

Proviso Report

Proviso 21.32 Medicaid Reporting

The following is submitted as required by Proviso 21.32 of the SFY 2013 Appropriations Act

Within ninety days of the end of each quarter in Fiscal Year 2012-13, the department shall report each cost-savings measure implemented. By county, the department shall report the number of enrolled and active providers by provider type, provider specialty and sub-specialty, the number of recipients, the number of recipients by provider type, the expenditures by provider type and specialty, and service level utilization trends. The department shall continue to annually report HEDIS measures, noting where measures improve or decline. Each report shall be submitted to the Chairman of the Senate Finance Committee, the Chairman of the Ways and Means Committee, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives, and be prominently displayed on the department's website.



Chase Center/Circle
111 Monument Circle
Suite 601
Indianapolis, IN 46204-5128
USA

Tel +1 317 639 1000
Fax +1 317 639 1001

milliman.com

February 24, 2014

Ms. Beth Hutto
Deputy Director, Finance & Administration
State of South Carolina
Department of Health and Human Services
1801 Main Street
Columbia, SC 29202-8206

RE: PROVISO 21.32 COST SAVINGS MEASUREMENT REPORT – SFY 2013 – FINAL

Dear Beth:

Milliman, Inc. (Milliman) was retained by the State of South Carolina, Department of Health and Human Services (SCDHHS) to assist with quarterly monitoring of the Medicaid Assistance expenditure savings generated from the initiatives implemented during State Fiscal Year (SFY) 2013. This correspondence documents the development of year to date savings estimates achieved from the Birth Outcomes Initiative through June 30, 2013 of SFY 2013 as required by Proviso 21.32.

LIMITATIONS

The services provided for this project were performed under the signed Consulting Services Agreement between Milliman and SCDHHS approved July 1, 2013.

The information contained in this correspondence, including any enclosures, has been prepared solely for the internal business use of SCDHHS. These results may not be distributed to any other party without the prior consent of Milliman. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and health care modeling that will allow appropriate use of the data presented.

Milliman makes no representations or warranties regarding the contents of this correspondence to third parties. Likewise, third parties are instructed that they are to place no reliance upon this correspondence prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

In performing this analysis, we relied on data and other information provided by SCDHHS and its vendors. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

EXECUTIVE SUMMARY

In July 2011, SCDHHS implemented a series of birth outcome initiatives designed to reduce the number of elective inductions and cesarean section (C-section) deliveries, as well as neonatal intensive care unit (NICU) hospital stays. This report provides a comparison between expected expenditures for NICU hospital stays (prior to implementation of initiatives) and actual expenditures for these services. Please note that gross level adjustments are excluded from the savings analysis due to the level of detail used in the analysis. The analysis used SFY 2011 and SFY 2012 fee-for-service (FFS) and encounter data experience to analyze payment patterns and develop projected baseline expenditures for SFY 2013.

Based on paid claims data through July 31, 2013 estimated actual incurred expenditures for deliveries and NICU admits in SFY 2013 were approximately \$229.6 million for SFY 2013, compared to projected expenditures of \$230.3 million, resulting in incurred savings of \$0.7 million. For the NICU analysis, only birth-related DRGs that were assumed to be affected by the Birth Outcomes Initiative have been included in the expenditure totals. This analysis excludes DRGs for babies weighing less than 2000g at birth, as these NICU admits are not assumed to be a result of elective C-section or induction. Please note that paid expenditures for SFY 2013 may not reflect this level of savings, due to payment timing as well as the portion of expenditures that are paid through the capitation rate.

Table 1 highlights the comparison between actual and projected expenditures during SFY 2013, by quarter, for each of the savings initiatives. Expenditures for delivery-related savings reflect both hospital costs and physician costs associated with maternity claims. Enclosure 1 highlights the comparison between actual and projected expenditures during each quarter in SFY 2013 for the maternity and NICU estimated savings.

Table 1

**State of South Carolina
Department of Health and Human Services
Birth Outcome Initiatives – SFY 2013 Savings/(Cost) Analysis**

Savings Initiative	Projected Expenditures	Actual Expenditures	Savings/(Cost)
Delivery-related	\$ 161,693,000	\$ 161,816,000	\$ (123,000)
NICU-related	\$ 68,590,000	\$ 67,805,000	\$ 785,000
Total	\$ 230,283,000	\$ 229,621,000	\$ 662,000

*Note: values rounded to the nearest thousand.

Tables 2 and 3 provide additional detail related to the results in Table 1 for maternity deliveries and NICU admits, respectively.

Table 2

**State of South Carolina
Department of Health and Human Services
Savings Analysis by Major Category – Maternity Deliveries**

Major category	Projected SFY 2013		Actual SFY 2013		Estimated Incurred Savings/ (Cost)
	# of Deliveries	Total Paid Claims	# of Deliveries	Total Paid Claims	
<i>Inpatient Hospital</i>					
Cesarean Delivery	9,566	\$ 60,696,000	9,616	\$ 61,002,000	\$ (306,000)
Vaginal Delivery	18,655	\$ 69,095,000	18,606	\$ 68,917,000	\$ 178,000
<i>Total Hospital</i>	<i>28,221</i>	<i>\$ 129,791,000</i>	<i>28,222</i>	<i>\$ 129,919,000</i>	<i>\$ (128,000)</i>
<i>Physician</i>					
Cesarean Delivery	9,566	\$ 10,485,000	9,616	\$ 10,538,000	\$ (53,000)
Vaginal Delivery	18,655	\$ 21,417,000	18,606	\$ 21,359,000	\$ 58,000
<i>Total Physician</i>	<i>28,221</i>	<i>\$ 31,902,000</i>	<i>28,222</i>	<i>\$ 31,897,000</i>	<i>\$ 5,000</i>
Grand Total	28,221	\$ 161,693,000	28,222	\$ 161,816,000	\$ (123,000)

*Note: Expenditure values rounded to the nearest thousand.

Table 3

**State of South Carolina
 Department of Health and Human Services
 Savings Analysis – NICU admits**

	Projected SFY 2013	Actual SFY 2013	Estimated Incurred Savings/ (Cost)
Total Births	32,003	32,003	
Average paid per birth-related hospital admit	\$ 2,143.24	\$ 2,118.71	
Total Paid	\$ 68,590,000	\$ 67,805,000	\$ 785,000

*Note: Expenditure values rounded to the nearest thousand.

The remainder of this correspondence provides an overview of the birth outcomes initiatives included in the analysis, as well as the key methods and assumptions that were used to calculate the results.

OVERVIEW OF BIRTH OUTCOMES INITIATIVES

On July 9, 2012, SCDHHS issued a Medicaid Bulletin outlining birth outcomes initiatives (BOI) which specified that certain procedure code modifiers are required on maternity claims when billing for vaginal deliveries and cesarean section deliveries. SCDHHS indicated in a subsequent December 12, 2012 bulletin that there will be no reimbursement for claims incurred on or after January 1, 2013 that fail to comply with the coding requirements. The approved modifiers are either CG (approved or medically necessary deliveries less than 39 weeks gestation) or GB (deliveries at 39 weeks gestation or more regardless of method).

Examination of raw data through July, 2013 indicates that compliance with the requirements of the SCDHHS bulletins has increased throughout SFY 2013. By Q4 SFY 2013, approximately 1.6% of total reported deliveries do not contain the approved procedure code modifiers. This percentage was 58.8% in Q1 SFY 2013, 24.5% in Q2 SFY 2013, and 3.3% in Q3 SFY 2013.

An associated goal of the reduction in non-medically necessary elective inductions and elective cesareans prior to 39 weeks gestation is to decrease the frequency and cost of NICU admits. Table 4 shows that the average cost of birth-related hospital admits in SFY 2013 was approximately 1.1% lower than the average cost in the SFY 2012 base period. Additionally, Table 4 shows that the number of NICU admits for non-normal newborns was approximately 0.4% lower than during the SFY 2012 base period.

Table 4
State of South Carolina
Department of Health and Human Services
Q2 SFY 2012 through Q4 SFY 2013 Experience Data – Non-Normal Newborn NICU Admits

	Q2-Q4 SFY 2012	SFY 2013	Change
Average paid per admit	\$ 2,143.24	\$ 2,118.71	(1.1%)
NICU admits as a % of Total Births	11.1%	10.7%	(0.4%)

The following section outlines the methodology and assumptions used to develop the results of the Birth Outcomes Initiatives savings analysis.

METHODS & ASSUMPTIONS

Maternity Deliveries

SFY 2011 and SFY 2012 FFS and encounter claims data were used as the basis for understanding the distribution of vaginal and C-section deliveries.

First, inpatient hospital claims that contained any of the following DRGs were identified as maternity-related admits:

- Medicare DRGs: 370, 371, 372, 373, 374, 375 (for fee-for-service claims prior to providers switching to an APR-DRG coding basis)
- APR-DRGs: 540, 541, 542, 560

The following maternity-related current procedural terminology (CPT) codes as billed by physicians were also used to identify maternity deliveries:

- 59400-59410
- 59510-59515
- 59610
- 59612
- 59614
- 59618
- 59620
- 59622

The combination of CPT codes and inpatient DRGs were used to determine the number of deliveries during SFY 2011, SFY 2012, and SFY 2013. Only maternity cases that included both a hospital claim and a physician claim were used in the analysis.

