



ENCLOSURE 3

BLUE CHOICE HEALTH PLAN

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**State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Capitation Rate Calculation Sheet (CRCS)**

MCO Name: Bluechoice Healthplan
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: TANF Composite

**Member Months In The Reporting
Quarters:**

618,202

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	11,879	\$ 18,196,825	\$ 0	230.6	\$ 1,531.85	\$ 29.44
I/P Well Newborn	Days	8,305	3,852,262	-	161.2	463.85	6.23
Mental Health / Substance Abuse	Days	786	564,374	-	15.3	718.03	0.91
Other Inpatient	Days	641	1,061,346	-	12.4	1,655.77	1.72
Outpatient Hospital							
Surgery	Encounters	2,411	4,399,381	-	46.8	1,824.71	7.12
Non-Surg - Emergency Room	Encounters	39,187	11,353,962	-	760.7	289.74	18.37
Non-Surg - Other	Encounters	13,828	1,370,749	-	268.4	99.13	2.22
Observation Room	Encounters	53	25,950	-	1.0	489.61	0.04
Treatment/Therapy/Testing	Encounters	18,532	4,350,720	-	359.7	234.77	7.04
Other Outpatient	Encounters	462	130,666	-	9.0	282.83	0.21
Pharmacy							
Prescription Drugs	Scripts	375,502	17,926,146	-	7,288.9	47.74	29.00
Ancillaries							
Ambulance	Claim Lines	5,090	497,173	-	98.8	97.68	0.80
Prosthetic/DME	Units	89,442	1,225,811	-	1,736.2	13.71	1.98
Other Ancillaries	Units	1,165	95,433	-	22.6	81.92	0.15
Physician							
Surgery - I/P and O/P	Units	18,932	2,682,469	442	367.5	141.69	4.34
Surgery - I/P and O/P - Anesthesia	Claim Lines	6,753	692,078	-	131.1	102.48	1.12
Maternity - Non-Delivery	Units	1,206	74,348	-	23.4	61.65	0.12
Hospital Visits	Units	26,024	3,092,598	-	505.2	118.84	5.00
Office Visits	Units	162,001	8,952,556	13,153	3,144.6	55.26	14.50
ER Visits	Units	40,071	2,648,229	-	777.8	66.09	4.28
Immunizations	Units	72,496	841,018	-	1,407.2	11.60	1.36
Radiology	Units	46,122	1,531,513	167	895.3	33.21	2.48
Pathology	Units	179,467	2,397,723	-	3,483.7	13.36	3.88
Mental Health / Substance Abuse	Units	9,432	611,769	-	183.1	64.86	0.99
Other Professional	Units	448,235	9,317,123	254,014	8,700.7	20.79	15.48
SUM OF COVERED SERVICES		1,578,022	\$ 97,892,222	\$ 267,776	30,631.2	N/A	\$ 158.78

617,026

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM	
Days	11,562	\$ 17,181,280	224.9	\$ 1,486.01	\$ 27.85	
Days	7,919	3,651,316	154.0	461.08	5.92	
Days	745	545,187	14.5	731.79	0.88	
Days	1,398	1,800,968	27.2	1,288.25	2.92	
Encounters	2,399	4,381,260	46.7	1,826.29	7.10	
Encounters	38,844	11,262,473	755.4	289.94	18.25	
Encounters	13,940	1,383,130	271.1	99.22	2.24	
Encounters	58	27,085	1.1	466.98	0.04	
Encounters	18,959	4,532,025	368.7	239.04	7.34	
Encounters	690	154,296	13.4	223.62	0.25	
Scripts	376,675	17,576,424	7,325.6	46.66	28.49	
Line Items	5,285	495,656	102.8	93.79	0.80	
Units	85,123	1,192,788	1,655.5	14.01	1.93	
Units	1,266	115,172	24.6	90.97	0.19	
Units	18,807	2,628,253	365.8	139.75	4.26	
Line Items	6,816	683,445	132.6	100.27	1.11	
Units	1,631	93,993	31.7	57.63	0.15	
Units	25,378	2,886,034	493.6	113.72	4.68	
Units	162,755	8,973,363	3,165.3	55.13	14.54	
Units	39,905	2,633,843	776.1	66.00	4.27	
Units	72,386	838,353	1,407.8	11.58	1.36	
Units	46,089	1,529,390	896.3	33.18	2.48	
Units	179,618	2,373,353	3,493.2	13.21	3.85	
Units	6,369	707,363	123.9	111.06	1.15	
Units	445,624	9,469,629	8,666.6	21.25	15.35	
	1,570,241	\$ 97,116,079	30,538.2	N/A	\$ 157.39	

