HealthSCOPE BENEFITS

Healthy People
Healthy Business
Healthy Futures

ABC Client

Year End Reporting 2009

DataSCOPE

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Plan Summary Grid

	All Groups 2007	All Groups 2008	All Groups 2009	Variance 2008 vs 2009	HSB Index
# Employees	1,880	1,882	1,904		
# Members	4,337	4,302	4,219		
Gross Cost per EE	$5,134	$5,482	$5,787	5.6%	$6,044
Net Cost per EE	$4,640	$4,538	$4,890	7.8%	
Number of Catastrophic Cases	18	21	28		
Catastrophic Cases / 1,000	4.2	4.9	6.6	35.4%	8.0
Avg. Catastrophic Case Paid	$101,599	$134,577	$110,714	-17.7%	$107,436
Inpatient:					
# of Admits	335	308	289		
# of Patient Days	1,276	1,131	1,115		
Paid per Admit	$5,429	$7,881	$6,970	-11.6%	$9,434
Paid per Day	$1,425	$2,146	$1,790	-16.6%	$2,452
Admits / 1,000	77	72	68	-4.9%	72
Days / 1,000	294	263	264	0.5%	293
Average LOS	3.8	3.7	3.9	5.1%	4.1
Inpatient Professional per Member	$108	$94	$103	9.6%	$150
Cost Distribution-Paid Per Member					
Hospital Inpatient	$585	$637	$593	-6.9%	$950
Facility Outpatient	$1,125	$1,289	$1,490	15.6%	$1,459
Physician Office	$515	$472	$526	11.4%	$491
Total:	$2,225	$2,398	$2,609	8.8%	$2,900
Physician Office Visit Utilization	3.1	3.2	3.3	3.1%	3.0
Physician Office Visit Avg. Paid	$42	$42	$45	7.1%	$48
Total Physician Office Visit Paid	$130	$134	$149	10.5%	$144
DX&L Utilization	6.8	7.7	8.6	11.7%	11.8
DX&L Avg. Paid	$54	$54	$59	9.3%	$48
DX&L Total Paid	$367	$416	$507	22.0%	$566
ER Visits	663	738	532		
ER Visits Per Member	0.15	0.17	0.13	-25.8%	0.20
ER Average Paid per Visit	$643	$730	$772	5.8%	$1,004

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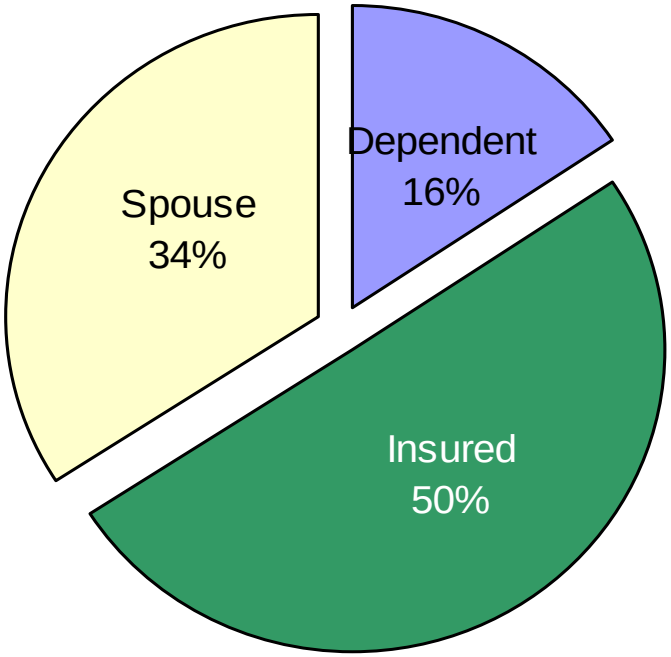
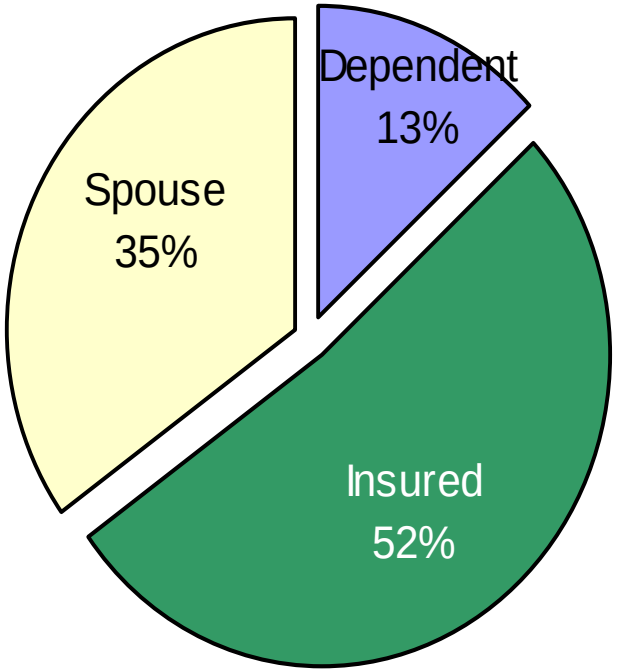
Claims Breakdown by Patient 2009

Relationship	Male Claims	% of Claims	Female Claims	% of Claims	Total Claims	Male Paid	% of Paid	Female Paid	% of Paid	Total Paid
Insured	15,666	31.2%	9,539	19.0%	25,205	$3,404,398	30.9%	$2,323,166	21.1%	$5,727,564
Spouse	1,845	3.7%	15,352	30.5%	17,197	$664,059	6.0%	$3,178,882	28.9%	$3,842,941
Dependent	3,683	7.3%	4,170	8.3%	7,853	$732,003	6.6%	$715,195	6.5%	$1,447,198
Totals	**21,194**	**42.2%**	**29,061**	**57.8%**	**50,255**	**$4,800,460**	**43.6%**	**$6,217,243**	**56.4%**	**$11,017,703**

Percent of Total Claims



Percent of Total Paid Dollars



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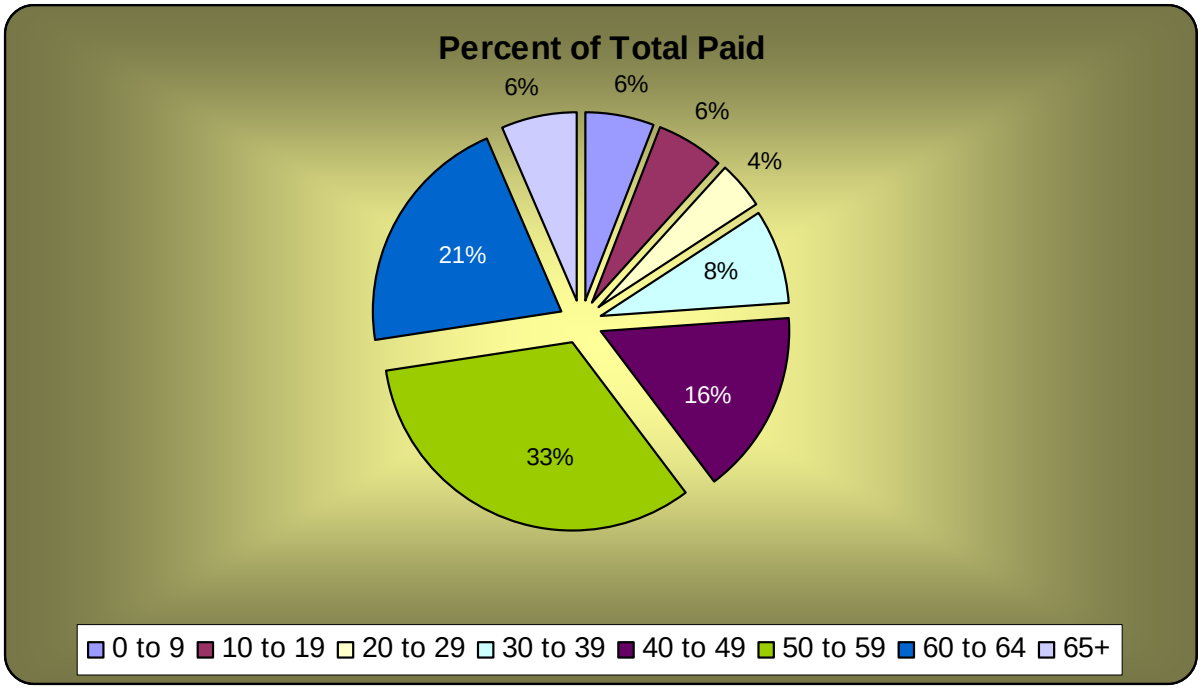
Age Range Summary 2009

Age Range	# of Patients	Total Paid
0 to 9	461	$641,997
10 to 19	500	$651,767
20 to 29	315	$439,572
30 to 39	457	$886,367
40 to 49	574	$1,753,585
50 to 59	740	$3,624,353
60 to 64	304	$2,314,390
65+	573	$705,674



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Top 20 Members by Relationship and Paid Dollars

Mem ID	Age	Relation	Total Paid
625368	50	Insured	$554,810
634994	60	Insured	$359,803
625544	43	Insured	$249,462
635327	62	Insured	$158,308
633210	64	Insured	$120,606
625466	47	Insured	$76,135
634397	64	Insured	$68,973
647957	53	Insured	$63,508
625599	58	Insured	$57,193
625456	56	Insured	$53,972
693670	59	Insured	$51,452
631030	65	Insured	$48,392
689073	46	Insured	$48,359
642848	60	Insured	$44,879
633999	50	Insured	$42,813
625601	56	Insured	$42,004
625444	64	Insured	$39,802
634958	37	Insured	$39,572
671198	57	Insured	$37,316
634974	64	Insured	$36,325
651025	65	Insured	$33,597
625163	56	Insured	$33,301
671305	54	Insured	$32,702
634085	54	Insured	$31,488
625192	62	Insured	$31,442

Top 20 Insured members account for 21% of the total paid dollars.

