

Miscellaneous

1. What is the difference between MHN and MCO?

See the [Managed Care Supplement](#) .

2. Will DAODAS continue to be carved out of MHN option?

DAODAS services are not carved out of the MHN - all MHN services are billed to Medicaid. A referral from the MHN PCP is not required for DAODAS services.

3. School-based OT, PT, and ST are covered by fee-for-service. If the child receiving services has an MCO, how is their school-based therapy going to affect their eligibility for private therapy? Will there be a combined 75-visit limitation?

The 75-visit limit is specific only to private therapy services.

4. If a recipient is in an MCO/MHN do you need something in writing to treat as non-Medicaid?

All beneficiaries must be informed and agree to being treated as a non-Medicaid/self-pay patient prior to receiving the medical service in question. A written acknowledgement is not required, but it is strongly recommended providers use a written form and keep the documentation in the patient's medical record for future reference.

5. Are the MCO's also like Medicaid, based on federal and state funding?

Indirectly, the managed care health plans receive per member per month (PMPM) premiums from SCDHHS. Medicaid premiums are a combination of state and federal funds.

6. What happens when a hospital does not participate with any of the managed care plans?

All plans are required to have a network of providers including pharmacies, primary care doctors, specialists and hospitals. This ensures the member has access to a full range of health care services. MCO members must use the participating hospital(s) under contract with their MCO for routine services. In case of an emergency, visits will be covered regardless of hospital.

7. Where should a beneficiary call for assistance? (The DHHS case worker, the managed care plan, or Maximus.)

- *For questions concerning enrollment or disenrollment, beneficiaries should contact Maximus at 877-552-4642.*

- ***For assistance with benefits or authorizations, beneficiaries should call their plan's Member Services area.***
- ***For assistance with Medicaid eligibility, beneficiaries should contact a DHHS case worker at the county office.***

8. Are MCO and MHN enrollees responsible for co-payments?

Beneficiaries should contact Maximus at 877-552-4642 for information concerning co-payments. Many plans waive co-payment requirements, whereas beneficiaries enrolled in Medicaid are required to pay co-payments.

9. Do children have to pay co-pays with managed care?

No, children enrolled in Managed Care plans (both MCOs and MHNs) are not charged co-pays.

10. What if the patient has a Third Party Insurance policy?

Medicaid will always be the payer of last resort. If the patient has private insurance, all applicable rules apply. This carrier must be billed before billing Medicaid.

For MCOs, each MCO has a third party liability section which handles this recoupment. However, the Medicaid MCO remains the payer last resort.

For MHNs, if there is no private insurance data on the Medicaid record and the patient states they have other insurance, bill the primary insurance before filing a claim to Medicaid. The Medicaid claim must show the Carrier Code, Policy Number, and any payment received from the other insurance. For detailed Third Party Liability (TPL) claims filing information, consult the TPL section of your Medicaid Provider Manual.

11. Are materials available for Spanish speaking beneficiaries?

Yes. The enrollment package is provided based on the language indicated for the household by the eligibility worker. Beneficiaries can contact Maximus to receive materials in Spanish. Maximus also offers translation services.

12. Can members go across state lines to receive services?

The member can go to any participating provider in their plan's network, including in adjoining states, although some services require prior authorization. Each member is given a handbook that contains a list of all participating providers. They may also call their plan's Member Services area for assistance locating an in-network provider.

13. Who do I contact at DHHS for additional questions or information?

Contact the Division of Care Management at (803)898-4614 and ask for the Program Manager assigned to the particular plan about which you have questions.

14. Which counties do Managed Care companies serve?

- Information on current First Choice by Select Health counties can be found at www.selecthealthofsc.com
- Information on current UnitedHealthcare CommunityPlan counties can be found at www.uhccommunityplan.com
- Information on current Absolute Total Care counties can be found at www.absolutetotalcare.com
- Information on current BlueChoice HealthPlan counties can be found at www.BlueChoiceSCMedicaid.com

15. Which counties does the MHN program serve?

Information on the counties served by the MHN program can be found on South Carolina Solution's website at www.sc-solutions.org