0.2%

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
		2.5%	5.7%
		4.7%	5.3%
		5.3%	3.3%
		(54.2%)	(41.2%)
		0.3%	0.2%
		0.7%	0.6%
		(1.0%)	(1.1%)
		(8.8%)	(4.4%)
		(2.4%)	(4.2%)
		(33.2%)	(15.5%)
		(0.5%)	1.8%
		(3.9%)	0.1%
		4.9%	2.6%
		(8.2%)	(17.3%)
		0.5%	1.9%
		(1.1%)	1.1%
		(26.2%)	(21.1%)
		2.4%	7.0%
		(0.7%)	(0.3%)
		0.2%	0.4%
		(0.0%)	0.1%
		(0.1%)	(0.0%)
		(0.3%)	0.8%
		47.8%	(13.7%)
		0.4%	0.9%
		0.3%	0.9%

**State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Capitation Rate Calculation Sheet (CRCS)**

MCO Name: Bluechoice Healthplan
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: OCWI

Member Months In The Reporting Quarters: 32,997

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	626	\$ 842,868	\$ 0	227.7	\$ 1,346.43	\$ 25.54
I/P Well Newborn	Days	-	-	-	-	-	-
Mental Health / Substance Abuse	Days	34	26,512	-	12.4	779.76	0.80
Other Inpatient	Days	53	121,103	-	19.3	2,284.97	3.67
Outpatient Hospital							
Surgery	Encounters	270	336,372	-	98.2	1,245.82	10.19
Non-Surg - Emergency Room	Encounters	4,278	1,335,058	-	1,555.8	312.08	40.46
Non-Surg - Other	Encounters	2,977	300,144	-	1,082.6	100.82	9.10
Observation Room	Encounters	32	6,287	-	11.6	196.46	0.19
Treatment/Therapy/Testing	Encounters	6,379	1,006,398	-	2,319.8	157.77	30.50
Other Outpatient	Encounters	138	20,089	-	50.2	145.57	0.61
Pharmacy							
Prescription Drugs	Scripts	32,151	887,610	-	11,692.3	27.61	26.90
Ancillaries							
Ambulance	Claim Lines	1,132	99,255	-	411.7	87.68	3.01
Prosthetic/DME	Units	2,489	57,908	-	905.2	23.27	1.75
Other Ancillaries	Units	1,571	178,241	-	571.3	113.46	5.40
Physician							
Surgery - I/P and O/P	Units	1,562	211,597	-	568.1	135.47	6.41
Surgery - I/P and O/P - Anesthesia	Claim Lines	780	78,062	-	283.7	100.08	2.37
Maternity - Non-Delivery	Units	5,332	298,286	-	1,939.1	55.94	9.04
Hospital Visits	Units	2,070	116,295	-	752.8	56.18	3.52
Office Visits	Units	32,180	1,452,238	361	11,702.9	45.14	44.02
ER Visits	Units	4,330	304,211	-	1,574.7	70.26	9.22
Immunizations	Units	715	5,802	-	260.0	8.11	0.18
Radiology	Units	12,080	927,601	-	4,393.1	76.79	28.11
Pathology	Units	45,104	662,101	-	16,402.9	14.68	20.07
Mental Health / Substance Abuse	Units	2,565	230,284	-	932.8	89.78	6.98
Other Professional	Units	45,071	492,454	1,414	16,390.9	10.96	14.97
SUM OF COVERED SERVICES		203,919	\$ 9,996,777	\$ 1,775	74,159.1	N/A	\$ 303.01

