

February 2022

BlueBlastSM

News Providers Can Use



 **Healthy BlueSM**
BlueChoice® HealthPlan of SC

Healthy Connections 

Quality Incentive Program: Centering Pregnancy (PCPs)

In Centering Pregnancy, after a woman has her initial obstetric appointment and exam, she is placed in a group with eight to 12 other women who have due dates in the same month. They receive all their prenatal care visits together in 10 sessions of two hours each throughout their second and third trimesters. A health care provider, such as a physician or nurse practitioner, facilitates the groups, carrying out all the medical care the patients would routinely receive per the prenatal care guidelines from the American College of Obstetrics and Gynecology. The sessions include extended time for the provider to facilitate health education and the patients to enjoy social support among themselves.

There is a financial incentive for Centering Pregnancy visits, beyond routine prenatal care visit charges. All Healthy Connections organizations offer an additional \$30 per patient per visit, up to \$150. Healthy Blue offers up to \$475 in incentives per patient.

For more information on the Centering Pregnancy model and the consortium in South Carolina, contact Sarah Covington-Kolb, Centering Pregnancy coordinator, at scovington-kolb@ghs.org or 864-455-8803.



PCPs

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Behavioral Health Support for Members After Hospitalization

The Healthy Blue behavioral health case management team began providing post-discharge assessments for members who had psychiatric hospitalizations in the fourth quarter of 2021. Historically, the case management team has contacted all members upon their discharge from psychiatric hospitalization to offer support and resources. In October, the case management team began completion of a post-discharge assessment that can be shared (with the member’s permission) with the outpatient provider members are following up with for care. This contact and assessment have allowed members to have additional support after hospitalization and have provided education related to additional benefits they may have questions about as a Healthy Blue member.



Psychiatric Residential Treatment (PRTF) Providers Reporting for Healthy Blue

In December 2021, the South Carolina Department of Health and Human Services (SC DHHS) notified Medicaid managed care organizations there was a desire to gather data on members currently in the psychiatric residential treatment level of care. Healthy Blue has reached out to all PRTF providers to host informational meetings related to reporting requirements. Healthy Blue must report information related to planned discharge dates and discharge plans weekly to SC DHHS. PRTF providers are encouraged to contact Healthy Blue if they have questions about this reporting requirement that will take effect in January.

Access and Availability for Behavioral Health Visits

Behavioral health providers are reminded of the following timeline requirements for offering appointments for members in alignment with Healthy Blue’s Managed Behavioral Healthcare Organization (MBHO) accreditation requirements:

Type of Care	Provider type	Appropriate time frame
Hospital discharge follow-up	Behavioral health providers	Within 7 days of discharge
Initial routine visit	Behavioral health providers	Within 10 business days
Follow-up routine care	Behavioral health providers	Within 30 days
Non-life-threatening emergency care	Behavioral health providers	Within 6 hours
Life-threatening emergency care	Behavioral health providers	Immediately

Annual CAHPS Survey

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual standardized survey conducted between February and May to assess consumers' experiences with their providers and health plans. A random sample of your adult or child patients may receive the survey.

More than half of the questions used for scoring are directly impacted by providers.

These questions are:

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a checkup or routine care as soon as you needed?
- How often was it easy to get the care, tests or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed?
- How often did your personal doctor seem informed and up to date about the care you got from other doctors or other health care providers?
- How would you rate your personal doctor?
- How would you rate the specialist you see most often?
- How would you rate all your health care in the last six months?

Interested in how you can improve CAHPS performance?

Healthy Blue offers an online course for providers and office staff that's designed to teach how to improve communication skills, build patient trust and commitment, and expand your knowledge of the CAHPS survey. The Improving the Patient Experience course is available at no cost and is eligible for one continuing medical education (CME) credit by the American Academy of Family Physicians. It can be accessed at www.MyDiversePatients.com.*





Improving the Patient Experience

Are you looking for innovative ways to improve your patients' experiences?



CME Credit upon completion

Did you know?

- Substantial evidence points to a positive association between the patient experience and health outcomes.
- Patients with chronic conditions, such as diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their health care providers.
- Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.

