Healthy Connections *Visual*

MEDICAID BASICS BOOK

Managed Care

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

Updated June 2024

SOUTH CAROLINA Healthy Connections MEDICAID

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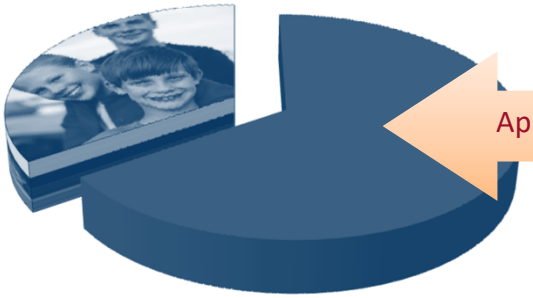
Why Managed Care?

In 2014, Medicaid payments equaled approximately $6 billion. Federal funds match 70% of every dollar.

South Carolina
Puts up **30** cents/dollar

Federal government
Matches **70** cents/dollar

Other interesting facts:

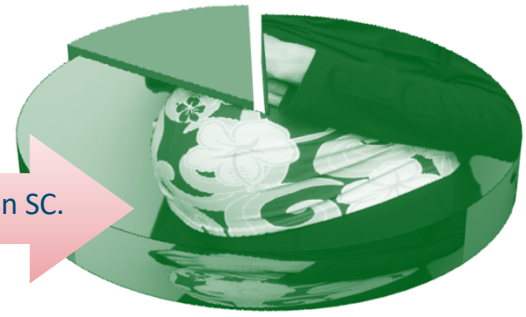


Approx. **60%** of Medicaid members are **age 0 to 18**.

Approx. **60%** of all **children** in SC are on Medicaid.

Medicaid pays for approx. **60%** of all **births** in SC.

Medicaid pays for approx. **85%** of **teen births** in SC.



Unsustainable Growth

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Evolution of Managed Care

To better meet the needs of the beneficiaries…

1996 · 1st Managed Care plan

- First Choice by Select Health
- Began operating December **1996**
- Maintained its presence in the state
- *But was a relatively small program compared to FFS…*

