

## **FY 13-14 Proviso Report – Proviso 33.29**

### **DHHS: Medicaid Reporting**

Within ninety days of the end of each quarter during the current fiscal year, the department shall report each cost-savings measure implemented. By county, the department shall report the number of enrolled and active providers by provider type, provider specialty and sub-specialty, the number of recipients, the number of recipients by provider type, the expenditures by provider type and specialty, and service level utilization trends. The department shall continue to annually report HEDIS measures, noting where measures improve or decline. Each report shall be prominently displayed on the department's website.



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November 25, 2014

Ms. Adriana Day  
Chief Financial Officer  
State of South Carolina  
Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29202-8206

**RE: PROVISO 33.29 COST SAVINGS MEASUREMENT REPORT – SFY 2014 – FINAL**

Dear Adriana:

Milliman, Inc. (Milliman) was retained by the State of South Carolina, Department of Health and Human Services (SCDHHS) to assist with quarterly monitoring of the Medicaid Assistance expenditure savings generated from the initiatives implemented during State Fiscal Year (SFY) 2013. This correspondence documents the development of year to date savings estimates achieved from the Birth Outcomes Initiative through June 30, 2014 of SFY 2014 (SFY 2014) as required by Proviso 33.29.

**LIMITATIONS**

The services provided for this project were performed under the signed Consulting Services Agreement between Milliman and SCDHHS approved July 1, 2014.

The information contained in this correspondence, including any enclosures, has been prepared solely for the internal business use of SCDHHS. These results may not be distributed to any other party without the prior consent of Milliman. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and health care modeling that will allow appropriate use of the data presented.

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In performing this analysis, we relied on data and other information provided by SCDHHS and its vendors. 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.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

### EXECUTIVE SUMMARY

In July 2011, SCDHHS introduced a series of birth outcome initiatives designed to reduce the number of elective inductions and cesarean section (C-section) deliveries, as well as neonatal intensive care unit (NICU) hospital stays. In the Fall of 2011, SCDHHS obtained a commitment from 43 birthing hospitals to participate in these savings initiatives, which were formalized in a Medicaid bulletin dated July 9, 2012. This report provides a comparison between expected expenditures for newborn hospital stays (prior to implementation of initiatives) and actual expenditures for these services. Newborn hospital stays are comprised of both normal newborn admissions and NICU admissions for babies with complications (higher cost births that are not classified as normal newborn). Please note that gross level adjustments are excluded from the savings analysis due to the level of detail used in the analysis. The analysis used SFY 2011 and SFY 2012 fee-for-service (FFS) and encounter data experience to analyze payment patterns and develop projected baseline expenditures for SFY 2014.

Based on paid claims data through July 31, 2014 estimated actual incurred expenditures for deliveries and newborn admits in SFY 2014 were approximately \$202.2 million, compared to projected expenditures of \$204.6 million derived from the base period distribution, resulting in incurred savings of approximately \$2.5 million. For the newborn analysis, only birth-related DRGs that were assumed to be affected by the Birth Outcomes Initiative have been included in the expenditure totals. As newborn admits for babies weighing less than 2000g at birth are not assumed to be a result of elective C-section or induction, the DRGs associated with these newborns have been excluded for purposes of this analysis. Please note that paid expenditures for SFY 2014 may not reflect this level of savings, due to payment timing as well as the portion of expenditures that are paid through the capitation rate.

Certain issues were identified with the submission of inpatient facility claims for Advicare, Molina, and Wellcare, and an appropriate DRG could not be assigned to these claims. Inpatient data for these managed care health plans was excluded from the analysis. For the newborn analysis, newborns covered by Wellcare from SFY 2014 Q2 to Q4 were excluded, and newborns covered by Advicare and Molina in SFY 2014 Q3 and Q4 were excluded. For the delivery analysis, the type of the delivery is determined using the professional delivery claim, and the inpatient facility delivery claim is used for verification only. Deliveries for Advicare, Molina, and Wellcare were classified using the professional delivery claim only.

Table 1 highlights the comparison between actual and projected expenditures during SFY 2014 for each of the savings initiatives. Expenditures for delivery-related savings reflect both hospital costs and physician costs associated with maternity claims. In order to estimate savings or cost between the expenditures projected from the base period and the SFY 2014 measurement period, the analysis uses the estimated per admit cost from SFY 2012. Enclosure 1 illustrates the comparison between actual and projected expenditures during each quarter in SFY 2014 for the maternity and NICU estimated savings.

**Table 1**

**State of South Carolina  
Department of Health and Human Services  
Birth Outcome Initiatives – SFY 2014 Savings/(Cost) Analysis**

Savings Initiative	Projected Expenditures	Actual Expenditures	Savings/(Cost)
Delivery-related	\$ 146,089,000	\$ 146,076,000	\$ 13,000
Newborn-related	\$ 58,554,000	\$ 56,113,000	\$ 2,441,000
<b>Total</b>	<b>\$ 204,643,000</b>	<b>\$ 202,189,000</b>	<b>\$ 2,454,000</b>

\*Note: values rounded to the nearest thousand.

Tables 2 and 3 provide additional detail related to the results in Table 1 for maternity deliveries and newborn admits, respectively.

**Table 2**

**State of South Carolina  
Department of Health and Human Services  
Savings Analysis by Major Category – Maternity Deliveries**

Major category	Projected SFY 2014		Actual SFY 2014		Estimated Incurred Savings/ (Cost)
	# of Deliveries	Total Paid Claims	# of Deliveries	Total Paid Claims	
<i>Inpatient Hospital</i>					
Cesarean Delivery	9,523	\$ 53,225,000	9,515	\$ 53,161,000	\$ 64,000
Vaginal Delivery	18,665	\$ 61,682,000	18,673	\$ 61,731,000	\$ (49,000)
<b>Total Hospital</b>	<b>28,188</b>	<b>\$ 114,907,000</b>	<b>28,188</b>	<b>\$ 114,892,000</b>	<b>\$ 15,000</b>
<i>Physician</i>					
Cesarean Delivery	9,523	\$ 10,009,000	9,515	\$ 9,997,000	\$ 12,000
Vaginal Delivery	18,665	\$ 21,173,000	18,673	\$ 21,187,000	\$ (14,000)
<b>Total Physician</b>	<b>28,188</b>	<b>\$ 31,182,000</b>	<b>28,188</b>	<b>\$ 31,184,000</b>	<b>\$ (2,000)</b>
<b>Grand Total</b>	<b>28,188</b>	<b>\$ 146,089,000</b>	<b>28,188</b>	<b>\$ 146,076,000</b>	<b>\$ 13,000</b>

\*Note: Expenditure values rounded to the nearest thousand.

**Table 3**

**State of South Carolina  
Department of Health and Human Services  
Savings Analysis – Newborn admits**

	Projected SFY 2014	Actual SFY 2014	Estimated Incurred Savings/ (Cost)
Total Births	30,426	30,426	
Average paid per birth-related hospital admit	\$ 1,924.47	\$ 1,844.25	
Total Paid	<b>\$ 58,554,000</b>	<b>\$ 56,113,000</b>	<b>\$ 2,441,000</b>

\*Note: Expenditure values rounded to the nearest thousand.

