South Carolina Healthy Connections Prime Demonstration

This contract was re-executed on November 1, 2017 in order to:

- Update the Demonstration Year Dates to align with the actual start date of the Demonstration on February 1, 2015 instead of January 1, 2015, which shifted Demonstration Year 1 to run 23 months from February 1, 2015 to December 31, 2016. This change also shifts Demonstration Year 2 to run from January 1, 2017 to December 31, 2017 and Demonstration Year 3 to run from January 1, 2018 to December 31, 2018 (see 4.1.2). Language was added to clarify that quality withhold measures will be calculated separately for Contract Year 2015 and Contract Year 2016 and some measures previously deferred to Demonstration Year 2 were moved up to Demonstration Year 1 (see 4.4.4.6).
- Update to the Transition of Home and Community Based Services (HCBS) consistent with the current schedule (see Appendix C) and clarification that Coordinated and Integrated Care Organizations (CICOs) may choose not to extend contracts to HCBS providers with a history of compliance actions (see 2.7.1.3.2, 2.7.3.5)
- Clarify that initial appeals related to initial long term care (LTC) level of care (LOC) assessments or initial HCBS waiver service care plans will be adjudicated by the South Carolina Department of Health and Human Services (SCDHHS) as they are today since SCDHHS, not CICOs, will remain responsible for initial LTC LOC assessments or initial HCBS waiver service care plans (see 2.11.2, 2.11.3.1, 2.11.4.2).
- Update Multidisciplinary Team (MT) members to include the enrollee and the CICO Care Coordinator and, at the enrollee's choice, additional members may participate in any or all MT meetings to review or approve the Individual Care Plan (see 2.5.3.3).
- Eliminate co-pays for Medicare Part D drugs. (Section A.3.1)
- Perform general clean-up and make technical changes to streamline provisions across all three-way contracts for the capitated model demonstrations under the Medicare-Medicaid Financial Alignment Initiative. These changes include:
    - Adding policies and procedures related to discretionary involuntary disenrollments, such as clarifying when a CICO may disenroll a Healthy Connections Prime enrollee due to disruptive behavior, and adding procedures that CICOs must complete before effectuating the disenrollment (see 2.3.5.2).
    - Adding requirements related to model of care submissions (see 2.5.8).
    - Clarifying out-of-network reimbursement rules, including reimbursement for emergent or urgent care (see 2.6.9.4.1, 2.8.7) and policies regarding when plans may not pay for items or services (see 2.7.3.7, 2.7.3.8).
    - Indicating that effective no sooner than July 1, 2017, Healthy Connections Prime enrollees may file a grievance with a CICO or a provider regarding any issue at any time (see 2.10.1.1).
    - Updating the timeframe for CICOs to respond to and adjudicate grievances from no later than 5 days to no later than 30 days after the CICO receives the grievances, consistent with the Medicare Advantage requirements (see 2.10.2.2.3).
    - Adding timeframe and content of final Medicare reconciliation and settlement for any CICO termination or nonrenewal (see 4.6.3.2.1).

    - Removing the lists of Core quality measures under the Healthy Connections Prime Demonstration since these are outlined in the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2017CoreReportingRequirements121616.pdf

- Add updates to align with other South Carolina Medicaid program requirements: For example:
    - Replace reference to value-oriented payment methodologies with Alternative Payment Models (see 2.6.1).
    - Include Nutritional Supplements in the Healthy Connections Prime benefit package consistent with South Carolina Community Long Term Care (CLTC) services provided under the Community Choices, HIV/AIDS, and Ventilator Dependent HCBS waivers (see Appendix B).
    - Include Personal Emergency Response System in the Healthy Connections Prime benefit package consistent with South Carolina CLTC services provided under the Community Choices and Ventilator Dependent HCBS waivers (see Appendix B).
    - Include Telemonitoring in the Healthy Connections Prime benefit package consistent with South Carolina CLTC services provided under the Community Choices HCBS waiver (see Appendix B).
    - Clarify that the type of Respite Care services can vary depending on the HCBS waiver (see Appendix B).
- Update marketing requirements to align with national Medicare Marketing Guidelines, Medicare-Medicaid marketing guidance, and state-specific marketing guidance (see 2.9.5.3, 2.13.4.2).
- Update quality withhold measures consistent with the Core Quality Withhold Technical Notes at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/DY2and3QualityWithholdGuidance042916.pdf (see 4.4.7.3).
- Update the geographic regions to reflect the counties included in waves 1 and 2 of passive enrollment (Appendix J).