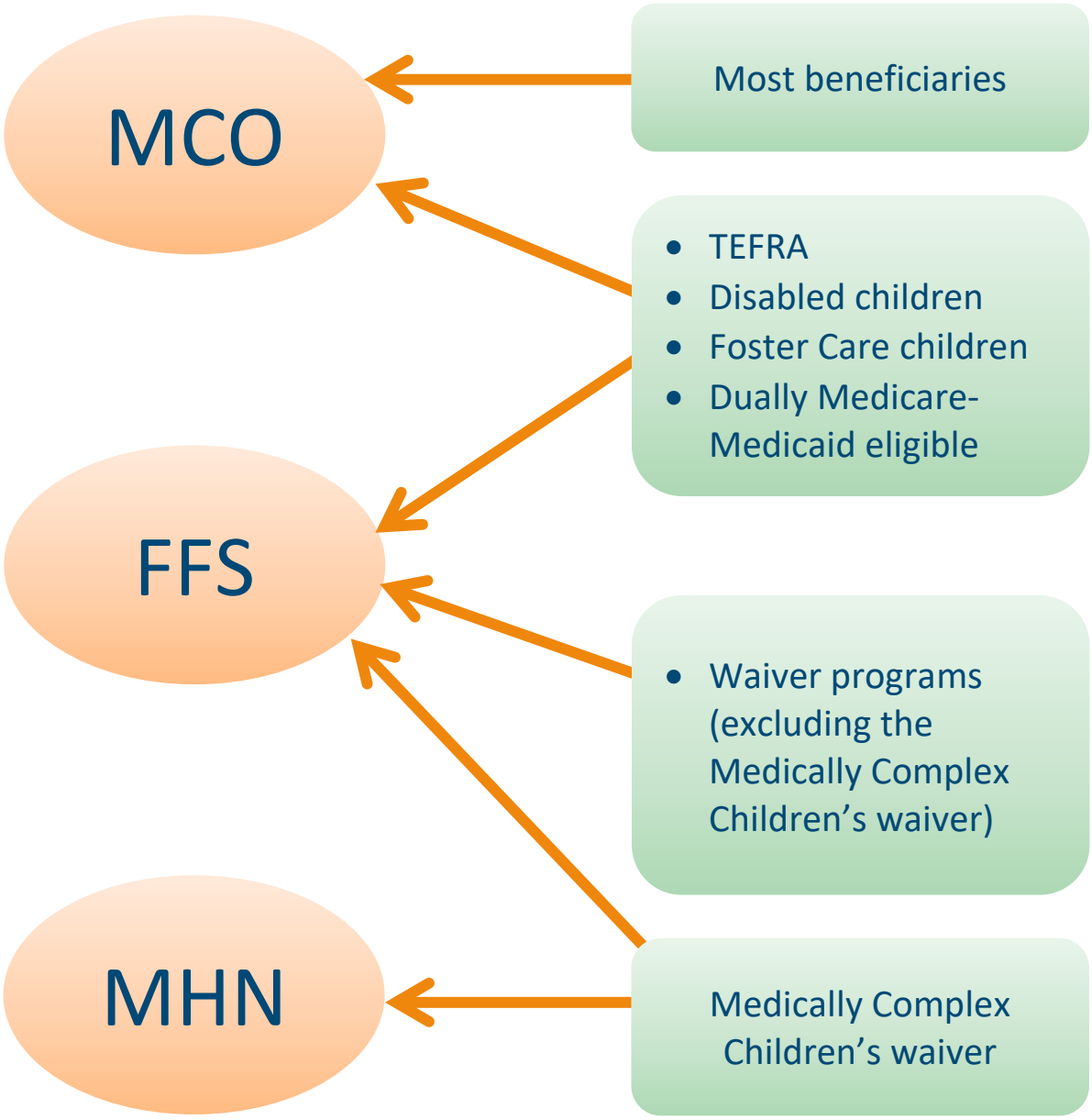
Enrollment Counselors · MHNs · MCOs

- The state adapted to enhance managed care.
- To retain a full array of benefits, they added:
  - an **enrollment counselor** program
  - **medical homes network** programs
  - more **managed care organizations**

The overall goal is to get beneficiaries better established in a stable medical home.

Plan Eligibility

Most beneficiaries must choose a Managed Care Organization (MCO). Certain beneficiaries may opt for Fee-For-Service (FFS) or a Medical Home Network (MHN).



Plans Chart

	Fee-for-Service (FFS)	Medical Home Networks (MHN)	Managed Care Organization (MCO)
Benefits	• Traditional coverage plan • Medically necessary services • Limits & waivers may apply (see below)	May include: • Nurse advice line · care coordination • Health management programs • Adult dental · adult vision • *For health plan specifics:* www.scchoices.com.	
Providers	Any provider that accepts Medicaid	Primary care providers (PCPs) network (no specialists)	Contracts with: • primary and specialty care providers • hospitals, pharmacies, DME providers, etc.
ID card	Healthy Connections	Healthy Connections	• Healthy Connections • Plus additional MCO card
Prior Authorization	• Certain items/ procedures • Example: DME • Provider manuals (Section 2)	1. Confirm eligibility. 2. Get the PCP's name. 3. Call PCP for their 6-digit referral number.	• Most services require MCO authorization. • Providers may exempt PA services during contract negotiations.
Claims Processing	By SCDHHS	By SCDHHS (FFS manner)	By the health plan

Waiver

A beneficiary may be approved only for certain, specific services, indicated by their waiver.

Full Medicaid + additional benefits

- Head and Spinal Cord Injury (HASCI) Waiver
- Intellectually Disabled/Related Disability Waiver
- Pervasive Developmental Disorder Waiver
- Community Supports Waiver
- Community Choices Waiver
- Mechanical Ventilation Waiver
- HIV/AIDS waiver
- Medically Complex Children's Waiver

Only approved for certain services

- Healthy Connections Checkup (Family Planning)
- Emergency Services Only
- Inmate Members (Inpatient services only, and emergency inpatient services only

