

Medicaid Webinar: Incontinence Supplies and DME

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Jan. 23, 2026

Meeting Objectives

- Members Added to Managed Care
- Review of Services
- Update on Claims
 - Nutritional Supplements
- Continuity of Care Period
 - Existing Authorizations
 - New Authorizations
- MCO Enrollment and Billing Processes
- MCO Points of Contact

Members Added to Managed Care

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:

- 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 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.
- Providers can find additional guidance about any changes to claims submission, payment and authorization at www.scdhhs.gov/carvein

Members Added to Managed Care

- Service providers can check eligibility and status of enrollment in managed care through the South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool)
- [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 HorizonsSM
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 BlueSM
BlueChoiceSM HealthPlan of SC

Healthy Connections

MEMBER
SUBSCRIBER NAME
MEMBER ID
ZCD123456789

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

RxBIN 025771
RxPCN FMCAID
RxGROUP RX42AS

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

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

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

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.

B99

MCO Sample Member ID Cards

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

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

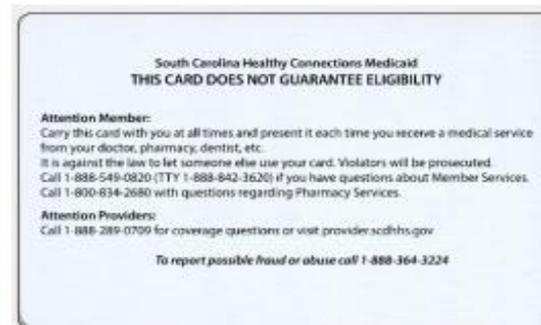


State Medicaid ID Card:

Front



Back



MCO Sample Member ID Cards

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

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

NaviNet:
navinet.navimedix.com

Healthy Connections:
portal.scmcaid.com

Review of Services

- 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 HIV/AIDS waiver, Vent waiver, or Community Choices waiver should be submitted to the MCO in which the member is now enrolled.



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)



Services Authorized Through FFS Delivery Model

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	✓	✓	✓

Review of Services

- Claims for Incontinence Supplies 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)

Update on Claims

- Claims submitted through Phoenix for waiver services (nutritional supplements, hand-held shower, specialized equipment/supplies) are being reviewed and re-exported
- Claims for incontinence supplies will be reimbursed by the MCOs for dates of service on/after Jan. 1, 2026

Continuity of Care Period

- The MCOs are responsible for a 90-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.

MCO Enrollment and Billing Processes

Single Point of Contact

MCO	Name	Email	Phone
Absolute Total Care	Jennifer Helms	jennifer.b.helms@centene.com	803-206-2800
	Donald Pifer	dpifer@centene.com	803-201-3355
Healthy Blue	Tammy Betts	Tammy.Betts@bcbssc.com	803-264-9667
Select Health	Nancy Carey	ncarey@selecthealthofsc.com	843-300-5857
	Jill Dunnigan	jdunnigan@selecthealthofsc.com	843-607-5649
Molina	Tyler Stalvey	tyler.stalvey@molinahealthcare.com scgovtcontracts@molinahealthcare.com	803-667-8695
Humana	Kryshinda Miles	KMiles21@humana.com	803-346-6909

MCO Points of Contact

Points of contact and information on prior authorization and enrollment/credentialing for each South Carolina MCO is available on [South Carolina MCO is available on SCDHHS' website](#) and below.

MCO Prior Authorization and Provider Help Line

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