A lag analysis was performed on the experience data to develop completion factors to be applied to the raw data to estimate actual incurred deliveries. Table 5 summarizes the SFY 2011 and estimated SFY 2012 incurred delivery and expenditure experience from the FFS and managed care programs, with adjustment for completion. Expenditures include both hospital and physician expenditures associated with the deliveries. The type of delivery was assigned based on the physician CPT code information.

Table 5
State of South Carolina
Department of Health and Human Services
SFY 2011 and SFY 2012 Experience Data – Maternity Deliveries

Major category	SFY 2011		SFY 2012	
	# of Deliveries	Total Paid Claims	# of Deliveries	Total Paid Claims
<i>Inpatient Hospital</i>				
Cesarean Delivery	9,933	\$ 69,015,000	9,944	\$ 63,094,000
Vaginal Delivery	19,364	\$ 77,353,000	19,391	\$ 71,820,000
<i>Total Hospital</i>	29,297	\$ 146,368,000	29,335	\$ 134,914,000
<i>Physician</i>				
Cesarean Delivery	9,933	\$ 12,953,000	9,944	\$ 10,899,000
Vaginal Delivery	19,364	\$ 24,457,000	19,391	\$ 22,261,000
<i>Total Physician</i>	29,297	\$ 37,410,000	29,335	\$ 33,160,000
Grand Total	29,297	\$ 183,778,000	29,335	\$ 168,074,000

*Note: Expenditure values rounded to the nearest thousand.

As a final step of this analysis, the SFY 2012 CPT distribution and reimbursement per delivery were applied to the estimated total actual incurred SFY 2013 deliveries to develop projected SFY 2013 delivery expenditures. Projected SFY 2013 expenditures were compared to the actual distribution of expenditures for each quarter in SFY 2013, with completion, to estimate savings due to change in type of delivery. **The analysis indicates that delivery patterns have not changed since 2012.**

NICU Admits

Q2 through Q4 SFY 2012 FFS and encounter claims data were used as the basis for the analysis of NICU admits.

First, inpatient hospital claims that contained any of the following DRGs were identified as birth-related hospital admits:

- Medicare DRGs: 385, 386, 387, 388, 389, 390, 391 (for fee-for-service claims prior to providers switching to an APR-DRG coding basis)
- APR-DRGs: 580, 581, 583, 588, 589, 591, 593, 602, 603, 607, 608, 609, 611, 612, 613, 614, 621, 622, 623, 625, 626, 630, 631, 634, 636, 639, 640, 815, 863

The base period data of Q2 through Q4 SFY 2012 was chosen to exclude experience with Medicare DRGs. This enables a better estimate of NICU savings by using a base period solely containing APR-DRG coding. SFY 2011 and Q1 2012 data was used, however, in the completion analysis (further explained below).

In order to determine NICU admissions related to births during the time period, the analysis limited admit dates to be on or near the patient's date of birth.

Similar to the delivery methodology, reporting inconsistencies were identified within the encounter data which caused higher cost NICU cases to be summarized as low cost cases starting in April 2012. This issue was corrected by using the reported APR-DRGs directly by the MCO, when available, for Q1 through Q4 SFY 2013 only. This adjustment has only been made for Select Health as this was the only section of data identified as inconsistent.

To more accurately estimate savings directly related to the Birth Outcomes Initiative, admits with birth weight of less than 2000 grams were removed from the savings analysis (DRGs 588-614). It is assumed that babies born under this weight would not be targeted by the Birth Outcomes Initiative as their low birth weight, and likely premature birth, is most likely due to other medical conditions, and not as a result of elective C-section or induction.

Emerging data through July 2013 shows that the lag pattern of NICU admits varies by DRG. As a result, the lag patterns of each DRG were examined separately to better estimate actual incurred admits, especially for higher cost cases. Analysis of admits by individual DRG has indicated that some of the higher cost admits (583 and 630 for example) experience a longer lag between the incurred dates and payment dates than other DRGs.

Enclosure 2 summarizes the SFY 2011 and estimated SFY 2012 incurred NICU admit and hospital expenditure experience by DRG. Enclosure 3 summarizes the base period Q2 through Q4 SFY 2012, where the cost per admit per DRG is used to estimate savings in SFY 2013.

To estimate SFY 2013 NICU savings, the base period DRG distribution and reimbursement per admit were applied to the estimated total actual incurred SFY 2013 deliveries to develop projected SFY 2013 NICU admit expenditures by quarter. Projected SFY 2013 expenditures were compared to the actual distribution of expenditures for each quarter, with completion, to estimate incurred savings. Enclosures 4-7 summarize the savings estimate for Q1 – Q4 SFY 2013. Please note that paid expenditures for SFY 2013 may not reflect this level of savings, due to payment timing and the portion of expenditures that are paid as part of the capitation rate.

Table 6 presents a high-level summary of SFY 2011, SFY 2012, and base period Q2 – Q4 SFY 2012 experience for the DRGs that were used in the NICU savings analysis.

Table 6

**State of South Carolina
Department of Health and Human Services
Base Period Q2-Q4 SFY 2012 Experience Data – NICU Admits**

	SFY 2011	SFY 2012	Q2- Q4 SFY 2012
Total Births	32,317	32,550	23,837
Average paid per admit	\$ 2,242.53	\$ 2,159.91	\$ 2,143.39
Total Paid	\$ 72,472,000	\$ 70,305,000	\$ 51,092,000

*Note: Expenditure values rounded to the nearest thousand.

As an additional component of the analysis, the births during the base period and SFY 2013 were stratified into “Normal Newborns” and “NICU Newborns” to compare the percentage of NICU admits across the time periods that are included in the analysis. “Normal Newborn” is defined by APR-DRGs 626 and 640 that do not have a claim with a newborn critical care CPT code as billed by physicians (99466-99480). Estimated actual incurred births (with birth weight > 2000g) split by Normal Newborn and NICU Newborn are summarized in Table 7. The NICU savings analysis includes expenditures for normal newborns (and is not just limited to those for NICU admits) because the inclusion of these admits contributes to the distribution of births to be analyzed for savings.

Table 7

**State of South Carolina
Department of Health and Human Services
Q2 SFY 2012 through Q4 SFY 2013 Experience Data – Non-Normal Newborn NICU Admits**

	Q2-Q4 SFY 2012	Q1 SFY 2013	Q2 SFY 2013	Q3 SFY 2013	Q4 SFY 2013
Total Births (>2000g)	23,837	8,522	8,269	7,705	7,507
Normal Newborns	21,194	7,591	7,336	6,942	6,710
NICU Newborns	2,643	931	933	763	797
NICU admits as a % of Total Births	11.1%	10.9%	11.3%	9.9%	10.6%



Ms. Beth Hutto
February 24, 2014
Page 9



Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this report.

If you have any questions regarding the enclosed information, please contact me at (317) 524-3512.

Sincerely,

A handwritten signature in black ink that reads "Robert M. Damler".

Robert M. Damler, FSA, MAAA
Principal and Consulting Actuary

RMD/lrb
Enclosures



ENCLOSURE 1

T:\2014\SCM\3.077-SCM78\04-Proviso 21 32 Cost Savings Monitoring Results - SFY2013 - Final.docx

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

State of South Carolina
 Department of Health & Human Services
 SFY 2013 Delivery and NICU-related Savings Analysis by Quarter

Period	Delivery-related Savings		NICU-related Savings		TOTAL Savings/(Cost)
	Projected	Actual	Projected	Actual	
Q1	\$ 43,435,000	\$ 43,642,000	\$ 18,265,000	\$ 18,355,000	\$ (297,000)
Q2	\$ 41,041,000	\$ 41,227,000	\$ 17,723,000	\$ 17,895,000	\$ (172,000)
Q3	\$ 38,508,000	\$ 38,529,000	\$ 16,512,000	\$ 15,444,000	\$ 1,068,000
Q4	\$ 38,709,000	\$ 38,418,000	\$ 16,090,000	\$ 16,111,000	\$ (21,000)
Total	\$ 161,693,000	\$ 161,816,000	\$ 68,590,000	\$ 67,805,000	\$ 785,000

*Note: values rounded to the nearest thousand.



ENCLOSURE 2

T:\2014\SCM\3.077-SCM78\04-Proviso 21 32 Cost Savings Monitoring Results - SFY2013 - Final.docx

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

State of South Carolina
 Department of Health & Human Services
 SFY2011 and SFY2012 Claims Experience - NICU Admissions

