Healthy Connections Prime FAQs for Nursing Facilities

Healthy Connections Prime is a program 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).

Introduction

1. Who is eligible to enroll in Healthy Connections Prime?

In general, individuals who meet all of the following criteria will be eligible for Healthy Connections Prime:

- Age 65 years old or older;
- Entitled to Medicare Part A and enrolled in Parts B and D;
- Eligible for full Medicaid benefits;
- Not currently in hospice or receiving treatment for end-stage renal disease;
- Not currently under an **approved Medicaid-sponsored Long-Term Care (LTC) stay**; or
- Meeting the above criteria and enrolled in the Community Choices Waiver, HIV/AIDS Waiver or the Mechanical Ventilator Dependent Waiver.

Note:

- Residents currently in a nursing facility under a **Medicare skilled stay are eligible** to enroll in Healthy Connections Prime by choosing to opt-in or through passive enrollment.
- When medically necessary, currently enrolled Healthy Connections Prime **members who transition to a Medicaid-sponsored LTC stay may remain enrolled in the program** if they choose to.
- Currently enrolled Healthy Connections Prime **members who develop a need for hospice care or end-stage renal disease treatment can remain in the program if they choose to.**

Questions or concerns about eligibility can be sent to PrimeProviders@scdhhs.gov.

2. How is this different from other programs?

Healthy Connections Prime is an enhanced program that offers the following benefits to providers who have dual-eligible residents:

- **One card** (verify coverage for only one program)
- **One party to bill** (no sequential billing - submit claim to one entity, payment comes from one entity)
- **One point of contact** regardless of service type (i.e., Medicare, Medicaid, Part D)
- **No coinsurance fees** for Medicare Part A and B related services; **$0 copays for covered prescription drugs**
  Note: This does not apply to patient liability which is still required for Medicaid LTC stays.
- **No Estate Recovery** processes are applied **for members enrolled in an MMP for the duration of their membership**. However, it is applicable for any services received before or after their membership in an MMP.
- **Coordination of all member medical and non-medical needs**
  - Care coordinators can help members who return home
  - Leverage member's integrated care team, including the member's care coordinator
  - 6-month continuity of care for new members
  - Provide data to better understand member circumstances

Medicaid-Sponsored Long-Term Care Stay Comparison Chart

3. How do Medicaid-Sponsored Long-Term Care/Custodial Care stays under Healthy Connections Prime compare to other Healthy Connections Medicaid programs?

The chart below provides a comparison of Medicaid-Sponsored Long-Term Care/Custodial Care stays under Healthy Connections Prime to Medicaid Managed Care and Medicaid Fee-for-Service (FFS). It **does not** apply to Medicare Skilled Nursing Facility stays.

Category*	Healthy Connections Prime	Medicaid Managed Care	Medicaid Fee-For-Service (FFS)
Form 3400-B (required)	✓	✓	✓
Level of Care Determination ** (required)	✓	✓	✓
Form 181 (required)	✓	✓	✓
UB-04 Claim Form	✓	✓	No
Collection of Patient Liability	✓	✓	✓
Prior Authorization (required)	✓	✓	No
Length of LTC stay	Unlimited (as medically necessary)	Limited Benefit (Based on Eligibility Updates)	Unlimited (as medically necessary)
Access to a Care Coordinator	✓	✓	No
Stay counted toward Medicaid Permit Days	No	No	✓ (excluding first 6 months of complex care)
Subject to Estate Recovery	No	No	✓
Party responsible for claims payments	MMP	MCO	SCDHHS
Prescription Drugs	$0 for drugs, including LTC pharmacies	Varies by MCO	$0 for drugs, including LTC pharmacies

*Click on the hyperlink to access required forms. Facilities participating in the Phoenix pilot will continue to enter individuals into Phoenix for eligibility processing **only**. See "Billing and Claims Processing" for more details.

** The Level of Care Determination process **will remain** the responsibility of SCDHHS CLTC.

4. How are Medicare rules different in Healthy Connections Prime?

- A three-day hospital stay is not required if the nursing facility stay is clinically appropriate and can avert an inpatient stay.
- A two-day Medicare Notice (NOMNC) is not required.

