Healthy Connections *Visual*

MEDICAID BASICS BOOK

Introduction

An illustrated companion to the interactive courses at: MedicaideLearning.com.

Updated September 2022

SOUTH CAROLINA Healthy Connections MEDICAID

Contents

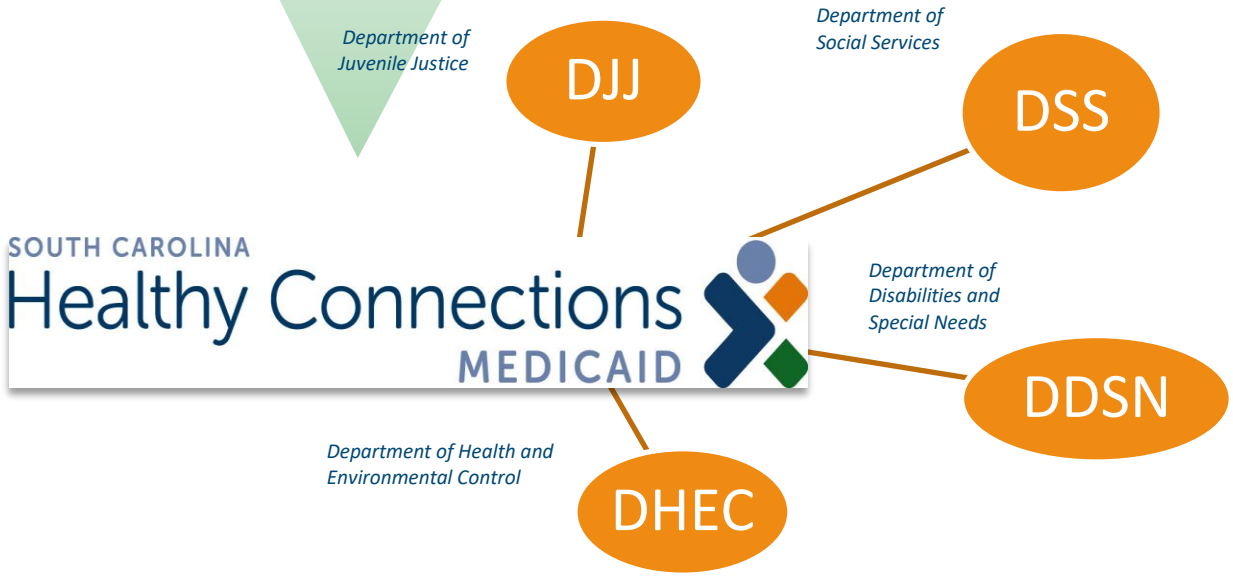
Healthy Connections Medicaid

The new name for South Carolina's Medicaid Program is *Healthy Connections Medicaid*.

Healthy Connections Medicaid has branded itself like other states' programs have done.

- *For example:* California's Medicaid: *Medi-Cal*; Tennessee's: *Tenn-Care*.

Partnerships with other health-related agencies include:



LINK:
Section 1 : **GENERAL INFORMATION AND ADMINISTRATION**

Eligibility

The SC Healthy Connections Program is designed to provide coverage for certain individuals who meet the following criteria:

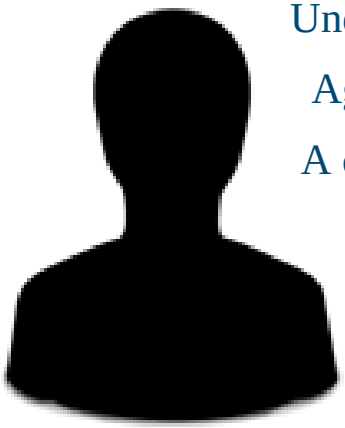
Their income and resources must be at or below certain income limits.

They must meet U.S. citizenship guidelines.

- Non-citizens must also meet certain guidelines, *which will make them eligible for limited benefits such as emergency services*.

The individual must also reside in the state.

In addition, to be eligible for SC Healthy Connections, a person must be one of the following:



Under the age of 19

Age 65 or older

A caretaker relative living with a child under age 18

Pregnant

Totally or permanently disabled

For more information on eligibility requirements, you can refer to the SCDHHS Medicaid Policies and Procedure Manual on the agency's Web site. It's the last manual in the Provide Manuel List.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAID POLICY AND PROCEDURES MANUAL

Section 100 General Information

SECTION 4

PROCEDURE CODES

TABLE OF CONTENTS

Note: ICD-9 codes for dates of service on or before **September 30, 2015** are located on the SCDHHS website on the Physicians Services Provider Manual webpage.

