

SCDHS Hotline

Standard Operation Procedures
2024

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Step by step on how to:

1. Use [Patient Queue](#) to pull [information needed](#) to request patient's eligibility status.
 - a. not needed for SC
 - b. [Identify patient's information](#) /use 1716 to identify mother's info, if no 1716 on file, review "conditions" under personal screen for newborn babies
 - c. Identify [date of service](#)
 - d. Call SCDHS hotline
 - e. Obtain eligibility status
 - f. [Identify RS](#)
 - g. [Status Agency](#) / send [user task](#)

SCDHS Hotline:

Use SCDHS hotline for questions about case status, benefits, services and eligibility. SCDHS hotline can provide eligibility status for three clients per call. SCDHS hotline can escalate cases for corrections of demographics such as DOB or name spelling, as well application type if not being processed correctly.

Call SCDHS Hotline at: **1-888-549-0820**

- Press "1" for English.
- Press "1" for application follow-up.
- Press "1" to get the status of the application.
- Press "1" for application Status OR
- Press "2" to enter SSN or Medicaid ID# or stay on the line for a representative.
- Once hotline representative answers the call:
 - "Good Morning/Afternoon, my name is (first name) calling from Optum/Change Healthcare to follow up on a status of an application."
- SCDHS representative can provide status for three patients in each call.
- SCDHS representative will ask for information that will help in finding the client's eligibility. Please refer to ["Information needed to request patient's eligibility status"](#) section for more information.
 - Provide as many information as needed to find client in SCDHS system.
 - For minor children, provide guardian's information as well as the child.
- Have all needed information available when calling hotline as SCDHS representative has limited time and will not wait/assist if the information is not presented at the time of the call.

Information needed to request patient's eligibility status:

- Adult
 - Social security number or Medicaid ID
 - Date of birth
 - Name
 - Address
 - Phone number
 - Application tracking number
 - Date of service
- Minor
 - Parent's social security number or Medicaid ID
 - Parent's date of birth
 - Parent's name
 - Address
 - Phone number
 - Child's name
 - Application tracking number
 - Date of service

Additional questions to ask when:

- If case was approved:
 - Obtain the Medicaid ID #
 - Eligibility start date
 - Date application was approved
- If case was denied:
 - Obtain Denial reason
 - Obtain denial date
 - Verify if any other application is pending
 - If yes, what is the application date.
 - If reason for the denial is excess income and/or resources verify the amount of income and/or resources found by the DHHS
- If case was not found/canceled:
 - Obtain cancelation reason
 - Obtain cancelation date
 - Verify in any other application is pending
 - If yes, what is the application date.

When Patient's eligibility status provided:

1. Update PACE
 - a. Case Pending:
 1. Date of application
 2. Status of the application
 - b. Case Not Found/Canceled:
 - i. Send ["User Task"](#) to [RS](#) with detailed message:
 1. Application date
 2. Status of application
 3. Patient's eligibility status
 - c. Case Denied:
 - i. Send ["User Task"](#) to [RS](#) with detailed message:
 1. Application date
 2. Status of application
 3. Denial date (if provided)
 4. Denial reason (if provided)
 5. Patient's eligibility status
 - d. Case Approved:
 - i. Send ["User Task"](#) to [RS](#) with detailed message:
 1. Eligibility status
 2. Medicaid ID #
 3. Coverage range dates
 4. System Date/Date Coverage was Approved
 - e. If case is approved but needs a backdate (doesn't cover our DOS)
 - i. Provide future dates to obtain Medicaid ID.
 - ii. Example: DOS (admit-to-discharge dates) is 5/8/19-5/10/19; SCDHS Representative stated, "not eligible for DOS and case needs to be backdated". User should provide SCDHS representative DOS for future months (7/8/19,8/8/19,9/8/19) to obtain Medicaid ID.

****Important****

- Please review the case history prior to sending a user task. If a status was obtained and user task was previously set and subsequently marked as "completed" by the CHC Onshore team DO NOT set additional User Tasks for the same status. A "user note" should still be placed into the system following the above guidelines. However, additional language should be included: "previous task marked as completed, no additional tasks will be set at this time".

How to Identify a "Completed" user task

On the left-hand side of PACE locate "view history" and click it

Evidence
Classic ScoreCard
Standard Forms
User Task
View History
Eligibility Screening
Eligibility Check

- You should then be able to identify when your user task was submitted and when it was completed by the On Shore team by looking for these key items:
- Under Activity – it will say user task under activity but there will be no results – this should indicate the user task that was sent to another user
- When the On-Shore team addresses that task, it will say “contact initiated” under result

Date	User ID	Application	Hosp Acct	Activity	Result	Detail1	Detail2	User Note	Exp
02/21/22 08:42 AM	Adelson, Nicholas			User Task	Contact Initiated				Y
02/21/22 08:41 AM	Adelson, Nicholas			User Task					N

Additionally, when you hover over the sticky note, it will show the status as well as the user that assigned the task. If the status is marked as “completed” and the update being placed in the system is identical to the completed task, do NOT place another task, only a note.

