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November 2, 2010

Ms. Emma Forkner
Director
State of South Carolina
Department of Health and Human Services
1801 Main Street
Columbia, SC 29202-8206

Re: October 2010 – March 2011 MCO Rate Calculation and Certification

Dear Emma:

Thank you for the opportunity to assist the South Carolina Department of Health and Human Services (SC DHHS) with this important project. Our report summarizes the development and actuarial certification of the October 2010 – March 2011 capitation rates for the South Carolina Medicaid Managed Care program.

Please call me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to be "John D. Meerschaert", with a long, sweeping horizontal line extending to the right.

John D. Meerschaert, FSA, MAAA
Principal and Consulting Actuary

JDM/vrr

Attachment



**State of South Carolina
Department of Health and Human Services
October 2010 – March 2011
Capitation Rate Development for
Medicaid Managed Care Program**

Prepared for:
The State of South Carolina
Department of Health and Human Services

Prepared by:

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State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for the Medicaid MCO program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

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State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for the Medicaid MCO program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

I. EXECUTIVE SUMMARY

This report documents the development of October 2010 – March 2011 managed care organization (MCO) capitation rates for South Carolina's Medicaid Managed Care program.

The South Carolina Department of Health and Human Services (SC DHHS) retained Milliman to calculate, document, and certify its capitation rate development. We developed the capitation rates using the methodology described in this report. Our role is to certify the October 2010 – March 2011 capitation rates produced by the rating methodology are actuarially sound to comply with CMS regulations.

Appendices A – I document the development of the October 2010 – March 2011 capitation rates for medical benefits. Appendices J – M document the development of the October 2010 – March 2011 capitation rates for prescription drug benefits. Appendices N and O show the breakdown of the October 2010 – March 2011 capitation rates by major service category. Appendix P calculates the fiscal impact of the October 2010 – March 2011 capitation rates. Appendix Q contains our actuarial certification.

Section II of the report provides a short background regarding South Carolina's Medicaid managed care program. Sections III – V document the South Carolina Medicaid Managed Care capitation rate methodology. Section VI of the report provides information regarding the assignment of service categories. Section VII discusses issues related to the CMS rate setting checklist.

OCTOBER 2010 – MARCH 2011 CAPITATION RATES AND ACTUARIAL CERTIFICATION

Table 1 shows the statewide rate change from the April 2010 – March 2011 MCO capitation rates to the October 2010 – March 2011 capitation rates. Table 1 shows the rate changes including and excluding the supplemental teaching payments since the payments are a pass-through to providers.

Table 1 South Carolina Department of Health and Human Services October 2010 – March 2011 Capitation Rate Change Based on September 2010 Enrollment by Rate Cell* Includes Infants			
	April 2010 – March 2011 Rate	October 2010 – March 2011 Rate	Percentage Change
Including Supplemental Teaching Payments			
Ethically Limited Services	\$255.21	\$260.22	2.0%
Standard Services	321.71	328.95	2.3%
Total	\$287.43	\$293.52	2.1%
Excluding Supplemental Teaching Payments			
Ethically Limited Services	\$245.61	\$250.57	2.0%
Standard Services	310.02	317.16	2.3%
Total	\$276.82	\$282.83	2.2%

** Using estimated Maternity Kicker payments.*

Note the MCOs covering ethically limited services and the MCOs covering standard services have materially different enrollment distributions by rate cell.

Table 2 compares the rate cell specific changes including supplemental teaching payments.

Table 2 South Carolina Department of Health and Human Services October 2010 – March 2011 Capitation Rates – Including Supplemental Teaching Payments					
Ethically Limited Services					
Rate Cell	April 2010 – March 2011 Rate	Medical Rate	Prescription Drug Rate	Total Capitation Rate	Percent Change
TANF: 0 - 2 months old	\$872.94	\$1,055.30	\$13.20	\$1,068.50	22.4%
TANF: 0 - 2 months old – LBW Withhold	930.37	742.90	N/A	742.90	-20.2%
TANF: 3 - 12 months old	258.71	232.76	29.73	262.49	1.5%
TANF: Age 1 - 6	105.51	85.89	21.43	107.32	1.7%
TANF: Age 7 - 13	93.83	61.53	35.01	96.54	2.9%
TANF: Age 14 - 18 Male	110.50	77.49	35.49	112.98	2.2%
TANF: Age 14 - 18 Female	141.06	112.17	31.32	143.49	1.7%
TANF: Age 19 - 44 Male	294.23	244.97	63.14	308.11	4.7%
TANF: Age 19 - 44 Female	352.18	299.44	69.82	369.26	4.8%
TANF: Age 45+	586.18	472.50	139.49	611.99	4.4%
SSI	845.15	658.10	192.94	851.04	0.7%
SSI – LBW Withhold	2.25	0.88	N/A	0.88	-60.9%
OCWI	413.46	410.81	28.04	438.85	6.1%
Duals	183.07	159.88	24.96	184.84	1.0%
Maternity Kicker Payment	5,993.26	6,072.84	N/A	6,072.84	1.3%
Very Low Birth Weight Kicker Payment	57,964.68	70,726.56	N/A	70,726.56	22.0%
Low Birth Weight Kicker Payment	9,338.02	11,109.19	N/A	11,109.19	19.0%
Standard Services					
Rate Cell	April 2010 – March 2011 Rate	Medical Rate	Prescription Drug Rate	Total Capitation Rate	Percent Change
TANF: 0 - 2 months old	\$872.94	\$1,055.30	\$13.20	\$1,068.50	22.4%
TANF: 0 - 2 months old – LBW Withhold	930.37	742.90	N/A	742.90	-20.2%
TANF: 3 - 12 months old	258.71	232.76	29.73	262.49	1.5%
TANF: Age 1 – 6	105.51	85.89	21.43	107.32	1.7%
TANF: Age 7 - 13	93.95	61.63	35.08	96.71	2.9%
TANF: Age 14 - 18 Male	110.53	77.70	35.49	113.19	2.4%
TANF: Age 14 - 18 Female	147.93	115.66	35.11	150.77	1.9%
TANF: Age 19 - 44 Male	294.47	245.22	63.14	308.36	4.7%
TANF: Age 19 - 44 Female	361.52	306.35	73.21	379.56	5.0%
TANF: Age 45+	586.98	473.32	139.76	613.08	4.4%
SSI	846.52	659.32	193.46	852.78	0.7%
SSI – LBW Withhold	2.25	0.88	N/A	0.88	-60.9%
OCWI	432.88	430.76	30.16	460.92	6.5%
Duals	183.35	160.11	25.01	185.12	1.0%
Maternity Kicker Payment	6,323.31	6,409.10	N/A	6,409.10	1.4%
Very Low Birth Weight Kicker Payment	57,964.68	70,726.56	N/A	70,726.56	22.0%
Low Birth Weight Kicker Payment	9,338.02	11,109.19	N/A	11,109.19	19.0%

Table 3 compares the rate cell specific changes excluding supplemental teaching payments.

Table 3 South Carolina Department of Health and Human Services October 2010 – March 2011 Capitation Rates – Excluding Supplemental Teaching Payments					
Ethically Limited Services					
Rate Cell	April 2010 – March 2011 Rate	Medical Rate	Prescription Drug Rate	Total Capitation Rate	Percent Change
TANF: 0 - 2 months old	\$774.51	\$956.87	\$13.20	\$970.07	25.2%
TANF: 0 - 2 months old – LBW Withhold	930.37	742.90	N/A	742.90	-20.2%
TANF: 3 - 12 months old	237.92	211.98	29.73	241.71	1.6%
TANF: Age 1 - 6	100.80	81.20	21.43	102.63	1.8%
TANF: Age 7 - 13	90.59	58.30	35.01	93.31	3.0%
TANF: Age 14 - 18 Male	106.77	73.77	35.49	109.26	2.3%
TANF: Age 14 - 18 Female	135.56	106.68	31.32	138.00	1.8%
TANF: Age 19 - 44 Male	285.41	235.87	63.14	299.01	4.8%
TANF: Age 19 - 44 Female	342.48	289.42	69.82	359.24	4.9%
TANF: Age 45+	572.26	458.14	139.49	597.63	4.4%
SSI	816.05	629.16	192.94	822.10	0.7%
SSI – LBW Withhold	2.25	0.88	N/A	0.88	-60.9%
OCWI	378.92	374.59	28.04	402.63	6.3%
Duals	165.26	142.06	24.96	167.02	1.1%
Maternity Kicker Payment	5,993.26	6,072.84	N/A	6,072.84	1.3%
Very Low Birth Weight Kicker Payment	57,964.68	70,726.56	N/A	70,726.56	22.0%
Low Birth Weight Kicker Payment	9,383.55	11,109.19	N/A	11,109.19	19.0%
Standard Services					
Rate Cell	April 2010 – March 2011 Rate	Medical Rate	Prescription Drug Rate	Total Capitation Rate	Percent Change
TANF: 0 - 2 months old	\$774.51	\$956.87	\$13.20	\$970.07	25.2%
TANF: 0 - 2 months old – LBW Withhold	930.37	742.90	N/A	742.90	-20.2%
TANF: 3 - 12 months old	237.92	211.98	29.73	241.71	1.6%
TANF: Age 1 – 6	100.80	81.20	21.43	102.63	1.8%
TANF: Age 7 - 13	90.71	58.40	35.08	93.48	3.0%
TANF: Age 14 - 18 Male	106.79	73.98	35.49	109.47	2.5%
TANF: Age 14 - 18 Female	142.35	110.09	35.11	145.20	2.0%
TANF: Age 19 - 44 Male	285.65	236.12	63.14	299.26	4.8%
TANF: Age 19 - 44 Female	351.64	296.15	73.21	369.36	5.0%
TANF: Age 45+	573.04	458.93	139.76	598.69	4.5%
SSI	817.38	630.35	193.46	823.81	0.8%
SSI – LBW Withhold	2.25	0.88	N/A	0.88	-60.9%
OCWI	397.38	393.55	30.16	423.71	6.6%
Duals	165.53	142.29	25.01	167.30	1.1%
Maternity Kicker Payment	6,323.31	6,409.10	N/A	6,409.10	1.4%
Very Low Birth Weight Kicker Payment	57,964.68	70,726.56	N/A	70,726.56	22.0%
Low Birth Weight Kicker Payment	9,338.02	11,109.19	N/A	11,109.19	19.0%

The actuarial certification of the October 2010 – March 2011 Medicaid Managed Care capitation rates is included as Appendix Q. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted MCO's situation and experience.

DATA RELIANCE AND IMPORTANT CAVEATS

We used fee-for-service cost and eligibility data for SFY 0708 and SFY 0809, historical reimbursement information, TPL recoveries, fee schedules, and several provider reimbursement analyses to calculate the South Carolina Medicaid Managed Care capitation rates shown in this report. This data was provided by SC DHHS. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

In order to provide the information requested by SC DHHS we have constructed several projection models. Differences between the capitation rates and actual experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

Milliman has prepared this report for the specific purpose of developing October 2010 – March 2011 Medicaid Managed Care capitation rates. This report should not be used for any other purpose. This report has been prepared solely for the internal business use of and is only to be relied upon by the management of SC DHHS. We anticipate the report will be shared with contracted MCOs and other interested parties. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work. It should only be reviewed in its entirety.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. John Meerschaert is a member of the American Academy of Actuaries, and he meets the qualification standards for performing the analyses in this report.

The terms of Milliman's contract with SC DHHS dated July 1, 2010 apply to this report and its use.

II. BACKGROUND

Medicaid MCOs have been operating in South Carolina since 1996. In August 2007, SC DHHS implemented the South Carolina Healthy Connections Choices program to more effectively enroll members in MCOs. Healthy Connections Choices is a program that helps Medicaid members enroll in MCOs and is part of the SC DHHS overall Medicaid reform plan. When members enroll, they choose an MCO and a doctor (or clinic). Healthy Connections Choices helps members choose a MCO that is best for them.

With the help of MCOs, the medical home network, and enrollment counselors, SC DHHS seeks to increase care coordination and disease prevention methods not found in traditional fee-for-service Medicaid. Those who choose to enroll in an MCO also will establish crucial relationships with a primary care doctor. Under fee-for-service, many Medicaid beneficiaries are left to navigate the health care system on their own, leading many to seek only sporadic care or emergency services.

Under South Carolina Healthy Connections Choices, participants receive the same benefits as those in traditional Medicaid, and also extra services offered through the MCOs. These extra services may include benefits such as unlimited doctor visits, eyeglasses and dental care for adults, smoking cessation classes, and programs tailored for those with specific diseases.

There are two main categories of Medicaid managed care plans in South Carolina: traditional Managed Care Organizations (MCOs) and a Medical Home Network (MHN).

The MHN program is a primary care case management program and is composed of a Care Coordination Services Organization (CSO) and the PCPs enrolled in that network. The CSO supports the physicians and enrolled members by providing care coordination, disease management, and data management. The PCPs manage the health care of their members, which includes authorizing services, provided by other health care providers.

There are currently four MCOs and one MHN participating in the South Carolina Medicaid program.

III. METHODOLOGY AND RESULTS - GENERAL

This section of the report describes general aspects of the October 2010 – March 2011 South Carolina Medicaid Managed Care capitation rate methodology.

CHANGES FOR THE OCTOBER 2010 – MARCH 2011 RATE UPDATE

The October 2010 – March 2011 capitation rate methodology reflects several changes to the April 2010 – March 2011 rates. The changes are listed and described below. The net impact of each change is summarized in the Table 4 below:

Table 4 South Carolina Department of Health and Human Services October 2010 – March 2011 Capitation Rate Change Based on September 2010 Enrollment by Rate Cell* Includes Infants						
	April 2010 – March 2011 Rate	Provider Reimbursement Change	Pharmacy Change	In-Rate Criteria Change	MCO Selection Factor Change	October 2010 – March 2011 Rate
Including Supplemental Teaching Payments						
Ethically Limited						
Services	\$255.21	1.0026	1.0148	0.9979	1.0042	\$260.22
Standard Services	321.71	1.0027	1.0145	0.9977	1.0075	328.95
Total	\$287.43	1.0027	1.0146	0.9978	1.0060	\$293.52
Excluding Supplemental Teaching Payments						
Ethically Limited						
Services	\$245.61	1.0027	1.0154	0.9978	1.0042	\$250.57
Standard Services	310.02	1.0028	1.0150	0.9976	1.0075	317.16
Total	\$276.82	1.0028	1.0152	0.9977	1.0060	\$282.83

**Using estimated Maternity Kicker payments.*

Note the MCOs covering ethically limited services and the MCOs covering standard services have materially different enrollment distributions by rate cell.

Provider Reimbursement:

We updated the adjustment factors applied to the hospital inpatient and hospital outpatient services to reflect the October 1, 2010 fee-for-service reimbursement changes. We also updated the injectable drug pricing to reflect the new fee schedule effective October 1, 2010.

We modified our calculation of the hospital inpatient reimbursement factors to be consistent with the FFS methodology for selected facilities. Beginning October 1, 2009, SC DHHS froze its statewide average per discharge rate that is used to reimburse non border out of state general acute care hospitals, in state and out of state long term acute care hospitals, and short term psychiatric hospitals at the October 1, 2008 payment level. SC DHHS also maintained its statewide per diem rates at the October 1, 2008 payment level beginning October 1, 2009 and assigned a 1.0 hospital specific inpatient per diem multiplier for the same group of hospitals previously listed.

Note the physician reimbursement remains unchanged from the April 2010 – March 2011 capitation rates.

The detailed description of these adjustments is provided in Section IV of this report.

Pharmacy

First, we removed the pharmacy rebates assumption in the rate development to reflect the federal health care reform law. SC DHHS will now be able to collect pharmacy rebates on MCO pharmacy claims.

Second, the number of overrides for the 4 prescriptions per month limit was reduced from a maximum of 6 overrides to a maximum of 4 overrides, effectively limiting the maximum number of scripts per member per month from 10 to 8 for adults 21 years of age or older.

The detailed description of these adjustments is provided in Section V of this report.

In-Rate Criteria:

SC DHHS implemented several changes to services covered by the MCOs through the In-Rate Criteria definition. The purpose of these changes is to modify the payment system logic to ensure that payments for services are being made in accordance with contracts between the MCOs and SC DHHS. The changes implemented in the October 2010 – March 2011 rates are as follows:

- > Starting on July 1, 2010 the Development Evaluation Center (DEC) providers will be coded under a different provider type and specialty codes. Because of this change, a new rule needs to be added to the In-Rate criteria.
- > All services billed by John De La Howe School are now excluded from the MCO rate and paid fee-for-service.
- > Private therapy services performed in schools are excluded from the MCO rate and paid fee-for-service.
- > Effective July 1, 2010 SC DHHS implemented a new Rehabilitative Behavioral Health Services project. The services under this project are not included in the MCO core services and are excluded from the MCO rate development.
- > Updated the nursing home claims inclusion criteria\ to incorporate a wider range of nursing home claims.

The detailed description of these adjustments is provided in Section IV of this report.

MCO Selection Factor Update:

We updated the MCO selection factors applied to the SFY 0708 and SFY 0809 FFS data for TANF, OCWI, and SSI to reflect the impact of increased MCO enrollment projections, the integration of the Healthy Connection Kids population into the Medicaid MCO program, and updated risk score analysis through calendar year 2009. The detailed description of these adjustments is provided in Section IV of this report and our October 19, 2010 letter.

Low Birth Weight Kicker Payment Withhold Pool

We updated the calculation of the low birth weight kicker payment withhold pool to reflect emerging MCO experience on low birth weight incidence rates. The result of the change is budget neutral, but increases the monthly capitation rate for the TANF 0-2 month rate cell, while lowering the withhold amount. The detailed description of this change is provided in Section IV of this report.

We also refined our methodology for counting births, which increased the per case projected medical cost for the LBW and VLBW kicker payments by about 20%. The total funding level of the TANF 0-2 month rate cell did not change, only the allocation between the monthly capitation rate and the LBW and VLBW kicker payments changed.

TANF Risk Adjustment:

Starting on October 1, 2010, SC DHHS will introduce risk adjustment to account for the difference in morbidity among MCOs in the TANF eligibility category.

An MCO's TANF capitation rate for the TANF rate cells (excluding the 0 - 2 months and 3 - 12 months rate cells) will be determined based upon the following formula:

$$\text{MCO Capitation Rate} = \text{Base Capitation Rate} \times \text{MCO Adjusted Risk Factor}$$

Please refer to our October 20, 2010 letter for a more detailed discussion of the October 2010 – March 2011 risk adjustment methodology.

BASE DATA

SC DHHS provided detailed Medicaid fee-for-service claims and eligibility data from SFY 0405 through September 2009. For the purpose of the October 2010 – March 2011 capitation rate calculation, we used fee-for-service data from the two most recent complete state fiscal years available: SFY 0708 and SFY 0809.

CLARIFICATIONS TO IN-RATE CRITERIA

SC DHHS made the following clarifications to the in-rate criteria for the April 2010 – March 2011 rate calculation. These clarifications are included in the detailed Attachment 1 specifications.

- > Clarified the definition of BabyNet services (see page 14)
- > Added an exclusion for communicable disease services (see page 14)
- > Added mental health services provided by nurse practitioners to the mental health exclusion
- > Added optometrist provider type to the list of MCO covered services which were historically paid fee-for-service

- > Modified the list of MCO excluded services for vision services
 - The list of excluded service is V2500 - V2599, 92070, 92310 - 92313, and 92340
 - Clarified that services provided by optometrists are subject to the exclusion
- > Clarified that the mental health exclusion due to a diagnostic code of class C does not apply to emergency room services coded under revenue code 450

SC DHHS also clarified that MCOs are responsible for all ambulance services that are not the responsibility of the non-emergency transportation brokers.

CLARIFICATIONS TO RATE CELL ASSIGNMENT

SC DHHS made the following clarification to the assignment of babies to the TANF under age one rate cells for the April 2010 – March 2011 rate calculation.

Babies are assigned to a rate cell based on their month of birth. For example, a baby born anytime in April 2010 will be assigned to:

- > The 0 - 2 month rate cell in April, May, and June 2010
- > The 3 - 12 month rate cell in July – December 2010 and January – April 2011
- > The 1 - 6 year rate cell starting in May 2011

Note the TANF 1 – 3 month rate cell in effect for the April 2009 – March 2010 rates has been renamed the TANF 0 – 2 month rate cell. The assignment of babies by month of life has not changed.

The TANF 4 – 12 month rate cell in effect for the April 2009 – March 2010 rates has been renamed the TANF 3 – 12 month rate cell and includes an additional one month of eligibility (i.e., in April 2011 a baby born in April 2010 is now assigned to the TANF 3 – 12 month rate cell rather than the TANF 1 – 6 year rate cell).

RETROACTIVE ELIGIBILITY PERIODS AND ENROLLMENT LAG

Recipient enrollment in the fee-for-service program can and does occur retroactively. When an individual applies and qualifies for Medicaid coverage, SC DHHS reimburses claims which occurred during the retroactive qualification period prior to their application. SC DHHS backdates the eligibility of the individual to accommodate the retroactive coverage.

There is a lag between the first date of eligibility and the date of enrollment in an MCO. Factors which contribute to this lag include the fact that MCO enrollment is voluntary and Medicaid eligibility is always on the first day of the month in which the application was received. Once a Medicaid recipient signs up for an MCO, they will be enrolled on the first day of the subsequent month.

The retroactive enrollment period is not covered by the MCO. Retroactive exposure and claims were included in the data provided by SC DHHS. A beneficiary's retroactive eligibility period is not directly retained in the enrollment data, therefore an estimate of the retroactive exposure and claims were removed for the purposes of the capitation calculations using the following criteria:

- > Newborns are not subject to retroactivity so their claims and enrollment are counted from the month of birth.
- > Three months of claims and eligibility are removed for SSI and SSI related payment categories.
- > Two months of claims and eligibility are removed for all other payment categories.
- > Exceptions to the above retroactivity rules are recipients who have coverage that does not lapse for more than one year. In these cases, all eligible months are used after the individual re-enters the Medicaid program. After a one year or longer lapse in Medicaid coverage, an individual is again subject to the retroactivity rules.

ELIGIBILITY CATEGORY ASSIGNMENT

The assignment of payment categories to eligibility category was provided by SC DHHS and is summarized in Table 5 below.

Table 5 South Carolina Department of Health and Human Services Eligibility Category Assignment	
Payment Category Code	Eligibility Category
11	TANF
12	TANF
13	TANF
30	TANF
31	TANF
51	TANF
58	TANF
59	TANF
60	TANF
68	TANF
88	TANF
91	TANF
87	OCWI
Other	SSI

Individuals assigned to the Optional Coverage for (Pregnant) Women and Infants (OCWI) under the age of 7 years old are reclassified as Temporary Assistance for Needy Families (TANF).

Not all Medicaid recipients are eligible to enroll in the Medicaid Managed Care program as defined by Payment Categories and Waiver programs. Table 6 below shows the ineligible payment categories.

Table 6 South Carolina Department of Health and Human Services Excluded Payment Category Codes			
Payment Category	Description	Payment Category	Description
10	MAO (Nursing Home)	50	Qualified Working Disabled
14	MAO (General Hospital)	52	SLMB
15	MAO (CLTC Waiver)	54	SSI Nursing Home
33	ABD Nursing Home	55	Family Planning
41	Reinstatement	56	COSY / ISCEDC
42	Silver Card and SLMB	70	Refugee Entrant
43	Silver Card and S2 SLMB	90	QMB
48	S2 SLMB	92	Silver Card
49	S3 SLMB		

Table 7 shows the only waiver programs eligible for Medicaid Managed Care. All other waiver program enrollees are excluded.

Table 7 South Carolina Department of Health and Human Services Included Waiver Programs	
Waiver Program Code	Description
HRHI	At Risk Pregnant Women – High
CHPC	Children's Personal Care Aid
HRLO	At Risk Pregnant Women – Low
COSY	Emotionally Disturbed Children in Beaufort
HREX	At Risk Pregnant Women – Ex
ISED	Emotionally Disturbed Children
MCPC	Integrated Personal Care Service CRCF Recipients

MCO PROGRAMS WITH ETHICAL LIMITATIONS

The MCOs offering the ethically limited benefit package are bound to abide by the principles set forth in the Ethical and Religious Directives for Catholic Health Care Services promulgated by the National Conference of Catholic Bishops. In accordance with their ethical obligations, certain MCOs shall not provide, support or participate in the delivery of any services, including family planning services, which are inconsistent with such directives. This limitation precludes certain MCOs from performing case management, quality management, utilization review services, and claims processing in relation to family planning services.

Family planning services are defined as all services (including counseling), procedures, devices, and medications for the purpose of infertility treatment or for the purpose of preventing or terminating pregnancy including temporary and permanent sterilization procedures, such as tubal ligation, vasectomy procedures, and abortions. All family planning services are subject to the Ethical Limitations.

Consistent with prior years, capitation rates are calculated separately for the Ethically Limited benefit package and Standard benefit package. The cost associated with these family planning services is not explicitly categorized in the attached appendices, but one could determine family planning costs by service category by comparing the corresponding appendices. The following appendices show the Ethically Limited rate development:

- > Appendices A1 and A2
- > Appendices B1 and B2
- > Appendices C1 and C2
- > Appendices D1 and D2
- > Appendix E1
- > Appendix F1, F2 and F3
- > Appendix G1
- > Appendix H1 ad H3
- > Appendix I1
- > Appendices J1 and J3
- > Appendices K1 and K3
- > Appendix L1
- > Appendix M1

We calculated separate rates for the Ethically Limited benefit package only for those rate cells that are expected to incur family planning and related services that are excluded from services offered by MCOs subject to ethical limitations. The following rate cells have different rates for the standard and ethically limited benefit package:

- > TANF: Age 7 – 13
- > TANF: Age 14 – 18 Male
- > TANF: Age 14 – 18 Female
- > TANF: Age 19 – 44 Male
- > TANF: Age 19 – 44 Female
- > TANF: Age 45+
- > SSI
- > OCWI
- > Duals
- > Maternity Kicker Payment

The ethically limited capitation rates for the other rate cells are equal to the rates calculated for the standard benefit package.

IV. METHODOLOGY AND RESULTS – MEDICAL BENEFITS

This section of our report describes the October 2010 – March 2011 South Carolina Medicaid Managed Care capitation rate methodology for medical benefits.

CAPITATION RATE METHODOLOGY – MEDICAL BENEFITS

The methodology used to calculate the medical component of the capitation rates can be outlined in the following steps:

1. Extract fee-for-service experience data for the Medicaid Managed Care eligible population by eligibility category and apply service exclusions.
2. Apply adjustments for reimbursement, benefit limitations, trend, MCO selection, managed care impact, and incurred but not reported (IBNR) claims.
3. Calculate estimated October 2010 – March 2011 managed care costs by eligibility category.
4. Adjust for Third Party Liability (TPL) recoveries, administrative days, administrative expenses, and supplemental teaching payments.
5. Adjust TANF and SSI rates for MCO specific risk scores.

Each of the above steps is described in detail below.

Step 1: Extract Fee-For-Service Experience Data

In this step the fee-for-service experience for SFY 0708 and SFY 0809 is summarized by eligibility category and service category for populations eligible to enroll in the Medicaid Managed Care program. Adjustments are made to account for benefit exclusions. The following services are excluded consistent with the Policy and Procedure Guide for Managed Care Organizations. We used Attachment 1 prepared by SC DHHS to determine which services were to be excluded from the capitation rate methodology.

Appendices A and B show the impact of the Step 1 adjustments.

Cost Sharing

South Carolina's fee-for-service Medicaid program includes several member copayment amounts that MCO members are not required to pay, including:

- > \$1.00 copay for podiatrist services.
- > \$2.00 copay for optometrist services, doctor's office visit, home health visits, FQHC / RHC visits, and outpatient surgery services.

- > \$3.00 copay for durable medical equipment, dentist services, prescriptions (per script), and outpatient hospital services.
- > \$25.00 copay for inpatient hospital admissions.

The member copayment amounts are added to the MCO capitation rate calculation.

Mental Health and Substance Abuse Services Exclusion:

The mental health and substance abuse services detailed below are excluded from the MCO contract and will continue to be reimbursed by the Medicaid program on a fee-for-service basis.

- > Inpatient: DRGs 424 - 437 and 521 – 523,
- > Inpatient and outpatient: primary diagnosis has a class code of C (defined in Attachment 2), except in emergency room (revenue code 450 is present on claim),
- > Services provided by the Department of Alcohol and Other Drug Abuse Services (DAODAS),
- > Services provided by the Department of Mental Health (DMH), and
- > Professional: see specific criteria in Attachment 1.

Dental Exclusion:

All dental services except for fluoride application (HCPCS code D1206) are excluded from the MCO contract and will continue to be reimbursed by the current Medicaid program on a fee-for-service basis.

BabyNet, Communicable Diseases, and Sickle Cell Exclusion:

Claims relating to Baby Net, Communicable Diseases, and Sickle Cell services are removed from the capitation rate calculation because they are not covered under the Medicaid Managed Care program.

Baby Net claims were identified as those claims meeting all of the following criteria:

- > Procedure codes T1016, T1017, and T1027
- > Provider type of 22 (medical clinics) and provider specialty of 51 (DHEC)
- > Provider number of DHEC01 – DHEC 46, DHEC59

Communicable Diseases claims were identified as those claims meeting all of the following criteria:

- > Provider type of 22 (medical clinics) and provider specialty of 51 (DHEC)
- > Primary diagnosis in the COMDHEC table
- > Provider number of DHEC01 - DHEC46, DHEC59

Sickle cell claims were identified as those claims meeting all of the following criteria:

- > Procedure codes 96153, 99204, 99213, 99214, 99215, S0315, S0316, S9445, S9446, T1016, and T1017
- > Provider type of 22 (medical clinics) and provider specialty of 96 (family planning, maternal, and child health)
- > Provider number of MC0008, MC0009, MC0010, MC0011, MC0021, or MC0040

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Repricing:

Under the fee-for-service Medicaid Program, FQHCs and RHCs are paid on a per-encounter basis for all services provided during a visit. The raw claims experience reflects this payment difference from other providers. The claims data is adjusted so that FQHC and RHC payment levels are on a “per-claim” basis, making them equivalent to payment levels to other providers. Codes S4437 - S4440 and T1015 are repriced to reflect the non-FQHC, non-RHC payment of 99213 plus \$10.00 for other ancillary services provided during a visit. The repricing rate for those codes is \$60.03 effective October 1, 2009. Codes 99381-99385 and 99391-99394 (EPSDT) were re-priced to non-FQHC, non-RHC fee-for-service levels as well.

Table 8 below shows the non-FQHC, non-RHC unit cost for each code effective October 1, 2009.

Table 8 South Carolina Department of Health and Human Services FQHC and RHC Repricing Rates	
CPT Codes	Unit Cost
99381	\$83.59
99382	90.67
99383	89.30
99384	97.23
99385	97.23
99391	67.10
99392	75.03
99393	74.34
99394	81.77

Claims are repriced using the lesser of (1) the non-FQHC, non-RHC fee-for-service fee and (2) the per encounter fee. The “lesser of” logic only materially impacts the dual eligible rate cell because Medicaid typically only pays a portion of the Medicare deductible and coinsurance for these services for dual eligibles.

Long Term Care Benefit Limit:

MCOs are required to cover enrollees for services during the first thirty (30) continuous days of confinement in a long term care facility and until they can be disenrolled from the MCO. Services include nursing facility and rehabilitative services at the skilled, intermediary, or sub-acute level of care. MCO enrollment will not be terminated in the middle of a month; therefore, MCOs will be required to cover contract services through the end of the month in which the 30 day stay is reached. Disenrollment will typically occur at the earliest edit date after the 30 continuous day confinement has been reached (an average of 45 days after nursing home admission).

To account for this benefit limit, we identified stays beyond the 30 day benefit limit and removed the associated dollars and enrollment from the base period experience data as shown in Appendices A1 through A4 and B1 through B4. We removed claims and eligibility starting the first of the month after 30 days in a LTC facility had been reached (e.g., we removed claims and eligibility starting September 1, 2008 for a nursing home stay of at least 30 days that started on July 15, 2008). On average, the rate calculation includes approximately 45 days of eligibility for nursing home residents due to the typical timing of disenrollment from a MCO.

Direct and Indirect Graduate Medical Education:

Graduate Medical Education (GME) payments have been removed from inpatient hospital claims in the data. Both direct and indirect GME payments are excluded from the MCO contract.

Step 2: Apply Adjustment Factors for Reimbursement, Benefit Limitations, Trend, Managed Care Impact, MCO Selection, and IBNR Claims

In this step we apply adjustment factors to reflect differences between the base period Medicaid fee-for-service data and the Medicaid Managed Care program. Each adjustment factor is explained in detail below.

Appendices C and D show the impact of the Step 2 adjustments.

Hospital Inpatient Reimbursement Adjustment:

SC DHHS implemented reimbursement changes for inpatient facilities on October 1, 2007, October 1, 2008, October 1, 2009 and October 1, 2010. To develop the hospital inpatient adjustment factors by rate cell, we separated hospital inpatient claims by facility for each state fiscal year between claims prior to October 1, 2007, claims between October 1, 2007 and October 1, 2008, and claims after October 1, 2008.

- > Claims prior to October 1, 2007 were adjusted to account for the October 1, 2007 change (the claims after October 1, 2007 already reflect the October 1, 2007 rate change). The October 1, 2007 composite change factor is an increase of 20.1% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit percentage change received the average 20.1% increase.

- > Claims prior to October 1, 2008 were adjusted to account for the October 1, 2008 rate change (the claims after October 1, 2008 already reflect the October 1, 2008 rate change). The October 1, 2008 composite change factor is an increase of 16.6% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit percentage change received the average 16.6% increase.
- > All hospital inpatient claims were adjusted to account for the October 1, 2009 rate change. The October 1, 2009 composite change factor is an increase of 9.2% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit percentage change received a 1.00 adjustment consistent with FFS claims payments.
- > All hospital inpatient claims were also adjusted to account for the October 1, 2010 rate change. The October 1, 2010 composite change factor is an increase of 0.6% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit percentage change received a 1.00 adjustment consistent with FFS claims payments.

The impact of the hospital inpatient reimbursement adjustments are shown in Appendices C1, C3, D1, and D3.

Hospital Outpatient Reimbursement Adjustment:

SC DHHS implemented reimbursement changes for outpatient facilities on October 1, 2007, October 1, 2008, October 1, 2009, and October 1, 2010. Effective October 1, 2007, SC DHHS increased hospital outpatient reimbursement for all facilities. Effective October 2008 and revised October 1, 2009, SC DHHS adjusted outpatient claims reimbursement rates from the statewide fee schedule payment to a hospital specific reimbursement methodology. Outpatient claims are now priced using a hospital specific multiplier to the statewide rate.

To develop the hospital outpatient adjustment factors by rate cell, we separated hospital outpatient claims by facility for each state fiscal year between claims prior to October 1, 2007, claims between October 1, 2007 and September 30, 2008, and claims after October 1, 2008.

- > Claims prior to October 1, 2007 were adjusted to account for the October 1, 2007 change (the claims after October 1, 2007 already reflect the October 1, 2007 rate change). The October 1, 2007 composite change factor is an increase of 112.9% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit percentage change received the average 112.9% increase.

- > Claims prior to October 1, 2008 were adjusted to account for the October 1, 2008 hospital specific multipliers. The composite change factor is an increase of 28.3% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit multiplier received a 1.00 adjustment (consistent with how FFS claims are administered).
- > All hospital outpatient claims were adjusted to account for the October 1, 2009 rate change. The October 1, 2009 composite change factor in an increase of 6.3% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit multiplier received a 1.00 adjustment (consistent with how FFS claims are administered).
- > All hospital outpatient claims were also adjusted to account for the October 1, 2010 rate change. The October 1, 2010 composite change factor in an increase of 0.9% across all facilities. SC DHHS provided a list of percentage changes by facility. Reimbursement adjustment factors were developed by rate cell based on the mix of expenses incurred at each facility for each rate cell. Facilities not having an explicit multiplier received a 1.00 adjustment (consistent with how FFS claims are administered).

The impact of the hospital outpatient reimbursement adjustments are shown in Appendices C1, C3, D1, and D3.

Physician Reimbursement Adjustment:

Effective October 2009, physician reimbursement is 86% of the April 2009 South Carolina Medicare fee schedule. Private rehabilitation therapists are reimbursed at 95% of the April 2009 Medicare fee schedule for physical therapy, occupational therapy, and speech therapy services. Pediatric sub-specialists are reimbursed at 120% of the April 2009 Medicare fee schedule for CPT codes 99201 – 99477 and at 100% of the April 2009 Medicare fee schedule for all other codes.

To develop the adjustment factors shown in Appendices C1, C3, D1, and D3, we summarized physician services by provider type for each rate cell. We also separated the data into fee schedule periods consistent with when SC DHHS changed physician reimbursement rates. We developed reimbursement change factors from the fee schedule period projected to the October 2010 – March 2011 reimbursement levels and applied those factors to each provider type by service category. We then compared the original paid amount by service category to the adjusted amounts to develop the physician reimbursement factor.

The reimbursement change factors reflect two components:

- > A fee schedule percentage change, and
- > A change in the year of the applicable Medicare fee schedule

The fee schedule percentage change reflects the change in the percentage of Medicare fees used to reimburse physicians. For example from September 1, 2006 to September 30, 2007 physicians were reimbursed at 85% of the 2007 Medicare fee schedule and after October 1, 2009 are reimbursed at 86% of the 2009 Medicare fee schedule. The fee schedule percentage change is the ratio of 86% and 85%.

The year of the Medicare fee schedule change reflects the overall change in unit values and conversion factors between two Medicare fee schedules for a select basket of services. These factors were developed using the various Medicare fee schedules published by CMS and the services used in each fee schedule period for the Medicaid fee-for-service population. For example, we compared the 2008 Medicare fee schedule to the 2009 Medicare fee schedule using the mix of services used between October 1, 2008 and June 30, 2009 to develop the fee schedule RBRVS change factor for the October 1, 2008 through June 30, 2009 period used in our rate setting methodology.

Table 9 below shows the two components of the physician reimbursement change by time period and provider type.

Table 9 South Carolina Department of Health and Human Services Physician Reimbursement Change Factors			
Provider Type	Percentage Change	Medicare Fee Schedule Change to 2009	Overall Factor
July 2007 – October 2007 Fee Schedule Period			
Physician	1.0118	1.0286	1.0407
Private Providers	0.9500	1.0322	0.9806
Pediatric Sub-Specialists	1.0000	1.0141	1.0141
November 2007 – September 2008			
Physician	1.0000	1.0174	1.0174
Private Providers	0.9500	1.0112	0.9607
Pediatric Sub-Specialists	1.0000	1.0131	1.0131
October 2008 – June 2009			
Physician	1.0238	1.0059	1.0298
Private Providers	1.0000	1.0024	1.0024
Pediatric Sub-Specialists	1.0157	1.0029	1.0187

The adjustment factors range from 0.998 to 1.045 for the various TANF rate cells, from 1.000 to 1.029 for SSI, from 1.000 to 1.039 for OCWI and from 1.000 to 1.034 for Duals.

Durable Medical Equipment Reimbursement Adjustment:

DME services are reimbursed at 100% of the April 1, 2009 Medicare fee for supplies and 90% for equipment. Manually priced codes will be reimbursed at the lesser of:

- > 90% of the manufacturer's suggested retail, or
- > 100% of provider's net cost plus 25%.

We used the category codes assigned by CMS to differentiate between supplies and equipment. The following categories were considered supplies:

- > Inexpensive and Other Routinely Purchased Items,
- > Surgical Dressings, and
- > Supplies

Similar to the process used to calculate the physician reimbursement adjustment factors, we summarized DME services by rate cell and separated the data into fee schedule periods consistent with when SC DHHS changed DME reimbursement rates. We developed reimbursement change factors from the fee schedule period projected to the October 2010 – March 2011 reimbursement levels and applied those factors to each provider type by service category. We then compared the original paid amount by service category to the adjusted amounts to develop the DME reimbursement factor.

The reimbursement change factors reflect two components:

- > A fee schedule percentage change, and
- > A fee schedule year change

The fee schedule percentage change reflects the change in the percentage of Medicare fees used to reimburse DME products. Effective October 2008, DME services were reimbursed at 97% and 87% of Medicare fees for supplies and equipment respectively. DME reimbursement reverted back to its original level in October 2009.

The fee schedule year change reflects the overall change in the Medicare fee schedule in effect at the time of each claim. Prior to October 2008, SC DHHS applied the 2004 Medicare fee schedule for DME services. Between October 2008 and June 2009, SC DHHS applied the 2008 Medicare fee schedule for DME services. These factors were developed using the 2004 and 2009 Medicare fee schedules published by CMS for DME products and the services used in each fee schedule period for the Medicaid fee-for-service population. The Medicare DME fee schedule increased 10.6% from 2004 to 2009 for equipment codes and increased 2.3% for supply codes. The Medicare DME fee schedule increased 3.6% from 2008 to 2009 for equipment codes and increased 3.1% for supply codes.

Injectable Drugs Reimbursement Adjustment:

Effective October 2008 physician administered injectable drugs and J-codes are reimbursed at the Average Wholesale Price (AWP) minus 18%. SC DHHS provided its historical and current allowable reimbursement schedules for impacted J-codes and National Drug Codes (NDC).

We extracted the Medicaid fee-for-service injectable drug claims and adjusted them to reflect the October 1, 2010 allowable reimbursement schedule. On average, the October 1, 2010 fee schedule reduces fees by approximately 10%. We summarized our results by rate cell and service category. The adjustment factors are between 0.854 and 1.148.

Maternity & Epidural Reimbursement Adjustment:

Effective October 2008, the reimbursement for labor, delivery, and epidural CPT codes were reduced to the following amounts:

- > \$1,000 for the labor and delivery procedure codes 59409, 59514, 59612, and 59620
- > \$461 for procedure code 01967 and \$195 for 01968

In August 2009 the reimbursement was restored to the original levels. We developed a reimbursement change factor in order to adjust claims incurred between October 2008 and August 2009 to their pre-October 2008 reimbursement levels.

MCO Contractual Adjustment:

The MCO contractual adjustment recognizes that MCOs may contract with providers at rates higher than currently paid by Medicaid fee-for-service. We conducted a confidential survey of all participating MCOs in 2008 to gain a better understanding of the contractual arrangements in place across the state for the Medicaid Managed Care program. The survey covered most typical reimbursement arrangements and MCOs were asked to provide complete information regarding their current contractual adjustments.

Results of the survey were compiled, analyzed, and we determined that the following adjustments are appropriate:

- > Hospital inpatient hospital outpatient: 1.00
- > Physician services: 1.02
- > Other services: 1.00

We believe the large hospital inpatient and hospital outpatient reimbursement increases on October 2008 and October 2009 (to 100% of estimated cost) that are built into the MCO rates mitigate the need for an MCO contractual adjustment for these services.

Mental Health Assessment Benefit Limit:

Certain mental health assessment services are limited to two sessions per calendar year. The codes to be limited to two sessions each are CPT codes 90801 and 90802. Dollars and units associated with sessions that exceeded the limit of two were removed in the capitation rate calculation to reflect this limitation.

The cost impact of this reduction in reimbursement varies from 0.971 to 1.000 for the various TANF rate cells, 0.998 to 1.000 for SSI, 1.000 for OCWI, and 0.989 to 1.000 for Duals.

Durable Medical Equipment Benefit Limit:

Effective February 1, 2009, SC DHHS implemented various limits on DME benefits. The adjustment factors reflect the impact of the following benefit changes:

- > Increased pre-authorization for cranial bands
- > Nebulizer coverage limit of one per two years from one per year
- > Nebulizer kits coverage limit of 15 kits per month from 31 per month
- > Rent-to-own manual wheelchair coverage (custom wheel chair purchase allowed)

The cost impact of this reduction in reimbursement varies between 0.667 and 1.000 for the various TANF rate cells, between 0.987 and 1.000 for SSI, between 0.991 and 1.000 for OCWI, and between 0.991 and 1.000 for Duals.

Physician Benefit Limits:

SC DHHS implemented several physician benefit limits:

- > Effective July 1, 2009, chiropractic visits are limited to 8 visits per recipient per year, a reduction from a 12 visit limit.
- > Elimination of coverage for after-hours physician visits (CPTs 99050 eliminated on July 1, 2008 and 99051 eliminated on January 1, 2009).
- > Effective January 1, 2009, elimination of coverage for group physical and occupational therapy services.

- > Effective August 1, 2009, frequencies and service limits are implemented for rehabilitative therapy services as described in Table 10 below.

Table 10 South Carolina Department of Health and Human Services Rehabilitative Therapy Services Limits			
Procedure Code	Unit of Service	Frequency / Service Limit	Annual Service Limit
92507	15 minutes	4 units per day	300 units per year
92508	15 minutes	4 units per day	300 units per year
97110	15 minutes	4 units per day	300 units per year
97530	15 minutes	4 units per day	300 units per year

The cost impact of these benefit changes varies from 0.989 to 1.000 for the various TANF rate cells, 1.000 for SSI, between 0.999 and 1.000 for OCWI, and 1.000 for Duals.

Radiology Benefit Limit:

This adjustment factor reflects a limit of two chest X-Rays (CPT 71010) per day as recommended by the National Correct Coding Initiative (NCCI) and limits on X-Ray readings (elimination of payment for modifier 99). These benefit limits were effective January 1, 2009.

The cost impact of these benefit changes varies from 0.939 to 1.000 for the various TANF rate cells, and from 0.999 to 1.000 for SSI, OCWI and Duals.

Synagis® Benefit Limit:

The Synagis® dosage limit was reduced from 6 to 5 doses effective October 15, 2008. No prior approval is required for 5 doses as long as they are given at least 30 days apart and meet the guidelines of the American Academy of Pediatrics (AAP) for Synagis® administration.

To develop the adjustment factor we summarized Synagis® utilization by individual and determined the dollar impact of applying the reduction in dosage limit. We then summarized our results by service category for each rate cell. Adjustment factors varying from 0.981 to 1.000 were applied to the immunization services for the TANF rate cells and from 0.998 to 1.000 for SSI. As expected, this change in benefit limit only impacted children 6 years old and younger.

Audiology Benefit Limit:

Several audiology services are covered under the MCO contract up to the limits specified in Table 11 below. Any services exceeding these limits have been removed.

Table 11 South Carolina Department of Health and Human Services Audiology Services Limits		
Procedure Code	Modifier	Frequency
92552		6 per year
92557		1 per year
92557	52	6 per year
92567		6 per year
92568		2 per year
92584		1 per implant
92585		No Limit
92585	52	No Limit
92587		No Limit
92588		No Limit
92590		6 per year
92592		6 per year
92592	52	6 per year
92626		10 per year
V5011		6 per year
V5090		6 per year
V5275	RT	6 per year
V5275	LT	6 per year

For each individual, we summarized the count for each procedure and determined the impact of the limits by service category for each rate cell.

The cost impact of this adjustment varies from 0.999 to 1.000 for the various TANF rate cells and 1.000 for SSI, OCWI, and Duals.

New In-Rate Criteria Changes for October 2010 – March 2011 Rate Calculation:

SC DHHS implemented several changes to services covered by the MCOs and In-Rate Criteria definition. The purpose of those changes is to modify the payment system logic to ensure that payments for services are being made in accordance with contracts between the MCOs and SC DHHS. The changes implemented in the October 2010 – March 2011 rates are as follows:

- > Starting on July 1, 2010 the Development Evaluation Center (DEC) providers are be coded under a different provider type and specialty codes. Because of this change, a new rule was added to the In-Rate Criteria as follows:
 - If the provider type is equal to 10,
 - If the practice specialty code is equal to 20, and
 - The provider ID is not equal to DEC100, DEC200 or DEC300 then the claim is removed from the MCO rate calculation.
- > All services billed by John De La Howe School are excluded from the MCO rate and paid fee-for-service. A new rule was added to the In-Rate Criteria as follows:
 - If provider type is equal to 22,
 - If practice specialty code is equal to 95, and
 - If provider ID is equal to JDH001 then the claim is removed from the MCO rate calculation.
- > Claims for private therapists who perform services in the schools need to be removed from the MCO rate development. A new rule was added to the In-Rate Criteria as follows:
 - If provider type is equal to 19,
 - If practice specialty code is equal to 84, 85 or 87, and
 - If the prior authorization number starts with "ED" then the claim is removed from the MCO rate calculation.
- > Effective July 1, 2010 SC DHHS implemented a new Rehabilitative Behavioral Health Services project. The services under this project are not included in the MCO core services and are excluded from the MCO rate development. A new rule was added to the In-Rate Criteria as follows:
 - If provider type is equal to 19 or 21, and
 - If practice specialty code is equal to PC, LT, or SW then the claim is removed from the MCO rate calculation.
- > Another update listed by SC DHHS is as follows:
 - If provider type is equal to 22,
 - If practice specialty code is equal to 95,
 - If procedure code is equal to T1016 or T1017, and
 - If provider ID is MC0022 then the claim is removed from the MCO rate calculation.
- > Added procedure codes S9446 and 96153 to the list of exclusions for sickle cell services.

The cost impact of these adjustments varies from 0.662 to 1.000 for the various TANF rate cells and from 0.990 to 1.000 for SSI, 1.000 for OCWI, and 1.000 for Duals.

SC DHHS also identified a change to the inclusion criteria (Attachment 1 of the rate report) to allow more nursing home claims into the rate calculation. This change results in a 0.2% increase to the SSI capitation rate and 2.5% to the Dual capitation rate.

The original In-Rate Criteria only included nursing home claims, defined as claim type "G" and provider type "00", for which the last two digits of the provider billing number are "SB". The revised criteria only includes nursing home claims, defined as claim type "G" and provider type "00", for which:

- > The category of service is equal to 11, or
- > The last two digits of the provider billing number are "SB", or
- > The billing provider number starts with "V".

IBNR Adjustment:

The adjustment for Incurred But Not Reported (IBNR) claims uses completion factors developed as part of the SC DHHS budget projection as of January 2010 including claims paid through September 30, 2009. The claims data used in developing the Medicaid Managed Care rates also includes claims paid through September 30, 2009 allowing for three months of run-out for SFY 0809 and fifteen months of run-out for SFY 0708. The IBNR adjustment reflects an estimate of the claims that will be paid after September 30, 2009 for SFY 0809 incurred claims. We expect a limited amount of additional claims to be paid for SFY 0708 for the SSI population only.

The annual completion factors was developed using a composite of the lag 3 through 14 completion factors for SFY 0809.

MCO Selection Adjustment:

The MCO selection adjustment modifies the FFS base data to the morbidity level of the population anticipated to be enrolled in MCOs during the contract period. Based on analysis of Medicaid Rx risk scores and our experience in other states with voluntary managed care enrollment, we calculated selection adjustments shown in Table 12. Milliman's October 19, 2010 letter provides the detailed calculation of the selection adjustments.

Table 12 South Carolina Department of Health and Human Services MCO Selection Adjustment		
Rate Cell	SFY 0708 Adjustment	SFY 0809 Adjustment
TANF: 0 - 2 months old	1.033	1.060
TANF: 0 - 2 months old – LBW Withhold	1.000	1.000
TANF: 3 - 12 months old	1.000	1.000
TANF: Age 1 – 6	0.936	0.854
TANF: Age 7 – 13	0.936	0.854
TANF: Age 14 - 18 Male	0.936	0.854
TANF: Age 14 - 18 Female	0.936	0.854
TANF: Age 19 - 44 Male	0.997	0.964
TANF: Age 19 - 44 Female	0.997	0.964
TANF: Age 45+	0.997	0.964
SSI	0.928	0.876
OCWI	1.000	1.000
Duals	1.000	1.000
Maternity Kicker Payment	1.000	1.000
Very Low Birth Weight Kicker Payment	1.033	1.060
Low Birth Weight Kicker Payment	1.033	1.060

The selection adjustment for the TANF 0 - 2 month rate cell represents the difference in FFS and MCO enrollment of babies in the first, second, and third months of life. Based on analysis of SFY 0708 and SFY 0809 FFS enrollment and September 2009 MCO enrollment, MCO enrolled a relatively higher proportion of babies in the first month of life compared to recent FFS enrollment. This enrollment pattern began in June 2009 and has remained stable.

Since the PMPM cost in the first month of life is much higher than in the second and third months of life, the MCOs therefore enroll a somewhat more costly mix of babies age 0 - 2 months compared to the FFS data that makes up the basis for the rate calculation.

Table 13 shows the calculation of the selection factor for the TANF 0 - 2 month rate cell.

Table 13 South Carolina Department of Health and Human Services TANF: 0-2 Months Rate Cell Selection Factor Development			
	SFY 0708 FFS Cost PMPM	SFY 0708 FFS Case Months	September 2009 MCO Case Months
Month 0	\$2,899.14	35,811	1,864
Month 1	\$520.87	35,706	1,675
Month 2	\$362.09	33,288	1,646
Total	\$1,283.07	104,805	5,185
Composite FFS Cost		\$1,283.07	\$1,325.45
Selection Factor			1.0330
	SFY 0809 FFS Cost PMPM	SFY 0809 FFS Case Months	September 2009 MCO Case Months
Month 0	\$2,915.82	24,329	1,864
Month 1	\$511.70	25,144	1,675
Month 2	\$361.08	24,457	1,646
Total	\$1,253.03	73,930	5,185
Composite FFS Cost		\$1,253.03	\$1,328.13
Selection Factor			1.0600

Trend SFY 0708 to SFY 0809:

Because the Medicaid Managed Care capitation rate methodology adjusts the average charge per service for medical services to current reimbursement levels, we applied a utilization trend only.

Trend rates from SFY 0708 to SFY 0809 were developed by rate category and type of service for Medicaid Managed Care eligible services and individuals using fee-for-service data from SFY 0708 through SFY 0809. The trends were set adjusting for FFS cost changes caused by enrollment shifts by rate cell and changes in the MCO selection factor. We examined the trended SFY 0708 costs compared to the SFY 0809 costs and made further adjustments to promote general consistency over the entire MCO eligible population.

Table 14 below summarizes the estimated fee-for-service trend rates by major service category for the Medicaid Managed Care program eligible populations.

Table 14
South Carolina Department of Health and Human Services
Medicaid Fee-For-Service Historical Trends for SFY 0708 to SFY 0809
Medical Benefits

Service Category	TANF Infants	TANF Children	TANF Adults	OCWI	SSI	Duals	Maternity Kick
Hospital Inpatient	0.0%	4.0%	4.0%	4.0%	12.0%	2.0%	4.0%
Hospital Outpatient	12.0%	12.0%	12.0%	12.0%	18.0%	10.0%	0.0%
Physician	2.0%	2.0%	2.0%	4.0%	8.0%	0.0%	0.0%
Other	2.0%	2.0%	2.0%	8.0%	4.0%	-8.0%	0.0%

Managed Care Savings Adjustment:

The managed care savings adjustments were developed based on a comparison of the fee-for-service Medicaid utilization levels to Milliman's *Medicaid Health Cost Guidelines* and other research data. The *Medicaid Health Cost Guidelines* are developed as internal tools for Milliman consultants.

The *Medicaid Health Cost Guidelines* includes utilization targets for fee-for-service, loosely managed, and well managed delivery systems as well as a range of observed utilization levels for actual Medicaid MCOs. We selected the managed care savings adjustments to target an "average observed" level of utilization. We considered the impact of DRG hospital contracting and the MCO selection factor when setting the managed care savings adjustments. The managed care savings adjustments are shown in Table 15 below.

Table 15
South Carolina Department of Health and Human Services
Medicaid Managed Care Savings Assumptions

Service Category	Savings Percentage
Hospital Inpatient – Medical / Surgical	15%
Hospital Inpatient – Maternity Non-deliveries & Newborn	15%
Hospital Inpatient – Maternity Delivery	0%
Hospital Inpatient – SNF	0%
Hospital Outpatient	15%
Emergency Room	20%
Professional	15%
Professional – Office Visits for Age <14 TANF and OCWI Rate Cells	0%
Professional – Office Visits for Other Rate Cells	15%
Professional – Injection & Immunization for Age <14 TANF Rate Cells	0%
Professional – Injection & Immunization for Other Rate Cells	15%
Professional – Maternity Delivery	0%
Other	20%

Step 3: Calculate Estimated October 2010 – March 2011 Managed Care Costs

In Step 3, SFY 0708 and SFY 0809 costs are combined to develop the estimated costs for each eligibility category. The Step 3 procedure is summarized below:

1. Summarize the trended and adjusted SFY 0708 fee-for-service data by eligibility category and service category for all covered service categories.
2. Summarize the adjusted SFY 0809 fee-for-service data by eligibility category and service category for all covered service categories.
3. Calculate the composite SFY 0809 PMPM costs by eligibility category. The composite is calculated as a weighted average of projected SFY 0708 and SFY 0809 costs based on each year's eligibility category specific member months.
4. Trend the composite SFY 0809 costs to April 2010 – March 2011 using projected inflation factors.

The inflation factors used to project expenditures from SFY 0809 to April 2010 – March 2011 are based on inflation factors used for South Carolina's Medicaid budget projection and represent "best estimate" utilization trends. Table 16 below shows the annual inflation factors from SFY 0809 to April 2010 – March 2011. The annual rates are applied for the 21 month projection period. The trend rates are the same as those used in the April 2010 – March 2011 rate development because the original trends applied to the entire April 2010 – March 2011 rate year.

Table 16 South Carolina Department of Health and Human Services Medicaid Managed Care Annual Utilization Inflation Rates SFY 0809 to April 2010 – March 2011	
Service Category	Annual Inflation Rate
Hospital Inpatient	4.0%
Hospital Outpatient	4.0%
Professional – TANF Children, OCWI, Duals & Kick	4.0%
Professional – TANF Adults and SSI	8.0%
Other	4.0%

Appendices E1 and E2 present the detailed October 2010 – March 2011 Managed Care cost estimates.

Step 4: Adjust for TPL Recoveries, Administrative Days, Administrative Expenses, and Supplemental Teaching Payments

Third Party Liability Recoveries:

SC DHHS provided a summary of aggregate third party liability (TPL) recoveries that are not included in the claims data by incurred calendar year quarter. We summarized paid claims data by state fiscal year for all Medicaid fee-for-service programs to develop the TPL adjustment factor of 0.995 for SFY 0708 and SFY 0809. This adjustment is shown in Appendices G1 and G2.

Administrative Days:

SC DHHS provided a summary of aggregate administrative hospital day payments that are not included in the claims data by incurred calendar year quarter. We summarized paid hospital inpatient claims data by state fiscal year for all Medicaid fee-for-service programs to develop an administrative days adjustment factor of 1.0007 for SFY 0708 and SFY 0809. This adjustment is shown in Appendices G1 and G2.

Administration:

Table 17 shows the administrative allowances for medical and pharmacy services by rate cell as a percentage of capitation revenue (excluding the supplemental teaching pass-through):

Table 17 South Carolina Department of Health and Human Services Administrative Allowance as a Percent of Revenue		
Rate Cell	Medical Services	Pharmacy Services
TANF: 0 - 2 months old	13.0%	9.0%
TANF: 0 - 2 months old – LBW Withhold	13.0%	NA
TANF: 3 - 12 months old	13.0%	9.0%
TANF: Age 1 - 6	13.0%	9.0%
TANF: Age 7 - 13	13.0%	9.0%
TANF: Age 14 - 18 Male	13.0%	9.0%
TANF: Age 14 - 18 Female	15.0%	9.0%
TANF: Age 19 - 44 Male	13.0%	9.0%
TANF: Age 19 - 44 Female	15.0%	9.0%
TANF: Age 45+	13.0%	9.0%
SSI	13.0%	9.0%
OCWI	15.0%	9.0%
Duals	Set equal to SSI	Set equal to SSI
Maternity Kicker Payment	7.5%	NA
Very Low Birth Weight Kicker Payment	13.0%	NA
Low Birth Weight Kicker Payment	13.0%	NA

The total administration allowance is 12.0% of the final capitation rates (medical and pharmacy) excluding the supplemental teaching payment pass-through. The 12.0% administration allowance includes a 1.0% allowance for MCO profit and contribution to margin.

The details of our calculations are shown in Appendices G1 and G2.

Supplemental Teaching Payments:

SC DHHS provided lists of teaching physicians eligible for Medicaid Enhanced Payments during SFY 0809. We used these lists to compile all claims consistent with Attachment 1 for each of the providers and calculated the Supplemental Teaching Payments as 35% of billed charges with total payment per claim not to exceed total billed charges. The Supplemental Teaching Payment calculation procedure is summarized below:

1. Summarize the SFY 0708 Supplemental Teaching Payments for the listed providers by eligibility category and adjust for:
 - > Utilization trend at the same rates used for the SFY 0708 to SFY 0809 trends in Table 14.
 - > Billed charge trend of 5%.
 - > IBNR adjustment
 - > Average professional managed care adjustment by rate cell
2. Summarize the SFY 0809 Supplemental Teaching Payments for the listed providers by eligibility category and adjust for:
 - > IBNR adjustment
 - > Average professional managed care adjustment by rate cell
3. Calculate the composite SFY 0809 Supplemental Teaching Payments PMPM by eligibility category. The composite is calculated as a weighted average of projected PMPM cost for SFY 0708 and SFY 0809 based on each year's eligibility category specific member months.
4. Project to October 2010 – March 2011 using the following adjustments:
 - > Utilization trend at the same rates used for the SFY 0809 to October 2010 – March 2011 trends in Table 16.
 - > Annual billed charge trend of 5%.
 - > TPL adjustment of 0.995.
 - > The MCO selection adjustments shown in Table 12.

The Supplemental Teaching Payments are calculated in Appendices F1 – F6.

Step 5: Adjust TANF and SSI Rate for MCO Specific Risk Score

The Medicaid Managed Care capitation rate methodology includes a risk adjustment component to account for the difference in morbidity among MCOs for the TANF and SSI eligibility category.

Risk adjusted payments are more accurate and appropriate than paying a fee-for-service average by age and gender and eligibility category. With risk adjusted payments, MCOs can expect to be reimbursed based on the level of need of their Medicaid beneficiaries. In such an environment, MCOs can expect that they will be rewarded for designing better services and delivering them more efficiently for people with any kind of condition or level of need, including those with complex conditions and high levels of need. The implementation of a risk adjustment process should minimize the effect of anti-selection.

We recommended the implementation of the Restricted Medicaid Rx model for the determination of risk adjustment. This recommendation is based upon the current limited availability of complete and credible diagnosis information through encounter data.

Medicaid Rx is a pharmacy based diagnosis system developed by the researchers at the University of California, San Diego (UCSD). Medicaid Rx is a standalone pharmacy-based methodology and was not combined with the diagnosis based risk adjustment system. The Restricted Medicaid Rx model excludes prescriptions for GAD (Gastric Acid Disorder), folate and iron deficiency anemias, EENT (Eyes, ears, nose, and throat), insomnia, pain, and low-cost infections. These categories of drugs, as identified by UCSD researchers, may be susceptible to gaming and their inclusion in a risk adjustment model might create an incentive for over prescribing. The risk score calculation also excluded the Depression / Anxiety and Psychotic Illness / Bi-polar disease categories. These disease categories were excluded since mental health services are not covered by the managed care plans.

The TANF 0-2 months and 3-12 months rate cells are not risk adjusted using Medicaid Rx.

An MCO's TANF and SSI capitation rate will be determined based on the following formula for each rate cell:

$$\text{MCO Capitation Rate} = \text{Base Capitation Rate} \times \text{MCO Adjusted Risk Factor}$$

The composite of the MCO Adjusted Risk Factors for all MCOs will be 1.000.

Milliman's October 20, 2010 letter documents the development of the MCO Adjusted Risk Factors that will be applied to the October 2010 – March 2011 TANF and SSI capitation rates.

MATERNITY KICKER PAYMENT

The Maternity Kicker Payment (MKP) includes all facility and professional claims associated with deliveries. The facility charges for deliveries that include sterilization are included in the MKP for the standard benefit package only.

MKP cases are counted as women who have either a maternity delivery DRG or a physician maternity delivery claim (or both). The case counting logic is consistent with how SC DHHS administers the MKP. The MKP cases are distributed in the following manner:

- > Both a maternity delivery DRG and a physician claim = 91%
- > A maternity delivery physician claim only = 5%
- > A maternity delivery DRG only = 4%

We used the following criteria to identify claims information to calculate the MKP. The MKP includes hospital inpatient delivery services, hospital outpatient and emergency room delivery services as well as professional delivery services. Delivery with sterilization services are only included in the standard benefit package rate.

- > Hospital Inpatient providers, with DRG codes of 370 – 373 and 375
- > Hospital Outpatient providers with a primary diagnosis code of v27.0 – v27.9, 650, and 651.01 - 669.92 (with the 5th digit being 1 or 2) and reimbursement type equal to 1

For the following providers only delivery services are included (CPT codes 59409, 59514, 59612, 59620, 00850, 00857, 00946, 00955, 01960, 01961, 01967, and 01968)

- > Physician providers
- > Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- > Department of Health and Environmental Control (DHEC)
- > Federally Funded Health Clinics (FFHC)
- > Nurse Midwife and Nurse Practitioner

The Maternity Kicker Payment is developed consistent with the methodology outlined in Steps 1 through 5 in Section IV of this report.

LOW BIRTH WEIGHT KICKER PAYMENT

The Low Birth Weight (LBW) kicker payments includes all non-pharmacy claims associated with low birth weight deliveries for the first three months of life that would otherwise be included in the 0 - 2 month rate cell.

We assigned a birth weight category to infants for which an actual delivery claim could be found in the available claims data. We used ICD-9 codes 7640X, 7641X, 7642X, 7649X, 7650X, 7651X, V213X to define low birth weight babies if the applicable code could be found in the claims data two days prior or after the date of birth. We used the fifth digit of the code to categorize birth weight as shown in Table 18:

Table 18 South Carolina Department of Health and Human Services Low Birth Weight Baby Classification		
Grouping Number	Code	Description
1	1, 2, 3, 4, 5	Very Low Birth Weight: Less than 1,500 grams
2	6, 7, 8	Low Birth Weight: 1,500 – 2,500 grams
3	0, 9	Normal Birth Weight: Over 2,500 grams

If an infant had multiple birth weight codes in the claims data, we used the lowest birth weight code. Note that if diagnosis coding is inaccurate or incomplete, our assignment will also be inaccurate or incomplete. About 10% of FFS births have low birth weight diagnosis indicators.

The Low Birth Weight kicker payment is developed consistent with the methodology outlined in Steps 1 through 5 in Section IV of this report.

The LBW funding pool is established using LBW incidence rates reported by the MCOs for October 1, 2009 through June 30, 2010. The MCOs reported that 1.8% of births are very low birth weight (less than 1,500 grams) and 8.4% of births are low birth weight (1,500 – 2,500 grams). These incidence rates are consistent with the fee-for-service experience data used in the rate development.

Appendices H1 – H4 show the calculation of the final LBW kicker payment amounts and the LBW withhold to fund the LBW kicker payment funding pool. The LBW withhold is a reduction to the monthly capitation rate for the TANF 0 – 2 month and SSI rate cells.

- > The LBW kicker payment was set at 80% of the expected cost of a LBW birth. The remainder of the expected cost of the LBW birth was included in the age 0 – 2 month monthly capitation rate. By setting the kicker payment lower than the expected cost of the LBW case, SC DHHS provides a clear incentive for the MCOs to manage the incidence of LBW births.
- > The LBW kicker payment pool is distributed to the MCOs throughout the year as they report LBW births. The reporting process follows the same manual process used for the maternity delivery kicker payment administration. Birth weight is reported as a data field on the maternity delivery kicker payment data submission.
- > SC DHHS always pays out the entire LBW funding pool to the MCOs in a rate year no matter how many LBW babies are born. If there are fewer than expected LBW births in a year, the remainder of the LBW funding pool will be distributed to the MCOs in proportion to the number of LBW babies born into each MCO (i.e., the effective LBW kicker payment amount is increased). If there are more than expected LBW births in a year, the plans will settle with SC DHHS at the end of the year and split the LBW funding pool based on the number of LBW babies born into each MCO (i.e., the effective LBW kicker payment is reduced).

V. METHODOLOGY AND RESULTS – PRESCRIPTION DRUG BENEFITS

This section of our report describes the October 2010 – March 2011 South Carolina Medicaid Managed Care capitation rate methodology for prescription drug benefits.

CAPITATION RATE METHODOLOGY – PRESCRIPTION DRUG BENEFITS

The methodology used to calculate the prescription drug component of the capitation rate can be outlined in the following steps:

1. Extract fee-for-service experience data for the Medicaid Managed Care eligible population by eligibility category.
2. Apply adjustments for reimbursement, benefit limitations, trend, managed care impact, and incurred but not reported (IBNR) claims.
3. Calculate estimated October 2010 – March 2011 managed care costs by eligibility category.
4. Adjust for Third Party Liability (TPL) recoveries, MCO selection, and administrative expenses.
5. Adjust TANF and SSI rates for MCO specific risk scores.

Each of the above steps is described in detail below.

Step 1: Extract Fee-For-Service Experience Data

In this step the fee-for-service experience for SFY 0708 and SFY 0809 is summarized by eligibility category and script tier for populations eligible to enroll in the Medicaid Managed Care program. We used Attachment 1 prepared by SC DHHS to determine populations eligible to enroll in the Managed Care program.

Appendices J1 – J4 show Step 1.

Cost Sharing

South Carolina's fee-for-service Medicaid program includes several member copayment amounts that MCO members are not required to pay, including a \$3.00 copay for prescriptions (per script).

The member copayment amounts are added to the MCO capitation rate calculation.

Step 2: Apply Adjustments for Reimbursement, Benefit Limitations, Trend, Managed Care Impact, and IBNR Claims

In this step we apply adjustment factors to reflect differences between the Medicaid fee-for-service data and the Medicaid Managed Care program. Each adjustment factor is explained in detail below.

Appendices K1 – K4 show the impact of the Step 2 adjustments.

MCO Contractual Adjustment:

The MCO contractual adjustment recognizes that most MCOs contract with pharmacies at rates different than currently paid under Medicaid fee-for-service. We used information regarding prescription drug contracting collected as part of our confidential reimbursement survey to evaluate the relative cost of providing prescription drug coverage under SC DHHS contractual arrangements compared the average of the participating MCO's contractual terms.

We determined that a 0.930 adjustment factor is appropriate to reflect the MCOs' higher discounts and lower dispensing fees compared to SC DHHS.

Pharmacy Benefit Limit:

The pharmacy benefit limit change has two components. First, the number of overrides for the 4 prescriptions per month limit is reduced from an unlimited amount to a maximum of 4 overrides, effectively limiting the maximum number of scripts per member per month to 8 for adults 21 years of age or older. Secondly, the 34 day supply per prescription is reduced to a 31 day supply.

To develop the adjustment factors, we summarized monthly script count and day supplies by individual and applied the limits mentioned above and calculated a dollar impact. We summarized the results by rate cell and applied the adjustment factor to the prescription drug service categories.

Because of the high maintenance drug usage for chronic conditions, savings due to the change in days supply limit would be minimal. For that reason, we took the square root of the calculated adjustment to reflect the fact that calculated savings would not all materialize.

The adjustment factors also reflect the elimination of coverage for expectorants and cough / cold medicines that is effective February 1, 2009.

The adjustment factors vary from 0.832 to 1.000 for the various TANF rate cells, from 0.881 to 0.944 for SSI, from 0.984 to 0.997 for OCWI, and from 0.955 to 0.998 for Duals.

Pharmacy Rebate:

The federal health care reform law provides an extension of prescription rebates typically collected by States under the FFS programs to prescription drug purchased under managed care programs, therefore we removed the pharmacy rebate adjustment from the MCO rate calculation.

MCO Selection:

We assumed the same MCO selection factors shown in Table 12.

IBNR Adjustment:

Due to the electronic processing of prescription drug claims, there are usually very few outstanding claims even after only one month. Therefore, the IBNR factor for SFY 0708 is 1.000 and slightly above 1.000 for SFY 0809 for certain rate cells.

Trend SFY 0708 to SFY 0809:

Trend rates from SFY 0708 to SFY 0809 were developed by rate category and type of service for Medicaid Managed Care eligible services and individuals using fee-for-service prescription drug data from SFY 0708 through SFY 0809. The trends were set adjusting for FFS cost changes caused by enrollment shifts by rate cell and changes in the MCO selection factor. We examined the trended SFY 0708 costs compared to the SFY 0809 costs and made further adjustments to promote general consistency over the entire MCO eligible population.

Table 19 below summarizes the estimated fee-for-service trend rates by service category for the Medicaid Managed Care program eligible populations.

Table 19 South Carolina Department of Health and Human Services Medicaid Fee-For-Service Historical Trends Prescription Drug Benefits				
Service Category	TANF	OCWI	SSI	Duals
Generic	8.0%	0.0%	16.0%	-20.0%
Multi-Source Brand	8.0%	0.0%	16.0%	-20.0%
Single-Source Brand	12.0%	0.0%	16.0%	-20.0%
Over-The-Counter	8.0%	0.0%	16.0%	-20.0%
Unidentified	8.0%	0.0%	16.0%	-20.0%

Managed Care Savings Adjustment:

The managed care savings adjustment was developed based on a target generic dispensing rate of 75% of prescriptions and a reduction in the prescription utilization rates. Fee-for-service Medicaid achieves a generic dispensing rate of approximately 65%. Based on Milliman's Prescription Drug Rating model, moving from a 65% to a 75% generic dispensing rate would result in savings of 15%. We assumed an additional 5% savings due to reduced utilization rates under managed care. We used a 0.80 combined managed care adjustment.

Step 3: Calculate Estimated October 2010 – March 2011 Managed Care Costs

In Step 3, SFY 0708 and SFY 0809 costs are combined to develop the estimated costs for each eligibility category. The Step 3 procedure is summarized below:

1. Summarize the trended and adjusted SFY 0708 fee-for-service data by eligibility category and prescription drug tier.

2. Summarize the adjusted SFY 0809 fee-for-service data by eligibility category and prescription drug tier.
3. Calculate the composite SFY 0809 PMPM costs by eligibility category. The composite is calculated as a weighted average of projected SFY 0708 and SFY 0809 costs based on each year's eligibility category specific member months.
4. Trend the composite SFY 0809 costs to April 2010 – March 2011 using projected inflation factors.

The inflation factors used to project expenditures from SFY 0809 to April 2010 – March 2011 are based on inflation factors used for South Carolina's most recent Medicaid budget projection and represent "best estimate" PMPM cost trends. Table 20 below shows the annual inflation factors from SFY 0809 to April 2010 – March 2011. The annual rates are applied for the 21 month projection period. The trend rates are the same as those used in the April 2010 – March 2011 rate development because the original trends applied to the entire April 2010 – March 2011 rate year.

Table 20 South Carolina Department of Health and Human Services Medicaid Fee-For-Service Annual PMPM Cost Inflation Factors – SFY 0809 to April 2010 – March 2011 Prescription Drug Benefits				
Service Category	TANF	OCWI	SSI	Duals
Generic	6.0%	3.0%	7.5%	6.0%
Multi-Source Brand	8.5%	4.5%	10.5%	9.0%
Single-Source Brand	8.5%	4.5%	10.5%	9.0%
Over-The-Counter	4.0%	2.0%	4.5%	4.0%
Unidentified	7.0%	3.5%	8.5%	7.0%

Appendices L1 and L2 present the detailed October 2010 – March 2011 Managed Care cost estimates.

Step 4: Adjust for TPL Recoveries and Administrative Expenses

Third Party Liability Recoveries:

SC DHHS provided a summary of aggregate third party liability (TPL) recoveries that are not included in the claims data by incurred calendar year quarter. We summarized paid claims data by state fiscal year for all Medicaid fee-for-service programs to develop the TPL adjustment factor of 0.995 for SFY 0708 and SFY 0809. This adjustment is shown in Appendices M1 and M2.

Administration:

We used the administrative allowances shown in Table 17.

The prescription drug administrative allowance is 9% of the prescription drug capitation rates. The total administration allowance is 12.0% of the final capitation rates (medical and pharmacy) excluding the supplemental teaching payment pass-through. The 12.0% administration allowance includes a 1.0% allowance for MCO profit and contribution to margin.

The details of our calculations are shown in Appendices M1 and M2.

Step 5: Adjust TANF and SSI Rate for MCO Specific Risk Score

An MCO's TANF and SSI capitation rate will be determined based on the following formula for each rate cell:

$$\text{MCO Capitation Rate} = \text{Base Capitation Rate} \times \text{MCO Adjusted Risk Factor}$$

The composite of the MCO Adjusted Risk Factors for all MCOs will be 1.000.

Milliman's October 20, 2010 letter documents the development of the MCO Adjusted Risk Factors that will be applied to the October 2010 – March 2011 TANF and SSI capitation rates.

VI. SERVICE CATEGORY ASSIGNMENT

This section of the report provides information about the service category assignment used to create the cost models included in the South Carolina Medicaid Managed Care capitation rate development. This information can be used by participating MCOs to monitor their experience in a format and detail similar to the rate development process. MCOs are encouraged to monitor their emerging experience and take corrective actions when necessary.

To prepare the attached cost models, we grouped claims into our standard service categories used in Milliman's market leading *Health Cost Guidelines*®. We then regrouped certain service categories into broader groups to allow easier summarization and evaluation of each eligibility category's cost. The service category assignment described below does not account for excluded or limited services. Please refer to Sections III – V of the report for a detailed description of how excluded and limited services were handled. The next few paragraphs detail how the claim level detail is assigned to the service categories shown in Appendices A – M.

HOSPITAL INPATIENT

Hospital inpatient services are those items and services, provided under the direction of a physician, furnished to a patient who is admitted to a general acute care medical facility for facility and professional services on a continuous basis that is expected to last for a period greater than 24 hours. An admission occurs when the Severity of Illness / Intensity of Services criteria set forth by the review contractor and approved by SC DHHS is met. Among other services, hospital inpatient services encompass a full range of necessary diagnostic, therapeutic care including surgical, medical, general nursing, radiological, and rehabilitative services in emergency or non-emergency conditions. Additional hospital inpatient services would include room and board, miscellaneous hospital services, medical supplies, and equipment.

The hospital inpatient claims are assigned a service category based on Diagnostic Related Group (DRG) codes. Milliman's algorithm classifies hospital inpatient claims using the following groupings of 2007 DRG codes.

Table 21 South Carolina Department of Health & Human Services Hospital Inpatient Service Groupings by DRG Code	
Service Category	Diagnosis Related Group
	001 - 003, 006 - 019, 021 - 023, 026 - 106, 108, 110 - 111, 113 - 114, 117 - 147, 149 - 153, 155 - 208, 210 - 213, 216 - 220, 223 - 230, 232 - 369, 376 - 377, 385 - 390, 392 - 399, 401 - 414, 417 - 424, 439 - 455, 461 - 468, 471, 473, 476 - 477, 479 - 482, 484 - 513, 515, 518 - 520, 524 - 525, 528 - 579
Medical / Surgical	
Mental Health / Substance Abuse	425 - 433, 521 - 523
Maternity	370 - 375, 378 - 384
Normal Newborn	391
Invalid DRGs	004 - 005, 020, 024 - 025, 107, 109, 112, 115 - 116, 148, 154, 209, 214 - 215, 221 - 222, 231, 400, 415 - 416, 434 - 438, 456 - 460, 469 - 470, 472, 474 - 475, 478, 483, 514, 516 - 517, 526 - 527

HOSPITAL OUTPATIENT

Hospital outpatient services are defined as those preventive, diagnostic, therapeutic, rehabilitative, surgical, and emergency services received by a patient through an outpatient / ambulatory care facility for the treatment of a disease or injury for a period of time generally not exceeding 24 hours. Outpatient / ambulatory care facilities include hospital outpatient departments, diagnostic / treatment centers, ambulatory surgical centers, emergency rooms, end stage renal disease (ESRD) clinics, and outpatient pediatric AIDS clinics (OPAC). Costs include facility charges only and do not include professional charges unless performed by staff of the facility and billed on a UB-92 (hospital) claims form. All facility-billed items not part of an inpatient admission are considered hospital outpatient services.

The hospital outpatient claims are assigned a service category based on revenue codes. Milliman's algorithm classifies hospital outpatient claims using the following groupings of revenue codes.

Table 22 South Carolina Department of Health & Human Services Hospital Outpatient Service Groupings by Revenue Code	
Service Category	Revenue Code
Emergency Room	'0450'-'0459','0681'-'0689','0981'
Surgery	'0360'-'0369','0490'-'0499','0790'-'0799','0975'
Radiology	'0255','0320'-'0329','0330','0331'-'0332','0333','0335','0339','0340','0341','0342','0343','0344','0349','0350'-'0352','0359','0371','0400'-'0403','0404','0405'-'0409','0610'-'0612','0613','0614'-'0616','0617','0618'-'0619','0621','0972','0973','0974'
Pathology	'0300'-'0309','0310'-'0319','0923','0925','0971'
Pharmacy & Blood	'0250'-'0253','0256'-'0257','0259','0380'-'0389','0390'-'0399','0630'-'0633','0636'-'0639'
Cardiovascular	'0480'-'0489','0730'-'0739','0921','0943','0985'
PT / OT / ST	'0420'-'0449','0931'-'0932','0977'-'0979'
Other	'0100'-'0219','0220'-'0229','0230'-'0239','0240'-'0249','0254','0258','0260'-'0269','0270'-'0279','0280'-'0289','0370','0372','0374','0379','0410'-'0419','0460'-'0469','0470'-'0479','0500'-'0509','0510','0511'-'0518','0519','0520'-'0521','0522'-'0529','0530'-'0539','0540'-'0549','0560'-'0569','0622'-'0629','0634'-'0635','0670'-'0679','0700'-'0709','0710'-'0719','0720'-'0729','0740'-'0749','0750'-'0759','0760'-'0769','0770'-'0789','0800'-'0809','0810'-'0819','0820'-'0889','0890'-'0899','0900'-'0919','0920','0922','0924','0929','0940'-'0942','0944'-'0945','0946'-'0949','0951'-'0960','0961','0962','0963'-'0964','0969','0976','0980','0982','0983','0984','0986','0987'-'0988','0990'-'9999'

PROFESSIONAL

Professional services include the full range of preventive care services, primary care medical services and physician specialty services. All services must be medically necessary and appropriate for the treatment of a specific diagnosis, as needed for the prevention, diagnostic, therapeutic care, and treatment of the specific condition. Physician services are performed at physician's offices, patients' homes, clinics, and skilled nursing facilities. Technical services performed in a physician's office are considered part of the professional services delivered in an ambulatory setting unless designated as a separate service.

Physician services are assigned to a service category using Current Procedural Terminology (CPT) codes. Place-of-service information is used to assign surgery codes to the inpatient or outpatient categories.

OTHER

The other service category includes the following services:

- > Home health services including intermittent skilled nursing, home health aide, physical, occupational and speech therapy services, and physician ordered supplies.
- > Emergency transportation or acute care situation where normal transportation would potentially endanger the life of the patient.
- > Durable medical equipment that provides therapeutic benefits or enables a recipient to perform certain tasks that he or she would be unable to undertake otherwise due to certain medical conditions and / or illnesses.
- > Hearing aids and hearing aid accessories.
- > Dental services.
- > Pharmaceutical as ordered by licensed prescribers.

Other services are also assigned a service category using CPT codes. Prescription drugs however are identified by the presence of a National Drug Code (NDC) in the claims file. Other, unidentifiable services are assigned an "unknown" category of service.

VII. CMS RATE SETTING CHECKLIST ISSUES

This section of the report lists each item in the CMS checklist and either discusses how SC DHHS addresses each issue or directs the reader to other parts of this report. CMS uses the rate setting checklist to review and approve a state's Medicaid capitation rates.

AA.1.0 – Overview of Rate Setting Methodology

The MCO capitation rates are developed using South Carolina fee-for-service Medicaid data for a comparable population to that enrolled in MCOs. SC DHHS calculates State-set rates by rate category on a statewide basis. Please refer to Sections III – V of this report for more details.

AA.1.1 – Actuarial Certification

Please refer to Appendix Q for our actuarial certification of the October 2010 – March 2011 capitation rates. The October 2010 – March 2011 South Carolina Medicaid Managed Care capitation rates have been developed in accordance with generally accepted actuarial principles and practices and are appropriate for the populations to be covered and the services to be furnished under the contract.

AA.1.2 – Projection of Expenditures

Appendix P includes a projection of total expenditures and Federal-only expenditures based on actual September 2010 MCO enrollment, April 2010 – March 2011 capitation rates and October 2010 – March 2011 capitation rates. We used a 79.58% FMAP rate to calculate the Federal expenditures.

AA.1.3 – Procurement, Prior Approval, and Rate Setting

SC DHHS develops state set rates. Please refer to Sections III – V of this report for details.

Note – There is No Item AA.1.4 in the Checklist

AA.1.5 – Risk Contracts

The South Carolina Medicaid Managed Care program meets the criteria of a risk contract.

AA.1.6 – Limit on Payment to Other Providers

It is our understanding no payment is made to a provider other than the participating MCOs for services available under the contract.

AA.1.7 – Rate Modifications

The October 2010 – March 2011 rates documented in this report are not the initial capitation rates for the October 2010 – March 2011 Medicaid Managed Care contracts. The October 2010 – March 2011 rates are an update to the April 2010 – March 2011 rates.

AA.2.0 – Base Year Utilization and Cost Data

The base year utilization and cost data is SFY 0708 and SFY 0809 fee-for-service data for the population that is eligible to enroll in an MCO.

Only State Plan services that are covered under the South Carolina Medicaid Managed Care contract have been included in the rate development.

AA.2.1 – Medicaid Eligibles Under the Contract

Data for fee-for-service populations not eligible to enroll in the South Carolina Medicaid Managed Care program has been excluded from the base data used in rate development.

AA.2.2 – Dual Eligibles

The rate structure includes a rate cell that only applies to individuals who receive retroactive Medicare eligibility while enrolled in an MCO. The Dual Eligible rate cell includes all Medicaid services and Medicare crossover claims payments that are the responsibility of the MCOs for a dually eligible individual.

AA.2.3 – Spend Down

The spend down population is excluded from the Medicaid managed care program and the capitation rate development.

AA.2.4 – State Plan Services Only

The base utilization and cost data is SFY 0708 and SFY 0809 fee-for-service data and includes only State Plan services.

AA.2.5 – Services that may be Covered by a Capitated Entity Out of Contract Savings

Services that may be covered by a capitated entity out of contract savings are not included in the data used to develop the October 2010 – March 2011 capitation rates.

AA.3.0 – Adjustments to Base Year Data

All adjustments to the base year data are discussed in Sections III – V of this report. In addition, each item in the checklist is addressed in items AA.3.1 – AA.3.14 below.

AA.3.1 – Benefit Differences

The base data used to calculate the capitation rates has been adjusted to only include services covered under the managed care contract.

AA.3.2 – Administrative Cost Allowance Calculations

The MCO capitation rates include explicit administrative allowances by rate cell. Please see Section IV and V of the report for more details regarding the administrative cost calculation.

AA.3.3 – Special Population Adjustments

The fee-for-service base data used to calculate the capitation rates is consistent with the managed care population. No special population adjustment was necessary.

AA.3.4 – Eligibility Adjustments

SC DHHS uses a selection adjustment to adjust the FFS base data to the morbidity level of the population anticipated to be enrolled in MCOs during the contract period.

AA.3.5 – DSH Payments

DSH payments are not included in the capitation rates.

AA.3.6 – Third Party Liability (TPL)

The managed care organizations are responsible for the collection of any TPL recoveries. The capitation rates include a 0.995 adjustment to reflect additional TPL recoveries that are not reflected in the base year fee-for-service data.

AA.3.7 – Copayments, Coinsurance, and Deductibles in Capitated Rates

The South Carolina Medicaid managed care program does not include member cost sharing. All fee-for-service member cost sharing amounts were added back into the capitation rate calculation,

AA.3.8 – Graduate Medical Education (GME)

GME payments were removed from the base data in the capitation rate calculation.

AA.3.9 – FQHC and RHC Reimbursement

The rate development methodology includes an actuarially equivalent rate for services rendered by FQHCs and RHCs. The claims data is adjusted so that FQHC and RHC payment levels are on a “per-claim” basis, making them equivalent to payment levels to other providers. Please refer to the Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Repricing portion of Section III of this report for a detailed explanation on the method used to convert the FQHC and RHC encounter rate to a fee-for-service equivalent.

AA.3.10 – Medical Cost Trend Inflation

Trend rates from SFY 0708 to SFY 0809 were developed by rate category and type of service for Medicaid Managed Care eligible services and individuals using fee-for-service data from SFY 0405 through SFY 0809. The trends were set adjusting for FFS cost changes caused by enrollment shifts by rate cell and changes in the MCO selection factor.

The inflation factors used to project expenditures from SFY 0809 to October 2010 – March 2011 are based on inflation factors used for South Carolina's Medicaid budget projection.

We are comfortable that the trend rates and inflation factors represent the expected change in per capita cost between SFY 0708 and October 2010 – March 2011.

AA.3.11 – Utilization Adjustments

Utilization trend is included in AA.3.10.

AA.3.12 – Utilization and Cost Assumptions

TANF and SSI population will use the Medicaid Rx risk adjuster to adjust the rates for each participating MCO. Medicaid Rx uses recipients' prescription drug usage information to develop a risk score for each individual. Section IV, Step 5 explains how the risk scores are calculated and applied to the participating MCOs' rate for the SSI population.

SC DHHS will continue to monitor the MCO population through MCO encounter data submission to assess the relative risk of the MCO and fee-for-service populations.

AA.3.13 – Post-Eligibility Treatment of Income (PETI)

Not applicable.

AA.3.14 – Incomplete Data Adjustment

The capitation rates include an adjustment to reflect IBNR claims. Please refer to Section IV of this report for more information on the development of these adjustment factors.

AA.4.0 – Establish Rate Category Groupings

Please refer to Sections III – V of this report.

AA.4.1 – Age

Please refer to Sections III – V of this report.

AA.4.2 – Gender

Please refer to Sections III – V of this report.

AA.4.3 – Locality / Region

Region is not used as a rating variable.

AA.4.4 – Eligibility Categories

Please refer to Section III of this report.

AA.5.0 – Data Smoothing

We did not perform any data smoothing.

AA.5.1 – Special Populations and Assessment of the Data for Distortions

We did not identify any material distortions caused by special populations.

AA.5.2 – Cost-Neutral Data Smoothing Adjustment

We did not perform any data smoothing.

AA.5.3 – Risk Adjustment

The October 2010 – March 2011 capitation rates for the TANF and SSI population will use the Medicaid Rx risk adjuster to adjust the rates for each participating MCO. Medicaid Rx uses recipients' prescription drug usage information to develop a risk score for each individual. Section III, Step 5 explains how the risk scores are calculated and applied to the participating MCOs' rate for the TANF and SSI population.

Milliman's October 20, 2010 letter documents the development of the MCO Adjusted Risk Factors that will be applied to the October 2010 – March 2011 TANF and SSI capitation rates.

AA.6.0 – Stop Loss, Reinsurance, or Risk Sharing Arrangements

None

AA.6.1 – Commercial Reinsurance

SC DHHS does not require entities to purchase commercial reinsurance.

AA.6.2 – Simple Stop Loss Program

None

AA.6.3 – Risk Corridor Program

None

AA.7.0 – Incentive Arrangements

SC DHHS has implemented a withhold and incentive arrangement for the contract period of October 2010 through March 2011. The terms of the withhold and incentive arrangement are outlined in the contract with the MCOs. The incentive will not exceed 105% of the capitation rates. The withhold and incentive are based on an actuarially sound methodology and will be based on the provisions of the contract. The capitation rates shown in this report do not reflect the withhold provision. Withhold payments will be available to both private and public contractors, and will not be conditioned upon intergovernmental transfer agreements. Withhold payments will be reviewed on an annual basis, and will not be renewed automatically.

