

Waiver Case Manager FAQs



Overview

1. What is Healthy Connections Prime?

Healthy Connections Prime is an enhanced option for seniors 65 and older with Medicare and Healthy Connections Medicaid. It combines all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits managed by a Medicare-Medicaid Plan (MMP).

2. How can I or my client see if he/she is in Healthy Connections Prime?

Your client will receive welcome notifications (both letters and calls) during the passive enrollment process and a welcome packet and new member ID in the mail. You may also look at the open Recipient Special Programs (RSP) in Phoenix to determine if the client is in Healthy Connections Prime. Healthy Connections Prime members also will have an application that is in 'Participating' status.

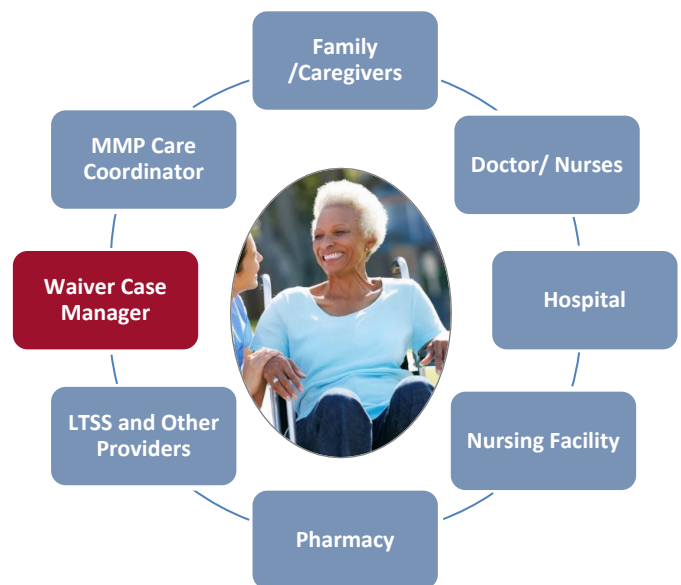
3. What are the benefits of Healthy Connections Prime for members?

The key benefits are:

- **No copays for doctor visits, hospital stays, and prescription drugs.**
- One card for all health care needs.
- Member-approved care team and a personal care coordinator to help members get the benefits and support needed so that they can stay healthy and live at home as long as possible.
- Access to home and community-based services, when the assessment and service plan demonstrate a need for these services.

4. What is the Waiver Case Manager's role for Healthy Connections Prime members?

The waiver case manager is a critical member of an important feature of the Healthy Connections Prime program - the participant's care team. You will continue to handle initial visits, assess the home environment, determine service needs, create and monitor the service plan, and perform all the functions of case management that you currently provide. Your client's MMP care coordinator will be responsible for reviewing the service plan and approving services^{1,2}.



¹ There are three MMPs in Healthy Connections Prime: Wellcare Prime by Absolute Total Care, First Choice VIP Care Plus, and Molina Dual Options.

² All level of care exceptions must be approved by the state. At a participant's re-evaluation, if the Waiver Case Manager and Care Coordinator are unable to reach a level of care decision or the participant has skilled needs without a functional deficit, the Waiver Case Manger may request a review by the Area Administrator in the CLTC Area Office.

The care coordinator can also be a resource for you and help ensure your client can access all the resources the MMP has available. Several plans offer “extra” services like health coaching or rewards for healthy behaviors. Plans can even approve services beyond what is typically authorized by the State if it your client has a proven medical need.

Impact of Healthy Connections Prime on Waiver Clients

5. Can a person be in a CLTC waiver and still enroll in Healthy Connections Prime?

Yes, Healthy Connections Prime members can also be in one of the following three Community Long Term Care (CLTC) waivers: Community Choices waiver, HIV/AIDS waiver, and Mechanical Ventilator Dependent waiver.

Please note: Waiver clients can keep their existing Waiver Case Manager and other providers for six months after their Healthy Connections Prime coverage starts while their MMP helps providers join their network. This is called the “continuity of care” period. When appropriate to meet a member’s needs, the MMP develops a single case agreement for an out-of-network provider(s) to continue to serve a member. Also, service authorization levels for waiver services are maintained during the first six months, unless there is a change in the service needs. After a client’s participant’s Healthy Connections Prime coverage starts, all new prior authorization requests and changes will be submitted to the MMP for approval.

It is critical that waiver clients choose the health plan they wish to join and that Waiver Case Managers do not influence or advise waiver clients to leave a specific MMP or the Healthy Connections Prime program.

6. How does passive enrollment affect waiver participants?

Eligible individuals, including participants on the Community Choices, HIV/AIDS and Mechanical Ventilator Dependent waivers will be automatically assigned (passively enrolled) into a Medicare-Medicaid Plan (MMP). Impacted participants will receive a 60-day and a 30-day notice informing them of their upcoming enrollment into an MMP and their options to change their health plan.

