

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Grise</i>	DATE <i>2-15-12</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>101313</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-9-12</i>		
2. DATE SIGNED BY DIRECTOR <i>[Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
<i>cc: Mr. Yeck, Dep, CMS file</i> <i>See attach e-mail.</i> <i>Classed 3/16/12, see attached.</i>		<input type="checkbox"/> FOIA DATE DUE _____	<input type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
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4.			



Center for Medicaid and CHIP Services

Dear State Medicaid Contact:

JAN 17 2012

The Centers for Medicare & Medicaid Services (CMS) is beginning its 2011 data collection process to collect Medicaid managed care enrollment statistical data and program characteristics to formulate our annual Medicaid Managed Care Enrollment Report and National Summary of State Medicaid Managed Care Program publications.

As States implement and expand managed care delivery systems to serve their Medicaid populations, demand for these reports continues to grow. Many States considering managed care initiatives use the National Summary as a source for reviewing viable managed care alternatives for their Medicaid populations. Enrollment statistics have become even more valuable as we assess trends in Medicaid managed care by individual States, as well as nationally. Your role in this endeavor is vital.

We will continue to use the Medicaid Managed Care Data Collection System (MMCDCS) as the vehicle to collect the managed care program, quality, and enrollment data. MMCDCS is a stand-alone Windows based application designed in Visual Basic to be compatible with Windows '95 and above. This user-friendly system allows States and regions to (1) access the data dictionary and instructions on-line, (2) browse Medicaid managed care program characteristic and enrollment data, and (3) access the standard report menu.

We have made modifications to MMCDCS for the 2011 data collection based upon the recommendations from the States, regions and central office staff. In general, the major changes include the following:

1. Revised the "Reimbursement Arrangement" data element by adding "Primary Care Case Management Fee" as an additional valid choice.
2. Added 2 new data elements "MSIS Plan-ID-Number" and "Population Categories Included Enrollment".

To ensure a smooth process, we have **pre-filled** both the National Summary (program characteristics and quality data) and Enrollment (statistical data) Subsystems with the managed care data (if applicable), based upon what the State submitted to us for the 2010 data collection. In order to provide accurate and up-to-date data, the State should carefully review the pre-filled data to assure that all the information is current and reflects any enrollment and policy changes.

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FEB 13 2012

The CMS Central Office will send the installation package to you by January 31. The package will consist of MMCDCS CD, MMCDCS User Guide, and the National Summary and Enrollment Report data dictionaries.

The program, quality, and enrollment data should reflect the point-in-time of **July 1, 2011**. We are requesting that your State begin compiling the data by mid-February. States should include up to 3 months worth of retroactive Medicaid eligibles in order to provide a complete picture of enrollment numbers as of July 1, 2011. It is important that you submit your State's Medicaid managed care data to your RO contact by the **March 16, 2012** deadline.

In April 2012, we will request statistical data as of December 31, 2011 for the following four data elements: (1) unduplicated total State Medicaid enrollment, (2) unduplicated total State Medicaid managed care enrollment, (3) State 1115 expansion enrollment, (4) State Medicaid Dual Eligible Enrollment.

Please contact Loan Swisher at (410) 786-4650, Carolyn Lawson at (410) 786-0704, or Joseph Del Pilar at (410) 786-0081 if you have any questions or concerns. Thank you for your cooperation and assistance in this matter.

Sincerely,



Elaine Olin
Director
Data and Systems Group

Enclosure

cc: All Associate Regional Administrators
for Medicaid and State Operations
All Regional Administrators
State Medicaid Directors
RO Managed Care Contacts
Elaine Olin Director DSG

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection**

Region 1 - Boston

CMS	Contact	Email	Phone
RO	Katja Holt	kathryn.holt@cms.hhs.gov	617.565.1246
CO	Carolyn Lawson	Carolyn.Lawson@cms.hhs.gov	410.786.0704
State	Contact	Address	Phone
CT	Steven Colongelo	Department of Social Services 25 Sigourney Street Hartford, CT 06106 steve.colongelo@ct.gov	(860) 424-4805
MA	Terri Costanzo	MassHealth Quality Office Office of Clinical Affairs 100 Hancock Street, 6th Floor Quincy, MA 02171 terri.costanzo@state.ma.us	(617) 847-3720
ME	Carol Bean	Department of Health And Human Services SHS #11 442 Civic Center Drive Augusta, Maine 04333 Manager, Health Network Services caroll.bean@maine.gov	(207) 287-4837
NH	Andrew Chalsma	Director, Health Care Management brenda.mccormick@maine.gov Andrew Chalsma BDSM - OMBP - NH DHHS 129 Pleasant St, Concord, NH 03301-6527 603-271-4514	(207) 287-1774 (603) 271-4514
RI	Diane Bynum	achalsma@dhs.state.nh.us Center for Child and Family Health Division of Health Care Quality, Financing and Purchasing Department of Human Services 600 New London Avenue Cranston, RI 02920 dbyburn@dhs.ri.gov	(401) 462-0750
VT	Jeffrey Ross, Data Director	Vermont Office of Health Access 312 Hurricane Lane, Suite 201 Williston, VT 05495 Jeffrey.Ross@dhs.state.vt.us	(802) 879-8201
	Carolyn Anderson		

7 Installation packages; 7 CD's.

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 3 - Philadelphia**

CMS	Contact	Email	Phone
RO	Michael Cleary	Michael.Cleary@cms.hhs.gov	215.861.4282
RO	Gilson Dosilva	Gilson.Dosilva@cms.hhs.gov	215.861.4181
CO	Carolyn Lawson	Carolyn.Lawson@cms.hhs.gov	410.786.0704
State	Contact	Address	Phone
DC	Lisa Truitt	Department of Health Care Finance 5th floor 825 N. Capitol Street, NW Washington, DC 20002	(202) 442.9109
DE	Glyne Williams	Delaware Health and Social Services Lewis Building, P.O. Box 906 Division of Medicaid and Medical Assistance New Castle, DE 19720	302-255-9628
MD	Pam Williams	Division of Health Choice Management and Quality Assurance Department of Health and Mental Hygiene 201 W. Preston Street Baltimore, MD 21201	(410)767-3532
PA	Wanda Abou El Naggga	Commonwealth of Pennsylvania Bureau of Data Claims Management Department of Public Welfare Cherrywood Building P.O. Box 2675 Harrisburg, PA 17105-2675	(717) 772-6271
VA	Valerie Taylor Managed Care Programs	Health Care Services Division Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219	(804) 371-6060
WV	Brandy Pierce Special Programs Manager	Office of Medicaid Managed Care Bureau of Medical Services Department of Health and Human Resources 350 Capitol Street, Room 251 Charleston, WV 25301	(304) 558-51706

8 installation packages; 7 CDs

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 5 – Chicago**

CMS	Contact	Email	Address	Phone
RO	Shantell Franklin	Shantell.Franklin@cms.hhs.gov		312-353-8050
RO	Mara Siler-Price	Mara.Siler-Price@cms.hhs.gov		312-886-5353
RO	Hye Sun Lee	HyeSunLee@cms.hhs.gov		312-353-2702
CO	Loan Swisher	Loan.Swisher@cms.hhs.gov		410.786.4650
State	Contact	Address	Phone	
IL	Michelle Maher	Bureau of Managed Care Illinois Department of Healthcare and Family Services 201 South Grand Avenue, East Springfield, IL 62763-0001	(217) 524-7478	
IN	Natalie Angel	Federal Relations & Compliance Manager Office of Medicaid Policy & Planning Family & Social Services Administration 402 West Washington Street., Room W-374 Indianapolis, In 46204-2739	(317) 234-5547	
MI	Seth Brooke	Quality Analyst Managed Care Plan Division Michigan Department of Community Health 400 South Pine Street Lansing, MI 48913	(317) 234-5284	
	Jacqueline Coleman	Waiver Specialist Medical Services Administration	(517) 241-7172	
	Kathy Stiffler	Director Medical Services Administration	(517) 241-7933	
MN	Kathleen Vandervall	Federal Relations Minnesota Department of Human Services Elmer L. Andersen Building 540 Cedar Street, P.O. Box 64983 St. Paul, MN 55164-0983	(651) 431-2186	
	Ann Berg	Deputy Medicaid Director (same address as above)	(651) 431-2193	
OH	Tammy Simon	Bureau of Managed Health Care Office of Ohio Health Plans Ohio Department of Job and Family Services 30 East Broad Street, P.O. Box 182709 Columbus, OH 43218-2709	(614) 752-4572	
	Rafiqat Esheth	Regulatory Unit Supervisor Managed Care Contract Administration Section Ohio Department of Job and Family Services 50 W. Town Street, 4th Floor Columbus, OH 43215	(614) 431-2193	
WI	Mark Prodoehl	Bureau of Managed Health Care Programs	(608) 266-2833	

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 6 - Dallas**

CMS	Contact	Email	Phone
RO	Mary Foster	Mary.Foster@cms.hhs.gov	214.767.4413
RO	Stacey Shuman	Stacey.Shuman2@cms.hhs.gov	214.767.6479
CO	Loan Swisher	Loan.Swisher@cms.hhs.gov	410.786.4650
State	Contact	Address	Phone
AR	Glenda Higgs	Department of Human Services Division of Medical Services P.O. Box 1437, Slot S295 Little Rock, AR 72203-1437 Glenda.Higgs@arkansas.gov	(501) 683-5776
	Drenda Harkins	Department of Human Services Division of Medical Services P.O. Box 1437, Slot S413 Little Rock, AR 72203-1437 Tami.Hartan@arkansas.gov	(501) 682-8303
LA	Ruth Kennedy	Department of Health and Hospitals Benville Building 628 N. 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 Ruth.Kennedy@LA.gov	(225) 342-3032
NM	Cathy Rocke	NM Human Services Department Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504-2348 Cathy.Rocke@state.nm.us	(505) 827-3131
OK	Della Greggs	Oklahoma Health Care Authority 4545 N. Lincoln Blvd. Suite 1-A Oklahoma City, OK 73105 Della.Greggs@okhca.org	(405) 522-7125
TX	Rick Allgeyer	Texas Health and Human Services Commission Medicaid and CHIP Division P.O. Box 13247 Austin, Texas 78711 Rick.Allgeyer@hsc.state.tx.us	(512) 424-6634
	Greg Marrow STAR, STAR Plus, NorthSTAR	Same address as above Greg.Marrow@hsc.state.tx.us	

7 installation packages; 7 CD's

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 8 – Denver**

CMS	Contact	Email	Phone
RO	Lisa Hughes	Lisa.Hughes@cms.hhs.gov	303.844.7035
RO	Gary Ashby	Gary.Ashby@cms.hhs.gov	303.844.7033
RO	Jeremy Adams	Jeremy.Adams@cms.hhs.gov	303.844.7115
CO	Loan Swisher	Loan.Swisher@cms.hhs.gov	410.786.4650
State	Contact	Address	Phone
CO	Jerry Smallwood	Division of Managed Care Contracting Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1714	(303) 866-8947
MT	Nancy Wikle	Department of Public Health and Human Services 1400 Broadway, A206 Helena, MT 59620	(406) 444-0991
ND	Tania Hellman	Administrator, Managed Care Medical Services Division North Dakota Department of Human Services 600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505	(701) 328-3598
SD	Tracy Shields	Department of Social Services Medical Services 700 Governor's Drive Pierre, SD 57501-2291	(605) 773-3495
UT	Emma Chacon	Utah Department of Health Division of Health Care Financing 1460 West 288 North Box 143105 Salt Lake City, UT 84114-3105	(801) 538-6577
**WY	Debbie Paiz	Systems Manager Office of Healthcare Financing Equality/Care 6101 Yellowstone Rd., Suite 210 Cheyenne, WY 82002 (307) 777-5378	(307) 777-5378

7 installation packages: 6 CDs. **State does not need an installation package or CD but must e-mail RO the State Enrollment numbers as of 7/1/2011.

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection**

Region 10 - Seattle

CMS	Contact	Email	Phone
RO	Tania Seto	Tania.Seto@cms.hhs.gov	206.615.2343
CO	Joe Del Pilar	Joseph.Delpilar@cms.hhs.gov	410.786.0081
State	Contact	Address	Phone
**AK	Michelle Lisper	Alaska DHSS FMS, Budget Section PO Box 110650 Juneau, AK 99811-0650 Michelle.lisper@alaska.gov	907-465-1628
ID	Robert J Kellerman, Senior Financial Specialist Idaho Division of Medicaid Office of Reimbursement	Idaho Medicaid PO Box 83720 Boise, ID 83720-0036	208-364-1994
OR	Don Ross	Department of Human Services Division of Medical Assistance Programs 500 Summer Street, NE -E49 Salem, OR 97301-1079	(503) 945-6084
WA	For Healthy Options info: Cookie Perkins	DSHS HRSA Office of Medicaid Systems and Data PO Box 45564 Olympia, WA 98504-5564	360-725-2010
	For Mental Health Program: Faith Lai	Evaluation and Quality Assurance Division of Behavioral Health and Recovery DSHS Aging and Disability Services Administration P. O. Box 45320 Olympia, WA 98504	(360) 725-1708

5 installation packages: 5 CD's. **State does not need an installation package or CD but must e-mail RO the State Enrollment numbers as of 7/1/2011.

From: Annmarie McCanne
To: Brenda James
Date: 3/9/2012 8:52 AM
Subject: Fwd: Medicaid Managed Care Collection Data

This is for log 313, see below.

>>> Melanie Giese <giesem@scdhs.gov> 3/8/2012 5:20 PM >>>

Sent from my iPad

Begin forwarded message:

> From: "Bruce Harbaugh" <Harbaugh@scdhs.gov>
> Date: March 8, 2012 4:10:04 PM EST
> To: "Ana Lopez-Defede" <adefede@gwm.sc.edu>
> Cc: "James Bradford" <BRADFBJ@scdhs.gov>, "Jennifer Campbell" <CAMPJEN@scdhs.gov>, "Melanie Giese" <giesem@scdhs.gov>, "Kathy Mayfield Smith" <kimayfie@gwm.sc.edu>
> Subject: Medicaid Managed Care Collection Data
>
> Dr. Ana
> I am waiting on enrollment reports and then will key in the changes to the program areas of for the Medicaid Managed Care Collection Data. I will give you an update tomorrow on the progress. I spoke with Bz earlier today and she had talked to Director Keck and he will not need to review the report but wants to be notified when it has been completed. This will give us some additional time to get this all pulled together.
>
>
> Bruce Harbaugh
> Fiscal/Operations
> Department of Managed Care
> (803) - 898-2618
> (803) -255-8232 (fax)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Giese</i>	<i>2-21-12</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER .100320	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Hoek</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Confidential



GlaxoSmithKline

February 15, 2012

Three Franklin Plaza,
1600 Vine Street, M5 3F0625
Philadelphia, PA 19102
www.gsk.com

Tony Keck
Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

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FEB 21 2012

Re: GSK Voluntary Price Reporting

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Tony Keck,

This price report is a voluntary disclosure from GlaxoSmithKline ("GSK"), and is intended to assist State Medicaid Agencies by providing certain price information. GSK continues to evaluate its price reporting and disclosure process, and may from time to time add additional information to this report. The pricing information provided in this letter is, to the best of our knowledge, accurate and consistent with the regulations, provisions and requirements available at this time.

