



DHHS Proviso Report

33.29 Medicaid Reporting (Quarter 1 FY 13-14)

The following is submitted as required by Proviso 33.29 of the SFY 2014 Appropriations Act

Within ninety days of the end of each quarter during the current fiscal year, 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 prominently displayed on the department's website.



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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 33.29 COST SAVINGS MEASUREMENT REPORT – Q1 SFY 2014 – 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 September 30, 2013 of SFY 2014 (Q1 SFY 2014) as required by Proviso 33.29.

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.

Table 1

**State of South Carolina
Department of Health and Human Services
Birth Outcome Initiatives – Q1 SFY 2014 Savings/(Cost) Analysis**

Savings Initiative	Projected Expenditures	Actual Expenditures	Savings/(Cost)
Delivery-related	\$ 44,033,000	\$ 43,889,000	\$ 144,000
NICU-related	\$ 18,772,000	\$ 17,950,000	\$ 822,000
Total	\$ 62,805,000	\$ 61,839,000	\$ 966,000

*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 Q1 SFY 2014		Actual Q1 SFY 2014		Estimated Incurred Savings/ (Cost)
	# of Deliveries	Total Paid Claims	# of Deliveries	Total Paid Claims	
<i>Inpatient Hospital</i>					
Cesarean Delivery	2,589	\$ 16,542,000	2,539	\$ 16,210,000	\$ 332,000
Vaginal Delivery	5,080	\$ 18,996,000	5,130	\$ 19,184,000	\$ (188,000)
Total Hospital	7,669	\$ 35,538,000	7,669	\$ 35,394,000	\$ 144,000
<i>Physician</i>					
Cesarean Delivery	2,589	\$ 2,721,000	2,539	\$ 2,666,000	\$ 55,000
Vaginal Delivery	5,080	\$ 5,774,000	5,130	\$ 5,829,000	\$ (55,000)
Total Physician	7,669	\$ 8,495,000	7,669	\$ 8,495,000	\$ 0
Grand Total	7,669	\$ 44,033,000	7,669	\$ 43,889,000	\$ 144,000

*Note: Expenditure values rounded to the nearest thousand.

Table 4

**State of South Carolina
 Department of Health and Human Services
 Comparison of Base Period to Measurement Period Data – Non-Normal Newborn NICU Admits**

	Q2-Q4 SFY 2012	Q1 SFY 2014	Change
Average paid per admit	\$ 2,152.48	\$ 2,058.25	(4.4%)
NICU admits as a % of Total Births	11.1%	10.8%	(0.3%)

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 the base period of SFYs 2011 & 2012, and the Q1 SFY 2014 measurement period. Only maternity cases that included both a hospital claim and a physician claim were used in the analysis.

- 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, 633, 634, 636, 639, 640

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.

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 APR-DRGs reported directly by the MCO, when available, for Q3 SFY 2012 through Q1 SFY 2014 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 October 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 1 summarizes the SFY 2011 and estimated SFY 2012 incurred NICU admit and hospital expenditure experience by DRG. Enclosure 2 summarizes the base period Q2 through Q4 SFY 2012, where the cost per admit per DRG is used to estimate savings in Q1 SFY 2014.

To estimate Q1 SFY 2014 NICU savings, the base period DRG distribution and reimbursement per admit were applied to the estimated total actual incurred Q1 SFY 2014 deliveries to develop projected Q1 SFY 2014 NICU admit expenditures. Projected Q1 SFY 2014 expenditures were compared to the actual distribution of expenditures for each quarter, with completion, to estimate incurred savings. Enclosure 3 summarizes the savings estimate for Q1 SFY 2014. Please note that paid expenditures for Q1 SFY 2014 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.