Mem ID	Age	Relation	Total Paid
630420	56	Husband	$161,117
628353	63	Husband	$96,973
677125	62	Wife	$95,392
625451	53	Wife	$93,355
633310	58	Wife	$85,474
651128	50	Wife	$81,643
685060	63	Wife	$78,507
623533	57	Wife	$76,591
650968	63	Husband	$68,078
633750	51	Wife	$56,042
625641	47	Wife	$52,734
661646	59	Wife	$51,128
625382	58	Wife	$50,464
633408	64	Wife	$50,391
682891	60	Wife	$48,716
625491	44	Wife	$45,440
633561	42	Wife	$44,727
693721	43	Wife	$42,250
634431	55	Husband	$41,670
630785	60	Husband	$40,187
693658	43	Wife	$37,136
625215	44	Wife	$36,602
625314	47	Wife	$35,392
634434	52	Husband	$34,861
634882	53	Wife	$34,013

Top 20 spouses account for 14% of the total paid dollars.

Mem ID	Age	Relation	Total Paid
625490	9	Child	$73,230
625293	15	Child	$64,510
706126	2	Child	$57,894
634593	12	Child	$49,232
642410	10	Child	$42,707
725436	2	Child	$42,326
650815	10	Child	$34,152
634369	6	Child	$34,031
661833	18	Child	$31,345
656797	10	Child	$25,862
623666	5	Child	$21,791
625644	10	Child	$20,846
634091	18	Child	$19,439
656524	9	Child	$16,677
675804	14	Child	$15,746
633988	19	Child	$14,210
959304	1	Child	$14,019
657098	18	Child	$14,007
625390	19	Child	$12,569
634070	24	Full-Time Student	$12,449
625487	23	Full-Time Student	$11,470
633591	22	Full-Time Student	$11,206
642749	15	Child	$11,099
728401	17	Child	$10,292
635100	24	Incapacitated Child	$9,896

Top 20 dependents account for 6% of the total paid dollars.

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Cost Distribution 2009

Paid Dollar Range	# of Members	% of Mem	# of Claims	% of Claims	Total Paid Dollars	% of Paid Dollars
$100,001 Plus	6	0.1%	933	1.9%	$1,604,105	14.6%
$50,001 - $100,000	22	0.5%	1,541	3.2%	$1,503,641	13.6%
$25,001 - $50,000	52	1.2%	2,754	5.7%	$1,808,876	16.4%
$10,001 - $25,000	142	3.4%	4,813	9.9%	$2,106,404	19.1%
$5,001 - $10,000	199	4.7%	5,749	11.8%	$1,381,046	12.5%
$2,501 - $5,000	293	6.9%	6,623	13.6%	$1,023,683	9.3%
$1 - $2,500	2,908	68.9%	26,303	54.0%	$1,589,948	14.4%
$0	597	14.2%	0	0.0%	$0	0.0%
Total	**4,219**	**100.0%**	**48,716**	**100.0%**	**$11,017,703**	**100.0%**

*5.2% of the membership accounts for 63.7% of the paid dollars in 2009.

*Excludes Rx payments and Admin fees

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Catastrophic Member Summary 2009

Mem ID	Group	Diag Cd	Diagnosis Description	Total Paid
625368	ACTIVE	76524	EXTREME IMMATURITY, 27-28 WEEKS OF GESTATION	$554,810
634994	RWOM	V5811	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$359,803
625544	RWOM	5856	END STAGE RENAL DISEASE	$249,462
630420	ACTIVE	2734	ALPHA-1-ANTITRYPSIN DEFICIENCY	$161,117
635327	RWOM	V5811	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$158,308
633210	RWOM	72273	INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY LUMBAR REGION	$120,606
628353	ACTIVE	1509	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE	$96,973
677125	ACTIVE	3501	TRIGEMINAL NEURALGIA	$95,392
625451	ACTIVE	V580	RADIOTHERAPY	$93,355
633310	ACTIVE	42822	CHRONIC SYSTOLIC HEART FAILURE	$85,474
651128	ACTIVE	78701	NAUSEA WITH VOMITING	$81,643
685060	RWM	V580	RADIOTHERAPY	$78,507
623533	ACTIVE	1743	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST	$76,591
625466	ACTIVE	V5811	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$76,135
625490	ACTIVE	51889	OTHER DISEASES OF LUNG NOT ELSEWHERE CLASSIFIED	$73,230
634397	ACTIVE	41401	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$68,973
650968	RWOM	20410	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	$68,078
625293	ACTIVE	34511	GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY	$64,510
647957	ACTIVE	1749	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE	$63,508
706126	ACTIVE	7515	OTHER CONGENITAL ANOMALIES OF INTESTINE	$57,894
625599	RWOM	7218	OTHER ALLIED DISORDERS OF SPINE	$57,193
633750	RWOM	1830	MALIGNANT NEOPLASM OF OVARY	$56,042
625456	ACTIVE	41401	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$53,972
625641	ACTIVE	7220	DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY	$52,734
693670	ACTIVE	72610	DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION UNSPECIFIED	$51,452
661646	ACTIVE	78841	URINARY FREQUENCY	$51,128
625382	RWOM	49121	OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE) EXACERBATION	$50,464
633408	ACTIVE	410	ACUTE MYOCARDIAL INFARCTION	$50,391

Members with $50,001 or more in paid claims represent 28% of all paid dollars in 2009.

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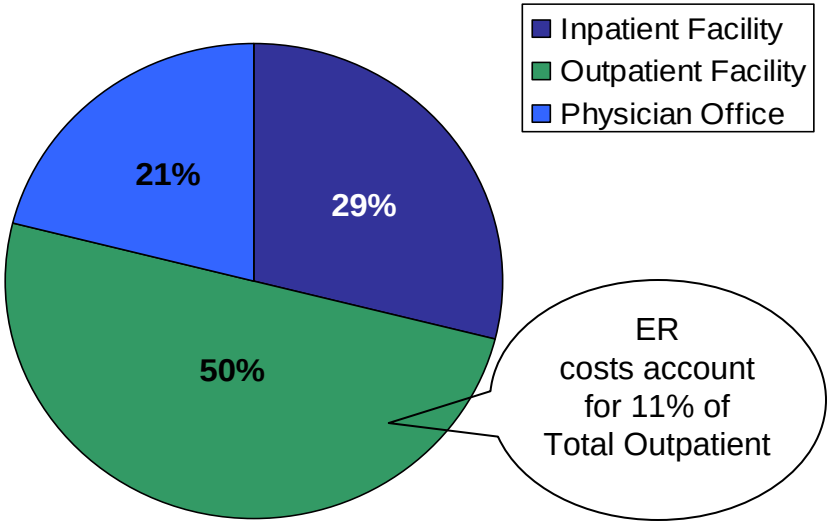
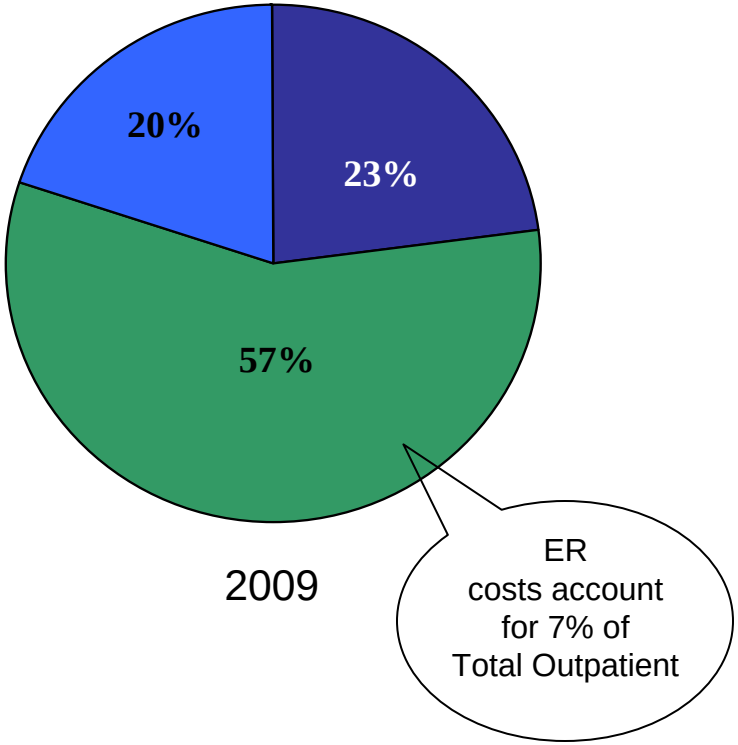
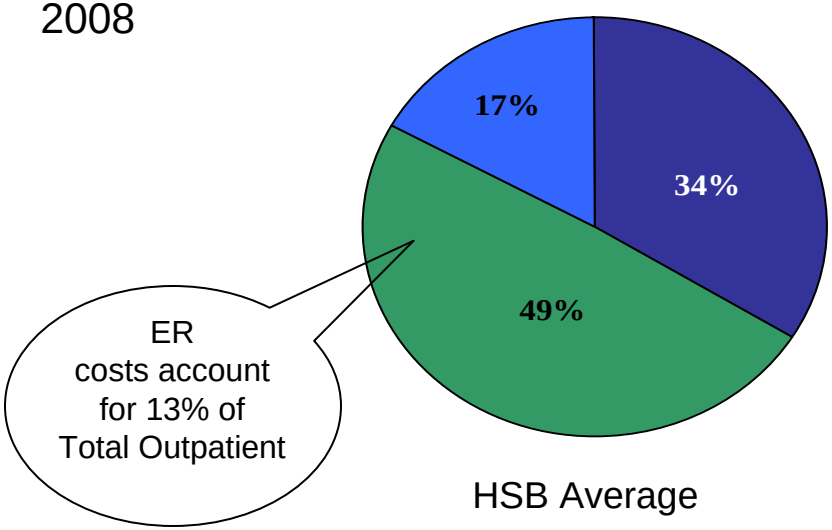
Category of Service (as a percent of paid dollars)



