

Introduction to the Implementation Council Meeting

Healthy Connections Prime
May 11, 2016



Agenda

- **Overview of Healthy Connections Prime**
- **Enrollment and Related Activities**
- **Partners and Resources**
- **Implementation Council**
- **Questions**

Overview of Healthy Connections Prime

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

<Health Plan Name and/or Logo>	Healthy Connections  PRIME
Member Name: Member ID: Health Plan (80840):	 RxBIN: RxPCN: RxGRP: RxID:
PCP Name: PCP Phone:	
<CMS Contract #> <Plan Benefit Package #>	



Program Goals

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 coordinator** that works with the individual and his/her providers
- Better health through flexible benefits that **help seniors stay at home as long as possible**

Covered Services

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



Program Comparison

What does Healthy Connections Prime offer beneficiaries?

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

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 and Related Activities

Eligibility for 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

Enrollment Phase	Information
Open Enrollment (~51,000 eligible enrollees)	<ul style="list-style-type: none">• Ongoing• Medicare-Medicaid enrollees choose to participate with Healthy Connections Prime
Passive Enrollment (~12,800 eligible enrollees)	<ul style="list-style-type: none">• Will occur in two initial phases, and is on going monthly• Eligible enrollees are automatically assigned to a Medicare-Medicaid plan

Timeline

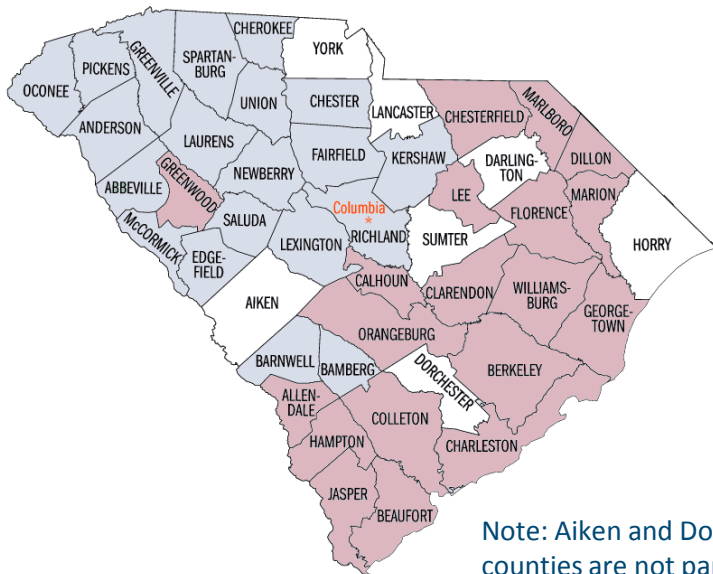
Passive Enrollment Timeline*

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

Rule 1 – Enrollment History

Uses previous 6 months of enrollment history

Considers how member disenrolled from previous plan:

- Voluntarily, or
- Involuntarily

Rule 2 – Most Frequently Utilized Provider

Identifies most frequently utilized provider (MFUP) through historical claims data