Ms. Beth Hutto
February 24, 2014
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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

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

	SFY 2011			SFY 2012		
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid
385	327	\$ 11,975.54	\$ 3,916,000	86	\$ 9,832.22	\$ 846,000
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	2,075	\$ 1,607.23	\$ 3,335,000	479	\$ 1,508.84	\$ 723,000
391	9,278	\$ 928.54	\$ 8,615,000	2,042	\$ 808.19	\$ 1,650,000
580	6	\$ 4,666.67	\$ 28,000	17	\$ 3,858.74	\$ 66,000
581	346	\$ 2,294.80	\$ 794,000	465	\$ 1,906.99	\$ 887,000
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	1,085	\$ 1,877.22	\$ 2,037,000
630	161	\$ 8,496.89	\$ 1,368,000	276	\$ 6,932.65	\$ 1,913,000
631	11	\$ 131,909.09	\$ 1,451,000	14	\$ 144,885.60	\$ 2,028,000
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	265	\$ 26,238.94	\$ 6,953,000
639	149	\$ 10,436.24	\$ 1,555,000	143	\$ 9,482.45	\$ 1,356,000
640	318	\$ 7,078.62	\$ 2,251,000	546	\$ 5,448.08	\$ 2,975,000
640	16,746	\$ 1,136.81	\$ 19,037,000	25,232	\$ 1,111.59	\$ 28,048,000
Total	32,284	\$ 2,244.11	\$ 72,449,000	32,545	\$ 2,166.75	\$ 70,517,000

*Note: values rounded to the nearest thousand.

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

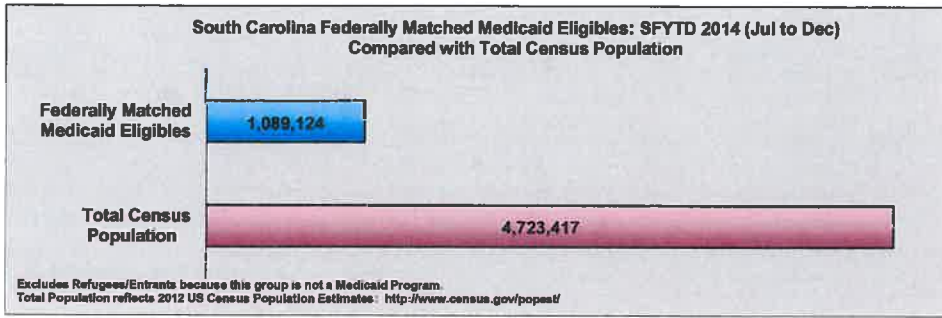
		Base Period Q2 SFY 2012 - Q4 SFY 2012 - completed	
		# of admits	Total Paid
580	Neonate, transferred <5 days old, not born here	17	\$ 3,858.74
581	Neonate, transferred <5 days old, born here	374	\$ 1,577.89
583	Neonate w/ ECMO	8	\$ 180,612.63
621	Neonate Bwt 2000-2499g w/ Major Anomaly	39	\$ 22,094.89
622	Neonate Bwt 2000-2499g w/ Resp Dist Synd/Oth Maj Resp Cond	105	\$ 20,515.50
623	Neonate birthwt 2000-2499g w congenital/perinatal infection	29	\$ 16,361.92
625	Neonate Bwt 2000-2499g w/ Other Significant Condition	134	\$ 13,947.46
626	Neonate Bwt 2000-2499g, Normal Newborn	945	\$ 1,830.41
626	Neonate Bwt 2000-2499g, Neonate w/ Other Problem	226	\$ 6,826.20
630	Neonate birthwt >2499g w congenital/perinatal infection	12	\$ 158,561.81
631	Neonate Birthwt >2499g w/ Other Major Procedure	45	\$ 67,131.78
633	Neonate Birthwt >2499g w/ Major Anomaly	270	\$ 13,087.28
634	Neonate, Birthwt >2499g w/ Resp Dist Synd/Oth Maj Resp Cond	211	\$ 24,375.78
636	Neonate Birthwt >2499g w/ Congenital/Perinatal Infection	102	\$ 8,579.08
639	Neonate Birthwt >2499g w/ Other Significant Condition	423	\$ 5,149.39
640	Neonate Birthwt >2499g, Normal Newborn	20,235	\$ 1,101.17
640	Neonate Birthwt >2499g, Neonate w/ Other Problem	658	\$ 2,479.29
Total		23,833	\$ 2,152.48
			\$ 51,300,000

*Note: values rounded to the nearest thousand.