As noted above, waiver participants always have the right to make their own healthcare decisions. If they decide to leave Healthy Connections Prime it should be their own decision. If they choose a plan that is not an MMP, they could lose benefits such as \$0 copays for doctor visits, hospital stays and prescription drugs.

It is critical that waiver participants choose the health plan they wish to join and that waiver case managers do not influence or advise waiver participants to leave a specific MMP or the Healthy Connections Prime program.

7. Can my clients keep seeing the same LTL and CLTC providers they do now if they join Healthy Connections Prime?

Yes. There is a continuity of care provision of at least six months for Healthy Connections Prime members to keep seeing their CLTC providers at current service levels, even if those providers are outside of the MMP’s network. You can keep your relationship with a client who is in Healthy Connections Prime even after the continuity of care period if you (or the provider you work for, if you are part of an agency) join the client’s MMP network or enter into a single-case agreement.

8. Why do my clients sometimes experience difficulty with their new Healthy Connections Prime coverage at their doctor or pharmacy?

The doctor or pharmacy may not yet be aware of the change in coverage. However, if a doctor or pharmacy is not in your client’s Medicare-Medicaid Plan (MMP) network, your client can receive six-month “continuity of care” with that doctor or pharmacy. This means he/she can keep using that doctor or pharmacy at current authorized service levels while the plan reaches out to build a connection with the doctor or pharmacy or help your client transition to a provider that is satisfactory.

9. Are the MMPs able to authorize additional waiver services for my client without consulting me?

All waiver services need to be added to the service plan by you in Phoenix. However, the MMPs do have the ability to authorize “waiver-like services” and additional service units outside of Phoenix based on medical need.


10. Are there higher copays for prescriptions and doctor visits?

In Healthy Connections Prime, there are no copays for doctor visits, hospital stays or prescription drugs. Waiver participants in Healthy Connections Prime should never receive a bill for covered services.* If one of your clients does get a bill, he or she should let their care coordinator know and send it to the MMP to investigate.

** Note: A nominal Medicaid copay can apply to durable medical equipment, home health care and dental care. For nursing facility services for a Medicaid-sponsored Long Term Care (LTC) stay, Healthy Connections Prime members may also be responsible for some payment, based on their income.*

11. Is Estate Recovery allowed in Healthy Connections Prime?

While waiver participants are enrolled in Healthy Connections Prime, the medical expenses that they incur are **NOT subject to estate recovery**. However, expenses for medical services and items received while NOT enrolled in Healthy Connections Prime are subject to estate recovery.

<p>Services/items received <u>before you join</u> Healthy Connections Prime</p>  <p>Estate recovery is possible</p>	<p>Services/items received <u>while enrolled in</u> Healthy Connections Prime</p>   <p><u>No estate recovery</u></p>	<p>Services/items received <u>after you disenroll from</u> Healthy Connections Prime</p>  <p>Estate recovery is possible</p>
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Impact of Healthy Connections Prime on Waiver Case Managers

12. How does Healthy Connections Prime affect me?

The Waiver Case Manager’s responsibilities as outlined in the CLTC Case Management Scope of Services and the CLTC Community Choices Policy and Procedures do not change (for example: in-home assessment, emergency protocol update). You can also read the “HCBS Transition Provider FAQ” posted on our Provider Toolkit page (<https://msp.scdhhs.gov/SCDue2/site-page/provider-toolkit>) and the Phoenix Help page to learn more about the program and how it may affect providers.

When your client joins Healthy Connections Prime, what does change is:

- To whom you submit the client’s re-evaluations, service prior approval requests, service level exception requests, and service plan changes for review and approval (“team staffing”). These will go to the assigned MMP Care Coordinator. However, all level of care exceptions will be submitted to CLTC Central Office for review.
- How you will be paid. 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 the future that will mean your services for a client in Healthy Connections Prime will be paid by the client’s MMP. We will send you additional information before this change takes place. After that change, you must have a signed Provider Agreement before filling a claim. Also, once the six-month continuity of care period (see question #3) has passed, you will also need to be contracted with the MMP or have a single case agreement with the MMP before filling a claim. However, how you file a claim will remain the same:
 - **In-home services:** Providers will continue to use the Care Call EVV to enter a claim. The Resolutions tab is used to request payment for in-home services that were provided but were not submitted for payment while at the client’s home.
 - **Out-of-home or delivered services** such as Adult Day Health Care, Meals, Incontinence Supplies or PERS: Providers will enter claims into the Claims Entry Tab in Phoenix.
 - Please see the latest Phoenix/Care Call Provider Training document in the Help section of Phoenix for more information on the Resolutions tab in Care Call and the Claims Entry tab in Phoenix.

