

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

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 August 2, 2018 https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentGuidanceManual_CY2019_08022018.pdf

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 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 under an approved Medicaid Long-Term Care Stay identified with a Nursing Facility payment category at least fifteen days prior to the effective date of their enrollment;
- 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 the following home and community-based waiver programs:
 - Intellectual Disabilities and Related Disabilities Waiver
 - Head and Spinal Cord Injury Waiver
 - Community Supports Waiver

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

- Medically Complex Children’s Waiver
- Palmetto Coordinated System of Care 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 under an approved Medicaid Long-Term Care stay may remain in the Demonstration. (Note: Individuals currently under a Medicare stay are considered in the community and are eligible for opt-in and passive enrollment.)
- 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 CICO to enroll in Healthy Connections FFS,
- Disenroll from one CICO by enrolling in another CICO.

Further, Healthy Connections Prime’s enrollment broker, 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 §20.2 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 before the last day of the month. Enrollment requests, including enrollment requests from one CICO to a different CICO, received on the last day of the

month will be effective the first of the second month following initial receipt of the request. In the event this day falls on a weekend or holiday, the cut-off is the last business day prior to the last day of the month.

4. Effective Date Voluntary Disenrollment – *This section supplements and clarifies the requirements of §20.3 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 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 for Passively Enrolled Individuals
- Exhibit 5b: MMP Welcome Notice for Individuals Who Opt-in

6. Passive Enrollment – *This section supplements and clarifies the requirements of §30.2.5 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 §30.2.5 B.b 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

1. The State will utilize a passive enrollment strategy that notifies members sixty (60) days in advance of their assignment to a CICO.

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 §30.2.5 O. 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 §30.3.4 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. Individuals already enrolled who are later diagnosed as ESRD may remain in the Demonstration.

8. **Individuals with Employer/Union Coverage – Other Sources** – *This section supplements and clarifies the requirements of §30.3.6 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 §30.5.1 of the MMP Enrollment and Disenrollment Guidance.*

With prior approval from CMS and the State, CICO 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”.

12. Rapid Re-Enrollment – *This section supplements and clarifies the requirements of §20.2.3.3 of the MMP Enrollment and Disenrollment Guidance.*

Individuals who have short term loss of Medicaid, or state-specific eligibility, no more than 2 months from the loss of their Medicaid eligibility, may be rapidly re-enrolled back into their MMP (§40.2.3.3).

An individual who was passively enrolled into the CICO and subsequently loses eligibility and is disenrolled may be rapidly re-enrolled within in the same calendar year into a MMP upon regaining Medicaid or state-specific eligibility. Individuals who opt out of passive enrollment are not eligible for future passive enrollments for the life of the demonstration. Individuals who opt out of passive enrollment will not be rapidly re-enrolled.

Individuals with ESRD, Hospice, or those confined to a nursing facility under a long-term care stay are not eligible for rapid re-enrollment.