# Healthy Connections PRIME

State Health Insurance Program
I-CARE Staff |
Lieutenant Governor's Office on Aging
February 18, 2016

### Today's Agenda

- Provide an overview of the Healthy Connections Prime program
- Discuss upcoming enrollment activities
- Introduce our partners



### **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>

Member Name:
Member ID:
Health Plan (80840):

PCP Name:
PCP Phone:

<CMS Contract #> <Plan Benefit Package #>

Healthy Connections
PRIME

Medicare
Prescription Drug Coverage

RxBIN:
RxPCN:
RxGRP:
RxID:









### **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?

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**

- Full Contract
  Serve any member
  - Single Case Agreement

    Serve one particular member beyond the six month transition period
    - 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 feefor-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

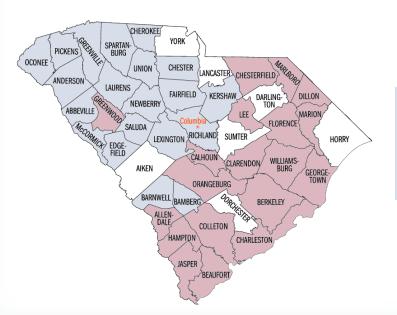
<b>Enrollment Phase</b>	Information
Open Enrollment (~51,000 eligible enrollees)	<ul> <li>Ongoing</li> <li>Medicare-Medicaid enrollees choose to participate with Healthy Connections Prime</li> </ul>
Passive Enrollment (~12,800 eligible enrollees)	<ul> <li>Will occur in two initial phases, and is on going monthly</li> <li>Eligible enrollees are automatically assigned to a Medicare-Medicaid plan</li> </ul>



### **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.



### **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

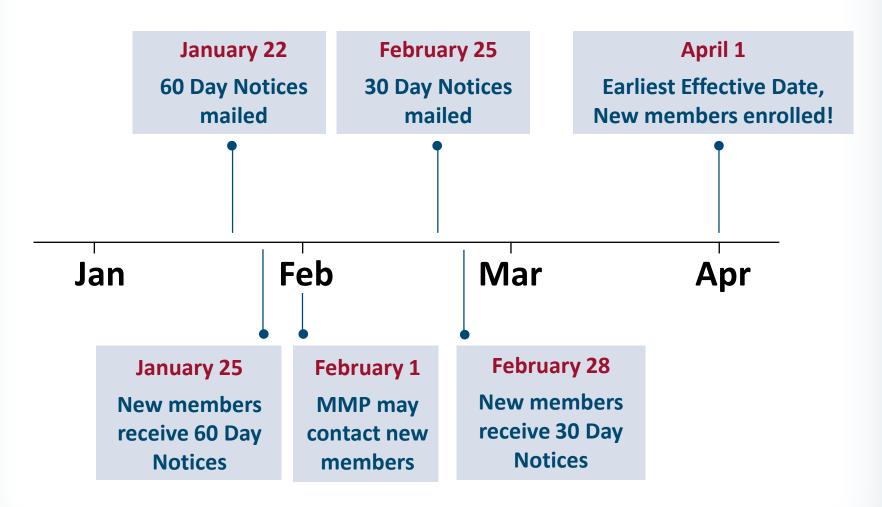
Use Rule 4 to assign member to health plan, if a tie.

### Rule 4 – Health **Risk Score**

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

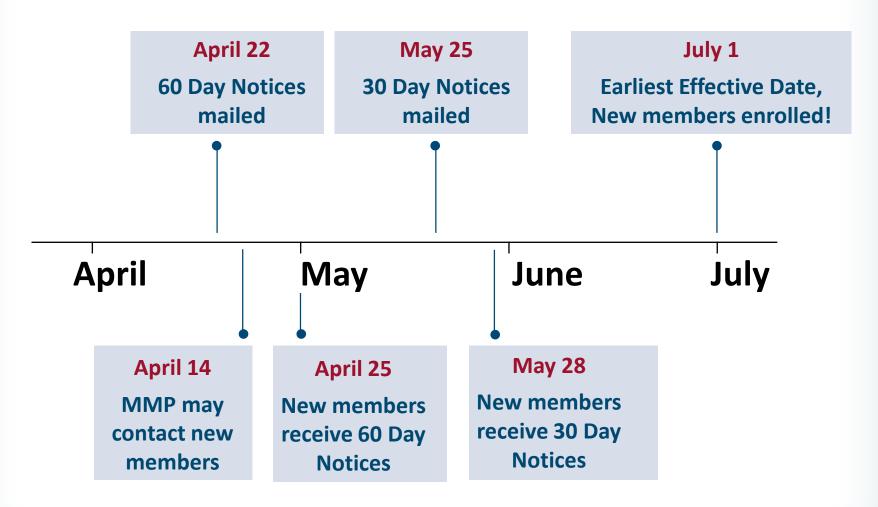


### Wave 1 Communications to Members (2016)





### Wave 2 Communications to Members (2016)





# Sample 60 day passive enrollment notification to beneficiaries



Nikki R. Haley GOVERNOR Christian L. Soura DIRECTOR P.O. Box 8206 > Columbia, SC 29202 www.scdhhs.gov

<Member's Name>
<Address>
<City State Zip>
<City>, <State> <ZIP>

<Medicaid ID Number>
<Date>

### 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





# 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 denefits, 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 votal disenrollment effective date. Beginning <day following disenrollment effective date</pre>, 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 <Adys 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.



### **Outreach Activities and Member Experience**

## For Beneficiaries

- 60 day and 30 notices, April 1 earliest effective date
- SHIP counselors/advocates trained
- Member experience survey conducted Spring 2016

### For Pro<u>viders</u>

- Additional resources available for providers
- 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.

# **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



CDHHS Hor





ABOUT PRIME

**PROVIDERS** 

RESOURCES/NEWS

CONTACTS



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













### LATEST NEWS M

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 Medicald 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 O

### 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**

- 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/



### **How Can You Help?**

### **Healthy Connections Prime needs your help!**

- Raise awareness of the program and its benefits
- Participate in education and outreach activities
- Improve access to information
- Engage beneficiaries and other stakeholders
- Help beneficiaries if they have questions about the program
- Provide program feedback



# Questions

