

# Carve-In Update for Community Long-term Care (CLTC) Case Managers

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Feb. 4, 2026

# CLTC Case Manager Update

- Effective Jan. 1, 2026, the South Carolina Department of Health and Human Services (SCDHHS) added some Healthy Connections Medicaid members to the managed care service delivery model for medical services. All waiver services remain in the fee-for-service (FFS) delivery model. Medical services for members enrolled in managed care are the responsibility of the managed care plan.
- Providers can find additional guidance about any changes to claims submission, payment and authorization at [www.scdhhs.gov/carvein](http://www.scdhhs.gov/carvein)

# CLTC Case Manager Update *(cont.)*

The Healthy Connections Medicaid members who were added to the managed care service delivery model included Medicaid members who are 18 years of age or older and:

- Medicaid members who are dually enrolled in Medicare and Medicaid;
- Medicaid members enrolled in the HIV/AIDS Waiver;
- Medicaid members enrolled in the Mechanical Ventilator Dependent (Vent) Waiver;
- Medicaid members enrolled in the Community Choices (CC) Waiver; and
- Medicaid members who reside in a nursing facility
  - Healthy Connections Medicaid members who reside in a nursing facility will now be enrolled in a Medicaid managed care organization (MCO) for coverage of medical services.

# CLTC Case Manager Update *(cont.)*

- Case managers should continue to check eligibility and status of enrollment in managed care through Phoenix
  - This will currently show if enrolled in managed care (MCHM)
  - Update is pending that will show which MCO they're enrolled in
- Service providers can check eligibility and status of enrollment in managed care through the South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool)
  - Case management agencies may maintain this access at the agency level for specified staff to check eligibility. They can check eligibility and status of enrollment in managed care through:
    - [Web Tool Quick Reference Guide](#)
    - [Eligibility \(Visual Book\)](#)
      - Verification Results screen
- To set up a new account, call Blue Cross Blue Shield 1 (888) 289-0709
- Members Enrolled in Managed Care will receive a new Healthy Connections Medicaid member card from their MCO

# MCO Sample Member ID Cards

**Humana**  
Healthy Horizons.  
in South Carolina

**Healthy Connections**

A Medicaid product of Humana Benefit Plan of South Carolina, Inc.

**MEMBER NAME**  
**Member ID: HXXXXXXXXX**

Medicaid ID#: XXXXXXXX      Group #: XXXXX  
Date of Birth: XX/XX/XX      RxBIN: 610649  
Effective Date: XX/XX/XX      RxPCN: 03191504

PCP Name: XXXXXXXXX  
PCP Phone: (XXX) XXX-XXXX

**Member/Provider Services: 866-432-0001 (TTY: 711)**

Member 24-Hour Nurse Advice Line: 877-837-6952  
Pharmacist Rx Inquiries: 800-865-8715

Please visit us at: **Humana.com/HealthySouthCarolina**

For online provider services, go to **Availity.com**

Please mail all claims to:  
**Humana Medical  
P.O. Box 14601  
Lexington, KY 40512-4601**

Here's what a Healthy Blue ID card looks like:

 **Healthy Blue™**  
BlueChoice® HealthPlan of SC

**Healthy Connections**

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**MEMBER**  
**SUBSCRIBER NAME**  
**MEMBER ID**  
ZCD123456789

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**PRIMARY CARE PROVIDER(PCP)**  
**PROVIDER NAME**  
XXX-XXX-XXXX

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RxBIN                      025771  
RxPCN                      FMCAID  
RxGROUP                      RX42AS

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**Member:** Show this card and your Healthy Connections card when you get covered services. See your Member Handbook to learn more about covered benefits.

**In an emergency, call 911 or go to the nearest emergency room. You don't need an OK ahead of time. We will pay for these services. Ask the hospital to call your PCP right away.**

**Providers:** This card is for ID purposes and does not constitute proof of eligibility. This member has limited benefits outside of South Carolina. Providers should request eligibility information.