The data provided by GSK is confidential and may not be disclosed to any third party. This voluntary report to the States by GSK does not constitute an agreement by GSK to grant access of any further information pertaining to GSK's pricing.

Direct Contracted Lowest Retail Price

As we have previously informed you, GSK may, from time to time, introduce direct contracted discount programs for retail pharmacies.

Direct contracted retail customers are defined as customers where GSK has a direct contractual agreement with retail pharmacies, retail pharmacy networks, and/or wholesaler pharmacy buying groups that negotiate on behalf of independent pharmacies for the purchase of the product below through wholesalers/distributors at a discounted price. This definition does not include mail order pharmacies.

If retail program discounts exist within a given quarter, GSK as part of voluntary price reporting would disclose the lowest retail price offered to direct contracted retail customers. The lowest retail price is defined as the lowest price available from GSK during the rebate period, in the same quarter for which the AMP is computed. The lowest retail price calculation is performed at a product-family level. A product family is characterized by a 9-digit NDC and generally represents a single dosage form and strength for a drug, without regard to the package size.

Within the 4th Qtr 2011, GSK did not extend retail program discounts to direct contracted retail customers.

Wholesale Acquisition Cost (WAC), Average Manufacturer Price (AMP) and Average Sales Price (ASP)

In March 2010, GSK began reporting to State Medicaid Directors in each of the States the Quarterly Average Manufacturer Price (AMP). Enclosed is the most recent quarter (4th Qtr 2011) for all active AMP- eligible GSK pharmaceutical products listed in the attachment, as well as, the end of quarter Wholesaler Acquisition Cost (WAC) for those same products. In addition, GSK has begun including Average Sales Price (ASP) as of the 4th Qtr 2010. ASP has been reported only for those drugs that are reimbursed by Medicare Part B, unless excluded by the authorizing statute.

GSK reports these prices quarterly. GSK sends this information to the States approximately forty-five (45) days after the end of each calendar quarter. Additionally, GSK continues to report any other price information which any State currently receives from GSK subject to contractual or legislative requirement.

a. Wholesale Acquisition Cost (WAC)

For each prescription drug that it sells, GSK typically reports a WAC (“Wholesale Acquisition Cost”) that is GSK’s list price for the sale of its branded drugs to wholesalers and warehousing chains, not including prompt pay, stocking, or distribution allowances, or other discounts, rebates, or chargebacks. This list price does not represent prices charged to GSK customers, including retail and mail order pharmacies, as it does not include price and other concessions provided by GSK to its customers. WAC prices are provided at the package size.

b. Average Manufacturer Price (AMP)

Under Medicaid, sections 1927(a)(1) and (b)(1) of the Social Security Act (“the Act”), drug manufacturers enter into rebate agreements with the Secretary of the Department of Health and Human Services, and pay quarterly rebates to State Medicaid agencies pursuant to those agreements. Under these rebate agreements and pursuant to section 1927(b)(3) of the Act, GSK provides CMS with the AMP for each of its covered outpatient drugs on a monthly and quarterly basis, with the quarterly AMP figure for a product being derived as a weighted average of the AMP for each of the quarter’s three months, and with submissions due 30 days after the close of each quarter. SSA § 1927(k)(1). Effective the fourth quarter 2010, pursuant to the Patient Protection and Affordable Care Act (“PPACA”), AMP is defined as the average price paid to the manufacturer for the product by (i) wholesalers for products distributed to retail community pharmacies and (ii) retail community pharmacies

that purchase drugs directly from the manufacturer. Where the drug is an inhalation, infusion, instilled, implanted, or injectable drug that is not generally dispensed through a retail community pharmacy, AMP also includes payments received from, and rebates or discounts provided to entities that do not conduct business as wholesalers or retail community pharmacies, such as pharmacy benefit managers, managed care organizations, insurers, hospitals, clinics, mail order pharmacies, long term care providers, and manufacturers. PPACA § 2503; H.R. 1586, 111th Cong. § 202 (2010). AMP is generally calculated as a weighted average of the AMPs for all package sizes of a drug and is reported for the lowest identifiable quantity of the drug (e.g., 1 milliliter, 1 tablet, 1 capsule). Manufacturers may restate the quarterly AMP for a product for a period of up to three years after the AMP figure originally was due. The data provided will include any restatements or other changes to AMP made by GSK and reported to CMS from the date of this report (4th Qtr 2011). GSK may periodically make changes to its systems, methodologies, standard operating procedures and policies to reflect its then current understanding of CMS's requirements, and therefore its method for calculating AMP may change over time. Healthcare reform legislation has changed the definition of AMP effective 4th quarter 2010.

c. Average Sales Price (ASP)

Pursuant to the Average Sales Price ("ASP") reporting requirements provided in the Medicare Prescription Drug, Improvement and Modernization Act of 2003 ("MMA"). The following are the authority and guidance documents currently available for use in creating an Average Sales Price ("ASP") calculation methodology (i) the authorizing statute, 42 U.S.C. § 1395w-3 ("MMA"), (ii) an interim final rule to implement that statute, found at 69 Federal Register 17935 (April 6, 2004), (iii) statements made by CMS representatives at an Open Door Session, held on April 20, 2004, (iv) a final rule to implement the statute, found at 69 Federal Register 55763 (September 16, 2004), (v) updates to Appendix A sent via e-mail by CMS dated May 26, 2006, a CMS sponsored conference call on June 2, 2006 and updates posted on CMS' website, (vi) a final rule revising certain provisions to implement the statute effective on January 1, 2007, found at 71 Federal Register 69623 (December 1, 2006), (vii) a final rule revising certain provisions to implement the statute effective on January 1, 2008, found at 72 Federal Register 66221 (November 27, 2007) and, (viii) the ASP Reporting Requirements Questions and Answers published on the CMS website. As stated by CMS during the Open Door Session and in the Questions and Answers, where guidance is lacking under governing law, manufacturers may make reasonable assumptions that are consistent with their business practices, and also may look to the Medicaid Drug Rebate Program for direction as well. Together, these guidance documents form the basis for GlaxoSmithKline's ("GSK") ASP calculation methodology.

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Commercial drug price reporting services, such as First Databank and "Redbook," typically report "AWPs" (Average Wholesale Price") for GSK's drugs, which those services determine by multiplying GSK's reported WACs by what is usually a standard "mark-up" of either 1.2 or 1.25. The AWPs reported for GSK's products by these services do not generally represent (and are higher than) the prices at which GSK drugs are purchased by retail providers and other GSK contracted customers. GSK has provided the units per package size (UPPS) as a reference for any analysis of AMP or low price information that may require conversion of pricing between units and packages.

If you have any questions regarding the discount programs described in this letter, the WAC, AMP or ASP information provided as an attachment to this letter or require additional information from GSK please contact: Ted Worrell, Director, Operational Compliance 215-751-7233 or email Edward.c.worrell@GSK.com

Sincerely,



Ted Worrell

Director, Operational Compliance

Quarter	NDC-11	Product Description	AMP	End of Quarter WAC (PKG)	Upps
3Q2011	00013067601	MALABONE PED. TABLETS 62.5MG/25MG 100'S	2,473758	248.92	100
3Q2011	00013068220	VENTOLIN HFA DC INH.AER. 18G 200INH. 1'	1,811066	34.83	18
3Q2011	00013068221	VENTOLIN HFA INH AER DC 60 ACTINTRD	1,811066	15.9	8
3Q2011	00013068224	VENTOLIN HFA DC INH.AER. 60ACTIN INST 1'	1,811066	15.9	8
3Q2011	00013068254	VENTOLIN HFA INH AER DC 60ACTIN NOVATION	1,811066	15.9	8
3Q2011	00013068281	VENTOLIN HFA INH AER DC 60ACTIN (REU ON)	1,811066	15	8
4Q2011	00007314813	AVANDARYL TABLETS 8MG/24MG 30'S	7,484667	224.54	30
4Q2011	00007314913	AVANDARYL TABLETS 8MG/44MG 30'S	7,408321	224.54	30
4Q2011	00007315213	AVANDARYL TABLETS 4MG/11MG 30'S	4,301216	130.53	30
4Q2011	00007315313	AVANDARYL TABLETS 4MG/21MG 30'S	4,294488	130.53	30
4Q2011	00007315413	AVANDARYL TABLETS 2MG/100MG 60'S	4,289988	130.53	30
4Q2011	00007316318	AVANDAMET TABLETS 2MG/100MG 60'S	2,258660	137.76	60
4Q2011	00007316718	AVANDAMET TABLETS 4MG/500MG 60'S	2,262193	137.76	60
4Q2011	00007316818	AVANDAMET TABLETS 4MG/500MG 60'S	3,834500	233.39	60
4Q2011	00007323002	ARIIXTRA INH. PE SYRINGE 2.5MG/0.5ML 10'	25,937428	106.26	2
4Q2011	00007323022	ARIIXTRA INH. PE SYRINGE 5MG/0.5ML 10'	25,937428	506.04	10
4Q2011	00007323211	ARIIXTRA INH. PE SYRINGE 5MG/0.4ML 2'S	91,896139	250.09	2
4Q2011	00007323211	ARIIXTRA INH. PE SYRINGE 5MG/0.4ML 10'S	91,896139	1190.85	10
4Q2011	00007323411	ARIIXTRA INH. PE SYRINGE 7.5MG/0.6ML 10'	95,669082	250.09	2
4Q2011	00007323602	ARIIXTRA INH. PE SYRINGE 10MG/0.8ML 2'S	95,669082	1190.85	2
4Q2011	00007323602	ARIIXTRA INH. PE SYRINGE 10MG/0.8ML 10'	95,669082	1190.85	10
4Q2011	00007323611	ARIIXTRA INH. PE SYRINGE 10MG/0.8ML 10'S	99,936187	1190.85	10
4Q2011	00007326101	BEKKAR VIAL 20ML DOSIMETRIC 1'S	2844,776847	2845.38	1
4Q2011	00007326036	BEKKAR TOSITUMOMAB KIT/DOSIMETRIC 1'S	150,504712	2845.38	1
4Q2011	00007326201	BEKKAR VIAL 20ML DOSIMETRIC (ODINE H-31	1453,049500	3012.75	20
4Q2011	00007327013	COREG CR CAPSULES 10MG 30'S	4,016977	29060.99	20
4Q2011	00007337113	COREG CR CAPSULES 20MG 30'S	4,016411	121.64	30
4Q2011	00007337213	COREG CR CAPSULES 40MG 30'S	4,018021	121.64	30
4Q2011	00007365022	DYAZIDE CAPSULES PATIENT-PAK 100'S	1,046500	107.01	100
4Q2011	00007365920	COREG TABLETS 3.125MG 100'S	1,046500	1028.14	100
4Q2011	00007413920	COREG TABLETS 6.25MG 100'S	2,189258	219.87	100
4Q2011	00007414020	COREG TABLETS 12.5MG 100'S	2,180883	219.87	100
4Q2011	00007414220	COREG TABLETS 25MG 100'S	2,179483	219.87	100
4Q2011	00007420101	HYCAMTIN INH. 4MG VIAL 1'S	2,179187	219.87	100
4Q2011	00007420105	HYCAMTIN INH. 4MG VIAL 5'S	1045,942195	1123.79	1
4Q2011	00007420511	HYCAMTIN CAPSULES 0.25MG 10'S	79,271067	793.29	10
4Q2011	00007440106	ARRANON INH. 5MG/ML 50ML VIAL 6'S	317,102766	3173.15	10
4Q2011	00007440701	ARGATROBAN INH. 100MG/ML 2.5ML VIAL 1'S	11,604662	3483.02	300
4Q2011	00007440754	ARGATROBAN AR IV INH.2.5ML 2.50ML VIALNOV	388,874258	1313.5	2.5
4Q2011	0000744120	PARNATE TABLETS 10MG 100'S	1,408216	141.96	100
4Q2011	00007454013	PROMACTA TABLETS 25MG 30'S	71,219680	2136.62	30
4Q2011	00007454113	PROMACTA TABLETS 50MG 30'S	142,441333	4273.24	30
4Q2011	00007464213	PROMACTA TABLETS 75MG 30'S	213,638693	6409.85	30
4Q2011	00007488213	REQUIP XL 24 HOUR TABLETS 12MG 30'S	12,579821	380.3	30
4Q2011	00007488313	REQUIP XL 8MG 30'S	7,555216	228.18	30
4Q2011	00007488513	REQUIP XL TABLETS 2MG 30'S	2,514479	76.06	30
4Q2011	00007488559	REQUIP XL 24 HOUR TABLETS 2MG 90'S	2,514479	228.18	90
4Q2011	00007488713	REQUIP XL TABLETS 4MG 30'S	5,030611	152.12	30
4Q2011	00007488759	REQUIP XL 24 HOUR TABLETS 4MG 90'S	5,030611	456.36	90
4Q2011	00007488813	REQUIP XL TABLETS 8MG 30'S	7,543589	228.18	30
4Q2011	00007488859	REQUIP XL 24 HOUR TABLETS 8MG 90'S	7,543589	684.54	90
4Q2011	00007489213	REQUIP XL 24 HOUR TABLETS 12MG 30'S	12,579821	380.3	30
4Q2011	00007489313	REQUIP XL 8MG 30'S	7,555216	228.18	30
4Q2011	00007489320	REQUIP TABLETS 3MG 100'S	2,827776	284.8	100
4Q2011	00007489220	REQUIP TABLETS 3MG 100'S	2,827776	284.8	100
4Q2011	00007489320	REQUIP TABLETS 5MG 100'S	2,825164	284.8	100
4Q2011	00007489420	REQUIP TABLETS 2MG 100'S	2,824814	284.8	100
4Q2011	00007489420	REQUIP TABLETS 5MG 100'S	2,927937	295.41	100
4Q2011	00007489520	REQUIP TABLETS 3MG 100'S	2,935044	295.41	100
4Q2011	00007489620	REQUIP TABLETS 4MG 100'S	2,929491	295.41	100
4Q2011	00007518022	ALTABAX OINTMENT 1% 1.5G TUBE 1'S	5,430900	83	15
4Q2011	000075152544	BACTROBAN OINTMENT, 1% 30 GM. TUBE 1'S	5,430900	158.09	30
4Q2011	00029152611	BACTROBAN NASAL, 2% 1G TUBE 1'S	2,953266	65.41	22
4Q2011	00029152722	BACTROBAN CREAM, 2% 15G TUBE 1'S	8,900838	88.58	15
4Q2011	00029315818	AVANDIA TABLETS 2MG 60'S	2,812987	47.36	60
4Q2011	00029315913	AVANDIA TABLETS 4MG 90'S	2,812987	80.26	30
4Q2011	00029315913	AVANDIA TABLETS 4MG 90'S	1,571714	157.71	60
4Q2011	00029315913	AVANDIA TABLETS 4MG 90'S	3,860688	351.09	90
4Q2011	00029316013	AVANDIA TABLETS 8MG 30'S	3,860688	351.09	30
4Q2011	00029316059	AVANDIA TABLETS 8MG 90'S	7,005945	637.85	90
4Q2011	00029608523	AUGMENTIN ORAL SUSP 125MG/5ML 150ML	0,432428	64.73	150
4Q2011	00029608523	AUGMENTIN ORAL SUSP 125MG/5ML 100ML	0,432428	64.73	100
4Q2011	00029608532	AUGMENTIN ORAL SUSP 125MG/5ML 75ML	0,432428	64.73	75
4Q2011	00029608612	AUGMENTIN BID TABLETS 875MG 20'S	6,579452	33.05	20
4Q2011	00029609023	AUGMENTIN ORAL SUSP 250MG/5ML 150ML	0,828958	123.48	150
4Q2011	00029609039	AUGMENTIN ORAL SUSP 250MG/5ML 100ML	0,828958	84.03	100
4Q2011	00029657126	TIMENTIN INH. 3.1G/50ML VIAL 1'S	3,325206	62.94	75
4Q2011	00029657131	TIMENTIN INH. FROZEN SOL. 3.1G GLAXY 12'	3,325206	185.09	3.1
4Q2011	00029657140	TIMENTIN INH. 3.1G ADD-VANTAGE VIAL 1'S	3,325206	13.59	3.1