The remainder of this correspondence provides an overview of the birth outcomes initiatives included in the analysis, as well as the key methods and assumptions that were used to calculate the results.

**OVERVIEW OF BIRTH OUTCOMES INITIATIVES**

On July 9, 2012, SCDHHS issued a Medicaid Bulletin outlining birth outcomes initiatives (BOI) which specified that certain procedure code modifiers are required on maternity claims when billing for vaginal deliveries and cesarean section deliveries. SCDHHS indicated in a subsequent December 12, 2012 bulletin that there will be no reimbursement for claims incurred on or after January 1, 2013 that fail to comply with the coding requirements. The approved modifiers are either CG (approved or medically necessary deliveries less than 39 weeks gestation) or GB (deliveries at 39 weeks gestation or more regardless of method).

Examination of raw data through July 31, 2014 indicates that compliance with the requirements of the SCDHHS bulletins is approximately 99% for the fee-for-service claims and those submitted by the existing MCOs (Select Health, Absolute, and BlueChoice) in SFY 2014. However, new MCOs (Advicare, Molina, and Wellcare) are not currently reporting the required procedure code modifiers. For comparison with the 99% above, the compliance percentage across all delivery experience was 58% and 24% in the two quarters following implementation in January 2013.

An associated goal of the reduction in non-medically necessary elective inductions and elective cesareans prior to 39 weeks gestation is to decrease the frequency and cost of NICU admits. Table 4 shows that the percentage of NICU admissions was approximately 0.2% higher in SFY 2014 than during the SFY 2012 base period. Despite there being a higher rate of NICU admissions, the number of the most costly NICU admissions were reduced, resulting in a decrease in the average paid per admit. The average cost is approximately 4.2% lower in SFY 2014 than in the SFY 2012 base period for birth-related hospital admissions.

**Table 4**

**State of South Carolina  
 Department of Health and Human Services  
 Comparison of Base Period to Measurement Period Data – NICU Admits**

	Q2-Q4 SFY 2012	SFY 2014	Change
Average paid per admit – All Newborns	\$1,924.54	\$1,844.25	(4.2%)
NICU admits as a % of Total Births	11.1%	11.3%	0.2%

The following section outlines the methodology and assumptions used to develop the results of the Birth Outcomes Initiatives savings analysis.

**METHODS & ASSUMPTIONS**

***Maternity Deliveries***

SFY 2011 and SFY 2012 FFS and encounter claims data were used as the basis for understanding the distribution of vaginal and C-section deliveries.

First, inpatient hospital claims that contained any of the following DRGs were identified as maternity-related admits:

- Medicare DRGs: 370, 371, 372, 373, 374, 375 (for fee-for-service claims prior to providers switching to an APR-DRG coding basis)
- APR-DRGs: 540, 541, 542, 560

The following maternity-related current procedural terminology (CPT) codes as billed by physicians were also used to identify maternity deliveries:

- 59400-59410
- 59510-59515
- 59610
- 59612
- 59614
- 59618
- 59620
- 59622

The combination of CPT codes and inpatient DRGs were used to determine the number of deliveries during the base period of SFYs 2011 and 2012, as well as the SFY 2014 measurement period. Only maternity cases that included both a hospital claim and a physician claim were used in the analysis, with the exception of maternity cases submitted by Advicare, Molina, and Wellcare. Inpatient data for these managed care health plans was not reliable, and therefore deliveries for these managed care health plans were assigned using the professional delivery claim only.

Milliman performed a lag analysis on the experience data to develop completion factors to be applied to the raw data to estimate actual incurred deliveries. As a final step of this analysis, the SFY 2012 CPT distribution and reimbursement per delivery were applied to the estimated total actual incurred SFY 2014 deliveries to develop projected SFY 2014 delivery expenditures. Projected SFY 2014 expenditures were compared to the actual distribution of expenditures in SFY 2014, with completion, to estimate savings due to change in type of delivery. The analysis indicates that vaginal births are unchanged from 66.2% of total births in the base period to SFY 2014.

#### *Newborn Admits*

Q2 through Q4 SFY 2012 FFS and encounter claims data were used as the basis for the analysis of newborn admits.

First, inpatient hospital claims that contained any of the following DRGs were identified as birth-related hospital admits:

- Medicare DRGs: 385, 386, 387, 388, 389, 390, 391 (for fee-for-service claims prior to providers switching to an APR-DRG coding basis)
- APR-DRGs: 580, 581, 583, 588, 589, 591, 593, 602, 603, 607, 608, 609, 611, 612, 613, 614, 621, 622, 623, 625, 626, 630, 631, 633, 634, 636, 639, 640

The base period data of Q2 through Q4 SFY 2012 was chosen to exclude experience with Medicare DRGs. This enables a better estimate of newborn savings by using a base period solely containing APR-DRG coding. SFY 2011 and Q1 2012 data was used, however, in the completion analysis (further explained below).

The analysis limited admission dates to be on or near the patient's date of birth to determine newborn admissions related to births during the time period.

Reporting inconsistencies were identified within the encounter data which caused higher cost NICU cases to be summarized as low cost cases starting in April 2012. This issue was corrected by using the APR-DRGs reported directly by the MCO, when available, for Q3 SFY 2012 through Q4 SFY 2014 only. This adjustment has only been made for Select Health as this was the only section of data identified as inconsistent.

Additionally, certain issues were identified with the submission of inpatient facility claims for Advicare, Molina, and Wellcare, and an appropriate DRG could not be assigned to these claims. Inpatient data for these managed care health plans was excluded from the analysis. Newborns covered by Wellcare from SFY 2014 Q2 to Q4 were excluded, and newborns covered by Advicare and Molina in SFY 2014 Q3 and Q4 were excluded.

Admissions with a birth weight of less than 2000 grams (DRGs 588-614) were removed from the savings analysis to more accurately estimate savings directly related to the Birth Outcomes Initiative. It is assumed that babies born under this weight would not be targeted by the Birth Outcomes Initiative as their low birth weight, and likely premature birth, is most likely due to other medical conditions, and not as a result of elective C-section or induction.

Based on varying lag patterns in newborn admissions indicated by emerging data through July 2014, the lag patterns of each DRG were examined separately. This step was performed to better estimate actual incurred admits, especially for higher cost cases. Analysis of admits by individual DRG has indicated that some of the higher cost admits (e.g. 583 and 630) experience a longer lag between the incurred dates and payment dates than other DRGs.

Enclosure 2 summarizes the SFY 2011 and estimated SFY 2012 incurred newborn admit and hospital expenditure experience by DRG. Enclosure 3 summarizes the base period Q2 through Q4 SFY 2012, where the cost per admit per DRG is used to estimate savings in SFY 2014.