Appendices A - I

State of South Carolina Department of Health and Human Services October 2010 – March 2011 Capitation Rate Development for the Medicaid Managed Care Program

State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for this program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$15,952,218	\$0	\$0	\$0	\$0	\$0	\$0	\$2,748,799	\$13,203,419
MH/SA	6,651	0	6,651	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	93,841,898	0	0	0	0	0	0	9,552,725	84,289,173
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$109,800,767	\$0	\$6,651	\$0	\$0	\$0	\$0	\$12,301,524	\$97,492,592
Hospital Outpatient									
Emergency Hospital	\$984,258	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$984,258
Misc Outpatient	1,381,695	0	718	0	0	0	0	0	1,380,977
	\$2,365,954	\$0	\$718	\$0	\$0	\$0	\$0	\$0	\$2,365,236
Professional									
Inpatient Surgery	\$2,000,484	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000,484
Outpatient Surgery	332,494	0	0	0	0	0	0	0	332,494
Hospital Visits	20,308,184	0	0	0	0	0	0	0	20,308,184
Office Visits	6,556,242	0	0	0	0	(208,383)	0	0	6,347,859
Urgent Care	486,933	0	0	0	0	0	0	0	486,933
Injections & Immunizations	719,480	0	0	0	0	0	0	0	719,480
Other Physician	2,655,498	0	0	0	11,388	(587,572)	0	0	2,056,538
Radiology/Pathology	535,223	0	0	0	0	0	0	0	535,223
MH/SA	61,650	0	347	0	0	0	0	0	61,303
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	105	0	0	0	0	0	0	0	105
	\$33,656,293	\$0	\$347	\$0	\$11,388	(\$795,955)	\$0	\$0	\$32,848,603
Other Services									
Home Health	\$2,078,911	\$0	\$217	\$0	\$25,731	(\$201)	\$0	\$0	\$2,052,762
Ambulance	542,959	0	0	0	0	0	0	0	542,959
Prosthetics/DME	41,343	0	0	0	0	0	0	0	41,343
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	5,837	0	0	0	0	0	0	0	5,837
	\$2,669,050	\$0	\$217	\$0	\$25,731	(\$201)	\$0	\$0	\$2,642,901
Total	\$148,492,063	\$0	\$7,932	\$0	\$37,119	(\$796,156)	\$0	\$12,301,524	\$135,349,332

Appendix A1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$12,001,102	\$0	\$0	\$0	\$0	\$0	\$0	\$2,313,407	\$9,687,695
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	226,080	0	0	0	0	0	0	28,093	197,986
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$12,227,182	\$0	\$0	\$0	\$0	\$0	\$0	\$2,341,501	\$9,885,681
Hospital Outpatient									
Emergency Hospital	\$3,823,276	\$0	\$0	\$1,752	\$0	\$0	\$0	\$0	\$3,821,524
Misc Outpatient	3,413,359	0	15,676	294	0	0	0	0	3,397,389
	\$7,236,635	\$0	\$15,676	\$2,045	\$0	\$0	\$0	\$0	\$7,218,914
Professional									
Inpatient Surgery	\$559,650	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$559,650
Outpatient Surgery	1,215,816	0	0	0	0	0	0	0	1,215,816
Hospital Visits	2,680,896	0	0	0	0	0	0	0	2,680,896
Office Visits	10,557,386	0	0	0	17	(366,830)	0	0	10,190,539
Urgent Care	1,429,241	0	0	0	0	0	0	0	1,429,241
Injections & Immunizations	3,086,301	0	0	0	0	0	0	0	3,086,301
Other Physician	4,963,100	0	0	0	37,562	(1,024,697)	0	0	3,900,841
Radiology/Pathology	634,106	0	0	0	0	0	0	0	634,106
MH/SA	84,149	0	2,099	0	0	0	0	0	82,050
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$25,210,645	\$0	\$2,099	\$0	\$37,579	(\$1,391,528)	\$0	\$0	\$23,779,440
Other Services									
Home Health	\$2,366,828	\$0	\$10,273	\$0	\$87,142	(\$12)	\$0	\$0	\$2,269,401
Ambulance	252,977	0	0	0	0	0	0	0	252,977
Prosthetics/DME	448,487	0	0	0	0	0	0	0	448,487
Vision/Hearing Aids	17,991	0	0	0	0	0	0	0	17,991
Dental	677	0	0	0	0	0	0	0	677
Unknown	13,039	0	0	0	0	0	0	0	13,039
	\$3,100,000	\$0	\$10,273	\$0	\$87,142	(\$12)	\$0	\$0	\$3,002,572
Total	\$47,774,462	\$0	\$28,048	\$2,045	\$124,721	(\$1,391,540)	\$0	\$2,341,501	\$43,886,607

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$9,212,753	\$0	\$0	\$0	\$0	\$0	\$0	\$1,505,540	\$7,707,213
MH/SA	424,156	0	424,156	0	0	0	0	0	0
Skilled Nursing Facility	55,390	0	0	0	0	0	0	6,482	48,909
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$9,692,299	\$0	\$424,156	\$0	\$0	\$0	\$0	\$1,512,021	\$7,756,122
Hospital Outpatient									
Emergency Hospital	\$8,952,369	\$0	\$0	\$40,821	\$0	\$0	\$0	\$0	\$8,911,547
Misc Outpatient	7,497,223	0	207,045	299,552	0	0	0	0	6,990,627
	\$16,449,592	\$0	\$207,045	\$340,373	\$0	\$0	\$0	\$0	\$15,902,174
Professional									
Inpatient Surgery	\$436,755	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$436,755
Outpatient Surgery	3,538,066	0	0	0	0	0	0	0	3,538,066
Hospital Visits	749,923	0	1,718	0	0	0	0	0	748,205
Office Visits	15,334,317	0	0	0	152	(253,871)	0	0	15,080,294
Urgent Care	2,801,636	0	0	0	0	0	0	0	2,801,636
Injections & Immunizations	1,545,119	0	0	0	0	0	0	0	1,545,119
Other Physician	11,382,474	0	7,574	0	80,018	(2,144,600)	0	0	9,150,282
Radiology/Pathology	1,533,425	0	0	0	5	0	0	0	1,533,420
MH/SA	1,035,010	0	741,186	0	0	0	0	0	293,824
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	232	0	0	0	0	0	0	0	232
	\$38,356,958	\$0	\$750,478	\$0	\$80,174	(\$2,398,471)	\$0	\$0	\$35,127,835
Other Services									
Home Health	\$2,760,161	\$0	\$63,018	\$0	\$190,222	(\$12)	\$0	\$0	\$2,506,909
Ambulance	472,682	0	0	0	0	0	0	0	472,682
Prosthetics/DME	204,170	0	0	0	0	0	0	0	204,170
Vision/Hearing Aids	28,984	0	0	0	0	0	0	0	28,984
Dental	315,168	0	0	314,133	0	0	0	0	1,035
Unknown	84,003	0	416	0	0	(514)	0	0	83,073
	\$3,865,169	\$0	\$63,433	\$314,133	\$190,222	(\$526)	\$0	\$0	\$3,296,854
Total	\$68,364,018	\$0	\$1,445,112	\$654,506	\$270,396	(\$2,398,998)	\$0	\$1,512,021	\$62,082,984

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$6,878,163	\$0	\$0	\$0	\$0	\$0	\$0	\$1,173,003	\$5,705,159
MH/SA	7,717,669	0	7,717,669	0	0	0	0	0	0
Skilled Nursing Facility	111,460	0	0	0	0	0	0	13,023	98,437
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$14,707,291	\$0	\$7,717,669	\$0	\$0	\$0	\$0	\$1,186,026	\$5,803,596
Hospital Outpatient									
Emergency Hospital	\$5,018,394	\$0	\$0	\$12,553	\$0	\$0	\$0	\$0	\$5,005,841
Misc Outpatient	4,905,834	0	239,569	108,250	0	0	0	0	4,558,015
	\$9,924,229	\$0	\$239,569	\$120,803	\$0	\$0	\$0	\$0	\$9,563,856
Professional									
Inpatient Surgery	\$423,335	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$423,335
Outpatient Surgery	2,075,945	0	0	0	0	0	0	0	2,075,945
Hospital Visits	609,041	0	23,096	0	0	0	0	0	585,945
Office Visits	9,663,630	2	0	0	651	(67,081)	0	0	9,595,900
Urgent Care	1,579,135	0	0	0	0	0	0	0	1,579,135
Injections & Immunizations	1,206,382	0	0	0	0	0	0	0	1,206,382
Other Physician	9,629,399	2	19,440	0	316	(1,326,046)	0	0	8,283,600
Radiology/Pathology	1,821,755	0	0	0	39	0	0	0	1,821,716
MH/SA	3,275,306	0	2,818,824	0	0	0	0	0	456,482
Maternity (delivery)	217	0	0	0	0	0	0	0	217
Maternity (non-delivery)	1,952	0	0	0	0	0	0	0	1,952
	\$30,286,096	\$4	\$2,861,360	\$0	\$1,006	(\$1,393,127)	\$0	\$0	\$26,030,607
Other Services									
Home Health	\$1,391,135	\$0	\$83,157	\$0	\$36,540	\$0	\$0	\$0	\$1,271,437
Ambulance	331,366	0	0	0	0	0	0	0	331,366
Prosthetics/DME	143,720	0	0	0	0	0	0	0	143,720
Vision/Hearing Aids	61,093	0	0	0	0	0	0	0	61,093
Dental	22,681	0	0	22,681	0	0	0	0	0
Unknown	45,562	0	0	3,074	0	(122)	0	0	42,366
	\$1,995,557	\$0	\$83,157	\$25,755	\$36,540	(\$122)	\$0	\$0	\$1,849,982
Total	\$56,913,173	\$4	\$10,901,755	\$146,559	\$37,546	(\$1,393,249)	\$0	\$1,186,026	\$43,248,041

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,804,632	\$0	\$0	\$0	\$0	\$0	\$0	\$713,309	\$4,091,323
MH/SA	6,708,064	0	6,697,503	0	0	0	0	1,060	9,500
Skilled Nursing Facility	204,183	0	4,367	0	0	0	0	18,744	181,072
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$11,716,879	\$0	\$6,701,870	\$0	\$0	\$0	\$0	\$733,114	\$4,281,895
Hospital Outpatient									
Emergency Hospital	\$2,138,872	\$0	\$0	\$4,842	\$0	\$0	\$0	\$0	\$2,134,030
Misc Outpatient	2,159,997	0	46,592	47,076	0	0	0	0	2,066,328
	\$4,298,869	\$0	\$46,592	\$51,918	\$0	\$0	\$0	\$0	\$4,200,359
Professional									
Inpatient Surgery	\$276,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$276,707
Outpatient Surgery	942,184	0	0	0	0	0	270	0	941,914
Hospital Visits	304,021	0	12,412	0	0	0	0	0	291,610
Office Visits	2,554,649	4	0	0	12,411	(13,587)	58	0	2,528,597
Urgent Care	706,835	0	0	0	0	0	0	0	706,835
Injections & Immunizations	324,971	0	0	0	24	0	0	0	324,946
Other Physician	2,719,913	0	4,850	0	5	(333,825)	0	0	2,381,233
Radiology/Pathology	1,109,122	0	0	0	184	0	49	0	1,108,890
MH/SA	1,239,013	0	1,024,484	0	0	0	0	0	214,529
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$10,177,415	\$4	\$1,041,746	\$0	\$12,624	(\$347,413)	\$376	\$0	\$8,775,261
Other Services									
Home Health	\$774,189	\$3	\$23,141	\$0	\$8,322	\$0	\$0	\$0	\$742,729
Ambulance	282,315	0	0	0	0	0	0	0	282,315
Prosthetics/DME	35,490	0	0	0	1	0	0	0	35,489
Vision/Hearing Aids	13,914	0	0	0	0	0	0	0	13,914
Dental	18,069	0	0	18,069	0	0	0	0	0
Unknown	5,969	12	124	0	0	0	0	0	5,857
	\$1,129,947	\$15	\$23,265	\$18,069	\$8,323	\$0	\$0	\$0	\$1,080,305
Total	\$27,323,110	\$19	\$7,813,473	\$69,987	\$20,947	(\$347,413)	\$376	\$733,114	\$18,337,819

Appendix A1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,141,210	\$0	\$1,292	\$0	\$0	\$0	\$0	\$596,973	\$3,542,944
MH/SA	8,102,791	0	8,068,318	0	0	0	0	6,316	28,156
Skilled Nursing Facility	265,278	0	4,142	0	0	0	0	29,129	232,007
Maternity	714,840	0	0	0	0	0	0	40,625	674,214
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$13,224,118	\$0	\$8,073,753	\$0	\$0	\$0	\$0	\$673,044	\$4,477,322
Hospital Outpatient									
Emergency Hospital	\$3,014,728	\$0	\$0	\$2,755	\$0	\$0	\$0	\$0	\$3,011,973
Misc Outpatient	4,338,554	6	25,834	32,680	0	0	0	0	4,280,047
	\$7,353,282	\$6	\$25,834	\$35,435	\$0	\$0	\$0	\$0	\$7,292,019
Professional									
Inpatient Surgery	\$238,061	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$238,061
Outpatient Surgery	1,025,356	0	0	0	0	0	0	0	1,025,356
Hospital Visits	499,767	0	19,043	0	0	0	0	0	480,724
Office Visits	5,121,325	8	0	0	44,862	(14,589)	0	0	5,061,882
Urgent Care	1,297,415	0	0	0	0	0	0	0	1,297,415
Injections & Immunizations	483,369	0	0	0	76	0	0	0	483,293
Other Physician	3,919,246	18	6,961	0	179	(599,572)	0	0	3,312,552
Radiology/Pathology	3,178,905	6	0	0	2,523	0	0	0	3,176,388
MH/SA	1,310,542	0	1,073,244	0	0	0	0	0	237,298
Maternity (delivery)	21,305	0	0	0	0	0	0	0	21,305
Maternity (non-delivery)	202,612	0	0	0	0	0	0	0	202,612
	\$17,297,902	\$32	\$1,099,247	\$0	\$47,639	(\$614,162)	\$0	\$0	\$15,536,885
Other Services									
Home Health	\$757,617	\$0	\$26,921	\$0	\$3,992	(\$47)	\$0	\$0	\$726,658
Ambulance	424,416	0	0	0	0	0	0	0	424,416
Prosthetics/DME	31,331	0	0	0	21	0	0	0	31,310
Vision/Hearing Aids	12,075	0	0	0	0	0	0	0	12,075
Dental	25,380	0	0	25,380	0	0	0	0	0
Unknown	13,734	0	2,925	0	0	0	0	0	10,809
	\$1,264,553	\$0	\$29,846	\$25,380	\$4,013	(\$47)	\$0	\$0	\$1,205,267
Total	\$39,139,856	\$38	\$9,228,680	\$60,816	\$51,653	(\$614,208)	\$0	\$673,044	\$28,511,493

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,817,039	\$7,675	\$4,925	\$0	\$0	\$0	\$0	\$438,167	\$4,381,623
MH/SA	462,014	1,375	445,449	0	0	0	0	4,321	13,619
Skilled Nursing Facility	69,486	200	14,559	0	0	0	0	4,375	50,752
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$5,348,538	\$9,250	\$464,933	\$0	\$0	\$0	\$0	\$446,863	\$4,445,993
Hospital Outpatient									
Emergency Hospital	\$1,252,562	\$0	\$0	\$2,576	\$0	\$0	\$0	\$0	\$1,249,986
Misc Outpatient	1,941,363	14,073	11,464	20,398	0	0	0	0	1,923,574
	\$3,193,925	\$14,073	\$11,464	\$22,974	\$0	\$0	\$0	\$0	\$3,173,560
Professional									
Inpatient Surgery	\$344,148	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$344,148
Outpatient Surgery	763,548	2,258	0	0	0	0	0	0	765,806
Hospital Visits	181,460	70	6,422	0	0	0	0	0	175,108
Office Visits	1,037,123	33,334	0	0	3,728	0	0	0	1,066,729
Urgent Care	488,829	6	0	0	0	0	0	0	488,835
Injections & Immunizations	237,746	3,616	0	0	0	0	0	0	241,362
Other Physician	957,323	18,437	783	0	0	(107,699)	0	0	867,278
Radiology/Pathology	913,881	9,442	0	0	66	0	0	0	923,257
MH/SA	122,640	244	106,494	0	0	0	0	0	16,390
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$5,046,698	\$67,407	\$113,699	\$0	\$3,794	(\$107,699)	\$0	\$0	\$4,888,913
Other Services									
Home Health	\$625,659	\$21,033	\$2,946	\$0	\$0	\$0	\$0	\$0	\$643,746
Ambulance	159,407	0	0	0	0	0	0	0	159,407
Prosthetics/DME	43,330	487	0	0	0	0	0	0	43,817
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	3,631	30	0	3,661	0	0	0	0	0
Unknown	6,858	219	0	0	0	(94)	0	0	6,983
	\$838,884	\$21,769	\$2,946	\$3,661	\$0	(\$94)	\$0	\$0	\$853,952
Total	\$14,428,045	\$112,499	\$593,041	\$26,634	\$3,794	(\$107,793)	\$0	\$446,863	\$13,362,419

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$27,045,135	\$50,525	\$3,717	\$0	\$0	\$0	\$0	\$2,293,331	\$24,798,613
MH/SA	1,591,221	4,800	1,501,024	0	0	0	0	9,760	85,237
Skilled Nursing Facility	319,573	1,375	150,765	0	0	0	4,421	2,921	162,841
Maternity	1,203,670	0	0	0	0	0	0	76,624	1,127,046
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$30,159,600	\$56,700	\$1,655,506	\$0	\$0	\$0	\$4,421	\$2,382,636	\$26,173,737
Hospital Outpatient									
Emergency Hospital	\$8,067,826	\$15	\$0	\$4,187	\$0	\$0	\$0	\$0	\$8,063,654
Misc Outpatient	13,688,774	107,555	76,378	46,526	0	0	51	0	13,673,375
	\$21,756,600	\$107,570	\$76,378	\$50,713	\$0	\$0	\$51	\$0	\$21,737,029
Professional									
Inpatient Surgery	\$2,009,141	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$2,009,149
Outpatient Surgery	4,405,737	13,198	0	0	0	0	0	0	4,418,935
Hospital Visits	1,318,935	560	34,067	0	0	0	53	0	1,285,375
Office Visits	9,310,227	245,408	0	0	85,292	(50)	169	0	9,470,124
Urgent Care	3,489,162	64	0	0	0	0	0	0	3,489,226
Injections & Immunizations	1,146,229	23,159	0	0	95	0	0	0	1,169,293
Other Physician	6,582,194	144,255	3,128	0	312	(1,092,415)	21	0	5,630,573
Radiology/Pathology	8,884,372	109,270	0	0	5,982	0	0	0	8,987,660
MH/SA	848,230	1,476	765,252	0	0	0	0	0	84,453
Maternity (delivery)	50,948	0	0	0	0	0	0	0	50,948
Maternity (non-delivery)	363,481	48	0	0	0	0	0	0	363,529
	\$38,408,656	\$537,446	\$802,448	\$0	\$91,681	(\$1,092,465)	\$243	\$0	\$36,959,265
Other Services									
Home Health	\$2,388,031	\$97,357	\$10,513	\$0	\$0	\$0	\$0	\$0	\$2,474,874
Ambulance	1,023,925	0	0	0	0	0	0	0	1,023,925
Prosthetics/DME	73,857	2,593	0	0	43	0	0	0	76,406
Vision/Hearing Aids	115	10	0	0	0	0	0	0	125
Dental	52,229	348	0	52,577	0	0	0	0	0
Unknown	55,376	979	0	2	15	(132)	0	0	56,207
	\$3,593,533	\$101,287	\$10,513	\$52,579	\$58	(\$132)	\$0	\$0	\$3,631,538
Total	\$93,918,389	\$803,003	\$2,544,845	\$103,292	\$91,739	(\$1,092,596)	\$4,714	\$2,382,636	\$88,501,569

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$8,100,562	\$12,750	\$0	\$0	\$0	\$0	\$0	\$611,029	\$7,502,283
MH/SA	203,396	900	197,415	0	0	0	0	364	6,517
Skilled Nursing Facility	148,008	375	30,325	0	0	0	0	5,682	112,376
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$8,451,965	\$14,025	\$227,739	\$0	\$0	\$0	\$0	\$617,075	\$7,621,175
Hospital Outpatient									
Emergency Hospital	\$893,747	\$0	\$0	\$1,077	\$0	\$0	\$0	\$0	\$892,669
Misc Outpatient	3,315,029	28,809	7,815	5,766	0	0	0	0	3,330,256
	\$4,208,775	\$28,809	\$7,815	\$6,844	\$0	\$0	\$0	\$0	\$4,222,926
Professional									
Inpatient Surgery	\$561,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$561,223
Outpatient Surgery	1,087,792	3,630	0	0	0	0	0	0	1,091,422
Hospital Visits	316,604	30	3,651	0	0	0	0	0	312,983
Office Visits	1,547,696	48,854	0	0	1,657	0	0	0	1,594,893
Urgent Care	396,709	16	0	0	0	0	0	0	396,725
Injections & Immunizations	475,023	4,640	0	0	0	0	0	0	479,663
Other Physician	2,096,669	33,439	460	0	0	(246,146)	0	0	1,883,502
Radiology/Pathology	1,672,540	16,504	0	0	113	0	0	0	1,688,931
MH/SA	121,917	170	112,131	0	0	0	0	0	9,956
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	608	0	0	0	0	0	0	0	608
	\$8,276,780	\$107,283	\$116,242	\$0	\$1,770	(\$246,146)	\$0	\$0	\$8,019,905
Other Services									
Home Health	\$877,164	\$47,565	\$178	\$0	\$0	\$0	\$0	\$0	\$924,551
Ambulance	169,100	0	0	0	0	0	0	0	169,100
Prosthetics/DME	32,076	588	0	0	0	0	0	0	32,664
Vision/Hearing Aids	0	2	0	0	0	0	0	0	2
Dental	2,285	22	0	2,307	0	0	0	0	0
Unknown	39,115	468	208	0	0	0	0	0	39,375
	\$1,119,740	\$48,645	\$386	\$2,307	\$0	\$0	\$0	\$0	\$1,165,692
Total	\$22,057,260	\$198,762	\$352,182	\$9,151	\$1,770	(\$246,146)	\$0	\$617,075	\$21,029,698

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$147,924,504	\$128,500	\$97,867	\$0	\$0	\$0	\$1,694,979	\$14,793,423	\$131,466,735
MH/SA	14,418,355	11,575	13,914,258	0	0	0	0	24,168	491,504
Skilled Nursing Facility	18,202,335	3,950	106,572	0	0	0	15,481,494	42,768	2,575,451
Maternity	398,032	0	0	0	0	0	0	56,750	341,282
Newborn	3,854,390	0	0	0	0	0	0	473,229	3,381,162
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$184,797,616	\$144,025	\$14,118,697	\$0	\$0	\$0	\$17,176,473	\$15,390,338	\$138,256,132
Hospital Outpatient									
Emergency Hospital	\$10,241,181	\$36	\$0	\$16,704	\$0	\$0	\$108,264	\$0	\$10,116,250
Misc Outpatient	30,565,505	210,816	470,961	176,813	0	0	290,836	0	29,837,713
	\$40,806,687	\$210,852	\$470,961	\$193,516	\$0	\$0	\$399,100	\$0	\$39,953,962
Professional									
Inpatient Surgery	\$5,375,726	\$2	\$0	\$0	\$0	\$0	\$29,330	\$0	\$5,346,398
Outpatient Surgery	6,911,541	17,350	0	0	0	0	67,999	0	6,860,893
Hospital Visits	10,233,591	1,826	179,798	0	0	0	127,930	0	9,927,688
Office Visits	13,385,099	284,631	0	0	20,601	(16,134)	156,247	0	13,476,749
Urgent Care	4,981,505	164	0	0	0	0	72,425	0	4,909,245
Injections & Immunizations	10,438,556	28,055	0	0	55	0	11,791	0	10,454,764
Other Physician	31,222,170	179,639	6,714	1	22,897	(1,824,454)	139,445	0	29,408,299
Radiology/Pathology	12,918,341	86,053	0	0	1,080	0	144,303	0	12,859,011
MH/SA	2,806,632	1,481	2,390,660	0	0	0	2,982	0	414,471
Maternity (delivery)	5,819	0	0	0	0	0	0	0	5,819
Maternity (non-delivery)	41,860	2	0	0	0	0	0	0	41,862
	\$98,320,840	\$599,203	\$2,577,172	\$1	\$44,632	(\$1,840,588)	\$752,451	\$0	\$93,705,198
Other Services									
Home Health	\$24,275,538	\$761,284	\$90,376	\$3	\$251,802	\$0	\$391,000	\$0	\$24,303,642
Ambulance	3,522,929	0	0	0	0	0	121,875	0	3,401,054
Prosthetics/DME	807,746	3,885	0	0	7	0	4,264	0	807,360
Vision/Hearing Aids	147,516	16	0	0	0	0	0	0	147,532
Dental	58,620	125	0	58,711	0	0	0	0	34
Unknown	216,681	2,795	0	129	0	(151)	182	0	219,013
	\$29,029,030	\$768,105	\$90,376	\$58,843	\$251,808	(\$151)	\$517,321	\$0	\$28,878,636
Total	\$352,954,173	\$1,722,185	\$17,257,205	\$252,360	\$296,441	(\$1,840,740)	\$18,845,344	\$15,390,338	\$300,793,929

Appendix A1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Allowed Amounts

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,748,662	\$0	\$0	\$0	\$0	\$0	\$0	\$243,827	\$3,504,835
MH/SA	143,526	0	139,721	0	0	0	0	439	3,367
Skilled Nursing Facility	79,378	0	15,277	0	0	0	0	2,870	61,230
Maternity	5,801,277	0	0	0	0	0	0	440,051	5,361,226
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$9,772,843	\$0	\$154,998	\$0	\$0	\$0	\$0	\$687,187	\$8,930,658
Hospital Outpatient									
Emergency Hospital	\$1,736,680	\$0	\$0	\$457	\$0	\$0	\$0	\$0	\$1,736,223
Misc Outpatient	12,280,889	0	12,277	9,761	0	0	0	0	12,258,851
	\$14,017,568	\$0	\$12,277	\$10,218	\$0	\$0	\$0	\$0	\$13,995,074
Professional									
Inpatient Surgery	\$707,866	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$707,866
Outpatient Surgery	861,594	0	0	0	0	0	0	0	861,594
Hospital Visits	1,625,551	0	4,597	0	0	0	0	0	1,620,954
Office Visits	11,470,677	0	0	0	13,808	(4)	0	0	11,456,865
Urgent Care	1,673,041	0	0	0	0	0	0	0	1,673,041
Injections & Immunizations	314,945	0	0	0	88	0	0	0	314,858
Other Physician	2,536,933	0	538	0	326	(577,814)	0	0	1,958,255
Radiology/Pathology	12,064,502	0	0	0	849	0	0	0	12,063,653
MH/SA	135,753	0	121,544	0	0	0	0	0	14,209
Maternity (delivery)	374,276	0	0	0	0	0	0	0	374,276
Maternity (non-delivery)	2,300,381	0	0	0	0	0	0	0	2,300,381
	\$34,065,519	\$0	\$126,678	\$0	\$15,071	(\$577,818)	\$0	\$0	\$33,345,952
Other Services									
Home Health	\$2,177,445	\$0	\$2,998	\$0	\$2,389	\$0	\$0	\$0	\$2,172,057
Ambulance	747,540	0	0	0	0	0	0	0	747,540
Prosthetics/DME	48,385	0	0	0	2	0	0	0	48,383
Vision/Hearing Aids	129	0	0	0	0	0	0	0	129
Dental	17,554	0	0	17,554	0	0	0	0	0
Unknown	31,789	0	0	0	0	(158)	0	0	31,631
	\$3,022,842	\$0	\$2,998	\$17,554	\$2,392	(\$158)	\$0	\$0	\$2,999,740
Total	\$60,878,772	\$0	\$296,951	\$27,773	\$17,463	(\$577,976)	\$0	\$687,187	\$59,271,423

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$6,572,577	\$60,650	\$1,520	\$0	\$0	\$0	\$146,074	\$1,702,015	\$4,783,617
MH/SA	247,036	1,975	248,791	0	0	0	0	116	104
Skilled Nursing Facility	26,503,506	475	13,327	0	0	0	25,796,515	0	694,139
Maternity	107,059	0	0	0	0	0	0	16,777	90,283
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$33,430,179	\$63,100	\$263,638	\$0	\$0	\$0	\$25,942,589	\$1,718,909	\$5,568,143
Hospital Outpatient									
Emergency Hospital	\$1,009,262	\$6	\$0	\$2,268	\$0	\$0	\$14,030	\$0	\$992,970
Misc Outpatient	2,934,844	91,323	28,966	9,598	0	0	33,090	0	2,954,513
	\$3,944,107	\$91,329	\$28,966	\$11,866	\$0	\$0	\$47,120	\$0	\$3,947,483
Professional									
Inpatient Surgery	\$481,892	\$0	\$0	\$0	\$0	\$0	\$5,603	\$0	\$476,288
Outpatient Surgery	884,923	9,286	0	0	0	0	9,611	0	884,598
Hospital Visits	377,187	1,394	14,507	0	0	0	10,850	0	353,223
Office Visits	1,535,710	175,524	0	0	35	0	30,131	0	1,681,068
Urgent Care	350,552	72	0	0	0	0	6,819	0	343,806
Injections & Immunizations	2,870,406	11,884	0	0	0	0	23,336	0	2,858,954
Other Physician	6,130,161	119,186	89	0	0	(244,853)	56,900	0	5,947,505
Radiology/Pathology	1,182,808	28,464	0	0	5	0	17,880	0	1,193,388
MH/SA	1,456,120	4,166	1,432,134	0	0	0	838	0	27,313
Maternity (delivery)	73,569	0	0	0	0	0	0	0	73,569
Maternity (non-delivery)	4,585	2	0	0	0	0	0	0	4,587
	\$15,347,911	\$349,978	\$1,446,730	\$0	\$40	(\$244,853)	\$161,967	\$0	\$13,844,299
Other Services									
Home Health	\$3,108,755	\$358,024	\$58,486	\$0	\$61,738	\$0	\$73,153	\$0	\$3,273,401
Ambulance	98,935	0	0	0	0	0	7,341	0	91,594
Prosthetics/DME	382,776	1,784	0	0	0	0	3,932	0	380,627
Vision/Hearing Aids	89	18	0	0	0	0	0	0	107
Dental	26,315	142	0	26,457	0	0	0	0	0
Unknown	154,053	1,539	226	0	0	(200)	161	0	155,005
	\$3,770,923	\$361,507	\$58,712	\$26,457	\$61,738	(\$200)	\$84,588	\$0	\$3,900,734
Total	\$56,493,119	\$865,914	\$1,798,047	\$38,323	\$61,778	(\$245,053)	\$26,236,265	\$1,718,909	\$27,260,658

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Eligibility Category: KICK

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$11,326	\$0	\$0	\$0	\$0	\$0	\$0	\$1,045	\$10,281
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	74,315,176	0	0	0	0	0	0	4,183,176	70,131,999
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$74,326,502	\$0	\$0	\$0	\$0	\$0	\$0	\$4,184,222	\$70,142,280
Hospital Outpatient									
Emergency Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Outpatient	0	0	0	0	0	0	0	0	0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional									
Inpatient Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Surgery	0	0	0	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0	0	0	0
Maternity (delivery)	39,786,543	0	0	0	0	0	0	0	39,786,543
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$39,786,543	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,786,543
Other Services									
Home Health	\$3,725	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,725
Ambulance	0	0	0	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	56,554	0	0	0	0	0	0	0	56,554
	\$60,279	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,279
Total	\$114,173,324	\$0	\$0	\$0	\$0	\$0	\$0	\$4,184,222	\$109,989,102

Appendix A1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Allowed Amounts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,284,350	\$0	\$0	\$0	\$0	\$0	\$0	\$406,205	\$2,878,145
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	35,550,610	0	0	0	0	0	0	4,284,077	31,266,533
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$38,834,960	\$0	\$0	\$0	\$0	\$0	\$0	\$4,690,282	\$34,144,678
Hospital Outpatient									
Emergency Hospital	\$11,495	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,495
Misc Outpatient	29,975	0	0	0	0	0	0	0	29,975
	\$41,470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,470
Professional									
Inpatient Surgery	\$207,398	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$207,398
Outpatient Surgery	4,623	0	0	0	0	0	0	0	4,623
Hospital Visits	7,803,245	0	0	0	0	0	0	0	7,803,245
Office Visits	129,076	0	0	0	0	(2,229)	0	0	126,847
Urgent Care	6,933	0	0	0	0	0	0	0	6,933
Injections & Immunizations	35,186	0	0	0	0	0	0	0	35,186
Other Physician	235,948	0	0	0	1,404	(6,121)	0	0	228,423
Radiology/Pathology	133,700	0	0	0	0	0	0	0	133,700
MH/SA	2,382	0	0	0	0	0	0	0	2,382
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$8,558,492	\$0	\$0	\$0	\$1,404	(\$8,349)	\$0	\$0	\$8,548,739
Other Services									
Home Health	\$101,274	\$0	\$0	\$0	\$5,512	\$0	\$0	\$0	\$95,762
Ambulance	83,927	0	0	0	0	0	0	0	83,927
Prosthetics/DME	68	0	0	0	0	0	0	0	68
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	2,615	0	0	0	0	0	0	0	2,615
	\$187,884	\$0	\$0	\$0	\$5,512	\$0	\$0	\$0	\$182,372
Total	\$47,622,805	\$0	\$0	\$0	\$6,916	(\$8,349)	\$0	\$4,690,282	\$42,917,258

Appendix A1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Allowed Amounts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$2,575,062	\$0	\$0	\$0	\$0	\$0	\$0	\$438,219	\$2,136,843
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	24,296,863	0	0	0	0	0	0	2,415,772	21,881,091
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$26,871,925	\$0	\$0	\$0	\$0	\$0	\$0	\$2,853,991	\$24,017,934
Hospital Outpatient									
Emergency Hospital	\$106,097	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,097
Misc Outpatient	187,676	0	167	0	0	0	0	0	187,508
	\$293,773	\$0	\$167	\$0	\$0	\$0	\$0	\$0	\$293,605
Professional									
Inpatient Surgery	\$395,244	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$395,244
Outpatient Surgery	33,845	0	0	0	0	0	0	0	33,845
Hospital Visits	4,562,759	0	0	0	0	0	0	0	4,562,759
Office Visits	654,490	0	0	0	0	(17,368)	0	0	637,122
Urgent Care	53,507	0	0	0	0	0	0	0	53,507
Injections & Immunizations	155,863	0	0	0	0	0	0	0	155,863
Other Physician	345,125	0	0	0	2,912	(52,182)	0	0	290,032
Radiology/Pathology	93,746	0	0	0	0	0	0	0	93,746
MH/SA	7,742	0	0	0	0	0	0	0	7,742
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$6,302,322	\$0	\$0	\$0	\$2,912	(\$69,550)	\$0	\$0	\$6,229,860
Other Services									
Home Health	\$284,299	\$0	\$0	\$0	\$7,306	(\$27)	\$0	\$0	\$276,966
Ambulance	183,918	0	0	0	0	0	0	0	183,918
Prosthetics/DME	4,457	0	0	0	0	0	0	0	4,457
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	1,606	0	0	0	0	0	0	0	1,606
	\$474,280	\$0	\$0	\$0	\$7,306	(\$27)	\$0	\$0	\$466,947
Total	\$33,942,300	\$0	\$167	\$0	\$10,218	(\$69,577)	\$0	\$2,853,991	\$31,008,347

Appendix A2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Service Counts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	10,172	0	0	0	0	10,172
MH/SA	9	9	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	132,683	0	0	0	0	132,683
Other Inpatient	0	0	0	0	0	0
	142,864	9	0	0	0	142,855
Hospital Outpatient						
Emergency Hospital	7,408	0	0	0	0	7,408
Misc Outpatient	22,267	9	0	0	0	22,258
	29,675	9	0	0	0	29,666
Professional						
Inpatient Surgery	14,560	0	0	0	0	14,560
Outpatient Surgery	3,963	0	0	0	0	3,963
Hospital Visits	150,019	0	0	0	0	150,019
Office Visits	103,671	0	0	0	0	103,671
Urgent Care	8,111	0	0	0	0	8,111
Injections & Immunizations	40,053	0	0	0	0	40,053
Other Physician	44,587	0	0	128	0	44,459
Radiology/Pathology	42,474	0	0	0	0	42,474
MH/SA	93	5	0	0	0	88
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	1	0	0	0	0	1
	407,532	5	0	128	0	407,399
Other Services						
Home Health	17,050	8	0	245	0	16,797
Ambulance	2,554	0	0	0	0	2,554
Prosthetics/DME	810	0	0	0	0	810
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	58	0	0	0	0	58
	20,472	8	0	245	0	20,219
Total	600,543	31	0	373	0	600,139

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	8,091	0	0	0	0	8,091
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	200	0	0	0	0	200
Other Inpatient	0	0	0	0	0	0
	8,291	0	0	0	0	8,291
Hospital Outpatient						
Emergency Hospital	25,113	0	7	0	0	25,106
Misc Outpatient	27,744	69	1	0	0	27,674
	52,857	69	8	0	0	52,780
Professional						
Inpatient Surgery	2,204	0	0	0	0	2,204
Outpatient Surgery	10,593	0	0	0	0	10,593
Hospital Visits	16,112	0	0	0	0	16,112
Office Visits	172,927	0	0	1	0	172,926
Urgent Care	24,790	0	0	0	0	24,790
Injections & Immunizations	129,565	0	0	0	0	129,565
Other Physician	77,653	0	0	397	0	77,256
Radiology/Pathology	46,443	0	0	0	0	46,443
MH/SA	259	32	0	0	0	227
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	480,546	32	0	398	0	480,116
Other Services						
Home Health	21,517	140	0	726	0	20,651
Ambulance	2,091	0	0	0	0	2,091
Prosthetics/DME	3,241	0	0	0	0	3,241
Vision/Hearing Aids	145	0	0	0	0	145
Dental	43	0	0	0	0	43
Unknown	62	0	0	0	0	62
	27,099	140	0	726	0	26,233
Total	568,793	241	8	1,124	0	567,420

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	6,794	0	0	0	0	6,794
MH/SA	2,206	2,206	0	0	0	0
Skilled Nursing Facility	101	0	0	0	0	101
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	9,101	2,206	0	0	0	6,895
Hospital Outpatient						
Emergency Hospital	53,894	0	92	0	0	53,802
Misc Outpatient	45,187	1,411	698	0	0	43,078
	99,081	1,411	790	0	0	96,880
Professional						
Inpatient Surgery	2,262	0	0	0	0	2,262
Outpatient Surgery	30,745	0	0	0	0	30,745
Hospital Visits	8,625	33	0	0	0	8,592
Office Visits	273,946	0	0	5	0	273,941
Urgent Care	50,269	0	0	0	0	50,269
Injections & Immunizations	123,612	0	0	0	0	123,612
Other Physician	177,905	40	0	864	0	177,001
Radiology/Pathology	102,126	0	0	1	0	102,125
MH/SA	10,185	7,804	0	0	0	2,381
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	3	0	0	0	0	3
	779,678	7,877	0	870	0	770,931
Other Services						
Home Health	33,361	763	0	1,529	0	31,069
Ambulance	4,153	0	0	0	0	4,153
Prosthetics/DME	3,553	0	0	0	0	3,553
Vision/Hearing Aids	304	0	0	0	0	304
Dental	1,704	0	1,638	0	0	66
Unknown	126	0	0	0	0	126
	43,201	763	1,638	1,529	0	39,271
Total	931,061	12,257	2,428	2,399	0	913,977

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	4,226	0	0	0	0	4,226
MH/SA	29,417	29,417	0	0	0	0
Skilled Nursing Facility	152	0	0	0	0	152
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	33,795	29,417	0	0	0	4,378
Hospital Outpatient						
Emergency Hospital	29,396	0	17	0	0	29,379
Misc Outpatient	29,364	2,058	195	0	0	27,111
	58,760	2,058	212	0	0	56,490
Professional						
Inpatient Surgery	1,761	0	0	0	0	1,761
Outpatient Surgery	17,626	0	0	0	0	17,626
Hospital Visits	7,177	441	0	0	0	6,736
Office Visits	175,476	0	0	14	0	175,462
Urgent Care	27,776	0	0	0	0	27,776
Injections & Immunizations	93,071	0	0	0	0	93,071
Other Physician	152,122	111	0	29	0	151,982
Radiology/Pathology	97,455	0	0	8	0	97,447
MH/SA	35,775	30,272	0	0	0	5,503
Maternity (delivery)	2	0	0	0	0	2
Maternity (non-delivery)	42	0	0	0	0	42
	608,283	30,824	0	51	0	577,408
Other Services						
Home Health	15,307	799	0	369	0	14,139
Ambulance	3,058	0	0	0	0	3,058
Prosthetics/DME	2,745	0	0	0	0	2,745
Vision/Hearing Aids	503	0	0	0	0	503
Dental	122	0	122	0	0	0
Unknown	73	0	0	0	0	73
	21,808	799	122	369	0	20,518
Total	722,646	63,098	334	420	0	658,794

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,888	0	0	0	0	2,888
MH/SA	22,302	22,259	0	0	0	43
Skilled Nursing Facility	230	10	0	0	0	220
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	25,420	22,269	0	0	0	3,151
Hospital Outpatient						
Emergency Hospital	11,945	0	11	0	0	11,934
Misc Outpatient	10,069	443	62	0	0	9,564
	22,014	443	73	0	0	21,498
Professional						
Inpatient Surgery	1,096	0	0	0	0	1,096
Outpatient Surgery	7,255	0	0	0	2	7,253
Hospital Visits	4,087	263	0	0	0	3,824
Office Visits	45,632	0	0	269	1	45,362
Urgent Care	11,618	0	0	0	0	11,618
Injections & Immunizations	18,857	0	0	5	0	18,852
Other Physician	50,835	28	0	2	0	50,805
Radiology/Pathology	51,221	0	0	36	5	51,180
MH/SA	13,612	11,341	0	0	0	2,271
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	204,213	11,632	0	312	8	192,261
Other Services						
Home Health	6,028	168	0	81	0	5,779
Ambulance	2,551	0	0	0	0	2,551
Prosthetics/DME	806	0	0	1	0	805
Vision/Hearing Aids	81	0	0	0	0	81
Dental	90	0	90	0	0	0
Unknown	73	0	0	0	0	73
	9,629	168	90	82	0	9,289
Total	261,276	34,512	163	394	8	226,199

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,798	1	0	0	0	2,797
MH/SA	27,066	26,982	0	0	0	84
Skilled Nursing Facility	157	5	0	0	0	152
Maternity	860	0	0	0	0	860
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	30,881	26,988	0	0	0	3,893
Hospital Outpatient						
Emergency Hospital	18,917	0	5	0	0	18,912
Misc Outpatient	26,958	296	53	0	0	26,609
	45,875	296	58	0	0	45,521
Professional						
Inpatient Surgery	1,235	0	0	0	0	1,235
Outpatient Surgery	8,337	0	0	0	0	8,337
Hospital Visits	7,073	363	0	0	0	6,710
Office Visits	97,369	0	0	999	0	96,370
Urgent Care	20,423	0	0	0	0	20,423
Injections & Immunizations	33,174	0	0	14	0	33,160
Other Physician	76,026	34	0	16	0	75,976
Radiology/Pathology	146,390	0	0	514	0	145,876
MH/SA	14,205	11,626	0	0	0	2,579
Maternity (delivery)	243	0	0	0	0	243
Maternity (non-delivery)	3,855	0	0	0	0	3,855
	408,330	12,023	0	1,543	0	394,764
Other Services						
Home Health	7,238	289	0	39	0	6,910
Ambulance	4,413	0	0	0	0	4,413
Prosthetics/DME	4,141	0	0	18	0	4,123
Vision/Hearing Aids	88	0	0	0	0	88
Dental	128	0	128	0	0	0
Unknown	112	0	0	0	0	112
	16,120	289	128	57	0	15,646
Total	501,206	39,596	186	1,600	0	459,824

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,246	17	0	0	0	2,229
MH/SA	735	686	0	0	0	49
Skilled Nursing Facility	90	33	0	0	0	57
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	3,071	736	0	0	0	2,335
Hospital Outpatient						
Emergency Hospital	7,114	0	8	0	0	7,106
Misc Outpatient	6,055	105	27	0	0	5,923
	13,169	105	35	0	0	13,029
Professional						
Inpatient Surgery	1,216	0	0	0	0	1,216
Outpatient Surgery	5,090	0	0	0	0	5,090
Hospital Visits	2,754	112	0	0	0	2,642
Office Visits	18,204	0	0	81	0	18,123
Urgent Care	7,209	0	0	0	0	7,209
Injections & Immunizations	6,197	0	0	0	0	6,197
Other Physician	15,802	12	0	0	0	15,790
Radiology/Pathology	27,847	0	0	13	0	27,834
MH/SA	1,567	1,385	0	0	0	182
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	85,886	1,509	0	94	0	84,283
Other Services						
Home Health	5,318	22	0	0	0	5,296
Ambulance	1,576	0	0	0	0	1,576
Prosthetics/DME	419	0	0	0	0	419
Vision/Hearing Aids	0	0	0	0	0	0
Dental	20	0	20	0	0	0
Unknown	106	0	0	0	0	106
	7,439	22	20	0	0	7,397
Total	109,565	2,372	55	94	0	107,044

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	14,939	144	0	0	0	14,795
MH/SA	2,784	2,641	0	0	0	143
Skilled Nursing Facility	606	286	0	0	31	289
Maternity	1,422	0	0	0	0	1,422
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	19,751	3,071	0	0	31	16,649
Hospital Outpatient						
Emergency Hospital	48,303	0	15	0	0	48,288
Misc Outpatient	60,822	750	69	0	1	60,002
	109,125	750	84	0	1	108,290
Professional						
Inpatient Surgery	8,151	0	0	0	0	8,151
Outpatient Surgery	31,778	0	0	0	0	31,778
Hospital Visits	19,152	610	0	0	1	18,541
Office Visits	176,301	0	0	1,770	3	174,528
Urgent Care	51,269	0	0	0	0	51,269
Injections & Immunizations	48,271	0	0	17	0	48,254
Other Physician	122,067	44	0	22	1	122,000
Radiology/Pathology	345,807	0	0	1,217	0	344,590
MH/SA	10,415	9,664	0	0	0	751
Maternity (delivery)	591	0	0	0	0	591
Maternity (non-delivery)	6,000	0	0	0	0	6,000
	819,802	10,318	0	3,026	5	806,453
Other Services						
Home Health	26,590	108	0	0	0	26,482
Ambulance	10,543	0	0	0	0	10,543
Prosthetics/DME	5,767	0	0	33	0	5,734
Vision/Hearing Aids	11	0	0	0	0	11
Dental	250	0	250	0	0	0
Unknown	686	0	0	1	0	685
	43,847	108	250	34	0	43,455
Total	992,525	14,247	334	3,060	37	974,847

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	3,833	0	0	0	0	3,833
MH/SA	354	345	0	0	0	9
Skilled Nursing Facility	188	48	0	0	0	140
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	4,375	393	0	0	0	3,982
Hospital Outpatient						
Emergency Hospital	4,660	0	2	0	0	4,658
Misc Outpatient	11,729	98	10	0	0	11,621
	16,389	98	12	0	0	16,279
Professional						
Inpatient Surgery	1,974	0	0	0	0	1,974
Outpatient Surgery	7,409	0	0	0	0	7,409
Hospital Visits	4,502	62	0	0	0	4,440
Office Visits	27,811	0	0	30	0	27,781
Urgent Care	5,226	0	0	0	0	5,226
Injections & Immunizations	8,674	0	0	0	0	8,674
Other Physician	31,445	6	0	0	0	31,439
Radiology/Pathology	53,984	0	0	23	0	53,961
MH/SA	1,494	1,404	0	0	0	90
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	3	0	0	0	0	3
	142,522	1,472	0	53	0	140,997
Other Services						
Home Health	11,647	2	0	0	0	11,645
Ambulance	1,764	0	0	0	0	1,764
Prosthetics/DME	527	0	0	0	0	527
Vision/Hearing Aids	0	0	0	0	0	0
Dental	13	0	13	0	0	0
Unknown	324	0	0	0	0	324
	14,275	2	13	0	0	14,260
Total	177,561	1,965	25	53	0	175,518

Appendix A2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Service Counts

Eligibility Category: SSI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	96,126	211	0	0	1,686	94,229
MH/SA	41,986	41,096	0	0	0	890
Skilled Nursing Facility	115,246	198	0	0	108,399	6,649
Maternity	519	0	0	0	0	519
Newborn	3,420	0	0	0	0	3,420
Other Inpatient	0	0	0	0	0	0
	257,297	41,505	0	0	110,085	105,707
Hospital Outpatient						
Emergency Hospital	53,234	0	32	0	518	52,684
Misc Outpatient	115,458	3,613	349	0	1,381	110,115
	168,692	3,613	381	0	1,899	162,799
Professional						
Inpatient Surgery	22,186	0	0	0	159	22,027
Outpatient Surgery	48,706	0	0	0	580	48,126
Hospital Visits	129,635	3,250	0	0	2,117	124,268
Office Visits	240,738	0	0	480	2,595	237,663
Urgent Care	63,752	0	0	0	852	62,900
Injections & Immunizations	115,598	0	0	5	456	115,137
Other Physician	346,246	67	0	315	4,180	341,684
Radiology/Pathology	435,916	0	0	218	7,634	428,064
MH/SA	30,562	28,489	0	0	32	2,041
Maternity (delivery)	70	0	0	0	0	70
Maternity (non-delivery)	832	0	0	0	0	832
	1,434,241	31,806	0	1,018	18,605	1,382,812
Other Services						
Home Health	227,458	717	0	2,459	4,518	219,764
Ambulance	37,363	0	0	0	1,422	35,941
Prosthetics/DME	5,635	0	0	5	37	5,593
Vision/Hearing Aids	1,211	0	0	0	0	1,211
Dental	348	0	345	0	0	3
Unknown	2,067	0	0	0	7	2,060
	274,082	717	345	2,464	5,984	264,572
Total	2,134,312	77,641	726	3,482	136,573	1,915,890

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: OCWI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,485	0	0	0	0	2,485
MH/SA	656	643	0	0	0	13
Skilled Nursing Facility	71	26	0	0	0	45
Maternity	7,760	0	0	0	0	7,760
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	10,972	669	0	0	0	10,303
Hospital Outpatient						
Emergency Hospital	11,296	0	4	0	0	11,292
Misc Outpatient	97,800	110	13	0	0	97,677
	109,096	110	17	0	0	108,969
Professional						
Inpatient Surgery	6,796	0	0	0	0	6,796
Outpatient Surgery	8,483	0	0	0	0	8,483
Hospital Visits	25,851	95	0	0	0	25,756
Office Visits	250,751	0	0	304	0	250,447
Urgent Care	25,342	0	0	0	0	25,342
Injections & Immunizations	11,827	0	0	18	0	11,809
Other Physician	73,057	7	0	16	0	73,034
Radiology/Pathology	530,669	0	0	172	0	530,497
MH/SA	1,454	1,320	0	0	0	134
Maternity (delivery)	4,349	0	0	0	0	4,349
Maternity (non-delivery)	43,489	0	0	0	0	43,489
	982,068	1,422	0	510	0	980,136
Other Services						
Home Health	21,411	27	0	18	0	21,366
Ambulance	7,820	0	0	0	0	7,820
Prosthetics/DME	7,241	0	0	2	0	7,239
Vision/Hearing Aids	3	0	0	0	0	3
Dental	94	0	94	0	0	0
Unknown	88	0	0	0	0	88
	36,657	27	94	20	0	36,516
Total	1,138,793	2,228	111	530	0	1,135,924

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Eligibility Category: DUAL

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	36,720	4	0	0	1,010	35,706
MH/SA	2,959	2,941	0	0	0	18
Skilled Nursing Facility	220,703	133	0	0	214,972	5,598
Maternity	404	0	0	0	0	404
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	260,786	3,078	0	0	215,982	41,726
Hospital Outpatient						
Emergency Hospital	23,027	0	20	0	327	22,680
Misc Outpatient	38,336	386	36	0	550	37,364
	61,363	386	56	0	877	60,044
Professional						
Inpatient Surgery	11,524	0	0	0	177	11,347
Outpatient Surgery	29,012	0	0	0	367	28,645
Hospital Visits	49,264	1,785	0	0	1,594	45,885
Office Visits	98,387	0	0	2	1,499	96,886
Urgent Care	23,402	0	0	0	548	22,854
Injections & Immunizations	83,097	0	0	0	772	82,325
Other Physician	176,424	2	0	0	1,955	174,467
Radiology/Pathology	113,550	0	0	1	2,114	111,435
MH/SA	25,814	24,432	0	0	38	1,344
Maternity (delivery)	178	0	0	0	0	178
Maternity (non-delivery)	398	0	0	0	0	398
	611,050	26,219	0	3	9,064	575,764
Other Services						
Home Health	118,605	524	0	632	2,858	114,591
Ambulance	1,664	0	0	0	111	1,553
Prosthetics/DME	4,580	0	0	0	47	4,533
Vision/Hearing Aids	7	0	0	0	0	7
Dental	150	0	150	0	0	0
Unknown	3,307	0	0	0	22	3,285
	128,313	524	150	632	3,038	123,969
Total	1,061,512	30,207	206	635	228,961	801,503

Appendix A2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Service Counts

Eligibility Category: KICK

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	20	0	0	0	0	20
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	62,640	0	0	0	0	62,640
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	62,660	0	0	0	0	62,660
Hospital Outpatient						
Emergency Hospital	0	0	0	0	0	0
Misc Outpatient	0	0	0	0	0	0
	0	0	0	0	0	0
Professional						
Inpatient Surgery	0	0	0	0	0	0
Outpatient Surgery	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0
Maternity (delivery)	54,992	0	0	0	0	54,992
Maternity (non-delivery)	0	0	0	0	0	0
	54,992	0	0	0	0	54,992
Other Services						
Home Health	6	0	0	0	0	6
Ambulance	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
	6	0	0	0	0	6
Total	117,658	0	0	0	0	117,658

Appendix A2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Service Counts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,815	0	0	0	0	1,815
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	30,306	0	0	0	0	30,306
Other Inpatient	0	0	0	0	0	0
	32,121	0	0	0	0	32,121
Hospital Outpatient						
Emergency Hospital	78	0	0	0	0	78
Misc Outpatient	376	0	0	0	0	376
	454	0	0	0	0	454
Professional						
Inpatient Surgery	1,070	0	0	0	0	1,070
Outpatient Surgery	30	0	0	0	0	30
Hospital Visits	29,233	0	0	0	0	29,233
Office Visits	1,672	0	0	0	0	1,672
Urgent Care	127	0	0	0	0	127
Injections & Immunizations	458	0	0	0	0	458
Other Physician	4,561	0	0	13	0	4,548
Radiology/Pathology	13,156	0	0	0	0	13,156
MH/SA	2	0	0	0	0	2
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	50,309	0	0	13	0	50,296
Other Services						
Home Health	678	0	0	57	0	621
Ambulance	362	0	0	0	0	362
Prosthetics/DME	4	0	0	0	0	4
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	16	0	0	0	0	16
	1,060	0	0	57	0	1,003
Total	83,944	0	0	70	0	83,874

Appendix A2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Service Counts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,797	0	0	0	0	1,797
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	26,272	0	0	0	0	26,272
Other Inpatient	0	0	0	0	0	0
	28,069	0	0	0	0	28,069
Hospital Outpatient						
Emergency Hospital	768	0	0	0	0	768
Misc Outpatient	2,422	3	0	0	0	2,419
	3,190	3	0	0	0	3,187
Professional						
Inpatient Surgery	1,913	0	0	0	0	1,913
Outpatient Surgery	358	0	0	0	0	358
Hospital Visits	28,230	0	0	0	0	28,230
Office Visits	9,944	0	0	0	0	9,944
Urgent Care	875	0	0	0	0	875
Injections & Immunizations	3,617	0	0	0	0	3,617
Other Physician	5,509	0	0	30	0	5,479
Radiology/Pathology	7,304	0	0	0	0	7,304
MH/SA	11	0	0	0	0	11
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	57,761	0	0	30	0	57,731
Other Services						
Home Health	2,025	5	0	68	0	1,952
Ambulance	695	0	0	0	0	695
Prosthetics/DME	82	0	0	0	0	82
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	18	0	0	0	0	18
	2,820	5	0	68	0	2,747
Total	91,840	8	0	98	0	91,734

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Allowed Amounts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$15,952,218	\$0	\$0	\$0	\$0	\$0	\$0	\$2,748,799	\$13,203,419
MH/SA	6,651	0	6,651	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	93,841,898	0	0	0	0	0	0	9,552,725	84,289,173
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$109,800,767	\$0	\$6,651	\$0	\$0	\$0	\$0	\$12,301,524	\$97,492,592
Hospital Outpatient									
Emergency Hospital	\$984,258	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$984,258
Misc Outpatient	1,381,695	0	718	0	0	0	0	0	1,380,977
	\$2,365,954	\$0	\$718	\$0	\$0	\$0	\$0	\$0	\$2,365,236
Professional									
Inpatient Surgery	\$2,000,484	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000,484
Outpatient Surgery	332,494	0	0	0	0	0	0	0	332,494
Hospital Visits	20,308,184	0	0	0	0	0	0	0	20,308,184
Office Visits	6,556,242	0	0	0	0	(208,383)	0	0	6,347,859
Urgent Care	486,933	0	0	0	0	0	0	0	486,933
Injections & Immunizations	719,480	0	0	0	0	0	0	0	719,480
Other Physician	2,655,498	0	0	0	11,388	(587,572)	0	0	2,056,538
Radiology/Pathology	535,223	0	0	0	0	0	0	0	535,223
MH/SA	61,650	0	347	0	0	0	0	0	61,303
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	105	0	0	0	0	0	0	0	105
	\$33,656,293	\$0	\$347	\$0	\$11,388	(\$795,955)	\$0	\$0	\$32,848,603
Other Services									
Home Health	\$2,078,911	\$0	\$217	\$0	\$25,731	(\$201)	\$0	\$0	\$2,052,762
Ambulance	542,959	0	0	0	0	0	0	0	542,959
Prosthetics/DME	41,343	0	0	0	0	0	0	0	41,343
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	5,837	0	0	0	0	0	0	0	5,837
	\$2,669,050	\$0	\$217	\$0	\$25,731	(\$201)	\$0	\$0	\$2,642,901
Total	\$148,492,063	\$0	\$7,932	\$0	\$37,119	(\$796,156)	\$0	\$12,301,524	\$135,349,332

Appendix A3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services
Allowed Amounts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$12,001,102	\$0	\$0	\$0	\$0	\$0	\$0	\$2,313,407	\$9,687,695
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	226,080	0	0	0	0	0	0	28,093	197,986
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$12,227,182	\$0	\$0	\$0	\$0	\$0	\$0	\$2,341,501	\$9,885,681
Hospital Outpatient									
Emergency Hospital	\$3,823,276	\$0	\$0	\$1,752	\$0	\$0	\$0	\$0	\$3,821,524
Misc Outpatient	3,413,359	0	15,676	294	0	0	0	0	3,397,389
	\$7,236,635	\$0	\$15,676	\$2,045	\$0	\$0	\$0	\$0	\$7,218,914
Professional									
Inpatient Surgery	\$559,650	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$559,650
Outpatient Surgery	1,215,816	0	0	0	0	0	0	0	1,215,816
Hospital Visits	2,680,896	0	0	0	0	0	0	0	2,680,896
Office Visits	10,557,386	0	0	0	17	(366,830)	0	0	10,190,539
Urgent Care	1,429,241	0	0	0	0	0	0	0	1,429,241
Injections & Immunizations	3,086,301	0	0	0	0	0	0	0	3,086,301
Other Physician	4,963,100	0	0	0	37,562	(1,024,697)	0	0	3,900,841
Radiology/Pathology	634,106	0	0	0	0	0	0	0	634,106
MH/SA	84,149	0	2,099	0	0	0	0	0	82,050
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$25,210,645	\$0	\$2,099	\$0	\$37,579	(\$1,391,528)	\$0	\$0	\$23,779,440
Other Services									
Home Health	\$2,366,828	\$0	\$10,273	\$0	\$87,142	(\$12)	\$0	\$0	\$2,269,401
Ambulance	252,977	0	0	0	0	0	0	0	252,977
Prosthetics/DME	448,487	0	0	0	0	0	0	0	448,487
Vision/Hearing Aids	17,991	0	0	0	0	0	0	0	17,991
Dental	677	0	0	0	0	0	0	0	677
Unknown	13,039	0	0	0	0	0	0	0	13,039
	\$3,100,000	\$0	\$10,273	\$0	\$87,142	(\$12)	\$0	\$0	\$3,002,572
Total	\$47,774,462	\$0	\$28,048	\$2,045	\$124,721	(\$1,391,540)	\$0	\$2,341,501	\$43,886,607

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$9,212,753	\$0	\$0	\$0	\$0	\$0	\$0	\$1,505,540	\$7,707,213
MH/SA	424,156	0	424,156	0	0	0	0	0	0
Skilled Nursing Facility	55,390	0	0	0	0	0	0	6,482	48,909
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$9,692,299	\$0	\$424,156	\$0	\$0	\$0	\$0	\$1,512,021	\$7,756,122
Hospital Outpatient									
Emergency Hospital	\$8,952,369	\$0	\$0	\$40,821	\$0	\$0	\$0	\$0	\$8,911,547
Misc Outpatient	7,497,223	0	207,045	299,552	0	0	0	0	6,990,627
	\$16,449,592	\$0	\$207,045	\$340,373	\$0	\$0	\$0	\$0	\$15,902,174
Professional									
Inpatient Surgery	\$436,755	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$436,755
Outpatient Surgery	3,538,066	0	0	0	0	0	0	0	3,538,066
Hospital Visits	749,923	0	1,718	0	0	0	0	0	748,205
Office Visits	15,334,317	0	0	0	152	(253,871)	0	0	15,080,294
Urgent Care	2,801,636	0	0	0	0	0	0	0	2,801,636
Injections & Immunizations	1,545,119	0	0	0	0	0	0	0	1,545,119
Other Physician	11,382,474	0	7,574	0	80,018	(2,144,600)	0	0	9,150,282
Radiology/Pathology	1,533,425	0	0	0	5	0	0	0	1,533,420
MH/SA	1,035,010	0	741,186	0	0	0	0	0	293,824
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	232	0	0	0	0	0	0	0	232
	\$38,356,958	\$0	\$750,478	\$0	\$80,174	(\$2,398,471)	\$0	\$0	\$35,127,835
Other Services									
Home Health	\$2,760,161	\$0	\$63,018	\$0	\$190,222	(\$12)	\$0	\$0	\$2,506,909
Ambulance	472,682	0	0	0	0	0	0	0	472,682
Prosthetics/DME	204,170	0	0	0	0	0	0	0	204,170
Vision/Hearing Aids	28,984	0	0	0	0	0	0	0	28,984
Dental	315,168	0	0	314,133	0	0	0	0	1,035
Unknown	84,003	0	416	0	0	(514)	0	0	83,073
	\$3,865,169	\$0	\$63,433	\$314,133	\$190,222	(\$526)	\$0	\$0	\$3,296,854
Total	\$68,364,018	\$0	\$1,445,112	\$654,506	\$270,396	(\$2,398,998)	\$0	\$1,512,021	\$62,082,984

Appendix A3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$6,878,163	\$0	\$0	\$0	\$0	\$0	\$0	\$1,173,003	\$5,705,159
MH/SA	7,717,669	0	7,717,669	0	0	0	0	0	0
Skilled Nursing Facility	111,460	0	0	0	0	0	0	13,023	98,437
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$14,707,291	\$0	\$7,717,669	\$0	\$0	\$0	\$0	\$1,186,026	\$5,803,596
Hospital Outpatient									
Emergency Hospital	\$5,018,502	\$0	\$0	\$12,553	\$0	\$0	\$0	\$0	\$5,005,949
Misc Outpatient	4,911,158	0	239,749	108,250	0	0	0	0	4,563,159
	\$9,929,660	\$0	\$239,749	\$120,803	\$0	\$0	\$0	\$0	\$9,569,108
Professional									
Inpatient Surgery	\$423,335	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$423,335
Outpatient Surgery	2,076,648	0	0	0	0	0	0	0	2,076,648
Hospital Visits	609,041	0	23,096	0	0	0	0	0	585,945
Office Visits	9,688,608	2	0	0	885	(67,081)	0	0	9,620,644
Urgent Care	1,579,135	0	0	0	0	0	0	0	1,579,135
Injections & Immunizations	1,211,152	0	0	0	0	0	0	0	1,211,152
Other Physician	9,636,802	2	19,440	0	316	(1,327,520)	0	0	8,289,529
Radiology/Pathology	1,824,062	0	0	0	39	0	0	0	1,824,023
MH/SA	3,275,306	0	2,818,824	0	0	0	0	0	456,482
Maternity (delivery)	217	0	0	0	0	0	0	0	217
Maternity (non-delivery)	1,952	0	0	0	0	0	0	0	1,952
	\$30,326,257	\$4	\$2,861,360	\$0	\$1,240	(\$1,394,600)	\$0	\$0	\$26,069,061
Other Services									
Home Health	\$1,393,500	\$0	\$83,157	\$0	\$36,540	\$0	\$0	\$0	\$1,273,803
Ambulance	331,366	0	0	0	0	0	0	0	331,366
Prosthetics/DME	143,895	0	0	0	0	0	0	0	143,895
Vision/Hearing Aids	61,093	0	0	0	0	0	0	0	61,093
Dental	22,681	0	0	22,681	0	0	0	0	0
Unknown	45,562	0	0	3,074	0	(122)	0	0	42,366
	\$1,998,097	\$0	\$83,157	\$25,755	\$36,540	(\$122)	\$0	\$0	\$1,852,522
Total	\$56,961,305	\$4	\$10,901,935	\$146,559	\$37,780	(\$1,394,722)	\$0	\$1,186,026	\$43,294,287

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,804,632	\$0	\$0	\$0	\$0	\$0	\$0	\$713,309	\$4,091,323
MH/SA	6,708,064	0	6,697,503	0	0	0	0	1,060	9,500
Skilled Nursing Facility	204,183	0	4,367	0	0	0	0	18,744	181,072
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$11,716,879	\$0	\$6,701,870	\$0	\$0	\$0	\$0	\$733,114	\$4,281,895
Hospital Outpatient									
Emergency Hospital	\$2,138,872	\$0	\$0	\$4,842	\$0	\$0	\$0	\$0	\$2,134,030
Misc Outpatient	2,160,027	0	46,592	47,076	0	0	0	0	2,066,358
	\$4,298,899	\$0	\$46,592	\$51,918	\$0	\$0	\$0	\$0	\$4,200,389
Professional									
Inpatient Surgery	\$276,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$276,707
Outpatient Surgery	942,184	0	0	0	0	0	270	0	941,914
Hospital Visits	304,021	0	12,412	0	0	0	0	0	291,610
Office Visits	2,558,962	4	0	0	12,509	(13,587)	58	0	2,532,811
Urgent Care	706,835	0	0	0	0	0	0	0	706,835
Injections & Immunizations	325,023	0	0	0	24	0	0	0	324,998
Other Physician	2,720,031	0	4,850	0	5	(333,881)	0	0	2,381,295
Radiology/Pathology	1,109,132	0	0	0	184	0	49	0	1,108,900
MH/SA	1,239,013	0	1,024,484	0	0	0	0	0	214,529
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$10,181,909	\$4	\$1,041,746	\$0	\$12,722	(\$347,468)	\$376	\$0	\$8,779,600
Other Services									
Home Health	\$776,841	\$3	\$23,141	\$0	\$8,322	\$0	\$0	\$0	\$745,381
Ambulance	282,315	0	0	0	0	0	0	0	282,315
Prosthetics/DME	35,490	0	0	0	1	0	0	0	35,489
Vision/Hearing Aids	13,914	0	0	0	0	0	0	0	13,914
Dental	18,069	0	0	18,069	0	0	0	0	0
Unknown	5,969	12	124	0	0	0	0	0	5,857
	\$1,132,599	\$15	\$23,265	\$18,069	\$8,323	\$0	\$0	\$0	\$1,082,957
Total	\$27,330,286	\$19	\$7,813,473	\$69,987	\$21,045	(\$347,468)	\$376	\$733,114	\$18,344,841

Appendix A3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services
Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,141,210	\$0	\$1,292	\$0	\$0	\$0	\$0	\$596,973	\$3,542,944
MH/SA	8,102,791	0	8,068,318	0	0	0	0	6,316	28,156
Skilled Nursing Facility	265,278	0	4,142	0	0	0	0	29,129	232,007
Maternity	717,518	0	0	0	0	0	0	40,934	676,584
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$13,226,796	\$0	\$8,073,753	\$0	\$0	\$0	\$0	\$673,352	\$4,479,691
Hospital Outpatient									
Emergency Hospital	\$3,015,882	\$0	\$0	\$2,755	\$0	\$0	\$0	\$0	\$3,013,127
Misc Outpatient	4,453,275	6	26,581	32,680	0	0	0	0	4,394,020
	\$7,469,157	\$6	\$26,581	\$35,435	\$0	\$0	\$0	\$0	\$7,407,147
Professional									
Inpatient Surgery	\$238,061	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$238,061
Outpatient Surgery	1,057,945	0	0	0	0	0	0	0	1,057,945
Hospital Visits	499,767	0	19,043	0	0	0	0	0	480,724
Office Visits	5,517,860	8	0	0	45,490	(14,589)	0	0	5,457,790
Urgent Care	1,297,415	0	0	0	0	0	0	0	1,297,415
Injections & Immunizations	662,199	0	0	0	109	0	0	0	662,090
Other Physician	4,101,882	18	6,961	0	179	(638,898)	0	0	3,455,862
Radiology/Pathology	3,271,045	6	0	0	2,562	0	0	0	3,268,488
MH/SA	1,310,542	0	1,073,244	0	0	0	0	0	237,298
Maternity (delivery)	21,305	0	0	0	0	0	0	0	21,305
Maternity (non-delivery)	208,595	0	0	0	0	0	0	0	208,595
	\$18,186,617	\$32	\$1,099,247	\$0	\$48,340	(\$653,487)	\$0	\$0	\$16,385,574
Other Services									
Home Health	\$758,272	\$0	\$26,921	\$0	\$3,992	(\$47)	\$0	\$0	\$727,312
Ambulance	424,416	0	0	0	0	0	0	0	424,416
Prosthetics/DME	34,857	0	0	0	21	0	0	0	34,836
Vision/Hearing Aids	12,075	0	0	0	0	0	0	0	12,075
Dental	25,380	0	0	25,380	0	0	0	0	0
Unknown	13,734	0	2,925	0	0	0	0	0	10,809
	\$1,268,734	\$0	\$29,846	\$25,380	\$4,013	(\$47)	\$0	\$0	\$1,209,447
Total	\$40,151,304	\$38	\$9,229,427	\$60,816	\$52,353	(\$653,534)	\$0	\$673,352	\$29,481,860

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,817,039	\$7,675	\$4,925	\$0	\$0	\$0	\$0	\$438,167	\$4,381,623
MH/SA	462,014	1,375	445,449	0	0	0	0	4,321	13,619
Skilled Nursing Facility	69,486	200	14,559	0	0	0	0	4,375	50,752
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$5,348,538	\$9,250	\$464,933	\$0	\$0	\$0	\$0	\$446,863	\$4,445,993
Hospital Outpatient									
Emergency Hospital	\$1,252,562	\$0	\$0	\$2,576	\$0	\$0	\$0	\$0	\$1,249,986
Misc Outpatient	1,943,357	14,073	11,464	20,398	0	0	0	0	1,925,569
	\$3,195,919	\$14,073	\$11,464	\$22,974	\$0	\$0	\$0	\$0	\$3,175,555
Professional									
Inpatient Surgery	\$344,148	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$344,148
Outpatient Surgery	773,011	2,258	0	0	0	0	0	0	775,269
Hospital Visits	181,460	70	6,422	0	0	0	0	0	175,108
Office Visits	1,041,010	33,334	0	0	3,728	0	0	0	1,070,616
Urgent Care	488,829	6	0	0	0	0	0	0	488,835
Injections & Immunizations	237,747	3,616	0	0	0	0	0	0	241,363
Other Physician	957,323	18,437	783	0	0	(107,699)	0	0	867,278
Radiology/Pathology	914,131	9,442	0	0	66	0	0	0	923,507
MH/SA	122,640	244	106,494	0	0	0	0	0	16,390
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$5,060,298	\$67,407	\$113,699	\$0	\$3,794	(\$107,699)	\$0	\$0	\$4,902,513
Other Services									
Home Health	\$625,659	\$21,033	\$2,946	\$0	\$0	\$0	\$0	\$0	\$643,746
Ambulance	159,407	0	0	0	0	0	0	0	159,407
Prosthetics/DME	43,505	487	0	0	0	0	0	0	43,992
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	3,631	30	0	3,661	0	0	0	0	0
Unknown	6,858	219	0	0	0	(94)	0	0	6,983
	\$839,059	\$21,769	\$2,946	\$3,661	\$0	(\$94)	\$0	\$0	\$854,127
Total	\$14,443,815	\$112,499	\$593,041	\$26,634	\$3,794	(\$107,793)	\$0	\$446,863	\$13,378,188

Appendix A3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services
Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$27,048,359	\$50,525	\$3,717	\$0	\$0	\$0	\$0	\$2,293,696	\$24,801,471
MH/SA	1,591,221	4,800	1,501,024	0	0	0	0	9,760	85,237
Skilled Nursing Facility	319,573	1,375	150,765	0	0	0	4,421	2,921	162,841
Maternity	1,203,670	0	0	0	0	0	0	76,624	1,127,046
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$30,162,823	\$56,700	\$1,655,506	\$0	\$0	\$0	\$4,421	\$2,383,001	\$26,176,596
Hospital Outpatient									
Emergency Hospital	\$8,071,291	\$15	\$0	\$4,187	\$0	\$0	\$0	\$0	\$8,067,119
Misc Outpatient	14,188,354	107,555	76,786	46,526	0	0	51	0	14,172,545
	\$22,259,645	\$107,570	\$76,786	\$50,713	\$0	\$0	\$51	\$0	\$22,239,665
Professional									
Inpatient Surgery	\$2,101,381	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$2,101,389
Outpatient Surgery	4,611,007	13,248	0	0	0	0	0	0	4,624,255
Hospital Visits	1,319,106	560	34,067	0	0	0	53	0	1,285,546
Office Visits	9,806,986	245,450	0	0	86,869	(50)	169	0	9,965,348
Urgent Care	3,489,176	64	0	0	0	0	0	0	3,489,240
Injections & Immunizations	1,397,787	23,323	0	0	137	0	0	0	1,420,973
Other Physician	6,873,829	144,257	3,128	0	312	(1,137,737)	21	0	5,876,887
Radiology/Pathology	9,022,624	109,274	0	0	6,045	0	0	0	9,125,853
MH/SA	848,230	1,476	765,252	0	0	0	0	0	84,453
Maternity (delivery)	50,948	0	0	0	0	0	0	0	50,948
Maternity (non-delivery)	369,457	48	0	0	0	0	0	0	369,505
	\$39,890,531	\$537,708	\$802,448	\$0	\$93,363	(\$1,137,787)	\$243	\$0	\$38,394,398
Other Services									
Home Health	\$2,389,123	\$97,357	\$10,513	\$0	\$0	\$0	\$0	\$0	\$2,475,966
Ambulance	1,023,925	0	0	0	0	0	0	0	1,023,925
Prosthetics/DME	79,964	2,593	0	0	43	0	0	0	82,514
Vision/Hearing Aids	115	10	0	0	0	0	0	0	125
Dental	52,229	348	0	52,577	0	0	0	0	0
Unknown	58,134	981	0	2	15	(132)	0	0	58,966
	\$3,603,489	\$101,289	\$10,513	\$52,579	\$58	(\$132)	\$0	\$0	\$3,641,497
Total	\$95,916,488	\$803,267	\$2,545,253	\$103,292	\$93,421	(\$1,137,919)	\$4,714	\$2,383,001	\$90,452,155

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$8,100,562	\$12,750	\$0	\$0	\$0	\$0	\$0	\$611,029	\$7,502,283
MH/SA	203,396	900	197,415	0	0	0	0	364	6,517
Skilled Nursing Facility	148,008	375	30,325	0	0	0	0	5,682	112,376
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$8,451,965	\$14,025	\$227,739	\$0	\$0	\$0	\$0	\$617,075	\$7,621,175
Hospital Outpatient									
Emergency Hospital	\$893,747	\$0	\$0	\$1,077	\$0	\$0	\$0	\$0	\$892,669
Misc Outpatient	3,322,936	28,809	7,815	5,766	0	0	0	0	3,338,163
	\$4,216,683	\$28,809	\$7,815	\$6,844	\$0	\$0	\$0	\$0	\$4,230,833
Professional									
Inpatient Surgery	\$561,360	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$561,360
Outpatient Surgery	1,091,521	3,634	0	0	0	0	0	0	1,095,155
Hospital Visits	316,604	30	3,651	0	0	0	0	0	312,983
Office Visits	1,552,440	48,854	0	0	1,657	0	0	0	1,599,637
Urgent Care	396,709	16	0	0	0	0	0	0	396,725
Injections & Immunizations	476,885	4,652	0	0	0	0	0	0	481,537
Other Physician	2,100,730	33,439	460	0	0	(247,303)	0	0	1,886,405
Radiology/Pathology	1,673,744	16,504	0	0	113	0	0	0	1,690,135
MH/SA	121,917	170	112,131	0	0	0	0	0	9,956
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	608	0	0	0	0	0	0	0	608
	\$8,292,517	\$107,299	\$116,242	\$0	\$1,770	(\$247,303)	\$0	\$0	\$8,034,501
Other Services									
Home Health	\$877,515	\$47,565	\$178	\$0	\$0	\$0	\$0	\$0	\$924,902
Ambulance	169,100	0	0	0	0	0	0	0	169,100
Prosthetics/DME	32,107	588	0	0	0	0	0	0	32,695
Vision/Hearing Aids	0	2	0	0	0	0	0	0	2
Dental	2,285	22	0	2,307	0	0	0	0	0
Unknown	39,124	468	208	0	0	0	0	0	39,384
	\$1,120,131	\$48,645	\$386	\$2,307	\$0	\$0	\$0	\$0	\$1,166,083
Total	\$22,081,296	\$198,778	\$352,182	\$9,151	\$1,770	(\$247,303)	\$0	\$617,075	\$21,052,592

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services
 Allowed Amounts

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$147,924,504	\$128,500	\$97,867	\$0	\$0	\$0	\$1,694,979	\$14,793,423	\$131,466,735
MH/SA	14,418,355	11,575	13,914,258	0	0	0	0	24,168	491,504
Skilled Nursing Facility	18,202,335	3,950	106,572	0	0	0	15,481,494	42,768	2,575,451
Maternity	398,032	0	0	0	0	0	0	56,750	341,282
Newborn	3,854,390	0	0	0	0	0	0	473,229	3,381,162
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$184,797,616	\$144,025	\$14,118,697	\$0	\$0	\$0	\$17,176,473	\$15,390,338	\$138,256,132
Hospital Outpatient									
Emergency Hospital	\$10,241,877	\$36	\$0	\$16,704	\$0	\$0	\$108,264	\$0	\$10,116,945
Misc Outpatient	30,660,767	210,816	471,102	176,813	0	0	292,421	0	29,931,248
	\$40,902,644	\$210,852	\$471,102	\$193,516	\$0	\$0	\$400,685	\$0	\$40,048,193
Professional									
Inpatient Surgery	\$5,379,891	\$2	\$0	\$0	\$0	\$0	\$29,607	\$0	\$5,350,286
Outpatient Surgery	6,934,227	17,352	0	0	0	0	68,539	0	6,883,039
Hospital Visits	10,233,648	1,826	179,798	0	0	0	127,930	0	9,927,745
Office Visits	13,544,720	284,643	0	0	20,815	(16,134)	156,700	0	13,635,714
Urgent Care	4,981,505	164	0	0	0	0	72,425	0	4,909,245
Injections & Immunizations	10,495,058	28,103	0	0	55	0	12,392	0	10,510,714
Other Physician	31,271,194	179,639	6,714	1	23,010	(1,834,421)	140,128	0	29,446,560
Radiology/Pathology	12,947,473	86,055	0	0	1,085	0	144,356	0	12,888,087
MH/SA	2,806,732	1,481	2,390,760	0	0	0	2,982	0	414,471
Maternity (delivery)	5,819	0	0	0	0	0	0	0	5,819
Maternity (non-delivery)	42,846	2	0	0	0	0	0	0	42,848
	\$98,643,113	\$599,267	\$2,577,272	\$1	\$44,965	(\$1,850,555)	\$755,060	\$0	\$94,014,527
Other Services									
Home Health	\$24,308,109	\$761,284	\$90,376	\$3	\$251,802	\$0	\$391,312	\$0	\$24,335,901
Ambulance	3,522,929	0	0	0	0	0	121,875	0	3,401,054
Prosthetics/DME	808,910	3,885	0	0	10	0	4,289	0	808,497
Vision/Hearing Aids	147,516	16	0	0	0	0	0	0	147,532
Dental	58,620	125	0	58,711	0	0	0	0	34
Unknown	216,714	2,795	0	129	0	(151)	182	0	219,046
	\$29,062,799	\$768,105	\$90,376	\$58,843	\$251,811	(\$151)	\$517,658	\$0	\$28,912,065
Total	\$353,406,172	\$1,722,249	\$17,257,447	\$252,360	\$296,776	(\$1,850,706)	\$18,849,876	\$15,390,338	\$301,230,917

Appendix A3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Allowed Amounts

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,748,662	\$0	\$0	\$0	\$0	\$0	\$0	\$243,827	\$3,504,835
MH/SA	143,526	0	139,721	0	0	0	0	439	3,367
Skilled Nursing Facility	79,378	0	15,277	0	0	0	0	2,870	61,230
Maternity	5,810,349	0	0	0	0	0	0	442,765	5,367,584
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$9,781,914	\$0	\$154,998	\$0	\$0	\$0	\$0	\$689,901	\$8,937,015
Hospital Outpatient									
Emergency Hospital	\$1,741,057	\$0	\$0	\$457	\$0	\$0	\$0	\$0	\$1,740,600
Misc Outpatient	13,009,389	0	12,277	9,761	0	0	0	0	12,987,351
	\$14,750,446	\$0	\$12,277	\$10,218	\$0	\$0	\$0	\$0	\$14,727,951
Professional									
Inpatient Surgery	\$1,149,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,149,245
Outpatient Surgery	1,224,884	0	0	0	0	0	0	0	1,224,884
Hospital Visits	1,625,679	0	4,597	0	0	0	0	0	1,621,082
Office Visits	11,754,421	0	0	0	14,047	(4)	0	0	11,740,369
Urgent Care	1,673,071	0	0	0	0	0	0	0	1,673,071
Injections & Immunizations	521,224	0	0	0	96	0	0	0	521,127
Other Physician	3,191,117	0	538	0	326	(592,322)	0	0	2,597,931
Radiology/Pathology	12,179,647	0	0	0	859	0	0	0	12,178,788
MH/SA	135,753	0	121,544	0	0	0	0	0	14,209
Maternity (delivery)	374,276	0	0	0	0	0	0	0	374,276
Maternity (non-delivery)	2,352,772	0	0	0	0	0	0	0	2,352,772
	\$36,182,089	\$0	\$126,678	\$0	\$15,329	(\$592,326)	\$0	\$0	\$35,447,756
Other Services									
Home Health	\$2,180,136	\$0	\$2,998	\$0	\$2,389	\$0	\$0	\$0	\$2,174,748
Ambulance	747,540	0	0	0	0	0	0	0	747,540
Prosthetics/DME	67,642	0	0	0	2	0	0	0	67,639
Vision/Hearing Aids	129	0	0	0	0	0	0	0	129
Dental	17,554	0	0	17,554	0	0	0	0	0
Unknown	34,747	0	0	0	0	(158)	0	0	34,589
	\$3,047,747	\$0	\$2,998	\$17,554	\$2,392	(\$158)	\$0	\$0	\$3,024,645
Total	\$63,762,197	\$0	\$296,951	\$27,773	\$17,721	(\$592,484)	\$0	\$689,901	\$62,137,367

Appendix A3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services
Allowed Amounts

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$6,572,577	\$60,650	\$1,520	\$0	\$0	\$0	\$146,074	\$1,702,015	\$4,783,617
MH/SA	247,036	1,975	248,791	0	0	0	0	116	104
Skilled Nursing Facility	26,503,506	475	13,327	0	0	0	25,796,515	0	694,139
Maternity	107,059	0	0	0	0	0	0	16,777	90,283
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$33,430,179	\$63,100	\$263,638	\$0	\$0	\$0	\$25,942,589	\$1,718,909	\$5,568,143
Hospital Outpatient									
Emergency Hospital	\$1,009,262	\$6	\$0	\$2,268	\$0	\$0	\$14,030	\$0	\$992,970
Misc Outpatient	2,934,844	91,323	28,966	9,598	0	0	33,090	0	2,954,513
	\$3,944,107	\$91,329	\$28,966	\$11,866	\$0	\$0	\$47,120	\$0	\$3,947,483
Professional									
Inpatient Surgery	\$481,892	\$0	\$0	\$0	\$0	\$0	\$5,603	\$0	\$476,288
Outpatient Surgery	889,268	9,288	0	0	0	0	9,611	0	888,945
Hospital Visits	377,187	1,394	14,507	0	0	0	10,850	0	353,223
Office Visits	1,562,100	175,524	0	0	64	0	32,346	0	1,705,214
Urgent Care	350,552	72	0	0	0	0	6,819	0	343,806
Injections & Immunizations	2,888,321	11,930	0	0	0	0	23,518	0	2,876,733
Other Physician	6,136,904	119,186	89	0	0	(245,983)	59,375	0	5,950,643
Radiology/Pathology	1,187,405	28,464	0	0	5	0	18,004	0	1,197,860
MH/SA	1,456,120	4,166	1,432,134	0	0	0	838	0	27,313
Maternity (delivery)	73,569	0	0	0	0	0	0	0	73,569
Maternity (non-delivery)	4,585	2	0	0	0	0	0	0	4,587
	\$15,407,901	\$350,026	\$1,446,730	\$0	\$69	(\$245,983)	\$166,965	\$0	\$13,898,181
Other Services									
Home Health	\$3,111,914	\$358,024	\$58,486	\$0	\$61,738	\$0	\$73,153	\$0	\$3,276,560
Ambulance	98,935	0	0	0	0	0	7,341	0	91,594
Prosthetics/DME	382,819	1,784	0	0	0	0	3,932	0	380,671
Vision/Hearing Aids	89	18	0	0	0	0	0	0	107
Dental	26,315	142	0	26,457	0	0	0	0	0
Unknown	154,053	1,539	226	0	0	(200)	161	0	155,005
	\$3,774,125	\$361,507	\$58,712	\$26,457	\$61,738	(\$200)	\$84,588	\$0	\$3,903,936
Total	\$56,556,312	\$865,962	\$1,798,047	\$38,323	\$61,807	(\$246,183)	\$26,241,262	\$1,718,909	\$27,317,742

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services
 Allowed Amounts

Eligibility Category: KICK

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$11,326	\$0	\$0	\$0	\$0	\$0	\$0	\$1,045	\$10,281
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	80,548,510	0	0	0	0	0	0	4,754,252	75,794,258
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$80,559,836	\$0	\$0	\$0	\$0	\$0	\$0	\$4,755,298	\$75,804,539
Hospital Outpatient									
Emergency Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Outpatient	0	0	0	0	0	0	0	0	0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional									
Inpatient Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Surgery	0	0	0	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0	0	0	0
Maternity (delivery)	39,826,504	0	0	0	0	0	0	0	39,826,504
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$39,826,504	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,826,504
Other Services									
Home Health	\$3,725	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,725
Ambulance	0	0	0	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	56,554	0	0	0	0	0	0	0	56,554
	\$60,279	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,279
Total	\$120,446,620	\$0	\$0	\$0	\$0	\$0	\$0	\$4,755,298	\$115,691,322

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Allowed Amounts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,284,350	\$0	\$0	\$0	\$0	\$0	\$0	\$406,205	\$2,878,145
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	35,550,610	0	0	0	0	0	0	4,284,077	31,266,533
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$38,834,960	\$0	\$0	\$0	\$0	\$0	\$0	\$4,690,282	\$34,144,678
Hospital Outpatient									
Emergency Hospital	\$11,495	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,495
Misc Outpatient	29,975	0	0	0	0	0	0	0	29,975
	\$41,470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,470
Professional									
Inpatient Surgery	\$207,398	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$207,398
Outpatient Surgery	4,623	0	0	0	0	0	0	0	4,623
Hospital Visits	7,803,245	0	0	0	0	0	0	0	7,803,245
Office Visits	129,076	0	0	0	0	(2,229)	0	0	126,847
Urgent Care	6,933	0	0	0	0	0	0	0	6,933
Injections & Immunizations	35,186	0	0	0	0	0	0	0	35,186
Other Physician	235,948	0	0	0	1,404	(6,121)	0	0	228,423
Radiology/Pathology	133,700	0	0	0	0	0	0	0	133,700
MH/SA	2,382	0	0	0	0	0	0	0	2,382
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$8,558,492	\$0	\$0	\$0	\$1,404	(\$8,349)	\$0	\$0	\$8,548,739
Other Services									
Home Health	\$101,274	\$0	\$0	\$0	\$5,512	\$0	\$0	\$0	\$95,762
Ambulance	83,927	0	0	0	0	0	0	0	83,927
Prosthetics/DME	68	0	0	0	0	0	0	0	68
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	2,615	0	0	0	0	0	0	0	2,615
	\$187,884	\$0	\$0	\$0	\$5,512	\$0	\$0	\$0	\$182,372
Total	\$47,622,805	\$0	\$0	\$0	\$6,916	(\$8,349)	\$0	\$4,690,282	\$42,917,258

Appendix A3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Allowed Amounts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$2,575,062	\$0	\$0	\$0	\$0	\$0	\$0	\$438,219	\$2,136,843
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	24,296,863	0	0	0	0	0	0	2,415,772	21,881,091
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$26,871,925	\$0	\$0	\$0	\$0	\$0	\$0	\$2,853,991	\$24,017,934
Hospital Outpatient									
Emergency Hospital	\$106,097	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,097
Misc Outpatient	187,676	0	167	0	0	0	0	0	187,508
	\$293,773	\$0	\$167	\$0	\$0	\$0	\$0	\$0	\$293,605
Professional									
Inpatient Surgery	\$395,244	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$395,244
Outpatient Surgery	33,845	0	0	0	0	0	0	0	33,845
Hospital Visits	4,562,759	0	0	0	0	0	0	0	4,562,759
Office Visits	654,490	0	0	0	0	(17,368)	0	0	637,122
Urgent Care	53,507	0	0	0	0	0	0	0	53,507
Injections & Immunizations	155,863	0	0	0	0	0	0	0	155,863
Other Physician	345,125	0	0	0	2,912	(52,182)	0	0	290,032
Radiology/Pathology	93,746	0	0	0	0	0	0	0	93,746
MH/SA	7,742	0	0	0	0	0	0	0	7,742
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$6,302,322	\$0	\$0	\$0	\$2,912	(\$69,550)	\$0	\$0	\$6,229,860
Other Services									
Home Health	\$284,299	\$0	\$0	\$0	\$7,306	(\$27)	\$0	\$0	\$276,966
Ambulance	183,918	0	0	0	0	0	0	0	183,918
Prosthetics/DME	4,457	0	0	0	0	0	0	0	4,457
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	1,606	0	0	0	0	0	0	0	1,606
	\$474,280	\$0	\$0	\$0	\$7,306	(\$27)	\$0	\$0	\$466,947
Total	\$33,942,300	\$0	\$167	\$0	\$10,218	(\$69,577)	\$0	\$2,853,991	\$31,008,347

Appendix A4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Service Counts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	10,172	0	0	0	0	10,172
MH/SA	9	9	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	132,683	0	0	0	0	132,683
Other Inpatient	0	0	0	0	0	0
	142,864	9	0	0	0	142,855
Hospital Outpatient						
Emergency Hospital	7,408	0	0	0	0	7,408
Misc Outpatient	22,267	9	0	0	0	22,258
	29,675	9	0	0	0	29,666
Professional						
Inpatient Surgery	14,560	0	0	0	0	14,560
Outpatient Surgery	3,963	0	0	0	0	3,963
Hospital Visits	150,019	0	0	0	0	150,019
Office Visits	103,671	0	0	0	0	103,671
Urgent Care	8,111	0	0	0	0	8,111
Injections & Immunizations	40,053	0	0	0	0	40,053
Other Physician	44,587	0	0	128	0	44,459
Radiology/Pathology	42,474	0	0	0	0	42,474
MH/SA	93	5	0	0	0	88
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	1	0	0	0	0	1
	407,532	5	0	128	0	407,399
Other Services						
Home Health	17,050	8	0	245	0	16,797
Ambulance	2,554	0	0	0	0	2,554
Prosthetics/DME	810	0	0	0	0	810
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	58	0	0	0	0	58
	20,472	8	0	245	0	20,219
Total	600,543	31	0	373	0	600,139

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	8,091	0	0	0	0	8,091
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	200	0	0	0	0	200
Other Inpatient	0	0	0	0	0	0
	8,291	0	0	0	0	8,291
Hospital Outpatient						
Emergency Hospital	25,113	0	7	0	0	25,106
Misc Outpatient	27,744	69	1	0	0	27,674
	52,857	69	8	0	0	52,780
Professional						
Inpatient Surgery	2,204	0	0	0	0	2,204
Outpatient Surgery	10,593	0	0	0	0	10,593
Hospital Visits	16,112	0	0	0	0	16,112
Office Visits	172,927	0	0	1	0	172,926
Urgent Care	24,790	0	0	0	0	24,790
Injections & Immunizations	129,565	0	0	0	0	129,565
Other Physician	77,653	0	0	397	0	77,256
Radiology/Pathology	46,443	0	0	0	0	46,443
MH/SA	259	32	0	0	0	227
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	480,546	32	0	398	0	480,116
Other Services						
Home Health	21,517	140	0	726	0	20,651
Ambulance	2,091	0	0	0	0	2,091
Prosthetics/DME	3,241	0	0	0	0	3,241
Vision/Hearing Aids	145	0	0	0	0	145
Dental	43	0	0	0	0	43
Unknown	62	0	0	0	0	62
	27,099	140	0	726	0	26,233
Total	568,793	241	8	1,124	0	567,420

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	6,794	0	0	0	0	6,794
MH/SA	2,206	2,206	0	0	0	0
Skilled Nursing Facility	101	0	0	0	0	101
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	9,101	2,206	0	0	0	6,895
Hospital Outpatient						
Emergency Hospital	53,894	0	92	0	0	53,802
Misc Outpatient	45,187	1,411	698	0	0	43,078
	99,081	1,411	790	0	0	96,880
Professional						
Inpatient Surgery	2,262	0	0	0	0	2,262
Outpatient Surgery	30,745	0	0	0	0	30,745
Hospital Visits	8,625	33	0	0	0	8,592
Office Visits	273,946	0	0	5	0	273,941
Urgent Care	50,269	0	0	0	0	50,269
Injections & Immunizations	123,612	0	0	0	0	123,612
Other Physician	177,905	40	0	864	0	177,001
Radiology/Pathology	102,126	0	0	1	0	102,125
MH/SA	10,185	7,804	0	0	0	2,381
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	3	0	0	0	0	3
	779,678	7,877	0	870	0	770,931
Other Services						
Home Health	33,361	763	0	1,529	0	31,069
Ambulance	4,153	0	0	0	0	4,153
Prosthetics/DME	3,553	0	0	0	0	3,553
Vision/Hearing Aids	304	0	0	0	0	304
Dental	1,704	0	1,638	0	0	66
Unknown	126	0	0	0	0	126
	43,201	763	1,638	1,529	0	39,271
Total	931,061	12,257	2,428	2,399	0	913,977

Appendix A4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Service Counts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	4,226	0	0	0	0	4,226
MH/SA	29,417	29,417	0	0	0	0
Skilled Nursing Facility	152	0	0	0	0	152
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	33,795	29,417	0	0	0	4,378
Hospital Outpatient						
Emergency Hospital	29,397	0	17	0	0	29,380
Misc Outpatient	29,421	2,060	195	0	0	27,166
	58,818	2,060	212	0	0	56,546
Professional						
Inpatient Surgery	1,761	0	0	0	0	1,761
Outpatient Surgery	17,634	0	0	0	0	17,634
Hospital Visits	7,177	441	0	0	0	6,736
Office Visits	175,857	0	0	16	0	175,841
Urgent Care	27,776	0	0	0	0	27,776
Injections & Immunizations	93,229	0	0	0	0	93,229
Other Physician	152,182	111	0	29	0	152,042
Radiology/Pathology	97,659	0	0	8	0	97,651
MH/SA	35,775	30,272	0	0	0	5,503
Maternity (delivery)	2	0	0	0	0	2
Maternity (non-delivery)	42	0	0	0	0	42
	609,094	30,824	0	53	0	578,217
Other Services						
Home Health	15,326	799	0	369	0	14,158
Ambulance	3,058	0	0	0	0	3,058
Prosthetics/DME	2,752	0	0	0	0	2,752
Vision/Hearing Aids	503	0	0	0	0	503
Dental	122	0	122	0	0	0
Unknown	73	0	0	0	0	73
	21,834	799	122	369	0	20,544
Total	723,541	63,100	334	422	0	659,685

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,888	0	0	0	0	2,888
MH/SA	22,302	22,259	0	0	0	43
Skilled Nursing Facility	230	10	0	0	0	220
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	25,420	22,269	0	0	0	3,151
Hospital Outpatient						
Emergency Hospital	11,945	0	11	0	0	11,934
Misc Outpatient	10,070	443	62	0	0	9,565
	22,015	443	73	0	0	21,499
Professional						
Inpatient Surgery	1,096	0	0	0	0	1,096
Outpatient Surgery	7,255	0	0	0	2	7,253
Hospital Visits	4,087	263	0	0	0	3,824
Office Visits	45,679	0	0	271	1	45,407
Urgent Care	11,618	0	0	0	0	11,618
Injections & Immunizations	18,860	0	0	5	0	18,855
Other Physician	50,837	28	0	2	0	50,807
Radiology/Pathology	51,223	0	0	36	5	51,182
MH/SA	13,612	11,341	0	0	0	2,271
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	204,267	11,632	0	314	8	192,313
Other Services						
Home Health	6,050	168	0	81	0	5,801
Ambulance	2,551	0	0	0	0	2,551
Prosthetics/DME	806	0	0	1	0	805
Vision/Hearing Aids	81	0	0	0	0	81
Dental	90	0	90	0	0	0
Unknown	73	0	0	0	0	73
	9,651	168	90	82	0	9,311
Total	261,353	34,512	163	396	8	226,274

Appendix A4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,798	1	0	0	0	2,797
MH/SA	27,066	26,982	0	0	0	84
Skilled Nursing Facility	157	5	0	0	0	152
Maternity	862	0	0	0	0	862
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	30,883	26,988	0	0	0	3,895
Hospital Outpatient						
Emergency Hospital	18,922	0	5	0	0	18,917
Misc Outpatient	28,165	309	53	0	0	27,803
	47,087	309	58	0	0	46,720
Professional						
Inpatient Surgery	1,235	0	0	0	0	1,235
Outpatient Surgery	8,764	0	0	0	0	8,764
Hospital Visits	7,073	363	0	0	0	6,710
Office Visits	106,239	0	0	1,012	0	105,227
Urgent Care	20,423	0	0	0	0	20,423
Injections & Immunizations	39,276	0	0	18	0	39,258
Other Physician	77,329	34	0	16	0	77,279
Radiology/Pathology	155,302	0	0	522	0	154,780
MH/SA	14,205	11,626	0	0	0	2,579
Maternity (delivery)	243	0	0	0	0	243
Maternity (non-delivery)	3,914	0	0	0	0	3,914
	434,003	12,023	0	1,568	0	420,412
Other Services						
Home Health	7,244	289	0	39	0	6,916
Ambulance	4,413	0	0	0	0	4,413
Prosthetics/DME	4,295	0	0	18	0	4,277
Vision/Hearing Aids	88	0	0	0	0	88
Dental	128	0	128	0	0	0
Unknown	112	0	0	0	0	112
	16,280	289	128	57	0	15,806
Total	528,253	39,609	186	1,625	0	486,833

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,246	17	0	0	0	2,229
MH/SA	735	686	0	0	0	49
Skilled Nursing Facility	90	33	0	0	0	57
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	3,071	736	0	0	0	2,335
Hospital Outpatient						
Emergency Hospital	7,114	0	8	0	0	7,106
Misc Outpatient	6,058	105	27	0	0	5,926
	13,172	105	35	0	0	13,032
Professional						
Inpatient Surgery	1,216	0	0	0	0	1,216
Outpatient Surgery	5,122	0	0	0	0	5,122
Hospital Visits	2,754	112	0	0	0	2,642
Office Visits	18,254	0	0	81	0	18,173
Urgent Care	7,209	0	0	0	0	7,209
Injections & Immunizations	6,198	0	0	0	0	6,198
Other Physician	15,802	12	0	0	0	15,790
Radiology/Pathology	27,875	0	0	13	0	27,862
MH/SA	1,567	1,385	0	0	0	182
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	85,997	1,509	0	94	0	84,394
Other Services						
Home Health	5,318	22	0	0	0	5,296
Ambulance	1,576	0	0	0	0	1,576
Prosthetics/DME	426	0	0	0	0	426
Vision/Hearing Aids	0	0	0	0	0	0
Dental	20	0	20	0	0	0
Unknown	106	0	0	0	0	106
	7,446	22	20	0	0	7,404
Total	109,686	2,372	55	94	0	107,165

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	14,940	144	0	0	0	14,796
MH/SA	2,784	2,641	0	0	0	143
Skilled Nursing Facility	606	286	0	0	31	289
Maternity	1,422	0	0	0	0	1,422
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	19,752	3,071	0	0	31	16,650
Hospital Outpatient						
Emergency Hospital	48,323	0	15	0	0	48,308
Misc Outpatient	62,271	756	69	0	1	61,445
	110,594	756	84	0	1	109,753
Professional						
Inpatient Surgery	8,843	0	0	0	0	8,843
Outpatient Surgery	33,537	0	0	0	0	33,537
Hospital Visits	19,153	610	0	0	1	18,542
Office Visits	187,764	0	0	1,791	3	185,970
Urgent Care	51,270	0	0	0	0	51,270
Injections & Immunizations	56,792	0	0	22	0	56,770
Other Physician	123,833	44	0	22	1	123,766
Radiology/Pathology	357,281	0	0	1,230	0	356,051
MH/SA	10,415	9,664	0	0	0	751
Maternity (delivery)	591	0	0	0	0	591
Maternity (non-delivery)	6,057	0	0	0	0	6,057
	855,536	10,318	0	3,065	5	842,148
Other Services						
Home Health	26,598	108	0	0	0	26,490
Ambulance	10,543	0	0	0	0	10,543
Prosthetics/DME	6,057	0	0	33	0	6,024
Vision/Hearing Aids	11	0	0	0	0	11
Dental	250	0	250	0	0	0
Unknown	686	0	0	1	0	685
	44,145	108	250	34	0	43,753
Total	1,030,027	14,253	334	3,099	37	1,012,304

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	3,833	0	0	0	0	3,833
MH/SA	354	345	0	0	0	9
Skilled Nursing Facility	188	48	0	0	0	140
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	4,375	393	0	0	0	3,982
Hospital Outpatient						
Emergency Hospital	4,660	0	2	0	0	4,658
Misc Outpatient	11,758	98	10	0	0	11,650
	16,418	98	12	0	0	16,308
Professional						
Inpatient Surgery	1,975	0	0	0	0	1,975
Outpatient Surgery	7,433	0	0	0	0	7,433
Hospital Visits	4,502	62	0	0	0	4,440
Office Visits	27,915	0	0	30	0	27,885
Urgent Care	5,226	0	0	0	0	5,226
Injections & Immunizations	8,751	0	0	0	0	8,751
Other Physician	31,477	6	0	0	0	31,471
Radiology/Pathology	54,063	0	0	23	0	54,040
MH/SA	1,494	1,404	0	0	0	90
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	3	0	0	0	0	3
	142,839	1,472	0	53	0	141,314
Other Services						
Home Health	11,649	2	0	0	0	11,647
Ambulance	1,764	0	0	0	0	1,764
Prosthetics/DME	530	0	0	0	0	530
Vision/Hearing Aids	0	0	0	0	0	0
Dental	13	0	13	0	0	0
Unknown	325	0	0	0	0	325
	14,281	2	13	0	0	14,266
Total	177,913	1,965	25	53	0	175,870

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: SSI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	96,126	211	0	0	1,686	94,229
MH/SA	41,986	41,096	0	0	0	890
Skilled Nursing Facility	115,246	198	0	0	108,399	6,649
Maternity	519	0	0	0	0	519
Newborn	3,420	0	0	0	0	3,420
Other Inpatient	0	0	0	0	0	0
	257,297	41,505	0	0	110,085	105,707
Hospital Outpatient						
Emergency Hospital	53,237	0	32	0	518	52,687
Misc Outpatient	115,991	3,616	349	0	1,382	110,644
	169,228	3,616	381	0	1,900	163,331
Professional						
Inpatient Surgery	22,226	0	0	0	161	22,065
Outpatient Surgery	48,901	0	0	0	584	48,317
Hospital Visits	129,637	3,250	0	0	2,117	124,270
Office Visits	243,824	0	0	485	2,609	240,730
Urgent Care	63,752	0	0	0	852	62,900
Injections & Immunizations	117,661	0	0	5	481	117,175
Other Physician	346,640	67	0	320	4,184	342,069
Radiology/Pathology	438,291	0	0	219	7,640	430,432
MH/SA	30,564	28,491	0	0	32	2,041
Maternity (delivery)	70	0	0	0	0	70
Maternity (non-delivery)	842	0	0	0	0	842
	1,442,408	31,808	0	1,029	18,660	1,390,911
Other Services						
Home Health	227,700	717	0	2,459	4,521	220,003
Ambulance	37,363	0	0	0	1,422	35,941
Prosthetics/DME	5,904	0	0	7	38	5,859
Vision/Hearing Aids	1,211	0	0	0	0	1,211
Dental	348	0	345	0	0	3
Unknown	2,070	0	0	0	7	2,063
	274,596	717	345	2,466	5,988	265,080
Total	2,143,529	77,646	726	3,495	136,633	1,925,029

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: OCWI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,485	0	0	0	0	2,485
MH/SA	656	643	0	0	0	13
Skilled Nursing Facility	71	26	0	0	0	45
Maternity	7,769	0	0	0	0	7,769
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	10,981	669	0	0	0	10,312
Hospital Outpatient						
Emergency Hospital	11,307	0	4	0	0	11,303
Misc Outpatient	99,346	110	13	0	0	99,223
	110,653	110	17	0	0	110,526
Professional						
Inpatient Surgery	10,256	0	0	0	0	10,256
Outpatient Surgery	11,889	0	0	0	0	11,889
Hospital Visits	25,855	95	0	0	0	25,760
Office Visits	255,784	0	0	308	0	255,476
Urgent Care	25,343	0	0	0	0	25,343
Injections & Immunizations	14,867	0	0	19	0	14,848
Other Physician	75,279	7	0	16	0	75,256
Radiology/Pathology	538,629	0	0	174	0	538,455
MH/SA	1,454	1,320	0	0	0	134
Maternity (delivery)	4,349	0	0	0	0	4,349
Maternity (non-delivery)	44,013	0	0	0	0	44,013
	1,007,718	1,422	0	517	0	1,005,779
Other Services						
Home Health	21,430	27	0	18	0	21,385
Ambulance	7,820	0	0	0	0	7,820
Prosthetics/DME	8,085	0	0	2	0	8,083
Vision/Hearing Aids	3	0	0	0	0	3
Dental	94	0	94	0	0	0
Unknown	88	0	0	0	0	88
	37,520	27	94	20	0	37,379
Total	1,166,872	2,228	111	537	0	1,163,996

