

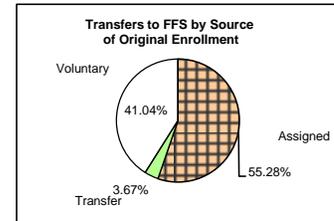
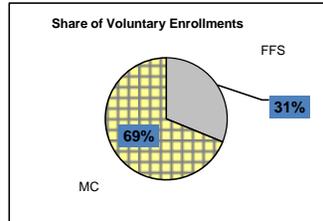
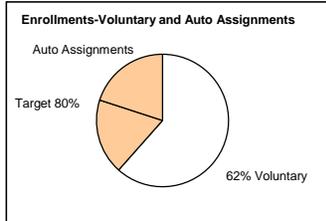


South Carolina Healthy Connections Choices
Enrollment Period- January 2009
Enrollment Numbers as of 12/22/08

Enrollment Snapshot	Current Year						Last Year					
	Jan-09		Dec-08		SFY 2009 Jul 08 - Jan 09		Jan-08		Dec-07		SFY 2008 Jul 07 - Jan 08	
Effective Month- January 2009	#	%	#	%	#	%	#	%	#	%	#	%
A. Assignment Pool <i>Excludes FFS Default.</i>	31,819		25,262		212,023		N/A		N/A		N/A	
B. Voluntary Choice	14,320		11,828		115,445		N/A		N/A		N/A	
B1. Managed Care	10,106		8,394		87,004		N/A		N/A		N/A	
B2. Fee For Service	4,214		3,434		28,441		N/A		N/A		N/A	
C. Voluntary Choice- Not in the Assignment Pool*	13,691		15,781		57,819		N/A		N/A		N/A	
C1. Managed Care	8,978		12,662		41,678		N/A		N/A		N/A	
C2. Fee For Service	4,520		2,959		15,788		N/A		N/A		N/A	
C3. Zaps to Managed Care	193		160		353		N/A		N/A		N/A	
D. Auto Assignments	17,499	38.45%	13,434	32.73%	96,578	35.79%	N/A	N/A	N/A	N/A	N/A	N/A
E. Total Voluntary Choice (=B+C)	28,011	61.55%	27,609	67.27%	173,264	64.21%	N/A	N/A	N/A	N/A	N/A	N/A
F. Total Enrollments (=B+C+D)	45,510		41,043		269,842		N/A		N/A		N/A	
G. Fee For Service	8,734		6,393		44,229		N/A		N/A		N/A	
G1. Share of Voluntary Enrollments (=B2+C2)/E)		31%		23%		26%		N/A			N/A	
G2. Share of Total Enrollments (=B2+C2)/F)		19%		16%		16%						
H. Transfer within 90 Days (=H3+H4)	6,812		6,999		46,741		N/A		N/A		N/A	
H1. 90 Day Choice Period (Member Count)	138,610		134,574		844,326		N/A		N/A		N/A	
H2. Transfer Percent		5%		5%		6%						
H3. 90 Day Transfers to FFS	3,350	49%	3,580	51%	N/A	N/A		N/A	N/A		N/A	N/A
H4. 90 Day Transfers to Health Plans	3,462	51%	2,942	42%	N/A	N/A		N/A	N/A		N/A	N/A

*Members who are in a future Assignment Pool or in the outreach pool. The first autoassignment took place in October, 2007.

January 09 Snapshot	%
Target	80%
Actual (=E/F)	62%
FFS Share of Voluntary Enrollment (=G1)	31%
MC Share of Voluntary Enrollment (100-G1)	69%



Jan-09	Transfers		To		
	From		MCO	MHN	FFS
	MCO	1,860	456	2,975	
	MHN	463		375	
	FFS	554	129		
					Total Transfers 6,812

	Current Eligibles		
	Assignable	Non-Assignable	Total
Enrolled into Managed Care	232,038	120,232	352,270
FFS by Choice	70,512	20,657	91,169
FFS by Default	36,983	155,665	192,648
Total	339,533	296,554	636,087

Top Transfer/ Disenrollment Reasons				
	Fee for Service Choice	Transfer to Fee For Service		
1	41 - Other	4,877	35 - Doctor or Pharmacy Not Part of Network	1,905
2	35 - Doctor or Pharmacy Not Part of Network	3,473	41 - Other	775
3	39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	160	39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	447

