



# Plan InSIGHT

## Sample Plan Analytics & Reporting

Reporting Period: Paid December 2017 to November 2018 Comparison

Period: Paid December 2016 to November 2017

ABC Corporation

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# Financial Dashboard

Population: ABC corporation



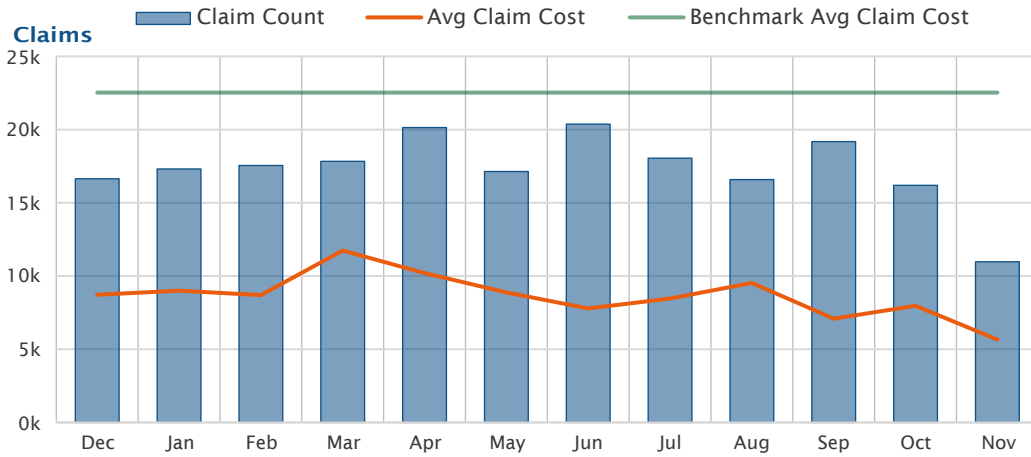
Medical Claims	
\$25,441,547	
PEPM	\$482

Pharmacy Claims	
\$6,039,998	
PEPM	\$114

Specialty Drugs	
\$2,218,630	
% of Total Rx	37%

Admissions	
\$7,484,905	
Benchmark	\$11,481,858

## Claims



## Cost

% Claimants to Members	
93%	
Benchmark	79%

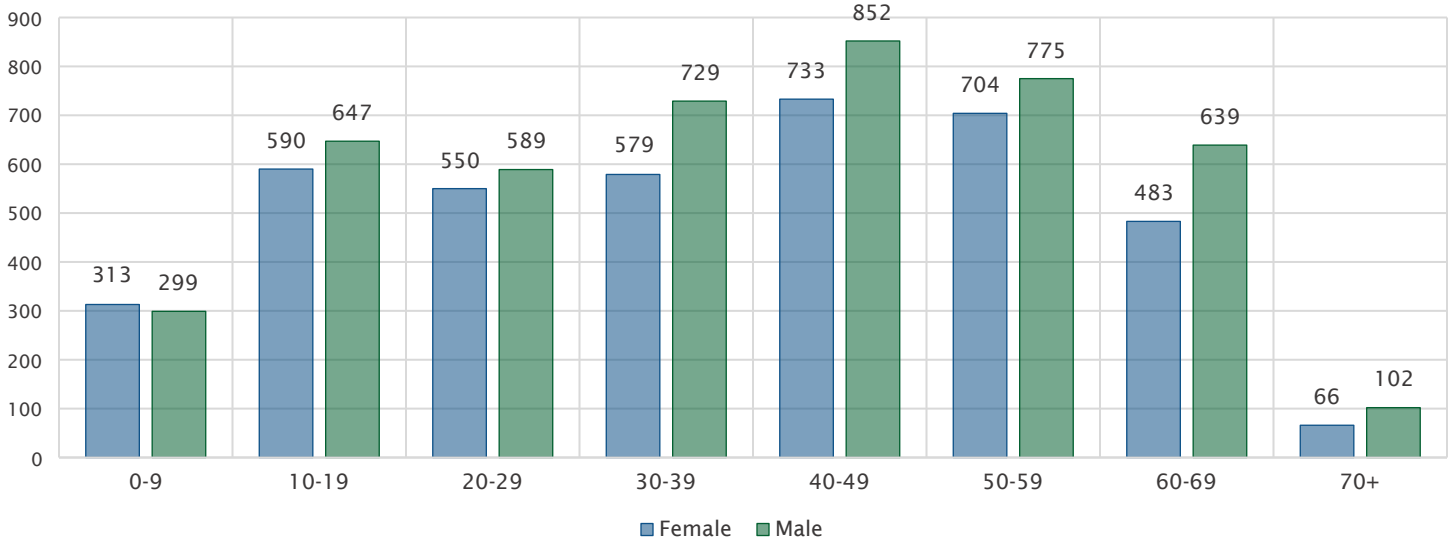
  

Avg Claim Cost	
\$122	
Benchmark	\$315

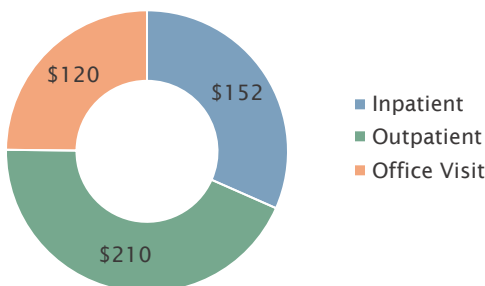
  

Avg Cost Per Claimant	
\$3,152	
Benchmark	\$3,378

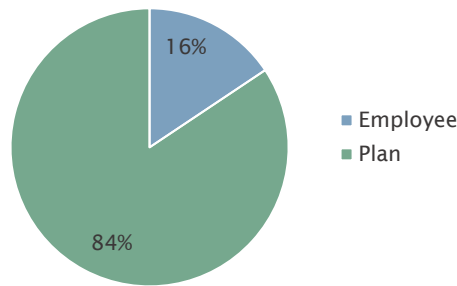
## Membership Distribution



## PEPM by Place of Service



## Employee vs Plan Paid



	Amount Paid
Employee	\$5,831,437
Plan	\$31,481,546
Total	\$37,312,983

## Health Plan Snapshot

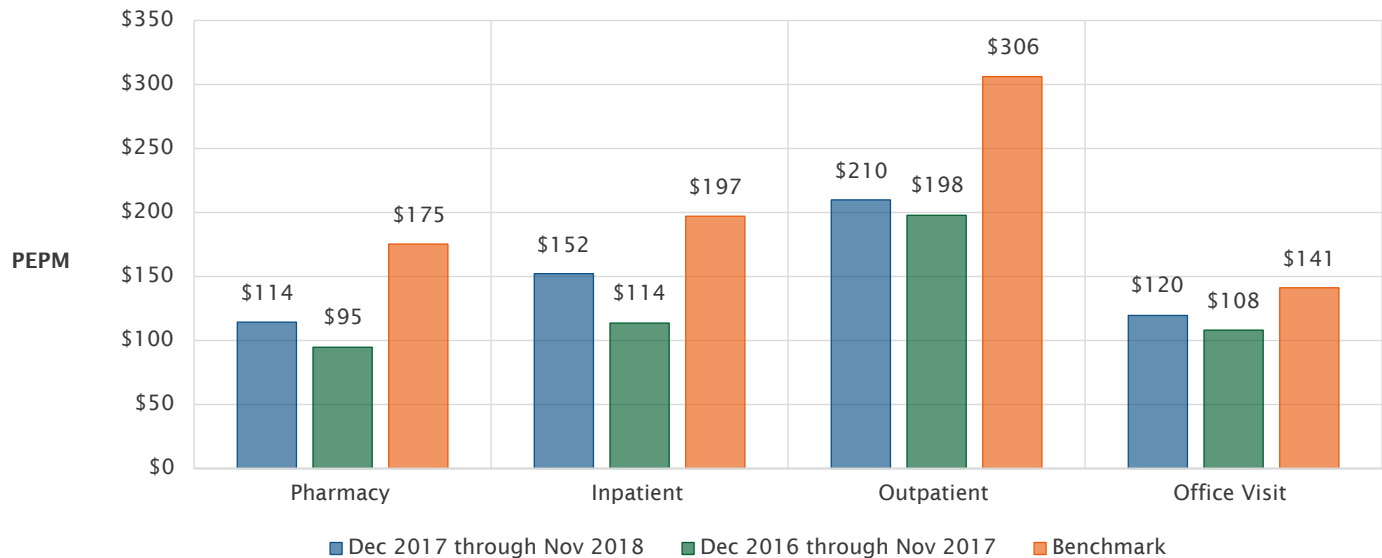
Population: ABC corporation



This report provides a snapshot of health plan membership and costs compared to a prior period and a set of benchmark values. Performance relative to the comparison period can determine which cost drivers are growing and which are shrinking. Performance versus the benchmark may indicate untapped savings opportunities or indicate areas that are already performing well within the population.

- Medical claims have a trend of 10.02% and pharmacy claims have a trend of 15.67%.
- Average membership decreased by 4.17%
- Office Visit claims performed worst against the Commercial Benchmark (-15.32%)
- Pharmacy claims performed best against the Commercial Benchmark (-34.79%)

### Plan Paid Amount by Service Category



Metric	Reporting Period		Comparison Period		%Δ
	Dec 2017 through Nov 2018	Benchmark	Dec 2016 through Nov 2017		
Medical Paid	\$25,441,547	- -	\$23,125,067		10.02%
Pharmacy Paid	\$6,039,998	- -	\$5,221,538		15.67%
Total Paid	\$31,481,546	- -	\$28,346,606		11.06%
Subscribers	3,768	- -	4,857		-22.42%
Members	8,650	- -	11,095		-22.04%
Employee Months	52,825	- -	55,123		-4.17%
Average Family Size	2.30	2.21	2.28		0.49%
Inpatient PEPM	\$152.21	\$197.09	\$113.61		33.98%
Outpatient PEPM	\$209.84	\$306.18	\$197.81		6.08%
Office Visit PEPM	\$119.57	\$141.20	\$108.10		10.61%
Medical PEPM	\$481.62	\$644.46	\$419.52		14.80%
Pharmacy PEPM	\$114.34	\$175.35	\$94.73		20.71%
Medical and Rx PEPM	\$595.96	\$819.82	\$514.24		15.89%

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

## Health Plan Snapshot Trended

Population: ABC corporation



	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Total
Med Claims Pd	\$2,032,460	\$2,180,993	\$2,137,240	\$2,931,655	\$2,876,517	\$2,130,584	\$2,221,320	\$2,138,579	\$2,212,726	\$1,903,621	\$1,806,339	\$869,514	\$25,441,547
Rx Claims Pd	\$431,894	\$470,268	\$497,495	\$455,767	\$527,028	\$490,402	\$541,779	\$483,523	\$546,730	\$566,498	\$471,989	\$556,625	\$6,039,998
Total Claims Pd	\$2,464,354	\$2,651,262	\$2,634,735	\$3,387,422	\$3,403,545	\$2,620,986	\$2,763,099	\$2,622,102	\$2,759,455	\$2,470,119	\$2,278,327	\$1,426,139	\$31,481,546
Subscribers	4,864	4,797	4,801	4,775	4,680	4,637	4,609	4,590	3,768	3,768	3,768	3,768	4,402
Members	11,116	10,976	10,990	10,935	10,657	10,563	10,494	10,456	8,650	8,650	8,650	8,650	10,066
EE Months	4,864	4,797	4,801	4,775	4,680	4,637	4,609	4,590	3,768	3,768	3,768	3,768	52,825
Avg Family Size	2.29	2.29	2.29	2.29	2.28	2.28	2.28	2.28	2.30	2.30	2.30	2.30	2.29
Inpatient PEPM	115	159	163	311	235	143	92	138	160	120	128	25	152
Outpatient PEPM	208	194	180	196	257	211	261	197	276	216	208	109	210
Office Visit PEPM	94	101	102	107	123	105	129	131	152	169	144	97	120
Med Claims PEPM	418	455	445	614	615	459	482	466	587	505	479	231	482
Rx Claims PEPM	89	98	104	95	113	106	118	105	145	150	125	148	114
Med & Rx Claims PEPM	507	553	549	709	727	565	600	571	732	656	605	378	596
Total EE Pd Amt	\$526,373	\$496,062	\$390,628	\$403,162	\$345,855	\$278,211	\$299,895	\$267,464	\$222,581	\$1,190,953	\$869,779	\$540,475	\$5,831,437
EE Med Pd	\$427,893	\$405,844	\$353,659	\$340,152	\$290,756	\$232,638	\$259,355	\$235,680	\$191,712	\$883,555	\$674,072	\$381,050	\$4,676,366
EE Rx Pd	\$98,480	\$90,218	\$36,969	\$63,010	\$55,099	\$45,573	\$40,539	\$31,785	\$30,869	\$307,398	\$195,706	\$159,425	\$1,155,071

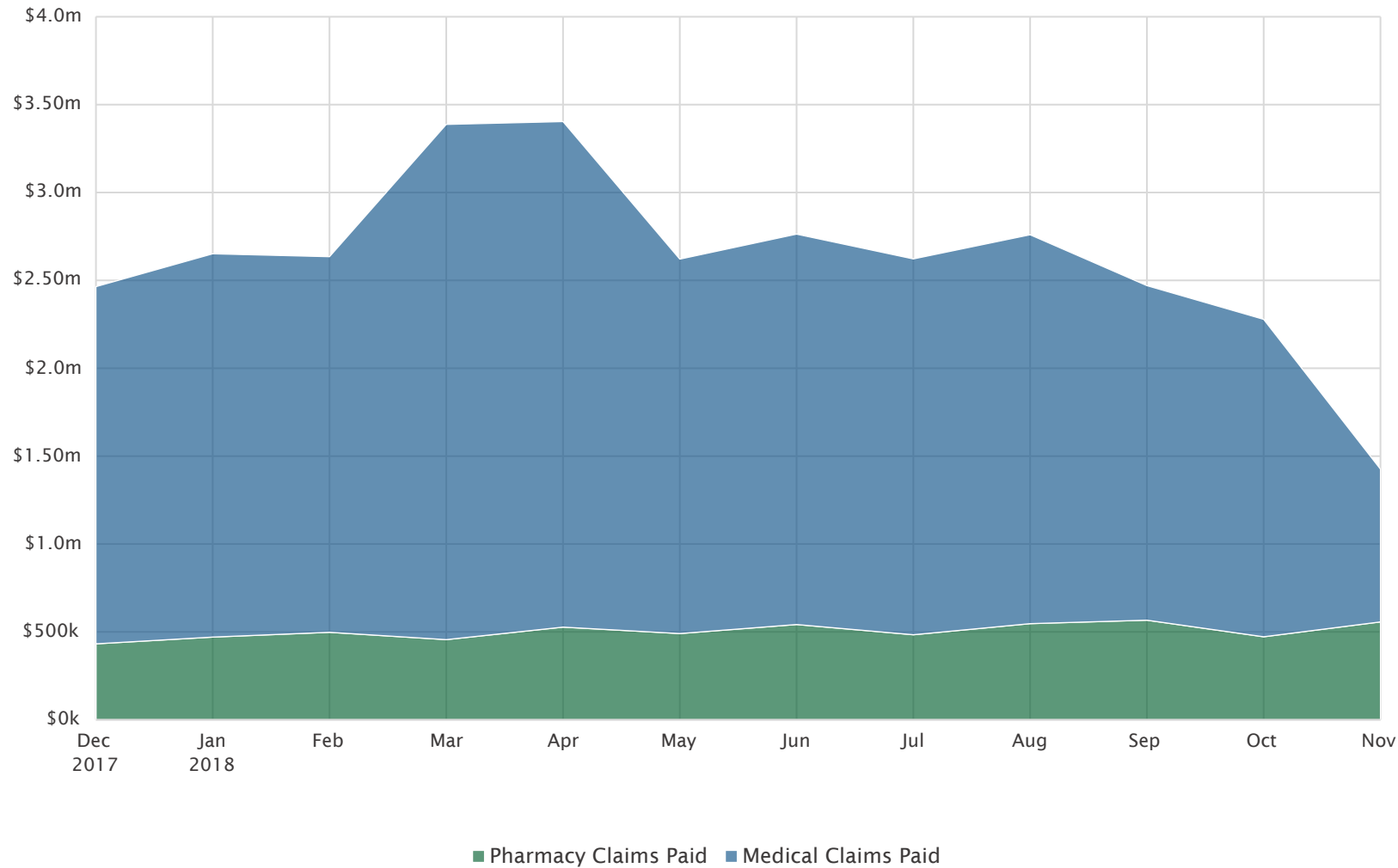
Reporting Period: Paid December 2017 to November 2018

Benchmark: Commercial

January 02, 2019



Total Health Plan Claims Paid



## Net Paid Claims

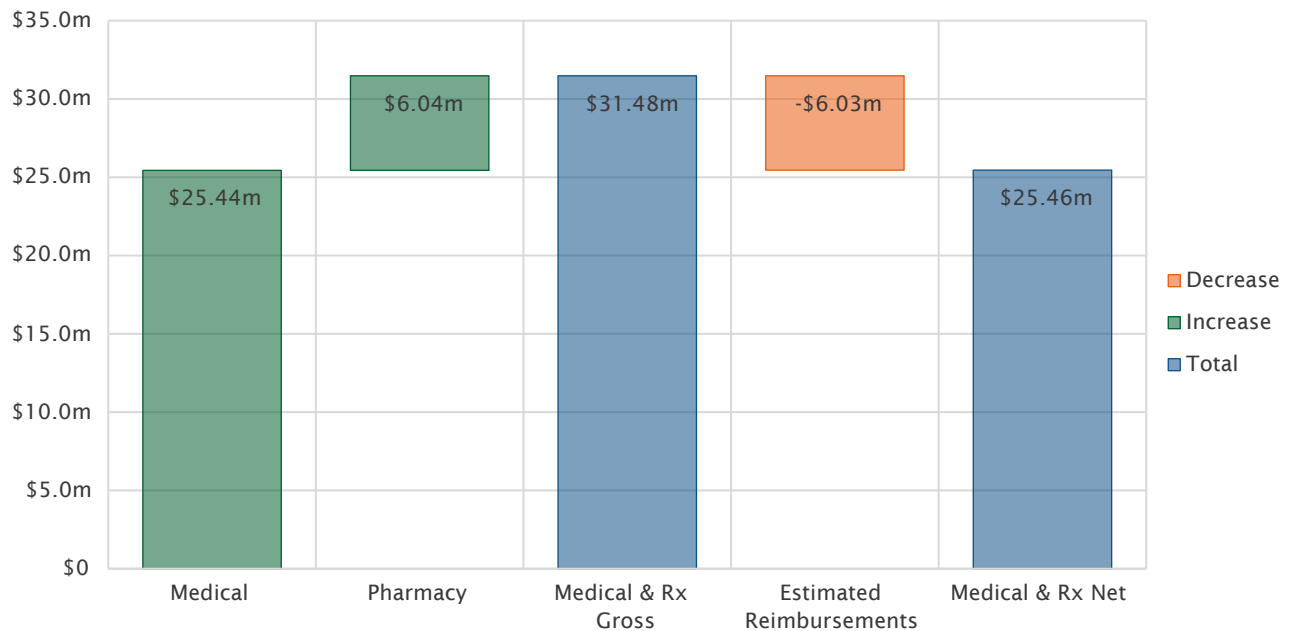
Population: ABC corporation



This report uses claims paid over a user-defined threshold amount as an estimate of individual stop loss reimbursements. It assumes that both Medical and Rx claims are eligible for reimbursement. Average employee and member counts are calculated based on enrollment in a medical plan. Period over period % change calculations on aggregate values are annualized. Estimated reimbursements may not include lasers.

