that agency responsibilities vary across states. Please let us know if you send (or would like us to send) the survey to another contact in your state.

**PLEASE RETURN THIS SURVEY BY OCTOBER 23, 2006 TO:**

Annette James ([ajames@nashp.org](mailto:ajames@nashp.org))  
National Academy for State Health Policy  
1233 20<sup>th</sup> Street NW, Suite 303  
Washington, DC 20036  
Ph: (202) 903-0101 Fax: (202) 903-2790

Questions? Please contact Catherine Hess, Senior Program Director ([chess@nashp.org](mailto:chess@nashp.org)) or Annette James, Research Assistant ([ajames@nashp.org](mailto:ajames@nashp.org)) at (202) 903-0101.

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National Academy for State Health Policy (NASHP)  
Survey of State Health Policies Aimed at Promoting Excellent Systems (SHAPES)

Name of Lead Respondent: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Agency and division/bureau: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

**Names of Additional Respondent(s) for follow-up questions/clarifications:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/division/bureau: \_\_\_\_\_ For questions on: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/division/bureau: \_\_\_\_\_ For questions on: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/division/bureau: \_\_\_\_\_ For questions on: \_\_\_\_\_

**A. Enrollment and Retention in Public Coverage** These questions address select aspects of enrollment and renewal policies and procedures.

A1) Is the Medicaid program application available on-line to applicants (and/or their representatives)?

- Yes
- No

a) If yes, please respond to the following:

i) How is the application processed? (please check applicable box):

- Application accepted and eligibility determination made online
- Application accepted online but processed off line
- Application available to download and mail in (only)
- Other - please specify: \_\_\_\_\_

ii) Does the online application process electronically link to eligibility for other health and/or human service programs?

- Yes, please describe briefly: \_\_\_\_\_
- No

A2) Can applicants (and/or their representatives) renew coverage on-line?

Yes  
No

A3) Does your Medicaid program have "passive" or administrative renewals for children, in which children are automatically renewed for coverage following administrative review of continued eligibility?

Yes  
No

a) If yes, how is passive/administrative review done?

Provide preprinted forms to recipients to use to report any changes

Obtain information from other public programs to ascertain continuing eligibility

Other - please describe:

Additional comments on enrollment and retention in public coverage:

**B. Coverage (eligibility/affordability)** This set of questions addresses select aspects of states' efforts to increase health insurance coverage, whether through public, private, or public-private efforts.

B1) Does your state provide 100% state funded Medicaid coverage to legal immigrants who are not Medicaid eligible under federal law?

Yes  
No - skip to question B2

a) If yes, please respond to the following:

i) What populations do you cover? Check all that apply:

- Children
- Pregnant women
- Parents
- Elderly
- Disabled
- Non-custodial adults
- Other - please specify:

ii) Is enrollment capped? Yes No

(1) If yes, at what number of enrollees?

iii) How many are enrolled (most recent available point in time)?

B2) Is there a state-funded program (separate from Medicaid) that provides coverage to legal immigrants?  
Yes

No

a) If yes, please respond to the following:

i) What populations do you cover? Check all that apply:

- Children
- Pregnant women
- Parents
- Elderly
- Disabled
- Non-custodial adults
- Other - please specify:

ii) How many are enrolled (most recent available point in time)?

iii) Is enrollment capped? Yes: No

(1) If yes, at what number of enrollees?

B3) Does your state have an executive branch agency plan or initiative underway to provide health coverage to all children in your state?

Yes

No

Not sure - please suggest other agencies/contacts who may have this information:

a) If yes, please note name of plan or program and contact for further information:

B4) Does your state have in place any programs that combine public funds with employer, philanthropic, or individual contributions to pay for health insurance (these may be referred to as "three share" programs)?

Yes

No

Not sure - Please suggest other agencies/contacts who may have this information:

a) If yes, please note name of plan or program and contact for further information:

B5) Does your state have any policies/programs in place that are aimed at reducing the cost of coverage for small employers and their workers?

Yes

No

a) If yes, please check which kinds of programs are in place:

Purchasing pool

Reinsurance

Premium assistance

Other- please specify:

Additional comments on coverage eligibility/affordability:

**C. PROVIDER CAPACITY:** This question addresses select policies aimed at promoting provider availability through electronic means.