Uses MFUP to assign plan

Uses Rule 3 if the MFUPs are contracted with multiple plans

Rule 3 – Family Health Plans

Assigns member to the same plan as the other family member

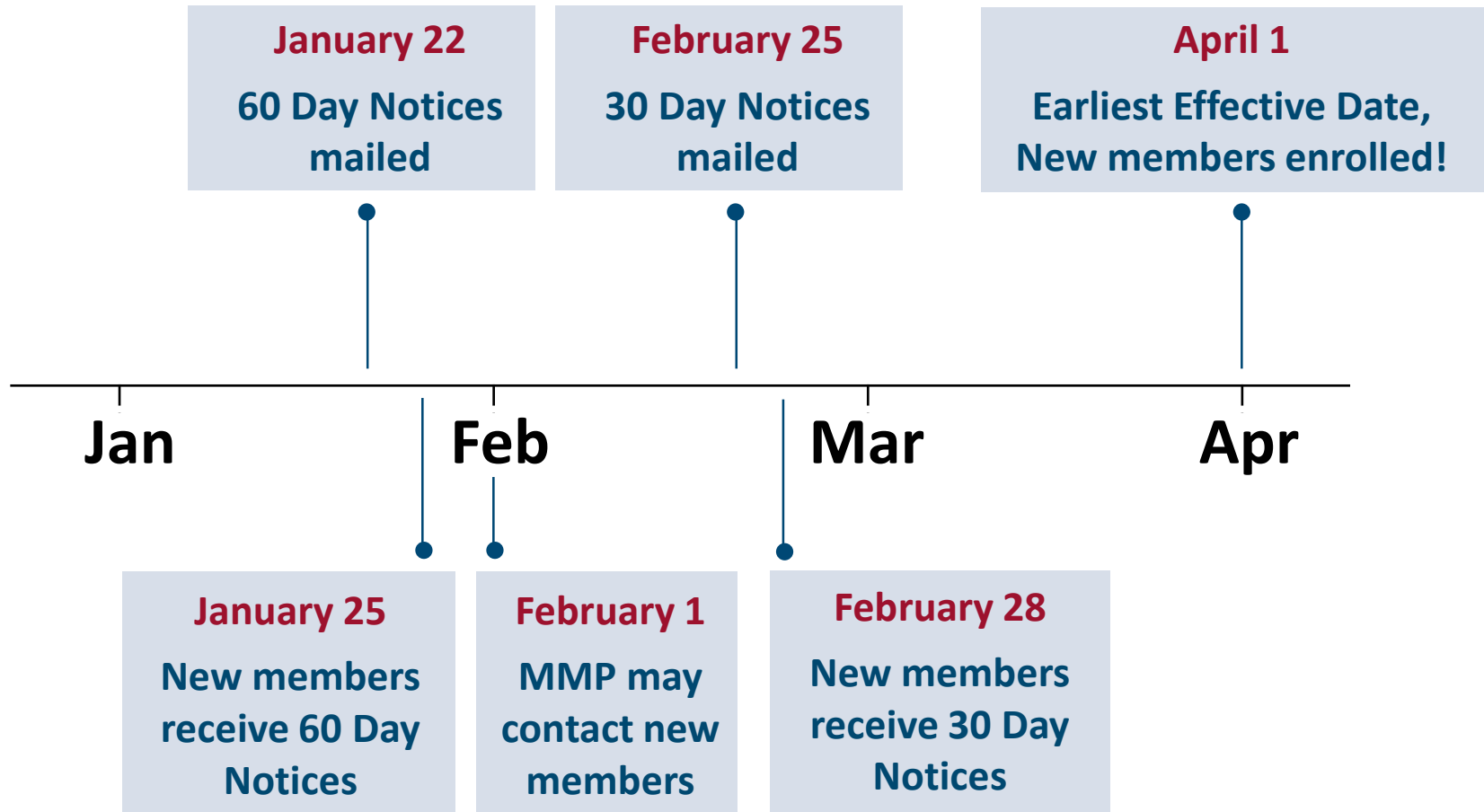
Assigns member to the plan with the majority of the family members

Use Rule 4 to assign member to health plan, if a tie.

