

## Incontinence Supplies Guidance



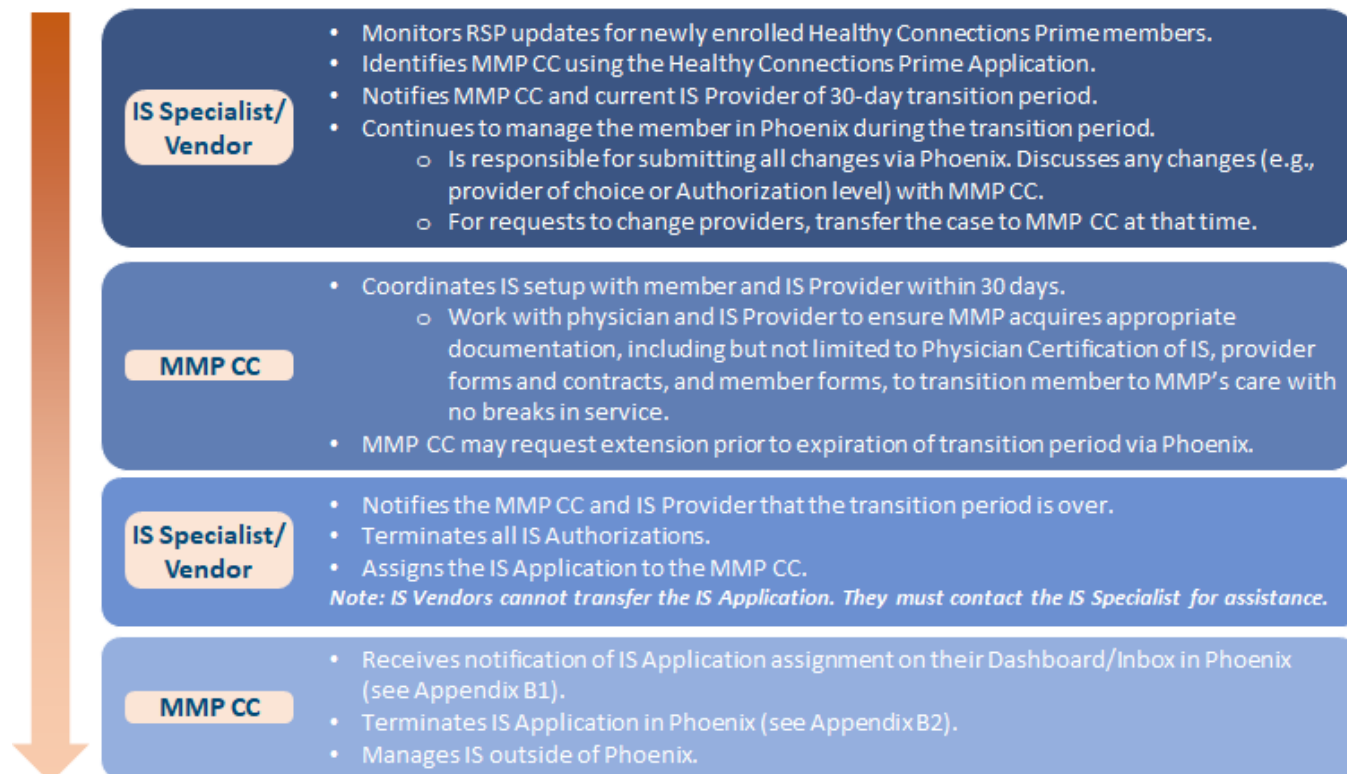
The purpose of this guidance is to provide the Medicare-Medicaid Plans (MMPs) as well as Community Long Term Living clarifying guidance to manage incontinence supplies (IS). This guidance pertains to all Healthy Connections Prime members receiving IS or with an Application submitted for IS. All IS will be managed outside of the Phoenix system, except for the thirty (30) day transition period for existing non-waiver members and current waiver members under the six-month [continuity of care](#) provision.

Note: The Appendix contains tips on how to view an IS Application, terminate an IS Application, search for members with IS Applications assigned to a Waiver Case Manager, send a 30-day notice to Waiver Case Managers, view closed IS Authorizations. The Appendix also contains sample notices for MMPs to send to WCMs and IS Providers.

