

# SCSHA Advocacy Archives

Reports dating prior to 2021

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If you have records that should be added to our SCSHA advocacy archives, please send records to [SCSHAed@gmail.com](mailto:SCSHAed@gmail.com). This information is archived for historical purposes as well as a digital “look back” to see what SCSHA has accomplished.

# Important Advocacy Updates

## Current Status of DHHS CPT Codes Update and Babynet

In both BabyNet and Medicaid, and for services requiring prior authorization – as with much of the speech codes – the provider will only ever be able to bill for the codes authorized. Since BabyNet is not a strictly clinical/medical program, although it pays for a lot of clinical services, the IFSP service to HCPCS code mapping is substantially more limited that we would have in the Medicaid MMIS. The current code set limitation in BRIDGES won't change the rate any of the therapists receive for IFSP-authorized services and won't necessarily change the services authorized on the IFSP.

As for future state, we're modifying both BRIDGES and MMIS to allow BRIDGES to pass both service authorizations and claims data from BRIDGES to MMIS. As a result, when a BabyNet provider enters a service note in BRIDGES, the system will adjudicate Medicaid payment and Part C payment in parallel, eliminating the need for the SLP to bill Medicaid first, then BabyNet. When that works (Q1 calendar 2019), we'll expand the code set in BRIDGES to match that of the MMIS, although that won't change the fact that providers will only be able to bill for codes authorized in the IFSP.

To summarize:

Code sets have been updated for Medicaid billing and are available for use.

No changes have been made to BabyNet billing with respect to code sets, because the standard service codes available on the IFSP have remain unchanged for that program to date.

When the BRIDGES-MMIS interface is operational, there will be a broader set of codes available for use.

Regardless of the code set available, because every BabyNet service requires a prior authorization (IFSP), providers will only ever be able to bill for codes authorized in the IFSP through BRIDGES.

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## **CPT Code and DHHS Updates!**

We are happy to inform you that after a year and a half of working with the SC Department of Health and Human Services, the department has approved the below additions to our CPT Codes for billing of Medicaid. These codes and the codes that were previously listed in the ST Medicaid manual have also all been approved for home-health and out-pt clinic settings.

Please note that the rates listed are to be paid per DOS, not in 15 minute increments. Once we receive the formal bulletin from the SC Department of Health and Human Services explaining the additions we will share that information with the membership.

### **\*Changes are effective July 1, 2018\***

92610 – \$52.96

97127 - \$22.19

92606 - \$64.80

92607 – \$101.41

92608 – \$40.71

92609 - \$51.69

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## **Public Notice of Final Action for Third Party Liability (TPL) Health Recovery Cycle Public Notice of Final Action for Third Party Liability (TPL) Health Recovery Cycle**

Submitted June 29, 2018 - 2:35pm

### **[State Plan Amendment \(SPA\)](#)**

PUBLIC NOTICE:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following actions regarding the TPL Health Recovery Cycle under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Section 1902(a)(25)(A) of the Social Security Act requires healthcare providers to bill any beneficiary's primary insurance, if available, prior to seeking Medicaid reimbursement for a covered service. SCDHHS engages in activities to determine if this requirement has been met and recovers funds on a periodic basis either directly from liable third-party insurers or institutional healthcare providers.

Currently, each periodic health recovery cycle begins quarterly and may take up to six months to complete. SCDHHS has observed that nearly 16% of recovery claims are rejected by the financially liable insurer for untimely filing. This is due in-part to the length and infrequent commencement of each cycle.

Effective on or after July 1, 2018, SCDHHS will amend the South Carolina Title XIX State Plan to modify the frequency of the TPL Health Recovery Cycle. The modification will increase the occurrence of the TPL health recovery cycle to afford providers quicker notification of other primary health insurance information. Prompt notification should improve the rate of timely claims filing and allow SCDHHS to recover professional claims from third-party payers in a more timely manner.

Although this action will not increase the total amount of funds SCDHHS seeks to recover, the agency anticipates improvements in the amount and timeliness of recovery of those funds.

Copies of this notice are available at each County Department of Health and Human Services Office and at [www.scdhhs.gov](http://www.scdhhs.gov) for public review. Additional information regarding this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Eligibility and Third Party Liability Contract Services, Jefferson Square Building, [1801 Main Street, Columbia, South Carolina](#), Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M.

### **Public Notice of Final Action for the Recovery Audit Contractor (RAC)**

Submitted June 29, 2018 - 2:42pm

#### [State Plan Amendment \(SPA\)](#)

PUBLIC NOTICE:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following actions regarding an exception to 42 CFR § 455.502(b), which requires SCDHHS to contract with a Medicaid Recovery Audit Contractor (RAC) under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective on or after July 1, 2018, SCDHHS will amend the South Carolina Title XIX State Plan to seek an exception from some or all Medicaid recovery audit contracting requirements.

Under Section 1902(a)(42)(B)(i) of the Social Security Act, states and territories are required to establish programs to contract with one or more Medicaid RACs to identify and recoup overpayments made under the State Plan or state waiver programs. Federal rules also allow for state-specific exemptions and requirements that permit Centers for Medicare & Medicaid Services (CMS) to vary Medicaid RAC program requirements.