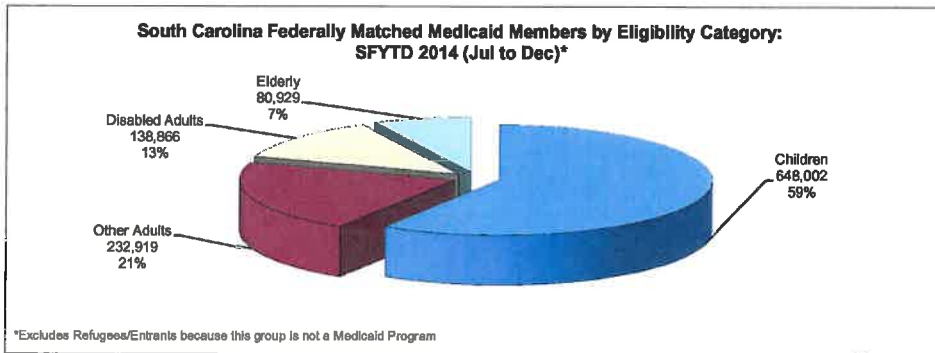
State of South Carolina
 Department of Health & Human Services
 Q1 SFY 2014 Estimate Savings - NICU Admissions

	Projected Q1 SFY 2014		Actual Q1 SFY 2014		Savings/(Cost) Incurred		
	# of admits	Cost per admit	Total Paid	Total Paid			
580 Neonate, transferred <5 days old, not born here	6	\$ 3,858.74	\$ 24,000	4	\$ 3,858.74	\$ 15,000	\$ 9,000
581 Neonate, transferred <5 days old, born here	137	\$ 1,577.89	\$ 216,000	146	\$ 1,577.89	\$ 230,000	\$ (14,000)
583 Neonate w/ ECOMO	3	\$ 180,612.63	\$ 529,000	3	\$ 180,612.63	\$ 542,000	\$ (13,000)
621 Neonate Bwt 2000-2499g w/ Major Anomaly	14	\$ 22,094.89	\$ 315,000	12	\$ 22,094.89	\$ 265,000	\$ 50,000
622 Neonate Bwt 2000-2499g w/ Resp Dist Synd/Oth Maj Resp Cond	38	\$ 20,515.50	\$ 788,000	31	\$ 20,515.50	\$ 636,000	\$ 152,000
623 Neonate birthwt 2000-2499g w congenital/perinatal infection	11	\$ 16,361.92	\$ 174,000	6	\$ 16,361.92	\$ 98,000	\$ 76,000
625 Neonate Bwt 2000-2499g w/ Other Significant Condition	49	\$ 13,947.46	\$ 684,000	56	\$ 13,947.46	\$ 781,000	\$ (97,000)
626 Neonate Bwt 2000-2499g, Normal Newborn	346	\$ 1,830.41	\$ 633,000	267	\$ 1,830.41	\$ 489,000	\$ 144,000
626 Neonate birthwt >2499g, Neonate w/ Other Problem	83	\$ 6,826.20	\$ 565,000	87	\$ 6,826.20	\$ 594,000	\$ (29,000)
630 Neonate birthwt >2499g w congenital/perinatal infection	4	\$ 158,561.81	\$ 696,000	4	\$ 158,561.81	\$ 634,000	\$ 62,000
631 Neonate Birthwt >2499g w/ Other Major Procedure	16	\$ 67,131.78	\$ 1,105,000	13	\$ 67,131.78	\$ 873,000	\$ 232,000
633 Neonate Birthwt >2499g w/ Major Anomaly	99	\$ 13,087.28	\$ 1,293,000	83	\$ 13,087.28	\$ 1,086,000	\$ 207,000
634 Neonate, Birthwt >2499g w/ Resp Dist Synd/Oth Maj Resp Cond	77	\$ 24,375.78	\$ 1,882,000	67	\$ 24,375.78	\$ 1,633,000	\$ 249,000
636 Neonate Birthwt >2499g w/ Congenital/Perinatal Infection	37	\$ 8,579.08	\$ 320,000	50	\$ 8,579.08	\$ 429,000	\$ (109,000)
639 Neonate Birthwt >2499g w/ Other Significant Condition	155	\$ 5,149.39	\$ 797,000	161	\$ 5,149.39	\$ 829,000	\$ (32,000)
640 Neonate Birthwt >2499g, Normal Newborn	7,404	\$ 1,101.17	\$ 8,154,000	7,511	\$ 1,101.17	\$ 8,271,000	\$ (117,000)
640 Neonate Birthwt >2499g, Neonate w/ Other Problem	241	\$ 2,479.29	\$ 597,000	220	\$ 2,479.29	\$ 545,000	\$ 52,000
Total	8,721	\$ 2,152.51	\$ 18,772,000	8,721	\$ 2,058.25	\$ 17,950,000	\$ 822,000