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: DUAL

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	36,720	4	0	0	1,010	35,706
MH/SA	2,959	2,941	0	0	0	18
Skilled Nursing Facility	220,703	133	0	0	214,972	5,598
Maternity	404	0	0	0	0	404
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	260,786	3,078	0	0	215,982	41,726
Hospital Outpatient						
Emergency Hospital	23,027	0	20	0	327	22,680
Misc Outpatient	38,336	386	36	0	550	37,364
	61,363	386	56	0	877	60,044
Professional						
Inpatient Surgery	11,524	0	0	0	177	11,347
Outpatient Surgery	29,061	0	0	0	367	28,694
Hospital Visits	49,264	1,785	0	0	1,594	45,885
Office Visits	98,905	0	0	3	1,514	97,388
Urgent Care	23,402	0	0	0	548	22,854
Injections & Immunizations	83,721	0	0	0	778	82,943
Other Physician	176,528	2	0	0	2,005	174,521
Radiology/Pathology	113,981	0	0	1	2,127	111,853
MH/SA	25,814	24,432	0	0	38	1,344
Maternity (delivery)	178	0	0	0	0	178
Maternity (non-delivery)	398	0	0	0	0	398
	612,776	26,219	0	4	9,148	577,405
Other Services						
Home Health	118,629	524	0	632	2,858	114,615
Ambulance	1,664	0	0	0	111	1,553
Prosthetics/DME	4,594	0	0	0	47	4,547
Vision/Hearing Aids	7	0	0	0	0	7
Dental	150	0	150	0	0	0
Unknown	3,307	0	0	0	22	3,285
	128,351	524	150	632	3,038	124,007
Total	1,063,276	30,207	206	636	229,045	803,182

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Eligibility Category: KICK

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	20	0	0	0	0	20
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	66,335	0	0	0	0	66,335
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	66,355	0	0	0	0	66,355
Hospital Outpatient						
Emergency Hospital	0	0	0	0	0	0
Misc Outpatient	0	0	0	0	0	0
	0	0	0	0	0	0
Professional						
Inpatient Surgery	0	0	0	0	0	0
Outpatient Surgery	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0
Maternity (delivery)	55,038	0	0	0	0	55,038
Maternity (non-delivery)	0	0	0	0	0	0
	55,038	0	0	0	0	55,038
Other Services						
Home Health	6	0	0	0	0	6
Ambulance	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
	6	0	0	0	0	6
Total	121,399	0	0	0	0	121,399

Appendix A4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Service Counts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,815	0	0	0	0	1,815
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	30,306	0	0	0	0	30,306
Other Inpatient	0	0	0	0	0	0
	32,121	0	0	0	0	32,121
Hospital Outpatient						
Emergency Hospital	78	0	0	0	0	78
Misc Outpatient	376	0	0	0	0	376
	454	0	0	0	0	454
Professional						
Inpatient Surgery	1,070	0	0	0	0	1,070
Outpatient Surgery	30	0	0	0	0	30
Hospital Visits	29,233	0	0	0	0	29,233
Office Visits	1,672	0	0	0	0	1,672
Urgent Care	127	0	0	0	0	127
Injections & Immunizations	458	0	0	0	0	458
Other Physician	4,561	0	0	13	0	4,548
Radiology/Pathology	13,156	0	0	0	0	13,156
MH/SA	2	0	0	0	0	2
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	50,309	0	0	13	0	50,296
Other Services						
Home Health	678	0	0	57	0	621
Ambulance	362	0	0	0	0	362
Prosthetics/DME	4	0	0	0	0	4
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	16	0	0	0	0	16
	1,060	0	0	57	0	1,003
Total	83,944	0	0	70	0	83,874

Appendix A4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Service Counts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,797	0	0	0	0	1,797
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	26,272	0	0	0	0	26,272
Other Inpatient	0	0	0	0	0	0
	28,069	0	0	0	0	28,069
Hospital Outpatient						
Emergency Hospital	768	0	0	0	0	768
Misc Outpatient	2,422	3	0	0	0	2,419
	3,190	3	0	0	0	3,187
Professional						
Inpatient Surgery	1,913	0	0	0	0	1,913
Outpatient Surgery	358	0	0	0	0	358
Hospital Visits	28,230	0	0	0	0	28,230
Office Visits	9,944	0	0	0	0	9,944
Urgent Care	875	0	0	0	0	875
Injections & Immunizations	3,617	0	0	0	0	3,617
Other Physician	5,509	0	0	30	0	5,479
Radiology/Pathology	7,304	0	0	0	0	7,304
MH/SA	11	0	0	0	0	11
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	57,761	0	0	30	0	57,731
Other Services						
Home Health	2,025	5	0	68	0	1,952
Ambulance	695	0	0	0	0	695
Prosthetics/DME	82	0	0	0	0	82
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	18	0	0	0	0	18
	2,820	5	0	68	0	2,747
Total	91,840	8	0	98	0	91,734

Appendix B1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$10,373,845	\$0	\$0	\$0	\$0	\$0	\$0	\$2,081,509	\$8,292,336
MH/SA	1,415	0	1,415	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	60,986,145	0	0	0	0	0	0	5,641,491	55,344,654
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$71,361,405	\$0	\$1,415	\$0	\$0	\$0	\$0	\$7,723,000	\$63,636,991
Hospital Outpatient									
Emergency Hospital	\$969,455	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$969,455
Misc Outpatient	1,543,704	0	174	0	0	0	0	0	1,543,530
	\$2,513,159	\$0	\$174	\$0	\$0	\$0	\$0	\$0	\$2,512,985
Professional									
Inpatient Surgery	\$1,177,519	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,177,519
Outpatient Surgery	247,022	0	0	0	0	0	0	0	247,022
Hospital Visits	12,458,439	0	0	0	0	0	0	0	12,458,439
Office Visits	4,678,477	2	0	0	0	(184,714)	0	0	4,493,765
Urgent Care	342,506	0	0	0	0	0	0	0	342,506
Injections & Immunizations	549,318	0	0	0	0	0	0	0	549,318
Other Physician	1,771,485	0	0	0	6,122	(472,975)	0	0	1,292,388
Radiology/Pathology	292,304	0	0	0	0	0	0	0	292,304
MH/SA	44,332	0	58	0	0	0	0	0	44,274
Maternity (delivery)	167	0	0	0	0	0	0	0	167
Maternity (non-delivery)	636	0	0	0	0	0	0	0	636
	\$21,562,206	\$2	\$58	\$0	\$6,122	(\$657,689)	\$0	\$0	\$20,898,339
Other Services									
Home Health	\$1,342,670	\$0	\$348	\$0	\$18,269	\$0	\$0	\$0	\$1,324,053
Ambulance	402,110	0	0	0	0	0	0	0	402,110
Prosthetics/DME	28,308	0	0	0	0	0	0	0	28,308
Vision/Hearing Aids	158	0	0	0	0	0	0	0	158
Dental	0	0	0	0	0	0	0	0	0
Unknown	45,235	0	0	0	0	0	0	0	45,235
	\$1,818,481	\$0	\$348	\$0	\$18,269	\$0	\$0	\$0	\$1,799,864
Total	\$97,255,250	\$2	\$1,994	\$0	\$24,391	(\$657,689)	\$0	\$7,723,000	\$88,848,178

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$11,792,209	\$0	\$0	\$0	\$0	\$0	\$0	\$2,598,929	\$9,193,280
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	315,019	0	0	0	0	0	0	37,652	277,366
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$12,107,227	\$0	\$0	\$0	\$0	\$0	\$0	\$2,636,581	\$9,470,646
Hospital Outpatient									
Emergency Hospital	\$5,040,245	\$0	\$0	\$5,361	\$0	\$0	\$0	\$0	\$5,034,884
Misc Outpatient	5,374,527	0	18,776	1,003	0	0	0	0	5,354,748
	\$10,414,772	\$0	\$18,776	\$6,364	\$0	\$0	\$0	\$0	\$10,389,632
Professional									
Inpatient Surgery	\$499,360	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$499,360
Outpatient Surgery	1,179,670	0	0	0	0	0	0	0	1,179,670
Hospital Visits	1,850,639	0	0	0	0	0	0	0	1,850,639
Office Visits	9,685,474	0	0	0	0	(391,153)	0	0	9,294,322
Urgent Care	1,372,243	0	0	0	0	0	0	0	1,372,243
Injections & Immunizations	2,561,952	0	0	0	0	0	0	0	2,561,952
Other Physician	3,995,642	0	0	0	45,294	(1,062,230)	0	0	2,888,118
Radiology/Pathology	527,387	0	0	0	0	0	0	0	527,387
MH/SA	73,847	0	7,393	0	0	0	0	0	66,454
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$21,746,214	\$0	\$7,393	\$0	\$45,294	(\$1,453,383)	\$0	\$0	\$20,240,144
Other Services									
Home Health	\$2,183,097	\$0	\$21,831	\$0	\$70,620	\$0	\$0	\$0	\$2,090,646
Ambulance	237,300	0	0	0	0	0	0	0	237,300
Prosthetics/DME	295,459	0	0	0	0	0	0	0	295,459
Vision/Hearing Aids	21,837	0	0	0	0	0	0	0	21,837
Dental	3,365	0	0	2,230	0	0	0	0	1,135
Unknown	17,029	0	0	0	0	0	0	0	17,029
	\$2,758,088	\$0	\$21,831	\$2,230	\$70,620	\$0	\$0	\$0	\$2,663,407
Total	\$47,026,301	\$0	\$47,999	\$8,595	\$115,914	(\$1,453,383)	\$0	\$2,636,581	\$42,763,829

Appendix B1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$8,427,997	\$0	\$0	\$0	\$0	\$0	\$0	\$1,455,281	\$6,972,716
MH/SA	130,376	0	130,376	0	0	0	0	0	0
Skilled Nursing Facility	55,733	0	0	0	0	0	0	7,300	48,433
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$8,614,106	\$0	\$130,376	\$0	\$0	\$0	\$0	\$1,462,581	\$7,021,149
Hospital Outpatient									
Emergency Hospital	\$7,643,667	\$0	\$0	\$47,868	\$0	\$0	\$0	\$0	\$7,595,798
Misc Outpatient	7,946,211	0	182,629	293,384	0	0	0	0	7,470,199
	\$15,589,878	\$0	\$182,629	\$341,252	\$0	\$0	\$0	\$0	\$15,065,997
Professional									
Inpatient Surgery	\$300,115	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$300,115
Outpatient Surgery	2,402,967	0	0	0	0	0	0	0	2,402,967
Hospital Visits	573,418	0	1,256	0	0	0	0	0	572,163
Office Visits	10,577,982	0	0	0	16	(189,600)	0	0	10,388,366
Urgent Care	1,768,423	0	0	0	0	0	0	0	1,768,423
Injections & Immunizations	1,083,472	0	0	0	39	0	0	0	1,083,433
Other Physician	8,586,536	0	1,567	0	92,311	(1,461,997)	0	0	7,030,660
Radiology/Pathology	1,029,058	0	0	0	0	0	0	0	1,029,058
MH/SA	656,975	0	458,210	0	0	0	0	0	198,764
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	130	0	0	0	0	0	0	0	130
	\$26,979,076	\$0	\$461,033	\$0	\$92,366	(\$1,651,597)	\$0	\$0	\$24,774,080
Other Services									
Home Health	\$2,627,858	\$0	\$53,237	\$0	\$122,268	\$0	\$0	\$0	\$2,452,353
Ambulance	308,282	0	0	0	0	0	0	0	308,282
Prosthetics/DME	120,569	0	0	0	0	0	0	0	120,569
Vision/Hearing Aids	30,548	0	0	0	0	0	0	0	30,548
Dental	207,795	0	0	206,302	0	0	0	0	1,493
Unknown	162,045	0	358	0	0	(372)	0	0	161,315
	\$3,457,097	\$0	\$53,594	\$206,302	\$122,268	(\$372)	\$0	\$0	\$3,074,561
Total	\$54,640,157	\$0	\$827,632	\$547,554	\$214,634	(\$1,651,969)	\$0	\$1,462,581	\$49,935,787

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,827,475	\$0	\$0	\$0	\$0	\$0	\$0	\$872,526	\$3,954,949
MH/SA	6,918,206	0	6,904,890	0	0	0	0	5,380	7,936
Skilled Nursing Facility	194,291	0	0	0	0	0	0	27,696	166,594
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$11,939,971	\$0	\$6,904,890	\$0	\$0	\$0	\$0	\$905,603	\$4,129,479
Hospital Outpatient									
Emergency Hospital	\$4,197,889	\$0	\$0	\$18,301	\$0	\$0	\$0	\$0	\$4,179,587
Misc Outpatient	5,129,883	0	167,158	113,893	0	0	0	0	4,848,832
	\$9,327,771	\$0	\$167,158	\$132,194	\$0	\$0	\$0	\$0	\$9,028,419
Professional									
Inpatient Surgery	\$266,739	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$266,739
Outpatient Surgery	1,428,555	0	0	0	0	0	0	0	1,428,555
Hospital Visits	329,188	0	20,850	0	0	0	0	0	308,338
Office Visits	6,468,861	0	0	0	464	(48,530)	0	0	6,419,867
Urgent Care	971,589	0	0	0	0	0	0	0	971,589
Injections & Immunizations	964,760	0	0	0	0	0	0	0	964,760
Other Physician	6,978,979	2	10,938	0	216	(928,543)	0	0	6,039,283
Radiology/Pathology	1,142,293	0	0	0	3	0	0	0	1,142,289
MH/SA	2,123,810	0	1,797,751	0	0	0	0	0	326,059
Maternity (delivery)	173	0	0	0	0	0	0	0	173
Maternity (non-delivery)	1,521	0	0	0	0	0	0	0	1,521
	\$20,676,466	\$2	\$1,829,538	\$0	\$683	(\$977,073)	\$0	\$0	\$17,869,173
Other Services									
Home Health	\$1,097,578	\$0	\$80,054	\$0	\$18,556	\$0	\$0	\$0	\$998,968
Ambulance	205,818	0	0	0	0	0	0	0	205,818
Prosthetics/DME	75,951	0	0	0	0	0	0	0	75,951
Vision/Hearing Aids	51,723	0	0	0	0	0	0	0	51,723
Dental	29,648	0	0	29,648	0	0	0	0	0
Unknown	154,724	0	0	0	0	(29)	0	0	154,695
	\$1,615,442	\$0	\$80,054	\$29,648	\$18,556	(\$29)	\$0	\$0	\$1,487,156
Total	\$43,559,651	\$2	\$8,981,640	\$161,842	\$19,240	(\$977,102)	\$0	\$905,603	\$32,514,227

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,281,683	\$0	\$3,898	\$0	\$0	\$0	\$0	\$486,530	\$2,791,255
MH/SA	7,522,290	0	7,510,637	0	0	0	0	5,225	6,428
Skilled Nursing Facility	40,305	0	1,525	0	0	0	3,058	4,167	31,557
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$10,844,278	\$0	\$7,516,059	\$0	\$0	\$0	\$3,058	\$495,921	\$2,829,240
Hospital Outpatient									
Emergency Hospital	\$1,708,064	\$0	\$0	\$6,040	\$0	\$0	\$0	\$0	\$1,702,025
Misc Outpatient	2,189,160	3	43,213	49,242	0	0	0	0	2,096,708
	\$3,897,225	\$3	\$43,213	\$55,282	\$0	\$0	\$0	\$0	\$3,798,733
Professional									
Inpatient Surgery	\$176,144	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$176,144
Outpatient Surgery	597,502	0	0	0	0	0	0	0	597,502
Hospital Visits	200,128	0	8,326	0	0	0	0	0	191,802
Office Visits	1,735,271	0	0	0	8,109	(8,931)	0	0	1,718,231
Urgent Care	428,131	0	0	0	0	0	0	0	428,131
Injections & Immunizations	328,960	0	0	0	15	0	0	0	328,945
Other Physician	1,947,443	0	4,268	0	3	(227,647)	0	0	1,715,526
Radiology/Pathology	763,765	0	0	0	68	0	0	0	763,697
MH/SA	876,140	0	743,043	0	0	0	0	0	133,097
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$7,053,484	\$0	\$755,637	\$0	\$8,195	(\$236,578)	\$0	\$0	\$6,053,075
Other Services									
Home Health	\$513,072	\$15	\$23,133	\$0	\$3,377	\$0	\$0	\$0	\$486,577
Ambulance	172,694	0	0	0	0	0	0	0	172,694
Prosthetics/DME	25,398	0	0	0	0	0	0	0	25,398
Vision/Hearing Aids	7,414	0	0	0	0	0	0	0	7,414
Dental	9,363	0	0	9,363	0	0	0	0	0
Unknown	26,814	0	348	0	0	(13)	0	0	26,453
	\$754,755	\$15	\$23,481	\$9,363	\$3,377	(\$13)	\$0	\$0	\$718,536
Total	\$22,549,741	\$18	\$8,338,389	\$64,645	\$11,572	(\$236,591)	\$3,058	\$495,921	\$13,399,584

Appendix B1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,456,234	\$0	\$6,343	\$0	\$0	\$0	\$0	\$477,699	\$2,972,191
MH/SA	7,719,778	0	7,653,638	0	0	0	0	5,690	60,450
Skilled Nursing Facility	12,310	0	0	0	0	0	0	0	12,310
Maternity	345,000	0	0	0	0	0	0	28,888	316,111
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$11,533,321	\$0	\$7,659,981	\$0	\$0	\$0	\$0	\$512,278	\$3,361,062
Hospital Outpatient									
Emergency Hospital	\$2,513,947	\$0	\$0	\$2,790	\$0	\$0	\$0	\$0	\$2,511,157
Misc Outpatient	3,956,696	6	25,365	41,801	0	0	0	0	3,889,536
	\$6,470,643	\$6	\$25,365	\$44,591	\$0	\$0	\$0	\$0	\$6,400,693
Professional									
Inpatient Surgery	\$167,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$167,727
Outpatient Surgery	658,929	0	0	0	0	0	0	0	658,929
Hospital Visits	297,782	0	13,673	0	0	0	0	0	284,109
Office Visits	3,208,740	16	0	0	28,974	(9,979)	0	0	3,169,803
Urgent Care	777,035	0	0	0	0	0	0	0	777,035
Injections & Immunizations	288,994	2	0	0	145	0	0	0	288,851
Other Physician	2,617,438	19	5,753	0	146	(388,804)	0	0	2,222,754
Radiology/Pathology	1,932,336	10	0	0	1,278	0	0	0	1,931,067
MH/SA	819,464	0	647,559	0	0	0	0	0	171,905
Maternity (delivery)	11,849	0	0	0	0	0	0	0	11,849
Maternity (non-delivery)	102,875	0	0	0	0	0	0	0	102,875
	\$10,883,168	\$47	\$666,985	\$0	\$30,544	(\$398,783)	\$0	\$0	\$9,786,903
Other Services									
Home Health	\$448,976	\$18	\$24,866	\$0	\$2,651	\$0	\$0	\$0	\$421,478
Ambulance	254,195	0	0	0	0	0	0	0	254,195
Prosthetics/DME	26,256	0	0	0	16	0	0	0	26,240
Vision/Hearing Aids	12,320	0	0	0	0	0	0	0	12,320
Dental	13,375	0	0	13,375	0	0	0	0	0
Unknown	27,737	2	116	0	5	0	0	0	27,618
	\$782,859	\$20	\$24,982	\$13,375	\$2,672	\$0	\$0	\$0	\$741,850
Total	\$29,669,991	\$73	\$8,377,313	\$57,966	\$33,216	(\$398,783)	\$0	\$512,278	\$20,290,509

Appendix B1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$5,279,621	\$6,125	\$0	\$0	\$0	\$0	\$0	\$571,145	\$4,714,601
MH/SA	506,115	750	504,031	0	0	0	0	0	2,834
Skilled Nursing Facility	202,772	400	29,614	0	0	0	0	9,729	163,828
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$5,988,507	\$7,275	\$533,645	\$0	\$0	\$0	\$0	\$580,873	\$4,881,263
Hospital Outpatient									
Emergency Hospital	\$1,166,604	\$0	\$0	\$2,449	\$0	\$0	\$0	\$0	\$1,164,155
Misc Outpatient	1,879,738	9,762	6,573	12,980	0	0	0	0	1,869,946
	\$3,046,342	\$9,762	\$6,573	\$15,429	\$0	\$0	\$0	\$0	\$3,034,101
Professional									
Inpatient Surgery	\$274,967	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$274,967
Outpatient Surgery	551,212	1,842	0	0	0	0	0	0	553,054
Hospital Visits	191,286	46	3,256	0	0	0	0	0	188,076
Office Visits	821,073	25,378	0	0	2,291	(106)	0	0	844,053
Urgent Care	353,466	2	0	0	0	0	0	0	353,468
Injections & Immunizations	157,720	2,362	0	0	0	0	0	0	160,082
Other Physician	636,242	13,420	708	0	0	(79,826)	0	0	569,128
Radiology/Pathology	677,941	6,724	0	0	56	0	0	0	684,608
MH/SA	88,175	186	73,803	0	0	0	0	0	14,557
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$3,752,080	\$49,960	\$77,767	\$0	\$2,348	(\$79,932)	\$0	\$0	\$3,641,994
Other Services									
Home Health	\$500,939	\$15,209	\$1,160	\$0	\$2,361	\$0	\$0	\$0	\$512,627
Ambulance	127,089	0	0	0	0	0	0	0	127,089
Prosthetics/DME	35,686	389	0	0	0	0	0	0	36,075
Vision/Hearing Aids	22	0	0	0	0	0	0	0	22
Dental	3,428	32	0	3,460	0	0	0	0	0
Unknown	64,778	605	0	0	0	0	0	0	65,383
	\$731,942	\$16,235	\$1,160	\$3,460	\$2,361	\$0	\$0	\$0	\$741,196
Total	\$13,518,871	\$83,232	\$619,145	\$18,890	\$4,709	(\$79,932)	\$0	\$580,873	\$12,298,554

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$20,955,659	\$33,350	\$1,970	\$0	\$0	\$0	\$0	\$1,790,777	\$19,196,261
MH/SA	1,353,379	2,750	1,247,100	0	0	0	0	10,569	98,460
Skilled Nursing Facility	391,221	650	72,684	0	0	0	0	29,781	289,405
Maternity	808,800	0	0	0	0	0	0	50,339	758,460
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$23,509,058	\$36,750	\$1,321,754	\$0	\$0	\$0	\$0	\$1,881,467	\$20,342,587
Hospital Outpatient									
Emergency Hospital	\$7,553,831	\$30	\$0	\$3,231	\$0	\$0	\$0	\$0	\$7,550,630
Misc Outpatient	13,625,454	72,696	70,150	44,097	0	0	0	0	13,583,903
	\$21,179,285	\$72,726	\$70,150	\$47,328	\$0	\$0	\$0	\$0	\$21,134,533
Professional									
Inpatient Surgery	\$1,317,639	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,317,639
Outpatient Surgery	3,135,962	10,226	0	0	0	0	0	0	3,146,188
Hospital Visits	830,155	442	22,348	0	0	0	0	0	808,249
Office Visits	6,788,238	175,386	0	0	61,213	(22)	0	0	6,902,389
Urgent Care	2,435,853	78	0	0	0	0	0	0	2,435,931
Injections & Immunizations	919,139	16,478	0	0	93	0	0	0	935,525
Other Physician	4,479,690	96,321	2,597	0	45	(747,083)	0	0	3,826,287
Radiology/Pathology	6,216,266	75,960	0	0	3,519	0	0	0	6,288,708
MH/SA	552,981	986	497,903	0	0	0	0	0	56,063
Maternity (delivery)	43,282	0	0	0	0	0	0	0	43,282
Maternity (non-delivery)	221,350	38	0	0	0	0	0	0	221,388
	\$26,940,556	\$375,915	\$522,848	\$0	\$64,870	(\$747,104)	\$0	\$0	\$25,981,649
Other Services									
Home Health	\$1,437,138	\$57,040	\$8,208	\$0	\$0	\$0	\$0	\$0	\$1,485,970
Ambulance	682,289	0	0	0	0	0	0	0	682,289
Prosthetics/DME	51,394	2,029	0	0	22	0	0	0	53,401
Vision/Hearing Aids	32	10	0	0	0	0	0	0	42
Dental	12,804	84	0	12,888	0	0	0	0	0
Unknown	133,282	3,322	135	0	5	(197)	0	0	136,267
	\$2,316,938	\$62,485	\$8,343	\$12,888	\$27	(\$197)	\$0	\$0	\$2,357,969
Total	\$73,945,837	\$547,876	\$1,923,094	\$60,216	\$64,897	(\$747,301)	\$0	\$1,881,467	\$69,816,738

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: TANF - Age 45+ , Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$7,889,611	\$8,950	\$0	\$0	\$0	\$0	\$0	\$667,257	\$7,231,304
MH/SA	206,632	450	201,999	0	0	0	0	854	4,229
Skilled Nursing Facility	138,696	375	32,345	0	0	0	0	0	106,726
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$8,234,939	\$9,775	\$234,345	\$0	\$0	\$0	\$0	\$668,111	\$7,342,259
Hospital Outpatient									
Emergency Hospital	\$868,005	\$0	\$0	\$1,950	\$0	\$0	\$0	\$0	\$866,055
Misc Outpatient	3,545,489	20,115	11,860	16,282	0	0	0	0	3,537,461
	\$4,413,494	\$20,115	\$11,860	\$18,232	\$0	\$0	\$0	\$0	\$4,403,517
Professional									
Inpatient Surgery	\$370,441	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$370,441
Outpatient Surgery	823,196	3,064	0	0	0	0	0	0	826,260
Hospital Visits	254,750	48	2,830	0	0	0	0	0	251,968
Office Visits	1,221,038	37,070	0	0	988	0	0	0	1,257,120
Urgent Care	288,758	18	0	0	0	0	0	0	288,776
Injections & Immunizations	327,931	3,838	0	0	0	0	0	0	331,769
Other Physician	1,418,397	23,275	578	0	364	(169,988)	0	0	1,270,742
Radiology/Pathology	1,214,375	13,006	0	0	62	0	0	0	1,227,319
MH/SA	92,400	116	86,317	0	0	0	0	0	6,199
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	166	0	0	0	0	0	0	0	166
	\$6,011,453	\$80,435	\$89,726	\$0	\$1,414	(\$169,988)	\$0	\$0	\$5,830,760
Other Services									
Home Health	\$673,380	\$36,657	\$986	\$0	\$0	\$0	\$0	\$0	\$709,051
Ambulance	127,111	0	0	0	0	0	0	0	127,111
Prosthetics/DME	33,871	549	0	0	0	0	0	0	34,420
Vision/Hearing Aids	0	2	0	0	0	0	0	0	2
Dental	1,330	8	0	1,338	0	0	0	0	0
Unknown	59,682	827	84	0	0	0	0	0	60,426
	\$895,375	\$38,043	\$1,070	\$1,338	\$0	\$0	\$0	\$0	\$931,010
Total	\$19,555,260	\$148,368	\$337,000	\$19,570	\$1,414	(\$169,988)	\$0	\$668,111	\$18,507,545

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$113,764,402	\$83,525	\$67,459	\$0	\$0	\$0	\$3,021,500	\$12,309,856	\$98,449,112
MH/SA	11,787,840	7,000	11,495,354	0	0	0	14,066	20,299	265,121
Skilled Nursing Facility	19,122,661	2,750	76,567	0	0	0	16,290,741	76,603	2,681,500
Maternity	209,027	0	0	0	0	0	2,870	28,420	177,736
Newborn	1,809,101	0	0	0	0	0	0	222,165	1,586,936
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$146,693,030	\$93,275	\$11,639,380	\$0	\$0	\$0	\$19,329,177	\$12,657,342	\$103,160,406
Hospital Outpatient									
Emergency Hospital	\$9,808,065	\$48	\$0	\$12,697	\$0	\$0	\$182,644	\$0	\$9,612,772
Misc Outpatient	33,451,666	146,649	404,381	200,637	0	0	371,741	0	32,621,556
	\$43,259,731	\$146,697	\$404,381	\$213,334	\$0	\$0	\$554,385	\$0	\$42,234,328
Professional									
Inpatient Surgery	\$3,576,928	\$4	\$0	\$0	\$0	\$0	\$45,134	\$0	\$3,531,797
Outpatient Surgery	5,204,616	13,354	0	0	0	0	82,363	0	5,135,607
Hospital Visits	6,693,412	1,298	118,684	0	0	0	181,551	0	6,394,474
Office Visits	10,096,194	208,566	0	0	15,968	(13,739)	174,778	0	10,100,274
Urgent Care	3,417,975	122	0	0	0	0	85,876	0	3,332,221
Injections & Immunizations	6,853,170	20,882	0	0	9	0	41,294	0	6,832,749
Other Physician	22,529,678	124,037	4,071	0	22,128	(1,274,228)	210,823	0	21,142,464
Radiology/Pathology	9,158,817	66,220	0	0	681	0	187,176	0	9,037,181
MH/SA	1,898,260	1,109	1,521,427	0	0	0	4,375	0	373,567
Maternity (delivery)	4,576	0	0	0	0	0	0	0	4,576
Maternity (non-delivery)	25,068	0	0	0	0	0	345	0	24,723
	\$69,458,692	\$435,592	\$1,644,182	\$0	\$38,785	(\$1,287,968)	\$1,013,715	\$0	\$65,909,634
Other Services									
Home Health	\$18,759,031	\$505,230	\$120,208	\$8	\$190,408	\$0	\$378,918	\$0	\$18,574,719
Ambulance	2,427,338	0	0	0	0	0	141,204	0	2,286,134
Prosthetics/DME	566,711	3,020	0	0	5	0	1,213	0	568,514
Vision/Hearing Aids	144,339	2	0	0	0	0	0	0	144,341
Dental	30,011	119	0	30,046	0	0	0	0	85
Unknown	685,139	4,155	232	0	0	(59)	6,958	0	682,046
	\$22,612,571	\$512,526	\$120,440	\$30,054	\$190,413	(\$59)	\$528,292	\$0	\$22,255,839
Total	\$282,024,023	\$1,188,090	\$13,808,383	\$243,387	\$229,199	(\$1,288,026)	\$21,425,569	\$12,657,342	\$233,560,207

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$2,241,578	\$0	\$0	\$0	\$0	\$0	\$0	\$196,902	\$2,044,677
MH/SA	73,800	0	73,800	0	0	0	0	0	0
Skilled Nursing Facility	2,496	0	0	0	0	0	0	0	2,496
Maternity	3,777,048	0	8,047	0	0	0	0	264,158	3,504,842
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$6,094,922	\$0	\$81,847	\$0	\$0	\$0	\$0	\$461,060	\$5,552,015
Hospital Outpatient									
Emergency Hospital	\$1,378,494	\$0	\$0	\$1,729	\$0	\$0	\$0	\$0	\$1,376,766
Misc Outpatient	9,894,186	0	6,785	5,975	0	0	0	0	9,881,426
	\$11,272,680	\$0	\$6,785	\$7,704	\$0	\$0	\$0	\$0	\$11,258,192
Professional									
Inpatient Surgery	\$369,300	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$369,300
Outpatient Surgery	473,213	0	0	0	0	0	0	0	473,213
Hospital Visits	815,706	0	4,295	0	0	0	0	0	811,412
Office Visits	6,077,940	0	0	0	7,059	0	0	0	6,070,880
Urgent Care	998,337	0	0	0	0	0	0	0	998,337
Injections & Immunizations	133,584	0	0	0	39	0	0	0	133,545
Other Physician	1,215,229	0	210	0	31	(273,906)	0	0	941,081
Radiology/Pathology	6,969,720	0	0	0	320	0	0	0	6,969,400
MH/SA	82,348	0	75,600	0	0	0	0	0	6,748
Maternity (delivery)	209,915	0	0	0	0	0	0	0	209,915
Maternity (non-delivery)	1,199,111	0	0	0	0	0	0	0	1,199,111
	\$18,544,403	\$0	\$80,105	\$0	\$7,450	(\$273,906)	\$0	\$0	\$18,182,942
Other Services									
Home Health	\$892,199	\$0	\$1,040	\$0	\$1,983	\$0	\$0	\$0	\$889,175
Ambulance	395,059	0	0	0	0	0	0	0	395,059
Prosthetics/DME	24,977	0	0	0	1	0	0	0	24,976
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	5,814	0	0	5,814	0	0	0	0	0
Unknown	20,718	0	0	0	0	(144)	0	0	20,574
	\$1,338,766	\$0	\$1,040	\$5,814	\$1,983	(\$144)	\$0	\$0	\$1,329,785
Total	\$37,250,772	\$0	\$169,777	\$13,517	\$9,434	(\$274,050)	\$0	\$461,060	\$36,322,934

Appendix B1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Allowed Amounts

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$6,683,795	\$65,128	\$1,068	\$0	\$0	\$0	\$141,268	\$2,432,289	\$4,174,298
MH/SA	394,115	3,150	395,575	0	0	0	0	49	1,640
Skilled Nursing Facility	28,803,821	325	13,720	0	0	0	28,063,573	670	726,183
Maternity	123,604	0	0	0	0	0	0	15,638	107,966
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$36,005,334	\$68,603	\$410,364	\$0	\$0	\$0	\$28,204,841	\$2,448,645	\$5,010,087
Hospital Outpatient									
Emergency Hospital	\$1,343,965	\$15	\$0	\$712	\$0	\$0	\$24,095	\$0	\$1,319,173
Misc Outpatient	4,013,596	123,561	55,561	16,261	0	0	54,718	0	4,010,616
	\$5,357,561	\$123,576	\$55,561	\$16,973	\$0	\$0	\$78,813	\$0	\$5,329,789
Professional									
Inpatient Surgery	\$327,107	\$0	\$0	\$0	\$0	\$0	\$4,261	\$0	\$322,846
Outpatient Surgery	818,176	9,622	0	0	0	0	12,605	0	815,194
Hospital Visits	263,200	1,162	7,109	0	0	0	8,264	0	248,988
Office Visits	1,415,850	164,976	0	0	28	0	27,914	0	1,552,884
Urgent Care	290,205	54	0	0	0	0	7,114	0	283,145
Injections & Immunizations	3,015,623	12,834	0	0	0	0	43,979	0	2,984,478
Other Physician	5,660,692	119,495	0	0	51	(244,998)	68,467	0	5,466,671
Radiology/Pathology	775,306	28,326	0	0	0	0	11,743	0	791,888
MH/SA	1,294,494	2,592	1,279,320	0	0	0	856	0	16,911
Maternity (delivery)	50,260	0	0	0	0	0	0	0	50,260
Maternity (non-delivery)	3,056	4	0	0	0	0	0	0	3,060
	\$13,913,969	\$339,065	\$1,286,429	\$0	\$80	(\$244,998)	\$185,203	\$0	\$12,536,324
Other Services									
Home Health	\$2,854,731	\$319,181	\$129,782	\$0	\$54,730	\$0	\$69,154	\$0	\$2,920,246
Ambulance	82,971	0	0	0	0	0	4,503	0	78,468
Prosthetics/DME	268,529	1,594	0	0	0	0	4,312	0	265,811
Vision/Hearing Aids	95	6	0	0	0	0	0	0	101
Dental	2,211	19	0	2,230	0	0	0	0	0
Unknown	241,318	3,933	696	0	0	(172)	1,296	0	243,087
	\$3,449,855	\$324,733	\$130,478	\$2,230	\$54,730	(\$172)	\$79,264	\$0	\$3,507,713
Total	\$58,726,718	\$855,977	\$1,882,832	\$19,203	\$54,810	(\$245,170)	\$28,548,122	\$2,448,645	\$26,383,913

Appendix B1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Allowed Amounts

Eligibility Category: KICK

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	44,992,041	0	0	0	0	0	3,355	2,407,081	42,581,605
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$44,992,041	\$0	\$0	\$0	\$0	\$0	\$3,355	\$2,407,081	\$42,581,605
Hospital Outpatient									
Emergency Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Outpatient	0	0	0	0	0	0	0	0	0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional									
Inpatient Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Surgery	0	0	0	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0	0	0	0
Maternity (delivery)	17,839,049	0	0	0	0	0	1,000	0	17,838,049
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$17,839,049	\$0	\$0	\$0	\$0	\$0	\$1,000	\$0	\$17,838,049
Other Services									
Home Health	\$650	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$650
Ambulance	0	0	0	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	14,978	0	0	0	0	0	0	0	14,978
	\$15,628	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,628
Total	\$62,846,718	\$0	\$0	\$0	\$0	\$0	\$4,355	\$2,407,081	\$60,435,282

Appendix B1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Allowed Amounts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$1,113,273	\$0	\$0	\$0	\$0	\$0	\$0	\$199,556	\$913,717
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	19,492,215	0	0	0	0	0	0	2,151,463	17,340,753
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$20,605,489	\$0	\$0	\$0	\$0	\$0	\$0	\$2,351,019	\$18,254,470
Hospital Outpatient									
Emergency Hospital	\$9,790	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,790
Misc Outpatient	36,019	0	0	0	0	0	0	0	36,019
	\$45,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,809
Professional									
Inpatient Surgery	\$92,402	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,402
Outpatient Surgery	2,560	0	0	0	0	0	0	0	2,560
Hospital Visits	4,305,249	0	0	0	0	0	0	0	4,305,249
Office Visits	83,877	0	0	0	0	(1,271)	0	0	82,607
Urgent Care	3,965	0	0	0	0	0	0	0	3,965
Injections & Immunizations	17,081	0	0	0	0	0	0	0	17,081
Other Physician	62,442	0	0	0	988	(2,931)	0	0	58,523
Radiology/Pathology	54,241	0	0	0	0	0	0	0	54,241
MH/SA	0	0	0	0	0	0	0	0	0
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$4,621,816	\$0	\$0	\$0	\$988	(\$4,202)	\$0	\$0	\$4,616,626
Other Services									
Home Health	\$58,949	\$0	\$0	\$0	\$3,224	\$0	\$0	\$0	\$55,725
Ambulance	58,514	0	0	0	0	0	0	0	58,514
Prosthetics/DME	192	0	0	0	0	0	0	0	192
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	15,707	0	0	0	0	0	0	0	15,707
	\$133,362	\$0	\$0	\$0	\$3,224	\$0	\$0	\$0	\$130,138
Total	\$25,406,476	\$0	\$0	\$0	\$4,212	(\$4,202)	\$0	\$2,351,019	\$23,047,043

Appendix B1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Allowed Amounts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$2,317,587	\$0	\$0	\$0	\$0	\$0	\$0	\$474,339	\$1,843,248
MH/SA	1,415	0	1,415	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	16,649,445	0	0	0	0	0	0	1,456,058	15,193,387
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$18,968,447	\$0	\$1,415	\$0	\$0	\$0	\$0	\$1,930,398	\$17,036,634
Hospital Outpatient									
Emergency Hospital	\$103,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,445
Misc Outpatient	198,048	0	0	0	0	0	0	0	198,048
	\$301,493	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$301,493
Professional									
Inpatient Surgery	\$189,438	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$189,438
Outpatient Surgery	20,594	0	0	0	0	0	0	0	20,594
Hospital Visits	3,012,472	0	0	0	0	0	0	0	3,012,472
Office Visits	468,692	0	0	0	0	(16,534)	0	0	452,158
Urgent Care	39,526	0	0	0	0	0	0	0	39,526
Injections & Immunizations	121,346	0	0	0	0	0	0	0	121,346
Other Physician	205,532	0	0	0	1,352	(45,609)	0	0	158,571
Radiology/Pathology	47,003	0	0	0	0	0	0	0	47,003
MH/SA	9,122	0	0	0	0	0	0	0	9,122
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$4,113,724	\$0	\$0	\$0	\$1,352	(\$62,143)	\$0	\$0	\$4,050,229
Other Services									
Home Health	\$202,082	\$0	\$0	\$0	\$3,692	\$0	\$0	\$0	\$198,390
Ambulance	116,418	0	0	0	0	0	0	0	116,418
Prosthetics/DME	2,206	0	0	0	0	0	0	0	2,206
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	8,011	0	0	0	0	0	0	0	8,011
	\$328,716	\$0	\$0	\$0	\$3,692	\$0	\$0	\$0	\$325,024
Total	\$23,712,379	\$0	\$1,415	\$0	\$5,044	(\$62,143)	\$0	\$1,930,398	\$21,713,380

Appendix B2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Service Counts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	5,801	0	0	0	0	5,801
MH/SA	3	3	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	86,863	0	0	0	0	86,863
Other Inpatient	0	0	0	0	0	0
	92,667	3	0	0	0	92,664
Hospital Outpatient						
Emergency Hospital	5,158	0	0	0	0	5,158
Misc Outpatient	16,147	2	0	0	0	16,145
	21,305	2	0	0	0	21,303
Professional						
Inpatient Surgery	8,865	0	0	0	0	8,865
Outpatient Surgery	2,999	0	0	0	0	2,999
Hospital Visits	98,536	0	0	0	0	98,536
Office Visits	72,396	0	0	0	0	72,396
Urgent Care	5,748	0	0	0	0	5,748
Injections & Immunizations	28,726	0	0	0	0	28,726
Other Physician	29,391	0	0	71	0	29,320
Radiology/Pathology	21,795	0	0	0	0	21,795
MH/SA	60	1	0	0	0	59
Maternity (delivery)	2	0	0	0	0	2
Maternity (non-delivery)	2	0	0	0	0	2
	268,520	1	0	71	0	268,448
Other Services						
Home Health	11,035	1	0	165	0	10,869
Ambulance	1,777	0	0	0	0	1,777
Prosthetics/DME	604	0	0	0	0	604
Vision/Hearing Aids	4	0	0	0	0	4
Dental	0	0	0	0	0	0
Unknown	853	0	0	0	0	853
	14,273	1	0	165	0	14,107
Total	396,765	7	0	236	0	396,522

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	6,534	0	0	0	0	6,534
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	320	0	0	0	0	320
Other Inpatient	0	0	0	0	0	0
	6,854	0	0	0	0	6,854
Hospital Outpatient						
Emergency Hospital	23,506	0	15	0	0	23,491
Misc Outpatient	26,217	63	1	0	0	26,153
	49,723	63	16	0	0	49,644
Professional						
Inpatient Surgery	1,831	0	0	0	0	1,831
Outpatient Surgery	10,418	0	0	0	0	10,418
Hospital Visits	12,044	0	0	0	0	12,044
Office Visits	155,815	0	0	0	0	155,815
Urgent Care	23,589	0	0	0	0	23,589
Injections & Immunizations	111,891	0	0	0	0	111,891
Other Physician	64,156	0	0	473	0	63,683
Radiology/Pathology	42,131	0	0	0	0	42,131
MH/SA	267	110	0	0	0	157
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	422,142	110	0	473	0	421,559
Other Services						
Home Health	21,216	320	0	595	0	20,301
Ambulance	1,880	0	0	0	0	1,880
Prosthetics/DME	3,027	0	0	0	0	3,027
Vision/Hearing Aids	148	0	0	0	0	148
Dental	81	0	12	0	0	69
Unknown	860	0	0	0	0	860
	27,212	320	12	595	0	26,285
Total	505,931	493	28	1,068	0	504,342

Appendix B2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	4,770	0	0	0	0	4,770
MH/SA	283	283	0	0	0	0
Skilled Nursing Facility	77	0	0	0	0	77
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	5,130	283	0	0	0	4,847
Hospital Outpatient						
Emergency Hospital	33,194	0	75	0	0	33,119
Misc Outpatient	30,106	1,128	483	0	0	28,495
	63,300	1,128	558	0	0	61,614
Professional						
Inpatient Surgery	1,536	0	0	0	0	1,536
Outpatient Surgery	21,170	0	0	0	0	21,170
Hospital Visits	6,291	23	0	0	0	6,268
Office Visits	185,323	0	0	1	0	185,322
Urgent Care	31,127	0	0	0	0	31,127
Injections & Immunizations	88,309	0	0	2	0	88,307
Other Physician	120,527	10	0	897	0	119,620
Radiology/Pathology	69,735	0	0	0	0	69,735
MH/SA	6,504	4,948	0	0	0	1,556
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	4	0	0	0	0	4
	530,526	4,981	0	900	0	524,645
Other Services						
Home Health	29,567	737	0	1,032	0	27,798
Ambulance	2,593	0	0	0	0	2,593
Prosthetics/DME	2,314	0	0	0	0	2,314
Vision/Hearing Aids	282	0	0	0	0	282
Dental	1,148	0	1,059	0	0	89
Unknown	848	0	0	0	0	848
	36,752	737	1,059	1,032	0	33,924
Total	635,708	7,129	1,617	1,932	0	625,030

Appendix B2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,213	0	0	0	0	2,213
MH/SA	15,672	15,655	0	0	0	17
Skilled Nursing Facility	144	0	0	0	0	144
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	18,029	15,655	0	0	0	2,374
Hospital Outpatient						
Emergency Hospital	17,667	0	15	0	0	17,652
Misc Outpatient	19,637	1,480	128	0	0	18,029
	37,304	1,480	143	0	0	35,681
Professional						
Inpatient Surgery	1,101	0	0	0	0	1,101
Outpatient Surgery	12,062	0	0	0	0	12,062
Hospital Visits	4,190	384	0	0	0	3,806
Office Visits	117,860	0	0	11	0	117,849
Urgent Care	16,753	0	0	0	0	16,753
Injections & Immunizations	71,049	0	0	0	0	71,049
Other Physician	100,343	55	0	13	0	100,275
Radiology/Pathology	66,022	0	0	1	0	66,021
MH/SA	23,687	19,585	0	0	0	4,102
Maternity (delivery)	2	0	0	0	0	2
Maternity (non-delivery)	9	0	0	0	0	9
	413,078	20,024	0	25	0	393,029
Other Services						
Home Health	12,143	935	0	182	0	11,026
Ambulance	1,815	0	0	0	0	1,815
Prosthetics/DME	1,784	0	0	0	0	1,784
Vision/Hearing Aids	388	0	0	0	0	388
Dental	169	0	169	0	0	0
Unknown	538	0	0	0	0	538
	16,837	935	169	182	0	15,551
Total	485,248	38,094	312	207	0	446,635

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,452	2	0	0	0	1,450
MH/SA	17,483	17,469	0	0	0	14
Skilled Nursing Facility	100	3	0	0	23	74
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	19,035	17,474	0	0	23	1,538
Hospital Outpatient						
Emergency Hospital	6,876	0	15	0	0	6,861
Misc Outpatient	6,586	309	43	0	0	6,234
	13,462	309	58	0	0	13,095
Professional						
Inpatient Surgery	688	0	0	0	0	688
Outpatient Surgery	4,652	0	0	0	0	4,652
Hospital Visits	2,665	147	0	0	0	2,518
Office Visits	30,527	0	0	174	0	30,353
Urgent Care	6,817	0	0	0	0	6,817
Injections & Immunizations	13,241	0	0	1	0	13,240
Other Physician	34,000	20	0	1	0	33,979
Radiology/Pathology	32,010	0	0	16	0	31,994
MH/SA	9,621	8,157	0	0	0	1,464
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	134,221	8,324	0	192	0	125,705
Other Services						
Home Health	4,428	174	0	29	0	4,225
Ambulance	1,535	0	0	0	0	1,535
Prosthetics/DME	516	0	0	0	0	516
Vision/Hearing Aids	49	0	0	0	0	49
Dental	46	0	46	0	0	0
Unknown	291	0	0	0	0	291
	6,865	174	46	29	0	6,616
Total	173,583	26,281	104	221	23	146,954

Appendix B2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,827	2	0	0	0	1,825
MH/SA	20,127	20,060	0	0	0	67
Skilled Nursing Facility	15	0	0	0	0	15
Maternity	340	0	0	0	0	340
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	22,309	20,062	0	0	0	2,247
Hospital Outpatient						
Emergency Hospital	11,041	0	6	0	0	11,035
Misc Outpatient	16,098	198	47	0	0	15,853
	27,139	198	53	0	0	26,888
Professional						
Inpatient Surgery	836	0	0	0	0	836
Outpatient Surgery	5,227	0	0	0	0	5,227
Hospital Visits	4,100	251	0	0	0	3,849
Office Visits	59,581	0	0	639	0	58,942
Urgent Care	11,798	0	0	0	0	11,798
Injections & Immunizations	20,103	0	0	19	0	20,084
Other Physician	48,753	29	0	6	0	48,718
Radiology/Pathology	89,232	0	0	322	0	88,910
MH/SA	8,580	6,847	0	0	0	1,733
Maternity (delivery)	128	0	0	0	0	128
Maternity (non-delivery)	1,892	0	0	0	0	1,892
	250,230	7,127	0	986	0	242,117
Other Services						
Home Health	4,667	271	0	33	0	4,363
Ambulance	2,592	0	0	0	0	2,592
Prosthetics/DME	2,426	0	0	12	0	2,414
Vision/Hearing Aids	65	0	0	0	0	65
Dental	68	0	68	0	0	0
Unknown	611	0	0	1	0	610
	10,429	271	68	46	0	10,044
Total	310,107	27,658	121	1,032	0	281,296

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,038	0	0	0	0	2,038
MH/SA	543	540	0	0	0	3
Skilled Nursing Facility	290	52	0	0	0	238
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	2,871	592	0	0	0	2,279
Hospital Outpatient						
Emergency Hospital	4,799	0	4	0	0	4,795
Misc Outpatient	4,239	59	10	0	0	4,170
	9,038	59	14	0	0	8,965
Professional						
Inpatient Surgery	970	0	0	0	0	970
Outpatient Surgery	3,866	0	0	0	0	3,866
Hospital Visits	2,673	57	0	0	0	2,616
Office Visits	13,776	0	0	49	0	13,727
Urgent Care	4,963	0	0	0	0	4,963
Injections & Immunizations	3,734	0	0	0	0	3,734
Other Physician	11,649	11	0	0	0	11,638
Radiology/Pathology	21,377	0	0	15	0	21,362
MH/SA	1,093	979	0	0	0	114
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	64,101	1,047	0	64	0	62,990
Other Services						
Home Health	3,877	7	0	27	0	3,843
Ambulance	1,205	0	0	0	0	1,205
Prosthetics/DME	359	0	0	0	0	359
Vision/Hearing Aids	1	0	0	0	0	1
Dental	19	0	19	0	0	0
Unknown	450	0	0	0	0	450
	5,911	7	19	27	0	5,858
Total	81,921	1,705	33	91	0	80,092

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	9,045	10	0	0	0	9,035
MH/SA	1,933	1,783	0	0	0	150
Skilled Nursing Facility	377	128	0	0	0	249
Maternity	814	0	0	0	0	814
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	12,169	1,921	0	0	0	10,248
Hospital Outpatient						
Emergency Hospital	31,976	0	11	0	0	31,965
Misc Outpatient	41,293	498	40	0	0	40,755
	73,269	498	51	0	0	72,720
Professional						
Inpatient Surgery	5,514	0	0	0	0	5,514
Outpatient Surgery	23,146	0	0	0	0	23,146
Hospital Visits	12,421	379	0	0	0	12,042
Office Visits	125,270	0	0	1,218	0	124,052
Urgent Care	34,061	0	0	0	0	34,061
Injections & Immunizations	34,261	0	0	17	0	34,244
Other Physician	80,702	37	0	4	0	80,661
Radiology/Pathology	246,812	0	0	886	0	245,926
MH/SA	6,810	6,288	0	0	0	522
Maternity (delivery)	461	0	0	0	0	461
Maternity (non-delivery)	4,043	0	0	0	0	4,043
	573,501	6,704	0	2,125	0	564,672
Other Services						
Home Health	16,944	106	0	0	0	16,838
Ambulance	7,047	0	0	0	0	7,047
Prosthetics/DME	4,246	0	0	18	0	4,228
Vision/Hearing Aids	5	0	0	0	0	5
Dental	69	0	69	0	0	0
Unknown	3,448	0	0	1	0	3,447
	31,759	106	69	19	0	31,565
Total	690,698	9,229	120	2,144	0	679,205

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	3,101	0	0	0	0	3,101
MH/SA	317	307	0	0	0	10
Skilled Nursing Facility	132	51	0	0	0	81
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	3,550	358	0	0	0	3,192
Hospital Outpatient						
Emergency Hospital	3,219	0	2	0	0	3,217
Misc Outpatient	8,204	63	11	0	0	8,130
	11,423	63	13	0	0	11,347
Professional						
Inpatient Surgery	1,356	0	0	0	0	1,356
Outpatient Surgery	5,750	0	0	0	0	5,750
Hospital Visits	3,682	49	0	0	0	3,633
Office Visits	21,057	0	0	21	0	21,036
Urgent Care	3,655	0	0	0	0	3,655
Injections & Immunizations	6,918	0	0	0	0	6,918
Other Physician	21,643	11	0	3	0	21,629
Radiology/Pathology	41,765	0	0	17	0	41,748
MH/SA	1,150	1,088	0	0	0	62
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	4	0	0	0	0	4
	106,980	1,148	0	41	0	105,791
Other Services						
Home Health	8,499	8	0	0	0	8,491
Ambulance	1,218	0	0	0	0	1,218
Prosthetics/DME	403	0	0	0	0	403
Vision/Hearing Aids	1	0	0	0	0	1
Dental	8	0	8	0	0	0
Unknown	935	0	0	0	0	935
	11,064	8	8	0	0	11,048
Total	133,017	1,577	21	41	0	131,378

Appendix B2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Service Counts

Eligibility Category: SSI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	60,224	120	0	0	2,119	57,985
MH/SA	25,627	25,081	0	0	15	531
Skilled Nursing Facility	120,684	115	0	0	112,345	8,224
Maternity	205	0	0	0	2	203
Newborn	1,870	0	0	0	0	1,870
Other Inpatient	0	0	0	0	0	0
	208,610	25,316	0	0	114,481	68,813
Hospital Outpatient						
Emergency Hospital	35,395	0	17	0	611	34,767
Misc Outpatient	83,964	2,515	263	0	1,319	79,867
	119,359	2,515	280	0	1,930	114,634
Professional						
Inpatient Surgery	14,684	0	0	0	252	14,432
Outpatient Surgery	37,071	0	0	0	683	36,388
Hospital Visits	84,125	2,087	0	0	2,916	79,122
Office Visits	175,391	0	0	324	2,679	172,388
Urgent Care	42,296	0	0	0	969	41,327
Injections & Immunizations	77,497	0	0	2	684	76,811
Other Physician	252,222	48	0	274	3,814	248,086
Radiology/Pathology	314,682	0	0	173	8,362	306,147
MH/SA	20,167	18,592	0	0	45	1,530
Maternity (delivery)	50	0	0	0	0	50
Maternity (non-delivery)	533	0	0	0	2	531
	1,018,718	20,727	0	773	20,406	976,812
Other Services						
Home Health	170,642	1,061	0	1,853	4,466	163,262
Ambulance	24,874	0	0	0	1,594	23,280
Prosthetics/DME	3,852	0	0	3	32	3,817
Vision/Hearing Aids	1,092	0	0	0	0	1,092
Dental	189	0	184	0	0	5
Unknown	10,560	0	0	0	109	10,451
	211,209	1,061	184	1,856	6,201	201,907
Total	1,557,896	49,619	464	2,629	143,018	1,362,166

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Eligibility Category: OCWI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,345	0	0	0	0	1,345
MH/SA	130	130	0	0	0	0
Skilled Nursing Facility	6	0	0	0	0	6
Maternity	3,920	0	0	0	0	3,920
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	5,401	130	0	0	0	5,271
Hospital Outpatient						
Emergency Hospital	6,183	0	3	0	0	6,180
Misc Outpatient	51,433	50	5	0	0	51,378
	57,616	50	8	0	0	57,558
Professional						
Inpatient Surgery	3,465	0	0	0	0	3,465
Outpatient Surgery	4,684	0	0	0	0	4,684
Hospital Visits	13,161	71	0	0	0	13,090
Office Visits	125,498	0	0	151	0	125,347
Urgent Care	14,478	0	0	0	0	14,478
Injections & Immunizations	5,634	0	0	10	0	5,624
Other Physician	34,071	3	0	2	0	34,066
Radiology/Pathology	302,850	0	0	78	0	302,772
MH/SA	890	826	0	0	0	64
Maternity (delivery)	2,263	0	0	0	0	2,263
Maternity (non-delivery)	21,054	0	0	0	0	21,054
	528,048	900	0	241	0	526,907
Other Services						
Home Health	10,228	14	0	17	0	10,197
Ambulance	4,021	0	0	0	0	4,021
Prosthetics/DME	4,506	0	0	1	0	4,505
Vision/Hearing Aids	1	0	0	0	0	1
Dental	31	0	31	0	0	0
Unknown	1,312	0	0	0	0	1,312
	20,099	14	31	18	0	20,036
Total	611,164	1,094	39	259	0	609,772

Appendix B2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Service Counts

Eligibility Category: DUAL

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	31,885	2	0	0	969	30,914
MH/SA	2,816	2,808	0	0	0	8
Skilled Nursing Facility	236,285	87	0	0	230,385	5,813
Maternity	513	0	0	0	0	513
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	271,499	2,897	0	0	231,354	37,248
Hospital Outpatient						
Emergency Hospital	28,242	0	10	0	510	27,722
Misc Outpatient	51,008	603	59	0	791	49,555
	79,250	603	69	0	1,301	77,277
Professional						
Inpatient Surgery	10,048	0	0	0	152	9,896
Outpatient Surgery	27,969	0	0	0	393	27,576
Hospital Visits	39,428	1,724	0	0	1,360	36,344
Office Visits	91,748	0	0	2	1,461	90,285
Urgent Care	21,015	0	0	0	535	20,480
Injections & Immunizations	76,933	0	0	0	671	76,262
Other Physician	174,121	0	0	2	2,027	172,092
Radiology/Pathology	102,933	0	0	1	1,841	101,091
MH/SA	22,590	21,577	0	0	40	973
Maternity (delivery)	137	0	0	0	0	137
Maternity (non-delivery)	340	0	0	0	0	340
	567,262	23,301	0	5	8,480	535,476
Other Services						
Home Health	108,484	1,183	0	552	2,785	103,964
Ambulance	1,441	0	0	0	77	1,364
Prosthetics/DME	3,455	0	0	0	65	3,390
Vision/Hearing Aids	6	0	0	0	0	6
Dental	19	0	19	0	0	0
Unknown	11,794	0	0	0	123	11,671
	125,199	1,183	19	552	3,050	120,395
Total	1,043,210	27,984	88	557	244,185	770,396

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Eligibility Category: KICK

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	31,269	0	0	0	2	31,267
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	31,269	0	0	0	2	31,267
Hospital Outpatient						
Emergency Hospital	0	0	0	0	0	0
Misc Outpatient	0	0	0	0	0	0
	0	0	0	0	0	0
Professional						
Inpatient Surgery	0	0	0	0	0	0
Outpatient Surgery	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0
Maternity (delivery)	27,158	0	0	0	1	27,157
Maternity (non-delivery)	0	0	0	0	0	0
	27,158	0	0	0	1	27,157
Other Services						
Home Health	1	0	0	0	0	1
Ambulance	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
	1	0	0	0	0	1
Total	58,428	0	0	0	3	58,425

Appendix B2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Service Counts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	713	0	0	0	0	713
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	18,048	0	0	0	0	18,048
Other Inpatient	0	0	0	0	0	0
	18,761	0	0	0	0	18,761
Hospital Outpatient						
Emergency Hospital	47	0	0	0	0	47
Misc Outpatient	231	0	0	0	0	231
	278	0	0	0	0	278
Professional						
Inpatient Surgery	573	0	0	0	0	573
Outpatient Surgery	14	0	0	0	0	14
Hospital Visits	16,735	0	0	0	0	16,735
Office Visits	1,026	0	0	0	0	1,026
Urgent Care	86	0	0	0	0	86
Injections & Immunizations	268	0	0	0	0	268
Other Physician	1,972	0	0	10	0	1,962
Radiology/Pathology	4,648	0	0	0	0	4,648
MH/SA	0	0	0	0	0	0
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	25,322	0	0	10	0	25,312
Other Services						
Home Health	424	0	0	33	0	391
Ambulance	207	0	0	0	0	207
Prosthetics/DME	4	0	0	0	0	4
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	101	0	0	0	0	101
	736	0	0	33	0	703
Total	45,097	0	0	43	0	45,054

Appendix B2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Service Counts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,302	0	0	0	0	1,302
MH/SA	3	3	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	18,807	0	0	0	0	18,807
Other Inpatient	0	0	0	0	0	0
	20,112	3	0	0	0	20,109
Hospital Outpatient						
Emergency Hospital	522	0	0	0	0	522
Misc Outpatient	1,723	0	0	0	0	1,723
	2,245	0	0	0	0	2,245
Professional						
Inpatient Surgery	1,031	0	0	0	0	1,031
Outpatient Surgery	240	0	0	0	0	240
Hospital Visits	19,673	0	0	0	0	19,673
Office Visits	7,023	0	0	0	0	7,023
Urgent Care	672	0	0	0	0	672
Injections & Immunizations	2,630	0	0	0	0	2,630
Other Physician	3,293	0	0	17	0	3,276
Radiology/Pathology	3,521	0	0	0	0	3,521
MH/SA	11	0	0	0	0	11
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	38,094	0	0	17	0	38,077
Other Services						
Home Health	1,501	0	0	33	0	1,468
Ambulance	498	0	0	0	0	498
Prosthetics/DME	48	0	0	0	0	48
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	118	0	0	0	0	118
	2,165	0	0	33	0	2,132
Total	62,616	3	0	50	0	62,563

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Allowed Amounts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$10,373,845	\$0	\$0	\$0	\$0	\$0	\$0	\$2,081,509	\$8,292,336
MH/SA	1,415	0	1,415	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	60,986,145	0	0	0	0	0	0	5,641,491	55,344,654
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$71,361,405	\$0	\$1,415	\$0	\$0	\$0	\$0	\$7,723,000	\$63,636,991
Hospital Outpatient									
Emergency Hospital	\$969,455	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$969,455
Misc Outpatient	1,543,704	0	174	0	0	0	0	0	1,543,530
	\$2,513,159	\$0	\$174	\$0	\$0	\$0	\$0	\$0	\$2,512,985
Professional									
Inpatient Surgery	\$1,177,519	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,177,519
Outpatient Surgery	247,022	0	0	0	0	0	0	0	247,022
Hospital Visits	12,458,439	0	0	0	0	0	0	0	12,458,439
Office Visits	4,678,477	2	0	0	0	(184,714)	0	0	4,493,765
Urgent Care	342,506	0	0	0	0	0	0	0	342,506
Injections & Immunizations	549,318	0	0	0	0	0	0	0	549,318
Other Physician	1,771,485	0	0	0	6,122	(472,975)	0	0	1,292,388
Radiology/Pathology	292,304	0	0	0	0	0	0	0	292,304
MH/SA	44,332	0	58	0	0	0	0	0	44,274
Maternity (delivery)	167	0	0	0	0	0	0	0	167
Maternity (non-delivery)	636	0	0	0	0	0	0	0	636
	\$21,562,206	\$2	\$58	\$0	\$6,122	(\$657,689)	\$0	\$0	\$20,898,339
Other Services									
Home Health	\$1,342,670	\$0	\$348	\$0	\$18,269	\$0	\$0	\$0	\$1,324,053
Ambulance	402,110	0	0	0	0	0	0	0	402,110
Prosthetics/DME	28,308	0	0	0	0	0	0	0	28,308
Vision/Hearing Aids	158	0	0	0	0	0	0	0	158
Dental	0	0	0	0	0	0	0	0	0
Unknown	45,235	0	0	0	0	0	0	0	45,235
	\$1,818,481	\$0	\$348	\$0	\$18,269	\$0	\$0	\$0	\$1,799,864
Total	\$97,255,250	\$2	\$1,994	\$0	\$24,391	(\$657,689)	\$0	\$7,723,000	\$88,848,178

Appendix B3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services
Allowed Amounts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$11,792,209	\$0	\$0	\$0	\$0	\$0	\$0	\$2,598,929	\$9,193,280
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	315,019	0	0	0	0	0	0	37,652	277,366
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$12,107,227	\$0	\$0	\$0	\$0	\$0	\$0	\$2,636,581	\$9,470,646
Hospital Outpatient									
Emergency Hospital	\$5,040,245	\$0	\$0	\$5,361	\$0	\$0	\$0	\$0	\$5,034,884
Misc Outpatient	5,374,527	0	18,776	1,003	0	0	0	0	5,354,748
	\$10,414,772	\$0	\$18,776	\$6,364	\$0	\$0	\$0	\$0	\$10,389,632
Professional									
Inpatient Surgery	\$499,360	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$499,360
Outpatient Surgery	1,179,670	0	0	0	0	0	0	0	1,179,670
Hospital Visits	1,850,639	0	0	0	0	0	0	0	1,850,639
Office Visits	9,685,474	0	0	0	0	(391,153)	0	0	9,294,322
Urgent Care	1,372,243	0	0	0	0	0	0	0	1,372,243
Injections & Immunizations	2,561,952	0	0	0	0	0	0	0	2,561,952
Other Physician	3,995,642	0	0	0	45,294	(1,062,230)	0	0	2,888,118
Radiology/Pathology	527,387	0	0	0	0	0	0	0	527,387
MH/SA	73,847	0	7,393	0	0	0	0	0	66,454
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$21,746,214	\$0	\$7,393	\$0	\$45,294	(\$1,453,383)	\$0	\$0	\$20,240,144
Other Services									
Home Health	\$2,183,097	\$0	\$21,831	\$0	\$70,620	\$0	\$0	\$0	\$2,090,646
Ambulance	237,300	0	0	0	0	0	0	0	237,300
Prosthetics/DME	295,459	0	0	0	0	0	0	0	295,459
Vision/Hearing Aids	21,837	0	0	0	0	0	0	0	21,837
Dental	3,365	0	0	2,230	0	0	0	0	1,135
Unknown	17,029	0	0	0	0	0	0	0	17,029
	\$2,758,088	\$0	\$21,831	\$2,230	\$70,620	\$0	\$0	\$0	\$2,663,407
Total	\$47,026,301	\$0	\$47,999	\$8,595	\$115,914	(\$1,453,383)	\$0	\$2,636,581	\$42,763,829

Appendix B3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services
Allowed Amounts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$8,427,997	\$0	\$0	\$0	\$0	\$0	\$0	\$1,455,281	\$6,972,716
MH/SA	130,376	0	130,376	0	0	0	0	0	0
Skilled Nursing Facility	55,733	0	0	0	0	0	0	7,300	48,433
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$8,614,106	\$0	\$130,376	\$0	\$0	\$0	\$0	\$1,462,581	\$7,021,149
Hospital Outpatient									
Emergency Hospital	\$7,643,667	\$0	\$0	\$47,868	\$0	\$0	\$0	\$0	\$7,595,798
Misc Outpatient	7,946,211	0	182,629	293,384	0	0	0	0	7,470,199
	\$15,589,878	\$0	\$182,629	\$341,252	\$0	\$0	\$0	\$0	\$15,065,997
Professional									
Inpatient Surgery	\$300,115	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$300,115
Outpatient Surgery	2,402,967	0	0	0	0	0	0	0	2,402,967
Hospital Visits	573,418	0	1,256	0	0	0	0	0	572,163
Office Visits	10,577,982	0	0	0	16	(189,600)	0	0	10,388,366
Urgent Care	1,768,423	0	0	0	0	0	0	0	1,768,423
Injections & Immunizations	1,083,472	0	0	0	39	0	0	0	1,083,433
Other Physician	8,586,536	0	1,567	0	92,311	(1,461,997)	0	0	7,030,660
Radiology/Pathology	1,029,058	0	0	0	0	0	0	0	1,029,058
MH/SA	656,975	0	458,210	0	0	0	0	0	198,764
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	130	0	0	0	0	0	0	0	130
	\$26,979,076	\$0	\$461,033	\$0	\$92,366	(\$1,651,597)	\$0	\$0	\$24,774,080
Other Services									
Home Health	\$2,627,858	\$0	\$53,237	\$0	\$122,268	\$0	\$0	\$0	\$2,452,353
Ambulance	308,282	0	0	0	0	0	0	0	308,282
Prosthetics/DME	120,569	0	0	0	0	0	0	0	120,569
Vision/Hearing Aids	30,548	0	0	0	0	0	0	0	30,548
Dental	207,795	0	0	206,302	0	0	0	0	1,493
Unknown	162,045	0	358	0	0	(372)	0	0	161,315
	\$3,457,097	\$0	\$53,594	\$206,302	\$122,268	(\$372)	\$0	\$0	\$3,074,561
Total	\$54,640,157	\$0	\$827,632	\$547,554	\$214,634	(\$1,651,969)	\$0	\$1,462,581	\$49,935,787

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$4,827,475	\$0	\$0	\$0	\$0	\$0	\$0	\$872,526	\$3,954,949
MH/SA	6,918,206	0	6,904,890	0	0	0	0	5,380	7,936
Skilled Nursing Facility	194,291	0	0	0	0	0	0	27,696	166,594
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$11,939,971	\$0	\$6,904,890	\$0	\$0	\$0	\$0	\$905,603	\$4,129,479
Hospital Outpatient									
Emergency Hospital	\$4,197,964	\$0	\$0	\$18,301	\$0	\$0	\$0	\$0	\$4,179,663
Misc Outpatient	5,134,145	0	167,382	113,893	0	0	0	0	4,852,870
	\$9,332,109	\$0	\$167,382	\$132,194	\$0	\$0	\$0	\$0	\$9,032,533
Professional									
Inpatient Surgery	\$267,206	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$267,206
Outpatient Surgery	1,428,871	0	0	0	0	0	0	0	1,428,871
Hospital Visits	329,188	0	20,850	0	0	0	0	0	308,338
Office Visits	6,482,903	0	0	0	581	(48,530)	0	0	6,433,792
Urgent Care	971,636	0	0	0	0	0	0	0	971,636
Injections & Immunizations	968,924	0	0	0	0	0	0	0	968,924
Other Physician	6,982,144	2	10,938	0	216	(929,548)	0	0	6,041,444
Radiology/Pathology	1,143,497	0	0	0	3	0	0	0	1,143,494
MH/SA	2,123,810	0	1,797,751	0	0	0	0	0	326,059
Maternity (delivery)	173	0	0	0	0	0	0	0	173
Maternity (non-delivery)	1,521	0	0	0	0	0	0	0	1,521
	\$20,699,871	\$2	\$1,829,538	\$0	\$800	(\$978,077)	\$0	\$0	\$17,891,457
Other Services									
Home Health	\$1,098,648	\$0	\$80,054	\$0	\$19,236	\$0	\$0	\$0	\$999,358
Ambulance	205,818	0	0	0	0	0	0	0	205,818
Prosthetics/DME	75,976	0	0	0	0	0	0	0	75,976
Vision/Hearing Aids	51,723	0	0	0	0	0	0	0	51,723
Dental	29,648	0	0	29,648	0	0	0	0	0
Unknown	154,756	0	0	0	0	(29)	0	0	154,727
	\$1,616,569	\$0	\$80,054	\$29,648	\$19,236	(\$29)	\$0	\$0	\$1,487,603
Total	\$43,588,521	\$2	\$8,981,864	\$161,842	\$20,037	(\$978,106)	\$0	\$905,603	\$32,541,072

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,281,683	\$0	\$3,898	\$0	\$0	\$0	\$0	\$486,530	\$2,791,255
MH/SA	7,522,290	0	7,510,637	0	0	0	0	5,225	6,428
Skilled Nursing Facility	40,305	0	1,525	0	0	0	3,058	4,167	31,557
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$10,844,278	\$0	\$7,516,059	\$0	\$0	\$0	\$3,058	\$495,921	\$2,829,240
Hospital Outpatient									
Emergency Hospital	\$1,708,064	\$0	\$0	\$6,040	\$0	\$0	\$0	\$0	\$1,702,025
Misc Outpatient	2,189,160	3	43,213	49,242	0	0	0	0	2,096,708
	\$3,897,225	\$3	\$43,213	\$55,282	\$0	\$0	\$0	\$0	\$3,798,733
Professional									
Inpatient Surgery	\$176,144	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$176,144
Outpatient Surgery	597,502	0	0	0	0	0	0	0	597,502
Hospital Visits	200,128	0	8,326	0	0	0	0	0	191,802
Office Visits	1,739,241	0	0	0	8,304	(8,931)	0	0	1,722,007
Urgent Care	428,131	0	0	0	0	0	0	0	428,131
Injections & Immunizations	329,080	0	0	0	15	0	0	0	329,064
Other Physician	1,948,383	0	4,268	0	3	(228,226)	0	0	1,715,886
Radiology/Pathology	763,868	0	0	0	68	0	0	0	763,800
MH/SA	876,140	0	743,043	0	0	0	0	0	133,097
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$7,058,617	\$0	\$755,637	\$0	\$8,390	(\$237,157)	\$0	\$0	\$6,057,434
Other Services									
Home Health	\$513,267	\$15	\$23,133	\$0	\$3,377	\$0	\$0	\$0	\$486,772
Ambulance	172,694	0	0	0	0	0	0	0	172,694
Prosthetics/DME	25,398	0	0	0	0	0	0	0	25,398
Vision/Hearing Aids	7,414	0	0	0	0	0	0	0	7,414
Dental	9,363	0	0	9,363	0	0	0	0	0
Unknown	26,814	0	348	0	0	(13)	0	0	26,453
	\$754,950	\$15	\$23,481	\$9,363	\$3,377	(\$13)	\$0	\$0	\$718,731
Total	\$22,555,069	\$18	\$8,338,389	\$64,645	\$11,767	(\$237,170)	\$3,058	\$495,921	\$13,404,137

Appendix B3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services
Allowed Amounts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$3,456,234	\$0	\$6,343	\$0	\$0	\$0	\$0	\$477,699	\$2,972,191
MH/SA	7,719,778	0	7,653,638	0	0	0	0	5,690	60,450
Skilled Nursing Facility	12,310	0	0	0	0	0	0	0	12,310
Maternity	345,000	0	0	0	0	0	0	28,888	316,111
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$11,533,321	\$0	\$7,659,981	\$0	\$0	\$0	\$0	\$512,278	\$3,361,062
Hospital Outpatient									
Emergency Hospital	\$2,515,363	\$0	\$0	\$2,790	\$0	\$0	\$0	\$0	\$2,512,573
Misc Outpatient	4,065,532	6	25,930	41,801	0	0	0	0	3,997,807
	\$6,580,895	\$6	\$25,930	\$44,591	\$0	\$0	\$0	\$0	\$6,510,380
Professional									
Inpatient Surgery	\$168,895	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$168,895
Outpatient Surgery	679,744	0	0	0	0	0	0	0	679,744
Hospital Visits	297,782	0	13,673	0	0	0	0	0	284,109
Office Visits	3,452,327	16	0	0	29,708	(9,979)	0	0	3,412,656
Urgent Care	777,084	0	0	0	0	0	0	0	777,084
Injections & Immunizations	429,786	2	0	0	154	0	0	0	429,635
Other Physician	2,722,671	19	5,753	0	146	(417,312)	0	0	2,299,478
Radiology/Pathology	1,983,489	10	0	0	1,300	0	0	0	1,982,200
MH/SA	819,464	0	647,559	0	0	0	0	0	171,905
Maternity (delivery)	11,849	0	0	0	0	0	0	0	11,849
Maternity (non-delivery)	104,400	0	0	0	0	0	0	0	104,400
	\$11,447,492	\$47	\$666,985	\$0	\$31,308	(\$427,291)	\$0	\$0	\$10,321,955
Other Services									
Home Health	\$449,173	\$18	\$24,866	\$0	\$2,731	\$0	\$0	\$0	\$421,595
Ambulance	254,195	0	0	0	0	0	0	0	254,195
Prosthetics/DME	28,292	0	0	0	16	0	0	0	28,276
Vision/Hearing Aids	12,320	0	0	0	0	0	0	0	12,320
Dental	13,375	0	0	13,375	0	0	0	0	0
Unknown	28,884	2	116	0	5	0	0	0	28,765
	\$786,239	\$20	\$24,982	\$13,375	\$2,752	\$0	\$0	\$0	\$745,151
Total	\$30,347,948	\$73	\$8,377,878	\$57,966	\$34,059	(\$427,291)	\$0	\$512,278	\$20,938,548

Appendix B3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$5,279,621	\$6,125	\$0	\$0	\$0	\$0	\$0	\$571,145	\$4,714,601
MH/SA	506,115	750	504,031	0	0	0	0	0	2,834
Skilled Nursing Facility	202,772	400	29,614	0	0	0	0	9,729	163,828
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$5,988,507	\$7,275	\$533,645	\$0	\$0	\$0	\$0	\$580,873	\$4,881,263
Hospital Outpatient									
Emergency Hospital	\$1,166,887	\$0	\$0	\$2,449	\$0	\$0	\$0	\$0	\$1,164,438
Misc Outpatient	1,883,724	9,762	6,656	12,980	0	0	0	0	1,873,849
	\$3,050,611	\$9,762	\$6,656	\$15,429	\$0	\$0	\$0	\$0	\$3,038,287
Professional									
Inpatient Surgery	\$274,967	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$274,967
Outpatient Surgery	557,631	1,842	0	0	0	0	0	0	559,473
Hospital Visits	191,286	46	3,256	0	0	0	0	0	188,076
Office Visits	823,008	25,378	0	0	2,320	(106)	0	0	845,961
Urgent Care	353,466	2	0	0	0	0	0	0	353,468
Injections & Immunizations	157,720	2,362	0	0	0	0	0	0	160,082
Other Physician	636,242	13,420	708	0	0	(79,826)	0	0	569,128
Radiology/Pathology	678,181	6,724	0	0	56	0	0	0	684,848
MH/SA	88,175	186	73,803	0	0	0	0	0	14,557
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$3,760,675	\$49,960	\$77,767	\$0	\$2,376	(\$79,932)	\$0	\$0	\$3,650,561
Other Services									
Home Health	\$500,939	\$15,209	\$1,160	\$0	\$2,361	\$0	\$0	\$0	\$512,627
Ambulance	127,089	0	0	0	0	0	0	0	127,089
Prosthetics/DME	35,911	389	0	0	0	0	0	0	36,300
Vision/Hearing Aids	22	0	0	0	0	0	0	0	22
Dental	3,428	32	0	3,460	0	0	0	0	0
Unknown	64,778	605	0	0	0	0	0	0	65,383
	\$732,167	\$16,235	\$1,160	\$3,460	\$2,361	\$0	\$0	\$0	\$741,421
Total	\$13,531,960	\$83,232	\$619,229	\$18,890	\$4,737	(\$79,932)	\$0	\$580,873	\$12,311,532

Appendix B3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services
Allowed Amounts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$20,955,659	\$33,350	\$1,970	\$0	\$0	\$0	\$0	\$1,790,777	\$19,196,261
MH/SA	1,353,379	2,750	1,247,100	0	0	0	0	10,569	98,460
Skilled Nursing Facility	391,221	650	72,684	0	0	0	0	29,781	289,405
Maternity	808,800	0	0	0	0	0	0	50,339	758,460
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$23,509,058	\$36,750	\$1,321,754	\$0	\$0	\$0	\$0	\$1,881,467	\$20,342,587
Hospital Outpatient									
Emergency Hospital	\$7,561,174	\$30	\$0	\$3,231	\$0	\$0	\$0	\$0	\$7,557,973
Misc Outpatient	14,182,647	72,696	70,785	44,097	0	0	0	0	14,140,461
	\$21,743,821	\$72,726	\$70,785	\$47,328	\$0	\$0	\$0	\$0	\$21,698,434
Professional									
Inpatient Surgery	\$1,370,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,370,100
Outpatient Surgery	3,301,237	10,270	0	0	0	0	0	0	3,311,507
Hospital Visits	830,351	442	22,348	0	0	0	0	0	808,445
Office Visits	7,133,803	175,386	0	0	62,499	(22)	0	0	7,246,669
Urgent Care	2,435,941	78	0	0	0	0	0	0	2,436,019
Injections & Immunizations	1,134,929	16,582	0	0	110	0	0	0	1,151,401
Other Physician	4,708,845	96,325	2,597	0	45	(778,732)	0	0	4,023,796
Radiology/Pathology	6,307,856	75,960	0	0	3,549	0	0	0	6,380,267
MH/SA	552,981	986	497,903	0	0	0	0	0	56,063
Maternity (delivery)	43,282	0	0	0	0	0	0	0	43,282
Maternity (non-delivery)	224,473	38	0	0	0	0	0	0	224,511
	\$28,043,798	\$376,067	\$522,848	\$0	\$66,203	(\$778,753)	\$0	\$0	\$27,052,060
Other Services									
Home Health	\$1,437,176	\$57,040	\$8,208	\$0	\$0	\$0	\$0	\$0	\$1,486,007
Ambulance	682,289	0	0	0	0	0	0	0	682,289
Prosthetics/DME	57,807	2,029	0	0	22	0	0	0	59,814
Vision/Hearing Aids	32	10	0	0	0	0	0	0	42
Dental	12,804	84	0	12,888	0	0	0	0	0
Unknown	135,147	3,322	135	0	5	(197)	0	0	138,133
	\$2,325,255	\$62,485	\$8,343	\$12,888	\$27	(\$197)	\$0	\$0	\$2,366,285
Total	\$75,621,932	\$548,028	\$1,923,730	\$60,216	\$66,231	(\$778,950)	\$0	\$1,881,467	\$71,459,367

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Allowed Amounts

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$7,889,611	\$8,950	\$0	\$0	\$0	\$0	\$0	\$667,257	\$7,231,304
MH/SA	206,632	450	201,999	0	0	0	0	854	4,229
Skilled Nursing Facility	138,696	375	32,345	0	0	0	0	0	106,726
Maternity	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$8,234,939	\$9,775	\$234,345	\$0	\$0	\$0	\$0	\$668,111	\$7,342,259
Hospital Outpatient									
Emergency Hospital	\$868,005	\$0	\$0	\$1,950	\$0	\$0	\$0	\$0	\$866,055
Misc Outpatient	3,562,695	20,115	11,860	16,282	0	0	0	0	3,554,668
	\$4,430,701	\$20,115	\$11,860	\$18,232	\$0	\$0	\$0	\$0	\$4,420,723
Professional									
Inpatient Surgery	\$370,861	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$370,861
Outpatient Surgery	827,229	3,064	0	0	0	0	0	0	830,293
Hospital Visits	254,750	48	2,830	0	0	0	0	0	251,968
Office Visits	1,224,225	37,070	0	0	988	0	0	0	1,260,307
Urgent Care	288,758	18	0	0	0	0	0	0	288,776
Injections & Immunizations	329,440	3,842	0	0	0	0	0	0	333,282
Other Physician	1,421,247	23,275	578	0	364	(170,515)	0	0	1,273,064
Radiology/Pathology	1,214,865	13,006	0	0	62	0	0	0	1,227,809
MH/SA	92,400	116	86,317	0	0	0	0	0	6,199
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	166	0	0	0	0	0	0	0	166
	\$6,023,941	\$80,439	\$89,726	\$0	\$1,414	(\$170,515)	\$0	\$0	\$5,842,724
Other Services									
Home Health	\$673,380	\$36,657	\$986	\$0	\$0	\$0	\$0	\$0	\$709,051
Ambulance	127,111	0	0	0	0	0	0	0	127,111
Prosthetics/DME	33,899	549	0	0	0	0	0	0	34,448
Vision/Hearing Aids	0	2	0	0	0	0	0	0	2
Dental	1,330	8	0	1,338	0	0	0	0	0
Unknown	59,694	827	84	0	0	0	0	0	60,438
	\$895,415	\$38,043	\$1,070	\$1,338	\$0	\$0	\$0	\$0	\$931,050
Total	\$19,584,995	\$148,372	\$337,000	\$19,570	\$1,414	(\$170,515)	\$0	\$668,111	\$18,536,756

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services
 Allowed Amounts

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$113,764,402	\$83,525	\$67,459	\$0	\$0	\$0	\$3,021,500	\$12,309,856	\$98,449,112
MH/SA	11,787,840	7,000	11,495,354	0	0	0	14,066	20,299	265,121
Skilled Nursing Facility	19,122,661	2,750	76,567	0	0	0	16,290,741	76,603	2,681,500
Maternity	209,027	0	0	0	0	0	2,870	28,420	177,736
Newborn	1,809,101	0	0	0	0	0	0	222,165	1,586,936
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$146,693,030	\$93,275	\$11,639,380	\$0	\$0	\$0	\$19,329,177	\$12,657,342	\$103,160,406
Hospital Outpatient									
Emergency Hospital	\$9,809,751	\$48	\$0	\$12,697	\$0	\$0	\$182,644	\$0	\$9,614,459
Misc Outpatient	33,562,719	146,649	404,381	200,637	0	0	374,768	0	32,729,582
	\$43,372,470	\$146,697	\$404,381	\$213,334	\$0	\$0	\$557,412	\$0	\$42,344,041
Professional									
Inpatient Surgery	\$3,582,874	\$4	\$0	\$0	\$0	\$0	\$45,134	\$0	\$3,537,744
Outpatient Surgery	5,226,440	13,356	0	0	0	0	82,363	0	5,157,434
Hospital Visits	6,693,412	1,298	118,684	0	0	0	181,551	0	6,394,474
Office Visits	10,212,461	208,566	0	0	16,404	(13,739)	175,172	0	10,215,711
Urgent Care	3,417,975	122	0	0	0	0	85,876	0	3,332,221
Injections & Immunizations	6,900,732	20,904	0	0	9	0	42,158	0	6,879,468
Other Physician	22,564,853	124,037	4,071	0	22,128	(1,283,949)	210,823	0	21,167,919
Radiology/Pathology	9,177,087	66,220	0	0	690	0	187,299	0	9,055,318
MH/SA	1,898,260	1,109	1,521,427	0	0	0	4,375	0	373,567
Maternity (delivery)	4,576	0	0	0	0	0	0	0	4,576
Maternity (non-delivery)	25,357	0	0	0	0	0	345	0	25,012
	\$69,704,025	\$435,616	\$1,644,182	\$0	\$39,232	(\$1,297,688)	\$1,015,095	\$0	\$66,143,444
Other Services									
Home Health	\$18,779,608	\$505,230	\$120,208	\$8	\$198,668	\$0	\$378,918	\$0	\$18,587,036
Ambulance	2,427,338	0	0	0	0	0	141,204	0	2,286,134
Prosthetics/DME	567,634	3,020	0	0	7	0	1,213	0	569,435
Vision/Hearing Aids	144,339	2	0	0	0	0	0	0	144,341
Dental	30,011	119	0	30,046	0	0	0	0	85
Unknown	685,575	4,155	232	0	0	(59)	6,986	0	682,453
	\$22,634,506	\$512,526	\$120,440	\$30,054	\$198,675	(\$59)	\$528,320	\$0	\$22,269,485
Total	\$282,404,031	\$1,188,114	\$13,808,383	\$243,387	\$237,906	(\$1,297,747)	\$21,430,004	\$12,657,342	\$233,917,375

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Allowed Amounts

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$2,244,437	\$0	\$0	\$0	\$0	\$0	\$0	\$196,902	\$2,047,535
MH/SA	73,800	0	73,800	0	0	0	0	0	0
Skilled Nursing Facility	2,496	0	0	0	0	0	0	0	2,496
Maternity	3,777,048	0	8,047	0	0	0	0	264,158	3,504,842
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$6,097,781	\$0	\$81,847	\$0	\$0	\$0	\$0	\$461,060	\$5,554,874
Hospital Outpatient									
Emergency Hospital	\$1,380,022	\$0	\$0	\$1,729	\$0	\$0	\$0	\$0	\$1,378,293
Misc Outpatient	10,446,140	0	6,875	5,975	0	0	0	0	10,433,290
	\$11,826,162	\$0	\$6,875	\$7,704	\$0	\$0	\$0	\$0	\$11,811,583
Professional									
Inpatient Surgery	\$552,793	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$552,793
Outpatient Surgery	663,945	0	0	0	0	0	0	0	663,945
Hospital Visits	815,758	0	4,295	0	0	0	0	0	811,464
Office Visits	6,226,013	0	0	0	7,059	0	0	0	6,218,953
Urgent Care	998,337	0	0	0	0	0	0	0	998,337
Injections & Immunizations	288,031	0	0	0	39	0	0	0	287,992
Other Physician	1,623,923	0	210	0	31	(280,995)	0	0	1,342,686
Radiology/Pathology	7,031,768	0	0	0	320	0	0	0	7,031,448
MH/SA	82,348	0	75,600	0	0	0	0	0	6,748
Maternity (delivery)	209,915	0	0	0	0	0	0	0	209,915
Maternity (non-delivery)	1,218,510	0	0	0	0	0	0	0	1,218,510
	\$19,711,342	\$0	\$80,105	\$0	\$7,450	(\$280,995)	\$0	\$0	\$19,342,792
Other Services									
Home Health	\$892,935	\$0	\$1,040	\$0	\$2,063	\$0	\$0	\$0	\$889,832
Ambulance	395,059	0	0	0	0	0	0	0	395,059
Prosthetics/DME	39,122	0	0	0	1	0	0	0	39,121
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	5,814	0	0	5,814	0	0	0	0	0
Unknown	21,756	0	0	0	0	(144)	0	0	21,612
	\$1,354,686	\$0	\$1,040	\$5,814	\$2,063	(\$144)	\$0	\$0	\$1,345,624
Total	\$38,989,971	\$0	\$169,868	\$13,517	\$9,514	(\$281,139)	\$0	\$461,060	\$38,054,873

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Allowed Amounts

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$6,683,795	\$65,128	\$1,068	\$0	\$0	\$0	\$141,268	\$2,432,289	\$4,174,298
MH/SA	394,115	3,150	395,575	0	0	0	0	49	1,640
Skilled Nursing Facility	28,803,821	325	13,720	0	0	0	28,063,573	670	726,183
Maternity	123,604	0	0	0	0	0	0	15,638	107,966
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$36,005,334	\$68,603	\$410,364	\$0	\$0	\$0	\$28,204,841	\$2,448,645	\$5,010,087
Hospital Outpatient									
Emergency Hospital	\$1,343,965	\$15	\$0	\$712	\$0	\$0	\$24,095	\$0	\$1,319,173
Misc Outpatient	4,015,229	123,561	55,561	16,261	0	0	54,718	0	4,012,250
	\$5,359,194	\$123,576	\$55,561	\$16,973	\$0	\$0	\$78,813	\$0	\$5,331,423
Professional									
Inpatient Surgery	\$327,107	\$0	\$0	\$0	\$0	\$0	\$4,261	\$0	\$322,846
Outpatient Surgery	822,962	9,622	0	0	0	0	12,605	0	819,980
Hospital Visits	263,200	1,162	7,109	0	0	0	8,264	0	248,988
Office Visits	1,440,152	164,976	0	0	28	0	28,212	0	1,576,888
Urgent Care	290,205	54	0	0	0	0	7,114	0	283,145
Injections & Immunizations	3,035,415	12,910	0	0	0	0	44,224	0	3,004,101
Other Physician	5,664,926	119,495	0	0	51	(245,753)	68,467	0	5,470,149
Radiology/Pathology	779,172	28,326	0	0	0	0	11,833	0	795,665
MH/SA	1,294,494	2,592	1,279,320	0	0	0	856	0	16,911
Maternity (delivery)	50,260	0	0	0	0	0	0	0	50,260
Maternity (non-delivery)	3,056	4	0	0	0	0	0	0	3,060
	\$13,970,948	\$339,141	\$1,286,429	\$0	\$80	(\$245,753)	\$185,835	\$0	\$12,591,993
Other Services									
Home Health	\$2,857,771	\$319,181	\$129,782	\$0	\$57,770	\$0	\$69,154	\$0	\$2,920,246
Ambulance	82,971	0	0	0	0	0	4,503	0	78,468
Prosthetics/DME	268,530	1,594	0	0	0	0	4,312	0	265,812
Vision/Hearing Aids	95	6	0	0	0	0	0	0	101
Dental	2,211	19	0	2,230	0	0	0	0	0
Unknown	241,327	3,933	696	0	0	(172)	1,296	0	243,096
	\$3,452,905	\$324,733	\$130,478	\$2,230	\$57,770	(\$172)	\$79,264	\$0	\$3,507,723
Total	\$58,788,381	\$856,053	\$1,882,832	\$19,203	\$57,850	(\$245,926)	\$28,548,753	\$2,448,645	\$26,441,225

Appendix B3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services
Allowed Amounts

Eligibility Category: KICK

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	48,399,724	0	0	0	0	0	3,355	2,690,583	45,705,786
Newborn	0	0	0	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$48,399,724	\$0	\$0	\$0	\$0	\$0	\$3,355	\$2,690,583	\$45,705,786
Hospital Outpatient									
Emergency Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Outpatient	0	0	0	0	0	0	0	0	0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional									
Inpatient Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Surgery	0	0	0	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0	0	0	0
Maternity (delivery)	17,859,072	0	0	0	0	0	1,000	0	17,858,072
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$17,859,072	\$0	\$0	\$0	\$0	\$0	\$1,000	\$0	\$17,858,072
Other Services									
Home Health	\$650	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$650
Ambulance	0	0	0	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	14,978	0	0	0	0	0	0	0	14,978
	\$15,628	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,628
Total	\$66,274,423	\$0	\$0	\$0	\$0	\$0	\$4,355	\$2,690,583	\$63,579,485

Appendix B3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Allowed Amounts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$1,113,273	\$0	\$0	\$0	\$0	\$0	\$0	\$199,556	\$913,717
MH/SA	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	19,492,215	0	0	0	0	0	0	2,151,463	17,340,753
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$20,605,489	\$0	\$0	\$0	\$0	\$0	\$0	\$2,351,019	\$18,254,470
Hospital Outpatient									
Emergency Hospital	\$9,790	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,790
Misc Outpatient	36,019	0	0	0	0	0	0	0	36,019
	\$45,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,809
Professional									
Inpatient Surgery	\$92,402	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,402
Outpatient Surgery	2,560	0	0	0	0	0	0	0	2,560
Hospital Visits	4,305,249	0	0	0	0	0	0	0	4,305,249
Office Visits	83,877	0	0	0	0	(1,271)	0	0	82,607
Urgent Care	3,965	0	0	0	0	0	0	0	3,965
Injections & Immunizations	17,081	0	0	0	0	0	0	0	17,081
Other Physician	62,442	0	0	0	988	(2,931)	0	0	58,523
Radiology/Pathology	54,241	0	0	0	0	0	0	0	54,241
MH/SA	0	0	0	0	0	0	0	0	0
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$4,621,816	\$0	\$0	\$0	\$988	(\$4,202)	\$0	\$0	\$4,616,626
Other Services									
Home Health	\$58,949	\$0	\$0	\$0	\$3,224	\$0	\$0	\$0	\$55,725
Ambulance	58,514	0	0	0	0	0	0	0	58,514
Prosthetics/DME	192	0	0	0	0	0	0	0	192
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	15,707	0	0	0	0	0	0	0	15,707
	\$133,362	\$0	\$0	\$0	\$3,224	\$0	\$0	\$0	\$130,138
Total	\$25,406,476	\$0	\$0	\$0	\$4,212	(\$4,202)	\$0	\$2,351,019	\$23,047,043

Appendix B3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Allowed Amounts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Paid Dollars	Cost Sharing	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	FQHC & RHC Repricing	Long Term Care Days Limit	Direct & Indirect GME Payments	Total Net Allowed Dollars
Hospital Inpatient									
Medical/Surgical	\$2,317,587	\$0	\$0	\$0	\$0	\$0	\$0	\$474,339	\$1,843,248
MH/SA	1,415	0	1,415	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0	0
Newborn	16,649,445	0	0	0	0	0	0	1,456,058	15,193,387
Other Inpatient	0	0	0	0	0	0	0	0	0
	\$18,968,447	\$0	\$1,415	\$0	\$0	\$0	\$0	\$1,930,398	\$17,036,634
Hospital Outpatient									
Emergency Hospital	\$103,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,445
Misc Outpatient	198,048	0	0	0	0	0	0	0	198,048
	\$301,493	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$301,493
Professional									
Inpatient Surgery	\$189,438	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$189,438
Outpatient Surgery	20,594	0	0	0	0	0	0	0	20,594
Hospital Visits	3,012,472	0	0	0	0	0	0	0	3,012,472
Office Visits	468,692	0	0	0	0	(16,534)	0	0	452,158
Urgent Care	39,526	0	0	0	0	0	0	0	39,526
Injections & Immunizations	121,346	0	0	0	0	0	0	0	121,346
Other Physician	205,532	0	0	0	1,352	(45,609)	0	0	158,571
Radiology/Pathology	47,003	0	0	0	0	0	0	0	47,003
MH/SA	9,122	0	0	0	0	0	0	0	9,122
Maternity (delivery)	0	0	0	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0	0	0	0
	\$4,113,724	\$0	\$0	\$0	\$1,352	(\$62,143)	\$0	\$0	\$4,050,229
Other Services									
Home Health	\$202,082	\$0	\$0	\$0	\$3,692	\$0	\$0	\$0	\$198,390
Ambulance	116,418	0	0	0	0	0	0	0	116,418
Prosthetics/DME	2,206	0	0	0	0	0	0	0	2,206
Vision/Hearing Aids	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0
Unknown	8,011	0	0	0	0	0	0	0	8,011
	\$328,716	\$0	\$0	\$0	\$3,692	\$0	\$0	\$0	\$325,024
Total	\$23,712,379	\$0	\$1,415	\$0	\$5,044	(\$62,143)	\$0	\$1,930,398	\$21,713,380

Appendix B4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Service Counts

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	5,801	0	0	0	0	5,801
MH/SA	3	3	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	86,863	0	0	0	0	86,863
Other Inpatient	0	0	0	0	0	0
	92,667	3	0	0	0	92,664
Hospital Outpatient						
Emergency Hospital	5,158	0	0	0	0	5,158
Misc Outpatient	16,147	2	0	0	0	16,145
	21,305	2	0	0	0	21,303
Professional						
Inpatient Surgery	8,865	0	0	0	0	8,865
Outpatient Surgery	2,999	0	0	0	0	2,999
Hospital Visits	98,536	0	0	0	0	98,536
Office Visits	72,396	0	0	0	0	72,396
Urgent Care	5,748	0	0	0	0	5,748
Injections & Immunizations	28,726	0	0	0	0	28,726
Other Physician	29,391	0	0	71	0	29,320
Radiology/Pathology	21,795	0	0	0	0	21,795
MH/SA	60	1	0	0	0	59
Maternity (delivery)	2	0	0	0	0	2
Maternity (non-delivery)	2	0	0	0	0	2
	268,520	1	0	71	0	268,448
Other Services						
Home Health	11,035	1	0	165	0	10,869
Ambulance	1,777	0	0	0	0	1,777
Prosthetics/DME	604	0	0	0	0	604
Vision/Hearing Aids	4	0	0	0	0	4
Dental	0	0	0	0	0	0
Unknown	853	0	0	0	0	853
	14,273	1	0	165	0	14,107
Total	396,765	7	0	236	0	396,522

