



ENCLOSURE 1

ABSOLUTE TOTAL CARE

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

MCO Name: Absolute Total Care (ATC)
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: TANF Composite

**Member Months In The Reporting
Quarters:** 910,904

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	17,043	\$ 29,956,900	\$ 0	224.5	\$ 1,757.72	\$ 32.89
I/P Well Newborn	Days	7,993	4,822,038	-	105.3	603.28	5.29
Mental Health / Substance Abuse	Days	1,655	1,230,022	-	21.8	743.22	1.35
Other Inpatient	Days	302	577,619	-	4.0	1,912.65	0.63
Outpatient Hospital							
Surgery	Encounters	4,162	9,173,010	2,502	54.8	2,203.99	10.07
Non-Surg - Emergency Room	Encounters	57,420	17,345,575	364	756.4	302.08	19.04
Non-Surg - Other	Encounters	10,831	1,022,323	-	142.7	94.39	1.12
Observation Room	Encounters	17	6,917	-	0.2	406.89	0.01
Treatment/Therapy/Testing	Encounters	33,408	8,304,987	758	440.1	248.59	9.12
Other Outpatient	Encounters	425	165,024	-	5.6	388.29	0.18
Pharmacy							
Prescription Drugs	Scripts	542,838	23,573,831	-	7,151.2	43.43	25.88
Ancillaries							
Ambulance	Claim Lines	7,862	799,803	-	103.6	101.73	0.88
Prosthetic/DME	Units	76,854	1,039,485	1,595	1,012.5	13.53	1.14
Other Ancillaries	Units	8,924	455,691	-	117.6	51.06	0.50
Physician							
Surgery - I/P and O/P	Units	25,888	3,797,668	19,112	341.0	146.70	4.19
Surgery - I/P and O/P - Anesthesia	Claim Lines	10,063	1,019,767	-	132.6	101.34	1.12
Maternity - Non-Delivery	Units	1,778	112,992	-	23.4	63.55	0.12
Hospital Visits	Units	33,277	4,079,384	1,032	438.4	122.59	4.48
Office Visits	Units	228,299	12,443,470	432,899	3,007.5	54.51	14.14
ER Visits	Units	58,170	3,956,255	62	766.3	68.01	4.34
Immunizations	Units	81,087	995,928	50,603	1,068.2	12.28	1.15
Radiology	Units	69,665	2,232,349	2,017	917.7	32.04	2.45
Pathology	Units	287,073	3,379,584	81,611	3,781.8	11.77	3.80
Mental Health / Substance Abuse	Units	14,206	894,100	-	187.1	62.94	0.98
Other Professional	Units	637,235	12,178,496	192,947	8,394.8	19.11	13.58
SUM OF COVERED SERVICES		2,216,475	\$ 143,563,219	\$ 785,502	29,199.2	N/A	\$ 158.47

905,633

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM	
Days	16,858	\$ 29,556,726	223.4	\$ 1,753.28	\$ 32.64	
Days	7,807	4,700,590	103.4	602.10	5.19	
Days	1,329	1,186,013	17.6	892.41	1.31	
Days	996	1,507,883	13.2	1,513.94	1.67	
Encounters	5,341	13,027,861	70.8	2,439.22	14.39	
Encounters	63,700	19,718,604	844.1	309.55	21.77	
Encounters	17,945	2,220,581	237.8	123.74	2.45	
Encounters	120	56,326	1.6	469.38	0.06	
Encounters	30,557	8,175,251	404.9	267.54	9.03	
Encounters	146	20,516	1.9	140.52	0.02	
Scripts	534,437	22,890,588	7,081.5	42.83	25.28	
Claim Lines	8,159	814,095	108.1	99.78	0.90	
Units	90,333	1,032,802	1,196.9	11.43	1.14	
Units	9,094	471,196	120.5	51.81	0.52	
Units	24,909	3,817,454	330.1	153.26	4.22	
Claim Lines	10,273	1,027,127	136.1	99.98	1.13	
Units	2,887	224,300	38.3	77.69	0.25	
Units	33,406	4,132,637	442.6	123.71	4.56	
Units	228,852	12,350,056	3,032.4	53.97	13.64	
Units	58,401	3,972,753	773.8	68.03	4.39	
Units	76,660	989,680	1,015.8	12.91	1.09	
Units	69,450	2,212,942	920.2	31.86	2.44	
Units	281,380	3,398,173	3,728.4	12.08	3.75	
Units	16,466	1,032,069	218.2	62.68	1.14	
Units	653,405	12,343,874	8,657.9	18.89	13.63	
	2,242,911	\$ 150,880,097	29,719.5	N/A	\$ 166.60	

