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July 7, 2014

Ms. Deirdra Singleton
Department of Health and Human Services
State of South Carolina
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

**RE: <u>JANUARY – DECEMBER 2013 SOURCE FILES</u>**

Dear Deirdra:

Milliman, Inc. (Milliman) was retained by the South Carolina Department of Health and Human Services (SCDHHS) to summarize reported Capitation Rate Calculation Sheet (CRCS) data submitted by the contracted health plans. This letter provides January through December 2013 encounter claims and enrollment source data files for each health plan.

**<u>LIMITATIONS</u>**

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

The information contained in this letter, including the electronic files, has been prepared for the State of South Carolina Department of Health and Human Services (SCDHHS) and their consultants and advisors. It is our understanding that a copy of this letter will be shared with the individual managed care organizations. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Milliman makes 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.

The information presented in this letter is a summarization of historic claim information submitted to SCDHHS through the CRCS reporting process or through the encounter reporting process. The information has been prepared to allow managed care plans an understanding of the level of utilization in the risk-based managed care program. It may not be appropriate for any other purpose.

**EXECUTIVE SUMMARY**

Milliman was requested to provide all of the claim and eligibility source date files for each health plan for the experience period January 1, 2013 through December 31, 2013.  Milliman has prepared individual CD-ROMs for each health plan.  The source data reflects all claims paid through April 30, 2014 and incurred during the twelve month reporting period which were submitted by the health plans through May 2014. It is anticipated that a copy of this letter along with the individual plan CD-ROM will be distributed to each health plan.

Enclosure 1 provides a layout of the raw claims and void source data files. In addition, each compressed text file has field names in the first row of data.

Enclosure 2 provides a layout of the raw enrollment source data file.

We have included compressed text files which provide the source data by selected category with the paid amounts and units used.  Voided claims are provided in a separate file.

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

Sincerely,

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

RMD/lrb
Enclosures

**ENCLOSURE 1**

# File Layout for Data Warehouse January – December 2013
# Claims and Void Extract

| Field Number | Field Name | Description |
|---|---|---|
| 1. | ENC_ID_NO | Health plan own reference number |
| 2. | ENC_IND | Value = 'E' |
| 3. | PROV_NUMBER | State assigned number of health plan |
| 4. | ENC_DETAIL_LINE_NO | Claim line number |
| 5. | INDIV_NO_CHECK_DIGIT | CHECK digit |
| 6. | INDIV_NO | Recipient Medicaid number |
| 7. | ENC_DOC_TYPE | Value 'A' = HIC<br>'D' = Drug<br>'Z' = Hospital UB |
| 8. | HMO_RECIP_ID | HMO recipient number assigned by HMO |
| 9. | PEP_HMO_IND | Designates type of PEP/HMO<br>Value 'P' = PEP<br>'H' = HMO |
| 10. | ENC_SUBMIT_DATE | Date encounter submitted |
| 11. | PROCESS_DATE | Date encounter processed in MMIS |
| 12. | ENC_DATA_STATUS | Status of encounter after edit<br>Value 'G' = good data<br>'F' = flawed data<br>'I' = ignore data<br>'T' = TPL data |
| 13. | PROVIDER_TYPE | Managed Care provider type |
| 14. | POS | Place of Service |
| 15. | GENDER | Gender<br>Value '1' = Male<br>'2' = Female |
| 16. | DOB | Recipient date of birth |
| 17. | COUNTY | County Code |
| 18. | ASSIST_PAYMENT_CATEGORY | Recipient category of payment assigned by DSS |
| 19. | QUALIFYING_CATEGORY | Status that qualifies recipient for benefits |
| 20. | QMB_IND | Indicate if recipient is a qualified Medicare beneficiary for catastrophic health care and/or the recipient is above or below poverty level |
| 21. | RSP_PGM_IND | Indicates enrollment in special programs<br>This is an array field and occurs 6 times in this space. |
| 22. | CARRIER_CODE | Carrier Code |
| 23. | POLICY_NUMBER | Policy number |
| 24. | CARRIER_PAID_INP | |
| 25. | TPL_RECOVERY_IND | Value 'R' = recoupment |
| 26. | PAYMENT_DENIED_IND | Identifies as being denied payment by HMO<br>Value 'D' = denied encounter |
| 27. | ADJUSTMENT_IND | Identifies as being voided or canceled |

# File Layout for Data Warehouse January – December 2013
# Claims and Void Extract

| Field Number | Field Name | Description |
|---|---|---|
| | | Value 'V' = void/cancel |
| 28. | CLAIM_PAID_DATE | Date claim paid |
| 29. | ENCOUNTER_STATUS | Indicates if the encounter was accepted<br>Value 'A' = accepted<br>'R' = replacement needed<br>'D' = duplicate<br>'T' = TPL<br>'V' = voided<br>'X' = deleted |
| 30. | REPLACED_ECN | Claim number of a replacement encounter |
| 31. | YEAR | Third party insurance information<br>Occurs 3 times |
| 32. | QUARTER | Quarter in which encounter reported |
| 33. | ENC_ERROR_STATUS | Type of error<br>Value 'C' = critical<br>'N' = non critical<br>'I' = ignore |
| 34. | DRUG_ENCOUNTERS | Drug encounters |
| 35. | DRUG_CODE | Drug code |
| 36. | DAYS_SUPPLY_INPUT | |
| 37. | UNIT_TYPE | |
| 38. | QUANTITY_DISPENSED | |
| 39. | THERAPEUTIC_CLASS | |
| 40. | PRESC_PROV_NO | |
| 41. | REFILL | |
| 42. | HOSP_ENCOUNTERS | |
| 43. | PRIMARY_CARE_PROV | Primary care physician |
| 44. | PROV_NPI | National Provider Identifier |
| 45. | SERVICE_PROV_NO | Provider rendering service |
| 46. | SERVICE_PROV_TYPE | Service provider type |
| 47. | SERVICE_PROV_COS | Service provider category of service |
| 48. | SERVICE_PROV_COUNTY | County of service provider |
| 49. | ADMIT_DIAGNOSIS | Inpatient admission diagnosis |
| 50. | ADMIT_DATE | Date of hospital admission |
| 51. | DISCHARGE_DATE | Date of discharge from hospital |
| 52. | PATIENT_STATUS | Status of patient upon discharge |
| 53. | PRIM_DIAG_CODE | Primary diagnosis |
| 54. | OTHER_DIAG_CODE | Other diagnoses |
| 55. | OTHER_DIAG_CODE2 | Other diagnoses |
| 56. | OTHER_DIAG_CODE3 | Other diagnoses |
| 57. | OTHER_DIAG_CODE4 | Other diagnoses |

