

Introduction to Healthy Connections Prime

Healthy Connections Prime Provider Webinar Series
February 27, 2018

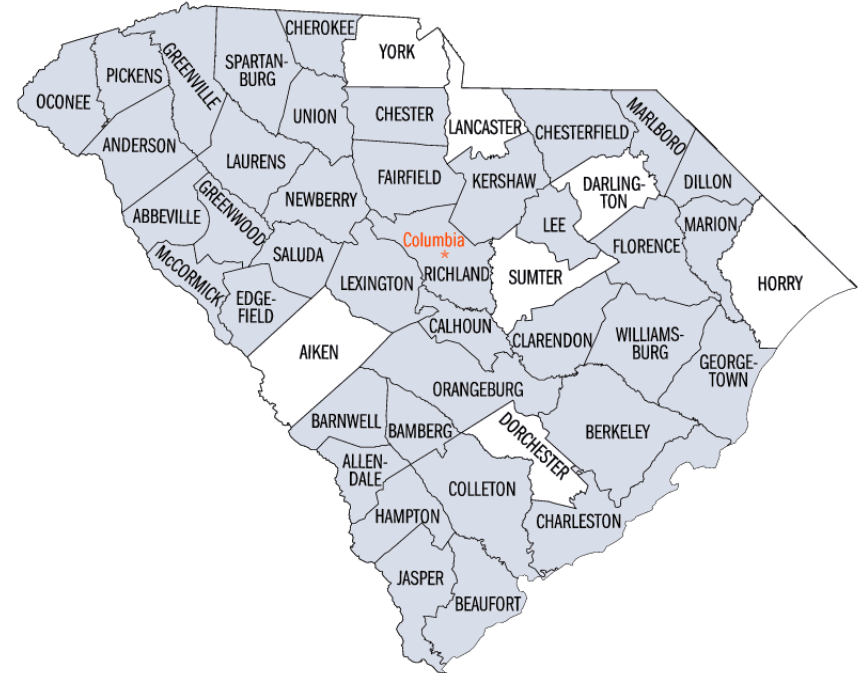
Agenda

- **Introduction**
- **Overview of Healthy Connections Prime**
- **What Providers Should Know**
- **Partners, Resources, & Future Webinars**
- **Questions**

Overview of Healthy Connections Prime

Background

- **Enhanced 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 (MMP)**
- **39 counties** participating
- **3 MMPs** participating:



☒ Healthy Connections Prime is available

☐ Healthy Connections Prime is not yet available

What Is Our Average Member Profile?



- Female
- Black (or African American)
- 65-74 (53% of the population)
- 15% with a behavioral health diagnosis
- 3-4 chronic conditions
 - Twice as likely to have Alzheimer's and Dementia
 - Three times as likely to have a health condition associated with a physical disability

Source: South Carolina Revenue and Fiscal Affairs Office, Health and Demographics. 2015 Medicare and 2016 Medicaid data linked to Healthy Connections Prime members as of December 2016.

What are the 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

Member Testimonial

"I am satisfied with my plan and like the personal touches. I feel like I joined a family and not an insurance plan. I feel that my plan cares about its members."

How is Healthy Connections Prime Different?

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



Healthy Connections Prime
★
★
★
★
★
★
★
★
★
★
★

Plus...

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

What Are the 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



What are the Eligibility Requirements?

