Healthy Connections
PRIME

Overall Goals

- Improve health outcomes
- Delay the need for nursing facility care
- Reduce avoidable emergency department visits and hospital readmissions
- Increase access to home and community-based services

Target Population

- Full-benefit
- Age 65+
- Not in an institution (at the time of enrollment)
- Not enrolled in PACE
- Non-DDSN waiver
- Not enrolled in hospice (at the time of enrollment)
- Not receiving end-stage renal disease (ESRD) services

Covered Benefits

- Medicaid State Plan services including nursing facilities and behavioral health services
- Home and Community-Based waiver services
- Medicare services including primary and acute care, Part D, and skilled nursing facilities

State Demographics

- Total Eligible for the Demonstration: approximately 60,000

Implementation Schedule

- February 1, 2015: Earliest service effective date
- April 1, 2016: Wave 1 Passive enrollment begins
- July 25, 2018: Announcement of program extension to end of Dec. 31, 2020

CICOs

- Absolute Total Care
- First Choice VIP Care PLUS
- Molina Dual Options

Program Overview

Healthy Connections Prime is an enhanced option for South Carolina seniors 65 and older with Medicare and Healthy Connections Medicaid. It is designed to integrate all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits fully managed by an Medicare-Medicaid Plan (MMP). Healthy Connections Prime is a demonstration project jointly administered by Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services.

How is this different from other programs?

Healthy Connections Prime aligns with South Carolina's overall efforts to support the IHI Triple Aim. It offers the following benefits to providers with dual-eligible patients:

- **One card** (verify eligibility/coverage for only one program)
- **One party to bill** (no sequential billing - submit claim to one entity, payment comes from one entity)
- **One point of contact** regardless of service type (i.e., Medicare, Medicaid, Part D)
- **Coordination of all member medical and non-medical needs**
  - Leverage member's integrated care team and care coordinator
  - Address psychosocial needs through community referrals and home and community-based services (e.g., home-delivered meals, support for caregivers, minor home repairs or modifications)
  - Provide continuity of care (new members can keep their existing providers for six months while the plan reaches out to out-of-network providers about joining the network)
  - Provide data to better understand member circumstances
- **$0 copays for covered prescription drugs, doctor's visits, and hospital stays**
- **Value-based payments opportunities** for better health outcomes (pay for performance)

What is the transition process for providers?

Members who enroll in an MMP have a six-month continuity of care period. During this transition period, plans are required to ensure that care continues uninterrupted. This includes ongoing procedures or appointments.

During the transition period, plans will contact providers who provide services to members and offer them information on joining their network. Out-of-network primary care providers and specialists providing an ongoing course of treatment will be offered single case agreements to continue to care for the member beyond the transition period if the provider chooses not to join the plan's network.

How do I join a plan's network?

Visit the Provider section of our website (http://www.scdhhs.gov/prime) to access the plan contact information or email us at PrimeProviders@scdhhs.gov.