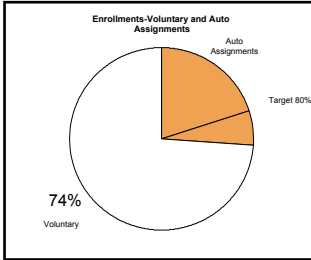
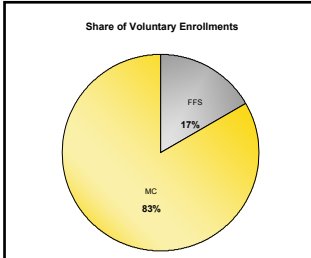
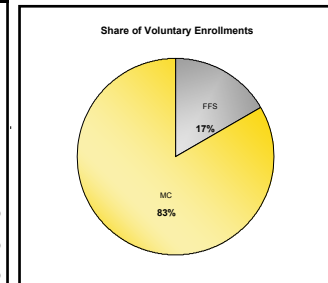
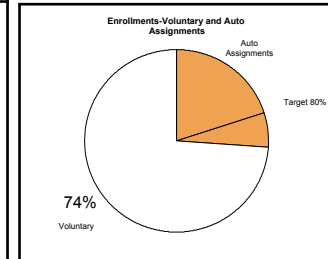


SCDMPRD

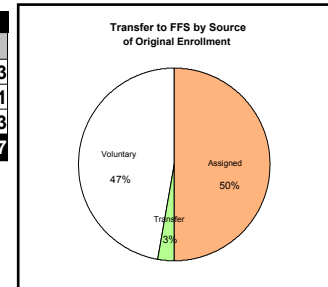
Enrollment Snapshot

Enrollment Snapshot													
Current Year													
Last Year													
Effective Month - Jan-2011	Jan-11		Dec-10		SFY 2011 Jul-10 - Jun-11		Jan-10		Dec-09		SFY 2010 Jul-09 - Jun-10		
	#	%	#	%	#	%	#	%	#	%	#	%	
A. Assignment Pool (Excludes FFS Default)	17,534		14,049		111,940		15,652		17,846		206,499		
B. Voluntary Choice	10,355		8,544		70,811		9,409		9,716		121,764		
B1. Managed Care	7,980		6,528		52,162		6,567		6,678		83,782		
B2. Fee For Service	2,375		2,016		18,649		2,842		3,038		37,982		
C. Voluntary Choice - Not in the Assignment Pool *	10,053		10,663		74,635		9,422		9,366		159,658		
C1. Managed Care	8,906		9,497		64,200		7,652		7,489		121,441		
C2. Fee For Service	1,054		1,047		9,560		1,391		1,679		35,905		
C3. Zaps to Managed Care	93		119		875		379		198		2,312		
D. Auto Assignments	7,179	26%	5,505	22%	41,129	22%	6,243	25%	8,130	30%	84,735	23%	
E. Total Voluntary Choice (= B + C)	20,408	74%	19,207	78%	145,446	78%	18,831	75%	19,082	70%	281,422	77%	
F. Total Enrollments (= B + C + D)	27,587		24,712		186,575		25,074		27,212		366,157		
G. Fee For Service	3,429		3,063		28,209		4,233		4,717		73,887		
G1. Share of Voluntary Enrollments (= (B2 + C2)/E)		17%		16%		19%		22%		25%		26%	
G2. Share of Total Enrollments (= (B2 + C2) / F)		12%		12%		15%		17%		17%		20%	
H. Members in 90 Day Choice Period	110,869		108,410		814,913		109,031		112,531		1,358,378		
H1. Total Transfers within 90 Days (= H3 + H4)	4,608		4,486		36,037		5,400		6,524		123,575		
H2. Transfer Percent		4%		4%		4%		5%		6%		9%	
H3.90 Day Transfers to Fee For Service	1,227	27%	1,181	26%	9,720	27%	2,147	40%	2,329	36%	28,390	23%	
H4. 90 Day Transfers to Health Plans	3,381	73%	3,305	74%	26,317	73%	3,253	60%	4,195	64%	95,185	77%	



* Members who are in a future assignment pool or in the outreach pool. The first auto assignment took place in October 2007

January-2011 Snapshot		%	January 2011	From	Transfers	To				Current Eligibles			
						FFS	MCO	MHN	Total	Assignable		Non-Assignable	Total
Target	80%				FFS	-	383	265	648	Enrolled into MC	416,322	108,241	524,563
Actual (= E / F)	74%				MCO	1,037	1,592	778	3,407	FFS by Choice	59,923	24,468	84,391
FFS Share of Voluntary Enrollment (= G1)	17%				MHN	190	363	-	553	FFS by Default	19,220	95,403	114,623
MC Share of Voluntary Enrollment (100-G1)	83%				Total	1,227	2,338	1,043	4,608	Total	495,465	228,112	723,577



Top Transfer/ Disenrollment Reasons			
Fee For Service Choice Reasons		Transfer to Fee For Service Reasons	
1) 41 A - Other (Phone)	1,909	35 - Doctor Not Part Of Network	505
2) 35 - Doctor Not Part Of Network	920	41 - Other	322
3) 84 - Member utilizes services from multiple par and non-par providers	288	39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	170

Call Center Statistics				Current Year				Last Year				
Effective Month - Jan-2011	Jan-11		Dec-10		SFY 2011 Jul-10 - Jun-11		Jan-10		Dec-09		SFY 2010 Jul-09 - Jun-10	
	#	%	#	%	#	%	#	%	#	%	#	%
A. Total Calls Received	20,871		19,563		158,417		18,656		19,968		296,583	
B. Total Calls Answered	20,667		19,403		156,723		18,393		19,840		287,896	
C. Totals Calls Abandoned after Threshold	53	-	41	-	364	-	145	1%	44	-	5,187	2%
D. Average Speed to Answer in seconds	16		12		13		20		13		26	
Days in Call Period	11/19/10 - 12/21/10		10/22/10 - 11/18/10				11/18/09 - 12/15/09		10/23/09 - 11/17/09			

