

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts</i>	DATE <i>1/31/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101233</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C. Smith, COS</i> <i>See attached notes</i> <i>closed - see attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/8/13</i> <i>(electronic)</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>Bulls copy</i>
2.			
3.			
4.			

REMINDER: The following surveys have a response date of February 8th, 2013. If you have any questions, please contact Aaron Larrimore [aaron.larrimore@namd-us.org].

Medicaid Rebranding. NAMD is surveying Medicaid programs' rebranding efforts on behalf of your colleagues in Colorado. Colorado would like to hear about your rebranding experiences, both from a resource and an outcomes perspective. The survey can be found [<https://www.surveymonkey.com/s/re-branding>].

Home Health Services in the Community. NAMD is putting out another survey on behalf of Colorado on the experiences states have had with allowing home health services to be delivered in community settings. The survey can be found at [[https://www.surveymonkey.com/s/HH in Community](https://www.surveymonkey.com/s/HH_in_Community)].

Centralized Data and Reporting Units. NAMD is fielding a survey on behalf of Wyoming's Medicaid agency in order to identify Medicaid programs with centralized data and reporting infrastructures and to identify advantages and disadvantages of a centralized model. Your feedback will assist Wyoming in making an informed decision on whether to establish a Medicaid Informatics Unit. The survey can be found at [https://www.surveymonkey.com/s/data_units].

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Andrea Maresca

Director of Federal Policy and Strategy

National Association of Medicaid Directors

444 North Capitol St, #524

Washington, DC 20001

202.403.8623

www.medicaiddirectors.org

Jan Polatty

From: Kathleen Snider
Sent: Friday, February 01, 2013 5:13 PM
To: Byron Roberts; Jan Polatty
Cc: Deirdra Singleton; John Supra; Sam Walidrepp; Kim Cox; Roy Hess
Subject: NAMD surveys log letter 233

Hi all, I will be glad to answer the PI survey but NAMD has put four other surveys out there that I am not qualified to respond to, and I want to make sure the right people are aware of it. (Ignore this email if they have). The 4 surveys are:

1. Medicaid Re-Branding (Kim, Deirdra)
2. Home Health Services in the Community (Sam)
3. Centralized Data and Reporting Units (John)
4. Retroactive Coverage Procedures (Roy – involves managed care)

Jan, it looks like the original email came into the agency Jan. 29th. I do not have it so could you forward to the others named here – again, you may have already done so. Thanks!

Kathleen C. Snider, Bureau Chief
Bureau of Compliance & Performance Review
South Carolina Department of Health and Human Services
P.O. Box 8206, 1801 Main Street
Columbia, SC 29202-8206
(803) 898-1050

Bren,
Pls get copy to
everyone - you
may see it and
fix -


2/6/13

Hi guys, This is the Survey
from yesterday... log #233 "DOPS"
I'm sorry! b

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts</i>	DATE <i>1/31/13</i>
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2.			
3.			
4.			

Jan Polatty

From: Deirdra Singleton
Sent: Wednesday, January 30, 2013 7:39 PM
To: Jan Polatty
Subject: Re: NAMD surveys

Jan, pls make them a log letter so we can make sure staff responds. Since it is PI, I guess it should be logged to Byron and Kathy. Thanks

From: Anthony Keck
Sent: Wednesday, January 30, 2013 12:52:15 PM
To: Jan Polatty
Cc: Deirdra Singleton
Subject: Re: NAMD surveys

Yes please.

From: Jan Polatty
Sent: Wednesday, January 30, 2013 12:12:55 PM
To: Anthony Keck
Cc: Deirdra Singleton
Subject: FW: NAMD surveys

Tony, Do you want us to assign these?

From: Andrea Maresca [mailto:andrea.maresca@namd-us.org]
Sent: Tuesday, January 29, 2013 4:09 PM
Cc: Matt Salo; Kathleen Nolan; Andrea Maresca; Aaron Larrimore; Tess Moore
Subject: NAMD surveys

Good afternoon - We are contacting all Directors to request your assistance with several surveys. NAMD is fielding a new survey on program integrity "quick wins." In addition, on behalf of several Directors, we are asking all states to respond to four other surveys, described below. These were described in the NAMD newsletter this week.