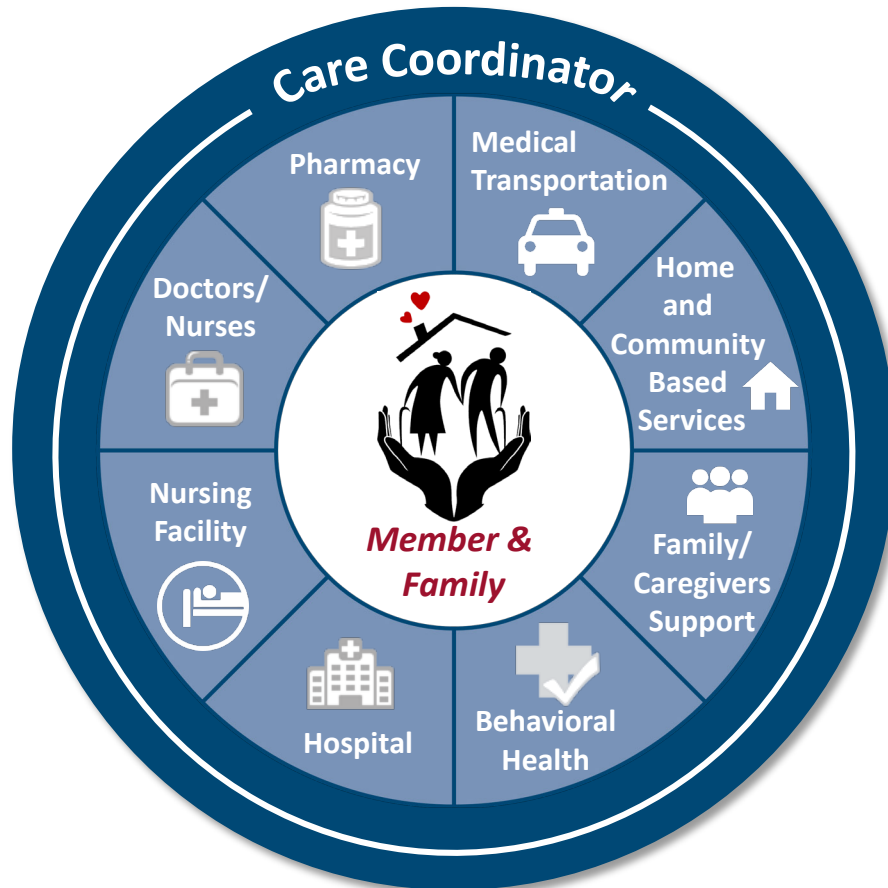
Individuals may be eligible to enroll if they are:

- ✓ **Age 65 or older;**
- ✓ **Have Medicare benefits;**
- ✓ **Have full Healthy Connections Medicaid benefits; and**
- ✓ **Live at home, or**
- ✓ **Meeting the above criteria and are enrolled in one of the following waivers:
Community Choices, HIV/AIDS, and
Mechanical Ventilator Dependent.**

- Beneficiaries currently in a nursing facility under a Medicare skilled stay are eligible for enrollment
- Healthy Connections Prime members may transition to Medicaid-sponsored Long-Term Care (i.e., custodial care) and remain enrolled

What Providers Should Know

Care Coordination for Members



Coordination of all member medical and non-medical needs

- Integrated care team
- Address psychosocial needs through community referrals and home and community base services
- More data to better understand member circumstances

Better Care for Patients

Member Story

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.



Addressing Barriers to Care

- **Care coordinator** can help patient receive access to home and community-based supportive services (e.g., home-delivered meals, respite care, personal aide)
- **Transportation** to medical appointments through Logisticare
- **Value-based payment opportunities** for better health outcomes
- **One Card** (verify eligibility/coverage for one program)
- **\$0 copays** for covered prescription drugs; no coinsurance fees for Medicare Part A and B related services

<Health Plan Name and/or Logo> Healthy Connections PRIME

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

PCP Name:
PCP Phone:

MedicareRx
Prescription Drug Coverage

RxBIN: <RxBIN #!>
RxPCN: <RxPCN#!>
RxGRP: <RxGRP#!>
RxID: <RxID#!>

MEMBER CANNOT BE CHARGED
Cost Sharing/Copays: \$0 for doctor visits, hospital stays, and prescription drugs

<CMS Contract #> <Plan Benefit Package #>

Cost-sharing Does Not Apply to Most Services

- Provider reimbursement from an MMP constitutes payment in full regardless of the type of service. All coordination of benefits happens internally within the MMP.
- \$0 copays and deductibles for prescription drugs and for all physician and hospital services (Medicare Parts A, B & D)
- A nominal co-pay can apply to durable medical equipment, home health care and dental care
- **Improper billing is a violation of the MMP provider agreement.**
Improper Billing is:
 - Billing for Medicare deductibles, coinsurance or copays for covered medical services. This includes services or items furnished by out-of-network providers, including emergency and urgent care services.
 - Billing for Medicaid-covered medical services or items with the exception of allowable copays/cost-sharing.

