

# State of Delaware - Quarterly Financial Reporting

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## FY24 Q3 Cost Analysis

*It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.*

May 2024



**State of Delaware**  
**Health Plan Quarterly Financial Reporting**  
**FY24 Q3 Plan Cost Analysis**

**Summary plan information**

- FY24 YTD compared to FY23 YTD:

Summary (total)	FY24			FY23			% Change		
	Medical	Rx	Total <sup>2</sup>	Medical	Rx	Total <sup>2</sup>	Medical	Rx	Total <sup>2</sup>
Gross claims <sup>1</sup>	\$564.9	\$309.2	\$874.1	\$531.0	\$280.5	\$811.5	▲ 6.4%	▲ 10.3%	▲ 7.7%
Total program cost (\$M) <sup>2</sup>	\$591.9	\$153.4	\$747.9	\$568.2	\$142.2	\$712.8	▲ 4.2%	▲ 7.8%	▲ 4.9%
Premium contributions (\$M) <sup>3</sup>	\$599.4	\$144.4	\$743.8	\$543.2	\$136.4	\$679.6			▲ 9.4%
Total cost PEPY	\$10,308.0	\$2,652.0	\$13,020.0	\$10,044.0	\$2,520.0	\$12,612.0	▲ 2.6%	▲ 5.2%	▲ 3.2%
Total cost PMPY	\$5,928.0	\$1,536.0	\$7,500.0	\$5,784.0	\$1,452.0	\$7,260.0	▲ 2.5%	▲ 5.8%	▲ 3.3%
Average employees	76,583			75,378			▲ 1.6%		
Average members	133,020			130,910			▲ 1.6%		
Loss ratio	101%			105%					
Net income (\$M)	(\$4.2)			(\$33.2)					

<sup>1</sup> Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, CVS; includes capitation.

<sup>2</sup> Total program cost includes gross claims, pharmacy rebate and EGWP payment offsets, ASO fees, and office operational expenses

<sup>3</sup> Includes fees for participating non-State groups

- FY24 Actual compared to FY24 Revised Budget (approved by SEBC 10/23/2023):

Summary (total)	FY24 Actual			FY24 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) <sup>1</sup>	\$591.9	\$153.4	\$747.9	\$621.6	\$148.3	\$772.7	▼ 4.8%	▲ 3.4%	▼ 3.2%
Total cost PEPY	\$10,308	\$2,652	\$13,020	\$10,802	\$2,578	\$13,429	▼ 4.6%	▲ 2.9%	▼ 3.0%
Total cost PMPY	\$5,928	\$1,536	\$7,500	\$6,245	\$1,490	\$7,763	▼ 5.1%	▲ 3.1%	▼ 3.4%
Net income (\$M)	(\$4.2)			(\$28.9)					

- Summary Plan Information through March 2024

FY24 Q3	Aetna	Highmark	Active	Non-Medicare Retiree	Medicare Retiree	Total
<b>Summary (total)</b>						
Total cost (\$M)	\$153.0	\$594.9	\$539.7	\$93.5	\$114.7	\$747.9
Budgeted cost (\$M) <sup>1</sup>	\$153.3	\$590.5	\$544.6	\$75.6	\$123.5	\$743.8
Loss ratio	100%	101%	99%	124%	93%	101%
PEPY	\$16,824	\$12,228	\$17,700	\$19,236	\$5,124	\$12,948
PMPY	\$7,560	\$7,476	\$7,764	\$11,904	\$5,124	\$7,500
# of enrolled employees	12,128	64,856	40,667	6,485	29,832	76,984

<sup>1</sup> Budgeted cost (premiums) are the product of monthly budget rates and quarterly average tiered contract counts provided by the medical vendors; budget rates are calculated based on pooled experience across all vendors, plans and statuses; loss ratios should therefore be evaluated in aggregate

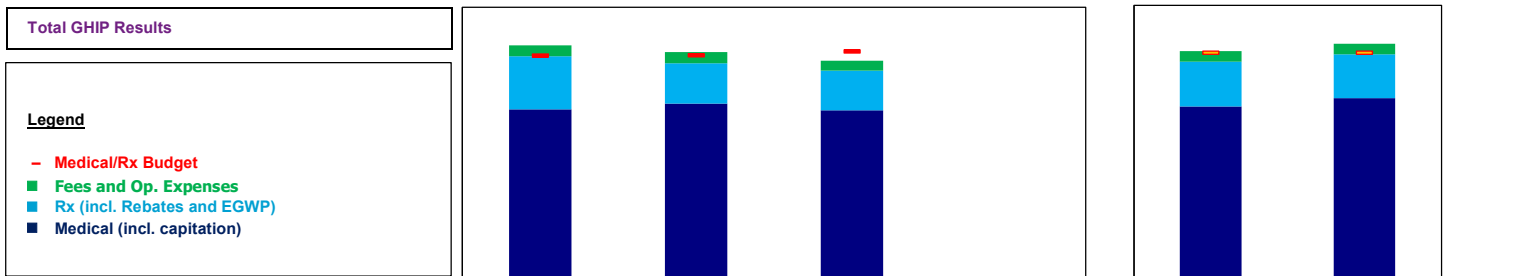
**Plan performance dashboard - key observations for GHIP Active population: April 2023 - March 2024 (compared to April 2022 - March 2023)**

- The COVID-19 pandemic has had a significant impact on GHIP utilization and claims. Utilization of medical care continues to return to and/or exceed pre-pandemic levels varying by service category. The Merative plan performance dashboards highlight the following program trends:
  - Increases in well care and preventive visits: increase of 3.1% preventive adult visits
  - Fluctuation in screening rates, with breast cancer and cervical cancer screenings down over prior and colon cancer and cholesterol screening rates are above the prior period. All reported screening rates at or above benchmark except cervical cancer (-0.8%)
  - Prevalence of top chronic conditions fluctuated from prior year, for example, diabetes (+8.1%) and asthma (-1.2%); chronic condition prevalence all significantly above benchmark
  - 7.4% decrease in inpatient admits; 3.3% decrease in ER visits
  - 1.2% increase in Rx cost across all prescriptions and 13.0% increase in utilization of all prescriptions
  - Specialty medications now make up 47.2% of pharmacy spend; reduction in cost for specialty drugs offset by 9.1% increase in days supply

**Additional notes**

- Claims and expenses are reported on a paid basis
- FY24 rates reflect 9.40% premium increase effective 7/1/2023 for non-Medicare plans and 5.00% for Medicare plans; based on average FY23 enrollment with assumed 1% enrollment growth
- Paid claims and enrollment data based on reports from Aetna, Highmark, CVS; costs include operating expenses
- Expenses are broken down into two categories:
  - ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), Merative data analytics, EAP, and WTW consulting fees
  - Office Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- Rx rebates and EGWP payments are shown based on the period to which offsets are attributable, rather than actual payment received in a given period
- No adjustments made to cost tracking for large claims as the State does not have stop loss insurance
- HRA dollars are assumed to be included in the reported claims
- Participating groups (such as University of DE) are included in the cost tracking, but are assumed to be 100% employee paid; as a result, reported net cost and cost share percentages may be skewed; participating group fees are included in premium contributions

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	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual	FY24 YTD WTW Budget <sup>7</sup>	Difference vs. Budget
<b>Total Program Cost</b>	<b>\$257,461,033</b>	<b>\$249,972,679</b>	<b>\$240,508,473</b>		<b>\$747,942,185</b>	<b>\$772,737,990</b>	▼ 3.2%
- Paid Claims	245,396,404	237,806,505	229,645,751		712,848,660	737,659,339	▼ 3.4%
- <b>Medical (includes capitation<sup>1</sup>)</b>	186,689,281	192,842,612	185,342,529		564,874,422	591,607,283	▼ 4.5%
- <b>Rx (Including Rebates and EGWP)</b>	58,707,123	44,963,893	44,303,223		147,974,239	146,052,056	▲ 1.3%
- Rx Paid Claims	97,534,099	107,408,213	104,300,326		309,242,638	294,576,818	▲ 5.0%
- EGWP <sup>2</sup>	(6,388,970)	(23,996,261)	(18,945,720)		(49,330,951)	(44,687,315)	▲ 10.4%
- Direct Subsidy	302,628	469,479	(1,364,667)		(592,560)	(160,249)	▲ 269.8%
- CGDP	0	(17,738,066)	(9,991,398)		(27,729,464)	(26,208,478)	▲ 5.8%
- Catastrophic Reinsurance	(6,691,598)	(6,727,675)	(7,589,654)		(21,008,928)	(18,318,588)	▲ 14.7%
- Rx Rebates <sup>3</sup>	(32,438,006)	(38,448,058)	(41,051,384)		(111,937,448)	(103,837,447)	▲ 7.8%
- ASO Fees	11,345,802	11,271,973	9,781,987		32,399,762	32,289,055	▲ 0.3%
- Operational Expenses	718,827	894,201	1,080,735		2,693,762	2,789,596	▼ 3.4%
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$246,220,900</b>	<b>\$246,630,881</b>	<b>\$250,899,884</b>		<b>\$743,751,665</b>	<b>\$743,789,877</b>	▼ 0.0%
- Net Income	(8,729,754)	(3,341,798)	10,391,411		(4,190,520)	(28,948,112)	
- Total Cost as % of Budget	104%	101%	96%		101%	104%	
<b>Current Year Per Capita</b>							
- Total per employee per year <sup>5</sup>	13,344	13,044	12,552		13,020	13,429	▼ 3.0%
- Total % change over prior	11.8%	2.8%	-5.0%		9.4%		
- Medical per employee per year	10,284	10,548	10,092		10,308	10,802	▼ 4.6%
- Medical % change over prior	6.7%	2.8%	-1.6%		8.3%		
- Rx per employee per year	3,024	2,448	2,388		2,652	2,578	▲ 2.9%
- Rx % change over prior	15.6%	3.6%	-18.1%		12.2%		
- Medical per member per year	5,940	6,108	5,844		5,928	6,245	▼ 5.1%
- Rx per member per year	1,752	1,416	1,380		1,536	1,490	▲ 3.1%
- Total per member per year <sup>6</sup>	7,716	7,548	7,260		7,500	7,763	▼ 3.4%
<b>Prior Year Results</b>	<b>Q1 FY23</b>	<b>Q2 FY23</b>	<b>Q2 FY23</b>		<b>FY23</b>		
- Total Program Cost	224,257,289	238,578,300	250,158,581		712,994,170	-	-
- Total Program Cost \$ Change	30,693,365	23,404,716	-9,650,108		44,447,973	-	-
- Total per employee per year <sup>7</sup>	11,940	12,684	13,212		11,904	-	-
- Medical per employee per year	9,636	10,260	10,260		9,516	-	-
- Rx per employee per year	2,616	2,364	2,916		2,364	-	-
<b>EE Contributions<sup>8</sup></b>	<b>\$50,201,301</b>	<b>\$50,347,433</b>	<b>\$36,881,883</b>		<b>\$137,430,617</b>		
- Net SoD	204,749,353	211,635,583	203,626,590		610,511,568	-	-
- SoD Subsidy %	80%	81%	85%		82%	-	-
<b>Headcount</b>							
- Enrolled Ees	76,438	76,655	76,655		76,583	76,725	▼ 0.2%
- Enrolled Members	132,227	132,448	132,448		133,020	132,721	▲ 0.2%
- Member/EE Ratio	1.7	1.7	1.7		1.7	1.7	

<sup>1</sup> Capitation payments apply to HMO plan only

<sup>2</sup> Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by CVS Health

<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

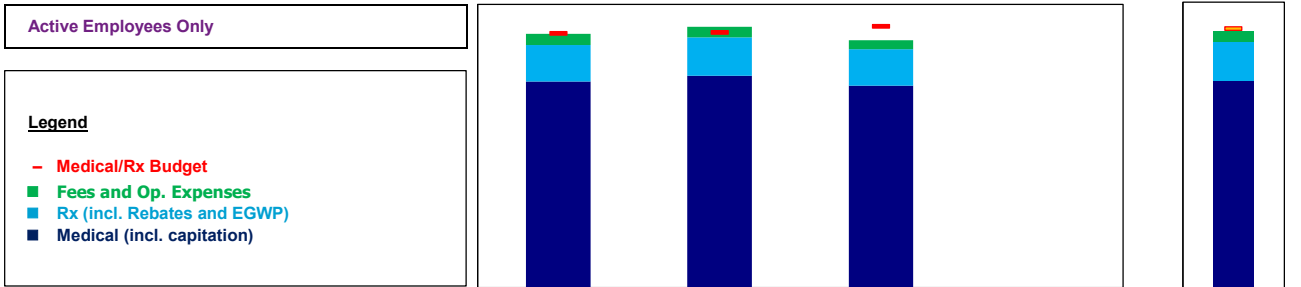
<sup>5</sup> Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

<sup>6</sup> Participating groups are assumed to be 100% EE funded, and Medicare retirees are assumed to be fully subsidized

<sup>7</sup> WTW Budget based on revised FY24 Budget approved by SEBC 10/23/2023

It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.

