

## Financial Alignment Initiative: South Carolina

States participate in the Financial Alignment Initiative, a demonstration program administered by the Centers for Medicare & Medicaid Services, under either a capitated model, a managed fee-for-service model, or an alternative model. The purpose of the demonstration is to test ways to improve care for dually eligible beneficiaries and reduce program costs by aligning financing and coordinating care across Medicaid and Medicare. This fact sheet provides details about South Carolina's demonstration.

**TABLE 1.** South Carolina's Capitated Model

<b>Demonstration name: Healthy Connections Prime</b>	
<b>Timeline</b>	
MOU signed	October 25, 2013
Opt-in enrollment starts	February 1, 2015
Passive enrollment	April 1, 2016
Scheduled to end	December 31, 2023
<b>Enrollment</b>	
Covered population	Age 65 and older; individuals residing in an ICF/IID; individuals residing in a nursing facility; and individuals with ESRD
Enrolled (as of January 2022)	15,035
<b>Payment</b>	
Number of participating plans	3
Savings percentage range	1–3%
Number of rating categories	4
Other risk mitigation strategies	Medical loss ratio
<b>Benefits</b>	
Expanded benefits	Palliative care
Carved out benefits	Hospice, dental, and NEMT
Required community involvement	Not specified
<b>Care coordination</b>	
Number of days to complete HRA	Within 90 days of enrollment for low-, moderate-, and high-risk enrollees.
Number of days to establish ICP	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



Demonstration name: Healthy Connections Prime	
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
Consumer protections	
Ombudsman	Healthy Connections Prime Advocate

**Notes:** ESRD is end stage renal disease. HCBS is home- and community-based services. HRA is health risk assessment. ICF/IID is an intermediate care facility for individuals with intellectual disabilities. ICP is individualized care plan. MOU is memorandum of understanding. NEMT is non-emergency medical transportation.

**Sources:** CMS 2013, 2017, 2018, 2020, and 2021; ICRC 2022; Medicare Payment Advisory Commission (MedPAC) 2018; and South Carolina Department on Aging 2015.

## References

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