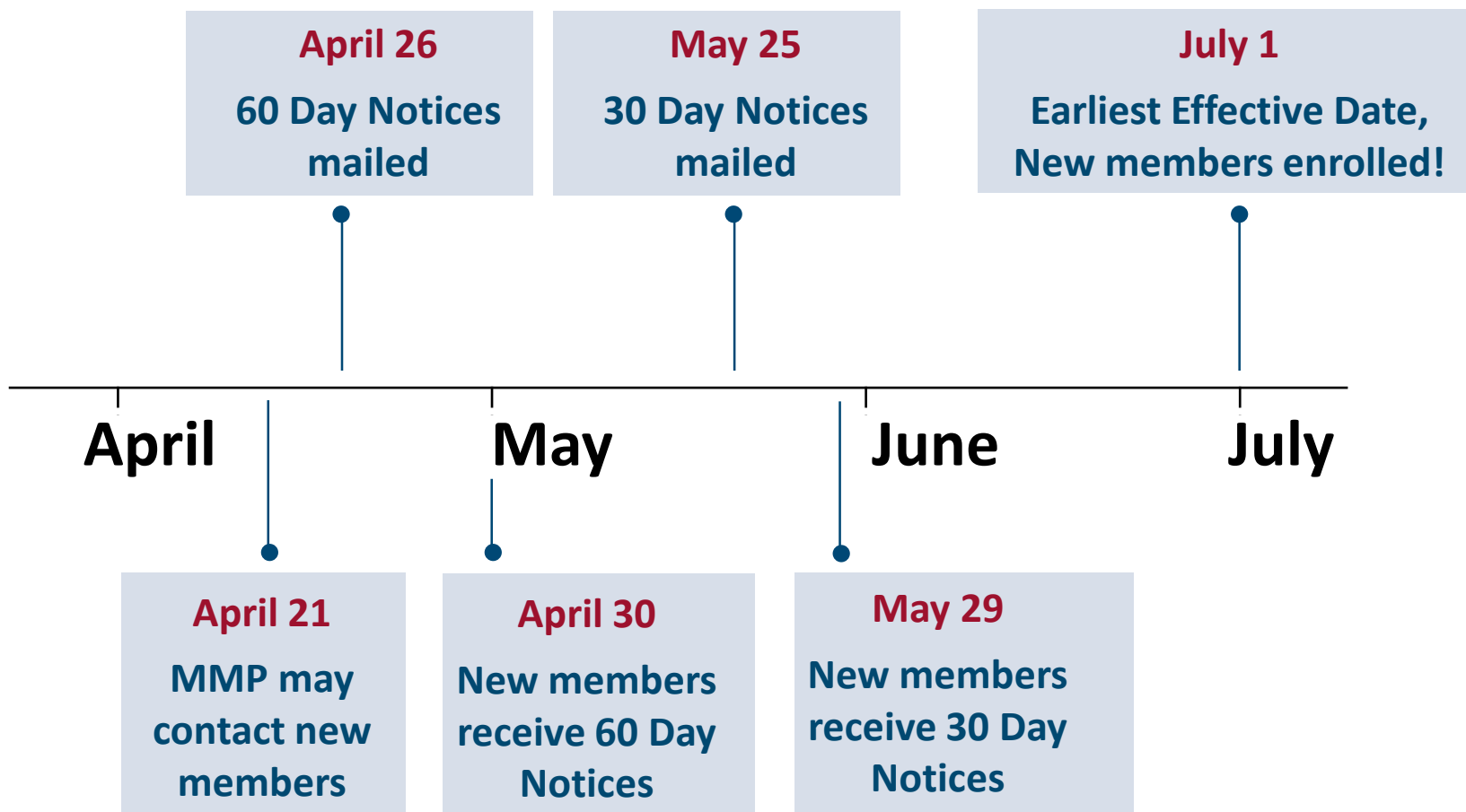
Rule 4 – Health Risk Score

Balance the assignment to the available plans in the county based on health risk score.

Wave 1 Communications to Members (2016)



Wave 2 Communications to Members (2016)



Passive Enrollment Notice

**Sample 60 day
passive enrollment
notification to
beneficiaries
(30 day notice is almost
identical in content)**

SOUTH CAROLINA
Healthy Connections
MEDICAID 

NIKKI R. HALEY GOVERNOR
CHRISTIAN L. SOURA DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

<Member's Name> <Medicaid ID Number>
<Address> <Date>
<City State Zip>
<City>, <State> <ZIP>

Dear <Name>:

IMPORTANT: YOU ARE BEING ENROLLED INTO A NEW HEALTH AND PRESCRIPTION DRUG PLAN FOR YOUR MEDICARE AND MEDICAID SERVICES

You are getting this letter because you have both Medicare and Medicaid and the way you get your health care is changing. You will soon be enrolled in a new program called Healthy Connections Prime that covers your Medicare, South Carolina Healthy Connections Medicaid and prescription drug benefits. This Healthy Connections Prime Medicare-Medicaid plan is designed to help your Medicare and Medicaid work better together, and includes new benefits and services that are not available to you now, such as no insurance premiums, no costs for doctor visits and hospital stays, a care team and a personalized care plan that fits your needs. We chose <Plan Name> for you because other members in your household are enrolled in this plan, your doctors work with this plan or this plan operates in your county.

Your new coverage starts <START DATE>

If you do nothing, you will be automatically enrolled in <Plan Name>. If you do not make another choice by <date = last calendar day of the month prior to Start Date>, your new coverage will start on <start date>. <Plan Name> will send you a new health and drug member ID card to use. This new card will replace the Medicare and Medicaid cards you use now.

For more information about <Plan Name> or to find out what benefits <Plan Name> covers, call South Carolina Healthy Connections Choices at (877) 552-4642 Monday-Friday from 8 a.m.–6 p.m. TTY users should call (877) 552-4670. This call is free.

You have other options

If you do not want to be enrolled in <Plan Name>, you have other options, including:

- Keep your current Medicare and Healthy Connections Medicaid coverage. Call South Carolina Healthy Connections Choices at (877) 552-4642 before <start date> and tell

South Carolina Department of Health and Human Services  Better care. Better value. Better health.