Quarter	NDC #1	Product Description	AMP	End of Quarter WAC (Pkg)	Upps
4Q2011	00029657921	TIMENTIN INJ. 316/100ML BULK VIAL 1'S	95.250011	132.97	1
4Q2011	00145000204	VISION 50G	4.707013	236.94	50
4Q2011	00145007130	VELTIN GEL 30G	4.702107	148	30
4Q2011	00145007160	VELTIN GEL 60G	4.702107	278	60
4Q2011	00145009025	SORIATANE 10MG STIEBEL	22.317421	675.52	30
4Q2011	00145309125	SORIATANE 25MG STIEBEL	27.508049	832.65	30
4Q2011	00145326701	DUACTOP GEL CARE SYSTEM KIT	171.887441	172.82	1
4Q2011	00145237105	DUACTOPICAL GEL 45G	3.819721	172.82	45
4Q2011	00145259408	BREV 8% CR WSH COMPLETE PACK	0.365903	80.31	212.1
4Q2011	00145381703	SORIATANE 10MG CONVENIENCE KIT	669.527623	583.58	30
4Q2011	00145382103	SORIATANE 22.5MG 30 CAPSULES	26.178221	785.52	30
4Q2011	00145490001	SORIATANE 25MG 30 CAPSULES	825.241470	719.33	1
4Q2011	00173010855	RETROVIR CAPSULES 100MG 100'S	2.582400	252.93	100
4Q2011	00173010793	RETROVIR INJ. 10MG/ML 20ML VIAL 10'S	1.387060	273.59	200
4Q2011	00173013138	RETROVIR SYRUP 50MG/5ML 240ML	0.256701	60.7	240
4Q2011	00173013555	WELLBUTRIN SR TABLETS 150MG 60'S	3.429386	207.62	60
4Q2011	00173017855	WELLBUTRIN TABLETS 75MG 100'S	2.156881	221.73	100
4Q2011	00173023044	WELLBUTRIN TABLETS 100MG 100'S	2.937751	295.71	100
4Q2011	00173024255	LANOXIN TABLETS 0.125MG 100'S	483.068319	606.59	1
4Q2011	00173024275	LANOXIN TABLETS 0.125MG 100'S	0.229200	26.44	100
4Q2011	00173024275	LANOXIN TABLETS 0.125MG UD 100'S	0.229200	36.91	100
4Q2011	00173024955	LANOXIN TABLETS 0.25MG 100'S	0.227425	26.44	100
4Q2011	00173024975	LANOXIN TABLETS 0.25MG UD 100'S	0.227425	36.91	100
4Q2011	00173026010	LANOXIN INJ. 250MCG/ML 2ML AMPUL 10'S	0.955675	23.98	20
4Q2011	00173026035	LANOXIN INJ. PEDS 100MCG/ML AMPUL 10'S	3.264794	57.59	10
4Q2011	00173034414	ZANTAC 150 TABLETS 500'S	3.767515	1898.09	500
4Q2011	00173034442	ZANTAC 150 TABLETS 60'S	4.418166	227.84	60
4Q2011	00173035210	ZINACEF INJ. 750MG VIAL 10'S	4.648166	56.4	10
4Q2011	00173035410	ZINACEF INJ. 1.5G VIAL 10'S	6.998656	112.1	10
4Q2011	00173036238	ZANTAC INJ. 25MG/ML 2ML VIAL 10'S	1.057309	33.26	20
4Q2011	00173036300	ZANTAC INJ. 25MG/ML 40ML BULK VIAL 3'S	0.792487	50.45	40
4Q2011	00173036301	ZANTAC INJ. 25MG/ML 6ML M/D VIAL 1'S	0.927487	7.72	6
4Q2011	00173037710	FORTAZ INJ. 500MG VIAL 10'S	3.576741	59.3	10
4Q2011	00173037810	FORTAZ INJ. 1G VIAL 10'S	5.269328	118.6	10
4Q2011	00173038237	FORTAZ INJ. 2G VIAL 10'S	11.460825	237.11	10
4Q2011	00173038354	ZANTAC SYRUP 75MG/5ML 180Z	34.608218	414	6
4Q2011	00173038879	BECONASE AQ NASAL SPRAY 42MCG 180 ACTIN	0.648079	311.58	480
4Q2011	00173039340	CERTIN TABLETS 500MG 20'S	9.519083	191.88	20
4Q2011	00173041200	FORTAZ INJ. FROZD PHARM SOL. 16/50ML 24'	40.627174	929.72	6
4Q2011	00173041300	FORTAZ INJ. FROZD PHARM SOL. 2G/50ML 24'	0.210010	338.53	1200
4Q2011	00173042400	ZINACEF INJ. FRZ PRMX SOL. 750MG/50ML 24S	0.415936	623.06	1200
4Q2011	00173043400	FORTAZ INJ. 1G ADD-VANTAGE VIAL 24'	0.100223	189.27	1200
4Q2011	00173043700	ZINACEF INJ. FRZ PRMX SOL. 1.5G/50ML 24'	1.667315	323.16	25
4Q2011	00173043700	ZINACEF INJ. 2G ADD-VANTAGE VIAL 25'	7.447935	306.4	25
4Q2011	00173043800	FORTAZ INJ. 250MG ADD-VANTAGE VIAL 25'	18.251688	241.11	10
4Q2011	00173043800	ZINACEF INJ. 750MG ADD-VANTAGE VIAL 25'	3.632326	150.91	25
4Q2011	00173044100	ZINACEF INJ. 1.5G ADD-VANTAGE VIAL 10'S	6.489839	116.15	10
4Q2011	00173044202	ZOFRAN INJ. 2MG/ML 20ML M/D VIAL 1'S	0.059627	118.22	1200
4Q2011	00173044600	ZOFRAN INJ. 2MG/ML 20ML M/D VIAL 1'S	9.517642	213.67	20
4Q2011	00173044700	ZOFRAN TABLETS 4MG 30'S	21.934133	106.87	10
4Q2011	00173044700	ZOFRAN TABLETS 8MG 30'S	66.445	664.45	30
4Q2011	00173044700	ZOFRAN TABLETS 8MG UD 100'S	2.1394133	2214.44	100
4Q2011	00173044704	ZOFRAN TABLETS 8MG UD 100'S	36.484196	1106.74	30
4Q2011	00173044902	ZOFRAN TABLETS 8MG UD 3'S	36.484196	3689.04	100
4Q2011	00173044902	ZOFRAN TABLETS 8MG UD 3'S	36.484196	110.65	3
4Q2011	00173044902	ZOFRAN TABLETS 8MG UD 3'S	176.913370	445.13	2.5
4Q2011	00173044902	FLONASE NASAL SPRAY 50MCG/100MCG 120 ACTIN	4.669642	75.79	16
4Q2011	00173044700	EPVIR TABLETS 150MG 60'S	6.578369	381.64	60
4Q2011	00173047100	EPVIR ORAL SOLUTION 10MG/ML 240ML	0.438856	101.78	240
4Q2011	00173047800	IMITREX STATDOSE REFILL PK 6MG/0.5ML 2'	178.797659	180.77	1
4Q2011	00173050100	IMITREX STATDOSE SYSTEM 6MG/0.5ML 15	188.753779	190.85	1
4Q2011	00173050100	ZOFRAN ORAL SOLUTION 4MG/5ML 50ML	4.451621	224.78	50
4Q2011	00173050100	RETROVIR TABLETS 300MG 60'S	17.709071	455.29	60
4Q2011	00173051700	FIOLAN INJ. 0.5MG/17ML VIAL 1'S	17.654571	18.69	1
4Q2011	00173051900	FIOLAN INJ. 1.5MG/17ML VIAL 1'S	0.265538	28.15	100
4Q2011	00173052000	SEREVENT DISKUS 50MCG/ACT 28ACT INST 1'	3.079895	96.24	28
4Q2011	00173052100	SEREVENT DISKUS 50MCG/ACTIN 80 ACTN 1'S	2.695509	163.03	80
4Q2011	00173052300	IMITREX NASAL SPRAY 20MG 6'S	37.742122	228.65	6
4Q2011	00173052400	IMITREX NASAL SPRAY 5MG 6'S	37.742122	228.65	6
4Q2011	00173052600	LAMICTAL CHW. DISP. TABLETS 5MG 100'S	4.529345	457.57	100
4Q2011	00173052700	LAMICTAL CHW. DISP. TABLETS 25MG 100'S	4.864856	491.21	100
4Q2011	00173054700	MEPRON SUSPENSION 750MG/5ML UD 42'S	4.746491	1005.55	210
4Q2011	00173055601	ZYBAN SR TABLETS 150MG 60'S ADVANTAGE P	3.096534	186.54	60
4Q2011	00173055602	ZYBAN SR TABLETS 150MG 60'S	3.096534	186.54	60
4Q2011	00173056100	AMERGE TABLETS 1MG 9'S	28.892383	260.5	9

Quarter	NDC#1	Product Description	AMP	End of Quarter WAC (PKG)	Units
4Q2011	00173056200	AMERGE TABLETS 2.5MG 9'S	28.703223	260.5	9
4Q2011	00173056594	VALTREX CAPLETS 1G 30'S	11.576183	351.56	30
4Q2011	00173056510	VALTREX CAPLETS 1GM 90'S	11.576183	1054.69	90
4Q2011	00173056900	ZOFRAN ODT ORAL DIS. TABLETS 4MG UD 30'	20.691481	626.81	30
4Q2011	00173057000	ZOFRAN ODT ORAL DIS. TABLETS 8MG UD 30'	34.462101	1044.05	30
4Q2011	00173055442	LAMICTAL TABLETS BIPOLAR STARTER KIT	23.796572	236.42	1
4Q2011	00173055900	COMBIVIR TABLETS 150MG/300MG 60'S	14.256354	827.48	60
4Q2011	00173060002	COMBIVIR TABLETS 150MG/300MG UD 120'S	14.256354	1689.72	120
4Q2011	00173060002	FLOVENT DISKUS 50MGCG 60 ACTIN 1'S	1.606752	1689.72	120
4Q2011	00173060102	FLOVENT DISKUS 250MGCG 60 ACTIN 1'S	2.273302	197.32	60
4Q2011	00173060202	FLOVENT DISKUS 100MGCG 60 ACTIN 1'S	1.696648	102.56	60
4Q2011	00173069310	LAMICTAL TABLETS 25MG 100'S	4.682860	472.88	100
4Q2011	00173064255	LAMICTAL TABLETS 150MG 100'S	5.351854	540.15	100
4Q2011	00173064480	LAMICTAL TABLETS 200MG 60'S	6.387031	355.21	60
4Q2011	00173066100	ZIAGEN TABLETS 300MG UD 6X10 60'S	8.345948	573.59	60
4Q2011	00173066101	ZIAGEN TABLETS 300MG 60'S	8.345948	512.82	60
4Q2011	00173066200	ZIAGEN-HBV TABLETS 100MG 60'S	11.960672	724.19	60
4Q2011	00173066400	ZIAGEN-HBV ORAL SOLUTION 5MG/ML 240ML	0.595938	144.84	240
4Q2011	00173066518	MERPRON SUSPENSION 750MG/5ML 210ML	0.581777	137.65	240
4Q2011	00173067501	MALABONE TABLETS 250MG/100MG 100'S	4.983642	1055.81	210
4Q2011	00173067502	MALABONE TABLETS 250MG/100MG 100'S	6.686927	672.98	100
4Q2011	00173067601	MALABONE PED. TABLETS 62.5MG/25MG 100'S	2.469670	164.8	24
4Q2011	00173068101	BELENZA DISKURH & 5X4 ROTADISKS 5MG 1'S	2.949999	248.92	100
4Q2011	00173068220	VENTOLIN HFA DC INH AER. 18G 200INH. 1'	1.897257	59	20
4Q2011	00173068221	VENTOLIN HFA INH AER DC 60 ACTIN TRD	1.897257	34.83	18
4Q2011	00173068224	VENTOLIN HFA DC INH AER. 60ACTIN INST. 1'	1.897257	15.9	8
4Q2011	00173068281	VENTOLIN HFA INH AER DC 60ACTIN (REL ON)	1.897257	15.9	8
4Q2011	00173068590	TRIZIVIR TABLETS 300MG/150MG/300MG 60'S	1.897257	15.9	8
4Q2011	00173068594	ADVAIR DISKUS 100/50 60 ACTIN 1'S	23.117415	1340.3	60
4Q2011	00173068900	ADVAIR DISKUS INH PWD/ 250/50MGCG 14D INS	2.899825	175.66	60
4Q2011	00173069660	ADVAIR DISKUS 250/50 60 ACTIN 1'S	2.899825	84.07	14
4Q2011	00173069660	ADVAIR DISKUS INH PWD/ 500/50MGCG 14D INS	3.603823	218.25	60
4Q2011	00173069700	ADVAIR DISKUS 500/50 60 ACTIN 1'S	3.603823	84.07	14
4Q2011	00173069712	AVODART SOFT GELATIN CAPSULES 0.5MG 30'	4.740507	287.07	60
4Q2011	00173071215	AVODART SOFT GELATIN CAPSULES 0.5MG 90'	3.557745	107.73	30
4Q2011	00173071204	AVODART SOFT GELATIN CAPSULES 0.5MG 90'	3.557745	323.15	90
4Q2011	00173071225	EPIVIR TABLETS 300MG 30'S	13.161512	101.63	30
4Q2011	00173071400	ADVAIR HFA 45/21 DC INH AER. 120ACTIN 1'S	14.505012	381.64	30
4Q2011	00173071522	ADVAIR HFA 45/21 DC INH AER. 60ACTIN 1'S	14.505012	175.66	12
4Q2011	00173071622	ADVAIR HFA 115/21 DC INH AER. 120ACTIN 1'	18.001110	117.72	8
4Q2011	00173071720	ADVAIR HFA 290/21 DC INH AER. 60ACTIN 1'	18.001110	218.25	12
4Q2011	00173071820	FLOVENT HFA 44MGCG DC INH AER 120 ACT 1'S	23.670675	287.07	8
4Q2011	00173072020	FLOVENT HFA 220MGCG DC INH AER 120 ACT 1'S	17.632385	174.59	8
4Q2011	00173072200	LEXIVA TABLETS 700MG 60'S	12.497543	102.56	10,6
4Q2011	00173072200	LEXIVA TABLETS 700MG 60'S	11.345372	137.32	12
4Q2011	00173072200	WELLBUTRIN SR TABLETS 200MG 60'S	6.366518	213.29	12
4Q2011	00173073400	ZANFAC 25 EFFERDOSE TABLETS 23MML	0.513388	395.55	60
4Q2011	00173073500	IMITREX TABLETS 25MG 9'S	3.525634	119.33	225
4Q2011	00173073601	IMITREX TABLETS 50MG 9'S	26.172301	238.62	9
4Q2011	00173073900	IMITREX TABLETS 100MG 9'S	25.821453	235.07	9
4Q2011	00173073902	IMITREX STATDOSE SYSTEM 4MG/0.5ML 1'S	25.821453	235.07	9
4Q2011	00173074000	CEFTIN ORAL SUSPENSION 125MG/5ML 100ML	183.432666	190.85	1
4Q2011	00173074100	CEFTIN ORAL SUSPENSION 250MG/5ML 100ML	183.432666	180.77	1
4Q2011	00173074200	EPZICOM TABLETS 600MG/300MG 30'S	1.229763	74.3	100
4Q2011	00173075000	TREXIMET TABLETS 85MG/500MG 9'S MAC PAC	1.229763	126.45	100
4Q2011	00173075200	TYKERB TABLETS 250MG 150'S	21.477502	55.8	50
4Q2011	00173075300	VERAMYST NASAL SPRAY 27.5MGCG 120 DOSE 1'S	25.084516	894.46	30
4Q2011	00173075400	LAMICTAL XR TABLETS 25MG 30'S	9.617012	195.04	9
4Q2011	00173075500	LAMICTAL XR TABLETS 50MG 30'S	4.871281	97.11	10
4Q2011	00173075600	LAMICTAL XR TABLETS 100MG 30'S	9.735620	147.28	30
4Q2011	00173075700	LAMICTAL XR TABLETS 200MG 30'S	10.425837	294.54	30
4Q2011	00173075800	LAMICTAL XR TABLETS 25MG/50MG STARTER KIT	11.119103	315.49	30
4Q2011	00173075900	LAMICTAL XR TABLETS 50MG/100MG/200MG KIT	171.762069	336.44	30
4Q2011	00173076000	LAMICTAL XR TABLETS 25MG/50MG/100MG KIT	485.033466	171.82	1
4Q2011	00173076100	LAMICTAL XR TABLETS 300MG 30'S BOTTLE	244.366141	490.85	1
4Q2011	00173077202	LAMICTAL ODT TABLETS 25MG MAINT 30'S	16.752777	504.67	30
4Q2011	00173077402	LAMICTAL ODT TABLETS 50MG MAINT 30'S	4.868362	245.43	30
4Q2011	00173077602	LAMICTAL ODT TABLETS 100MG MAINT 30'S	5.212596	157.75	30
4Q2011	00173077702	LAMICTAL ODT TABLETS 200MG MAINT 30'S	5.555690	168.22	30
4Q2011	00173077800	LAMICTAL ODT 25MG/50MG/100MG MAINT KIT	6.629975	200.72	30
4Q2011	00173077900	LAMICTAL ODT 25MG/50MG/100MG STR KIT	243.222245	245.43	1
4Q2011	00173078000	LAMICTAL ODT TABLET 25MG/50MG STR KIT 285	170.863891	171.82	1
4Q2011	00173078100	LAMICTAL XR TABLETS 50MG/100MG ST KIT	490.850000	171.82	1
4Q2011	00173078302	LOVAZA CAPSULES 16MG 120'S	16.822333	504.67	30
4Q2011	00173078401	DYNACIRC CR 5MG X 30 TABLETS	1.375870	167.01	120
4Q2011	00173078401	DYNACIRC CR 5MG X 30 TABLETS	2.375870	72.04	30

