



Plan Performance & Analytic Review (PPAR)

Prepared for
Titus County

Jan 2018 - Dec 2018



A UnitedHealthcare Company

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PPAR 5.03

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Report Criteria & Contents



Experience Periods

- Current Year (2018): Service Dates 1/1/2018 - 12/31/2018, Paid through 3/31/2019
- Prior Year (2017): Service Dates 1/1/2017 - 12/31/2017, Paid through 3/31/2018
- 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

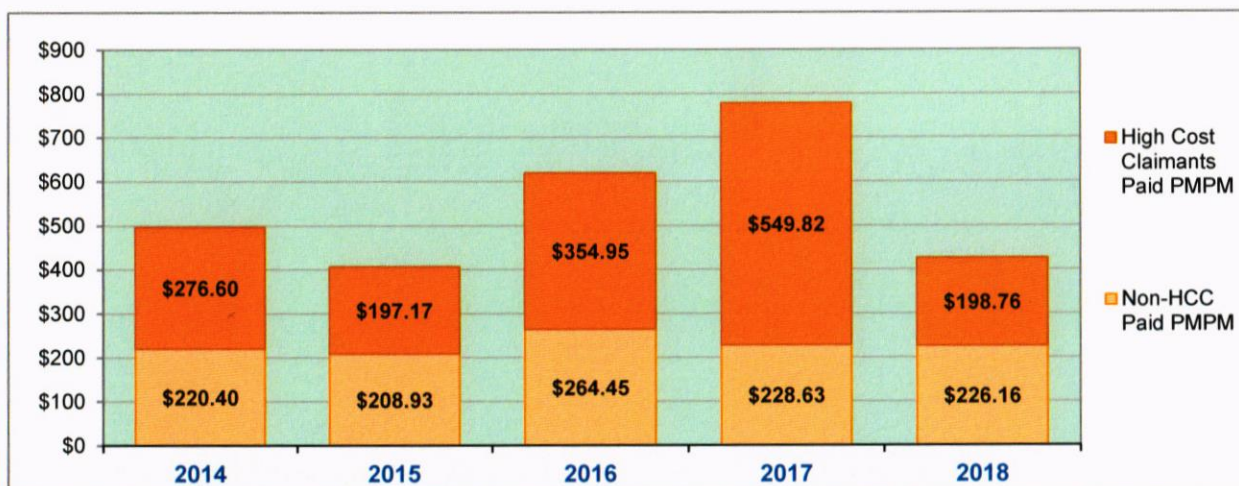
Normative Comparison Data

- Norm: UMR Active Groups (excludes retiree-only), composed of 2,731 groups and approximately 3.6 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 1,547 groups and 404.6 thousand members

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Five Year Cost Trend

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



- Over the past five years, Paid PMPM has fluctuated considerably, driven by fluctuations to high cost claimants
- High Cost Claimants are based on \$25,000+ paid for Med & Rx combined

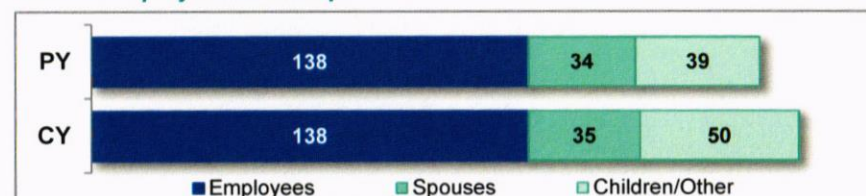
Measure	2014	→	2015	→	2016	→	2017	→	2018
Avg Total Members	200	6.5%	213	1.9%	217	-3.2%	210	5.7%	222
High Cost Claimants	8	-37.5%	5	60.0%	8	137.5%	19	-52.6%	9
Total Payments									
Medical Paid	\$930,168	-23.4%	\$712,507	76.3%	\$1,255,906	23.8%	\$1,554,628	-43.5%	\$878,047
Rx Paid	\$262,634	23.4%	\$324,007	9.7%	\$355,442	14.6%	\$407,295	-37.3%	\$255,558
Total Paid	\$1,192,801	-13.1%	\$1,036,514	55.5%	\$1,611,348	21.8%	\$1,961,923	-42.2%	\$1,133,605
Paid Per Member Per Month (PMPM)									
High Cost Claimants	\$276.60	-28.7%	\$197.17	80.0%	\$354.95	54.9%	\$549.82	-63.9%	\$198.76
Non-HCC	\$220.40	-5.2%	\$208.93	26.6%	\$264.45	-13.5%	\$228.63	-1.1%	\$226.16
All Members	\$497.00	-18.3%	\$406.10	52.5%	\$619.41	25.7%	\$778.45	-45.4%	\$424.91
➤ HCC % of Total	55.7%	-7.1	48.6%	8.8	57.3%	13.3	70.6%	-23.9	46.8%

Enrollment & Demographics Summary

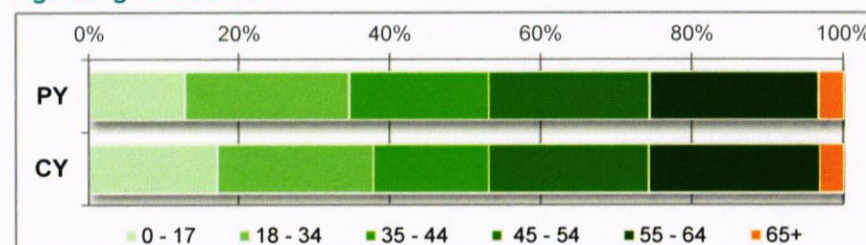


Demographic Measure	2017	2018	Change	UMR Norm	Variance
Average Enrollment					
Total Membership	210	222	5.9%		
Avg. Family Size	1.53	1.62	5.9%	2.05	-21.2%
Population %					
% Maternity Age*	17.9%	16.2%	-9.4%	19.9%	-18.5%
% Adults 18+	87.0%	82.9%	-4.6%	76.5%	8.4%
% Age 45+	46.6%	46.8%	0.4%	34.9%	34.0%
% Age 65+	3.2%	3.1%	-5.2%	4.0%	-24.3%
Average Age					
Employees	45.8	46.4	1.2%	45.2	2.7%
All Members	40.2	38.9	-3.1%	34.6	12.7%
Adults Only	45.0	45.2	0.6%	42.8	5.6%
% Female					
Employees	48.2%	46.9%	-2.7%	48.3%	-3.0%
Members	54.6%	55.5%	1.7%	51.0%	9.0%
Adults Only	54.7%	54.6%	-0.2%	51.6%	5.8%
Age/Sex Factor					
Allowed Factor	1.0697	1.0775	0.7%	1.0000	7.7%
Paid Factor	1.1031	1.1148	1.1%	1.0000	11.5%

Membership by Relationship



Age Range Distribution



Average Enrollment by Age Range & Sex

Age	2017			2018		
	Males	Females	Total**	Males	Females	Total**
0 - 17	13	15	27	15	23	38
18 - 34	25	21	46	23	23	46
35 - 44	20	19	39	18	16	34
45 - 54	19	25	45	20	28	47
55 - 64	17	29	47	22	28	50
65+	2	5	7	1	5	7
Total**	95	115	210	99	123	222

- Group population is older than norm, with a significantly higher % of members age 45+, and group 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.

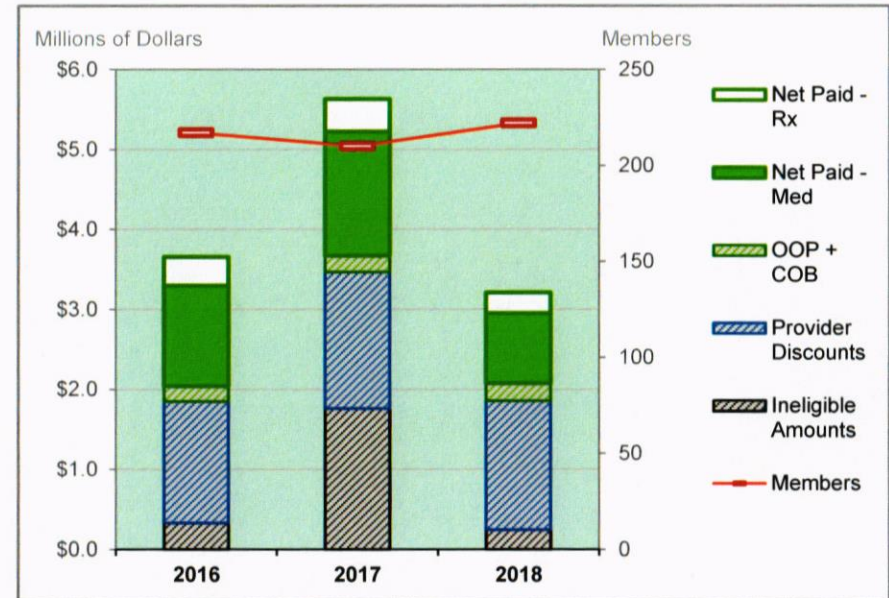
Plan Payment Summary



Total Plan Dollars Year Over Year

Dollar Amount	2016	→	2017	→	2018
# of Members	217	-3.2%	210	5.7%	222
Med Billed	\$3,299,826	58.4%	\$5,225,851	-43.4%	\$2,956,638
(-) Ineligible	\$331,707	431.0%	\$1,761,448	-85.8%	\$249,444
Med Covered	\$2,968,119	16.7%	\$3,464,403	-21.9%	\$2,707,193
(-) Discount	\$1,516,777	12.6%	\$1,707,492	-5.9%	\$1,606,700
Med Allowed	\$1,451,343	21.1%	\$1,756,911	-37.4%	\$1,100,493
(-) OOP	\$193,216	2.6%	\$198,185	11.9%	\$221,844
(-) COB	\$602	333.8%	\$2,610	-91.7%	\$217
Med Net Paid	\$1,255,906	23.8%	\$1,554,628	-43.5%	\$878,047
Rx Net Paid	\$355,442	14.6%	\$407,295	-37.3%	\$255,558
Med & Rx Paid	\$1,611,348	21.8%	\$1,961,923	-42.2%	\$1,133,605

Breakout of Billed Dollars



Key Payment Metrics

Amount PMPM	Trend					Norm Comparison			
	2016	→	2017	→	2018	Peer	Variance	UMR Norm	Variance
Med Allowed	\$557.90	25.0%	\$697.10	-40.8%	\$412.50	\$422.17	-2.3%	\$426.70	-3.3%
Med OOP	\$74.27	5.9%	\$78.64	5.7%	\$83.15	\$64.53	28.9%	\$57.60	44.4%
Med Net Paid	\$482.77	27.8%	\$616.84	-46.6%	\$329.12	\$339.53	-3.1%	\$330.76	-0.5%
Rx Paid	\$136.63	18.3%	\$161.61	-40.7%	\$95.79	\$89.18	7.4%	\$90.91	5.4%
Med & Rx Paid	\$619.41	25.7%	\$778.45	-45.4%	\$424.91	\$428.70	-0.9%	\$421.66	0.8%

- Total Paid (Med & Rx) decreased significantly (-42.2%) despite membership increase
- Consequently, Paid PMPM went down substantially (-45.4%)
- Paid PMPM is, however, 0.8% over norm

Plan Payment Breakouts



Impact of Members Age 65+

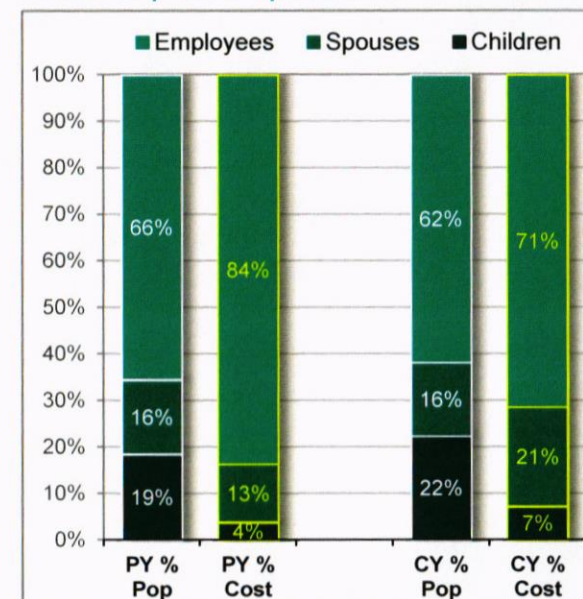
Metric	2017		2018		Change		UMR Norm		Variance	
	< 65	65+	< 65	65+	< 65	65+	< 65	65+	< 65	65+
# of Members	203	7	216	7	6.0%	0.4%				
% of Members	96.8%	3.2%	96.9%	3.1%	0.2	-0.2	96.0%	4.0%	1.0	-1.0
Med Allowed PMPM	\$705.60	\$441.85	\$365.47	\$1,905.51	-48.2%	331.3%	\$393.14	\$1,225.26	-7.0%	55.5%
Med Paid PMPM	\$625.19	\$366.01	\$290.03	\$1,570.07	-53.6%	329.0%	\$319.35	\$602.19	-9.2%	160.7%
Rx Paid PMPM	\$158.84	\$244.78	\$91.25	\$239.90	-42.5%	-2.0%	\$86.71	\$192.55	5.2%	24.6%
Med & Rx Paid PMPM	\$784.03	\$610.80	\$381.29	\$1,809.97	-51.4%	196.3%	\$406.06	\$794.73	-6.1%	127.7%

- Group has a smaller population of 65+ than norm, but their cost is significantly more than norm, and they have a noticeable impact on overall results
- Children account for a significantly lower portion of cost than their % of population

Claim Payments By Relationship

Relationship	2017			2018			Change	
Measure	Amount	% of All	PMPM	Amount	% of All	PMPM	Amount	PMPM
Employees	138	65.5%		138	61.9%		0.0%	
Med Paid	\$1,289,181	82.9%	\$780.44	\$623,014	71.0%	\$377.31	-51.7%	-51.7%
Rx Paid	\$353,855	86.9%	\$214.22	\$186,042	72.8%	\$112.67	-47.4%	-47.4%
Total Paid	\$1,643,036	83.7%	\$994.66	\$809,056	71.4%	\$489.98	-50.8%	-50.7%
Spouses	34	16.0%		35	15.7%		2.9%	
Med Paid	\$203,762	13.1%	\$506.68	\$190,588	21.7%	\$454.60	-6.5%	-10.3%
Rx Paid	\$40,635	10.0%	\$101.05	\$52,233	20.4%	\$124.59	28.5%	23.3%
Total Paid	\$244,397	12.5%	\$607.73	\$242,821	21.4%	\$579.19	-0.6%	-4.7%
Children	39	18.5%		50	22.4%		28.2%	
Med Paid	\$61,686	4.0%	\$132.29	\$64,445	7.3%	\$107.88	4.5%	-18.5%
Rx Paid	\$12,805	3.1%	\$27.46	\$17,283	6.8%	\$28.93	35.0%	5.3%
Total Paid	\$74,491	3.8%	\$159.75	\$81,728	7.2%	\$136.81	9.7%	-14.4%

Relationship: % of Population vs. % of Cost



High Cost Claimant Summary

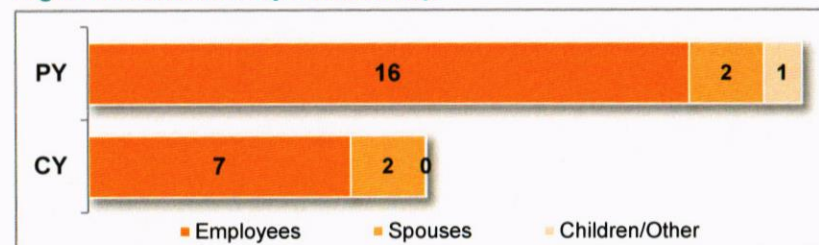
Members with \$25,000+ Paid, Med & Rx



High Cost Claimant Measure	2017	2018	Change	UMR Norm*	Variance
Total # of HCCs	19	9	-52.6%		
Total Paid for HCCs	\$1,385,703	\$530,248	-61.7%		
High Cost Claimants % of Totals					
HCC % of Members	9.05%	4.05%	-55.2%	3.86%	5.0%
HCC % of Total Paid	70.6%	46.8%	-33.8%	57.0%	-17.9%
High Cost Claimants vs. Non-HCC Cost Comparison					
Cost per HCC	\$72,932	\$58,916	-19.2%	\$73,062	-19.4%
Cost per non-High Cost Member	\$3,017	\$2,833	-6.1%	\$2,214	28.0%
HCC Paid PMPM	\$549.82	\$198.76	-63.9%	\$242.26	-18.0%
Non-HCC Paid PMPM	\$228.63	\$226.16	-1.1%	\$182.77	23.7%

- Decreases to High Cost Claimant dollars are the overwhelming driver of the large overall cost decrease
- Also, HCC Paid PMPM compares very favorably to norm
- Although total Paid PMPM matches norm, Capped Dollars are significantly (+16.9%) higher than norm

High Cost Claimants by Relationship

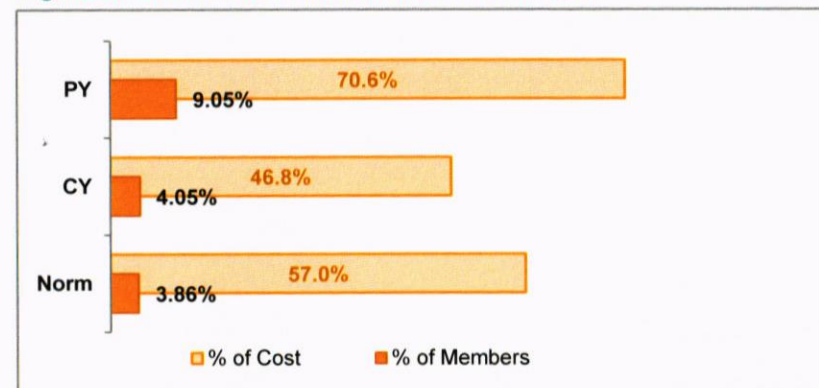


Capped Dollars

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	2017	2018	Change	UMR Norm*	Variance
Total Paid	\$1,961,923	\$1,133,605	-42.2%		
Total Paid Capped	\$1,051,221	\$828,357	-21.2%		
Paid PMPM	\$778.45	\$424.91	-45.4%	\$425.03	0.0%
Paid PMPM Capped	\$417.10	\$310.50	-25.6%	\$265.66	16.9%

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



* HCC norms are based on groups with Rx transaction detail available only and may differ from other composite Med + Rx norms

Top 25 Highest Cost Claimants

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	2	Emp	F	65+	Active	\$27,777	\$86,507	\$15,575	\$102,081	\$74,304	0	1	Coronary Artery Disease (CAD)
2	1	Sps	F	45 - 54	Active	\$52,791	\$89,645	\$8,894	\$98,539	\$45,748	2 (18)	1	Hepatobiliary Disord, NEC
3	3	Emp	M	35 - 44	Active	\$29,706	\$67,520	\$1,693	\$69,213	\$39,507	1 (6)	0	Respiratory Disord, NEC
4	4	Emp	F	65+	Termed	\$25,642	\$62,865	\$1,197	\$64,062	\$38,420	3 (28)	1	Respiratory Disord, NEC
5	>99	Emp	F	18 - 34	Termed	\$1,345	\$848	\$53,636	\$54,484	\$53,139	0	0	Signs/Symptoms/Oth Cond, NEC
6	5	Emp	M	65+	Termed	\$1,993	\$37,740	\$50	\$37,790	\$35,797	3 (20)	0	Cerebrovascular Disease
7	6	Sps	F	55 - 64	Termed	\$13,046	\$36,246	\$340	\$36,585	\$23,539	1 (5)	1	Infections, NEC
8	7	Emp	M	55 - 64	Active	\$29,105	\$34,591	\$140	\$34,730	\$5,625	0	0	Vascular Disorders, Arterial
9	8	Emp	F	55 - 64	Active	\$81,150	\$30,604	\$2,160	\$32,764	-\$48,387	0	0	Cancer - Lung
10	10	Emp	F	55 - 64	Active	\$2,500	\$16,019	\$1,580	\$17,599	\$15,099	1 (2)	1	Osteoarthritis
11	9	Emp	M	18 - 34	Active	N/A	\$17,072	\$135	\$17,207	\$17,207	1 (1)	2	Infec/Inflam - Skin/Subcu Tissue
12	17	Emp	F	45 - 54	Active	\$8,983	\$10,647	\$5,349	\$15,997	\$7,014	0	0	Uterovaginal Prolapse
13	11	Emp	F	18 - 34	Active	\$6,264	\$15,661	\$0	\$15,661	\$9,396	0	1	Cardiovasc Disord, Congenital
14	32	Emp	F	55 - 64	Active	\$7,024	\$5,753	\$6,979	\$12,731	\$5,707	0	1	Respiratory Disord, NEC
15	12	Emp	F	45 - 54	Active	\$420	\$12,641	\$55	\$12,696	\$12,276	0	0	Tumors - Gynecological, Benign
16	22	Sps	F	18 - 34	Active	\$7,024	\$8,903	\$3,731	\$12,634	\$5,610	0	0	Signs/Symptoms/Oth Cond, NEC
17	25	Emp	M	55 - 64	Termed	N/A	\$6,862	\$5,506	\$12,368	\$12,368	0	1	Prevent/Admin Health Encounters
18	31	Emp	F	45 - 54	Active	\$250,281	\$5,815	\$6,267	\$12,083	-\$238,199	0	0	Renal/Urinary Disord, NEC
19	16	Emp	F	65+	Active	\$5,722	\$10,924	\$1,106	\$12,029	\$6,307	0	0	Injury - Knee
20	13	Emp	F	45 - 54	Active	\$634	\$11,846	\$88	\$11,934	\$11,300	0	0	Urinary Tract Calculus
21	41	Sps	F	45 - 54	Termed	\$12,070	\$4,145	\$7,594	\$11,739	-\$331	0	0	Prevent/Admin Health Encounters
22	14	Chd	F	01 - 12	Active	\$37,720	\$11,173	\$222	\$11,396	-\$26,324	0	0	Nutritional Disorders, NEC
23	>99	Sps	F	35 - 44	Active	\$5,819	\$198	\$10,956	\$11,154	\$5,335	0	0	Diabetes
24	15	Chd	F	18 - 34	Active	\$5,418	\$11,083	\$35	\$11,118	\$5,700	1 (1)	4	Anemia, ex Nutritional
25	18	Emp	F	45 - 54	Active	N/A	\$10,523	\$589	\$11,112	\$11,112	0	2	Endometriosis

* 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



Top 25 Highest Cost Claimants

Care Management Activity & Future Cost Projection

#	Care Management Activity*	Highest Cost Clinical Condition	New Med & Rx Claims**	Future Cost Considerations	Cost Projection
1		Coronary Artery Disease (CAD)	\$5,307	65+	\$\$\$
2	UM, CM	Hepatobiliary Disord, NEC	\$2,143		\$\$
3	UM	Respiratory Disord, NEC	\$405		\$\$
4	UM, CM	Respiratory Disord, NEC	\$0	Run Out Only	0
5		Signs/Symptoms/Oth Cond, NEC	\$0	Run Out Only	0
6	UM	Cerebrovascular Disease	\$0	Run Out Only	0
7	UM	Infections, NEC	\$0	Run Out Only	0
8		Vascular Disorders, Arterial	\$429	65+	\$\$\$
9	UM	Cancer - Lung	\$844		\$\$\$\$\$
10	UM	Osteoarthritis	\$777		\$\$
11	UM	Infec/Inflam - Skin/Subcu Tissue	\$67		\$
12		Uterovaginal Prolapse	\$650		\$\$
13		Cardiovasc Disord, Congenital	\$136		\$\$\$
14		Respiratory Disord, NEC	\$2,943		\$\$
15		Tumors - Gynecological, Benign	\$86		\$\$
16	UM	Signs/Symptoms/Oth Cond, NEC	\$1,268		\$\$
17		Prevent/Admin Health Encounters	\$1,468	Run Out Only	\$
18		Renal/Urinary Disord, NEC	\$1,760		\$\$
19		Injury - Knee	\$546	65+	\$\$
20		Urinary Tract Calculus	\$51		\$\$
21	UM	Prevent/Admin Health Encounters	\$0	Run Out Only	0
22		Nutritional Disorders, NEC	\$4		\$\$
23		Diabetes	\$2,749		\$\$\$
24		Anemia, ex Nutritional	\$4		\$\$\$
25		Endometriosis	\$741		\$\$

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 4/8/2019. ** New Claims are since the end of the current period to present (as of run date): 1/1/2019 - 4/6/2019.

Key Indicators



Key Indicators		Trend				Comparison to Norms			
Metric	2016	→	2017	→	2018	Peer	Variance	UMR Norm	Variance
Inpatient Admissions									
Admissions per 1000	64.6	-33.6%	42.9	57.4%	67.5	46.3	45.9%	49.9	35.2%
Average Length of Stay	4.14	-16.9%	3.44	74.2%	6.00	4.50	33.4%	4.38	37.1%
Paid per Admission	\$31,060	-58.6%	\$12,857	41.5%	\$18,195	\$27,865	-34.7%	\$25,052	-27.4%
Readmission Rate*	0.0%	-	0.0%	-	13.3%	8.9%	49.7%	8.2%	62.0%
ER & Urgent Care									
ER Visits per 1000	364.4	-16.4%	304.7	-36.5%	193.4	201.2	-3.9%	205.2	-5.8%
~ % resulting in Admission	11.4%	-17.7%	9.4%	24.0%	11.6%	10.0%	16.7%	10.7%	8.8%
~ % for non-Emergency**	36.7%	-10.6%	32.8%	-22.0%	25.6%	36.8%	-30.4%	36.7%	-30.3%
Paid per ER Visit	\$1,577	42.4%	\$2,245	0.2%	\$2,249	\$1,787	25.9%	\$1,777	26.6%
Urgent Care Visits per 1000	23.1	-100.0%	0.0	-	72.0	172.5	-58.3%	183.9	-60.9%
Paid per Urgent Care Visit	\$35	-	-	-	\$149	\$92	61.3%	\$104	43.6%
Office Visits & Outpat. Surgery									
Office Visits per 1000	3,796.4	18.0%	4,480.4	-9.1%	4,070.7	3,063.1	32.9%	3,216.9	26.5%
Paid per Office Visit	\$65	17.0%	\$77	-17.1%	\$63	\$71	-10.2%	\$71	-10.7%
Well Visits per 1000	793.4	-11.8%	699.9	11.8%	782.7	505.0	55.0%	517.6	51.2%
Outpat. Surgery Visits per 1000	253.7	-11.8%	223.8	-15.6%	188.9	159.8	18.2%	163.1	15.8%
Paid per Outpatient Surgery	\$1,702	307.8%	\$6,940	-61.0%	\$2,708	\$2,828	-4.2%	\$2,612	3.7%
Services									
Lab Services per 1000	13,976.9	9.9%	15,364.9	-3.2%	14,870.4	8,618.0	72.6%	9,055.8	64.2%
Radiology Services per 1000	3,805.6	-31.6%	2,604.5	2.1%	2,658.3	2,533.7	4.9%	2,738.0	-2.9%
~ Standard Radiology per 1000	3,058.3	-38.3%	1,885.5	10.9%	2,091.6	2,122.1	-1.4%	2,311.4	-9.5%
~ Advanced Imaging per 1000	747.3	-3.8%	719.0	-21.2%	566.7	411.6	37.7%	426.6	32.9%
Injectable Drug Claims per 1000	1,259.3	30.8%	1,647.4	-26.3%	1,214.5	434.5	179.5%	456.3	166.2%
Injectable Drugs Paid PMPY	\$58.65	937.9%	\$608.66	-92.9%	\$43.31	\$323.65	-86.6%	\$311.01	-86.1%

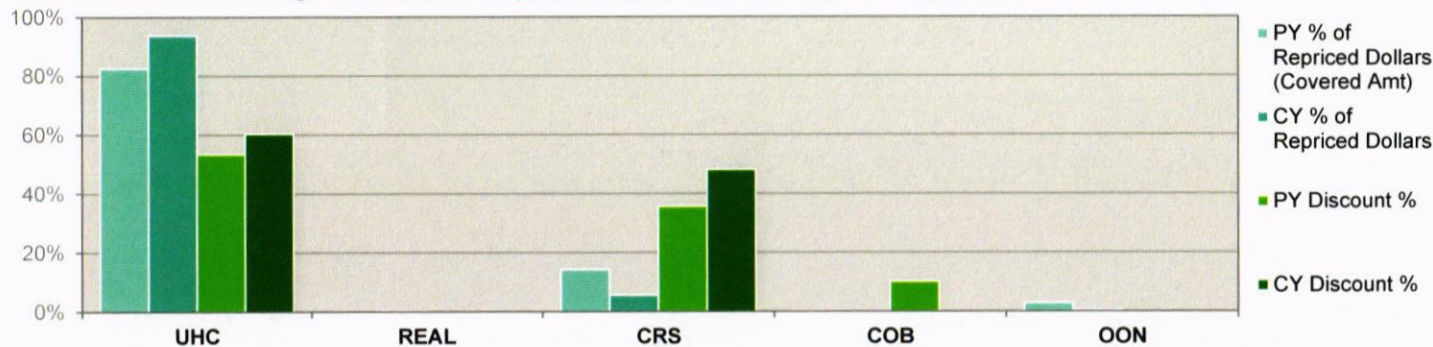
* Readmissions based on patients readmitted within 30 days of being discharged for any reason. ** non-Emergency based on primary Dx attached to facility portion of ER visit only

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 82.6% to 93.8% of covered dollars, and they are achieving a discount of 60.4%

Network Type		2017				2018				Change	
Ref	Description	Covered	Allowed	Discount	Net Paid	Covered	Allowed	Discount	Net Paid	Covered	Discount
UHC	UnitedHealthcare Networks	\$2,860,332	\$1,330,525	53.5%	\$1,181,157	\$2,538,669	\$1,005,259	60.4%	\$824,616	-11.2%	6.9 pts
REAL	Real Appeal	\$0	\$0	-	\$0	\$4,328	\$4,328	0.0%	\$4,328	-	-
Primary Networks		\$2,860,332	\$1,330,525	53.5%	\$1,181,157	\$2,542,997	\$1,009,587	60.3%	\$828,944	-11.1%	6.8 pts
CRS	Cost Reduction & Savings (Secondary Networks)	\$496,000	\$318,851	35.7%	\$297,756	\$152,212	\$78,921	48.2%	\$46,093	-69.3%	12.4 pts
COB	Coordination-of-Benefits Claims	\$5,258	\$4,722	10.2%	\$332	\$1,364	\$1,364	0.0%	\$75	-74.1%	-10.2 pts
OON	Out of Network	\$102,812	\$102,812	0.0%	\$75,383	\$10,621	\$10,621	0.0%	\$2,936	-89.7%	0.0 pts
Grand Total: All Claims		\$3,464,403	\$1,756,911	49.3%	\$1,554,628	\$2,707,193	\$1,100,493	59.3%	\$878,047	-21.9%	10.1 pts

Preventive Screenings & Well Visits



Preventive Service	Population	2017			2018			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	1	4	6,887	3	13	4,852	-29.6%	5,416	-10.4%
Well Child Visits	3 - 6 years	3	3	969	6	5	852	-12.1%	783	8.7%
Adults who had Well Visit	Adults 18+	183	144	78.8%	184	147	79.7%	1.1%	39.4%	102.2%
Screenings*	Rate for all screenings is the percentage of eligible population who had the screening during the period.									
Mammogram	Females 40 - 69	67	32	47.6%	63	33	52.2%	9.7%	45.6%	14.5%
Cervical Cancer	Females 21 - 64	91	28	30.7%	89	22	24.6%	-19.9%	29.0%	-15.2%
Colorectal Cancer	Members 50 - 75	86	13	15.1%	88	15	17.1%	13.2%	17.0%	0.9%
Cholesterol	Females 45+ & Males 35+	118	95	80.6%	122	100	82.0%	1.8%	44.9%	82.6%

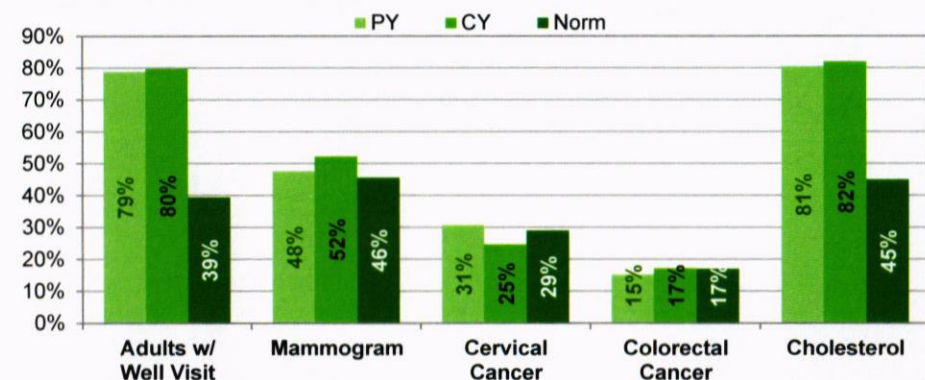
- Adult well visits & screening rates all increased except for Cervical Cancer Screen, and they all compare favorably to norm except for Cervical Cancer Screen
- Since the recommended frequency of screening may vary, shown rates should not be used for compliance purposes but are intended for year-over-year and norm comparisons

Preventive Screenings – Employees vs. Dependents

Screening*	2017		2018		Change	
	Emp	Dep	Emp	Dep	Emp	Dep
Mammogram	40.6%	61.3%	43.6%	68.5%	7.5%	11.8%
Cervical Cancer	30.1%	31.7%	22.5%	28.4%	-25.3%	-10.5%
Colorectal Cancer	11.9%	26.5%	16.1%	20.8%	35.0%	-21.6%
Cholesterol	82.7%	72.5%	85.5%	68.5%	3.4%	-5.5%

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

Adult Well Visits & Screenings



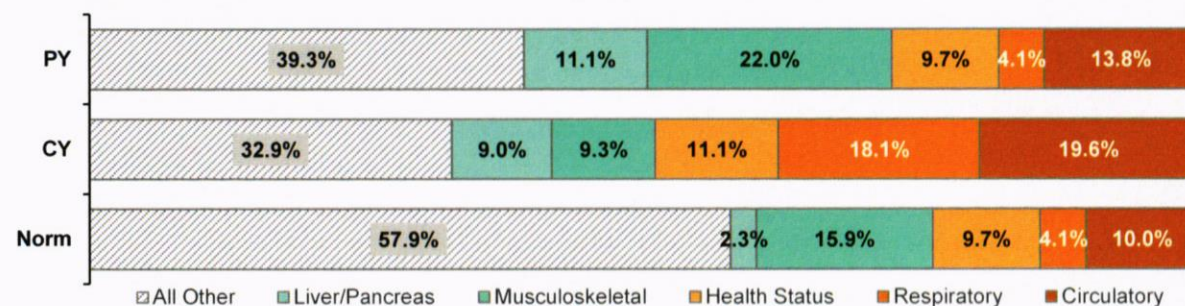
Top 10 Major Diagnostic Categories (MDC)

by Current Period Net Payment



#	MDC	PY Rank	Patients	2017 Total Paid	Paid/Pat	Patients	2018 Total Paid	Paid/Pat	Patients	Change Tot Paid	Paid/Pat	UMR Norm Rank	Paid/Pat	Variance
1	Circulatory	3 ▲	70	\$214,409	\$3,063	73	\$172,190	\$2,359	4.3%	-19.7%	-23.0%	2	\$2,081	13.4%
2	Respiratory	7 ▲	44	\$63,381	\$1,440	48	\$159,302	\$3,319	9.1%	151.3%	130.4%	10	\$1,032	221.5%
3	Health Status*	5 ▲	181	\$150,402	\$831	190	\$97,332	\$512	5.0%	-35.3%	-38.4%	3	\$570	-10.1%
4	Musculoskeletal	1 ▼	83	\$341,954	\$4,120	74	\$81,854	\$1,106	-10.8%	-76.1%	-73.2%	1	\$2,082	-46.9%
5	Liver, Pancreas	4 ▼	12	\$172,908	\$14,409	5	\$78,856	\$15,771	-58.3%	-54.4%	9.5%	15	\$3,988	295.5%
6	Nervous System	15 ▲	26	\$14,843	\$571	24	\$45,512	\$1,896	-7.7%	206.6%	232.2%	5	\$2,407	-21.2%
7	Female Reproductive	13 ▲	22	\$20,935	\$952	14	\$36,882	\$2,634	-36.4%	76.2%	176.8%	13	\$1,346	95.7%
8	Infections	20 ▲	7	\$2,165	\$309	23	\$36,548	\$1,589	228.6%	1587.7%	413.7%	17	\$1,325	19.9%
9	Digestive	6 ▼	50	\$134,045	\$2,681	35	\$30,662	\$876	-30.0%	-77.1%	-67.3%	4	\$2,118	-58.6%
10	Skin, Breast	11 ▲	61	\$26,330	\$432	47	\$28,625	\$609	-23.0%	8.7%	41.1%	7	\$704	-13.5%

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



Utilization Management



UM Activity

- ▶ Touched Members: **14**
- ▶ Managed Members: **14**
- ▶ Total Authorizations: **22**
- ▶ Auths - % Denied: **0.0%**
- ▶ UM Savings: **\$1,950**

Auths by Treatment Setting

Inpatient	12
Outpatient	8
Inpatient Rehab	1
Skilled Nursing Facility	1

Disease Management



Case Management



CM Activity

- ▶ Touched Members: **4**
- ▶ Managed Members: **4**
- ▶ Total CM Cases: **4**
- ▶ CM Savings: **\$1,200**

CM Cases by Category

Cost	2
Comprehensive CM	1
Oncology	1

Health & Wellness



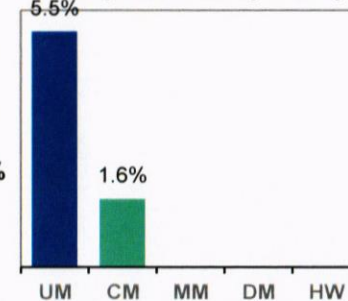
Maternity Management



Combined Activity (Unique members)

- ▶ Touched Members: **14**
- ▶ Managed Members: **14**
- ▶ Touched -% of Pop: **5.5%**
- ▶ Survey -% Satisfied: **n/a**
- ▶ Total Savings: **\$3,150**

% of Population w/ Any Activity



All Care Management



Prescription Drugs

Key Indicators & Top Therapeutic Classes



Prescription Drug Measure	2017	2018	Change	UMR Norm	Variance
Total Prescriptions	2,979	3,137	5.3%		
Total Rx Paid	\$407,295	\$255,558	-37.3%		
Scripts PMPY	14.18	14.11	-0.5%	9.84	43.3%
Rx Paid PMPY	\$1,939.27	\$1,149.50	-40.7%	\$1,090.88	5.4%
Rx Paid % of Med + Rx	20.8%	22.5%	8.6%	21.4%	5.4%
Generic Drug % (based on Paid)	29.4%	29.2%	-0.5%	19.6%	49.1%

➤ Although number of prescriptions went up, total Rx cost decreased significantly, but overall Paid PMPY compares unfavorably to norm

Top 10 Drug Therapeutic Classes by Cost

#	Drug Therapeutic Class	Highest Cost Drug (% of Class)	2017			2018			Change		
			Scripts	Total Paid	Paid/Rx	Scripts	Total Paid	Paid/Rx	Scripts	Paid	Paid/Rx
1	Antiarthritics	HUMIRA PEN (61%)	176	\$152,757	\$867.94	134	\$63,700	\$475.37	-23.9%	-58.3%	-45.2%
2	Diabetic Therapy	VICTOZA 3-PAK (34%)	172	\$41,132	\$239.14	178	\$51,655	\$290.20	3.5%	25.6%	21.4%
3	Psychostimulants	TRINTELLIX (37%)	162	\$7,198	\$44.43	235	\$10,692	\$45.50	45.1%	48.5%	2.4%
4	Anticoagulants	ELIQUIS (42%)	38	\$4,696	\$123.58	58	\$9,471	\$163.29	52.6%	101.7%	32.1%
5	Estrogens	PREMARIN (43%)	78	\$8,600	\$110.26	90	\$8,766	\$97.40	15.4%	1.9%	-11.7%
6	Dermatological, All Other	METHOXSALEN (41%)	19	\$16,641	\$875.84	13	\$8,567	\$659.00	-31.6%	-48.5%	-24.8%
7	Bronchial Dilators	BREO ELLIPTA (55%)	136	\$12,551	\$92.29	136	\$7,284	\$53.56	0.0%	-42.0%	-42.0%
8	Contraceptives, Oral	DROSPIRENONE-ETH ESTRALVOMEF (59%)	80	\$5,952	\$74.41	71	\$6,727	\$94.75	-11.3%	13.0%	27.3%
9	Enzymes	ZENPEP (95%)	18	\$46,128	\$2,562.64	12	\$6,578	\$548.16	-33.3%	-85.7%	-78.6%
10	Lipotropics	ROSUVASTATIN CALCIUM (38%)	228	\$4,427	\$19.42	248	\$6,392	\$25.77	8.8%	44.4%	32.7%

Dental

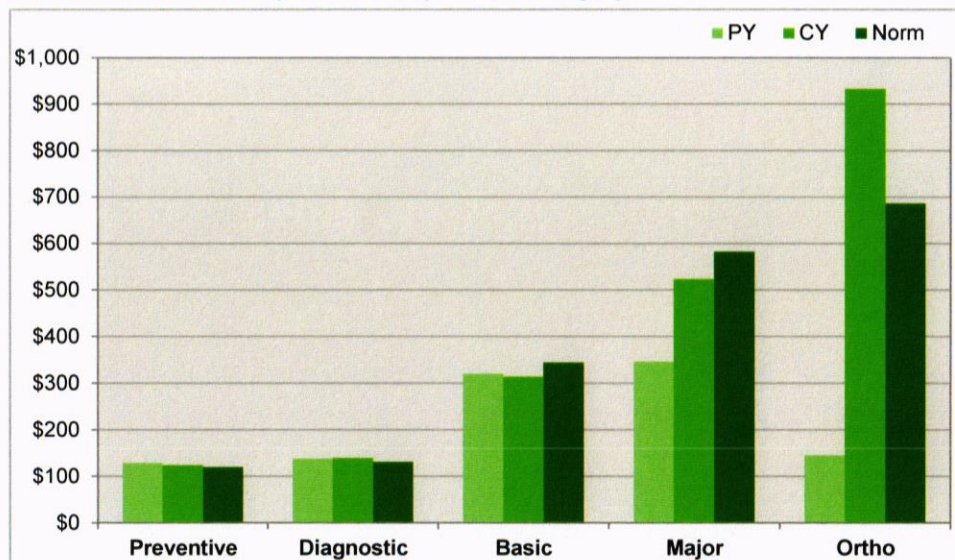
Summary & Breakout by Dental Category



Dental Measure	2017	2018	% Change
Enrolled Employees	139	139	0.3%
Total Enrolled Members	248	256	3.0%
Total Billed	\$127,201	\$131,340	3.3%
Total Covered	\$94,546	\$98,931	4.6%
Total Allowed	\$94,546	\$98,931	4.6%
Total Net Paid	\$69,200	\$71,583	3.4%

% of Members who had Preventive Services	PY	50.4%	
	CY	53.6%	
	Norm	48.6%	

Cost of Services - Paid per Patient by Dental Category



Breakout by Dental Category

Dental Category	2017				2018				% 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	125	\$16,075	503.7	\$64.77	137	\$17,031	536.0	\$66.63	6.4%	2.9%	491.8	\$58.92
Diagnostic	152	\$20,991	612.5	\$84.58	158	\$22,026	618.1	\$86.17	0.9%	1.9%	550.9	\$72.20
Basic	73	\$23,389	294.1	\$94.24	74	\$23,216	289.5	\$90.83	-1.6%	-3.6%	264.0	\$90.95
Major	24	\$8,309	96.7	\$33.48	16	\$8,378	62.6	\$32.78	-35.3%	-2.1%	59.4	\$34.55
Orthodontia	3	\$436	12.1	\$1.76	1	\$933	3.9	\$3.65	-67.6%	107.7%	18.5	\$12.72
Other		\$0		\$0.00		\$0		\$0.00		-100.0%		\$0.00
Total Dental	157	\$69,200	632.6	\$278.83	167	\$71,583	653.4	\$280.06	3.3%	0.4%	586.0	\$269.34

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

THANK YOU!

Performance & Utilization Review

TITUS COUNTY (01961345)

Time-Period: 201801 thru 201812



Glossary

Term	Definition
Plan Paid	Amount of the drug cost paid by the client.
Employee Cost Share (ECS)	Amount of the drug cost paid by the members. Copay + Deductible + Ancillary Charges
Member Months	Number of enrolled members in a specific calendar month, and then sum of those months within the reporting period.
PMPM	Per Member Per Month. Metric Total ÷ Member Months
PMPY	Per Member Per Year. (Metric Total ÷ Member Months) * 12
per 30 DS	Normalizing the scripts to a 30-days' supply. Total days' supply ÷ 30
Trend	Variance between two time-periods (i.e. Current vs. Prior)
Specialty	Drugs that have been identified by UHCP Clinical as Specialty.
Non-Specialty	The remaining drugs not classified as Specialty.
Type	Indicates Drug Type. B=Brand, G=Generic
Employee Cost Share % Total	Percentage of the drug cost being paid by the members.
Enrolled Members	Average number of enrollees (Subscribers + Spouse/Dependent + Child/Dependent) on plan during the reporting period.
Patients (Utilizers)	Total number of unique members who have had a script filled during the reporting period.
Utilization	Utilizing Members ÷ Enrolled Members
Avg Age Enrolled	Average age of the enrolled members during the reporting period.
Avg Age Utilized	Average age of the utilizing members during the reporting period.
Generic Dispensing Rate (GDR)	Generic Dispensing Rate: Generic Rx ÷ Total Rx
Generic Substitution Rate (GSR)	Generic Substitution Rate: Generic Rx ÷ (Generic Rx + MSB Rx)
Multi Souce Brand	Multi-Source Brand. These are the brand drugs that have generic equivalents.
Single Source Brand	Single-Source Brands. These are brand drugs with no generic in the marketplace.
Days' Supply	The number of days the script was written for by the Physician.
Adjusted Rx	(Mail Rx * 3) + Retail Rx. Converts a mail-order script to equal the number of scripts that would need to be filled at retail.
Mail Order	(Mail Rx * 3) ÷ Adjusted Rx. Shows activity going through the mail-order facility for a given reporting period.
% Main	Percentage of scripts filled for maintenance drugs.
% Override	Percentage of scripts filled that has a Physician or Member override.
% Speciality Prescriptions	Percentage of plan paid coming from Specialty medications.