20101226_Dashboard_January 2011_Final

South Carolina Healthy Connections Choices

Enrollment Period January 2011

Enrollment Numbers are as of 12/26/2010

SCDMPRD

Historical Enrollment Data

Numerator													
	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11
A. Voluntary Choice - Assignment Pool	9,409	12,147	7,906	8,857	14,150	9,441	9,222	11,834	8,889	8,945	13,022	8,544	10,355
A1. Member Selected MC Plan	6,567	8,586	5,436	5,777	9,337	6,305	6,101	7,988	6,484	6,998	10,083	6,528	7,980
A2. Member Selected FFS	2,842	3,561	2,470	3,080	4,813	3,136	3,121	3,846	2,405	1,947	2,939	2,016	2,375
B. Voluntary Choice - Not in Assign Pool	9,422	9,588	12,301	12,719	11,975	14,386	10,429	10,739	10,726	10,135	11,890	10,663	10,053
B1. Member Selected MC Plan	7,652	8,239	10,380	10,687	9,637	12,425	8,263	8,876	9,177	8,878	10,603	9,497	8,906
B2. Member Selected FFS	1,391	1,186	1,738	1,877	2,203	1,817	2,018	1,714	1,442	1,150	1,135	1,047	1,054
B3. Member Zapped into MC Plan	379	163	183	155	135	144	148	149	107	107	152	119	93
Total Voluntary Choice (=A+B)	18,831	21,735	20,207	21,576	26,125	23,827	19,651	22,573	19,615	19,080	24,912	19,207	20,408
Denominator													
	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11
C. Members up for auto-enroll	15,887	20,962	12,312	14,967	21,121	16,378	15,083	18,342	13,809	14,970	20,146	14,490	18,000
B. Voluntary Choice - Not in Assign Pool	9,422	9,588	12,301	12,719	11,975	14,386	10,429	10,739	10,726	10,135	11,890	10,663	10,053
D. FFS by Default **	(235)	(331)	(167)	(143)	(220)	(147)	(183)	(238)	(204)	(659)	(709)	(441)	(466)
Total Beneficiaries in the Month (= C+B+D)	25,074	30,219	24,446	27,543	32,876	30,617	25,329	28,843	24,331	24,446	31,327	24,712	27,587
	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11
Members Auto Assigned	6,243	8,484	4,239	5,967	6,751	6,790	5,678	6,270	4,716	5,366	6,415	5,505	7,179
Auto Assignment Rate	25%	28%	17%	22%	21%	22%	22%	22%	19%	22%	20%	22%	26%
	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11
Voluntary Selection Rate	75%	72%	83%	78%	79%	78%	78%	78%	81%	78%	80%	78%	74%
Total MC Choices (= A1+B1+B3)	14,598	16,988	15,999	16,619	19,109	18,874	14,512	17,013	15,768	15,983	20,838	16,144	16,979
Total FFS Choices (= A2+B2)	4,233	4,747	4,208	4,957	7,016	4,953	5,139	5,560	3,847	3,097	4,074	3,063	3,429
FFS Choice as a Percent of Member Choices	22%	22%	21%	23%	27%	21%	26%	25%	20%	16%	16%	16%	17%

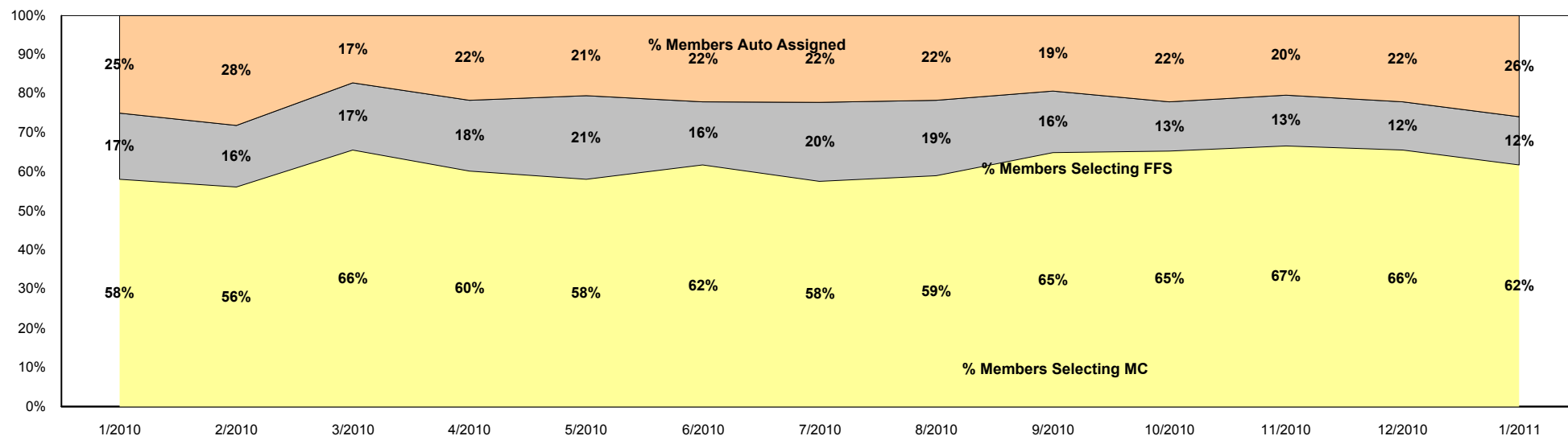
** Beneficiaries who were part of the pool initially but at the time of auto enrollment were no longer eligible.

SCDMPRD

Historical Enrollment Data - Graphical Summary

Trendlines - Quantities	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11
All Members Selected MC Plan	14,598	16,988	15,999	16,619	19,109	18,874	14,512	17,013	15,768	15,983	20,838	16,144	16,979
All Members Selected FFS	4,233	4,747	4,208	4,957	7,016	4,953	5,139	5,560	3,847	3,097	4,074	3,063	3,429
All Members Auto Assigned	6,243	8,484	4,239	5,967	6,751	6,790	5,678	6,270	4,716	5,366	6,415	5,505	7,179
Total (Volume)	25,074	30,219	24,446	27,543	32,876	30,617	25,329	28,843	24,331	24,446	31,327	24,712	27,587

Trendlines - Percentages (Graphed below)	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11
All Members Selected MC Plan (%)	58%	56%	66%	60%	58%	62%	58%	59%	65%	65%	67%	66%	62%
All Members Selected FFS (%)	17%	16%	17%	18%	21%	16%	20%	19%	16%	13%	13%	12%	12%
All Members Auto Assigned (%)	25%	28%	17%	22%	21%	22%	22%	22%	19%	22%	20%	22%	26%

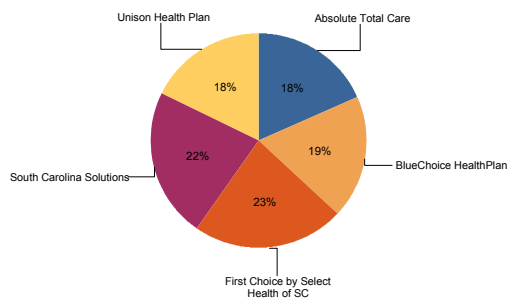


**** Note:** For the graphical representation we consider ALL members regardless whether they are in the Assignment Pool.

