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Contact: Jeff Stensland
(803) 898-2584

**SC Medicaid approved to expand *Healthy Connections Choices*;
2 new plans set to join market**

COLUMBIA, SC — Approximately 80,000 current South Carolina Medicaid beneficiaries will soon enjoy the benefits of a care coordination plan under a statewide initiative recently approved by the federal Centers for Medicare and Medicaid Services. This change, which expands the South Carolina Department of Health and Human Services' (SCDHHS) *Healthy Connections Choices* program, promises to deliver higher quality care to patients and significant cost savings to the state.

Beginning in April, eligible beneficiaries will be required to choose among several care coordination plans, ensuring they establish a vital relationship with a primary care physician. More than 524,000 Medicaid beneficiaries are already enrolled in one of the state's four Managed Care Organizations (MCOs) and the existing Medical Homes Network (MHN) (see attached Fact Sheet for details). Plan enrollees receive the same core benefits as traditional "fee-for-service" Medicaid, but also extra benefits designed to encourage healthy behaviors. Extra benefits offered by plans include smoking cessation counseling, unlimited doctor visits and special programs for those with specific diseases.

In addition to the existing options, Medicaid beneficiaries may also soon have two new plans to choose from. SCDHHS is recommending the approval of two new MHNs into the state's Medicaid market, Carolina Medical Homes and Palmetto Physician Connections. The state's current MHN, South Carolina Solutions, has saved the state more than \$21 million since it began serving beneficiaries in 2005. MHN enrollees have a significantly lower number of hospitalizations for asthma, diabetes, congestive heart failure and depression as compared with individuals in traditional Medicaid.

Since the launch of the *Healthy Connections Choices* program in 2007, enrollees in both the MCO and MHN option have received high quality patient care, with plans outperforming traditional Medicaid in several key measurements, including:

- more screenings for conditions like diabetes and heart disease;
- higher number of routine child check-ups and dental visits;
- more screenings for breast and cervical cancer;
- better prenatal care; and
- more appropriate prescription drug usage.

Importantly, enrollees choose a primary care physician who works to deliver appropriate care while avoiding duplication and unnecessary emergency room visits. Eight out of 10 beneficiaries enrolled in a plan indicate they are very satisfied with the care and services they receive. Expanding *Healthy Connections Choices* also helps contain rising costs associated with increased Medicaid enrollment. More than 110,000 new beneficiaries have become eligible for Medicaid over the past three years.

Starting in April, those still in traditional Medicaid will be asked to choose either an MCO or MHN available in their county during their yearly review. If they do not make a choice, a plan will be chosen for them. New Medicaid beneficiaries will be asked to select a plan when they first become eligible. Certain categories of Medicaid beneficiaries, such as those who receive Medicare benefits, Medicaid waiver enrollees, disabled children and foster children will not be required to join a plan.

To assist in plan selection, SCDHHS offers enrollment counseling services to beneficiaries so they can choose the plan option that works best for them. Those dissatisfied with their plan have 90 days to switch after their initial selection. Medicaid beneficiaries who want to learn more about available plans in their county should contact *Healthy Connections Choices* at **877-552-4642** or visit **www.schoices.com**.

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