*Note: values rounded to the nearest thousand.



Federally Matched Medicaid Eligibles represent 23.1% of the Total Population



South Carolina Federally Matched Medicaid Members

Children = 59%
Non-Disabled Adults = 21%
Disabled Adults = 13%
Elderly = 7%

SFYTD 2014 (Jul to Dec)

**Total Medicaid Enrolled Providers by Provider Specialty
South Carolina SFYTD 2014 (Jul to Dec)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	36	35	1,998	\$1,734,711.14
ALLERGY AND IMMUNOLOGY	111	54	1,549	\$258,423.60
AMBULATORY SURGERY	80	64	1,252	\$391,885.59
ANESTHESIOLOGY	1,585	643	14,028	\$1,560,925.51
AUDIOLOGY	136	55	622	\$86,000.40
CARDIOVASCULAR DISEASES	634	398	16,927	\$955,916.77
CHIROPRACTIC	556	106	262	\$16,570.17
CLTC	26	23	1,540	\$1,652,086.15
CORF	1	1	125	\$123,750.37
DENTAL - ENDODONTIST	32	14	103	\$36,599.16
DENTAL - PERIODONTIST	10	2	3	\$246.83
DENTISTRY	1,580	772	21,678	\$4,196,350.59
DERMATOLOGY	220	89	1,465	\$142,969.69
DEVELOPMENTAL REHABILITATION	111	101	13,488	\$5,334,916.42
DIABETES EDUCATOR	50	14	75	\$3,409.04
EMERGENCY MEDICINE	2,049	948	50,405	\$4,213,752.51
ENDOCRINOLOGY AND METAB.	155	47	893	\$96,049.14
FAM PLAN, MATER & CHILD HEALTH	24	14	1,008	\$262,990.35
FAMILY PRACTICE	2,733	1,441	74,063	\$6,907,766.79
FED QUAL HEALTH CLINIC (FQHC)	113	15	378	-\$11,085.06
GASTROENTEROLOGY	411	174	2,965	\$336,326.48
GENERAL PRACTICE	151	64	3,078	\$217,561.21
GERIATRICS	81	19	573	\$45,581.62
GYNECOLOGY	46	20	483	\$118,049.33
HEMATOLOGY	177	46	500	\$189,576.80
HOSPITAL PATHOLOGY	78	38	1,165	\$80,346.42
INFECTIOUS DISEASES	158	60	1,326	\$221,515.20
INTERNAL MEDICINE	3,157	1,478	34,593	\$5,087,339.49
LICENSED INDEPT SOCIAL WORKER	167	67	561	\$127,064.85
LICENSED MARRIAGE & FAM THERA	16	5	22	\$22,091.78
LICENSED PROFESSIONAL COUNSEL	321	105	520	\$253,884.01
MENTAL RETARDATION	53	27	9,038	\$132,581,789.36
MIDWIFE	147	66	1,701	\$263,275.00
MULTIPLE SPECIALTY GROUP	338	1	3	\$0.00
NEONATOLOGY	109	32	534	\$398,986.45
NEPHROLOGY/ESRD	457	269	3,476	\$2,258,637.31
NEUROLOGY	507	201	4,084	\$741,327.57
NEUROPATHOLOGY	2	0	0	\$0.00
NO SPECIFIC MEDICAL SPECIALTY	0	16	15	\$0.00
NUCLEAR MEDICINE	17	7	398	\$18,575.35
NURSE ANESTHETIST	2,454	1,099	5,980	\$782,901.53
NURSE PRAC & PHYSICIAN ASSIST	3,799	1,218	24,348	\$2,020,266.30
OBSTETRICS	18	6	1,126	\$164,803.84
OBSTETRICS AND GYNECOLOGY	1,287	570	26,406	\$6,898,535.28
OCCUPATIONAL MEDICINE	5	2	145	\$9,622.63
OCCUPATIONAL THERAPIST	521	209	1,900	\$1,807,899.59
ONCOLOGY	283	121	2,656	\$2,261,582.69
OPHTHALMOLOGY	705	265	5,907	\$528,188.58
OPTICIAN	34	15	5,185	\$224,717.55
OPTOMETRY	709	348	10,006	\$907,489.06

