Medicaid Member Handbook

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections MEDICAID

Better Care. Better Value. Better Health.

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Don’t lose your Medicaid coverage

Most Medicaid members must renew their coverage every year. South Carolina Healthy Connections Medicaid will mail you a review form at least 30 days before your benefits are scheduled to end. When you receive this review form, you must fill it out and return it. If you do not, your Healthy Connections Medicaid benefits will stop. You can also do your review form online at apply.scdhhs.gov.

Remember: Renew each year. You do not need to reapply.

** The benefits and services listed in this booklet are subject to change.*

Need help, have questions or need to update your contact info?

Call the Healthy Connections Member Contact Center at 1-888-549-0820 (toll-free). It is open 8 a.m. to 6 p.m. Monday through Friday. It is closed some holidays.

Let us know of any changes

It's important to let us know if you move to a new address. This way we can update our files and stay in touch with you. If you have moved, you can change your address and phone number online at apply.scdhhs.gov. You can also update your contact info by calling our Member Contact Center at 1-888-549-0820 or by visiting your local eligibility office.

It is also important that you let us know of any other change that affects your household. This includes pregnancy, new baby, child who turns 18, marriage or divorce.

Si usted desea este folleto en español, llamé 1-888-549-0820 (numero gratuito) por favor.

Need to call or visit your county's Medicaid eligibility office?

Please visit our website at scdhhs.gov/site-page/where-go-help for complete contact information for all of our county eligibility offices. You can also call the Member Contact Center at 1-888-549-0820 for the addresses and phone numbers for all of the county offices.

What is Healthy Connections Medicaid?

The South Carolina Department of Health and Human Services is the agency that

manages Medicaid for the state. Healthy Connections is the name of South Carolina's Medicaid program. Medicaid is a publicly funded health care program that pays for the medical needs of some low-income, aged and/or disabled individuals.

Medicaid is managed by the state. But it is funded by both the state and federal governments. The federal government makes states cover certain groups of people and follow federal laws and policies. States may also cover extra groups of people and set some of their own rules and regulations. So, Medicaid eligibility, benefits and services are unique from state to state.

Medicaid is NOT Medicare

Medicaid and Medicare are not the same thing. They are two different programs. Medicare is health insurance for some disabled or elderly people age 65 and older. It is funded and managed entirely by the federal government.

To find out if you qualify for Medicare, please call the Social Security Administration. The number is 1-800-772-1213 (toll-free).

It is possible for people to have both Medicaid and Medicare. In some cases, Medicaid can even be used to pay your Medicare Part B premium. If you have questions about Medicaid, please call us. The number is 1-888-549-0820.

Your Healthy Connections ID card

The packet that held this booklet also included your Healthy Connections Medicaid card(s). You should receive one for every

person in your household who was approved for Medicaid.

You will also receive an ID card from your health plan if you enroll in a managed care organization (MCO). This will be mailed to you after you enroll with the MCO.

Take your ID card(s) with you each time you go to the doctor, clinic or drugstore. Make sure to show it to each healthcare provider you visit. The doctor, hospital, dentist, drugstore or other provider who accepts your card will use it to confirm you are enrolled in Medicaid. They will bill Medicaid for the services they provided to you.

Tips for safekeeping your ID card

- Never let anyone else use your card(s).
- Don't let health care providers keep your card(s); they should only make a copy of the card and return it to you.
- Carry your card(s) with you at all times, not just when you go to your medical appointments or go to get your medications.
- Keep your card even if you are no longer eligible for Medicaid. Do not throw your card(s) away; if you become eligible again, you will use the same card.

If you lose your ID card

If you lose your Healthy Connections Medicaid ID card, call the Member Contact Center at 1-888-549-0820. If you lose your MCO card, contact the MCO's member services to request a new card. The contact information for each MCO is in the back of this booklet.

How Medicaid works

People who have Medicaid qualify for the program in one or more different eligibility categories. The Medicaid category or categories that you are in will set:

- The level of benefits and services you are eligible to receive; and
- Whether you need to choose an MCO to help manage your health care.

