

Oct. 10, 2019

MEDICAID ALERT

TO: All Providers

SUBJECT: Individuals with Disabilities Education Act Part C Program (BabyNet) Updates and Important Dates

Individualized Family Service Plans will be Regenerated Oct. 17-23

As announced in previous Medicaid alerts about the integration of the Individuals with Disabilities Education Act (IDEA) Part C program, commonly known as “BabyNet,” and Healthy Connections Medicaid programs, some billing codes related to services provided through the BabyNet program will need to be updated to ensure all payor sources are recorded accurately. All Individualized Family Service Plans (IFSPs) will be regenerated to reflect these changes. The South Carolina Department of Health and Human Services (SCDHHS) has engaged with its provider and service coordinator communities over the past several months to ensure a smooth regeneration process. **To facilitate IFSP regeneration, the BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES) will have limited access from Oct. 17-23 and will only be available to service coordinators as detailed in the paragraph below.**

During this time, providers and service coordinators will not be able to enter service logs into BRIDGES. Service coordinators will have access to the system to update planned services. After the regeneration period is over and the system is re-opened to all users, providers and service coordinators will be able to add service logs. SCDHHS staff held a training webinar on Aug. 22 to explain the code changes in BRIDGES. A recording of the presentation is [available here on the BabyNet website](#). If you have questions regarding the regeneration process that were not addressed during the training webinar, please contact BRIDGES@scdhhs.gov.

Beginning with Continuity of Care Period, Balance Billing no Longer Accepted

As discussed in a [July 17 webinar](#), SCDHHS will no longer allow providers to balance bill the BabyNet program for services provided by a managed care organization (MCO) for dates of service after and including Oct. 1. To bring BabyNet into compliance with state and federal standards, including 34 CFR 303, Subpart F, through the integration of the IDEA Part C and Medicaid programs, SCDHHS has aligned reimbursement rates and standards. This alignment includes observation of 42 CFR 447.15, whereby providers in the Medicaid program accept, as payment in full, the amount paid by the agency plus any amount for which the individual beneficiary is responsible. Accordingly, the MCO reimbursed rate will be payment in full. During the continuity of care period, reimbursement will be paid at the fee for service (FFS) rate for services provided to beneficiaries who are not enrolled in an MCO. Reimbursement for providers enrolled in an MCO will be paid at the MCO-negotiated rate. Effective Jan. 1, 2020, after the continuity of care period, the MCO-negotiated rate will be the only rate reimbursed and only providers who are credentialed with an MCO will be eligible for reimbursement.

BabyNet and Healthy Connections Medicaid FAQs Updated

The BabyNet and Healthy Connections Medicaid integration [frequently asked questions \(FAQ\) page](#) has been updated by SCDHHS with responses to new questions the agency has received. Updated FAQ topics include:

- Where providers can find a beneficiary's Medicaid (FFS and MCO) eligibility;
- Why providers must bill through BRIDGES and not the SCDHHS web tool for BabyNet claims;
- How providers submit refunds to the BabyNet State Office;
- How to avoid payor source errors in BRIDGES; and,
- A corresponding list of different payor source scenarios in BRIDGES.

Additional updates to the FAQ page will continue to be highlighted in future Medicaid alerts.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid and BabyNet programs.