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Created 2012-01-20 10:28

South Carolina has received kudos for improving its methods to expand and retain eligible children in Medicaid by using information from other safety-net programs, such as food stamps, for enrollment.

At the same time, the technical tools to share data and the efficiency they generate also reduce state administrative costs.

South Carolina supports 900,000 individuals in Medicaid, a critical source of health coverage in the economic downturn, and it is looking across a range of solutions to make its program more efficient to avoid cuts as the state, like many others, struggles with limited budgets, said John Supra, CIO of the South Carolina Department of Health and Human Services.

[New Hampshire: A state at war with its hospitals over Medicaid.]

“One of the keys to South Carolina’s success is strong legislative support for children’s coverage,” he said. The legislature has recently expanded the coverage limit and directed the Medicaid program to use technology and other tools to ensure that coverage.

Medicaid expansion is also one of the critical legs of the health reform law, which the Republican candidates in the Jan. 21 South Carolina primary **all have pledged to repeal**. The candidates also support making Medicaid a block grant to states without any federal mandates to enable them to develop the programs that fit their needs.

Indeed, in the Jan. 19 Republican primary debate in Charleston, S.C., former Massachusetts Gov. Mitt Romney said that “my view is to get the federal government out of Medicaid.”

But even states like South Carolina, whose governor, Nikki Haley, opposes the Patient Protection and Affordable Care Act (ACA), have participated in the enhanced federal funding to modernize enrollment and eligibility systems. The enhanced federal funding, called for by the ACA, means that the Centers for Medicare and Medicaid Services matches 90 percent of state costs through 2015 for updating these systems, some of which are decades old.

Last year, South Carolina was among more than half of the states that expanded and simplified their Medicaid and Children’s Health Insurance Programs’ eligibility, enrollment and renewal procedures, using technology with the help of federal funds, **according to a Jan. 18 report** by the Kaiser Family Foundation’s Commission on Medicaid and the Uninsured and Georgetown University Center for Children and Families.

South Carolina earned a performance bonus from CMS for its simplified express eligibility that

the state put into practice during 2011.

Supra said there had been tremendous churn in and out of the Medicaid program for children due to even small changes in their parents' income. South Carolina experienced about 140,000 kids churning out of the program annually, with the average time out of program about 1.5 months.

"What we were doing was creating a lot of administration hassle for our families, our staff and our provider networks, who are often caught in the middle," he said, adding that the state has retroactive eligibility back to 90 days. "So we're paying for a lot of this cost already," he said at a briefing for reporters about the Kaiser survey.

"Express lane re-determinations made a lot of sense based on the data," he added. The state started using eligibility and enrollment data from the Supplemental Nutrition Assistance Program (SNAP), formerly called food stamps, and Temporary Assistance for Needy Families (TANF) program.

As a result, South Carolina has re-enrolled about 80,000 children since April 1, averaging about 9,000 a month.

The governor has included express-lane enrollment expansion in the proposed budget for the next fiscal year. "It makes sense, is administratively prudent and it provides access to coverage to those in the most need," Supra said.

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The technology is not a silver bullet alone. It's a step to process improvement. "When we look at express lane eligibility, it's not just the technological ability to make a match and make the enrollment decision. We have to move to the forefront a set of processes that ensure not just access to care and coverage but utilization of the services," he said.

South Carolina's Medicaid program also received a black eye recently.

A federal audit found that in fiscal 2010 eligibility determination errors led to \$406 million in improper payments. The state HHS said it has redesigned eligibility procedures, will automate more of its paper-based system, perform more state audits and tie management and supervisory job evaluations to error rates, according to state HHS director, Anthony Keck in an announcement.

He also plans a new Medicaid Eligibility Determination System to replace the current 10-year old system to be able to handle the program's more sophisticated data requirements.

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