Call Center Statistics	Current Year						Last Year					
	Jan-09		Dec-08		SFY 2009 Jul 08 - Jan 09		Jan-08		Dec-07		SFY 2008 Jul 07 - Jan 08	
Effective Month- January 2009	#	%	#	%	#	%	#	%	#	%	#	%
A. Total Calls Received	29,183		23,677		159,095		3,117		4,050		9,852	
B. Total Calls Answered	26,374		22,607		152,291		3,097		4,004		9,743	
C. Abandoned	2,809	9.6%	1,070	4.5%	6,804	4.3%	20	0.6%	46	1.1%	109	1.1%
D. Percent Answered within 60 Seconds	64.9%		80.0%		73.5%		98.9%		94.1%		95.8%	
E. Average Speed to Answer in Seconds	86		44		N/A		N/A		N/A		N/A	

Days covered in call period (11/19/08 - 12/16/08) (10/24/08 - 11/18/08) (12/1/07 - 12/31/07) (11/1/07 - 11/30/07)
 Note: For SFY 2008, use the total data available from the program start.



**South Carolina Healthy Connections Choices
Historical Enrollment Data
Enrollment Period- January 2009
Enrollment Numbers as of 12/22/08**

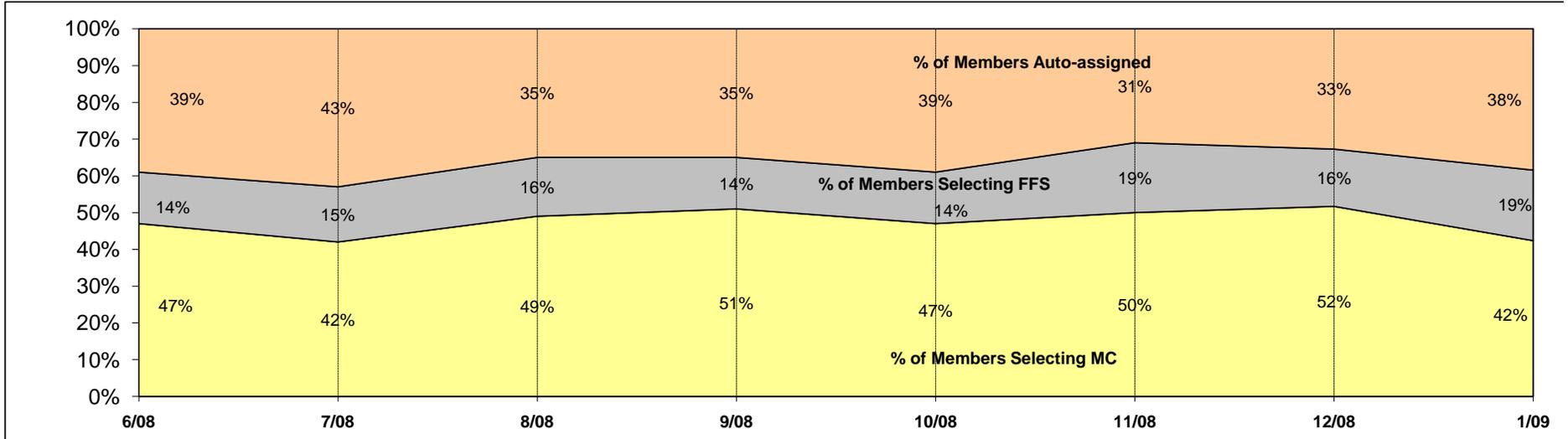
Trendlines- Data	1/08	2/08	3/08	4/08	5/08	6/08	7/08	8/08	9/08	10/08	11/08	12/08	1/09
Numerator													
A. Voluntary Choice- Assignment Pool	3,501	4,416	9,368	6,833	8,438	14,424	12,682	15,908	18,594	18,106	24,007	11,828	14,320
A1. Member Selected MC Plan	3,501	3,343	8,195	4,451	5,544	9,847	8,420	10,996	15,078	14,482	19,528	8,394	10,106
A2. Member Selected FFS	-	1,073	1,173	2,382	2,894	4,577	4,262	4,912	3,516	3,624	4,479	3,434	4,214
B. Voluntary Choice - Not in the Assignment Pool	-	2,899	3,942	8,426	13,485	5,472	3,036	4,643	6,714	4,580	9,374	15,781	13,691
B1. Member Selected MC Plan	-	2,899	3,942	8,426	13,485	5,472	3,036	4,643	4,823	3,051	4,485	12,662	8,978
B2. Member Selected FFS	-	-	-	-	-	-	-	-	1,891	1,529	4,889	2,959	4,520
B3. Member Zapped into MC Plan	-	-	-	-	-	-	-	-	-	-	-	160	193
Total Voluntary Choice (=A+B)	3,501	7,315	13,310	15,259	21,923	19,896	15,718	20,551	25,308	22,686	33,381	27,609	28,011
Denominator													
C. Members up for auto-enroll	4,890	11,567	14,874	15,133	18,670	30,016	25,507	27,899	32,824	33,184	39,507	25,986	32,886
B. Voluntary Choice - Not in Assignment Pool	-	2,899	3,942	8,426	13,485	5,472	3,036	4,643	6,714	4,580	9,374	15,781	13,691
D. FFS by Default**	-	(864)	(473)	(599)	(630)	(2,611)	(944)	(707)	(878)	(650)	(800)	(724)	(1,067)
Total Beneficiaries in the Month Group (=C+B+D)	4,890	13,602	18,343	22,960	31,525	32,877	27,599	31,835	38,660	37,114	48,081	41,043	45,510
Members Auto Assigned	1,389	6,287	5,033	7,701	9,602	12,981	11,881	11,284	13,352	14,428	14,700	13,434	17,499
Auto Assigned Rate	28%	46%	27%	34%	30%	39%	43%	35%	35%	39%	31%	33%	38%
Voluntary Selection Rate	72%	54%	73%	66%	70%	61%	57%	65%	65%	61%	69%	67%	62%
Total MC Plan Choices (A1+B1+B3)	3,501	6,242	12,137	12,877	19,029	15,319	11,456	15,639	19,901	17,533	24,013	21,216	19,277
Total FFS Choices (A2+B2)	-	1,073	1,173	2,382	2,894	4,577	4,262	4,912	5,407	5,153	9,368	6,393	8,734
FFS choice as a percent of Member Choices	0%	15%	9%	16%	13%	23%	27%	24%	21%	23%	28%	23%	31%