When you were approved for Medicaid, we mailed a notice telling you which Medicaid category or categories you qualified for. You were also informed whether you need to pick an MCO or not. For example:

- If your Medicaid approval letter said you need to pick a health plan, you will soon receive an enrollment packet from South Carolina Healthy Connections Choices.
- If your Medicaid approval letter stated that you have the option of choosing an MCO plan, you will receive an outreach packet.

The enrollment and outreach packets both contain a letter, a health plan comparison chart for the county you live in, information on how to choose an MCO plan and a return envelope. Open it, read it and respond to it as soon as possible.

If you are required to pick an MCO plan, you must enroll in one, or one will be automatically chosen for you.

Medicaid managed care organizations

An MCO is a health insurance company that offers a network of providers such as doctors and hospitals you can visit to receive health care. You can select which MCO plan you would like to join.

An MCO plan can offer more benefits such as unlimited office visits, 24-hour nurse advice lines, care coordination services and health management programs for diseases such as diabetes and asthma. Most people enrolled in an MCO receive all of their Medicaid services from providers within that plan's network. Some MCO plans also offer programs that help you to manage your health care during pregnancy.

Most Medicaid members have to choose an MCO to help manage their health care.

Other types of Medicaid coverage

Some Medicaid-eligible members are not eligible for managed care participation and must enroll in fee-for-service Medicaid. Fee-for-service Medicaid is also sometimes called "regular Medicaid."

Choosing a managed care organization

All of the MCOs offer the same basic services, but each of them may offer extra services. You may want to choose a particular MCO because your doctor, clinic, hospital and other providers accept that MCO or because of the additional services offered by a particular plan.

Ask your doctor what MCO they work with, and choose the one that fits your needs. If you are not required to choose an MCO, you may find one that meets your needs better than fee-for-service Medicaid. It's your choice!

If you want to keep seeing your doctor, ask your doctor which MCO would be best for you and your family. You can choose a

different MCO plan for each member of your family to meet his or her individual needs.

An enrollment counselor can help you make these decisions. Call Healthy Connections Choices toll-free at 1-877-552-4642 (TTY: 1-877-552-4670) between 8 a.m. and 6 p.m. Monday through Friday, except holidays. Interpreter services are available. All calls are free and private.

Choosing and using a doctor

When you join a health plan, you will choose a primary care physician to be your regular doctor. You should make an appointment to see this doctor as soon as possible.

You and your doctor will work together to keep you healthy, so do not be afraid to ask questions. This doctor will get to know your health care history and can help you make the best choices about your care.

Ask how often you and your children need check-ups and shots. Tell your doctor about any health problems or special needs. Follow your doctor's instructions. Let your doctor know if you cannot follow the instructions or if you do not understand what he/she says.

If you need to see a specialist, your primary care doctor will refer you to that specialist. Specialists usually require the patient to have a referral from their primary care doctor. It is important to keep a primary care doctor.

If you do not understand your illness or what you should do to get better, ask the doctor to explain.

Make sure you can read the name of any medication the doctor prescribes for you

and that you understand how often to take the medicine. Be sure to ask your doctor questions if you do not know why you need a medication.

When to call your primary care doctor

- When you or your children are sick or hurt
- When you or your children need a check-up
- When you or your children need prescription drug refills
- When you or your children need a referral to another doctor
- When you or your children need to ask a question about health care

Making an appointment

When you need to see your primary care doctor, call to make an appointment. If you walk into the doctor's office without an appointment, you might not be able to see the doctor.

Attending an appointment

Try to get to the doctor's office a few minutes early in case there are papers to be filled out. Be sure to take your Healthy Connections Medicaid ID card, your MCO health plan card and cards from any other insurance companies that cover you.

If you don't have a car or other way to get to your appointment, Medicaid offers free non-emergency transportation services to its members. Please see page 17 for more information about this helpful benefit.

Rescheduling an appointment

Once you make an appointment with a doctor, dentist or other medical provider, it is important that you go to that appointment. If you cannot keep the appointment, call the

office at least 24 hours in advance to cancel or reschedule the appointment.