We understand this is a busy time for states and appreciate your assistance in completing these surveys by the deadlines specified below.

PROGRAM INTEGRITY: As part of NAMD's ongoing Medicaid program integrity work with Congress and the Administration, we are seeking Directors' input on opportunities to improve CMS' collaboration with states. The information will be used for two primary purposes:

- 1) Evaluate what if any progress is being made on NAMD's existing PI recommendations that were submitted to Congress and CMS in 2012.
- 2) Reinforce some of the "quick wins" that CMS could work with state Medicaid agencies to advance. This is particularly important since CMS is exploring tools to conduct a comprehensive risk assessment of Medicaid program as part of the federal agency's collaborative efforts with states.

The survey can be accessed here: <https://www.surveymonkey.com/s/9VCTKY9>
We would appreciate your response by close of business on February 12, 2013. Please contact Andrea Maresca [andrea.maresca@namd-us.org] with any questions.

REMINDER: The following surveys have a response date of February 8th, 2013. If you have any questions, please contact Aaron Larrimore [aaron.larrimore@namd-us.org].

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Andrea Maresca
Director of Federal Policy and Strategy
National Association of Medicaid Directors
444 North Capitol St, #524
Washington, DC 20001
202.403.8623
www.medicaiddirectors.org

Jan Polatty

From: Kathleen Snider
Sent: Friday, February 01, 2013 5:13 PM
To: Byron Roberts; Jan Polatty
Cc: Deirdra Singleton; John Supra; Sam Waldrep; Kim Cox; Roy Hess
Subject: NAMD surveys log letter 233

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2. Home Health Services in the Community (Sam)
3. Centralized Data and Reporting Units (John)
4. Retroactive Coverage Procedures (Roy— involves managed care)

Jan, it looks like the original email came into the agency Jan. 29th. I do not have it so could you forward to the others named here – again, you may have already done so. Thanks!

Kathleen C. Snider, Bureau Chief
Bureau of Compliance & Performance Review
South Carolina Department of Health and Human Services
P.O. Box 8206, 1801 Main Street
Columbia, SC 29202-8206
(803) 898-1050

Buen!
Pls get copy to
everyone - you
may scan & send
fax -

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Roberts	DATE 1/31/13
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DIRECTOR'S USE ONLY	ACTION REQUEST
1. LOC NUMBER 100233	1. Prepare reply for the Director's signature DATE DUE _____ DATE DUE 2/8/13 (electronic) Make sure everyone meet deal line
2. DATE SIGNED BY DIRECTOR C. Nutter	DATE DUE _____ DATE DUE 2/8/13 (electronic) Make sure everyone meet deal line

APPROVALS (only when prepare for director's signature)	COMMENT
1.	3/11/13 Responses from: 1. Roy 2. Kathleen 3. Kim Nuts copy
2.	
3.	
4.	

Need #2+3

Ask Jan should we close out.

3/2/13

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From: Kathleen Snider
Sent: Friday, February 01, 2013 5:13 PM
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Cc: Deirdra Singleton
Subject: Re: NAMD surveys

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Subject: FW: NAMD surveys

Tony, Do you want us to assign these?

From: Andrea Maresca [mailto:andrea.maresca@namd-us.org]
Sent: Tuesday, January 29, 2013 4:09 PM
Cc: Matt Salo; Kathleen Nolan; Andrea Maresca; Aaron Larrimore; Tess Moore
Subject: NAMD surveys

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The survey can be accessed here: <https://www.surveymonkey.com/s/9VCTKY9>

We would appreciate your response by close of business on February 12, 2013. Please contact Andrea Maresca [andrea.maresca@namd-us.org] with any questions.

