Today’s Agenda

• Provide an overview of the Healthy Connections Prime program

• Discuss upcoming enrollment activities

• Discuss How Healthy Connections Prime and RBHS providers may interact
Background

- **New program** for seniors age 65 and older with Medicare and Medicaid
- **Healthy Connections Prime** is part of a national initiative jointly administered by CMS and SCDHHS, designed to integrate all the services of Medicare, Medicare Part D, and Medicaid under a **single Medicare-Medicaid plan**
- **41 counties** participating
Healthy Connections Prime is designed to promote:

• Better care through a single set of benefits representing all services under Medicare, Medicare Part D and Medicaid

• Better value through a care team and care manager that works with the individual and his/her providers

• Better health through flexible benefits that help seniors stay at home as long as possible
Healthy Connections Prime will cover the following services:

- 24-hour nurse advice line
- Adult day health services
- Care manager (*coordinates care from different providers*)
- Community long term care
- Dental services
- Diabetes management services
- Doctor visits (*unlimited*)
- Help transitioning back home from hospital or nursing home
- Home health
- Hospital and urgent care
- In-home safety assessments
- Lab tests, x-rays and imaging
- Medical equipment (*blood sugar monitors, walkers, wheelchairs, etc.*)
- Mental health services
- Nursing facility
- Nutritional supplements
- Personal care
- Prescription drug coverage
- Prosthetics
- Skilled nursing facility care
- Support for family caregivers
- Therapy (*physical, occupational, speech/language*)
- Transportation to medical appointments
What does Healthy Connections Prime offer beneficiaries?

<table>
<thead>
<tr>
<th>Services*</th>
<th>Healthy Connections Prime</th>
<th>Original Medicare</th>
<th>Medicare Part D</th>
<th>Healthy Connections Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Visits and Lab Tests/X-rays</td>
<td>★</td>
<td>★</td>
<td></td>
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<tr>
<td>Urgent and Hospital Care</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
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<tr>
<td>Nursing Facility Care</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Equipment (blood sugar monitors, walkers, wheelchairs, etc.)</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
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<tr>
<td>Prescription Drugs</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Long Term Care (CLTC) (personal care, home-delivered meals, etc.)</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
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<tr>
<td>Right to hire, fire, and manage your home care attendant</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
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<tr>
<td>Support for family caregivers</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Transportation to medical appointments</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Vision Benefits (offered by some plans)</td>
<td>★</td>
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</tbody>
</table>

Plus...

- One plan
- One insurance card
- One member services number to call
- No insurance premiums
- No costs for doctor visits and hospital stays
- A personal care coordinator
- A care team of the member’s choosing
- 6-month continuity of care
Continuity of Care

- 6-month continuity of care period
- Members maintain providers and services
- No change in service authorization levels for direct care waiver services
- Standard Part D transition rules apply

**CONTINUITY OF CARE OPTIONS**

1. **Full Contract**
   - Serve any member

2. **Single Case Agreement**
   - Serve one particular member beyond the six month transition period

3. **Transition Process**
   - Serve for up to six months while member transitions to a Healthy Connections Prime provider

Out-of-network providers reimbursed at current Medicare and Medicaid fee-for-service rates
Enrollment
Individuals may be eligible to enroll if they are:

- Age 65 or older;
- Have Medicare benefits;
- Have full Healthy Connections Medicaid benefits; and
- Are living at home

<table>
<thead>
<tr>
<th>Enrollment Phase</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Enrollment</td>
<td>• Ongoing&lt;br&gt;• Medicare-Medicaid enrollees choose to participate with Healthy Connections Prime</td>
</tr>
<tr>
<td>(~51,000 eligible enrollees)</td>
<td></td>
</tr>
<tr>
<td>Passive Enrollment</td>
<td>• Will occur in two initial phases, and is on going monthly&lt;br&gt;• Eligible enrollees are automatically assigned to a Medicare-Medicaid plan</td>
</tr>
<tr>
<td>(~12,800 eligible enrollees)</td>
<td></td>
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</tbody>
</table>
Passive Enrollment Timeline*

**Wave 1**
- Effective April 1, 2016
- Upstate Region
- Projected Eligibles = 5,300

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

*Members with comprehensive insurance or who have previously been passively enrolled into a standalone prescription drug plan are excluded from passive enrollment.

Note: Aiken and Dorchester counties are eligible for “choice only” enrollment. In addition, the following counties are not participating in Healthy Connections Prime: Lancaster, Horry, Darlington, Sumter and York.
## Passive Enrollment Intelligent Assignment Criteria

<table>
<thead>
<tr>
<th>Rule 1 – Enrollment History</th>
<th>Rule 2 – Most Frequently Utilized Provider</th>
<th>Rule 3 – Family Health Plans</th>
<th>Rule 4 – Health Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses previous 6 months of enrollment history</td>
<td>Identifies most frequently utilized provider (MFUP) through historical claims data</td>
<td>Assigns member to the same plan as the other family member</td>
<td>Balance the assignment to the available plans in the county based on health risk score.</td>
</tr>
</tbody>
</table>
| Considers how member disenrolled from previous plan:  
  • Voluntarily, or  
  • Involuntarily | Uses MFUP to assign plan | Assigns member to the plan with the majority of the family members | |
| Uses Rule 3 if the MFUPs are contracted with multiple plans | | Use Rule 4 to assign member to health plan, if a tie. | |
Wave 1 Communications to Members (2016)

- **January 22**: 60 Day Notices mailed
- **February 25**: 30 Day Notices mailed
- **April 1**: Earliest Effective Date, New members enrolled!

