

Home and Community Based Services Transition FAQs (For Providers)



Healthy Connections Prime is a new option for South Carolina seniors 65 and older with Medicare and Healthy Connections Medicaid. It is designed to integrate all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits fully managed by a Medicare-Medicaid Plan (MMP). Healthy Connections Prime is a demonstration project jointly administered by Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services (SCDHHS). This document is meant to provide information that is specific to Home and Community Based Services (HCBS) providers. For general program overview, FAQs, and information not specific to HCBS, please visit our Provider Toolkit at: <https://msp.scdhhs.gov/SCDue2/site-page/provider-toolkit>.

A. HEALTHY CONNECTIONS PRIME IMPACT ON HCBS

SCDHHS is transitioning key HCBS responsibilities to the MMPs for HCBS recipients in the Healthy Connections Prime program. Please note, most of the individuals receiving services from Community Long Term Care (CLTC) providers will not be affected by Healthy Connections Prime.

1. How will Healthy Connections Prime impact Home and Community Based Services (HCBS)?

The transition will consist of three phases over which the MMPs will assume greater responsibility for the oversight and provision of HCBS:

| Phase | Scope | Timing |
|-------|---|-----------------------------|
| I | Closely resembles the operations of SCDHHS’ current HCBS system. It is a time to transfer knowledge to the MMPs | Complete ✓ |
| II | Transition of the system’s functions that were previously performed by SCDHHS to the MMPs include but are not limited to: <ul style="list-style-type: none"> • Service Plan Approval and Monitoring • LTC Annual LOC Reassessment • Provider Reimbursement • Provider Contracts | Transition on Sept. 1, 2016 |
| III | Concludes the transition of additional functions that were previously performed by SCDHHS to the MMPs, including self-direction. | Upcoming |

The transition is meant to be a seamless process for the members and providers. The following items will not change:

- Use of Phoenix
- Long Term Care (LTC) Level of Care (LOC) Initial Assessments

2. What waiver participants are affected by the HCBS transition?

The **only** waivers included in Healthy Connections Prime are the Community Choices Waiver, HIV/AIDS Waiver and Mechanical Ventilator Dependent Waiver.

3. Will joining Healthy Connections Prime give me the opportunity to serve more waiver participants?

Yes. Healthy Connections Prime offers waiver services to individuals enrolled in CLTC.

4. Is there a waiting list or limitation on how many people can receive waiver services under Healthy Connections Prime?

No. The program is available to all seniors who meet the waiver eligibility criteria. In some cases, MMPs may authorize services to individuals who do not fully meet the waiver eligibility

B. CARE COORDINATION

Care coordination will change as MMPs take over responsibility for functions that were previously performed by SCDHHS.

1. What are the roles of the State Case Manager, the MMP Care Coordinator, and the Waiver Case Manager in Phase II and beyond? (Please note that in the Phoenix help documents and resources: (1) the Waiver Case Manager is called the “ongoing Case Manager” or simply “Case Manager”, and (2) the State Case Manager is also called the “Case Manager II”.

| HCBS Roles and Responsibilities | |
|---------------------------------|--|
| State Case Manager | <ul style="list-style-type: none"> Enrolling the applicant in the waiver Developing the Initial Service Plan Sending the appropriate Provider Choice List to the member/primary contact. Calling the member/primary contact within seven (7) business days to secure choice(s) for each planned service. Establishing initial services <p><i>SCDHHS will continue its oversight of all cases and intervene where there are concerns or disputes about services and authorization levels.</i></p> |
| MMP Care Coordinator | <ul style="list-style-type: none"> Approving the services submitted by the Waiver Case Manager Monitoring the Service Plan for each member on a regular basis. |
| Waiver Case Manager | <p>Upon initial enrollment:</p> <ul style="list-style-type: none"> Conducting an Initial Visit with the member within 30 days of enrollment date Assessing the home environment Determining any existing caregiver supports <p><i>Please see Chapter 5 of the CLTC Policy and Procedure Manual for a full list of tasks needed at the Initial Visit.</i></p> <p>If/when there are changes:</p> <ul style="list-style-type: none"> Working with the member and their family to determine additional needs Making changes to Service Plan, to include new services and modifications Obtain/confirm Provider Choice for newly identified service needs |

2. How will Healthy Connections Prime members receive waiver services?

We have detailed the process for the two scenarios that can apply to members who are waiver participants:

SCENARIO 1: New Healthy Connections Prime member (and new to the waiver process)

Referrals will continue to be received by CLTC. The State maintains its role and authority for:

- LTC LOC determination
- Enrollment of the applicant in the waiver
- Sending of the appropriate Provider Choice List to the member/primary contact and securing choice(s) for each planned service
- Establishment of initial services

The case is transferred to the MMP. The Waiver Case Manager will continue to conduct in-home visits, work with the participant and their family to determine additional needs, assess the home environment and caregiver supports, and make modifications to service plan to include new services and modifications. The MMPs will obtain authority for the HCBS service plan completion, monitoring, and re-evaluation, with SCDHHS concurrence.