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



Historical Enrollment Data - Graphical Summary

	1/08	2/08	3/08	4/08	5/08	6/08	7/08	8/08	9/08	10/08	11/08	12/08	1/09
Trendlines - Percentages (graphed below)													
All Members Selected MC Plan (%)	72%	46%	66%	56%	60%	47%	42%	49%	51%	47%	50%	52%	42%
All Members Selected FFS (%)	0%	8%	7%	10%	10%	14%	15%	16%	14%	14%	19%	16%	19%
All Members Auto Assigned (%)	28%	46%	27%	34%	30%	39%	43%	35%	35%	39%	31%	33%	38%
Total (percent)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<i>Note: For the graphical representation, we consider ALL members regardless whether they are in the Assignment Pool.</i>													
Trendlines - Quantities													
All Members Selected MC Plan	3,501	6,242	12,137	12,877	19,029	15,319	11,456	15,639	19,901	17,533	24,013	21,216	19,277
All Members Selected FFS	-	1,073	1,173	2,382	2,894	4,577	4,262	4,912	5,407	5,153	9,368	6,393	8,734
All Members Auto Assigned	1,389	6,287	5,033	7,701	9,602	12,981	11,881	11,284	13,352	14,428	14,700	13,434	17,499
Total (volume)	4,890	13,602	18,343	22,960	31,525	32,877	27,599	31,835	38,660	37,114	48,081	41,043	45,510



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South Carolina Healthy Connections Choices
Enrollment Period January 2009
Enrollment Numbers as of 12/22/08

