

COST & UTILIZATION STUDIES

easy-to-use, Web-based reports and charts

The Study

✔ **Intelligent Healthcare treats each client individually**, working with you to provide necessary information to improve quality and reduce cost. We have a wide range of data analysis, decision support, and data warehousing solutions, and will tailor a package for your needs and price range.

- Utilization rates
- Per member per month costs
- Disease management analysis
- Benchmarking to applicable standards
- Demographic analysis
- Physician scorecards
- Outlier (high cost) analysis
- Incurred-but-not reported costs

✔ **As an Internet-based application service provider, IntelHC** eliminates the need for your organization to purchase and maintain expensive data warehousing software, or divert your scarce technology resources from your core business – all software, data, benchmarks, and electronic reports are operated by **IntelHC** on our Internet-based servers. You can rely on us to get the answers you need.

✔ **IntelHC gives you expert analysis at a very affordable price.** We compare your data on utilization, quality and costs against **IntelHC**'s benchmarks derived from a database of over two million lives. Your organization is profiled on a variety of indicators to similar organizations in size, region, demographics and case mix.

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S tandard Reports

- ✓ Primary care case management reports including referred patient & visit rankings, effectiveness for typical PCP responsible conditions, ranking by risk adjusted per member per month costs.
- ✓ Utilization rate analysis reports by procedure code groupings and provider specialties.
- ✓ Costs by health plan or benefit plan.
- ✓ Costs by age & sex (variations include total costs, primary care costs, specialty costs, by health plan)
- ✓ Specialty utilization and risk adjusted case cost analysis.
- ✓ Outlier cases by demographic and risk.
- ✓ Costs by specialty and costs by provider.
- ✓ Costs by diagnosis code groupings.
- ✓ Fee-for-service equivalent of value of capitated services.
- ✓ IBNR calculations.
- ✓ Trending over time.



Intelligent Healthcare LLC

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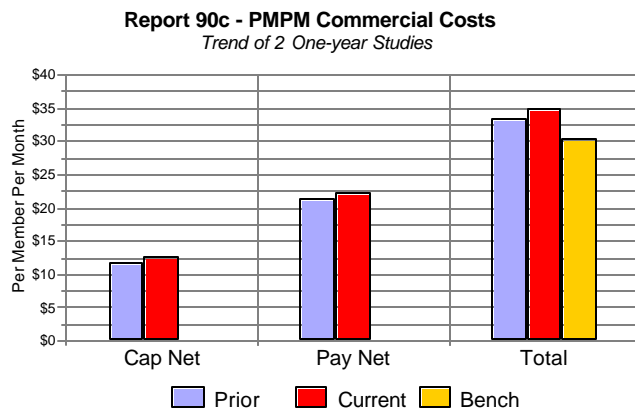
February 14, 2002

PERFECT HEALTH CARE, INC.
1234 Main Street
Central, CA 99999

Regarding: **Model Cost and Utilization Study**

Dear Chief Executive Officer:

Attached to this letter is our Model Cost and Utilization Study for Perfect Health Care, Inc. evaluating professional health care costs for Calendar Year 2000. Our analysis looks at experience in several different ways - by provider, by provider specialty, by service, and by patient. The reports are created from an extract from a claim system which was processed through our analysis system. We report both fee-for-service costs and the equivalent value of any capitated services.



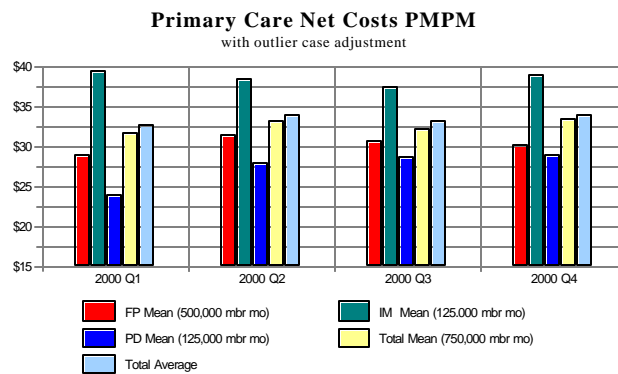
In summary, *Report 90* shows the commercial enrollment cost at \$35.00 per member per month for current period services, and \$33.26 per member per month for prior study period. This compares to our benchmark of approximately \$31.00 per member per month for the mix of patients and services.