1
PROGRAM OVERVIEW

The State of South Carolina (South Carolina or State) Medicaid program recognizes professional medical services that are medically necessary, unless limitations are noted within the Other Service Limitations section of this manual. Information in this manual includes South Carolina Medicaid policies for general medical care, such as, office exams.

These services are predominantly billed to Medicaid by Primary Care Physicians (PCPs), such as family physicians, internists, general practitioners, obstetricians/gynecologists (OB/GYN) pediatricians, Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs). However, the guidelines are written for all providers rendering services to South Carolina citizens who are Medicaid beneficiaries.

Note: References to supporting documents and information are included throughout the manual. This information is found at the following locations:

- Provider Administrative and Billing Guide
- Forms
- Procedure Codes

page 1 of the Physicians Manual has a link to get to the Procedure codes section.

Progression

South Carolina began participating in the Medicaid program in July 1968.

South Carolina Department of Health and Human Services (SCDHHS)

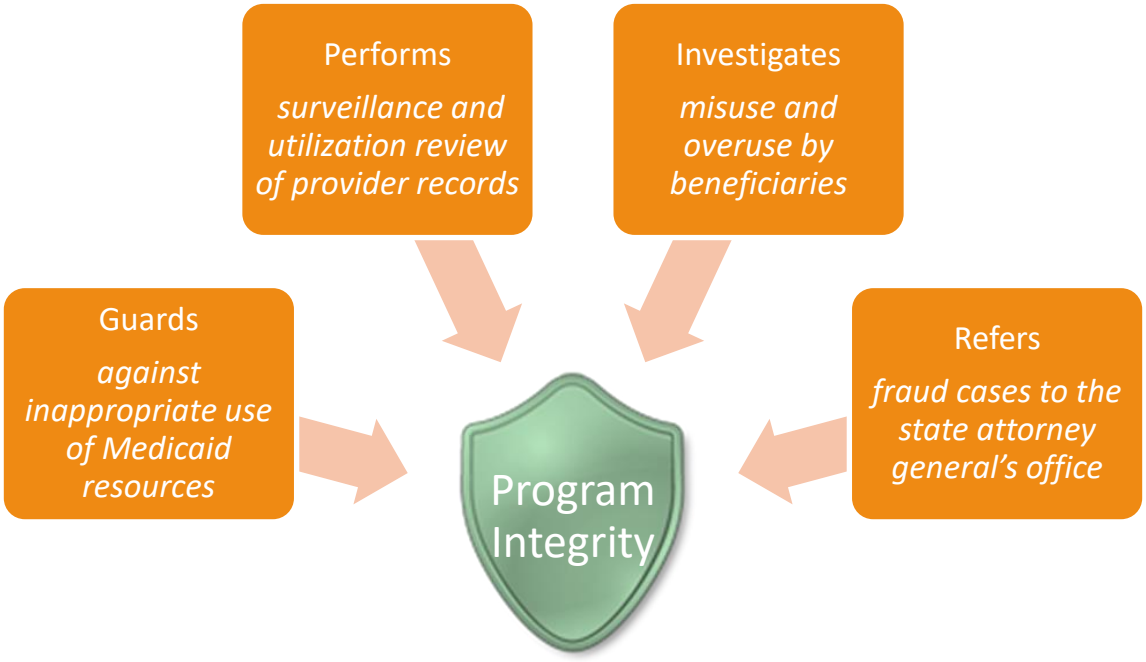
SCDHHS administers SC Healthy Connections.

SCDHHS Policy Program Areas

- Organized by provider specialty
  - Includes Community Long Term Care & Behavioral Health, Medical & Health Services.
  - Physicians, Hospitals, DME, Managed Care fall under the Medical & Health Services area
  - Inquiries? Provider Service Center (888) 289-0709

SCDHHS Program Integrity

SCDHHS focuses on program integrity to ensure that resources are used effectively and efficiently.



