Appendix 5: South Carolina's Healthy Connections Prime Enrollment/Disenrollment Guidance

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This document defines South Carolina specific Enrollment/Disenrollment Requirements where there are differences from the national Medicare-Medicaid Plan (MMP) Enrollment and Disenrollment Guidance as published by the Centers for Medicare and Medicaid Services (CMS) on June 14, 2013.

1. **Healthy Connections Prime Eligibility Requirements for Enrollment in Coordinated and Integrated Care Organizations (CICOs)** – *This section supplements and clarifies the requirements of §10.5 of the MMP Enrollment and Disenrollment Guidance.*

   In addition to the eligibility criteria listed in Section 10.5 of the national MMP Enrollment and Disenrollment Guidance, an individual must meet the following criteria to be eligible to enroll:

   - Age 65 and older at the time of enrollment; and
   - Entitled to or enrolled in Medicare Part A, enrolled in Medicare Part B, eligible to enroll in a Part D plan and receiving full Medicaid benefits.

   The following populations are not eligible for Healthy Connections Prime:

   - Individuals under the age of 65;
   - The Medicaid spend-down population;
   - Individuals enrolled in both Medicare and Medicaid who have other third party creditable health care coverage;
   - Individuals residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or Nursing Facility at the time of Demonstration eligibility determination;
   - Individuals who are in a hospice program at the time of Demonstration eligibility determination;
   - Individuals with a diagnosis of end stage renal disease (ESRD) at the time of Demonstration eligibility determination; and
   - Individuals who are participating in federal waiver programs for home and community based Medicaid coverage other than the Community Choices Waiver, HIV/AIDS Waiver and Mechanical Ventilation Waiver (e.g., Intellectual Disabilities and Related Disabilities Waiver, Head and Spinal Cord Injury Waiver, Community Supports Waiver, Medically Complex Children's Waiver, Pervasive Developmental Disorder Waiver and Psychiatric Residential Treatment Facility Alternative CHANCE Waiver).

   The following Individuals may elect to enroll or remain in the Demonstration:

- Individuals enrolled in a Medicare Advantage plan or Program of All-inclusive Care for the Elderly (PACE) and who meet the eligibility criteria for this Demonstration may participate in this initiative if they choose to disenroll from their existing programs.
- Individuals who transition from a Nursing Facility or ICF/IID into the community and are otherwise eligible for Demonstration participation may elect to enroll in the Demonstration. (Note that once these individuals are transitioned into the community they may be eligible for passive enrollment.)
- Individuals already enrolled who later enter a Nursing Facility may remain in the Demonstration.
- Individuals already enrolled in the Demonstration who enter hospice programs or who are subsequently diagnosed with ESRD may remain in the Demonstration.

2. **Elections and Effective Dates** – *This section supplements and clarifies the requirements of §20 of the MMP Enrollment and disenrollment Guidance.*

   In addition to the options listed in the guidance, on an ongoing (i.e., month to month) basis individuals who meet the criteria for enrollment in CICOs may;

   - Disenroll from Healthy Connections fee-for-service (FFS) by enrolling in a CICO,
   - Disenroll from a PACE organization by enrolling in a CICO,
   - Disenroll from a CICO by enrolling in a Healthy Connections FFS,
   - Disenroll from a CICO by enrolling in a PACE organization,
   - Disenroll from one CICO by enrolling in another CICO.

   Further, Healthy Connections Prime's enrollment broker, MAXIMUS, Inc., will accept and process enrollment requests during normal business hours, Monday – Friday, 8:00 am – 5:00 pm.

3. **Effective Date of Coverage for Voluntary Enrollments –** *This section supplements and clarifies the requirements of §20.1 of the MMP Enrollment and disenrollment Guidance.*

   Voluntary (i.e. beneficiary-initiated) enrollments are effective the first calendar day of the month following the initial receipt of a beneficiary's request to enroll, so long as the request is received by the 12th day of the month. Enrollment requests, including enrollment requests from one CICO to a different CICO, received after the 12th day of the month will be effective the first of the second month following initial receipt of the request. In the event that the 12th day of the month falls on a weekend or holiday, the cut-off is the last business day prior to the 12th day of the month.

4. **Effective Date Voluntary Disenrollment** – *This section supplements and clarifies the requirements of §20.2 of the MMP Enrollment and disenrollment Guidance.*

   Individuals are able to request disenrollment from the CICO up to and including the last calendar day of the month, even when the last day of the month falls on a weekend or holiday. Individuals will be directed to call the State's enrollment broker, MAXIMUS Inc., to request disenrollment, but may request disenrollment directly by calling 1-800-MEDICARE, or by enrolling directly in a new Medicare Advantage or Medicare prescription drug plan. The effective date for all voluntary disenrollments is the first calendar day of the month following the State's receipt of the disenrollment request. The previous CICO is financially obligated for all services through the last day of the month prior to the disenrollment effective date. The State will establish a reconciliation process to address any retroactive enrollment changes.

5. **Enrollment Procedures** – *This section supplements and clarifies the requirements of §30 of the MMP Enrollment and disenrollment Guidance.*

   A CICO may not accept enrollment, disenrollment, cancellation, or opt-out requests directly from individuals and process such requests itself, but instead, must refer individuals to the State's enrollment broker. The State will not delegate enrollment activities to the CICOs.