	SFY 2011			SFY 2012 - complete		
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid
385	326	\$ 12,000.00	\$ 3,912,000	85	\$ 9,901.11	\$ 842,000
387	250	\$ 19,484.00	\$ 4,871,000	42	\$ 15,301.38	\$ 643,000
388	563	\$ 4,094.14	\$ 2,305,000	172	\$ 3,359.31	\$ 578,000
389	372	\$ 6,967.74	\$ 2,592,000	79	\$ 5,729.04	\$ 453,000
390	2,076	\$ 1,606.45	\$ 3,335,000	479	\$ 1,508.84	\$ 723,000
391	9,297	\$ 928.79	\$ 8,635,000	2,042	\$ 808.12	\$ 1,650,000
580	6	\$ 4,666.67	\$ 28,000	17	\$ 3,858.74	\$ 66,000
581	345	\$ 2,295.65	\$ 792,000	464	\$ 1,908.22	\$ 885,000
583	5	\$ 198,400.00	\$ 992,000	9	\$ 213,854.32	\$ 1,925,000
621	25	\$ 24,200.00	\$ 605,000	44	\$ 25,408.25	\$ 1,118,000
622	62	\$ 19,903.23	\$ 1,234,000	127	\$ 19,854.37	\$ 2,522,000
623	26	\$ 21,807.69	\$ 567,000	36	\$ 16,620.14	\$ 598,000
625	86	\$ 16,918.60	\$ 1,455,000	166	\$ 14,263.30	\$ 2,368,000
626	482	\$ 2,358.92	\$ 1,137,000	1,083	\$ 1,877.84	\$ 2,034,000
630	161	\$ 8,496.89	\$ 1,368,000	278	\$ 6,846.22	\$ 1,903,000
631	11	\$ 131,909.09	\$ 1,451,000	13	\$ 147,012.44	\$ 1,911,000
633	33	\$ 74,848.48	\$ 2,470,000	61	\$ 65,950.46	\$ 4,023,000
634	202	\$ 13,707.92	\$ 2,769,000	322	\$ 14,567.50	\$ 4,691,000
636	230	\$ 31,934.78	\$ 7,345,000	263	\$ 26,090.84	\$ 6,862,000
639	150	\$ 10,400.00	\$ 1,560,000	143	\$ 9,482.45	\$ 1,356,000
640	318	\$ 7,078.62	\$ 2,251,000	546	\$ 5,450.29	\$ 2,976,000
640	16,764	\$ 1,136.72	\$ 19,056,000	25,252	\$ 1,111.75	\$ 28,074,000
640	527	\$ 3,305.50	\$ 1,742,000	827	\$ 2,543.66	\$ 2,104,000
Total	32,317	\$ 2,242.53	\$ 72,472,000	32,550	\$ 2,159.91	\$ 70,305,000

*Note: values rounded to the nearest thousand.



ENCLOSURE 3

T:\2014\SCM\3.077-SCM78\04-Proviso 21 32 Cost Savings Monitoring Results - SFY2013 - Final.docx

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

State of South Carolina
 Department of Health & Human Services
 Base Period Q2 SFY 2012 - Q4 SFY 2012 Claims Experience - NICU Admissions

	Base Period Q2 SFY 2012 - Q4 SFY 2012 - completed	Cost per admit	Total Paid
	# of admits		
580	17	\$ 3,858.74	\$ 66,000
581	373	\$ 1,578.54	\$ 589,000
583	8	\$ 180,612.63	\$ 1,445,000
621	39	\$ 22,094.89	\$ 862,000
622	105	\$ 20,515.50	\$ 2,154,000
623	29	\$ 16,361.92	\$ 474,000
625	134	\$ 13,947.46	\$ 1,869,000
626	943	\$ 1,831.02	\$ 1,727,000
626	228	\$ 6,721.74	\$ 1,533,000
630	11	\$ 162,318.64	\$ 1,786,000
631	45	\$ 67,131.78	\$ 3,021,000
633	270	\$ 13,087.28	\$ 3,534,000
634	209	\$ 24,171.58	\$ 5,052,000
636	102	\$ 8,579.08	\$ 875,000
639	424	\$ 5,143.32	\$ 2,181,000
640	20,251	\$ 1,101.31	\$ 22,303,000
640	649	\$ 2,497.96	\$ 1,621,000
Total	23,837	\$ 2,143.39	\$ 51,092,000

*Note: values rounded to the nearest thousand.



ENCLOSURE 4

T:\2014\SCM\3.077-SCM78\04-Proviso 21 32 Cost Savings Monitoring Results - SFY2013 - Final.docx

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

State of South Carolina
 Department of Health & Human Services
 Q1 SFY 2013 Revised Estimate Savings - NICU Admissions

	Projected Q1 SFY 2013			Actual Q1 SFY 2013			Savings/(Cost) Incurred
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid	
580	6	\$ 3,858.74	\$ 23,000	4	\$ 3,858.74	\$ 15,000	\$ 8,000
581	133	\$ 1,578.54	\$ 211,000	136	\$ 1,578.54	\$ 215,000	\$ (4,000)
583	3	\$ 180,612.63	\$ 517,000	3	\$ 180,612.63	\$ 542,000	\$ (25,000)
621	14	\$ 22,094.89	\$ 308,000	12	\$ 22,094.89	\$ 265,000	\$ 43,000
622	38	\$ 20,515.50	\$ 770,000	23	\$ 20,515.50	\$ 472,000	\$ 298,000
623	10	\$ 16,361.92	\$ 170,000	12	\$ 16,361.92	\$ 196,000	\$ (26,000)
625	48	\$ 13,947.46	\$ 668,000	52	\$ 13,947.46	\$ 725,000	\$ (57,000)
626	337	\$ 1,831.02	\$ 617,000	455	\$ 1,831.02	\$ 833,000	\$ (216,000)
631	82	\$ 6,721.74	\$ 548,000	97	\$ 6,721.74	\$ 652,000	\$ (104,000)
630	4	\$ 162,318.64	\$ 638,000	5	\$ 162,318.64	\$ 812,000	\$ (174,000)
633	16	\$ 67,131.78	\$ 1,080,000	20	\$ 67,131.78	\$ 1,343,000	\$ (263,000)
634	97	\$ 13,087.28	\$ 1,263,000	86	\$ 13,087.28	\$ 1,126,000	\$ 137,000
636	75	\$ 24,171.58	\$ 1,806,000	67	\$ 24,171.58	\$ 1,619,000	\$ 187,000
639	36	\$ 8,579.08	\$ 313,000	38	\$ 8,579.08	\$ 326,000	\$ (13,000)
636	152	\$ 5,143.32	\$ 780,000	157	\$ 5,143.32	\$ 808,000	\$ (28,000)
640	7,240	\$ 1,101.31	\$ 7,973,000	7,136	\$ 1,101.31	\$ 7,859,000	\$ 114,000
640	232	\$ 2,497.96	\$ 580,000	219	\$ 2,497.96	\$ 547,000	\$ 33,000
Total	8,522	\$ 2,143.28	\$ 18,265,000	8,522	\$ 2,153.84	\$ 18,355,000	\$ (90,000)

*Note: values rounded to the nearest thousand.



ENCLOSURE 5

T:\2014\SCM\3.077-SCM78\04-Proviso 21 32 Cost Savings Monitoring Results - SFY2013 - Final.docx

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

State of South Carolina
 Department of Health & Human Services
 Q2 SFY 2013 Revised Estimate Savings - NICU Admissions

	Projected Q2 SFY 2013			Actual Q2 SFY 2013			Savings/(Cost) Incurred
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid	
580	6	\$ 3,858.74	\$ 23,000	5	\$ 3,858.74	\$ 19,000	\$ 4,000
581	129	\$ 1,578.54	\$ 204,000	149	\$ 1,578.54	\$ 235,000	\$ (31,000)
583	3	\$ 180,612.63	\$ 501,000	1	\$ 180,612.63	\$ 181,000	\$ 320,000
621	14	\$ 22,094.89	\$ 299,000	4	\$ 22,094.89	\$ 88,000	\$ 211,000
622	36	\$ 20,515.50	\$ 747,000	32	\$ 20,515.50	\$ 656,000	\$ 91,000
623	10	\$ 16,361.92	\$ 165,000	13	\$ 16,361.92	\$ 213,000	\$ (48,000)
625	46	\$ 13,947.46	\$ 648,000	47	\$ 13,947.46	\$ 656,000	\$ (8,000)
626	327	\$ 1,831.02	\$ 599,000	240	\$ 1,831.02	\$ 439,000	\$ 160,000
630	79	\$ 6,721.74	\$ 532,000	89	\$ 6,721.74	\$ 598,000	\$ (66,000)
631	4	\$ 162,318.64	\$ 619,000	7	\$ 162,318.64	\$ 1,136,000	\$ (517,000)
633	16	\$ 67,131.78	\$ 1,048,000	15	\$ 67,131.78	\$ 1,007,000	\$ 41,000
634	94	\$ 13,087.28	\$ 1,226,000	85	\$ 13,087.28	\$ 1,112,000	\$ 114,000
636	73	\$ 24,171.58	\$ 1,752,000	85	\$ 24,171.58	\$ 2,055,000	\$ (303,000)
639	35	\$ 8,579.08	\$ 304,000	42	\$ 8,579.08	\$ 360,000	\$ (56,000)
640	147	\$ 5,143.32	\$ 757,000	162	\$ 5,143.32	\$ 833,000	\$ (76,000)
	7,025	\$ 1,101.31	\$ 7,737,000	7,096	\$ 1,101.31	\$ 7,815,000	\$ (78,000)
	225	\$ 2,497.96	\$ 562,000	197	\$ 2,497.96	\$ 492,000	\$ 70,000
Total	8,269	\$ 2,143.31	\$ 17,723,000	8,269	\$ 2,164.11	\$ 17,895,000	\$ (172,000)

*Note: values rounded to the nearest thousand.