Threshold: \$50,000

### Net Paid Claims, Medical, and Pharmacy



Net Paid Claims	Reporting	Comparison	%Δ
	Dec 2017 to Nov 2018	Dec 2016 to Nov 2017	
Enrollment			
Avg. Employees	4,485	4,612	-2.75%
Avg. Members	10,252	10,497	-2.33%
Aggregate Plan Paid			
Medical	\$25,441,547	\$23,125,067	10.02%
Pharmacy	\$6,039,998	\$5,221,538	15.67%
Medical & Rx Gross	\$31,481,546	\$28,346,606	11.06%
Estimated Reimbursements	\$6,025,506	\$4,776,692	26.14%
Medical & Rx Net	\$25,456,039	\$23,569,913	8.00%
PEPM Plan Paid			
Medical	\$472.69	\$417.83	13.13%
Pharmacy	\$112.22	\$94.34	18.95%
Medical & Rx Gross	\$584.91	\$512.17	14.20%
Estimated Reimbursements	\$111.95	\$86.31	29.71%
Medical & Rx Net	\$472.96	\$425.86	11.06%

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

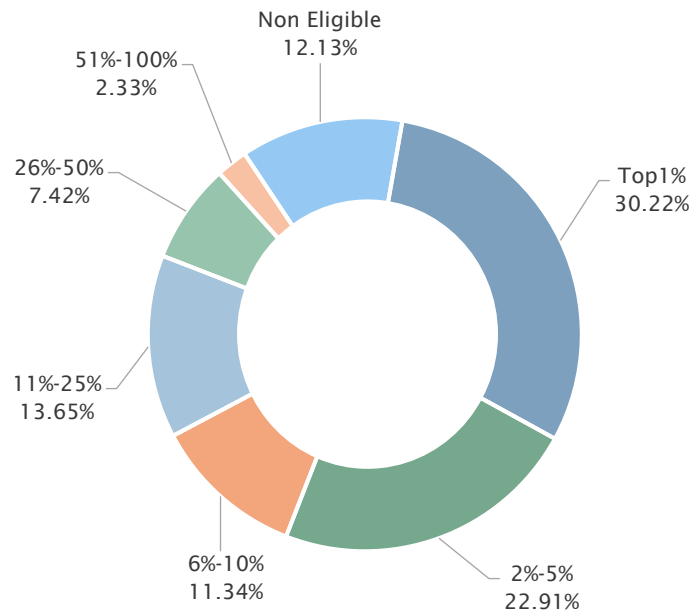
## Expense Distribution

Population: ABC corporation



All members in the population are ranked by total paid amount. Both medical and pharmacy costs are included. Using this ranking, members are broken into % of total population groupings. Both current member(s) and termed member(s) are included in the analysis. The top 5% of the population generally accounts for a higher percent of the total costs than all the other percentage groups combined, and represents a key group of individuals to focus care management activities on.

### Distribution of Medical and Rx Paid Amount by Expense Cohort, Reporting Period



### Period over Period Expense Cohort Migration

Reporting Period	Comparison Period							Total
	Top1%	2%-5%	6%-10%	11%-25%	26%-50%	51%-100%	Non Eligible	
Top1%	32	14	5	12	7	17	0	87
2%-5%	28	98	46	74	46	54	0	346
6%-10%	6	84	82	123	66	71	0	432
11%-25%	17	98	191	421	321	250	0	1,298
26%-50%	10	64	92	543	808	645	0	2,162
51%-100%	3	36	76	310	1,225	2,675	0	4,325
Non Eligible	15	50	63	181	301	1,835	- -	2,445
<b>Total</b>	<b>111</b>	<b>444</b>	<b>555</b>	<b>1,664</b>	<b>2,774</b>	<b>5,547</b>	<b>0</b>	<b>- -</b>

Reporting Period	# of Members	Medical Cost	Pharmacy Cost	Average Cost	% of Total Paid
Top1%	87	\$8,143,451	\$1,368,718	\$109,335	30.22%
2%-5%	346	\$5,897,413	\$1,316,306	\$20,849	22.91%
6%-10%	432	\$2,742,196	\$827,219	\$8,263	11.34%
11%-25%	1,298	\$3,092,123	\$1,203,608	\$3,310	13.65%
26%-50%	2,162	\$1,780,472	\$555,274	\$1,080	7.42%
51%-100%	4,325	\$583,204	\$151,821	\$170	2.33%
Non Eligible	1,287	\$3,202,689	\$617,052	\$2,968	12.13%
<b>Total</b>	<b>9,937</b>	<b>\$25,441,547</b>	<b>\$6,039,998</b>	<b>\$3,168</b>	<b>100.00%</b>

Comparison Period	# of Members	Medical Cost	Pharmacy Cost	Average Cost	% of Total Paid
Top1%	111	\$7,573,548	\$1,097,628	\$78,119	30.59%
2%-5%	444	\$5,399,955	\$1,368,025	\$15,243	23.88%
6%-10%	555	\$2,397,981	\$779,409	\$5,725	11.21%
11%-25%	1,664	\$2,587,127	\$862,406	\$2,073	12.17%
26%-50%	2,774	\$1,112,071	\$279,738	\$502	4.91%
51%-100%	5,547	\$23,232	\$7,300	\$6	0.11%
Non Eligible	1,423	\$4,031,154	\$827,033	\$3,414	17.14%
<b>Total</b>	<b>12,518</b>	<b>\$23,125,067</b>	<b>\$5,221,538</b>	<b>\$2,264</b>	<b>100.00%</b>

Reporting Period: Paid December 2017 to November 2018

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January 02, 2019



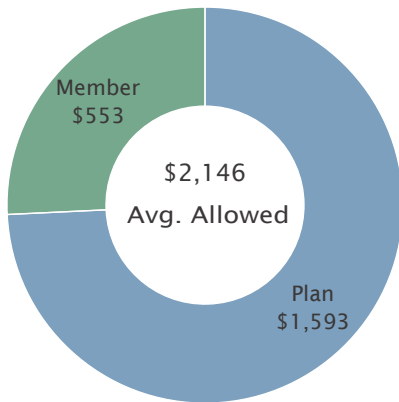
# Utilization Dashboard

Population: ABC corporation

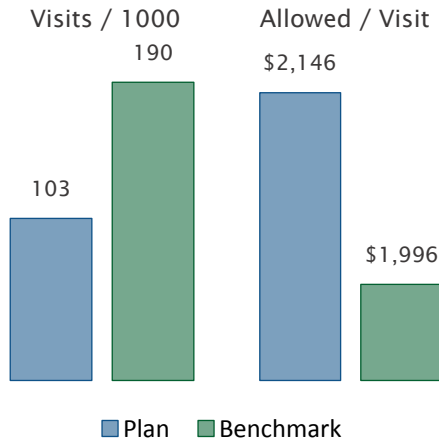


## Emergency Room

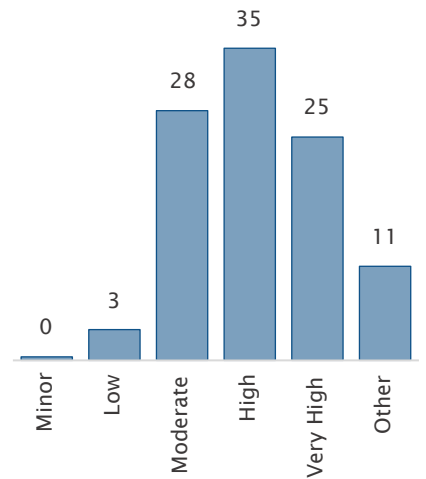
### Plan v. Member Cost



### Benchmark Comparison

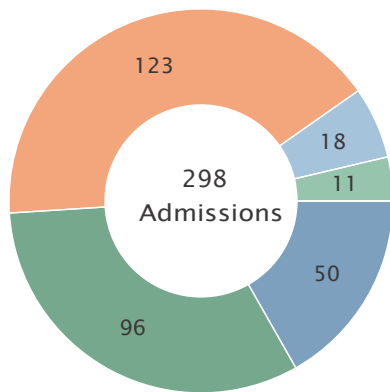


### Severity / 1000

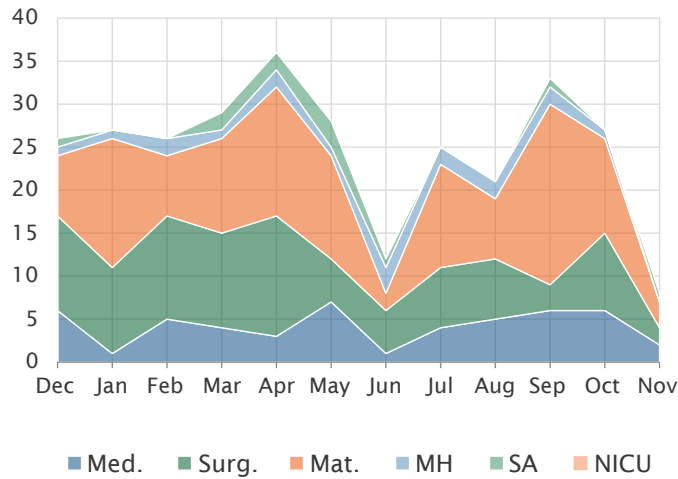


## Inpatient Admissions

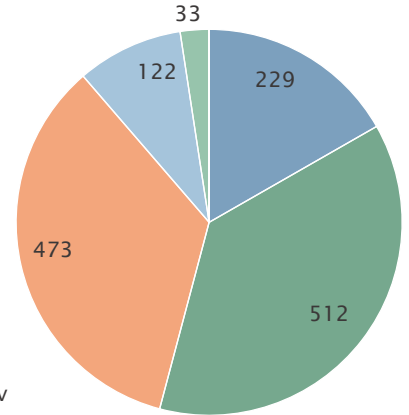
### Admissions by Type



### Admissions by Month

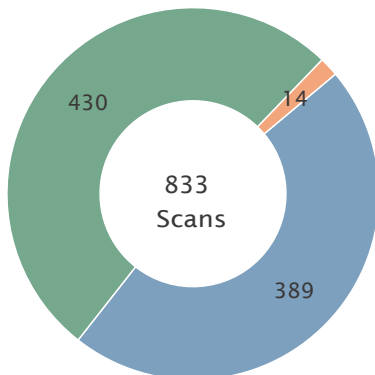


### Days by Type

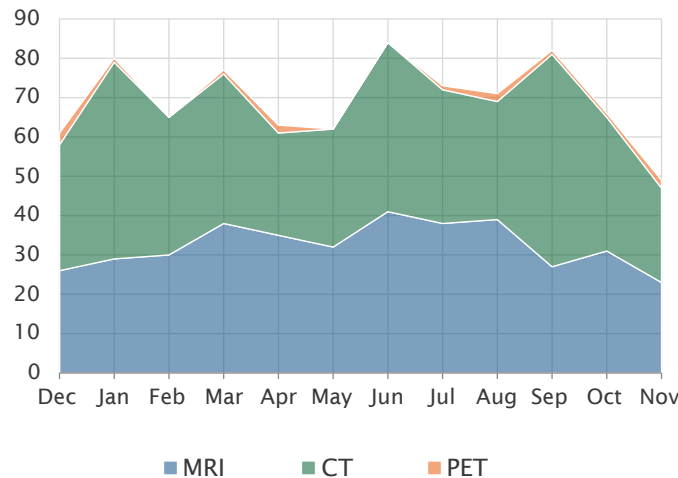


## Outpatient Imaging

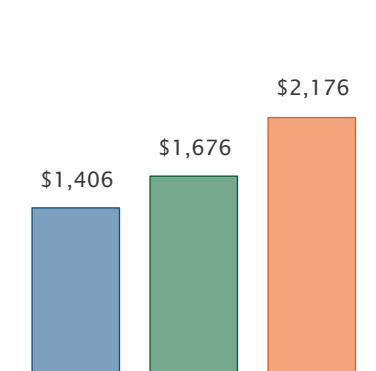
### Scans by Type



### Scans by Month



### Average Allowed



Reporting Period: Paid December 2017 to November 2018

Benchmark: Commercial

January 02, 2019

# Utilization Metrics

Population: ABC corporation



Utilization Metrics	Reporting Period (Dec 2017 through Nov 2018)				Comparison Period (Dec 2016 through Nov 2017)		% Change
	Per 1000		Plan + Member Paid Avg		Per 1000	Plan + Member Paid Avg	
	Group	Benchmark	Group	Benchmark	Group	Group	
Member Months (Total)	120,787.0	--	--	--	125,530	--	-3.8%
ER Visits	103.22	189.94	\$2,146	\$1,996	92.25	\$2,161	11.9%
Urgent Care Visits	48.78	119.98	\$211	\$163	33.46	\$221	45.8%
Retail Clinic Visits	0	2.85	\$0	\$123	0	\$0	0%
Total Office Visits	3,290.52	4,184.42	\$132	\$152	2,979.69	\$127	10.4%
Routine Office Visits	2,368.07	3,085.76	\$137	\$148	2,137.88	\$134	10.8%
Preventive Office Visits	439.32	528.76	\$128	\$206	385.82	\$125	13.9%
Mental Health Office Visits	430.08	527.34	\$110	\$116	397.58	\$100	8.2%
Substance Abuse Office Visits	13.61	20.41	\$162	\$138	21.22	\$115	-35.9%
Other Office Visits	39.44	22.15	\$42	\$217	37.19	\$48	6.1%
Chiropractic Visits	422.33	402.79	\$53	\$67	425.11	\$53	-0.7%
Physical Therapy	802.14	601.21	\$93	\$142	763.8	\$100	5.0%
MRI Scan	38.65	59.62	\$1,406	\$1,317	38.33	\$1,394	0.8%
CT Scan	42.72	68.30	\$1,676	\$1,209	40.25	\$1,604	6.1%
PET	1.39	1.93	\$2,176	\$3,851	1.05	\$2,671	32.3%
Mammograms	91.0	111.60	\$262	\$254	80.68	\$250	12.8%
Dialysis Services	49.48	38.78	\$860	\$1,013	42.25	\$725	17.1%
Colonoscopies	27.22	38.20	\$2,313	\$2,208	24.09	\$2,180	13.0%
Outpatient / Ambulatory Surgeries	83.35	139.88	\$4,560	\$4,751	81.92	\$4,863	1.7%
Newborn Deliveries	9.04	11.22	\$11,246	\$13,547	8.41	\$12,397	7.5%
Vaginal Deliveries	5.66	7.44	\$9,674	\$11,734	4.88	\$10,512	16.2%
C-Section Deliveries	3.38	3.78	\$13,883	\$17,113	3.54	\$14,994	-4.5%
Inpatient Days	136.01	203.24	\$5,467	\$5,613	96.74	\$5,431	40.6%
Medical Inpatient Days	22.75	39.10	\$3,981	\$4,577	10.9	\$4,004	108.8%
Surgical Inpatient Days	50.87	78.43	\$8,939	\$8,628	43.97	\$7,648	15.7%
Maternity Inpatient Days	46.99	33.65	\$3,467	\$4,834	30.3	\$4,058	55.1%
Mental Health Inpatient Days	12.12	24.42	\$2,263	\$1,377	6.5	\$2,318	86.5%
Substance Abuse Inpatient Days	3.28	15.18	\$2,444	\$1,370	5.07	\$1,448	-35.3%
NICU Inpatient Days	0	12.45	\$0	\$5,464	0	\$0	0%
Total Admissions	29.61	42.78	\$25,117	\$26,664	25.33	\$20,738	16.9%
Medical Admissions	4.97	10.75	\$18,232	\$16,644	2.87	\$15,216	73.2%
Surgical Admissions	9.54	14.96	\$47,675	\$45,227	10.04	\$33,507	-5.0%
Maternity Admissions	12.22	12.00	\$13,332	\$13,559	10.52	\$11,696	16.2%
Mental Health Admissions	1.79	2.84	\$15,340	\$11,834	1.15	\$13,138	55.9%
Substance Abuse Admissions	1.09	1.53	\$7,331	\$13,589	0.76	\$9,596	42.9%
NICU Admissions	0	0.70	\$0	\$97,196	0	\$0	0%
Admissions from ER	34.23%	44.49%	\$25,097	\$26,066	36.98%	\$28,815	-7.4%
30 Day ReAdmissions	1.19	2.89	\$24,272	\$34,270	1.53	\$40,053	-22.1%
Average Length of Stay (Days)	4.59	4.75	--	--	3.82	\$0	20.3%
Pharmacy Scripts	7,130.63	8,684.24	--	--	6,053.44	\$0	17.8%
Pharmacy Scripts Mail Order	6.14%	8.23%	--	--	6.16%	\$0	-0.4%
Pharmacy Scripts Generic Drugs	75.58%	79.58%	--	--	71.06%	\$0	6.4%
SNF/SNU Days	9.24	10.12	\$511	\$536	6.21	\$655	48.7%

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

# Utilization Metrics

Population: ABC corporation



Utilization Metrics	Reporting Period (Dec 2017 through Nov 2018)			Comparison Period (Dec 2016 through Nov 2017)			% Change
	Group Total	Plan Paid Average	Member Paid Average	Group Total	Plan Paid Average	Member Paid Average	
Member Months	120,787	- -	- -	125,530	- -	- -	-3.8%
ER Visits	1,039	\$1,593.43	\$552.78	965	\$1,607.95	\$553.41	7.7%
Urgent Care Visits	491	\$106.66	\$104.58	350	\$113.94	\$107.07	40.3%
Retail Clinic Visits	0	\$0	\$0	0	\$0	\$0	0%
Total Office Visits	33,121	\$83.45	\$48.08	31,170	\$81.00	\$45.95	6.3%
Routine Office Visits	23,836	\$78.69	\$58.68	22,364	\$77.61	\$56.14	6.6%
Preventive Office Visits	4,422	\$126.58	\$1.61	4,036	\$123.39	\$1.85	9.6%
Mental Health Office Visits	4,329	\$69.87	\$40.15	4,159	\$62.83	\$37.18	4.1%
Substance Abuse Office Visits	137	\$121.16	\$40.78	222	\$82.30	\$32.87	-38.3%
Other Office Visits	397	\$24.16	\$18.11	389	\$29.52	\$18.46	2.1%
Chiropractic Visits	4,251	\$31.78	\$21.40	4,447	\$30.98	\$21.77	-4.4%
Physical Therapy	8,074	\$65.98	\$26.80	7,990	\$71.99	\$27.88	1.1%
MRI Scan	389	\$1,057.64	\$348.07	401	\$1,067.64	\$326.41	-3.0%
CT Scan	430	\$1,394.06	\$282.08	421	\$1,247.74	\$356.17	2.1%
PET	14	\$1,849.10	\$326.41	11	\$2,515.40	\$156.07	27.3%
Mammograms	916	\$260.39	\$1.79	844	\$247.84	\$1.75	8.5%
Dialysis Services	498	\$846.26	\$13.29	442	\$714.11	\$11.01	12.7%
Colonoscopies	274	\$1,962.32	\$350.77	252	\$1,826.55	\$353.64	8.7%
Outpatient / Ambulatory Surgeries	839	\$3,998.41	\$561.83	857	\$4,312.58	\$550.80	-2.1%
Newborn Deliveries	91	\$9,204.85	\$2,041.61	88	\$10,442.97	\$1,953.68	3.4%
Vaginal Deliveries	57	\$7,713.72	\$1,959.87	51	\$8,479.25	\$2,033.19	11.8%
C-Section Deliveries	34	\$11,704.69	\$2,178.65	37	\$13,149.73	\$1,844.08	-8.1%
Inpatient Days	1,369	\$5,218.68	\$248.75	1,012	\$5,146.63	\$283.90	35.3%
Medical Inpatient Days	229	\$3,808.35	\$172.35	114	\$3,908.56	\$95.69	100.9%
Surgical Inpatient Days	512	\$8,772.14	\$166.85	460	\$7,477.29	\$171.13	11.3%
Maternity Inpatient Days	473	\$3,042.57	\$424.24	317	\$3,498.07	\$560.34	49.2%
Mental Health Inpatient Days	122	\$2,181.35	\$81.98	68	\$2,147.95	\$170.53	79.4%
Substance Abuse Inpatient Days	33	\$2,293.06	\$150.61	53	\$1,288.94	\$159.45	-37.7%
NICU Inpatient Days	0	\$0	\$0	0	\$0	\$0	0%
Total Admissions	298	\$23,974.41	\$1,142.72	265	\$19,654.31	\$1,084.17	12.5%
Medical Admissions	50	\$17,442.25	\$789.35	30	\$14,852.54	\$363.61	66.7%
Surgical Admissions	96	\$46,784.73	\$889.86	105	\$32,757.63	\$749.73	-8.6%
Maternity Admissions	123	\$11,700.28	\$1,631.43	110	\$10,080.82	\$1,614.81	11.8%
Mental Health Admissions	18	\$14,784.69	\$555.65	12	\$12,171.73	\$966.35	50.0%
Substance Abuse Admissions	11	\$6,879.18	\$451.82	8	\$8,539.25	\$1,056.39	37.5%
NICU Admissions	0	\$0	\$0	0	\$0	\$0	0%
Admissions from ER	102	\$23,944.63	\$1,152.33	98	\$28,089.00	\$725.82	-7.4%
30 Day ReAdmissions	12	\$24,057.18	\$214.54	16	\$39,844.24	\$208.39	-25.0%
Average Length of Stay (Days)	4.59	- -	- -	3.82	- -	- -	20.3%
Pharmacy Scripts	71,774	- -	- -	63,324	- -	- -	13.3%
Pharmacy Scripts Mail Order	4,407	- -	- -	3,902	- -	- -	-0.4%
Pharmacy Scripts Generic Drugs	54,247	- -	- -	44,995	- -	- -	6.4%
SNF/SNU Days	93	\$510.51	\$0	65	\$654.09	\$0.43	43.1%