### New Healthy Connections Prime Members (Non-Waiver) With Existing IS Application

There is a 30 day transition period during which members will maintain, at minimum, the same providers and Authorization levels. The following are the steps to manage and transfer the Healthy Connections Prime **Non-Waiver member's existing IS Application** to the MMP Care Coordinator (MMP CC). All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix.

#### Existing Application (Non-Waiver Member)



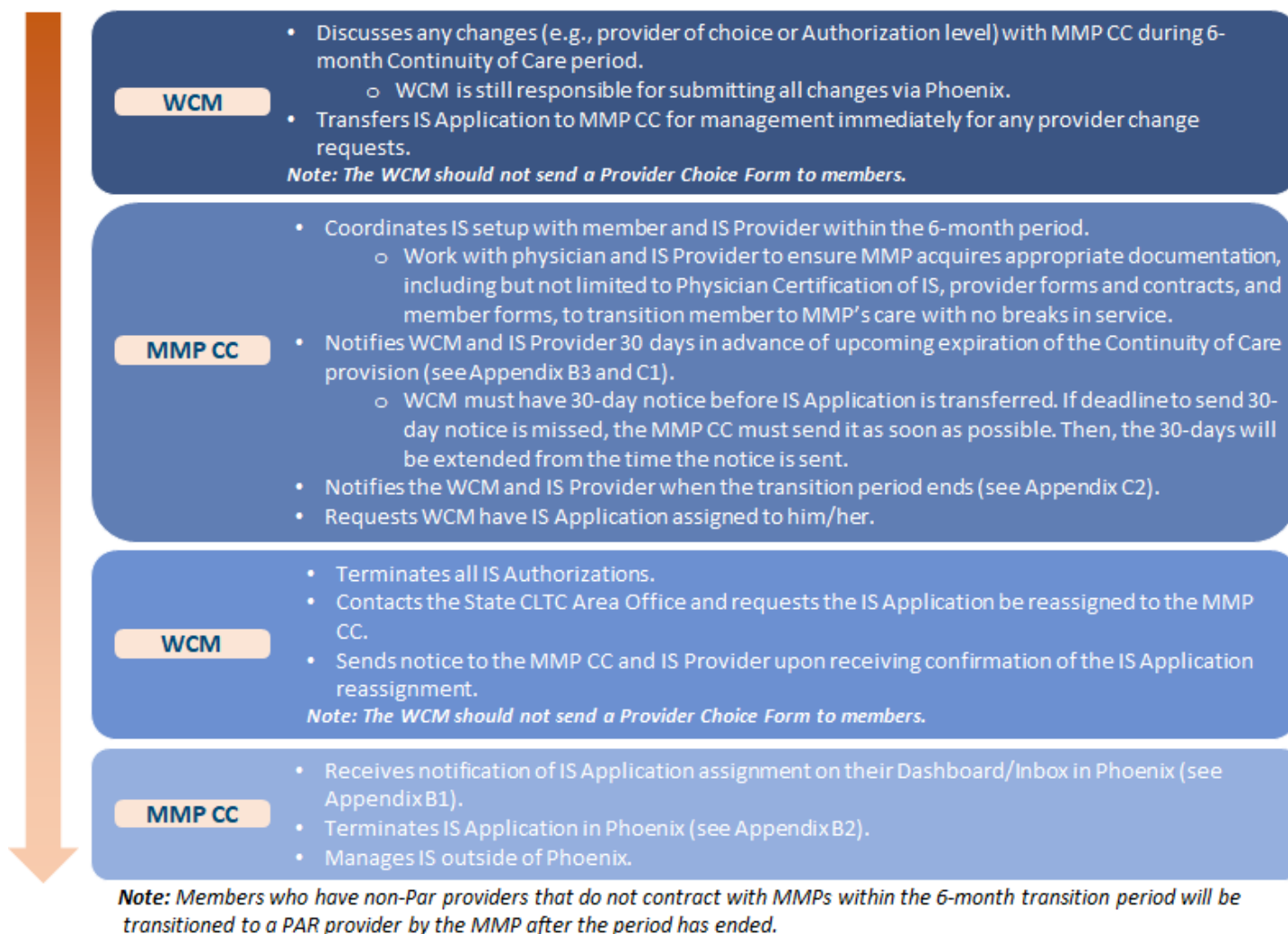
**Note:** Members who have non-PAR providers that do not contract with MMPs within the 30-day transition period will be transitioned to a PAR provider by the MMP after the period has ended.