SCENARIO 2: New Healthy Connections Prime member (already enrolled in a waiver)

CLTC participants are entitled to a six-month continuity of care period. During this time, participants maintain their services and providers while the MMP works to bring the providers into their network or develop a single case agreement for non-participating providers. Also, service authorization levels for waiver services are maintained, unless there is a change in the service needs.

The MMP Care Coordinator will work with the Waiver Case Manager. If the Waiver Case Manager is interested in contracting with the MMP, then the MMP’s Contact will refer the Waiver Case Manager to the designated contracting representative. If the Waiver Case Manager is not interested in contracting with the MMP, the member will be transitioned to a Healthy Connections Prime provider.

3. How will the waiver LOC reassessment process change under Phase II?

The Waiver Case Managers role remains the same. They will conduct the LOC reassessment and update the Service Plan within 365 days from the last LOC assessment in the Phoenix system (sooner if there has been a change in medical need). They will also continue to create Prior Approval requests for services in the Service Plan. However, the responsibility for approving the services submitted by the Waiver Case Manager and monitoring the plan for each member on a regular basis is going to will change from the State Case Manage to the MMP Care Coordinator.

4. How will Waiver Case Manager and MMP Care Coordinators communicate?

Waiver Case Manager and Care Coordinators can use the Conversation tool in Phoenix to communicate. The dashboard will show notifications of reevaluations, new service plans, new service authorizations that require a MMP Care Coordinator’s approval. However, it is recommended for Waiver Case Managers to contact the MMP Care Coordinator via the Conversation tool also.

5. Will providers continue to use Care Call?

Providers will continue to use the Care Call phone system or the mobile application upon starting and ending services for documentation of personal care services and service delivery.

C. PROVIDER CONTRACTING

Below are the steps to contract with one or more plans and become a Healthy Connections Prime provider.

1. Enter into a contract with one or more MMP.

Providers are encouraged to join the multiple Healthy Connections Prime networks in order to provide continuous care to existing patients and to be part of this important initiative to coordinate care. Contact the representatives listed on this webpage to learn more about how to join their networks: <https://msp.scdhhs.gov/SCDue2/site-page/plan-contact-information-0>.

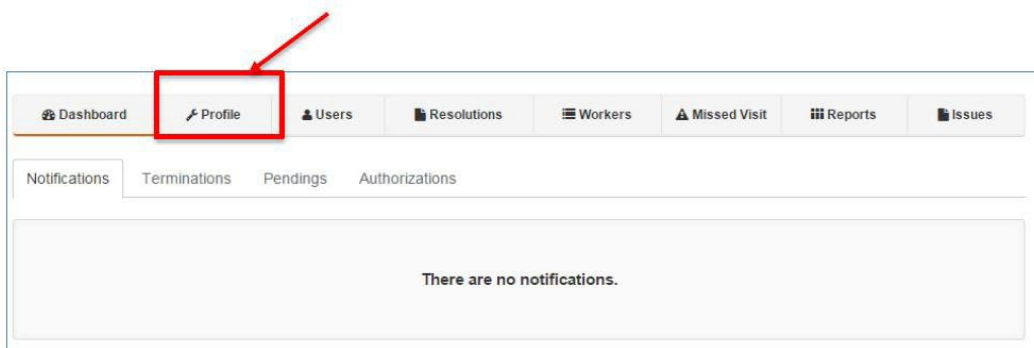
Notes

- **County update:** *The Healthy Connections Prime program is a statewide initiative with at least one health plan available in each of the 46 counties. Please see the [Provider Toolkit page](#) for the Plan Coverage by County document.*
- **Environmental modifications and pest control providers:** *Even though these services are not “carved out”, these providers will be considered non-participating. MMPs will continue outreach efforts with environmental modification and pest control providers.*

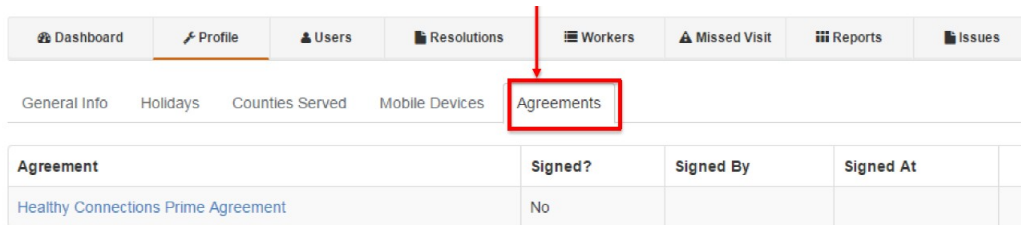
2. Set up a Healthy Connections Provider Agreement.