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	6,534	0	0	0	0	6,534
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	320	0	0	0	0	320
Other Inpatient	0	0	0	0	0	0
	6,854	0	0	0	0	6,854
Hospital Outpatient						
Emergency Hospital	23,506	0	15	0	0	23,491
Misc Outpatient	26,217	63	1	0	0	26,153
	49,723	63	16	0	0	49,644
Professional						
Inpatient Surgery	1,831	0	0	0	0	1,831
Outpatient Surgery	10,418	0	0	0	0	10,418
Hospital Visits	12,044	0	0	0	0	12,044
Office Visits	155,815	0	0	0	0	155,815
Urgent Care	23,589	0	0	0	0	23,589
Injections & Immunizations	111,891	0	0	0	0	111,891
Other Physician	64,156	0	0	473	0	63,683
Radiology/Pathology	42,131	0	0	0	0	42,131
MH/SA	267	110	0	0	0	157
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	422,142	110	0	473	0	421,559
Other Services						
Home Health	21,216	320	0	595	0	20,301
Ambulance	1,880	0	0	0	0	1,880
Prosthetics/DME	3,027	0	0	0	0	3,027
Vision/Hearing Aids	148	0	0	0	0	148
Dental	81	0	12	0	0	69
Unknown	860	0	0	0	0	860
	27,212	320	12	595	0	26,285
Total	505,931	493	28	1,068	0	504,342

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	4,770	0	0	0	0	4,770
MH/SA	283	283	0	0	0	0
Skilled Nursing Facility	77	0	0	0	0	77
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	5,130	283	0	0	0	4,847
Hospital Outpatient						
Emergency Hospital	33,194	0	75	0	0	33,119
Misc Outpatient	30,106	1,128	483	0	0	28,495
	63,300	1,128	558	0	0	61,614
Professional						
Inpatient Surgery	1,536	0	0	0	0	1,536
Outpatient Surgery	21,170	0	0	0	0	21,170
Hospital Visits	6,291	23	0	0	0	6,268
Office Visits	185,323	0	0	1	0	185,322
Urgent Care	31,127	0	0	0	0	31,127
Injections & Immunizations	88,309	0	0	2	0	88,307
Other Physician	120,527	10	0	897	0	119,620
Radiology/Pathology	69,735	0	0	0	0	69,735
MH/SA	6,504	4,948	0	0	0	1,556
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	4	0	0	0	0	4
	530,526	4,981	0	900	0	524,645
Other Services						
Home Health	29,567	737	0	1,032	0	27,798
Ambulance	2,593	0	0	0	0	2,593
Prosthetics/DME	2,314	0	0	0	0	2,314
Vision/Hearing Aids	282	0	0	0	0	282
Dental	1,148	0	1,059	0	0	89
Unknown	848	0	0	0	0	848
	36,752	737	1,059	1,032	0	33,924
Total	635,708	7,129	1,617	1,932	0	625,030

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,213	0	0	0	0	2,213
MH/SA	15,672	15,655	0	0	0	17
Skilled Nursing Facility	144	0	0	0	0	144
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	18,029	15,655	0	0	0	2,374
Hospital Outpatient						
Emergency Hospital	17,668	0	15	0	0	17,653
Misc Outpatient	19,665	1,481	128	0	0	18,056
	37,333	1,481	143	0	0	35,709
Professional						
Inpatient Surgery	1,102	0	0	0	0	1,102
Outpatient Surgery	12,067	0	0	0	0	12,067
Hospital Visits	4,190	384	0	0	0	3,806
Office Visits	118,054	0	0	12	0	118,042
Urgent Care	16,754	0	0	0	0	16,754
Injections & Immunizations	71,159	0	0	0	0	71,159
Other Physician	100,379	55	0	13	0	100,311
Radiology/Pathology	66,143	0	0	1	0	66,142
MH/SA	23,687	19,585	0	0	0	4,102
Maternity (delivery)	2	0	0	0	0	2
Maternity (non-delivery)	9	0	0	0	0	9
	413,546	20,024	0	26	0	393,496
Other Services						
Home Health	12,152	935	0	189	0	11,028
Ambulance	1,815	0	0	0	0	1,815
Prosthetics/DME	1,785	0	0	0	0	1,785
Vision/Hearing Aids	388	0	0	0	0	388
Dental	169	0	169	0	0	0
Unknown	546	0	0	0	0	546
	16,855	935	169	189	0	15,562
Total	485,763	38,095	312	215	0	447,141

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,452	2	0	0	0	1,450
MH/SA	17,483	17,469	0	0	0	14
Skilled Nursing Facility	100	3	0	0	23	74
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	19,035	17,474	0	0	23	1,538
Hospital Outpatient						
Emergency Hospital	6,876	0	15	0	0	6,861
Misc Outpatient	6,586	309	43	0	0	6,234
	13,462	309	58	0	0	13,095
Professional						
Inpatient Surgery	688	0	0	0	0	688
Outpatient Surgery	4,652	0	0	0	0	4,652
Hospital Visits	2,665	147	0	0	0	2,518
Office Visits	30,555	0	0	175	0	30,380
Urgent Care	6,817	0	0	0	0	6,817
Injections & Immunizations	13,243	0	0	1	0	13,242
Other Physician	34,006	20	0	1	0	33,985
Radiology/Pathology	32,013	0	0	16	0	31,997
MH/SA	9,621	8,157	0	0	0	1,464
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	134,260	8,324	0	193	0	125,743
Other Services						
Home Health	4,431	174	0	29	0	4,228
Ambulance	1,535	0	0	0	0	1,535
Prosthetics/DME	516	0	0	0	0	516
Vision/Hearing Aids	49	0	0	0	0	49
Dental	46	0	46	0	0	0
Unknown	291	0	0	0	0	291
	6,868	174	46	29	0	6,619
Total	173,625	26,281	104	222	23	146,995

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,827	2	0	0	0	1,825
MH/SA	20,127	20,060	0	0	0	67
Skilled Nursing Facility	15	0	0	0	0	15
Maternity	340	0	0	0	0	340
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	22,309	20,062	0	0	0	2,247
Hospital Outpatient						
Emergency Hospital	11,048	0	6	0	0	11,042
Misc Outpatient	16,766	203	47	0	0	16,516
	27,814	203	53	0	0	27,558
Professional						
Inpatient Surgery	839	0	0	0	0	839
Outpatient Surgery	5,498	0	0	0	0	5,498
Hospital Visits	4,100	251	0	0	0	3,849
Office Visits	64,957	0	0	653	0	64,304
Urgent Care	11,799	0	0	0	0	11,799
Injections & Immunizations	23,961	0	0	20	0	23,941
Other Physician	49,557	29	0	6	0	49,522
Radiology/Pathology	94,176	0	0	327	0	93,849
MH/SA	8,580	6,847	0	0	0	1,733
Maternity (delivery)	128	0	0	0	0	128
Maternity (non-delivery)	1,907	0	0	0	0	1,907
	265,502	7,127	0	1,006	0	257,369
Other Services						
Home Health	4,670	271	0	35	0	4,364
Ambulance	2,592	0	0	0	0	2,592
Prosthetics/DME	2,520	0	0	12	0	2,508
Vision/Hearing Aids	65	0	0	0	0	65
Dental	68	0	68	0	0	0
Unknown	894	0	0	1	0	893
	10,809	271	68	48	0	10,422
Total	326,434	27,663	121	1,054	0	297,596

Appendix B4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	2,038	0	0	0	0	2,038
MH/SA	543	540	0	0	0	3
Skilled Nursing Facility	290	52	0	0	0	238
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	2,871	592	0	0	0	2,279
Hospital Outpatient						
Emergency Hospital	4,800	0	4	0	0	4,796
Misc Outpatient	4,245	60	10	0	0	4,175
	9,045	60	14	0	0	8,971
Professional						
Inpatient Surgery	970	0	0	0	0	970
Outpatient Surgery	3,886	0	0	0	0	3,886
Hospital Visits	2,673	57	0	0	0	2,616
Office Visits	13,805	0	0	50	0	13,755
Urgent Care	4,963	0	0	0	0	4,963
Injections & Immunizations	3,734	0	0	0	0	3,734
Other Physician	11,649	11	0	0	0	11,638
Radiology/Pathology	21,400	0	0	15	0	21,385
MH/SA	1,093	979	0	0	0	114
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	64,173	1,047	0	65	0	63,061
Other Services						
Home Health	3,877	7	0	27	0	3,843
Ambulance	1,205	0	0	0	0	1,205
Prosthetics/DME	368	0	0	0	0	368
Vision/Hearing Aids	1	0	0	0	0	1
Dental	19	0	19	0	0	0
Unknown	450	0	0	0	0	450
	5,920	7	19	27	0	5,867
Total	82,009	1,706	33	92	0	80,178

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	9,045	10	0	0	0	9,035
MH/SA	1,933	1,783	0	0	0	150
Skilled Nursing Facility	377	128	0	0	0	249
Maternity	814	0	0	0	0	814
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	12,169	1,921	0	0	0	10,248
Hospital Outpatient						
Emergency Hospital	32,004	0	11	0	0	31,993
Misc Outpatient	42,274	501	40	0	0	41,733
	74,278	501	51	0	0	73,726
Professional						
Inpatient Surgery	5,934	0	0	0	0	5,934
Outpatient Surgery	24,570	0	0	0	0	24,570
Hospital Visits	12,424	379	0	0	0	12,045
Office Visits	133,162	0	0	1,240	0	131,922
Urgent Care	34,062	0	0	0	0	34,062
Injections & Immunizations	39,930	0	0	19	0	39,911
Other Physician	81,964	37	0	4	0	81,923
Radiology/Pathology	254,461	0	0	893	0	253,568
MH/SA	6,810	6,288	0	0	0	522
Maternity (delivery)	461	0	0	0	0	461
Maternity (non-delivery)	4,077	0	0	0	0	4,077
	597,855	6,704	0	2,156	0	588,995
Other Services						
Home Health	16,946	106	0	0	0	16,840
Ambulance	7,047	0	0	0	0	7,047
Prosthetics/DME	4,533	0	0	18	0	4,515
Vision/Hearing Aids	5	0	0	0	0	5
Dental	69	0	69	0	0	0
Unknown	3,889	0	0	1	0	3,888
	32,489	106	69	19	0	32,295
Total	716,791	9,232	120	2,175	0	705,264

Appendix B4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Service Counts

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	3,101	0	0	0	0	3,101
MH/SA	317	307	0	0	0	10
Skilled Nursing Facility	132	51	0	0	0	81
Maternity	0	0	0	0	0	0
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	3,550	358	0	0	0	3,192
Hospital Outpatient						
Emergency Hospital	3,219	0	2	0	0	3,217
Misc Outpatient	8,228	63	11	0	0	8,154
	11,447	63	13	0	0	11,371
Professional						
Inpatient Surgery	1,359	0	0	0	0	1,359
Outpatient Surgery	5,776	0	0	0	0	5,776
Hospital Visits	3,682	49	0	0	0	3,633
Office Visits	21,127	0	0	21	0	21,106
Urgent Care	3,655	0	0	0	0	3,655
Injections & Immunizations	6,977	0	0	0	0	6,977
Other Physician	21,662	11	0	3	0	21,648
Radiology/Pathology	41,811	0	0	17	0	41,794
MH/SA	1,150	1,088	0	0	0	62
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	4	0	0	0	0	4
	107,203	1,148	0	41	0	106,014
Other Services						
Home Health	8,499	8	0	0	0	8,491
Ambulance	1,218	0	0	0	0	1,218
Prosthetics/DME	405	0	0	0	0	405
Vision/Hearing Aids	1	0	0	0	0	1
Dental	8	0	8	0	0	0
Unknown	938	0	0	0	0	938
	11,069	8	8	0	0	11,053
Total	133,269	1,577	21	41	0	131,630

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: SSI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	60,224	120	0	0	2,119	57,985
MH/SA	25,627	25,081	0	0	15	531
Skilled Nursing Facility	120,684	115	0	0	112,345	8,224
Maternity	205	0	0	0	2	203
Newborn	1,870	0	0	0	0	1,870
Other Inpatient	0	0	0	0	0	0
	208,610	25,316	0	0	114,481	68,813
Hospital Outpatient						
Emergency Hospital	35,403	0	17	0	611	34,775
Misc Outpatient	84,321	2,515	263	0	1,321	80,222
	119,724	2,515	280	0	1,932	114,997
Professional						
Inpatient Surgery	14,720	0	0	0	252	14,468
Outpatient Surgery	37,245	0	0	0	683	36,562
Hospital Visits	84,125	2,087	0	0	2,916	79,122
Office Visits	177,459	0	0	330	2,693	174,436
Urgent Care	42,296	0	0	0	969	41,327
Injections & Immunizations	78,786	0	0	2	708	78,076
Other Physician	252,544	48	0	274	3,814	248,408
Radiology/Pathology	316,134	0	0	176	8,374	307,584
MH/SA	20,167	18,592	0	0	45	1,530
Maternity (delivery)	51	0	0	0	0	51
Maternity (non-delivery)	536	0	0	0	2	534
	1,024,063	20,727	0	782	20,456	982,098
Other Services						
Home Health	170,820	1,061	0	1,935	4,466	163,358
Ambulance	24,874	0	0	0	1,594	23,280
Prosthetics/DME	4,058	0	0	4	32	4,022
Vision/Hearing Aids	1,092	0	0	0	0	1,092
Dental	189	0	184	0	0	5
Unknown	10,663	0	0	0	116	10,547
	211,696	1,061	184	1,939	6,208	202,304
Total	1,564,093	49,619	464	2,721	143,077	1,368,212

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: OCWI

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,346	0	0	0	0	1,346
MH/SA	130	130	0	0	0	0
Skilled Nursing Facility	6	0	0	0	0	6
Maternity	3,920	0	0	0	0	3,920
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	5,402	130	0	0	0	5,272
Hospital Outpatient						
Emergency Hospital	6,188	0	3	0	0	6,185
Misc Outpatient	52,236	51	5	0	0	52,180
	58,424	51	8	0	0	58,365
Professional						
Inpatient Surgery	4,959	0	0	0	0	4,959
Outpatient Surgery	6,688	0	0	0	0	6,688
Hospital Visits	13,162	71	0	0	0	13,091
Office Visits	128,087	0	0	151	0	127,936
Urgent Care	14,478	0	0	0	0	14,478
Injections & Immunizations	7,146	0	0	10	0	7,136
Other Physician	35,324	3	0	2	0	35,319
Radiology/Pathology	306,565	0	0	78	0	306,487
MH/SA	890	826	0	0	0	64
Maternity (delivery)	2,263	0	0	0	0	2,263
Maternity (non-delivery)	21,266	0	0	0	0	21,266
	540,828	900	0	241	0	539,687
Other Services						
Home Health	10,234	14	0	18	0	10,202
Ambulance	4,021	0	0	0	0	4,021
Prosthetics/DME	5,097	0	0	1	0	5,096
Vision/Hearing Aids	1	0	0	0	0	1
Dental	31	0	31	0	0	0
Unknown	1,402	0	0	0	0	1,402
	20,786	14	31	19	0	20,722
Total	625,440	1,095	39	260	0	624,046

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: DUAL

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	31,885	2	0	0	969	30,914
MH/SA	2,816	2,808	0	0	0	8
Skilled Nursing Facility	236,285	87	0	0	230,385	5,813
Maternity	513	0	0	0	0	513
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	271,499	2,897	0	0	231,354	37,248
Hospital Outpatient						
Emergency Hospital	28,242	0	10	0	510	27,722
Misc Outpatient	51,009	603	59	0	791	49,556
	79,251	603	69	0	1,301	77,278
Professional						
Inpatient Surgery	10,048	0	0	0	152	9,896
Outpatient Surgery	28,023	0	0	0	393	27,630
Hospital Visits	39,428	1,724	0	0	1,360	36,344
Office Visits	92,236	0	0	2	1,470	90,764
Urgent Care	21,015	0	0	0	535	20,480
Injections & Immunizations	77,577	0	0	0	677	76,900
Other Physician	174,189	0	0	2	2,027	172,160
Radiology/Pathology	103,312	0	0	1	1,851	101,460
MH/SA	22,590	21,577	0	0	40	973
Maternity (delivery)	137	0	0	0	0	137
Maternity (non-delivery)	341	0	0	0	0	341
	568,896	23,301	0	5	8,505	537,085
Other Services						
Home Health	108,513	1,183	0	581	2,785	103,964
Ambulance	1,441	0	0	0	77	1,364
Prosthetics/DME	3,459	0	0	0	65	3,394
Vision/Hearing Aids	6	0	0	0	0	6
Dental	19	0	19	0	0	0
Unknown	11,798	0	0	0	123	11,675
	125,236	1,183	19	581	3,050	120,403
Total	1,044,882	27,984	88	586	244,210	772,014

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Eligibility Category: KICK

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickle Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	32,934	0	0	0	2	32,932
Newborn	0	0	0	0	0	0
Other Inpatient	0	0	0	0	0	0
	32,934	0	0	0	2	32,932
Hospital Outpatient						
Emergency Hospital	0	0	0	0	0	0
Misc Outpatient	0	0	0	0	0	0
	0	0	0	0	0	0
Professional						
Inpatient Surgery	0	0	0	0	0	0
Outpatient Surgery	0	0	0	0	0	0
Hospital Visits	0	0	0	0	0	0
Office Visits	0	0	0	0	0	0
Urgent Care	0	0	0	0	0	0
Injections & Immunizations	0	0	0	0	0	0
Other Physician	0	0	0	0	0	0
Radiology/Pathology	0	0	0	0	0	0
MH/SA	0	0	0	0	0	0
Maternity (delivery)	27,181	0	0	0	1	27,180
Maternity (non-delivery)	0	0	0	0	0	0
	27,181	0	0	0	1	27,180
Other Services						
Home Health	1	0	0	0	0	1
Ambulance	0	0	0	0	0	0
Prosthetics/DME	0	0	0	0	0	0
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
	1	0	0	0	0	1
Total	60,116	0	0	0	3	60,113

Appendix B4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Service Counts

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	713	0	0	0	0	713
MH/SA	0	0	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	18,048	0	0	0	0	18,048
Other Inpatient	0	0	0	0	0	0
	18,761	0	0	0	0	18,761
Hospital Outpatient						
Emergency Hospital	47	0	0	0	0	47
Misc Outpatient	231	0	0	0	0	231
	278	0	0	0	0	278
Professional						
Inpatient Surgery	573	0	0	0	0	573
Outpatient Surgery	14	0	0	0	0	14
Hospital Visits	16,735	0	0	0	0	16,735
Office Visits	1,026	0	0	0	0	1,026
Urgent Care	86	0	0	0	0	86
Injections & Immunizations	268	0	0	0	0	268
Other Physician	1,972	0	0	10	0	1,962
Radiology/Pathology	4,648	0	0	0	0	4,648
MH/SA	0	0	0	0	0	0
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	25,322	0	0	10	0	25,312
Other Services						
Home Health	424	0	0	33	0	391
Ambulance	207	0	0	0	0	207
Prosthetics/DME	4	0	0	0	0	4
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	101	0	0	0	0	101
	736	0	0	33	0	703
Total	45,097	0	0	43	0	45,054

Appendix B4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Service Counts

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Base Period Allowed Units	Mental Health Exclusion	Dental Exclusion	BabyNet, Sickie Cell & Communicable Diseases Exclusion	Long Term Care Days Limit	Total Net Allowed Units
Hospital Inpatient						
Medical/Surgical	1,302	0	0	0	0	1,302
MH/SA	3	3	0	0	0	0
Skilled Nursing Facility	0	0	0	0	0	0
Maternity	0	0	0	0	0	0
Newborn	18,807	0	0	0	0	18,807
Other Inpatient	0	0	0	0	0	0
	20,112	3	0	0	0	20,109
Hospital Outpatient						
Emergency Hospital	522	0	0	0	0	522
Misc Outpatient	1,723	0	0	0	0	1,723
	2,245	0	0	0	0	2,245
Professional						
Inpatient Surgery	1,031	0	0	0	0	1,031
Outpatient Surgery	240	0	0	0	0	240
Hospital Visits	19,673	0	0	0	0	19,673
Office Visits	7,023	0	0	0	0	7,023
Urgent Care	672	0	0	0	0	672
Injections & Immunizations	2,630	0	0	0	0	2,630
Other Physician	3,293	0	0	17	0	3,276
Radiology/Pathology	3,521	0	0	0	0	3,521
MH/SA	11	0	0	0	0	11
Maternity (delivery)	0	0	0	0	0	0
Maternity (non-delivery)	0	0	0	0	0	0
	38,094	0	0	17	0	38,077
Other Services						
Home Health	1,501	0	0	33	0	1,468
Ambulance	498	0	0	0	0	498
Prosthetics/DME	48	0	0	0	0	48
Vision/Hearing Aids	0	0	0	0	0	0
Dental	0	0	0	0	0	0
Unknown	118	0	0	0	0	118
	2,165	0	0	33	0	2,132
Total	62,616	3	0	50	0	62,563

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$13,203,419	10,172	1,164	\$1,298.02	\$125.87	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$169.14
MH/SA	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	84,289,173	132,683	15,179	635.27	803.55	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1,079.80
Other Inpatient	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$97,492,592	142,855	16,342	\$682.46	\$929.42								\$1,248.94
Hospital Outpatient													
Emergency Hospital	\$984,258	7,408	847	\$132.86	\$9.38	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	\$15.80
Misc Outpatient	1,380,977	22,258	2,546	62.04	13.17	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	22.17
	\$2,365,236	29,666	3,394	\$79.73	\$22.55								\$37.97
Professional													
Inpatient Surgery	\$2,000,484	14,560	1,666	\$137.40	\$19.07	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0200	\$19.84
Outpatient Surgery	332,494	3,963	453	83.90	3.17	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	3.31
Hospital Visits	20,308,184	150,019	17,162	135.37	193.60	1.0000	1.0000	1.0162	1.0000	1.0000	1.0000	1.0200	200.67
Office Visits	6,347,859	103,671	11,860	61.23	60.52	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	63.21
Urgent Care	486,933	8,111	928	60.03	4.64	1.0000	1.0000	1.0224	1.0000	1.0000	1.0000	1.0200	4.84
Injections & Immunizations	719,480	40,053	4,582	17.96	6.86	1.0000	1.0000	1.0230	1.0000	1.0056	1.0000	1.0200	7.20
Other Physician	2,056,538	44,459	5,086	46.26	19.61	1.0000	1.0000	1.0237	1.0000	0.9999	1.0000	1.0200	20.47
Radiology/Pathology	535,223	42,474	4,859	12.60	5.10	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	5.32
MH/SA	61,303	88	10	696.62	0.58	1.0000	1.0000	1.0281	1.0000	1.0000	1.0000	1.0200	0.61
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	105	1	0	105.00	0.00	1.0000	1.0000	1.0381	1.0000	1.0000	1.0000	1.0200	0.00
	\$32,848,603	407,399	46,606	\$80.63	\$313.15								\$325.47
Other Services													
Home Health	\$2,052,762	16,797	1,922	\$122.21	\$19.57	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	\$20.07
Ambulance	542,959	2,554	292	212.59	5.18	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0000	5.30
Prosthetics/DME	41,343	810	93	51.04	0.39	1.0000	1.0000	1.0000	1.0965	1.0000	1.0000	1.0000	0.43
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	5,837	58	7	100.63	0.06	1.0000	1.0000	1.0146	1.0000	1.0000	1.0000	1.0000	0.06
	\$2,642,901	20,219	2,313	\$130.71	\$25.20								\$25.86
Total	\$135,349,332	600,139	68,655	\$225.53	\$1,290.32								\$1,638.24

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$9,687,695	8,091	361	\$1,197.34	\$36.02	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$47.70
MH/SA	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	197,986	200	9	989.93	0.74	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.97
Other Inpatient	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$9,885,681	8,291	370	\$1,192.34	\$36.76								\$48.67
Hospital Outpatient													
Emergency Hospital	\$3,821,524	25,106	1,120	\$152.22	\$14.21	1.0000	1.6028	1.0000	1.0000	1.0000	1.0000	1.0000	\$22.78
Misc Outpatient	3,397,389	27,674	1,235	122.76	12.63	1.0000	1.6028	1.0000	1.0000	1.0000	1.0000	1.0000	20.25
	\$7,218,914	52,780	2,355	\$136.77	\$26.84								\$43.03
Professional													
Inpatient Surgery	\$559,650	2,204	98	\$253.92	\$2.08	1.0000	1.0000	1.0179	1.0000	1.0000	1.0000	1.0200	\$2.16
Outpatient Surgery	1,215,816	10,593	473	114.78	4.52	1.0000	1.0000	1.0211	1.0000	1.0000	1.0000	1.0200	4.71
Hospital Visits	2,680,896	16,112	719	166.39	9.97	1.0000	1.0000	1.0154	1.0000	1.0000	1.0000	1.0200	10.33
Office Visits	10,190,539	172,926	7,717	58.93	37.89	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	39.56
Urgent Care	1,429,241	24,790	1,106	57.65	5.31	1.0000	1.0000	1.0227	1.0000	1.0000	1.0000	1.0200	5.54
Injections & Immunizations	3,086,301	129,565	5,782	23.82	11.48	1.0000	1.0000	1.0207	1.0000	1.0046	1.0000	1.0200	12.00
Other Physician	3,900,841	77,256	3,447	50.49	14.51	1.0000	1.0000	1.0220	1.0000	1.0000	1.0000	1.0200	15.12
Radiology/Pathology	634,106	46,443	2,072	13.65	2.36	1.0000	1.0000	1.0225	1.0000	1.0000	1.0000	1.0200	2.46
MH/SA	82,050	227	10	361.46	0.31	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	0.32
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$23,779,440	480,116	21,425	\$49.53	\$88.43								\$92.21
Other Services													
Home Health	\$2,269,401	20,651	922	\$109.89	\$8.44	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0000	\$8.61
Ambulance	252,977	2,091	93	120.98	0.94	1.0000	1.0000	1.0221	1.0000	1.0000	1.0000	1.0000	0.96
Prosthetics/DME	448,487	3,241	145	138.38	1.67	1.0000	1.0000	1.0000	1.1025	1.0000	1.0000	1.0000	1.84
Vision/Hearing Aids	17,991	145	6	124.07	0.07	1.0000	1.0000	1.0268	1.0000	1.0000	1.0000	1.0000	0.07
Dental	677	43	2	15.74	0.00	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	13,039	62	3	210.31	0.05	1.0000	1.0000	1.0129	1.0000	1.0181	1.0000	1.0000	0.05
	\$3,002,572	26,233	1,171	\$114.46	\$11.17								\$11.53
Total	\$43,886,607	567,420	25,320	\$77.34	\$163.20								\$195.44

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$7,707,213	6,794	83	\$1,134.41	\$7.84	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.34
MH/SA	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	48,909	101	1	484.25	0.05	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.07
Maternity	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,756,122	6,895	84	\$1,124.89	\$7.88								\$10.41
Hospital Outpatient													
Emergency Hospital	\$8,911,547	53,802	656	\$165.64	\$9.06	1.0000	1.5559	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.10
Misc Outpatient	6,990,627	43,078	526	162.28	7.11	1.0000	1.5559	1.0000	1.0000	1.0000	1.0000	1.0000	11.06
	\$15,902,174	96,880	1,182	\$164.14	\$16.17								\$25.15
Professional													
Inpatient Surgery	\$436,755	2,262	28	\$193.08	\$0.44	1.0000	1.0000	1.0205	1.0000	1.0000	1.0000	1.0200	\$0.46
Outpatient Surgery	3,538,066	30,745	375	115.08	3.60	1.0000	1.0000	1.0230	1.0000	1.0000	1.0000	1.0200	3.75
Hospital Visits	748,205	8,592	105	87.08	0.76	1.0000	1.0000	1.0203	1.0000	1.0000	1.0000	1.0200	0.79
Office Visits	15,080,294	273,941	3,342	55.05	15.33	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	16.01
Urgent Care	2,801,636	50,269	613	55.73	2.85	1.0000	1.0000	1.0231	1.0000	1.0000	1.0000	1.0200	2.97
Injectables & Immunizations	1,545,119	123,612	1,508	12.50	1.57	1.0000	1.0000	1.0241	1.0000	0.9740	1.0000	1.0200	1.60
Other Physician	9,150,282	177,001	2,159	51.70	9.30	1.0000	1.0000	1.0150	1.0000	0.9999	1.0000	1.0200	9.63
Radiology/Pathology	1,533,420	102,125	1,246	15.02	1.56	1.0000	1.0000	1.0234	1.0000	1.0000	1.0000	1.0200	1.63
MH/SA	293,824	2,381	29	123.40	0.30	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.31
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	232	3	0	77.44	0.00	1.0000	1.0000	1.0302	1.0000	1.0000	1.0000	1.0200	0.00
	\$35,127,835	770,931	9,405	\$45.57	\$35.71								\$37.15
Other Services													
Home Health	\$2,506,909	31,069	379	\$80.69	\$2.55	1.0000	1.0000	0.9979	1.0000	1.0000	1.0000	1.0000	\$2.54
Ambulance	472,682	4,153	51	113.82	0.48	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0000	0.49
Prosthetics/DME	204,170	3,553	43	57.46	0.21	1.0000	1.0000	1.0000	1.0975	1.0000	1.0000	1.0000	0.23
Vision/Hearing Aids	28,984	304	4	95.34	0.03	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	0.03
Dental	1,035	66	1	15.69	0.00	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	83,073	126	2	659.31	0.08	1.0000	1.0000	1.0147	1.0000	1.0010	1.0000	1.0000	0.09
	\$3,296,854	39,271	479	\$83.95	\$3.35								\$3.38
Total	\$62,082,984	913,977	11,150	\$67.93	\$63.11								\$76.10

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$5,705,159	4,226	54	\$1,350.01	\$6.10	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.15
MH/SA	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	98,437	152	2	647.61	0.11	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.14
Maternity	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,803,596	4,378	56	\$1,325.63	\$6.20								\$8.29
Hospital Outpatient													
Emergency Hospital	\$5,005,841	29,379	377	\$170.39	\$5.35	1.0000	1.5518	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.30
Misc Outpatient	4,558,015	27,111	348	168.12	4.87	1.0000	1.5518	1.0000	1.0000	1.0000	1.0000	1.0000	7.56
	\$9,563,856	56,490	725	\$169.30	\$10.22								\$15.87
Professional													
Inpatient Surgery	\$423,335	1,761	23	\$240.39	\$0.45	1.0000	1.0000	1.0215	1.0000	1.0000	1.0000	1.0200	\$0.47
Outpatient Surgery	2,075,945	17,626	226	117.78	2.22	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	2.32
Hospital Visits	585,945	6,736	86	86.99	0.63	1.0000	1.0000	1.0188	1.0000	1.0000	1.0000	1.0200	0.65
Office Visits	9,595,900	175,462	2,251	54.69	10.26	1.0000	1.0000	1.0233	1.0000	1.0000	1.0000	1.0200	10.71
Urgent Care	1,579,135	27,776	356	56.85	1.69	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	1.76
Injectables & Immunizations	1,206,382	93,071	1,194	12.96	1.29	1.0000	1.0000	1.0238	1.0000	0.9911	1.0000	1.0200	1.33
Other Physician	8,283,600	151,982	1,950	54.50	8.86	1.0000	1.0000	1.0215	1.0000	1.0010	1.0000	1.0200	9.24
Radiology/Pathology	1,821,716	97,447	1,250	18.69	1.95	1.0000	1.0000	1.0233	1.0000	1.0000	1.0000	1.0200	2.03
MH/SA	456,482	5,503	71	82.95	0.49	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	0.51
Maternity (delivery)	217	2	0	108.65	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	1,952	42	1	46.48	0.00	1.0000	1.0000	1.0225	1.0000	1.0000	1.0000	1.0200	0.00
	\$26,030,607	577,408	7,407	\$45.08	\$27.83								\$29.03
Other Services													
Home Health	\$1,271,437	14,139	181	\$89.92	\$1.36	1.0000	1.0000	1.0222	1.0000	1.0000	1.0000	1.0000	\$1.39
Ambulance	331,366	3,058	39	108.36	0.35	1.0000	1.0000	1.0243	1.0000	1.0000	1.0000	1.0000	0.36
Prosthetics/DME	143,720	2,745	35	52.36	0.15	1.0000	1.0000	1.0000	1.0969	1.0000	1.0000	1.0000	0.17
Vision/Hearing Aids	61,093	503	6	121.46	0.07	1.0000	1.0000	1.0228	1.0000	1.0000	1.0000	1.0000	0.07
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0219	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	42,366	73	1	580.35	0.05	1.0000	1.0000	1.0185	1.0000	0.9991	1.0000	1.0000	0.05
	\$1,849,982	20,518	263	\$90.16	\$1.98								\$2.03
Total	\$43,248,041	658,794	8,451	\$65.65	\$46.23								\$55.21

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,091,323	2,888	113	\$1,416.66	\$13.39	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$17.94
MH/SA	9,500	43	2	220.93	0.03	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.04
Skilled Nursing Facility	181,072	220	9	823.06	0.59	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.79
Maternity	0	0	0	0.00	0.00	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,281,895	3,151	124	\$1,358.90	\$14.01								\$18.78
Hospital Outpatient													
Emergency Hospital	\$2,134,030	11,934	469	\$178.82	\$6.98	1.0000	1.5383	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.74
Misc Outpatient	2,066,328	9,564	376	216.05	6.76	1.0000	1.5383	1.0000	1.0000	1.0000	1.0000	1.0000	10.40
	\$4,200,359	21,498	844	\$195.38	\$13.75								\$21.15
Professional													
Inpatient Surgery	\$276,707	1,096	43	\$252.47	\$0.91	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0200	\$0.95
Outpatient Surgery	941,914	7,253	285	129.87	3.08	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	3.22
Hospital Visits	291,610	3,824	150	76.26	0.95	1.0000	1.0000	1.0202	1.0000	1.0000	1.0000	1.0200	0.99
Office Visits	2,528,597	45,362	1,782	55.74	8.28	1.0000	1.0000	1.0238	1.0000	1.0000	1.0000	1.0200	8.64
Urgent Care	706,835	11,618	456	60.84	2.31	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	2.42
Injectables & Immunizations	324,946	18,852	740	17.24	1.06	1.0000	1.0000	1.0219	1.0000	0.9597	1.0000	1.0200	1.06
Other Physician	2,381,233	50,805	1,995	46.87	7.79	1.0000	1.0000	1.0193	1.0000	1.0024	1.0000	1.0200	8.12
Radiology/Pathology	1,108,890	51,180	2,010	21.67	3.63	1.0000	1.0000	1.0248	1.0000	0.9999	1.0000	1.0200	3.79
MH/SA	214,529	2,271	89	94.46	0.70	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.74
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$8,775,261	192,261	7,551	\$45.64	\$28.72								\$29.94
Other Services													
Home Health	\$742,729	5,779	227	\$128.52	\$2.43	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0000	\$2.49
Ambulance	282,315	2,551	100	110.67	0.92	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	0.95
Prosthetics/DME	35,489	805	32	44.09	0.12	1.0000	1.0000	1.0000	1.1087	1.0000	1.0000	1.0000	0.13
Vision/Hearing Aids	13,914	81	3	171.78	0.05	1.0000	1.0000	1.0273	1.0000	1.0000	1.0000	1.0000	0.05
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0223	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	5,857	73	3	80.24	0.02	1.0000	1.0000	1.0195	1.0000	0.9911	1.0000	1.0000	0.02
	\$1,080,305	9,289	365	\$116.30	\$3.54								\$3.63
Total	\$18,337,819	226,199	8,884	\$81.07	\$60.02								\$73.50

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$3,542,944	2,797	100	\$1,266.69	\$10.51	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.04
MH/SA	28,156	84	3	335.19	0.08	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.11
Skilled Nursing Facility	232,007	152	5	1,526.36	0.69	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.92
Maternity	674,214	860	31	783.97	2.00	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.67
Newborn	0	0	0	0.00	0.00	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,477,322	3,893	139	\$1,150.10	\$13.28								\$17.74
Hospital Outpatient													
Emergency Hospital	\$3,011,973	18,912	673	\$159.26	\$8.94	1.0000	1.5456	1.0000	1.0000	1.0000	1.0000	1.0000	\$13.81
Misc Outpatient	4,280,047	26,609	947	160.85	12.70	1.0000	1.5456	1.0000	1.0000	1.0000	1.0000	1.0000	19.63
	\$7,292,019	45,521	1,621	\$160.19	\$21.64								\$33.44
Professional													
Inpatient Surgery	\$238,061	1,235	44	\$192.76	\$0.71	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	\$0.74
Outpatient Surgery	1,025,356	8,337	297	122.99	3.04	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	3.18
Hospital Visits	480,724	6,710	239	71.64	1.43	1.0000	1.0000	1.0216	1.0000	1.0000	1.0000	1.0200	1.49
Office Visits	5,061,882	96,370	3,431	52.53	15.02	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	15.69
Urgent Care	1,297,415	20,423	727	63.53	3.85	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	4.02
Injections & Immunizations	483,293	33,160	1,181	14.57	1.43	1.0000	1.0000	1.0234	1.0000	0.9572	1.0000	1.0200	1.43
Other Physician	3,312,552	75,976	2,705	43.60	9.83	1.0000	1.0000	1.0222	1.0000	1.0011	1.0000	1.0200	10.26
Radiology/Pathology	3,176,388	145,876	5,194	21.77	9.42	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	9.85
MH/SA	237,298	2,579	92	92.01	0.70	1.0000	1.0000	1.0263	1.0000	1.0000	1.0000	1.0200	0.74
Maternity (delivery)	21,305	243	9	87.68	0.06	1.0000	1.0000	1.0304	1.0000	1.0000	1.0000	1.0200	0.07
Maternity (non-delivery)	202,612	3,855	137	52.56	0.60	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.63
	\$15,536,885	394,764	14,056	\$39.36	\$46.10								\$48.09
Other Services													
Home Health	\$726,658	6,910	246	\$105.16	\$2.16	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0000	\$2.21
Ambulance	424,416	4,413	157	96.17	1.26	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0000	1.29
Prosthetics/DME	31,310	4,123	147	7.59	0.09	1.0000	1.0000	1.0000	1.1055	1.0000	1.0000	1.0000	0.10
Vision/Hearing Aids	12,075	88	3	137.22	0.04	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0000	0.04
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0223	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	10,809	112	4	96.51	0.03	1.0000	1.0000	1.0163	1.0000	0.9962	1.0000	1.0000	0.03
	\$1,205,267	15,646	557	\$77.03	\$3.58								\$3.67
Total	\$28,511,493	459,824	16,372	\$62.01	\$84.60								\$102.95

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,381,623	2,229	322	\$1,965.73	\$52.68	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$69.82
MH/SA	13,619	49	7	277.93	0.16	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.22
Skilled Nursing Facility	50,752	57	8	890.38	0.61	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.81
Maternity	0	0	0	0.00	0.00	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,445,993	2,335	337	\$1,904.07	\$53.46								\$70.84
Hospital Outpatient													
Emergency Hospital	\$1,249,986	7,106	1,025	\$175.91	\$15.03	1.0000	1.5160	1.0000	1.0000	1.0000	1.0000	1.0000	\$22.79
Misc Outpatient	1,923,574	5,923	855	324.76	23.13	1.0000	1.5160	1.0000	1.0000	1.0000	1.0000	1.0000	35.06
	\$3,173,560	13,029	1,880	\$243.58	\$38.16								\$57.85
Professional													
Inpatient Surgery	\$344,148	1,216	175	\$283.02	\$4.14	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	\$4.33
Outpatient Surgery	765,806	5,090	734	150.45	9.21	1.0000	1.0000	1.0263	1.0000	1.0000	1.0000	1.0200	9.64
Hospital Visits	175,108	2,642	381	66.28	2.11	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	2.20
Office Visits	1,066,729	18,123	2,615	58.86	12.83	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	13.41
Urgent Care	488,835	7,209	1,040	67.81	5.88	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	6.15
Injections & Immunizations	241,362	6,197	894	38.95	2.90	1.0000	1.0000	1.0257	1.0000	0.9280	1.0000	1.0200	2.82
Other Physician	867,278	15,790	2,278	54.93	10.43	1.0000	1.0000	1.0254	1.0000	0.9542	1.0000	1.0200	10.41
Radiology/Pathology	923,257	27,834	4,016	33.17	11.10	1.0000	1.0000	1.0263	1.0000	0.9996	1.0000	1.0200	11.62
MH/SA	16,390	182	26	90.06	0.20	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	0.21
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$4,888,913	84,283	12,161	\$58.01	\$58.78								\$60.78
Other Services													
Home Health	\$643,746	5,296	764	\$121.55	\$7.74	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0000	\$7.94
Ambulance	159,407	1,576	227	101.15	1.92	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.96
Prosthetics/DME	43,817	419	60	104.57	0.53	1.0000	1.0000	1.0000	1.1080	1.0000	1.0000	1.0000	0.58
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	6,983	106	15	65.88	0.08	1.0000	1.0000	1.0238	1.0000	0.9738	1.0000	1.0000	0.08
	\$853,952	7,397	1,067	\$115.45	\$10.27								\$10.57
Total	\$13,362,419	107,044	15,445	\$124.83	\$160.67								\$200.05

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$24,798,613	14,795	408	\$1,676.15	\$56.93	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$76.16
MH/SA	85,237	143	4	\$96.07	0.20	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
Skilled Nursing Facility	162,841	289	8	\$63.46	0.37	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.50
Maternity	1,127,046	1,422	39	\$792.58	2.59	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.46
Newborn	0	0	0	0.00	0.00	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$26,173,737	16,649	459	\$1,572.09	\$60.08								\$80.38
Hospital Outpatient													
Emergency Hospital	\$8,063,654	48,288	1,330	\$166.99	\$18.51	1.0000	1.5224	1.0000	1.0000	1.0000	1.0000	1.0000	\$28.18
Misc Outpatient	13,673,375	60,002	1,653	\$227.88	\$1.39	1.0000	1.5224	1.0000	1.0000	1.0000	1.0000	1.0000	47.79
	\$21,737,029	108,290	2,983	\$200.73	\$49.90								\$75.97
Professional													
Inpatient Surgery	\$2,009,149	8,151	225	\$246.49	\$4.61	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	\$4.83
Outpatient Surgery	4,418,935	31,778	875	\$139.06	\$10.14	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	10.61
Hospital Visits	1,285,375	18,541	511	\$69.33	\$2.95	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	3.08
Office Visits	9,470,124	174,528	4,808	\$54.26	\$21.74	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	22.73
Urgent Care	3,489,226	51,269	1,412	\$68.06	\$8.01	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0200	8.37
Injectables & Immunizations	1,169,293	48,254	1,329	\$24.23	\$2.68	1.0000	1.0000	1.0241	1.0000	0.9195	1.0000	1.0200	2.58
Other Physician	5,630,573	122,000	3,361	\$46.15	\$12.93	1.0000	1.0000	1.0253	1.0000	1.0117	1.0000	1.0200	13.68
Radiology/Pathology	8,987,660	344,590	9,492	\$26.08	\$20.63	1.0000	1.0000	1.0254	1.0000	0.9998	1.0000	1.0200	21.58
MH/SA	84,453	751	21	\$112.45	\$0.19	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.20
Maternity (delivery)	50,948	591	16	\$86.21	\$0.12	1.0000	1.0000	1.0211	1.0000	1.0000	1.0000	1.0200	0.12
Maternity (non-delivery)	363,529	6,000	165	\$60.59	\$0.83	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	0.87
	\$36,959,265	806,453	22,215	\$45.83	\$84.84								\$88.65
Other Services													
Home Health	\$2,474,874	26,482	729	\$93.45	\$5.68	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0000	\$5.83
Ambulance	1,023,925	10,543	290	\$97.12	\$2.35	1.0000	1.0000	1.0246	1.0000	1.0000	1.0000	1.0000	2.41
Prosthetics/DME	76,406	5,734	158	\$13.33	\$0.18	1.0000	1.0000	1.0000	1.1079	1.0000	1.0000	1.0000	0.19
Vision/Hearing Aids	125	11	0	\$11.36	\$0.00	1.0000	1.0000	1.0435	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0147	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	56,207	685	19	\$82.05	\$0.13	1.0000	1.0000	1.0197	1.0000	0.9567	1.0000	1.0000	0.13
	\$3,631,538	43,455	1,197	\$83.57	\$8.34								\$8.56
Total	\$88,501,569	974,847	26,854	\$90.79	\$203.16								\$253.56

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$7,502,283	3,833	699	\$1,957.29	\$114.09	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$149.39
MH/SA	6,517	9	2	724.10	0.10	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.13
Skilled Nursing Facility	112,376	140	26	802.68	1.71	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.24
Maternity	0	0	0	0.00	0.00	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,621,175	3,982	727	\$1,913.91	\$115.89								\$151.76
Hospital Outpatient													
Emergency Hospital	\$892,669	4,658	850	\$191.64	\$13.57	1.0000	1.5260	1.0000	1.0000	1.0000	1.0000	1.0000	\$20.72
Misc Outpatient	3,330,256	11,621	2,121	286.57	50.64	1.0000	1.5260	1.0000	1.0000	1.0000	1.0000	1.0000	77.28
	\$4,222,926	16,279	2,971	\$259.41	\$64.22								\$98.00
Professional													
Inpatient Surgery	\$561,223	1,974	360	\$284.31	\$8.53	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	\$8.92
Outpatient Surgery	1,091,422	7,409	1,352	147.31	16.60	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	17.36
Hospital Visits	312,983	4,440	810	70.49	4.76	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	4.97
Office Visits	1,594,893	27,781	5,070	57.41	24.25	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0200	25.37
Urgent Care	396,725	5,226	954	75.91	6.03	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	6.31
Injectables & Immunizations	479,663	8,674	1,583	55.30	7.29	1.0000	1.0000	1.0227	1.0000	0.9371	1.0000	1.0200	7.13
Other Physician	1,883,502	31,439	5,737	59.91	28.64	1.0000	1.0000	1.0257	1.0000	0.9943	1.0000	1.0200	29.79
Radiology/Pathology	1,688,931	53,961	9,847	31.30	25.68	1.0000	1.0000	1.0260	1.0000	0.9993	1.0000	1.0200	26.86
MH/SA	9,956	90	16	110.62	0.15	1.0000	1.0000	1.0271	1.0000	1.0000	1.0000	1.0200	0.16
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	608	3	1	202.58	0.01	1.0000	1.0000	1.0164	1.0000	1.0000	1.0000	1.0200	0.01
	\$8,019,905	140,997	25,729	\$56.88	\$121.96								\$126.88
Other Services													
Home Health	\$924,551	11,645	2,125	\$79.39	\$14.06	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0000	\$14.42
Ambulance	169,100	1,764	322	95.86	2.57	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	2.64
Prosthetics/DME	32,664	527	96	61.98	0.50	1.0000	1.0000	1.0000	1.1113	1.0000	1.0000	1.0000	0.55
Vision/Hearing Aids	2	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	39,375	324	59	121.53	0.60	1.0000	1.0000	1.0230	1.0000	0.9370	1.0000	1.0000	0.57
	\$1,165,692	14,260	2,602	\$81.75	\$17.73								\$18.18
Total	\$21,029,698	175,518	32,029	\$119.82	\$319.79								\$394.82

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: SSI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$131,466,735	94,229	1,732	\$1,395.18	\$201.42	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$267.55
MH/SA	491,504	890	16	\$52.25	0.75	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.00
Skilled Nursing Facility	2,575,451	6,649	122	\$387.34	3.95	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.24
Maternity	341,282	519	10	\$657.58	0.52	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.69
Newborn	3,381,162	3,420	63	\$988.64	5.18	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.88
Other Inpatient	0	0	0	\$0.00	0.00	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$138,256,132	105,707	1,943	\$1,307.92	\$211.82								\$281.36
Hospital Outpatient													
Emergency Hospital	\$10,116,250	52,684	969	\$192.02	\$15.50	1.0000	1.6066	1.0000	1.0000	1.0000	1.0000	1.0000	\$24.90
Misc Outpatient	29,837,713	110,115	2,025	\$270.97	\$45.71	1.0000	1.6066	1.0000	1.0000	1.0000	1.0000	1.0000	73.45
	\$39,953,962	162,799	2,993	\$245.42	\$61.21								\$98.35
Professional													
Inpatient Surgery	\$5,346,398	22,027	405	\$242.72	\$8.19	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	\$8.56
Outpatient Surgery	6,860,893	48,126	885	\$142.56	\$10.51	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	10.99
Hospital Visits	9,927,688	124,268	2,285	\$79.89	\$15.21	1.0000	1.0000	1.0220	1.0000	1.0000	1.0000	1.0200	15.86
Office Visits	13,476,749	237,663	4,370	\$67.11	\$20.65	1.0000	1.0000	1.0238	1.0000	1.0000	1.0000	1.0200	21.56
Urgent Care	4,909,245	62,900	1,156	\$78.05	\$7.52	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	7.86
Injections & Immunizations	10,454,764	115,137	2,117	\$90.80	\$16.02	1.0000	1.0000	1.0244	1.0000	0.9483	1.0000	1.0200	15.87
Other Physician	29,408,299	341,684	6,282	\$86.07	\$45.06	1.0000	1.0000	1.0178	1.0000	1.0073	1.0000	1.0200	47.12
Radiology/Pathology	12,859,011	428,064	7,870	\$30.04	\$19.70	1.0000	1.0000	1.0251	1.0000	0.9996	1.0000	1.0200	20.59
MH/SA	414,471	2,041	38	\$203.07	\$0.64	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	0.66
Maternity (delivery)	5,819	70	1	\$83.12	\$0.01	1.0000	1.0000	1.0190	1.0000	1.0000	1.0000	1.0200	0.01
Maternity (non-delivery)	41,862	832	15	\$50.31	\$0.06	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0200	0.07
	\$93,705,198	1,382,812	25,423	\$67.76	\$143.57								\$149.15
Other Services													
Home Health	\$24,303,642	219,764	4,040	\$110.59	\$37.24	1.0000	1.0000	1.0204	1.0000	1.0000	1.0000	1.0000	\$38.00
Ambulance	3,401,054	35,941	661	\$94.63	\$5.21	1.0000	1.0000	1.0246	1.0000	1.0000	1.0000	1.0000	5.34
Prosthetics/DME	807,360	5,593	103	\$144.35	\$1.24	1.0000	1.0000	1.0000	1.0970	1.0000	1.0000	1.0000	1.36
Vision/Hearing Aids	147,532	1,211	22	\$121.83	\$0.23	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0000	0.23
Dental	34	3	0	\$11.33	\$0.00	1.0000	1.0000	1.0215	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	219,013	2,060	38	\$106.32	\$0.34	1.0000	1.0000	1.0181	1.0000	0.9663	1.0000	1.0000	0.33
	\$28,878,636	264,572	4,864	\$109.15	\$44.25								\$45.25
Total	\$300,793,929	1,915,890	35,224	\$157.00	\$460.85								\$574.11

Appendix C1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: OCWI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$3,504,835	2,485	131	\$1,410.40	\$15.36	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$20.72
MH/SA	3,367	13	1	258.97	0.01	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Skilled Nursing Facility	61,230	45	2	1,360.67	0.27	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.36
Maternity	5,361,226	7,760	408	690.88	23.50	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	31.70
Newborn	0	0	0	0.00	0.00	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$8,930,658	10,303	542	\$866.80	\$39.14								\$52.81
Hospital Outpatient													
Emergency Hospital	\$1,736,223	11,292	594	\$153.76	\$7.61	1.0000	1.6019	1.0000	1.0000	1.0000	1.0000	1.0000	\$12.19
Misc Outpatient	12,258,851	97,677	5,138	125.50	\$3.73	1.0000	1.6019	1.0000	1.0000	1.0000	1.0000	1.0000	86.07
	\$13,995,074	108,969	5,731	\$128.43	\$61.34								\$98.26
Professional													
Inpatient Surgery	\$707,866	6,796	357	\$104.16	\$3.10	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	\$3.25
Outpatient Surgery	861,594	8,483	446	101.57	3.78	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	3.95
Hospital Visits	1,620,954	25,756	1,355	62.94	7.10	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	7.43
Office Visits	11,456,865	250,447	13,173	45.75	50.22	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	\$2.51
Urgent Care	1,673,041	25,342	1,333	66.02	7.33	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	7.67
Injectables & Immunizations	314,858	11,809	621	26.66	1.38	1.0000	1.0000	1.0272	1.0000	0.9197	1.0000	1.0200	1.33
Other Physician	1,958,255	73,034	3,841	26.81	8.58	1.0000	1.0000	1.0257	1.0000	1.0122	1.0000	1.0200	9.09
Radiology/Pathology	12,063,653	530,497	27,903	22.74	52.88	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	\$5.33
MH/SA	14,209	134	7	106.04	0.06	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	0.07
Maternity (delivery)	374,276	4,349	229	86.06	1.64	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	1.71
Maternity (non-delivery)	2,300,381	43,489	2,287	52.90	10.08	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	10.54
	\$33,345,952	980,136	51,553	\$34.02	\$146.16								\$152.88
Other Services													
Home Health	\$2,172,057	21,366	1,124	\$101.66	\$9.52	1.0000	1.0000	1.0268	1.0000	1.0000	1.0000	1.0000	\$9.78
Ambulance	747,540	7,820	411	95.59	3.28	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	3.36
Prosthetics/DME	48,383	7,239	381	6.68	0.21	1.0000	1.0000	1.0000	1.1070	1.0000	1.0000	1.0000	0.23
Vision/Hearing Aids	129	3	0	42.90	0.00	1.0000	1.0000	1.0388	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0235	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	31,631	88	5	359.44	0.14	1.0000	1.0000	1.0252	1.0000	1.0007	1.0000	1.0000	0.14
	\$2,999,740	36,516	1,921	\$82.15	\$13.15								\$13.51
Total	\$59,271,423	1,135,924	59,747	\$52.18	\$259.79								\$317.46

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: DUAL

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,783,617	35,706	930	\$133.97	\$10.38	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$13.69
MH/SA	104	18	0	5.75	0.00	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	694,139	5,598	146	124.00	1.51	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.99
Maternity	90,283	404	11	223.47	0.20	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
Newborn	0	0	0	0.00	0.00	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,568,143	41,726	1,087	\$133.45	\$12.08								\$15.93
Hospital Outpatient													
Emergency Hospital	\$992,970	22,680	591	\$43.78	\$2.16	1.0000	1.4807	1.0000	1.0000	1.0000	1.0000	1.0000	\$3.19
Misc Outpatient	2,954,513	37,364	973	79.07	6.41	1.0000	1.4807	1.0000	1.0000	1.0000	1.0000	1.0000	9.49
	\$3,947,483	60,044	1,564	\$65.74	\$8.57								\$12.69
Professional													
Inpatient Surgery	\$476,288	11,347	296	\$41.97	\$1.03	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	\$1.08
Outpatient Surgery	884,598	28,645	746	30.88	1.92	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	2.01
Hospital Visits	353,223	45,885	1,195	7.70	0.77	1.0000	1.0000	1.0210	1.0000	1.0000	1.0000	1.0200	0.80
Office Visits	1,681,068	96,886	2,523	17.35	3.65	1.0000	1.0000	1.0205	1.0000	1.0000	1.0000	1.0200	3.80
Urgent Care	343,806	22,854	595	15.04	0.75	1.0000	1.0000	1.0213	1.0000	1.0000	1.0000	1.0200	0.78
Injections & Immunizations	2,858,954	82,325	2,144	34.73	6.20	1.0000	1.0000	1.0256	1.0000	0.9481	1.0000	1.0200	6.15
Other Physician	5,947,505	174,467	4,544	34.09	12.91	1.0000	1.0000	1.0248	1.0000	0.9570	1.0000	1.0200	12.91
Radiology/Pathology	1,193,388	111,435	2,902	10.71	2.59	1.0000	1.0000	1.0252	1.0000	0.9997	1.0000	1.0200	2.71
MH/SA	27,313	1,344	35	20.32	0.06	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	0.06
Maternity (delivery)	73,569	178	5	413.31	0.16	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	0.17
Maternity (non-delivery)	4,587	398	10	11.52	0.01	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.01
	\$13,844,299	\$75,764	14,995	\$24.05	\$30.05								\$30.47
Other Services													
Home Health	\$3,273,401	114,591	2,984	\$28.57	\$7.10	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0000	\$7.28
Ambulance	91,594	1,553	40	58.98	0.20	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	0.20
Prosthetics/DME	380,627	4,533	118	83.97	0.83	1.0000	1.0000	1.0000	1.1081	1.0000	1.0000	1.0000	0.92
Vision/Hearing Aids	107	7	0	15.22	0.00	1.0000	1.0000	1.0337	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	155,005	3,285	86	47.19	0.34	1.0000	1.0000	1.0201	1.0000	0.9705	1.0000	1.0000	0.33
	\$3,900,734	123,969	3,229	\$31.47	\$8.47								\$8.73
Total	\$27,260,658	801,503	20,874	\$34.01	\$59.16								\$67.82

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: KICK

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$10,281	20	1	\$514.03	\$0.39	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.52
MH/SA	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	70,131,999	62,640	2,346	1,119.60	2,626.37	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3,540.77
Newborn	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$70,142,280	62,660	2,347	\$1,119.41	\$2,626.76								\$3,541.29
Hospital Outpatient													
Emergency Hospital	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Misc Outpatient	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$0	0	0	\$0.00	\$0.00								\$0.00
Professional													
Inpatient Surgery	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	\$0.00
Outpatient Surgery	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Hospital Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Office Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Urgent Care	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Injectons & Immunizations	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Other Physician	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Radiology/Pathology	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
MH/SA	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (delivery)	39,786,543	54,992	2,059	723.50	1,489.97	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	1,558.48
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$39,786,543	54,992	2,059	\$723.50	\$1,489.97								\$1,558.48
Other Services													
Home Health	\$3,725	6	0	\$620.80	\$0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.14
Ambulance	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Prosthetics/DME	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	56,554	0	0	0.00	2.12	1.0000	1.0000	1.0287	1.0000	1.0000	1.0000	1.0000	2.18
	\$60,279	6	0	\$10,046.52	\$2.26								\$2.32
Total	\$109,989,102	117,658	4,406	\$934.82	\$4,118.98								\$5,102.09

Appendix C1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,878,145	1,815	2,805	\$1,585.75	\$4,448.45	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$5,977.75
MH/SA	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	31,266,533	30,306	46,841	1,031.69	48,325.40	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	64,938.87
Other Inpatient	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$34,144,678	32,121	49,646	\$1,063.00	\$52,773.85								\$70,916.62
Hospital Outpatient													
Emergency Hospital	\$11,495	78	121	\$147.37	\$17.77	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	\$29.92
Misc Outpatient	29,975	376	581	79.72	46.33	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	78.02
	\$41,470	454	702	\$91.34	\$64.10								\$107.94
Professional													
Inpatient Surgery	\$207,398	1,070	1,654	\$193.83	\$320.55	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0200	\$333.48
Outpatient Surgery	4,623	30	46	154.10	7.15	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	7.46
Hospital Visits	7,803,245	29,233	45,182	266.93	12,060.66	1.0000	1.0000	1.0162	1.0000	1.0000	1.0000	1.0200	12,501.05
Office Visits	126,847	1,672	2,584	75.87	196.05	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	204.78
Urgent Care	6,933	127	196	54.59	10.72	1.0000	1.0000	1.0224	1.0000	1.0000	1.0000	1.0200	11.17
Injections & Immunizations	35,186	458	708	76.83	54.38	1.0000	1.0000	1.0230	1.0000	1.0056	1.0000	1.0200	57.07
Other Physician	228,423	4,548	7,029	50.23	353.05	1.0000	1.0000	1.0237	1.0000	0.9999	1.0000	1.0200	368.63
Radiology/Pathology	133,700	13,156	20,334	10.16	206.65	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	215.30
MH/SA	2,382	2	3	1,191.00	3.68	1.0000	1.0000	1.0281	1.0000	1.0000	1.0000	1.0200	3.86
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0381	1.0000	1.0000	1.0000	1.0200	0.00
	\$8,548,739	50,296	77,737	\$169.97	\$13,212.89								\$13,702.80
Other Services													
Home Health	\$95,762	621	960	\$154.21	\$148.01	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	\$151.76
Ambulance	83,927	362	560	231.84	129.72	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0000	132.89
Prosthetics/DME	68	4	6	16.90	0.10	1.0000	1.0000	1.0000	1.0965	1.0000	1.0000	1.0000	0.11
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	2,615	16	25	163.45	4.04	1.0000	1.0000	1.0146	1.0000	1.0000	1.0000	1.0000	4.10
	\$182,372	1,003	1,550	\$181.83	\$281.87								\$288.87
Total	\$42,917,258	83,874	129,635	\$511.69	\$66,332.70								\$85,016.23

Appendix C1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,136,843	1,797	595	\$1,189.12	\$707.10	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$950.18
MH/SA	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	21,881,091	26,272	8,694	832.87	7,240.60	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9,729.80
Other Inpatient	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$24,017,934	28,069	9,288	\$855.67	\$7,947.70								\$10,679.98
Hospital Outpatient													
Emergency Hospital	\$106,097	768	254	\$138.15	\$35.11	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	\$59.12
Misc Outpatient	187,508	2,419	800	77.51	62.05	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	104.49
	\$293,605	3,187	1,055	\$92.13	\$97.16								\$163.62
Professional													
Inpatient Surgery	\$395,244	1,913	633	\$206.61	\$130.79	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0200	\$136.06
Outpatient Surgery	33,845	358	118	94.54	11.20	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	11.69
Hospital Visits	4,562,759	28,230	9,341	161.63	1,509.85	1.0000	1.0000	1.0162	1.0000	1.0000	1.0000	1.0200	1,564.98
Office Visits	637,122	9,944	3,291	64.07	210.83	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	220.21
Urgent Care	53,507	875	290	61.15	17.71	1.0000	1.0000	1.0224	1.0000	1.0000	1.0000	1.0200	18.46
Injections & Immunizations	155,863	3,617	1,197	43.09	51.58	1.0000	1.0000	1.0230	1.0000	1.0056	1.0000	1.0200	54.12
Other Physician	290,032	5,479	1,813	52.94	95.97	1.0000	1.0000	1.0237	1.0000	0.9999	1.0000	1.0200	100.21
Radiology/Pathology	93,746	7,304	2,417	12.83	31.02	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	32.32
MH/SA	7,742	11	4	703.85	2.56	1.0000	1.0000	1.0281	1.0000	1.0000	1.0000	1.0200	2.69
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0381	1.0000	1.0000	1.0000	1.0200	0.00
	\$6,229,860	57,731	19,104	\$107.91	\$2,061.50								\$2,140.74
Other Services													
Home Health	\$276,966	1,952	646	\$141.89	\$91.65	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	\$93.97
Ambulance	183,918	695	230	264.63	60.86	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0000	62.35
Prosthetics/DME	4,457	82	27	54.36	1.47	1.0000	1.0000	1.0000	1.0965	1.0000	1.0000	1.0000	1.62
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	1,606	18	6	89.24	0.53	1.0000	1.0000	1.0146	1.0000	1.0000	1.0000	1.0000	0.54
	\$466,947	2,747	909	\$169.98	\$154.52								\$158.48
Total	\$31,008,347	91,734	30,355	\$338.02	\$10,260.87								\$13,142.82

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$169.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	\$148.52
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Newborn	1,079.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	948.12
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
	\$1,248.94												\$1,096.63
Hospital Outpatient													
Emergency Hospital	\$15.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8000	\$14.63
Misc Outpatient	22.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8500	21.80
	\$37.97												\$36.43
Professional													
Inpatient Surgery	\$19.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	\$17.77
Outpatient Surgery	3.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	2.96
Hospital Visits	200.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	179.72
Office Visits	63.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	66.60
Urgent Care	4.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	4.34
Injections & Immunizations	7.20	1.0000	1.0000	1.0000	1.0000	0.9893	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	7.50
Other Physician	20.47	1.0000	1.0000	0.9929	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	18.20
Radiology/Pathology	5.32	1.0000	1.0000	1.0000	0.9393	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	4.47
MH/SA	0.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	0.55
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.9000	0.00
	\$325.47												\$302.12
Other Services													
Home Health	\$20.07	1.0000	0.9800	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	\$16.58
Ambulance	5.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	4.47
Prosthetics/DME	0.43	1.0000	0.7070	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.26
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Unknown	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.05
	\$25.86												\$21.35
Total	\$1,638.24												\$1,456.53

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$47.70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	\$40.54
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
Newborn	0.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.83
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
	\$48.67												\$41.37
Hospital Outpatient													
Emergency Hospital	\$22.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1200	0.8000	\$20.41
Misc Outpatient	20.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1200	0.8500	19.28
	\$43.03												\$39.69
Professional													
Inpatient Surgery	\$2.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	\$1.87
Outpatient Surgery	4.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	4.08
Hospital Visits	10.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	8.95
Office Visits	39.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	1.0000	40.36
Urgent Care	5.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	4.81
Injections & Immunizations	12.00	1.0000	1.0000	1.0000	1.0000	0.9810	1.0000	1.0000	1.0000	1.0000	1.0200	1.0000	12.01
Other Physician	15.12	1.0000	1.0000	0.9891	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	1.0200	0.8500	12.97
Radiology/Pathology	2.46	1.0000	1.0000	1.0000	0.9927	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	2.12
MH/SA	0.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	0.28
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.9000	0.00
	\$92.21												\$87.44
Other Services													
Home Health	\$8.61	1.0000	0.8910	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	\$6.26
Ambulance	0.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.78
Prosthetics/DME	1.84	1.0000	0.8556	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	1.28
Vision/Hearing Aids	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.06
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.00
Unknown	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.04
	\$11.53												\$8.43
Total	\$195.44												\$176.92

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$10.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$8.56
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Skilled Nursing Facility	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.06
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$10.41												\$8.62
Hospital Outpatient													
Emergency Hospital	\$14.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$11.82
Misc Outpatient	11.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	9.85
	\$25.15												\$21.67
Professional													
Inpatient Surgery	\$0.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.38
Outpatient Surgery	3.75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	3.05
Hospital Visits	0.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.64
Office Visits	16.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	15.28
Urgent Care	2.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	2.41
Injections & Immunizations	1.60	1.0000	1.0000	1.0000	1.0000	0.9941	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	1.52
Other Physician	9.63	1.0000	1.0000	0.9909	1.0000	1.0000	0.9996	0.9993	0.9360	1.0000	1.0200	0.8500	7.74
Radiology/Pathology	1.63	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.32
MH/SA	0.31	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.25
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.00
	\$37.15												\$32.58
Other Services													
Home Health	\$2.54	1.0000	0.9049	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.76
Ambulance	0.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.38
Prosthetics/DME	0.23	1.0000	0.7607	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.13
Vision/Hearing Aids	0.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.02
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.09	1.0000	0.9974	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.07
	\$3.38												\$2.35
Total	\$76.10												\$65.23

Appendix C2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$8.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$6.74
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Skilled Nursing Facility	0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.14
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$8.29												\$6.88
Hospital Outpatient													
Emergency Hospital	\$8.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$6.96
Misc Outpatient	7.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	6.74
	\$15.87												\$13.70
Professional													
Inpatient Surgery	\$0.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.38
Outpatient Surgery	2.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.88
Hospital Visits	0.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.53
Office Visits	10.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	10.22
Urgent Care	1.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.43
Injections & Immunizations	1.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	1.27
Other Physician	9.24	1.0000	1.0000	0.9955	1.0000	1.0000	0.9996	0.9987	0.9360	1.0000	1.0200	0.8500	7.45
Radiology/Pathology	2.03	1.0000	1.0000	1.0000	0.9987	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.65
MH/SA	0.51	0.9990	1.0000	1.0000	1.0000	1.0000	1.0000	0.9407	0.9360	1.0000	1.0200	0.8500	0.39
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.00
	\$29.03												\$25.21
Other Services													
Home Health	\$1.39	1.0000	0.9434	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.00
Ambulance	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.28
Prosthetics/DME	0.17	1.0000	0.9108	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.12
Vision/Hearing Aids	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.05
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.04
	\$2.03												\$1.48
Total	\$55.21												\$47.27

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$17.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$14.85
MH/SA	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.03
Skilled Nursing Facility	0.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.77
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$18.78												\$15.66
Hospital Outpatient													
Emergency Hospital	\$10.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$9.01
Misc Outpatient	10.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	9.27
	\$21.15												\$18.28
Professional													
Inpatient Surgery	\$0.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.77
Outpatient Surgery	3.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	2.62
Hospital Visits	0.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.81
Office Visits	8.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	7.01
Urgent Care	2.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.96
Injections & Immunizations	1.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.86
Other Physician	8.12	1.0000	1.0000	0.9979	1.0000	1.0000	0.9996	0.9994	0.9360	1.0000	1.0200	0.8500	6.57
Radiology/Pathology	3.79	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	3.08
MH/SA	0.74	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	0.6621	0.9360	1.0000	1.0200	0.8500	0.39
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.00
	\$29.94												\$24.07
Other Services													
Home Health	\$2.49	1.0000	0.9876	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.88
Ambulance	0.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.72
Prosthetics/DME	0.13	1.0000	0.9816	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.10
Vision/Hearing Aids	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.04
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.01
	\$3.63												\$2.75
Total	\$73.50												\$60.76

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$14.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$11.61
MH/SA	0.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.09
Skilled Nursing Facility	0.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.89
Maternity	2.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	2.21
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$17.74												\$14.81
Hospital Outpatient													
Emergency Hospital	\$13.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$11.58
Misc Outpatient	19.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	17.49
	\$33.44												\$29.07
Professional													
Inpatient Surgery	\$0.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.60
Outpatient Surgery	3.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	2.58
Hospital Visits	1.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.21
Office Visits	15.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	12.73
Urgent Care	4.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	3.26
Injections & Immunizations	1.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.16
Other Physician	10.26	1.0000	1.0000	0.9973	1.0000	1.0000	0.9999	1.0000	0.9360	1.0000	1.0200	0.8500	8.30
Radiology/Pathology	9.85	1.0000	1.0000	1.0000	0.9996	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	7.99
MH/SA	0.74	0.9990	1.0000	1.0000	1.0000	1.0000	1.0000	0.7495	0.9360	1.0000	1.0200	0.8500	0.45
Maternity (delivery)	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.06
Maternity (non-delivery)	0.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.54
	\$48.09												\$38.89
Other Services													
Home Health	\$2.21	1.0000	0.9885	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.67
Ambulance	1.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.99
Prosthetics/DME	0.10	1.0000	0.9537	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.07
Vision/Hearing Aids	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.03
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.02
	\$3.67												\$2.78
Total	\$102.95												\$85.56

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$69.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	\$61.53
MH/SA	0.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.19
Skilled Nursing Facility	0.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	1.0000	0.84
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
	\$70.84												\$62.56
Hospital Outpatient													
Emergency Hospital	\$22.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8000	\$20.36
Misc Outpatient	35.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8500	33.28
	\$57.85												\$53.64
Professional													
Inpatient Surgery	\$4.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	\$3.74
Outpatient Surgery	9.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	8.33
Hospital Visits	2.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	1.90
Office Visits	13.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	11.60
Urgent Care	6.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	5.32
Injections & Immunizations	2.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	2.44
Other Physician	10.41	1.0000	1.0000	0.9992	1.0000	1.0000	0.9999	1.0000	0.9970	1.0001	1.0200	0.8500	8.99
Radiology/Pathology	11.62	1.0000	1.0000	1.0000	0.9990	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8500	10.03
MH/SA	0.21	0.9711	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	0.17
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.9000	0.00
	\$60.78												\$52.52
Other Services													
Home Health	\$7.94	1.0000	0.9964	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	\$6.44
Ambulance	1.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	1.60
Prosthetics/DME	0.58	1.0000	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.47
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Unknown	0.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.07
	\$10.57												\$8.58
Total	\$200.05												\$177.30

Appendix C2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$76.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	\$67.12
MH/SA	0.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.23
Skilled Nursing Facility	0.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	1.0000	0.52
Maternity	3.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	3.05
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
	\$80.38												\$70.92
Hospital Outpatient													
Emergency Hospital	\$28.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8000	\$25.18
Misc Outpatient	47.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8500	45.36
	\$75.97												\$70.54
Professional													
Inpatient Surgery	\$4.83	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	\$4.17
Outpatient Surgery	10.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	9.17
Hospital Visits	3.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	2.67
Office Visits	22.73	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	19.65
Urgent Care	8.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	7.24
Injections & Immunizations	2.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	2.23
Other Physician	13.68	1.0000	1.0000	0.9989	1.0000	1.0000	0.9999	1.0000	0.9970	1.0001	1.0200	0.8500	11.81
Radiology/Pathology	21.58	1.0000	1.0000	1.0000	0.9994	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8500	18.64
MH/SA	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	0.18
Maternity (delivery)	0.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	1.0000	0.12
Maternity (non-delivery)	0.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.9000	0.80
	\$88.65												\$76.68
Other Services													
Home Health	\$5.83	1.0000	0.9925	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	\$4.71
Ambulance	2.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	1.96
Prosthetics/DME	0.19	1.0000	0.9981	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.16
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Unknown	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.10
	\$8.56												\$6.92
Total	\$253.56												\$225.06

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$149.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	\$131.67
MH/SA	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.11
Skilled Nursing Facility	2.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	1.0000	2.32
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
	\$151.76												\$134.10
Hospital Outpatient													
Emergency Hospital	\$20.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8000	\$18.51
Misc Outpatient	77.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8500	73.36
	\$98.00												\$91.87
Professional													
Inpatient Surgery	\$8.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	\$7.71
Outpatient Surgery	17.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	15.01
Hospital Visits	4.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	4.30
Office Visits	25.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	21.93
Urgent Care	6.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	5.45
Injections & Immunizations	7.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	6.16
Other Physician	29.79	1.0000	1.0000	0.9997	1.0000	1.0000	0.9998	1.0000	0.9970	1.0001	1.0200	0.8500	25.74
Radiology/Pathology	26.86	1.0000	1.0000	1.0000	0.9996	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8500	23.21
MH/SA	0.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	0.14
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	1.0000	0.00
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.9000	0.01
	\$126.88												\$109.67
Other Services													
Home Health	\$14.42	1.0000	0.9936	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	\$11.66
Ambulance	2.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	2.15
Prosthetics/DME	0.55	1.0000	0.9913	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.45
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Unknown	0.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.47
	\$18.18												\$14.71
Total	\$394.82												\$350.35

Appendix C2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$267.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	\$237.06
MH/SA	1.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	0.89
Skilled Nursing Facility	5.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	1.0000	5.46
Maternity	0.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	0.62
Newborn	6.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	6.10
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	0.00
	\$281.36												\$250.13
Hospital Outpatient													
Emergency Hospital	\$24.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0031	1.1800	0.8000	\$21.88
Misc Outpatient	73.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0031	1.1800	0.8500	68.57
	\$98.35												\$90.46
Professional													
Inpatient Surgery	\$8.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	\$7.30
Outpatient Surgery	10.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	9.37
Hospital Visits	15.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	13.52
Office Visits	21.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	18.38
Urgent Care	7.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	6.70
Injections & Immunizations	15.87	1.0000	1.0000	1.0000	1.0000	0.9984	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	13.51
Other Physician	47.12	1.0000	1.0000	0.9996	1.0000	1.0000	0.9999	0.9975	0.9280	1.0008	1.0800	0.8500	40.06
Radiology/Pathology	20.59	1.0000	1.0000	1.0000	0.9986	1.0000	1.0000	1.0000	0.9280	1.0001	1.0800	0.8500	17.52
MH/SA	0.66	0.9978	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	0.56
Maternity (delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	1.0000	0.01
Maternity (non-delivery)	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.9000	0.06
	\$149.15												\$126.99
Other Services													
Home Health	\$38.00	1.0000	0.9954	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	\$29.20
Ambulance	5.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0005	1.0400	0.8000	4.12
Prosthetics/DME	1.36	1.0000	0.9870	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	1.03
Vision/Hearing Aids	0.23	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	0.18
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	0.00
Unknown	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9896	0.9280	1.0000	1.0400	0.8000	0.25
	\$45.25												\$34.79
Total	\$574.11												\$502.36

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$20.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	\$18.32
MH/SA	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.02
Skilled Nursing Facility	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.38
Maternity	31.70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	28.02
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.00
	\$52.81												\$46.74
Hospital Outpatient													
Emergency Hospital	\$12.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.1200	0.8000	\$10.92
Misc Outpatient	86.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.1200	0.8500	81.95
	\$98.26												\$92.87
Professional													
Inpatient Surgery	\$3.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	\$2.87
Outpatient Surgery	3.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	3.49
Hospital Visits	7.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	6.57
Office Visits	52.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	54.61
Urgent Care	7.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	6.78
Injections & Immunizations	1.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	1.18
Other Physician	9.09	1.0000	1.0000	0.9994	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000	1.0400	0.8500	8.03
Radiology/Pathology	55.33	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	1.0000	1.0001	1.0400	0.8500	48.88
MH/SA	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.06
Maternity (delivery)	1.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	1.78
Maternity (non-delivery)	10.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.9000	9.87
	\$152.88												\$144.11
Other Services													
Home Health	\$9.78	1.0000	0.9985	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	\$8.43
Ambulance	3.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	2.90
Prosthetics/DME	0.23	1.0000	0.9940	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.20
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.00
Unknown	0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.12
	\$13.51												\$11.66
Total	\$317.46												\$295.38

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$13.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	\$11.90
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.00
Skilled Nursing Facility	1.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	1.0000	2.03
Maternity	0.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.22
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.00
	\$15.93												\$14.16
Hospital Outpatient													
Emergency Hospital	\$3.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0031	1.1000	0.8000	\$2.82
Misc Outpatient	9.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0031	1.1000	0.8500	8.90
	\$12.69												\$11.72
Professional													
Inpatient Surgery	\$1.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	\$0.92
Outpatient Surgery	2.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	1.71
Hospital Visits	0.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	0.68
Office Visits	3.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	3.23
Urgent Care	0.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	0.66
Injections & Immunizations	6.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	5.23
Other Physician	12.91	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	10.98
Radiology/Pathology	2.71	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	0.8500	2.30
MH/SA	0.06	0.9892	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	0.05
Maternity (delivery)	0.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	1.0000	0.17
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.9000	0.01
	\$30.47												\$25.94
Other Services													
Home Health	\$7.28	1.0000	0.9911	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	\$5.31
Ambulance	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0005	0.9200	0.8000	0.15
Prosthetics/DME	0.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.67
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.00
Unknown	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.25
	\$8.73												\$6.38
Total	\$67.82												\$58.20

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: KICK

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$0.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	\$0.54
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.00
Maternity	3,540.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	3,682.40
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.00
	\$3,541.29												\$3,682.94
Hospital Outpatient													
Emergency Hospital	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	1.0000	\$0.00
Misc Outpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	1.0000	0.00
	\$0.00												\$0.00
Professional													
Inpatient Surgery	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Outpatient Surgery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Hospital Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Office Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Urgent Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Injectons & Immunizations	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Physician	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Radiology/Pathology	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	1.0000	0.00
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity (delivery)	1,558.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1,558.50
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$1,558.48												\$1,558.50
Other Services													
Home Health	\$0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.14
Ambulance	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Prosthetics/DME	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	2.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.18
	\$2.32												\$2.32
Total	\$5,102.09												\$5,243.76

Appendix C2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Very Low Birth Weight Babies (Less than 1,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$5,977.75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	\$5,248.76
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Newborn	64,938.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	57,019.57
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
	\$70,916.62												\$62,268.34
Hospital Outpatient													
Emergency Hospital	\$29.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8000	\$27.69
Misc Outpatient	78.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8500	76.73
	\$107.94												\$104.42
Professional													
Inpatient Surgery	\$333.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	\$298.67
Outpatient Surgery	7.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	6.68
Hospital Visits	12,501.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	11,196.09
Office Visits	204.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	215.77
Urgent Care	11.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	10.01
Injections & Immunizations	57.07	1.0000	1.0000	1.0000	1.0000	0.9893	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	59.49
Other Physician	368.63	1.0000	1.0000	0.9929	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	327.79
Radiology/Pathology	215.30	1.0000	1.0000	1.0000	0.9393	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	181.12
MH/SA	3.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	3.46
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.9000	0.00
	\$13,702.80												\$12,299.07
Other Services													
Home Health	\$151.76	1.0000	0.9800	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	\$125.36
Ambulance	132.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	112.02
Prosthetics/DME	0.11	1.0000	0.7070	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.07
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Unknown	4.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	3.46
	\$288.87												\$240.91
Total	\$85,016.23												\$74,912.73

Appendix C2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Low Birth Weight Babies (1,500 - 2,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$950.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	\$834.31
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Newborn	9,729.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	8,543.25
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
	\$10,679.98												\$9,377.56
Hospital Outpatient													
Emergency Hospital	\$59.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8000	\$54.72
Misc Outpatient	104.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8500	102.76
	\$163.62												\$157.48
Professional													
Inpatient Surgery	\$136.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	\$121.86
Outpatient Surgery	11.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	10.47
Hospital Visits	1,564.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	1,401.61
Office Visits	220.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	232.03
Urgent Care	18.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	16.54
Injections & Immunizations	54.12	1.0000	1.0000	1.0000	1.0000	0.9893	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	56.42
Other Physician	100.21	1.0000	1.0000	0.9929	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	89.11
Radiology/Pathology	32.32	1.0000	1.0000	1.0000	0.9393	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	27.19
MH/SA	2.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	2.41
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.9000	0.00
	\$2,140.74												\$1,957.62
Other Services													
Home Health	\$93.97	1.0000	0.9800	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	\$77.63
Ambulance	62.35	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	52.56
Prosthetics/DME	1.62	1.0000	0.7070	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.96
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Unknown	0.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.45
	\$158.48												\$131.60
Total	\$13,142.82												\$11,624.26

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$13,203,419	10,172	1,164	\$1,298.02	\$125.87	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$169.14
MH/SA	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	84,289,173	132,683	15,179	635.27	803.55	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1,079.80
Other Inpatient	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$97,492,592	142,855	16,342	\$682.46	\$929.42								\$1,248.94
Hospital Outpatient													
Emergency Hospital	\$984,258	7,408	847	\$132.86	\$9.38	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	\$15.80
Misc Outpatient	1,380,977	22,258	2,546	62.04	13.17	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	22.17
	\$2,365,236	29,666	3,394	\$79.73	\$22.55								\$37.97
Professional													
Inpatient Surgery	\$2,000,484	14,560	1,666	\$137.40	\$19.07	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0200	\$19.84
Outpatient Surgery	332,494	3,963	453	83.90	3.17	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	3.31
Hospital Visits	20,308,184	150,019	17,162	135.37	193.60	1.0000	1.0000	1.0162	1.0000	1.0000	1.0000	1.0200	200.67
Office Visits	6,347,859	103,671	11,860	61.23	60.52	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	63.21
Urgent Care	486,933	8,111	928	60.03	4.64	1.0000	1.0000	1.0224	1.0000	1.0000	1.0000	1.0200	4.84
Injections & Immunizations	719,480	40,053	4,582	17.96	6.86	1.0000	1.0000	1.0230	1.0000	1.0056	1.0000	1.0200	7.20
Other Physician	2,056,538	44,459	5,086	46.26	19.61	1.0000	1.0000	1.0237	1.0000	0.9999	1.0000	1.0200	20.47
Radiology/Pathology	535,223	42,474	4,859	12.60	5.10	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	5.32
MH/SA	61,303	88	10	696.62	0.58	1.0000	1.0000	1.0281	1.0000	1.0000	1.0000	1.0200	0.61
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	105	1	0	105.00	0.00	1.0000	1.0000	1.0381	1.0000	1.0000	1.0000	1.0200	0.00
	\$32,848,603	407,399	46,606	\$80.63	\$313.15								\$325.47
Other Services													
Home Health	\$2,052,762	16,797	1,922	\$122.21	\$19.57	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	\$20.07
Ambulance	542,959	2,554	292	212.59	5.18	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0000	5.30
Prosthetics/DME	41,343	810	93	51.04	0.39	1.0000	1.0000	1.0000	1.0965	1.0000	1.0000	1.0000	0.43
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	5,837	58	7	100.63	0.06	1.0000	1.0000	1.0146	1.0000	1.0000	1.0000	1.0000	0.06
	\$2,642,901	20,219	2,313	\$130.71	\$25.20								\$25.86
Total	\$135,349,332	600,139	68,655	\$225.53	\$1,290.32								\$1,638.24

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$9,687,695	8,091	361	\$1,197.34	\$36.02	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$47.70
MH/SA	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	197,986	200	9	989.93	0.74	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.97
Other Inpatient	0	0	0	0.00	0.00	1.3241	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$9,885,681	8,291	370	\$1,192.34	\$36.76								\$48.67
Hospital Outpatient													
Emergency Hospital	\$3,821,524	25,106	1,120	\$152.22	\$14.21	1.0000	1.6028	1.0000	1.0000	1.0000	1.0000	1.0000	\$22.78
Misc Outpatient	3,397,389	27,674	1,235	122.76	12.63	1.0000	1.6028	1.0000	1.0000	1.0000	1.0000	1.0000	20.25
	\$7,218,914	52,780	2,355	\$136.77	\$26.84								\$43.03
Professional													
Inpatient Surgery	\$559,650	2,204	98	\$253.92	\$2.08	1.0000	1.0000	1.0179	1.0000	1.0000	1.0000	1.0200	\$2.16
Outpatient Surgery	1,215,816	10,593	473	114.78	4.52	1.0000	1.0000	1.0211	1.0000	1.0000	1.0000	1.0200	4.71
Hospital Visits	2,680,896	16,112	719	166.39	9.97	1.0000	1.0000	1.0154	1.0000	1.0000	1.0000	1.0200	10.33
Office Visits	10,190,539	172,926	7,717	58.93	37.89	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	39.56
Urgent Care	1,429,241	24,790	1,106	57.65	5.31	1.0000	1.0000	1.0227	1.0000	1.0000	1.0000	1.0200	5.54
Injections & Immunizations	3,086,301	129,565	5,782	23.82	11.48	1.0000	1.0000	1.0207	1.0000	1.0046	1.0000	1.0200	12.00
Other Physician	3,900,841	77,256	3,447	50.49	14.51	1.0000	1.0000	1.0220	1.0000	1.0000	1.0000	1.0200	15.12
Radiology/Pathology	634,106	46,443	2,072	13.65	2.36	1.0000	1.0000	1.0225	1.0000	1.0000	1.0000	1.0200	2.46
MH/SA	82,050	227	10	361.46	0.31	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	0.32
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$23,779,440	480,116	21,425	\$49.53	\$88.43								\$92.21
Other Services													
Home Health	\$2,269,401	20,651	922	\$109.89	\$8.44	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0000	\$8.61
Ambulance	252,977	2,091	93	120.98	0.94	1.0000	1.0000	1.0221	1.0000	1.0000	1.0000	1.0000	0.96
Prosthetics/DME	448,487	3,241	145	138.38	1.67	1.0000	1.0000	1.0000	1.1025	1.0000	1.0000	1.0000	1.84
Vision/Hearing Aids	17,991	145	6	124.07	0.07	1.0000	1.0000	1.0268	1.0000	1.0000	1.0000	1.0000	0.07
Dental	677	43	2	15.74	0.00	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	13,039	62	3	210.31	0.05	1.0000	1.0000	1.0129	1.0000	1.0181	1.0000	1.0000	0.05
	\$3,002,572	26,233	1,171	\$114.46	\$11.17								\$11.53
Total	\$43,886,607	567,420	25,320	\$77.34	\$163.20								\$195.44

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$7,707,213	6,794	83	\$1,134.41	\$7.84	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.34
MH/SA	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	48,909	101	1	484.25	0.05	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.07
Maternity	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3203	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,756,122	6,895	84	\$1,124.89	\$7.88								\$10.41
Hospital Outpatient													
Emergency Hospital	\$8,911,547	53,802	656	\$165.64	\$9.06	1.0000	1.5559	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.10
Misc Outpatient	6,990,627	43,078	526	162.28	7.11	1.0000	1.5559	1.0000	1.0000	1.0000	1.0000	1.0000	11.06
	\$15,902,174	96,880	1,182	\$164.14	\$16.17								\$25.15
Professional													
Inpatient Surgery	\$436,755	2,262	28	\$193.08	\$0.44	1.0000	1.0000	1.0205	1.0000	1.0000	1.0000	1.0200	\$0.46
Outpatient Surgery	3,538,066	30,745	375	115.08	3.60	1.0000	1.0000	1.0230	1.0000	1.0000	1.0000	1.0200	3.75
Hospital Visits	748,205	8,592	105	87.08	0.76	1.0000	1.0000	1.0203	1.0000	1.0000	1.0000	1.0200	0.79
Office Visits	15,080,294	273,941	3,342	55.05	15.33	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	16.01
Urgent Care	2,801,636	50,269	613	55.73	2.85	1.0000	1.0000	1.0231	1.0000	1.0000	1.0000	1.0200	2.97
Injectables & Immunizations	1,545,119	123,612	1,508	12.50	1.57	1.0000	1.0000	1.0241	1.0000	0.9740	1.0000	1.0200	1.60
Other Physician	9,150,282	177,001	2,159	51.70	9.30	1.0000	1.0000	1.0150	1.0000	0.9999	1.0000	1.0200	9.63
Radiology/Pathology	1,533,420	102,125	1,246	15.02	1.56	1.0000	1.0000	1.0234	1.0000	1.0000	1.0000	1.0200	1.63
MH/SA	293,824	2,381	29	123.40	0.30	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.31
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	232	3	0	77.44	0.00	1.0000	1.0000	1.0302	1.0000	1.0000	1.0000	1.0200	0.00
	\$35,127,835	770,931	9,405	\$45.57	\$35.71								\$37.15
Other Services													
Home Health	\$2,506,909	31,069	379	\$80.69	\$2.55	1.0000	1.0000	0.9979	1.0000	1.0000	1.0000	1.0000	\$2.54
Ambulance	472,682	4,153	51	113.82	0.48	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0000	0.49
Prosthetics/DME	204,170	3,553	43	57.46	0.21	1.0000	1.0000	1.0000	1.0975	1.0000	1.0000	1.0000	0.23
Vision/Hearing Aids	28,984	304	4	95.34	0.03	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	0.03
Dental	1,035	66	1	15.69	0.00	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	83,073	126	2	659.31	0.08	1.0000	1.0000	1.0147	1.0000	1.0010	1.0000	1.0000	0.09
	\$3,296,854	39,271	479	\$83.95	\$3.35								\$3.38
Total	\$62,082,984	913,977	11,150	\$67.93	\$63.11								\$76.10

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$5,705,159	4,226	54	\$1,350.01	\$6.10	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.15
MH/SA	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	98,437	152	2	647.61	0.11	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.14
Maternity	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3355	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,803,596	4,378	56	\$1,325.63	\$6.20								\$8.29
Hospital Outpatient													
Emergency Hospital	\$5,005,949	29,380	377	\$170.39	\$5.35	1.0000	1.5518	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.30
Misc Outpatient	4,563,159	27,166	349	167.97	4.88	1.0000	1.5518	1.0000	1.0000	1.0000	1.0000	1.0000	7.57
	\$9,569,108	56,546	725	\$169.23	\$10.23								\$15.87
Professional													
Inpatient Surgery	\$423,335	1,761	23	\$240.39	\$0.45	1.0000	1.0000	1.0215	1.0000	1.0000	1.0000	1.0200	\$0.47
Outpatient Surgery	2,076,648	17,634	226	117.76	2.22	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	2.32
Hospital Visits	585,945	6,736	86	86.99	0.63	1.0000	1.0000	1.0188	1.0000	1.0000	1.0000	1.0200	0.65
Office Visits	9,620,644	175,841	2,256	54.71	10.28	1.0000	1.0000	1.0233	1.0000	1.0000	1.0000	1.0200	10.74
Urgent Care	1,579,135	27,776	356	56.85	1.69	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	1.76
Injectables & Immunizations	1,211,152	93,229	1,196	12.99	1.29	1.0000	1.0000	1.0238	1.0000	0.9885	1.0000	1.0200	1.34
Other Physician	8,289,529	152,042	1,950	54.52	8.86	1.0000	1.0000	1.0215	1.0000	1.0010	1.0000	1.0200	9.24
Radiology/Pathology	1,824,023	97,651	1,253	18.68	1.95	1.0000	1.0000	1.0233	1.0000	1.0000	1.0000	1.0200	2.04
MH/SA	456,482	5,503	71	82.95	0.49	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	0.51
Maternity (delivery)	217	2	0	108.65	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	1,952	42	1	46.48	0.00	1.0000	1.0000	1.0225	1.0000	1.0000	1.0000	1.0200	0.00
	\$26,069,061	578,217	7,418	\$45.09	\$27.87								\$29.07
Other Services													
Home Health	\$1,273,803	14,158	182	\$89.97	\$1.36	1.0000	1.0000	1.0222	1.0000	1.0000	1.0000	1.0000	\$1.39
Ambulance	331,366	3,058	39	108.36	0.35	1.0000	1.0000	1.0243	1.0000	1.0000	1.0000	1.0000	0.36
Prosthetics/DME	143,895	2,752	35	52.29	0.15	1.0000	1.0000	1.0000	1.0969	1.0000	1.0000	1.0000	0.17
Vision/Hearing Aids	61,093	503	6	121.46	0.07	1.0000	1.0000	1.0228	1.0000	1.0000	1.0000	1.0000	0.07
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0219	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	42,366	73	1	580.35	0.05	1.0000	1.0000	1.0185	1.0000	0.9991	1.0000	1.0000	0.05
	\$1,852,522	20,544	264	\$90.17	\$1.98								\$2.04
Total	\$43,294,287	659,685	8,463	\$65.63	\$46.28								\$55.26

Appendix C3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,091,323	2,888	113	\$1,416.66	\$13.39	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$17.94
MH/SA	9,500	43	2	220.93	0.03	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.04
Skilled Nursing Facility	181,072	220	9	823.06	0.59	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.79
Maternity	0	0	0	0.00	0.00	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3401	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,281,895	3,151	124	\$1,358.90	\$14.01								\$18.78
Hospital Outpatient													
Emergency Hospital	\$2,134,030	11,934	469	\$178.82	\$6.98	1.0000	1.5383	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.74
Misc Outpatient	2,066,358	9,565	376	216.03	6.76	1.0000	1.5383	1.0000	1.0000	1.0000	1.0000	1.0000	10.40
	\$4,200,389	21,499	844	\$195.38	\$13.75								\$21.15
Professional													
Inpatient Surgery	\$276,707	1,096	43	\$252.47	\$0.91	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0200	\$0.95
Outpatient Surgery	941,914	7,253	285	129.87	3.08	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	3.22
Hospital Visits	291,610	3,824	150	76.26	0.95	1.0000	1.0000	1.0202	1.0000	1.0000	1.0000	1.0200	0.99
Office Visits	2,532,811	45,407	1,783	55.78	8.29	1.0000	1.0000	1.0238	1.0000	1.0000	1.0000	1.0200	8.66
Urgent Care	706,835	11,618	456	60.84	2.31	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	2.42
Injectables & Immunizations	324,998	18,855	741	17.24	1.06	1.0000	1.0000	1.0219	1.0000	0.9597	1.0000	1.0200	1.06
Other Physician	2,381,295	50,807	1,995	46.87	7.79	1.0000	1.0000	1.0193	1.0000	1.0024	1.0000	1.0200	8.12
Radiology/Pathology	1,108,900	51,182	2,010	21.67	3.63	1.0000	1.0000	1.0248	1.0000	0.9999	1.0000	1.0200	3.79
MH/SA	214,529	2,271	89	94.46	0.70	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.74
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$8,779,600	192,313	7,553	\$45.65	\$28.74								\$29.95
Other Services													
Home Health	\$745,381	5,801	228	\$128.49	\$2.44	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0000	\$2.50
Ambulance	282,315	2,551	100	110.67	0.92	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	0.95
Prosthetics/DME	35,489	805	32	44.09	0.12	1.0000	1.0000	1.0000	1.1087	1.0000	1.0000	1.0000	0.13
Vision/Hearing Aids	13,914	81	3	171.78	0.05	1.0000	1.0000	1.0273	1.0000	1.0000	1.0000	1.0000	0.05
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0223	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	5,857	73	3	80.24	0.02	1.0000	1.0000	1.0195	1.0000	0.9911	1.0000	1.0000	0.02
	\$1,082,957	9,311	366	\$116.31	\$3.54								\$3.64
Total	\$18,344,841	226,274	8,887	\$81.07	\$60.04								\$73.52

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$3,542,944	2,797	100	\$1,266.69	\$10.51	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.04
MH/SA	28,156	84	3	335.19	0.08	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.11
Skilled Nursing Facility	232,007	152	5	1,526.36	0.69	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.92
Maternity	676,584	862	31	784.90	2.01	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.68
Newborn	0	0	0	0.00	0.00	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3353	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,479,691	3,895	139	\$1,150.11	\$13.29								\$17.75
Hospital Outpatient													
Emergency Hospital	\$3,013,127	18,917	674	\$159.28	\$8.94	1.0000	1.5456	1.0000	1.0000	1.0000	1.0000	1.0000	\$13.82
Misc Outpatient	4,394,020	27,803	990	158.04	13.04	1.0000	1.5456	1.0000	1.0000	1.0000	1.0000	1.0000	20.15
	\$7,407,147	46,720	1,663	\$158.54	\$21.98								\$33.97
Professional													
Inpatient Surgery	\$238,061	1,235	44	\$192.76	\$0.71	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	\$0.74
Outpatient Surgery	1,057,945	8,764	312	120.71	3.14	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	3.28
Hospital Visits	480,724	6,710	239	71.64	1.43	1.0000	1.0000	1.0216	1.0000	1.0000	1.0000	1.0200	1.49
Office Visits	5,457,790	105,227	3,747	51.87	16.19	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	16.91
Urgent Care	1,297,415	20,423	727	63.53	3.85	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	4.02
Injections & Immunizations	662,090	39,258	1,398	16.87	1.96	1.0000	1.0000	1.0234	1.0000	0.8952	1.0000	1.0200	1.84
Other Physician	3,455,862	77,279	2,752	44.72	10.25	1.0000	1.0000	1.0222	1.0000	1.0098	1.0000	1.0200	10.80
Radiology/Pathology	3,268,488	154,780	5,511	21.12	9.70	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	10.14
MH/SA	237,298	2,579	92	92.01	0.70	1.0000	1.0000	1.0263	1.0000	1.0000	1.0000	1.0200	0.74
Maternity (delivery)	21,305	243	9	87.68	0.06	1.0000	1.0000	1.0304	1.0000	1.0000	1.0000	1.0200	0.07
Maternity (non-delivery)	208,595	3,914	139	53.29	0.62	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.65
	\$16,385,574	420,412	14,969	\$38.98	\$48.62								\$50.66
Other Services													
Home Health	\$727,312	6,916	246	\$105.16	\$2.16	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0000	\$2.21
Ambulance	424,416	4,413	157	96.17	1.26	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0000	1.29
Prosthetics/DME	34,836	4,277	152	8.14	0.10	1.0000	1.0000	1.0000	1.1055	1.0000	1.0000	1.0000	0.11
Vision/Hearing Aids	12,075	88	3	137.22	0.04	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0000	0.04
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0223	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	10,809	112	4	96.51	0.03	1.0000	1.0000	1.0163	1.0000	0.9962	1.0000	1.0000	0.03
	\$1,209,447	15,806	563	\$76.52	\$3.59								\$3.69
Total	\$29,481,860	486,833	17,334	\$60.56	\$87.47								\$106.07