Current and Previous Month Comparison

Plan Summary							Plan Summary						
Effective Month 1/09	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments	Previous Month 12/08	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments
AMERIGROUP Community Care	698	-	698	100%	0%	2%	AMERIGROUP Community Care	1,118	1,686	2,804	40%	60%	8%
BlueChoice HealthPlan	1,247	2,385	3,632	34%	66%	10%	BlueChoice HealthPlan	1,100	1,866	2,966	37%	63%	9%
Carolina Crescent Health Plan	1,270	3,077	4,347	29%	71%	12%	Carolina Crescent Health Plan	1,559	1,645	3,204	49%	51%	9%
CHCcares of South Carolina	200	1,141	1,341	15%	85%	4%	CHCcares of South Carolina	136	410	546	25%	75%	2%
South Carolina Solutions	4,570	2,535	7,105	64%	36%	19%	South Carolina Solutions	5,135	2,053	7,188	71%	29%	21%
First Choice by Select Health of SC	6,829	3,067	9,896	69%	31%	27%	First Choice by Select Health of SC	8,074	2,473	10,547	77%	23%	30%
Total Carolina Care	1,041	2,849	3,890	27%	73%	11%	Total Carolina Care	1,029	1,770	2,799	37%	63%	8%
Unison Health Plan	3,422	2,445	5,867	58%	42%	16%	Unison Health Plan	3,065	1,531	4,596	67%	33%	13%
Totals	19,277	17,499	36,776	52%	48%	100%	Totals	21,216	13,434	34,650	61%	39%	100%

Last Year Current Month Comparison and Last Year Previous Month Comparison

Plan Summary							Plan Summary						
Effective Month 1/08	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments	Previous Month 12/07	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments
AMERIGROUP Community Care	0	0	0	0%	0%	0%	AMERIGROUP Community Care	0	0	0	0%	0%	0%
BlueChoice HealthPlan	0	0	0	0%	0%	0%	BlueChoice HealthPlan	0	0	0	0%	0%	0%
Carolina Crescent Health Plan	0	0	0	0%	0%	0%	Carolina Crescent Health Plan	0	0	0	0%	0%	0%
CHCcares of South Carolina	0	0	0	0%	0%	0%	CHCcares of South Carolina	0	0	0	0%	0%	0%
South Carolina Solutions	0	0	0	0%	0%	0%	South Carolina Solutions	0	0	0	0%	0%	0%
First Choice by Select Health of SC	0	0	0	0%	0%	0%	First Choice by Select Health of SC	0	0	0	0%	0%	0%
Total Carolina Care	0	0	0	0%	0%	0%	Total Carolina Care	0	0	0	0%	0%	0%
Unison Health Plan	0	0	0	0%	0%	0%	Unison Health Plan	0	0	0	0%	0%	0%
Totals	0	0	0	0%	0%	0%	Totals	0	0	0	0%	0%	0%

SFY YTD 2009 vs SFY 2008 Comparison

Plan Summary							Plan Summary						
SFY 2009 Jul 08 - Jan 09	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments	SFY 2008 Jul 07 - Jan 08	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments
AMERIGROUP Community Care	6,992	8,587	15,579	45%	55%	6%	AMERIGROUP Community Care	0	0	0	0%	0%	0%
BlueChoice HealthPlan	6,589	11,320	17,909	37%	63%	7%	BlueChoice HealthPlan	0	0	0	0%	0%	0%
Carolina Crescent Health Plan	8,229	13,196	21,425	38%	62%	9%	Carolina Crescent Health Plan	0	0	0	0%	0%	0%
CHCcares of South Carolina	917	4,240	5,157	18%	82%	2%	CHCcares of South Carolina	0	0	0	0%	0%	0%
South Carolina Solutions	34,983	15,559	50,542	69%	31%	21%	South Carolina Solutions	0	0	0	0%	0%	0%
First Choice by Select Health of SC	58,557	18,453	77,010	76%	24%	31%	First Choice by Select Health of SC	0	0	0	0%	0%	0%
Total Carolina Care	8,601	14,956	23,557	37%	63%	10%	Total Carolina Care	0	0	0	0%	0%	0%
Unison Health Plan	22,296	11,910	34,206	65%	35%	14%	Unison Health Plan	0	0	0	0%	0%	0%
Totals	147,164	98,221	245,385	60%	40%	100%	Totals	0	0	0	0%	0%	0%