**Out-of-state claims:** Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.

**www.HealthyBlueSC.com**

**Members**

**Customer Service:** 866-781-5094  
**TTY Line:** 866-773-9634  
**24-Hour Nurse line:** 800-830-1525  
**Pharmacy Customer Service:** 866-781-5094

**Providers**

**Help for Pharmacists:** 833-253-4711  
**Provider Service Call Center:** 866-757-8286

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Healthy Blue  
P.O. Box 100317  
Columbia, SC 29202-3317

Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association.

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# MCO Sample Member ID Cards (cont.)

## Your membership

### ID cards

There is one ID for each member.

Your name

Your doctor/clinic

Your doctor's address



Your member ID number

Your doctor's phone number

Nurse Advice Line  
contact information

# MCO Sample Member ID Cards *(cont.)*

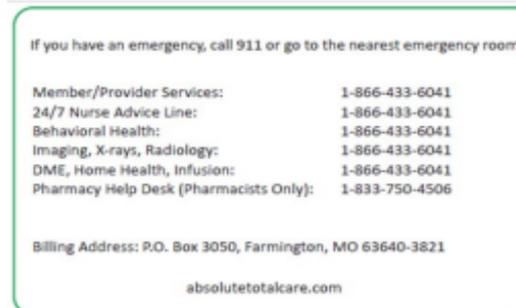
## Absolute Total Care Member ID Card:

### Front

1. Absolute Total Care and Healthy Connections Logo
2. Member Name
3. Member ID
4. PCP Name
5. PCP Phone Number
5. Pharmacy Information

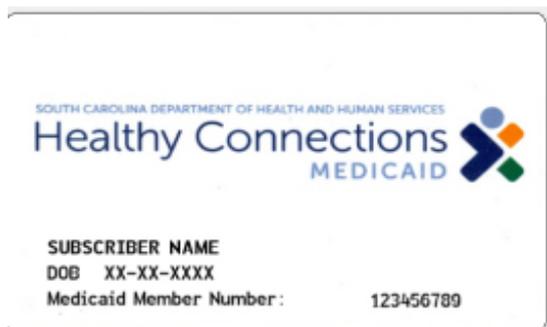
### Back

7. Emergency Phone Number
3. Important Phone Numbers
9. Absolute Total Care Billing Address
10. Absolute Total Care Website

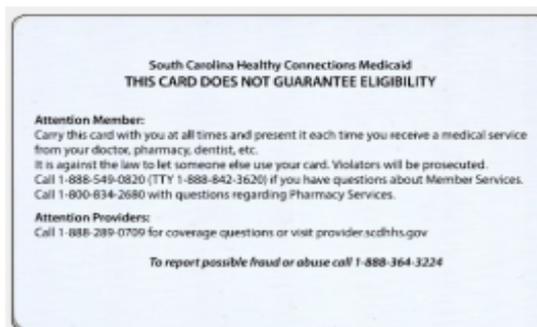


## State Medicaid ID Card:

### Front



### Back



# MCO Sample Member ID Cards *(cont.)*

## First Choice ID card

**FirstChoice**  
by Select Health of South Carolina  
Your Hometown Health Plan

Healthy Connections 

Member's preferred language: XXXXX-XX

Primary care provider (PCP):  
XXXXXXXXXXXXXXXXXXXXXXXXX RXBIN 019595

PCP phone: XXX-XXX-XXXX RXPCN PRX00218

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First Choice by Select Health of South Carolina  
P.O. Box 40849, Charleston, SC 29423

**Members:** Carry your ID card and your Healthy Connections card. Always make sure your doctor is a First Choice provider.

**Emergencies:** Call 911 or go to an emergency room near you.

**Nonemergencies:** Call your PCP, Member Services, or the 24/7 Nurse Call line.

**Providers:** This card does not guarantee coverage or payment. To verify eligibility, call Member Services or check the NaviNet or Healthy Connections provider portals. Except for emergency care, some medical services require prior authorization. For prior authorization requirements, visit the Select Health website.

**Hospitals:** Secure prior authorization within one business day following emergency admissions.

**Claims:** Can be submitted electronically or by mail:  
Select Health of South Carolina  
Claims Processing  
P.O. Box 7120, London, KY 40742.