Brenda James

From: Jan Polatty
Sent: Thursday, February 14, 2013 11:35 AM
To: Brenda James
Subject: FW: NAMID surveys

Please put this with this log and see if all have been answered. Thank you!!!

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

From: Bruce Harbaugh
Sent: Thursday, February 14, 2013 10:03 AM
To: Jennifer Campbell; Andrea Maresca
Cc: Roy Hess; Deirdra Singleton; Janet Bell; Jan Polatty; Brenda James; Aaron Larrimore
Subject: RE: NAMID surveys

Andrea

We have completed and submitted the survey on Retroactive Coverage Procedures this morning. We have determined that we do not have estimated cost savings for retroactive coverage for our managed care newborn population at this time, but can provide that information at a later date if needed.

Original Message-----

From: Jennifer Campbell
Sent: Tuesday, February 12, 2013 9:25 AM
To: Andrea Maresca
Cc: Roy Hess; Deirdra Singleton; Janet Bell; Jan Polatty; Brenda James; Bruce Harbaugh; Aaron Larrimore
Subject: Re: NAMID surveys

Andrea:

One of my team member's, Bruce Harbaugh, is working on this survey. He has requested the reports we need to estimate cost savings for retroactive coverage of our newborn population.

Bruce:

Please advise as to how much additional time we need.

From: Andrea Maresca
Sent: Friday, February 08, 2013 6:05:40 PM
To: Jennifer Campbell
Cc: Roy Hess; Deirdra Singleton; Janet Bell; Jan Polatty; Brenda James; Bruce Harbaugh; Aaron Larrimore
Subject: RE: NAMID surveys

Not a problem. We appreciate that the team is making the time to provide a thorough response.

I'm also including Aaron Larrimore on our staff who has been working on this. Just let us know how much longer you need.

Best,
Andrea

From: Jennifer Campbell [CAMPJEN@scdhhs.gov]
Sent: Friday, February 08, 2013 3:49 PM
To: Andrea Maresca
Cc: Roy Hess; Deirdra Singleton; Janet Bell; Jan Polatty; Brenda James; Bruce Harbaugh
Subject: RE: NAMD surveys

Andrea:

This email was forwarded to me to respond to the retroactive coverage survey. I am the Program Director for the Managed Care Program at South Carolina Medicaid. Would it be possible for us to get an extension on this survey so we can pull some cost savings and impact reports in order to answer some of the questions in the survey? We appreciate your consideration of this request.

From: Andrea Maresca [mailto:andrea.maresca@namd-us.org]
Sent: Tuesday, January 29, 2013 4:09 PM
Cc: Matt Salo; Kathleen Nolan; Andrea Maresca; Aaron Larimore; Tess Moore
Subject: NAMD surveys

