South Carolina Department of Health and Human Services

House Ways and Means Committee
Budget Presentation
January 17, 2013



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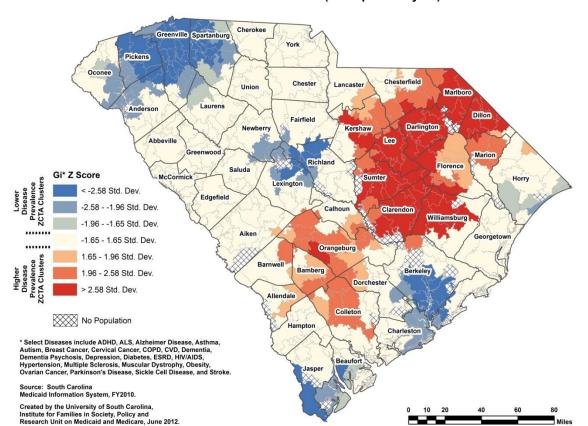
Section 1: Purchasing Health in SC





South Carolina's Challenge

Prevalence of Select Diseases* among South Carolina Medicaid Recipients
19 Years and Older by ZCTA, FY 2010
Getis-Ord Gi* Statistic (Hot Spot Analysis)



Among those insured by Medicaid, there are great disparities in health status

Socio-economic factors, education, geography, heredity, cultural influences and lifestyle choices are among the determinants that primarily influence health status

Targeting health investments sends more money into counties that need it, that are relatively unhealthy





Improve value by lowering costs and improving outcomes:

- Increased investment in education, infrastructure and economic growth
- Shift of health care spending to more productive health and health care services
- Increased coverage/treatment of vulnerable populations

SC Strategic Pillars:

- Payment reform
- Clinical integration
- Focus on hotspots and disparities

South Carolina Strategic Pillars



Payment Reform

- MCO Incentives & Withholds
- Payor-Provider Partnerships
- Catalyst for Payment Reform
- Value-Based Insurance Design

Clinical Integration

- Dual Eligible Project
- Patient Centered Medical Homes
- Telemedicine/Monitoring

Hotspots & Disparities

- Birth Outcomes Initiative
- Rural Hospital Transformation
- Express Lane Eligibility
- Foster Care Coordination
- Health Access/Right Time (HeART)

Purchasing Quality
Health Outcomes

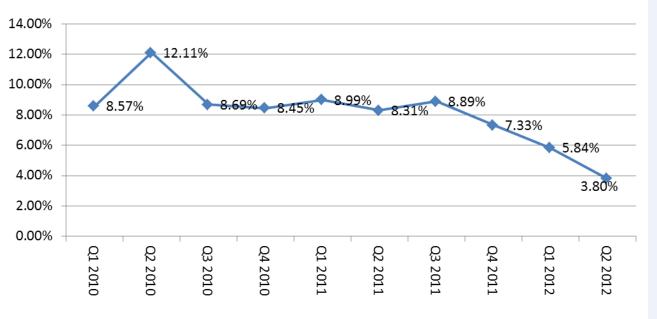
Pushing Out Excess
Costs

Providing Value to the Taxpayer

Hotspots & Disparities: Birth Outcomes Initiative



Medicaid Rates with Documented Elective Inductions as a Subset of the =>37 to <39 Weeks Delivery



In July 2011, SCDHHS
implemented a series of
birth outcome initiatives to
reduce the number of
elective inductions and
cesarean deliveries, as well
as NICU hospital stays

SC is one of the first states in the nation to no longer pay for early elective deliveries; last year these harmful deliveries were reduced by half

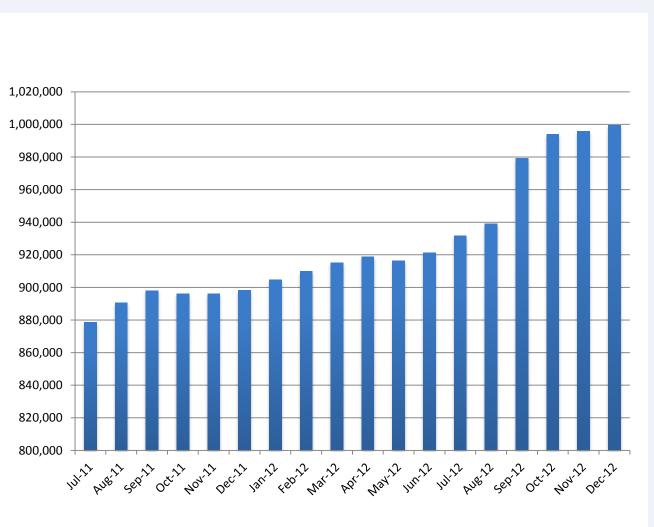
These efforts resulted in savings of \$6 million for first quarter FY 2013

Section 2: FY 2013 Update



Trends in Medicaid Enrollment





FY 2013 projected enrollment growth of 113,380 includes initial transition of 65,000 ELE children

YTD enrollment growth is 78,120 (62,656 ELE kids)

FY 2013 projected member months are 12,187,601

YTD member months are 5,838,816, 1.8% under budget

YTD enrollment with ELE is trending under FY 2013

projections by 2.2%

Source: MMIS, most recent three months are preliminary enrollment data.