0.6%

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
Days		0.5%	0.8%
Days		1.8%	2.0%
Days		23.8%	3.1%
Days		(69.9%)	(61.9%)
Encounters		(22.5%)	(30.0%)
Encounters		(10.4%)	(12.5%)
Encounters		(40.0%)	(54.2%)
Encounters		(85.9%)	(87.8%)
Encounters		8.7%	1.0%
Encounters		189.4%	699.7%
Scripts		1.0%	2.4%
Claim Lines		(4.2%)	(2.3%)
Units		(15.4%)	0.2%
Units		(2.4%)	(3.9%)
Units		3.3%	(0.6%)
Claim Lines		(2.6%)	(1.3%)
Units		(38.8%)	(49.9%)
Units		(1.0%)	(1.8%)
Units		(0.8%)	3.7%
Units		(1.0%)	(1.0%)
Units		5.2%	5.1%
Units		(0.3%)	0.4%
Units		1.4%	1.3%
Units		(14.2%)	(13.9%)
Units		(3.0%)	(0.4%)
		(1.8%)	(4.9%)

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

MCO Name: Absolute Total Care (ATC)
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: OCWI

Member Months In The Reporting Quarters: 35,478

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	879	\$ 1,216,574	\$ 0	297.3	\$ 1,384.04	\$ 34.29
I/P Well Newborn	Days	-	-	-	-	-	-
Mental Health / Substance Abuse	Days	34	20,867	-	11.5	613.73	0.59
Other Inpatient	Days	84	206,909	-	28.4	2,463.20	5.83
Outpatient Hospital							
Surgery	Encounters	306	546,162	-	103.5	1,784.84	15.39
Non-Surg - Emergency Room	Encounters	3,907	1,294,666	-	1,321.5	331.37	36.49
Non-Surg - Other	Encounters	954	99,835	-	322.7	104.65	2.81
Observation Room	Encounters	12	2,433	-	4.1	202.77	0.07
Treatment/Therapy/Testing	Encounters	8,895	1,691,492	-	3,008.6	190.16	47.68
Other Outpatient	Encounters	82	12,050	-	27.7	146.95	0.34
Pharmacy							
Prescription Drugs	Scripts	27,426	628,488	-	9,276.5	22.92	17.71
Ancillaries							
Ambulance	Claim Lines	1,384	124,733	-	468.1	90.13	3.52
Prosthetic/DME	Units	4,274	27,034	-	1,445.6	6.33	0.76
Other Ancillaries	Units	3,586	345,031	-	1,212.9	96.22	9.73
Physician							
Surgery - I/P and O/P	Units	1,458	189,461	130	493.2	130.03	5.34
Surgery - I/P and O/P - Anesthesia	Claim Lines	688	69,455	-	232.7	100.95	1.96
Maternity - Non-Delivery	Units	4,986	283,601	-	1,686.5	56.88	7.99
Hospital Visits	Units	2,338	141,501	-	790.8	60.52	3.99
Office Visits	Units	32,549	1,592,040	4,168	11,009.3	49.04	44.99
ER Visits	Units	4,645	336,007	-	1,571.1	72.34	9.47
Immunizations	Units	461	3,839	34	155.9	8.40	0.11
Radiology	Units	12,058	829,516	-	4,078.5	68.79	23.38
Pathology	Units	63,364	724,705	996	21,432.1	11.45	20.45
Mental Health / Substance Abuse	Units	3,396	268,287	-	1,148.7	79.00	7.56
Other Professional	Units	51,024	568,565	5,286	17,258.2	11.25	16.17
SUM OF COVERED SERVICES		228,790	\$ 11,223,251	\$ 10,614	77,385.4	N/A	\$ 316.64