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,381,623	2,229	322	\$1,965.73	\$52.68	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$69.82
MH/SA	13,619	49	7	277.93	0.16	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.22
Skilled Nursing Facility	50,752	57	8	890.38	0.61	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.81
Maternity	0	0	0	0.00	0.00	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3252	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,445,993	2,335	337	\$1,904.07	\$53.46								\$70.84
Hospital Outpatient													
Emergency Hospital	\$1,249,986	7,106	1,025	\$175.91	\$15.03	1.0000	1.5160	1.0000	1.0000	1.0000	1.0000	1.0000	\$22.79
Misc Outpatient	1,925,569	5,926	855	324.94	23.15	1.0000	1.5160	1.0000	1.0000	1.0000	1.0000	1.0000	35.10
	\$3,175,555	13,032	1,880	\$243.67	\$38.18								\$57.89
Professional													
Inpatient Surgery	\$344,148	1,216	175	\$283.02	\$4.14	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	\$4.33
Outpatient Surgery	775,269	5,122	739	151.36	9.32	1.0000	1.0000	1.0263	1.0000	1.0000	1.0000	1.0200	9.76
Hospital Visits	175,108	2,642	381	66.28	2.11	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	2.20
Office Visits	1,070,616	18,173	2,622	58.91	12.87	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	13.46
Urgent Care	488,835	7,209	1,040	67.81	5.88	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	6.15
Injections & Immunizations	241,363	6,198	894	38.94	2.90	1.0000	1.0000	1.0257	1.0000	0.9280	1.0000	1.0200	2.82
Other Physician	867,278	15,790	2,278	54.93	10.43	1.0000	1.0000	1.0254	1.0000	0.9542	1.0000	1.0200	10.41
Radiology/Pathology	923,507	27,862	4,020	33.15	11.10	1.0000	1.0000	1.0263	1.0000	0.9996	1.0000	1.0200	11.62
MH/SA	16,390	182	26	90.06	0.20	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	0.21
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$4,902,513	84,394	12,177	\$58.09	\$58.95								\$60.95
Other Services													
Home Health	\$643,746	5,296	764	\$121.55	\$7.74	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0000	\$7.94
Ambulance	159,407	1,576	227	101.15	1.92	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	1.96
Prosthetics/DME	43,992	426	61	103.27	0.53	1.0000	1.0000	1.0000	1.1080	1.0000	1.0000	1.0000	0.59
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	6,983	106	15	65.88	0.08	1.0000	1.0000	1.0238	1.0000	0.9738	1.0000	1.0000	0.08
	\$854,127	7,404	1,068	\$115.36	\$10.27								\$10.58
Total	\$13,378,188	107,165	15,463	\$124.84	\$160.86								\$200.26

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$24,801,471	14,796	408	\$1,676.23	\$56.93	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$76.17
MH/SA	85,237	143	4	\$96.07	0.20	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
Skilled Nursing Facility	162,841	289	8	\$563.46	0.37	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.50
Maternity	1,127,046	1,422	39	\$792.58	2.59	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.46
Newborn	0	0	0	0.00	0.00	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3378	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$26,176,596	16,650	459	\$1,572.17	\$60.09								\$80.39
Hospital Outpatient													
Emergency Hospital	\$8,067,119	48,308	1,331	\$166.99	\$18.52	1.0000	1.5224	1.0000	1.0000	1.0000	1.0000	1.0000	\$28.19
Misc Outpatient	14,172,545	61,445	1,693	\$230.65	\$32.53	1.0000	1.5224	1.0000	1.0000	1.0000	1.0000	1.0000	49.53
	\$22,239,665	109,753	3,023	\$202.63	\$51.05								\$77.72
Professional													
Inpatient Surgery	\$2,101,389	8,843	244	\$237.63	\$4.82	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	\$5.05
Outpatient Surgery	4,624,255	33,537	924	\$137.89	10.62	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	11.11
Hospital Visits	1,285,546	18,542	511	\$69.33	2.95	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	3.08
Office Visits	9,965,348	185,970	5,123	\$53.59	22.88	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	23.92
Urgent Care	3,489,240	51,270	1,412	\$68.06	8.01	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0200	8.37
Injectables & Immunizations	1,420,973	56,770	1,564	\$25.03	3.26	1.0000	1.0000	1.0241	1.0000	0.8543	1.0000	1.0200	2.91
Other Physician	5,876,887	123,766	3,409	\$47.48	13.49	1.0000	1.0000	1.0253	1.0000	1.0505	1.0000	1.0200	14.82
Radiology/Pathology	9,125,853	356,051	9,808	\$25.63	20.95	1.0000	1.0000	1.0254	1.0000	0.9998	1.0000	1.0200	21.91
MH/SA	84,453	751	21	\$112.45	0.19	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.20
Maternity (delivery)	50,948	591	16	\$86.21	0.12	1.0000	1.0000	1.0211	1.0000	1.0000	1.0000	1.0200	0.12
Maternity (non-delivery)	369,505	6,057	167	\$61.00	0.85	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	0.89
	\$38,394,398	842,148	23,199	\$45.59	\$88.14								\$92.38
Other Services													
Home Health	\$2,475,966	26,490	730	\$93.47	\$5.68	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0000	\$5.83
Ambulance	1,023,925	10,543	290	\$97.12	2.35	1.0000	1.0000	1.0246	1.0000	1.0000	1.0000	1.0000	2.41
Prosthetics/DME	82,514	6,024	166	\$13.70	0.19	1.0000	1.0000	1.0000	1.1079	1.0000	1.0000	1.0000	0.21
Vision/Hearing Aids	125	11	0	\$11.36	0.00	1.0000	1.0000	1.0435	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0147	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	58,966	685	19	\$86.08	0.14	1.0000	1.0000	1.0197	1.0000	0.9581	1.0000	1.0000	0.13
	\$3,641,497	43,753	1,205	\$83.23	\$8.36								\$8.58
Total	\$90,452,155	1,012,304	27,886	\$89.35	\$207.64								\$259.08

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$7,502,283	3,833	699	\$1,957.29	\$114.09	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$149.39
MH/SA	6,517	9	2	724.10	0.10	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.13
Skilled Nursing Facility	112,376	140	26	802.68	1.71	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.24
Maternity	0	0	0	0.00	0.00	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3095	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,621,175	3,982	727	\$1,913.91	\$115.89								\$151.76
Hospital Outpatient													
Emergency Hospital	\$892,669	4,658	850	\$191.64	\$13.57	1.0000	1.5260	1.0000	1.0000	1.0000	1.0000	1.0000	\$20.72
Misc Outpatient	3,338,163	11,650	2,126	286.54	50.76	1.0000	1.5260	1.0000	1.0000	1.0000	1.0000	1.0000	77.47
	\$4,230,833	16,308	2,976	\$259.43	\$64.34								\$98.18
Professional													
Inpatient Surgery	\$561,360	1,975	360	\$284.23	\$8.54	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	\$8.92
Outpatient Surgery	1,095,155	7,433	1,356	147.34	16.65	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	17.42
Hospital Visits	312,983	4,440	810	70.49	4.76	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	4.97
Office Visits	1,599,637	27,885	5,089	57.37	24.33	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0200	25.44
Urgent Care	396,725	5,226	954	75.91	6.03	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	6.31
Injectables & Immunizations	481,537	8,751	1,597	55.03	7.32	1.0000	1.0000	1.0227	1.0000	0.9336	1.0000	1.0200	7.13
Other Physician	1,886,405	31,471	5,743	59.94	28.69	1.0000	1.0000	1.0257	1.0000	1.0011	1.0000	1.0200	30.05
Radiology/Pathology	1,690,135	54,040	9,861	31.28	25.70	1.0000	1.0000	1.0260	1.0000	0.9993	1.0000	1.0200	26.88
MH/SA	9,956	90	16	110.62	0.15	1.0000	1.0000	1.0271	1.0000	1.0000	1.0000	1.0200	0.16
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	608	3	1	202.58	0.01	1.0000	1.0000	1.0164	1.0000	1.0000	1.0000	1.0200	0.01
	\$8,034,501	141,314	25,787	\$56.86	\$122.18								\$127.29
Other Services													
Home Health	\$924,902	11,647	2,125	\$79.41	\$14.06	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0000	\$14.42
Ambulance	169,100	1,764	322	95.86	2.57	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	2.64
Prosthetics/DME	32,695	530	97	61.69	0.50	1.0000	1.0000	1.0000	1.1113	1.0000	1.0000	1.0000	0.55
Vision/Hearing Aids	2	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	39,384	325	59	121.18	0.60	1.0000	1.0000	1.0230	1.0000	0.9370	1.0000	1.0000	0.57
	\$1,166,083	14,266	2,603	\$81.74	\$17.73								\$18.19
Total	\$21,052,592	175,870	32,093	\$119.71	\$320.14								\$395.42

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: SSI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$131,466,735	94,229	1,732	\$1,395.18	\$201.42	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$267.55
MH/SA	491,504	890	16	\$52.25	0.75	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.00
Skilled Nursing Facility	2,575,451	6,649	122	\$387.34	3.95	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	5.24
Maternity	341,282	519	10	\$657.58	0.52	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.69
Newborn	3,381,162	3,420	63	\$988.64	5.18	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	6.88
Other Inpatient	0	0	0	\$0.00	0.00	1.3283	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$138,256,132	105,707	1,943	\$1,307.92	\$211.82								\$281.36
Hospital Outpatient													
Emergency Hospital	\$10,116,945	52,687	969	\$192.02	\$15.50	1.0000	1.6066	1.0000	1.0000	1.0000	1.0000	1.0000	\$24.90
Misc Outpatient	29,931,248	110,644	2,034	\$270.52	45.86	1.0000	1.6066	1.0000	1.0000	1.0000	1.0000	1.0000	73.68
	\$40,048,193	163,331	3,003	\$245.20	\$61.36								\$98.58
Professional													
Inpatient Surgery	\$5,350,286	22,065	406	\$242.48	\$8.20	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	\$8.56
Outpatient Surgery	6,883,039	48,317	888	\$142.46	10.55	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	11.02
Hospital Visits	9,927,745	124,270	2,285	\$79.89	15.21	1.0000	1.0000	1.0220	1.0000	1.0000	1.0000	1.0200	15.86
Office Visits	13,635,714	240,730	4,426	\$66.44	20.89	1.0000	1.0000	1.0238	1.0000	1.0000	1.0000	1.0200	21.82
Urgent Care	4,909,245	62,900	1,156	\$78.05	7.52	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	7.86
Injectables & Immunizations	10,510,714	117,175	2,154	\$89.70	16.10	1.0000	1.0000	1.0244	1.0000	0.9436	1.0000	1.0200	15.88
Other Physician	29,446,560	342,069	6,289	\$86.08	45.12	1.0000	1.0000	1.0178	1.0000	1.0120	1.0000	1.0200	47.40
Radiology/Pathology	12,888,087	430,432	7,914	\$29.94	19.75	1.0000	1.0000	1.0251	1.0000	0.9996	1.0000	1.0200	20.64
MH/SA	414,471	2,041	38	\$203.07	0.64	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	0.66
Maternity (delivery)	5,819	70	1	\$83.12	0.01	1.0000	1.0000	1.0190	1.0000	1.0000	1.0000	1.0200	0.01
Maternity (non-delivery)	42,848	842	15	\$50.89	0.07	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0200	0.07
	\$94,014,527	1,390,911	25,572	\$67.59	\$144.04								\$149.78
Other Services													
Home Health	\$24,335,901	220,003	4,045	\$110.62	\$37.29	1.0000	1.0000	1.0204	1.0000	1.0000	1.0000	1.0000	\$38.05
Ambulance	3,401,054	35,941	661	\$94.63	5.21	1.0000	1.0000	1.0246	1.0000	1.0000	1.0000	1.0000	5.34
Prosthetics/DME	808,497	5,859	108	\$137.99	1.24	1.0000	1.0000	1.0000	1.0970	1.0000	1.0000	1.0000	1.36
Vision/Hearing Aids	147,532	1,211	22	\$121.83	0.23	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0000	0.23
Dental	34	3	0	\$11.33	0.00	1.0000	1.0000	1.0215	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	219,046	2,063	38	\$106.18	0.34	1.0000	1.0000	1.0181	1.0000	0.9663	1.0000	1.0000	0.33
	\$28,912,065	265,080	4,874	\$109.07	\$44.30								\$45.31
Total	\$301,230,917	1,925,029	35,392	\$156.48	\$461.52								\$575.03

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: OCWI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$3,504,835	2,485	131	\$1,410.40	\$15.36	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$20.72
MH/SA	3,367	13	1	258.97	0.01	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Skilled Nursing Facility	61,230	45	2	1,360.67	0.27	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.36
Maternity	5,367,584	7,769	409	690.90	23.53	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	31.74
Newborn	0	0	0	0.00	0.00	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3490	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$8,937,015	10,312	542	\$866.66	\$39.17								\$52.84
Hospital Outpatient													
Emergency Hospital	\$1,740,600	11,303	595	\$153.99	\$7.63	1.0000	1.6019	1.0000	1.0000	1.0000	1.0000	1.0000	\$12.22
Misc Outpatient	12,987,351	99,223	5,219	130.89	\$6.93	1.0000	1.6019	1.0000	1.0000	1.0000	1.0000	1.0000	\$1.19
	\$14,727,951	110,526	5,813	\$133.25	\$64.55								\$103.41
Professional													
Inpatient Surgery	\$1,149,245	10,256	539	\$112.06	\$5.04	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	\$5.27
Outpatient Surgery	1,224,884	11,889	625	103.03	5.37	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	5.62
Hospital Visits	1,621,082	25,760	1,355	62.93	7.11	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	7.43
Office Visits	11,740,369	255,476	13,437	45.95	\$1.46	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	\$3.81
Urgent Care	1,673,071	25,343	1,333	66.02	7.33	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	7.67
Injectables & Immunizations	521,127	14,848	781	35.10	2.28	1.0000	1.0000	1.0272	1.0000	0.9213	1.0000	1.0200	2.20
Other Physician	2,597,931	75,256	3,958	34.52	11.39	1.0000	1.0000	1.0257	1.0000	1.1164	1.0000	1.0200	13.30
Radiology/Pathology	12,178,788	538,455	28,321	22.62	\$3.38	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	\$5.86
MH/SA	14,209	134	7	106.04	0.06	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	0.07
Maternity (delivery)	374,276	4,349	229	86.06	1.64	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	1.71
Maternity (non-delivery)	2,352,772	44,013	2,315	\$3.46	10.31	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	10.79
	\$35,447,756	1,005,779	\$2,901	\$35.24	\$155.37								\$163.72
Other Services													
Home Health	\$2,174,748	21,385	1,125	\$101.70	\$9.53	1.0000	1.0000	1.0268	1.0000	1.0000	1.0000	1.0000	\$9.79
Ambulance	747,540	7,820	411	95.59	3.28	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	3.36
Prosthetics/DME	67,639	8,083	425	8.37	0.30	1.0000	1.0000	1.0000	1.1070	1.0000	1.0000	1.0000	0.33
Vision/Hearing Aids	129	3	0	42.90	0.00	1.0000	1.0000	1.0388	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0235	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	34,589	88	5	393.05	0.15	1.0000	1.0000	1.0252	1.0000	1.0007	1.0000	1.0000	0.16
	\$3,024,645	37,379	1,966	\$80.92	\$13.26								\$13.63
Total	\$62,137,367	1,163,996	61,223	\$53.38	\$272.36								\$333.60

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: DUAL

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,783,617	35,706	930	\$133.97	\$10.38	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$13.69
MH/SA	104	18	0	5.75	0.00	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	694,139	5,598	146	124.00	1.51	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.99
Maternity	90,283	404	11	223.47	0.20	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
Newborn	0	0	0	0.00	0.00	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3184	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,568,143	41,726	1,087	\$133.45	\$12.08								\$15.93
Hospital Outpatient													
Emergency Hospital	\$992,970	22,680	591	\$43.78	\$2.16	1.0000	1.4807	1.0000	1.0000	1.0000	1.0000	1.0000	\$3.19
Misc Outpatient	2,954,513	37,364	973	79.07	6.41	1.0000	1.4807	1.0000	1.0000	1.0000	1.0000	1.0000	9.49
	\$3,947,483	60,044	1,564	\$65.74	\$8.57								\$12.69
Professional													
Inpatient Surgery	\$476,288	11,347	296	\$41.97	\$1.03	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	\$1.08
Outpatient Surgery	888,945	28,694	747	30.98	1.93	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0200	2.02
Hospital Visits	353,223	45,885	1,195	7.70	0.77	1.0000	1.0000	1.0210	1.0000	1.0000	1.0000	1.0200	0.80
Office Visits	1,705,214	97,388	2,536	17.51	3.70	1.0000	1.0000	1.0205	1.0000	1.0000	1.0000	1.0200	3.85
Urgent Care	343,806	22,854	595	15.04	0.75	1.0000	1.0000	1.0213	1.0000	1.0000	1.0000	1.0200	0.78
Injectables & Immunizations	2,876,733	82,943	2,160	34.68	6.24	1.0000	1.0000	1.0256	1.0000	0.9418	1.0000	1.0200	6.15
Other Physician	5,950,643	174,521	4,545	34.10	12.91	1.0000	1.0000	1.0248	1.0000	0.9570	1.0000	1.0200	12.92
Radiology/Pathology	1,197,860	111,853	2,913	10.71	2.60	1.0000	1.0000	1.0252	1.0000	0.9997	1.0000	1.0200	2.72
MH/SA	27,313	1,344	35	20.32	0.06	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	0.06
Maternity (delivery)	73,569	178	5	413.31	0.16	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	0.17
Maternity (non-delivery)	4,587	398	10	11.52	0.01	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.01
	\$13,898,181	\$77,405	15,037	\$24.07	\$30.16								\$30.55
Other Services													
Home Health	\$3,276,560	114,615	2,985	\$28.59	\$7.11	1.0000	1.0000	1.0247	1.0000	1.0000	1.0000	1.0000	\$7.29
Ambulance	91,594	1,553	40	58.98	0.20	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	0.20
Prosthetics/DME	380,671	4,547	118	83.72	0.83	1.0000	1.0000	1.0000	1.1081	1.0000	1.0000	1.0000	0.92
Vision/Hearing Aids	107	7	0	15.22	0.00	1.0000	1.0000	1.0337	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	155,005	3,285	86	47.19	0.34	1.0000	1.0000	1.0201	1.0000	0.9705	1.0000	1.0000	0.33
	\$3,903,936	124,007	3,230	\$31.48	\$8.47								\$8.74
Total	\$27,317,742	803,182	20,917	\$34.01	\$59.29								\$67.91

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: KICK

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$10,281	20	1	\$514.03	\$0.39	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.52
MH/SA	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	75,794,258	66,335	2,484	1,142.60	2,838.42	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3,826.64
Newborn	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.3482	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$75,804,539	66,355	2,485	\$1,142.41	\$2,838.80								\$3,827.16
Hospital Outpatient													
Emergency Hospital	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Misc Outpatient	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$0	0	0	\$0.00	\$0.00								\$0.00
Professional													
Inpatient Surgery	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	\$0.00
Outpatient Surgery	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Hospital Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Office Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Urgent Care	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Injectons & Immunizations	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Other Physician	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Radiology/Pathology	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
MH/SA	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (delivery)	39,826,504	55,038	2,061	723.62	1,491.46	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	1,560.05
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$39,826,504	55,038	2,061	\$723.62	\$1,491.46								\$1,560.05
Other Services													
Home Health	\$3,725	6	0	\$620.80	\$0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.14
Ambulance	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Prosthetics/DME	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	56,554	0	0	0.00	2.12	1.0000	1.0000	1.0287	1.0000	1.0000	1.0000	1.0000	2.18
	\$60,279	6	0	\$10,046.52	\$2.26								\$2.32
Total	\$115,691,322	121,399	4,546	\$952.98	\$4,332.52								\$5,389.53

Appendix C3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,878,145	1,815	2,805	\$1,585.75	\$4,448.45	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$5,977.75
MH/SA	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	31,266,533	30,306	46,841	1,031.69	48,325.40	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	64,938.87
Other Inpatient	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$34,144,678	32,121	49,646	\$1,063.00	\$52,773.85								\$70,916.62
Hospital Outpatient													
Emergency Hospital	\$11,495	78	121	\$147.37	\$17.77	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	\$29.92
Misc Outpatient	29,975	376	581	79.72	46.33	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	78.02
	\$41,470	454	702	\$91.34	\$64.10								\$107.94
Professional													
Inpatient Surgery	\$207,398	1,070	1,654	\$193.83	\$320.55	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0200	\$333.48
Outpatient Surgery	4,623	30	46	154.10	7.15	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	7.46
Hospital Visits	7,803,245	29,233	45,182	266.93	12,060.66	1.0000	1.0000	1.0162	1.0000	1.0000	1.0000	1.0200	12,501.05
Office Visits	126,847	1,672	2,584	75.87	196.05	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	204.78
Urgent Care	6,933	127	196	54.59	10.72	1.0000	1.0000	1.0224	1.0000	1.0000	1.0000	1.0200	11.17
Injections & Immunizations	35,186	458	708	76.83	54.38	1.0000	1.0000	1.0230	1.0000	1.0056	1.0000	1.0200	57.07
Other Physician	228,423	4,548	7,029	50.23	353.05	1.0000	1.0000	1.0237	1.0000	0.9999	1.0000	1.0200	368.63
Radiology/Pathology	133,700	13,156	20,334	10.16	206.65	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	215.30
MH/SA	2,382	2	3	1,191.00	3.68	1.0000	1.0000	1.0281	1.0000	1.0000	1.0000	1.0200	3.86
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0381	1.0000	1.0000	1.0000	1.0200	0.00
	\$8,548,739	50,296	77,737	\$169.97	\$13,212.89								\$13,702.80
Other Services													
Home Health	\$95,762	621	960	\$154.21	\$148.01	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	\$151.76
Ambulance	83,927	362	560	231.84	129.72	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0000	132.89
Prosthetics/DME	68	4	6	16.90	0.10	1.0000	1.0000	1.0000	1.0965	1.0000	1.0000	1.0000	0.11
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	2,615	16	25	163.45	4.04	1.0000	1.0000	1.0146	1.0000	1.0000	1.0000	1.0000	4.10
	\$182,372	1,003	1,550	\$181.83	\$281.87								\$288.87
Total	\$42,917,258	83,874	129,635	\$511.69	\$66,332.70								\$85,016.23

Appendix C3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,136,843	1,797	595	\$1,189.12	\$707.10	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$950.18
MH/SA	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	21,881,091	26,272	8,694	832.87	7,240.60	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	9,729.80
Other Inpatient	0	0	0	0.00	0.00	1.3438	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$24,017,934	28,069	9,288	\$855.67	\$7,947.70								\$10,679.98
Hospital Outpatient													
Emergency Hospital	\$106,097	768	254	\$138.15	\$35.11	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	\$59.12
Misc Outpatient	187,508	2,419	800	77.51	62.05	1.0000	1.6841	1.0000	1.0000	1.0000	1.0000	1.0000	104.49
	\$293,605	3,187	1,055	\$92.13	\$97.16								\$163.62
Professional													
Inpatient Surgery	\$395,244	1,913	633	\$206.61	\$130.79	1.0000	1.0000	1.0199	1.0000	1.0000	1.0000	1.0200	\$136.06
Outpatient Surgery	33,845	358	118	94.54	11.20	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	11.69
Hospital Visits	4,562,759	28,230	9,341	161.63	1,509.85	1.0000	1.0000	1.0162	1.0000	1.0000	1.0000	1.0200	1,564.98
Office Visits	637,122	9,944	3,291	64.07	210.83	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0200	220.21
Urgent Care	53,507	875	290	61.15	17.71	1.0000	1.0000	1.0224	1.0000	1.0000	1.0000	1.0200	18.46
Injections & Immunizations	155,863	3,617	1,197	43.09	51.58	1.0000	1.0000	1.0230	1.0000	1.0056	1.0000	1.0200	54.12
Other Physician	290,032	5,479	1,813	52.94	95.97	1.0000	1.0000	1.0237	1.0000	0.9999	1.0000	1.0200	100.21
Radiology/Pathology	93,746	7,304	2,417	12.83	31.02	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	32.32
MH/SA	7,742	11	4	703.85	2.56	1.0000	1.0000	1.0281	1.0000	1.0000	1.0000	1.0200	2.69
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0381	1.0000	1.0000	1.0000	1.0200	0.00
	\$6,229,860	57,731	19,104	\$107.91	\$2,061.50								\$2,140.74
Other Services													
Home Health	\$276,966	1,952	646	\$141.89	\$91.65	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0000	\$93.97
Ambulance	183,918	695	230	264.63	60.86	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0000	62.35
Prosthetics/DME	4,457	82	27	54.36	1.47	1.0000	1.0000	1.0000	1.0965	1.0000	1.0000	1.0000	1.62
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	1,606	18	6	89.24	0.53	1.0000	1.0000	1.0146	1.0000	1.0000	1.0000	1.0000	0.54
	\$466,947	2,747	909	\$169.98	\$154.52								\$158.48
Total	\$31,008,347	91,734	30,355	\$338.02	\$10,260.87								\$13,142.82

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$169.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	\$148.52
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Newborn	1,079.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	948.12
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
	\$1,248.94												\$1,096.63
Hospital Outpatient													
Emergency Hospital	\$15.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8000	\$14.63
Misc Outpatient	22.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8500	21.80
	\$37.97												\$36.43
Professional													
Inpatient Surgery	\$19.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	\$17.77
Outpatient Surgery	3.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	2.96
Hospital Visits	200.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	179.72
Office Visits	63.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	66.60
Urgent Care	4.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	4.34
Injections & Immunizations	7.20	1.0000	1.0000	1.0000	1.0000	0.9893	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	7.50
Other Physician	20.47	1.0000	1.0000	0.9929	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	18.20
Radiology/Pathology	5.32	1.0000	1.0000	1.0000	0.9393	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	4.47
MH/SA	0.61	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	0.55
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.9000	0.00
	\$325.47												\$302.12
Other Services													
Home Health	\$20.07	1.0000	0.9800	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	\$16.58
Ambulance	5.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	4.47
Prosthetics/DME	0.43	1.0000	0.7070	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.26
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Unknown	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.05
	\$25.86												\$21.35
Total	\$1,638.24												\$1,456.53

Appendix C4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$47.70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	\$40.54
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
Newborn	0.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.83
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8500	0.00
	\$48.67												\$41.37
Hospital Outpatient													
Emergency Hospital	\$22.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1200	0.8000	\$20.41
Misc Outpatient	20.25	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1200	0.8500	19.28
	\$43.03												\$39.69
Professional													
Inpatient Surgery	\$2.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	\$1.87
Outpatient Surgery	4.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	4.08
Hospital Visits	10.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	8.95
Office Visits	39.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	1.0000	40.36
Urgent Care	5.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	4.81
Injections & Immunizations	12.00	1.0000	1.0000	1.0000	1.0000	0.9810	1.0000	1.0000	1.0000	1.0000	1.0200	1.0000	12.01
Other Physician	15.12	1.0000	1.0000	0.9891	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	1.0200	0.8500	12.97
Radiology/Pathology	2.46	1.0000	1.0000	1.0000	0.9927	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	2.12
MH/SA	0.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8500	0.28
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.9000	0.00
	\$92.21												\$87.44
Other Services													
Home Health	\$8.61	1.0000	0.8910	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	\$6.26
Ambulance	0.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.78
Prosthetics/DME	1.84	1.0000	0.8556	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	1.28
Vision/Hearing Aids	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.06
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.00
Unknown	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.8000	0.04
	\$11.53												\$8.43
Total	\$195.44												\$176.92

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$10.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$8.56
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Skilled Nursing Facility	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.06
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$10.41												\$8.62
Hospital Outpatient													
Emergency Hospital	\$14.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$11.82
Misc Outpatient	11.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	9.85
	\$25.15												\$21.67
Professional													
Inpatient Surgery	\$0.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.38
Outpatient Surgery	3.75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	3.05
Hospital Visits	0.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.64
Office Visits	16.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	15.28
Urgent Care	2.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	2.41
Injections & Immunizations	1.60	1.0000	1.0000	1.0000	1.0000	0.9941	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	1.52
Other Physician	9.63	1.0000	1.0000	0.9909	1.0000	1.0000	0.9996	0.9993	0.9360	1.0000	1.0200	0.8500	7.74
Radiology/Pathology	1.63	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.32
MH/SA	0.31	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.25
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.00
	\$37.15												\$32.58
Other Services													
Home Health	\$2.54	1.0000	0.9049	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.76
Ambulance	0.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.38
Prosthetics/DME	0.23	1.0000	0.7607	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.13
Vision/Hearing Aids	0.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.02
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.09	1.0000	0.9974	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.07
	\$3.38												\$2.35
Total	\$76.10												\$65.23

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$8.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$6.74
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Skilled Nursing Facility	0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.14
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$8.29												\$6.88
Hospital Outpatient													
Emergency Hospital	\$8.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$6.96
Misc Outpatient	7.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	6.75
	\$15.87												\$13.71
Professional													
Inpatient Surgery	\$0.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.38
Outpatient Surgery	2.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.88
Hospital Visits	0.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.53
Office Visits	10.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	10.25
Urgent Care	1.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.43
Injections & Immunizations	1.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	1.28
Other Physician	9.24	1.0000	1.0000	0.9955	1.0000	1.0000	0.9996	1.0000	0.9360	1.0000	1.0200	0.8500	7.46
Radiology/Pathology	2.04	1.0000	1.0000	1.0000	0.9987	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.65
MH/SA	0.51	0.9990	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.41
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.00
	\$29.07												\$25.28
Other Services													
Home Health	\$1.39	1.0000	0.9435	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.00
Ambulance	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.28
Prosthetics/DME	0.17	1.0000	0.9109	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.12
Vision/Hearing Aids	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.05
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.04
	\$2.04												\$1.48
Total	\$55.26												\$47.35

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$17.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$14.85
MH/SA	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.03
Skilled Nursing Facility	0.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.77
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$18.78												\$15.66
Hospital Outpatient													
Emergency Hospital	\$10.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$9.01
Misc Outpatient	10.40	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	9.27
	\$21.15												\$18.28
Professional													
Inpatient Surgery	\$0.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.77
Outpatient Surgery	3.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	2.62
Hospital Visits	0.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.81
Office Visits	8.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	7.02
Urgent Care	2.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.96
Injections & Immunizations	1.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.86
Other Physician	8.12	1.0000	1.0000	0.9979	1.0000	1.0000	0.9996	1.0000	0.9360	1.0000	1.0200	0.8500	6.57
Radiology/Pathology	3.79	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	3.08
MH/SA	0.74	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.60
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.00
	\$29.95												\$24.29
Other Services													
Home Health	\$2.50	1.0000	0.9876	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.89
Ambulance	0.95	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.72
Prosthetics/DME	0.13	1.0000	0.9816	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.10
Vision/Hearing Aids	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.04
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.01
	\$3.64												\$2.76
Total	\$73.52												\$60.98

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$14.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	\$11.61
MH/SA	0.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.09
Skilled Nursing Facility	0.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	1.0000	0.89
Maternity	2.68	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	2.22
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0400	0.8500	0.00
	\$17.75												\$14.82
Hospital Outpatient													
Emergency Hospital	\$13.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8000	\$11.59
Misc Outpatient	20.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.1200	0.8500	17.96
	\$33.97												\$29.54
Professional													
Inpatient Surgery	\$0.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	\$0.60
Outpatient Surgery	3.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	2.66
Hospital Visits	1.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.21
Office Visits	16.91	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	13.73
Urgent Care	4.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	3.26
Injections & Immunizations	1.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	1.49
Other Physician	10.80	1.0000	1.0000	0.9974	1.0000	1.0000	0.9999	1.0000	0.9360	1.0000	1.0200	0.8500	8.74
Radiology/Pathology	10.14	1.0000	1.0000	1.0000	0.9996	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	8.23
MH/SA	0.74	0.9990	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8500	0.60
Maternity (delivery)	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	1.0000	0.06
Maternity (non-delivery)	0.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.9000	0.56
	\$50.66												\$41.13
Other Services													
Home Health	\$2.21	1.0000	0.9885	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	\$1.67
Ambulance	1.29	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.99
Prosthetics/DME	0.11	1.0000	0.9584	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.08
Vision/Hearing Aids	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.03
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.00
Unknown	0.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9360	1.0000	1.0200	0.8000	0.02
	\$3.69												\$2.79
Total	\$106.07												\$88.28

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$69.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	\$61.53
MH/SA	0.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.19
Skilled Nursing Facility	0.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	1.0000	0.84
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
	\$70.84												\$62.56
Hospital Outpatient													
Emergency Hospital	\$22.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8000	\$20.36
Misc Outpatient	35.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8500	33.32
	\$57.89												\$53.68
Professional													
Inpatient Surgery	\$4.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	\$3.74
Outpatient Surgery	9.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	8.44
Hospital Visits	2.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	1.90
Office Visits	13.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	11.64
Urgent Care	6.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	5.32
Injections & Immunizations	2.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	2.44
Other Physician	10.41	1.0000	1.0000	0.9992	1.0000	1.0000	0.9999	1.0000	0.9970	1.0001	1.0200	0.8500	8.99
Radiology/Pathology	11.62	1.0000	1.0000	1.0000	0.9990	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8500	10.03
MH/SA	0.21	0.9711	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	0.17
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.9000	0.00
	\$60.95												\$52.67
Other Services													
Home Health	\$7.94	1.0000	0.9964	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	\$6.44
Ambulance	1.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	1.60
Prosthetics/DME	0.59	1.0000	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.48
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Unknown	0.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.07
	\$10.58												\$8.58
Total	\$200.26												\$177.49

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$76.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	\$67.13
MH/SA	0.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.23
Skilled Nursing Facility	0.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	1.0000	0.52
Maternity	3.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	3.05
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
	\$80.39												\$70.93
Hospital Outpatient													
Emergency Hospital	\$28.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8000	\$25.19
Misc Outpatient	49.53	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8500	47.02
	\$77.72												\$72.20
Professional													
Inpatient Surgery	\$5.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	\$4.36
Outpatient Surgery	11.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	9.60
Hospital Visits	3.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	2.67
Office Visits	23.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	20.68
Urgent Care	8.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	7.24
Injections & Immunizations	2.91	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	2.52
Other Physician	14.82	1.0000	1.0000	0.9990	1.0000	1.0000	0.9999	1.0000	0.9970	1.0001	1.0200	0.8500	12.80
Radiology/Pathology	21.91	1.0000	1.0000	1.0000	0.9994	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8500	18.93
MH/SA	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	0.18
Maternity (delivery)	0.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	1.0000	0.12
Maternity (non-delivery)	0.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.9000	0.81
	\$92.38												\$79.90
Other Services													
Home Health	\$5.83	1.0000	0.9925	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	\$4.71
Ambulance	2.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	1.96
Prosthetics/DME	0.21	1.0000	0.9983	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.17
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Unknown	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.11
	\$8.58												\$6.94
Total	\$259.08												\$229.98

Appendix C4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$149.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	\$131.67
MH/SA	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.11
Skilled Nursing Facility	2.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	1.0000	2.32
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0400	0.8500	0.00
	\$151.76												\$134.10
Hospital Outpatient													
Emergency Hospital	\$20.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8000	\$18.51
Misc Outpatient	77.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.1200	0.8500	73.53
	\$98.18												\$92.04
Professional													
Inpatient Surgery	\$8.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	\$7.71
Outpatient Surgery	17.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	15.06
Hospital Visits	4.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	4.30
Office Visits	25.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	22.00
Urgent Care	6.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	5.45
Injections & Immunizations	7.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	6.16
Other Physician	30.05	1.0000	1.0000	0.9997	1.0000	1.0000	0.9998	1.0000	0.9970	1.0001	1.0200	0.8500	25.96
Radiology/Pathology	26.88	1.0000	1.0000	1.0000	0.9996	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8500	23.22
MH/SA	0.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.8500	0.14
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	1.0000	0.00
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0001	1.0200	0.9000	0.01
	\$127.29												\$110.02
Other Services													
Home Health	\$14.42	1.0000	0.9936	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	\$11.66
Ambulance	2.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	2.15
Prosthetics/DME	0.55	1.0000	0.9913	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.45
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.00
Unknown	0.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9970	1.0000	1.0200	0.8000	0.47
	\$18.19												\$14.72
Total	\$395.42												\$350.88

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$267.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	\$237.06
MH/SA	1.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	0.89
Skilled Nursing Facility	5.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	1.0000	5.46
Maternity	0.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	0.62
Newborn	6.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	6.10
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0030	1.1200	0.8500	0.00
	\$281.36												\$250.13
Hospital Outpatient													
Emergency Hospital	\$24.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0031	1.1800	0.8000	\$21.88
Misc Outpatient	73.68	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0031	1.1800	0.8500	68.79
	\$98.58												\$90.67
Professional													
Inpatient Surgery	\$8.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	\$7.30
Outpatient Surgery	11.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	9.40
Hospital Visits	15.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	13.52
Office Visits	21.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	18.60
Urgent Care	7.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	6.70
Injections & Immunizations	15.88	1.0000	1.0000	1.0000	1.0000	0.9984	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	13.52
Other Physician	47.40	1.0000	1.0000	0.9996	1.0000	1.0000	0.9999	1.0000	0.9280	1.0008	1.0800	0.8500	40.39
Radiology/Pathology	20.64	1.0000	1.0000	1.0000	0.9986	1.0000	1.0000	1.0000	0.9280	1.0001	1.0800	0.8500	17.56
MH/SA	0.66	0.9978	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.8500	0.56
Maternity (delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	1.0000	0.01
Maternity (non-delivery)	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0008	1.0800	0.9000	0.06
	\$149.78												\$127.63
Other Services													
Home Health	\$38.05	1.0000	0.9954	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	\$29.24
Ambulance	5.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0005	1.0400	0.8000	4.12
Prosthetics/DME	1.36	1.0000	0.9870	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	1.04
Vision/Hearing Aids	0.23	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	0.18
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	0.00
Unknown	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9280	1.0000	1.0400	0.8000	0.25
	\$45.31												\$34.83
Total	\$575.03												\$503.26

Appendix C4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$20.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	\$18.32
MH/SA	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.02
Skilled Nursing Facility	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.38
Maternity	31.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	28.06
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.00
	\$52.84												\$46.77
Hospital Outpatient													
Emergency Hospital	\$12.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.1200	0.8000	\$10.95
Misc Outpatient	91.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.1200	0.8500	86.82
	\$103.41												\$97.77
Professional													
Inpatient Surgery	\$5.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	\$4.66
Outpatient Surgery	5.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	4.96
Hospital Visits	7.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	6.57
Office Visits	53.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	55.96
Urgent Care	7.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	6.78
Injections & Immunizations	2.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	1.95
Other Physician	13.30	1.0000	1.0000	0.9996	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	11.75
Radiology/Pathology	55.86	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	1.0000	1.0001	1.0400	0.8500	49.35
MH/SA	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.06
Maternity (delivery)	1.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	1.78
Maternity (non-delivery)	10.79	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.9000	10.10
	\$163.72												\$153.91
Other Services													
Home Health	\$9.79	1.0000	0.9985	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	\$8.44
Ambulance	3.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	2.90
Prosthetics/DME	0.33	1.0000	0.9957	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.28
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.00
Unknown	0.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0800	0.8000	0.13
	\$13.63												\$11.76
Total	\$333.60												\$310.22

Appendix C4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$13.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	\$11.90
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.00
Skilled Nursing Facility	1.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	1.0000	2.03
Maternity	0.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.22
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0030	1.0200	0.8500	0.00
	\$15.93												\$14.16
Hospital Outpatient													
Emergency Hospital	\$3.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0031	1.1000	0.8000	\$2.82
Misc Outpatient	9.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0031	1.1000	0.8500	8.90
	\$12.69												\$11.72
Professional													
Inpatient Surgery	\$1.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	\$0.92
Outpatient Surgery	2.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	1.72
Hospital Visits	0.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	0.68
Office Visits	3.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	3.28
Urgent Care	0.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	0.66
Injections & Immunizations	6.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	5.23
Other Physician	12.92	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	10.99
Radiology/Pathology	2.72	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	0.8500	2.31
MH/SA	0.06	0.9892	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.8500	0.05
Maternity (delivery)	0.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	1.0000	0.17
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0008	1.0000	0.9000	0.01
	\$30.55												\$26.01
Other Services													
Home Health	\$7.29	1.0000	0.9911	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	\$5.32
Ambulance	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0005	0.9200	0.8000	0.15
Prosthetics/DME	0.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.67
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.00
Unknown	0.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	0.8000	0.25
	\$8.74												\$6.38
Total	\$67.91												\$58.28

Appendix C4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: KICK

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$0.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	\$0.54
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.00
Maternity	3,826.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	3,979.71
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	1.0000	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0400	0.8500	0.00
	\$3,827.16												\$3,980.25
Hospital Outpatient													
Emergency Hospital	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	1.0000	\$0.00
Misc Outpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	1.0000	0.00
	\$0.00												\$0.00
Professional													
Inpatient Surgery	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Outpatient Surgery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Hospital Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Office Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Urgent Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Injectons & Immunizations	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Physician	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Radiology/Pathology	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0001	1.0000	1.0000	0.00
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity (delivery)	1,560.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1,560.07
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$1,560.05												\$1,560.07
Other Services													
Home Health	\$0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.14
Ambulance	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Prosthetics/DME	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	2.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.18
	\$2.32												\$2.32
Total	\$5,389.53												\$5,542.64

Appendix C4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Very Low Birth Weight Babies (Less than 1,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$5,977.75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	\$5,248.76
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Newborn	64,938.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	57,019.57
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
	\$70,916.62												\$62,268.34
Hospital Outpatient													
Emergency Hospital	\$29.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8000	\$27.69
Misc Outpatient	78.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8500	76.73
	\$107.94												\$104.42
Professional													
Inpatient Surgery	\$333.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	\$298.67
Outpatient Surgery	7.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	6.68
Hospital Visits	12,501.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	11,196.09
Office Visits	204.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	215.77
Urgent Care	11.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	10.01
Injections & Immunizations	57.07	1.0000	1.0000	1.0000	1.0000	0.9893	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	59.49
Other Physician	368.63	1.0000	1.0000	0.9929	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	327.79
Radiology/Pathology	215.30	1.0000	1.0000	1.0000	0.9393	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	181.12
MH/SA	3.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	3.46
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.9000	0.00
	\$13,702.80												\$12,299.07
Other Services													
Home Health	\$151.76	1.0000	0.9800	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	\$125.36
Ambulance	132.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	112.02
Prosthetics/DME	0.11	1.0000	0.7070	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.07
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Unknown	4.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	3.46
	\$288.87												\$240.91
Total	\$85,016.23												\$74,912.73

Appendix C4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$950.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	\$834.31
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
Newborn	9,729.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	8,543.25
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0000	0.8500	0.00
	\$10,679.98												\$9,377.56
Hospital Outpatient													
Emergency Hospital	\$59.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8000	\$54.72
Misc Outpatient	104.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.1200	0.8500	102.76
	\$163.62												\$157.48
Professional													
Inpatient Surgery	\$136.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	\$121.86
Outpatient Surgery	11.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	10.47
Hospital Visits	1,564.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	1,401.61
Office Visits	220.21	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	232.03
Urgent Care	18.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	16.54
Injections & Immunizations	54.12	1.0000	1.0000	1.0000	1.0000	0.9893	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	56.42
Other Physician	100.21	1.0000	1.0000	0.9929	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	89.11
Radiology/Pathology	32.32	1.0000	1.0000	1.0000	0.9393	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	27.19
MH/SA	2.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8500	2.41
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.9000	0.00
	\$2,140.74												\$1,957.62
Other Services													
Home Health	\$93.97	1.0000	0.9800	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	\$77.63
Ambulance	62.35	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	52.56
Prosthetics/DME	1.62	1.0000	0.7070	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.96
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.00
Unknown	0.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0330	1.0000	1.0200	0.8000	0.45
	\$158.48												\$131.60
Total	\$13,142.82												\$11,624.26

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$8,292,336	5,801	949	\$1,429.47	\$113.08	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$130.56
MH/SA	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	55,344,654	86,863	14,214	637.15	754.70	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	871.37
Other Inpatient	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$63,636,991	92,664	15,163	\$686.75	\$867.78								\$1,001.93
Hospital Outpatient													
Emergency Hospital	\$969,455	5,158	844	\$187.95	\$13.22	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	\$16.32
Misc Outpatient	1,543,530	16,145	2,642	95.60	21.05	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	25.99
	\$2,512,985	21,303	3,486	\$117.96	\$34.27								\$42.31
Professional													
Inpatient Surgery	\$1,177,519	8,865	1,451	\$132.83	\$16.06	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0200	\$16.74
Outpatient Surgery	247,022	2,999	491	82.37	3.37	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	3.52
Hospital Visits	12,458,439	98,536	16,124	126.44	169.89	1.0000	1.0000	1.0195	1.0000	1.0000	1.0000	1.0200	176.66
Office Visits	4,493,765	72,396	11,847	62.07	61.28	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	64.08
Urgent Care	342,506	5,748	941	59.59	4.67	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	4.89
Injections & Immunizations	549,318	28,726	4,701	19.12	7.49	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0200	7.85
Other Physician	1,292,388	29,320	4,798	44.08	17.62	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	18.42
Radiology/Pathology	292,304	21,795	3,566	13.41	3.99	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	4.16
MH/SA	44,274	59	10	750.41	0.60	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.63
Maternity (delivery)	167	2	0	83.44	0.00	1.0000	1.0000	1.0145	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	636	2	0	317.83	0.01	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.01
	\$20,898,339	268,448	43,928	\$77.85	\$284.98								\$296.95
Other Services													
Home Health	\$1,324,053	10,869	1,779	\$121.82	\$18.06	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$18.52
Ambulance	402,110	1,777	291	226.29	5.48	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	5.62
Prosthetics/DME	28,308	604	99	46.87	0.39	1.0000	1.0000	1.0000	1.0749	1.0000	1.0000	1.0000	0.41
Vision/Hearing Aids	158	4	1	39.59	0.00	1.0000	1.0000	1.0316	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0455	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	45,235	853	140	53.03	0.62	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	0.63
	\$1,799,864	14,107	2,308	\$127.59	\$24.54								\$25.19
Total	\$88,848,178	396,522	64,886	\$224.07	\$1,211.57								\$1,366.38

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$9,193,280	6,534	313	\$1,406.99	\$36.75	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$42.41
MH/SA	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	277,366	320	15	866.77	1.11	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.28
Other Inpatient	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$9,470,646	6,854	329	\$1,381.77	\$37.86								\$43.69
Hospital Outpatient													
Emergency Hospital	\$5,034,884	23,491	1,127	\$214.33	\$20.13	1.0000	1.1895	1.0000	1.0000	1.0000	1.0000	1.0000	\$23.94
Misc Outpatient	5,354,748	26,153	1,255	204.75	21.41	1.0000	1.1895	1.0000	1.0000	1.0000	1.0000	1.0000	25.46
	\$10,389,632	49,644	2,382	\$209.28	\$41.53								\$49.41
Professional													
Inpatient Surgery	\$499,360	1,831	88	\$272.73	\$2.00	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	\$2.08
Outpatient Surgery	1,179,670	10,418	500	113.23	4.72	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	4.93
Hospital Visits	1,850,639	12,044	578	153.66	7.40	1.0000	1.0000	1.0196	1.0000	1.0000	1.0000	1.0200	7.69
Office Visits	9,294,322	155,815	7,475	59.65	37.16	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	38.88
Urgent Care	1,372,243	23,589	1,132	58.17	5.49	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0200	5.74
Injections & Immunizations	2,561,952	111,891	5,368	22.90	10.24	1.0000	1.0000	1.0252	1.0000	0.9965	1.0000	1.0200	10.67
Other Physician	2,888,118	63,683	3,055	45.35	11.55	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	12.06
Radiology/Pathology	527,387	42,131	2,021	12.52	2.11	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	2.21
MH/SA	66,454	157	8	423.27	0.27	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	0.28
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$20,240,144	421,559	20,223	\$48.01	\$80.91								\$84.54
Other Services													
Home Health	\$2,090,646	20,301	974	\$102.98	\$8.36	1.0000	1.0000	1.0216	1.0000	1.0000	1.0000	1.0000	\$8.54
Ambulance	237,300	1,880	90	126.22	0.95	1.0000	1.0000	1.0268	1.0000	1.0000	1.0000	1.0000	0.97
Prosthetics/DME	295,459	3,027	145	97.61	1.18	1.0000	1.0000	1.0000	1.0796	1.0000	1.0000	1.0000	1.28
Vision/Hearing Aids	21,837	148	7	147.55	0.09	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0000	0.09
Dental	1,135	69	3	16.45	0.00	1.0000	1.0000	1.0280	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	17,029	860	41	19.80	0.07	1.0000	1.0000	1.0254	1.0000	1.0023	1.0000	1.0000	0.07
	\$2,663,407	26,285	1,261	\$101.33	\$10.65								\$10.95
Total	\$42,763,829	\$04,342	24,195	\$84.79	\$170.96								\$188.39

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$6,972,716	4,770	94	\$1,461.79	\$11.45	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$12.92
MH/SA	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	48,433	77	2	629.00	0.08	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.09
Maternity	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,021,149	4,847	96	\$1,448.56	\$11.53								\$13.01
Hospital Outpatient													
Emergency Hospital	\$7,595,798	33,119	653	\$229.35	\$12.47	1.0000	1.1776	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.69
Misc Outpatient	7,470,199	28,495	562	262.16	12.27	1.0000	1.1776	1.0000	1.0000	1.0000	1.0000	1.0000	14.45
	\$15,065,997	61,614	1,214	\$244.52	\$24.74								\$29.14
Professional													
Inpatient Surgery	\$300,115	1,536	30	\$195.39	\$0.49	1.0000	1.0000	1.0228	1.0000	1.0000	1.0000	1.0200	\$0.51
Outpatient Surgery	2,402,967	21,170	417	113.51	3.95	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	4.13
Hospital Visits	572,163	6,268	124	91.28	0.94	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.98
Office Visits	10,388,366	185,322	3,652	56.06	17.06	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	17.85
Urgent Care	1,768,423	31,127	613	56.81	2.90	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	3.04
Injectables & Immunizations	1,083,433	88,307	1,740	12.27	1.78	1.0000	1.0000	1.0261	1.0000	0.9748	1.0000	1.0200	1.82
Other Physician	7,030,660	119,620	2,357	58.77	11.55	1.0000	1.0000	1.0179	1.0000	1.0000	1.0000	1.0200	11.99
Radiology/Pathology	1,029,058	69,735	1,374	14.76	1.69	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	1.77
MH/SA	198,764	1,556	31	127.74	0.33	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	0.34
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	130	4	0	32.57	0.00	1.0000	1.0000	1.0308	1.0000	1.0000	1.0000	1.0200	0.00
	\$24,774,080	\$24,645	10,340	\$47.22	\$40.69								\$42.42
Other Services													
Home Health	\$2,452,353	27,798	548	\$88.22	\$4.03	1.0000	1.0000	1.0045	1.0000	1.0000	1.0000	1.0000	\$4.05
Ambulance	308,282	2,593	51	118.89	0.51	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0000	0.52
Prosthetics/DME	120,569	2,314	46	52.10	0.20	1.0000	1.0000	1.0000	1.0763	1.0000	1.0000	1.0000	0.21
Vision/Hearing Aids	30,548	282	6	108.33	0.05	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0000	0.05
Dental	1,493	89	2	16.77	0.00	1.0000	1.0000	1.0286	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	161,315	848	17	190.23	0.26	1.0000	1.0000	1.0200	1.0000	0.9994	1.0000	1.0000	0.27
	\$3,074,561	33,924	669	\$90.63	\$5.05								\$5.10
Total	\$49,935,787	625,030	12,318	\$79.89	\$82.01								\$89.67

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$3,954,949	2,213	47	\$1,787.14	\$7.04	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.16
MH/SA	7,936	17	0	466.80	0.01	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Skilled Nursing Facility	166,594	144	3	1,156.91	0.30	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.34
Maternity	0	0	0	0.00	0.00	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,129,479	2,374	51	\$1,739.46	\$7.35								\$8.52
Hospital Outpatient													
Emergency Hospital	\$4,179,587	17,652	377	\$236.78	\$7.44	1.0000	1.1726	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.72
Misc Outpatient	4,848,832	18,029	385	268.95	8.63	1.0000	1.1726	1.0000	1.0000	1.0000	1.0000	1.0000	10.12
	\$9,028,419	35,681	762	\$253.03	\$16.06								\$18.84
Professional													
Inpatient Surgery	\$266,739	1,101	24	\$242.27	\$0.47	1.0000	1.0000	1.0227	1.0000	1.0000	1.0000	1.0200	\$0.50
Outpatient Surgery	1,428,555	12,062	258	118.43	2.54	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0200	2.66
Hospital Visits	308,338	3,806	81	81.01	0.55	1.0000	1.0000	1.0217	1.0000	1.0000	1.0000	1.0200	0.57
Office Visits	6,419,867	117,849	2,516	54.48	11.42	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	11.94
Urgent Care	971,589	16,753	358	57.99	1.73	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	1.81
Injectables & Immunizations	964,760	71,049	1,517	13.58	1.72	1.0000	1.0000	1.0257	1.0000	0.9845	1.0000	1.0200	1.77
Other Physician	6,039,283	100,275	2,141	60.23	10.75	1.0000	1.0000	1.0228	1.0000	0.9991	1.0000	1.0200	11.20
Radiology/Pathology	1,142,289	66,021	1,410	17.30	2.03	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	2.13
MH/SA	326,059	4,102	88	79.49	0.58	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.61
Maternity (delivery)	173	2	0	86.30	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	1,521	9	0	168.98	0.00	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	0.00
	\$17,869,173	393,029	8,392	\$45.47	\$31.80								\$33.18
Other Services													
Home Health	\$998,968	11,026	235	\$90.60	\$1.78	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0000	\$1.82
Ambulance	205,818	1,815	39	113.40	0.37	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	0.38
Prosthetics/DME	75,951	1,784	38	42.57	0.14	1.0000	1.0000	1.0000	1.0815	1.0000	1.0000	1.0000	0.15
Vision/Hearing Aids	51,723	388	8	133.31	0.09	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0000	0.09
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0291	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	154,695	538	11	287.54	0.28	1.0000	1.0000	1.0231	1.0000	0.9987	1.0000	1.0000	0.28
	\$1,487,156	15,551	332	\$95.63	\$2.65								\$2.72
Total	\$32,514,227	446,635	9,537	\$72.80	\$57.85								\$63.26

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,791,255	1,450	96	\$1,925.00	\$15.35	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$17.64
MH/SA	6,428	14	1	459.17	0.04	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.04
Skilled Nursing Facility	31,557	74	5	426.44	0.17	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.20
Maternity	0	0	0	0.00	0.00	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$2,829,240	1,538	102	\$1,839.56	\$15.56								\$17.88
Hospital Outpatient													
Emergency Hospital	\$1,702,025	6,861	453	\$248.07	\$9.36	1.0000	1.1646	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.90
Misc Outpatient	2,096,708	6,234	411	336.33	11.53	1.0000	1.1646	1.0000	1.0000	1.0000	1.0000	1.0000	13.43
	\$3,798,733	13,095	864	\$290.09	\$20.89								\$24.33
Professional													
Inpatient Surgery	\$176,144	688	45	\$256.02	\$0.97	1.0000	1.0000	1.0241	1.0000	1.0000	1.0000	1.0200	\$1.01
Outpatient Surgery	597,502	4,652	307	128.44	3.29	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	3.44
Hospital Visits	191,802	2,518	166	76.17	1.05	1.0000	1.0000	1.0222	1.0000	1.0000	1.0000	1.0200	1.10
Office Visits	1,718,231	30,353	2,003	56.61	9.45	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	9.88
Urgent Care	428,131	6,817	450	62.80	2.35	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	2.46
Injectables & Immunizations	328,945	13,240	874	24.84	1.81	1.0000	1.0000	1.0233	1.0000	0.9134	1.0000	1.0200	1.72
Other Physician	1,715,526	33,979	2,243	50.49	9.44	1.0000	1.0000	1.0213	1.0000	1.0005	1.0000	1.0200	9.83
Radiology/Pathology	763,697	31,994	2,112	23.87	4.20	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	4.39
MH/SA	133,097	1,464	97	90.91	0.73	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	0.77
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$6,053,075	125,705	8,296	\$48.15	\$33.29								\$34.61
Other Services													
Home Health	\$486,577	4,225	279	\$115.17	\$2.68	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	\$2.75
Ambulance	172,694	1,535	101	112.50	0.95	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	0.97
Prosthetics/DME	25,398	516	34	49.22	0.14	1.0000	1.0000	1.0000	1.0816	1.0000	1.0000	1.0000	0.15
Vision/Hearing Aids	7,414	49	3	151.31	0.04	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	0.04
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0290	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	26,453	291	19	90.91	0.15	1.0000	1.0000	1.0279	1.0000	0.9928	1.0000	1.0000	0.15
	\$718,536	6,616	437	\$108.61	\$3.95								\$4.06
Total	\$13,399,584	146,954	9,699	\$91.18	\$73.70								\$80.88

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,972,191	1,825	112	\$1,628.60	\$15.25	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$17.55
MH/SA	60,450	67	4	902.23	0.31	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.36
Skilled Nursing Facility	12,310	15	1	820.67	0.06	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.07
Maternity	316,111	340	21	929.74	1.62	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.87
Newborn	0	0	0	0.00	0.00	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$3,361,062	2,247	138	\$1,495.80	\$17.24								\$19.85
Hospital Outpatient													
Emergency Hospital	\$2,511,157	11,035	679	\$227.56	\$12.88	1.0000	1.1784	1.0000	1.0000	1.0000	1.0000	1.0000	\$15.18
Misc Outpatient	3,889,536	15,853	976	245.35	19.96	1.0000	1.1784	1.0000	1.0000	1.0000	1.0000	1.0000	23.52
	\$6,400,693	26,888	1,655	\$238.05	\$32.84								\$38.70
Professional													
Inpatient Surgery	\$167,727	836	51	\$200.63	\$0.86	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	\$0.90
Outpatient Surgery	658,929	5,227	322	126.06	3.38	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	3.54
Hospital Visits	284,109	3,849	237	73.81	1.46	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	1.52
Office Visits	3,169,803	58,942	3,629	53.78	16.26	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	17.01
Urgent Care	777,035	11,798	726	65.86	3.99	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	4.17
Injectables & Immunizations	288,851	20,084	1,237	14.38	1.48	1.0000	1.0000	1.0257	1.0000	0.9536	1.0000	1.0200	1.48
Other Physician	2,222,754	48,718	2,999	45.62	11.40	1.0000	1.0000	1.0227	1.0000	1.0003	1.0000	1.0200	11.90
Radiology/Pathology	1,931,067	88,910	5,474	21.72	9.91	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	10.36
MH/SA	171,905	1,733	107	99.20	0.88	1.0000	1.0000	1.0274	1.0000	1.0000	1.0000	1.0200	0.92
Maternity (delivery)	11,849	128	8	92.57	0.06	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.06
Maternity (non-delivery)	102,875	1,892	116	54.37	0.53	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.55
	\$9,786,903	242,117	14,907	\$40.42	\$50.21								\$52.42
Other Services													
Home Health	\$421,478	4,363	269	\$96.60	\$2.16	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$2.22
Ambulance	254,195	2,592	160	98.07	1.30	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	1.34
Prosthetics/DME	26,240	2,414	149	10.87	0.13	1.0000	1.0000	1.0000	1.0800	1.0000	1.0000	1.0000	0.15
Vision/Hearing Aids	12,320	65	4	189.53	0.06	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0000	0.06
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0293	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	27,618	610	38	45.28	0.14	1.0000	1.0000	1.0277	1.0000	0.9877	1.0000	1.0000	0.14
	\$741,850	10,044	618	\$73.86	\$3.81								\$3.91
Total	\$20,290,509	281,296	17,319	\$72.13	\$104.10								\$114.88

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,714,601	2,038	444	\$2,313.35	\$85.56	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$97.43
MH/SA	2,834	3	1	944.55	0.05	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
Skilled Nursing Facility	163,828	238	52	688.35	2.97	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.39
Maternity	0	0	0	0.00	0.00	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,881,263	2,279	496	\$2,141.84	\$88.59								\$100.87
Hospital Outpatient													
Emergency Hospital	\$1,164,155	4,795	1,044	\$242.79	\$21.13	1.0000	1.1516	1.0000	1.0000	1.0000	1.0000	1.0000	\$24.33
Misc Outpatient	1,869,946	4,170	908	448.43	33.94	1.0000	1.1516	1.0000	1.0000	1.0000	1.0000	1.0000	39.08
	\$3,034,101	8,965	1,952	\$338.44	\$55.06								\$63.41
Professional													
Inpatient Surgery	\$274,967	970	211	\$283.47	\$4.99	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	\$5.22
Outpatient Surgery	553,054	3,866	842	143.06	10.04	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	10.50
Hospital Visits	188,076	2,616	570	71.89	3.41	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	3.57
Office Visits	844,053	13,727	2,989	61.49	15.32	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	16.03
Urgent Care	353,468	4,963	1,081	71.22	6.41	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	6.71
Injectables & Immunizations	160,082	3,734	813	42.87	2.91	1.0000	1.0000	1.0260	1.0000	0.9865	1.0000	1.0200	3.00
Other Physician	569,128	11,638	2,535	48.90	10.33	1.0000	1.0000	1.0255	1.0000	0.9821	1.0000	1.0200	10.61
Radiology/Pathology	684,608	21,362	4,652	32.05	12.42	1.0000	1.0000	1.0260	1.0000	0.9999	1.0000	1.0200	13.00
MH/SA	14,557	114	25	127.70	0.26	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.28
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$3,641,994	62,990	13,718	\$57.82	\$66.10								\$68.93
Other Services													
Home Health	\$512,627	3,843	837	\$133.39	\$9.30	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0000	\$9.54
Ambulance	127,089	1,205	262	105.47	2.31	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	2.37
Prosthetics/DME	36,075	359	78	100.49	0.65	1.0000	1.0000	1.0000	1.0825	1.0000	1.0000	1.0000	0.71
Vision/Hearing Aids	22	1	0	22.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0285	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	65,383	450	98	145.30	1.19	1.0000	1.0000	1.0217	1.0000	0.9930	1.0000	1.0000	1.20
	\$741,196	5,858	1,276	\$126.53	\$13.45								\$13.82
Total	\$12,298,554	80,092	17,443	\$153.56	\$223.20								\$247.04

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$19,196,261	9,035	381	\$2,124.66	\$67.45	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$76.64
MH/SA	98,460	150	6	656.40	0.35	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.39
Skilled Nursing Facility	289,405	249	10	1,162.27	1.02	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.16
Maternity	758,460	814	34	931.77	2.67	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.03
Newborn	0	0	0	0.00	0.00	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$20,342,587	10,248	432	\$1,985.03	\$71.48								\$81.22
Hospital Outpatient													
Emergency Hospital	\$7,550,630	31,965	1,348	\$236.22	\$26.53	1.0000	1.1621	1.0000	1.0000	1.0000	1.0000	1.0000	\$30.83
Misc Outpatient	13,583,903	40,755	1,718	333.31	47.73	1.0000	1.1621	1.0000	1.0000	1.0000	1.0000	1.0000	\$5.47
	\$21,134,533	72,720	3,066	\$290.63	\$74.26								\$86.30
Professional													
Inpatient Surgery	\$1,317,639	5,514	232	\$238.96	\$4.63	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	\$4.85
Outpatient Surgery	3,146,188	23,146	976	135.93	11.05	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	11.57
Hospital Visits	808,249	12,042	508	67.12	2.84	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	2.97
Office Visits	6,902,389	124,052	5,231	55.64	24.25	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	25.38
Urgent Care	2,435,931	34,061	1,436	71.52	8.56	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	8.96
Injectables & Immunizations	935,525	34,244	1,444	27.32	3.29	1.0000	1.0000	1.0256	1.0000	0.9100	1.0000	1.0200	3.13
Other Physician	3,826,287	80,661	3,401	47.44	13.44	1.0000	1.0000	1.0258	1.0000	1.0122	1.0000	1.0200	14.24
Radiology/Pathology	6,288,708	245,926	10,369	25.57	22.10	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	23.12
MH/SA	56,063	522	22	107.40	0.20	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	0.21
Maternity (delivery)	43,282	461	19	93.89	0.15	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.16
Maternity (non-delivery)	221,388	4,043	170	54.76	0.78	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	0.81
	\$25,981,649	564,672	23,809	\$46.01	\$91.29								\$95.38
Other Services													
Home Health	\$1,485,970	16,838	710	\$88.25	\$5.22	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	\$5.36
Ambulance	682,289	7,047	297	96.82	2.40	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	2.46
Prosthetics/DME	53,401	4,228	178	12.63	0.19	1.0000	1.0000	1.0000	1.0809	1.0000	1.0000	1.0000	0.20
Vision/Hearing Aids	42	5	0	8.32	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0287	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	136,267	3,447	145	39.53	0.48	1.0000	1.0000	1.0279	1.0000	0.9802	1.0000	1.0000	0.48
	\$2,357,969	31,565	1,331	\$74.70	\$8.29								\$8.50
Total	\$69,816,738	679,205	28,638	\$102.79	\$245.32								\$271.40

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 45+ , Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$7,231,304	3,101	848	\$2,331.93	\$164.83	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$187.28
MH/SA	4,229	10	3	422.86	0.10	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.11
Skilled Nursing Facility	106,726	81	22	1,317.61	2.43	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.76
Maternity	0	0	0	0.00	0.00	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,342,259	3,192	873	\$2,300.21	\$167.36								\$190.15
Hospital Outpatient													
Emergency Hospital	\$866,055	3,217	880	\$269.21	\$19.74	1.0000	1.1633	1.0000	1.0000	1.0000	1.0000	1.0000	\$22.96
Misc Outpatient	3,537,461	8,130	2,224	435.11	80.63	1.0000	1.1633	1.0000	1.0000	1.0000	1.0000	1.0000	93.80
	\$4,403,517	11,347	3,104	\$388.08	\$100.37								\$116.77
Professional													
Inpatient Surgery	\$370,441	1,356	371	\$273.19	\$8.44	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	\$8.84
Outpatient Surgery	826,260	5,750	1,573	143.70	18.83	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	19.71
Hospital Visits	251,968	3,633	994	69.36	5.74	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	6.01
Office Visits	1,257,120	21,036	5,754	59.76	28.65	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	29.98
Urgent Care	288,776	3,655	1,000	79.01	6.58	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	6.89
Injectables & Immunizations	331,769	6,918	1,892	47.96	7.56	1.0000	1.0000	1.0241	1.0000	0.9887	1.0000	1.0200	7.18
Other Physician	1,270,742	21,629	5,916	58.75	28.97	1.0000	1.0000	1.0252	1.0000	0.9890	1.0000	1.0200	29.96
Radiology/Pathology	1,227,319	41,748	11,419	29.40	27.98	1.0000	1.0000	1.0260	1.0000	0.9998	1.0000	1.0200	29.27
MH/SA	6,199	62	17	99.98	0.14	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.15
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	166	4	1	41.44	0.00	1.0000	1.0000	1.0301	1.0000	1.0000	1.0000	1.0200	0.00
	\$5,830,760	105,791	28,937	\$55.12	\$132.91								\$137.99
Other Services													
Home Health	\$709,051	8,491	2,323	\$83.51	\$16.16	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	\$16.58
Ambulance	127,111	1,218	333	104.36	2.90	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0000	2.97
Prosthetics/DME	34,420	403	110	85.41	0.78	1.0000	1.0000	1.0000	1.0847	1.0000	1.0000	1.0000	0.85
Vision/Hearing Aids	2	1	0	2.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	60,426	935	256	64.63	1.38	1.0000	1.0000	1.0258	1.0000	0.9399	1.0000	1.0000	1.33
	\$931,010	11,048	3,022	\$84.27	\$21.22								\$21.74
Total	\$18,507,545	131,378	35,936	\$140.87	\$421.86								\$466.65

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: SSI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectable Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$98,449,112	57,985	1,713	\$1,697.84	\$242.35	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$278.36
MH/SA	265,121	531	16	499.29	0.65	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.75
Skilled Nursing Facility	2,681,500	8,224	243	326.06	6.60	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.58
Maternity	177,736	203	6	875.55	0.44	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.50
Newborn	1,586,936	1,870	55	848.63	3.91	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.49
Other Inpatient	0	0	0	0.00	0.00	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$103,160,406	68,813	2,033	\$1,499.14	\$253.95								\$291.68
Hospital Outpatient													
Emergency Hospital	\$9,612,772	34,767	1,027	\$276.49	\$23.66	1.0000	1.2060	1.0000	1.0000	1.0000	1.0000	1.0000	\$28.54
Misc Outpatient	32,621,556	79,867	2,359	408.45	80.30	1.0000	1.2060	1.0000	1.0000	1.0000	1.0000	1.0000	96.85
	\$42,234,328	114,634	3,386	\$368.43	\$103.97								\$125.39
Professional													
Inpatient Surgery	\$3,531,797	14,432	426	\$244.72	\$8.69	1.0000	1.0000	1.0243	1.0000	1.0000	1.0000	1.0200	\$9.08
Outpatient Surgery	5,135,607	36,388	1,075	141.13	12.64	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	13.22
Hospital Visits	6,394,474	79,122	2,337	80.82	15.74	1.0000	1.0000	1.0234	1.0000	1.0000	1.0000	1.0200	16.43
Office Visits	10,100,274	172,388	5,092	58.59	24.86	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	25.98
Urgent Care	3,332,221	41,327	1,221	80.63	8.20	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	8.58
Injectables & Immunizations	6,832,749	76,811	2,269	88.96	16.82	1.0000	1.0000	1.0249	1.0000	0.9384	1.0000	1.0200	16.50
Other Physician	21,142,464	248,086	7,329	85.22	52.05	1.0000	1.0000	1.0185	1.0000	1.0119	1.0000	1.0200	54.71
Radiology/Pathology	9,037,181	306,147	9,044	29.52	22.25	1.0000	1.0000	1.0253	1.0000	0.9999	1.0000	1.0200	23.26
MH/SA	373,567	1,530	45	244.16	0.92	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	0.96
Maternity (delivery)	4,576	50	1	91.52	0.01	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	0.01
Maternity (non-delivery)	24,723	531	16	46.56	0.06	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	0.06
	\$65,909,634	976,812	28,855	\$67.47	\$162.25								\$168.80
Other Services													
Home Health	\$18,574,719	163,262	4,823	\$113.77	\$45.73	1.0000	1.0000	1.0202	1.0000	1.0000	1.0000	1.0000	\$46.65
Ambulance	2,286,134	23,280	688	98.20	5.63	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0000	5.77
Prosthetics/DME	568,514	3,817	113	148.94	1.40	1.0000	1.0000	1.0000	1.0779	1.0000	1.0000	1.0000	1.51
Vision/Hearing Aids	144,341	1,092	32	132.18	0.36	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	0.36
Dental	85	5	0	16.98	0.00	1.0000	1.0000	1.0285	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	682,046	10,451	309	65.26	1.68	1.0000	1.0000	1.0268	1.0000	0.9826	1.0000	1.0000	1.69
	\$22,255,839	201,907	5,964	\$110.23	\$54.79								\$55.99
Total	\$233,560,207	1,362,166	40,239	\$171.46	\$574.96								\$641.86

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: OCWI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,044,677	1,345	136	\$1,520.21	\$17.27	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$20.04
MH/SA	0	0	0	0.00	0.00	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	2,496	6	1	416.02	0.02	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Maternity	3,504,842	3,920	397	894.09	29.61	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	34.35
Newborn	0	0	0	0.00	0.00	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,552,015	5,271	534	\$1,053.31	\$46.90								\$54.42
Hospital Outpatient													
Emergency Hospital	\$1,376,766	6,180	626	\$222.78	\$11.63	1.0000	1.2095	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.07
Misc Outpatient	9,881,426	51,378	5,208	192.33	83.47	1.0000	1.2095	1.0000	1.0000	1.0000	1.0000	1.0000	100.96
	\$11,258,192	57,558	5,835	\$195.60	\$95.10								\$115.03
Professional													
Inpatient Surgery	\$369,300	3,465	351	\$106.58	\$3.12	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	\$3.26
Outpatient Surgery	473,213	4,684	475	101.03	4.00	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	4.18
Hospital Visits	811,412	13,090	1,327	61.99	6.85	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	7.17
Office Visits	6,070,880	125,347	12,707	48.43	51.28	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	53.65
Urgent Care	998,337	14,478	1,468	68.96	8.43	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	8.82
Injectables & Immunizations	133,545	5,624	570	23.75	1.13	1.0000	1.0000	1.0256	1.0000	0.8967	1.0000	1.0200	1.06
Other Physician	941,081	34,066	3,453	27.63	7.95	1.0000	1.0000	1.0255	1.0000	1.0054	1.0000	1.0200	8.36
Radiology/Pathology	6,969,400	302,772	30,692	23.02	58.87	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	61.60
MH/SA	6,748	64	6	105.43	0.06	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	0.06
Maternity (delivery)	209,915	2,263	229	92.76	1.77	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	1.86
Maternity (non-delivery)	1,199,111	21,054	2,134	56.95	10.13	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	10.59
	\$18,182,942	\$26,907	53,413	\$34.51	\$153.60								\$160.60
Other Services													
Home Health	\$889,175	10,197	1,034	\$87.20	\$7.51	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0000	\$7.70
Ambulance	395,059	4,021	408	98.25	3.34	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0000	3.42
Prosthetics/DME	24,976	4,505	457	5.54	0.21	1.0000	1.0000	1.0000	1.0811	1.0000	1.0000	1.0000	0.23
Vision/Hearing Aids	0	1	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0286	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	20,574	1,312	133	15.68	0.17	1.0000	1.0000	1.0270	1.0000	0.9531	1.0000	1.0000	0.17
	\$1,329,785	20,036	2,031	\$66.37	\$11.23								\$11.52
Total	\$36,322,934	609,772	61,813	\$59.57	\$306.84								\$341.57

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: DUAL

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,174,298	30,914	801	\$135.03	\$9.01	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.22
MH/SA	1,640	8	0	205.04	0.00	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	726,183	5,813	151	124.92	1.57	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.78
Maternity	107,966	513	13	210.46	0.23	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
Newborn	0	0	0	0.00	0.00	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,010,087	37,248	965	\$134.51	\$10.82								\$12.27
Hospital Outpatient													
Emergency Hospital	\$1,319,173	27,722	718	\$47.59	\$2.85	1.0000	1.1509	1.0000	1.0000	1.0000	1.0000	1.0000	\$3.28
Misc Outpatient	4,010,616	49,555	1,284	80.93	8.66	1.0000	1.1509	1.0000	1.0000	1.0000	1.0000	1.0000	9.96
	\$5,329,789	77,277	2,002	\$68.97	\$11.51								\$13.24
Professional													
Inpatient Surgery	\$322,846	9,896	256	\$32.62	\$0.70	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	\$0.73
Outpatient Surgery	815,194	27,576	714	29.56	1.76	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	1.84
Hospital Visits	248,988	36,344	941	6.85	0.54	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	0.56
Office Visits	1,552,884	90,285	2,339	17.20	3.35	1.0000	1.0000	1.0275	1.0000	1.0000	1.0000	1.0200	3.51
Urgent Care	283,145	20,480	531	13.83	0.61	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.64
Injectables & Immunizations	2,984,478	76,262	1,975	39.13	6.44	1.0000	1.0000	1.0267	1.0000	0.9242	1.0000	1.0200	6.24
Other Physician	5,466,671	172,092	4,458	31.77	11.80	1.0000	1.0000	1.0262	1.0000	1.0005	1.0000	1.0200	12.36
Radiology/Pathology	791,888	101,091	2,619	7.83	1.71	1.0000	1.0000	1.0255	1.0000	0.9999	1.0000	1.0200	1.79
MH/SA	16,911	973	25	17.38	0.04	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	0.04
Maternity (delivery)	50,260	137	4	366.86	0.11	1.0000	1.0000	1.0256	1.0000	1.0000	1.1531	1.0200	0.13
Maternity (non-delivery)	3,060	340	9	9.00	0.01	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	0.01
	\$12,536,324	\$35,476	13,871	\$23.41	\$27.06								\$27.84
Other Services													
Home Health	\$2,920,246	103,964	2,693	\$28.09	\$6.30	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0000	\$6.47
Ambulance	78,468	1,364	35	57.53	0.17	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	0.17
Prosthetics/DME	265,811	3,390	88	78.41	0.57	1.0000	1.0000	1.0000	1.0841	1.0000	1.0000	1.0000	0.62
Vision/Hearing Aids	101	6	0	16.92	0.00	1.0000	1.0000	1.0211	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0310	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	243,087	11,671	302	20.83	0.52	1.0000	1.0000	1.0271	1.0000	0.9595	1.0000	1.0000	0.52
	\$3,507,713	120,395	3,119	\$29.14	\$7.57								\$7.78
Total	\$26,383,913	770,396	19,956	\$34.25	\$56.95								\$61.13

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: KICK

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$0	0	0	\$0.00	\$0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
MH/SA	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	42,581,605	31,267	2,338	1,361.87	3,184.62	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3,694.60
Newborn	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$42,581,605	31,267	2,338	\$1,361.87	\$3,184.62								\$3,694.60
Hospital Outpatient													
Emergency Hospital	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Misc Outpatient	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$0	0	0	\$0.00	\$0.00								\$0.00
Professional													
Inpatient Surgery	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	\$0.00
Outpatient Surgery	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Hospital Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Office Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Urgent Care	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Injectables & Immunizations	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Other Physician	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Radiology/Pathology	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
MH/SA	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (delivery)	17,838,049	27,157	2,031	656.85	1,334.08	1.0000	1.0000	1.0247	1.0000	1.0000	1.0985	1.0200	1,531.71
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$17,838,049	27,157	2,031	\$656.85	\$1,334.08								\$1,531.71
Other Services													
Home Health	\$650	1	0	\$650.00	\$0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.05
Ambulance	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Prosthetics/DME	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	14,978	0	0	0.00	1.12	1.0000	1.0000	1.0175	1.0000	1.0000	1.0000	1.0000	1.14
	\$15,628	1	0	\$15,627.89	\$1.17								\$1.19
Total	\$60,435,282	58,425	4,370	\$1,034.41	\$4,519.88								\$5,227.50

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$913,717	713	1,959	\$1,281.51	\$2,510.21	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$2,898.27
MH/SA	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	17,340,753	18,048	49,582	960.81	47,639.43	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	55,004.12
Other Inpatient	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$18,254,470	18,761	51,541	\$973.00	\$50,149.64								\$57,902.39
Hospital Outpatient													
Emergency Hospital	\$9,790	47	129	\$208.30	\$26.90	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	\$33.20
Misc Outpatient	36,019	231	635	155.93	98.95	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	122.16
	\$45,809	278	764	\$164.78	\$125.85								\$155.37
Professional													
Inpatient Surgery	\$92,402	573	1,574	\$161.26	\$253.85	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0200	\$264.57
Outpatient Surgery	2,560	14	38	182.87	7.03	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	7.34
Hospital Visits	4,305,249	16,735	45,975	257.26	11,827.61	1.0000	1.0000	1.0195	1.0000	1.0000	1.0000	1.0200	12,298.93
Office Visits	82,607	1,026	2,819	80.51	226.94	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	237.33
Urgent Care	3,965	86	236	46.10	10.89	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	11.39
Injections & Immunizations	17,081	268	736	63.73	46.92	1.0000	1.0000	1.0254	1.0000	1.0025	1.0000	1.0200	49.20
Other Physician	58,523	1,962	5,390	29.83	160.78	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	168.01
Radiology/Pathology	54,241	4,648	12,769	11.67	149.01	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	155.47
MH/SA	0	0	0	0.00	0.00	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0145	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.00
	\$4,616,626	25,312	69,538	\$182.39	\$12,683.04								\$13,192.25
Other Services													
Home Health	\$55,725	391	1,074	\$142.52	\$153.09	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$157.00
Ambulance	58,514	207	569	282.67	160.75	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	164.85
Prosthetics/DME	192	4	11	48.08	0.53	1.0000	1.0000	1.0000	1.0749	1.0000	1.0000	1.0000	0.57
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0316	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0455	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	15,707	101	277	155.52	43.15	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	44.13
	\$130,138	703	1,931	\$185.12	\$357.52								\$366.54
Total	\$23,047,043	45,054	123,775	\$511.54	\$63,316.05								\$71,616.55

Appendix D1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$1,843,248	1,302	614	\$1,415.70	\$869.87	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$1,004.34
MH/SA	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	15,193,387	18,807	8,875	807.86	7,170.07	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8,278.51
Other Inpatient	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$17,036,634	20,109	9,490	\$847.21	\$8,039.94								\$9,282.85
Hospital Outpatient													
Emergency Hospital	\$103,445	522	246	\$198.17	\$48.82	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	\$60.27
Misc Outpatient	198,048	1,723	813	114.94	93.46	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	115.39
	\$301,493	2,245	1,059	\$134.30	\$142.28								\$175.65
Professional													
Inpatient Surgery	\$189,438	1,031	487	\$183.74	\$89.40	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0200	\$93.18
Outpatient Surgery	20,594	240	113	85.81	9.72	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	10.15
Hospital Visits	3,012,472	19,673	9,284	153.13	1,421.65	1.0000	1.0000	1.0195	1.0000	1.0000	1.0000	1.0200	1,478.30
Office Visits	452,158	7,023	3,314	64.38	213.38	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	223.15
Urgent Care	39,526	672	317	58.82	18.65	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	19.51
Injections & Immunizations	121,346	2,630	1,241	46.14	57.27	1.0000	1.0000	1.0254	1.0000	1.0000	1.0000	1.0200	60.04
Other Physician	158,571	3,276	1,546	48.40	74.83	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	78.20
Radiology/Pathology	47,003	3,521	1,662	13.35	22.18	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	23.14
MH/SA	9,122	11	5	829.25	4.30	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	4.51
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0145	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.00
	\$4,050,229	38,077	17,969	\$106.37	\$1,911.39								\$1,990.18
Other Services													
Home Health	\$198,390	1,468	693	\$135.14	\$93.62	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$96.01
Ambulance	116,418	498	235	233.77	54.94	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	56.34
Prosthetics/DME	2,206	48	23	45.96	1.04	1.0000	1.0000	1.0000	1.0749	1.0000	1.0000	1.0000	1.12
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0316	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0455	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	8,011	118	56	67.89	3.78	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	3.87
	\$325,024	2,132	1,006	\$152.45	\$153.39								\$157.34
Total	\$21,713,380	62,563	29,525	\$347.06	\$10,246.99								\$11,606.03

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$130.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	\$122.91
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	1.0000	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Newborn	871.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	820.31
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
	\$1,001.93												\$943.21
Hospital Outpatient													
Emergency Hospital	\$16.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8000	\$13.97
Misc Outpatient	25.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8500	23.63
	\$42.31												\$37.60
Professional													
Inpatient Surgery	\$16.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	\$15.34
Outpatient Surgery	3.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	3.22
Hospital Visits	176.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	161.91
Office Visits	64.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	69.10
Urgent Care	4.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	4.48
Injections & Immunizations	7.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	8.47
Other Physician	18.42	1.0000	1.0000	0.9978	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	16.84
Radiology/Pathology	4.16	1.0000	1.0000	1.0000	0.9466	1.0000	1.0000	1.0000	1.0600	1.0081	1.0000	0.8500	3.58
MH/SA	0.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	0.58
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.9000	0.01
	\$296.95												\$283.52
Other Services													
Home Health	\$18.52	1.0000	0.9804	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0076	1.0000	0.8000	\$15.51
Ambulance	5.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0055	1.0000	0.8000	4.79
Prosthetics/DME	0.41	1.0000	0.6670	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0196	1.0000	0.8000	0.24
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0038	1.0000	0.8000	0.00
Unknown	0.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.53
	\$25.19												\$21.08
Total	\$1,366.38												\$1,285.41

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$42.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	\$37.66
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	1.0000	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	0.00
Newborn	1.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	1.14
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	0.00
	\$43.69												\$38.80
Hospital Outpatient													
Emergency Hospital	\$23.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0093	1.0000	0.8000	\$19.33
Misc Outpatient	25.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0093	1.0000	0.8500	21.84
	\$49.41												\$41.18
Professional													
Inpatient Surgery	\$2.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	\$1.80
Outpatient Surgery	4.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	4.26
Hospital Visits	7.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	6.65
Office Visits	38.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	1.0000	39.55
Urgent Care	5.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	4.97
Injections & Immunizations	10.67	1.0000	1.0000	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000	1.0172	1.0000	1.0000	10.85
Other Physician	12.06	1.0000	1.0000	0.9971	1.0000	1.0000	0.9998	1.0000	1.0000	1.0172	1.0000	0.8500	10.39
Radiology/Pathology	2.21	1.0000	1.0000	1.0000	0.9959	1.0000	1.0000	1.0000	1.0000	1.0081	1.0000	0.8500	1.88
MH/SA	0.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	0.24
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.9000	0.00
	\$84.54												\$80.60
Other Services													
Home Health	\$8.54	1.0000	0.8982	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0076	1.0000	0.8000	\$6.18
Ambulance	0.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0055	1.0000	0.8000	0.78
Prosthetics/DME	1.28	1.0000	0.7900	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0196	1.0000	0.8000	0.82
Vision/Hearing Aids	0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.07
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0038	1.0000	0.8000	0.00
Unknown	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.06
	\$10.95												\$7.92
Total	\$188.59												\$168.50

Appendix D2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$12.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$9.65
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Skilled Nursing Facility	0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.08
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$13.01												\$9.73
Hospital Outpatient													
Emergency Hospital	\$14.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$10.21
Misc Outpatient	14.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	10.67
	\$29.14												\$20.89
Professional													
Inpatient Surgery	\$0.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.38
Outpatient Surgery	4.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	3.05
Hospital Visits	0.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.72
Office Visits	17.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	15.50
Urgent Care	3.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	2.24
Injections & Immunizations	1.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	1.58
Other Physician	11.99	1.0000	1.0000	0.9984	1.0000	1.0000	0.9997	0.9987	0.8540	1.0168	1.0000	0.8500	8.82
Radiology/Pathology	1.77	1.0000	1.0000	1.0000	0.9988	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	1.30
MH/SA	0.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.25
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.00
	\$42.42												\$33.84
Other Services													
Home Health	\$4.05	1.0000	0.9414	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$2.65
Ambulance	0.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.36
Prosthetics/DME	0.21	1.0000	0.7489	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.11
Vision/Hearing Aids	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.04
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.18
	\$5.10												\$3.34
Total	\$89.67												\$67.80

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$8.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$6.09
MH/SA	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.01
Skilled Nursing Facility	0.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.30
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$8.52												\$6.41
Hospital Outpatient													
Emergency Hospital	\$8.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$6.06
Misc Outpatient	10.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	7.47
	\$18.84												\$13.54
Professional													
Inpatient Surgery	\$0.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.37
Outpatient Surgery	2.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.96
Hospital Visits	0.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.42
Office Visits	11.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	10.37
Urgent Care	1.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.33
Injections & Immunizations	1.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	1.54
Other Physician	11.20	1.0000	1.0000	0.9992	1.0000	1.0000	0.9995	0.9989	0.8540	1.0168	1.0000	0.8500	8.25
Radiology/Pathology	2.13	1.0000	1.0000	1.0000	0.9994	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	1.57
MH/SA	0.61	0.9997	1.0000	1.0000	1.0000	1.0000	1.0000	0.9344	0.8540	1.0168	1.0000	0.8500	0.42
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.00
	\$33.18												\$26.23
Other Services													
Home Health	\$1.82	1.0000	0.9620	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$1.22
Ambulance	0.38	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.26
Prosthetics/DME	0.15	1.0000	0.8845	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.09
Vision/Hearing Aids	0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.06
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.19
	\$2.72												\$1.83
Total	\$63.26												\$48.00

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$17.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$13.18
MH/SA	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.03
Skilled Nursing Facility	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.18
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$17.88												\$13.38
Hospital Outpatient													
Emergency Hospital	\$10.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$7.58
Misc Outpatient	13.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	9.92
	\$24.33												\$17.50
Professional													
Inpatient Surgery	\$1.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.75
Outpatient Surgery	3.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	2.54
Hospital Visits	1.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.81
Office Visits	9.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	7.29
Urgent Care	2.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.82
Injections & Immunizations	1.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.27
Other Physician	9.83	1.0000	1.0000	0.9995	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	7.25
Radiology/Pathology	4.39	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	3.24
MH/SA	0.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8678	0.8540	1.0168	1.0000	0.8500	0.49
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.00
	\$34.61												\$25.46
Other Services													
Home Health	\$2.75	1.0000	0.9916	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$1.90
Ambulance	0.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.67
Prosthetics/DME	0.15	1.0000	0.9806	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.10
Vision/Hearing Aids	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.03
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.10
	\$4.06												\$2.80
Total	\$80.88												\$59.15

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$17.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$13.12
MH/SA	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.27
Skilled Nursing Facility	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.06
Maternity	1.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	1.39
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$19.85												\$14.84
Hospital Outpatient													
Emergency Hospital	\$15.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$10.56
Misc Outpatient	23.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	17.37
	\$38.70												\$27.93
Professional													
Inpatient Surgery	\$0.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.66
Outpatient Surgery	3.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	2.61
Hospital Visits	1.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.12
Office Visits	17.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	12.56
Urgent Care	4.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	3.08
Injections & Immunizations	1.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.09
Other Physician	11.90	1.0000	1.0000	0.9994	1.0000	1.0000	0.9998	1.0000	0.8540	1.0168	1.0000	0.8500	8.78
Radiology/Pathology	10.36	1.0000	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	7.64
MH/SA	0.92	0.9987	1.0000	1.0000	1.0000	1.0000	1.0000	0.7853	0.8540	1.0168	1.0000	0.8500	0.54
Maternity (delivery)	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.06
Maternity (non-delivery)	0.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.43
	\$52.42												\$38.56
Other Services													
Home Health	\$2.22	1.0000	0.9874	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$1.53
Ambulance	1.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.92
Prosthetics/DME	0.15	1.0000	0.9757	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.10
Vision/Hearing Aids	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.04
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.10
	\$3.91												\$2.68
Total	\$114.88												\$84.02

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$97.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	\$82.02
MH/SA	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.05
Skilled Nursing Facility	3.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	1.0000	3.35
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
	\$100.87												\$85.43
Hospital Outpatient													
Emergency Hospital	\$24.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8000	\$19.14
Misc Outpatient	39.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8500	32.66
	\$63.41												\$51.80
Professional													
Inpatient Surgery	\$5.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	\$4.37
Outpatient Surgery	10.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	8.78
Hospital Visits	3.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	2.99
Office Visits	16.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	13.40
Urgent Care	6.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	5.61
Injections & Immunizations	3.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	2.51
Other Physician	10.61	1.0000	1.0000	0.9995	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	8.87
Radiology/Pathology	13.00	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	0.9640	1.0199	1.0000	0.8500	10.86
MH/SA	0.28	0.9924	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	0.23
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.9000	0.00
	\$68.93												\$57.61
Other Services													
Home Health	\$9.54	1.0000	0.9974	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0247	1.0000	0.8000	\$7.52
Ambulance	2.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0082	1.0000	0.8000	1.84
Prosthetics/DME	0.71	1.0000	0.9981	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0589	1.0000	0.8000	0.58
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0068	1.0000	0.8000	0.00
Unknown	1.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.93
	\$13.82												\$10.87
Total	\$247.04												\$205.71

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$76.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	\$64.52
MH/SA	0.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.33
Skilled Nursing Facility	1.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	1.0000	1.14
Maternity	3.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	2.55
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
	\$81.22												\$68.55
Hospital Outpatient													
Emergency Hospital	\$30.83	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8000	\$24.25
Misc Outpatient	\$5.47	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8500	46.36
	\$86.30												\$70.61
Professional													
Inpatient Surgery	\$4.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	\$4.05
Outpatient Surgery	11.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	9.67
Hospital Visits	2.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	2.48
Office Visits	25.38	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	21.22
Urgent Care	8.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	7.49
Injections & Immunizations	3.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	2.62
Other Physician	14.24	1.0000	1.0000	0.9994	1.0000	1.0000	0.9999	1.0000	0.9640	1.0203	1.0000	0.8500	11.90
Radiology/Pathology	23.12	1.0000	1.0000	1.0000	0.9995	1.0000	1.0000	1.0000	0.9640	1.0199	1.0000	0.8500	19.31
MH/SA	0.21	0.9946	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	0.17
Maternity (delivery)	0.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	1.0000	0.16
Maternity (non-delivery)	0.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.9000	0.72
	\$95.38												\$79.78
Other Services													
Home Health	\$5.36	1.0000	0.9932	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0247	1.0000	0.8000	\$4.21
Ambulance	2.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0082	1.0000	0.8000	1.91
Prosthetics/DME	0.20	1.0000	0.9948	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0589	1.0000	0.8000	0.16
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0068	1.0000	0.8000	0.00
Unknown	0.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.37
	\$8.50												\$6.65
Total	\$271.40												\$225.60

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$187.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	\$157.67
MH/SA	0.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.09
Skilled Nursing Facility	2.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	1.0000	2.74
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
	\$190.15												\$160.50
Hospital Outpatient													
Emergency Hospital	\$22.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8000	\$18.07
Misc Outpatient	93.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8500	78.40
	\$116.77												\$96.46
Professional													
Inpatient Surgery	\$8.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	\$7.39
Outpatient Surgery	19.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	16.48
Hospital Visits	6.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	5.03
Office Visits	29.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	25.07
Urgent Care	6.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	5.76
Injections & Immunizations	7.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	6.00
Other Physician	29.96	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	25.04
Radiology/Pathology	29.27	1.0000	1.0000	1.0000	0.9996	1.0000	1.0000	1.0000	0.9640	1.0199	1.0000	0.8500	24.45
MH/SA	0.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	0.12
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.9000	0.00
	\$137.99												\$115.34
Other Services													
Home Health	\$16.58	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0247	1.0000	0.8000	\$13.02
Ambulance	2.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0082	1.0000	0.8000	2.31
Prosthetics/DME	0.85	1.0000	0.9959	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0589	1.0000	0.8000	0.69
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0068	1.0000	0.8000	0.00
Unknown	1.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	1.02
	\$21.74												\$17.05
Total	\$466.65												\$389.36

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$278.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	\$229.23
MH/SA	0.75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	0.62
Skilled Nursing Facility	7.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	1.0000	7.35
Maternity	0.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	0.41
Newborn	4.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	3.70
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	0.00
	\$291.68												\$241.30
Hospital Outpatient													
Emergency Hospital	\$28.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0519	1.0000	0.8000	\$21.04
Misc Outpatient	96.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0519	1.0000	0.8500	75.85
	\$125.39												\$96.89
Professional													
Inpatient Surgery	\$9.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	\$7.06
Outpatient Surgery	13.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	10.27
Hospital Visits	16.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	12.76
Office Visits	25.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	20.18
Urgent Care	8.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	6.66
Injections & Immunizations	16.50	1.0000	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	12.80
Other Physician	54.71	1.0000	1.0000	0.9999	1.0000	1.0000	0.9999	0.9966	0.8760	1.0431	1.0000	0.8500	42.34
Radiology/Pathology	23.26	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	1.0000	0.8760	1.0287	1.0000	0.8500	17.80
MH/SA	0.96	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	0.75
Maternity (delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	1.0000	0.01
Maternity (non-delivery)	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.9000	0.05
	\$168.80												\$130.67
Other Services													
Home Health	\$46.65	1.0000	0.9963	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0358	1.0000	0.8000	\$33.74
Ambulance	5.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0245	1.0000	0.8000	4.14
Prosthetics/DME	1.51	1.0000	0.9889	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0473	1.0000	0.8000	1.09
Vision/Hearing Aids	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0000	1.0000	0.8000	0.26
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0096	1.0000	0.8000	0.00
Unknown	1.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9999	0.8760	1.0000	1.0000	0.8000	1.19
	\$55.99												\$40.42
Total	\$641.86												\$509.28

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$20.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	\$17.29
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
Skilled Nursing Facility	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.02
Maternity	34.35	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	29.63
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
	\$54.42												\$46.95
Hospital Outpatient													
Emergency Hospital	\$14.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	0.8000	\$11.54
Misc Outpatient	100.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	0.8500	88.04
	\$115.03												\$99.58
Professional													
Inpatient Surgery	\$3.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	\$2.82
Outpatient Surgery	4.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	3.61
Hospital Visits	7.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	6.19
Office Visits	53.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	54.55
Urgent Care	8.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	7.63
Injections & Immunizations	1.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	0.91
Other Physician	8.36	1.0000	1.0000	0.9997	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	7.22
Radiology/Pathology	61.60	1.0000	1.0000	1.0000	0.9997	1.0000	1.0000	1.0000	1.0000	1.0313	1.0000	0.8500	53.97
MH/SA	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	0.05
Maternity (delivery)	1.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	1.89
Maternity (non-delivery)	10.59	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.9000	9.69
	\$160.60												\$148.56
Other Services													
Home Health	\$7.70	1.0000	0.9985	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0038	1.0000	0.8000	\$6.17
Ambulance	3.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0098	1.0000	0.8000	2.77
Prosthetics/DME	0.23	1.0000	0.9915	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0657	1.0000	0.8000	0.19
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0049	1.0000	0.8000	0.00
Unknown	0.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.14
	\$11.52												\$9.27
Total	\$341.57												\$304.35

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$10.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	\$9.61
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.00
Skilled Nursing Facility	1.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	1.0000	1.97
Maternity	0.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.25
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.00
	\$12.27												\$11.83
Hospital Outpatient													
Emergency Hospital	\$3.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0519	1.0000	0.8000	\$2.76
Misc Outpatient	9.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0519	1.0000	0.8500	8.91
	\$13.24												\$11.67
Professional													
Inpatient Surgery	\$0.73	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	\$0.65
Outpatient Surgery	1.84	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	1.63
Hospital Visits	0.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	0.50
Office Visits	3.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	3.12
Urgent Care	0.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	0.57
Injections & Immunizations	6.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	5.53
Other Physician	12.36	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	10.96
Radiology/Pathology	1.79	1.0000	1.0000	1.0000	0.9991	1.0000	1.0000	1.0000	1.0000	1.0287	1.0000	0.8500	1.56
MH/SA	0.04	0.9899	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	0.03
Maternity (delivery)	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	1.0000	0.14
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.9000	0.01
	\$27.84												\$24.68
Other Services													
Home Health	\$6.47	1.0000	0.9936	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0358	1.0000	0.8000	\$5.33
Ambulance	0.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0245	1.0000	0.8000	0.14
Prosthetics/DME	0.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0473	1.0000	0.8000	0.52
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0096	1.0000	0.8000	0.00
Unknown	0.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.41
	\$7.78												\$6.40
Total	\$61.13												\$54.58

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: KICK

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	\$0.00
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.00
Maternity	3,694.60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	3,749.68
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
	\$3,694.60												\$3,749.68
Hospital Outpatient													
Emergency Hospital	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	1.0000	\$0.00
Misc Outpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	1.0000	0.00
	\$0.00												\$0.00
Professional													
Inpatient Surgery	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	\$0.00
Outpatient Surgery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Hospital Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Office Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Urgent Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Injections & Immunizations	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Other Physician	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Radiology/Pathology	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0313	1.0000	1.0000	0.00
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Maternity (delivery)	1,531.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	1,557.56
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
	\$1,531.71												\$1,557.56
Other Services													
Home Health	\$0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0038	1.0000	1.0000	\$0.05
Ambulance	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0098	1.0000	1.0000	0.00
Prosthetics/DME	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0657	1.0000	1.0000	0.00
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0049	1.0000	1.0000	0.00
Unknown	1.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.14
	\$1.19												\$1.19
Total	\$5,227.50												\$5,308.43

