

## Incontinence Supplies Guidance



The purpose of this guidance is to provide the Medicare-Medicaid Plans (MMPs) as well as Community Long Term Care and Community and Facility Services clarifying guidance to manage incontinence supplies. This guidance pertains to all Healthy Connections Prime members receiving incontinence supplies or with an application submitted for incontinence supplies. All incontinence supplies 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](#).

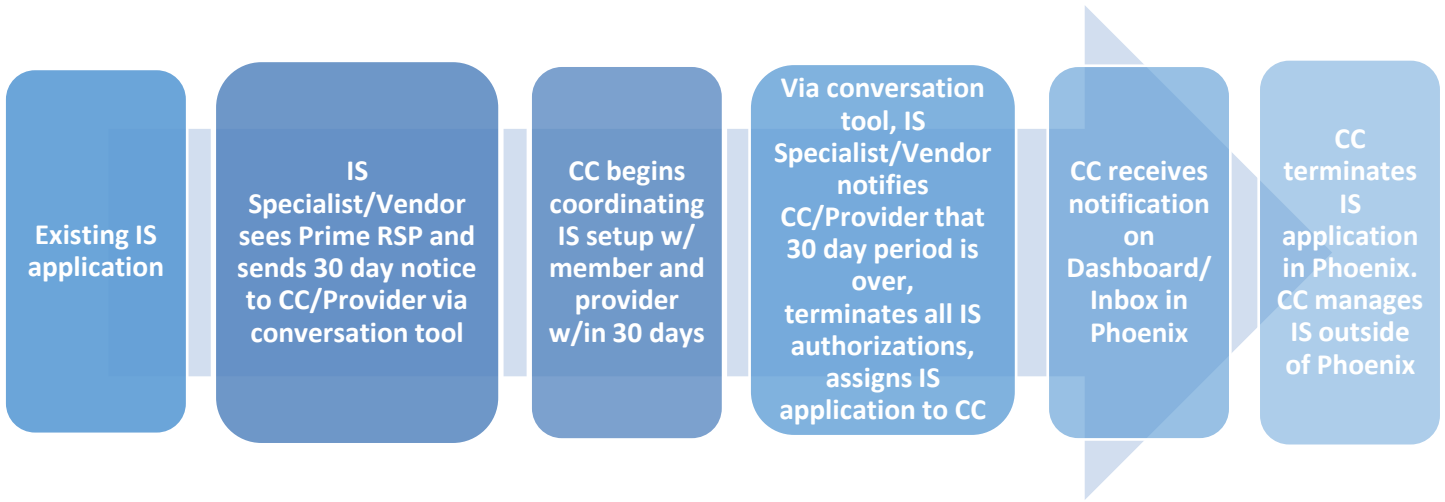
### Non-waiver Incontinence Supply Management for Current Recipients

Current Healthy Connections Prime non-waiver members receiving incontinence supplies will continue to be managed by the Incontinence Supply (IS) Specialist or Incontinence Supply (IS) Vendor contracted with SCDHHS in Phoenix for a thirty (30) day transition period. During this period, members will maintain, at minimum, the same providers and authorization level managed by the Incontinence Supply Specialist/Vendor. This will include the authorization of supplies for members. The Incontinence Supply Specialist/Vendor will monitor Recipient Special Program (RSP) updates for newly enrolled Healthy Connections Prime members. Once a recipient becomes a Healthy Connections Prime member, the Incontinence Supply Specialist/Vendor will use the Healthy Connections Prime Application to identify the MMP Care Coordinator (CC) and will notify them and the current provider of the thirty (30) day transition period via the Phoenix conversation tool. Once the period has expired, the Incontinence Supply Specialist/Vendor will notify the MMP Care Coordinator and Incontinence Supply provider via the Phoenix conversation tool that the Incontinence Supply Application will be transferred to the MMP Care Coordinator and all authorizations will be terminated. Unless the MMP Care Coordinator requests an extension of the transition period prior to its expiration (using the conversation tool), the Incontinence Supply Specialist/Vendor will terminate all incontinence authorizations when assigning the Incontinence Supply Application to the MMP Care Coordinator. Incontinence Supply Vendors will have to contact the DHHS Incontinence Supply Specialist for assistance in transferring the Incontinence Supply Application. Upon receipt of notification of the assignment, the MMP Care Coordinator will terminate the Incontinence Supply Application in Phoenix. All communications must be documented in the Narrative section of Phoenix.