The base period DRG distribution and reimbursement per admit were applied to the estimated total actual incurred SFY 2014 deliveries to develop projected SFY 2014 newborn admit expenditures. Projected SFY 2014 expenditures were compared to the actual distribution of expenditures for each quarter, with completion, to estimate incurred savings. Enclosures 4 through 7 summarize the savings estimate on newborn admissions for each quarter in SFY 2014. Please note that paid expenditures for SFY 2014 may not reflect this level of savings, due to payment timing and the portion of expenditures that are paid as part of the capitation rate.

Table 5 presents a high-level summary of SFY 2011, SFY 2012, and base period Q2 – Q4 SFY 2012 experience for the DRGs that were used in the newborn savings analysis.

**Table 5**

**State of South Carolina  
 Department of Health and Human Services  
 SFY 2011, SFY 2012, and Base Period Q2-Q4 SFY 2012 Experience Data – Newborn Admits**

	SFY 2011	SFY 2012	Q2- Q4 SFY 2012
Total Births	31,959	32,019	23,457
Average paid per admit	\$ 2,019.09	\$ 1,896.47	\$ 1,924.54
Total Paid	\$ 64,528,000	\$ 60,723,000	\$ 45,144,000

\*Note: Expenditure values rounded to the nearest thousand.

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As an additional component of the analysis, the births during the base period and SFY 2014 were stratified into “normal newborn” admissions and “NICU” admissions to compare the percentage of NICU admits across the time periods that are included in the analysis. “Normal newborn” is defined by APR-DRGs 626 and 640 that do not have a claim with a newborn critical care CPT code as billed by physicians (99466-99480). Estimated actual incurred births (with birth weight > 2000g) split by normal newborn and NICU are summarized in Table 6. The newborn savings analysis includes expenditures for normal newborns (and is not just limited to those for NICU admits) because the inclusion of these admits contributes to the distribution of births to be analyzed for savings.

**Table 6**  
**State of South Carolina**  
**Department of Health and Human Services**  
**Q2 SFY 2012 through Q2 SFY 2014 Experience Data – Newborn Admits**

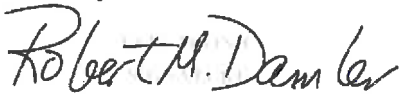
	Q2-Q4 SFY 2012	Q1 SFY 2014	Q2 SFY 2014	Q3 SFY 2014	Q4 SFY 2014
Total Births (>2000g)	23,457	8,273	7,946	7,003	7,204
Normal Newborns	20,854	7,355	7,042	6,221	6,369
NICU	2,603	918	904	782	835
NICU admits as a % of Total Births	11.1%	11.1%	11.4%	11.2%	11.6%



Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this report.

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

Sincerely,



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

RMD/lrb  
 Enclosures



## ENCLOSURE 1

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State of South Carolina  
 Department of Health & Human Services  
 SFY2014 Delivery and NICU-related Savings Analysis by Quarter

Period	Delivery-related Expenditures		Savings/(Cost)	NICU-related Expenditures		TOTAL Savings/(Cost)
	Projected	Actual		Projected	Actual	
Q1	\$ 38,460,000	\$ 38,381,000	\$ 79,000	\$ 15,922,000	\$ 14,868,000	\$ 1,133,000
Q2	\$ 37,159,000	\$ 37,271,000	\$ (112,000)	\$ 15,291,000	\$ 15,087,000	\$ 92,000
Q3	\$ 35,455,000	\$ 35,517,000	\$ (62,000)	\$ 13,477,000	\$ 12,756,000	\$ 659,000
Q4	\$ 35,015,000	\$ 34,907,000	\$ 108,000	\$ 13,864,000	\$ 13,402,000	\$ 570,000
<b>Total</b>	<b>\$ 146,089,000</b>	<b>\$ 146,076,000</b>	<b>\$ 13,000</b>	<b>\$ 58,554,000</b>	<b>\$ 56,113,000</b>	<b>\$ 2,441,000</b>

\*Note: Values rounded to the nearest thousand



## **ENCLOSURE 2**

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State of South Carolina  
 Department of Health & Human Services  
 SFY2011 and SFY2012 Claims Experience - Newborn Admissions

	SFY 2011			SFY 2012		
	# of admits	Cost per admit \$	Total Paid \$	# of admits	Cost per admit \$	Total Paid \$
385	325	11,993.85	3,898,000	83	7,525.35	625,000
387	242	18,136.36	4,389,000	40	15,119.58	605,000
388	560	4,012.50	2,247,000	161	3,164.57	509,000
389	362	6,917.13	2,504,000	78	5,771.15	450,000
390	2,058	1,597.67	3,288,000	464	1,463.56	679,000
391	9,136	918.14	8,434,000	2,006	795.58	1,596,000
580	6	2,833.33	17,000	17	3,428.75	58,000
581	344	1,936.05	666,000	459	1,698.94	780,000
583	4	149,750.00	599,000	9	142,207.01	1,280,000
621	25	20,560.00	514,000	41	24,509.36	1,005,000
622	59	18,271.19	1,078,000	122	18,987.84	2,317,000
623	24	17,333.33	416,000	34	16,217.76	551,000
625	86	14,069.77	1,210,000	164	12,774.30	2,095,000
626	476	1,974.79	940,000	1,026	1,781.48	1,828,000
630	159	7,044.03	1,120,000	270	6,330.51	1,709,000
631	12	115,750.00	1,389,000	14	132,738.71	1,858,000
633	35	77,457.14	2,711,000	59	58,357.64	3,443,000
634	198	12,141.41	2,404,000	310	11,188.60	3,468,000
636	222	25,783.78	5,724,000	262	22,675.00	5,941,000
639	148	9,527.03	1,410,000	140	8,345.49	1,168,000
640	317	5,902.21	1,871,000	529	4,745.83	2,511,000
640	16,596	976.14	16,200,000	24,898	980.50	24,413,000
<b>Total</b>	<b>31,982</b>	<b>2,017.67</b>	<b>\$ 64,529,000</b>	<b>32,025</b>	<b>\$ 1,896.80</b>	<b>\$ 60,745,000</b>

\*Note: values rounded to the nearest thousand.