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Very Low Birth Weight Babies (Less than 1,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,898.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	\$2,728.42
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	1.0000	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Newborn	55,004.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	51,780.58
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
	\$57,902.39												\$54,509.00
Hospital Outpatient													
Emergency Hospital	\$33.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8000	\$28.42
Misc Outpatient	122.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8500	111.09
	\$155.37												\$139.51
Professional													
Inpatient Surgery	\$264.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	\$242.48
Outpatient Surgery	7.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	6.73
Hospital Visits	12,298.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	11,271.88
Office Visits	237.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	255.89
Urgent Care	11.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	10.44
Injections & Immunizations	49.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	53.05
Other Physician	168.01	1.0000	1.0000	0.9978	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	153.64
Radiology/Pathology	155.47	1.0000	1.0000	1.0000	0.9466	1.0000	1.0000	1.0000	1.0600	1.0081	1.0000	0.8500	133.68
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	0.00
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.9000	0.00
	\$13,192.25												\$12,127.80
Other Services													
Home Health	\$157.00	1.0000	0.9804	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0076	1.0000	0.8000	\$131.53
Ambulance	164.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0055	1.0000	0.8000	140.55
Prosthetics/DME	0.57	1.0000	0.6670	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0196	1.0000	0.8000	0.33
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0038	1.0000	0.8000	0.00
Unknown	44.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	37.42
	\$366.54												\$309.83
Total	\$71,616.55												\$67,086.13

Appendix D2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$1,004.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	\$945.48
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	1.0000	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Newborn	8,278.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	7,793.35
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
	\$9,282.85												\$8,738.83
Hospital Outpatient													
Emergency Hospital	\$60.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8000	\$51.58
Misc Outpatient	115.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8500	104.93
	\$175.65												\$156.51
Professional													
Inpatient Surgery	\$93.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	\$85.39
Outpatient Surgery	10.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	9.30
Hospital Visits	1,478.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	1,354.85
Office Visits	223.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	240.61
Urgent Care	19.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	17.88
Injections & Immunizations	60.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	64.74
Other Physician	78.20	1.0000	1.0000	0.9978	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	71.51
Radiology/Pathology	23.14	1.0000	1.0000	1.0000	0.9466	1.0000	1.0000	1.0000	1.0600	1.0081	1.0000	0.8500	19.90
MH/SA	4.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	4.13
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.9000	0.00
	\$1,990.18												\$1,868.32
Other Services													
Home Health	\$96.01	1.0000	0.9804	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0076	1.0000	0.8000	\$80.44
Ambulance	56.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0055	1.0000	0.8000	48.04
Prosthetics/DME	1.12	1.0000	0.6670	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0196	1.0000	0.8000	0.65
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0038	1.0000	0.8000	0.00
Unknown	3.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	3.28
	\$157.34												\$132.40
Total	\$11,606.03												\$10,896.05

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$8,292,336	5,801	949	\$1,429.47	\$113.08	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$130.56
MH/SA	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	\$5,344,654	86,863	14,214	637.15	754.70	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	871.37
Other Inpatient	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$63,636,991	92,664	15,163	\$686.75	\$867.78								\$1,001.93
Hospital Outpatient													
Emergency Hospital	\$969,455	5,158	844	\$187.95	\$13.22	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	\$16.32
Misc Outpatient	1,543,530	16,145	2,642	95.60	21.05	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	25.99
	\$2,512,985	21,303	3,486	\$117.96	\$34.27								\$42.31
Professional													
Inpatient Surgery	\$1,177,519	8,865	1,451	\$132.83	\$16.06	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0200	\$16.74
Outpatient Surgery	247,022	2,999	491	82.37	3.37	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	3.52
Hospital Visits	12,458,439	98,536	16,124	126.44	169.89	1.0000	1.0000	1.0195	1.0000	1.0000	1.0000	1.0200	176.66
Office Visits	4,493,765	72,396	11,847	62.07	61.28	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	64.08
Urgent Care	342,506	5,748	941	59.59	4.67	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	4.89
Injections & Immunizations	549,318	28,726	4,701	19.12	7.49	1.0000	1.0000	1.0254	1.0000	1.0025	1.0000	1.0200	7.85
Other Physician	1,292,388	29,320	4,798	44.08	17.62	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	18.42
Radiology/Pathology	292,304	21,795	3,566	13.41	3.99	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	4.16
MH/SA	44,274	59	10	750.41	0.60	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.63
Maternity (delivery)	167	2	0	83.44	0.00	1.0000	1.0000	1.0145	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	636	2	0	317.83	0.01	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.01
	\$20,898,339	268,448	43,928	\$77.85	\$284.98								\$296.95
Other Services													
Home Health	\$1,324,053	10,869	1,779	\$121.82	\$18.06	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$18.52
Ambulance	402,110	1,777	291	226.29	5.48	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	5.62
Prosthetics/DME	28,308	604	99	46.87	0.39	1.0000	1.0000	1.0000	1.0749	1.0000	1.0000	1.0000	0.41
Vision/Hearing Aids	158	4	1	39.59	0.00	1.0000	1.0000	1.0316	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0455	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	45,235	853	140	53.03	0.62	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	0.63
	\$1,799,864	14,107	2,308	\$127.59	\$24.54								\$25.19
Total	\$88,848,178	396,522	64,886	\$224.07	\$1,211.57								\$1,366.38

Appendix D3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$9,193,280	6,534	313	\$1,406.99	\$36.75	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$42.41
MH/SA	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	277,366	320	15	866.77	1.11	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.28
Other Inpatient	0	0	0	0.00	0.00	1.1539	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$9,470,646	6,854	329	\$1,381.77	\$37.86								\$43.69
Hospital Outpatient													
Emergency Hospital	\$5,034,884	23,491	1,127	\$214.33	\$20.13	1.0000	1.1895	1.0000	1.0000	1.0000	1.0000	1.0000	\$23.94
Misc Outpatient	5,354,748	26,153	1,255	204.75	21.41	1.0000	1.1895	1.0000	1.0000	1.0000	1.0000	1.0000	25.46
	\$10,389,632	49,644	2,382	\$209.28	\$41.53								\$49.41
Professional													
Inpatient Surgery	\$499,360	1,831	88	\$272.73	\$2.00	1.0000	1.0000	1.0214	1.0000	1.0000	1.0000	1.0200	\$2.08
Outpatient Surgery	1,179,670	10,418	500	113.23	4.72	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	4.93
Hospital Visits	1,850,639	12,044	578	153.66	7.40	1.0000	1.0000	1.0196	1.0000	1.0000	1.0000	1.0200	7.69
Office Visits	9,294,322	155,815	7,475	59.65	37.16	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	38.88
Urgent Care	1,372,243	23,589	1,132	58.17	5.49	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0200	5.74
Injections & Immunizations	2,561,952	111,891	5,368	22.90	10.24	1.0000	1.0000	1.0252	1.0000	0.9965	1.0000	1.0200	10.67
Other Physician	2,888,118	63,683	3,055	45.35	11.55	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	12.06
Radiology/Pathology	527,387	42,131	2,021	12.52	2.11	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	2.21
MH/SA	66,454	157	8	423.27	0.27	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	0.28
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$20,240,144	421,559	20,223	\$48.01	\$80.91								\$84.54
Other Services													
Home Health	\$2,090,646	20,301	974	\$102.98	\$8.36	1.0000	1.0000	1.0216	1.0000	1.0000	1.0000	1.0000	\$8.54
Ambulance	237,300	1,880	90	126.22	0.95	1.0000	1.0000	1.0268	1.0000	1.0000	1.0000	1.0000	0.97
Prosthetics/DME	295,459	3,027	145	97.61	1.18	1.0000	1.0000	1.0000	1.0796	1.0000	1.0000	1.0000	1.28
Vision/Hearing Aids	21,837	148	7	147.55	0.09	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0000	0.09
Dental	1,135	69	3	16.45	0.00	1.0000	1.0000	1.0280	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	17,029	860	41	19.80	0.07	1.0000	1.0000	1.0254	1.0000	1.0023	1.0000	1.0000	0.07
	\$2,663,407	26,285	1,261	\$101.33	\$10.65								\$10.95
Total	\$42,763,829	504,342	24,195	\$84.79	\$170.96								\$188.59

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$6,972,716	4,770	94	\$1,461.79	\$11.45	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$12.92
MH/SA	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	48,433	77	2	629.00	0.08	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.09
Maternity	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1280	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,021,149	4,847	96	\$1,448.56	\$11.53								\$13.01
Hospital Outpatient													
Emergency Hospital	\$7,595,798	33,119	653	\$229.35	\$12.47	1.0000	1.1776	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.69
Misc Outpatient	7,470,199	28,495	562	262.16	12.27	1.0000	1.1776	1.0000	1.0000	1.0000	1.0000	1.0000	14.45
	\$15,065,997	61,614	1,214	\$244.52	\$24.74								\$29.14
Professional													
Inpatient Surgery	\$300,115	1,536	30	\$195.39	\$0.49	1.0000	1.0000	1.0228	1.0000	1.0000	1.0000	1.0200	\$0.51
Outpatient Surgery	2,402,967	21,170	417	113.51	3.95	1.0000	1.0000	1.0249	1.0000	1.0000	1.0000	1.0200	4.13
Hospital Visits	572,163	6,268	124	91.28	0.94	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.98
Office Visits	10,388,366	185,322	3,652	56.06	17.06	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	17.85
Urgent Care	1,768,423	31,127	613	56.81	2.90	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	3.04
Injections & Immunizations	1,083,433	88,307	1,740	12.27	1.78	1.0000	1.0000	1.0261	1.0000	0.9748	1.0000	1.0200	1.82
Other Physician	7,030,660	119,620	2,357	58.77	11.55	1.0000	1.0000	1.0179	1.0000	1.0000	1.0000	1.0200	11.99
Radiology/Pathology	1,029,058	69,735	1,374	14.76	1.69	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	1.77
MH/SA	198,764	1,556	31	127.74	0.33	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	0.34
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	130	4	0	32.57	0.00	1.0000	1.0000	1.0308	1.0000	1.0000	1.0000	1.0200	0.00
	\$24,774,080	\$24,645	10,340	\$47.22	\$40.69								\$42.42
Other Services													
Home Health	\$2,452,353	27,798	548	\$88.22	\$4.03	1.0000	1.0000	1.0045	1.0000	1.0000	1.0000	1.0000	\$4.05
Ambulance	308,282	2,593	51	118.89	0.51	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0000	0.52
Prosthetics/DME	120,569	2,314	46	52.10	0.20	1.0000	1.0000	1.0000	1.0763	1.0000	1.0000	1.0000	0.21
Vision/Hearing Aids	30,548	282	6	108.33	0.05	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0000	0.05
Dental	1,493	89	2	16.77	0.00	1.0000	1.0000	1.0286	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	161,315	848	17	190.23	0.26	1.0000	1.0000	1.0200	1.0000	0.9994	1.0000	1.0000	0.27
	\$3,074,561	33,924	669	\$90.63	\$5.05								\$5.10
Total	\$49,935,787	625,030	12,318	\$79.89	\$82.01								\$89.67

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$3,954,949	2,213	47	\$1,787.14	\$7.04	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.16
MH/SA	7,936	17	0	466.80	0.01	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Skilled Nursing Facility	166,594	144	3	1,156.91	0.30	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.34
Maternity	0	0	0	0.00	0.00	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1591	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,129,479	2,374	51	\$1,739.46	\$7.35								\$8.52
Hospital Outpatient													
Emergency Hospital	\$4,179,663	17,653	377	\$236.77	\$7.44	1.0000	1.1726	1.0000	1.0000	1.0000	1.0000	1.0000	\$8.72
Misc Outpatient	4,852,870	18,056	386	268.77	8.63	1.0000	1.1726	1.0000	1.0000	1.0000	1.0000	1.0000	10.13
	\$9,032,533	35,709	762	\$252.95	\$16.07								\$18.85
Professional													
Inpatient Surgery	\$267,206	1,102	24	\$242.47	\$0.48	1.0000	1.0000	1.0227	1.0000	1.0000	1.0000	1.0200	\$0.50
Outpatient Surgery	1,428,871	12,067	258	118.41	2.54	1.0000	1.0000	1.0248	1.0000	1.0000	1.0000	1.0200	2.66
Hospital Visits	308,338	3,806	81	81.01	0.55	1.0000	1.0000	1.0217	1.0000	1.0000	1.0000	1.0200	0.57
Office Visits	6,433,792	118,042	2,520	54.50	11.45	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	11.97
Urgent Care	971,636	16,754	358	57.99	1.73	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	1.81
Injectons & Immunizations	968,924	71,159	1,519	13.62	1.72	1.0000	1.0000	1.0257	1.0000	0.9828	1.0000	1.0200	1.77
Other Physician	6,041,444	100,311	2,142	60.23	10.75	1.0000	1.0000	1.0228	1.0000	0.9993	1.0000	1.0200	11.21
Radiology/Pathology	1,143,494	66,142	1,412	17.29	2.03	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	2.13
MH/SA	326,059	4,102	88	79.49	0.58	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.61
Maternity (delivery)	173	2	0	86.30	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	1,521	9	0	168.98	0.00	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	0.00
	\$17,891,457	393,496	8,402	\$45.47	\$31.84								\$33.22
Other Services													
Home Health	\$999,358	11,028	235	\$90.62	\$1.78	1.0000	1.0000	1.0240	1.0000	1.0000	1.0000	1.0000	\$1.82
Ambulance	205,818	1,815	39	113.40	0.37	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	0.38
Prosthetics/DME	75,976	1,785	38	42.56	0.14	1.0000	1.0000	1.0000	1.0815	1.0000	1.0000	1.0000	0.15
Vision/Hearing Aids	51,723	388	8	133.31	0.09	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0000	0.09
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0291	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	154,727	546	12	283.38	0.28	1.0000	1.0000	1.0231	1.0000	0.9987	1.0000	1.0000	0.28
	\$1,487,603	15,562	332	\$95.59	\$2.65								\$2.72
Total	\$32,541,072	447,141	9,547	\$72.78	\$57.90								\$63.31

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,791,255	1,450	96	\$1,925.00	\$15.35	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$17.64
MH/SA	6,428	14	1	459.17	0.04	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.04
Skilled Nursing Facility	31,557	74	5	426.44	0.17	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.20
Maternity	0	0	0	0.00	0.00	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1488	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$2,829,240	1,538	102	\$1,839.56	\$15.56								\$17.88
Hospital Outpatient													
Emergency Hospital	\$1,702,025	6,861	453	\$248.07	\$9.36	1.0000	1.1646	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.90
Misc Outpatient	2,096,708	6,234	411	336.33	11.53	1.0000	1.1646	1.0000	1.0000	1.0000	1.0000	1.0000	13.43
	\$3,798,733	13,095	864	\$290.09	\$20.89								\$24.33
Professional													
Inpatient Surgery	\$176,144	688	45	\$256.02	\$0.97	1.0000	1.0000	1.0241	1.0000	1.0000	1.0000	1.0200	\$1.01
Outpatient Surgery	597,502	4,652	307	128.44	3.29	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	3.44
Hospital Visits	191,802	2,518	166	76.17	1.05	1.0000	1.0000	1.0222	1.0000	1.0000	1.0000	1.0200	1.10
Office Visits	1,722,007	30,380	2,005	56.68	9.47	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	9.90
Urgent Care	428,131	6,817	450	62.80	2.35	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	2.46
Injectables & Immunizations	329,064	13,242	874	24.85	1.81	1.0000	1.0000	1.0233	1.0000	0.9124	1.0000	1.0200	1.72
Other Physician	1,715,886	33,985	2,243	50.49	9.44	1.0000	1.0000	1.0213	1.0000	1.0005	1.0000	1.0200	9.84
Radiology/Pathology	763,800	31,997	2,112	23.87	4.20	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	4.39
MH/SA	133,097	1,464	97	90.91	0.73	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	0.77
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$6,057,434	125,743	8,299	\$48.17	\$33.32								\$34.64
Other Services													
Home Health	\$486,772	4,228	279	\$115.13	\$2.68	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	\$2.75
Ambulance	172,694	1,535	101	112.50	0.95	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	0.97
Prosthetics/DME	25,398	516	34	49.22	0.14	1.0000	1.0000	1.0000	1.0816	1.0000	1.0000	1.0000	0.15
Vision/Hearing Aids	7,414	49	3	151.31	0.04	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0000	0.04
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0290	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	26,453	291	19	90.91	0.15	1.0000	1.0000	1.0279	1.0000	0.9928	1.0000	1.0000	0.15
	\$718,731	6,619	437	\$108.59	\$3.95								\$4.06
Total	\$13,404,137	146,995	9,702	\$91.19	\$73.72								\$80.91

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,972,191	1,825	112	\$1,628.60	\$15.25	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$17.55
MH/SA	60,450	67	4	902.23	0.31	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.36
Skilled Nursing Facility	12,310	15	1	820.67	0.06	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.07
Maternity	316,111	340	21	929.74	1.62	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.87
Newborn	0	0	0	0.00	0.00	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1511	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$3,361,062	2,247	138	\$1,495.80	\$17.24								\$19.85
Hospital Outpatient													
Emergency Hospital	\$2,512,573	11,042	680	\$227.55	\$12.89	1.0000	1.1784	1.0000	1.0000	1.0000	1.0000	1.0000	\$15.19
Misc Outpatient	3,997,807	16,516	1,017	242.06	20.51	1.0000	1.1784	1.0000	1.0000	1.0000	1.0000	1.0000	24.17
	\$6,510,380	27,558	1,697	\$236.24	\$33.40								\$39.36
Professional													
Inpatient Surgery	\$168,895	839	52	\$201.31	\$0.87	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	\$0.91
Outpatient Surgery	679,744	5,498	339	123.63	3.49	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	3.65
Hospital Visits	284,109	3,849	237	73.81	1.46	1.0000	1.0000	1.0239	1.0000	1.0000	1.0000	1.0200	1.52
Office Visits	3,412,656	64,304	3,959	53.07	17.51	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	18.31
Urgent Care	777,084	11,799	726	65.86	3.99	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	4.17
Injectables & Immunizations	429,635	23,941	1,474	17.95	2.20	1.0000	1.0000	1.0257	1.0000	0.8933	1.0000	1.0200	2.06
Other Physician	2,299,478	49,522	3,049	46.43	11.80	1.0000	1.0000	1.0227	1.0000	1.0083	1.0000	1.0200	12.41
Radiology/Pathology	1,982,200	93,849	5,778	21.12	10.17	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	10.64
MH/SA	171,905	1,733	107	99.20	0.88	1.0000	1.0000	1.0274	1.0000	1.0000	1.0000	1.0200	0.92
Maternity (delivery)	11,849	128	8	92.57	0.06	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.06
Maternity (non-delivery)	104,400	1,907	117	54.75	0.54	1.0000	1.0000	1.0252	1.0000	1.0000	1.0000	1.0200	0.56
	\$10,321,955	257,369	15,846	\$40.11	\$52.96								\$55.22
Other Services													
Home Health	\$421,595	4,364	269	\$96.61	\$2.16	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$2.22
Ambulance	254,195	2,592	160	98.07	1.30	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	1.34
Prosthetics/DME	28,276	2,508	154	11.27	0.15	1.0000	1.0000	1.0000	1.0800	1.0000	1.0000	1.0000	0.16
Vision/Hearing Aids	12,320	65	4	189.53	0.06	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0000	0.06
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0293	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	28,765	893	55	32.21	0.15	1.0000	1.0000	1.0277	1.0000	0.9882	1.0000	1.0000	0.15
	\$745,151	10,422	642	\$71.50	\$3.82								\$3.93
Total	\$20,938,548	297,596	18,323	\$70.36	\$107.43								\$118.36

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,714,601	2,038	444	\$2,313.35	\$85.56	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$97.43
MH/SA	2,834	3	1	944.55	0.05	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.06
Skilled Nursing Facility	163,828	238	52	688.35	2.97	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.39
Maternity	0	0	0	0.00	0.00	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1387	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$4,881,263	2,279	496	\$2,141.84	\$88.59								\$100.87
Hospital Outpatient													
Emergency Hospital	\$1,164,438	4,796	1,044	\$242.79	\$21.13	1.0000	1.1516	1.0000	1.0000	1.0000	1.0000	1.0000	\$24.34
Misc Outpatient	1,873,849	4,175	909	448.83	34.01	1.0000	1.1516	1.0000	1.0000	1.0000	1.0000	1.0000	39.16
	\$3,038,287	8,971	1,954	\$338.68	\$55.14								\$63.50
Professional													
Inpatient Surgery	\$274,967	970	211	\$283.47	\$4.99	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	\$5.22
Outpatient Surgery	559,473	3,886	846	143.97	10.15	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	10.62
Hospital Visits	188,076	2,616	570	71.89	3.41	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	3.57
Office Visits	845,961	13,755	2,996	61.50	15.35	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	16.07
Urgent Care	353,468	4,963	1,081	71.22	6.41	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	6.71
Injectables & Immunizations	160,082	3,734	813	42.87	2.91	1.0000	1.0000	1.0260	1.0000	0.9865	1.0000	1.0200	3.00
Other Physician	569,128	11,638	2,535	48.90	10.33	1.0000	1.0000	1.0255	1.0000	0.9821	1.0000	1.0200	10.61
Radiology/Pathology	684,848	21,385	4,657	32.02	12.43	1.0000	1.0000	1.0260	1.0000	0.9999	1.0000	1.0200	13.01
MH/SA	14,557	114	25	127.70	0.26	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.28
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$3,650,561	63,061	13,734	\$57.89	\$66.25								\$69.09
Other Services													
Home Health	\$512,627	3,843	837	\$133.39	\$9.30	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0000	\$9.54
Ambulance	127,089	1,205	262	105.47	2.31	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	2.37
Prosthetics/DME	36,300	368	80	98.64	0.66	1.0000	1.0000	1.0000	1.0825	1.0000	1.0000	1.0000	0.71
Vision/Hearing Aids	22	1	0	22.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0285	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	65,383	450	98	145.30	1.19	1.0000	1.0000	1.0217	1.0000	0.9930	1.0000	1.0000	1.20
	\$741,421	5,867	1,278	\$126.37	\$13.46								\$13.83
Total	\$12,311,532	80,178	17,461	\$153.55	\$223.44								\$247.30

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$19,196,261	9,035	381	\$2,124.66	\$67.45	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$76.64
MH/SA	98,460	150	6	656.40	0.35	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.39
Skilled Nursing Facility	289,405	249	10	1,162.27	1.02	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.16
Maternity	758,460	814	34	931.77	2.67	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3.03
Newborn	0	0	0	0.00	0.00	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1363	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$20,342,587	10,248	432	\$1,985.03	\$71.48								\$81.22
Hospital Outpatient													
Emergency Hospital	\$7,557,973	31,993	1,349	\$236.24	\$26.56	1.0000	1.1621	1.0000	1.0000	1.0000	1.0000	1.0000	\$30.86
Misc Outpatient	14,140,461	41,733	1,760	338.83	49.69	1.0000	1.1621	1.0000	1.0000	1.0000	1.0000	1.0000	\$7.74
	\$21,698,434	73,726	3,109	\$294.31	\$76.24								\$88.60
Professional													
Inpatient Surgery	\$1,370,100	5,934	250	\$230.89	\$4.81	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	\$5.04
Outpatient Surgery	3,311,507	24,570	1,036	134.78	11.64	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	12.18
Hospital Visits	808,445	12,045	508	67.12	2.84	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	2.97
Office Visits	7,246,669	131,922	5,562	54.93	25.46	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	26.64
Urgent Care	2,436,019	34,062	1,436	71.52	8.56	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	8.96
Injections & Immunizations	1,151,401	39,911	1,683	28.85	4.05	1.0000	1.0000	1.0256	1.0000	0.8560	1.0000	1.0200	3.62
Other Physician	4,023,796	81,923	3,454	49.12	14.14	1.0000	1.0000	1.0258	1.0000	1.0492	1.0000	1.0200	15.52
Radiology/Pathology	6,380,267	253,568	10,692	25.16	22.42	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	23.45
MH/SA	56,063	522	22	107.40	0.20	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	0.21
Maternity (delivery)	43,282	461	19	93.89	0.15	1.0000	1.0000	1.0236	1.0000	1.0000	1.0000	1.0200	0.16
Maternity (non-delivery)	224,511	4,077	172	55.07	0.79	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	0.83
	\$27,052,060	588,995	24,835	\$45.93	\$95.05								\$99.57
Other Services													
Home Health	\$1,486,007	16,840	710	\$88.24	\$5.22	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	\$5.36
Ambulance	682,289	7,047	297	96.82	2.40	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0000	2.46
Prosthetics/DME	59,814	4,515	190	13.25	0.21	1.0000	1.0000	1.0000	1.0809	1.0000	1.0000	1.0000	0.23
Vision/Hearing Aids	42	5	0	8.32	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0287	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	138,133	3,888	164	35.53	0.49	1.0000	1.0000	1.0279	1.0000	0.9804	1.0000	1.0000	0.49
	\$2,366,285	32,295	1,362	\$73.27	\$8.31								\$8.53
Total	\$71,459,367	705,264	29,737	\$101.32	\$251.09								\$277.93

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$7,231,304	3,101	848	\$2,331.93	\$164.83	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$187.28
MH/SA	4,229	10	3	422.86	0.10	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.11
Skilled Nursing Facility	106,726	81	22	1,317.61	2.43	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2.76
Maternity	0	0	0	0.00	0.00	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	0	0	0	0.00	0.00	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1362	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$7,342,259	3,192	873	\$2,300.21	\$167.36								\$190.15
Hospital Outpatient													
Emergency Hospital	\$866,055	3,217	880	\$269.21	\$19.74	1.0000	1.1633	1.0000	1.0000	1.0000	1.0000	1.0000	\$22.96
Misc Outpatient	3,554,668	8,154	2,230	435.94	81.03	1.0000	1.1633	1.0000	1.0000	1.0000	1.0000	1.0000	94.26
	\$4,420,723	11,371	3,110	\$388.77	\$100.77								\$117.22
Professional													
Inpatient Surgery	\$370,861	1,359	372	\$272.89	\$8.45	1.0000	1.0000	1.0261	1.0000	1.0000	1.0000	1.0200	\$8.85
Outpatient Surgery	830,293	5,776	1,580	143.75	18.93	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	19.80
Hospital Visits	251,968	3,633	994	69.36	5.74	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0200	6.01
Office Visits	1,260,307	21,106	5,773	59.71	28.73	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	30.06
Urgent Care	288,776	3,655	1,000	79.01	6.58	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	6.89
Injectables & Immunizations	333,282	6,977	1,908	47.77	7.60	1.0000	1.0000	1.0241	1.0000	0.9042	1.0000	1.0200	7.18
Other Physician	1,273,064	21,648	5,921	58.81	29.02	1.0000	1.0000	1.0252	1.0000	0.9956	1.0000	1.0200	30.21
Radiology/Pathology	1,227,809	41,794	11,432	29.38	27.99	1.0000	1.0000	1.0260	1.0000	0.9998	1.0000	1.0200	29.28
MH/SA	6,199	62	17	99.98	0.14	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.15
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	166	4	1	41.44	0.00	1.0000	1.0000	1.0301	1.0000	1.0000	1.0000	1.0200	0.00
	\$5,842,724	106,014	28,998	\$55.11	\$133.18								\$138.43
Other Services													
Home Health	\$709,051	8,491	2,323	\$83.51	\$16.16	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	\$16.58
Ambulance	127,111	1,218	333	104.36	2.90	1.0000	1.0000	1.0265	1.0000	1.0000	1.0000	1.0000	2.97
Prosthetics/DME	34,448	405	111	85.06	0.79	1.0000	1.0000	1.0000	1.0847	1.0000	1.0000	1.0000	0.85
Vision/Hearing Aids	2	1	0	2.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	60,438	938	257	64.43	1.38	1.0000	1.0000	1.0258	1.0000	0.9400	1.0000	1.0000	1.33
	\$931,050	11,053	3,023	\$84.24	\$21.22								\$21.74
Total	\$18,536,756	131,630	36,005	\$140.82	\$422.53								\$467.55

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: SSI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$98,449,112	57,985	1,713	\$1,697.84	\$242.35	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$278.36
MH/SA	265,121	531	16	499.29	0.65	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.75
Skilled Nursing Facility	2,681,500	8,224	243	326.06	6.60	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	7.58
Maternity	177,736	203	6	875.55	0.44	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.50
Newborn	1,586,936	1,870	55	848.63	3.91	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	4.49
Other Inpatient	0	0	0	0.00	0.00	1.1486	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$103,160,406	68,813	2,033	\$1,499.14	\$253.95								\$291.68
Hospital Outpatient													
Emergency Hospital	\$9,614,459	34,775	1,027	\$276.48	\$23.67	1.0000	1.2060	1.0000	1.0000	1.0000	1.0000	1.0000	\$28.54
Misc Outpatient	32,729,582	80,222	2,370	407.99	80.57	1.0000	1.2060	1.0000	1.0000	1.0000	1.0000	1.0000	97.17
	\$42,344,041	114,997	3,397	\$368.22	\$104.24								\$125.71
Professional													
Inpatient Surgery	\$3,537,744	14,468	427	\$244.52	\$8.71	1.0000	1.0000	1.0243	1.0000	1.0000	1.0000	1.0200	\$9.10
Outpatient Surgery	5,157,434	36,562	1,080	141.06	12.70	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	13.27
Hospital Visits	6,394,474	79,122	2,337	80.82	15.74	1.0000	1.0000	1.0234	1.0000	1.0000	1.0000	1.0200	16.43
Office Visits	10,215,711	174,436	5,153	58.56	25.15	1.0000	1.0000	1.0244	1.0000	1.0000	1.0000	1.0200	26.28
Urgent Care	3,332,221	41,327	1,221	80.63	8.20	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0200	8.58
Injectables & Immunizations	6,879,468	78,076	2,306	88.11	16.94	1.0000	1.0000	1.0249	1.0000	0.9338	1.0000	1.0200	16.53
Other Physician	21,167,919	248,408	7,338	85.21	52.11	1.0000	1.0000	1.0185	1.0000	1.0150	1.0000	1.0200	54.94
Radiology/Pathology	9,055,318	307,584	9,086	29.44	22.29	1.0000	1.0000	1.0253	1.0000	0.9999	1.0000	1.0200	23.31
MH/SA	373,567	1,530	45	244.16	0.92	1.0000	1.0000	1.0260	1.0000	1.0000	1.0000	1.0200	0.96
Maternity (delivery)	4,576	51	2	89.72	0.01	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	0.01
Maternity (non-delivery)	25,012	534	16	46.84	0.06	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	0.06
	\$66,143,444	982,098	29,012	\$67.35	\$162.83								\$169.48
Other Services													
Home Health	\$18,587,036	163,358	4,826	\$113.78	\$45.76	1.0000	1.0000	1.0202	1.0000	1.0000	1.0000	1.0000	\$46.68
Ambulance	2,286,134	23,280	688	98.20	5.63	1.0000	1.0000	1.0251	1.0000	1.0000	1.0000	1.0000	5.77
Prosthetics/DME	569,435	4,022	119	141.58	1.40	1.0000	1.0000	1.0000	1.0779	1.0000	1.0000	1.0000	1.51
Vision/Hearing Aids	144,341	1,092	32	132.18	0.36	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	0.36
Dental	85	5	0	16.98	0.00	1.0000	1.0000	1.0285	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	682,453	10,547	312	64.71	1.68	1.0000	1.0000	1.0268	1.0000	0.9826	1.0000	1.0000	1.70
	\$22,269,485	202,304	5,976	\$110.08	\$54.82								\$56.02
Total	\$233,917,375	1,368,212	40,418	\$170.97	\$575.83								\$642.89

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: OCWI

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,047,535	1,346	136	\$1,521.20	\$17.30	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$20.07
MH/SA	0	0	0	0.00	0.00	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	2,496	6	1	416.02	0.02	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.02
Maternity	3,504,842	3,920	397	894.09	29.61	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	34.35
Newborn	0	0	0	0.00	0.00	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1602	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,554,874	5,272	534	\$1,053.66	\$46.93								\$54.44
Hospital Outpatient													
Emergency Hospital	\$1,378,293	6,185	627	\$222.84	\$11.64	1.0000	1.2095	1.0000	1.0000	1.0000	1.0000	1.0000	\$14.08
Misc Outpatient	10,433,290	52,180	5,290	199.95	88.14	1.0000	1.2095	1.0000	1.0000	1.0000	1.0000	1.0000	106.60
	\$11,811,583	58,365	5,917	\$202.37	\$99.78								\$120.68
Professional													
Inpatient Surgery	\$552,793	4,959	503	\$111.47	\$4.67	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	\$4.88
Outpatient Surgery	663,945	6,688	678	99.27	5.61	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	5.87
Hospital Visits	811,464	13,091	1,327	61.99	6.85	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0200	7.17
Office Visits	6,218,953	127,936	12,969	48.61	52.54	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0200	54.96
Urgent Care	998,337	14,478	1,468	68.96	8.43	1.0000	1.0000	1.0258	1.0000	1.0000	1.0000	1.0200	8.82
Injectables & Immunizations	287,992	7,136	723	40.36	2.43	1.0000	1.0000	1.0256	1.0000	0.9499	1.0000	1.0200	2.42
Other Physician	1,342,686	35,319	3,580	38.02	11.34	1.0000	1.0000	1.0255	1.0000	1.1483	1.0000	1.0200	13.62
Radiology/Pathology	7,031,448	306,487	31,069	22.94	59.40	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	62.14
MH/SA	6,748	64	6	105.43	0.06	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	0.06
Maternity (delivery)	209,915	2,263	229	92.76	1.77	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	1.86
Maternity (non-delivery)	1,218,510	21,266	2,156	57.30	10.29	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	10.76
	\$19,342,792	539,687	54,709	\$35.84	\$163.40								\$172.56
Other Services													
Home Health	\$889,832	10,202	1,034	\$87.22	\$7.52	1.0000	1.0000	1.0250	1.0000	1.0000	1.0000	1.0000	\$7.70
Ambulance	395,059	4,021	408	98.25	3.34	1.0000	1.0000	1.0256	1.0000	1.0000	1.0000	1.0000	3.42
Prosthetics/DME	39,121	5,096	517	7.68	0.33	1.0000	1.0000	1.0000	1.0811	1.0000	1.0000	1.0000	0.36
Vision/Hearing Aids	0	1	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0286	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	21,612	1,402	142	15.42	0.18	1.0000	1.0000	1.0270	1.0000	0.9553	1.0000	1.0000	0.18
	\$1,345,624	20,722	2,101	\$64.94	\$11.37								\$11.66
Total	\$38,054,873	624,046	63,260	\$60.98	\$321.47								\$359.35

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: DUAL

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000	Average Allowed Charge	Per Capita Monthly Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$4,174,298	30,914	801	\$135.03	\$9.01	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$10.22
MH/SA	1,640	8	0	205.04	0.00	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	726,183	5,813	151	124.92	1.57	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.78
Maternity	107,966	513	13	210.46	0.23	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.26
Newborn	0	0	0	0.00	0.00	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1341	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$5,010,087	37,248	965	\$134.51	\$10.82								\$12.27
Hospital Outpatient													
Emergency Hospital	\$1,319,173	27,722	718	\$47.59	\$2.85	1.0000	1.1509	1.0000	1.0000	1.0000	1.0000	1.0000	\$3.28
Misc Outpatient	4,012,250	49,556	1,284	80.96	8.66	1.0000	1.1509	1.0000	1.0000	1.0000	1.0000	1.0000	9.97
	\$5,331,423	77,278	2,002	\$68.99	\$11.51								\$13.25
Professional													
Inpatient Surgery	\$322,846	9,896	256	\$32.62	\$0.70	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	\$0.73
Outpatient Surgery	819,980	27,630	716	29.68	1.77	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	1.85
Hospital Visits	248,988	36,344	941	6.85	0.54	1.0000	1.0000	1.0242	1.0000	1.0000	1.0000	1.0200	0.56
Office Visits	1,576,888	90,764	2,351	17.37	3.40	1.0000	1.0000	1.0275	1.0000	1.0000	1.0000	1.0200	3.57
Urgent Care	283,145	20,480	531	13.83	0.61	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.64
Injections & Immunizations	3,004,101	76,900	1,992	39.07	6.48	1.0000	1.0000	1.0267	1.0000	0.9175	1.0000	1.0200	6.23
Other Physician	5,470,149	172,160	4,460	31.77	11.81	1.0000	1.0000	1.0262	1.0000	1.0008	1.0000	1.0200	12.37
Radiology/Pathology	795,665	101,460	2,628	7.84	1.72	1.0000	1.0000	1.0255	1.0000	0.9999	1.0000	1.0200	1.80
MH/SA	16,911	973	25	17.38	0.04	1.0000	1.0000	1.0257	1.0000	1.0000	1.0000	1.0200	0.04
Maternity (delivery)	50,260	137	4	366.86	0.11	1.0000	1.0000	1.0256	1.0000	1.0000	1.1531	1.0200	0.13
Maternity (non-delivery)	3,060	341	9	8.97	0.01	1.0000	1.0000	1.0259	1.0000	1.0000	1.0000	1.0200	0.01
	\$12,591,993	537,085	13,913	\$23.45	\$27.18								\$27.92
Other Services													
Home Health	\$2,920,246	103,964	2,693	\$28.09	\$6.30	1.0000	1.0000	1.0264	1.0000	1.0000	1.0000	1.0000	\$6.47
Ambulance	78,468	1,364	35	57.53	0.17	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0000	0.17
Prosthetics/DME	265,812	3,394	88	78.32	0.57	1.0000	1.0000	1.0000	1.0841	1.0000	1.0000	1.0000	0.62
Vision/Hearing Aids	101	6	0	16.92	0.00	1.0000	1.0000	1.0211	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0310	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	243,096	11,675	302	20.82	0.52	1.0000	1.0000	1.0271	1.0000	0.9595	1.0000	1.0000	0.52
	\$3,507,723	120,403	3,119	\$29.13	\$7.57								\$7.78
Total	\$26,441,225	772,014	19,998	\$34.25	\$57.08								\$61.22

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: KICK

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$0	0	0	\$0.00	\$0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
MH/SA	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	45,705,786	32,932	2,463	1,387.88	3,418.28	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	3,965.67
Newborn	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Other Inpatient	0	0	0	0.00	0.00	1.1601	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$45,705,786	32,932	2,463	\$1,387.88	\$3,418.28								\$3,965.67
Hospital Outpatient													
Emergency Hospital	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.00
Misc Outpatient	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$0	0	0	\$0.00	\$0.00								\$0.00
Professional													
Inpatient Surgery	\$0	0	0	\$0.00	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	\$0.00
Outpatient Surgery	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Hospital Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Office Visits	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Urgent Care	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Injections & Immunizations	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Other Physician	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Radiology/Pathology	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
MH/SA	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (delivery)	17,858,072	27,180	2,033	657.03	1,335.58	1.0000	1.0000	1.0247	1.0000	1.0000	1.0986	1.0200	1,533.48
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0200	0.00
	\$17,858,072	27,180	2,033	\$657.03	\$1,335.58								\$1,533.48
Other Services													
Home Health	\$650	1	0	\$650.00	\$0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$0.05
Ambulance	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Prosthetics/DME	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	14,978	0	0	0.00	1.12	1.0000	1.0000	1.0175	1.0000	1.0000	1.0000	1.0000	1.14
	\$15,628	1	0	\$15,627.89	\$1.17								\$1.19
Total	\$63,579,485	60,113	4,496	\$1,057.67	\$4,755.03								\$5,500.34

Appendix D3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$913,717	713	1,959	\$1,281.51	\$2,510.21	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$2,898.27
MH/SA	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	17,340,753	18,048	49,582	960.81	47,639.43	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	55,004.12
Other Inpatient	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$18,254,470	18,761	51,541	\$973.00	\$50,149.64								\$57,902.39
Hospital Outpatient													
Emergency Hospital	\$9,790	47	129	\$208.30	\$26.90	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	\$33.20
Misc Outpatient	36,019	231	635	155.93	98.95	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	122.16
	\$45,809	278	764	\$164.78	\$125.85								\$155.37
Professional													
Inpatient Surgery	\$92,402	573	1,574	\$161.26	\$253.85	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0200	\$264.57
Outpatient Surgery	2,560	14	38	182.87	7.03	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	7.34
Hospital Visits	4,305,249	16,735	45,975	257.26	11,827.61	1.0000	1.0000	1.0195	1.0000	1.0000	1.0000	1.0200	12,298.93
Office Visits	82,607	1,026	2,819	80.51	226.94	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	237.33
Urgent Care	3,965	86	236	46.10	10.89	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	11.39
Injections & Immunizations	17,081	268	736	63.73	46.92	1.0000	1.0000	1.0254	1.0000	1.0025	1.0000	1.0200	49.20
Other Physician	58,523	1,962	5,390	29.83	160.78	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	168.01
Radiology/Pathology	54,241	4,648	12,769	11.67	149.01	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	155.47
MH/SA	0	0	0	0.00	0.00	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0145	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.00
	\$4,616,626	25,312	69,538	\$182.39	\$12,683.04								\$13,192.25
Other Services													
Home Health	\$55,725	391	1,074	\$142.52	\$153.09	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$157.00
Ambulance	58,514	207	569	282.67	160.75	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	164.85
Prosthetics/DME	192	4	11	48.08	0.53	1.0000	1.0000	1.0000	1.0749	1.0000	1.0000	1.0000	0.57
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0316	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0455	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	15,707	101	277	155.52	43.15	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	44.13
	\$130,138	703	1,931	\$185.12	\$357.52								\$366.54
Total	\$23,047,043	45,054	123,775	\$511.54	\$63,316.05								\$71,616.55

Appendix D3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Total Allowed Dollars	Total Allowed Services	Utilization Per 1,000 Cases	Average Allowed Charge	Per Case Allowed Cost	Hospital Inpatient Reimbursement	Hospital Outpatient Reimbursement	Physician Reimbursement	DME Reimbursement	Injectible Drugs Reimbursement	Epidural and Maternity Adjustment	MCO Contractual Adjustment	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$1,843,248	1,302	614	\$1,415.70	\$869.87	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	\$1,004.34
MH/SA	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Skilled Nursing Facility	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Maternity	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Newborn	15,193,387	18,807	8,875	807.86	7,170.07	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	8,278.51
Other Inpatient	0	0	0	0.00	0.00	1.1546	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
	\$17,036,634	20,109	9,490	\$847.21	\$8,039.94								\$9,282.85
Hospital Outpatient													
Emergency Hospital	\$103,445	522	246	\$198.17	\$48.82	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	\$60.27
Misc Outpatient	198,048	1,723	813	114.94	93.46	1.0000	1.2346	1.0000	1.0000	1.0000	1.0000	1.0000	115.39
	\$301,493	2,245	1,059	\$134.30	\$142.28								\$175.65
Professional													
Inpatient Surgery	\$189,438	1,031	487	\$183.74	\$89.40	1.0000	1.0000	1.0218	1.0000	1.0000	1.0000	1.0200	\$93.18
Outpatient Surgery	20,594	240	113	85.81	9.72	1.0000	1.0000	1.0237	1.0000	1.0000	1.0000	1.0200	10.15
Hospital Visits	3,012,472	19,673	9,284	153.13	1,421.65	1.0000	1.0000	1.0195	1.0000	1.0000	1.0000	1.0200	1,478.30
Office Visits	452,158	7,023	3,314	64.38	213.38	1.0000	1.0000	1.0253	1.0000	1.0000	1.0000	1.0200	223.15
Urgent Care	39,526	672	317	58.82	18.65	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0200	19.51
Injections & Immunizations	121,346	2,630	1,241	46.14	57.27	1.0000	1.0000	1.0254	1.0000	1.0025	1.0000	1.0200	60.04
Other Physician	158,571	3,276	1,546	48.40	74.83	1.0000	1.0000	1.0245	1.0000	1.0000	1.0000	1.0200	78.20
Radiology/Pathology	47,003	3,521	1,662	13.35	22.18	1.0000	1.0000	1.0229	1.0000	1.0000	1.0000	1.0200	23.14
MH/SA	9,122	11	5	829.25	4.30	1.0000	1.0000	1.0262	1.0000	1.0000	1.0000	1.0200	4.51
Maternity (delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0145	1.0000	1.0000	1.0000	1.0200	0.00
Maternity (non-delivery)	0	0	0	0.00	0.00	1.0000	1.0000	1.0267	1.0000	1.0000	1.0000	1.0200	0.00
	\$4,050,229	38,077	17,969	\$106.37	\$1,911.39								\$1,990.18
Other Services													
Home Health	\$198,390	1,468	693	\$135.14	\$93.62	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	\$96.01
Ambulance	116,418	498	235	233.77	54.94	1.0000	1.0000	1.0255	1.0000	1.0000	1.0000	1.0000	56.34
Prosthetics/DME	2,206	48	23	45.96	1.04	1.0000	1.0000	1.0000	1.0749	1.0000	1.0000	1.0000	1.12
Vision/Hearing Aids	0	0	0	0.00	0.00	1.0000	1.0000	1.0316	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0	0	0	0.00	0.00	1.0000	1.0000	1.0455	1.0000	1.0000	1.0000	1.0000	0.00
Unknown	8,011	118	56	67.89	3.78	1.0000	1.0000	1.0226	1.0000	1.0000	1.0000	1.0000	3.87
	\$325,024	2,132	1,006	\$152.45	\$153.39								\$157.34
Total	\$21,713,380	62,563	29,525	\$347.06	\$10,246.99								\$11,606.03

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$130.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	\$122.91
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Newborn	871.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	820.31
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
	\$1,001.93												\$943.21
Hospital Outpatient													
Emergency Hospital	\$16.32	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8000	\$13.97
Misc Outpatient	25.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8500	23.63
	\$42.31												\$37.60
Professional													
Inpatient Surgery	\$16.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	\$15.34
Outpatient Surgery	3.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	3.22
Hospital Visits	176.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	161.91
Office Visits	64.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	69.10
Urgent Care	4.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	4.48
Injections & Immunizations	7.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	8.47
Other Physician	18.42	1.0000	1.0000	0.9978	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	16.84
Radiology/Pathology	4.16	1.0000	1.0000	1.0000	0.9466	1.0000	1.0000	1.0000	1.0600	1.0081	1.0000	0.8500	3.58
MH/SA	0.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	0.58
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.9000	0.01
	\$296.95												\$283.52
Other Services													
Home Health	\$18.52	1.0000	0.9804	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0076	1.0000	0.8000	\$15.51
Ambulance	5.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0055	1.0000	0.8000	4.79
Prosthetics/DME	0.41	1.0000	0.6670	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0196	1.0000	0.8000	0.24
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0038	1.0000	0.8000	0.00
Unknown	0.63	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.53
	\$25.19												\$21.08
Total	\$1,366.38												\$1,285.41

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$42.41	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	\$37.66
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	1.0000	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	0.00
Newborn	1.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	1.14
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0448	1.0000	0.8500	0.00
	\$43.69												\$38.80
Hospital Outpatient													
Emergency Hospital	\$23.94	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0093	1.0000	0.8000	\$19.33
Misc Outpatient	25.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0093	1.0000	0.8500	21.84
	\$49.41												\$41.18
Professional													
Inpatient Surgery	\$2.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	\$1.80
Outpatient Surgery	4.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	4.26
Hospital Visits	7.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	6.65
Office Visits	38.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	1.0000	39.55
Urgent Care	5.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	4.97
Injections & Immunizations	10.67	1.0000	1.0000	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000	1.0172	1.0000	1.0000	10.85
Other Physician	12.06	1.0000	1.0000	0.9971	1.0000	1.0000	0.9998	1.0000	1.0000	1.0172	1.0000	0.8500	10.39
Radiology/Pathology	2.21	1.0000	1.0000	1.0000	0.9959	1.0000	1.0000	1.0000	1.0000	1.0081	1.0000	0.8500	1.88
MH/SA	0.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.8500	0.24
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0172	1.0000	0.9000	0.00
	\$84.54												\$80.60
Other Services													
Home Health	\$8.54	1.0000	0.8982	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0076	1.0000	0.8000	\$6.18
Ambulance	0.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0055	1.0000	0.8000	0.78
Prosthetics/DME	1.28	1.0000	0.7900	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0196	1.0000	0.8000	0.82
Vision/Hearing Aids	0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.07
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0038	1.0000	0.8000	0.00
Unknown	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.06
	\$10.95												\$7.92
Total	\$188.59												\$168.50

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$12.92	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$9.65
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Skilled Nursing Facility	0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.08
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$13.01												\$9.73
Hospital Outpatient													
Emergency Hospital	\$14.69	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$10.21
Misc Outpatient	14.45	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	10.67
	\$29.14												\$20.89
Professional													
Inpatient Surgery	\$0.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.38
Outpatient Surgery	4.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	3.05
Hospital Visits	0.98	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.72
Office Visits	17.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	15.50
Urgent Care	3.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	2.24
Injections & Immunizations	1.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	1.58
Other Physician	11.99	1.0000	1.0000	0.9984	1.0000	1.0000	0.9997	0.9987	0.8540	1.0168	1.0000	0.8500	8.82
Radiology/Pathology	1.77	1.0000	1.0000	1.0000	0.9988	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	1.30
MH/SA	0.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.25
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.00
	\$42.42												\$33.84
Other Services													
Home Health	\$4.05	1.0000	0.9414	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$2.65
Ambulance	0.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.36
Prosthetics/DME	0.21	1.0000	0.7489	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.11
Vision/Hearing Aids	0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.04
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.18
	\$5.10												\$3.34
Total	\$89.67												\$67.80

Appendix D4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$8.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$6.09
MH/SA	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.01
Skilled Nursing Facility	0.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.30
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$8.52												\$6.41
Hospital Outpatient													
Emergency Hospital	\$8.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$6.06
Misc Outpatient	10.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	7.48
	\$18.85												\$13.54
Professional													
Inpatient Surgery	\$0.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.37
Outpatient Surgery	2.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.96
Hospital Visits	0.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.42
Office Visits	11.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	10.39
Urgent Care	1.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.34
Injections & Immunizations	1.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	1.54
Other Physician	11.21	1.0000	1.0000	0.9992	1.0000	1.0000	0.9995	1.0000	0.8540	1.0168	1.0000	0.8500	8.26
Radiology/Pathology	2.13	1.0000	1.0000	1.0000	0.9994	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	1.57
MH/SA	0.61	0.9997	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.45
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.00
	\$33.22												\$26.30
Other Services													
Home Health	\$1.82	1.0000	0.9621	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$1.22
Ambulance	0.38	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.26
Prosthetics/DME	0.15	1.0000	0.8846	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.09
Vision/Hearing Aids	0.09	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.06
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.19
	\$2.72												\$1.83
Total	\$63.31												\$48.08

Appendix D4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$17.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$13.18
MH/SA	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.03
Skilled Nursing Facility	0.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.18
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$17.88												\$13.38
Hospital Outpatient													
Emergency Hospital	\$10.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$7.58
Misc Outpatient	13.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	9.92
	\$24.33												\$17.50
Professional													
Inpatient Surgery	\$1.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.75
Outpatient Surgery	3.44	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	2.54
Hospital Visits	1.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.81
Office Visits	9.90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	7.31
Urgent Care	2.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.82
Injections & Immunizations	1.72	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.27
Other Physician	9.84	1.0000	1.0000	0.9995	1.0000	1.0000	0.9999	1.0000	0.8540	1.0168	1.0000	0.8500	7.26
Radiology/Pathology	4.39	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	3.24
MH/SA	0.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.57
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.00
	\$34.64												\$25.55
Other Services													
Home Health	\$2.75	1.0000	0.9916	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$1.90
Ambulance	0.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.67
Prosthetics/DME	0.15	1.0000	0.9806	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.10
Vision/Hearing Aids	0.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.03
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.10
	\$4.06												\$2.80
Total	\$80.91												\$59.24

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$17.55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	\$13.12
MH/SA	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.27
Skilled Nursing Facility	0.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	1.0000	0.06
Maternity	1.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	1.39
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0293	1.0000	0.8500	0.00
	\$19.85												\$14.84
Hospital Outpatient													
Emergency Hospital	\$15.19	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8000	\$10.56
Misc Outpatient	24.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0177	1.0000	0.8500	17.86
	\$39.36												\$28.42
Professional													
Inpatient Surgery	\$0.91	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	\$0.67
Outpatient Surgery	3.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	2.69
Hospital Visits	1.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.12
Office Visits	18.31	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	13.52
Urgent Care	4.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	3.08
Injections & Immunizations	2.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	1.52
Other Physician	12.41	1.0000	1.0000	0.9994	1.0000	1.0000	0.9998	1.0000	0.8540	1.0168	1.0000	0.8500	9.15
Radiology/Pathology	10.64	1.0000	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	0.8540	1.0158	1.0000	0.8500	7.84
MH/SA	0.92	0.9987	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.8500	0.68
Maternity (delivery)	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	1.0000	0.06
Maternity (non-delivery)	0.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0168	1.0000	0.9000	0.44
	\$55.22												\$40.77
Other Services													
Home Health	\$2.22	1.0000	0.9874	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0196	1.0000	0.8000	\$1.53
Ambulance	1.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0024	1.0000	0.8000	0.92
Prosthetics/DME	0.16	1.0000	0.9775	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0369	1.0000	0.8000	0.11
Vision/Hearing Aids	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.04
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0060	1.0000	0.8000	0.00
Unknown	0.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8540	1.0000	1.0000	0.8000	0.10
	\$3.93												\$2.70
Total	\$118.36												\$86.73

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$97.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	\$82.02
MH/SA	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.05
Skilled Nursing Facility	3.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	1.0000	3.35
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
	\$100.87												\$85.43
Hospital Outpatient													
Emergency Hospital	\$24.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8000	\$19.14
Misc Outpatient	39.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8500	32.73
	\$63.50												\$51.88
Professional													
Inpatient Surgery	\$5.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	\$4.37
Outpatient Surgery	10.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	8.88
Hospital Visits	3.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	2.99
Office Visits	16.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	13.43
Urgent Care	6.71	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	5.61
Injections & Immunizations	3.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	2.51
Other Physician	10.61	1.0000	1.0000	0.9995	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	8.87
Radiology/Pathology	13.01	1.0000	1.0000	1.0000	0.9993	1.0000	1.0000	1.0000	0.9640	1.0199	1.0000	0.8500	10.86
MH/SA	0.28	0.9924	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	0.23
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.9000	0.00
	\$69.09												\$57.75
Other Services													
Home Health	\$9.54	1.0000	0.9974	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0247	1.0000	0.8000	\$7.52
Ambulance	2.37	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0082	1.0000	0.8000	1.84
Prosthetics/DME	0.71	1.0000	0.9981	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0589	1.0000	0.8000	0.58
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0068	1.0000	0.8000	0.00
Unknown	1.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.93
	\$13.83												\$10.87
Total	\$247.30												\$205.92

Appendix D4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$76.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	\$64.52
MH/SA	0.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.33
Skilled Nursing Facility	1.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	1.0000	1.14
Maternity	3.03	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	2.55
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
	\$81.22												\$68.55
Hospital Outpatient													
Emergency Hospital	\$30.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8000	\$24.28
Misc Outpatient	\$7.74	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8500	48.26
	\$88.63												\$72.54
Professional													
Inpatient Surgery	\$5.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	\$4.21
Outpatient Surgery	12.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	10.18
Hospital Visits	2.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	2.49
Office Visits	26.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	22.27
Urgent Care	8.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	7.49
Injections & Immunizations	3.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	3.03
Other Physician	15.52	1.0000	1.0000	0.9994	1.0000	1.0000	0.9999	1.0000	0.9640	1.0203	1.0000	0.8500	12.97
Radiology/Pathology	23.45	1.0000	1.0000	1.0000	0.9995	1.0000	1.0000	1.0000	0.9640	1.0199	1.0000	0.8500	19.59
MH/SA	0.21	0.9946	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	0.17
Maternity (delivery)	0.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	1.0000	0.16
Maternity (non-delivery)	0.83	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.9000	0.73
	\$99.57												\$83.29
Other Services													
Home Health	\$5.36	1.0000	0.9932	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0247	1.0000	0.8000	\$4.21
Ambulance	2.46	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0082	1.0000	0.8000	1.91
Prosthetics/DME	0.23	1.0000	0.9954	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0589	1.0000	0.8000	0.18
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0068	1.0000	0.8000	0.00
Unknown	0.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.38
	\$8.53												\$6.68
Total	\$277.93												\$231.05

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$187.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	\$157.67
MH/SA	0.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.09
Skilled Nursing Facility	2.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	1.0000	2.74
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0274	1.0000	0.8500	0.00
	\$190.15												\$160.50
Hospital Outpatient													
Emergency Hospital	\$22.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8000	\$18.07
Misc Outpatient	94.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0200	1.0000	0.8500	78.78
	\$117.22												\$96.85
Professional													
Inpatient Surgery	\$8.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	\$7.40
Outpatient Surgery	19.80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	16.56
Hospital Visits	6.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	5.03
Office Visits	30.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	25.13
Urgent Care	6.89	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	5.76
Injections & Immunizations	7.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	6.00
Other Physician	30.21	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	25.25
Radiology/Pathology	29.28	1.0000	1.0000	1.0000	0.9996	1.0000	1.0000	1.0000	0.9640	1.0199	1.0000	0.8500	24.46
MH/SA	0.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.8500	0.12
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0203	1.0000	0.9000	0.00
	\$138.43												\$115.71
Other Services													
Home Health	\$16.58	1.0000	0.9938	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0247	1.0000	0.8000	\$13.02
Ambulance	2.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0082	1.0000	0.8000	2.31
Prosthetics/DME	0.85	1.0000	0.9960	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0589	1.0000	0.8000	0.69
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0068	1.0000	0.8000	0.00
Unknown	1.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9640	1.0000	1.0000	0.8000	1.02
	\$21.74												\$17.05
Total	\$467.55												\$390.11

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$278.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	\$229.23
MH/SA	0.75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	0.62
Skilled Nursing Facility	7.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	1.0000	7.35
Maternity	0.50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	0.41
Newborn	4.49	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	3.70
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.1060	1.0000	0.8500	0.00
	\$291.68												\$241.30
Hospital Outpatient													
Emergency Hospital	\$28.54	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0519	1.0000	0.8000	\$21.04
Misc Outpatient	97.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0519	1.0000	0.8500	76.10
	\$125.71												\$97.15
Professional													
Inpatient Surgery	\$9.10	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	\$7.07
Outpatient Surgery	13.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	10.31
Hospital Visits	16.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	12.76
Office Visits	26.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	20.41
Urgent Care	8.58	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	6.66
Injections & Immunizations	16.53	1.0000	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	12.83
Other Physician	54.94	1.0000	1.0000	0.9999	1.0000	0.9999	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	42.66
Radiology/Pathology	23.31	1.0000	1.0000	1.0000	0.9989	1.0000	1.0000	1.0000	0.8760	1.0287	1.0000	0.8500	17.83
MH/SA	0.96	0.9994	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.8500	0.75
Maternity (delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	1.0000	0.01
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0431	1.0000	0.9000	0.05
	\$169.48												\$131.35
Other Services													
Home Health	\$46.68	1.0000	0.9963	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0358	1.0000	0.8000	\$33.76
Ambulance	5.77	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0245	1.0000	0.8000	4.14
Prosthetics/DME	1.51	1.0000	0.9889	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0473	1.0000	0.8000	1.10
Vision/Hearing Aids	0.36	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0000	1.0000	0.8000	0.26
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0096	1.0000	0.8000	0.00
Unknown	1.70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8760	1.0000	1.0000	0.8000	1.19
	\$56.02												\$40.44
Total	\$642.89												\$510.24

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$20.07	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	\$17.31
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
Skilled Nursing Facility	0.02	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.02
Maternity	34.35	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	29.63
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
	\$54.44												\$46.97
Hospital Outpatient													
Emergency Hospital	\$14.08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	0.8000	\$11.56
Misc Outpatient	106.60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	0.8500	92.95
	\$120.68												\$104.51
Professional													
Inpatient Surgery	\$4.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	\$4.22
Outpatient Surgery	5.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	5.07
Hospital Visits	7.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	6.19
Office Visits	54.96	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	55.88
Urgent Care	8.82	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	7.63
Injections & Immunizations	2.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	2.09
Other Physician	13.62	1.0000	1.0000	0.9998	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	11.77
Radiology/Pathology	62.14	1.0000	1.0000	1.0000	0.9997	1.0000	1.0000	1.0000	1.0000	1.0313	1.0000	0.8500	54.46
MH/SA	0.06	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.8500	0.05
Maternity (delivery)	1.86	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	1.89
Maternity (non-delivery)	10.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	0.9000	9.85
	\$172.56												\$159.11
Other Services													
Home Health	\$7.70	1.0000	0.9985	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0038	1.0000	0.8000	\$6.18
Ambulance	3.42	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0098	1.0000	0.8000	2.77
Prosthetics/DME	0.36	1.0000	0.9946	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0657	1.0000	0.8000	0.30
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0049	1.0000	0.8000	0.00
Unknown	0.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.14
	\$11.66												\$9.39
Total	\$359.35												\$319.98

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$10.22	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	\$9.61
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.00
Skilled Nursing Facility	1.78	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	1.0000	1.97
Maternity	0.26	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.25
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1060	1.0000	0.8500	0.00
	\$12.27												\$11.83
Hospital Outpatient													
Emergency Hospital	\$3.28	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0519	1.0000	0.8000	\$2.76
Misc Outpatient	9.97	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0519	1.0000	0.8500	8.91
	\$13.25												\$11.67
Professional													
Inpatient Surgery	\$0.73	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	\$0.65
Outpatient Surgery	1.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	1.64
Hospital Visits	0.56	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	0.50
Office Visits	3.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	3.16
Urgent Care	0.64	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	0.57
Injections & Immunizations	6.23	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	5.52
Other Physician	12.37	1.0000	1.0000	0.9999	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	10.97
Radiology/Pathology	1.80	1.0000	1.0000	1.0000	0.9991	1.0000	1.0000	1.0000	1.0000	1.0287	1.0000	0.8500	1.57
MH/SA	0.04	0.9899	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.8500	0.03
Maternity (delivery)	0.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	1.0000	0.14
Maternity (non-delivery)	0.01	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0431	1.0000	0.9000	0.01
	\$27.92												\$24.75
Other Services													
Home Health	\$6.47	1.0000	0.9936	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0358	1.0000	0.8000	\$5.33
Ambulance	0.17	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0245	1.0000	0.8000	0.14
Prosthetics/DME	0.62	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0473	1.0000	0.8000	0.52
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0096	1.0000	0.8000	0.00
Unknown	0.52	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8000	0.41
	\$7.78												\$6.40
Total	\$61.22												\$54.65

Appendix D4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: KICK

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	\$0.00
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.00
Maternity	3,965.67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	4,024.79
Newborn	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	1.0000	0.00
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0149	1.0000	0.8500	0.00
	\$3,965.67												\$4,024.79
Hospital Outpatient													
Emergency Hospital	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	1.0000	\$0.00
Misc Outpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0259	1.0000	1.0000	0.00
	\$0.00												\$0.00
Professional													
Inpatient Surgery	\$0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	\$0.00
Outpatient Surgery	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Hospital Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Office Visits	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Urgent Care	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Injections & Immunizations	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Other Physician	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Radiology/Pathology	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0313	1.0000	1.0000	0.00
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
Maternity (delivery)	1,533.48	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	1,559.35
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0169	1.0000	1.0000	0.00
	\$1,533.48												\$1,559.35
Other Services													
Home Health	\$0.05	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0038	1.0000	1.0000	\$0.05
Ambulance	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0098	1.0000	1.0000	0.00
Prosthetics/DME	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0657	1.0000	1.0000	0.00
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0049	1.0000	1.0000	0.00
Unknown	1.14	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.14
	\$1.19												\$1.19
Total	\$5,500.34												\$5,585.33

Appendix D4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Very Low Birth Weight Babies (Less than 1,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$2,898.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	\$2,728.42
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Newborn	55,004.12	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	51,780.58
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
	\$57,902.39												\$54,509.00
Hospital Outpatient													
Emergency Hospital	\$33.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8000	\$28.42
Misc Outpatient	122.16	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8500	111.09
	\$155.37												\$139.51
Professional													
Inpatient Surgery	\$264.57	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	\$242.48
Outpatient Surgery	7.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	6.73
Hospital Visits	12,298.93	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	11,271.88
Office Visits	237.33	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	255.89
Urgent Care	11.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	10.44
Injections & Immunizations	49.20	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	53.05
Other Physician	168.01	1.0000	1.0000	0.9978	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	153.64
Radiology/Pathology	155.47	1.0000	1.0000	1.0000	0.9466	1.0000	1.0000	1.0000	1.0600	1.0081	1.0000	0.8500	133.68
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	0.00
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.9000	0.00
	\$13,192.25												\$12,127.80
Other Services													
Home Health	\$157.00	1.0000	0.9804	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0076	1.0000	0.8000	\$131.53
Ambulance	164.85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0055	1.0000	0.8000	140.55
Prosthetics/DME	0.57	1.0000	0.6670	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0196	1.0000	0.8000	0.33
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0038	1.0000	0.8000	0.00
Unknown	44.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	37.42
	\$366.54												\$309.83
Total	\$71,616.55												\$67,086.13

Appendix D4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	Per Case Allowed Cost	Mental Health Limit	DME Limit	Physician Limit	Radiology Limit	Synagis Limit	Audiology Limits & Exclusion	Impact of Change in In-Rate Criteria	MCO Selection Factor	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Case Allowed Cost
Hospital Inpatient													
Medical/Surgical	\$1,004.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	\$945.48
MH/SA	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Skilled Nursing Facility	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Maternity	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
Newborn	8,278.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	7,793.35
Other Inpatient	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0448	1.0000	0.8500	0.00
	\$9,282.85												\$8,738.83
Hospital Outpatient													
Emergency Hospital	\$60.27	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8000	\$51.58
Misc Outpatient	115.39	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0093	1.0000	0.8500	104.93
	\$175.65												\$156.51
Professional													
Inpatient Surgery	\$93.18	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	\$85.39
Outpatient Surgery	10.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	9.30
Hospital Visits	1,478.30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	1,354.85
Office Visits	223.15	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	240.61
Urgent Care	19.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	17.88
Injections & Immunizations	60.04	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	64.74
Other Physician	78.20	1.0000	1.0000	0.9978	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	71.51
Radiology/Pathology	23.14	1.0000	1.0000	1.0000	0.9466	1.0000	1.0000	1.0000	1.0600	1.0081	1.0000	0.8500	19.90
MH/SA	4.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.8500	4.13
Maternity (delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	1.0000	0.00
Maternity (non-delivery)	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0172	1.0000	0.9000	0.00
	\$1,990.18												\$1,868.32
Other Services													
Home Health	\$96.01	1.0000	0.9804	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0076	1.0000	0.8000	\$80.44
Ambulance	56.34	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0055	1.0000	0.8000	48.04
Prosthetics/DME	1.12	1.0000	0.6670	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0196	1.0000	0.8000	0.65
Vision/Hearing Aids	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.00
Dental	0.00	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0038	1.0000	0.8000	0.00
Unknown	3.87	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	3.28
	\$157.34												\$132.40
Total	\$11,606.03												\$10,896.05

Appendix E1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	104,896	\$148.52	73,333	\$122.91	\$137.98	1.0710	\$147.78
MH/SA	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Maternity	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Newborn	104,896	948.12	73,333	820.31	895.53	1.0710	959.15
Other Inpatient	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
	104,896	\$1,096.63	73,333	\$943.21	\$1,033.51		\$1,106.94
Hospital Outpatient							
Emergency Hospital	104,896	\$14.63	73,333	\$13.97	\$14.36	1.0710	\$15.38
Misc Outpatient	104,896	21.80	73,333	23.63	22.55	1.0710	24.16
	104,896	\$36.43	73,333	\$37.60	\$36.91		\$39.53
Professional							
Inpatient Surgery	104,896	\$17.77	73,333	\$15.34	\$16.77	1.0710	\$17.96
Outpatient Surgery	104,896	2.96	73,333	3.22	3.07	1.0710	3.29
Hospital Visits	104,896	179.72	73,333	161.91	172.39	1.0710	184.64
Office Visits	104,896	66.60	73,333	69.10	67.63	1.0710	72.43
Urgent Care	104,896	4.34	73,333	4.48	4.39	1.0710	4.71
Injections & Immunizations	104,896	7.50	73,333	8.47	7.90	1.0710	8.46
Other Physician	104,896	18.20	73,333	16.84	17.64	1.0710	18.90
Radiology/Pathology	104,896	4.47	73,333	3.58	4.10	1.0710	4.39
MH/SA	104,896	0.55	73,333	0.58	0.56	1.0710	0.60
Maternity (delivery)	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	104,896	0.00	73,333	0.01	0.00	1.0710	0.00
	104,896	\$302.12	73,333	\$283.52	\$294.47		\$315.39
Other Services							
Home Health	104,896	\$16.58	73,333	\$15.51	\$16.14	1.0710	\$17.28
Ambulance	104,896	4.47	73,333	4.79	4.60	1.0710	4.93
Prosthetics/DME	104,896	0.26	73,333	0.24	0.25	1.0710	0.27
Vision/Hearing Aids	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Dental	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Unknown	104,896	0.05	73,333	0.53	0.25	1.0710	0.27
	104,896	\$21.35	73,333	\$21.08	\$21.24		\$22.75
Total	104,896	\$1,456.53	73,333	\$1,285.41	\$1,386.12		\$1,484.60

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	268,916	\$40.54	250,142	\$37.66	\$39.16	1.0710	\$41.94
MH/SA	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Maternity	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Newborn	268,916	0.83	250,142	1.14	0.98	1.0710	1.05
Other Inpatient	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
	268,916	\$41.37	250,142	\$38.80	\$40.13		\$42.98
Hospital Outpatient							
Emergency Hospital	268,916	\$20.41	250,142	\$19.33	\$19.89	1.0710	\$21.30
Misc Outpatient	268,916	19.28	250,142	21.84	20.51	1.0710	21.97
	268,916	\$39.69	250,142	\$41.18	\$40.40		\$43.27
Professional							
Inpatient Surgery	268,916	\$1.87	250,142	\$1.80	\$1.84	1.0710	\$1.97
Outpatient Surgery	268,916	4.08	250,142	4.26	4.17	1.0710	4.46
Hospital Visits	268,916	8.95	250,142	6.65	7.84	1.0710	8.40
Office Visits	268,916	40.36	250,142	39.55	39.97	1.0710	42.81
Urgent Care	268,916	4.81	250,142	4.97	4.88	1.0710	5.23
Injections & Immunizations	268,916	12.01	250,142	10.85	11.45	1.0710	12.27
Other Physician	268,916	12.97	250,142	10.39	11.73	1.0710	12.56
Radiology/Pathology	268,916	2.12	250,142	1.88	2.00	1.0710	2.15
MH/SA	268,916	0.28	250,142	0.24	0.26	1.0710	0.28
Maternity (delivery)	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
	268,916	\$87.44	250,142	\$80.60	\$84.14		\$90.12
Other Services							
Home Health	268,916	\$6.26	250,142	\$6.18	\$6.22	1.0710	\$6.66
Ambulance	268,916	0.78	250,142	0.78	0.78	1.0710	0.84
Prosthetics/DME	268,916	1.28	250,142	0.82	1.06	1.0710	1.14
Vision/Hearing Aids	268,916	0.06	250,142	0.07	0.06	1.0710	0.07
Dental	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Unknown	268,916	0.04	250,142	0.06	0.05	1.0710	0.05
	268,916	\$8.43	250,142	\$7.92	\$8.18		\$8.76
Total	268,916	\$176.92	250,142	\$168.50	\$172.86		\$185.14

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	983,685	\$8.56	608,899	\$9.65	\$8.98	1.0710	\$9.61
MH/SA	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	983,685	0.06	608,899	0.08	0.07	1.0710	0.07
Maternity	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Newborn	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Other Inpatient	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
	983,685	\$8.62	608,899	\$9.73	\$9.05		\$9.69
Hospital Outpatient							
Emergency Hospital	983,685	\$11.82	608,899	\$10.21	\$11.21	1.0710	\$12.00
Misc Outpatient	983,685	9.85	608,899	10.67	10.17	1.0710	10.89
	983,685	\$21.67	608,899	\$20.89	\$21.37		\$22.89
Professional							
Inpatient Surgery	983,685	\$0.38	608,899	\$0.38	\$0.38	1.0710	\$0.40
Outpatient Surgery	983,685	3.05	608,899	3.05	3.05	1.0710	3.26
Hospital Visits	983,685	0.64	608,899	0.72	0.67	1.0710	0.72
Office Visits	983,685	15.28	608,899	15.50	15.36	1.0710	16.46
Urgent Care	983,685	2.41	608,899	2.24	2.35	1.0710	2.51
Injections & Immunizations	983,685	1.52	608,899	1.58	1.54	1.0710	1.65
Other Physician	983,685	7.74	608,899	8.82	8.15	1.0710	8.73
Radiology/Pathology	983,685	1.32	608,899	1.30	1.31	1.0710	1.41
MH/SA	983,685	0.25	608,899	0.25	0.25	1.0710	0.27
Maternity (delivery)	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
	983,685	\$32.58	608,899	\$33.84	\$33.06		\$35.41
Other Services							
Home Health	983,685	\$1.76	608,899	\$2.65	\$2.10	1.0710	\$2.25
Ambulance	983,685	0.38	608,899	0.36	0.37	1.0710	0.39
Prosthetics/DME	983,685	0.13	608,899	0.11	0.12	1.0710	0.13
Vision/Hearing Aids	983,685	0.02	608,899	0.04	0.03	1.0710	0.03
Dental	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Unknown	983,685	0.07	608,899	0.18	0.11	1.0710	0.12
	983,685	\$2.35	608,899	\$3.34	\$2.73		\$2.93
Total	983,685	\$65.23	608,899	\$67.80	\$66.22		\$70.92

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	935,413	\$6.74	562,005	\$6.09	\$6.50	1.0710	\$6.96
MH/SA	935,413	0.00	562,005	0.01	0.00	1.0710	0.00
Skilled Nursing Facility	935,413	0.14	562,005	0.30	0.20	1.0710	0.21
Maternity	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Newborn	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Other Inpatient	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
	935,413	\$6.88	562,005	\$6.41	\$6.70		\$7.18
Hospital Outpatient							
Emergency Hospital	935,413	\$6.96	562,005	\$6.06	\$6.63	1.0710	\$7.10
Misc Outpatient	935,413	6.74	562,005	7.47	7.01	1.0710	7.51
	935,413	\$13.70	562,005	\$13.54	\$13.64		\$14.61
Professional							
Inpatient Surgery	935,413	\$0.38	562,005	\$0.37	\$0.38	1.0710	\$0.40
Outpatient Surgery	935,413	1.88	562,005	1.96	1.91	1.0710	2.05
Hospital Visits	935,413	0.53	562,005	0.42	0.49	1.0710	0.52
Office Visits	935,413	10.22	562,005	10.37	10.28	1.0710	11.01
Urgent Care	935,413	1.43	562,005	1.33	1.39	1.0710	1.49
Injections & Immunizations	935,413	1.27	562,005	1.54	1.37	1.0710	1.47
Other Physician	935,413	7.45	562,005	8.25	7.75	1.0710	8.30
Radiology/Pathology	935,413	1.65	562,005	1.57	1.62	1.0710	1.73
MH/SA	935,413	0.39	562,005	0.42	0.40	1.0710	0.43
Maternity (delivery)	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
	935,413	\$25.21	562,005	\$26.23	\$25.59		\$27.41
Other Services							
Home Health	935,413	\$1.00	562,005	\$1.22	\$1.08	1.0710	\$1.16
Ambulance	935,413	0.28	562,005	0.26	0.27	1.0710	0.29
Prosthetics/DME	935,413	0.12	562,005	0.09	0.11	1.0710	0.12
Vision/Hearing Aids	935,413	0.05	562,005	0.06	0.06	1.0710	0.06
Dental	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Unknown	935,413	0.04	562,005	0.19	0.09	1.0710	0.10
	935,413	\$1.48	562,005	\$1.83	\$1.61		\$1.73
Total	935,413	\$47.27	562,005	\$48.00	\$47.54		\$50.92

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	305,536	\$14.85	181,821	\$13.18	\$14.22	1.0710	\$15.24
MH/SA	305,536	0.03	181,821	0.03	0.03	1.0710	0.04
Skilled Nursing Facility	305,536	0.77	181,821	0.18	0.55	1.0710	0.59
Maternity	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Newborn	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Other Inpatient	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
	305,536	\$15.66	181,821	\$13.38	\$14.81		\$15.86
Hospital Outpatient							
Emergency Hospital	305,536	\$9.01	181,821	\$7.58	\$8.48	1.0710	\$9.08
Misc Outpatient	305,536	9.27	181,821	9.92	9.51	1.0710	10.19
	305,536	\$18.28	181,821	\$17.50	\$17.99		\$19.27
Professional							
Inpatient Surgery	305,536	\$0.77	181,821	\$0.75	\$0.76	1.0710	\$0.81
Outpatient Surgery	305,536	2.62	181,821	2.54	2.59	1.0710	2.77
Hospital Visits	305,536	0.81	181,821	0.81	0.81	1.0710	0.87
Office Visits	305,536	7.01	181,821	7.29	7.12	1.0710	7.62
Urgent Care	305,536	1.96	181,821	1.82	1.91	1.0710	2.04
Injections & Immunizations	305,536	0.86	181,821	1.27	1.02	1.0710	1.09
Other Physician	305,536	6.57	181,821	7.25	6.83	1.0710	7.31
Radiology/Pathology	305,536	3.08	181,821	3.24	3.14	1.0710	3.36
MH/SA	305,536	0.39	181,821	0.49	0.43	1.0710	0.46
Maternity (delivery)	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
	305,536	\$24.07	181,821	\$25.46	\$24.59		\$26.34
Other Services							
Home Health	305,536	\$1.88	181,821	\$1.90	\$1.89	1.0710	\$2.02
Ambulance	305,536	0.72	181,821	0.67	0.70	1.0710	0.75
Prosthetics/DME	305,536	0.10	181,821	0.10	0.10	1.0710	0.11
Vision/Hearing Aids	305,536	0.04	181,821	0.03	0.03	1.0710	0.04
Dental	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Unknown	305,536	0.01	181,821	0.10	0.05	1.0710	0.05
	305,536	\$2.75	181,821	\$2.80	\$2.77		\$2.96
Total	305,536	\$60.76	181,821	\$59.15	\$60.15		\$64.43

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	337,033	\$11.61	194,905	\$13.12	\$12.16	1.0710	\$13.03
MH/SA	337,033	0.09	194,905	0.27	0.16	1.0710	0.17
Skilled Nursing Facility	337,033	0.89	194,905	0.06	0.59	1.0710	0.63
Maternity	337,033	2.21	194,905	1.39	1.91	1.0710	2.05
Newborn	337,033	0.00	194,905	0.00	0.00	1.0710	0.00
Other Inpatient	337,033	0.00	194,905	0.00	0.00	1.0710	0.00
	337,033	\$14.81	194,905	\$14.84	\$14.82		\$15.88
Hospital Outpatient							
Emergency Hospital	337,033	\$11.58	194,905	\$10.56	\$11.21	1.0710	\$12.00
Misc Outpatient	337,033	17.49	194,905	17.37	17.45	1.0710	18.69
	337,033	\$29.07	194,905	\$27.93	\$28.66		\$30.69
Professional							
Inpatient Surgery	337,033	\$0.60	194,905	\$0.66	\$0.62	1.0710	\$0.67
Outpatient Surgery	337,033	2.58	194,905	2.61	2.59	1.0710	2.78
Hospital Visits	337,033	1.21	194,905	1.12	1.18	1.0710	1.26
Office Visits	337,033	12.73	194,905	12.56	12.67	1.0710	13.57
Urgent Care	337,033	3.26	194,905	3.08	3.20	1.0710	3.42
Injections & Immunizations	337,033	1.16	194,905	1.09	1.14	1.0710	1.22
Other Physician	337,033	8.30	194,905	8.78	8.48	1.0710	9.08
Radiology/Pathology	337,033	7.99	194,905	7.64	7.86	1.0710	8.42
MH/SA	337,033	0.45	194,905	0.54	0.48	1.0710	0.51
Maternity (delivery)	337,033	0.06	194,905	0.06	0.06	1.0710	0.06
Maternity (non-delivery)	337,033	0.54	194,905	0.43	0.50	1.0710	0.54
	337,033	\$38.89	194,905	\$38.56	\$38.77		\$41.52
Other Services							
Home Health	337,033	\$1.67	194,905	\$1.53	\$1.62	1.0710	\$1.73
Ambulance	337,033	0.99	194,905	0.92	0.96	1.0710	1.03
Prosthetics/DME	337,033	0.07	194,905	0.10	0.08	1.0710	0.09
Vision/Hearing Aids	337,033	0.03	194,905	0.04	0.03	1.0710	0.04
Dental	337,033	0.00	194,905	0.00	0.00	1.0710	0.00
Unknown	337,033	0.02	194,905	0.10	0.05	1.0710	0.06
	337,033	\$2.78	194,905	\$2.68	\$2.75		\$2.94
Total	337,033	\$85.56	194,905	\$84.02	\$84.99		\$91.03

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	83,167	\$61.53	55,101	\$82.02	\$69.70	1.0710	\$74.65
MH/SA	83,167	0.19	55,101	0.05	0.13	1.0710	0.14
Skilled Nursing Facility	83,167	0.84	55,101	3.35	1.84	1.0710	1.97
Maternity	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Newborn	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Other Inpatient	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
	83,167	\$62.56	55,101	\$85.43	\$71.68		\$76.77
Hospital Outpatient							
Emergency Hospital	83,167	\$20.36	55,101	\$19.14	\$19.87	1.0710	\$21.28
Misc Outpatient	83,167	33.28	55,101	32.66	33.04	1.0710	35.38
	83,167	\$53.64	55,101	\$51.80	\$52.91		\$56.67
Professional							
Inpatient Surgery	83,167	\$3.74	55,101	\$4.37	\$3.99	1.1442	\$4.57
Outpatient Surgery	83,167	8.33	55,101	8.78	8.51	1.1442	9.74
Hospital Visits	83,167	1.90	55,101	2.99	2.34	1.1442	2.67
Office Visits	83,167	11.60	55,101	13.40	12.32	1.1442	14.09
Urgent Care	83,167	5.32	55,101	5.61	5.43	1.1442	6.22
Injections & Immunizations	83,167	2.44	55,101	2.51	2.46	1.1442	2.82
Other Physician	83,167	8.99	55,101	8.87	8.94	1.1442	10.23
Radiology/Pathology	83,167	10.03	55,101	10.86	10.36	1.1442	11.85
MH/SA	83,167	0.17	55,101	0.23	0.20	1.1442	0.22
Maternity (delivery)	83,167	0.00	55,101	0.00	0.00	1.1442	0.00
Maternity (non-delivery)	83,167	0.00	55,101	0.00	0.00	1.1442	0.00
	83,167	\$52.52	55,101	\$57.61	\$54.55		\$62.41
Other Services							
Home Health	83,167	\$6.44	55,101	\$7.52	\$6.87	1.0710	\$7.36
Ambulance	83,167	1.60	55,101	1.84	1.69	1.0710	1.82
Prosthetics/DME	83,167	0.47	55,101	0.58	0.52	1.0710	0.55
Vision/Hearing Aids	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Dental	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Unknown	83,167	0.07	55,101	0.93	0.41	1.0710	0.44
	83,167	\$8.58	55,101	\$10.87	\$9.49		\$10.17
Total	83,167	\$177.30	55,101	\$205.71	\$188.62		\$206.01

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	435,620	\$67.12	284,600	\$64.52	\$66.10	1.0710	\$70.79
MH/SA	435,620	0.23	284,600	0.33	0.27	1.0710	0.29
Skilled Nursing Facility	435,620	0.52	284,600	1.14	0.77	1.0710	0.82
Maternity	435,620	3.05	284,600	2.55	2.85	1.0710	3.06
Newborn	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
Other Inpatient	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
	435,620	\$70.92	284,600	\$68.55	\$69.98		\$74.96
Hospital Outpatient							
Emergency Hospital	435,620	\$25.18	284,600	\$24.25	\$24.81	1.0710	\$26.57
Misc Outpatient	435,620	45.36	284,600	46.36	45.75	1.0710	49.01
	435,620	\$70.54	284,600	\$70.61	\$70.57		\$75.58
Professional							
Inpatient Surgery	435,620	\$4.17	284,600	\$4.05	\$4.12	1.1442	\$4.72
Outpatient Surgery	435,620	9.17	284,600	9.67	9.37	1.1442	10.72
Hospital Visits	435,620	2.67	284,600	2.48	2.59	1.1442	2.97
Office Visits	435,620	19.65	284,600	21.22	20.27	1.1442	23.19
Urgent Care	435,620	7.24	284,600	7.49	7.34	1.1442	8.39
Injections & Immunizations	435,620	2.23	284,600	2.62	2.38	1.1442	2.73
Other Physician	435,620	11.81	284,600	11.90	11.84	1.1442	13.55
Radiology/Pathology	435,620	18.64	284,600	19.31	18.90	1.1442	21.63
MH/SA	435,620	0.18	284,600	0.17	0.17	1.1442	0.20
Maternity (delivery)	435,620	0.12	284,600	0.16	0.14	1.1442	0.16
Maternity (non-delivery)	435,620	0.80	284,600	0.72	0.77	1.1442	0.88
	435,620	\$76.68	284,600	\$79.78	\$77.90		\$89.13
Other Services							
Home Health	435,620	\$4.71	284,600	\$4.21	\$4.51	1.0710	\$4.83
Ambulance	435,620	1.96	284,600	1.91	1.94	1.0710	2.08
Prosthetics/DME	435,620	0.16	284,600	0.16	0.16	1.0710	0.17
Vision/Hearing Aids	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
Dental	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
Unknown	435,620	0.10	284,600	0.37	0.21	1.0710	0.22
	435,620	\$6.92	284,600	\$6.65	\$6.82		\$7.30
Total	435,620	\$225.06	284,600	\$225.60	\$225.27		\$246.97

Appendix E1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Ethically Limited Services

Eligibility Category: TANF - Age 45+ , Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	65,760	\$131.67	43,871	\$157.67	\$142.07	1.0710	\$152.16
MH/SA	65,760	0.11	43,871	0.09	0.11	1.0710	0.11
Skilled Nursing Facility	65,760	2.32	43,871	2.74	2.49	1.0710	2.66
Maternity	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Newborn	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Other Inpatient	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
	65,760	\$134.10	43,871	\$160.50	\$144.66		\$154.94
Hospital Outpatient							
Emergency Hospital	65,760	\$18.51	43,871	\$18.07	\$18.33	1.0710	\$19.63
Misc Outpatient	65,760	73.36	43,871	78.40	75.38	1.0710	80.73
	65,760	\$91.87	43,871	\$96.46	\$93.71		\$100.36
Professional							
Inpatient Surgery	65,760	\$7.71	43,871	\$7.39	\$7.58	1.1442	\$8.68
Outpatient Surgery	65,760	15.01	43,871	16.48	15.60	1.1442	17.84
Hospital Visits	65,760	4.30	43,871	5.03	4.59	1.1442	5.25
Office Visits	65,760	21.93	43,871	25.07	23.19	1.1442	26.53
Urgent Care	65,760	5.45	43,871	5.76	5.58	1.1442	6.38
Injections & Immunizations	65,760	6.16	43,871	6.00	6.10	1.1442	6.98
Other Physician	65,760	25.74	43,871	25.04	25.46	1.1442	29.13
Radiology/Pathology	65,760	23.21	43,871	24.45	23.70	1.1442	27.12
MH/SA	65,760	0.14	43,871	0.12	0.13	1.1442	0.15
Maternity (delivery)	65,760	0.00	43,871	0.00	0.00	1.1442	0.00
Maternity (non-delivery)	65,760	0.01	43,871	0.00	0.01	1.1442	0.01
	65,760	\$109.67	43,871	\$115.34	\$111.94		\$128.08
Other Services							
Home Health	65,760	\$11.66	43,871	\$13.02	\$12.20	1.0710	\$13.07
Ambulance	65,760	2.15	43,871	2.31	2.21	1.0710	2.37
Prosthetics/DME	65,760	0.45	43,871	0.69	0.54	1.0710	0.58
Vision/Hearing Aids	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Dental	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Unknown	65,760	0.47	43,871	1.02	0.69	1.0710	0.74
	65,760	\$14.71	43,871	\$17.05	\$15.65		\$16.76
Total	65,760	\$350.35	43,871	\$389.36	\$365.96		\$400.14

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: SSI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	652,694	\$237.06	406,223	\$229.23	\$234.06	1.0710	\$250.69
MH/SA	652,694	0.89	406,223	0.62	0.78	1.0710	0.84
Skilled Nursing Facility	652,694	5.46	406,223	7.35	6.19	1.0710	6.62
Maternity	652,694	0.62	406,223	0.41	0.54	1.0710	0.58
Newborn	652,694	6.10	406,223	3.70	5.18	1.0710	5.54
Other Inpatient	652,694	0.00	406,223	0.00	0.00	1.0710	0.00
	652,694	\$250.13	406,223	\$241.30	\$246.74		\$264.27
Hospital Outpatient							
Emergency Hospital	652,694	\$21.88	406,223	\$21.04	\$21.56	1.0710	\$23.09
Misc Outpatient	652,694	68.57	406,223	75.85	71.37	1.0710	76.44
	652,694	\$90.46	406,223	\$96.89	\$92.92		\$99.53
Professional							
Inpatient Surgery	652,694	\$7.30	406,223	\$7.06	\$7.20	1.1442	\$8.24
Outpatient Surgery	652,694	9.37	406,223	10.27	9.71	1.1442	11.11
Hospital Visits	652,694	13.52	406,223	12.76	13.23	1.1442	15.14
Office Visits	652,694	18.38	406,223	20.18	19.07	1.1442	21.82
Urgent Care	652,694	6.70	406,223	6.66	6.69	1.1442	7.65
Injections & Immunizations	652,694	13.51	406,223	12.80	13.24	1.1442	15.15
Other Physician	652,694	40.06	406,223	42.34	40.93	1.1442	46.83
Radiology/Pathology	652,694	17.52	406,223	17.80	17.63	1.1442	20.17
MH/SA	652,694	0.56	406,223	0.75	0.63	1.1442	0.73
Maternity (delivery)	652,694	0.01	406,223	0.01	0.01	1.1442	0.01
Maternity (non-delivery)	652,694	0.06	406,223	0.05	0.06	1.1442	0.07
	652,694	\$126.99	406,223	\$130.67	\$128.41		\$146.92
Other Services							
Home Health	652,694	\$29.20	406,223	\$33.74	\$30.94	1.0710	\$33.14
Ambulance	652,694	4.12	406,223	4.14	4.13	1.0710	4.42
Prosthetics/DME	652,694	1.03	406,223	1.09	1.06	1.0710	1.13
Vision/Hearing Aids	652,694	0.18	406,223	0.26	0.21	1.0710	0.22
Dental	652,694	0.00	406,223	0.00	0.00	1.0710	0.00
Unknown	652,694	0.25	406,223	1.19	0.61	1.0710	0.65
	652,694	\$34.79	406,223	\$40.42	\$36.95		\$39.58
Total	652,694	\$502.36	406,223	\$509.28	\$505.02		\$550.29

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: OCWI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	228,148	\$18.32	118,377	\$17.29	\$17.97	1.0710	\$19.24
MH/SA	228,148	0.02	118,377	0.00	0.01	1.0710	0.01
Skilled Nursing Facility	228,148	0.38	118,377	0.02	0.26	1.0710	0.27
Maternity	228,148	28.02	118,377	29.63	28.57	1.0710	30.60
Newborn	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
Other Inpatient	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
	228,148	\$46.74	118,377	\$46.95	\$46.81		\$50.14
Hospital Outpatient							
Emergency Hospital	228,148	\$10.92	118,377	\$11.54	\$11.14	1.0710	\$11.93
Misc Outpatient	228,148	81.95	118,377	88.04	84.03	1.0710	90.00
	228,148	\$92.87	118,377	\$99.58	\$95.16		\$101.92
Professional							
Inpatient Surgery	228,148	\$2.87	118,377	\$2.82	\$2.85	1.0710	\$3.05
Outpatient Surgery	228,148	3.49	118,377	3.61	3.53	1.0710	3.79
Hospital Visits	228,148	6.57	118,377	6.19	6.44	1.0710	6.90
Office Visits	228,148	54.61	118,377	54.55	54.59	1.0710	58.47
Urgent Care	228,148	6.78	118,377	7.63	7.07	1.0710	7.57
Injections & Immunizations	228,148	1.18	118,377	0.91	1.09	1.0710	1.16
Other Physician	228,148	8.03	118,377	7.22	7.75	1.0710	8.31
Radiology/Pathology	228,148	48.88	118,377	53.97	50.62	1.0710	54.22
MH/SA	228,148	0.06	118,377	0.05	0.06	1.0710	0.06
Maternity (delivery)	228,148	1.78	118,377	1.89	1.82	1.0710	1.95
Maternity (non-delivery)	228,148	9.87	118,377	9.69	9.81	1.0710	10.51
	228,148	\$144.11	118,377	\$148.56	\$145.63		\$155.98
Other Services							
Home Health	228,148	\$8.43	118,377	\$6.17	\$7.66	1.0710	\$8.21
Ambulance	228,148	2.90	118,377	2.77	2.86	1.0710	3.06
Prosthetics/DME	228,148	0.20	118,377	0.19	0.20	1.0710	0.21
Vision/Hearing Aids	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
Dental	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
Unknown	228,148	0.12	118,377	0.14	0.13	1.0710	0.14
	228,148	\$11.66	118,377	\$9.27	\$10.84		\$11.61
Total	228,148	\$295.38	118,377	\$304.35	\$298.45		\$319.65

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: DUAL

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	460,775	\$11.90	463,251	\$9.61	\$10.75	1.0710	\$11.51
MH/SA	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	460,775	2.03	463,251	1.97	2.00	1.0710	2.14
Maternity	460,775	0.22	463,251	0.25	0.24	1.0710	0.25
Newborn	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Other Inpatient	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
	460,775	\$14.16	463,251	\$11.83	\$12.99		\$13.91
Hospital Outpatient							
Emergency Hospital	460,775	\$2.82	463,251	\$2.76	\$2.79	1.0710	\$2.99
Misc Outpatient	460,775	8.90	463,251	8.91	8.91	1.0710	9.54
	460,775	\$11.72	463,251	\$11.67	\$11.69		\$12.52
Professional							
Inpatient Surgery	460,775	\$0.92	463,251	\$0.65	\$0.78	1.0710	\$0.84
Outpatient Surgery	460,775	1.71	463,251	1.63	1.67	1.0710	1.79
Hospital Visits	460,775	0.68	463,251	0.50	0.59	1.0710	0.63
Office Visits	460,775	3.23	463,251	3.12	3.17	1.0710	3.40
Urgent Care	460,775	0.66	463,251	0.57	0.61	1.0710	0.66
Injections & Immunizations	460,775	5.23	463,251	5.53	5.38	1.0710	5.76
Other Physician	460,775	10.98	463,251	10.96	10.97	1.0710	11.75
Radiology/Pathology	460,775	2.30	463,251	1.56	1.93	1.0710	2.07
MH/SA	460,775	0.05	463,251	0.03	0.04	1.0710	0.05
Maternity (delivery)	460,775	0.17	463,251	0.14	0.15	1.0710	0.16
Maternity (non-delivery)	460,775	0.01	463,251	0.01	0.01	1.0710	0.01
	460,775	\$25.94	463,251	\$24.68	\$25.31		\$27.11
Other Services							
Home Health	460,775	\$5.31	463,251	\$5.33	\$5.32	1.0710	\$5.70
Ambulance	460,775	0.15	463,251	0.14	0.15	1.0710	0.16
Prosthetics/DME	460,775	0.67	463,251	0.52	0.60	1.0710	0.64
Vision/Hearing Aids	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Dental	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Unknown	460,775	0.25	463,251	0.41	0.33	1.0710	0.35
	460,775	\$6.38	463,251	\$6.40	\$6.39		\$6.85
Total	460,775	\$58.20	463,251	\$54.58	\$56.39		\$60.39

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: KICK

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	26,703	\$0.54	13,371	\$0.00	\$0.36	1.0710	\$0.39
MH/SA	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Maternity	26,703	3,682.40	13,371	3,749.68	3,704.85	1.0710	3,968.07
Newborn	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Other Inpatient	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
	26,703	\$3,682.94	13,371	\$3,749.68	\$3,705.21		\$3,968.45
Hospital Outpatient							
Emergency Hospital	26,703	\$0.00	13,371	\$0.00	\$0.00	1.0710	\$0.00
Misc Outpatient	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
	26,703	\$0.00	13,371	\$0.00	\$0.00		\$0.00
Professional							
Inpatient Surgery	26,703	\$0.00	13,371	\$0.00	\$0.00	1.0710	\$0.00
Outpatient Surgery	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Hospital Visits	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Office Visits	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Urgent Care	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Injections & Immunizations	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Other Physician	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Radiology/Pathology	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
MH/SA	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Maternity (delivery)	26,703	1,558.50	13,371	1,557.56	1,558.19	1.0710	1,668.89
Maternity (non-delivery)	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
	26,703	\$1,558.50	13,371	\$1,557.56	\$1,558.19		\$1,668.89
Other Services							
Home Health	26,703	\$0.14	13,371	\$0.05	\$0.11	1.0710	\$0.12
Ambulance	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Prosthetics/DME	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Vision/Hearing Aids	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Dental	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Unknown	26,703	2.18	13,371	1.14	1.83	1.0710	1.96
	26,703	\$2.32	13,371	\$1.19	\$1.94		\$2.08
Total	26,703	\$5,243.76	13,371	\$5,308.43	\$5,265.34		\$5,639.42

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	647	\$5,248.76	364	\$2,728.42	\$4,341.34	1.0710	\$4,649.78
MH/SA	647	0.00	364	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	647	0.00	364	0.00	0.00	1.0710	0.00
Maternity	647	0.00	364	0.00	0.00	1.0710	0.00
Newborn	647	57,019.57	364	51,780.58	55,133.33	1.0710	59,050.36
Other Inpatient	647	0.00	364	0.00	0.00	1.0710	0.00
	647	\$62,268.34	364	\$54,509.00	\$59,474.67		\$63,700.14
Hospital Outpatient							
Emergency Hospital	647	\$27.69	364	\$28.42	\$27.95	1.0710	\$29.94
Misc Outpatient	647	76.73	364	111.09	89.10	1.0710	95.43
	647	\$104.42	364	\$139.51	\$117.05		\$125.37
Professional							
Inpatient Surgery	647	\$298.67	364	\$242.48	\$278.44	1.0710	\$298.22
Outpatient Surgery	647	6.68	364	6.73	6.70	1.0710	7.17
Hospital Visits	647	11,196.09	364	11,271.88	11,223.37	1.0710	12,020.76
Office Visits	647	215.77	364	255.89	230.21	1.0710	246.57
Urgent Care	647	10.01	364	10.44	10.16	1.0710	10.89
Injections & Immunizations	647	59.49	364	53.05	57.17	1.0710	61.23
Other Physician	647	327.79	364	153.64	265.09	1.0710	283.92
Radiology/Pathology	647	181.12	364	133.68	164.04	1.0710	175.70
MH/SA	647	3.46	364	0.00	2.21	1.0710	2.37
Maternity (delivery)	647	0.00	364	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	647	0.00	364	0.00	0.00	1.0710	0.00
	647	\$12,299.07	364	\$12,127.80	\$12,237.40		\$13,106.83
Other Services							
Home Health	647	\$125.36	364	\$131.53	\$127.58	1.0710	\$136.65
Ambulance	647	112.02	364	140.55	122.29	1.0710	130.98
Prosthetics/DME	647	0.07	364	0.33	0.16	1.0710	0.17
Vision/Hearing Aids	647	0.00	364	0.00	0.00	1.0710	0.00
Dental	647	0.00	364	0.00	0.00	1.0710	0.00
Unknown	647	3.46	364	37.42	15.68	1.0710	16.80
	647	\$240.91	364	\$309.83	\$265.72		\$284.60
Total	647	\$74,912.73	364	\$67,086.13	\$72,094.85		\$77,216.94

