

# State of Delaware - Quarterly Financial Reporting

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## FY21 Q1 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.*

November 2020

**State of Delaware**

Health Plan Quarterly Financial Reporting  
 FY21 Q1 Plan Cost Analysis

**Summary plan information**

- FY21 YTD compared to FY20 YTD:

Summary (total)	FY21			FY20			% Change		
	Medical	Rx <sup>4</sup>	Total <sup>2</sup>	Medical	Rx <sup>4</sup>	Total <sup>2</sup>	Medical	Rx <sup>4</sup>	Total
Gross claims <sup>1</sup>	\$146.8	\$69.9	\$216.7	\$146.0	\$75.5	\$221.5	▲ 0.5%	▼ 7.4%	▼ 2.2%
Total program cost (\$M) <sup>2</sup>	\$159.4	\$42.2	\$202.3	\$158.1	\$47.8	\$206.5	▲ 0.8%	▼ 11.6%	▼ 2.0%
Premium contributions (\$M) <sup>3</sup>	\$165.4	\$45.2	\$210.6	\$163.5	\$44.0	\$207.5	▲ 1.1%	▲ 2.8%	▲ 1.5%
Total cost PEPY	\$8,640	\$2,316	\$10,968	\$8,748	\$2,664	\$11,424	▼ 1.2%	▼ 13.1%	▼ 4.0%
Total cost PMPY	\$4,920	\$1,308	\$6,240	\$4,956	\$1,500	\$6,480	▼ 0.7%	▼ 12.8%	▼ 3.7%
Average employees	73,766			72,317			▲ 2.0%		
Average members	129,698			127,519			▲ 1.7%		
Loss ratio	96%			99%					
Net income (\$M)	\$8.3			\$1.1					

<sup>1</sup> Gross claims include paid medical and pharmacy claims as reported by Aetna, Highmark, and ESI; excludes 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

<sup>4</sup> FY21 Q1 contained 6 ESI invoices; FY20 Q1 contained 7 ESI invoices

- FY21 Actual compared to Original Budget (approved in August 2020):

Summary (total)	FY21 Actual			FY21 Budget			% Change		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Total program cost (\$M) <sup>2</sup>	\$159.4	\$42.2	\$202.3	\$174.2	\$47.7	\$221.8	▼ 8.5%	▼ 11.4%	▼ 8.8%
Total cost PEPY	\$8,640	\$2,316	\$10,968	\$9,750	\$2,219	\$12,009	▼ 11.4%	▲ 4.4%	▼ 8.7%
Total cost PMPY	\$4,920	\$1,308	\$6,240	\$5,539	\$1,261	\$6,822	▼ 11.2%	▲ 3.8%	▼ 8.5%
Net income (\$M)	\$8.3			(\$11.2)					

<sup>1</sup> Total program cost includes office operational expenses (medical and Rx splits exclude these expenses) and excludes fees for participating non-State groups (these fees are included in premiums)

**Plan performance dashboard - key observations for total GHIP population: October 2019 - September 2020 (compared to October 2018 - September 2019)**

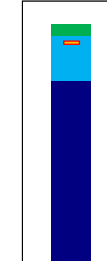
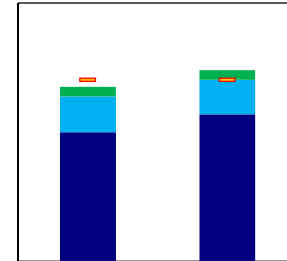
- The COVID-19 pandemic has had a significant impact on GHIP utilization and claims. The IBM Watson Health plan performance dashboards highlights the following program trends:
  - Reduction in well care and preventive visits: -4.6% well baby, -2.5% well child, -15.6% preventive adult
  - Reduced screening rates for colon cancer, breast cancer, cervical cancer and cholesterol
  - 8.0% reduction in inpatient admits, 14.2% reduction in ER visits
  - Pharmacy claims have not been impacted by COVID-19; 2.6% increase in cost and utilization of all prescriptions
  - Specialty medications now make up 45% of pharmacy spend, with a 21.2% increase in utilization

**Additional notes**

- Claims and expenses are reported on a paid basis
- FY21 budget rates were held flat from FY20
- Paid claims and enrollment data based on reports from Aetna, Highmark, and ESI; costs include operating expenses
- Expenses are broken down into two categories:
  - ASO Fees: includes fees for vendor administration, COBRA administration, ACA-related (PCORI), IBM Watson data analytics, EAP, and WTW consulting
  - 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

State of Delaware  
Health Plan Quarterly Financial Reporting  
FY21 Q1 Plan Cost Analysis

<b>Total GHIP Results</b>
<b>Legend</b>
- Medical/Rx Budget
■ Fees and Op. Expenses
■ Rx (incl. Rebates and EGWP)
■ Medical (incl. capitation)



	Q1 2021	Q2 2021	Q3 2021	Q4 2021	FY21 YTD Actual	FY21 YTD WTW Budget <sup>7</sup>	Difference vs. Budget	FY21 Projected <sup>8</sup>
<b>Total Program Cost</b>	<b>\$202,268,399</b>				<b>\$202,268,399</b>	<b>\$221,847,723</b>	<b>▼ 8.8%</b>	<b>\$910,677,210</b>
- Paid Claims	191,163,943				191,163,943	210,761,238	▼ 9.3%	866,080,296
- Medical (includes capitation <sup>1</sup> )	149,725,942				149,725,942	170,503,065	▼ 12.2%	695,955,696
- Rx (Including Rebates and EGWP)	41,438,001				41,438,001	40,258,173	▲ 2.9%	170,124,600
- Rx Paid Claims	69,940,930				69,940,930	68,322,001	▲ 2.4%	293,565,383
- EGWP <sup>2</sup>	(11,159,307)				(11,159,307)	(10,936,249)	▲ 2.0%	(46,777,481)
- Direct Subsidy	(743,876)				(743,876)	(547,642)	▲ 35.8%	(1,879,857)
- CGDP	(7,111,472)				(7,111,472)	(7,111,472)	▼ 0.0%	(23,666,606)
- Catastrophic Reinsurance	(3,303,960)				(3,303,960)	(3,277,136)	▲ 0.8%	(21,231,018)
- Rx Rebates <sup>3</sup>	(17,343,622)				(17,343,622)	(17,127,578)	▲ 1.3%	(76,663,302)
- ASO Fees	10,491,245				10,491,245	10,343,376	▲ 1.4%	41,524,477
- Operational Expenses	613,211				613,211	743,109	▼ 17.5%	2,972,437
<b>Medical/Rx Premium Contributions<sup>4</sup></b>	<b>\$210,602,447</b>				<b>\$210,602,447</b>	<b>\$ 210,662,951</b>	<b>▼ 0.0%</b>	<b>\$841,811,139</b>
- Net Income	8,334,048				8,334,048	(11,184,772)		(68,766,071)
- Total Cost as % of Budget	96%				96%	105%		108%
<b>Current Year Per Capita</b>								
- Total per employee per year <sup>5</sup>	10,968				10,968	12,009	▼ 8.7%	12,521
- Total % change over prior	-4.0%				-4.0%			13.4%
- Medical per employee per year	8,640				8,640	9,750	▼ 11.4%	10,098
- Medical % change over prior	-1.2%				-1.2%			20.9%
- Rx per employee per year	2,316				2,316	2,219	▲ 4.4%	2,370
- Rx % change over prior	-13.1%				-13.1%			-10.6%
- Medical per member per year	4,920				4,920	5,539	▼ 11.2%	4,584
- Rx per member per year	1,308				1,308	1,261	▲ 3.8%	2,007
- Total per member per year <sup>5</sup>	6,240				6,240	6,822	▼ 8.5%	6,639
<b>Prior Year Results</b>	<b>Q1 FY20</b>	<b>Q2 FY20</b>	<b>Q3 FY20</b>	<b>Q4 FY20</b>	<b>FY20</b>			<b>FY 2020</b>
- Total Program Cost	206,456,465				206,456,465	-	-	805,050,429
- Total Program Cost \$ Change	-4,188,066				(4,188,066)	-	-	105,526,781
- Total per employee per year <sup>5</sup>	11,424				11,424	-	-	11,040
- Medical per employee per year	8,748				8,748	-	-	8,352
- Rx per employee per year	2,664				2,664	-	-	2,652
<b>EE Contributions<sup>6</sup></b>	<b>\$41,483,007</b>				<b>\$41,483,007</b>			<b>\$165,932,029</b>
- Net SoD	160,785,391				160,785,391	-	-	744,645,181
- SoD Subsidy %	79%				79%	-	-	82%
<b>Headcount</b>								
- Enrolled Ees	73,766				73,766	73,892	▼ 0.2%	72,724
- Enrolled Members	129,698				129,698	130,074	▼ 0.3%	128,148
- Member/EE Ratio	1.8				1.8	1.8		1.8

