



AGENDA

State and Public School Life and Health Insurance Board

November 17, 2015

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. *Call to OrderCarla Haugen, Chairman*
- II. *Approval of October 14 & 20, 2015 MinutesCarla Haugen, Chairman*
- III. *Statement of Financial InterestCarla Haugen, Chairman*
- IV. *Approval of 2016 Meeting ScheduleCarla Haugen, Chairman*
- V. *ASE-PSE Financials October, 2015.....Marla Wallace, EBD Chief Fiscal Officer*
- VI. *DUEC Report.Dr. Hank Simmons, Dr. Geri Bemberg, UAMS*
- VII. *Wellness UpdateJanna Keathley, EBD Quality Assurance Officer*
- VIII. *Truven Health Analysis..... Carole Porambo, Truven Health*
- IX. *New Laws for Prior Authorization Bob Alexander, EBD Executive Director*
- X. *Vendor Payroll Deduction Process..... Bob Alexander, EBD Executive Director*
- XI. *Director’s Report..... Bob Alexander, EBD Executive Director*

Upcoming Meetings

January 19, 2016

**NOTE: All material for this meeting will be available by electronic means only
ethel.whittaker@dfa.arkansas.gov**

**Notice: Silence your cell phones. Keep your personal conversations to a minimum.
Observe restrictions designating areas as “Members and Staff only”**

State and Public School Life And Health Insurance Board Meeting Board Meeting Minutes November 17, 2015

The 154th meeting of the State and Public School Life and Health Insurance Board (hereinafter called the Board), met on November 17, 2015 at 1:00 p.m. in the EBD Board Room, 501 Woodlane, Suite 500, Little Rock, AR 72201.

MEMBERS PRESENT

Dr. Andrew Kumpuris
Katrina Burnett
Shelby McCook
Carla Haugen- Chairman
Angela Avery – Teleconference
Renee Mallory
Janis Harrison
Lori Freno-Engman

MEMBERS ABSENT

Dan Honey
Robert Boyd
Dr. John Kirtley
Dr. Tony Thurman
Dr. Joseph Thompson

Bob Alexander, Executive Director, Employee Benefits Division

OTHERS PRESENT:

David Keisner, Dwight Davis, Geri Bemberg, Jill Johnson, UAMS; Ethel Whittaker, Marla Wallace, Stella Green, Sherry Bryant, Gretchen Baggett, Shay Burlison, EBD; Kristi Jackson, Jennifer Vaughn, ComPsych; Pam Lawrence, Sylvia Landers, Eileen Wider, Minnesota Life; AHH; John Bridges, ASEA; Andy Davis, Arkansas Democrat Gazette; Wayne Whitley, Ronda Walthall, AR Highway & Transportation Dept; Jessica Akins, Health Advantage; Susan Walker, DataPath; Robyn Keene, AAEEA; Steve Althoff, MTI; Raina Porchay, Optum Rx; Martha Hill, Derrick Smith, MW; Marvin Parks, BPS; Drew Crawford, Erica Lee, Robyn Keene, Mike Mertens, AAEEA; Karen Langley, Qual Choice; Sam Smothers, Astra Zeneca; Trey Long, American Cancer Society; Carole Parambo, Ronda Daugherty, Truven; Charles Warren, FSPS; Jim Chapman, B.J. Himes, Qualchoice; Harmony Daniels, Jackie Baker, ASP

CALL TO ORDER:

Meeting was called to order by Carla Haugen, Chairman

APPROVAL OF MINUTES: *by Carla Haugen, Chairman*

The request was made by Haugen to approve the October 20, 2015 minutes.

McCook made the motion to approve the minutes, Mallory seconded; all were in favor.

Minutes approved

APPROVAL 2016 MEETING SCHEDULE: *by Carla Haugen, Board Chairman*

Harrison motioned to adopt the 2016 schedule. Mallory seconded. All were in favor.

Motion Approved.

FINANCIALS: *by Marla Wallace, EBD Fiscal Officer*

Wallace reported financials for October 2015. For October PSE five (5) weeks of medical and pharmacy claims were paid. The fifth week of claims was \$5.9 million. There was a net loss of \$1.7 million for the month due to the fifth week of claims. In addition, the quarterly subsidy from the Department of Education was received in the amount of \$3.75 million. The FICA savings for the month is \$462,990. The year-to-date FICA is \$4.67 million. The net assets are \$35.5 million.

For ASE the month of October there were five (5) weeks of medical and pharmacy claims were paid. The fifth week of claims was \$5.6 million. The net loss for the month is \$4.8 million. The year-to-date gain is \$29.3 million. The net assets are \$30 million.

Harrison is concerned with the schools that are past due in premiums. Wallace reported they are working with the Schools and the Department of Education in an effort to resolve the concerns. Wallace reported additional concerns in terms of charging the correct premium and payroll deductions for members who are not covered. Alexander reported there is an effort to properly train the HIR's through the monthly training meetings.

Alexander reported there is a tracking system in place for the attendance of the HIR's in training meetings. The report will be provided at the January 2016 Board meeting.

DUEC REPORT: *by Dr. Hank Simmons, Dr. Geri Bemberg, UAMS*

The following report resulted from a meeting of the DUEC on October 26, 2015 with Dr. Hank Simmons presiding.

1. Recommended Changes to Current Coverage

A. Delivery Coordination Workgroup Report: by Dr. Geri Bemberg, UAMS

Drugs used in the treatment of Cancers and non-cancer drugs were reviewed by the DCWG and a report made to the DUEC on October 26th. Recommendations from this report are outlined below.

	Current Coverage	Proposed Coverage for 2015
<u>Non-small cell lung cancer (NSCLC)</u> Crizotinib (Xalkori)	Exclude	Exclude
<u>Metastatic Melanoma</u> Pembrolizumab (Keytruda)	Exclude	Medical PA

2. 2nd Review of Drugs: by Dr. Jill Johnson, UAMS

Daliresp (roflumilast) – From the PI:

8 RCTs on nonreversible obstructive lung disease (FEV1/FVC<70% and <12% improvement in FEV1 in response to 4 puffs of albuterol):

Psychiatric events including suicidality occurred in 5.9% of Daliresp 500mg pts and 3.3% of placebo pts. NNH is 39 for these events.

Zetia (Ezetimibe) – A Cholesterol absorption inhibitor ezetimibe (Zetia).

Cuprimine (penicillamine) – FDA approved for treatment of Wilson’s disease, cystinuria, or as adjunctive treatment of severe, active rheumatoid arthritis.

Uceris (budesonide) – For treatment of Crohn’s disease.

Evekeo (amphetamine) – For the treatment of exogenous obesity and narcolepsy

Proposal:

1. Exclude Daliresp.
2. Require prior authorization for Zetia; approve coverage on Tier-3 with a PA.
3. Exclude Evekeo 5 & 10 mg tabs. There are several alternative for use for each indication. Letters should be sent to prescribers and the 5 utilizers stating Evekeo will be excluded from coverage effective 1/1/16.
4. Exclude methamphetamine tablets. The indication is ADHD and obesity. There are several ADHD alternatives that are less costly.
5. Exclude Cuprimine 250 mg caps; cover Depen titratabs 250 mg tabs and Trientine Syprine 250 mg caps on Tier-4 with a PA.
6. Budesonide (Uceris) – Cover on Tier-3 with a PA.

B. Palbociclib (Ibrance): by, Dr. Geri Bemberg, UAMS
Antineoplastic Agent, Cyclin-Dependent Kinase Inhibitor

Used in combination with letrozole for initial endocrine-based therapy for metastatic disease in postmenopausal women with ER-positive, HER2-negative advanced disease as initial treatment for metastatic disease.

125 mg. once daily x 21 days, followed by a 7-day rest period to complete a 28-day treatment cycle (in combination with continuous letrozole); continue until disease progression or unacceptable toxicity. The medicine has been excluded since June 23, 2015 Board meeting.

Dr. Bemberg's recommendation is to approve coverage on Tier-4 with a PA.

3. NEW DRUGS

Johnson reported on new drugs. The review covered products released June 15 – September 28, 2015.

4. EVIDENCE BASED REBATES: by Dr. David Keisner, UAMS

Dr. Keisner reported EBD is working with EBRX to develop the non-clinical process of rebate contracting. Dr. Keisner reported on the clinical process of rebate contracting. The process is similar to reference pricing in terms of how drugs are reviewed. If all the drugs are the same and one is cheaper; the cheaper is the preferred. Under these circumstances the committee may instruct Dr. Keisner to obtain a rebate contract for drugs that are in the perspective category. There are upcoming opportunities with a possible eleven (11) preferred drugs in one category. Dr. Keisner is requesting an additional meeting for instructions on how to move forward with the rebate opportunities.

Pace reported it's essential to maintain drug specific for each rebate contract to keep the integrity of the evidence base rebating process. In addition, Pace recommended contracts be at least three (3) years to provide stability to the manufacturer and the member. Dr. Neil is in agreement with Pace, and also recommended the committee develop the process as they move forward. Pace is also concerned with the security of data that will be shared in the contracts for potential manufactures who are bidding.

Dr. Bemberg recommended to have a special meeting prior to the February 2016 meeting for discussion and review of ideas for recommendations. Pace requested a listing of the top thirty (30) categories by cost. Dr. Keisner will provide the information.

McCook is concerned with the coverage of Vibryd. McCook requested an email explaining the alternatives available for the drug Vibryd. McCook inquired about the primary issue as to why the drug will not be covered, and requested detailed information.

Dr. Kumpuris requested that the committee review Repatha and Praluent.

Harrison motioned to adopt the DUEC report. Freno-Engman seconded. All were in favor.

Motion Approved

WELLNESS UPDATE: *by Janna Keathley, EBD Quality Assurance Officer*

Keathley reported there are over 71,000 eligible members for the discount. Of those eligible over 63,400 have met the requirement for the discount, which is 89% of the population. Over 8,100 have not met the requirement, which is 11% of the population. There are over 6,700 that have not completed their Health Assessment, and will not receive the discount. Of the 6,700 who will not receive the discount, 3,052 are Arkansas State Employees, and 3,671 are Public School Employees.

Keathley reported on special programs:

<u>Name</u>	<u>2013 - Participants</u>	<u>2014 – Participants</u>	<u>Year-To-Date Participants</u>
Diabetes Disease Prevention	63	320	224
Nutrition	119	673	555
Exercise	130	738	1,014
Life Balance	0	198	1,118

Haugen expressed concern members would not receive wellness discount due to members not completing the health assessment. Haugen believes the most important part of the wellness was completed, which is the physician office visit.

TRUVEN HEALTH: *by Carole Porambo, Truven Health*

Porambo reported in the struggle against spiraling costs, comprehensive healthcare data and analytics are emerging as the best weapon in an employer's arsenal. To gain baseline knowledge of current healthcare program costs, you need access to data information. By comparing the information to the industry, geographic, or national normative data, you can learn how the company aligns with the norm. This will allow an evaluation of effectiveness of employee benefits programs and identification of the areas that need adjustment.

Truven is currently providing analytics for eighteen agencies. Porambo reported Alabama and Mississippi are very comparable to our state's plan. Dr. Kumpuris has many concerns in terms of the

correct data versus the correct intervention. McCook is concerned with the amount of contracts that are in place in terms of administrative fees and double expenditures.

Porambo reported other types of analytics are the ability to take data from any wellness vendor, and put it into one (1) data warehouse and apply those data methodology and look for the trends and patterns to help identify the what if's.

NEW LAWS FOR PRIOR AUTHORIZATION: *by Bob Alexander, EBD Executive Director*

Alexander reported previously on prior authorizations. An act was passed last session which almost eliminates the possibility of processing prior authorizations, since they must be completed in 24 to 48 hours, even though there's no medical emergency. It's very difficult to comply with the law. Other carriers are having the same issues. The law is questionable in terms of its applicability to EBD's plan. There will be a presentation at the next Board meeting.

Alexander contacted the Attorney General regarding the Act's applicability to EBD. State Agency's and Entity's interpretation of the language most times are respected by the courts. The Act is not applicable due to EBD not qualifying as a Health Plan, nor does it qualify as a Government Health Plan. Alexander recommended to continue with the current procedures until there is a change in the statute that would allow the existing contracts to be applied or a change that would include the plan in the statute. Alexander will provide a copy of the contract to the Board, and the final decision will be decided at the next Board meeting in January 2016.

VENDOR PAYROLL DEDUCTION PROCESS: *by Bob Alexander, EBD Executive Director*

Alexander requested additional time to discuss the payroll deduction process. Alexander is working to interpret the Attorney General's opinion in terms of voluntary products. This process will determine who is legally responsible for determining who will qualify for a payroll slot.

DIRECTOR'S REPORT: *by Bob Alexander, EBD Executive Director*

Alexander reported on the account closing fee for Datapath. The custodial agreement between the trustee and the member remains in place as long as the Member still has funds with that custodian. Therefore, the custodial agreement still remains. The fee is a balance transfer fee. The Attorney General opinion is both fees are not applicable.

Harrison motioned to adjourn. Dr. Thompson seconded. All were in favor.

Meeting Adjourned

Public School Employees (PSE) Financials - January 1, 2015 through October 31, 2015

	EMPLOYEE ONLY					EMPLOYEE + DEPENDENTS			
	ACTIVES	RETIREES	MEDICARE	TOTAL		ACTIVES	RETIREES	MEDICARE	TOTAL
BASIC	2837	228		3065		4181	284		4465
CLASSIC	21590	1911		23501		39742	2336		42078
PREMIUM	19893	1175		21068		25648	1258		26906
PRIMARY		99	10461	10560			201	11424	11625
TOTAL	44320	3413	10461	58194		69571	4079	11424	85074

REVENUES & EXPENDITURES

	Current Month	Year to Date (10 Months)
Funding		
Per Participating Employee Funding (PPE Funding)	\$ 8,127,096	\$ 81,437,862
Employee Contribution	\$ 9,138,878	\$ 91,163,873
Department of Education \$35,000,000 & \$15,000,000	\$ 6,931,818	\$ 59,930,317
Other	\$ 506,824	\$ 6,184,776
Allocation for Actives	\$ 1,666,667	\$ 16,666,667
Total Funding	\$ 26,371,283	\$ 255,383,494
Expenses		
Medical Expenses		
Claims Expense	\$ 20,441,565	\$ 145,742,989
Claims IBNR	\$ -	\$ -
Medical Administration Fees	\$ 1,684,052	\$ 15,678,633
Refunds	\$ -	\$ (66,503)
Employee Assistance Program (EAP)	\$ 76,333	\$ 763,982
Pharmacy Expenses		
RX Claims	\$ 5,093,865	\$ 39,303,371
RX IBNR	\$ -	\$ -
RX Administration	\$ 295,821	\$ 2,916,623
Plan Administration	\$ 517,790	\$ 6,700,437
Total Expenses	\$ 28,109,425	\$ 211,039,533
Net Income/(Loss)	\$ (1,738,142)	\$ 44,343,962

BALANCE SHEET

Assets	
Bank Account	\$ 17,591,065
State Treasury	\$ 81,719,694
Receivable from Provider	\$ -
Accounts Receivable	\$ 5,373,258
Due from ASE	\$ -
Total Assets	\$ 104,684,017
Liabilities	
Accounts Payable	\$ 379
Due to ASE	\$ -
Deferred Revenues	\$ -
Due to Federal Government (\$44 fee)	\$ 1,613,216
Health IBNR	\$ 28,000,000
RX IBNR	\$ 1,400,000
Total Liabilities	\$ 31,013,595
Net Assets	\$ 73,670,422
Less Reserves Allocated	
Premiums for Plan Year 1/1/15 - 12/31/15 (\$20,000,000 rec'd from Dept. of Education)	\$ (3,333,333)
Premiums for Plan Year 1/1/16 - 12/31/16 (\$9,600,000)	\$ (9,600,000)
Premiums for Plan Year 1/1/17 - 12/31/17 (\$5,760,000)	\$ (5,760,000)
Premiums for Plan Year 1/1/18 - 12/31/18 (\$3,840,000)	\$ (3,840,000)
Premium Assistance (FICA Savings)	\$ (4,671,368)
Catastrophic Reserve (2015 \$10,900,000)	\$ (10,900,000)
Net Assets Available	\$ 35,565,721

Fifth Week of Claims \$5,905,057.61

Public School Employees (PSE) Financials - January 1, 2014 through October 31, 2014

	GOLD		SILVER		BRONZE		GRAND TOTALS	
	Employee Only	Plus Dependents						
Actives	17057	20815	5241	8159	23094	42020	45392	70994
Retirees	1756	2022	160	177	1529	1915	3445	4114
Medicare	9592	10515					9592	10515
TOTAL	28405	33352	5401	8336	24623	43935	58429	85623

REVENUES & EXPENDITURES

<u>Funding</u>	Current Month	Year to Date (10 months)
Per Participating Employee Funding (PPE Funding)	\$ 8,281,925	\$ 83,566,250
Employee Contribution	\$ 10,025,529	\$ 100,309,185
Department of Education \$35,000,000 & \$15,000,000	\$ 6,931,818	\$ 43,636,364
Other	\$ 19,944,620	\$ 21,559,333
Allocation for Actives - Plan Year 2014	\$ 3,583,333	\$ 35,833,333
Total Funding	\$ 48,767,226	\$ 284,904,465
Expenses		
Medical Expenses		
Claims Expense	\$ 20,694,714	\$ 167,663,198
Claims IBNR	\$ -	\$ -
Medical Administration Fees	\$ 1,674,969	\$ 16,217,490
Refunds	\$ 2,372	\$ (2,899)
Employee Assistance Program (EAP)	\$ 78,099	\$ 792,769
Pharmacy Expenses		
RX Claims	\$ 4,938,470	\$ 40,111,947
RX IBNR	\$ -	\$ (400,000)
RX Administration	\$ 292,239	\$ 3,206,873
Plan Administration	\$ 401,364	\$ 6,329,282
Total Expenses	\$ 28,082,228	\$ 233,918,661
Less Allocation for Plan Year 2015	\$ 20,000,000	\$ 20,000,000
Net Income/(Loss)	\$ 684,998	\$ 30,985,805

BALANCE SHEET

Assets		
Bank Account		\$ 36,681,827
State Treasury		\$ 47,176,139
Receivable from Provider		\$ -
Accounts Receivable		\$ 3,545,605
Due from ASE		\$ 142
Total Assets		\$ 87,403,713
Liabilities		
Accounts Payable		\$ 496
Due to ASE		\$ -
Deferred Revenues		\$ -
Due to Federal Government (\$63 fee)		\$ 2,318,242
Health IBNR		\$ 28,000,000
RX IBNR		\$ 1,400,000
Total Liabilities		\$ 31,718,738
Net Assets		\$ 55,684,975
Less Reserves Allocated:		
Premiums for Plan Year 1/1/14 - 12/31/14 (\$43,000,000)		\$ (7,166,667)
Catastrophic Reserve (2014 - \$11,100,000)		\$ (11,100,000)
Premiums for Plan Year 1/1/15 - 12/31/15 (\$20,000,000 received from Dept of Education)		\$ (20,000,000)
Net Assets Available		\$ 17,418,308

Fifth Week of claims totaled: \$4,998,079.64

Arkansas State Employees (ASE) Financials - January 1, 2015 through October 31, 2015

	EMPLOYEE ONLY				EMPLOYEE + DEPENDENTS			
	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	RETIREES	MEDICARE	TOTAL
BASIC	1018	23		1041	1737	39		1776
CLASSIC	1812	70		1882	3085	100		3185
PREMIUM	23694	2180		25874	41408	2820		44228
PRIMARY		206	8958	9164		422	11755	12177
TOTAL	26524	2479	8958	37961	46230	3381	11755	61366

REVENUES & EXPENDITURES

	Current Month	Year to Date (10 Months)
Funding		
State Contribution	\$ 14,694,092	\$ 144,930,688
Employee Contribution	\$ 7,868,233	\$ 79,596,138
Other	\$ 501,290	\$ 11,013,525
Allocation for Actives - Plan Year 2015	\$ 971,667	\$ 9,716,667
Total Funding	\$ 24,035,282	\$ 245,257,018
Expenses		
Medical Expenses		
Claims Expense	\$ 19,711,671	\$ 136,203,518
Claims IBNR	\$ -	\$ -
Medical Administration Fees	\$ 1,116,193	\$ 10,776,101
Refunds	\$ -	\$ (89,076)
Employee Assistance Program (EAP)	\$ 55,331	\$ 560,458
Life Insurance	\$ 53,989	\$ 546,662
Pharmacy Expenses		
RX Claims	\$ 7,372,554	\$ 60,727,020
RX IBNR	\$ -	\$ -
RX Administration	\$ 208,574	\$ 2,110,347
Plan Administration	\$ 360,151	\$ 5,098,989
Total Expenses	\$ 28,878,461	\$ 215,934,018
Net Income/(Loss)	\$ (4,843,179)	\$ 29,323,000

BALANCE SHEET

Assets	
Bank Account	\$ 1,803,554
State Treasury	\$ 91,320,770
Due from Cafeteria Plan	\$ 5,195,886
Due from PSE	\$ -
Receivable from Provider	\$ -
Accounts Receivable	\$ 511,003
Total Assets	\$ 98,831,213
Liabilities	
Accounts Payable	\$ 654
Deferred Revenues	\$ 79
Due to Cafeteria	\$ -
Due to PSE	\$ -
Due to Federal Government (\$44 fee)	\$ 1,119,712
Health IBNR	\$ 24,700,000
RX IBNR	\$ 1,800,000
Total Liabilities	\$ 27,620,445
Net Assets	\$ 71,210,768
Less Reserves Allocated	
Premiums for Plan Year 1/1/15 - 12/31/15 (\$6,260,000 + \$5,400,000)	\$ (1,943,333)
Premiums for Plan Year 1/1/16 - 12/31/16 (\$3,600,000 + \$12,600,000)	\$ (16,200,000)
Premiums for Plan Year 1/1/17 - 12/31/17 (\$7,560,000))	\$ (7,560,000)
Premiums for Plan Year 1/1/18 - 12/31/18 (\$5,040,000)	\$ (5,040,000)
Catastrophic Reserve (2015 \$10,400,000)	\$ (10,400,000)
Net Assets Available	\$ 30,067,435

Fifth Week of Claims \$5,677,098.560

Arkansas State Employees (ASE) Financials - January 1, 2014 through October 31, 2014

	GOLD		SILVER		BRONZE		GRAND TOTALS	
	Employee Only	Plus Dependents						
Actives	23526	43068	1630	2978	2409	4595	27565	50641
Retirees	2370	3302	26	48	65	116	2461	3466
Medicare	8496	11244					8496	11244
TOTAL	34392	57614	1656	3026	2474	4711	38522	65351

REVENUES & EXPENDITURES

	Current Month	Year to Date (10 months)
Funding		
State Contribution	\$ 14,341,262	\$ 143,280,936
Employee Contribution	\$ 7,503,713	\$ 75,945,130
Other	\$ 391,068	\$ 10,378,511
Allocation for Actives - Plan Year 2014	\$ 2,154,167	\$ 21,541,667
Total Funding	\$ 24,390,210	\$ 251,146,244
Expenses		
Medical Expenses		
Claims Expense	\$ 18,399,018	\$ 149,147,324
Claims IBNR	\$ -	\$ 1,500,000
Medical Administration Fees	\$ 1,156,088	\$ 11,316,358
Refunds	\$ (2,649)	\$ (18,419)
Employee Assistance Program (EAP)	\$ 56,275	\$ 561,707
Life Insurance	\$ 54,823	\$ 546,936
Pharmacy Expenses		
RX Claims	\$ 6,818,997	\$ 57,253,102
RX IBNR	\$ -	\$ (600,000)
RX Administration	\$ 218,844	\$ 2,451,895
Plan Administration	\$ 277,082	\$ 5,216,956
Total Expenses	\$ 26,978,478	\$ 227,375,860
Net Income/(Loss)	\$ (2,588,268)	\$ 23,770,385

BALANCE SHEET

Assets		
Bank Account		\$ 7,530,322
State Treasury		\$ 76,063,686
Due from Cafeteria Plan		\$ 709,521
Due from PSE		\$ -
Receivable from Provider		\$ -
Accounts Receivable		\$ 155,000
Total Assets		\$ 84,458,529
Liabilities		
Accounts Payable		\$ 3,758
Deferred Revenues		\$ 18,860
Due to Cafeteria		\$ 751
Due to PSE		\$ 142
Due to Federal Government (\$63 fee)		\$ 1,688,337
Health IBNR		\$ 24,700,000
RX IBNR		\$ 1,800,000
Total Liabilities		\$ 28,211,848
Net Assets		\$ 56,246,681
Less Reserves Allocated:		
Premiums for Plan Year 1/1/14 - 12/31/14	(\$7,460,000 + \$9,390,000 + \$9,000,000)	\$ (4,308,333)
Premiums for Plan Year 1/1/15 - 12/31/15	(\$6,260,000 + \$5,400,000)	\$ (11,660,000)
Premiums for Plan Year 1/1/16 - 12/31/16	(\$3,600,000)	\$ (3,600,000)
Catastrophic Reserve		\$ (10,600,000)
Net Assets Available		\$ 26,078,347

Fifth Week of claims totaled: \$4,950,535.94



**State and Public School Life and Health Insurance Board
Drug Utilization and Evaluation Committee Report**

The following report resulted from a meeting of the DUEC on October 26, 2015 with Dr. Hank Simmons presiding.

1. Recommended Changes to Current Coverage

A. Delivery Coordination Workgroup Report: *by Dr. Geri Bemberg, UAMS*

Drugs used in the treatment of Cancers and non-cancer drugs were reviewed by the DCWG and a report made to the DUEC on October 26th. Recommendations from this report are outlined below.

	Current Coverage	Proposed Coverage for 2015
<u>Non-small cell lung cancer (NSCLC)</u> Crizotinib (Xalkori)	Exclude	Exclude
<u>Metastatic Melanoma</u> <u>Pembrolizumab</u> <u>(Keytruda)</u>	Exclude	Medical PA

2. 2nd Review of Drugs: *by Dr. Jill Johnson, UAMS*

Daliresp – From the PI:

8 RCTs on nonreversible obstructive lung disease (FEV1/FVC<70% and <12% improvement in FEV1 in response to 4 puffs of albuterol):

Psychiatric events including suicidality occurred in 5.9% of daliresp 500mg pts and 3.3% of placebo pts. NNH is 39 for these events.

Zetia – A Cholesterol absorption inhibitor ezetimibe (Zetia).

Cuprimine 250 mg Capsules (#360) – FDA approved for treatment of Wilson’s disease, cystinuria, or as adjunctive treatment of severe, active rheumatoid arthritis.

Budesonide (Uceris) – For treatment of Crohn’s disease.

	Max dose	Total Cost/Rx	AWP Cost/Unit	AWP/Day	Copay	Plan Cost/30 Day	Plan Cost/Unit
(Evekeo) Amphetamine 5 mg	40 mg		5.95	47.60	60	1368	
(Evekeo) Amphetamine 10 mg	60 mg		5.95	35.70	60	1011	
Modafinil 100 mg	100mg	505.13	22.93	22.93	15	490.13	16.34
Modafinil 200 mg	200mg	745.79	35.17	35.17	15	730.79	24.36
Dextroamphetamine IR 5 mg			2.72	5.44	15		1.00
Dextroamphetamine IR 10 mg			2.67	5.34	15		
Methamphetamine 5 mg IR tab			4.58	11.46	15		
Mixed amphetamine salts (gen. Adderall IR) 5 mg			1.24	2.48	15		
Mixed amphetamine salts (gen. Adderall IR) 7.5 mg		37.32	1.25	2.50	15		
Mixed amphetamine salts (gen. Adderall IR) 12.5 mg			1.54	3.08	15		
Mixed amphetamine salts (gen. Adderall IR) 15 mg			1.71	3.42	15		
Mixed amphetamine salts (gen. Adderall IR) 30 mg			1.84	3.68	15		

Proposal:

1. Exclude Daliresp.
2. Require prior authorization for Zetia; approve coverage on Tier-3 with a PA.
3. Exclude Evekeo 5 & 10 mg tabs. There are several alternative for use for each indication. Letters should be sent to prescribers and the 5 utilizers stating Evekeo will be excluded from coverage effective 1/1/16.
4. Exclude methamphetamine tablets. The indication is ADHD and obesity. There are several ADHD alternatives that are less costly.
5. Exclude Penicillamine Cuprimine 250 mg caps; cover Penicillamine Depen titratabs 250 mg tabs and Trientine Syprine 250 mg caps on Tier-4 with a PA.
6. Budesonide (Uceris) – Cover on Tier-3 with a PA.

B. Palbociclib (Ibrance): by, Dr. Geri Bemberg, UAMS
Antineoplastic Agent, Cyclin-Dependent Kinase Inhibitor

Used in combination with letrozole for initial endocrine-based therapy for metastatic disease in postmenopausal women with ER-positive, HER2-negative advanced disease as initial treatment for metastatic disease.

125 mg. once daily x 21 days, followed by a 7-day rest period to complete a 28-day treatment cycle (in combination with continuous letrozole); continue until disease progression or unacceptable toxicity. The medicine has been excluded since June 23, 2015 Board meeting.

Dr. Bemberg’s recommendation is to approve coverage on Tier-4 with a PA.

3. NEW DRUGS

Johnson reported on new drugs. The review covered products released June 15 – September 28, 2015.