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	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Total Program Cost</b>	<b>\$179,617,685</b>	<b>\$184,740,118</b>	<b>\$175,327,809</b>		<b>\$539,685,611</b>
- Paid Claims	171,348,947	176,633,571	168,333,766		516,316,284
- <b>Medical (includes capitation<sup>1</sup>)</b>	145,370,578	149,656,181	142,456,329		437,483,088
- <b>Rx (Including Rebates and EGWP)</b>	25,978,368	26,977,390	25,877,437		78,833,195
- Rx Paid Claims	40,505,140	46,544,225	47,183,594		134,232,958
- EGWP <sup>2</sup>	0	0	0		0
- Direct Subsidy	0	0	0		0
- CGDP	0	0	0		0
- Catastrophic Reinsurance	0	0	0		0
- Rx Rebates <sup>3</sup>	(\$14,526,772)	(\$19,566,835)	(\$21,306,156)		(55,399,763)
- <b>ASO Fees</b>	7,891,203	7,635,883	6,417,843		21,944,929
- <b>Operational Expenses</b>	377,535	470,664	576,199		1,424,398
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$179,693,768</b>	<b>\$180,351,761</b>	<b>\$184,603,968</b>		<b>\$544,649,496</b>
- Net Income	76,083	(4,388,357)	9,276,159		4,963,885
- Total Cost as % of Budget	100%	102%	95%		99%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	17,892	18,312	16,896		17,700
- Total % change over prior	6.4%	2.4%	-3.2%		1.8%
- Medical per employee per year	15,156	15,468	14,244		14,976
- Medical % change over prior	7.4%	3.1%	-2.2%		2.8%
- Rx per employee per year	2,700	2,808	2,592		2,664
- Rx % change over prior	2.4%	0.2%	-8.5%		-3.4%
- Medical per member per year	6,624	6,780	6,276		6,576
- Rx per member per year	1,176	1,224	1,140		1,176
- Total per member per year <sup>5</sup>	7,824	8,028	7,440		7,764
<b>Prior Year Results</b>	<b>Q1 FY23</b>	<b>Q2 FY23</b>	<b>Q2 FY23</b>		<b>FY23</b>
- Total Program Cost	165,012,312	175,845,533	174,393,585		515,251,430
- Total Program Cost \$ Change	14,605,373	18,247,199	934,224		33,786,796
- Total per employee per year <sup>5</sup>	16,812	17,880	17,448		17,380
- Medical per employee per year	14,112	15,008	14,568		14,563
- Rx per employee per year	2,636	2,803	2,832		2,757
<b>EE Contributions<sup>6</sup></b>	<b>\$43,107,149</b>	<b>\$43,274,538</b>	<b>\$32,155,277</b>		<b>\$118,536,963</b>
- Net SoD	136,510,536	150,818,194	143,172,532		143,500,421
- SoD Subsidy %	76%	78%	82%		78%
<b>Headcount</b>					
- Enrolled Ees	40,146	40,343	41,511		40,667
- Enrolled Members	91,824	92,103	94,190		92,706
- Member/EE Ratio	2.3	2.3	2.3		2.3

<sup>1</sup> Capitation payments apply to HMO plan only

<sup>2</sup> Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by CVS Health

<sup>3</sup> Reflects estimated rebates attributable to FY24 prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

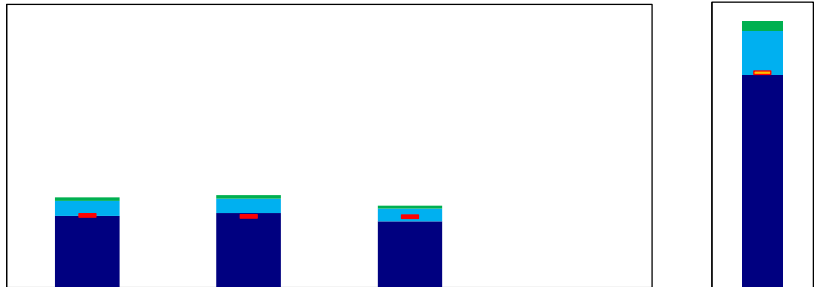
<sup>6</sup> Participating groups are assumed to be 100% EE funded due to data reporting limitations

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**Non-Medicare Retirees Only**

**Legend**

- Medical/Rx Budget
- Fees and Op. Expenses
- Rx (incl. Rebates and EGWP)
- Medical (incl. capitation)



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Total Program Cost</b>	<b>\$31,901,896</b>	<b>\$32,688,526</b>	<b>\$28,956,738</b>		<b>\$93,547,161</b>
- Paid Claims	30,549,931	31,390,344	27,873,059		89,813,335
- <b>Medical (includes capitation<sup>1</sup>)</b>	25,293,429	26,258,655	23,278,725		74,830,809
- <b>Rx (Including Rebates and EGWP)</b>	5,256,502	5,131,689	4,594,334		14,982,526
- Rx Paid Claims	8,195,871	8,853,729	8,377,074		25,426,674
- EGWP <sup>2</sup>	0	0	0		0
- Direct Subsidy	0	0	0		0
- CGDP	0	0	0		0
- Catastrophic Reinsurance	0	0	0		0
- Rx Rebates <sup>3</sup>	(\$2,939,369)	(\$3,722,040)	(\$3,782,740)		(10,444,148)
- ASO Fees	1,290,237	1,222,900	994,401		3,507,538
- Operational Expenses	61,728	75,282	89,278		226,288
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$25,491,948</b>	<b>\$25,073,810</b>	<b>\$25,000,824</b>		<b>\$75,566,581</b>
- Net Income	(6,409,949)	(7,614,716)	(3,955,915)		(17,980,580)
- Total Cost as % of Budget	125%	130%	116%		124%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	19,440	20,244	18,012		19,236
- Total % change over prior	11.0%	5.2%	-15.1%		-0.4%
- Medical per employee per year	16,092	16,884	14,988		15,684
- Medical % change over prior	11.0%	6.0%	-15.5%		-2.3%
- Rx per employee per year	3,312	3,300	2,964		3,168
- Rx % change over prior	12.0%	1.6%	-8.5%		0.6%
- Medical per member per year	9,888	10,392	9,384		9,708
- Rx per member per year	2,040	2,040	1,812		1,956
- Total per member per year <sup>5</sup>	11,952	12,456	11,268		11,904
<b>Prior Year Results</b>	<b>Q1 FY23</b>	<b>Q2 FY23</b>	<b>Q2 FY23</b>		<b>FY23</b>
- Total Program Cost	29,601,780	31,889,667	34,965,420		96,456,867
- Total Program Cost \$ Change	2,300,117	2,296,696	-6,008,681		-2,909,706
- Total per employee per year <sup>5</sup>	17,508	19,236	21,204		19,316
- Medical per employee per year	14,501	15,933	17,736		16,057
- Rx per employee per year	2,957	3,249	3,240		3,149
<b>EE Contributions<sup>6</sup></b>	<b>\$6,928,607</b>	<b>\$6,906,566</b>	<b>\$4,726,606</b>		<b>\$18,561,779</b>
- Net SoD	24,973,290	27,279,797	24,230,132		25,494,406
- SoD Subsidy %	78%	80%	84%		81%
<b>Headcount</b>					
- Enrolled Ees	6,564	6,460	6,432		6,485
- Enrolled Members	10,674	10,494	10,280		10,483
- Member/EE Ratio	1.6	1.6	1.6		1.6

<sup>1</sup> Capitation payments apply to HMO plan only

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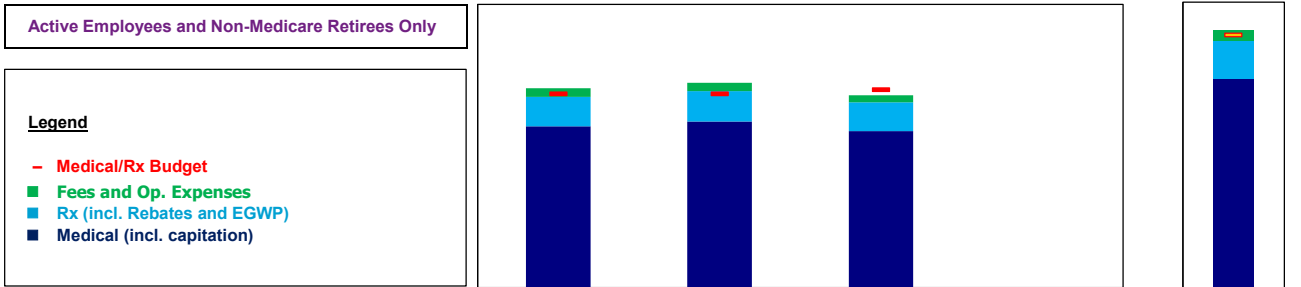
<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

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	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Total Program Cost</b>	<b>\$211,519,581</b>	<b>\$217,428,643</b>	<b>\$204,284,547</b>		<b>\$633,232,772</b>
- Paid Claims	201,898,878	208,023,915	196,206,826		606,129,618
- <b>Medical (includes capitation<sup>1</sup>)</b>	170,664,007	175,914,836	165,735,054		512,313,897
- <b>Rx (Including Rebates and EGWP)</b>	31,234,871	32,109,079	30,471,771		93,815,721
- Rx Paid Claims	48,701,011	55,397,954	55,560,667		159,659,632
- EGWP <sup>2</sup>	0	0	0		0
- Direct Subsidy	0	0	0		0
- CGDP	0	0	0		0
- Catastrophic Reinsurance	0	0	0		0
- Rx Rebates <sup>3</sup>	(17,466,141)	(23,288,874)	(25,088,896)		(65,843,911)
- ASO Fees	9,181,440	8,858,782	7,412,244		25,452,467
- Operational Expenses	439,263	545,946	665,478		1,650,687
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$205,185,716</b>	<b>\$205,425,570</b>	<b>\$209,604,792</b>		<b>\$620,216,078</b>
- Net Income	(6,333,866)	(12,003,073)	5,320,245		(13,016,694)
- Total Cost as % of Budget	103%	106%	97%		102%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	18,108	18,588	17,040		17,904
- Total % change over prior	7.0%	2.8%	-5.2%		1.4%
- Medical per employee per year	15,288	15,660	14,340		15,120
- Medical % change over prior	7.8%	3.3%	-4.6%		2.3%
- Rx per employee per year	2,784	2,868	2,640		2,736
- Rx % change over prior	3.9%	0.2%	-9.5%		-3.0%
- Medical per member per year	7,020	7,200	6,624		6,912
- Rx per member per year	1,272	1,308	1,212		1,248
- Total per member per year <sup>5</sup>	8,256	8,472	7,824		8,184
<b>Prior Year Results</b>	<b>Q1 FY23</b>	<b>Q2 FY23</b>	<b>Q3 FY24</b>		<b>FY23</b>
- Total Program Cost	194,614,091	207,735,200	208,381,495		610,730,786
- Total Program Cost \$ Change	16,905,490	20,543,894	-4,096,947		33,352,437
- Total per employee per year <sup>5</sup>	16,920	18,084	17,976		17,660
- Medical per employee per year	14,178	15,153	15,024		14,785
- Rx per employee per year	2,679	2,863	2,916		2,819
<b>EE Contributions<sup>6</sup></b>	<b>\$50,035,756</b>	<b>\$50,181,103</b>	<b>\$36,881,883</b>		<b>\$137,098,742</b>
- Net SoD	161,483,825	178,097,991	167,402,665		168,994,827
- SoD Subsidy %	76%	78%	82%		79%
<b>Headcount</b>					
- Enrolled Ees	46,709	46,803	47,943		47,152
- Enrolled Members	102,498	102,597	104,470		103,188
- Member/EE Ratio	2.2	2.2	2.2		2.2

<sup>1</sup> Capitation payments apply to HMO plan only

<sup>2</sup> Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by CVS Health

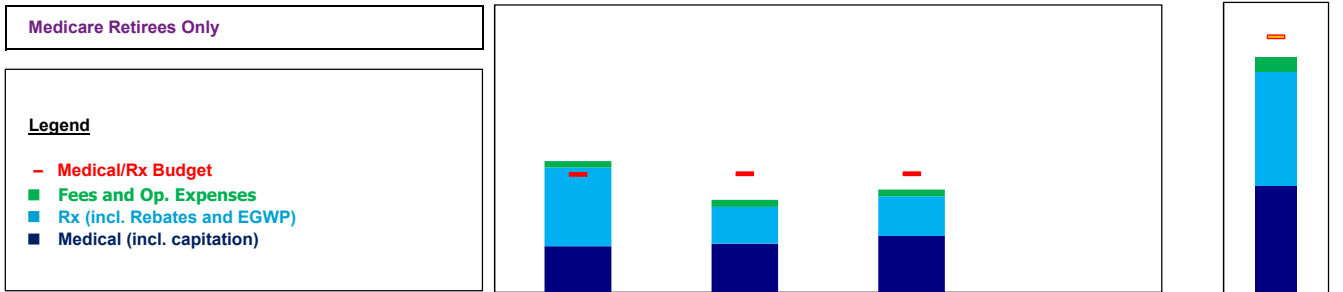
<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective July 2021

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

<sup>6</sup> Participating groups are assumed to be 100% EE funded due to data reporting limitations

