

# ANNUAL REVIEW

## Provider Frequently Asked Questions

### Q. How does the annual review process affect my patients?

- Some members who complete an annual review form will no longer meet Medicaid eligibility requirements, and their Medicaid coverage will end on the date specified in the notification from the South Carolina Department of Health and Human Services (SCDHHS).
  - These members will be forwarded to the Health Insurance Exchange, where they may shop for and enroll in private medical insurance.
  - These members may check with their current employer to see if they offer health coverage.
- Members who submit an incomplete annual review form may be required to submit additional information to verify eligibility.
  - These members will receive a follow-up letter identifying the information needed to make an eligibility determination and the requirement to submit the information 15 days from the letter date.
- Members whose Medicaid coverage ends due to the failure to submit an annual review form are encouraged to submit the completed form as soon as possible to allow SCDHHS to make an eligibility determination.
  - If the form is returned late and the member is determined eligible, Medicaid coverage may be provided for up to 90 days retroactively.
- Managed care enrollment is not retroactive. As a result, some members will not be enrolled in a managed care organization (MCO) for a period of time or may be enrolled in a different MCO.

### Q. Can providers find out their patients' annual eligibility review date?

- Yes. First Choice member's annual eligibility review dates will be available via the [NaviNet provider portal](#), under **Eligibility and Benefits**. Providers will also be able to pull a Member Redetermination report under the **Reports Inquiry link**.

### Q. What should my patients do?

They should contact SCDHHS to update their mailing address, contact information, and other household details now. This can be accomplished by:

- Visiting the SCDHHS website at <https://apply.scdhhs.gov> and clicking the [Healthy Connections Quick Tools link](#) to update contact information through the **Change of Address tool**, check annual review status, or upload documents through the **File Upload tool**.
- Updating via telephone at **1-888-549-0820**, Monday through Friday from 8 a.m. to 6 p.m.
- Visiting a local eligibility office. For a listing of eligibility offices, they should visit the **Where to Go for Help** page on the SCDHHS website at: [www.scdhhs.gov/site-page/where-go-help](http://www.scdhhs.gov/site-page/where-go-help).
- Looking for mail from Healthy Connections Medicaid starting April 1, 2023, then completing and returning all requested information in a timely manner. A deadline date will be indicated in the information that they receive.

Select Health also provides helpful information for members on our [Tried and True, Time to Renew](#) annual review webpage.

**Q. How can providers help?**

Encourage your patients to update their mailing address and contact information with SCDHHS if changes have occurred since March 2020.

- A change of address flyer with the address update contact information is available at [https://msp.scdhhs.gov/annualreviews/site-page#Communications\\_Toolkit](https://msp.scdhhs.gov/annualreviews/site-page#Communications_Toolkit).
  - Providers are encouraged to post these flyers in their offices.
  - Your [Select Health Provider Network Account Executive](#) can also provide copies of flyers, posters, and provider FAQs to assist you with communicating with Medicaid members.
- Providers can also help their patients understand that the standard annual reviews process restarted April 1, 2023, and their Medicaid coverage may be impacted after this date.
  - Starting April 1, 2023, members may receive an annual review form or continuation of benefits notice in the mail from SCDHHS.
  - Stress the importance in returning these forms before the deadline date.
- Providers should also encourage their patients to visit the SCDHHS annual review webpage at: <https://msp.scdhhs.gov/annualreviews> (Members tab) for the latest information and resources about Medicaid annual eligibility reviews.

**Q. How does the annual review process affect my practice?**

Changes in your patients' Medicaid eligibility will affect where you submit requests for prior authorization of services and where you submit claims.

- Providers should verify Medicaid eligibility\* once the public health emergency (PHE) ends, as members may no longer be eligible for Medicaid or may have changed Medicaid health plans as a result of the redetermination process.

\*Remember, you can verify eligibility via:

- NaviNet provider portal, <https://navinet.navimedix.com/sign-in>
- SCDHHS Medicaid provider portal, <https://portal.scmcaid.com>
- Select Health Interactive Voice Response system by calling Member Services at **1-888-276-2020**.

**Q. What if I have a prior authorization for services for a member who was on First Choice, determined to be ineligible, and subsequently regained eligibility?**

If a member received a prior authorization for services, lost eligibility, and subsequently regained eligibility, Select Health will review the prior authorization for continuity of care.

**Q. Where can providers find more information about the annual review process?**

For additional information and resources, providers can visit the:

- Select Health Medicaid Annual Eligibility Redetermination Reviews webpage at: <https://www.selecthealthofsc.com/provider/resources/redetermination.aspx>
- SCDHHS annual review webpage at: <https://msp.scdhhs.gov/annualreviews/site-page-0> (Providers tab).

Providers may contact the SCDHHS Provider Service Center from 7:30 a.m. to 5 p.m., Monday through Thursday, and 8:30 a.m. to 5 p.m. on Friday.

SCDHHS also has an email for submission of additional questions or requests for someone from the agency to present to your organization about annual reviews: [annualreviews@scdhhs.gov](mailto:annualreviews@scdhhs.gov)