Part D Disenrollment Notice

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

Exhibit 10c: Confirmation of Disenrollment Due to Passive Enrollment into a Medicare-Medicaid Plan
Referenced in section: 50.4.1

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

<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 <days and hours of operation>. If you do not wish to be automatically enrolled in a new plan, call your state or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. Call 1-877-486-2048 if you use a TTY. You can also call 1-800-MEDICARE if you have questions about Medicare or need help with your Medicare options.

Thank you.

Enrollment and Related Activities

Outreach Activities and Member Experience

For Beneficiaries	<ul style="list-style-type: none">• 60 day and 30 notices• SHIP counselors/advocates trained• Member experience survey conducted Spring 2016
For Providers	<ul style="list-style-type: none">• Additional resources developed (e-learning module, Provider Toolkit)• Direct notification• Medicare and Medicaid provider alerts

“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.

Top 3 Disenrollment Reasons

Disenrollments (as of March 31, 2016)

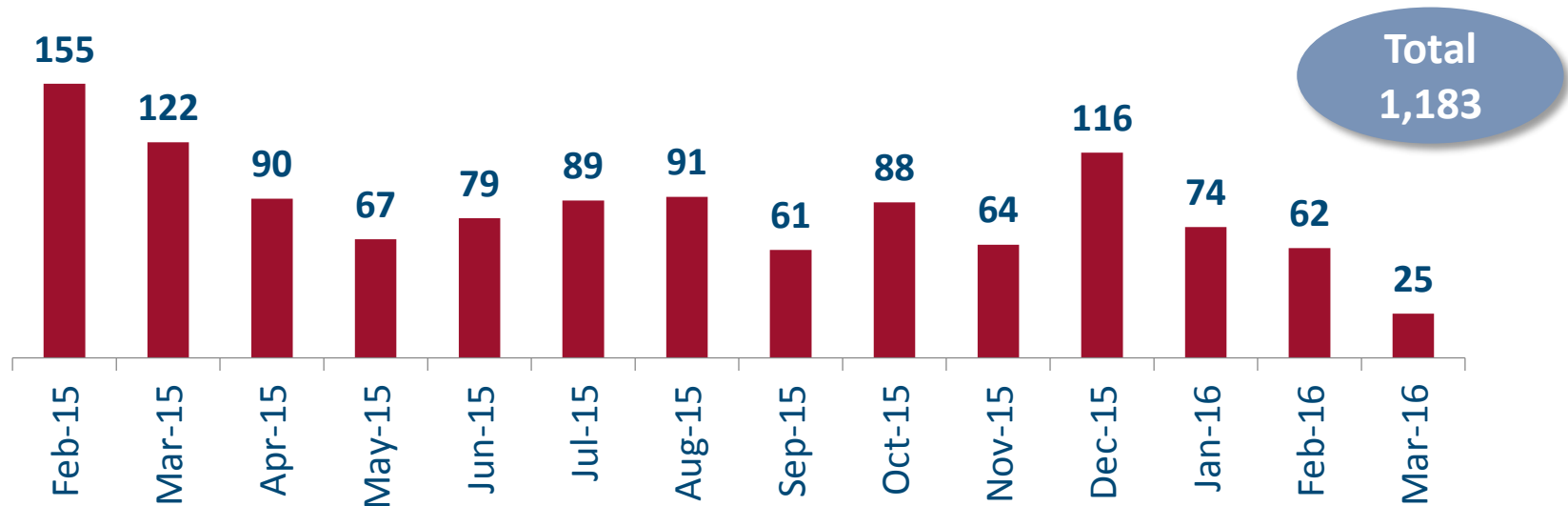
Disenrollment Reason Description	Members	Percentage
CMS Initiated	600	50.7%
Involuntary Cancellation – Loss of Program Eligibility	214	18.0%
Desires to Remain in FFS	117	10.0%
All Other Reasons	252	21.3%
Total	1,183	100.0%

Top 3 reasons
= 78.7%

Source: Truven Healthcare Database March, 2016

Disenrollment Analysis

Disenrollments By Month (Feb 2015 – March 2016)



Key Points

- Disenrollments have been decreasing in the last quarter
- Not included in the chart are transfers (65 in total since February 2015)

Source: Truven Healthcare Database March, 2016

Top 3 Cancellation Reasons

Wave I Cancellations (from Jan. 22, 2016 to Apr. 22, 2016)