**State of Delaware**  
**Health Plan Quarterly Financial Reporting**  
**FY24 Q3 Plan Cost Analysis**



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	FY24 YTD Actual
<b>Total Program Cost</b>	<b>\$45,941,452</b>	<b>\$32,544,036</b>	<b>\$36,223,926</b>		<b>\$114,709,413</b>
- Paid Claims	40,987,147	29,782,590	33,438,926		104,208,663
- <b>Medical (includes capitation<sup>1</sup>)</b>	16,025,274	16,927,776	19,607,475		52,560,525
- <b>Rx (Including Rebates and EGWP)</b>	27,472,252	12,854,814	13,831,451		54,158,517
- Rx Paid Claims	48,833,088	52,010,259	48,739,659		149,583,006
- EGWP <sup>2</sup>	(6,388,970)	(23,996,261)	(18,945,720)		(49,330,951)
- Direct Subsidy	302,628	469,479	(1,364,667)		(592,560)
- CGDP	0	(17,738,066)	(9,991,398)		(27,729,464)
- Catastrophic Reinsurance	(6,691,598)	(6,727,675)	(7,589,654)		(21,008,928)
- Rx Rebates <sup>3</sup>	(14,971,865)	(15,159,184)	(15,962,488)		(46,093,537)
- ASO Fees	2,164,362	2,413,191	2,369,743		6,947,296
- Operational Expenses	279,564	348,255	415,257		1,043,075
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$41,035,184</b>	<b>\$41,205,311</b>	<b>\$41,295,092</b>		<b>\$123,535,588</b>
- Net Income	(2,395,888)	8,661,275	5,071,166		8,826,175
- Total Cost as % of Budget	106%	79%	88%		93%
<b>Current Year Per Capita</b>					
- Total per employee per year <sup>5</sup>	5,844	4,356	4,848		5,124
- Total % change over prior	43.7%	3.4%	-14.8%		10.1%
- Medical per employee per year	2,400	2,532	2,880		2,556
- Medical % change over prior	4.6%	6.5%	4.8%		3.3%
- Rx per employee per year	3,396	1,776	1,908		2,532
- Rx % change over prior	97.3%	-0.4%	-34.0%		18.8%
- Medical per member per year	2,400	2,532	2,880		2,556
- Rx per member per year	3,396	1,776	1,908		2,532
- Total per member per year <sup>5</sup>	5,844	4,356	4,848		5,124
<b>Prior Year Results</b>	<b>Q1 FY23</b>	<b>Q2 FY23</b>	<b>Q2 FY23</b>		<b>FY23</b>
- Total Program Cost	29,643,197	30,843,099	41,777,087		102,263,383
- Total Program Cost \$ Change	13,787,875	2,860,822	(5,553,161)		11,095,536
- Total per employee per year <sup>5</sup>	4,068	4,212	5,688		4,656
- Medical per employee per year	2,295	2,377	2,748		2,473
- Rx per employee per year	1,721	1,782	2,892		2,132
<b>EE Contributions<sup>6</sup></b>	<b>\$165,545</b>	<b>\$166,330</b>	<b>\$0</b>		<b>\$331,875</b>
- Net SoD	32,645,969	33,537,592	36,223,926		34,135,829
- SoD Subsidy %	75%	100%	100%		92%
<b>Headcount</b>					
- Enrolled Ees	29,729	29,852	29,916		29,832
- Enrolled Members	29,729	29,852	29,916		29,832
- Member/EE Ratio	1.0	1.0	1.0		1.0

<sup>1</sup> Capitation payments apply to HMO plan only and do not apply to Medicaid

<sup>2</sup> Direct subsidy and catastrophic reinsurance prospective payments reflect actual payments received during quarter; CGDP estimated based on payment attributable to quarter; projected EGWP PMPM amounts provided by CVS Health

<sup>3</sup> Reflects estimated rebates attributable to FY24; prior quarters to be updated with actual FY24 rebates when received; estimated rebates based on WTW analysis of expected rebates under CVS contract effective January 2022

<sup>4</sup> Premium contributions include fees for participating non-State groups

<sup>5</sup> Total per employee per year (PEPY) and per member per year (PMPY) values include operational expenses; these expenses are excluded from medical and Rx PEPY/PMPY splits

<sup>6</sup> Participating groups are assumed to be 100% EE funded due to data reporting limitations;

**State of Delaware**  
**FY2024 Financial Analysis of Health/Rx Plans - Paid Basis**  
**Year to Date July 1, 2023 - March 31, 2024**

Vendor	Highmark						Aetna				Total	
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Total Aetna	Total
<b>Medical</b>												
Paid Claims	\$26,172,000	\$2,635,734	\$309,744,403	\$48,417,879	\$52,560,525	\$439,530,541	\$63,587,880	\$17,854,103	\$29,718,618	\$4,472,817	\$115,633,418	\$555,163,959
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$8,260,187	\$1,450,276	\$0	\$0	\$9,710,463	\$9,710,463
<b>Administration</b>	<b>\$1,878,442</b>	<b>\$144,605</b>	<b>\$12,691,512</b>	<b>\$1,964,777</b>	<b>\$4,550,906</b>	<b>\$21,230,241</b>	<b>\$3,241,102</b>	<b>\$800,143</b>	<b>\$1,551,630</b>	<b>\$184,857</b>	<b>\$5,777,732</b>	<b>\$27,007,973</b>
Total Medical Program Cost	\$28,050,442	\$2,780,339	\$322,435,915	\$50,382,656	\$57,111,430	\$460,760,783	\$75,089,170	\$20,104,521	\$31,270,248	\$4,657,674	\$131,121,612	\$591,882,395
Average Number of Employees	3,958	303	26,645	4,118	29,832	64,856	6,804	1,677	3,259	388	12,128	76,984
Program Cost/Employee/Yr.	\$9,449	\$12,226	\$16,135	\$16,315	\$2,553	\$9,472	\$14,714	\$15,987	\$12,794	\$16,010	\$14,415	\$10,248
Change from prior period (pepy)	14.8%	-12.7%	1.8%	4.3%	8.7%	3.6%	-3.2%	-9.1%	8.4%	2.8%	-2.0%	7.7%
Average Number of Members	7,182	409	62,125	6,494	29,832	106,042	16,325	2,933	7,073	647	26,978	133,020
Program Cost/Member/Yr.	\$5,207	\$9,061	\$6,920	\$10,345	\$2,553	\$5,793	\$6,133	\$9,141	\$5,895	\$9,592	\$6,480	\$5,928
Change from prior period (pmpy)	14.4%	-10.6%	2.5%	3.8%	8.7%	3.7%	-1.7%	-10.1%	9.1%	9.9%	-0.9%	2.5%
<b>Express Scripts, Inc.</b>												
Paid Claims	\$8,146,010	\$725,761	\$97,250,560	\$18,314,531	\$149,583,006	\$274,019,868	\$21,217,914	\$5,542,197	\$7,618,474	\$844,185	\$35,222,770	\$309,242,638
Administration	\$249,902	\$19,330	\$1,693,205	\$262,321	\$2,396,390	\$4,621,149	\$432,230	\$106,819	\$206,905	\$24,686	\$770,640	\$5,391,789
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$49,345,488)	(\$49,345,488)	\$0	\$0	\$0	\$0	\$0	(\$49,345,488)
<b>Estimated Rebates<sup>1</sup></b>	<b>(\$3,387,028)</b>	<b>(\$294,858)</b>	<b>(\$40,110,175)</b>	<b>(\$7,522,403)</b>	<b>(\$46,093,537)</b>	<b>(\$97,408,002)</b>	<b>(\$8,761,210)</b>	<b>(\$2,278,612)</b>	<b>(\$3,141,349)</b>	<b>(\$348,275)</b>	<b>(\$14,529,446)</b>	<b>(\$111,937,448)</b>
Total Rx Program Cost	\$5,008,884	\$450,233	\$58,833,590	\$11,054,449	\$56,540,371	\$131,887,527	\$12,888,934	\$3,370,403	\$4,684,030	\$520,596	\$21,463,964	\$153,351,491
Average Number of Employees	3,958	303	26,645	4,118	29,832	64,856	6,804	1,677	3,259	388	12,128	76,984
Program Cost/Employee/Yr.	\$1,692	\$1,980	\$2,940	\$3,576	\$2,532	\$2,712	\$2,520	\$2,676	\$1,920	\$1,788	\$2,364	\$2,652
Change from prior period (pepy)	16.5%	24.1%	2.5%	0.0%	12.2%	6.6%	-0.9%	-0.9%	11.1%	-19.9%	0.5%	12.2%
Average Number of Members	7,182	409	62,125	6,494	29,832	106,042	16,325	2,933	7,073	647	26,978	133,020
Program Cost/Member/Yr.	\$924	\$1,464	\$1,260	\$2,268	\$2,532	\$1,656	\$1,056	\$1,536	\$888	\$1,068	\$1,056	\$1,536
Change from prior period (pmpy)	14.9%	27.1%	2.9%	-0.5%	12.2%	6.2%	1.1%	-1.5%	12.1%	-14.4%	1.1%	5.8%
<b>Total Medical and Rx</b>												
Premium	\$41,448,598	\$2,847,288	\$373,890,951	\$48,776,251	\$123,535,588	\$590,498,676	\$89,455,464	\$19,465,145	\$39,854,483	\$4,477,897	\$153,252,989	\$743,751,665
Program Cost (prior to operational)	\$33,059,326	\$3,230,572	\$381,269,505	\$61,437,106	\$113,651,801	\$592,648,310	\$87,978,104	\$23,474,925	\$35,954,278	\$5,178,270	\$152,585,577	\$745,233,886
<b>Operational Expenses</b>	<b>\$139,515</b>	<b>\$10,605</b>	<b>\$932,571</b>	<b>\$143,636</b>	<b>\$1,043,075</b>	<b>\$2,269,403</b>	<b>\$238,192</b>	<b>\$58,505</b>	<b>\$114,121</b>	<b>\$13,542</b>	<b>\$424,359</b>	<b>\$2,693,762</b>
Total Program Cost	\$33,198,841	\$3,241,177	\$382,202,076	\$61,580,742	\$114,694,876	\$594,917,713	\$88,216,296	\$23,533,430	\$36,068,398	\$5,191,812	\$153,009,936	\$747,927,648
Net Income	\$8,249,757	(\$393,889)	(\$8,311,125)	(\$12,804,491)	\$8,840,711	(\$4,419,037)	\$1,239,168	(\$4,068,285)	\$3,786,085	(\$713,915)	\$243,054	(\$4,175,983)
<b>Total Cost as % of Budget</b>	<b>80.1%</b>	<b>113.8%</b>	<b>102.2%</b>	<b>126.3%</b>	<b>92.8%</b>	<b>100.7%</b>	<b>98.6%</b>	<b>120.9%</b>	<b>90.5%</b>	<b>115.9%</b>	<b>99.8%</b>	<b>100.6%</b>
Average Number of Employees	3,958	303	26,645	4,118	29,832	64,856	6,804	1,677	3,259	388	12,128	76,984
Program Cost/Employee/Yr.	\$11,184	\$14,256	\$19,128	\$19,944	\$5,124	\$12,228	\$17,292	\$18,708	\$14,760	\$17,844	\$16,824	\$12,948
Change from prior period (pepy)	15.1%	-8.8%	2.0%	3.6%	10.3%	4.2%	-2.8%	-7.9%	8.7%	-0.1%	-1.6%	8.8%
Average Number of Members	7,182	409	62,125	6,494	29,832	106,042	16,325	2,933	7,073	647	26,978	133,020
Program Cost/Member/Yr.	\$6,168	\$10,560	\$8,208	\$12,648	\$5,124	\$7,476	\$7,200	\$10,704	\$6,804	\$10,692	\$7,560	\$7,500
Change from prior period (pmpy)	14.7%	-6.7%	2.7%	3.1%	10.3%	4.4%	-1.3%	-8.9%	9.5%	6.8%	-0.5%	3.3%
<b>Prior Period Program Cost</b>												
<b>Per Employee Per Year (FY23)</b>												
Medical	\$8,233	\$13,998	\$15,853	\$15,642	\$2,347	\$9,145	\$15,207	\$17,583	\$11,805	\$15,582	\$14,708	\$9,516
Rx	\$1,452	\$1,596	\$2,868	\$3,576	\$2,256	\$2,544	\$2,544	\$2,700	\$1,728	\$2,232	\$2,352	\$2,364
Total <sup>2</sup>	\$9,720	\$15,636	\$18,756	\$19,260	\$4,644	\$11,736	\$17,796	\$20,316	\$13,584	\$17,856	\$17,100	\$11,904
<b>Per Member Per Year (FY23)</b>												
Medical	\$4,550	\$10,135	\$6,751	\$9,964	\$2,347	\$5,587	\$6,237	\$10,162	\$5,404	\$8,728	\$6,536	\$5,784
Rx	\$804	\$1,152	\$1,224	\$2,280	\$2,256	\$1,560	\$1,044	\$1,560	\$792	\$1,248	\$1,044	\$1,452
Total <sup>2</sup>	\$5,376	\$11,316	\$7,992	\$12,264	\$4,644	\$7,164	\$7,296	\$11,748	\$6,216	\$10,008	\$7,596	\$7,260