C1) Does the Medicaid program purchase or reimburse for (Check all that apply):

Electronic consultations between physicians and patients

Electronic consultations between specialists and primary care physicians (please specify specialty: \_\_\_\_\_)

Electronic monitoring of patients from an off site location

Other - please specify:

None of the above

Additional comments on Provider Capacity:

**D. LEVERAGING PURCHASING POWER: CONTRACT REQUIREMENTS**

The following group of questions addresses agency/program specific contract requirements in the areas of patient safety and quality measures, performance incentives and disincentives, disease and care management programs, cultural competency and EPSDT.

D1) Does the Medicaid program contract with plans or physicians to manage primary care?

Yes

No. If no, skip to Question Group E.

D2) Do Medicaid contracts require reporting on patient safety measures? (Such as adverse drug events or administering antibiotics prior to surgery to prevent post-operative infections)

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Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

\_\_\_\_\_  
\_\_\_\_\_

a) If yes, please respond to the following:

i. Were any measures derived from nationally developed or endorsed measurement sets? (such as those from AHRQ, CMS, HEDIS, JCAHO, NQF)

Yes

No

ii. Were any measures developed by the state (not based on national measurement sets)?

Yes

No

iii. Are any measures specific to children required?

Yes - Which specific measures?

No

\_\_\_\_\_

D3) In selecting or contracting with plans, does the Medicaid program take patient safety performance into account through any of the following means? Check all that apply:

Review criteria/points

Selective contracting with plans demonstrating patient safety

Other - please specify: \_\_\_\_\_

None of the above

\_\_\_\_\_  
\_\_\_\_\_

D4) Does the Medicaid program require reporting on quality measures? (See options below for examples)

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

\_\_\_\_\_  
\_\_\_\_\_

a) If yes, please respond to the following:

i. What types of measures are required? Check all that apply:  
 Clinical effectiveness - process or outcome measures for chronic conditions such as diabetes or asthma or congestive heart failure  
 Patient satisfaction - asking patients about their experiences such as timeliness in getting a needed appointment or how well they feel their physician communicates with them  
 Other - please specify briefly: \_\_\_\_\_

ii. Were any measures derived from nationally developed or endorsed measurement sets? (such as those from AHRQ, CMS, HEDIS, JCAHO, CAHPS, NQF)

Yes \_\_\_\_\_  
 No \_\_\_\_\_

iii. Were any measures developed by the state (not based on nationally endorsed sets)?

Yes \_\_\_\_\_  
 No \_\_\_\_\_

iv. Are any measures specific to children utilized?

Yes - Which specific measures? \_\_\_\_\_  
 No \_\_\_\_\_

D5) In selecting or contracting with plans, does the Medicaid program take quality performance into account through any of the following means? Check all that apply:

- Review criteria/points
- Selective contracting with plans demonstrating patient safety
- Other - please specify: \_\_\_\_\_
- None of the above

D6) Does the Medicaid program provide contract or plan incentives to reward performance?

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No \_\_\_\_\_

a) If yes, what types of incentives are utilized? Check all that apply:

- Pay for performance
- Preferential auto-assignment
- Gain sharing arrangements
- Other - please specify: \_\_\_\_\_

**D7) Does the Medicaid program provide contract or plan disincentives for poor performance?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

a) If yes, what types of disincentives are utilized? Check all that apply:

Withholds of payments

Penalties - please specify:

Other - please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D8) Do any Medicaid contracts include formal care management services or programs for any of the following special needs?**

Yes - check for which populations:

Chronic illnesses - please specify:

Pregnancy

Out of home placements

Other - please specify:

No

**D9) Do Medicaid contracts include specifications that address identifying populations by race, ethnicity or language?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

\_\_\_\_\_

a) If yes, briefly describe purpose/content of specifications:

**D10) Do Medicaid contracts include specifications that address identifying populations by disability or special need?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

\_\_\_\_\_

No

a) If yes, briefly describe purpose/content of specifications:

D11) Do Medicaid contracts include specifications about communications capabilities for serving individuals with disabilities?