## New Healthy Connections Prime Members (CLTC Waiver) With Existing IS Application

New Healthy Connections Prime members who are on a CLTC waiver and are currently receiving IS will continue to be managed by the Waiver Case Manager (WCM) in Phoenix for the six (6) month Continuity of Care period. During this period members will maintain, at minimum, the same providers and Authorization levels managed by the WCM. This will include the Authorization of supplies for members.

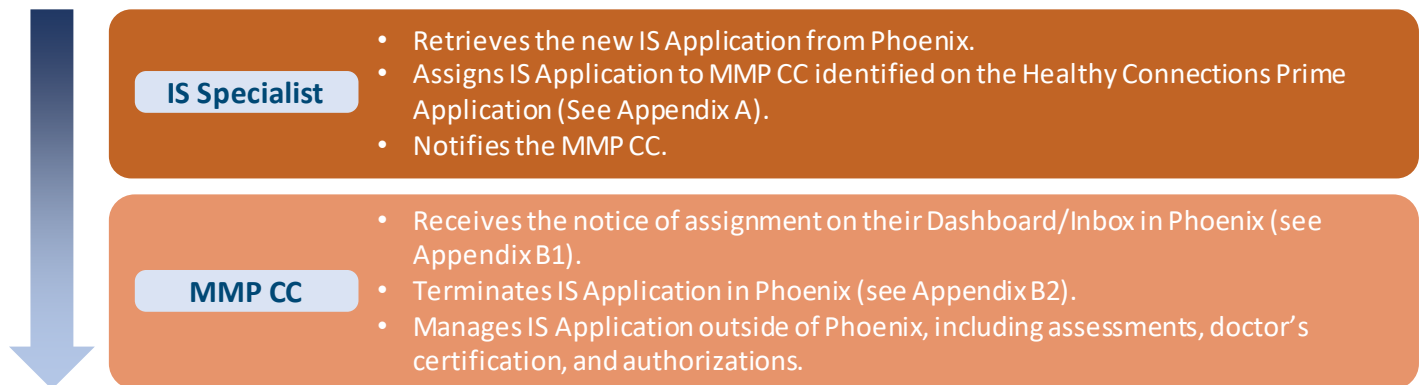
The following are the steps to manage and transfer the Healthy Connections Prime **Waiver member's existing IS Application** to the MMP CC. All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix.

### Existing Application (Waiver Member)



**Existing Healthy Connections Prime Members (Non-Waiver) With New IS Referrals**

The following are the steps to be taken to manage and transfer the Healthy Connections Prime member's **new IS Application** to the MMP CC. All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix. (Please see Appendix A for a more detailed process map.)

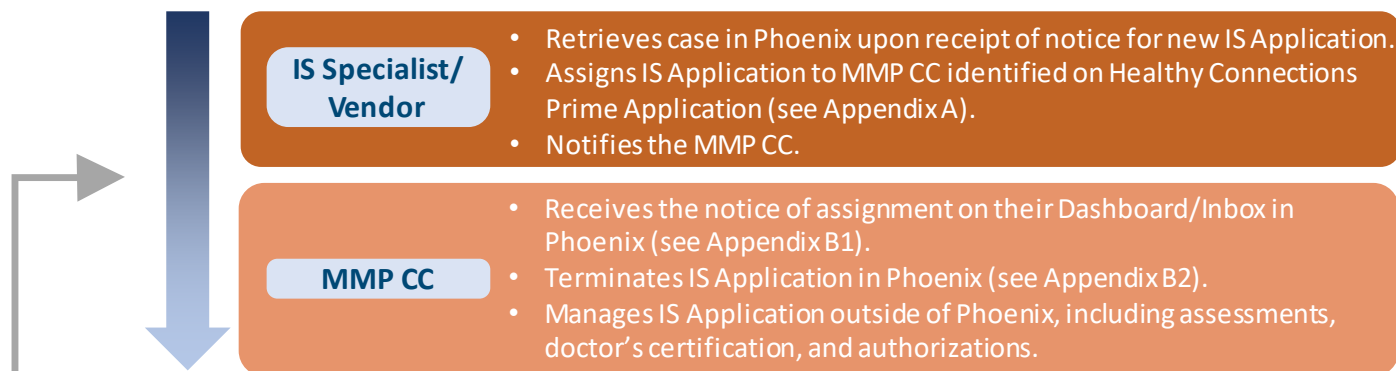
**New Referral (Non-Waiver Member)****Existing Healthy Connections Prime Members (CLTC Waiver) With New IS Referral**

**New IS referrals** for existing Healthy Connections Prime members who are on a **CLTC waiver** can be received from two sources – via Phoenix and via direct referral (e.g., from the member or caregivers). The following steps will be taken to notify the MMP of the new referral. All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix. (Please see Appendix A for a more detailed process map.)