If you don't have a primary care doctor

Community health centers can offer you health care if you do not have a regular doctor. Please call the nearest health center in your area to set up a visit. You can get a list of health centers in your area and their telephone numbers by calling 1-888-549-0820.

Go to the emergency room only for serious medical emergencies

You should use the emergency room only if you have a serious medical emergency. Otherwise, call your doctor's office to schedule an appointment as soon as possible.

Make sure you know your doctor's 24-hour telephone number in case you need to call after office hours. Talking to your doctor will help you to better understand whether you need emergency services.

If you need immediate care, however, call 911 or go to the emergency room.

Your covered benefits and services

Healthy Connections Medicaid covers certain medically necessary services. Some of the services you can get are listed below. These services are covered no matter which type of Medicaid coverage or MCO you choose. Contact your MCO to ask about any extra services in their plan.

- Alcohol and drug abuse services
- Ambulance
- Audiology
- Autism spectrum disorder services

- Behavioral health services
- Dental
- Doctor office visits
- Family planning
- Home and community-based long-term care services
- Home health
- Hospital inpatient, outpatient and emergency room
- Intermediate care facility services
- Inpatient psychiatric care
- Lab and x-ray services
- Medical equipment
- Nursing facility coverage
- Occupational and physical therapy
- Prescription medications (Not all drugs are covered. If there is a problem filling your prescription, call 1-800-834-2680.)
- Podiatry
- Speech-language therapy
- Targeted case management
- Transportation to medical appointments
- Vision care
- Well-adult care
- Well-child care – Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- For children, medically necessary care that is not included on the above list may be covered as part of EPSDT

Note: Medicaid payments are made only to providers of medical services. Payment is not made directly to members (you).

Health exams (screenings)

Adults: A physical once every two years is covered.

Children: Well-child visits are covered through age 21. These visits are very important because medical problems may

be found and treated before they become serious. This benefit is called EPSDT.

The EPSDT screening includes a health and growth history, physical exam, nutrition and growth assessment, health education, routine shots, lab tests and vision, dental and hearing screenings.

When is a well-child visit needed?

Children's visits should be scheduled:

- Initial visit within the first week
- At two weeks or one month
- At two months
- At four months
- at six months
- at nine months
- at one year
- at 15 months
- at 18 months
- at two years
- at 30 months
- each year from ages three to 21

Further treatment

If a medical problem is discovered during a well-child visit, Medicaid may cover medically necessary treatment even if the service isn't routinely covered. This does not mean that any service provided to your child is covered.

Your doctor will be required to show that the service is medically necessary to treat an identified medical problem. It is important that you follow the doctor's advice about treatment and take your child for needed tests.

Dental

Adults: Medicaid covers dental care that includes exams, radiographs (x-rays),

extractions, fillings, anesthesia and an annual cleaning. Adult beneficiaries can use up to $1,000 for extractions, fillings and the annual cleaning.

Children: Medicaid covers comprehensive dental care that includes a variety of dental services. Some of the most common services for children are dental exams, cleanings and flouride applications every six months; dental sealants for permanent teeth; fillings, including non-invasive restorative treatment; root canals; and anesthesia. Your child should see a dentist as soon as his or her first tooth comes in or no later than the child's first birthday.

Dental services for children under age 21 are not affected by their enrollment in a managed care health plan.

Members can go to a dentist of their choice that accepts Healthy Connections Medicaid patients.

To find a participating dentist or learn more about what is covered and not covered under the dental benefit, contact DentaQuest at 1-888-307-6552 (toll-free) or www.dentaquest.com.

Note: A dentist can charge you for any dental service that is not covered by Healthy Connections Medicaid, but a dentist cannot charge you a fee to schedule, hold or reserve an appointment.

Vision

Adults: Only medically necessary exams are covered for adults.

Children: Eye exams and glasses are covered for children.

Copayments

A copayment is a fixed amount you pay for a covered health care service, usually paid at the time you receive the service. Some adults may have to pay a small copayment for some Medicaid-covered services.