How Can Providers Confirm Member Status?

The most reliable approach and best practice is to search for a member using the South Carolina Medicaid Web-based Claims Submission Tool (also known as “WebTool”).

SOUTH CAROLINA Healthy Connections MEDICAID

Please select a provider to work with: Select

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Eligibility Verification Results | Welcome [redacted] | Your IP address, [redacted] has been logged.

A total of 1 responses are displayed.

Selection Criteria for response 1

[Add Beneficiary](#) [Back...](#) [Add All Beneficiaries](#) [Print Response](#) [Print All](#)

Date Of Service: 09/01/2015 Provider ID: [redacted] SC Medicaid: [redacted]

Beneficiary Data

Name: [redacted]	ID Number: [redacted]
Gender: MALE	Birth Date: [redacted]
Address: [redacted]	City/State/Zip: [redacted]

Eligibility or Benefit Information

Beneficiary is: ELIGIBLE	Qualified Medicare Beneficiary: N/A
Payment Category: SSI	Home visits remaining: 50
CoPay Exempt: NO	Ambulatory visits remaining: 12
Deductible: \$0.00	Chiropractic visits remaining: 0
Coinurance: 0.0%	Mental Health services remaining: 12
Limited Benefit: N/A	Rehabilitative services remaining: N/A
Qual. Category: DISABLED	

Beneficiary Special Programs Data

Description: MCHM, MCO
Message: NOTE! BENEFICIARY(-IES) WITH A MGD CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR AUTHORIZATION FROM THE PROVIDER OR HMO LISTED BELOW.

Anniversary Date: 01/01/2015

Provider ID: [redacted]
Organization: [redacted]
Address: [redacted]
City/State/Zip: [redacted]
Telephone: [redacted]

TPL - Third Party Liability

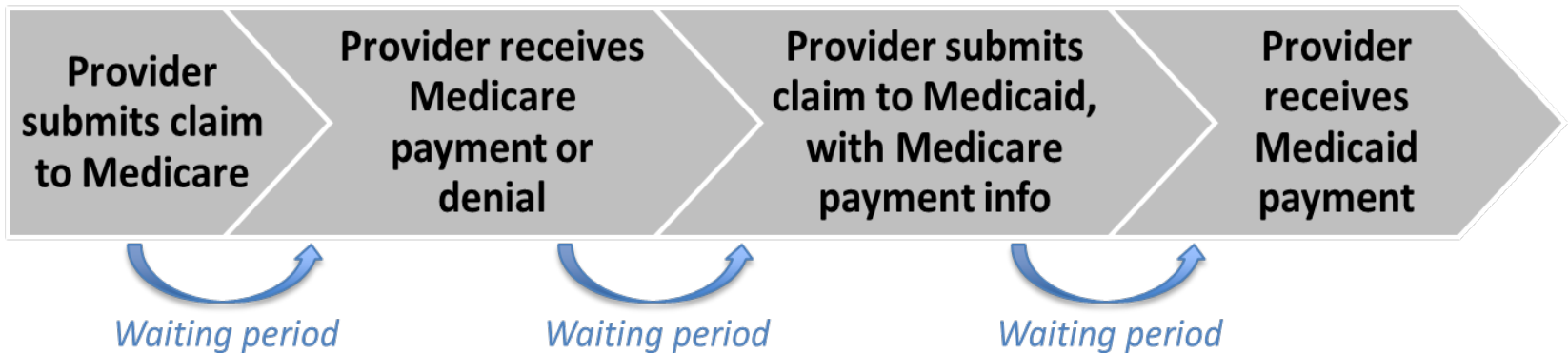
Medicare A: N/A	Medicare B: N/A	Medicare ID: N/A
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HEALTH - NO RESTRICTION