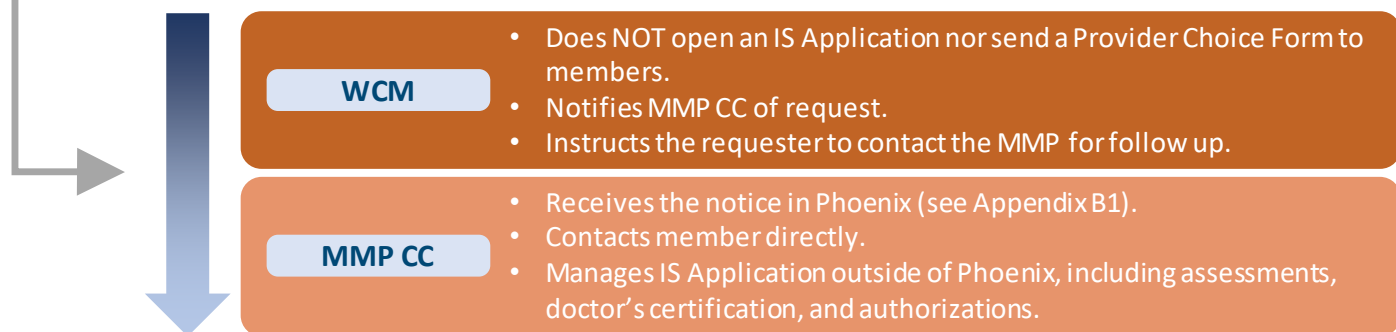
Note: Any member receiving IS from the MMP that becomes a waiver member will continue to have his or her supplies managed by the MMP CC outside of Phoenix.

## New Referral (Waiver Member)

## Referrals Received Via Phoenix



## Referrals Received Via Direct Request



## Provider Data/Terminated Authorizations/Certification of Incontinence Form/Unassigned Applications

MMPs can obtain provider data, view terminated Authorizations (see Appendix B4), and view documentation of receipt of certification forms in Phoenix. The password required to view forms is the member's CLTC number. MMP CCs can access provider details in two ways:

- Review the "Narrative" section, which has the recorded data entered by the IS Specialist/Vendor or WCM, or by accessing "All Authorizations" under the "Waiver Supports" tab.
- View terminated Authorization details for volume and frequency of supplies under the "All Authorizations" tab.

The Physician Certification of Incontinence form is located under the "Forms" tab. However, the documentation provided is an acknowledgment receipt that the physician form has been received by the provider. The acknowledgement receipt will not contain the specific details of the certification. The original Physician Certification of Incontinence form is kept on file by the provider and **cannot** be viewed in Phoenix by the MMPs.

To search for IS Applications not assigned to an MMP CC, go to the "My Waivered Participants" tab and enter "Incontinence" in the search box to narrow your search (see Appendix B5).

## Narrative Documentation

Although MMP CCs are only required to use the Narrative or Conversation tool to document all communications, it is beneficial if all key steps and issues are documented using this tool when initial management has begun outside of Phoenix. This will allow SCDHHS and anyone with access to Phoenix the ability to answer a member's question on the status of supplies, regardless of whether the member is a waiver or non-waiver participant. Ongoing documentation is not likely to be needed after the member has begun receiving supplies regularly.