How will this benefit you and your office staff? You'll learn tips and techniques to:

- Improve communication skills.
- Build patient trust and commitment.
- Expand your knowledge of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

Designed For

- Doctors
- Nurses
- Health Professionals
- Medical Office Staff

Skilled Nursing Facility Reviews: Level of Care Certification Form

The Level of Care Certification Form (Form 185 or Form 185S [Complex]) is required for authorization of members seeking care at a skilled nursing facility (SNF). The state of South Carolina will complete the initial request and provide a set of approved days (effective and expiration dates) for the admission. The completed, dated and signed Level of Care Certification Form must be sent to the Health Plan with the member's request for admission. If the member continues to require care beyond the initial effective and expiration dates provided by the state, it then becomes the responsibility of the SNF to complete a new signed and dated Level of Care Certification Form with the new effective and expiration dates for concurrent review. The SNF must submit the new form to the state five days prior to the previous form's expiration date and must also submit the new completed copy of the form to the Health Plan for the authorization of additional days.

Access the Level of Care Certification Form [here](#),* and select Form 185 or 185S (Complex).

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMPLEX CARE PROGRAM SUPPLEMENTAL ASSESSMENT FORM

Contact Email: Complexcare@scdhhs.gov or Fax: (803) 295-8209.
Check status of applications by 5th business day.

Applicant _____ Medicaid # _____
Name & Title of Staff Completing Form _____ Fax/Email _____
2nd Staff Contact Name & Title _____ Fax/Email _____
Facility Completing Form _____ Date Completed: _____

Initial Referral Recertification Requested Recertification dates: To _____ From _____

Submit initial referral when applicant is in hospital/skilled nursing facility for 10 consecutive days. Inpatient Admission date: _____

Check Applicants Insurance: Medicaid Medicare A Medicare # _____

Category/Treatment	Additional Information	Documents to send with referral
<input type="checkbox"/> Stage 4 / pressure ulcer only	(Attach staging note of stage 4 pressure wound only)	
<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Tracheostomy tube/cannula <input type="checkbox"/> Tracheal cleaning	(Attach tracheostomy care/suction orders)
<input type="checkbox"/> Oral Suctioning	Purpose: _____ Frequency: _____	(Attach care/suction note # applicable)
<input type="checkbox"/> Total Parenteral Nutrition	<input type="checkbox"/> Expected duration of 2 weeks or more	(Attach medication list/orders for TPN/PPN therapy)
<input type="checkbox"/> Partial Parenteral Nutrition	Given by: (N) Intravenous access only, (A) Antibiotics	
<input type="checkbox"/> Disruptive Behaviors 60% of the time requiring 1:1 assistance or restraints	Name of TPN/PPN nutrition therapy: _____ List conditions/behaviors: _____	(Attach additional information) <input type="checkbox"/> Folic acid supplementation <input type="checkbox"/> Psychiatry evaluation recommendation
<input type="checkbox"/> Diagnosis of Morbid Obesity	<input type="checkbox"/> BMI 40 or higher and at least 100 pounds over ideal weight must include other dx and need assistance with 1 ADL	(Attach charted measurements) Height: _____ ft. _____ in Weight: _____ lb. _____ kg Comorbidity: _____
<input type="checkbox"/> Goal directed therapies	Received therapist totaling 5 days per week for 2 of 3 disciplines: Frequency: _____	(Attach PT/OT/ST treatment plan/goals/progress notes)
<input type="checkbox"/> Ventilator Dependent (life sustaining for 6 or more hours a day)	Name & List settings	(Attach ventilator orders/settings)
<input type="checkbox"/> Dialysis	Frequency	(Attach Dialysis schedule)
<input type="checkbox"/> HIV (CD4 level equal to or less than 500)	Taking 2 or more medications for HIV treatment	(Attach medication list for HIV treatment)

SCDHHS Form 185S
August 2017

Applicant Name _____

ADL SELF PERFORMANCE - (Code for client's PERFORMANCE during last 7 days - Not including setup)