Quarter	NDC-11	Product Description	AMP	End of Quarter WAC (Pkg)	UPIS
4Q2011	00113078501	DYNACIRC CR 10MG X 30 TABLETS	3,649,923	110.36	30
4Q2011	00113078601	RHYMOL SR 25MG 60S	5,614,229	337.72	60
4Q2011	00113078801	RHYMOL SR 325MG 60S	7,083,095	427.86	60
4Q2011	00113078901	RHYMOL SR 425MG 60S	7,111,556	427.86	60
4Q2011	00113079001	INNOPRAN XL 80MG 30S	1,984,586	60.15	30
4Q2011	00113079002	INNOPRAN XL 80MG 100S	1,984,586	200.52	100
4Q2011	00113079101	INNOPRAN XL 120MG 30S	1,986,925	60.15	30
4Q2011	00113079102	INNOPRAN XL 120MG 100S	1,986,925	200.52	100
4Q2011	00113079220	RHYMOL IR TABLETS 150MG 100'S	3,820,537	385.31	100
4Q2011	00113079430	RHYMOL IR TABLETS 225MG 100'S	5,017,966	506.63	100
4Q2011	00113080409	VOTRIENT TAB 200MG 120'S	47,634,739	5716.18	120
4Q2011	00113080601	HORIZANT EXT REL TAB 600MG 30S BOTTLE	3,288,881	99	30
4Q2011	00113080802	ARZERRA 100MG 5ML VIALS 20MG/ML 3S	88,000,000	1,320	15
4Q2011	00113080805	ARZERRA 100MG 5ML VIALS 20MG/ML 10S	88,000,000	4,400	50
4Q2011	00113080913	JALYN CPSL 0.5MG/0.4MG 30S	3,560,195	107.73	30
4Q2011	00113080959	JALYN CPSL 0.5MG/0.4MG 90S BOTTLE	3,560,195	323.15	90
4Q2011	00113082101	LANICAL TABLETS 25MG & 100MG STARTER KIT	234,044,542	472.83	2
4Q2011	00113082104	ARZERRA INJ 20MG/ML VIAL X 3 REFORMULATE	88,000,000	1,320	15
4Q2011	00113082104	STAXYD (vardenafil HCl) ODT 10 MG 4'ST	11,649,998	46.6	4
4Q2011	00113082318	RHYMOL SR CPSL 225MG 60S BOTTLE	5,614,229	337.72	60
4Q2011	00113082418	RHYMOL SR CPSL 325MG 60S BOTTLE	7,083,095	427.86	60
4Q2011	00113082618	RHYMOL SR CPSL 425MG 60S BOTTLE	7,111,556	427.86	60
4Q2011	00113082813	LEVITRA 2.5MG TABS 30'S	17,883,491	536.58	30
4Q2011	00113082913	LEVITRA 5MG TABS 30'S	17,883,491	536.58	30
4Q2011	00113083013	LEVITRA 10MG TABS 30'S	17,882,889	536.58	30
4Q2011	00113083113	LEVITRA 20MG TABS 30'S	17,883,968	536.58	30
4Q2011	00113083418	AVANDIA TAB 2MG 60S BOTTLE REMS PROGRAM	2,589,774	157.71	60
4Q2011	00113083513	AVANDIA TAB 4MG 30S BOTTLE REMS PROGRAM	3,860,688	117.04	30
4Q2011	00113083613	AVANDIA TAB 8MG 30S BOTTLE REMS PROGRAM	7,005,945	212.64	30
4Q2011	00113083718	AVANDAMET TAB 2MG/500MG 60S BOTTLE REMS	2,262,193	137.76	60
4Q2011	00113083818	AVANDAMET TAB 2MG/500MG 60S BOTTLE REMS	2,268,660	137.76	60
4Q2011	00113083918	AVANDAMET TAB 4MG/1000MG 60S BOTTLE REMS	3,830,450	233.39	60
4Q2011	00113084113	AVANDAMET TAB 4MG/1000MG 60S BOTTLE REMS	3,835,174	233.39	60
4Q2011	00113084213	AVANDARYL TAB 4MG/2MG 30S BOTTLE REMS PR	4,301,216	130.53	30
4Q2011	00113084213	AVANDARYL TAB 4MG/2MG 30S BOTTLE REMS PR	4,294,488	130.53	30
4Q2011	00113084413	AVANDARYL TAB 4MG/2MG 30S BOTTLE REMS PR	7,484,667	224.54	30
4Q2011	00113084513	AVANDARYL TAB 8MG/2MG 30S BOTTLE REMS PR	7,408,921	224.54	30
4Q2011	00113084513	AVANDARYL TAB 8MG/2MG 30S BOTTLE REMS PR	7,408,921	224.54	30
4Q2011	00113083308	TABLOID/THIOGUANINE TABLETS 40MG 25'S	6,150,642	218.28	25
4Q2011	00113093308	VALTREX CAPLETS 500MG 30'S	6,150,629	200.89	30
4Q2011	00113093310	VALTREX CAPLETS 500MG 90'S	6,615,029	602.62	90
4Q2011	00113093356	VALTREX CAPLETS 500MG UD 100'S	6,615,029	684.52	100
4Q2011	00113094455	WELLBUTRIN SR TABLETS 100MG 60'S	10,212,157	1024.9	100
4Q2011	00113094755	WELLBUTRIN SR TABLETS 100MG 100'S	5,239,846	193.73	60
4Q2011	00113094955	ZOVIRAX TABLETS 400MG 100'S	5,234,688	527.1	100
4Q2011	00113095395	ZOVIRAX SUSPENSION 200MG/5ML 473ML	0,475,729	225.02	473
4Q2011	00113095915	ZOVIRAX CAPSULES 200MG 100'S	2,715,900	271.59	100
4Q2011	00113096010	FILTICASONE NASAL 50MG/120 DOSE PRASCO	0,014,591	19.85	16
4Q2011	1418828501	DECLONICIN TABLETS 150MG AKK00141882850	10,060,600	1006.06	100
4Q2011	49702020218	COMBIVIR TABLETS 150MG/300MG 60'S	14,256,354	1725.21	120
4Q2011	49702020229	COMBIVIR TABLETS 150MG/300MG HUD 120'S	13,161,512	397.84	60
4Q2011	49702020413	EPVIR TABLETS 300MG 30'S	1,316,512	106.1	30
4Q2011	49702020548	EPVIR ORAL SOLUTION 100MG/ML 240ML	0,438,856	932.42	240
4Q2011	49702020613	EPVIR TABLETS 600MG/300MG 30'S	30,848,930	932.42	30
4Q2011	49702020718	LEXIVA TABLETS 700MG 60'S	12,487,543	755.28	60
4Q2011	49702020924	RESCRIPTOR TABS 100 MG X 360	0,845,263	304.54	360
4Q2011	49702021017	RESCRIPTOR TAB 200 MG X 180	1,676,942	304.54	180
4Q2011	49702021248	RETROVIR CAPSULES 100 MG 100'S	2,587,400	258.24	100
4Q2011	49702021418	RETROVIR IV INF. 10MG/ML 20ML VIAL 10'S	1,387,060	279.33	200
4Q2011	49702021518	SELZENTRY TABS 300MG X 60	15,913,174	937.12	60
4Q2011	49702021718	TRIZIVIR TABLETS 300MG/150MG/300MG 60'S	23,117,415	1397.18	60
4Q2011	49702022144	ZIAGEN TABLETS 300MG HUD 6X10 60'S	8,845,948	534.58	60
4Q2011	49702022248	ZIAGEN ORAL SOLUTION 20MG/ML 240ML	0,581,777	140.54	240
4Q2011	49702022318	SELZENTRY TAB 150MG 60S BOTTLE	15,913,174	936.8	60
4Q2011	49702022418	SELZENTRY TAB 300MG 60S BOTTLE	15,993,263	956.8	60
4Q2011	59366270401	BPO 4% CREAMY WASH 170.1G GILD	0,017,467	39.36	60
4Q2011	59366270501	BPO 8% CREAMY WASH 170.1G GILD	0,034,386	40.54	170.1
4Q2011	59366272802	BPO 8% GEL 42.5G GLADES	1,143,101	71.45	42.5
4Q2011	59366281902	DEMECLOXYC TABLETS GILD 300MG 100S	7,419,214	39.36	1
4Q2011	59366282904	DEMECLOXYC TABLETS GILD 300MG 48S	1,430,012	536	100
4Q2011	63032002100	LUXIQ 100 G FOAM 0.12%	2,768,882	276.18	100
4Q2011	63032002150	LUXIQ 100 G FOAM 0.05%	3,829,927	380.84	100
4Q2011	63032003150	OLUX 50 G FOAM 0.05%	3,829,927	206.59	50
4Q2011	63032005100	EXTINA 100G FOAM	3,206,416	318.88	100
4Q2011	63032005150	EXTINA 50G FOAM	3,206,416	171.17	50

2011Q4 GLAXOSMITHKLINE AMP and WAC Pricing

Confidential

Quarter	NDC/CL	Product Description	AMP	End of Quarter WAC (PKG)	Upps
4Q2011	63032006100	EVOCCLIN 100G FOAM 1% STEFEL	2.836363	269.95	100
4Q2011	63032006150	EVOCCLIN 50G FOAM, 1% STEFEL	2.836363	176.38	50
4Q2011	63032010100	OLUX-E 100 G FOAM 0.05%	3.273330	326.43	100
4Q2011	63032010150	OLUX-E 50 G FOAM 0.05%	3.273330	177.07	50
4Q2011	63032011100	VERDESO 100G FOAM 0.05% STEFEL	2.864412	281.06	100
4Q2011	63032011150	VERDESO 50G FOAM 0.05% STEFEL	2.864412	150.4	50
4Q2011	65726023510	DYNACIRC CR 5MG TABLETS BOTTLE 30'S	5.247411	157.44	30
4Q2011	65726023510	AXID 300MG PULVULE BOTTLE 30'S	2.864412	157.44	30
4Q2011	65726023510	INNOPRAN XL CAPSULES 120MG/30'S	2.375870	72.04	30
4Q2011	65726023510	INNOPRAN XL CAPSULES 120MG/30'S	1.986925	60.15	30
4Q2011	00069080760	RYTHMOL SR 225MG CAPS 60'S	5.614229	321.64	60
4Q2011	00069080760	SELZENTRY TABS 150MGX60	15.913174	937.12	60
4Q2011	00069080860	SELZENTRY TABS 300MGX60	15.893263	937.12	60
4Q2011	63010001030	VIRACEPT TABS 250MGX300	2.418461	733.2	300
4Q2011	63010001190	VIRACEPT ORAL POWDER 50MG/G 144G	0.435322	63.09	144
4Q2011	63010002118	RESCRIPTOR TABS 200MGX180	1.676342	298.27	180
4Q2011	63010002770	VIRACEPT 625MGX120 TABS	6.050060	733.2	120

2011Q4 GLAXOSMITHKLINE ASP

Confidential

Quarter	NDC-11	ASP	Name of Drug of Biological	Strength of the Product	Volume Per Item
4Q2011	00007323002	82.019546	ARIXTRA	2.5 MG / .5 ml	.5 ML
4Q2011	00007323011	227.243112	ARIXTRA	2.5 MG / .5 ml	.5 ML
4Q2011	00007323202	158.175196	ARIXTRA	5 MG / .4 ml	.4 ML
4Q2011	00007323211	847.716904	ARIXTRA	5 MG / .4 ml	.4 ML
4Q2011	00007323402	197.413104	ARIXTRA	7.5 MG / .6 ml	.6 ML
4Q2011	00007323411	876.523507	ARIXTRA	7.5 MG / .6 ml	.6 ML
4Q2011	00007323602	205.234174	ARIXTRA	10 MG / .8 ml	.8 ML
4Q2011	00007323611	925.114931	ARIXTRA	10 MG / .8 ml	.8 ML
4Q2011	00007326201	28,479.770000	BEXXAR	20 mL	5.6 mCi/mL
4Q2011	00007420101	-3248.523248	HYCAMTIN	4 MG/5 ML	5 ML
4Q2011	00007420511	773.360052	HYCAMTIN	.25MG	10 CAPSULES
4Q2011	00007420711	3,087.688516	HYCAMTIN	1MG	10 CAPSULES
4Q2011	00007440106	3,383.380970	ARRANON	5 MG / 50 ml	50 ML
4Q2011	00007440701	917.761337	ARGATROBAN	100 MG/ML	2.5 ML
4Q2011	00007440754	848.459570	ARGATROBAN	100 MG/ML	2.5 ML
4Q2011	00029657126	9.789198	TIMENTIN	3.1GM/50ML	50ML
4Q2011	00029657131	137.874295	TIMENTIN	3.1GM	100ML/BAG
4Q2011	00029657140	9.170213	TIMENTIN	3.1GM	21ML/VIAL
4Q2011	00029657921	89.414295	TIMENTIN	3.1GM/100ML	100ML
4Q2011	00173026010	18.483031	LANOXIN	0.5MG/2ML	2ML
4Q2011	00173026210	33.275901	LANOXIN	0.1MG/1ML	1ML
4Q2011	00173035210	44.858140	ZINACEF	750MG	1
4Q2011	00173035410	64.763659	ZINACEF	1.5G	1
4Q2011	00173036238	21.175934	ZANTAC	25MG/2ML	2ML
4Q2011	00173036300	28.517109	ZANTAC	25MG/40ML	40ML
4Q2011	00173036301	6.138542	ZANTAC	25MG/6ML	6ML
4Q2011	00173037710	31.740561	FORTAZ	500 mg / vial	500 mg
4Q2011	00173037810	48.932145	FORTAZ	1 g / vial	1 g
4Q2011	00173037934	131.018737	FORTAZ	2 GM/50 ML	50 ML
4Q2011	00173038237	222.931758	FORTAZ	6 GM/100 ML	100 ML
4Q2011	00173040000	243.612919	ZINACEF	7.5GM/100ML	100ML
4Q2011	00173041200	239.955213	FORTAZ	1 GM/50 ML	50 ML
4Q2011	00173041300	485.193932	FORTAZ	2 GM/50 ML	50 ML
4Q2011	00173042400	123.857260	ZINACEF	750MG/50ML SOL PRMXD	50ML SOL PRM
4Q2011	00173042500	206.100145	ZINACEF	1.5GM/50ML SOL PRMXD	50ML SOL PRM
4Q2011	00173043400	194.506693	FORTAZ	1 g / vial	1 G
4Q2011	00173043500	182.524920	FORTAZ	2 g / vial	2 G
4Q2011	00173043600	93.301365	ZINACEF	750MG	1
4Q2011	00173043700	69.753172	ZINACEF	1.5GM	1
4Q2011	00173044100	69.052015	ZANTAC	50MG/50ML	50ML
4Q2011	00173044200	186.604361	ZOFAN	2MG/20ML	20ML VIAL

2011Q4 GLAXOSMITHKLINE ASP

Confidential

Quarter	NDC-11	ASP	Name of Drug of Biological	Strength of the Product	Volume Per Item
4Q2011	00173044600	641.518299	ZOFRAN	4MG	30TABS
4Q2011	00173044700	1,066.299192	ZOFRAN	8MG	30 TABS
4Q2011	00173044702	3,537.725303	ZOFRAN	8MG	100 TABS UD
4Q2011	00173044704	107.157508	ZOFRAN	8MG	3TABS
4Q2011	00173044902	409.844670	IMITREX	6 MG/.5 ML	.5 ML
4Q2011	00173047800	172.452314	IMITREX	6 MG/PER .5ML	.5 ML
4Q2011	00173047900	180.935754	IMITREX	6 MG/PER .5ML	.5 ML
4Q2011	00173048900	211.507904	ZOFRAN	4MG/50 ML SOL	50 ML SOL
4Q2011	00173051700	17.339822	FOLAN	.5 MG/17ML	17 ML
4Q2011	00173051900	41.798683	FOLAN	1.5 MG/17ML	17 ML
4Q2011	00173056900	602.532042	ZOFRAN ODT	4MG	30 OD TABS
4Q2011	00173057000	1,010.514875	ZOFRAN ODT	8MG	30 OD TABS
4Q2011	00173071325	97.172	MYLERAN	2MG	25 TABS
4Q2011	00173073900	183.490346	IMITREX	4 MG/.5 ML	.5 ML
4Q2011	00173073902	174.063937	IMITREX	4 mg / .5 ml	.5 ML
4Q2011	00173082101	4,284.959684	ARZERRA	1000MG/50ML	50ML
4Q2011	00173082133	1,284.360899	ARZERRA	100MG/5ML	5ML
4Q2011	00173094955	475.483930	ZOVIRAX	400MG	100 TABS
4Q2011	00173095396	207.380698	ZOVIRAX	200MG/16 OZ SOL	5 ML 16 OZ S
4Q2011	00173099155	257.702397	ZOVIRAX	200MG	100CAPS
4Q2011	49702021120	229.663192	RETROVIR	100MG	100 CAPSULES
4Q2011	49702021248	59.006308	RETROVIR	50ML/5ML	240ML
4Q2011	49702021305	271.022988	RETROVIR	10MG/ML	20ML
4Q2011	49702021418	384.760999	RETROVIR	300MG	60 TAB
4Q2011	58160080605	137.454149	HIBERIX	.5ML / vial	.5 ML
4Q2011	58160081011	142.322917	INFANRIX DTP	.5ML / vial	.5ML
4Q2011	58160081052	139.213277	INFANRIX DTP	.5ML/vial	.5ML
4Q2011	58160081211	351.750490	KINRIX	.5ML / vial	0.5ML
4Q2011	58160081252	350.113630	KINRIX	.5ML	.5ML
4Q2011	58160082511	199.711577	HAVRIX	720 EL.U./0.5ML 10'	5ML
4Q2011	58160082552	207.042228	HAVRIX	720 EL.U./0.5ML	0.5ML
4Q2011	58160082611	509.134654	HAVRIX	1440 EL.U./ML 10'S	1ML
4Q2011	58160082652	485.910116	HAVRIX	1440 ELU/ML	1 ML
4Q2011	58160084211	280.129723	BOOSTRIX	.5ML/.5ML	.5 ML
4Q2011	58160084246	-8428.030000	BOOSTRIX	.5ML/.5ML	.5 ML
4Q2011	58160084252	279.035903	BOOSTRIX	.5ML/.5ML	.5ML

Log # 313

From: Bruce Harbaugh
To: Edward (CMS/CMCHO) Smith
CC: James Bradford; Jennifer Campbell; Melanie Giese
Date: 3/16/2012 3:41 PM
Subject: RE: 2011 Medicaid Managed Care Data Collection South Carolina
Attachments: SC2011.txt

Edward
I have saved the file as the instructions have indicated and am re-sending to you. Please let me know when you receive the file and are able to open it. Thanks

Bruce Harbaugh
Fiscal/Operations
Department of Managed Care
(803) - 898-2618
(803) -255-8232 (fax)

>>> "Smith, Edward (CMS/CMCHO)" <Edward.Smith@cms.hhs.gov> 3/16/2012 1:18 PM >>>

Can you please resend? The attachment was not received.
Thank you,
Ed

Edward M. Smith, M.S. Acc
Health Insurance Specialist
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services, Atlanta Regional Office
Office Telephone: (502) 223-5927
Fax: (312) 294-7255
E-mail: edward.smith3@cms.hhs.gov

From: Bruce Harbaugh [mailto:Harbaugh@scdhhs.gov]
Sent: Friday, March 16, 2012 1:07 PM
To: Roberts, Shantina D. (CMS/CMCHO)
Cc: Smith, Edward (CMS/CMCHO); James Bradford; Jennifer Campbell; Melanie Giese
Subject: 2011 Medicaid Managed Care Data Collection South Carolina
Importance: Low

Attached is the 2011 Medicaid Managed Care Data Collection for South Carolina. Please acknowledge that you have received this report.

Bruce Harbaugh
Fiscal/Operations

Department of Managed Care
(803) - 898-2618

From: Bruce Harbaugh
To: Edward (CMS/CMCHO) Smith; Shantrina D. (CMS/CMCHO) Roberts
CC: James Bradford; Jennifer Campbell; Melanie Giese
Date: 3/20/2012 2:03 PM
Subject: RE: 2011 Medicaid Managed Care Data Collection South Carolina

Edward

I have copied the 2011 Medicaid Managed Care Data Collection on a CD. When I opened the data collections information I did not see the quality information, so I have copied the original data collection on a second CD for you to use. The CD's are being mailed today to the Frankfort Kentucky address. Please e-mail to let me know that you have received the CD's.

Thanks again for the effort. Per our conversation, please send the file on cd/dvd to the address below to my attention. Have a nice weekend.

Ed
Ed Smith
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
275 East Main Street, 6W-A
Frankfort, KY 40621-0001

Edward M. Smith, M.S. Acc
Health Insurance Specialist
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services, Atlanta Regional Office
Office Telephone: (502) 223-5927
Fax: (312) 294-7255
E-mail: edward.smith3@cms.hhs.gov

From: Smith, Edward (CMS/CMCHO)
Sent: Friday, March 16, 2012 4:13 PM
To: 'Bruce Harbaugh'; Roberts, Shantrina D. (CMS/CMCHO)
Cc: James Bradford; Jennifer Campbell; Melanie Giese
Subject: RE: 2011 Medicaid Managed Care Data Collection South Carolina

Bruce,

I just got your voicemail. Unfortunately, I did not even receive the e-mail this time. Let me know if you are able to correct the problem on your end. Please give me a call when you return and I can also connect you with our support staff, just in case the fault in on this side. Thank you for the effort in trying to send the file, though.

Ed

Edward M. Smith, M.S. Acc
Health Insurance Specialist

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Gisele Campbell</i>	DATE <i>2-15-12</i>
------------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100313</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Kristyock, Depp, CMS file</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-9-12</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Jenni As Campbell</i>	<i>Jenni As Campbell</i> <i>3/16/12</i>		
2. <i>Bruce Starbuck</i>	<i>BH Starbuck</i> <i>3/16/2012</i>		
3. <i>BS Asari</i>	<i>BS Asari</i> <i>3/19/12</i>		
4.			





Center for Medicaid and CHIP Services

Dear State Medicaid Contact:

JAN 17 2012

The Centers for Medicare & Medicaid Services (CMS) is beginning its 2011 data collection process to collect Medicaid managed care enrollment statistical data and program characteristics to formulate our annual Medicaid Managed Care Enrollment Report and National Summary of State Medicaid Managed Care Program publications.

As States implement and expand managed care delivery systems to serve their Medicaid populations, demand for these reports continues to grow. Many States considering managed care initiatives use the National Summary as a source for reviewing viable managed care alternatives for their Medicaid populations. Enrollment statistics have become even more valuable as we assess trends in Medicaid managed care by individual States, as well as nationally. Your role in this endeavor is vital.

We will continue to use the Medicaid Managed Care Data Collection System (MMCDCS) as the vehicle to collect the managed care program, quality, and enrollment data. MMCDCS is a stand-alone Windows based application designed in Visual Basic to be compatible with Windows '95 and above. This user-friendly system allows States and regions to (1) access the data dictionary and instructions on-line, (2) browse Medicaid managed care program characteristic and enrollment data, and (3) access the standard report menu.

We have made modifications to MMCDCS for the 2011 data collection based upon the recommendations from the States, regions and central office staff. In general, the major changes include the following:

1. Revised the "Reimbursement Arrangement" data element by adding "Primary Care Case Management Fee" as an additional valid choice.
2. Added 2 new data elements "MSIS Plan-ID-Number" and "Population Categories Included Enrollment".

To ensure a smooth process, we have **pre-filled** both the National Summary (program characteristics and quality data) and Enrollment (statistical data) Subsystems with the managed care data (if applicable), based upon what the State submitted to us for the 2010 data collection. In order to provide accurate and up-to-date data, the State should carefully review the pre-filled data to assure that all the information is current and reflects any enrollment and policy changes.

RECEIVED

FEB 13 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

The CMS Central Office will send the installation package to you by January 31. The package will consist of MMCDCS CD, MMCDCS User Guide, and the National Summary and Enrollment Report data dictionaries.

The program, quality, and enrollment data should reflect the point-in-time of **July 1, 2011**. We are requesting that your State begin compiling the data by mid-February. States should include up to 3 months worth of retroactive Medicaid eligibles in order to provide a complete picture of enrollment numbers as of July 1, 2011. It is important that you submit your State's Medicaid **managed care data to your RO contact by the March 16, 2012 deadline.**

In April 2012, we will request statistical data as of December 31, 2011 for the following four data elements: (1) unduplicated total State Medicaid enrollment, (2) unduplicated total State Medicaid managed care enrollment, (3) State 1115 expansion enrollment, (4) State Medicaid Dual Eligible Enrollment.

Please contact Loan Swisher at (410) 786-4650, Carolyn Lawson at (410) 786-0704, or Joseph Del Pilar at (410) 786-0081 if you have any questions or concerns. Thank you for your cooperation and assistance in this matter.

Sincerely,



Elaine Olin

Director

Data and Systems Group

Enclosure

cc: All Associate Regional Administrators
for Medicaid and State Operations
All Regional Administrators
State Medicaid Directors
RO Managed Care Contacts
Elaine Olin Director DSG

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection**

Region 1 - Boston

CMS	Contact	Email	Phone
RO	Katie Holt	kathryn.holt@cms.hhs.gov	617.565.1246
CO	Carolyn Lawson	Carolyn.Lawson@cms.hhs.gov	410.786.0704
State	Contact	Address	Phone
CT	Steven Colongelo	Department of Social Services 25 Sigourney Street Hartford, CT 06106 steve.colangelo@ct.gov	(860) 424-4805
MA	Terri Costanzo	MassHealth Quality Office Office of Clinical Affairs 100 Hancock Street, 6th Floor Quincy, MA 02171 terri.costanzo@state.ma.us	(617) 847-3720
ME	Carol Bean	Department of Health And Human Services SHS #11 442 Civic Center Drive Augusta, Maine 04333 Manager, Health Network Services caroll.bean@maine.gov	(207) 287-4837
	Brenda McCormick	Director, Health Care Management brenda.mccormick@maine.gov	(207) 287-1774
NH	Andrew Chalsma	Andrew Chalsma BDSM - OMBP - NH DHHS 129 Pleasant St, Concord, NH 03301-6527 603-271-4514 aachalsma@dhs.state.nh.us	(603) 271-4514
RI	Diane Bynum	Center for Child and Family Health Division of Health Care Quality, Financing and Purchasing Department of Human Services 600 New London Avenue Cranston, RI 02920 dbynum@dhs.ri.gov	(401) 462-0750
VT	Jeffrey Ross, Data Director	Vermont Office of Health Access 312 Hurricane Lane, Suite 201 Williston, VT 05495 Jeffrey.Ross@dhs.state.vt.us	(802) 879-8201
	Carolyn Anderson		

7 installation packages: 7 CD's.

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 3 - Philadelphia**

CMS	Contact	Email	Phone
RO	Michael Cleary	Michael.Cleary@cms.hhs.gov	215.861.4282
RO	Gilson Dasilva	Gilson.Dasilva@cms.hhs.gov	215.861.4181
CO	Carolyn Lawson	Carolyn.Lawson@cms.hhs.gov	410.786.0704
State	Contact	Address	Phone
DC	Lisa Truitt	Department of Health Care Finance 5 th floor 825 N. Capitol Street, NW Washington, DC 20002	(202) 442.9109
DE	Glyne Williams	Delaware Health and Social Services Lewis Building, P.O. Box 906 Division of Medicaid and Medical Assistance New Castle, DE 19720	302-255-9628
MD	Pam Williams	Division of Health Choice Management and Quality Assurance Department of Health and Mental Hygiene 201 W. Preston Street Baltimore, MD 21201	(410)767-3532
PA	Wanda Abou El Nagga	Commonwealth of Pennsylvania Bureau of Data Claims Management Department of Public Welfare Cherrywood Building P.O. Box 2675 Harrisburg, PA 17105-2675	(717) 772-6271
VA	Valerie Taylor Managed Care Programs	Health Care Services Division Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219	(804) 371-6060
WV	Brandy Pierce Special Programs Manager	Office of Medicaid Managed Care Bureau of Medical Services Department of Health and Human Resources 350 Capitol Street, Room 251 Charleston, WV 25301	(304) 568-5170/6

8 installation packages; 7 CDs

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 5 – Chicago**

CMS	Contact	Email	Phone
RO	Shantell Franklin	Shantell.Franklin@cms.hhs.gov	312.353.8050
RO	Mara Siler-Price	Mara.Siler-Price@cms.hhs.gov	312-886-5353
RO	Hye Sun Lee	HyeSun.Lee@cms.hhs.gov	312.353.2702
CO	Loan Swisher	Loan.Swisher@cms.hhs.gov	410.786.4650
State	Contact	Address	Phone
IL	Michelle Moher	Bureau of Managed Care Illinois Department of Healthcare and Family Services 201 South Grand Avenue, East Springfield, IL 62763-0001	(217) 524-7478
IN	Natalie Angel	Federal Relations & Compliance Manager Office of Medicaid Policy & Planning Family & Social Services Administration 402 West Washington Street., Room W-374 Indianapolis, In 46204-2739	(317) 234-5547
MI	TShara Cannon	Quality Analyst Managed Care Plan Division Michigan Department of Community Health 400 South Pine Street Lansing, MI 48913	(517) 373-8616
MN	Jacqueline Coleman	Waiver Specialist Medical Services Administration	(517) 241-7172
	Kathy Stiffler	Director Medical Services Administration	(517) 241-7933
	Kathleen Vanderwall	Federal Relations Minnesota Department of Human Services Elmer L. Andersen Building 540 Cedar Street, P.O. Box 64983 St. Paul, MN 55164-0983	(651) 431-2186
OH	Ann Berg	Deputy Medicaid Director (same address as above)	(651) 431-2193
	Tammy Simon	Bureau of Managed Health Care Office of Ohio Health Plans Ohio Department of Job and Family Services 30 East Broad Street, P.O. Box 182709 Columbus, OH 43218-2709	(614) 752-4572
WI	Rafiat Eshett	Regulatory Unit Supervisor Managed Care Contract Administration Section Ohio Department of Job and Family Services 50 W. Town Street, 4 th Floor Columbus, OH 43215	(614) 431-2193
	Mark Prodoehl	Bureau of Managed Health Care Programs	(608) 266-2833

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 6 - Dallas**

CMS	Contact	Email	Phone
RO	Mary Foster	Mary.Foster@cms.hhs.gov	214.767.4413
RO	Stacey Shuman	Stacey.Shuman2@cms.hhs.gov	214.767.6479
CO	Loan Swisher	Loan.Swisher@cms.hhs.gov	410.786.4650
State	Contact	Address	Phone
AR	Glenda Higgs	Department of Human Services Division of Medical Services P.O. Box 1437, Slot S295 Little Rock, AR 72203-1437 Glenda.Higgs@arkansas.gov	(501) 683-5776
	Drenda Harkins	Department of Human Services Division of Medical Services P.O. Box 1437, Slot S413 Little Rock, AR 72203-1437 Tami.Hartlan@arkansas.gov	(501) 682-8303
LA	Ruth Kennedy	Department of Health and Hospitals Blenville Building 628 N. 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 Ruth.Kennedy@LA.gov	(225)342-3032
NM	Cathy Roche	NM Human Services Department Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504-2348 Cathy.Roche@state.nm.us	(505) 827-3131
OK	Della Greggs	Oklahoma Health Care Authority 4545 N. Lincoln Blvd, Suite 1-A Oklahoma City, OK 73105 Della.Greggs@okhca.org	(405) 522-7125
TX	Rick Allgeyer	Texas Health and Human Services Commission Medicaid and CHIP Division P.O. Box 13247 Austin, Texas 78711 Rick.Allgeyer@hsc.state.tx.us	(512) 424-6634
	Greg Marrow STAR, STAR Plus, NorthSTAR	Same address as above Greg.Marrow@hsc.state.tx.us	

7 installation packages; 7 CD's

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection
Region 8 – Denver**

CMS	Contact	Email	Phone
RO	Lisa Hughes	Lisa.Hughes@cms.hhs.gov	303.844.7035
RO	Gary Ashby	Gary.Ashby@cms.hhs.gov	303.844.7033
RO	Jeremy Adams	Jeremy.Adams@cms.hhs.gov	303.844.7115
CO	Loan Swisher	Loan.Swisher@cms.hhs.gov	410.786.4650
State	Contact	Address	Phone
CO	Jerry Smallwood	Division of Managed Care Contracting Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1714	(303) 866-5947
MT	Nancy Wikle	Department of Public Health and Human Services 1400 Broadway, A206 Helena, MT 59620	(406) 444-0991
ND	Tania Hellman	Administrator, Managed Care Medical Services Division North Dakota Department of Human Services 600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505	(701) 328-3598
SD	Tracy Shields	Department of Social Services Medical Services 700 Governor's Drive Pierre, SD 57501-2291	(605) 773-3495
UT	Emma Chacon	Utah Department of Health Division of Health Care Financing 1460 West 288 North Box 143105 Salt Lake City, UT 84114-3105	(801) 538-6577
**WY	Debbie Paiz	Systems Manager Office of Healthcare Financing EqualityCare 6101 Yellowstone Rd., Suite 210 Cheyenne, WY 82002 (307) 777-5378	(307) 777-5378

7 installation packages; 6 CDs. **State does not need an installation package or CD but must e-mail RO the State Enrollment numbers as of 7/1/2011.

**Contacts for the Centers for Medicare & Medicaid Services (CMS)
2011 Medicaid Managed Care Data Collection**

Region 10 - Seattle

CMS	Contact	Email	Phone
RO	Tania Seto	Tania.Seto@cms.hhs.gov	206.615.2343
CO	Joe Del Pilar	Joseph.DelPilar@cms.hhs.gov	410.786.0081
State	Contact	Address	Phone
**AK	Michelle Lisper	Alaska DHSS FMS, Budget Section PO Box 110650 Juneau, AK 99811-0650 Michelle.lisper@alaska.gov	907-465-1628
ID	Robert J Kellerman, Senior Financial Specialist Idaho Division of Medicaid Office of Reimbursement	Idaho Medicaid PO Box 83720 Boise, ID 83720-0036	208-364-1994
OR	Don Ross	Department of Human Services Division of Medical Assistance Programs 500 Summer Street, NE – E49 Salem, OR 97301-1079	(503) 945-6084
WA	For Healthy Options info: Cookie Perkins	DSHS HRSA Office of Medicaid Systems and Data PO Box 45564 Olympia, WA 98504-5564	360-725-2010
	For Mental Health Program: Faith Lai	Evaluation and Quality Assurance Division of Behavioral Health and Recovery DSHS Aging and Disability Services Administration P. O. Box 45320 Olympia, WA 98504	(360) 725-1708

5 installation packages; 5 CD's. **State does not need an installation package or CD but must e-mail RO the State Enrollment numbers as of 7/1/2011.

SOUTH CAROLINA Health Maintenance Organization (HMO)

Contact Information

Jennifer Campbell
Program Director
Managed Care
(803)898-2593

State Website Address: [Http://www.scdhhs.gov](http://www.scdhhs.gov)

Program Impact

Initial Waiver Approval Date: August 1, 1996
Implementation Date: August 1, 1996
Waiver Expiration Date: Statewide
Program Service Area: Yes
Phased In Completed: Maximum
Enrollment Broker: 1932(a)
Operating Authority: None
1915(b) Authority Used: None
Statutes Waived: None
Sections of Title XIX: None

Service Delivery Options

MCO (Comprehensive Benefits) - Risk-based Capitation

Service Delivery

Included Services: Alcohol and Drug Screening,Disease Management,Durable Medical Equipment,EPSTD,Family Planning,Hearing,Home Health,Immunizations,Inpatient Hospital,Interactive Psychiatric Interview Exam,Laboratory,Occupational Therapy,Outpatient Hospital,Pharmacy,Physical Therapy,Physician,Speech Therapy,Transportation,Vision,X-Ray

Allowable PCP Specialties: Family Practitioners,Federally Qualified Health Centers (FQHCs),General Practitioners,Internists,Obstetricians/Gynecologists or Gynecologists,Pediatricians,Rural Health Clinics (RHCs)

Covered Contractors: Not Applicable

Enrollment

Included Populations:

- Title XXI CHIP, Mandatory
- Aged and Related Populations, Voluntary
- Poverty-Level Pregnant Women, Mandatory
- Special Needs Children (State defined), Voluntary
- American Indian/Alaskan Native, Voluntary
- Special Needs Children (BBA defined), Voluntary
- Foster Care Children, Voluntary

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SOUTH CAROLINA Health Maintenance Organization (HMO)

Medicare Dual Eligibles Included:	<ul style="list-style-type: none"> -Blind/Disabled Children and Related Populations , Voluntary -Blind/Disabled Adults and Related Populations , Mandatory -Section 1931 Adults and Related Populations , Mandatory -Section 1931 Children and Related Populations , Mandatory
Populations Excluded:	<ul style="list-style-type: none"> None -Age 65 or Older -Enrolled in An HMO Through Third Party Coverage -Hospice Recipients -Medicare Dual Eligibles -Participate in HCBS Waiver -Reside In Nursing Facility or ICF/MR
Medicare Dual Eligibles Excluded:	-Exclude all categories of Medicare Dual Eligibles
Guaranteed Eligibility:	-No guaranteed eligibility
Lock In Period:	-9 month lock-in
Medicaid Managed Care Entity also has a Medicare contract that includes dual eligibles:	Not Applicable
Medicare contract includes dual eligibles and provides a Part D benefit:	Not Applicable
Scope of Part D Coverage:	Not Applicable
Part D - Enhanced Alternative Coverage:	Not Applicable
Part D Excluded Drugs in Medicaid Managed Care Entity Contracts:	Not Applicable

Service People With Special Needs

Strategies Used to Identify Population:	<ul style="list-style-type: none"> Uses eligibility data to identify members of these groups Uses provider referrals to identify members of these groups Uses enrollment forms to identify members of these groups
Agencies Medicaid Coordinators With:	<ul style="list-style-type: none"> Maternal and Child Health Agency Mental Health Agency Developmental Disabilities Agency Public Health Agency Family Connections Substance Abuse Agency Social Services Agencies Aging Agencies Educational Agencies

Participating Managed Care Entities

Absolute Total Care
 BlueChoice Health Plan
 First Choice by Select Health of South Carolina, Inc.
 UnitedHealthCare of SC

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SOUTH CAROLINA Health Maintenance Organization (HMO)

Explanation of Unique Circumstances

None

Explanation of how the Program Operates

None

Quality Activities for MCO

State Quality Assessment and Improvement

Activities:

Adolescent immunization rate
 Adolescent well-care visits
 Appropriate testing for Children with Pharyngitis
 Appropriate treatment for Children with Upper Respiratory Infection
 Asthma care - medication use
 Breast cancer screening
 Check-ups after delivery
 Chlamydia screening in women
 Cholesterol screening or management
 Colorectal cancer screening
 Controlling high blood pressure
 Dental Services
 Diabetes management/care
 Follow-up after hospitalization for mental illness
 Frequency of on-going prenatal care
 Immunization for two year olds
 Influenza vaccination rate
 Initiation of prenatal care - timeliness
 Lead screening rate
 Percentage of beneficiaries with at least one dental visit
 Smoking prevention or cessation
 Well-child care visit rates first 15 months of life
 well-child care visit rates in 3, 4, 5 and 6 years

Encounter Data Collection-Requirements:

Patient satisfaction with care delivered
 Percent of low birth weight babies
 Percentage of beneficiaries satisfied with their ability to access of care

Encounter Data Collection-Submission Specifications:

Adult's access to preventive/ambulatory health services
 Average distance to PCP
 Children's access to primary care practitioners
 Ratio of addiction professionals to number of beneficiaries
 Ratio of dental providers to beneficiaries
 Ratio of mental health provider to number of beneficiaries
 Ratio of PCPs to beneficiaries
 Rural/Urban Network distribution of PCPs to beneficiaries

Encounter Data Collection-Standardized Forms

Not Applicable

State/MCO conducts data accuracy check(s) on specified elements

Date of Service
 Date of Processing
 Date of Payment
 Provider ID
 Type of Service

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SOUTH CAROLINA Health Maintenance Organization (HMO)

<p>State conducts general data completeness assessments:</p>	<p>Yes</p> <p>Medicaid Eligibility Plan Enrollment Diagnosis Codes Procedure Codes Revenue Codes Age-appropriate diagnosis/procedure Gender-appropriate diagnosis/procedure</p>
<p>Encounter Data Validation-Methods:</p>	<p>Days in unpaid claims/ claims outstanding Expenditures by medical category of service Medical loss ratio State minimum reserve requirements Total revenue</p>
<p>Performance Measures-Types:</p>	<p>Beneficiary need for interpreter Board certification Information on primary languages spoken by beneficiaries Languages spoken (other than English) MCO/PCP - specific disenrollment rate Percentage of beneficiaries who are auto-assigned to MCOs Provider turnover Weeks of pregnancy at time of enrollment in MCO, for women giving birth during the reporting period</p>
<p>Performance Measures-Process Quality:</p>	<p>None</p>
<p>Performance Measures-Health Status Outcomes Quality:</p>	<p>None</p>
<p>Performance Measures-Access/Availability of Care:</p>	<p>None</p>
<p>Performance Measures-Use of Services/Utilization</p>	<p>None</p>
<p>Performance Measures-Health Plan Stability/Financial/Cost of care:</p>	<p>None</p>
<p>Performance Measures-Health Plan Provider Characteristics:</p>	<p>None</p>
<p>Performance Measures-Beneficiary Characteristics:</p>	<p>None</p>
<p>Performance Measures-Use of HEDIS Medicaid Measures:</p>	<p>The State uses ALL of the HEDIS measures listed for Medicaid</p>
<p>Performance Measures-Calculation of HEDIS Measures from Encounter Data:</p>	<p>The State generates from Encounter data SOME of the HEDIS measures listed for Medicaid</p>
<p>Performance Measures-HEDIS Measure Specifications:</p>	<p>State uses/requires MCOs to follow NQA specifications for all of the HEDIS measures listed for Medicaid that it collects</p>
<p>Consumer Self-Report Data:</p>	<p>None</p>
<p>Performance Improvement Project Requirements:</p>	<p>MCOs are required to conduct a project(s) of their own choosing All MCOs participating in the managed care program are required to conduct a common performance improvement project(s) Prescribed by the State Medicaid agency Multiple, but not all MCOs participating in the managed care program are required to conduct a common performance</p>

**SOUTH CAROLINA
Health Maintenance Organization (HMO)**

Improvement project(s) prescribed by the State Medicaid agency
Individual MCOs are required to conduct a project prescribed by
the State Medicaid agency

Performance Improvement Projects:	Clinical Performance Improvement Projects Non-Clinical Performance Improvement Projects
Clinical Performance Improvement Projects:	None
Non-Clinical Performance Improvement Projects:	None
MCO Standards:	None
Accreditation Required for Participation:	None
Non-Duplication Based on Participation:	None
EQRO Organizations:	None
EQRO Name:	None
Mandatory EQRO Activities:	None
Optional EQRO Activities:	None
Use of Collected Data:	None
Pay 4 Performance (P4P) Programs:	The State HAS NOT implemented a Pay-for-Performance program with the MCO, but plans to implement one in the future
P4P Program Payers	None
P4P Population Categories Included:	None
P4P Rewards Model:	None
P4P Member Incentives:	None
P4P Clinical Conditions:	None
P4P Measurement of Improved Performance:	None
P4P Initial Year of Reward:	None
P4P Evaluation Component:	Not Applicable

Program Complete

Program Complete:	Yes
Date Completed:	March 13, 2012

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SOUTH CAROLINA Medical Homes Network

Contact Information

Jennifer Campbell
Program Director
Managed Care
(803) 898-2593

State Website Address: <http://www.scdhhs.gov>

Program Impact

Initial Waiver Approval Date: October 1, 2006
Implementation Date: October 1, 2006
Waiver Expiration Date: Statewide
Program Service Area: Yes
Phased In Completed: No
Enrollment Broker: 1932(a)
Operating Authority: None
1915(b) Authority Used: None
Statutes Waived: None
Sections of Title XIX: None

Service Delivery Options

PCCM Provider - Fee-for-Service

Service Delivery

Included Services:
Case Management,Dental,Durable Medical Equipment,EPSDT,Family Planning,Hearing,Home Health,Immunization,Inpatient Hospital,Inpatient Mental Health,Laboratory,Occupational Therapy,Outpatient Hospital,Outpatient Mental Health,Pharmacy,Physical Therapy,Physician,Skilled Nursing Facility,Speech Therapy,Transportation,Vision,X-Ray

Allowable PCP Specialties:
Family Practitioners,Federally Qualified Health Centers (FQHCs),General Practitioners,Internists,Obstetricians/Gynecologists or Gynecologists,Pediatricians,Rural Health Clinics (RHCs)

Covered Contractors:
Not Applicable

Enrollment

Included Populations:

- Medicare Dual Eligibles , Voluntary
- Section 1931 Adults and Related Populations , Mandatory
- Poverty-Level Pregnant Women , Mandatory
- Special Needs Children (BBA defined) , Voluntary
- Special Needs Children (State defined) , Voluntary
- Title XXI CHIP , Mandatory
- Foster Care Children , Voluntary

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SOUTH CAROLINA Medical Homes Network

<p>Medicare Dual Eligibles Included:</p> <p>Populations Excluded:</p> <p>Medicare Dual Eligibles Excluded:</p> <p>Guaranteed Eligibility:</p> <p>Lock In Period:</p> <p>Medicaid Managed Care Entity also has a Medicare contract that includes dual eligibles:</p> <p>Medicare contract includes dual eligibles and provides a Part D benefit:</p> <p>Scope of Part D Coverage:</p> <p>Part D - Enhanced Alternative Coverage:</p> <p>Part D Excluded Drugs In Medicaid Managed Care Entity Contracts:</p>	<p>-Aged and Related Populations , Voluntary -Blind/Disabled Children and Related Populations , Voluntary -Blind/Disabled Adults and Related Populations , Mandatory -Section 1931 Children and Related Populations , Mandatory -American Indian/Alaskan Native , Voluntary</p> <p>-Include all categories of Medicare Dual Eligibles</p> <p>-Enrolled in Another Managed Care Program -Participate in HCBS Waiver -Reside in Nursing Facility or C/F/MR</p> <p>None</p> <p>-No guaranteed eligibility</p> <p>-9 month lock-in</p> <p>Yes</p> <p>No</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>None</p>
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Service People With Special Needs

<p>Strategies Used to Identify Population:</p> <p>Agencies Medicaid Coordinates With:</p>	<p>Uses enrollment forms to identify members of these groups Uses eligibility data to identify members of these groups Uses provider referrals to identify members of these groups</p> <p>Maternal and Child Health Agency Mental Health Agency Developmental Disabilities Agency Public Health Agency Substance Abuse Agency Social Services Agency Family Connections Aging Agencies Educational Agencies</p>
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Participating Managed Care Entities

Carolina Medical Homes
Palmetto Physician Connections
South Carolina Solutions

Explanation of Unique Circumstances

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SOUTH CAROLINA Medical Homes Network

None

Explanation of how the Program Operates

None

Quality Activities for PCCM

State Quality Assessment and Improvement Activities:

- Enrollee Hotlines
- Focused Studies
- On-Site Reviews
- Performance Improvement Projects
- Performance Measures
- Provider Data

Performance Measures-Types:

- Access/Availability of Care
- Beneficiary Characteristics
- Health Status/Outcomes
- Process
- Provider Characteristics
- Use of Services/Utilization

Performance Measures-Process Quality:

- Ace Inhibitor/ARB Therapy
- Adolescent immunization rate
- Adolescent well-care visits rates
- Appropriate testing for children with Pharyngitis
- Appropriate treatment for children with Upper Respiratory Infection (URI)
- Asifirma care - medication use
- Beta-blocker treatment after heart attack
- Breast Cancer screening rate
- Cervical cancer screening rate
- Check-ups after delivery
- Chlamydia screening in women
- Cholesterol screening and management
- Controlling high blood pressure
- Dental services
- Depression medication management
- Diabetes management/care
- Follow-up after hospitalization for mental illness
- Frequency of on-going prenatal care
- Hearing services for individuals less than 21 years of age
- HIV/AIDS care
- Immunizations for two year olds
- Pregnancy Prevention
- Smoking prevention and cessation
- Vision services for individuals less than 21 years of age
- Well-child care visit rates in 3, 4, 5, and 6 years of life
- Well-child care visit rates in first 15 months of life

Performance Measures-Health Status Outcomes Quality:

- Patient satisfaction with care
- Percentage of beneficiaries who are satisfied with their ability to obtain care
- Percentage of low birth weight infants

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SOUTH CAROLINA Medical Homes Network

Performance Measures-Access/Availability of Care:

Average distance for PCP
Average wait time for an appointment with primary care case manager
Children's access to primary care practitioners
Percent of PCPs with open or closed patient assignment panels
Ratio of primary care case managers to beneficiaries

Performance Measures-Use of Services/ Utilization

Drug Utilization
Emergency room visits/1,000 beneficiaries
Inpatient admissions/1,000 beneficiaries
Number of primary care case manager visits per beneficiary
Number of specialist visits per beneficiary
Percent of beneficiaries accessing 24-hour day/night care at MH/SUD facility
Re-admission rates of MH/SUD

Performance Measures-Provider Characteristics

Board Certification
Languages spoken (other than English)
Provider turnover

Performance Measures-Beneficiary Characteristics

Information on primary languages spoken by beneficiaries
Weeks of pregnancy at time of enrollment in PCCM, for women giving birth during the reporting period

Consumer Self-Report Data:

None

Performance Improvement Projects:

Clinical Performance Improvement Projects

Clinical Performance Improvement Projects:

Asthma management
Childhood Immunization
Diabetes management
Emergency Room service utilization
Low birth-weight baby
Pharmacy management
Pre-natal care

Non-Clinical Performance Improvement Projects:

None

Use of Collected Data:

Contract Standard Compliance
Fraud and Abuse
Monitor Quality Improvement
Program Evaluation
Program Modification, Expansion, or Renewal
Regulatory Compliance/Federal Reporting
Track Health Service provision

Program Complete

Program Complete:

Yes

Date Completed:

March 13, 2012

March 16, 2012

SOUTH CAROLINA Non-Emergency Transportation Program

Contact Information

State Contact: Zenovia Vaughn
Program Director
Hospitals, Dental, Transportation and DME Services
(803) 898-2682

State Website Address: <http://www.scdhhs.gov>

Program Impact

Initial Waiver Approval Date: May 1, 2007

Implementation Date:

Waiver Expiration Date: Statewide

Program Service Area: Statewide

Phased In Completed: Yes

Enrollment Broker: Logisticare
MTM

Operating Authority: 1902(a)(70)

1915(b) Authority Used: None

Statutes Waived: None

Sections of Title XIX: None

Service Delivery Options

Transportation PAHP - Risk-based Capitation

Service Delivery

Included Services:	Non-Emergency Transportation
Allowable PCP Specialties:	Not applicable, contractors not required to identify PCPs
Covered Contractors:	Not Applicable

Enrollment

Included Populations:

- American Indian/Alaska Native , Mandatory
- Medicare Dual Eligibles , Mandatory
- Poverty-Level Pregnant Women , Mandatory
- Special Needs Children (BBA defined) , Mandatory
- Special Needs Children (State defined) , Mandatory
- Title XXI CHIP , Mandatory
- Foster Care Children , Mandatory
- Aged and Related Populations , Mandatory
- Blind/Disabled Children and Related Populations , Mandatory
- Blind/Disabled Adults and Related Populations , Mandatory
- Section 1931 Adults and Related Populations , Mandatory
- Section 1931 Children and Related Populations , Mandatory

SOUTH CAROLINA Non-Emergency Transportation Program

Medicare Dual Eligibles Included:	-Include all categories of Medicare Dual Eligibles
Populations Excluded:	-No populations are excluded
Medicare Dual Eligibles Excluded:	None
Guaranteed Eligibility:	None
Lock In Period:	-Does not apply
Medicaid Managed Care Entry also has a Medicare contract that includes dual eligibles:	No
Medicare contract includes dual eligibles and provides a Part D benefit:	No
Scope of Part D Coverage:	Not Applicable
Part D - Enhanced Alternative Coverage:	Not Applicable
Part D Excluded Drugs In Medicaid Managed Care Entry Contracts:	None

Service People With Special Needs

Strategies Used to Identify Population:	DOES NOT identify members of these groups
Agencies Medicaid Coordinates With:	<ul style="list-style-type: none"> Aging Agency Developmental Disabilities Agency Mental Health Agency Education Agency Social Services Agencies Family Connections

Participating Managed Care Entities

Logisticare
Medical Transportation Management (MTM)

Explanation of Unique Circumstances

The state contracts with two transportation brokers. The Transportation brokerage services is divided into six regions: Logisticare covers 2/3 of the state and MTM covers 1/3 of the state.

Explanation of how the Program Operates

None

SOUTH CAROLINA Non-Emergency Transportation Program

Quality Activities for PAHP

State Quality Assessment and Improvement Activities:	<ul style="list-style-type: none"> Advisory Committee Consumer Self-Report Data Encounter Data On-Site Reviews Performance Measures
Encounter Data Collection-Requirements:	<p>Specifications for the submission of encounter data to the Medicaid agency Standards to ensure complete, accurate, timely encounter data submission</p>
Encounter Data Collection-Submission Specifications:	<p>Data submission requirements including documentation describing set of encounter data elements, definitions, sets of acceptable values, standards for data processing and editing</p>
Encounter Data Collection-Standardized Forms	<p>None</p>
State/MCO conducts data accuracy check(s) on specified elements	<ul style="list-style-type: none"> Date of Service Date of Processing Date of Payment Type of Service Medicaid Eligibility
State conducts general data completeness assessments:	<p>Yes</p>
Encounter Data Validation-Methods:	<p>Automated analysis of encounter data submission to help determine to data completeness (e.g. frequency distributions, cross-tabulations, trend analysis, etc.) Automated edits of key fields used for calculation (e.g. codes within an allowable range)</p>
Performance Measures-Types:	<p>Use of Services/Utilization</p>
Performance Measures-Process Quality:	<p>None</p>
Performance Measures-Health Status Outcomes Quality:	<p>None</p>
Performance Measures-Access/Availability of Care:	<p>None</p>
Performance Measures-Use of Services/Utilization	<p>Emergency room visits/1,000 beneficiary</p>
Performance Measures-Health Plan Stability/Financial/Cost of care:	<p>None</p>
Performance Measures-Health Plan Provider Characteristics:	<p>None</p>
Performance Measures-Beneficiary Characteristics:	<p>None</p>
Performance Measures-Use of HEDIS Medicaid Measures:	<p>The State DOES NOT use any of the HEDIS measures</p>
Performance Measures-Calculation of HEDIS Measures from Encounter Data:	<p>The State DOES NOT generate from Encounter data any of the HEDIS measures listed for Medicaid</p>

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SOUTH CAROLINA Non-Emergency Transportation Program

Performance Measures-HEDIS Measure Not Applicable
Specifications:

Consumer Self-Report Data: State-developed Survey

Performance Improvement Project Not Applicable
Requirements:

Performance Improvement Projects: None

Clinical Performance Improvement Projects: None

Non-Clinical Performance Improvement
Projects: None

PAHP Standards: None

Use of Collected Data: Track Health Service provision

Program Complete

Program Complete: Yes

Date Completed: March 13, 2012

SOUTH CAROLINA
Program of All-Inclusive Care for the Elderly (PACE)

Contact Information

State Contact: Cindy Pedersen
Pace Program Administrator
South Carolina Dept of Health and Human Services
(803) 898-2033

State Website Address: <http://www.scdhhs.gov>

PACE Organization

Approved PACE Organization Name: Palmetto SeniorCare

Program Agreement Effective Date: November 1, 2003

PACE Contact: Judy Baskins
Palmetto SeniorCare, 5 Richland Medical Park
Columbia, SC 29203
(803) 434-3770

Approved PACE Organization Name: The OAKS PACE

Program Agreement Effective Date: March 1, 2008

PACE Contact: Elaine Till
153 Founders Ct
Orangeburg, SC 29118
(803) 535-1561

Explanation of Unique Circumstances

Under the authority of sections 1894 and 1934 of the Social Security Act, PACE organization provide pre-paid, capitated, comprehensive health care services to frail elders.

To be eligible to enroll, individuals must be 55 years of age or older, be determined by the State administering agency to need a nursing facility level of care, and reside in the service of a PACE organization. At the time of enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients.

The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. Pace organizations may charge a premium to individuals who do not have Medicaid eligibility.

The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid plan, all Medicare-covered services, and other services determined necessary by the interdisciplinary team to improve and maintain the individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.

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List of Completed Managed Care Entities for SOUTH CAROLINA

Managed Care Entity	Number of Enrollees	Dual Eligibles
Absolute Total Care	82,703	N/A
BlueChoice Health Plan	55,743	N/A
Carolina Medical Homes	3,587	41
First Choice by Select Health of South Carolina, Inc.	215,456	N/A
Logisticare	486,162	7,119
Medical Transportation Management (MTM)	255,521	7,119
Palmetto Physician Connections	4,248	98
Palmetto SeniorCare (PACE)	308	280
South Carolina Solutions	134,461	6,924
The Oaks PACE	79	71
UnitedHealthCare of SC	74,863	N/A
Totals:	1,313,131	21,652

March 16, 2012

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SOUTH CAROLINA

Absolute Total Care

Data Collection Date:	July 1, 2011	2012
Managed Care Entity Type:	Medicaid-only MCO (Comprehensive services/Medicaid enrollees only)	2012
Reimbursement Arrangement:	Risk-based Capitation	2012
Operating Authority:	1932(a)	2012
Medicare Contract:	No	2012
Includes dual eligibles and provides a Part D benefit:	No	2012
Managed Care Entity Service Area:	Statewide	2012
State Medicaid Enrollment:	807,591	2012
State '1115 Expansion Enrollment:	Not Applicable	2012
State Duplicated Enrollment:	0	2012
State Medicaid Managed Care Enrollment:	807,591	2012
State Medicaid Dual Eligible Enrollment:	131,649	2012
Include Dual Eligibles:	N	2012
Managed Care Entity Enrollees:	82,703	2012
Section 1931 Children and Related Populations:	13,900	2012
Section 1931 Adult and Related Populations:	10,047	2012
Blind/Disabled Children and Related Populations:	2,673	2012
Blind/Disabled Adult and Related Populations:	8,138	2012
Aged and Related Populations:	0	2012
Foster Care Children:	521	2012
Title XXI CHIP:	35,871	2012
Special Needs Children (State Defined):	13	2012
Special Needs Children (BBA Defined):	2,660	2012
Poverty Level Pregnant Women (SOBRA):	2,626	2012
Managed Care Entity Dual Eligibles:	0	2012
Other Populations:	6,254	2012
Plan IDs associated with the Plan:	hm2200	2012
Included Services:	Integrated Services	2012
Counties/Areas Served:	None	2012
Programs Assigned To:	Health Maintenance Organization (HMO)	2012

March 16, 2012

Comments:
Managed Care Entity Complete:
Date Completed:

Absolut Total Care was previously named Total Carolina Care, Inc. Name change was effective on June 1, 2009.
Yes
March 13, 2012

SOUTH CAROLINA

BlueChoice Health Plan

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	Medicaid-only MCO (Comprehensive services/Medicaid enrollees only)
Reimbursement Arrangement:	Risk-based Capitation
Operating Authority:	1932(a)
Medicare Contract:	No
Includes dual eligibles and provides a Part D benefit:	No
Managed Care Entity Service Area:	Statewide
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	N
Managed Care Entity Enrollees:	55,743
Section 1931 Children and Related Populations:	9,253
Section 1931 Adult and Related Populations:	8,988
Blind/Disabled Children and Related Populations:	1,187
Blind/Disabled Adult and Related Populations:	4,731
Aged and Related Populations:	0
Foster Care Children:	258
Title XXI CHIP:	20,795
Special Needs Children (State Defined):	11
Special Needs Children (BBA Defined):	1,175
Poverty Level Pregnant Women (SOBRA):	3,775
Managed Care Entity Dual Eligibles:	0
Other Populations:	5,570
Plan IDs associated with the Plan:	hm3200
Included Services:	Integrated Services
Counties/Areas Served:	None
Programs Assigned To:	Health Maintenance Organization (HMO)

March 16, 2012

Comments:

None

Managed Care Entity Complete:

Yes

Date Completed:

March 13, 2012

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SOUTH CAROLINA

Carolina Medical Homes

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	PCCM Provider
Reimbursement Arrangement:	Fee-For-Service
Operating Authority:	1932(a)
Medicare Contract:	No
Includes dual eligibles and provides a Part D benefit:	No
Managed Care Entity Service Area:	Statewide
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	Y
Managed Care Entity Enrollees:	3,587
Section 1931 Children and Related Populations:	618
Section 1931 Adult and Related Populations:	375
Blind/Disabled Children and Related Populations:	19
Blind/Disabled Adult and Related Populations:	498
Aged and Related Populations:	0
Foster Care Children:	3
Title XXI CHIP:	1,706
Special Needs Children (State Defined):	1
Special Needs Children (BBA Defined):	19
Poverty Level Pregnant Women (SOBRA):	236
Managed Care Entity Dual Eligibles:	41
Other Populations:	71
Plan IDs associated with the Plan:	None
Included Services:	Integrated Services
Counties/Areas Served:	None
Programs Assigned To:	Medical Homes Network

March 16, 2012

Comments:

None

Managed Care Entity Complete:

Yes

Date Completed:

March 13, 2012

March 16, 2012

SOUTH CAROLINA

First Choice by Select Health of South Carolina, Inc.

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	Medicaid-only MCO (Comprehensive services/Medicaid enrollees only)
Reimbursement Arrangement:	Risk-based Capitation
Operating Authority:	1932(a)
Medicare Contract:	No
Includes dual eligibles and provides a Part D benefit:	No
Managed Care Entity Service Area:	Statewide
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	N
Managed Care Entity Enrollees:	215,456
Section 1931 Children and Related Populations:	42,762
Section 1931 Adult and Related Populations:	15,787
Blind/Disabled Children and Related Populations:	7,740
Blind/Disabled Adult and Related Populations:	9,927
Aged and Related Populations:	0
Foster Care Children:	1,703
Title XXI CHIP:	110,769
Special Needs Children (State Defined):	25
Special Needs Children (BBA Defined):	7,718
Poverty Level Pregnant Women (SOBRA):	4,539
Managed Care Entity Dual Eligibles:	0
Other Populations:	14,486
Plan IDs associated with the Plan:	hm1000
Included Services:	Integrated Services
Counties/Areas Served:	None
Programs Assigned To:	Health Maintenance Organization (HMO)

March 16, 2012

Comments:

None

Managed Care Entity Complete:

Yes

Date Completed:

March 13, 2012

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SOUTH CAROLINA

Logisticare

Data Collection Date: July 1, 2011

Managed Care Entity Type: Transportation PAHP

Reimbursement Arrangement: Risk-based Capitation

Operating Authority: 1902(a)(70)

Medicare Contract: No

Includes dual eligibles and provides a Part D benefit: No

Managed Care Entity Service Area: Region

State Medicaid Enrollment: 807,591

State 1115 Expansion Enrollment: Not Applicable

State Duplicated Enrollment: 0

State Medicaid Managed Care Enrollment: 807,591

State Medicaid Dual Eligible Enrollment: 131,649

Include Dual Eligibles: Y

Managed Care Entity Enrollees: 486,162

Section 1931 Children and Related Populations: 0

Section 1931 Adult and Related Populations: 0

Blind/Disabled Children and Related Populations: 0

Blind/Disabled Adult and Related Populations: 0

Aged and Related Populations: 0

Foster Care Children: 0

Title XXI CHIP: 0

Special Needs Children (State Defined): 0

Special Needs Children (BBA Defined): 0

Poverty Level Pregnant Women (SOBRA): 0

Managed Care Entity Dual Eligibles: 7,119

Other Populations: 479,043

Plan IDs associated with the Plan: TB1000

Included Services: Transportation Services

Counties/Areas Served: Region 3, Region 4, Region 5, Region 6

Programs Assigned To: Non-Emergency Transportation Program

March 16, 2012

Comments:

The State was not able to breakout the number of dual eligibles enrolled in Logisticare transportation plan versus the number of enrollees enrolled in MTM transportation plans. Therefore, the total number of Medicaid dual eligibles are listed under Logisticare.

Managed Care Entity Complete:

Yes

Date Completed:

March 12, 2012

March 16, 2012

SOUTH CAROLINA

Medical Transportation Management (MTM)

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	Transportation PAHP
Reimbursement Arrangement:	Risk-based Capitation
Operating Authority:	1902(a)(70)
Medicare Contract:	No
Includes dual eligibles and provides a Part D benefit:	No
Managed Care Entity Service Area:	Region
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	Y
Managed Care Entity Enrollees:	255,521
Section 1931 Children and Related Populations:	0
Section 1931 Adult and Related Populations:	0
Blind/Disabled Children and Related Populations:	0
Blind/Disabled Adult and Related Populations:	0
Aged and Related Populations:	0
Foster Care Children:	0
Title XXI CHIP:	0
Special Needs Children (State Defined):	0
Special Needs Children (BBA Defined):	0
Poverty Level Pregnant Women (SOBRA):	0
Managed Care Entity Dual Eligibles:	7,119
Other Populations:	248,402
Plan IDs associated with the Plan:	tb2000
Included Services:	Transportation Services
Counties/Areas Served:	Region 1, Region 2
Programs Assigned To:	Non-Emergency Transportation Program

March 16, 2012

Comments:

The State was not able to breakout the number of dual eligibles enrolled in Logisticare transportation plan versus the number of enrollees enrolled in MTTM transportation plans. Therefore, the total number of Medicaid dual eligibles are listed only under Logisticare.

Managed Care Entity Complete:

Yes

Date Completed:

March 12, 2012

SOUTH CAROLINA

Palmetto Physician Connections

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	PCCM Provider
Reimbursement Arrangement:	Fee-For-Service
Operating Authority:	1932(a)
Medicare Contract:	No
Includes dual eligibles and provides a Part D benefit:	No
Managed Care Entity Service Area:	Statewide
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	Y
Managed Care Entity Enrollees:	4,248
Section 1931 Children and Related Populations:	654
Section 1931 Adult and Related Populations:	400
Blind/Disabled Children and Related Populations:	28
Blind/Disabled Adult and Related Populations:	639
Aged and Related Populations:	0
Foster Care Children:	3
Title XXI CHIP:	2,084
Special Needs Children (State Defined):	1
Special Needs Children (BBA Defined):	24
Poverty Level Pregnant Women (SOBRA):	245
Managed Care Entity Dual Eligibles:	98
Other Populations:	72
Plan IDs associated with the Plan:	None
Included Services:	Integrated Services
Counties/Areas Served:	None
Programs Assigned To:	Medical Homes Network

March 16, 2012

Comments:	None
Managed Care Entity Complete:	Yes
Date Completed:	March 13, 2012

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SOUTH CAROLINA
Palmetto SeniorCare (PACE)

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	PACE
Reimbursement Arrangement:	Risk-based Capitation
Operating Authority:	PACE
Medicare Contract:	Yes
Includes dual eligibles and provides a Part D benefit:	Yes
Managed Care Entity Service Area:	County
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	Y
Managed Care Entity Enrollees:	308
Section 1931 Children and Related Populations:	0
Section 1931 Adult and Related Populations:	0
Blind/Disabled Children and Related Populations:	0
Blind/Disabled Adult and Related Populations:	0
Aged and Related Populations:	0
Foster Care Children:	0
Title XXI CHIP:	0
Special Needs Children (State Defined):	0
Special Needs Children (BBA Defined):	0
Poverty Level Pregnant Women (SOBRA):	0
Managed Care Entity Dual Eligibles:	280
Other Populations:	28
Plan IDs associated with the Plan:	exg021
Included Services:	Integrated Services
Counties/Areas Served:	Lexington, Richland
Programs Assigned To:	None

March 16, 2012

Comments:

None

Managed Care Entity Complete:

Yes

Date Completed:

March 12, 2012

March 16, 2012

SOUTH CAROLINA

South Carolina Solutions

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	PCCM Provider
Reimbursement Arrangement:	Fee-For-Service
Operating Authority:	1932(a)
Medicare Contract:	No
Includes dual eligibles and provides a Part D benefit:	No
Managed Care Entity Service Area:	Statewide
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	Y
Managed Care Entity Enrollees:	134,461
Section 1931 Children and Related Populations:	22,112
Section 1931 Adult and Related Populations:	9,412
Blind/Disabled Children and Related Populations:	5,087
Blind/Disabled Adult and Related Populations:	23,313
Aged and Related Populations:	0
Foster Care Children:	1,209
Title XXI CHIP:	60,389
Special Needs Children (State Defined):	38
Special Needs Children (BBA Defined):	3,930
Poverty Level Pregnant Women (SOBRA):	2,047
Managed Care Entity Dual Eligibles:	6,924
Other Populations:	0
Plan IDs associated with the Plan:	None
Included Services:	Integrated Services
Courties/Areas Served:	None
Programs Assigned To:	Medical Homes Network

March 16, 2012

Comments:

None

Managed Care Entity Complete:

Yes

Date Completed:

March 13, 2012

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SOUTH CAROLINA
The Oaks PACE

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	PACE
Reimbursement Arrangement:	Risk-based Capitation
Operating Authority:	PACE
Medicare Contract:	Yes
Includes dual eligibles and provides a Part D benefit:	Yes
Managed Care Entity Service Area:	County
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,649
Include Dual Eligibles:	Y
Managed Care Entity Enrollees:	79
Section 1931 Children and Related Populations:	0
Section 1931 Adult and Related Populations:	0
Blind/Disabled Children and Related Populations:	0
Blind/Disabled Adult and Related Populations:	0
Aged and Related Populations:	0
Foster Care Children:	0
Title XXI CHIP:	0
Special Needs Children (State Defined):	0
Special Needs Children (BBA Defined):	0
Poverty Level Pregnant Women (SOBRA):	0
Managed Care Entity Dual Eligibles:	71
Other Populations:	8
Plan IDs associated with the Plan:	ex0882
Included Services:	Integrated Services
Counties/Areas Served:	Calhoun, Orangeburg County
Programs Assigned To:	None

March 16, 2012

Comments:	None
Managed Care Entity Complete:	Yes
Date Completed:	March 13, 2012

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SOUTH CAROLINA
UnitedHealthCare of SC

Data Collection Date:	July 1, 2011
Managed Care Entity Type:	Medicaid-only MCO (Comprehensive services/Medicaid enrollees only)
Reimbursement Arrangement:	Risk-based Capitation
Operating Authority:	1932(a)
Medicare Contract:	No
Includes dual eligibles and provides a Part D benefit:	No
Managed Care Entity Service Area:	Statewide
State Medicaid Enrollment:	807,591
State 1115 Expansion Enrollment:	Not Applicable
State Duplicated Enrollment:	0
State Medicaid Managed Care Enrollment:	807,591
State Medicaid Dual Eligible Enrollment:	131,849
Include Dual Eligibles:	N
Managed Care Entity Enrollees:	74,863
Section 1931 Children and Related Populations:	14,735
Section 1931 Adult and Related Populations:	14,144
Blind/Disabled Children and Related Populations:	1,680
Blind/Disabled Adult and Related Populations:	6,453
Aged and Related Populations:	0
Foster Care Children:	256
Title XXI CHIP:	24,471
Special Needs Children (State Defined):	9
Special Needs Children (BBA Defined):	1,676
Poverty Level Pregnant Women (SOBRA):	2,445
Managed Care Entity Dual Eligibles:	0
Other Populations:	8,994
Plan IDs associated with the Plan:	hm1600
Included Services:	Integrated Services
Counties/Areas Served:	None
Programs Assigned To:	Health Maintenance Organization (HMO)

March 16, 2012

Comments:

None

Managed Care Entity Complete:

Yes

Date Completed:

March 13, 2012

March 16, 2012