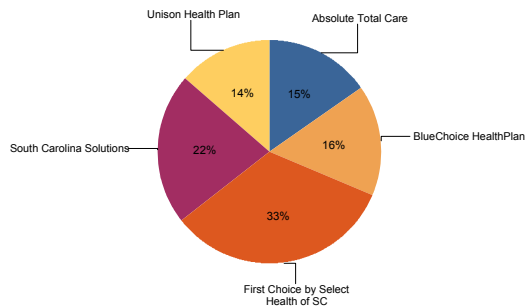
Plan Summary: Current and Previous Month Comparison

Effective Month 01/11								Effective Month 12/10					
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total		Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	2,596	1,323	3,919	66%	34%	16%		2,526	1,013	3,539	71%	29%	16%
BlueChoice HealthPlan	2,743	1,335	4,078	67%	33%	17%		2,501	1,012	3,513	71%	29%	16%
Carolina Crescent Health Plan	-	-	-	-	-	-		-	-	-	-	-	-
First Choice by Select Health of SC	5,596	1,638	7,234	77%	23%	30%		5,132	1,247	6,379	80%	20%	29%
South Carolina Solutions	3,728	1,606	5,334	70%	30%	22%		3,882	1,242	5,124	76%	24%	24%
Unison Health Plan	2,316	1,277	3,593	64%	36%	15%		2,103	991	3,094	68%	32%	14%
Totals	16,979	7,179	24,158	70%	30%	100%		16,144	5,505	21,649	75%	25%	100%

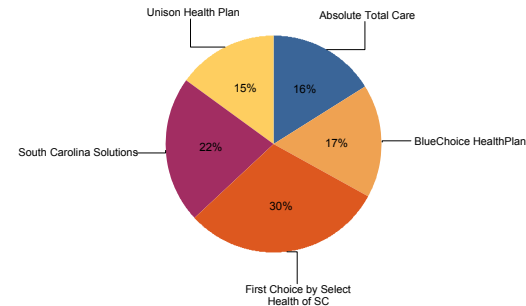
Current Month: Share of Auto Assignments



Current Month: Share of Choice Enrollments



Current Month: Share of Total Enrollments



Plan Summary: Last Year Current Month and Last Year Previous Month Comparison

Effective Month 01/10							Effective Month 12/09					
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	1,775	1,072	2,847	62%	38%	14%	1,824	1,357	3,181	57%	43%	14%
BlueChoice HealthPlan	685	943	1,628	42%	58%	8%	667	1,177	1,844	36%	64%	8%
Carolina Crescent Health Plan	1,010	1,148	2,158	47%	53%	10%	1,035	1,472	2,507	41%	59%	11%
CHCcares of South Carolina	-	-	-	-	-	-	-	-	-	-	-	-
First Choice by Select Health of SC	5,588	1,020	6,608	85%	15%	32%	6,192	1,454	7,646	81%	19%	34%
South Carolina Solutions	3,559	1,125	4,684	76%	24%	22%	2,763	1,473	4,236	65%	35%	19%
Unison Health Plan	1,981	935	2,916	68%	32%	14%	1,884	1,197	3,081	61%	39%	14%
Totals	14,598	6,243	20,841	70%	30%	100%	14,365	8,130	22,495	64%	36%	100%

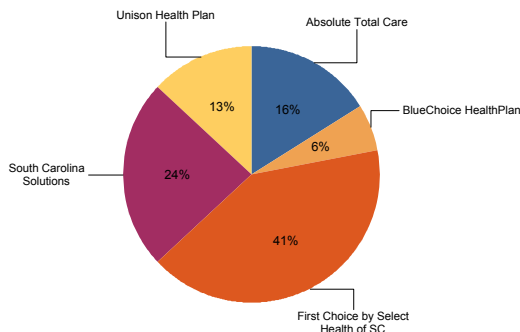
Plan Summary: SFY 2011 vs SFY 2010 Comparison

	SFY 2011			Jul-10 - Jun-11				SFY 2010			Jul-09 - Jun-10		
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total		Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	18,299	7,945	26,244	70%	30%	17%		27,676	14,891	42,567	65%	35%	15%
AMERIGROUP Community Care	0	0	0	-	-	-		-	-	-	-	-	-
BlueChoice HealthPlan	15,187	7,450	22,637	67%	33%	14%		10,115	12,884	22,999	44%	56%	8%
Carolina Crescent Health Plan	0	0	0	-	-	-		13,045	11,873	24,918	52%	48%	9%
CHCcares of South Carolina	0	0	0	-	-	-		152	-	152	100%	-	-%
First Choice by Select Health of SC	39,391	9,227	48,618	81%	19%	31%		79,284	15,628	94,912	84%	16%	32%
South Carolina Solutions	27,162	9,147	36,309	75%	25%	23%		48,105	16,168	64,273	75%	25%	22%
Unison Health Plan	17,198	7,360	24,558	70%	30%	16%		29,158	13,291	42,449	69%	31%	15%
Totals	117,237	41,129	158,366	74%	26%	100%		207,535	84,735	292,270	71%	29%	100%

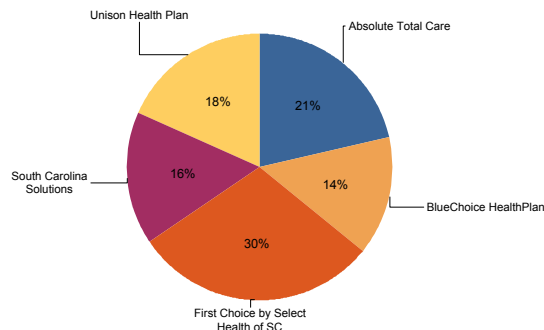
Plan Summary: Current and Previous Month Existing Total Enrollment Comparison