2008



2009



HSB Average

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Top 25 Physician Office Services 2009

Type of Service Description	# of Patients	# of Claims	Total Charge	Total Allowed	Total Paid
Office Visit	3,254	13,441	$1,354,020	$811,718	$538,315
Radiology	1,248	3,675	$1,157,360	$459,395	$322,076
Surgery	966	1,971	$814,380	$347,510	$212,679
Laboratory	2,010	5,279	$465,434	$256,746	$209,116
Injection	522	1,303	$584,648	$206,903	$157,442
Immunization	532	825	$118,572	$85,121	$82,567
Gynecological Exam	618	649	$111,364	$77,161	$72,459
Child Routine Exam	486	725	$92,823	$69,504	$69,530
Consultation	498	654	$156,570	$86,682	$69,053
Physical Therapy	292	1,792	$212,289	$99,031	$67,545
Insured Routine Exam	475	513	$77,338	$59,631	$59,374
Psychotherapy	118	652	$110,449	$90,336	$59,265
Manipulation	396	2,233	$112,817	$78,642	$39,207
Chemotherapy	29	242	$231,898	$46,014	$35,003
Allergy Injection	83	1,182	$78,392	$53,653	$30,920
Mammogram	180	364	$59,867	$33,522	$29,965
Miscellaneous	329	511	$91,735	$35,395	$28,192
Pathology	99	129	$56,889	$30,109	$24,874
Spouse Routine Exam	166	180	$28,177	$21,752	$20,532
Radiation Therapy	8	65	$109,322	$20,290	$18,367
Allergy Testing	53	69	$29,726	$19,054	$16,688
Diagnostic Services	221	318	$39,673	$15,882	$13,069
Pap Smear	213	228	$15,781	$10,612	$10,175
Flu Vaccine	476	547	$19,924	$12,764	$7,683
Contraception	14	14	$7,567	$5,943	$5,055
Top 25 Total		**37,561**	**$6,137,013**	**$3,033,370**	**$2,199,150**
Total		**38,328**	**$6,222,734**	**$3,069,230**	**$2,219,754**

Type of Service "Miscellaneous" contains items such as: Bandages, Cast Supplies, Braces, and drugs for injection.

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Inpatient Summary 2009

Provider Name	# of Admits	# of Days	Total Charge	Total Paid	Paid per Admit	Paid per Day	% of Admits	% of Days	% of Pd Dollars
HOSPITAL NAME	35	171	$1,470,587	$452,031	$12,915	$2,643	12.1%	15.3%	22.6%
HOSPITAL NAME	31	122	$965,498	$148,756	$4,799	$1,219	10.7%	10.9%	7.5%
HOSPITAL NAME	26	80	$530,754	$184,010	$7,077	$2,300	9.0%	7.2%	9.2%
HOSPITAL NAME	16	46	$191,235	$99,848	$6,240	$2,171	5.5%	4.1%	5.0%
HOSPITAL NAME	14	35	$315,862	$23,071	$1,648	$659	4.8%	3.1%	1.2%
HOSPITAL NAME	7	31	$203,545	$51,146	$7,307	$1,650	2.4%	2.8%	2.6%
HOSPITAL NAME	7	20	$61,903	$33,680	$4,811	$1,684	2.4%	1.8%	1.7%
HOSPITAL NAME	7	26	$152,554	$18,972	$2,710	$730	2.4%	2.3%	1.0%
HOSPITAL NAME	6	16	$203,086	$62,837	$10,473	$3,927	2.1%	1.4%	3.1%
HOSPITAL NAME	5	18	$111,393	$66,392	$13,278	$3,688	1.7%	1.6%	3.3%
HOSPITAL NAME	5	17	$52,723	$51,376	$10,275	$3,022	1.7%	1.5%	2.6%
HOSPITAL NAME	4	9	$46,389	$12,014	$3,004	$1,335	1.4%	0.8%	0.6%
HOSPITAL NAME	4	28	$110,006	$10,684	$2,671	$382	1.4%	2.5%	0.5%
HOSPITAL NAME	4	12	$87,647	$9,159	$2,290	$763	1.4%	1.1%	0.5%
HOSPITAL NAME	4	10	$26,971	$8,284	$2,071	$828	1.4%	0.9%	0.4%
HOSPITAL NAME	4	9	$16,147	$1,798	$449	$200	1.4%	0.8%	0.1%
HOSPITAL NAME	3	13	$79,098	$28,291	$9,430	$2,176	1.0%	1.2%	1.4%
HOSPITAL NAME	3	15	$111,599	$22,863	$7,621	$1,524	1.0%	1.3%	1.1%
HOSPITAL NAME	3	6	$21,082	$13,356	$4,452	$2,226	1.0%	0.5%	0.7%
HOSPITAL NAME	3	8	$41,970	$8,575	$2,858	$1,072	1.0%	0.7%	0.4%
HOSPITAL NAME	2	6	$101,184	$69,142	$34,571	$11,524	0.7%	0.5%	3.5%
HOSPITAL NAME	2	4	$56,591	$29,323	$14,662	$7,331	0.7%	0.4%	1.5%
HOSPITAL NAME	2	6	$30,926	$15,590	$7,795	$2,598	0.7%	0.5%	0.8%
HOSPITAL NAME	2	10	$39,346	$11,870	$5,935	$1,187	0.7%	0.9%	0.6%
HOSPITAL NAME	2	8	$27,958	$7,332	$3,666	$917	0.7%	0.7%	0.4%
Top 25 Hospital Total	**201**	**726**	**$5,056,051**	**$1,440,402**	**$7,166**	**$1,984**	**69.6%**	**65.1%**	**72.2%**
Grand Total	**289**	**1,115**	**$7,537,420**	**$1,996,154**	**$6,907**	**$1,790**	**100.0%**	**100.0%**	**100.0%**

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Major Diagnostic Category Summary

2008 Patient Count	2008 Claim Count	2008 Total Paid	MDC Description	2009 Patient Count	2009 Claim Count	2009 Total Paid
2,522	8,043	$1,281,048	(MDC 25) FACTORS AFFECTING HEALTH	2,546	8,626	$1,817,918
1,258	7,569	$1,423,718	(MDC 18) DISORDER OF MUSCULOSKELETAL SYSTEM	1,261	7,518	$1,571,450
1,482	5,230	$923,891	(MDC 22) ILLDEFINED CONDITIONS	1,498	5,942	$1,073,328
463	2,239	$776,825	(MDC 02) NEOPLASMS	523	2,788	$1,046,210
672	2,091	$537,300	(MDC 23) FRACTURES AND OTHER INJURIES	682	1,933	$869,439
825	3,230	$930,642	(MDC 10) DISORDER OF CIRCULATORY SYSTEM	841	3,686	$706,418
1,502	4,752	$402,897	(MDC 11) DISORDER OF RESPIRATORY SYSTEM	1,459	5,199	$625,159
453	1,045	$426,745	(MDC 12) DISORDER OF DIGESTIVE SYSTEM	448	1,177	$495,032
791	2,481	$335,520	(MDC 03) ENDOCRINE, NUTRITIONAL, METABOLIC, IMMUNITY, DISORDERS	819	2,719	$399,794
260	885	$226,249	(MDC 07) DISORDER OF NERVOUS SYSTEM	297	1,147	$367,985
307	1,084	$732,001	(MDC 14) NEPHRITIS / NEPHROSIS	284	1,072	$348,781
57	293	$219,703	(MDC 17) PREGNANCY / CHILDBIRTH	86	470	$306,837
258	678	$221,726	(MDC 16) FEMALE DISORDERS	276	880	$253,203
602	1,290	$121,632	(MDC 08) DISORDER OF EYE / ADNEXA	659	1,397	$241,014
113	355	$337,014	(MDC 13) OTHER DIGESTIVE DISORDERS	108	391	$217,761
279	1,135	$135,955	(MDC 05) PSYCHOTIC CONDITIONS	289	1,136	$154,206
823	1,783	$186,063	(MDC 19) DISORDER OF BREAST OR SKIN	822	1,655	$143,679
446	948	$87,237	(MDC 09) DISORDER OF EAR	424	841	$114,818
76	183	$190,419	(MDC 20) CONGENITAL ANOMALIES	75	170	$90,164
421	703	$58,879	(MDC 01) INFECTIOUS / PARASITIC DISEASE	441	770	$80,435
94	327	$62,463	(MDC 04) DISORDER OF BLOOD	114	430	$47,206
112	232	$32,408	(MDC 15) DISORDER OF MALE GENITAL ORGANS	121	252	$36,389
24	47	$7,582	(MDC 21) PERINATAL PERIOD CONDITIONS	22	39	$9,171
11	33	$3,208	(MDC 24) BURNS / ACCIDENTS BY FIRE	9	18	$891
4	10	$1,932	(MDC 06) ALCOHOL / DRUG PSYCHOTROPIC DEPENDENCY	3	4	$417

The top 5 MDC's account for
58% of the paid claims in 2009

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Top 25 Factors Affecting Health 2009

Diag Cd	Diagnosis Description	# Patients	# Claims	Total Charge	Total Allowed	Total Paid
V5811	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	15	113	$906,375	$455,304	$449,137
V700	ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALTH CARE FACILITY	734	1,231	$235,867	$156,343	$152,719
V202	ROUTINE INFANT OR CHILD HEALTH CHECK	443	765	$181,178	$133,566	$131,891
V7231	ROUTINE GYNECOLOGICAL EXAMINATION	692	1,120	$174,847	$118,175	$112,110
V7651	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON	104	199	$197,127	$107,113	$102,479
V580	RADIOTHERAPY	7	21	$318,323	$101,343	$96,634
V571	CARE INVOLVING OTHER PHYSICAL THERAPY	104	250	$253,584	$115,346	$91,254
V7612	OTHER SCREENING MAMMOGRAM	583	1,020	$150,571	$79,101	$76,054
V5789	CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	21	71	$257,487	$74,829	$67,864
V4571	ACQUIRED ABSENCE OF BREAST AND NIPPLE	4	13	$61,049	$42,252	$40,715
V581	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY AND IMMUNOTHERAPY	3	9	$55,945	$37,751	$34,560
V3000	SINGLE LIVEBORN BORN IN HOSPITAL DELIVERED WITHOUT CESAREAN SECTION	43	83	$75,883	$35,224	$29,349
V5812	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	2	3	$49,656	$28,957	$28,950
V1272	PERSONAL HISTORY OF COLONIC POLYPS	38	76	$62,496	$22,542	$19,924
V252	STERILIZATION	21	40	$61,767	$38,109	$16,886
V5041	PROPHYLACTIC BREAST REMOVAL	1	1	$41,847	$15,561	$15,561
V221	SUPERVISION OF OTHER NORMAL PREGNANCY	53	235	$49,565	$23,858	$13,164
V765	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS INTESTINE	8	11	$19,064	$12,617	$12,160
V7283	OTHER SPECIFIED PRE-OPERATIVE EXAMINATION	82	99	$30,403	$14,101	$12,082
V762	SCREENING FOR MALIGNANT NEOPLASMS OF THE CERVIX	175	207	$18,629	$12,271	$11,676
V3001	SINGLE LIVEBORN BORN IN HOSPITAL DELIVERED BY CESAREAN SECTION	17	34	$31,186	$12,529	$11,249
V5721	CARE INVOLVING OCCUPATIONAL THERAPY	13	33	$28,988	$11,968	$10,155
V711	OBSERVATION FOR SUSPECTED MALIGNANT NEOPLASM	4	12	$15,127	$10,219	$9,454
V160	FAMILY HISTORY OF MALIGNANT NEOPLASM OF GASTROINTESTINAL TRACT	14	27	$19,134	$12,582	$9,351
V6709	FOLLOW-UP EXAMINATION FOLLOWING OTHER SURGERY	19	40	$26,221	$9,794	$8,320

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ABC Client

Top 25 Musculoskeletal Disorders 2009

Diag Cd	Diagnosis Description	# Patients	# Claims	Total Charge	Total Allowed	Total Paid
72610	DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION UNSPECIFIED	32	60	$132,324	$88,188	$84,680
72273	INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY LUMBAR REGION	5	7	$120,367	$84,437	$84,189
7262	OTHER AFFECTIONS OF SHOULDER REGION NOT ELSEWHERE CLASSIFIED	21	68	$137,846	$80,724	$77,506
71536	OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVIN(	31	83	$484,409	$75,277	$67,477
7213	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	34	71	$116,609	$70,919	$66,703
72210	DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	49	140	$169,312	$69,978	$62,774
7220	DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY	25	70	$153,699	$58,285	$54,848
7140	RHEUMATOID ARTHRITIS	27	141	$129,928	$59,141	$48,881
7210	CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY	26	90	$132,725	$54,806	$48,752
71941	PAIN IN JOINT INVOLVING SHOULDER REGION	99	294	$115,499	$59,902	$46,998
7242	LUMBAGO	173	542	$117,619	$62,337	$44,589
7172	DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS	9	10	$73,959	$49,106	$43,987
7244	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED	38	219	$111,390	$38,269	$32,325
7231	CERVICALGIA	114	370	$83,052	$41,676	$30,730
71516	OSTEOARTHROSIS LOCALIZED PRIMARY INVOLVING LOWER LEG	39	121	$115,620	$37,026	$28,900
7295	PAIN IN LIMB	169	323	$83,645	$39,006	$28,801
7234	BRACHIAL NEURITIS OR RADICULITIS NOT OTHERWISE SPECIFIED	28	123	$70,331	$32,969	$28,253
71946	PAIN IN JOINT INVOLVING LOWER LEG	133	301	$92,601	$41,495	$28,053
7218	OTHER ALLIED DISORDERS OF SPINE	1	1	$41,346	$26,875	$26,875
72402	SPINAL STENOSIS OF LUMBAR REGION	20	48	$115,203	$30,732	$26,864
7241	PAIN IN THORACIC SPINE	35	82	$46,034	$30,056	$26,771
7153	OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY	1	1	$39,025	$26,750	$26,283
7221	DISPLACEMENT OF THORACIC OR LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	1	1	$30,166	$19,608	$19,370
7177	CHONDROMALACIA OF PATELLA	15	27	$44,014	$21,705	$18,994
7350	HALLUX VALGUS (ACQUIRED)	17	41	$42,008	$20,304	$18,342

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ABC Client

Top 25 Ill-Defined Conditions 2009

Diag Cd	Diagnosis Description	# Patients	# Claims	Total Charge	Total Allowed	Total Paid
78900	ABDOMINAL PAIN UNSPECIFIED SITE	167	351	$189,385	$98,540	$79,226
78659	OTHER CHEST PAIN	86	187	$282,629	$94,011	$79,193
78650	UNSPECIFIED CHEST PAIN	171	402	$273,672	$100,931	$76,569
7840	HEADACHE	126	291	$115,591	$65,370	$50,258
78079	OTHER MALAISE AND FATIGUE	158	281	$108,662	$43,435	$36,351
799	OTHER ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY	10	29	$35,827	$35,827	$35,817
7865	CHEST PAIN	14	14	$62,046	$43,165	$35,694
78701	NAUSEA WITH VOMITING	24	48	$63,113	$37,563	$35,419
78909	ABDOMINAL PAIN OTHER SPECIFIED SITE	48	82	$57,030	$36,082	$29,329
78841	URINARY FREQUENCY	37	67	$46,646	$27,175	$24,792
78605	SHORTNESS OF BREATH	83	176	$83,336	$26,264	$22,129
7851	PALPITATIONS	59	138	$61,425	$33,226	$21,968
78060	FEVER, UNSPECIFIED	93	153	$33,105	$23,327	$20,055
78651	PRECORDIAL PAIN	38	59	$51,440	$25,936	$18,299
7862	COUGH	188	316	$44,550	$23,645	$17,488
79093	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	31	76	$47,674	$21,637	$17,109
78720	Dysphagia, unspecified	38	95	$48,213	$20,725	$15,888
78791	DIARRHEA	59	160	$40,392	$18,890	$14,151
7820	DISTURBANCE OF SKIN SENSATION	39	52	$35,564	$18,565	$14,112
78609	RESPIRATORY ABNORMALITY OTHER	72	110	$41,922	$18,187	$14,018
7802	SYNCOPE AND COLLAPSE	24	72	$49,205	$19,091	$13,728
78906	ABDOMINAL PAIN EPIGASTRIC	36	64	$37,250	$17,075	$13,340
7842	SWELLING MASS OR LUMP IN HEAD AND NECK	19	42	$43,769	$14,781	$12,821
78901	ABDOMINAL PAIN RIGHT UPPER QUADRANT	35	60	$32,743	$20,047	$12,811
78057	UNSPECIFIED SLEEP APNEA	20	58	$28,903	$13,898	$11,630