**Note: The conversation tool logs all conversations in the narrative section.**

During the thirty (30) day transition period, the MMP will work with the physician and provider to ensure the MMP acquires the appropriate documentation, including but not limited to the Physician Certification of Incontinence Supplies, provider forms and contracts, and member forms, to transition the member to the MMP's care with no breaks in service. The Incontinence Supply Specialist/Vendor should discuss any changes including provider of choice or authorization level with the MMP Care Coordinator. However, the Incontinence Supply Specialist/Vendor is still responsible for submitting all changes via Phoenix. If there is a request to change providers, the Incontinence Supply Application should be transferred to the MMP Care Coordinator at that time. The Incontinence Supply Specialist/Vendor will terminate all incontinence authorizations when assigning the Incontinence Supply Application to the MMP Care Coordinator and will send notice via the conversation tool. Incontinence Supply Vendors will have to contact the DHHS Incontinence Supply Specialist for assistance in transferring the Incontinence Supply Application. Once the Incontinence Supply Application has been assigned to the MMP Care Coordinator, the MMP Care Coordinator will terminate the Incontinence Supply Application in Phoenix. The MMP will assume all management of incontinence supplies once the application is terminated in Phoenix. All communications must be documented in the Narrative section of Phoenix.

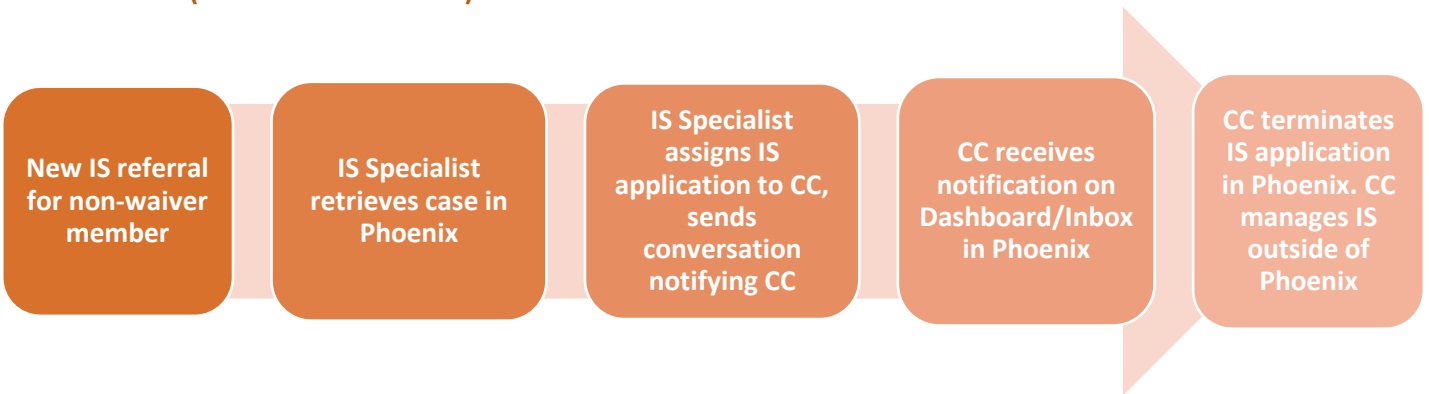
**Existing Case (Non-waiver Member)**



**Non-waiver Incontinence Supply Management for New Referrals**

New referrals for Healthy Connections Prime non-waiver members will have their Incontinence Supply Applications assigned to the MMP Care Coordinator via Phoenix. The Incontinence Supply Specialist will use the conversation tool to notify the MMP Care Coordinator identified on the Healthy Connections Prime Application. Once the MMP Care Coordinator receives the notice of assignment, he or she will then terminate the Incontinence Supply Application in Phoenix. The MMP will be responsible for assessments, doctor’s certification, and authorizations.

