



## **ENCLOSURE 2**

### **SELECT HEALTH OF SOUTH CAROLINA**

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

**MCO Name:** Select Health of South Carolina  
**Reporting Period:** January 2013 - December 2013  
**Region:** Statewide  
**Rate Category:** TANF Composite

**Member Months In The Reporting Quarters:** 2,809,308

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>							
I/P Medical/Surgical/Non-Delivery Maternity	Days	46,608	\$ 78,677,623	\$ 0	199.1	\$ 1,688.07	\$ 28.01
I/P Well Newborn	Days	24,697	12,658,662	-	105.5	512.56	4.51
Mental Health / Substance Abuse	Days	5,301	3,192,916	-	22.6	602.32	1.14
Other Inpatient	Days	1,083	1,621,190	-	4.6	1,496.94	0.58
<b>Outpatient Hospital</b>							
Surgery	Encounters	11,425	22,261,026	-	48.8	1,948.45	7.92
Non-Surg - Emergency Room	Encounters	146,656	46,482,749	-	626.4	316.95	16.55
Non-Surg - Other	Encounters	44,185	3,990,359	-	188.7	90.31	1.42
Observation Room	Encounters	89	26,513	-	0.4	297.90	0.01
Treatment/Therapy/Testing	Encounters	119,733	23,317,268	-	511.4	194.74	8.30
Other Outpatient	Encounters	1,260	416,043	-	5.4	330.19	0.15
<b>Pharmacy</b>							
Prescription Drugs	Scripts	1,740,686	85,820,221	-	7,435.4	49.30	30.55
<b>Ancillaries</b>							
Ambulance	Claim Lines	19,331	1,942,239	-	82.6	100.47	0.69
Prosthetic/DME	Units	288,865	3,497,789	-	1,233.9	12.11	1.25
Other Ancillaries	Units	14,408	977,288	-	61.5	67.83	0.35
<b>Physician</b>							
Surgery - I/P and O/P	Units	76,853	11,147,419	5,443	328.3	145.05	3.97
Surgery - I/P and O/P - Anesthesia	Claim Lines	28,704	2,816,798	-	122.6	98.13	1.00
Maternity – Non-Delivery	Units	4,505	282,167	-	19.2	62.63	0.10
Hospital Visits	Units	90,607	10,891,842	6,884	387.0	120.21	3.88
Office Visits	Units	752,907	43,382,185	189,168	3,216.1	57.62	15.51
ER Visits	Units	148,183	9,875,378	633	633.0	66.64	3.52
Immunizations	Units	307,630	3,544,216	152,017	1,314.0	11.52	1.32
Radiology	Units	181,770	5,837,759	185	776.4	32.12	2.08
Pathology	Units	612,936	7,208,253	21,575	2,618.2	11.76	2.57
Mental Health / Substance Abuse	Units	35,088	2,122,805	90	149.9	60.50	0.76
Other Professional	Units	1,284,327	35,698,579	36,975	5,486.0	27.80	12.72
<b>SUM OF COVERED SERVICES</b>		5,987,837	\$ 417,689,285	\$ 412,970	25,577.1	N/A	\$ 148.83

2,809,008

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM	
Days	46,185	\$ 76,122,405	197.3	\$ 1,648.21	\$ 27.10	
Days	24,437	12,477,596	104.4	510.60	4.44	
Days	5,260	2,927,212	22.5	556.50	1.04	
Days	1,220	1,558,860	5.2	1,277.75	0.55	
Encounters	12,062	20,979,717	51.5	1,739.32	7.47	
Encounters	148,870	43,939,139	636.0	295.15	15.64	
Encounters	44,696	3,751,691	190.9	83.94	1.34	
Encounters	65	20,483	0.3	315.12	0.01	
Encounters	128,206	22,952,549	547.7	179.03	8.17	
Encounters	291	50,214	1.2	172.56	0.02	
Scripts	1,726,904	75,329,799	7,377.3	43.62	26.82	
Claim Lines	19,506	1,889,500	83.3	96.87	0.67	
Units	302,984	3,389,585	1,294.3	11.19	1.21	
Units	14,557	961,353	62.2	66.04	0.34	
Units	77,626	10,753,586	331.6	138.53	3.83	
Claim Lines	29,445	2,758,571	125.8	93.69	0.98	
Units	4,580	285,639	19.6	62.37	0.10	
Units	93,355	11,378,146	398.8	121.88	4.05	
Units	786,845	42,391,250	3,361.4	53.87	15.09	
Units	148,994	9,489,054	636.5	63.69	3.38	
Units	315,357	3,361,776	1,347.2	10.66	1.20	
Units	184,674	5,690,898	788.9	30.82	2.03	
Units	621,847	6,984,694	2,656.5	11.23	2.49	
Units	36,363	2,030,234	155.3	55.83	0.72	
Units	1,316,044	34,288,451	5,622.1	26.05	12.21	
	6,090,373	\$ 395,762,402	26,017.9	N/A	\$ 140.89	

0.0%

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
		0.9%	3.3%
		1.1%	1.4%
		0.8%	9.1%
		(11.2%)	4.0%
		(5.3%)	6.1%
		(1.5%)	5.8%
		(1.2%)	6.4%
		36.9%	29.4%
		(6.6%)	1.6%
		332.9%	728.5%
		0.8%	13.9%
		(0.9%)	2.8%
		(4.7%)	3.2%
		(1.0%)	1.6%
		(1.0%)	3.7%
		(2.5%)	2.1%
		(1.6%)	(1.2%)
		(3.0%)	(4.2%)
		(4.3%)	2.8%
		(0.6%)	4.1%
		(2.5%)	9.9%
		(1.6%)	2.6%
		(1.4%)	3.5%
		(3.5%)	4.6%
		(2.4%)	4.2%
		(1.7%)	5.6%

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

**MCO Name:** Select Health of South Carolina  
**Reporting Period:** January 2013 - December 2013  
**Region:** Statewide  
**Rate Category:** OCWI

**Member Months In The Reporting Quarters:** 108,228

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>							
I/P Medical/Surgical/Non-Delivery Maternity	Days	2,329	\$ 3,097,900	\$ 0	258.2	\$ 1,330.14	\$ 28.62
I/P Well Newborn	Days	2	2,656	-	0.2	1,328.00	0.02
Mental Health / Substance Abuse	Days	188	110,473	-	20.8	587.62	1.02
Other Inpatient	Days	282	698,156	-	31.3	2,475.73	6.45
<b>Outpatient Hospital</b>							
Surgery	Encounters	948	945,599	-	105.1	997.47	8.74
Non-Surg - Emergency Room	Encounters	9,128	3,094,358	-	1,012.1	339.00	28.59
Non-Surg - Other	Encounters	3,253	336,143	-	360.7	103.33	3.11
Observation Room	Encounters	118	26,499	-	13.1	224.57	0.24
Treatment/Therapy/Testing	Encounters	31,266	4,692,078	-	3,466.7	150.07	43.35
Other Outpatient	Encounters	351	57,841	-	38.9	164.79	0.53
<b>Pharmacy</b>							
Prescription Drugs	Scripts	106,074	2,480,280	-	11,761.2	23.38	22.92
<b>Ancillaries</b>							
Ambulance	Claim Lines	3,341	304,352	-	370.4	91.10	2.81
Prosthetic/DME	Units	9,580	156,959	-	1,062.2	16.38	1.45
Other Ancillaries	Units	2,484	462,315	-	275.4	186.12	4.27
<b>Physician</b>							
Surgery - I/P and O/P	Units	2,670	386,825	-	296.0	144.88	3.57
Surgery - I/P and O/P - Anesthesia	Claim Lines	1,271	122,544	-	140.9	96.42	1.13
Maternity - Non-Delivery	Units	16,653	928,667	-	1,846.4	55.77	8.58
Hospital Visits	Units	6,369	377,629	-	706.2	59.29	3.49
Office Visits	Units	98,624	4,818,870	586	10,935.1	48.87	44.53
ER Visits	Units	10,838	827,148	-	1,201.7	76.32	7.64
Immunizations	Units	1,352	12,754	-	149.9	9.43	0.12
Radiology	Units	42,110	3,050,743	-	4,669.0	72.45	28.19
Pathology	Units	152,851	1,483,081	68	16,947.7	9.70	13.70
Mental Health / Substance Abuse	Units	5,132	257,235	-	569.0	50.12	2.38
Other Professional	Units	32,090	687,716	-	3,558.0	21.43	6.35
<b>SUM OF COVERED SERVICES</b>		539,304	\$ 29,418,819	\$ 654	59,796.4	N/A	\$ 271.83

108,551

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1000	Cost per Unit	Service Cost PMPM	
Days	2,346	\$ 3,049,008	259.3	\$ 1,299.66	\$ 28.09	
Days	2	2,656	0.2	1,328.00	0.02	
Days	193	113,924	21.3	590.28	1.05	
Days	274	699,069	30.3	2,551.35	6.44	
Encounters	1,047	937,759	115.7	895.66	8.64	
Encounters	9,787	3,052,035	1,081.9	311.85	28.12	
Encounters	3,340	325,519	369.2	97.46	3.00	
Encounters	81	18,581	9.0	229.40	0.17	
Encounters	33,397	4,670,498	3,691.9	139.85	43.03	
Encounters	155	27,071	17.1	174.65	0.25	
Scripts	103,652	2,401,750	11,458.4	23.17	22.13	
Line Items	3,346	303,980	369.9	90.85	2.80	
Units	10,192	157,023	1,126.7	15.41	1.45	
Units	2,650	490,043	292.9	184.92	4.51	
Units	2,716	391,348	300.2	144.09	3.61	
Line Items	1,306	125,534	144.4	96.12	1.16	
Units	16,770	936,184	1,853.9	55.82	8.62	
Units	6,327	374,924	699.4	59.26	3.45	
Units	99,500	4,861,547	10,999.4	48.86	44.79	
Units	10,853	829,682	1,199.8	76.45	7.64	
Units	1,325	12,435	146.5	9.38	0.11	
Units	42,675	3,083,995	4,717.6	72.27	28.41	
Units	153,452	1,486,664	16,963.7	9.69	13.70	
Units	5,441	269,291	601.5	49.49	2.48	
Units	32,220	695,131	3,561.8	21.57	6.40	
	543,047	\$ 29,315,651	60,032.3	N/A	\$ 270.06	

(0.3%)

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
Days		(0.4%)	1.9%
Days		0.3%	0.3%
Days		(2.3%)	(2.7%)
Days		3.2%	0.2%
Encounters		(9.2%)	1.1%
Encounters		(6.5%)	1.7%
Encounters		(2.3%)	3.6%
Encounters		46.1%	43.0%
Encounters		(6.1%)	0.8%
Encounters		127.1%	114.3%
Scripts		2.6%	3.6%
Line Items		0.1%	0.4%
Units		(5.7%)	0.3%
Units		(6.0%)	(5.4%)
Units		(1.4%)	(0.9%)
Line Items		(2.4%)	(2.1%)
Units		(0.4%)	(0.5%)
Units		1.0%	1.0%
Units		(0.6%)	(0.6%)
Units		0.2%	(0.0%)
Units		2.3%	2.9%
Units		(1.0%)	(0.8%)
Units		(0.1%)	0.1%
Units		(5.4%)	(4.2%)
Units		(0.1%)	(0.8%)
		(0.4%)	0.7%

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

**MCO Name:** Select Health of South Carolina  
**Reporting Period:** January 2013 - December 2013  
**Region:** Statewide  
**Rate Category:** SSI and SSI Related

**Member Months In The Reporting Quarters:** 254,767

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>							
I/P Medical/Surgical/Non-Delivery Maternity	Days	29,007	\$ 56,356,109	\$ 0	1,366.3	\$ 1,942.85	\$ 221.21
I/P Well Newborn	Days	-	-	-	-	-	-
Mental Health / Substance Abuse	Days	5,434	3,150,017	-	256.0	579.69	12.36
Other Inpatient	Days	814	1,634,255	-	38.3	2,007.68	6.41
<b>Outpatient Hospital</b>							
Surgery	Encounters	3,824	7,382,099	-	180.1	1,930.47	28.98
Non-Surg - Emergency Room	Encounters	27,381	10,743,383	-	1,289.7	392.37	42.17
Non-Surg - Other	Encounters	9,630	906,468	-	453.6	94.13	3.56
Observation Room	Encounters	9	2,700	-	0.4	300.04	0.01
Treatment/Therapy/Testing	Encounters	42,424	16,069,475	-	1,998.2	378.78	63.08
Other Outpatient	Encounters	463	275,065	-	21.8	594.09	1.08
<b>Pharmacy</b>							
Prescription Drugs	Scripts	622,706	48,987,305	-	29,330.6	78.67	192.28
<b>Ancillaries</b>							
Ambulance	Claim Lines	16,770	1,514,596	-	789.9	90.32	5.95
Prosthetic/DME	Units	489,675	3,610,236	-	23,064.6	7.37	14.17
Other Ancillaries	Units	13,284	786,664	-	625.7	59.22	3.09
<b>Physician</b>							
Surgery - I/P and O/P	Units	24,542	4,120,530	168	1,156.0	167.90	16.17
Surgery - I/P and O/P - Anesthesia	Claim Lines	9,272	1,029,481	-	436.7	111.03	4.04
Maternity - Non-Delivery	Units	375	19,313	-	17.7	51.50	0.08
Hospital Visits	Units	44,150	3,629,110	-	2,079.5	82.20	14.24
Office Visits	Units	119,163	6,762,958	23,864	5,612.8	56.95	26.64
ER Visits	Units	31,925	2,689,613	169	1,503.7	84.25	10.56
Immunizations	Units	10,124	127,688	5,089	476.9	13.12	0.52
Radiology	Units	70,118	3,023,085	129	3,302.7	43.12	11.87
Pathology	Units	168,085	2,330,062	4,124	7,917.1	13.89	9.16
Mental Health / Substance Abuse	Units	6,071	298,568	-	286.0	49.18	1.17
Other Professional	Units	880,082	13,802,195	1,208	41,453.5	15.68	54.18
<b>SUM OF COVERED SERVICES</b>		2,625,328	\$ 189,250,978	\$ 34,750	123,657.8	N/A	\$ 742.98

		Plan Reported					Difference	
		A	B	C	D	E	C	E
Units	# of Units	Amount Paid	Annual Utilization per 1000	Cost per Unit	Service Cost PMPM		Annual Utilization per 1,000	Service Cost PMPM
Days	27,899	\$ 55,794,751	1,308.8	\$ 1,999.88	\$ 218.13		4.4%	1.4%
Days	-	-	-	-	-		0.0%	0.0%
Days	5,183	3,065,172	243.2	591.39	11.98		5.3%	3.2%
Days	3,025	1,999,944	141.9	661.14	7.82		(73.0%)	(18.0%)
Encounters	4,043	7,607,938	189.7	1,881.76	29.74		(5.0%)	(2.6%)
Encounters	28,002	10,810,309	1,313.7	386.05	42.26		(1.8%)	(0.2%)
Encounters	9,805	886,548	460.0	90.42	3.47		(1.4%)	2.7%
Encounters	9	3,167	0.4	351.89	0.01		0.4%	(14.4%)
Encounters	46,592	16,498,144	2,185.8	354.10	64.50		(8.6%)	(2.2%)
Encounters	116	33,586	5.4	289.53	0.13		300.7%	722.3%
Scripts	630,995	48,268,091	29,602.4	76.50	188.70		(0.9%)	1.9%
Line Items	17,088	1,545,889	801.7	90.47	6.04		(1.5%)	(1.6%)
Units	526,211	3,712,361	24,686.6	7.05	14.51		(6.6%)	(2.4%)
Units	14,489	875,248	679.7	60.41	3.42		(7.9%)	(9.8%)
Units	24,714	4,117,932	1,159.4	166.62	16.10		(0.3%)	0.5%
Line Items	9,536	1,050,806	447.4	110.19	4.11		(2.4%)	(1.6%)
Units	368	19,320	17.3	52.50	0.08		2.3%	0.4%
Units	44,093	3,391,576	2,068.6	76.92	13.26		0.5%	7.4%
Units	125,913	7,164,645	5,907.1	56.90	28.01		(5.0%)	(4.9%)
Units	32,310	2,723,832	1,515.8	84.30	10.65		(0.8%)	(0.9%)
Units	10,305	132,125	483.4	12.82	0.52		(1.4%)	0.9%
Units	71,237	3,057,090	3,342.0	42.91	11.95		(1.2%)	(0.7%)
Units	172,688	2,380,310	8,101.5	13.78	9.31		(2.3%)	(1.5%)
Units	6,461	318,579	303.1	49.31	1.25		(5.7%)	(5.9%)
Units	924,971	14,298,979	43,394.0	15.46	55.90		(4.5%)	(3.1%)
	2,736,053	\$ 189,756,342	128,358.8	N/A	\$ 741.85		(3.7%)	0.2%

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

**MCO Name:** Select Health of South Carolina  
**Reporting Period:** January 2013 - December 2013  
**Region:** Statewide  
**Rate Category:** Maternity

**Number of Deliveries for the Reporting Quarters:** 10,694

10,638

0.5%

Encounter Data							
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Util per 1,000 Deliveries	Cost per Unit	Service Cost per Delivery
<b>Inpatient Hospital</b>							
Inpatient Maternity Delivery	Days	27,569	\$ 44,042,551	\$ 0	2,578.0	\$ 1,597.54	\$ 4,118.44
<b>Outpatient Hospital</b>							
Outpatient Hospital - Maternity	Encounters	-	-	-	-	-	-
<b>Physician</b>							
Maternity – Delivery	Units	11,502	12,634,486	-	1,075.6	1,098.46	1,181.46
Maternity – Delivery - Anesthesia	Claim Lines	15,560	4,285,126	-	1,455.0	275.39	400.70
<b>SUM OF COVERED SERVICES</b>		54,631	\$ 60,962,163	\$ 0	5,108.6	N/A	\$ 5,700.59

Plan Reported					
	A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per Delivery	Cost per Unit	Service Cost per Delivery
Days	28,148	\$ 43,708,384	2,646.0	\$ 1,552.81	\$ 4,108.70
Cases	27	43,336	2.5	1,605.04	4.07
Cases	11,449	12,612,342	1,076.2	1,101.61	1,185.59
Procedures	15,765	4,338,146	1,482.0	275.18	407.80
	55,389	\$ 60,702,208	5,206.7	N/A	\$ 5,706.17

Difference	
C	E
Annual Util per 1,000 Deliveries	Service Cost per Delivery
(2.6%)	0.2%
(100.0%)	(100.0%)
(0.1%)	(0.3%)
(1.8%)	(1.7%)
(1.9%)	(0.1%)

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

**MCO Name:** Select Health of South Carolina  
**Reporting Period:** January 2013 - December 2013  
**Region:** Statewide  
**Rate Category:** Composite

**Member Months In The Reporting Quarters:**

**3,172,303**

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
<b>Inpatient Hospital</b>							
I/P Medical/Surgical/Non-Delivery Maternity	Days	77,944	\$ 138,131,631	\$ 0	294.8	\$ 1,772.19	\$ 43.54
I/P Well Newborn	Days	24,699	12,661,318	-	93.4	512.62	3.99
Mental Health / Substance Abuse	Days	10,923	6,453,407	-	41.3	590.81	2.03
Other Inpatient	Days	2,179	3,953,600	-	8.2	1,814.41	1.25
<b>Outpatient Hospital</b>							
Surgery	Encounters	16,197	30,588,723	-	61.3	1,888.54	9.64
Non-Surg - Emergency Room	Encounters	183,165	60,320,490	-	692.9	329.32	19.01
Non-Surg - Other	Encounters	57,068	5,232,970	-	215.9	91.70	1.65
Observation Room	Encounters	216	55,713	-	0.8	257.93	0.02
Treatment/Therapy/Testing	Encounters	193,423	44,078,822	-	731.7	227.89	13.89
Other Outpatient	Encounters	2,074	748,949	-	7.8	361.11	0.24
<b>Pharmacy</b>							
Prescription Drugs	Scripts	2,469,466	137,287,805	-	9,341.3	55.59	43.28
<b>Ancillaries</b>							
Ambulance	Claim Lines	39,442	3,761,187	-	149.2	95.36	1.19
Prosthetic/DME	Units	788,120	7,264,984	-	2,981.3	9.22	2.29
Other Ancillaries	Units	30,176	2,226,266	-	114.1	73.78	0.70
<b>Physician</b>							
Surgery - I/P and O/P	Units	104,065	15,654,773	5,610	393.7	150.43	4.94
Surgery - I/P and O/P - Anesthesia	Claim Lines	39,247	3,968,823	-	148.5	101.12	1.25
Maternity – Non-Delivery	Units	21,533	1,230,147	-	81.5	57.13	0.39
Hospital Visits	Units	141,126	14,898,581	6,884	533.8	105.57	4.70
Office Visits	Units	970,694	54,964,013	213,619	3,671.9	56.62	17.39
ER Visits	Units	190,946	13,392,139	802	722.3	70.14	4.22
Immunizations	Units	319,106	3,684,659	157,106	1,207.1	11.55	1.21
Radiology	Units	293,998	11,911,587	314	1,112.1	40.52	3.75
Pathology	Units	933,872	11,021,396	25,767	3,532.6	11.80	3.48
Mental Health / Substance Abuse	Units	46,291	2,678,608	90	175.1	57.86	0.84
Other Professional	Units	2,196,499	50,188,491	38,182	8,308.8	22.85	15.83
<b>SUM OF COVERED SERVICES</b>		9,152,469	\$ 636,359,081	\$ 448,374	34,621.4	N/A	\$ 200.74

**3,173,347**

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM	
Days	76,430	\$ 134,966,164	289.0	\$ 1,765.88	\$ 42.53	
Days	24,439	12,480,252	92.4	510.67	3.93	
Days	10,636	6,106,308	40.2	574.12	1.92	
Days	4,519	4,257,873	17.1	942.22	1.34	
Encounters	17,152	29,525,414	64.9	1,721.40	9.30	
Encounters	186,659	57,801,483	705.9	309.66	18.21	
Encounters	57,841	4,963,758	218.7	85.82	1.56	
Encounters	155	42,231	0.6	272.46	0.01	
Encounters	208,195	44,121,191	787.3	211.92	13.90	
Encounters	562	110,871	2.1	197.28	0.03	
Scripts	2,461,551	125,999,640	9,308.3	51.19	39.71	
Claim Lines	39,940	3,739,369	151.0	93.62	1.18	
Units	839,387	7,258,969	3,174.1	8.65	2.29	
Units	31,696	2,326,644	119.9	73.40	0.73	
Units	105,056	15,262,866	397.3	145.28	4.81	
Claim Lines	40,287	3,934,911	152.3	97.67	1.24	
Units	21,718	1,241,143	82.1	57.15	0.39	
Units	143,775	15,144,646	543.7	105.34	4.77	
Units	1,012,258	54,417,442	3,827.8	53.76	17.15	
Units	192,157	13,042,568	726.6	67.87	4.11	
Units	326,987	3,506,336	1,236.5	10.72	1.10	
Units	298,586	11,831,983	1,129.1	39.63	3.73	
Units	947,987	10,851,668	3,584.8	11.45	3.42	
Units	48,265	2,618,104	182.5	54.24	0.83	
Units	2,273,235	49,282,561	8,596.2	21.68	15.53	
	9,369,473	\$ 614,834,395	35,430.6	N/A	\$ 193.75	

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
		2.0%	2.4%
		1.1%	1.5%
		2.7%	5.7%
		(51.8%)	(7.1%)
		(5.5%)	3.6%
		(1.8%)	4.4%
		(1.3%)	5.5%
		39.4%	32.0%
		(7.1%)	(0.1%)
		269.2%	575.7%
		0.4%	9.0%
		(1.2%)	0.6%
		(6.1%)	0.1%
		(4.8%)	(4.3%)
		(0.9%)	2.6%
		(2.5%)	0.9%
		(0.8%)	(0.9%)
		(1.8%)	(1.5%)
		(4.1%)	1.4%
		(0.6%)	2.7%
		(2.4%)	9.6%
		(1.5%)	0.7%
		(1.5%)	1.8%
		(4.1%)	2.3%
		(3.3%)	1.9%
		(2.3%)	3.6%

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

**MCO Name:** Select Health of South Carolina  
**Reporting Period:** January 2013 - December 2013  
**Region:** Statewide  
**Rate Category:** Composite

**Member Months In The Reporting Quarters:** 3,172,303 3,173,347 (0.0%)

Non-Maternity	Encounter	Plan	Difference
Category of Service	Amount Paid	Amount Paid	Amount Paid
<i>Inpatient Hospital</i>	\$ 161,199,956	\$ 157,810,597	2.1%
<i>Outpatient Hospital</i>	141,025,666	136,564,948	3.3%
<i>Pharmacy</i>	137,287,805	125,999,640	9.0%
<i>Ancillaries</i>	13,252,437	13,324,982	(0.5%)
<i>Non-Subcapitated Physician</i>	183,593,216	181,134,228	1.4%
<i>Estimated Subcapitated Claims</i>	448,374	2,196,420	(79.6%)
<b>SUM OF COVERED SERVICES</b>	<b>\$ 636,807,455</b>	<b>\$ 617,030,815</b>	<b>3.2%</b>

Maternity	Encounter	Plan	Difference
Category of Service	Amount Paid	Amount Paid	Amount Paid
<i>Inpatient Hospital</i>	44,042,551	43,708,384	0.8%
<i>Outpatient Hospital</i>	-	43,336	(100.0%)
<i>Non-Subcapitated Physician</i>	16,919,612	16,950,488	(0.2%)
<i>Estimated Subcapitated Claims</i>	-	-	N/A
<b>SUM OF COVERED SERVICES</b>	<b>\$ 60,962,163</b>	<b>\$ 60,702,208</b>	<b>0.4%</b>