South Carolina Department of Health and Human Services

SFY 2025 Strategic Plan

Mission: To be boldly innovative in improving the health and quality of life for South Carolinians.

Vision: Turning thought into action through evidence-based decision making.

Goals:



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

V. 2, Rev. Dec. 31, 2025

South Carolina Department of Health and Human Services

SFY 2025 Strategic Plan

1.0 Provide a responsive member experience.

1.1. Ensure the ***timeliness and accuracy*** of enrollment.

1.1.1 Process all eligibility applications and renewals within federal timeliness guidelines achieving at least 97% adverse and 90% procedural accuracy rates.

1.1.2 Improve the percentage of eligibility renewals processed through ex parte from the previous year.

1.1.3 Migrate the compensation incentive pilot statewide while continually monitoring productivity and accuracy to ensure effective target standards.

1.1.4 Implement an out-stationed eligibility worker pilot program and measure the program's effectiveness.

1.2 ***Modernize and automate*** enrollment processes to improve efficiency.

1.2.1 Identify, assess, test, adapt and implement an automated eligibility processing replacement system that follows a single case ownership model and consolidates all enrollment activity.

1.2.2 Decommission current MEDS to achieve systems integration and consolidation.

1.2.3 Ensure a simplified online application process for all application pathways.

1.3 Continually improve ***interaction and communication*** with members.

1.3.1 Implement a consolidated service call center to improve interaction with members.

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2.0 Purchase access to needed health services.

2.1. Establish ***services adequate to achieve their intended purposes***.

2.1.1 Optimize best practices in Medicaid managed care by completing a transition to near 100% managed care by SFY 2029.

2.1.2 Assess, evaluate and update covered services utilizing defined outcomes and their associated metrics.

2.1.3 Update fee-for-service (FFS) and managed care Medicaid program standards to align with applicable federal standards.

2.2 Ensure the ***sufficient availability of services***.

2.2.1 Align graduate medical education payments and supplemental teaching physician payments to match state physician needs.

2.2.2 Develop and implement a periodicity schedule for FFS provider reimbursement rates to ensure payments are consistent with efficiency, economy and quality of care.

2.2.3 Monitor covered service and evaluation utilization to determine availability of services.

2.2.4 Align provider network standards with applicable federal guidelines.

2.3 Monitor ***service integrity and compliance***.

2.3.1 Implement a distributed compliance model for managed care.

2.3.2 Implement an electronic critical incident management system by SFY 2027.

2.3.3 Implement and electronic visit verification system by SFY 2026.

2.3.4 Monitor services to ensure they are rendered as intended.

2.3.5 Reduce fraud, waste and abuse in the South Carolina Medicaid program through improved coordination with program areas, better leveraging investigative letters and additional review of managed care organizations' encounter claims.

2.4 Promote ***quality outcomes to improve the well-being of members.***

2.4.1 Develop and implement a clinical data collection process that captures essential data from Medicaid providers to help improve member care.

2.4.2. Update quality reporting in accordance with the Centers for Medicare and Medicaid Services' core set data reporting guidelines.

2.4.3 Develop a customer enrollment satisfaction survey to establish a baseline measure.

3.0 Properly align resources to enable success.

3.1. Embrace a ***nurturing environment*** that provides employees with a defined role where they are encouraged to grow and receive regular, open and honest feedback.

3.1.1 Reevaluate the employee performance management system to ensure the process drives behaviors necessary to achieve the agency's mission, vision and goals.

3.1.2 Develop and implement a comprehensive training curriculum based on the Code of Federal Regulations to provide team members the foundational knowledge to be successful.

3.1.3 Create an online pictorial employee directory to improve communication and cohesiveness of agency team members.

3.2 Make ***financial decisions that support strategies and objectives.***

3.2.1 Develop a collaborative, frequent financial forecasting and reporting performance measuring tool that also serves as the single source of agency financial truth.

3.2.2 Migrate non-claim-based financial payments off the Medicaid Management Information System (MMIS) while simplifying processes to remove complexities not providing value by SFY 2027.

3.2.3 Strengthen in-house actuarial capacity to improve proficiency and mainstream managed care financial oversight.

3.2.4 Initiate a plan to incorporate average commercial rate payments (Health Access, Workforce and Quality program) into managed care capitation for SFY 2026 while ensuring integrity of the supplemental payment.

3.3 ***Strategically integrate technology*** to modernize and gain operational efficiency.

3.3.1 Enhance and scale resources to modernize the agency's Medicaid Enterprise System.

3.3.2 Innovate with data by establishing a data lake house and Analytics/Informatics Center of Excellence within the agency.

3.3.3 Decommission the legacy core MMIS in accordance with the managed care optimization strategy.