Providers only need to complete and sign one Healthy Connections Provider Agreement. This Agreement can be found in the Phoenix Provider Portal in order for SCDHHS to submit claims to the MMP for waiver participants. The following are steps for setting up the Agreement.

- Log into the Phoenix Provider Portal at <https://providers.phoenix.scdhhs.gov/login>
- Click on the “Profile” tab.

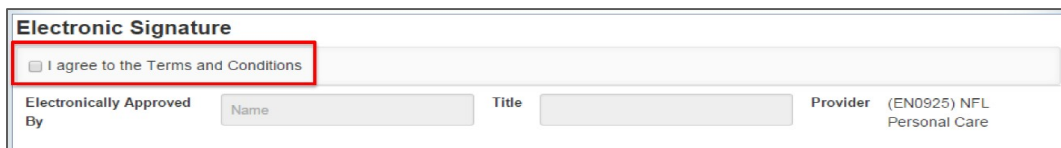


c. Click on the “Agreements” tab.



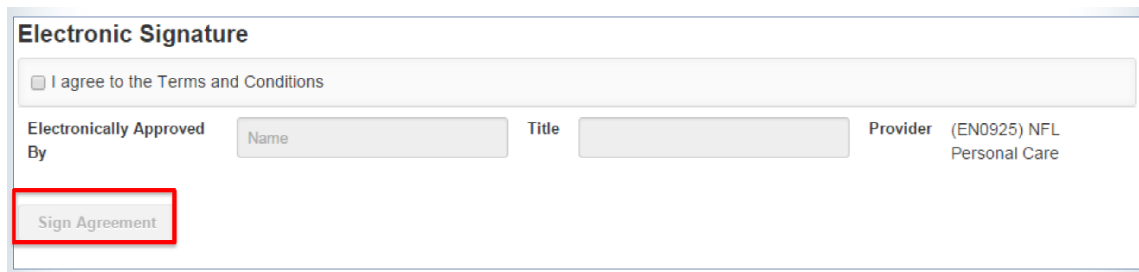
d. The screen will show the “Healthy Connections Prime Agreement” waiting to be signed by your company. Click on “Healthy Connections Prime Agreement” to view the document on the screen.

e. After reading the agreement, check the box stating “I agree to the Terms and Conditions”.



f. Type the name and title of the person accepting the terms and conditions on behalf of the provider agency.

g. Click the “Sign Agreement” button.



h. To print the signed agreement, click the “Download Signed Copy” button.

i. The user will be asked to enter a password. The password is the user’s login ID in lower case letters.

j. Click your web’s browser’s print button or right mouse click on the document to print.

D. BILLING AND REIMBURSEMENT

Care Call is SCDHHS’ current automated system for waiver service documentation and billing. Providers will continue to use Care Call to document service delivery in Phase II and beyond.

1. How will providers get reimbursed?

Providers will continue to use Phoenix and the web portal to submit claims. In the near term, you will be paid the same way as you are paid today. However, a system change will be rolled out in 2017 that will mean your services for a waiver participant in Healthy Connections Prime will be paid by the participant’s MMP. We will send you additional information before this change takes place. After that change, providers must have a signed the Provider Agreement before filling a claim. Also, once the six-month continuity of care period has passed, providers will also

need to contract or single case agreement with the MMP before filling a claim, unless the MMP chooses to extend continuity of care period for that provider.

2. What is the reimbursement rate?

The reimbursement rate is based upon the current fee-for-service rate. Providers will be reimbursed at the same rate as they are by the State. Rates that are lower must first be approved by the State.

3. How will the bidding process and subsequent payment process be affected?

There will be no changes to the bidding process and subsequent payment process.

4. Will there be changes to claims processing?

At this time there are no changes to claims processing, including any new codes for the resolution.

5. Who do I contact if I have other questions about Healthy Connections Prime?

Visit our Provider FAQs page (<http://www.scdhhs.gov/prime>) to learn more details about the program and how you can participate. Additionally, you can email PrimeProviders@scdhhs.gov for help with a specific question or concern.