<sup>1</sup> Reflects estimated rebates attributable to FY24, based on WTW analysis of expected rebates under new CVS Health contract

<sup>2</sup> Includes Medical, Rx, and Operational Expenses



**State of Delaware**  
**FY2024 Financial Analysis of Health/Rx Plans - Paid Basis**  
**Full Projection July 1, 2023 - June 30, 2024**

Vendor	Highmark					Aetna					Total	
Plan	Basic Active	Basic Non Medicare Retirees	PPO Active	PPO Non Medicare Retirees	Medicare Primary Retirees	Total Highmark	Aetna HMO Active	Aetna HMO Non Medicare Retirees	Aetna CDH Active	Aetna CDH Non Medicare Retirees	Total Aetna	Total
<b>Medical</b>												
Paid Claims	\$38,102,024	\$3,837,185	\$4,450,935,680	\$70,488,276	\$76,519,271	\$639,882,437	\$93,226,526	\$26,175,994	\$43,570,622	\$6,557,620	\$169,530,762	\$809,413,198
Capitation	\$0	\$0	\$0	\$0	\$0	\$0	\$11,013,583	\$1,933,701	\$0	\$0	\$12,947,284	\$12,947,284
<u>Administration</u>	<u>\$2,761,155</u>	<u>\$212,557</u>	<u>\$18,655,478</u>	<u>\$2,888,061</u>	<u>\$6,689,457</u>	<u>\$31,206,708</u>	<u>\$4,764,154</u>	<u>\$1,176,144</u>	<u>\$2,280,769</u>	<u>\$271,725</u>	<u>\$8,492,791</u>	<u>\$39,699,498</u>
Total Medical Program Cost	\$40,863,179	\$4,049,742	\$469,591,158	\$73,376,337	\$83,208,728	\$671,089,144	\$109,004,262	\$29,285,839	\$45,851,390	\$6,829,345	\$190,970,836	\$862,059,980
Average Number of Employees	3,852	295	26,450	4,087	29,915	64,599	7,085	1,746	3,163	376	12,370	76,969
Program Cost/Employee/Yr.	\$10,608	\$13,728	\$17,754	\$17,954	\$2,781	\$10,389	\$15,385	\$16,773	\$14,496	\$18,163	\$15,438	\$11,200
Change from prior period (pepy)	28.9%	-1.9%	12.0%	14.8%	18.5%	13.6%	1.2%	-4.6%	22.8%	16.6%	5.0%	11.5%
Average Number of Members	6,908	393	60,953	6,371	29,915	104,540	16,801	3,018	6,785	621	27,225	131,765
Program Cost/Member/Yr.	\$5,915	\$10,305	\$7,704	\$11,517	\$2,781	\$6,419	\$6,488	\$9,704	\$6,758	\$10,997	\$7,015	\$6,542
Change from prior period (pmpy)	30.2%	-1.8%	8.3%	9.8%	13.9%	9.4%	-0.3%	-9.4%	20.6%	19.8%	2.8%	7.8%
<b>Express Scripts, Inc.</b>												
Paid Claims	\$11,133,432	\$991,922	\$132,915,683	\$25,031,099	\$204,510,477	\$374,582,614	\$28,999,253	\$7,574,711	\$10,412,430	\$1,153,777	\$48,140,170	\$422,722,784
Administration	\$367,336	\$28,414	\$2,488,872	\$385,590	\$3,522,496	\$6,792,708	\$635,343	\$157,015	\$304,134	\$36,286	\$1,132,778	\$7,925,486
Estimated EGWP Savings	\$0	\$0	\$0	\$0	(\$61,724,386)	(\$61,724,386)	\$0	\$0	\$0	\$0	\$0	(\$61,724,386)
Estimated Rebates <sup>1</sup>	<u>(\$4,715,179)</u>	<u>(\$410,481)</u>	<u>(\$55,838,524)</u>	<u>(\$10,472,152)</u>	<u>(\$61,705,769)</u>	<u>(\$133,142,106)</u>	<u>(\$12,196,732)</u>	<u>(\$3,172,122)</u>	<u>(\$4,373,162)</u>	<u>(\$484,843)</u>	<u>(\$20,226,858)</u>	<u>(\$153,368,965)</u>
Total Rx Program Cost	\$6,785,588	\$609,856	\$79,566,031	\$14,944,537	\$84,602,818	\$186,508,830	\$17,437,864	\$4,559,604	\$6,343,402	\$705,220	\$29,046,090	\$215,554,920
Average Number of Employees	3,852	295	26,450	4,087	29,244	63,928	7,085	1,746	3,163	376	12,370	76,298
Program Cost/Employee/Yr.	\$1,762	\$2,067	\$3,008	\$3,657	\$2,893	\$2,917	\$2,461	\$2,611	\$2,006	\$1,876	\$2,348	\$2,825
Change from prior period (pepy)	20.1%	27.9%	2.0%	-0.7%	6.6%	4.2%	-6.2%	-6.0%	13.0%	-18.1%	-3.0%	12.1%
Average Number of Members	6,908	393	60,953	6,371	29,915	104,540	16,801	3,018	6,785	621	27,225	131,765
Program Cost/Member/Yr.	\$982	\$1,552	\$1,305	\$2,346	\$2,828	\$1,784	\$1,038	\$1,511	\$935	\$1,136	\$1,067	\$1,636
Change from prior period (pmpy)	22.0%	33.4%	4.6%	0.6%	7.2%	6.1%	-3.0%	-5.3%	15.8%	-11.0%	-0.2%	5.4%
<b>Total Medical and Rx</b>												
Premium	\$55,605,395	\$3,819,782	\$501,593,663	\$65,435,813	\$165,729,253	792,183,906	\$118,158,812	\$25,710,876	\$52,642,490	\$5,914,709	202,426,888	\$994,610,794
Program Cost (prior to operational)	\$47,648,767	\$4,659,598	\$549,157,189	\$88,320,874	\$167,811,546	857,597,974	\$126,442,126	\$33,845,443	\$52,194,792	\$7,534,565	\$220,016,926	\$1,077,614,900
<u>Operational Expenses</u>	<u>\$208,470</u>	<u>\$11,875</u>	<u>\$1,803,199</u>	<u>\$188,478</u>	<u>\$865,890</u>	<u>\$3,077,912</u>	<u>\$473,839</u>	<u>\$85,118</u>	<u>\$205,303</u>	<u>\$18,792</u>	<u>\$783,052</u>	<u>\$3,860,964</u>
Total Program Cost	\$47,857,237	\$4,671,473	\$550,960,388	\$88,509,352	\$168,677,436	\$860,675,886	\$126,915,965	\$33,930,561	\$52,400,095	\$7,553,357	\$220,799,978	\$1,081,475,864
Net Income	\$7,748,158	(\$851,691)	(\$49,366,724)	(\$23,073,540)	(\$2,948,183)	(\$68,491,980)	(\$8,757,153)	(\$8,219,685)	\$242,395	(\$1,638,648)	(\$18,373,090)	(\$86,865,071)
<b>Total Cost as % of Budget</b>	<b>86.1%</b>	<b>122.3%</b>	<b>109.8%</b>	<b>135.3%</b>	<b>101.8%</b>	<b>108.6%</b>	<b>107.4%</b>	<b>132.0%</b>	<b>99.5%</b>	<b>127.7%</b>	<b>109.1%</b>	<b>108.7%</b>
Average Number of Employees	3,852	295	26,450	4,087	29,915	64,599	7,085	1,746	3,163	376	12,370	76,969
Program Cost/Employee/Yr.	\$12,424	\$15,836	\$20,830	\$21,656	\$5,639	\$13,323	\$17,913	\$19,433	\$16,567	\$20,089	\$17,850	\$14,051
Change from prior period (pepy)	27.0%	-2.4%	5.1%	6.7%	10.5%	7.0%	-3.9%	-9.5%	17.1%	6.8%	-0.4%	11.4%
Average Number of Members	6,908	393	60,953	6,371	29,915	104,540	16,801	3,018	6,785	621	27,225	131,766
Program Cost/Member/Yr.	\$6,928	\$11,887	\$9,039	\$13,893	\$5,639	\$8,233	\$7,554	\$11,243	\$7,723	\$12,163	\$8,110	\$8,208
Change from prior period (pmpy)	28.9%	1.8%	7.8%	8.1%	10.5%	8.7%	-0.6%	-8.8%	20.0%	16.0%	2.4%	7.4%
<b>Prior Period Program Cost (FY23)</b>												
<b>Per Employee Per Year</b>												
Medical	\$8,233	\$13,998	\$15,853	\$15,642	\$2,347	\$9,145	\$15,207	\$17,583	\$11,805	\$15,582	\$14,708	\$10,044
Rx	<u>\$1,466</u>	<u>\$1,616</u>	<u>\$2,949</u>	<u>\$3,682</u>	<u>\$2,715</u>	<u>\$2,801</u>	<u>\$2,623</u>	<u>\$2,777</u>	<u>\$1,775</u>	<u>\$2,290</u>	<u>\$2,421</u>	<u>\$2,520</u>
Total <sup>2</sup>	\$9,784	\$16,230	\$19,811	\$20,292	\$5,105	\$12,447	\$18,639	\$21,463	\$14,145	\$18,812	\$17,922	\$12,612
<b>Per Member Per Year (FY23)</b>												
Medical	\$4,544	\$10,493	\$7,112	\$10,491	\$2,443	\$5,865	\$6,505	\$10,707	\$5,604	\$9,181	\$6,822	\$6,067
Rx	<u>\$805</u>	<u>\$1,163</u>	<u>\$1,248</u>	<u>\$2,331</u>	<u>\$2,637</u>	<u>\$1,681</u>	<u>\$1,070</u>	<u>\$1,595</u>	<u>\$807</u>	<u>\$1,276</u>	<u>\$1,069</u>	<u>\$1,552</u>
Total <sup>2</sup>	\$5,374	\$11,681	\$8,385	\$12,847	\$5,105	\$7,571	\$7,599	\$12,327	\$6,436	\$10,481	\$7,916	\$7,644

<sup>1</sup> Additional CVS contract savings independently projected by WTW

<sup>2</sup> Includes Medical, Rx, and Operational Expenses

It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.

## State of Delaware

### Health Plan Quarterly Financial Reporting

#### FY24 Q3 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY24 YTD Reporting Reconciliation	WTW FY24 Q3 Financial Report	DHR Mar. 2024 Fund Equity Report
<b>Total Program Cost</b>	<b>\$747,942,185</b>	<b>\$927,106,498</b>
<b>Paid Claims</b>	874,117,060	892,012,974
Medical Claims	564,874,422	582,014,201
Rx Claims <sup>1</sup>	147,974,239	309,998,773
Rx Paid Claims	309,242,638	309,998,773
EGWP	(49,330,951)	(42,799,395)
<i>Direct Subsidy</i>	(592,560)	(607,097)
<i>CGDP</i>	(27,729,464)	(27,729,464)
<i>Catastrophic Reinsurance</i>	(21,008,928)	(14,462,835)
Rx Rebates	(111,937,448)	(112,302,642)
Total Rx Claim (Offsets)/Revenue <sup>2</sup>	(161,268,399)	(155,102,037)
<b>Total Fees</b>	35,093,524	35,093,524
ASO Fees	32,399,762	32,399,762
Operational Expenses	2,693,762	2,693,762
<b>Premium Contributions/Operating Revenues<sup>3</sup></b>	<b>\$743,751,665</b>	<b>\$903,231,013</b>
Net Income	(4,190,520)	(23,875,486)
Total Cost as % of Budget	101%	103%

<sup>1</sup>WTW Rx claims shown net of EGWP revenue and Rx rebates; DHR Rx claims reflect gross claim dollars excluding additional revenue (EGWP and rebates)

<sup>2</sup>WTW reflects EGWP revenue and Rx rebates as offsets to Rx claims; DHR reflects these items as additions to operating revenues

<sup>3</sup>DHR premium contributions represent total operating revenues, including premium contributions, Rx revenues (EGWP and rebates), other revenues totaling \$269,284, and participating group fees totaling \$5,388,489; WTW premium contributions represent FY24 budget rates and headcounts (net of Rx revenues), including participating group fees; DHR premium contributions alone total \$735,621,297

## State of Delaware

### Health Plan Quarterly Financial Reporting Assumptions and Caveats

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#### Claim basis and timing

- 1 All reporting provided on a paid basis within this document.
- 2 FY24 represents the time period July 1, 2023 through June 30, 2024 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY24 financial results span two plan years for the Medicare eligible population.

#### Enrollment

- 3 Medical and Rx enrollment based on quarterly tiered enrollment data from Highmark and Aetna; Medicare enrollment provided separately for retirees enrolled in medical (Highmark) and Rx (CVS).