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## File Layout for Data Warehouse January – December 2013
## Claims and Void Extract

| Field Number | Field Name | Description |
|---|---|---|
| 58. | OTHER_DIAG_CODE5 | Other diagnoses |
| 59. | OTHER_DIAG_CODE6 | Other diagnoses |
| 60. | OTHER_DIAG_CODE7 | Other diagnoses |
| 61. | OTHER_DIAG_CODE8 | Other diagnoses |
| 62. | DATE_OF_SERVICE | Date service began |
| 63. | TO_DATE | Last date of service |
| 64. | PRIN_SURG_CODE | Principal surgical code |
| 65. | PRIN_SURG_DATE | Date principal surgical procedure performed |
| 66. | OTHER_SURG_CODE | Other surgical data |
| 67. | OTHER_SURG_DATE | Date other surgical procedure performed |
| 68. | APR_DRG | Detailed DRG |
| 69. | DRG_VALUE | DRG assigned to encounter |
| 70. | TOT_AMT_HMO_BILLED | Amount billed for hospital services |
| 71. | TOTAL_AMT_ PAID | Amount billed for hospital services |
| 72. | REIMBURSE_METHOD | Indicates type of reimbursement for service<br>Value 'F' = fee for service<br> 'C' = capitated |
| 73. | REVENUE_CODE | Revenue code |
| 74. | PROCEDURE_CODE | Procedure code |
| 75. | PROC_CODE_MODIFIER | Procedure modifier code |
| 76. | UNITS_OF_SERVICE | Number of days or units of service |
| 77. | GROUPER_TYPE | Type of grouper Milliman uses to assign DRG (e.g. MS, AP, APR) |
| 78. | GROUPER_VERSION | Version of grouper Milliman uses to assign DRG |
| 79. | DRG | Milliman assigned DRG, consistent with type/version stated in 77. and 78. |
| 80. | M_PROD_ID | Milliman formatted MCO identifier field |
| 81. | M_rategrp | Milliman assigned rate group for CRCS purposes |
| 82. | M_ClaimCnt | Milliman assigned claim count |
| 83. | void_flag | Milliman assigned void indicator |
| 84. | CRCS_cat | Milliman assigned CRCS category |
| 85. | M_units | Milliman assigned units calculated as days for IP and as billed units for all other |
| 86. | del_flag | Milliman assigned flag to identify IP delivery lines |
| 87. | M_mult | Milliman assigned counting field to identify claim lines |
| 88. | M_paid | Milliman assigned paid amount using provided claim information |
| 89. | M_units_used | Milliman assigned units used in CRCS reporting |

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**ENCLOSURE 2**

# File Layout for Data Warehouse January – December 2013 Enrollment Extract

| Field Number | Field Name | Description |
|---|---|---|
| 1. | YEAR_MO | Year and month |
| 2. | PAY_CATEGORY_INFERED | |
| 3. | LIMITED_BENEFITS | |
| 4. | QUALIFYING_CATEGORY | |
| 5. | ASSIST_PAYMENT_CATEGORY | |
| 6. | DATE_OF_BIRTH | |
| 7. | PGM_TYPE | |
| 8. | EXPRESS_LANE_IND | |
| 9. | COUNTY_WHERE_ELIGIBLE | |
| 10. | M_Gender | Milliman assigned gender |
| 11. | M_Dual_flag | Milliman assigned Medicare eligibility indicator |
| 12. | M_Indiv_No | Milliman assigned individual ID |
| 13. | M_Age | Milliman calculated age |
| 14. | M_AIDGRP | Milliman assigned aid group |
| 15. | M_Num_RSPs | Milliman assigned program or waiver identifier |
| 16. | M_RSP1 | Milliman assigned program or waiver identifier |
| 17. | M_RSP2 | Milliman assigned program or waiver identifier |
| 18. | M_RSP3 | Milliman assigned program or waiver identifier |
| 19. | M_RSP4 | Milliman assigned program or waiver identifier |
| 20. | M_RSP5 | Milliman assigned program or waiver identifier |
| 21. | M_RSP6 | Milliman assigned program or waiver identifier |
| 22. | M_Prod_ID | Milliman assigned health plan ID |
| 23. | M_HOSPICE_ID | Milliman assigned hospice ID |
| 24. | M_BOARD_PROV_ID | Milliman assigned board provider ID |
| 25. | HMO_ID | HMO ID |
| 26. | M_Plan | Milliman assigned plan |
| 27. | M_Population | Milliman assigned population |
| 28. | M_RSP_Reporting | Milliman assigned program or waiver identifier |
| 29. | M_rategrp | Milliman assigned rate group |
| 30. | Age | Detailed age calculation field |