

Annual Review for City of Manchester

November 14, 2019

Anthem Blue Cross Blue Shield

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Anthem 



Reporting Periods	<p>Medical Utilization Financials</p> <p>Paid during the following periods -</p> <p>Current Period - July 2018 through June 2019</p> <p>Compared to Prior Period - July 2017 through June 2018</p>
PMPM	<p>Members are defined as plan eligible Employees/Subscribers, Spouse/Partner and Dependents</p> <p>PMPM paid amount is the metric used throughout this analysis to understand paid amount trends by individual plan participants (per member) over the duration of the plan period (per month)</p>
High Cost Claimants	<p>High cost claimants (HCCs) are referenced in this analysis and are defined as those members with a cumulative total paid amount of medical claims \geq \$75,000 during the current reporting period</p> <p>HCC PMPM = Per Member Per Month cost of Members with paid claims \geq \$75K</p> <p>Adjusted PMPM = Per Member Per Month cost of Members with paid claims $<$ \$75K</p>
Settings	<p>Plan expenditures and utilization are broken down into the following settings:</p> <p>Inpatient facility, Outpatient facility, Professional and Anthem's Pharmacy</p>
Benchmark(s)	<p>The Anthem Book of Business Benchmark is utilized unless noted. The Custom Benchmark is comprised of the Anthem Book of Business.</p>

Demographics	Group	Benchmark
Employees	1,198	
Members	2,927	
Contract Size	2.4	2.1
Average age (Employee)	47.6	45.1
Average age (Member)	35.5	35.0
% Male	53.3%	50.1%
% Female	46.7%	49.9%

Trends At a Glance

Total Medical Spend- \$16,375,265 (2.2% decrease from the prior period)

Financial Trends	Medical PMPM	HCC PMPM	Non-HCC PMPM	MEDICAL PMPM		
	\$466.27	\$122.89	\$343.37	\$462.74	\$394.00	\$466.29
	↑1.1% PMPM trend	↓0.4% PMPM trend	↑1.6% PMPM trend	7/14 - 6/15	7/15 - 6/16	07/16 - 06/17
Trends by Setting	Inpatient	Outpatient	Professional	EMERGENCY DEPT VISITS PER 1,000		
	13.7% of total paid	38.9% of total paid	47.3% of total paid	183.0	178.7	187.1
	↓8% PMPM trend	↓3% PMPM trend	↑8% PMPM trend	79.7	77.6	89.2
Clinical Trends	Musculoskeletal System	Health Status	Ill-Defined Conditions	ADULT CANCER SCREENING RATES		
	13% of total cost	11% of total cost	11% of total cost	77.4%	80.8%	66.3%
	↓0% PMPM trend	↓3% PMPM trend	↑11% PMPM trend	64.1%	61.9%	58.4%

50.9%
Network Discounts

99.3%
Network Utilization

85.5%
of population with EPHC attribution

↑5.1%

Membership ↓ 3.2%	Average contract size 2.4	Average Member Age 35.5	Non-utilizers of the health plan 239	Health Risk Index 1.44
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Opportunities



Onsite Wellness Initiatives



Know Your Doctor Campaign



Encourage Engagement with Anthem Care Management



LiveHealth Online Campaign



Integration with Anthem Rx

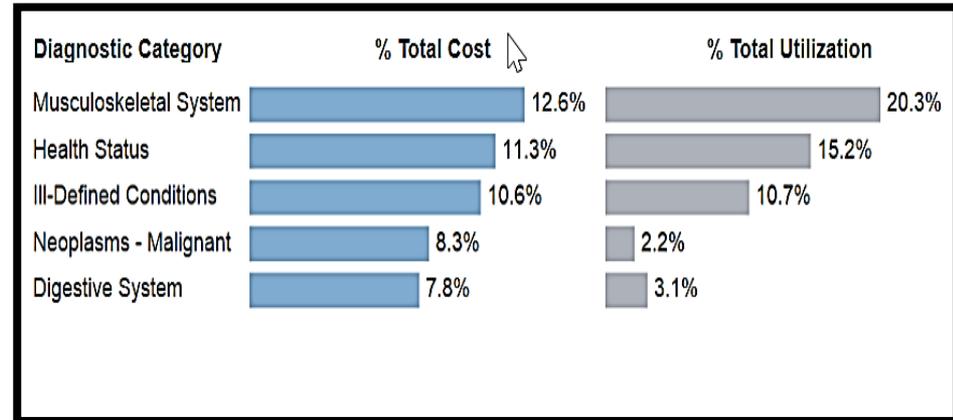
Setting	Summary
Inpatient Total cost \$2,247,682 PMPM Trend -8.2%	<ul style="list-style-type: none"> Surgical PMPM trend -18.3% ALOS trend -27.5% Cost per admission -9.4% MH/SUD -8%
Outpatient Total cost \$6,375,634 PMPM Trend -3.%	<ul style="list-style-type: none"> Trend decrease in lab, radiology, MH/SUD Visits per 1000 -2.3%
Professional Total cost \$7,751,949 PMPM Trend 8.1%	<ul style="list-style-type: none"> PCP and Specialty Professional Cost was 47.3% of spend Outpatient surgical trend 7% Inpatient surgical trend -3%
Emergency Total spend \$1,235,671 PMPM Trend 9.7%	<ul style="list-style-type: none"> Visits per 1000 -2.3% Cost per visit increased 12.3%

EPHC Clinical Results

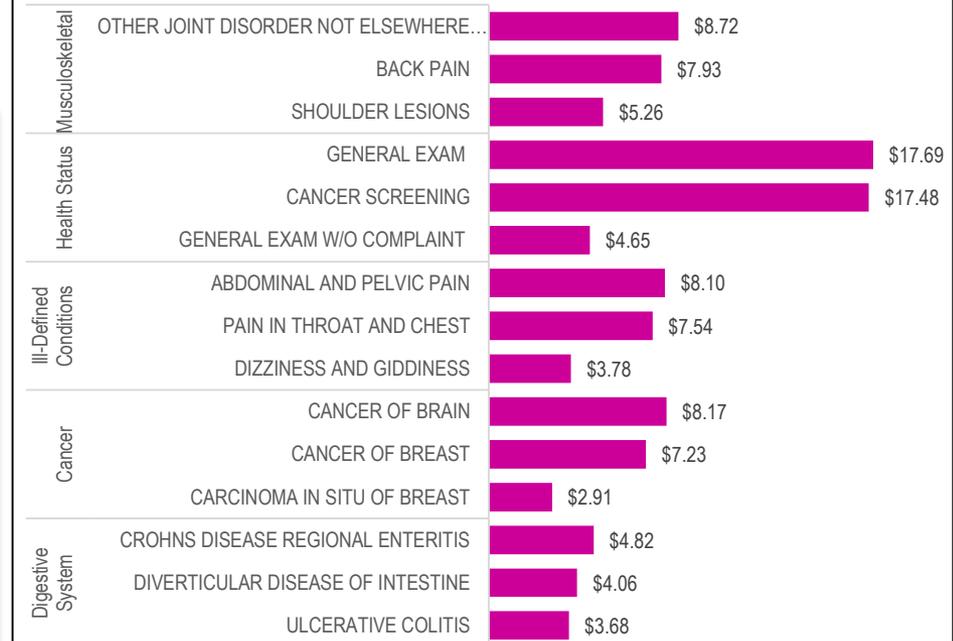
* BDTC = EPHC

	Members with BDTC Relationship		Members with Non-BDTC Relationship (Anthem service area only)	
Inpatient Admissions per 1k	33.8	▼29.9% from Prior period	55.5	▼22.3% from Prior period
Average Length of Stay (Days)	3.4	▼17.5% from Prior period	3.5	▼3.3% from Prior period
Avoidable ED per 1k	82.2	▲8.7% from Prior period	55.5	▼40.3% from Prior period

Top 5 Conditions Summary



TOP FIVE CONDITIONS WITH TOP 3 DIAGNOSES BY PMPM



Inpatient Facility Metrics



- **Total Spend= \$2,247,682**
 - Inpatient PMPM decreased 8.2%
 - * 37.2% variance from benchmark
 - Cost per acute admission decreased 9.4%
 - Inpatient Surgical PMPM trend – 18.3%
- **Top 3 Medical Admissions by paid amount:** C-Section, Diverticulitis, Vaginal Delivery
 - **Top 3 Surgical Admissions by paid amount :** Brain, Cardiac Bypass, Small Bowel Resection

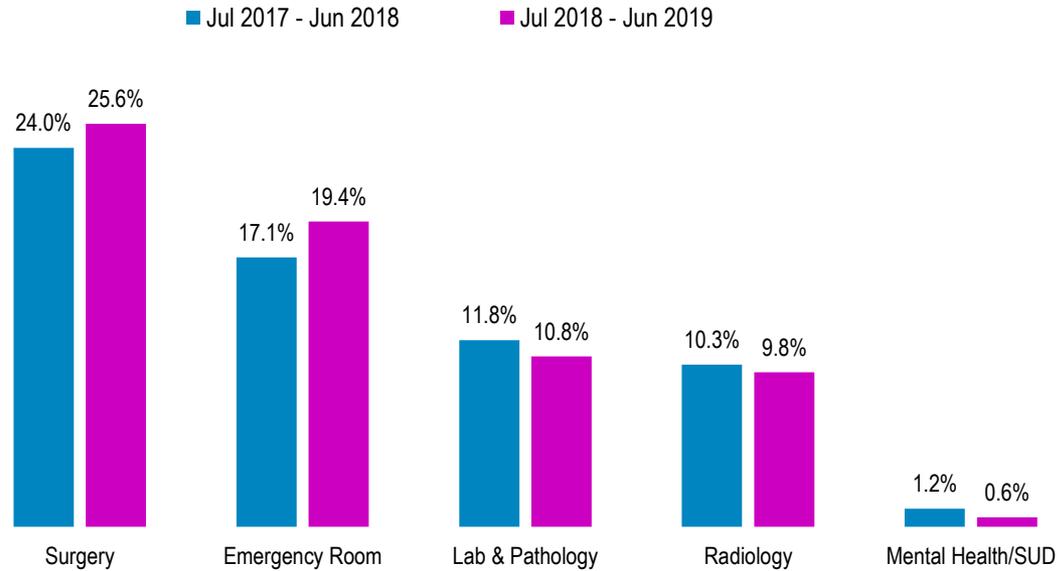
Inpatient Metrics	Jul 17 - Jun 18	Jul 18 - Jun 19	Trend	Anthem Book of Business	Percent Variance
Paid Amount	\$2,528,842	\$2,247,682			
Paid Amount PMPM	\$69.72	\$64.00	-8.2%	\$101.84	-37.2%
Acute Admissions Per 1000	58.9	60.8	3.3%	53.1	14.5%
Annual Acute Days Per 1000	312.0	233.7	-25.1%	245.4	-4.8%
Average Length Of Stay – Acute	5.30	3.84	-27.5%	4.62	-16.9%
Paid Amount Per Acute Admission	\$13,944	\$12,627	-9.4%	\$22,833	-44.7%

Inpatient Service Category	Average LOS	Admits/ 1000	Days/ 1000	Paid Amount	PMPM		Trend	Anthem Book of Business	Percent Variance
					07/17 - 06/18	07/18 - 06/19			
Medical	3.89	24.9	97.0	\$894,970	\$25.19	\$25.48	1.2%	\$35.29	-27.8%
Surgical	3.00	9.6	28.7	\$844,404	\$29.42	\$24.04	-18.3%	\$51.99	-53.8%
Maternity	2.58	12.3	31.8	\$291,563	\$7.10	\$8.30	16.8%	\$9.28	-10.5%
Mental Health/Substance Abuse	8.90	6.8	60.8	\$174,363	\$5.39	\$4.96	-8.0%	\$3.73	33.1%
Total	*	61.2	239.2	\$2,247,682	\$69.72	\$64.00	-8.2%	\$101.84	-37.2%

Summary:

- **Total spend= \$6,375,634**
- Outpatient PMPM decreased 3.2%
- Outpatient cost per visit increased 0.2%
- Outpatient visits/1,000 decreased 3.4%
- Lab, Radiology, and MH/SUD had a lower % of total spend in current period compared to prior period.
 - * Outpatient surgery and ER had a higher % of spend compared to last period
- **Top 3 Surgical Procedures by Paid Amount:**
 1. Stent
 2. Hysterectomy
 3. Joint Device

TOP FIVE OUTPATIENT FACILITY PERCENT OF SPEND BY SERVICE CATEGORY



Top Five Outpatient Service Categories	Visits per 1,000	PMPM		Trend	Benchmark Paid PMPM	Percent Variance
		07/17 - 06/18	07/18 - 06/19			
Surgery	92.3	\$45.09	\$46.44	3.0%	\$41.55	11.8%
Emergency Room	178.7	\$32.06	\$35.18	9.7%	\$24.43	44.0%
Lab & Pathology	949.9	\$22.21	\$19.63	-11.6%	\$4.28	358.5%
Radiology	326.3	\$19.31	\$17.83	-7.7%	\$9.44	88.9%
Mental Health/ Substance Use Disorder	28.4	\$2.17	\$1.11	-48.7%	\$2.08	-46.5%
All Outpatient	2,444.8	\$187.50	\$181.54	-3.2%	\$121.35	49.6%

Summary:

- **Total spend = \$7,751,949**
- PCP and Specialty Professional Cost was 47.3% of total medical spend
- Trend increase in outpatient surgery professional ; trend decrease in inpatient surgery professional

