Features	South Carolina Managed Care Organizations	Medical Homes Network	SC PACE
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1932(a)	PACE
Program start date	09/01/1996	08/01/2007	01/01/1990
Waiver expiration date (if applicable)			
If the program ended in 2015, 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) Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals		,	,
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	
Populations enrolled: Notes on enrollment choice period	90 days	90 days	
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	Х		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	Х		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician		1	X
Benefits covered: Nurse practitioner	X	ļ	X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X

Features	South Carolina Managed Care Organizations	Medical Homes Network	SC PACE
Benefits covered: Prescription drugs and prosthetic devices	X		Х
Benefits covered: EPSDT	X		X
Benefits covered: Case management		X	X
Benefits covered: Health home (SSA 1945)		^	^
beliefits covered. Fleath Hoffie (33A 1945)			
Benefits covered: Family planning	X		
Benefits covered: Dental services			X
(medical/surgical)			
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Home health agency	X		X
services	^		^
Benefits covered: Personal care (state plan			
option)			
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		Х
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolina Centers 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 MCO performance on key metrics	X		
Performance incentives? Withholds tied to performance metrics	X		
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

Features	South Carolina Managed Care Organizations	Medical Homes Network	SC PACE
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	Х		
Participating plans and regions served: Plans in Program	Absolute Total Care; Advicare; BlueChoice Healthplan Medicaid; Molina Healthcare; First Choice by Select Health; WellCare		Palmetto Senior Care; The Oaks
Notes: Program notes			

Features	Non Emergency Medical Transportation
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	05/01/2007
Waiver expiration date (if applicable)	
If the program ended in 2015, indicate the end date	
Populations enrolled: Low-income adults <u>not</u> <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	Recipient chooses to use transportation.
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	

Features	Non Emergency Medical Transportation
Benefits covered: Outpatient hospital	
behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs and prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: Health home (SSA 1945)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or	
corrective)	
Benefits covered: Home health agency services	
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: 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?	Yes
Quality assurance and improvement: Accreditation required?	No

Features	Non Emergency Medical Transportation
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives? Payment bonuses/differentials to reward plans	X
Performance incentives? Preferential auto- enrollment to reward plans	
Performance incentives? Public reports comparing MCO performance on key metrics	X
Performance incentives? Withholds tied to performance metrics	
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served: Plans in Program	Logisticare
Notes: Program notes	