Contracting and Out-of-Network Provisions

5. How do I join a Healthy Connections Prime provider network?

Providers are encouraged to join the multiple Healthy Connections Prime networks in order to provide continuous care to existing residents and to be part of this important initiative to coordinate care. To learn more about how you can become a Healthy Connections Prime network provider, please contact the MMP representatives listed at this website: https://www.scdhhs.gov/resources/programs-and-initiatives/managed-care-organizations/healthy-connections-prime/providers-0.

6. Can I serve Healthy Connections Prime members even if I am not in a participating network?

It is possible for Healthy Connections Prime members to receive care from Out-of-Network nursing facilities. MMPs may offer a single-case agreement or full contract in order to provide reimbursement. MMP Care Coordinators will work with facility staff to support continuity of care and limit disruptions.

Beneficiary Protections

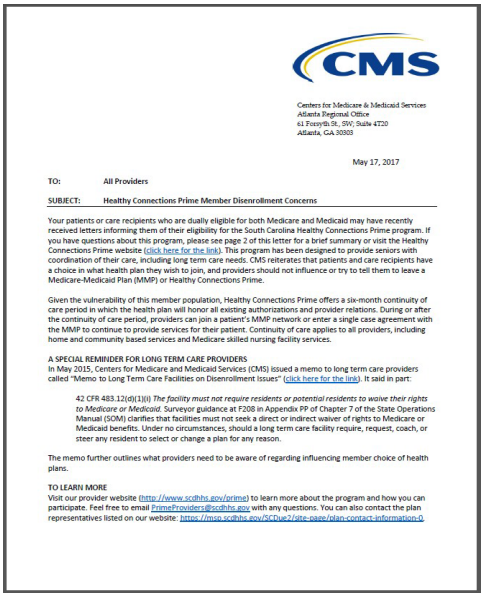
7. Can I have my resident disenrolled if I don't want to participate in Healthy Connections Prime?

No, CMS has stated, "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." Please note that if an individual is passively assigned to an MMP and does not act to end their coverage, their membership is considered voluntary. See the CMS Notice to Providers located under the Provider Toolkit section of our website.

8. Where can I find more information on how Estate Recovery affects Healthy Connections Prime members?

Visit the Member and Advocate Materials section of our website for Estate Recovery Guidance. Estate recovery does not apply for members for the duration of their membership in Healthy Connections Prime.

CMS Notice to Providers



CMS

Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St., SW, Suite 4T20
Atlanta, GA 30303

May 17, 2017

TO: All Providers

SUBJECT: Healthy Connections Prime Member Disenrollment Concerns

Your patients or care recipients who are dually eligible for both Medicare and Medicaid may have recently received letters informing them of their eligibility for the South Carolina Healthy Connections Prime program. If you have questions about this program, please see page 2 of this letter for a brief summary or visit the Healthy Connections Prime website (click here for the link). This program has been designed to provide seniors with coordination of their care, including long term care needs. CMS reiterates 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.

Given the vulnerability of this member population, Healthy Connections Prime offers a six-month continuity of care period in which the health plan will honor all existing authorizations and provider relations. During or after the continuity of care period, providers can join a patient's MMP network or enter a single case agreement with the MMP to continue to provide services for their patient. Continuity of care applies to all providers, including home and community based services and Medicare skilled nursing facility services.

A SPECIAL REMINDER FOR LONG TERM CARE PROVIDERS
In May 2015, Centers for Medicare and Medicaid Services (CMS) issued a memo to long term care providers called "Memo to Long Term Care Facilities on Disenrollment Issues" (click here for the link). It said in part:

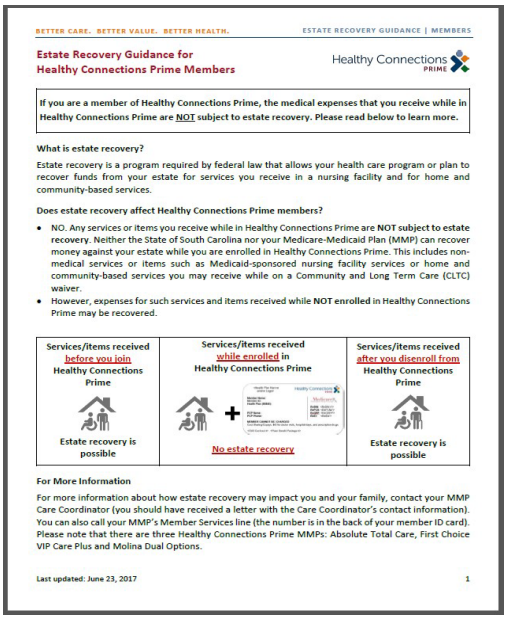
42 CFR 483.12(d)(1)(i) *The facility must not require residents or potential residents to waive their rights to Medicare or Medicaid.* Surveyor guidance at F208 in Appendix PP of Chapter 7 of the State Operations Manual (SOM) clarifies that facilities must not seek a direct or indirect waiver of rights to Medicare or Medicaid benefits. Under no circumstances, should a long term care facility require, request, coach, or steer any resident to select or change a plan for any reason.

The memo further outlines what providers need to be aware of regarding influencing member choice of health plans.

TO LEARN MORE
Visit our provider website (http://www.scdhhs.gov/prime) to learn more about the program and how you can participate. Feel free to email PrimeProviders@scdhhs.gov with any questions. You can also contact the plan representatives listed on our website: https://msp.scdhhs.gov/SCDue2/site-page/plan-contact-information-0.

Click on Images for additional information

Guidance for Members



BETTER CARE. BETTER VALUE. BETTER HEALTH. ESTATE RECOVERY GUIDANCE | MEMBERS

Estate Recovery Guidance for Healthy Connections Prime Members

Healthy Connections PRIME

If you are a member of Healthy Connections Prime, the medical expenses that you receive while in Healthy Connections Prime are NOT subject to estate recovery. Please read below to learn more.

What is estate recovery?

Estate recovery is a program required by federal law that allows your health care program or plan to recover funds from your estate for services you receive in a nursing facility and for home and community-based services.

Does estate recovery affect Healthy Connections Prime members?

- NO. Any services or items you receive while in Healthy Connections Prime are **NOT subject to estate recovery**. Neither the State of South Carolina nor your Medicare-Medicaid Plan (MMP) can recover money against your estate while you are enrolled in Healthy Connections Prime. This includes non-medical services or items such as Medicaid-sponsored nursing facility services or home and community-based services you may receive while on a Community and Long Term Care (CLTC) waiver.
- However, expenses for such services and items received while **NOT enrolled** in Healthy Connections Prime may be recovered.

Services/items received before you join Healthy Connections Prime	Services/items received while enrolled in Healthy Connections Prime	Services/items received after you disenroll from Healthy Connections Prime
Estate recovery is possible	No estate recovery	Estate recovery is possible