Key Performance Indicators

Metrics	Current	Prior	TREND	UMR BOB
Plan Paid	\$255,633	\$407,288	-37.2%	
Plan Paid Non-Specialty	\$201,997	\$407,288	-50.4%	
Plan Paid SPECIALTY	\$53,636	\$0	N/A	
Plan Paid PMPM	\$94.82	\$161.56	-41.3%	\$82.55
Plan Paid Non-Spec PMPM	\$74.92	\$161.56	-53.6%	\$45.82
Plan Paid SPEC PMPM	\$19.89	\$0.00	N/A	\$36.72
Employee Cost Share	\$29,765	\$25,707	15.8%	
Employee Cost Share Non-Spec	\$28,335	\$25,707	10.2%	
Employee Cost Share SPEC	\$1,430	\$0	N/A	
Employee Cost Share PMPM	\$11.04	\$10.20	8.3%	\$13.61
Employee Cost Share Non-Specialty PMPM	\$10.51	\$10.20	3.1%	\$11.85
Employee Cost Share SPEC PMPM	\$0.53	\$0.00	N/A	\$1.76
Plan Paid per Rx	\$81.59	\$136.81	-40.4%	\$104.78
Plan Paid NonSpec per Rx	\$64.70	\$136.81	-52.7%	\$58.79
Plan Paid SPEC per Rx	\$4,875.98	\$8.64	N/A	\$4,348.85
Employee Cost Share per Rx	\$9.50	5.9%	10.0%	\$17.27
Employee Cost Share % Total	10.4%	33.8	4.5	14.2%
Days Supply per Rx	32.8	2,977	-2.9%	34.4
Rx Count	3,133	2,977	5.2%	
Non-Specialty Rx	3,122	0	4.9%	
Specialty Rx	11	15.4	N/A	
Adjusted Rx Count PMPY	17.8	13.8%	15.5%	10.5
Single Source Brand %	11.3%	0.5%	-2.4	12.6%
Multi Source Brand %	0.4%	85.7%	-0.1	1.2%
Generic Dispensing Rate	88.2%	99.4%	2.5	86.2%
Generic Substitution Rate	99.5%	12.0%	0.1	98.6%
Mail Order %	32.5%		20.4	14.5%

Metrics	Current	Prior	TREND
Membership	225	210	6.9%
Employees	139	138	0.7%
Dependents	86	72	7.6%
Patients	198	184	0.5
Pt Employees	125	118	-3.1%
Pt Dependents	73	66	-1.3%
Utilization Rate	88.1%	87.6%	
Avg Age Enrolled	38.9	40.2	
Avg Age Utilizer	48.1	48.8	

Top-40 Disease States

Summary

Plan Paid: \$253,298

PMPM: \$93.95

Trend: -39.7%

% Total: 99.1%

ECS % Total Paid: 10.2%

Paid per 30 DS: \$77.16

Utilizers: 818

Disease State	Plan Paid	PMPM	Trend	% SP	ECS PMPM	Utilizers	Utilizers Chg	Rx Cnt	Rx Chg	GDR	SSB
INFLAMMATORY CONDITIONS	\$57,137	\$21.19	821.0%	93.9%	\$0.50	2	0	10	7	10.0%	90.0%
DIABETES	\$51,655	\$19.16	17.4%	0.0%	\$0.99	18	0	178	6	62.9%	37.1%
MALE AND FEMALE HORMONE REPLACEMENT	\$10,703	\$3.97	-4.1%	0.0%	\$0.73	22	1	102	5	77.5%	20.6%
CARDIOVASCULAR	\$10,643	\$3.95	-46.4%	0.0%	\$1.77	74	7	610	43	95.6%	4.4%
ASTHMA / COPD	\$9,901	\$3.67	-38.0%	0.0%	\$0.68	33	1	139	-4	82.0%	18.0%
DEPRESSION	\$9,887	\$3.67	54.9%	0.0%	\$0.67	41	12	234	77	94.9%	5.1%
BLOOD CLOT/STROKE PREVENTION	\$9,471	\$3.51	88.6%	0.0%	\$0.64	6	0	58	20	55.2%	44.8%
GASTROINTESTINAL, MISC	\$7,974	\$2.96	-84.3%	0.0%	\$0.19	17	-2	32	-6	34.4%	65.6%
MISC SKIN CONDITION	\$7,414	\$2.75	-60.8%	0.0%	\$0.26	21	-3	44	-12	75.0%	25.0%
NON-NARCOTIC ANALGESICS	\$7,214	\$2.68	-95.5%	0.0%	\$0.19	49	-1	120	-57	100.0%	0.0%
ADHD	\$7,191	\$2.67	25.0%	0.0%	\$0.20	5	0	26	3	23.1%	76.9%
CONTRACEPTION	\$6,727	\$2.50	5.7%	0.0%	\$0.00	10	-1	71	-9	80.3%	19.7%
CHOLESTEROL LOWERING AGENTS	\$6,392	\$2.37	30.8%	0.0%	\$0.72	41	4	248	17	100.0%	0.0%
OVERACTIVE BLADDER / INCONTINENCE	\$5,044	\$1.87	254.0%	0.0%	\$0.30	4	-1	24	13	45.8%	54.2%
ULCER/ACID REFLUX/GERD	\$5,007	\$1.86	-58.9%	0.0%	\$0.29	27	6	89	-21	97.8%	2.2%
SEIZURE DISORDERS	\$4,200	\$1.56	8.2%	0.0%	\$0.19	17	2	69	10	97.1%	2.9%
ANTIVIRALS	\$3,815	\$1.41	6.0%	0.0%	\$0.09	31	7	36	6	91.7%	8.3%
ALLERGIES	\$3,373	\$1.25	26.7%	0.0%	\$0.06	13	-3	23	2	91.3%	8.7%
ANTIBIOTICS	\$3,303	\$1.23	-17.9%	0.0%	\$0.44	115	6	258	19	100.0%	0.0%
GENITOURINARY	\$3,139	\$1.16	2296.1%	0.0%	\$0.04	3	-3	6	0	33.3%	66.7%
RECTAL PREPARATIONS	\$2,905	\$1.08	154.8%	0.0%	\$0.03	4	2	5	1	60.0%	40.0%
MIGRAINE/PAIN RELIEF	\$2,793	\$1.04	332.5%	0.0%	\$0.12	8	3	18	9	72.2%	0.0%
GOUT	\$2,549	\$0.95	-24.1%	0.0%	\$0.06	1	0	3	-1	0.0%	100.0%
ANTI-INFECTIVES, MISC	\$1,674	\$0.62	-52.0%	0.0%	\$0.04	16	3	27	-6	96.3%	3.7%
MUSCLE RELAXANTS	\$1,650	\$0.61	73.0%	0.0%	\$0.13	30	12	80	24	100.0%	0.0%
THYROID REPLACEMENT	\$1,173	\$0.43	-14.7%	0.0%	\$0.65	21	-2	139	30	82.7%	14.4%
NARCOTIC ANALGESICS	\$1,163	\$0.43	-45.3%	0.0%	\$0.20	42	-7	118	4	100.0%	0.0%
VACCINES	\$960	\$0.36	5.4%	0.0%	\$0.00	23	2	26	4	0.0%	100.0%
TOPICAL ANESTHETICS	\$956	\$0.35	-91.3%	0.0%	\$0.00	1	-1	1	-7	100.0%	0.0%
OPHTHALMIC AGENTS	\$911	\$0.34	27.8%	0.0%	\$0.03	12	4	15	7	100.0%	0.0%
GLAUCOMA	\$910	\$0.34	-33.7%	0.0%	\$0.04	1	0	2	-5	0.0%	100.0%
SEVERE ALLERGIC REACTION	\$881	\$0.33	-37.6%	0.0%	\$0.02	2	-1	2	-1	0.0%	100.0%
ANTIFUNGALS	\$741	\$0.27	266.9%	0.0%	\$0.05	12	-1	18	0	94.4%	5.6%
PARKINSON'S DISEASE	\$686	\$0.25	3092.1%	0.0%	\$0.03	3	2	12	7	100.0%	0.0%
URINARY TRACT INFECTIONS	\$647	\$0.24	28.7%	0.0%	\$0.06	7	-1	10	-2	70.0%	0.0%
EAR CONDITION	\$624	\$0.23	217.7%	0.0%	\$0.02	5	2	5	2	60.0%	40.0%
BLOOD GLUCOSE MONITORING	\$535	\$0.20	-90.3%	0.0%	\$0.05	3	0	4	-12	0.0%	100.0%
ANTI-INFLAMMATORY (STEROIDS)	\$460	\$0.17	-11.8%	0.0%	\$0.09	40	14	54	14	100.0%	0.0%
PROSTATIC HYPERTROPHY	\$458	\$0.17	79.9%	0.0%	\$0.06	10	4	21	6	100.0%	0.0%
COUGH AND COLD	\$433	\$0.16	-42.3%	0.0%	\$0.06	28	-1	35	-5	100.0%	0.0%

