



## Criteria

### Report Period

- Current Year: Claims Paid 1/1/2019 - 5/31/2019
- Prior Year: Claims Paid 1/1/2018 - 5/31/2018

### 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 1/1/2019 - 5/31/2019
- Composition: 2,856 groups, 4.0 million members
- Rx norms restricted to groups whose Rx vendors provide UMR with detailed Rx data (app. 97% of groups)

## Contents

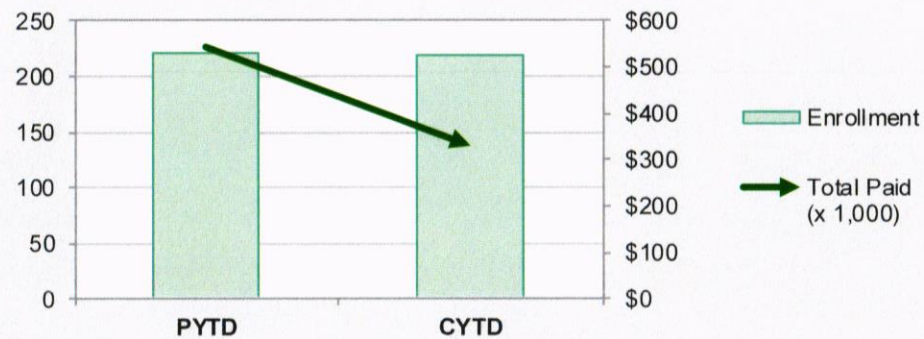
2. Dashboard & Leading Indicators
3. Enrollment & Claims Summary
4. Claims Summary - Payment Breakout
5. High Cost Claimants - Summary & Top 20
6. Key Indicators
7. Network Utilization & Performance



### Enrollment Trend vs. Cost Trend

- Cost decreased and significantly outpaced rate of population decrease

Med & Rx	PYTD	CYTD	% Change	vs. Enroll
All Members	221	219	-0.9%	
Total Paid	\$543,691	\$330,078	-39.3%	-38.4 pts ▼

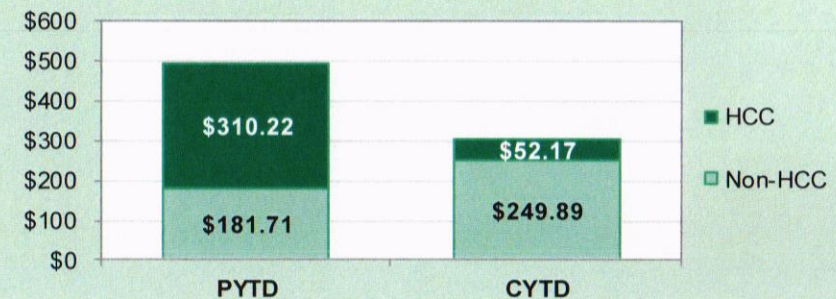


For more info see page 3

### Cost Breakout - High Cost Claimants vs. Non-HCC

- Large overall cost PMPM decrease driven by HCCs

Paid PMPM - Med & Rx	PYTD	CYTD	% Change
High Cost Claimants \$25K+	\$310.22	\$52.17	-83.2% ▼
Non-High Cost	\$181.71	\$249.89	37.5% ▲
All Members	\$491.93	\$302.06	-38.6% ▼



For more info see page 5

### Key Indicators

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

Metric	PYTD	CYTD	% Change
Admissions per 1000	86.9	54.9	-36.8% ▼
Paid per Admission	\$22,650	\$6,195	-72.6% ▼
ER Visits per 1000	195.4	208.6	6.8% ▲
Paid per ER Visit	\$2,040	\$2,340	14.7% ▲

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)	1.1350	1.0000	13.5% ▲
% of Paid Incurred Prior Year (Timing)	51.0%	22.3%	128.7% ▲
Out-of-Pocket PMPM (Benefit Design)	\$78.09	\$70.00	11.6% ▼
Total Discount % (Cost Reduction)	58.4%	51.4%	13.6% ▼

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



**Titus County (76411401)**  
**Plan Activity and Checkpoint Evaluation Report**  
 Enrollment & Claims Summary

**Plan Year: Jan 2019**  
 Current YTD: 1/1/2019 - 5/31/2019  
 Prior YTD: 1/1/2018 - 5/31/2018

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

Relationship	PYTD	CYTD	% Change
Employees	137	140	2.2%
Spouses/DP	35	31	-10.4%
Children/Other	49	47	-3.8%
<b>Total Members</b>	<b>221</b>	<b>219</b>	<b>-1.1%</b>

