



USING THE DASHBOARD TO MONITOR THE HEALTH PROFILE OF THE POPULATION

City of Eugene, OR

July 27, 2018

Doc #: 5546042

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Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

Key Findings

- Medical trend is unfavorable (9.8%) and driven by a combination of retirees and large claimants. Pharmacy trend is favorable (-8.1%) driven by lower cost per script increases and lower prevalence for very high-cost specialty drugs.
- Chronic condition prevalence is relatively high; particularly for mental health conditions and asthma.
- Plan members diagnosed with a behavioral health condition utilize the plan more and cost more than members not diagnosed with a behavioral health condition. More than 1/3 of those with a mental health diagnosis also have a chronic condition diagnosis. Cost and utilization impacts for comorbidities are 2 times as much as those with just a mental health diagnosis and closer to four times as much as someone with no mental health diagnosis.

Suggestions

- Enhanced and targeted care management initiatives for behavioral health conditions (see spotlight). Focus outreach efforts on anxiety and depression management; particularly where other chronic conditions are present (i.e. coronary artery disease).
- Continue to communicate the importance of preventive cancer screenings and ongoing chronic condition management.

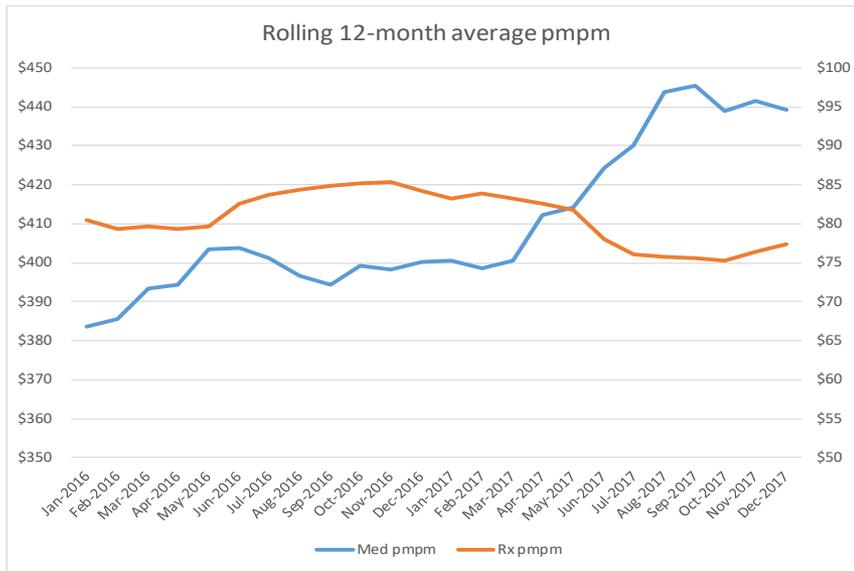


Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

1 Principal Financial Trends – Allowed Claims Cost Combined Group



Observations

- The current period Medical trend of 9.8% on a PMPM basis is higher than both the 2017 projected Segal trend of 7.6% and FY19 budget projection trend factor of 7.0%*.
- Rx trend decreased 8.1% on a PMPM basis and is lower than both the 2017 projected Segal trend of 11.6% and the FY19 budget projection trend factor of 12%*.

* Projected trend is per the 2017 Segal Health Plan Cost Trend Survey:

<https://www.segalco.com/media/2716/me-trend-survey-2017.pdf>

2 Allowed Claims Summary Combined Group

Place of Service	CURRENT PERIOD			PRIOR PERIOD			% Change in PMPM
	Total Allowed Amount	Total Allowed PMPM	% of Total	Total Allowed Amount	Total Allowed PMPM	% of Total	
Outpatient Hospital	\$3,462,902	\$67.09	13.0%	\$3,707,983	\$71.57	14.8%	-6.3%
Inpatient Hospital	\$5,961,941	\$115.51	22.4%	\$4,461,325	\$86.12	17.8%	34.1%
Non-Facility	\$9,643,277	\$186.83	36.2%	\$8,595,439	\$165.92	34.3%	12.6%
Emergency Room	\$2,197,934	\$42.58	8.2%	\$2,159,874	\$41.69	8.6%	2.1%
All Others *	\$1,414,358	\$27.40	5.3%	\$1,800,821	\$34.76	7.2%	-21.2%
Total Medical	\$22,680,412	\$439.41	85.0%	\$20,725,442	\$400.06	82.6%	9.8%
Total Rx	\$3,993,443	\$77.37	15.0%	\$4,361,116	\$84.18	17.4%	-8.1%
Total Paid	\$26,673,854	\$516.77	100.0%	\$25,086,559	\$484.24	100.0%	6.7%
Member Paid	\$1,602,740	\$31.05	6.0%	\$1,713,497	\$33.08	6.8%	-6.1%
Plan Paid	\$25,071,114	\$485.72	94.0%	\$23,373,061	\$451.17	93.2%	7.7%

Note: Due to rounding, some figures may not compute as exhibited

* Includes ancillary costs such as ambulance, DME, and pharmacy within medical benefit

Observations

- The increase in inpatient hospital costs were driven by retirees and large claims.
- Total non-facility pmpm trend is driven by the cost/intensity of services.
- Member cost share PMPM decreased and accounts for 6% of total allowed costs. Given richer plan design, population health management will be crucial to mitigate cost trend.
- Prescription drug claims account for 15% of total allowed claims, this is favorable to what we see for other groups; also driven by spike in medical spend.



Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

3 Key Healthcare Performance Metrics Combined Group

Category	Current Period	Prior Period	% Change	Norm*	Comparison To Norm
Avg Membership Per Month	4,301	4,317	-0.4%	N/A	N/A
Office Visits Per 1000	4,968	4,918	1.0%	3,936	26.2%
Inpatient Admissions Per 1000	37	35	3.7%	48	-24.6%
Inpatient Days Per Thousand	135	105	28.6%	179	-25.0%
Average Inpatient Day Cost	\$10,126	\$9,481	6.8%	\$6,586	53.7%
Average Cost Per Admission	\$37,343	\$28,195	32.4%	\$25,959	43.9%
Readmission within 30 days per 1000	51	125	-59.2%	N/A	N/A
ER Visits Per 1000	124	135	-7.9%	161	-22.7%
Rx Scripts Per 1000	8,068	8,203	-1.6%	8,232	-2.0%

* Verscend BOB Norms

Observations

- Office Visits Per 1,000 are well above the norm which is usually a good result as it indicates members are not reluctant to seek care which can mitigate the severity of some claims.
- Admissions and inpatient days per 1,000 increased yet are approximately 25% below the norm.
- The average cost per inpatient day increased (due to severity, i.e. large claims for cancer), and drove the inpatient cost trend.
- ER visits per 1,000 decreased and are below the norm by nearly 23%. Cost per visit drove the modest cost pmpm increase.

4 Major Conditions – Prevalence and Cost Combined Group

Chronic Condition	CURRENT PERIOD							% Change	
	*Members	% of Total	Norm	**Allowed	% of Total	PMPY	% of Avg PMPY	Members	PMPY
Diabetes	144	3.3%	5.1%	\$1,759,353	7.8%	\$12,218	232%	-2.7%	-11.4%
CAD	52	1.2%	1.2%	\$793,582	3.5%	\$15,261	289%	-3.7%	-36.6%
Asthma	276	6.4%	3.5%	\$1,625,402	7.2%	\$5,889	112%	7.8%	-0.5%
COPD	16	0.4%	0.5%	\$168,228	0.7%	\$10,514	199%	-11.1%	105.3%
Hypertension	586	13.6%	10.9%	\$7,357,279	32.4%	\$12,555	238%	2.3%	37.1%
Mental Illness	1,538	35.8%	18.6%	\$11,694,641	51.6%	\$7,604	144%	10.0%	21.1%
Substance Abuse	118	2.7%	2.1%	\$1,555,058	6.9%	\$13,178	250%	6.3%	22.6%
CHF	8	0.2%	0.3%	\$174,908	0.8%	\$21,863	415%	14.3%	-36.0%
TOTALS (unique)	2,004	46.6%		\$14,589,399	64.3%	\$7,280	138%	6.8%	10.4%

*Members with co-morbidities and their corresponding claims are combined in each applicable category.

**This represents medical claims only, Rx claims are not included.

Observations

- The annual PMPY for participants with Coronary Artery Disease (CAD) is higher than all of the other measured conditions with the exception of Congestive Heart Failure (CHF). Multiple conditions can be prevented and reversed with dietary modification and medication. Dietary modification can aide in the fight against diabetes, CAD, COPD, hypertension, CHF and cancer; particularly where comorbidities exist.
- The number of plan participants diagnosed with some mental health issue is well above the norm and also experienced an increase in prevalence. Depression is one of the top ten disease indications for prescription drug claims and often a comorbidity with other chronic conditions (see Spotlight and panel 8).
- The number of plan participants diagnosed with asthma increased and is above the norm; inconsistent with lower care compliance. There was an increase in large claims for members with an asthma diagnosis.

Note: Due to rounding, some figures may not compute as exhibited



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5 High Risk High Cost Analysis Combined Group

*Chronic Condition For High Cost Claimants	CURRENT PERIOD			PRIOR PERIOD			% Change in Members	% Change in PMPY
	Members	% Within Condition	PMPY	Members	% Within Condition	PMPY		
Diabetes	14	9.7%	\$74,734	23	15.5%	\$63,041	-39.1%	18.5%
CAD	9	17.3%	\$56,365	14	25.9%	\$77,741	-35.7%	-27.5%
Asthma	12	4.3%	\$53,432	10	3.9%	\$56,085	20.0%	-4.7%
COPD	2	12.5%	\$41,603	1	5.6%	\$35,998	100.0%	15.6%
Hypertension	41	7.0%	\$119,311	48	8.4%	\$62,835	-14.6%	89.9%
CHF	1	12.5%	\$91,346	5	71.4%	\$45,952	-80.0%	98.8%
Breast Cancer	8	33.3%	\$97,489	4	19.0%	\$54,673	100.0%	78.3%
Colon Cancer	2	25.0%	\$272,004	2	40.0%	\$117,101	0.0%	132.3%
Prostate Cancer	2	16.7%	\$68,064	2	11.8%	\$86,390	0.0%	-21.2%
TOTALS (unique)	59		\$105,184	64		\$64,882	-7.8%	62.1%

(does not include Rx claims)

*High Cost Claimants are above \$25,000 (medical)

Observations

- Overall the percentage of high cost claimants with these chronic conditions decreased from the prior year but the PMPY increased 62%. Costs for cancer cases were a significant driver and stress the importance of preventive screens and early intervention.
- More than 10% of plan participants diagnosed with Coronary Artery Disease (CAD) had total medical claims exceeding \$25,000 in the current period. This high percentage underscores the importance of managing this group. Better diet and more exercise can prevent and sometimes even reverse CAD.

6 Clinical Quality Performance Combined Group

Chronic Conditions	Clinical Quality Metrics	Individuals			*NCOA National Average
		Population	Performance Current Period	Prior Period	
Diabetes	· At least 1 hemoglobin A1C tests in last 12 months	144	86.1%	82.4%	89.30%
	· Annual screening for diabetic nephropathy	144	75.0%	68.2%	88.10%
	· Annual screening for diabetic retinopathy	144	28.5%	30.4%	47.50%
CAD	· Patients currently taking an ACE-Inhibitor or ARB	52	48.1%	44.4%	83.80%
	· Patients currently taking a statin	52	71.2%	72.2%	79.90%
Hyperlipidemia	· Total cholesterol testing in last 12 months	697	69.9%	65.0%	Not Available
COPD	· Spirometry testing in last 12 months	16	31.3%	38.9%	40.50%
Asthma	· Patients with inhaled corticosteroids or leukotriene inhibitors in the last 12 months	276	73.9%	83.2%	90.30%
Preventive Screening	· Cervical cancer	1,644	32.5%	33.2%	73.00%
	· Breast cancer	948	43.6%	39.3%	70.20%
	· Colorectal cancer	1,093	33.2%	28.4%	58.30%
	· Prostate cancer	536	42.2%	36.7%	Not Available

*Source : NCOA – State of Health Care Quality 2016 – Accredited Plans Commercial PPO Averages

Observations

- The decrease in inhaler usage is significant and of interest given the increase in members diagnosed with Asthma. Lower care compliance increases risk of increased severity and potential for a critical health event.
- Diabetic care compliance improved as did CAD and cholesterol screening.
- Preventive screening rates for most cancers increased from the prior period. Early detection of cancer gives the patient a high probability of a positive outcome and the plan can avoid some expensive treatments in the future if these conditions are caught early.

Note: Due to rounding, some figures may not compute as exhibited



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7 Summary of Prescription Drug Expenses* Combined Group

Category	Non-Specialty		Specialty		Total		
	Current Period	Change	Current Period	Change	Current Period	Prior Period	Change
	Total Cost	\$2,278,515	-0.1%	\$1,714,928	-17.6%	\$3,993,443	\$4,361,116
% of Total Costs	57.1%	9.1%	42.9%	-10.0%			
Total Scripts	34,119	-1.9%	585	-5.0%	34,704	35,413	-2.0%
% of Total Scripts	98.3%	0.1%	1.7%	-3.1%			
Avg Cost PMPM	\$44.14	0.3%	\$33.22	-17.3%	\$77.37	\$84.18	-8.1%
Avg Cost Per Rx	\$66.78	1.9%	\$2,932	-13.2%	\$115.07	\$123.15	-6.6%
Number of Scripts PMPM	0.66	-1.6%	0.01	-4.7%	0.67	0.68	-1.6%
Generic Dispensing Rate	89.8%	0.5%	48.9%	-0.9%	89.1%	88.7%	0.5%
Member Cost %	21.9%	-12.1%	1.2%	20.9%	13.0%	13.5%	-3.7%

Observations

- Total cost decreased 8.4% due to the decrease in certain specialty utilization (blood disorders and MS) and lower drug costs.
- Specialty drugs still account for 42.9% of total drug costs which is higher than most of the plans we have observed – driven by new indications for cancer.
- The generic dispensing rate increased 0.5% from 88.7% to 89.1%. This rate is very good.

8 Prescription Drug Cost Management Analysis* Combined Group

Top 10 Indications	Prior Rank	CURRENT PERIOD				PRIOR PERIOD			
		Rxs	Total Cost	Generic Fill Rate	PMPM	Rxs	Total Cost	Generic Fill Rate	PMPM
Autoimmune Disease	1	209	\$849,449	12.0%	\$16.46	217	\$886,832	4.1%	\$17.12
Diabetes	4	1,374	\$400,947	66.7%	\$7.77	1,261	\$349,126	68.6%	\$6.74
Hepatitis	5	18	\$262,127	38.9%	\$5.08	22	\$313,950	45.5%	\$6.06
Multiple Sclerosis	3	48	\$257,789	6.3%	\$4.99	70	\$375,636	0.0%	\$7.25
Oncology	26	227	\$218,318	89.9%	\$4.23	193	\$24,915	100.0%	\$0.48
Asthma/COPD	6	1,269	\$200,826	32.8%	\$3.89	1,347	\$194,762	35.6%	\$3.76
Blood Disorders	2	211	\$178,164	47.9%	\$3.45	287	\$431,552	52.6%	\$8.33
Depression	8	3,868	\$126,657	99.2%	\$2.45	3,724	\$132,030	98.4%	\$2.55
Pain Management	7	2,660	\$115,146	95.5%	\$2.23	2,907	\$137,348	96.5%	\$2.65
Skin Disorders	13	740	\$93,067	94.3%	\$1.80	627	\$78,435	91.2%	\$1.51
Total Top 10:		10,624	\$2,702,490	82.3%	\$52.36	10,655	\$2,924,587	82.1%	\$56.45

Observations

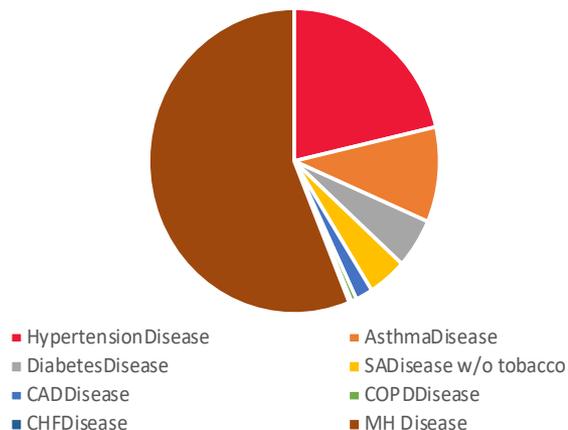
- Autoimmune Disease is the leading disease indication on a PMPM basis. The high PMPM cost for this category is a result of the high cost of Humira and Enbrel.
- Oncology is now ranked 5th after ranking 26th, consistent with increased cancer events.
- Depression is in the top 10 indications, consistent with the prior period.
- Pain Management is in the top ten which is unusual given the low cost. A deeper check on opioids did not indicate any abuse issues; only 9 members had over 90 days' and only 1 member was on a very high dose.

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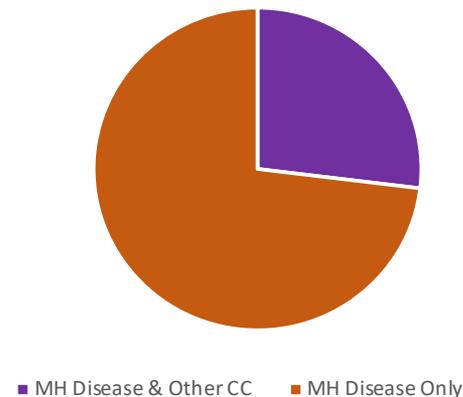
SPOTLIGHT ON

Chronic Condition & Mental Health Prevalence

Chronic Condition Members



MH Disease Members



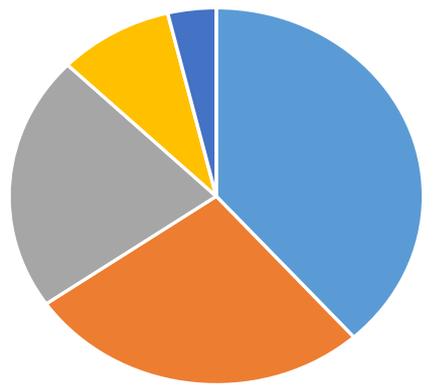
- Members with a mental health diagnosis represent 36% of the overall population. Of the 2,004 unique members with a chronic condition, 1,538 (77%) have a mental health diagnosis.
- Of those with mental health disease, more than 25% have one or more other chronic conditions.



SPOTLIGHT ON

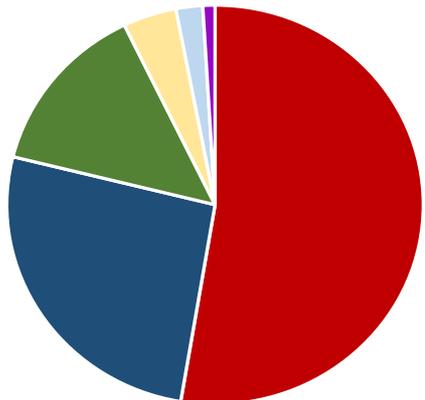
Mental Health and Comorbid Chronic Conditions

Top 5 Mental Health-Related Conditions



- Anxiety disorders
- Depressive disorders
- Adjustment disorders
- ADD/ADHD
- Personality disorders

Mental Health & Chronic Condition Comorbidity



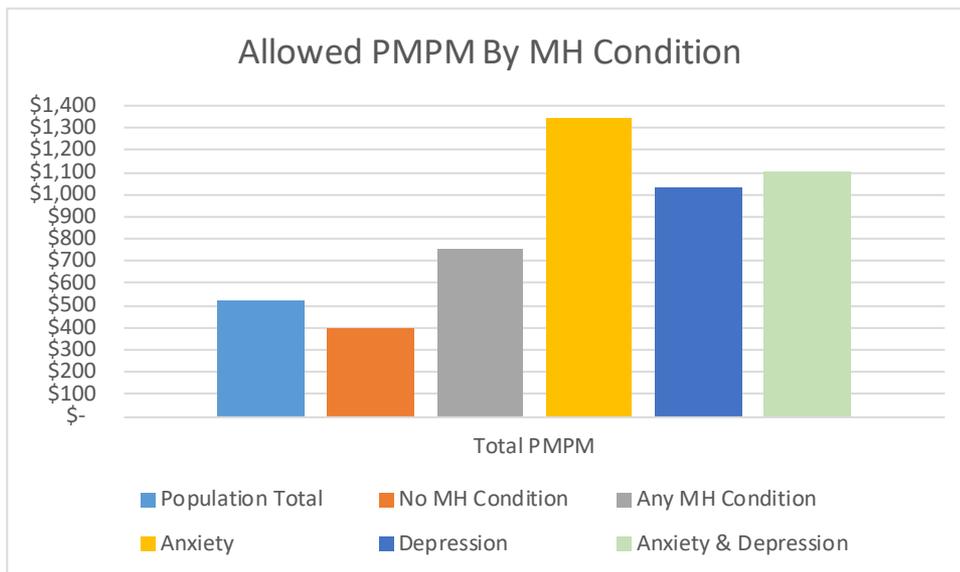
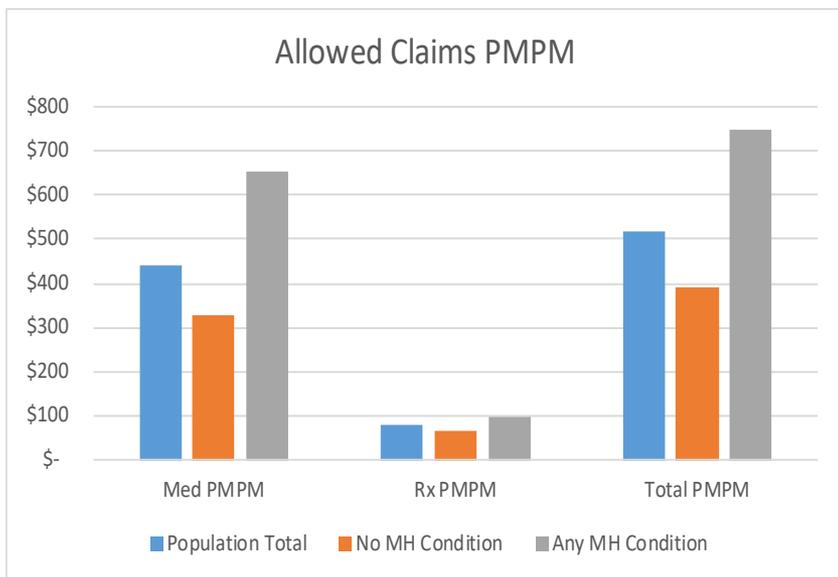
- Hypertension Disease
- Asthma Disease
- Diabetes Disease
- CAD Disease
- COPD Disease
- CHF Disease

- Of those with mental health disease, the most prevalent are: anxiety and depression and these comprise 50% of the mental health diagnoses (18% of overall).
- Of those with mental health disease: more than 1/3 have one or more other chronic conditions. Hypertension and asthma comorbidities are the most prevalent.
- Within mental health, 44% of members with depression also have anxiety and 31% of members with depression also have anxiety.



SPOTLIGHT ON

Mental Health Costs

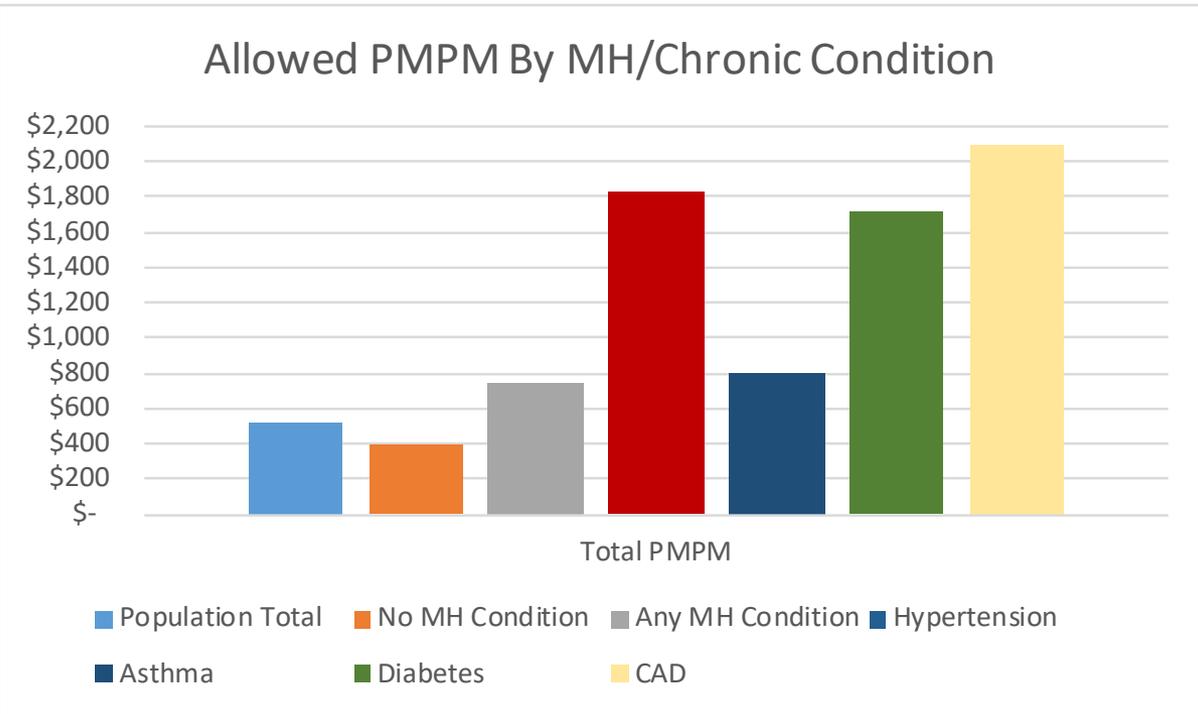


- PMPM costs for those with a mental health diagnosis cost on average 2 times as much as members with no mental health diagnosis.
- Rx costs for mental health members are up to 50% higher pmpm than members with no health diagnosis, suggesting drug therapy adherence
- Anxiety and/or depression conditions cost on average 3 times as much as members with no mental health diagnosis



SPOTLIGHT ON

Mental Health & Chronic Comorbidity Costs

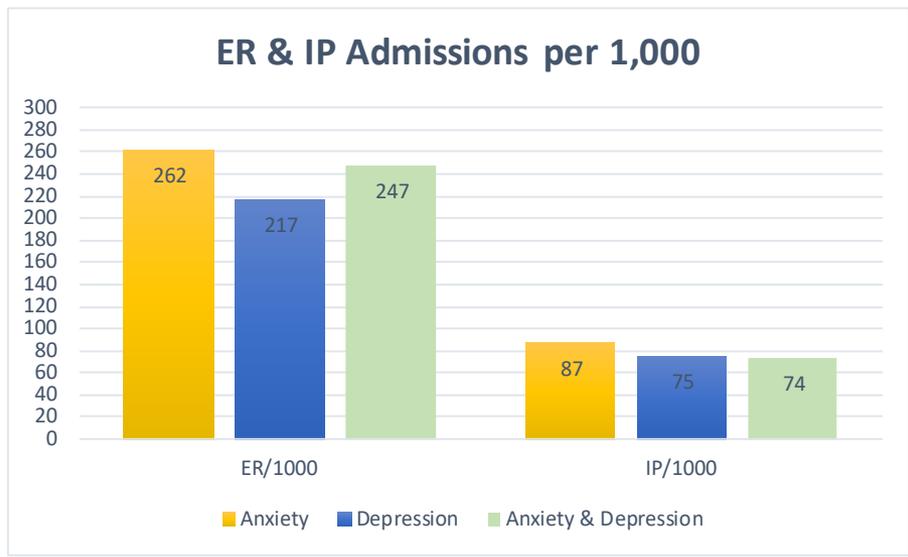
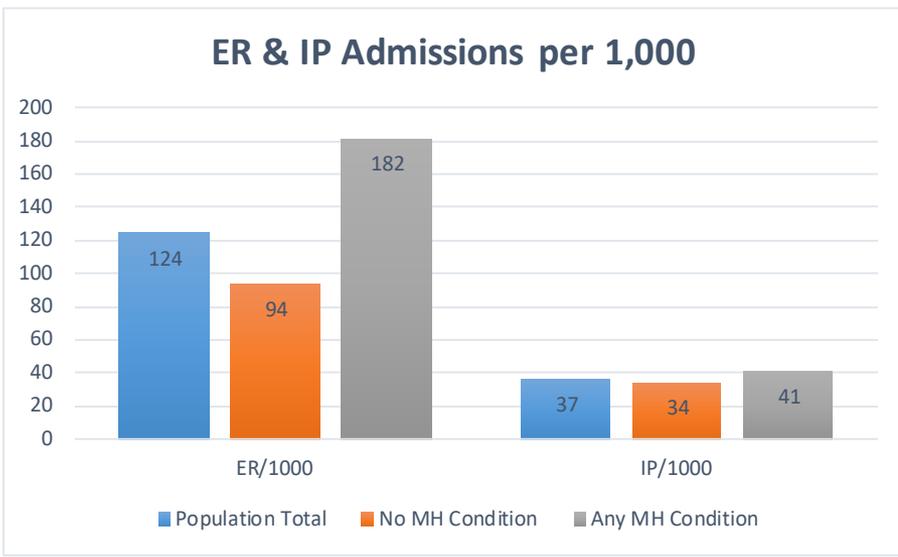


- PMPM costs for those with one of these chronic conditions and a mental health diagnosis are on average 4 times as much as members with no chronic diagnosis. Comorbidities for mental health members on average doubles the pmpm cost.



SPOTLIGHT ON

Mental Health Utilization

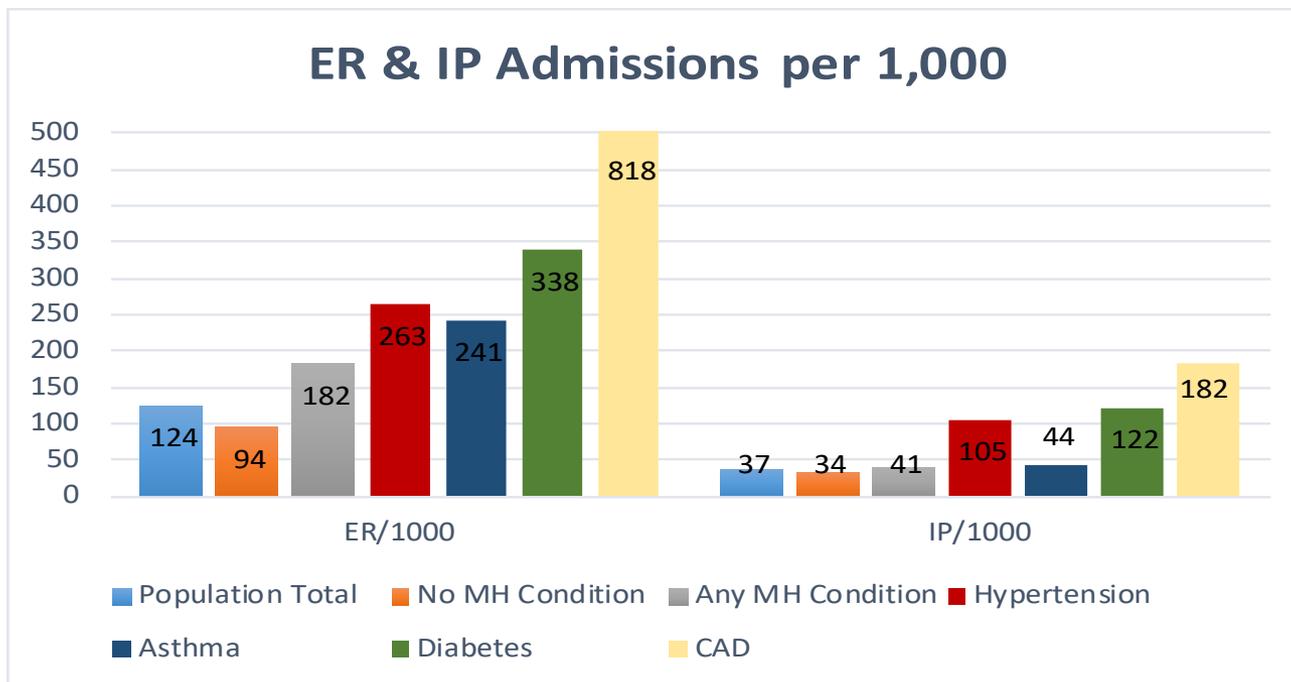


- ER utilization is nearly double and IP utilization is 20% higher for members with mental health conditions.
- ER and IP utilization for members with depression and/or anxiety is about 2.5 times as much as someone with no mental health diagnosis. Anxiety intensifies utilization more than depression and drives comorbid utilization.



SPOTLIGHT ON

Mental Health Utilization



- ER and IP utilization for members with mental health and other chronic conditions is 3-4 times as much as someone with no mental health diagnosis. Comorbidities for chronic condition and mental health members is 2-3 times as much as that of mental health members.



SPOTLIGHT ON

Impact of Behavioral Health Conditions - Summary

- Plan members diagnosed with a behavioral health condition utilize the plan more and cost more than members not diagnosed with a behavioral health condition. Where an additional comorbidity is present, pmpm costs and utilization nearly double.
- For those with other chronic conditions, about 25% of the mental health comorbidity are anxiety and depression related. These members' other chronic comorbidities are more prevalent; i.e. hypertension for diabetic and coronary artery disease members.
- Consider additional focus on mental health disease members that have hypertension and asthma given the prevalence of those conditions and likelihood for additional comorbidities.
- May be prudent to focus outreach efforts on the mental health members with anxiety with or without a comorbidity as well as those that also have coronary artery disease given the higher relative cost & utilization for those members.
- Behavioral health outreach efforts should be integrated with prescription drugs data ensure adherence to any medication regimen.

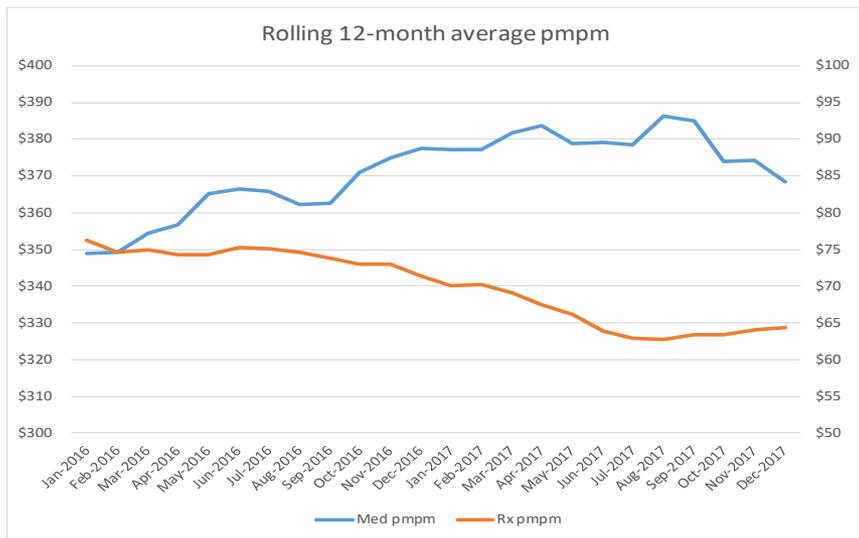


Healthcare Dashboard

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1 Principal Financial Trends – Claims Cost Actives



2 Allowed Claims Summary Actives

Place of Service	CURRENT PERIOD			PRIOR PERIOD			% Change in PMPM
	Total Allowed Amount	Total Allowed PMPM	% of Total	Total Allowed Amount	Total Allowed PMPM	% of Total	
Outpatient Hospital	\$3,002,877	\$62.18	14.4%	\$3,030,670	\$62.62	14.0%	-0.7%
Inpatient Hospital	\$3,088,315	\$63.95	14.8%	\$4,084,799	\$84.39	18.8%	-24.2%
Non-Facility	\$8,689,738	\$179.93	41.6%	\$7,761,690	\$160.36	35.7%	12.2%
Emergency Room	\$1,794,009	\$37.15	8.6%	\$1,882,283	\$38.89	8.7%	-4.5%
All Others*	\$1,216,489	\$25.19	5.8%	\$1,510,742	\$31.21	7.0%	-19.3%
Total Medical	\$17,791,428	\$368.39	85.1%	\$18,270,183	\$377.48	84.1%	-2.4%
Total Rx	\$3,109,067	\$64.38	14.9%	\$3,451,684	\$71.31	15.9%	-9.7%
Total Paid	\$20,900,495	\$432.77	100.0%	\$21,721,867	\$448.79	100.0%	-3.6%
Member Paid	\$1,426,186	\$29.53	6.8%	\$1,531,818	\$31.65	7.1%	-6.7%
Plan Paid	\$19,474,310	\$403.24	93.2%	\$20,190,049	\$417.14	92.9%	-3.3%

* Includes ancillary costs such as ambulance, DME, and pharmacy within the medical benefit

3 Key Healthcare Performance Metrics Actives

Category	Current Period	Prior Period	% Change	Norm*	Comparison To Norm
Avg Membership Per Month	4,025	4,033	-0.2%	N/A	N/A
Office Visits Per 1000	4,842	4,769	1.5%	3,854	25.7%
Inpatient Admissions Per 1000	34	36	-5.3%	48	-30.0%
Inpatient Days Per Thousand	119	105	13.5%	178	-32.9%
Average Inpatient Day Cost	\$6,226	\$9,275	-32.9%	\$6,462	-3.6%
Average Cost Per Admission	\$21,975	\$27,311	-19.5%	\$25,378	-13.4%
Readmission within 30 days per 1000	37	125	-70.6%	N/A	N/A
ER Visits Per 1000	124	136	-8.5%	161	-22.7%
Rx Scripts Per 1000	7,445	7,551	-1.4%	7,792	-4.4%

* Verscend BOB Norms

Note: Due to rounding, some figures may not compute as exhibited

* Includes ancillary costs such as ambulance, DME, and pharmacy within the medical benefit

4 Major Conditions – Prevalence and Cost Actives with Conditions

Chronic Condition	CURRENT PERIOD							% Change	
	**Members	% of Total	Norm	**Allowed	% of Total	**PMPY	% of Avg PMPY	Members	PMPY
Diabetes	122	3.0%	4.7%	\$1,612,188	9.1%	\$13,215	299%	-1.6%	4.2%
CAD	39	1.0%	1.1%	\$601,323	3.4%	\$15,419	349%	-2.5%	-41.9%
Asthma	258	6.4%	3.5%	\$1,378,339	7.7%	\$5,342	121%	7.9%	1.8%
COPD	12	0.3%	0.5%	\$106,430	0.6%	\$8,869	201%	0.0%	167.6%
Hypertension	488	12.1%	9.9%	\$4,095,065	23.0%	\$8,392	190%	3.6%	-5.2%
Mental Illness	1,425	35.4%	18.6%	\$8,390,427	47.2%	\$5,888	133%	8.9%	-4.4%
Substance Abuse	101	2.5%	2.1%	\$1,048,040	5.9%	\$10,377	235%	4.1%	-1.9%
CHF	6	0.1%	0.3%	\$139,235	0.8%	\$23,206	525%	20.0%	-1.8%
TOTALS (unique)	1,819	45.2%		\$10,615,285	59.7%	\$5,836	132%	6.3%	-8.3%

*Members with co-morbidities and their corresponding claims are combined in each applicable category.

**This represents medical claims only, Rx claims are not included.



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5 High Risk High Cost Analysis

Actives High Cost By Condition

*Chronic Condition For High Cost Claimants	CURRENT PERIOD			PRIOR PERIOD			% Change in Members	% Change in PMPY
	Members	% Within Condition	PMPY	Members	% Within Condition	PMPY		
Diabetes	14	11.5%	\$74,734	19	15.3%	\$58,970	-26.3%	26.7%
CAD	7	17.9%	\$57,090	11	27.5%	\$84,884	-36.4%	-32.7%
Asthma	10	3.9%	\$47,260	7	2.9%	\$54,134	42.9%	-12.7%
COPD	1	8.3%	\$48,143	0	0.0%	\$0	100.0%	100.0%
Hypertension	32	6.6%	\$67,583	39	8.3%	\$61,434	-17.9%	10.0%
CHF	1	16.7%	\$91,346	3	60.0%	\$36,248	-66.7%	152.0%
Breast Cancer	6	31.6%	\$85,320	3	17.6%	\$60,041	100.0%	42.1%
Colon Cancer	2	28.6%	\$272,004	2	50.0%	\$117,101	0.0%	132.3%
Prostate Cancer	1	14.3%	\$48,143	1	11.1%	\$115,524	0.0%	-58.3%
TOTALS (unique)	47		\$68,586	52		\$64,986	-9.6%	5.5%

*High Cost Claimants are above \$25,000 (medical)

7 Summary of Prescription Drug Expenses

Actives

Category	Non-Specialty		Specialty		Total		
	Current Period	Change	Current Period	Change	Current Period	Prior Period	Change
Total Cost	\$1,904,156	0.4%	\$1,204,911	-22.5%	\$3,109,067	\$3,451,684	-9.9%
% of Total Costs	61.2%	11.4%	38.8%	-14.0%			
Total Scripts	29,475	-1.5%	489	-8.3%	29,964	30,458	-1.6%
% of Total Scripts	98.4%	0.1%	1.6%	-6.7%			
Avg Cost PMPM	\$39.43	0.6%	\$24.95	-22.3%	\$64.38	\$71.31	-9.7%
Avg Cost Per Rx	\$64.60	1.9%	\$2,464	-15.5%	\$103.76	\$113.33	-8.4%
Number of Scripts PMPM	0.61	-1.3%	0.01	-8.1%	0.62	0.63	-1.4%
Generic Dispensing Rate	90.2%	0.7%	51.1%	-2.3%	89.5%	88.9%	0.7%
Member Cost %	22.6%	-12.5%	1.5%	24.6%	14.4%	14.7%	-2.1%

Note: Due to rounding, some figures may not compute as exhibited

* Allowed charges reflected, does not reflect rebates nor pharmacy claims within the medical benefit

6 Clinical Quality Performance

Actives

Chronic Conditions	Clinical Quality Metrics	Individuals			*NCOA National Average
		Population	Performance		
			Current Period	Prior Period	
Diabetes	- At least 1 hemoglobin A1C tests in last 12 months	122	84.4%	80.6%	89.30%
	- Annual screening for diabetic nephropathy	122	73.8%	66.9%	88.10%
	- Annual screening for diabetic retinopathy	122	25.4%	26.6%	47.50%
CAD	- Patients currently taking an ACE-inhibitor or ARB	39	43.6%	42.5%	83.80%
	- Patients currently taking a statin	39	64.1%	65.0%	79.90%
Hyperlipidemia	- Total cholesterol testing in last 12 months	562	68.3%	63.0%	Not Available
COPD	- Spirometry testing in last 12 months	12	33.3%	41.7%	40.50%
Asthma	- Patients with inhaled corticosteroids or leukotriene inhibitors in the last 12 months	258	75.2%	83.3%	90.30%
		1,485	32.3%	33.1%	73.00%
Preventive Screening	- Cervical cancer	802	41.4%	37.3%	70.20%
	- Breast cancer	842	31.6%	27.0%	58.30%
	- Colorectal cancer	430	37.9%	34.4%	Not Available