	As of 01/11			As of 12/10				As of 12/10			As of 12/10		
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total		Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	70,187	18,867	89,054	79%	21%	17%		70,308	18,609	88,917	79%	21%	17%
BlueChoice HealthPlan	25,388	12,664	38,052	67%	33%	7%		23,210	12,116	35,326	66%	34%	7%
Carolina Crescent Health Plan	-	-	-	-	-	-		-	-	-	-	-	-
First Choice by Select Health of SC	179,562	26,124	205,686	87%	13%	39%		178,415	25,633	204,048	87%	13%	39%
South Carolina Solutions	104,592	14,296	118,888	88%	12%	23%		103,059	13,871	116,930	88%	12%	23%
Unison Health Plan	56,826	16,057	72,883	78%	22%	14%		56,178	15,813	71,991	78%	22%	14%
Totals	436,555	88,008	524,563	83%	17%	100%		431,170	86,042	517,212	83%	17%	100%

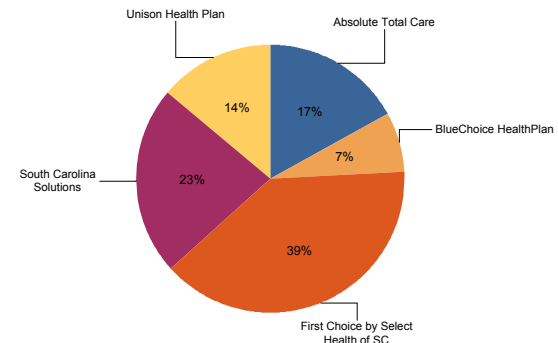
Total Choice Enrollments



Total Auto Assignments



Total Enrollments



South Carolina Healthy Connections Choices

Enrollment Period January 2011

Enrollment Numbers are as of 12/26/2010

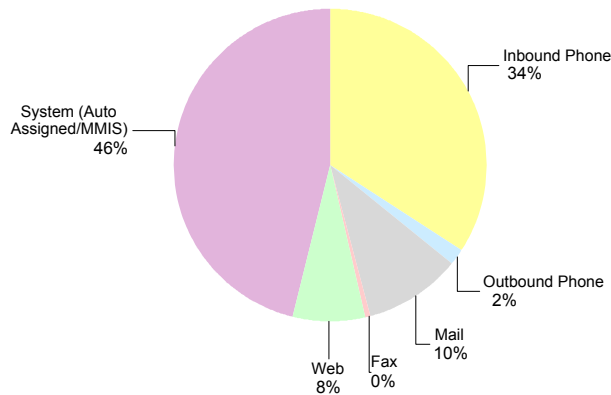
SCDMPRD

Historical Enrollment by Method - Data

	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11
Plan Enrollments	20,462	25,309	20,055	22,431	25,725	25,520	20,042	23,134	20,377	21,242	27,101	21,530	24,065
	83%	84%	83%	82%	79%	84%	80%	81%	84%	87%	87%	88%	88%
Inbound Phone	7,552	10,235	8,241	8,136	10,576	7,373	7,812	9,445	8,309	8,180	11,001	7,443	8,233
	37%	40%	41%	36%	41%	29%	39%	41%	41%	39%	41%	35%	34%
Outbound Phone	33	4	67	12	68	55	39	66	35	178	308	292	388
	-	-	-	-	-	-	-	-	-	1%	1%	1%	2%
Mail	1,798	2,283	1,807	1,902	2,555	1,881	1,946	2,082	2,279	2,400	2,805	2,198	2,397
	9%	9%	9%	8%	10%	7%	10%	9%	11%	11%	10%	10%	10%
Fax	73	127	52	60	90	67	62	75	89	105	128	79	119
	-	1%	-	-	-	-	-	-	-	-	-	-	-
Web	1,001	1,171	770	1,229	1,647	1,067	1,267	1,452	1,413	1,539	1,852	1,746	1,850
	5%	5%	4%	5%	6%	4%	6%	6%	7%	7%	7%	8%	8%
System (Auto Assigned/MMIS)	10,005	11,489	9,118	11,092	10,789	15,077	8,916	10,014	8,252	8,840	11,007	9,772	11,078
	49%	45%	45%	49%	42%	59%	44%	43%	40%	42%	41%	45%	46%
FFS Enrollments	4,233	4,747	4,208	4,957	7,016	4,953	5,139	5,560	3,847	3,097	4,074	3,063	3,429
	17%	16%	17%	18%	21%	16%	20%	19%	16%	13%	13%	12%	12%
Inbound Phone	3,122	3,465	3,016	3,567	5,342	3,698	3,863	4,517	3,553	2,788	3,741	2,803	3,142
	74%	73%	72%	72%	76%	75%	75%	81%	92%	90%	92%	92%	92%
Outbound Phone	8	3	7	12	47	24	11	48	42	138	162	135	151
	-	-	-	-	1%	-	-	1%	1%	4%	4%	4%	4%
Mail	753	844	814	895	1,106	838	817	755	235	158	155	116	131
	18%	18%	19%	18%	16%	17%	16%	14%	6%	5%	4%	4%	4%
Fax	30	35	46	56	54	27	38	51	15	6	14	9	3
	1%	1%	1%	1%	1%	1%	1%	1%	-	-	-	-	-
Web	320	400	325	427	467	366	410	189	2	7	2	-	2
	8%	8%	8%	9%	7%	7%	8%	3%	-	-	-	-	-
Total Enrollments	24,695	30,056	24,263	27,388	32,741	30,473	25,181	28,694	24,224	24,339	31,175	24,593	27,494
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Inbound Phone	10,674	13,700	11,257	11,703	15,918	11,071	11,675	13,962	11,862	10,968	14,742	10,246	11,375
	43%	46%	46%	43%	49%	36%	46%	49%	49%	45%	47%	42%	41%
Outbound Phone	41	7	74	24	115	79	50	114	77	316	470	427	539
	-	-	-	-	-	-	-	-	-	1%	2%	2%	2%
Mail	2,551	3,127	2,621	2,797	3,661	2,719	2,763	2,837	2,514	2,558	2,960	2,314	2,528
	10%	10%	11%	10%	11%	9%	11%	10%	10%	11%	9%	9%	9%
Fax	103	162	98	116	144	94	100	126	104	111	142	88	122
	-	1%	-	-	-	-	-	-	-	-	-	-	-
Web	1,321	1,571	1,095	1,656	2,114	1,433	1,677	1,641	1,415	1,546	1,854	1,746	1,852
	5%	5%	5%	6%	6%	5%	7%	6%	6%	6%	6%	7%	7%
System (Auto Assigned/MMIS)	10,005	11,489	9,118	11,092	10,789	15,077	8,916	10,014	8,252	8,840	11,007	9,772	11,078
	41%	38%	38%	40%	33%	49%	35%	35%	34%	36%	35%	40%	40%