13. Do services overlap between a Care Coordinator and a Waiver Case Manager?

No. The Waiver Case Manager’s responsibilities as outlined in the CLTC Case Management Scope of Services and the CLTC Community Choices Policy and Procedures do not change. You will continue to handle initial visits, assess the home environment, determine service needs, create and monitor the service plan, and perform all the functions of case management that you currently provide. The MMP Care Coordinator represents the MMP and oversees the member’s overall health care concerns (such as medical, drugs, and behavioral health), and will be responsible for reviewing the service plan and approving services.

14. How large is the average case load for Healthy Connections Prime Care Coordinators?

As the program has matured, Care Coordinator caseloads have decreased to a 1:136 ratio of Care Coordinators to members. Some plans supplement their teams with additional outreach staff (e.g., Community Navigators).

15. How does CLTC’s role with my waiver clients change?

For CLTC waiver clients who are also members in the Healthy Connections Prime program, CLTC is transitioning the responsibilities, as outlined in the table below.

Responsibility	CLTC Keeps	CLTC Transitions to MMPs
Case Management		
Enrolling the applicant in the waiver	✓	
Initial Level of Care Assessments	✓	
Development of the Initial Service Plan	✓	
Sending Provider Choice List to the member/primary contact	✓	
Establishment of initial services	✓	
Service plan approval and monitoring		→ ✓
LTC Level of Care reevaluation review including: assessment, level of care and service planning		→ ✓
Other Related Responsibilities		
Use of Phoenix (e.g., service plan/authorization monitoring)	✓	→ ✓ (with CLTC)
Provider contracting		→ ✓
Provider reimbursement	✓	→ TBD

Healthy Connections Prime Care Coordinators

16. How do I find contact information for my client’s MMP Care Coordinator?

Contact information for MMP Care Coordinators can be obtained by running the “Case Manager Report” in Phoenix. You can use the Conversation function to reach out.

17. When do I contact a client’s MMP Care Coordinator? What kind of interactions do I have with MMP Care Coordinators?

You will have contact with the MMP Care Coordinator in the following ways:

Initial Contact	<ul style="list-style-type: none"> • If a new CLTC waiver client is already in Healthy Connections Prime, you must contact the MMP Care Coordinator in addition to the State Case Manager (in person or by phone) within two business days after accepting the case in Phoenix in order to complete a case transfer conference. • If your existing client joins Healthy Connections Prime, the MMP Care Coordinator will contact you to complete a case transfer conference
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Ongoing

- While you serve the client, the MMP Care Coordinator will review the service plan, authorizations, and annual LOC reassessment submitted by the Waiver Case Manager in Phoenix to provide approvals that are needed and to monitor the services just as CLTC does today. MMPs respond to Phoenix Conversations, phone calls and secure emails regarding clients usually within 24 business hours.
- MMPs review approval requests on the same day or next day after notification by the Waiver Case Manager that approval requests are complete and ready for review. If additional information is needed, you may have to provide that information and the approval/denial may be delayed.
- If a member receives a bill from their MMP, you can give it to the Care Coordinator to investigate.

You and the MMP Care Coordinator can communicate with each other when it is needed by phone, email or through the Phoenix Conversation tool. Communicate early and often. You will continue to follow the CLTC Documentation Policy (see the Documentation section of the CLTC Policy and Procedures manual that can be found in the Help section of Phoenix) and continue to capture your case notes. Case notes and other important documentation for clients should take place in the Narrative section in Phoenix.

18. How often do Care Coordinators interact with clients?

They interact as often as needed to facilitate healthcare monitoring but there is at least an annual assessment.

Other**19. How do doctors and other providers know that a client is in Healthy Connections Prime?**

Providers look up the member ID in the Claims Submission Tool (also known as “WebTool”). This information can be found in the Recipient Special Programs (RSP) section of the WebTool eligibility screen.

20. What if I have concerns or questions about the care of a waiver client?

- Enrollment and process-related questions: Email PrimeProviders@scdhhs.gov.
- Questions or concerns about the care of a client should be shared with the assigned MMP Care Coordinator as soon as possible to assure the health and welfare of the client.
- Formal complaints or concerns about enrollment, service denials, and level of care changes: Contact the Healthy Connections Prime Advocate at (844) 477-4632 or through the information at this link: <http://www.healthyconnectionsprimeadvocate.com/contact-us>. The Advocate will work with the waiver client to address any concerns. Note: complaints or concerns about the initial service levels assigned prior to the case transfer conference (see #7 above) should be directed toward the Area Office state case management team.

21. How can I join/contract with a Healthy Connections Prime MMP network?

Contact the representatives listed in the [“Join a Plan Network”](#) page.

For More Information

You can visit the Provider FAQs page on our [website](#) 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.