FY 2013 Year to Date Financial Results

	FY 2013	Annual Budget Comp	Five Month Budget Comparison					
				2013 YTD as of	% Budget	FY 20 Project	% of Fiv Month Bud	
udget by Major Program and Spending Purpose	FY 2	013 Appropriation	Nov	ember 30, 2012	Expended		2013	Expende
CDHHS Medicaid Assistance								
Coordinated Care	s	1.699.380.435	s	642.075.083	37.8%	\$	685,576,420	g
Hospital Services	Ψ	800,998,066	Ψ	272,903,062	34.1%	\$	325,987,269	
Disproportionate Share		461,500,000		240,619,762	52.1%	\$	244,595,000	
Nursing Facilities		530,920,204		217,275,382	40.9%	\$	222,103,513	
Pharmaceutical Services		199,077,924		74,432,432	37.4%	\$	83,366,090	
				67,605,757	35.4%	\$	78,741,395	
Physician Services		190,820,553			36.0%	\$		
Community Long-term Care (CLTC) Dental Services		185,702,660		66,765,889			71,519,976	
		105,812,546		43,205,329	40.8%	\$	45,225,618	
Clinical Services		70,592,514		25,281,390	35.8%	\$	29,413,549	
Transportation Services		71,355,819		23,238,349	32.6%	\$	29,940,287	
Medical Professional Services		38,355,742		15,227,144	39.7%	\$	16,782,459	
Durable Medical Equipment		35,730,118		13,103,285	36.7%	\$	15,623,663	
Lab & X-Ray Services		27,536,576		11,168,763	40.6%	\$	12,103,402	
Family Planning		22,724,672		9,069,989	39.9%	\$	9,724,102	
Hospice		12,490,007		5,244,583	42.0%	\$	5,396,206	
Program of All-Inclusive Care (PACE)		13,592,333		4,887,937	36.0%	\$	5,323,904	
EPSDT		11,034,357		3,915,374	35.5%	\$	4,987,833	
Home Health Services		7,104,152		2,261,205	31.8%	\$	3,057,922	
Integrated Personal Care (IPC)		5,092,416		2,148,542	42.2%	\$	2,132,352	1
Optional State Supplement (OSS)		16,496,178		7,016,183	42.5%	\$	6,919,307	1
Premiums Matched		173,093,164		67,649,130	39.1%	\$	76,191,140	
MMA Phased Down Contributions		82,300,000		27,334,127	33.2%	\$	30,279,416	
Premiums 100% State		18,100,000		5,822,328	32.2%	\$	8,107,417	
otal SCDHHS Medicaid Assistance	S	4,779,810,436	S	1,848,251,025	38.7%	\$	2,013,098,240	
Commission for the Blind Continuum of Care Corrections (DOC) Disabilities & Special Needs (DDSN) Education (DOE) Health & Environmental Control (DHEC) Juvenile Justice (DJJ) Medical University of SC (MUSC) Mental Health (DMH) State Housing Authority School for Deaf & Blind Social Services (DSS) University of South Carolina (USC) Wil Lou Gray Opportunity School Emotionally Disturbed Children Other Entities Funding		39,805 13,565,565 4,776,490 557,641,856 50,951,522 18,800,243 5,818,144 36,085,955 155,000,000 345,000 4,003,210 13,108,682 3,704,711 20,968 36,229,166 17,014,063		2,531,655 1,031,972 231,790,766 12,881,672 5,829,848 511,236 15,116,917 69,660,943 933,786 2,455,587 1,419,395 12,464 9,244,952 7,225,135	0.0% 18.7% 21.6% 41.6% 25.3% 31.0% 8.8% 41.9% 0.0% 23.3% 59.4% 59.4% 42.5%		16,840 2,307,666 1,990,205 236,877,322 14,876,960 4,338,051 899,596 14,062,929 70,526,900 143,750 1,623,117 3,076,631 754,172 7,390 14,805,993 6,137,192	10 3 4 11 11 2 11 11 11 11
MUSC Maxillofacial		225,086	•	56,272	25.0%	\$	93,786	9
tate Agencies & Other Entities	\$	932,327,592	\$	365,821,899	39.2%	\$	377,442,817	
edical Contracts	\$	450,000,040	•	26 450 450	17.2%	•	20 007 007	
Medical Contracts Non-Recurring/Capital Program	Þ	152,028,949	\$	26,156,459	17.2%	\$	38,007,237	
Total Medical Contracts	\$	152,028,949	\$	26,156,459	17.2%	\$	38,007,237	(
CDHHS Operating Expenditures								
Personnel & Benefits	\$	63,511,002	\$	25,446,389	40.1%	\$	26,462,917.50	
Other Operating Costs	ş	19,275,106	φ	5,835,822	30.3%	\$	8,031,294	
otal SCDHHS Operating Expenditures	s	82,786,108	\$	31,282,211	37.8%	\$	34,494,212	
otal SCOHHS Operating Expenditures	\$	82,786,108	\$	31,282,211	37.8%	\$	34,494,212	9