Recommended Additions: Non-Specialty Drugs

BRAND NAME	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY/AWP	DUEC VOTE
Breo Ellipta	\$337/60	Asthma	T1- albuterol/ipratropium. T2 Advair(ST), combivent, Spiriva, Tudorza	Tier 3
Humalog Kwik-pen 200 unit/ml	\$68.82/ml	Insulin	Line extension. Humalog 100 unit/ml T2-34.41/ml	Tier 4
Entresto	\$450/30 days	Heart Failure	ARBs referenced price	Tier 3PA
Finacea Aer 15%	\$477/45gm	Acne	Finacea Gel 15% T3 \$279/50gm	Tier 3 QL of 50g/30d
Lidocaine Pad 5%	\$10.27 patch	Local anesthetic – topical	Numerious generic lidocaine patches. Plan currently requires a PA for lidocaine patches	Tier 1PA
Morphine Sul conc 100mg/5ml	\$0.84	Pain	Line extension. Other strengths covered.	Tier 1
Synjardy tabs	\$411/month	SGLT2-inhibitor + metformin for type 2 diabetes	Priced same aa plain Jardiance. Othere SGLT2-1 excluded on plan	Tier 1 cover empagliflozin also
Brilinta 60mg	\$5.71/tab	Inhibits platelet aggression	Line extension other strengths available	Tier 3, other streng at T3

Recommended Exclusions:				
Avar Aer 9.5-5%	\$5.82/gm	Acne	Other sulfacetamide sodium w/sulfur foam excluded. Sulfacetamide sodium 10% topical solution T1	Exclcd cd 13
Ovace Plus Foam	%5.82/gm	Acne	Other sulfacetamide sodium w/sulfur foam excluded. Sulfacetamide sodium 10% topical solution T1	Exclcd cd 13
GNP Burn Spray	\$4.78/can	Topical local anesthetic	Some topical lidocaine covered T1	Exclcd cd 13T1 altern
Amicar Sol 0.25GM/ML	\$12.22/ml	Hemorrhage	50mg Tabs cov. \$3.85/tab	Exclcd cd 13
Rexulti	\$1038/30 tabs	Depression/schizophrenia	T1-clozapine, olanzapine, risperidone, quetiapine, ziprasidone. T2-Abilify(PA) Seroquel XR(QL)	Exclcd cd 13
Prestalia Tabs	\$176.10/30	Hypertensin (ACE/oral caldium channel blocker)	T1-Perindopril (8mg tab = \$1.15 amlodipine (\$0.08/10mg)	Exclcd cd 13
Oralair Child Pak Sample	Sample kit	Allergenic extracts	Line extension	Exclude
Epiduo Forte Gel	\$477/45gm	Acne	Line extension.	Exclude
Otrexup inj 7.5/0.4ml	\$172/pen	Line extension	Other methotrexate soln PF auto-injectors excld	Exclude
Zecuity Pad 6.5 mg/4 hours	\$346/patch	Migraine headaches	Generics(T1) naratriptan, rizatriptan, sumatriptan.	Exclcd cd 13
Zubsolv 11.4.2.9mg and 2.9.071mg	\$8.44 and \$16.89/tab	Opiate Agonist Dependence	Line extension	Voted at April DUEC to cover/revist in Sept.
Addyi	\$960/30 days	For hypoactive sexual desire disorder in postmenopausal women		Exclcd further discussion 02/01/16
SPECIALTY DRUGS:				
Invega Trinz Inj	\$7,231/819mg	A typical antipsyhotic	Invega Sustenna (monthly) covered T3. 234 mg/\$2,410	Move to T4
Glatopa inj 20mg/ml	\$216/20mg syringe	Multiple Sclerosis	Line extension	N/A
Orkambi Tabs	\$23,907/28 days	Cystic Fibrosis	Other products cov.	T4PA
Daklinza Tabs	\$25,200/month	Use with sofosbuvir		T4 PA
Technivie tabs	\$30,632/month	Use with ribavirin		T4 PA
Praluent Injection	\$1,344/month	Statin therapy in adult pat. With heterozygous		Exclcd cd 1

Kuvan Powder 500mg	\$196/packet	PKU	Other dos cov	Exclcd cd 1
Repatha	140mg 2 weeks = 1300/mg 420mg once mn \$1950/mn	Atherosclerosis. Heterozygous & homozygous familial		Exclcd cd 1
Zarzion Inj	300 mcg =\$330; 480mcg =\$526	Biosimilar colony stimulating factor	AWP per dose: Neupogen 300 mcg 389 480mcg 619 Granix 300 mcg 345.70; 480mcg 550.45 Zarxion 300mcg 330; 480mcg 526	T4
Envarsus XR tabs 0.75mg, 1mg, 4mg	560/30-4mg	One daily dosing for prophylaxis of organ rejection	Tacrolimus 5mg immediate release AWP = 22/cap	T4
<u>Compound Kits/Bulk Chemicals/No Ind:</u>				
Allo-Pax				Exclcd cd 4
K10-Lido Kit				Exclcd cd 4
Permavan Pad				Exclcd cd 4
Triamsil Pak Combipak				Exclcd cd 4
Fanatrex Susp 25mg/ml				Exclcd cd 4
Tabradol susp 1mg/ml				Exclcd cd 4
ADV allergy Collection				Exclcd cd 4
Dermacinrx Kit Pharmapa				Exclcd cd 4
Hyalucil Cream				Exclcd cd 4
Dermacinrx Duo Patch				Exclcd cd 4
Derma SilkRX Pak				Exclcd cd 4
Flexizol Pak Combipak				Exclcd cd 4
Clin Single Kit Use				Exclcd cd 4
Vancomycin Sus +syrspen				Exclcd cd 4
Equapax Pak				Exclcd cd 4
Dermacinrx PAK	Lidocaine patch			Exclcd cd 4
Dermacinrx PAK	Diclofenac soln- capsaicin cream			Exclcd cd 4
Colliginix Mis	Dimethicone-allantion			Exclcd cd 4
Pro-C /Dure Kit				Exclcd cd 4
Beta 1 Kit	Betamethasone sod phos			Exclcd cd 4
BL injection Kit				Exclcd cd 4
Triamsil Pak Multipak				Exclcd cd 4
EPLsnap Kit				Exclcd cd 4
Omega-3/D-3 Kit				Exclcd cd 4
Triamsil Kit combipak				Exclcd cd 4

Flexepax Mis				Exclcd cd 4
Napropax Mis				Exclcd cd 4
IBU/Minrex Pak				Exclcd cd 4
Dermapak Pak Plus				NA Med Drug
Clin-Lido				NA Med Drug
Moxifloxacin IV				NA Med Drug
Phenylephrin Inj				NA Med Drug
Fentanyl Cit inj				NA Med Drug
Hydromorph inj				NA Med Drug
Morphine sul inj				NA Med Drug
Fentanyl/Bup inj				NA Med Drug
Ephedrine inj				NA Med Drug
Methohexital inj				NA Med Drug
Katamine HCL inj				NA Med Drug
Neostigmine inj				NA Med Drug
Hurriseal				Exclcd cd 13
Mencaps Pad	Capsaicin-menthol topical patch			
Silmanix Cream				No info in drug facts & comparisons
Rematex Cream				No info in drug facts & comparisons
Triferric Soln				NA Med Drug
Co-Veratrol Caps				No trials in PubMed
Lidothol Pad				Exclcd cd 13

***New Drug Code Key:**

1	Lacks meaningful clinical endpoint data; has shown efficacy for surrogate endpoints only.
2	Drug's best support is from single arm trial data
3	No information in recognized information sources (PubMed or Drug Facts & Comparisons or Lexicomp)
4	Convenience Kit Policy - As new drugs are released to the market through Medispan, those drugs described as "kits" will not be considered for inclusion in the plan and will therefore be excluded products unless the product is available solely as a kit. Kits typically contain, in addition to a pre-packaged quantity of the featured drug(s), items that may be associated with the administration of the drug (rubber gloves, sponges, etc.) and/or additional convenience items (lotion, skin cleanser, etc.). In most cases, the cost of the "kit" is greater than the individual items purchased separately.
5	Medical Food Policy - Medical foods will be excluded from the plan unless two sources of peer-reviewed, published medical literature supports the use in reducing a medically necessary clinical endpoint. A medical food is defined below: A medical food, as defined in section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360ee(b)(3)), is "a food which is formulated to be consumed or administered eternally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." FDA considers the statutory definition of medical foods to narrowly constrain the types of products that fit within this category of food. Medical foods are distinguished from the broader category of foods for special dietary use and from foods that make health claims by the requirement that medical foods be intended to meet distinctive nutritional requirements of a disease or condition, used under medical supervision, and intended for the specific dietary management of a disease or condition. Medical foods are not those simply recommended by a physician as part of an overall diet to manage the symptoms or reduce the risk of a disease or condition, and all foods fed to sick patients are not medical foods. Instead, medical foods are foods that are specially formulated and processed (as opposed to a naturally occurring foodstuff used in a natural state) for a patient who is seriously ill or who requires use of the product as a major component of a disease or condition's specific dietary management.
6	Cough & Cold Policy - As new cough and cold products enter the market, they are often simply re-formulations or new combinations of existing products already in the marketplace. Many of these existing products are available in generic form and are relatively inexpensive. The new cough and cold products are branded products and are generally considerably more expensive than existing products. The policy of the ASE/PSE prescription drug program will be to default all new cough and cold products to "excluded" unless the DUEC determines the product offers a distinct advantage over existing products. If so determined, the product will be reviewed at the next regularly scheduled DUEC meeting.
7	Multivitamin Policy - As new vitamin products enter the market, they are often simply re-formulations or new combinations of vitamins/multivitamins in similar amounts already in the marketplace. Many of these existing products are available in generic form and are relatively inexpensive. The new vitamins are branded products and are generally considerably more expensive than existing products. The policy of the ASE/PSE prescription drug program will be to default all new vitamin/multivitamin products to "excluded" unless the DUEC determines the product offers a distinct advantage over existing products. If so determined, the product will be reviewed at the next regularly scheduled DUEC meeting.
8	Drug has limited medical benefit &/or lack of overall survival data or has overall survival data showing minimal benefit
9	Not medically necessary
10	Peer -reviewed, published cost effectiveness studies support the drug lacks value to the plan.
11	Oral Contraceptives Policy - OCs which are new to the market may be covered by the plan with a zero dollar, tier 1, 2, or 3 copay, or may be excluded. If a new-to-market OC provides an alternative product not similarly achieved by other OCs currently covered by the plan, the DUEC will consider it as a new drug. IF the drug does not offer a novel alternative or offers only the advantage of convenience, it may not be considered for inclusion in the plan.
12	Other
13	Insufficient clinical benefit OR alternative agent(s) available

3. EBD REPORT: *by Dr. Geri Bemberg, UAMS*

Respectfully submitted,

**Dr. Hank Simmons,
Chair, DUEC**



More Than Data. **Answers.**

Arkansas Employee Benefits Division

Board Packet

November 17, 2015

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TRUVEN 
HEALTH ANALYTICS™

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- 2 – Standard Reports
- 3 – Analytics & Case Studies

ADVANTAGE SUITE

Enriched Information for
Improved Healthcare
Decision Making

Escalating healthcare costs take a significant bite out of employers' profitability. In the struggle against spiraling costs, comprehensive healthcare data and analytics are emerging as the best weapon in an employer's arsenal.

HIGHLIGHTS

- Generate powerful, easy-to-use analytic reporting on trends, treatment patterns, and comparisons to benchmarks
- Create custom reports to monitor and evaluate programs
- Access a large library of more than 1,800 measures and eliminates the need to maintain coding schemes
- Provide clinically relevant groupings with a risk-adjusted, disease-based methodology
- Integrate disparate data to create a single source of truth

Integrate and Transform Data from Diverse Sources

To gain a baseline understanding of current healthcare program costs, you need access to information. By comparing your program to industry, geographic, or national normative data, you can learn how your company aligns with the norm. This allows you to evaluate the effectiveness of employee benefit programs and identify areas that need adjustment.

Decision Support for Employers

Advantage Suite™ from Truven Health AnalyticsSM allows employers to perform in-depth analyses to answer questions such as:

- What is driving my program costs and utilization?
- How do my costs compare to others?
- Are members receiving appropriate care in the appropriate setting?
- How are the demographics of my population changing?
- Are increases in drug utilization offset by lower medical costs?
- Which conditions should be targeted for disease management?

- How do hospitals and primary care providers compare after adjusting for severity of illness?
- Are my employees using both workers' compensation and disability simultaneously?

A Fully Integrated Approach

Advantage Suite integrates and transforms data from diverse sources, providing flexible and easy access to enriched information for improved decision-making. Its powerful applications are linked to an integrated warehouse of medical and prescription claims, encounters, eligibility, absenteeism, lab results, authorizations, health risks assessments, and performance measures. Executive-level dashboards provide ready-to-view standardized measures with drill-down capabilities to uncover underlying issues in the following areas:

- Financial Planning
- Health Plan Management
- Benefit Design
- Program Development
- Health and Productivity Management

Integrated Data for Enterprise-Wide Analytics





Components of Advantage Suite

These decision support applications, which are designed specifically for program management, can be run against the entire database or any subset defined by the user. This capability allows you to zoom up or drill down into the database to improve program performance through more effective, timely decision making. At the core of all Truven applications and service offerings is the Advantage Data Model. Our data model provides access to integrated claim, encounter, provider, eligibility, and other detail data. The data model is

flexible and supports the addition of customerspecific data such as wellness, health risk appraisal, absenteeism, productivity, administrative fees, and premium data.

Advantage Suite offers:

- An integrated ad hoc report generation tool
- Executive dashboards
- Secure application portal
- Medical Episode Grouper
- MarketScan® normative data
- Customizable reporting templates
- Measures catalog
- Management reporting

Advantage Suite Modules

Medical Episode Grouper

The Medical Episode Grouper is an analytic tool that organizes data into clinically relevant groupings that allow analysts to review the costs, treatments, locations (i.e., inpatient versus outpatient), and practitioners associated with the treatment of medical conditions.

Predictive Modeling

Diagnostic Cost Groups (DCGs) are the foundation of a family of risk adjustment payment and profiling methodologies developed by Verisk Health®. The DCG models are patient classification systems that help evaluate and forecast healthcare utilization and costs.

MarketScan® Normative Data

In addition to customer-specific data, Advantage Suite leverages the power of industry-wide normative data from MarketScan — Truven proprietary book of business database that spans hundreds of the nation's leading employers and data suppliers and millions of employees. Healthcare data becomes actionable when compared to appropriately adjusted benchmarks and this rich pool of current data will enable you to get an accurate picture of your organization's healthcare experience, and spot areas in which you vary significantly from regional, industry, or national norms.



ADVANTAGE SUITE

FOR EMPLOYERS

The Four Major Components of Advantage Suite

The Truven Portal	The Management Report Set	A Web-Delivered Ad Hoc Report Designer	Dashboard Reporting
<p>An intuitive one-stop portal that provides streamlined access to Truven applications and executive dashboards, relevant industry news, thought leadership articles, proactive analytic content, account management information, and other Truven announcements.</p>	<p>An interactive web browser interface for analytic and management reporting. This extraordinarily easy-to-use interface provides customers with access to interactive cross program management reports and provides flexible drilling capabilities to help pinpoint meaningful information and answer questions quickly.</p>	<p>The ad hoc report writer includes full access to the complete healthcare Measures Catalog and advanced analytical functions such as Study Group Link, which enables users to identify a certain population and then associate all related detail data in the database. This provides even more powerful analytic capabilities and allows complete flexibility for ad hoc reporting on the full detailed database.</p>	<p>Timely information delivered in the right context can accelerate a process, reduce costs, or improve productivity. Advantage Suite dashboard reporting option helps you quickly identify key trends.</p>

Patient Profiling

This application is a web-based application designed to help medical managers, nurse case managers, and healthcare analysts identify populations/patients to target for disease or case management, evaluate high cost patients, disability and worker's comp cases, perform fraud analysis, detect over-utilization and identify services that should not happen concurrently.

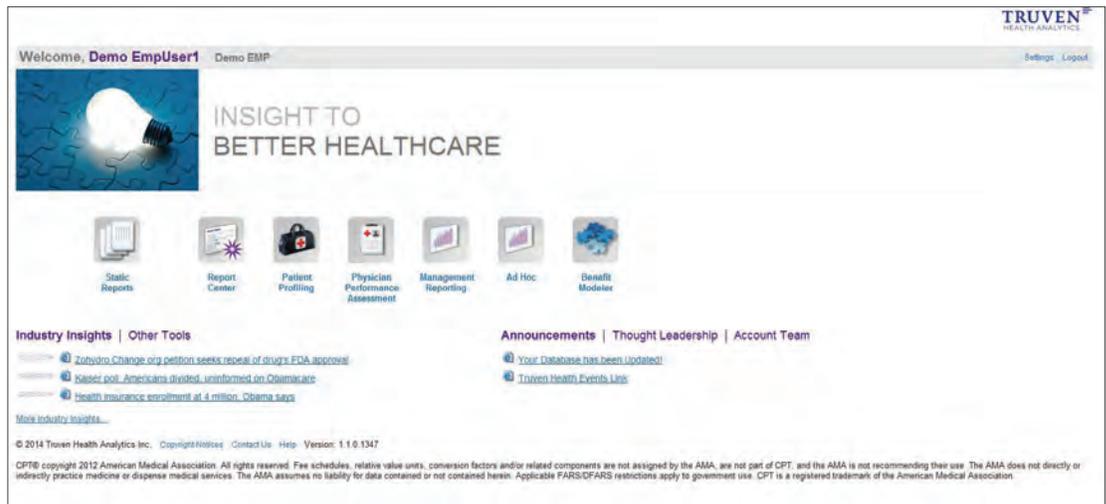
Physician Performance Assessment

The Physician Performance Assessment module is a web-based application that utilizes a pre-defined set of reports focusing on clinical effectiveness and cost efficiency methodologies to assess performance for primary care

and specialty care physicians. The application includes summary and detail reports to assess performance of both peer group and individual physicians. This will enable organizations to not only control costs, but also improve the overall health of their patient population.

Account Group Reporting

Account Group Reporting provides financial and clinical information to manage costs; improve quality; set pricing and account management strategies; and furnish reliable, accurate, timely information to key customers through standard reports that can be easily modified to conduct ad-hoc analyses.



The Truven Portal provides access to Truven applications and content, such as thought leadership articles, market-specific newsletters, and targeted news content. The portal is also the access point for dashboards and reporting content.

Advantage Suite Functionality

Truven Portal

With the new web-based portal, Advantage Suite provides access to a wide variety of applications through a single interface. Having a centralized location to access reports, dashboards, and administrative applications enhances workflow and increases productivity. Plus, key information is now available online, in an easy-to-use environment. This makes business intelligence more accessible to the non-technical user — guiding them to new insights and helping them achieve their objectives.

Custom Dashboards and Reports

In addition to the standard management report set, Truven also provides professional services to build high fidelity production reports that are specifically customized for your organization. These reports are built leveraging Cognos Business intelligence, an industry leading reporting tool. This offering is ideal for applications which require periodic distribution of highly formatted reports, such as quarterly reporting packs or executive dashboards.

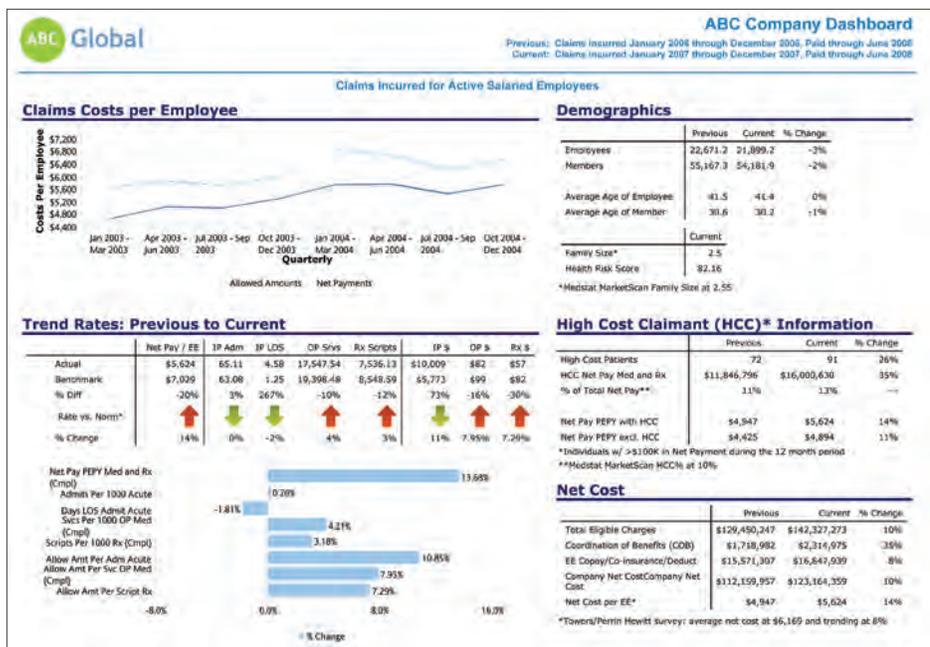
Our dashboards make it easy to consolidate, aggregate, and arrange measurements, metrics, and scorecards on a single screen. Professional looking dashboard reports can be pre-built by Truven to improve transparency and provide information that is accurate and easy-to-understand — minimizing manual work done outside the system. These reports may be distributed via email, Excel, PDF, and HTML. This flexibility makes it easy for users to quickly access and digest healthcare management reports.

A Single-Source Solution

For more than 25 years, the high quality and reliability of Truven databases, combined with the expertise

of our analytic consultants, have helped our customers achieve unparalleled results in managing healthcare costs. Combining powerful analytic capabilities and scalable data warehousing methodologies, Advantage Suite enables leading employers to focus on innovation while relying on us to provide the database and application infrastructure.

Whether your organization is a hands-on user of decision support tools, or requires an outsourcing solution for analysis and report generation, Truven has a solution that can meet your needs.



Truven intuitive executive dashboards allow managers to review a large amount of information in a single glance. They can be distributed as Web pages, PDF files, or Excel workbooks.



FOR MORE INFORMATION

Email employer@truvenhealth.com,
call **+1.866.263.1958**, or visit
truvenhealth.com/employer.



ABOUT TRUVEN HEALTH ANALYTICS

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SAMPLE ADVANTAGE SUITE AD HOC REPORTING FOR EMPLOYERS

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CLINICAL

Avoidable Admissions Analysis

Avoidable Admissions Analysis displays acute inpatient admission information including price, utilization, and length of stay statistics, by avoidable admit category, for the most recent rolling year. Avoidable conditions are those which would generally not result in inpatient admissions if appropriate prior treatment occurred. Use this report to identify potential issues with access to primary care.

Nov 2009 - Oct 2010

	Admits Acute	Admits Per 1000 Acute	Days LOS Admit Acute	Days Per 1000 Adm Acute	Allowed Amount Admit Acute	Allow Amt Per Adm Acute
Subsets						
Avoidable Admit Angina without Procedure	12	0.23	2.58	0.60	\$82,197.00	\$6,849.75
Avoidable Admit Asthma	44	0.64	3.89	2.50	\$219,462.00	\$4,987.77
Avoidable Admit Bacterial Pneumonia	59	1.14	5.61	6.41	\$760,462.00	\$12,889.19
Avoidable Admit CHF	36	0.70	4.89	3.41	\$477,756.00	\$13,271.00
Avoidable Admit COPD	52	1.01	5.96	6.01	\$691,200.00	\$13,292.31
Avoidable Admit Dehydration	28	0.54	4.25	2.31	\$314,573.00	\$11,234.75
Avoidable Admit Diabetes	65	1.26	8.25	10.39	\$1,501,600.00	\$23,101.54
Avoidable Admit Hypertension	10	0.19	2.30	0.45	\$51,359.00	\$5,135.90
Avoidable Admit Low Birth Weight	25	0.36	13.08	4.67	\$671,497.00	\$26,859.88
Avoidable Admit Pediatric Gastroenteritis	17	0.93	2.65	2.47	\$63,446.00	\$3,732.12
Avoidable Admit Perforated Appendix	19	0.27	4.00	1.10	\$167,782.00	\$8,830.63
Avoidable Admit Urinary Tract Infection	33	0.47	4.42	2.09	\$251,609.00	\$7,624.52

Chronic Conditions Benchmark Comparison Report

Chronic Conditions Benchmark Comparison Report displays prevalence rates for chronic diseases such as Asthma, Diabetes, and Hypertension compared to benchmark values, for the most recent rolling year. Use this report to identify chronic diseases that are higher than the national norm and should be targeted for better management through disease management programs. Source of chronic disease categories used on this report: Truven Health.

Nov 2009 - Oct 2010

Plan Group	Fee for Service Plans	HMOs	POS Plans	POS Plans with capitation	PPOs	Aggregate(Plan Group)
Patients Asthma	220	346	663	620	205	2,048
Pats Per 1000 Asthma	27.55	28.93	26.36	24.70	27.87	26.73
U.S. Total {MS08 US} Pats Per 1000 Asthma	26.14	28.31	27.36	26.82	25.87	27.08
% Diff U.S. Total {MS08 US} Pats Per 1000 Asthma	5.39%	2.16%	-3.66%	-7.91%	7.72%	-1.26%
Patients Bipolar Disorder	36	32	111	91	48	316
Pats Per 1000 Bipolar Disorder	4.51	2.68	4.41	3.63	6.53	4.13
U.S. Total {MS08 US} Pats Per 1000 Bipolar Disorder	6.10	5.30	5.64	5.74	6.42	5.74
% Diff U.S. Total {MS08 US} Pats Per 1000 Bipolar Disorder	-26.07%	-49.56%	-21.79%	-36.88%	1.68%	-28.15%
Patients CHF	54	19	66	76	36	250
Pats Per 1000 CHF	6.76	1.59	2.62	3.03	4.89	3.26
U.S. Total {MS08 US} Pats Per 1000 CHF	3.74	1.22	2.78	3.26	4.53	2.95
% Diff U.S. Total {MS08 US} Pats Per 1000 CHF	80.65%	30.26%	-5.60%	-7.12%	7.99%	10.78%
Patients COPD	108	49	169	220	88	632
Pats Per 1000 COPD	13.53	4.10	6.72	8.76	11.96	8.25
U.S. Total {MS08 US} Pats Per 1000 COPD	10.27	3.83	7.81	8.88	12.23	8.18
% Diff U.S. Total {MS08 US} Pats Per 1000 COPD	31.68%	6.90%	-13.99%	-1.29%	-2.16%	0.84%

Chronic Conditions Prevalence and Cost Change Analysis

Chronic Conditions Prevalence and Cost Change Analysis displays financial and prevalence information for chronic diseases such as Asthma, Diabetes, and Hypertension, for the most recent rolling year compared to the previous rolling year. Use this report to evaluate where disease management is needed or to monitor the effectiveness of disease management programs in lowering costs. Source of chronic disease categories used on this report: Truven Health.

Standard View

Time Period: Incurred Rolling Year	Nov 2009 - Oct 2010					Nov 2008 - Oct 2009					% Change				
	Patients Med	Pats Per 1000 Med	Net Pay Med	Net Pay Per Pat Med	Net Pay PMPM Med	Patients Med	Pats Per 1000 Med	Net Pay Med	Net Pay Per Pat Med	Net Pay PMPM Med	Patients Med	Pats Per 1000 Med	Net Pay Med	Net Pay Per Pat Med	Net Pay PMPM Med
Clinical Condition															
Asthma	2,048	26.73	\$577,945.00	\$282.20	\$0.69	1,954	24.92	\$702,459.00	\$359.50	\$0.83	4.81%	7.30%	-17.73%	-21.50%	-17.28%
Chronic Obstruc Pulm Dis(COPD)	632	8.25	\$500,294.00	\$791.60	\$0.60	672	8.57	\$580,615.00	\$864.01	\$0.69	-5.95%	-3.72%	-13.83%	-8.38%	-13.37%
Congestive Heart Failure	250	3.26	\$552,285.00	\$2,209.14	\$0.66	226	2.88	\$505,744.00	\$2,237.81	\$0.60	10.62%	13.24%	9.20%	-1.28%	9.79%
Coronary Artery Disease	1,763	23.01	\$6,016,310.00	\$3,412.54	\$7.16	1,680	21.42	\$6,192,435.00	\$3,685.97	\$7.33	4.94%	7.43%	-2.84%	-7.42%	-2.32%
Diabetes	2,551	33.30	\$1,241,760.00	\$486.77	\$1.48	2,401	30.62	\$1,041,849.00	\$433.92	\$1.23	6.25%	8.77%	19.19%	12.18%	19.83%
HIV Infection	70	0.91	\$196,783.00	\$2,811.19	\$0.23	57	0.73	\$126,205.00	\$2,214.12	\$0.15	22.81%	25.72%	55.92%	26.97%	56.76%
Hypertension, Essential	6,192	80.83	\$1,048,083.00	\$169.26	\$1.25	6,031	76.91	\$1,013,543.00	\$168.06	\$1.20	2.67%	5.10%	3.41%	0.72%	3.96%
Mental Hlth - Anxiety Disorder	863	11.27	\$236,342.00	\$273.86	\$0.28	793	10.11	\$218,798.00	\$275.91	\$0.26	8.83%	11.41%	8.02%	-0.74%	8.60%
Mental Hlth - Bipolar Disorder	316	4.13	\$438,865.00	\$1,388.81	\$0.52	306	3.90	\$345,184.00	\$1,128.05	\$0.41	3.27%	5.72%	27.14%	23.12%	27.82%
Mental Hlth - Depression	2,866	37.41	\$2,007,080.00	\$700.31	\$2.39	2,698	34.40	\$1,770,241.00	\$656.13	\$2.09	6.23%	8.75%	13.38%	6.73%	13.99%
Osteoarthritis	2,528	33.00	\$2,148,097.00	\$849.72	\$2.55	2,430	30.99	\$1,855,972.00	\$763.77	\$2.20	4.03%	6.50%	15.74%	11.25%	16.36%
Overweight/Obesity	308	4.02	\$547,595.00	\$1,777.91	\$0.65	285	3.63	\$257,091.00	\$902.07	\$0.30	8.07%	10.63%	113.00%	97.09%	114.14%
Rheumatoid Arthritis	283	3.69	\$212,287.00	\$750.13	\$0.25	280	3.57	\$154,665.00	\$552.38	\$0.18	1.07%	3.47%	37.26%	35.80%	37.99%

Chronic Conditions Utilization Change Analysis

Chronic Conditions Utilization Change Analysis displays utilization information for chronic diseases such as Asthma, Diabetes, and Hypertension for the most recent rolling year compared to the previous rolling year. Use this report to monitor the effectiveness of disease management programs in lowering utilization and to identify where improvements need to be made or new programs implemented. Source of chronic disease categories used on this report: Truven Health.

Standard View

Time Period: Incurred Rolling Year	Nov 2009 - Dec 2010						Nov 2008 - Dec 2009						% Change					
	Patients Med	Pats Per 1000 Med	Visits Per 1000 Office Med	Visits Per 1000 ER	Admits Per 1000 Acute	Days Per 1000 Adm Acute	Patients Med	Pats Per 1000 Med	Visits Per 1000 Office Med	Visits Per 1000 ER	Admits Per 1000 Acute	Days Per 1000 Adm Acute	Patients Med	Pats Per 1000 Med	Visits Per 1000 Office Med	Visits Per 1000 ER	Admits Per 1000 Acute	Days Per 1000 Adm Acute
Clinical Condition																		
Asthma	2,048	26.73	50.38	2.97	0.63	2.27	1,954	24.92	48.75	2.21	0.51	2.48	4.81%	7.30%	3.35%	34.05%	22.88%	-8.66%
Chronic Obstruc Pulm Dis(COPD)	632	8.25	14.16	0.30	0.60	4.25	672	8.57	13.17	0.53	0.61	5.32	-5.95%	-3.72%	7.47%	-42.94%	-1.80%	-20.11%
Congestive Heart Failure	250	3.26	3.61	0.19	0.23	1.40	226	2.88	4.05	0.16	0.23	3.01	10.62%	13.24%	-10.75%	18.82%	0.54%	-53.53%
Coronary Artery Disease	1,763	23.01	47.44	0.74	3.38	16.76	1,680	21.42	45.50	1.04	3.92	17.69	4.94%	7.43%	4.27%	-28.39%	-13.67%	-5.27%
Diabetes	2,551	33.30	96.69	1.21	0.97	6.88	2,401	30.62	89.84	0.71	0.77	6.54	6.25%	8.77%	7.62%	70.91%	26.60%	5.12%
HIV Infection	70	0.91	3.34		0.07	0.87	57	0.73	2.71	0.01	0.09	1.01	22.81%	25.72%	23.17%	-100.00%	-16.22%	-13.62%
Hypertension, Essential	6,192	80.83	159.92	0.76	0.30	0.97	6,031	76.91	154.58	0.77	0.43	1.79	2.67%	5.10%	3.45%	-1.33%	-29.62%	-45.74%
Mental Hith - Anxiety Disorder	863	11.27	40.68	0.44	0.03	0.07	793	10.11	40.21	0.51	0.01	0.06	8.83%	11.41%	1.18%	-13.43%	101.07%	25.67%
Mental Hith - Bipolar Disorder	316	4.13	27.86	0.01	0.56	3.81	306	3.90	22.56		0.58	4.36	3.27%	5.72%	23.50%		-4.37%	-12.56%
Mental Hith - Depression	2,866	37.41	254.13	0.37	1.40	9.88	2,698	34.40	228.26	0.28	1.33	10.41	6.23%	8.75%	11.34%	30.70%	4.81%	-5.09%
Osteoarthritis	2,528	33.00	68.47	0.40	1.26	6.14	2,430	30.99	58.18	0.40	1.04	4.76	4.03%	6.50%	17.69%	0.54%	21.19%	29.05%
Overweight/Obesity	308	4.02	4.74	0.03	0.41	4.42	285	3.63	4.27		0.20	0.74	8.07%	10.63%	10.89%		108.25%	499.35%
Rheumatoid Arthritis	283	3.69	13.06	0.03	0.06	0.24	280	3.57	13.33	0.06	0.09	0.87	1.07%	3.47%	-2.03%	-49.73%	-32.98%	-71.98%

Clinical Condition Analysis

Clinical Condition Analysis displays financial and prevalence information by clinical condition, for the most recent rolling year. Use this report to identify conditions with high prevalence, costs, or inpatient utilization. Drill to diagnosis for more details. Source of clinical condition categories used on this report: Truven Health.

