Healthy Connections
• 89% of comprehensive assessments completed within 90 days of enrollment

• CICOs required to report serious reportable events including but not limited to:
  • Suspected abuse, neglect or exploitation;
  • Deaths (unexpected, homicide or suicide);
  • Falls (resulting in death, injury requiring hospitalization or permanent loss of function); and
  • Unstageable or Stage III and IV pressure ulcers.
Healthy Connections Prime

- Implementation: February 2015

- September 2015: SCDHHS submits letter of intent to extend demonstration

- January 2016 enrollment: 1,809

- Waiver Participants: 231

- Nursing facility utilization (YTD): 118
  - Nursing Facility (December): 23
  - Medicaid Sponsored LTC (December): 4

* Enrollment numbers only estimates to account for pending end of the month transactions.
• Majority of disenrollment via loss of eligibility or via 1-800 Medicare

• Enrollment triggers disenrollment from existing comprehensive health insurance
  • Disenrollment notification may arrive before notification of new Healthy Connections Prime coverage

• Reasons for disenrollment
  • Many believe they are still enrolled in program
  • Fear losing benefits (i.e., Part D notification)
  • Pending procedures
  • Overall resistance to change

Given the importance of health care for older adults, dual eligibles are naturally hesitant to make any changes.

Many are content with their current health care coverage.

Fear of change making care worse can override hope of getting better.

Some simply do not like change.

Passive Enrollment
• Passive enrollment – all in, opt-out
  • Eligible enrollees who do not make active choice to enroll will be automatically assigned

• “Intelligent assignment” will prioritize most frequently used providers, family relationships, and previous coverage

• Enrollees with existing comprehensive health insurance (i.e., Medicare Advantage, PACE or pension coverage) not eligible for passive enrollment

• 6-month continuity of care provision still applies

• Individuals residing in nursing facilities will not be passively enrolled
• Individuals residing in nursing facilities will not be passively enrolled

• SCDHHS will use eligibility data to identify individuals are with approved Medicaid sponsored long term care application

• Eligible beneficiaries will receive notice 60-days prior to enrollment effective date

• When possible, CICO will use available data to identify data to identify members who may have been enrolled in error (i.e., those who reside in nursing facilities)

• SCDHHS will cancel enrollments for beneficiaries erroneously enrolled due to inaccurate data in our system
• Facilities should continue to use SCDHHS Webtool to verify eligibility

• Facilities that identify individuals who are believed to be not eligible, but enrolled should contact SCDHHS at prime@scdhhs.gov

  • Our team will verify eligibility and take action to cancel enrollment when appropriate
• Estimated 51,715 eligible enrollees

• Assignable Population: 12,600 eligible enrollees

• Unassignable Population: 39,115
  • Outside of Service Area: 10,668
  • Auto-Assigned LIS Population: ~10,000
  • Other Comprehensive Insurance: ~18,427
Percent of Eligible Passive Enrollees by Service Area

- Aiken 1,433 (2.8%)*
- Darlington 1,056 (2%)
- Dorchester 824 (1.6%)*
- Greenwood 830 (1.6%)*
- Horry 2,401 (4.6%)
- Lancaster 772 (1.5%)
- Sumter 1,844 (3.6%)
- York 1,508 (2.9%)
- All Other Counties 41,047 (79.4%)

* Counties with only one CICO. These counties are eligible for choice only.
Passive Enrollment Timeline

Wave 1
- Effective April 1, 2016
- Upstate
- Projected Eligibles = 5,100

Wave 2
- Effective July 1, 2016
- Coastal Region and CLTC Waiver Population
- Projected Eligibles = 7,500