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

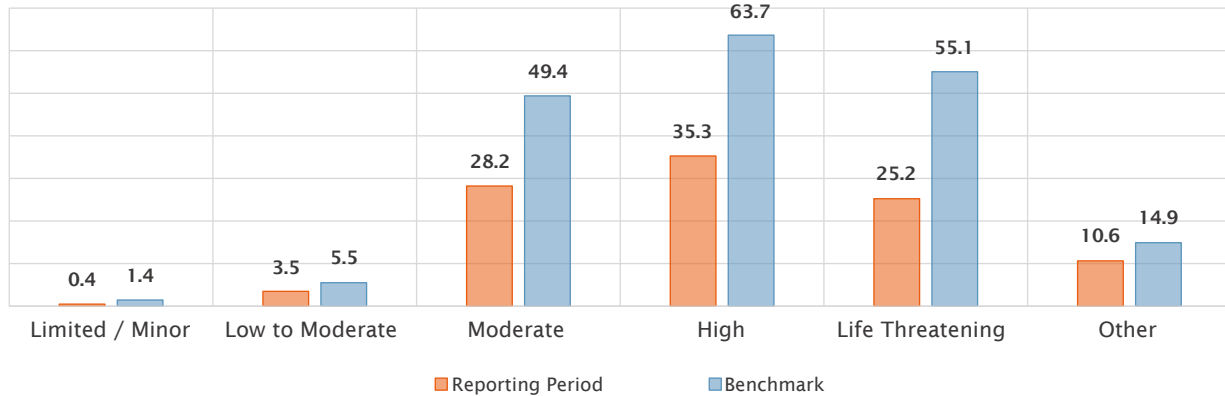
## Emergency Room Visit Analysis

Population: ABC corporation



The ER Analysis Report consists of three sub-reports on ER visits during the reporting period. The Category report breaks down ER Visits by severity category (based on CPT procedure codes) and, in a separate table, displays information about the percent of visits that were potentially avoidable. The Diagnosis report summarizes ER utilization by the high-level diagnosis grouper of each visit's primary diagnosis. The Frequent Flyers report stratifies your membership by their ER Utilization and helps isolate populations who are utilizing Emergency Room services in high volumes.

### Emergency Room by Severity vs. Benchmark (Visits per 1000)



Severity Category	Visits per 1000		Allowed per Visit		% Members with Visit	
	Group	Benchmark	Group	Benchmark	Group	Benchmark
Limited / Minor	0.40	1.44	\$150.16	\$437.07	0.05%	0.14%
Low to Moderate	3.48	5.50	\$787.64	\$628.13	0.40%	0.53%
Moderate	28.21	49.39	\$1,400.65	\$996.94	3.06%	4.40%
High	35.27	63.65	\$2,081.14	\$1,781.34	3.51%	5.49%
Life Threatening	25.23	55.06	\$3,675.99	\$3,474.99	2.54%	4.64%
Other	10.63	14.90	\$1,228.51	\$1,409.01	1.13%	1.26%
<b>Total</b>	<b>103.22</b>		<b>\$2,146.21</b>		<b>9.09%</b>	

Avoidability	Group	Benchmark
% Visits Potentially Avoidable	18.96%	N/A
% Visits Not Potentially Avoidable	81.04%	N/A
% Avoidable Visits Weekday	74.11%	69.63%
% Avoidable Visits Weekend	25.89%	30.37%

Frequent Flyers	Members	Visits	Mbrs/1000
Two ER Visits	108	216	10.73
Three ER Visits	29	87	2.88
Four ER Visits	13	52	1.29
Five ER Visits	5	25	0.50
Six or More ER Visits	3	31	0.30

By Diagnosis	Visits per 1000		Allowed per Visit		% Members with Visit	
	Group	Benchmark	Group	Benchmark	Group	Benchmark
Cancer	0.10	0.15	\$4,090.42	\$4,107.44	0.01%	0.01%
Cardiac Disorders	7.55	14.99	\$2,572.15	\$2,984.32	0.69%	1.32%
Cholesterol Disorders	0.00	0.01	\$0.00	\$2,129.71	0.00%	0.00%
Dermatological Disorders	4.47	5.91	\$1,116.33	\$1,234.06	0.43%	0.53%
Diabetes	0.30	0.76	\$2,529.51	\$2,243.65	0.03%	0.06%
Endocrine/Metabolic Disorders	1.49	1.61	\$3,305.68	\$2,516.26	0.13%	0.15%
Eye/ENT Disorders	2.29	7.54	\$1,172.02	\$1,036.56	0.25%	0.71%
Gastrointestinal Disorders	12.42	27.73	\$3,105.50	\$2,809.32	1.20%	2.33%
Gynecological Disorders	0.70	2.77	\$3,387.61	\$2,266.82	0.07%	0.25%
Hematological Disorders	0.40	0.71	\$1,336.51	\$2,728.36	0.03%	0.06%
Infections	3.18	7.94	\$933.86	\$1,438.41	0.34%	0.75%
Mental Health	1.59	3.93	\$4,150.47	\$1,794.15	0.17%	0.34%
Miscellaneous	6.76	15.13	\$1,880.58	\$1,741.08	0.71%	1.38%
Musculoskeletal Disorders	8.25	16.40	\$1,302.93	\$1,380.49	0.90%	1.54%
Neurological Disorders	10.33	13.97	\$2,825.50	\$2,412.13	0.84%	1.19%
Non-malignant Neoplasm	0.00	0.20	\$0.00	\$3,156.07	0.00%	0.02%
Pregnancy-related Disorders	3.28	6.17	\$2,395.34	\$1,868.24	0.31%	0.44%
Pulmonary Disorders	9.24	17.06	\$1,369.28	\$1,503.66	0.91%	1.51%
Renal/Urologic Disorders	5.66	9.59	\$2,751.73	\$2,462.52	0.61%	0.84%
Spine-related Disorders	1.79	5.88	\$1,738.68	\$1,669.23	0.18%	0.54%
Trauma	22.85	30.54	\$1,947.11	\$1,712.20	2.52%	2.88%
Ungroupable	0.00	0.23	\$0.00	\$1,621.35	0.00%	0.02%
Vascular Disorders	0.60	0.73	\$1,698.04	\$2,247.57	0.07%	0.07%
<b>Total</b>	<b>103.22</b>		<b>\$2,146.21</b>		<b>9.09%</b>	

Reporting Period: Paid December 2017 to November 2018

Benchmark: Commercial

January 02, 2019

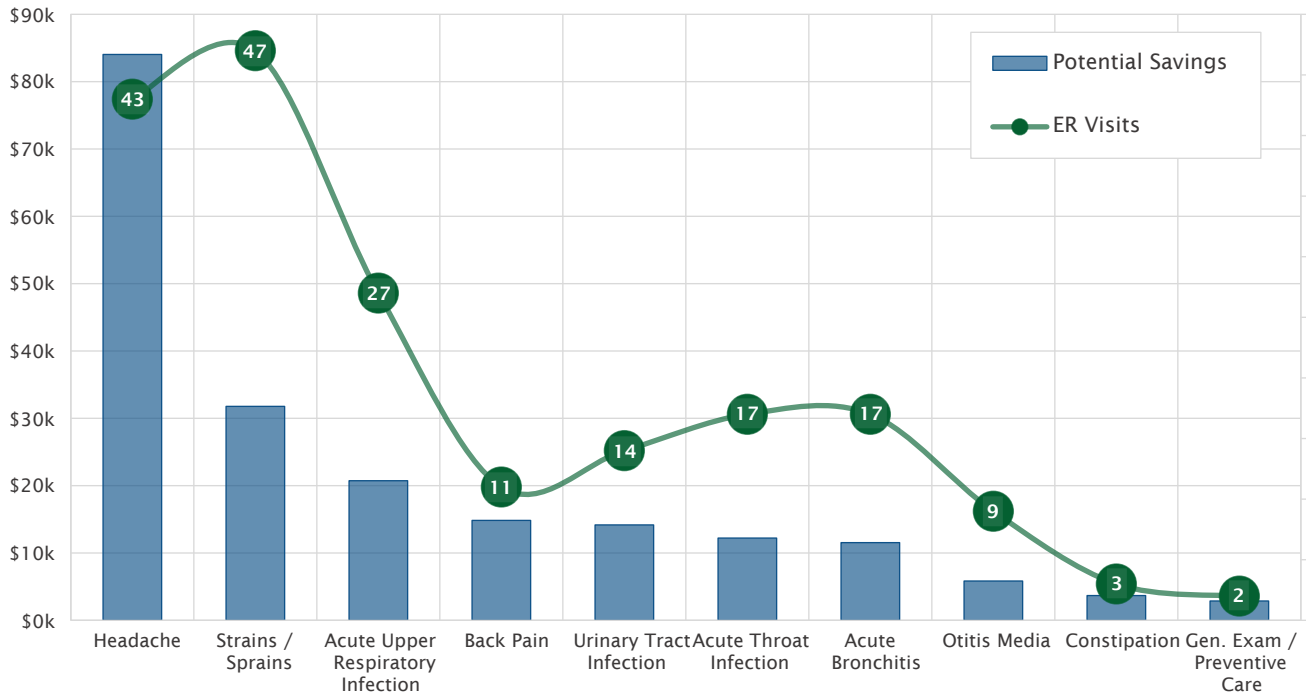
## Avoidable Care Continuum

Population: ABC corporation



This report tracks Potentially Avoidable Emergency Room diagnoses across the spectrum of care settings and offers average treatment cost comparisons. A potentially avoidable ER visit is defined as a visit for a condition which could have been appropriately managed in another more cost-effective setting such as an urgent care facility, a primary care provider office, or clinic. The Potential Savings value is calculated by proportionally reallocating the Avoidable ER Visits for each diagnosis to other care settings and subtracting the total less ER from the experienced total.

### Top Avoidable ER Diagnoses by Potential Savings



- The top diagnosis, Headache, had \$84,039 of potential savings in the Dec-17 to Nov-18 period.
- These Headache savings account for 42% of the total potential savings in the period.
- Strains / Sprains was the diagnosis which led to the most avoidable ER visits (47).

### Reporting Period

Dec-17 to Nov-18	Avoidable ER		Urgent Care		Office		Total		Potential Savings
	Visits	Paid / Visit	Visits	Paid / Visit	Visits	Paid / Visit	Visits	Paid / Visit	
Acute Bronchitis	17	\$753	35	\$104	364	\$71	416	\$102	\$11,539
Acute Throat Infection	17	\$788	45	\$116	715	\$67	777	\$86	\$12,216
Acute Upper Respiratory Infection	27	\$835	75	\$108	1,403	\$65	1,505	\$81	\$20,732
Allergies	0	\$0	0	\$0	369	\$68	369	\$68	\$0
Back Pain	11	\$1,430	3	\$93	340	\$81	354	\$123	\$14,840
Conjunctivitis	1	\$312	8	\$104	236	\$60	245	\$63	\$250
Constipation	3	\$1,315	2	\$134	69	\$87	74	\$138	\$3,678
General Exam/Preventive Care	2	\$1,562	1	\$72	2,747	\$126	2,750	\$127	\$2,872
Headache	43	\$2,040	5	\$96	127	\$85	175	\$566	\$84,039
Otitis Media	9	\$718	22	\$97	529	\$68	560	\$80	\$5,837
Prescription Refill	0	\$0	0	\$0	1	\$51	1	\$51	\$0
Rash/Dermatitis/Insect Bites	6	\$447	1	\$263	434	\$64	441	\$70	\$2,297
Strains/Sprains	47	\$751	30	\$101	421	\$73	498	\$138	\$31,775
Urinary Tract Infection	14	\$1,089	23	\$122	176	\$71	213	\$144	\$14,168
<b>Total</b>	<b>197</b>	<b>\$1,113</b>	<b>250</b>	<b>\$109</b>	<b>7,931</b>	<b>\$88</b>	<b>8,378</b>	<b>\$113</b>	<b>\$201,686</b>

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

# Avoidable Care Continuum

Population: ABC corporation



## Comparison Period

Dec-16 to Nov-17	Avoidable ER		Urgent Care		Office		Total		Potential Savings
	Visits	Paid / Visit	Visits	Paid / Visit	Visits	Paid / Visit	Visits	Paid / Visit	
Acute Bronchitis	12	\$1,579	20	\$113	369	\$67	401	\$114	\$18,121
Acute Throat Infection	7	\$657	38	\$110	707	\$63	752	\$71	\$4,140
Acute Upper Respiratory Infection	20	\$675	48	\$101	1,329	\$68	1,397	\$78	\$12,118
Allergies	0	\$0	3	\$163	361	\$72	364	\$73	\$0
Back Pain	10	\$716	10	\$101	316	\$71	336	\$91	\$6,435
Conjunctivitis	2	\$306	7	\$96	217	\$59	226	\$62	\$491
Constipation	2	\$1,063	0	\$0	86	\$87	88	\$109	\$1,953
General Exam/Preventive Care	0	\$0	1	\$115	2,402	\$126	2,403	\$126	\$0
Headache	21	\$2,313	2	\$127	132	\$77	155	\$381	\$46,925
Otitis Media	4	\$430	12	\$121	563	\$64	579	\$68	\$1,460
Prescription Refill	0	\$0	0	\$0	1	\$16	1	\$16	\$0
Rash/Dermatitis/Insect Bites	9	\$824	7	\$107	399	\$70	415	\$87	\$6,780
Strains/Sprains	52	\$962	16	\$147	412	\$67	480	\$166	\$46,393
Urinary Tract Infection	13	\$906	9	\$143	159	\$73	181	\$137	\$10,772
<b>Total</b>	<b>152</b>	<b>\$1,095</b>	<b>173</b>	<b>\$114</b>	<b>7,453</b>	<b>\$87</b>	<b>7,778</b>	<b>\$107</b>	<b>\$153,184</b>

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019



## Category

Office visits broken down by the BETOS grouper of the visit's procedure code.

Office Visits Category: All

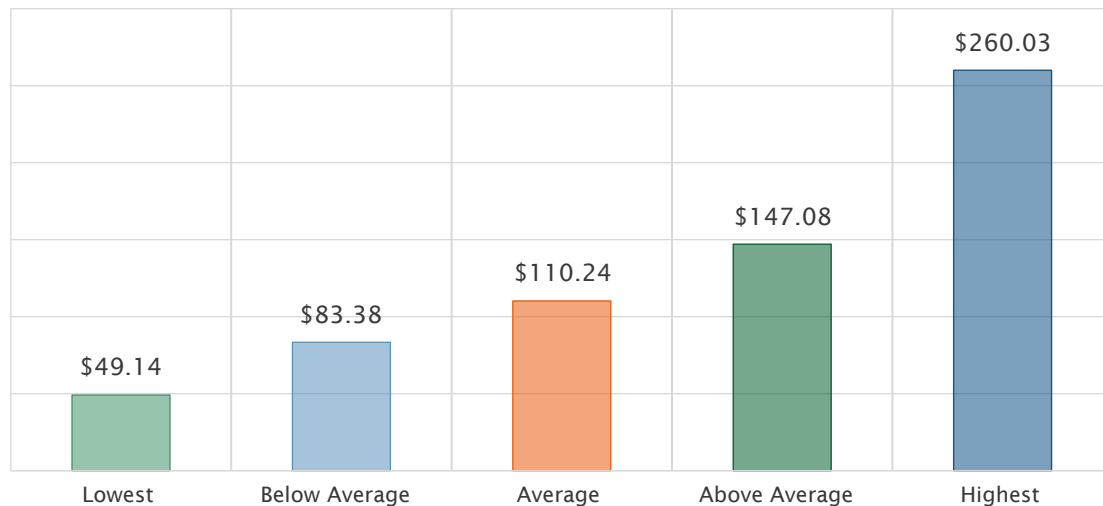
Business Hours: Both

Betos Sub-Grouper: All

Office Visits Category	Visits / 1000	Total Paid Average	% of Membership with Visit
Consultations	101.34	\$271.55	9.83%
Minor procedures - other (Medicare fee schedule)	0.00	\$0.00	0.00%
Office visits - established	2,332.40	\$124.10	77.36%
Office visits - new	375.04	\$173.31	32.39%
Other - Medicare fee schedule	30.80	\$28.70	2.86%
Other - non-Medicare fee schedule	0.00	\$0.00	0.00%
Specialist - other	2.48	\$72.38	0.09%
Specialist - psychiatry	436.24	\$110.15	5.68%
Undefined codes	0.00	\$0.00	0.00%
Other	12.22	\$141.37	1.17%
<b>Total</b>	<b>3,290.52</b>	<b>\$131.53</b>	<b>84.53%</b>

## Cost by Quintile

Office visits divided into five cost quintiles, each representing 20%.



Cost (Percentile Range)	Visits / 1000	Average Plan + Member Paid	% of Membership with Visit
Highest (80-100%)	670.50	\$260.03	41.39%
Above Average (60-80%)	670.70	\$147.08	41.26%
Average (40-60%)	671.89	\$110.24	39.55%
Below Average (20-40%)	671.10	\$83.38	34.39%
Lowest (0-20%)	606.32	\$49.14	30.65%



Utilization per 1000 by Age and Gender

Office visit utilization per 1000 broken down by member age band and gender.