ENCLOSURE 6

T:\2014\SCM\3.077-SCM78\04-Proviso 21 32 Cost Savings Monitoring Results - SFY2013 - Final.docx

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

State of South Carolina
 Department of Health & Human Services
 Q3 SFY 2013 Revised Estimate Savings - NICU Admissions

	Projected Q3 SFY 2013		Actual Q3 SFY 2013		Savings/(Cost) Incurred		
	# of admits	Cost per admit	Total Paid	Total Paid			
580	5	\$ 3,858.74	\$ 21,000	7	\$ 3,858.74	\$ 27,000	\$ (6,000)
581	121	\$ 1,578.54	\$ 190,000	131	\$ 1,578.54	\$ 207,000	\$ (17,000)
583	3	\$ 180,612.63	\$ 467,000	2	\$ 180,612.63	\$ 361,000	\$ 106,000
621	13	\$ 22,094.89	\$ 279,000	18	\$ 22,094.89	\$ 398,000	\$ (119,000)
622	34	\$ 20,515.50	\$ 696,000	28	\$ 20,515.50	\$ 574,000	\$ 122,000
623	9	\$ 16,361.92	\$ 153,000	4	\$ 16,361.92	\$ 65,000	\$ 88,000
625	43	\$ 13,947.46	\$ 604,000	44	\$ 13,947.46	\$ 614,000	\$ (10,000)
626	305	\$ 1,831.02	\$ 558,000	271	\$ 1,831.02	\$ 496,000	\$ 62,000
630	74	\$ 6,721.74	\$ 495,000	53	\$ 6,721.74	\$ 356,000	\$ 139,000
631	4	\$ 162,318.64	\$ 577,000	4	\$ 162,318.64	\$ 649,000	\$ (72,000)
633	15	\$ 67,131.78	\$ 976,000	10	\$ 67,131.78	\$ 671,000	\$ 305,000
634	87	\$ 13,087.28	\$ 1,142,000	79	\$ 13,087.28	\$ 1,034,000	\$ 108,000
636	68	\$ 24,171.58	\$ 1,633,000	56	\$ 24,171.58	\$ 1,354,000	\$ 279,000
639	33	\$ 8,579.08	\$ 283,000	25	\$ 8,579.08	\$ 214,000	\$ 69,000
640	137	\$ 5,143.32	\$ 705,000	122	\$ 5,143.32	\$ 627,000	\$ 78,000
	6,546	\$ 1,101.31	\$ 7,209,000	6,671	\$ 1,101.31	\$ 7,347,000	\$ (138,000)
	210	\$ 2,497.96	\$ 524,000	180	\$ 2,497.96	\$ 450,000	\$ 74,000
Total	7,705	\$ 2,143.02	\$ 16,512,000	7,705	\$ 2,004.41	\$ 15,444,000	\$ 1,068,000

*Note: values rounded to the nearest thousand.



ENCLOSURE 7

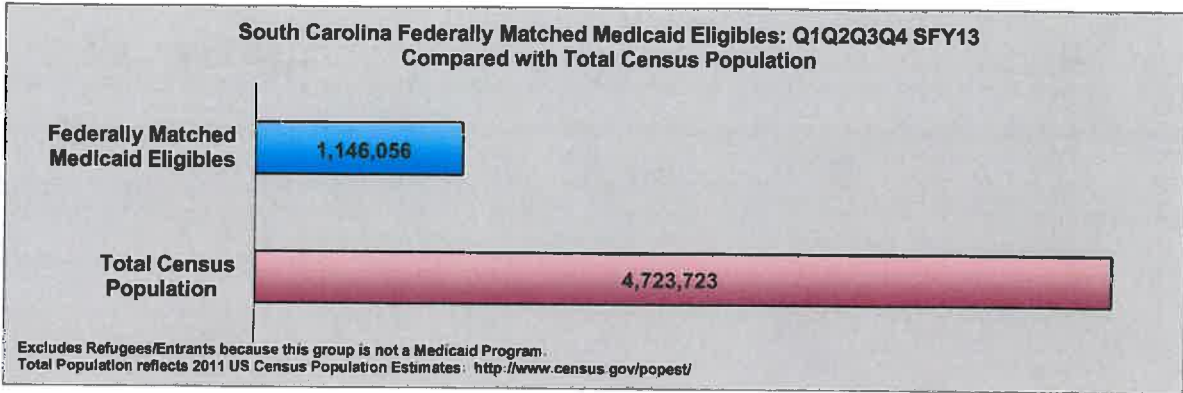
T:\2014\SCM3.077-SCM78\04-Proviso 21 32 Cost Savings Monitoring Results - SFY2013 - Final.docx

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

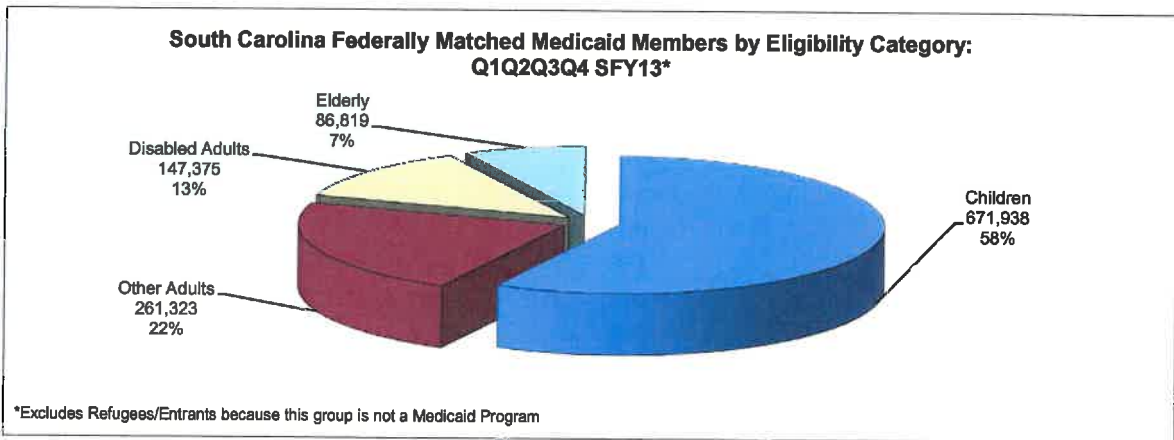
State of South Carolina
 Department of Health & Human Services
 Q4 SFY 2013 Estimate Savings - NICU Admissions

	Projected Q4 SFY 2013			Actual Q4 SFY 2013			Savings/(Cost) Incurred
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid	
580	5	\$ 3,858.74	\$ 21,000	2	\$ 3,858.74	\$ 8,000	\$ 13,000
581	117	\$ 1,578.54	\$ 185,000	121	\$ 1,578.54	\$ 191,000	\$ (6,000)
583	3	\$ 180,612.63	\$ 455,000	2	\$ 180,612.63	\$ 361,000	\$ 94,000
621	12	\$ 22,094.89	\$ 271,000	12	\$ 22,094.89	\$ 265,000	\$ 6,000
622	33	\$ 20,515.50	\$ 678,000	32	\$ 20,515.50	\$ 656,000	\$ 22,000
623	9	\$ 16,361.92	\$ 149,000	10	\$ 16,361.92	\$ 164,000	\$ (15,000)
625	42	\$ 13,947.46	\$ 589,000	48	\$ 13,947.46	\$ 669,000	\$ (80,000)
626	297	\$ 1,831.02	\$ 544,000	228	\$ 1,831.02	\$ 417,000	\$ 127,000
631	72	\$ 6,721.74	\$ 483,000	69	\$ 6,721.74	\$ 464,000	\$ 19,000
630	3	\$ 162,318.64	\$ 562,000	5	\$ 162,318.64	\$ 812,000	\$ (250,000)
633	14	\$ 67,131.78	\$ 951,000	16	\$ 67,131.78	\$ 1,074,000	\$ (123,000)
634	85	\$ 13,087.28	\$ 1,113,000	76	\$ 13,087.28	\$ 995,000	\$ 118,000
636	66	\$ 24,171.58	\$ 1,591,000	60	\$ 24,171.58	\$ 1,450,000	\$ 141,000
639	32	\$ 8,579.08	\$ 276,000	30	\$ 8,579.08	\$ 257,000	\$ 19,000
640	134	\$ 5,143.32	\$ 687,000	153	\$ 5,143.32	\$ 787,000	\$ (100,000)
	6,378	\$ 1,101.31	\$ 7,024,000	6,482	\$ 1,101.31	\$ 7,139,000	\$ (115,000)
640	204	\$ 2,497.96	\$ 511,000	161	\$ 2,497.96	\$ 402,000	\$ 109,000
Total	7,507	\$ 2,143.33	\$ 16,090,000	7,507	\$ 2,146.13	\$ 16,111,000	\$ (21,000)

*Note: values rounded to the nearest thousand.



