



Memo Date:	April 6, 2018
Memo Topic:	Nursing Facility Claims Processing
To:	Nursing Facility Providers
From:	South Carolina Department of Health and Human Services

Background Information

The South Carolina Department of Health and Human Services (SCDHHS) claims system has not applied the appropriate edit for Healthy Connections Prime members under a Medicaid long-term care (LTC) nursing facility stay. As a result, these claims are being paid by SCDHHS with a subsequent recoupment from the Medicare-Medicaid Plans (MMPs). SCDHHS has completed a reconciliation of all claims paid through December 2017 and has forwarded this data to each MMP. SCDHHS will perform one additional reconciliation after the edit described below is activated.

In order to eliminate the need for future recoupments, all LTC nursing facility stay claims for members enrolled in Healthy Connections Prime submitted to SCDHHS on or after April 15, 2018 will be denied with Edit Code 989, indicating the claim should be submitted to the appropriate MMP. This change will impact Healthy Connections Prime members that have not been determined financially eligible for a Medicaid LTC nursing facility stay.

SCDHHS will send each MMP a file that contains the nursing facility payment category information and patient liability details for all members with an approved Medicaid LTC stay. The information provided by SCDHHS will be used to verify dates of service for claim submissions. Claims for Healthy Connections Prime members in a Medicaid LTC nursing facility stay that are not enrolled in a nursing facility payment category (10, 33 or 54) on the billed date of service, as indicated on the file from SCDHHS, will be denied by the MMP.

Claims Processing

Claims processing for Medicaid LTC nursing facility stays by an MMP must be modified to align with the Healthy Connections Medicaid fee-for-service methodology. All Medicaid LTC claims for Healthy Connections Prime members must be submitted to the MMP in which the member is enrolled. Providers should verify Medicaid eligibility and Healthy Connections Prime enrollment at the beginning of each month utilizing the SCDHHS WebTool or other eligibility verification software.

Upon claim submission, MMPs will verify claims are payable based on information provided by SCDHHS. This information will include the nursing facility payment category (10, 33 or 54), the date(s) of eligibility in that

payment category and the patient liability amount. Claims that do not meet the payment category and date parameters will be denied by the MMP.

If the MMP denies the dates of service, and the provider has a completed and signed SCDHHS Form 181 that indicates Medicaid LTC eligibility for the billed dates of service, the provider must resubmit the applicable dates of service and supporting Form 181 to the MMP for review. The MMP will research and send Form 181 to SCDHHS for review and consideration. Should this review result in an approval for the Medicaid LTC stay, SCDHHS will notify the MMP, who will work with the provider to reconcile payment for any additional approved and billed dates of service.

Providers are reminded that patient liability must be collected from members enrolled in Healthy Connections Prime as determined by SCDHHS. MMP claim payments will be the claim amount less the patient liability amount for which the member is responsible.

Nursing Facility Providers Participating in the Phoenix Nursing Facility Pilot: Providers may not use Phoenix to submit claims for Healthy Connections Prime members. These claims must be submitted to the MMP directly. Information captured by Phoenix for census data will continue as outlined in the Phoenix pilot. However, if providers attempt to submit claims through Phoenix for Healthy Connections Prime members, Edit Code 989 will prevent these claims from processing through MMIS.

[Healthy Connections Prime FAQs for Nursing Facilities | Link](#)

Contact Information

For questions or additional guidance, please contact:

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