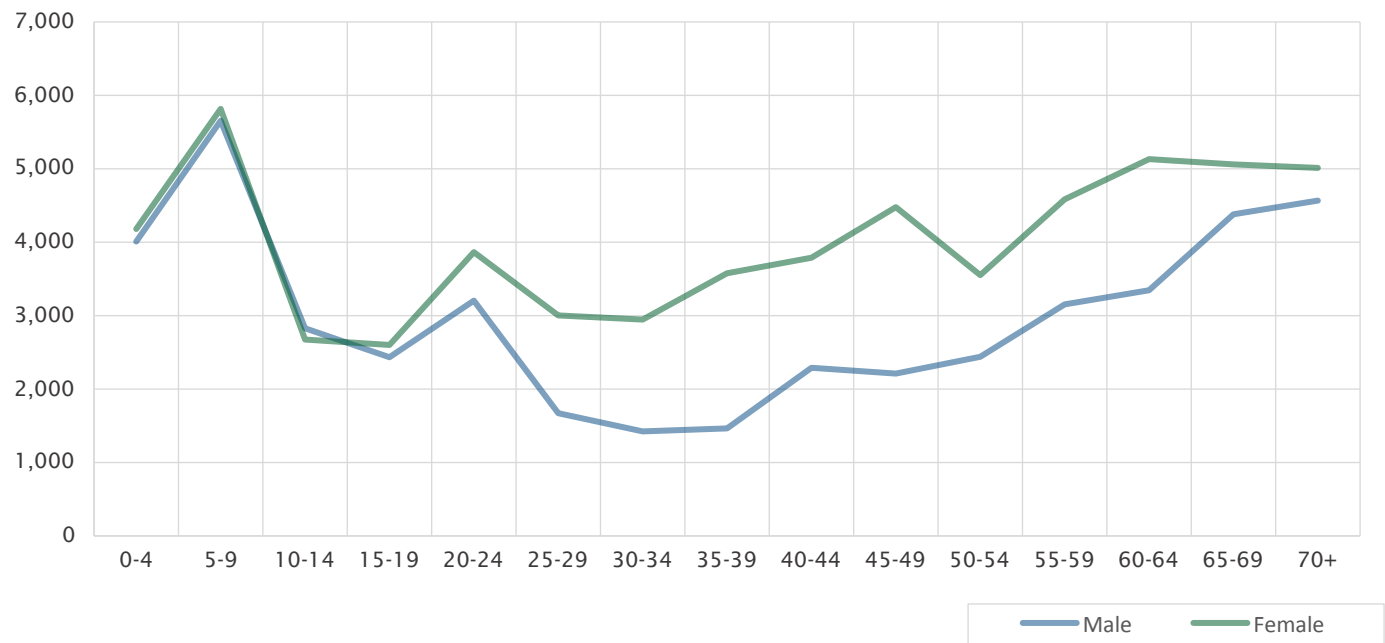


Table with 3 columns: Age Band, Male Visits/1000, and Female Visits/1000. It contains 18 rows of data, including age bands from 0-4 to 70+ and a Total row.



# Imaging Place of Service Savings

Population: ABC corporation



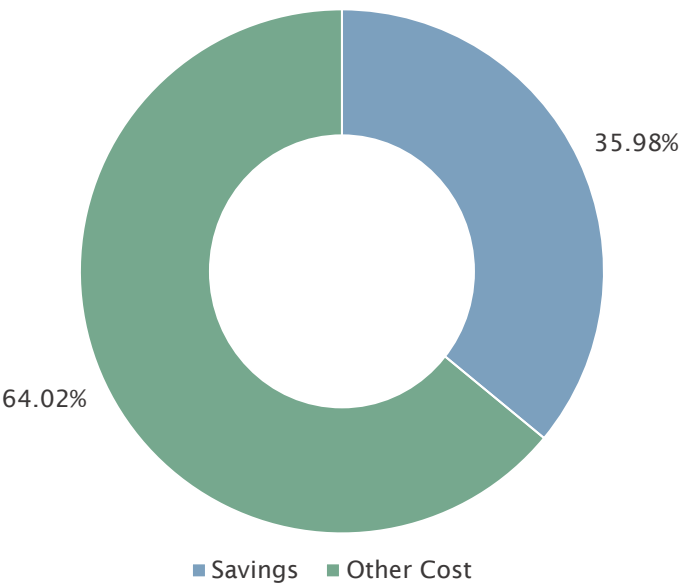
Savings Type: Paid

The median average hospital charges for imaging services is 3X more than those charges at free standing facilities/providers. Plans might consider educating members on the cost differences and providing transparency tools and consider adjusting plan designs to provide incentive to use of free standing facilities.

This report calculates the average cost of MRI Scans and CT Scans at outpatient hospital and office places of service, then uses the cost differential to calculate the potential savings if 100% of the imaging services were redirected to the less expensive setting. The focus of this intervention is stand-alone imaging services: so imaging services that were performed during the course of emergency room visits, surgeries, admissions and urgent care visits are excluded from the analysis.

- Switching high cost imaging procedures from an Outpatient Hospital to an Office setting could save up to \$363,663.
- These savings represent 36% of total spending on high cost imaging in the reporting period.
- CT Scans represented 59% of the potential savings.

Potential Savings as a % of Total MRI & CT Cost



Metric	MRI	CT
Hospital Average Paid	\$1,688	\$1,785
Office Average Paid	\$633	\$460
Potential Savings Per Service	\$1,055	\$1,325
Savings Eligible Services	140	163
Potential Savings	\$147,759	\$215,904
Total Potential Savings	\$363,663	

# Surgery Place of Service Switch

Population: ABC corporation



This analysis provides a comparison of outpatient surgery costs at an Outpatient Hospital to those at an Ambulatory Surgical Center (ASC) providing the potential allowed amount savings if all surgeries were performed at an ASC. Increasingly, outpatient surgeries are performed at ASCs because they are more specialized and efficient, resulting in lower costs.

Outpatient Hospital (POS 19 or 22) and ASC (POS 24) are defined using CMS place of service codes. Surgeries are assigned to diagnosis groupers based on the primary diagnosis code of the claim line which identified the surgery. Clearly, not all surgeries within the same diagnosis category will be directly comparable as there will be natural variances in condition severity, patient comorbidities, and the exact procedure used to treat the patient. However, the results are still broadly indicative of missed opportunities for redirection to free-standing ASC facilities.

Employee education and plan design changes such as, adding Outpatient Hospital deductibles, or ensuring that free-standing ASC facilities have copays, can be used to incentivize patient choices in favor of the less expensive facilities.

## Summary

- No switch opportunity available.
- 

## Top Surgery Diagnoses by Potential POS Switch Savings

Allowed Amount									
0k	0k	0k	0k	0k	0k	0k	0k	0k	0k

Diagnosis Grouper	Outpatient Hospital Cost / Surgery	ASC Cost / Surgery	Outpatient Hospital Surgeries	Potential Savings
All Other	--	--	0	\$0
Total	--	--	0	\$0

## Reference-Based Pricing

Population: ABC corporation

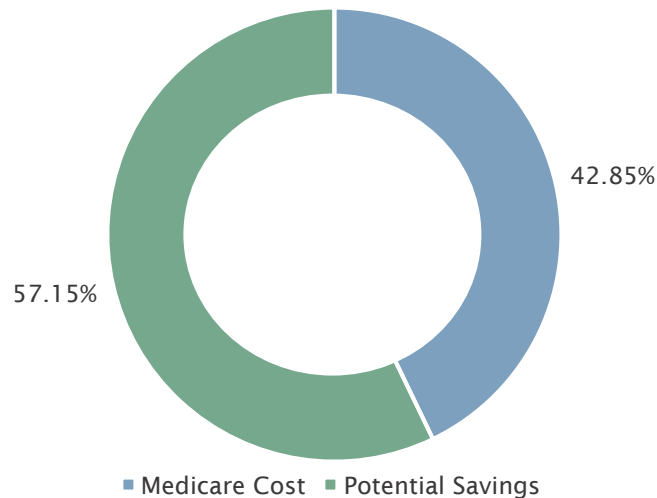


This report compares the observed allowed charges in the reporting period to 100% of the Medicare allowable for the same services. The difference between those two figures yields the potential savings for moving to a reference-based pricing model. These savings may be particularly achievable in the context of out of network charges.

Claims are grouped by category according to which Medicare repricing model is used to calculate the Medicare allowable. Not all claims in the period are eligible for repricing and so the total allowed amount from this report may not tie out with the total allowed from other sources. The factor indicates the multiple of the Medicare allowable at which allowed charges are performing.

### Allowed Amount compared with 100% of Medicare

#### Allowed Amount vs Medicare Cost



Category	Allowed Amount	Medicare Cost	Difference	Factor
Ambulance	\$162,825.64	\$80,425.68	\$82,399.96	2.02
Ambulatory Surgical Center	\$74,458.94	\$1,115.53	\$73,343.41	66.75
Anesthesia	\$670,603.51	\$97,028.62	\$573,574.89	6.91
Clinical Lab	\$1,496,779.88	\$657,308.49	\$839,471.39	2.28
Drug Charges	\$1,041,780.47	\$636,671.59	\$405,108.88	1.64
Durable Medical Equipment	\$267,821.99	\$189,136.08	\$78,685.91	1.42
End Stage Renal Disease	\$72,124.00	\$3,960.26	\$68,163.74	18.21
Home Health	\$21,550.75	\$18,560.90	\$2,989.85	1.16
Inpatient Psych Facility	\$101,263.39	\$0.00	\$101,263.39	0.00
Inpatient Rehab Facility	\$134,802.54	\$0.00	\$134,802.54	0.00
Inpatient Services	\$2,439,531.77	\$134,548.50	\$2,304,983.27	18.13
Outpatient Services	\$5,745,896.95	\$2,302,570.90	\$3,443,326.05	2.50
Physician	\$11,834,332.04	\$6,190,179.35	\$5,644,152.69	1.91
Total	\$24,063,771.87	\$10,311,505.90	\$13,752,265.97	2.33

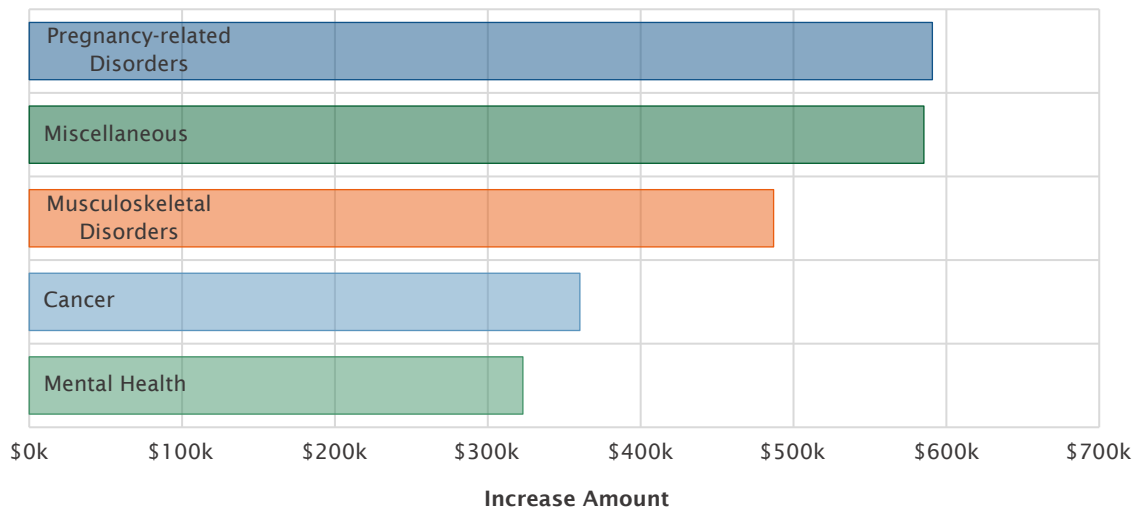
## Top 20 Diagnosis Groups - Comparison

Population: ABC corporation



This report presents the top diagnosis groups by total amount paid during the reporting and comparison periods. This information helps to identify what conditions are driving healthcare costs the most. The chart shows the top diagnosis groups that had the most growth in terms of amount paid between the comparison period and reporting period.

### Largest Increase from Comparison Period



- Pregnancy-related Disorders had the largest change in the reporting period with an increase of \$590,841 from the comparison period.
- Trauma has the most significant deviation from the benchmark in the reporting period at 25%

SN	Diagnosis	Reporting Period (Dec 2017 through Nov 2018)			Comparison Period (Dec 2016 through Nov 2017)		%Δ	Prior Period Rank
		Total Paid Amount	PEPM	Benchmark	Total Paid Amount	PEPM		
1	Miscellaneous	\$3,199,378	\$60.57	\$99.76	\$2,614,081	\$47.42	22%	1
2	Cancer	\$2,466,525	\$46.69	\$58.41	\$2,106,293	\$38.21	17%	2
3	Musculoskeletal Disorders	\$2,399,021	\$45.41	\$52.92	\$1,912,049	\$34.69	25%	3
4	Pregnancy-related Disorders	\$2,319,019	\$43.90	\$48.67	\$1,728,178	\$31.35	34%	6
5	Gastrointestinal Disorders	\$2,048,137	\$38.77	\$60.52	\$1,869,809	\$33.92	10%	4
6	Trauma	\$1,765,009	\$33.41	\$25.19	\$1,771,883	\$32.14	0%	5
7	Neurological Disorders	\$1,482,065	\$28.06	\$32.12	\$1,325,838	\$24.05	12%	7
8	Pulmonary Disorders	\$1,433,308	\$27.13	\$26.25	\$1,179,636	\$21.40	22%	9
9	Mental Health	\$1,247,658	\$23.62	\$27.47	\$924,711	\$16.78	35%	11
10	Cardiac Disorders	\$1,085,177	\$20.54	\$40.59	\$1,252,504	\$22.72	-13%	8
11	Renal/Urologic Disorders	\$1,044,962	\$19.78	\$22.80	\$910,317	\$16.51	15%	13
12	Spine-related Disorders	\$1,031,677	\$19.53	\$33.60	\$1,148,474	\$20.83	-10%	10
13	Eye/ENT Disorders	\$784,156	\$14.84	\$20.78	\$912,856	\$16.56	-14%	12
14	Gynecological Disorders	\$653,213	\$12.37	\$19.83	\$690,949	\$12.53	-5%	15
15	Infections	\$612,068	\$11.59	\$16.36	\$756,206	\$13.72	-19%	14
16	Non-malignant Neoplasm	\$534,140	\$10.11	\$11.91	\$450,030	\$8.16	19%	17
17	Dermatological Disorders	\$364,014	\$6.89	\$9.14	\$397,530	\$7.21	-8%	18
18	Endocrine/Metabolic Disorders	\$337,196	\$6.38	\$12.93	\$558,528	\$10.13	-40%	16
19	Vascular Disorders	\$248,699	\$4.71	\$6.99	\$146,576	\$2.66	70%	20
20	Diabetes	\$179,788	\$3.40	\$7.17	\$211,471	\$3.84	-15%	19
	All Others	\$206,337	-	-	\$257,147	-	-20%	-
	<b>Total</b>	<b>\$25,441,547</b>	<b>\$481.62</b>	<b>-</b>	<b>\$23,125,067</b>	<b>\$419.52</b>	<b>-</b>	<b>-</b>

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

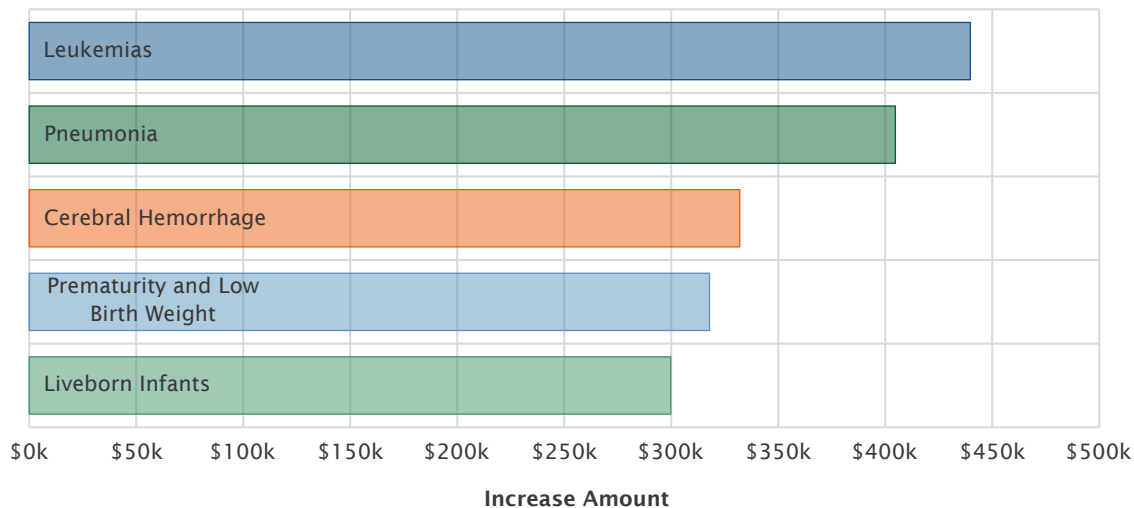
## Top 20 Diagnosis Sub-Groups - Comparison

Population: ABC corporation



This report presents the top diagnosis sub-groups by total amount paid during the reporting and comparison periods. This information helps to identify what conditions are driving healthcare costs the most. The chart shows the five diagnosis sub-groups that had the most growth in terms of amount paid between the comparison period and reporting period.