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The survey can be accessed here: <https://www.surveymonkey.com/s/9VCTKY9>
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[https://www.surveymonkey.com/s/HH_in_Community<http://u242011.sendgrid.org/wf/click?upn=pT8HIkLtpzw9vJdK41KtpI-2Fewhyty9jVrbsyVDfR6DOBGEgqIToS-2FAIAqhsSKXn1Qby0UHzdB-2FV2qskKhIA-3D-3D_EewwicoIyukQdTY-2FN1EHw7HMOobd-2F6ewbPJ09sjQfKOoC5IO7duu9a2x5rcjZwo0d1MlVWZhzuEZmILRi8GD-2BAG45Aolx2lv7qVWX9hjb70MCMCVagDexwM1sIQKSj08iabAE-2BbDLUOqj5Xt8TtdDYGz-2Fu3AzVMwDP4R9Un8-3D>]. Centralized Data and Reporting Units. NAMD is fielding a survey on behalf of Wyoming's Medicaid agency in order to identify Medicaid programs with centralized data and reporting infrastructures and to identify advantages and disadvantages of a centralized model. Your feedback will assist Wyoming in making an informed decision on whether to establish a Medicaid Informatics Unit. The survey can be found at [https://www.surveymonkey.com/s/data_units<http://u242011.sendgrid.org/wf/click?upn=pT8HIkLtpzw9vJdK41KtpI-2Fewhyty9jVrbsyVDfR6BuOio-2FkzAV-2FphtL9mu53_EewwicoIyukQdTY-2FN1EHw7HMOobd-2F6ewbPJ09sjQfKOoC5IO7duu9a2x5rcjZwo0d1MlVWZhzuEZmILRi8GD6B-2BvRCRskxssegEY44atwFM460UH8HPX46e3nF2ZgbaisEbYKPxsMECie7ZZydQy58L9roHV-2B5ZVfZR09HvKE3s-3D>]. Retroactive Coverage Procedures. Your colleagues in Texas have asked NAMD to survey states on how retroactive claims are paid. Specifically, whether states with retroactive coverage pay claims on a fee-for-service basis or have managed care organizations pay the claims. The survey can be found at [https://www.surveymonkey.com/s/retroactivecoverage<http://u242011.sendgrid.org/wf/click?upn=pT8HIkLtpzw9vJdK41KtpI-2Fewhyty9jVrbsyVDfR6AgK6Aqoldy2eHcZWuN-2Bsj9FRqWASvOSLclmTMZlclDPQ-3D-3D_EewwicoIyukQdTY-2FN1EHw7HMOobd-2F6ewbPJ09sjQfKOoC5IO7duu9a2x5rcjZwo0d1MlVWZhzuEZmILRi8GD-2BAcehmg-2ELGomKSa0lnqBwSTE2xJMLHPn84S5itXVA-2BKsxlTCESTcvzvp6JrOt8bmtlQsLYiRusolapC-2B6s-3D>].

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Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

Doc #000233 Page 1 of 3
only PI portion.

Program Integrity: Director Input on "Quick Wins"

Program Integrity Update

NAMD continues to field many inquiries about Medicaid Program Integrity from Congress, the Administration and other stakeholders. As part of our ongoing work in this area, NAMD's newly reconstituted PI Workgroup is seeking Directors' input on opportunities to improve CMS' collaboration with states. NAMD will not release state specific information without your permission. The information will be used for two primary purposes:

- 1) Evaluate what if any progress is being made on NAMD's existing PI recommendations that were submitted to Congress and CMS in 2012.
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*** 1. Please provide the following contact information**

State	South Carolina
Name	Kathleen C. Snider
Title	Bureau Chief, Compliance & Performance Review
Email	sniderk@scdhhs.gov

2. Please indicate your state's level of interest or support for the following potential collaborative efforts with CMS.

	Already underway in my state	Interested	Interested but no capacity	Not interested	Not applicable
Leverage the Federal Investigations Database (FID), e.g. to identify crossover between Medicare and Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leverage CMS efforts around public-private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Already underway in my state	Interested	Interested but no capacity	Not interested	Not applicable
partnerships, e.g. to share information and other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
collaborative work with the private payer community	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Medicare data for PI efforts	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk with CMS about how our state oversees MCOs [for purposes of determining best practices and managing encounter data]	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access provider screening results from Medicare contractors to minimize burden/duplication in Medicaid	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with federal Exchange officials to develop a plan for sharing information and resolving conflicts	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add additional detail about the options above that would further inform NAMID's work

SCDHHS has tried to access both the FID and the MEDS (the Medicare exclusion database) to enhance our PI efforts but thus far

3. Which if any federal databases has your state Medicaid agency requested access to for PI purposes [in a formal written request or via informal conversation]? Please indicate whether you were granted access or the response you received from the federal agency.

We have requested access to both the FID and MED, and

4. Are there other relatively straightforward -- "quick win" -- opportunities for collaboration that your state would like to pursue with CMS? If so please explain what these are.

We are already pursuing a much better collaboration with the Medicaid Integrity Group (MIG) regarding data sharing for provider-specific audits. This has involved allowing SC to develop its own reports, using MIG criteria, and then transmitting the data to CMS over a secure extranet

Next

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

Brenda James

Log #233

From: Kim Cox
Sent: Monday, March 11, 2013 12:55 PM
To: Brenda James
Subject: Re: NAMD Surveys Log #233

Hi Brenda,
I completed that survey on 2/7. Thanks.