Current and Previous Month Existing Total Enrollment Comparison

Plan Summary							Plan Summary						
Effective Month 1/09	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments	Previous Month 12/08	Choice	Auto Assign	Total	Choice	Auto Assign	% of Total Enrollments
AMERIGROUP Community Care	6,560	7,457	14,017	47%	53%	4%	AMERIGROUP Community Care	6,065	8,163	14,228	43%	57%	4%
BlueChoice HealthPlan	5,457	8,511	13,968	39%	61%	4%	BlueChoice HealthPlan	4,431	6,810	11,241	39%	61%	3%
Carolina Crescent Health Plan	8,561	12,833	21,394	40%	60%	6%	Carolina Crescent Health Plan	7,274	10,461	17,735	41%	59%	5%
CHCcares of South Carolina	1,028	3,658	4,686	22%	78%	1%	CHCcares of South Carolina	851	2,825	3,676	23%	77%	1%
South Carolina Solutions	61,458	15,653	77,111	80%	20%	22%	South Carolina Solutions	58,540	14,289	72,829	80%	20%	22%
First Choice by Select Health of SC	124,301	21,171	145,472	85%	15%	41%	First Choice by Select Health of SC	119,244	19,058	138,302	86%	14%	42%
Total Carolina Care	20,326	13,153	33,479	61%	39%	10%	Total Carolina Care	19,760	11,106	30,866	64%	36%	9%
Unison Health Plan	30,827	11,316	42,143	73%	27%	12%	Unison Health Plan	28,235	9,660	37,895	75%	25%	12%
Totals	258,518	93,752	352,270	73%	27%	100%	Totals	244,400	82,372	326,772	75%	25%	100%



**South Carolina Healthy Connections Choices
Historical Enrollment by Method Data
Enrollment Period- January 2009
Enrollment Numbers as of 12/22/08**

Trendlines Data - Health Plan Enrollments by Method

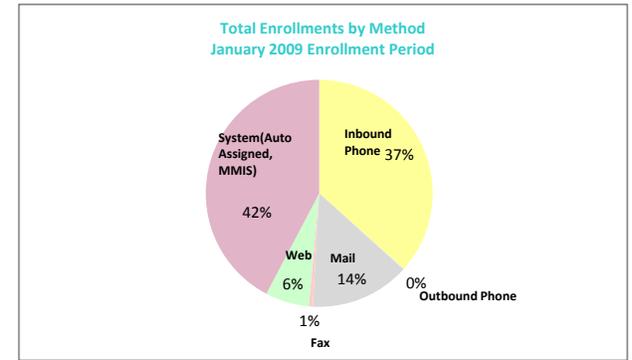
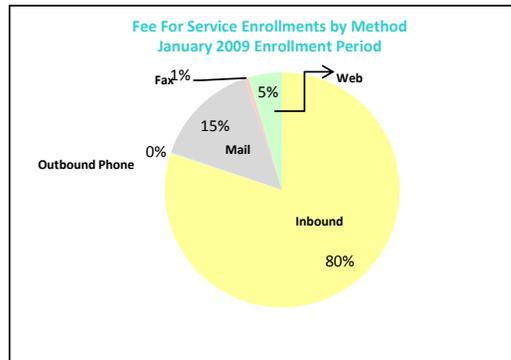
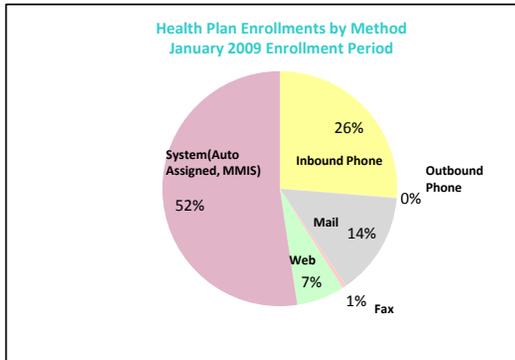
	12/08	01/09
Inbound Phone	12,211	9,596
Outbound Phone	66	24
Mail	3,198	5,171
FAX	391	209
Web	2,676	2,420
System (Auto Assigned, MMIS)	15,948	19,163
Total	34,490	36,583