#### Benefit costs/fees

- 4 Medical quarterly paid claims from Highmark and Aetna; Rx quarterly paid claims from CVS; EGWP subsidies and Rx rebates (Active, non-Medicare eligible retiree, and Medicare eligible retiree) from DHR
- 5 Administration fees and operational expenses from DHR-provided March 2024 Fund Equity Report; total quarterly fees are assigned to each plan on a contract count basis.
  - a. ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), IBM Watson data analytics, EAP and WTW consulting fees.
  - b. Operational Expenses: includes expenses for items such as staff salaries, supplies, etc.
- 6 Pharmacy drug rebates are shown based on the period to which rebates are attributable; prior quarters to be updated with actual FY24 rebates when received; estimated rebates reflect projected improvements in Rx rebates based on result of PBM award to CVS Health; active/non-Medicare eligible retiree rebates assigned to each plan on a contract count basis; may differ from actual payments received during FY24 due to payment timing lag.
- 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2023 through June 30, 2024; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through March 2024; remaining payments attributable to FY24 estimated based on projected amounts provided by CVS; may differ from actual payments received during FY24 due to payment timing lag.
- 8 Prior year costs calculated from WTW's FY23 Financial Reporting.

**It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.**

#### Budget/contributions

- 9 Active and non-Medicare eligible retiree budget rates and contributions reflect rates effective July 1, 2023. Medicare eligible retiree budget rates reflect rates effective January 1, 2023 for FY24 Q1 and Q2, and rates effective January 1, 2024 for FY24 Q3 and Q4. Budget rates include FY24 risk fees for Participating groups (**excludes \$2.70 PEPM charge**).
- 10 Premiums and employee contributions are the product of monthly budget rate/contribution and quarterly average tiered contract counts provided by the medical vendors; assumes 1% enrollment growth during FY24.
- 11 Highmark quarterly reports do not provide enrollment data split by retirement date. Medicfill contributions are estimated based on reporting provided by DHR
- 12 Participating groups are assumed to be 100% employee paid in order to estimate the healthcare program's net cost to the State; actual employee contributions vary and are difficult to capture since each group pays premiums at different times; participating group fees are included in premium contributions.
- 13 While COBRA enrollment and claims are reflected in the expenses, all medical/Rx participants are assumed to pay active contributions since COBRA participants make up less than 0.1% of the total population.
- 14 HRA funding for CDH plans are included in the paid claims reported in this document.

**State of Delaware**

Health Plan Quarterly Financial Reporting

Glossary of Important Health Care Terms

**Terms directly tied to cost tracking**

Terminology	Acronym	Definition
Administrative Services Only	ASO	When an organization funds its own employee benefit plan, such as a health insurance program, and it hires an outside firm to perform specific administrative services. Also referred to as "self-funded". Currently, the GHIP has ASO contracts with Aetna, Highmark and Express Scripts.
Capitation	n/a	Fixed payment amount (per member) to a physician or group of physicians for a defined set of services for a defined set of members. Fixed or "capitated" payment per member provides physician with an incentive for meeting quality and cost efficiency outcomes, since the physician is responsible for any costs incurred above the capitated amount. May be risk adjusted based on the demographics of the member population or changes in the member population. Often used for <i>bundled payments</i> or other <i>value-based payments</i> .
Consumer Driven Health Plan	CDHP	Allows members to use health savings accounts (HSA), health reimbursement accounts (HRA), or other similar medical payment products to pay routine health care expenses directly. GHIP currently offers a CDHP with HRA.
Coverage Gap Discount Program	CGDP	One of the funding components of an EGWP. Manufacturers provide discounts on covered Part D brand prescription drugs to Medicare beneficiaries while in the coverage gap.
Employee	EE	A person employed for wages or salary.
Employer Group Waiver Plans	EGWP	A Center for Medicare Service (CMS) approved program for both employers and unions. An employer may contract directly with CMS or go through an approved TPA, such as CVS, to establish the plan. They are usually Self Funded, are integrated with Medicare Part D, and sometimes include a fully insured "wrapper" around the plan to cover non-Medicare Part D prescription drugs. GHIP currently contracts with CVS as the TPA and includes a "wrapper," which is referred to as an enhanced benefit.
Fiscal Year	FY	A year as reckoned for taxing or accounting purposes. GHIP fiscal year runs from July 1st through June 30th.
Health Maintenance Organization	HMO	A form of health insurance combining a range of coverages in a group basis. A group of doctors and other medical professionals offer care through the HMO for a flat monthly rate. However, only visits to professionals within the HMO network are covered by the policy. All visits, prescriptions and other care must be cleared by the HMO in order to be covered. A primary physician within the HMO handles referrals.
Health Reimbursement Account	HRA	Employer-funded account that reimburses employees for out-of-pocket medical expenses. Employees can choose how to use their HRA funds to pay for medical expenses, but the employer can determine what expenses are reimbursable by the HRA (e.g., employers often designate prescription drug expenses as ineligible for reimbursement by an HRA). Funds are owned by the employer and are tax-deductible to the employee. GHIP only offers HRA to employees and non-Medicare eligible retirees who enroll in the CDH Gold plan.
High Cost Claimant	HCC	An insured who incurs claims over a catastrophic claim limit during the plan year. For purposes of cost tracking, this threshold is \$100K.
Per Employee Per Month	PEPM	A monthly cost basis measured on an employee/contract/subscriber level
Per Employee Per Year	PEPY	A yearly cost basis measured on an employee/contract/subscriber level
Per Member Per Month	PMPM	A monthly cost basis measured on a member level
Per Member Per Year	PMPY	A yearly cost basis measured on a member level
Patient-Centered Outcomes Research Trust Fund Fee	PCORI	The Patient-Centered Outcomes Research Trust Fund fee is a fee on plan sponsors of self-insured health plans that helps to fund the Patient-Centered Outcomes Research Institute (PCORI). The institute will assist, through research, patients, clinicians, purchasers and policy-makers, in making informed health decisions by advancing the quality and relevance of evidence-based medicine. The institute will compile and distribute comparative clinical effectiveness research findings. This fee is part of the Affordable Care Act legislation.

## State of Delaware

### Health Plan Quarterly Financial Reporting

#### Glossary of Important Health Care Terms

#### Terms directly tied to cost tracking

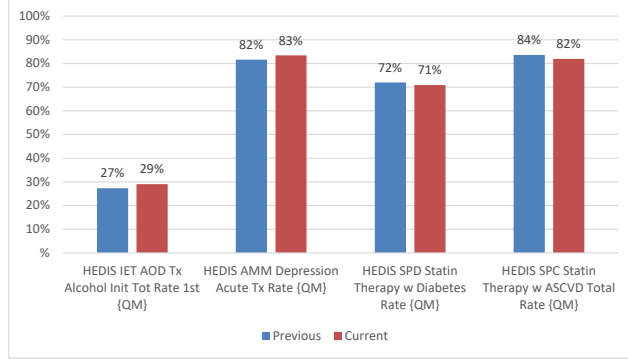
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. GHIP only offers this type of plan to Port of Wilmington employees.
Preferred Provider Organization	PPO	A health care organization composed of physicians, hospitals, or other providers which provides health care services at a reduced fee. A PPO is similar to an HMO, but care is paid for as it is received instead of in advance in the form of a scheduled fee. PPOs may also offer more flexibility by allowing for visits to out-of-network professionals at a greater expense to the policy holder. Visits within the network require only the payment of a small fee. There is often a deductible for out-of-network expenses and a higher co-payment.
Transitional Reinsurance Fee	TRF	Fee collected by the transitional reinsurance program to fund reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury for the 2014, 2015, and 2016 benefit years. This fee is part of the Affordable Care Act legislation, and ends after the 2016 benefit year.
Year to Date	YTD	A period, starting from the beginning of the current year (either the calendar year or fiscal year) and continuing up to the present day. For this financial reporting document, YTD refers to the time period of July 1, 2023 to March 31, 2024.

## Medical and Prescription Drug Dashboard - GHIP Population

Previous Period: Apr 2022 - Mar 2023 (Paid)

Current Period: Apr 2023 - Mar 2024 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5708.0	5574.8	-2.3%	5451.5
Visits per 1000 Well Child	985.2	841.3	-14.6%	885.7
Visits per 1000 Prevent Adult	452.0	467.0	3.3%	456.0

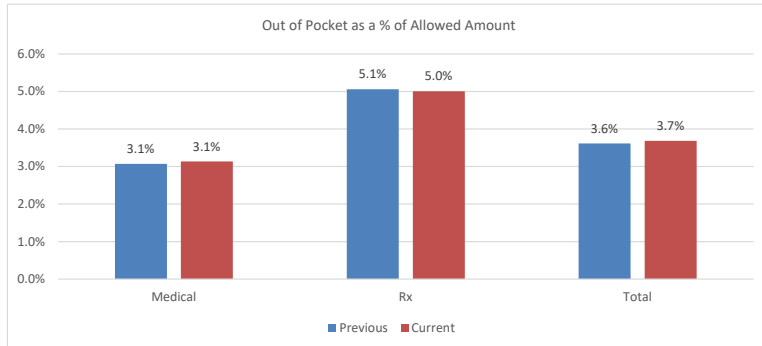
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	75,205.3	76,714.6	2.0%
Average Members	130,273.9	132,264.8	1.5%
Family Size	1.7	1.7	0.0%
Member Age	43.4	43.5	0.2%
Members % Male	45.0%	44.0%	-2.2%

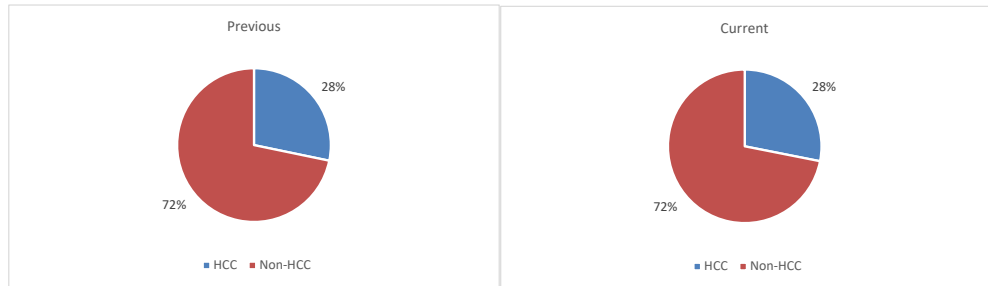
### 5. Risk Score

	Previous	Current
Member Risk Score	242.6	252.3

### 7. Cost Sharing



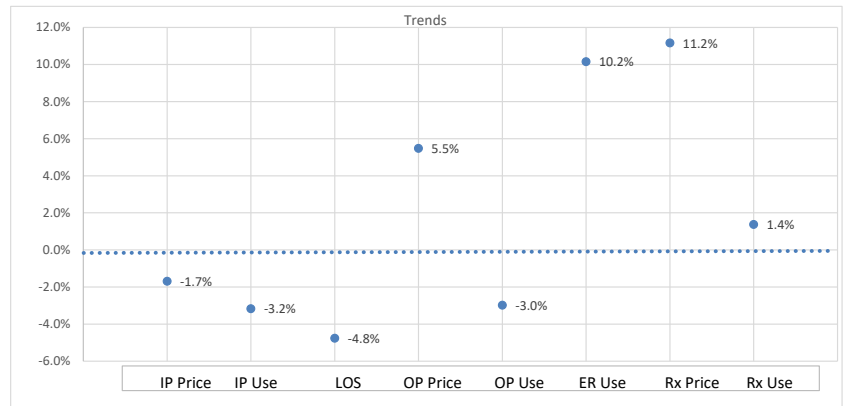
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	1,236	1,238	0.2%
Patients per 1,000	9.5	9.4	-1.3%
Payments (in Millions)	\$261 M	\$271 M	3.9%
Payments per Patient	210,781	218,686	3.8%

### 6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$27,458	\$26,995	-1.7%	\$33,454
	Admits per 1000	79.7	77.1	-3.2%	48.2
	Days LOS	6.1	5.8	-4.8%	4.9
Outpatient	Allowed per Service	\$143	\$151	5.5%	\$140
	ER Visits per 1000	342.1	331.9	-3.0%	226.1
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	10.2%	n/a
	Days Supply PMPY	717	726	1.3%	n/a
Specialty Rx	Allowed per Days Supply	\$128	\$135	4.9%	n/a
	Days Supply PMPY	10	11	8.8%	n/a
All RX	Allowed per Days Supply	\$4	\$5	11.2%	\$5
	Days Supply PMPY	727	737	1.4%	373

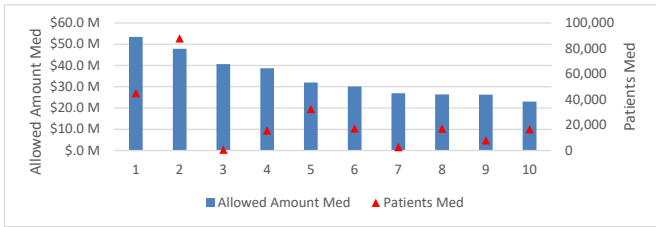


**Medical and Prescription Drug Dashboard - GHIP Population**

Previous Period: Apr 2022 - Mar 2023 (Paid)

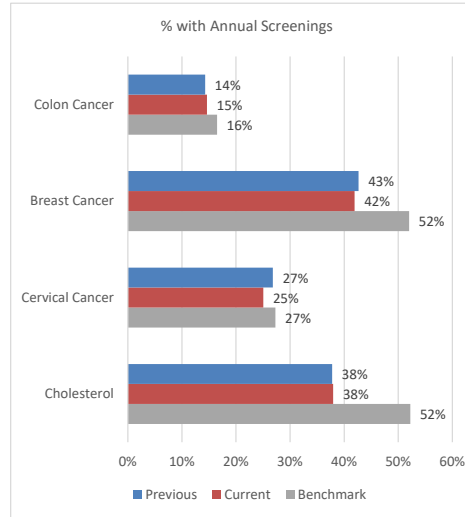
Current Period: Apr 2023 - Mar 2024 (Paid)

**8. Top Medical Conditions (by cost)**

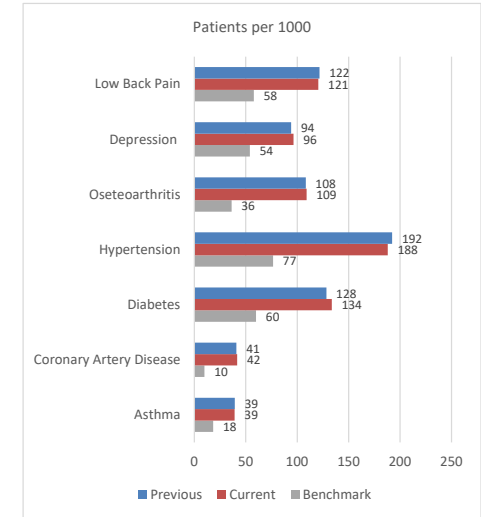


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$53,441,252	45,142	\$1,184
2 Prevent/Admin Hlth Encounters	\$47,871,540	88,093	\$543
3 Chemotherapy Encounters	\$40,725,194	704	\$57,848
4 Osteoarthritis	\$38,757,045	15,749	\$2,461
5 Arthropathies/Joint Disord NEC	\$31,949,932	32,688	\$977
6 Spinal/Back Disord, Low Back	\$30,115,009	17,408	\$1,730
7 Pregnancy without Delivery	\$26,945,626	2,774	\$9,714
8 Respiratory Disord, NEC	\$26,429,395	17,251	\$1,532
9 Cardiac Arrhythmias	\$26,305,381	7,964	\$3,303
10 Gastroint Disord, NEC	\$23,076,545	16,688	\$1,383

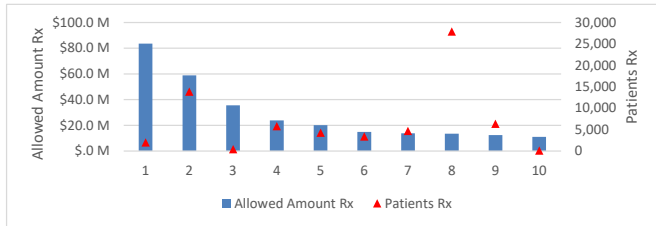
**9. Screening Rates**



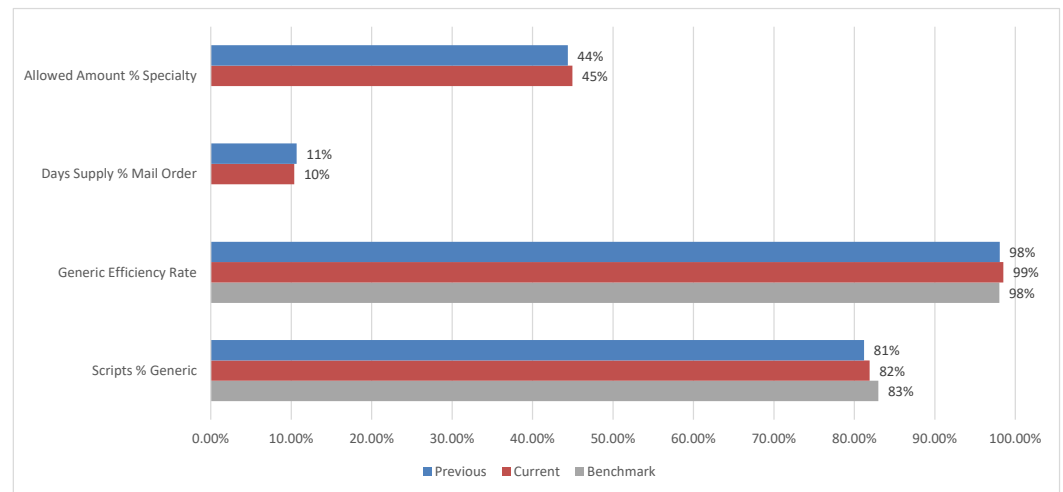
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$83,648,483	1,995	\$41,929
2 Antidiabetic Agents, Misc	\$58,873,809	13,884	\$4,240
3 Molecular Targeted Therapy	\$35,527,444	441	\$80,561
4 Coag/Anticoag, Anticoagulants	\$23,902,733	5,794	\$4,125
5 Antidiabetic Ag, SGLT Inhibitr	\$20,070,345	4,271	\$4,699
6 Antidiabetic Agents, Insulins	\$14,860,236	3,386	\$4,389
7 CNS Agents, Misc.	\$13,777,924	4,688	\$2,939
8 Adrenals & Comb, NEC	\$13,544,163	27,916	\$485
9 Misc Therapeutic Agents, NEC	\$12,477,152	6,385	\$1,954
10 Antineoplastic Agent, Misc.	\$11,010,275	92	\$119,677

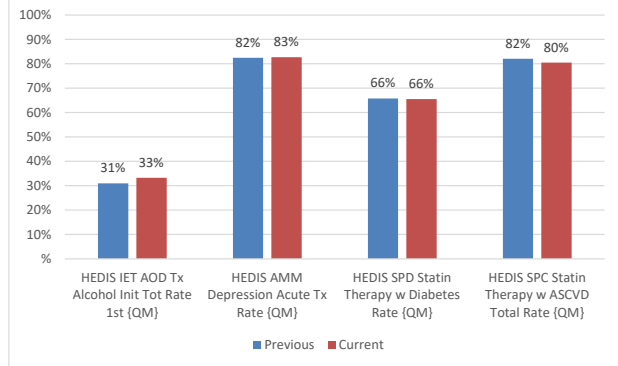


## Medical and Prescription Drug Dashboard - Active Employees

Previous Period: Apr 2022 - Mar 2023 (Paid)

Current Period: Apr 2023 - Mar 2024 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark	Benchmark Population
Visits per 1000 Well Baby	5712.9	5572.3	-2.5%	5384.1	
Visits per 1000 Well Child	985.5	839.4	-14.8%	785.8	
Visits per 1000 Prevent Adult	518.0	535.0	3.3%	456.0	

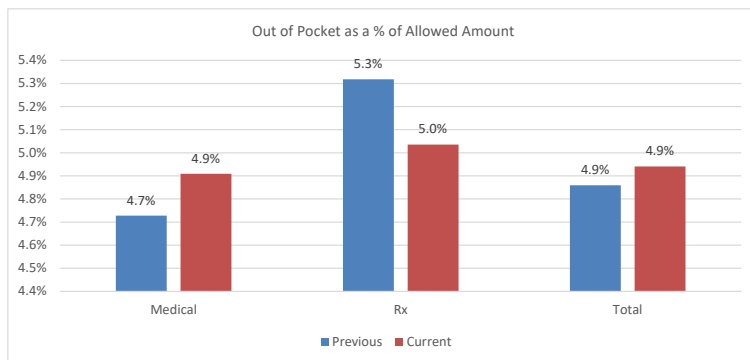
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	39,257.2	40,344.4	2.8%
Average Members	90,070.3	91,685.1	1.8%
Family Size	2.3	2.3	0.0%
Member Age	32.7	32.7	0.0%
Members % Male	46.0%	46.0%	0.0%

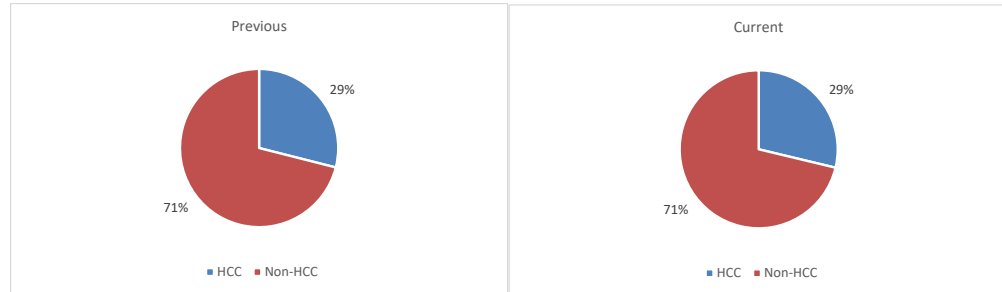
### 5. Risk Score

	Previous	Current
Member Risk Score	143.5	147.4

### 7. Cost Sharing



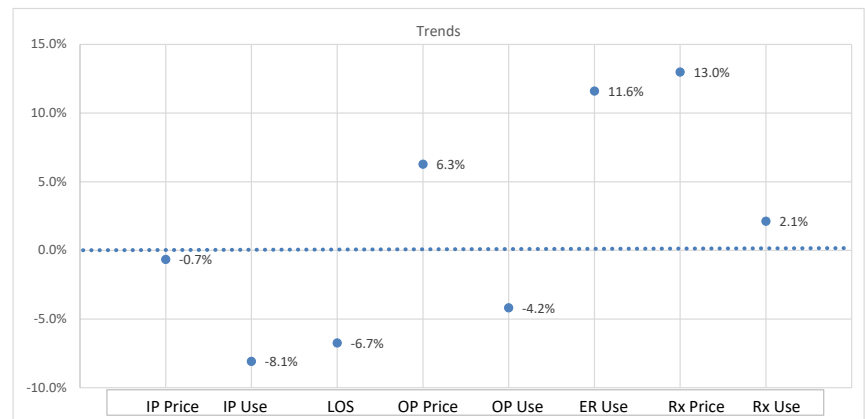
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	1,025	1,020	-0.5%
Patients per 1,000	11.4	11.1	-2.2%
Payments (in Millions)	\$207 M	\$214 M	3.7%
Payments per Patient	201,838	210,284	4.2%

### 6. Price and Use

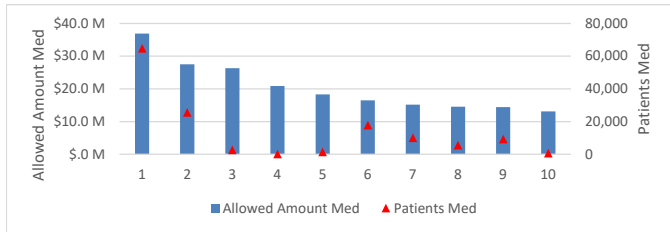
		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$32,728	\$32,513	-0.7%	\$27,670
	Admits per 1000	55.8	51.3	-8.1%	47.6
	Days LOS	5.4	5.0	-6.7%	4.6
Outpatient	Allowed per Service	\$150	\$160	6.3%	\$140
	ER Visits per 1000	278.6	267.0	-4.2%	225.2
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	11.6%	n/a
	Days Supply PMPY	417	426	2.0%	n/a
Specialty Rx	Allowed per Days Supply	\$121	\$129	6.4%	n/a
	Days Supply PMPY	7	8	10.1%	n/a
All RX	Allowed per Days Supply	\$4	\$5	13.0%	\$5
	Days Supply PMPY	425	434	2.1%	339





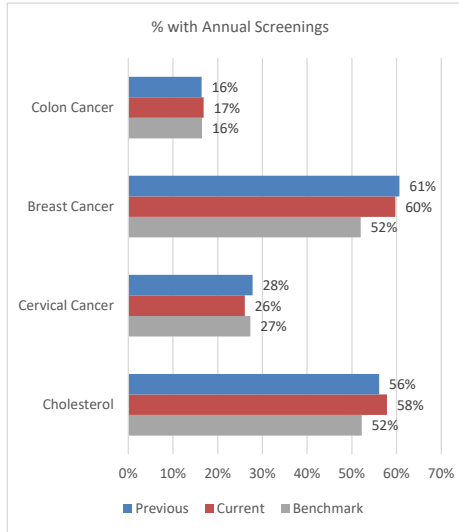
**Medical and Prescription Drug Dashboard - Active Employees**  
**Previous Period: Apr 2022 - Mar 2023 (Paid)**  
**Current Period: Apr 2023 - Mar 2024 (Paid)**

