



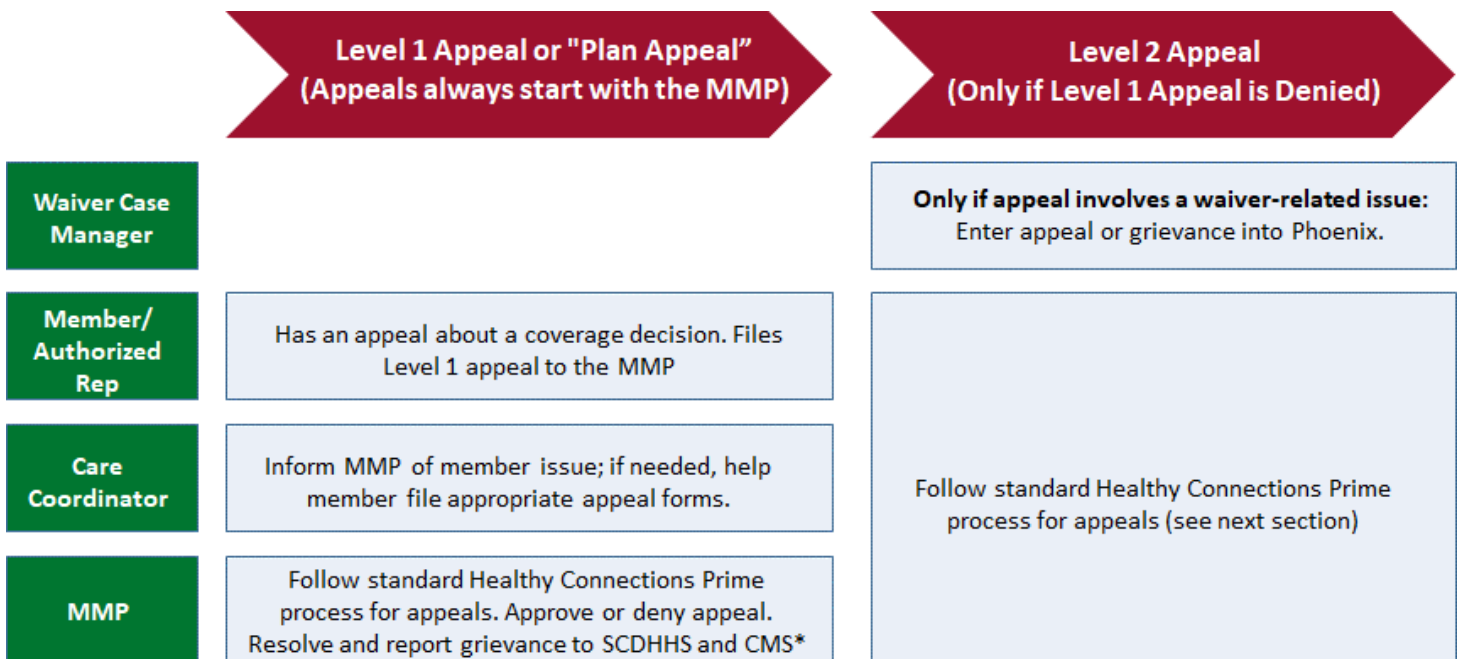
Memo Date: April 11, 2018
Memo Topic: Appeals Process
To: All Waiver Case Managers
From: South Carolina Department of Health and Human Services (SCDHHS)

Background

SCDHHS would like to provide a reminder of appeals process for waiver services to 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.