<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 ESI  
<sup>3</sup> Reflects estimated rebates attributable to FY21; prior quarters to be updated with actual FY21 rebates when received; estimated rebates based on WTW analysis of expected rebates under ESI contract effective July 2019  
<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 final FY20 Budget approved by SEBC on 8/26/2019  
<sup>8</sup> FY21 Projected based on 24 months of claims experience through FY21 Q1 (excludes FY20 Q4 and FY21 Q1 experience due to COVID-19 impact); reflects average headcounts during Q1 with 1% assumed enrollment growth during FY21; reflects costs and savings attributable to all GHIP initiatives effective 7/1/19 and later; 5% medical/8% pharmacy trend; EGWP revenues and prescription drug rebates projected based on the period revenues are attributable; projections reflect impact of COVID-19 on FY21 operating 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

#### FY21 Q1 Reporting Reconciliation (WTW vs DHR Fund Equity Report)

FY21 YTD Reporting Reconciliation	WTW FY21 Q1 Financial Report	DHR Sept. 2020 Fund Equity Report
<b>Total Program Cost</b>	<b>\$202,268,399</b>	<b>\$238,699,114</b>
<b>Paid Claims</b>	191,163,943	227,594,658
Medical Claims	149,725,942	157,976,433
Rx Claims <sup>1</sup>	41,438,001	69,618,225
Rx Paid Claims	69,940,930	69,618,225
EGWP	(11,159,307)	7,807,624
<i>Direct Subsidy</i>	(743,876)	745,710
<i>CGDP</i>	(7,111,472)	3,757,954
<i>Catastrophic Reinsurance</i>	(3,303,960)	3,303,960
Rx Rebates	(17,343,622)	18,842,389
Total Rx Claim (Offsets)/Revenue <sup>2</sup>	(28,502,929)	26,650,013
<b>Total Fees</b>	11,104,456	11,104,456
ASO Fees	10,491,245	10,491,245
Operational Expenses	613,211	613,211
<b>Premium Contributions/Operating Revenues<sup>3</sup></b>	<b>\$210,602,447</b>	<b>\$235,833,423</b>
Net Income	8,334,048	(2,865,691)
Total Cost as % of Budget	96%	101%

<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 \$44,420, and participating group fees totaling \$1,426,685; WTW premium contributions represent FY21 budget rates and headcounts (net of Rx revenues), including participating group fees

## 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 FY21 represents the time period July 1, 2020 through June 30, 2021 for all statuses; note Medicfill plan for Medicare eligible retirees runs on a calendar year basis. Therefore, FY21 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 (ESI).

##### Benefit costs/fees

- 4 Medical quarterly paid claims from Highmark and Aetna; Rx quarterly paid claims from ESI; 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 June 2020 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 FY21 rebates when received; estimated rebates based on WTW analysis of expected rebates under ESI contract effective July 2019 and actual rebates received through FY21 Q1; active/non-Medicare eligible retiree rebates assigned to each plan on a contract count basis; may differ from actual payments received during FY2020 due to payment timing lag.
- 7 EGWP payments based on actual and expected payments attributable to the period July 1, 2020 through June 30, 2021; reflects actual direct subsidy, prospective reinsurance and coverage gap discount payments received through October 2021; remaining payments attributable to FY21 estimated based on projected amounts provided by ESI; may differ from actual payments received during FY21 due to payment timing lag.
- 8 Prior year costs calculated from WTW's FY20 Financial Reporting.
- 9 FY21 Projected based on 24 months of claims experience through FY21 Q1 (excludes FY20 Q4 and FY21 Q1 experience due to COVID-19 impact); reflects average headcounts during Q1 with 1% assumed enrollment growth during FY21; reflects costs and savings attributable to all GHIP initiatives effective 7/1/19 and later; 5% medical/8% pharmacy trend; EGWP revenues and prescription drug rebates projected based on the period revenues are attributable; projections reflect impact of COVID-19 on FY21 operating 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.**

##### Budget/contributions

- 10 Active and non-Medicare eligible retiree budget rates and contributions reflect rates effective July 1, 2020. Medicare eligible retiree budget rates reflect rates effective January 1, 2020 for FY21 Q1 and Q2, and rates effective January 1, 2021 for FY21 Q3 and Q4. Budget rates include FY21 risk fees for Participating groups (excludes \$2.70 PEPM charge). FY21 budget rates were held flat from FY20.
- 11 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 FY21.
- 12 Highmark quarterly reports do not provide enrollment data split by retirement date. All Medicare eligible retirees are assumed to have retired prior to July 1, 2012, and therefore do not contribute towards the cost of premiums. As a result of this conservative assumption, the healthcare program's net cost to the State may be overstated.
- 13 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.
- 14 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.
- 15 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 ( <i>HRA</i> ), or other similar medical payment products to pay routine health care expenses directly. GHIP currently offers a CDHP with <i>HRA</i> .
Coverage Gap Discount Program	CGDP	One of the funding components of an <i>EGWP</i> . 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 ESI, 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 ESI 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

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#### Terms directly tied to cost tracking