Trendlines Data - Fee For Service Enrollments by Method

Inbound Phone	5,433	6,993
Outbound Phone	31	13
Mail	608	1,272
FAX	65	49
Web	256	407
Total	6,393	8,734

Trendlines Data - Total Enrollments by Method

Inbound Phone	17,644	16,589
Outbound Phone	97	37
Mail	3,806	6,443
FAX	456	258
Web	2,932	2,827
System (Auto Assigned, MMIS)	15,948	19,163
Total	40,883	45,317



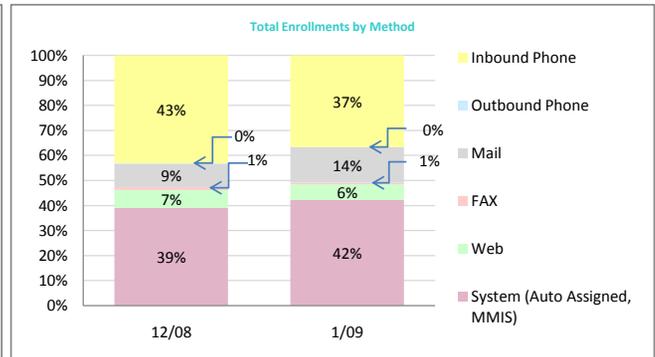
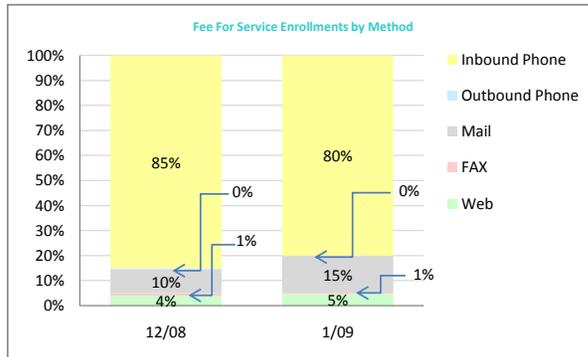
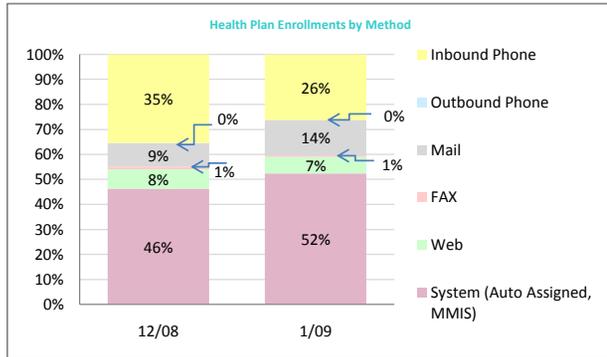


Historical Enrollment by Method Data - Graphical Summary

Trendlines Percentages (graphed below) - Health Plan Enrollments by Method												
Inbound Phone	-	-	-	-	-	-	-	-	-	-	35%	26%
Outbound Phone	-	-	-	-	-	-	-	-	-	-	0%	0%
Mail	-	-	-	-	-	-	-	-	-	-	9%	14%
FAX	-	-	-	-	-	-	-	-	-	-	1%	1%
Web	-	-	-	-	-	-	-	-	-	-	8%	7%
System (Auto Assigned, MMIS)	-	-	-	-	-	-	-	-	-	-	46%	52%
Health Plan Enrollments as a % of Total Enrollments	-	-	-	-	-	-	-	-	-	-	84%	81%

Trendlines Percentages (graphed below) - Fee For Service Enrollments by Method												
Inbound Phone	-	-	-	-	-	-	-	-	-	-	85%	80%
Outbound Phone	-	-	-	-	-	-	-	-	-	-	0%	0%
Mail	-	-	-	-	-	-	-	-	-	-	10%	15%
FAX	-	-	-	-	-	-	-	-	-	-	1%	1%
Web	-	-	-	-	-	-	-	-	-	-	4%	5%
Fee For Service Enrollments as a % of Total Enrollments	-	-	-	-	-	-	-	-	-	-	16%	19%