- **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
<b>Avg. Family Size</b>	1.6	1.6	2.0
<b>% Female</b>	56.8%	55.5%	50.8%
<b>Average Age</b>	38.8	39.5	34.4
<b>% Age 65 +</b>	2.5%	2.9%	3.7%

**Payment per Member per Month**

Benefit Type	PYTD	CYTD	% Change	UMR Norm
<b>Med Paid PMPM</b>	\$382.37	\$230.43	-39.7%	\$314.84
<b>Rx Paid PMPM</b>	\$109.56	\$71.63	-34.6%	\$87.79
<b>Med &amp; Rx Paid PMPM</b>	<b>\$491.93</b>	<b>\$302.06</b>	<b>-38.6%</b>	<b>\$402.64</b>

**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
<b>Medical Billed</b>	\$1,223,765	\$293,779	<b>\$1,517,544</b>	\$540,564	\$397,144	<b>\$937,707</b>	-55.8%	<b>-38.2%</b>
(-) Ineligible	\$106,117	\$116,913	<b>\$223,029</b>	\$69,372	\$57,428	<b>\$126,800</b>	-34.6%	<b>-43.1%</b>
<b>Medical Covered</b>	\$1,117,648	\$176,867	<b>\$1,294,515</b>	\$471,192	\$339,716	<b>\$810,907</b>	-57.8%	<b>-37.4%</b>
(-) Pricing Savings	\$661,122	\$113,444	<b>\$774,566</b>	\$288,129	\$185,157	<b>\$473,286</b>	-56.4%	<b>-38.9%</b>
<b>Medical Allowed</b>	\$456,526	\$63,422	<b>\$519,948</b>	\$183,063	\$154,558	<b>\$337,622</b>	-59.9%	<b>-35.1%</b>
(-) Benefit Design	\$84,039	\$12,823	<b>\$96,862</b>	\$59,424	\$25,912	<b>\$85,336</b>	-29.3%	<b>-11.9%</b>
(-) COB	\$0	\$143	<b>\$143</b>	\$15	\$58	<b>\$74</b>	-	<b>-48.4%</b>
<b>Medical Net Paid</b>	\$372,486	\$50,121	<b>\$422,606</b>	\$123,340	\$128,463	<b>\$251,803</b>	-66.9%	<b>-40.4%</b>
<b>Rx Net Paid</b>	\$117,295	\$3,790	<b>\$121,085</b>	\$74,806	\$3,469	<b>\$78,275</b>	-36.2%	<b>-35.4%</b>
<b>Total Med &amp; Rx Net Paid</b>	<b>\$489,781</b>	<b>\$53,910</b>	<b>\$543,691</b>	<b>\$198,146</b>	<b>\$131,932</b>	<b>\$330,078</b>	<b>-59.5%</b>	<b>-39.3%</b>



**Titus County (76411401)**  
**Plan Activity and Checkpoint Evaluation Report**  
 Claims Summary - Payment Breakout

**Plan Year: Jan 2019**  
 Current YTD: 1/1/2019 - 5/31/2019  
 Prior YTD: 1/1/2018 - 5/31/2018

**Payment by Claim Category**

Claim Category	Prior Year-to-Date			Current Year-to-Date			% Change	UMR Norm	
	Total Paid	Paid PMPM	% of Total	Total Paid	Paid PMPM	% of Total		Paid PMPM	% of Total
Inpatient	\$152,345	\$137.84	28.0%	\$14,888	\$13.62	4.5%	-90.1%	\$83.29	20.7%
Outpatient	\$80,184	\$72.55	14.7%	\$100,013	\$91.52	30.3%	26.2%	\$86.99	21.6%
Physician	\$181,113	\$163.87	33.3%	\$125,748	\$115.07	38.1%	-29.8%	\$133.63	33.2%
Ancillary	\$8,965	\$8.11	1.6%	\$11,154	\$10.21	3.4%	25.8%	\$10.93	2.7%
<b>Total Med</b>	<b>\$422,606</b>	<b>\$382.37</b>	<b>77.7%</b>	<b>\$251,803</b>	<b>\$230.43</b>	<b>76.3%</b>	<b>-39.7%</b>	<b>\$314.84</b>	<b>78.2%</b>
<b>Rx</b>	<b>\$121,085</b>	<b>\$109.56</b>	<b>22.3%</b>	<b>\$78,275</b>	<b>\$71.63</b>	<b>23.7%</b>	<b>-34.6%</b>	<b>\$87.79</b>	<b>21.8%</b>
<b>Med &amp; Rx</b>	<b>\$543,691</b>	<b>\$491.93</b>	<b>100.0%</b>	<b>\$330,078</b>	<b>\$302.06</b>	<b>100.0%</b>	<b>-38.6%</b>	<b>\$402.64</b>	<b>100.0%</b>

