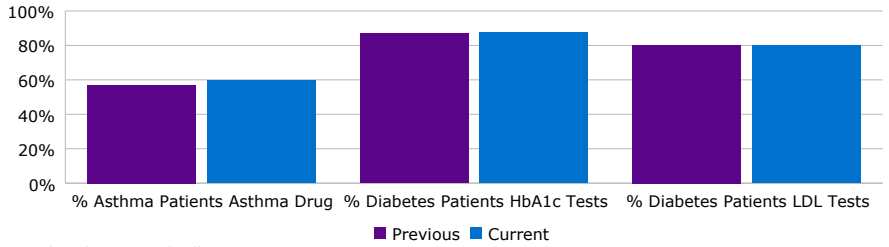
State of Delaware Medical and Prescription Drug Dashboard - Actives

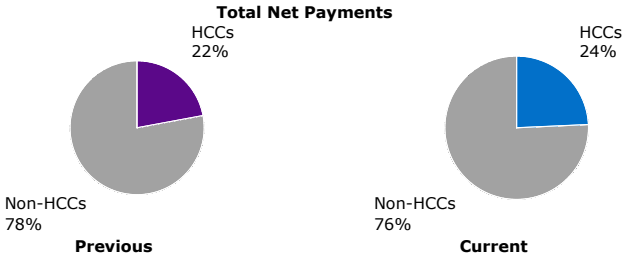
Previous Period: Jul 2016 - Jun 2017 (Paid)
Current Period: Jul 2017 - Jun 2018 (Paid)

1. Quality Metrics*



*Quality Metrics are based on Incurred Rolling Year.

2. High Cost Claimants*



*Members with >=$100,000 in Medical and Rx Net Payments

	Previous	Current	Trend
Patients	609	667	10%
Patients per 1,000	6.3	6.9	10%
Payments (in millions)	$113.7	$127.4	12%
Payment per Patient	$186,689	$190,997	2%

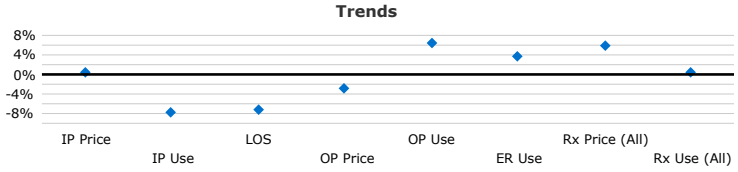
3. Well Care and Preventive Visits

	Previous	Current	Trend
Visits Per 1000 Well Baby	5,781.5	5,731.3	-0.9%
Visits Per 1000 Well Child	813.6	830.7	2.1%
Visits Per 1000 Prevent Adult	455.9	468.0	2.6%

4. Medical Plan Eligibility

	Previous	Current	Trend
Average Employees	37,649	37,736	0%
Average Members	88,752	88,228	-1%
Family Size	2.4	2.3	-1%
Member Age	33.0	33.0	0%
Members % Male	47%	47%	0% pts

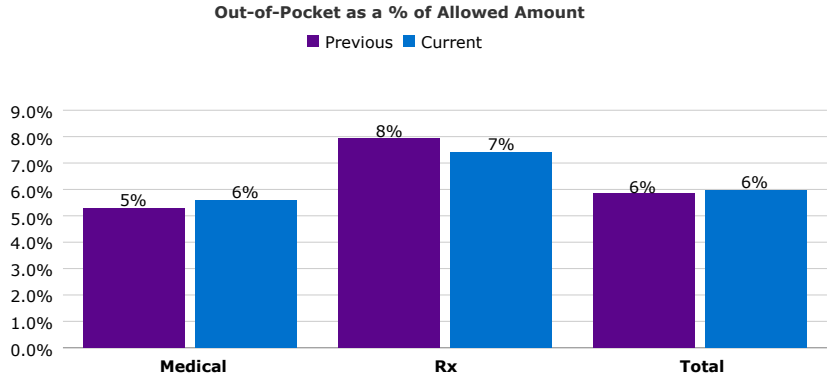
5. Price and Use



Inpatient	Current	Benchmark		Trend
Allowed per Admit	$24,474	$24,787	◆	0%
Admits per 1,000	61.0	54.9	■	-8%
Days LOS	4.2	4.2	◆	-7%
Outpatient				
Allowed per Service	$126	$123	◆	-3%
Services PMPY	30.1	29.5	◆	6%
Emergency Room Visits per 1,000	282	229	■	4%
Prescription Drugs				
Allowed/Days Supply	$2			-1%
Days Supply PMPY	377			0%
Specialty Drugs				
Allowed/Days Supply	$78			8%
Days Supply PMPY	7			10%
All Prescription Drugs				
Allowed/Days Supply	$4	$4	◆	6%
Days Supply PMPY	384	333	●	0%

● Represents a lower than -3% comparison to the benchmark
◆ Represents a comparison to the benchmark within +/-3%
■ Represents a higher than 3% comparison to the benchmark

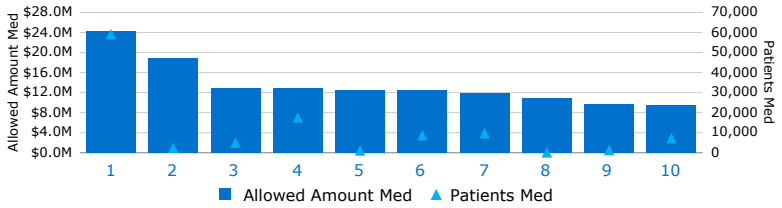
6. Cost Sharing



State of Delaware Medical and Prescription Drug Dashboard - Actives

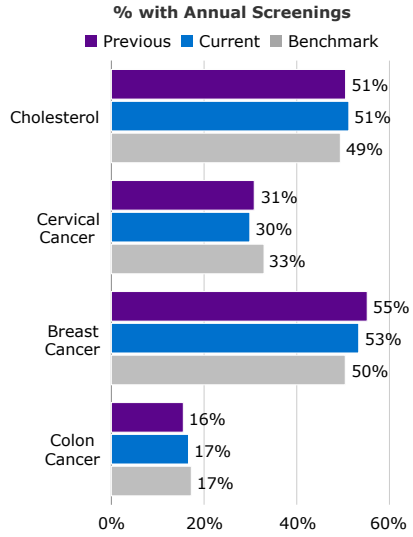
Previous Period: Jul 2016 - Jun 2017 (Paid)
Current Period: Jul 2017 - Jun 2018 (Paid)

7. Top Medical Conditions (by cost)

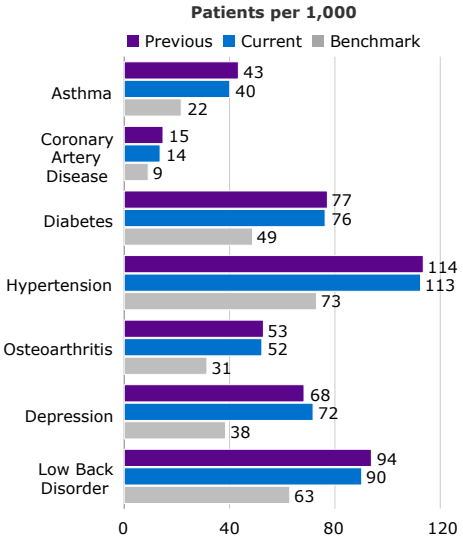


	Condition	Allowed Amount Med	Patients Med	Med Allowed /Patient
1	Prevent/Admin Hlth Encounters	$24,335,770	59,153	$411
2	Pregnancy without Delivery	$18,912,177	2,501	$7,562
3	Osteoarthritis	$12,949,130	5,051	$2,564
4	Arthropathies/Joint Disord NEC	$12,914,605	17,620	$733
5	Newborns, w/wo Complication	$12,538,804	1,174	$10,680
6	Spinal/Back Disord, Low Back	$12,415,447	8,717	$1,424
7	Gastroint Disord, NEC	$11,869,949	9,724	$1,221
8	Chemotherapy Encounters	$10,867,404	181	$60,041
9	Coronary Artery Disease	$9,674,261	1,317	$7,346
10	Respiratory Disord, NEC	$9,496,157	7,265	$1,307