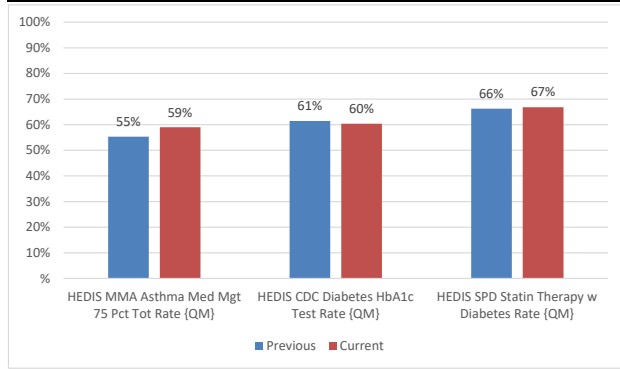
Terminology	Acronym	Definition
Point-of-Service	POS	A type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. 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, 2019 to June 30, 2020

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

Previous Period: Oct 2018 - Sep 2019 (Paid)

Current Period: Octo 2019 - Sep 2020 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5851.7	5584.6	-4.6%	5429.9
Visits per 1000 Well Child	890.6	868.0	-2.5%	775.6
Visits per 1000 Prevent Adult	429.1	362.3	-15.6%	363.7

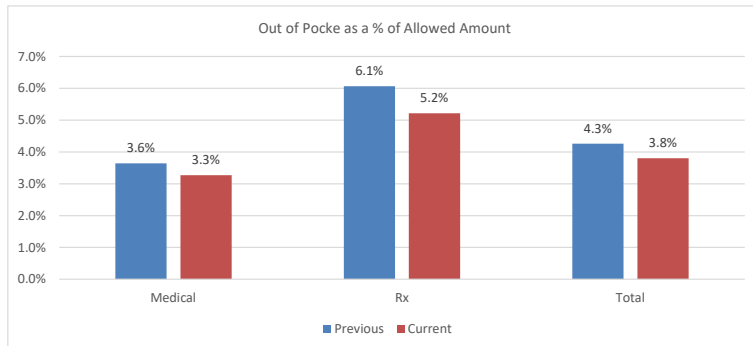
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	71,728.3	73,243.6	2.1%
Average Members	126,327.2	128,468.2	1.7%
Family Size	1.8	1.8	-0.4%
Member Age	43.0	43.0	0.1%
Members % Male	45.0%	44.8%	-0.4%

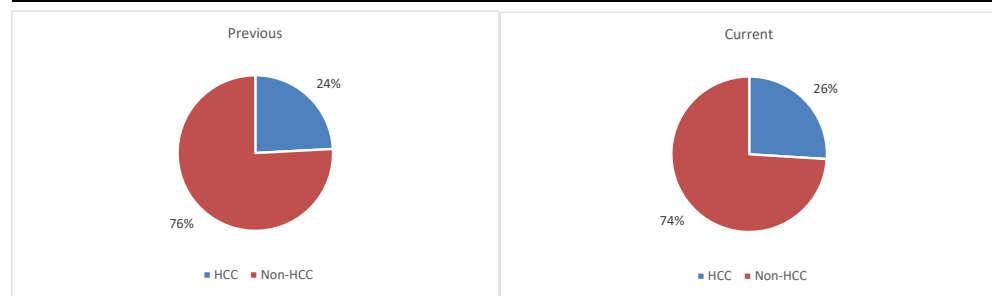
**5. Risk Score**

	Previous	Current
Member Risk Score	236.1	229.9

**7. Cost Sharing**



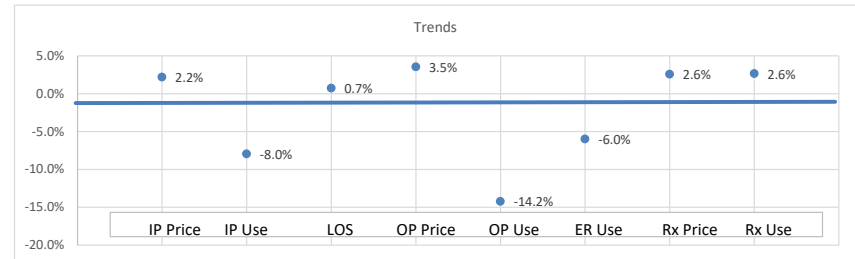
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	1,050	1,153	9.8%
Patients per 1,000	8.1	8.1	0.0%
Payments (in Millions)	\$208 M	\$224 M	7.8%
Payments per Patient	198,361	194,682	-1.9%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$23,267	\$23,778	2.2%	\$29,256
	Admits per 1000	83.5	76.8	-8.0%	54.5
	Days LOS	5.3	5.4	0.7%	4.40
Outpatient	Allowed per Service	\$126	\$130	3.5%	\$127
	ER Visits per 1000	353.2	303.0	-14.2%	225.8
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-6.0%	n/a
	Days Supply PMPY	648	663	2.3%	n/a
Specialty Rx	Allowed per Days Supply	\$90	\$88	-2.0%	n/a
	Days Supply PMPY	11	13	21.2%	n/a
All RX	Allowed per Days Supply	\$4	\$4	2.6%	4
	Days Supply PMPY	658	676	2.6%	365



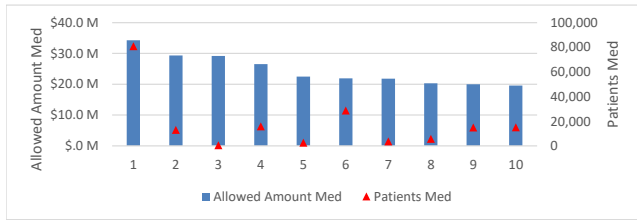


**Medical and Prescription Drug Dashboard - Total GHIP Population**

Previous Period: Oct 2018 - Sep 2019 (Paid)

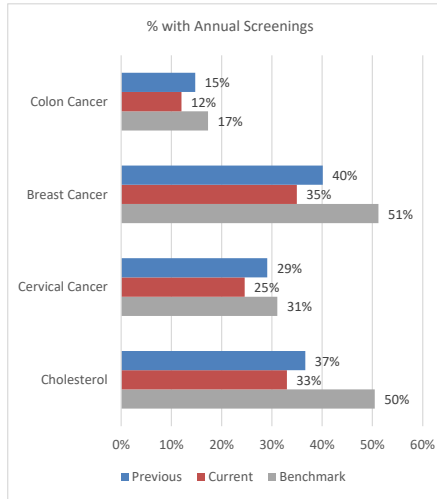
Current Period: Octo 2019 - Sep 2020 (Paid)