**8. Top Medical Conditions (by cost)**

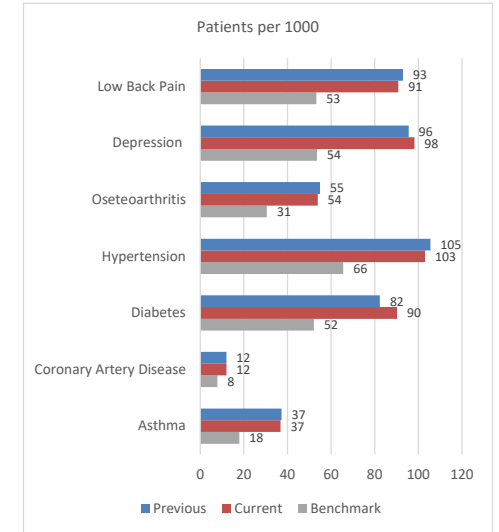


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$36,930,177	64,799	\$570
2 Signs/Symptoms/Oth Cond, NEC	\$27,535,281	25,601	\$1,076
3 Pregnancy without Delivery	\$26,323,875	2,686	\$9,800
4 Chemotherapy Encounters	\$20,882,032	216	\$96,676
5 Newborns, w/wo Complication	\$18,283,323	1,363	\$13,414
6 Arthropathies/Joint Disord NEC	\$16,488,588	17,785	\$927
7 Gastroint Disord, NEC	\$15,141,831	10,022	\$1,511
8 Osteoarthritis	\$14,547,563	5,547	\$2,623
9 Spinal/Back Disord, Low Back	\$14,438,551	9,357	\$1,543
10 Cancer - Breast	\$13,109,628	631	\$20,776

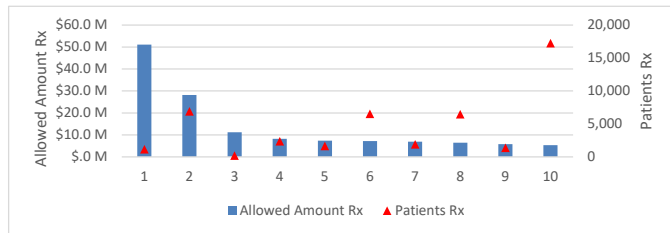
**9. Screening Rates**



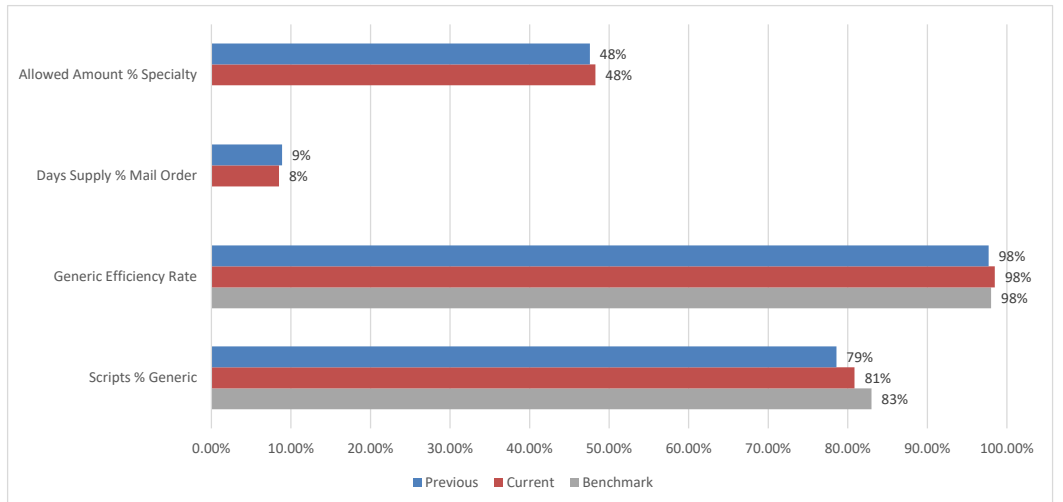
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$51,083,609	1,170	\$43,661
2 Antidiabetic Agents, Misc	\$28,160,644	6,919	\$4,070
3 Molecular Targeted Therapy	\$11,166,440	184	\$60,687
4 CNS Agents, Misc.	\$8,181,538	2,358	\$3,470
5 Antidiabetic Ag, SGLT Inhibitr	\$7,350,727	1,653	\$4,447
6 Stimulant, Amphetamine Type	\$7,170,284	6,535	\$1,097
7 Misc Therapeutic Agents, NEC	\$6,953,393	1,915	\$3,631
8 Antivirals, NEC	\$6,483,014	6,471	\$1,002
9 Antidiabetic Agents, Insulins	\$5,777,929	1,385	\$4,172
10 Adrenals & Comb, NEC	\$5,346,213	17,245	\$310

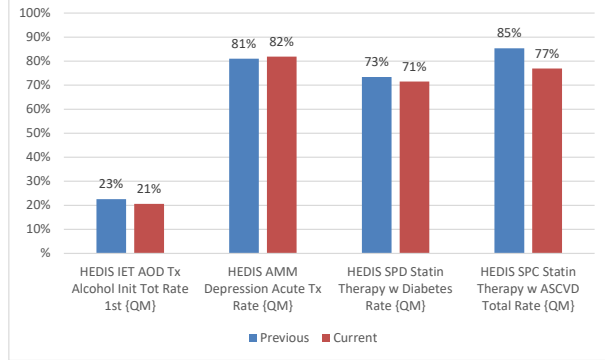


## Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Apr 2022 - Mar 2023 (Paid)

Current Period: Apr 2023 - Mar 2024 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	4528.3	6000.0	32.5%	4916.1
Visits per 1000 Well Child	924.8	914.5	-1.1%	705.4
Visits per 1000 Prevent Adult	549.5	561.9	2.3%	456.1

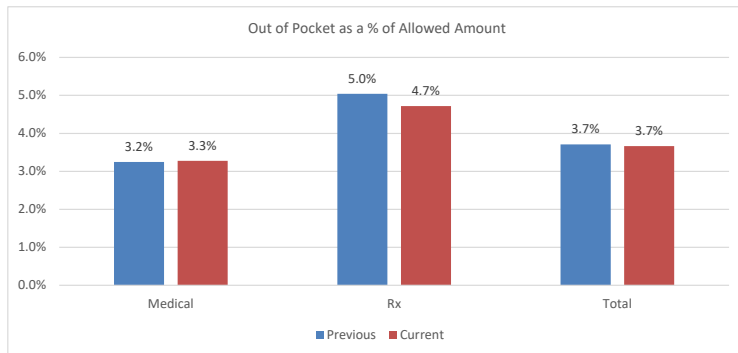
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	6,074.6	5,917.5	-2.6%
Average Members	9,767.9	9,561.5	-2.1%
Family Size	1.6	1.6	0.0%
Member Age	49.9	49.8	-0.2%
Members % Male	42.0%	43.0%	2.4%

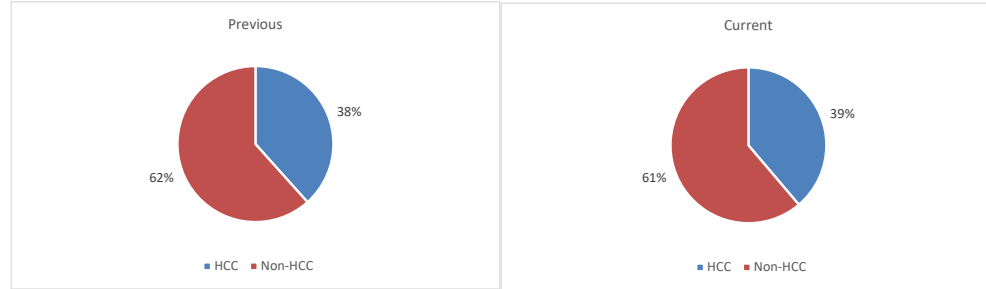
### 5. Risk Score

	Previous	Current
Member Risk Score	242.9	248.4

### 7. Cost Sharing



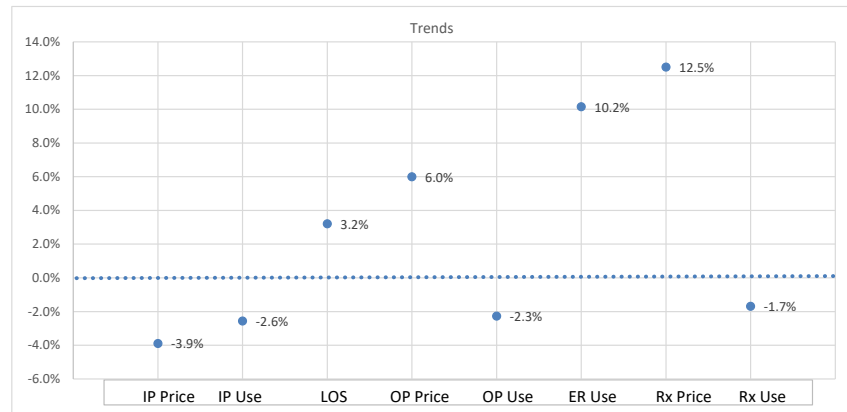
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	268	286	6.7%
Patients per 1,000	27.4	29.9	9.0%
Payments (in Millions)	\$48 M	\$49 M	3.0%
Payments per Patient	177,318	171,089	-3.5%

### 6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$42,440	\$40,787	-3.9%	\$36,806
	Admits per 1000	62.0	60.5	-2.6%	50.9
	Days LOS	6.9	7.1	3.2%	5.7
Outpatient	Allowed per Service	\$170	\$180	6.0%	\$140
	ER Visits per 1000	314.1	307.0	-2.3%	234.5
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	10.2%	n/a
	Days Supply PMPY	717	726	1.3%	n/a
Specialty Rx	Allowed per Days Supply	\$128	\$135	4.9%	n/a
	Days Supply PMPY	10	11	8.8%	n/a
All RX	Allowed per Days Supply	\$4	\$5	11.2%	\$5
	Days Supply PMPY	727	737	1.4%	657

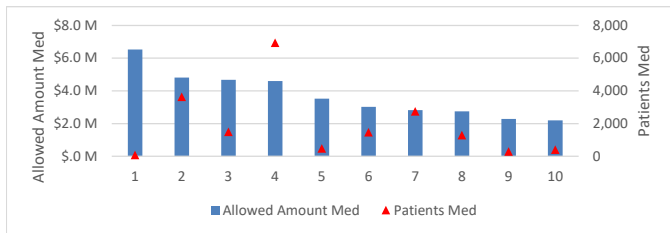


## Medical and Prescription Drug Dashboard - Early Retirees

Previous Period: Apr 2022 - Mar 2023 (Paid)

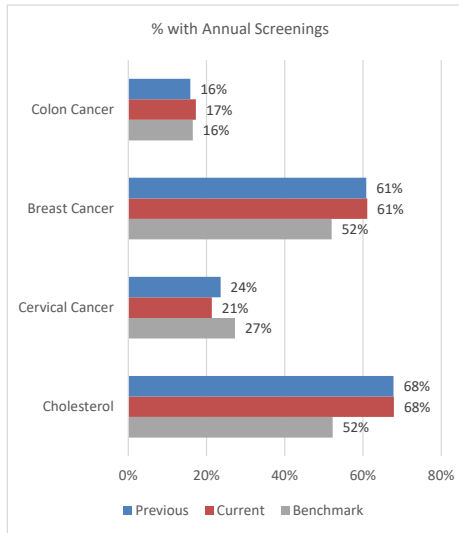
Current Period: Apr 2023 - Mar 2024 (Paid)

### 8. Top Medical Conditions (by cost)

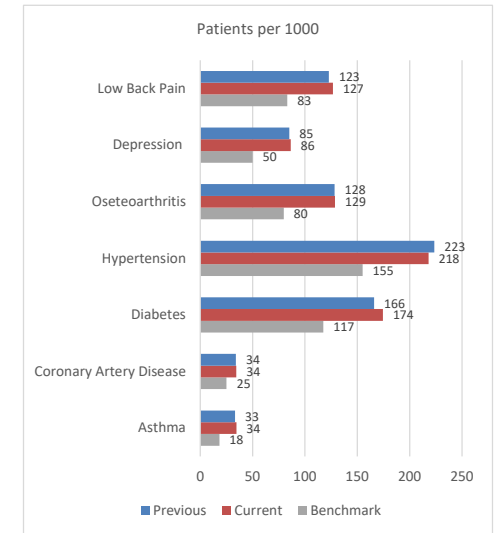


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Chemotherapy Encounters	\$6,534,949	73	\$89,520
2 Signs/Symptoms/Oth Cond, NEI	\$4,818,695	3,638	\$1,325
3 Osteoarthritis	\$4,673,812	1,489	\$3,139
4 Prevent/Admin Hlth Encounters	\$4,597,263	6,941	\$662
5 Cardiac Arrhythmias	\$3,520,706	476	\$7,396
6 Spinal/Back Disord, Low Back	\$3,023,661	1,465	\$2,064
7 Arthropathies/Joint Disord NEC	\$2,822,070	2,747	\$1,027
8 Respiratory Disord, NEC	\$2,750,483	1,297	\$2,121
9 Cerebrovascular Disease	\$2,279,567	293	\$7,780
10 Coronary Artery Disease	\$2,196,878	398	\$5,520