SCDHHS RAC program employs a contingency fee-based RAC contract that ties contractor payment to the performance of its recovery efforts. A recent effort to re-procure a RAC for a contract period beginning in 2018 yielded zero proposals in response to a solicitation that closed Feb. 2, 2018. The lack of interest in SCDHHS' recent solicitation is a strong indicator that it is not cost-beneficial for auditing firms to submit proposals due to the small number of enrollees and claims in our non-managed care programs. Other states with large managed care enrollments have also experienced this same issue and have sought and received such exception as SCDHHS is requesting.

Based on the action above, SCDHHS does not anticipate a budget impact. Since the vendor is paid on a contingency fee basis, they do not receive a payment unless they recover an overpayment.

Copies of this notice are available at each County Department of Health and Human Services Office and at [www.scdhhs.gov](http://www.scdhhs.gov) for public review. Additional information regarding this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Attn: Program Integrity, Jefferson Square Building, [1801 Main Street, Columbia, South Carolina](https://www.scdhhs.gov), Monday through Friday between the hours of 9 a.m. - 5 p.m.

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June 11, 2018

**TO: All Providers**

**SUBJECT: Free Provider Workshops**

Each month, the South Carolina Department of Health and Human Services (SCDHHS) offers free workshops for providers. There are a variety of in-person workshops including training on Medicaid basics, how to submit claims using the web-based tool and third party liability.

To register for a workshop, please visit Medicaid eLearning, [medicaidelearning.com](http://medicaidelearning.com), or call [1 \(888\) 289-0709](tel:18882890709) and select option 1.

Providers may also find additional training resources online at the Medicaid eLearning site, [medicaidelearning.com](http://medicaidelearning.com).

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

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June 6, 2018

Medicaid Bulletin

TO: All Providers

SUBJECT: Third Party Liability (TPL)

Effective July 2, 2018, BlueCross BlueShield of South Carolina (BCBSSC) will perform the following third

party liability (TPL) services on behalf of the South Carolina Department of Health and Human Services

(SCDHHS):

Other Health Insurance (OHI) verification and maintenance in the Medicaid Management

Information System (MMIS);

Health Insurance Premium Payment (HIPP) program;

Casualty;

Estate Recovery;

Special Needs Trust;

Support services for the retro Medicare, retro health and pay and chase benefit recovery invoices; and

Fund Recovery for provider, insurer and beneficiary refunds, which includes credit balance reviews and collections from inactive provider accounts.

Updated contact information is provided below.

Mailing Addresses:

General mail: Healthy Connections, P.O. Box 101110, Columbia, SC 29211

All Refund Checks: Healthy Connections, P.O. Box 8355, Columbia, SC 29202

Casualty, Estate Recovery and HIPP correspondence:

Healthy Connections, P.O. Box 100127, Columbia, SC 29202-3127

Email:

MIVS@BCBSSC.com

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Telephone and Fax Numbers:

Other Health Insurance [1-888-289-0709](tel:1-888-289-0709) option [1 803-252-0870](tel:1-803-252-0870) Fax

Fund Recovery [1-888-289-0709](tel:1-888-289-0709) option [1 803-462-2582](tel:1-803-462-2582) Fax

General Correspondence [1-888-289-0709](tel:1-888-289-0709) option 1 [803-462-2583](tel:803-462-2583) Fax

Casualty [1-888-289-0709](tel:1-888-289-0709) option 2 [803-462-2579](tel:803-462-2579) Fax

Estate Recovery [1-888-289-0709](tel:1-888-289-0709) option 3 [803-462-2579](tel:803-462-2579) Fax

HIPP [1-888-289-0709](tel:1-888-289-0709) option 4 [803-462-2580](tel:803-462-2580) Fax

Special Needs Trust [1-888-289-0709](tel:1-888-289-0709) option 5 [803-462-2579](tel:803-462-2579) Fax

Providers are encouraged to voluntarily report and refund TPL resources to SCDHHS upon discovery. For

more information, please review the TPL Supplement the provider manual available at [www.scdhhs.gov](http://www.scdhhs.gov).

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June 6, 2018

Medicaid Alert

**TO: BabyNet Providers**

**SUBJECT: Changes to BabyNet Services Claims Payment Process**

For payment dates effective July 1, 2018, the South Carolina Department of Health and Human Services (SCDHHS) will transition claims payment for BabyNet services from Jasper County Disabilities and Specials Needs (DSN) Board to SCDHHS. Providers must be registered in the South Carolina Enterprise Information System (SCEIS) before July 1, 2018, to avoid payment delays during this transition. You may register as a SCEIS provider by visiting <https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do> and following the step-by-step instructions.

### **Payment Procedures**

Paper checks will be mailed and electronic deposits will be transferred no later than three to five days after the payment transaction has been processed and approved. Payments to



providers will be processed within 14 business days from receipt of the explanation of benefits (EOB) given that all of the proper steps were followed to provide the billing coordinator with the required documents and information for payment.