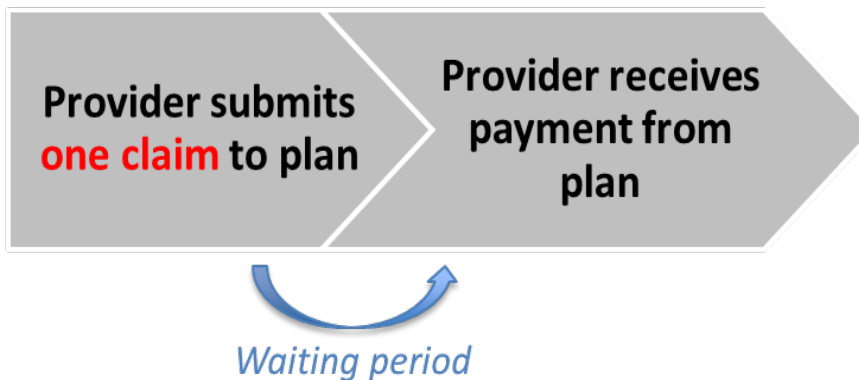
Policy Number: [redacted]	Policy Number: [redacted]	Policy Number: [redacted]
Carrier: [redacted]	Carrier: [redacted]	Carrier: [redacted]
Maternity Insured: [redacted]	Maternity Insured: [redacted]	Maternity Insured: [redacted]
Eligibility Date: [redacted]	Eligibility Date: [redacted]	Eligibility Date: [redacted]
Eligibility To: [redacted]	Eligibility To: [redacted]	Eligibility To: [redacted]
Policy Holder: [redacted]	Policy Holder: [redacted]	Policy Holder: [redacted]

Simpler Billing for Providers

Without Healthy Connections Prime



With Healthy Connections Prime



One party to bill
(No sequential billing)

Continuity of Care Benefits

New enrollees have at least a six month continuity of care period. During this transition period, plans are required to ensure that care continues uninterrupted in the following ways:

- **Allow members to keep their current providers for six months**, including those who are not part of the Medicare-Medicaid plan's network.
- **Allow members to maintain their current service levels** during the transition period.
- **Provide all current prescription drugs.**
- **Maintain current service authorization levels or all direct care waiver services** (including, but not limited to, personal care, waiver nursing, adult day health and home delivered meals) unless a significant change has occurred and is documented during the long term care assessment and/or reassessment.

