

# Account Analytics

## City of Boston Blue Care Elect Preferred Analysis and Recommendations

Prepared by BCBSMA  
Period July 1, 2014 to June 30, 2017



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An Independent Licensee of the Blue Cross and Blue Shield Association

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# Account Analytics

## Analysis



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### Medical Eligible Charges

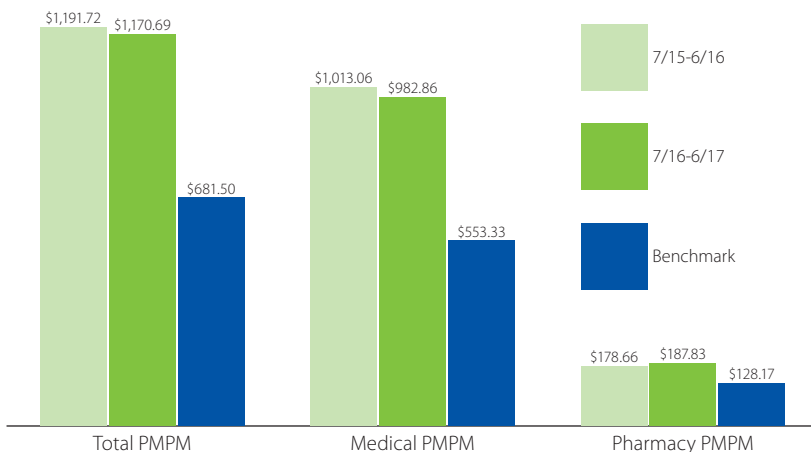
	7/14-6/15	7/15-6/16	7/16-6/17
Eligible Charges	\$44,265,805	\$80,875,004	\$75,933,915
Negotiated Discount	\$21,747,332	\$39,860,852	\$37,647,742
Paid Expense	\$21,180,336	\$39,346,345	\$36,560,522

divided by member months

	7/14-6/15	7/15-6/16	7/16-6/17
Paid PMPM	\$1,270.54	\$1,191.72	\$1,170.69
Member Cost Share PMPM	\$55.69	\$52.62	\$51.74
Percent Discount	46.4%	47.6%	47.9%
Network Utilization	96.1%	95.2%	94.8%

- Blue Cross Blue Shield's negotiated discounts have saved City of Boston more than \$99 million in the past three periods.
- The average member incurred \$14,669 in claims in the most recent period; on average, the plan covered \$14,048, while the member paid \$621 out-of-pocket in the form of deductibles, coinsurance and copays.

### Total PMPM



- Total PMPM decreased 2% and was 72% greater than the benchmark PMPM.
- Medical PMPM decreased 3% and was 44% greater than benchmark.
- The difference in PMPM from the benchmark was driven by facility outpatient and facility inpatient services.

### Member Cost Sharing

	7/15-6/16	7/16-6/17	Benchmark
Total Cost Share	\$52.62	\$51.74	\$77.22
% of Total Claims	4.2%	4.2%	10.2%
Medical Cost Share	\$30.93	\$30.24	\$61.64
% of Med Claims	3.0%	3.0%	10.1%
Pharmacy Cost Share	\$21.68	\$21.50	\$15.58
% of Rx Claims	10.8%	10.3%	10.9%

### Utilization

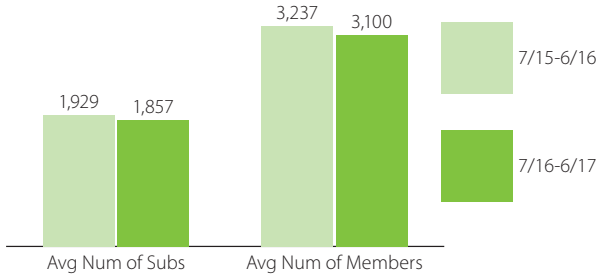
(per 1000 members)	7/15-6/16	7/16-6/17	Benchmark
Inpatient	201	175	83
Office Visits	6,337	6,674	4,881
Prescriptions	23,292	23,325	15,719

### Additional Metrics

	7/15-6/16	7/16-6/17	Network
Average Medical Discount	47.6%	47.9%	49.7%
Network Utilization	95.2%	94.8%	95.8%



### Demographic Details

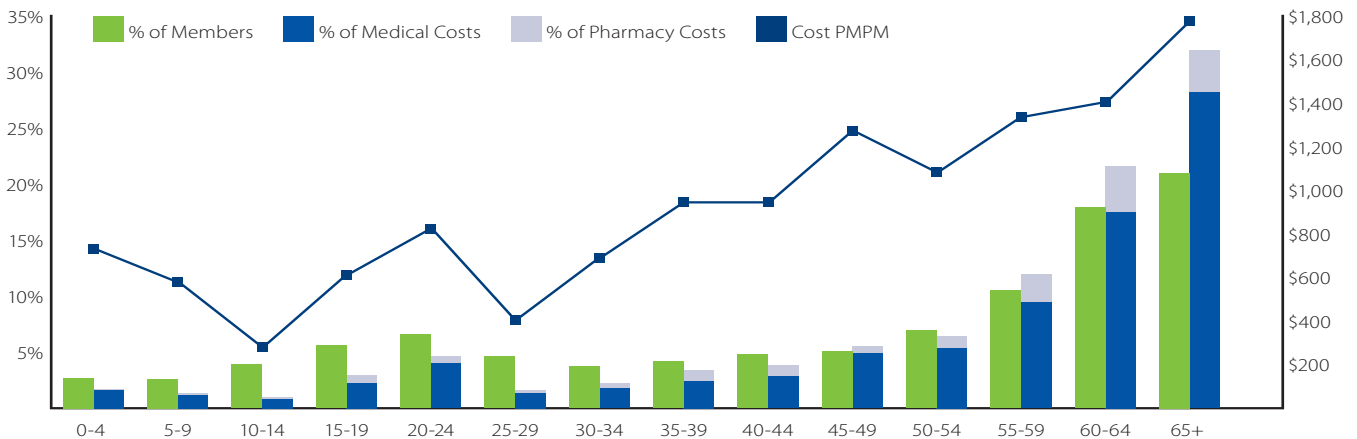


- ◆ The average number of subscribers remained fairly constant (-4%) from the prior period.
- ◆ The average number of members remained fairly constant (-4%) from the prior period.