33,138

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1000	Cost per Unit	Service Cost PMPM	
Days	594	\$ 770,346	215.1	\$ 1,296.88	\$ 23.25	
Days	8	2,844	2.9	355.46	0.09	
Days	120	126,518	43.5	1,054.32	3.82	
Days	87	176,119	31.5	2,024.36	5.31	
Encounters	254	317,743	92.0	1,250.96	9.59	
Encounters	4,187	1,301,777	1,516.2	310.91	39.28	
Encounters	2,745	280,143	994.0	102.06	8.45	
Encounters	30	5,699	10.9	189.97	0.17	
Encounters	5,926	938,929	2,145.9	158.44	28.33	
Encounters	401	50,785	145.2	126.65	1.53	
Scripts	31,852	869,710	11,534.3	27.30	26.25	
Line Items	1,081	93,484	391.5	86.48	2.82	
Units	2,372	55,496	859.0	23.40	1.67	
Units	1,387	149,987	502.3	108.14	4.53	
Units	1,485	197,371	537.8	132.91	5.96	
Line Items	739	70,918	267.6	95.96	2.14	
Units	4,843	273,132	1,753.8	56.40	8.24	
Units	1,945	109,021	704.3	56.05	3.29	
Units	30,519	1,381,899	11,051.6	45.28	41.70	
Units	4,263	300,527	1,543.7	70.50	9.07	
Units	682	5,419	247.0	7.95	0.16	
Units	11,655	881,595	4,220.5	75.64	26.60	
Units	43,839	646,245	15,875.1	14.74	19.50	
Units	1,383	132,178	500.8	95.57	3.99	
Units	43,377	579,785	15,707.8	13.37	17.50	
	195,774	\$ 9,717,670	70,894.1	N/A	\$ 293.25	

(0.4%)

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
		5.8%	9.9%
		(100.0%)	(100.0%)
		(71.5%)	(79.0%)
		(38.8%)	(30.9%)
		6.8%	6.3%
		2.6%	3.0%
		8.9%	7.6%
		7.1%	10.8%
		8.1%	7.6%
		(65.4%)	(60.3%)
		1.4%	2.5%
		5.2%	6.6%
		5.4%	4.8%
		13.8%	19.3%
		5.6%	7.7%
		6.0%	10.5%
		10.6%	9.7%
		6.9%	7.1%
		5.9%	5.6%
		2.0%	1.7%
		5.3%	7.5%
		4.1%	5.7%
		3.3%	2.9%
		86.3%	75.0%
		4.3%	(14.5%)
		4.6%	3.3%

**State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Capitation Rate Calculation Sheet (CRCS)**

MCO Name: Bluechoice Healthplan
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: SSI and SSI Related

Member Months In The Reporting Quarters: 83,268

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	10,376	\$ 19,028,134	\$ 0	1,495.3	\$ 1,833.86	\$ 228.52
I/P Well Newborn	Days	-	-	-	-	-	-
Mental Health / Substance Abuse	Days	1,407	831,888	-	202.8	591.25	9.99
Other Inpatient	Days	372	430,427	-	53.6	1,157.06	5.17
Outpatient Hospital							
Surgery	Encounters	975	1,809,207	-	140.5	1,855.60	21.73
Non-Surg - Emergency Room	Encounters	10,459	3,861,733	-	1,507.3	369.23	46.38
Non-Surg - Other	Encounters	2,226	235,871	-	320.8	105.96	2.83
Observation Room	Encounters	13	5,409	-	1.9	416.10	0.06
Treatment/Therapy/Testing	Encounters	10,078	4,855,778	-	1,452.4	481.82	58.32
Other Outpatient	Encounters	190	134,560	-	27.4	708.21	1.62
Pharmacy							
Prescription Drugs	Scripts	206,553	14,814,444	-	29,767.0	71.72	177.91
Ancillaries							
Ambulance	Claim Lines	7,326	649,073	-	1,055.8	88.60	7.79
Prosthetic/DME	Units	192,709	1,487,139	-	27,771.9	7.72	17.86
Other Ancillaries	Units	2,180	166,417	-	314.2	76.34	2.00
Physician							
Surgery - I/P and O/P	Units	8,557	1,410,246	-	1,233.2	164.81	16.94
Surgery - I/P and O/P - Anesthesia	Claim Lines	2,971	350,879	-	428.2	118.10	4.21
Maternity - Non-Delivery	Units	121	4,799	-	17.4	39.66	0.06
Hospital Visits	Units	17,423	1,254,397	-	2,510.9	72.00	15.06
Office Visits	Units	36,039	1,993,921	6,272	5,193.7	55.50	24.02
ER Visits	Units	12,344	1,033,023	-	1,778.9	83.69	12.41
Immunizations	Units	2,541	32,329	-	366.2	12.72	0.39
Radiology	Units	24,502	941,522	115	3,531.1	38.43	11.31
Pathology	Units	75,416	1,116,764	-	10,868.4	14.81	13.41
Mental Health / Substance Abuse	Units	3,007	131,648	-	433.3	43.78	1.58
Other Professional	Units	311,072	4,501,948	6,667	44,829.5	14.49	54.15
SUM OF COVERED SERVICES		938,857	\$ 61,081,558	\$ 13,054	135,301.5	N/A	\$ 733.71