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

**Payment by Month**

Month	Avg # of Members	Prior Year				Avg # of Members	Current Year				% Change
		Med Paid New Claims	Med Paid Incurred Prior	Total Med Paid	Rx Paid		Med Paid New Claims	Med Paid Incurred Prior	Total Med Paid	Rx Paid	
Jan	223	\$21,092	\$88,191	\$109,283	\$29,762	215	\$7,827	\$84,835	\$92,661	\$16,410	-15.2%
Feb	219	\$36,308	-\$56,243	-\$19,936	\$22,116	218	\$16,477	\$39,903	\$56,379	\$15,203	-382.8%
Mar	223	\$112,481	\$15,200	\$127,681	\$27,655	219	\$9,767	\$1,374	\$11,141	\$16,352	-91.3%
Apr	220	\$38,872	\$377	\$39,248	\$21,021	221	\$42,853	\$1,311	\$44,164	\$10,646	12.5%
May	220	\$163,734	\$2,596	\$166,330	\$20,530	220	\$46,416	\$1,041	\$47,457	\$19,664	-71.5%
Jun	221	\$53,918	\$31	\$53,948	\$18,563						
Jul	227	\$37,272	-\$2,999	\$34,272	\$22,148						
Aug	225	\$47,808	\$2,857	\$50,665	\$31,378						
Sep	224	\$26,690	\$155	\$26,844	\$13,985						
Oct	222	\$57,439	-\$165	\$57,275	\$12,599						
Nov	220	\$88,493	\$363	\$88,857	\$16,599						
Dec	223	\$67,400	-\$605	\$66,795	\$19,570						
<b>YTD</b>	<b>221</b>	<b>\$372,486</b>	<b>\$50,121</b>	<b>\$422,606</b>	<b>\$121,085</b>	<b>219</b>	<b>\$123,340</b>	<b>\$128,463</b>	<b>\$251,803</b>	<b>\$78,275</b>	<b>-40.4%</b>
<b>Full Year</b>	<b>222</b>	<b>\$751,505</b>	<b>\$49,757</b>	<b>\$801,263</b>	<b>\$255,927</b>						



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

**Plan Year: Jan 2019**  
 Current YTD: 1/1/2019 - 5/31/2019  
 Prior YTD: 1/1/2018 - 5/31/2018  
 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	9	6	2	5	4	0	2	0	0
~ % of All Members	4.05%	2.71%	0.91%	2.25%	1.81%	0.00%	0.90%	0.00%	0.00%
Paid PMPM for HCCs	\$205.80	\$310.22	\$52.17	\$151.91	\$254.05	\$0.00	\$79.37	\$0.00	\$0.00
~ % of Total Paid PMPM	51.9%	63.1%	17.3%	38.3%	51.6%	0.0%	20.0%	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	M	55 - 64	Active	\$4,553	\$30,859	\$273	\$31,133	0	0	Vascular Disorders, Arterial
2	Sps	F	45 - 54	Active	\$109,753	\$23,919	\$1,954	\$25,872	1 (30)	0	Hepatobiliary Disord, NEC
3	Emp	M	18 - 34	Active	\$241	\$16,982	\$213	\$17,195	1 (1)	2	Infec/Inflam - Skin/Subcu Tissue
4	Sps	F	55 - 64	Active	N/A	\$2,033	\$8,342	\$10,374	0	0	Renal/Urinary Disord, NEC
5	Emp	F	65+	Active	\$101,948	\$4,645	\$4,049	\$8,695	0	0	Eye Disorders, Degenerative
6	Emp	M	65+	Termed	\$31,454	\$8,050	\$0	\$8,050	0	0	Cerebrovascular Disease
7	Emp	F	55 - 64	Active	\$12,273	\$257	\$7,339	\$7,597	0	0	Hypertension, Essential
8	Emp	M	55 - 64	Active	\$1,997	\$7,286	\$173	\$7,459	0	0	Injury, NEC
9	Chd	M	13 - 17	Active	\$933	\$6,191	\$4	\$6,195	0	0	Arthropathies/Joint Disord NEC
10	Emp	M	18 - 34	Active	\$1,170	\$5,982	\$104	\$6,086	0	1	Signs/Symptoms/Oth Cond, NEC
11	Sps	F	18 - 34	Active	N/A	\$5,845	\$172	\$6,017	1 (1)	0	Pregnancy w Vaginal Delivery
12	Emp	M	35 - 44	Active	\$953	\$5,706	\$251	\$5,957	1 (3)	1	Diverticular Disease
13	Sps	F	45 - 54	Active	\$3,721	\$5,452	\$0	\$5,452	0	1	Urinary Tract Calculus
14	Sps	F	55 - 64	Active	\$2,695	\$5,242	\$163	\$5,405	0	0	Prevent/Admin Health Encounters
15	Sps	F	35 - 44	Active	\$11,144	\$629	\$4,607	\$5,236	0	0	Prevent/Admin Health Encounters
16	Chd	F	18 - 34	Active	\$7,766	\$5,099	\$27	\$5,126	0	2	Gastroint Disord, NEC
17	Emp	M	55 - 64	Active	\$5,170	\$4,445	\$606	\$5,050	0	0	Prevent/Admin Health Encounters
18	Sps	F	55 - 64	Active	\$2,355	\$4,823	\$85	\$4,907	0	1	Gastroint Disord, NEC
19	Emp	M	45 - 54	Active	\$4,424	\$1,720	\$2,502	\$4,222	0	0	Hypertension, Essential
20	Emp	M	45 - 54	Active	\$978	\$4,047	\$173	\$4,220	1 (3)	1	Pancreatitis

\* 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



**Titus County (76411401)**  
**Plan Activity and Checkpoint Evaluation Report**  
 Key Indicators

**Plan Year: Jan 2019**  
 Current YTD: 1/1/2019 - 5/31/2019  
 Prior YTD: 1/1/2018 - 5/31/2018

Measure (Count)	Prior Year Full	Prior YTD	PYTD % of Full	Current YTD	Metric	Prior YTD	Current YTD	% Change	Norm
Admissions	15	8	53%	5	Admits per 1000	86.9	54.9	-36.8% ▼	46.6
Admit Days	91	55	60%	38	Avg Length of Stay	6.9	7.6	10.5% ▲	4.2
Total Paid - Admits	\$266,941	\$181,202	68%	\$30,977	Paid per Admit	\$22,650	\$6,195	-72.6% ▼	\$23,769
Readmissions	2	2	100%	0	Readmission Rate	25.0%	0.0%	-100.0% ▼	7.7%
ER Visits	42	18	43%	19	ER Visits per 1000	195.4	208.6	6.8% △	202.2
~ # resulting in Admit	3	2	67%	4	~ % resulting in Admit	11.1%	21.1%	89.5% ▲	10.1%
~ # for non-Emergency	12	4	33%	2	~ % for non-Emergency	22.2%	10.5%	-52.6% ▼	36.4%
Total Paid - ER	\$81,360	\$36,725	45%	\$44,459	Paid per ER Visit	\$2,040	\$2,340	14.7% ▲	\$1,752
Urgent Care Visits	12	2	17%	12	UC Visits per 1000	21.7	131.8	506.8% ▲	218.1
Total Paid - Urgent Care	\$1,942	\$316	16%	\$1,637	Paid per UC Visit	\$158	\$136	-13.6% ▼	\$101
Office Visits	924	426	46%	435	Office Visits per 1000	4,625.3	4,776.9	3.3% △	3,304.0
Total Paid - Office Visits	\$58,890	\$26,767	45%	\$26,057	Paid per Office Visit	\$63	\$60	-4.7% ▼	\$68
Well Visits	169	71	42%	80	Well Visits per 1000	770.9	878.5	14.0% ▲	480.5
OP Surgery Visits	38	15	39%	19	OP Surg Visits per 1000	162.9	208.6	28.1% ▲	154.9
Total Paid - OP Surgery	\$46,439	\$11,715	25%	\$22,520	Paid per OP Surgery	\$781	\$1,185	51.8% ▲	\$2,784
Lab Services	3,274	1,711	52%	1,368	Lab Services per 1000	18,577.2	15,022.4	-19.1% ▼	9,039.3
Radiology Services	601	232	39%	215	Radiology Sv cs per 1000	2,518.9	2,361.0	-6.3% ▼	2,673.2
~ Standard Radiology	476	171	36%	147	~ Std. Radiology per 1000	1,856.6	1,614.3	-13.1% ▼	2,258.2
~ Advanced Imaging	125	61	49%	68	~ Adv. Imaging per 1000	662.3	746.7	12.7% ▲	415.0

- **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.



- **In Network:** Except for COB Claims, claims tagged with a provider discount are counted as "In Network" even if not considered a "primary" or "tier 1" network
- **COB Claims:** Network utilization and performance metrics exclude COB (Coordination-of-Benefits) claims. These are claims shared with another payer where UMR may not be primary, and can include Medicare, Medicaid, and other private insurance.

**Network Utilization & Discount by Claim Category (excludes COB Claims)**

Claim Category	Prior Year-to-Date						Current Year-to-Date					
	Covered	Allowed	Disc %	Net Paid	Paid In Ntwk	% In Ntwk	Covered	Allowed	Disc %	Net Paid	Paid In Ntwk	% In Ntwk
<b>Inpatient</b>	\$493,180	\$164,281	<b>66.7%</b>	\$152,345	\$152,345	<b>100.0%</b>	\$76,703	\$25,366	<b>66.9%</b>	\$14,888	\$14,888	<b>100.0%</b>
<b>Outpatient</b>	\$233,872	\$111,930	<b>52.1%</b>	\$80,184	\$51,384	<b>64.1%</b>	\$265,319	\$122,650	<b>53.8%</b>	\$100,013	\$100,013	<b>100.0%</b>
<b>Physician</b>	\$520,433	\$228,789	<b>56.0%</b>	\$180,975	\$164,093	<b>90.7%</b>	\$434,124	\$174,910	<b>59.7%</b>	\$125,616	\$123,146	<b>98.0%</b>
<b>Ancillary</b>	\$46,298	\$14,247	<b>69.2%</b>	\$8,965	\$8,965	<b>100.0%</b>	\$33,293	\$13,227	<b>60.3%</b>	\$11,154	\$11,142	<b>99.9%</b>
<b>Total</b>	<b>\$1,293,783</b>	<b>\$519,246</b>	<b>59.9%</b>	<b>\$422,468</b>	<b>\$376,786</b>	<b>89.2%</b>	<b>\$809,438</b>	<b>\$336,153</b>	<b>58.5%</b>	<b>\$251,671</b>	<b>\$249,188</b>	<b>99.0%</b>

**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	\$1,283,478	\$528,722	\$754,756	<b>58.8%</b>	\$445,739	\$702,662	\$278,128	\$424,534	<b>60.4%</b>	\$216,388
Real Appeal	\$3,490	\$3,490	\$0	<b>0.0%</b>	\$3,490	\$505	\$505	\$0	<b>0.0%</b>	\$505
<b>Primary Networks</b>	<b>\$1,286,968</b>	<b>\$532,212</b>	<b>\$754,756</b>	<b>58.6%</b>	<b>\$449,229</b>	<b>\$703,167</b>	<b>\$278,633</b>	<b>\$424,534</b>	<b>60.4%</b>	<b>\$216,893</b>
Cost Reduction & Savings (Secondary Networks)	-\$49,884	-\$69,664	\$19,780	<b>-39.7%</b>	-\$72,443	\$103,159	\$54,408	\$48,751	<b>47.3%</b>	\$32,296
Coordination-of-Benefits Claims	\$732	\$702	\$30	<b>4.1%</b>	\$138	\$1,469	\$1,469	\$0	<b>0.0%</b>	\$132
Out of Network	\$56,699	\$56,699	\$0	<b>0.0%</b>	\$45,682	\$3,112	\$3,112	\$0	<b>0.0%</b>	\$2,482
<b>All Claims</b>	<b>\$1,294,515</b>	<b>\$519,948</b>	<b>\$774,566</b>	<b>59.8%</b>	<b>\$422,606</b>	<b>\$810,907</b>	<b>\$337,622</b>	<b>\$473,286</b>	<b>58.4%</b>	<b>\$251,803</b>

# Performance & Utilization Review

TITUS COUNTY (01961345)

Time-Period: 201901 thru 201904



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# Glossary

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

## Key Performance Indicators

Metrics	Current	Prior	TREND	UMR BOB
Plan Paid	\$57,281	\$99,501	-42.4%	
Plan Paid Non-Specialty	\$57,281	\$70,109	-18.3%	
Plan Paid SPEC	\$0	\$29,392	-100.0%	
Plan Paid PMPM	\$64.29	\$110.80	-42.0%	\$77.96
Plan Paid Non-Spec PMPM	\$64.29	\$78.07	-17.7%	\$39.97
Plan Paid SPEC PMPM	\$0.00	\$32.73	-100.0%	\$37.99
Employee Cost Share	\$11,064	\$9,738	13.6%	
Employee Cost Share Non-Specialty	\$11,064	\$9,058	22.1%	
Employee Cost Share SPEC	\$0	\$680	-100.0%	
Employee Cost Share PMPM	\$12.42	\$10.84	14.5%	\$16.97
Employee Cost Share Non-Specialty PMPM	\$12.42	\$10.09	23.1%	\$13.95
ECS SPEC PMPM	\$0.00	\$0.76	-100.0%	\$3.02
Plan Paid per Rx	\$53.84	\$94.22	-42.9%	\$101.14
Plan Paid NS per Rx	\$53.84	\$66.77	-19.4%	\$52.44
Plan Paid SPEC per Rx		\$4,898.71	-100.0%	\$4,459.57
Employee Cost Share per Rx	\$10.40	\$9.22	12.8%	\$22.01
Employee Cost Share % Total	16.2%	8.9%	7.3	17.9%
Days Supply per Rx	33.4	30.3	10.1%	34.6
Rx Count	1,064	1,056	0.8%	
Non-Specialty Rx	1,064	1,050	1.3%	
Specialty Rx	0	6	-100.0%	
Adjusted Rx Count PMPY	19.2	17.1	12.4%	10.3
Single Source Brand %	8.8%	11.3%	-2.4	10.3%
Multi-Source Brand %	1.1%	0.3%	0.8	2.1%
Generic Dispensing Rate	90.0%	88.4%	1.6	87.6%
Generic Substitution Rate	98.8%	99.7%	-0.9	97.7%
Mail Order %	38.2%	26.3%	12.0	14.7%

## Top-40 Disease States

### Summary

Plan Paid: \$56,986

PMPM: \$63.96

Trend: -11.1%

% Total: 99.5%

ECS % Total Paid: 15.9%

Paid per 30 DS: \$49.87

Utilizers: 519

Disease State	Plan Paid	PMPM	Trend	% SP	ECS PMPM	Utilizers	Utilizers Chg	Rx Cnt	Rx Chg	GDR	SSB
DIABETES	\$13,024	\$14.62	-16.4%	0.0%	\$0.99	17	3	65	3	84.6%	15.4%
CARDIOVASCULAR	\$5,842	\$6.56	46.7%	0.0%	\$2.42	56	-4	184	1	94.6%	5.4%
DEPRESSION	\$3,724	\$4.18	26.8%	0.0%	\$0.80	31	1	75	6	93.3%	6.7%
MALE AND FEMALE HORMONE REPLACEMENT	\$3,203	\$3.59	-33.3%	0.0%	\$0.63	15	-3	28	-7	82.1%	17.9%
GENITOURINARY	\$3,082	\$3.46	22444.8%	0.0%	\$0.08	2	1	2	1	0.0%	100.0%
BLOOD CLOT PREVENTION/STROKE PREVENTION	\$3,028	\$3.40	38.0%	0.0%	\$0.53	6	1	15	0	46.7%	53.3%
ASTHMA / COPD	\$2,450	\$2.75	-31.5%	0.0%	\$0.99	24	2	55	8	76.4%	10.9%
ADHD	\$2,438	\$2.74	58.9%	0.0%	\$0.14	5	2	9	4	55.6%	44.4%
CHOLESTEROL LOWERING AGENTS	\$2,304	\$2.59	49.8%	0.0%	\$1.04	34	2	82	4	100.0%	0.0%
GASTROINTESTINAL, MISC	\$2,136	\$2.40	-42.3%	0.0%	\$0.34	9	2	18	7	66.7%	33.3%
OVERACTIVE BLADDER / INCONTINENCE	\$2,087	\$2.34	33.0%	0.0%	\$0.40	4	1	10	4	60.0%	40.0%
ANTIVIRALS	\$2,001	\$2.25	-33.9%	0.0%	\$0.15	18	-6	18	-6	94.4%	5.6%
CONTRACEPTION	\$1,315	\$1.48	-32.8%	0.0%	\$0.00	7	-1	15	-6	60.0%	40.0%
SEIZURE DISORDERS	\$1,093	\$1.23	-13.1%	0.0%	\$0.28	12	-1	31	6	96.8%	3.2%
MISC SKIN CONDITION	\$982	\$1.10	-69.5%	0.0%	\$0.10	12	4	16	4	100.0%	0.0%
ALLERGIES	\$898	\$1.01	-36.7%	0.0%	\$0.11	14	5	15	3	93.3%	6.7%
ANTIBIOTICS	\$777	\$0.87	-48.0%	0.0%	\$0.56	69	1	101	6	100.0%	0.0%
ULCER/ACID REFLUX/GERD	\$705	\$0.79	-68.7%	0.0%	\$0.35	16	0	32	-2	100.0%	0.0%
NON-NARCOTIC ANALGESICS	\$618	\$0.69	-78.5%	0.0%	\$0.17	18	-7	29	-16	100.0%	0.0%
GLAUCOMA	\$505	\$0.57		0.0%	\$0.06	1	1	1	1	0.0%	100.0%
VACCINES	\$436	\$0.49	11.2%	0.0%	\$0.00	5	3	6	1	0.0%	100.0%
EAR CONDITION	\$424	\$0.48	146.0%	0.0%	\$0.06	2	0	2	0	0.0%	100.0%
NARCOTIC ANALGESICS	\$400	\$0.45	-13.9%	0.0%	\$0.18	22	2	36	-8	100.0%	0.0%
OSTEOPOROSIS	\$344	\$0.39		0.0%	\$0.01	1	0	2	1	100.0%	0.0%
BLOOD GLUCOSE MONITORING	\$338	\$0.38	-25.6%	0.0%	\$0.08	2	0	2	0	0.0%	100.0%
RECTAL PREPARATIONS	\$324	\$0.36	172.2%	0.0%	\$0.06	3	2	3	2	33.3%	66.7%
TRANSPLANT	\$291	\$0.33	100.9%	0.0%	\$0.02	1	0	4	0	100.0%	0.0%
THYROID REPLACEMENT	\$272	\$0.31	-48.0%	0.0%	\$0.78	17	-2	39	-12	64.1%	25.6%
TOPICAL ANTI-FUNGAL	\$255	\$0.29	88.2%	0.0%	\$0.05	7	5	9	7	100.0%	0.0%
COUGH AND COLD	\$245	\$0.27	-23.6%	0.0%	\$0.15	21	6	26	9	100.0%	0.0%
ANTI-INFLAMMATORY (STEROIDS)	\$218	\$0.24	-3.3%	0.0%	\$0.13	18	1	24	3	100.0%	0.0%
URINARY TRACT INFECTIONS	\$217	\$0.24		0.0%	\$0.08	4	4	5	5	80.0%	0.0%
PROSTATIC HYPERTROPHY	\$197	\$0.22	8.7%	0.0%	\$0.05	5	-1	8	-1	100.0%	0.0%
MUSCLE RELAXANTS	\$182	\$0.20	-65.7%	0.0%	\$0.09	8	-9	15	-16	100.0%	0.0%
MISC WOMEN'S HEALTH	\$153	\$0.17		0.0%	\$0.06	1	1	1	1	0.0%	100.0%
NAUSEA / VOMITING	\$129	\$0.14	-43.1%	0.0%	\$0.07	12	5	13	6	100.0%	0.0%
ANTIFUNGALS	\$120	\$0.13	-82.4%	0.0%	\$0.05	9	3	9	2	100.0%	0.0%
INSOMNIA	\$91	\$0.10	-15.9%	0.0%	\$0.03	5	2	8	4	100.0%	0.0%
OPHTHALMIC AGENTS	\$75	\$0.08	-84.1%	0.0%	\$0.04	5	2	7	2	100.0%	0.0%
ORAL INFLAMMATORY LESIONS	\$66	\$0.07		0.0%	\$0.01	1	1	1	1	100.0%	0.0%

## Top-25 Specialties

### Summary

Plan Paid: N/A

PMPM: N/A

Trend: N/A

% Total SPEC: N/A

ECS % Total Paid: N/A

Paid per 30 DS: N/A

Utilizers: N/A

# Top-40 Non-Specialty Drugs

## Summary

Plan Paid: \$42,144

PMPM: \$47.30

Trend: 26.1%

% Total: 73.6%

ECS % Total Paid: 10.2%

Paid per 30 DS: \$114.40

Utilizers: 137

Drug Name	Disease State	Plan Paid	PMPM	Trend	Paid 30DS	ECS PMPM	Utilizers	Utilizers Chg	Rx Cnt	Rx Chg
VICTOZA	DIABETES	\$5,095	\$5.72	12.1%	\$849.22	\$0.11	2	1	2	-2
ELMIRON	GENITOURINARY	\$3,082	\$3.46		\$770.61	\$0.08	2	2	2	2
TRULICITY	DIABETES	\$2,881	\$3.23	6.0%	\$771.63	\$0.11	1	0	4	0
BYSTOLIC	CARDIOVASCULAR	\$2,545	\$2.86	37.4%	\$115.69	\$0.51	5	1	10	0
OZEMPIC	DIABETES	\$2,120	\$2.38		\$757.18	\$0.06	1	1	1	1
OSELTAMIVIR PHOSPHATE	ANTIVIRALS	\$1,823	\$2.05	-13.0%	\$643.28	\$0.08	15	-2	15	-2
VYVANSE	ADHD	\$1,682	\$1.89	54.9%	\$420.42	\$0.11	2	0	4	0
TRINTELLIX	DEPRESSION	\$1,667	\$1.87	26.4%	\$333.31	\$0.28	2	1	5	1
TOVIAZ	OVERACTIVE BLADDER / INCONTINENCE	\$1,612	\$1.81	201.5%	\$268.74	\$0.34	2	1	4	2
XARELTO	BLOOD CLOT PREVENTION/STROKE PREVENTION	\$1,595	\$1.79	101.6%	\$398.71	\$0.22	1	0	4	2
ZENPEP	GASTROINTESTINAL, MISC	\$1,577	\$1.77	-50.5%	\$1,478.88	\$0.06	1	0	2	-2
PREMARIN	MALE AND FEMALE HORMONE REPLACEMENT	\$1,372	\$1.54	-3.0%	\$137.23	\$0.20	3	0	4	-2
BRILINTA	BLOOD CLOT PREVENTION/STROKE PREVENTION	\$1,299	\$1.46	294.5%	\$324.85	\$0.22	1	0	4	3
BREO ELLIPTA	ASTHMA / COPD	\$1,242	\$1.39	2.0%	\$310.46	\$0.11	2	0	2	0
JANUVIA	DIABETES	\$1,222	\$1.37	-48.4%	\$407.17	\$0.06	1	-1	1	-3
NUVARING	CONTRACEPTION	\$982	\$1.10	57.2%	\$175.31	\$0.00	2	0	6	2
LANTUS SOLOSTAR	DIABETES	\$802	\$0.90	122.6%	\$401.05	\$0.06	1	0	2	1
ATORVASTATIN CALCIUM	CHOLESTEROL LOWERING AGENTS	\$563	\$0.63	285.0%	\$13.09	\$0.38	13	1	29	2
ESTRADIOL	MALE AND FEMALE HORMONE REPLACEMENT	\$531	\$0.60	4.6%	\$17.83	\$0.18	8	-2	14	-2
