South Carolina Dual Eligible Coverage Model Comparison

<table>
<thead>
<tr>
<th>Area</th>
<th>Healthy Connections Prime Medicare-Medicaid Plan (MMP)*</th>
<th>Program of All Inclusive Care for the Elderly (PACE)</th>
<th>Medicare Advantage Dual-Eligible Special Needs Plan (D-SNP)</th>
<th>Medicare Advantage (MA) Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage by Program</td>
<td>Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>Yes</td>
<td>Yes</td>
<td>Medicaid services are provided by SCDHHS. Plan provides limited coordination and integration of Medicare and Medicaid benefits</td>
<td></td>
</tr>
<tr>
<td>HCBS waiver services (e.g., home-delivered meals personal care)</td>
<td>Yes</td>
<td>No</td>
<td>No, but can apply through a waiver and receive the benefit under Medicaid Fee For Service</td>
<td>No, but can apply through a waiver and receive the benefit under Medicaid Fee For Service</td>
</tr>
<tr>
<td>HCBS waiver-like services</td>
<td>May be available based on need</td>
<td>May be available based on need</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Additional items and services like dental, vision, or hearing</td>
<td>Yes, based on enrollee’s medical needs (dental is covered by the State)</td>
<td>Yes, based on enrollee’s medical needs</td>
<td>Varies based on plan</td>
<td>Varies based on plan</td>
</tr>
<tr>
<td>Network Restrictions: out of network providers allowed?</td>
<td>Yes, with prior approval</td>
<td>Yes, with prior approval</td>
<td>Yes, with a higher copay or coinsurance</td>
<td>Yes, with a higher copay or coinsurance</td>
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<tr>
<td>Continuity of Care (How long new members can see out-of-network providers)</td>
<td>6 months</td>
<td>No continuity of care period</td>
<td>30 days</td>
<td>30 days</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Care coordinator? Yes, assigned. Develops and helps execute care plan</td>
<td>Not included</td>
<td>Not included</td>
<td>Not included</td>
</tr>
<tr>
<td></td>
<td>Interdisciplinary team? Yes, team developed with member input. Helps execute care plan</td>
<td>Yes, assigned. Develops and helps execute care plan</td>
<td>Yes, assigned.</td>
<td>Not included</td>
</tr>
<tr>
<td>Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Premium (Plan, Part B, Part D, dental)</td>
<td>Varies based on plan, Medicaid eligibility category (for full benefit dual eligible members, there are no premiums)</td>
<td>Varies based on plan, Medicaid eligibility category, and the level of Extra Help received</td>
<td>Varies based on plan, Medicaid eligibility category, and the level of Extra Help received</td>
<td></td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$0</td>
<td>$0 to $6,700 in-network</td>
<td>$0 to $6,700 in-network</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$0</td>
<td>$0</td>
<td>Varies based on plan, Medicaid eligibility category and the level of Extra Help received</td>
<td></td>
</tr>
<tr>
<td>Copays</td>
<td>For Doctor, Specialist, or Hospital Visit</td>
<td></td>
<td>Copays depends on plan and beneficiary situation</td>
<td>Copays depends on plan and beneficiary situation</td>
</tr>
<tr>
<td></td>
<td>For Prescription Drug Coverage</td>
<td></td>
<td>Copays depends on plan, drug tier, and the level of Extra Help received</td>
<td>Copays depends on plan, beneficiary situation, the level of Extra Help received</td>
</tr>
<tr>
<td></td>
<td>For Extra Benefits (Dental, Vision)</td>
<td>Coverage varies by plan</td>
<td>$0</td>
<td>$0 (coverage varies by plan)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vision - $0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dental - $3.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0</td>
<td>$0 (coverage varies by plan)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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### Eligibility

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<tbody>
<tr>
<td>Minimum age</td>
<td>65+</td>
<td>55+ (or Disabled)</td>
<td>65+ (or Disabled)</td>
<td>65+ (or Disabled)</td>
</tr>
<tr>
<td>Medicare eligible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicaid eligible</td>
<td>Full benefit Medicaid and not currently in a nursing home</td>
<td>Full benefit Medicaid and eligible for nursing home care and able to live safely in a community setting</td>
<td>Full or partial Medicaid benefit (varies by plan)</td>
<td>Not required</td>
</tr>
<tr>
<td>HCBS waiver recipients allowed to join?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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</table>

### Plan Availability

<table>
<thead>
<tr>
<th>Geographic Coverage in South Carolina</th>
<th>Offered in <strong>all but six</strong> counties: Aiken, Darlington, Dorchester, Horry, Lancaster, and York</th>
<th>Anderson, Bamberg, Calhoun, Greenville, Lexington, Orangeburg, Pickens, and Richland</th>
<th><strong>All SC counties</strong> have at least one plan</th>
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</table>
| Total Number of SC Plans             | 3 Plans:  
  - Absolute Total Care  
  - First Choice VIP Care Plus  
  - Molina Dual Options | 3 Plans:  
  - GHS Senior Care  
  - Methodist Oaks Palmetto SeniorCare | 5 Plans:  
  - Harmony Health Plan, Inc.  
  - Absolute Total Care, Inc.  
  - Arcadian Health Plan, Inc.  
  - Eon Health, Inc. (SC)  
  - UnitedHealthcare Insurance Company | More than 50 plans (mix of MA plans and MA-PD plans) |

* Yellow shaded cells signify more prominent differences with respect to most of the other coverage models.
Sources

- www.cms.gov
- www.medicare.gov
- https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/pace
- https://health.usnews.com/health-care/health-insurance/articles/medicare-vs-medicare-advantage-how-to-choose
- https://gov.ecfr.io/cgi-bin/text-idx?SID=8de56ac38b483fee2f7e075a26dc19dd&mc=true&node=pt42.4.460&rgn=div5