### Largest Increase from Comparison Period



- Leukemias had the largest change in the reporting period with an increase of \$439,759 from the comparison period.
- Prematurity and Low Birth Weight has the most significant deviation from the benchmark in the reporting period at 78%

SN	Diagnosis	Reporting Period Amount (Dec 2017 through Nov 2018)			Comparison Period (Dec 2016 through Nov 2017)		%Δ	Prior Period Rank
		Total Paid Amount	PEPM	Benchmark	Total Paid Amount	PEPM		
1	Wounds/Injuries	\$1,031,563	\$19.53	\$7.66	\$922,904	\$16.74	12%	2
2	Musculoskeletal Disorders, Other	\$889,557	\$16.84	\$18.22	\$939,711	\$17.05	-5%	1
3	Liveborn Infants	\$670,369	\$12.69	\$11.20	\$370,569	\$6.72	81%	10
4	Labor and Delivery Related	\$634,609	\$12.01	\$12.06	\$733,826	\$13.31	-14%	3
5	Intervertebral Disc Disorders	\$568,966	\$10.77	\$9.78	\$485,558	\$8.81	17%	6
6	Pneumonia	\$547,772	\$10.37	\$2.79	\$143,040	\$2.59	283%	55
7	Screenings	\$537,964	\$10.18	\$15.54	\$436,822	\$7.92	23%	7
8	Osteoarthritis	\$476,002	\$9.01	\$14.30	\$248,139	\$4.50	92%	27
9	Leukemias	\$467,363	\$8.85	\$3.01	\$27,603	\$0.50	1593%	141
10	Infectious Diseases	\$442,351	\$8.37	\$4.67	\$286,045	\$5.19	55%	23
11	Chronic Renal Failure	\$433,550	\$8.21	\$7.50	\$355,422	\$6.45	22%	12
12	Spine Disorders, Other	\$389,448	\$7.37	\$17.64	\$513,930	\$9.32	-24%	5
13	Abdominal Disorders	\$383,079	\$7.25	\$10.25	\$303,538	\$5.51	26%	18
14	Medical/Surgical Complications	\$360,218	\$6.82	\$10.20	\$339,655	\$6.16	6%	14
15	Benign Neoplasm	\$359,065	\$6.80	\$9.81	\$362,335	\$6.57	-1%	11
16	Cancers, Other	\$347,876	\$6.59	\$6.15	\$91,782	\$1.67	279%	83
17	Arthropathies, Other	\$335,935	\$6.36	\$7.19	\$294,204	\$5.34	14%	22
18	Cerebral Hemorrhage	\$332,025	\$6.29	\$1.90	\$0	\$0.00	0%	241
19	Prematurity and Low Birth Weight	\$328,243	\$6.21	\$1.39	\$10,356	\$0.19	3070%	175
20	Hernias	\$328,158	\$6.21	\$5.22	\$134,830	\$2.45	143%	57
	All Others	\$15,577,434			\$16,124,799		-3%	
	<b>Total</b>	<b>\$25,441,547</b>	<b>\$481.62</b>		<b>\$23,125,067</b>	<b>\$419.52</b>		

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

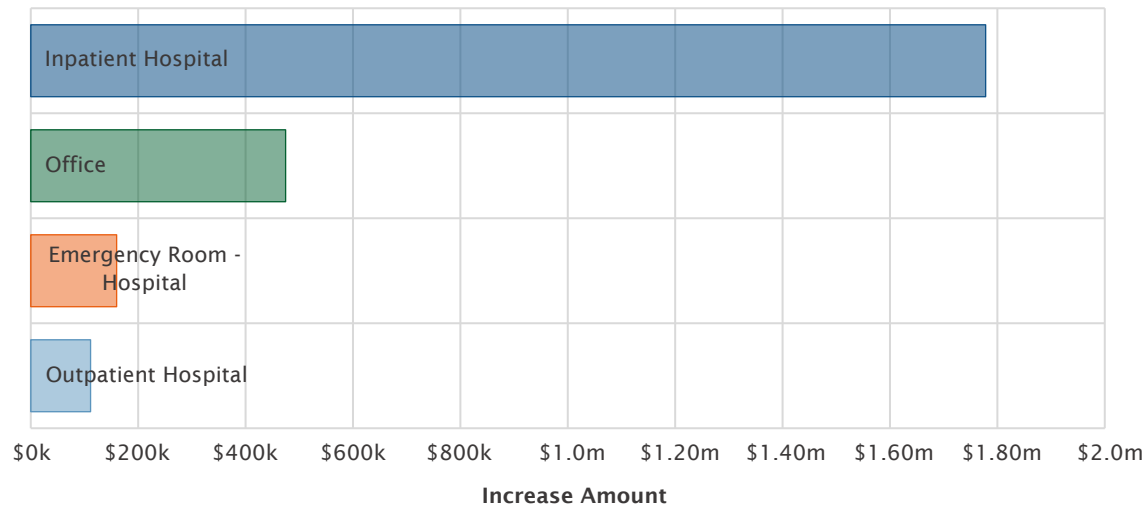
## Top 20 Places of Service - Comparison

Population: ABC corporation



This report presents the top places of service by total amount paid during the reporting and comparison periods. This information helps to identify what places are driving healthcare costs the most. The chart shows the top places of service that had the most growth in terms of amount paid between the comparison period and reporting period.

### Largest Increase from Comparison Period



- Inpatient Hospital had the largest change in the reporting period with an increase of \$1,778,157 from the comparison period.
- Independent Clinic has the most significant deviation from the benchmark in the reporting period at 51%

SN	Place of Service	Reporting Period (Dec 17 through Nov 18)			Comparison Period (Dec 16 through Nov 17)		%Δ	Prior Period Rank
		Total Paid Amount	PEPM	Benchmark	Total Paid Amount	PEPM		
1	Outpatient Hospital	\$9,143,942	\$173.10	\$208.42	\$9,032,611	\$163.86	1%	1
2	Inpatient Hospital	\$8,040,413	\$152.21	\$196.71	\$6,262,256	\$113.61	28%	2
3	Office	\$6,290,231	\$119.08	\$140.64	\$5,815,675	\$105.50	8%	3
4	Emergency Room - Hospital	\$1,654,816	\$31.33	\$30.57	\$1,494,936	\$27.12	11%	4
5	Home	\$286,212	\$5.42	\$13.99	\$376,349	\$6.83	-24%	5
6	Independent Clinic	\$25,933	\$0.49	\$0.24	\$143,240	\$2.60	-82%	6
	All Others	\$0			\$0		0%	
	<b>Total</b>	<b>\$25,441,547</b>	<b>\$481.62</b>		<b>\$23,125,067</b>	<b>\$419.52</b>		

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

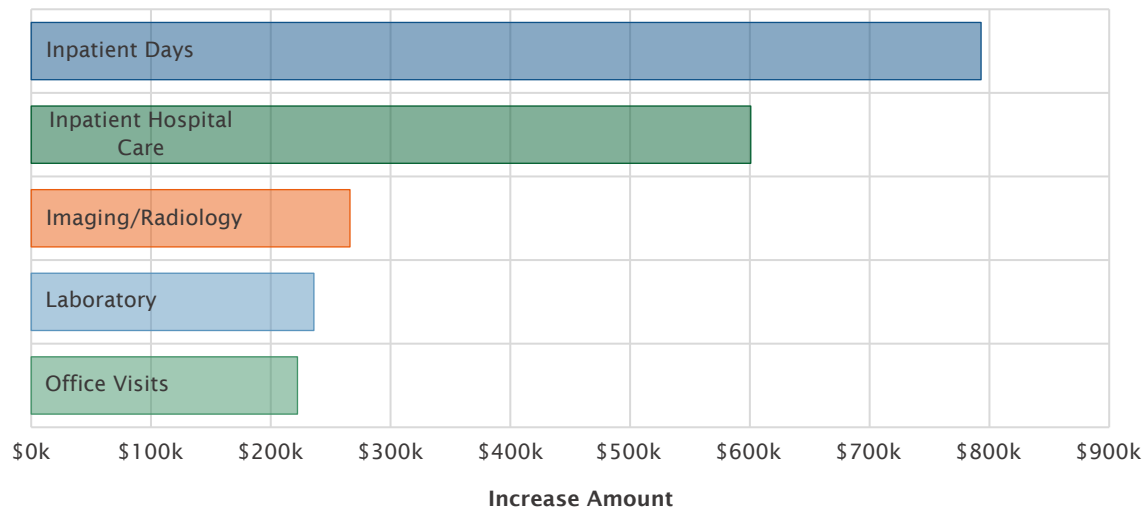
## Top 20 Procedure Groups - Comparison

Population: ABC corporation



This report presents the top procedure groups by total amount paid during the reporting and comparison periods. This information helps to identify what procedures are driving healthcare costs the most. The chart shows the top procedure groups that had the most growth in terms of amount paid between the comparison period and reporting period.

### Largest Increase from Comparison Period



- Inpatient Days had the largest change in the reporting period with an increase of \$793,013 from the comparison period.
- Urology/Nephrology has the most significant deviation from the benchmark in the reporting period at 15%

SN	Procedure Group	Reporting Period (Dec 2017 through Nov 2018)			Comparison Period (Dec 2016 through Nov 2017)		%Δ	Prior Period Rank
		Total Paid Amount	PEPM	Benchmark	Total Paid Amount	PEPM		
1	Inpatient Days	\$4,347,870	\$82.31	\$80.90	\$3,554,857	\$64.49	22%	1
2	Office Visits	\$2,728,578	\$51.65	\$61.62	\$2,506,279	\$45.47	9%	2
3	Surgery	\$2,413,329	\$45.69	\$59.01	\$2,335,289	\$42.37	3%	3
4	Imaging/Radiology	\$2,403,683	\$45.50	\$54.72	\$2,137,550	\$38.78	12%	4
5	Laboratory	\$2,178,959	\$41.25	\$45.09	\$1,942,955	\$35.25	12%	6
6	Drugs	\$1,703,098	\$32.24	\$66.05	\$2,051,354	\$37.21	-17%	5
7	Inpatient Hospital Care	\$1,101,302	\$20.85	\$29.70	\$500,557	\$9.08	120%	12
8	Anesthesia	\$810,336	\$15.34	\$26.61	\$758,766	\$13.76	7%	7
9	Emergency Room	\$810,108	\$15.34	\$28.24	\$721,886	\$13.10	12%	9
10	Physical Medicine	\$705,811	\$13.36	\$13.26	\$733,914	\$13.31	-4%	8
11	Operating Room	\$555,494	\$10.52	\$18.37	\$390,166	\$7.08	42%	15
12	Gastroenterology	\$540,830	\$10.24	\$13.52	\$492,602	\$8.94	10%	13
13	Urology/Nephrology	\$526,985	\$9.98	\$8.52	\$412,298	\$7.48	28%	14
14	Cardiology	\$485,023	\$9.18	\$15.29	\$535,956	\$9.72	-10%	11
15	Durable Medical Equipment	\$458,610	\$8.68	\$18.37	\$581,183	\$10.54	-21%	10
16	Oncology	\$430,851	\$8.16	\$10.49	\$337,125	\$6.12	28%	17
17	Immunizations	\$399,895	\$7.57	\$10.65	\$342,971	\$6.22	17%	16
18	Mental Health/Substance Abuse	\$364,269	\$6.90	\$7.61	\$225,557	\$4.09	61%	22
19	Other Procedures	\$324,460	\$6.14	\$10.60	\$326,279	\$5.92	-1%	18
20	Supplies	\$315,517	\$5.97	\$12.37	\$309,476	\$5.61	2%	19
	All Others	\$1,836,540	-	-	\$1,928,044	-	-5%	-
	<b>Total</b>	<b>\$25,441,547</b>	<b>\$481.62</b>	<b>-</b>	<b>\$23,125,067</b>	<b>\$419.52</b>	<b>-</b>	<b>-</b>

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

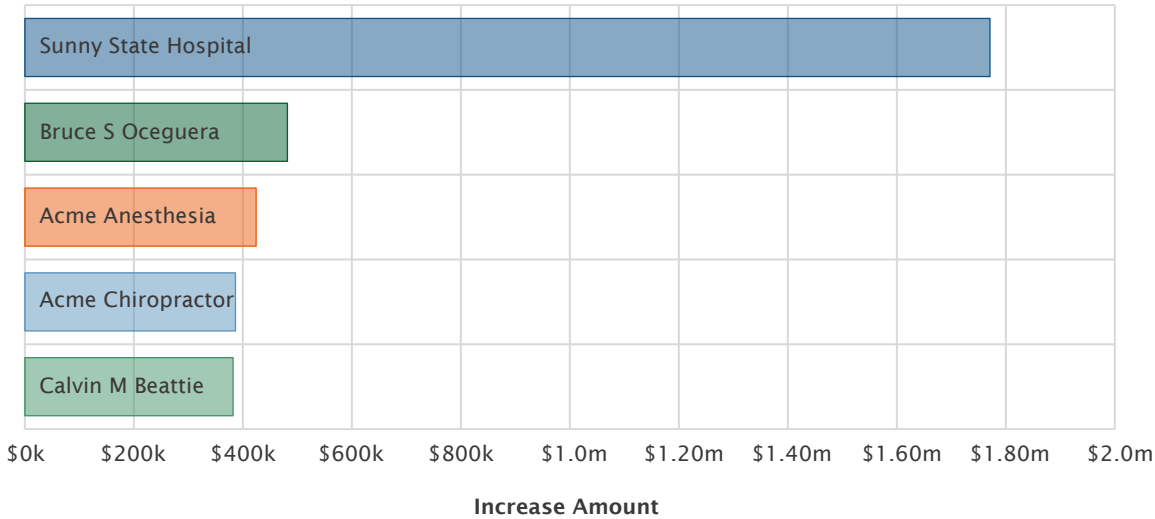
## Top 20 Providers - Comparison

Population: ABC corporation



This report presents the top highest paid providers during the reporting and comparison periods. Claims paid for a single Provider ID are grouped under that provider in the report. Both institutional and individual providers are included in the ranking. The chart shows the five providers that had the most growth in terms of amount paid between the comparison period and reporting period.

### Largest Increase from Comparison Period



- Sunny State Hospital had the largest change in the reporting period with an increase of \$1,770,844 from the comparison period.
- Robert D Magers has the most significant growth percentage in the reporting period at 68506% (\$316,876)

Provider	Reporting: Dec-17 to Nov-18	Comparison: Dec-16 to Nov-17	%Δ	Prior Period Rank
	Amount	Amount		
Sunny State Hospital	\$2,031,431	\$260,587	680%	9
Bruce S Ocegura	\$535,879	\$54,110	890%	12
Health Care Corp	\$495,432	\$361,486	37%	4
Charlotte M Coulombe	\$492,304	\$279,002	76%	7
Valerie A Browning	\$464,987	\$272,180	71%	8
Hail Merry Clinic	\$458,169	\$303,044	51%	6
Acme Anesthesia	\$424,296	-\$51	-832543%	20
Acme Chiropractor	\$389,440	\$3,014	12822%	15
Calvin M Beattie	\$382,990	\$919	41590%	17
Rosemary M Briggs	\$370,938	\$568,105	-35%	1
Acme Chest Medicine	\$365,711	\$3,108	11666%	14
Paul R McCann	\$355,712	\$490,283	-27%	2
Angela D Rhames	\$339,995	\$466,734	-27%	3
Lori H Ryan	\$330,829	\$345,007	-4%	5
West Hospital	\$328,747	\$501	65518%	18
Robert D Magers	\$317,339	\$463	68506%	19
Phillip J Buxton	\$303,700	\$149,083	104%	11
Pauline D Doering	\$301,202	\$1,146	26192%	16
Green Valley Medical Center	\$299,320	\$20,831	1337%	13
Brian T Riley	\$298,411	\$259,986	15%	10
All Others	\$16,154,718	\$19,285,531	-16%	
<b>Total</b>	<b>\$25,441,547</b>	<b>\$23,125,067</b>		
PEPM	\$482	\$420		

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019



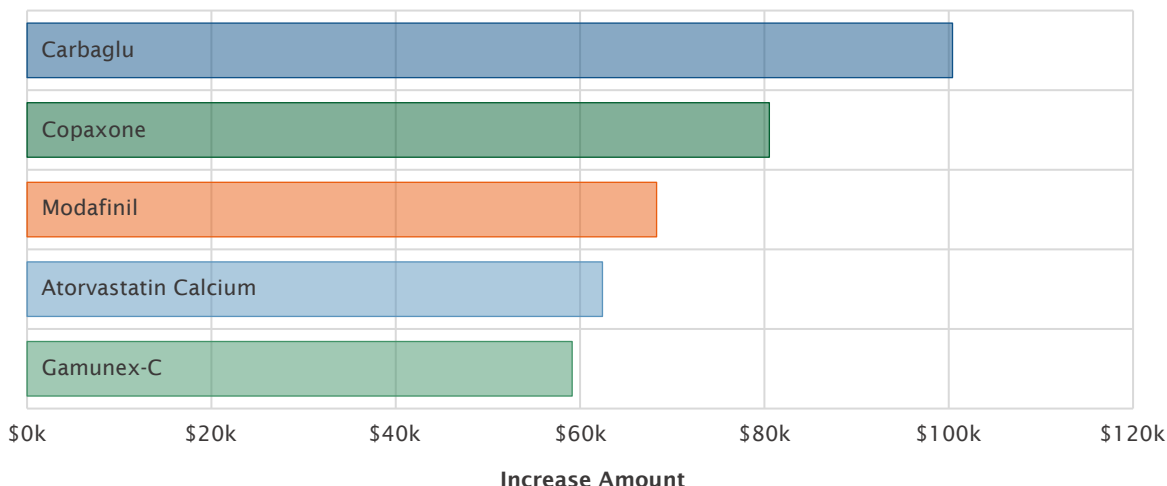
## Top 20 Drugs - Comparison

Population: ABC corporation



This report presents the top drugs by total amount paid during the reporting and comparison periods. Drugs administered by the pharmacy benefit manager are included and drugs paid through medical claims are excluded. By looking at the total cost for a drug along with the prescription count it can be determined if the cost driver is a few individuals using a high cost drug or high utilization of the drug. The chart shows the top drugs that had the most growth in terms of amount paid between the comparison period and reporting period.

### Largest Increase from Comparison Period



- Carbaglu had the largest change in the reporting period with an increase of \$100,409 from the comparison period.
- Montelukast Sodium has the most significant growth percentage in the reporting period at 8077% (\$58,274)

SN	Drug	Generic	Reporting: Dec-17 to Nov-18				Comparison: Dec-16 to Nov-17	%Δ	Prior Period Rank
			Amount	Script Count	Member Count	PEPM	Amount		
1	Copaxone	No	\$265,807	62	7	\$5.03	\$185,270	43%	1
2	Humira	No	\$140,013	54	11	\$2.65	\$131,993	6%	2
3	Crestor	No	\$127,256	681	125	\$2.41	\$93,782	36%	5
4	Atorvastatin Calcium	Yes	\$114,218	1,360	247	\$2.16	\$51,790	121%	11
5	Carbaglu	No	\$100,409	2	1	\$1.90	\$0	0%	N/A
6	Enbrel	No	\$100,348	54	8	\$1.90	\$113,686	-12%	4
7	Cymbalta	No	\$98,612	463	78	\$1.87	\$80,012	23%	7
8	Advair Diskus	No	\$96,155	374	117	\$1.82	\$82,127	17%	6
9	Gleevec	No	\$82,561	13	1	\$1.56	\$61,457	34%	9
10	Nexium	No	\$77,913	368	88	\$1.47	\$69,854	12%	8
11	Incivek	No	\$72,550	4	2	\$1.37	\$16,680	335%	16
12	Abilify	No	\$68,486	109	21	\$1.30	\$55,781	23%	10
13	Modafinil	Yes	\$68,302	64	10	\$1.29	\$0	0%	N/A
14	Singulair	No	\$63,643	389	143	\$1.20	\$127,197	-50%	3
15	Gamunex-C	No	\$59,140	7	1	\$1.12	\$0	0%	N/A
16	Niaspan	No	\$58,348	222	40	\$1.10	\$41,474	41%	12
17	Montelukast Sodium	Yes	\$58,274	626	170	\$1.10	\$713	8077%	17
18	One Touch Ultra Test Strips	No	\$55,156	271	73	\$1.04	\$40,083	38%	15
19	Fentora	No	\$55,043	13	1	\$1.04	\$40,649	35%	14
20	Avonex	No	\$53,170	14	2	\$1.01	\$40,963	30%	13
	All Others		\$4,224,596	66,624	24,974		\$3,988,025	6%	
	<b>Total</b>		<b>\$6,039,998</b>	<b>71,774</b>	<b>6,507</b>	<b>\$114.34</b>	<b>\$5,221,538</b>		

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

## Top 50 Brand Drugs

Population: ABC corporation

Pharmacy claims considered brand by First DataBank summarized by drug name. Top fifty results by paid amount.