Nov 2009 - Oct 2010

Clinical Condition	Patients Med	Pats Per 1000 Med	Net Pay Med	Net Pay Per Pat Med	Admits	Admits Per 1000 Acute	Days LOS Admit Acute
Adverse Drug Reactions	263	3.43	\$65,011.00	\$247.19	5	0.07	2.80
Agranulocytosis	99	1.29	\$148,218.00	\$1,497.15	6	0.09	6.33
Alpha 1-Antitrypsin Deficiency	2	0.03	\$50,220.00	\$25,110.00			
Amyotrophic Lateral Sclerosis	6	0.08	\$24,056.00	\$4,009.33			
Anemia, Ex Nutritional	852	11.12	\$295,131.00	\$346.40	5	0.07	5.40
Anemia, Nutritional	475	6.20	\$105,158.00	\$221.39	4	0.06	3.25
Aneurysm	67	0.87	\$115,680.00	\$1,726.57	8	0.10	5.00
Anomalies - Chromosomal	79	1.03	\$58,652.00	\$742.43	2	0.03	5.00
Anomalies - Dentofacial	156	2.04	\$299,004.00	\$1,916.69	9	0.13	1.56
Anomalies - Gastrointestinal	16	0.21	\$45,594.00	\$2,849.62	4	0.06	2.75

Complications of Previous Treatment Analysis

Complications of Previous Treatment Analysis displays prevalence and price information by plan, for the most recent rolling year. Complications of previous treatment are based on ICD-9 complication of surgical and medical care diagnosis codes. Use this report to identify where higher quality of care could have resulted in lower costs and better patient satisfaction.

Nov 2009 - Oct 2010

	Patients Complications	Pats Per 1000 Complications	Net Pay Med Complications	Net Pay Per Pat Complications
Plan Group				
Fee for Service Plans	69	8.64	\$389,094.00	\$5,639.04
HMOs	40	3.34	\$92,120.00	\$2,303.00
POS Plans	164	6.52	\$1,058,336.00	\$6,453.27
POS Plans with capitation	150	5.98	\$389,904.00	\$2,599.36
PPOs	88	11.96	\$809,640.00	\$9,200.45

Inpatient DRG Benchmark Comparison Report

Inpatient DRG Benchmark Comparison Report displays key acute inpatient utilization information by DRG, compared to benchmark values, for the most recent rolling year. Use this report to identify which DRGs result in high inpatient cost and utilization. Drill to diagnosis for more details.

Nov 2009 - Oct 2010

DRG w Code	Admits Acute	Admits Per 1000 Acute	U.S. Total {MS08D US} Admits Per 1000 Acute	% Diff U.S. {MS08D US} Admits Per 1000 Acute	Days Per 1000 Adm Acute	U.S. Total {MS08D US} Days Per 1000 Adm Acute	% Diff U.S. {MS08D US} Days Per 1000 Adm Acute	Days LOS Admit Acute	U.S. Total {MS08 US} Days LOS Admit Acute	% Diff U.S. {MS08 US} Days LOS Admit Acute	Allow Amt Per Adm Acute	U.S. Total {MS08 US} Allow Amt Per Adm Acute	% Diff U.S. {MS08 US} Allow Amt Per Adm Acute	Allow Amt PMPY Adm Acute	U.S. Total {MS08D US} Allow Amt PMPY Adm Acute	% Diff U.S. Total {MS08D US} Allow Amt PMPY Adm Acute
001 Heart Transplant or Impl of Heart Assist System w MCC			0.01	-100.00%		0.33	-100.00%								\$3.37	-100.00%
002 Heart Transplant or Impl of Heart Assist System wo MCC			0.00	-100.00%		0.03	-100.00%								\$0.31	-100.00%
003 ECMO Trach Mv 96+ Hrs/Pdx X Face Mth Neck w Major OR	7	0.10	0.08	28.84%	6.59	3.35	96.57%	66.00	49.59	33.09%	\$269,919.43	\$337,362.80	-19.99%	\$26.97	\$22.31	20.86%
004 Trach w Mv 96+ Hrs/Pdx X Face Mth & Neck wo Major OR	2	0.03	0.05	-42.08%	0.49	1.61	-69.91%	17.00	29.80	-42.95%	\$31,579.50	\$141,933.46	-77.75%	\$0.90	\$7.97	-88.69%
005 Liver Transplant w MCC or Intestinal Transplant			0.01	-100.00%		0.19	-100.00%								\$2.41	-100.00%

Inpatient MDC Benchmark Comparison Report

Inpatient MDC Benchmark Comparison Report displays key acute inpatient utilization information by MDC, compared to benchmark values, for the most recent rolling year. Use this report to identify diagnostic categories with higher inpatient utilization than the national norm. Drill to DRG or diagnosis for more details.

Nov 2009 - Oct 2010

	Admits Acute	Admits Per 1000 Acute	U.S. Total {MS08D US} Admits Per 1000 Acute	% Diff U.S. Total {MS08D US} Admits Per 1000 Acute	Days Per 1000 Adm Acute	U.S. Total {MS08D US} Days Per 1000 Adm Acute	% Diff U.S. Total {MS08D US} Days Per 1000 Adm Acute	Days LOS Admit Acute	U.S. Total {MS08 US} Days LOS Admit Acute	% Diff U.S. Total {MS08 US} Days LOS Admit Acute	Allow Amt Per Adm Acute	U.S. Total {MS08 US} Allow Amt Per Adm Acute	% Diff U.S. Total {MS08 US} Allow Amt Per Adm Acute	Allow Amt PMPY Adm Acute	U.S. Total {MS08D US} Allow Amt PMPY Adm Acute	% Diff U.S. Total {MS08D US} Allow Amt PMPY Adm Acute
MDC Admit w Code																
00 ~Missing/Invalid Diagnosis	7	0.10	0.73	-86.32%	0.50	10.24	-95.12%	5.00	1.29	287.64%	\$16,883.71	\$1,465.97	1051.71%	\$1.69	\$58.94	-97.14%
01 Nervous	204	2.91	3.08	-5.48%	18.33	12.91	42.00%	6.29	4.07	54.73%	\$12,927.56	\$19,543.75	-33.85%	\$37.64	\$58.59	-35.76%
02 Eye	8	0.11	0.10	14.46%	0.34	0.30	14.07%	3.00	2.50	20.11%	\$6,457.62	\$9,279.47	-30.41%	\$0.74	\$1.07	-31.20%
03 Ear, Nose, Mouth & Throat	59	0.84	0.79	6.64%	2.65	1.96	35.58%	3.15	2.10	49.98%	\$7,519.92	\$11,072.35	-32.08%	\$6.33	\$8.27	-23.41%
04 Respiratory	291	4.15	4.25	-2.27%	32.40	18.90	71.41%	7.80	4.62	68.79%	\$17,641.97	\$18,122.04	-2.65%	\$73.28	\$61.67	18.82%
05 Circulatory	563	8.04	7.08	13.56%	38.64	23.19	66.62%	4.81	3.14	53.22%	\$19,289.66	\$21,732.92	-11.24%	\$155.01	\$154.11	0.58%
06 Digestive	391	5.58	6.07	-8.02%	26.05	24.31	7.16%	4.67	3.72	25.43%	\$10,316.85	\$14,339.75	-28.05%	\$57.58	\$89.52	-35.68%
07 Liver, Pancreas	141	2.01	1.95	3.42%	9.33	8.32	12.23%	4.64	3.73	24.49%	\$10,263.82	\$15,726.98	-34.74%	\$20.66	\$33.00	-37.41%
08 Musculoskeletal	335	4.78	6.24	-23.39%	21.22	19.87	6.83%	4.44	2.96	49.74%	\$15,567.14	\$21,134.21	-26.34%	\$74.43	\$159.91	-53.45%

Inpatient MDC Cost and Utilization Report

Inpatient MDC Cost and Utilization Report displays key acute inpatient admission financial and utilization information by MDC, for the most recent rolling year. Use this report to identify which diagnostic categories result in high inpatient cost and utilization. Drill to DRG or diagnosis for more details.

Nov 2009 - Oct 2010

	Admits Acute	Admits Per 1000 Acute	Days LOS Admit Acute	Days Per 1000 Adm Acute	Allowed Amount Admit Acute	Allow Amt Per Adm Acute	Allow Amt Per Day Adm Acute
MDC Admit w Code							
00 ~Missing/Invalid Diagnosis	7	0.10	5.00	0.50	\$118,186.00	\$16,883.71	\$3,376.74
01 Nervous	204	2.91	6.29	18.33	\$2,637,222.00	\$12,927.56	\$2,053.91
02 Eye	8	0.11	3.00	0.34	\$51,661.00	\$6,457.62	\$2,152.54
03 Ear, Nose, Mouth & Throat	59	0.84	3.15	2.65	\$443,675.00	\$7,519.92	\$2,385.35
04 Respiratory	291	4.15	7.80	32.40	\$5,133,813.00	\$17,641.97	\$2,261.59
05 Circulatory	563	8.04	4.81	38.64	\$10,860,076.00	\$19,289.66	\$4,011.85
06 Digestive	391	5.58	4.67	26.05	\$4,033,889.00	\$10,316.85	\$2,210.35
07 Liver, Pancreas	141	2.01	4.64	9.33	\$1,447,198.00	\$10,263.82	\$2,212.84
08 Musculoskeletal	335	4.78	4.44	21.22	\$5,214,992.00	\$15,567.14	\$3,507.06
09 Skin, Breast	89	1.27	6.48	8.24	\$1,395,257.00	\$15,677.04	\$2,418.12
10 Metabolic	148	2.11	4.96	10.48	\$1,892,129.00	\$12,784.66	\$2,577.83
11 Kidney	157	2.24	9.43	21.14	\$1,417,112.36	\$9,026.19	\$956.86
12 Male Reproductive	39	0.56	4.74	2.64	\$439,117.00	\$11,259.41	\$2,373.61

Maternity Care Analysis

Maternity Care Analysis displays vaginal delivery and cesarean section rates by age group for the most recent rolling year. Use this report to monitor c-section rates.

Nov 2009 - Oct 2010

	Deliveries CSection	Deliveries % CSection	Deliveries Complicated	Deliveries % Complicated	Deliveries
Age Group Medstat					
Ages 15-17	2	40.00%			5
Ages 18-19	4	26.67%	2	13.33%	15
Ages 20-24	10	16.39%	4	6.56%	61
Ages 25-29	35	20.71%	14	8.14%	172
Ages 30-34	93	33.33%	8	2.84%	282
Ages 35-39	45	32.61%	4	2.88%	139
Ages 40-44	10	31.25%			32
Ages 45-49	1	33.33%			3
Aggregate(Age Group Medstat)	200	28.49%	32	4.51%	709

Multiple Admissions Analysis

Multiple Admissions Analysis displays key utilization and cost information for members with three or more acute inpatient admissions within a twelve month period, for the most recent rolling year. Use this report to identify patients whose care could be managed better to reduce the number of admissions.

Nov 2009 - Oct 2010

	Admits Acute	Days Admit Acute	Days LOS Admit Acute	Allowed Amount Admit Acute
Person ID				
227642801	13	197	15.15	\$162,839.00
232112002	13	65	5.00	\$24,877.00
176256701	12	150	12.50	\$133,156.00
177635401	11	43	3.91	\$40,226.00
230058301	10	214	21.40	\$18,671.00
154607202	9	57	6.33	\$61,636.00
029498701	7	17	2.43	\$32,030.00
154424403	7	65	9.29	\$261,476.00
159656201	7	37	5.29	\$87,667.00
162142204	7	61	8.71	\$70,254.00
282006301	7	41	5.86	\$127,409.00
317630203	7	15	2.14	\$5,626.00
030119502	6	31	5.17	\$30,771.00

Outpatient MDC Utilization Report

Outpatient MDC Utilization Report displays utilization rates for office visits, ER visits, and outpatient visits by MDC, for the most recent rolling year. Use this report to identify which diagnostic categories result in high outpatient utilization. Compare office visits to ER visits to determine if care is being provided in the appropriate setting. Drill to diagnosis for more details.

Nov 2009 - Oct 2010

	Visits Per 1000 Office Med	Visits Per 1000 ER	Visits Per 1000 OP Prof Med
MDC w Code			
00 ~Missing/Invalid Diagnosis	106.38	0.88	262.10
01 Nervous	182.68	9.01	280.02
02 Eye	143.53	4.38	166.62
03 Ear, Nose, Mouth & Throat	786.69	23.01	855.71
04 Respiratory	212.44	12.93	309.13
05 Circulatory	330.31	11.06	464.66
06 Digestive	217.99	17.83	356.73
07 Liver, Pancreas	25.01	0.86	48.69
08 Musculoskeletal	832.52	30.12	1,116.94
09 Skin, Breast	468.58	27.29	611.13
10 Metabolic	269.86	2.74	400.04
11 Kidney	101.25	7.12	167.57
12 Male Reproductive	50.67	0.66	72.68
13 Female Reproductive	167.81	1.76	247.15

Preventive Screening Benchmark Comparison Report

Preventive Screening Benchmark Comparison Report displays prevalence rates for cholesterol screening, colon cancer screening, mammograms, cervical cancer screening, well child visits, and well baby visits by plan group compared to benchmark values, for the most recent rolling year. Use this report to monitor each plan's preventive screening rates as compared to MarketScan benchmarks.

Nov 2009 - Oct 2010

Plan Group	Fee for Service Plans	HMOs	POS Plans	POS Plans with capitation	PPOs	Aggregate(Plan Group)
Patients Cervical Cancer Screen	468	1,347	4,134	2,881	906	9,735
Cervical Cancer Screening Rate	20.06%	40.78%	52.83%	37.07%	33.37%	40.65%
U.S. Total (MS08 US) Cervical Cancer Screening Rate	44.29%	44.29%	44.29%	44.29%	44.29%	44.29%
% Diff U.S. Total (MS08 US) Cervical Cancer Screening Rate	-54.71%	-7.92%	19.29%	-16.29%	-24.66%	-8.21%
Patients Cholesterol Screen	1,048	912	3,697	3,742	1,451	10,819
Cholesterol Screening Rate	23.32%	28.84%	40.96%	37.81%	34.07%	35.08%
U.S. Total (MS08 US) Cholesterol Screening Rate	41.72%	41.72%	41.72%	41.72%	41.72%	41.72%
% Diff U.S. Total (MS08 US) Cholesterol Screening Rate	-44.10%	-30.87%	-1.83%	-9.38%	-18.34%	-15.91%
Patients Colon Cancer Screen	444	130	1,601	1,688	737	4,597
Colon Cancer Screening Rate	14.48%	17.10%	31.08%	27.78%	24.65%	25.48%
U.S. Total (MS08 US) Colon Cancer Screening Rate	19.13%	19.13%	19.13%	19.13%	19.13%	19.13%
% Diff U.S. Total (MS08 US) Colon Cancer Screening Rate	-24.33%	-10.60%	62.47%	45.20%	28.88%	33.17%

Preventive Screening Change Analysis

Preventive Screening Change Analysis displays the year-to-year change in prevalence rates for cholesterol screening, colon cancer screening, mammograms, cervical cancer screening, well child visits, and well baby visits for the most recent rolling year compared to the previous rolling year. Use this report to monitor each plan's preventive screening rates to measure improvement over time.

Standard View

Time Period: Incurred Rolling Year Plan Type Medstat	Nov 2008 - Oct 2009					Nov 2009 - Oct 2010				
	HMO (Managed Care)	Indemnity (FFS)	POS	PPO	Aggregate(Plan Type Medstat)	HMO (Managed Care)	Indemnity (FFS)	POS	PPO	Aggregate(Plan Type Medstat)
Cervical Cancer Screening Rate	37.46%	18.95%	44.25%	30.95%	38.77%	40.78%	20.06%	44.97%	33.37%	40.65%
Cholesterol Screening Rate	27.28%	23.14%	38.07%	27.94%	33.08%	28.84%	23.32%	39.26%	34.07%	35.08%
Colon Cancer Screening Rate	17.07%	15.21%	29.08%	24.97%	25.35%	17.10%	14.48%	29.27%	24.65%	25.48%
Mammogram Screening Rate	33.57%	31.82%	48.91%	43.13%	44.00%	33.75%	31.77%	49.43%	44.29%	44.72%
Visits Per 1000 Well Baby	3,846.10	840.00	4,323.07	68.18	3,967.46	4,137.60	769.23	4,733.58	3,565.22	4,478.42
Visits Per 1000 Well Child	568.74	64.78	598.51	104.45	533.92	620.71	70.28	620.92	377.14	586.89

Readmissions Analysis

Readmissions Analysis displays utilization and cost information about acute care readmissions within 15 days. A readmission within 15 days is defined as an acute care admission that started within 15 days of a previous acute care discharge for the same individual and was not identified as a transfer.

Nov 2009 - Oct 2010

	Admits Acute	Allow Amt Per Adm Acute	Net Pay Per Adm Acute	Days LOS Admit Acute
MDC Admit				
Alcohol/Drug Use	3	\$3,133.33	\$3,125.00	4.00
Blood	6	\$10,054.33	\$10,211.67	5.67
Circulatory	29	\$22,271.14	\$22,101.83	6.07
Digestive	32	\$13,213.56	\$11,735.50	5.94
Ear, Nose, Mouth & Throat	1	\$27,058.00	\$27,058.00	16.00
Eye	1	\$6,994.00	\$6,994.00	1.00
Female Reproductive	7	\$6,776.57	\$6,649.71	7.00
Health Status	6	\$62,470.00	\$61,242.67	20.67
Infections	10	\$40,489.50	\$37,664.00	18.50

Top 100 Diagnoses

Top 100 Diagnoses displays the top one hundred 3-digit diagnoses for the most recent rolling year, ranked by the number of patients. Use this report to identify conditions that are most prevalent in the covered population and the costs associated with those conditions.

Nov 2009 - Oct 2010

	Patients Med	Net Pay Med	Net Pay Per Pat Med	Pats Per 1000 Med
Diagnosis 3 Digit				
~Missing	11,668	\$2,737,004.00	\$234.57	152.32
Special Examinations	10,404	\$892,035.00	\$85.74	135.82
Screening-Malig Neoplasm	7,846	\$657,410.00	\$83.79	102.42
Resp Sys/Oth Chest Symp	6,349	\$3,239,027.00	\$510.16	82.88
Dis of Lipoid Metabolism	6,304	\$664,423.00	\$105.40	82.29
Health Supervision Child	6,154	\$967,698.00	\$157.25	80.34
General Medical Exam	6,141	\$649,718.00	\$105.80	80.17
Essential Hypertension	5,924	\$867,258.00	\$146.40	77.33

DRUG

Direct to Consumer Drug Change Analysis

Direct to Consumer Drug Change Analysis displays the year-to-year change in prescription drug costs and utilization rates by product name for direct to consumer drugs. Direct to Consumer drugs are those drugs for which there is consumer advertising. Use this report to identify drug products with high growth. Source of top 50 drugs based on advertising expenditures: TNS Media Intelligence.

Direct to Consumer Drugs

Time Period: Incurred Rolling Year	Nov 2008 - Dec 2009					Nov 2009 - Dec 2010					% Change				
	Net Pay Rx	Patients Rx	Scripts Rx	Days Supply Per Pat Rx	Net Pay Per Day Supply Rx	Net Pay Rx	Patients Rx	Scripts Rx	Days Supply Per Pat Rx	Net Pay Per Day Supply Rx	Net Pay Rx	Patients Rx	Scripts Rx	Days Supply Per Pat Rx	Net Pay Per Day Supply Rx
Product Name															
LIPITOR	\$1,148,117.68	2,881	12,754	235	\$1.69	\$1,036,371.08	2,463	11,111	240	\$1.75	10.78%	16.97%	14.79%	-1.98%	-3.38%
AMBIEN	\$169,924.89	1,159	3,656	97	\$1.50	\$133,285.53	897	2,845	100	\$1.49	27.49%	29.21%	28.51%	-2.61%	1.31%
CELEBREX	\$337,926.17	1,181	3,172	129	\$2.23	\$305,811.62	1,113	2,999	121	\$2.26	10.50%	6.11%	5.77%	5.96%	-1.71%
SINGULAIR	\$209,876.30	735	2,820	158	\$1.80	\$150,708.33	590	2,050	147	\$1.74	39.26%	24.58%	37.56%	7.74%	3.75%
NASONEX	\$124,558.44	1,544	2,731	62	\$1.30	\$115,179.63	1,497	2,578	57	\$1.34	8.14%	3.14%	5.93%	8.31%	-3.19%
VIAGRA	\$188,514.78	618	2,147	75	\$4.09	\$155,482.72	543	1,800	68	\$4.21	21.24%	13.81%	19.28%	9.70%	-2.89%
EVISTA	\$117,933.16	375	1,533	232	\$1.36	\$111,369.83	355	1,375	223	\$1.41	5.89%	5.63%	11.49%	3.98%	-3.59%

Prescription Drug Benchmark Comparison Report

Prescription Drug Benchmark Comparison Report displays key indicators by plan type compared to benchmark values, for the most recent rolling year. Use this report to identify whether drug prices, cost or use exceed national norms.

Standard View

Time Period: Incurred Rolling Year	Nov 2009 - Oct 2010
Net Pay PMPM Rx	\$34.10
U.S. Total {MS08 US} Net Pay PMPM Rx	\$55.96
% Diff U.S. Total {MS08 US} Net Pay PMPM Rx	-39.06%
Net Pay Per Script Rx	\$47.03
U.S. Total {MS08 US} Net Pay Per Script Rx	\$69.26
% Diff U.S. Total {MS08 US} Net Pay Per Script Rx	-32.10%
Scripts Per Pat Rx	11.70
U.S. Total {MS08 US} Scripts Per Pat Rx	12.74
% Diff U.S. Total {MS08 US} Scripts Per Pat Rx	-8.18%

Prescription Drug Component Cost Analysis

Prescription Drug Component Cost Analysis displays the year-to-year change in prescription drug cost components, for the most recent rolling year compared to the previous rolling year. Use this report to monitor growth in drug costs.

Standard View

Time Period: Incurred Rolling Year	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010
AWP Rx	\$50,962,371.41	\$57,562,378.35	12.95%
Ingr Cost Rx {Cmpl}	\$31,591,789.45	\$36,242,631.70	14.72%
Disp Fee Rx {Cmpl}	\$1,047,498.26	\$1,120,660.71	6.98%
Sales Tax Rx {Cmpl}	\$31,041.38	\$35,323.85	13.80%
Allowed Amount Rx {Cmpl}	\$32,738,840.06	\$37,344,713.99	14.07%
Copay Rx {Cmpl}	\$5,658,362.60	\$7,184,742.93	26.98%
Net Pay Rx {Cmpl}	\$25,811,461.67	\$28,675,443.90	11.10%

Prescription Drug Generic Cost and Use Analysis

Prescription Drug Generic Cost and Use Analysis displays cost and utilization information for generic drugs by Plan Type, for the most recent rolling year. Use this report to measure generic substitution performance and model potential savings from improved performance.

Nov 2009 - Oct 2010

	Scripts Generic Efficiency Rx	Net Pay Per Script Generic Rx	Scripts Generic Rx	Net Pay Generic Rx	Net Pay Per Script Brand Multi Source Rx	Scripts Brand Multi Source Rx	Net Pay Brand Multi Source Rx	Net Pay DAW Phys Rx	Net Pay Per Script Rx	Scripts Rx	Net Pay Rx
Plan Type Medstat											
HMO (Managed Care)	66.76%	\$12.38	30,304	\$375,286.51	\$32.28	15,469	\$499,356.75	\$164,994.66	\$31.69	69,588	\$2,205,362.48
Indemnity (FFS)	62.51%	\$15.59	31,199	\$486,457.92	\$51.07	19,124	\$976,639.98	\$603,688.98	\$50.07	87,184	\$4,364,874.81
POS	63.15%	\$11.06	139,138	\$1,538,506.60	\$52.80	83,806	\$4,424,567.10	\$1,235,681.56	\$48.01	374,970	\$18,002,783.69
PPO	61.69%	\$11.70	26,805	\$313,527.99	\$55.36	17,091	\$946,242.07	\$312,988.74	\$52.63	77,858	\$4,097,530.09
Aggregate(Plan Type Medstat)	63.34%	\$11.93	227,446	\$2,713,779.02	\$50.53	135,490	\$6,846,805.90	\$2,317,353.94	\$47.03	609,600	\$28,670,551.07

Prescription Drug Key Indicators Change Analysis

Prescription Drug Key Indicators Change Analysis displays the year-to-year change in prescription drug cost and utilization rates, for the most recent rolling year compared to the previous rolling year. Use this report to monitor the impact of changes in drug prices and utilization on total drug costs.

Standard View

Time Period: Incurred Rolling Year	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010
Members Avg Rx	70,062.2	70,438.0	-0.53%
Patients Rx	52,115	51,807	0.59%
Pats Per 1000 Rx	680.32	660.64	2.98%
Scripts Rx	609,600	577,096	5.63%
Scripts PMPY Rx	8.70	8.19	6.20%
Days Supply Rx	20,556,199	19,126,339	7.48%
Days Supply PMPY Rx	293.40	271.53	8.05%
Days Supply Per Script Rx	33.72	33.14	1.75%

Prescription Drug Price Monthly

Prescription Drug Price Monthly Trend Report displays the monthly trend in prescription drug prices, for the most recent 36 months. Use this report to monitor trends in the average price per script. Increases in price can result from the combination of increases in the price of each drug, as well as a shift to using more expensive drugs.

Standard View

	Net Pay PMPM Rx	Net Pay Per Script Rx
Time Period: Incurred Month		
Nov 2008	\$29.23	\$39.75
Dec 2008	\$26.02	\$40.99
Jan 2009	\$31.44	\$43.92
Feb 2009	\$29.32	\$44.21
Mar 2009	\$31.61	\$45.03
Apr 2009	\$29.96	\$45.51

Therapeutic Drug Class Change Analysis

Therapeutic Drug Class Change Analysis displays the year-to-year change in prescription drug costs and utilization rates by therapeutic drug class, sorted by prescription rate, for the most recent rolling year compared to the previous rolling year. Use this report to identify therapeutic classes with high growth. Drill from a summary class to greater detail to identify which products are responsible for this growth.

Standard View

Time Period: Incurred Rolling Year	Nov 2009 - Oct 2010		Nov 2009 - Oct 2010		Nov 2009 - Oct 2010	
	Scripts Per 1000 Rx	Net Pay Per 1000 Rx	Scripts Per 1000 Rx	Net Pay Per 1000 Rx	Scripts Per 1000 Rx	Net Pay Per 1000 Rx
Therapeutic Class General						
Anesthetics, Local	0.01	\$0.00	0.03	\$0.76	101.07%	
Anti-Infective Agents	1,095.69	\$40,712.35	1,105.26	\$42,522.84	0.87%	4.45%
Antihistamines & Comb.	402.47	\$19,167.33	438.50	\$21,856.25	8.95%	14.03%
Antineoplastic Agents	28.65	\$5,472.18	35.53	\$8,354.45	24.00%	52.67%
Autonomic Drugs	460.77	\$16,297.63	464.67	\$17,950.19	0.85%	10.14%
Blood Form/Coagul Agents	54.90	\$4,318.97	64.04	\$6,155.22	16.66%	42.52%
Cardiovascular Agents	1,360.30	\$73,056.86	1,472.22	\$77,264.56	8.23%	5.76%
Central Nervous System	1,579.26	\$74,234.15	1,713.24	\$85,772.17	8.48%	15.54%

Top 100 Drugs

Top 100 Drugs displays key prescription drug price and utilization information for the top one hundred prescription drugs, sorted by net payments, for the most recent rolling year. Use this report to identify pharmacy benefit management opportunities.

Nov 2009 - Oct 2010

	Net Pay Rx	Patients Rx	Scripts Rx	Days Supply Rx	Days Supply Per Pat Rx	Net Pay Per Day Supply Rx
Product Name						
ZOCOR	\$1,255,759.59	2,080	8,721	491,355	236	\$2.56
LIPITOR	\$1,127,804.26	2,825	12,553	667,201	236	\$1.69
PRILOSEC	\$1,094,590.66	1,699	6,314	321,796	189	\$3.40
PREVACID	\$710,446.49	1,442	4,900	207,811	144	\$3.42
CLARITIN	\$593,052.26	3,749	8,738	358,639	96	\$1.65
ZOLOFT	\$471,438.25	1,288	5,748	242,605	188	\$1.94
PROZAC	\$454,444.75	1,000	3,631	155,528	156	\$2.92
AUGMENTIN	\$427,394.29	5,050	6,623	68,292	14	\$6.26
PAXIL	\$402,392.23	1,174	4,890	202,585	173	\$1.99

Top 100 Prescription Drug Ordering Providers

Top 100 Prescription Drug Ordering Providers displays key prescription drug price and utilization information for the top one hundred ordering providers, sorted by net payments, for the most recent rolling year. Use this report to identify possible over-prescribing by providers.

Nov 2009 - Oct 2010

	Net Pay Rx	Patients Rx	Scripts Rx	Days Supply Rx	Days Supply Per Pat Rx	Net Pay Per Day Supply Rx
Ordering Prov ID and Name						
~ ~Missing	\$29,219,457.64	53,513	620,268	20,900,795	391	\$1.40

ELIGIBILITY

Eligibility Change Analysis

Eligibility Change Analysis displays the year-to-year change in the number of members and member months, by plan group, for the most recent rolling year compared to the previous rolling year. Use this report to monitor changes in eligibility.

Standard View

Time Period: Paid Rolling Year	Members			Member Months		
	Nov 2009 - Oct 2010					
Plan Group						
Fee for Service Plans	9,398	7,606	-19.07%	95,996	78,936	-17.77%
HMOs	12,980	11,662	-10.15%	137,011	130,950	-4.42%
POS Plans	26,500	25,135	-5.15%	270,155	262,916	-2.68%
POS Plans with capitation	26,706	24,675	-7.61%	263,267	255,413	-2.98%
PPOs	7,994	6,925	-13.37%	82,736	51,508	-37.74%
Aggregate(Plan Group)	80,182	73,333	-8.54%	849,165	779,723	-8.18%

Eligibility Demographic Report

Eligibility Demographic Report displays the average number of members by age group and gender for the most recent rolling year. Use this report to understand the demographics of the covered population.

Nov 2009 - Oct 2010

Standard View

Gender	Female	Male	Aggregate(Gender)
	Members Avg	Members Avg	Members Avg
Age Group Medstat			
Ages < 1	365.2	382.2	747.4
Ages 1-4	1,620.8	1,631.6	3,252.4
Ages 5-9	2,352.7	2,478.5	4,831.2
Ages 10-14	2,727.8	2,754.2	5,482.1
Ages 15-17	1,531.0	1,534.5	3,065.5
Ages 18-19	941.0	911.6	1,852.6

Eligibility Monthly Trend Report

Eligibility Monthly Trend Report displays the monthly trend in the number of members, for all available data. Use this report to monitor trends in eligibility.

All Paid Time

	Members
Time Period: Paid Month	
Jun 2005	58,794
May 2005	59,485
Apr 2005	60,423
Mar 2005	61,221
Feb 2005	61,929

Employee Change Analysis by Employee Status

Employee Change Analysis by Employee Status displays the year-to-year change in the number of employees by employee status, for the most recent rolling year compared to the previous rolling year. Use this report to monitor changes in employee coverage.