Additional charts are provided in this report for the commercial and senior enrollment costs shown in Report 12 (costs by specialty & provider) and Reports 90 (summary costs by specialty including capitation rates). Please note the legend designation of "2000q4" represents the one-year study period ending with the fourth quarter of 2000, or January 1, 2000 through December 31, 2000. The designations of 2000q2, 2000q1 and 1999q3 are similarly the ending quarter of the one-year study period.

Some abbreviated notations regarding costs of the PERFECT HEALTH CARE follow.

Report 07-c, Primary Care Case Management - Ratio of case for PCP responsible diagnosis: The report profiles primary care physicians for core primary care patient conditions against their peers. Physicians are shown with the information on the services they provided compared to the overall cost of care for their patients. A ratio close to 1 indicates a primary care physician providing the expected amount of services.

Report 09-c, Primary Care Specialty Costs with outlier and risk factor adjustments: Primary care physicians are ranked in this report using the value of primary care services, and the value of specialty services for their patients. Costs are adjusted for outliers, demographics and case mix. The resulting weighted per member per month cost provides a quantifiable comparison of overall cost of care among primary care physicians.



Report 10-c, Outlier Cases: The number of professional services outlier cases annually per 1,000 members has ranged between 1.2 and 2.0, currently at 1.7 cases. The cost per case has increased five percent since the study one year ago – from \$10,000 to \$10,500.

Report 12-c, Costs by Specialty: The allowed value of fee-for-service and capitated commercial services reported is \$35.00 per member per month for professional services, compared to the prior report numbers of \$34.00 per member per month. The current study commercial enrollment is 750,000 member months, an increase of five percent from a year ago.

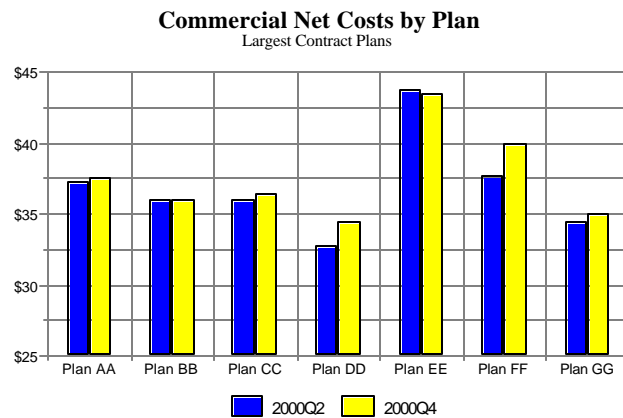
Report 12-s, Costs by Specialty: The allowed value of senior services reported is \$150.00 per member per month for professional services, compared to the prior report numbers of \$145.00 per member per month. The current study senior enrollment is 100,000 member months, an increase of five percent from a year ago.

Report 20-top4, Costs by Diagnosis Categories by Specialty & Cost Group: This diagnosis report shows costs for each specialty and diagnosis category by “cost group”. Unique patient counts are indicated for each grouping level, which allows for a more precise reporting of case rates. Cost groups used indicate screening for a condition, minor treatment, major treatment and outlier treatment. The report should be helpful for each specialty to understand the frequency of cases, costs and to evaluate case rates.

Report 23-util c&s, Costs by Procedure Code Groupings & Specialty: This report shows all professional costs and annual utilization per 1,000 members by procedure code groupings as shown in the American Medical Association CPT 2000 Standard Edition. This report can be used to evaluate utilization rates for procedures such as endoscopy and cardiovascular tests.

Report 31-plan, Plan Costs by Age & Sex: A chart shows the allowed per member per month costs for the seven largest plan contracts over the last two studies. Costs ranged from a low of \$34.00 for Health Plan DD to a high of \$42.50 for Health Plan EE.

Additional charts are provided trending costs for inpatient and outpatient hospital costs.



Report 65-c, Risk Analysis of Large Employers: The report shows the relative risk scores calculated for the largest employer groups. The demographic score is the expected relative cost based on the age and sex mix of the health plan population. The prospective score is the calculation using the observed medical conditions in the data to estimate expected costs for the enrollment. A risk score over 1.0 is higher than normal for the health plan, while a score lower than 1.0 is lower than normal.

Report 70-c, Claims Lag: The incurred-but-not-reported factor for the professional claims is 1.078, which is reflected in many of the date of service reports.