S.No.	Brand Name	Total Allowed Amount	Total Paid Amount ↓	Script Count Per 1000	Days Of Supply Per 1000
1	Copaxone	\$0.00	\$265,806.50	6.05	181.42
2	Humira	\$0.00	\$140,013.41	5.27	146.11
3	Crestor	\$0.00	\$127,255.60	66.42	2564.72
4	Carbaglu	\$0.00	\$100,408.77	0.2	5.27
5	Enbrel	\$0.00	\$100,348.19	5.27	147.96
6	Cymbalta	\$0.00	\$98,611.63	45.16	1501.28
7	Advair Diskus	\$0.00	\$96,154.52	36.48	1192.38
8	Gleevec	\$0.00	\$82,561.00	1.27	38.04
9	Nexium	\$0.00	\$77,913.47	35.89	1347.66
10	Incivek	\$0.00	\$72,549.74	0.39	11.12
11	Abilify	\$0.00	\$68,485.96	10.63	342.35
12	Singulair	\$0.00	\$63,642.79	37.94	1266.61
13	Gamunex-C	\$0.00	\$59,140.37	0.68	19.12
14	Niaspan	\$0.00	\$58,347.67	21.65	918.79
15	One Touch Ultra Test Strips	\$0.00	\$55,155.50	26.43	1003.94
16	Fentora	\$0.00	\$55,042.80	1.27	34.04
17	Avonex	\$0.00	\$53,169.99	1.37	38.23
18	Humalog	\$0.00	\$52,680.20	12.87	521.62
19	Betaseron	\$0.00	\$50,898.40	1.27	35.5
20	Androgel	\$0.00	\$48,106.75	11.12	364.49
21	Novolog	\$0.00	\$47,380.23	10.24	323.24
22	Lantus Solostar	\$0.00	\$46,796.71	13.95	516.85
23	Oxycontin	\$0.00	\$45,704.85	8.78	214.58
24	Vytorin	\$0.00	\$42,746.05	22.53	910.21
25	Viread	\$0.00	\$42,010.10	4.88	169.71
26	Januvia	\$0.00	\$40,741.27	12	470.81
27	Atripla	\$0.00	\$40,503.27	1.07	73.15
28	Diovan	\$0.00	\$39,092.78	28.87	1086.95
29	Epzicom	\$0.00	\$36,739.70	3.71	111.19
30	Xolair	\$0.00	\$36,633.66	2.34	65.54
31	Lamictal Xr	\$0.00	\$36,259.98	6.24	178.39
32	Vyvanse	\$0.00	\$34,258.87	25.16	809.65
33	Creon	\$0.00	\$33,221.53	0.98	52.57
34	Gilenya	\$0.00	\$31,948.86	0.68	19.12

Reporting Period: Paid December 2017 to November 2018

Benchmark: Commercial

January 02, 2019

## Top 50 Brand Drugs

Population: ABC corporation



S.No.	Brand Name	Total Allowed Amount	Total Paid Amount ↓	Script Count Per 1000	Days Of Supply Per 1000
35	Nasonex	\$0.00	\$30,536.12	27.99	889.04
36	Simponi	\$0.00	\$30,368.50	1.37	40.38
37	Suboxone	\$0.00	\$29,978.82	11.8	266.27
38	Solodyn	\$0.00	\$29,609.79	4.39	131.67
39	Lunesta	\$0.00	\$29,468.07	15.61	532.94
40	Avonex Pen	\$0.00	\$29,431.00	0.78	21.85
41	Levemir	\$0.00	\$28,412.22	8.39	274.56
42	Symbicort	\$0.00	\$27,920.20	11.8	376.39
43	Lovaza	\$0.00	\$27,177.44	13.26	520.84
44	Lialda	\$0.00	\$27,057.10	3.51	134.6
45	Lipitor	\$0.00	\$27,050.43	16.87	619.36
46	Tricor	\$0.00	\$25,819.57	15.31	585.32
47	Asacol	\$0.00	\$24,065.33	3.51	195.27
48	Trilipix	\$0.00	\$23,879.24	13.85	479.88
49	Dexilant	\$0.00	\$23,280.57	15.8	556.93
50	Spiriva	\$0.00	\$22,841.17	8.39	275.05
	<b>Total</b>	<b>\$0.00</b>	<b>\$2,717,226.69</b>	<b>641.69</b>	<b>22582.99</b>

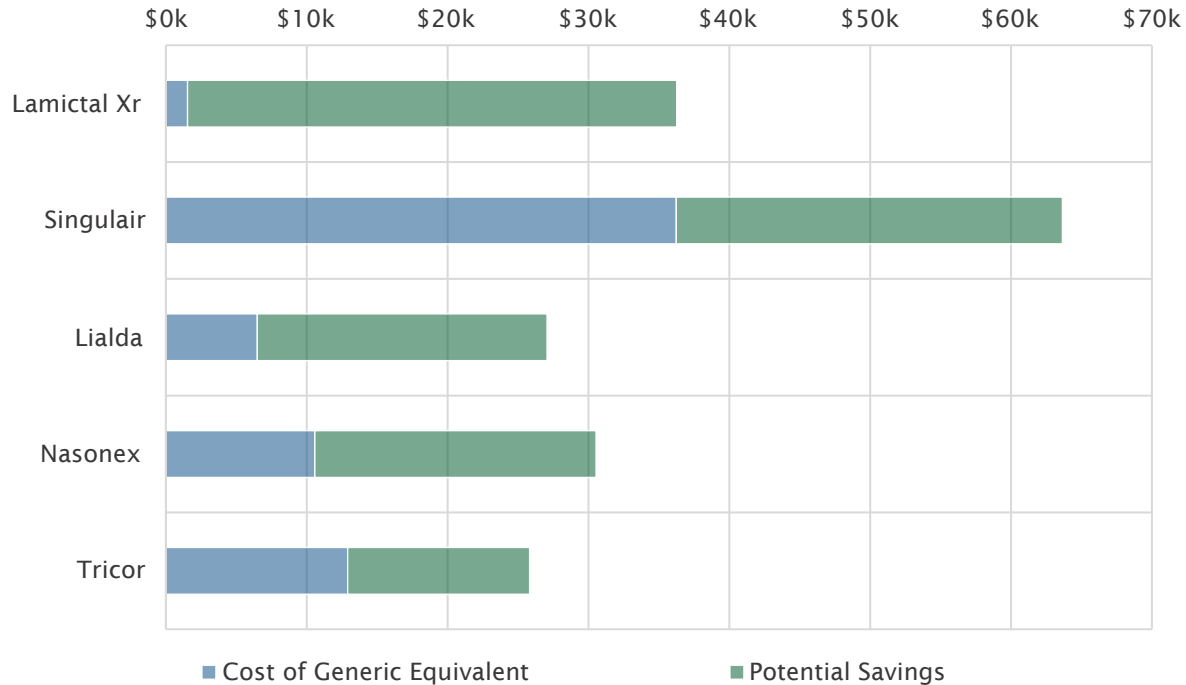
## Drug Switch Summary

Population: ABC corporation



An analysis of brand name drugs that could be replaced with less costly generic alternatives. Generic alternatives are suggested in cases where the generic is pharmaceutically equivalent to the brand name drug and is considered by the FDA to be clinically equivalent. Brand drug spending and utilization is calculated for the observed population and report period while the cost of generic equivalents is calculated using the most recent twelve months of application data. Potential savings are calculated assuming a 100% effective switch rate to illustrate the maximum size of the savings opportunity.

### Top Five Savings Opportunities



- Switching Lamictal Xr to Lamotrigine could save up to \$34,724, 10% of all potential drug switch savings.
- The top five drug switch opportunities account for 34% of total savings.
- The total potential drug switch savings, \$338,005, represents 6% of all pharmacy spending in the period.

### Top Ten Savings Opportunities

Switch Opportunity (Brand-Generic)	Potential Savings	Savings per Day	Savings per Member
Lamictal Xr - Lamotrigine	\$34,724	\$19	\$5,787
Singulair - Montelukast Sodium	\$27,412	\$2	\$192
Lialda - Mesalamine	\$20,571	\$15	\$2,939
Nasonex - Mometasone Furoate	\$19,963	\$2	\$138
Tricor - Fenofibrate	\$12,917	\$2	\$380
Monodox - Doxycycline Monohydrate	\$12,859	\$19	\$2,143
Lipitor - Atorvastatin Calcium	\$12,445	\$2	\$168
Lidoderm - Lidocaine	\$11,655	\$11	\$466
Keppra - Levetiracetam	\$11,590	\$12	\$2,897
Ortho Tri-Cyclen Lo - Norgestimate-Ethinyl Estradiol	\$9,603	\$2	\$310

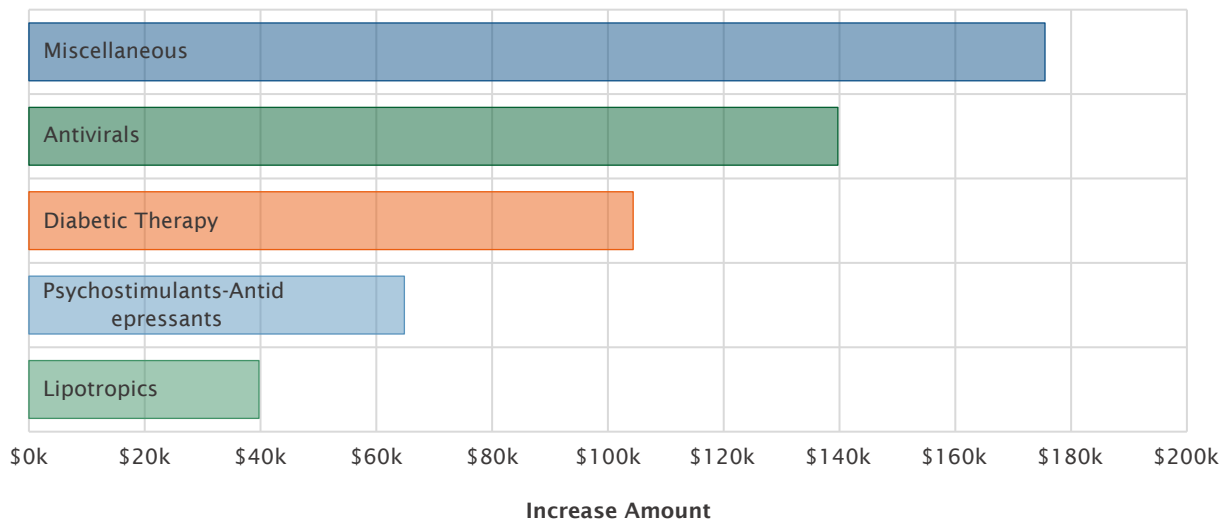
## Top 20 Therapeutic Classes - Comparison

Population: ABC corporation



This report presents the top therapeutic classes by total amount paid during the reporting and comparison periods. This information helps to identify what classes are driving healthcare costs the most. The chart shows the top therapeutic classes that had the most growth in terms of amount paid between the comparison period and reporting period.

### Largest Increase from Comparison Period



- Miscellaneous had the largest change in the reporting period with an increase of \$175,489 from the comparison period.
- Lipotropics has the most significant deviation from the benchmark in the reporting period at 56%

SN	Therapeutic Class	Reporting Period (Dec 2017 through Nov 2018)				Comparison Period (Dec 2016 through Nov 2017)		%Δ	Prior Period Rank
		Total Paid Amount	Member Count	PEPM	Benchmark	Total Paid Amount	PEPM		
1	Miscellaneous	\$752,634	425	\$14.25	\$28.71	\$577,145	\$10.47	30%	1
2	Lipotropics	\$534,925	883	\$10.13	\$4.45	\$495,190	\$8.98	8%	2
3	Diabetic Therapy	\$428,458	264	\$8.11	\$18.86	\$324,099	\$5.88	32%	5
4	Antivirals	\$392,946	413	\$7.44	\$13.33	\$253,230	\$4.59	55%	7
5	Psychostimulants-Antidepressants	\$383,160	973	\$7.25	\$4.65	\$318,315	\$5.77	20%	6
6	Bronchial Dilators	\$350,294	823	\$6.63	\$4.14	\$331,571	\$6.02	6%	4
7	Antiarthritics	\$331,969	812	\$6.28	\$21.47	\$332,085	\$6.02	0%	3
8	Other Antihypertensives	\$214,050	793	\$4.05	\$3.01	\$181,468	\$3.29	18%	8
9	Anti-Ulcer Preps/Gastrointestinal Preps	\$160,847	380	\$3.04	\$2.41	\$173,588	\$3.15	-7%	9
10	Narcotic Analgesics	\$159,933	1,205	\$3.03	\$2.61	\$148,428	\$2.69	8%	10
11	Non-Narcotic Analgesics	\$152,626	226	\$2.89	\$3.01	\$124,193	\$2.25	23%	14
12	Systemic Contraceptives	\$148,578	714	\$2.81	\$4.18	\$138,161	\$2.51	8%	11
13	Glucocorticoids	\$137,761	1,305	\$2.61	\$3.32	\$112,002	\$2.03	23%	17
14	Anticonvulsants	\$134,836	306	\$2.55	\$3.81	\$109,736	\$1.99	23%	18
15	All Other Dermatologicals	\$127,763	406	\$2.42	\$4.56	\$121,475	\$2.20	5%	16
16	Ataractics-Tranquilizers	\$121,171	517	\$2.29	\$3.12	\$124,159	\$2.25	-2%	15
17	Antineoplastics	\$113,862	78	\$2.16	\$8.34	\$128,785	\$2.34	-12%	12
18	Amphetamine Preparations	\$112,879	165	\$2.14	\$3.08	\$76,405	\$1.39	48%	22
19	Anticoagulants	\$100,530	117	\$1.90	\$1.95	\$125,653	\$2.28	-20%	13
20	Other Cardiovascular Preps	\$92,726	526	\$1.76	\$1.73	\$85,682	\$1.55	8%	20
	All Others	\$1,088,051	10,776	-	-	\$940,170	-	16%	
	<b>Total</b>	<b>\$6,039,998</b>	<b>6,507</b>	<b>\$114.34</b>	<b>-</b>	<b>\$5,221,538</b>	<b>\$94.73</b>	<b>-</b>	

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

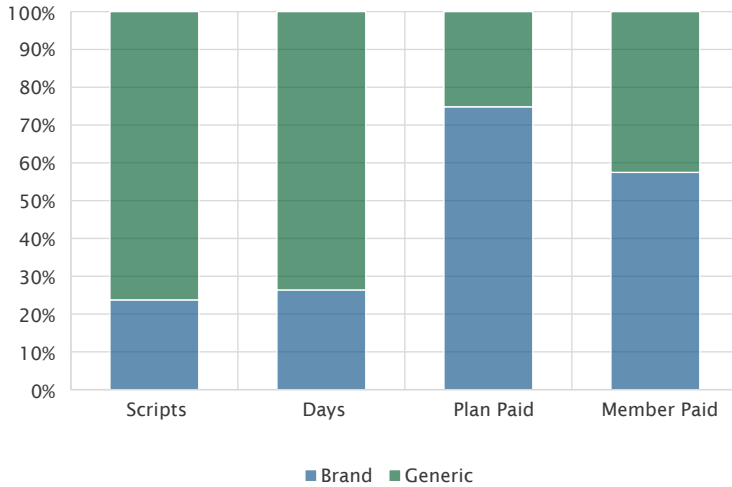
# Pharmacy - Therapeutic Equivalence

Population: ABC corporation

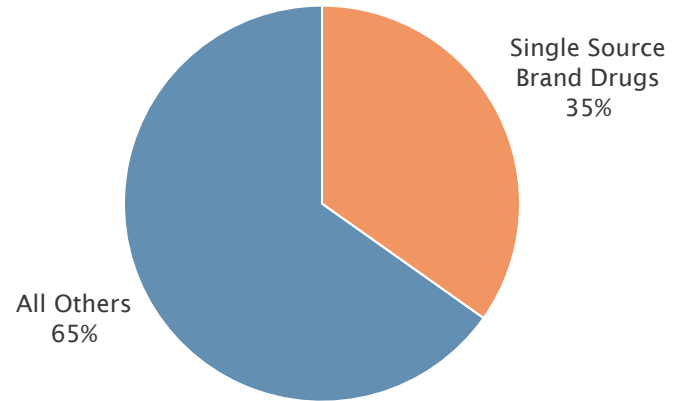


Therapeutic equivalence values are derived from the FDA's *Orange Book* code status. This report shows drug utilization by brand / generic status as well as therapeutic equivalence. Values such as Allowed and Usual & Customary will be left blank if not populated in source data.

## Brand vs. Generic Utilization



## % of Rx Plan Paid Amount



Total Cost	Scripts	Days	Plan Paid	Member Paid	Allowed	Usual & Customary
<b>Brand</b>						
Non-drug items, supplies, bulk chemicals	730	27,691	\$81,218	\$718	\$0	\$0
Not Tx equivalent to Rx equivalents	622	12,538	\$47,738	\$15,761	\$0	\$0
Single Source	5,946	185,933	\$2,069,222	\$266,694	\$0	\$0
Potential Therapeutic Equivalents	8,808	303,907	\$1,999,843	\$343,713	\$0	\$0
Unknown	695	22,675	\$250,419	\$27,406	\$0	\$0
Total Brand	16,801	552,744	\$4,448,441	\$654,292	\$0	\$0
% Brand	23.75%	26.38%	74.83%	57.48%	0.00%	0.00%
<b>Generic</b>						
Non-drug items, supplies, bulk chemicals	23	610	\$6,475	\$886	\$0	\$0
Not Tx equivalent to Rx equivalents	166	5,048	\$5,435	\$1,726	\$0	\$0
Single Source	263	5,943	\$11,186	\$3,836	\$0	\$0
Potential Therapeutic Equivalents	52,679	1,511,786	\$1,461,705	\$470,731	\$0	\$0
Unknown	816	19,305	\$11,505	\$6,857	\$0	\$0
Total Generic	53,947	1,542,692	\$1,496,304	\$484,035	\$0	\$0
% Generic	76.25%	73.62%	25.17%	42.52%	0.00%	0.00%
<b>All Scripts</b>	<b>70,748</b>	<b>2,095,436</b>	<b>\$5,944,745</b>	<b>\$1,138,327</b>	<b>\$0</b>	<b>\$0</b>
Average per Script	Scripts	Days	Plan Paid	Member Paid	Allowed	Usual & Customary
<b>Brand</b>						
Non-drug items, supplies, bulk chemicals	730	37.93	\$111.26	\$0.98	\$0.00	\$0.00
Not Tx equivalent to Rx equivalents	622	20.16	\$76.75	\$25.34	\$0.00	\$0.00
Single Source	5,946	31.27	\$348.00	\$44.85	\$0.00	\$0.00
Potential Therapeutic Equivalents	8,808	34.50	\$227.05	\$39.02	\$0.00	\$0.00
Unknown	695	32.63	\$360.32	\$39.43	\$0.00	\$0.00
Total Brand	16,801	32.90	\$264.77	\$38.94	\$0.00	\$0.00
<b>Generic</b>						
Non-drug items, supplies, bulk chemicals	23	26.52	\$281.51	\$38.52	\$0.00	\$0.00
Not Tx equivalent to Rx equivalents	166	30.41	\$32.74	\$10.40	\$0.00	\$0.00
Single Source	263	22.60	\$42.53	\$14.58	\$0.00	\$0.00
Potential Therapeutic Equivalents	52,679	28.70	\$27.75	\$8.94	\$0.00	\$0.00
Unknown	816	23.66	\$14.10	\$8.40	\$0.00	\$0.00
Total Generic	53,947	28.60	\$27.74	\$8.97	\$0.00	\$0.00
<b>All Scripts</b>	<b>70,748</b>	<b>29.62</b>	<b>\$84.03</b>	<b>\$16.09</b>	<b>\$0.00</b>	<b>\$0.00</b>

Reporting Period: Paid December 2017 to November 2018

Benchmark: Commercial

January 02, 2019

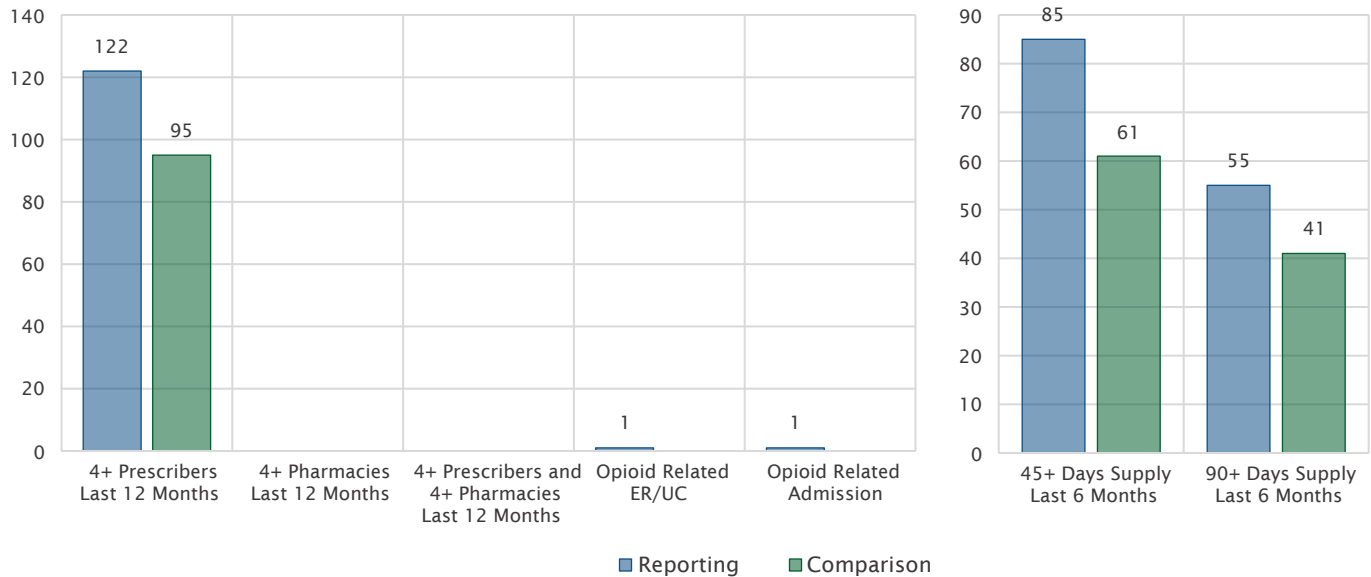
## Opioid Impact

Population: ABC corporation



Opioid misuse and abuse can be both costly and damaging to patient health. This report provides a financial overview of opioid utilization and cost trends on the plan and also reports on a number of risk indicators for opioid abuse. Opioid Risk Triggers are always identified on a service date basis.