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

D12) Do Medicaid contracts include specifications for cultural competency?

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

D13) Do Medicaid contracts define the EPSDT pediatric standard of medical necessity (one that addresses maintenance of health and promotion of growth and development)?

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

D14) Do Medicaid contracts specifically require the following preventive service components of EPSDT?

a) Immunization requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

b) Lead screening requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

c) Hearing screening requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

d) Developmental screening requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

D15) Do Medicaid contracts recommend or require use of specific developmental screening tools?

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

a) If yes, please specify which tool(s):

Additional Comments on Leveraging Purchasing Power: Contracts Requirements:

**E. LEVERAGING PURCHASING POWER: JOINT PURCHASING** This group of questions addresses joint or coordinated purchasing strategies with other agencies/programs, with other states, and with the private sector.

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E1) Does the Medicaid program have contract or plan requirements specifically designed to support the goals of another state agency or program?

Yes - please check all that apply:

Contract only with plans that contract with another agency (ies) - specify:

Require use of standards of another agency- specify:

Other - please specify:

No

E2) Has the Medicaid program participated in a joint request for proposals (RFPs) for health care services or products with other state agencies/programs?

Yes - please specify products and services:

No

a) If yes, please respond to the following:

i. With what other agencies? Check all that apply:

State employee health plan agency

Separate SCHIP program

Public Health

Other - please specify:

ii. Did the joint RFPs or contract requirements address patient safety?

Yes - please check all that apply:

Requirements to collect and report patient safety measures

Requirements for patient safety improvement plans or processes

Other, please specify: \_

No

iii. Did the joint RFPs or contract requirements address quality?

Yes - please check all that apply:

Requirements to collect and report quality measures

Requirements for quality improvement plans or processes

Other - please specify: \_\_\_\_\_

No

E3) Has the Medicaid program purchased health care service or products with other states?

Yes - please describe briefly:

No

a) If yes, please respond to the following:

i. Did the joint RFPs or contract requirements address patient safety?

Yes - please check all that apply:

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Requirements to collect and report patient safety measures  
Requirements for patient safety improvement plans or processes  
Other - please specify: \_\_\_\_\_

No

**ii. Did the joint RFPs or contract requirements address quality?**

Yes - please check all that apply:

Requirements to collect and report quality measures

Requirements for quality improvement plans or processes

Other - please specify: \_\_\_\_\_

No

**E4) Has the Medicaid program shared or pooled patient safety data or research with other agencies in your state to achieve more value in purchasing?**

Yes - please describe briefly:

No

**E5) Has the Medicaid program shared or pooled quality data or research with other agencies in your state to achieve more value in purchasing?**

Yes - please describe briefly:

No

**E6) Has the Medicaid program shared or pooled cost or price data or research with other agencies in your state to achieve more value in purchasing?**

Yes - please describe briefly:

No

**E7) Has the Medicaid program shared or pooled patient safety data or research with other agencies in other states?**

Yes - please describe briefly:

No

**E8) Has the Medicaid program shared or pooled quality data or research with other agencies in other states?**

Yes - please describe briefly:

No

**E9) Has the Medicaid program shared or pooled cost or price data or research with other agencies in other states?**

Yes - please describe briefly:

No

E10) Has the Medicaid program participated in any public/private health care purchasing Initiatives?

Yes - please describe briefly:

No

a) If yes, please respond to the following:

i. Did the joint RFPS or contract requirements address patient safety?

Yes - please check all that apply:

Requirements to collect and report patient safety measures

Requirements for patient safety improvement plans or processes

Other - please specify:

No

ii. Did the joint RFPS or contract requirements address quality?