User Task (Other) - Status: Completed
Case Approved
RIN:123450614
1/1/22-2/1/22
System Date 1/1/22
Assigned By: Adelson, Nicholas
Assigned To: Adelson, Nicholas

Identify the hospital

Applications and Visits Recap					
Type	Status - Reason	Work	Applied for Dates	Next Process	
<input checked="" type="checkbox"/> MANG-12/11/18 (I)	Pending - Need Evidence	Due	12/08/18 - 12/12/19	Contact State Agency	
Visit: 02/28/19-02/28/19 (OP)		Trini-LoyolaUniv-OP 307780900022	\$96.00	▶ Pending Approval	
Visit: 12/08/18-12/12/18 (IP)		Trini-LoyolaUniv-Inp 307780900011	\$8,444.45	▶ Pending Approval	
<input checked="" type="checkbox"/> Unlinked Active Visits					
<input checked="" type="checkbox"/> Unlinked Visits					
Person Summary			Status Applicant History		
<input checked="" type="checkbox"/> Conditions			Restart	Next Status Applicant on 04/25/19	
<input checked="" type="checkbox"/> How Conditions Impact Ability to Work			Date	Activity	
<input checked="" type="checkbox"/> Outstanding Evidence (9)			04/15/19	Evidence Request Sent	
<input checked="" type="checkbox"/> Appointments (0)			04/15/19	Contact Initiated	
			04/15/19	708-715-3409 - Left Message	
			04/15/19	Contact Initiated	

Identify patient's information

QA, Test Pace# 11549726 SSN: 123-45-6789 DOB: 06/06/06 Age: 12 Gender: M	7777 Street CHICAGO, IL 60612 County: COOK	Language: English (P)
Additional Information		

Identify the date of service

Applications and Visits Recap				
Type	Status - Reason	Work	Applied for Dates	Next Process
<input type="checkbox"/> AABD-12/14/18 (I)	Pending - Transfer Back	<u>Due</u>	12/14/18 - 12/14/18	Contact State Agency
<input type="checkbox"/> AABD-12/07/18 (H)	Pending - Hearing Sent To Agency	<u>Due</u>	12/07/18 - 12/07/18	Contact State Agency Hearing
Visit: 11/01/18-12/07/18 (IP)	zTest Customer	99999	\$1,234.00	* Pending Approval
<input type="checkbox"/> Unlinked Active Visits				
<input type="checkbox"/> Unlinked Visits				

How to send “User Task”:

1. Click on “User Task”

Home Person → Reports → AdvocatePro → Admin Batch Updates →

Patient: [REDACTED]
 SSN: [REDACTED]
 DOB: [REDACTED]
 Age: 0
 Gender: F

MINOR NICU BABY

Person

- Edit
- Financial
- Forms

Other Applicant

- Add
- Link

Visits

- Add
- Link

Applications

- Add

Contacts

- Add PE
- Add TP
- Add AG

Evidence

Classic ScoreCard

Standard Forms

User Task

View History

Additional Information

Type	Status
<input type="checkbox"/> T-16 Children-10/22/18 (I) Visit: 09/03/18-02/19/19 (IP)	Pending
<input type="checkbox"/> MANG-02/06/19 (H) Visit: 09/03/18-02/19/19 (IP)	Closed
<input type="checkbox"/> Unlinked Active Visits	

Person Summary

- ☐ **Conditions**
- ☐ How Conditions Impact Ability to Work
- ☐ Outstanding Evidence (0)
- ☐ Appointments (0)

2. Under “User” type assigned RS name
3. Under “Detail”, include your detailed note
4. Mark the “priority” as:
 - a. “High”-for approved or denied

- Write your message using one of the templates below.

Documentation Templates

Once you obtain a status, please document the account using one of the templates below depending on the status and the application type. Please use **only** these templates.

Unable to Provide Information- DEEM BABY APPLICATION ONLY

- Called DHHS 1-888-549-0820, Spoke with **XXXXXXX** (rep.'s name). Stated unable to obtain deem baby case status without Mother /Guardian information. Checked in pace 1716 is not scanned. Parents / Guardian information not added in pace. Call Reference- **XXXXXXXXMMDDYYYY** (rep.'s first name & date).