### Opioid Risk Indicator Prevalence



Risk Indicator Prevalence*	Reporting			Comparison			% Change	
	Members	Per 1000 Members	Per 1000	Members	Per 1000 Members	Per 1000	Per 1000 Members	Per 1000
4+ Prescribers Last 12 Months	122	14.10	11.90	95	8.56	9.05	64.72%	31.49%
4+ Pharmacies Last 12 Months	0	0.00	0.00	0	0.00	0.00	N/A	N/A
4+ Prescribers and 4+ Pharmacies Last 12 Months	0	0.00	0.00	0	0.00	0.00	N/A	N/A
45+ Days Supply Last 6 Months	85	9.83	8.29	61	5.50	5.81	78.73%	42.67%
90+ Days Supply Last 6 Months	55	6.36	5.36	41	3.70	3.91	72.06%	37.35%
Opioid Related ER/UC	1	0.12	0.10	0	0.00	0.00	N/A	N/A
Opioid Related Admission	1	0.12	0.10	0	0.00	0.00	N/A	N/A

\*Risk indicators are calculated using fixed-length incurred basis lookback timeframes from the end of the report period. Members diagnosed with cancer or receiving hospice care are excluded from the analysis.

### Opioid Financial Impact and Utilization

Plan Spending and Utilization	Reporting		Comparison		% Change
	Total	Per 1000	Total	Per 1000	Per 1000
Plan Spending on Opioids	\$158,138	\$15,424.21	\$138,212	\$13,166.50	17.15%
Opioid Days Supply	36,617	3,571.49	33,724	3,212.65	11.17%
Opioid Prescriptions	2,626	256.13	2,556	243.49	5.19%
Members with Opioid Utilization	1,199	116.95	1,090	103.84	12.63%

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

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## Quality Metrics

Population: ABC corporation



This report summarizes results for quality metric performance. Quality metrics measure the quality of care your membership is receiving. The goal of quality health care is to ensure individuals get the care they need in a manner that most effectively protects or restores their health. This report can be used to identify areas where high quality care is being successfully delivered as well as areas for improvement. For some metrics, the positive health outcome results in members meeting the metric while for others a negative health outcome is indicated by members meeting the metric. For each metric, the negative health outcome has been highlighted in red. Metrics for which there were no eligible members in either the report or comparison periods have been removed from the report. Quality Metrics are always calculated on a service date basis.

SN	Condition	Metric Description	Reporting Period (Dec 2017 through Nov 2018)					Comparison Period (Dec 2016 through Nov 2017)			
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
E02	Asthma	Visit to an ED/Urgent care for asthma last 6 months	247	62	185	25.1%	36.7%	163	67	96	41.1%
E03	Asthma	Asthma and routine provider visit last 12 months	247	237	10	96.0%	97.8%	163	159	4	97.5%
E04	Asthma	Children with asthma-related acute visit last 2 months	65	4	61	6.2%	21.0%	45	13	32	28.9%
E05	Asthma	Members with asthma taking Rx for asthma	247	150	97	60.7%	61.8%	163	111	52	68.1%
I02	Breast Cancer	Breast cancer and ER/PR test	32	13	19	40.6%	- -	27	8	19	29.6%
I03	Breast Cancer	ER/PR negative breast cancer with endocrine therapy	2	0	2	0.0%	- -	1	0	1	0.0%
I04	Breast Cancer	ER/PR pos breast cancer with recommended genetic test	8	0	8	0.0%	- -	5	0	5	0.0%
I05	Breast Cancer	ER/PR positive breast cancer with chemotherapy	8	7	1	87.5%	- -	5	4	1	80.0%
C01	COPD	Readmit for COPD in 30 days after COPD D/C	1	0	1	0.0%	3.5%	0	0	0	0.0%
C02	COPD	ER Visit for COPD related diagnosis in last 90 days	35	2	33	5.7%	3.5%	28	1	27	3.6%
C03	COPD	Exacerbations last 12 months	35	2	33	5.7%	10.7%	28	1	27	3.6%
C04	COPD	Age 21+ with COPD on bronchodilator therapy	33	15	18	45.5%	54.1%	26	9	17	34.6%
C05	COPD	COPD with annual spirometry test	35	13	22	37.1%	23.9%	28	9	19	32.1%
B01	CHF	Heart failure and atrial fibrillation on warfarin therapy	4	4	0	100.0%	23.4%	4	3	1	75.0%
B02	CHF	Heart failure and LVSD on ACE/ARB	3	2	1	66.7%	59.0%	1	1	0	100.0%
B03	CHF	Heart failure and LVSD on beta-blocker	2	2	0	100.0%	72.2%	0	0	0	0.0%
A01	CAD	CAD Annual lipid profile	107	100	7	93.5%	78.5%	73	69	4	94.5%
A02	CAD	On anti-platelet medication	107	27	80	25.2%	31.5%	73	22	51	30.1%
A03	CAD	On lipid lowering medication	103	77	26	74.8%	69.5%	69	52	17	75.4%
D01	Diabetes	Annual dilated eye exam	259	129	130	49.8%	54.9%	210	105	105	50.0%
D02	Diabetes	Annual foot exam	259	83	176	32.0%	37.5%	210	82	128	39.0%
D03	Diabetes	Annual HbA1c test done	259	239	20	92.3%	86.9%	210	194	16	92.4%
D04	Diabetes	Diabetes Annual lipid profile	259	232	27	89.6%	77.8%	210	186	24	88.6%
D05	Diabetes	Home glucose testing supplies last 12 months	259	129	130	49.8%	46.0%	210	102	108	48.6%
D06	Diabetes	Annual microalbumin urine screen	259	170	89	65.6%	71.9%	210	140	70	66.7%
G01	Hyperlip.	Hyperlipidemia annual lipid profile	885	825	60	93.2%	88.8%	640	603	37	94.2%
G02	Hyperlip.	On lipid-lowering medication	878	487	391	55.5%	55.5%	631	352	279	55.8%
G03	Hyperlip.	Prescribed statin and gaps in refills	452	234	218	51.8%	38.7%	320	184	136	57.5%

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

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SN	Condition	Metric Description	Reporting Period (Dec 2017 through Nov 2018)					Comparison Period (Dec 2016 through Nov 2017)			
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
F01	Hypertension	On antihypertensive medication	722	548	174	75.9%	75.7%	508	381	127	75.0%
F02	Hypertension	Hypertension Annual lipid profile	722	640	82	88.6%	74.3%	508	453	55	89.2%
W04	Wellness	Women 21+, cervical cancer screen last 24 mos	3,011	1,398	1,613	46.4%	51.9%	3,881	1,118	2,763	28.8%
W07	Wellness	Routine exam last 24 months	8,650	6,947	1,703	80.3%	78.1%	11,095	5,792	5,303	52.2%
W08	Wellness	Women 40-69, screening mammogram last 24 mos	1,920	913	1,007	47.6%	45.1%	2,383	701	1,682	29.4%
X01	Addl. Gaps	Age 65+ on high risk drug	647	140	507	21.6%	23.4%	772	102	670	13.2%
X02	Addl. Gaps	On statin drug without ALT and an AST last 12 months	622	578	44	92.9%	96.2%	528	479	49	90.7%
X03	Addl. Gaps	No monthly PT/INR for warfarin users	32	15	17	46.9%	38.2%	24	3	21	12.5%

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

# Chronic Conditions Prevalence

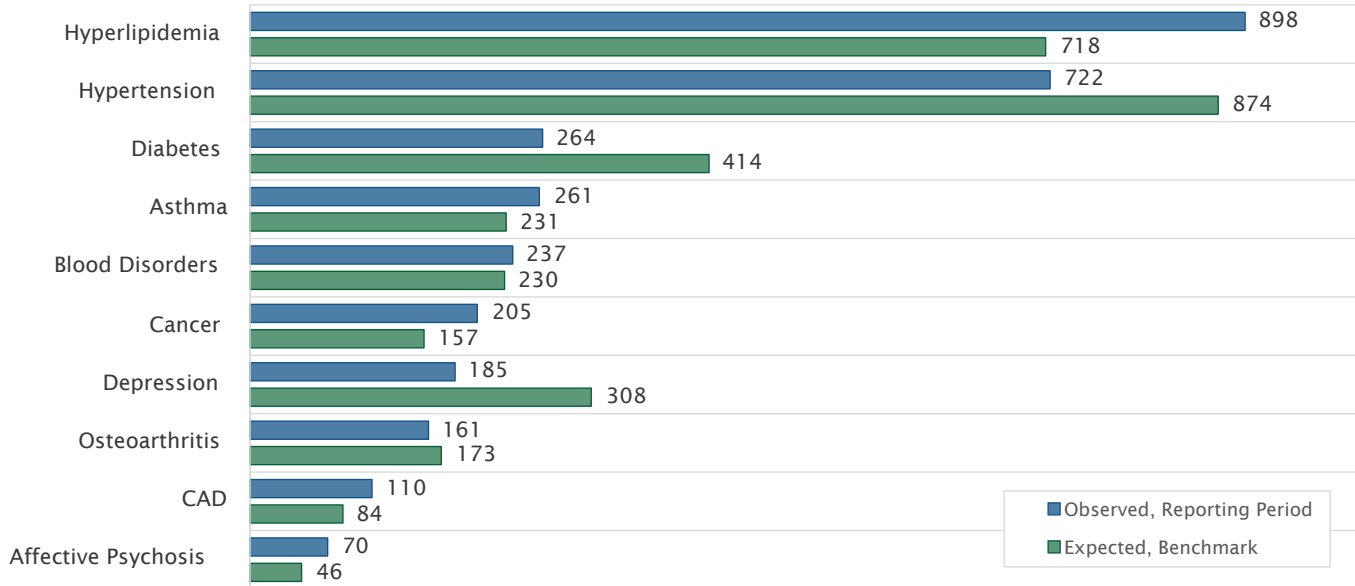
Population: ABC corporation



This report presents the prevalence of specific chronic conditions in the population. According to the Centers for Disease Control (CDC) more than 40% of Americans have one or more chronic conditions, and people with chronic diseases in the United States account for 75% of healthcare spending. In addition to driving up direct healthcare costs for employers, chronic conditions also adversely impact employee productivity, attendance and morale. Chronic conditions are always identified on a service date basis.

- Hyperlipidemia is the most prevalent chronic condition in the reporting period with 898 members.
- Hyperlipidemia was also the most prevalent condition in the comparison period with 649 members.
- The condition with the greatest % increase in prevalence per 1000 is Morbid Obesity with 111%.

## Top Conditions by Prevalence



Chronic Condition	Reporting Period (Dec 17 through Nov 18)			Benchmark	Comparison Period (Dec 16 through Nov 17)			% Change
	Members	% Members	per 1000		Members	% Members	per 1000	
Affective Psychosis	70	0.8%	6.83	4.53	62	0.6%	5.91	15.6%
Asthma	261	3.0%	25.46	22.54	170	1.5%	16.19	57.2%
Atrial Fibrillation	35	0.4%	3.41	3.28	28	0.3%	2.67	28.0%
Blood Disorders	237	2.7%	23.12	22.40	154	1.4%	14.67	57.6%
CAD	110	1.3%	10.73	8.17	78	0.7%	7.43	44.4%
COPD	34	0.4%	3.32	3.27	27	0.2%	2.57	28.9%
Cancer	205	2.4%	19.99	15.31	144	1.3%	13.72	45.8%
Chronic Pain	32	0.4%	3.12	7.59	17	0.2%	1.62	92.7%
Congestive Heart Failure	19	0.2%	1.85	2.28	15	0.1%	1.43	29.7%
Demyelinating Diseases	19	0.2%	1.85	1.52	16	0.1%	1.52	21.6%
Depression	185	2.1%	18.04	30.03	138	1.2%	13.15	37.3%
Diabetes	264	3.1%	25.75	40.40	217	1.9%	20.67	24.6%
ESRD	10	0.1%	0.98	2.38	6	0.1%	0.57	70.6%
Eating Disorders	26	0.3%	2.54	1.41	15	0.1%	1.43	77.5%
HIV/AIDS	9	0.1%	0.88	1.18	6	0.1%	0.57	53.6%
Hyperlipidemia	898	10.4%	87.59	70.03	649	5.8%	61.83	41.7%
Hypertension	722	8.3%	70.42	85.22	509	4.6%	48.49	45.2%
Immune Disorders	11	0.1%	1.07	1.17	8	0.1%	0.76	40.8%
Inflammatory Bowel Disease	38	0.4%	3.71	3.23	28	0.3%	2.67	39.0%
Liver Diseases	47	0.5%	4.58	5.84	33	0.3%	3.14	45.8%
Morbid Obesity	35	0.4%	3.41	10.74	17	0.2%	1.62	110.8%
Osteoarthritis	161	1.9%	15.70	16.83	100	0.9%	9.53	64.8%
Peripheral Vascular Disease	11	0.1%	1.07	1.48	8	0.1%	0.76	40.8%
Rheumatoid Arthritis	33	0.4%	3.22	3.23	23	0.2%	2.19	46.9%

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

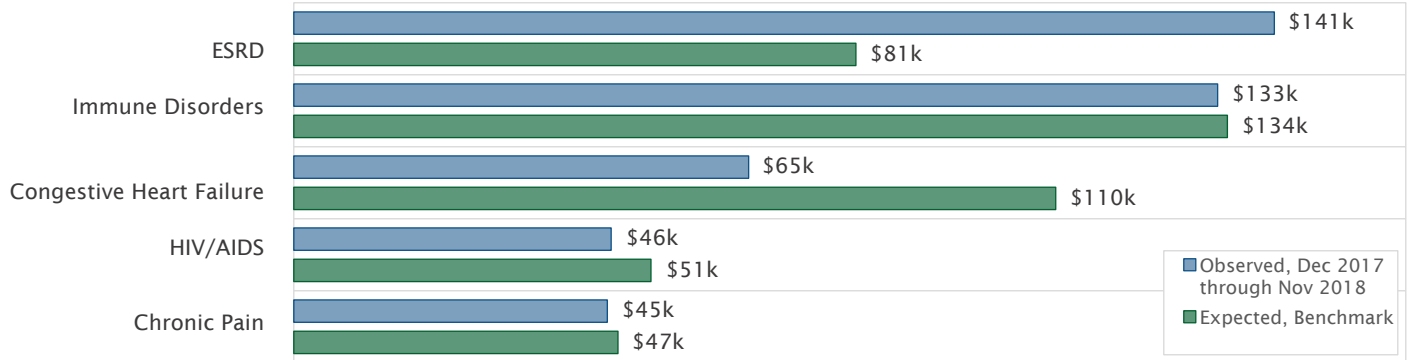
## Chronic Conditions Utilization

Population: ABC corporation



Chronic conditions are always identified on a service date basis.