**New Referrals (Non-waiver Member)**



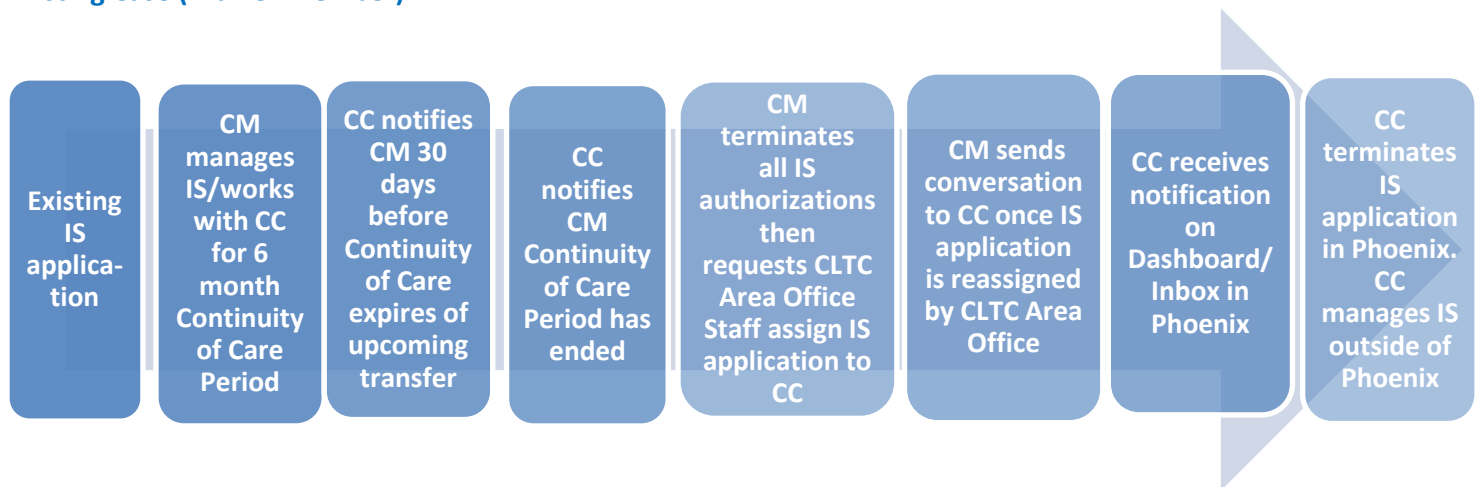
**CLTC Waiver Incontinence Supply Management for Current Recipients**

Current Healthy Connections Prime waiver members receiving incontinence supplies will continue to be managed by the Waiver Case Manager in Phoenix for the six (6) month Continuity of Care period. During this period, members will maintain, at minimum, the same providers and authorization level managed by the Waiver Case Manager (CM). This will include the authorization of supplies for members. The MMP Care Coordinator will notify the Waiver Case Manager and Incontinence Supply provider, via the Phoenix conversation tool, thirty (30) days in advance of the upcoming expiration of the Continuity of Care provision. Once the period has expired, the MMP Care Coordinator will notify the Waiver Case Manager and Incontinence Supply provider via the Phoenix conversation tool that the Incontinence Supply Application can be assigned to them. The Waiver Case Manager will terminate all incontinence authorizations, then contact the State CLTC Area Office and request the Incontinence Supply Application be reassigned to the MMP Care Coordinator listed on the Healthy Connections Prime Application. Once the Waiver Case Manager receives confirmation that the Incontinence Supply Application has been reassigned, they will send notice via the conversation tool to the MMP Care Coordinator and Incontinence Supply provider. Upon receipt of notification of the assignment, the MMP Care Coordinator will terminate the Incontinence Supply Application in Phoenix. All communications must be documented in the Narrative section of Phoenix. **Note: The conversation tool logs all conversations in the narrative section.**