## Continuity of Care Provision

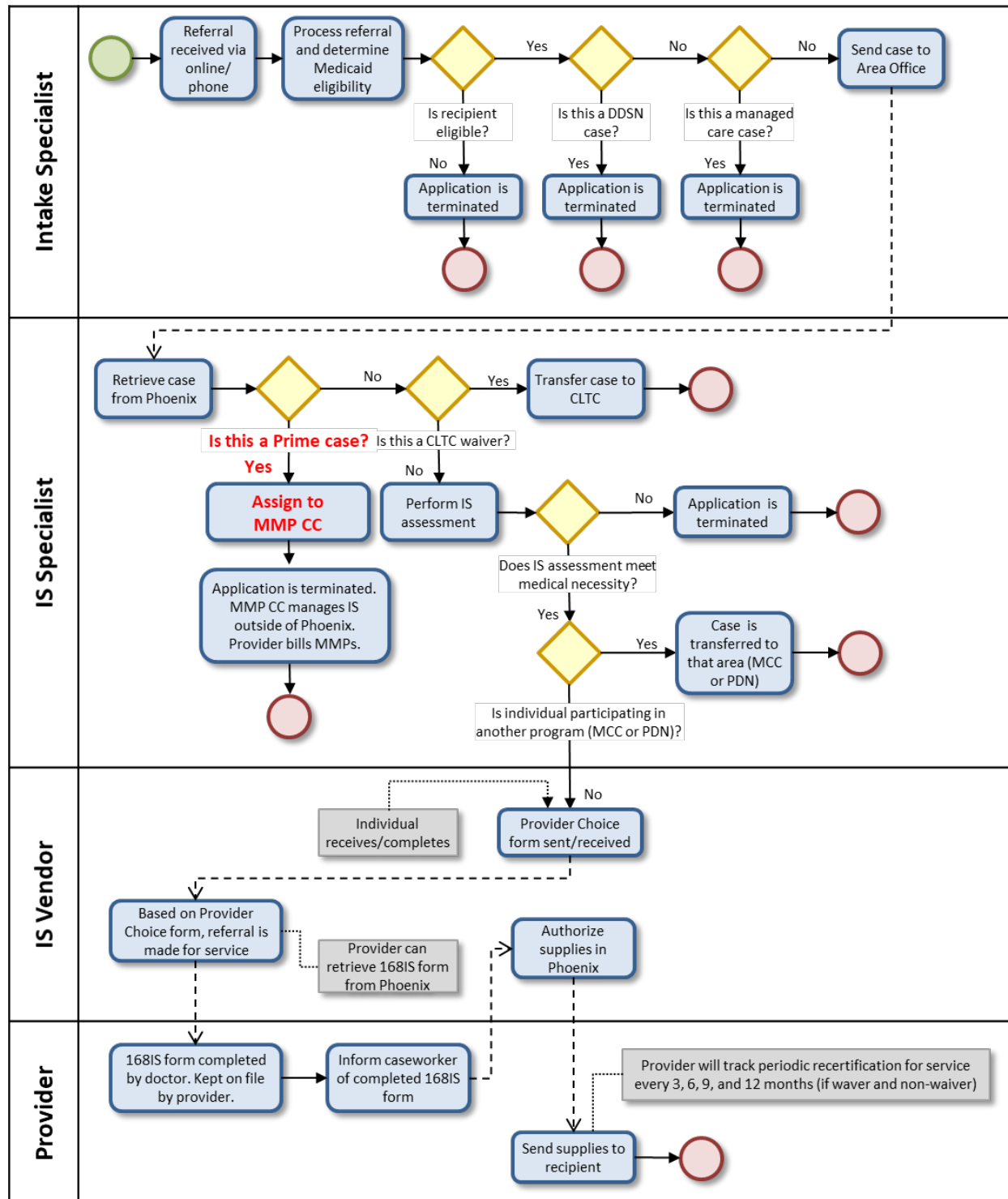
### MMPs will:

- Allow all members receiving any services at the time of enrollment to maintain their current providers for six months, including those who are not part of the MMP's network.
- Maintain their current service levels during the transition period.
- Provide all current prescription drugs. When appropriate, a transition process for members who are prescribed Part D drugs that are not on their plan's formulary will be provided.
- Maintain current service Authorization levels for all direct care waiver services (including, but not limited to, personal care, waiver nursing, adult day health and home delivered meals) unless a significant change has occurred and is documented during the long-term care assessment and/or reassessment.

The full brochure describing how the Continuity of Care Provision affects out-of-network providers and services for members enrolled with Healthy Connections Prime can be found at the "Continuity of Care" link on our website's [Provider Toolkit tab](#).

