



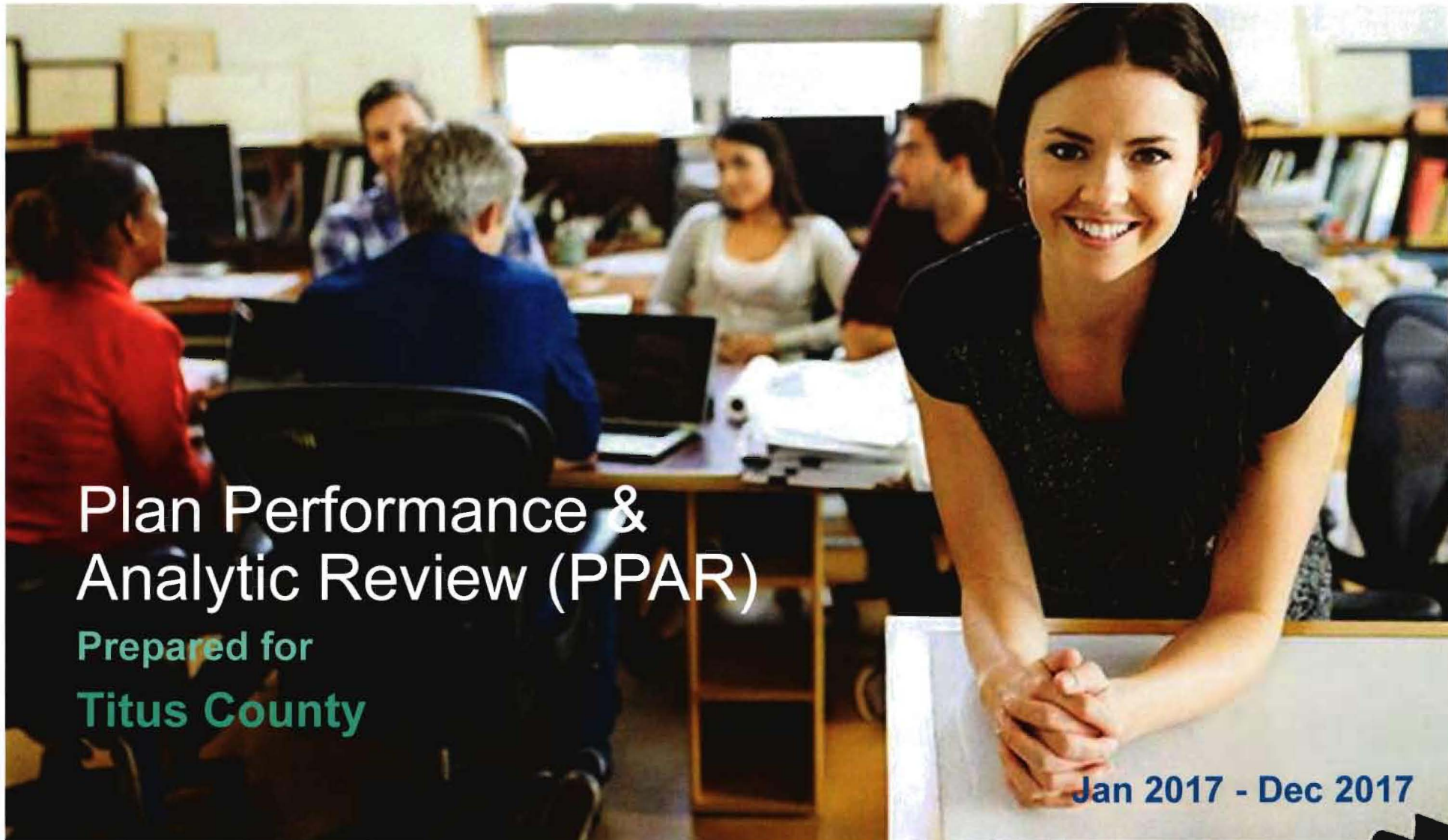
Titus County

Plan Review Meeting

May 14, 2018



A UnitedHealthcare Company



Plan Performance & Analytic Review (PPAR)

Prepared for
Titus County

Jan 2017 - Dec 2017



A UnitedHealthcare Company

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PPAR 5.00

Report Criteria & Contents



Experience Periods

- Current Year (2017): Service Dates 1/1/2017 - 12/31/2017, Paid through 3/31/2018
- Prior Year (2016): Service Dates 1/1/2016 - 12/31/2016, Paid through 3/31/2017
- Additional date ranges for specific figures are defined on the page if applicable

Group Data

- Group Segment: Data reported for all plans and locations - no limits
- Members: Data reported for all members - no restrictions
- Detailed Rx data is from files provided by OptumRx Claims

Normative Comparison Data

- Norm: UMR Active Groups (excludes retiree-only), composed of 2,400 groups and approximately 3 million members
- Norm Period matches Current Year experience period
- Norms including Rx derived only from groups with Rx data available
- Peer (select slides): Active groups with fewer than 500 covered lives, composed of 1,392 groups and 362.6 thousand members

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Five Year Cost Trend

Med & Rx High Cost Claimants vs. Non-High Cost



- Over the past three years, Paid PMPM has trended consistently upward, driven by high cost claimants
- High Cost Claimants based on \$25,000+ paid for Med & Rx combined

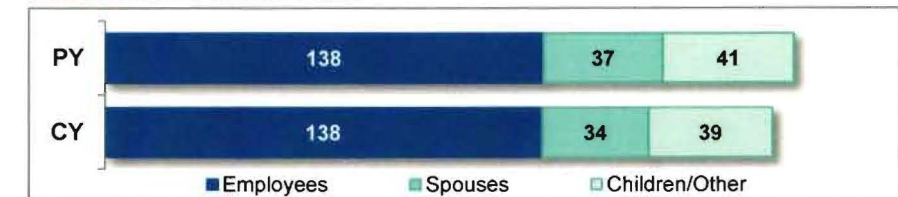
Measure	2013	→	2014	→	2015	→	2016	→	2017
Avg Total Members	190	5.3%	200	6.5%	213	1.9%	217	-3.2%	210
High Cost Claimants	4	100.0%	8	-37.5%	5	60.0%	8	137.5%	19
Total Payments									
Medical Paid	\$520,609	78.7%	\$930,168	-23.4%	\$712,507	76.3%	\$1,255,906	23.8%	\$1,554,628
Rx Paid	\$204,602	28.4%	\$262,634	23.4%	\$324,007	9.7%	\$355,442	14.6%	\$407,295
Total Paid	\$725,210	64.5%	\$1,192,801	-13.1%	\$1,036,514	55.5%	\$1,611,348	21.8%	\$1,961,923
Paid Per Member Per Month (PMPM)									
High Cost Claimants	\$99.39	178.3%	\$276.60	-28.7%	\$197.17	80.0%	\$354.95	54.9%	\$549.82
Non-HCC	\$219.15	0.6%	\$220.40	-5.2%	\$208.93	26.6%	\$264.45	-13.5%	\$228.63
All Members	\$318.53	56.0%	\$497.00	-18.3%	\$406.10	52.5%	\$619.41	25.7%	\$778.45
> HCC % of Total	31.2%	24.5	55.7%	-7.1	48.6%	8.8	57.3%	13.3	70.6%

Enrollment & Demographics Summary

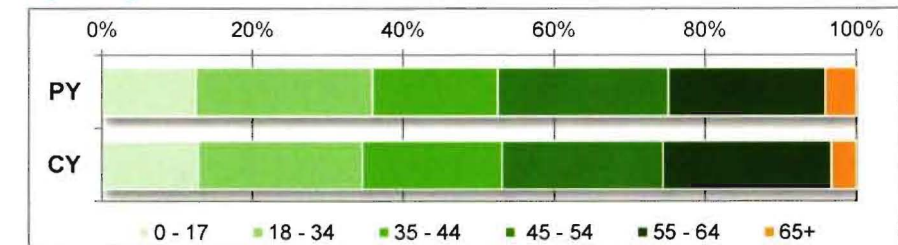


Demographic Measure	2016	2017	Change	UMR Norm	Variance
Average Enrollment					
Total Membership	217	210	-3.1%		
Avg. Family Size	1.57	1.53	-2.8%	2.08	-26.6%
Population %					
% Maternity Age*	18.8%	17.9%	-4.6%	19.7%	-9.4%
% Adults 18+	87.7%	87.0%	-0.9%	76.2%	14.1%
% Age 45+	47.7%	46.6%	-2.1%	35.1%	32.8%
% Age 65+	4.3%	3.2%	-25.4%	4.0%	-19.4%
Average Age					
Employees	45.9	45.8	-0.2%	45.2	1.3%
All Members	40.3	40.2	-0.3%	34.5	16.3%
Adults Only	45.0	45.0	-0.1%	42.9	4.8%
% Female					
Employees	47.9%	48.2%	0.7%	48.3%	-0.4%
Members	55.1%	54.6%	-0.8%	51.1%	7.0%
Adults Only	55.5%	54.7%	-1.4%	51.8%	5.7%
Age/Sex Factor					
Allowed Factor	1.0962	1.0748	-2.0%	1.0000	7.5%
Paid Factor	1.1199	1.1031	-1.5%	1.0000	10.3%

Membership by Relationship



Age Range Distribution



Average Enrollment by Age Range & Sex

Age	2016			2017		
	Males	Females	Total**	Males	Females	Total**
0 - 17	13	14	27	13	15	27
18 - 34	25	26	51	25	21	46
35 - 44	20	16	36	20	19	39
45 - 54	19	30	49	19	25	45
55 - 64	17	28	45	17	29	47
65+	3	6	9	2	5	7
Total**	98	119	217	95	115	210

- Group population is much older than norm, and skews more female than norm
- Overall, based on age and sex composition, expectation would be for group to have costs higher than norm

* Maternity Age represents women age 20 to 44. ** Totals may not match sum of categories or average enrollment figures due to rounding

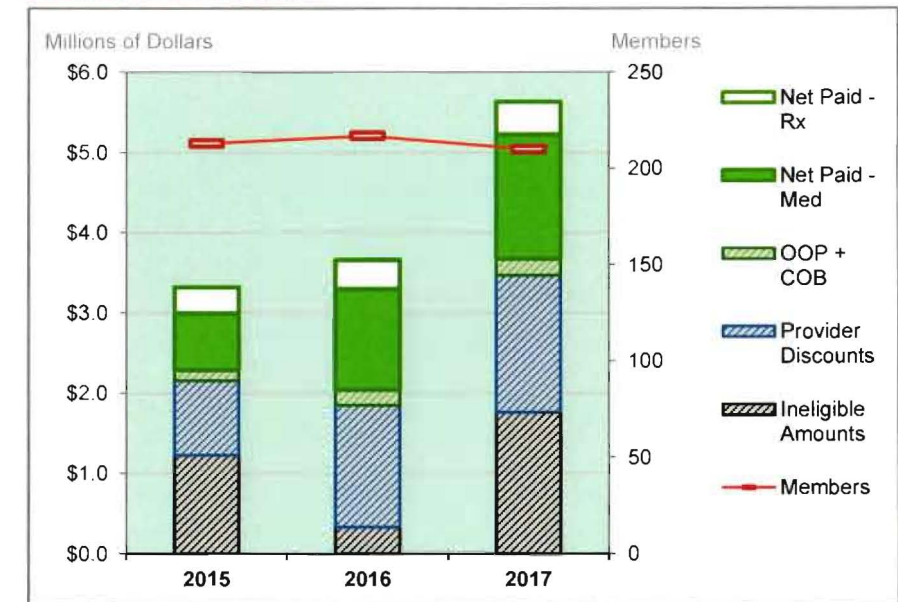
Plan Payment Summary



Total Plan Dollars Year Over Year

Dollar Amount	2015	→	2016	→	2017
# of Members	213	1.9%	217	-3.2%	210
Med Billed	\$2,997,642	10.1%	\$3,299,826	58.4%	\$5,225,851
(-) Ineligible	\$1,227,073	-73.0%	\$331,707	431.0%	\$1,761,448
Med Covered	\$1,770,569	67.6%	\$2,968,119	16.7%	\$3,464,403
(-) Discount	\$928,039	63.4%	\$1,516,777	12.6%	\$1,707,492
Med Allowed	\$842,530	72.3%	\$1,451,343	21.1%	\$1,756,911
(-) OOP	\$122,684	57.5%	\$193,216	2.6%	\$198,185
(-) COB	\$4,877	-87.7%	\$602	333.8%	\$2,610
Med Net Paid	\$712,507	76.3%	\$1,255,906	23.8%	\$1,554,628
Rx Net Paid	\$324,007	9.7%	\$355,442	14.6%	\$407,295
Med & Rx Paid	\$1,036,514	55.5%	\$1,611,348	21.8%	\$1,961,923

Breakout of Billed Dollars



Key Payment Metrics

Amount PMPM	Trend					Norm Comparison			
	2015	→	2016	→	2017	Peer	Variance	UMR Norm	Variance
Med Allowed	\$330.10	69.0%	\$557.90	25.0%	\$697.10	\$410.62	69.8%	\$405.26	72.0%
Med OOP	\$48.07	54.5%	\$74.27	5.9%	\$78.64	\$60.86	29.2%	\$55.19	42.5%
Med Net Paid	\$279.16	72.9%	\$482.77	27.8%	\$616.84	\$330.72	86.5%	\$316.51	94.9%
Rx Paid	\$126.94	7.6%	\$136.63	18.3%	\$161.61	\$85.32	89.4%	\$87.11	85.5%
Med & Rx Paid	\$406.10	52.5%	\$619.41	25.7%	\$778.45	\$416.04	87.1%	\$403.62	92.9%

- Total Paid (Med & Rx) increased significantly (+21.8%) despite membership decrease
- Consequently, Paid PMPM went up substantially (+25.7%)
- Paid PMPM is also well (+92.9%) over norm

Plan Payment Breakouts



Impact of Members Age 65+

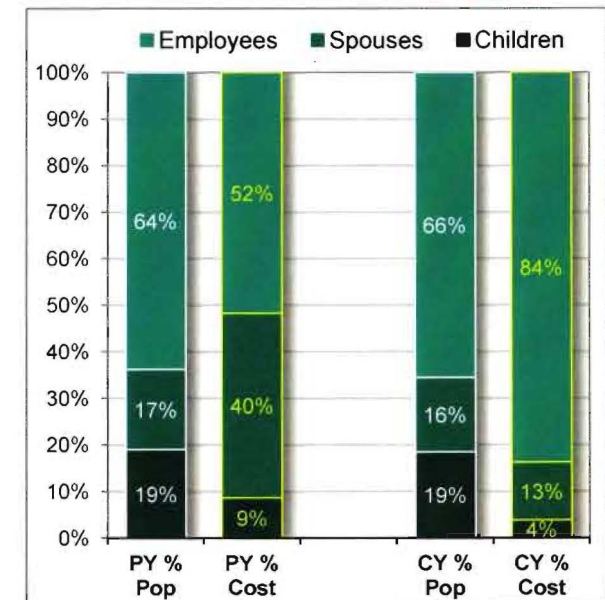
Metric	2016		2017		Change		UMR Norm		Variance	
	< 65	65+	< 65	65+	< 65	65+	< 65	65+	< 65	65+
# of Members	207	9	203	7	-2.0%	-27.7%				
% of Members	95.7%	4.3%	96.8%	3.2%	1.1	-1.1	96.0%	4.0%	0.8	-0.8
Med Allowed PMPM	\$565.39	\$391.78	\$705.60	\$441.85	24.8%	12.8%	\$376.82	\$1,088.50	87.3%	-59.4%
Med Paid PMPM	\$491.02	\$299.96	\$625.19	\$366.01	27.3%	22.0%	\$306.51	\$556.74	104.0%	-34.3%
Rx Paid PMPM	\$130.08	\$281.82	\$158.84	\$244.78	22.1%	-13.1%	\$83.40	\$173.73	90.4%	40.9%
Med & Rx Paid PMPM	\$621.10	\$581.78	\$784.03	\$610.80	26.2%	5.0%	\$389.91	\$730.47	101.1%	-16.4%

- Group has a smaller population of 65+ than norm, and they do not have a large impact on overall results
- Employees account for a significantly higher portion of cost than their % of population, while children are lower

Claim Payments By Relationship

Relationship	2016			2017			Change		
	Measure	Amount	% of All	PMPM	Amount	% of All	PMPM	Amount	PMPM
Employees		138	63.7%		138	65.5%		0.0%	
Med Paid	\$571,610	45.5%	\$345.03	\$1,289,181	82.9%	\$780.44	125.5%	126.2%	
Rx Paid	\$261,751	73.6%	\$158.00	\$353,855	86.9%	\$214.22	35.2%	35.6%	
Total Paid	\$833,361	51.7%	\$503.03	\$1,643,036	83.7%	\$994.66	97.2%	97.7%	
Spouses		37	17.3%		34	16.0%		-8.1%	
Med Paid	\$556,890	44.3%	\$1,237.71	\$203,762	13.1%	\$506.68	-63.4%	-59.1%	
Rx Paid	\$81,520	22.9%	\$181.18	\$40,635	10.0%	\$101.05	-50.2%	-44.2%	
Total Paid	\$638,410	39.6%	\$1,418.89	\$244,397	12.5%	\$607.73	-61.7%	-57.2%	
Children		41	19.0%		39	18.5%		-4.9%	
Med Paid	\$127,406	10.1%	\$257.48	\$61,686	4.0%	\$132.29	-51.6%	-48.6%	
Rx Paid	\$12,171	3.4%	\$24.60	\$12,805	3.1%	\$27.46	5.2%	11.6%	
Total Paid	\$139,577	8.7%	\$282.08	\$74,491	3.8%	\$159.75	-46.6%	-43.4%	

Relationship: % of Population vs. % of Cost



High Cost Claimant Summary

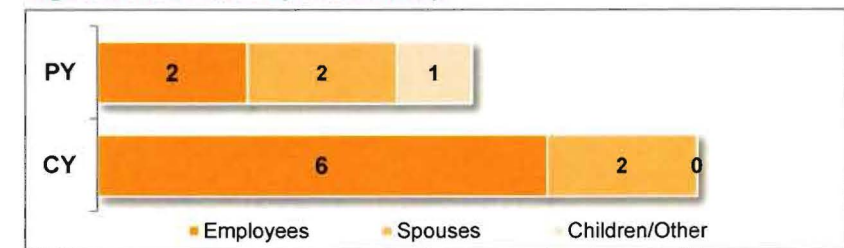
Members with \$25,000+ Paid, Med & Rx



High Cost Claimant Measure	2016	2017	Change	UMR Norm	Variance
Total # of HCCs	8	19	137.5%		
Total Paid for HCCs	\$923,388	\$1,385,703	50.1%		
High Cost Claimants % of Totals					
HCC % of Members	3.69%	9.05%	145.4%	3.70%	144.4%
HCC % of Total Paid	57.3%	70.6%	23.3%	55.6%	27.1%
High Cost Claimants vs. Non-HCC Cost Comparison					
Cost per HCC	\$115,424	\$72,932	-36.8%	\$71,408	2.1%
Cost per non-High Cost Member	\$3,292	\$3,017	-8.3%	\$2,196	37.4%
HCC Paid PMPM	\$354.95	\$549.82	54.9%	\$226.34	142.9%
Non-HCC Paid PMPM	\$264.45	\$228.63	-13.5%	\$181.09	26.3%

- High Cost Claimant dollars are the overwhelming driver of the large overall cost increase
- Also, HCC Paid PMPM compares very unfavorably to norm
- Capped dollars compare much more favorably to norm than total dollars

High Cost Claimants by Relationship

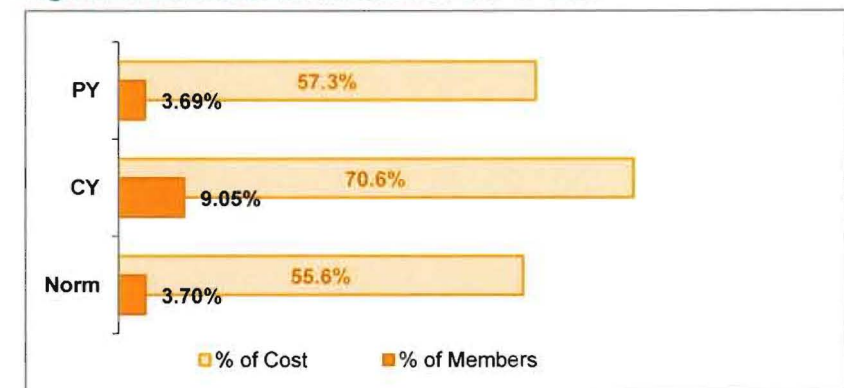


Capped Dollars

Capped Dollars represents total cost if claims were capped at \$25,000 per member. This helps to show plan performance minus the extremes of the highest cost claimants but without excluding them completely.

Med + Rx Dollars	2016	2017	Change	UMR Norm	Variance
Total Paid	\$1,611,348	\$1,961,923	21.8%		
Total Paid Capped	\$887,960	\$1,051,221	18.4%		
Paid PMPM	\$619.41	\$778.45	25.7%	\$407.43	91.1%
Paid PMPM Capped	\$341.33	\$417.10	22.2%	\$260.33	60.2%

High Cost Claimants: % of Members vs. % of Cost



High Cost Claimant Detail

Top 25 based on Medical & Rx Payments



#	Med Rank	Rltn	Sex	Age	Current Status	PY* Paid Total	CY Paid Med	CY Paid Rx	CY Paid Total	Paid Total Change	Admits (Days)	# of ER Visits	Highest Cost Clinical Condition
1	1	Emp	F	65+	Termed	\$113,108	\$240,437	\$60,384	\$300,821	\$187,713	1 (9)	2	Cancer - Pancreas
2	2	Emp	F	45 - 54	Active	\$5,960	\$234,145	\$16,136	\$250,281	\$244,321	0	1	Prevent/Admin Health Encounters
3	3	Emp	M	55 - 64	Active	\$13,704	\$113,537	\$602	\$114,138	\$100,434	0	0	Radiation Therapy Encounters
4	4	Emp	M	55 - 64	Active	\$6,435	\$96,573	\$68	\$96,641	\$90,206	0	0	Radiation Therapy Encounters
5	5	Emp	F	55 - 64	Active	\$3,665	\$79,744	\$1,406	\$81,150	\$77,485	0	0	Cancer - Lung
6	6	Sps	F	55 - 64	Active	\$7,725	\$74,603	\$1,555	\$76,157	\$68,433	0	1	Cardiac Arrhythmias
7	7	Emp	M	45 - 54	Active	\$3,023	\$57,135	\$2,002	\$59,137	\$56,114	0	2	Coronary Artery Disease (CAD)
8	8	Sps	F	45 - 54	Active	\$9,398	\$49,046	\$3,746	\$52,791	\$43,393	1 (2)	6	Pancreatitis
9	13	Emp	F	55 - 64	Termed	\$4,963	\$20,613	\$28,415	\$49,028	\$44,066	0	0	Osteoarthritis
10	22	Emp	F	45 - 54	Active	\$806	\$12,735	\$25,365	\$38,101	\$37,294	0	0	Tumors - Gynecological, Benign
11	9	Chd	F	01 - 12	Active	\$54,951	\$37,720	\$0	\$37,720	-\$17,231	0	5	Musculosk Disord, Congenital
12	10	Emp	M	55 - 64	Active	\$10,271	\$35,174	\$19	\$35,193	\$24,922	0	0	Osteoarthritis
13	>99	Emp	F	35 - 44	Active	\$14,246	\$1,113	\$30,592	\$31,704	\$17,458	0	0	Hypertension, Essential
14	11	Emp	M	35 - 44	Active	\$2,617	\$29,009	\$697	\$29,706	\$27,089	0	1	Coronary Artery Disease (CAD)
15	74	Emp	M	55 - 64	Active	\$236,226	\$1,828	\$27,277	\$29,105	-\$207,121	0	0	Coronary Artery Disease (CAD)
16	17	Emp	F	55 - 64	Active	\$16,867	\$15,567	\$12,211	\$27,777	\$10,910	0	0	Infections - ENT Ex Otitis Med
17	14	Emp	F	65+	Active	\$12,472	\$18,914	\$6,728	\$25,642	\$13,171	1 (3)	1	Pneumonia, Bacterial
18	>99	Emp	M	45 - 54	Termed	\$25,805	\$509	\$25,062	\$25,571	-\$233	0	0	Hypertension, Essential
19	12	Emp	M	18 - 34	Active	\$5	\$24,872	\$167	\$25,039	\$25,034	1 (5)	2	Appendicitis
20	15	Emp	M	35 - 44	Active	\$11,629	\$18,341	\$1,056	\$19,398	\$7,769	2 (5)	3	Gastroint Disord, NEC
21	16	Emp	M	55 - 64	Active	\$1,903	\$17,437	\$1,616	\$19,053	\$17,150	0	0	Renal/Urinary Disord, NEC
22	18	Emp	F	55 - 64	Active	\$12,519	\$15,110	\$3,306	\$18,416	\$5,897	0	1	Signs/Symptoms/Oth Cond, NEC
23	20	Sps	F	35 - 44	Active	\$1,799	\$14,951	\$3,062	\$18,013	\$16,214	0	0	Signs/Symptoms/Oth Cond, NEC
24	62	Emp	F	45 - 54	Termed	\$2,285	\$2,486	\$13,578	\$16,064	\$13,779	0	0	Osteoarthritis
25	19	Emp	F	45 - 54	Termed	\$567	\$14,970	\$379	\$15,349	\$14,781	0	0	Signs/Symptoms/Oth Cond, NEC

* If "N/A", the member is either a new enrollee in the current year or was not enrolled for a majority of the prior year and had no claims paid

High Cost Claimant Detail

Care Management Activity & Future Cost Projection



#	Care Management Activity*	Highest Cost Clinical Condition	New Med & Rx Claims**	Future Cost Considerations	Cost Projection
1	UM, CM	Cancer - Pancreas	\$0	Run Out Only	0
2		Prevent/Admin Health Encounters	\$1,790		\$
3	UM, CM	Radiation Therapy Encounters	\$484		\$\$\$
4	UM, cm	Radiation Therapy Encounters	\$194		\$\$\$
5	UM	Cancer - Lung	\$16,534		\$\$\$\$\$
6		Cardiac Arrhythmias	\$584		\$\$
7	UM	Coronary Artery Disease (CAD)	\$979		\$\$
8	UM, CM	Pancreatitis	\$29,085		\$\$\$\$\$
9		Osteoarthritis	\$1,738	Run Out Only	\$
10		Tumors - Gynecological, Benign	\$94		\$\$
11		Musculosk Disord, Congenital	\$0		\$\$
12		Osteoarthritis	\$246		\$\$
13		Hypertension, Essential	\$227		\$\$
14	UM	Coronary Artery Disease (CAD)	\$285		\$\$
15		Coronary Artery Disease (CAD)	\$1,878		\$\$
16		Infections - ENT Ex Otitis Med	\$5,833	65+	\$\$\$
17	UM, CM	Pneumonia, Bacterial	\$59,552	65+	\$\$\$\$\$
18		Hypertension, Essential	\$0	Run Out Only	0
19	UM	Appendicitis	\$0		\$
20	UM	Gastroint Disord, NEC	\$31		\$\$
21		Renal/Urinary Disord, NEC	\$299		\$\$
22		Signs/Symptoms/Oth Cond, NEC	\$1,414	65+	\$\$
23		Signs/Symptoms/Oth Cond, NEC	\$2,218		\$\$
24		Osteoarthritis	\$0	Run Out Only	0
25		Signs/Symptoms/Oth Cond, NEC	\$0	Run Out Only	0

Care Management Activity

Upper Case = program enrollment; lower case = assessment or other activity. Note that CM enrollment can include members who declined individual nurse case management but whose claims may still be monitored when justified by their complexity.

UM / um	Utilization Management
CM / cm	Case Management
MM / mm	Maternity Management
DM / dm	Disease Management
HW / hw	Health & Wellness

Future Considerations:

- **65+.** Member is 65 or older or will be turning 65 in the next 12 months - may reduce costs.
- **COBRA.** Increased likelihood to terminate benefits within 12 months
- **Run Out Only.** No further new costs will be incurred, but run out claims are possible.

Cost Projection

Projection is based on the member's condition with adjustments made for new claims and other factors. An "average" projection means that the factors that made the member high cost in the current year are not likely to influence future costs. Higher projections indicate how many times *more than average* the member is likely to cost:

0	No Future Costs Expected
\$	Average Cost
\$\$	Above Average (2X Average)
\$\$\$	Moderately High (2-3X Average)
\$\$\$\$	High Cost (3-8X Average)
\$\$\$\$\$	Very High (8X Average & Up)

* Care Management activity is through 4/20/2018 ** New Claims are since the end of the current period to present (as of run date): 1/1/2018 - 4/18/2018.

Key Indicators



Key Indicators Metric	Trend					Comparison to Norms			
	2015	→	2016	→	2017	Peer	Variance	UMR Norm	Variance
Inpatient Admissions									
Admissions per 1000	51.7	24.9%	64.6	-33.6%	42.9	48.8	-12.2%	51.3	-16.4%
Average Length of Stay	5.82	-28.8%	4.14	-16.9%	3.44	4.32	-20.3%	4.27	-19.4%
Paid per Admission	\$29,953	3.7%	\$31,060	-58.6%	\$12,857	\$27,047	-52.5%	\$24,086	-46.6%
Readmission Rate*	0.0%	-	0.0%	-	0.0%	8.7%	-100.0%	8.3%	-100.0%
ER & Urgent Care									
ER Visits per 1000	183.4	98.7%	364.4	-16.4%	304.7	203.7	49.6%	202.9	50.2%
~ % resulting in Admission	5.1%	122.2%	11.4%	-17.7%	9.4%	10.8%	-13.1%	11.0%	-14.8%
~ % for non-Emergency**	48.7%	-24.7%	36.7%	-10.6%	32.8%	37.2%	-11.8%	37.3%	-12.0%
Paid per ER Visit	\$909	73.5%	\$1,577	42.4%	\$2,245	\$1,680	33.6%	\$1,648	36.3%
Urgent Care Visits per 1000	32.9	-29.9%	23.1	-100.0%	0.0	168.8	-100.0%	169.0	-100.0%
Paid per Urgent Care Visit	\$0	-	\$35	-	0	\$92	0.0%	\$101	0.0%
Office Visits & Outpat. Surgery									
Office Visits per 1000	3,723.6	2.0%	3,796.4	18.0%	4,480.4	3,019.1	48.4%	3,148.7	42.3%
Paid per Office Visit	\$63	3.1%	\$65	17.0%	\$77	\$70	9.9%	\$70	8.8%
Well Visits per 1000	324.4	144.6%	793.4	-11.8%	699.9	491.9	42.3%	501.6	39.5%
Outpat. Surgery Visits per 1000	126.9	99.9%	253.7	-11.8%	223.8	157.6	42.0%	162.0	38.1%
Paid per Outpatient Surgery	\$2,417	-29.6%	\$1,702	307.8%	\$6,940	\$2,684	158.6%	\$2,477	180.2%
Services									
Lab Services per 1000	9,121.0	53.2%	13,976.9	9.9%	15,364.9	8,650.0	77.6%	8,834.0	73.9%
Radiology Services per 1000	3,070.1	24.0%	3,805.6	-31.6%	2,604.5	2,730.9	-4.6%	2,967.2	-12.2%
~ Standard Radiology per 1000	2,604.7	17.4%	3,058.3	-38.3%	1,885.5	2,327.8	-19.0%	2,556.9	-26.3%
~ Advanced Imaging per 1000	465.5	60.5%	747.3	-3.8%	719.0	403.1	78.4%	410.3	75.2%
Injectable Drug Claims per 1000	1,067.3	18.0%	1,259.3	30.8%	1,647.4	428.2	284.7%	457.2	260.4%
Injectable Drugs Paid PMPY	\$23.96	144.8%	\$58.65	937.9%	\$608.66	\$266.74	128.2%	\$265.55	129.2%

* Readmissions based on patients readmitted within 30 days of being discharged for any reason. ** non-Emergency based on primary Dx attached to facility portion of ER visit only

ER & Urgent Care Breakout

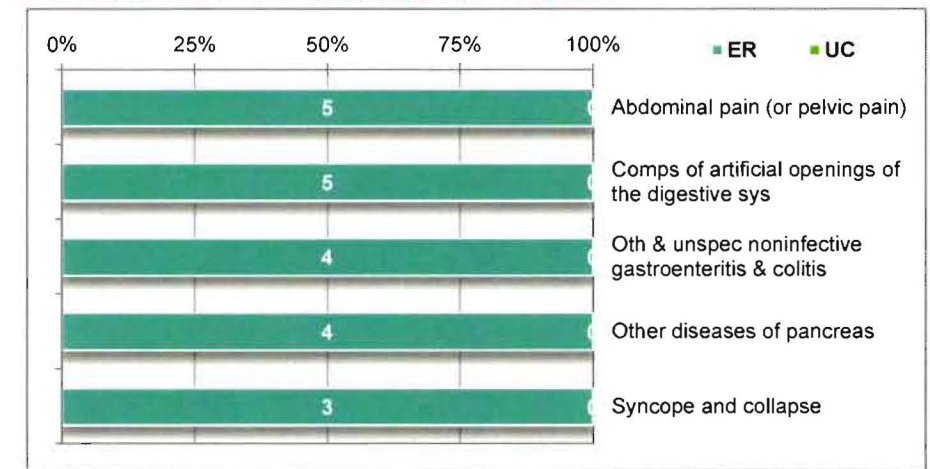
Diagnostic Drivers & Most Utilized Facilities



Top Diagnostic Categories based on Utilization (3 Visits Minimum)

#	Diagnostic Category	Visits	Pats	Total Paid
ER Visits				
1	Abdominal pain (or pelvic pain)	5	2	\$14,021
2	Comps of artificial openings of the digestive sys	5	1	\$10,762
3	Oth & unspec noninfective gastroenteritis & colitis	4	4	\$5,443
4	Other diseases of pancreas	4	1	\$6,156
5	Syncope and collapse	3	3	\$9,460
Urgent Care Visits				
1	Top UC Diagnostic Category	0	0	\$0
<ul style="list-style-type: none"> Note that since ER & UC visits may have multiple diagnoses, the same visit may be counted in more than one row. Total Paid is for amounts associated with the indicated diagnosis only, which may not necessarily represent the entire visit. 				

ER vs. UC Utilization for Top Diagnostic Categories



Top 5 Facilities based on Utilization (3 Visits Minimum)

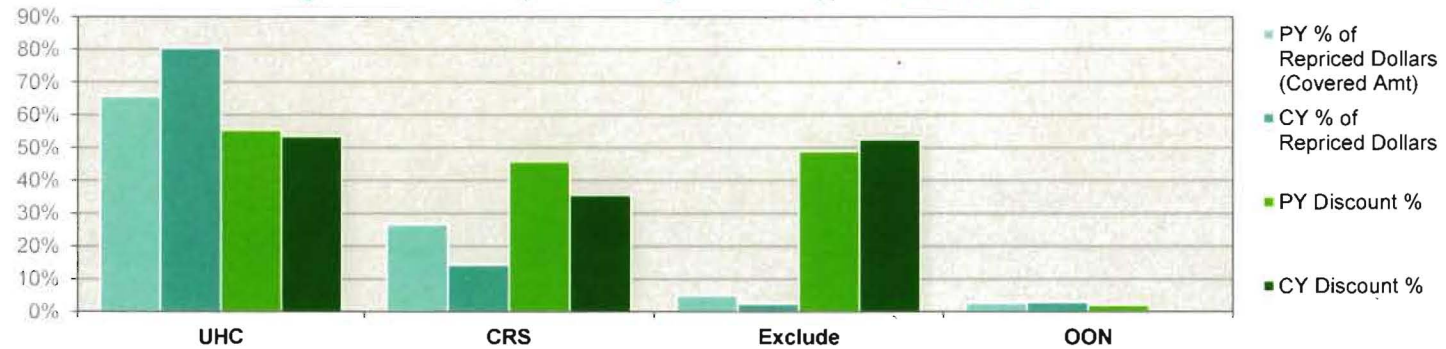
#	Facility Name	TIN	Visits	Pats	Total Paid
ER Facilities					
1	TITUS REGIONAL MEDICAL CENTER	756003935	25	20	\$28,424
2	ETMC PITTSBURG	751919624	14	8	\$7,096
3	GOOD SHEPHERD MEDICAL CTR	751041154	5	5	\$27,799
4	CHRISTUS ST MICHAEL ACUTE	752796815	4	3	\$5,174
5	MED CITY DALLAS	621682198	3	1	\$4,699
Urgent Care Facilities					
1	No UC Facilities with 3+ Visits	000000000	0	0	\$0

Network Performance Summary

Utilization & Discount by Network Type



Utilization vs Savings - % of dollars re-priced through Network Type vs. Discount %



Utilization of UnitedHealthcare Networks increased significantly from 65.7% to 80.4% of covered dollars, but discount rate went down a little to 53.5%

Ref	Network Type Description	2016				2017				Change	
		Covered	Allowed	Discount	Net Paid	Covered	Allowed	Discount	Net Paid	Covered	Discount
UHC	UnitedHealthcare Networks	\$1,949,057	\$868,249	55.5%	\$734,344	\$2,784,517	\$1,296,160	53.5%	\$1,153,717	42.9%	-2.0 pts
Primary Networks		\$1,949,057	\$868,249	55.5%	\$734,344	\$2,784,517	\$1,296,160	53.5%	\$1,153,717	42.9%	-2.0 pts
CRS	Cost Reduction & Savings (Secondary Networks)	\$790,172	\$427,792	45.9%	\$390,813	\$494,330	\$318,678	35.5%	\$297,703	-37.4%	-10.3 pts
Exclude	COB Claims & Other Exclusions	\$146,811	\$74,894	49.0%	\$61,427	\$82,743	\$39,260	52.6%	\$27,825	-43.6%	3.6 pts
OON	Out of Network	\$82,080	\$80,407	2.0%	\$69,321	\$102,812	\$102,812	0.0%	\$75,383	25.3%	-2.0 pts
Grand Total: All Claims		\$2,968,119	\$1,451,343	51.1%	\$1,255,906	\$3,464,403	\$1,756,911	49.3%	\$1,554,628	16.7%	-1.8 pts

Preventive Screenings & Well Visits



Preventive Service	Population	2016			2017			Change	UMR Norm		
		Eligible	Actual	Rate	Eligible	Actual	Rate		Rate	Variance	
Well Visits		Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.									
Well Baby Visits	0 - 15 months	2	0	0	1	4	6,887	-	5,302	29.9%	
Well Child Visits	3 - 6 years	3	1	396	3	3	969	144.9%	759	27.6%	
Adults who had Well Visit	Adults 18+	190	154	81.0%	183	144	78.8%	-2.7%	38.5%	104.5%	
Screenings*		Rate for all screenings is the percentage of eligible population who had the screening during the period.									
Mammogram	Females 40 - 69	72	51	70.4%	67	32	47.6%	-32.4%	45.8%	4.0%	
Cervical Cancer	Females 21 - 64	93	34	36.6%	91	28	30.7%	-16.1%	30.0%	2.2%	
Colorectal Cancer	Members 50 - 75	87	21	24.2%	86	16	18.6%	-23.2%	18.2%	2.5%	
Cholesterol	Females 45+ & Males 35+	123	100	81.3%	118	95	80.6%	-1.0%	44.3%	81.8%	

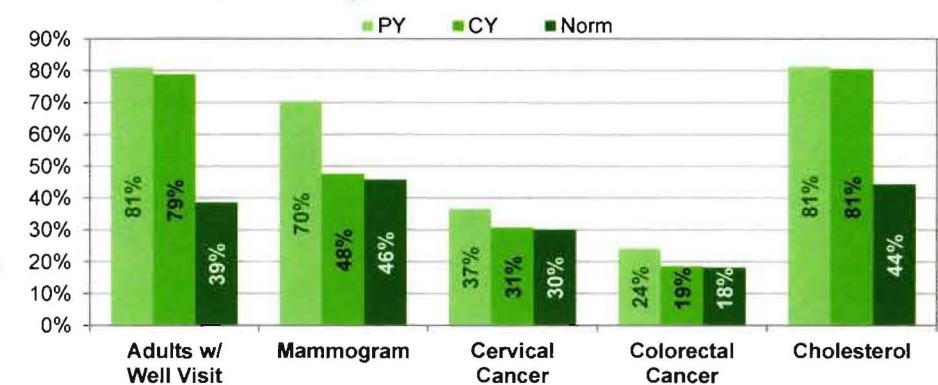
- Adult well visits & screening rates all decreased
- However, preventive service rates all compare favorably to norm
- Since the recommended frequency of screening may vary, shown rates should not be used for compliance purposes but are intended for year-over-year and norm comparisons

Preventive Screenings – Employees vs. Dependents

Screening*	2016		2017		Change	
	Emp	Dep	Emp	Dep	Emp	Dep
Mammogram	76.9%	58.6%	40.6%	61.3%	-47.2%	4.5%
Cervical Cancer	29.1%	49.2%	30.1%	31.7%	3.5%	-35.5%
Colorectal Cancer	23.0%	28.2%	14.9%	31.8%	-35.1%	12.9%
Cholesterol	82.8%	76.5%	82.7%	72.5%	-0.1%	-5.3%

* Does not include screenings performed at onsite clinics or other screenings for which no claim was submitted to UMR

Adult Well Visits & Screenings



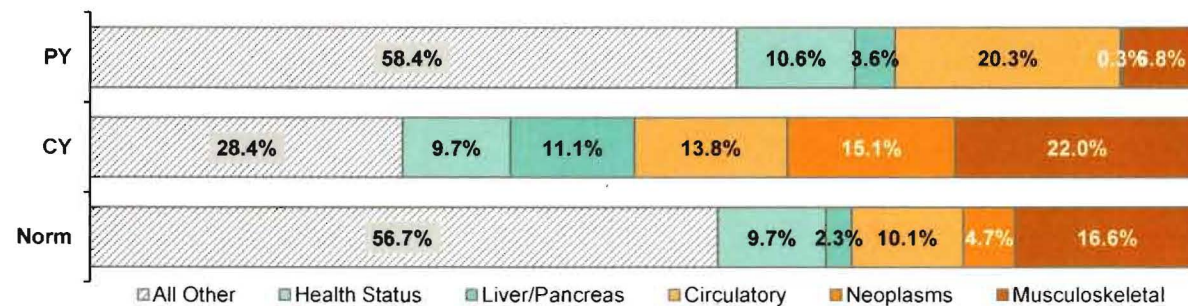
Top 10 Major Diagnostic Categories (MDC)

by Current Period Net Payment



#	MDC	PY Rank	2016			2017			Change			UMR Norm		
			Patients	Total Paid	Paid/Pat	Patients	Total Paid	Paid/Pat	Patients	Tot Paid	Paid/Pat	Rank	Paid/Pat	Variance
1	Musculoskeletal	6 ▲	75	\$85,787	\$1,144	83	\$341,954	\$4,120	10.7%	298.6%	260.2%	1	\$2,138	92.7%
2	Neoplasms	19 ▲	7	\$3,349	\$478	6	\$234,053	\$39,009	-14.3%	6887.8%	8052.4%	7	\$10,657	266.1%
3	Circulatory	2 ▼	63	\$254,874	\$4,046	70	\$214,409	\$3,063	11.1%	-15.9%	-24.3%	2	\$2,164	41.6%
4	Liver, Pancreas	7 ▲	11	\$45,471	\$4,134	12	\$172,908	\$14,409	9.1%	280.3%	248.6%	15	\$4,081	253.1%
5	Health Status*	4 ▼	186	\$133,265	\$716	181	\$150,402	\$831	-2.7%	12.9%	16.0%	3	\$579	43.5%
6	Digestive	3 ▼	56	\$140,111	\$2,502	50	\$134,045	\$2,681	-10.7%	-4.3%	7.2%	4	\$2,203	21.7%
7	Respiratory	11 ▲	47	\$18,915	\$402	44	\$63,381	\$1,440	-6.4%	235.1%	257.9%	11	\$1,055	36.5%
8	Ear, Nose, Mouth & Throat	9 ▲	97	\$22,407	\$231	113	\$41,892	\$371	16.5%	87.0%	60.5%	8	\$488	-24.1%
9	Blood	13 ▲	10	\$17,419	\$1,742	13	\$26,821	\$2,063	30.0%	54.0%	18.4%	19	\$1,508	36.8%
10	Kidney	10	26	\$21,406	\$823	31	\$26,750	\$863	19.2%	25.0%	4.8%	10	\$1,746	-50.6%

Top 5 Current MDCs % of Total Med





- Significant change to Top MDCs from last year
- High cost claimants likely influencing rank and cost of a number of the top MDCs, especially any that are significantly higher ranking than norm

* Health Status: Includes wellness/preventive encounters and ongoing treatment for a known disease or injury

Care Management Dashboard

Activity Summary & Participation by Program



<p>Utilization Management</p> 	<p>UM Activity</p> <ul style="list-style-type: none"> Touched Members: 13 Managed Members: 13 Total Authorizations: 18 Auths - % Denied: 0.0% UM Savings: \$3,900 <table border="1"> <thead> <tr> <th colspan="2">Auths by Treatment Setting</th> </tr> </thead> <tbody> <tr> <td>Inpatient</td> <td>9</td> </tr> <tr> <td>Outpatient</td> <td>8</td> </tr> <tr> <td>Home</td> <td>1</td> </tr> </tbody> </table>	Auths by Treatment Setting		Inpatient	9	Outpatient	8	Home	1	<p>Disease Management</p> 					
Auths by Treatment Setting															
Inpatient	9														
Outpatient	8														
Home	1														
<p>Case Management</p> 	<p>CM Activity</p> <ul style="list-style-type: none"> Touched Members: 4 Managed Members: 1 Total CM Cases: 1 CM Savings: \$12,911 <table border="1"> <thead> <tr> <th colspan="2">CM Cases by Category</th> </tr> </thead> <tbody> <tr> <td>Oncology</td> <td>1</td> </tr> </tbody> </table>	CM Cases by Category		Oncology	1	<p>Health & Wellness</p> 									
CM Cases by Category															
Oncology	1														
<p>Maternity Management</p> 	<p>Combined Activity (Unique members)</p> <ul style="list-style-type: none"> Touched Members: 13 Managed Members: 13 Touched -% of Pop: 5.4% Survey -% Satisfied: n/a Total Savings: \$16,811 (Event-based) <p>% of Population w/ Any Activity</p>  <table border="1"> <thead> <tr> <th>Program</th> <th>% of Population w/ Any Activity</th> </tr> </thead> <tbody> <tr> <td>UM</td> <td>5.4%</td> </tr> <tr> <td>CM</td> <td>1.7%</td> </tr> <tr> <td>MM</td> <td></td> </tr> <tr> <td>DM</td> <td></td> </tr> <tr> <td>HW</td> <td></td> </tr> </tbody> </table>		Program	% of Population w/ Any Activity	UM	5.4%	CM	1.7%	MM		DM		HW		<p>All Care Management</p> 
Program	% of Population w/ Any Activity														
UM	5.4%														
CM	1.7%														
MM															
DM															
HW															

Prescription Drugs

Key Indicators & Top Therapeutic Classes



Prescription Drug Measure	2016	2017	Change	UMR Norm	Variance
Total Prescriptions	3,213	2,979	-7.3%		
Total Rx Paid	\$355,442	\$407,295	14.6%		
Scripts PMPY	14.82	14.18	-4.3%	9.97	-42.2%
Rx Paid PMPY	\$1,639.59	\$1,939.27	18.3%	\$1,045.32	85.5%
Rx Paid % of Med + Rx	22.1%	20.8%	-5.9%	21.4%	-2.9%
Generic Drug % (based on Paid)	27.3%	29.4%	7.7%	21.4%	37.3%

➤ Although number of prescriptions went down, total Rx cost increased, and overall Paid PMPY compares very unfavorably to norm

Top 10 Drug Therapeutic Classes by Cost

#	Drug Therapeutic Class	Highest Cost Drug (% of Class)	2016			2017			Change		
			Scripts	Total Paid	Paid/Rx	Scripts	Total Paid	Paid/Rx	Scripts	Paid	Paid/Rx
1	Antiarthritics	DUEXIS (94%)	107	\$66,003	\$616.85	176	\$152,757	\$867.94	64.5%	131.4%	40.7%
2	Enzymes	CREON (97%)	12	\$43,837	\$3,653.06	18	\$46,128	\$2,562.64	50.0%	5.2%	-29.8%
3	Diabetic Therapy	VICTOZA 3-PAK (23%)	192	\$40,086	\$208.78	172	\$41,132	\$239.14	-10.4%	2.6%	14.5%
4	Dermatological, All Other	METHOXSALLEN (31%)	8	\$6,772	\$846.45	19	\$16,641	\$875.84	137.5%	145.7%	3.5%
5	Bronchial Dilators	SPIRIVA (34%)	159	\$15,452	\$97.18	136	\$12,551	\$92.29	-14.5%	-18.8%	-5.0%
6	Anti-ulcer/Other Gastrointestinal Preps	ESOMEPRAZOLE MAGNESIUM (83%)	122	\$14,280	\$117.05	110	\$11,403	\$103.67	-9.8%	-20.1%	-11.4%
7	Hypotensives, Other	OLMESARTAN-HYDROCHLOROTHIAZIDE (34%)	334	\$21,821	\$65.33	270	\$11,197	\$41.47	-19.2%	-48.7%	-36.5%
8	Anesthetic Local/Topical	LIDOCAINE (99%)	5	\$230	\$45.92	14	\$10,436	\$745.46	180.0%	4445.7%	1523.5%
9	Glucocorticoids	CLOBETASOL PROPIONATE (40%)	120	\$15,472	\$128.93	78	\$9,941	\$127.45	-35.0%	-35.7%	-1.1%
10	Estrogens	PREMARIN (37%)	80	\$6,631	\$82.89	78	\$8,600	\$110.26	-2.5%	29.7%	33.0%

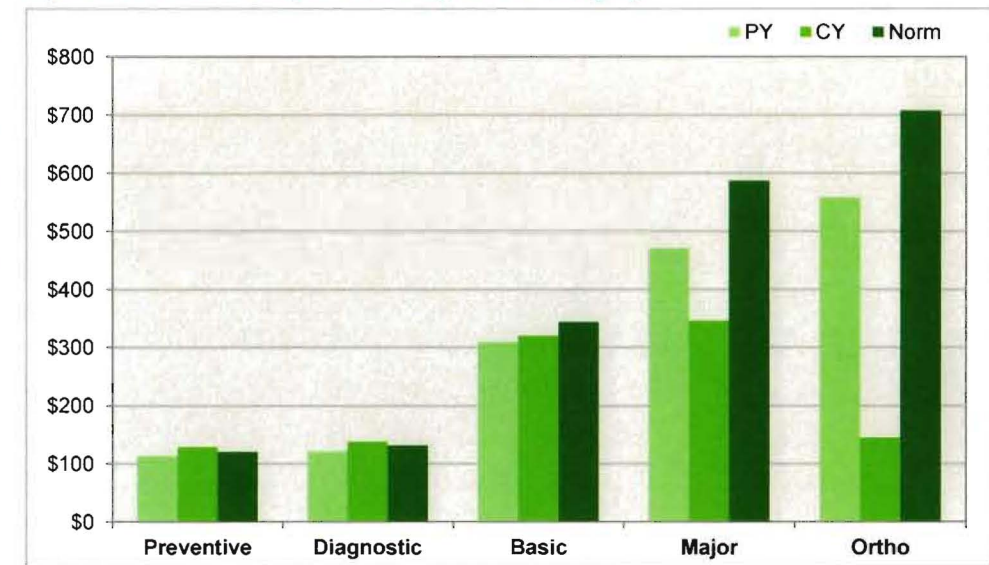
Dental

Summary & Breakout by Dental Category



Dental Measure	2016	2017	% Change
Enrolled Employees	138	139	0.4%
Total Enrolled Members	254	248	-2.4%
Total Billed	\$124,920	\$127,201	1.8%
Total Covered	\$94,486	\$94,546	0.1%
Total Allowed	\$94,486	\$94,546	0.1%
Total Net Paid	\$63,387	\$69,200	9.2%

Cost of Services - Paid per Patient by Dental Category



% of Members who had Preventive Services		Value
PY		47.2%
CY		50.4%
Norm		46.0%

Breakout by Dental Category

Dental Category	2016				2017				% Change		UMR Dental Norm*	
	Patients	Total Paid	Pats/1000	Paid PMPY	Patients	Total Paid	Pats/1000	Paid PMPY	Pats/1000	Paid PMPY	Pats/1000	Paid PMPY
Preventive	120	\$13,552	472.1	\$53.32	125	\$16,075	503.7	\$64.77	6.7%	21.5%	466.6	\$56.10
Diagnostic	146	\$17,660	574.4	\$69.48	152	\$20,991	612.5	\$84.58	6.6%	21.7%	523.6	\$68.83
Basic	77	\$23,817	302.9	\$93.69	73	\$23,389	294.1	\$94.24	-2.9%	0.6%	258.9	\$88.97
Major	13	\$6,125	51.1	\$24.09	24	\$8,309	96.7	\$33.48	89.1%	39.0%	57.0	\$33.43
Orthodontia	4	\$2,233	15.7	\$8.79	3	\$436	12.1	\$1.76	-23.2%	-80.0%	16.9	\$11.97
Other		\$0		\$0.00		\$0		\$0.00		0.0%		\$0.00
Total Dental	149	\$63,387	586.2	\$249.36	157	\$69,200	632.6	\$278.83	7.9%	11.8%	561.8	\$259.31

* UMR Dental Norms are based on all UMR groups with dental coverage during the reporting period



Thank You!