Trendlines Percentages (graphed below) - Total Enrollments by Method												
Inbound Phone	-	-	-	-	-	-	-	-	-	-	43%	37%
Outbound Phone	-	-	-	-	-	-	-	-	-	-	0%	0%
Mail	-	-	-	-	-	-	-	-	-	-	9%	14%
FAX	-	-	-	-	-	-	-	-	-	-	1%	1%
Web	-	-	-	-	-	-	-	-	-	-	7%	6%
System (Auto Assigned, MMIS)	-	-	-	-	-	-	-	-	-	-	39%	42%
Total	-	-	-	-	-	-	-	-	-	-	100%	100%





South Carolina Healthy Connections Choices
Enrollment Period January 2009
Enrollment Numbers as of 12/22/08

Disenroll- Transfer Information

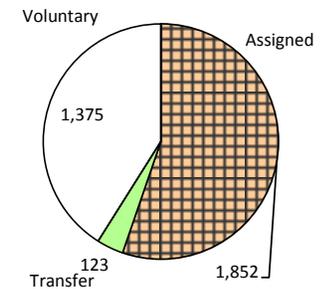
	Jan-09		Dec-08		SFY 2009 Jan 09		Jan-08		Dec-07		SFY 2008 Jul 07 - Jan 08	
	#	%	#	%	#	%	#	%	#	%	#	%
Fee for Service Choice Reasons												
35 - Doctor or Pharmacy Not Part of Network	3,473	40%	2,233	35%	5,706	38%	N/A	N/A	N/A	N/A	N/A	N/A
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	83	1%	37	1%	120	1%	N/A	N/A	N/A	N/A	N/A	N/A
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	160	2%	79	1%	239	2%	N/A	N/A	N/A	N/A	N/A	N/A
41 - Other	4,877	56%	3,918	61%	8,795	58%	N/A	N/A	N/A	N/A	N/A	N/A
64 - Plan does not cover certain services because of moral or religious reasons	8	0%	-	0%	8	0%	N/A	N/A	N/A	N/A	N/A	N/A
84 - Plan Doesn't Offer Coordinated Services Member Needs	130	1%	121	2%	251	2%	N/A	N/A	N/A	N/A	N/A	N/A
A - Administrative	3	0%	5	0%	8	0%	N/A	N/A	N/A	N/A	N/A	N/A
Total FFS Choice	8,734	100%	6,393	100%	15,119	100%	N/A	N/A	N/A	N/A	N/A	N/A
Transfer to FFS												
06 - Managed Care Provider Terminated	-	0%	-	0%	-	0%	N/A	N/A	N/A	N/A	N/A	N/A
08 - Member Has Private HMO Coverage	0	0%	2	0%	2	0%	N/A	N/A	N/A	N/A	N/A	N/A
30 - Moved Out of Plan Service Area	13	0%	20	1%	33	0%	N/A	N/A	N/A	N/A	N/A	N/A
31 - Got Poor Quality Care	30	1%	29	1%	59	1%	N/A	N/A	N/A	N/A	N/A	N/A
34 - Lack of Access to Services Covered Under the Contract	20	1%	55	2%	75	1%	N/A	N/A	N/A	N/A	N/A	N/A
35 - Doctor or Pharmacy Not Part of Network	1,905	57%	2,054	57%	3,959	57%	N/A	N/A	N/A	N/A	N/A	N/A
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	45	1%	42	1%	87	1%	N/A	N/A	N/A	N/A	N/A	N/A
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	447	13%	345	10%	792	11%	N/A	N/A	N/A	N/A	N/A	N/A
41 - Other	775	23%	902	25%	1,677	24%	N/A	N/A	N/A	N/A	N/A	N/A
53 - Didn't Realize What I was Signing Up For	24	1%	35	1%	59	1%	N/A	N/A	N/A	N/A	N/A	N/A
64 - Plan does not cover certain services because of moral or religious reasons	2	0%	5	0%	7	0%	N/A	N/A	N/A	N/A	N/A	N/A
69 - Fraudulent Use of Medicaid Card	1	0%	-	0%	1	0%	N/A	N/A	N/A	N/A	N/A	N/A
83 - Want to be Plan with Family Members	10	0%	3	0%	13	0%	N/A	N/A	N/A	N/A	N/A	N/A
84 - Plan Doesn't Offer Coordinated Services Member Needs	31	1%	44	1%	75	1%	N/A	N/A	N/A	N/A	N/A	N/A
85 - Health Plan Referral Policy is unfavorable to Member	17	1%	7	0%	24	0%	N/A	N/A	N/A	N/A	N/A	N/A
A - Administrative	30	1%	37	1%	67	1%	N/A	N/A	N/A	N/A	N/A	N/A
Total Transfer to FFS	3,350	100%	3,580	100%	6,930	100%	N/A	N/A	N/A	N/A	N/A	N/A