Federally Matched Medicaid Eligibles represent 24.3% of the Total Population



South Carolina Federally Matched Medicaid Members

Children = 58%
Non-Disabled Adults = 22%
Disabled Adults = 13%
Elderly = 7%

4th Quarter SFY13 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1Q2Q3Q4 SFY13**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	36	37	7,579	\$7,886,751.61
ALLERGY AND IMMUNOLOGY	109	72	11,143	\$525,507.84
AMBULANCE - PRICING ONLY		1	1	\$0.00
AMBULATORY SURGERY	87	77	9,818	\$2,376,495.43
ANESTHESIOLOGY	1,514	962	75,278	\$3,320,553.77
AUDIOLOGY	129	101	3,455	\$130,369.94
CARDIOVASCULAR DISEASES	804	543	42,347	\$1,782,443.14
CHIROPRACTIC	552	287	2,703	\$40,342.22
CLINIC SCREENERS-PRICING ONLY		1	30	\$0.00
CLTC	27	23	1,725	\$3,565,739.82
CORF	1	1	314	\$611,556.26
DENTAL - ENDODONTIST	28	15	590	\$244,705.13
DENTAL - PERIODONTIST	8	3	66	\$6,175.48
DENTISTRY	1,511	891	215,363	\$56,064,382.97
DERMATOLOGY	210	113	14,657	\$285,536.90
DEVELOPMENTAL REHABILITATION	115	112	109,458	\$38,224,510.76
DIABETES EDUCATOR	49	30	926	\$13,169.19
EMERGENCY MEDICINE	1,914	1,982	243,080	\$8,251,009.95
ENDOCRINOLOGY AND METAB.	137	67	2,859	\$178,151.07
FAM PLAN, MATER & CHILD HEALTH	24	17	3,353	\$1,336,676.17
FAMILY PRACTICE	2,668	1,846	251,364	\$9,560,997.10
FED QUAL HEALTH CLINIC (FQHC)	89	78	35,908	\$5,134,863.54
GASTROENTEROLOGY	393	243	10,294	\$576,076.30
GENERAL PRACTICE	144	110	15,459	\$360,402.05
GERIATRICS	54	27	1,578	\$71,453.76
GYNECOLOGY	45	28	1,884	\$238,304.32
HEMATOLOGY	161	65	1,180	\$384,584.87
HOSPITAL PATHOLOGY	78	52	7,404	\$178,211.97
INFECTIOUS DISEASES	149	88	3,622	\$359,566.72
INTERNAL MEDICINE	2,941	2,036	88,545	\$8,270,234.67
LICENSED INDEPT SOCIAL WORKER	140	86	1,625	\$155,795.67
LICENSED MARRIAGE & FAM THERA	14	6	69	\$5,556.31
LICENSED PROFESSIONAL COUNSEL	257	145	4,227	\$410,444.89
MENTAL RETARDATION	53	52	15,142	\$223,725,746.23
MIDWIFE	142	105	5,225	\$410,742.66
MULTIPLE SPECIALTY GROUP	322	82	4,646	\$0.00
NEONATOLOGY	102	48	2,298	\$678,309.04
NEPHROLOGY/ESRD	451	324	7,075	\$4,548,264.02
NEUROLOGY	487	285	17,209	\$1,387,710.99
NO SPECIFIC MEDICAL SPECIALTY		619	2,907	\$0.00
NUCLEAR MEDICINE	15	7	1,508	\$24,099.37
NURSE ANESTHETIST	2,343	1,542	49,021	\$1,560,225.66
NURSE PRAC & PHYSICIAN ASSIST	3,431	1,636	58,043	\$2,095,923.92
OBSTETRICS	17	11	4,539	\$356,276.14
OBSTETRICS AND GYNECOLOGY	1,223	932	92,896	\$16,559,820.59
OCCUPATIONAL MEDICINE	5	2	1,845	\$27,277.35
OCCUPATIONAL THERAPIST	486	284	3,907	\$3,302,124.23
ONCOLOGY	265	151	5,867	\$4,545,287.77
OPHTHALMOLOGY	671	362	25,933	\$1,238,678.53
OPTICIAN	33	30	56,962	\$2,470,762.98
OPTOMETRY	690	456	85,412	\$2,936,407.20

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

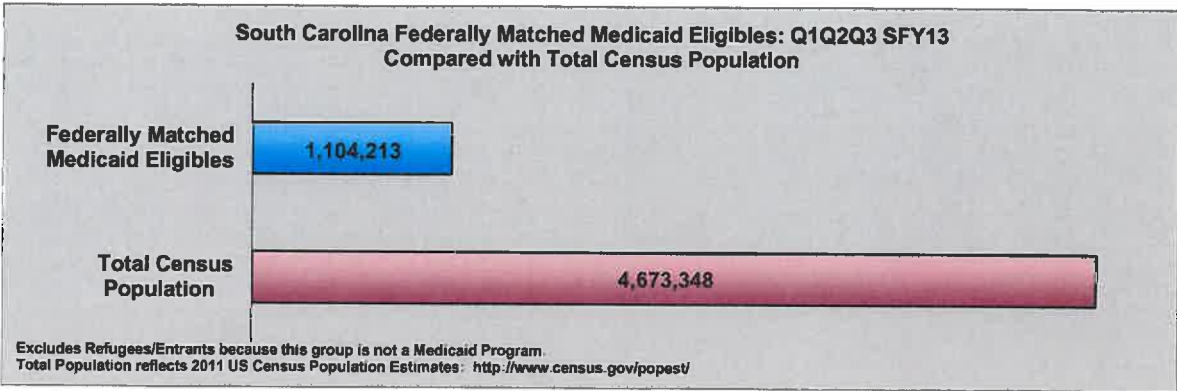
4th Quarter SFY13 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1Q2Q3Q4 SFY13 (continued)**

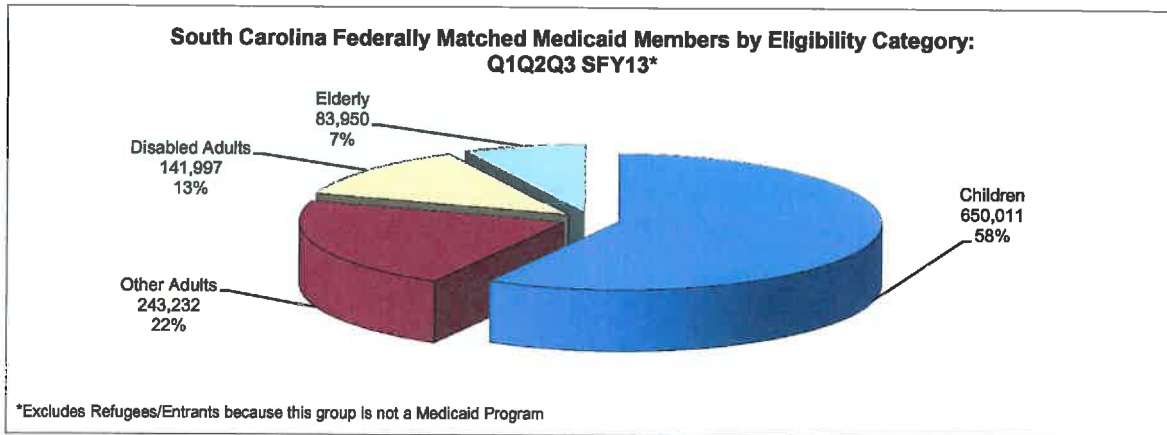
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ORTHODONTICS	16	3	612	\$840,893.20
OSTEOPATHY	27	17	2,062	\$43,412.03
OTORHINOLARYNGOLOGY	339	230	28,828	\$1,103,653.33
PATHOLOGY	291	241	37,916	\$680,918.52
PATHOLOGY, CLINICAL	154	73	6,229	\$93,613.42
PEDIATRIC SUB-SPECIALIST	320	332	57,846	\$12,131,791.22
PEDIATRICS	1,978	1,282	298,657	\$13,614,128.52
PEDIATRICS, ALLERGY	10	6	1,471	\$43,390.62
PEDIATRICS, CARDIOLOGY	108	42	3,313	\$180,558.17
PEDODONTICS	125	69	49,998	\$13,005,843.01
PHYS/OCCUP THERAPIST	862	431	4,934	\$2,441,931.42
PHYSICAL MEDICINE & REHAB	220	142	7,743	\$743,878.61
PHYSICIAN ASST (ENC DATA ONLY)		84	416	\$0.00
PODIATRY	179	82	1,896	\$26,714.21
PRIVATE DUTY NURSING		1	1	\$0.00
PSYCHIATRY	671	371	15,082	\$1,033,354.23
PSYCHIATRY, CHILD	87	45	2,398	\$168,184.62
PSYCHOLOGIST	241	86	1,346	\$322,238.07
PULMONARY MEDICINE	400	249	10,084	\$1,141,984.22
PVT MENTAL HEALTH	108	57	6,561	\$19,003,919.43
RADIOLOGY	529	629	99,659	\$1,334,929.07
RADIOLOGY, DIAGNOSTIC	1,099	746	155,354	\$2,065,759.01
RADIOLOGY, THERAPEUTIC	102	53	1,364	\$1,019,787.70
RHEUMATOLOGY	104	63	2,060	\$596,287.00
RURAL HEALTH CLINICS (RHC)	124	116	35,631	\$3,501,667.71
SC CONTINUUM OF CARE	11	11	1,549	\$4,998,708.58
SC DEPT OF HEALTH & ENVIRO CTL	52	53	84,565	\$7,552,631.24
SC DEPT OF MENTAL HEALTH	68	95	40,478	\$59,797,075.26
SOCIAL WORKER	4	42	243	\$2,347.41
SPEECH THERAPIST	890	560	7,823	\$5,828,541.43
SUPPLIER (DME)		2	870	\$0.00
SURGERY, CARDIOVASCULAR	131	72	2,202	\$213,229.05
SURGERY, COLON AND RECTAL	49	109	648	\$58,937.48
SURGERY, GENERAL	1,012	560	27,377	\$2,886,807.42
SURGERY, NEUROLOGICAL	176	114	3,727	\$584,520.55
SURGERY, ORAL (DENTAL ONLY)	141	94	9,203	\$5,520,489.36
SURGERY, ORTHOPEDIC	921	565	31,435	\$1,823,456.57
SURGERY, PEDIATRIC	44	19	1,916	\$184,247.37
SURGERY, PLASTIC	153	80	2,429	\$345,533.82
SURGERY, THORACIC	111	54	955	\$190,300.96
SURGERY, UROLOGICAL	343	191	10,751	\$947,597.13
THERAPIST/MULTI SPECIALTY GRP	137	44	252	\$0.00
OTHER PROVIDER SPECIALTIES	13,683	8,984	735,900	\$1,393,375,363.77

Statewide provider data including payments to specific providers can be found
on our Medicaid Transparency Website at
<http://www.scdhhs.gov/Transparency.asp>