During the six (6) month Continuity of Care period, the Waiver Case Manager should discuss any changes including provider of choice or authorization level with the MMP Care Coordinator. However, the Waiver Case Manager is still responsible for submitting all changes via Phoenix. If there is a request to change providers, the case should be transferred to the MMP Care Coordinator at that time. The Waiver Case Manager will terminate all incontinence authorizations and will send notice via the conversation tool after the CLTC Area Office has reassigned the application to the MMP Care Coordinator. Once the case has been assigned to the MMP Care Coordinator, the MMP Care Coordinator will terminate the Incontinence Supply Application in Phoenix. The MMP will assume all management of incontinence supplies once the Incontinence Supply Application is terminated in Phoenix. All communications must be documented in the Narrative section of Phoenix.

**Please note: If the deadline to send the thirty (30) day notice is missed, the MMP must send it as soon as possible. Then, the thirty (30) days will be extended from the time the notice is sent, as opposed to the original five (5) month notice date. Waiver member Incontinence Supply Applications must have the thirty (30) day notice before applications are transferred.**

**Existing Case (Waiver Member)**

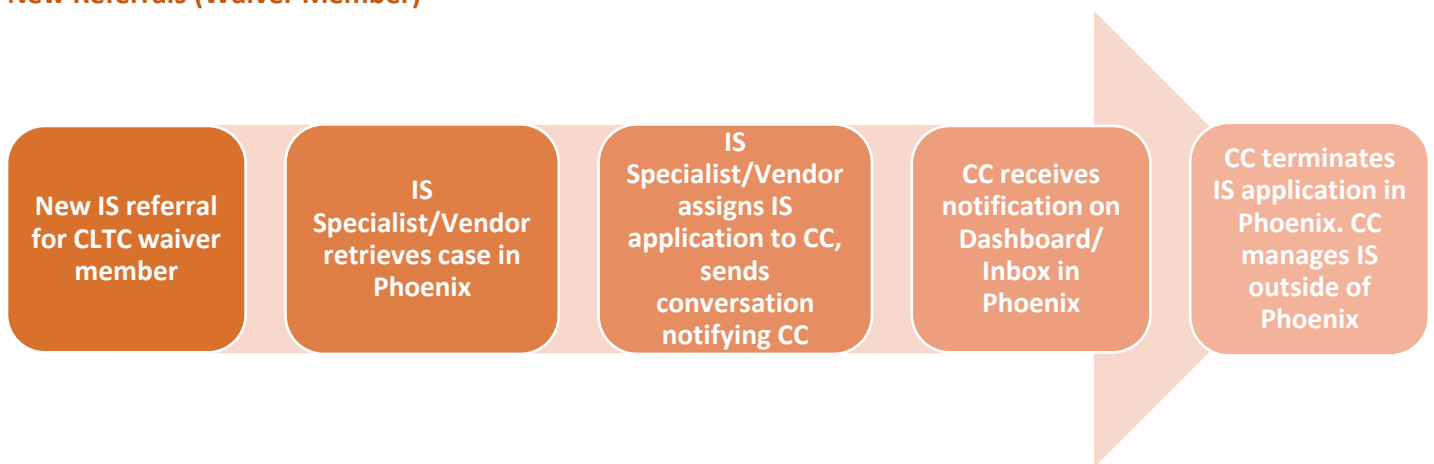


**CLTC Waiver Incontinence Supply Management for New Referrals**

New referrals for Healthy Connections Prime waiver participant members will be assigned to the MMP Care Coordinator. The Incontinence Supply Specialist/Vendor will use the conversation tool to notify the MMP Care Coordinator identified on the Healthy Connections Prime Application. Once the MMP Care Coordinator receives the notice of assignment, he or she will then terminate the Incontinence Supply Application in Phoenix. Any Waiver Case Manager who has an existing Healthy Connections Prime member that develops a need for incontinence supplies will notify the MMP Care Coordinator, via the conversation tool. The Waiver Case Manager **will not** open an application for incontinence supplies. The MMP will be responsible for assessments, doctor’s certification, and authorizations. Any member receiving incontinence supplies from the MMP that becomes a waiver member will continue to have his or her supplies managed by the MMP Care Coordinator. All communications must be documented in the Narrative section of Phoenix.