- 1. INDEPENDENT** - No help or oversight - OR - Help/oversight provided only 1 or 2 times during last 7 days
- 2. SUPERVISION** - Oversight encouragement or using provided 3+ times during last 7 days - OR - Supervision plus physical assistance provided only 1 or 2 times during last 7 days
- 3. EXTENSIVE ASSISTANCE** - Client highly involved in activity, received physical help in guided maneuvering of limbs, or other non-weight bearing assistance 50% or more of the time - OR - More assistance < 50% of the time during last 7 days
- 4. TOTAL DEPENDENCE** - While client performed part of activity, over last 7 day period, help of following type(s) provided 50% or more of the time:
-Weight-bearing support
-Full caregiver performance during part (but not all) of last 7 days
-Full caregiver performance of activity during entire 7 days

DEFINITIONS

- A. TRANSFER** - How the client moves between surfaces - to/from bed, chair, wheelchair, standing position (EXCLUDE to/from bathroom)
- B. LOCOMOTION** - How the client moves between locations in his/her room and living area. If in a wheelchair, self-sufficiency in chair.
- C. DRESSING** - How the client puts on, fastens, and takes off all items of clothing, including donning/removing prosthesis.
- D. EATING** - How the client eats and drinks (regardless of skill).
- E. TOILET USE** - How the client uses the toilet (or commode, bedpan, urinal) transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.

TRANSFER _____ Code Here _____
LOCOMOTION _____
DRESSING _____
EATING _____
TOILET USE _____

BATHING - How client takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair. Code for most dependent in self performance and support. Bathing Self-Performance codes appear below)

- 1. Independent** - help provided
- 2. Supervision** - Oversight help only
- 3. Physical help in part of bathing activity**
- 4. Total dependence**
- 5. Physical help limited to transfer only**

BATHING _____ Code Here _____

CONTINENCE SELF-CONTROL CATEGORIES - (Code for client performance over 14 days)

- 1. USUALLY CONTINENT** - Complete control
- 2. OCCASIONALLY INCONTINENT** - BLADDER: incontinent episodes occur a week or less; BOWEL: less than weekly
- 3. FREQUENTLY INCONTINENT** - BLADDER: 2+ times a week but not daily; BOWEL: once a week
- 4. INCONTINENT** - Has inadequate control BLADDER: multiple daily episodes; BOWEL: all (or almost all) of the time; or an indwelling catheter/ostomy that controls bladder/bowel

BOWEL CONTINENCE _____ Code Here _____
BLADDER CONTINENCE _____

TO BE COMPLETED BY SCDHHS REPRESENTATIVE

Approved Effective Date From _____ To _____
Reason(s) _____
SCDHHS Representative _____ Date _____

SCDHHS Form 185S
August 2017

Report Fraud

SOUTH CAROLINA
Healthy Connections
MEDICAID

GETTING MEDICAID FOR PROVIDERS COMMUNICATIONS USEFUL TOOLS ABOUT US

Home

Nursing Facility Services Manual 07/01/19 Edition Posted 07/01/19

The South Carolina Department of Health and Human Services (SCDHHS) reorganized its Medicaid provider manuals to give them a fresh look and a user-friendly approach to accessing information. The new manual is available on the provider section of the SCDHHS website under [provider manual list](#). Each historic provider manual is [archived](#) on the SCDHHS website during a transition period.

WHAT HASN'T CHANGED:

- Procedure code information is under review, and may be revised later, but has not changed and is still in section 4. Section 4 can be accessed by clicking on the link that is included at the end of the program overview of each revised manual.
- Forms are still available and may also be accessed by clicking on the link that is included at the end of the program overview of each revised manual.

WHAT HAS CHANGED:

- The newly revised manuals are comprised of information previously contained in section 2 of the original manuals along with any unique program area information previously contained in sections 3 and 5.
- General administrative and billing information previously contained in sections 1, 3 and 5 is now included in SCDHHS' new [Provider Administrative and Billing Manual](#).
- Download entire manual
- Provider Administrative and Billing Manual
- Copyment Schedule
- Appendices
 - Appendix 1: Edit Codes , CARCs/RARCs, and Resolutions
 - Appendix 2: Carrier Codes
- Forms
 - Third Party Liability Supplement
 - Managed Care Supplement
 - Change Control Record

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For any questions, please feel free to contact the Utilization Management department at 866-902-1689 or review the SNF Provider Manual [here](#).*



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* Some links in this newsletter lead to third-party sites. Those organizations are solely responsible for the content and privacy policies on these sites.

The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information.

To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov.