



# Know your trends. Drive your results.

FY 2017 Annual Review for:  
City of Manchester  
October 23, 2017

Kathryn Caiazzo, Clinical Account Director  
Amy Drew, Senior Pharmacy Benefit Manager

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**Reporting Period(s)**      **Medical Utilization Financials**  
Paid during the following periods -  
**Current Period - Jul 2016 - Jun 2017**  
**Compared to Prior Period - Jul 2015 - Jun 2016**

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**Benchmark**                      Medical Utilization:  
The Benchmark is comprised of a “Like Group” of size and membership

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**PMPM**                                      Members are defined as plan eligible Employees, Spouses and Child/dependents

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)

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**High Cost Claimants**                      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

HCC PMPM = Per Member Per Month cost of Members with paid claims  $\geq$  \$75K  
Non HCC PMPM = Per Member Per Month cost of Members with paid claims  $\leq$  \$75K

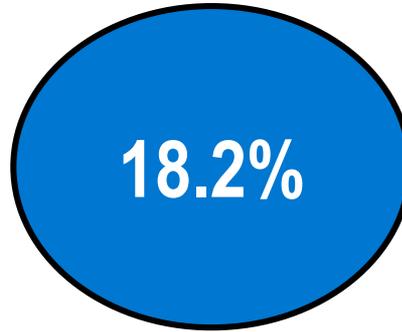
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**Settings**                                      Plan expenditures and utilization are broken down into the following settings:  
Inpatient facility, Outpatient facility and Professional

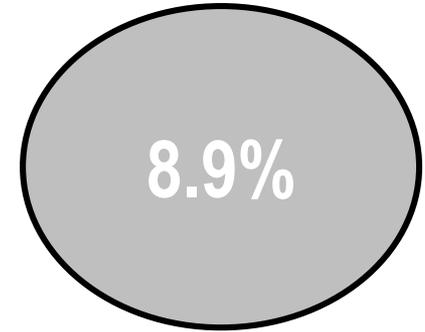
# SUMMARY OF MEDICAL PLAN PMPM PERFORMANCE



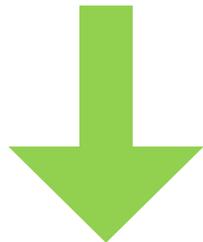
Medical plan PMPM



Medical plan PMPM trend



Non HCC PMPM trend increase



## Cost Containing Strategies

- Early detection and early intervention- screenings and well checks
- In Network Utilization
- Wellness Programs
- Local care management with specialists and PCP's



## FACTORS INCREASING PMPM TREND

- PMPM increases in each setting
  - Outpatient: 30%
  - Inpatient: 17%
  - Professional: 9%
- Cancer treatments and associated therapies
- Musculoskeletal, digestive, genitourinary, condition cost increases
- Mental/behavioral health increases
- High Cost Claims

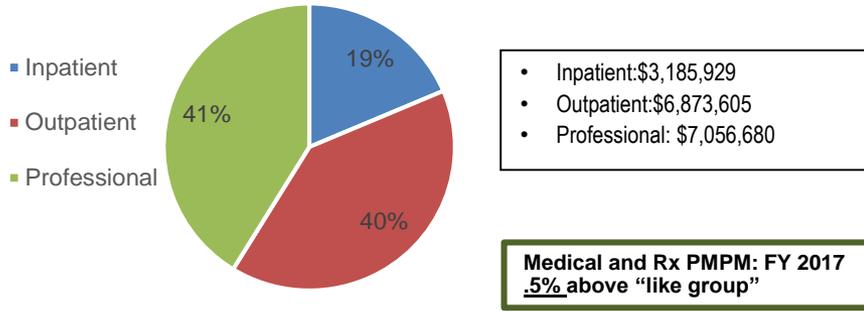
# MEDICAL PLAN PERFORMANCE BY THE NUMBERS



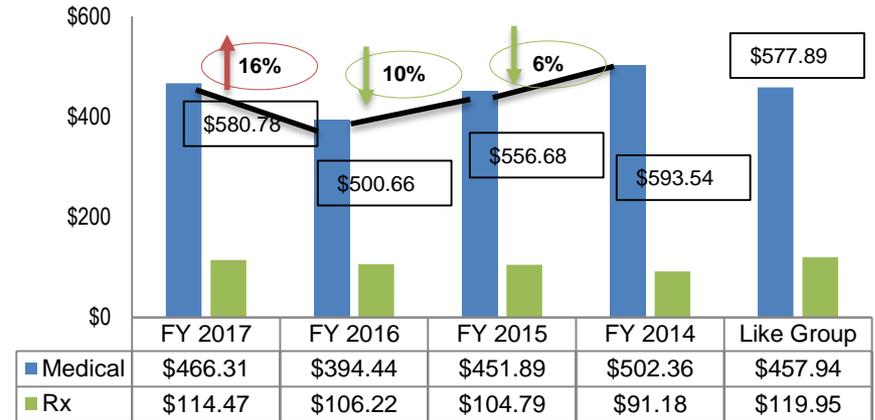
Medical Paid Claims Change:	17.3%	Current Paid: \$17,116,214 Prior Paid: \$14,591,406
Medical Membership Change:	-0.8%	
Medical Plan PMPM:	\$466.31	Prior PMPM: \$394.44
Medical Plan PMPM Trend:	18.2%	Prior Trend: -12%
Non HCC Medical PMPM:	\$340.38	
Non HCC Medical PMPM Trend:	8.9%	

# EXECUTIVE SUMMARY: COST OVERVIEW

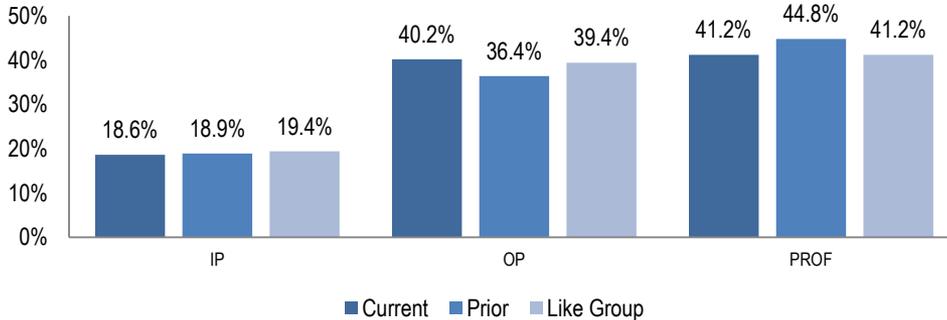
### Paid Amount By Setting



### Medical and Rx PMPM



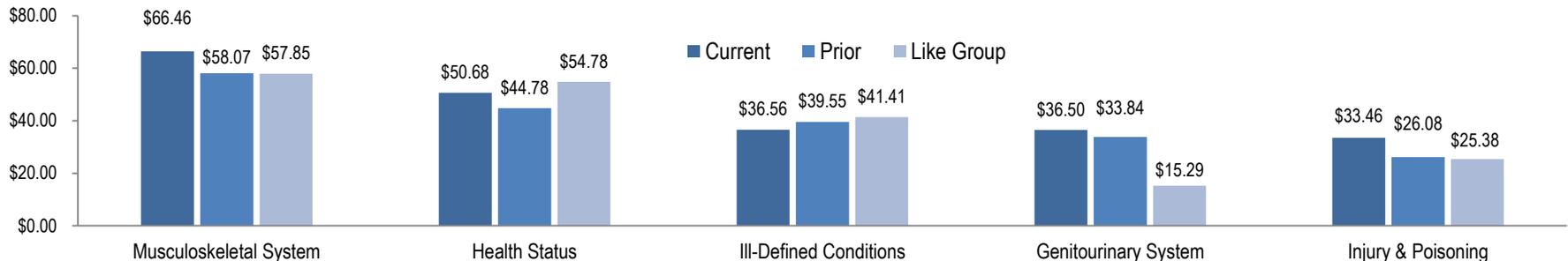
### Percent Of Spend By Setting



### Medical Utilization Trends Per 1,000:

- Inpatient acute admits/1,000 increased 27.8%
  - Cost/acute admit **decreased** 9.6%
- Outpatient visits/1,000 increased 8.9%
  - Cost/visit increased 19.8%
- Professional visits/1,000 increased 5.9%
  - Cost/visit increased 2.9%

### Top Five Health Conditions By PMPM

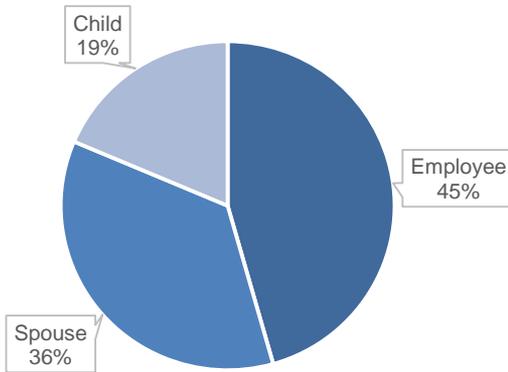


# MEMBERSHIP DASHBOARD

Metric	FY 2017	FY 2016	Trend	Like Group
Total Membership	3059	3083	-0.8%	
Subscriber Count	1234	1231	0.3%	
Average Age Subscribers	47.7	47.4	0.8%	44.8
Average Age Members	35.6	35.2	1.1%	34.7

Non-utilizers: There were **193** total unique members who have not filed a claim during the report period.

## Total Paid Amount



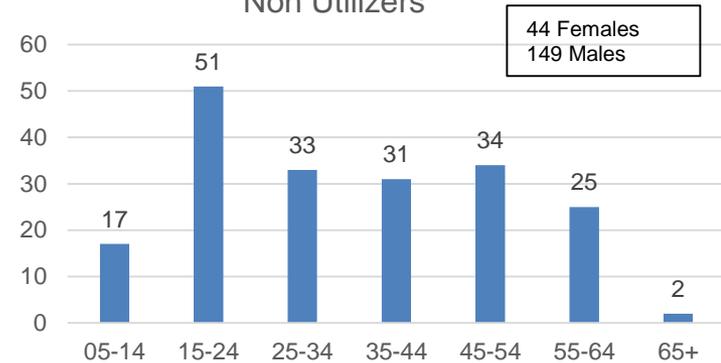
## Total Paid Amounts

Employee: \$7,804,493  
 Spouse: \$6,124,667  
 Child: \$3,187,055

## PMPM

Employee: \$526.87  
 Spouse: \$687.93  
 Child: \$245.35

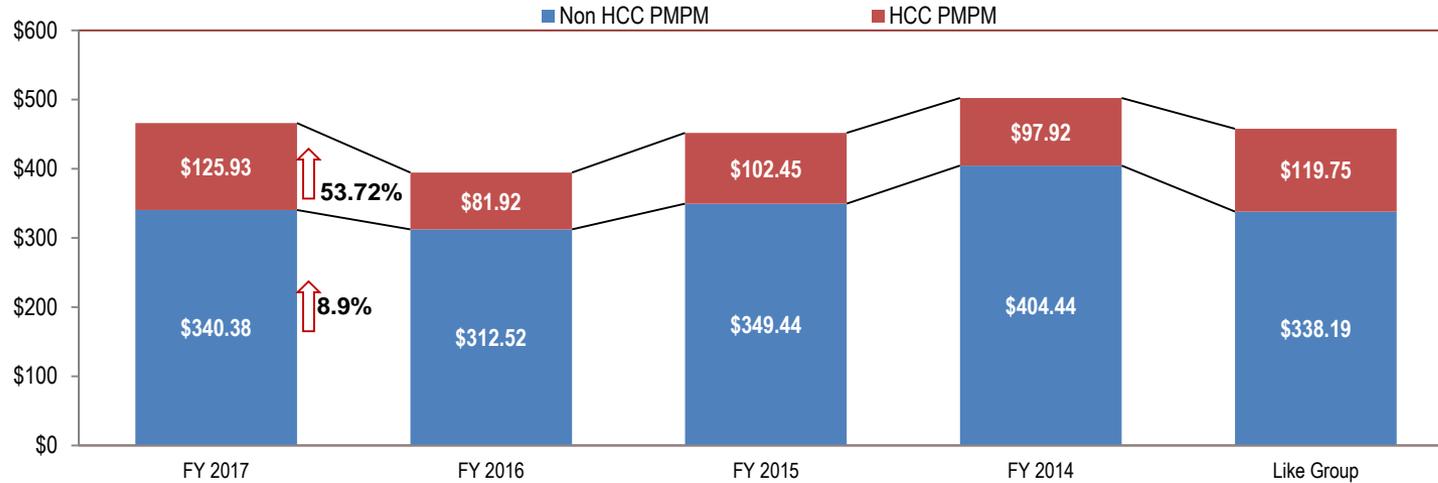
## Non Utilizers



Top 5 Paid Health Conditions	Employee/Self		Spouse/Partner		Child/Other Dependent	
	Paid Amount	Paid Amount PMPM	Paid Amount	Paid Amount PMPM	Paid Amount	Paid Amount PMPM
Musculoskeletal System	\$1,359,884	\$91.80	\$872,990	\$98.06	\$206,751	\$15.92
Health Status	\$844,726	\$57.03	\$613,069	\$68.86	\$402,348	\$30.97
Ill-Defined Conditions	\$632,172	\$42.68	\$435,547	\$48.92	\$274,384	\$21.12
Genitourinary System	\$331,554	\$22.38	\$927,148	\$104.14	\$80,945	\$6.23
Injury & Poisoning	\$517,559	\$34.94	\$463,773	\$52.09	\$246,789	\$19.00