# Appendix A

## Incontinence Supply Management Process Map



## Appendix B

### Incontinence Supply Assignment: Phoenix Tips and Usage

#### B1. To View an IS Application Assigned to You

1. Go to the Notifications tab.
2. Type in "Assign" in the search box to narrow your search.

Dashboard for Tawanna Nicholas

Participants My Waivered Participants **Notifications** Prior Auth. Approvals Prime CICOs

Notifications

Search: assign

← First ← Previous 1 2

NOTIFICATION

Application for (987299) LOUIS W. ARMSTRONG has been assigned to you

Application for (3567891) WILLIAM J. BASSIE has been assigned to you

*Note: There are no application program type details. You will see Healthy Connections Prime Applications as well as IS Applications.*

***(Notifications are available for 14 days only.)***

#### B2. To Terminate an IS Application

1. Select the **Incontinence Supply Application**
2. Select **Status Changes**
3. Select **Change Application Status**
4. Select **"Enrolled in another program"** from the drop-down menu for Reason
5. Enter Effective date
6. Select **Change application status**



### B3. To Send a 30-Day Notice to Waiver Case Managers via the Conversation Tool

1. Select the **Narratives** tab
2. Select **Conversations**
3. Select the **New Conversation** button
4. Select a Case Management Option from the **Service** Drop down
5. Select **Add Party**. Note: It will be beneficial to also include the IS provider on these communications so they are aware of the change. Providers are located at the very bottom of the drop box, in the **Providers** section.
6. Type your Subject and Message and click Send.



## B4. To View Closed (Terminated) IS Authorizations

1. Select the **Waiver Supports** tab
2. Select **All Authorizations**
3. Select **View** next to the Authorization desired

The screenshot shows the 'Waiver Supports' interface. The 'All Authorizations' tab is selected, showing a list of authorizations. The 'Med Pads (Chux)' authorization is highlighted, and the 'View' link is clicked. The detailed view shows the authorization details, including the client name, area, provider, and status (Terminated).

| SERVICE                       | TOTAL UNITS | START DATE | END DATE   | PROVIDER   | STATUS                          | ACTIONS              |
|-------------------------------|-------------|------------|------------|--|---------------------------------|----------------------|
| Med Pads (Chux)               | 1.0         | 01/17/2017 | 01/17/2017 | (EN0985) Bryant Pharmacy And Supply ((864) 224-0711) | Terminated                      | <a href="#">View</a> |
| Adult Diapers - Small         | 1.0         | 07/31/2016 |            | (EN2061) Home Delivery Medical ((864) 269-0283)      | Awaiting CM Action              | <a href="#">View</a> |
| Adult Wipes                   | 1.0         | 07/31/2016 |            | (DE9999) Developer Day Care ((803) 444-4444)         | Awaiting CM Action              | <a href="#">View</a> |
| Case Management Visit (CMV)   | 24.0        | 10/19/2015 |            | (EX0230) Best Case Mangement Agency ((800) 937-9716) | Active with Provider Acceptance | <a href="#">View</a> |
| Case Management Contact (CMC) | 24.0        | 10/19/2015 |            | (EX0230) Best Case Mangement Agency ((800) 937-9716) | Active with Provider Acceptance | <a href="#">View</a> |

**Authorization Details:**

- Client: (9628131) Louis W Armstrong
- Area: Columbia
- Provider: (EN0985) Bryant Pharmacy And Supply
- Service: Med Pads (Chux)
- Status: Terminated
- Termination Reason: Test
- 1.0 Med Pads (Chux) / month

**Schedule:**

- Start Date: 01/17/17
- End Date: 01/17/17

**Details:**

- Pay To Provider: (864) 224-0711
- Check Memo: A0554
- Procedure Code: A0554

**Sub Service Questions:**

**Notes:**

## B5. To Search for Members with IS Applications Assigned to a WCM, But Not to a MMP CC

1. Go to the **My Waivered Participants** tab
2. Type "Incontinence" into the search feature

The screenshot shows the 'Dashboard for Tawanna Nichols' interface. The 'My Waivered Participants' tab is selected. A search for 'incontinence' is performed, resulting in a list of participants.