Standard View

Time Period: Incurred Rolling Year	Employees Avg			Members Avg			Family Size Avg		
	Nov 2009 - Oct 2010								
Employee Status Medstat									
Active Full Time	22,671.2	21,899.2	-3.41%	55,167.3	54,181.9	-1.79%	2.4	2.5	1.68%
Active Part-Time/Seasonal	2,141.2	1,881.1	-12.15%	4,562.9	4,122.3	-9.66%	2.1	2.2	2.84%
COBRA Continuee	137.1	205.2	49.67%	225.5	402.6	78.53%	1.6	2.0	19.29%
Early Retiree	4,570.3	4,901.6	7.25%	9,213.8	9,858.8	7.00%	2.0	2.0	-0.23%
Long Term Disability		17.6			19.4			1.1	
Medicare Eligible Retiree	541.0	655.2	21.12%	934.8	1,132.8	21.17%	1.7	1.7	0.04%
Retiree (Status Unknown)	0.0	0.0		333.7	344.4	3.22%			
Aggregate(Employee Status Medstat)	30,060.9	29,559.8	-1.67%	70,438.0	70,062.2	-0.53%	2.3	2.4	1.15%

Employee Change Analysis by Plan

Employee Change Analysis by Plan displays the year-to-year change in the number of employees, by plan group, for the most recent rolling year compared to the previous rolling year. Use this report to monitor changes in employee coverage.

Standard View

Time Period: Incurred Rolling Year	Employees Avg			Members Avg			Family Size Avg		
	Nov 2009 - Oct 2010								
Plan Group									
Fee for Service Plans	4,198.7	3,518.8	-16.19%	8,676.3	7,244.7	-16.50%	2.1	2.1	-0.37%
HMOs	4,187.2	4,172.3	-0.36%	11,326.9	11,369.1	0.37%	2.7	2.7	0.73%
POS Plans	8,660.1	9,104.3	5.13%	21,233.8	22,566.8	6.28%	2.5	2.5	1.09%
POS Plans with capitation	9,750.8	9,666.9	-0.86%	22,094.0	22,163.2	0.31%	2.3	2.3	1.18%
PPOs	3,264.1	3,097.5	-5.10%	7,106.9	6,718.5	-5.47%	2.2	2.2	-0.38%
Aggregate(Plan Group)	30,060.9	29,559.8	-1.67%	70,438.0	70,062.2	-0.53%	2.3	2.4	1.15%

Employees by Employee Status and Plan

Employees by Employee Status and Plan displays the number of employees, by plan group and employee status, for the most recent rolling year. Use this report to understand employee coverage.

Nov 2009 - Oct 2010

Employee Status Medstat	Employee Avg								Employee Avg Med								Employee Avg FR								
	Active Full Time	Active Part Time/Seasonal	COBRA Continuance	Early Retiree	Long Term Disability	Medicare Eligible Retiree	Retiree (Status Unknown)	Aggregate Employee Status Medstat	Active Full Time	Active Part Time/Seasonal	COBRA Continuance	Early Retiree	Long Term Disability	Medicare Eligible Retiree	Retiree (Status Unknown)	Aggregate Employee Status Medstat	Active Full Time	Active Part Time/Seasonal	COBRA Continuance	Early Retiree	Long Term Disability	Medicare Eligible Retiree	Retiree (Status Unknown)	Aggregate Employee Status Medstat	
Plan Group																									
Fee for Service Plans	2,122.8	128.5	62.3	550.0		85.2	0.0	3,518.8	2,122.8	128.5	62.3	550.0		85.2	0.0	3,518.8	2,122.8	128.5	62.3	550.0		85.2	0.0	3,518.8	
HMOs	3,098.2	1,046.1	16.7	26.0		0.0	0.0	4,172.3	3,098.2	1,046.1	16.7	26.0		0.0	0.0	4,172.3	3,098.2	1,046.1	16.7	26.0		0.0	0.0	4,172.3	
POS Plans	7,152.9		121.4	1,812.4	17.6		0.0	9,104.3	7,152.9		121.4	1,812.4	17.6		0.0	9,104.3	7,152.9		121.4	1,812.4	17.6		0.0	9,104.3	
POS Plans with capitation	7,110.9	587.6	13.3	1,948.2		0.0		9,666.9	7,110.9	587.6	13.3	1,948.2		0.0		9,666.9	7,110.9	587.6	13.3	1,948.2		0.0		9,666.9	
PPOs	2,414.3	108.8	4.7	570.9				3,097.5	2,414.3	108.8	4.7	570.9				3,097.5	2,414.3	108.8	4.7	570.9				3,097.5	
Aggregate(Plan Group)	21,899.2	1,881.1	289.2	4,901.6	17.6	85.2	0.0	29,559.8	21,899.2	1,881.1	289.2	4,901.6	17.6	85.2	0.0	29,559.8	21,899.2	1,881.1	289.2	4,901.6	17.6	85.2	0.0	29,559.8	

FINANCIAL

Cost Key Indicator Change Analysis by Claim Type

Cost Key Indicator Change Analysis by Claim Type displays the year-to-year change in the net cost of providing healthcare benefits, for the most recent rolling year compared to the previous rolling year. Use this report to monitor changes in claim and non-claim-related costs by type. (Note that any non-claim financial components such as capitation amounts or employee premium contribution amounts that are stored in the Eligibility table will be included in the "Missing" category.)

Standard View

Time Period: Paid Rolling Year	Total Cost of Coverage		
	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010
Claim Type Medstat			
Drug	\$28,955,699.37	\$27,202,685.88	6.44%
Medical/MHSA	\$123,207,715.79	\$120,035,261.00	2.64%
--Missing	\$0.00	\$0.00	
Aggregate(Claim Type Medstat)	\$152,163,415.16	\$147,237,946.88	3.35%

Financial Monthly Trend Report by Claim Type

Financial Monthly Trend Report by Claim Type displays the monthly trend in the net cost of providing healthcare benefits, for all available data. Use this report to monitor changes in claim and non-claim-related costs by type. (Note that any non-claim financial components such as capitation amounts or employee premium contribution amounts that are stored in the Eligibility table will be included in the "Missing" category.)

All Paid Time

Claim Type Medstat	Drug		Medical/MHSA		~Missing		Aggregate(Claim Type Medstat)	
	Total Cost of Coverage	Total Cost of Coverage PMPM	Total Cost of Coverage	Total Cost of Coverage PMPM	Total Cost of Coverage	Total Cost of Coverage PMPM	Total Cost of Coverage	Total Cost of Coverage PMPM
Time Period: Paid Month								
Oct 2010	\$1,792,764.98	\$30.49	\$9,651,588.72	\$164.16	\$0.00	\$0.00	\$11,444,353.70	\$194.65
Sep 2010	\$2,284,913.77	\$38.41	\$10,203,596.14	\$171.53	\$0.00	\$0.00	\$12,488,509.91	\$209.94
Aug 2010	\$3,055,923.21	\$50.58	\$9,678,955.78	\$160.19	\$0.00	\$0.00	\$12,734,878.99	\$210.76
Jul 2010	\$1,926,501.09	\$31.47	\$10,122,646.90	\$165.35	\$0.00	\$0.00	\$12,049,147.99	\$196.81
Jun 2010	\$2,147,477.81	\$34.68	\$10,323,465.79	\$166.70	\$0.00	\$0.00	\$12,470,943.60	\$201.37
May 2010	\$3,003,428.27	\$48.30	\$10,999,165.46	\$176.90	\$0.00	\$0.00	\$14,002,593.73	\$225.20

High Cost Patient Report

High Cost Patient Report displays net payments for the top 100 patients ranked by total payments made for medical and drug services for the most recent rolling year. Use this report to identify patients with very high costs.

Nov 2009 - Oct 2010

Standard View

Net Payment High Cost Pats \$10k	
Person ID	
170221201	\$711,978.14
232168602	\$550,420.11
226523001	\$476,275.89
226636602	\$441,956.39
279780002	\$380,079.94
032416002	\$362,921.19

IBNR Claims Turnaround Analysis

IBNR Claims Turnaround Analysis displays payments reported by incurred date (row) against payments reported by paid date (column) to determine payment lag, for the two most recent rolling years. Use this report to create claims triangles for claims completion. This is very helpful for capitation rate setting and budget forecasting.

Time Period Paid Month	Oct 2010	Nov 2010	Dec 2010	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012		
Time Period Incurred Month																													
Oct 2010	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Nov 2010	\$19,436.89	\$18,279.63	\$23,337.00	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Dec 2010	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Jan 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Feb 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Mar 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Apr 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
May 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Jun 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Jul 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Aug 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Sep 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Oct 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Nov 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Dec 2011	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						
Jan 2012	\$18,023.94	\$20,192.97	\$23,914.02	\$28,117.47	\$32,828.84	\$37,104.24	\$41,007.94																						

Plan Benchmark Comparison

Plan Benchmark Comparison Report displays per member per month financial indicators by plan group compared to benchmark values, for the most recent rolling year. Use this report to identify plan groups with costs that exceed national norms.

Nov 2009 - Oct 2010

	Allow Amt PMPM Med and Rx {Cmpl}	U.S. Total {MS08 US} Allow Amt PMPM Med and Rx {Cmpl}	% Diff U.S. Total {MS08 US} Allow Amt PMPM Med and Rx {Cmpl}	Allow Amt PMPM Rx {Cmpl}	U.S. Total {MS08 US} Allow Amt PMPM Rx {Cmpl}	% Diff U.S. Total {MS08 US} Allow Amt PMPM Rx {Cmpl}	Allow Amt PMPM Med {Cmpl}	U.S. Total {MS08 US} Allow Amt PMPM Med {Cmpl}	% Diff U.S. Total {MS08 US} Allow Amt PMPM Med {Cmpl}	Allow Amt PMPM Acute	U.S. Total {MS08 US} Allow Amt PMPM Acute	% Diff U.S. Total {MS08 US} Allow Amt PMPM Acute	Allow Amt PMPM OP Med {Cmpl}	U.S. Total {MS08 US} Allow Amt PMPM OP Med {Cmpl}	% Diff U.S. Total {MS08 US} Allow Amt PMPM OP Med {Cmpl}
Plan Group															
Fee for Service Plans	\$387.04	\$374.37	3.38%	\$64.00	\$82.45	-22.38%	\$323.04	\$291.91	10.66%	\$126.25	\$86.24	46.40%	\$168.20	\$201.05	-16.34%
HMOs	\$1111.42	\$260.59	-57.25%	\$22.69	\$49.77	-54.41%	\$88.73	\$210.82	-57.91%	\$24.02	\$60.74	-60.45%	\$61.89	\$147.24	-57.96%
POS Plans	\$264.64	\$334.13	-20.80%	\$47.31	\$68.06	-30.49%	\$217.33	\$266.07	-18.32%	\$69.71	\$80.47	-13.37%	\$132.98	\$181.69	-26.81%
POS Plans with capitation	\$164.64	\$353.72	-53.45%	\$39.78	\$73.40	-45.80%	\$124.86	\$280.32	-55.46%	\$39.21	\$86.47	-54.66%	\$81.91	\$189.53	-56.78%
PPOs	\$310.94	\$421.46	-26.22%	\$65.66	\$93.34	-29.66%	\$245.28	\$328.12	-25.25%	\$73.21	\$99.85	-26.68%	\$165.29	\$223.18	-25.94%

MODELER TEMPLATES

Demographic Details

Demographic Details displays the average number of employees and members by age, gender, coverage tier, and plan group for the most recent plan year to date. Use this report to gather demographic information about the baseline plan for Modeler. Restricting the population based on medical and/or drug coverage may be appropriate.

Discounts

Discounts displays submitted charges, allowed amounts, and net payments by plan group, place group, and provider type for the most recent plan year. Use this report to calculate discounts for the Modeler baseline plan.

Drug Cost and Use

Drug Cost and Use displays key indicators of prescription drug cost and use by plan group, purchase place, and generic category for the most recent plan year. Use this report to calculate key drug costs for the Modeler baseline plan.

Family Size

Family Size displays the average family size by plan group and coverage tier for the most recent plan year to date. Use this report to gather family sizes for the Modeler baseline plan. Restricting the population based on medical and/or drug coverage may be appropriate.

Geographic Details

Geographic Details displays the average number of employees and members by metropolitan statistical area for the most recent plan year to date. Use this report to gather geographic information about the baseline plan for Modeler. Restricting the population based on medical and/or drug coverage may be appropriate.

PROFILING

Top 100 PCP Profile

Top 100 PCP Profile displays key indicators for the top one hundred primary care providers (PCP), for the most recent rolling year. Use this report to identify primary care providers with very high payments.

Top 100 Physicians

Top 100 Physicians displays key cost and utilization information for the top one hundred physicians, sorted by payments, for the most recent rolling year. Use this report to identify physicians with very high payments. To investigate further, create a subset of the top ten physicians from this report and apply it to the Top 10 Procedures report.

Top 300 Hospital Profile

Top 300 Hospital Profile displays acute inpatient admission utilization information by hospital, sorted by cost, for the most recent rolling year. Use this report to identify hospitals with very high payments.

SUMMARY

Inpatient Monthly Trend Report

Inpatient Monthly Trend Report displays the monthly trend in key acute inpatient cost and utilization indicators for the most recent 24 months. Use this report to monitor inpatient acute care cost and utilization on a monthly basis.

Standard View

	Admits Per 1000 Acute	Days Per 1000 Adm Acute	Days LOS Admit Acute	Allow Amt Per Adm Acute	Allow Amt PMPM Adm Acute
Time Period: Incurred Month					
Nov 2008	63.62	365.09	5.74	\$8,984.42	\$47.63
Dec 2008	54.62	234.34	4.29	\$8,469.26	\$38.55
Jan 2009	58.68	251.74	4.29	\$8,083.78	\$39.53
Feb 2009	66.43	299.62	4.51	\$10,266.99	\$56.84
Mar 2009	61.82	350.87	5.68	\$9,524.55	\$49.07
Apr 2009	62.82	291.04	4.63	\$9,612.97	\$50.33
May 2009	65.87	342.01	5.19	\$9,763.33	\$53.59

Patient Cost Distribution Report

Patient Cost Distribution Report displays the number of patients by ranges of net payments for the most recent rolling year. Use this report to examine possible changes in benefit plan design, or to identify the percentage of patients who had high costs. Add a subset to this report to view payment distributions for a particular group of patients.

Nov 2009 - Oct 2010

	Patients	Net Payment	Net Pay Med	Net Pay Rx
Net Payment Ranges				
Less than 0	10	-\$263.76	-\$335.00	\$71.24
\$0.00 - \$14,999.99	62,451	\$92,893,135.84	\$68,659,631.00	\$24,233,504.84
\$15,000.00 - \$49,999.99	1,240	\$30,323,761.76	\$27,117,872.00	\$3,205,889.76
\$50,000.00 - \$99,999.99	195	\$13,687,650.48	\$12,982,884.00	\$704,766.48
\$100,000.00 - \$249,999.99	74	\$10,486,229.96	\$10,090,316.00	\$395,913.96
over \$249,999.99	19	\$7,102,028.79	\$6,971,624.00	\$130,404.79
Totals	63,989	\$154,492,543.07	\$125,821,992.00	\$28,670,551.07

Performance Summary by Employee Status

Performance Summary by Employee Status provides a comprehensive overview of benefit plan performance, by employee status, for the most recent rolling year compared to the previous rolling year. Use this report to identify potential problem areas on which to focus. All measures on this report are completed for IBNR, including admission and visit measures. (Please note that the Net Pay PMPM Other Med {Cmpl} measure on this report includes inpatient long-term care and inpatient non-acute care, as well as claims with a missing place of service.)

UTILIZATION

ER Utilization Monthly Trend Report

ER Utilization Monthly Trend Report displays the monthly trend in the emergency room visit rate, for the most recent 24 months. Visits Per 1000 ER is an annualized measure. Use this report to monitor the effectiveness of managing emergency room use.

Standard View

	Visits Per 1000 ER
Time Period: Incurred Month	
Nov 2008	142.67
Dec 2008	136.13
Jan 2009	147.29
Feb 2009	140.15
Mar 2009	157.16
Apr 2009	144.84
May 2009	152.00

Inpatient Utilization Benchmark Comparison Report

Inpatient Utilization Benchmark Comparison Report displays key acute inpatient utilization information compared to benchmark values, for the most recent rolling year. Use this report to compare inpatient hospital utilization to the national norm.

Nov 2009 - Oct 2010

Plan Group	Fee for Service Plans	HMOs	POS Plans	POS Plans with capitation	PPOs	Aggregate(Plan Group)
Admits Per 1000 Acute	71.78	40.55	66.29	63.39	70.10	62.13
U.S. Total {MS08 US} Admits Per 1000 Acute	62.75	55.42	65.07	68.01	68.38	64.51
% Diff U.S. Total {MS08 US} Admits Per 1000 Acute	14.38%	-26.84%	1.89%	-6.78%	2.52%	-3.69%
Days Per 1000 Adm Acute	499.40	178.64	294.02	308.44	398.90	311.15
U.S. Total {MS08 US} Days Per 1000 Adm Acute	256.51	201.20	250.58	265.34	283.58	251.01
% Diff U.S. Total {MS08 US} Days Per 1000 Adm Acute	94.69%	-11.21%	17.34%	16.24%	40.67%	23.96%
Days LOS Admit Acute	6.96	4.41	4.44	4.87	5.69	5.01

Office Visit Monthly Trend Report

Office Visit Monthly Trend Report displays the monthly trend in the number of visits in an office setting per 1000 members, for the most recent 24 months. Use this report to monitor office visits on a monthly basis.

Standard View

	Visits Per 1000 Office Med
Time Period: Incurred Month	
Nov 2008	4,714.22
Dec 2008	4,233.02
Jan 2009	4,932.05
Feb 2009	4,555.46
Mar 2009	4,972.66
Apr 2009	4,824.32
May 2009	4,306.43

Utilization Change Analysis by Plan

Utilization Change Analysis by Plan displays the year-to-year change in key utilization indicators by Plan Group, for the most recent rolling year compared to the previous rolling year. Use this report to monitor changes in utilization.

Standard View

Time Period: Incurred Rolling Year	Visits Per 1000 Office Med			Visits Per 1000 ER			Admits Per 1000 Acute			Days Per 1000 Adm Acute			Days LOS Admit Acute			Scripts Per 1000 Rx		
	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010	Nov 2009 - Oct 2010
Plan Group																		
Fee for Service Plans	4,536.13	5,038.88	11.08%	82.64	127.13	53.84%	64.89	71.78	10.61%	382.53	499.40	30.55%	5.90	6.96	18.02%	10,147.49	12,034.23	18.59%
HMOs	2,696.85	3,135.78	16.28%	111.24	170.55	53.32%	46.00	40.55	-11.84%	167.74	178.64	6.50%	3.65	4.41	20.81%	6,065.11	6,120.81	0.92%
POS Plans	5,297.68	5,496.98	3.76%	176.65	173.04	-2.04%	56.33	66.29	17.70%	240.84	294.02	22.08%	4.28	4.44	3.72%	8,483.35	9,029.35	6.44%
POS Plans with capitation	4,478.95	4,715.21	5.27%	151.94	168.57	10.94%	64.81	63.39	-2.19%	354.30	308.44	-12.94%	5.47	4.87	-10.99%	7,362.45	7,724.84	4.92%
PPOs	6,865.57	7,275.88	5.98%	152.95	197.51	29.14%	75.56	70.10	-7.22%	421.42	398.90	-5.34%	5.58	5.69	2.02%	10,912.47	11,588.60	6.20%
Aggregate(Plan Group)	4,687.03	4,989.74	6.46%	144.41	168.82	16.90%	60.32	62.13	3.00%	300.35	311.15	3.60%	4.98	5.01	0.58%	8,192.96	8,700.84	6.20%

HEALTH AND PRODUCTIVITY MANAGEMENT (HPM)

Absence Trend Report

Absence Trend Report displays the average number of days of non recreational absence per employee per year, by business unit, for the most recent rolling year compared to the previous rolling year. Use this report to monitor attendance issues at the business unit level.

Standard View

Time Period: Paid Rolling Year	Apr 2009 - Mar 2010	Apr 2010 - Mar 2011	% Change
	Days Lost PEPY Abs Non Rec	Days Lost PEPY Abs Non Rec	Days Lost PEPY Abs Non Rec
Business Unit			
Finance	14.91	15.67	5.03%
Human Resources	19.03	20.12	5.71%
Information Technology	16.57	19.29	16.45%
Marketing	22.74	21.00	-7.67%
Research and Development	18.96	27.07	42.73%
Sales	23.77	22.93	-3.53%
Aggregate(Business Unit)	19.87	21.03	5.86%

Lost Time Summary by Business Unit

Lost Time Summary by Business Unit displays the average number of lost days per employee per year for recreational, illness, disability, and administrative reasons, by business unit, for the most recent rolling year. Use this report to compare employee attendance between business units.

Standard View

Apr 2010 - Mar 2011

Business Unit	Employees Avg Active	Days Lost PEPY Abs Non Rec	Days Lost PEPY Abs Admin	Days Lost PEPY Abs Illness	Days Lost PEPY Abs Non Occ	Days Lost PEPY Abs Occ
Finance	798.0	15.67	3.71	3.03	7.37	1.55
Human Resources	828.0	20.12	5.57	3.50	6.17	4.88
Information Technology	337.5	19.29	5.20	3.78	6.12	4.19
Marketing	883.5	21.00	4.73	3.56	8.84	3.86
Research and Development	561.2	27.07	4.41	4.08	11.70	6.88
Sales	1,134.6	22.93	4.65	3.77	8.89	5.62
Aggregate(Business Unit)	4,542.8	21.03	4.69	3.59	8.27	4.48

Lost time Summary by Job Family

Lost Time Summary by Job Family displays the average number of lost days per employee per year for recreational, illness, disability, and administrative reasons, by job family, for the most recent rolling year. Use this report to compare employee attendance between job families.

Standard View

Apr 2010 - Mar 2011

	Employees Avg Active	Days Lost PEY Abs Non Rec	Days Lost PEY Abs Admin	Days Lost PEY Abs Stress	Days Lost PEY Abs Non Occ	Days Lost PEY Abs Occ
Job Family Hedstat						
Architecture, Engineering Occu	417.9	38.26	3.39	3.56	8.76	2.76
Arts, Design, Entertainment	1.0	0.50	0.50			
Building and Grounds Cleaning	497.1	13.58	4.66	3.06	3.87	2.01
Business, Financial Operations	59.2	14.30	6.29	3.72	4.26	0.03
Computer, Mathematical Occupat	18.8	8.67	3.27	3.28	2.12	
Healthcare Practitioners, Tech	1.0	6.88	1.38	5.50		
Healthcare Support Occupations	5.9	4.94	1.30	2.97	0.68	
Legal Occupations	2.7	3.59	2.51	1.08		
Management Occupations	376.5	7.16	2.13	1.89	3.06	0.08
Office, Administrative Support	35.1	6.74	5.22	1.42		0.10
Production Occupations	2,991.9	25.41	5.24	3.96	9.93	6.28
-Missing	245.6	14.95	4.17	3.54	7.12	0.12
Aggregate(Job Family Hedstat)	4,542.8	21.03	4.69	3.59	8.27	4.48

Nature of Injury Summary

Nature of Injury Summary displays key cost and use information, by nature of injury category, for the most recent rolling year. Use this report to identify the most common and costly types of injuries.

Standard View

Apr 2010 - Mar 2011

	Payments Cases Closed WC	Duration Per Closed Case WC	Cases New WC	Cases Active WC	Med Wage Pay Per Active Case WC
Nature of Injury					
All Other Cumulative Injury	\$21,083.41	0.00	2	2	\$21,719.34
Burn	\$1,866.17	0.00	71	71	\$47.63
Carpal Tunnel Syndrome	\$57,104.45	0.00	12	15	\$11,329.29
Contusion	\$465,985.78	0.00	470	509	\$645.96
Crushing	\$48,771.01	0.00	6	9	\$8,108.78
Dermatitis	\$220.00	0.00	1	1	\$266.00
Dislocation	\$45,625.64	0.00		1	\$15,912.00
Foreign Body	\$13,103.10	0.00	187	201	\$77.82
Fracture	\$205,591.48	0.00	32	42	\$4,841.54
Hearing Loss (Traumatic Only)			1	1	
Heat Prostration	\$0.00	0.00	1	1	
Hernia	\$72,329.28	0.00	2	8	\$4,997.08
Infection	\$236.20	0.00	2	2	\$171.46
Inflammation	\$64,191.00	0.00	48	63	\$1,911.19
Laceration	\$111,385.39	0.00	430	445	\$338.92
Myocardial Infarction	\$0.00	0.00	2	3	
Other	\$215,281.63	0.00	83	97	\$946.24
Puncture	\$6,013.21	0.00	84	86	\$74.79
Respiratory Disorders	\$1,018.75	0.00	3	6	\$228.35
Specific Injury Amputation	\$25,459.41	0.00		1	\$23,919.87
Sprain	\$114,830.48	0.00	62	70	\$1,312.54
Strain	\$12,834,110.44	0.00	1,784	2,285	\$4,767.48

STD Cost and Incidence by Business Unit

STD Cost and Incidence by Business Unit displays key cost and use information for active short-term disability (STD) cases, by business unit, for the most recent rolling year compared to the previous rolling year. Use this report to compare STD experience by business unit.

Time Period: Paid Rolling Year	Apr 2010 - Mar 2011					Apr 2009 - Mar 2010					% Change				
	Cases Active STD	Cases Active STD Per 100 Emp	Days Lost Per Active Case STD	Emp Liab Amt Cases Active STD	Emp Liab PEPY Cases Active STD	Cases Active STD	Cases Active STD Per 100 Emp	Days Lost Per Active Case STD	Emp Liab Amt Cases Active STD	Emp Liab PEPY Cases Active STD	Cases Active STD	Cases Active STD Per 100 Emp	Days Lost Per Active Case STD	Emp Liab Amt Cases Active STD	Emp Liab PEPY Cases Active STD
Business Unit															
Finance	36	12.01	58.37	\$966,836.24	\$1,236.64	58	11.99	42.59	\$834,000.06	\$917.24	-11.93%	0.35%	37.54%	18.33%	34.82%
Human Resources	114	13.77	39.15	\$717,305.73	\$866.79	83	10.72	38.86	\$515,818.27	\$656.13	37.55%	28.47%	0.76%	-39.11%	30.12%
Information Technology	48	13.63	37.67	\$292,829.60	\$677.84	40	10.82	32.42	\$230,138.34	\$672.68	15.00%	25.97%	16.19%	27.25%	36.54%
Marketing	139	15.73	40.11	\$1,042,337.07	\$1,179.78	144	13.63	36.28	\$926,590.96	\$1,005.35	-3.47%	0.64%	33.54%	12.55%	17.55%
Research and Development	189	19.25	53.06	\$933,546.69	\$1,663.59	72	16.28	39.92	\$403,980.00	\$576.54	50.00%	87.29%	37.83%	131.10%	188.55%
Sales	171	14.98	45.11	\$1,279,174.19	\$1,123.68	157	14.36	42.38	\$1,052,532.37	\$1,090.98	6.20%	-4.22%	-5.99%	7.10%	3.18%
Missing	266		38.35	\$928,467.49		327		33.39	\$876,746.08		17.18%		-16.43%	4.52%	

STD Cost and Incidence by Health Plan

STD Cost and Incidence by Health Plan displays key cost and use information for active short-term disability (STD) cases, by plan group, for the most recent rolling year. Use this report to identify differences in STD utilization patterns between employees enrolled in different plan groups.

Standard View						
Apr 2010 - Mar 2011						
Plan Group	Cases New STD	Cases New STD Per 100 Emp	Cases Active STD Per 100 Emp	Duration Per Closed Case STD	Emp Liab Amt Cases Closed STD	Emp Liab PEPY Cases Closed STD
Community Care (POS)	113	12.31	15.15	0.00	\$541,220.41	\$585.78
Franklin Health (POS)	146	9.49	11.95	0.00	\$900,849.36	\$598.11
Health First Basic (HMO)	53	10.37	13.70	0.00	\$344,037.67	\$673.26
Health First Supreme (HMO)	80	12.72	14.78	0.00	\$418,137.74	\$665.00
MOB Care (Indemnity)	66	9.29	11.41	0.00	\$284,208.84	\$541.01
Signal Health (Indemnity)	83	30.89	40.94	0.00	\$692,924.48	\$2,579.12
Missing	176			0.00	\$993,200.69	
Aggregate(Plan Group)	717	15.78	20.57	0.00	\$4,274,779.39	\$941.01

STD Cost and Incidence by Job Family

STD Cost and Incidence by Job Family displays key cost and use information for active short-term disability (STD) cases, by job family, for the most recent rolling year compared to the previous rolling year. Use this report to compare STD experience by job family.

Standard View															
Time Period: Paid Rolling Year	Apr 2010 - Mar 2011					Apr 2009 - Mar 2010					% Change				
	Cases Active STD	Cases Active STD Per 100 Emp	Days Lost Per Active Case STD	Emp Liab Amt Cases Active STD	Emp Liab PEPY Cases Active STD	Cases Active STD	Cases Active STD Per 100 Emp	Days Lost Per Active Case STD	Emp Liab Amt Cases Active STD	Emp Liab PEPY Cases Active STD	Cases Active STD	Cases Active STD Per 100 Emp	Days Lost Per Active Case STD	Emp Liab Amt Cases Active STD	Emp Liab PEPY Cases Active STD
Job Family Headcat															
Architecture, Engineering/Design	38	14.12	48.46	\$856,940.45	\$1,491.91	53	11.72	35.92	\$386,881.29	\$695.77	11.32%	25.42%	37.63%	51.82%	69.40%
Arts, Design, Entertainment						1	100.00	18.00	\$2,900.64	\$2,900.64	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Baking and Grounds Cleaning	41	8.28	34.39	\$270,411.44	\$144.00	39	5.67	27.45	\$147,018.80	\$287.43	41.38%	-6.48%	25.29%	83.53%	35.26%
Business, Financial Operations	8	11.55	27.50	\$47,192.87	\$691.46	17	22.25	17.40	\$68,303.60	\$791.79	-52.94%	-48.57%	\$7.64%	-22.05%	-13.02%
Computer, Mathematical/Statistical	3	13.93	36.67	\$12,677.23	\$672.97	2	9.38	21.00	\$46,238.34	\$231.38	0.00%	69.93%	-25.63%	-22.43%	31.79%
Healthcare Support Occupations	1	36.00	6.00	\$3,971.45	\$333.20										
Management Occupations	34	6.63	30.64	\$253,624.80	\$675.64	52	7.72	34.81	\$261,762.79	\$676.35	8.23%	17.04%	-15.12%	-9.99%	-6.84%
Office, Administrative Support						6	15.12	46.17	\$35,379.04	\$2,070.97	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Production Occupations	801	17.32	47.25	\$3,790,376.52	\$1,135.76	433	14.47	41.50	\$2,303,195.67	\$972.12	15.97%	18.76%	6.17%	35.13%	34.83%
Missing	262	18.98	23.50	\$1,094,507.33	\$4,825.24	299	17.49	35.49	\$1,045,462.17	\$4,311.41	12.74%	21.96%	-9.40%	3.91%	13.67%

STD Cost and Incidence Profile

STD Cost and Incidence Profile displays key measures of active short-term disability (STD) case experience, by business unit, for the most recent rolling year compared to the previous rolling year. Use this report to identify business units with high active case rates, high cost STD claims, or increasing year-over-year trend.