## ENCLOSURE 3

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State of South Carolina  
 Department of Health & Human Services  
 Base Period Q2 SFY 2012 - Q4 SFY 2012 Claims Experience - Newborn Admissions

		Base Period Q2 SFY 2012 - Q4 SFY 2012 - completed	
		# of admits	Total Paid
		Cost per admit	
580	Neonate, transferred <5 days old, not born here	17 \$	\$ 58,000
581	Neonate, transferred <5 days old, born here	368	1,461.78
583	Neonate w/ ECMO	8	128,062.94
621	Neonate Bwt 2000-2499g w/ Major Anomaly	36	21,431.52
622	Neonate Bwt 2000-2499g w/ Resp Dist Synd/Oth Maj Resp Cond	100	20,104.43
623	Neonate birthwt 2000-2499g w/ congenital/perinatal infection	27	16,629.23
625	Neonate Bwt 2000-2499g w/ Other Significant Condition	133	13,039.16
626	Neonate Bwt 2000-2499g, Normal Newborn	889	1,794.42
630	Neonate Bwt 2000-2499g, Neonate w/ Other Problem	220	6,430.34
631	Neonate birthwt >2499g w/ congenital/perinatal infection	13	136,571.71
633	Neonate Birthwt >2499g w/ Other Major Procedure	45	58,573.61
634	Neonate Birthwt >2499g w/ Major Anomaly	260	10,181.28
636	Neonate, Birthwt >2499g w/ Resp Dist Synd/Oth Maj Resp Cond	208	21,173.12
639	Neonate Birthwt >2499g w/ Congenital/Perinatal Infection	99	7,774.22
640	Neonate Birthwt >2499g w/ Other Significant Condition	408	4,687.03
640	Neonate Birthwt >2499g, Normal Newborn	19,965	998.38
640	Neonate Birthwt >2499g, Neonate w/ Other Problem	661	2,225.47
<b>Total</b>		<b>23,457</b>	<b>\$ 1,924,54</b>
			<b>\$ 45,144,000</b>

\*Note: values rounded to the nearest thousand.



## **ENCLOSURE 4**

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State of South Carolina  
 Department of Health & Human Services  
 Q1 SFY 2014 Revised Estimate Savings - Newborn Admissions

	Projected Q1 SFY 2014			Actual Q1 SFY 2014			Savings/(Cost) Incurred
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid	
580	6.0	\$ 3,428.75	\$ 21,000	3	\$ 3,428.75	\$ 10,000	\$ 11,000
581	129.8	1,461.78	190,000	133	1,461.78	194,000	(4,000)
583	2.8	128,062.94	361,000	3	128,062.94	384,000	(23,000)
621	12.7	21,431.52	272,000	8	21,431.52	171,000	101,000
622	35.3	20,104.43	709,000	26	20,104.43	523,000	186,000
623	9.5	16,629.23	158,000	3	16,629.23	50,000	108,000
625	46.9	13,039.16	612,000	44	13,039.16	574,000	38,000
626	313.5	1,794.42	563,000	251	1,794.42	450,000	113,000
630	77.6	6,430.34	499,000	91	6,430.34	585,000	(86,000)
631	4.6	136,571.71	626,000	3	136,571.71	410,000	216,000
633	15.9	58,573.61	930,000	11	58,573.61	644,000	286,000
634	91.7	10,181.28	934,000	88	10,181.28	896,000	38,000
636	73.4	21,173.12	1,553,000	57	21,173.12	1,207,000	346,000
639	34.9	7,774.22	271,000	49	7,774.22	381,000	(110,000)
640	143.9	4,687.03	674,000	166	4,687.03	778,000	(104,000)
640	7,041.4	998.38	7,030,000	7,104	998.38	7,092,000	(62,000)
640	233.1	2,225.47	519,000	233	2,225.47	519,000	-
<b>Total</b>	<b>8,273.0</b>	<b>\$ 1,924.57</b>	<b>\$ 15,922,000</b>	<b>8,273</b>	<b>\$ 1,797.17</b>	<b>\$ 14,868,000</b>	<b>\$ 1,054,000</b>

\*Note: values rounded to the nearest thousand.



## ENCLOSURE 5

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State of South Carolina  
 Department of Health & Human Services  
 Q2 SFY 2014 Revised Estimate Savings - Newborn Admissions

	Projected Q2 SFY 2014			Actual Q2 SFY 2014			Savings/(Cost) Incurred
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid	
580 Neonate, transferred <5 days old, not born here	5.8	\$ 3,428.75	\$ 20,000	3	\$ 3,428.75	\$ 10,000	\$ 10,000
581 Neonate w ECMO	124.7	1,461.78	182,000	128	1,461.78	187,000	(5,000)
583 Neonate Bwt 2000-2499g w/ Major Anomaly	2.7	128,062.94	347,000	2	128,062.94	256,000	91,000
621 Neonate Bwt 2000-2499g w/ Resp Dist Synd/Oth Maj Resp Cond	12.2	21,431.52	261,000	20	21,431.52	429,000	(168,000)
622 Neonate birthwt 2000-2499g w congenital/perinatal infection	33.9	20,104.43	681,000	33	20,104.43	663,000	18,000
623 Neonate Bwt 2000-2499g w/ Other Significant Condition	9.1	16,629.23	152,000	10	16,629.23	166,000	(14,000)
625 Neonate Bwt 2000-2499g, Normal Newborn	45.1	13,039.16	587,000	44	13,039.16	574,000	13,000
626 Neonate Bwt 2000-2499g, Neonate w/ Other Problem	301.1	1,794.42	540,000	281	1,794.42	504,000	36,000
630 Neonate birthwt >2499g w congenital/perinatal infection	74.5	6,430.34	479,000	83	6,430.34	532,000	(53,000)
631 Neonate Birthwt >2499g w/ Other Major Procedure	4.4	136,571.71	601,000	2	136,571.71	273,000	328,000
633 Neonate Birthwt >2499g w/ Major Anomaly	15.2	58,573.61	893,000	16	58,573.61	937,000	(44,000)
634 Neonate Birthwt >2499g w/ Resp Dist Synd/Oth Maj Resp Cond	88.1	10,181.28	897,000	89	10,181.28	906,000	(9,000)
636 Neonate Birthwt >2499g w/ Congenital/Perinatal Infection	70.5	21,173.12	1,492,000	67	21,173.12	1,419,000	73,000
639 Neonate Birthwt >2499g w/ Other Significant Condition	33.5	7,774.22	261,000	39	7,774.22	303,000	(42,000)
640 Neonate Birthwt >2499g, Normal Newborn	138.2	4,687.03	648,000	146	4,687.03	684,000	(36,000)
Neonate Birthwt >2499g, Neonate w/ Other Problem	6,763.1	998.38	6,752,000	6,761	998.38	6,750,000	2,000
Total	223.9	2,225.47	498,000	222	2,225.47	494,000	4,000
	7,946.0	\$ 1,924.36	\$ 15,291,000	7,946	\$ 1,898.69	\$ 15,087,000	\$ 204,000

\*Note: values rounded to the nearest thousand.