# CLAIMS: HIGH COST SUMMARY

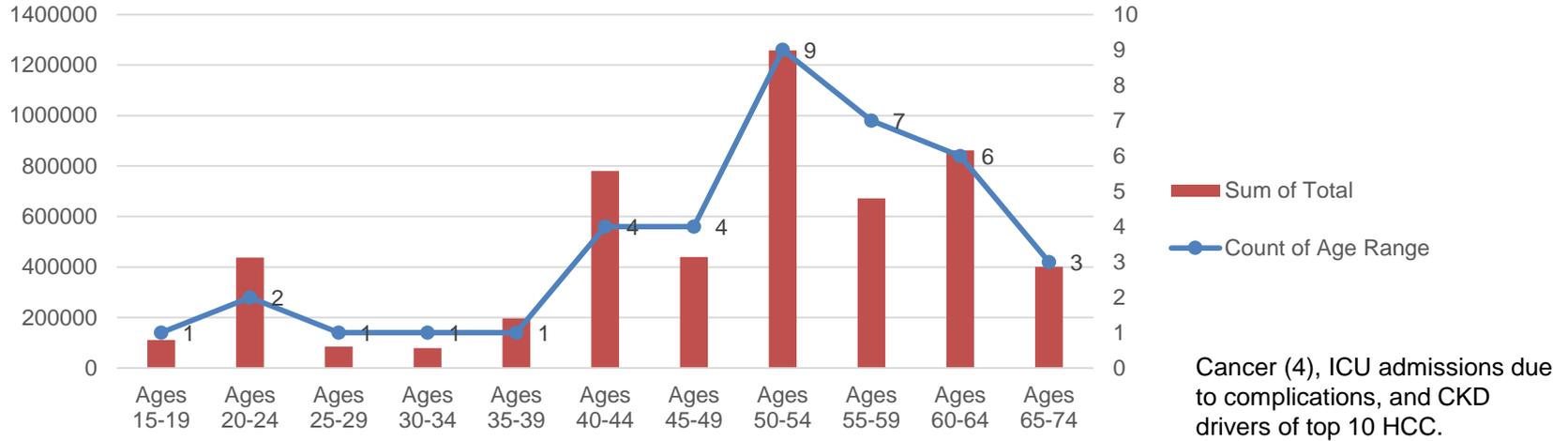
High Cost Claimants ≥ \$75K  
(Medical PMPM)



Genitourinary System, Aftercare, Musculoskeletal System, and Circulatory System were predominant conditions

High Cost Claims Metric	Current	Prior	Trend
Total HCC Paid Amount Med	\$4,622,312	\$3,030,439	
HCC Paid Amount as % of Total Paid Amount	24.80%	18.44%	34.51%
Number of HCC Members > \$75K	39	22	
HCC Members as Percent of Total Members	1.27%	0.71%	78.66%

# CLAIMS: HIGH COST CLAIMANTS \$75K+ - DETAIL



**Top Ten High Cost Claimants (\$75,000)**

Case	Diagnosis	Paid Amount	Relationship	Active Plan Status
1	CHRONIC KIDNEY DISEASE-Chronic Conditions, ER utilization, IP, dialysis	\$477,451	Spouse	Yes
2	CHRONIC KIDNEY DISEASE- Transplant with rejection	\$470,906	Spouse	Yes
3	ENCOUNTER FOR OTHER AFTERCARE- Breast CA	\$251,772	Employee	Yes
4	ENCOUNTER FOR OTHER AFTERCARE-CA	\$248,650	Child	No
5	FOREIGN BODY IN RESPIRATORY TRACT- Complications/ICU	\$245,571	Spouse	No
6	INFLAMMATORY POLYNEUROPATHY- Complications	\$196,925	Employee	Yes
7	ACUTE AND SUBACUTE ENDOCARDITIS- Complications/ICU	\$188,406	Child	Yes
8	ENCOUNTER FOR OTHER AFTERCARE-CA	\$151,993	Employee	Yes
9	SARCOIDOSIS- Complex Diagnosis	\$145,377	Employee	Yes
10	MALIGNANT NEOPLASM OF PROSTATE- CA	\$144,097	Employee	Yes

# CLAIMS: PAID CLAIMS DISTRIBUTION- ALL CLAIMS

## Summary:

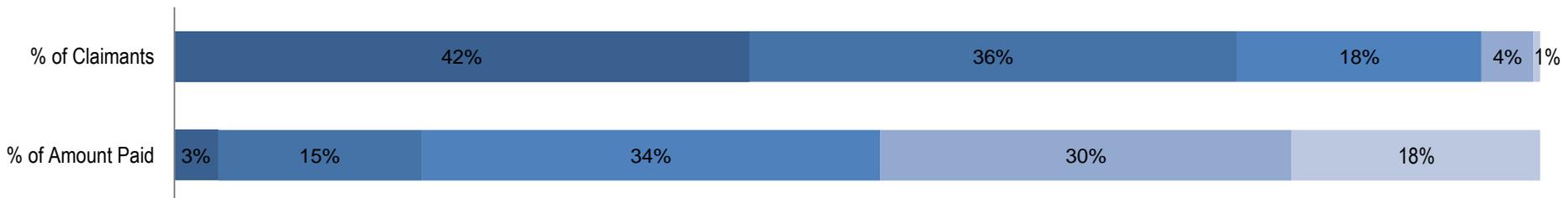
- 42.1% of members had less than \$1,000 in medical plan paid benefit coverage in the current period
- 35.7% of members had between \$1,000 and \$4,999 in medical plan paid benefit coverage in the current period
- 17.9% of members had between \$5,000 and \$24,999 in medical plan paid benefit coverage in the current period
- 3.8% of members had between \$25,000 and \$99,999 in medical plan paid benefit coverage in the current period
- 0.5% of members had \$100K+ in medical plan paid benefit coverage in the current period

Rising risk and chronic conditions noted within the highlighted, Non-HCC group

Paid Amount Range	Medical Paid Amount						Like Group
	Current Unique Claimants	Current Percent Total Claimants	Current Total	Current Percent Paid Amount	Current Average per Claimant		
<\$0	36	1.2%	-\$23,470	-0.1%	-\$652	-0.2%	
\$0 to \$999	1,240	40.9%	\$572,810	3.3%	\$462	3.2%	
\$1,000 to \$1,999	522	17.2%	\$756,156	4.4%	\$1,449	4.6%	
\$2,000 to \$2,999	250	8.3%	\$617,481	3.6%	\$2,470	4.3%	
\$3,000 to \$3,999	198	6.5%	\$688,005	4.0%	\$3,475	3.8%	
\$4,000 to \$4,999	111	3.7%	\$498,188	2.9%	\$4,488	3.6%	
\$5,000 to \$9,999	306	10.1%	\$2,173,176	<b>12.7%</b>	\$7,102	<b>13.3%</b>	
\$10,000 to \$24,999	236	7.8%	\$3,572,288	<b>20.9%</b>	\$15,137	<b>22.3%</b>	
\$25,000 to \$49,999	80	2.6%	\$2,757,932	<b>16.1%</b>	\$34,474	<b>14.1%</b>	
\$50,000 to \$74,999	20	0.7%	\$1,191,589	7.0%	\$59,579	6.8%	
\$75,000 to \$99,999	14	0.5%	\$1,190,748	7.0%	\$85,053	4.8%	
\$100,000+	16	0.5%	\$3,121,310	18.2%	\$195,082	19.4%	
Total - All Claimants	3,029	100.0%	\$17,116,214	100.0%	\$5,651	100.0%	

Percent Of Spend By Paid Amount Range

■ \$0-\$999   ■ \$1,000-\$4,999   ■ \$5,000-\$24,999   ■ \$25,000-\$99,999   ■ \$100,000+



# TOP HEALTH CONDITION COST DRIVERS

## Summary:

- The top five health condition categories accounted for 48.0% of claims paid for the total plan
- Employees drove 44.9% of the expense in the top five health condition categories, the spouses drove 40.3%

- Musculoskeletal- joint pain, hip/knee replacements
- Health Status- general exams, dx or suspected dx of neoplasms (CA)
- Ill defined Conditions- chest pain
- Genitourinary- CKD, prostate CA
- Injury- HCC- ICU stay for foreign body, prosthetic

Health Condition	Unique Claimants	Inpatient	Outpatient	Professional	Total	% of Total	Paid Amount per Unique Claimant
Musculoskeletal System	1,103	\$401,017	\$795,857	\$1,242,751	\$2,439,625	14.3%	\$2,212
Health Status	2,425	\$0	\$690,869	\$1,169,274	\$1,860,143	10.9%	\$767
Ill-Defined Conditions	1,254	\$17,425	\$759,140	\$565,538	\$1,342,103	7.8%	\$1,070
Genitourinary System	460	\$63,274	<b>\$1,023,046</b>	\$253,327	\$1,339,647	7.8%	\$2,912
Injury & Poisoning	614	\$438,373	\$346,861	\$442,886	\$1,228,121	7.2%	\$2,000

# INPATIENT FACILITY METRICS

- Overall PMPM increased 16.7%
- Acute Admits/1,000 increased 27.8%
- Acute ALOS increased 19.3%
- Cost/admit decreased 9.6%

Inpatient Facility	Current	Prior	Trend	Like Group	Percent Variance
Paid Amount	\$3,185,929	\$2,750,923			
Paid Amount PMPM	\$86.80	\$74.36	16.7%	\$89.06	-2%
Acute Admissions Per 1000	72.6	56.8	27.8%	72.9	-0.4%
Annual Acute Days Per 1000	377.6	247.5	52.6%	299.9	20%
Average Length Of Stay - Acute	5.20	4.36	19.3%	4.11	21%
Paid Amount Per Acute Admission	\$14,035	\$15,531	-9.6%	\$14,539	-3%

Inpatient Service Category	Average LOS	Admits/ 1000	Days/ 1000	Paid Amount	Current PMPM	Prior PMPM	Trend	Like Group	Percent Variance
Surgical	4.89	17.3	84.7	\$1,729,958	\$47.13	\$37.92	24.3%	\$44.95	4%
Medical	5.13	19.9	102.3	\$646,458	\$17.61	\$26.65	-33.9%	\$27.52	-56%
Maternity	2.98	14.1	41.8	\$347,817	\$9.48	\$5.97	58.7%	\$8.81	7%
Mental Health/Substance Abuse	12.39	10.1	125.5	\$321,384	\$8.76	\$1.81	383.6%	\$4.99	175%
Well New Born	2.09	11.1	23.2	\$70,166	\$1.91	\$1.12	70.8%	\$1.64	14%
Skilled Nursing	21.25	3.9	83.4	\$61,950	\$1.69	\$0.89	89.2%	\$0.68	59%
Rehabilitation	*	0.3	4.9	\$8,197	\$0.22	\$0.00	0.0%	\$0.48	-118%
Other	0.00	0.0	0.0	\$0	\$0.00	\$0.00	0.0%	\$0.04	0
<b>Total</b>	*	<b>76.8</b>	<b>465.9</b>	<b>\$3,185,929</b>	<b>\$86.80</b>	<b>\$74.36</b>	<b>16.7%</b>	<b>\$94.17</b>	

\* This value is not shown due to small numbers.

# TOP TEN INPATIENT FACILITY PROVIDERS

## In Network

Facility Name / Location	Unique Claimants	Paid Amount In-Network	Paid Amount Per Claimant	Percent of Total In-Network
Catholic Medical Center - Manchester, NH	45	\$821,108	\$18,247	25.9%
Elliot Hospital - Manchester, NH	69	\$789,006	\$11,435	24.9%
Brigham And Womens Hospital Inc - Boston, MA	*	\$238,382	*	7.5%
The General Hospital Corporatio - Boston, MA	*	\$221,426	*	7.0%
Concord Hospital - Concord, NH	11	\$115,267	\$10,479	3.6%
Southern Nh Medical Center - Nashua, NH	13	\$96,751	\$7,442	3.1%
The Mclean Hospital Corporation - Boston, MA	*	\$89,931	*	2.8%
New England Baptist Hospital - Boston, MA	*	\$82,028	*	2.6%
Mary Hitchcock Memorial Hospital - Lebanon, NH	*	\$69,801	*	2.2%
Maine Medical Center - Portland, ME	*	\$60,434	*	1.9%
<b>Total Inpatient Facility In-Network</b>	<b>178</b>	<b>3,166,929</b>	<b>\$17,792</b>	<b>100.0%</b>

\* Facility had less than 5 unique claimants

# OUTPATIENT FACILITY METRICS

Overall PMPM increased 30.4%  
 Outpatient visits/1,000 increased 8.9%

Emergency Room: + 1.2%  
 Other: + 9.5%

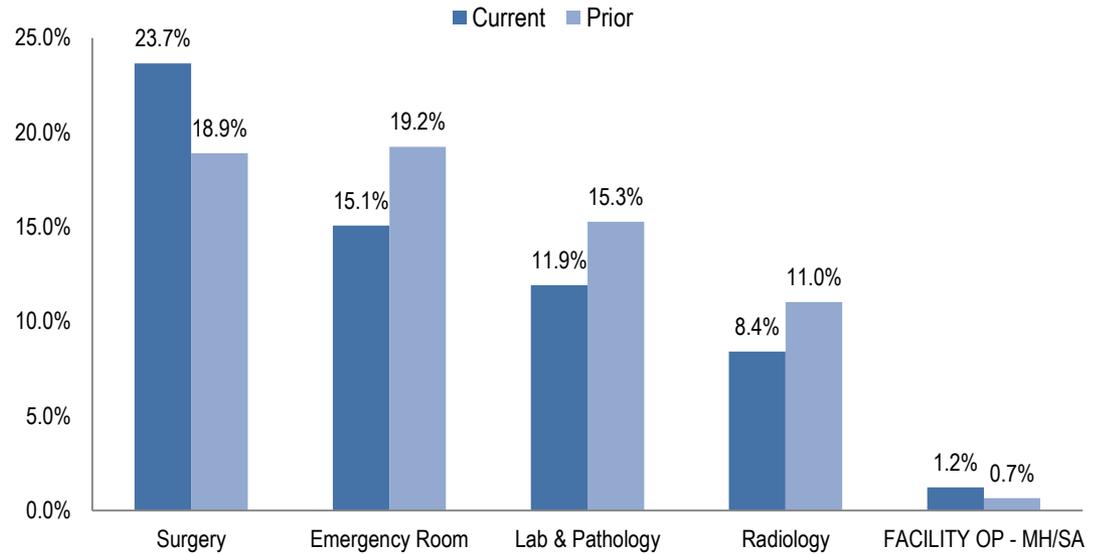
Cost/visit increased 19.8%

Emergency Room: + 1.0%  
 Other: + 25.3%

Surgical- musculoskeletal surgeries, tumor removal, chronic kidney disease and associated costs(dialysis)- hemodialysis catheters

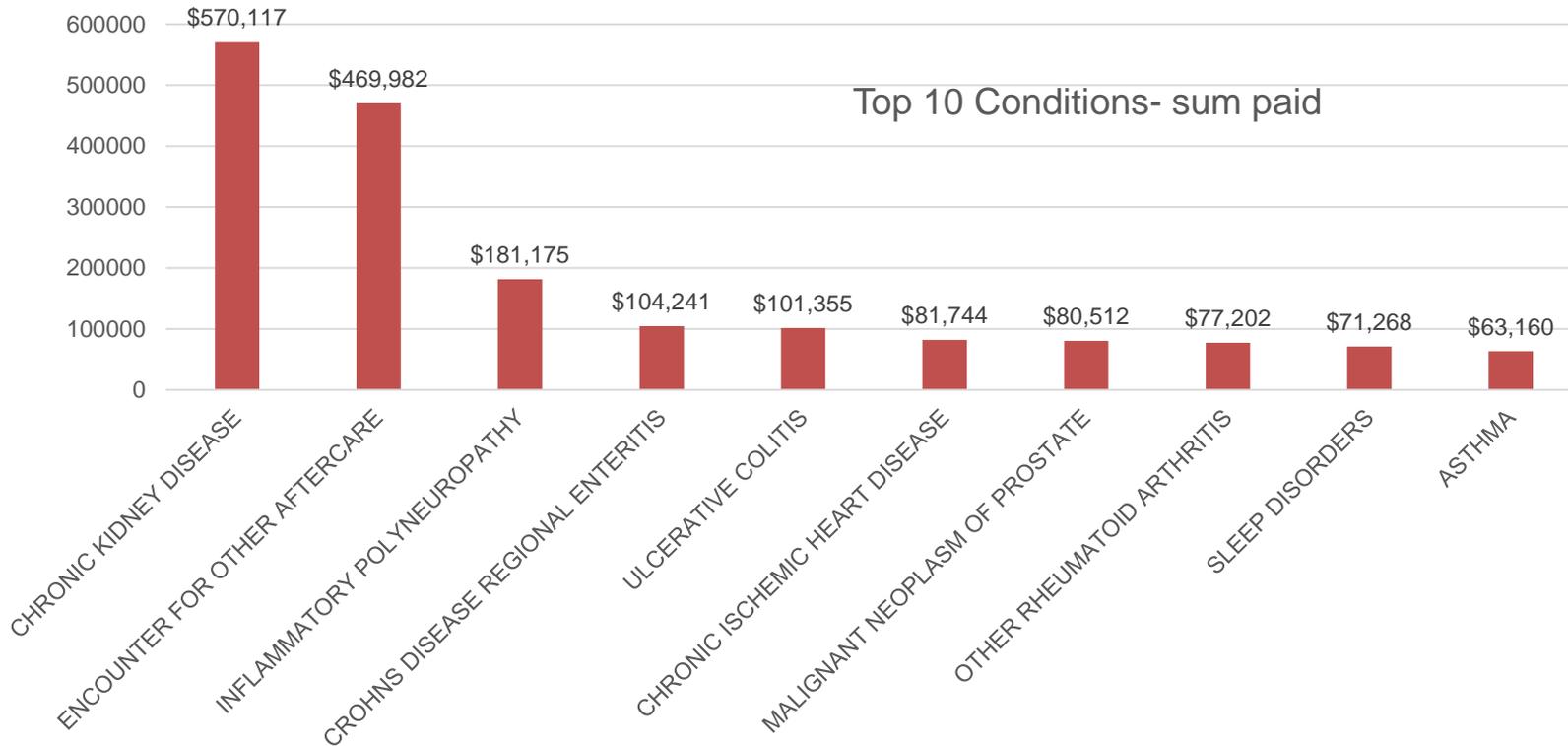
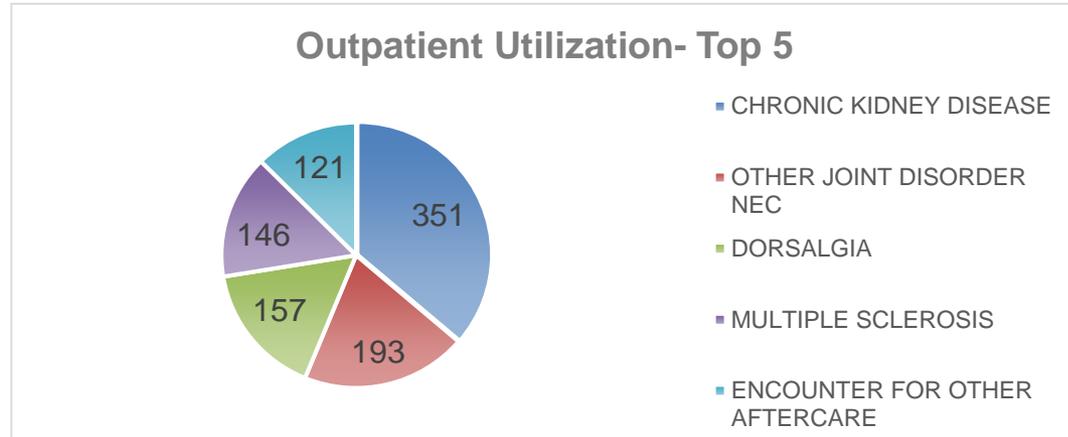
MH/SA- Eating d/o, alcohol dependence, opioid related disorders

**Top Five Outpatient Facility Percent of Spend By Service Category**



Top Five Outpatient Service Categories	Visits per 1,000	Current Paid PMPM	Prior Paid PMPM	Trend	Like Group	Percent Variance
Surgery	98.4	\$44.29	\$27.14	63.2%	\$42.63	4%
Emergency Room	172.0	\$28.23	\$27.63	2.2%	\$24.22	14%
Lab & Pathology	1091.6	\$22.33	\$21.94	1.8%	\$26.80	-20%
Radiology	331.5	\$15.76	\$15.84	-0.5%	\$28.95	-83%
FACILITY OP - MH/SA	47.7	\$2.31	\$0.94	145.0%	\$3.60	-55%
<b>All Outpatient</b>	<b>2,653.6</b>	<b>\$187.26</b>	<b>\$143.55</b>	<b>30.4%</b>	<b>\$106.28</b>	

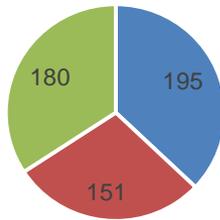
# OUTPATIENT COST AND UTILIZATION: DETAIL



# EMERGENCY ROOM SUMMARY

- ER utilization was 526 total visits
- PMPM \$28.23 compared to \$27.63 in FY 2016
- Emergency Room facility paid amount was 6.1% of the total medical plan paid amount
- Average paid per ER facility visit was \$1,970, 1.0% higher than the prior period, and 44.7% higher than the Benchmark of \$1,361
- ER utilization was 172.0 visits per 1000

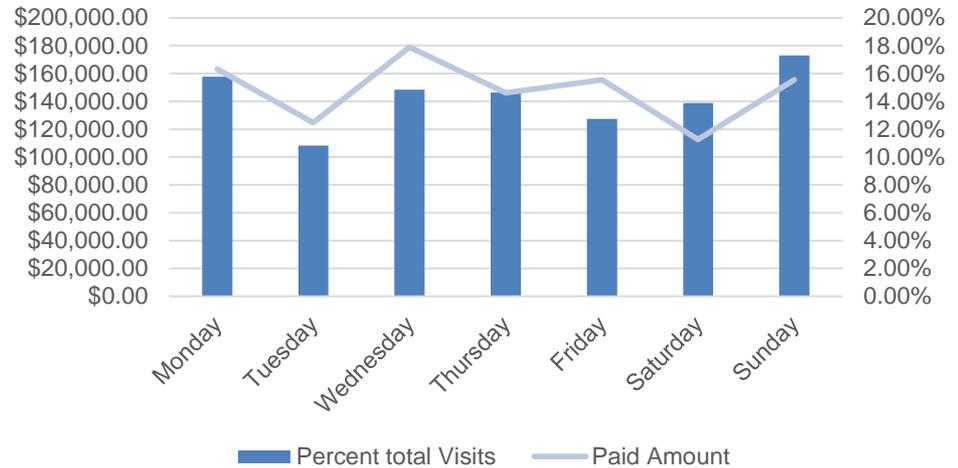
ER Visit with Relationship



■ Employee/Self ■ Spouse/Partner ■ Child/Other Dependent

1.	ELLIOT HOSPITAL	\$428,147.58
2.	CATHOLIC MEDICAL CENTER	\$380,910.44
3.	CONCORD HOSPITAL	\$73,924.43
4.	PARKLAND MEDICAL CENTER	\$24,429.86
5.	LAKES REGION GENERAL HOSPITAL	\$15,182.20

ER Utilization



	Current	Prior
Total Avoidable ER Visits	227	228
Avoidable ER Visits per 1000 members	74.2	74.0
Avoidable ER Visits Paid Amount PMPM	\$8.08	\$8.10
Average cost per Avoidable ER Visit	\$1,307	\$1,314
Less offset cost: retail/urgent visit	-\$103	-\$99
Savings per visit re-directed	\$1,204	\$1,215
Total Potential Savings Opportunity	\$273,264	\$277,029
Percentage of Avoidable ER visits to all ambulatory ER visits	48.40%	49.24%

# TOP TEN OUTPATIENT FACILITY PROVIDERS

## 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	1,097	3,255	\$2,540,411	\$2,316	36.9%
CATHOLIC MEDICAL CENTER - MANCHESTER,NH	455	1,330	\$1,728,218	\$3,798	25.1%
MANCHESTER KIDNEY CENTER - MANCHESTER,NH	*	337	\$569,981	*	8.3%
CONCORD HOSPITAL - CONCORD,NH	83	194	\$401,204	\$4,834	5.8%
MARY HITCHCOCK MEMORIAL HOSPITAL - LEBANON,NH	550	1,214	\$376,812	\$685	5.5%
PARKLAND MEDICAL CENTER - DERRY,NH	38	75	\$133,742	\$3,520	1.9%
EXETER HOSPITAL - EXETER,NH	15	99	\$125,898	\$8,393	1.8%
SOUTHERN NH MEDICAL CENTER - NASHUA,NH	75	174	\$118,590	\$1,581	1.7%
THE GENERAL HOSPITAL CORPORATIO - BOSTON,MA	21	73	\$100,134	\$4,768	1.5%
ST JOSEPH HOSPITAL - NASHUA,NH	61	150	\$84,509	\$1,385	1.2%
<b>Total Outpatient Facility In-Network</b>	<b>2,000</b>	<b>8,118</b>	<b>\$6,876,481</b>	<b>\$3,438</b>	<b>100.0%</b>

\* Facility had less than 5 unique claimants

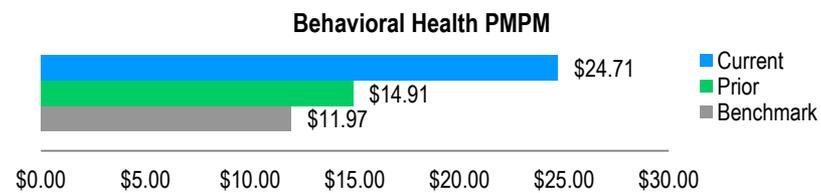
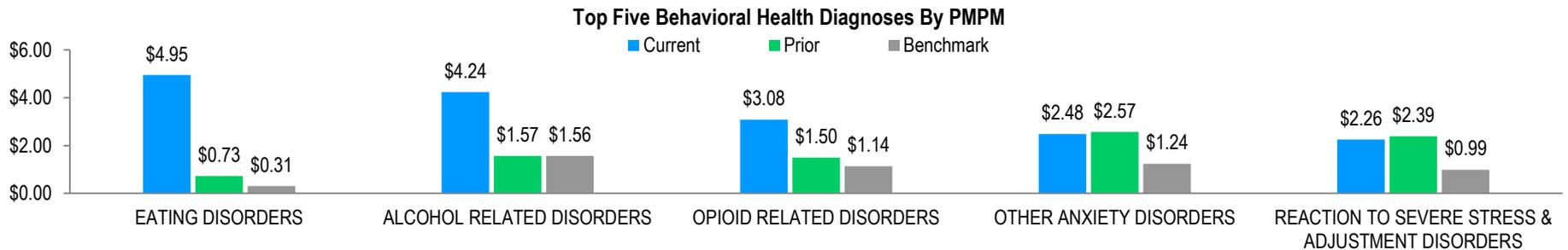
# PROFESSIONAL METRICS

- Overall PMPM increased 8.9% (95.3% above Benchmark)
- Professional visits/1,000 increased 5.9%
  - PCP: + 4.7%
  - Specialist: + 6.3%
- Cost/visit increased 2.9%
  - PCP: + 5.1%
  - Specialist: + 2.2%

Professional Service Categories	Visits Per 1,000	Total Paid	Current PMPM	Prior PMPM	Trend	Like Group PMPM	Variance to Like Group
OP Surgery	694.7	\$1,541,836	\$42.01	\$38.58	8.9%	\$34.90	16%
Office/Home Visits	3,378.7	\$1,311,532	\$35.73	\$33.22	7.5%	\$37.40	-4%
Preventive Services	1,301.1	\$711,349	\$19.38	\$18.31	5.9%	\$18.09	6%
Professional Other	2,229.9	\$671,837	\$18.30	\$17.42	5.1%	\$16.30	11%
Radiology	986.0	\$521,460	\$14.21	\$12.96	9.6%	\$14.16	0.3%
Therapeutic Injections	43.2	\$315,492	\$8.60	\$7.25	18.6%	\$5.40	37%
IP Surgery	70.6	\$294,542	\$8.02	\$9.20	-12.8%	\$8.49	-5%
Medical	412.9	\$286,376	\$7.80	\$5.78	34.9%	\$11.69	-50%
Mental Health / Substance Abuse	1,002.0	\$249,390	\$6.79	\$7.11	-4.4%	\$8.56	-26%
Maternity	47.1	\$216,066	\$5.89	\$4.11	43.1%	\$5.88	0.01%
Lab & Pathology	676.4	\$201,247	\$5.48	\$5.85	-6.2%	\$8.11	-47%
IP Visits	298.8	\$131,272	\$3.58	\$3.74	-4.3%	\$3.45	3%
Other	795.1	\$604,283	\$16.46	\$13.00	26.6%	\$15.80	4%
<b>Total</b>	<b>11,936.6</b>	<b>\$7,056,680</b>	<b>\$192.25</b>	<b>\$176.52</b>	<b>8.9%</b>	<b>\$98.44</b>	

# MENTAL HEALTH AND SUBSTANCE ABUSE

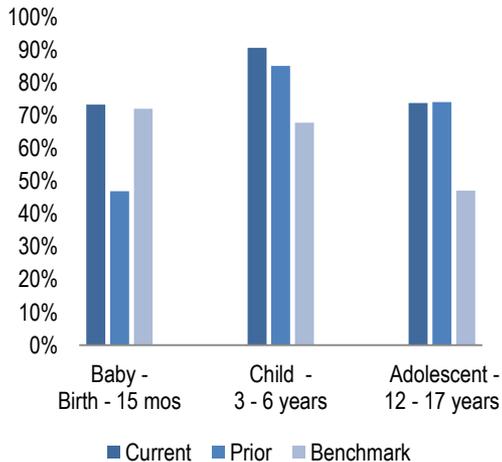
Mental Condition	Unique Claimants	Paid Amount per Unique Claimant	Inpatient	Outpatient	Professional	Total	% of Total
EATING DISORDERS	6	\$30,263	\$129,458	\$33,704	\$18,415	\$181,578	20.0%
ALCOHOL RELATED DISORDERS	20	\$7,779	\$82,456	\$58,389	\$14,734	\$155,578	17.2%
OPIOID RELATED DISORDERS	15	\$7,536	\$62,453	\$31,250	\$19,332	\$113,036	12.5%
OTHER ANXIETY DISORDERS	220	\$414	\$0	\$3,306	\$87,718	\$91,024	10.0%
REACTION TO SEVERE STRESS & ADJUSTMENT DISORDERS	129	\$644	\$0	\$1,310	\$81,782	\$83,092	9.2%



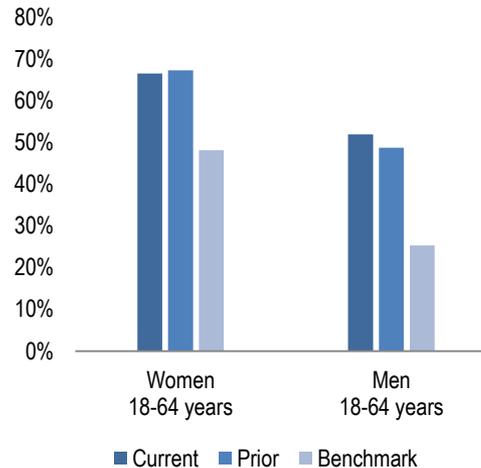
## Summary:

- Screening compliance rates improved from the prior period for 50.0% 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 Adolescent Visits - 12 through 17 years +26.7% variance from the Benchmark
  - Well Adult Visits - Men 18 through 64 years +26.6% variance from the Benchmark
  - Well Baby Visits - 3 through 6 years: +22.9% variance from the Benchmark

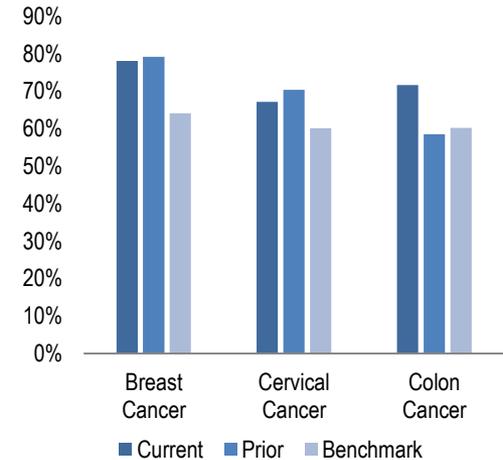
### Children: Well Visits



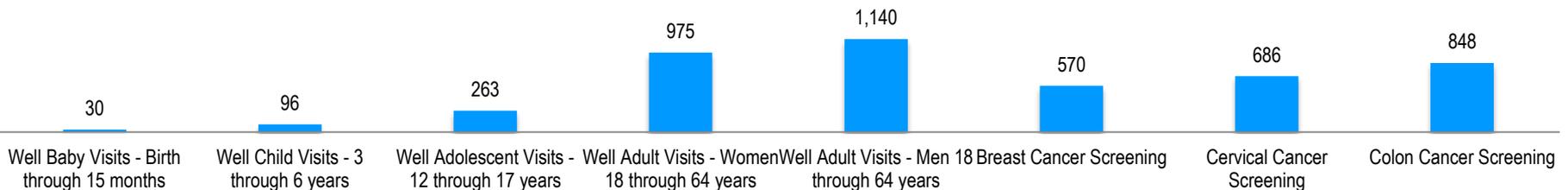
### Adult: Well Visits 18-64 Years



### Adult Cancer Screening Rates



### Total Members Eligible for Preventive Screenings





Pharmacy

# Pharmacy trend: Contributing factors

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



- Formulary and network strategies
- Clinical programs and edits
- Benefit design strategies
- OTC drugs
- Generics
- Biosimilars
- Price protection
- Provider incentives



- Specialty drug pipeline
- Brand and generic AWP increases
- Generic patent cliff
- Breakthrough therapies (HepC, PCSK9)
- Increased utilization
- Drug waste
- Gaps in care
- Higher cost site of care

## Other factors that could impact trend:

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

## Total Pharmacy Plan-Paid PMPM trend: 7.6%

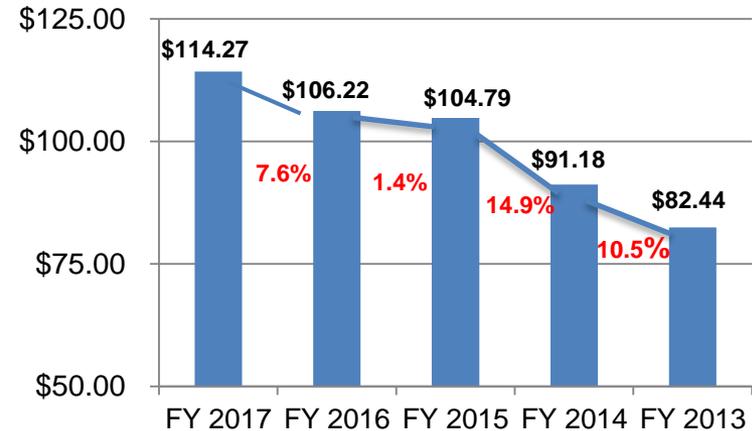
Current plan-paid  
PMPM: **\$114.27**

Adjusted (non-specialty)  
PMPM trend: **0.7%**

# Pharmacy Cost & Utilization

- Pharmacy Plan Costs **increased** 6.7% to \$4,196,032
- Pharmacy PMPM **increased** 7.6% to \$114.27 PMPM
  - PMPM is higher than NH BOB Norm, but lower than like group comparison
- Average cost of a script **increased** 6.9%
- Utilization increased slightly
- Generic Fill Rate (GFR) is 84.4%, lower than the NH BOB Norm and like group comparison
- Specialty Drugs account for 33.0% of total pharmacy spend for this period, an **increase** of 4.6 percentage points, but still lower than NH BOB Norm

## Pharmacy PMPM



Description	City of Manchester			7-14 - 6-15	Like Group 7-16 - 6-17	NH BOB Norm 7-16 - 6-17
	7-16 - 6-17	7-15 - 6-16	Change			
Avg Subscribers per Month	1,235	1,231	0.3%	1,221		
Avg Members per Month	3,060	3,084	-0.8%	3,081		
Number of Unique Patients	2,492	2,499	-0.3%	2,516		
Pct Members Utilizing Benefit	81.4%	81.0%	0.4	81.7%	84.6%	85.0%
Total Plan Cost	\$4,196,032	\$3,931,055	6.7%	\$3,874,315		
Total Rxs	32,092	32,128	-0.1%	33,082		
<b>Plan Cost PMPM</b>	<b>\$114.27</b>	<b>\$106.22</b>	<b>7.6%</b>	<b>\$104.79</b>	<b>\$119.95</b>	<b>\$95.25</b>
<b>Plan Cost per Rx</b>	<b>\$130.75</b>	<b>\$122.36</b>	<b>6.9%</b>	<b>\$117.11</b>	<b>\$129.98</b>	<b>\$122.07</b>
<b>Nbr Rxs PMPM</b>	<b>0.87</b>	<b>0.87</b>	<b>0.7%</b>	<b>0.89</b>	<b>0.92</b>	<b>0.78</b>
Generic Fill Rate	84.4%	83.5%	0.9	81.9%	85.3%	85.8%
Home Delivery Utilization	21.0%	24.8%	-3.7	25.4%	22.7%	14.8%
Member Cost %	11.6%	12.6%	-0.9	13.3%	7.6%	14.1%
Specialty Percent of Plan Cost	33.0%	28.4%	4.6	28.9%	28.1%	40.4%

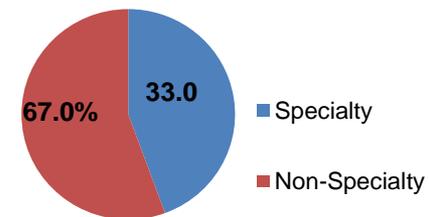
# Pharmacy Cost & Utilization Detailed

- Specialty Drug spend increased nearly \$269K in one year (24.0%)
  - PMPM increased 24.9%
  - Average annual cost per specialty patient is \$24,292
- Non-Specialty drugs spend decreased \$3K (-0.1%)
  - PMPM increased just 0.7%
  - Average annual cost per non-specialty patient is \$1,128

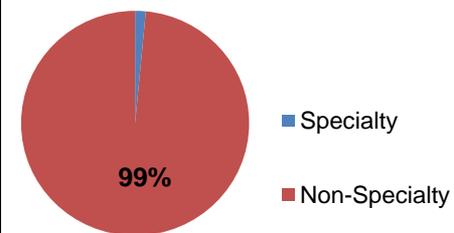
Trend Components	Specialty
Previous Plan Cost PMPM	\$30.18
Utilization	↑ 17.0%
Inflation	↑ 10.2%
<b>Change in Plan Cost PMPM</b>	<b>24.9%</b>

Description	City of Manchester					
	Non-Specialty			Specialty		
	7-16 - 6-17	7-15 - 6-16	Change	7-16 - 6-17	7-15 - 6-16	Change
Avg Subscribers per Month	1,235	1,231	0.3%	1,235	1,231	0.3%
Avg Members per Month	3,060	3,084	-0.8%	3,060	3,084	-0.8%
Number of Unique Patients	2,491	2,499	-0.3%	57	48	18.8%
Pct Members Utilizing Benefit	81.4%	81.0%	0.4	1.9%	1.6%	0.3
Total Plan Cost	\$2,811,332	\$2,814,121	-0.1%	\$1,384,700	\$1,116,934	24.0%
Percent of Total Plan Cost	67.0%	71.6%	-4.6	33.0%	28.4%	4.6
Total Rx's	31,772	31,876	-0.3%	320	252	27.0%
Percent of Total Rx's	99.00%	99.22%	-0.2	1.00%	0.78%	0.2
Plan Cost PMPM	\$76.56	\$76.04	0.7%	\$37.71	\$30.18	24.9%
Plan Cost per Rx	\$88.48	\$88.28	0.2%	\$4,327.19	\$4,432.28	-2.4%
Nbr Rx's PMPM	0.87	0.86	0.5%	0.009	0.007	28.0%
Generic Fill Rate	85.1%	84.0%	1.1	21.6%	27.4%	-5.8
Member Cost %	15.5%	16.0%	-0.5	2.5%	2.5%	0.0

**% of Rx Spend**



**% of Rx Filled**



# Top 10 Indications by Cost

- 3 Specialty and 7 Non-Specialty conditions make up the Top 10 Conditions by Cost.
- The largest increase was for Inflammatory Conditions, at 42.5% increase, primarily due to increased patients, scripts and drug price inflation
- The largest decrease is for High Blood Cholesterol, at -13.3%, primarily due to lower drugs cost achieved by increased generic fill rate
- Most prevalent conditions are Pain/Inflammation, High Blood Pressure and Depression

REPRESENT  
**62.6%**  
 OF YOUR TOTAL  
 PLAN COST

Top Indications by Plan Cost													
7-16 - 6-17							7-15 - 6-16					%	
Rank	Indication	Rxs	Patients	Plan Cost	Generic Fill Rate	Plan Cost PMPM	Rank	Rxs	Patients	Generic Fill Rate	Plan Cost PMPM	Plan Cost PMPM	Change
1	INFLAMMATORY CONDITIONS	147	27	\$818,335	6.8%	\$22.29	1	121	23	10.7%	\$15.64		42.5%
2	DIABETES	1,474	160	\$440,885	48.5%	\$12.01	2	1,497	154	46.6%	\$11.88		1.1%
3	ATTENTION DISORDERS	1,243	156	\$252,084	66.7%	\$6.87	4	1,134	141	61.8%	\$6.38		7.5%
4	MULTIPLE SCLEROSIS	22	6	\$234,190	0.0%	\$6.38	3	18	6	11.1%	\$7.28		-12.4%
5	ASTHMA	1,387	433	\$231,111	28.2%	\$6.29	5	1,300	381	27.5%	\$5.94		6.0%
6	DEPRESSION	3,079	495	\$142,147	97.9%	\$3.87	7	2,985	486	98.0%	\$3.93		-1.4%
7	PAIN/INFLAMMATION	2,690	774	\$142,114	96.8%	\$3.87	6	2,895	819	96.6%	\$4.08		-5.2%
8	HEPATITIS C	4	2	\$130,724	0.0%	\$3.56	13	3	1	0.0%	\$2.66		33.9%
9	HIGH BLOOD CHOLESTEROL	1,891	400	\$118,701	95.0%	\$3.23	9	1,763	366	86.9%	\$3.73		-13.3%
10	HIGH BLOOD PRESS/HEART DISEASE	3,507	532	\$116,012	98.5%	\$3.16	11	3,610	529	97.4%	\$2.92		8.4%
Total Top 10:		15,444		\$2,626,303	83.0%	\$71.52		15,326		81.8%	\$64.44		11.0%
Differences Between Periods:		118		\$241,661	1.1%	\$7.09							

# Top 10 Non-Specialty Drugs

- Represent 19.8% of your total Plan Cost and comprise 6 indications
  - Top 10 includes 7 brands and 3 generics
- Largest increase is for Androgel, at 92.2% due to increase in utilization and drug costs
- Largest decrease is for duloxetine HCL (generic Cymbalta) due to dip in utilization

Drug Inflation - Top Impacted Drugs	
Drug Name/ Strength	AWP Inflation
VIAGRA 100 MG	28.6%
CIALIS 20 MG	21.6%
HUMALOG 100/ML	10.5%
METFORMIN HCL ER 1000 MG	20.6%

Top Drugs by Plan Cost												
7-16 - 6-17							7-15 - 6-16				% Change	
Rank	Brand Name	Indication	Rxs	Pts.	Plan Cost	Plan Cost PMPM	Rank	Rxs	Pts.	Plan Cost PMPM	Plan Cost PMPM	% Change
6	ADVAIR DISKUS	ASTHMA	169	49	\$75,394	\$2.05	6	178	48	\$1.93	\$1.93	6.3%
9	VYVANSE	ATTENTION DISORDERS	250	40	\$64,116	\$1.75	8	289	41	\$1.75	\$1.75	0.0%
10	LANTUS SOLOSTAR	DIABETES	104	27	\$64,067	\$1.74	9	106	28	\$1.73	\$1.73	0.8%
12	ANDROGEL	HORMONAL SUPPLEMENTATION	84	11	\$58,843	\$1.60	29	52	10	\$0.83	\$0.83	92.2%
13	CIALIS	IMPOTENCE	166	48	\$57,568	\$1.57	23	153	43	\$1.07	\$1.07	46.1%
15	HUMALOG	DIABETES	56	12	\$52,600	\$1.43	22	47	9	\$1.08	\$1.08	32.8%
16	VIAGRA	IMPOTENCE	152	52	\$47,829	\$1.30	25	136	45	\$0.96	\$0.96	35.6%
17	DULOXETINE HCL	DEPRESSION	226	38	\$47,650	\$1.30	11	258	41	\$1.55	\$1.55	-16.2%
19	METHYLPHENIDATE ER	ATTENTION DISORDERS	165	29	\$46,371	\$1.26	20	163	29	\$1.13	\$1.13	11.8%
20	DEXTROAMPHETAMINE-AMPHET	ATTENTION DISORDERS	182	26	\$42,381	\$1.15	18	187	28	\$1.19	\$1.19	-3.4%
Total Top 10:			1,554		\$556,820	\$15.16		1,569		\$13.23	\$13.23	20.6%
Differences Between Periods:			-15			\$14.96						

# Top 10 Specialty Drugs

- Represent 25.9% of your total Plan Cost and comprise 3 indications
- The largest increase is for Cosentyx Pen (Psoriasis / Psoriatic Arthritis) which increased 1016.3% due to increase in utilization
- The largest decrease is for Tecfidera, at -15.3% due to 1 less script

## Drug Inflation - Top Impacted Drugs

Drug Name/ Strength	AWP Inflation
HUMIRA PEN 40MG/0.8ML	18.4%
ENBREL 50 MG/ML	17.6%
REMICADE 100 MG	10.0%
HUMIRA 40MG/0.8ML	19.6%
TECFIDERA 240 MG	11.3%
COPAXONE 40 MG/ML	7.6%

## Top Specialty Drugs by Plan Cost

		7-16 - 6-17							7-15 - 6-16					% Change
Overall Rank	Brand Name	Indication	Rxs	Pts.	Plan Cost	Plan Cost / Rx	Plan Cost PMPM	Overall Rank	Rxs	Pts.	Plan Cost / Rx	Plan Cost PMPM	Plan Cost PMPM	
1	HUMIRA PEN	INFLAMMATORY CONDITIONS	36	7	\$243,106	\$6,753	\$6.62	1	26	5	\$7,176	\$5.04	31.3%	
2	ENBREL	INFLAMMATORY CONDITIONS	27	6	\$220,366	\$8,162	\$6.00	2	29	4	\$6,414	\$5.03	19.4%	
3	HARVONI	HEPATITIS C	4	2	\$130,724	\$32,681	\$3.56	3	3	1	\$32,800	\$2.66	33.9%	
4	REMICADE	INFLAMMATORY CONDITIONS	8	1	\$101,063	\$12,633	\$2.75	4	7	1	\$10,913	\$2.06	33.3%	
5	COSENTYX PEN (2 PENS)	INFLAMMATORY CONDITIONS	9	2	\$88,883	\$9,876	\$2.42	104	1	1	\$8,025	\$0.22	1016.3%	
7	COPAXONE	MULTIPLE SCLEROSIS	7	2	\$74,603	\$10,658	\$2.03	10	4	1	\$15,853	\$1.71	18.6%	
8	PLEGRIDY PEN	MULTIPLE SCLEROSIS	5	1	\$68,085	\$13,617	\$1.85	21	3	1	\$13,447	\$1.09	70.1%	
11	TECFIDERA	MULTIPLE SCLEROSIS	3	1	\$61,121	\$20,374	\$1.66	5	4	1	\$18,189	\$1.97	-15.3%	
14	XELJANZ	INFLAMMATORY CONDITIONS	14	2	\$52,735	\$3,767	\$1.44							
18	HUMIRA	INFLAMMATORY CONDITIONS	5	1	\$46,480	\$9,296	\$1.27	19	4	1	\$10,523	\$1.14	11.3%	
	Total Top 10:		118		\$1,087,166	\$9,213	\$29.61		81		\$9,556	\$20.91	41.6%	
	Differences Between Periods:		37		\$313,163	-\$342	\$8.69							

# Population Changes

- New Patients are younger and using more generic medication, but are not using home delivery as much as Dropped and Common Patients. They are also using more specialty drugs than Dropped or Common Patients.
- Common Patients have seen the biggest increase in PMPM and cost. They are using slightly more generics than in previous period, lower home delivery rates, and higher specialty drugs use.

	Dropped Patients	Common Patients		New Patients
	Prev. Period 7/15 - 6/16	Prev. Period 7/15 - 6/16	Curr. Period 7/16 - 6/17	Curr. Period 7/16 - 6/17
Patients	448	2,051	2,051	441
Average Patient Age	40.5	45.1	45.5	32.5
Plan Cost	\$206,530	\$3,724,525	\$3,977,107	\$218,925
Plan Cost PPM	\$38.42	\$151.33	\$161.59	\$41.37
Plan Cost/ Day	\$2.88	\$3.12	\$3.35	\$4.39
Days/ Patient	160	581	579	113
Generic Fill Rate	84.5%	83.5%	84.4%	85.1%
Home Delivery Utilization	30.0%	24.4%	21.5%	9.0%
Specialty % of Plan Cost	37.3%	27.9%	32.3%	45.1%
% of Total Patients	17.9%	82.1%	82.3%	17.7%

# Population Changes

## Percent Spend in each category

	Dropped Patients	Prev. Period 7/15 - 6/16	Common Patients	Prev. Period 7/15 - 6/16	Curr. Period 7/16 - 6/17	New Patients	Curr. Period 7/16 - 6/17
1	MULTIPLE SCLEROSIS	36.1%	INFLAMMATORY CONDITIONS	15.5%	20.5%	MULTIPLE SCLEROSIS	26.4%
2	DIABETES	9.3%	DIABETES	11.3%	11.1%	ATTENTION DISORDERS	8.4%
3	ATTENTION DISORDERS	7.0%	ATTENTION DISORDERS	6.0%	5.9%	ASTHMA	8.3%
4	ASTHMA	4.2%	ASTHMA	5.7%	5.4%	MENTAL/NEURO DISORDERS	6.5%
5	CONTRACEPTIVES	3.4%	MULTIPLE SCLEROSIS	5.2%	4.4%	HIV	4.3%
6	COPD	3.0%	PAIN/INFLAMMATION	4.0%	3.5%	INFECTIONS	3.7%
7	HIGH BLOOD CHOLESTEROL	2.9%	DEPRESSION	3.8%	3.4%	GROWTH DEFICIENCY	3.2%
8	INFECTIONS	2.8%	HEPATITIS C	2.6%	3.3%	DEPRESSION	3.1%
9	ACNE	2.7%	HIGH BLOOD CHOLESTEROL	3.5%	3.0%	ACNE	2.9%
10	HEARTBURN/ULCER DISEASE	2.0%	HIGH BLOOD PRESS/HEART DISEASE	2.8%	2.8%	ANTICOAGULANT	2.7%
	OTHER	26.7%	OTHER	39.5%	36.8%	OTHER	30.5%
	% OF TOTAL SPEND	5.3%	% OF TOTAL SPEND	94.7%	94.8%	% OF TOTAL SPEND	5.2%

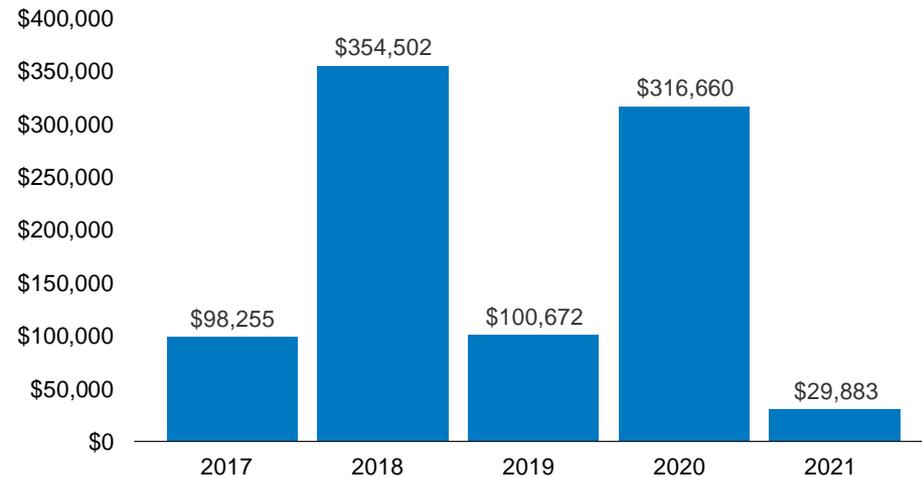
# Upcoming Patent Expirations

- Based on your current utilization, \$899,972 in brand drugs are losing patent protection by 2021
- Increased GFR this period reduced your plan costs by \$117K

Top Drugs Scheduled to Lose Patent Protection through 2021					
Drug Name	Indication	Scheduled Release Year	Plan Cost Rank	Plan Cost PMPM	Plan Cost / Rx
HUMIRAPEN*	INFLAMMATORY CONDITIONS	2020	1	\$6.62	\$6,752.94
REMICADE*	INFLAMMATORY CONDITIONS	2018	4	\$2.75	\$12,632.93
ADVAIR DISKUS	ASTHMA	2018	6	\$2.05	\$446.12
COPAXONE*	MULTIPLE SCLEROSIS	2019	7	\$2.03	\$10,657.54
CIALIS	IMPOTENCE	2018	13	\$1.57	\$346.79
VIAGRA	IMPOTENCE	2017	16	\$1.30	\$314.66
HUMIRA*	INFLAMMATORY CONDITIONS	2020	18	\$1.27	\$9,295.97
ANDROGEL	HORMONAL SUPPLEMENTATION	2018	12	\$1.01	\$671.18
LIALDA	INFLAMMATORY CONDITIONS	2018	28	\$0.86	\$1,131.56
STRATTERA	ATTENTION DISORDERS	2017	48	\$0.50	\$527.01

\*Specialty Drugs

## Spend on Brand Drugs Losing Patent Protection



You are spending 2.3% more in plan cost for every 1% of Generic Fill Rate not achieved

GFR Savings calculation excludes Specialty drugs

Expiration dates based on current status and may change due to litigation, patent challenges, etc.

A pharmacist in a white lab coat and glasses is holding a small blue box of medicine, looking at it while talking to a customer. The background shows shelves stocked with various medications. A purple semi-transparent box is overlaid on the right side of the image, containing the title text.

# Pharmacy Appendix - Clinical performance

# Identifying care gaps and engaging your employees

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

**Diabetes**

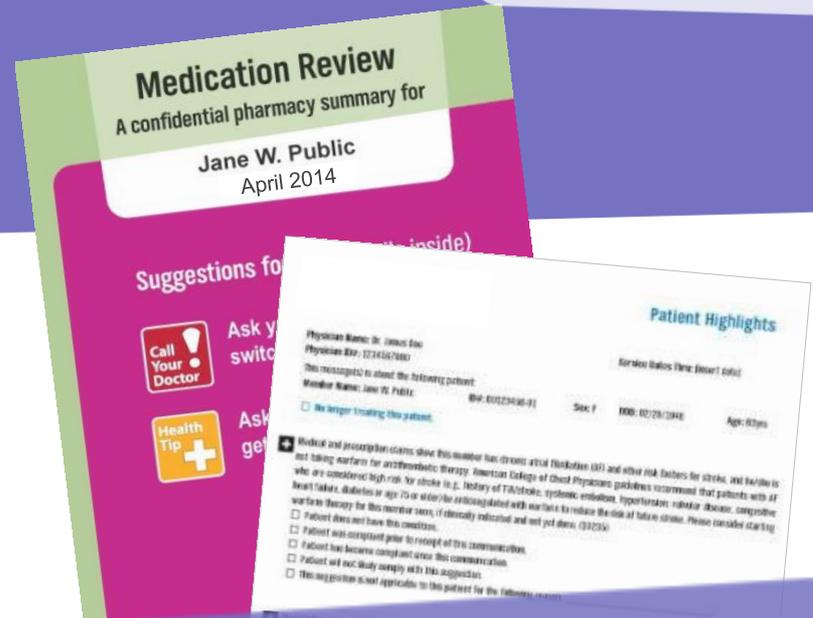
**Cardiovascular**

**Respiratory**

**Depression**

**ADHD**

**Plus we help your employees save money!**



**City of Manchester**

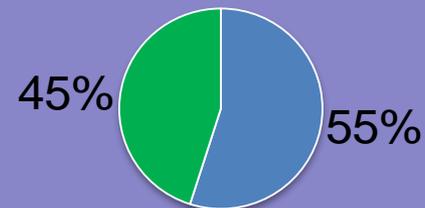
**978**

**Total pharmacy messages sent  
07/01/2016 – 06/30/2017**

**Message Types**

Clinically Significant

Economic



# City of Manchester

01/01/2016 – 12/31/2016

## Closing care gaps and avoiding medical costs

Condition	Care gaps messed	Care gaps closed	Medical costs avoided
Cardiovascular	147	75	\$13,504
Diabetes	55	19	\$11,325
Respiratory	50	24	\$10,579
HIV	1	0	<i>Not available</i>
By closing identified care gaps, you and your employees avoided potential medical costs of:			<b>\$35,408</b>

# City of Manchester

01/01/2016 – 12/31/2016

<b>Program</b>	<b>Messages sent (unique members)</b>	<b>Total Conversions</b>	<b>Plan Paid Savings</b>
Controlled Substance Safety	7	5	\$62
Polypharmacy	30	14	\$20,810
Cost of Care	457	9	\$11,781
Concurrent Medications	3	1	\$15
PPI Length of Therapy	140	30	\$4,818
By addressing medication utilization opportunities you and your employees reduced potential prescription costs by:			<b>\$37,486</b>

# Specialization and focus through scale Accredo's Therapeutic Resource Centers®



**14**  
Specialized areas  
of focus, including:

  
RA &  
Inflammatory  
Conditions

  
Transplant

  
Multiple  
Sclerosis

  
Cardiovascular

**33 patients**

18 patients

8 patients

4 patients

1 patients

**Unique clinical protocols**  
maximizes safety, effectiveness and affordability

**One-on-one counseling**  
from specialty pharmacists and nurses

**Proactive copay assistance**  
and enhanced member service

**Widest access to limited & exclusive distribution drugs**  
in the industry

# The value of Accredo: Patient education

Communication varies by therapy and patient need



## Clinical Assessment Development

- Incorporates evidence-based clinical practice guidelines and peer-reviewed clinical studies
- Validated by experienced internal governing body

## Patient Outreach May Include:

- Drug (with OTC) & medical history
- Verify diagnosis (and combination therapy, if applicable) & review Rx
- Review administration and storage instructions & common side effects
- Discuss missed dose procedures & major side effects (seek ER / MD)
- Pregnancy/birth control discussion



## Accredo Clinician

- Performs onboarding & initial education\*
- Sets expectations for future proactive outreach

## Ongoing Accredo Nurse Outreach

- Proactively educates patient and engages pharmacist, dietitian or social worker as needed\*
- Applies drug specific protocols

\*Includes physician engagement as needed or warranted  
Photo depicts model, not actual patient

Industry leader in helping thousands of patients find sources of assistance through 130+ programs

## Charitable Resource Assistance

- Caring Voice Coalition
- Chronic Disease Fund®
- Patient Access Foundation
- Patient Advocate Foundation
- Leukemia & Lymphoma Society®
- CancerCare® Co-payment Assistance Foundation
- Patient Access Network Foundation
- 120+ more

\$468M

Total assistance in  
2016<sup>1</sup>



After conducting a benefits investigation, Accredo contacts the patient to review coverage and out-of-pocket expenses. If appropriate, foundation and financial resource assistance options are reviewed.

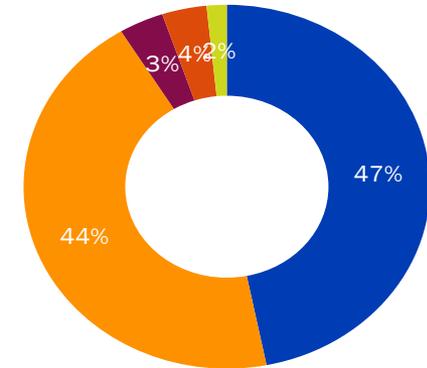
<sup>1</sup> Accredo book of business data, 2016. Sources include manufacturer and charitable programs.

# Accredo<sup>®</sup> Specialty Pharmacy — copay assistance

By therapy category

Top Therapy Categories	Payments Received	Patient Count
ENBREL	\$5,276	5
HUMIRA PEN	\$5,000	4
PLEGRIDY PEN	\$400	1
TECFIDERA	\$400	1
HUMIRA	\$381	1
XELJANZ	\$300	2
COPAXONE	\$255	1
XOLAIR	\$230	2
COSENTYX PEN (2 PENS)	\$201	1
AUBAGIO	\$200	1
OTHER	\$180	1

Top Therapy Categories



- ENBREL
- HUMIRA PEN
- PLEGRIDY PEN
- TECFIDERA
- OTHER

Accredo helped save **\$12.8K** in copays this period for **20** of your patients.

# Accredo<sup>®</sup> Specialty Pharmacy — copay assistance

*Bv TRC*

THERAPEUTIC RESOURCE CENTER <sup>®</sup> (TRC)	COPAY SAVINGS	Patient Count
Cancer	\$180	1
Hereditary Angioedema	\$0	0
Hemophilia	\$0	0
Hepatitis C	\$0	0
Human Growth Hormone	\$0	0
HIV	\$0	0
Immune Deficiency	\$0	0
Multiple Sclerosis	\$1,255	4
Pulmonary Arterial Hypertension	\$0	0
RA & Inflammatory Conditions	\$11,157	13
Transplant	\$0	0

Photo depicts model, not actual patient



Accredo helped save \$12.8K in copays this period for 20 of your patients.

# MEDICAL APPENDIX

# UTILIZATION BY SETTING: THREE PERIODS

	Unique Claimants	In Network	Out of Network	FY 2017	FY 2016	Prior Period 2	Trend	Anthem BOB Benchmark	Variance to Benchmark
<b>Inpatient Facility</b>	178								
Acute Admissions per 1000		72.2	0.3	72.6	56.8	79.2	27.8%	54.2	33.8%
Acute Days per 1000		376.0	1.6	377.6	247.5	429.1	52.6%	245.1	54.1%
Average Length of Stay - Acute		5.2	5.0	5.2	4.4	5.4	19.3%	4.5	15.2%
Paid Amount per Acute Admit		\$14,013	\$19,000	\$14,035	\$15,531	\$14,025	-9.6%	\$20,655	-32.1%
Inpatient Paid Amount		\$3,166,929	\$19,000	\$3,185,929	\$2,750,923	\$4,010,357			
Paid Amount PMPM		\$86.28	\$0.52	\$86.80	\$74.36	\$101.35	<b>16.7%</b>	\$94.17	-7.8%
<b>Outpatient Facility</b>	2,012								
ER Annual Visits per 1000		172.0	0.0	172.0	170.0	176.2	1.2%	189.0	-9.0%
ER Paid Amount per Visit		\$1,970	\$0	\$1,970	\$1,950	\$1,650	1.0%	\$1,361	44.7%
Total Outpatient Visits per 1000		2,654.0	-00.3	2,653.6	2,436.5	3,267.4	8.9%	1,233.2	115.2%
Total Paid Amount per Visit		\$847	\$2,876	\$847	\$707	\$595	19.8%	\$1,034	-18.1%
Total Outpatient Paid Amount		\$6,876,481	-\$2,876	\$6,873,605	\$5,310,462	\$6,407,557			
Total Outpatient PMPM		\$187.34	-\$0.08	\$187.26	\$143.55	\$161.93	<b>30.4%</b>	\$106.28	76.2%
<b>Professional</b>	2,997								
<b>Primary Care</b>									
Annual Visits per 1000		2,924.0	29.7	2,953.7	2,822.2	3,271.0	4.7%	2,157.7	36.9%
Paid Amount per Visit		\$155	\$377	\$157	\$150	\$150	5.1%	\$119	32.2%
<b>Specialty Care</b>									
Annual Visits per 1000		8,875.9	106.9	8,982.8	8,450.9	9,180.5	6.3%	5,856.0	53.4%
Paid Amount per Visit		\$203	\$406	\$205	\$201	\$193	2.2%	\$158	29.9%
Total Professional Paid Amount		\$6,889,524	\$167,157	\$7,056,680	\$6,530,021	\$7,463,032			
Total Professional PMPM		\$187.69	\$4.55	\$192.25	\$176.52	\$188.61	<b>8.9%</b>	\$98.44	95.3%
<b>Total</b>									
Paid Amount		\$16,932,934	\$183,281	\$17,116,214	\$14,591,406	\$17,880,945			
Total Medical PMPM		\$461.31	\$4.99	\$466.31	\$394.44	\$451.89	18.2%	\$298.88	56.0%

# TOP HEALTH CONDITIONS BY RELATIONSHIP AND PMPM

## Summary:

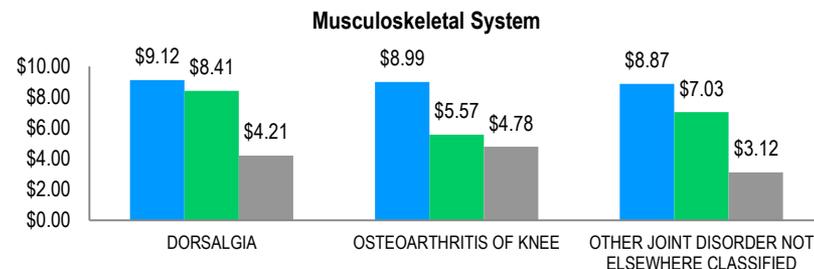
- The Top Health Conditions experienced an overall 23.0% PMPM trend compared to the prior 12 month period
- The Employee is responsible for 45.6% of spend; the Spouse is responsible for 35.8% and the Child 18.6%
  - Musculoskeletal System: Employee represents 55.7% of the spend for this category
  - Health Status: Employee represents 45.4% of the spend for this category

	Employee		Spouse		Child		Total	Total	PMPM
	Paid	PMPM	Paid	PMPM	Paid	PMPM	Paid Amount	PMPM	Trend
Musculoskeletal System	\$1,359,884	\$91.80	\$872,990	\$98.06	\$206,751	\$15.92	\$2,439,625	\$66.46	14.4%
Health Status	\$844,726	\$57.03	\$613,069	\$68.86	\$402,348	\$30.97	\$1,860,143	\$50.68	13.2%
Ill-Defined Conditions	\$632,172	\$42.68	\$435,547	\$48.92	\$274,384	\$21.12	\$1,342,103	\$36.56	-7.6%
Genitourinary System	\$331,554	\$22.38	\$927,148	\$104.14	\$80,945	\$6.23	\$1,339,647	\$36.50	7.8%
Injury & Poisoning	\$517,559	\$34.94	\$463,773	\$52.09	\$246,789	\$19.00	\$1,228,121	\$33.46	28.3%
Digestive System	\$598,235	\$40.39	\$400,232	\$44.95	\$152,855	\$11.77	\$1,151,322	\$31.37	30.5%
Circulatory System	\$518,521	\$35.00	\$415,660	\$46.69	\$191,047	\$14.71	\$1,125,229	\$30.66	17.1%
Behavioral Health	\$295,500	\$19.95	\$194,527	\$21.85	\$416,985	\$32.10	\$907,011	\$24.71	66.0%
Nervous System	\$556,608	\$37.58	\$178,919	\$20.10	\$51,731	\$3.98	\$787,258	\$21.45	90.6%
Aftercare	\$422,251	\$28.51	\$98,309	\$11.04	\$239,194	\$18.41	\$759,754	\$20.70	159.0%
Subtotal	\$6,077,009	\$410.25	\$4,600,176	\$516.70	\$2,263,028	\$174.21	\$12,940,213	\$352.54	23.0%
All Other	\$1,727,484	\$116.62	\$1,524,491	\$171.23	\$924,026	\$71.13	\$4,176,001	\$113.77	5.6%
<b>Total</b>	<b>\$7,804,493</b>	<b>\$526.87</b>	<b>\$6,124,667</b>	<b>\$687.93</b>	<b>\$3,187,055</b>	<b>\$245.35</b>	<b>\$17,116,214</b>	<b>\$466.31</b>	<b>18.2%</b>

# TOP THREE HEALTH CONDITIONS WITH TOP THREE DIAGNOSES

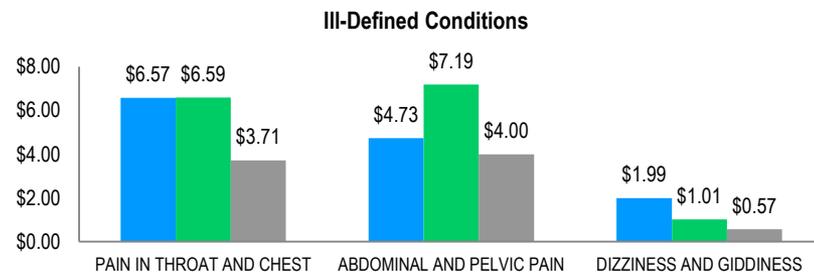
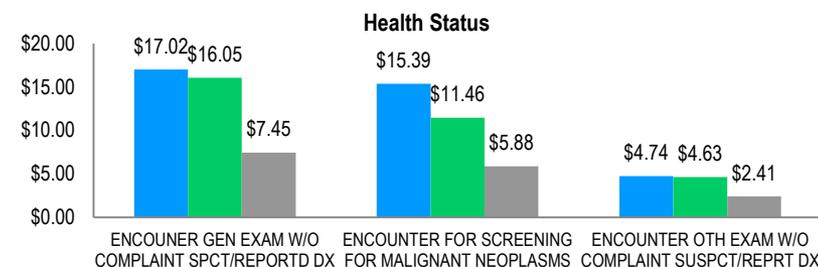
## Summary:

- The top five health conditions with the top three diagnoses represent \$8.2M of total costs and affects 93.7% of unique claimants



## Health Conditions with Top Three Diagnoses

Diagnoses	Total	Unique Claimants	% of Total Claimants	Benchmark % of Total Claimants
<b>Musculoskeletal System</b>				
DORSALGIA	\$334,669	375	12.4%	9.3%
OSTEOARTHRITIS OF KNEE	\$329,879	72	2.4%	1.6%
OTHER JOINT DISORDER NOT ELSEWHERE CLASSIFIED	\$325,614	404	13.3%	9.2%
<b>Health Status</b>				
ENCOUNTER GEN EXAM W/O COMPLAINT SPCT/REPORTD DX	\$624,644	1,753	57.9%	35.3%
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASMS	\$565,049	525	17.3%	14.7%
ENCOUNTER OTH EXAM W/O COMPLAINT SUSPCT/REPRT DX	\$173,882	793	26.2%	16.4%
<b>Ill-Defined Conditions</b>				
PAIN IN THROAT AND CHEST	\$241,176	141	4.7%	5.0%
ABDOMINAL AND PELVIC PAIN	\$173,691	210	6.9%	7.5%
DIZZINESS AND GIDDINESS	\$72,959	45	1.5%	1.5%



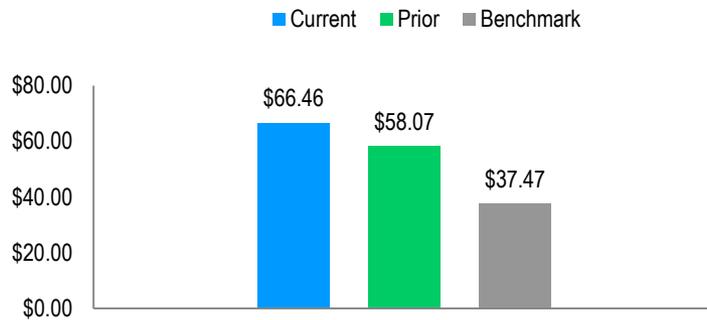
■ Current ■ Prior ■ Benchmark

\* This value is not shown due to small numbers.

## Summary:

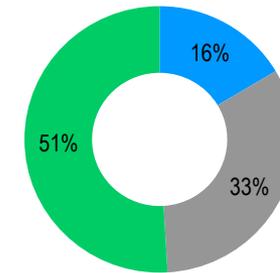
- Musculoskeletal System is the first clinical cost driver for your population, with \$2.4M in plan expense in the current period
- The PMPM was \$66.46, 77.4% above the Benchmark

### Musculoskeletal System PMPM



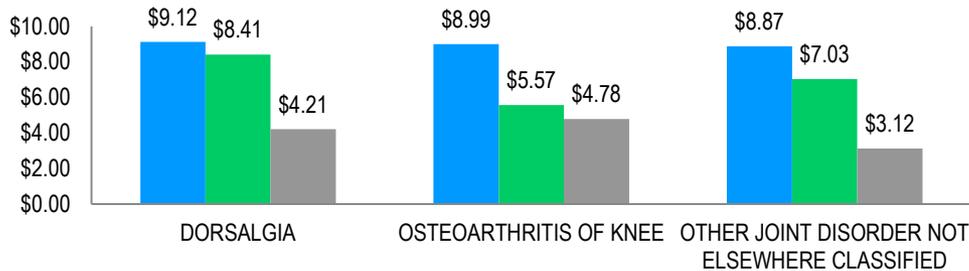
### Musculoskeletal System Cost By Setting

■ Inpatient ■ Outpatient ■ Professional



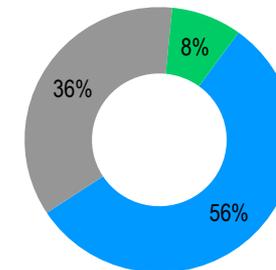
### Top 3 Musculoskeletal System Diagnoses

■ Current ■ Prior ■ Benchmark



### Musculoskeletal System Cost By Relationship

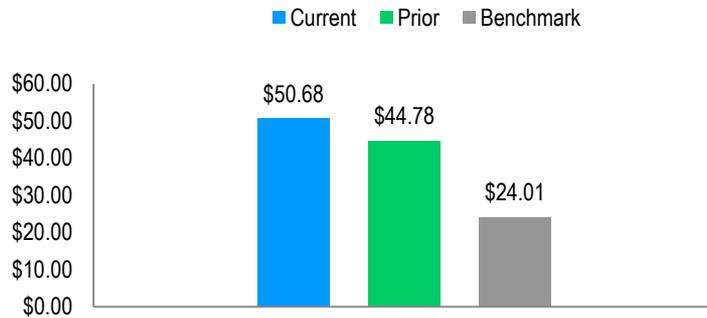
■ Employee ■ Spouse ■ Child



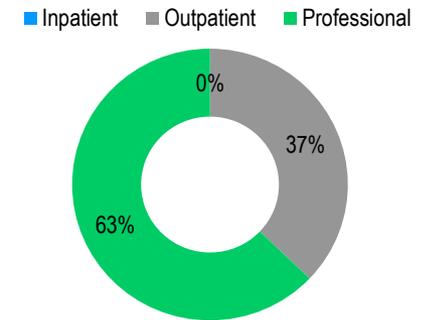
## Summary:

- Health Status is the second clinical cost driver for your population, with \$1.9M in plan expense in the current period
- The PMPM was \$50.68, 111.1% above the Benchmark

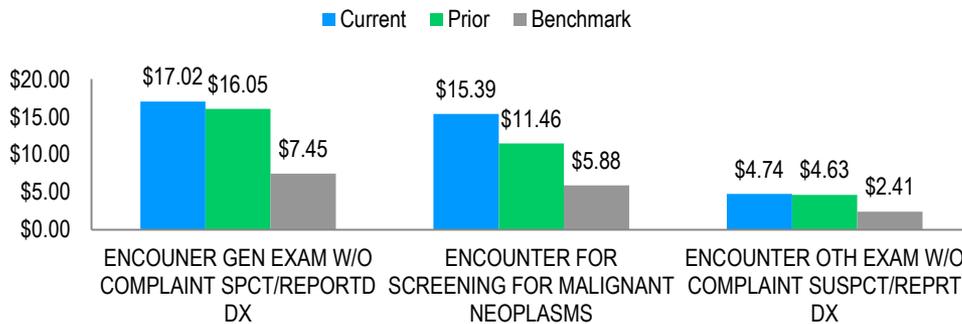
### Health Status PMPM



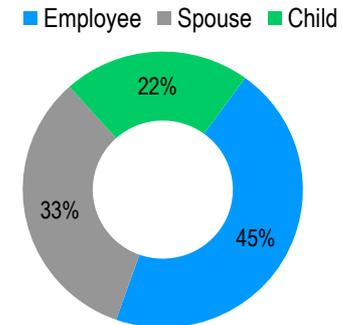
### Health Status Cost By Setting



### Top 3 Health Status Diagnoses

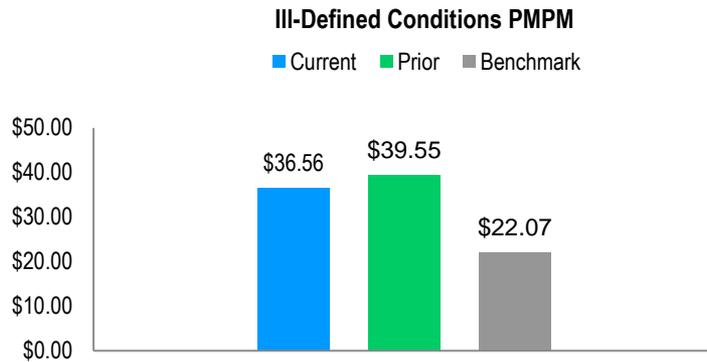


### Health Status Cost By Relationship



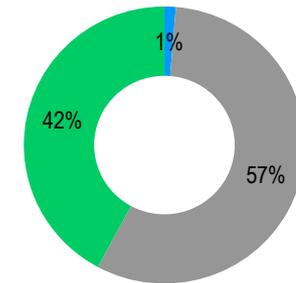
## Summary:

- Ill-Defined Conditions is the third clinical cost driver for your population, with \$1.3M in plan expense in the current period
- The PMPM was \$36.56, 65.6% above the Benchmark



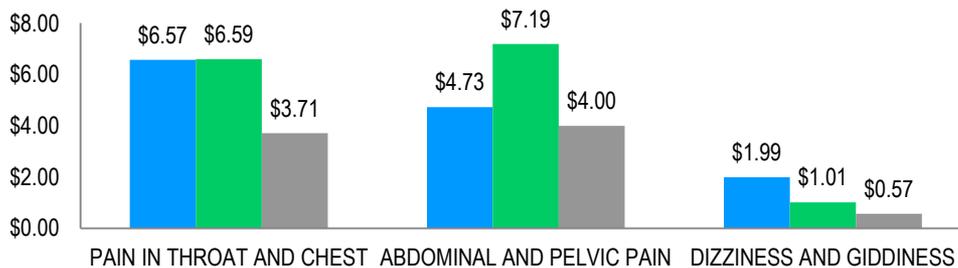
### Ill-Defined Conditions Cost By Setting

■ Inpatient ■ Outpatient ■ Professional



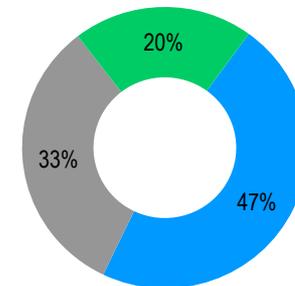
### Top 3 Ill-Defined Conditions Diagnoses