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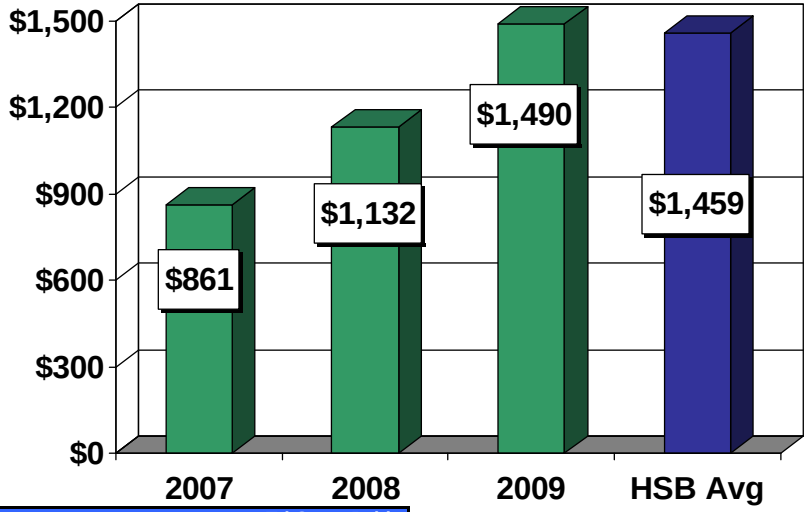
ABC Client

Outpatient Paid per Catastrophic Member 2009

- Outpatient Paid per member has increased 32% from 2008.
- Catastrophic member impact on the outpatient setting increased from 25% in 2008 to 29% in 2009.
- The below listed members account for over $1.8 million in outpatient cost in 2009.
- Without these members the outpatient cost per member would have been $1,061 per member per year.



Mem ID	Subgroup	Diagnosis	Ttl Outpt Paid
634994	RWOM	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$350,128
625544	RWOM	END STAGE RENAL DISEASE	$192,423
630420	ACTIVE	ALPHA-1-ANTITRYPSIN DEFICIENCY	$160,500
635327	RWOM	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$133,998
633310	ACTIVE	CHRONIC SYSTOLIC HEART FAILURE	$84,608
625451	ACTIVE	RADIOTHERAPY	$83,134
625466	ACTIVE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$75,768
685060	RWM	RADIOTHERAPY	$71,591
625490	ACTIVE	OTHER DISEASES OF LUNG NOT ELSEWHERE CLASSIFIED	$69,603
625599	RWOM	OTHER ALLIED DISORDERS OF SPINE	$56,377
625456	ACTIVE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$53,044
693670	ACTIVE	DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION UNSPECIFIED	$50,975
661646	ACTIVE	URINARY FREQUENCY	$48,534
677125	ACTIVE	TRIGEMINAL NEURALGIA	$46,208
625641	ACTIVE	DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY	$45,031
647957	ACTIVE	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE	$42,420
633408	ACTIVE	ACUTE MYOCARDIAL INFARCTION	$40,862
625368	ACTIVE	ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE NOT ELSEWH	$35,730
628353	ACTIVE	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE	$30,141
706126	ACTIVE	OTHER CONGENITAL ANOMALIES OF INTESTINE	$28,820
623533	ACTIVE	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST	$25,785
634397	ACTIVE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$24,868
625382	RWOM	OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE) EXACERBATION	$20,921
633750	RWOM	MALIGNANT NEOPLASM OF OVARY	$13,070
651128	ACTIVE	NAUSEA WITH VOMITING	$12,711
633210	RWOM	INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY LUMBAR REGION	$9,713
650968	RWOM	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REM	$2,198
625293	ACTIVE	GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY	$2,023
Grand Total			**$1,811,183**

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ABC Client

Top 25 Outpatient Hospital Type of Service Comparison

		2008			2009			
TOS Key	Type of Service Description	# of Patients	# of Claims	Total Paid	# of Patients	# of Claims	Total Paid	% Change in Pd Dollars
HS	Hospital Ancillary	989	1,966	$1,643,571	959	1,980	$2,311,798	40.7%
RA	Radiology	1,097	3,783	$786,503	1,118	4,195	$1,034,923	31.6%
SU	Surgery	694	1,182	$480,596	686	1,228	$678,751	41.2%
LB	Laboratory	907	2,216	$248,828	989	2,585	$326,220	31.1%
AN	Anesthesia	460	783	$216,502	467	852	$236,736	9.3%
RT	Radiation Therapy	7	31	$25,402	16	82	$153,875	505.8%
PT	Physical Therapy	127	282	$96,294	129	294	$111,539	15.8%
ER	Emergency Room	461	631	$103,992	420	573	$108,673	4.5%
PA	Pathology	329	583	$78,753	288	608	$84,868	7.8%
MM	Mammogram	472	978	$63,717	511	1,100	$75,956	19.2%
PF	ER Professional Fee	440	613	$49,113	430	598	$55,562	13.1%
S2	Managed Sub 2-4-1	0	0	$0	1	1	$26,337	100.0%
AM	Ambulance	42	69	$21,802	42	60	$19,014	-12.8%
OC	Occupational Therapy	17	44	$17,485	21	59	$17,955	2.7%
CF	Clinic	149	371	$22,855	137	302	$16,553	-27.6%
AS	Assistant Surgery	24	27	$6,098	35	37	$16,292	167.2%
CR	Cardiac Rehab	11	36	$13,122	11	65	$15,261	16.3%
PH	Psychotherapy	15	59	$8,541	13	47	$11,710	37.1%
CT	Chemotherapy	4	36	$8,793	10	64	$10,976	24.8%
ST	Speech Therapy	9	32	$11,175	14	43	$10,426	-6.7%
HV	Hospital Visit	176	366	$12,540	171	286	$10,083	-19.6%
CW	Consultation	51	53	$4,830	71	85	$6,487	34.3%
OV	Office Visit	68	115	$1,679	127	245	$4,912	192.6%
RP	Pap Smear	55	55	$2,573	67	76	$3,421	32.9%
ME	Medical Equipment	0	0	$0	3	3	$3,315	100.0%
	Top 25 Total		**14,311**	**$3,924,764**		**15,468**	**$5,351,641**	**36.4%**
	Grand Total		**14,554**	**$3,929,986**		**15,943**	**$5,359,630**	**36.4%**

The top 25 service types for 2009, represent 85% of all outpatient cost.

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ABC Client

Top 3 Outpatient Type of Service Breakdown 2009

Hospital Ancillary

		2008			2009			
Proc Cd	Procedure Description	# Patients	# of Claims	Total Paid	# Patients	# of Claims	Total Paid	% Paid Variance
636	DRUGS REQUIRING DETAILED CODING	385	623	$280,673	423	729	$589,649	110%
360	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION	227	309	$372,860	252	349	$427,889	15%
490	AMBULATORY SURGICAL CARE - GENERAL CLASSIFICATION	145	192	$206,789	125	170	$369,853	79%
750	GASTRO-INTESTINAL SERVICES - GENERAL CLASSIFICATION	146	162	$121,314	141	190	$136,821	13%
278	OTHER IMPLANTS	79	95	$51,422	91	103	$127,389	148%
270	MEDICAL - SURGICAL SUPPLIES & DEVICES - GENERAL CLASSIFICATION	404	636	$123,267	447	691	$119,221	-3%
710	RECOVERY ROOM - GENERAL CLASSIFICATION	239	298	$83,331	268	344	$92,708	11%
272	STERILE SUPPLIES	265	356	$72,400	267	411	$84,211	16%
275	PACE MAKER	2	4	$43,095	4	4	$72,825	69%
250	PHARMACY - GENERAL CLASSIFICATION	524	854	$79,221	515	839	$63,524	-20%
920	OTHER DIAGNOSTIC SERVICES - GENERAL	24	41	$16,802	38	54	$31,959	90%
762	OBSERVATION ROOM	62	84	$28,628	69	83	$27,469	-4%
761	TREATMENT ROOM	16	43	$4,690	36	99	$20,571	339%
949	OTHER THERAPEUTIC SERVS	7	27	$10,552	11	34	$19,120	81%
258	PHARMACY - IV SOLUTIONS	258	357	$17,938	230	328	$18,555	3%

Radiology

		2008			2009			
Proc Cd	Procedure Description	# Patients	# of Claims	Total Paid	# Patients	# of Claims	Total Paid	% Paid Variance
352	CT SCAN - BODY SCAN	132	168	$142,615	106	125	$145,865	2%
350	GENERAL- CT SCAN	74	100	$79,076	98	132	$134,649	70%
320	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	427	644	$74,817	449	702	$103,319	38%
610	MAGNETIC RESONANCE IMAGING, GENERAL	69	80	$60,216	69	74	$74,868	24%
612	MAGNETIC RESONANCE IMAGING, SPINAL CORD (INCLUDING SPINE)	40	47	$37,760	52	58	$56,781	50%
402	ULTRASOUND	173	242	$48,415	212	255	$53,759	11%
341	NUCLEAR MEDICINE - DIAGNOSTIC	56	59	$36,459	61	65	$46,384	27%
351	HEAD SCAN	68	73	$24,614	70	82	$43,653	77%
611	MAGNETIC RESONANCE IMAGING, BRAIN	31	41	$29,548	34	45	$41,142	39%
342	NUCLEAR MEDICINE - THERAPEUTIC	0	0	$0	6	6	$33,576	N/A
740	ELECTROENCEPHALOGRAM-GENERAL	24	27	$23,325	27	35	$32,263	38%
730	EKG/ECG - GENERAL CLASSIFICATION	239	292	$20,087	255	318	$22,714	13%
324	CHEST X-RAY	186	246	$15,867	201	268	$22,712	43%
483	ECHOCARDIOLOGY	18	19	$13,168	25	28	$22,344	70%
404	POSITRON EMMISSION TOMOGRAPHY	10	12	$20,381	12	17	$20,200	-1%