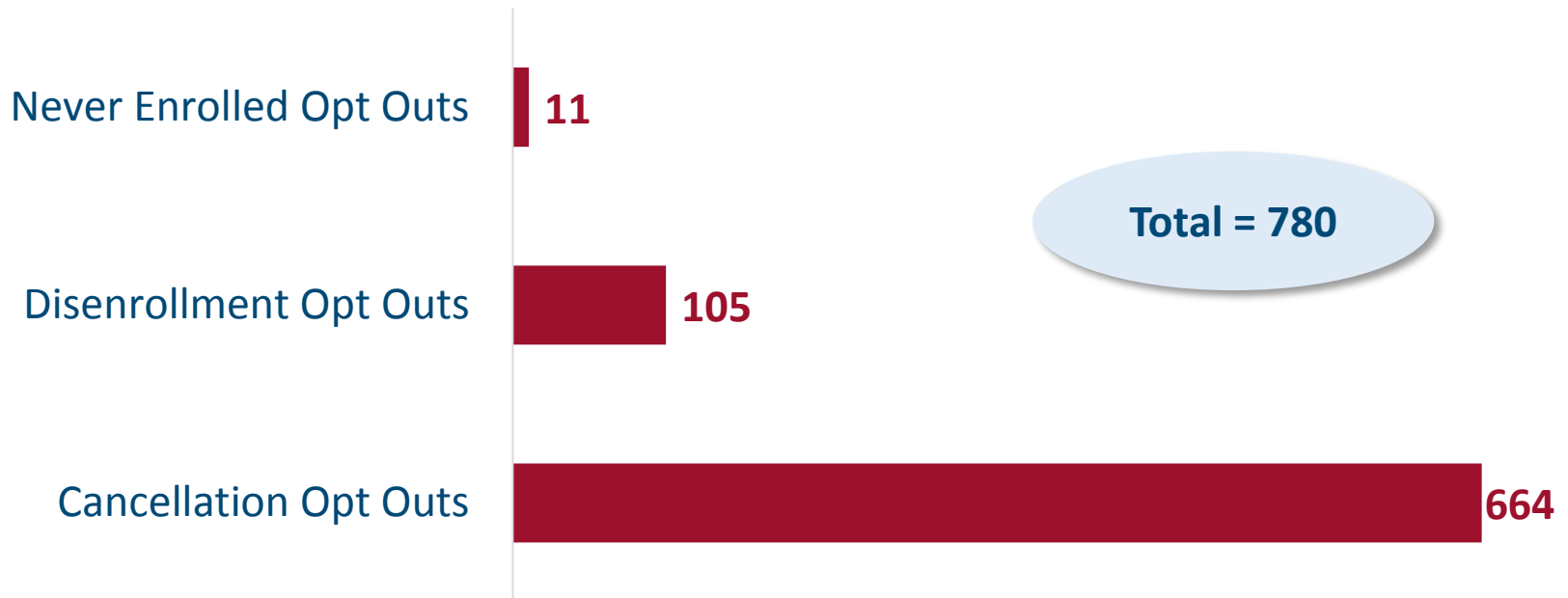
Cancellation Reason Description	Members	Percentage
Desires to Remain in FFS	739	64.7%
CMS Initiated	166	14.5%
Involuntary Cancellation - Loss of Medicaid	76	6.7%
All Other Reasons	161	14.1%
Total	1,142	100.0%

Top 3 reasons
= 85.9%

Source: Fusion Database, SCDHHS internal document. Note: Data is as of April 22, 2016.

Opt Out Analysis

Wave I Opt Out Analysis (from Jan. 22, 2016 to Ap. 22, 2016)



Key Points

- Cancellation opt outs make up 85% of the total opt outs

Source: Fusion Database, SCDHHS internal document. Note: Data is as of April 22, 2016.

Early Outreach Activities Summary

Wave I Early Outreach (as of April 27, 2016) *Self-reported Data from MMPs*

MMPs completed early welcome calls on April 15, 2016

- **2,949** calls completed (71%)
- **1,796** expressed interest in program/plan (61%)
- **237** requests for cancellation (8%)

Source: Early Outreach Activities Report as of April 2016, SCDHHS internal document.

Passive Enrollment Daily Update Summary

Top reasons for phone call (Average of 143 calls per day)

- **Eligibility**
- **Members requesting new ID card/handbook/formulary**
- **Benefits**
- **Prior authorizations**
- **Adjust claims**

Source: Passive Enrollment Daily Update Report as of April 18, 2016, SCDHHS internal document.