*Source : NCOA – State of Health Care Quality 2016 – Accredited Plans Commercial PPO Averages

8 Prescription Drug Cost Management Analysis

Actives

Top 10 Indications	Prior Rank	CURRENT PERIOD				PRIOR PERIOD			
		Rxs	Total Cost	Generic Fill Rate	PMPM	Rxs	Total Cost	Generic Fill Rate	PMPM
Autoimmune Disease	1	171	\$661,668	13.5%	\$13.70	175	\$758,231	1.7%	\$15.67
Diabetes	4	1,190	\$325,445	68.7%	\$6.74	1,079	\$294,179	69.2%	\$6.08
Multiple Sclerosis	3	36	\$188,715	0.0%	\$3.91	58	\$309,880	0.0%	\$6.40
Hepatitis	41	12	\$178,760	33.3%	\$3.70	4	\$8,622	100.0%	\$0.18
Asthma/COPD	5	1,115	\$167,449	34.1%	\$3.47	1,193	\$167,893	37.0%	\$3.47
Blood Disorders	2	175	\$162,294	48.0%	\$3.36	208	\$406,019	52.9%	\$8.39
Depression	6	3,520	\$117,041	99.1%	\$2.42	3,307	\$121,520	98.2%	\$2.51
Pain Management	7	2,217	\$88,924	95.6%	\$1.84	2,513	\$114,201	96.7%	\$2.36
ADHD	8	657	\$87,240	88.6%	\$1.81	665	\$103,229	88.0%	\$2.13
Skin Disorders	13	668	\$84,897	94.6%	\$1.76	558	\$68,012	90.5%	\$1.41
Total Top 10:		9,761	\$2,062,433	83.3%	\$42.70	9,760	\$2,351,787	82.7%	\$48.59

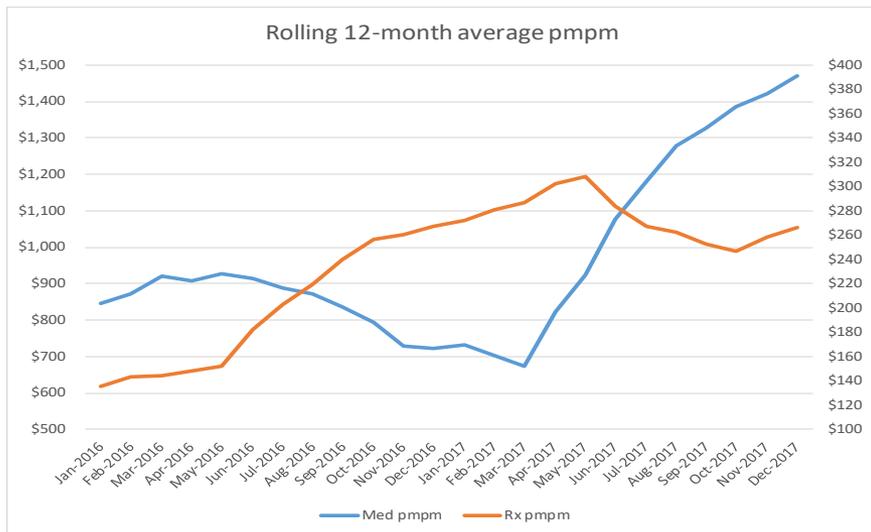


Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

1 Principal Financial Trends – Allowed Claims Cost Retirees



2 Allowed Claims Summary Retirees

Place of Service	CURRENT PERIOD			PRIOR PERIOD			% Change in PMPM
	Total Allowed Amount	Total Allowed PMPM	% of Total	Total Allowed Amount	Total Allowed PMPM	% of Total	
Outpatient Hospital	\$460,025	\$138.52	8.0%	\$677,313	\$198.92	20.1%	-30.4%
Inpatient Hospital	\$2,873,626	\$865.29	49.8%	\$376,526	\$110.58	11.2%	682.5%
Non-Facility	\$953,539	\$287.12	16.5%	\$833,749	\$244.86	24.8%	17.3%
Emergency Room	\$403,925	\$121.63	7.0%	\$277,592	\$81.52	8.3%	49.2%
All Others*	\$197,869	\$59.58	3.4%	\$290,079	\$85.19	8.6%	-30.1%
Total Medical	\$4,888,983	\$1,472.14	84.7%	\$2,455,260	\$721.07	73.0%	104.2%
Total Rx	\$884,376	\$266.30	15.3%	\$909,432	\$267.09	27.0%	-0.3%
Total Paid	\$5,773,359	\$1,738.44	100.0%	\$3,364,691	\$988.16	100.0%	75.9%
Member Paid	\$176,555	\$53.16	3.1%	\$181,679	\$53.36	5.4%	-0.4%
Plan Paid	\$5,596,804	\$1,685.28	96.9%	\$3,183,012	\$934.81	94.6%	80.3%

* Includes ancillary costs such as ambulance, DME, and pharmacy within the medical benefit

3 Key Healthcare Performance Metrics Retirees

Category	Current Period	Prior Period	% Change	Norm*	Comparison To Norm
Avg Membership Per Month	277	284	-2.5%	N/A	N/A
Office Visits Per 1000	6,804	7,031	-3.2%	4,994	36.2%
Inpatient Admissions Per 1000	76	28	169.1%	49	53.5%
Inpatient Days Per Thousand	358	99	262.5%	200	79.1%
Average Inpatient Day Cost	\$29,033	\$12,603	130.4%	\$8,192	254.4%
Average Cost Per Admission	\$136,869	\$44,112	210.3%	\$33,442	309.3%
Readmission within 30 days per 1000	143	125	14.3%	N/A	N/A
ER Visits Per 1000	123	120	2.5%	160	-23.1%
Rx Scripts Per 1000	17,127	17,463	-1.9%	13,907	23.2%

* Verscend BOB Norms

Note: Due to rounding, some figures may not compute as exhibited

* Includes ancillary costs such as ambulance, DME, and pharmacy within the medical benefit

4 Major Conditions – Prevalence and Cost Retirees with Conditions

Chronic Condition	CURRENT PERIOD							% Change	
	**Members	% of Total	Norm	**Allowed	% of Total	*PMPY	% of Avg PMPY	Members	PMPY
Diabetes	22	7.9%	10.2%	\$147,166	3.0%	\$6,689	38%	-8.3%	-65.7%
CAD	13	4.7%	2.6%	\$192,259	3.9%	\$14,789	84%	-7.1%	-13.0%
Asthma	18	6.5%	3.8%	\$247,063	5.1%	\$13,726	78%	5.9%	-10.7%
COPD	4	1.4%	1.2%	\$61,798	1.3%	\$15,449	87%	-33.3%	76.9%
Hypertension	98	35.4%	23.3%	\$3,262,214	66.7%	\$33,288	188%	-3.9%	214.4%
Mental Illness	113	40.8%	18.6%	\$3,304,214	67.6%	\$29,241	166%	25.6%	264.2%
Substance Abuse	17	6.1%	2.1%	\$507,018	10.4%	\$29,825	169%	21.4%	150.6%
CHF	2	0.7%	0.6%	\$35,673	0.7%	\$17,837	101%	0.0%	-70.5%
TOTALS (unique)	185	66.8%		\$3,974,115	81.3%	\$21,482	122%	11.4%	139.5%

*Members with co-morbidities and their corresponding claims are combined in each applicable category.