Yes - please check all that apply:

Requirements to collect and report quality measures

Requirements for quality improvement plans or processes

Other - please specify: \_\_\_\_\_

No

Additional Comments on Leveraging Purchasing Power for Quality and Efficiency: Joint

Purchasing:

F. Information Systems and Technology This set of questions addresses health information exchange and technology.

F1) Is Medicaid actively involved in efforts to facilitate the adoption of electronic health or medical records? Check all that apply:

Yes, Medicaid participates in electronic health record initiatives led by other agencies

Yes, Medicaid is developing or implementing electronic health record Initiatives for Medicaid providers - please describe briefly:

No, Medicaid is not substantially involved in electronic health record Initiatives at the current time

F2) Is Medicaid actively involved in efforts to facilitate exchange of health information electronically across service settings? Check all that apply:

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Yes, Medicaid participates in health information exchange initiatives led by other agencies  
Yes, Medicaid is developing or implementing health information exchange initiatives for the services it purchases or reimburses - please describe briefly:

No, Medicaid is not substantially involved in health information exchange initiatives at the current time  
F3) Is Medicaid actively involved in any other efforts to make greater use of health information technology to improve health system performance? Check all that apply:

Yes, Medicaid participates in other health information technology initiatives led by other agencies - please describe briefly:

Yes, Medicaid is developing or implementing other health information technology initiatives for the services it purchases or reimburses - please describe briefly:

No, Medicaid is not substantially involved in other health information technology initiatives at the current time

Additional comments on Information Systems and Technology:

**G. MULTI-PRONGED/OTHER INITIATIVES TO IMPROVE HEALTH SYSTEM PERFORMANCE**  
As explained, this survey is aimed at identifying important and/or innovative state strategies for improving health system performance. The last two questions are aimed at capturing any other important initiatives that we have not asked about specifically.

G1) Would you say your state is developing or implementing a comprehensive or multi-pronged initiative to improve health system performance that cuts across areas such as coverage, quality, efficiency and systems infrastructure? Yes No

If yes, please describe *briefly* the nature of the effort, identify the top priorities for the effort, and/or provide contact information if someone other than yourself would have more information:

Additional contact person/agency:

Phone or email:

Is there anything we have not asked about that your agency is involved in that you see as being particularly important or innovative in improving health system performance?

*Thank You for Taking the Time  
to Share Your State's Experience!*

PLEASE RETURN THIS SURVEY BY OCTOBER 23, 2006 TO:

Annette James ([ajames@nashp.org](mailto:ajames@nashp.org))

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September 2006

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1233 20<sup>th</sup> Street NW, Suite 303  
Washington, DC 20036  
Ph: (202) 903-0101  
Fax: (202) 903-2790

Questions? Please contact Catherine Hess, Senior Program Director  
([chess@nashp.org](mailto:chess@nashp.org)) or Annette James, Research Assistant at (202) 903-0101

National Academy for State Health Policy  
Survey of State Health Policies Aimed at Promoting Excellent Systems  
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**From:** Jan Polatty  
**To:** ajames@nashp.org  
**Date:** 10/23/2006 3:45:59 PM  
**Subject:** NNASHP request re: health systems performance

✓ 294  
to close

Here is response for the South Carolina Department of Health and Human Services as requested.  
Thanks! Jan

>>> "Annette James" <ajames@nashp.org> 09/29/06 10:00 AM >>>

Dear State Medicaid Director:

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Alan Weil  
Executive Director

Catherine Hess  
Senior Program Director

**NATIONAL ACADEMY**  
**for STATE HEALTH POLICY**

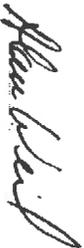
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Alan Weil, Executive Director



Catherine Hess, Senior Program Director

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Washington, DC 20036  
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**NATIONAL ACADEMY  
for STATE HEALTH POLICY**

**National Academy for State Health Policy (NASHP)  
Survey of State Health Policies Aimed at Promoting Excellent Systems (SHAPES)**

Name of Lead Respondent: Susan Bowling \_\_\_\_\_

State: SC \_\_\_\_\_

Title: Deputy Director \_\_\_\_\_ Telephone #: 803-898-2501

Agency and division/bureau: SC DHHS, Medical Services

E-Mail: Bowling@scdhhs.gov \_\_\_\_\_ Website Address: scdhhs.gov

**Names of Additional Respondent(s) for follow-up questions/clarifications:**

Name: Alicia Jacobs \_\_\_\_\_ Telephone #: 803-898-2538 \_\_\_\_\_ E-Mail: jacobs@scdhhs.gov

Agency/division/bureau: SCDHHS Elig. Policy & Oversight \_\_\_\_\_ For questions on: Sec A&B

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/division/bureau: \_\_\_\_\_ For questions on: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/division/bureau: \_\_\_\_\_ For questions on: \_\_\_\_\_

**A. Enrollment and Retention in Public Coverage** These questions address select aspects of enrollment and renewal policies and procedures.