As of November 30, 42.3% of the fiscal year has passed

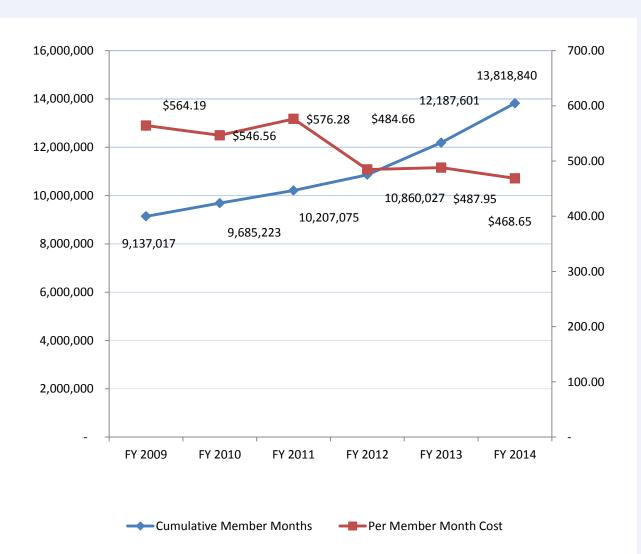
38.7% budget expended as of November

Medical assistance is 91.8% of an estimated five-month budget projection

State agency, medical contracts and other operating costs are below budget primarily because of invoice timing

Bending the Cost Curve





SCDHHS is pushing costs out of the system, by bending Medicaid's PMPM cost curve

Unique member months grew by 19% from FY 2009 to FY 2012

PMPM costs declined by 14% from FY 2009 to FY 2012

PMPM costs are projected to decline by 3% from FY 2013 to FY 2014

Sources: RSS3870 & Thomson Reuters Advantage Suite and Milliman Fall 2012 Update

Cost Savings Strategies and Initiatives



- Effects of Birth Outcomes Initiative
 - Resulted in decrease in unnecessary NICU days
- Reduced Managed Care Organization (MCO)
 Administrative Rate
 - Lowered administrative rates by 1% (10.5% to 9.5%)
- Impacts of Quality Outcome Incentives for MCOs and Providers
 - Implementing Patient Centered Medical Home program
- Impacts of Quality Outcomes Withholds related to HEDIS Measures for MCOs
 - Requires improvement of HEDIS measurements by at least one standard deviation
- Increased Use of Prior Authorizations (PA) to Ensure Appropriate Utilization
 - Implemented PAs for Inpatient Hospital Admissions
- Improved Contract Oversight and Negotiations
 - Engaged in broad contract review and reductions and eliminations of no longer needed services

Section 3: FY 2014 Budget Request



FY 2014 Original Budget Submission: All Funds



Summary of FY 2014 Original SCDHHS Budget Submission								
		State		Other		Federal		Total
Continuation Base Budget	\$ 1	,211,638,479	\$ 4	148,783,581	\$	3,561,409,142	\$ 5	5,221,831,202
Non-recurring Base		7,157,264		-		-	\$	7,157,264
Subtotal	\$ 1	,218,795,743	\$ 4	148,783,581	\$	3,561,409,142	\$ 5	5,228,988,466
New Spending Requests	\$	67,350,379	\$	26,978,381	\$	245,785,243	\$	340,114,003
Subtotal	\$	67,350,379	\$	26,978,381	\$	245,785,243	\$	340,114,003
Non-recurring Capital Requests*	\$	1,800,000	\$	-	\$	16,200,000	\$	18,000,000
SCDHHS Subtotal	\$	1,800,000	\$	-	\$	16,200,000	\$	18,000,000
State Agencies	\$	225,086	\$2	272,162,876	\$	651,275,275	\$	923,663,237
State Agencies Subtotal	\$	225,086	\$ 2	272,162,876	\$	651,275,275	\$	923,663,237
SCDHHS Total Budget Submission	\$ 1	,288,171,208	\$ 7	747,924,838	\$	4,474,669,660	\$ 6	5,510,765,706
FY 2013 Approved Appropriation - All Funds							\$ 5	5,946,703,007