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

SFYTD 2014 (Jul to Dec)

**Total Medicaid Enrolled Providers by Provider Specialty
South Carolina SFYTD 2014 (Jul to Dec) (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ORTHODONTICS	18	1	127	\$68,897.41
OSTEOPATHY	28	13	597	\$30,904.26
OTORHINOLARYNGOLOGY	354	150	2,955	\$503,562.71
PATHOLOGY	309	133	4,850	\$317,949.48
PATHOLOGY, CLINICAL	155	37	792	\$46,103.04
PEDIATRIC SUB-SPECIALIST	353	310	6,623	\$5,939,076.98
PEDIATRICS	2,072	965	52,810	\$9,951,679.71
PEDIATRICS, ALLERGY	15	4	254	\$24,479.29
PEDIATRICS, CARDIOLOGY	111	16	215	\$49,574.64
PODODONTICS	131	68	4,804	\$846,484.33
PHYS/OCCUP THERAPIST	917	242	1,529	\$1,270,552.86

PHYSICAL MEDICINE & REHAB	235	109	1,447	\$341,091.54
PHYSICIAN ASST (ENC DATA ONLY)	0	0	0	\$0.00
PODIATRY	180	40	108	\$13,114.28
PSYCHIATRY	708	218	4,099	\$397,313.02
PSYCHIATRY, CHILD	91	28	340	\$54,557.20
PSYCHOLOGIST	262	40	271	\$99,973.98
PULMONARY MEDICINE	421	177	3,316	\$872,987.00
PVT MENTAL HEALTH	119	44	2,247	\$5,842,010.98
RADIOLOGY	551	204	20,009	\$888,983.48
RADIOLOGY, DIAGNOSTIC	1,183	468	32,289	\$1,055,243.09
RADIOLOGY, THERAPEUTIC	103	38	483	\$534,275.49
RHEUMATOLOGY	109	50	845	\$273,766.89
RURAL HEALTH CLINICS (RHC)	126	19	82	\$948.42
SC CONTINUUM OF CARE	11	11	543	\$807,708.10
SC DEPT OF HEALTH & ENVIRO CTL	52	48	32,199	\$3,069,980.39
SC DEPT OF MENTAL HEALTH	68	56	14,527	\$12,584,245.17
SOCIAL WORKER	4	2	5	\$1,547.98
SPEECH THERAPIST	949	429	2,518	\$3,116,500.95
SUPPLIER (DME)	0	0	0	\$0.00
SURGERY, CARDIOVASCULAR	132	52	692	\$124,234.29
SURGERY, COLON AND RECTAL	49	17	70	\$22,424.74
SURGERY, GENERAL	1,064	419	6,506	\$1,202,570.95
SURGERY, NEUROLOGICAL	185	79	925	\$340,430.00
SURGERY, ORAL (DENTAL ONLY)	142	85	1,018	\$499,967.91
SURGERY, ORTHOPEDIC	955	401	4,859	\$883,289.48
SURGERY, PEDIATRIC	48	9	330	\$88,044.18
SURGERY, PLASTIC	185	55	371	\$162,650.82
SURGERY, THORACIC	118	35	285	\$125,002.03
SURGERY, UROLOGICAL	364	153	2,768	\$448,019.19
THERAPIST/MULTI SPECIALTY GRP	142	0	0	\$0.00
OTHER PROVIDER SPECIALITIES	14,027	6,240	221,755	\$734,764,762.44