Most copayments are less than $4, except for inpatient hospital costs, which are $25. Please call 1-888-549-0820 or your MCO plan if you have questions about which services have a copayment.

Medicaid members can only be asked to pay for:

- Copayments
- Services that are not covered
- Services for which you have already reached the allowable limit

Note: You cannot be charged anything more than the allowed copayment.

There are no copayments for vaccines. Evaluation and management services also do not have copays through May 2024.

The following members do not have to make copayments:

- Children under 19 years of age
- Individuals receiving emergency services in the emergency room
- Individuals in a nursing facility or intermediate care facilities for individuals with intellectual Disabilities
- Pregnant women receiving pregnancy-related services
- People receiving family planning services
- Individuals receiving the Medicaid hospice benefit
- Members of a federally-recognized Indian

tribe are exempt from most copayments

Family planning

If you have been approved for family planning, you will not get the other benefits listed in this booklet.

Family planning is a limited-benefit Medicaid program that offers family planning services, including birth control methods and prescriptions, permanent sterilization procedures, lab work, examinations and counseling related to family planning. Additionally, it provides a comprehensive physical examination once every two years and provides certain preventative health screenings.

Pregnancy services

See a doctor as soon as you think you might be pregnant. Medicaid pays for your care while you are pregnant and for 12 months after you deliver. We want your baby to have the very best chance in life, so make sure you see a doctor as early in your pregnancy as possible. The earlier and the better you take care of yourself, the more likely you are to have a healthy baby.

Resources for new and expecting mothers

Women, Infants and Children

Healthy food for a future mother is very important for a healthy baby. The Women, Infants and Children program (WIC) will help you get some of the foods your body needs to be healthy while you are pregnant. WIC can help new mothers by getting special foods for your baby or children up to age

five. Please call your local health department or 1-855-472-3432 (toll-free) for more information.

Care Line

Call 1-855-472-3432 (toll-free) for a free prenatal information booklet from the South Carolina Department of Health and Environmental Control (DHEC) that provides health tips you and your baby can use.

Help for children with special needs

BabyNet

BabyNet is South Carolina's system of in-home services for infants and toddlers birth to 3 years of age who have developmental delays or have conditions associated with developmental delays. If you have concerns about your infant or toddler's ability to think, talk, see, hear, play or move, BabyNet can help you. For more information, visit https://msp.scdhhs.gov./babynet/. If you would like to make a referral, please visit https://BabyNet.scdhhs.gov/PreBabyNet. You can also call 1-866-512-8881.

Medically Complex Children's Waiver

The Medically Complex Children's (MCC) waiver is a special program for children 0 to age 21. The program serves children with a serious medical condition or illness expected to last 12 months or more. A serious condition or illness generally requires intensive monitoring by a medical specialist. For more information about the MCC waiver program, please email medicaidwaiver@scdhhs.gov.

Children's Rehabilitative Services

Children's Rehabilitative Services can give your child needed care for a special illness or handicap through this program run by the South Carolina Department of Health and Environmental Control.

For more information, call the main office of the Children and Youth with Special Health Care Needs program at 1-803-898-0784.

Family Connection of South Carolina

Family Connection of South Carolina helps parents connect with other people who have a child with special needs.

Call 1-800-578-8750 (toll-free) or visit online at familyconnectionsc.org.

Federation of Families

The Federation of Families of South Carolina provides support for families of children with emotional, behavioral or psychiatric disorders through support networks, educational materials, publications and other activities. Call 1-866-779-0402 (toll-free) or visit online at fedfamsc.org.

Transportation assistance

You may qualify for transportation assistance to and from your medical appointment for covered services if you need a ride.

To ask for a ride, call the Healthy Connections transportation broker, ModivCare, between 8 a.m. and 5 p.m. Monday through Friday at least three business days, and up to 30 days, before your medical appointment. At the time of reservation, you will need to provide your Medicaid ID number; the name,

zip code and telephone number of your medical practitioner; date and time of your appointment; general reason for the appointment (doctor's visit, check-up, eye appointment, etc.); and any special needs you may have.