Criteria

Report Period

- Current Year: Claims Paid 1/1/2018 - 3/31/2018
- Prior Year: Claims Paid 1/1/2017 - 3/31/2017

Group Data

- Data reported for all plans and locations - no limits
- Detailed Rx data is from files provided by OptumRx Claims

Normative Data

- Norm Groups: UMR Active Groups (excludes retiree-only)
- Norm Period: Claims Paid 1/1/2018 - 3/31/2018
- Composition: 2,520 groups, 3.4 million members
- Rx norms restricted to groups whose Rx vendors provide UMR with detailed Rx data (app. 97% of groups)

Contents

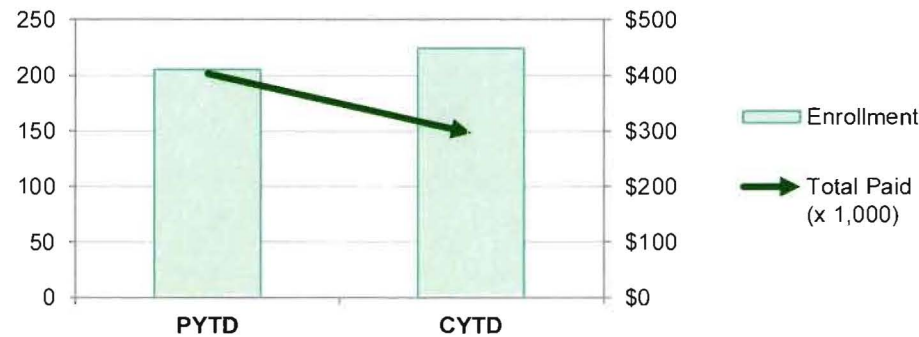
2. Dashboard & Leading Indicators
3. Enrollment & Claims Summary
4. Claims Summary - Payment Breakout
5. High Cost Claimants - Summary & Top 20
6. Key Indicators
7. Network Utilization & Performance



Enrollment Trend vs. Cost Trend

➤ Cost decreased significantly despite population increase

Med & Rx	PYTD	CYTD	% Change	vs. Enroll
All Members	205	224	9.3%	
Total Paid	\$403,424	\$296,561	-26.5%	-35.8 pts ▼



For more info see page 3

Cost Breakout - High Cost Claimants vs. Non-HCC

➤ Large cost PMPM decrease driven predominantly by Non-HCCs

Paid PMPM - Med & Rx	PYTD	CYTD	% Change
High Cost Claimants \$25K+	\$272.29	\$220.82	-18.9% ▼
Non-High Cost	\$382.62	\$220.50	-42.4% ▼
All Members	\$654.91	\$441.31	-32.6% ▼



For more info see page 5

Key Indicators

- Overall IP admission cost was up, with both utilization and paid per admit increasing significantly
- Overall ER cost was down, with utilization decreasing, and paid per visit decreasing significantly

Metric	PYTD	CYTD	% Change
Admissions per 1000	77.9	125.0	60.4% ▲
Paid per Admission	\$6,223	\$15,282	145.6% ▲
ER Visits per 1000	331.2	303.6	-8.3% ▼
Paid per ER Visit	\$1,377	\$1,159	-15.8% ▼

For more info see page 6

Other Factors Affecting Cost vs. Norm

- **Demographics:** Age & sex composition can change baseline cost expectations vs. norm
- **Timing:** Claims maturity or seasonality can cause variances for a period of time
- **Benefit Design:** Cost sharing with members directly impacts group responsible amounts
- **Cost Reduction:** Both network utilization and provider discount rates drive total paid

Metric (Cost Factor)	Group	Norm	% Variance
Age/Sex Factor (Demographics)	1.1254	1.0000	12.5% ▲
% of Paid Incurred Prior Year (Timing)	21.7%	34.5%	-37.1% ▼
Out-of-Pocket PMPM (Benefit Design)	\$96.52	\$69.98	37.9% ▼
Total Discount % (Cost Reduction)	64.6%	50.7%	27.4% ▼

For more info see page 3 & page 7 (Discount Info)



Enrollment Counts (based on average year-to-date membership)

Relationship	PYTD	CYTD	% Change
Employees	139	140	0.7%
Spouses/DP	32	35	8.2%
Children/Other	34	49	43.7%
Total Members	205	224	9.1%

- **New Claims:** Amounts from claims both incurred and paid in the plan year
- **Incurred Prior:** Amounts from claims paid or adjusted in the plan year but incurred in a prior plan year (service dates precede the plan year)
- **Benefit Design:** Amounts paid out-of-pocket by the member, includes: coinsurance, co-pays, and deductible amounts
- **COB (Coordination-of-Benefits):** Amount paid by other insurers including Medicare and Medicaid

Demographics Summary (based on total members)

Measure	PYTD	CYTD	UMR Norm
Avg. Family Size	1.5	1.6	2.1
% Female	54.9%	56.7%	51.0%
Average Age	40.6	38.7	34.4
% Age 65 +	3.6%	2.8%	3.8%

Payment per Member per Month

Benefit Type	PYTD	CYTD	% Change	UMR Norm
Med Paid PMPM	\$495.15	\$322.96	-34.8%	\$306.90
Rx Paid PMPM	\$159.76	\$118.35	-25.9%	\$81.10
Med & Rx Paid PMPM	\$654.91	\$441.31	-32.6%	\$388.00

Claims Summary

Dollar Amount	Prior Year-to-Date			Current Year-to-Date			% Change	
	New Claims	Incurred Prior	Total Claims	New Claims	Incurred Prior	Total Claims	New	Total
Medical Billed	\$564,537	\$347,475	\$912,012	\$686,531	\$274,080	\$960,611	21.6%	5.3%
(-) Ineligible	\$59,937	\$124,531	\$184,467	\$52,776	\$110,807	\$163,583	-11.9%	-11.3%
Medical Covered	\$504,600	\$222,944	\$727,544	\$633,755	\$163,273	\$797,028	25.6%	9.6%
(-) Pricing Savings	\$219,587	\$132,414	\$352,001	\$411,395	\$103,265	\$514,660	87.3%	46.2%
Medical Allowed	\$285,013	\$90,530	\$375,544	\$222,360	\$60,008	\$282,368	-22.0%	-24.8%
(-) Benefit Design	\$53,666	\$16,177	\$69,843	\$52,480	\$12,381	\$64,861	-2.2%	-7.1%
(-) COB	\$0	\$140	\$140	\$0	\$143	\$143	-	1.9%
Medical Net Paid	\$231,347	\$73,668	\$305,015	\$169,880	\$47,148	\$217,028	-26.6%	-28.8%
Rx Net Paid	\$90,242	\$8,167	\$98,409	\$75,744	\$3,790	\$79,534	-16.1%	-19.2%
Total Med & Rx Net Paid	\$321,589	\$81,834	\$403,424	\$245,624	\$50,937	\$296,561	-23.6%	-26.5%



Payment by Claim Category

Claim Category	Prior Year-to-Date			Current Year-to-Date			% Change Paid PMPM	UMR Norm	
	Total Paid	Paid PMPM	% of Total	Total Paid	Paid PMPM	% of Total		Paid PMPM	% of Total
Inpatient	\$17,146	\$27.84	4.3%	\$95,018	\$141.40	32.0%	408.0%	\$86.19	22.2%
Outpatient	\$160,518	\$260.58	39.8%	-\$2,291	-\$3.41	-0.8%	-101.3%	\$84.64	21.8%
Physician	\$118,722	\$192.73	29.4%	\$119,641	\$178.04	40.3%	-7.6%	\$127.15	32.8%
Ancillary	\$8,629	\$14.01	2.1%	\$4,660	\$6.94	1.6%	-50.5%	\$8.92	2.3%
Total Med	\$305,015	\$495.15	75.6%	\$217,028	\$322.96	73.2%	-34.8%	\$306.90	79.1%
Rx	\$98,409	\$159.76	24.4%	\$79,534	\$118.35	26.8%	-25.9%	\$81.10	20.9%
Med & Rx	\$403,424	\$654.91	100.0%	\$296,561	\$441.31	100.0%	-32.6%	\$388.00	100.0%

Ancillary Services include Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al

Payment by Month

Month	Prior Year					Current Year					% Change Total Med Paid
	Avg # of Members	Med Paid New Claims	Med Paid Incurred Prior	Total Med Paid	Rx Paid	Avg # of Members	Med Paid New Claims	Med Paid Incurred Prior	Total Med Paid	Rx Paid	
Jan	205	\$11,260	\$40,752	\$52,012	\$25,444	225	\$21,092	\$88,191	\$109,283	\$29,762	110.1%
Feb	203	\$65,957	\$25,675	\$91,632	\$26,775	221	\$36,308	-\$56,243	-\$19,936	\$22,116	-121.8%
Mar	208	\$154,130	\$7,241	\$161,371	\$46,190	226	\$112,481	\$15,200	\$127,681	\$27,655	-20.9%
Apr	206	\$132,849	\$12,607	\$145,456	\$36,610						
May	209	\$141,018	\$2,793	\$143,810	\$30,433						
Jun	203	\$49,118	\$1,524	\$50,642	\$45,051						
Jul	205	\$105,742	\$796	\$106,538	\$29,158						
Aug	210	\$112,013	\$1,153	\$113,167	\$41,083						
Sep	210	\$78,919	\$1,248	\$80,167	\$28,908						
Oct	215	\$83,089	\$537	\$83,627	\$35,631						
Nov	222	\$119,468	\$0	\$119,468	\$33,952						
Dec	224	\$453,888	\$0	\$453,888	\$32,409						
YTD	205	\$231,347	\$73,668	\$305,015	\$98,409	224	\$169,880	\$47,148	\$217,028	\$79,534	-28.8%
Full Year	210	\$1,507,451	\$94,326	\$1,601,777	\$411,644						



Titus County (76411401)
Plan Activity and Checkpoint Evaluation Report
 High Cost Claimants - Summary & Top 20

Plan Year: Jan 2018
 Current YTD: 1/1/2018 - 3/31/2018
 Prior YTD: 1/1/2017 - 3/31/2017
 HCCs based on Med & Rx Combined

Metric	\$25,000+			\$50,000+			\$100,000+		
	PY Full	PYTD	CYTD	PY Full	PYTD	CYTD	PY Full	PYTD	CYTD
# of High Cost Claimants	17	3	3	8	2	2	5	0	0
~ % of All Members	8.10%	1.46%	1.34%	3.81%	0.98%	0.89%	2.38%	0.00%	0.00%
Paid PMPM for HCCs	\$543.86	\$272.29	\$220.82	\$426.61	\$192.83	\$182.98	\$341.01	\$0.00	\$0.00
~ % of Total Paid PMPM	68.1%	41.6%	50.0%	53.4%	29.4%	41.5%	42.7%	0.0%	0.0%

Top 20 Claimants. Note: This report is not to be used for Stop Loss Disclosure or Notification.