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

SFYTD 2014 (Jul to Dec)

State Average Number of Emergency Visits by Age Group

Age	Total ER Visits	Avg ER Visits per Recipient
Age 0-18	221,846	1.38
Age 19-64	236,806	2.00
Age 65 and over	23,732	1.18

State Average Number of Inpatient Hospital Stays by Age Group

Age	Total Admits	Avg Admits per Recipient
Age 0-18	28,006	1.11
Age 19-64	36,113	1.25
Age 65 and over	7,729	1.14

State Top 10 Inpatient Clinical Conditions by Age Group

Clinical Condition	Admits Acute				Avg Admits per Recipient			
	Age 0-18	Age 19-64	Age 65 +	Unique Count	Age 0-18	Age 19-64	Age 65 +	Agg Total
Newborns, w/w Complication	16,398	1	0	16,397	1.02	1.00	0.00	1.02
Pregnancy w Vaginal Delivery	904	9,120	0	10,024	1.01	1.00	0.00	1.00
Pregnancy w Cesarean Section	249	4,815	0	5,164	1.00	1.00	0.00	1.00
Pneumonia, Bacterial	280	1,051	654	1,985	1.03	1.11	1.03	1.07
Diabetes	170	1,208	279	1,655	1.20	1.37	1.02	1.28
Pregnancy w Compl or Abortion	105	1,273	0	1,378	1.07	1.15	0.00	1.14
Condition Rel to Tx - Med/Surg	125	908	150	1,181	1.19	1.14	1.02	1.13
Cerebrovascular Disease	8	642	438	1,088	1.14	1.08	1.05	1.08
Hematologic Disord, Congenital	358	721	4	1,083	1.30	2.27	1.00	1.81
Coronary Artery Disease	0	734	340	1,074	0.00	1.10	1.03	1.08

State Top 10 ER Visit Clinical Conditions by Age Group

Clinical Condition	Total ER Visits				Avg ER Visits per Recipient			
	Age 0-18	Age 19-64	Age 65 +	Unique Count	Age 0-18	Age 19-64	Age 65 +	Agg Total
Infections - ENT Ex Otitis Med	28,332	8,398	302	37,030	1.00	0.97	0.80	0.99
Gastroint Disord, NEC	14,251	16,905	1,184	32,340	0.78	0.84	0.52	0.79
Signs/Symptoms/Oth Cond, NEC	17,827	12,511	1,920	32,258	0.70	0.74	0.50	0.70
Pregnancy w Compl or Abortion	2,401	21,016	0	23,417	1.30	1.33	0.00	1.33
Injury - Musculoskeletal, NEC	13,069	8,650	814	22,533	0.72	0.72	0.67	0.72
Infections - Respiratory, NEC	12,839	6,128	672	19,639	0.69	0.72	0.60	0.70
Infec/Inflam - Skin/Subou Ties	10,371	8,708	515	19,594	0.98	1.04	0.78	1.00
Injury, NEC	13,066	3,468	420	16,952	0.65	0.69	0.57	0.80
Otitis Media	13,175	1,049	29	14,253	1.00	0.94	1.00	1.00
Spinal/Back Disord, Low Back	1,723	11,278	705	13,704	0.75	1.05	0.82	0.99

SFYTD 2014 (Jul to Dec)