Unable to Provide Information- ALL APP. TYPES EXCEPT DEEM BABY

- Called DHHS 1-888-549-0820, Spoke with **XXXXXXX** (rep.'s name). Stated unable to obtain application type case status without 1282. 1282 not on file. Call Reference- **XXXXXXXXMMDDYYYY** (rep.'s first name & date).

Pending Additional- Information Needed- ALL APP. TYPES

- Called DHHS 1-888-549-0820, spoke with **XXXXXXX** (rep.'s name), Stated there is no 1282 form. Unable to obtain claim status. Checked intake and found the same. 1282 was not loaded as per rep. Call Reference - **XXXXXXXXMMDDYYYY** (rep.'s first name & date).
- Called DHHS 1-888-549-0820, Spoke with **XXXXXXX** (rep.'s name). Stated **XXXXXXX** (application type) application was received on **XX/XX/XXXX** and it is pending for additional information. 1233 was sent by DHHS on **XX/XX/XXXX**. Evidence needed - **XXXXXXXXXX**. Due Date – **XX/XX/XXXX**. **Add here if told any verifications were returned**. Last Caseworker updated note on **XX/XX/XXXX**. No other outstanding verification. Call Reference - **XXXXXXXXMMDDYYYY** (rep.'s first name and date).

NOT Received- DEEM BABY APPLICATION ONLY

- Called DHHS 1-888-549-0820, spoke with XXXXXXXX (rep.'s name). Stated there is no 1716 on file. Unable to obtain claim status. Checked intake and found the same. The 1716 was not loaded as per rep. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).

NOT Received- ALL APP. TYPES EXCEPT DEEM BABY

- Called DHHS 1-888-549-0820, spoke with XXXXXXXX (rep.'s name). Stated there is no application on file. Unable to obtain claim status. Checked intake and found the same. Application was not loaded as per rep. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).

Pending- DEEM BABY APPLICATION ONLY

- Called DHHS 1-888-549-0820, spoke with XXXXXXXX (rep.'s name). Stated the 1716 was received on XX/XX/XXXX and is pending for review. Baby has not been added to mother's application. Advised to allow some more time. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).

Pending- ALL APP TYPES- EXCEPT DEEM BABY

- Called DHHS 1-888-549-0820, spoke with XXXXXXXX (rep.'s name). Stated the XXXXXXXX (application type) application was received on XX/XX/XXXX and is pending for review. Nothing is needed at this time. No checklist has been generated. Advised to allow some more time. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).
- Called DHHS 1-888-549-0820, Spoke with XXXXXXXX (rep.'s name). Stated XXXXXXXX (application type) application was received on XX/XX/XXXX and is pending for VR disability determination. There is no checklist generated. Last Caseworker updated note on XX/XX/XXXX. Both 3218 & 921 form on file. No other outstanding verification. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).

Approved- ALL APPLICATION TYPES

- Approved - Called DHHS 1-888-549-0820, spoke with XXXXXXXX (rep.'s name). Stated the XXXXXXXX (application type) application was received on XX/XX/XXXX and approved on XX/XX/XXXX. Medicaid ID is XXXXXXXXXXXX. Coverage type is XXXXXXXXXXXX (add type of coverage, if provided). The start date is XX/XX/XXXX and ongoing. Caseworker last updated note on XX/XX/XXXX. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).
- Approved - Called DHHS 1-888-549-0820, Spoke with XXXXXXXX (rep.'s name). Stated XXXXXXXX (application type) application was received on XX/XX/XXXX and approved on XX/XX/XXXX. Medicaid ID# is – XXXXXXXXXXXX. Coverage effective from XX/XX/XXXX and is ongoing. All dates of visit not eligible. Escalated for retro from XX/XX/XXXX is pending. Last Caseworker updated note on XX/XX/XXXX. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).

Denied for Lack of Evidence- ALL APPLICATION TYPES

- Denied - Called DHHS 1-888-549-0820, Spoke with XXXXXXXX (rep.'s name). Stated XXXXXXXX (application type) application was received on XX/XX/XXXX and denied on XX/XX/XXXX, due to lack of evidence. 1233 sent by DHHS on XX/XX/XXXX. Evidence Needed- XXXXX, XXXXX. (add evidence not on file with DHHS). Due Date- XX/XX/XXXX. Last Caseworker updated note on XX/XX/XXXX. Call Reference - XXXXXXXXMMDDYYYY (rep.'s first name and date).

