



Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth St., SW; Suite 4T20  
Atlanta, GA 30303

May 17, 2017

**TO: All Providers**

**SUBJECT: Healthy Connections Prime Member Disenrollment Concerns**

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Your patients or care recipients who are dually eligible for both Medicare and Medicaid may have recently received letters informing them of their eligibility for the South Carolina Healthy Connections Prime program. If you have questions about this program, please see page 2 of this letter for a brief summary or visit the Healthy Connections Prime website ([click here for the link](#)). This program has been designed to provide seniors with coordination of their care, including long term care needs. CMS reiterates that patients and care recipients have a choice in what health plan they wish to join, and providers should not influence or try to tell them to leave a Medicare-Medicaid Plan (MMP) or Healthy Connections Prime.

Given the vulnerability of this member population, Healthy Connections Prime offers a six-month continuity of care period in which the health plan will honor all existing authorizations and provider relations. During or after the continuity of care period, providers can join a patient's MMP network or enter a single case agreement with the MMP to continue to provide services for their patient. Continuity of care applies to all providers, including home and community based services and Medicare skilled nursing facility services.

**A SPECIAL REMINDER FOR LONG TERM CARE PROVIDERS**

In May 2015, Centers for Medicare and Medicaid Services (CMS) issued a memo to long term care providers called "Memo to Long Term Care Facilities on Disenrollment Issues" ([click here for the link](#)). It said in part:

*42 CFR 483.12(d)(1)(i) The facility must not require residents or potential residents to waive their rights to Medicare or Medicaid. Surveyor guidance at F208 in Appendix PP of Chapter 7 of the State Operations Manual (SOM) clarifies that facilities must not seek a direct or indirect waiver of rights to Medicare or Medicaid benefits. Under no circumstances, should a long term care facility require, request, coach, or steer any resident to select or change a plan for any reason.*

The memo further outlines what providers need to be aware of regarding influencing member choice of health plans.

**TO LEARN MORE**

Visit our provider website (<http://www.scdhhs.gov/prime>) to learn more about the program and how you can participate. Feel free to email [PrimeProviders@scdhhs.gov](mailto:PrimeProviders@scdhhs.gov) with any questions. You can also contact the plan representatives listed on our website: <https://msp.scdhhs.gov/SCDue2/site-page/plan-contact-information-0>.

## HOW CAN YOU HELP?

Making any changes to healthcare benefits can be worrisome or overwhelming for some individuals. The following box includes key points about the Healthy Connections Prime program that your care recipients may find helpful.

### 1. What does Healthy Connections Prime offer members?

Healthy Connections Prime is a new program that gives access to better care while providing benefits and support needed to help members stay healthy and live at home as long as possible. Benefits include:

- One plan to manage all Medicare (Parts A and B), Medicare Part D and Healthy Connections Medicaid medical (including Community Long Term Care) and prescription drug benefits
- No insurance premiums
- No costs for doctor visits, hospital stays and prescription drugs
- One card for all health needs
- One number to call when help is needed
- A personal care coordinator (assigned within the first 90 days of enrollment)
- A member-approved care team

### 2. What services are covered?

All Medicare and Medicaid services are covered. Examples include:

- Doctor visits
- Hospital care
- Adult preventive dental
- Prescription and over-the-counter drugs
- Medical transportation
- Durable medical equipment
- Community Long Term Care (CLTC) services
- Behavioral health services
- Nursing facility services
- Lab tests

### 3. What health plans participate in Healthy Connections Prime?

Currently there are three Healthy Connections Prime MMPs: Absolute Total Care, Molina Dual Options, and First Choice VIP Care Plus.

### 4. What notifications will the patients or care recipients receive?

Individuals who opt into the program will receive notices confirming their new plan and coverage start date. Some patients or care recipients will be auto assigned (“passively enrolled”) into a health plan when they become eligible. These individuals will have received a 60-day and 30-day pre-notification letter to let them know about their enrollment. They will also receive a disenrollment notification form from their Part D provider. This form may cause some confusion for members who misinterpret the letter as saying they will lose Medicare drug coverage. Please be assured that there will be no gap in coverage and their prescription drug needs will be handled by their Healthy Connections Prime plan.

### 5. Where can members find more information?

They can visit the Member section of our website (<http://www.scdhhs.gov/prime>) or call SC Thrive Customer Service Center at 800-726-8774 (TTY: 711). This call is free. They are available Monday to Friday, 8:30 a.m. – 5 p.m. If patients or care recipients have any concerns, they are encouraged to contact Healthy Connections Prime Advocate at (844) 477-4632 or through the information at this link: <http://www.healthyconnectionsprimeadvocate.com/contact-us>. They will work with the patients or care recipients to address any concerns.