83,990

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1000	Cost per Unit	Service Cost PMPM	
Days	10,485	\$ 19,746,717	1,498.0	\$ 1,883.33	\$ 235.11	
Days	-	-	-	-	-	
Days	1,420	845,623	202.9	595.51	10.07	
Days	450	475,854	64.3	1,057.45	5.67	
Encounters	1,020	1,873,418	145.7	1,836.68	22.31	
Encounters	10,575	3,938,450	1,510.9	372.43	46.89	
Encounters	2,278	241,210	325.5	105.89	2.87	
Encounters	13	4,413	1.9	339.46	0.05	
Encounters	10,705	5,149,734	1,529.5	481.06	61.31	
Encounters	193	105,643	27.6	547.37	1.26	
Scripts	207,735	14,531,804	29,680.0	69.95	173.02	
Line Items	7,541	662,197	1,077.4	87.81	7.88	
Units	197,855	1,535,371	28,268.4	7.76	18.28	
Units	2,250	172,476	321.5	76.66	2.05	
Units	8,794	1,452,776	1,256.4	165.20	17.30	
Line Items	3,174	366,747	453.5	115.55	4.37	
Units	135	5,802	19.3	42.98	0.07	
Units	18,315	1,414,125	2,616.7	77.21	16.84	
Units	36,944	2,042,620	5,278.3	55.29	24.32	
Units	12,565	1,050,570	1,795.2	83.61	12.51	
Units	2,691	34,269	384.5	12.73	0.41	
Units	25,356	971,968	3,622.7	38.33	11.57	
Units	77,011	1,152,488	11,002.9	14.97	13.72	
Units	1,600	133,251	228.6	83.28	1.59	
Units	323,653	4,621,365	46,241.7	14.28	55.02	
	962,758	\$ 62,528,890	137,553.4	N/A	\$ 744.48	

(0.9%)

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
Days		(0.2%)	(2.8%)
Days		0.0%	0.0%
Days		(0.1%)	(0.8%)
Days		(16.6%)	(8.8%)
Encounters		(3.6%)	(2.6%)
Encounters		(0.2%)	(1.1%)
Encounters		(1.4%)	(1.4%)
Encounters		0.9%	23.6%
Encounters		(5.0%)	(4.9%)
Encounters		(0.7%)	28.5%
Scripts		0.3%	2.8%
Line Items		(2.0%)	(1.1%)
Units		(1.8%)	(2.3%)
Units		(2.3%)	(2.7%)
Units		(1.9%)	(2.1%)
Line Items		(5.6%)	(3.5%)
Units		(9.6%)	(16.6%)
Units		(4.0%)	(10.5%)
Units		(1.6%)	(1.2%)
Units		(0.9%)	(0.8%)
Units		(4.8%)	(4.8%)
Units		(2.5%)	(2.3%)
Units		(1.2%)	(2.3%)
Units		89.6%	(0.3%)
Units		(3.1%)	(1.6%)
		(1.6%)	(1.4%)

**State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Capitation Rate Calculation Sheet (CRCS)**

MCO Name: Bluechoice Healthplan
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: Maternity