**Note: The conversation tool logs all conversations in the narrative section.**

**New Referrals (Waiver Member)**



**Provider Information/Terminated Authorizations/ Certification of Incontinence Form**

MMPs can obtain provider information, view terminated authorizations, and view documentation of receipt of certification forms in Phoenix. The password required to view forms will be the member’s CLTC number. MMP Care Coordinators can access provider details in two ways: by reviewing the “Narrative” section, which has the recorded data entered by the Incontinence Supply Specialist/Vendor or Waiver Case Manager, or by accessing “All Authorizations” under the “Waiver Supports” tab. MMPs can 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

**Narrative Documentation**

Although MMP Care Coordinators 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**

**Medicare-Medicaid plans 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 Medicare-Medicaid Plan’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.

BETTER CARE. BETTER VALUE. BETTER HEALTH. CONTINUITY OF CARE | PROVIDERS

**Continuity of Care** Healthy Connections PRIME

**How are existing out-of-network providers and services affected by a beneficiary’s enrollment with Healthy Connections Prime?**

Healthy Connections Prime is committed to improving health outcomes for members by providing better care, better value and better health. Beneficiaries who enroll in a Medicare-Medicaid plan have a six month continuity of care period. During this transition period, plans are required to ensure that care continues uninterrupted. This includes ongoing procedures or appointments. In some instances the Medicare-Medicaid plans elect to extend this period for members.

**How are members protected during the continuity of care transition period?**

Medicare-Medicaid plans 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 Medicare-Medicaid plan’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.

**What is the transition process for providers?**

During the transition period, Medicare-Medicaid plans will contact providers who offer services to members, but who are not currently network providers and provide them information on becoming in-network providers.

Out-of-network primary care providers and specialists providing an ongoing course of treatment will be offered single case agreements to continue to care for the member beyond the six month transition period if the provider chooses not to participate in the Medicare-Medicaid plan’s network.

**CONTINUITY OF CARE OPTIONS**

- 1 Full Contract**  
Serve any member
- 2 Single Case Agreement**  
Serve one particular member beyond the six month transition period
- 3 Transition Process**  
Serve for up to six months while member transitions to a Healthy Connections Prime provider

**How are payments handled under the continuity of care period?**

Medicare-Medicaid plans will provide payments to out-of-network providers at the current Medicare and Medicaid fee-for-service rates, regardless of the setting and type of care for authorized services.