**A1) Is the Medicaid program application available on-line to applicants (and/or their representatives)?**

Yes  
No

a) If yes, please respond to the following:

i) How is the application processed? (please check applicable box):

Application accepted and eligibility determination made online

Application accepted online but processed off line

Application available to download and mail in (only)

Other - please specify: We have a pilot project of accepting electronic applications for long term care in 8 counties.

ii) Does the online application process electronically link to eligibility for other health and/or human service programs?

Yes, please describe briefly:

No

A2) Can applicants (and/or their representatives) renew coverage on-line?

Yes  
No

A3) Does your Medicaid program have "passive" or administrative renewals for children, in which children are automatically renewed for coverage following administrative review of continued eligibility?

Yes  
No

a) If yes, how is passive/administrative review done?

Provide preprinted forms to recipients to use to report any changes

Obtain information from other public programs to ascertain continuing eligibility

Other - please describe:

Additional comments on enrollment and retention in public coverage:

**B. Coverage (eligibility/affordability)** This set of questions addresses select aspects of state's efforts to increase health insurance coverage, whether through public, private, or public-private efforts.

B1) Does your state provide 100% state funded Medicaid coverage to legal immigrants who are not Medicaid eligible under federal law?

Yes  
No – skip to question B2

a) If yes, please respond to the following:

i) What populations do you cover? Check all that apply:

- Children
- Pregnant women
- Parents
- Elderly
- Disabled
- Non-custodial adults
- Other - please specify:

ii) Is enrollment capped? Yes No

(1) If yes, at what number of enrollees?

iii) How many are enrolled (most recent available point in time)? \_

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**B2) Is there a state-funded program (separate from Medicaid) that provides coverage to legal immigrants?**

Yes  
No

a) If yes, please respond to the following:

i) What populations do you cover? Check all that apply:

- Children
- Pregnant women
- Parents
- Elderly
- Disabled
- Non-custodial adults
- Other - please specify:

ii)          How many are enrolled (most recent available point in time)?

iii) Is enrollment capped? Yes No

(1) If yes, at what number of enrollees?

**B3) Does your state have an executive branch agency plan or initiative underway to provide health coverage to all children in your state?**

Yes  
No

Not sure - please suggest other agencies/contacts who may have this information:

a) If yes, please note name of plan or program and contact for further information:

**B4) Does your state have in place any programs that combine public funds with employer, philanthropic, or individual contributions to pay for health insurance (these may be referred to as "three share" programs)?**

Yes  
No

Not sure - Please suggest other agencies/contacts who may have this information:

a) If yes, please note name of plan or program and contact for further information:

**B5) Does your state have any policies/programs in place that are aimed at reducing the cost of coverage for small employers and their workers?**

Yes  
No

a) If yes, please check which kinds of programs are in place:

Purchasing pool

Reinsurance

Premium assistance

Other- please specify: EQHCs offering small group coverage for basic benefits.

Additional comments on coverage eligibility/affordability:

**C. PROVIDER CAPACITY** This question addresses select policies aimed at promoting provider availability through electronic means.

C1) Does the Medicaid program purchase or reimburse for (Check all that apply):

Electronic consultations between physicians and patients

Electronic consultations between specialists and primary care physicians (please specify specialty: \_\_\_\_\_)

Electronic monitoring of patients from an off site location

Other - please specify:

None of the above

Additional comments on Provider Capacity:

South Carolina Medicaid currently only covers telepsychiatry as a form of electronic consultation.

**D. LEVERAGING PURCHASING POWER: CONTRACT REQUIREMENTS**

The following group of questions addresses agency/program specific contract requirements in the areas of patient safety and quality measures, performance incentives and disincentives, disease and care management programs, cultural competency and EPSDT.

D1) Does the Medicaid program contract with plans or physicians to manage primary care?

Yes

No. If no, skip to Question Group E.

