South Carolina Managed Care Program Features, as of 2019 (1 of 2)

| Features | South Carolina Non-Emergency Medical Transportation (NEMT) | South Carolina Managed Care Organizations | South Carolina Medical Homes Network |
|--|---|--|---|
| Program type | Non-Emergency Medical Transportation | Comprehensive MCO | Primary Care Case Management (PCCM) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1902(a)(70) NEMT | 1932(a) | 1932(a) |
| Program start date | 05/01/2007 | 09/01/1996 | 08/01/2007 |
| Waiver expiration date (if applicable) | | | |
| If the program ended in 2019, indicate the end date | | | |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | Mandatory | |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | | | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Mandatory | Mandatory | Voluntary |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory | Mandatory | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | Mandatory | | |
| Populations enrolled: Full Duals | Mandatory | | |
| Populations enrolled: Partial Duals | | | |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Voluntary | Voluntary |

| Features | South Carolina Non-Emergency Medical Transportation (NEMT) | South Carolina Managed Care Organizations | South Carolina Medical Homes Network |
|---|---|--|---|
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Voluntary | Voluntary |
| Populations enrolled: Enrollment choice period | Other | Other | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | | Maximus | Maximus |
| Populations enrolled: Notes on enrollment choice period | Recipient chooses to use transportation services based on identifying the need to access service providers where the member needs a ride. | 90 days | 90 days |
| Benefits covered: Inpatient hospital physical health | | х | |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | | х | |
| Benefits covered: Outpatient hospital physical health | | х | |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | | х | |
| Benefits covered: Partial hospitalization | | х | |
| Benefits covered: Physician | | Х | |
| Benefits covered: Nurse practitioner | | х | |
| Benefits covered: Rural health clinics and FQHCs | | х | |
| Benefits covered: Clinic services | | х | |
| Benefits covered: Lab and x-ray | | Х | |
| Benefits covered: Prescription drugs | | Х | |
| Benefits covered: Prosthetic devices | | х | |

| Features | South Carolina Non-Emergency Medical Transportation (NEMT) | South Carolina Managed Care Organizations | South Carolina Medical Homes Network |
|---|---|--|---|
| Benefits covered: EPSDT | | х | |
| Benefits covered: Case management | | | х |
| Benefits covered: SSA Section 1945- authorized health home | | | |
| Benefits covered: Health home care (services in home) | | Х | |
| Benefits covered: Family planning | | х | |
| Benefits covered: Dental services (medical/surgical) | | | |
| Benefits covered: Dental (preventative or corrective) | | | |
| Benefits covered: Personal care (state plan option) | | | |
| Benefits covered: HCBS waiver services | | | |
| Benefits covered: Private duty nursing | | | |
| Benefits covered: ICF-IDD | | | |
| Benefits covered: Nursing facility services | | | |
| Benefits covered: Hospice care | | | |
| Benefits covered: Non-Emergency Medical Transportation | x | | |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | | X | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | Nurse midwife, birth center, chiropractic care, therapy services (speech, hearing, language, etc.), and vision | |

| Features | South Carolina Non-Emergency Medical Transportation (NEMT) | South Carolina Managed Care Organizations | South Carolina Medical Homes Network |
|---|---|---|---|
| Quality assurance and improvement: HEDIS data required? | No | Yes | No |
| Quality assurance and improvement: CAHPS data required? | No | Yes | No |
| Quality assurance and improvement: Accreditation required? | No | Yes | No |
| Quality assurance and improvement: Accrediting organization | | NCQA | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | Carolinas Center for Medical Excellence | |
| Performance incentives: Payment bonuses/differentials to reward plans | | Х | |
| Performance incentives: Preferential auto-enrollment to reward plans | | X | |
| Performance incentives: Public reports comparing plan performance on key metrics | X | X | |
| Performance incentives: Withholds tied to performance metrics | х | Х | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | х | Х | |
| Participating plans: Plans in Program | Logisticare | Absolute Total Care; Healthy Blue by BlueChoice Healthplan; Molina Health Care of South Carolina; Select Health of South Carolina; WellCare of South Carolina | South Carolina Solutions |
| Notes: Program notes | | | |

South Carolina Managed Care Program Features, as of 2019 (2 of 2)

| Features | South Carolina Program for All-Inclusive Care for the Elderly (PACE) |
|--|--|
| Program type | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Greenville County, Anderson County, Pickens County, Lexington County, Richland County, Orangeburg County |
| Federal operating authority | PACE |
| Program start date | 01/01/1990 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2019, indicate the end date | |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Voluntary |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | |
| Populations enrolled: Full Duals | Voluntary |
| Populations enrolled: Partial Duals | |

| Features | South Carolina Program for All-Inclusive Care for the Elderly (PACE) |
|---|--|
| Populations enrolled: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt |
| Populations enrolled: Enrollment choice period | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | |
| Populations enrolled: Notes on enrollment choice period | |
| Benefits covered: Inpatient hospital physical health | х |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | x |
| Benefits covered: Outpatient hospital physical health | X |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X |
| Benefits covered: Partial hospitalization | X |
| Benefits covered: Physician | Х |
| Benefits covered: Nurse practitioner | Х |
| Benefits covered: Rural health clinics and FQHCs | х |
| Benefits covered: Clinic services | Х |
| Benefits covered: Lab and x-ray | Х |

| Features | South Carolina Program for All-Inclusive Care for the Elderly (PACE) |
|---|--|
| Benefits covered: Prescription drugs | Х |
| Benefits covered: Prosthetic devices | Х |
| Benefits covered: EPSDT | |
| Benefits covered: Case management | Х |
| Benefits covered: SSA Section 1945- authorized health home | |
| Benefits covered: Health home care (services in home) | X |
| Benefits covered: Family planning | |
| Benefits covered: Dental services (medical/surgical) | Х |
| Benefits covered: Dental (preventative or corrective) | X |
| Benefits covered: Personal care (state plan option) | |
| Benefits covered: HCBS waiver services | X |
| Benefits covered: Private duty nursing | Х |
| Benefits covered: ICF-IDD | |
| Benefits covered: Nursing facility services | Х |
| Benefits covered: Hospice care | |
| Benefits covered: Non-Emergency Medical Transportation | |

| Features | South Carolina Program for All-Inclusive Care for the Elderly (PACE) |
|---|--|
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | |
| Quality assurance and improvement: HEDIS data required? | No |
| Quality assurance and improvement: CAHPS data required? | No |
| Quality assurance and improvement: Accreditation required? | No |
| Quality assurance and improvement: Accrediting organization | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | |
| Performance incentives: Payment bonuses/differentials to reward plans | |
| Performance incentives: Preferential auto-enrollment to reward plans | |
| Performance incentives: Public reports comparing plan performance on key metrics | |
| Performance incentives: Withholds tied to performance metrics | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | |
| Participating plans: Plans in Program | Palmetto Senior Care; Methodist Oaks; Greenville Health Senior Care |

| | South Carolina Program for All-Inclusive Care for the Elderly (PACE) |
|----------------------|--|
| Notes: Program notes | |