



Provider Training and Information

May 1, 2009



South Carolina Healthy Connections Choices

- South Carolina Healthy Connections is the new name for Medicaid in South Carolina.
- South Carolina Healthy Connections *Choices* is a program that assists eligible Medicaid beneficiaries with the selection of their Medicaid service delivery system.
- South Carolina Healthy Connections Choices offers these options:
 - Health Plan
 - Managed Care Organization (MCO)
 - Medical Homes Network (MHN)
 - Medicaid Fee-For-Service (FFS)



Managed Care Organization (MCO)

MCO Responsibilities

- Provide personnel, facilities, service locations and sites for the provision of core services
- Core services include:
 - All services, with some exceptions, provided on a Fee-For-Service basis
 - Emergency services
 - Availability 24 hours a day, 7 days a week

MCO Structure

- Paid a per member per month rate (PMPM) for provision of most health services – full risk contract
- Contracts with most provider types and pays providers directly
- May provide services beyond traditional Fee-For-Service
- Currently there are six Managed Care Organizations:
 - Absolute Total Care by Total Carolina Care
 - BlueChoice Health Plan of SC
 - Carolina Crescent Health Plan
 - CHCcares of SC
 - First Choice by Select Health of SC
 - Unison Health Plan of SC



Medical Homes Network (MHN)

MHN Responsibilities

- Serves as a primary care case management program
- Only primary care providers (PCP) may enroll in the MHN
- MHN managed by a Care Coordination Services Organization (CSO)
- CSO provides care coordination, disease management, and data management
- PCP manages member's health care to include authorizing services provided by other providers

MHN Structure

- DHHS pays MHN CSO a monthly care coordination fee
- Participating PCPs receive a monthly care coordination fee from the CSO
- MHN and DHHS share cost savings based upon meeting quarterly indicators in overall expenditures
- Currently there is one Medical Homes Network:
 - South Carolina Solutions



Healthy Connections Choices

- Health Plan benefits include at *least* the same benefits as Medicaid FFS and in most cases additional benefits. At a minimum they include:
 - ✓ Doctors Visits
 - ✓ Well-child Visits
 - ✓ Immunizations
 - ✓ Hospital Visits
 - ✓ Prescription Drug Coverage
 - ✓ Dental Care
 - ✓ Lab and X-Ray
 - ✓ Chiropractic Care
 - ✓ Behavioral Health Services
 - ✓ Vision Care and Eye Glasses



Health Plan Enhanced Benefits

Some health plan benefits may include **Health Management Programs** such as:

- Pregnancy
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Asthma
- Hypertension
- Diabetes

Some health plans may include **Extra Benefits** such as:

- Gift Cards
- Prenatal and postpartum care
- Discounts on fitness programs and weight loss programs



South Carolina Healthy Connections Choices

- As of May 1, 2009, over 383,832 Medicaid beneficiaries have enrolled in a Health Plan through South Carolina Healthy Connections Choices.
- The enrollment process supports beneficiaries in their efforts to select the best health care option for them. The “best” health care option is one that:
 - Allows the beneficiary to continue to see their established doctor.
 - Is convenient and accessible (e.g. public transportation if needed).
 - Meets the beneficiaries needs, as they define them.
- If an entire family is eligible, each family member can select a different option that is best for them.



The Enrollment Process

- Medicaid beneficiaries receive “enrollment packets” by mail when they are first determined eligible for Medicaid or when they complete their annual Medicaid re-determination.
- From the date the enrollment packet is mailed, the beneficiary has at least 30 days to choose a health care option (either a Health Plan or Medicaid FFS).
- The Healthy Connections Choices Enrollment Center sends beneficiaries reminder letters and postcards and also calls people to help encourage them to choose a health care option.



The Enrollment Process

There are four easy ways for beneficiaries to enroll in a South Carolina Healthy Choices health care option. Beneficiaries can enroll:

1. by calling the South Carolina Healthy Connections Choices Enrollment Center toll-free at 1-877-552-4642. An Enrollment Counselor will assist them.
2. by completing the form in the enrollment packet that is mailed to them and sending it to Healthy Connections Choices by mail or by fax.
3. online at the South Carolina Healthy Connections Choices website, www.SCchoices.com.
4. in person, by meeting with a community enrollment counselor at a scheduled community meeting or at a personal appointment.