For More Information

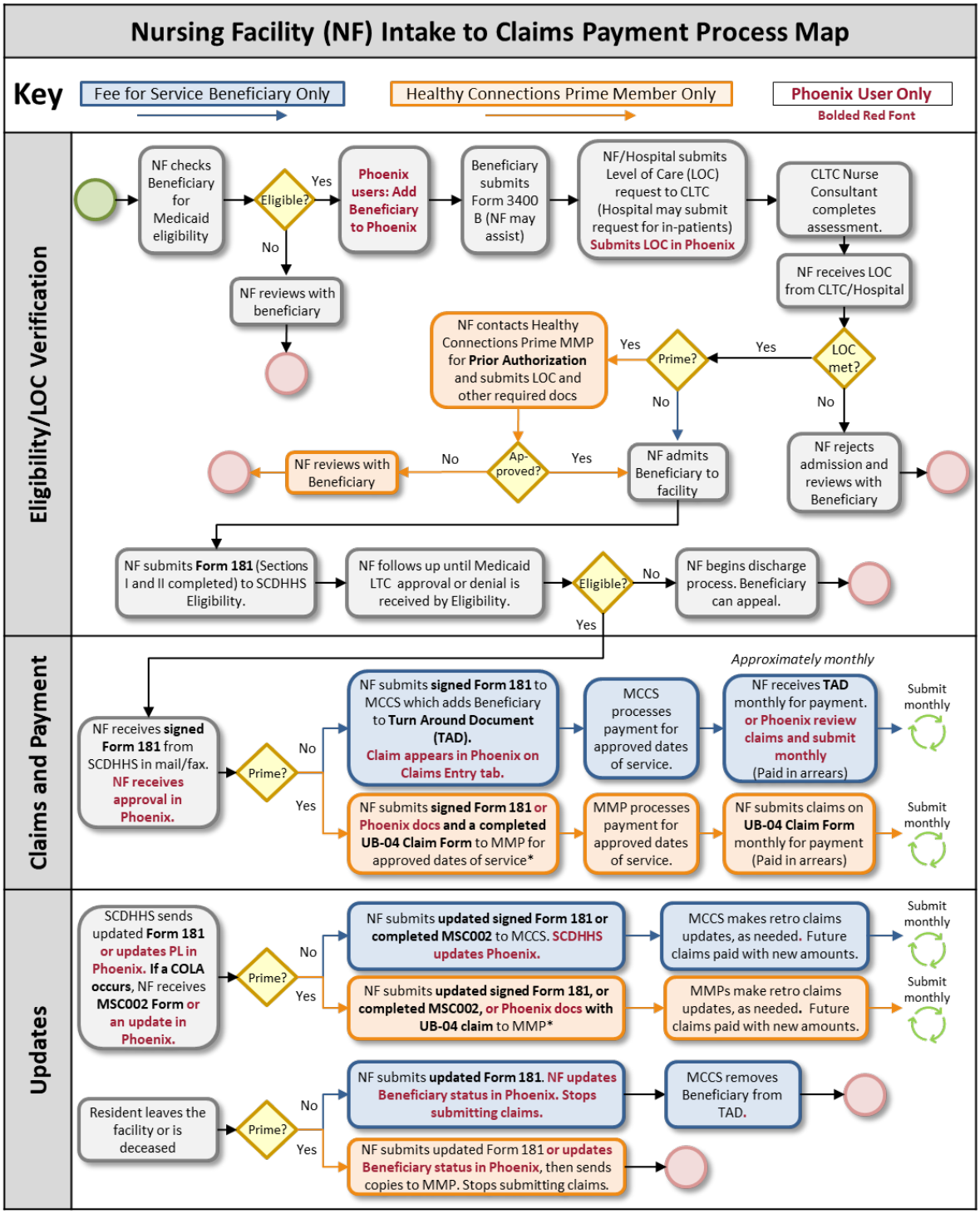
For more information about how estate recovery may impact you and your family, contact your MMP Care Coordinator (you should have received a letter with the Care Coordinator's contact information). You can also call your MMP's Member Services line (the number is in the back of your member ID card). Please note that there are three Healthy Connections Prime MMPs: Absolute Total Care, First Choice VIP Care Plus and Molina Dual Options.

Last updated: June 23, 2017 1

Eligibility, Claims, and Payment Process Overview

9. What is the process for determining eligibility and submitting claims for payment?

The chart below provides an overview of the related processes. Additional details on frequently asked questions are provided in subsequent sections.

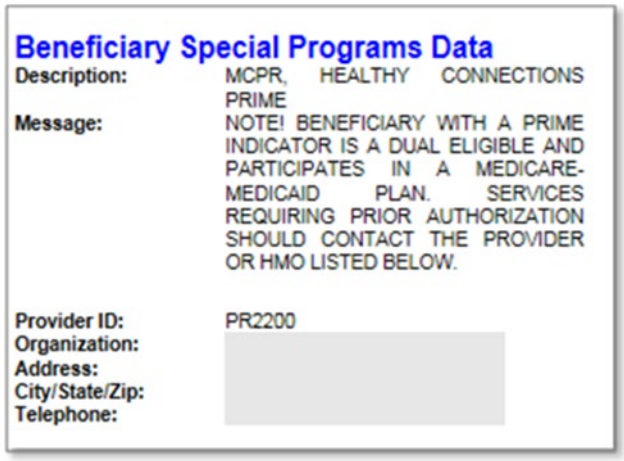


* Nursing facilities must contact each MMP for specific instructions on how to submit the Form 181s as the process may vary by MMP
PL = Patient Liability COLA = Cost of Living Adjustment

