

May 1, 2007

ALL-GENERAL 07-03

MEDICAID BULLETIN

TO: All Medicaid Providers

SUBJECT: Enrollment Counseling Services

This bulletin is to announce the award of a contract to Maximus, Incorporated for the purpose of providing enrollment counseling services to Medicaid beneficiaries. Maximus began operational development on April 1, 2007, with implementation for assisting beneficiaries in choosing the most appropriate health plan to begin on August 1, 2007. Maximus will assist newly determined Medicaid eligible members and Medicaid members who are completing their annual eligibility re-determination in the selection of the best plan to suit individual/family needs. The following regional implementation schedule will be followed:

- August 1, 2007 – **Midlands Region:** including York, Lancaster, Kershaw, Fairfield, Newberry, Richland, Lee, Sumter, Lexington, Aiken, Barnwell, Allendale, Bamberg, Orangeburg, Calhoun and Clarendon counties. Marion county will also be included since the auto enrollment pilot project is already operational within this county.
- October 1, 2007 – **Piedmont Region:** including Saluda, Edgefield, Greenwood, McCormick, Anderson, Oconee, Pickens, Greenville, Spartanburg, Cherokee, Union, Chester, and Laurens counties.
- December 1, 2007 – **Low Country Region:** including Georgetown, Berkeley, Dorchester, Charleston, Colleton, Beaufort, Hampton and Jasper counties.
- February 1, 2008 – **Pee Dee Region:** including Chesterfield, Marlboro, Darlington, Dillon, Horry, Florence and Williamsburg counties.

Maximus Enrollment Counselors will be educated on the specifics of all available Medicaid coordinated care plans for beneficiaries. Medicaid coordinated care plans will include the traditional, capitated managed care organizations and the primary care case management programs known as medical homes networks. The Enrollment Counselors will then offer unbiased enrollment assistance so that the beneficiaries can make an informed choice related to how they receive their health care services. The Enrollment Counselors will offer each beneficiary an opportunity

to complete a basic health assessment so that they can compare personal and family needs with the service array available through the available plans. Using this information, Maximus Enrollment Counselors will educate beneficiaries on the types of coordinated care plans available and inform them of the plans with which their primary care physician currently participates. If the beneficiary is not currently receiving services from a primary care physician, the Enrollment Counselor will assist them in choosing a plan.

With the assistance of the Department of Health and Human Services and input from the representatives in the various coordinated care models, Maximus will develop and provide to beneficiaries a South Carolina-specific “Decision Assistance Directory” and a “Plan Physician Directory” so that full disclosure of the options can be available. The “Decision Assistance Directory” will include an overview of the similarities and differences of the Medicaid coordinated care models, what is included in each plan, and details on which plans are available in each county. The “Plan Physician Directory” will include a listing by plan of participating physicians. Providers who are involved with multiple networks/plans may recognize an increase in their patient base as well as a potential increase in revenue due to the payment structure associated with both the managed care organizations and the medical home networks. We would encourage providers to work with multiple plans to afford their patients the opportunity to choose a health plan that best meets their needs. Each managed care organization is free to negotiate its reimbursement methodology with network providers. However, upon implementation of the Enrollment Counseling Services, managed care organizations are not required to pay more than Medicaid fee-for-service rates for out-of-network providers.

DHHS currently contracts with three Managed Care Organizations (MCOs), including Select Health (also known as First Choice), Unison Health Plan of SC, and Coventry (also known as CHCcares). DHHS will enter into a risk-based contract with any qualified provider that can demonstrate the ability to meet all terms and conditions set forth in the managed care contract requirements. It is likely that the companies that are pursuing contracts with DHHS may have contacted you for inclusion in their provider networks. DHHS follows the following four-step process to engage managed care organizations prior to allowing them to enroll Medicaid beneficiaries:

- Require a Certificate of Authority from the South Carolina Department of Insurance
- Receive and approve documents that demonstrate the ability to manage all organizational and provider network requirements
- Successful completion of an readiness review performed by an independent, external quality review organization, and
- Approval of a complete county provider network.

DHHS currently contracts with three Coordinated Care Services Organizations (CSOs) for the development and management of medical homes networks. These include PhyTrust of South Carolina, Community Health Solutions of America, Incorporated (known as South Carolina Solutions), and Palmetto Administrative Services (known as Physician's Choice). This is a fee-for-service delivery model with an incentive program when shared savings are recognized for members enrolled with providers who participate in these plans.

Beneficiaries will have several methods available to interact with the Enrollment Counselors upon being determined eligible for Medicaid coverage. This may occur through phone calls, mailings, in-person meetings, and/or web site interaction. Beneficiaries will be encouraged to make an informed choice on how they will receive their care. If they do not make a choice, after 30 days of unsuccessful contact, the client will be auto-enrolled with a plan. The beneficiary will have 90 days from time of notification to opt out of the assigned plan. If no action is taken, the beneficiary will remain in the assigned plan for nine additional months for a total of one year.

DHHS will add an Enrollment Ombudsman to assist in the transition to this new system. In the interim, please contact the Department of Managed Care at (803) 898-4614 should you need information on Maximus or the enrollment broker services. We appreciate your continued support of the South Carolina Medicaid program.

/s/

Robert M. Kerr
Director

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>