Member Services: **1-888-276-2020**

24/7 Nurse Call line: **1-800-304-5436**

Authorizations: **1-888-559-1010**

Pharmacy Services: **1-866-610-2773**

Provider Contact Center: **1-800-575-0418**

Select Health website:  
**[www.selecthealthofsc.com](http://www.selecthealthofsc.com)**

NaviNet:  
**[navinet.navimedix.com](http://navinet.navimedix.com)**

Healthy Connections:  
**[portal.scmcaid.com](http://portal.scmcaid.com)**

# CLTC Case Manager Update

- Waiver services will continue to be authorized through the FFS delivery model. However, for dates of service on and after Jan. 1, 2026, claims for medical services for members who are enrolled in the HIV/AIDS, Vent or CC waiver programs should be submitted to the MCO in which the member is now enrolled.
- Claims for incontinence supplies (IS) need to be billed directly to the member's MCO
- Claims for nutritional supplements (X1939), hand-held shower (T2028), and specialized medical equipment and supplies (X1917 and X1918) need to be billed to FFS Medicaid (no change to current billing process)

# CLTC Case Manager Update *(cont.)*

## Medical services include the following:

- Inpatient and outpatient hospital services
- Clinic services (including rural health clinic and federally qualified health clinics services)
- Early and Periodic Screening, Diagnosis and Treatment services (for members under the age of 21)
- Physician services (including medical care provided by other practitioners such as nurse practitioners, physician assistants and others)
- Podiatry services
- Chiropractic services
- Home health care services (including incontinence supplies)
- Rehabilitative therapy services (physical, occupational, speech/language therapies)
- Pharmacy services
- Durable medical equipment (including incontinence supplies)
- Behavioral health services

# Waiver and Medical Services Chart

- A chart is available at <https://www.scdhhs.gov/carvein> that outlines CC, HIV and Vent waiver services and medical services.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Healthy Connections**  
MEDICAID 

**State Plan/Medical Services and Home and Community-based Services Waivers**  
*Effective Jan. 1, 2026*

Effective Jan. 1, 2026, the South Carolina Department of Health and Human Services (SCDHHS) added some Healthy Connections Medicaid members to the managed care service delivery model. This included Medicaid members who are 18 years of age or older and enrolled in the following home and community-based services (HCBS) waivers:

- The HIV/AIDS waiver;
- The Mechanical Ventilator Dependent (Vent) waiver; and
- The Community Choices (CC) waiver.

Waiver services will continue to be authorized through the fee-for-service (FFS) delivery model. However, for dates of service on and after Jan. 1, 2026, claims for medical services, also referred to as “State Plan services” for members who are enrolled in these three waiver programs should be submitted to the managed care organization (MCO) in which the member is now enrolled. The following chart outlines medical services, which are authorized through an MCO effective Jan. 1, 2026, and waiver services, which continue to be authorized through the FFS model.

**State Plan/Medical Services Covered by the MCO delivery model**

- ✓ **Behavioral Health Services**
- ✓ **Chiropractic Services**
- ✓ **Clinic Services** (including Rural Health Clinics, Federally Qualified Health Clinics and Community Mental Health clinics)
- ✓ **Durable Medical Equipment** (including incontinence supplies)
- ✓ **Early and Periodic Screening, Diagnosis and Treatment Services** (for members under age 21)
- ✓ **Home Health Care Services** (including incontinence supplies)
- ✓ **Inpatient and Outpatient Hospital Services**
- ✓ **Pharmacy Services**
- ✓ **Physician Services** (including medical services provided by other practitioners such as nurse practitioners, physician assistants and others)
- ✓ **Podiatry Services**
- ✓ **Rehabilitative Therapy** (occupational, physical and speech therapy)

# Waiver and Medical Services Chart *(cont.)*

Waiver Services Covered by the FFS delivery model	Community Choices	HIV/AIDS	Mechanical Ventilator
Adult Attendant Care Services	✓	✓	✓
Adult Day Health Care Services	✓		
Adult Companion Services	✓	✓	
Adult Day Health Care Nursing	✓		
Environmental Modifications	✓	✓	✓
Home-delivered Meals	✓	✓	✓
Nursing Services		✓	✓
Personal Care Services	✓	✓	✓
Personal Emergency Response System	✓		✓
Pest Control Treatment	✓	✓	✓
Residential Personal Care II	✓		
Respite Care	✓		✓
Specialized Medical Equipment and Supplies <i>(nutritional supplements and handheld showers)</i>	✓	✓	✓
Telemonitoring	✓		
Waiver Case Management	✓	✓	✓