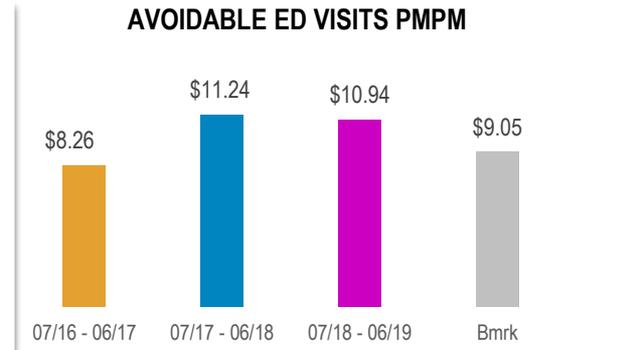
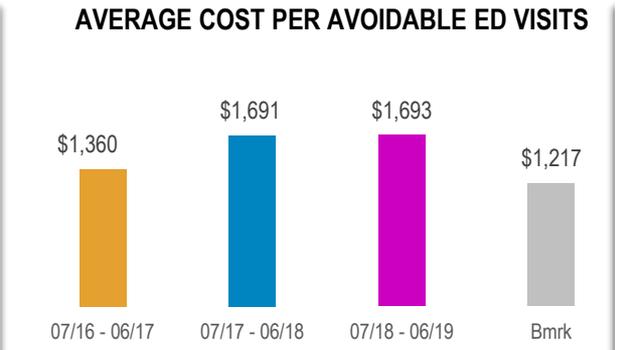
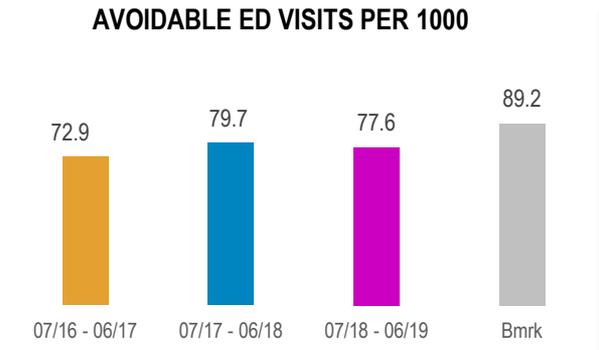
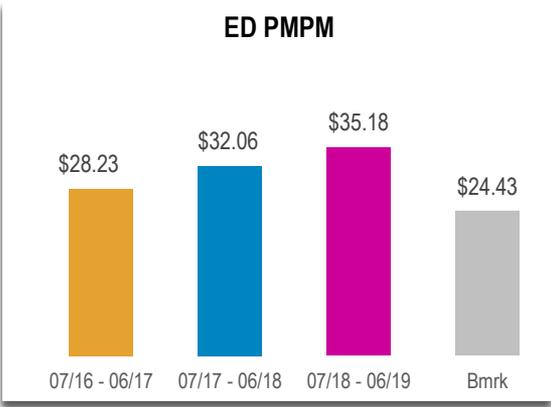
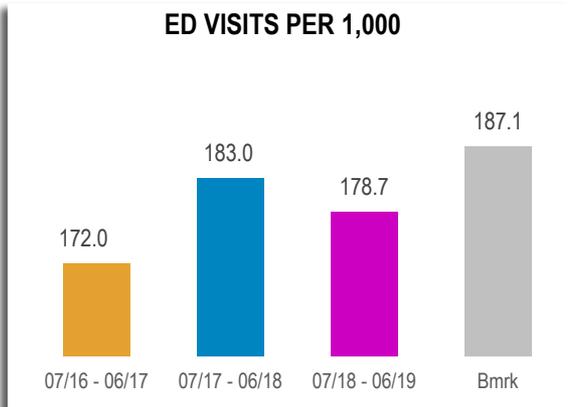
Professional Service Categories	Visits Per 1,000	Total Paid	PMPM		Trend	Benchmark PMPM	Variance to Benchmark
			07/17 - 06/18	07/18 - 06/19			
OP Surgery	740.4	\$1,740,553	\$46.33	\$49.56	7.0%	\$16.29	204.3%
Office/Home Visits	3,568.2	\$1,400,893	\$38.27	\$39.89	4.2%	\$17.02	134.3%
Professional Other	2,526.4	\$732,141	\$19.19	\$20.85	8.7%	\$9.96	109.3%
Preventive Services	1,333.6	\$708,903	\$20.25	\$20.19	-0.3%	\$11.18	80.5%
Radiology	986.1	\$584,471	\$15.92	\$16.64	4.5%	\$8.50	95.7%
Therapeutic Injections	49.9	\$532,211	\$11.57	\$15.15	30.9%	\$6.19	145.0%
Medical	459.9	\$517,002	\$12.85	\$14.72	14.5%	\$7.40	98.9%
Mental Health / Substance Abuse	1,162.4	\$333,355	\$7.18	\$9.49	32.3%	\$3.62	162.0%
Lab & Pathology	803.6	\$235,331	\$6.28	\$6.70	6.6%	\$7.03	-4.6%
IP Surgery	45.1	\$179,362	\$5.27	\$5.11	-3.0%	\$5.17	-1.1%
Maternity	42.4	\$157,003	\$3.90	\$4.47	14.5%	\$2.88	55.0%
IP Visits	199.2	\$103,152	\$3.00	\$2.94	-2.3%	\$3.29	-10.8%
Total	12,738.0	\$7,751,949	\$204.20	\$220.73	8.1%	\$108.80	102.9%

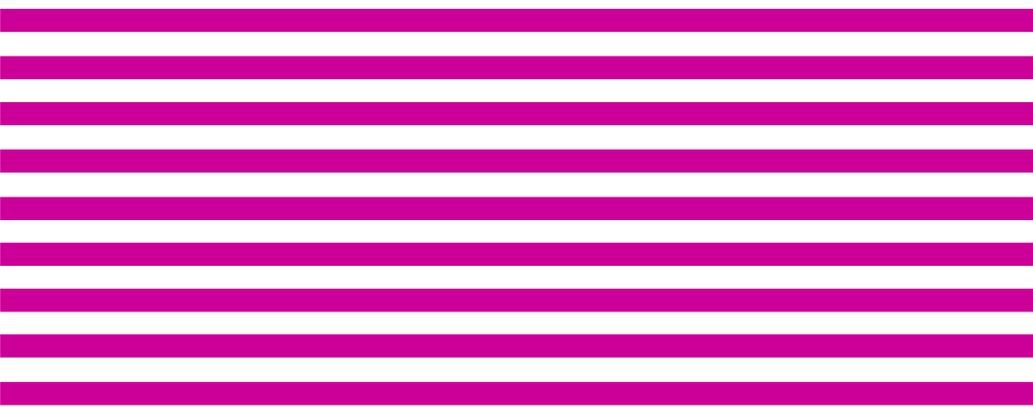
Emergency Department

- 523** total ED visits
- 7.5%** of total medical spend
- 178.7** visits per 1,000 members
- \$2,363** average cost per ED
- \$35.18** ED PMPM
- 9.7%** increase ED PMPM trend
- 13.0%** of ED resulted in an admission

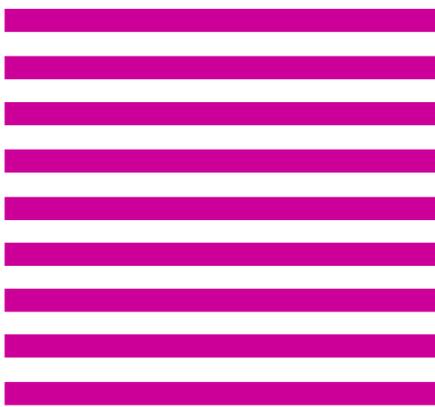
Avoidable ED Visits

- 227** avoidable ED visits
- 77.6** avoidable ED visits per 1,000 members
- 49.9%** of ambulatory ED visits were avoidable
- \$1,692.73** average cost per avoidable ED visit
- \$10.94** avoidable ED PMPM
- 2.6%** decrease to avoidable ED PMPM





**Your
Clinical
Results**

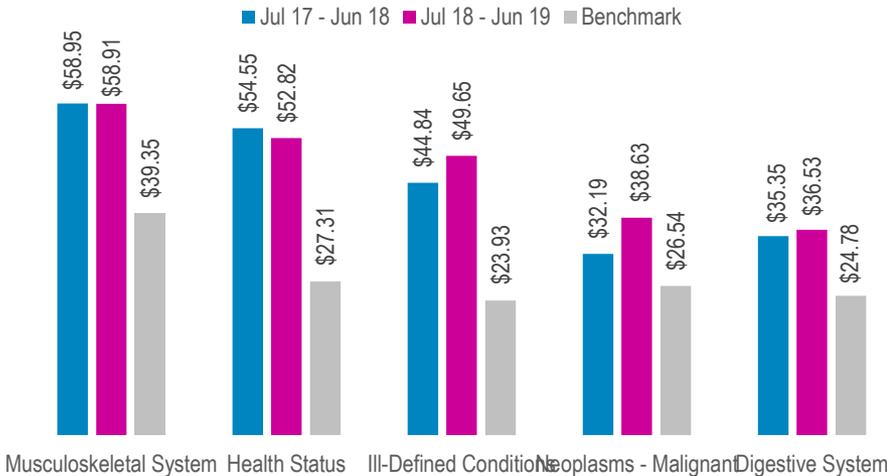


Summary:

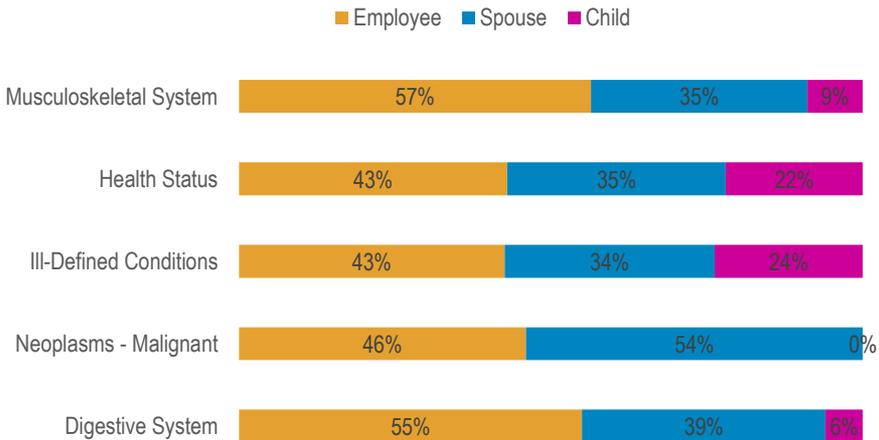
- The top five health condition categories accounted for 50.7% of claims paid for the total plan
- Employees drove 48.7% of the expense in the top five health condition categories, the spouses drove 38.4%

Health Condition	Unique Claimants	Inpatient	Outpatient	Professional	Total	% of Total	Paid Amount per Unique Claimant
Musculoskeletal System	1,106	\$150,137	\$684,266	\$1,234,572	\$2,068,975	12.6%	\$1,871
Health Status	2,334	\$0	\$587,090	\$1,267,828	\$1,854,918	11.3%	\$795
Ill-Defined Conditions	1,322	\$51,506	\$1,029,552	\$662,721	\$1,743,779	10.6%	\$1,319
Neoplasms - Malignant	101	\$242,886	\$565,491	\$548,156	\$1,356,534	8.3%	\$13,431
Digestive System	374	\$334,320	\$484,395	\$464,244	\$1,282,959	7.8%	\$3,430

TOP FIVE HEALTH CONDITIONS BY PMPM

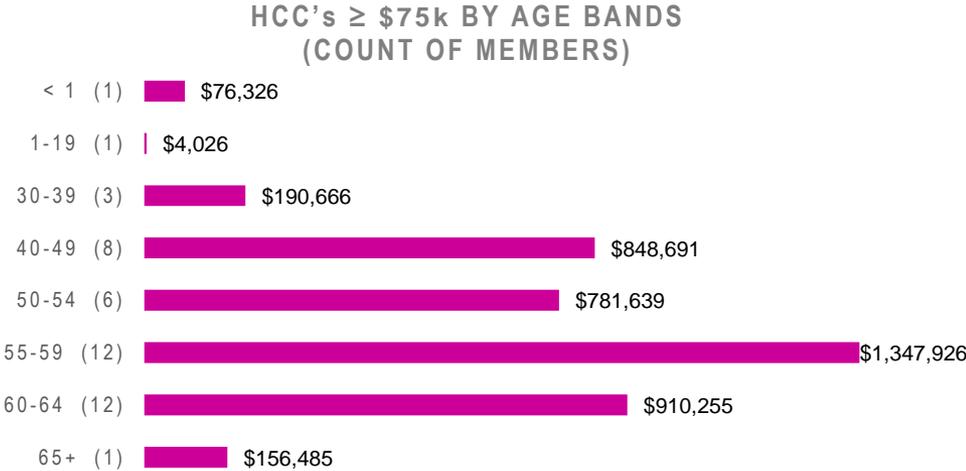


PERCENT OF SPEND BY RELATIONSHIP AND HEALTH CONDITION



Summary:

- A total of 44 members (1.5% of membership) drove 27.0% of all costs. In the prior period, 39 members (1.3% of membership) drove 25.7% of all costs
 - The Benchmark was 0.8% of members driving 34.2% of all costs
- 84.1% of members with claims paid greater than \$75k are in an Active status in the plan
- Employees are responsible for 54.4% of HCC cost



TOP TEN HIGH COST CLAIMANTS (\$75,000)

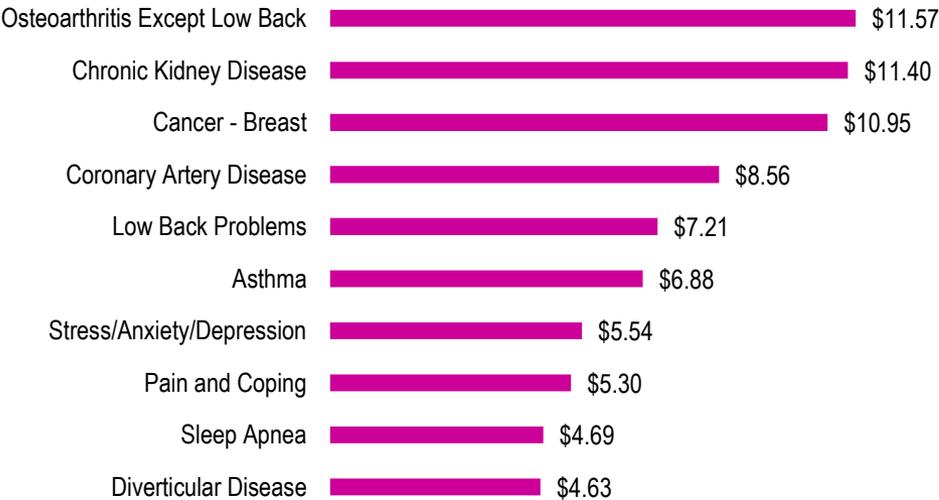
Case	Diagnosis	Medical	Pharmacy	Paid Amount	Relationship	Active Plan Status	Clinically Engaged
1	CHRONIC KIDNEY DISEASE	\$441,323	\$23,361	\$464,684	Spouse	Yes	Yes
2	ENCOUNTER FOR OTHER AFTERCARE	\$444,267	\$84	\$444,351	Employee	Yes	No
3	CROHNS DISEASE REGIONAL ENTERITIS	\$70,654	\$260,724	\$331,378	Employee	Yes	Yes
4	CANCER	\$303,502	\$9,895	\$313,397	Spouse	Yes	No
5	CANCER	\$153,032	\$79,748	\$232,780	Employee	Yes	No
6	SARCOIDOSIS	\$135,563	\$24,883	\$160,445	Employee	Yes	No
7	CANCER	\$156,485	\$777	\$157,262	Spouse	No	Yes
8	CANCER	\$114,631	\$39,128	\$153,759	Employee	Yes	No
9	DIVERTICULAR DISEASE OF INTESTINE	\$133,121	\$12,491	\$145,612	Employee	Yes	Yes
10	COMPLICATIONS OF PROCEDURES NEC	\$142,772	\$101	\$142,872	Employee	Yes	Yes

* HCC threshold determined by the member's total cost, medical plus pharmacy (if group has Rx benefit) HCC threshold is the default HCC threshold for the group.

Summary:

- Claims attributed to specific chronic and complex conditions make up 25.6% of the total dollars spent
- Osteoarthritis Except Low Back represents the primary chronic and complex conditions by paid amount and is 2.6% of the total paid claims amount in the current period.
- Low Back Problems represents the highest condition per 1000 and is 80.0% above the Benchmark.

TOP TEN CONDITIONS BY PMPM



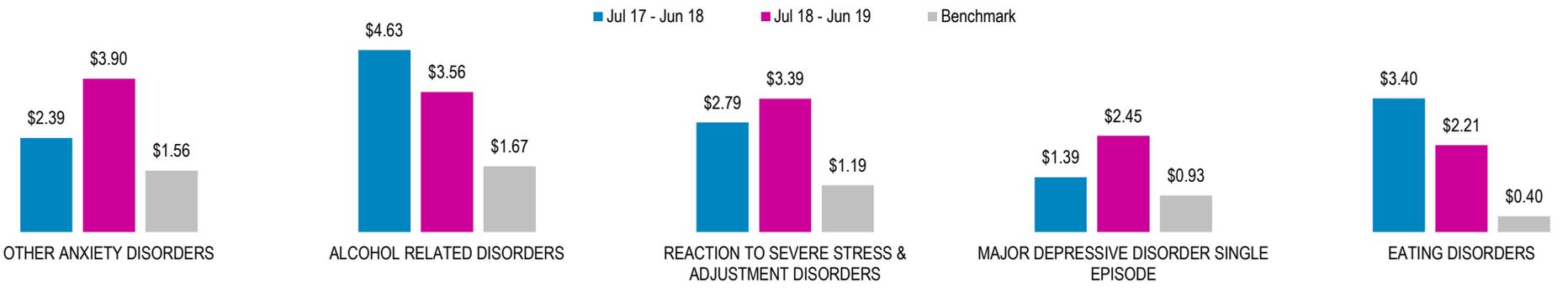
Top Ten Conditions by Paid Amount	Paid Amount	Unique Members	07/18 - 06/19 Prevalence	Prevalence Trend	Benchmark Prevalence	Variance to Benchmark
Osteoarthritis Except Low Back	\$305,356	142	48.4	11.2%	26.3	84.0%
Chronic Kidney Disease	\$300,940	13	4.4	-4.0%	4.7	-6.4%
Cancer - Breast	\$288,989	15	5.1	-3.1%	4.7	8.5%
Coronary Artery Disease	\$225,891	33	11.3	36.4%	10.5	7.6%
Low Back Problems	\$190,353	263	89.7	10.9%	49.8	80.1%
Asthma	\$181,707	73	24.9	3.3%	17.5	42.3%
Stress/Anxiety/Depression	\$146,232	262	89.3	29.6%	43.3	106.2%
Pain and Coping	\$139,837	123	41.9	10.5%	26.4	58.7%
Sleep Apnea	\$123,923	151	51.5	15.6%	23.5	119.1%
Diverticular Disease	\$122,240	14	4.8	3.3%	3.9	23.1%

Summary:

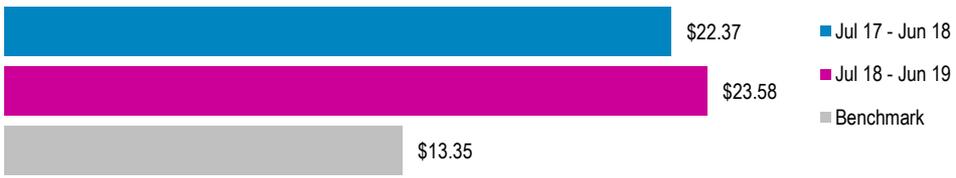
- The PMPM trend was 5.4%, a 76.6% variance from the Benchmark
- Decrease in Alcohol related disorders and Eating Disorders PMPM trend

Mental Condition	Unique Claimants	Paid Amount per Unique Claimant	Inpatient	Outpatient	Professional	Total	% of Total
OTHER ANXIETY DISORDERS	252	\$544	\$14,866	\$10,174	\$111,956	\$136,996	16.5%
ALCOHOL RELATED DISORDERS	25	\$5,004	\$17,572	\$23,762	\$83,774	\$125,108	15.1%
REACTION TO SEVERE STRESS & ADJUSTMENT DISORDERS	146	\$815	\$19,973	\$3,582	\$95,471	\$119,026	14.4%
MAJOR DEPRESSIVE DISORDER SINGLE EPISODE	84	\$1,025	\$37,583	\$5,155	\$43,402	\$86,141	10.4%
EATING DISORDERS	10	\$7,771	\$55,920	\$12,175	\$9,616	\$77,711	9.4%

TOP FIVE BEHAVIORAL HEALTH DIAGNOSES BY PMPM



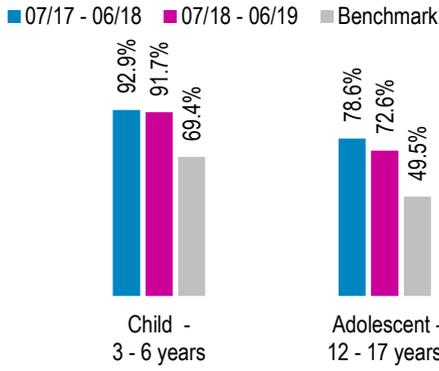
BEHAVIORAL HEALTH PMPM



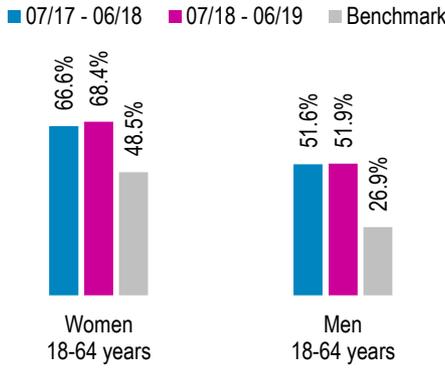
Summary:

- Screening compliance rates improved from the prior period for 62.5% of the Preventive Care Screenings.
- Membership compliance with Preventive Care Screenings and Immunizations had the greatest difference from the Anthem Benchmark for these categories:
 - Well Adult Visits - Men 18 through 64 years +24.9% variance from the Benchmark
 - Well Adolescent Visits - 12 through 17 years +23.1% variance from the Benchmark
 - Well Baby Visits - 3 through 6 years: +22.3% variance from the Benchmark

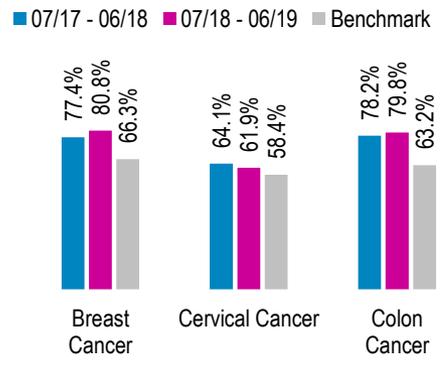
CHILDREN: WELL VISITS



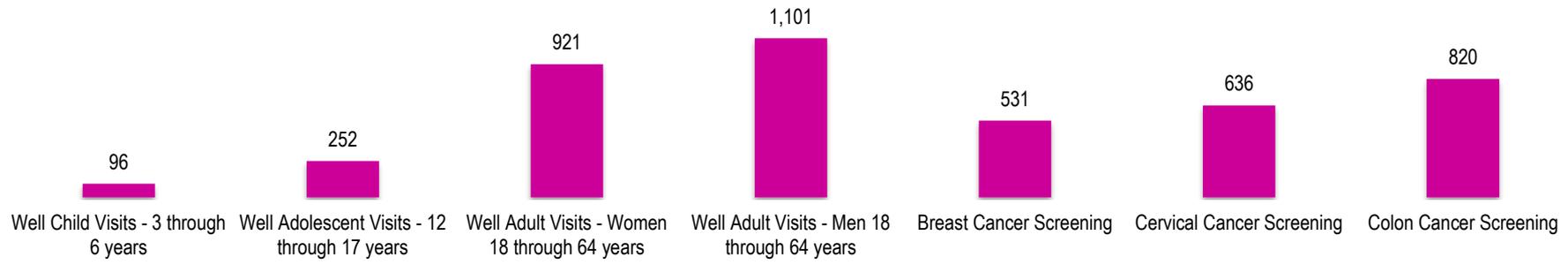
ADULT: WELL VISITS 18-64 YEARS



ADULT CANCER SCREENING RATES



TOTAL MEMBERS ELIGIBLE FOR PREVENTIVE SCREENINGS

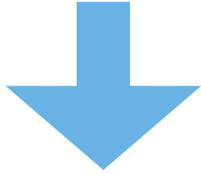




Your Pharmacy Results

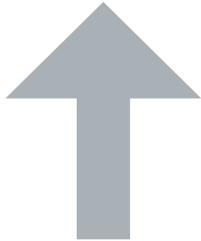
Pharmacy Trend: Contributing Factors

We look at the big picture—and the impact on total costs. Not just pharmacy costs alone.



FACTORS DECREASING PMPM TREND

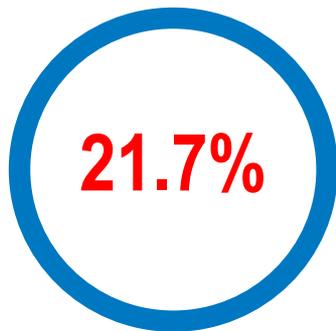
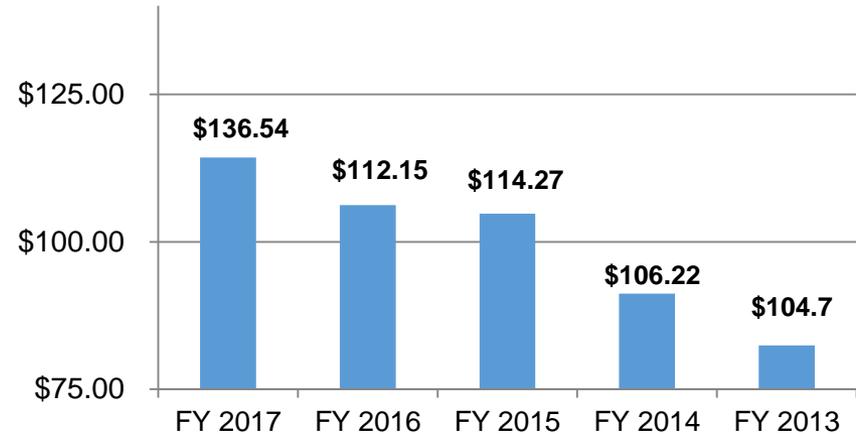
- Clinical programs and edits
- Benefit design strategies
- Site of Care / Channel Management
- Gap in Care closures



FACTORS INCREASING PMPM TREND

- Specialty drug utilization and spend
- Flat Generic Fill Rate
- Drug Mix
- Drug Price Inflation

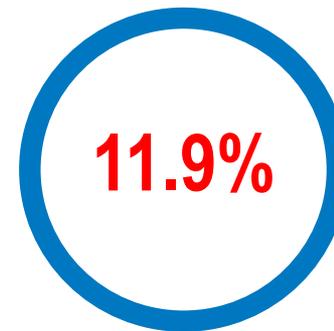
5 Year Pharmacy PMPM



Total pharmacy plan-paid PMPM trend



Current plan-paid PMPM



Adjusted (non-specialty) PMPM trend

OTHER FACTORS THAT COULD IMPACT TREND

- Distribution channel (retail, mail, specialty)
- Member contribution

Pharmacy Cost and Utilization

- Total paid pharmacy claims increased 17.9% to \$4,795,122
- PMPM increased \$24.39 to \$136.54
- Average cost per script increased 24.1%
- Utilization decreased slightly (-1.9%)
- Specialty drugs account for 40.9% of total drug spend
- Generic Fill Rate decreased slightly 85.2%

Description	Current	Prior	Change	Peer
Avg Subscribers per Month	1,198	1,227	-2.4 %	
Avg Members per Month	2,926	3,022	-3.2 %	
Number of Unique Patients	2,427	2,438	-0.5 %	
Pct Members Utilizing Benefit	82.9 %	80.7 %	2.2	
Total Plan Cost	\$4,795,122	\$4,067,922	17.9 %	
Total Days	1,203,476	1,231,335	-2.3 %	
Total Rxs	29,022	30,563	-5.0 %	
Average Member Age	35.8	36.0	-0.4 %	27.9
Plan Cost PMPM	\$136.54	\$112.15	21.7 %	\$102.36
Plan Cost/Day	\$3.98	\$3.30	20.6 %	\$3.73
Plan Cost per Rx	\$165.22	\$133.10	24.1 %	\$130.28
Nbr Rxs PMPM	0.83	0.84	-1.9 %	0.79
Generic Fill Rate	85.2 %	85.4 %	-0.2	85.7 %
Home Delivery Utilization	17.4 %	19.6 %	-2.2	16.0 %
Member Cost %	9.3 %	11.2 %	-1.9	11.3 %
Specialty Percent of Plan Cost	40.9 %	35.8 %	5.1	43.7 %
Specialty Plan Cost PMPM	\$55.91	\$40.09	39.4 %	\$44.64
Formulary Compliance Rate	97.5 %	98.1 %	-0.6	97.3 %

Pharmacy Cost and Utilization Detail

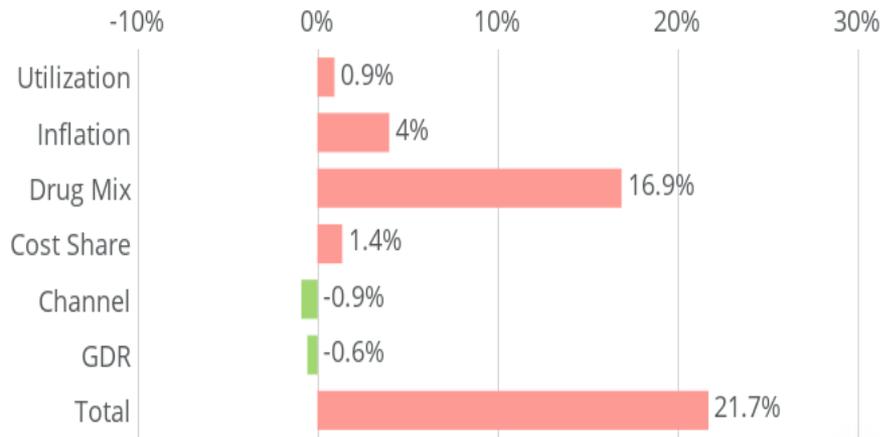
- Non-Specialty drugs accounted for 59.1% of total pharmacy spend, and 98.6% of total scripts
- Specialty drugs accounts for 40.9% of total pharmacy spend, and 1.7% of total scripts
- Specialty Drug trend is up 39.4% compared to a 11.9% non-specialty trend
- There are 52 unique specialty patients

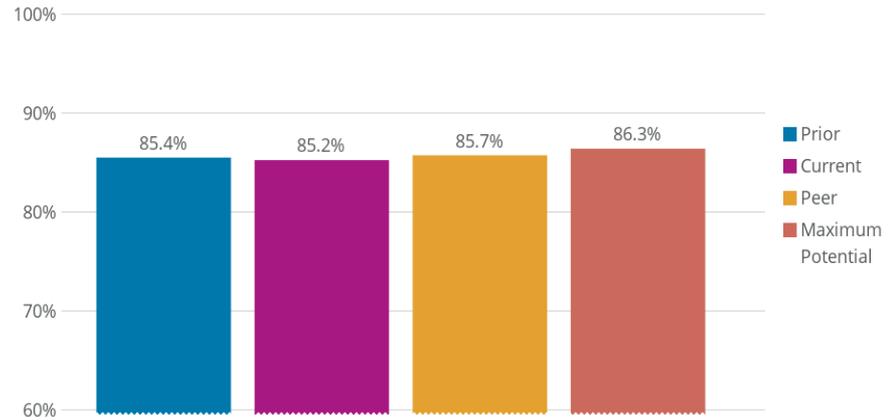
Description	Current Non-Specialty	Prior Non-Specialty	Non-Specialty Change	Current Specialty	Prior Specialty	Specialty Change	Peer Specialty	Peer Change
Avg Subscribers per Month	1,198	1,227	-2.4 %	1,198	1,227	-2.4 %		
Avg Members per Month	2,926	3,022	-3.2 %	2,926	3,022	-3.2 %		
Number of Unique Patients	2,427	2,438	-0.5 %	52	52	0.0 %		
Pct Members Utilizing Benefit	82.9 %	80.7 %	2.2	1.8 %	1.7 %	0.1		
Total Plan Cost	\$2,831,774	\$2,613,638	8.3 %	\$1,963,348	\$1,454,284	35.0 %		
Percent of Total Plan Cost	59.1 %	64.2 %	-5.1	40.9 %	35.8 %	5.1		
Total Days	1,189,890	1,219,183	-2.4 %	13,586	12,152	11.8 %		
Total Rxs	28,623	30,213	-5.3 %	399	350	14.0 %		
Percent of Total Rxs	98.63 %	98.85 %	-0.22	1.37 %	1.15 %	0.22		
Plan Cost PMPM	\$80.63	\$72.06	11.9 %	\$55.91	\$40.09	39.4 %	\$44.64	10.1 %
Plan Cost/Day	\$2.38	\$2.14	11.0 %	\$144.51	\$119.67	20.8 %	\$100.54	-5.8 %
Plan Cost per Rx	\$98.93	\$86.51	14.4 %	\$4,920.67	\$4,155.10	18.4 %	\$3,300.73	-8.2 %
Nbr Rxs PMPM	0.82	0.83	-2.2 %	0.011	0.010	17.7 %	0.01	20.0 %
Generic Fill Rate	86.4 %	86.4 %	0.0	17.0 %	17.1 %	-0.1	45.0 %	8.5
Member Cost %	13.9 %	15.6 %	-1.7	1.7 %	2.0 %	-0.4	11.3 %	0.1 %

Trend Components

- Total Non-Specialty Plan Cost PMPM trend is 11.9%, driven primarily by an increase in DIABETES contributing \$3.08 PMPM
- Total Specialty Plan Cost PMPM trend is 39.4%, driven primarily by an increase in INFLAMMATORY CONDITIONS contributing \$10.01 PMPM

	Overall	Non-Specialty	Specialty
Prior Plan Cost PMPM	\$112.15	\$72.06	\$40.09
Utilization	0.9%	0.8%	15.5%
Inflation	4.0%	2.8%	6.4%
Drug Mix	16.9%	7.9%	32.7%
Cost Share	1.4%	2.4%	-14.8%
Channel	-0.9%	-1.3%	0.0%
GDR	-0.6%	-0.7%	-0.3%
Change in Plan Cost PMPM	21.7%	11.9%	39.4%
Current Plan Cost PMPM	\$136.54	\$80.63	\$55.91





Top Drugs Scheduled to Lose Patent Protection

Based on your current utilization, \$691,102 in brand drugs are losing patent protection by 2023

Drug Name	Specialty Drug	Indication	Scheduled Release Year	Plan Cost Rank	Plan Cost PMPM	Plan Cost / Rx
HUMIRA PEN	Y	INFLAMMATORYCONDITIONS	2023	1	\$9.08	\$4,982.01
VYVANSE	N	ATTENTION DEFICITDISORDERS	2023	7	\$2.19	\$324.70
VICTOZA 3-PAK	N	DIABETES	2023	16	\$1.63	\$1,396.55
TRUVADA	Y	HIV	2020	28	\$1.23	\$2,701.41
LATUDA	N	PSYCHIATRIC/NEURODISORDERS	2023	35	\$1.04	\$1,456.50
HUMIRA(CF) PEN	Y	INFLAMMATORYCONDITIONS	2023	36	\$1.03	\$5,189.08
HUMIRA	Y	INFLAMMATORYCONDITIONS	2023	38	\$0.98	\$4,926.92
HUMIRA(CF)	Y	INFLAMMATORYCONDITIONS	2023	46	\$0.74	\$5,189.08
AMITIZA	N	GI DISORDERS	2021	106	\$0.23	\$747.97
CIPRODEX	N	EAR INFECTION	2020	108	\$0.22	\$209.09

Expected patent expirations (PEs) are subject to change and/or actual Generic launch date could be delayed

Top 10 Indications by Cost

- INFLAMMATORY CONDITIONS experienced a 44.8% increase, driving the largest impact to Plan cost by a difference of \$351.6k
- The highest change to Plan cost PMPM indicates CANCER, which increased by 1,445.8%
- Generic Fill Rate (GFR) in PSYCHIATRIC/NEURO DISORDERS is 17.8 points lower than the peer benchmark
- 68.3% of total Plan cost is due to the Top 10 Indications below

Rank	Peer Rank	Indication	Rxs	Patients	Plan Cost	Generic Fill Rate	Peer Generic Fill Rate	Plan Cost PMPM	Prior Rank	Prior Rxs	Prior Patients	Prior Generic Fill Rate	Prior Plan Cost PMPM	% Change Plan Cost PMPM
1	1	INFLAMMATORY CONDITIONS	292	38	\$1,225,367	29.8%	28.8%	\$34.89	1	210	31	21.0%	\$24.09	44.8%
2	2	DIABETES	1,349	153	\$545,179	42.6%	48.0%	\$15.52	2	1,373	151	47.2%	\$12.44	24.8%
3	5	MULTIPLE SCLEROSIS	47	4	\$350,499	0.0%	14.0%	\$9.98	3	44	6	11.4%	\$7.98	25.1%
4	7	ATTENTION DEFICIT DISORDERS	1,348	165	\$239,330	74.9%	74.9%	\$6.81	5	1,320	151	72.0%	\$6.67	2.2%
5	6	ASTHMA	1,268	397	\$218,031	33.0%	42.3%	\$6.21	4	1,406	429	30.0%	\$7.11	-12.7%
6	3	CANCER	113	26	\$186,594	87.6%	81.3%	\$5.31	39	113	24	100.0%	\$0.34	1,445.8%
7	8	DEPRESSION	3,133	549	\$172,150	99.1%	97.7%	\$4.90	6	3,275	523	98.2%	\$4.15	18.1%
8	16	PSYCHIATRIC/NEURO DISORDERS	221	47	\$120,510	70.6%	88.4%	\$3.43	7	187	36	69.0%	\$2.82	21.7%
9	12	HIGH CHOLESTEROL	1,594	355	\$115,082	97.3%	98.7%	\$3.28	8	1,679	376	97.0%	\$2.62	25.2%
10	11	INFLAMMATION/PAIN	2,060	625	\$104,612	96.0%	96.7%	\$2.98	10	2,295	673	96.6%	\$2.47	20.4%
			11,425		\$3,277,354					11,902				

Top 25 Drugs

- Represent 48% of your total Plan Cost and comprise 8 indications
- 12 of your Top 25 are Specialty Drugs, making up 68.1% of your Top 25 spend

Rank	Peer Rank	Brand Name	Indication	Rxs	Pts	Plan Cost	Plan Cost PMPM	Prior Rank	Prior Rxs	Prior Pts	Prior Plan Cost PMPM	% Change Plan Cost PMPM
1	1	HUMIRA PEN	INFLAMMATORYCONDITIONS	64	8	\$318,849	\$9.08	1	49	7	\$6.22	45.9%
2	8	TECFIDERA	MULTIPLE SCLEROSIS	35	3	\$267,271	\$7.61	2	23	3	\$4.43	71.9%
3	2	STELARA	INFLAMMATORYCONDITIONS	11	1	\$239,387	\$6.82	4	5	1	\$2.87	137.9%
4	20	COSENTYX PEN (2 PENS)	INFLAMMATORYCONDITIONS	30	4	\$162,633	\$4.63	3	25	3	\$3.11	48.9%
5	34	IMBRUVICA	CANCER	8	1	\$94,155	\$2.68					
6	36	NUTROPIN AQ NUSPIN	GROWTH DEFICIENCY	9	1	\$90,651	\$2.58	7	11	1	\$2.20	17.3%
7	13	VYVANSE	ATTENTION DEFICITDISORDERS	243	37	\$79,061	\$2.25	8	235	35	\$2.02	11.5%
8	216	PLEGRIDY PEN	MULTIPLE SCLEROSIS	11	1	\$76,326	\$2.17	6	13	1	\$2.38	-8.7%
9	15	REVLIMID	CANCER	6	1	\$72,407	\$2.06					
10	9	HUMALOG	DIABETES	76	13	\$71,852	\$2.05	10	66	11	\$1.86	10.1%
11	3	ENBREL SURECLICK	INFLAMMATORYCONDITIONS	15	4	\$70,927	\$2.02	5	23	3	\$2.85	-29.1%
12	39	MESALAMINE	INFLAMMATORYCONDITIONS	47	9	\$66,387	\$1.89	23	28	9	\$1.15	63.8%
13	22	OTEZLA	INFLAMMATORYCONDITIONS	19	2	\$64,621	\$1.84	55	5	1	\$0.44	319.1%
14	6	TRULICITY	DIABETES	53	10	\$62,827	\$1.79	35	31	6	\$0.72	147.6%
15	25	ENBREL	INFLAMMATORYCONDITIONS	12	1	\$60,433	\$1.72	12	13	1	\$1.67	3.2%
16	12	VICTOZA 3-PAK	DIABETES	41	7	\$57,259	\$1.63	25	36	6	\$1.12	45.9%
17	4	JARDIANCE	DIABETES	75	22	\$55,659	\$1.58	31	38	11	\$0.80	98.5%
18	18	ATORVASTATINCALCIUM	HIGH CHOLESTEROL	777	197	\$52,984	\$1.51	38	806	201	\$0.60	151.5%
19	11	LANTUS SOLOSTAR	DIABETES	83	23	\$52,596	\$1.50	15	84	22	\$1.51	-0.6%
20	69	XELJANZ	INFLAMMATORYCONDITIONS	12	1	\$51,887	\$1.48	27	10	1	\$1.10	33.8%
21	10	JANUVIA	DIABETES	48	13	\$50,977	\$1.45	26	37	11	\$1.11	30.8%
22	28	SYMBICORT	ASTHMA	127	33	\$50,421	\$1.44	18	136	35	\$1.28	11.8%
23	27	ADVAIR DISKUS	ASTHMA	83	33	\$46,080	\$1.31	9	156	41	\$1.98	-33.6%
24	14	HUMALOG KWIKPEN U-100	DIABETES	43	12	\$45,783	\$1.30	17	47	14	\$1.38	-5.8%
25	35	DEXTRAMPHETAMINE-AMPHET ER	ATTENTION DEFICITDISORDERS	268	43	\$44,582	\$1.27	19	232	44	\$1.22	4.3%
			GRAND TOTAL	2,196		\$2,306,015						

Patient Stratification

Patient Care Needs

Well

healthy patients taking medications to sustain/improve health or treat occasional disruptions

-vaccinations, allergies, vitamins

Acute

treatment of intermittent/seasonal conditions

-infections, cough and cold

Chronic

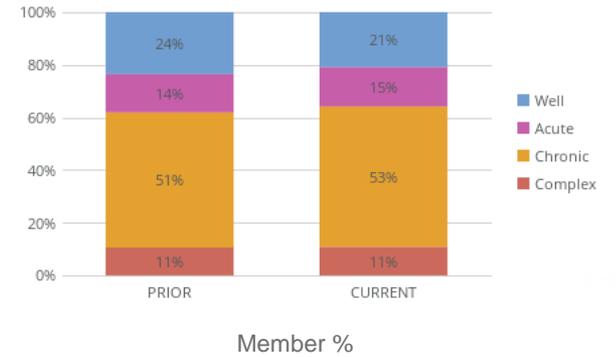
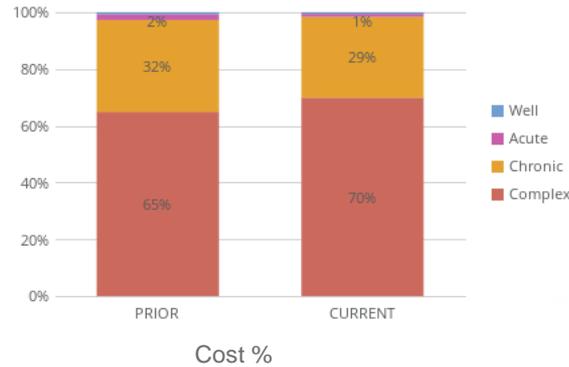
diseases with long duration

-anemia, depression/anxiety, asthma

Complex

numerous lingering conditions

-hemophilia, cancer, HIV



	Well	Acute	Chronic	Complex	Total
Members	609	437	1,562	318	2,926
Members %	20.8%	14.9%	53.4%	10.9%	100.0%
Plan Cost	\$24,795	\$50,069	\$1,368,859	\$3,351,400	\$4,795,122
Plan Cost %	0.5%	1.0%	28.5%	69.9%	100.0%
Member Age (Avg)	24.9	25.9	43.1	53.3	37.8
Copay	\$1,724	\$10,245	\$273,286	\$206,444	\$491,698
Copay/Member	\$3	\$23	\$175	\$649	\$168
Plan Spend/Member	\$41	\$115	\$876	\$10,539	\$1,639
Days of Therapy/Member	27.1	56.8	438.6	1500.3	411.3
GFR %	87.3%	93.3%	88.3%	78.7%	85.2%
Home Delivery Utilization %	4.5%	2.0%	14.4%	23.0%	17.4%

Current Period: JUL 2018 - JUN 2019

Prior Period: JUL 2017 - JUN 2018

GFR % calculated with Unadjusted Rxs

Pharmacy clinical performance



Identifying care gaps

We focus on top conditions that drive medical costs and lost productivity



Diabetes



Cardiovascular



Depression



Respiratory



ADHD

Plus we help your employees save money!



Engaging your employees

City of Manchester

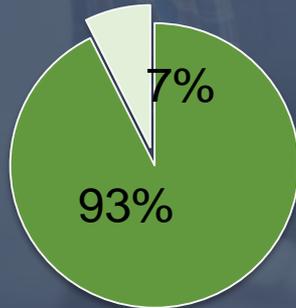


1,455

Total pharmacy
messages sent
10/01/2018 – 9/30/2019

Message Types

- Clinically Significant
- Economic





City of Manchester
10/01/2017 – 09/30/2018

Adding Therapy

Adherence



	Members identified	Care gaps closed	Medical costs avoided
Adding Therapy	9	1	\$352
Adherence	343	112	\$35,885

By closing identified care gaps, you and your employees avoided potential medical costs of:

\$36,237

City of Manchester
10/01/2017 – 09/30/2018



- Duplication of Therapy**
- Duration of Therapy**
- Preferred Products**
- Medication Safety**
- Controlled Substance Safety**

Unique members	Total Conversions	Plan Paid Savings
5	4	\$250
79	8	\$253
265	8	\$22,840
26	7	\$0
8	6	\$171

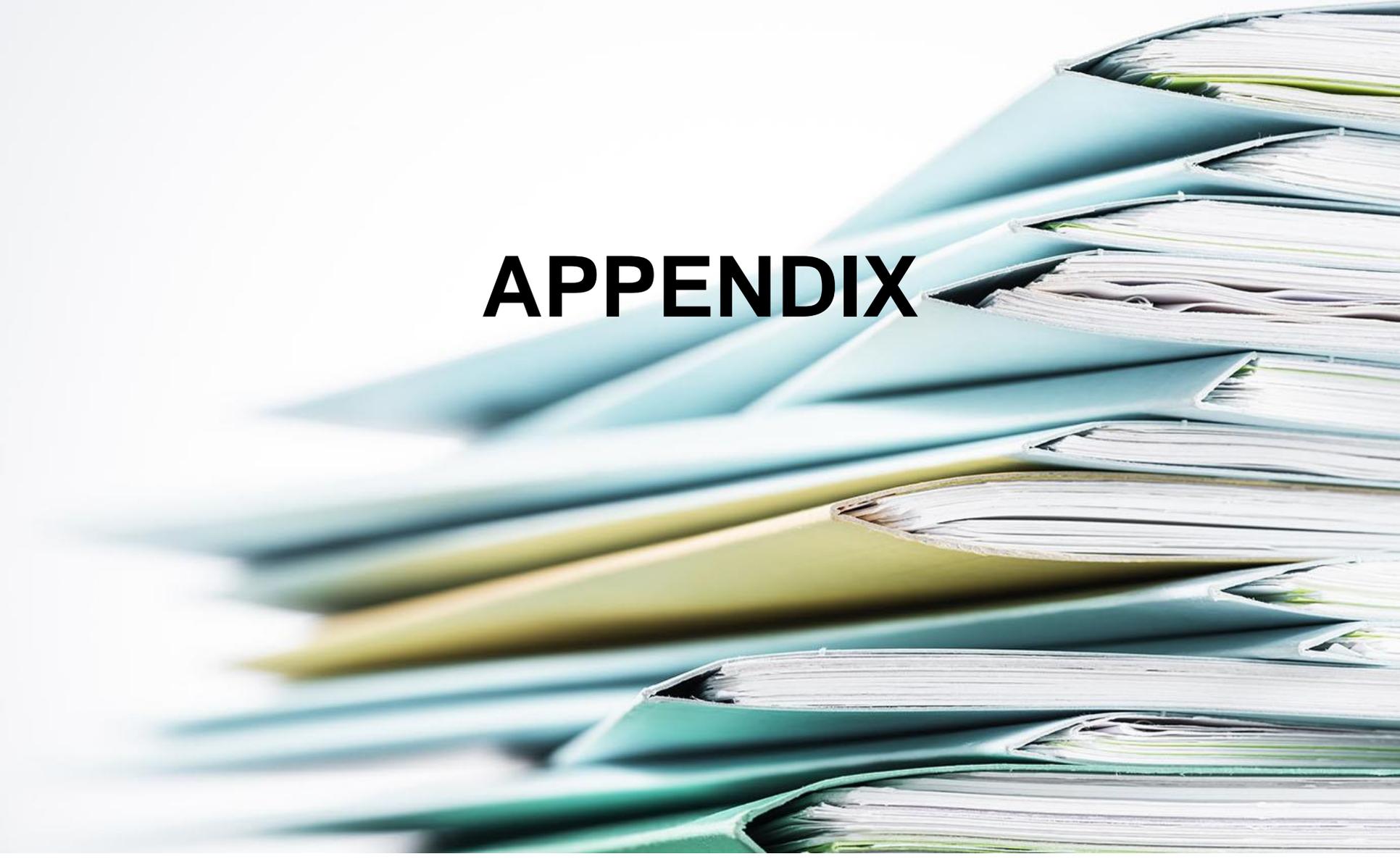
By addressing medication utilization opportunities you and your employees reduced potential prescription costs by:

\$23,514



Point of Sale Edits	Description	2018 Savings
Step Therapy	Encourages use of specific drugs to try when a customer begins therapy	\$3.33 PMPM
Prior Authorization	Ensures drugs are used appropriately as recommended by the FDA	\$7.26 PMPM
Quantity Limits and Dose Optimization	Establishes a maximum covered amount a customer may receive within a time period	\$6.00 PMPM
Compound Management	Ensures compound claim ingredients have been reviewed and approved by the FDA for safety and efficacy.	\$0.013 PMPM
		TOTAL \$16.60 PMPM

APPENDIX

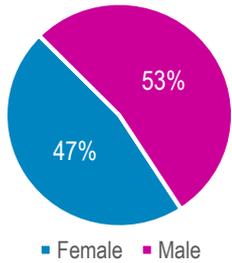


Summary:

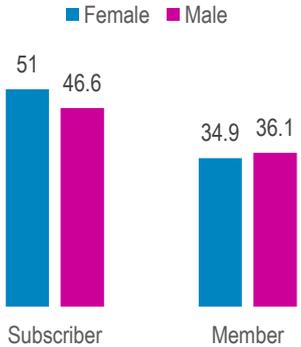
- The membership decreased 3.2% with a medical PMPM trend of 1.1%
- Average contract size was 2.4
- Employee consumes 47.2% of total plan costs
- Employee PMPM: \$538.14; Spouse: \$684.19; Child: \$231.37
- There are 239 total unique members who have not filed a claim during the time period represented on this report

Metric	Jul 2017 - Jun 2018	Jul 2018 - Jun 2019	Trend	Benchmark	Variance to Benchmark
Demographics:					
Employees	1,228	1,198	-2.4%		
Membership	3,023	2,927	-3.2%		
Contract Size	2.5	2.4	-0.8%	2.1	14.3%
Average Age of Member	35.7	35.5	-0.5%	35.0	1.4%
Average Age of Employee	47.7	47.6	-0.3%	45.1	5.5%

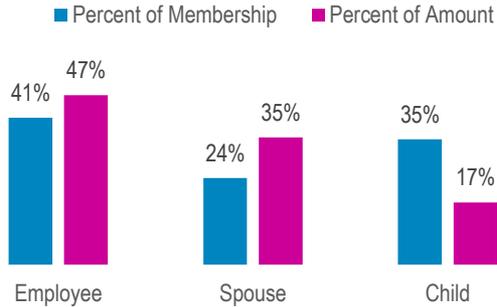
MEMBERSHIP BY GENDER



AVERAGE AGE



MEMBERSHIP AND PAID AMOUNT BY RELATIONSHIP

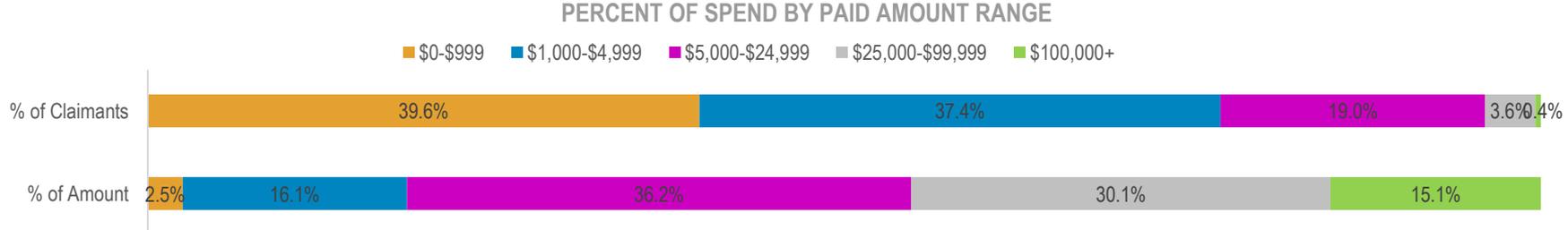


Paid Claims Distribution



- There are 239 total unique members who have not filed a claim during the time period represented on this report
- 39.6% of members had less than \$1,000 in medical plan paid benefit coverage in the current period
- 37.4% of members had between \$1,000 and \$4,999 in medical plan paid benefit coverage in the current period
- 19.0% of members had between \$5,000 and \$24,999 in medical plan paid benefit coverage in the current period
- 3.6% of members had between \$25,000 and \$99,999 in medical plan paid benefit coverage in the current period
- 0.4% of members had \$100K+ in medical plan paid benefit coverage in the current period

Medical Paid Amount								
Paid Amount Range	Unique Claimants	Percent Total Claimants	Total Paid Amount	Average Per Claimant	Percent Paid Amount	Percent Paid Amt Benchmark		
\$0 to \$999	1,142	38.8%	\$502,118	\$440	3.1%	4.2%		
\$1,000 to \$1,999	510	17.3%	\$736,944	\$1,445	4.5%	3.9%		
\$2,000 to \$2,999	270	9.2%	\$658,996	\$2,441	4.0%	3.3%		
\$3,000 to \$3,999	194	6.6%	\$682,433	\$3,518	4.2%	2.9%		
\$4,000 to \$4,999	126	4.3%	\$560,735	\$4,450	3.4%	2.6%		
\$5,000 to \$9,999	308	10.5%	\$2,167,746	\$7,038	13.2%	9.6%		
\$10,000 to \$24,999	250	8.5%	\$3,763,097	\$15,052	23.0%	16.9%		
\$25,000 to \$49,999	78	2.6%	\$2,720,850	\$34,883	16.6%	14.4%		
\$50,000 to \$74,999	13	0.4%	\$792,321	\$60,948	4.8%	8.0%		
\$75,000 to \$99,999	17	0.6%	\$1,417,247	\$83,367	8.7%	5.5%		
\$100,000+	13	0.4%	\$2,470,815	\$190,063	15.1%	29.4%		
Total - All Claimants	2,946	100.0%	\$16,375,265	\$5,558	100.0%	100.0%		



Utilization by Setting: Three Periods



	Unique Claimants	In Network	Out of Network	07/16 - 06/17	07/17 - 06/18	07/18 - 06/19	Trend	Benchmark	Variance to Benchmark
Inpatient Facility	149								
Acute Admissions		177	*	212	178	178			
Acute Admissions per 1,000		60.5	0.3	69.3	58.9	60.8	3.3%	53.1	14.5%
Acute Days		680	4	962	943	684			
Acute Days per 1,000		232.3	1.4	314.5	312.0	233.7	-25.1%	245.4	-4.8%
Average Length of Stay - Acute		3.8	4.0	4.5	5.3	3.8	-27.5%	4.6	-17.4%
Paid Amount per Acute Admit		\$12,687	\$2,016	\$14,697	\$13,944	\$12,627	-9.4%	\$22,833	-44.7%
Inpatient Paid Amount		\$2,245,666	\$2,016	\$3,185,929	\$2,528,842	\$2,247,682			
Paid Amount PMPM		\$63.94	\$0.06	\$86.79	\$69.72	\$64.00	-8.2%	\$101.84	-37.2%
Outpatient Facility	1,870								
ED Visits		523	0	526	553	523			
ED Visits per 1,000		178.7	0.0	172.0	183.0	178.7	-2.3%	187.1	-4.5%
ED Paid Amount per Visit		\$2,363	\$0	\$1,970	\$2,103	\$2,363	12.3%	\$1,567	50.8%
Total Outpatient Visits per 1000		2,444.4	00.3	2,637.2	2,530.3	2,444.8	-3.4%	1,266.1	93.1%
Total Paid Amount per Visit		\$890	\$7,436	\$852	\$889	\$891	0.2%	\$1,150	-22.5%
Total Outpatient Paid Amount		\$6,368,198	\$7,436	\$6,873,605	\$6,800,639	\$6,375,634			
Total Outpatient PMPM		\$181.33	\$0.21	\$187.26	\$187.50	\$181.54	-3.2%	\$121.35	49.6%
Professional	2,931								
Primary Care									
Primary Care Visits		8,866	136	9,032	8,980	9,002			
Visits per 1,000		3,029.4	46.5	2,952.7	2,971.0	3,075.9	3.5%	2,130.2	44.4%
Paid Amount per Visit		\$174	\$219	\$157	\$165	\$175	6.0%	\$127	37.8%
Specialty Care									
Specialty Care Visits		27,953	325	27,479	27,817	28,278			
Visits per 1,000		9,551.1	111.0	8,983.2	9,203.1	9,662.2	5.0%	6,214.5	55.5%
Paid Amount per Visit		\$219	\$210	\$205	\$213	\$219	2.6%	\$167	31.1%
Total Professional Paid Amount		\$7,653,810	\$98,140	\$7,056,680	\$7,406,471	\$7,751,949			
Total Professional PMPM		\$217.93	\$2.79	\$192.24	\$204.20	\$220.73	8.1%	\$108.80	102.9%
Total									
PAID Amount		\$16,267,674	\$107,592	\$17,116,214	\$16,735,952	\$16,375,265			
Total Medical PMPM		\$463.20	\$3.06	\$466.29	\$461.41	\$466.27	1.1%	\$331.98	40.5%

In Network

Facility Name / Location	Unique Claimants	Paid Amount In-Network	Paid Amount Per Claimant	Percent of Total In-Network
Elliot Hospital - Manchester, NH	67	\$663,210	\$9,899	29.5%
Catholic Medical Center - Manchester, NH	32	\$494,220	\$15,444	22.0%
The General Hospital Corporatio - Boston, MA	*	\$251,880	*	11.2%
Lahey Clinic Hospital Inc - Burlington, MA	*	\$145,391	*	6.5%
Southern Nh Medical Center - Nashua, NH	11	\$105,118	\$9,556	4.7%
Concord Hospital - Concord, NH	8	\$99,022	\$12,378	4.4%
The Childrens Hospital Corp - Boston, MA	*	\$41,259	*	1.8%
Parkland Medical Center - Derry, NH	*	\$40,567	*	1.8%
The Mclean Hospital Corporation - Boston, MA	*	\$40,270	*	1.8%
Lakes Region General Hospital - Laconia, NH	*	\$35,145	*	1.6%
Total Inpatient Facility In-Network	149	2,245,666	\$15,072	100.0%
* Facility had less than 5 unique claimants				

In Network

Facility Name / Location	Unique Claimants	Visits	Paid Amount In-Network	Paid Amount Per Claimant	Percent of Total In-Network
Elliot Hospital - Manchester, NH	1,052	2,906	\$2,337,806	\$2,222	36.7%
Catholic Medical Center - Manchester, NH	449	1,194	\$1,652,346	\$3,680	25.9%
Manchester Kidney Center - Manchester, NH	*	207	\$393,087	*	6.2%
Mary Hitchcock Memorial Hospital - Lebanon, NH	492	1,050	\$376,439	\$765	5.9%
Concord Hospital - Concord, NH	92	246	\$327,077	\$3,555	5.1%
Southern Nh Medical Center - Nashua, NH	88	261	\$205,754	\$2,338	3.2%
Parkland Medical Center - Derry, NH	38	69	\$92,427	\$2,432	1.5%
St Joseph Hospital - Nashua, NH	51	116	\$92,052	\$1,805	1.4%
The General Hospital Corporatio - Boston, MA	21	65	\$81,679	\$3,889	1.3%
Exeter Hospital - Exeter, NH	24	45	\$73,053	\$3,044	1.1%
Total Outpatient Facility In-Network	1,869	7,154	\$6,368,198	\$3,407	100.0%
* Facility had less than 5 unique claimants					

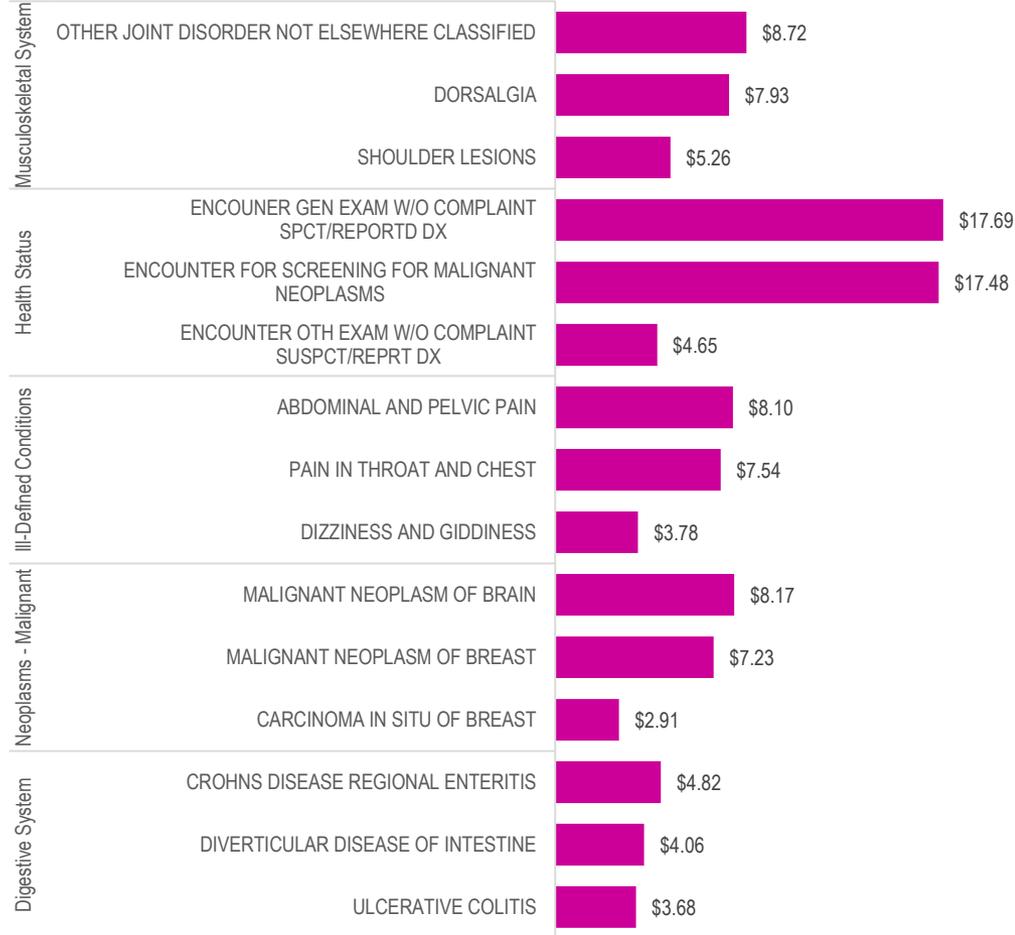
Summary:

- The top five health conditions with the top three diagnoses represent \$8.3M of total costs and affects 91.2% of unique claimants

TOP TEN HEALTH CONDITION PMPM



TOP FIVE CONDITIONS WITH TOP 3 DIAGNOSES BY PMPM

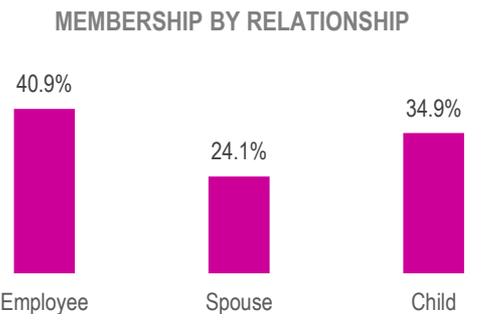


Top Health Conditions By Relationship and PMPM



Summary:

- The Total Health Conditions experienced a -2.1% PMPM trend
- The Employee is responsible for 47.2% of spend; the Spouse is responsible for 35.4% and the Child 17.3%
 - Musculoskeletal System: Employee represents 57.0% of the spend for this category
 - Health Status: Employee represents 43.1% of the spend for this category

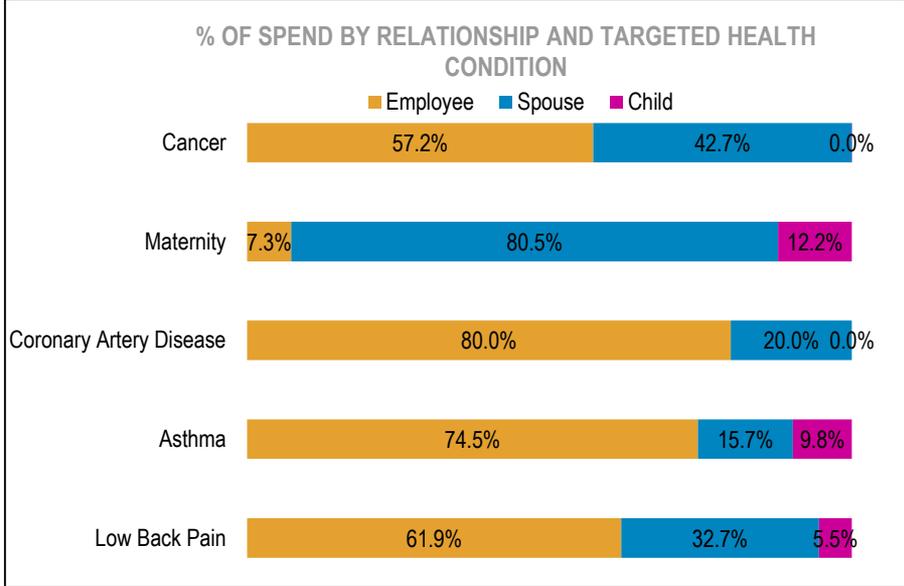
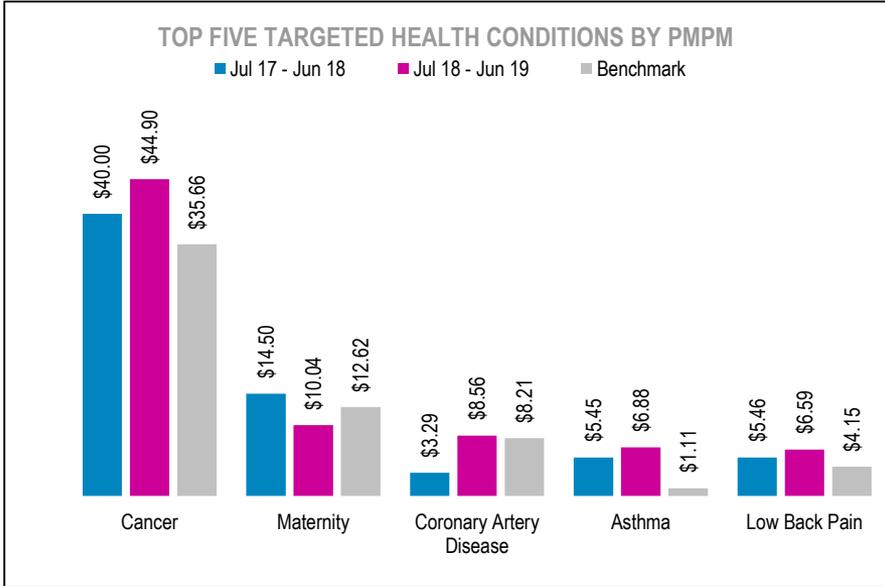


	Employee		Spouse		Child		Total	Total	PMPM	Variance to
	Paid	PMPM	Paid	PMPM	Paid	PMPM	Paid Amount	PMPM	Trend	Benchmark
Musculoskeletal System	\$1,178,437	\$81.97	\$714,054	\$84.21	\$176,485	\$14.39	\$2,068,975	\$58.91	-0.1%	49.7%
Health Status	\$799,095	\$55.59	\$656,066	\$77.38	\$399,757	\$32.59	\$1,854,918	\$52.82	-3.2%	93.4%
Ill-Defined Conditions	\$742,555	\$51.65	\$590,913	\$69.69	\$410,311	\$33.45	\$1,743,779	\$49.65	10.7%	107.5%
Neoplasms - Malignant	\$619,610	\$43.10	\$736,476	\$86.86	\$448	\$0.04	\$1,356,534	\$38.63	20.0%	45.5%
Digestive System	\$708,579	\$49.29	\$495,309	\$58.42	\$79,071	\$6.45	\$1,282,959	\$36.53	3.3%	47.4%
Genitourinary System	\$278,696	\$19.39	\$609,393	\$71.87	\$125,702	\$10.25	\$1,013,791	\$28.87	-8.9%	71.1%
Injury & Poisoning	\$426,663	\$29.68	\$213,407	\$25.17	\$258,782	\$21.10	\$898,851	\$25.59	-14.6%	11.5%
Behavioral Health	\$257,550	\$17.92	\$187,369	\$22.10	\$383,112	\$31.24	\$828,031	\$23.58	5.4%	76.6%
Circulatory System	\$520,828	\$36.23	\$170,670	\$20.13	\$9,770	\$0.80	\$701,267	\$19.97	14.1%	-32.3%
Respiratory System	\$320,028	\$22.26	\$129,536	\$15.28	\$194,972	\$15.90	\$644,536	\$18.35	-44.7%	33.6%
Subtotal	\$5,852,039	\$407.07	\$4,503,192	\$531.10	\$2,038,410	\$166.20	\$12,393,641	\$352.89	-2.1%	48.1%
All Other	\$1,884,297	\$131.07	\$1,298,031	\$153.09	\$799,296	\$65.17	\$3,981,624	\$113.37	12.4%	21.0%
Total	\$7,736,336	\$538.14	\$5,801,223	\$684.19	\$2,837,706	\$231.37	\$16,375,265	\$466.27	1.1%	40.4%

Summary:

- For the top ten target program conditions, employees account for 54.5% of total paid claims
- Compared to the prior period, PMPM increased 4.7% and is 23.1% higher than the Benchmark, for the total targeted conditions

Top Five Targeted Health Conditions by Paid Amount	Number of Claimants	Paid Amount	Inpatient Facility	Outpatient Facility	Professional	Prevalence per 1,000	Benchmark Prevalence per 1,000
Cancer	80	\$1,185,136	\$221,466	\$589,977	\$373,694	27.3	19.9
Maternity	53	\$265,026	\$100,118	\$57,547	\$107,361	18.1	18.3
Coronary Artery Disease	33	\$226,031	\$135,645	\$66,575	\$23,811	11.3	10.7
Asthma	73	\$181,707	\$26,542	\$73,709	\$81,456	24.9	17.5
Low Back Pain	266	\$173,854	\$0	\$57,638	\$116,216	90.7	52.8



\$2.1M
in plan expense

13%
of medical spend

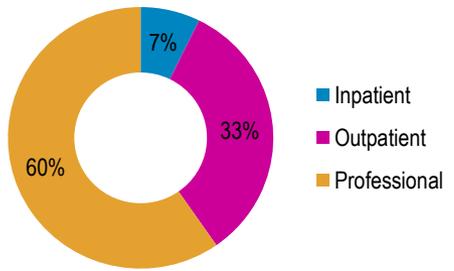
1,106
unique claimants

\$58.91
PMPM

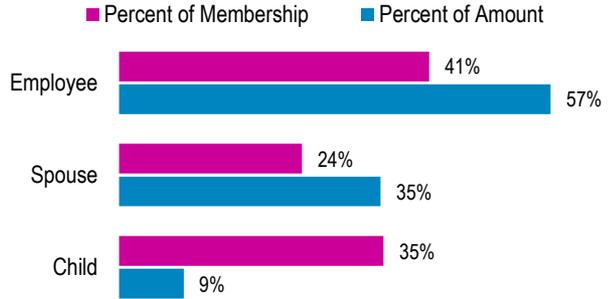
↓ 0%
PMPM trend

9.6%
HCC Cost**

COST BY SETTING



MEMBERSHIP AND PAID AMOUNT BY RELATIONSHIP



PMPM



OTHER JOINT DISORDER NOT ELSEWHERE CLASSIFIED

14.8%
of health condition spend

DORSALGIA

13.5%
of health condition spend

SHOULDER LESIONS

8.9%
of health condition spend

** Percentage of HCC Cost based on Primary Condition of HCC members

\$1.9M
in plan expense

11%
of medical spend

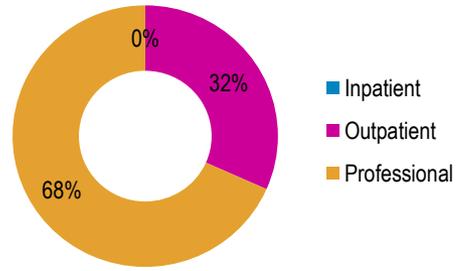
2,334
unique claimants

\$52.82
PMPM

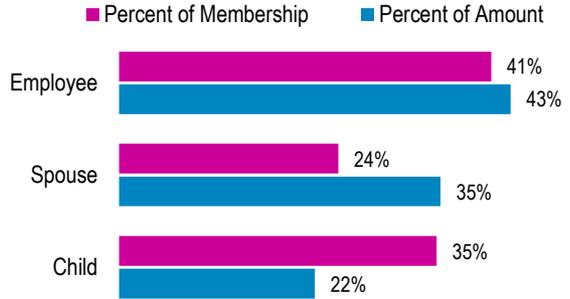
↓ 3%
PMPM trend

0.0%
HCC Cost**

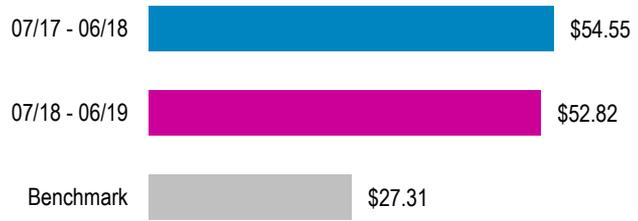
COST BY SETTING



MEMBERSHIP AND PAID AMOUNT BY RELATIONSHIP



PMPM



ENCOUNTER GEN EXAM W/O COMPLAINT SPCT/REPORTD DX

33.5%
of health condition spend

ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASMS

33.1%
of health condition spend

ENCOUNTER OTH EXAM W/O COMPLAINT SUSPCT/REPRT DX

8.8%
of health condition spend

** Percentage of HCC Cost based on Primary Condition of HCC members

\$1.7M
in plan expense

11%
of medical spend

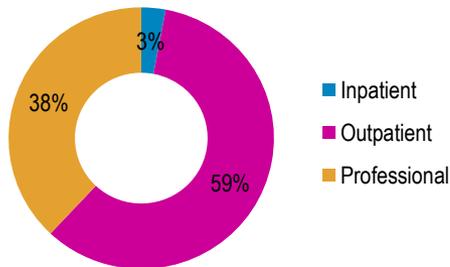
1,322
unique claimants

\$49.65
PMPM

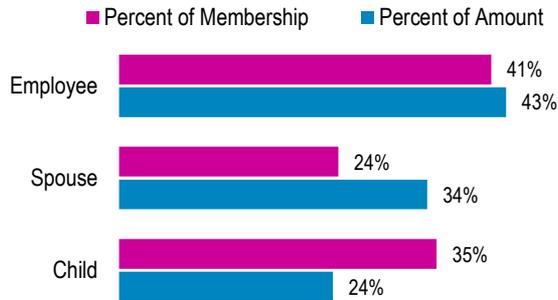
↑ 11%
PMPM trend

3.5%
HCC Cost**

COST BY SETTING



MEMBERSHIP AND PAID AMOUNT BY RELATIONSHIP



PMPM



ABDOMINAL AND PELVIC PAIN

16.3%
of health condition spend

PAIN IN THROAT AND CHEST

15.2%
of health condition spend

DIZZINESS AND GIDDINESS

7.6%
of health condition spend

** Percentage of HCC Cost based on Primary Condition of HCC members

\$1.4M
in plan expense

8%
of medical spend

101
unique claimants

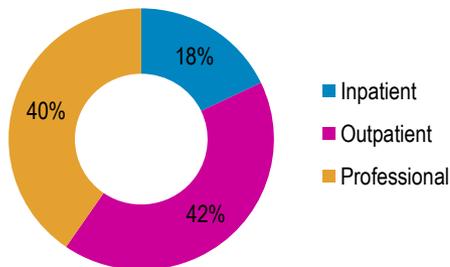
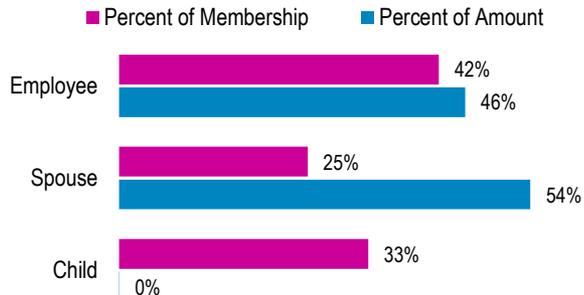
\$38.63
PMPM

↑ 20%
PMPM trend

28.2%
HCC Cost**

COST BY SETTING

MEMBERSHIP AND PAID AMOUNT BY RELATIONSHIP



PMPM



MALIGNANT NEOPLASM OF BRAIN

21.1%
of health condition spend

MALIGNANT NEOPLASM OF BREAST

18.7%
of health condition spend

CARCINOMA IN SITU OF BREAST

7.5%
of health condition spend

** Percentage of HCC Cost based on Primary Condition of HCC members

\$1.3M
in plan expense

8%
of medical spend

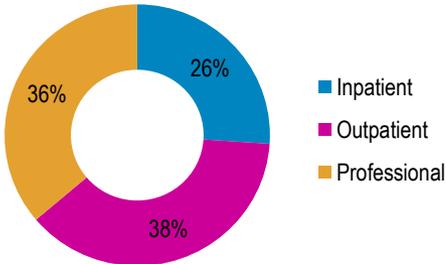
374
unique claimants

\$36.53
PMPM

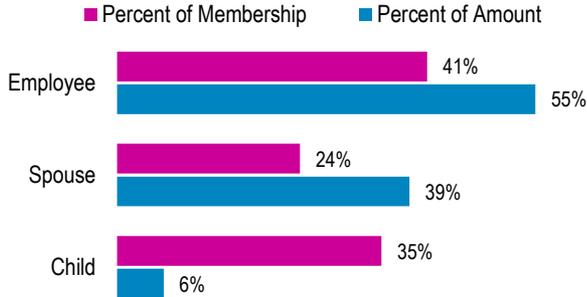
↑ 3%
PMPM trend

13.6%
HCC Cost**

COST BY SETTING



MEMBERSHIP AND PAID AMOUNT BY RELATIONSHIP



PMPM



CROHNS DISEASE REGIONAL ENTERITIS

13.2%
of health condition spend

DIVERTICULAR DISEASE OF INTESTINE

11.1%
of health condition spend

ULCERATIVE COLITIS

10.1%
of health condition spend

** Percentage of HCC Cost based on Primary Condition of HCC members

\$1.0M
in plan expense

6%
of medical spend

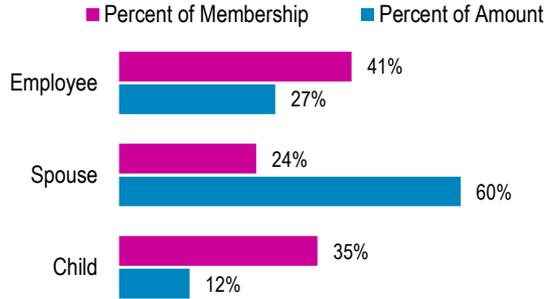
462
unique claimants

\$28.87
PMPM

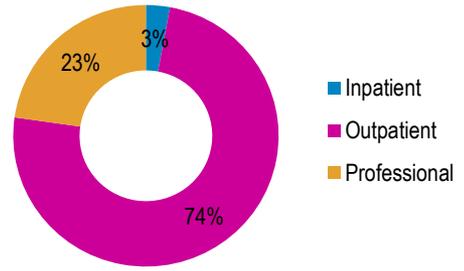
↓ 9%
PMPM trend

8.1%
HCC Cost**

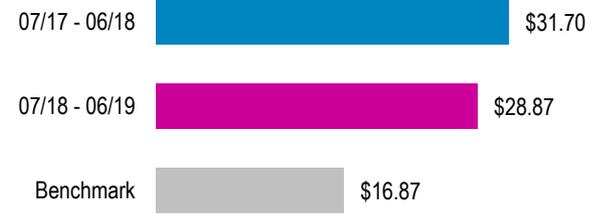
MEMBERSHIP AND PAID AMOUNT BY RELATIONSHIP



COST BY SETTING



PMPM



** Percentage of HCC Cost based on Primary Condition of HCC members

AFTERCARE (ICD-10: Z51)

Definition: Encounter for other aftercare (typically cancer).

Examples: Chemotherapy, radiotherapy, immunotherapy.

BEHAVIORAL HEALTH DISORDERS (ICD-9: 290-319) (ICD-10: F01-F99 excluding F49)

Definition: Illness caused by psychiatric or psychological conditions.

Examples: Drug and alcohol abuse, anorexia nervosa, bulimia, depression, paranoia, schizophrenia.

CANCER SCREENINGS (ICD-10: Z08, Z12)

Definition: Screening for cancer and cancer precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for disease.

Examples: Colon cancer screening, breast cancer screening, prostate cancer screening.

CIRCULATORY SYSTEM (ICD-9: 390-459) (ICD-10: I00-I02, I05-I15, I20-I28, I30-I52, I60-I89, I95-I99)

Definition: Illness caused by heart and blood vessel disorders.

Examples: High or low blood pressure, hemorrhoids, varicose veins, heart attack, heart valve disease, stroke, aneurysm.

CONGENITAL ABNORMALITIES (ICD-9: 740-759) (ICD-10: Q00-Q07, Q10-Q18, Q20-Q28, Q30-Q45, Q50-Q56, Q60-Q99)

Definition: Congenital malformations, deformations and chromosomal abnormalities .

Examples: Cleft palate and/or lip, Down's syndrome, hydrocephalus, congenital cataracts, abnormal fetal development of the eyes, ears, nose, face, heart, lungs, etc.

DIGESTIVE SYSTEM (ICD-9: 520-579) (ICD-10: K00-K14, K20-K31, K35-K38, K40-K46, K50-K52, K55-K68, K70-K77, K80-K87, K90-K95)

Definition: Illness caused by disorders of the teeth, mouth, jaw, salivary glands, esophagus, stomach, intestine, rectum, gallbladder, and liver.

Examples: Dental cavities, ulcers, appendicitis, hernias, noninfectious colitis, anal fissure, gall stones, cirrhosis of the liver.

DISEASES OF THE BLOOD (ICD-9: 280-289) (ICD-10: D50-D53, D55-D78, D80-D89)

Definition: Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism .

Examples: Anemia, hemophilia, blood and spleen disorders.

DISEASES OF THE EAR (ICD-10: H60-H62, H65-H75, H80-H83, H90-H95)

Definition: Disease of the auditory and mastoid processes.

Examples: Otitis media, hearing loss, middle ear mastoid

DISEASES OF THE EYE (ICD-10: H00-H05, H10-H11, H15-H22, H25-H28, H30-H36, H40-H44, H46-H47, H49-H57, H59)

Definition: Disease of the visual sensory and adnexa processes.

Examples: Retinal detachments and breaks, glaucoma, cataracts, corneal scars and opacities

ENDOCRINE/METABOLIC (ICD-9: 240 – 279) (ICD-10: E00-E13, E15-E16, E20-E36, E40-E46, E50-E68, E70-E89)

Definition: Endocrine - illness caused by increased, decreased, or imbalanced hormones. Metabolic - illness caused by the body's inability to turn food into energy.

Examples: Thyroid disease, diabetes, parathyroid disease, ovarian and testicular hormonal disease, vitamin and mineral excess or deficiency, obesity.

GENITOURINARY SYSTEM (ICD-9: 580 – 629) (ICD-10: N00-N08, N10-N23, N25-N53, N60-N65, N70-N77, N80-N99)

Definition: Illness caused by disorders of the kidney, bladder, prostate, testes, breast, ovaries, and uterus.

HEALTH STATUS (ICD-9: V01-V83) (ICD-10: Z00-Z04, Z18, Z20-Z23, Z28, Z30, Z40-Z49, Z52-Z53, Z55-Z57, Z59-Z60, Z62-Z93, Z95-Z99)

Definition: Occasions when circumstances other than a disease or injury exists that are not classifiable to the other ICD-9 OR ICD-10 categories. This occurs in one of two ways: 1) when a person is not currently sick but encounters health services for some specific purpose, such as organ donation, vaccination, or to discuss a problem which itself is not an injury or disease; 2) some circumstance or problem is present which influences the persons health status but it is not a current illness or injury.

Examples: General medical exam, contraceptive management, personal history of disease, post-procedural aftercare

ILL-DEFINED CONDITIONS (ICD-9: 780-799) (ICD-10: R00-R23, R25-R94, R97, R99)

Definition: This classification will be utilized when 1) cases for which no more specific ICD-10 diagnosis code can be made even after all of the facts bearing on a case have been investigated; 2) signs or symptoms existing at the time of the initial visit proved to be short term, and the cause has not or could not be determined; and 3) the symptoms represent important medical problems, and the physician desired to classify the symptom and an additional ICD-10 diagnosis code.

Examples: 'Symptoms' include fainting, convulsions, fever, edema, headache, shock, chest pain, nausea, etc. 'Signs' include nonspecific abnormal blood tests, urine tests, x-rays, EEG, EKG, etc. 'Ill-defined conditions' include senility, crib death, nervousness, etc.

INFECTIOUS/PARASITIC (ICD-9: 001-139) (ICD-10: A00-A09, A15-A28, A30-A99, B00-B10, B15-B20, B25-B83, B85-B97, B99)

Definition: A disease caused by bacteria, germs, virus, or parasites (e.g., worms, ticks). The illness may be contagious.

Examples: Infectious diarrhea, chicken pox, measles, herpes, viral hepatitis, bacterial meningitis, food poisoning, blood poisoning, tuberculosis, AIDS.

INJURY & POISONING (ICD-9: 800-999) (ICD-10: S00-S99, T07, T14-T88)

Definition: Injury, poisoning and certain other consequences of external causes.

Examples: Procedural complications, dislocations & sprains, fractures, open wounds.

INJURY & POISONING - EXTERNAL (ICD-9: V00-V99, W00-W74, W85-W99, X00-X08, X10-X19, X30-X39, X52-X58, X71-X83, X92-X99, Y00-Y09, Y21-Y33, Y35-Y38, Y62-Y84, Y90-Y99) (ICD-10: E000-E019, E029, E030, E800-E807, E810-E838, E840-E857, E860-E876, E878-E888, E890-E907, E909-E960, E962-E989, E991-E999)

Definition: External causes of morbidity.

Examples: Burns, falls, transportation accidents.

MATERNAL COMPLICATION OF PREGNANCY (ICD-10: O10-O16, O20-O48, O60-O77, O85-O92, O94, O98, O99, O9A)

Definition: Pregnancy, childbirth and the puerperium.

Examples: Abnormality of pelvic region, perineal laceration during delivery, obstetric trauma.

MATERNAL OUTCOME OF DELIVERY (ICD-10: O00-O08, O80-O82, Z37, Z3A)

Definition: Pregnancy, childbirth and the puerperium/Factors influencing health status and contact with health services.

Examples: Full-term uncomplicated delivery, ectopic pregnancy, hydatidiform mole.

MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUES (ICD-9: 710-739) (ICD-10: M00-M02, M05-M19, M1A, M20-M27, M30-M36, M40-M43, M45-M51, M53-M54, M60-M63, M65-M67, M70-M96, M99)

Definition: Illness caused by disorders of the joints, muscles, ligaments, and bone (excluding fractures).

Examples: Arthritis, back pain, bursitis, ganglions, bunions.

NEOPLASMS, BENIGN (ICD-10: D10-D36, D3A)

Definition: A tumor or cell growth that does not spread beyond its origin (non-Cancer).

Examples: Benign neoplasm of meninges (brain), benign neoplasm of colon, leiomyoma of uterus.

NEOPLASMS, MALIGNANT (ICD-10: C00-C26, C30-C41, C43-C49, C4A, C50-C58, C60-C79, C7A, C7B, C80-C96, D00-D09)

Definition: A tumor or uncontrolled cell growth (Cancer).

Examples: Hodgkin lymphoma, lymphoid leukemia, malignant neoplasm of breast, multiple myeloma.

NEOPLASMS, UNCERTAIN/UNSPECIFIED (ICD-10: D37-D49)

Definition: A tumor or uncontrolled cell growth whose behavior is unknown or not specified.

NERVOUS SYSTEM (ICD-9: 320-389) (ICD-10: G00-G14, G20-G26, G30-G32, G35-G37, G40-G47, G50-G65, G70-G73, G80-G83, G89-G99)

Definition: Nervous system - illness caused by brain, spinal cord, and nerve disorders. Sense organs - illness caused by disorders of the eyes and ears.

Examples: Migraine headache, meningitis, encephalitis, Alzheimer's disease, Parkinson's disease, cerebral palsy, muscular dystrophy, quadriplegia, epilepsy, cataract, retinal detachment, glaucoma, color blindness, otitis media, hearing loss.

NEWBORN INITIAL RECORD (ICD-10: Z38)

Definition: Code used to designate the birth of a newborn infant.

NON-CANCER RELATED SCREENING AND TESTING (ICD-10: Z09-Z11, Z13-Z17, Z32)

Definition: Diagnostic codes related to the treatment of various (non-cancer) diseases and conditions.

Examples: Genetic carrier testing, pregnancy testing, infectious and parasitic disease testing.

PROCREATIVE MANAGEMENT (ICD-10: Z31)

Definition: Services related to the treatment of infertility.

RESPIRATORY SYSTEM (ICD-9: 460-519) (ICD-10: J00-J06, J09-J18, J20-J22, J30-J47, J60-J70, J80-J86, J90-J99)

Definition: Illness caused by nose, larynx, bronchus, and lung disorders.

Examples: Common cold, laryngitis, tonsillitis, deviated nasal septum, viral pneumonia, emphysema, asthma, lung disease.

SHORT GESTATION, LOW BIRTH WEIGHT (ICD-10: P07)

Definition: Services related to the occurrence and care of a low birth weight infant.

SUPERVISION OF PREGNANCY (ICD-10: O09, Z33-Z34, Z36, Z39)

Definition: Services related to pregnancy and related care.

Examples: Supervision of normal pregnancy, supervision of high risk pregnancy, postpartum care and examination.

TRANSPLANT EXCLUDES COMPLICATIONS (ICD-10: Z94)

Definition: Care related to the identification, preparation, and surgical removal of a healthy organ from one person and its transplantation into another person whose organ has failed or was injured.

Examples: Heart transplant, kidney transplant, bone marrow transplant, liver transplant.