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

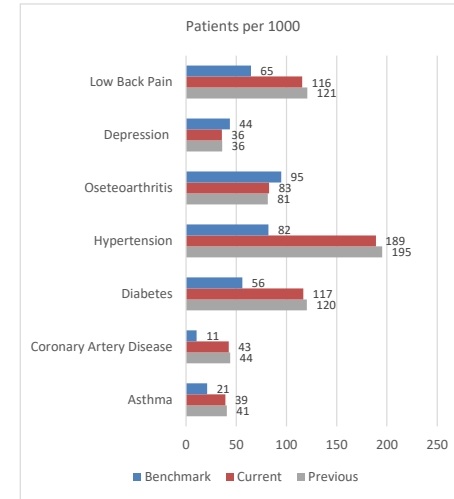


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$34,260,613	80,960	\$423
2 Osteoarthritis	\$29,323,005	13,017	\$2,253
3 Chemotherapy Encounters	\$29,154,065	628	\$46,424
4 Spinal/Back Disord, Low Back	\$26,511,147	15,879	\$1,670
5 Pregnancy without Delivery	\$22,455,274	2,753	\$8,157
6 Arthropathies/Joint Disord NEC	\$21,916,428	28,791	\$761
7 Renal Function Failure	\$21,780,799	3,737	\$5,828
8 Coronary Artery Disease	\$20,283,692	5,847	\$3,469
9 Gastroint Disord, NEC	\$19,984,155	15,053	\$1,328
10 Respiratory Disord, NEC	\$19,555,767	15,124	\$1,293

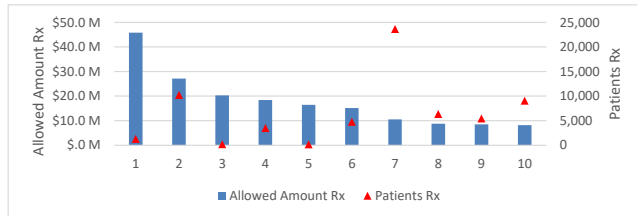
**9. Screening Rates**



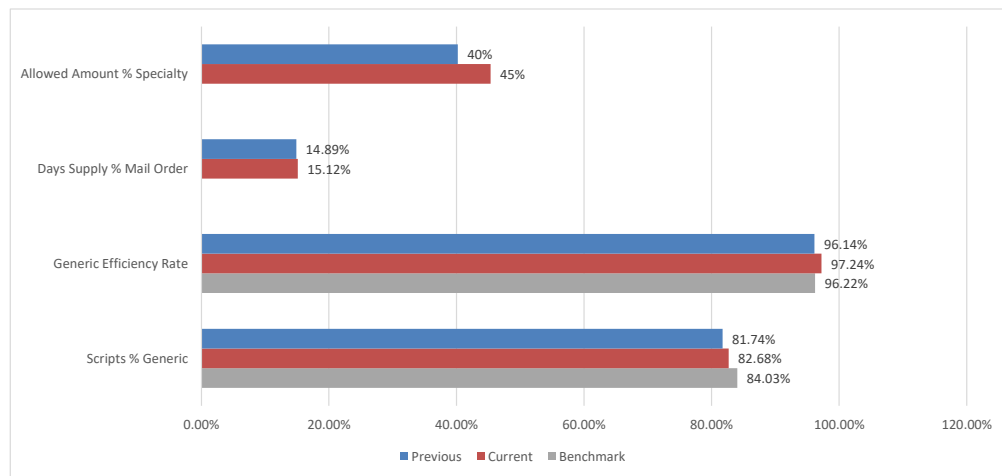
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$45,782,571	1,294	\$35,381
2 Antidiabetic Agents, Misc	\$27,094,353	10,254	\$2,642
3 Molecular Targeted Therapy	\$20,300,377	207	\$98,069
4 Antidiabetic Agents, Insulins	\$18,400,535	3,508	\$5,245
5 Biological Response Modifiers	\$16,435,664	174	\$94,458
6 Coag/Anticoag, Anticoagulants	\$15,163,048	4,771	\$3,178
7 Adrenals & Comb, NEC	\$10,545,515	23,646	\$446
8 Misc Therapeutic Agents, NEC	\$8,778,085	6,356	\$1,381
9 Stimulant, Amphetamine Type	\$8,507,201	5,468	\$1,556
10 Antivirals, NEC	\$8,157,580	9,050	\$901

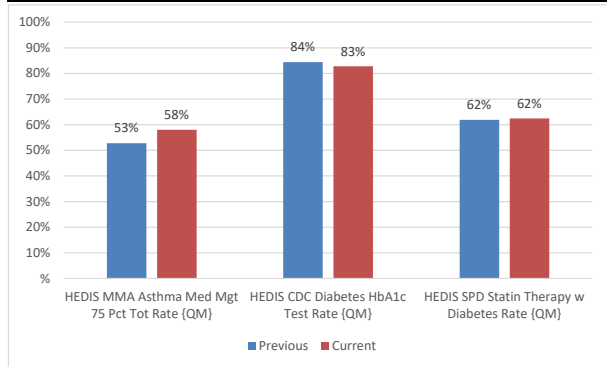


**Medical and Prescription Drug Dashboard - Active Employees**

Previous Period: Oct 2018 - Sep 2019 (Paid)

Current Period: Octo 2019 - Sep 2020 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5855.4	5582.2	-4.7%	5429.9
Visits per 1000 Well Child	890.1	868.0	-2.5%	775.6
Visits per 1000 Prevent Adult	500.0	416.7	-16.6%	327.6

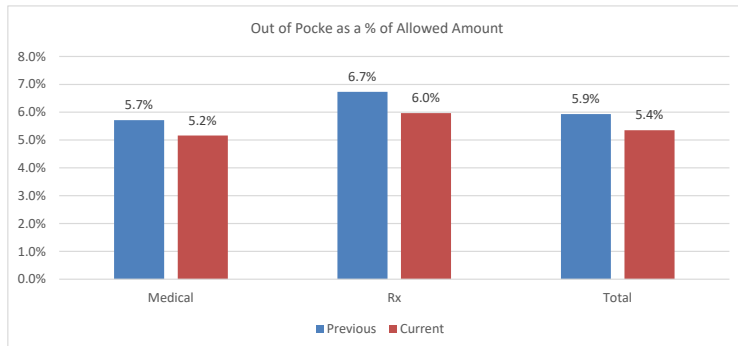
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	38,179.9	38,854.0	1.8%
Average Members	88,795.3	89,887.1	1.2%
Family Size	2.3	2.3	-0.5%
Member Age	32.8	32.8	-0.2%
Members % Male	46.5%	46.3%	-0.3%

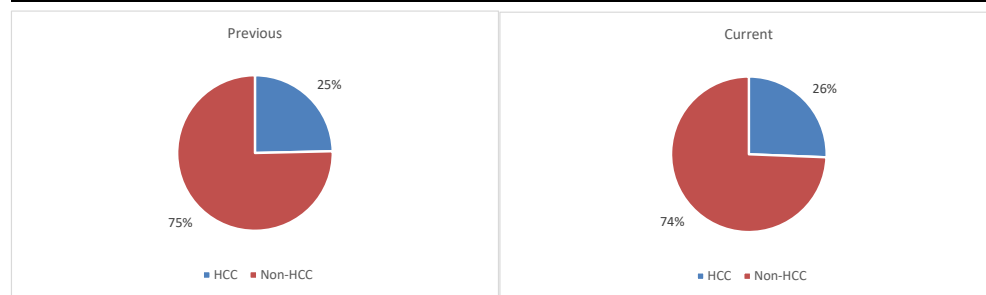
**5. Risk Score**

	Previous	Current
Member Risk Score	135.8	131.3

**7. Cost Sharing**



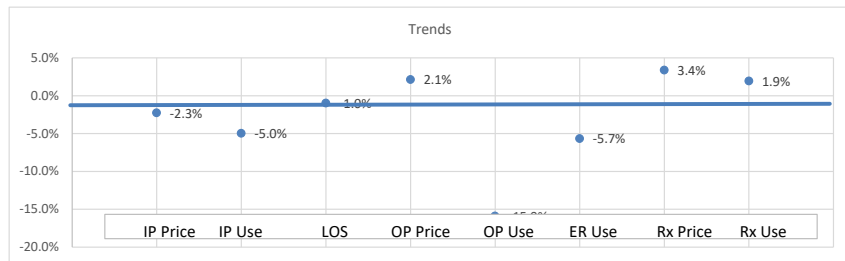
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	744	750	0.8%
Patients per 1,000	8.1	8.1	0.6%
Payments (in Millions)	\$137 M	\$140 M	2.0%
Payments per Patient	184,778	186,885	1.1%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$27,146	\$26,531	-2.3%	\$24,453
	Admits per 1000	55.4	52.6	-5.0%	53.2
	Days LOS	4.6	4.6	-1.0%	4.2
Outpatient	Allowed per Service	\$132	\$134	2.1%	\$127
	ER Visits per 1000	281.3	236.6	-15.9%	224.9
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-5.7%	n/a
	Days Supply PMPY	382	388	1.6%	n/a
Specialty Rx	Allowed per Days Supply	\$86	\$84	-2.4%	n/a
	Days Supply PMPY	7	9	21.1%	n/a
All RX	Allowed per Days Supply	\$4	\$4	3.4%	4
	Days Supply PMPY	389	397	1.9%	365

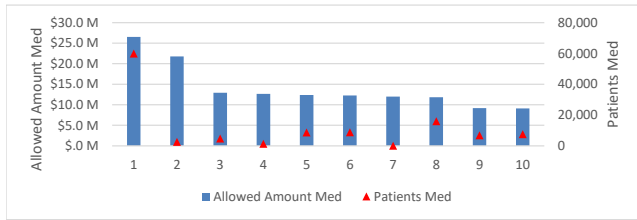


**Medical and Prescription Drug Dashboard - Active Employees**

Previous Period: Oct 2018 - Sep 2019 (Paid)

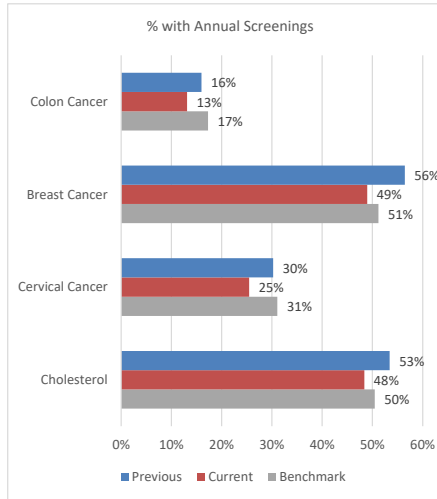
Current Period: Octo 2019 - Sep 2020 (Paid)

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

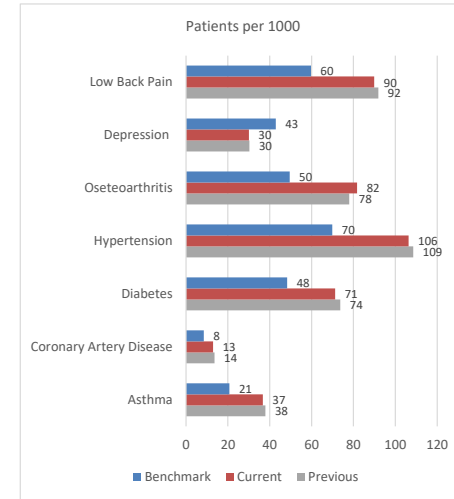


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Prevent/Admin Hlth Encounters	\$26,518,206	59,979	\$442
2 Pregnancy without Delivery	\$21,746,949	2,672	\$8,139
3 Osteoarthritis	\$12,920,919	4,852	\$2,663
4 Newborns, w/wo Complication	\$12,629,754	1,378	\$9,165
5 Spinal/Back Disord, Low Back	\$12,390,489	8,807	\$1,407
6 Gastroint Disord, NEC	\$12,256,916	8,893	\$1,378
7 Chemotherapy Encounters	\$11,983,858	189	\$63,407
8 Arthropathies/Joint Disord NEC	\$11,810,512	16,066	\$735
9 Respiratory Disord, NEC	\$9,196,962	6,983	\$1,317
10 Spinal/Back Disord, Ex Low	\$9,101,996	7,632	\$1,193

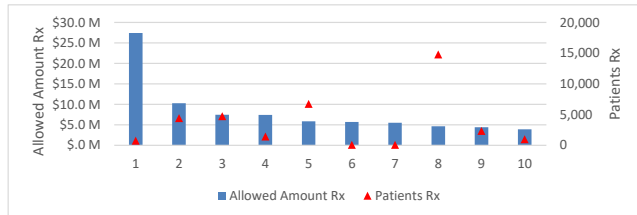
**9. Screening Rates**



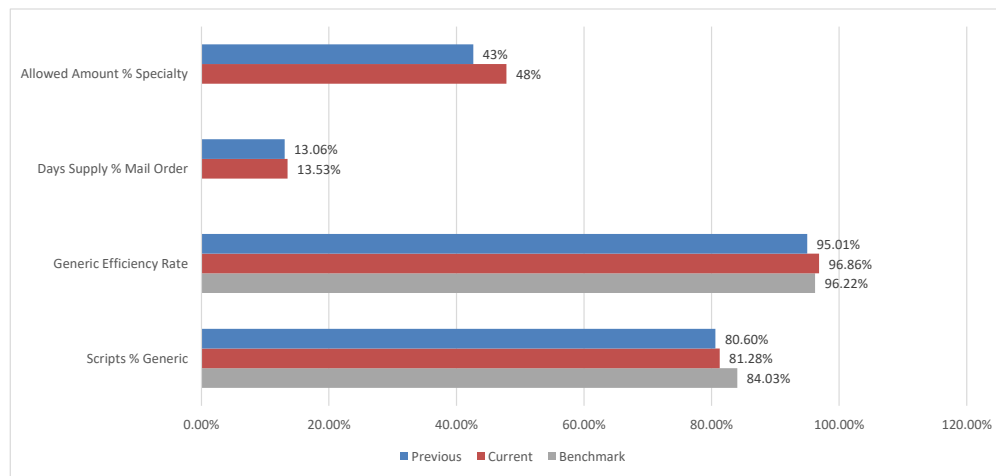
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$27,395,292	734	\$37,323
2 Antidiabetic Agents, Misc	\$10,254,401	4,418	\$2,321
3 Stimulant, Amphetamine Type	\$7,422,915	4,721	\$1,572
4 Antidiabetic Agents, Insulins	\$7,417,374	1,419	\$5,227
5 Antivirals, NEC	\$5,840,403	6,743	\$866
6 Biological Response Modifiers	\$5,701,983	77	\$74,052
7 Molecular Targeted Therapy	\$5,503,829	56	\$98,283
8 Adrenals & Comb, NEC	\$4,619,419	14,790	\$312
9 Misc Therapeutic Agents, NEC	\$4,382,288	2,321	\$1,888
10 Antidiabetic Ag, SGLT Inhibitr	\$3,894,491	981	\$3,970

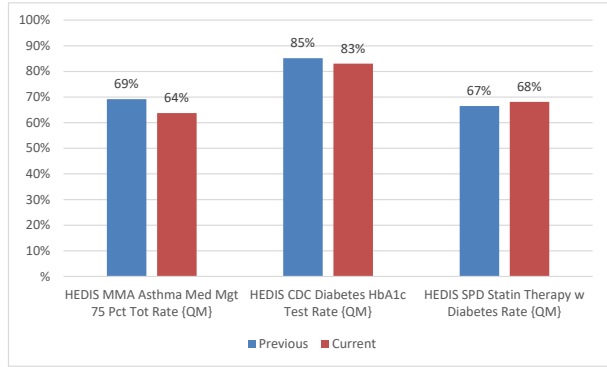


**Medical and Prescription Drug Dashboard - Early Retirees**

Previous Period: Oct 2018 - Sep 2019 (Paid)

Current Period: Octo 2019 - Sep 2020 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Well Baby	5142.9	4500.0	-12.5%	5429.9
Visits per 1000 Well Child	803.5	850.0	5.8%	775.6
Visits per 1000 Prevent Adult	509.1	437.7	-14.0%	462.7

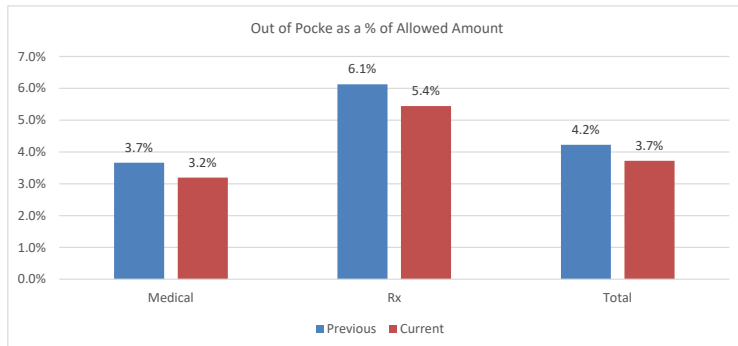
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	6,068.3	6,138.0	1.1%
Average Members	9,647.0	9,806.1	1.6%
Family Size	1.6	1.6	0.5%
Member Age	49.9	49.8	-0.2%
Members % Male	41.4%	41.4%	0.0%

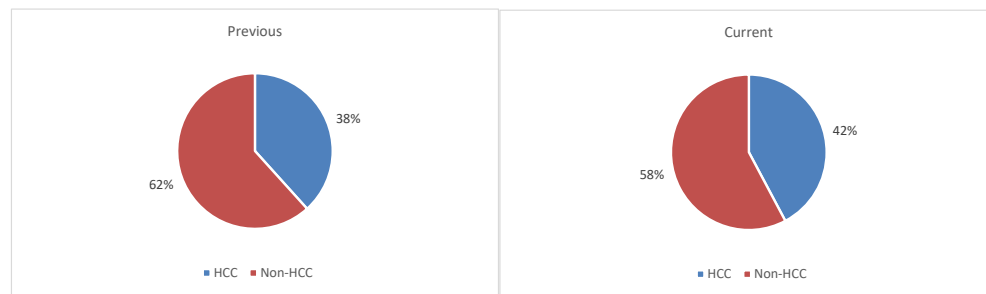
**5. Risk Score**

	Previous	Current
Member Risk Score	253.5	248.4

**7. Cost Sharing**



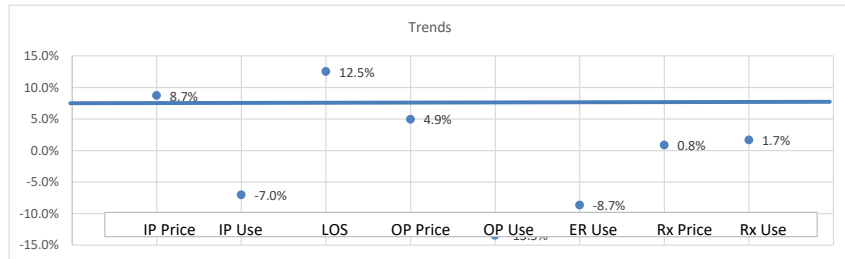
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	248	270	8.9%
Patients per 1,000	21.7	8.1	-62.6%
Payments (in Millions)	\$45 M	\$50 M	11.8%
Payments per Patient	179,488	184,266	2.7%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$38,960	\$42,353	8.7%	\$34,792
	Admits per 1000	79.1	73.5	-7.0%	63.4
	Days LOS	5.8	6.5	12.5%	5.0
Outpatient	Allowed per Service	\$152	\$159	4.9%	\$127
	ER Visits per 1000	369.3	319.6	-13.5%	233.5
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-8.7%	n/a
	Days Supply PMPY	777	787	1.3%	n/a
Specialty Rx	Allowed per Days Supply	\$90	\$86	-4.9%	n/a
	Days Supply PMPY	15	18	20.6%	n/a
All RX	Allowed per Days Supply	\$4	\$4	0.8%	4
	Days Supply PMPY	792	805	1.7%	365

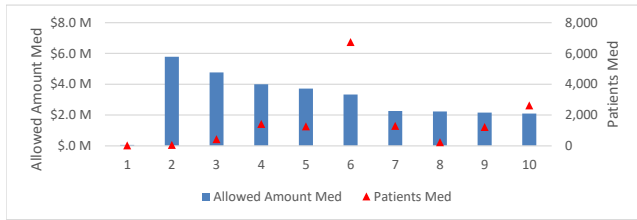


**Medical and Prescription Drug Dashboard - Early Retirees**

Previous Period: Oct 2018 - Sep 2019 (Paid)

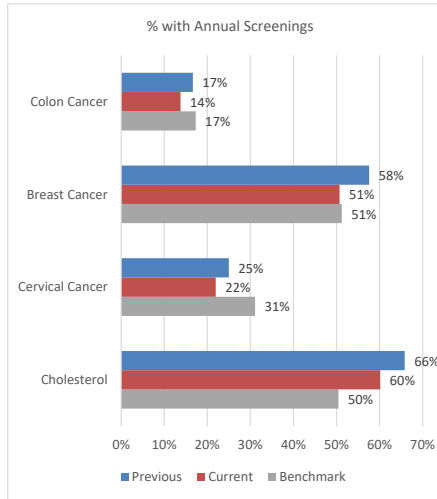
Current Period: Octo 2019 - Sep 2020 (Paid)

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

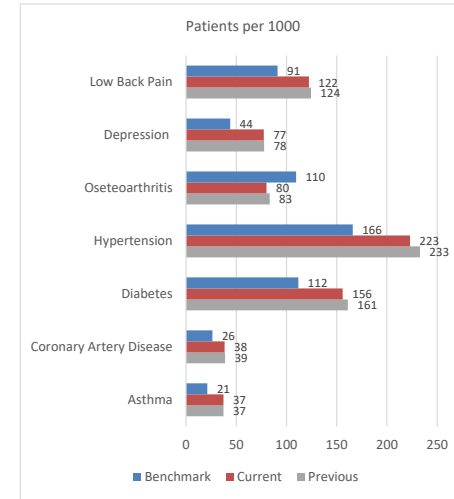


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Adverse Drug Reactions	\$55,008	42	\$1,310
2 Chemotherapy Encounters	\$5,776,167	71	\$81,354
3 Coronary Artery Disease	\$4,765,228	448	\$10,637
4 Spinal/Back Disord, Low Back	\$3,996,505	1,427	\$2,801
5 Osteoarthritis	\$3,715,918	1,279	\$2,905
6 Prevent/Admin Hlth Encounters	\$3,326,307	6,751	\$493
7 Gastroint Disord, NEC	\$2,261,593	1,303	\$1,736
8 Renal Function Failure	\$2,234,436	249	\$8,974
9 Respiratory Disord, NEC	\$2,155,918	1,235	\$1,746
10 Arthropathies/Joint Disord NEC	\$2,094,181	2,638	\$794

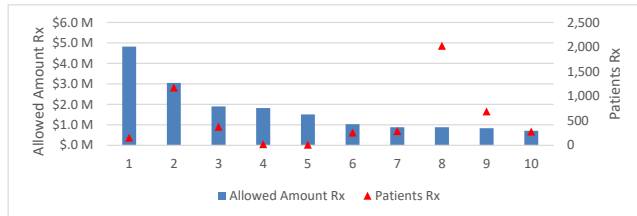
**9. Screening Rates**



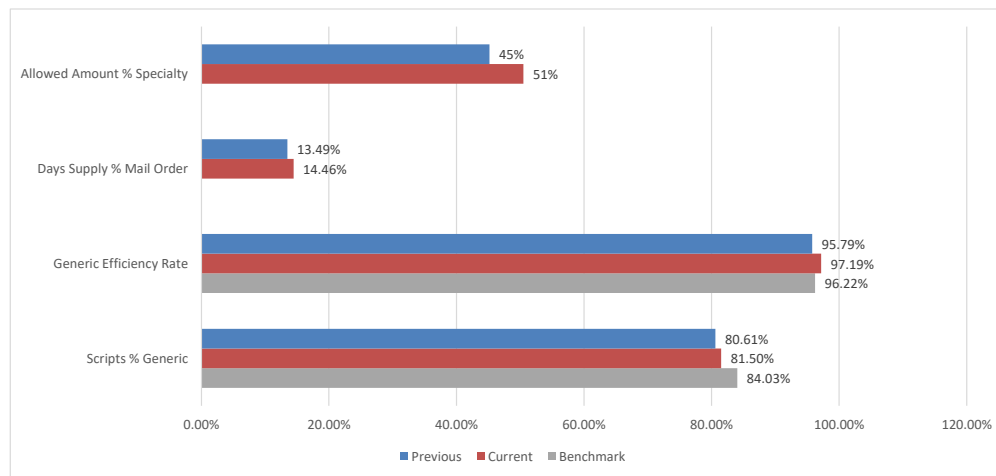
**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Immunosuppressants, NEC	\$4,812,677	156	\$30,850
2 Antidiabetic Agents, Misc	\$3,042,989	1,172	\$2,596
3 Antidiabetic Agents, Insulins	\$1,892,238	376	\$5,033
4 Biological Response Modifiers	\$1,817,115	21	\$86,529
5 Molecular Targeted Therapy	\$1,507,887	13	\$115,991
6 Antidiabetic Ag, SGLT Inhibitr	\$1,028,548	259	\$3,971
7 CNS Agents, Misc.	\$882,802	288	\$3,065
8 Adrenals & Comb, NEC	\$876,754	2,022	\$434
9 Antivirals, NEC	\$834,101	689	\$1,211
10 Coag/Anticoag, Anticoagulants	\$709,379	277	\$2,561

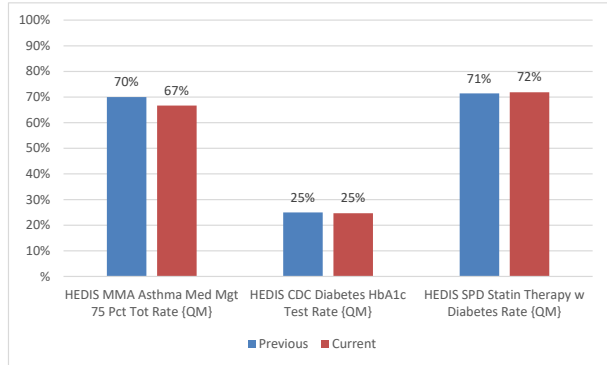


**Medical and Prescription Drug Dashboard - Medicare Retirees**

Previous Period: Oct 2018 - Sep 2019 (Paid)

Current Period: Octo 2019 - Sep 2020 (Paid)

**1. Quality Metrics**



**3. Well Care and Preventive Visits**

	Previous	Current	Trend	Benchmark
Visits per 1000 Prevent Adult	237.3	214.4	-9.7%	443.8

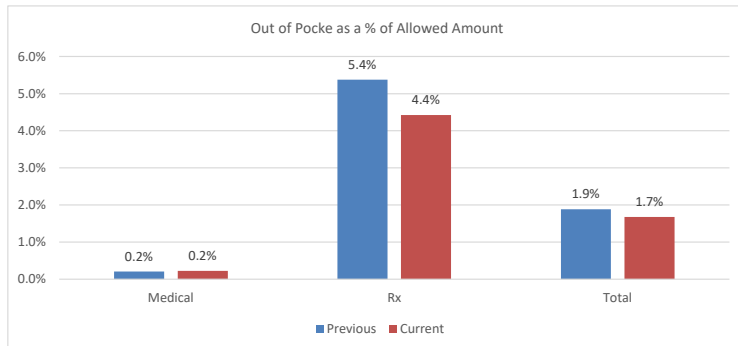
**4. Medical Eligibility**

	Previous	Current	Trend
Average Employees	25,035.4	25,738.4	2.8%
Average Members	25,253.0	26,025.1	3.1%
Family Size	1.0	1.0	0.2%
Member Age	73.0	73.0	0.0%
Members % Male	41.8%	41.6%	-0.6%

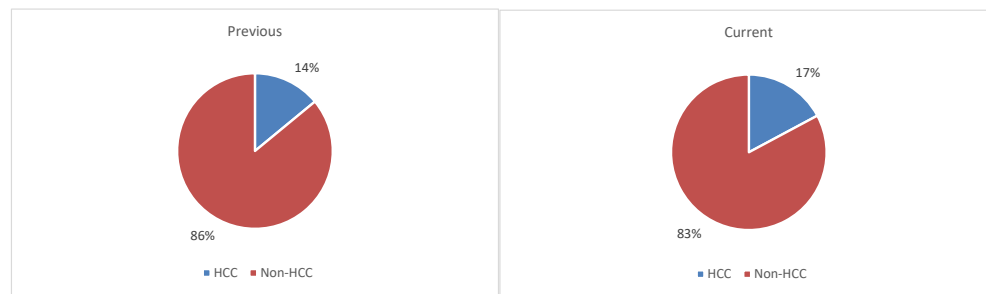
**5. Risk Score**

	Previous	Current
Member Risk Score	555.1	534.3

**7. Cost Sharing**



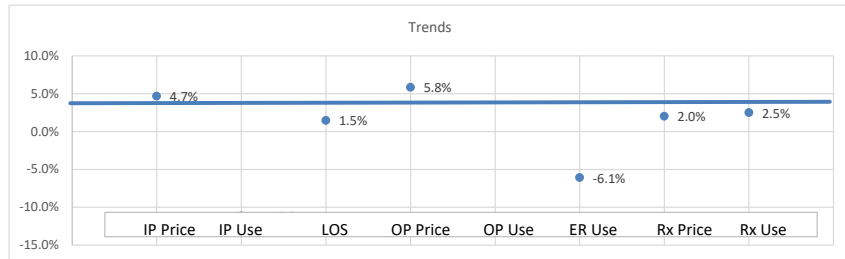
**2. High Cost Claimants**



	Previous	Current	Trend
Patients	173	208	20.2%
Patients per 1,000	6.5	8.1	24.9%
Payments (in Millions)	\$24 M	\$31 M	29.9%
Payments per Patient	137,223	148,273	8.1%

**6. Price and Use**

		Previous	Current	Trend	Benchmark
Inpatient	Allowed per Admit	\$17,065	\$17,863	4.7%	\$33,674
	Admits per 1000	170.4	151.4	-11.2%	55.5
	Days LOS	5.9	6.0	1.5%	4.5
Outpatient	Allowed per Service	\$111	\$117	5.8%	\$127
	ER Visits per 1000	559.5	486.0	-13.2%	225.6
Non-Specialty Rx	Allowed per Days Supply	\$2	\$2	-6.1%	n/a
	Days Supply PMPY	1,480	1,514	2.3%	n/a
Specialty Rx	Allowed per Days Supply	\$96	\$95	-1.0%	n/a
	Days Supply PMPY	20	24	20.0%	n/a
All RX	Allowed per Days Supply	\$3	\$3	2.0%	4
	Days Supply PMPY	1,500	1,538	2.5%	365

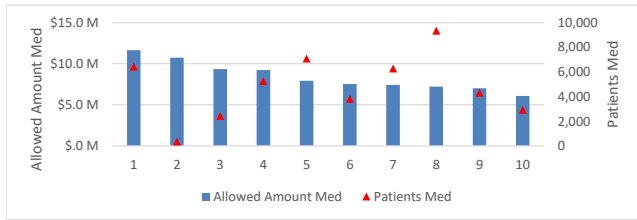


**Medical and Prescription Drug Dashboard - Medicare Retirees**

Previous Period: Oct 2018 - Sep 2019 (Paid)

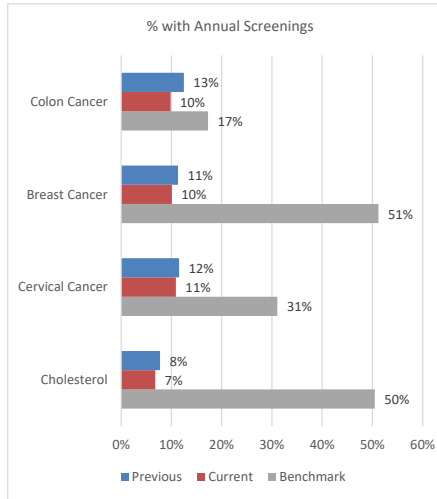
Current Period: Octo 2019 - Sep 2020 (Paid)

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

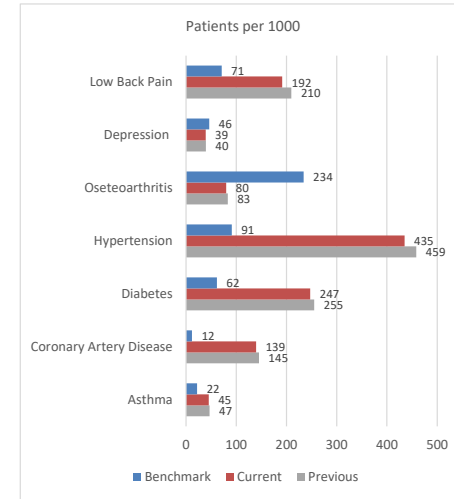


Condition	Allowed Amount Med	Patients Med	Med Allowed per Patient
1 Osteoarthritis	\$11,637,767	6,429	\$1,810
2 Chemotherapy Encounters	\$10,720,083	357	\$30,028
3 Renal Function Failure	\$9,339,049	2,440	\$3,827
4 Spinal/Back Disord, Low Back	\$9,230,731	5,264	\$1,754
5 Eye Disorders, Degenerative	\$7,914,515	7,095	\$1,116
6 Coronary Artery Disease	\$7,534,433	3,831	\$1,967
7 Respiratory Disord, NEC	\$7,409,570	6,289	\$1,178
8 Arthropathies/Joint Disord NEC	\$7,196,498	9,358	\$769
9 Cardiac Arrhythmias	\$7,013,474	4,324	\$1,622
10 Cerebrovascular Disease	\$6,077,548	2,937	\$2,069

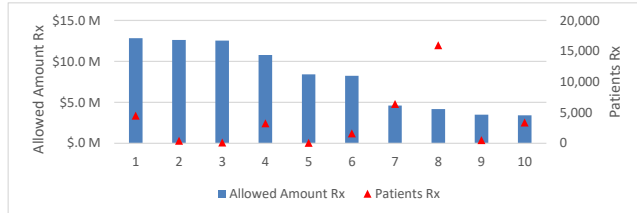
**9. Screening Rates**



**10. Chronic Condition Prevalence**



**11. Prescription Drug Metrics**



Therapeutic Class	Allowed Amount Rx	Patients Rx	Rx Allowed per Patient
1 Antidiabetic Agents, Misc	\$12,816,743	4,483	\$2,859
2 Immunosuppressants, NEC	\$12,611,481	401	\$31,450
3 Molecular Targeted Therapy	\$12,538,433	130	\$96,449
4 Coag/Anticoag, Anticoagulants	\$10,777,420	3,247	\$3,319
5 Biological Response Modifiers	\$8,400,036	74	\$113,514
6 Antidiabetic Agents, Insulins	\$8,231,917	1,598	\$5,151
7 Adrenals & Comb, NEC	\$4,600,445	6,381	\$721
8 Antihyperlipidemic Drugs, NEC	\$4,176,262	15,940	\$262
9 Hormone-Modifying Therapy	\$3,490,861	501	\$6,968
10 Misc Therapeutic Agents, NEC	\$3,415,087	3,371	\$1,013