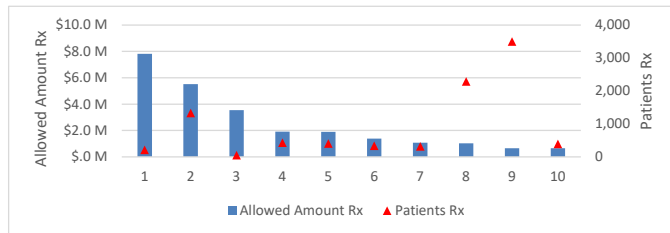
### 9. Screening Rates



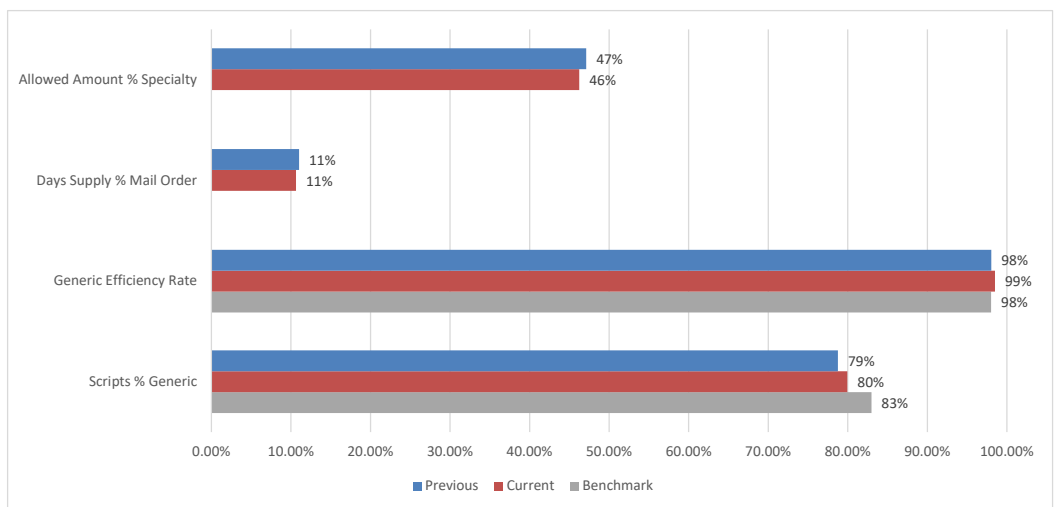
### 10. Chronic Condition Prevalence



### 11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$7,818,942	211	\$37,057
2 Antidiabetic Agents, Misc	\$5,511,866	1,330	\$4,144
3 Molecular Targeted Therapy	\$3,552,884	49	\$72,508
4 Antidiabetic Ag, SGLT Inhibitr	\$1,906,823	432	\$4,414
5 CNS Agents, Misc.	\$1,892,797	405	\$4,674
6 Antidiabetic Agents, Insulins	\$1,393,607	336	\$4,148
7 Coag/Anticoag, Anticoagulants	\$1,081,088	316	\$3,421
8 Adrenals & Comb, NEC	\$1,022,167	2,287	\$447
9 Antihyperlipidemic Drugs, NEC	\$660,767	3,501	\$189
10 Misc Therapeutic Agents, NEC	\$660,433	394	\$1,676

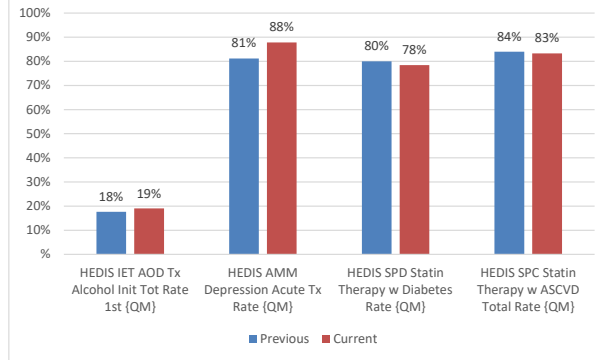


## Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Apr 2022 - Mar 2023 (Paid)

Current Period: Apr 2023 - Mar 2024 (Paid)

### 1. Quality Metrics



### 3. Well Care and Preventive Visits

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	280.0	293.0	4.6%	456.0

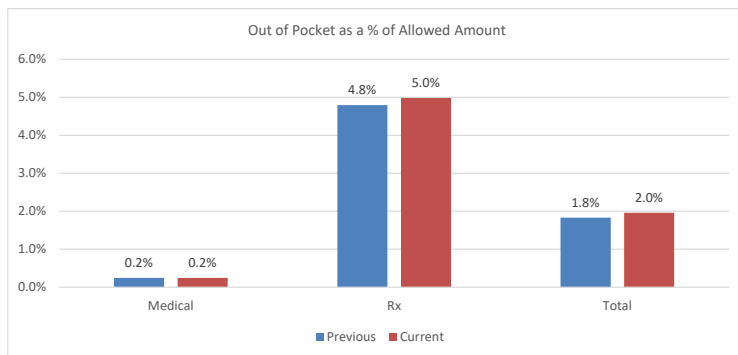
### 4. Medical Eligibility

	Previous	Current	Trend
Average Employees	27,282.3	27,836.6	2.0%
Average Members	27,579.4	28,149.3	2.1%
Family Size	1.0	1.0	0.0%
Member Age	73.4	73.6	0.3%
Members % Male	41.0%	41.0%	0.0%

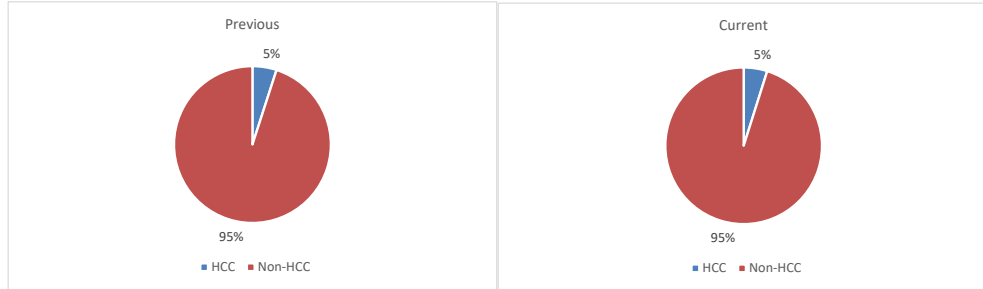
### 5. Risk Score

	Previous	Current
Member Risk Score	541.7	565.0

### 7. Cost Sharing



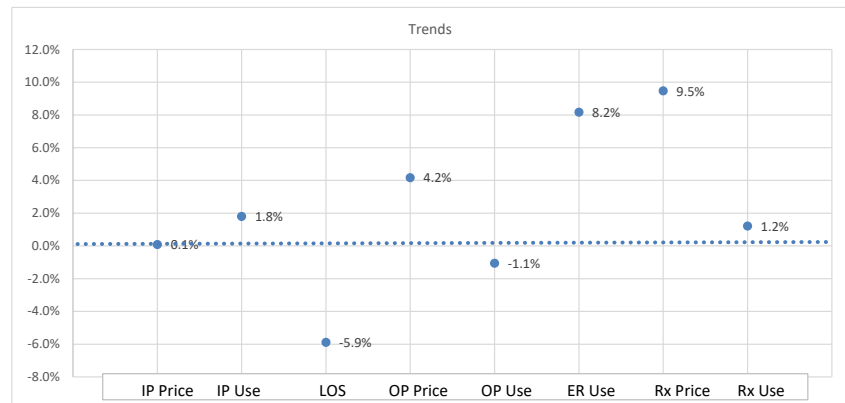
### 2. High Cost Claimants



	Previous	Current	Trend
Patients	46	47	2.2%
Patients per 1,000	1.7	1.7	0.1%
Payments (in Millions)	\$3 M	\$4 M	5.9%
Payments per Patient	75,861	78,618	3.6%

### 6. Price and Use

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$20,108	\$20,124	0.1%	\$20,501
	Admits per 1000	152.0	154.7	1.8%	168.9
	Days LOS	6.8	6.4	-5.9%	5.1
Outpatient	Allowed per Service	\$126	\$131	4.2%	\$114
	ER Visits per 1000	522.8	517.3	-1.1%	569.3
Non-Specialty Rx	Allowed per Days Supply	\$2	\$3	8.2%	n/a
	Days Supply PMPY	1,607	1,625	1.1%	n/a
Specialty Rx	Allowed per Days Supply	\$138	\$144	4.5%	n/a
	Days Supply PMPY	19	21	8.0%	n/a
All RX	Allowed per Days Supply	\$4	\$4	9.5%	\$5
	Days Supply PMPY	1,626	1,646	1.2%	977

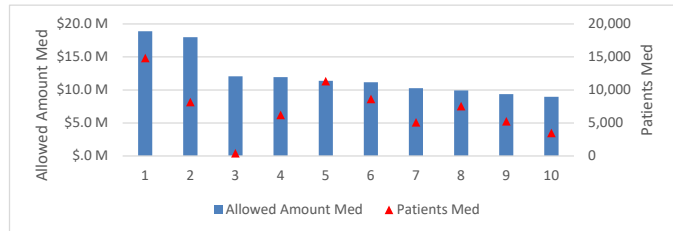


### Medical and Prescription Drug Dashboard - Medicare Retirees

Previous Period: Apr 2022 - Mar 2023 (Paid)

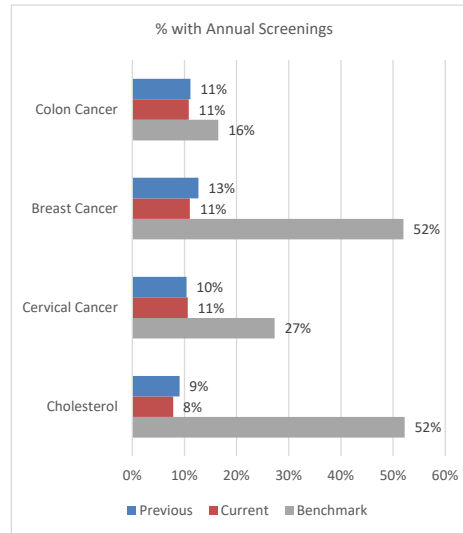
Current Period: Apr 2023 - Mar 2024 (Paid)

#### 8. Top Medical Conditions (by cost)

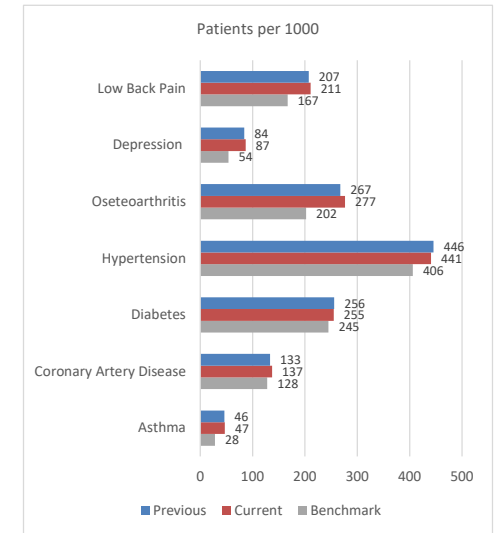


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Signs/Symptoms/Oth Cond, NEC	\$18,893,224	14,819	\$1,275
2 Osteoarthritis	\$17,982,336	8,147	\$2,207
3 Chemotherapy Encounters	\$12,081,098	404	\$29,904
4 Spinal/Back Disord, Low Back	\$11,948,023	6,203	\$1,926
5 Arthropathies/Joint Disord NEC	\$11,372,343	11,330	\$1,004
6 Eye Disorders, Degenerative	\$11,158,219	8,631	\$1,293
7 Cardiac Arrhythmias	\$10,260,881	5,079	\$2,020
8 Respiratory Disord, NEC	\$9,922,688	7,531	\$1,318
9 Infections, NEC	\$9,365,308	5,248	\$1,785
10 Cerebrovascular Disease	\$8,963,310	3,474	\$2,580

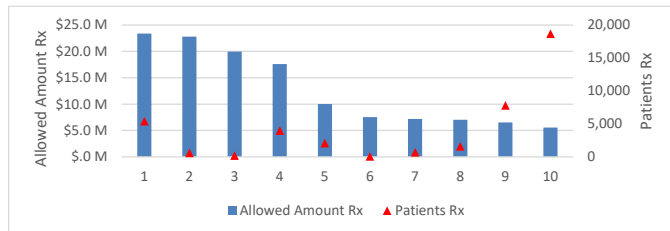
#### 9. Screening Rates



#### 10. Chronic Condition Prevalence



#### 11. Prescription Drug Metrics



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$23,400,159	5,428	\$4,311
2 Immunosuppressants, NEC	\$22,814,246	603	\$37,835
3 Molecular Targeted Therapy	\$19,984,228	203	\$98,444
4 Coag/Anticoag, Anticoagulants	\$17,617,332	3,983	\$4,423
5 Antidiabetic Ag, SGLT Inhibitr	\$10,027,085	2,099	\$4,777
6 Antineoplastic Agent, Misc.	\$7,525,303	60	\$125,422
7 Hormone-Modifying Therapy	\$7,194,090	686	\$10,487
8 Antidiabetic Agents, Insulins	\$7,031,736	1,579	\$4,453
9 Adrenals & Comb, NEC	\$6,529,795	7,807	\$836
10 Antihyperlipidemic Drugs, NEC	\$5,549,253	18,674	\$297