If you need to change or cancel a ride, call at least 24 hours in advance. To schedule or cancel transportation or if you have questions regarding non-emergency transportation services, call the toll-free number for your county listed below.

SC Region 1: 1-866-910-7688

Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda, Spartanburg

SC Region 2: 1-866-445-6860

Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Clarendon, Fairfield, Kershaw, Lancaster, Lee, Lexington, Newberry, Orangeburg, Richland, Sumter, Union, York

SC Region 3: 1-866-445-9954

Beaufort, Berkeley, Charleston, Chesterfield, Colleton, Darlington, Dillon, Dorchester, Florence, Georgetown, Hampton, Horry, Jasper, Marion, Marlboro, Williamsburg

For more information on ModivCare in South Carolina, visit www.MyModivcare.com/members/sc.

What to do...

If you have other insurance

You must tell a Medicaid eligibility worker if you have or get other health insurance. Even

if you have other health insurance, you can still be eligible for Medicaid.

A medical provider must bill all other insurance first and must be willing to accept Healthy Connections Medicaid as your secondary insurance.

Note: You cannot be charged anything more than the services' allowed copayment.

For out-of-state services

If you are in another state and need emergency medical care, be sure to show your ID card(s) to the doctor or hospital. Make sure that the doctor or hospital is willing to accept South Carolina Healthy Connections Medicaid and your health plan.

There is a process for out-of-state hospitals and other providers who will accept your Medicaid coverage to be reimbursed for your health care in such cases.

Your health records (SCHIEx)

Your health and the care you receive are very important to us. We participate in a statewide computer system called the South Carolina Health Information Exchange (SCHIEx).

SCHIEx is a statewide computer system that lets doctors, pharmacists and other health care providers look up your health facts for treatment purposes over a secure website. Your health record contains facts like your name, date of birth and information about medical services and care you have received.

If your medical provider participates in SCHIEx, you will be given the option to opt out of the exchange if you wish. Patient participation in SCHIEx is voluntary.

Because your privacy is very important, only approved users such as doctors and their staff can access SCHIEx. They must have an ID to see information about you. All users will keep your health facts private and must follow all privacy laws.

While we hope you will participate in SCHIEx, it is not required. You may choose to stop at any time. Before deciding to stop, please keep in mind that data in SCHIEx can help you and your doctor make better choices about your care. If you do not want people to see your health facts or if you have questions about SCHIEx, please call the member contact center at 1-888-549-0820. Your physician will give you the option to opt out of the exchange. You may also get more information online at schiex.org.

Your rights and responsibilities

You must report changes

You are required to report any changes that may affect your Medicaid eligibility within 10 days of the change. Visit an eligibility office or call the Member Contact Center at 1-888-549-0820 in any of the following situations:

- You move or change your address
- Your income changes
- Your resources change
- Your living arrangements change
- Someone moves in or out of your home

This would include a child moving out or your spouse going to work. Coverage for children continues for 12 months even if your situation changes.

You can also update your address and phone number online at http://apply.scdhhs.gov.

If you receive Supplemental Security Income (SSI), you must also report these changes to the Social Security Administration.

Penalties for fraud

You could be fined, sent to prison or both if you do any of the following on purpose:

- Give false information when you apply or when your case is being reviewed.
- Fail to report anything that would affect your eligibility for benefits or the eligibility of anyone for whom you applied.
- Give your Healthy Connections Medicaid ID card to another person.

Fair hearing rights

You can ask for an appeal if your Medicaid application has been denied. You can also ask for an appeal if a medical service available through South Carolina Healthy Connections Medicaid has been denied, reduced or no longer available to you. For more info, go to www.scdhhs.gov/appeals. You can also call 1-800-763-9087.

A request for an appeal must be made to the Office of Appeals and Hearings within 30 days from the date on your notice unless otherwise stated.

You must provide a copy of the following info.

- Contact info (name, address, phone number and email)
- A copy of the denial
- Reason(s) why you are appealing

If you don't include these details, it could cause a delay in your appeal.