FAQs: Checking Eligibility Using the WebTool

10. How do I know if one of my residents is enrolled in Healthy Connections Prime under an MMP? How do I know which MMP to contact?

The SCDHHS eligibility verification system (WebTool) can be used to identify the MMP in which the member is enrolled. This information is displayed in the Beneficiary Special Programs Data section of the Eligibility screen. Providers should check each resident's eligibility monthly to ensure there has not been a change in coverage.



Beneficiary Special Programs Data

Description:	MCPR, HEALTHY CONNECTIONS PRIME
Message:	NOTE! BENEFICIARY WITH A PRIME INDICATOR IS A DUAL ELIGIBLE AND PARTICIPATES IN A MEDICARE-MEDICAID PLAN. SERVICES REQUIRING PRIOR AUTHORIZATION SHOULD CONTACT THE PROVIDER OR HMO LISTED BELOW.
Provider ID:	PR2200
Organization:	
Address:	
City/State/Zip:	
Telephone:	

Example of a Healthy Connections Prime member enrolled in Absolute Total Care. The description identifies the Healthy Connections Prime program and the "PR" in front of the Provider ID can be used to identify the provider as a Healthy Connections Prime provider in lieu of the WebTool.

11. How do I determine if a member is in a Medicaid Managed Care Organization (MCO) or a Healthy Connections Prime Medicare-Medicaid Plan (MMP)?

In WebTool, members enrolled in an MMP will have Provider IDs that begin with "PR", unlike Medicaid MCOs that begin with "HM". Providers need to make sure that they are contacting the correct health plan for authorizations and questions (see table below).

MMP Plan ID	Plan Name
PR2200	Wellcare Prime by Absolute Total Care
PR1000	First Choice VIP Care Plus
PR3600	Molina Dual Options
N/A	N/A
N/A	N/A

MCO Plan ID	Plan Name
HM2200	Absolute Total Care
HM1000	First Choice by Select Health
HM3600	Molina Healthcare of South Carolina
HM3200	Healthy Blue by BlueChoice of SC
HM4200	Humana Healthy Horizons in SC

Providers should also make sure they are contacting the correct SCDHHS Medicaid program area regarding questions. The three SCDHHS Medicaid program areas are as follows: Healthy Connections Prime, Medicaid Managed Care and Medicaid Fee-For-Service.

Note: See the "For More Information" Section for all contact information or select the Plan Name or program area above.

FAQs: Prior Authorizations

12. How are prior authorizations handled?

Since MMPs are responsible for management and payment of both Medicare skilled stays and Medicaid LTC stays for Healthy Connections Prime members, it is important that the facility clearly indicate which type of stay is being requested for authorization to assure proper payment. Facilities should contact each MMP for specific instructions on the authorization process and any documents to submit with the Level of Care documentation.

13. When does the Nursing Facility contact the MMP for a Prior Authorization?

After confirming the beneficiary's Medicaid eligibility and the Level of Care (LOC) is determined, and the beneficiary is confirmed to be a Healthy Connections Prime member, the Nursing Facility will contact the MMP for a Prior Authorization.

14. What happens if a resident is passively assigned to an MMP while awaiting Medicaid LTC approval? How are prior authorizations handled for residents already in a nursing facility?

Residents in a facility that have not been approved for a Medicaid LTC stay are eligible for enrollment into Healthy Connections Prime. If a resident in a facility is passively assigned to an MMP before a prior authorization has been obtained, he or she will be covered under the Continuity of Care Provision; therefore, a prior authorization is not required for at least six months.