#	Rltn	Sex	Age	Current Status	PY* Full Paid Total	CYTD Paid Med	CYTD Paid Rx	CYTD Paid Total	Admits (Days)	# of ER Visits	Highest Cost Clinical Condition
1	Emp	F	65+	Active	\$8,388	\$63,751	\$1,197	\$64,948	4 (31)	1	Respiratory Disord, NEC
2	Sps	F	45 - 54	Active	\$6,769	\$53,840	\$4,178	\$58,017	3 (20)	3	Pancreatitis
3	Emp	F	18 - 34	Active	N/A	\$879	\$24,544	\$25,422	0	0	Crohns Disease
4	Emp	F	55 - 64	Active	\$2,759	\$21,583	\$528	\$22,111	0	0	Cancer - Lung
5	Emp	F	45 - 54	Active	\$4,693	\$16,237	\$584	\$16,821	0	0	Prevent/Admin Health Encounters
6	Sps	F	55 - 64	Active	\$5,922	\$12,887	\$55	\$12,943	1 (2)	0	Anemia, Nutritional
7	Emp	F	45 - 54	Active	\$9,199	\$8,111	\$1,035	\$9,146	0	0	Uterovaginal Prolapse
8	Emp	F	55 - 64	Active	\$10,586	\$2,796	\$3,753	\$6,549	0	0	Infections - ENT Ex Otitis Med
9	Emp	F	45 - 54	Active	N/A	\$6,359	\$49	\$6,408	0	0	Urinary Tract Calculus
10	Sps	F	45 - 54	Active	\$7,395	\$3,599	\$2,620	\$6,219	0	0	Prevent/Admin Health Encounters
11	Emp	M	55 - 64	Active	\$12,371	\$5,222	\$99	\$5,321	0	0	Radiation Therapy Encounters
12	Emp	F	45 - 54	Active	N/A	\$4,675	\$35	\$4,710	0	1	Endometriosis
13	Emp	F	65+	Termed	\$83,057	\$4,672	\$0	\$4,672	1 (9)	0	Cancer - Pancreas
14	Emp	F	45 - 54	Active	N/A	\$2,751	\$1,104	\$3,855	0	0	Signs/Symptoms/Oth Cond, NEC
15	Sps	F	45 - 54	Active	\$230,080	\$3,491	\$280	\$3,771	0	0	Spinal/Back Disorders, Lower Back
16	Chd	M	< 01	Active	N/A	\$3,058	\$159	\$3,216	0	1	Prevent/Admin Health Encounters
17	Emp	F	35 - 44	Active	\$6,153	\$775	\$2,306	\$3,080	0	0	Infections - Respiratory, NEC
18	Emp	M	45 - 54	Active	\$1,985	\$2,877	\$134	\$3,011	0	1	Infections - Respiratory, NEC
19	Sps	F	18 - 34	Active	N/A	\$2,857	\$24	\$2,881	0	1	Spinal/Back Disorders, Lower Back
20	Emp	F	65+	Active	\$6,012	\$1,219	\$1,473	\$2,693	0	0	Cirrhosis of the Liver

* If "N/A", the member is either a new enrollee in the current year or was not enrolled for a majority of the prior year and had no claims paid



Measure (Count)	Prior Year Full	Prior YTD	PYTD % of Full	Current YTD	Metric	Prior YTD	Current YTD	% Change	Norm
Admissions	10	4	40%	7	Admits per 1000	77.9	125.0	60.4% ▲	50.0
Admit Days	36	15	42%	49	Avg Length of Stay	3.8	7.0	86.7% ▲	4.1
Total Paid - Admits	\$114,163	\$24,890	22%	\$106,976	Paid per Admit	\$6,223	\$15,282	145.6% ▲	\$22,774
Readmissions	0	0	-	2	Readmission Rate	0.0%	28.6%	-	7.4%
ER Visits	62	17	27%	17	ER Visits per 1000	331.2	303.6	-8.3% ▼	211.6
~ # resulting in Admit	7	2	29%	2	~ % resulting in Admit	11.8%	11.8%	0.0% —	10.1%
~ # for non-Emergency	20	2	10%	5	~ % for non-Emergency	11.8%	29.4%	150.0% ▲	35.8%
Total Paid - ER	\$138,889	\$23,405	17%	\$19,706	Paid per ER Visit	\$1,377	\$1,159	-15.8% ▼	\$1,505
Urgent Care Visits	0	0	-	0	UC Visits per 1000	0.0	0.0	-	222.0
Total Paid - Urgent Care	\$0	\$0	-	\$0	Paid per UC Visit	-	\$0	-	\$92
Office Visits	950	260	27%	267	Office Visits per 1000	5,064.9	4,767.9	-5.9% ▼	3,367.5
Total Paid - Office Visits	\$71,664	\$16,354	23%	\$16,775	Paid per Office Visit	\$63	\$63	-0.1% ▼	\$64
Well Visits	141	44	31%	54	Well Visits per 1000	857.1	964.3	12.5% ▲	452.9
OP Surgery Visits	49	14	29%	11	OP Surg Visits per 1000	272.7	196.4	-28.0% ▼	160.3
Total Paid - OP Surgery	\$389,306	\$76,429	20%	\$9,942	Paid per OP Surgery	\$5,459	\$904	-83.4% ▼	\$2,427
Lab Services	3,177	836	26%	844	Lab Services per 1000	16,285.7	15,071.4	-7.5% ▼	9,228.4
Radiology Services	541	163	30%	155	Radiology Svcs per 1000	3,175.3	2,767.9	-12.8% ▼	2,742.7
~ Standard Radiology	397	120	30%	114	~ Std. Radiology per 1000	2,337.7	2,035.7	-12.9% ▼	2,342.7
~ Advanced Imaging	144	43	30%	41	~ Adv. Imaging per 1000	837.7	732.1	-12.6% ▼	400.0

- **Date Range for Admission & Visits:** Admissions and all visit types reflect only covered (i.e. non-denied) claims that were *initially processed* in the indicated period
- **Readmissions:** Readmissions are based on patients readmitted within 30 days of being discharged for any reason
- **Urgent Care:** UC is determined by universal Place of Service (20) or HCPCS code (S9083, S9088) and may not exactly match each providers' description
- **Radiology Services:** Standard Radiology includes standard X-rays and ultrasounds; Advanced Imaging includes CT scans, MRIs, Nuclear Medicine, PET scans, et al.



- **COB Claims & Other Exclusions:** Network utilization and performance metrics exclude COB claims (claims shared with another payer where UMR may not be primary, including Medicare, Medicaid, et al.) as well as ancillary services (such as durable equipment) that may be subject to special considerations
- **In Network:** Except for the exclusions noted above, claims tagged with a provider discount are considered "In Network" even if not considered the "primary" or "tier 1" network

Network Utilization & Discount by Claim Category

Claim Category	Prior Year-to-Date				Current Year-to-Date			
	Total Paid	Paid In Ntwk	% In Ntwk	Discount %	Total Paid	Paid In Ntwk	% In Ntwk	Discount %
Inpatient	\$17,146	\$17,146	100.0%	70.9%	\$95,018	\$95,018	100.0%	70.4%
Outpatient	\$160,518	\$160,518	100.0%	32.7%	-\$2,291	-\$31,091	1356.9%	71.8%
Physician	\$118,655	\$115,652	97.5%	55.8%	\$119,503	\$104,184	87.2%	56.6%
COB Claims & Other Exclusions	\$8,695	\$8,669	99.7%	57.7%	\$4,799	\$4,799	100.0%	69.4%
Total	\$305,015	\$301,985	99.0%	48.4%	\$217,028	\$172,909	79.7%	64.6%

Discount by Network

Network	Prior Year-to-Date					Current Year-to-Date				
	Covered	Allowed	Discount	Disc %	Net Paid	Covered	Allowed	Discount	Disc %	Net Paid
UnitedHealthcare Networks	\$596,349	\$269,183	\$327,166	54.9%	\$223,127	\$793,087	\$298,273	\$494,814	62.4%	\$245,791
Real Appeal	\$0	\$0	\$0	-	\$0	\$1,858	\$1,858	\$0	0.0%	\$1,858
Primary Networks	\$596,349	\$269,183	\$327,166	54.9%	\$223,127	\$794,945	\$300,131	\$494,814	62.2%	\$247,649
Cost Reduction & Savings (Secondary Networks)	\$98,490	\$90,386	\$8,104	8.2%	\$70,188	-\$79,615	-\$79,573	-\$43	0.1%	-\$79,538
COB Claims & Other Exclusions	\$28,988	\$12,257	\$16,731	57.7%	\$8,695	\$28,641	\$8,753	\$19,888	69.4%	\$4,799
Out of Network	\$3,717	\$3,717	\$0	0.0%	\$3,004	\$53,057	\$53,057	\$0	0.0%	\$44,119
All Claims	\$727,544	\$375,544	\$352,001	48.4%	\$305,015	\$797,028	\$282,368	\$514,660	64.6%	\$217,028