Advicare Advocate Transition FAQs

On June 1, 2016, Advicare Corp., a managed care organization in South Carolina, was purchased by WellCare Health Plans, Inc. This purchase agreement was limited to Advicare’s Medicaid managed care operation. However, Advicare’s Medicare-Medicaid plan (MMP), Advicare Advocate, will terminate its contract with the Centers for Medicare and Medicaid (CMS) and the South Carolina Department of Health and Human Services (SCDHHS), and will no longer participate in the Healthy Connections Prime program. Existing Advicare Advocate members will have new health insurance effective September 1, 2016. Because of its pending termination, Advicare Advocate is no longer accepting any enrollments.

The following sections provide an outline of the transition of members and are intended to address any concerns of members, providers, advocates or other stakeholders.

What will happen to members who are currently enrolled with Advicare Advocate?

(Note: This section does not apply to individuals passively enrolled (auto-assigned) into an MMP with a July 1, 2016 coverage start date. Those individuals should read the next section on page 2. Individuals can find their coverage start date in the welcome packet they received from their MMP or by calling their MMP’s Member Services line.)

Although Advicare Advocate will no longer be a part of the Healthy Connections Prime Program, all members will continue to receive their health care services, including prescription drugs, either through another Medicare-Medicaid plan or under Original Medicare and Healthy Connections Medicaid. There will be no gap in coverage for Medicaid, Medicare, or Medicare Part D prescription drugs (also known as “Part D”). The specifics of what happens to members depend on which county they live in. Members may have already received letters from the state or their new MMP about these changes.

In most counties where Advicare Advocate serves as an MMP, members will be eligible for passive enrollment (auto-assignment) into a new MMP with an effective date of September 1, 2016. This will happen unless before August 31, 2016, members actively choose to either (1) enroll into a new MMP or (2) go back to fee-for-service Healthy Connections Medicaid and for Medicare either participate in Original Medicare with a Part D plan or enroll in a Medicare Advantage plan. Members who want to choose either of these two options can contact Healthy Connections Choices at (877) 552-4642, Monday-Friday, 8 a.m. to 6 p.m. TTY users call (877) 552-4670. Please note: all Healthy Connections Prime MMPs offer 50 copays for doctors’ visit, hospital stays and prescription drugs and differ in supplemental benefits such as expanded vision or dental benefits. You can call Healthy Connections Choices for more details about each MMP’s benefits.

There are six remaining counties (Aiken, Anderson, Cherokee, Dorchester, Greenwood and Oconee) that are not eligible for passive enrollment due to the departure of Advicare Advocate. Detailed on the next page are these counties and what members who live in them should expect during their transition out of Advicare Advocate.

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1 In order to be eligible for passive enrollment, individuals must meet the following criteria at the time of enrollment: reside at home, live in a county with two or more MMPs and not have comprehensive health care insurance (e.g., Medicare Advantage). Counties with two or more MMPs after Advicare Advocate’s departure are: Abbeville, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Florence, Georgetown, Greenville, Hampton, Jasper, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, and Williamsburg.
## Counties Eligible for Opt-In Enrollment Only

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<th>Counties</th>
<th>What Members Should Expect</th>
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<td>Anderson, Cherokee, Greenwood and Oconee</td>
<td>With Advicare Advocate’s departure, there is only one MMP serving these counties. Individuals in these counties must actively join an MMP to remain in Healthy Connections Prime. Advicare Advocate members must call Healthy Connections Choices at (877) 552-4642, Monday-Friday, 8 a.m. to 6 p.m. TTY users call (877) 552-4670 and say they want to join (opt-in) the remaining MMP. If these members do not call before August 19, 2016, they will go back to fee-for-service Healthy Connections Medicaid and Original Medicare with a Part D plan. Regardless, there will be no gap in coverage for these members.</td>
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## Counties No Longer Participating in Healthy Connections Prime

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| Aiken and Dorchester             | With Advicare Advocate’s departure, there are currently no MMPs serving these counties. MMPs will continue to build the networks with the intention of expanding into these counties in the future. Advicare Advocate members in these counties will receive healthcare coverage from Original Medicare, a Part D prescription drug plan and fee-for-service Healthy Connections Medicaid.  