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D2) Do Medicaid contracts require reporting on patient safety measures? (Such as adverse drug events or administering antibiotics prior to surgery to prevent post-operative infections)

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

a) If yes, please respond to the following:

i. Were any measures derived from nationally developed or endorsed measurement sets? (such as those from AHRQ, CMS, HEDIS, JCAHO, NQF)

Yes

No

ii. Were any measures developed by the state (not based on national measurement sets)?

Yes

No

iii. Are any measures specific to children required?

Yes - Which specific measures?

No

D3) In selecting or contracting with plans, does the Medicaid program take patient safety performance into account through any of the following means? Check all that apply:

Review criteria/points

Selective contracting with plans demonstrating patient safety

Other - please specify: \_\_\_\_\_

None of the above

D4) Does the Medicaid program require reporting on quality measures? (See options below for examples)

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

a) If yes, please respond to the following:

i. What types of measures are required? Check all that apply:

Clinical effectiveness - process or outcome measures for chronic conditions such as diabetes or asthma or congestive heart failure

Patient satisfaction - asking patients about their experiences such as timeliness in getting a needed appointment or how well they feel their physician communicates with them

Other - please specify briefly: \_\_\_\_\_

ii. Were any measures derived from nationally developed or endorsed

measurement sets? (such as those from AHRQ, CMS, HEDIS, JCAHO, CAHPS,

NQF)

Yes

No

iii. Were any measures developed by the state (not based on nationally endorsed sets)?

Yes

No

iv. Are any measures specific to children utilized?

Yes - Which specific measures? EPSSDI and Immunizations

No

D5) In selecting or contracting with plans, does the Medicaid program take quality performance

into account through any of the following means? Check all that apply:

Review criteria/points

Selective contracting with plans demonstrating patient safety

Other - please specify: NCOA required

None of the above

D6) Does the Medicaid program provide contract or plan incentives to reward performance?

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included PCCM contracts

\_\_\_\_\_ and excluded MCO contracts

No

a) If yes, what types of incentives are utilized? Check all that apply:

Pay for performance

Preferential auto-assignment

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Gain sharing arrangements

Other - please specify: Shared savings program

**D7) Does the Medicaid program provide contract or plan disincentives for poor performance?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included PCCM contracts

\_\_\_\_\_ and excluded MCO contracts

No

a) If yes, what types of disincentives are utilized? Check all that apply:

Withholds of payments

Penalties - please specify: Return of PMPM dollars

Other - please specify: \_\_\_\_\_

**D8) Do any Medicaid contracts include formal care management services or programs for any of the following special needs?**

Yes - check for which populations:

Chronic illnesses - please specify: Chronic diseases, such as asthma, diabetes, chronic

kidney disease, and hypertension

Pregnancy

Out of home placements

Other - please specify: Medically Fragile Children to age 21

No

**D9) Do Medicaid contracts include specifications that address identifying populations by race, ethnicity or language?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded \_\_\_\_\_

No

a) If yes, briefly describe purpose/content of specifications:

**D10) Do Medicaid contracts include specifications that address identifying populations by**

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**disability or special need?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

a) If yes, briefly describe purpose/content of specifications:

**D11) Do Medicaid contracts include specifications about communications capabilities for serving individuals with disabilities?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

**D12) Do Medicaid contracts include specifications for cultural competency?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

**D13) Do Medicaid contracts define the EPSDT pediatric standard of medical necessity (one that addresses maintenance of health and promotion of growth and development)?**

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included \_\_\_\_\_

\_\_\_\_\_ and excluded

No

D14) Do Medicaid contracts specifically require the following preventive service components of EPSDT?

a) Immunization requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

b) Lead screening requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

c) Hearing screening requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

d) Developmental screening requirements

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

D15) Do Medicaid contracts recommend or require use of specific developmental screening tools?

Yes, for all managed care contracts.

Yes, for some. Please specify categories of contracts that are included

\_\_\_\_\_ and excluded

No

a) If yes, please specify which tool(s):

Additional Comments on Leveraging Purchasing Power: Contracts Requirements:

**E. LEVERAGING PURCHASING POWER. JOINT PURCHASING.** This group of questions addresses joint or coordinated purchasing strategies with other agencies/programs, with other states, and with the private sector.