Standard View

Time Period: Paid Rolling Year	Apr 2009 - Mar 2010			Apr 2010 - Mar 2011			% Change					
	Emps	Lab Pcty	Cases Active STD	Cases Active STD Per 100 Emps	Emps	Lab Pcty	Cases Active STD	Cases Active STD Per 100 Emps	Emps	Lab Pcty	Cases Active STD	Cases Active STD Per 100 Emps
Business Unit												
Finance			\$917.24	11.99			\$1,736.64	12.03			94.82%	0.25%
Human Resources			\$666.13	19.72			\$666.76	13.77			36.12%	-28.47%
Information Technology			\$621.68	10.92			\$667.64	13.61			25.34%	25.62%
Marketing			\$1,005.33	15.63			\$1,179.78	15.73			17.35%	0.64%
Research and Development			\$575.54	10.28			\$1,663.58	19.25			58.55%	87.25%
Sales			\$1,090.90	14.36			\$1,125.88	14.98			2.18%	4.52%
Aggregate(Business Unit)			\$1,044.28	17.45			\$1,357.53	20.67			30.00%	18.46%

STD MDC Cost and Incidence Change Analysis

STD MDC Cost and Incidence Change Analysis displays key measures of short-term disability (STD) case experience, by major diagnostic category (MDC), for the most recent rolling year compared to the previous rolling year. Use this report to identify which diagnostic categories make up the majority of your STD experience.

Standard View

Time Period: Paid Rolling Year	Apr 2009 - Mar 2010			Apr 2010 - Mar 2011			% Change			
	Cases Closed STD	Duration Per Closed Case STD	Emps Lab Amt Per Clsd Case STD	Cases Closed STD	Duration Per Closed Case STD	Emps Lab Amt Per Clsd Case STD	Cases Closed STD	Emps Lab Amt Per Clsd Case STD	Cases Closed STD	Emps Lab Amt Per Clsd Case STD
MDC										
Alcohol/Drug Use	6	0.00	\$4,128.93	3	0.00	\$2,156.05	-50.00%			-47.78%
Blood	4	0.00	\$9,261.26	4	0.00	\$4,292.56	0.00%			-53.65%
Burns				2	0.00	\$1,412.84				
Circulatory	37	0.00	\$5,055.58	41	0.00	\$5,453.66	10.81%			7.48%
Digestive	35	0.00	\$4,924.81	35	0.00	\$1,994.01	0.00%			-18.30%
Ear, Nose, Mouth & Throat	26	0.00	\$4,078.35	65	0.00	\$2,956.72	80.56%			-27.64%
Eye	6	0.00	\$3,662.47	8	0.00	\$5,794.66	33.33%			61.22%
Female Reproductive	33	0.00	\$6,065.10	32	0.00	\$5,273.51	-3.03%			-13.02%
HIV Infections	2	0.00	\$2,350.24				-100.00%			-100.00%
Health Status	18	0.00	\$8,398.70	17	0.00	\$12,520.50	-5.58%			-49.08%
Infections	3	0.00	\$1,349.92	11	0.00	\$3,351.47	206.67%			146.29%
Injuries, Poisonings	5	0.00	\$5,037.28	1	0.00	\$1,104.32	80.00%			-78.08%
Kidney	33	0.00	\$4,049.71	25	0.00	\$1,547.50	92.11%			-12.40%
Liver, Pancreas	9	0.00	\$7,869.65	9	0.00	\$3,925.04	0.00%			-50.12%
Male Reproductive	3	0.00	\$12,152.80	7	0.00	\$4,823.13	60.00%			-60.31%
Mental	19	0.00	\$9,593.66	25	0.00	\$10,946.80	13.58%			14.09%
Metabolic	7	0.00	\$3,877.62	5	0.00	\$4,099.97	-28.57%			5.81%
Musculoskeletal	151	0.00	\$6,518.60	174	0.00	\$6,993.48	13.72%			7.28%
Neoplasms	2	0.00	\$13,591.76	2	0.00	\$14,237.28	0.00%			-4.75%
Nervous	26	0.00	\$5,470.01	24	0.00	\$5,913.84	-48.15%			-37.55%
Newborns	1	0.00	\$14,887.43	2	0.00	\$7,267.04	100.00%			-51.19%
Pregnancy, Childbirth	23	0.00	\$13,856.55	29	0.00	\$17,725.42	-17.80%			29.85%
Respiratory	25	0.00	\$9,924.50	41	0.00	\$4,929.54	64.00%			-50.23%
Skin, Breast	15	0.00	\$8,706.88	37	0.00	\$7,176.01	113.33%			-17.88%
Missing/Invalid Diagnosis	107	0.00	\$5,188.91	96	0.00	\$6,059.11	-10.28%			18.13%
Aggregate(MDC)	618	0.00	\$8,555.85	689	0.00	\$6,204.32	12.65%			-5.36%

WC Case Duration Profile

WC Case Duration Profile displays key measures of workers' compensation program experience, by nature of injury, for the most recent rolling year. Use this report to identify the nature of injury categories to target for safety and health interventions.

Standard View

Apr 2010 - Mar 2011

Business Unit	Finance					Human Resources					Information Technology					Marketing					Research and Development				
	Cases New WC	Cases Active WC	Cases Closed WC	Cases New WC Lost Time	Days Lost Per Act List Tr Case WC	Cases New WC	Cases Active WC	Cases Closed WC	Cases New WC Lost Time	Days Lost Per Act List Tr Case WC	Cases New WC	Cases Active WC	Cases Closed WC	Cases New WC Lost Time	Days Lost Per Act List Tr Case WC	Cases New WC	Cases Active WC	Cases Closed WC	Cases New WC Lost Time	Days Lost Per Act List Tr Case WC	Cases New WC	Cases Active WC	Cases Closed WC	Cases New WC Lost Time	Days Lost Per Act List Tr Case WC
Nature of Injury																									
All Other Cumulative Injury						1	1		1	120.00											1	1	1	1	80.00
Burn	3	3	3			8	8	8			5	5	5			44	44	43			4	4	4		
Carpal Tunnel Syndrome						5	5	2	9	31.50	1	1		1	40.00	1	1		1	71.00	1	1		1	11.00
Contusion	30	33	32		258.00	95	107	105	6	35.73	53	57	57		40.00	97	108	104	6	64.12	64	70	64	4	47.57
Crushing	1	1	1			3	4	2	1	31.00	1	2	1	1	109.00						1	2	2	1	31.00
Dermatitis						1	1	1																	
Dislocation																									
Foreign Body	5	7	7			21	23	23			14	14	14			65	70	70			25	29	29		
Fracture	1	2	2		94.00	9	9	8	2	56.00	1	2	1	1	21.50	8	10	9	3	32.00	3	3	2	1	21.00
Hearing Loss (Traumatic Only)						1	1																		
Heat Prostration																1	1	1							
Hernia							1	1		149.00		1	1		75.00										
Infection																1	3	1			1	1	1		
Inflammation	3	5	4		60.00	16	19	18	2	143.00	4	5	5			12	14	13	1	18.50	9	11	9		43.30
Laceration	22	23	23			61	61	61	1	102.00	52	54	54		33.00	115	120	116	4	104.20	60	60	60		
Myocardial Infarction								1								1	1	1							
Other	4	7	7			19	22	22		109.00	3	4	2	1	37.00	12	13	12		8.00	15	20	20	1	32.00
Puncture	3	3	3	1	15.00	10	10	10			5	5	5			29	30	30			9	9	9		
Respiratory Disorders												3	3			1	1	1							
Specific Injury Amputation		1	1		83.00																				

WC Experience Comparison by Health Plan

WC Experience Comparison by Health Plan displays key measures of current workers' compensation experience, by plan group, for the most recent rolling year compared to the previous rolling year. Use this report to compare workers' compensation experience by plan group.

Standard View

Time Period: Paid Rolling Year	Apr 2009 - Mar 2010			Apr 2010 - Mar 2011			% Change		
	Cases New WC	Cases Active WC	Days Lost Per Active Case WC	Cases New WC	Cases Active WC	Days Lost Per Active Case WC	Cases New WC	Cases Active WC	Days Lost Per Active Case WC
Plan Group									
Community Care (POS)	819	1,008	22.68	1,231	1,416	12.23	46.72%	40.77%	-45.10%
Franklin Health (POS)	843	1,034	23.29	936	1,091	13.17	-3.20%	-3.29%	-34.86%
Health First Basic (HMO)	257	318	23.52	276	339	15.36	7.39%	6.60%	-34.70%
Health First Supreme (HMO)	361	439	22.47	338	418	16.90	-6.37%	-4.78%	-24.77%
MDU Care (Indemnity)	426	504	14.66	428	492	12.26	0.47%	-2.38%	-16.30%
Signal Health (Indemnity)	172	230	31.87	181	232	21.28	5.23%	0.87%	-33.20%
---Aloing	8	30	56.40	13	18	38.39	160.00%	-10.00%	-55.78%
Aggregate(Plan Group)	2,903	3,553	22.78	3,283	3,919	14.41	13.09%	10.30%	-36.72%

WC Incidence Profile by Business Unit

WC Incidence Profile by Business Unit displays key measures of workers' compensation program experience, by business unit, for the most recent rolling year compared to the previous rolling year. Use this report to compare workers' compensation experience by business unit.

Standard View

Time Period: Paid Rolling Year	Apr 2010 - Mar 2011						Apr 2009 - Mar 2010						% Change				
	Cases New WC Per 100 FTEs	Cases Active WC Per 100 Emp	Cases Closed WC Per 100 Emp	Duration Per Closed Case WC	Med Wage Pay Per Active Case WC	Payments Per Closed Case WC	Cases New WC Per 100 FTEs	Cases Active WC Per 100 Emp	Cases Closed WC Per 100 Emp	Duration Per Closed Case WC	Med Wage Pay Per Active Case WC	Payments Per Closed Case WC	Cases New WC Per 100 FTEs	Cases Active WC Per 100 Emp	Cases Closed WC Per 100 Emp	Med Wage Pay Per Active Case WC	Payments Per Closed Case WC
Business Unit																	
Finance	12.52	29.45	28.82	0.00	\$3,675.27	\$3,368.93	15.14	21.21	18.92	0.00	\$2,370.88	\$3,532.79	-28.92%	28.90%	-41.36%	55.02%	-52.93%
Human Resources	56.94	87.80	78.74	0.00	\$3,285.96	\$2,904.62	46.92	72.30	58.88	0.00	\$2,397.38	\$3,204.65	-24.01%	21.43%	33.74%	-41.54%	-6.44%
Information Technology	54.88	85.04	77.93	0.00	\$2,377.15	\$2,815.49	65.53	92.54	79.55	0.00	\$2,043.83	\$2,406.37	-13.62%	9.10%	-1.04%	15.31%	18.66%
Marketing	62.32	96.43	88.08	0.00	\$2,875.86	\$4,203.19	55.32	86.09	69.91	0.00	\$2,400.54	\$3,095.62	12.66%	12.02%	37.41%	19.80%	35.76%
Research and Development	67.83	209.68	86.41	0.00	\$3,130.01	\$3,178.43	68.46	93.24	77.50	0.00	\$1,877.08	\$2,430.58	13.98%	16.84%	24.43%	65.88%	10.77%
Sales	67.15	104.71	94.48	0.00	\$3,262.71	\$4,601.61	53.04	88.01	72.64	0.00	\$2,562.82	\$3,841.55	-38.62%	17.63%	30.84%	10.15%	-15.75%
-Missing	0.01	86,930.31	\$31,430.22														
Aggregate(Business Unit)	55.61	86.27	78.06	0.00	\$3,132.00	\$4,033.90	47.24	74.51	61.20	0.00	\$2,436.40	\$3,297.36	17.72%	15.78%	27.55%	28.55%	25.77%

WC Incidence Profile by Job Family

WC Incidence Profile by Job Family displays key measures of workers' compensation program experience, by job family, for the most recent rolling year compared to the previous rolling year. Use this report to compare workers' compensation experience by job family.

Standard View

Time Period: Paid Rolling Year	Apr 2010 - Mar 2011						Apr 2009 - Mar 2010						% Change				
	Cases New WC Per 100 FTEs	Cases Active WC Per 100 Emp	Cases Closed WC Per 100 Emp	Duration Per Closed Case WC	Med Wage Pay Per Active Case WC	Payments Per Closed Case WC	Cases New WC Per 100 FTEs	Cases Active WC Per 100 Emp	Cases Closed WC Per 100 Emp	Duration Per Closed Case WC	Med Wage Pay Per Active Case WC	Payments Per Closed Case WC	Cases New WC Per 100 FTEs	Cases Active WC Per 100 Emp	Cases Closed WC Per 100 Emp	Med Wage Pay Per Active Case WC	Payments Per Closed Case WC
Job Family Medstat																	
Architecture, Engineering Occu	36.74	47.14	42.89	0.00	\$3,773.04	\$5,701.85	22.15	36.28	29.49	0.00	\$2,723.16	\$4,311.57	58.77%	29.94%	44.78%	58.81%	128.01%
Building and Grounds Cleaning	41.77	64.98	59.35	0.00	\$2,706.66	\$4,136.58	48.54	68.01	58.65	0.00	\$2,544.78	\$3,602.42	-10.24%	-5.84%	2.17%	-13.29%	158.15%
Business, Financial Operations	8.17	10.11	10.11	0.00	\$4,548.09	\$4,377.38	4.83	8.54	5.23	0.00	\$781.02	\$404.26	27.61%	54.49%	92.11%	456.71%	892.81%
Management Occupations	12.29	17.53	17.28	0.00	\$3,041.69	\$4,882.01	11.89	15.64	14.71	0.00	\$1,153.25	\$3,097.76	13.24%	5.37%	17.38%	164.21%	51.14%
Office, Administrative Support	15.79	26.52	28.52	0.00		\$0.00	14.40	23.41	17.38	0.00	\$3,094.17	\$18,773.96	9.45%	13.26%	31.01%	100.00%	100.00%
Production Occupations	72.43	113.63	102.42	0.00	\$1,175.24	\$3,779.97	61.22	97.08	80.00	0.00	\$2,404.12	\$3,310.88	18.32%	10.09%	28.04%	32.07%	13.57%
-Missing	9.67	14.68	14.25	0.00	\$4,237.28	\$17,057.42	3.88	13.17	10.54	0.00	\$5,391.17	\$6,525.60	64.59%	11.37%	35.22%	-21.02%	161.39%
Aggregate(Job Family Medstat)	55.61	86.27	78.06	0.00	\$3,132.00	\$4,033.90	47.24	74.51	61.20	0.00	\$2,436.40	\$3,297.36	17.72%	15.78%	27.55%	28.55%	25.77%

XYZ Health Plan

Advantage Suite Key Trends

Previous Period: Oct 2006 - Sep 2007 (Incurred)
Current Period: Oct 2007 - Sep 2008 (Incurred)
Paid Through: Dec 2008

Data is completed for claims incurred but not yet reported (IBNR), where applicable.

Employer Slicers

Employee Status Medstat: All Employee Status Medstats
Plan: All Plans
Union Worker Indicator: All Union Worker Indicators

Key Trends Standard View Subset Definition

Coverage Indicator Medical = Y, ~ and Plan Type Medstat = ~Missing and Plan = Unknown Plan 1, Unknown Plan 10, Unknown Plan 100, Unknown Plan 101, Unknown Plan 102, Unknown Plan 103, Unknown Plan 104, Unknown Plan 105, Unknown Plan 106, Unknown Plan 107, Unknown Plan 108, Unknown Plan 109, Unknown Plan 11, Unknown Plan 110, Unknown Plan 111, Unknown Plan 112, Unknown Plan 113, Unknown Plan 114, Unknown Plan 115, Unknown Plan 116, Unknown Plan 117, Unknown Plan 118, Unknown Plan 119, Unknown Plan 12, Unknown Plan 120, Unknown Plan 121, Unknown Plan 122, Unknown Plan 123, Unknown Plan 124, Unknown Plan 125, Unknown Plan 126, Unknown Plan 127, Unknown Plan 128, Unknown Plan 129, Unknown Plan 13, Unknown Plan 130, Unknown Plan 131, Unknown Plan 132, Unknown Plan 133, Unknown Plan 134, Unknown Plan 135, Unknown Plan 136, Unknown Plan 137, Unknown Plan 138, Unknown Plan 139, Unknown Plan 14, Unknown Plan 140, Unknown Plan 141, Unknown Plan 142, Unknown Plan 143, ... (317 values...please view the subset to see all values). and Plan Group = ~Missing //Public subsets/Standard/Key Trends Standard View u0124931

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Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

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Overall Trend

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend

	Previous	Current	% Change
Allowed Amount	\$110,930,555	\$123,932,451	11.7%
Coordination of Benefits	\$1,591,974	\$1,208,173	-24.1%
Out of Pocket	\$20,037,879	\$21,174,834	5.7%
Net Payment	\$89,300,702	\$101,549,444	13.7%
Members Avg Med	26,174	28,500	8.9%
Members Med	34,010	35,797	5.3%
Members Avg Rx	26,174	28,500	8.9%
Members Rx	34,010	35,797	5.3%
Employees Avg Med	12,132	13,208	8.9%
Employees Avg Rx	12,132	13,208	8.9%
Allowed Amt PMPY	\$4,238	\$4,348	2.6%
Allowed Amt PEPY	\$9,143	\$9,383	2.6%
Net Pay PMPY	\$3,412	\$3,563	4.4%
Net Pay PEPY	\$7,361	\$7,689	4.5%

Cost Sharing Trend



Cost sharing describes the proportion of total allowed amount that is the responsibility of the patient to pay out of pocket versus the responsibility of the insurer or any other third party.

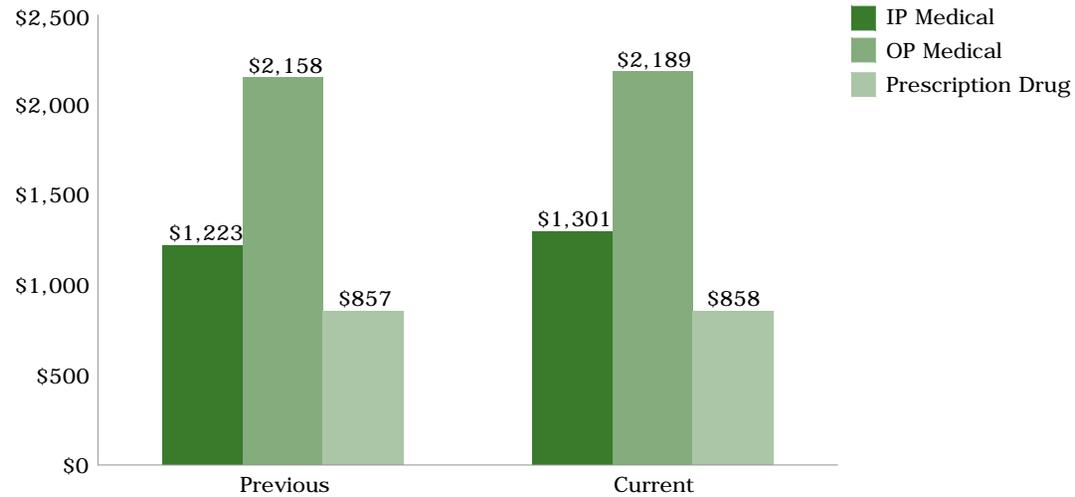
Overall PMPY Trend

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Allowed Amount PMPY Trend



Allowed Amount PMPY Trend	Previous	Current	% Change
IP Medical	\$1,223	\$1,301	6.4%
OP Medical	\$2,158	\$2,189	1.4%
Prescription Drug	\$857	\$858	0.1%
Total	\$4,238	\$4,348	2.6%

Overall Eligibility Trend

Previous Period: Oct 2006 - Sep 2007 (Incurred)

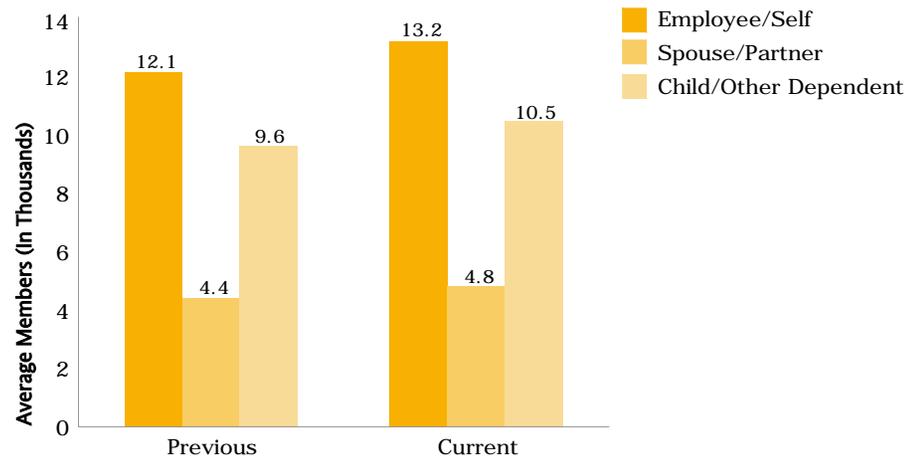
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

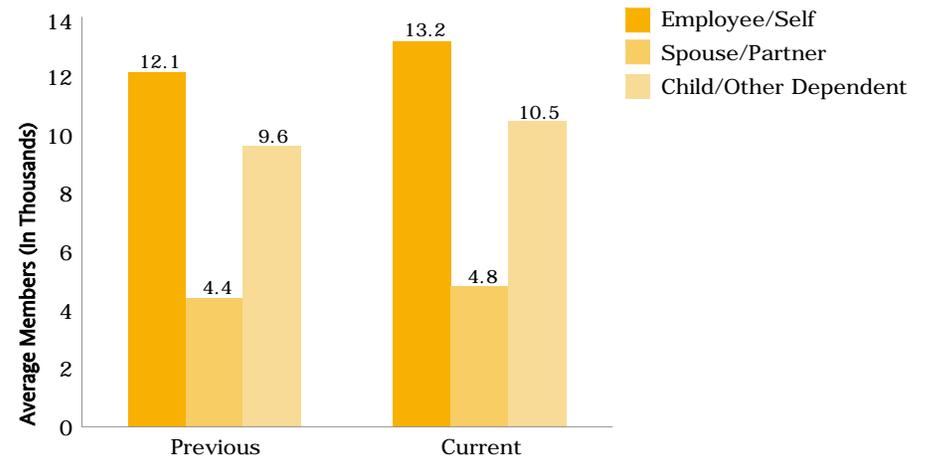
Annual Eligibility Trend

	Medical Eligibility			Drug Eligibility		
	Previous	Current	% Change	Previous	Current	% Change
Members Avg	26,174	28,500	8.9%	26,174	28,500	8.9%
Employee/Self	12,132	13,208	8.9%	12,132	13,208	8.9%
Spouse/Partner	4,412	4,833	9.5%	4,412	4,833	9.5%
Child/Other Dependent	9,630	10,460	8.6%	9,630	10,460	8.6%
Family Size Average	2.2	2.2	0.0%	2.2	2.2	0.0%
Member Age Avg	31.1	31.2	0.3%	31.1	31.2	0.3%
Employee/Self	41.8	42.2	0.8%	41.8	42.2	0.8%
Spouse/Partner	44.4	44.5	0.2%	44.4	44.5	0.2%
Child/Other Dependent	11.4	11.2	-2.4%	11.4	11.2	-2.4%

Medical Eligibility Trend



Drug Eligibility Trend



Overall Trend by Type of Service

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

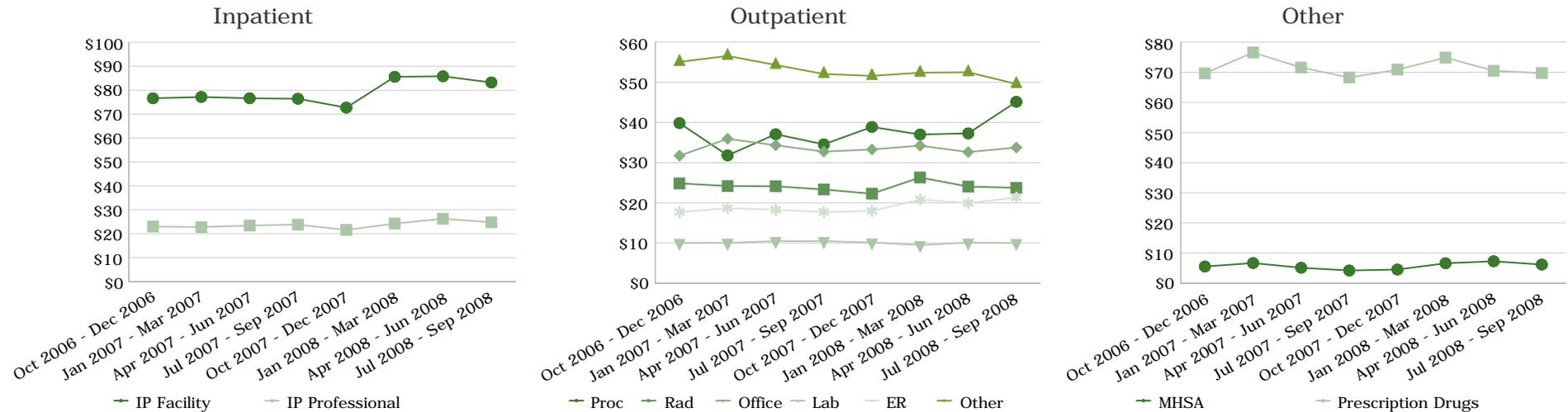
Annual PMPY Trend by Category

	Allowed Amt PMPY Med and Rx			Net Pay PMPY Med and Rx		
	Previous	Current	% Change	Previous	Current	% Change
IP Facility	\$921	\$982	6.7%	\$828	\$903	9.1%
IP Professional	\$279	\$291	4.0%	\$226	\$242	7.0%
OP Major Procedures	\$429	\$475	10.6%	\$356	\$403	13.3%
OP Radiology	\$289	\$289	0.0%	\$252	\$253	0.6%
OP Professional Office Visits	\$404	\$402	-0.6%	\$300	\$298	-0.6%
OP Lab	\$123	\$119	-3.3%	\$83	\$83	0.4%
OP ER	\$217	\$240	10.7%	\$154	\$175	13.5%
Outpatient Other	\$653	\$618	-5.3%	\$549	\$522	-5.0%
MHSA	\$64	\$74	14.8%	\$46	\$52	12.0%
Prescription Drugs	\$857	\$858	0.1%	\$619	\$633	2.2%
Total	\$4,238	\$4,348	2.6%	\$3,412	\$3,563	4.4%

Note: Outpatient Major Procedures include significant procedures usually requiring anesthesia, such as surgeries, colonoscopies, endoscopies, etc.

Totals might not add up due to rounding.

Allowed Amount PMPM Quarterly Trend



Cost and Use by Type of Service

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

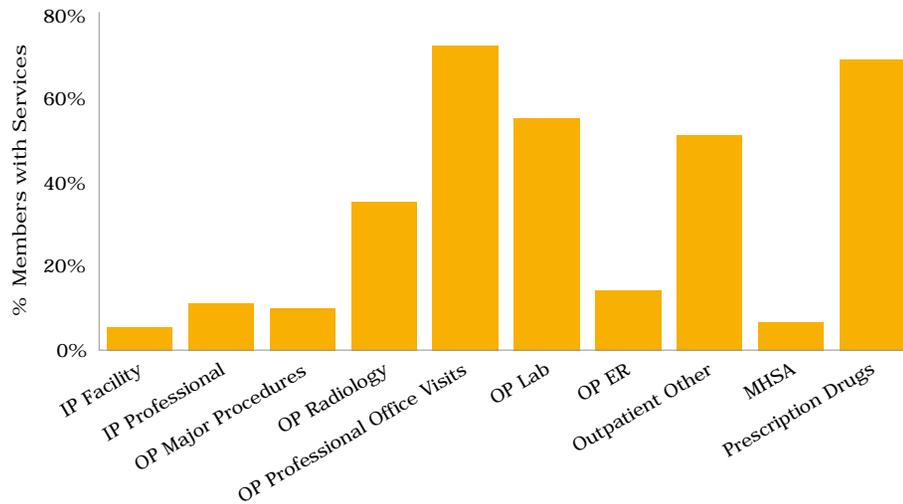
Paid Through: Dec 2008

Current Period Detail

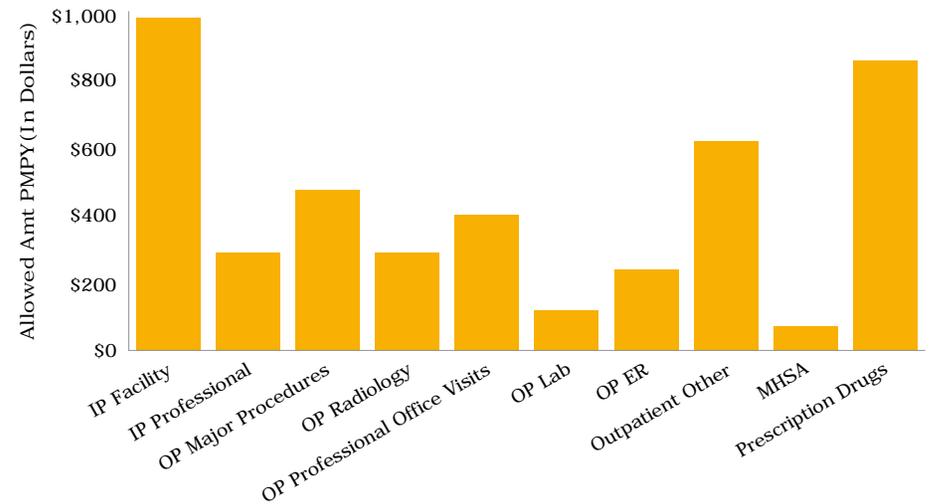
	Patients as a Percent of Total Members*	Costs as a Percent of Total Allowed Amounts
IP Facility	5.5%	22.6%
IP Professional	11.3%	6.7%
OP Major Procedures	9.9%	10.9%
OP Radiology	35.2%	6.7%
OP Professional Office Visits	72.3%	9.2%
OP Lab	55.0%	2.7%
OP ER	14.2%	5.5%
Outpatient Other	51.1%	14.2%
MHSA	6.8%	1.7%
Prescription Drugs	69.0%	19.7%

* of those eligible for the type of service

Prevalance by Types of Service



Cost by Types of Service



Acute Inpatient Admission Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

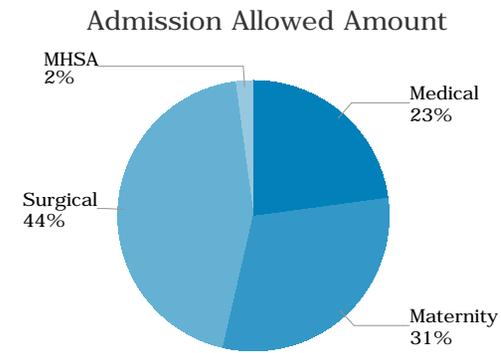
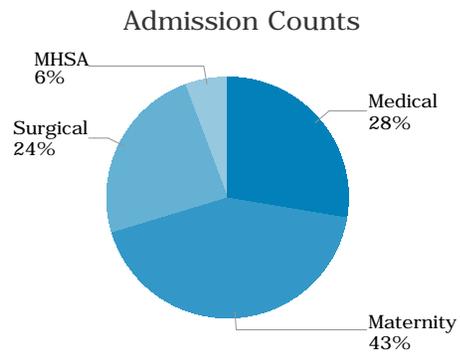
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend: Utilization and Financial Rates*

	Previous	Current	% Change
Admits/1000			
Medical	25.8	23.5	-8.7%
Maternity	40.5	36.4	-10.2%
Surgical	23.7	20.4	-14.1%
MHSA	4.05	4.88	20.4%
Total	94.0	85.1	-9.4%
Allowed Amt PMPY			
Medical	\$272	\$290	6.5%
Maternity	\$266	\$390	46.5%
Surgical	\$616	\$562	-8.8%
MHSA	\$22	\$27	27.2%
Total	\$1,176	\$1,270	8.0%
Net Pay PMPY			
Medical	\$238	\$256	7.5%
Maternity	\$230	\$355	54.2%
Surgical	\$554	\$517	-6.7%
MHSA	\$19	\$22	20.9%
Total	\$1,041	\$1,150	10.5%

Current Year: Comparison of Volume to Allowed Amount*



* This report excludes LTC and Non-Acute Admissions.