Denied- Not Disabled- ABD, TEFRA, NURSING HOME, and GENERAL HOSPITAL APPLICATION TYPES ONLY

- Denied - Called DHHS 1-888-549-0820, Spoke with XXXXXXXX (rep.'s name). Stated XXXXXXXX (application type) application was received on XX/XX/XXXX and denied on XX/XX/XXXX, due to patient not meeting

disability criteria. MA099 came back as not deemed disabled. Last Caseworker updated note on **XX/XX/XXXX**. Call Reference - **XXXXXXXXMMDDYYYY** (rep.'s first name and date).

Denied- Excess/Over Income and Resources- ALL APPLICATION TYPES

- Denied - Called DHHS 1-888-549-0820, Spoke with **XXXXXXX** (rep.'s name). Stated **XXXXXXX** (application type) application was received on **XX/XX/XXXX** and denied on **XX/XX/XXXX**, due to patient having excess **income** and/or **resources** (select one or both based on what the rep. stated). DHHS found income of **\$XXXXX.XX** and/or resources of **\$XXXXX.XX** (select one or both based on what the rep. stated). Last Caseworker updated note on **XX/XX/XXXX**. Call Reference - **XXXXXXXXMMDDYYYY** (rep.'s first name and date).

How to enter “User Note”

- Click on “Application type”

- In the right corner click on the “sticky note” and type your note
 - Called SCDHS call center, case pending , received _____ enter date case was received per call center
 - Add any additional information you can obtain

- Select the message “Private” and “High Importance”

1/9/2019

Private: ☒

High Importance: ☒

Enable All Levels

Work Status Eligibility

4. Save

State Online Application Completed:

No Existing Coverage

Save

Cancel

Patient Queue

1. Click "Home"

* Status Breakdown

Status	#	%
No	0	
Hold	0	
Pending Approval	0	
TPL	0	
Terminated	0	
Invalid	0	
Billing List	0	
Total	0	
In-Patient	0	
Out-Patient	0	

My Assigned Visits

No visits or customers available. Please assign items to be able to view them here.

CHANGE
HEALTHCARE

PACE

Home
Person
Reports
AdvocatePro
Admin
Batch Updates

×

PACE News

Mass Status Evidence

Status Agency Inbound Fax

Referral Management

Claimed Referrals

Management

Pod Management

Add a Person

Advanced Search

Patient Queue

AdvocatePro

PACE Training

My Assigned Visits

No visits or customers available. Please assign items to be able to view them here.

2. The patient Queue will appear

CHANGE
HEALTHCARE

PACE

Home
Person
Reports
AdvocatePro
Admin
Batch Updates

Jump to:
Name
Go

Patient Queue

Hospital Group

None selected

Hospital Facility

None selected

Hospital

None selected

Reset filter

Total Cases Assigned : 43

Total Cases Worked Today : 0

Priority	PID	Name	DOB	SSN	# Visits	Application	App Level	Exp	Status	Agency	Agency Contact	Aged	Delinquent
								Select				Select	Select
2	8058696				1	T-16	Initial	No	Review For Approval	Fort Wayne SSA		No	No
2	8058696				0	T-2	Initial	No	Review For Approval	DDS Indiana		No	No
2	11367364				0	T-16	Initial	No	Review To Close	Fort Wayne SSA		No	No
2	11279583				0	T-16	Initial	No	Review To Close	Fort Wayne SSA		No	No
3	10105813				6	T-16	Initial	No	Review To Close	DDS Indiana		No	No
5	10105813				0	T-2	Initial	No	Review To Close	DDS Indiana		No	No
5	9358255				0	T-2	Initial	No	Review For Approval	Fort Wayne SSA		No	No

Resolution Specialist

To determine RS name on application:

1. Click on the name of the application

Applications		
Type	Status - Reason	W
<input type="checkbox"/> MANG-08/26/20 (I)	Pending - Evidence Review	11
Visit: 08/19/20-08/20/20 (IP) ADVO-Lutheran		
<input type="checkbox"/> Unlinked Active Visits		

2. Look for RS name listed under application info.

Application Info

Case Number: T14557626

Category: State

State: Illinois

Type: MANG

Level: Initial

Status: Contact Made

Customer: ADVO-Lutheran General Hospital-Main

Office: Atlanta

HCR: Gora, Jolanta

CP: Choose...

RS: Ortiz, Mariapaz

Scenarios	Documentation	
	Note Type	Message Type
Case Approved	User Task	High
Case Denied (first touch)	User Task	High
Case Denied (within 30 Days Follow-up)	User Note	High Importance and Private
Case Denied (after 30 Days Follow-up)	User Task	High
Case Pending	User Note	High Importance and Private
Case Closed/Cancelled	User Task	Normal
Case Not Found	User Task	Normal
Retro Request	User Note	High Importance and Private
Case not Eligible	User Note	High Importance and Private