31,146

		Plan Reported				
		A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM	
Days	984	\$ 1,457,021	379.1	\$ 1,480.71	\$ 46.78	
Days			-	-	-	
Days	71	46,784	27.4	658.93	1.50	
Days	212	405,630	81.7	1,913.35	13.02	
Encounters	287	450,168	110.6	1,568.53	14.45	
Encounters	3,960	1,329,952	1,525.7	335.85	42.70	
Encounters	2,545	326,390	980.5	128.25	10.48	
Encounters	102	52,423	39.3	513.95	1.68	
Encounters	8,307	1,681,550	3,200.5	202.43	53.99	
Encounters	29	4,660	11.2	160.69	0.15	
Scripts	27,056	744,794	10,424.2	27.53	23.91	
Line Items	1,300	116,518	500.9	89.63	3.74	
Units	4,435	29,005	1,708.7	6.54	0.93	
Units	3,417	336,246	1,316.5	98.40	10.80	
Units	1,170	155,549	450.8	132.95	4.99	
Line Items	580	56,788	223.5	97.91	1.82	
Units	3,886	173,934	1,497.2	44.76	5.58	
Units	2,429	148,309	935.9	61.06	4.76	
Units	32,514	1,565,359	12,527.1	48.14	50.26	
Units	4,160	304,882	1,602.8	73.29	9.79	
Units	479	4,076	184.6	8.51	0.13	
Units	12,131	835,549	4,673.9	68.88	26.83	
Units	59,791	670,797	23,036.4	11.22	21.54	
Units	1,710	143,088	658.8	83.68	4.59	
Units	26,765	407,107	10,312.1	15.21	13.07	
	198,320	\$ 11,446,579	76,409.2	N/A	\$ 367.51	

13.9%

		Difference	
		C	E
		Annual Utilization per 1,000	Service Cost PMPM
		(21.6%)	(26.7%)
		0.0%	0.0%
		(58.0%)	(60.8%)
		(65.2%)	(55.2%)
		(6.4%)	6.5%
		(13.4%)	(14.5%)
		(67.1%)	(73.1%)
		(89.7%)	(95.9%)
		(6.0%)	(11.7%)
		148.2%	127.0%
		(11.0%)	(25.9%)
		(6.5%)	(6.0%)
		(15.4%)	(18.2%)
		(7.9%)	(9.9%)
		9.4%	7.0%
		4.1%	7.4%
		12.6%	43.1%
		(15.5%)	(16.2%)
		(12.1%)	(10.5%)
		(2.0%)	(3.2%)
		(15.5%)	(16.6%)
		(12.7%)	(12.8%)
		(7.0%)	(5.0%)
		74.3%	64.6%
		67.4%	23.7%
		1.3%	(13.8%)

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

MCO Name: Absolute Total Care (ATC)
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: SSI and SSI Related

Member Months In The Reporting Quarters: 132,718

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	18,648	\$ 34,808,635	\$ 0	1,686.1	\$ 1,866.61	\$ 262.28
I/P Well Newborn	Days	-	-	-	-	-	-
Mental Health / Substance Abuse	Days	2,654	1,679,344	-	240.0	632.76	12.65
Other Inpatient	Days	356	805,614	-	32.2	2,262.96	6.07
Outpatient Hospital							
Surgery	Encounters	2,049	3,916,544	-	185.3	1,911.44	29.51
Non-Surg - Emergency Room	Encounters	15,229	6,012,703	-	1,377.0	394.82	45.30
Non-Surg - Other	Encounters	4,264	428,090	-	385.5	100.40	3.23
Observation Room	Encounters	-	-	-	-	-	-
Treatment/Therapy/Testing	Encounters	18,142	7,298,648	402	1,640.4	402.33	55.00
Other Outpatient	Encounters	221	142,118	-	20.0	643.07	1.07
Pharmacy							
Prescription Drugs	Scripts	277,606	23,364,145	-	25,100.4	84.16	176.04
Ancillaries							
Ambulance	Claim Lines	10,372	930,931	-	937.8	89.75	7.01
Prosthetic/DME	Units	274,151	2,093,624	76	24,788.0	7.64	15.78
Other Ancillaries	Units	6,205	356,720	-	561.0	57.49	2.69
Physician							
Surgery - I/P and O/P	Units	11,785	2,101,051	8,413	1,065.6	179.00	15.89
Surgery - I/P and O/P - Anesthesia	Claim Lines	4,425	509,113	-	400.1	115.05	3.84
Maternity - Non-Delivery	Units	140	9,464	-	12.7	67.60	0.07
Hospital Visits	Units	27,555	2,085,462	378	2,491.4	75.70	15.72
Office Visits	Units	54,821	2,965,193	115,423	4,956.8	56.19	23.21
ER Visits	Units	18,169	1,503,463	-	1,642.8	82.75	11.33
Immunizations	Units	3,764	48,589	3,118	340.3	13.74	0.39
Radiology	Units	37,947	1,562,308	2,185	3,431.1	41.23	11.79
Pathology	Units	95,509	1,138,858	34,864	8,635.7	12.29	8.84
Mental Health / Substance Abuse	Units	4,884	263,908	650	441.6	54.17	1.99
Other Professional	Units	475,320	6,024,604	35,713	42,977.1	12.75	45.66
SUM OF COVERED SERVICES		1,364,216	\$ 100,049,128	\$ 201,223	123,348.7	N/A	\$ 755.36