- The Continuity of Care Provision allows all residents receiving services at the time of enrollment into Healthy Connections Prime to maintain their current providers for six months, including those who are not part of the MMP's network.
- Facilities should work with the MMP during the Continuity of Care period to provide the necessary required documents and contracts to continue to serve the resident. A prior authorization may be required once the Continuity of Care Provision has expired.

FAQs: Billing and Claims Processing

15. How are claims processed?

- **Who do I contact for details about claims submission for Healthy Connections Prime members?**
  Contact the member's MMP for specific questions regarding claims and payments.

- **When are Medicaid LTC stays eligible for payment from an MMP?**
  Medicaid LTC claims are eligible for payment when a signed Form 181 has been issued by SCDHHS or Phoenix has been updated with an approval showing that **the member is financially eligible for the stay and all other eligibility criteria have been met**.
  - MMPs will require a signed Form 181* showing the member has been financially approved and determined eligible by SCDHHS for a Medicaid LTC stay for claims adjudication.
  - **Providers must contact the MMP for instructions on how to submit the Form 181 for initial and ongoing claims as processes will vary.**

  ** For those in the Phoenix pilot: the claim must be accompanied by Phoenix documentation showing this approval and eligibility information.*

- **When should claims be submitted to an MMP for payment? Who do I bill for dates of service?**
  - **While a resident is enrolled in Healthy Connections Prime:** After a signed Form 181 or approval in Phoenix has been received (see prior question), submit claims to the MMP. **Do not submit claims to SCDHHS for payment under any circumstance.***
  - **Prior to or after a resident's enrollment in Healthy Connections Prime:** Submit claims to SCDHHS. **Note:** Any claims submitted to SCDHHS for members enrolled in Healthy Connections Prime will be denied with the 989 error code for the dates of service included in the member's enrollment.

** For those in the Phoenix pilot: **Do not submit claims via Phoenix**. All claims must be submitted to the MMP.*

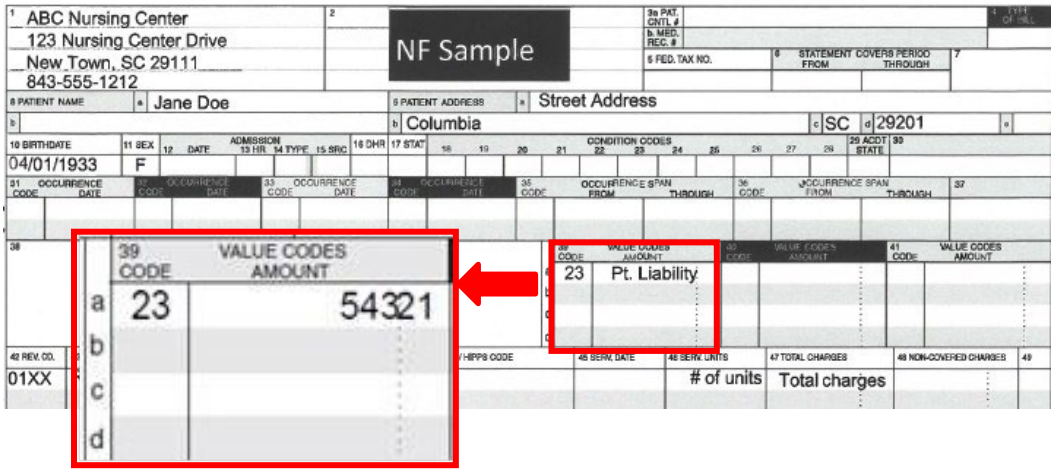
- **What form should providers use to submit claims to MMPs?**
  Use the UB-04 Claim Form (also known as Form CMS-1450), which provides MMPs with the members' total institutional claims.