LUMIGAN	GLAUCOMA	\$505	\$0.57		\$168.36	\$0.06	1	1	1	1
CARBAMAZEPINE ER	SEIZURE DISORDERS	\$492	\$0.55	2.9%	\$163.96	\$0.01	1	0	1	0
CELECOXIB	NON-NARCOTIC ANALGESICS	\$474	\$0.53	-81.5%	\$47.40	\$0.04	2	-1	6	-2
PROGESTERONE	MALE AND FEMALE HORMONE REPLACEMENT	\$465	\$0.52	114.9%	\$92.95	\$0.07	2	0	5	2
AMPHETAMINE/DEXTOAMPHETAMINE	ADHD	\$463	\$0.52		\$115.83	\$0.02	2	2	4	4
LYRICA	SEIZURE DISORDERS	\$444	\$0.50	-31.2%	\$444.07	\$0.03	1	0	1	0
MONTELUKAST SODIUM	ASTHMA / COPD	\$436	\$0.49	115.0%	\$9.92	\$0.53	16	2	38	7
BETAMETHASONE DIPROPIONATE	MISC SKIN CONDITION	\$430	\$0.48		\$198.62	\$0.03	2	2	5	5
ANGELIQ	MALE AND FEMALE HORMONE REPLACEMENT	\$425	\$0.48	-46.2%	\$151.66	\$0.11	1	0	1	-1
CIPRODEX	EAR CONDITION	\$424	\$0.48		\$706.68	\$0.06	2	2	2	2
ESTERIFIED ESTROGENS/METHYLTEST	MALE AND FEMALE HORMONE REPLACEMENT	\$410	\$0.46	-3.9%	\$102.46	\$0.07	1	0	4	0
PANTOPRAZOLE SODIUM	ULCER/ACID REFLUX/GERD	\$399	\$0.45	295.6%	\$12.47	\$0.24	10	2	20	5
METFORMIN HYDROCHLORIDE	DIABETES	\$394	\$0.44	17790.4%	\$9.44	\$0.33	12	4	29	8
OMEGA-3-ACID ETHYL ESTERS	CHOLESTEROL LOWERING AGENTS	\$389	\$0.44	91.6%	\$129.66	\$0.03	1	0	3	2
TELMISARTAN	CARDIOVASCULAR	\$358	\$0.40	161.3%	\$59.61	\$0.08	2	1	6	2
RISEDRONATE SODIUM DR	OSTEOPOROSIS	\$344	\$0.39		\$184.14	\$0.01	1	1	2	2
ONETOUCH ULTRA BLUE	BLOOD GLUCOSE MONITORING	\$338	\$0.38	-18.2%	\$99.29	\$0.08	2	1	2	1
ROSUVASTATIN CALCIUM	CHOLESTEROL LOWERING AGENTS	\$321	\$0.36	-43.5%	\$16.89	\$0.19	6	2	13	3
FLOVENT HFA	ASTHMA / COPD	\$316	\$0.35	-51.6%	\$157.82	\$0.06	1	0	1	0
DULOXETINE HCL	DEPRESSION	\$315	\$0.35	-61.5%	\$39.37	\$0.04	3	-1	8	-5
SPIRONOLACTONE	CARDIOVASCULAR	\$311	\$0.35	187.1%	\$34.53	\$0.10	3	-1	7	0

Top-40 Specialty Drugs

Summary

Plan Paid: N/A  
PMPM: N/A  
Trend: N/A  
% Total SPEC: N/A  
ECS % Total Paid: N/A  
Paid per 30 DS: N/A  
Utilizers: N/A