### Top Conditions by PMPY vs Benchmark



Reporting Period (Dec 2017 through Nov 2018)	Office /1000	Office Visits	ER /1000	ER Visits	Admits /1000	Admits	Re-Admit Rate	PMPY
Affective Psychosis	15,775.44	1,124	617.54	44	252.63	18	0.0%	\$15,024
Asthma	9,177.75	2,104	309.71	71	126.50	29	3.4%	\$9,631
Atrial Fibrillation	8,718.75	279	406.25	13	312.50	10	10.0%	\$26,725
Blood Disorders	9,976.72	2,071	515.46	107	284.22	59	5.1%	\$30,060
CAD	10,501.29	1,016	423.77	41	279.07	27	3.7%	\$26,537
COPD	10,903.55	358	578.68	19	304.57	10	10.0%	\$38,722
Cancer	9,630.57	1,764	245.68	45	136.49	25	0.0%	\$25,851
Chronic Pain	24,153.85	628	1,730.77	45	500.00	13	15.4%	\$45,114
Congestive Heart Failure	14,366.20	255	1,521.13	27	450.70	8	0.0%	\$65,447
Demyelinating Diseases	9,534.25	174	164.38	3	109.59	2	0.0%	\$39,438
Depression	13,840.16	2,309	401.60	67	185.81	31	12.9%	\$12,806
Diabetes	7,701.24	1,856	286.31	69	116.18	28	3.6%	\$15,520
ESRD	8,264.15	73	792.45	7	905.66	8	0.0%	\$141,084
Eating Disorders	13,581.40	292	418.60	9	418.60	9	0.0%	\$22,387
HIV/AIDS	10,729.41	76	564.71	4	282.35	2	0.0%	\$45,664
Hyperlipidemia	7,195.60	5,886	217.60	178	68.46	56	3.6%	\$10,105
Hypertension	7,613.28	4,948	252.34	164	106.17	69	4.3%	\$12,134
Immune Disorders	20,585.37	211	1,853.66	19	97.56	1	0.0%	\$132,929
Inflammatory Bowel Disease	8,985.51	310	260.87	9	173.91	6	0.0%	\$20,012
Liver Diseases	13,387.28	579	1,040.46	45	208.09	9	11.1%	\$33,385
Morbid Obesity	13,969.04	376	520.12	14	408.67	11	18.2%	\$28,013
Osteoarthritis	11,300.31	1,502	293.42	39	195.61	26	0.0%	\$19,144
Peripheral Vascular Disease	12,483.87	129	193.55	2	193.55	2	0.0%	\$17,382
Rheumatoid Arthritis	9,674.16	287	168.54	5	33.71	1	0.0%	\$16,946

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

## Chronic Conditions Utilization

Population: ABC corporation



Comparison Period (Dec 2016 through Nov 2017)	Office /1000	Office Visits	ER /1000	ER Visits	Admits /1000	Admits	Re-Admit Rate	PMPY
Affective Psychosis	17,724.96	870	896.43	44	224.11	11	18.2%	\$15,704
Asthma	12,994.91	1,489	401.45	46	78.55	9	11.1%	\$11,839
Atrial Fibrillation	13,849.80	292	474.31	10	332.02	7	0.0%	\$36,813
Blood Disorders	16,097.05	1,548	1,081.46	104	519.93	50	12.0%	\$52,217
CAD	14,456.97	812	854.60	48	409.50	23	13.0%	\$48,062
COPD	11,291.14	223	405.06	8	253.16	5	0.0%	\$31,764
Cancer	13,253.29	1,343	434.21	44	167.76	17	11.8%	\$32,036
Chronic Pain	38,763.16	491	3,315.79	42	868.42	11	9.1%	\$70,896
Congestive Heart Failure	34,448.28	333	2,586.21	25	1,137.93	11	9.1%	\$181,639
Demyelinating Diseases	16,896.00	176	288.00	3	0.00	0	0.0%	\$44,120
Depression	21,054.73	2,116	656.72	66	218.91	22	9.1%	\$16,422
Diabetes	8,998.59	1,601	365.34	65	89.93	16	18.8%	\$18,134
ESRD	8,052.63	51	473.68	3	631.58	4	25.0%	\$87,747
Eating Disorders	11,836.73	145	653.06	8	0.00	0	0.0%	\$6,851
HIV/AIDS	10,545.45	58	0.00	0	0.00	0	0.0%	\$37,216
Hyperlipidemia	10,468.13	4,763	369.23	168	101.10	46	13.0%	\$15,026
Hypertension	10,130.93	3,740	409.03	151	154.40	57	12.3%	\$17,227
Immune Disorders	27,405.41	169	3,405.41	21	162.16	1	0.0%	\$53,696
Inflammatory Bowel Disease	13,481.48	273	543.21	11	296.30	6	0.0%	\$28,543
Liver Diseases	17,226.48	412	1,045.30	25	543.55	13	0.0%	\$57,071
Morbid Obesity	24,100.00	241	1,600.00	16	600.00	6	16.7%	\$73,827
Osteoarthritis	16,964.98	1,090	280.16	18	186.77	12	16.7%	\$23,981
Peripheral Vascular Disease	22,775.51	93	3,428.57	14	0.00	0	0.0%	\$72,343
Rheumatoid Arthritis	12,100.84	240	352.94	7	100.84	2	50.0%	\$25,613

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

# Chronic Conditions Utilization

Population: ABC corporation



Benchmark	Office /1000	ER /1000	Admits /1000	Re-Admit Rate	PMPY
Affective Psychosis	25,236.68	1,109.79	483.15	16.4%	\$25,180
Asthma	16,378.46	1,244.25	238.05	9.7%	\$21,589
Atrial Fibrillation	15,973.87	926.49	590.21	13.2%	\$53,222
Blood Disorders	17,962.77	1,154.14	703.63	14.8%	\$58,833
CAD	16,093.81	1,000.10	548.74	11.4%	\$49,032
COPD	18,315.91	1,248.89	637.90	14.1%	\$52,749
Cancer	16,488.46	441.53	332.84	19.8%	\$52,625
Chronic Pain	24,124.77	1,841.19	461.67	16.5%	\$46,646
Congestive Heart Failure	20,224.25	1,418.80	1,236.06	17.1%	\$109,633
Demyelinating Diseases	14,586.72	607.53	203.21	8.8%	\$81,405
Depression	23,578.23	842.04	308.87	12.4%	\$21,990
Diabetes	9,495.10	432.98	163.22	10.3%	\$18,559
ESRD	16,971.14	884.06	719.42	18.1%	\$80,881
Eating Disorders	29,181.79	1,228.94	527.42	21.4%	\$39,235
HIV/AIDS	10,900.33	519.33	140.67	13.6%	\$51,391
Hyperlipidemia	13,784.95	510.04	176.20	9.0%	\$21,011
Hypertension	13,182.18	685.64	217.31	9.7%	\$22,636
Immune Disorders	26,584.31	1,098.26	917.80	30.3%	\$134,331
Inflammatory Bowel Disease	13,737.59	737.89	354.58	14.6%	\$51,065
Liver Diseases	17,796.55	1,163.02	563.37	17.7%	\$55,715
Morbid Obesity	18,414.99	1,069.56	528.37	7.8%	\$34,923
Osteoarthritis	18,814.19	678.78	336.32	5.9%	\$33,181
Peripheral Vascular Disease	22,218.43	1,048.46	628.65	14.7%	\$63,074
Rheumatoid Arthritis	16,807.26	594.61	183.49	9.6%	\$42,613

Reporting Period: Paid December 2017 to November 2018

Comparison Period: Paid December 2016 to November 2017

Benchmark: Commercial

January 02, 2019

## Demographic Risk Analysis

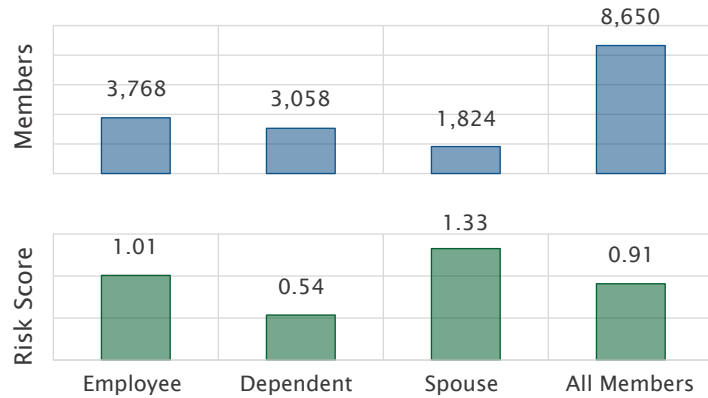
Population: ABC corporation



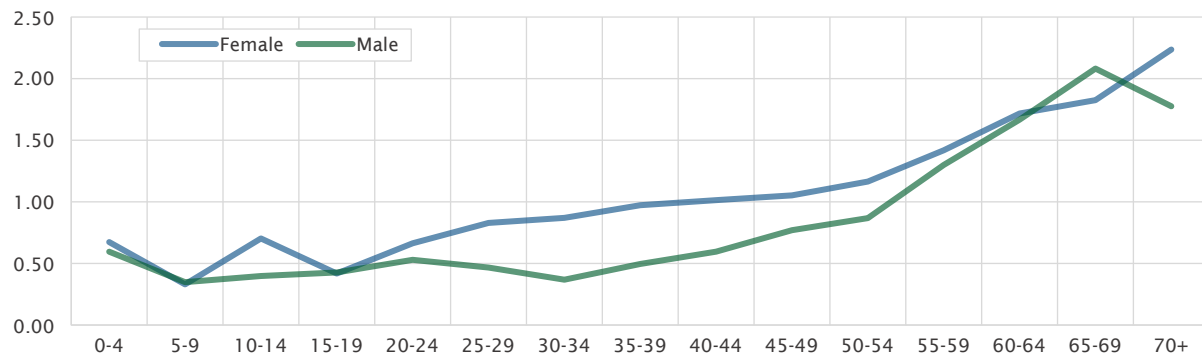
This report provides an overview of prospective risk by age, gender, and relationship. Risk scores are provided through Milliman's prospective MARA model and are generated based on medical and pharmacy claims incurred in the 12 month period prior to the end of the reporting period. The model is normalized so that the average risk is represented by a score of 1.0 with risk increasing as the score rises above that value.

### Prospective Risk Distribution by Member Relationship to Employee

Relationship Class	Count	Average Risk
Employee	3,768	1.01
Dependent	3,058	0.54
Spouse	1,824	1.33
All Members	8,650	0.91



### Prospective Risk Distribution by Member Age and Gender



Age Band	Female		Male		Total
	Count	Avg. Risk	Count	Avg. Risk	Avg. Risk
0-4	47	0.67	36	0.60	0.64
5-9	266	0.33	263	0.35	0.34
10-14	310	0.70	311	0.40	0.55
15-19	280	0.42	336	0.43	0.42
20-24	276	0.66	261	0.53	0.60
25-29	274	0.83	328	0.47	0.63
30-34	229	0.87	328	0.37	0.57
35-39	350	0.97	401	0.50	0.72
40-44	349	1.01	463	0.60	0.78
45-49	384	1.05	389	0.77	0.91
50-54	328	1.16	357	0.87	1.01
55-59	376	1.42	418	1.30	1.36
60-64	278	1.72	365	1.67	1.69
65-69	205	1.83	274	2.08	1.97
70+	66	2.24	102	1.78	1.96
All-Ages	4,018	1.01	4,632	0.82	0.91

Reporting Period: Incurred December 2017 to November 2018 Through November 2018

Benchmark: Commercial

January 02, 2019

## Risk Analysis

Population: ABC corporation



Amount Type: Paid  
Breakdown LOA: Group

MARA uses medical and prescription drug claim history to predict an individual's relative healthcare cost risk as compared to an average population risk. There are two models, the concurrent and the prospective.

The concurrent model uses a given year claim data to calculate the individual risk scores for the same time period. Each risk score is a measurement of what an individual's assessment period risk typically would be, based on his or her condition profile, when compared to the average MARA calibration population. The risk score can also be normalized to a specific population, and the normalized score would show the individual's assessment period risk compared to that population. The concurrent risk score is used as an explanatory tool to identify the Expected level of a given year's healthcare expenditures, which are known (actual costs).

The prospective model utilizes medical claim history from the assessment period to predict risk scores for each individual for a subsequent time period. The risk scores represent the predicted health status for a 12-month projection period. The MARA prospective model forecasts risk for the 12-month period immediately following the end of the report period.

Actual claims experience is always reported on an incurred basis.

Group	Actual (Dec 2017 through Nov 2018)		Expected (Dec 2017 through Nov 2018)		Prospective (Dec 2018 through Nov 2019)		Risk Score	
	Total Paid	PEPM	Total Paid	PEPM	Total Paid	PEPM	Concurrent	Prospective
ABC corporation	\$27,494,031	\$608.06	\$26,455,652	\$585.09	\$26,511,066	\$586.32	0.91	0.91
All Others	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	0.00	0.00
Total	\$27,494,031	\$608.06	\$26,455,652	\$585.09	\$26,511,066	\$586.32	0.91	0.91

## Monthly Tier Enrollment - Medical

Population: ABC corporation



Coverage Tier	Employee Only
Dec-2017	4,865
Jan-2018	4,824
Feb-2018	4,801
Mar-2018	4,775
Apr-2018	4,738
May-2018	4,679
Jun-2018	4,638
Jul-2018	4,609
Aug-2018	4,590
Sep-2018	3,768
Oct-2018	3,768
Nov-2018	3,768

**Reporting Period:** Paid December 2017 to November 2018

**Benchmark:** Commercial

January 02, 2019



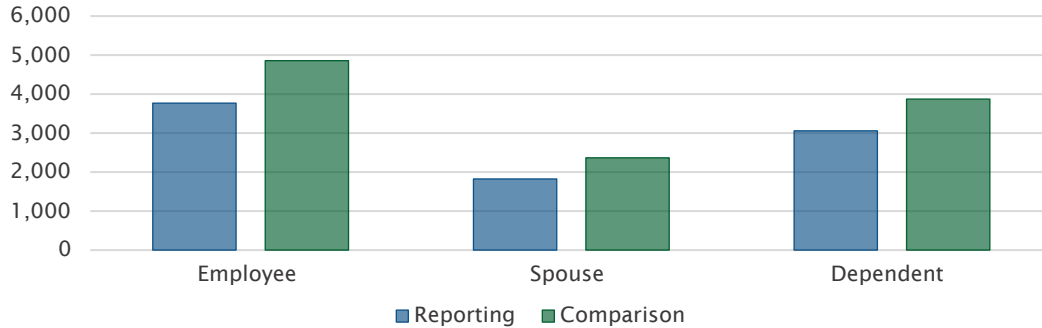
## Coverage by Relationship Class

Population: ABC corporation



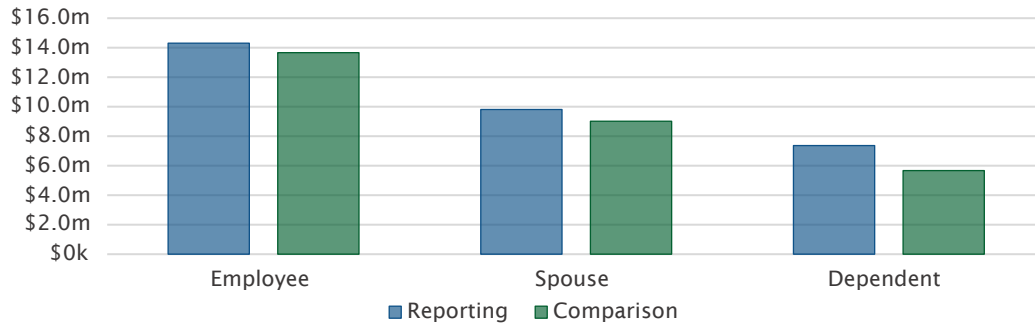
This report presents the membership and healthcare costs by claimant relationship class. It shows employee, spouse, and other dependents' contribution to the overall population costs. Plan design, including employee cost share, can have significant impact on the coverage of spouses and dependents. The percent change (%Δ) from the comparison period to the reporting period is shown to facilitate analysis of how changes in enrollment by relationship affect costs.

### Relationships by Count



Relationship Class	Reporting Period (Dec 2017 through Nov 2018)			Comparison Period (Dec 2016 through Nov 2017)		%Δ
	Count	%	Benchmark	Count	%	
Employee	3,768	43.56%	45.26%	4,857	43.78%	-22.42%
Spouse	1,824	21.09%	18.33%	2,366	21.32%	-22.91%
Dependent	3,058	35.35%	36.41%	3,872	34.90%	-21.02%
<b>Total</b>	<b>8,650</b>	<b>100%</b>	<b>--</b>	<b>11,095</b>	<b>100%</b>	<b>-22%</b>

### Relationships by Paid Amount



Relationship Class	Reporting Period (Dec 2017 through Nov 2018)			Comparison Period (Dec 2016 through Nov 2017)		%Δ
	Amount Paid	%	Benchmark	Amount Paid	%	
Employee	\$14,306,175	45.44%	50.28%	\$13,663,563	48.20%	4.70%
Spouse	\$9,810,651	31.16%	27.93%	\$9,014,409	31.80%	8.83%
Dependent	\$7,364,720	23.39%	21.79%	\$5,668,634	20.00%	29.92%
<b>Total</b>	<b>\$31,481,546</b>	<b>100%</b>	<b>--</b>	<b>\$28,346,606</b>	<b>100%</b>	<b>11%</b>

**Reporting Period:** Paid December 2017 to November 2018

**Comparison Period:** Paid December 2016 to November 2017

**Benchmark:** Commercial

January 02, 2019

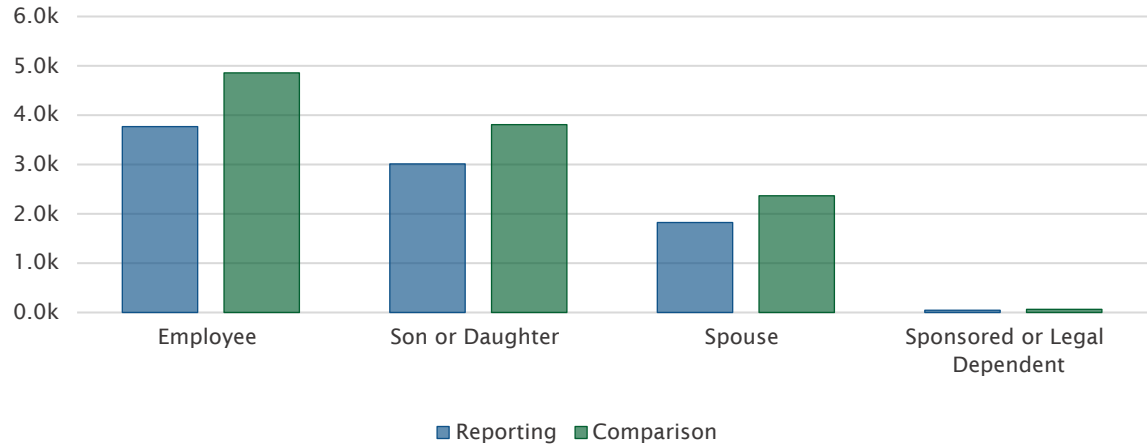
# Coverage by Relationship Code

Population: ABC corporation



This report presents the membership and healthcare costs by claimant relationship category. It shows employee, spouse, and other dependents' contribution to the overall population costs. Plan design, including employee cost share, can have significant impact on the coverage of spouses and dependents. The percent change (%Δ) from the comparison period to the reporting period is shown to facilitate analysis of how changes in enrollment by relationship affect costs.

## Top Relationships by Count



Relationship Code	Reporting: Dec-17 to Nov-18		Comparison: Dec-16 to Nov-17		%Δ
	Count	%	Count	%	
Employee	3,768	44%	4,857	44%	-22%
Son or Daughter	3,012	35%	3,808	34%	-21%
Spouse	1,824	21%	2,366	21%	-23%
Sponsored or Legal Dependent	46	1%	64	1%	-28%
All Others	-	0%	-	0%	
Total	8,650	100%	11,095	100%	-22%



Top Relationships by Paid Amount

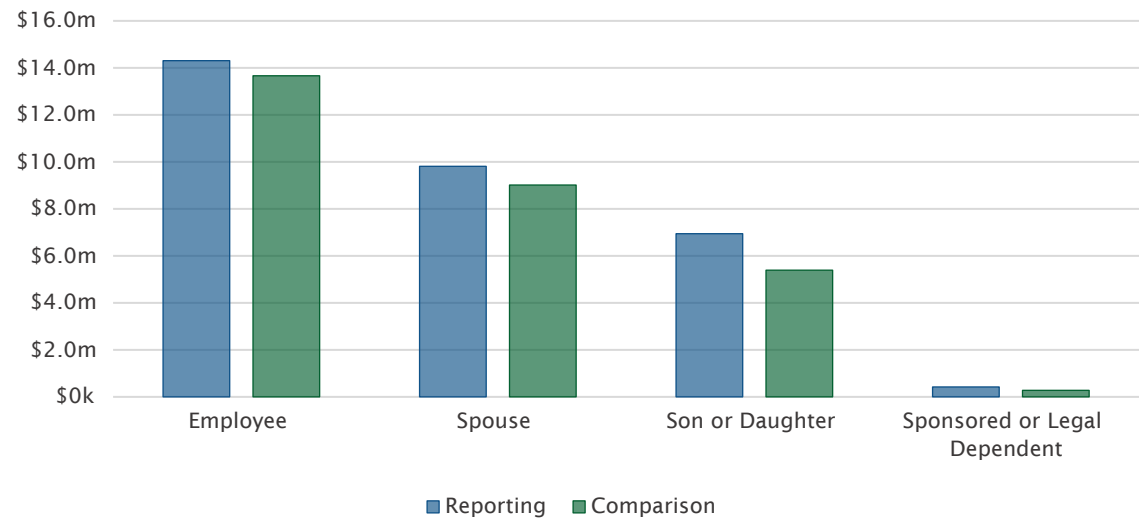


Table with 6 columns: Relationship Code, Reporting: Dec-17 to Nov-18 (Amount Paid, %), Comparison: Dec-16 to Nov-17 (Amount Paid, %), and %Δ. Rows include Employee, Son or Daughter, Spouse, Sponsored or Legal Dependent, All Others, and Total.