145,599

(8.8%)

		Plan Reported					Difference	
		A	B	C	D	E	C	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM		Annual Utilization per 1,000	Service Cost PMPM
Days	19,327	\$ 34,819,479	1,592.9	\$ 1,801.60	\$ 239.15		5.9%	9.7%
Days	-	-	-	-	-		0.0%	0.0%
Days	2,333	1,776,290	192.3	761.38	12.20		24.8%	3.7%
Days	664	1,432,334	54.7	2,157.13	9.84		(41.2%)	(38.3%)
Encounters	2,481	4,930,306	204.5	1,987.23	33.86		(9.4%)	(12.9%)
Encounters	17,884	7,287,467	1,474.0	407.49	50.05		(6.6%)	(9.5%)
Encounters	7,734	1,238,218	637.4	160.10	8.50		(39.5%)	(62.1%)
Encounters	17	9,443	1.4	555.47	0.06		(100.0%)	(100.0%)
Encounters	17,637	7,915,507	1,453.6	448.80	54.37		12.8%	1.2%
Encounters	89	50,639	7.3	568.98	0.35		172.4%	207.9%
Scripts	279,394	23,022,235	23,027.1	82.40	158.12		9.0%	11.3%
Line Items	10,677	946,210	880.0	88.62	6.50		6.6%	7.9%
Units	287,784	2,046,684	23,718.6	7.11	14.06		4.5%	12.2%
Units	6,714	399,687	553.4	59.53	2.75		1.4%	(2.1%)
Units	11,969	2,136,709	986.5	178.52	14.68		8.0%	8.3%
Line Items	4,615	519,814	380.4	112.64	3.57		5.2%	7.4%
Units	132	8,225	10.9	62.31	0.06		16.4%	26.2%
Units	27,861	2,060,348	2,296.3	73.95	14.15		8.5%	11.1%
Units	57,512	3,068,624	4,740.0	53.36	21.08		4.6%	10.1%
Units	18,629	1,534,881	1,535.4	82.39	10.54		7.0%	7.5%
Units	3,738	51,522	308.1	13.78	0.35		10.5%	10.1%
Units	38,608	1,587,968	3,182.0	41.13	10.91		7.8%	8.1%
Units	95,342	1,182,320	7,857.9	12.40	8.12		9.9%	8.9%
Units	4,936	276,884	406.8	56.09	1.90		8.5%	4.8%
Units	477,300	6,073,802	39,338.2	12.73	41.72		9.3%	9.5%
	1,393,377	\$ 104,375,596	114,839.6	N/A	\$ 716.87		7.4%	5.4%

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

MCO Name: Absolute Total Care (ATC)
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: Maternity

Number of Deliveries for the Reporting Quarters: 4,175

Encounter Data

		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Util per 1,000 Deliveries	Cost per Unit	Service Cost per Delivery
Inpatient Hospital							
Inpatient Maternity Delivery	Days	10,824	\$ 18,317,601	\$ 0	2,592.6	\$ 1,692.31	\$ 4,387.45
Outpatient Hospital							
Outpatient Hospital - Maternity	Encounters	-	-	-	-	-	-
Physician							
Maternity – Delivery	Units	4,314	4,485,332	-	1,033.3	1,039.72	1,074.33
Maternity – Delivery - Anesthesia	Claim Lines	5,320	1,554,493	-	1,274.3	292.20	372.33
SUM OF COVERED SERVICES		20,458	\$ 24,357,426	\$ 0	4,900.1	N/A	\$ 5,834.11