Appeals Process for Waiver Services Coverage

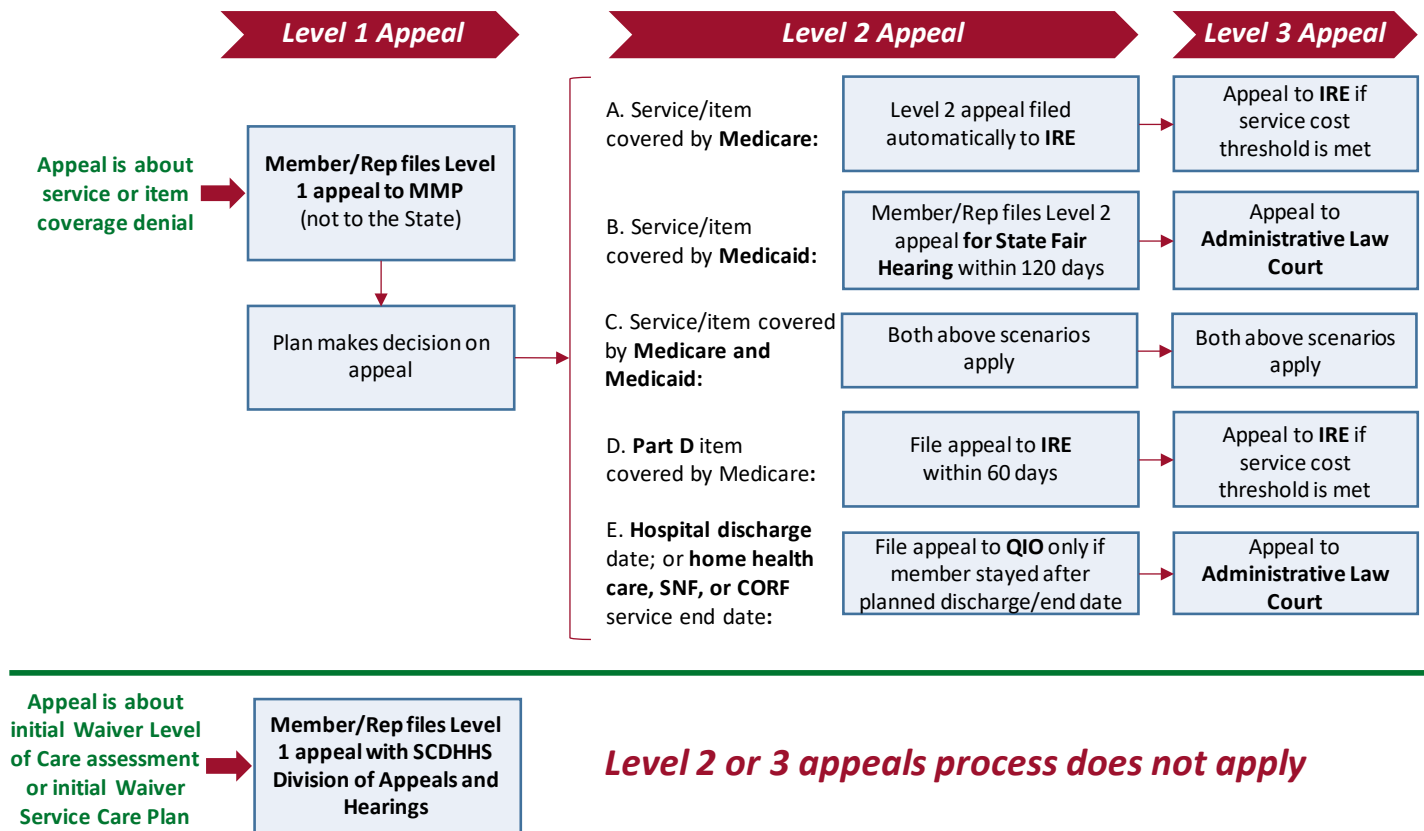
The process described in the figure below applies for waiver participants who are also a member in Healthy Connections Prime. As noted, the **first appeal (“Level 1”) for waiver service coverage is always filed with the MMP.**



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

Standard Healthy Connections Prime Appeals Process

The figure below has been provided as a refresher for waiver case managers of the standard appeals processes for Healthy Connections Prime members. As noted, the **first appeal (Level 1) 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.



IRE = Independent Review Entity; QIO = Quality Improvement Organization

A more detailed review of the appeals process can be found in each MMP’s member handbook.

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