% Change

Original SCDHHS Budget
Submission was \$6.51
billion which is a 9.5%
increase over the FY 2013
appropriation

94.8% of this submission is required simply to keep the program operating at the current level

FY 2014 Revised Forecast projects 1,631,239 additional member months

This is a 13.38% increase in member months over FY 2013

1/17/2013

9.5%

DHHS FY 2014 Budget Submission to Proposed Executive Budget



Executive Budget Changes from	SCD	OHHS Budget Sub	mis	sion			
	G	eneral Fund &					
	Capital Reserve			Total Other			
		Fund	F	ederal Funds	Funds		TOTAL FUNDS
Total FY 2014 Original DHHS Budget Submission	\$	1,288,171,208	\$	4,474,669,659 \$	747,924,838	\$	6,510,765,705
Annualization Management Funding							
Proviso 118.8 Cigarette Tax Collections		(20,135,000)			20,135,000		_
Proviso 118.3(B) Health Tobacco Settlement Trust		(61,600,000)		-	61,600,000		-
Subtotal - Source of Funding Adjustments to Original New Spending Submission	\$	(81,735,000)	\$	- \$	81,735,000	\$	-
Changes to Original New Spending Request							
MMIS Replacement*		(1,800,000)		_	_		(1,800,000
Changes to FMAP rates		(14,553,123)		2	-		(14,553,122
Savings and Efficiencies		(20,693,307)		-	-		(20,693,307
Subtotal - Decreases to Expenditure from the Original New Spending Submission		(37,046,430)		2 -	-		(37,046,429
Total Executive Budget Changes	\$	(118,781,430)	\$	2 \$	81,735,000	\$	(37,046,429
Total Executive Budget Proposal	\$	1,169,389,778	Ś	4,474,669,661 \$	829,659,838	Ś	6,473,719,276
Total Exceditive Budgett Toposal	\$	118,781,430	-	(2) \$			37,046,429
Amount above includes:							
General Fund							

*SCDHHS given \$1,800,000 from escrow funds for MMIS replacement and that is not included in the total above

1,103,839,399

\$ 1.171.189.778

67,350,379

Maintenance of Effort

Total General Fund

New Spending Initiatives

The FY 2014 Executive Budget is a 8.9% increase over the FY 2013 appropriation

SCDHHS built \$105 million in Cigarette Tax Collections into the base budget submission

FY 2014 Executive Budget re-categorizes \$81.7 million of General Fund request (Cigarette Tax and Tobacco Settlement) to Other Funds

Recap of FY 2014 Executive Budget Appropriation Request by Major Program Use



FY 2014 Executive Budget Total All Funds Summary of DHHS Pro			
Major Program Use		FY	2014 Executive Budget
Medicaid Assistance		\$	4,713,866,504
Other Medicaid Health Programs State Agencies/Other Entities		\$	923,663,235
Medical Contracts Medical Health Contracts		\$	175,614,817
Operating Expenditures Personnel & Benefits Personnel Costs Benefits Total Personnel & Benefits	\$ 48,480,515 16,164,805	\$	64,645,320
Other Operating Total Operating Expenditures		\$	28,546,639 93,191,959
New Funding Requests: New Program Initiatives Medicaid Enrollment Growth ACA Mandated Growth Dual Eligible Project Fraud & Abuse Audit Staff		\$	231,605,883 321,048,000 14,600,000 128,878
Total New Program Initiatives		\$	567,382,761
Non-recurring Capital Request		\$	1,800,000
Total New Funding Requests - All Funds		\$	569,182,761
Total Appropriated Budget WITH New Spending Initiatives & Capital Requests		\$	6,475,519,276
FY 2013 Budget Appropriation WITH Capital Reques	sts - July 1	\$	5,946,703,007
% Change			8.9%

Other state agencies submitted \$923 million for Medicaid programs, a 0.9% decrease over FY 2013

97.4% of new funding request is related to Maintenance of Effort (MOE) and other mandates