4,371

Plan Reported

	A	B	C	D	E
Units	# of Units	Amount Paid	Annual Utilization per Delivery	Cost per Unit	Service Cost per Delivery
Days	11,240	\$ 18,209,791	2,571.5	\$ 1,620.09	\$ 4,166.05
Cases			-	-	-
Cases	4,372	4,481,536	1,000.2	1,025.05	1,025.29
Procedures	5,495	1,554,442	1,257.1	282.88	355.63
	21,107	\$ 24,245,769	4,828.9	N/A	\$ 5,546.96

(4.5%)

Difference

C	E
Annual Util per 1,000 Deliveries	Service Cost per Delivery
0.8%	5.3%
0.0%	0.0%
3.3%	4.8%
1.4%	4.7%
1.5%	5.2%

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

MCO Name: Absolute Total Care (ATC)
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: Composite

Member Months In The Reporting Quarters: 1,079,100

		Encounter Data					
		A	B1	B2	C	D	E
Category of Service	Units	# of Units	Amount Paid	Estimated Subcapitated Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM
Inpatient Hospital							
I/P Medical/Surgical/Non-Delivery Maternity	Days	36,570	\$ 65,982,109	\$ 0	406.7	\$ 1,804.27	\$ 61.15
I/P Well Newborn	Days	7,993	4,822,038	-	88.9	603.28	4.47
Mental Health / Substance Abuse	Days	4,343	2,930,234	-	48.3	674.70	2.72
Other Inpatient	Days	742	1,590,141	-	8.3	2,143.05	1.47
Outpatient Hospital							
Surgery	Encounters	6,517	13,635,717	2,502	72.5	2,092.33	12.64
Non-Surg - Emergency Room	Encounters	76,556	24,652,944	364	851.3	322.02	22.85
Non-Surg - Other	Encounters	16,049	1,550,248	-	178.5	96.59	1.44
Observation Room	Encounters	29	9,350	-	0.3	322.43	0.01
Treatment/Therapy/Testing	Encounters	60,445	17,295,126	1,160	672.2	286.13	16.03
Other Outpatient	Encounters	728	319,192	-	8.1	438.45	0.30
Pharmacy							
Prescription Drugs	Scripts	847,870	47,566,464	-	9,428.6	56.10	44.08
Ancillaries							
Ambulance	Claim Lines	19,618	1,855,468	-	218.2	94.58	1.72
Prosthetic/DME	Units	355,279	3,160,144	1,672	3,950.8	8.89	2.93
Other Ancillaries	Units	18,715	1,157,442	-	208.1	61.85	1.07
Physician							
Surgery - I/P and O/P	Units	39,131	6,088,180	27,655	435.2	155.58	5.67
Surgery - I/P and O/P - Anesthesia	Claim Lines	15,176	1,598,335	-	168.8	105.32	1.48
Maternity – Non-Delivery	Units	6,904	406,057	-	76.8	58.81	0.38
Hospital Visits	Units	63,170	6,306,347	1,411	702.5	99.83	5.85
Office Visits	Units	315,669	17,000,703	552,490	3,510.4	53.86	16.27
ER Visits	Units	80,984	5,795,725	62	900.6	71.57	5.37
Immunizations	Units	85,312	1,048,356	53,755	948.7	12.29	1.02
Radiology	Units	119,670	4,624,173	4,203	1,330.8	38.64	4.29
Pathology	Units	445,946	5,243,148	117,472	4,959.1	11.76	4.97
Mental Health / Substance Abuse	Units	22,486	1,426,294	650	250.1	63.43	1.32
Other Professional	Units	1,163,579	18,771,664	233,945	12,939.4	16.13	17.61
SUM OF COVERED SERVICES		3,809,481	\$ 254,835,598	\$ 997,340	42,362.9	N/A	\$ 237.08

1,082,378 (0.3%)