| AREA-CLTC #                         | NAME                                     | MED. ELIG.                     | MED. RSP                             | PROGRAM                       | CASE MANAGER    | ACTIVITY DUE/ DUE DATE | DATE DONE | NEXT QV DUE | NEXT RE DUE |
|-------------------------------------|--|--------------------------------|--------------------------------------|-------------------------------|-----------------|------------------------|-----------|-------------|-------------|
| <a href="#">Spartanburg 0123451</a> | <a href="#">LOUIS W. ARMSTRONG</a>       | Eligible since 09/01/2019 (15) | CLTC: 04/01/2019<br>MCPR: 10/01/2019 | Incontinence Supplies - Part. | Monique Morphis |                        |           |             |             |
| <a href="#">Sumter 0322541</a>      | <a href="#">WILLIAM "COUNT" J BASSIE</a> | Eligible since 10/01/2019 (10) | CLTC: 04/04/2019                     | Incontinence Supplies - Part. | Salena Kyle     |                        |           |             |             |

[New CLTC Referral](#)

## Appendix C

### Incontinence Supply Template Notices from MMP to WCM and IS Providers

#### C1. 30 Day Notices

##### Par Provider, 30 Day Notice

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name]. This individual joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. As required by Healthy Connections Prime's Incontinence Supply Guidance (which can be found in [the Provider Toolkit](#) on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime), I am providing 30 days' advance notice that [Member Name] is nearing the end of the six month continuity of care period for her/his incontinence supplies (IS). At the end of that six month period, the application and all authorizations will be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: Please terminate the IS authorizations in Phoenix 30 days from today's date, effective [mm/dd/yy]. Additionally please contact the CLTC Area Office to have the application transferred to my name, effective [mm/dd/yy].

[IS Provider]: Please bill us directly beginning [mm/dd/yy].

A follow up notice will be sent once the six month continuity of care period is officially over. Thank you, and I appreciate your assistance.

[Care Coordinator Name]  
[Plan Name] Care Coordinator  
[Phone]

##### Non-Par Provider, 30 Day Notice

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name]. This individual joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. As required by Healthy Connections Prime's Incontinence Supply Guidance (which can be found in [the Provider Toolkit](#) on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime), I am providing 30 days' advance notice that [Member Name] is nearing the end of the six month continuity of care period for her/his incontinence supplies (IS). At the end of that six month period, the application and all authorizations will be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: Please terminate the IS authorizations in Phoenix 30 days from today's date, effective [mm/dd/yy]. Additionally please contact the CLTC Area Office to have the application transferred to my name, effective [mm/dd/yy].

[IS Provider]: As you are a Non-PAR provider, we will transition the member to a PAR provider beginning [mm/dd/yy].

A follow up notice will be sent once the six month continuity of care period is officially over. Thank you, and I appreciate your assistance.

[Care Coordinator Name]  
[Plan Name] Care Coordinator  
[Phone]

## C2. Final Notices

### Par Provider, Final Notice

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name] and am writing to follow up on my previous communication regarding the incontinence supplies (IS) authorization for [Member Name]. As a reminder, [Member Name] joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. The six month continuity of care period ends starting [mm/dd/yy], the application and all authorizations must be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: If you haven't done so already, please terminate the IS authorizations in Phoenix, effective [mm/dd/yy]. Additionally contact the CLTC Area Office to have the application transferred to my name effective [mm/dd/yy].

[IS Provider]: Please bill us directly beginning [mm/dd/yy] and direct any questions or concerns directly to [Plan Name].

You can find more information in Healthy Connections Prime's Incontinence Supply Guidance (which can be found in [the Provider Toolkit](#) on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime). Thank you, and I appreciate your assistance.

[Care Coordinator Name]  
[Plan Name] Care Coordinator  
[Phone]

### Non-Par Provider, Final Notice

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name] and am writing to follow up on my previous communication regarding the incontinence supplies (IS) authorization for [Member Name]. As a reminder, [Member Name] joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. The six month continuity of care period ends starting [mm/dd/yy], the application and all authorizations must be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: If you haven't done so already, please terminate the IS authorizations in Phoenix, effective [date mm/dd/yy]. Additionally contact the CLTC Area Office to have the application transferred to my name effective [mm/dd/yy].

[IS Provider]: As you are a Non-PAR provider, we will transition the member to a PAR provider beginning [mm/dd/yy].

You can find more information in Healthy Connections Prime's Incontinence Supply Guidance (which can be found in [the Provider Toolkit](#) on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime). Thank you, and I appreciate your assistance.

[Care Coordinator Name]

[Plan Name] Care Coordinator

[Phone]