Please note that approximately 40 Advicare Advocate members in these two counties were inadvertently disenrolled effective May 31. They received disenrollment letters that said they are no longer eligible for Healthy Connections Prime and have been enrolled in Healthy Connections Medicaid and Original Medicare. SCDHHS will not reenroll these members back into Advicare Advocate since this might be confusing for them. If members need help understanding the change, they can call Healthy Connections Choices at (877) 552-4642, Monday-Friday, 8 a.m.-6 p.m. TTY users can call (877) 552-4670. If members need help understanding their options for Medicare or Medicare Part D coverage, they can call (800) MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call (877) 486-2048. |

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### What will happen to individuals who are passively enrolled (auto-assigned) with Advicare Advocate with a coverage start date of July 1, 2016 (also known as “Wave 2”)?

The coverage start date for some passively enrolled members was scheduled for July 1, 2016, but these enrollments have been cancelled. Given Advicare Advocate’s departure, these individuals will remain in their current health care plans for some extra time and will not be enrolled in Advicare Advocate. Individuals eligible for passive enrollment will be auto-assigned to a new MMP with an effective coverage date of November 1, 2016². These individuals will receive a 60-day notice on September 1 and a 30-day notice October 1.

### How will members keep getting medical care while their insurance coverage changes?

Members will not have any gap in Medicare, Medicaid or prescription drug coverage, and if they switch MMPs there is a six month “continuity of care” period to help them adjust.

If a member transfers to another Healthy Connections Prime MMP, he/she will be able to continue to see his/her current doctors and providers for the first six months in the new plan. The new plan will honor all prior authorizations for upcoming medical procedures and make sure members have access to their current prescriptions for six months. However, members who change MMPs will have a new care coordinator. The new care coordinator will help them.

² Counties that have individuals who are passively enrolled into Wave 2 are: Allendale, Beaufort, Berkeley, Calhoun, Charleston, Chesterfield, Clarendon, Colleton, Dillon, Florence, Georgetown, Hampton, Jasper, Lee, Marion, Marlboro, Orangeburg, and Williamsburg.
understand the differences between Advicare Advocate and their new MMP, find an in-network doctor if needed, and help write a new individualized care plan.

Healthy Connections Medicaid covers the same services as Healthy Connections Prime, so a member leaving the Healthy Connections Prime program should not have trouble accessing care.

**How many members are affected by Advicare Advocate’s departure from the program?**

As of June 24, 2016, approximately 3,560 members will be impacted by Advicare Advocate’s departure from the program.

- Approximately 3,100 members will be eligible for passive enrollment (auto-assignment) into another MMP. This group includes current and Wave 2 passively enrolled members in counties with two or more remaining MMPs.
- Approximately 460 members will be enrolled back into fee-for-service Healthy Connections Medicaid and Original Medicare with a Part D plan. Of that number, approximately 420 live in a county that has one remaining MMP and will be eligible for opt-in enrollment into that remaining MMP.

**Who can members contact for more information?**

There are several resources that can help.

- Current Advicare Advocate members with questions about upcoming medical procedures, existing medical equipment or current healthcare needs can call their care coordinator or Advicare Advocate customer service at (844) 564-0143 (TTY/TDD 711 or 1-888-357-7188), 8 a.m. until 8 p.m., seven days a week.
- If members want to change their MMP or opt into an available MMP in their county, they can call South Carolina Healthy Connections Choices at (877) 552-4642, Monday-Friday, 8 a.m. to 6 p.m. TTY users call (877) 552-4670.
- If members have questions about Medicare or Medicare Part D, they can call (800) MEDICARE (800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call (877) 486-2048.
- If members have questions about Healthy Connections Medicaid, they can call the SC Thrive Customer Service Center at (800) 726-8774, Monday-Friday, 8:30 a.m. to 5 p.m. TTY users call 711. This call is free.
- The Healthy Connections Prime Advocate is an independent program that does not work for any health plan or Healthy Connections Medicaid. It helps members, their families and their representatives with concerns or problems about Healthy Connections Prime. The Healthy Connections Prime Advocate can be contacted at the Lieutenant Governor’s Office on Aging toll free at (844) 477-4632, Monday-Friday, 8:30 a.m. to 5 p.m. TTY users should call 711.

For information about the Healthy Connections Prime program, you can visit our website at http://www.scdhhs.gov/prime. There are sections geared towards providers as well as members, caregivers and advocates.