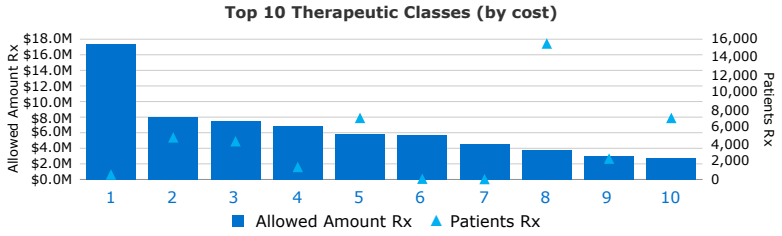
8. Screening Rates



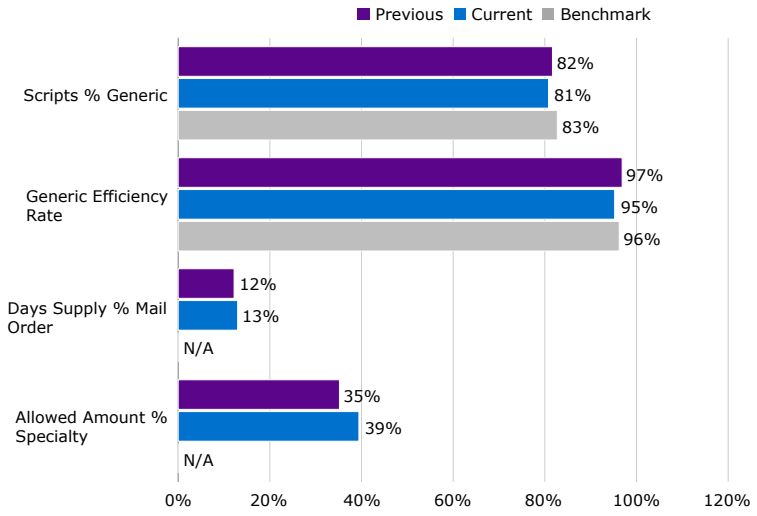
9. Chronic Condition Prevalence



10. Prescription Drug Metrics



	Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed /Patient
1	Immunosuppressants, NEC	$17,360,630	564	$30,781
2	Stimulant, Amphetamine Type	$8,051,115	4,803	$1,676
3	Antidiabetic Agents, Misc	$7,542,132	4,361	$1,729
4	Antidiabetic Agents, Insulins	$6,907,415	1,430	$4,830
5	Antivirals, NEC	$5,831,881	7,023	$830
6	Biological Response Modifiers	$5,721,782	91	$62,877
7	Molecular Targeted Therapy	$4,556,491	52	$87,625
8	Adrenals & Comb, NEC	$3,837,285	15,509	$247
9	Misc Therapeutic Agents, NEC	$3,042,310	2,378	$1,279
10	Gastrointestinal Drug Misc,NEC	$2,794,565	7,022	$398



State of Delaware Medical and Prescription Drug Dashboard - Actives

Dashboard Glossary

General

- **Claims** are completed for claims incurred but not yet recorded (IBNR)
- **Benchmark** represents 2016 U.S. Total MarketScan norms that are age, gender, geographic, and/or severity adjusted as appropriate
- **PMPY** stands for Per Member Per Year and is weighted based on the number of months a member was enrolled in medical benefits
- **Allowed Amount (Allowed)** is the amount of submitted charges eligible for payment for medical and prescription drug claims; it is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts
- **Net Payment (Payment)** is the net amount paid by the company for medical and prescription drug claims; it represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted
- **Inpatient (IP)** represents claims for services provided under medical coverage in an acute inpatient setting; acute inpatient settings include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities
- **Outpatient (OP)** represents claims for medical services provided in any non-inpatient setting
- **Prescription Drug (Rx)** represents any claim paid under the pharmacy benefit
- **Patients** represents any member with a claim for the service (e.g., medical or prescription drug) being reported during the time period