Assignment

- Once a month, all enrollable beneficiaries who have exhausted their 30 day enrollment period and have not chosen a health care option are assigned into a health plan.
- The assignment process assigns beneficiaries into health plans available in the county where the beneficiary lives based on the following criteria:
 - The health plan (if any) in which the beneficiary was previously enrolled.
 - The health plan (if any) in which family members are enrolled.
 - If there is no health plan identified by using the first two criteria, there is random assignment providing equal enrollment to all available health plans.



Changing options

- If a beneficiary selects a health plan and is dissatisfied with their choice, they can select a different health care option once within 90 days following the initial enrollment and may choose a different MCO, MHN or Fee-for-Service Medicaid.
- 90-days following the initial enrollment into a health plan, beneficiaries are required to stay in their health plan for one year until their “anniversary date” (unless they have a special reason to make a change).
- If a beneficiary is enrolled in the Fee-For-Service option, they can change options and select a health plan at any time.
- Beneficiaries can change health plans (or return to Fee-For-Service) on their “anniversary date” – one year after joining a health plan in which they have continuously remained enrolled.



What if a patient chooses an option I don't participate in?

- All beneficiaries have the opportunity to select a plan based on the providers they usually see.
 - Patients can find out the health plan options in which you participate by calling the Enrollment Center or, checking on the web at www.SCchoices.com.
- If your patient selects a plan in which you do not participate, or is assigned to a plan because they didn't make a choice, the patient has 90-days following their enrollment into a health plan to change their plan or return to Fee-for-Service Medicaid by simply contacting the Enrollment Center at 1-877-552-4642.
- After the 90-day choice period, the patient – or any beneficiary -- must have a special reason for the transfer which they must request in writing. All such requests must be reviewed and approved by the South Carolina Department of Health and Human Services.



How will I know what plan my patients are enrolled in?

- The procedure for checking your patient's eligibility is unchanged.
- You can verify a patient's Medicaid eligibility by utilizing:
 - a Point of Service (POS) device;
 - the Medicaid Interactive Voice Response System (IVRS);
 - the South Carolina Web-based Claims Submission Tool; or,
 - an eligibility verification vendor.
- Current Medicaid managed care enrollment information, if any, will be provided as part of the Medicaid eligibility verification process.



Your role and how to help your patients

- In order for you to provide care to beneficiaries who are your patients, they must select an option in which you, as their provider, participate.
- Tell your patients what health plans you participate with.
- Many beneficiaries contact Healthy Connections Choices by phone about Medicaid enrollment because their doctor told them to!
- Often, physicians check whether or not their patients have selected a health care option and direct patients who have not selected an option to the Enrollment Center at 1-877-552-4642.
- Keep your office well stocked with South Carolina Healthy Connections Choices enrollment materials and posters advising your patients what health plans you participate with.



Your role and how to help your patients

- *You can help by:*
 - Asking your patients who have Medicaid coverage if they have selected a health plan option through Medicaid.
 - Telling your patient about the Health Plans in which you participate.
 - Encouraging your patients to use one of the four easy options to select a health care option if they have not done so already.
 - Explaining to your patient that if they do not choose, they will be placed in a health care option they might not like or want and, that they might not be able to see their doctors.
 - Encouraging your patients to pay attention to mail from South Carolina Healthy Connections Choices.
 - Encouraging your patients to call the Enrollment Center for more information 1-877-552-4642 or on the web at www.SCchoices.com.
 - Joining health plan options that serve the Medicaid population.



Questions?

- Provider support at Healthy Connections Choices:
 - 1-866-682-9919
 - Email: scprovidersupport@SCchoices.com
 - Website: www.SCchoices.com, Click on “For Providers”

- Eligibility and questions:
 - Call SCDHHS at 1-888-549-0820
 - Visit the SCDHHS website at www.scdhhs.gov



How Can I become Part of a Health Plan?

- Contact the Health Plan Provider Line

Absolute Total Care by Total Carolina Care	803-933-3670
BlueChoice Health Plan	803-382-5151
Carolina Crescent	803-748-8661
CHCcares	803-740-7952
First Choice by Select Health	843-569-4659
South Carolina Solutions	803-429-5845
Unison Health Plan	803-750-2229