4th Quarter SFY13 Paid



Federally Matched Medicaid Eligibles represent 23.6% of the Total Population



South Carolina Federally Matched Medicaid Members

Children = 58%
Non-Disabled Adults = 22%
Disabled Adults = 13%
Elderly = 7%

3rd Quarter SFY13 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1Q2Q3 SFY13**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	36	35	2,535	\$2,476,657.97
ALLERGY AND IMMUNOLOGY	109	55	1,660	\$381,723.43
AMBULANCE - PRICING ONLY	0	0	0	\$0.00
AMBULATORY SURGERY	87	69	1,828	\$600,562.80
ANESTHESIOLOGY	1,479	698	20,698	\$2,443,592.39
AUDIOLOGY	125	87	782	\$90,528.15
CARDIOVASCULAR DISEASES	793	430	21,868	\$1,301,097.33
CHIROPRACTIC	545	157	498	\$29,963.21
CLINIC SCREENERS-PRICING ONLY	0	0	0	\$0.00
CLTC	27	23	1,612	\$2,701,751.58
CORF	1	1	126	\$197,507.81
DENTAL - ENDODONTIST	28	12	81	\$31,297.92
DENTAL - PERIODONTIST	6	2	9	\$753.22
DENTISTRY	1,489	791	29,952	\$6,303,353.99
DERMATOLOGY	207	83	2,028	\$210,808.00
DEVELOPMENTAL REHABILITATION	115	107	23,607	\$8,512,841.81
DIABETES EDUCATOR	48	20	165	\$10,305.33
EMERGENCY MEDICINE	1,871	941	55,888	\$6,000,576.70
ENDOCRINOLOGY AND METAB.	135	48	755	\$136,287.31
FAM PLAN, MATER & CHILD HEALTH	24	18	1,358	\$374,581.32
FAMILY PRACTICE	2,618	1,451	65,831	\$6,168,473.40
FED QUAL HEALTH CLINIC (FQHC)	87	74	24,945	\$4,510,474.04
GASTROENTEROLOGY	389	179	2,917	\$421,645.19
GENERAL PRACTICE	144	66	3,890	\$241,290.30
GERIATRICS	54	19	557	\$45,491.80
GYNECOLOGY	45	22	644	\$180,357.93
HEMATOLOGY	160	46	576	\$309,974.65
HOSPITAL PATHOLOGY	76	45	1,926	\$127,029.39
INFECTIOUS DISEASES	146	65	1,165	\$270,358.91
INTERNAL MEDICINE	2,882	1,429	31,837	\$5,887,835.04
LICENSED INDEPT SOCIAL WORKER	109	55	300	\$87,130.55
LICENSED MARRIAGE & FAM THERA	11	6	10	\$2,774.84
LICENSED PROFESSIONAL COUNSEL	233	110	661	\$253,679.35
MENTAL RETARDATION	53	52	10,898	\$170,778,234.25
MIDWIFE	137	74	1,804	\$238,745.26
MULTIPLE SPECIALTY GROUP	309	1	2	\$0.00
NEONATOLOGY	97	28	609	\$466,475.62
NEPHROLOGY/ESRD	434	278	4,112	\$3,539,062.66
NEUROLOGY	474	204	5,575	\$1,034,694.64
NO SPECIFIC MEDICAL SPECIALTY	0	4	3	\$0.00
NUCLEAR MEDICINE	14	5	363	\$17,280.44
NURSE ANESTHETIST	2,296	1,118	9,045	\$1,128,587.40
NURSE PRAC & PHYSICIAN ASSIST	3,216	924	13,918	\$984,349.62
OBSTETRICS	17	6	1,488	\$242,184.05
OBSTETRICS AND GYNECOLOGY	1,205	598	37,540	\$10,923,111.50
OCCUPATIONAL MEDICINE	5	2	244	\$20,667.58
OCCUPATIONAL THERAPIST	465	220	2,029	\$2,387,945.64
ONCOLOGY	265	125	2,970	\$3,351,539.14
OPHTHALMOLOGY	664	290	9,121	\$813,983.69
OPTICIAN	33	14	7,168	\$312,701.04
OPTOMETRY	679	367	14,940	\$1,413,521.40

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

3rd Quarter SFY13 Paid

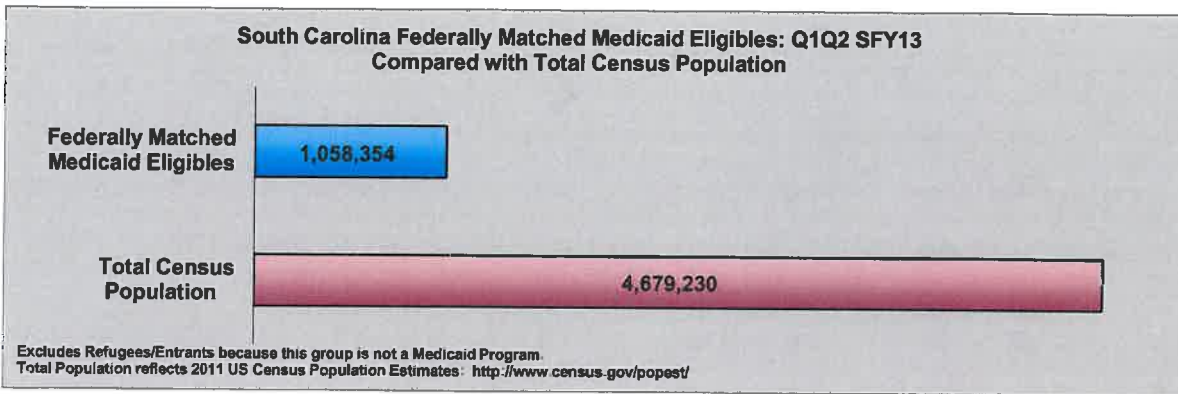
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1Q2Q3 SFY13 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ORTHODONTICS	13	1	157	\$111,308.76
OSTEOPATHY	22	10	576	\$36,180.74
OTORHINOLARYNGOLOGY	332	168	4,571	\$805,025.31
PATHOLOGY	279	138	7,741	\$505,369.57
PATHOLOGY, CLINICAL	163	35	1,020	\$67,233.85
PEDIATRIC SUB-SPECIALIST	320	300	11,322	\$9,142,272.04
PEDIATRICS	1,929	895	51,531	\$9,196,968.59
PEDIATRICS, ALLERGY	10	5	303	\$30,117.04
PEDIATRICS, CARDIOLOGY	96	21	672	\$105,169.07
PEDODONTICS	124	67	6,291	\$1,173,335.15
PHYS/OCCUP THERAPIST	836	274	1,792	\$1,791,075.72
PHYSICAL MEDICINE & REHAB	214	111	2,306	\$580,993.16
PHYSICIAN ASST (ENC DATA ONLY)	0	0	0	\$0.00
PODIATRY	176	45	162	\$19,001.08
PSYCHIATRY	656	248	6,756	\$723,185.96
PSYCHIATRY, CHILD	86	40	752	\$118,815.12
PSYCHOLOGIST	231	47	528	\$195,063.84
PULMONARY MEDICINE	393	189	3,724	\$825,832.09
PVT MENTAL HEALTH	97	55	2,907	\$9,130,227.53
RADIOLOGY	517	229	28,787	\$978,842.81
RADIOLOGY, DIAGNOSTIC	1,081	504	45,314	\$1,513,790.78
RADIOLOGY, THERAPEUTIC	101	44	638	\$752,840.66
RHEUMATOLOGY	102	52	876	\$450,509.58
RURAL HEALTH CLINICS (RHC)	120	112	26,332	\$3,208,815.72
SC CONTINUUM OF CARE	11	11	1,193	\$3,205,225.32
SC DEPT OF HEALTH & ENVIRO CTL	52	48	44,011	\$4,521,725.51
SC DEPT OF MENTAL HEALTH	68	92	15,583	\$13,724,819.17
SOCIAL WORKER	4	2	6	\$2,347.41
SPEECH THERAPIST	854	439	2,901	\$4,349,985.87
SUPPLIER (DME)	0	0	0	\$0.00
SURGERY, CARDIOVASCULAR	128	60	1,051	\$165,162.39
SURGERY, COLON AND RECTAL	49	22	165	\$40,744.65
SURGERY, GENERAL	978	426	9,641	\$2,027,915.38
SURGERY, NEUROLOGICAL	172	85	1,170	\$423,535.99
SURGERY, ORAL (DENTAL ONLY)	139	85	1,363	\$682,713.93
SURGERY, ORTHOPEDIC	890	412	7,627	\$1,380,812.83
SURGERY, PEDIATRIC	43	11	405	\$123,433.39
SURGERY, PLASTIC	149	57	531	\$256,095.54
SURGERY, THORACIC	109	38	432	\$146,827.15
SURGERY, UROLOGICAL	333	155	4,129	\$683,042.15
THERAPIST/MULTI SPECIALTY GRP	135	0	0	\$0.00
OTHER PROVIDER SPECIALTIES	13,281	6,265	287,432	\$1,011,588,196.42

