GOALS FOR THIS SESSION

• Provide an overview of Medicare and Medicaid today

• Describe a new program: Healthy Connections Prime
  • Improved communication
  • Better care transitions
  • Appropriate delivery of care
  • Elimination of cost shifting between Medicare and Medicaid

• Describe education and outreach
<table>
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<tr>
<th>WITHOUT INTEGRATED CARE:</th>
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<tr>
<td>• Three ID cards: Medicare, Medicaid, and prescription drugs</td>
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<td>• Three different sets of benefits</td>
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<td>• Poor communication among providers</td>
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<td>• Health care decisions uncoordinated and not made from a person-centered perspective</td>
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<td>• Incomplete knowledge of patient’s condition, medical records, prescriptions, etc.</td>
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<td>• Limited time, staff resources or financial incentives to coordinate services</td>
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<td>• Lack of appropriate incentives to provide care at the right time and in the least restrictive setting</td>
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CURRENT SYSTEM

• Medicare and Medicaid not initially designed to integrate and coordinate services for individuals served by both programs

• Increased health care spending not proven to improve health outcomes

• Dual eligibles represent disproportionate share in health care costs;
  • Roughly 15% of population
  • Accounting for 30% of costs
Healthy Connections Prime will provide a new health care option for South Carolina’s seniors with Medicare and Medicaid. This program will make it easier for our seniors to get all the health care services they need, fully managed by a single entity.

Healthy Connections Prime proposes:
- To integrate and coordinate care for beneficiaries with both Medicare and Medicaid; and
- To purchase quality health outcomes through a person-centered model that delivers care at the right time and in the most appropriate setting.

CMS and SC signed a Memorandum of Understanding (MOU) on October 25, 2013 approving this new pilot program.
State Demonstration Proposals to Align Financing and/or Administration for Dual Eligible Beneficiaries, March 2014

NOTES: *CO, CT, IA, MO, and NC proposed managed FFS models. NY, OK, and WA proposed both capitated and managed FFS models; both demonstrations are approved in WA; NY withdrew its managed FFS proposal. All other states proposed capitated models.

Advantages of Prime promote integrated care to address inefficiencies in the current system, including:

- Communication between providers;
- Transitions between care settings;
- Delivery of care at the right time and in the most appropriate setting;
- Documentation requirements and administrative processes;
- Health disparities; and
- Cost shifting between Medicare and Medicaid.
• CICOs will be required to provide Medicare and Medicaid services, either directly or through subcontracts.

• CMS, SCDHHS, and the CICOs will ensure beneficiaries have access to an adequate network of medical and support services.
  • SCDHHS will validate network adequacy through review and analysis of CICO reports.
• **Medicaid services, including:**
  • Behavioral health
  • Home and community based services
  • Nursing facility services

• **Medicare services, including:**
  • Primary and acute care
  • Part D (prescription drugs)
  • Skilled nursing facilities

• Hospice services will still be reimbursed as FFS directly from Medicare.
• A care team that beneficiaries helped put together
• A care coordinator that works with beneficiaries, their plan, and their providers
• Ability to direct their own care with help from the care team and care coordinator
• A care plan specifically designed to meet their health needs
• A single health care card
• No insurance premiums
Prime population inclusion criteria:

- Individuals >= 65
- Full-benefit dual eligible
- Individuals receiving Home and Community Based Services (HCBS) CLTC waivers (i.e., HIV, Vent, and Community Choices)

Excluded populations (at time of enrollment):

- Residing in a nursing facility;
- Enrolled in hospice;
- Receiving End-Stage Renal Disease (ESRD) services;
- Enrolled in a Program of All-Inclusive Care for the Elderly (PACE); or
- Enrolled in Department of Disabilities and Special Needs (DDSN) operated waiver serving adults (ID/RD, HASCI, and Community Supports).

Total full-benefit dual eligible population: 131,090
Prime eligible population: 53,600

Enrollment includes an opt-in period following by passive enrollment. Healthy Connections Prime is voluntary; beneficiaries can opt-out as well as change plans at any time.
Participating Coordinated and Integrated Care Organizations (CICOs) in Healthy Connections Prime:

- Absolute Total Care, Inc.
- Advicare
- Molina Healthcare of South Carolina, Inc.
- Select Health of South Carolina
- WellCare of South Carolina
Prime Education and Outreach Plan
• **September 2013: Internal Communications**
  • September 2013 – February 2014

• **October 2013: Provider Communications**
  • October 2013 – December 2013

• **November 2013: Legislative Affairs**
  • November 2013 – February 2014

• **December 2013: Advocacy and Nonprofit Groups Campaign**
  • December 2013 – February 2014

• **January 2014: Media Relations**
  • January 2014 – July 2014

• **June 2014: Beneficiary and Caregiver Communications**
  • June 2014 – January 2015
Beneficiary communications will begin in June 2014 with written notification about Prime.

Beneficiaries and caregivers will have targeted pages on the new Prime website to address their questions and concerns.

To ensure health literacy levels are adequate for the targeted population:

- Communications Workgroup will review state materials, and
- CMS and SC joint-team will be established to review CICO marketing materials.

An independent options counselor will be available to assist beneficiaries throughout the enrollment process.
Proposed Timeline*:

- Initial mailer/postcard (June 2014)
- Host community forums statewide (July-October 2014)
- CICO marketing period begins (October 2014)
- Enrollment letter/materials mailed (mid-October 2014)
- Enrollment begins (November 1, 2014)
- Service delivery begins (January 1, 2015)

*All dates are proposed and have not been finalized
ENROLLMENT

Opt-in statewide enrollment:
January 1, 2015 – March 31, 2015*

Proposed dates

Passive enrollment:
Wave 1 – April 1, 2015*
Wave 2 – June 1, 2015*
Wave 3 – August 1, 2015*

*Proposed dates
GOALS OF PRIME

• Improve health outcomes

• Reduce avoidable emergency department visits and hospital readmissions

• Continued emphasis on delaying the need for nursing facility care by increasing access to home and community-based services
The SCDHHS mission is to purchase the most health for our citizens in need at the least possible cost to the taxpayer.
Questions?

Please send questions to: prime@scdhhs.gov.
Thank You
Contact Information

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