Eligibility Processing

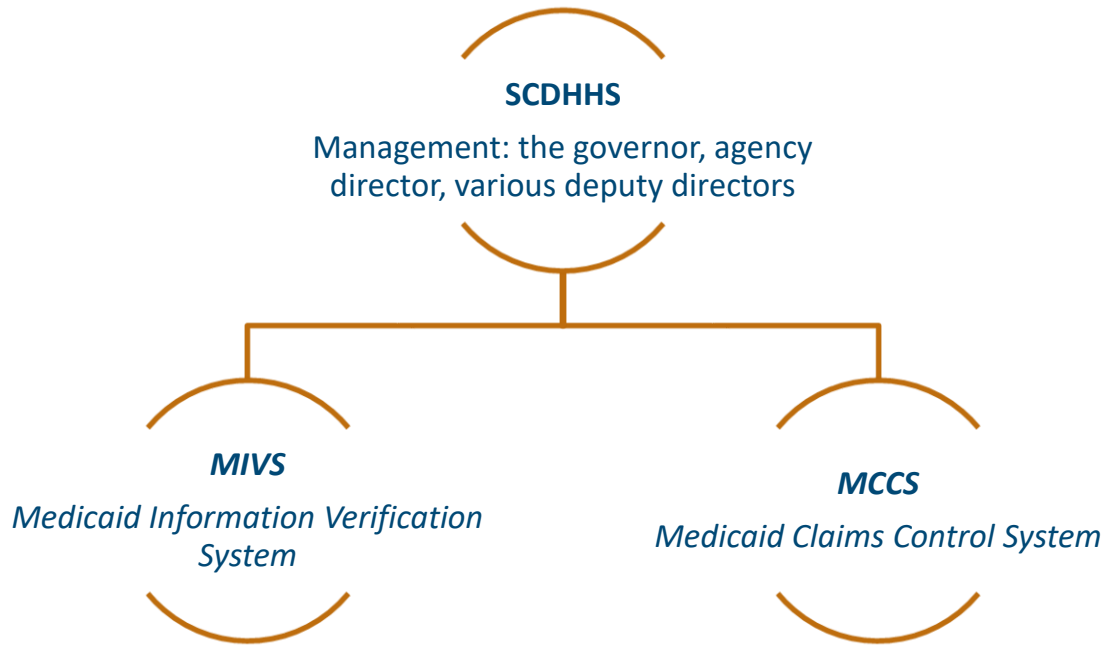
SCDHHS handles eligibility processing. Beneficiaries have several options to apply for benefits:

How to apply for Medicaid coverage:

- **In person at a local county office**
- **Call Member Services at 888-842-3620**
- **Online at www.scdhhs.gov**
- **Online at www.scthrive.org**
- **Call SC Thrive at 800-726-8774**
- **Email application to: 8888201204@fax.scdhhs.gov**
- **Mail application to:**

SCDHHS – Central Mail
PO Box 100101
Columbia, SC 29202-3101

SCDHHS' Structure



Medicaid Information Verification System (MIVS)

MIVS

- maintains third-party liability (TPL) files
- researches recipient's TPL coverage
- assist DHHS in pursuing recovery
- operates the Health Insurance Premium Payment program (HIPP) for SC
  - HIPP pays private insurance premiums for certain SC Medicaid recipients. 803-264-6847

Medicaid Claims Control System (MCCS)

MCCS scans, keys, and processes claims (including adjustment claims).

Provider Support

Provider Support Area:	Provides Assistance With:
Electronic Data Interchange (EDI) 1-888-289-0709 Option 1	• Web Tool inquiries • Web Tool access processing • Trading Partner Agreement processing • Electronic transaction inquiries • Clearing House inquiries • Payment and billing issues
Provider Service Center (PSC) 1-888-289-0709 Option 2	• Claim status (UB-04, CMS-1500 and Adjustments) • Eligibility • Prior authorization requirements • SCDHHS.gov questions • Payment and billing issues
Nursing Home / OSS / Hospice Option 3	• Nursing Home claims inquiries • Turn Around Document (TAD) inquiries • DHHS Form 181, CRCF 01 and IPC inquiries
Provider Enrollment Option 4	• Enrollment inquiries • Enrollment file changes • Enrollment status changes
Third Party Liability (TPL) Option 5	• Third Party Liability Updates • Health Insurance Information Referral Form inquiries • Recovery and third-party liability-related adjustment inquiries • Health Insurance Premium Payment Project (HIPP) inquiries

New Screening Policies

Effective December 3, 2012, SCDHHS implemented new policies to emphasize stronger requirements for enrollment and screening as established by the Affordable Care Act (ACA).