Continuity of Care Options for Providers

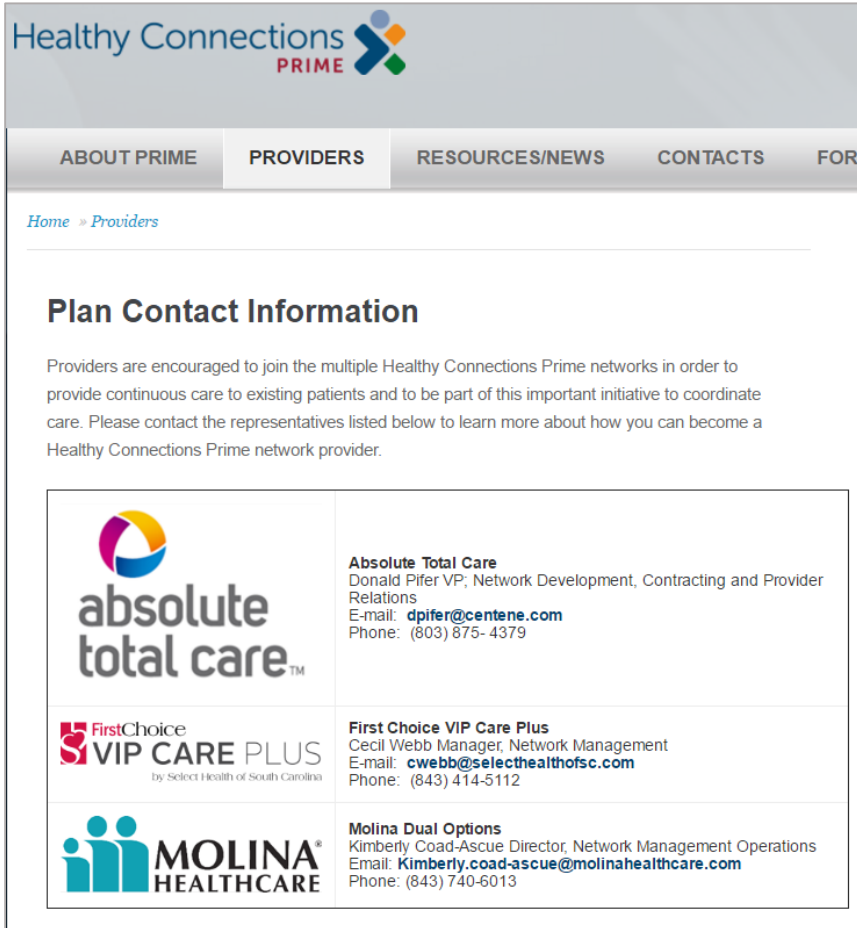
During the transition period, MMPs will contact providers who offer services to members, but who are not currently network providers and provide them information on becoming in-network providers.

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 are reimbursed at current Medicare and Medicaid fee-for-service rates during the transition period.

How Can You Join an MMP Network?



The screenshot shows the Healthy Connections PRIME website. The navigation bar includes links for ABOUT PRIME, PROVIDERS, RESOURCES/NEWS, CONTACTS, and FOR. The breadcrumb trail indicates the current location: Home » Providers. The main heading is "Plan Contact Information". Below this, a paragraph states: "Providers are encouraged to join the multiple Healthy Connections Prime networks in order to provide continuous care to existing patients and to be part of this important initiative to coordinate care. Please contact the representatives listed below to learn more about how you can become a Healthy Connections Prime network provider." A table lists three providers with their logos, names, titles, email addresses, and phone numbers.

 absolute total care™	Absolute Total Care Donald Pifer VP; Network Development, Contracting and Provider Relations E-mail: dpifer@centene.com Phone: (803) 875- 4379
 First Choice VIP CARE PLUS by Select Health of South Carolina	First Choice VIP Care Plus Cecil Webb Manager, Network Management E-mail: cwebb@selecthealthofsc.com Phone: (843) 414-5112
 MOLINA HEALTHCARE	Molina Dual Options Kimberly Coad-Ascue Director, Network Management Operations Email: Kimberly.coad-ascue@molinahealthcare.com Phone: (843) 740-6013

