

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MEDICAID BULLETIN

TO: Providers Indicated

SUBJECT: Expansion of the Healthy Connections Choices Care Coordination Program and Notification of Inclusion of Two New Medical Homes Network Programs

I. Expansion of the Healthy Connections Choices Care Coordination Program

The SC Department of Health and Human Services (SCDHHS) has received approval from the Centers for Medicare and Medicaid Services (CMS) to expand the Healthy Connections Choices care coordination program. Healthy Connections Choices began in August 2007 and offers eligible beneficiaries the choice of multiple care coordination plans in their county of residence. The plans offer the same benefits as traditional fee-for-service coverage, but may also offer extra services, such as, unlimited doctor visits for adults, eyeglasses and dental care for adults, access to smoking cessation classes and programs specifically tailored for those with chronic diseases.

The expansion of the Healthy Connections Choices care coordination program will require that eligible beneficiaries enroll with and receive their Medicaid health benefits through one of two forms of CMS-approved managed care health plan options. These include Medicaid Managed Care Organizations (MCO) or Medical Homes Networks (MHN), also known as Primary Care Case Management Programs. Expansion implementation will begin on March 1, 2011 and will be phased in over a 12-month period to allow existing Healthy Connections beneficiaries currently enrolled in fee-for-service coverage to choose a managed care health plan option (MCO or MHN) at the time of their fee-for-service anniversary date. Expansion implementation for those who do not choose a managed care health plan option, but are in a Managed Care category (see chart on next page) will be assigned as early as April 1, 2011.

Currently, more than 524,000 South Carolina Healthy Connections beneficiaries are covered with either an MCO or MHN managed care option. With the expansion of the Healthy Connections Choices care coordination program, approximately 80,000 existing Medicaid beneficiaries currently receiving coverage in the traditional fee-for-service coverage option will now be required to select MCO or MHN coverage. Fee-for-service will no longer be offered as an option for these beneficiaries.

The chart below displays the beneficiary eligibility categories and their managed care health plan options:

Managed Care	Voluntary Choice	Not Eligible
Children up to age 19	Dual eligibles – those eligible for Medicaid and Medicare	People in a nursing home or long-term care facility
Families with at least one child	Native Americans who are members of a Federally recognized Tribe	People hospitalized for more than 30 days
People who only receive temporary Medicaid due to increased earnings	People in home and community-based waiver programs	People receiving family planning services only (birth control services)
Pregnant women	Children under age 1 where the mother is not enrolled in a health plan	People considered refugees
Aged, blind and disabled adults	People residing in a residential care facility or a community long-term care facility	PACE-Program of All inclusive Care for the Elderly
	Disabled children under age 19	
	TEFRA children – disabled children who qualify for institutional care, but receive care at home	
	Children under age 19 in foster care or other out-of-home placement	

The headings in the chart above are defined as follows:

- **Managed Care:** Beneficiaries with eligibility in one of these categories will be required to enroll in a managed care health plan on their fee-for-service anniversary date. These beneficiaries will be able to choose their health plan and in the absence of that choice, the State will enroll them into a health plan. Fee-for-service coverage is not an option for these beneficiaries.
- **Voluntary Choice:** Beneficiaries with eligibility in one of these categories may choose to enroll in a health plan at any time. These beneficiaries will remain in fee-for-service coverage until they choose to enroll in a managed care health plan.
- **Not Eligible:** Beneficiaries with eligibility in one of these categories will remain in fee-for-service coverage. Enrollment in a managed care health plan is not an option.

II. Inclusion of Two New Medical Homes Networks

Also effective March 1, 2011, SCDHHS is expected to finalize contractual agreements with two additional MHNs, Carolina Medical Homes and Palmetto Physician Connections. After the approval of these two MHN's, beneficiaries will be able to select from one of seven available managed care plans (four MCO's and three MHN's). A listing of the available managed care health plans is as follows:

Managed Care Organizations (MCOs)

Absolute Total Care
Blue Choice Health Plan
First Choice of South Carolina (Select Health)
Unison Health Plan

Medical Homes Network (MHNs)

South Carolina Solutions
Carolina Medical Homes
Palmetto Physician Connections

For those who want to learn more about available plans in their county, contact Healthy Connections Choices at **877-552-4642** or visit www.scchoices.com.

/S/
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Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions