Quick Facts About
South Carolina Medicaid Fiscal Data—2013

In FY 2013, Medicaid assistance equaled approximately $4.4 billion with an additional $810 million provided to other state agencies and entities and $164 million to medical contracts and operating.

This year, $549 million was added to the state Medicaid budget appropriation to expand services to South Carolina’s uninsured citizens. Some strategies that have already been implemented include expansion of free clinics, implementation of statewide hospital-based improvement initiatives to better manage chronically ill uninsured high-utilizers of emergency room (ER) services, and the development of telemedicine programs in four rural counties.

Mental health and substance abuse as major diagnostic categories represented 21% of all Medicaid net payments.

Medicaid fee-for-service paid over $366 million for inpatient hospital care in 2013. These conditions accounted for some of the highest net payments in 2013: care in the neonatal intensive care unit, behavioral health care, cesarean section delivery, septicemia/severe sepsis, and extracorporeal membrane oxygenation (ECMO) tracheostomy/tracheostomy without a major operating room procedure.

Neonatal care for extreme immaturity or respiratory distress syndrome was the most expensive inpatient stay diagnosis-related group in 2013, accounting for more than $28 million in inpatient net payments.

Net emergency room payments in FY 2013 cost over $21 million, an increase from the previous year of 9.6%.

Some of the diagnoses accounting for the most ER costs related to mental health conditions, red blood cell disorders, septicemia, respiratory conditions, digestive disorders, seizures, and other antepartum diagnosis.