[TOC](#) | [Overall](#) | [Inpatient Medical](#) | [Outpatient Medical](#) | [Prescription Drug](#) | [MHSA](#) | [Clinical](#) | [Other](#)

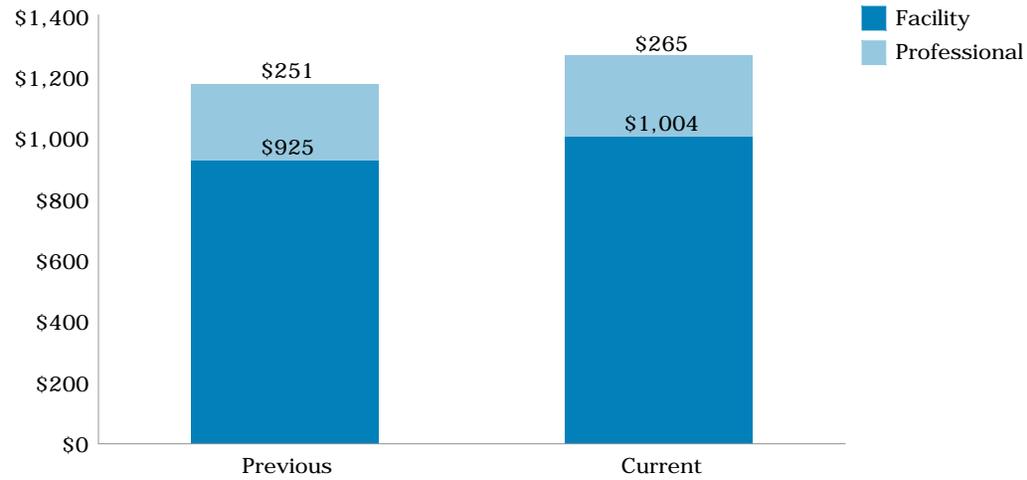
Acute Inpatient Admission Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Admission PMPY Allowed Amount Trend*



	Previous	Current	% Change
Allowed Amt PMPY			
Facility	\$925	\$1,004	8.5%
Professional	\$251	\$265	5.8%
Total	\$1,176	\$1,270	8.0%
Net Pay PMPY			
Facility	\$835	\$925	10.8%
Professional	\$206	\$225	9.4%
Total	\$1,041	\$1,150	10.5%

* This report excludes LTC and Non-Acute Admissions.

TOC | Overall | Inpatient Medical | Outpatient Medical | Prescription Drug | MHA | Clinical | Other

Acute Inpatient Admission Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

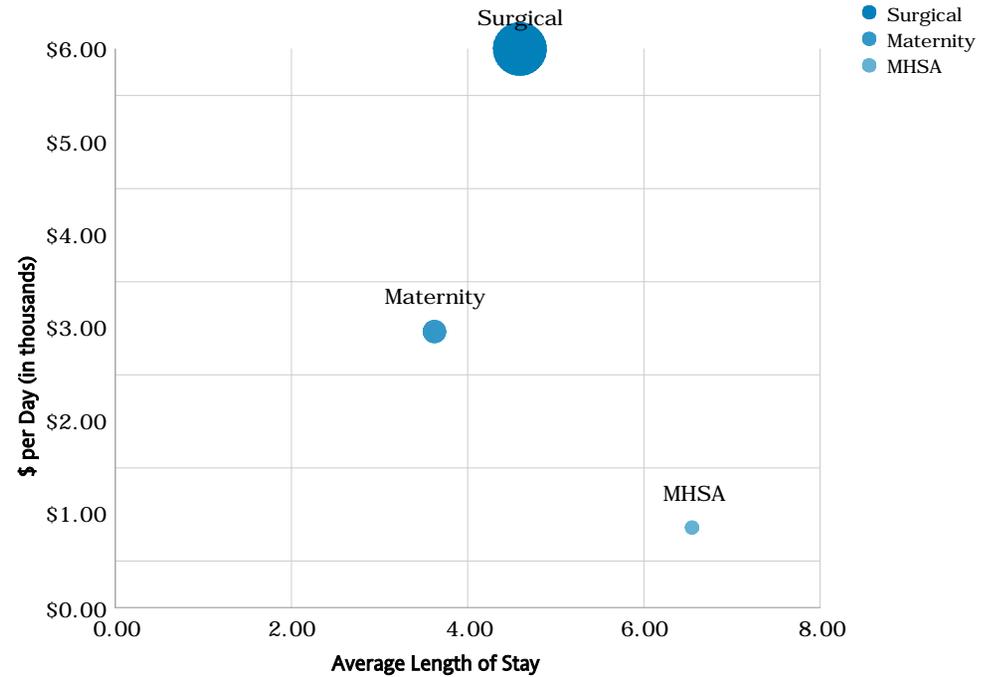
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend: LOS and Price*

	Previous	Current	% Change
Length of Stay			
Surgical	4.07	4.59	12.7%
Maternity	3.18	3.62	13.9%
MHSA	5.37	6.55	22.0%
Total	3.62	4.17	15.3%
Allowed Amt/Admit			
Surgical	\$25,949	\$27,552	6.2%
Maternity	\$6,586	\$10,739	63.1%
MHSA	\$5,325	\$5,625	5.6%
Total	\$13,244	\$15,897	20.0%
Allowed Amt/Day			
Surgical	\$6,369	\$6,000	-5.8%
Maternity	\$2,070	\$2,964	43.2%
MHSA	\$992	\$859	-13.4%
Total	\$3,657	\$3,808	4.1%

Current Year Detail: Cost and Use*



The size of the Bubble indicates the number of admissions.

*This report excludes LTC and Non-Acute Admissions.

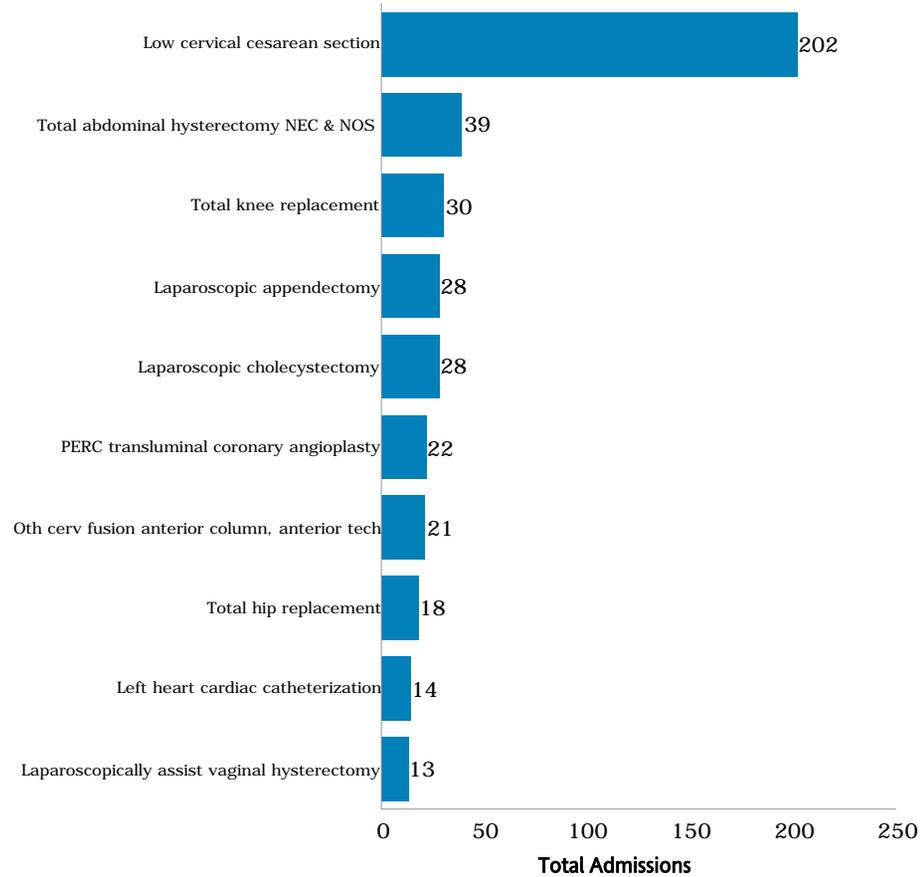
Acute Inpatient Admission Detail: Current Year Surgical Admits

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

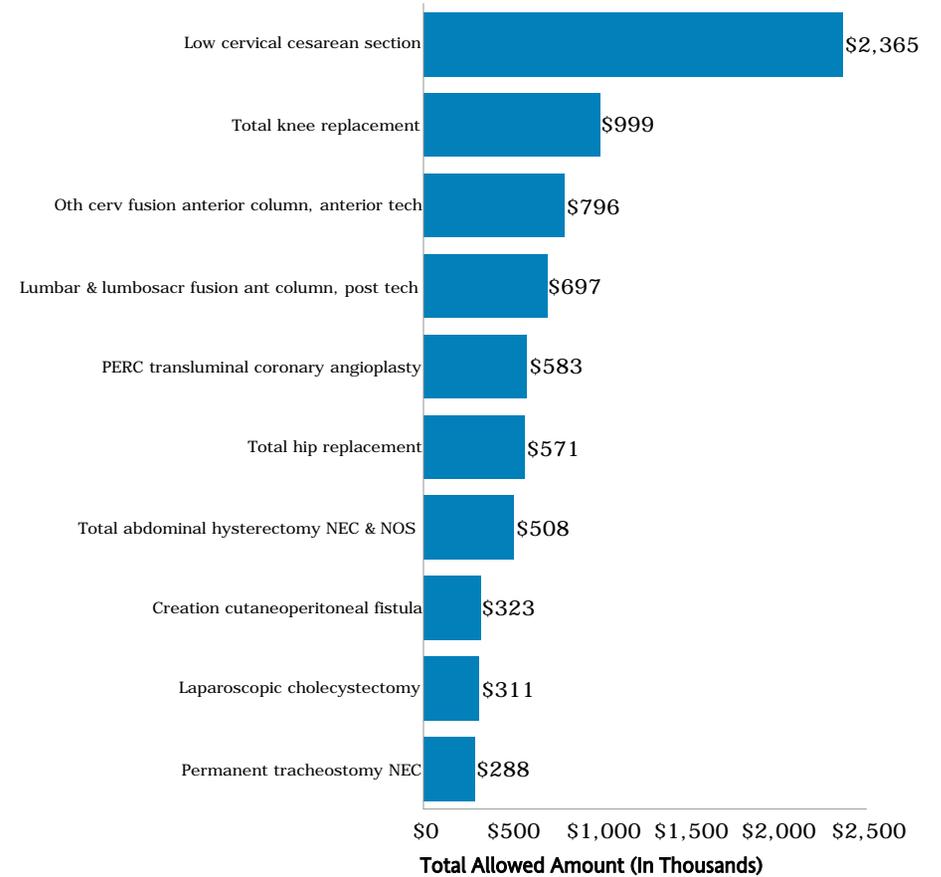
Top 10 Inpatient Surgeries by Volume*



Top 10 Total: 415
 % of Total Admits: 50.2%

*Top 10 based on Admits Acute for the Current Period

Top 10 Inpatient Surgeries by Cost*



Top 10 Total: \$7,440,646
 % of Total Admission Cost: 39.0%

*Top 10 based on Allowed Amount Admit Acute for the Current Period

* This report excludes LTC and Non-Acute Admissions.

Outpatient Medical Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend: Allowed Amount PMPY

Category	Allowed Amt PMPY Med			Patients		
	Previous	Current	% Change	Previous	Current	% Change
Major Procedures	\$429	\$475	10.6%	3,349	3,561	6.3%
Professional Office Visits	\$404	\$402	-0.6%	25,488	25,874	1.5%
Radiology	\$289	\$289	0.0%	12,065	12,595	4.4%
Emergency Room	\$217	\$240	10.7%	5,021	5,088	1.3%
Injections and Medications	\$242	\$210	-13.4%	5,834	5,798	-0.6%
Other Outpatient	\$203	\$203	-0.4%	15,962	16,315	2.2%
Laboratory	\$123	\$119	-3.3%	19,345	19,695	1.8%
Specialty Drugs	\$84	\$82	-2.6%	266	245	-7.9%
PT, OT, Speech Therapy	\$35	\$41	16.0%	1,634	1,831	12.1%
MHSA	\$37	\$40	8.8%	2,227	2,368	6.3%
Supplies and Devices	\$42	\$36	-15.4%	3,426	3,501	2.2%
Dialysis	\$25	\$24	-4.9%	61	26	-57.4%
Durable Medical Equipment	\$21	\$24	13.0%	691	757	9.6%
Total Outpatient Medical	\$2,158	\$2,189	1.4%	26,927	27,329	1.5%

Outpatient Medical Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend for Utilization and Price

Category	Utilization (Svcs Per 1000)			Price (Allowed Amt Per Svc)		
	Previous	Current	% Change	Previous	Current	% Change
Major Procedures	504.7	511.5	1.4%	\$851	\$933	9.6%
Professional Office Visits	4,987.3	4,876.4	-2.2%	\$81	\$82	1.6%
Radiology	2,009.0	1,956.4	-2.6%	\$144	\$153	6.3%
Emergency Room	468.7	447.0	-4.6%	\$463	\$537	16.1%
Injections and Medications	964.3	896.4	-7.0%	\$250	\$231	-7.5%
Other Outpatient	2,315.7	2,221.6	-4.1%	\$88	\$92	3.7%
Laboratory	6,014.4	5,860.9	-2.6%	\$20	\$20	-0.7%
Specialty Drugs	124.2	109.5	-11.8%	\$675	\$746	10.5%
PT, OT, Speech Therapy	706.7	767.8	8.6%	\$50	\$54	6.8%
Supplies and Devices	460.7	542.2	17.7%	\$110	\$73	-33.5%
Dialysis	52.1	57.0	9.4%	\$492	\$424	-13.7%
Durable Medical Equipment	137.2	140.4	2.3%	\$500	\$421	-15.9%
Total Outpatient Medical	19,134.0	18,787.0	-1.8%	\$113	\$117	3.2%

Increases in Allowed Amt PMPY can be caused by an increase in utilization or by an increase in unit price. The table above (and corresponding graph) shows both of these statistics for categories on previous page.

Outpatient Medical Detail: Professional Office Visits

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

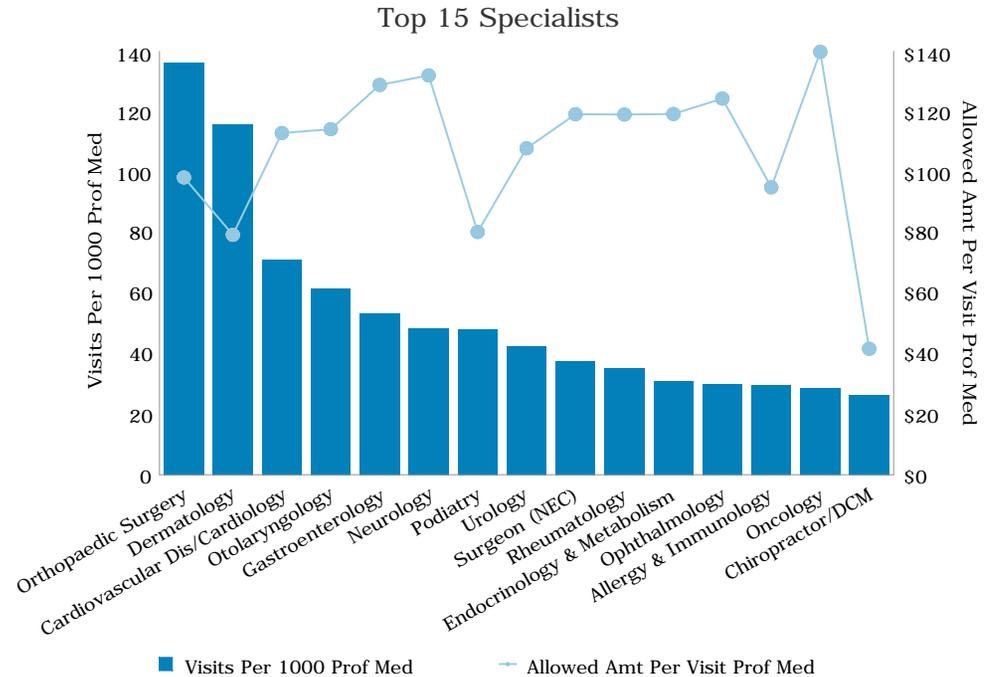
Annual Trend

Category	% Visits			% Allowed Amt			Allowed Amt/Visit			Visits/1000		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Specialist Visits	23.5%	24.5%	1.0%	33.3%	33.4%	0.1%	\$104	\$106	2.3%	1,065	1,042	-2.2%
Non-Specialist Visits	76.5%	75.5%	-1.0%	66.7%	66.6%	-0.1%	\$64	\$69	7.8%	3,466	3,206	-7.5%
Total	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	\$95	\$103	7.9%	1,733	1,603	-7.5%

Non-Specialist includes non-specialist Physicians as well as other professionals such as Nurse Practitioners, Physician Assistants, Optometrists and Psychologists.

Current Year Detail

Top Specialists	Visits/1000	Allowed Amt/Visit
Orthopaedic Surgery	136	\$98
Dermatology	116	\$79
Cardiovascular Dis/Cardiology	71	\$113
Otolaryngology	62	\$114
Gastroenterology	53	\$129
Neurology	48	\$132
Podiatry	48	\$80
Urology	43	\$108
Surgeon (NEC)	38	\$119
Rheumatology	35	\$119
Endocrinology & Metabolism	31	\$119
Ophthalmology	30	\$124
Allergy & Immunology	30	\$95
Oncology	29	\$140
Chiropractor/DCM	27	\$42
Top 15 Total	798	\$105
All Other	243	\$110
Total All Specialists	1,042	\$106



Note : Office visit charges represented in this report reflect only the cost of the office visit itself, and do not include costs associated with any procedures done as part of the office visit, such as injections, spinal manipulations, minor surgical procedures, etc.

Outpatient Medical Detail: Radiology

Previous Period: Oct 2006 - Sep 2007 (Incurred)

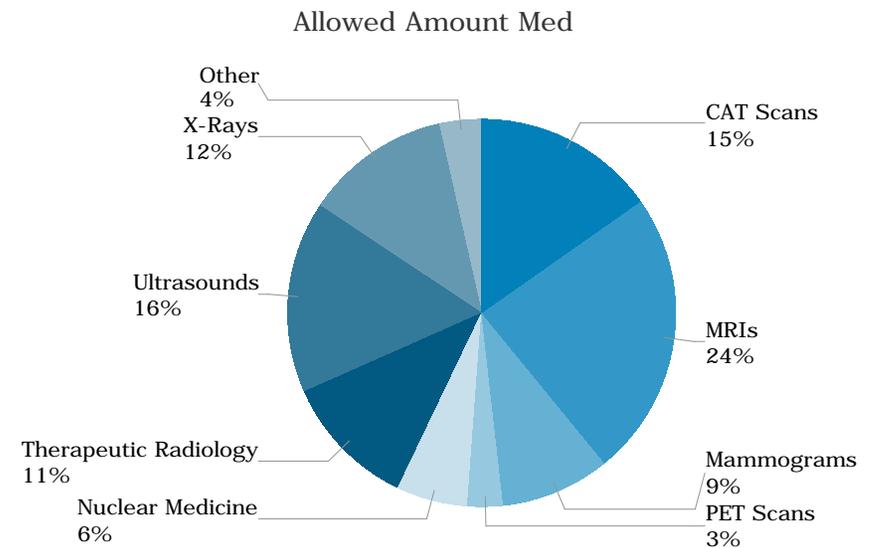
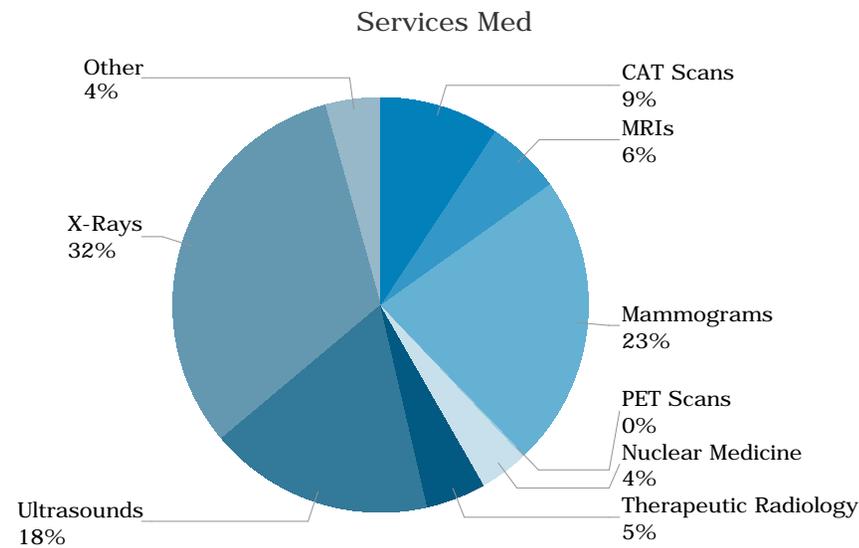
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend

Outpatient Radiology Services	Svcs Per 1000 Med			Allowed Amt Per Svc Med			Allowed Amt PMPY Med			Net Pay PMPY Med		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
CAT Scans	209.6	181.5	-13.4%	\$256	\$243	-5.1%	\$54	\$44	-17.8%	\$46	\$38	-16.8%
MRIs	117.3	114.8	-2.1%	\$566	\$600	6.1%	\$66	\$69	3.8%	\$58	\$61	5.0%
Mammograms	416.4	443.1	6.4%	\$52	\$60	15.2%	\$22	\$26	21.0%	\$21	\$25	18.0%
PET Scans	3.2	3.3	2.8%	\$2,322	\$2,635	13.5%	\$7	\$9	16.6%	\$7	\$8	14.0%
Nuclear Medicine	73.8	73.2	-0.8%	\$235	\$235	-0.3%	\$17	\$17	-1.1%	\$14	\$15	1.8%
Therapeutic Radiology	86.8	91.4	5.3%	\$371	\$357	-3.8%	\$32	\$33	1.2%	\$31	\$30	-2.5%
Ultrasounds	342.8	343.0	0.1%	\$128	\$135	5.0%	\$44	\$46	5.1%	\$38	\$40	6.3%
X-Rays	661.5	621.6	-6.0%	\$54	\$56	4.2%	\$36	\$35	-1.9%	\$26	\$26	-0.9%
Other	97.7	84.6	-13.4%	\$110	\$122	10.4%	\$11	\$10	-4.5%	\$10	\$10	-3.1%
Total	2,009.0	1,956.4	-2.6%	\$144	\$153	6.3%	\$289	\$289	0.0%	\$252	\$253	0.6%

Current Year Detail: Percent of Services vs Allowed Amount



Outpatient Medical Detail: Laboratory

Previous Period: Oct 2006 - Sep 2007 (Incurred)

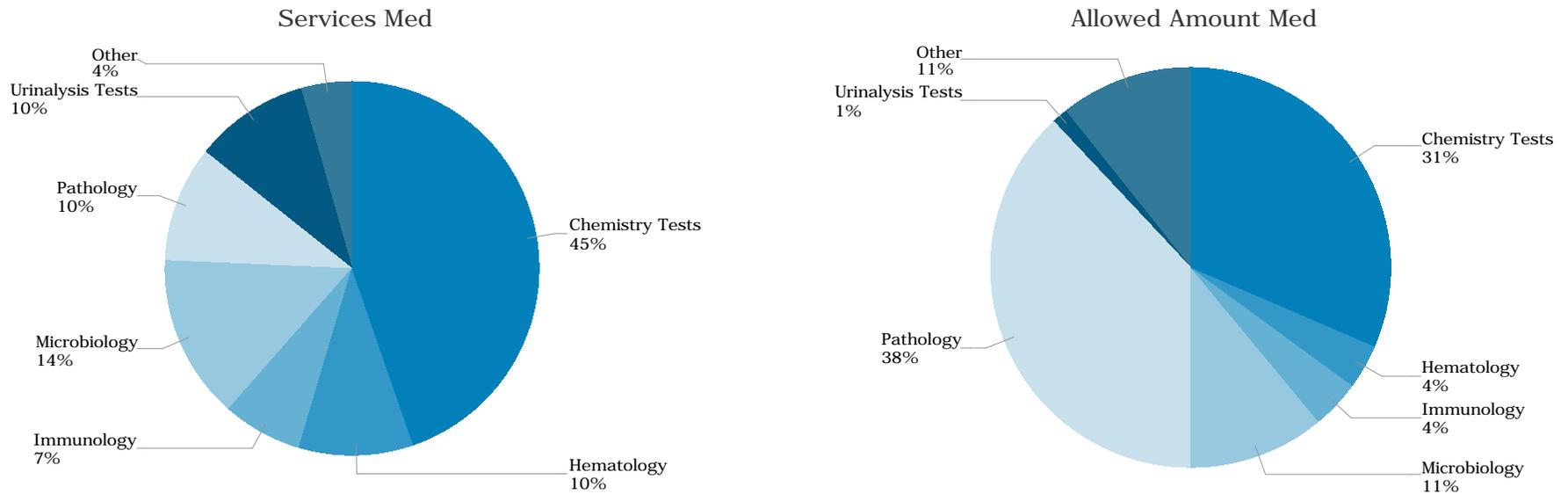
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend

Outpatient Laboratory Services	Svcs Per 1000 Med			Allowed Amt Per Svc Med			Allowed Amt PMPY Med			Net Pay PMPY Med		
	Previous	Current	% Diff	Previous	Current	% Diff	Previous	Current	% Diff	Previous	Current	% Diff
Chemistry Tests	2,671.5	2,618.6	-2.0%	\$13	\$14	7.5%	\$35	\$37	5.7%	\$21	\$24	13.3%
Hematology	611.1	581.1	-4.9%	\$7	\$7	9.7%	\$4	\$4	4.4%	\$3	\$3	13.1%
Immunology	405.5	404.0	-0.4%	\$11	\$12	4.0%	\$5	\$5	3.9%	\$2	\$2	15.3%
Microbiology	800.8	832.8	4.0%	\$17	\$16	-8.5%	\$14	\$13	-5.2%	\$9	\$9	1.3%
Pathology	593.2	585.5	-1.3%	\$76	\$77	1.3%	\$45	\$45	0.3%	\$33	\$35	4.9%
Urinalysis Tests	626.8	579.8	-7.5%	\$3	\$3	-20.0%	\$2	\$2	-25.6%	\$2	\$1	-28.4%
Other	305.5	259.2	-15.2%	\$59	\$49	-16.6%	\$18	\$13	-29.4%	\$13	\$9	-31.3%
Total	6,014.4	5,860.9	-2.6%	\$20	\$20	-0.9%	\$123	\$119	-3.3%	\$83	\$83	0.4%

Current Year Detail: Percent of Services vs Allowed Amount



Prescription Drug Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

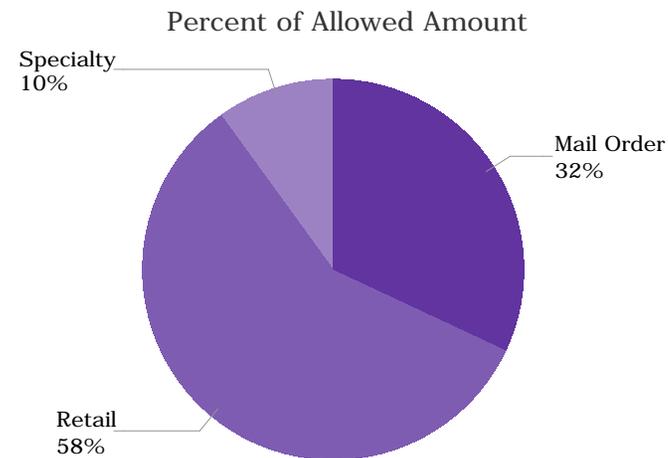
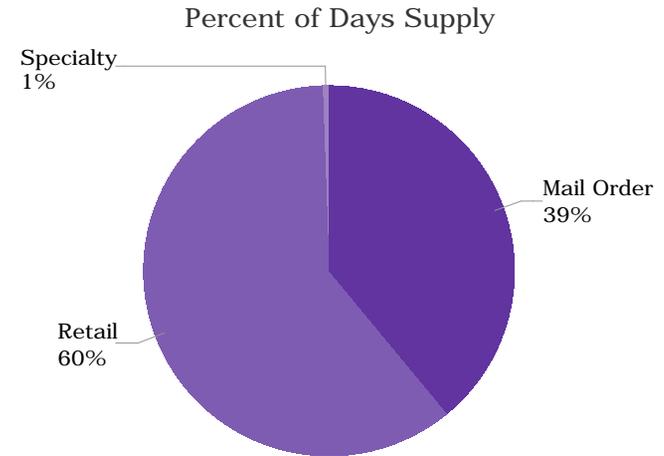
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend

	Previous	Current	% Change
Total			
Allowed Amt PMPY Rx	\$857	\$858	0.1%
Net Pay PMPY Rx	\$619	\$633	2.2%
Out of Pocket PMPY Rx	\$237	\$224	-5.5%
Pats Per 1000 Rx	711.5	690.3	-3.0%
Allowed Amt Per Day Supply Rx	\$2.51	\$2.68	6.4%
Days Supply PMPY Rx	341.0	320.6	-6.0%
Mail Order			
Allowed Amt PMPY Rx	\$279	\$274	-1.9%
Net Pay PMPY Rx	\$209	\$208	-0.5%
Out of Pocket PMPY Rx	\$70	\$66	-6.0%
Pats Per 1000 Rx	156.9	146.6	-6.6%
Allowed Amt Per Day Supply Rx	\$2.05	\$2.19	7.2%
Days Supply PMPY Rx	136.5	125.0	-8.4%
Retail			
Allowed Amt PMPY Rx	\$503	\$498	-1.0%
Net Pay PMPY Rx	\$339	\$343	1.3%
Out of Pocket PMPY Rx	\$163	\$154	-5.5%
Pats Per 1000 Rx	693.8	674.3	-2.8%
Allowed Amt Per Day Supply Rx	\$2.48	\$2.57	3.6%
Days Supply PMPY Rx	202.6	193.8	-4.4%
Specialty			
Allowed Amt PMPY Rx	\$75	\$86	14.5%
Net Pay PMPY Rx	\$71	\$82	14.9%
Out of Pocket PMPY Rx	\$4	\$4	6.7%
Pats Per 1000 Rx	9.8	9.4	-4.7%
Allowed Amt Per Day Supply Rx	\$40.92	\$46.48	13.6%
Days Supply PMPY Rx	1.8	1.8	0.8%

Current Year Detail



Note : Specialty includes Rx from drug coverage only and excludes specialty from medical plan.