1. Well Care and Preventive Visits

2. High Cost Claimants

- High Cost Claimants (HCCs) are members with $100,000 or more in medical and prescription drug net payments incurred during the year
- Non-High Cost Claimants (HCCs) are members with less than $100,000 in medical and prescription drug net payments incurred during the year

3. Quality Metrics

4. Medical Plan Eligibility

- **Average Employees** represents the number of employees with medical coverage; each employee is counted once for each month of their eligibility, then the total is averaged across the total number of months of eligibility during the time period
- **Average Members** represents the number of members with medical coverage; each member is counted once for each month of their eligibility, then the total is averaged across the total number of months of eligibility during the time period
- **Family Size** represents the average number of covered members per subscriber
- **Member Age** represents the average age of covered members during the year
- **Members % Male** represents the number of male members as a percent of total members

5. Risk Score

The Member Risk Score represents the DCG non-rescaled concurrent score

- The Member Risk Score is produced using the Verisk DCG® model
- This model measures the health risk of a population relative to the national average as of the time the model was developed (i.e., 100)

6. Price and Use

- **Current** represents your Price or Use rate in the Current year
- **Benchmark** represents the U.S. Total MarketScan norm for the Price or Use rate
- The **Symbol** next to the Benchmark represents your Current rate compared to the Norm
- The **Trend** represents your year-over-year trend for the Price or Use rate

7. Cost Sharing

The cost sharing percentage represents Out-of-Pocket divided by Allowed Amounts

- Out-of-Pocket represents the amount paid out-of-pocket by the member for facility, professional, and prescription drug services; this generally includes coinsurance, copayment, and deductible amounts

8. Top Medical Conditions (by cost)

- Conditions represent Truven Health Clinical Condition groupings, based on ICD-9 and ICD-10 diagnosis codes
- Clinical conditions include medical claims (i.e., prescription drug is not included)
- Note: The clinical condition of *Signs/Symptoms/Oth Cond, NEC* is excluded from this exhibit

9. Screening Rates

- **Cholesterol** identifies lipid screening tests for males aged 35+ years and females aged 45+ years; lipid screening tests include lipid panels, serum cholesterol tests, blood lipoprotein tests (e.g., HDL, LDL), and triglyceride tests *[source for age and gender criteria: US Preventive Services Task Force]*
- **Cervical Cancer** identifies the percentage of females aged 21 to 64 who received cervical cancer screening services *[source for age, gender, procedure, diagnosis, and revenue code criteria: NCQA HEDIS 2014]*
- **Breast Cancer** identifies the percentage of females aged 50 to 74 who received mammography services *[source for age, gender, diagnosis, procedure, and revenue code criteria: NCQA HEDIS 2014]*
- **Colon Cancer** identifies the percentage of adults aged 50 to 75 who received colon cancer screening services *[source for age, diagnosis and procedure criteria: NCQA HEDIS 2014]*

10. Chronic Condition Prevalence

- Conditions represent Truven Health Clinical Condition groupings, based on ICD-9 and ICD-10 diagnosis codes
- Chronic conditions identified based on medical claims

11. Prescription Drug Metrics

- **Therapeutic Class** represents the Redbook Therapeutic Class Intermediary
- **Scripts % Generic** is the number of prescriptions filled with a generic drug, expressed as a percentage of all prescriptions filled
- **Generic Efficiency Rate** is the number of prescriptions filled with a generic drug, expressed as a percentage of all prescriptions filled that could have been filled with a generic drug
- **Days Supply % Mail Order** is the percent of all prescription days supply filled via mail order
- **Allowed Amount % Specialty** is the percent of total prescription drug allowed amounts that were for medications considered to be specialty drugs (identified using Truven Health Service Categories)