## ENCLOSURE 6

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State of South Carolina  
 Department of Health & Human Services  
 Q3 SFY 2014 Revised Estimate Savings - Newborn Admissions

	Projected Q3 SFY 2014			Actual Q3 SFY 2014			Savings/(Cost) Incurred
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid	
580 Neonate, transferred <=5 days old, not born here	5.1	\$ 3,428.75	\$ 17,000	1	\$ 3,428.75	\$ 3,000	\$ 14,000
581 Neonate w ECMO	109.9	1,461.78	161,000	104	1,461.78	152,000	9,000
583 Neonate Bwt 2000-2499g w/ Major Anomaly	2.4	128,062.94	306,000	1	128,062.94	128,000	178,000
621 Neonate Bwt 2000-2499g w/ Resp Dist Synd/Oth Maj Resp Cond	10.7	21,431.52	230,000	16	21,431.52	343,000	(113,000)
622 Neonate birthwt 2000-2499g w congenital/perinatal infection	29.9	20,104.43	600,000	27	20,104.43	543,000	57,000
623 Neonate birthwt 2000-2499g w/ Other Significant Condition	8.1	16,629.23	134,000	6	16,629.23	100,000	34,000
625 Neonate Bwt 2000-2499g, Normal Newborn	39.7	13,039.16	518,000	33	13,039.16	430,000	88,000
626 Neonate birthwt >2499g, Neonate w/ Other Problem	265.4	1,794.42	476,000	235	1,794.42	422,000	54,000
630 Neonate birthwt >2499g w congenital/perinatal infection	65.7	6,430.34	422,000	59	6,430.34	379,000	43,000
631 Neonate Birthwt >2499g w/ Other Major Procedure	3.9	136,571.71	530,000	2	136,571.71	273,000	257,000
633 Neonate Birthwt >2499g w/ Major Anomaly	13.4	58,573.61	787,000	9	58,573.61	527,000	260,000
634 Neonate Birthwt >2499g w/ Resp Dist Synd/Oth Maj Resp Cond	77.6	10,181.28	790,000	65	10,181.28	662,000	128,000
636 Neonate Birthwt >2499g w/ Congenital/Perinatal Infection	62.1	21,173.12	1,315,000	63	21,173.12	1,334,000	(19,000)
639 Neonate Birthwt >2499g w/ Other Significant Condition	29.6	7,774.22	230,000	35	7,774.22	272,000	(42,000)
640 Neonate Birthwt >2499g, Normal Newborn	121.8	4,687.03	571,000	166	4,687.03	778,000	(207,000)
Neonate Birthwt >2499g, Neonate w/ Other Problem	5,960.5	998.38	5,951,000	5,986	998.38	5,976,000	(25,000)
	197.3	2,225.47	439,000	195	2,225.47	434,000	5,000
<b>Total</b>	<b>7,003.0</b>	<b>\$ 1,924.46</b>	<b>\$ 13,477,000</b>	<b>7,003</b>	<b>\$ 1,821.51</b>	<b>\$ 12,756,000</b>	<b>\$ 721,000</b>

\*Note: values rounded to the nearest thousand.



## ENCLOSURE 7

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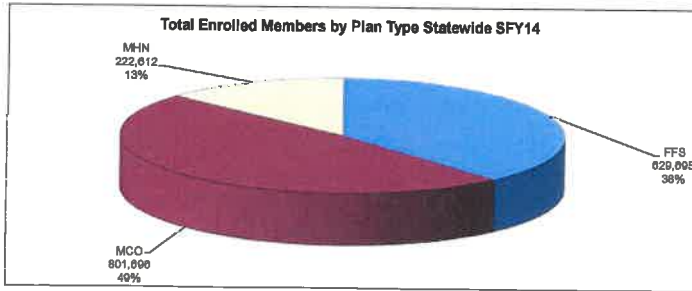
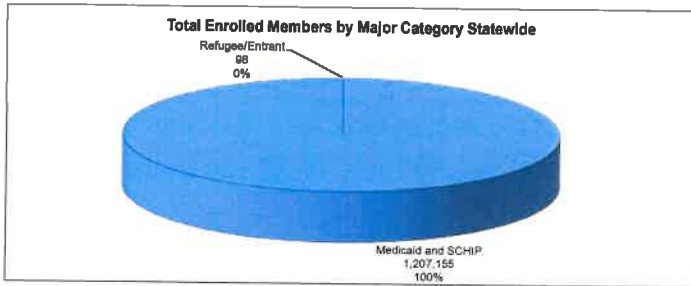
State of South Carolina  
 Department of Health & Human Services  
 Q4 SFY 2014 Revised Estimate Savings - Newborn Admissions

	Projected Q4 SFY 2014			Actual Q4 SFY 2014			Savings/(Cost) Incurred
	# of admits	Cost per admit	Total Paid	# of admits	Cost per admit	Total Paid	
580 Neonate, transferred <5 days old, not born here	5.2	\$ 3,428.75	\$ 18,000	3	\$ 3,428.75	\$ 10,000	\$ 8,000
581 Neonate w ECMO	113.0	1,461.78	165,000	99	1,461.78	145,000	20,000
583 Neonate Bwt 2000-2499g w/ Major Anomaly	2.5	128,062.94	315,000	1	128,062.94	128,000	187,000
621 Neonate Bwt 2000-2499g w/ Resp Dist Synd/Orth Maj Resp Cond	11.1	21,431.52	237,000	7	21,431.52	150,000	87,000
622 Neonate birthwt 2000-2499g w congenital/perinatal infection	30.7	20,104.43	617,000	22	20,104.43	442,000	175,000
623 Neonate Bwt 2000-2499g w/ Other Significant Condition	8.3	16,629.23	138,000	7	16,629.23	116,000	22,000
625 Neonate Bwt 2000-2499g, Normal Newborn	40.8	13,039.16	533,000	42	13,039.16	548,000	(15,000)
626 Neonate birthwt >2499g, Neonate w/ Other Problem	273.0	1,794.42	490,000	276	1,794.42	495,000	(5,000)
630 Neonate Bwt 2000-2499g, Neonate w/ Other Problem	67.6	6,430.34	434,000	47	6,430.34	302,000	132,000
631 Neonate birthwt >2499g w congenital/perinatal infection	4.0	136,571.71	545,000	2	136,571.71	273,000	272,000
633 Neonate Birthwt >2499g w/ Other Major Procedure	13.8	58,573.61	809,000	7	58,573.61	410,000	399,000
634 Neonate Birthwt >2499g w/ Major Anomaly	79.8	10,181.28	813,000	84	10,181.28	855,000	(42,000)
636 Neonate, Birthwt >2499g w/ Resp Dist Synd/Orth Maj Resp Cond	63.9	21,173.12	1,353,000	92	21,173.12	1,948,000	(595,000)
639 Neonate Birthwt >2499g w/ Congenital/Perinatal Infection	30.4	7,774.22	236,000	22	7,774.22	171,000	65,000
640 Neonate Birthwt >2499g, Normal Newborn	125.3	4,687.03	587,000	177	4,687.03	830,000	(243,000)
640 Neonate Birthwt >2499g, Neonate w/ Other Problem	6,131.6	998.38	6,122,000	6,093	998.38	6,083,000	39,000
<b>Total</b>	<b>7,204.0</b>	<b>\$ 1,924.49</b>	<b>\$ 13,864,000</b>	<b>7,204</b>	<b>\$ 1,860.36</b>	<b>\$ 13,402,000</b>	<b>\$ 462,000</b>

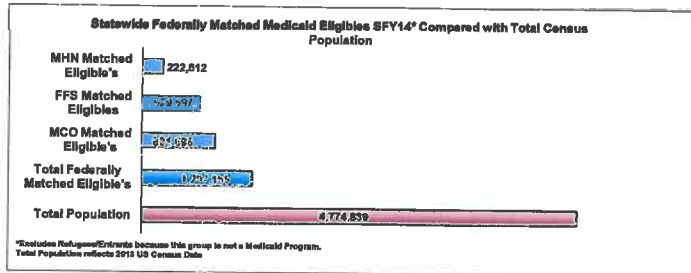
\*Note: values rounded to the nearest thousand.