   While the State will not delegate enrollment activities to the CICO, the State is delegating the printing and mailing of the following Exhibit to the CICO:

   - Exhibit 5a: CICO Plan Welcome Letter

6. **Passive Enrollment** – *This section supplements and clarifies the requirements of §30.1.4 of the MMP Enrollment and disenrollment Guidance.*

   a. **Individuals Subject to Passive Enrollment**
      In addition to the listed eligibility criteria for passive enrollment, an individual must meet all State eligibility criteria for the Demonstration, as described in this Appendix, Section 1.

      Also, the State will not passively enroll individuals who are currently enrolled in a Medicare Advantage or Medigap plan.

   b. **Intelligent Assignment Algorithm -** *Supplements to §30.1.4 B.2.a of the MMP Enrollment and Disenrollment Guidance*

In addition to the procedure provided in the national MMP Enrollment and Disenrollment guidance, the State will attempt to assign beneficiaries to a CICO that best meets the individual's needs by recognizing spouse to spouse linkages and connecting spouses to the same health plan. The State will also consider the relative case mix of each CICO when applying the algorithm for passive enrollment.

The State will ensure that each CICO has a balanced representation of high, medium and low risk members based on the State's defined parameters.

c. **Passive Enrollment Process**

The State will utilize a phased approach to passive enrollment. The State's enrollment strategy begins with an opt-in enrollment period open to all eligible beneficiaries that will begin no earlier than February 1, 2015 and extend through May 31, 2015. Following the opt-in period, the State will conduct three separate waves of passive enrollment as follows:

1. Beneficiary notification of passive enrollment in the Upstate Region (Region 1) will start no earlier than March 16, 1, 2015, with enrollments effective June 1, 2015. This wave will include eligible individuals in Region 1 except those receiving services through one of the three applicable Home and Community Based Services (HCBS) waivers.

2. Beneficiary notification of passive enrollment in the Coastal Region (Region 2) will start no earlier than May 15, 2015, with enrollments effective August 1, 2015. This wave will include eligible individuals in Region 2 except those receiving services through one of the three applicable HCBS waivers.

3. Beneficiary notification of the HCBS population will start no earlier than July 15, 2015, with enrollments effective October 1, 2015. This wave will include eligible individuals receiving services through one of the three applicable HCBS waivers statewide.

d. **Excluding Individuals with Employer or Union coverage from Passive Enrollment**

Individuals with other comprehensive employer or union coverage who otherwise meet the eligibility criteria for the Demonstration will be excluded from passive enrollment.

e. **Other Signatures**
In addition, if someone other than the eligible individual helps the individual fill out the enrollment form, this party must clearly indicate his/her name on the enrollment form, address, phone number, relationship to enrollee, and the date enrollment form was completed. This includes pre-filling out any information on the enrollment form and identifying the plan selection.

f. **4Rx Data** - *Supplements to §30.1.4 J. of the MMP Enrollment and Disenrollment Guidance*

The State will delegate the submission of 4Rx data (pharmacy billing codes) to the CICOs. CICOs will submit the data directly after receiving a DTRR that confirms enrollment. Therefore, the State will intentionally leave the 4Rx data fields blank in the enrollment records.

7. **ESRD and Enrollment (applicable to States for which an individual's ESRD status is an enrollment eligibility criteria)** – *This section supplements and clarifies the requirements of §30.2.4 of the MMP Enrollment and disenrollment Guidance.*

Individuals with a diagnosis of ESRD at the time of Demonstration eligibility determination are not eligible and may not enroll in a CICO. Any such individuals inadvertently enrolled in a CICO, either through passive or opt in enrollment, will have their CICO enrollment cancelled, regardless of whether CMS systems reflected an ESRD status for the individual as of the CICO enrollment effective date.

8. **Individuals with Employer/Union Coverage – Other Sources** – *This section supplements and clarifies the requirements of §30.2.6 of the MMP Enrollment and disenrollment Guidance.*

Individuals with other comprehensive employer or union coverage who otherwise meet the eligibility criteria for the Demonstration may enroll in a CICO if they disenroll from their existing program.

9. **Prior to the Effective Date of Coverage -** *This section supplements and clarifies the requirements of **§30.4.1** of the MMP Enrollment and Disenrollment Guidance.*

With prior approval from CMS and the State, MMPs may perform Initial Health Screens and/or Comprehensive Assessments for Passive Enrollees up to 20 calendar days prior

to the MMP coverage effective date. This provision does not waive the requirement that MMPs send a welcome letter 30 days prior to a beneficiary's effective date.

10. **Voluntary Disenrollment of Member**– *This section supplements and clarifies the requirements of §40.1 of the MMP Enrollment and disenrollment Guidance.*

    If a member directly contacts the CICO to request disenrollment, the CICO must refer the member to the Healthy Connections Prime's enrollment broker, MAXIMUS Inc. or to 1-800-MEDICARE.

11. **Loss of Medicaid Eligibility -** *This section supplements and clarifies the requirements of §40.2.3 of the MMP Enrollment and Disenrollment Guidance.*

    Note that an individual cannot remain a member in an CICO if he/she no longer meets eligibility criteria as outlined in this document and §10.5 of the national MMP Enrollment and Disenrollment Guidance. Please also note that in South Carolina, CICOs are **excluded** from offering the "Optional Period of Deemed Continued Eligibility Due to Loss of Medicaid Eligibility".