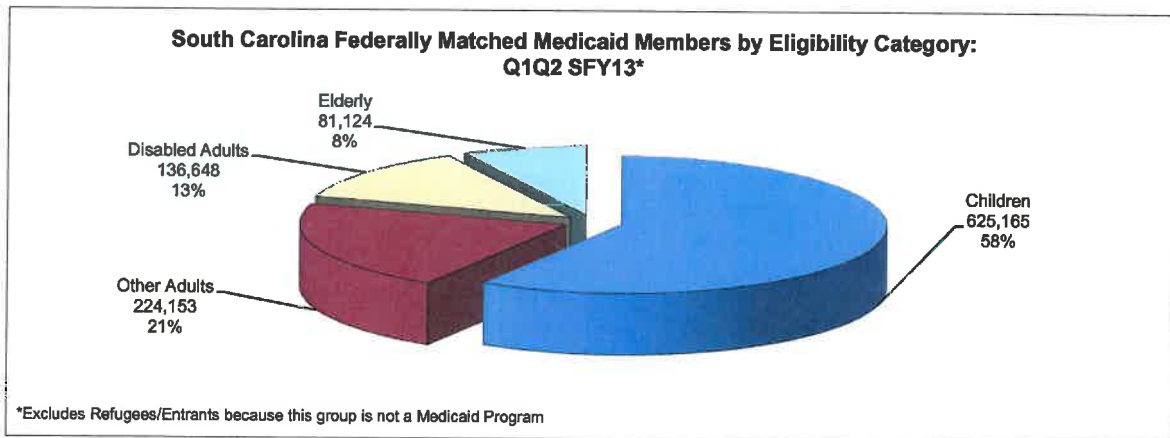
Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

Statewide provider data including payments to specific providers can be found
on our Medicaid Transparency Website at
<http://www.scdhhs.gov/Transparency.asp>

3rd Quarter SFY13 Paid



Federally Matched Medicaid Eligibles represent 22.6% of the Total Population



South Carolina Federally Matched Medicaid Members

Children = 58%
Non-Disabled Adults = 21%
Disabled Adults = 13%
Elderly = 8%

2nd Quarter SFY13 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1Q2 SFY13**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	36	34	1,922	\$1,581,997.19
ALLERGY AND IMMUNOLOGY	109	53	1,224	\$254,775.91
AMBULATORY SURGERY	87	68	1,260	\$398,826.83
ANESTHESIOLOGY	1,453	664	14,850	\$1,668,894.72
AUDIOLOGY	122	62	584	\$63,656.58
CARDIOVASCULAR DISEASES	786	405	15,691	\$823,214.06
CHIROPRACTIC	539	134	357	\$21,082.69
CLTC	27	23	1,508	\$1,846,031.21
CORF	1	1	115	\$151,259.13
DENTAL - ENDODONTIST	24	12	49	\$18,983.82
DENTAL - PERIODONTIST	6	1	7	\$665.39
DENTISTRY	1,466	746	20,817	\$3,970,421.29
DERMATOLOGY	204	75	1,288	\$135,244.00
DEVELOPMENTAL REHABILITATION	115	105	15,630	\$5,029,015.34
DIABETES EDUCATOR	48	18	118	\$7,234.41
EMERGENCY MEDICINE	1,843	885	35,899	\$3,763,180.80
ENDOCRINOLOGY AND METAB.	134	43	465	\$95,135.53
FAM PLAN, MATER & CHILD HEALTH	24	16	952	\$255,237.85
FAMILY PRACTICE	2,576	1,345	40,746	\$3,505,598.98
FED QUAL HEALTH CLINIC (FQHC)	82	74	21,364	\$3,586,878.17
GASTROENTEROLOGY	387	167	1,742	\$270,871.45
GENERAL PRACTICE	142	62	2,417	\$131,603.93
GERIATRICS	53	16	284	\$22,059.98
GYNECOLOGY	45	20	450	\$125,869.41
HEMATOLOGY	156	39	374	\$219,559.26
HOSPITAL PATHOLOGY	76	44	1,310	\$89,180.02
INFECTIOUS DISEASES	147	65	790	\$189,638.23
INTERNAL MEDICINE	2,833	1,297	20,116	\$3,794,401.31
LICENSED INDEPT SOCIAL WORKER	96	44	227	\$67,166.22
LICENSED MARRIAGE & FAM THERA	9	4	8	\$2,278.84
LICENSED PROFESSIONAL COUNSEL	212	97	544	\$186,106.94
MENTAL RETARDATION	53	52	10,590	\$116,294,396.22
MIDWIFE	134	65	1,202	\$157,559.61
MULTIPLE SPECIALTY GROUP	277	1	2	\$0.00
NEONATOLOGY	95	25	369	\$258,251.38
NEPHROLOGY/ESRD	432	265	2,911	\$2,231,325.33
NEUROLOGY	470	192	3,517	\$676,209.32
NO SPECIFIC MEDICAL SPECIALTY	0	3	3	\$0.00
NUCLEAR MEDICINE	14	5	239	\$10,977.98
NURSE ANESTHETIST	2,259	1,027	5,933	\$719,039.33
NURSE PRAC & PHYSICIAN ASSIST	3,026	655	6,821	\$444,254.84
OBSTETRICS	17	6	979	\$154,600.42
OBSTETRICS AND GYNECOLOGY	1,196	580	27,172	\$7,509,873.31
OCCUPATIONAL MEDICINE	5	2	146	\$12,106.88
OCCUPATIONAL THERAPIST	440	207	1,724	\$1,568,485.78
ONCOLOGY	261	125	2,049	\$2,151,947.45
OPHTHALMOLOGY	657	276	5,553	\$468,091.27
OPTICIAN	33	13	4,143	\$179,844.54
OPTOMETRY	668	349	9,918	\$892,845.39
ORTHODONTICS	12	1	120	\$72,308.92
OSTEOPATHY	20	8	362	\$23,438.42

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

2nd Quarter SFY13 Paid

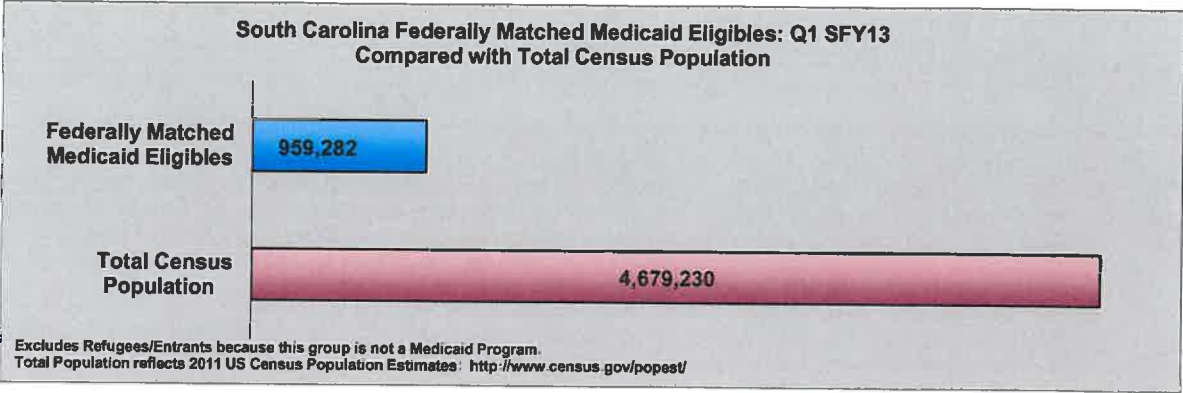
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1Q2 SFY13 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
OTORHINOLARYNGOLOGY	332	160	3,080	\$536,733.91
PATHOLOGY	275	129	5,179	\$340,741.64
PATHOLOGY, CLINICAL	149	31	688	\$44,333.59
PEDIATRIC SUB-SPECIALIST	314	289	8,358	\$6,050,626.58
PEDIATRICS	1,913	816	34,261	\$5,423,675.05
PEDIATRICS, ALLERGY	10	5	185	\$19,506.32
PEDIATRICS, CARDIOLOGY	92	19	537	\$83,786.26
PEDODONTICS	123	64	4,298	\$740,244.45
PHYS/OCCUP THERAPIST	826	247	1,516	\$1,189,614.26
PHYSICAL MEDICINE & REHAB	211	99	1,278	\$364,429.88
PODIATRY	173	38	93	\$12,742.30
PSYCHIATRY	634	233	5,422	\$473,536.57
PSYCHIATRY, CHILD	85	39	620	\$90,990.56
PSYCHOLOGIST	228	45	425	\$145,684.68
PULMONARY MEDICINE	390	177	2,301	\$531,984.02
PVT MENTAL HEALTH	97	52	2,440	\$6,663,198.24
RADIOLOGY	516	214	19,983	\$647,610.11
RADIOLOGY, DIAGNOSTIC	1,074	475	31,995	\$974,398.84
RADIOLOGY, THERAPEUTIC	100	41	444	\$509,558.56
RHEUMATOLOGY	102	50	529	\$309,165.80
RURAL HEALTH CLINICS (RHC)	120	109	22,708	\$2,425,906.90
SC CONTINUUM OF CARE	11	11	1,086	\$2,333,761.91
SC DEPT OF HEALTH & ENVIRO CTL	52	48	33,295	\$3,110,253.17
SC DEPT OF MENTAL HEALTH	68	90	13,900	\$10,193,980.26
SOCIAL WORKER	4	2	6	\$1,869.00
SPEECH THERAPIST	828	417	2,486	\$2,963,927.57
SURGERY, CARDIOVASCULAR	126	55	683	\$116,406.99
SURGERY, COLON AND RECTAL	47	19	91	\$24,866.97
SURGERY, GENERAL	970	401	6,392	\$1,337,145.21
SURGERY, NEUROLOGICAL	171	78	812	\$280,530.16
SURGERY, ORAL (DENTAL ONLY)	138	83	895	\$416,871.95
SURGERY, ORTHOPEDIC	888	378	4,522	\$887,603.45
SURGERY, PEDIATRIC	41	10	270	\$77,006.35
SURGERY, PLASTIC	148	49	351	\$155,909.92
SURGERY, THORACIC	108	36	268	\$90,291.41
SURGERY, UROLOGICAL	328	149	2,783	\$434,225.40
THERAPIST/MULTI SPECIALTY GRP	130	0	0	\$0.00
OTHER PROVIDER SPECIALTIES	13,084	6,003	228,983	\$673,391,295.45