**Who do I contact if I have other questions about Healthy Connections Prime?**

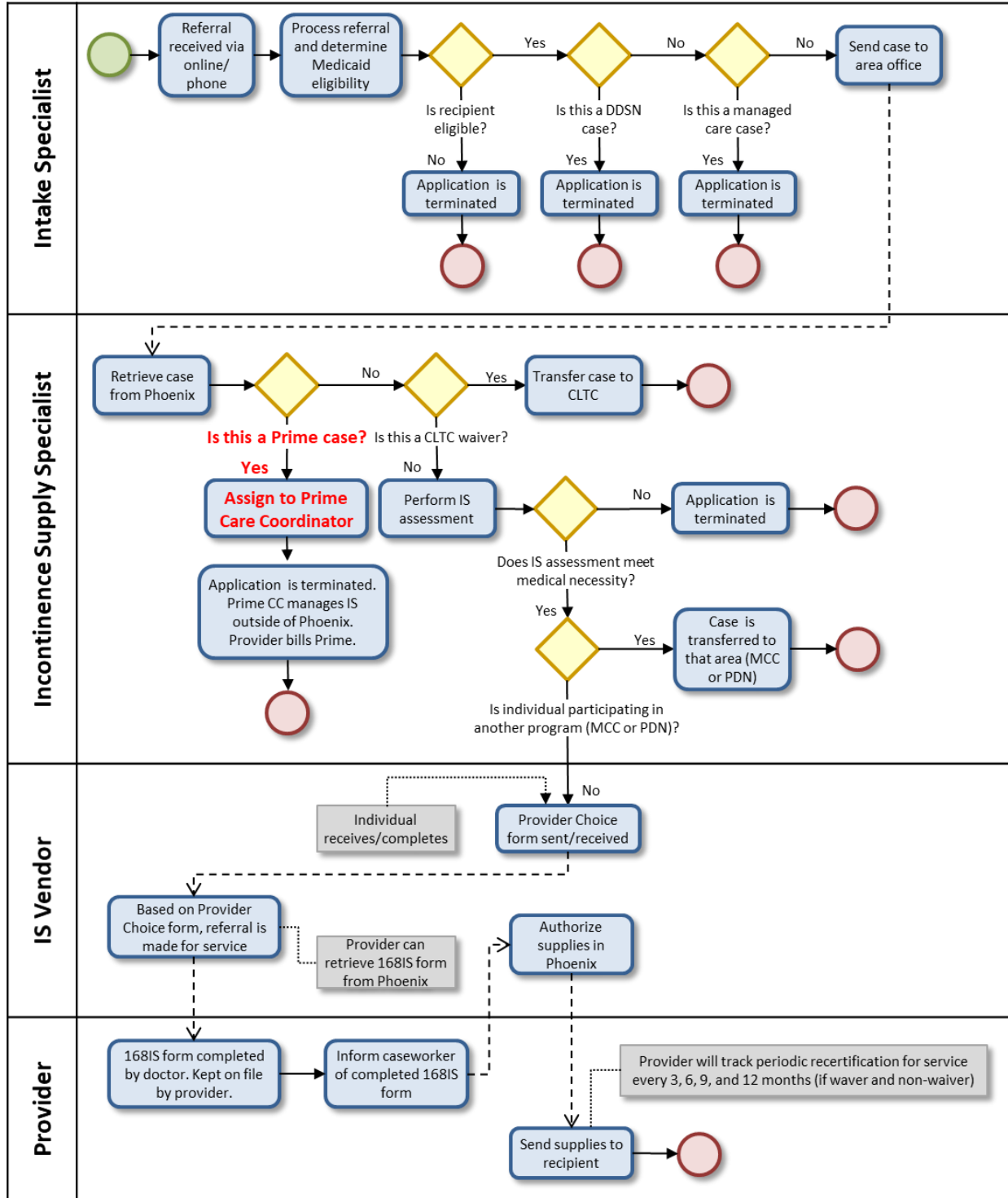
If you have other questions about Healthy Connections Prime, please visit [www.scdhhs.gov/prime](http://www.scdhhs.gov/prime) or email [PrimeProviders@scdhhs.gov](mailto:PrimeProviders@scdhhs.gov) for help with a specific question or concern.

Updated 2.17.2016 1 | Page

[Click here](#) to access the full brochure describing how the Continuity of Care Provision affects out-of-network providers and services for members enrolled with Healthy Connections Prime, or go to our website at <https://msp.scdhhs.gov/SCDue2/> under Provider Toolkit tab.

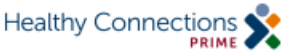
Appendix A:

Incontinence Supply Management Process Map



## Appendix B:

### Incontinence Supply Assignment: Phoenix Tips and Usage

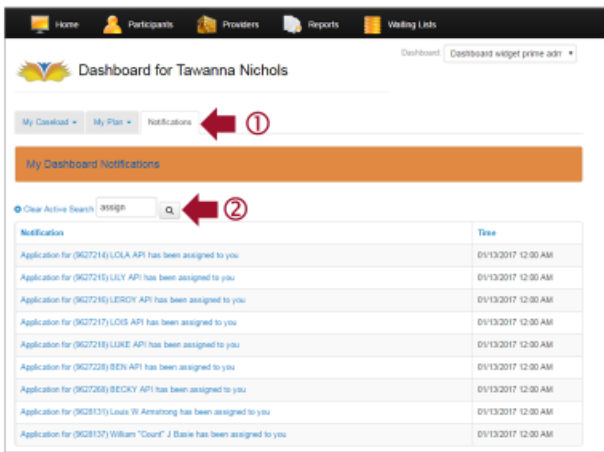
## Incontinence Supplies Assignment: Phoenix Tips and Usage