Limits for Traditional Healthy Connections Medicaid Beneficiaries

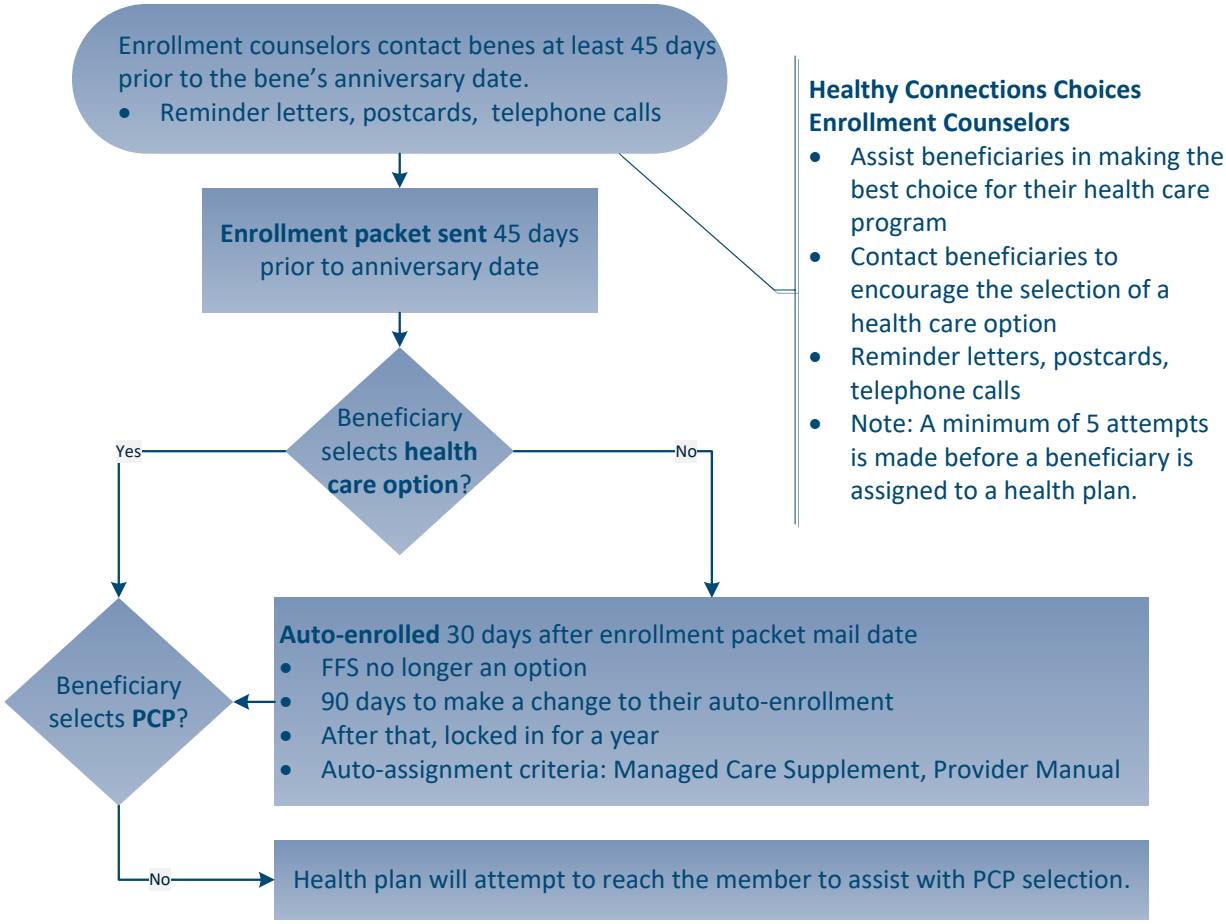
Some services have limits during the state fiscal year (July 1 – June 30). *Examples:*

Visit Type	Published Frequency Limitation per Fiscal Year
Chiropractic Visits	6 (No exceptions for additional units.)
Rehabilitative Therapy	420 combined units of Physical Therapy, Occupational Therapy and Speech Therapy for children under 21, without prior authorization. For adults, prior authorization is always required.

Ambulatory Visits	12 for adults 21 and older without prior authorization. Children under 21 have unlimited ambulatory visits.
Home Health Visits	50 for adults 21 and older without prior authorization. Children under 21 have unlimited home health visits.
Mental Health Visits	12 for adults 21 and older without prior authorization. Children under 21 have unlimited visits.
Adult Physical Exams	Once every 2 years for adults 21 and up.

SC Healthy Connections Choices (SCHCC)

SCHCC handles all enrollment and disenrollment requests & assists eligible beneficiaries select their Medicaid service delivery system.



Contacting SCHCC

Beneficiaries are encouraged to contact SCHCC to enroll in a health plan.

Failure to contact SCHCC or respond to the mailings may result in auto-assignment to a health plan.

Provider Choice

Providers can choose to participate in several ways.

Medical Home Network

- Patients: MHN eligible
- Payment: FFS manner

Medicaid provider

- Bill SCHC beneficiaries only

Managed Care Organization

- Contract with one or more MCOs
- Optional enrollment as a SC Medicaid provider
- Bill directly to the plan

Lastly, you can choose to participate in all or a combination of the three delivery systems.

Managed Care Enrollees

How much of your patient load is Medicaid?

Approx. **60%** of our eligible population has a managed care plan.

Managed care enrollment in *your* county? (www.scdhhs.gov)

Prior Authorization (PA)

My patient has **Managed Care**, but I'm **not** an **MCO** or **MHN** provider. What do I do?

My patient is Managed care, but I'm not an MCO or MHN provider. What do I do?

provider.

Treat the beneficiary as a non-Medicaid patient.

Get prior authorization/ referral from the managed care plan.

Failure to obtain PA prior to rendering services

- May result in non-payment
- Managed Care program staff will intervene
  - but may not "force" a health plan to reimburse for services
- Keep in mind that becoming a network provider is not an immediate process.

Managed Care Supplement? Check your provider manuals.

Known Impact on Care