

# Amendment: D7

## Representative HEWITT proposes the following amendment:

### Section 33 – DEPARTMENT OF HEALTH AND HUMAN SERVICES

Amend:

**33.20.** (DHHS: Medicaid Accountability and Quality Improvement Initiative) From the funds appropriated and authorized to the Department of Health and Human Services, the department is authorized to implement the following accountability and quality improvement initiatives:

(A) Community Health Improvement Initiative - To improve community health, the department may explore various health quality outreach, education, patient wellness and incentive programs. The department may pilot health interventions targeting diabetes, smoking cessation, weight management, heart disease, and other health conditions. These programs may be expanded as their potential to improve health and lower costs are identified by the department.

(B) Community Health Alignment Initiative - The department shall contract with the Center for Community Health Alignment (CCHA) at the University of South Carolina in a collaborative effort to expand the community health worker program to hospital settings. The goal of this program shall be to improve health outcomes for individuals that do not have access to affordable health insurance by facilitating resource connections and access to safety net providers. The department shall facilitate the Centers coordination of placement and funding of qualified community health workers in hospital settings to achieve program goals. The Center must provide the department with patient, service, and other data to assist in the operation and ongoing evaluation of this initiative. The department may tie hospital reimbursements, as appropriate, to participation in this Community Health Alignment Initiative.

(C) Improving Access Initiatives - The department may pursue Medicaid reimbursement and health care delivery methodologies to sustain and improve access to services particularly in underserved and designated rural areas. The department shall review existing reimbursement levels and, as funds are available, take measures to implement competitive rate structures that provide incentives for providers to treat Medicaid, uninsured, and underinsured individuals.

These structures may include the use of disproportionate share, directed payments, and other supplemental payment programs. The department may adjust provider assessments to align with available supplemental funding not to exceed the safe harbor threshold under the federal hold harmless provision. Utilizing income, population, provider capacity, and other relevant data, the department may designate certain areas of the state as rural for Medicaid initiatives. To be eligible for these initiatives, the department may require providers to participate in quality, accountability, and reporting programs.

(D) Quality Through Technology and Innovation in Pediatrics (QTIP) Initiative The department shall explore ways to enhance the existing QTIP program. The goal of this program is to improve quality measure outcomes, promote medical home concepts, and support mental health skill-building and integration through targeted quality improvement and technical assistance to pediatric practices.

(E) Health Services Initiative The department may use available funds from the Childrens Health Insurance Program (CHIP) allotment to implement specific health service initiatives to improve the public health of children, including targeted low-income children and other low-income children as defined in 42 CFR 457.10. These initiatives may include preventive care and other interventions that improve the overall health and mental well-being of children. These initiatives may not supplant federal funds currently used to provide services under the states CHIP program.

(F) Primary Care Safety Net Initiative - The department shall formulate a separate methodology to allocate at least \$1,500,000 of funding to Free Clinics throughout the state, ~~\$1,500,000~~ 2,500,000 of funding for local alcohol and drug abuse authorities created under Act 301 of 1973, and up to \$4,000,000 for capital improvements to the Act 301 facilities through consultation with the Department of Alcohol and Other Drug Abuse Services, to ensure funds are provided on a needs based approach. The department may continue to develop and implement a process for obtaining encounter-level data that may be used to assess the cost and impact of services provided through this proviso.

(G) To be eligible for funds in this proviso, providers must provide the department with patient, service and financial data to assist in the operation and ongoing evaluation of both the initiatives resulting from this proviso, and other price, quality, transparency, and accountability efforts currently underway or initiated by the department. The Revenue and Fiscal Affairs Office shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations.

(H) The department annually shall evaluate each initiative within this provision to measure its effectiveness in meeting expected goals. The department shall continually monitor all third-party contracts employed under this provision to ensure that appropriations are being efficiently and effectively utilized for their intended purpose. The department also shall annually report on the results of each evaluation to the House Ways and Means Healthcare Budget Subcommittee and the Senate Finance Health and Human Services Subcommittee.