Healthy Connections Prime

### IS Assignment Notification

**To View Applications Assigned to You**

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

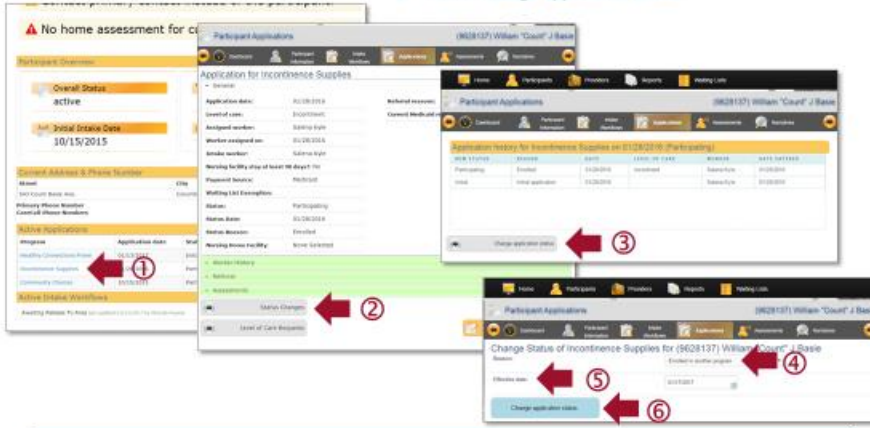


*Note: There are no application program type details. You will see Healthy Connections Prime applications as well as Incontinence Supply applications.  
(Notifications are available for 14 days only.)*

## IS Application Termination

### Application Termination

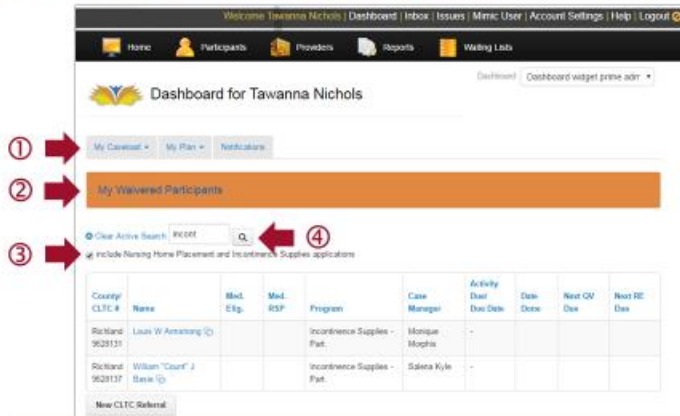
1. Select the Incontinence Supply Application
2. Select Status Changes
3. Select Change Application Status
4. Select "Enrolled in another program" from the drop-down menu for Reason
5. Enter Effective date
6. Select Change application status



## Viewing Unassigned IS Applications

### To Search for Members with IS Applications Assigned to a Waiver Case Manager, But Not to You

1. Go to the My Caseload tab
2. Select "My Waivered Participants"
3. Check the box that includes Nursing Home Placement and Incontinence applications
4. Enter "Incontinence" in the search box to narrow your search.





## Sending 30-Day Notice to Waiver Case Managers

Care Coordinators are required to notify case managers of upcoming transfers 30 days prior to and once the continuity of care period has ended. Care coordinators can utilize the Conversation tool to notify the case manager of the transfer and expiration of their management of supplies. It will be beneficial to also include the IS provider on these communications so they are aware of the change.

### To Create a Conversation

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. Providers will be located at the very bottom of the drop box, in the Providers section.
6. Type your Subject and Message and click Send.



Note: To remove the provider from future replies to the CM, select the small box in the center of the page for CM and DHHS Only.

## Viewing Terminated IS Authorizations

### To View Closed (Terminated) IS Authorizations

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