	7/15-6/16	7/16-6/17	Network
% Female	56.3%	55.9%	49.5%
Avg. Subscriber Age	59	59	45
Avg. Member Age	48	48	34
Avg. Contract Size	1.7	1.7	2.3

- ◆ The average member age remained the same from the prior period and was 13.7 years older than the network average.
- ◆ The average contract size was 1.7, compared with the benchmark of 2.3.
- ◆ The age distribution shows the highest percentage of members in the 55-59, 60-64, and 65+ age bands.
- ◆ These demographic factors are already figured into the benchmark calculations for any measure labeled “benchmark”.

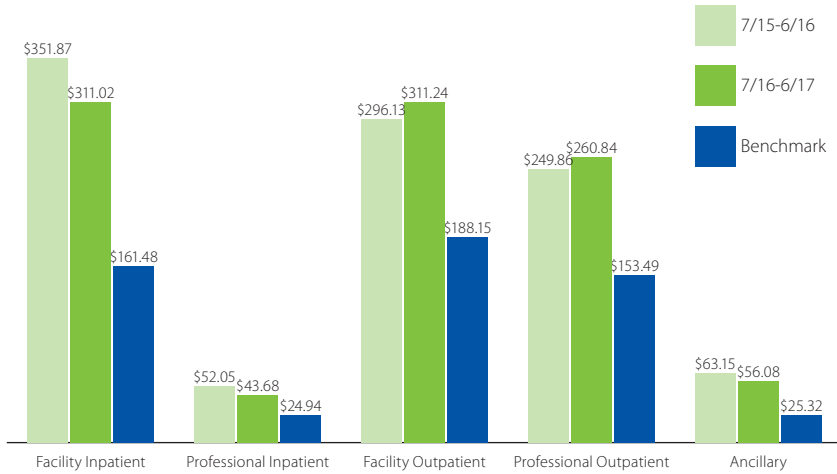
### Claims versus Age



# Analysis

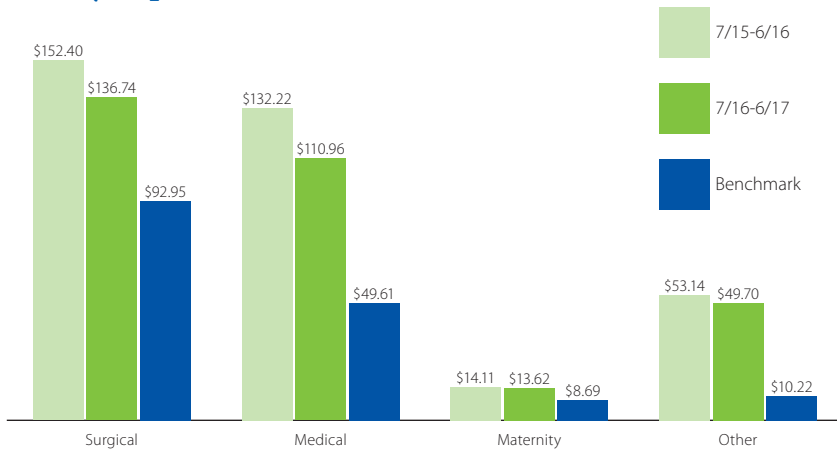
## Medical PMPM by Type of Service

### Major Types of Service



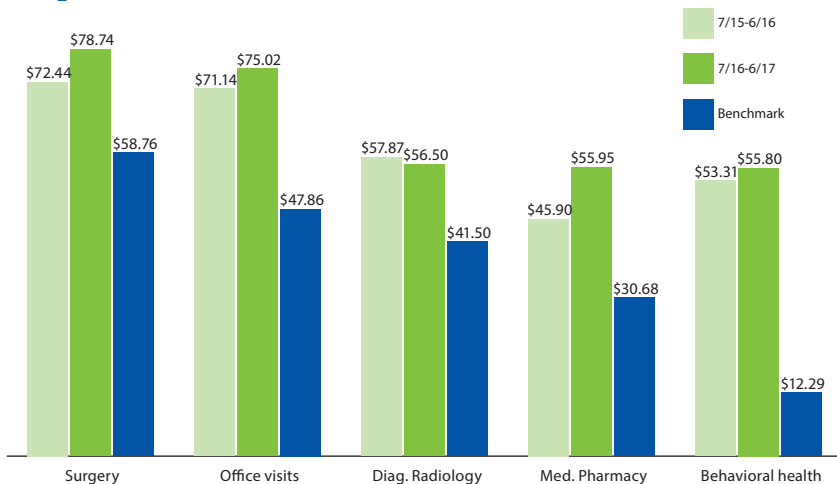
- ◆ Medical PMPM was greater than the benchmark.
- ◆ Outpatient treatment accounted for 58% of medical claims (benchmark: 62%). Total outpatient claims increased 5% and were 67% above the benchmark.
- ◆ Inpatient claims decreased 12% from the previous period and were 90% higher than the benchmark.
- ◆ Ancillary accounted for 6% of medical claims.

### Facility Inpatient Detail



- ◆ Members with net claims above \$50,000 generated 83% of inpatient facility claims.
- ◆ Joint degeneration, heart transplant, and major infectious disease accounted for 29% of inpatient claims.
- ◆ Medical costs fell 16%, but were 124% above the benchmark.
- ◆ Maternity costs decreased 4%, but were 57% higher than the benchmark.

### Outpatient Detail



- ◆ Breast cancer, substance abuse, depression, joint degeneration, and chronic renal failure generated 27% of outpatient claims.
- ◆ Surgery costs increased 9% and were 34% higher than the benchmark.
- ◆ Office visits costs increased 5% and were 57% higher than the benchmark.
- ◆ Diagnostic radiology costs decreased 2%, but were 36% higher than the benchmark.