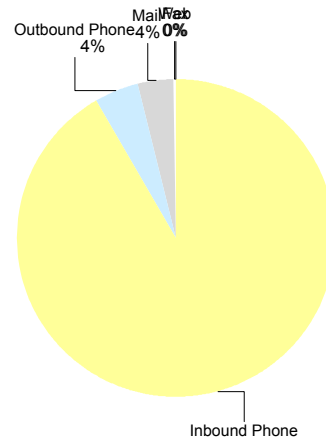
Health Plan Enrollments by Method

Current Enrollment Period



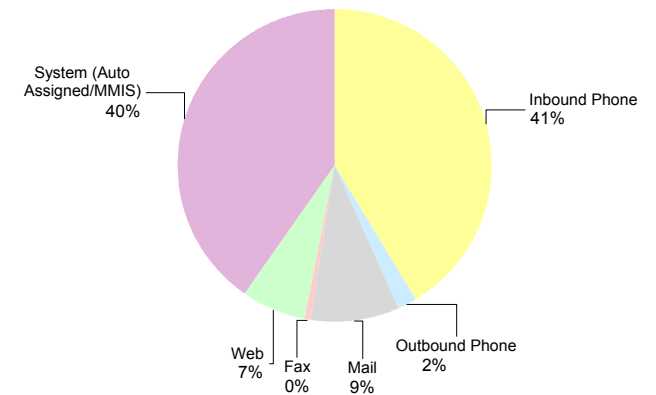
FFS Enrollments by Method

Current Enrollment Period



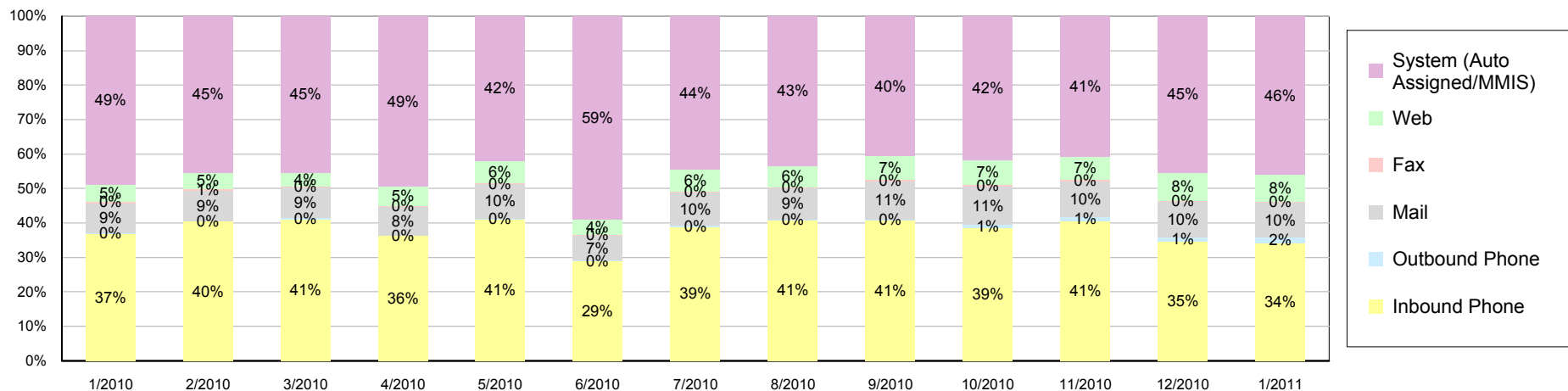
Total Enrollments by Method

Current Enrollment Period



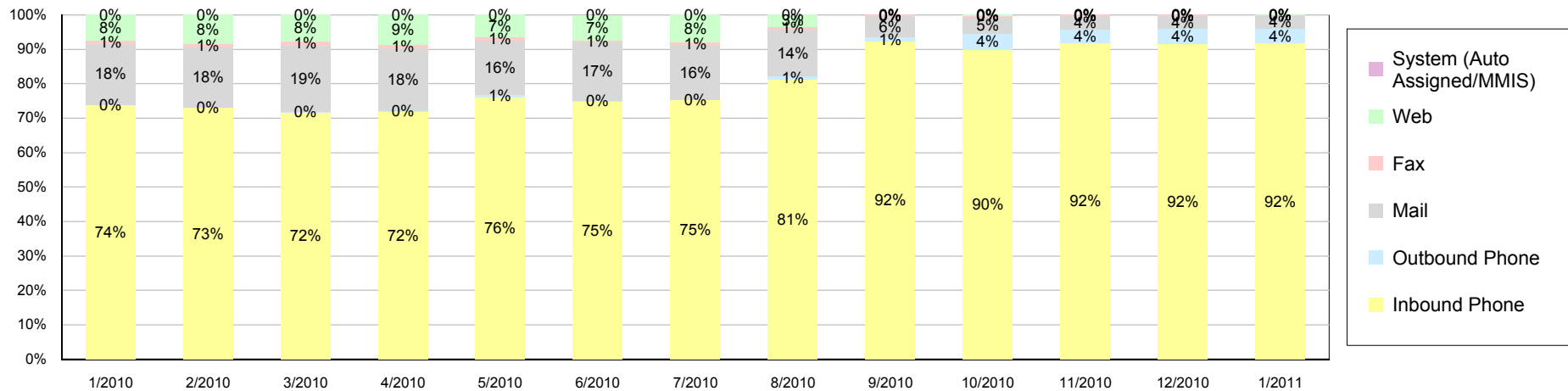
Health Plan Enrollments by Method

Historical Trend



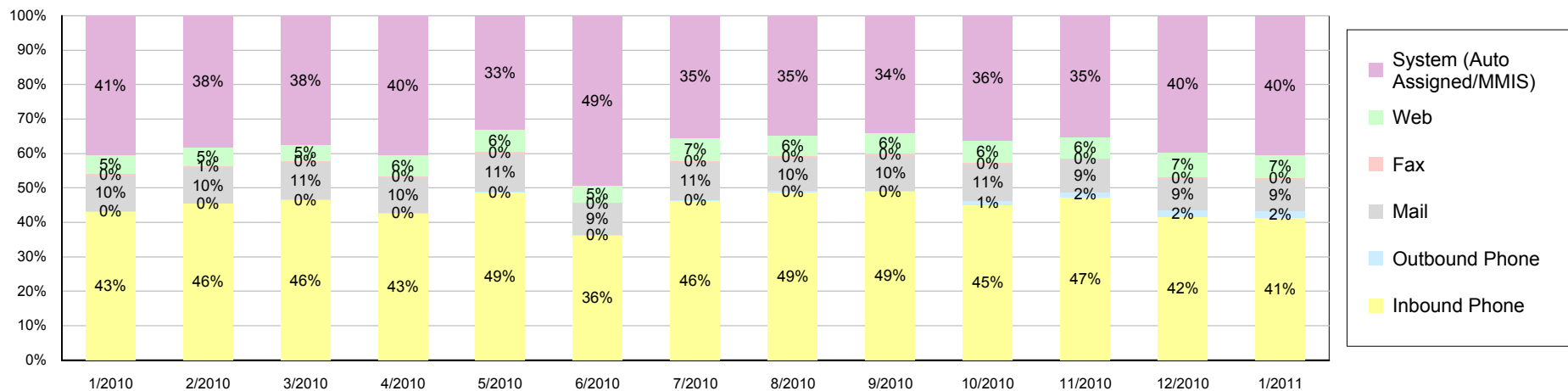
Fee For Service Enrollments by Method

Historical Trend



Total Enrollments by Method

Historical Trend



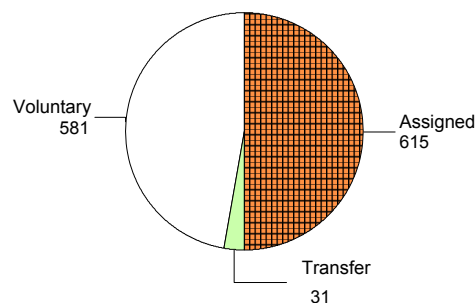
Disenrollment Information

Fee For Service Choice Reasons * 41-Other was not split into Mail/Fax/Web & Phone until August 09	Jan-11		Dec-10		SFY 2011 Jul-10 - Jun-11		Jan-10		Dec-09		SFY 2010 Jul-09 - Jun-10	
	#	%	#	%	#	%	#	%	#	%	#	%
35 - Doctor Not Part Of Network	920	27%	828	27%	8,457	30%	1,320	31%	1,404	30%	23,540	32%
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	15	0%	16	1%	124	0%	34	1%	82	2%	682	1%
37 - Entering A Waiver Program or enters MFCP	5	0%	10	0%	68	0%	6	-	9	-	74	-
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	146	4%	145	5%	1,222	4%	165	4%	209	4%	2,230	3%
41 A - Other (Phone)	1,909	56%	1,656	54%	12,702	45%	1,409	33%	1,499	32%	22,868	31%
41 B - Other (Mail, Fax, Web)	14	0%	16	1%	683	2%	318	8%	383	8%	8,962	12%
42 - No reason provided on enrollment form	108	3%	87	3%	2,360	8%	781	18%	833	18%	12,828	17%
64 - Plan does not cover certain services because of moral or religious reasons	2	0%	-	0%	22	0%	2	-	6	-	26	-
70 - Member Placed Out of Home	12	0%	14	0%	63	0%	-	-	12	-	83	-
75 - Pharmacy Not Part Of Network	-	0%	3	0%	7	0%	3	-	5	-	41	-
84 - Member utilizes services from multiple par and non-par providers	288	8%	276	9%	2,423	9%	195	5%	273	6%	2,525	3%
A - Administrative	10	0%	12	0%	78	0%	-	-	2	-	28	-
Total Fee For Service Choice	3,429	100%	3,063	100%	28,209	100%	4,233	100%	4,717	100%	73,887	100%