Top-25 Specialties

Summary

Plan Paid: \$53,636

PMPM: \$19.89

Trend: N/A

% Total SPEC: 100.0%

ECS % Total Paid: 2.6%

Paid per 30 DS: \$5,157.29

Utilizers: 2

Specialty Description	Plan Paid	PMPM	Trend	ECS PMPM	Utilizers	Utilizers Chg	Rx Cnt	Rx Chg	SSB
INFLAMMATORY CONDITIONS	\$53,636	\$19.89		\$0.50	1	1	9	9	100.0%

Top-40 Non-Specialty Drugs

Summary

Plan Paid: \$151,123

PMPM: \$18.68

Trend: 37.4%

% Total: 59.1%

ECS % Total Paid: 6.9%

Paid per 30 DS: \$222.12

Utilizers: 173

Drug Name	Type	Disease State	Plan Paid	PMPM	Trend	Paid 30DS	ECS PMPM	Utilizers	Utilizers Chg	Rx Cnt	Rx Chg
VICTOZA	B	DIABETES	\$17,430	\$3.23	76.1%	\$792.29	\$0.06	2	1	12	0
JANUVIA	B	DIABETES	\$9,322	\$1.73	5141.3%	\$388.42	\$0.08	2	1	10	9
TRULICITY	B	DIABETES	\$9,150	\$1.70	1180.9%	\$741.88	\$0.06	1	0	13	12
TOUJEO SOLOSTAR	B	DIABETES	\$7,433	\$1.38	29.6%	\$470.47	\$0.06	2	0	11	6
CELECOXIB	G	NON-NARCOTIC ANALGESICS	\$6,538	\$2.42	14.5%	\$242.14	\$0.03	4	1	19	1
ZENPEP	B	GASTROINTESTINAL, MISC	\$6,220	\$1.15	719.2%	\$804.37	\$0.01	1	0	10	7
VYVANSE	B	ADHD	\$5,768	\$1.07	42.0%	\$288.42	\$0.09	3	1	20	5
BYSTOLIC	B	CARDIOVASCULAR	\$5,388	\$1.00	1.8%	\$101.66	\$0.23	5	1	27	-3
JARDIANCE	B	DIABETES	\$4,004	\$0.74	-25.1%	\$444.87	\$0.04	1	0	9	-3
DROSPIRENONE/ETHINYL ESTRADIOL	G	CONTRACEPTION	\$3,998	\$1.48	5.7%	\$142.79	\$0.00	3	0	28	5
TRINTELLIX	B	DEPRESSION	\$3,987	\$0.74	1117.6%	\$332.22	\$0.11	1	0	12	11
ELIQUIS	B	BLOOD CLOT/STROKE PREVENTION	\$3,983	\$0.74	133.6%	\$331.92	\$0.20	1	0	12	8
BREO ELLIPTA	B	ASTHMA / COPD	\$3,978	\$0.74	28.2%	\$305.99	\$0.05	3	2	7	3
ESOMEPRAZOLE MAGNESIUM	G	ULCER/ACID REFLUX/GERD	\$3,920	\$1.45	-61.5%	\$217.77	\$0.07	3	-3	18	-15
PREMARIN	B	MALE AND FEMALE HORMONE REPLACEMENT	\$3,782	\$0.70	11.6%	\$148.31	\$0.11	4	1	14	0
JANUMET	B	DIABETES	\$3,508	\$0.65	-26.8%	\$389.80	\$0.07	1	0	9	-3
METHOXSALEN	G	INFLAMMATORY CONDITIONS	\$3,501	\$1.30	-36.0%	\$3,501.03	\$0.00	1	0	1	0
XARELTO	B	BLOOD CLOT/STROKE PREVENTION	\$3,463	\$0.64	19.5%	\$384.73	\$0.06	1	0	9	6
MYRBETRIQ	B	OVERACTIVE BLADDER / INCONTINENCE	\$3,443	\$0.64	947.6%	\$312.97	\$0.07	1	0	9	8
ELMIRON	B	GENITOURINARY	\$3,122	\$0.58		\$780.53	\$0.02	1	1	4	4
OSELTAMIVIR PHOSPHATE	G	ANTIVIRALS	\$2,792	\$1.04	9.0%	\$598.20	\$0.04	21	2	23	4
DULOXETINE HCL	G	DEPRESSION	\$2,671	\$0.99	43.1%	\$72.20	\$0.07	4	0	37	11
IMITREX	B	MIGRAINE/PAIN RELIEF	\$2,632	\$0.49	385.1%	\$526.48	\$0.05	1	0	5	4
FLOVENT HFA	B	ASTHMA / COPD	\$2,630	\$0.49	3.0%	\$219.14	\$0.04	1	0	4	-3
MOMETASONE FUROATE	G	ALLERGIES	\$2,590	\$0.96	22.7%	\$199.26	\$0.02	3	0	9	4
ULORIC	B	GOUT	\$2,549	\$0.47	-24.1%	\$283.24	\$0.03	1	0	3	-1
HYDROCORTISONE ACETATE	G	RECTAL PREPARATIONS	\$2,541	\$0.94	234.6%	\$725.89	\$0.01	1	0	2	1
ROSUVASTATIN CALCIUM	G	CHOLESTEROL LOWERING AGENTS	\$2,439	\$0.90	44.1%	\$51.89	\$0.17	6	1	39	11
EPIDUO FORTE	B	MISC SKIN CONDITION	\$2,267	\$0.42	-4.4%	\$453.33	\$0.05	1	0	5	0
NUVARING	B	CONTRACEPTION	\$2,203	\$0.41	47.1%	\$166.03	\$0.00	2	1	14	6
ANGELIQ	B	MALE AND FEMALE HORMONE REPLACEMENT	\$1,989	\$0.37	33.4%	\$142.10	\$0.09	1	0	5	1
CARBAMAZEPINE ER	G	SEIZURE DISORDERS	\$1,826	\$0.68	-22.3%	\$152.17	\$0.01	1	-1	4	-2
BRILINTA	B	BLOOD CLOT/STROKE PREVENTION	\$1,635	\$0.30	382.2%	\$326.96	\$0.03	2	1	5	4
LYRICA	B	SEIZURE DISORDERS	\$1,301	\$0.24	99.2%	\$650.39	\$0.01	1	0	2	1
CLOBETASOL PROPIONATE	G	MISC SKIN CONDITION	\$1,296	\$0.48	-78.7%	\$192.52	\$0.01	4	-1	6	-6
TIZANIDINE HCL	G	MUSCLE RELAXANTS	\$1,249	\$0.46	49.4%	\$56.44	\$0.05	10	4	26	9
ESTRADIOL	G	MALE AND FEMALE HORMONE REPLACEMENT	\$1,218	\$0.45	-24.2%	\$12.96	\$0.16	12	1	57	8
ESTERIFIED ESTROGENS/METHYLTES	G	MALE AND FEMALE HORMONE REPLACEMENT	\$1,147	\$0.43	57.4%	\$104.26	\$0.05	1	0	11	9
PROGESTERONE	G	MALE AND FEMALE HORMONE REPLACEMENT	\$1,111	\$0.41	-43.2%	\$101.58	\$0.01	3	1	11	-6
AZITHROMYCIN	G	ANTIBIOTICS	\$1,100	\$0.41	12.7%	\$55.65	\$0.17	56	17	93	25

Top-40 Specialty Drugs

Summary

Plan Paid: \$53,636
PMPM: \$9.95
Trend: N/A
% Total SPEC: 100.0%
ECS % Total Paid: 2.6%
Paid per 30 DS: \$5,157.29
Utilizers: 3

Drug Name	Type	Specialty Description	Plan Paid	PMPM	Trend	Paid 30DS	ECS	PMPM	Utilizers	Utilizers Chg	Rx Cnt	Rx Chg
HUMIRA PEN	B	INFLAMMATORY CONDITIONS	\$38,790	\$14.39		\$5,195.05	\$0.45		1	1	8	8
HUMIRA PEN-CD/UC/HS STARTER	B	INFLAMMATORY CONDITIONS	\$14,846	\$5.51		\$15,906.58	\$0.06		1	1	1	1