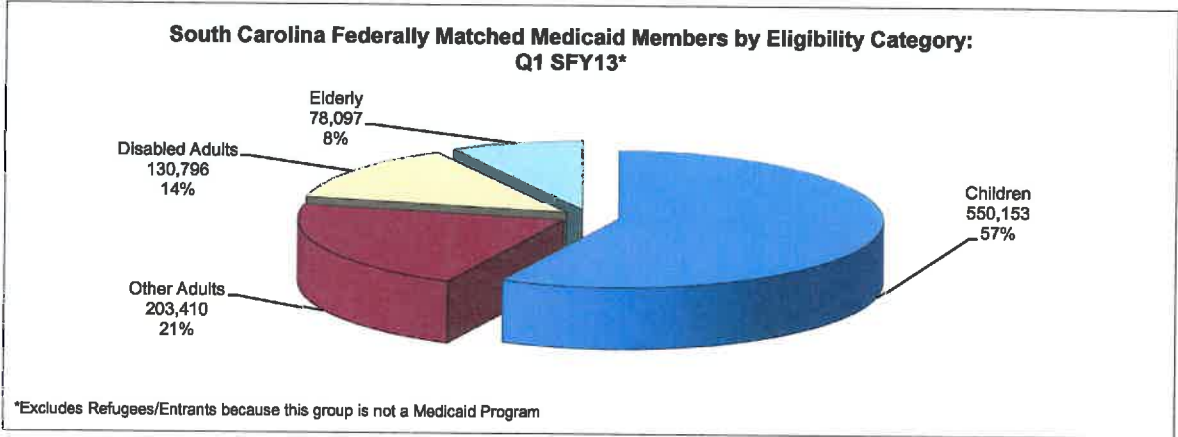
Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

**Statewide provider data including payments to specific providers can be found
on our Medicaid Transparency Website at
<http://www.scdhhs.gov/Transparency.asp>**

2nd Quarter SFY13 Paid



Federally Matched Medicaid Eligibles represent 20.5% of the Total Population



South Carolina Federally Matched Medicaid Members

Children = 57%
Non-Disabled Adults = 21%
Disabled Adults = 14%
Elderly = 8%

1st Quarter SFY13 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1 SFY13**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	36	34	1,195	\$946,453.15
ALLERGY AND IMMUNOLOGY	110	46	772	\$115,107.59
AMBULATORY SURGERY	86	66	675	\$205,410.59
ANESTHESIOLOGY	1,430	581	8,057	\$806,465.75
AUDIOLOGY	118	52	350	\$33,586.42
CARDIOVASCULAR DISEASES	775	371	8,944	\$394,852.46
CHIROPRACTIC	525	101	194	\$11,248.67
CLTC	27	23	1,389	\$920,169.53
CORF	1	1	98	\$80,445.46
DENTAL - ENDODONTIST	23	8	20	\$8,270.18
DENTAL - PERIODONTIST	6	1	6	\$580.45
DENTISTRY	1,443	667	10,423	\$1,815,915.99
DERMATOLOGY	199	64	735	\$70,017.55
DEVELOPMENTAL REHABILITATION	114	96	5,193	\$1,973,418.09
DIABETES EDUCATOR	47	15	75	\$4,624.18
EMERGENCY MEDICINE	1,820	803	18,669	\$1,841,703.05
ENDOCRINOLOGY AND METAB.	133	38	261	\$49,504.44
FAM PLAN, MATER & CHILD HEALTH	24	16	509	\$137,342.57
FAMILY PRACTICE	2,506	1,224	23,180	\$1,732,477.82
FED QUAL HEALTH CLINIC (FQHC)	73	64	13,399	\$1,747,590.33
GASTROENTEROLOGY	385	157	968	\$139,566.71
GENERAL PRACTICE	139	52	1,319	\$68,027.27
GERIATRICS	52	13	202	\$14,576.61
GYNECOLOGY	44	18	272	\$66,305.74
HEMATOLOGY	156	29	240	\$147,721.14
HOSPITAL PATHOLOGY	72	36	660	\$45,989.48
INFECTIOUS DISEASES	145	55	440	\$91,089.89
INTERNAL MEDICINE	2,774	1,125	11,875	\$2,125,283.43
LICENSED INDEPT SOCIAL WORKER	85	39	176	\$38,542.31
LICENSED MARRIAGE & FAM THERA	8	3	6	\$1,547.46
LICENSED PROFESSIONAL COUNSEL	207	83	415	\$106,995.30
MENTAL RETARDATION	53	52	9,915	\$58,421,364.55
MIDWIFE	132	58	615	\$81,503.10
MULTIPLE SPECIALTY GROUP	268	1	1	\$0.00
NEONATOLOGY	93	18	126	\$73,538.55
NEPHROLOGY/ESRD	430	247	2,238	\$1,216,121.01
NEUROLOGY	459	171	2,048	\$318,881.89
NO SPECIFIC MEDICAL SPECIALTY	0	2	2	\$0.00
NUCLEAR MEDICINE	14	5	111	\$5,185.80
NURSE ANESTHETIST	2,224	872	3,183	\$376,622.74
NURSE PRAC & PHYSICIAN ASSIST	2,887	503	3,645	\$219,594.05
OBSTETRICS	17	5	519	\$74,025.75
OBSTETRICS AND GYNECOLOGY	1,178	544	16,618	\$3,982,905.80
OCCUPATIONAL MEDICINE	5	2	64	\$4,880.88
OCCUPATIONAL THERAPIST	419	184	1,388	\$766,363.16
ONCOLOGY	255	109	1,364	\$1,184,206.17
OPHTHALMOLOGY	645	257	3,165	\$243,930.84
OPTICIAN	32	13	2,100	\$90,850.13
OPTOMETRY	659	322	4,870	\$410,875.50
ORTHODONTICS	10	1	85	\$37,684.00
OSTEOPATHY	18	8	199	\$13,961.41

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

1st Quarter SFY13 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina Q1 SFY13 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
OTORHINOLARYNGOLOGY	321	147	1,780	\$271,769.84
PATHOLOGY	275	120	2,902	\$181,258.29
PATHOLOGY, CLINICAL	138	25	383	\$24,048.83
PEDIATRIC SUB-SPECIALIST	312	275	4,946	\$2,915,489.92
PEDIATRICS	1,883	744	19,297	\$2,570,045.63
PEDIATRICS, ALLERGY	10	4	128	\$12,105.31
PEDIATRICS, RADIOLOGY	91	18	271	\$39,501.78
PEDODONTICS	120	80	2,167	\$354,296.75
PHYS/OCCUP THERAPIST	804	204	1,160	\$566,731.97
PHYSICAL MEDICINE & REHAB	204	75	781	\$194,199.90
PODIATRY	169	32	51	\$7,706.83
PSYCHIATRY	624	208	3,180	\$230,895.03
PSYCHIATRY, CHILD	85	38	420	\$50,041.72
PSYCHOLOGIST	223	40	241	\$71,296.85
PULMONARY MEDICINE	381	159	1,285	\$258,128.47
PVT MENTAL HEALTH	96	49	1,722	\$3,342,768.29
RADIOLOGY	503	194	10,746	\$340,225.42
RADIOLOGY, DIAGNOSTIC	1,041	428	17,623	\$484,831.08
RADIOLOGY, THERAPEUTIC	100	34	253	\$224,771.21
RHEUMATOLOGY	101	41	339	\$147,376.95
RURAL HEALTH CLINICS (RHC)	117	105	14,511	\$1,167,079.44
SC CONTINUUM OF CARE	11	11	943	\$1,249,087.41
SC DEPT OF HEALTH & ENVIRO CTL	52	48	20,603	\$1,533,355.65
SC DEPT OF MENTAL HEALTH	68	88	10,080	\$4,926,567.25
SOCIAL WORKER	4	2	6	\$784.66
SPEECH THERAPIST	804	379	1,974	\$1,483,881.69
SURGERY, CARDIOVASCULAR	121	48	373	\$57,853.47
SURGERY, COLON AND RECTAL	47	16	48	\$12,809.55
SURGERY, GENERAL	948	363	3,727	\$684,630.38
SURGERY, NEUROLOGICAL	164	68	473	\$150,955.58
SURGERY, ORAL (DENTAL ONLY)	137	75	474	\$204,282.24
SURGERY, ORTHOPEDIC	868	338	2,516	\$433,966.97
SURGERY, PEDIATRIC	40	6	153	\$35,199.12
SURGERY, PLASTIC	146	41	190	\$81,624.41
SURGERY, THORACIC	102	30	169	\$55,403.17
SURGERY, UROLOGICAL	325	139	1,669	\$252,988.42
THERAPIST/MULTI SPECIALTY GRP	126	0	0	\$0.00
OTHER PROVIDER SPECIALTIES	12,719	5,538	161,305	\$338,466,903.95

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

**Statewide provider data including payments to specific providers can be found
on our Medicaid Transparency Website at
<http://www.scdhhs.gov/Transparency.asp>**

1st Quarter SFY13 Paid