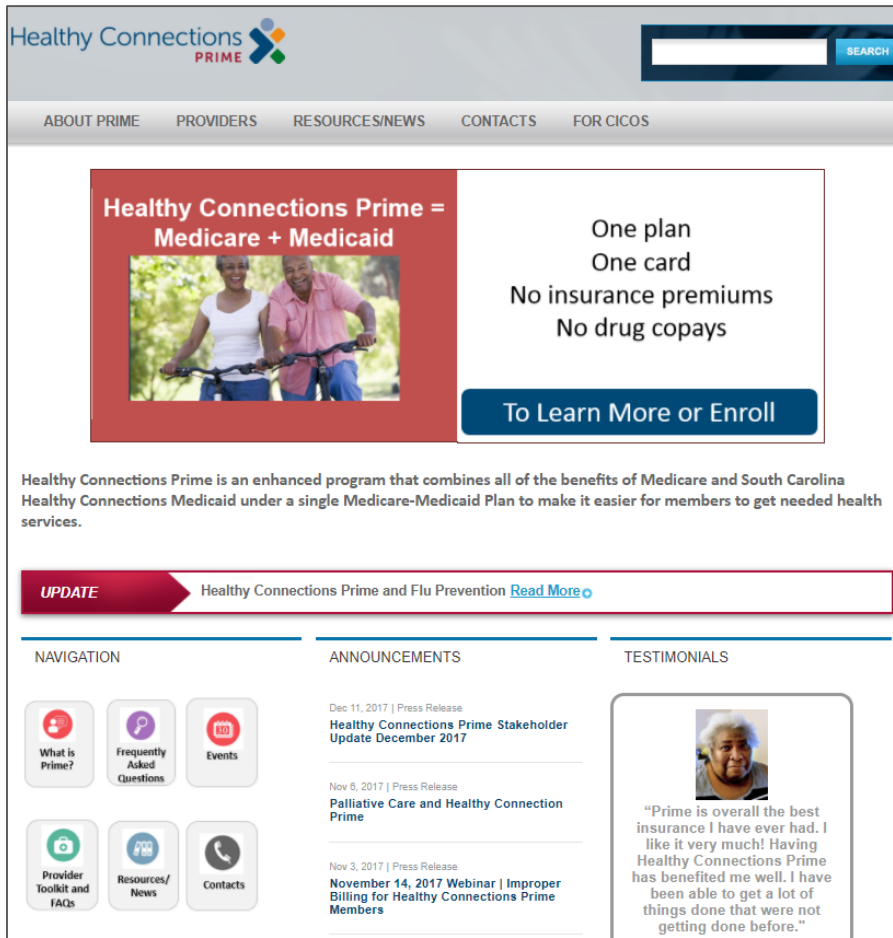
Check the website for the most up-to-date contact information.

Go to: <http://www.scdhhs.gov/prime>



Click on **Providers > Plan Contact Information** [[Link](#)]

Website



Please visit our Website:
www.scdhhs.gov/prime

- FAQs
- Educational events
- Member stories
- Program data
- Latest updates
- Provider toolkit
- Additional materials
- Contacts


Website: Provider Toolkit

Provider Toolkit can be found under the Provider tab on our website.

Provider Toolkit

Thank you for your interest in Healthy Connections Prime. Below you will find some useful documents and links to help you learn more about the program. If you have any questions, click on [this link](#) to visit our Provider Frequently Asked Questions (FAQ) page or email primeproviders@scdhhs.gov or help with a specific question or concern.

Additionally, you may also join our new Healthy Connections Prime provider webinar series. To join the upcoming webinars, visit our events page to view the schedule or click here: [Provider Webinar Series](#)



Introductory Materials

Program Overview	Provider FAQs
Provider Alert (Medicare Providers)	Continuity of Care
County Participation Map	List of Covered Services
Medicare-Medicaid Plan Comparison Chart	Plan Contact List
2017 ID Card Memo	Provider Intro Training
Plan Coverage by County	Improper Billing Prohibition Guidance
Beneficiary Choice Notice from CMS	

Chart indicating which MMPs are participating in which counties

General provider FAQ document

Document that explains improper billing guidance from CMS and the State

Website: Provider Toolkit (Continued)

The Provider Toolkit page also contains materials specific to certain provider types as well as provider training information.

HEALTHY CONNECTIONS PRIME PROVIDER TRAINING MODULE

Medicaid E-learning site: Training materials and information on upcoming training workshops on Medicaid topics (for example: Medicaid basics, claim filing, eligibility, and the Web Tool)

ADDITIONAL TRAINING OPTIONS

- **Education Events:** Trainings workshops, and webinars hosted by SCDHHS and/or SC Thrive.
- **Provider training materials repository:** Training developed for providers by the Office for the Study of Aging at the University of South Carolina (for example: effective care planning (Prime Specific), Phoenix module, impact of multidisciplinary teams in a care coordination model)
- **Dementia Dialogues training:** Train symptoms associated with Alzheimer families dealing with Alzheimer's dis respond to challenging behaviors by tracking techniques.



