

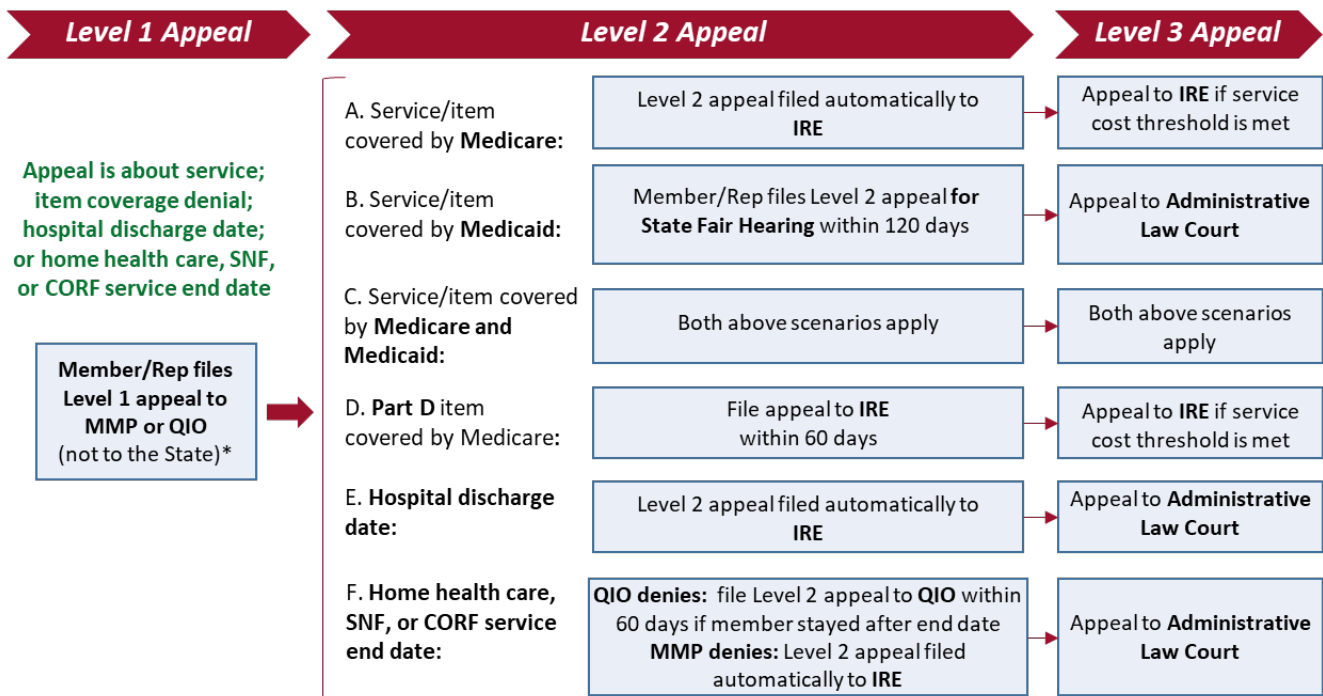
## Healthy Connections Prime Appeals Process



Healthy Connections Prime is an enhanced program that combines all the benefits of Medicare and Healthy Connections Medicaid under a single Medicare-Medicaid Plan to make it easier for members get the health services he or she needs. Through this guidance, SCDHHS would like to provide a high level overview of appeals process for both non-waiver and waiver services for Healthy Connections Prime members. There have been some instances of confusion as to the party to which an appeal should be filed at each stage of the process. For more detailed descriptions of the appeals and grievances processes, please refer to the Chapter 9 of each MMP’s Member Handbook.

### Standard Healthy Connections Prime Appeals Process

The figure below describes the standard appeals processes for Healthy Connections Prime members. As noted, the **first appeal (Level1) for a service or item coverage denial is always filed with the MMP, and not to the State**. However, if the appeal is about an initial waiver Level of Care (LOC) assessment or initial waiver service care plan, the member or his/her Authorized Representative must file the appeal to the SCDHHS Division of Appeals and Hearings. Note: If a Level 1 appeal is denied, who and when to file a Level 2 and Level 3 appeal depends on the type of service or item being appealed.