Coming in July 2009

Coming in July 2009

	Member Enrolled Voluntarily		Member Transferred to the Plan		Member was Assigned		Total Disenrollments	
06 - Managed Care Provider Terminated	-	0%	-	0%	-	0%	-	0%
08 - Member Has Private HMO Coverage	-	0%	-	0%	-	0%	-	0%
30 - Moved Out of Plan Service Area	7	1%	2	2%	4	0%	13	0%
31 - Got Poor Quality Care	20	1%	1	1%	9	0%	30	1%
34 - Lack of Access to Services Covered Under the Contract	13	1%	-	0%	7	0%	20	1%
35 - Doctor or Pharmacy Not Part of Network	680	49%	59	48%	1,166	63%	1,905	57%
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	21	2%	-	0%	24	1%	45	1%
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	228	17%	29	24%	190	10%	447	13%
41 - Other	345	25%	24	20%	406	22%	775	23%
53 - Didn't Realize What I was Signing Up For	12	1%	4	3%	8	0%	24	1%
64 - Plan does not cover certain services because of moral or religious reasons	-	0%	-	0%	2	0%	2	0%
69 - Fraudulent Use of Medicaid Card	1	0%	-	0%	-	0%	1	0%
83 - Want to be Plan with Family Members	9	1%	-	0%	1	0%	10	0%
84 - Plan Doesn't Offer Coordinated Services Member Needs	13	1%	1	1%	17	1%	31	1%
85 - Health Plan Referral Policy is unfavorable to Member	13	1%	2	2%	2	0%	17	1%
A - Administrative	13	1%	1	1%	16	1%	30	1%
Total Enrollment	1,375	100%	123	100%	1,852	100%	3,350	100%

**Transfers to FFS by Source
of Original Enrollment**



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South Carolina Healthy Connections Choices
Transfer Details for Enrollment Period January 2009
Enrollment Numbers as of 12/22/08

		TO									Total Transfers From
		AMERIGROUP Community Care	BlueChoice HealthPlan	Carolina Crescent Health Plan	CHCcares of South Carolina	South Carolina Solutions	First Choice by Select Health of SC	Total Carolina Care	Unison Health Plan	Fee for Service	
FROM	AMERIGROUP Community Care		16	29	1	58	200	17	47	339	707
	BlueChoice HealthPlan	23		27	1	43	251	22	47	414	828
	Carolina Crescent Health Plan	8	14		2	65	107	23	42	348	609
	CHCcares of South Carolina	4	5	12		22	59	9	21	105	237
	South Carolina Solutions	12	16	47	1		277	26	84	375	838
	First Choice by Select Health of SC	16	34	32	1	142		40	111	729	1,105
	Total Carolina Care	5	10	66	0	61	137		71	373	723
	Unison Health Plan	16	17	32	1	65	250	34		667	1,082
	Fee For Service	16	20	58	12	129	298	36	114		683
	Total Transfers To	100	132	303	19	585	1,579	207	537	3,350	6,812

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South Carolina Healthy Connections Choices

Dashboard Report: Glossary

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 will be populated starting July 2009.

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: Health Plan Summary

This page provides Voluntary and Auto Assign Enrollments 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 5: 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 6: Enrollments by Method (Percentages & Graphical Summary)

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

Page 7: 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).

Page 8: Health Plan Transfer Mix

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



South Carolina Healthy Connections Choices
 Dashboard Report: Snapshot Page or Page 1 Glossary

Enrollment Snapshot		
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 current fiscal year 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.
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 three reasons why members chose Fee For Service as their Initial Choice.
	Transfer to Fee For Service	Top three 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.