**Statewide Enrollment and Expenditure Data**



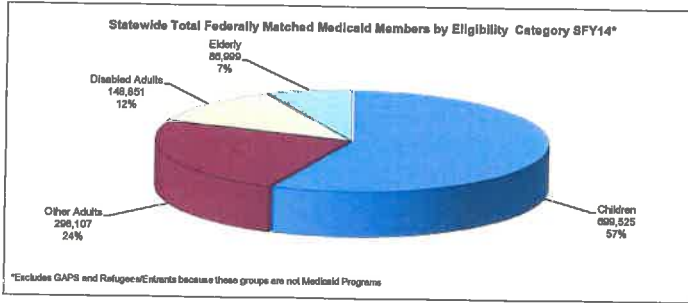


Total Federally Matched Medicaid Members for Statewide SFY14 = 1,207,155  
 Refugees/Entrant SFY14 = 98  
 Total Enrolled in Statewide SFY14 = 1,207,253  
 Total Enrolled in FFS SFY14 = 629,895  
 Total Enrolled in MCO SFY14 = 801,696  
 Total Enrolled in MHN SFY14 = 222,612



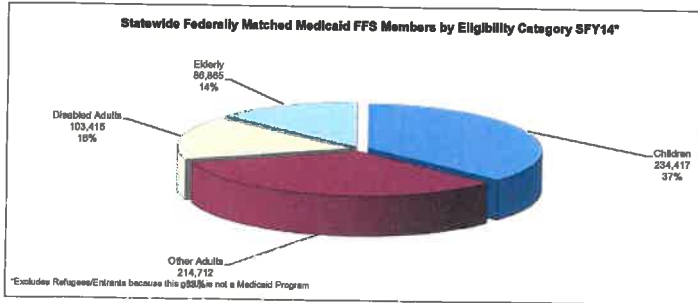
Federally Matched Medicaid Eligibles represents 26% of the Total Population

Updated July 2014



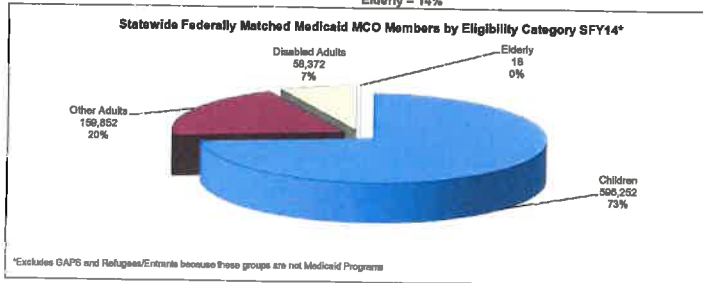
**Statewide Federally Matched Medicaid Members - Total Population**

Children = 70%  
 Non-Disabled Adults = 14%  
 Disabled Adults = 13%  
 Elderly = 3%



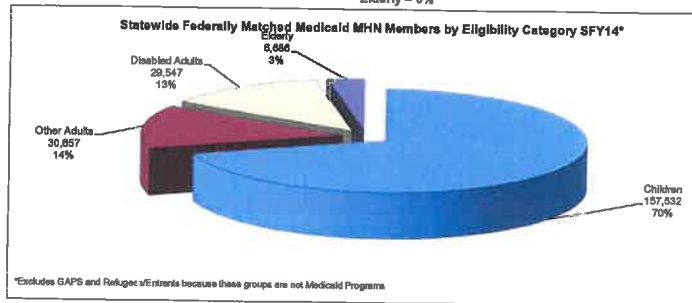
**Statewide Federally Matched Medicaid Members - FFS**

Children = 37%  
 Non-Disabled Adults = 33%  
 Disabled Adults = 18%  
 Elderly = 14%



**Statewide Federally Matched Medicaid Members - MCO**

Children = 73%  
 Non-Disabled Adults = 20%  
 Disabled Adults = 7%  
 Elderly = 0%

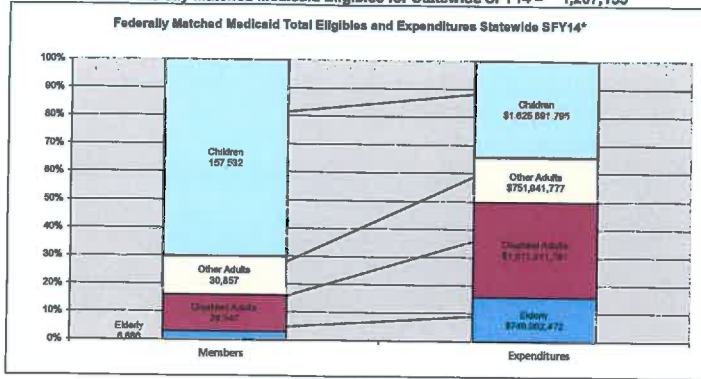


**Statewide Federally Matched Medicaid Members - MHN**

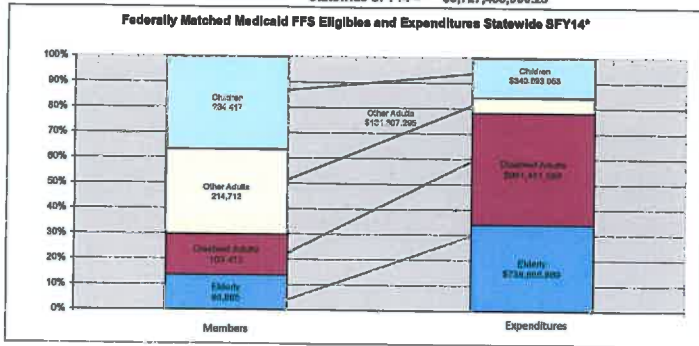
Children = 70%  
 Non-Disabled Adults = 14%  
 Disabled Adults = 13%  
 Elderly = 3%

Note: Other Adults is equal to Adults > 18 years and <65 years of age who are non-disabled.

