

# **CARE MANAGEMENT SOLUTIONS.**

**Health Enhancement Program  
(HEP)**

# Welcome to the State of Connecticut Health Enhancement Program

Care Management Solutions Inc. (CMSI) administers HEP for the State of Connecticut Employees and Municipalities that join the partnership plan.



## Purpose of HEP

To positively impact the overall health of its participants through two components: Preventive Requirements and Chronic Condition Education and Counseling

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# How HEP Works

- All requirements and chronic condition education are measured per **calendar year**
- Preventive requirements are determined by **age and gender**
- Chronic conditions are determined through claims and medication history on an individual basis
- All requirements (preventive and chronic education) are to be completed by **December 31** of each year
- If you have joined HEP at any time after **January 1<sup>st</sup>** of the current year, you will have until the end of the following year to complete your requirements

# Preventive Requirements

## HEP REQUIREMENTS

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, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years

**For those with a chronic condition:** The household must meet all preventive and chronic requirements to be compliant.

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# Chronic Condition Education and Counseling

The HEP program requires participants who have been identified with one or more of the following chronic conditions to complete annual educational requirements related to their disease, as well as accept a call from a CMSI registered nurse if one should reach out:

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

All educational materials can be found at [CTHEP.com](https://CTHEP.com)

# Benefits of HEP

**HEP** does not only benefit your health, it also rewards employees and their dependents with a number of financial benefits by remaining compliant with the program:

- Lower premium payments – Non-HEP employees pay an additional **\$100 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 co-pays are **waived** for anything related to the chronic conditions
- **Lower to \$0 co-pays** for medications used to treat any of the chronic conditions mentioned earlier

Visit **CTHEP.com** to Create Your  
Online Account

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# Register Online

- Online portal access will be available approximately **one month** after your effective date
- You can access information using the links below the login screen before you register
- Register at **CTHEP.com**

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](#)

<a href="#">HEP REQUIREMENTS</a>	<a href="#">CHRONIC CONDITIONS</a>
<a href="#">HELP AND FORMS</a>	<a href="#">CONTACT</a>
<a href="#">SCHEDULE A PHYSICAL</a>	<a href="#">ENROLLMENT INFO</a>

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# Help, Forms & Contacts

- Under **Help, Forms & Contacts** you can locate the Physician Notification Form. This form should be used when a service was preformed prior to joining your new plan.
- Please have your physician fill it out and you can fax it back to us.

**Fax 1.855.207.1640.**

## Forms

PHYSICIAN NOTIFICATION  
FORM

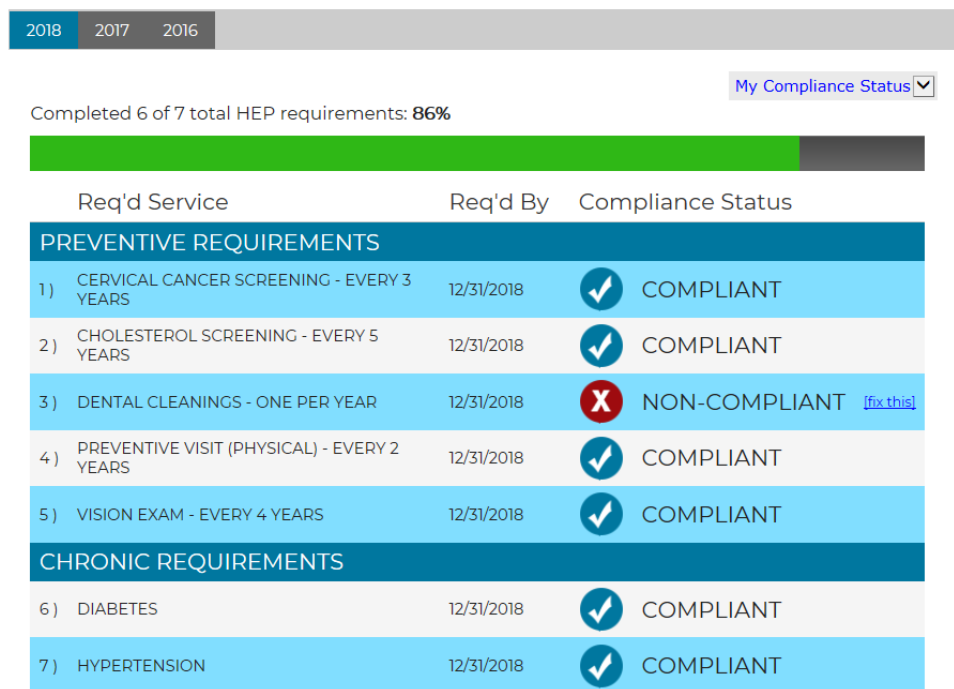
HEP REINSTATEMENT  
FORM

PERMISSION TO RELEASE  
PHI

# View Your Personal Requirements via the Web Portal

## Once registered, you can:

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



HEP REQUIREMENTS  
CHRONIC CONDITIONS  
HELP, FORMS & CONTACT  
HUMANS OF HEP  
UPDATE MY CONTACT INFORMATION  
BENEFIT INFORMATION  
MESSAGES

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# Questions or Concerns?

Contact our call center to receive guided support at **1.877.687.1448**  
Monday-Thursday 8am – 6pm and Friday 8am – 5pm

You can also contact a customer service representative via email at  
**HEPQuestions@connect2yourhealth.com**



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