Prescription Drug Detail: Non-Specialty Drugs

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

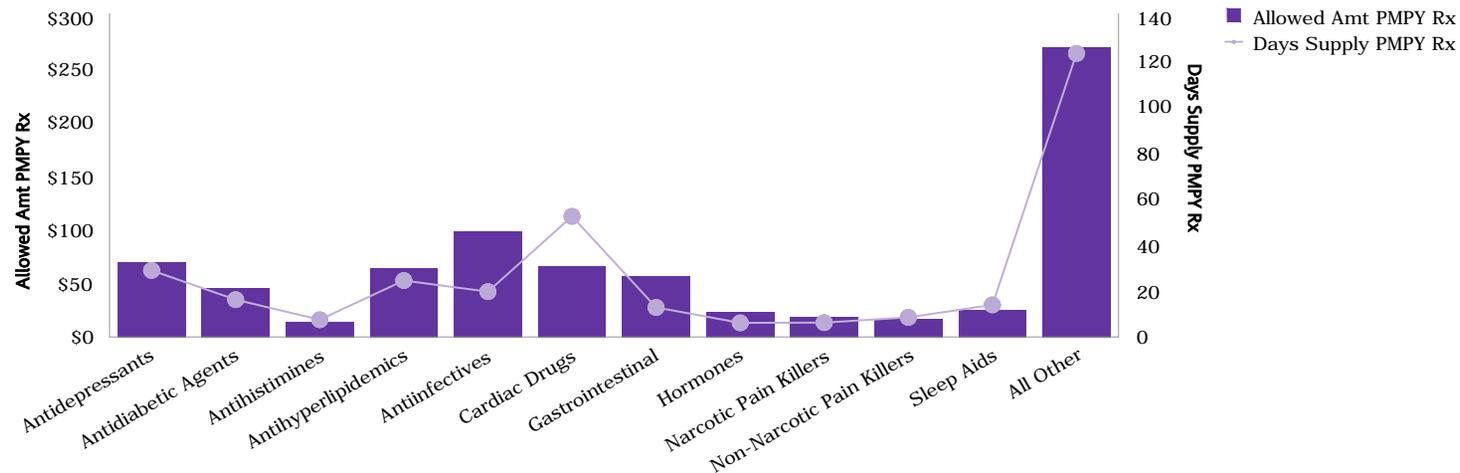
Paid Through: Dec 2008

Annual Trend

	Allowed Amt PMPY			Net Pay PMPY			Allowed Amount Per Days Supply			Days Supply PMPY Rx			Generic Efficiency*		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Antidepressants	\$74	\$70	-5.8%	\$57	\$54	-5.8%	\$2.35	\$2.43	3.5%	32	29	-8.9%	96.3%	91.2%	-5.3%
Antidiabetic Agents	\$41	\$46	10.5%	\$29	\$33	12.2%	\$2.51	\$2.83	12.7%	16	16	-2.0%	98.9%	98.8%	-0.1%
Antihistimines	\$23	\$15	-34.9%	\$16	\$11	-34.1%	\$1.96	\$1.99	1.2%	12	7	-35.7%	99.1%	98.7%	-0.4%
Antihyperlipidemics	\$69	\$65	-5.7%	\$50	\$47	-6.8%	\$2.68	\$2.65	-1.3%	26	24	-4.4%	89.5%	92.0%	2.8%
Antiinfectives	\$99	\$99	-1.0%	\$72	\$74	1.8%	\$4.83	\$5.03	4.0%	21	20	-4.8%	96.6%	95.0%	-1.6%
Cardiac Drugs	\$70	\$66	-6.3%	\$43	\$42	-2.3%	\$1.29	\$1.26	-2.2%	55	52	-4.2%	97.5%	98.2%	0.8%
Gastrointestinal	\$55	\$57	3.4%	\$42	\$45	7.8%	\$4.42	\$4.48	1.3%	13	13	2.1%	92.3%	93.7%	1.5%
Hormones	\$24	\$24	1.0%	\$16	\$17	2.0%	\$3.69	\$3.94	6.9%	6	6	-5.5%	99.2%	99.6%	0.4%
Narcotic Pain Killers	\$22	\$19	-9.5%	\$15	\$13	-10.8%	\$3.42	\$3.15	-8.1%	6	6	-1.6%	99.2%	99.3%	0.1%
Non-Narcotic Pain Killers	\$17	\$17	0.4%	\$12	\$12	0.5%	\$1.92	\$2.01	4.6%	9	8	-4.0%	99.7%	99.7%	0.0%
Sleep Aids	\$29	\$25	-13.1%	\$20	\$18	-13.0%	\$2.06	\$1.83	-11.1%	14	14	-2.2%	98.7%	98.4%	-0.3%
All Other	\$259	\$270	4.1%	\$175	\$187	6.9%	\$1.98	\$2.20	10.8%	131	123	-6.0%	84.4%	82.1%	-2.7%
Total	\$782	\$772	-1.3%	\$548	\$551	0.6%	\$2.31	\$2.42	5.0%	339	319	-6.0%	93.3%	92.5%	-0.9%

* Generic Efficiency represents the number of prescriptions filled with a generic drug as a percentage of those with the potential to be filled generically.

Current Year Detail



Specialty Drug Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

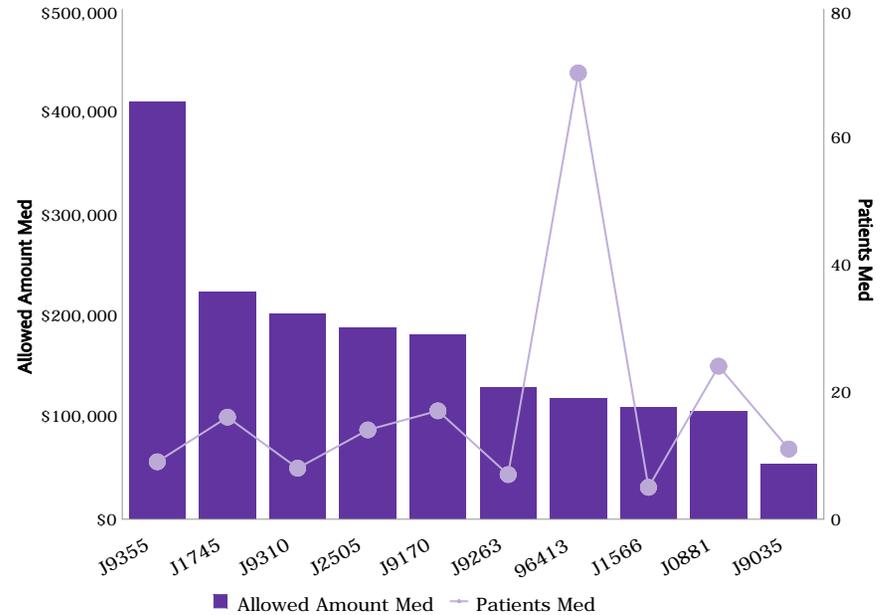
Annual Trend

	Allowed Amount Med and Rx			Patients Med or Rx			Allowed Amount Per Pat		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Medical Specialty	\$2,194,930	\$2,328,979	6.1%	266	245	-7.9%	\$8,252	\$9,506	15.2%
Pharmacy Specialty	\$1,962,683	\$2,445,995	24.6%	334	335	0.3%	\$5,876	\$7,301	24.3%

Note: Some specialty drugs are dispensed by a medical professional and covered under medical benefits, while others are dispensed by a pharmacy covered under drug benefits.

Specialty Drugs through Medical Plan

Top 10 Specialty Drugs (by cost)	Allowed Amount Med	Patients Med	Allowed Amt Per Pat
J9355 Injection trastuzumab, 10 mg	\$409,687	9	\$45,521
J1745 Injection infliximab, 10 mg	\$223,792	16	\$13,987
J9310 Injection rituximab, 100 mg	\$202,079	8	\$25,260
J2505 Injection pegfilgrastim 6mg	\$188,717	14	\$13,480
J9170 Injection docetaxel, 20 mg	\$181,294	17	\$10,664
J9263 Injection oxaliplatin, 0.5 mg	\$130,307	7	\$18,615
96413 CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	\$119,116	70	\$1,702
J1566 IVIG lyophilized NOS, 500 mg	\$110,663	5	\$22,133
J0881 Darbepoetin alfa injection, 1 mcg, non-ESRD use	\$106,405	24	\$4,434
J9035 Injection bevacizumab, 10 mg	\$54,930	11	\$4,994
Top 10 Total	\$1,726,992	95	\$18,179
Percent of Overall Total	74.2%	38.8%	



Specialty Drug Detail

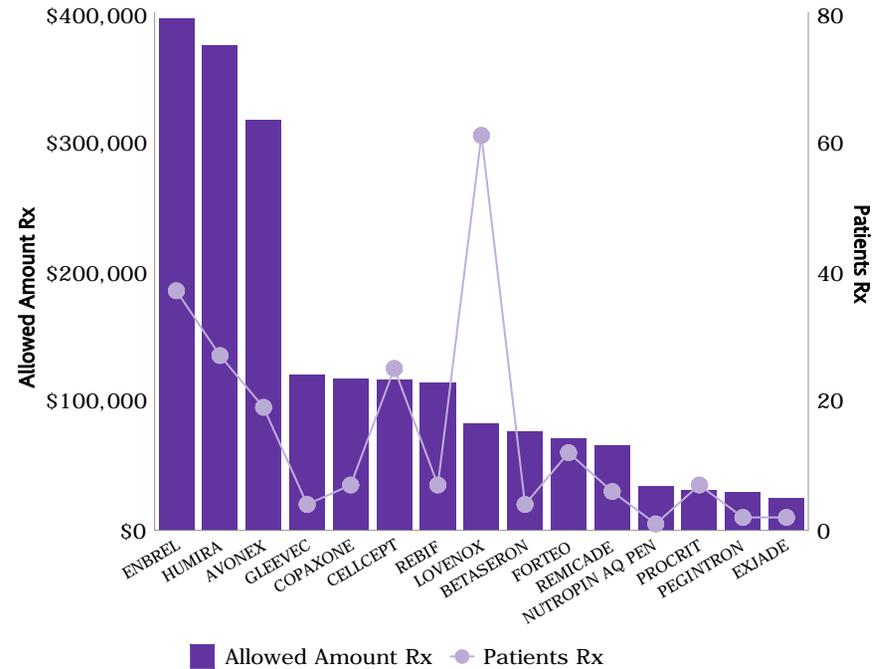
Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Top 15 Specialty Drugs through Pharmacy Plan

	Allowed Amount Rx	Patients Rx	Allowed Amt Per Pat Rx
ENBREL	\$395,885	37	\$10,700
HUMIRA	\$375,066	27	\$13,891
AVONEX	\$317,696	19	\$16,721
GLEEVEC	\$120,635	4	\$30,159
COPAXONE	\$117,486	7	\$16,784
CELLCEPT	\$116,511	25	\$4,660
REBIF	\$114,527	7	\$16,361
LOVENOX	\$82,805	61	\$1,357
BETASERON	\$77,274	4	\$19,319
FORTEO	\$71,625	12	\$5,969
REMICADE	\$65,870	6	\$10,978
NUTROPIN AQ PEN	\$34,930	1	\$34,930
PROCRIT	\$31,711	7	\$4,530
PEGINTRON	\$30,169	2	\$15,084
EXJADE	\$25,748	2	\$12,874
Total	\$1,977,940	212	\$9,330



Mental Health and Substance Abuse Detail

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend

	Mental Health			Substance Abuse		
	Previous	Current	% Change	Previous	Current	% Change
Overall						
Pats Per 1000 IP	3.3	3.1	-4.1%	0.7	0.9	30.6%
Pats Per 1000 OP	65.5	66.2	1.0%	2.0	2.3	16.0%
Inpatient						
Allowed Amt PMPY Adm Acute	\$19	\$22	14.1%	\$2	\$6	130.8%
Net Pay PMPY Adm Acute	\$17	\$18	10.3%	\$2	\$4	108.7%
Allowed Amt Per Adm Acute	\$5,695	\$6,048	6.2%	\$3,515	\$4,417	25.7%
Days LOS Admit Acute	5.5	6.5	18.2%	4.8	6.7	40.7%
Admits Per 1000 Acute	3.4	3.6	7.5%	0.7	1.3	83.7%
Outpatient						
Allowed Amt PMPY OP Med	\$37	\$40	9.8%	\$4	\$5	10.4%
Net Pay PMPY OP Med	\$23	\$25	10.0%	\$4	\$4	-6.0%
Allowed Amt Per Svc OP Med	\$99	\$105	6.4%	\$356	\$290	-18.3%
Svcs Per 1000 OP Med	369.6	381.5	3.2%	12.4	16.8	35.0%

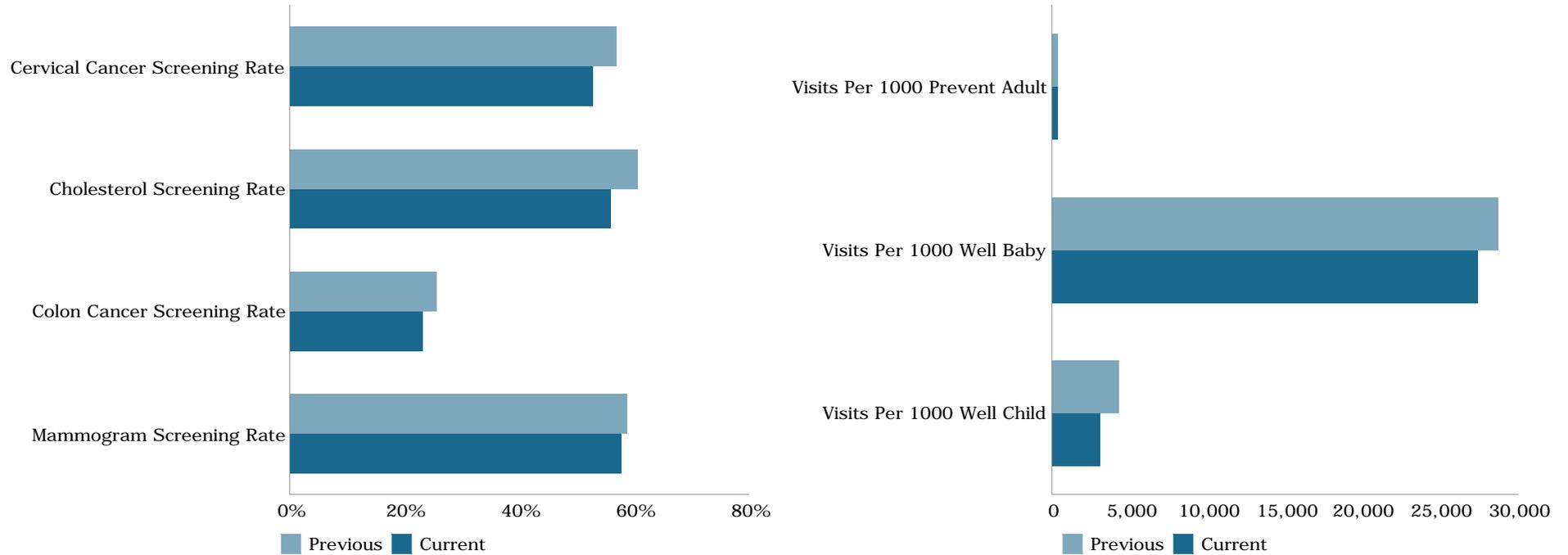
Clinical Overview

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend: Preventive Care Measures



	Previous	Current	% Change
Cervical Cancer Screening Rate	56.9%	52.8%	-7.3%
Cholesterol Screening Rate	60.6%	55.9%	-7.9%
Colon Cancer Screening Rate	25.5%	23.1%	-9.5%
Mammogram Screening Rate	58.8%	57.8%	-1.7%
Visits Per 1000 Prevent Adult	378.4	338.8	-10.5%
Visits Per 1000 Well Baby	28,721.3	27,387.0	-4.6%
Visits Per 1000 Well Child	4,277.2	3,091.2	-27.7%

Screening rates represent an annual rate, not an overall compliance rate based on clinical guidelines (which can span multiple years).

Clinical Overview

Previous Period: Oct 2006 - Sep 2007 (Incurred)

Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Annual Trend: Conditions of Interest, Medical and MHSA

	Allowed Amt PMPY Med			Pats Per 1000 Med			Allowed Amt Per Pat Med		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Asthma	\$35.56	\$24.00	-32.5%	32.9	31.0	-5.8%	\$831.66	\$612.08	-26.40%
Cancer - Breast	\$68.24	\$69.37	1.7%	5.1	5.0	-3.4%	\$10,204.30	\$11,004.16	7.84%
Cancer - Colon	\$15.61	\$23.40	49.9%	1.3	1.3	-2.8%	\$9,280.66	\$14,659.41	57.96%
Cancer - Lung	\$12.17	\$4.38	-64.0%	0.6	0.4	-20.0%	\$16,762.31	\$7,778.98	-53.59%
Cancer - Skin	\$10.36	\$8.20	-20.9%	8.9	9.1	2.3%	\$900.62	\$714.10	-20.71%
Cerebrovascular Disease	\$47.72	\$42.06	-11.9%	7.0	6.4	-9.0%	\$5,225.99	\$5,210.02	-0.31%
Chronic Obstruc Pulm Dis(COPD)	\$6.70	\$4.62	-31.0%	5.5	4.8	-13.1%	\$932.00	\$760.78	-18.37%
Congestive Heart Failure	\$11.78	\$15.10	28.2%	2.7	2.7	-2.9%	\$3,315.52	\$4,500.35	35.74%
Coronary Artery Disease	\$78.48	\$70.44	-10.3%	14.0	12.0	-14.6%	\$4,306.22	\$4,629.26	7.50%
Diabetes	\$29.07	\$31.80	9.4%	45.4	45.2	-0.4%	\$492.64	\$554.34	12.53%
Hypertension, Essential	\$37.55	\$36.32	-3.3%	91.9	87.4	-4.9%	\$314.21	\$327.29	4.16%
Mental Hlth - Depression	\$27.07	\$24.84	-8.3%	31.8	30.6	-3.9%	\$654.78	\$640.69	-2.15%
Osteoarthritis	\$116.20	\$110.68	-4.8%	32.2	32.9	2.0%	\$2,777.27	\$2,663.47	-4.10%
Renal Function Failure	\$55.67	\$50.41	-9.4%	3.3	4.0	20.5%	\$13,009.18	\$10,050.92	-22.74%
Spinal/Back Disord, Low Back	\$96.78	\$110.55	14.2%	50.9	52.2	2.5%	\$1,463.95	\$1,670.79	14.13%
Pneumonia	\$32.92	\$25.66	-22.0%	10.5	11.1	5.7%	\$2,420.32	\$1,836.83	-24.11%
Pregnancy	\$145.07	\$149.64	3.1%	15.7	14.3	-9.1%	\$7,109.66	\$8,262.64	16.22%

This table include a pre-defined list of conditions of interest. It is not an exhaustive list of all conditions present in the data.

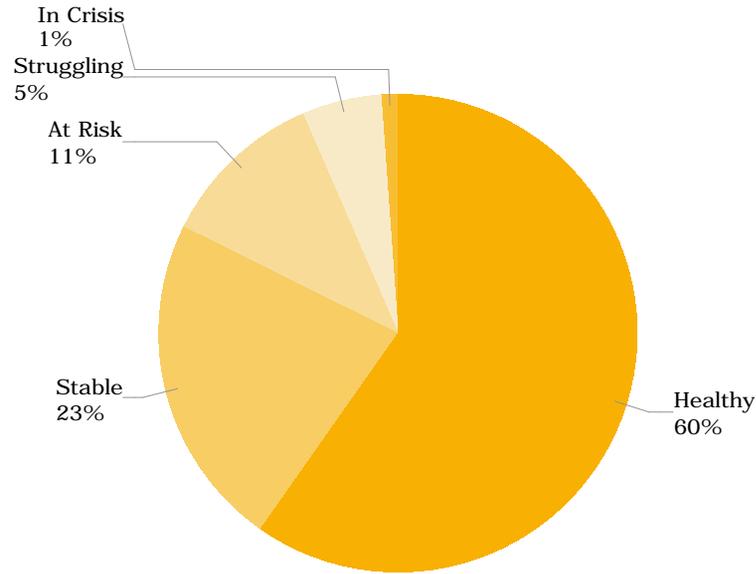
Risk Profile

Previous Period: Oct 2006 - Sep 2007 (Incurred)

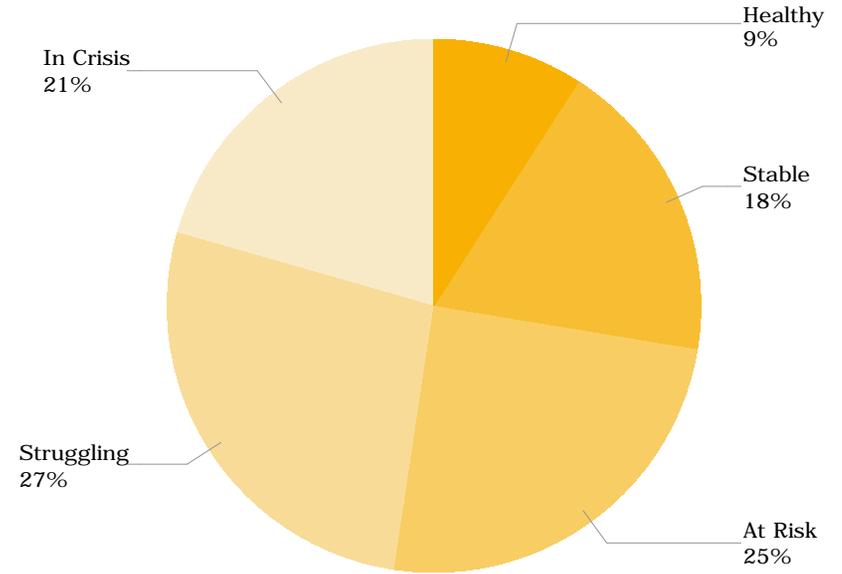
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Percent of Members by Risk Category



Percent of Allowed Amount by Risk Category



Note: The results shown in this exhibit reflect the current DCG time period, which does not necessarily correspond to the Current Period defined at the top of the page. Please contact your account team for more information.

	Members	Avg Med	Allowed Amount Med and Rx	Allowed Amt PMPY Med and Rx
Healthy	21,389		\$10,525,141	\$651
Stable	8,085		\$21,326,478	\$3,076
At Risk	3,989		\$28,582,080	\$8,260
Struggling	1,925		\$31,208,718	\$19,250
In Crisis	409		\$23,729,387	\$76,526

Risk Categories are defined based on the Verisk DxCG methodology. Costs without an associated medical eligibility record are not included in this report. Members whose age/gender are unknown are also excluded from this report.

TOC | Overall | Inpatient Medical | Outpatient Medical | Prescription Drug | MHSA | Clinical | Other

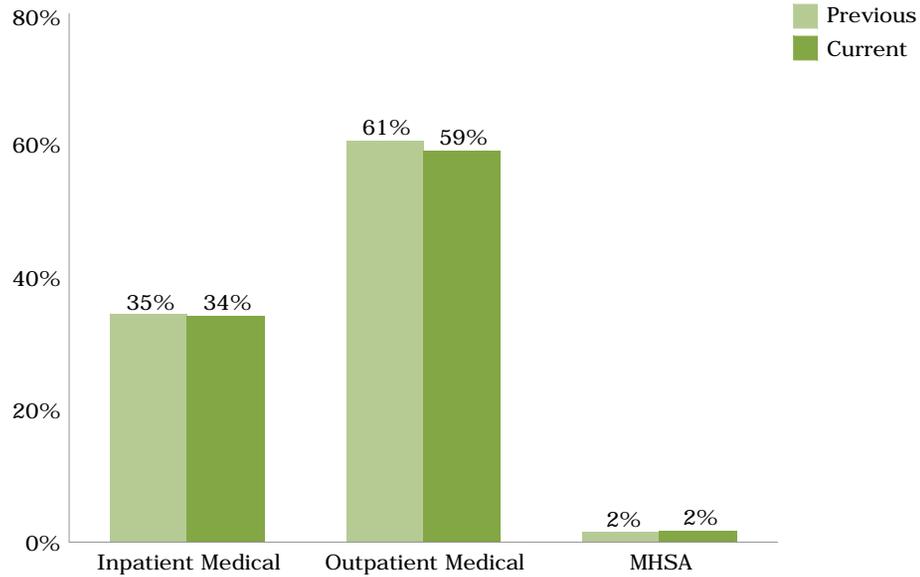
Network Utilization

Previous Period: Oct 2006 - Sep 2007 (Incurred)

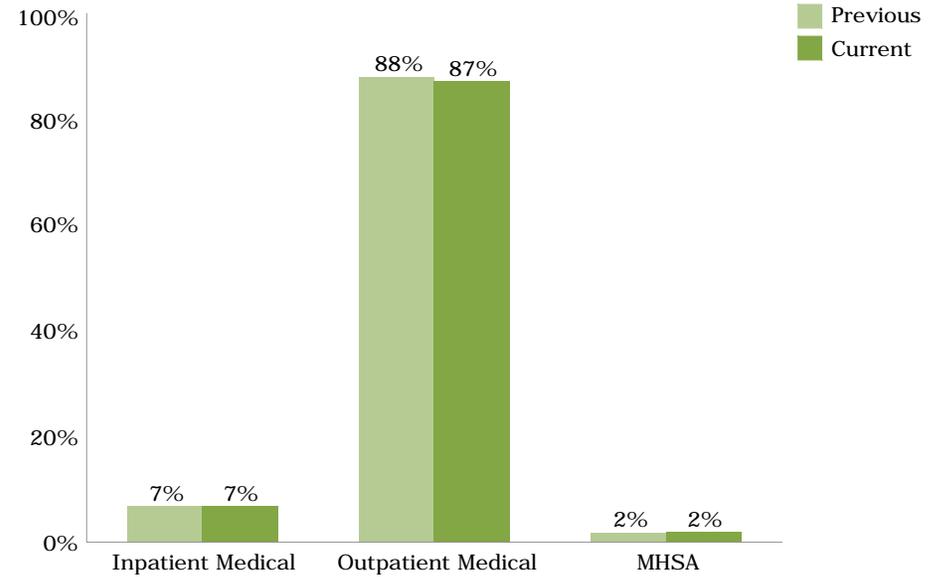
Current Period: Oct 2007 - Sep 2008 (Incurred)

Paid Through: Dec 2008

Percent Allowed Amount In Network



Percent Claims In Network



Annual Trend

	Allowed Amount			Claims		
	Previous	Current	Difference	Previous	Current	Difference
Inpatient Medical	35%	34%	0%	7%	7%	0%
Outpatient Medical	61%	59%	-2%	88%	87%	-1%
MHSA	2%	2%	0%	2%	2%	0%
Total	97%	95%	-1%	97%	96%	0%

Note: MHSA is not included in IP and OP

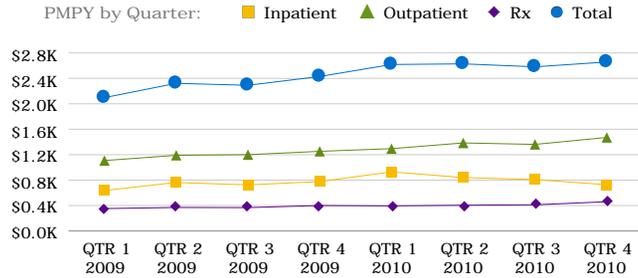
Standard Dashboard

Previous Period: Jan 2009 - Dec 2009 (Incurred)

Current Period: Jan 2010 - Dec 2010 (Incurred)

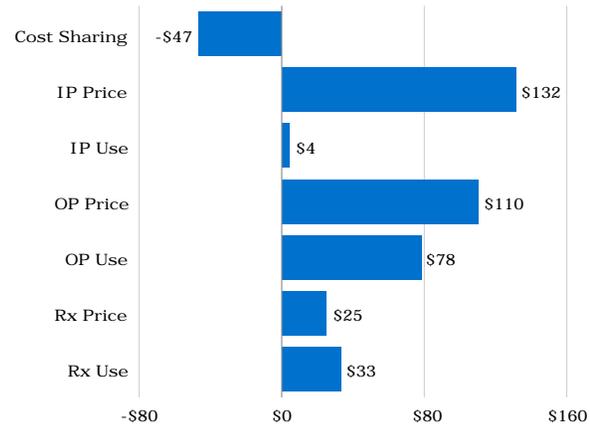
Paid Through: Jun 2011

1. Net Pay Trend



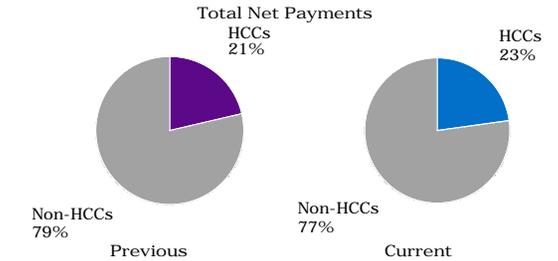
By Rolling Year:	Previous	Current	Trend
Net Pay Med and Rx	\$161,001,794	\$183,655,788	14%
Net Pay PMPY	\$2,286	\$2,621	15%
<i>Inpatient</i>	\$726	\$827	14%
<i>Outpatient</i>	\$1,188	\$1,377	16%
<i>Prescription Drug</i>	\$372	\$417	12%
Benchmark PMPY	\$3,833	\$3,966	3%

2. Drivers of Net Pay PMPY Trend



"Positive" bars increase the trend and "Negative" bars decrease the trend

3. High Cost Claimants*



*Members with >= \$50,000 in Medical and Rx Net Payments

	Previous	Current	Trend
Patients	349	376	8%
Patients per 1,000	4.5	4.9	10%
Payments (in millions)	\$34.4	\$41.9	22%
Payment per Patient	\$98,452	\$111,396	13%
Net Pay PMPY incl. HCCs	\$2,286	\$2,621	15%
Net Pay PMPY excl. HCCs	\$1,798	\$2,023	13%

4. Medical Plan Eligibility

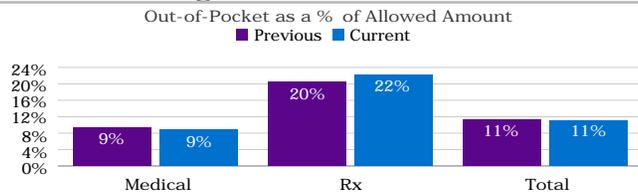
	Previous	Current	Trend
Average Employees	30,061	29,560	-2%
Average Members	70,438	70,062	-1%
Family Size	2.3	2.4	1%
Member Age	34.1	34.2	0%
Members % Male	50%	50%	0% pts

6. Risk Score

	Previous*	Current**	Trend
Member Risk Score	20	21	8%

Risk score is based on the following time periods: *Previous: January to December 2009, **Current: January to December 2010

7. Cost Sharing



5. Price and Use



	Current	Benchmark	Trend
Inpatient			
Allowed per Admit	\$11,860	\$13,615	● 18%
Admits per 1,000	72.5	58.1	■ 1%
Days LOS	5.1	2.9	■ 1%
Outpatient			
Allowed per Service	\$86	\$101	● 9%
Services PMPY	22.4	28.9	● 10%
Emergency Room Visits per 1,000	190	217	● 15%
Prescription Drug			
Allowed/Days Supply	\$1.82	\$2.81	● 6%
Days Supply PMPY	298	323	● 8%

● Represents a lower than -3% comparison to the benchmark
 ◆ Represents a comparison to the benchmark within +/-3%
 ■ Represents a higher than 3% comparison to the benchmark

Key Findings

Your current net pay PMPY trend is 15%

Your net pay trend would be 13% without HCCs, they accounted for 23% of net payments in the current year

Inpatient Price caused the largest increase in your net pay trend

You compare favorably to the benchmark in the current year for 6 out of 9 metrics measured