If you prefer payment via electronic deposit, please visit <http://www.treasurer.sc.gov/business/sign-up-for-direct-deposit/> and follow the necessary steps.

In order for an electronic claim to be processed in the BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES), the following criteria must be met:

- The provider must bill private insurance (with consent) and/or Medicaid, if applicable, to receive the EOB for payment or denial.
- A copy of the EOB is received in the BabyNetClaims@scdhhs.gov inbox or mailed to:

South Carolina Department of Health and Human Services

1801 Main Street

Post Office Box 8206

Columbia, SC 29202-8206

- Provider name, child's BRIDGES identification number and payment date(s) of service must all be listed on the EOB; if possible, please highlight this information.

A webinar will be held June 15, 2018, to further explain the claims payment transition and to answer questions submitted by providers. If you would like your questions to be included as part of the webinar, please submit to [BabyNet@scdhhs.gov](mailto:BabyNet@scdhhs.gov) by June 6, 2018. Additional information about the webinar will be posted at <https://msp.scdhhs.gov/babynet/site-page/announcements>.

Thank you for your continued support of the BabyNet program.

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April 16, 2018

## PROVIDER ALERT

Starting in April 2018, the Centers for Medicare and Medicaid Services (CMS) will issue new Medicare identification (ID) cards.

The new cards will replace the Social Security Number-based Health Insurance Claim Number (HICN) currently on the card with a unique Medicare Beneficiary Identifier (MBI) to protect people with Medicare from identity theft.

They will be mailed in phases by geographic location from April 2018 through April 2019. South Carolina members are expected to receive their new Medicare cards after June 2018. However, new applicants approved for Medicare in April will be assigned the new card featuring an MBI.

Beginning Oct. 1, 2018, the South Carolina Department of Health and Human Services (SCDHHS) will begin distributing MBI information in the place of HICN information through its current methods for inquiring Medicaid eligibility information.

Before Oct. 1, 2018, providers should refer to the provider section of CMS' New Medicare Card website located at <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html> for guidance.

Beneficiaries will trigger the use of their MBI by presenting their new Medicare card to providers to obtain services.

Medicare beneficiaries can go to [www.mymedicare.gov](http://www.mymedicare.gov) to receive official Medicare notifications and access account information, including their MBI.

For more information on the new Medicare card, please visit <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>.

If you have any problems implementing the new Medicare cards, please contact the provider ombudsman at [nmcproviderquestions@cms.hhs.gov](mailto:nmcproviderquestions@cms.hhs.gov). The provider ombudsman will send you information about the new Medicare cards and work inside CMS to settle any implementation problems that may arise.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

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April 9, 2018

If educators in your district go on strike, what's your obligation to students?

With the recent teachers walkout/strike in West Virginia, similar efforts under way in Oklahoma and Kentucky, and a pending action in Arizona, school-based speech-language pathologists want to know what they need to do.

In responding to request for guidance, ASHA notes that school-based SLPs should be aware of two issues:

- Their ethical responsibility to students, as noted in the "client abandonment" rule in ASHA's [Code of Ethics](#). Principle I, Rule T states "Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services." Individual state laws or licensure board regulations may also include relevant provisions.
- Their legal responsibility to students with disabilities under the Individuals With Disabilities Education Act (IDEA), including carrying out the provisions of students' IEPs

If the schools close as a result of the strike, then school districts are responsible for notifying families. If schools close and students miss school, SLPs should:

- Document their attempts to provide continuity of service, including sending homework packets or providing correspondence to parents as needed for questions regarding services.
- Provide advance notice to families on your caseload potentially affected. This advance communication may assist with defending claims against client

abandonment. (More explanation is available in ASHA's [Issues in Ethics Statement on Client Abandonment](#).)

- Check with your school district's office of special education or with the State Department of Education for specific guidance on IDEA-related issues, such as free and appropriate public education, evaluation and IEP timelines, and alternative assessments. (Read ASHA's document on [missed speech-language sessions in schools](#) for more information.)

Any SLP concerned about the legal obligations in their employment contract should consider speaking with an employment attorney to clarify their responsibilities.

Parents of students may, in the case of a prolonged strike, take legal action to receive compensatory services. If schools agree to make up the services, SLPs may be asked to work additional hours during the school day or during traditional vacation times to provide missed sessions.

For more information, contact your state speech-language-hearing association or Janet Deppe, ASHA director of state affairs, at [jdeppe@asha.org](mailto:jdeppe@asha.org) or Jaumeiko Coleman, ASHA director of school services, at [jcoleman@asha.org](mailto:jcoleman@asha.org).

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April 3, 2018

**Did you know that every nonverbal person has the right to communicate fully in communication interactions? *This includes our early intervention, school-aged, and our adult populations.***

**A Communication Bill of Rights to address this was created by the American Speech-Language Hearing Association and the National Joint Committee for the Communication Needs of Persons with Severe Disabilities.**

**The Bill of Rights outlines fundamental rights to communication for all nonverbal individuals.**

**This is all inclusive and no one is exempt from these rights.**

**To learn more about the rights, go to: <https://www.asha.org/njc/default/>**

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