\* See Chapter 9 of the Member Handbook for deadlines to file Level 1 appeals

Appeal is about initial Waiver Level of Care assessment or initial Waiver Service Care Plan

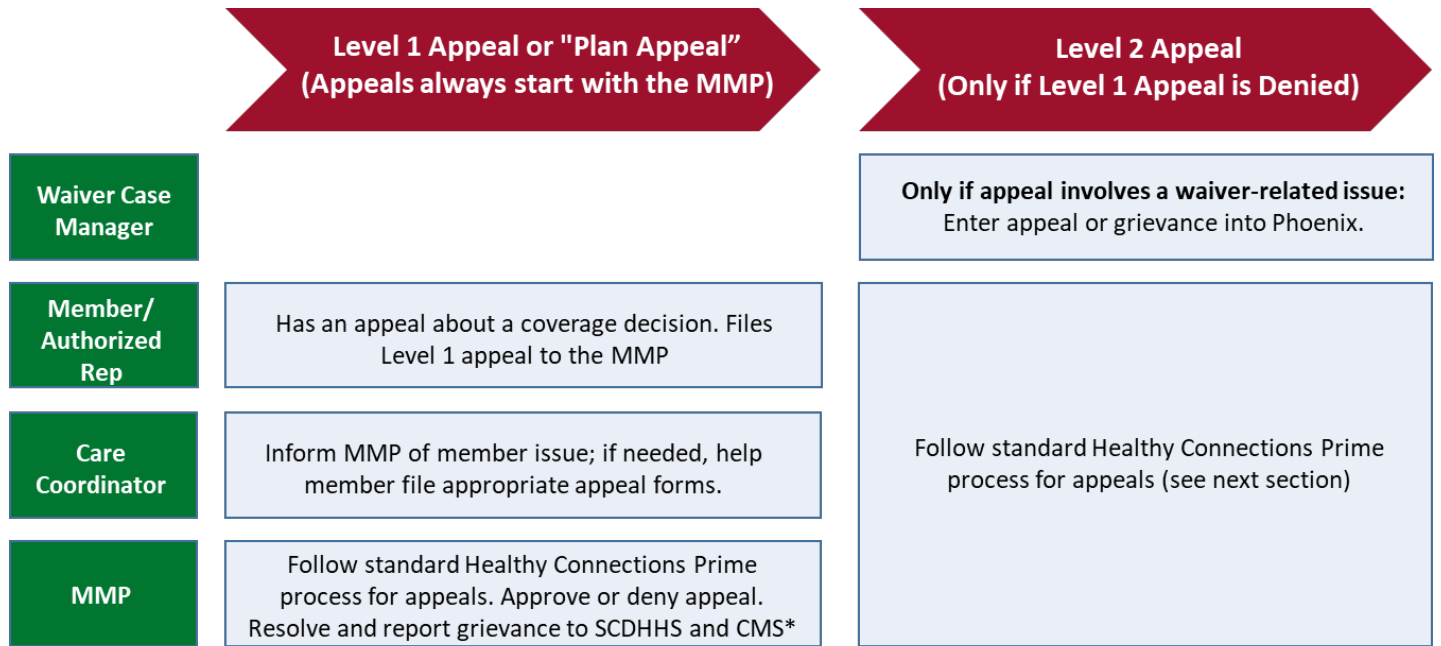
Member/Rep files Level 1 appeal with SCDHHS Division of Appeals and Hearings

**Level 2 or 3 appeals process does not apply**

IRE = Independent Review Entity; QIO = Quality Improvement Organization

## Appeals Process for Waiver Services Coverage

The process described in the figure below applies for to waiver service coverage for waiver participants who are also a member in Healthy Connections Prime. As noted, the **first appeal (“Level 1”) for waiver service coverage is always filed with the MMP.**



\* If appeal is denied, Integrated Denial Notice (IDN) sent to member.

### Contact Information

For questions or additional guidance, please contact:

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