- **Do MMPs require additional details on the UB-04 Claim Form?**
  All MMPs will require nursing facility providers to submit the following information described in Steps 1 and 2 below from Section III of the signed Form 181 onto the UB-04 Claim Form.*

** For those in the Phoenix pilot: enter patient liability and Medicaid LTC eligibility begin date from Phoenix.*

1) Enter Patient Liability in Field 39a.

a) Value Code = 23
b) Value Amount = Patient liability amount **<u>for the month</u>** being billed.
c) The Value Amount must be entered as dollars and cents with the decimal being implied. For example, $543.21 would be entered as 54321 (see example below). A zero patient liability amount must be submitted as 001, so it is clear there is no patient liability.



2) Enter the Medicaid LTC Authorized to Begin Date in Field 63.

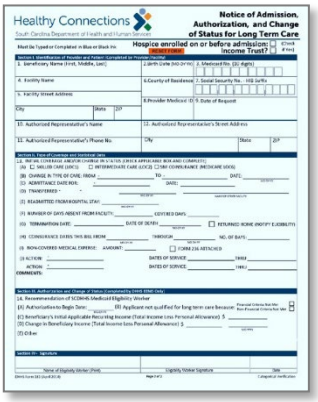
a) Treatment Authorization Codes = The member's Medicaid Long-Term Care eligibility effective date in MM/DD/YYYY or MM-DD-YYYY formats (may use MMDDYYYY if unable to use / or -).

16. How is patient liability processed for members in Healthy Connections Prime?

- **How is patient liability determined and collected?**
  There is no change in how patient liability is determined under Healthy Connections Prime. SCDHHS Eligibility will determine the patient liability. Nursing facilities will continue to collect the identified amount directly from residents.

- **Why do I need to complete a Form 181 if MMPs use UB-04 forms for claims processing?**
  SCDHHS Form 181 (Notice of Admission, Authorization, and Change of Status for Long Term Care) must be completed for each resident as it covers "authorization for services" and the "patient liability" information. A signed Form 181 is required for all initial claims submissions, patient liability updates, and resident status updates*. Also, MMPs require information from the Form 181 on the UB-04 claim form. Nursing facility providers must maintain the resident's signed Form 181s on file after claims submission, but they should not be submitted to SCDHHS for payment. An example of Form 181 is to the right. Click on the image for the form.

  ** For those in the Phoenix pilot: Print outs from Phoenix are required to be shared for claims processing. Phoenix captures the info in Form 181.*



Click image to download form

- **How do MMPs know how much patient liability is owed by a member?**

  Once a member receives financial approval for his or her Medicaid LTC stay, the provider must submit the signed Form 181* to the MMP that contains the patient liability details for claims processing. This information should also be entered on the UB-04 Form in Field 39a.

  Providers will be responsible for providing updated Form 181s with new patient liability amounts to the MMPs. If a Cost of Living Adjustment (COLA) is received, the provider must send a completed MCS002 Form to the MMP to document the update and must enter the patient liability amount in Field 39a on the UB-04 Claim Form.

  ** For those in the Phoenix pilot: the provider must submit a Phoenix details print out to the MMP that contains the patient liability details for claims processing and enter the amount in Field 39a on the UB-04 Claim Form.*

Note: Patient liability is not subject to the "no co-payment, no co-insurance" rules of the Healthy Connections Prime program that apply to Medicare Part A and B related services and covered prescription drugs.

- **What is the time limit for submitting claims?**
  Timely filing rules apply to all claims submissions.

17. How are bed-hold claims processed?

Each MMP has a different bed-hold reimbursement policy. Please check with the MMP directly to find out more about the existing bed-hold policy.

18. How are co-insurance claims and bad debt paid?

Payments from MMPs constitute payment in full, including any coinsurance or bad debt obligations. MMPs are only required to reimburse providers for bad debt at the same percentage providers may have received under Fee-For-Service Medicare. For skilled nursing facilities, the allowable Medicare bad debt amount is 65 percent.

19. How should claims for hospice members be submitted?

Hospice providers must bill Fee-For-Service Medicare for **hospice services**. The nursing facility (not the hospice provider) must bill the MMP (not SCDHHS) for **room and board**.

For more information on Hospice Services and Healthy Connections Prime, click on the image to the right to see our Hospice Services FAQs or click on **this link** to visit the document on the Provider Toolkit section of our website.