**This represents medical claims only, Rx claims are not included.



Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

5 High Risk High Cost Analysis Retirees High Cost By Condition

*Chronic Condition For High Cost Claimants	CURRENT PERIOD			PRIOR PERIOD			% Change in Members	% Change in PMPY
	Members	% Within Condition	PMPY	Members	% Within Condition	PMPY		
Diabetes	0	0.0%	\$0	4	16.7%	\$82,375	-100.0%	-100.0%
CAD	2	15.4%	\$53,830	3	21.4%	\$51,551	-33.3%	4.4%
Asthma	2	11.1%	\$84,296	3	17.6%	\$60,637	-33.3%	39.0%
COPD	1	25.0%	\$35,063	1	16.7%	\$35,998	0.0%	-2.6%
Hypertension	9	9.2%	\$303,230	9	8.8%	\$68,904	0.0%	340.1%
CHF	0	0.0%	\$0	2	100.0%	\$60,507	-100.0%	-100.0%
Breast Cancer	2	40.0%	\$133,999	1	25.0%	\$38,567	100.0%	247.4%
Colon Cancer	0	0.0%	\$0	0	0.0%	\$0	0.0%	0.0%
Prostate Cancer	1	20.0%	\$87,985	1	12.5%	\$57,255	0.0%	53.7%
TOTALS (unique)	12		\$248,528	12		\$64,430	0.0%	285.7%

*High Cost Claimants are above \$25,000.(medical)

7 Summary of Prescription Drug Expenses Retirees

Category	Non-Specialty		Specialty		Total		
	Current Period	Change	Current Period	Change	Current Period	Prior Period	Change
Total Cost	\$374,359	-2.5%	\$510,017	-3.0%	\$884,376	\$909,432	-2.8%
% of Total Costs	42.3%	0.3%	57.7%	-0.2%			
Total Scripts	4,644	-4.7%	96	15.7%	4,740	4,955	-4.3%
% of Total Scripts	98.0%	-0.4%	2.0%	20.9%			
Avg Cost PMPM	\$112.72	0.0%	\$153.57	-0.5%	\$266.30	\$267.09	-0.3%
Avg Cost Per Rx	\$80.61	2.3%	\$5,313	-16.1%	\$186.58	\$183.54	1.7%
Number of Scripts PMPM	1.40	-2.3%	0.03	18.6%	1.43	1.46	-1.9%
Generic Dispensing Rate	87.9%	-0.5%	37.5%	24.5%	86.8%	87.3%	-0.6%
Member Cost %	18.3%	-10.4%	0.6%	26.3%	8.1%	8.9%	-9.0%

Note: Due to rounding, some figures may not compute as exhibited

* Allowed charges reflected, does not reflect rebates nor pharmacy claims within the medical benefit

6 Clinical Quality Performance Retirees

Chronic Conditions	Clinical Quality Metrics	Individuals			*NCOA National Average
		Population	Performance		
			Current Period	Prior Period	
Diabetes	- At least 1 hemoglobin A1C tests in last 12 months	22	95.5%	91.7%	89.30%
	- Annual screening for diabetic nephropathy	22	81.8%	75.0%	88.10%
CAD	- Annual screening for diabetic retinopathy	22	45.5%	50.0%	47.50%
	- Patients currently taking an ACE-inhibitor or ARB	13	61.5%	50.0%	83.80%
Hyperlipidemia	- Patients currently taking a statin	13	92.3%	92.9%	79.90%
	- Total cholesterol testing in last 12 months	135	76.3%	74.0%	Not Available
COPD	- Spirometry testing in last 12 months	4	25.0%	33.3%	40.50%
Asthma	- Patients with inhaled corticosteroids or leukotriene inhibitors in the last 12 months	18	55.6%	82.4%	90.30%
	- Cervical cancer	159	34.6%	33.3%	73.00%
Preventive Screening	- Breast cancer	146	55.5%	51.0%	70.20%
	- Colorectal cancer	251	38.6%	33.3%	58.30%
	- Prostate cancer	106	59.4%	46.4%	Not Available

*Source : NCOA – State of Health Care Quality 2016 – Accredited Plans Commercial PPO Averages

8 Prescription Drug Cost Management Analysis Retirees

Top 10 Indications	Prior Rank	CURRENT PERIOD				PRIOR PERIOD			
		Rxs	Total Cost	Generic Fill Rate	PMPM	Rxs	Total Cost	Generic Fill Rate	PMPM
Autoimmune Disease	2	38	\$187,782	5.3%	\$56.54	42	\$128,601	14.3%	\$37.77
Oncology	30	54	\$171,956	66.7%	\$51.78	49	\$3,089	100.0%	\$0.91
Hepatitis	1	6	\$83,366	50.0%	\$25.10	18	\$305,328	33.3%	\$89.67
Diabetes	4	184	\$75,502	53.8%	\$22.73	182	\$54,947	64.8%	\$16.14
Multiple Sclerosis	3	12	\$69,074	25.0%	\$20.80	12	\$65,756	0.0%	\$19.31
Asthma/COPD	7	154	\$33,377	23.4%	\$10.05	154	\$26,869	25.3%	\$7.89
Pain Management	9	443	\$26,222	94.8%	\$7.90	394	\$23,147	95.2%	\$6.80
Transplant	5	12	\$24,182	75.0%	\$7.28	11	\$35,266	45.5%	\$10.36
Female Hormones/Replacement	12	156	\$20,292	69.9%	\$6.11	116	\$19,224	58.6%	\$5.65
Lipid/Cholesterol Disorders	6	438	\$20,209	99.1%	\$6.09	490	\$28,264	98.0%	\$8.30
Total Top 10:		1,497	\$711,962	76.9%	\$214.38	1,468	\$690,492	78.1%	\$202.79



Dashboard Overview

The purpose of this monthly dashboard is to:

- Highlight key metrics to monitor progress against strategic opportunities
- Provide a mechanism to track:
 - **Claims and trends:** determine cost trend drivers plus analyze data on effective alternatives to manage those trends
 - **Utilization metrics vs. benchmark:** compare the plan's utilization to benchmarks and desired targets
 - **Population health status:** assess disease burden and recommend solutions to lessen future trend increases; Uncover opportunities for the plan to better control plan cost and improve the health of the covered population

Methodology/Definitions

- Generally, financial metrics are reported on a total cost/allowed basis (i.e., total cost includes plan paid and member cost sharing). This allows for tracking of population health status for improvement over time.
- Claims are reported on an incurred basis for the periods January 1, 2017 – December 31, 2017 (current period) and January 1, 2016 – December 31, 2016 (prior period).



A Word About Privacy

- Data presented has been “de-identified”, which means it does not contain names or SSNs, etc.
- Specific medical conditions are identified
- If the plan administrator knows the identity of individuals with a specific condition, that information is considered PHI
- PHI is subject to the HIPAA Privacy Rule’s protections, which means it must be kept confidential and cannot be used for any reason other than health plan administration (e.g., using it for employment purposes, or by other benefit plans, is prohibited).

Norms/Benchmarks

- Where benchmarks are shown, we are using the book-of-business trends reported to us by our data warehouse partner, Verscend Health. Their database represents in excess of 38 million lives across plan types. Benchmark data was adjusted on an age, gender and geographic basis.
- In certain instances, we use NCQA HEDIS benchmarks for accredited commercial PPO plans, which are nationally recognized health care data standards.





Appendix

- Opioid utilization
- Hypertension
- Mental health comorbidity details



SPOTLIGHT ON Opioid Utilization

- Morphine Equivalent Dosing (MED) is a numerical approximation used to compare the relative strengths of different opioids.
 - Per literature when taking over 200 MED per day 1 in 32 patients die from overdose.
- In total, there were 95 members who had at least one script of an opioid drug
 - Members with cancer and who are in hospice have been removed from this analysis.
- Of highest concern are the members who had an average MED in excess of 150 or long duration usage (90+ days).
 - There was only 1 member >150 MED and 11 members with more than 90 days' supply.

MED	Days Supply			
	1 - 30	31 - 60	91+	Total
	Members	Members	Members	Members
1 - 50	57	2	9	68
51 - 100	25	0	1	26
151 - 200	0	0	1	1
Total	82	2	11	95



SPOTLIGHT ON

Hypertension

- The American Heart Association (AHA) recently revised the [guidelines](#)* for high blood pressure (i.e. hypertension). People with systolic (the top number) readings of 130 or greater or diastolic (the bottom number) readings of 80 or greater are now considered to have high blood pressure. High blood pressure used to be defined as systolic readings of 140 or greater or diastolic readings of 90 or greater. Anyone with readings between [130-139] or [80-89] will now be diagnosed with hypertension.

Age	New Guidelines		Old Guidelines		Prevalence Factors	
	Male	Female	Male	Female	Male	Female
20–44	30%	19%	11%	10%	2.727	1.900
45–54	50%	44%	33%	27%	1.515	1.630
55–64	70%	63%	53%	52%	1.321	1.212
65–74	77%	75%	64%	63%	1.203	1.190
75+	79%	85%	71%	78%	1.113	1.090

- The above grid (from page 27 of the [guidelines document](#)*) shows the percentage of people nationwide, by age and gender, who have hypertension under the new and old guidelines. This grid allows us to create factors, that can be applied to the plan's census, that estimate the change in prevalence due to the change in the guidelines.