		Plan Reported					Difference	
		A	B	C	D	E	C	E
Units	# of Units	Amount Paid	Annual Utilization per 1,000	Cost per Unit	Service Cost PMPM		Annual Utilization per 1,000	Service Cost PMPM
Days	37,169	\$ 65,833,226	412.1	\$ 1,771.19	\$ 60.82		(1.3%)	0.5%
Days	7,807	4,700,590	86.6	602.10	4.34		2.7%	2.9%
Days	3,733	3,009,087	41.4	806.08	2.78		16.7%	(2.3%)
Days	1,872	3,345,847	20.8	1,787.31	3.09		(60.2%)	(52.3%)
Encounters	8,109	18,408,335	89.9	2,270.11	17.01		(19.4%)	(25.7%)
Encounters	85,544	28,336,023	948.4	331.25	26.18		(10.2%)	(12.7%)
Encounters	28,224	3,785,189	312.9	134.11	3.50		(43.0%)	(58.9%)
Encounters	239	118,192	2.6	494.53	0.11		(87.8%)	(92.1%)
Encounters	56,501	17,772,308	626.4	314.55	16.42		7.3%	(2.4%)
Encounters	264	75,815	2.9	287.18	0.07		176.6%	322.3%
Scripts	840,887	46,657,617	9,322.7	55.49	43.11		1.1%	2.3%
Claim Lines	20,136	1,876,823	223.2	93.21	1.73		(2.3%)	(0.8%)
Units	382,552	3,108,491	4,241.2	8.13	2.87		(6.8%)	2.0%
Units	19,225	1,207,129	213.1	62.79	1.12		(2.4%)	(3.8%)
Units	38,048	6,109,712	421.8	160.58	5.64		3.2%	0.4%
Claim Lines	15,468	1,603,729	171.5	103.68	1.48		(1.6%)	(0.0%)
Units	6,905	406,459	76.6	58.86	0.38		0.3%	0.2%
Units	63,696	6,341,294	706.2	99.56	5.86		(0.5%)	(0.2%)
Units	318,878	16,984,039	3,535.3	53.26	15.69		(0.7%)	3.7%
Units	81,190	5,812,516	900.1	71.59	5.37		0.0%	0.0%
Units	80,877	1,045,278	896.7	12.92	0.97		5.8%	5.8%
Units	120,189	4,636,459	1,332.5	38.58	4.28		(0.1%)	0.1%
Units	436,513	5,251,290	4,839.5	12.03	4.85		2.5%	2.4%
Units	23,112	1,452,041	256.2	62.83	1.34		(2.4%)	(1.4%)
Units	1,157,470	18,824,783	12,832.5	16.26	17.39		0.8%	1.3%
	3,834,608	\$ 266,702,272	42,513.1	N/A	\$ 246.40		(0.4%)	(3.8%)

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

MCO Name: Absolute Total Care (ATC)
Reporting Period: January 2013 - December 2013
Region: Statewide
Rate Category: Composite

Member Months In The Reporting Quarters: 1,079,100 1,082,378 (0.3%)

Non-Maternity	Encounter	Plan	Difference
Category of Service	Amount Paid	Amount Paid	Amount Paid
<i>Inpatient Hospital</i>	\$ 75,324,522	\$ 76,888,750	(2.0%)
<i>Outpatient Hospital</i>	57,462,577	68,495,862	(16.1%)
<i>Pharmacy</i>	47,566,464	46,657,617	1.9%
<i>Ancillaries</i>	6,173,053	6,192,443	(0.3%)
<i>Non-Subcapitated Physician</i>	68,308,981	68,467,600	(0.2%)
<i>Estimated Subcapitated Claims</i>	997,340	-	N/A
SUM OF COVERED SERVICES	\$ 255,832,938	\$ 266,702,272	(4.1%)

Maternity	Encounter	Plan	Difference
Category of Service	Amount Paid	Amount Paid	Amount Paid
<i>Inpatient Hospital</i>	18,317,601	18,209,791	0.6%
<i>Outpatient Hospital</i>	-	-	N/A
<i>Non-Subcapitated Physician</i>	6,039,825	6,035,978	0.1%
<i>Estimated Subcapitated Claims</i>	-	-	N/A
SUM OF COVERED SERVICES	\$ 24,357,426	\$ 24,245,769	0.5%