### Top 10 Clinical Conditions by Cost

Episode Treatment Group	Members	Total Cost	Cost per Member	Benchmark Cost/Mbr	Member Rate per 1000	
					City of Boston	Benchmark
1 Joint Degeneration, Localized	638	\$3,295,734	\$5,166	\$4,090	206.7 [s]	176.8
2 Depression	473	\$2,029,589	\$4,291	\$2,388	153.3 [s]	88.0
3 Malignant Neoplasm of the Breast	73	\$1,971,018	\$27,000	\$20,585	23.7 [s]	17.3
4 Substance Abuse/Drug dependence	137	\$1,938,242	\$14,148	\$3,626	44.4 [s]	34.3
5 Diabetes	328	\$1,563,838	\$4,768	\$2,491	106.3 [s]	93.8
6 Coronary Artery Disease	184	\$1,335,993	\$7,261	\$8,970	59.6 [s]	42.6
7 Chronic Renal Failure	115	\$1,275,977	\$11,095	\$10,800	37.3 [s]	17.9
8 Heart Transplant	1	\$1,227,542	\$1,227,542	\$785,255	0.32	0.00
9 Hypertension	1,000	\$1,152,607	\$1,153	\$830	324.0 [s]	269.0
10 Inflammation of Skin & Subcutaneous Tissue	705	\$1,141,107	\$1,619	\$691	228.4 [s]	156.2

1. Any bar marked with / has been truncated.
2. [s] indicates a significant difference from benchmark.

- ◆ The top 10 episode treatment groups (ETGs) drove 35% of combined medical and pharmacy costs—39% of inpatient claims costs, 35% of outpatient claims costs, and 34% of pharmacy claims costs.
- ◆ The rate of routine care was similar to the benchmark.
- ◆ Joint degeneration was City of Boston’s highest cost-ranked ETG. The prevalence of joint degeneration, which includes osteoarthritis, joint replacements and back problems, was 17% higher than the benchmark. This condition was responsible for 6.9% of City of Boston’s claims. Three high cost claimants, representing \$9.23 PMPM in claims, had a primary ETG of joint degeneration. Lack of physical fitness is a risk factor for joint degeneration.
- ◆ City of Boston’s prevalence of depression was 74% higher than the benchmark. 69% of depression claims PMPM were incurred in the outpatient setting, while 17% were pharmacy claims. Utilization of antidepressants was 59% higher than the benchmark, which reflects the prevalence of depression in the population.
- ◆ While ‘heart transplant’ is not usually among the top cost-ranked ETGs, high cost claimants drove this ETG into the top 10. A listing of high cost claimants is located at the end of this report.



### By Major Diagnostic Category

Major Diagnostic Category	Admissions per 1000 Members			PMPM			Cost per Admission	
	7/15-6/16	7/16-6/17	Benchmark	7/15-6/16	7/16-6/17	Benchmark	7/16-6/17	Benchmark
Musculoskeletal System	34.3	29.7	16.0	\$70.75	\$64.65	\$42.32	\$26,140	\$31,700
Circulatory System	20.7	22.9	9.8	\$43.11	\$60.26	\$30.63	\$31,573	\$37,321
Infectious/Parasitic Disease	14.8	8.7	4.0	\$49.12	\$34.90	\$12.17	\$48,080	\$36,140
Digestive System	19.5	12.3	8.0	\$38.34	\$28.26	\$17.16	\$27,662	\$25,622
Respiratory System	13.0	14.8	6.9	\$20.74	\$26.00	\$14.13	\$21,022	\$24,600
Injuries and Drug Toxicity	2.5	1.9	1.0	\$4.53	\$22.20	\$2.07	\$137,618	\$25,490
Nervous System	14.2	10.6	5.5	\$37.71	\$21.26	\$14.29	\$23,963	\$31,023
Alcohol/Drug Use	22.2	22.6	4.4	\$10.24	\$18.08	\$1.80	\$9,608	\$4,917
Kidneys & Urinary Tract	7.1	8.1	2.8	\$11.50	\$17.06	\$5.25	\$25,377	\$22,399
Pregnancy & Childbirth	7.1	6.1	7.1	\$15.17	\$9.96	\$8.78	\$19,504	\$14,802
All Others	45.7	37.1	17.3	\$83.77	\$59.85	\$34.41	n/a	n/a
<b>Total Admissions</b>	<b>201.1</b>	<b>174.8</b>	<b>83.0</b>	<b>\$384.97</b>	<b>\$362.48</b>	<b>\$183.00</b>	<b>\$24,877</b>	<b>\$26,460</b>

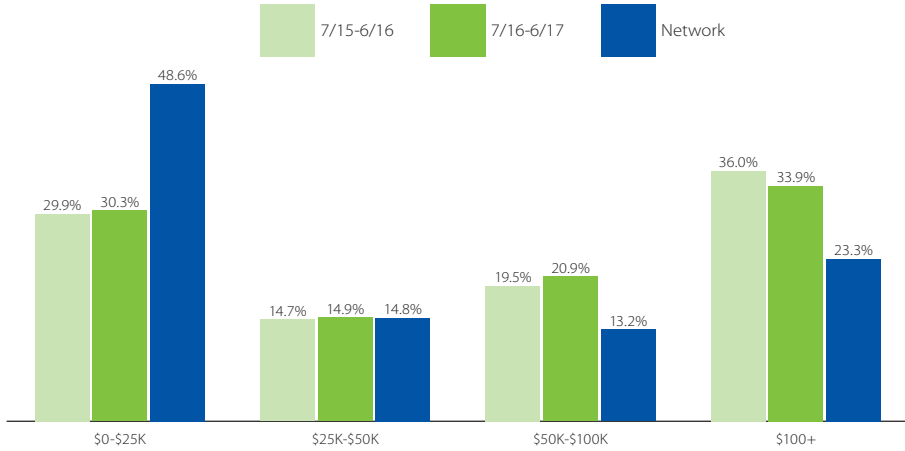
- ◆ Inpatient utilization was 111% greater than the benchmark and decreased 13% from the 7/15-6/16 period. This decrease in utilization was driven by falling digestive system and infectious/parasitic disease admissions. Inpatient PMPM was 98% greater than the benchmark and decreased 6% from the previous period.
- ◆ Musculoskeletal system admissions were City of Boston's most expensive inpatient diagnostic category and were responsible for 17% of total admissions. Musculoskeletal system PMPM was 53% higher than the benchmark, while admissions were 85% higher than the benchmark. There were two high cost claimants with musculoskeletal conditions who incurred \$8.73 in inpatient claims PMPM.
- ◆ Circulatory system admissions were the second most expensive inpatient diagnostic category, representing 13% of total admissions. Circulatory system PMPM was 97% higher than the benchmark, while admissions were 133% higher than the benchmark. PMPM increased 40% from the prior period.
- ◆ Infectious/parasitic disease PMPM was 187% higher than the benchmark, while admissions were 116% higher than the benchmark. Utilization decreased 41% and PMPM decreased 29% from the prior period.
- ◆ Digestive system admissions were 53% higher than the benchmark, while PMPM was 65% higher than the benchmark. Utilization decreased 37% and PMPM decreased 26% from the prior period. This diagnostic category includes colon cancer, of which three high cost members had a primary ETG.
- ◆ Respiratory system admissions were 115% higher than the benchmark, while PMPM was 84% higher than the benchmark. Utilization increased 14% and PMPM increased 25% from the prior period.