Appendix E1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	3,022	\$834.31	2,119	\$945.48	\$880.13	1.0710	\$942.66
MH/SA	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Maternity	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Newborn	3,022	8,543.25	2,119	7,793.35	8,234.16	1.0710	8,819.17
Other Inpatient	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
	3,022	\$9,377.56	2,119	\$8,738.83	\$9,114.29		\$9,761.83
Hospital Outpatient							
Emergency Hospital	3,022	\$54.72	2,119	\$51.58	\$53.43	1.0710	\$57.22
Misc Outpatient	3,022	102.76	2,119	104.93	103.65	1.0710	111.02
	3,022	\$157.48	2,119	\$156.51	\$157.08		\$168.24
Professional							
Inpatient Surgery	3,022	\$121.86	2,119	\$85.39	\$106.83	1.0710	\$114.42
Outpatient Surgery	3,022	10.47	2,119	9.30	9.99	1.0710	10.69
Hospital Visits	3,022	1,401.61	2,119	1,354.85	1,382.34	1.0710	1,480.55
Office Visits	3,022	232.03	2,119	240.61	235.56	1.0710	252.30
Urgent Care	3,022	16.54	2,119	17.88	17.09	1.0710	18.31
Injections & Immunizations	3,022	56.42	2,119	64.74	59.85	1.0710	64.10
Other Physician	3,022	89.11	2,119	71.51	81.85	1.0710	87.67
Radiology/Pathology	3,022	27.19	2,119	19.90	24.18	1.0710	25.90
MH/SA	3,022	2.41	2,119	4.13	3.12	1.0710	3.34
Maternity (delivery)	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
	3,022	\$1,957.62	2,119	\$1,868.32	\$1,920.81		\$2,057.28
Other Services							
Home Health	3,022	\$77.63	2,119	\$80.44	\$78.79	1.0710	\$84.38
Ambulance	3,022	52.56	2,119	48.04	50.69	1.0710	54.30
Prosthetics/DME	3,022	0.96	2,119	0.65	0.83	1.0710	0.89
Vision/Hearing Aids	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Dental	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Unknown	3,022	0.45	2,119	3.28	1.62	1.0710	1.73
	3,022	\$131.60	2,119	\$132.40	\$131.93		\$141.30
Total	3,022	\$11,624.26	2,119	\$10,896.05	\$11,324.11		\$12,128.65

Appendix E2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	104,896	\$148.52	73,333	\$122.91	\$137.98	1.0710	\$147.78
MH/SA	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Maternity	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Newborn	104,896	948.12	73,333	820.31	895.53	1.0710	959.15
Other Inpatient	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
	104,896	\$1,096.63	73,333	\$943.21	\$1,033.51		\$1,106.94
Hospital Outpatient							
Emergency Hospital	104,896	\$14.63	73,333	\$13.97	\$14.36	1.0710	\$15.38
Misc Outpatient	104,896	21.80	73,333	23.63	22.55	1.0710	24.16
	104,896	\$36.43	73,333	\$37.60	\$36.91		\$39.53
Professional							
Inpatient Surgery	104,896	\$17.77	73,333	\$15.34	\$16.77	1.0710	\$17.96
Outpatient Surgery	104,896	2.96	73,333	3.22	3.07	1.0710	3.29
Hospital Visits	104,896	179.72	73,333	161.91	172.39	1.0710	184.64
Office Visits	104,896	66.60	73,333	69.10	67.63	1.0710	72.43
Urgent Care	104,896	4.34	73,333	4.48	4.39	1.0710	4.71
Injections & Immunizations	104,896	7.50	73,333	8.47	7.90	1.0710	8.46
Other Physician	104,896	18.20	73,333	16.84	17.64	1.0710	18.90
Radiology/Pathology	104,896	4.47	73,333	3.58	4.10	1.0710	4.39
MH/SA	104,896	0.55	73,333	0.58	0.56	1.0710	0.60
Maternity (delivery)	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	104,896	0.00	73,333	0.01	0.00	1.0710	0.00
	104,896	\$302.12	73,333	\$283.52	\$294.47		\$315.39
Other Services							
Home Health	104,896	\$16.58	73,333	\$15.51	\$16.14	1.0710	\$17.28
Ambulance	104,896	4.47	73,333	4.79	4.60	1.0710	4.93
Prosthetics/DME	104,896	0.26	73,333	0.24	0.25	1.0710	0.27
Vision/Hearing Aids	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Dental	104,896	0.00	73,333	0.00	0.00	1.0710	0.00
Unknown	104,896	0.05	73,333	0.53	0.25	1.0710	0.27
	104,896	\$21.35	73,333	\$21.08	\$21.24		\$22.75
Total	104,896	\$1,456.53	73,333	\$1,285.41	\$1,386.12		\$1,484.60

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	268,916	\$40.54	250,142	\$37.66	\$39.16	1.0710	\$41.94
MH/SA	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Maternity	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Newborn	268,916	0.83	250,142	1.14	0.98	1.0710	1.05
Other Inpatient	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
	268,916	\$41.37	250,142	\$38.80	\$40.13		\$42.98
Hospital Outpatient							
Emergency Hospital	268,916	\$20.41	250,142	\$19.33	\$19.89	1.0710	\$21.30
Misc Outpatient	268,916	19.28	250,142	21.84	20.51	1.0710	21.97
	268,916	\$39.69	250,142	\$41.18	\$40.40		\$43.27
Professional							
Inpatient Surgery	268,916	\$1.87	250,142	\$1.80	\$1.84	1.0710	\$1.97
Outpatient Surgery	268,916	4.08	250,142	4.26	4.17	1.0710	4.46
Hospital Visits	268,916	8.95	250,142	6.65	7.84	1.0710	8.40
Office Visits	268,916	40.36	250,142	39.55	39.97	1.0710	42.81
Urgent Care	268,916	4.81	250,142	4.97	4.88	1.0710	5.23
Injections & Immunizations	268,916	12.01	250,142	10.85	11.45	1.0710	12.27
Other Physician	268,916	12.97	250,142	10.39	11.73	1.0710	12.56
Radiology/Pathology	268,916	2.12	250,142	1.88	2.00	1.0710	2.15
MH/SA	268,916	0.28	250,142	0.24	0.26	1.0710	0.28
Maternity (delivery)	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
	268,916	\$87.44	250,142	\$80.60	\$84.14		\$90.12
Other Services							
Home Health	268,916	\$6.26	250,142	\$6.18	\$6.22	1.0710	\$6.66
Ambulance	268,916	0.78	250,142	0.78	0.78	1.0710	0.84
Prosthetics/DME	268,916	1.28	250,142	0.82	1.06	1.0710	1.14
Vision/Hearing Aids	268,916	0.06	250,142	0.07	0.06	1.0710	0.07
Dental	268,916	0.00	250,142	0.00	0.00	1.0710	0.00
Unknown	268,916	0.04	250,142	0.06	0.05	1.0710	0.05
	268,916	\$8.43	250,142	\$7.92	\$8.18		\$8.76
Total	268,916	\$176.92	250,142	\$168.50	\$172.86		\$185.14

Appendix E2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Standard Services

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	983,685	\$8.56	608,899	\$9.65	\$8.98	1.0710	\$9.61
MH/SA	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	983,685	0.06	608,899	0.08	0.07	1.0710	0.07
Maternity	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Newborn	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Other Inpatient	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
	983,685	\$8.62	608,899	\$9.73	\$9.05		\$9.69
Hospital Outpatient							
Emergency Hospital	983,685	\$11.82	608,899	\$10.21	\$11.21	1.0710	\$12.00
Misc Outpatient	983,685	9.85	608,899	10.67	10.17	1.0710	10.89
	983,685	\$21.67	608,899	\$20.89	\$21.37		\$22.89
Professional							
Inpatient Surgery	983,685	\$0.38	608,899	\$0.38	\$0.38	1.0710	\$0.40
Outpatient Surgery	983,685	3.05	608,899	3.05	3.05	1.0710	3.26
Hospital Visits	983,685	0.64	608,899	0.72	0.67	1.0710	0.72
Office Visits	983,685	15.28	608,899	15.50	15.36	1.0710	16.46
Urgent Care	983,685	2.41	608,899	2.24	2.35	1.0710	2.51
Injections & Immunizations	983,685	1.52	608,899	1.58	1.54	1.0710	1.65
Other Physician	983,685	7.74	608,899	8.82	8.15	1.0710	8.73
Radiology/Pathology	983,685	1.32	608,899	1.30	1.31	1.0710	1.41
MH/SA	983,685	0.25	608,899	0.25	0.25	1.0710	0.27
Maternity (delivery)	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
	983,685	\$32.58	608,899	\$33.84	\$33.06		\$35.41
Other Services							
Home Health	983,685	\$1.76	608,899	\$2.65	\$2.10	1.0710	\$2.25
Ambulance	983,685	0.38	608,899	0.36	0.37	1.0710	0.39
Prosthetics/DME	983,685	0.13	608,899	0.11	0.12	1.0710	0.13
Vision/Hearing Aids	983,685	0.02	608,899	0.04	0.03	1.0710	0.03
Dental	983,685	0.00	608,899	0.00	0.00	1.0710	0.00
Unknown	983,685	0.07	608,899	0.18	0.11	1.0710	0.12
	983,685	\$2.35	608,899	\$3.34	\$2.73		\$2.93
Total	983,685	\$65.23	608,899	\$67.80	\$66.22		\$70.92

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	935,413	\$6.74	562,005	\$6.09	\$6.50	1.0710	\$6.96
MH/SA	935,413	0.00	562,005	0.01	0.00	1.0710	0.00
Skilled Nursing Facility	935,413	0.14	562,005	0.30	0.20	1.0710	0.21
Maternity	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Newborn	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Other Inpatient	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
	935,413	\$6.88	562,005	\$6.41	\$6.70		\$7.18
Hospital Outpatient							
Emergency Hospital	935,413	\$6.96	562,005	\$6.06	\$6.63	1.0710	\$7.10
Misc Outpatient	935,413	6.75	562,005	7.48	7.02	1.0710	7.52
	935,413	\$13.71	562,005	\$13.54	\$13.65		\$14.62
Professional							
Inpatient Surgery	935,413	\$0.38	562,005	\$0.37	\$0.38	1.0710	\$0.40
Outpatient Surgery	935,413	1.88	562,005	1.96	1.91	1.0710	2.05
Hospital Visits	935,413	0.53	562,005	0.42	0.49	1.0710	0.52
Office Visits	935,413	10.25	562,005	10.39	10.30	1.0710	11.04
Urgent Care	935,413	1.43	562,005	1.34	1.39	1.0710	1.49
Injections & Immunizations	935,413	1.28	562,005	1.54	1.37	1.0710	1.47
Other Physician	935,413	7.46	562,005	8.26	7.76	1.0710	8.32
Radiology/Pathology	935,413	1.65	562,005	1.57	1.62	1.0710	1.73
MH/SA	935,413	0.41	562,005	0.45	0.43	1.0710	0.46
Maternity (delivery)	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
	935,413	\$25.28	562,005	\$26.30	\$25.66		\$27.48
Other Services							
Home Health	935,413	\$1.00	562,005	\$1.22	\$1.08	1.0710	\$1.16
Ambulance	935,413	0.28	562,005	0.26	0.27	1.0710	0.29
Prosthetics/DME	935,413	0.12	562,005	0.09	0.11	1.0710	0.12
Vision/Hearing Aids	935,413	0.05	562,005	0.06	0.06	1.0710	0.06
Dental	935,413	0.00	562,005	0.00	0.00	1.0710	0.00
Unknown	935,413	0.04	562,005	0.19	0.09	1.0710	0.10
	935,413	\$1.48	562,005	\$1.83	\$1.61		\$1.73
Total	935,413	\$47.35	562,005	\$48.08	\$47.62		\$51.01

Appendix E2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Standard Services

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	305,536	\$14.85	181,821	\$13.18	\$14.22	1.0710	\$15.24
MH/SA	305,536	0.03	181,821	0.03	0.03	1.0710	0.04
Skilled Nursing Facility	305,536	0.77	181,821	0.18	0.55	1.0710	0.59
Maternity	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Newborn	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Other Inpatient	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
	305,536	\$15.66	181,821	\$13.38	\$14.81		\$15.86
Hospital Outpatient							
Emergency Hospital	305,536	\$9.01	181,821	\$7.58	\$8.48	1.0710	\$9.08
Misc Outpatient	305,536	9.27	181,821	9.92	9.51	1.0710	10.19
	305,536	\$18.28	181,821	\$17.50	\$17.99		\$19.27
Professional							
Inpatient Surgery	305,536	\$0.77	181,821	\$0.75	\$0.76	1.0710	\$0.81
Outpatient Surgery	305,536	2.62	181,821	2.54	2.59	1.0710	2.77
Hospital Visits	305,536	0.81	181,821	0.81	0.81	1.0710	0.87
Office Visits	305,536	7.02	181,821	7.31	7.13	1.0710	7.64
Urgent Care	305,536	1.96	181,821	1.82	1.91	1.0710	2.04
Injections & Immunizations	305,536	0.86	181,821	1.27	1.02	1.0710	1.09
Other Physician	305,536	6.57	181,821	7.26	6.83	1.0710	7.31
Radiology/Pathology	305,536	3.08	181,821	3.24	3.14	1.0710	3.36
MH/SA	305,536	0.60	181,821	0.57	0.58	1.0710	0.63
Maternity (delivery)	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
	305,536	\$24.29	181,821	\$25.55	\$24.76		\$26.52
Other Services							
Home Health	305,536	\$1.89	181,821	\$1.90	\$1.89	1.0710	\$2.02
Ambulance	305,536	0.72	181,821	0.67	0.70	1.0710	0.75
Prosthetics/DME	305,536	0.10	181,821	0.10	0.10	1.0710	0.11
Vision/Hearing Aids	305,536	0.04	181,821	0.03	0.03	1.0710	0.04
Dental	305,536	0.00	181,821	0.00	0.00	1.0710	0.00
Unknown	305,536	0.01	181,821	0.10	0.05	1.0710	0.05
	305,536	\$2.76	181,821	\$2.80	\$2.77		\$2.97
Total	305,536	\$60.98	181,821	\$59.24	\$60.33		\$64.62

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	337,033	\$11.61	194,905	\$13.12	\$12.16	1.0710	\$13.03
MH/SA	337,033	0.09	194,905	0.27	0.16	1.0710	0.17
Skilled Nursing Facility	337,033	0.89	194,905	0.06	0.59	1.0710	0.63
Maternity	337,033	2.22	194,905	1.39	1.92	1.0710	2.05
Newborn	337,033	0.00	194,905	0.00	0.00	1.0710	0.00
Other Inpatient	337,033	0.00	194,905	0.00	0.00	1.0710	0.00
	337,033	\$14.82	194,905	\$14.84	\$14.83		\$15.88
Hospital Outpatient							
Emergency Hospital	337,033	\$11.59	194,905	\$10.56	\$11.21	1.0710	\$12.01
Misc Outpatient	337,033	17.96	194,905	17.86	17.92	1.0710	19.19
	337,033	\$29.54	194,905	\$28.42	\$29.13		\$31.20
Professional							
Inpatient Surgery	337,033	\$0.60	194,905	\$0.67	\$0.62	1.0710	\$0.67
Outpatient Surgery	337,033	2.66	194,905	2.69	2.67	1.0710	2.86
Hospital Visits	337,033	1.21	194,905	1.12	1.18	1.0710	1.26
Office Visits	337,033	13.73	194,905	13.52	13.65	1.0710	14.62
Urgent Care	337,033	3.26	194,905	3.08	3.20	1.0710	3.42
Injections & Immunizations	337,033	1.49	194,905	1.52	1.50	1.0710	1.61
Other Physician	337,033	8.74	194,905	9.15	8.89	1.0710	9.52
Radiology/Pathology	337,033	8.23	194,905	7.84	8.09	1.0710	8.66
MH/SA	337,033	0.60	194,905	0.68	0.63	1.0710	0.67
Maternity (delivery)	337,033	0.06	194,905	0.06	0.06	1.0710	0.06
Maternity (non-delivery)	337,033	0.56	194,905	0.44	0.51	1.0710	0.55
	337,033	\$41.13	194,905	\$40.77	\$41.00		\$43.91
Other Services							
Home Health	337,033	\$1.67	194,905	\$1.53	\$1.62	1.0710	\$1.73
Ambulance	337,033	0.99	194,905	0.92	0.96	1.0710	1.03
Prosthetics/DME	337,033	0.08	194,905	0.11	0.09	1.0710	0.10
Vision/Hearing Aids	337,033	0.03	194,905	0.04	0.03	1.0710	0.04
Dental	337,033	0.00	194,905	0.00	0.00	1.0710	0.00
Unknown	337,033	0.02	194,905	0.10	0.05	1.0710	0.06
	337,033	\$2.79	194,905	\$2.70	\$2.76		\$2.95
Total	337,033	\$88.28	194,905	\$86.73	\$87.72		\$93.95

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	83,167	\$61.53	55,101	\$82.02	\$69.70	1.0710	\$74.65
MH/SA	83,167	0.19	55,101	0.05	0.13	1.0710	0.14
Skilled Nursing Facility	83,167	0.84	55,101	3.35	1.84	1.0710	1.97
Maternity	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Newborn	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Other Inpatient	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
	83,167	\$62.56	55,101	\$85.43	\$71.68		\$76.77
Hospital Outpatient							
Emergency Hospital	83,167	\$20.36	55,101	\$19.14	\$19.87	1.0710	\$21.29
Misc Outpatient	83,167	33.32	55,101	32.73	33.09	1.0710	35.44
	83,167	\$53.68	55,101	\$51.88	\$52.96		\$56.72
Professional							
Inpatient Surgery	83,167	\$3.74	55,101	\$4.37	\$3.99	1.1442	\$4.57
Outpatient Surgery	83,167	8.44	55,101	8.88	8.61	1.1442	9.86
Hospital Visits	83,167	1.90	55,101	2.99	2.34	1.1442	2.67
Office Visits	83,167	11.64	55,101	13.43	12.35	1.1442	14.13
Urgent Care	83,167	5.32	55,101	5.61	5.43	1.1442	6.22
Injections & Immunizations	83,167	2.44	55,101	2.51	2.46	1.1442	2.82
Other Physician	83,167	8.99	55,101	8.87	8.94	1.1442	10.23
Radiology/Pathology	83,167	10.03	55,101	10.86	10.36	1.1442	11.86
MH/SA	83,167	0.17	55,101	0.23	0.20	1.1442	0.22
Maternity (delivery)	83,167	0.00	55,101	0.00	0.00	1.1442	0.00
Maternity (non-delivery)	83,167	0.00	55,101	0.00	0.00	1.1442	0.00
	83,167	\$52.67	55,101	\$57.75	\$54.69		\$62.58
Other Services							
Home Health	83,167	\$6.44	55,101	\$7.52	\$6.87	1.0710	\$7.36
Ambulance	83,167	1.60	55,101	1.84	1.69	1.0710	1.82
Prosthetics/DME	83,167	0.48	55,101	0.58	0.52	1.0710	0.56
Vision/Hearing Aids	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Dental	83,167	0.00	55,101	0.00	0.00	1.0710	0.00
Unknown	83,167	0.07	55,101	0.93	0.41	1.0710	0.44
	83,167	\$8.58	55,101	\$10.87	\$9.49		\$10.17
Total	83,167	\$177.49	55,101	\$205.92	\$188.82		\$206.23

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	435,620	\$67.13	284,600	\$64.52	\$66.10	1.0710	\$70.80
MH/SA	435,620	0.23	284,600	0.33	0.27	1.0710	0.29
Skilled Nursing Facility	435,620	0.52	284,600	1.14	0.77	1.0710	0.82
Maternity	435,620	3.05	284,600	2.55	2.85	1.0710	3.06
Newborn	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
Other Inpatient	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
	435,620	\$70.93	284,600	\$68.55	\$69.99		\$74.96
Hospital Outpatient							
Emergency Hospital	435,620	\$25.19	284,600	\$24.28	\$24.83	1.0710	\$26.59
Misc Outpatient	435,620	47.02	284,600	48.26	47.51	1.0710	50.88
	435,620	\$72.20	284,600	\$72.54	\$72.33		\$77.47
Professional							
Inpatient Surgery	435,620	\$4.36	284,600	\$4.21	\$4.30	1.1442	\$4.92
Outpatient Surgery	435,620	9.60	284,600	10.18	9.83	1.1442	11.25
Hospital Visits	435,620	2.67	284,600	2.49	2.59	1.1442	2.97
Office Visits	435,620	20.68	284,600	22.27	21.31	1.1442	24.38
Urgent Care	435,620	7.24	284,600	7.49	7.34	1.1442	8.39
Injections & Immunizations	435,620	2.52	284,600	3.03	2.72	1.1442	3.11
Other Physician	435,620	12.80	284,600	12.97	12.86	1.1442	14.72
Radiology/Pathology	435,620	18.93	284,600	19.59	19.19	1.1442	21.96
MH/SA	435,620	0.18	284,600	0.17	0.17	1.1442	0.20
Maternity (delivery)	435,620	0.12	284,600	0.16	0.14	1.1442	0.16
Maternity (non-delivery)	435,620	0.81	284,600	0.73	0.78	1.1442	0.89
	435,620	\$79.90	284,600	\$83.29	\$81.24		\$92.95
Other Services							
Home Health	435,620	\$4.71	284,600	\$4.21	\$4.51	1.0710	\$4.83
Ambulance	435,620	1.96	284,600	1.91	1.94	1.0710	2.08
Prosthetics/DME	435,620	0.17	284,600	0.18	0.18	1.0710	0.19
Vision/Hearing Aids	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
Dental	435,620	0.00	284,600	0.00	0.00	1.0710	0.00
Unknown	435,620	0.11	284,600	0.38	0.21	1.0710	0.23
	435,620	\$6.94	284,600	\$6.68	\$6.84		\$7.33
Total	435,620	\$229.98	284,600	\$231.05	\$230.40		\$252.71

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: TANF - Age 45+ , Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	65,760	\$131.67	43,871	\$157.67	\$142.07	1.0710	\$152.16
MH/SA	65,760	0.11	43,871	0.09	0.11	1.0710	0.11
Skilled Nursing Facility	65,760	2.32	43,871	2.74	2.49	1.0710	2.66
Maternity	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Newborn	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Other Inpatient	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
	65,760	\$134.10	43,871	\$160.50	\$144.66		\$154.94
Hospital Outpatient							
Emergency Hospital	65,760	\$18.51	43,871	\$18.07	\$18.33	1.0710	\$19.63
Misc Outpatient	65,760	73.53	43,871	78.78	75.63	1.0710	81.01
	65,760	\$92.04	43,871	\$96.85	\$93.96		\$100.64
Professional							
Inpatient Surgery	65,760	\$7.71	43,871	\$7.40	\$7.59	1.1442	\$8.68
Outpatient Surgery	65,760	15.06	43,871	16.56	15.66	1.1442	17.92
Hospital Visits	65,760	4.30	43,871	5.03	4.59	1.1442	5.25
Office Visits	65,760	22.00	43,871	25.13	23.25	1.1442	26.60
Urgent Care	65,760	5.45	43,871	5.76	5.58	1.1442	6.38
Injections & Immunizations	65,760	6.16	43,871	6.00	6.10	1.1442	6.98
Other Physician	65,760	25.96	43,871	25.25	25.68	1.1442	29.38
Radiology/Pathology	65,760	23.22	43,871	24.46	23.72	1.1442	27.14
MH/SA	65,760	0.14	43,871	0.12	0.13	1.1442	0.15
Maternity (delivery)	65,760	0.00	43,871	0.00	0.00	1.1442	0.00
Maternity (non-delivery)	65,760	0.01	43,871	0.00	0.01	1.1442	0.01
	65,760	\$110.02	43,871	\$115.71	\$112.30		\$128.49
Other Services							
Home Health	65,760	\$11.66	43,871	\$13.02	\$12.21	1.0710	\$13.07
Ambulance	65,760	2.15	43,871	2.31	2.21	1.0710	2.37
Prosthetics/DME	65,760	0.45	43,871	0.69	0.54	1.0710	0.58
Vision/Hearing Aids	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Dental	65,760	0.00	43,871	0.00	0.00	1.0710	0.00
Unknown	65,760	0.47	43,871	1.02	0.69	1.0710	0.74
	65,760	\$14.72	43,871	\$17.05	\$15.65		\$16.77
Total	65,760	\$350.88	43,871	\$390.11	\$366.58		\$400.84

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: SSI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	652,694	\$237.06	406,223	\$229.23	\$234.06	1.0710	\$250.69
MH/SA	652,694	0.89	406,223	0.62	0.78	1.0710	0.84
Skilled Nursing Facility	652,694	5.46	406,223	7.35	6.19	1.0710	6.62
Maternity	652,694	0.62	406,223	0.41	0.54	1.0710	0.58
Newborn	652,694	6.10	406,223	3.70	5.18	1.0710	5.54
Other Inpatient	652,694	0.00	406,223	0.00	0.00	1.0710	0.00
	652,694	\$250.13	406,223	\$241.30	\$246.74		\$264.27
Hospital Outpatient							
Emergency Hospital	652,694	\$21.88	406,223	\$21.04	\$21.56	1.0710	\$23.09
Misc Outpatient	652,694	68.79	406,223	76.10	71.60	1.0710	76.68
	652,694	\$90.67	406,223	\$97.15	\$93.16		\$99.77
Professional							
Inpatient Surgery	652,694	\$7.30	406,223	\$7.07	\$7.21	1.1442	\$8.25
Outpatient Surgery	652,694	9.40	406,223	10.31	9.75	1.1442	11.15
Hospital Visits	652,694	13.52	406,223	12.76	13.23	1.1442	15.14
Office Visits	652,694	18.60	406,223	20.41	19.29	1.1442	22.08
Urgent Care	652,694	6.70	406,223	6.66	6.69	1.1442	7.65
Injections & Immunizations	652,694	13.52	406,223	12.83	13.25	1.1442	15.16
Other Physician	652,694	40.39	406,223	42.66	41.26	1.1442	47.21
Radiology/Pathology	652,694	17.56	406,223	17.83	17.66	1.1442	20.21
MH/SA	652,694	0.56	406,223	0.75	0.63	1.1442	0.73
Maternity (delivery)	652,694	0.01	406,223	0.01	0.01	1.1442	0.01
Maternity (non-delivery)	652,694	0.06	406,223	0.05	0.06	1.1442	0.07
	652,694	\$127.63	406,223	\$131.35	\$129.06		\$147.66
Other Services							
Home Health	652,694	\$29.24	406,223	\$33.76	\$30.98	1.0710	\$33.18
Ambulance	652,694	4.12	406,223	4.14	4.13	1.0710	4.42
Prosthetics/DME	652,694	1.04	406,223	1.10	1.06	1.0710	1.13
Vision/Hearing Aids	652,694	0.18	406,223	0.26	0.21	1.0710	0.22
Dental	652,694	0.00	406,223	0.00	0.00	1.0710	0.00
Unknown	652,694	0.25	406,223	1.19	0.61	1.0710	0.66
	652,694	\$34.83	406,223	\$40.44	\$36.99		\$39.61
Total	652,694	\$503.26	406,223	\$510.24	\$505.94		\$551.32

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: OCWI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	228,148	\$18.32	118,377	\$17.31	\$17.98	1.0710	\$19.25
MH/SA	228,148	0.02	118,377	0.00	0.01	1.0710	0.01
Skilled Nursing Facility	228,148	0.38	118,377	0.02	0.26	1.0710	0.27
Maternity	228,148	28.06	118,377	29.63	28.60	1.0710	30.63
Newborn	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
Other Inpatient	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
	228,148	\$46.77	118,377	\$46.97	\$46.84		\$50.17
Hospital Outpatient							
Emergency Hospital	228,148	\$10.95	118,377	\$11.56	\$11.16	1.0710	\$11.95
Misc Outpatient	228,148	86.82	118,377	92.95	88.91	1.0710	95.23
	228,148	\$97.77	118,377	\$104.51	\$100.07		\$107.18
Professional							
Inpatient Surgery	228,148	\$4.66	118,377	\$4.22	\$4.51	1.0710	\$4.83
Outpatient Surgery	228,148	4.96	118,377	5.07	5.00	1.0710	5.36
Hospital Visits	228,148	6.57	118,377	6.19	6.44	1.0710	6.90
Office Visits	228,148	55.96	118,377	55.88	55.94	1.0710	59.91
Urgent Care	228,148	6.78	118,377	7.63	7.07	1.0710	7.57
Injections & Immunizations	228,148	1.95	118,377	2.09	2.00	1.0710	2.14
Other Physician	228,148	11.75	118,377	11.77	11.76	1.0710	12.59
Radiology/Pathology	228,148	49.35	118,377	54.46	51.09	1.0710	54.72
MH/SA	228,148	0.06	118,377	0.05	0.06	1.0710	0.06
Maternity (delivery)	228,148	1.78	118,377	1.89	1.82	1.0710	1.95
Maternity (non-delivery)	228,148	10.10	118,377	9.85	10.01	1.0710	10.72
	228,148	\$153.91	118,377	\$159.11	\$155.69		\$166.75
Other Services							
Home Health	228,148	\$8.44	118,377	\$6.18	\$7.67	1.0710	\$8.21
Ambulance	228,148	2.90	118,377	2.77	2.86	1.0710	3.06
Prosthetics/DME	228,148	0.28	118,377	0.30	0.29	1.0710	0.31
Vision/Hearing Aids	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
Dental	228,148	0.00	118,377	0.00	0.00	1.0710	0.00
Unknown	228,148	0.13	118,377	0.14	0.14	1.0710	0.15
	228,148	\$11.76	118,377	\$9.39	\$10.95		\$11.73
Total	228,148	\$310.22	118,377	\$319.98	\$313.55		\$335.83

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: DUAL

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	460,775	\$11.90	463,251	\$9.61	\$10.75	1.0710	\$11.51
MH/SA	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	460,775	2.03	463,251	1.97	2.00	1.0710	2.14
Maternity	460,775	0.22	463,251	0.25	0.24	1.0710	0.25
Newborn	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Other Inpatient	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
	460,775	\$14.16	463,251	\$11.83	\$12.99		\$13.91
Hospital Outpatient							
Emergency Hospital	460,775	\$2.82	463,251	\$2.76	\$2.79	1.0710	\$2.99
Misc Outpatient	460,775	8.90	463,251	8.91	8.91	1.0710	9.54
	460,775	\$11.72	463,251	\$11.67	\$11.70		\$12.53
Professional							
Inpatient Surgery	460,775	\$0.92	463,251	\$0.65	\$0.78	1.0710	\$0.84
Outpatient Surgery	460,775	1.72	463,251	1.64	1.68	1.0710	1.80
Hospital Visits	460,775	0.68	463,251	0.50	0.59	1.0710	0.63
Office Visits	460,775	3.28	463,251	3.16	3.22	1.0710	3.45
Urgent Care	460,775	0.66	463,251	0.57	0.61	1.0710	0.66
Injections & Immunizations	460,775	5.23	463,251	5.52	5.38	1.0710	5.76
Other Physician	460,775	10.99	463,251	10.97	10.98	1.0710	11.76
Radiology/Pathology	460,775	2.31	463,251	1.57	1.94	1.0710	2.08
MH/SA	460,775	0.05	463,251	0.03	0.04	1.0710	0.05
Maternity (delivery)	460,775	0.17	463,251	0.14	0.15	1.0710	0.16
Maternity (non-delivery)	460,775	0.01	463,251	0.01	0.01	1.0710	0.01
	460,775	\$26.01	463,251	\$24.75	\$25.38		\$27.18
Other Services							
Home Health	460,775	\$5.32	463,251	\$5.33	\$5.32	1.0710	\$5.70
Ambulance	460,775	0.15	463,251	0.14	0.15	1.0710	0.16
Prosthetics/DME	460,775	0.67	463,251	0.52	0.60	1.0710	0.64
Vision/Hearing Aids	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Dental	460,775	0.00	463,251	0.00	0.00	1.0710	0.00
Unknown	460,775	0.25	463,251	0.41	0.33	1.0710	0.35
	460,775	\$6.38	463,251	\$6.40	\$6.39		\$6.85
Total	460,775	\$58.28	463,251	\$54.65	\$56.46		\$60.47

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Eligibility Category: KICK

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	26,703	\$0.54	13,371	\$0.00	\$0.36	1.0710	\$0.39
MH/SA	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Maternity	26,703	3,979.71	13,371	4,024.79	3,994.75	1.0710	4,278.56
Newborn	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Other Inpatient	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
	26,703	\$3,980.25	13,371	\$4,024.79	\$3,995.11		\$4,278.95
Hospital Outpatient							
Emergency Hospital	26,703	\$0.00	13,371	\$0.00	\$0.00	1.0710	\$0.00
Misc Outpatient	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
	26,703	\$0.00	13,371	\$0.00	\$0.00		\$0.00
Professional							
Inpatient Surgery	26,703	\$0.00	13,371	\$0.00	\$0.00	1.0710	\$0.00
Outpatient Surgery	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Hospital Visits	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Office Visits	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Urgent Care	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Injections & Immunizations	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Other Physician	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Radiology/Pathology	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
MH/SA	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Maternity (delivery)	26,703	1,560.07	13,371	1,559.35	1,559.83	1.0710	1,670.65
Maternity (non-delivery)	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
	26,703	\$1,560.07	13,371	\$1,559.35	\$1,559.83		\$1,670.65
Other Services							
Home Health	26,703	\$0.14	13,371	\$0.05	\$0.11	1.0710	\$0.12
Ambulance	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Prosthetics/DME	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Vision/Hearing Aids	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Dental	26,703	0.00	13,371	0.00	0.00	1.0710	0.00
Unknown	26,703	2.18	13,371	1.14	1.83	1.0710	1.96
	26,703	\$2.32	13,371	\$1.19	\$1.94		\$2.08
Total	26,703	\$5,542.64	13,371	\$5,585.33	\$5,556.88		\$5,951.68

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Very Low Birth Weight Kicker (Less than 1,500 grams)

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	647	\$5,248.76	364	\$2,728.42	\$4,341.34	1.0710	\$4,649.78
MH/SA	647	0.00	364	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	647	0.00	364	0.00	0.00	1.0710	0.00
Maternity	647	0.00	364	0.00	0.00	1.0710	0.00
Newborn	647	57,019.57	364	51,780.58	55,133.33	1.0710	59,050.36
Other Inpatient	647	0.00	364	0.00	0.00	1.0710	0.00
	647	\$62,268.34	364	\$54,509.00	\$59,474.67		\$63,700.14
Hospital Outpatient							
Emergency Hospital	647	\$27.69	364	\$28.42	\$27.95	1.0710	\$29.94
Misc Outpatient	647	76.73	364	111.09	89.10	1.0710	95.43
	647	\$104.42	364	\$139.51	\$117.05		\$125.37
Professional							
Inpatient Surgery	647	\$298.67	364	\$242.48	\$278.44	1.0710	\$298.22
Outpatient Surgery	647	6.68	364	6.73	6.70	1.0710	7.17
Hospital Visits	647	11,196.09	364	11,271.88	11,223.37	1.0710	12,020.76
Office Visits	647	215.77	364	255.89	230.21	1.0710	246.57
Urgent Care	647	10.01	364	10.44	10.16	1.0710	10.89
Injections & Immunizations	647	59.49	364	53.05	57.17	1.0710	61.23
Other Physician	647	327.79	364	153.64	265.09	1.0710	283.92
Radiology/Pathology	647	181.12	364	133.68	164.04	1.0710	175.70
MH/SA	647	3.46	364	0.00	2.21	1.0710	2.37
Maternity (delivery)	647	0.00	364	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	647	0.00	364	0.00	0.00	1.0710	0.00
	647	\$12,299.07	364	\$12,127.80	\$12,237.40		\$13,106.83
Other Services							
Home Health	647	\$125.36	364	\$131.53	\$127.58	1.0710	\$136.65
Ambulance	647	112.02	364	140.55	122.29	1.0710	130.98
Prosthetics/DME	647	0.07	364	0.33	0.16	1.0710	0.17
Vision/Hearing Aids	647	0.00	364	0.00	0.00	1.0710	0.00
Dental	647	0.00	364	0.00	0.00	1.0710	0.00
Unknown	647	3.46	364	37.42	15.68	1.0710	16.80
	647	\$240.91	364	\$309.83	\$265.72		\$284.60
Total	647	\$74,912.73	364	\$67,086.13	\$72,094.85		\$77,216.94

Appendix E2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Standard Services

Low Birth Weight Kicker (1,500 - 2,500 grams)

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Hospital Inpatient							
Medical/Surgical	3,022	\$834.31	2,119	\$945.48	\$880.13	1.0710	\$942.66
MH/SA	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Skilled Nursing Facility	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Maternity	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Newborn	3,022	8,543.25	2,119	7,793.35	8,234.16	1.0710	8,819.17
Other Inpatient	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
	3,022	\$9,377.56	2,119	\$8,738.83	\$9,114.29		\$9,761.83
Hospital Outpatient							
Emergency Hospital	3,022	\$54.72	2,119	\$51.58	\$53.43	1.0710	\$57.22
Misc Outpatient	3,022	102.76	2,119	104.93	103.65	1.0710	111.02
	3,022	\$157.48	2,119	\$156.51	\$157.08		\$168.24
Professional							
Inpatient Surgery	3,022	\$121.86	2,119	\$85.39	\$106.83	1.0710	\$114.42
Outpatient Surgery	3,022	10.47	2,119	9.30	9.99	1.0710	10.69
Hospital Visits	3,022	1,401.61	2,119	1,354.85	1,382.34	1.0710	1,480.55
Office Visits	3,022	232.03	2,119	240.61	235.56	1.0710	252.30
Urgent Care	3,022	16.54	2,119	17.88	17.09	1.0710	18.31
Injections & Immunizations	3,022	56.42	2,119	64.74	59.85	1.0710	64.10
Other Physician	3,022	89.11	2,119	71.51	81.85	1.0710	87.67
Radiology/Pathology	3,022	27.19	2,119	19.90	24.18	1.0710	25.90
MH/SA	3,022	2.41	2,119	4.13	3.12	1.0710	3.34
Maternity (delivery)	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Maternity (non-delivery)	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
	3,022	\$1,957.62	2,119	\$1,868.32	\$1,920.81		\$2,057.28
Other Services							
Home Health	3,022	\$77.63	2,119	\$80.44	\$78.79	1.0710	\$84.38
Ambulance	3,022	52.56	2,119	48.04	50.69	1.0710	54.30
Prosthetics/DME	3,022	0.96	2,119	0.65	0.83	1.0710	0.89
Vision/Hearing Aids	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Dental	3,022	0.00	2,119	0.00	0.00	1.0710	0.00
Unknown	3,022	0.45	2,119	3.28	1.62	1.0710	1.73
	3,022	\$131.60	2,119	\$132.40	\$131.93		\$141.30
Total	3,022	\$11,624.26	2,119	\$10,896.05	\$11,324.11		\$12,128.65

Appendix F1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Supplemental Teaching Payment Development for Ethically Limited Services
SFY 0708 Base Experience Data

Eligibility Category	Gender	Member Months	SFY 0708 Supplemental Teaching Payments	SFY 0708 Supplemental Teaching Payments PMPM	Utilization Inflation Factor to SFY 0809	Billed Charges Factor to SFY 0809	MCO Selection Factors	IBNR Adjustment	Managed Care Adjustment Factor	Supplemental Teaching Payments PMPM
TANF: 0-2 months old	Unisex	104,896	\$9,150,753	\$87.24	1.0200	1.0500	1.0330	1.0000	0.8864	\$85.55
TANF: 3-12 months old	Unisex	268,916	5,063,775	18.83	1.0200	1.0500	1.0000	1.0000	0.9380	18.92
TANF: Age 1-6	Unisex	983,685	4,240,433	4.31	1.0200	1.0500	0.9360	1.0000	0.9196	3.97
TANF: Age 7-13	Unisex	935,413	2,782,150	2.97	1.0200	1.0500	0.9360	1.0000	0.9120	2.72
TANF: Age 14-18	Male	305,536	1,130,461	3.70	1.0200	1.0500	0.9360	1.0000	0.8500	3.15
TANF: Age 14-18	Female	337,033	1,864,811	5.53	1.0200	1.0500	0.9360	1.0000	0.8507	4.72
TANF: Age 19-44	Male	83,167	577,348	6.94	1.0200	1.0500	0.9970	1.0001	0.8500	6.30
TANF: Age 19-44	Female	435,620	3,788,990	8.70	1.0200	1.0500	0.9970	1.0001	0.8507	7.90
TANF: Age 45+	Unisex	65,760	800,203	12.17	1.0200	1.0500	0.9970	1.0001	0.8500	11.05
SSI	Unisex	652,694	\$16,437,074	\$25.18	1.0800	1.0500	0.9280	1.0008	0.8500	\$22.55
OCWI	Unisex	228,148	\$7,340,964	\$32.18	1.0400	1.0500	1.0000	1.0000	0.9048	\$31.79
DUAL	Unisex	460,775	\$7,925,751	\$17.20	1.0000	1.0500	1.0000	1.0008	0.8507	\$15.38

Appendix F2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Supplemental Teaching Payment Development for Ethically Limited Services
SFY 0809 Base Experience Data

Eligibility Category	Gender	Member Months	SFY 0708 Supplemental Teaching Payments	SFY 0708 Supplemental Teaching Payments PMPM	Utilization Inflation Factor to SFY 0809	Billed Charges Factor to SFY 0809	MCO Selection Factors	IBNR Adjustment	Managed Care Adjustment Factor	Supplemental Teaching Payments PMPM
TANF: 0-2 months old	Unisex	73,333	\$6,418,654	\$87.53	1.0000	1.0000	1.0600	1.0172	0.8864	\$83.65
TANF: 3-12 months old	Unisex	250,142	4,407,119	17.62	1.0000	1.0000	1.0000	1.0172	0.9380	16.81
TANF: Age 1-6	Unisex	608,899	3,169,202	5.20	1.0000	1.0000	0.8540	1.0168	0.9196	4.16
TANF: Age 7-13	Unisex	562,005	2,044,787	3.64	1.0000	1.0000	0.8540	1.0168	0.9120	2.88
TANF: Age 14-18	Male	181,821	811,805	4.46	1.0000	1.0000	0.8540	1.0168	0.8500	3.30
TANF: Age 14-18	Female	194,905	1,250,156	6.41	1.0000	1.0000	0.8540	1.0168	0.8507	4.74
TANF: Age 19-44	Male	55,101	585,641	10.63	1.0000	1.0000	0.9640	1.0203	0.8500	8.89
TANF: Age 19-44	Female	284,600	2,840,229	9.98	1.0000	1.0000	0.9640	1.0203	0.8507	8.35
TANF: Age 45+	Unisex	43,871	649,962	14.82	1.0000	1.0000	0.9640	1.0203	0.8500	12.39
SSI	Unisex	406,223	\$12,857,662	\$31.65	1.0000	1.0000	0.8760	1.0431	0.8500	\$24.58
OCWI	Unisex	118,377	\$3,865,457	\$32.65	1.0000	1.0000	1.0000	1.0169	0.9048	\$30.05
DUAL	Unisex	463,251	\$7,990,254	\$17.25	1.0000	1.0000	1.0000	1.0431	0.8507	\$15.31

Appendix F3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Supplemental Teaching Payment Development for Ethically Limited Services
Combined Base Experience Data

Eligibility Category	Gender	SFY 0708 Enrollment	SFY 0708 Adjusted Teaching Payments	SFY 0809 Enrollment	SFY 0809 Adjusted Teaching Payments	Blended SFY 0708 & SFY 0809 PMPM	Utilization Inflation Factor to April 10 - March 11	Billed Charges Factor to April 10 - March 11	TPL Adjustment	October 10 - March 11 Supplemental Teaching Payments
TANF: 0-2 months old	Unisex	104,896	\$85.55	73,333	\$83.65	\$84.77	1.0710	1.0891	0.9954	\$98.43
TANF: 3-12 months old	Unisex	268,916	18.92	250,142	16.81	17.90	1.0710	1.0891	0.9954	20.79
TANF: Age 1-6	Unisex	983,685	3.97	608,899	4.16	4.04	1.0710	1.0891	0.9954	4.70
TANF: Age 7-13	Unisex	935,413	2.72	562,005	2.88	2.78	1.0710	1.0891	0.9954	3.23
TANF: Age 14-18	Male	305,536	3.15	181,821	3.30	3.21	1.0710	1.0891	0.9954	3.72
TANF: Age 14-18	Female	337,033	4.72	194,905	4.74	4.73	1.0710	1.0891	0.9954	5.49
TANF: Age 19-44	Male	83,167	6.30	55,101	8.89	7.33	1.1442	1.0891	0.9954	9.09
TANF: Age 19-44	Female	435,620	7.90	284,600	8.35	8.08	1.1442	1.0891	0.9954	10.02
TANF: Age 45+	Unisex	65,760	11.05	43,871	12.39	11.58	1.1442	1.0891	0.9954	14.37
SSI	Unisex	652,694	\$22.55	406,223	\$24.58	\$23.33	1.1442	1.0891	0.9954	\$28.94
OCWI	Unisex	228,148	\$31.79	118,377	\$30.05	\$31.20	1.0710	1.0891	0.9954	\$36.22
DUAL	Unisex	460,775	\$15.38	463,251	\$15.31	\$15.34	1.0710	1.0891	0.9954	\$17.81

Appendix F4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Supplemental Teaching Payment Development for Standard Services
SFY 0708 Base Experience Data

Eligibility Category	Gender	Member Months	SFY 0708 Supplemental Teaching Payments	SFY 0708 Supplemental Teaching Payments PMPM	Utilization Inflation Factor to SFY 0809	Billed Charges Factor to SFY 0809	MCO Selection Factors	IBNR Adjustment	Managed Care Adjustment Factor	Supplemental Teaching Payments PMPM
TANF: 0-2 months old	Unisex	104,896	\$9,150,753	\$87.24	1.0200	1.0500	1.0330	1.0000	0.8864	\$85.55
TANF: 3-12 months old	Unisex	268,916	5,063,775	18.83	1.0200	1.0500	1.0000	1.0000	0.9380	18.92
TANF: Age 1-6	Unisex	983,685	4,240,433	4.31	1.0200	1.0500	0.9360	1.0000	0.9196	3.97
TANF: Age 7-13	Unisex	935,413	2,783,864	2.98	1.0200	1.0500	0.9360	1.0000	0.9121	2.72
TANF: Age 14-18	Male	305,536	1,130,486	3.70	1.0200	1.0500	0.9360	1.0000	0.8500	3.15
TANF: Age 14-18	Female	337,033	1,891,329	5.61	1.0200	1.0500	0.9360	1.0000	0.8507	4.79
TANF: Age 19-44	Male	83,167	577,653	6.95	1.0200	1.0500	0.9970	1.0001	0.8500	6.30
TANF: Age 19-44	Female	435,620	3,867,566	8.88	1.0200	1.0500	0.9970	1.0001	0.8507	8.07
TANF: Age 45+	Unisex	65,760	800,566	12.17	1.0200	1.0500	0.9970	1.0001	0.8500	11.05
SSI	Unisex	652,694	\$16,451,224	\$25.21	1.0800	1.0500	0.9280	1.0008	0.8500	\$22.57
OCWI	Unisex	228,148	\$7,580,172	\$33.22	1.0400	1.0500	1.0000	1.0000	0.9022	\$32.74
DUAL	Unisex	460,775	\$7,927,960	\$17.21	1.0000	1.0500	1.0000	1.0008	0.8507	\$15.38

Appendix F5
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Supplemental Teaching Payment Development for Standard Services
 SFY 0809 Base Experience Data

Eligibility Category	Gender	Member Months	SFY 0708 Supplemental Teaching Payments	SFY 0708 Supplemental Teaching Payments PMPM	Utilization Inflation Factor to SFY 0809	Billed Charges Factor to SFY 0809	MCO Selection Factors	IBNR Adjustment	Managed Care Adjustment Factor	Supplemental Teaching Payments PMPM
TANF: 0-2 months old	Unisex	73,333	\$6,419,350	\$87.54	1.0000	1.0000	1.0600	1.0172	0.8864	\$83.66
TANF: 3-12 months old	Unisex	250,142	4,407,119	17.62	1.0000	1.0000	1.0000	1.0172	0.9380	16.81
TANF: Age 1-6	Unisex	608,899	3,169,202	5.20	1.0000	1.0000	0.8540	1.0168	0.9196	4.16
TANF: Age 7-13	Unisex	562,005	2,046,882	3.64	1.0000	1.0000	0.8540	1.0168	0.9121	2.88
TANF: Age 14-18	Male	181,821	811,805	4.46	1.0000	1.0000	0.8540	1.0168	0.8500	3.30
TANF: Age 14-18	Female	194,905	1,271,425	6.52	1.0000	1.0000	0.8540	1.0168	0.8507	4.82
TANF: Age 19-44	Male	55,101	585,641	10.63	1.0000	1.0000	0.9640	1.0203	0.8500	8.89
TANF: Age 19-44	Female	284,600	2,885,365	10.14	1.0000	1.0000	0.9640	1.0203	0.8507	8.48
TANF: Age 45+	Unisex	43,871	652,021	14.86	1.0000	1.0000	0.9640	1.0203	0.8500	12.43
SSI	Unisex	406,223	\$12,880,075	\$31.71	1.0000	1.0000	0.8760	1.0431	0.8500	\$24.63
OCWI	Unisex	118,377	\$3,963,381	\$33.48	1.0000	1.0000	1.0000	1.0169	0.9022	\$30.72
DUAL	Unisex	463,251	\$7,994,133	\$17.26	1.0000	1.0000	1.0000	1.0431	0.8507	\$15.31

Appendix F6
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Supplemental Teaching Payment Development for Standard Services
Combined Base Experience Data

Eligibility Category	Gender	SFY 0708 Enrollment	SFY 0708 Adjusted Teaching Payments	SFY 0809 Enrollment	SFY 0809 Adjusted Teaching Payments	Blended SFY 0708 & SFY 0809 PMPM	Utilization Inflation Factor to April 10 - March 11	Billed Charges Factor to April 10 - March 11	TPL Adjustment	October 10 - March 11 Supplemental Teaching Payments
TANF: 0-2 months old	Unisex	104,896	\$85.55	73,333	\$83.66	\$84.77	1.0710	1.0891	0.9954	\$98.43
TANF: 3-12 months old	Unisex	268,916	18.92	250,142	16.81	17.90	1.0710	1.0891	0.9954	20.79
TANF: Age 1-6	Unisex	983,685	3.97	608,899	4.16	4.04	1.0710	1.0891	0.9954	4.70
TANF: Age 7-13	Unisex	935,413	2.72	562,005	2.88	2.78	1.0710	1.0891	0.9954	3.23
TANF: Age 14-18	Male	305,536	3.15	181,821	3.30	3.21	1.0710	1.0891	0.9954	3.72
TANF: Age 14-18	Female	337,033	4.79	194,905	4.82	4.80	1.0710	1.0891	0.9954	5.57
TANF: Age 19-44	Male	83,167	6.30	55,101	8.89	7.33	1.1442	1.0891	0.9954	9.10
TANF: Age 19-44	Female	435,620	8.07	284,600	8.48	8.23	1.1442	1.0891	0.9954	10.21
TANF: Age 45+	Unisex	65,760	11.05	43,871	12.43	11.60	1.1442	1.0891	0.9954	14.39
SSI	Unisex	652,694	\$22.57	406,223	\$24.63	\$23.36	1.1442	1.0891	0.9954	\$28.97
OCWI	Unisex	228,148	\$32.74	118,377	\$30.72	\$32.05	1.0710	1.0891	0.9954	\$37.21
DUAL	Unisex	460,775	\$15.38	463,251	\$15.31	\$15.35	1.0710	1.0891	0.9954	\$17.82

Appendix G1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Ethically Limited Services

Eligibility Category	Gender	October 10 - March 11 Adjusted PMPM Cost (A)	TPL Adjustment (B)	Administrative Days Adjustment (C)	Managed Care Equivalent Cost (D)=(A)*(B)*(C)	Administration Load (E)	Administration Expense Allocation (F) = (D) * (E) / (1- (E))	Capitation Rates (G)=(D)+(F)	Supplemental Teaching Payments (H)	October 2010 - March 2011 Capitation Rates (I)=(G)+(H)
TANF: 0-2 months old	Unisex	\$1,484.60	0.9954	1.0007	\$1,478.80	13.0%	\$220.97	\$1,699.77	\$98.43	\$1,798.20
TANF: 3-12 months old	Unisex	185.14	0.9954	1.0007	184.42	13.0%	27.56	211.98	20.79	232.76
TANF: Age 1-6	Unisex	70.92	0.9954	1.0007	70.64	13.0%	10.56	81.20	4.70	85.89
TANF: Age 7-13	Unisex	50.92	0.9954	1.0007	50.72	13.0%	7.58	58.30	3.23	61.53
TANF: Age 14-18	Male	64.43	0.9954	1.0007	64.18	13.0%	9.59	73.77	3.72	77.49
TANF: Age 14-18	Female	91.03	0.9954	1.0007	90.68	15.0%	16.00	106.68	5.49	112.17
TANF: Age 19-44	Male	206.01	0.9954	1.0007	205.21	13.0%	30.66	235.87	9.09	244.97
TANF: Age 19-44	Female	246.97	0.9954	1.0007	246.01	15.0%	43.41	289.42	10.02	299.44
TANF: Age 45+	Unisex	400.14	0.9954	1.0007	398.58	13.0%	59.56	458.14	14.37	472.50
SSI	Unisex	\$550.29	0.9954	1.0007	\$548.14	13.0%	\$81.91	\$630.04	\$28.94	\$658.98
OCWI	Unisex	\$319.65	0.9954	1.0007	\$318.40	15.0%	\$56.19	\$374.59	\$36.22	\$410.81
DUAL	Unisex	\$60.39	0.9954	1.0007	\$60.16	N/A	\$81.91	\$142.06	\$17.81	\$159.88
Maternity Kicker Payment	Female	\$5,639.42	0.9954	1.0007	\$5,617.38	7.5%	\$455.46	\$6,072.84	\$0.00	\$6,072.84
Very Low Birth Weight Kicker (Less than 1,500 grams)	Unisex	\$77,216.94	0.9954	1.0007	\$76,915.13	13.0%	\$11,493.07	\$88,408.20	\$0.00	\$88,408.20
Low Birth Weight Kicker (1,500 - 2,500 grams)	Unisex	12,128.65	0.9954	1.0007	12,081.25	13.0%	1,805.24	13,886.49	0.00	13,886.49

Appendix G2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Standard Services

Eligibility Category	Gender	October 10 - March 11 Adjusted PMPM Cost (A)	TPL Adjustment (B)	Administrative Days Adjustment (C)	Managed Care Equivalent Cost (D)=(A)*(B)*(C)	Administration Load (E)	Administration Expense Allocation (F) = (D) * (E) / (1- (E))	Capitation Rates (G)=(D)+(F)	Supplemental Teaching Payments (H)	October 2010 - March 2011 Capitation Rates (I)=(G)+(H)
TANF: 0-2 months old	Unisex	\$1,484.60	0.9954	1.0007	\$1,478.80	13.0%	\$220.97	\$1,699.77	\$98.43	\$1,798.20
TANF: 3-12 months old	Unisex	185.14	0.9954	1.0007	184.42	13.0%	27.56	211.98	20.79	232.76
TANF: Age 1-6	Unisex	70.92	0.9954	1.0007	70.64	13.0%	10.56	81.20	4.70	85.89
TANF: Age 7-13	Unisex	51.01	0.9954	1.0007	50.81	13.0%	7.59	58.40	3.23	61.63
TANF: Age 14-18	Male	64.62	0.9954	1.0007	64.36	13.0%	9.62	73.98	3.72	77.70
TANF: Age 14-18	Female	93.95	0.9954	1.0007	93.58	15.0%	16.51	110.09	5.57	115.66
TANF: Age 19-44	Male	206.23	0.9954	1.0007	205.43	13.0%	30.70	236.12	9.10	245.22
TANF: Age 19-44	Female	252.71	0.9954	1.0007	251.72	15.0%	44.42	296.15	10.21	306.35
TANF: Age 45+	Unisex	400.84	0.9954	1.0007	399.27	13.0%	59.66	458.93	14.39	473.32
SSI	Unisex	\$551.32	0.9954	1.0007	\$549.16	13.0%	\$82.06	\$631.22	\$28.97	\$660.20
OCWI	Unisex	\$335.83	0.9954	1.0007	\$334.52	15.0%	\$59.03	\$393.55	\$37.21	\$430.76
DUAL	Unisex	\$60.47	0.9954	1.0007	\$60.23	N/A	\$82.06	\$142.29	\$17.82	\$160.11
Maternity Kicker Payment	Female	\$5,951.68	0.9954	1.0007	\$5,928.42	7.5%	\$480.68	\$6,409.10	\$0.00	\$6,409.10
Very Low Birth Weight Kicker (Less than 1,500 grams)	Unisex	\$77,216.94	0.9954	1.0007	\$76,915.13	13.0%	\$11,493.07	\$88,408.20	\$0.00	\$88,408.20
Low Birth Weight Kicker (1,500 - 2,500 grams)	Unisex	12,128.65	0.9954	1.0007	12,081.25	13.0%	1,805.24	13,886.49	0.00	13,886.49

Appendix H1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Ethically Limited Services - TANF Low Birth Weight Kicker Payment Withhold

Components	Very Low Birth Weight Babies (Less than 1,500 grams)	Low Birth Weight Babies (1,500 - 2,500 grams)	Total
SFY 0708 & SFY 0809 FFS Births	60,014	60,014	60,014
MCO Low Birth Weight Babies Incidence Rate	1.8%	8.4%	10.2%
Projected Low Birth Weight Babies Cases	1,080	5,041	6,121
Low Birth Weight Babies Projected Cost	\$88,408.20	\$13,886.49	\$27,037.38
Low Birth Weight Kicker Payment Target Funding Level	80.0%	80.0%	80.0%
Low Birth Weight Kicker Payment Payment Rate	\$70,726.56	\$11,109.19	\$21,629.90
Low Birth Weight Kicker Payment Funding	\$76,402,508	\$56,003,392	\$132,405,900
SFY 0708 & SFY 0809 TANF: 0-2 months old Member Months	178,229	178,229	178,229
PMPM Withhold to Fund Low Birth Weight Kicker Payments	\$428.68	\$314.22	\$742.90

Appendix H2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Standard Services - TANF Low Birth Weight Kicker Payment Withhold

Components	Very Low Birth Weight Babies (Less than 1,500 grams)	Low Birth Weight Babies (1,500 - 2,500 grams)	Total
SFY 0708 & SFY 0809 FFS Births	60,014	60,014	60,014
MCO Low Birth Weight Babies Incidence Rate	1.8%	8.4%	10.2%
Projected Low Birth Weight Babies Cases	1,080	5,041	6,121
Low Birth Weight Babies Projected Cost	\$88,408.20	\$13,886.49	\$27,037.38
Low Birth Weight Kicker Payment Target Funding Level	80.0%	80.0%	80.0%
Low Birth Weight Kicker Payment Payment Rate	\$70,726.56	\$11,109.19	\$21,629.90
Low Birth Weight Kicker Payment Funding	\$76,402,508	\$56,003,392	\$132,405,900
SFY 0708 & SFY 0809 TANF: 0-2 months old Member Months	178,229	178,229	178,229
PMPM Withhold to Fund Low Birth Weight Kicker Payments	\$428.68	\$314.22	\$742.90

Appendix H3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Ethically Limited Services - SSI Low Birth Weight Kicker Payment Withhold

Components	Very Low Birth Weight Babies (Less than 1,500 grams)	Low Birth Weight Babies (1,500 - 2,500 grams)	Total
SFY 0708 & SFY 0809 FFS Births	421	421	421
MCO Low Birth Weight Babies Incidence Rate	1.8%	8.4%	10.2%
Projected Low Birth Weight Babies Cases	8	35	43
Low Birth Weight Babies Projected Cost	\$88,408.20	\$13,886.49	\$27,037.38
Low Birth Weight Kicker Payment Target Funding Level	80.0%	80.0%	80.0%
Low Birth Weight Kicker Payment Payment Rate	\$70,726.56	\$11,109.19	\$21,629.90
Low Birth Weight Kicker Payment Funding	\$535,966	\$392,865	\$928,831
SFY 0708 & SFY 0809 SSI Member Months	1,058,917	1,058,917	1,058,917
PMPM Withhold to Fund Low Birth Weight Kicker Payments	\$0.51	\$0.37	\$0.88

Appendix H4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Standard Services - SSI Low Birth Weight Kicker Payment Withhold

Components	Very Low Birth Weight Babies (Less than 1,500 grams)	Low Birth Weight Babies (1,500 - 2,500 grams)	Total
SFY 0708 & SFY 0809 FFS Births	421	421	421
MCO Low Birth Weight Babies Incidence Rate	1.8%	8.4%	10.2%
Projected Low Birth Weight Babies Cases	8	35	43
Low Birth Weight Babies Projected Cost	\$88,408.20	\$13,886.49	\$27,037.38
Low Birth Weight Kicker Payment Target Funding Level	80.0%	80.0%	80.0%
Low Birth Weight Kicker Payment Payment Rate	\$70,726.56	\$11,109.19	\$21,629.90
Low Birth Weight Kicker Payment Funding	\$535,966	\$392,865	\$928,831
SFY 0708 & SFY 0809 SSI Member Months	1,058,917	1,058,917	1,058,917
PMPM Withhold to Fund Low Birth Weight Kicker Payments	\$0.51	\$0.37	\$0.88

Appendix II
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Ethically Limited Services

Eligibility Category	Gender	October 2010 - March 2011 Capitation Rates
TANF: 0-2 months old	Unisex	\$1,055.30
TANF: 0-2 months old - Withhold to Fund Low Birth Weight Kicker	Unisex	742.90
TANF: 3-12 months old	Unisex	232.76
TANF: Age 1-6	Unisex	85.89
TANF: Age 7-13	Unisex	61.53
TANF: Age 14-18	Male	77.49
TANF: Age 14-18	Female	112.17
TANF: Age 19-44	Male	244.97
TANF: Age 19-44	Female	299.44
TANF: Age 45+	Unisex	472.50
SSI	Unisex	\$658.10
SSI - Withhold to Fund Low Birth Weight Kicker	Unisex	0.88
OCWI	Unisex	\$410.81
DUAL	Unisex	\$159.88
Maternity Kicker Payment	Female	\$6,072.84
Very Low Birth Weight Kicker (Less than 1,500 grams)	Unisex	\$70,726.56
Low Birth Weight Kicker (1,500 - 2,500 grams)	Unisex	11,109.19

Appendix I2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Medical Benefits
Standard Services

Eligibility Category	Gender	October 2010 - March 2011 Capitation Rates
TANF: 0-2 months old	Unisex	\$1,055.30
TANF: 0-2 months old - Withhold to Fund Low Birth Weight Kicker	Unisex	742.90
TANF: 3-12 months old	Unisex	232.76
TANF: Age 1-6	Unisex	85.89
TANF: Age 7-13	Unisex	61.63
TANF: Age 14-18	Male	77.70
TANF: Age 14-18	Female	115.66
TANF: Age 19-44	Male	245.22
TANF: Age 19-44	Female	306.35
TANF: Age 45+	Unisex	473.32
SSI	Unisex	\$659.32
SSI - Withhold to Fund Low Birth Weight Kicker	Unisex	0.88
OCWI	Unisex	\$430.76
DUAL	Unisex	\$160.11
Maternity Kicker Payment	Female	\$6,409.10
Very Low Birth Weight Kicker (Less than 1,500 grams)	Unisex	\$70,726.56
Low Birth Weight Kicker (1,500 - 2,500 grams)	Unisex	11,109.19

Appendices J - M

State of South Carolina Department of Health and Human Services October 2010 – March 2011 Prescription Drug Capitation Rate Development Medicaid Managed Care Program

State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for this program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix J1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	528,109	0	26,749	3,060.1	19.74	5.03
Multi-Source Brand	72,108	0	1,496	171.1	48.20	0.69
Single-Source Brand	697,990	0	3,928	449.4	177.70	6.65
Over-The-Counter	4,314	0	447	51.1	9.65	0.04
Unidentified	9,401	0	230	26.3	40.87	0.09
Total	1,311,921	0	32,850	3,758.0	39.94	12.51

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,892,752	0	131,488	5,867.5	22.00	10.76
Multi-Source Brand	276,433	0	5,968	266.3	46.32	1.03
Single-Source Brand	5,444,121	0	28,630	1,277.6	190.15	20.24
Over-The-Counter	13,326	0	1,125	50.2	11.85	0.05
Unidentified	69,905	0	1,778	79.3	39.32	0.26
Total	8,696,536	0	168,989	7,540.9	51.46	32.34

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	7,517,538	0	291,577	3,557.0	25.78	7.64
Multi-Source Brand	1,278,761	0	17,582	214.5	72.73	1.30
Single-Source Brand	14,608,590	0	131,978	1,610.0	110.69	14.85
Over-The-Counter	67,270	0	3,843	46.9	17.50	0.07
Unidentified	221,730	0	8,381	102.2	26.46	0.23
Total	23,693,888	0	453,361	5,530.6	52.26	24.09

Appendix J1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	5,523,954	6	223,502	2,867.2	24.72	5.91
Multi-Source Brand	3,794,976	0	42,902	550.4	88.46	4.06
Single-Source Brand	24,758,325	0	185,506	2,379.8	133.46	26.47
Over-The-Counter	131,966	0	3,977	51.0	33.18	0.14
Unidentified	121,805	0	4,212	54.0	28.92	0.13
Total	34,331,025	6	460,099	5,902.4	74.62	36.70

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,612,742	1,149	77,191	3,031.7	20.91	5.28
Multi-Source Brand	1,775,660	129	13,222	519.3	134.31	5.81
Single-Source Brand	7,515,795	429	45,390	1,782.7	165.59	24.60
Over-The-Counter	52,029	18	1,291	50.7	40.32	0.17
Unidentified	56,545	3	837	32.9	67.56	0.19
Total	11,012,771	1,728	137,931	5,417.3	79.86	36.05

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,290,246	3,066	131,017	4,664.8	17.50	6.80
Multi-Source Brand	1,748,588	312	20,134	716.9	86.86	5.19
Single-Source Brand	6,929,316	813	46,749	1,664.5	148.24	20.56
Over-The-Counter	55,523	27	1,629	58.0	34.10	0.16
Unidentified	48,821	21	1,666	59.3	29.32	0.14
Total	11,072,494	4,239	201,195	7,163.5	55.05	32.87

Appendix J1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,054,850	166,850	55,730	8,041.2	21.92	14.69
Multi-Source Brand	853,551	11,730	3,943	568.9	219.45	10.40
Single-Source Brand	3,092,616	51,306	17,208	2,482.9	182.70	37.80
Over-The-Counter	33,438	2,268	758	109.4	47.10	0.43
Unidentified	12,635	870	290	41.8	46.57	0.16
Total	5,047,089	233,024	77,929	11,244.2	67.76	63.49

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	5,541,531	1,137,232	379,868	10,464.2	17.58	15.33
Multi-Source Brand	4,310,732	105,303	36,909	1,016.7	119.65	10.14
Single-Source Brand	18,741,275	324,948	108,974	3,001.9	174.96	43.77
Over-The-Counter	139,533	11,580	3,873	106.7	39.02	0.35
Unidentified	96,439	7,299	2,445	67.4	42.43	0.24
Total	28,829,510	1,586,362	532,069	14,656.9	57.17	69.82

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,606,647	288,242	96,201	17,554.9	19.70	28.82
Multi-Source Brand	977,401	25,401	8,516	1,554.0	117.76	15.25
Single-Source Brand	6,166,026	121,020	40,499	7,390.3	155.24	95.61
Over-The-Counter	60,902	4,779	1,593	290.7	41.23	1.00
Unidentified	30,371	1,956	652	119.0	49.58	0.49
Total	8,841,346	441,398	147,461	26,908.9	62.95	141.16

Appendix J1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	16,653,521	2,095,852	819,785	15,072.0	22.87	28.73
Multi-Source Brand	15,038,656	191,724	84,376	1,551.3	180.51	23.33
Single-Source Brand	92,966,709	976,692	427,869	7,866.5	219.56	143.93
Over-The-Counter	809,715	47,358	18,332	337.0	46.75	1.31
Unidentified	542,779	12,819	7,258	133.4	76.55	0.85
Total	126,011,379	3,324,445	1,357,620	24,960.3	95.27	198.16

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,256,055	78	160,115	8,421.6	14.09	9.89
Multi-Source Brand	1,209,022	9	14,830	780.0	81.53	5.30
Single-Source Brand	3,717,449	18	45,529	2,394.7	81.65	16.29
Over-The-Counter	127,246	0	3,368	177.1	37.78	0.56
Unidentified	74,398	3	2,989	157.2	24.89	0.33
Total	7,384,170	108	226,831	11,930.7	32.55	32.37

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,509,462	398,934	133,537	3,477.7	14.29	4.14
Multi-Source Brand	554,386	17,148	5,845	152.2	97.78	1.24
Single-Source Brand	2,840,229	52,410	17,772	462.8	162.76	6.28
Over-The-Counter	46,450	5,598	1,894	49.3	27.48	0.11
Unidentified	23,786	2,928	1,020	26.6	26.19	0.06
Total	4,974,313	477,018	160,068	4,168.7	34.06	11.83

Appendix J2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	528,109	0	26,749	3,060.1	19.74	5.03
Multi-Source Brand	72,108	0	1,496	171.1	48.20	0.69
Single-Source Brand	697,990	0	3,928	449.4	177.70	6.65
Over-The-Counter	4,314	0	447	51.1	9.65	0.04
Unidentified	9,401	0	230	26.3	40.87	0.09
Total	1,311,921	0	32,850	3,758.0	39.94	12.51

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,892,752	0	131,488	5,867.5	22.00	10.76
Multi-Source Brand	276,433	0	5,968	266.3	46.32	1.03
Single-Source Brand	5,444,121	0	28,630	1,277.6	190.15	20.24
Over-The-Counter	13,326	0	1,125	50.2	11.85	0.05
Unidentified	69,905	0	1,778	79.3	39.32	0.26
Total	8,696,536	0	168,989	7,540.9	51.46	32.34

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	7,517,538	0	291,577	3,557.0	25.78	7.64
Multi-Source Brand	1,278,761	0	17,582	214.5	72.73	1.30
Single-Source Brand	14,608,590	0	131,978	1,610.0	110.69	14.85
Over-The-Counter	67,270	0	3,843	46.9	17.50	0.07
Unidentified	221,730	0	8,381	102.2	26.46	0.23
Total	23,693,888	0	453,361	5,530.6	52.26	24.09

Appendix J2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	5,543,384	6	224,235	2,876.6	24.72	5.93
Multi-Source Brand	3,799,951	0	42,989	551.5	88.39	4.06
Single-Source Brand	24,801,301	0	186,281	2,389.7	133.14	26.51
Over-The-Counter	131,966	0	3,977	51.0	33.18	0.14
Unidentified	121,833	0	4,213	54.0	28.92	0.13
Total	34,398,434	6	461,695	5,922.9	74.50	36.77

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,612,829	1,149	77,194	3,031.8	20.91	5.28
Multi-Source Brand	1,775,792	129	13,223	519.3	134.31	5.81
Single-Source Brand	7,516,092	429	45,396	1,782.9	165.58	24.60
Over-The-Counter	52,029	18	1,291	50.7	40.32	0.17
Unidentified	56,545	3	837	32.9	67.56	0.19
Total	11,013,287	1,728	137,941	5,417.7	79.85	36.05

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,623,429	3,066	143,391	5,105.4	18.32	7.79
Multi-Source Brand	1,844,955	312	21,719	773.3	84.96	5.48
Single-Source Brand	7,818,102	813	62,645	2,230.5	124.81	23.20
Over-The-Counter	55,628	27	1,637	58.3	34.00	0.17
Unidentified	49,147	21	1,673	59.6	29.39	0.15
Total	12,391,260	4,239	231,065	8,227.0	53.65	36.78

Appendix J2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,054,878	166,850	55,731	8,041.3	21.92	14.69
Multi-Source Brand	853,551	11,730	3,943	568.9	219.45	10.40
Single-Source Brand	3,092,616	51,306	17,208	2,482.9	182.70	37.80
Over-The-Counter	33,438	2,268	758	109.4	47.10	0.43
Unidentified	12,635	870	290	41.8	46.57	0.16
Total	5,047,117	233,024	77,930	11,244.4	67.75	63.49

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	5,884,140	1,137,232	392,326	10,807.4	17.90	16.12
Multi-Source Brand	4,465,386	105,303	39,060	1,076.0	117.02	10.49
Single-Source Brand	19,735,398	324,948	126,758	3,491.8	158.26	46.05
Over-The-Counter	139,589	11,580	3,877	106.8	38.99	0.35
Unidentified	97,477	7,299	2,482	68.4	42.21	0.24
Total	30,321,990	1,586,362	564,503	15,550.3	56.52	73.25

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,613,944	288,242	96,479	17,605.7	19.72	28.93
Multi-Source Brand	978,351	25,401	8,525	1,555.7	117.74	15.26
Single-Source Brand	6,173,383	121,020	40,634	7,415.0	154.90	95.72
Over-The-Counter	60,902	4,779	1,593	290.7	41.23	1.00
Unidentified	30,371	1,956	652	119.0	49.58	0.49
Total	8,856,952	441,398	147,883	26,985.9	62.88	141.40

Appendix J2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	16,768,533	2,095,852	824,074	15,150.9	22.89	28.90
Multi-Source Brand	15,082,531	191,724	85,165	1,565.8	179.35	23.40
Single-Source Brand	93,157,208	976,692	431,268	7,929.0	218.27	144.22
Over-The-Counter	809,757	47,358	18,335	337.1	46.75	1.31
Unidentified	542,779	12,819	7,258	133.4	76.55	0.85
Total	126,360,808	3,324,445	1,366,100	25,116.2	94.93	198.69

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,441,007	78	166,959	8,781.6	14.62	10.70
Multi-Source Brand	1,238,750	9	15,330	806.3	80.81	5.43
Single-Source Brand	4,061,322	18	51,782	2,723.6	78.43	17.80
Over-The-Counter	127,299	0	3,372	177.4	37.75	0.56
Unidentified	74,398	3	2,989	157.2	24.89	0.33
Total	7,942,777	108	240,432	12,646.1	33.04	34.81

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,513,150	398,934	133,671	3,481.2	14.30	4.15
Multi-Source Brand	555,935	17,148	5,873	153.0	97.58	1.24
Single-Source Brand	2,844,270	52,410	17,859	465.1	162.20	6.29
Over-The-Counter	46,471	5,598	1,896	49.4	27.46	0.11
Unidentified	23,786	2,928	1,020	26.6	26.19	0.06
Total	4,983,613	477,018	160,319	4,175.2	34.06	11.85

Appendix J3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	376,998	12	19,536	3,196.8	19.30	5.14
Multi-Source Brand	42,164	0	1,046	171.2	40.31	0.57
Single-Source Brand	619,226	0	2,321	379.8	266.79	8.44
Over-The-Counter	4,895	0	510	83.5	9.60	0.07
Unidentified	9,648	0	218	35.7	44.26	0.13
Total	1,052,932	12	23,631	3,866.9	44.56	14.36

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,445,289	0	120,027	5,758.0	20.37	9.78
Multi-Source Brand	227,219	0	4,608	221.1	49.31	0.91
Single-Source Brand	5,145,966	0	18,881	905.8	272.55	20.57
Over-The-Counter	18,423	0	2,061	98.9	8.94	0.07
Unidentified	95,741	0	2,441	117.1	39.22	0.38
Total	7,932,638	0	148,018	7,100.8	53.59	31.71

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	4,835,739	0	202,136	3,983.6	23.92	7.94
Multi-Source Brand	827,865	0	10,884	214.5	76.06	1.36
Single-Source Brand	9,841,160	0	70,072	1,381.0	140.44	16.16
Over-The-Counter	76,671	0	5,842	115.1	13.12	0.13
Unidentified	224,884	0	6,238	122.9	36.05	0.37
Total	15,806,319	0	295,172	5,817.2	53.55	25.96

Appendix J3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	3,973,863	0	168,022	3,587.6	23.65	7.07
Multi-Source Brand	1,851,598	0	21,960	468.9	84.32	3.29
Single-Source Brand	18,531,092	3	122,314	2,611.7	151.50	32.97
Over-The-Counter	96,028	0	3,274	69.9	29.33	0.17
Unidentified	185,962	0	4,075	87.0	45.63	0.33
Total	24,638,542	3	319,645	6,825.1	77.08	43.84

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,306,890	906	56,335	3,718.1	23.21	7.19
Multi-Source Brand	1,032,990	87	7,015	463.0	147.27	5.68
Single-Source Brand	5,979,386	318	30,977	2,044.5	193.04	32.89
Over-The-Counter	38,789	21	888	58.6	43.70	0.21
Unidentified	82,038	21	1,044	68.9	78.60	0.45
Total	8,440,092	1,353	96,259	6,353.0	87.70	46.43

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,530,192	2,097	89,450	5,507.3	17.13	7.86
Multi-Source Brand	997,598	183	11,188	688.8	89.18	5.12
Single-Source Brand	5,082,410	456	28,399	1,748.5	178.98	26.08
Over-The-Counter	36,491	21	988	60.8	36.96	0.19
Unidentified	98,157	42	2,276	140.1	43.15	0.50
Total	7,744,848	2,799	132,301	8,145.6	58.56	39.75

Appendix J3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	725,132	130,428	43,654	9,507.1	19.60	15.53
Multi-Source Brand	702,233	8,505	2,872	625.5	247.47	12.90
Single-Source Brand	2,324,313	34,977	11,723	2,553.1	201.25	42.82
Over-The-Counter	21,801	1,518	510	111.1	45.72	0.42
Unidentified	35,733	1,806	606	132.0	61.95	0.68
Total	3,809,212	177,234	59,365	12,928.6	67.15	72.35

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	3,962,556	846,893	282,812	11,924.6	17.01	16.90
Multi-Source Brand	3,182,673	68,829	24,135	1,017.6	134.72	11.42
Single-Source Brand	14,312,575	211,943	70,992	2,993.3	204.59	51.03
Over-The-Counter	106,969	8,142	2,717	114.6	42.37	0.40
Unidentified	227,751	14,133	4,736	199.7	51.07	0.85
Total	21,792,523	1,149,940	385,392	16,249.8	59.53	80.61

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,177,159	219,640	73,245	20,034.6	19.07	31.84
Multi-Source Brand	855,405	18,534	6,201	1,696.2	140.94	19.92
Single-Source Brand	4,850,096	84,042	28,084	7,681.8	175.69	112.47
Over-The-Counter	44,524	3,438	1,146	313.5	41.85	1.09
Unidentified	42,725	4,158	1,387	379.4	33.80	1.07
Total	6,969,910	329,812	110,063	30,105.4	66.32	166.39

Appendix J3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	12,946,814	1,516,469	606,624	17,919.9	23.84	35.60
Multi-Source Brand	12,556,395	129,664	56,787	1,677.5	223.40	31.23
Single-Source Brand	68,719,492	639,143	283,084	8,362.4	245.01	170.74
Over-The-Counter	577,029	32,391	13,035	385.1	46.75	1.50
Unidentified	962,066	23,595	12,285	362.9	80.23	2.43
Total	95,761,797	2,341,262	971,815	28,707.8	100.95	241.50

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,172,723	57	89,221	9,044.4	13.14	9.91
Multi-Source Brand	609,996	9	8,406	852.1	72.57	5.15
Single-Source Brand	1,850,329	36	18,051	1,829.8	102.51	15.63
Over-The-Counter	79,589	0	1,845	187.0	43.14	0.67
Unidentified	141,335	3	5,079	514.9	27.83	1.19
Total	3,853,972	105	122,602	12,428.3	31.44	32.56

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,129,200	395,199	132,240	3,425.5	11.53	3.29
Multi-Source Brand	290,011	13,059	4,477	116.0	67.69	0.65
Single-Source Brand	2,290,179	40,224	13,643	353.4	170.81	5.03
Over-The-Counter	32,808	4,872	1,633	42.3	23.07	0.08
Unidentified	44,295	4,287	1,456	37.7	33.37	0.10
Total	3,786,493	457,641	153,449	3,974.9	27.66	9.16

Appendix J4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	376,998	12	19,536	3,196.8	19.30	5.14
Multi-Source Brand	42,164	0	1,046	171.2	40.31	0.57
Single-Source Brand	619,226	0	2,321	379.8	266.79	8.44
Over-The-Counter	4,895	0	510	83.5	9.60	0.07
Unidentified	9,648	0	218	35.7	44.26	0.13
Total	1,052,932	12	23,631	3,866.9	44.56	14.36

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	2,445,289	0	120,027	5,758.0	20.37	9.78
Multi-Source Brand	227,219	0	4,608	221.1	49.31	0.91
Single-Source Brand	5,145,966	0	18,881	905.8	272.55	20.57
Over-The-Counter	18,423	0	2,061	98.9	8.94	0.07
Unidentified	95,741	0	2,441	117.1	39.22	0.38
Total	7,932,638	0	148,018	7,100.8	53.59	31.71

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	4,835,739	0	202,136	3,983.6	23.92	7.94
Multi-Source Brand	827,865	0	10,884	214.5	76.06	1.36
Single-Source Brand	9,841,160	0	70,072	1,381.0	140.44	16.16
Over-The-Counter	76,671	0	5,842	115.1	13.12	0.13
Unidentified	224,884	0	6,238	122.9	36.05	0.37
Total	15,806,319	0	295,172	5,817.2	53.55	25.96

Appendix J4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	3,990,637	0	168,612	3,600.2	23.67	7.10
Multi-Source Brand	1,853,043	0	22,000	469.7	84.23	3.30
Single-Source Brand	18,566,358	3	122,885	2,623.9	151.09	33.04
Over-The-Counter	96,028	0	3,274	69.9	29.33	0.17
Unidentified	186,369	0	4,091	87.4	45.56	0.33
Total	24,692,435	3	320,862	6,851.1	76.96	43.94

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,307,202	906	56,345	3,718.7	23.22	7.19
Multi-Source Brand	1,032,990	87	7,015	463.0	147.27	5.68
Single-Source Brand	5,980,427	318	30,994	2,045.6	192.96	32.89
Over-The-Counter	38,789	21	888	58.6	43.70	0.21
Unidentified	82,038	21	1,044	68.9	78.60	0.45
Total	8,441,446	1,353	96,286	6,354.8	87.68	46.43

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,750,806	2,097	97,761	6,019.0	17.93	8.99
Multi-Source Brand	1,050,103	183	11,993	738.4	87.57	5.39
Single-Source Brand	5,785,302	456	39,938	2,458.9	144.87	29.69
Over-The-Counter	36,505	21	989	60.9	36.93	0.19
Unidentified	104,354	42	2,472	152.2	42.23	0.54
Total	8,727,070	2,799	153,153	9,429.4	57.00	44.79

Appendix J4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	725,132	130,428	43,654	9,507.1	19.60	15.53
Multi-Source Brand	702,233	8,505	2,872	625.5	247.47	12.90
Single-Source Brand	2,324,507	34,977	11,726	2,553.7	201.22	42.82
Over-The-Counter	21,801	1,518	510	111.1	45.72	0.42
Unidentified	35,733	1,806	606	132.0	61.95	0.68
Total	3,809,406	177,234	59,368	12,929.3	67.15	72.35

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	4,189,004	846,893	291,129	12,275.3	17.30	17.69
Multi-Source Brand	3,269,608	68,829	25,428	1,072.2	131.29	11.73
Single-Source Brand	15,089,517	211,943	83,557	3,523.1	183.13	53.76
Over-The-Counter	107,001	8,142	2,720	114.7	42.33	0.40
Unidentified	232,268	14,133	4,887	206.1	50.42	0.87
Total	22,887,398	1,149,940	407,721	17,191.3	58.96	84.46

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,184,287	219,640	73,498	20,103.8	19.10	32.00
Multi-Source Brand	857,164	18,534	6,239	1,706.5	140.36	19.96
Single-Source Brand	4,856,681	84,042	28,188	7,710.2	175.28	112.62
Over-The-Counter	44,524	3,438	1,146	313.5	41.85	1.09
Unidentified	42,725	4,158	1,387	379.4	33.80	1.07
Total	6,985,381	329,812	110,458	30,213.5	66.23	166.74

Appendix J4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: SSI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	13,026,994	1,516,469	609,579	18,007.2	23.86	35.80
Multi-Source Brand	12,586,451	129,664	57,331	1,693.6	221.80	31.30
Single-Source Brand	68,869,880	639,143	285,550	8,435.3	243.42	171.11
Over-The-Counter	577,029	32,391	13,035	385.1	46.75	1.50
Unidentified	963,483	23,595	12,327	364.1	80.07	2.43
Total	96,023,837	2,341,262	977,822	28,885.3	100.60	242.15

Eligibility Category: OCWI

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,268,941	57	92,821	9,409.4	13.67	10.72
Multi-Source Brand	622,584	9	8,626	874.4	72.18	5.26
Single-Source Brand	2,042,443	36	21,243	2,153.4	96.15	17.25
Over-The-Counter	79,589	0	1,845	187.0	43.14	0.67
Unidentified	142,550	3	5,126	519.6	27.81	1.20
Total	4,156,107	105	129,661	13,143.9	32.05	35.11

Eligibility Category: DUAL

Benefits	Base Period Paid Dollars	Cost Sharing	Base Period Allowed Units	Utilization Per 1,000 Members	Average Allowed Charge	Per Capita Monthly Allowed Cost
Generic	1,130,508	395,199	132,292	3,426.9	11.53	3.29
Multi-Source Brand	290,221	13,059	4,481	116.1	67.68	0.65
Single-Source Brand	2,292,736	40,224	13,687	354.5	170.45	5.04
Over-The-Counter	32,808	4,872	1,633	42.3	23.07	0.08
Unidentified	44,295	4,287	1,456	37.7	33.37	0.10
Total	3,790,568	457,641	153,549	3,977.5	27.67	9.17

Appendix K1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.03	0.9300	0.9315	1.0000	1.0330	1.0000	1.0800	0.8000	3.89
Multi-Source Brand	0.69	0.9300	0.9327	1.0000	1.0330	1.0000	1.0800	0.8000	0.53
Single-Source Brand	6.65	0.9300	0.9988	1.0000	1.0330	1.0000	1.1200	0.8000	5.72
Over-The-Counter	0.04	0.9300	0.9968	1.0000	1.0330	1.0000	1.0800	0.8000	0.03
Unidentified	0.09	0.9300	0.9993	1.0000	1.0330	1.0000	1.0800	0.8000	0.07
Total	12.51								10.25

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	10.76	0.9300	0.8322	1.0000	1.0000	1.0000	1.0800	0.8000	7.19
Multi-Source Brand	1.03	0.9300	0.8496	1.0000	1.0000	1.0000	1.0800	0.8000	0.70
Single-Source Brand	20.24	0.9300	0.9969	1.0000	1.0000	1.0000	1.1200	0.8000	16.82
Over-The-Counter	0.05	0.9300	0.9921	1.0000	1.0000	1.0000	1.0800	0.8000	0.04
Unidentified	0.26	0.9300	0.9991	1.0000	1.0000	1.0000	1.0800	0.8000	0.21
Total	32.34								24.96

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.64	0.9300	0.9236	1.0000	0.9360	1.0000	1.0800	0.8000	5.31
Multi-Source Brand	1.30	0.9300	0.9724	1.0000	0.9360	1.0000	1.0800	0.8000	0.95
Single-Source Brand	14.85	0.9300	0.9878	1.0000	0.9360	1.0000	1.1200	0.8000	11.44
Over-The-Counter	0.07	0.9300	0.9752	1.0000	0.9360	1.0000	1.0800	0.8000	0.05
Unidentified	0.23	0.9300	0.9993	1.0000	0.9360	1.0000	1.0800	0.8000	0.17
Total	24.09								17.92

Appendix K1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.91	0.9300	0.9678	1.0000	0.9360	1.0000	1.0800	0.8000	4.30
Multi-Source Brand	4.06	0.9300	0.9953	1.0000	0.9360	1.0000	1.0800	0.8000	3.04
Single-Source Brand	26.47	0.9300	0.9959	1.0000	0.9360	1.0000	1.1200	0.8000	20.56
Over-The-Counter	0.14	0.9300	0.9947	1.0000	0.9360	1.0000	1.0800	0.8000	0.11
Unidentified	0.13	0.9300	0.9991	1.0000	0.9360	1.0000	1.0800	0.8000	0.10
Total	36.70								28.10

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.28	0.9300	0.9784	1.0000	0.9360	1.0000	1.0800	0.8000	3.89
Multi-Source Brand	5.81	0.9300	0.9969	1.0000	0.9360	1.0000	1.0800	0.8000	4.36
Single-Source Brand	24.60	0.9300	0.9978	1.0000	0.9360	1.0000	1.1200	0.8000	19.14
Over-The-Counter	0.17	0.9300	0.9969	1.0000	0.9360	1.0000	1.0800	0.8000	0.13
Unidentified	0.19	0.9300	0.9996	1.0000	0.9360	1.0000	1.0800	0.8000	0.14
Total	36.05								27.66

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	6.80	0.9300	0.9762	1.0000	0.9360	1.0000	1.0800	0.8000	5.00
Multi-Source Brand	5.19	0.9300	0.9816	1.0000	0.9360	1.0000	1.0800	0.8000	3.83
Single-Source Brand	20.56	0.9300	0.9962	1.0000	0.9360	1.0000	1.1200	0.8000	15.98
Over-The-Counter	0.16	0.9300	0.9963	1.0000	0.9360	1.0000	1.0800	0.8000	0.12
Unidentified	0.14	0.9300	0.9982	1.0000	0.9360	1.0000	1.0800	0.8000	0.11
Total	32.87								25.04

Appendix K1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	14.69	0.9300	0.9766	1.0000	0.9970	1.0000	1.0800	0.8000	11.49
Multi-Source Brand	10.40	0.9300	0.9779	1.0000	0.9970	1.0000	1.0800	0.8000	8.15
Single-Source Brand	37.80	0.9300	0.9704	1.0000	0.9970	1.0000	1.1200	0.8000	30.47
Over-The-Counter	0.43	0.9300	0.9728	1.0000	0.9970	1.0000	1.0800	0.8000	0.33
Unidentified	0.16	0.9300	0.9009	1.0000	0.9970	1.0000	1.0800	0.8000	0.12
Total	63.49								50.57

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	15.33	0.9300	0.9737	1.0000	0.9970	1.0000	1.0800	0.8000	11.96
Multi-Source Brand	10.14	0.9300	0.9715	1.0000	0.9970	1.0000	1.0800	0.8000	7.89
Single-Source Brand	43.77	0.9300	0.9718	1.0000	0.9970	1.0000	1.1200	0.8000	35.34
Over-The-Counter	0.35	0.9300	0.9582	1.0000	0.9970	1.0000	1.0800	0.8000	0.27
Unidentified	0.24	0.9300	0.9406	1.0000	0.9970	1.0000	1.0800	0.8000	0.18
Total	69.82								55.63

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	28.82	0.9300	0.9572	1.0000	0.9970	1.0000	1.0800	0.8000	22.10
Multi-Source Brand	15.25	0.9300	0.9473	1.0000	0.9970	1.0000	1.0800	0.8000	11.57
Single-Source Brand	95.61	0.9300	0.9477	1.0000	0.9970	1.0000	1.1200	0.8000	75.27
Over-The-Counter	1.00	0.9300	0.9052	1.0000	0.9970	1.0000	1.0800	0.8000	0.72
Unidentified	0.49	0.9300	0.9065	1.0000	0.9970	1.0000	1.0800	0.8000	0.36
Total	141.16								110.02

Appendix K1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Ethically Limited Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	28.73	0.9300	0.9326	1.0000	0.9280	1.0002	1.1600	0.8000	21.46
Multi-Source Brand	23.33	0.9300	0.9436	1.0000	0.9280	1.0002	1.1600	0.8000	17.64
Single-Source Brand	143.93	0.9300	0.9416	1.0000	0.9280	1.0002	1.1600	0.8000	108.56
Over-The-Counter	1.31	0.9300	0.8811	1.0000	0.9280	1.0002	1.1600	0.8000	0.93
Unidentified	0.85	0.9300	0.9224	1.0000	0.9280	1.0002	1.1600	0.8000	0.63
Total	198.16								149.21

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	9.89	0.9300	0.9917	1.0000	1.0000	1.0000	1.0000	0.8000	7.30
Multi-Source Brand	5.30	0.9300	0.9915	1.0000	1.0000	1.0000	1.0000	0.8000	3.91
Single-Source Brand	16.29	0.9300	0.9938	1.0000	1.0000	1.0000	1.0000	0.8000	12.05
Over-The-Counter	0.56	0.9300	0.9843	1.0000	1.0000	1.0000	1.0000	0.8000	0.41
Unidentified	0.33	0.9300	0.9971	1.0000	1.0000	1.0000	1.0000	0.8000	0.24
Total	32.37								23.90

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	4.14	0.9300	0.9644	1.0000	1.0000	1.0002	0.8000	0.8000	2.38
Multi-Source Brand	1.24	0.9300	0.9551	1.0000	1.0000	1.0002	0.8000	0.8000	0.71
Single-Source Brand	6.28	0.9300	0.9605	1.0000	1.0000	1.0002	0.8000	0.8000	3.59
Over-The-Counter	0.11	0.9300	0.9800	1.0000	1.0000	1.0002	0.8000	0.8000	0.07
Unidentified	0.06	0.9300	0.9982	1.0000	1.0000	1.0002	0.8000	0.8000	0.03
Total	11.83								6.77

Appendix K2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0708
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.03	0.9300	0.9315	1.0000	1.0330	1.0000	1.0800	0.8000	3.89
Multi-Source Brand	0.69	0.9300	0.9327	1.0000	1.0330	1.0000	1.0800	0.8000	0.53
Single-Source Brand	6.65	0.9300	0.9988	1.0000	1.0330	1.0000	1.1200	0.8000	5.72
Over-The-Counter	0.04	0.9300	0.9968	1.0000	1.0330	1.0000	1.0800	0.8000	0.03
Unidentified	0.09	0.9300	0.9993	1.0000	1.0330	1.0000	1.0800	0.8000	0.07
Total	12.51								10.25

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	10.76	0.9300	0.8322	1.0000	1.0000	1.0000	1.0800	0.8000	7.19
Multi-Source Brand	1.03	0.9300	0.8496	1.0000	1.0000	1.0000	1.0800	0.8000	0.70
Single-Source Brand	20.24	0.9300	0.9969	1.0000	1.0000	1.0000	1.1200	0.8000	16.82
Over-The-Counter	0.05	0.9300	0.9921	1.0000	1.0000	1.0000	1.0800	0.8000	0.04
Unidentified	0.26	0.9300	0.9991	1.0000	1.0000	1.0000	1.0800	0.8000	0.21
Total	32.34								24.96

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.64	0.9300	0.9236	1.0000	0.9360	1.0000	1.0800	0.8000	5.31
Multi-Source Brand	1.30	0.9300	0.9723	1.0000	0.9360	1.0000	1.0800	0.8000	0.95
Single-Source Brand	14.85	0.9300	0.9878	1.0000	0.9360	1.0000	1.1200	0.8000	11.44
Over-The-Counter	0.07	0.9300	0.9752	1.0000	0.9360	1.0000	1.0800	0.8000	0.05
Unidentified	0.23	0.9300	0.9993	1.0000	0.9360	1.0000	1.0800	0.8000	0.17
Total	24.09								17.92

Appendix K2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.93	0.9300	0.9679	1.0000	0.9360	1.0000	1.0800	0.8000	4.31
Multi-Source Brand	4.06	0.9300	0.9951	1.0000	0.9360	1.0000	1.0800	0.8000	3.04
Single-Source Brand	26.51	0.9300	0.9959	1.0000	0.9360	1.0000	1.1200	0.8000	20.59
Over-The-Counter	0.14	0.9300	0.9947	1.0000	0.9360	1.0000	1.0800	0.8000	0.11
Unidentified	0.13	0.9300	0.9991	1.0000	0.9360	1.0000	1.0800	0.8000	0.10
Total	36.77								28.15

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.28	0.9300	0.9784	1.0000	0.9360	1.0000	1.0800	0.8000	3.89
Multi-Source Brand	5.81	0.9300	0.9968	1.0000	0.9360	1.0000	1.0800	0.8000	4.36
Single-Source Brand	24.60	0.9300	0.9978	1.0000	0.9360	1.0000	1.1200	0.8000	19.14
Over-The-Counter	0.17	0.9300	0.9969	1.0000	0.9360	1.0000	1.0800	0.8000	0.13
Unidentified	0.19	0.9300	0.9996	1.0000	0.9360	1.0000	1.0800	0.8000	0.14
Total	36.05								27.66

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.79	0.9300	0.9787	1.0000	0.9360	1.0000	1.0800	0.8000	5.74
Multi-Source Brand	5.48	0.9300	0.9752	1.0000	0.9360	1.0000	1.0800	0.8000	4.02
Single-Source Brand	23.20	0.9300	0.9955	1.0000	0.9360	1.0000	1.1200	0.8000	18.01
Over-The-Counter	0.17	0.9300	0.9963	1.0000	0.9360	1.0000	1.0800	0.8000	0.12
Unidentified	0.15	0.9300	0.9982	1.0000	0.9360	1.0000	1.0800	0.8000	0.11
Total	36.78								28.00

Appendix K2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	14.69	0.9300	0.9766	1.0000	0.9970	1.0000	1.0800	0.8000	11.49
Multi-Source Brand	10.40	0.9300	0.9779	1.0000	0.9970	1.0000	1.0800	0.8000	8.15
Single-Source Brand	37.80	0.9300	0.9704	1.0000	0.9970	1.0000	1.1200	0.8000	30.47
Over-The-Counter	0.43	0.9300	0.9728	1.0000	0.9970	1.0000	1.0800	0.8000	0.33
Unidentified	0.16	0.9300	0.9009	1.0000	0.9970	1.0000	1.0800	0.8000	0.12
Total	63.49								50.57

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	16.12	0.9300	0.9746	1.0000	0.9970	1.0000	1.0800	0.8000	12.58
Multi-Source Brand	10.49	0.9300	0.9673	1.0000	0.9970	1.0000	1.0800	0.8000	8.13
Single-Source Brand	46.05	0.9300	0.9725	1.0000	0.9970	1.0000	1.1200	0.8000	37.21
Over-The-Counter	0.35	0.9300	0.9582	1.0000	0.9970	1.0000	1.0800	0.8000	0.27
Unidentified	0.24	0.9300	0.9412	1.0000	0.9970	1.0000	1.0800	0.8000	0.18
Total	73.25								58.37

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	28.93	0.9300	0.9573	1.0000	0.9970	1.0000	1.0800	0.8000	22.18
Multi-Source Brand	15.26	0.9300	0.9472	1.0000	0.9970	1.0000	1.0800	0.8000	11.58
Single-Source Brand	95.72	0.9300	0.9477	1.0000	0.9970	1.0000	1.1200	0.8000	75.36
Over-The-Counter	1.00	0.9300	0.9052	1.0000	0.9970	1.0000	1.0800	0.8000	0.72
Unidentified	0.49	0.9300	0.9065	1.0000	0.9970	1.0000	1.0800	0.8000	0.36
Total	141.40								110.21

Appendix K2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0708
Standard Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	28.90	0.9300	0.9329	1.0000	0.9280	1.0002	1.1600	0.8000	21.60
Multi-Source Brand	23.40	0.9300	0.9433	1.0000	0.9280	1.0002	1.1600	0.8000	17.68
Single-Source Brand	144.22	0.9300	0.9416	1.0000	0.9280	1.0002	1.1600	0.8000	108.79
Over-The-Counter	1.31	0.9300	0.8811	1.0000	0.9280	1.0002	1.1600	0.8000	0.93
Unidentified	0.85	0.9300	0.9224	1.0000	0.9280	1.0002	1.1600	0.8000	0.63
Total	198.69								149.62