Transfer to Fee For Service Reasons	Jan-11		Dec-10		SFY 2011 Jul-10 - Jun-11		Jan-10		Dec-09		SFY 2010 Jul-09 - Jun-10	
	#	%	#	%	#	%	#	%	#	%	#	%
03 - Member Ineligible for Medicaid	-	0%	-	0%	1	0%	-	-	-	-	-	-
04 - Member Eligible for Medicare	-	0%	-	0%	2	0%	-	-	-	-	-	-
08 - Member Has Private HMO Coverage	-	0%	-	0%	3	0%	-	-	-	-	-	-
30 - Moved Out of Plan Service Area	11	1%	5	0%	40	0%	3	-%	8	-%	86	-%
31 - Got Poor Quality Care	4	0%	2	0%	25	0%	2	-%	24	1%	234	1%
34 - Lack of Access to Services Covered Under the Contract	44	4%	33	3%	238	2%	66	3%	83	4%	627	2%
35 - Doctor Not Part Of Network	505	41%	518	44%	4,598	47%	1,089	51%	1,142	49%	15,076	53%
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	3	0%	11	1%	95	1%	45	2%	27	1%	417	1%
37 - Entering A Waiver Program or enters MFCP	4	0%	6	1%	41	0%	9	-%	11	-%	183	1%
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	170	14%	137	12%	1,073	11%	274	13%	329	14%	3,053	11%
41 - Other	322	26%	321	27%	2,415	25%	435	20%	465	20%	6,465	23%
42 - No reason provided on enrollment form	4	0%	12	1%	67	1%	18	1%	35	2%	302	1%
53 - Didn't Realize What I was Signing Up For	-	0%	6	1%	45	0%	21	1%	12	1%	286	1%
60 - Member Died	2	0%	1	0%	13	0%	-	-	-	-	-	-
64 - Plan does not cover certain services because of moral or religious reasons	-	0%	-	0%	20	0%	1	-%	3	-%	42	-%
70 - Member Placed Out of Home	21	2%	11	1%	79	1%	9	-%	14	1%	148	1%
75 - Pharmacy Not Part Of Network	-	0%	-	0%	6	0%	9	-%	3	-%	45	-%
83 - Want to be Plan with Family Members	1	0%	15	1%	50	1%	17	1%	20	1%	175	1%
84 - Member utilizes services from multiple par and non-par providers	130	11%	99	8%	855	9%	133	6%	141	6%	1,126	4%
85 - Health Plan Referral Policy is unfavorable to Member	5	0%	3	0%	28	0%	16	1%	12	1%	103	-%
A - Administrative	1	0%	1	0%	26	0%	-	-	-	-	21	-%
Total Transfers to Fee For Service	1,227	100%	1,181	100%	9,720	100%	2,147	100%	2,329	100%	28,389	100%