Thanks,
Kim

On Mar 8, 2013, at 12:21 PM, "Brenda James" <JAMESBR@scdhhs.gov> wrote:

<image001.gif>

Hi guys, we need the answer to this Survey today!!!PLEASE, bj

Brenda G. James
Administrative Assistant
Office of the Director
SC Department of Health and Human Services
Columbia, SC 29201
jamesbr@scdhhs.gov
(803) 898-2580
Fax: (803) 255-8235

From: Brenda James
Sent: Thursday, March 07, 2013 10:05 AM
To: Kim Cox; Sam Waldrep; John Supra; Roy Hess; Byron Roberts
Cc: Deidra Singleton; Annmarie McCanne; Tamara McDaniel; Janet Bell; Jan Polatty; Brenda James; Marie Brown
Subject: RE: Re: NAMD Surveys Log #233
Importance: High

Good morning guys,
Just a friendly reminder on log #233. I'm ready to close out and have not heard from Kim, Sam and John (due date was 2/8/13). Just send me an e-mail stating when survey was completed. I heard from Kathleen and Roy. Hope I didn't miss anyone. 😊 Thanks so much, bj

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(803) 898-2580

Fax: (803) 255-8235

From: Brenda James

Sent: Thursday, February 07, 2013 3:55 PM

To: Kim Cox; Sam Waldrep; John Supra; Roy Hess

Cc: Deirdra Singleton; Annmarie McCanne; Tamara McDaniel; Janet Bell; Jan Polatty

Subject: Re: NAMD Surveys Log #233

Hi All,

Just a friendly reminder ☺, all surveys are due tomorrow, February 8, 2013. Thanks, bj

Brenda G. James

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Brenda James

From: Lauren Young
Sent: Thursday, March 21, 2013 11:40 AM
To: 'dawn.snyder@tlgconsultants.com'
Cc: Brenda James; Jeff Saxon; Lauren Young; Beth Hutto
Subject: Responses to Survey Request

Dawn—

Below are our responses to the survey request that was sent to our agency. If you need any further assistance and/or information please feel free to contact me.

Thank you

SOUTH CAROLINA NURSING HOME MEDICAID REIMBURSEMENT:

Rates

1. Please provide the average Medicaid Reimbursement rate.
\$152.08
2. Effective Date of Average Medicaid Reimbursement Rate.
November 1, 2011
3. PAYMENT SYSTEM (Prospective, Historical, Other)
Prospective
4. FREQUENCY OF RATE ADJUSTMENTS (Survey)

Annually- however in most cases funding must be provided by the general assembly for re-basing to occur. Nursing facility providers received a 3% rate reduction effective April 8, 2011 and the November 1, 2011 NF rates were rebased at an aggregate budget neutral expenditure level based upon the projected annual expenditures resulting from the April 8, 2011 rates.

5. Basis of Rate Adjustments

11/1/11 rates are based on the cost report filed for the period ending 6/30 or 9/30 of prior year (11/1/11 based on 6/30/10 or 9/30/10 cost reports). No inflation factor was applied to the sum of the capped and uncapped cost centers to trend to the payment period of 11/1/11 to 9/30/12 and in order to maintain budget neutrality a 3.02% budget neutrality factor was applied during the rate setting process.

6. Are cost reports used to adjust rates? If so, what cost reporting years are the rates based on?

Medicaid rates effective 11/1/2011 are based on the cost report filed for the period ending 6/30/10 or 9/30/10.

7. What components of the rate are broken out?

Capped Cost Centers: General Services (Nursing, Activity, and Social Services), Dietary, Laundry, Hskp, and Maintenance, Administration, Medical Records and Services

Non capped cost centers: Utilities, Special Services (Therapies) Medical Supplies & Oxygen, Taxes, Insurance, & Licenses, Legal

Capital - All costs are subject to a 96% minimum occupancy requirement. However, in the event that the county occupancy of nursing facilities located within the same county is < than 90%, the SCDHHS will waive the 96% minimum occupancy requirement for rate setting purposes and use the > of the facility's actual occupancy or the county occupancy, but no less than 85%.