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	10.70	0.9300	0.9919	1.0000	1.0000	1.0000	1.0000	0.8000	7.90
Multi-Source Brand	5.43	0.9300	0.9881	1.0000	1.0000	1.0000	1.0000	0.8000	3.99
Single-Source Brand	17.80	0.9300	0.9931	1.0000	1.0000	1.0000	1.0000	0.8000	13.15
Over-The-Counter	0.56	0.9300	0.9843	1.0000	1.0000	1.0000	1.0000	0.8000	0.41
Unidentified	0.33	0.9300	0.9971	1.0000	1.0000	1.0000	1.0000	0.8000	0.24
Total	34.81								25.69

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	4.15	0.9300	0.9645	1.0000	1.0000	1.0002	0.8000	0.8000	2.38
Multi-Source Brand	1.24	0.9300	0.9548	1.0000	1.0000	1.0002	0.8000	0.8000	0.71
Single-Source Brand	6.29	0.9300	0.9605	1.0000	1.0000	1.0002	0.8000	0.8000	3.59
Over-The-Counter	0.11	0.9300	0.9800	1.0000	1.0000	1.0002	0.8000	0.8000	0.07
Unidentified	0.06	0.9300	0.9982	1.0000	1.0000	1.0002	0.8000	0.8000	0.03
Total	11.85								6.78

Appendix K3
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.14	0.9300	0.9644	1.0000	1.0600	1.0000	1.0000	0.8000	3.91
Multi-Source Brand	0.57	0.9300	0.9672	1.0000	1.0600	1.0000	1.0000	0.8000	0.44
Single-Source Brand	8.44	0.9300	0.9991	1.0000	1.0600	1.0000	1.0000	0.8000	6.65
Over-The-Counter	0.07	0.9300	0.9992	1.0000	1.0600	1.0000	1.0000	0.8000	0.05
Unidentified	0.13	0.9300	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.10
Total	14.36								11.16

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	9.78	0.9300	0.8809	1.0000	1.0000	1.0000	1.0000	0.8000	6.41
Multi-Source Brand	0.91	0.9300	0.9038	1.0000	1.0000	1.0000	1.0000	0.8000	0.61
Single-Source Brand	20.57	0.9300	0.9986	1.0000	1.0000	1.0000	1.0000	0.8000	15.28
Over-The-Counter	0.07	0.9300	0.9994	1.0000	1.0000	1.0000	1.0000	0.8000	0.05
Unidentified	0.38	0.9300	0.9998	1.0000	1.0000	1.0000	1.0000	0.8000	0.28
Total	31.71								22.64

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.94	0.9300	0.9322	1.0000	0.8540	1.0002	1.0000	0.8000	4.70
Multi-Source Brand	1.36	0.9300	0.9782	1.0000	0.8540	1.0002	1.0000	0.8000	0.85
Single-Source Brand	16.16	0.9300	0.9899	1.0000	0.8540	1.0002	1.0000	0.8000	10.17
Over-The-Counter	0.13	0.9300	0.9940	1.0000	0.8540	1.0002	1.0000	0.8000	0.08
Unidentified	0.37	0.9300	0.9998	1.0000	0.8540	1.0002	1.0000	0.8000	0.23
Total	25.96								16.03

Appendix K3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.07	0.9300	0.9723	1.0000	0.8540	1.0002	1.0000	0.8000	4.37
Multi-Source Brand	3.29	0.9300	0.9957	1.0000	0.8540	1.0002	1.0000	0.8000	2.08
Single-Source Brand	32.97	0.9300	0.9970	1.0000	0.8540	1.0002	1.0000	0.8000	20.89
Over-The-Counter	0.17	0.9300	0.9973	1.0000	0.8540	1.0002	1.0000	0.8000	0.11
Unidentified	0.33	0.9300	0.9995	1.0000	0.8540	1.0002	1.0000	0.8000	0.21
Total	43.84								27.66

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.19	0.9300	0.9850	1.0000	0.8540	1.0002	1.0000	0.8000	4.50
Multi-Source Brand	5.68	0.9300	0.9964	1.0000	0.8540	1.0002	1.0000	0.8000	3.60
Single-Source Brand	32.89	0.9300	0.9986	1.0000	0.8540	1.0002	1.0000	0.8000	20.87
Over-The-Counter	0.21	0.9300	0.9975	1.0000	0.8540	1.0002	1.0000	0.8000	0.14
Unidentified	0.45	0.9300	1.0000	1.0000	0.8540	1.0002	1.0000	0.8000	0.29
Total	46.43								29.39

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.86	0.9300	0.9810	1.0000	0.8540	1.0002	1.0000	0.8000	4.90
Multi-Source Brand	5.12	0.9300	0.9801	1.0000	0.8540	1.0002	1.0000	0.8000	3.19
Single-Source Brand	26.08	0.9300	0.9964	1.0000	0.8540	1.0002	1.0000	0.8000	16.51
Over-The-Counter	0.19	0.9300	0.9967	1.0000	0.8540	1.0002	1.0000	0.8000	0.12
Unidentified	0.50	0.9300	0.9998	1.0000	0.8540	1.0002	1.0000	0.8000	0.32
Total	39.75								25.04

Appendix K3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	15.53	0.9300	0.9746	1.0000	0.9640	1.0001	1.0000	0.8000	10.86
Multi-Source Brand	12.90	0.9300	0.9859	1.0000	0.9640	1.0001	1.0000	0.8000	9.12
Single-Source Brand	42.82	0.9300	0.9686	1.0000	0.9640	1.0001	1.0000	0.8000	29.75
Over-The-Counter	0.42	0.9300	0.9607	1.0000	0.9640	1.0001	1.0000	0.8000	0.29
Unidentified	0.68	0.9300	0.8787	1.0000	0.9640	1.0001	1.0000	0.8000	0.43
Total	72.35								50.45

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	16.90	0.9300	0.9740	1.0000	0.9640	1.0001	1.0000	0.8000	11.81
Multi-Source Brand	11.42	0.9300	0.9722	1.0000	0.9640	1.0001	1.0000	0.8000	7.97
Single-Source Brand	51.03	0.9300	0.9703	1.0000	0.9640	1.0001	1.0000	0.8000	35.52
Over-The-Counter	0.40	0.9300	0.9555	1.0000	0.9640	1.0001	1.0000	0.8000	0.28
Unidentified	0.85	0.9300	0.9554	1.0000	0.9640	1.0001	1.0000	0.8000	0.58
Total	80.61								56.15

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	31.84	0.9300	0.9609	1.0000	0.9640	1.0001	1.0000	0.8000	21.94
Multi-Source Brand	19.92	0.9300	0.9573	1.0000	0.9640	1.0001	1.0000	0.8000	13.68
Single-Source Brand	112.47	0.9300	0.9502	1.0000	0.9640	1.0001	1.0000	0.8000	76.65
Over-The-Counter	1.09	0.9300	0.9169	1.0000	0.9640	1.0001	1.0000	0.8000	0.72
Unidentified	1.07	0.9300	0.9449	1.0000	0.9640	1.0001	1.0000	0.8000	0.72
Total	166.39								113.72

Appendix K3
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Ethically Limited Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	35.60	0.9300	0.9454	1.0000	0.8760	1.0010	1.0000	0.8000	21.96
Multi-Source Brand	31.23	0.9300	0.9542	1.0000	0.8760	1.0010	1.0000	0.8000	19.44
Single-Source Brand	170.74	0.9300	0.9474	1.0000	0.8760	1.0010	1.0000	0.8000	105.52
Over-The-Counter	1.50	0.9300	0.8899	1.0000	0.8760	1.0010	1.0000	0.8000	0.87
Unidentified	2.43	0.9300	0.9430	1.0000	0.8760	1.0010	1.0000	0.8000	1.49
Total	241.50								149.29

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	9.91	0.9300	0.9913	1.0000	1.0000	1.0003	1.0000	0.8000	7.31
Multi-Source Brand	5.15	0.9300	0.9926	1.0000	1.0000	1.0003	1.0000	0.8000	3.81
Single-Source Brand	15.63	0.9300	0.9903	1.0000	1.0000	1.0003	1.0000	0.8000	11.52
Over-The-Counter	0.67	0.9300	0.9786	1.0000	1.0000	1.0003	1.0000	0.8000	0.49
Unidentified	1.19	0.9300	0.9985	1.0000	1.0000	1.0003	1.0000	0.8000	0.89
Total	32.56								24.01

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	3.29	0.9300	0.9637	1.0000	1.0000	1.0010	1.0000	0.8000	2.36
Multi-Source Brand	0.65	0.9300	0.9447	1.0000	1.0000	1.0010	1.0000	0.8000	0.46
Single-Source Brand	5.03	0.9300	0.9683	1.0000	1.0000	1.0010	1.0000	0.8000	3.63
Over-The-Counter	0.08	0.9300	0.9780	1.0000	1.0000	1.0010	1.0000	0.8000	0.06
Unidentified	0.10	0.9300	0.9831	1.0000	1.0000	1.0010	1.0000	0.8000	0.08
Total	9.16								6.59

Appendix K4
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data - SFY 0809
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	5.14	0.9300	0.9644	1.0000	1.0600	1.0000	1.0000	0.8000	3.91
Multi-Source Brand	0.57	0.9300	0.9672	1.0000	1.0600	1.0000	1.0000	0.8000	0.44
Single-Source Brand	8.44	0.9300	0.9991	1.0000	1.0600	1.0000	1.0000	0.8000	6.65
Over-The-Counter	0.07	0.9300	0.9992	1.0000	1.0600	1.0000	1.0000	0.8000	0.05
Unidentified	0.13	0.9300	1.0000	1.0000	1.0600	1.0000	1.0000	0.8000	0.10
Total	14.36								11.16

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	9.78	0.9300	0.8809	1.0000	1.0000	1.0000	1.0000	0.8000	6.41
Multi-Source Brand	0.91	0.9300	0.9038	1.0000	1.0000	1.0000	1.0000	0.8000	0.61
Single-Source Brand	20.57	0.9300	0.9986	1.0000	1.0000	1.0000	1.0000	0.8000	15.28
Over-The-Counter	0.07	0.9300	0.9994	1.0000	1.0000	1.0000	1.0000	0.8000	0.05
Unidentified	0.38	0.9300	0.9998	1.0000	1.0000	1.0000	1.0000	0.8000	0.28
Total	31.71								22.64

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.94	0.9300	0.9322	1.0000	0.8540	1.0002	1.0000	0.8000	4.70
Multi-Source Brand	1.36	0.9300	0.9781	1.0000	0.8540	1.0002	1.0000	0.8000	0.85
Single-Source Brand	16.16	0.9300	0.9899	1.0000	0.8540	1.0002	1.0000	0.8000	10.17
Over-The-Counter	0.13	0.9300	0.9940	1.0000	0.8540	1.0002	1.0000	0.8000	0.08
Unidentified	0.37	0.9300	0.9998	1.0000	0.8540	1.0002	1.0000	0.8000	0.23
Total	25.96								16.03

Appendix K4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.10	0.9300	0.9724	1.0000	0.8540	1.0002	1.0000	0.8000	4.39
Multi-Source Brand	3.30	0.9300	0.9956	1.0000	0.8540	1.0002	1.0000	0.8000	2.09
Single-Source Brand	33.04	0.9300	0.9970	1.0000	0.8540	1.0002	1.0000	0.8000	20.93
Over-The-Counter	0.17	0.9300	0.9973	1.0000	0.8540	1.0002	1.0000	0.8000	0.11
Unidentified	0.33	0.9300	0.9995	1.0000	0.8540	1.0002	1.0000	0.8000	0.21
Total	43.94								27.73

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	7.19	0.9300	0.9850	1.0000	0.8540	1.0002	1.0000	0.8000	4.50
Multi-Source Brand	5.68	0.9300	0.9964	1.0000	0.8540	1.0002	1.0000	0.8000	3.60
Single-Source Brand	32.89	0.9300	0.9986	1.0000	0.8540	1.0002	1.0000	0.8000	20.87
Over-The-Counter	0.21	0.9300	0.9975	1.0000	0.8540	1.0002	1.0000	0.8000	0.14
Unidentified	0.45	0.9300	1.0000	1.0000	0.8540	1.0002	1.0000	0.8000	0.29
Total	46.43								29.40

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	8.99	0.9300	0.9828	1.0000	0.8540	1.0002	1.0000	0.8000	5.62
Multi-Source Brand	5.39	0.9300	0.9727	1.0000	0.8540	1.0002	1.0000	0.8000	3.33
Single-Source Brand	29.69	0.9300	0.9955	1.0000	0.8540	1.0002	1.0000	0.8000	18.78
Over-The-Counter	0.19	0.9300	0.9967	1.0000	0.8540	1.0002	1.0000	0.8000	0.12
Unidentified	0.54	0.9300	0.9998	1.0000	0.8540	1.0002	1.0000	0.8000	0.34
Total	44.79								28.19

Appendix K4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	15.53	0.9300	0.9746	1.0000	0.9640	1.0001	1.0000	0.8000	10.86
Multi-Source Brand	12.90	0.9300	0.9859	1.0000	0.9640	1.0001	1.0000	0.8000	9.12
Single-Source Brand	42.82	0.9300	0.9686	1.0000	0.9640	1.0001	1.0000	0.8000	29.75
Over-The-Counter	0.42	0.9300	0.9607	1.0000	0.9640	1.0001	1.0000	0.8000	0.29
Unidentified	0.68	0.9300	0.8787	1.0000	0.9640	1.0001	1.0000	0.8000	0.43
Total	72.35								50.45

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	17.69	0.9300	0.9748	1.0000	0.9640	1.0001	1.0000	0.8000	12.37
Multi-Source Brand	11.73	0.9300	0.9691	1.0000	0.9640	1.0001	1.0000	0.8000	8.15
Single-Source Brand	53.76	0.9300	0.9708	1.0000	0.9640	1.0001	1.0000	0.8000	37.44
Over-The-Counter	0.40	0.9300	0.9555	1.0000	0.9640	1.0001	1.0000	0.8000	0.28
Unidentified	0.87	0.9300	0.9562	1.0000	0.9640	1.0001	1.0000	0.8000	0.59
Total	84.46								58.84

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	32.00	0.9300	0.9610	1.0000	0.9640	1.0001	1.0000	0.8000	22.06
Multi-Source Brand	19.96	0.9300	0.9573	1.0000	0.9640	1.0001	1.0000	0.8000	13.71
Single-Source Brand	112.62	0.9300	0.9502	1.0000	0.9640	1.0001	1.0000	0.8000	76.76
Over-The-Counter	1.09	0.9300	0.9169	1.0000	0.9640	1.0001	1.0000	0.8000	0.72
Unidentified	1.07	0.9300	0.9449	1.0000	0.9640	1.0001	1.0000	0.8000	0.72
Total	166.74								113.97

Appendix K4
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data - SFY 0809
Standard Services

Eligibility Category: SSI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	35.80	0.9300	0.9456	1.0000	0.8760	1.0010	1.0000	0.8000	22.09
Multi-Source Brand	31.30	0.9300	0.9539	1.0000	0.8760	1.0010	1.0000	0.8000	19.48
Single-Source Brand	171.11	0.9300	0.9474	1.0000	0.8760	1.0010	1.0000	0.8000	105.76
Over-The-Counter	1.50	0.9300	0.8899	1.0000	0.8760	1.0010	1.0000	0.8000	0.87
Unidentified	2.43	0.9300	0.9430	1.0000	0.8760	1.0010	1.0000	0.8000	1.49
Total	242.15								149.69

Eligibility Category: OCWI

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	10.72	0.9300	0.9914	1.0000	1.0000	1.0003	1.0000	0.8000	7.91
Multi-Source Brand	5.26	0.9300	0.9899	1.0000	1.0000	1.0003	1.0000	0.8000	3.87
Single-Source Brand	17.25	0.9300	0.9896	1.0000	1.0000	1.0003	1.0000	0.8000	12.71
Over-The-Counter	0.67	0.9300	0.9786	1.0000	1.0000	1.0003	1.0000	0.8000	0.49
Unidentified	1.20	0.9300	0.9986	1.0000	1.0000	1.0003	1.0000	0.8000	0.89
Total	35.11								25.88

Eligibility Category: DUAL

Benefits	Per Capita Monthly Allowed Cost	MCO Contractual Adjustment	Pharmacy Limits	Pharmacy Rebate	MCO Selection Adjustment	IBNR Adjustment	Inflation Factor to SFY 0809	Managed Care Adjustment Factor	Per Capita Monthly Allowed Cost
Generic	3.29	0.9300	0.9637	1.0000	1.0000	1.0010	1.0000	0.8000	2.36
Multi-Source Brand	0.65	0.9300	0.9447	1.0000	1.0000	1.0010	1.0000	0.8000	0.46
Single-Source Brand	5.04	0.9300	0.9683	1.0000	1.0000	1.0010	1.0000	0.8000	3.63
Over-The-Counter	0.08	0.9300	0.9780	1.0000	1.0000	1.0010	1.0000	0.8000	0.06
Unidentified	0.10	0.9300	0.9831	1.0000	1.0000	1.0010	1.0000	0.8000	0.08
Total	9.17								6.59

Appendix L1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fee-For-Service Base Experience Data
Ethically Limited Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	104,896	3.89	73,333	3.91	3.90	1.1074	4.32
Multi-Source Brand	104,896	0.53	73,333	0.44	0.49	1.1535	0.57
Single-Source Brand	104,896	5.72	73,333	6.65	6.10	1.1535	7.04
Over-The-Counter	104,896	0.03	73,333	0.05	0.04	1.0710	0.04
Unidentified	104,896	0.07	73,333	0.10	0.09	1.1257	0.10
Total	104,896	10.25	73,333	11.16	10.63		12.07

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	268,916	7.19	250,142	6.41	6.81	1.1074	7.55
Multi-Source Brand	268,916	0.70	250,142	0.61	0.66	1.1535	0.76
Single-Source Brand	268,916	16.82	250,142	15.28	16.08	1.1535	18.55
Over-The-Counter	268,916	0.04	250,142	0.05	0.05	1.0710	0.05
Unidentified	268,916	0.21	250,142	0.28	0.25	1.1257	0.28
Total	268,916	24.96	250,142	22.64	23.84		27.18

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	983,685	5.31	608,899	4.70	5.08	1.1074	5.62
Multi-Source Brand	983,685	0.95	608,899	0.85	0.91	1.1535	1.05
Single-Source Brand	983,685	11.44	608,899	10.17	10.95	1.1535	12.64
Over-The-Counter	983,685	0.05	608,899	0.08	0.06	1.0710	0.07
Unidentified	983,685	0.17	608,899	0.23	0.19	1.1257	0.22
Total	983,685	17.92	608,899	16.03	17.20		19.59

Appendix L1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Ethically Limited Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	935,413	4.30	562,005	4.37	4.32	1.1074	4.79
Multi-Source Brand	935,413	3.04	562,005	2.08	2.68	1.1535	3.09
Single-Source Brand	935,413	20.56	562,005	20.89	20.68	1.1535	23.86
Over-The-Counter	935,413	0.11	562,005	0.11	0.11	1.0710	0.11
Unidentified	935,413	0.10	562,005	0.21	0.14	1.1257	0.16
Total	935,413	28.10	562,005	27.66	27.93		32.01

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	305,536	3.89	181,821	4.50	4.12	1.1074	4.56
Multi-Source Brand	305,536	4.36	181,821	3.60	4.07	1.1535	4.70
Single-Source Brand	305,536	19.14	181,821	20.87	19.79	1.1535	22.83
Over-The-Counter	305,536	0.13	181,821	0.14	0.13	1.0710	0.14
Unidentified	305,536	0.14	181,821	0.29	0.19	1.1257	0.22
Total	305,536	27.66	181,821	29.39	28.30		32.44

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	337,033	5.00	194,905	4.90	4.96	1.1074	5.49
Multi-Source Brand	337,033	3.83	194,905	3.19	3.60	1.1535	4.15
Single-Source Brand	337,033	15.98	194,905	16.51	16.17	1.1535	18.66
Over-The-Counter	337,033	0.12	194,905	0.12	0.12	1.0710	0.13
Unidentified	337,033	0.11	194,905	0.32	0.19	1.1257	0.21
Total	337,033	25.04	194,905	25.04	25.04		28.64

Appendix L1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Ethically Limited Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	83,167	11.49	55,101	10.86	11.24	1.1074	12.44
Multi-Source Brand	83,167	8.15	55,101	9.12	8.54	1.1535	9.85
Single-Source Brand	83,167	30.47	55,101	29.75	30.19	1.1535	34.82
Over-The-Counter	83,167	0.33	55,101	0.29	0.32	1.0710	0.34
Unidentified	83,167	0.12	55,101	0.43	0.24	1.1257	0.27
Total	83,167	50.57	55,101	50.45	50.52		57.72

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	435,620	11.96	284,600	11.81	11.90	1.1074	13.18
Multi-Source Brand	435,620	7.89	284,600	7.97	7.92	1.1535	9.14
Single-Source Brand	435,620	35.34	284,600	35.52	35.41	1.1535	40.84
Over-The-Counter	435,620	0.27	284,600	0.28	0.27	1.0710	0.29
Unidentified	435,620	0.18	284,600	0.58	0.34	1.1257	0.38
Total	435,620	55.63	284,600	56.15	55.84		63.83

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	65,760	22.10	43,871	21.94	22.04	1.1074	24.40
Multi-Source Brand	65,760	11.57	43,871	13.68	12.42	1.1535	14.32
Single-Source Brand	65,760	75.27	43,871	76.65	75.83	1.1535	87.46
Over-The-Counter	65,760	0.72	43,871	0.72	0.72	1.0710	0.77
Unidentified	65,760	0.36	43,871	0.72	0.50	1.1257	0.57
Total	65,760	110.02	43,871	113.72	111.50		127.53

Appendix L1
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Ethically Limited Services

Eligibility Category: SSI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	652,694	21.46	406,223	21.96	21.65	1.1349	24.57
Multi-Source Brand	652,694	17.64	406,223	19.44	18.33	1.1909	21.83
Single-Source Brand	652,694	108.56	406,223	105.52	107.39	1.1909	127.90
Over-The-Counter	652,694	0.93	406,223	0.87	0.91	1.0801	0.98
Unidentified	652,694	0.63	406,223	1.49	0.96	1.1535	1.11
Total	652,694	149.21	406,223	149.29	149.24		176.38

Eligibility Category: OCWI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	228,148	7.30	118,377	7.31	7.30	1.0531	7.69
Multi-Source Brand	228,148	3.91	118,377	3.81	3.87	1.0801	4.18
Single-Source Brand	228,148	12.05	118,377	11.52	11.87	1.0801	12.82
Over-The-Counter	228,148	0.41	118,377	0.49	0.44	1.0353	0.45
Unidentified	228,148	0.24	118,377	0.89	0.46	1.0621	0.49
Total	228,148	23.90	118,377	24.01	23.94		25.63

Eligibility Category: DUAL

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	460,775	2.38	463,251	2.36	2.37	1.1074	2.62
Multi-Source Brand	460,775	0.71	463,251	0.46	0.58	1.1628	0.68
Single-Source Brand	460,775	3.59	463,251	3.63	3.61	1.1628	4.20
Over-The-Counter	460,775	0.07	463,251	0.06	0.06	1.0710	0.07
Unidentified	460,775	0.03	463,251	0.08	0.06	1.1257	0.06
Total	460,775	6.77	463,251	6.59	6.68		7.63

Appendix L2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Standard Services

Eligibility Category: TANF - 0 - 2 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	104,896	3.89	73,333	3.91	3.90	1.1074	4.32
Multi-Source Brand	104,896	0.53	73,333	0.44	0.49	1.1535	0.57
Single-Source Brand	104,896	5.72	73,333	6.65	6.10	1.1535	7.04
Over-The-Counter	104,896	0.03	73,333	0.05	0.04	1.0710	0.04
Unidentified	104,896	0.07	73,333	0.10	0.09	1.1257	0.10
Total	104,896	10.25	73,333	11.16	10.63		12.07

Eligibility Category: TANF - 3 - 12 Months, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	268,916	7.19	250,142	6.41	6.81	1.1074	7.55
Multi-Source Brand	268,916	0.70	250,142	0.61	0.66	1.1535	0.76
Single-Source Brand	268,916	16.82	250,142	15.28	16.08	1.1535	18.55
Over-The-Counter	268,916	0.04	250,142	0.05	0.05	1.0710	0.05
Unidentified	268,916	0.21	250,142	0.28	0.25	1.1257	0.28
Total	268,916	24.96	250,142	22.64	23.84		27.18

Eligibility Category: TANF - Age 1 - 6, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	983,685	5.31	608,899	4.70	5.08	1.1074	5.62
Multi-Source Brand	983,685	0.95	608,899	0.85	0.91	1.1535	1.05
Single-Source Brand	983,685	11.44	608,899	10.17	10.95	1.1535	12.64
Over-The-Counter	983,685	0.05	608,899	0.08	0.06	1.0710	0.07
Unidentified	983,685	0.17	608,899	0.23	0.19	1.1257	0.22
Total	983,685	17.92	608,899	16.03	17.20		19.59

Appendix L2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Standard Services

Eligibility Category: TANF - Age 7 - 13, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	935,413	4.31	562,005	4.39	4.34	1.1074	4.81
Multi-Source Brand	935,413	3.04	562,005	2.09	2.68	1.1535	3.09
Single-Source Brand	935,413	20.59	562,005	20.93	20.72	1.1535	23.90
Over-The-Counter	935,413	0.11	562,005	0.11	0.11	1.0710	0.11
Unidentified	935,413	0.10	562,005	0.21	0.14	1.1257	0.16
Total	935,413	28.15	562,005	27.73	27.99		32.07

Eligibility Category: TANF - Age 14 - 18, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	305,536	3.89	181,821	4.50	4.12	1.1074	4.56
Multi-Source Brand	305,536	4.36	181,821	3.60	4.07	1.1535	4.70
Single-Source Brand	305,536	19.14	181,821	20.87	19.79	1.1535	22.83
Over-The-Counter	305,536	0.13	181,821	0.14	0.13	1.0710	0.14
Unidentified	305,536	0.14	181,821	0.29	0.19	1.1257	0.22
Total	305,536	27.66	181,821	29.40	28.31		32.44

Eligibility Category: TANF - Age 14 - 18, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	337,033	5.74	194,905	5.62	5.69	1.1074	6.30
Multi-Source Brand	337,033	4.02	194,905	3.33	3.76	1.1535	4.34
Single-Source Brand	337,033	18.01	194,905	18.78	18.29	1.1535	21.10
Over-The-Counter	337,033	0.12	194,905	0.12	0.12	1.0710	0.13
Unidentified	337,033	0.11	194,905	0.34	0.19	1.1257	0.22
Total	337,033	28.00	194,905	28.19	28.07		32.10

Appendix L2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Standard Services

Eligibility Category: TANF - Age 19 - 44, Male

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	83,167	11.49	55,101	10.86	11.24	1.1074	12.44
Multi-Source Brand	83,167	8.15	55,101	9.12	8.54	1.1535	9.85
Single-Source Brand	83,167	30.47	55,101	29.75	30.19	1.1535	34.82
Over-The-Counter	83,167	0.33	55,101	0.29	0.32	1.0710	0.34
Unidentified	83,167	0.12	55,101	0.43	0.24	1.1257	0.27
Total	83,167	50.57	55,101	50.45	50.52		57.72

Eligibility Category: TANF - Age 19 - 44, Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	435,620	12.58	284,600	12.37	12.50	1.1074	13.84
Multi-Source Brand	435,620	8.13	284,600	8.15	8.14	1.1535	9.39
Single-Source Brand	435,620	37.21	284,600	37.44	37.30	1.1535	43.02
Over-The-Counter	435,620	0.27	284,600	0.28	0.27	1.0710	0.29
Unidentified	435,620	0.18	284,600	0.59	0.34	1.1257	0.39
Total	435,620	58.37	284,600	58.84	58.55		66.93

Eligibility Category: TANF - Age 45+, Male & Female

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	65,760	22.18	43,871	22.06	22.13	1.1074	24.51
Multi-Source Brand	65,760	11.58	43,871	13.71	12.43	1.1535	14.34
Single-Source Brand	65,760	75.36	43,871	76.76	75.92	1.1535	87.57
Over-The-Counter	65,760	0.72	43,871	0.72	0.72	1.0710	0.77
Unidentified	65,760	0.36	43,871	0.72	0.50	1.1257	0.57
Total	65,760	110.21	43,871	113.97	111.72		127.77

Appendix L2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Fee-For-Service Base Experience Data
 Standard Services

Eligibility Category: SSI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	652,694	21.60	406,223	22.09	21.78	1.1349	24.72
Multi-Source Brand	652,694	17.68	406,223	19.48	18.37	1.1909	21.88
Single-Source Brand	652,694	108.79	406,223	105.76	107.63	1.1909	128.17
Over-The-Counter	652,694	0.93	406,223	0.87	0.91	1.0801	0.98
Unidentified	652,694	0.63	406,223	1.49	0.96	1.1535	1.11
Total	652,694	149.62	406,223	149.69	149.65		176.86

Eligibility Category: OCWI

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	228,148	7.90	118,377	7.91	7.90	1.0531	8.32
Multi-Source Brand	228,148	3.99	118,377	3.87	3.95	1.0801	4.27
Single-Source Brand	228,148	13.15	118,377	12.71	13.00	1.0801	14.04
Over-The-Counter	228,148	0.41	118,377	0.49	0.44	1.0353	0.45
Unidentified	228,148	0.24	118,377	0.89	0.46	1.0621	0.49
Total	228,148	25.69	118,377	25.88	25.75		27.57

Eligibility Category: DUAL

Benefits	SFY 0708 Enrollment	SFY 0708 Adjusted PMPM Cost	SFY 0809 Enrollment	SFY 0809 Adjusted PMPM Cost	Blended SFY 0708 & SFY 0809 PMPM Cost	Inflation Factors to April 10 - March 11	October 10 - March 11 Adjusted PMPM Cost
Generic	460,775	2.38	463,251	2.36	2.37	1.1074	2.63
Multi-Source Brand	460,775	0.71	463,251	0.46	0.58	1.1628	0.68
Single-Source Brand	460,775	3.59	463,251	3.63	3.61	1.1628	4.20
Over-The-Counter	460,775	0.07	463,251	0.06	0.06	1.0710	0.07
Unidentified	460,775	0.03	463,251	0.08	0.06	1.1257	0.06
Total	460,775	6.78	463,251	6.59	6.69		7.64

Appendix M1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Prescription Drug Benefits
Ethically Limited Services

Eligibility Category	Gender	October 10 - March 11 Adjusted PMPM Cost (A)	TPL Adjustment (B)	Managed Care Equivalent Cost (C) = (A)*(B)	Administration Load (D)	Administration Expense Allocation (E) = (C) * (D) / [1 - (D)]	October 2010 - March 2011 Capitation Rates (F) = (C) + (E)
TANF: 0-2 months old	Unisex	12.07	0.9954	12.02	9.0%	1.19	13.20
TANF: 3-12 months old	Unisex	27.18	0.9954	27.05	9.0%	2.68	29.73
TANF: Age 1-6	Unisex	19.59	0.9954	19.50	9.0%	1.93	21.43
TANF: Age 7-13	Unisex	32.01	0.9954	31.86	9.0%	3.15	35.01
TANF: Age 14-18	Male	32.44	0.9954	32.29	9.0%	3.19	35.49
TANF: Age 14-18	Female	28.64	0.9954	28.50	9.0%	2.82	31.32
TANF: Age 19-44	Male	57.72	0.9954	57.46	9.0%	5.68	63.14
TANF: Age 19-44	Female	63.83	0.9954	63.53	9.0%	6.28	69.82
TANF: Age 45+	Unisex	127.53	0.9954	126.94	9.0%	12.55	139.49
SSI	Unisex	176.38	0.9954	175.57	9.0%	17.36	192.94
OCWI	Unisex	25.63	0.9954	25.51	9.0%	2.52	28.04
DUAL	Unisex	7.63	0.9954	7.59	N/A	17.36	24.96
Maternity Kicker Payment	Female	N/A	N/A	N/A	N/A	N/A	N/A

Appendix M2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Capitation Rates for Prescription Drug Benefits
Standard Services

Eligibility Category	Gender	October 10 - March 11 Adjusted PMPM Cost (A)	TPL Adjustment (B)	Managed Care Equivalent Cost (C) = (A) * (B)	Administration Load (D)	Administration Expense Allocation (E) = (C) * (D) / [1 - (D)]	October 2010 - March 2011 Capitation Rates (F) = (C) + (E)
TANF: 0-2 months old	Unisex	12.07	0.9954	12.02	9.0%	1.19	13.20
TANF: 3-12 months old	Unisex	27.18	0.9954	27.05	9.0%	2.68	29.73
TANF: Age 1-6	Unisex	19.59	0.9954	19.50	9.0%	1.93	21.43
TANF: Age 7-13	Unisex	32.07	0.9954	31.93	9.0%	3.16	35.08
TANF: Age 14-18	Male	32.44	0.9954	32.29	9.0%	3.19	35.49
TANF: Age 14-18	Female	32.10	0.9954	31.95	9.0%	3.16	35.11
TANF: Age 19-44	Male	57.72	0.9954	57.46	9.0%	5.68	63.14
TANF: Age 19-44	Female	66.93	0.9954	66.62	9.0%	6.59	73.21
TANF: Age 45+	Unisex	127.77	0.9954	127.18	9.0%	12.58	139.76
SSI	Unisex	176.86	0.9954	176.05	9.0%	17.41	193.46
OCWI	Unisex	27.57	0.9954	27.45	9.0%	2.71	30.16
DUAL	Unisex	7.64	0.9954	7.60	N/A	17.41	25.01
Maternity Kicker Payment	Female	N/A	N/A	N/A	N/A	N/A	N/A

Appendices N - O

State of South Carolina Department of Health and Human Services October 2010 – March 2011 Capitation Rate Components

State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for this program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix N1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Breakdown of Capitation Rates by Major Components
Ethically Limited Rates

Eligibility Category	Gender	September 2010 Enrollment*	October 2010 - March 2011 Rates							
			Hospital Inpatient	Hospital Outpatient	Professional	Other	Rx	Admin	STP	Total
TANF: 0-2 months old	Unisex	2,591	1,102.61	39.38	314.15	22.66	12.02	222.16	98.43	1,811.40
TANF: 3-12 months old	Unisex	10,465	42.82	43.11	89.77	8.73	27.05	30.23	20.79	262.49
TANF: Age 1-6	Unisex	64,675	9.65	22.80	35.27	2.92	19.50	12.48	4.70	107.32
TANF: Age 7-13	Unisex	54,270	7.15	14.55	27.30	1.72	31.86	10.73	3.23	96.54
TANF: Age 14-18	Male	13,592	15.80	19.19	26.23	2.95	32.29	12.78	3.72	112.98
TANF: Age 14-18	Female	15,157	15.81	30.57	41.36	2.93	28.50	18.82	5.49	143.49
TANF: Age 19-44	Male	2,511	76.47	56.45	62.17	10.13	57.46	36.35	9.09	308.11
TANF: Age 19-44	Female	15,332	74.66	75.28	88.79	7.27	63.53	49.70	10.02	369.26
TANF: Age 45+	Unisex	2,084	154.34	99.97	127.57	16.70	126.94	72.11	14.37	611.99
SSI	Unisex	16,667	263.24	99.14	146.34	39.42	175.57	99.27	28.94	851.92
OCWI	Unisex	4,852	49.94	101.53	155.37	11.57	25.51	58.71	36.22	438.85
DUAL	Unisex	N/A	13.86	12.48	27.00	6.82	7.59	99.27	17.81	184.84
Maternity Kicker Payment	Female	864	3,952.94	0.00	1,662.37	2.07	N/A	455.46	0.00	6,072.84
Composite (Excludes < 1 year old rates cells)		189,140	59.05	35.09	58.99	6.63	43.85	27.41	7.81	238.84
Composite (Includes < 1 year old rates cells)		202,196	71.58	35.56	63.86	6.94	42.58	30.06	9.64	260.22

*Using estimated Maternity Kicker payments

Appendix N2
 South Carolina Department of Health and Human Services
 October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
 Breakdown of Capitation Rates by Major Components
 Standard Rates

Eligibility Category	Gender	September 2010 Enrollment*	October 2010 - March 2011 Rates							
			Hospital Inpatient	Hospital Outpatient	Professional	Other	Rx	Admin	STP	Total
TANF: 0-2 months old	Unisex	2,861	1,102.61	39.38	314.15	22.66	12.02	222.16	98.43	1,811.40
TANF: 3-12 months old	Unisex	8,743	42.82	43.11	89.77	8.73	27.05	30.23	20.79	262.49
TANF: Age 1-6	Unisex	46,382	9.65	22.80	35.27	2.92	19.50	12.48	4.70	107.32
TANF: Age 7-13	Unisex	41,037	7.15	14.56	27.38	1.72	31.93	10.75	3.23	96.71
TANF: Age 14-18	Male	12,231	15.80	19.19	26.41	2.96	32.29	12.81	3.72	113.19
TANF: Age 14-18	Female	13,054	15.82	31.08	43.74	2.94	31.95	19.67	5.57	150.77
TANF: Age 19-44	Male	5,374	76.47	56.50	62.33	10.13	57.46	36.38	9.10	308.36
TANF: Age 19-44	Female	26,823	74.67	77.17	92.59	7.30	66.62	51.01	10.21	379.56
TANF: Age 45+	Unisex	3,272	154.34	100.25	127.99	16.70	127.18	72.24	14.39	613.08
SSI	Unisex	22,494	263.24	99.38	147.08	39.46	176.05	99.47	28.97	853.66
OCWI	Unisex	7,758	49.97	106.76	166.10	11.68	27.45	61.75	37.21	460.92
DUAL	Unisex	N/A	13.86	12.48	27.08	6.82	7.60	99.47	17.82	185.12
Maternity Kicker Payment	Female	954	4,262.22	0.00	1,664.12	2.07	N/A	480.68	0.00	6,409.10
Composite (Excludes < 1 year old rates cells)		178,425	80.89	45.18	73.28	8.78	54.43	35.92	9.97	308.44
Composite (Includes < 1 year old rates cells)		190,029	94.52	44.99	77.66	8.98	52.53	38.46	11.80	328.95

*Using estimated Maternity Kicker payments

Appendix O1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Percentage Distribution of Capitation Rates by Major Components
Ethically Limited Rates

Eligibility Category	Gender	September 2010 Enrollment*	October 2010 - March 2011 Rates							
			Hospital Inpatient	Hospital Outpatient	Professional	Other	Rx	Admin	STP	Total
TANF: 0-2 months old	Unisex	2,591	60.9%	2.2%	17.3%	1.3%	0.7%	12.3%	5.4%	100.0%
TANF: 3-12 months old	Unisex	10,465	16.3%	16.4%	34.2%	3.3%	10.3%	11.5%	7.9%	100.0%
TANF: Age 1-6	Unisex	64,675	9.0%	21.2%	32.9%	2.7%	18.2%	11.6%	4.4%	100.0%
TANF: Age 7-13	Unisex	54,270	7.4%	15.1%	28.3%	1.8%	33.0%	11.1%	3.3%	100.0%
TANF: Age 14-18	Male	13,592	14.0%	17.0%	23.2%	2.6%	28.6%	11.3%	3.3%	100.0%
TANF: Age 14-18	Female	15,157	11.0%	21.3%	28.8%	2.0%	19.9%	13.1%	3.8%	100.0%
TANF: Age 19-44	Male	2,511	24.8%	18.3%	20.2%	3.3%	18.6%	11.8%	3.0%	100.0%
TANF: Age 19-44	Female	15,332	20.2%	20.4%	24.0%	2.0%	17.2%	13.5%	2.7%	100.0%
TANF: Age 45+	Unisex	2,084	25.2%	16.3%	20.8%	2.7%	20.7%	11.8%	2.3%	100.0%
SSI	Unisex	16,667	30.9%	11.6%	17.2%	4.6%	20.6%	11.7%	3.4%	100.0%
OCWI	Unisex	4,852	11.4%	23.1%	35.4%	2.6%	5.8%	13.4%	8.3%	100.0%
DUAL	Unisex	N/A	7.5%	6.8%	14.6%	3.7%	4.1%	53.7%	9.6%	100.0%
Maternity Kicker Payment	Female	864	65.1%	0.0%	27.4%	0.0%	0.0%	7.5%	0.0%	100.0%
Composite (Excludes < 1 year old rates cells)		189,140	24.7%	14.7%	24.7%	2.8%	18.4%	11.5%	3.3%	100.0%
Composite (Includes < 1 year old rates cells)		202,196	27.5%	13.7%	24.5%	2.7%	16.4%	11.6%	3.7%	100.0%

*Using estimated Maternity Kicker payments

Appendix O2
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Percentage Distribution of Capitation Rates by Major Components
Standard Rates

Eligibility Category	Gender	September 2010 Enrollment*	October 2010 - March 2011 Rates							
			Hospital Inpatient	Hospital Outpatient	Professional	Other	Rx	Admin	STP	Total
TANF: 0-2 months old	Unisex	2,861	60.9%	2.2%	17.3%	1.3%	0.7%	12.3%	5.4%	100.0%
TANF: 3-12 months old	Unisex	8,743	16.3%	16.4%	34.2%	3.3%	10.3%	11.5%	7.9%	100.0%
TANF: Age 1-6	Unisex	46,382	9.0%	21.2%	32.9%	2.7%	18.2%	11.6%	4.4%	100.0%
TANF: Age 7-13	Unisex	41,037	7.4%	15.1%	28.3%	1.8%	33.0%	11.1%	3.3%	100.0%
TANF: Age 14-18	Male	12,231	14.0%	17.0%	23.3%	2.6%	28.5%	11.3%	3.3%	100.0%
TANF: Age 14-18	Female	13,054	10.5%	20.6%	29.0%	1.9%	21.2%	13.0%	3.7%	100.0%
TANF: Age 19-44	Male	5,374	24.8%	18.3%	20.2%	3.3%	18.6%	11.8%	2.9%	100.0%
TANF: Age 19-44	Female	26,823	19.7%	20.3%	24.4%	1.9%	17.6%	13.4%	2.7%	100.0%
TANF: Age 45+	Unisex	3,272	25.2%	16.4%	20.9%	2.7%	20.7%	11.8%	2.3%	100.0%
SSI	Unisex	22,494	30.8%	11.6%	17.2%	4.6%	20.6%	11.7%	3.4%	100.0%
OCWI	Unisex	7,758	10.8%	23.2%	36.0%	2.5%	6.0%	13.4%	8.1%	100.0%
DUAL	Unisex	N/A	7.5%	6.7%	14.6%	3.7%	4.1%	53.7%	9.6%	100.0%
Maternity Kicker Payment	Female	954	66.5%	0.0%	26.0%	0.0%	0.0%	7.5%	0.0%	100.0%
Composite (Excludes < 1 year old rates cells)		178,425	26.2%	14.6%	23.8%	2.8%	17.6%	11.6%	3.2%	100.0%
Composite (Includes < 1 year old rates cells)		190,029	28.7%	13.7%	23.6%	2.7%	16.0%	11.7%	3.6%	100.0%

*Using estimated Maternity Kicker payments

Appendices P

State of South Carolina Department of Health and Human Services October 2010 – March 2011 Fiscal Impact Exhibit

State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

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Appendix P1
South Carolina Department of Health and Human Services
October 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fiscal Impact
Ethically Limited Services

Eligibility Category	Gender	September 2010 Enrollment*	April 2010 - March 2011			October 2010 - March 2011			Change	
			Monthly Capitation Rate	Total Expenditures	Federal Expenditures (at 79.58%)	Monthly Capitation Rate	Total Expenditures	Federal Expenditures (at 79.58%)	Total Expenditures	Federal Expenditures (at 79.58%)
TANF: 0-2 months old	Unisex	2,591	1,803.31	4,672,376	3,718,277	1,811.40	4,693,337	3,734,958	0.4%	0.4%
TANF: 3-12 months old	Unisex	10,465	258.71	2,707,400	2,154,549	262.49	2,746,958	2,186,029	1.5%	1.5%
TANF: Age 1-6	Unisex	64,675	105.51	6,823,859	5,430,427	107.32	6,940,921	5,523,585	1.7%	1.7%
TANF: Age 7-13	Unisex	54,270	93.83	5,092,154	4,052,336	96.54	5,239,226	4,169,376	2.9%	2.9%
TANF: Age 14-18	Male	13,592	110.50	1,501,916	1,195,225	112.98	1,535,624	1,222,050	2.2%	2.2%
TANF: Age 14-18	Female	15,157	141.06	2,138,046	1,701,457	143.49	2,174,878	1,730,768	1.7%	1.7%
TANF: Age 19-44	Male	2,511	294.23	738,812	587,946	308.11	773,664	615,682	4.7%	4.7%
TANF: Age 19-44	Female	15,332	352.18	5,399,624	4,297,021	369.26	5,661,494	4,505,417	4.8%	4.8%
TANF: Age 45+	Unisex	2,084	586.18	1,221,599	972,149	611.99	1,275,387	1,014,953	4.4%	4.4%
SSI	Unisex	16,667	847.40	14,123,616	11,239,573	851.92	14,198,951	11,299,525	0.5%	0.5%
OCWI	Unisex	4,852	413.46	2,006,108	1,596,461	438.85	2,129,300	1,694,497	6.1%	6.1%
DUAL	Unisex	0	183.07	0	0	184.84	0	0	N/A	N/A
Maternity Kicker Payment	Female	864	5,993.26	5,176,179	4,119,203	6,072.84	5,244,909	4,173,899	N/A	N/A
Total		202,196	255.21	51,601,689	41,064,624	260.22	52,614,650	41,870,739	2.0%	2.0%

*Using estimated Maternity Kicker payments

Appendix P2
South Carolina Department of Health and Human Services
April 2010 - March 2011 Medicaid Managed Care Capitation Rate Development
Fiscal Impact
Standard Services

Eligibility Category	Gender	September 2010 Enrollment*	April 2010 - March 2011			October 2010 - March 2011			Change	
			Monthly Capitation Rate	Total Expenditures	Federal Expenditures (at 79.58%)	Monthly Capitation Rate	Total Expenditures	Federal Expenditures (at 79.58%)	Total Expenditures	Federal Expenditures (at 79.58%)
TANF: 0-2 months old	Unisex	2,861	1,803.31	5,159,270	4,105,747	1,811.40	5,182,415	4,124,166	0.4%	0.4%
TANF: 3-12 months old	Unisex	8,743	258.71	2,261,902	1,800,021	262.49	2,294,950	1,826,321	1.5%	1.5%
TANF: Age 1-6	Unisex	46,382	105.51	4,893,765	3,894,458	107.32	4,977,716	3,961,267	1.7%	1.7%
TANF: Age 7-13	Unisex	41,037	93.95	3,855,426	3,068,148	96.71	3,968,688	3,158,282	2.9%	2.9%
TANF: Age 14-18	Male	12,231	110.53	1,351,892	1,075,836	113.19	1,384,427	1,101,727	2.4%	2.4%
TANF: Age 14-18	Female	13,054	147.93	1,931,078	1,536,752	150.77	1,968,152	1,566,255	1.9%	1.9%
TANF: Age 19-44	Male	5,374	294.47	1,582,482	1,259,339	308.36	1,657,127	1,318,741	4.7%	4.7%
TANF: Age 19-44	Female	26,823	361.52	9,697,051	7,716,913	379.56	10,180,938	8,101,990	5.0%	5.0%
TANF: Age 45+	Unisex	3,272	586.98	1,920,599	1,528,412	613.08	2,005,998	1,596,373	4.4%	4.4%
SSI	Unisex	22,494	848.77	19,092,232	15,193,599	853.66	19,202,228	15,281,133	0.6%	0.6%
OCWI	Unisex	7,758	432.88	3,358,283	2,672,522	460.92	3,575,817	2,845,635	6.5%	6.5%
DUAL	Unisex	0	183.35	0	0	185.12	0	0	N/A	N/A
Maternity Kicker Payment	Female	954	6,323.31	6,030,330	4,798,937	6,409.10	6,112,145	4,864,045	N/A	N/A
Total		190,029	321.71	61,134,310	48,650,684	328.95	62,510,601	49,745,936	2.3%	2.3%

*Using estimated Maternity Kicker payments

Appendix Q

State of South Carolina Department of Health and Human Services October 2010 – March 2011 Actuarial Certification

State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for this program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.



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John D. Meerschaert, FSA, MAAA
Principal and Consulting Actuary

john.meerschaert@milliman.com

November 2, 2010

**South Carolina Department of Health & Human Services
Capitated Contracts Ratesetting
Actuarial Certification
October 2010 – March 2011 Medicaid Managed Care Capitation Rates**

I, John D. Meerschaert, am associated with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. I was retained by the South Carolina Department of Health & Human Services (SC DHHS) to perform an actuarial certification of the Medicaid Managed Care capitation rates for October 2010 – March 2011 for filing with the Centers for Medicare and Medicaid Services (CMS). I reviewed the capitation rates development and am familiar with the Code of Federal Regulations, 42 CFR 438.6(c) and the CMS "Appendix A, PAHP, PIHP and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting."

I examined the actuarial assumptions and actuarial methods used in setting the capitation rates for October 2010 – March 2011. To the best of my information, knowledge and belief, for the period from October 2010 to March 2011, the capitation rates offered by SC DHHS are in compliance with 42 CFR 438.6(c). The attached actuarial report describes the capitation rate setting methodology.

In my opinion, the capitation rates are actuarially sound, were developed in accordance with generally accepted actuarial principles and practices, and are appropriate for the populations to be covered and the services to be furnished under the contract.

In making my opinion, I relied upon the accuracy of the underlying claims and eligibility data records and other information. A copy of the reliance letter received from SC DHHS is attached and constitutes part of this opinion. I did not audit the data and calculations, but did review them for reasonableness and consistency and did not find material defects. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.



South Carolina Department of Health & Human Services
Capitated Contracts Ratesetting
Actuarial Certification
October 2010 – March 2011 Medicaid Managed Care Capitation Rates
November 2, 2010
Page 2

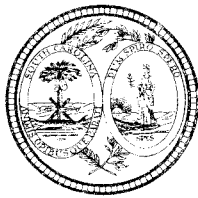
It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted managed care organization's situation and experience.

This Opinion assumes the reader is familiar with the South Carolina Medicaid program, Medicaid managed care programs, and actuarial rating techniques. The Opinion is intended for the State of South Carolina and the Centers for Medicare and Medicaid Services and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial rate projections of the type in this Opinion, so as to properly interpret the projection results.

A handwritten signature in black ink, appearing to read "John D. Meerschaert", written over a horizontal line.

John D. Meerschaert
Member, American Academy of Actuaries

November 2, 2010



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 5, 2010

Mr. John D. Meerschaert, F.S.A.
Milliman, Inc.
15800 Bluemound Road, Suite 400
Brookfield, WI 53005

Re: Actuarial Certification of October 1, 2010 – March 31, 2011 Capitation Rates for Medicaid MCO Capitation Rates

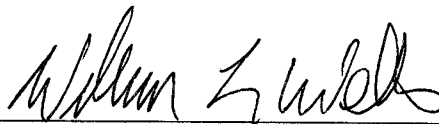
Dear John:

I, William L. Wells, Deputy Director of Finance and Administration for the South Carolina Department of Health and Human Services, hereby affirm that the data prepared and submitted to Milliman, Inc. (Milliman) for the purpose of certifying the October 1, 2010 – March 31, 2011 Medicaid MCO capitation rates were prepared under my direction, and to the best of my knowledge and belief are accurate and complete. This data includes:

1. Computer files supporting the October 1, 2010 – March 31, 2011 capitation rate calculation, including:
 - a. TPL Health Recoveries For April 2010 HMO Rate Setting.xls
 - b. Admin Days SFY 2009 For Milliman by DOS - April 2010 MCO Rate Setting.xls
 - c. Final IP Cost Cal 10-09 for Mike.xls
 - d. impact.xls
 - e. CHART Hospital NPI and Legacy.xls
 - f. Oct 1 2007 O-P Claims % Increase Analysis.xls
 - g. October 1, 2008 OP Multiplier Analysis for Milliman.xls
 - h. IP Cost Cal 10-01-10.xlsx
 - i. O-P Cost Cal 10-01-10 - Includes Offset for Clinical Lab - JS Review.xlsx
 - j. Injectable Fee Schedule - October 1, 2010 - Revised.xlsx
 - k. Oct 1 2009 Hospital Specific Outpatient Multiplier Analysis to Milliman.xls
 - l. FQHC and RHC Repricing for April 1, 2010 MCO Rates.xls
 - m. 20091221_Jcode List.xls
 - n. Diag Code with Class C_1.xlsx
 - o. List of Supplemental Teaching Physicians.xlsx
 - p. Significant Reimbursement Changes for April 2010 MCO Rate Setting.xls
 - q. RFC10-0026E.pdf
 - r. RFC09-0089-P 989 Edit Logic Changes.doc
2. SFY 2008 and SFY 2009 FFS claims and eligibility data

Mr. John D. Meerschaert, F.S.A.
October 5, 2010
Page 2

3. Other supporting documentation, including:
- a. South Carolina Medicaid fee schedules
 - b. Other computer files
 - c. Conversations concerning supplied data



William L. Wells, CPA

Deputy Director

October 5, 2010
Date

Attachment 1

Data Adjustment Specifications – Standard Managed Care In-Rate Criteria

State of South Carolina Department of Health and Human Services
October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for this program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

Eligibility Criteria

Eligibility File Type	Criteria	Notes	Notes
Recipient	Exclude Recipient Payment Categories: 10,14,15,33,41,42,43,48,49,50,52,54,55,56,70,90,92		Recipient Detail Flag
Recipient	Exclude if age >= 65 on date of service		Over 65 Flag
Recipient	Exclude Dual eligible members		Dual Flag
Recipient	Retroactive Eligibility	See Methodology and Results - General	Retro Elig Flag
Recipient	Long Term Care Exclusion	See Methodology and Results - Medical Benefits	LTC Flag
RSP	Exclude where RSP Program in: A,F,G,J,K,L,M,N,Q,R,S,T,U,V,W,X,Y, 1,2,3,4,5,7,8,9		RSP Flag

Note: The in-rate criteria only includes claims with a valid member record at the time services were rendered.

Claim Criteria

Nursing Home Claims

Claim Type	Provider Type	Provider Specialty	Criteria	Notes
G	00	Any	Include claims where the last 2 bytes of Billing Provider Number = SB or first byte of Billing Provider Number = V or Service Category = 11	

Note only provider type 00 are included in rate setting for D claim types.

UB-04 Claims

Claim Type	Provider Type	Provider Specialty	Criteria	Notes
Z	01	Any	Exclude if Provider Control Facility in (010, 011)	
Z	01	Any	Exclude if Prior Authorization (PA) starts with "TR"	
Z	01	Any	Exclude if Provider Number = TR0001	
Z	All	Any	Exclude if DRG = 103, 302, 480, 481, 495, 512, 513	
Z	01	Any	Exclude if Provider Category of Service = 01 AND DRG in (424-433 OR 521-523)	
Z	02	Any	Exclude if Provider Control Facility in (010, 011)	
Z	02	Any	Exclude if Prior Authorization (PA) starts with "TR"	
Z	02	Any	Exclude if Provider Number = TR0002	
Z	01	Any	Exclude is DRG = XXX	
Z	02	Any	Exclude if Principal Diagnostic Class Code is "C" (except in Revenue Code of 450)	Principal Diagnostic Class Code located in the State's Diagnostic reference table.
Z	02	Any	Exclude if Principle Surgical Procedures in (96.54, 23.01-24.99)	
Z	02	Any	Exclude if Reimbursement Type = 1 AND Surg Proc in (D0120-D9999, 41800-41899)	

Note only provider type (01, 02) are included in rate setting for Z claim types.

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

HIC Claims

Claim Type	Provider Type	Provider Specialty	Criteria	Notes
A	All	Any	Exclude if Procedure Codes in (H0002, H0031)	
A or B	All	Any	Exclude all Procedure Codes that begin with "D" except D1206	
A	10	20	Exclude if Provider Type is not (DEC100, DEC200, DEC300)	
A	19	04, 06, 25, 86, 99	Exclude if Procedure Code = 99420 AND Modifier in (TG, OTG)	
A	19	04, 06, 25, 86, 99	Exclude if Procedure Code = S3260	
A	20 or 21	31	Exclude if Procedure Code in (V2500-V2599,92070, 92310-92313,92340)	
A	33 or 34	34	Exclude if Procedure Code in (V2500-V2599,92070, 92310-92313,92340)	
A	20 or 21	Any	Exclude if Provider Control Facility in (010, 011)	
A	20 or 21	Any	Exclude if Procedure Code in (90804-90829, 90847, 90853, 90862, 90870, 90882, 90887, 90899) AND Modifier = 000	
A	19	84, 85, 87	Exclude if Prior Authorization (PA) starts with "ED"	
A	19	86	Exclude if Provider Control Facility is (010,011)	
A	19	86	Exclude if Procedure Code in (90804-90829, 90847, 90853, 90862, 90882) AND Modifier = 000	
A	19 or 21	PC, LT, SW	Exclude all claims	
A	20 or 21	Any	Exclude if Procedure Code = 96101 AND Modifier in (HP, OHP, 000)	
A	20 or 21	Any	Exclude if Procedure Code in (90804, 90806, 90847, 90853) AND Modifier in (0HN, HN, 0HO, HO, 0HP, HP)	
A	21	Any	Exclude if Prior Authorization (PA) starts with "TR"	
A	21	Any	Exclude if Provider Number = TR0003	
A	22	95, 96, 51, 21, 50, 58, 93, 94, 97, 98	Exclude if Procedure Code in (X2040, X2041, S3260, T1002, T1003)	
A	22	95, 96, 51, 21, 50, 58, 93, 94, 97, 98	Exclude if Procedure Code = T1015 AND Modifier in (0HE, HE)	
A	22	95	Exclude claims where the last 2 bytes of Billing Provider Number = SD	
A	22	95	Exclude if Provider Control Facility in (010, 011, 021)	
A	22	95	Exclude if Provider Number = MC0022 AND Procedure Code in (T1016-T1017)	
A	22	96	Exclude if Provider Number = MC0015 AND Procedure Code in (S0700-S0703)	
A	22	96	Exclude if Provider Number = MC0015 AND Procedure Code in (99241-99245) AND Modifier in (TF, 0TF)	
A	22	96	Exclude if Provider Number in (MC0008, MC0009, MC0010, MC0011, MC0021, MC0040) AND Procedure Code in (T1016, T1017, S0315, S0316, S9445, S9446, 96153, 99204, 99213, 99214, 99215)	Sickle cell services
A	22	51	Exclude if Procedure Code in (T1016, T1017, T1027) AND Provider Number in (DHEC01-DHEC46, DHEC59)	BabyNet services
A	22	51	Exclude if Primary Diagnosis in COMDHEC table AND Provider Number in (DHEC01-DHEC46, DHEC59)	Communicable Diseases
A	22	95	Exclude if Provider Type = JDH001	
A	80	Any	Exclude if Provider Control Facility = 017 AND Primary Diagnosis in COMDHEC table	
A	All	Any	Exclude if Provider Type is not (19,20,21,22,33,34,35,36,37,38,60,76,80,81,82)	

Pharmacy Claims

Claim Type	Provider Type	Provider Specialty	Criteria	Notes
D	70	Any	No Exclusions	

Note only provider type 70 is included in rate setting for D claim types.

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

Family Planning Claim Identification for Ethically Limited Rates

Claim Type	Provider Type	Provider Specialty	Criteria	Notes
A, D, Z	All	Any	Exclude if Fund Code in the Family Planning Table	
Z	01	Any	Exclude if DRG = 374 AND Fund Code = CA	

Note these additional exclusions are only used in rating Ethically limited plans.

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

<u>Claim Type</u>	<u>Claim Type Description</u>
A	HCFA 1500 Form Claims
B	Dental Claims
C	Medical Transportation Claims
D	Prescription Drug Claims
G	Nursing Home Claims
Z	UB92 Claims

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

<u>Provider Type</u>	<u>Provider Type Description</u>
00	NURSING HOME
01	INPATIENT HOSPITAL
02	OUTPATIENT HOSPITAL
04	MENTAL HEALTH (PVT)
10	MENTAL/REHAB
15	BUY-IN
16	EPSDT
19	OTHER MEDICAL PROF
20	PHYSICIAN,OSTEOPATH IND
21	PHYSICIAN,OSTEOPATH GRP
22	MEDICAL CLINICS
30	DENTIST, IND
31	DENTAL, GRP
32	OPTICIANS
33	OPTOMETRIST, IND
34	OPTOMETRIST, GRP
35	PODIATRIST, IND
36	PODIATRIST, GRP
37	CHIROPRACTOR, IND
38	CHIROPRACTOR, GRP
41	OPTICIAN, GRP
60	HOME HEALTH AGENCY
61	CLTC, INDIVIDUAL
62	CLTC, GROUP
70	PHARMACY
76	DURABLE MEDICAL EQUIPMENT
80	INDEPENDENT LABORATORY
81	X-RAY
82	AMBULANCE SERVICE
84	MEDICAL TRANSPORTATION
85	CAP AGENCIES
89	MCCA
96	MISCELLANEOUS
97	DUR
98	WITHOUT VALID PROV TYPE

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

<u>Provider Specialty Code</u>	<u>Provider Specialty Code Description</u>
AA	PEDIATRIC SUB-SPECIALIST
EN	DENTAL - ENDODONTIST
LT	LICENSED MARRIAGE AND FAMILY THERAPIST
PC	LICENSED PROFESSIONAL COUNSELOR
PE	DENTAL - PERIODONTIST
SW	LICENSED INDEPENDENT SOCIAL WORKER-CP
00	NO SPECIFIC MEDICAL SPECIALTY
01	THERAPIST/MULTIPLE SPECIALTY GROUP
02	ALLERGY AND IMMUNOLOGY
03	ANESTHESIOLOGY
04	AUDIOLOGY
05	CARDIOVASCULAR DISEASES
06	MIDWIFE
07	CHIROPRACTIC
08	DENTISTRY
09	DERMATOLOGY
10	EMERGENCY MEDICINE
11	ENDOCRINOLOGY AND METAB
12	FAMILY PRACTICE
13	GASTROENTEROLOGY
14	GENERAL PRACTICE
15	GERIATRICS
16	GYNECOLOGY
17	HEMATOLOGY
18	INFECTIOUS DISEASES
19	INTERNAL MEDICINE
20	PVT MENTAL HEALTH
21	NEPHROLOGY/ESRD
22	NEUROLOGY
23	NEUROPATHOLOGY
24	NUCLEAR MEDICINE
25	NURSE ANESTHETIST
26	OBSTETRICS
27	OBSTETRICS AND GYNECOLOGY
28	SCDMH
29	OCCUPATIONAL MEDICINE
30	ONCOLOGY
31	OPHTHALMOLOGY
32	OSTEOPATHY
33	OPTICIAN
34	OPTOMETRY
35	ORTHODONTICS
36	OTORHINOLARYNGOLOGY
37	HOSPITAL PATHOLOGY
38	PATHOLOGY
39	PATHOLOGY, CLINICAL
40	PEDIATRICS
41	PEDIATRICS, ALLERGY
42	PEDIATRICS, CARDIOLOGY
43	PEDODONTICS
44	INDEPENDENT LAB - PRICING ONLY

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

<u>Provider Specialty Code</u>	<u>Provider Specialty Code Description</u>
45	PHYSICAL MEDICINE & REHABILITATION
46	XRAY - LAB - PRICING ONLY
47	PODIATRY
48	PSYCHIATRY
49	PSYCHIATRY, CHILD
50	FEDERALLY QUALIFIED HEALTH CLINICS
51	DHEC
52	PULMONARY MEDICINE
53	NEONATOLOGY
54	RADIOLOGY
55	RADIOLOGY, DIAGNOSTIC
56	RADIOLOGY, THERAPEUTIC
57	RHEUMATOLOGY
58	FEDERALLY FUNDED HEALTH CLINICS (FF
59	SUPPLIER (DME)
60	HOME HEALTH - PRICING ONLY
61	SURGERY, CARDIOVASCULAR
62	SURGERY, COLON AND RECTAL
63	SURGERY, GENERAL
64	AMBULANCE - PRICING ONLY
65	SURGERY, NEUROLOGICAL
66	SURGERY, ORAL (DENTAL ONLY)
67	SURGERY, ORTHOPEDIC
68	SURGERY, PEDIATRIC
69	SURGERY, PLASTIC
70	SURGERY, THORACIC
71	SURGERY, UROLOGICAL
72	CLINIC SCREENERS - PRICING ONLY
73	PHYSICIAN SCREENERS - PRICING ONLY
74	PROSTHETICS & ORTHOTICS PRICE ONLY
75	INDIVIDUAL TRANS - PRICING ONLY
76	CAP - PRICING ONLY
77	CLTC
78	MULTIPLE SPECIALTY GROUP
79	CLTC - ALTERNATE
80	OUTPATIENT-PRICING ONLY
81	OUTPATIENT-ALTERNATE PRICING SPECIA
82	PSYCHOLOGIST
83	SOCIAL WORKER
84	SPEECH THERAPIST
85	PHYSICAL/OCCUPATIONAL THERAPIST
86	NURSE PRACTITIONER
87	OCCUPATIONAL THERAPIST
88	HOSPICE
89	CORF
90	ALCOHOL & DRUG ABUSE
91	MENTAL RETARDATION
92	SED CHILDREN
93	AMBULATORY SURGERY
94	DIABETES EDUCATOR
95	DEVELOPMENTAL REHABILITATION
96	FAMILY PLANNING, MATERNAL & CHILD H
97	RURAL HEALTH CLINICS (RHC)
98	PRIVATE DUTY NURSING
99	PEDIATRIC NURSE PRACTITIONER
LT	LICENSED MARRIAGE AND FAMILY THERAPIST
PC	LICENSED PROFESSIONAL COUNSELOR
SW	LICENSED INDEPENDENT SOCIAL WORKER-CP

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

<u>Payment Category</u>	<u>Payment Category Description</u>
10	MAO (NURSING HOMES)
11	MAO (EXTENDED TRANSITIONAL)
12	OCWI (INFANTS UP TO AGE 1)
13	MAO (FOSTER CARE/SUBSIDIZED ADOPTION)
14	MAO (GENERAL HOSPITAL)
15	MAO (CLTC WAIVERS)
16	PASS-ALONG ELIGIBLES
17	EARLY WIDOWS/WIDOWERS
18	DISABLED WIDOWS/WIDOWERS
19	DISABLED ADULT CHILD
20	PASS-ALONG CHILDREN
30	AFDC (FAMILY INDEPENDENCE)
31	TITLE IV-E FOSTER CARE
32	AGED, BLIND, DISABLED
33	ABD NURSING HOME
40	WORKING DISABLED
41	REINSTATEMENT
42	Silver Card and SLMB
43	Silver Card and S2 SLMB
48	S2 SLMB
49	S3 SLMB
50	QUALIFIED WORKING DISABLED (QWDI)
51	TITLE IV-E ADOPTION ASSISTANCE
52	SLMB
54	SSI NURSING HOMES
55	FAMILY PLANNING
56	COSY/ISCEDC
57	KATIE BECKETT CHILDREN - TEFRA
58	FAMILY INDEPENDENCE SANCTIONED
59	LOW INCOME FAMILIES
60	REGULAR FOSTER CARE
68	FI-MAO WORK SUPPLEMENTATION
70	REFUGEE ENTRANT
71	BREAST AND CERVICAL CANCER
80	SSI
81	SSI WITH ESSENTIAL SPOUSE
85	OPTIONAL SUPPLEMENT
86	OPTIONAL SUPPLEMENT & SSI
87	OCWI (PREGNANT WOMEN and INFANTS)
88	OCWI (CHILDREN UP TO AGE 1 NULL NULL
90	QUALIFIED MEDICARE BENEF (QMB)
91	RIBICOFF CHILDREN
92	SILVERCARD

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

<u>RSP Code</u>	<u>RSP Indicator</u>	<u>RSP Indicator 2</u>	<u>RSP Description</u>
MCPL	1	-	PEP Lead
LEAD	2	-	Non-PEP Lead
SCCH	3	S	SC Choice
NHTR	4	N	Nursing Home Transition
MCCM	5	-	Primary Care Case Management (Medical Care Home)
CLTC	A	E	CLTC Elderly Disabled
COSY	B	6	Cosy Project - Beaufort County
HREX	C	-	High Risk/Exempt
HRLO	D	-	High Risk/LO
HRHI	E	-	High Risk/HI
HIVA	F	B	CLTC HIV AIDS
MCPD	G	-	Physicians Enhanced Program
CHPC	H	C	CLTC Children's PCA
ISED	I	6	Interagency Sys. of Care for Emot. Dist. Ch.
MCSC	J	P	PACE
PSCA	J	P	Palmetto Senior Care
MCHS	K	7	Hospice
DMRN	L	5	DMR Waiver/New
DMRE	M	5	DMR Waiver/Established
MCHM	N	8	HMO
HRHT	O	-	High Risk High/Transitions
WAHS	P	-	Waiver Healthy Start
ALVG	Q	L	CLTC Assisted Living Waiver
MCRH	R	R	Rural Behavioral Health Services
HSCE	S	H	Head and Spinal Cord/Established
HSCN	T	H	Head and Spinal Cord/New
MCFC	U	9	Medically Fragile Children's Program
VENT	V	V	CLTC Ventilator Waiver
MCNF	W	9	Medically Fragile Non-Foster Care
MCPA	X	-	PEP Asthma
ASTH	Y	-	Non-PEP Asthma
MCPC	Z	-	Integrated Personal Care Services
MCSC	J	P	PACE

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

COMDHEC Range Table

<u>Min Diagnosis Code</u>	<u>Max Diagnosis Code</u>
V011	V011
V6544	V6545
V745	V745
01400	01486
0310	0319
07998	07998
1330	1330
7955	7955
V016	V017
V692	V692
01000	01096
01500	01596
042	042
0900	0999
1370	1374
79571	79571
V026	V028
V712	V712
01100	01196
01600	01696
05410	05419
1121	1122
6071	6071
V08	V08
V726	V726
01200	01286
01700	01796
0780	07811
13100	13109
6149	6149
V0970	V0971
V741	V741
01300	01396
01800	01896
07950	07959
1322	1322
6160	61610

State of South Carolina Department of Health and Human Services
Data Adjustment Specifications
STANDARD MANAGED CARE - In-Rate Criteria

Family Planning Fund Codes

BD
BY
CF
DD
DN
J1
J2
YR
T%
AS
AT
BC
BS
DC
DM
EB
EL
EQ
MD
MH
Q2
Q3
Q4
QG
QK
T5
TF
TW
Y+
YL
YQ
YX
AB
AD
AN
AO
MG
6T
TL
TO
T³
T³
TU
TR
TV
T>
T6
TI

Attachment 2

Listing and Definitions of Class C Diagnostic Codes

State of South Carolina Department of Health and Human Services

October 2010 – March 2011 Capitation Rate Development for Medicaid Managed Care Program
November 2, 2010

This report assumes that the reader is familiar with the State of South Carolina's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to SC DHHS to set October 2010 – March 2011 capitation rates for this program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
2900	Senile Dementia Uncomplicated
29010	Presenile Dementia Uncomplicated
29011	Presenile Dementia With Delirium
29012	Presenile Dementia With Delusional Features
29013	Presenile Dementia With Depressive Features
29020	Senile Dementia With Delusional Features
29021	Senile Dementia With Depressive Features
2903	Senile Dementia With Delirium
29040	Vascular Dementia Uncomplicated
29041	Vascular Dementia With Delirium
29042	Vascular Dementia With Delusions
29043	Vascular Dementia With Depressed Mood
2908	Other Specified Senile Psychotic Conditions
2909	Unspecified Senile Psychotic Condition
2910	Alcohol Withdrawal Delirium
2911	Alcohol-Induced Persisting Amnestic Disorder
2912	Alcohol-Induced Persisting Dementia
2913	Alcohol-Induced Psychotic Disorder With Hallucinations
2914	Idiosyncratic Alcohol Intoxication
2915	Alcohol-Induced Psychotic Disorder With Delusions
29181	Alcohol Withdrawal
29182	Alcohol-Induced Sleep Disorders
29189	Other Specified Alcohol-Induced Mental Disorders
2919	Unspecified Alcohol-Induced Mental Disorders
2920	Drug Withdrawal
29211	Drug-Induced Psychotic Disorder With Delusions
29212	Drug-Induced Psychotic Disorder With Hallucinations
2922	Pathological Drug Intoxication
29281	Drug-Induced Delirium
29282	Drug-Induced Persisting Dementia
29283	Drug-Induced Persisting Amnestic Disorder
29284	Drug-Induced Mood Disorder
29285	Drug-Induced Sleep Disorder
29289	Other Specified Drug-Induced Mental Disorders
2929	Unspecified Drug-Induced Mental Disorder
2930	Delirium Due To Conditions Classified Elsewhere
2931	Subacute Delirium
29381	Psychotic Disorder With Delusions In Conditions Classified Elsewhere
29382	Psychotic Disorder With Hallucinations In Conditions Classified Elsewhere
29383	Mood Disorder With Hallucinations In Conditions Classified Elsewhere
29384	Anxiety Disorder In Conditions Classified Elsewhere
29389	Other Specified Transient Mental Disorders Due To Conditions Classified Elsewhere
2939	Unspecified Transient Mental Disorders Due To Conditions Classified Elsewhere
2940	Amnestic Disorder In Conditions Classified Elsewhere
29410	Dementia In Conditions Classified Elsewhere Without Behavioral Disturbance
29411	Dementia In Conditions Classified Elsewhere With Behavioral Disturbance
2948	Other Persistent Mental Disorders Due To Conditions Classified Elsewhere
2949	Unspecified Persistent Mental Disorders Due To Conditions Classified Elsewhere
29500	Simple Type Schizophrenia Unspecified State
29501	Simple Type Schizophrenia Subchronic State
29502	Simple Type Schizophrenia Chronic State
29503	Simple Type Schizophrenia Subchronic State With Acute Exacerbation
29504	Simple Type Schizophrenia Chronic State With Acute Exacerbation
29505	Simple Type Schizophrenia In Remission
29510	Disorganized Type Schizophrenia Unspecified State
29511	Disorganized Type Schizophrenia Subchronic State
29512	Disorganized Type Schizophrenia Chronic State
29513	Disorganized Type Schizophrenia Subchronic State With Acute Exacerbation
29514	Disorganized Type Schizophrenia Chronic State With Acute Exacerbation
29515	Disorganized Type Schizophrenia In Remission
29520	Catatonic Type Schizophrenia Unspecified State
29521	Catatonic Type Schizophrenia Subchronic State

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
29522	Catatonic Type Schizophrenia Chronic State
29523	Catatonic Type Schizophrenia Subchronic State With Acute Exacerbation
29524	Catatonic Type Schizophrenia Chronic State With Acute Exacerbation
29525	Catatonic Type Schizophrenia In Remission
29530	Paranoid Type Schizophrenia Unspecified State
29531	Paranoid Type Schizophrenia Subchronic State
29532	Paranoid Type Schizophrenia Chronic State
29533	Paranoid Type Schizophrenia Subchronic State With Acute Exacerbation
29534	Paranoid Type Schizophrenia Chronic State With Acute Exacerbation
29535	Paranoid Type Schizophrenia In Remission
29540	Schizophreniform Disorder Unspecified State
29541	Schizophreniform Disorder Subchronic State
29542	Schizophreniform Disorder Chronic State
29543	Schizophreniform Disorder Subchronic State With Acute Exacerbation
29544	Schizophreniform Disorder Chronic State With Acute Exacerbation
29545	Schizophreniform Disorder In Remission
29550	Latent Schizophrenia Unspecified State
29551	Latent Schizophrenia Subchronic State
29552	Latent Schizophrenia Chronic State
29553	Latent Schizophrenia Subchronic State With Acute Exacerbation
29554	Latent Schizophrenia Chronic State With Acute Exacerbation
29555	Latent Schizophrenia In Remission
29560	Schizophrenic Disorders Residual Type Unspecified State
29561	Schizophrenic Disorders Residual Type Subchronic State
29562	Schizophrenic Disorders Residual Type Chronic State
29563	Schizophrenic Disorders Residual Type Subchronic State With Acute Exacerbation
29564	Schizophrenic Disorders Residual Type Chronic State With Acute Exacerbation
29565	Schizophrenic Disorders Residual Type In Remission
29570	Schizoaffective Disorder Unspecified State
29571	Schizoaffective Disorder Subchronic State
29572	Schizoaffective Disorder Chronic State
29573	Schizoaffective Disorder Subchronic State With Acute Exacerbation
29574	Schizoaffective Disorder Chronic State With Acute Exacerbation
29575	Schizoaffective Disorder In Remission
29580	Other Specified Types Of Schizophrenia Unspecified State
29581	Other Specified Types Of Schizophrenia Subchronic State
29582	Other Specified Types Of Schizophrenia Chronic State
29583	Other Specified Types Of Schizophrenia Subchronic State With Acute Exacerbation
29584	Other Specified Types Of Schizophrenia Chronic State With Acute Exacerbation
29585	Other Specified Types Of Schizophrenia In Remission
29590	Unspecified Type Schizophrenia Unspecified State
29591	Unspecified Type Schizophrenia Subchronic State
29592	Unspecified Type Schizophrenia Chronic State
29593	Unspecified Type Schizophrenia Subchronic State With Acute Exacerbation
29594	Unspecified Type Schizophrenia Chronic State With Acute Exacerbation
29595	Unspecified Type Schizophrenia In Remission
29600	Bipolar I Disorder Single Manic Episode Unspecified
29601	Bipolar I Disorder Single Manic Episode Mild
29602	Bipolar I Disorder Single Manic Episode Moderate
29603	Bipolar I Disorder Single Manic Episode Severe Without Mention Of Psychotic Behavior
29604	Bipolar I Disorder Single Manic Episode Severe Specified As With Psychotic Behavior
29605	Bipolar I Disorder Single Manic Episode In Partial Or Unspecified Remission
29606	Bipolar I Disorder Single Manic Episode In Full Remission
29610	Manic Affective Disorder Recurrent Episode Unspecified Degree
29611	Manic Affective Disorder Recurrent Episode Mild Degree
29612	Manic Affective Disorder Recurrent Episode Moderate Degree
29613	Manic Affective Disorder Recurrent Episode Severe Degree Without Psychotic Behavior
29614	Manic Affective Disorder Recurrent Episode Severe Degree Specified As With Psychotic Behavior
29615	Manic Affective Disorder Recurrent Episode In Partial Or Unspecified Remission
29616	Manic Affective Disorder Recurrent Episode In Full Remission
29620	Major Depressive Affective Disorder Single Episode Unspecified Degree
29621	Major Depressive Affective Disorder Single Episode Mild Degree

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
29622	Major Depressive Affective Disorder Single Episode Moderate Degree
29623	Major Depressive Affective Disorder Single Episode Severe Degree Without Psychotic Behavior
29624	Major Depressive Affective Disorder Single Episode Severe Degree Specified As With Psychotic Behavior
29625	Major Depressive Affective Disorder Single Episode In Partial Or Unspecified Remission
29626	Major Depressive Affective Disorder Single Episode In Full Remission
29630	Major Depressive Affective Disorder Recurrent Episode Unspecified Degree
29631	Major Depressive Affective Disorder Recurrent Episode Mild Degree
29632	Major Depressive Affective Disorder Recurrent Episode Moderate Degree
29633	Major Depressive Affective Disorder Recurrent Episode Severe Degree Without Psychotic Behavior
29634	Major Depressive Affective Disorder Recurrent Episode Severe Degree Specified As With Psychotic Behavior
29635	Major Depressive Affective Disorder Recurrent Episode In Partial Or Unspecified Remission
29636	Major Depressive Affective Disorder Recurrent Episode In Full Remission
29640	Bipolar I Disorder Most Recent Episode (Or Current) Manic Unspecified
29641	Bipolar I Disorder Most Recent Episode (Or Current) Manic Mild
29642	Bipolar I Disorder Most Recent Episode (Or Current) Manic Moderate
29643	Bipolar I Disorder Most Recent Episode (Or Current) Manic Severe Without Mention Of Psychotic Behavior
29644	Bipolar I Disorder Most Recent Episode (Or Current) Manic Severe Specified As With Psychotic Behavior
29645	Bipolar I Disorder Most Recent Episode (Or Current) Manic In Partial Or Unspecified Remission
29646	Bipolar I Disorder Most Recent Episode (Or Current) Manic In Full Remission
29650	Bipolar I Disorder Most Recent Episode (Or Current) Depressed Unspecified
29651	Bipolar I Disorder Most Recent Episode (Or Current) Depressed Mild
29652	Bipolar I Disorder Most Recent Episode (Or Current) Depressed Moderate
29653	Bipolar I Disorder Most Recent Episode (Or Current) Depressed Severe Without Mention Of Psychotic Behavior
29654	Bipolar I Disorder Most Recent Episode (Or Current) Depressed Severe Specified As With Psychotic Behavior
29655	Bipolar I Disorder Most Recent Episode (Or Current) Depressed In Partial Or Unspecified Remission
29656	Bipolar I Disorder Most Recent Episode (Or Current) Depressed In Full Remission
29660	Bipolar I Disorder Most Recent Episode (Or Current) Mixed Unspecified
29661	Bipolar I Disorder Most Recent Episode (Or Current) Mixed Mild
29662	Bipolar I Disorder Most Recent Episode (Or Current) Mixed Moderate
29663	Bipolar I Disorder Most Recent Episode (Or Current) Mixed Severe Without Mention Of Psychotic Behavior
29664	Bipolar I Disorder Most Recent Episode (Or Current) Mixed Severe Specified As With Psychotic Behavior
29665	Bipolar I Disorder Most Recent Episode (Or Current) Mixed In Partial Or Unspecified Remission
29666	Bipolar I Disorder Most Recent Episode (Or Current) Mixed In Full Remission
2967	Bipolar I Disorder Most Recent Episode (Or Current) Unspecified
29680	Bipolar Disorder Unspecified
29681	Atypical Manic Disorder
29682	Atypical Depressive Disorder
29689	Other And Unspecified Bipolar Disorder Other
29690	Unspecified Episodic Mood Disorder
29699	Other Specified Episodic Mood Disorder
2970	Paranoid State Simple
2971	Delusional Disorder
2972	Paraphrenia
2973	Shared Psychotic Disorder
2978	Other Specified Paranoid States
2979	Unspecified Paranoid State
2980	Depressive Type Psychosis
2981	Excitatory Type Psychosis
2982	Reactive Confusion
2983	Acute Paranoid Reaction
2984	Psychogenic Paranoid Psychosis
2988	Other And Unspecified Reactive Psychosis
2989	Unspecified Psychosis
29900	Autistic Disorder Current Or Active State
29901	Autistic Disorder Residual State
29910	Childhood Disintegrative Disorder Current Or Active State
29911	Childhood Disintegrative Disorder Residual State
29980	Other Specified Pervasive Developmental Disorders Current Or Active State
29981	Other Specified Pervasive Developmental Disorders Residual State
29990	Unspecified Pervasive Developmental Disorders Current Or Active State
29991	Unspecified Pervasive Developmental Disorders Residual State
30000	Anxiety State Unspecified

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
30001	Panic Disorder Without Agoraphobia
30002	Generalized Anxiety Disorder
30009	Other Anxiety States
30010	Hysteria Unspecified
30011	Conversion Disorder
30012	Dissociative Amnesia
30013	Dissociative Fugue
30014	Dissociative Personality Disorder
30015	Dissociative Disorder Or Reaction Unspecified
30016	Factitious Disorder With Predominantly Psychological Signs And Symptoms
30019	Other And Unspecified Factitious Illness
30020	Phobia Unspecified
30021	Agoraphobia With Panic Disorder
30022	Agoraphobia Without Panic Attacks
30023	Social Phobia
30029	Other Isolated Or Specific Phobias
3003	Obsessive-Compulsive Disorders
3004	Dysthymic Disorder
3005	Neurasthenia
3006	Depersonalization Disorder
3007	Hypochondriasis
30081	Somatization Disorder
30082	Undifferentiated Somatoform Disorder
30089	Other Somatoform Disorders
3009	Unspecified Nonpsychotic Mental Disorder
3010	Paranoid Personality Disorder
30110	Affective Personality Disorder Unspecified
30111	Chronic Hypomanic Personality Disorder
30112	Chronic Depressive Personality Disorder
30113	Cyclothymic Disorder
30120	Schizoid Personality Disorder Unspecified
30121	Introverted Personality
30122	Schizotypal Personality Disorder
3013	Explosive Personality Disorder
3014	Obsessive-Compulsive Personality Disorder
30150	Histrionic Personality Disorder Unspecified
30151	Chronic Factitious Illness With Physical Symptoms
30159	Other Histrionic Personality Disorder
3016	Dependent Personality Disorder
3017	Antisocial Personality Disorder
30181	Narcissistic Personality Disorder
30182	Avoidant Personality Disorder
30183	Borderline Personality Disorder
30184	Passive-Aggressive Personality
30189	Other Personality Disorders
3019	Unspecified Personality Disorder
3020	Ego-Dystonic Sexual Orientation
3021	Zoophilia
3022	Pedophilia
3023	Transvestic Fetishism
3024	Exhibitionism
30250	Trans-Sexualism With Unspecified Sexual History
30251	Trans-Sexualism With Asexual History
30252	Trans-Sexualism With Homosexual History
30253	Trans-Sexualism With Heterosexual History
3026	Gender Identity Disorder In Children
30270	Psychosexual Dysfunction Unspecified
30271	Hypoactive Sexual Desire Disorder
30273	Female Orgasmic Disorder
30274	Male Orgasmic Disorder
30275	Premature Ejaculation
30276	Dyspareunia Psychogenic

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
30279	Psychosexual Dysfunction With Other Specified Psychosexual Dysfunctions
30281	Fetishism
30282	Voyeurism
30283	Sexual Masochism
30284	Sexual Sadism
30285	Gender Identity Disorder In Adolescents Or Adults
30289	Other Specified Psychosexual Disorders
3029	Unspecified Psychosexual Disorder
30300	Acute Alcoholic Intoxication In Alcoholism Unspecified Drinking Behavior
30301	Acute Alcoholic Intoxication In Alcoholism Continuous Drinking Behavior
30302	Acute Alcoholic Intoxication In Alcoholism Episodic Drinking Behavior
30303	Acute Alcoholic Intoxication In Alcoholism In Remission
30390	Other And Unspecified Alcohol Dependence Unspecified Drinking Behavior
30391	Other And Unspecified Alcohol Dependence Continuous Drinking Behavior
30392	Other And Unspecified Alcohol Dependence Episodic Drinking Behavior
30393	Other And Unspecified Alcohol Dependence In Remission
30400	Opioid Type Dependence Unspecified Use
30401	Opioid Type Dependence Continuous Use
30402	Opioid Type Dependence Episodic Use
30403	Opioid Type Dependence In Remission
30410	Sedative, Hypnotic Or Anxiolytic Dependence Unspecified Use
30411	Sedative, Hypnotic Or Anxiolytic Dependence Continuous Use
30412	Sedative, Hypnotic Or Anxiolytic Dependence Episodic Use
30413	Sedative, Hypnotic Or Anxiolytic Dependence In Remission
30420	Cocaine Dependence Unspecified Use
30421	Cocaine Dependence Continuous Use
30422	Cocaine Dependence Episodic Use
30423	Cocaine Dependence In Remission
30430	Cannabis Dependence Unspecified Use
30431	Cannabis Dependence Continuous Use
30432	Cannabis Dependence Episodic Use
30433	Cannabis Dependence In Remission
30440	Amphetamine And Other Psychostimulant Dependence Unspecified Use
30441	Amphetamine And Other Psychostimulant Dependence Continuous Use
30442	Amphetamine And Other Psychostimulant Dependence Episodic Use
30443	Amphetamine And Other Psychostimulant Dependence In Remission
30450	Hallucinogen Dependence Unspecified Use
30451	Hallucinogen Dependence Continuous Use
30452	Hallucinogen Dependence Episodic Use
30453	Hallucinogen Dependence In Remission
30460	Other Specified Drug Dependence Unspecified Use
30461	Other Specified Drug Dependence Continuous Use
30462	Other Specified Drug Dependence Episodic Use
30463	Other Specified Drug Dependence In Remission
30470	Combinations Of Opioid Type Drug With Any Other Drug Dependence Unspecified Use
30471	Combinations Of Opioid Type Drug With Any Other Drug Dependence Continuous Use
30472	Combinations Of Opioid Type Drug With Any Other Drug Dependence Episodic Use
30473	Combinations Of Opioid Type Drug With Any Other Drug Dependence In Remission
30480	Combinations Of Drug Dependence Excluding Opioid Type Drug Unspecified Use
30481	Combinations Of Drug Dependence Excluding Opioid Type Drug Continuous Use
30482	Combinations Of Drug Dependence Excluding Opioid Type Drug Episodic Use
30483	Combinations Of Drug Dependence Excluding Opioid Type Drug In Remission
30490	Unspecified Drug Dependence Unspecified Use
30491	Unspecified Drug Dependence Continuous Use
30492	Unspecified Drug Dependence Episodic Use
30493	Unspecified Drug Dependence In Remission
30500	Nondependent Alcohol Abuse Unspecified Drinking Behavior
30501	Nondependent Alcohol Abuse Continuous Drinking Behavior
30502	Nondependent Alcohol Abuse Episodic Drinking Behavior
30503	Nondependent Alcohol Abuse In Remission
3051	Nondependent Tobacco Use Disorder
30520	Nondependent Cannabis Abuse Unspecified Use

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
30521	Nondependent Cannabis Abuse Continuous Use
30522	Nondependent Cannabis Abuse Episodic Use
30523	Nondependent Cannabis Abuse In Remission
30530	Nondependent Hallucinogen Abuse Unspecified Use
30531	Nondependent Hallucinogen Abuse Continuous Use
30532	Nondependent Hallucinogen Abuse Episodic Use
30533	Nondependent Hallucinogen Abuse In Remission
30540	Nondependent Sedative, Hypnotic Or Anxiolytic Abuse Unspecified Use
30541	Nondependent Sedative, Hypnotic Or Anxiolytic Abuse Continuous Use
30542	Nondependent Sedative, Hypnotic Or Anxiolytic Abuse Episodic Use
30543	Nondependent Sedative, Hypnotic Or Anxiolytic Abuse In Remission
30550	Nondependent Opioid Abuse Unspecified Use
30551	Nondependent Opioid Abuse Continuous Use
30552	Nondependent Opioid Abuse Episodic Use
30553	Nondependent Opioid Abuse In Remission
30560	Nondependent Cocaine Abuse Unspecified Use
30561	Nondependent Cocaine Abuse Continuous Use
30562	Nondependent Cocaine Abuse Episodic Use
30563	Nondependent Cocaine Abuse In Remission
30570	Nondependent Amphetamine Or Related Acting Sympathomimetic Abuse Unspecified Use
30571	Nondependent Amphetamine Or Related Acting Sympathomimetic Abuse Continuous Use
30572	Nondependent Amphetamine Or Related Acting Sympathomimetic Abuse Episodic Use
30573	Nondependent Amphetamine Or Related Acting Sympathomimetic Abuse In Remission
30580	Nondependent Antidepressant Type Abuse Unspecified Use
30581	Nondependent Antidepressant Type Abuse Continuous Use
30582	Nondependent Antidepressant Type Abuse Episodic Use
30583	Nondependent Antidepressant Type Abuse In Remission
30590	Other Mixed Or Unspecified Drug Abuse Unspecified Use
30591	Nondependent Other Mixed Or Unspecified Drug Abuse Continuous Use
30592	Nondependent Other Mixed Or Unspecified Drug Abuse Episodic Use
30593	Nondependent Other Mixed Or Unspecified Drug Abuse In Remission
3060	Musculoskeletal Malfunction Arising From Mental Factors
3061	Respiratory Malfunction Arising From Mental Factors
3062	Cardiovascular Malfunction Arising From Mental Factors
3063	Skin Disorder Arising From Mental Factors
3064	Gastrointestinal Malfunction Arising From Mental Factors
30650	Psychogenic Genitourinary Malfunction Unspecified
30651	Psychogenic Vaginismus
30652	Psychogenic Dysmenorrhea
30653	Psychogenic Dysuria
30659	Other Genitourinary Malfunction Arising From Mental Factors
3066	Endocrine Disorder Arising From Mental Factors
3067	Disorder Of Organs Of Special Sense Arising From Mental Factors
3068	Other Specified Psychophysiological Malfunction
3069	Unspecified Psychophysiological Malfunction
3070	Stuttering
3071	Anorexia Nervosa
30720	Tic Disorder Unspecified
30721	Transient Tic Disorder
30722	Chronic Motor Or Vocal Tic Disorder
30723	Tourette'S Disorder
3073	Stereotypic Movement Disorder
30740	Nonorganic Sleep Disorder Unspecified
30741	Transient Disorder Of Initiating Or Maintaining Sleep
30742	Persistent Disorder Of Initiating Or Maintaining Sleep
30743	Transient Disorder Of Initiating Or Maintaining Wakefulness
30744	Persistent Disorder Of Initiating Or Maintaining Wakefulness
30745	Circadian Rhythm Sleep Disorder Of Nonorganic Origin
30746	Sleep Arousal Disorder
30747	Other Dysfunctions Of Sleep Stages Or Arousal From Sleep
30748	Repetitive Intrusions Of Sleep
30749	Other Specific Disorders Of Sleep Of Nonorganic Origin

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
30750	Eating Disorder Unspecified
30751	Bulimia Nervosa
30752	Pica
30753	Rumination Disorder
30754	Psychogenic Vomiting
30759	Other Disorders Of Eating
3076	Enuresis
3077	Encopresis
30780	Psychogenic Pain Site Unspecified
30781	Tension Headache
30789	Other Pain Disorder Related To Psychological Factors
3079	Other And Unspecified Special Symptoms Or Syndromes Not Elsewhere Classified
3080	Predominant Disturbance Of Emotions
3081	Predominant Disturbance Of Consciousness
3082	Predominant Psychomotor Disturbance
3083	Other Acute Reactions To Stress
3084	Mixed Disorders As Reaction To Stress
3089	Unspecified Acute Reaction To Stress
3090	Adjustment Disorder With Depressed Mood
3091	Adjustment Reaction With Prolonged Depressive Reaction
30921	Separation Anxiety Disorder
30922	Emancipation Disorder Of Adolescence And Early Adult Life
30923	Specific Academic Or Work Inhibition
30924	Adjustment Disorder With Anxiety
30928	Adjustment Disorder With Mixed Anxiety And Depressed Mood
30929	Other Adjustment Reactions With Predominant Disturbance Of Other Emotions
3093	Adjustment Disorder With Disturbance Of Conduct
3094	Adjustment Disorder With Mixed Disturbance Of Emotions And Conduct
30981	Posttraumatic Stress Disorder
30982	Adjustment Reaction With Physical Symptoms
30983	Adjustment Reaction With Withdrawal
30989	Other Specified Adjustment Reactions
3099	Unspecified Adjustment Reaction
3100	Frontal Lobe Syndrome
3101	Personality Change Due To Conditions Classified Elsewhere
3102	Postconcussion Syndrome
3108	Other Specified Nonpsychotic Mental Disorders Following Organic Brain Damage
3109	Unspecified Nonpsychotic Mental Disorder Following Organic Brain Damage
311	Cutaneous Diseases Due To Other Mycobacteria
31200	Undersocialized Conduct Disorder Aggressive Type Unspecified Degree
31201	Undersocialized Conduct Disorder Aggressive Type Mild Degree
31202	Undersocialized Conduct Disorder Aggressive Type Moderate Degree
31203	Undersocialized Conduct Disorder Aggressive Type Severe Degree
31210	Undersocialized Conduct Disorder Unaggressive Type Unspecified Degree
31211	Undersocialized Conduct Disorder Unaggressive Type Mild Degree
31212	Undersocialized Conduct Disorder Unaggressive Type Moderate Degree
31213	Undersocialized Conduct Disorder Unaggressive Type Severe Degree
31220	Socialized Conduct Disorder Unspecified Degree
31221	Socialized Conduct Disorder Mild Degree
31222	Socialized Conduct Disorder Moderate Degree
31223	Socialized Conduct Disorder Severe Degree
31230	Impulse Control Disorder Unspecified
31231	Pathological Gambling
31232	Kleptomania
31233	Pyromania
31234	Intermittent Explosive Disorder
31235	Isolated Explosive Disorder
31239	Other Disorders Of Impulse Control
3124	Mixed Disturbance Of Conduct And Emotions
31281	Conduct Disorder Childhood Onset Type
31282	Conduct Disorder Adolescent Onset Type
31289	Other Specified Conduct Disorder Not Elsewhere Classified

Attachment 2
South Carolina Department of Health and Human Services
Listing and Definitions
Class C Diagnostic Codes

ICD-9 Diagnostic Code	Description
3129	Unspecified Disturbance Of Conduct
3130	Overanxious Disorder Specific To Childhood And Adolescence
3131	Misery And Unhappiness Disorder Specific To Childhood And Adolescence
31321	Shyness Disorder Of Childhood
31322	Introverted Disorder Of Childhood
31323	Selective Mutism
3133	Relationship Problems Specific To Childhood And Adolescence
31381	Oppositional Defiant Disorder
31382	Identity Disorder Of Childhood Or Adolescence
31383	Academic Underachievement Disorder Of Childhood Or Adolescence
31389	Other Emotional Disturbances Of Childhood Or Adolescence
3139	Unspecified Emotional Disturbance Of Childhood Or Adolescence
31400	Attention Deficit Disorder Of Childhood Without Hyperactivity
31401	Attention Deficit Disorder Of Childhood With Hyperactivity
3141	Hyperkinesis Of Childhood With Developmental Delay
3142	Hyperkinetic Conduct Disorder Of Childhood
3148	Other Specified Manifestations Of Hyperkinetic Syndrome Of Childhood
3149	Unspecified Hyperkinetic Syndrome Of Childhood
31500	Developmental Reading Disorder Unspecified
31501	Developmental Alexia
31502	Developmental Dyslexia
31509	Other Specific Developmental Reading Disorder
3151	Mathematics Disorder
3152	Other Specific Developmental Learning Difficulties
31531	Expressive Language Disorder
31532	Mixed Receptive-Expressive Language Disorder
31534	Speech & Language Development Delay/Hearing Loss
31539	Other Developmental Speech Disorder
3154	Developmental Coordination Disorder
3155	Mixed Development Disorder
3158	Other Specified Delays In Development
3159	Unspecified Delay In Development
316	Psychic Factors Associated With Diseases Classified Elsewhere
32702	Insomnia Due To Mental Disorder
32715	Hypersomnia Due To Mental Disorder
V6110	Unspecified Counseling For Marital And Partner Problems
V6111	Counseling For Victim Of Spousal And Partner Abuse
V6112	Counseling For Perpetrator Of Spousal And Partner Abuse
V6120	Counseling For Parent-Child Problem Unspecified
V618	Other Specified Family Circumstances
V622	Other Occupational Circumstances Or Maladjustment
V6221	Personal Current Military Deployment Status
V6222	Personal History Of Return From Military Deployment
V6229	Other Occupational Circumstance/Maladjustment
V6281	Interpersonal Problems Not Elsewhere Classified
V6282	Bereavement Uncomplicated
V6283	Counseling For Perpetrator Of Physical/Sexual Abuse
V6284	Suicidal Ideation
V6289	Other Psychological Or Physical Stress Not Elsewhere Classified
V701	General Psychiatric Examination Requested By The Authority
V702	General Psychiatric Examination Other And Unspecified
V7101	Observation Of Adult Antisocial Behavior
V7102	Observation Of Childhood Or Adolescent Antisocial Behavior
V7109	Observation Of Other Suspected Mental Condition