Surgery

		2008			2009			
Proc Cd	Procedure Description	# Patients	# of Claims	Total Paid	# Patients	# of Claims	Total Paid	% Paid Variance
481	CARDIAC CATHETERIZATION	15	15	$56,472	31	34	$117,578	108%
45378	COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE DIAGNOSTIC W/WO COLL	102	124	$48,202	74	93	$38,361	-20%
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PR	44	99	$16,710	37	74	$31,760	90%
45385	COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH REMOVAL OF TUM(	52	72	$25,105	48	69	$24,178	-4%
45380	COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH BIOPSY SINGLE OR	41	53	$18,488	54	73	$23,376	26%
29881	ARTHROSCOPY KNEE SURGICAL WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUI	18	20	$9,240	21	29	$16,464	78%
47562	LAPAROSCOPY SURGICAL CHOLECYSTECTOMY	8	8	$6,116	17	19	$15,439	152%
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS STOMACH & EITHI	68	84	$17,227	61	83	$15,017	-13%
29827	ARTHROSCOPY SHOULDER SURGICAL WITH ROTATOR CUFF REPAIR	2	2	$2,708	6	6	$11,245	315%
29826	ARTHROSCOPY SHOULDER SURGICAL DECOMPRESSION OF SUBACROMIAL SPACE W	12	13	$8,596	13	16	$10,842	26%
19357	BREAST RECONSTRUCTION IMMEDIATE OR DELAYED WITH TISSUE EXPANDER INCLU	0	0	$0	1	1	$10,052	N/A
22554	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE INCLUDING MINIMAL DISCECTOM'	0	0	$0	3	3	$8,829	N/A
28293	CORRECTION HALLUX VALGUS (BUNION) W/WO SESAMOIDECTOMY RESECTION OF J	2	2	$1,976	3	5	$7,175	263%
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM GAMMA RAY OR LINEAR ACCELER	0	0	$0	2	2	$6,948	N/A
20816	REPLANTATION DIGIT EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOIN	0	0	$0	1	1	$6,824	N/A

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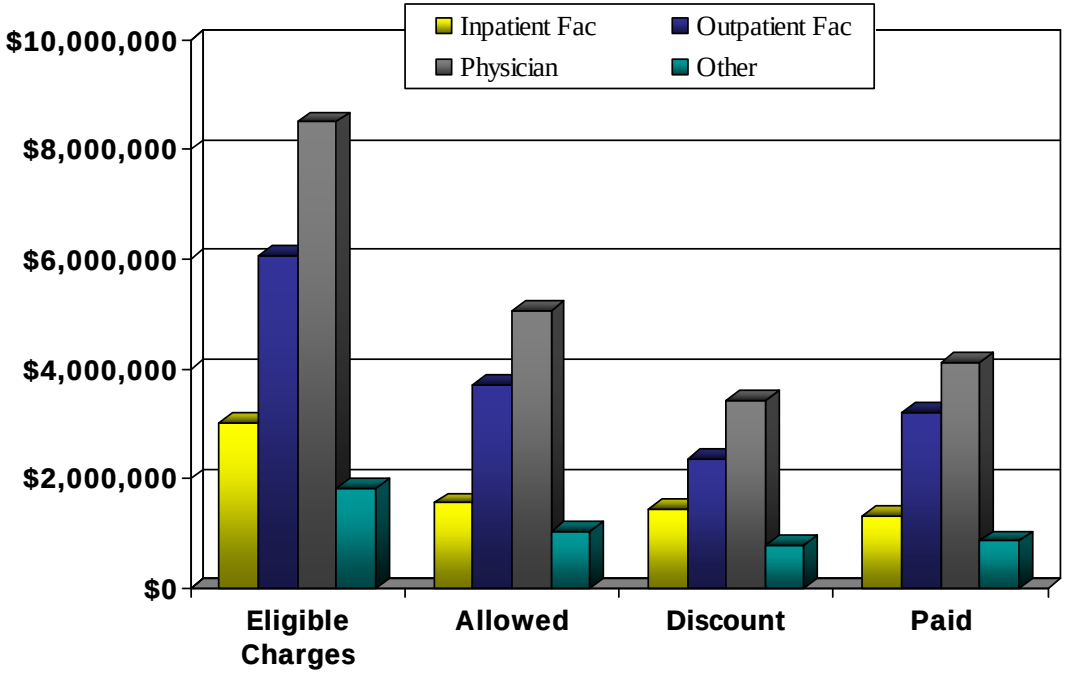
ABC Client

In-Network Discount Summary 2009



Average Discount Percentage

2009

Inpatient Facility	48%	**Physician**	40%
Outpatient Facility	39%	**Other**	35%

2008

Inpatient Facility	43%	**Physician**	42%
Outpatient Facility	39%	**Other**	33%

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ABC Client

In-Network Discount Summary by PPO 2009

PPO 1

Inpatient Facility	49%	**Physician**	41%
Outpatient Facility	38%	**Other**	35%

PPO 2

Inpatient Facility	55%	**Physician**	38%
Outpatient Facility	43%	**Other**	24%

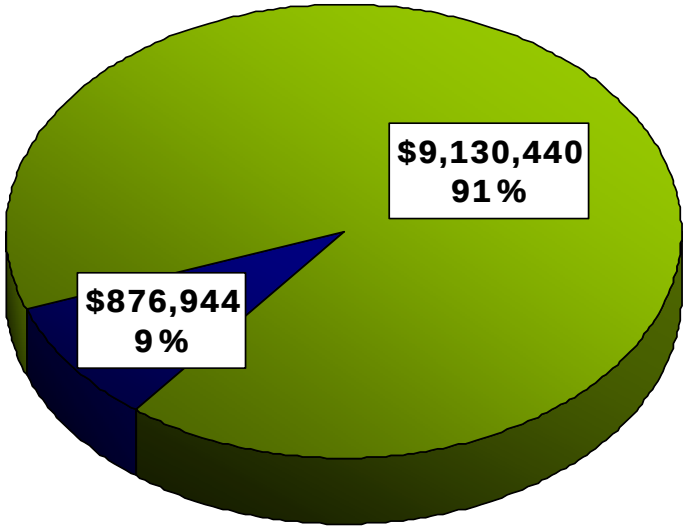
PPO 3

Inpatient Facility	40%	**Physician**	34%
Outpatient Facility	42%	**Other**	35%

ABC Client

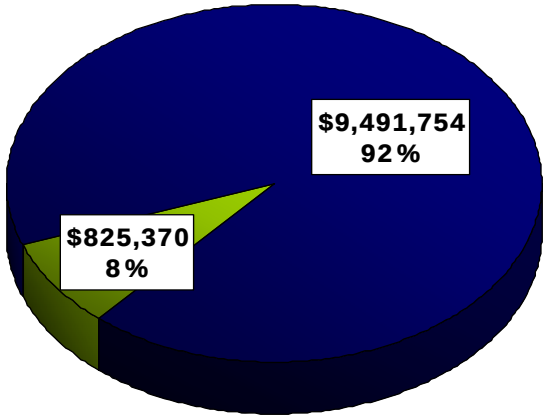
In vs. Out of Network Paid Dollars

2009



Paid In-Network Paid Out-of-Network

2008



Paid In-Network Paid Out-of-Network

9% of Paid dollars went to Out-of-Network providers in 2009, compared to 8% in 2008.

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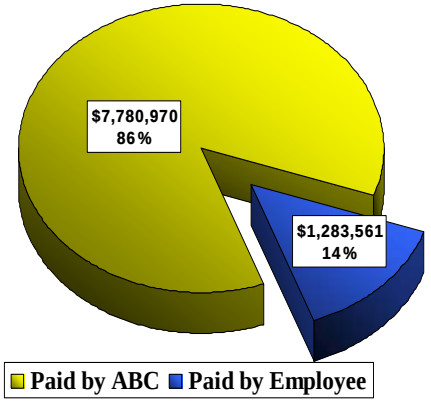
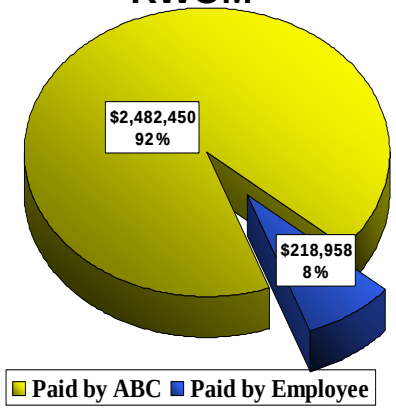
ABC Client