20. What are common issues that occur when submitting and processing claims?

- **Facilities file claims with the MMP but fail to complete the LTC eligibility documentation for SCDHHS eligibility.**
  All eligibility processes are still required including completing a Level of Care Determination, submitting a Form 3400-B to SCDHHS, submitting a Form 181 to SCDHHS for approval, and collecting patient liability.

- **Facilities submit both a LTC claim to SCDHHS for payment and to the MMP for payment for the same dates of service.**
  Claims should only be submitted to the MMP for payment for dates of service the resident is enrolled in Healthy Connections Prime. The Form 181* is needed for eligibility determination and patient liability only and should not be submitted for payment to SCDHHS unless the resident was not enrolled in Healthy Connections Prime.

  ** For those in the Phoenix pilot: Facilities using Phoenix **should not submit claims via Phoenix** once they receive approval for an LTC stay. Claims must be submitted to the MMP as stated above.*

- **The information provided in required documentation is not accurate/up-to-date.**
  If necessary documentation sent to the MMP does not have accurate, up-to-date information (e.g., incorrect or non-matching dates of service), then inaccurate billing may occur. MMPs have the ability to recoup any extra money provided from an incorrect billing for up to one year after the incident occurred.

21. What happens if a resident leaves the facility or becomes deceased?

The nursing facility submits an updated Form 181 to SCDHHS or updates the Beneficiary status in Phoenix, and then sends copies to the MMP. The nursing facility will stop submitting claims.

For More Information

22. Who do I contact for additional questions on information about the program?

To learn more details about the program and how you can participate, visit our website for more information. You may also access the Provider Toolkit for additional provider resources, or email PrimeProviders@scdhhs.gov for help with a specific question or concern.

23. Who are my SCDHHS contacts for Nursing Facility questions?

Healthy Connections Prime	Healthy Connections PRIME	**All Medicare-Medicaid Plans (MMPs), PR1000, PR2200, PR3600** Tawanna Nichols Email: Tawanna.Nichols@SCDHHS.gov Phone: 803-898-3100 General Email: PrimeProviders@scdhhs.gov
Healthy Connections Medicaid Managed Care	SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES Healthy Connections MEDICAID	**Absolute Total Care, HM2200** Jerryca Guzman Falero Email: jerryca.guzmanfalero@scdhhs.gov Phone: (803) 898-2477 **First Choice Select Health of South Carolina, HM1000** Britton Jenkins Email: Britton.Jenkins@scdhhs.gov Phone: (803) 898-2026 **Healthy Blue by BlueChoice of SC HM3200** Stacey Shull Email: Stacey.Shull@scdhhs.gov Phone: (803) 898-0683 **Humana Healthy Horizons in SC, HM4200** Ciera Brown Email: Ciera.Brown@scdhhs.gov Phone: (803) 898-2636 **Molina Healthcare of SC, HM3600** Tasha Dollison Email: Tasha.Dollison@scdhhs.gov Phone: (803) 898-2801
Medicaid Fee-For-Service	SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES Healthy Connections MEDICAID	SC Medicaid Provider Service Center Phone: 1-888-289-0709, option 3

24. Who are my MMP contacts for Nursing Facility questions?

Inquiries for Healthy Connections Prime members should be directed to the MMP in which the member is enrolled. For direct contact information, see below:

Healthy Connections Prime Medicare-Medicaid Plans	wellcare PRIME by absolute total care	**Wellcare Prime by Absolute Total Care (ATC), PR2200:** Adria Felder Phone: (803) 881-7213 Email: Adria.Felder@centene.com
	FirstChoice VIP CARE PLUS by Select Health of South Carolina	**First Choice VIP Care Plus, PR1000:** Nancy Carey Phone: (843) 300-5857 Email: ncarey@selecthealthofsc.com
	MOLINA HEALTHCARE	**Molina Dual Options, PR3600:** Jennifer Hamilton Phone: (803) 394-1271 Email: Jennifer.Hamilton2@MolinaHealthcare.com