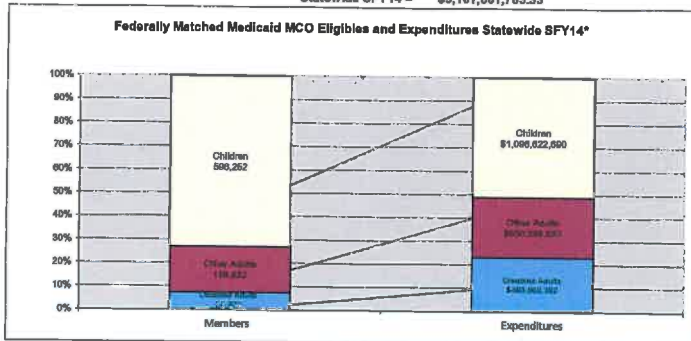
**Total Federally Matched Medicaid Eligibles for Statewide SFY14 = 1,207,155**



**Total Federally Matched Medicaid Expenditures for Statewide SFY14 = \$5,727,456,990.25**

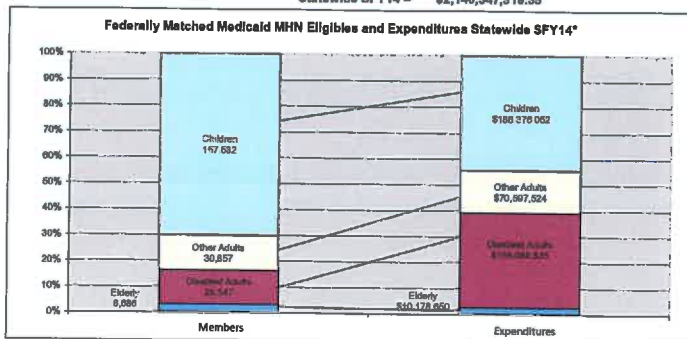


**Total Federally Matched FFS Medicaid Expenditures for Statewide SFY14 = \$3,161,861,783.33**



\*Elderly category has 16 eligibles with \$17,953.83 in expenditures

**Total Federally Matched MCO Medicaid Expenditures for Statewide SFY14 = \$2,140,347,319.35**



**Total Federally Matched MHN Medicaid Expenditures for Statewide SFY14 = \$425,246,887.57**

Updated July 2014

Note: Other Adults is equal to Adults > 18 years and <65 years of age who are non-disabled.

**Statewide SC Healthy Connections  
(Managed Care) Data**

**Total Medicaid Members by Managed Care Organization Type for  
Statewide, FY 2014**

MCO Plan	Members
First Choice	369,230
Molina Healthcare	148,014
Bluechoice HealthPlan	92,488
Absolute Total Care	122,842
Wellcare of SC	79,762
United Healthcare	53,707
Advicare Corp	32,868
<b>Unique Count Total</b>	<b>801,699</b>

\*Includes Federally Matched Medicaid Enrolled and Refuges/Entrants

**Total Medicaid Members by Medical Home Network Type for  
Statewide, FY 2014**

MHN ID and Name	Members
PCM120 Community Health Solutions	168,846
PCM160 Palmetto Physician Connect	29,951
PCM150 Carolina Medical Homes LLC	24,112
PCM140 Community Health Solutions	218
<b>Unique Count Total</b>	<b>222,612</b>

\*Includes Federally Matched Medicaid Enrolled and Refuges/Entrants

## Statewide Provider Data by Specialty

**Total Medicaid Enrolled Providers by Provider Specialty  
Statewide SFY14**

Provider Specialty	Enrolled	Providers	Recipients	Expenditures
ALCOHOL & SUBSTANCE ABUSE	38	38	8,890	\$11,280,120.44
ALLERGY AND IMMUNOLOGY	116	72	16,990	\$1,882,403.20
AMBULATORY SURGERY	80	71	11,820	\$3,705,799.20
ANESTHESIOLOGY	1,008	953	87,017	\$3,400,808.08
AUDIOLOGY	140	112	4,320	\$216,446.00
CARDIOVASCULAR DISEASES	848	690	63,304	\$3,086,134.75
CHIROPRACTIC	963	262	2,788	\$83,282.00
CLTC	28	23	1,884	\$3,993,783.34
CRP	1	1	387	\$787,440.00
DENTAL - ENDODONTIST	33	15	1,011	\$434,112.00
DENTAL - PERIODONTIST	13	4	27	\$9,468.00
DENTISTRY	1,816	690	280,301	\$76,908,272.23
DERMATOLOGY	227	188	19,820	\$771,389.00
DEVELOPMENTAL REHABILITATION	111	107	160,825	\$55,042,695.19
DIABETES EDUCATOR	60	30	1,044	\$16,471.88
EMERGENCY MEDICINE	2,148	2,030	308,469	\$14,654,121.89
ENDOCRINOLOGY AND METAB.	182	74	8,892	\$315,034.19
FAM PLAN, WATER & CHILD HEALTH	24	14	4,692	\$1,787,368.82
FAMILY PRACTICE	2,821	1,631	318,590	\$28,342,307.75
FED QUAL HEALTH CLINIC (FQHC)	128	82	4,254	\$14,811,701.87
GASTROENTEROLOGY	416	257	18,404	\$1,290,198.62
GENERAL PRACTICE	159	105	17,497	\$374,484.73
GERIATRICS	62	22	1,771	\$383,275.12
GYNECOLOGY	48	28	2,889	\$460,182.17
HEMATOLOGY	186	63	2,082	\$670,859.17
HISTOPATHOLOGY	78	46	8,087	\$234,993.24
INFECTIOUS DISEASES	185	90	5,110	\$841,375.23
INTERNAL MEDICINE	3,365	2,197	124,297	\$15,721,146.78
LICENSED INDEPT SOCIAL WORKER	211	116	4,480	\$874,554.40
LICENSED MARRIAGE & FAM THERA	20	12	281	\$88,163.87
LICENSED PROFESSIONAL COUNSEL	391	203	7,404	\$1,307,074.88
MENTAL RETARDATION	63	52	20,868	\$26,781,208.73
MIDWIFE	100	111	7,914	\$1,068,340.80
MULTIPLE SPECIALTY GROUP	388	700	8,001	\$58,178,222.84
NEEDMATOLOGY	112	43	1,689	\$667,047.48
NEPHROLOGY	470	263	9,001	\$9,286,192.87
NEUROLOGY	635	297	23,882	\$2,743,898.23
NEUROPATHOLOGY	2	0	0	\$0.00
NON SPECIFIC MEDICAL SPECIALTY	9	3,660	61,585	\$0.00
NUCLEAR MEDICINE	17	10	2,384	\$51,588.75
NURSE ANESTHETIST	2,818	1,873	67,624	\$2,228,237.37
NURSE PRAC & PHYSICIAN ASSIST	4,121	2,224	121,277	\$8,463,658.48
OBSTETRICS	18	12	6,231	\$470,337.68
OBSTETRICS AND GYNECOLOGY	1,313	808	111,484	\$23,551,878.02
OCCUPATIONAL MEDICINE	8	3	1,603	\$46,130.21
OCCUPATIONAL THERAPIST	661	207	6,788	\$9,835,059.68
ONCOLOGY	262	184	8,708	\$8,456,628.86
OPHTHALMOLOGY	724	348	30,314	\$2,186,702.62
OPTICIAN	45	31	91,857	\$2,069,234.55
OPTOMETRY	719	401	700,871	\$8,318,705.63
ORTHODONTICS	18	7	848	\$1,018,432.73
OSTEOPATHY	30	17	2,786	\$168,183.03
OTORHINOLARYNGOLOGY	359	228	94,132	\$2,371,642.28
PATHOLOGY	326	238	38,454	\$903,271.38
PATHOLOGY, CLINICAL	158	71	6,631	\$160,835.02
PEDIATRIC SUB-SPECIALIST	387	283	76,434	\$14,851,808.81
PEDIATRICS	2,101	1,294	288,607	\$34,232,206.11
PEDIATRICS, ALLERGY	45	7	2,386	\$93,299.74
PEDIATRICS, CARDIOLOGY	123	60	1,528	\$148,317.10
PEDODONTICS	134	73	74,137	\$16,018,783.64
PHYSIOCCUP THERAPIST	687	487	6,385	\$3,778,282.25
PHYSICAL MEDICINE & REHAB	230	148	10,840	\$1,213,502.87
PHYSICIAN ASST (NO DATA ONLY)	0	89	217	\$0.00
PODIATRY	167	88	2,437	\$66,708.13
PSYCHIATRY	737	367	16,595	\$1,830,656.47
PSYCHIATRY, CHILD	91	46	2,339	\$217,788.85
PSYCHOLOGIST	275	91	1,882	\$355,358.13
PULMONARY MEDICINE	430	247	13,931	\$1,893,498.45
PVT MENTAL HEALTH	143	82	8,541	\$2,271,901.93
RADIOLOGY	584	553	119,880	\$2,271,901.93
RADIOLOGY, DIAGNOSTIC	1,199	797	166,748	\$3,882,308.41
RADIOLOGY, THERAPEUTIC	101	67	1,889	\$1,453,837.71
RHEUMATOLOGY	116	74	3,201	\$768,097.89
RURAL HEALTH CLINICS (RHC)	126	74	6,634	\$2,843,484.17
SO CONTINUUM OF CARE	11	11	1,477	\$9,898,343.97
SO DEPT OF HEALTH & ENVIRO CTL	52	51	78,846	\$7,210,228.68
SO DEPT OF MENTAL HEALTH	667	66	82,207	\$107,184,402.82
SOCIAL WORKER	4	31	262	\$3,354.86
SPEECH THERAPIST	983	680	10,825	\$10,720,326.20
SUPPLIER (DME)	0	3	948	\$6.00
SURGERY, CARDIOVASCULAR	136	75	2,428	\$332,283.18
SURGERY, COLON AND RECTAL	48	64	980	\$73,902.87
SURGERY, GENERAL	1,085	570	38,182	\$4,107,177.48
SURGERY, NEUROLOGICAL	185	124	5,433	\$1,012,692.18
SURGERY, ORAL (DENTAL ONLY)	148	89	13,897	\$7,890,273.37
SURGERY, ORTHOPEDIC	883	650	42,568	\$3,728,510.00
SURGERY, PEDIATRIC	65	30	2,441	\$280,880.30
SURGERY, PLASTIC	174	86	3,803	\$902,429.82
SURGERY, THORACIC	121	67	1,238	\$273,714.04
SURGERY, UROLOGICAL	878	204	13,881	\$1,541,047.07
THERAPIST (MULTI SPECIALTY GRP)	148	30	82	\$11,001.40
OTHER PROVIDER SPECIALTIES	14,578	11,802	848,488	\$4,780,414,880.10