Employee Cost Sharing 2009

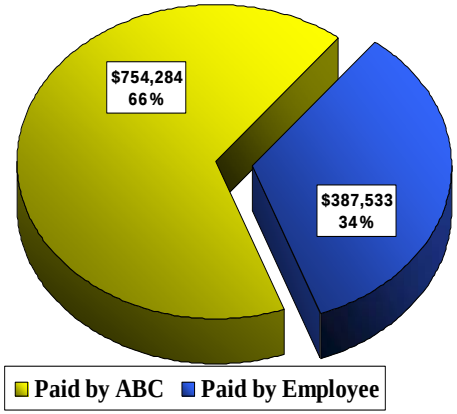
Active



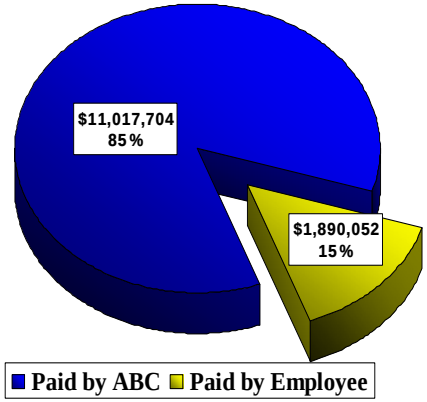
RWOM



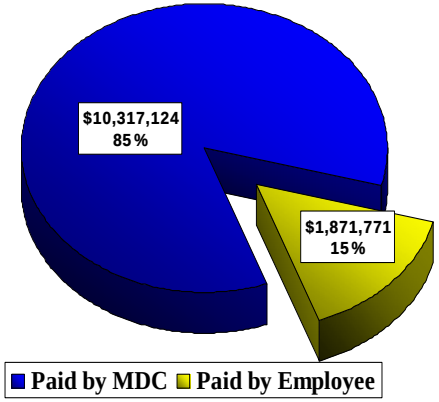
RWM



Combined 2009



Combined 2008



Paid by Employee consists of employee co-insurance, co-pays and deductibles

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Mammogram Compliance

Employee Versus Dependent

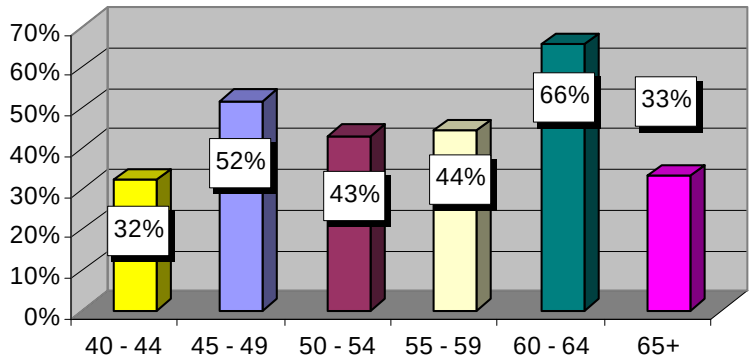
Mammogram compliance rate is calculated on eligible female members as of the end of the measurement year who were between the ages of 40-69 that received a mammogram during the measurement period.

Jan - Dec 2009			# of Eligible Members With Mammogram	% of Total Eligible Members
Patient Relationship	Age Range	# of Eligible Members	Jan - Dec 09	Jan - Dec 09
Employee	40 - 44	31	10	32%
Employee	45 - 49	56	29	52%
Employee	50 - 54	51	22	43%
Employee	55 - 59	61	27	44%
Employee	60 - 64	32	21	66%
Employee	65+	111	37	33%
Dependent	40 - 44	92	30	33%
Dependent	45 - 49	117	36	31%
Dependent	50 - 54	131	52	40%
Dependent	55 - 59	120	53	44%
Dependent	60 - 64	95	42	44%
Dependent	65+	142	72	51%

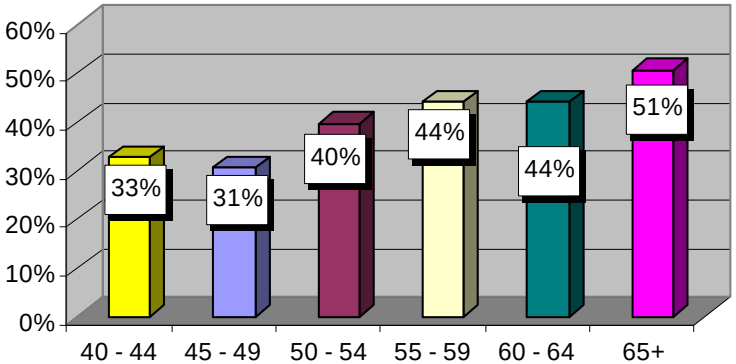
2009 Compliance	
Employees	
Total Eligible	342
Total Compliant	146
Overall Compliance	43%
Dependents	
Total Eligible	697
Total Compliant	285
Overall Compliance	41%

HSB BOB Compliance – 32%

Compliance Rate for Eligible Employees



Compliance Rate for Eligible Dependants



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Pap Smear Compliance

Employee vs. Dependant

Does Screening With a Pap Smear Affect the Mortality From Cervical Cancer?

An estimated 11,150 cases of invasive cervical cancer are expected to be diagnosed in 2007. Incidence rates have decreased steadily over the past several decades in both white and African American women. As Pap screening has become more common, pre-invasive lesions of the cervix are detected far more frequently than invasive cancer.

An estimated 3,670 deaths from cervical cancer are expected in 2007. Mortality rates have declined steadily over the past several decades due to prevention and early detection by screening

SURVIVAL: Relative survival for women with pre-invasive lesions is nearly 100%. Relative 1-year and 5-year survival for cervical cancer patients is 88% and 73%, respectively. When detected at an early stage, invasive cervical cancer is one of the most successfully treated cancers with a 5-year survival rate of 92% for localized cancers. Whites are more likely than African Americans to have their cancers diagnosed at this early stage.

** The majority of invasive cancers occur now in women who have not been screened at all, rather than in those screened too infrequently.**

Patient Relationship	Age Range	# of Eligible Members	Pap Compliant	% Compliant
Employee	20 - 24	0	0	0%
Employee	25 - 29	18	15	83%
Employee	30 - 34	25	17	68%
Employee	35 - 39	34	18	53%
Employee	40 - 44	31	23	74%
Employee	45 - 49	56	31	55%
Employee	50 - 54	51	35	69%
Employee	55 - 59	61	35	57%
Employee	60 - 64	32	13	41%
Employee Total		308	187	61%
Dependent	20 - 24	65	33	51%
Dependent	25 - 29	47	24	51%
Dependent	30 - 34	85	48	56%
Dependent	35 - 39	99	45	45%
Dependent	40 - 44	92	45	49%
Dependent	45 - 49	117	54	46%
Dependent	50 - 54	131	58	44%
Dependent	55 - 59	120	64	53%
Dependent	60 - 64	95	39	41%
Dependent Total		851	410	48%

Overall Compliance is 51%

Employees = 61%

Dependents = 48%

HSB BOB Compliance – 34%

Cervical Cancer Screening Compliance Testing For Women 18 and older nationwide are reported as[1]:
1 or More Screenings in 3 Years: 82.3%

[1] http://www.cancer.org Site: American Cancer Society Cancer Facts&Figures_2007

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Prostate Screening

Employee vs. Dependant

On the basis of available scientific data and judgment, the following recommendations for annual screening asymptomatic males:

- A PSA (prostate-specific antigen) blood test, and digital rectal examination for men at average risk, beginning at age 50.
- Individuals at high risk (African American or men with strong family history) should begin screening at age 45.

Patient Relationship	Age Range	# of Eligible Members	PSA & DRE Compliant	% Compliant
Employee	50 - 54	187	65	35%
Employee	55 - 59	197	73	37%
Employee	60 - 64	135	55	41%
Employee	65 +	258	56	22%
Employee Total		777	249	32%
Dependent	50 - 54	12	5	42%
Dependent	55 - 59	28	13	46%
Dependent	60 - 64	22	9	41%
Dependent	65 +	19	9	47%
Dependent Total		81	36	44%

