

South Carolina Integrated Care Initiative Summary of Changes to the Three-Way Contract

The three-way contract was re-executed on August 1, 2023, with the following changes:

- Revisions made throughout to reflect changes to Medicare Advantage and Part D regulations:
 - Clarified “emergency medical condition” definition (Section 1.44)
 - Clarified CICO requirements regarding written notice of provider termination (2.7.8.2)
 - Clarified citation exempting emergency medical conditions from prior approval requirement (2.8.2.1.1)
 - Added citation regarding authorization of services (2.8.3.1)
 - Added requirement that information regarding authorization decisions be readily accessible (2.8.3.7.4)
 - Added language regarding utilization management committee requirement (2.8.4.1)
 - Added provision requiring plans to incorporate one or more activities that reduce disparities in health and health care (2.12.3.5)
 - Clarified requirements for materials (2.13.2.1.2, 2.13.2.1.4)
- Corrected Medicare-Medicaid Plan Enrollment and Disenrollment Guidance (After the Effective Date of Coverage) citation (2.3.5.3.6)
- Added network provider requirement (2.7.2.12)
- Clarified enrollee incentives requirement (2.12.9.2.7)
- Revised requirements for materials to align with existing regulations and existing state-specific marketing guidance (2.13.2.1.5)
- Added reference regarding provider and pharmacy directory format requirements (2.13.4.1.4)
- Added Demonstration Transition (Phase-Out) provisions (3.3)
- Revised the demonstration end date, to December 31, 2025 (4.1.2.1, 5.7.1.1), and applicable provisions throughout (e.g., savings percentages and quality withhold measures for Demonstration Years 9 and 10) (4.2.3.1, 4.4.4)
- Updated the terms of the medical loss ratio (MLR) to extend the target MLR and the applicable provisions for remittance for Demonstration Years 9 and 10 (4.3.1)
- Made technical corrections to Quality Withhold Measures (4.4.4.7.3)
- Added Medicaid drug rebate provision requiring compliance with the SUPPORT Act (5.1.13.3)
- Added clarification and citations to covered services definitions regarding home health services, durable medical equipment, and prosthetics/medical supplies (Appendix B)

- Made edits to Medicare Advantage Part D addendum, such as adding provisions around drug discounts and MLR data, adding citations, revising the demonstration end date, and removing cost plan references (Appendix F, Article I, II, III, V, XIII)
- Removed Model File & Use Certification Form (former Appendix H)
- Amended Appendix K by adding Medicare Waivers to:
 - Account for Medicare Advantage marketing guidance being codified into regulation and state guidance deviating in certain aspects since the start of the demonstration when the MA guidance was sub-regulatory
 - Allow communication with beneficiaries earlier than 90 days until the end of the demonstration, and tailoring the notification for the MMP to use at the end of the demonstration if members are staying with the same plan sponsor
 - Allow the movement of MMP members to an affiliated D-SNP, dependent on the demonstration transition
- Corrected contract formatting, numbering, and cross-references throughout