# Analysis

## Distribution of Claims

### By Claimant Band



- ◆ The percentage of members with claims under \$10,000 for the twelve-month period did not change materially from the previous period and was 8.6 percentage points less than the network average of 97.1%.
- ◆ 7% of members had no claims in 7/16-6/17, while 7% of members had no claims in the prior period.

### Claimants > \$25,000

Claimants	Total Payments	Cost PMPM	% of Total PMPM	% of Total Membership
387	\$30,341,564	\$815.68	69.7%	12.5%

- ◆ During the 7/16-6/17 period, 74 members had claims in excess of \$100,000 and accounted for 33.9% of claims, which was greater than the network average of 23.3%.
- ◆ Members with claims above \$50,000 accounted for 54.7% of claims, compared to 55.5% during the prior period.

### Top High Cost Claims

ETG Description	Total Net Payments	PMPM
1 Heart Transplant	\$1,011,160	\$27.18
2 Malignant Neoplasm of the Stomach and Esophagus	\$453,486	\$12.19
3 Neoplastic Disease of Blood and Lymphatic System Except Leukemia	\$445,879	\$11.99
4 Behavioral Health	\$438,308	\$11.78
5 Kidney Transplant	\$434,329	\$11.68
6 Chronic Renal Failure	\$394,958	\$10.62
7 Malignant Neoplasm of the Breast	\$359,898	\$9.68
8 Malignant Neoplasm of Endocrine Glands	\$310,648	\$8.35
9 Gastric Ulcer	\$272,522	\$7.33
10 Malignant Neoplasm of the Intestines, Abdomen and Rectum	\$270,654	\$7.28

- ◆ In the current period, the top 10 claims represented 10.1% of total claims dollars.
- ◆ Claimants #2, #3 and #8 are inactive.



### Cost and Utilization Overview

	7/15-6/16	7/16-6/17	Benchmark
Average Plan Cost per Script	\$92.05	\$96.63	\$97.84
Average Member Cost Share per Script	\$11.17	\$11.06	\$11.99
% Plan Cost	89.2%	89.7%	89.1%
% Member Contribution	10.8%	10.3%	10.9%
Scripts per Member per Year	23.3	23.3	15.7

Brand vs Generic	Network		
Average Single Source Brand Cost per Script	\$530.14	\$574.89	\$576.78
Average Multi-Source Brand Cost per Script	\$235.28	\$275.86	\$275.69
Average Generic Cost per Script	\$27.24	\$25.31	\$27.16
% Single Source Brand Scripts	11.7%	12.1%	12.6%
% Multi-Source Brand Scripts	2.9%	2.0%	2.2%
% Generic Scripts	85.4%	85.9%	85.2%

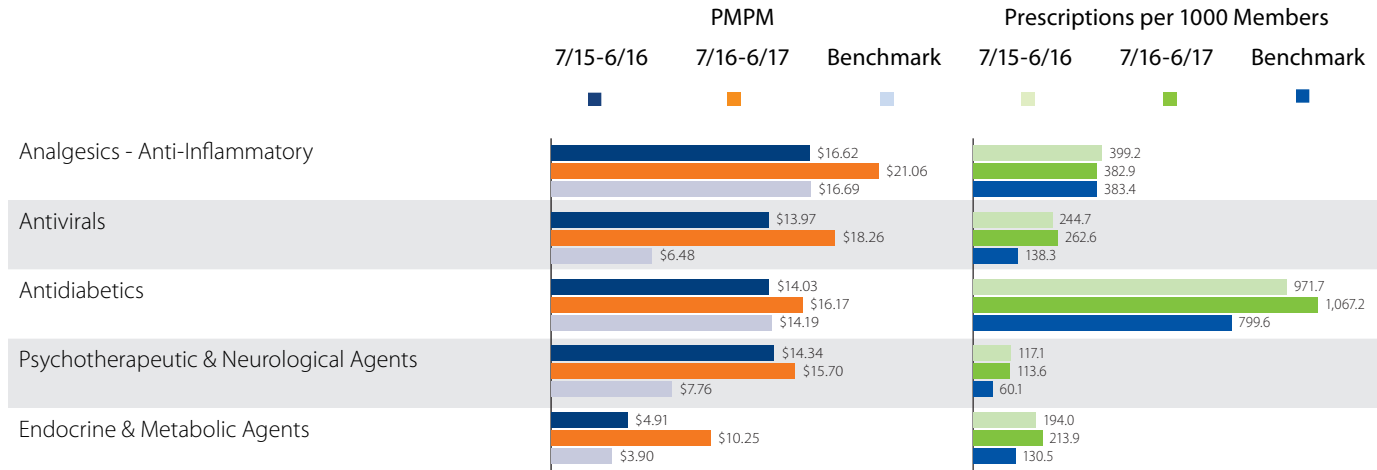
Mail vs Retail	Network		
Mail %	9.6%	9.2%	11.0%
Retail %	90.4%	90.8%	89.0%

Period Totals	Benchmark		
Pharmacy Eligible Charges	\$12,280,759	\$12,455,428	n/a
Pharmacy Discount	\$4,499,678	\$4,668,745	n/a
Total Plan Cost	\$6,938,929	\$6,986,746	n/a
Total Member Contribution	\$842,153	\$799,937	n/a
Total Script Count	75,385	72,305	n/a
Plan Cost PMPM	\$178.66	\$187.83	\$128.17

\* The table reflects retail and mail order prescriptions only. Injectable treatments, such as chemotherapy, that are handled in the outpatient setting are not included here.

- ◆ Pharmacy PMPM was 47% higher than the benchmark of \$128.17.
- ◆ Utilization of the pharmacy benefit was 48% higher than the benchmark, and the average cost per prescription was 1% lower than the benchmark.
- ◆ City of Boston's 5.1% increase in its pharmacy PMPM can be attributed to a 5% increase in the average cost per prescription.
- ◆ On average, for each prescription filled, the plan covered \$96.63 (90% of the prescription's cost), while the member paid \$11.06 in copays and/or deductibles.
- ◆ Generic utilization was 0.7 percentage points higher than the network average and stayed relatively constant from the prior period.
- ◆ Mail order utilization was 1.8 points lower than the network average and stayed relatively constant from the prior period.