Transfer to Fee For Service by Source of Original Enrollment	Member Enrolled Voluntarily		Member Transferred to the Plan		Member was assigned		Total Disenrollments	
	#	%	#	%	#	%	#	%
03 - Member Ineligible for Medicaid	-	0%	-	0%	-	0%	-	0%
04 - Member Eligible for Medicare	-	0%	-	0%	-	0%	-	0%
08 - Member Has Private HMO Coverage	-	0%	-	0%	-	0%	-	0%
30 - Moved Out of Plan Service Area	6	1%	-	0%	5	1%	11	1%
31 - Got Poor Quality Care	2	0%	1	3%	1	0%	4	0%
34 - Lack of Access to Services Covered Under the Contract	29	5%	5	16%	10	2%	44	4%
35 - Doctor Not Part Of Network	214	37%	9	29%	282	46%	505	41%
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	1	0%	-	0%	2	0%	3	0%
37 - Entering A Waiver Program or enters MFCP	3	1%	-	0%	1	0%	4	0%
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	86	15%	2	6%	82	13%	170	14%
41 - Other	152	26%	5	16%	165	27%	322	26%
42 - No reason provided on enrollment form	1	0%	-	0%	3	0%	4	0%
53 - Didn't Realize What I was Signing Up For	-	0%	-	0%	-	0%	-	0%
60 - Member Died	2	0%	-	0%	-	0%	2	0%
64 - Plan does not cover certain services because of moral or religious reasons	-	0%	-	0%	-	0%	-	0%
70 - Member Placed Out of Home	15	3%	2	6%	4	1%	21	2%
75 - Pharmacy Not Part Of Network	-	0%	-	0%	-	0%	-	0%
83 - Want to be Plan with Family Members	-	0%	-	0%	1	0%	1	0%
84 - Member utilizes services from multiple par and non-par providers	67	12%	6	19%	57	9%	130	11%
85 - Health Plan Referral Policy is unfavorable to Member	3	1%	-	0%	2	0%	5	0%
A - Administrative	-	0%	1	3%	-	0%	1	0%
Total Enrollment	581	100%	31	100%	615	100%	1,227	100%

Transfer to Fee For Service by Source of Original Enrollment



	Absolute Total Care	BlueChoice HealthPlan	First Choice by Select Health of SC	South Carolina Solutions	Unison Health Plan	FFS	Total Transfers From
Absolute Total Care		98	179	226	117	242	862
BlueChoice HealthPlan	76		233	118	47	190	664
First Choice by Select Health of SC	129	166		247	157	327	1,026
South Carolina Solutions	70	51	159		83	190	553
Unison Health Plan	74	87	229	187		278	855
FFS	63	85	149	265	86		648
Total Transfers To	412	487	949	1,043	490	1,227	4,608

Change Management Notes: May 2010: Please refer to CAR #1981 for several clean-up related changes that were made to Pages 4,5,9 and 10 of the Dashboard.

Page 1: Snapshot Summary

This page provides a high level view of Enrollments, Disenrollments, Transfers and Call Center Statistics.

Data is presented for Current Month, Previous Month, and Current State Fiscal Year. Data for Previous Year in a similar format is also presented.

Please refer to the Snapshot Page Glossary for details.

Change Management Notes:

1) C3 - Zaps to Managed Care data was added starting Dec 08 and is not available for prior months. Voluntary Choice total did not include these numbers prior to Dec 08.

2) Current Eligibles section was added starting Dec 08 and is not available for prior months.

Page 2: Historical Enrollment Trends (Data)

This is a summary of all members who got letters for scheduled auto assignments and their enrollment outcomes (Chose a Health Plan, Chose FFS, were left in FFS for lack of eligibility or were Auto Assigned). It also provides a summary of those members that were not in the current month's assignment pool, but enrolled into a Health Plan or FFS voluntarily. It also provides Auto Assignment Rate and FFS Choice Rate.

Page 3: Historical Enrollment Trends (Percentages & Graphical Summary)

This page includes all members regardless of whether they were in the Assignment Pool and groups them by members selecting a Managed Care Plan, members selecting FFS and members who were Auto Assigned. It provides counts as well as percentages and includes a graphical representation of the percentages.

Page 4 & 5: Health Plan Summary

This page provides Voluntary and Auto Assign Enrollment s for members, who had a Current Auto Assign Date, and groups them by individual Health Plan.

Change Management Notes: This page was modified to display enrollments by assign date starting Dec 08. Enrollments by assign date are not available for prior months. Numbers on the third table (SFY 2009 section) include enrollments by start date for the months Jul 08 to Nov 08 and enrollments by assign date Dec 08 onwards. The last table is a count of all enrollments that currently exist in the system.

Page 6: Enrollments by Method (Data)

This page provides a count of members who had a Current Auto Assign Date and were thereby enrolled into a Health Plan or Fee For Service by their method of enrollment (calls, web, mail, fax, system etc.)

Change Management Notes:

1) This page was added starting Dec 08. Includes enrollments by assign date and this data is not available for prior months.

2) Voluntary Choice Managed Care Totals on the Snapshot Page (B1 + C1) do not match Health Plan Enrollments by Mail + Fax + Web + Inbound Phone + Outbound Phone on the Enroll by method Page, because some times Voluntary Choices are marked with an enrollment source of "System" and are counted under "System - Auto Assigned (MMIS)" on the Enroll by method page. This happens because of reinstatements, roster updates, system updates etc.. Similarly Auto Assigned total (D) from the Snapshot Page does not match the "System - Auto Assigned (MMIS)" total on the Enroll by method page. On January's report a total of 1,664 Voluntary Choice to Managed Care members were grouped under "System - Auto Assigned (MMIS)" on the Enroll by Method page. Also note that zaps to managed care are not included in the Enroll by Method page.

Page 7 & 8: Enrollments by Method (Percentages & Graphical Summary)

This page provides a graphical representation of enrollment by method data.

Page 9 & 10: Disenrollment Information

This page provides total counts of Initial Fee for Service Choices or members who are choosing Fee For Service prior to enrollment in a Health Plan. It also provides reasons as to why members transferred from Managed Care to Fee for Service. Sections indicate how their original selection was made before transferring to Fee For Service (voluntary, transferred before going to FFS or were auto assigned to a plan).

Change Management Notes: 41-Other reason code under FFS Initial Choice table, is being split into choices made on the Phone and choice made via Mail, Fax or Web starting Aug 2009.