\*Includes Federally Matched Medicaid Enrolled and Refugee/Entrants

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

Statewide provider data including payments to specific providers can be found  
<http://www.ecdhhs.gov/transparency.asp>

Updated July 2014

Note: Other Adults is equal to Adults > 18 years and <65 years of age who are non-disabled.

Statewide Average Number of Emergency Visits by Age Group

Age	Total ER Visits	Avg ER Visits per Resident
Age 0-18	350,787	1.80
Age 19-64	388,638	2.47
Age 65 and over	39,274	1.43

Statewide Average Number of Inpatient Hospital Stays by Age Group

Age	Total Admits	Avg Admits per Resident
Age 0-18	44,327	1.14
Age 19-64	58,236	1.32
Age 65 and over	12,283	1.23

Statewide Top 10 Inpatient Clinical Conditions by Age Group

Clinical Condition	Admits Acute			Unique Count	Avg Admits per Resident			
	Age 0-18	Age 19-64	Age 65 +		Age 0-18	Age 19-64	Age 65 +	Age Total
Newborn, when Complication	32,184	3	0	32,188	1.02	1.00	0.00	1.02
Pregnancy w Vaginal Delivery	1,782	18,072	0	18,234	1.00	1.21	0.00	1.01
Pregnancy w Cesarean Section	483	9,748	0	10,230	1.00	1.00	0.00	1.00
Pneumonia, Bacterial	706	2,384	1,422	4,622	1.00	1.14	1.08	1.10
Diabetes	352	2,475	656	3,382	1.23	1.47	1.08	1.37
Pregnancy w Compl or Abortion	182	2,260	0	2,782	1.18	1.18	0.00	1.18
Cardiovascular Disease	22	1,338	885	2,243	1.18	1.23	1.08	1.18
Condition Rel to Tx - Med/Surg	238	1,884	305	2,205	1.18	1.12	1.05	1.09
Hematologic Disord, Congenital	760	1,384	0	2,143	1.61	3.08	1.13	3.28
Coronary Artery Disease	0	1,365	701	2,066	0.00	1.15	1.05	1.12

Statewide Top 10 ER Visit Clinical Conditions by Age Group

Clinical Condition	Total ER Visits			Unique Count	Avg ER Visits per Resident			
	Age 0-18	Age 19-64	Age 65 +		Age 0-18	Age 19-64	Age 65 +	Age Total
Infections - ENT Ex Otitis Med	45,138	14,694	697	60,389	1.05	1.03	0.91	1.05
Gastroint Disord, NEC	24,251	27,801	1,028	54,079	0.78	0.91	0.80	0.83
Skin/Symptoms/Chn Cond, NEC	27,083	20,298	3,054	60,384	0.70	0.70	0.55	0.72
Pregnancy w Compl or Abortion	3,822	34,893	0	38,488	1.43	1.48	0.00	1.47
Injury - Musculoskeletal, NEC	20,239	13,854	1,325	35,388	0.73	0.77	0.74	0.74
Infect/Inflm - Respiratory, NEC	20,789	11,188	1,056	33,018	0.71	0.77	0.89	0.73
Infect/Inflm - Skin/Subcut Tiss	15,818	15,833	893	30,214	1.00	1.11	0.87	1.04
Injury, NEC	20,402	5,868	878	26,748	0.87	0.71	0.58	0.82
Other Injuries	20,833	1,788	58	22,468	1.05	0.68	1.04	1.04
Spinal/Back Disord, Low Back	2,864	18,152	1,143	22,149	0.78	1.11	0.86	1.04

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