### Top 5 Pharmacy Classes Ranked by PMPM



- ◆ The change in utilization was partially driven by decreases in the utilization of analgesics - opioid, antidepressants, and antiasthmatic and bronchodilator agents.
- ◆ Cardiovascular disease, cancer and behavioral health accounted for over 38% of pharmacy claims dollars.
- ◆ Analgesics - Anti-Inflammatory were the highest cost-ranked pharmacy class. Analgesics - Anti-Inflammatory PMPM was 26% greater than the benchmark. Utilization was similar to the benchmark. The cost per prescription was 26% higher than expected.
- ◆ Antivirals were the second highest cost-ranked pharmacy class. Antiviral utilization increased 7% and was 90% higher than the benchmark. The average cost per prescription was 48% higher than expected. HIV, herpes, hepatitis and influenza can drive antiviral medication costs.
- ◆ Antidiabetic utilization went up 10% and was 33% higher than the benchmark, which reflects the prevalence of diabetes in the population.
- ◆ Psychotherapeutic & Neurological Agents PMPM was 102% greater than the benchmark. Utilization was 89% greater than the benchmark. The cost per prescription was 7% higher than expected.

### HEDIS® Measures

HEDIS\* is a set of standardized performance measures designed by the National Committee on Quality Assurance to allow employers and consumers to include quality measures in their evaluation of health care plan performance. The performance measures in HEDIS are related to many significant public health issues. Listed below are three pediatric health and three adult oncology measures that are key to preventive care.

	2015	2016	HIA Average	Variance from HIA
Breast Cancer Screening Rate (Mammogram)	60.5%	57.6%	78.5%	-20.9
Cervical Cancer Screening Rate (Pap Smear)	71.6%	69.3%	74.0%	-4.7
Colorectal Cancer Screening Rate (Colorectal Tests)**	69.8%	70.5%	65.1%	5.4
Well Child Visits in the First 15 Months of Life (Routine Checkups)	n/a	n/a	92.0%	n/a
Well Child Visits in the First 3-6 Years of Life (Routine Checkups)	86.0%	92.4%	88.0%	4.4
Adolescent Well Care Visits (Routine Checkups)	71.0%	72.6%	63.5%	9.1

- ◆ One oncology screening measure was higher than its HIA average.
  - The breast cancer screening measure was 20.9 points less than the HIA average in 2016.
  - The cervical cancer screening measure was 4.7 points less than the HIA average in 2016.
  - The colorectal cancer screening measure was 5.4 points greater than the HIA average in 2016.
  
- ◆ Two Well Child measures were higher than their HIA averages.
  - There was not sufficient continuous enrollment to calculate a first 15 months Well Child screening measure.
  - The 3 to 6 year-old Well Child screening measure was 4.4 points greater than the HIA average in 2016.
  - The adolescent Well Child screening measure was 9.1 points greater than the HIA average in 2016.

\* HEDIS® and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA).

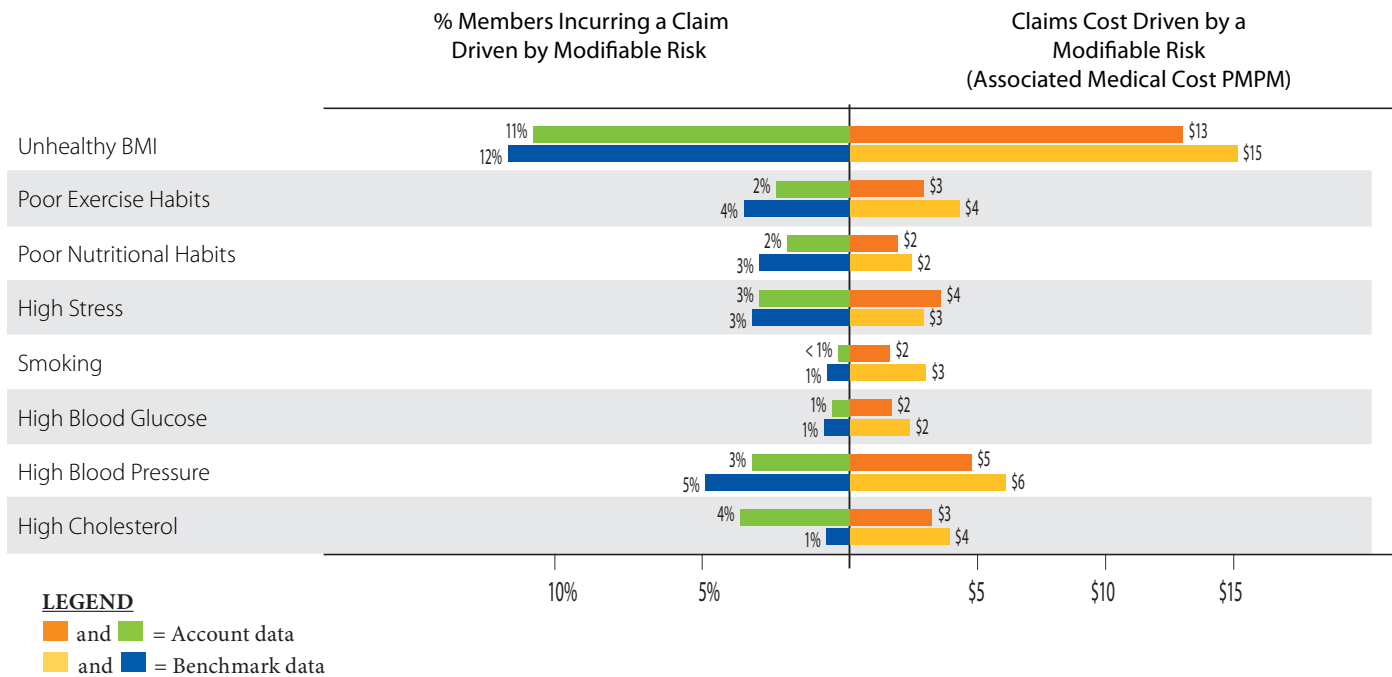


### Modifiable Risks

- ◆ 75% of chronic disease and associated medical costs are driven by modifiable lifestyle risks and behaviors. The Blue Cross Blue Shield of Massachusetts Modifiable Health Risk Report summarizes your claims by health outcome and can attribute a portion of those claims to modifiable risk factors using evidence-based Population Attributable Fractions (PAFs).
- ◆ This report indicates the estimated health cost that is associated with each modifiable risk. Using these insights, your Blue Cross Wellness Consultant can help you determine a targeted wellness program that is designed for impact in the areas your employees need it most.

