

## State Profile for the Capitated Financial Alignment Demonstration

<b>South Carolina: Healthy Connections Prime</b>	
<b>Dates</b>	
Memorandum of understanding signed	October 25, 2013
Opt-in enrollment starts	February 1, 2015
Passive enrollment starts	April 1, 2016
<b>Enrollment</b>	
Covered population	<ul style="list-style-type: none"> <li>• age 65 and older;</li> <li>• not enrolled in certain home- and community-based services waivers and not residing in certain institutions; and</li> <li>• living in South Carolina</li> </ul>
Number eligible as of March 2016	50,000
Number enrolled as of December 2017	11,726
Percent of eligible that opted out as of December 1, 2017	Not available
<b>Payment</b>	
Number of participating plans	Three
Savings percentage range	1–4 percent
Number of rating categories	Four
Other risk mitigation strategies	Medical loss ratio
<b>Benefits</b>	
Expanded benefits	Palliative care
Carved out benefits	<ul style="list-style-type: none"> <li>• hospice</li> <li>• non-emergency transportation</li> </ul>
Required community involvement	Not specified
<b>Care Coordination</b>	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> <li>• within 90 days of enrollment for low-risk enrollees</li> <li>• within 60 days of enrollment for moderate- or high-risk enrollees.</li> </ul>
Number of days to establish individualized care plan	Within 90 days of enrollment
Education requirements for care coordinator	Must have the qualifications and training appropriate to the needs of the enrollee, but the plans have the discretion to develop these qualifications.
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	Maintain each enrollee's current course of treatment for at least 180 days after enrollment
<b>Consumer Protections</b>	
Integrated Medicaid and Medicare appeals process	No
Ombudsman	Lieutenant Governor's Office on Aging

### Sources:

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2017. Monthly enrollment by plan. Baltimore, MD: CMS. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Monthly-Enrollment-by-Plan.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015. South Carolina financial alignment demonstration—Healthy Connections Prime. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/SouthCarolina.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2014. *Contract between United States Department of Health and Human Services Centers for Medicare & Medicaid Services in partnership with the South Carolina Department of Health and Human Services*. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/SouthCarolinaContract.pdf>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2013. *Memorandum of understanding (MOU) between the Centers for Medicare & Medicaid Services (CMS) and the State of South Carolina regarding a federal-state partnership to test a capitated financial alignment model for Medicare-Medicaid enrollees: South Carolina Healthy Connections Prime*. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/SCMOU.pdf>.

Medicare Payment Advisory Commission (MedPAC). 2016. *Report to Congress: Medicare and the health care delivery system*. Washington, DC: MedPAC. <http://www.medpac.gov/docs/default-source/reports/june-2016-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>.