8. WHAT ANCILLARY SERVICES ARE SEPARATELY BILLABLE?

Most ancillary costs are included in the Medicaid rate. However, for dual eligible recipients' costs which are reimbursed outside of the overall routine per diem rate by Medicare will be removed from allowable costs for Medicaid rate setting purposes.

9. Capital Reimb. Methodology/ Capital Limits?

Fair-Rental & Historical Cost

10. Does return on equity impact the rate in any way? (e.g. separate rate component, incorporated in capital rate computation?)

Under the current cost of capital reimbursement formula, NF beds in existence @ June 30, 1989 receive reimbursement that is capped at the provider's actual historical depreciation and interest expense and ROE per diem plus \$3.99/patient day.

11. - Are there capital limits(per bed, square foot, patient day)? What are the capital limits?

Effective 11/1/11 is \$49,238 per bed. For bed on line prior to June 30, 1989 capital reimbursement is limited to the nursing facility's cost of capital and ROE per diem amounts plus \$3.99 per patient day.

Certificate of Need

1. Is there a Certificate of Need requirement or other limitation on new nursing facility beds?

Need to contact Les Shelton @ DHEC 803-545-4249

2. 2-Does limitation apply to replacement facilities as well?

Need to contact Les Shelton @ DHEC 803-545-4249

3. 3- Is there a bed moratorium?

Need to contact Les Shelton @ DHEC 803-545-4249

BED TAX

1. Is there a bed tax? What is it? What is the net impact on cost/revenues?

No

2. Is bed tax assessed only on inpt. Days or total days (leave and inpt.)
N/A

3. 3. 1= States with no prohibition 2= Prohibition against separate billing; No prohibition against increasing rates. 3= Prohibition against separate billing and not permitted to increase rates. 4= Quasi (In some instances rates can be increased; In some instances, rates cannot be increased)

Not applicable

4. Are there any regulations or laws prohibiting NH from passing on Bed Tax to Private Pay patients on their bill?
Not applicable

OTHER:

1. Pay For Performance Incentives?

None during the November 1, 2011 rate period.

2. Any anticipated changes regarding bed buyback programs and Medicaid coverage of personal care or assisted living services.

No

3. Whether the nursing facility itself can be the licensed hospice provider for Medicaid hospice services, or whether a third party needs to be the licensed hospice provider.

Must be certified and licensed as a hospice provider to provide hospice in a nursing facility

4. Does the state require Medicaid skilled nursing facilities to participate in Medicare?

Yes

5. If no, then once a facility does begin Medicare participation, is it permitted to withdraw in the future and retain its Medicaid certification? Does the answer differ in a CHOW situation?

6. Obtain the state contact with whom we would discuss the necessary filings in the event of an anticipated CHOW.

Nicole Mitchell Threatt: mitcheln@scdhhs.gov; George Howk: howkG@scdhhs.gov; Linda van Hoose: HOOSELV@scdhhs.gov

7. Method of and any limitations on the reimbursement for hospital leave days and therapeutic or home leave days

While the individual is in an acute care hospital, DHHS will reserve a Medicaid resident's bed up to ten (10) calendar days under the following conditions:

- The hospital stay is expected to be short term, and
- It is expected that the Medicaid resident will return to the same nursing facility.

If the above criteria are not met, DHHS cannot provide payment to the facility to reserve the bed.

Medicaid will sponsor the 10-day bed reservation for patients with dual Medicare/Medicaid eligibility when the above criteria are met.

Exception

The bed reservation policy for short term hospitalization is not applicable when a swing bed hospital patient is discharged to acute care status in the same hospital. The hospital must adjust the monthly swing bed billing to exclude short term acute days.