### ETG Cost Attributed to Modifiable Risk Factors \*

Modifiable Risk Factor	% Members Incurring a Claim Driven by Modifiable Risk	Claims Cost Driven by a Modifiable Risk	National Prevalence
Unhealthy BMI	11%	\$10,828,364	38%
Poor Exercise Habits	2%	\$2,423,634	25%
Poor Nutritional Habits	2%	\$1,584,565	91%
High Stress	3%	\$2,976,108	NA
Smoking	< 1%	\$1,321,202	15%
High Blood Glucose	1%	\$1,376,170	44%
High Blood Pressure	3%	\$3,968,763	29%
High Cholesterol	4%	\$2,689,610	12%
<b>Total</b>		<b>\$27,168,416</b>	
<b>All Other</b>		<b>\$248,181,704</b>	



\* The Wellness Modifiable Risk Report model is not a clinical tool. It does not imply a direct impact on event rates, nor does it guarantee savings.  
 \* Percentages of condition costs attributed to these lifestyle risks are based on published literature. ETG costs attributed to modifiable risk factors are based on account-specific claims for the conditions impacted by the risk. This exhibit includes pharmacy information, as applicable.



# Account Analytics

## Summary



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### Areas of Opportunity

City of Boston's \$1,170.69 PMPM was 71.8% greater than the benchmark PMPM of \$681.50. City of Boston experienced a 1.8% decrease in its overall PMPM. The PMPM decline was driven by a drop in the percentage of high costs. The average age for City of Boston's membership is 14 years older than the network average and more similar to Early Retiree populations.

- ◆ The medical PMPM for City of Boston was well above medical costs for Early Retiree groups with similar demographics and member cost share.
- ◆ Utilization per 1,000 for admissions, office visits and prescription drugs were significantly above benchmarks. Office visit utilization was similar to Early Retiree groups.
- ◆ Costs for all types of service categories were well above benchmarks contributing to higher costs, with 58% driven by outpatient services. Behavioral health costs were more than 4 times greater than benchmark.

Among the top clinical conditions were joint degeneration, behavioral health, cardiometabolic disease. Key drivers of these conditions include lack of physical activity and stress.

- ◆ City of Boston's member rates for joint degeneration, behavioral health and cardiometabolic disease are reasonable compared to Early Retiree populations.
- ◆ The immunization screening and routine exams member rate was in line with the benchmark, but the screening rates for female related cancers were low.
- ◆ Admissions were more than double the benchmark and greater than the Early Retiree comparison groups. Musculoskeletal and behavioral health each represented 17% of total admissions and circulatory admissions represented another 13%; combined these three areas represented nearly half of total admissions.

### BCBSMA Programs and Resources

- ◆ Increase copays for imaging and emergency room services
- ◆ Promote Blue Distinction Centers and Find a Doc tools
- ◆ Offer SmartShopper and Telemedicine
- ◆ Promote the fitness and weight-loss benefit
- ◆ Promote ahealthyme.com, no-cost wellness resources/programs
- ◆ On-site pre-diabetes screening program (diabetes and weight-management focused)
- ◆ Online walking challenges via ahealthyme.com
- ◆ On-site education focused on nutrition and physical activity

The information in this report is to be considered confidential and is intended only for the use of the appropriately assigned individuals at City of Boston. This report and the related presentation discuss medical conditions and cases, but no personally identifiable information will be presented or discussed.

This report provides only a general estimate of an account's costs, health and quality and is for planning purposes only. It should not be used for determining the precise claims experience of any claimant, pricing for City of Boston, guarantees or exact quality of providers. It should not be used to determine results for performance guarantee agreements. BCBSMA accepts no responsibility or liability arising from or related to the use of this report.

# Account Analytics

## Glossary



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### Account Data

The report data is based on reporting periods of 12 months of incurred data and two months of additional runout to allow for further completion of the incurred period. No completion factors are applied to any periods.

Only data from BCBSMA commercial medical products has been used in the reports and analysis. Senior product (such as Medex or Blue Care 65) experience are excluded from the report.

### Comparative Data

Throughout the report and analysis, comparative data is used to provide additional depth or understanding of the group's relative position or ranking on certain metrics. The comparative data falls into three categories:

1. BCBSMA network averages: an unadjusted average of BCBSMA experience in the product family (Managed Care, PPO - Insured Only, PPO-ASC Only, Indemnity) during the reporting period.
2. BCBSMA benchmarks: an average of BCBSMA experience in the product family (Managed Care, PPO - Insured Only, PPO-ASC Only, Indemnity) during the reporting period adjusted based on actuarial factors to reflect the specific age and gender profile of the group.
3. National benchmarks: guidelines or thresholds published by non-BCBSMA affiliates and intended for use by a broader audience. These may include measures such as NCQA/HEDIS guidelines.

NOTE: The experience of accounts with greater than 100 subscribers only is used in calculating the BCBSMA network averages and benchmarks. All of the other account data definitions listed above apply.

### Recommended Preventive Screening Schedule

Screening Test	Who Needs Testing	Frequency of Testing
Pap Smear (Cervical Cancer)	Women, beginning at age 19	Every 1 – 3 years (consult your physician)
Mammogram (Breast Cancer)	Women, beginning at age 40	<ul style="list-style-type: none"> <li>◆ Every 1 – 2 years for women aged 40-49</li> <li>◆ Every year for ages 50-69</li> <li>◆ As recommended by physician for women aged 70 and older</li> </ul>
Colorectal Tests (Colorectal Cancer) <ul style="list-style-type: none"> <li>◆ Colonoscopy</li> <li>◆ Fecal Occult Blood Test (FOBT)</li> <li>◆ Sigmoidoscopy</li> <li>◆ Double Contrast Barium Enema (DCBE)</li> </ul>	Adults, beginning at age 50 (if at risk of colorectal cancer at younger age, start at age 40)	Choose one of the following: <ul style="list-style-type: none"> <li>◆ Colonoscopy every 10 years (preferred)</li> </ul> OR <ul style="list-style-type: none"> <li>◆ FOBT, Sigmoidoscopy, or DCBE as recommended by your physician</li> </ul>
Routine Checkups (Well Child Visits)	All children and adolescents	At the following ages: <ul style="list-style-type: none"> <li>◆ 1-2 weeks</li> <li>◆ 1 month</li> <li>◆ from 6 – 18 months, every 3 months</li> <li>◆ from 2 – 18 years, every year</li> <li>◆ 2 months</li> <li>◆ 4 months</li> </ul>

### Health Risk Issues Interventions

<b>Alcohol Use</b>	
◆ “Relax” Implementation Kit	◆ “Live Fit” online program offered through MyBlueHealth
◆ “Emotional Wellness” Implementation Kit	◆ Promote online health coaching
<b>Lack of Physical Fitness</b>	
◆ “Go Walking” 2-month pedometer-based program	◆ Promote online health coaching for exercise
◆ “Get Fit” online program offered through MyBlueHealth	◆ Offer/Promote the \$150 fitness benefit
<b>Inappropriate Level of Care</b>	
◆ Blue Care® Line	◆ Healthwise Knowledgebase offered through MyBlueHealth
◆ Quarterly email campaign to reduce inappropriate ER usage	◆ Ahealthyme.com
<b>Cardiovascular Disease</b>	
◆ “Eat Fit”, “Get Fit” and “QuitNet” online programs offered through MyBlueHealth	◆ Onsite Heart Health Seminars
◆ Promote Preventive screening guidelines	◆ Offer onsite biometric screenings
<b>Stress</b>	
◆ “12 Ways to Relieve Stress” poster	◆ “Relax” implementation kit
◆ “Live Fit” online program offered through MyBlueHealth	◆ Promote online health coaching for life skills



### Claim Expense

Eligible Charges – Medical: Sum of plan covered charges, uncompensated care pool payments, access fees, and provider withhold. Pharmacy: Sum of billed prescription charge, dispensing fees and sales tax.

High Cost Claimants: Members who incurred greater than \$100,000 in net medical and pharmacy claims during the reporting period.

% of Claims above \$100K:  $\text{Sum of Net Claims Associated with High Cost Claimants} \div \text{Sum of Net Claim Payments}$ .

In-Network Percentage:  $\text{Sum of In-Network Medical Payments} \div \text{Total Medical Payments}$ ; payments are considered in-network if the service is provided by a participating provider or in cases handled in an out-of-area emergency or urgent care setting.

Member Cost Share: Sum of co pay, coinsurance, deductibles and any patient penalties.

Member Months: Cumulative number of members enrolled each month in the reporting period (i.e. a member enrolled for a full year accumulates 12 member months); a member is counted as enrolled if they are active on the 15th of a particular month.

Net Claims: Sum of plan payments including eligible claims expense (less discounts and member or third party liability), uncompensated care pool payments, access fees and withhold amounts.

Negotiated Discount: Total reduction to eligible charges based on negotiated contracts with participating providers.

MPPM: [Payments] per Member per Month.

### PMPM Change

Demographic Change: Portion of trend attributed to a change in the age/gender profile of the group.

Net Claims Change: Change in year-over-year net claims PMPM.

Plan Design Change: Portion of trend attributed to a change in the benefit offerings of the group.

Price of Services/Unit Cost Change: Portion of trend attributed to a change in the negotiated price of an identical basket of services.

Utilization/Severity Change: Portion of trend attributed to a change in the rate of use of services (utilization) or the type of services (severity).

### Inpatient

Admissions: Admissions are determined based on the discharge date and unique provider and member identifiers. Well babies who are discharged with the mother are not included in the admission count.

Admissions Per 1,000:  $\text{Annualized rate of admissions for 1000 members} = (\text{Number of Admissions} \times 12000) \div \text{Member Months}$ .

Avg Cost Per Admit:  $\text{Sum of Plan Payments Related to Admissions} \div \text{Total Number of Admissions}$ ; this includes all facility, professional, and ancillary payments associated with the admission unless otherwise noted.

Avg Length of Stay (ALOS):  $\text{Total Number of Inpatient Days} \div \text{Total Number of Admissions}$ .

Inpatient Days: Number of days a member is hospitalized for an admission.

Inpatient Days Per 1,000:  $\text{Annualized rate of inpatient days for 1000 members} = (\text{Number of Inpatient Days} \times 12000) \div \text{Member Months}$ .

Major Diagnostic Category: A classification method that groups inpatient data by diagnosis related groups (DRG's) into mutually exclusive categories based on body system or disease type.

Therapeutic Classification Description	Drugs Used In The Treatment Of:	Sample Of Drugs In This Classification:
Alternative Medicines	Natural Or Herbal Products	Coenzyme, Adrenal, Aflexa
Amebicides	Intestinal Parasites	Yodoxin, Carbarsone, Emetine
Aminoglycosides	Bacterial Infections	Tobi, Gentamicin, Neomycin
Analgesics - Anti-Inflammatory	Pain And Inflammation	Celebrex, Vioxx, Enbrel
Analgesics - Narcotic	Moderate To Severe Pain	Oxycontin, Duragesic, Ultram
Analgesics - Nonnarcotic	Pain And Headache	Butalbital/Apap/Caffeine, Fioricet, Butal/Asa/Caff
Androgen-Anabolic	Endocrine Disorders	Androgel, Androderm, Danazol
Anorectal	Rectal Pain And Inflammation	Hydrocortisone, Proctosol, Proctofoam
Antacids	Mild Heartburn, Gas And Indigestion	Acid, Alagel, Alamag
Anthelmintic	Intestinal Worms	Mebendazole, Stromectol, Mintezol
Antianginal Agents	Management Of Anginal Attacks	Isosorbide, Nitroglycerin, Nitro-Dur
Antianxiety Agents	Anxiety	Lorazepam, Buspirone, Buspar
Antiarrhythmic	Cardiac Arrhythmias	Amiodarone, Tambocor, Propafenone
Antiasthmatic	Asthma	Singulair, Flovent, Advair
Anticoagulants	Prophylaxis Of Blood Clot Formation	Lovenox, Warfarin, Coumadin
Anticonvulsant	Prophylaxis Of Seizures	Neurontin, Topamax, Depakote
Antidepressants	Depression	Zoloft, Paxil, Celexa
Antidiabetic	Diabetes	Actos, Avandia, Glucophage
Antidiarrheals	Loose Stools	Diphenoxylate/Atropine, Lonox, Loperamide
Antidotes	Poisoning	Chemet, Actidose-Aqua, Actidose/Sorbitol
Antiemetics	Nausea And Vomiting	Zofran, Marinol, Kytril
Antifungals	Fungal Infections	Lamisil, Diflucan, Sporanox
Antihistamines	Allergies And Allergic Reactions	Claritin, Allegra, Zyrtec
Antihyperlipidemic	High Cholesterol	Lipitor, Pravachol, Tricor
Antihypertensive	Hypertension	Zestril, Diovan, Accupril
Antimalarial	Malaria	Hydroxychloroquine, Plaquenil, Quinine
Antimyasthenic Agents	Myasthenia Gravis	Mestinon, Pyridostigmine, Edrophonium
Antimycobacterial Agents	Tuberculosis	Rifampin, Ethambutol, Myambutol
Antineoplastics	Cancer	Lupron, Tamoxifen, Actimmune
Antiparkinsonian	Parkinson's Disease	Carbidopa/Levodopa, Mirapex, Permax
Antipsychotics	Psychotic Disorders	Zyprexa, Risperdal, Seroquel
Antiseptics & Disinfectants	Cleanser Of The Skin	Phisohex, Iodosorb, Lazerformalyde
Antiviral	Viral Infections	Rebetol, Peg-Intron, Combivir
Assorted Classes	Organ Transplant Rejection And Cancer	Prograf, Cellcept, Thalomid
Beta Blockers	Hypertension	Toprol, Atenolol, Coreg
Biologicals Misc	Diagnosing Allergies	Adagen, Albay, Alk
Calcium Blockers	Hypertension	Norvasc, Cartia, Nifedipine
Cardiotonics	Heart Failure	Lanoxin, Digitek, Digoxin
Cephalosporins	Bacterial Infections	Cefzil, Ceftin, Cefuroxime
Chemicals	Production Of Compound Medications	Phentolamine, Ribavirin, Pregnenolone
Contraceptives	Prevention Of Pregnancy	Ortho, Trivora-, Apri
Corticosteroids	Inflammation	Prednisone, Methylprednisolone, Entocort
Dermatological	Various Skin Diseases	Accutane, Dovonex, Aldara
Diagnostic Products	Diabetes To Monitor Blood Glucose Levels	One, Accu-Chek, Freestyle
Dietary Products	Nutritional Supplementation	Nutramigen, Alimentum, Neocate

Therapeutic Classification Description	Drugs Used In The Treatment Of:	Sample Of Drugs In This Classification:
Digestive Aids	Pancreatic Enzyme Deficiency	Creon, Ultrase, Pancrease
Diuretics	Hypertension	Spironolactone, Triamterene/Hydrochloroth, Hydrochlorothiazid
Estrogens	Female Hormone Deficiency	Prempro, Premarin, Estratest
Fluoroquinolones	Bacterial Infections	Levaquin, Cipro, Floxin
General Anesthetics	Surgery Anesthesia	Diprivan, Ketamine, Amidate
Gout	Gout	Allopurinol, Probenecid, Probenecid/Colchicine
Hematopoietic Agents	Anemias	Procrit, Neupogen, Neulasta
Hemostatics	Excessive Bleeding	Amicar, Aminocaproic, Actifoam
Hypnotics	Insomnia	Ambien, Sonata, Temazepam
Laxatives	Constipation Or Preparation For Colonoscopy	Miralax, Nulytely, Peg
Local Anesthetics-Parenteral	Local Anesthesia	Lidocaine, Sensorcaine-Mpf, Xylocaine
Macrolide Antibiotics	Bacterial Infections	Zithromax, Biaxin, Ery-Tab
Medical Devices	Medical Device	B-D, Aerochamber, Sof-Set
Migraine Products	Migraines	Imitrex, Zomig, Depakote
Minerals & Electrolytes	Mineral And Electrolyte Deficiencies	Potassium, Klor-Con, K-Dur
Misc Psychotherapeutic And Neurological Agents	Multiple Sclerosis	Avonex, Copaxone, Betaseron
Misc. Anti-Infectives	Bacterial Infections	Clindamycin, Zyvox, Vancocin
Misc. Cardiovascular	Erectile Dysfunction	Viagra, Tracleer, Caverject
Misc. Endocrine	Female Infertility	Fosamax, Gonal-F, Follistim
Misc. GI	Inflammatory Bowel Disease	Asacol, Pentasa, Rowasa
Misc. Hematological	Blood Clot Formation	Plavix, Pletal, Aggrenox
Misc. Respiratory	Respiratory Diseases	Pulmozyme, Aralast, Curosurf
Miscellaneous Genitourinary Products	Prostate Disease	Flomax, Proscar, Elmiron
Mouth & Throat (Local)	Mouth And Throat Diseases	Salagen, Mycelex, Nystatin
Musculoskeletal Therapy Agents	Musculoskeletal Pain	Skelaxin, Carisoprodol, Zanaflex
Ophthalmic	Eye Disorders	Xalatan, Patanol, Alphagan
Otic	Ear Disorders	Cipro, Neomycin/Polymyxin/Hydroc, Floxin
Oxytocics	Induce Uterine Contractions	Methergine, Cervidil, Ergonovine
Passive Immunizing Agents	Provide Immunity	Antirabies, Antivenin, Atgam
Penicillins	Bacterial Infections	Augmentin, Amoxicillin/Potassium, Amoxicillin
Pharmaceutical Adjuvants	Medium For Other Drugs	Sterile, Sodium, Bacteriostatic
Pressors	Elevate Blood Pressure	Epipen, Epipen-Jr, Proamatine
Progestins	Female Hormone Deficiency	Prometrium, Progesterone, Medroxyprogesterone
Stimulants/Anti-Obesity/Anorexiant	ADHD, Narcolepsy And Obesity	Concerta, Adderall, Provigil
Sulfonamides	Bacterial Infections	Sulfisoxazole, Gantrisin, Sulfadiazine
Systemic And Topical Nasal Products	Allergies	Flonase, Nasonex, Rhinocort
Tetracyclines	Bacterial Infections	Minocycline, Periostat, Doxycycline
Thyroid	Thyroid Disorders	Synthroid, Levoxyl, Methimazole
Toxoids	Provide Immunity	Acel-Imune, Acthib, Certiva
Ulcer Drugs	Ulcers	Prilosec, Protonix, Prevacid
Urinary Anti-Infectives	Bacterial Infections	Macrobid, Nitrofurantoin, Macrochantin
Urinary Antispasmodics	Overactive Bladder Symptoms	Detrol, Ditropan, Urecholine
Vaccines	Provide Immunity	Acthib, Attenuvax, B-Capsa
Vaginal Products	Vaginal Conditions	Premarin, Terazol, Metrogel
Vitamins	Nutritional Deficiencies	Calcitriol, Rocaltrol, Potaba