Number of Deliveries for the Reporting Quarters: 3,670

Encounter Data

		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Util per 1,000 Deliveries	Cost per Unit	Service Cost per Delivery
Inpatient Hospital							
Inpatient Maternity Delivery	Days	9,796	\$ 14,220,221	\$ 0	2,669.2	\$ 1,451.64	\$ 3,874.72
Outpatient Hospital							
Outpatient Hospital - Maternity	Encounters	-	-	-	-	-	-
Physician							
Maternity – Delivery	Units	3,889	4,041,389	-	1,059.7	1,039.18	1,101.20
Maternity – Delivery - Anesthesia	Claim Lines	5,903	1,519,235	-	1,608.4	257.37	413.96
SUM OF COVERED SERVICES		19,588	\$ 19,780,846	\$ 0	5,337.3	N/A	\$ 5,389.88

3,915

Plan Reported

	A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per Delivery	Cost per Unit	Service Cost per Delivery
Days	9,620	\$ 14,019,874	2,457.2	\$ 1,457.37	\$ 3,581.07
Cases	-	-	-	-	-
Cases	3,915	3,997,865	1,000.0	\$ 1,021.17	\$ 1,021.17
Procedures	5,834	1,495,704	1,490.2	\$ 256.38	\$ 382.04
	19,369	\$ 19,513,443	4,947.4	N/A	\$ 4,984.28

(6.3%)

Difference

C	E
Annual Util per 1,000 Deliveries	Service Cost per Delivery
8.6%	8.2%
0.0%	0.0%
6.0%	7.8%
7.9%	8.4%
7.9%	8.1%

**State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Capitation Rate Calculation Sheet (CRCS)**

MCO Name: Bluechoice Healthplan
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: Composite

**Member Months In The Reporting
Quarters:**

734,467

734,154

0.0%

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	22,881	\$ 38,067,827	\$ 0	373.8	\$ 1,663.73	\$ 51.83
I/P Well Newborn	Days	8,305	3,852,262	-	135.7	463.85	5.24
Mental Health / Substance Abuse	Days	2,227	1,422,774	-	36.4	638.87	1.94
Other Inpatient	Days	1,066	1,612,877	-	17.4	1,513.02	2.20
Outpatient Hospital							
Surgery	Encounters	3,656	6,544,960	-	59.7	1,790.20	8.91
Non-Surg - Emergency Room	Encounters	53,924	16,550,754	-	881.0	306.93	22.53
Non-Surg - Other	Encounters	19,031	1,906,765	-	310.9	100.19	2.60
Observation Room	Encounters	98	37,646	-	1.6	384.14	0.05
Treatment/Therapy/Testing	Encounters	34,989	10,212,895	-	571.7	291.89	13.91
Other Outpatient	Encounters	790	285,315	-	12.9	361.16	0.39
Pharmacy							
Prescription Drugs	Scripts	614,206	33,628,201	-	10,035.1	54.75	45.79
Ancillaries							
Ambulance	Claim Lines	13,548	1,245,501	-	221.4	91.93	1.70
Prosthetic/DME	Units	284,640	2,770,859	-	4,650.6	9.73	3.77
Other Ancillaries	Units	4,916	440,092	-	80.3	89.52	0.60
Physician							
Surgery - I/P and O/P	Units	29,051	4,304,312	442	474.6	148.16	5.86
Surgery - I/P and O/P - Anesthesia	Claim Lines	10,504	1,121,019	-	171.6	106.72	1.53
Maternity - Non-Delivery	Units	6,659	377,432	-	108.8	56.68	0.51
Hospital Visits	Units	45,517	4,463,290	-	743.7	98.06	6.08
Office Visits	Units	230,220	12,398,715	19,786	3,761.4	53.86	16.91
ER Visits	Units	56,745	3,985,464	-	927.1	70.23	5.43
Immunizations	Units	75,752	879,150	-	1,237.7	11.61	1.20
Radiology	Units	82,704	3,400,636	282	1,351.2	41.12	4.63
Pathology	Units	299,987	4,176,588	-	4,901.3	13.92	5.69
Mental Health / Substance Abuse	Units	15,004	973,701	-	245.1	64.90	1.33
Other Professional	Units	804,378	14,311,525	262,094	13,142.2	17.79	19.84
SUM OF COVERED SERVICES		2,720,798	\$ 168,970,557	\$ 282,604	44,453.4	N/A	\$ 230.44