■ Current ■ Prior ■ Benchmark



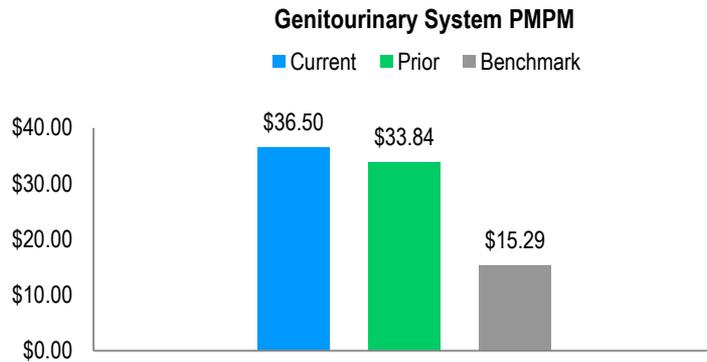
### Ill-Defined Conditions Cost By Relationship

■ Employee ■ Spouse ■ Child



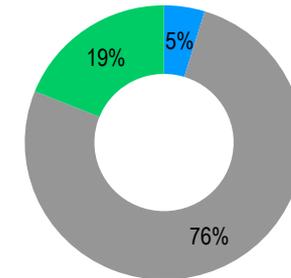
## Summary:

- Genitourinary System is the fourth clinical cost driver for your population, with \$1.3M in plan expense in the current period
- The PMPM was \$36.50, 138.8% above the Benchmark



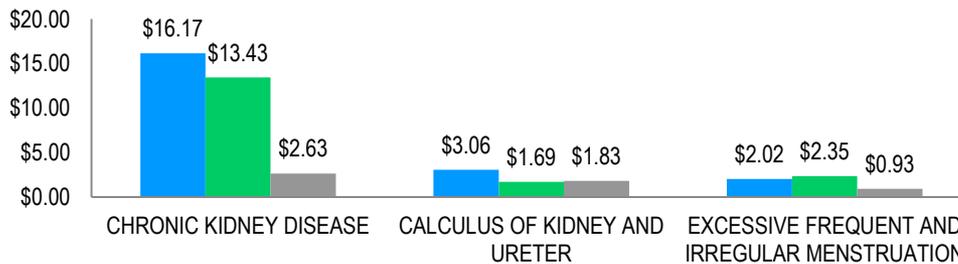
### Genitourinary System Cost By Setting

■ Inpatient ■ Outpatient ■ Professional



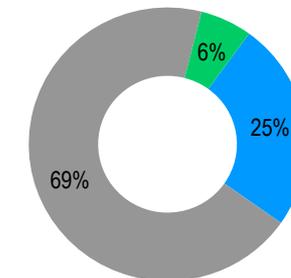
### Top 3 Genitourinary System Diagnoses

■ Current ■ Prior ■ Benchmark



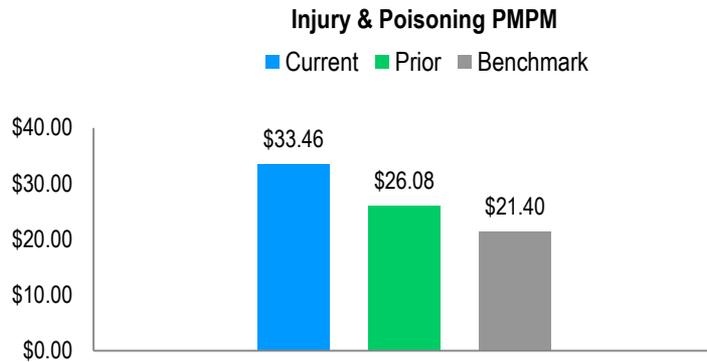
### Genitourinary System Cost By Relationship

■ Employee ■ Spouse ■ Child



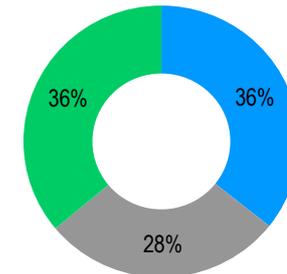
## Summary:

- Injury & Poisoning is the fifth clinical cost driver for your population, with \$1.2M in plan expense in the current period
- The PMPM was \$33.46, 56.4% above the Benchmark



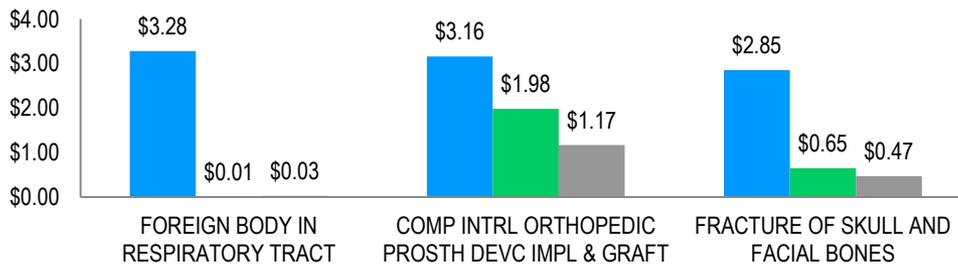
### Injury & Poisoning Cost By Setting

■ Inpatient ■ Outpatient ■ Professional



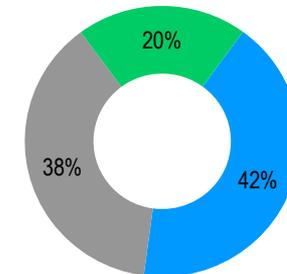
### Top 3 Injury & Poisoning Diagnoses

■ Current ■ Prior ■ Benchmark



### Injury & Poisoning Cost By Relationship

■ Employee ■ Spouse ■ Child



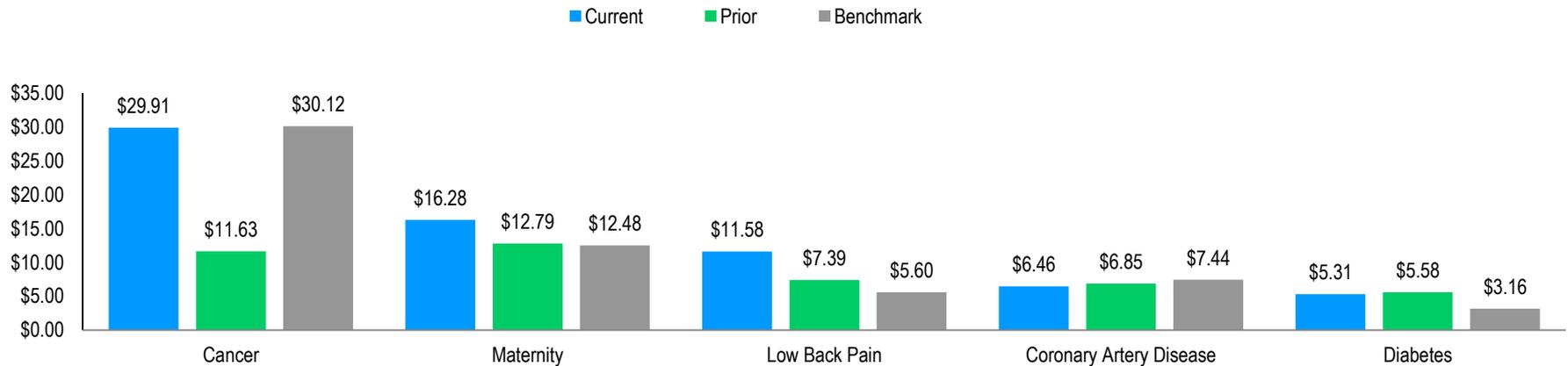
# TOP FIVE TARGETED HEALTH CONDITIONS

## Summary:

- For the top five target program conditions listed below, employees account for 59.3% of total paid claims.
- Compared to the prior period, PMPM increased 40.1% and is 21.3% higher than the Benchmark.

Type	Number of Claimants	Paid Amount	Inpatient Facility	Outpatient Facility	Professional	Prevalence per 1,000	Benchmark Prevalence per 1,000
Cancer	74	\$824,421	\$73,040	\$611,023	\$140,358	24.2	19.0
Maternity	66	\$448,589	\$176,523	\$68,229	\$203,837	21.6	18.5
Low Back Pain	234	\$319,229	\$105,140	\$80,912	\$133,176	76.4	52.9
Coronary Artery Disease	35	\$177,982	\$60,468	\$87,174	\$30,340	11.4	10.3
Diabetes	134	\$146,371	\$27,407	\$27,879	\$91,085	43.8	40.1

### Top Five Targeted Health Conditions By PMPM



## Summary:

- Claims attributed to specific Lifestyle conditions make up 27.9% of the total dollars spent
- Chronic Kidney Disease represents the primary Lifestyle Related Condition by paid amount and is 5.1% of the total paid claims amount in the current period.
- Low Back Problems represents the highest Lifestyle Related Condition per 1000 and is 53.2% above the Benchmark.

Top Ten Lifestyle Conditions by Paid Amount	Paid Amount	Unique Members	Current Period PMPM	Benchmark PMPM	Variance to Benchmark
Chronic Kidney Disease	\$634,606	10	\$23.02	\$3.32	593.6%
Low Back Problems	\$341,611	238	\$12.39	\$5.75	115.5%
Osteoarthritis Except Low Back	\$312,063	142	\$11.32	\$8.88	27.6%
Pain and Coping	\$230,115	112	\$8.35	\$1.78	369.9%
Coronary Artery Disease	\$172,476	33	\$6.26	\$7.34	-14.8%
Cancer - Breast	\$157,490	11	\$5.71	\$4.49	27.2%
Sleep Apnea	\$131,676	133	\$4.78	\$1.48	221.9%
Asthma	\$120,257	89	\$4.36	\$0.99	339.8%
Gallbladder Disease	\$108,222	14	\$3.93	\$2.64	48.8%
Cerebrovascular Disease (eg. stroke)	\$98,213	6	\$3.56	\$1.02	249.7%

**Adult Annual Well Visit:** is the number of adult patients who received a well visit provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Candidates are members aged 21 or older with greater than 12 months of continuous enrollment, and a procedure code, or any diagnosis code equal to Well Visit.

**Adolescent Annual Well Visit:** is the number of adolescent patients who received a well visit provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Candidates are members aged 12 to 20 with greater than 12 months of continuous enrollment, and a procedure code, or any diagnosis code equal to Well Visit.

**Admissions Per 1,000 (IP Admits):** is the average number of admissions per 1,000 members per year.

**Allowed Amount:** is the amount of submitted charges eligible for payment.

**Average Length of Stay:** is the average number of days per Inpatient admission.

**Baby Routine Well Visits:** is the average number of Outpatient professional well child visits provided to children aged 0 through 15 months under medical coverage, per 1,000 members aged 0 through 15 months with medical coverage per year. The number of visits is based on the count of unique patient, service date, and provider combinations.

**Cervical Cancer Screening Rate:** is the number of patients who received facility or professional cervical Cancer screening services provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Candidates for cervical Cancer screening tests are defined as females aged 21 to 64 years.

**Child Routine Well Visits:** is the average number of Outpatient professional well child visits provided to children aged 3 through 6 years under medical coverage, per 1,000 members aged 3 through 6 years with medical coverage per year. The number of visits is based on the count of unique patient, service date, and provider combinations.

**Childhood Immunization Services:** is the average number of immunization services provided to children aged 0 through 23 months under medical coverage, per 1,000 members aged 0 through 23 months with medical coverage per year.

**Cholesterol Screening Rate:** is the number of patients who received facility or professional cholesterol screening services provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Candidates are defined as males aged 35 years and older, and females aged 45 years and older.

**Claimant:** A subscriber or dependent who received medical services covered under the health plan.

**Colon Cancer Screening Rate:** is the number of patients who received facility or professional colon Cancer screening services provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Candidates for colorectal Cancer screening tests and procedures are defined as adults aged 50 to 75 years of age.

**Contract Size:** is the average number of family members per employee or subscriber.

**Cost Share:** is the amount paid out-of-pocket by the member for healthcare services. This generally includes coinsurance, copayment, and deductible amounts.

**Days Per 1,000:** is the average number of days from admissions per 1,000 members per year.

**Discount Savings:** Savings resulted from discounts for network providers.

**High Cost Claimants (HCC):** are individuals with \$75,000 or more in claims during the analyzed period.

**Mammogram Screening Rate:** is the number of patients who received facility or professional mammography services provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Candidates for breast Cancer screening procedures are defined as females aged 40 to 69 years.

**OP Facility Visits Per 1,000:** is the average number of Outpatient facility visits, per 1,000 members with medical coverage per year.

**Out-of-Pocket (OOP):** is the amount paid out-of-pocket by the member healthcare services. This generally includes coinsurance, copayment, and deductible amounts.

**Paid Amount:** is the amount the plan paid. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

**PEPM/PEPY:** Per Employee Per Month and Per Employee Per Year.

**PMPM/PMPY:** Per Member Per Month and Per Member Per Year. Members are defined as all participants in the plan including employees, spouses, and dependents.

**PSA Screening Rate:** is the number of patients who received facility or professional Prostate Specific Antigen (PSA) screening services provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Candidates for prostate Cancer screening tests are defined as males aged 50 to 70 years.

**Visits Per 1,000 ER:** is the average number of emergency room facility visits per 1,000 members with medical coverage.

**Visits Per 1,000 OP Facility:** is the average number of OP Facility visits, per 1,000 members with medical coverage per year.

**Visits Per 1,000 Professional Office:** is the average number of Professional Office visits, per 1,000 members with medical coverage per year.

## **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.