

Health Enhancement Program (HEP)

Welcome to the State of Connecticut Health Enhancement Program (HEP) for Partnership Plans

- Care Management Solutions Inc. (CMSI) administers HEP for the State of Connecticut Employees and Municipalities that join the Partnership.
- HEP is designed to positively impact the overall health of it's participants, and has two components – Preventive Requirements and Chronic Condition Education and Counseling
- The program year is measured on a calendar year basis, with the look back period being the end of the year. As a new Partnership plan you will not need to meet the requirements until 12/31/2017.

Preventive

Each enrolled participant must complete age/gender appropriate preventive exams and screenings

HEP Requirements

MORE INFO: www.CTHEP.com | 877.687.1448

| PREVENTIVE SCREENINGS | AGE | | | | | | |
|---------------------------------------|------------|---------------------|---------------------|---------------------|---------------------------------|-----------------------------|---|
| | 0 - 5 | 6-17 | 18-24 | 25-29 | 30-39 | 40-49 | 50+ |
| Preventive Visit | 1 per year | 1 every other year | Every 3 years | Every 3 years | Every 3 years | Every 2 years | Every year |
| Vision Exam | N/A | N/A | Every 7 years | Every 7 years | Every 7 years | Every 4 years | 50-64: Every 3 years 65+: Every 2 years |
| Dental Cleanings* | N/A | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year |
| Cholesterol Screening | N/A | N/A | Every 5 years (20+) | Every 5 years | Every 5 years | Every 5 years | Every 2 years |
| Breast Cancer Screening (Mammogram) | N/A | N/A | N/A | N/A | 1 screening between age 35-39** | As recommended by physician | As recommended by physician |
| Cervical Cancer Screening (Pap Smear) | N/A | N/A | Every 3 years (21+) | Every 3 years | Every 3 years | Every 3 years | Every 3 years to age 65 |
| Colorectal Cancer Screening | N/A | N/A | N/A | N/A | N/A | N/A | Colonoscopy every 10 years or Annual FIT/FOBT to age 75 |

*Dental cleanings are required for family members who are participating in one of the state dental plans

**Or as recommended by your physician

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant. As is currently the case under your state health plan, any medical decisions will continue to be made by you and your physician.

Chronic Care Education and Counseling

The HEP program requires participants who have been identified with the following –

- Diabetes (Type 1 or 2)
- Asthma or COPD
- Heart disease/Heart Failure
- Hyperlipidemia
- Hypertension

to read certain educational materials as well as accept a call from a CMSI Register Nurse if one should call you.

Educational materials can be found at CTHEP.com

Benefits of HEP

Why Stay in HEP?

Along with staying healthy, Partnership employees and their dependents who are enrolled in the program receive a number of financial benefits by remaining compliant with the program.

- Lower premium payments – Non-HEP employees pay an additional \$100.00 per month in premium
- Lower out of pocket expenses – Non-HEP employees pay annual \$350 individual (\$1,400 family) in-network medical deductible
- Office Visit copays are waived for visits related to the above chronic conditions
- Zero or lower copays for medications used to treat any of the above chronic conditions

CTHEP.com

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT AND CARE MANAGEMENT SOLUTIONS -- A CONNECTICARE AFFILIATE

Welcome to the State of Connecticut Health Enhancement Program

Create Account

Please Note Employee, spouse and dependents over age 18 must create their own account

Username

Password

Login

[I forgot my username](#) [I forgot my password](#)

- Register online at CTHEP).com
- You will have access approximately one month after your effective date
- Prior to access you can read information regarding requirements by clicking on “HEP Requirements” or “Chronic Conditions”

HEP REQUIREMENTS

CHRONIC CONDITIONS

HELP AND FORMS

CONTACT

SCHEDULE A PHYSICAL

ENROLLMENT INFO

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT AND CARE MANAGEMENT SOLUTIONS -- A CONNECTICARE AFFILIATE

MY CONTACT INFORMATION

HOME

FORMS






HEALTH RESOURCES

MESSAGES (0)

2016 2015

My Compliance Status

Completed 3 of 5 total HEP requirements: 60%

| Req'd Service | Req'd By | Compliance Status |
|--|------------|---|
| PREVENTIVE REQUIREMENTS | | |
| 1) CHOLESTEROL SCREENING - EVERY 5 YEARS | 12/31/2016 |  COMPLIANT |
| 2) DENTAL CLEANINGS - ONE PER YEAR | 12/31/2016 |  NON-COMPLIANT [fix this] |
| 3) PREVENTIVE VISIT - EVERY 2 YEARS | 12/31/2016 |  NON-COMPLIANT [fix this] |
| 4) VISION EXAM - EVERY 4 YEARS | 12/31/2016 |  COMPLIANT |
| CHRONIC REQUIREMENTS | | |
| 5) HYPERTENSION | 12/31/2016 |  NON-COMPLIANT [fix this] |

Once registered, you can

- Check you compliance status
- Click on the drop down after “My Compliance Status” to check your family status
- If identified with a condition, click the “fix this” to take a 5 question survey or read a fact sheet

Questions?

Contact our Dedicated Customer Service Team at 1.877.687.1448 Monday thru Friday 8:00 a.m. to 6:00 p.m. and Friday 8:00 a.m. to 5:00 p.m. or email us at HEPQuestions@connect2yourhealth.com