Overall Compliance is 33%

Employees = 32%

Dependents = 44%

HSB BOB Compliance – 22%

[1]http://www.cancer.org_Cancer_Prevention__Early_Detection_Facts__Figures_2007

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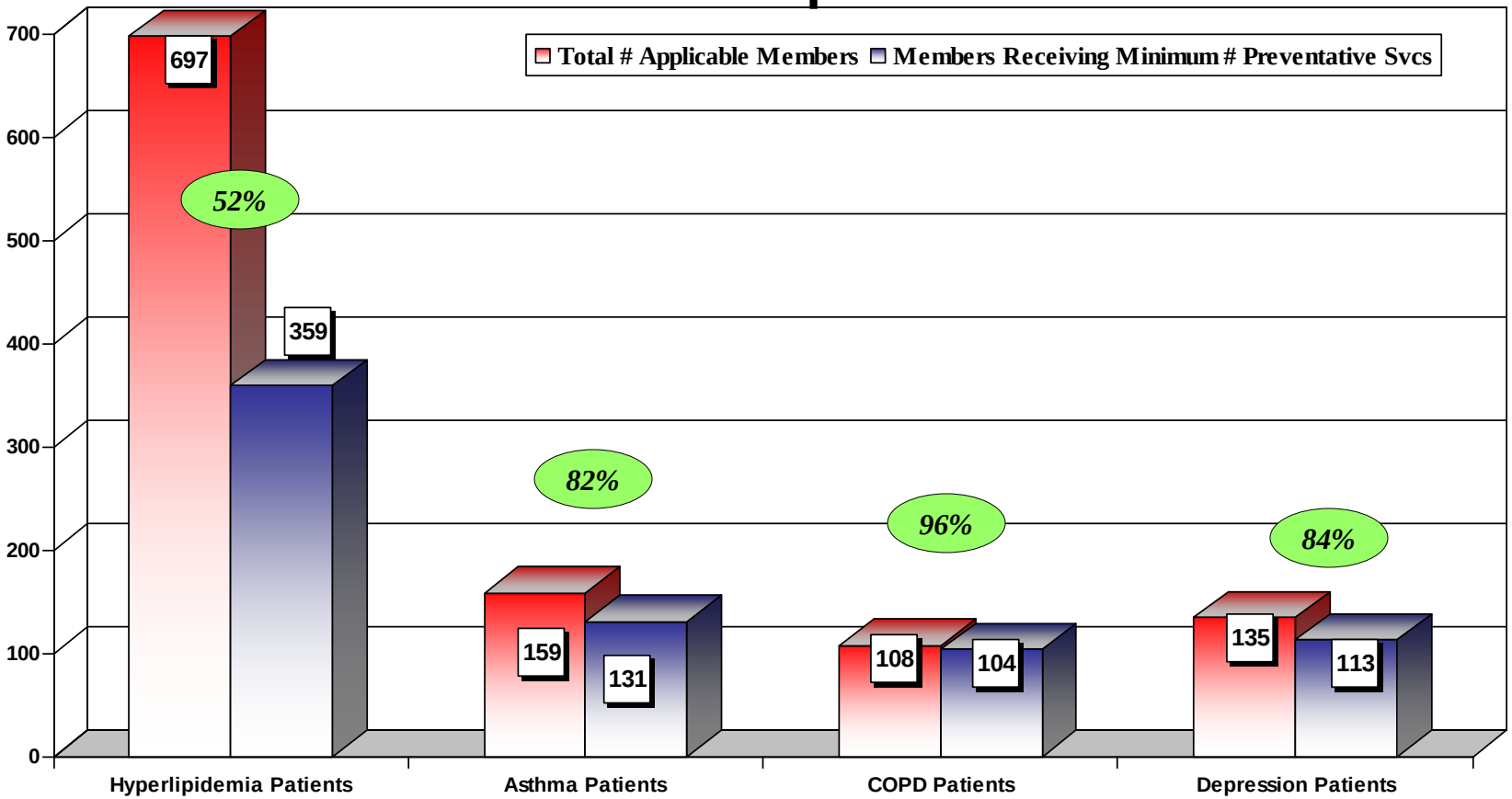
Chronic Illness Compliance - 2009

Member Compliance



American Heart Assoc. recommends at least one Cholesterol check annually.

American Lung Assoc. recommends at least two Physician visits annually.

American Lung Assoc. recommends at least one Physician visit annually.

Recommended at least two Physician visits annually.

% Members receiving minimum care

Above members are eligible as of December 2009.

Diabetes Compliance Requirements

- **Semiannual visit**

  The American Diabetes Association recommends at least semiannual visits to monitor metabolic control and review laboratory results. Patients who require adjustment of their medical regimen will require more frequent follow-ups.

- **Semiannual glycohemoglobin determination**

  Glycohemoglobin determination is a method for assessing long term glycemic control in patients and is recommended at least semiannually by the American Diabetes Association

- **Annual urinalysis or microalbuminuria test**

  Diabetes is associated with multiple renal complications, the most serious being renal insufficiency (diabetic nephropathy). One of the earliest manifestations of diabetic nephropathy is microalbuminuria. The American Diabetes Association recommends a urinalysis annually for all patients with diabetes mellitus. Patients with long standing diabetes may benefit from a 24-hour urine albumin determination.

- **Annual ophthalmologic evaluation**

  Diabetic ocular complications are the leading cause of blindness among adults 20 to 74 years of age. Early detection and treatment of proliferative retinopaty can prevent or delay progressive vision loss. Yearly dilated ophthalmologic examination by an experienced physician (usually an ophthalmologist) is a proven screening strategy recommended by the American Diabetes Association, American College of Physicians, and the American Academy of Ophthalmology.

- **Annual lipid profile**

  One of the complications of diabetes is an increased risk for cardiovascular disease. If a person has diabetes and has an elevated cholesterol, the American Diabetes Association recommends a lipid profile every year.

Semiannual blood glucose monitoring: almost all patients will monitor blood glucose at home. Periodic laboratory testing serves to verify the accuracy of the home glucose meter and, in some patients, correlates with metabolic control. This type of test is recommended, but not required for compliance.

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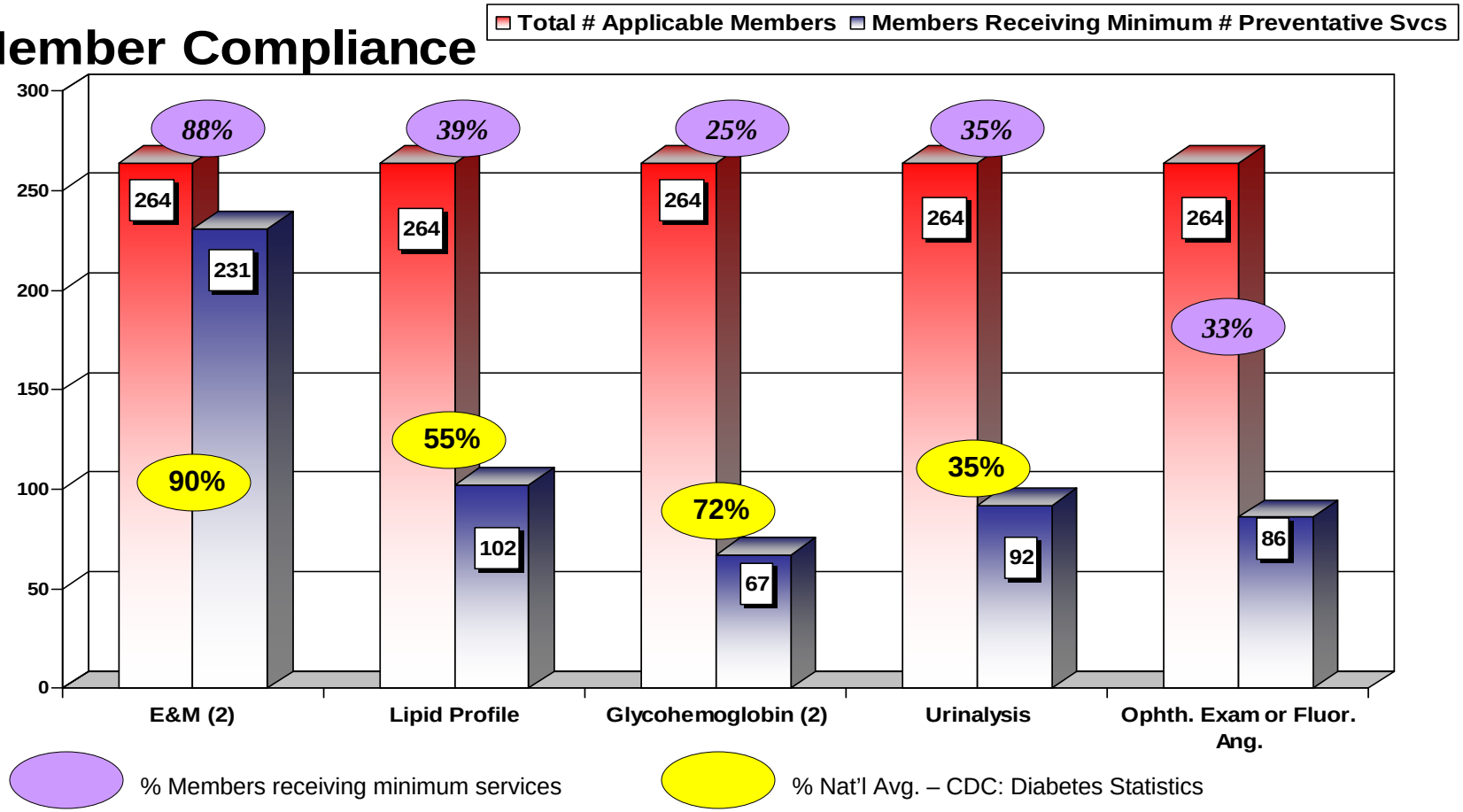
Diabetes Compliance 2009

Member Compliance



- 264 Diabetic Members (only eligible members included)
- 13 (5%) received all 7 services.
- 38 (14%) received all services other than ophthalmologic exam.

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Observations

•2009 Gross medical cost per employee increased 5.6% from 2008. However, it was still more than 4% below the HSB book of business index.

•Catastrophic cases per 1,000 have increased 35% from 2008 but are still 21% below the HSB book of business average. The catastrophic members accounted for 28% of all medical claims dollars in 2009.

•Inpatient admits and days per 1,000 were down 5% and up less than 1% respectively from 2008. The cost per admit continues to be well be low the HSB average.

•Outpatient paid per member was up 16% from 2008. The cost was being driven by an increase in outpatient expenditures for catastrophic members as well as an increase in outpatient surgical procedures and high cost radiology exams.

Action Items:

•Annual cancer screening (Mammogram, Pap Smear and PSA exams) compliance rates were all above the HSB book of business average. However, there is still room to improve through further member education and referrals. The same actions need to be taken with high cholesterol and diabetic patients.