- **January 25**: New members receive 60 Day Notices
- **February 1**: MMP may contact new members
- **February 28**: New members receive 30 Day Notices
Wave 2 Communications to Members (2016)

- **April 22**: 60 Day Notices mailed
- **May 25**: 30 Day Notices mailed
- **July 1**: Earliest Effective Date, New members enrolled!
- **April 14**: MMP may contact new members
- **April 25**: New members receive 60 Day Notices
- **May 28**: New members receive 30 Day Notices
Sample 60 day passive enrollment notification to beneficiaries
Members will now receive their prescription drug benefit from their new Medicare-Medicaid Plan.

- Enrollment triggers disenrollment for existing comprehensive insurance and stand-alone Medicare Part D plans.
- Medicare Part D plans will notify beneficiaries of their disenrollment from their Part D plans.
- Individuals cannot be in both a Medicare-Medicaid Plan and a stand-alone Medicare Part D.

**Sample Part D disenrollment letter**

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**Exhibit 10c: Confirmation of Disenrollment Due to Passive Enrollment into a Medicare-Medicaid Plan**

Referenced in section: 50.1

**IMPORTANT INFORMATION ABOUT YOUR UPCOMING DISENROLLMENT FROM YOUR MEDICARE PRESCRIPTION DRUG PLAN**

\(<\text{Date}>\)

Dear <Name of Member>:

Your state has enrolled you into a new plan that will provide all of your Medicare and Medicaid benefits, including prescription drugs. You should have already gotten a letter from your state telling you about the new plan.

This letter confirms your disenrollment from <PDP name>. You will continue to get your Medicare benefits from <PDP name> until <disenrollment effective date>. Beginning <day following disenrollment effective date>, your new plan will cover your health care.

You will be automatically enrolled in your new plan starting <day following disenrollment effective date>, so you don’t have to do anything if you want to be a member of this new plan. In a few weeks, you should get a letter from your new plan confirming your enrollment. There will be no gap in your Medicare and Medicaid coverage, including your prescription drug coverage.

The letter from your new plan will tell you how to contact them. You can call your new plan with questions about your new coverage or to see if you can still see your current doctors in your new plan. You can also ask for lists of network primary care providers, covered drugs and pharmacies.

If you have questions about your disenrollment from <PDP name>, please call us at <phone number> (TTY users should call <TTY number>). We are open 7 days a week, 24 hours a day. Call 1-877-486-3048 if you use a TTY. You can also call 1-800-MEDICARE (1-800-633-4227) if you need help with your Medicare options.

Thank you.
Outreach Activities and Member Experience

<table>
<thead>
<tr>
<th>For Beneficiaries</th>
<th>For Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 60 day and 30 notices, April 1 earliest effective date</td>
<td>• Additional resources available for providers</td>
</tr>
<tr>
<td>• SHIP counselors/advocates trained</td>
<td>• Direct notification</td>
</tr>
<tr>
<td>• Member experience survey conducted Spring 2016</td>
<td>• Medicare and Medicaid provider alerts</td>
</tr>
</tbody>
</table>

“I tell everyone about my plan. I love it, my doctor loves it, it’s great!”

After our member’s hospital stay, her Care Coordinator worked closely with the doctor to review her post-discharge care. During the discussion, the Care Coordinator discovered that she missed a gastroenterology appointment because of the hospital stay. The appointment was quickly rescheduled and during that appointment, some serious issues were identified. The Care Coordinator’s involvement helped our member uncover a serious issue and possibly avoid another hospital admission.
RBHS and Healthy Connections Prime
Healthy Connections Prime and RBHS Provider Interaction

• Providers will bill the MMP for services as RBHS services are carved into Healthy Connections Prime

• For clients with Healthy Connections Prime coverage, providers may work with the MMP’s Care Coordinator to manage services

• RBHS Providers may participate in the member’s Multi-Disciplinary Team (MDT)
Partners and Resources
Healthy Connections Medicare-Medicaid Plans

www.mmp.absolutetotalcare.com
(855) 735-4398

www.advicarehealth.com
(844) 564-0143

www.firstchoicevipcareplus.com
(877) 703-9109

www.molinahealthcare.com/duals
(855) 701-4887
SC Thrive

• Helps individuals interested in enrolling or who want to learn more information about Healthy Connections Prime.

• Available to conduct education sessions for beneficiaries, caregivers and advocates

SC Thrive Customer Service | 800-726-8774 (TTY/TDD: 711)
Monday to Friday, 8:30am – 5pm
Please visit our Website:

www.scdhhs.gov/prime

- FAQs
- Educational events
- Member stories
- Program data
- Latest updates
- Provider toolkit
- Additional materials
- Contacts
Healthy Connections Prime Advocate

- Services as the demonstration’s ombudsman and serves as a consumer advocate

- Offers services such as:
  - Member assistance with billing and service related issues
  - Member education and support on appeals and grievances, including the State Fair Hear process

Lt. Governor’s Office on Aging
844-477-4632 (TTY/TDD: 711)
Monday to Friday, 8:30am – 5pm
http://www.healthyconnectionsprimeadvocate.com/
Questions
Thank you!