Provider Type-Specific Materials

Pharmacy Alert

Nursing Facility FAQs

HCBS Provider Transition FAQs

CLTC Provider Agreement

Waiver Case Manager FAQs

Waiver Case Manager - Additional Guidance

Provider FAQs

- **What is Passive Enrollment?**

South Carolina Healthy Connections Prime's passive enrollment resumes in August 2017 and will continue monthly. Passive enrollment is when an eligible individual is automatically assigned (passively enrolled) into a Medicare-Medicaid Plan (MMP). Impacted participants will receive a 60-day and a 30-day notice informing them of their upcoming enrollment into an MMP and their options to change their health plan.

- **If a person is enrolling in a Community Long Term Care (CLTC) Waiver, do they need to be terminated from Healthy Connections Prime, and vice versa?**

No. Healthy Connections Prime members can be on one of the following CLTC Waivers: Community Choices, HIV/AIDS, and Mechanical Ventilator Dependent. The member's waiver case manager and the MMP care coordinator work together to help determine the right CLTC services for each member.

For more information, see the [Waiver Case Manager FAQs](#), [Waiver Case Manager – Additional Guidance](#), and the [HCBS Provider Transition FAQs](#) documents in our [Provider Toolkit webpage](#).

Provider FAQs

What are the Nursing Facility benefits under Healthy Connections Prime?




The following table compares relevant features of Healthy Connections Prime for Medicaid-Sponsored Long Term Care or custodial care to other Healthy Connections Medicaid programs. NOTE: The comparison chart below does not apply to Medicare Skilled Nursing stays.

Category	Healthy Connections Prime	Medicaid Managed Care	Medicaid Fee-For-Service
Level of Care Determination required	✓	✓	✓
Prior authorization required	✓	✓	No
Length of LTC stay	Unlimited (as medically necessary)	Limited benefit	Unlimited (as medically necessary)
Access to a Care coordinator	✓	✓	No
Stay counted toward Medicaid Permit Days	No	No	Yes (excluding first 6 months of complex care)
Collection of Patient Liability	✓	✓	✓
Prescription Drugs	\$0 for drugs, including LTC pharmacies	Varies by MCO	\$0 for drugs, including LTC pharmacies

For more information, see the [Nursing Facility FAQs](#) document in our [Provider Toolkit webpage](#).

Partners and Resources

Healthy Connections Prime Partners

Partner		Healthy Connections Prime Advocate 	
Role	<ul style="list-style-type: none"> • Helps individuals interested in enrolling or who want to learn more about Healthy Connections Prime • Available to conduct education session for beneficiaries, caregivers, and advocates 	<ul style="list-style-type: none"> • Serves as program ombudsman and as a member advocate • Assists members with billing and service related issues • Educates and supports members on appeals and grievances, including the State Fair Hearing process 	<ul style="list-style-type: none"> • Serves as enrollment broker • Provides individuals with resources to compare plans and/or find a provider • Assist individuals in selecting a health plan
Contact Info	<p>800-726-8774 (TTY/TDD: 711) Monday to Friday, 8:30am-5pm www.scthrive.com</p>	<p>844-477-4632 (TTY/TDD: 711) Monday to Friday, 8:30am – 5pm www.healthyconnectionsprimeadvocate.com</p>	<p>877-552-4642 Monday to Friday, 8am-6pm www.scchoices.com</p>

Wrap Up

Join us for our future provider webinars!

- Bimonthly
- Recorded and available on website
- If you haven't registered already, sign up at:
<https://register.gotowebinar.com/register/4519715552604977921>

Are there specific Healthy Connections Prime related topics on which you'd like more training?

Questions?



- For member-specific questions – reach out to member's plan
- If you need additional assistance or have program-specific questions, email primeproviders@scdhhs.gov

Thank You!