SPOTLIGHT ON

Hypertension

Age	Current Hypertension Rate*		Projected** Hypertension Rate		Projected** Categorized With Hypertension		Projected** Additional Members with Hypertension	
	Male	Female	Male	Female	Male	Female	Male	Female
20–44	8.49%	4.93%	23.16%	9.36%	172	76	109	36
45–54	29.89%	16.44%	45.29%	26.79%	167	98	57	38
55–64	41.64%	28.53%	55.00%	34.57%	194	127	47	22
65–74	53.33%	39.47%	64.17%	46.99%	29	18	5	3
75+	50.00%	0.00%	55.63%	0.00%	1	0	0	0
Sub Totals	22.85%	13.89%	37.26%	20.13%	563	319	218	99
Totals	18.26%		28.49%		882		317	

- Using the prevalence rates developed on the prior page, the overall rate of hypertension for the plan is projected to increase from 18.26% to 24.89%. This results in 317 additional members diagnosed with hypertension.

* Reflects average values for the current period (i.e. member months divided by 12). Excludes members younger than 20.



Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

SPOTLIGHT ON

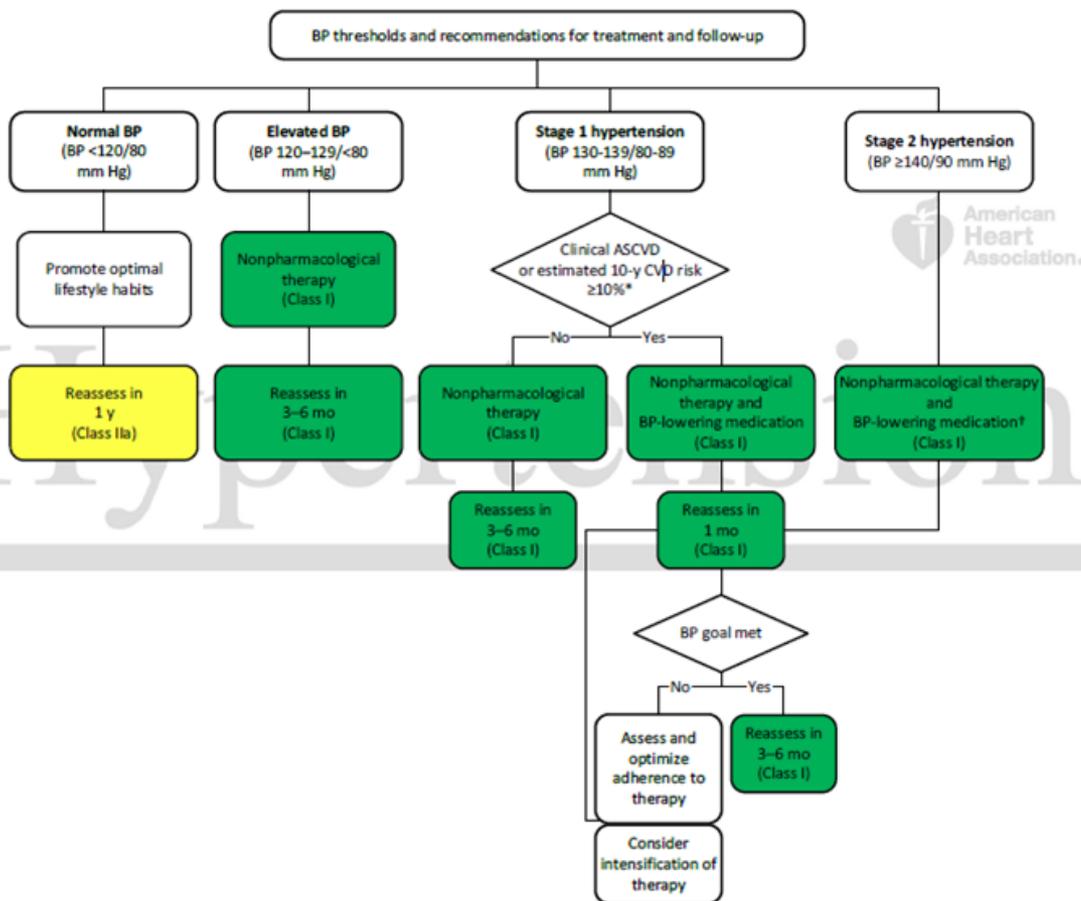
Hypertension

Age	Population*		Currently Categorized with Hypertension*		Currently Treated With Anti-Hypertensive Drugs		% Currently Treated With Anti-Hypertensive Drugs	
	Male	Female	Male	Female	Male	Female	Male	Female
20–44	742	812	63	40	34	27	54.0%	67.5%
45–54	368	365	110	60	77	36	70.0%	60.0%
55–64	353	368	147	105	114	73	77.6%	69.5%
65–74	45	38	35	26	20	8	83.3%	53.3%
75+	2	1	1	0	0	0	0.0%	0.0%
Sub Totals	1,510	1,584	345	220	245	144	71.0%	65.5%
Totals	3,094		565		389			
	% Currently Getting Treatment						68.8%	

- 565 members from the total population of 3,094 are currently diagnosed with hypertension. 389 of those members were treated with anti-hypertensive drugs which represents 68.8% of the hypertensive population.
- Non-compliance along with lifestyle change and monitoring are the two major reasons the current treatment percentage is below 100%.

* Reflects average values for the current period (i.e. member months divided by 12). Excludes members younger than 20.

SPOTLIGHT ON Hypertension



- The flowchart on the left outlines the treatment protocol for hypertension based upon systolic and diastolic readings.
- The Stage 1 hypertension flow illustrates the treatment protocol for patients who will be diagnosed with hypertension under the new guidelines. The majority should initially be treated with dietary modification and exercise. Only those with a 10% or greater risk of stroke or heart disease are indicated for first-line drug therapy.
- The candidates for drug therapy should be treated with a single anti-hypertensive drug, and the recommended drugs are all available as generics. The estimated annual per patient cost to the plan for these first-line anti-hypertensive drugs is \$77.18 This estimate was derived using the plan's current mix of first-line anti-hypertensive drugs.



SPOTLIGHT ON Hypertension

Age	Newly Diagnosed Treated at current treatment rate		Newly Diagnosed Treated at 75% of current treatment rate		Newly Diagnosed Treated at 50% of current treatment rate		Newly Diagnosed Treated at 25% of current treatment rate	
	Male	Female	Male	Female	Male	Female	Male	Female
20–44	59	24	44	18	29	12	15	6
45–54	40	23	30	17	20	11	10	6
55–64	37	15	27	12	18	8	9	4
65–74	4	2	3	1	2	1	1	0
75+	0	0	0	0	0	0	0	0
Sub Totals	140	64	104	48	69	32	35	16
Totals	Total Members	204	Total Members	152	Total Members	101	Total Members	51
	Projected Annual Cost	\$15,744	Projected Annual Cost	\$11,731	Projected Annual Cost	\$7,795	Projected Annual Cost	\$3,936

- The above exhibit summarizes the estimated annual pharmacy cost to the plan for members who will be diagnosed with hypertension* as a result of the new guidelines using four different assumptions for the drug therapy treatment rate of the newly diagnosed members.
- If the same proportion of members are treated with anti-hypertensives as are currently treated, the annual cost to the plan would be \$15,744 for the 204 new members receiving treatment. This is very unlikely due to the recommendation that only those with a 10% or greater risk of stroke or heart disease should receive first-line drug therapy. It is more likely that the annual cost will be approximately \$4,000 as we would expect the rate of drug treatment to be closer to 25% of the plan's current rate of drug therapy for hypertension.
- These cost projections do not reflect any potential offsetting savings realized by avoiding complications associated with hypertension.

* Excludes members younger than 20.



Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

SPOTLIGHT ON

Mental Health Prevalence & Utilization

Disease / Chronic Condition	Member Count	% of Diagnosed	% of Overall	Med / Rx Claims PMPM	ER / 1,000	IP Admits / 1,000
Mental Health (Any)	1,538	100%	36%	\$ 750	182	41
Anxiety	459	30%	11%	\$ 1,337	262	47
Depression	321	21%	8%	\$ 1,030	217	75
Anxiety & Depression	141	9%	3%	\$1,103	247	74
No Mental Health	2,763	100%	64%	\$ 329	94	34



Healthcare Dashboard

Current Period: Jan 2017 – Dec 2017 (incurred)

Prior Period: Jan 2016 – Dec 2016 (incurred)

SPOTLIGHT ON

Mental Health Prevalence / Co-morbidity

Disease / Chronic Condition	Member Count	% of Diagnosed (MH)	% of Condition (# w/ CC)	Med / Rx Claims PMPM	ER / 1,000	IP Admits / 1,000
Mental Health (Any)	1,538	100%	100%	\$ 750	182	41
Hypertension	279	18%	48% (586)	\$1,822	263	105
Asthma	139	9%	50% (276)	\$ 804	241	44
Diabetes	74	5%	51% (144)	\$ 1,721	338	122
CAD	22	1%	42% (52)	\$ 2,090	818	182