You can submit an appeal in the ways listed below.

- Online at www.scdhhs.gov/appeals
- By email.
  - » Use EligAppeals@scdhhs.gov for eligibility appeals
  - » Send to Appeals@scdhhs.gov for service and other appeals
- Via fax to 1-803-255-8206
- By mail to SCDHHS, Attn.: Division of Appeals and Hearings, P.O. Box 8206, Columbia, SC 29202-8206
- By telephone at 1-888-549-0820

Assignment of rights

Healthy Connections Medicaid does not pay medical expenses that a third party, such as a private health insurance company or someone who injures you, should pay. You give up your right to any payments from a liable third party to Healthy Connections Medicaid for you or your minor children's medical care. These may include payments from hospital and health insurance policies or payments received as a settlement from an accident or injury. You also must cooperate in identifying and providing information to assist Healthy Connections Medicaid in pursuing third parties who may be liable to pay for care and services.

Civil rights

The Healthy Connections Medicaid program and its providers cannot discriminate against you because of your race, color, sex, age, disability, religion, national origin or your limited ability to speak or understand the English language. If you feel you have been discriminated against, you may file a discrimination complaint by calling 1-888-808-4238 (toll-free) or by emailing the Office

of Civil Rights and Privacy at CivilRights@scdhhs.gov.

Health information rights

Healthy Connections Medicaid provides you a Notice of Privacy Practices (NPP) with your ID card. This notice explains how your personally identifiable information and protected health information can be used or released. To request a copy of the NPP, please call the member contact center at 1-888-549-0820.

Other helpful resources

Medicare

Medicare is health insurance for some disabled or elderly people age 65 and older. To find out if you qualify for Medicare, visit Medicare.gov or call 1-800-633-4227 (toll-free).

Medically Indigent Assistance Program

This is a program that can assist uninsured individuals with the costs of their inpatient hospitalization. Every county has a Medically Indigent Assistance Program (MIAP) representative that your hospital can contact for you. An applicant must meet financial guidelines and apply within one year of the date of their hospitalization. MIAP applications are completed in the hospital.

Welvista

Welvista is a non-profit organization that provides health care services and prescription medications to low-income South Carolinians who do not have insurance, Medicaid, Medicare or veterans' health care benefits.

Physicians and health care providers volunteer to see patients at no charge and pharmaceutical companies donate medications from their product lines to Welvista's central-fill pharmacy.

Welvista manages this network of resources, becoming a single source to help qualified patients get the care they need. So, if you cannot afford to pay for insurance, Welvista may be able to help you find medical care and prescriptions. Welvista can locate a physician or a health care provider if you do not already have a physician. Welvista physicians volunteer to see qualified patients at no charge for one visit per year.

If you have questions or need more information, please call Welvista at 1-800-763-0059 (toll-free).

Managed care organizations

Absolute Total Care
1-866-433-6041 | absolutetotalcare.com

First Choice by Select Health
1-888-276-2020 | selecthealthofsc.com

Healthy Blue by BlueChoice HealthPlan of SC
1-866-781-5094 | healthybluesc.com

Humana Healthy Horizons in South Carolina
1-866-432-0001 | humana.com/healthysouthcarolina

Molina Healthcare
1-855-882-3901 | molinahealthcare.com

Stay in touch with Healthy Connections

Member Contact Center..... 1-888-549-0820
(8 a.m.-6 p.m. Monday-Friday)

Healthy Connections website.....scdhhs.gov

Like us on Facebook.....facebook.com/scmedicaid

Follow us on X ..... twitter.com/scmedicaid

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

أذا كانت لغتك الاساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا اتصل على الرقم: 888-549-0820 رقم هاتف الصم والبكم 1-888-842-3620

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
MEDICAID

The South Carolina Department of Health and Human Services is the state agency that administers Healthy Connections, South Carolina's Medicaid program. Medicaid is a state/federal program that pays for medical and long-term care services for low-income pregnant women, children, individuals with disabilities and nursing home residents.