# CLTC Case Manager Update Existing Authorizations

Monitor status updates for Healthy Connections Medicaid members newly enrolled in managed care (Phoenix)

- Identify MCO using Web Tool until Phoenix is updated with new plan-specific indicator

Coordinate incontinence supply transition with member and IS provider

- Maintain authorization until IS provider has fully transitioned authorization to MCO with no breaks in service.
- Once transitioned, IS service is managed by MCO outside of Phoenix

Maintain documentation per current policy and procedures

- Activities of Daily Living (ADLs) section of assessment

Update service plan per policy and procedure

- Once existing authorization is fully transitioned, Waiver Supports on service plan will no longer include open authorizations for IS
- Waiver Supports on service plan may include nutritional supplements (waiver service) if authorized for member



# CLTC Case Manager Update

## Existing Authorizations In Process or With Changes

If IS provider has started services, maintain authorization until IS provider has fully transitioned authorization to MCO



If authorization is pending because IS provider is waiting for return of prescriber's form (DHHS Form 168IS), ensure IS provider has coordinated transition of authorization with MCO



Changes to existing authorizations should be redirected to the MCO through the MCO Prior Authorization and Provider Help Lines

- Goal is to prevent delay or break in service

# CLTC Case Manager Update

## New Referrals for IS

If no provider has been selected, assist with coordinating member with point of contact at MCO

- If new referral is received and no actions have been taken to initiate IS application, no longer complete IS application and no longer include on service plan

Ensure MCO is aware of member's need for service

MCO will authorize and monitor IS for member



# CLTC Case Manager Update

- The MCOs are responsible for a 180-day continuity of care period for newly enrolled MCO members. It is important that providers continue to deliver authorized services. During this continuity of care period, MCOs are required to:
  - Honor all previous prior authorizations without requiring additional authorization from providers; and
  - Pay previously authorized services at 100% of the applicable Medicaid FFS rate, unless a contractually negotiated rate exists, regardless of whether the provider is in-network with the MCO.
- Once the continuity of care period is over, providers must be enrolled with the MCO in which the Healthy Connections Medicaid member is enrolled.

# CLTC Case Manager Update

- Points of contact and information on prior authorization and enrollment/credentialing for each South Carolina MCO is available on SCDHHS' website and below.

## MCO Prior Authorization and Provider Help Lines

- |                                       |                |
|---------------------------------------|----------------|
| • Absolute Total Care                 | (866) 433-6041 |
| • First Choice by Select Health       | (888) 559-1010 |
| • Healthy Blue by Blue Choice of SC   | (866) 757-8286 |
| • Humana Healthy Horizons of SC       | (866) 432-0001 |
| • Molina Healthcare of South Carolina | (855) 237-6178 |

# MCO Enrollment and Billing Processes

## Single Point of Contact

MCO	Name	Email	Phone
Absolute Total Care	Jennifer Helms	<a href="mailto:jennifer.b.helms@centene.com">jennifer.b.helms@centene.com</a>	803-206-2800
Healthy Blue	Tammy Betts	<a href="mailto:Tammy.Betts@bcbssc.com">Tammy.Betts@bcbssc.com</a>	803-264-9667
Select Health	Nancy Carey	<a href="mailto:ncarey@selecthealthofsc.com">ncarey@selecthealthofsc.com</a>	843-300-5857
	Jill Dunnigan	<a href="mailto:jdunnigan@selecthealthofsc.com">jdunnigan@selecthealthofsc.com</a>	843-607-5649
Molina	Tyler Stalvey	<a href="mailto:tyler.stalvey@molinahealthcare.com">tyler.stalvey@molinahealthcare.com</a> <a href="mailto:scgovtcontracts@molinahealthcare.com">scgovtcontracts@molinahealthcare.com</a>	803-667-8695
Humana	Kryshinda Miles	<a href="mailto:KMiles21@humana.com">KMiles21@humana.com</a>	803-346-6909

