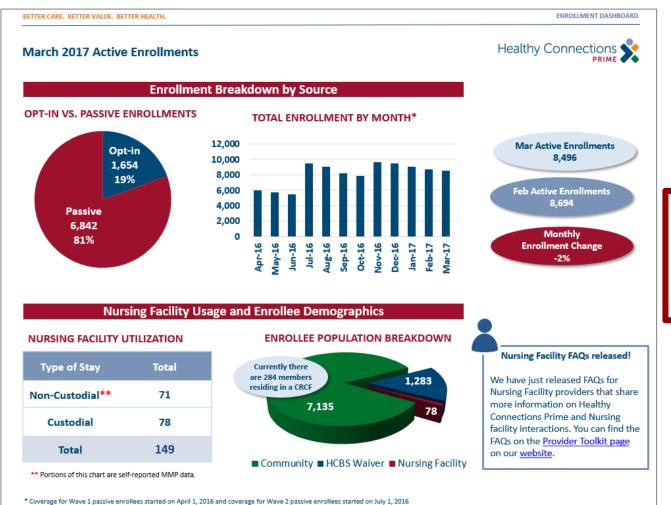


Healthy Connections Prime

Healthy Connections Prime and Nursing Facilities
March 14, 2017

Healthy Connections Prime Enrollment



To access the full Enrollment
Dashboard report, please visit
our website at

http://www.scdhhs.gov/prime and look under Program Data

rces: SCDHHS Medicaid Management Information System, CMS Monthly Full Enrollment Data File (Updated March 2017)

Coverage for Wave 1 passive enrollees started on April 1, 2016 and coverage for Wave 2 passive enrollees started on July 1, 2016
 Sources: SCDHHS Medicaid Management Information System, CMS Monthly Full Enrollment Data File (Updated March 2017)

Enrollment Eligibility

Individuals may be eligible for this program if they are:

- 65 and older,
- Full benefit dual eligible, and
- Live at home, or
- Meeting the above criteria and are enrolled in one of the following waivers: Community Choices, HIV/AIDS, and Mechanical Ventilator Dependent.

Note: Beneficiaries currently in a nursing facility under a Medicare skilled stay:

- Are considered part of the community, or to be living at home and can choose to enroll or may be subject to passive assignment; and
- ➤ May transition to a Medicaid-sponsored Long Term Care*(LTC) stay if medically necessary.

^{*}Commonly referred to as a custodial stay.



Enrollment Eligibility (Continued)

Current residents of nursing facilities under an approved Medicaid-sponsored LTC stay are excluded from enrollment

Note: Healthy Connections Prime members who develop the need for Medicaid-sponsored LTC:

- > May enter a nursing facility and remain enrolled in Healthy Connections Prime
- > Have an unlimited benefit for Medicaid-sponsored LTC. No minimum stay.

Beneficiary Rights: CMS requires that patients and care recipients have a choice in what health plan they wish to join, and providers should not influence or try to tell them to leave a Medicare-Medicaid Plan (MMP) or Healthy Connections Prime.



General Medicare-Medicaid Plan (MMP) Requirements for Nursing Facility Providers

- Enrollment in MMP provider network, to include:
 - > Contracting
 - > Credentialing
- Level of Care Determination (Completed by the state)
- Submission of DHHS Form 181 Notice of Admission, Authorization, and Change of Status for Long Term Care or similar documentation
- Obtain initial Prior Authorization (PA) of nursing facility services
- Provision of periodic clinical updates to maintain PA
 - Progress notes MD, therapy, other
 - Medication administration records
 - Discharge plan, including estimated length of stay



General Medicare-Medicaid Plan (MMP) Requirements for Nursing Facility Providers

- Adherence to MMP billing policy including claims reconsideration processes
 - Provider disputes are handled by the MMPs
 - Must adhere to claims filing within 365 days
- \$0 copays for prescriptions drugs under Healthy Connections Prime

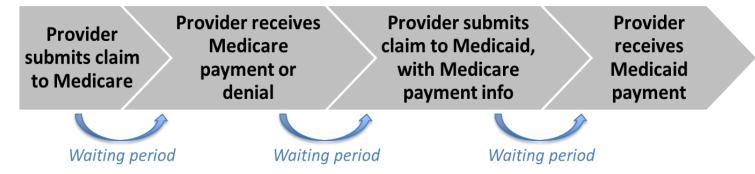
Note: Specific billing requirements and timeframes will vary

- > by MMP
- by type of admission (short term skilled rehab vs. long term skilled/intermediate custodial care)

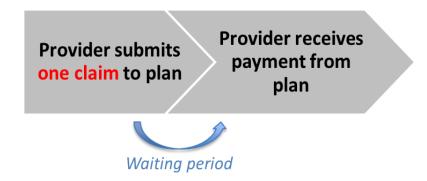


No Crossover Claim Filing with Healthy Connections Prime

Without Healthy Connections Prime

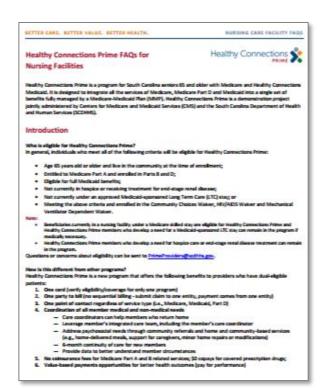


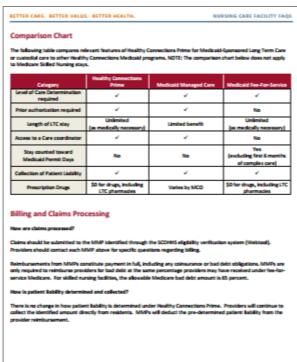
With Healthy Connections Prime

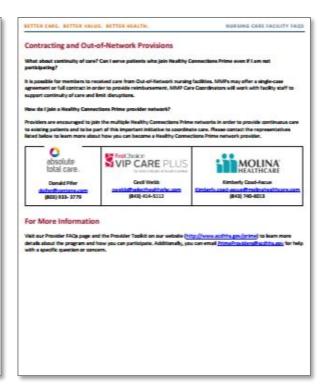


Nursing Facility FAQs

We have just released FAQs for Nursing Facility providers that share more information on Healthy Connections Prime and Nursing facility interactions. You can find the FAQs on the <u>Provider Toolkit</u> <u>page</u> on our <u>website</u>.









Key Contacts

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Thank You!