Reactivation/Revalidation

- Reactivation of Enrollment
- Revalidation of enrolled providers every five years
- DME providers are revalidated every three years

Application Fee

- Applies to business organizations and entities that enroll with an Employer Identification Number (EIN)

Pre and Post Site Visits

- SCDHHS will conduct pre-enrollment and post-enrollment site visits designated as "moderate" or "high" categorical risks to the Medicaid program. (Example: DME, Home Health)
- The purpose of the site visit is to verify the information submitted to SCDHHS for accuracy and to ensure compliance with State and Federal enrollment requirements.

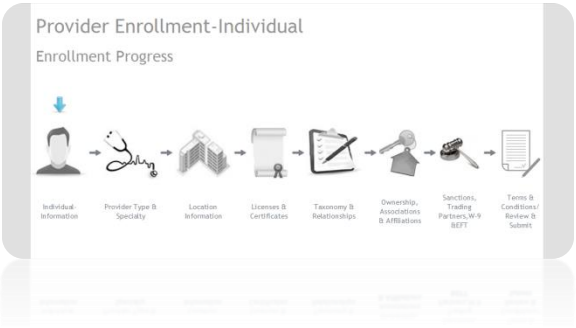
Ordering/Referring Providers

- All ordering/referring providers are required to be enrolled with SC Medicaid if they order and/or refer services for Medicaid beneficiaries.

Interactive Web Application

Visit http://provider.scdhhs.gov to enroll as a new provider, organization or ordering/ referring provider, or to add a new location.

See Video



Medical Necessity

Medicaid will only cover authorized, approved services that are medically necessary for that patient.

SECTION 2

POLICIES AND PROCEDURES

Find: covered codes in your fee schedule,
Find: lists of codes that require prior authorization in the Procedure Codes section of your manuals.

Prior Authorization

Some programs and services require prior authorization (PA) and/or certification of medical necessity. *Some examples:*

Durable Medical Equipment

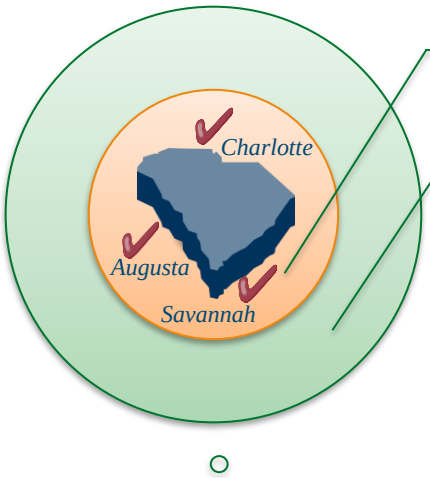
Organ transplants

Mental health, alcohol & other drug abuse treatment services

Prior authorization must be obtained by the provider, *not* by the beneficiary. Uncertain? Refer to Section 4 of your provider manual for clarification.

Out-of-state referrals and services

Out-of-State Services are services outside the South Carolina Medicaid Service Area.



SCMSA (within 25 mi. of border)

Out of state

Exception:
Emergency medical services (including pregnancy-related services) **do not require** a referral if they are provided outside of the SCMSA. (However, prior authorization may still be required by a particular agency.)

Documentation is key. A physician must complete a referral form certifying that the needed services are not available within the SCMSA. When in doubt, document.

Copayments

Beneficiary's responsibility: contribute to the cost of their care, including copayments.
Or complete an appeal request online. (Note that our appeals are in person hearings.)

Your provider responsibility

- Copayment amount is deducted from the provider's Medicaid payment
- Make beneficiaries aware of their copayment responsibility
- *Can't pay at time of service?* Don't withhold services.
- *Which providers generally charge a copyament?*
  - See copayment schedule (provider manual, Appendix 3)

Many beneficiaries may be *exempt* from copayment:

Children under 19
Institutionalized individuals
Individuals receiving hospice care, family planning services, pregnancy-related services, emergency services, End Stage Renal Disease (ESRD) services, or behavioral health services

Appeals

Appeals are the formal process to resolve or settle a dispute and should be the avenue of last resort. It is not a reconsideration or claims review process.

How to request an appeal

- Send a letter requesting a hearing
- Send a copy of the notice of adverse action or a copy of the remittance advice showing the denial
- Requests must be made within 30 days of date of the notice of adverse action or the remittance advice.

Send all documents to:
Division of Appeals and Hearings
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Non-claim appeals?
Refer to the manual.