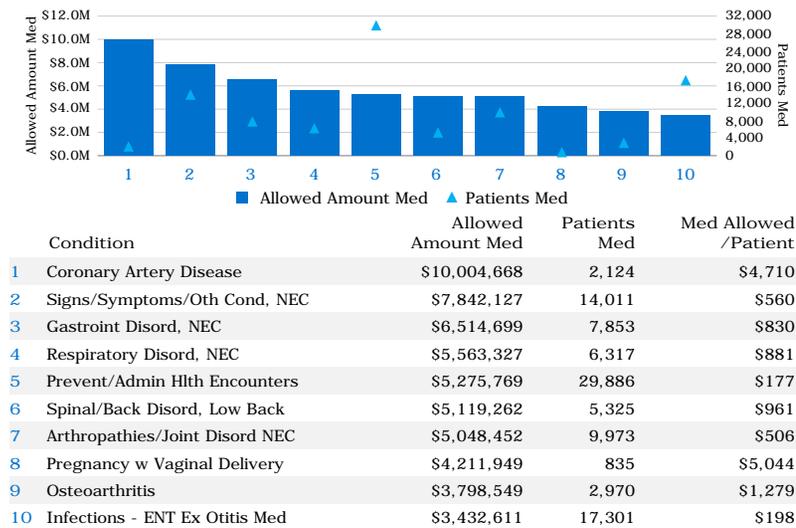
Standard Dashboard

Previous Period: Jan 2009 - Dec 2009 (Incurred)

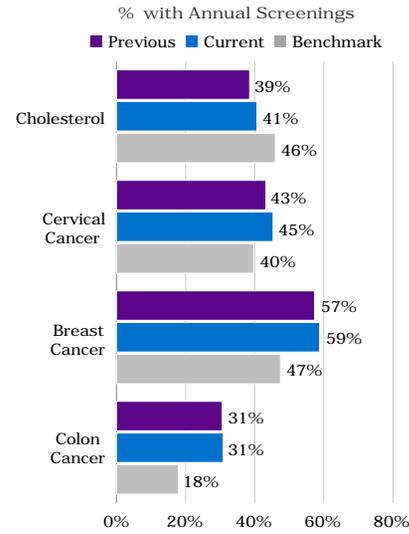
Current Period: Jan 2010 - Dec 2010 (Incurred)

Paid Through: Jun 2011

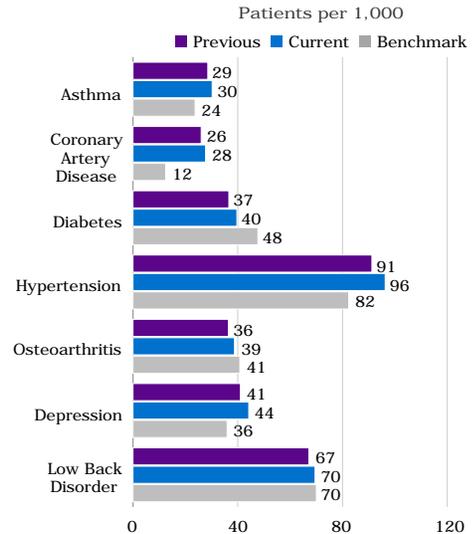
8. Top Medical Conditions (by cost)



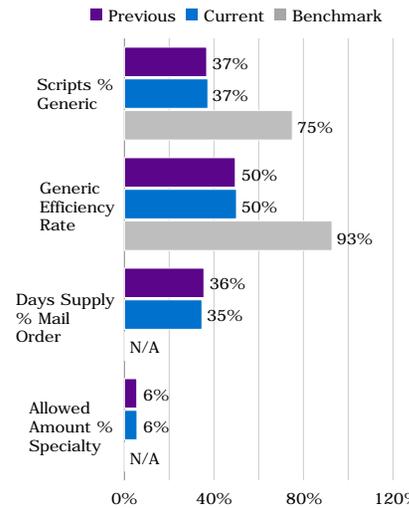
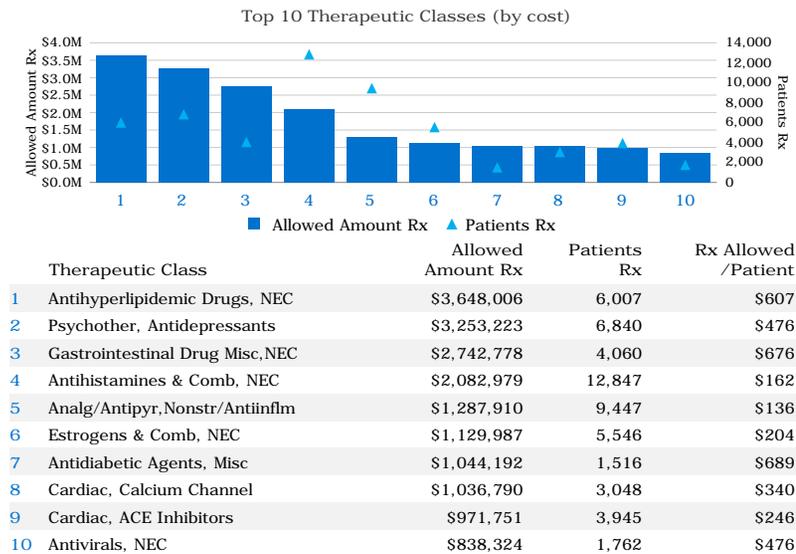
9. Screening Rates



10. Chronic Condition Prevalence



11. Prescription Drug Metrics



Key Findings

Based on cost, the top medical condition in the current year is Coronary Artery Disease and the top therapeutic class is Antihyperlipidemic Drugs, NEC

The most prevalent chronic condition in the current year is Hypertension

59% of eligible members had an annual Breast Cancer screening and 45% had their Cervical Cancer screening

Specialty pharmacy accounted for 6% of the prescription drug spend in the current year

Standard Dashboard

Dashboard Glossary

General

- Claims are completed for claims incurred but not yet recorded (IBNR)
- Benchmark represents 2013 U.S. Total MarketScan norms that are age, gender, geographic, and/or severity adjusted as appropriate
- PMPY stands for Per Member Per Year and is weighted based on the number of months a member was enrolled in medical benefits
- Allowed Amount (Allowed) is the amount of submitted charges eligible for payment for medical and prescription drug claims; it is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts
- Net Payment (Payment) is the net amount paid by the company for medical and prescription drug claims; it represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted
- Inpatient (IP) represents claims for services provided under medical coverage in an acute inpatient setting; acute inpatient settings include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities
- Outpatient (OP) represents claims for medical services provided in any non-inpatient setting
- Prescription Drug (Rx) represents any claim paid under the pharmacy benefit
- Patients represents any member with a claim for the service (e.g., medical or prescription drug) being reported during the time period

1. Net Pay Trend

- Graph displays Net Pay PMPY by Quarter by Place of Service
- Benchmark represents U.S. Total MarketScan norm for Net Pay PMPY adjusted for age/sex/geography

2. Drivers of Net Pay PMPY Trend

The year-over-year difference in Net Pay PMPY attributed to each factor:

- Cost Sharing (member copay, coinsurance, deductible, and third party payments)
- Inpatient Price (allowed amount per admission)
- Inpatient Use (admissions per 1,000)
- Outpatient Price (allowed amount per OP service)
- Outpatient Use (OP services per 1,000)
- Prescription Drug Price (allowed amount per days supply)
- Prescription Drug Use (days supply PMPY)

3. High Cost Claimants

- High Cost Claimants (HCCs) are members with \$50,000 or more in medical and prescription drug net payments incurred during the year
- Non-High Cost Claimants (HCCs) are members with less than \$50,000 in medical and prescription drug net payments incurred during the year

4. Medical Plan Eligibility

- Average Employees represents the number of employees with medical coverage; each employee is counted once for each month of their eligibility, then the total is averaged across the total number of months of eligibility during the time period
- Average Members represents the number of members with medical coverage; each member is counted once for each month of their eligibility, then the total is averaged across the total number of months of eligibility during the time period
- Family Size represents the average number of covered members per subscriber
- Member Age represents the average age of covered members during the year
- Members % Male represents the number of male members as a percent of total members

5. Price and Use

- Current represents your Price or Use rate in the Current year
- Benchmark represents the U.S. Total MarketScan norm for the Price or Use rate
- The Symbol next to the Benchmark represents your Current rate compared to the Norm
- The Trend represents your year-over-year trend for the Price or Use rate

6. Risk Score

The Member Risk Score represents the DCG non-rescaled concurrent score

- The Member Risk Score is produced using the Verisk DCG® model
- This model measures the health risk of a population relative to the national average as of the time the model was developed (i.e., 100)

7. Cost Sharing

The cost sharing percentage represents Out-of-Pocket divided by Allowed Amounts

- Out-of-Pocket represents the amount paid out-of-pocket by the member for facility, professional, and prescription drug services; this generally includes coinsurance, copayment, and deductible amounts

8. Top Medical Conditions (by cost)

- Conditions represent Truven Health Clinical Condition groupings, based on ICD-9 diagnosis codes
- Clinical conditions include medical claims (i.e., prescription drug is not included)

9. Screening Rates

- Cholesterol identifies lipid screening tests for males aged 35+ years and females aged 45+ years; lipid screening tests include lipid panels, serum cholesterol tests, blood lipoprotein tests (e.g., HDL, LDL), and triglyceride tests [source for age and gender criteria: US Preventive Services Task Force]
- Cervical Cancer identifies the percentage of females aged 21 to 64 who received cervical cancer screening services [source for age, gender, procedure, diagnosis, and revenue code criteria: NCQA HEDIS 2014]
- Breast Cancer identifies the percentage of females aged 50 to 74 who received mammography services [source for age, gender, diagnosis, procedure, and revenue code criteria: NCQA HEDIS 2014]
- Colon Cancer identifies the percentage of adults aged 50 to 75 who received colon cancer screening services [source for age, diagnosis and procedure criteria: NCQA HEDIS 2014]

10. Chronic Condition Prevalence

- Conditions represent Truven Health Clinical Condition groupings, based on ICD-9 diagnosis codes
- Chronic conditions identified based on medical claims

11. Prescription Drug Metrics

- Therapeutic Class represents the Redbook Therapeutic Class Intermediary
- Scripts % Generic is the number of prescriptions filled with a generic drug, expressed as a percentage of all prescriptions filled
- Generic Efficiency Rate is the number of prescriptions filled with a generic drug, expressed as a percentage of all prescriptions filled that could have been filled with a generic drug
- Days Supply % Mail Order is the percent of all prescription days supply filled via mail order
- Allowed Amount % Specialty is the percent of total prescription drug allowed amounts that were for medications considered to be specialty drugs (identified using Truven Health Service Categories)



Rate Negotiations Result in \$600 Million in Cost Avoidance

The State of California is second only to the Federal Government as the largest purchaser of health insurance in the United States. With a current bill of \$6 billion, the California Public Employees' Retirement System (CalPERS) coordinates healthcare services for over 1.3 million people, including state employees, their dependents, and approximately 1,100 local government and school district subscribers and dependents.

HIGHLIGHTS

California Public Employees' Retirement System (CalPERS)

Location:
Sacramento, CA

Scope and Services:
CalPERS manages health benefits for nearly 1.3 million members. It offers three health maintenance organization (HMO) plans, three preferred provider organization (PPO) plans, and three special PPOs for members who belong to specific employee associations.

Solutions:
Advantage Suite
Benefit Design Modeler
DataProbe

Every year, the CalPERS rate team sends quote requests, based on estimated future usage, to its health plans and negotiates rates for the following year. In the past, proposed rate increases tended to vary widely, but the team didn't have the computing power to contest the rates they were given. In addition, an aging workforce and high dependent population had an impact on the team's ability to negotiate affordable rates.

Course of Action

In 2003, CalPERS partnered with Truven Health AnalyticsSM to develop a healthcare decision support system. Prior to this, analysts could only manipulate underwriting and actuarial data in the form of flat file Excel spreadsheets and Access databases that required time-consuming, manual data manipulation and scrubbing to detect errors.

Using the data in Truven Health Advantage Suite[®], CalPERS was able to access and analyze its own healthcare data — including medical and prescription claims, lab results, encounters, eligibility, and performance measures — independent of what the health plans were providing. According to Dr. Kathleen Donneson, who supervises the program, "Once we were armed with data, the playing field leveled, and we were able to have real negotiations with our health plans. In those first years, it gave us great insight into how we were spending our money."

“When you have a \$6 billion program and you can squeeze out even a quarter of a percent in a health plan rate negotiation, that’s a lot of money. Truven Health data gave us a big hand at the table.”

**Dr. Kathleen Donneson, CPHIT,
CPEHR Assistant Chief Office of
Health Policy & Program Support**
California Public Employees’
Retirement System

The data-driven reporting was also key in pinpointing health program cost drivers, validating member costs, and building performance-based administrative and clinical measures for compliance. As a result of the data warehouse, CalPERS could measure health plan performance and build targets for quality and costs right into the health plan contracts.

Results

The new system went live in 2004 and the staff started using the data immediately for 2005 health plan contract negotiations. In the first year, CalPERS avoided \$37 million in health plan rate increases. Each year since then, the team has tracked how much has been saved in using the healthcare decision support system. “We calculate the costs that were avoided were \$19 million in 2006, \$25 million in 2007, and \$32 million in 2008,” says Dr. Donneson. “Our 2010 health plan premium increases have been the lowest in 14 years and we saved \$600 million dollars from what we received in our initial health plan quotes to what was achieved for the final rates.”

Beyond the financial savings, CalPERS believes that members receive a better standard of care as a result of its efforts. Because quality measurement capabilities are built into the decision support system, they can measure the quality provided to members and determine the value received for each dollar spent.

FOR MORE INFORMATION

Email employer@truvenhealth.com,
call **1.866.263.1958**,
or visit truvenhealth.com.



ABOUT TRUVEN HEALTH ANALYTICS

Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics.

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PAYMENT INTEGRITY ANALYSIS

PROVIDER BILLING FOR MULTIPLE NEW PATIENT VISITS IN 3 YEAR PERIOD

FEBRUARY 2014



BACKGROUND, FRAUD, WASTE, AND ABUSE COST

- The key is making the **correct payment** for the **correct member** for the **correct service** to the **correct provider**
 - Correct Payment – Valid amount according to benefit plan
 - Correct Member – Meets all enrollment criteria, no identity theft or card sharing
 - Correct Service – Allowed by plan design, medically necessary
 - Correct Provider – Not dead, not sanctioned, not in jail

Payment integrity issues are not isolated to Medicare and Medicaid

PROVIDERS BILLING FOR MULTIPLE NEW PATIENT VISITS IN A 3 YEAR PERIOD

- AMA Guidelines – Providers can only bill “New Patient Office Visit ” once every three years
- MarketScan Data Results
 - Note: Study database contained 27, not 36, months of data. Results understate magnitude.
 - Overall, 1.4% of visits and 1.3% of the cost associated with new patient visits appear to violate payment guidelines
 - While percentage is relatively low it is based upon a **huge** base, the total cost associated with this problem is over \$15 million
- MCHCP Results
 - Both plan groups compare unfavorably to the above norm
 - UMR ha the highest cost, at \$76,866, associated with the incorrect “New Patient Office Visit” billing

Plan Group		New Patient Visits	Members with >1 New Patient Billing	% of Total
Mercy	Patients Med	681	23	3.38%
	Allowed Amount Med	\$95,464	\$10,659	11.17%
	Allow Amt PMPM Med	\$1.15	\$0.13	11.45%
UMR	Patients Med	11,780	179	1.52%
	Allowed Amount Med	\$1,606,267	\$76,866	4.79%
	Allow Amt PMPM Med	\$1.48	\$0.07	4.80%

State of Michigan Office of Retirement Services



Closing \$80 Million Shortfall By Maximizing the Purchasing Power of the Plan and Its Members

About Our Client

State of Michigan Office
of Retirement Services

Headquarters:

Lansing, Michigan

Scope and Services:

The State of Michigan Office of Retirement Services administers retirement programs for Michigan's state employees, public school employees, judges, state police, and National Guard members. This includes more than 530,000 customers, including approximately 278,000 active and 256,000 retired members.

Truven Health Solutions:

Advantage Suite®

It's not easy being a public sector health plan provider, especially in today's environment of pay-as-you-go models, aging population, and an influx of contract employees who don't contribute to the pool. The State of Michigan Office of Retirement Services was acutely aware of all of those issues and the pain points that could result for more than 200,000 Michigan Public School retirees. Add to that the impending changes scheduled to accompany the Affordable Care Act (ACA), and the Michigan Public Schools Employee Retirement Systems (MPERS) was facing a shortage of tens of millions of dollars in just a couple of years. With 2015 right around the corner, MPERS, like many other plans across the country, was faced with what seemed impossible — making money appear out of nowhere.

Course of Action

With a cost-savings goal and short timeframe in mind, the main concern was maintaining the integrity of its plan. To see into the future of these cost-cuts and get an idea of the long-term savings and effects, MPERS looked to Truven Health Analytics.™ The Truven Health Advantage Suite® allowed MPERS to house all of its plan data — billions of dollars in claims information — and then begin to manipulate that data to model potential cost-cutting ideas. In spite of fiscal and demographic limitations in the data, Advantage Suite was able to show how each potential savings measure would affect the plan down the road.

Some things that Advantage Suite allowed MPERS to do:

- Compare current Medicare Advantage to Medicare Supplemental
- Model non-Medicare coverage after traditional Medicare
- Improve use of HMO partner arrangements
- Migrate members to an HMO arrangement
- Modify the dental plan to realize narrow network savings
- Explore a defined contribution arrangement
- Estimate the effects of Medicaid expansion opportunities
- Update cost sharing measures

With every tweak of the data, Advantage Suite allowed MPSERS to see which changes would have the most profound effect on financials while minimizing effects on members. MPSERS had a specific target number that would allow its plan to survive, and with the help of Truven Health and team of consultants, it was able to explore all options and create a plan that improved member health and involved minimal cost increases.

Results

MPSERS has a 2-year rollout plan that will allow it to meet all the needs of its members while being able to comply with ACA requirements. Along the way, it discovered ways to improve its plan and the health of its members by creating programs that encourage preventative care and other cost-saving measures. With great ideas, creative thinking, and a teammate in Truven Health, MPSERS was able to initiate change in the healthcare market in Michigan while realizing some real results internally, including:

- Closing an \$80 million shortfall by maximizing the purchasing power of the plan and its members
- Improving member health by incentivizing for preventative care and use of Patient Centered Medical Homes
- Absorbing taxes and fees associated with the ACA
- Exploring savings that would result from migrating eligible members to Medicaid

Because of its vision and drive in achieving their goal, MPSERS was recognized with a Truven Health Advantage Award in Strategy and Growth for 2014. The Advantage Awards were established in 2005 to recognize Truven Health customers who use our solutions to achieve innovation and success for their organizations.

“I think one of the greatest things that Truven Health Advantage Suite has helped us ensure is the continued success of a high-quality healthcare plan for 250,000 of our members that suits their needs, is affordable, and will continue to be sustainable into the future.”

Sean Douglass

Lead Benefit Systems Administrator, Towers Watson, representing the Michigan Public School Employees Retirement System

FOR MORE INFORMATION

Send us an email at stategov@truvenhealth.com or visit truvenhealth.com/government



ABOUT TRUVEN HEALTH ANALYTICS

At Truven Health Analytics, we are dedicated to delivering the answers our clients need to improve healthcare quality and reduce costs. We are a healthcare analytics company with robust, widely respected data assets and advanced analytic expertise that have served the global healthcare industry for more than 30 years. These combine with our unique perspective from across the entire healthcare industry to give hospitals, clinicians, employers, health plans, government agencies, life sciences researchers, and policymakers the confidence they need to make the right decisions, right now, every time. With our healthcare-specific expertise and tools for managing complex and disparate data, we understand how to implement and integrate tailored analytics that drive improvement.

Truven Health Analytics owns some of the most trusted brands in healthcare, such as Micromedex, ActionOI, 100 Top Hospitals, MarketScan, and Advantage Suite. Truven Health has its principal offices in Ann Arbor, Mich.; Chicago; and Denver. For more information, please visit truvenhealth.com.

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Oregon Educators Benefit Board



Informed Benefits Decisions Lead to \$57 Million in Premiums Saved in 2 Years

About Our Client

Oregon Educators
Benefit Board

Headquarters: Salem, Oregon

Scope and Services:

With a 12-member board appointed by the governor, the Oregon Educators Benefit Board is a plan sponsor that operates like a “mini exchange,” offering multiple medical, dental, and vision plan options, as well as FSA and HSA plans, to current and retired educators and other members supporting Oregon’s education system.

Truven Health Solution:

Informed Enrollment

Leaders at the Oregon Educators Benefit Board (OEBB) understand that choosing a benefits plan is one of the biggest decisions members make for themselves and their families each year. As a plan sponsor offering 19 medical plan options that serve nearly 250 entities and just over 148,000 members, with different plan offerings, contribution amounts, and payment and incentive structures for each entity, OEBB believed there was a great benefit in providing customized information to members to help them make informed choices. OEBB leaders knew it was complex and sometimes difficult for members to select the best plan option given all the plan choices, the need to determine anticipated medical and pharmacy costs, and individual financial preferences or situations. The desired outcome was to help members make better, more informed decisions about their healthcare — while providing affordable, quality plan options.

Custom Solution for Informed Decisions

OEBB partnered with Truven Health Analytics™ to customize our Informed Enrollment tool that provided personalized information to educate members and help them make the best plan choice. Members use the tool to look at their past claims experience, and Informed Enrollment uses that data to predict and calculate what out-of-pocket spending will look like under various plan options based on that experience. The tool also predicts additional costs as a result of any medical history changes, so that even a new condition doesn’t equal a complete unknown.

To aid in final selection, Informed Enrollment lists available plan options from lowest-cost to highest-cost plans based on claims history, anticipated healthcare needs, and covered dependents in the future plan year. In addition, the tool recommends the amount of money to place in a Flexible Spending Account (FSA) or Health Savings Account (HSA) to coincide with each option. Members know what to expect and how much it should cost, making guessing about their healthcare benefits a thing of the past.

“These results suggest substantial scope for the Informed Enrollment tool to improve choices.”

Jason Abaluck
MIT Researcher

Engaged Enrollees Already Saving Millions

To ensure that all members understood what Informed Enrollment could do for them, OEBB implemented a mandatory enrollment period. Members were required to make medical, dental, and vision plan selections and were provided the added ability to look at the options, understand their claims history, and make educated decisions. The Informed Enrollment tool took them through it step by step.

The result was significantly changed behavior. Members selected plans based on recommendations, and after only 2 years, they were substantially more engaged in their healthcare decisions. That increased engagement led to savings for not only the members, but also OEBB.

With the success they have seen with Informed Enrollment, OEBB is continuing to customize the tool and look for even more opportunities to provide high-quality, affordable healthcare and ensure that their members have the information they need to make their best healthcare decisions.



saved in the
first 2 years



\$3 million
per month saved

during 2013 open enrollment
for OEBB

About Informed Enrollment

The Truven Health Informed Enrollment solution is a highly customizable tool that guides consumers to thoughtfully consider new benefit plan options, maximize tax advantages, and avoid overinsurance. Personalized online summaries provide individuals with actual healthcare cost and utilization for the previous year. With this information, they can determine the “best-fit” plan and healthcare savings account contributions for themselves and their dependents based on current or anticipated circumstances.



Get Connected

Send us an email at stategov@truvenhealth.com
or visit truvenhealth.com

TRUVEN
HEALTH ANALYTICS™

ABOUT TRUVEN HEALTH ANALYTICS

Truven Health Analytics delivers the answers that clients need to improve healthcare quality and access while reducing costs. We provide market-leading performance improvement solutions built on data integrity, advanced analytics, and domain expertise. For more than 30 years, our insights and solutions have been providing hospitals and clinicians, employers and health plans, state and federal government agencies, life sciences companies, and policymakers the facts they need to make confident decisions that directly affect the health and well-being of people and organizations in the U.S. and around the world.

Truven Health Analytics owns some of the most trusted brands in healthcare, such as MarketScan, 100 Top Hospitals, Advantage Suite, Micromedex, Simpler, ActionOI, Heartbeat Experts, and JWA. Truven Health has its principal offices in Ann Arbor, Mich.; Chicago; and Denver. For more information, please visit truvenhealth.com.

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CASE STUDIES

Here are examples of how our employer clients have used our tool and our analytics and consulting services. Most Advantage Suite packages include some number of annual analytic/consulting hours.

Impact of Prescription Drug Generic Migration

Business Challenge	<ul style="list-style-type: none"> Our client wanted to identify opportunities for cost savings as part of a corporate-wide health initiative, with a specific focus on the increased use of generic prescription drugs.
Action	<ul style="list-style-type: none"> We developed a cost-savings model that incorporated business-specific assumptions for the migration to generic alternatives for Nexium, statins, and other targeted classes of drugs. <ul style="list-style-type: none"> Assumptions included an 80% migration to generic alternatives for select, appropriate employee populations
Result	<ul style="list-style-type: none"> Results show that the client is exceeding their target, which was set at \$4M, or 10% of baseline spend.
Client Action Steps	<ul style="list-style-type: none"> They designed programs to educate employees about the safety and effectiveness of generic prescription drugs and over-the-counter alternatives. They also implemented an “Ask a Pharmacist” initiative to activate consumers.

Rx Strategic Consulting Results in Tangible Savings and Value

Business Challenge	<ul style="list-style-type: none"> Our client requested a review of their pharmacy benefits to better understand their cost trends and drivers. Annual prescription drug spending had increased by over 4%, to \$37.2M, and pharmacy costs were twice as high as MarketScan® norms.
Action	<ul style="list-style-type: none"> We provided comprehensive consulting, including: <ul style="list-style-type: none"> A complete review of plan design Network modification Mail-order copay alignment Specialty pharmacy assessment Drug utilization We also provided recommendations for clinical rules, including prior authorization, quantity limits, step-care edits, and other clinical program options.
Result	<ul style="list-style-type: none"> We identified more than \$6M in savings (16% of total drug spend). Members were incented to use the most cost-effective and highest-quality distribution channel for prescription drugs.
Client Action Steps	<ul style="list-style-type: none"> They implemented the recommendations associated with the redesign work and continue to witness improvements in utilization. Annual assessment of outcome metrics provided the validation for ongoing ROI.

Viability Analysis of Client On-site Pharmacy

Business Challenge	<ul style="list-style-type: none"> A client was considering the cost benefit versus risk associated with building their own on-campus pharmacy.
Action	<ul style="list-style-type: none"> We applied comprehensive marketplace knowledge and an understanding of pharmacy purchasing and dispensing costs in reviewing the potential on-site pharmacy vendor's projected savings and our client's cost and use trends.
Result	<ul style="list-style-type: none"> The potential vendor's savings projections and our client's budget forecast were adjusted to reflect a more accurate, reasonable outcome.
Client Action Steps	<ul style="list-style-type: none"> Client included contract performance guarantees in the onsite vendor agreement as a result of analysis Client continues to monitor and validate the onsite pharmacy management vendor's price performance annually to ensure the value of this initiative

Quantifying the Financial Return of an On-site Clinic

Business Challenge	<ul style="list-style-type: none"> Our client seeks to improve health and productivity of health plan members by offering local on-site clinics. They aimed to substantiate the value of the on-site clinics by measuring PCP-type encounters.
Action	<ul style="list-style-type: none"> We developed a "capture rate" measurement to summarize the number of PCP-type encounters billed at the local clinics and calculated this as a percentage of all PCP-type encounters billed in a specified metropolitan area.
Result	<ul style="list-style-type: none"> Clinic utilization does not justify the client's investment (\$634,000 in both hard and soft savings vs. \$805,000 in operating costs). Results show a lower-than-desired percentage of eligible encounters incurred by the clinics (32%). Results indicate year-over-year improvement in clinic capture rates. Opportunities to improve clinic utilization and overall return-on-investment have been identified.
Client Action Steps	<ul style="list-style-type: none"> They implemented a communication strategy to highlight the accessibility and low cost of the local on-site clinics. In addition, they are in the process of implementing a cogent communication strategy across all health and productivity issues.

Identifying Savings through Elimination of Wasteful Healthcare Spending

Business Challenge	<ul style="list-style-type: none"> ▪ Our client wanted to demonstrate the value of their integrated database to upper management and show how it could be used to realize cost savings in a timely and relevant manner.
Action	<ul style="list-style-type: none"> ▪ We analyzed the client's experience through a focused review of wasteful and unnecessary spending, based on our widely quoted white paper "Where can \$700 billion in waste be cut annually from the U.S. Healthcare System?" ▪ We analyzed the following categories: <ul style="list-style-type: none"> – Fraud and abuse – Administrative and system inefficiencies – Provider inefficiency errors – Lack of care coordination – Preventable conditions and avoidable care
Result	<ul style="list-style-type: none"> ▪ By reducing waste in just a few categories, the client was able to identify cost savings in the range of 1–2% of net medical spend. ▪ Expanding the analysis to include additional categories would further increase the savings potential.
Client Action Steps	<ul style="list-style-type: none"> ▪ The client shared the results with upper management to demonstrate the value an integrated database has in mitigating costs through identification of actionable areas for intervention. ▪ Next steps being considered are: <ul style="list-style-type: none"> – Looking at consumer activation tools to reduce wasteful spending – Implementing value-based plan designs – Conducting ongoing claims audits

Plan Design Makes Greatest Impact on Improving Utilization

Business Challenge	<ul style="list-style-type: none"> ▪ Our client wanted to identify opportunities for cost savings as part of a corporate-wide health initiative, with a specific focus on reducing utilization of out-of-network (OON) services. – Their original strategy was to use employee communication and education as the primary method for shifting care in-network. – Ongoing Truven Health monitoring showed insufficient change in out-of-network use to meet their goals.
Action	<ul style="list-style-type: none"> ▪ We developed models to quantify the savings opportunity in each medical service category. ▪ We provided a data package for each business unit so healthcare managers could understand the specific drivers of OON use in their population. ▪ We analyzed OON utilization by wage band and illness burden. Findings showed: <ul style="list-style-type: none"> – Higher-paid employees go OON more – Sicker employees incur more OON dollars – No provider access issues existed (i.e., ample in-network specialists of all types are available in each region)
Result	<ul style="list-style-type: none"> ▪ Analysis supported the decision to implement a plan design change that raised the financial barrier to out-of-network care. ▪ Analysis confirmed that the change would not disproportionately hurt sicker or lower-paid employees. ▪ The client avoided the high cost and frustration of a slower, less effective initiative: an extensive communications strategy.
Client Action Steps	<ul style="list-style-type: none"> ▪ They are implementing the plan design change. ▪ Consumer education programs are continuing, with an increased emphasis on the financial benefit to the enrollee of selecting in-network providers.



Controlled Substance Abuse Analysis

September 2014

Potential Fraud & Abuse: DEA Class II - V Drug Utilization

- Drugs that fall into the DEA Class II, III, IV, and V categories have a high potential for abuse and often have substantial street value.
- Some of the drugs within the DEA Class II - V categories include:
 - Oxycodone
 - Codeine
 - Hydrocodone
 - Hydromorphone
 - Morphine
 - Methamphetamine
 - Pentobarbital

Potential Fraud & Abuse: DEA Class II - V Drug Utilization

- 57 members incurred 30 or more prescriptions and visited 4 or more pharmacies for these scripts between May 1, 2013 and April 30, 2014
 - These prescriptions accounted for over \$191,100 in total drug net payments
 - Most members were employees (60%), followed by spouses (33%) and then children (7%)
 - These members had an average of 40 scripts during the year at an average net cost of over \$3,300
 - Members used anywhere between 4 and 13 pharmacies each with an average of 5 pharmacies per member
 - The top conditions for these members were, arthropathies/joint disorders, spinal/back disorders, osteoarthritis, and gastrointestinal disorders
 - 1 family had multiple members on this list

Potential Fraud & Abuse: DEA CLASS II - V Drug Utilization

- Although utilization of these drugs may be legitimate, the pharmacy administrator should monitor these members to ensure the drugs are being used appropriately. In particular,
 - Patients that use multiple pharmacies should be monitored to ensure appropriate use of these drugs within a short period of time, and to prevent adverse drug interactions
 - Families with multiple members using significant DEA Class II and up drugs should be evaluated regarding their underlying clinical conditions



More than Data. **Answers.**