Page 11: Health Plan Transfer Mix

20101226_Dashboard_January 2011_Final

This page provides Summary of Transfers between Health Plans, Transfers from Health Plans to FFS and FFS to Health plans for the Current Month.

Item #	Item Name	Description
A	Assignment Pool	Count of all members who got letters for Scheduled Auto Assignments. This count excludes members who were left in Fee For Service by default, because of lack of eligibility.
B	Voluntary Choice	Sum of B1 and B2
B1	Voluntary Choice - Managed Care	Count of all members who got letters for Scheduled Auto Assignments and Voluntarily Chose a Managed Care Health Plan.
B2	Voluntary Choice - Fee For Service	Count of all members who got letters for Scheduled Auto Assignments and Voluntarily Chose Fee For Service.
C	Voluntary Choice - Not in Assignment Pool	Sum of C1, C2 and C3.
C1	Voluntary Choice - Not in Assignment Pool - Managed Care	Count of members who were in a Future Assignment or Outreach Pool but enrolled Voluntarily into a Managed Care Health Plan.
C2	Voluntary Choice - Not in Assignment Pool - Fee For Service	Count of members who were in a Future Assignment or Outreach Pool but enrolled Voluntarily into Fee For Service.
C3	Voluntary Choice - Not in Assignment Pool - Zaps to Managed Care	Count of members who were never enrolled into a Health Plan in the past 12 months but were zapped into one in the current assignment period.
D	Auto Assignments	Count of all members who got letters for Scheduled Auto Assignments and were assigned to a Managed Care Health Plan by the System because the members did not make a selection by the scheduled auto assignment date.
E	Total Voluntary Choice (=B+C)	Count of all members who Voluntarily chose a Managed Care Health Plan or to remain in Fee For Service. These members could have come from the current assignment pool, a future assignment pool or the outreach pool.
F	Total Enrollments (=B+C+D)	Count of all members who were enrolled into a Health Plan or Fee For Service, either by Voluntary Choice or by way of Auto Assignment.
G	Fee For Service	Count of all members who Chose Fee For Service. These members could have come from the current assignment pool, a future assignment pool the an outreach pool.
G1	FFS Share of Voluntary Enrollments (=(B2+C2)/E)	Percentage of members choosing Fee For Service among those who made a Voluntary Choice.
G2	FFS Share of Total Enrollments (=(B2+C2)/F)	Percentage of enrollments to Fee For Service among Total Enrollments.
H	Transfer within 90 Days (=H3 + H4)	Count of all members who are in their 90 day choice period and made a Transfer (either to a Health Plan or Fee For Service).
H1	90 Day Choice Period	Count of all members who are in their 90 day choice period. Note that their original enrollments could have been made 90 days prior to the current enrollment period.
H2	Transfer Percent (=(H3+H4)/H1)	Percentage of members who transferred (either to a Health Plan or Fee For Service) among those who were in their 90 Day Choice Period.
H3	90 Day Transfers to FFS	Count of all members who are in their 90 day choice period and transferred to Fee For Service in the Current Enrollment Period.
H4	90 Day Transfers to Health Plans	Count of all members who are in their 90 day choice period and transferred to a Managed Care Health Plan in the Current Enrollment Period.
Current Enrollment Period Snapshot Percentages		
	Target	Voluntary Choice Target
	Actual (=E/F)	Percentage of members Voluntarily choosing a Health Plan or Fee For Service among total members who were enrolled.
	FFS Share of Voluntary Enrollment(=G1)	Percentage of members choosing Fee For Service among those who made a Voluntary Choice.
	MC Share of Voluntary Enrollment (100-G1)	Percentage of members choosing a Managed Care Health Plan among those who made a Voluntary Choice.

SCDMPRD

Pie Charts

1	Enrollments - Voluntary & Auto Assignments	Voluntary Vs Auto Assignment share of total enrollments. It also displays the share of auto assignments that had to be voluntary choices in order to achieve the Target Percentage
2	Share of Voluntary Enrollments	Fee For Service Vs Managed Care share of Voluntary Enrollments,
3	Transfers to FFS by Source of Original Enrollment	Number of members transferring to FFS grouped by their source of original enrollment (Were Auto assigned to a Health Plan before transferring to FFS, were in a Voluntarily selected Health Plan before transferring to FFS, transferred to a Health Plan before transferring to FFS).

Current Eligibles Grid

1	Enrolled into Managed Care - Assignable	Count of all beneficiaries who were in our assignment pool at some point of time and are currently enrolled in a managed care health plan.
2	Enrolled into Managed Care - Non-Assignable	Count of all beneficiaries who are non assignable and are currently enrolled in a managed care health plan.
3	Enrolled into Managed Care - Total	Count of all beneficiaries who are currently enrolled in a managed care health plan.
4	FFS by Choice - Assignable	Count of all beneficiaries who were in our assignment pool at some point of time and are currently in FFS by choice.
5	FFS by Choice - Non-Assignable	Count of all beneficiaries who are non assignable and are currently in FFS by choice.
6	FFS by Choice - Total	Count of all beneficiaries who are currently in FFS by choice.
7	FFS by Default - Assignable	Count of all beneficiaries who were in our assignment pool at some point of time but had to be left in FFS for lack of eligibility OR are in a future assignment pool and currently in FFS.
8	FFS by Default - Non-Assignable	Count of all beneficiaries who are non-assignable and are currently in FFS by default.
9	FFS by Default - Total	Count of all beneficiaries who are in FFS by default.
10	Total - Assignable	Count of all beneficiaries in our system who are assignable.
11	Total - Non-Assignable	Count of all beneficiaries in our system who are NOT assignable.
12	Total	Count of all beneficiaries in our system

Current Enrollment Period Transfers Grid

		Groups total number of members who were in their 90 day choice period and transferred by the type of transfer made. (MCO-MCO, MCO_MHN, MCO-FFS, MHN-MCO, MHN-FFS, FFS-MCO, FFS-MHN)
--	--	---

Top Transfer/Disenrollment Reasons

	Fee For Service Choice	Top four reasons why members chose Fee For Service as their Initial Choice. 41-Other is being split into choices made on Phone Vs choices made via Mail/Fax/Web starting Aug 2009.
	Transfer to Fee For Service	Top four reasons why members chose to transfer to Fee For Service.

Call Center Statistics

		Measures Call Center Performance and includes the said statistics for the current enrollment period.
--	--	--