Reservation of Beds for Nursing Facilities for Therapeutic Care of Deinstitutionalization Program.

Reservation of beds for therapeutic deinstitutionalization is authorized for eighteen (18) days each fiscal year. Each period of leave may be for a maximum of nine (9) days, and periods of leave may not be consecutive. The plan of care must include the attending physician's authorization for home leave.

8. Does the state Medicaid Program reimburse the SNF provider for Medicare Part B deductibles and coinsurance relating to therapy services? If so, is the reimbursement through cross-over from Medicare to Medicaid or must manual claims be remitted?

No

9. If number 1 is negative, then does the state Medicaid Program permit a Medicaid resident's monthly liability or cost sharing amount to be reduced by any Medicare Part B deductibles or coinsurance relating to SNF provided services?

No

10. For purposes of rate setting, is an inflation factor used to inflate base year or other costs (e.g., Pennsylvania does use an inflation factor)? If so, is the inflation factor based upon a mid-point of one year to the mid-point of some future year (essentially, considering a full year's inflation in each year)?

No inflation factor applied during this rate period.

11. 11-Location of Medicaid Nursing Home Cost Reporting Forms

Access SENIORS cost report:

http://www1.scdhhs.gov/openpublic/insideDHHS/Bureaus/BureauofInformationTechnologyServices/Seniors5_7.asp

Lauren Young

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Program Integrity: Director Input on "Quick Wins"**Program Integrity Update**

NAMD continues to field many inquiries about Medicaid Program Integrity from Congress, the Administration and other stakeholders. As part of our ongoing work in this area, NAMD's newly reconstituted PI Workgroup is seeking Directors' input on opportunities to improve CMS' collaboration with states. NAMD will not release state specific information without your permission. The information will be used for two primary purposes:

1) Evaluate what if any progress is being made on NAMD's existing PI recommendations that were submitted to Congress and CMS in 2012.

2) Reinforce some of the "quick wins" that CMS could work with state Medicaid agencies to advance. This is particularly important since CMS is exploring tools to conduct a comprehensive risk assessment of Medicaid program as part of the federal agency's collaborative efforts with states.

We would appreciate your response by close of business on February 12, 2013. Please contact Andrea Maresca [andrea.maresca@namd-us.org] with any questions.

*** 1. Please provide the following contact information**

State	South Carolina
Name	Kathleen C. Snider
Title	Bureau Chief, Compliance & Performance Review
Email	sniderk@scdhhs.gov

2. Please indicate your state's level of interest or support for the following potential collaborative efforts with CMS.

	Already underway in my state	Interested	Interested but no capacity	Not interested	Not applicable
Leverage the Federal Investigations Database (FID), e.g. to identify crossover between Medicare and Medicaid					
Leverage CMS efforts around public-private					

	Already underway in my state	Interested	Interested but no capacity	Not interested	Not applicable
partnerships, e.g. to share information and other collaborative work with the private payer community	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Medicare data for PI efforts	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk with CMS about how our state oversees MCOs [for purposes of determining best practices and managing encounter data]	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access provider screening results from Medicare contractors to minimize burden/duplication in Medicaid	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with federal Exchange officials to develop a plan for sharing information and resolving conflicts	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add additional detail about the options above that would further inform NAMID's work

SCDHHS has tried to access both the FID and the MEDS (the Medicare exclusion database) to enhance our PI efforts but thus far

3. Which if any federal databases has your state Medicaid agency requested access to for PI purposes [in a formal written request or via informal conversation]? Please indicate whether you were granted access or the response you received from the federal agency.

We have requested access to both the FID and MED, and

4. Are there other relatively straightforward -- "quick win" -- opportunities for collaboration that your state would like to pursue with CMS? If so please explain what these are.

We are already pursuing a much better collaboration with the Medicaid Integrity Group (MIG) regarding data sharing for provider-specific audits. This has involved allowing SC to develop its own reports, using MIG criteria, and then transmitting the data to CMS over a secure extranet

Next

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