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM	
Days	22,641	\$ 37,698,343	370.1	\$ 1,665.05	\$ 51.35	
Days	7,927	3,654,160	129.6	460.98	4.98	
Days	2,285	1,517,328	37.3	664.04	2.07	
Days	1,935	2,452,941	31.6	1,267.67	3.34	
Encounters	3,673	6,572,422	60.0	1,789.39	8.95	
Encounters	53,606	16,502,701	876.2	307.85	22.48	
Encounters	18,963	1,904,483	310.0	100.43	2.59	
Encounters	101	37,197	1.7	368.28	0.05	
Encounters	35,590	10,620,689	581.7	298.42	14.47	
Encounters	1,284	310,724	21.0	242.00	0.42	
Scripts	616,262	32,977,938	10,073.0	53.51	44.92	
Line Items	13,907	1,251,337	227.3	89.98	1.70	
Units	285,350	2,783,655	4,664.1	9.76	3.79	
Units	4,903	437,634	80.1	89.26	0.60	
Units	29,086	4,278,400	475.4	147.09	5.83	
Line Items	10,729	1,121,109	175.4	104.49	1.53	
Units	6,609	372,927	108.0	56.43	0.51	
Units	45,638	4,409,180	746.0	96.61	6.01	
Units	230,218	12,397,882	3,763.0	53.85	16.89	
Units	56,733	3,984,939	927.3	70.24	5.43	
Units	75,759	878,041	1,238.3	11.59	1.20	
Units	83,100	3,382,954	1,358.3	40.71	4.61	
Units	300,468	4,172,086	4,911.3	13.89	5.68	
Units	9,352	972,792	152.9	104.02	1.33	
Units	812,654	14,670,779	13,283.1	18.05	19.98	
	2,728,773	\$ 169,362,640	44,602.7	N/A	\$ 230.69	

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
Days		1.0%	0.9%
Days		4.7%	5.4%
Days		(2.6%)	(6.3%)
Days		(44.9%)	(34.3%)
Encounters		(0.5%)	(0.5%)
Encounters		0.6%	0.2%
Encounters		0.3%	0.1%
Encounters		(3.0%)	1.2%
Encounters		(1.7%)	(3.9%)
Encounters		(38.5%)	(8.2%)
Scripts		(0.4%)	1.9%
Line Items		(2.6%)	(0.5%)
Units		(0.3%)	(0.5%)
Units		0.2%	0.5%
Units		(0.2%)	0.6%
Line Items		(2.1%)	(0.1%)
Units		0.7%	1.2%
Units		(0.3%)	1.2%
Units		(0.0%)	0.1%
Units		(0.0%)	(0.0%)
Units		(0.1%)	0.1%
Units		(0.5%)	0.5%
Units		(0.2%)	0.1%
Units		60.4%	0.1%
Units		(1.1%)	(0.7%)
		(0.3%)	(0.1%)

**State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Paid Encounter Summary**

MCO Name: Bluechoice Healthplan
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: Composite

**Member Months In The Reporting
Quarters:**

734,467 734,154 0.0%

Non-Maternity	Encounter	Plan	Difference
Category of Service	Amount Paid	Amount Paid	Amount Paid
<i>Inpatient Hospital</i>	\$ 44,955,740	\$ 45,322,771	(0.8%)
<i>Outpatient Hospital</i>	35,538,334	35,948,215	(1.1%)
<i>Pharmacy</i>	33,628,201	32,977,938	2.0%
<i>Ancillaries</i>	4,456,451	4,472,627	(0.4%)
<i>Non-Subcapitated Physician</i>	50,391,832	50,338,161	0.1%
<i>Estimated Subcapitated Claims</i>	282,604	302,928	(6.7%)
SUM OF COVERED SERVICES	\$ 169,253,161	\$ 169,362,640	(0.1%)

Maternity	Encounter	Plan	Difference
Category of Service	Amount Paid	Amount Paid	Amount Paid
<i>Inpatient Hospital</i>	14,220,221	14,019,874	1.4%
<i>Outpatient Hospital</i>	-	-	N/A
<i>Non-Subcapitated Physician</i>	5,560,624	5,493,569	1.2%
<i>Estimated Subcapitated Claims</i>	-	-	N/A
SUM OF COVERED SERVICES	\$ 19,780,846	\$ 19,513,443	1.4%