Summary of Implementation Experience

Demonstration Statistics

- 1,183 Disenrollments
- 1,142 Cancellations (passive enrollments only)
- 780 Total Opt-Outs
- 664 Opt-Outs for Wave 1 Passive Enrollments only



70% proposed retention goal program-wide
(MMP-specific goals range from 65% to 70%)

Source: Fusion and Truven Databases as of April 2016, SCDHHS internal document.

Partners and Resources

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**

Healthy Connections Prime = Medicare + Medicaid



One plan
One card
No insurance premiums
No drug copays

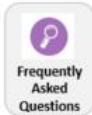
[To Learn More or Enroll](#)

Healthy Connections Prime is a new program that combines all of the benefits of Medicare and South Carolina Healthy Connections Medicaid under a single Medicare-Medicaid plan to make it easier for members to get needed health services.

NAVIGATION



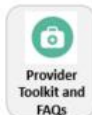
What is
Prime?



Frequently
Asked
Questions



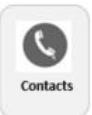
Events



Provider
Toolkit and
FAQs



Resources/
News



Contacts

LATEST NEWS

Jan 7, 2015 | Press Release

Medicare-Medicaid Plan and Doctor Information

The health plan selection website for South Carolina Healthy Connections Choices now has...

Sep 2, 2014 | Press Release

Stakeholder Engagement: Nursing Facilities

Sep 2, 2014 | Press Release

Notification to Amend Medicaid Home and Community-Based Waivers

Sep 2, 2014 | Press Release

South Carolina Hospital Association Agency, Payer, and Provider Summit

Sep 16, 2013 | Press Release

SCDuE Weekly Update | September 16, 2013

SCDuE Weekly Update | September 16, 2013

[MORE](#)

MEMBER STORIES



"I like the personal touches my plan brings. I feel like I joined a family and not an insurance plan. My plan cares about their members."
[Read More](#)

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

- Serves as the demonstration's ombudsman and 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/>



The screenshot shows the website for the South Carolina Lieutenant Governor's Office, specifically the Healthy Connections Prime Advocate page. The header includes the state seal and navigation links: HOME, ABOUT US, SERVICES, FAQ, CALENDAR, and CONTACT US. The main content area features a photograph of an elderly couple embracing. To the right of the photo is contact information for the Lieutenant Governor's Office on Aging: Address: 1301 Gervais St., Ste. 350, Columbia, SC 29201; Toll Free Telephone Number: 1-844-477-4632; Fax: 803-734-4534; TTY: 711; Email: primeadvocate@aging.sc.gov; Visit Us: www.healthyconnectionsprimeadvocate.com; Available: Monday through Friday: 8:30 a.m. - 5:00 p.m. Below the contact info is a contact form with fields for Name, Email, Subject, and Message, and a Send button. The footer contains a disclaimer: "By using this site, you agree to the SC Government Policies ©2015 Lieutenant Governor's Office on Aging. All rights reserved." and the Healthy Connections Prime logo.

Implementation Council

Implementation Council Background

- In July of 2011, SCDHHS created an **Integrated Care Workgroup (ICW)**
- Goal: To provide assistance with designing the model and implementation plan for Healthy Connections Prime
- The ICW focused on:
 - Program design and care delivery
 - Financial elements
 - Program sustainability
- **ICW evolved into the IC**

Implementation Council Background

- **The Implementation Council (IC) is a group of volunteers which:**
 - Provides input to SCDHHS and CMS about Healthy Connections Prime
 - Serves an advisory and liaison role to SCDHHS
- **Recommendations and input from the IC to SCDHHS leadership will be taken into account and used where appropriate**

IC Roles and Responsibilities

Roles and Responsibilities

- Assist in monitoring and implementation activities
- Provide input on policies and procedures
- Host open forums and other education sessions
- Promote transparency and accountability, and disclose program evaluation results
- Advise SCDHHS on issues brought before the IC
- Examine members' access to services, including but not limited to medical, behavioral health, and home and community-based services

IC Member Makeup

Who Can be a Member of the IC?

Member

Family member

Caregiver of Member

Interested Neighbor or Friend

Advocate for Members and/or Caregivers

Provider for members

Member of Provider Association

Medicare-Medicaid Plan Representative

Staff of a Public or Private Agency

How Can You Help?

Healthy Connections Prime needs your help!

- Serve throughout the term of the Healthy Connections Prime demonstration
- Become familiar with key issues
- Raise awareness of the program and its benefits
- Participate in education and outreach activities
- Provide program feedback

Questions

Thank You!