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**E1) Does the Medicaid program have contract or plan requirements specifically designed to support the goals of another state agency or program?**

Yes - please check all that apply:

Contract only with plans that contract with another agency (ies) - specify:

Require use of standards of another agency- specify:

Other - please specify:

No

**E2) Has the Medicaid program participated in a joint request for proposals (RFPs) for health care services or products with other state agencies/programs?**

Yes - please specify products and services:

No

a) If yes, please respond to the following:

i. With what other agencies? Check all that apply:

State employee health plan agency

Separate SCHIP program

Public Health

Other - please specify:

ii. Did the joint RFPs or contract requirements address patient safety?

Yes - please check all that apply:

Requirements to collect and report patient safety measures

Requirements for patient safety improvement plans or processes

Other, please specify: \_\_

No

iii. Did the joint RFPs or contract requirements address quality?

Yes - please check all that apply:

Requirements to collect and report quality measures

Requirements for quality improvement plans or processes

Other - please specify: \_\_\_\_\_

No

**E3) Has the Medicaid program purchased health care service or products with other states?**

Yes - please describe briefly:

No

a) If yes, please respond to the following:

i. Did the joint RFPs or contract requirements address patient safety?

Yes - please check all that apply:

Requirements to collect and report patient safety measures

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Requirements for patient safety improvement plans or processes  
Other - please specify: \_\_\_\_\_

No

ii. Did the joint RFPS or contract requirements address quality?

Yes - please check all that apply:

Requirements to collect and report quality measures

Requirements for quality improvement plans or processes

Other - please specify: \_\_\_\_\_

No

E4) Has the Medicaid program shared or pooled patient safety data or research with other agencies in your state to achieve more value in purchasing?

Yes - please describe briefly:

No

E5) Has the Medicaid program shared or pooled quality data or research with other agencies in your state to achieve more value in purchasing?

Yes - please describe briefly:

No

E6) Has the Medicaid program shared or pooled cost or price data or research with other agencies in your state to achieve more value in purchasing?

Yes - please describe briefly:

No

E7) Has the Medicaid program shared or pooled patient safety data or research with other agencies in other states?

Yes - please describe briefly:

No

E8) Has the Medicaid program shared or pooled quality data or research with other agencies in other states?

Yes - please describe briefly:

No

E9) Has the Medicaid program shared or pooled cost or price data or research with other agencies in other states?

Yes - please describe briefly:

No

E10) Has the Medicaid program participated in any public/private health care purchasing initiatives?

Yes - please describe briefly:  
No

a) If yes, please respond to the following:

i. Did the joint RFPS or contract requirements address patient safety?

Yes - please check all that apply:  
Requirements to collect and report patient safety measures  
Requirements for patient safety improvement plans or processes  
Other - please specify:  
No

ii. Did the joint RFPS or contract requirements address quality?

Yes - please check all that apply:  
Requirements to collect and report quality measures  
Requirements for quality improvement plans or processes  
Other - please specify: \_\_\_\_\_  
No

Additional Comments on Leveraging Purchasing Power for Quality and Efficiency: Joint Purchasing:

F. Information Systems and Technology This set of questions addresses health information exchange and technology.

F1) Is Medicaid actively involved in efforts to facilitate the adoption of electronic health or medical records? Check all that apply:

Yes, Medicaid participates in electronic health record initiatives led by other agencies  
Yes, Medicaid is developing or implementing electronic health record initiatives for Medicaid providers - please describe briefly: South Carolina Medicaid is working with the Office of Research and Statistics to pilot an EHR program that includes claim level data.  
No, Medicaid is not substantially involved in electronic health record initiatives at the current time

F2) Is Medicaid actively involved in efforts to facilitate exchange of health information electronically across service settings? Check all that apply:

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Yes, Medicaid participates in health information exchange initiatives led by other agencies  
Yes, Medicaid is developing or implementing health information exchange initiatives for the services it purchases or reimburses - please describe briefly:

No, Medicaid is not substantially involved in health information exchange initiatives at the current time  
F3) Is Medicaid actively involved in any other efforts to make greater use of health information technology to improve health system performance? Check all that apply:

Yes, Medicaid participates in other health information technology initiatives led by other agencies - please describe briefly:

Yes, Medicaid is developing or implementing other health information technology initiatives for the services it purchases or reimburses - please describe briefly:

No, Medicaid is not substantially involved in other health information technology initiatives at the current time

Additional comments on Information Systems and Technology:

None

**G. MULTI-PRONGED/OTHER INITIATIVES TO IMPROVE HEALTH SYSTEM PERFORMANCE**  
As explained, this survey is aimed at identifying important and/or innovative state strategies for improving health system performance. The last two questions are aimed at capturing any other important initiatives that we have not asked about specifically.

G1) Would you say your state is developing or implementing a comprehensive or multi-pronged initiative to improve health system performance that cuts across areas such as coverage, quality, efficiency and systems infrastructure? Yes No

If yes, please describe *briefly* the nature of the effort, identify the top priorities for the effort, and/or provide contact information if someone other than yourself would have more information:

Additional contact person/agency:

Phone or email:

Is there anything we have not asked about that your agency is involved in that you see as being particularly important or innovative in improving health system performance?

*Thank You for Taking the Time  
to Share Your State's Experience!*

PLEASE RETURN THIS SURVEY BY OCTOBER 23, 2006 TO:

Annette James (ajames@nashp.org)

National Academy for State Health Policy

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1233 20<sup>th</sup> Street NW, Suite 303  
Washington, DC 20036  
Ph: (202) 903-0101  
Fax: (202) 903-2790

Questions? Please contact Catherine Hess, Senior Program Director  
([chess@nashp.org](mailto:chess@nashp.org)) or Annette James, Research Assistant at (202) 903-0101

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**From:** "Annette James" <ajames@nashp.org>  
**To:** "Jan Polatty" <POLATTYJ@scdhhs.gov>  
**Date:** 10/24/2006 9:12:41 AM  
**Subject:** Re: NNASHP request re: health systems performance

Thanks!

Annette

National Academy for State Health Policy  
Research Assistant  
1233 20th St., NW, #303  
Washington, DC 20036  
202/ 903-2781 direct  
202/ 903-2790 fax

*Log 2914  
confirm receipt  
of survey*

-----Original Message-----

**From:** "Jan Polatty" <POLATTYJ@scdhhs.gov>  
**To:** <ajames@nashp.org>  
**Date:** Mon, 23 Oct 2006 15:45:59 -0400  
**Subject:** NNASHP request re: health systems performance

Here is response for the South Carolina Department of Health and Human Services as requested. Thanks! Jan

>>> "Annette James" <ajames@nashp.org> 09/29/06 10:00 AM >>>

Dear State Medicaid Director:

We are writing to request that you complete the following survey and bring your state agency's experience to bear on a unique and exciting new initiative that the National Academy for State Health Policy (NASHP) has undertaken with support from the Commonwealth Fund. State Health Policies Aimed at Promoting Excellent Systems (SHAPES) complements and contributes to

the work of the Commonwealth Fund's Commission on a High Performance Health System. The Fund's aim is to help move the U.S. toward a higher quality and more efficient health system, particularly for those who are most vulnerable due to income, race, ethnicity, health, or age. For more information, go to <http://www.cmwf.org/topics>.

The SHAPES project is unique in its aim to paint the "big picture" of states' efforts - across agencies and across key areas of health policy - to improve health systems. NASHP has identified a set of state policies and practices that evidence, show promise or appear innovative in improving health system performance. The survey information we are requesting will help round out and update information obtained from other recent surveys and the literature. NASHP will analyze and summarize information from this survey and other sources to describe the state of states' efforts in key domains related to health system performance. Innovative state policies and practices will be highlighted. Reports will be available both through NASHP and the Commonwealth Fund.

We know you are very busy, and thank you in advance for contributing your time and expertise. Your contributions will assist your colleagues in other states as well as the Commonwealth Fund in advancing policies to improve health system performance.

Sincerely,

Alan Weil  
Executive Director

Catherine Hess  
Senior Program Director

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