Report 95-sym, Physician Productivity Index by ETG¹: Costs are summarized by provider specialty, and show the top four ETG's by quantity. An ETG is an illness classification that captures all clinically relevant services and prescriptions provided during a patient's treatment and organizes the data into "episodes of care". ETG's are recognized as an industry standard for defining episodes of care.

The analysis broadens client capabilities to better perform disease management and understand the cost and quality of care provided. The ETG's allow for a consistent and meaningful method to quantify the services provided by physicians. Administrators gain a clinical view of expenditures, enhancing their ability to analyze, fund, and deliver health care services.

Reports are available on our Web site (www.intelHC.com) as Excel (.xls) and Adobe Acrobat (.pdf) print files. The Web-based drill down reports and data queries are available using the Advanced Reporting option. The reports are designed to be shared "as is" with providers, which is their best use for affecting change. I look forward to reviewing this Study with you. Please call me if you have any questions.

Respectfully submitted,

Intelligent Healthcare, LLC

Paul M. Katz

Paul M. Katz, M.B.A.
Chief Executive Officer
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¹ "Episode Treatment Groups" is owned by Symmetry Health Data Systems, Inc., and is used under a grant of license.

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Primarily care case management reports: referred patient & visit ranking

✓ Physicians are ranked on the rate per 100 members (or primary care patients seen) for referred specialty services. Rankings are among physicians with similar patient populations based on demographics and case mix indices.

✓ Physicians are ranked by patient counts and visits rates per 100 members. Ranking physicians provides a reasonable comparison of how frequently of specialty referral services are used. Referral rates are shown for typical high-use referral specialties and ancillary services.

✓ A line divides the primary care physicians in each group whose referrals ratios are lower than the mean (below the line), from those whose referrals are higher than the mean (above the line). Variations in referral utilization are attributed, in part, to different practice styles which can be influenced by providing these types of reports.



REPORT 05-c (pat): REFERRED PATIENT RANKING OF PRIMARY CARE PHYSICIANS (per 100 members) *[excludes Lab, Ob/Gyn, PCP & Other PCP]*

Specialty & Provider Name	Assigned Mbr Mo	PCP Patients	Emer							IM		Neuro		Ob/		Ortho+		PCP Other	Surg Other	All Other	Referrals Per 100
			Aller	Cardio	Derm	Med	Gastro	Hosp	Other	Lab	Surg	Gyn	Ophth	Pod&PT	RAD						
Referral Rate Per 100 Members																					
Family Practice																					
CHAND, ASHWIN	11,203	8.2	1.5	3.5	7.3	8.5	1.5	6.6	9.0	26.5	0.4	18.9	5.2	12.4	7.3	19.6	7.3	6.9	89.7		
MOORE, BEVERLY	15,173	6.3	1.2	3.5	4.3	6.0	1.8	6.4	6.4	25.5	0.9	16.8	4.7	10.6	1.7	23.8	8.2	5.9	83.7		
WILLIS, JOSEPH	21,233	7.4	1.2	0.8	4.5	3.4	1.7	19.0	4.7	23.2	0.9	8.6	3.9	7.5	1.8	22.4	4.3	5.2	79.7		
HUNT, TERRY	12,098	6.3	1.1	1.6	2.3	6.4	1.6	9.0	5.1	28.5	0.4	21.0	3.7	10.2	1.0	22.5	4.8	7.7	76.4		
MARTIN, SALLY	14,228	5.8	1.1	2.0	3.5	5.5	1.3	6.7	3.7	22.9	0.6	13.2	4.2	9.5	1.3	21.6	5.2	5.9	70.9		
JENSEN, ADAM	12,938	7.1	1.5	0.9	3.2	7.6	1.5	11.4	4.3	28.8	0.1	16.1	3.3	6.3	2.3	17.2	4.5	7.4	69.3		
SMYTH, GREGORY	18,528	5.9	1.0	1.9	4.7	4.6	1.8	9.3	6.0	25.8	0.3	28.2	2.3	6.5	2.7	15.9	6.1	5.4	66.1		
KLEIN, TARA	13,447	5.3	0.6	2.9	3.8	3.5	1.8	8.5	4.9	18.5	0.2	11.8	3.0	7.3	1.3	13.9	6.4	4.5	61.1		
SANCHEZ, IRMA	16,408	4.8	0.8	1.4	2.1	4.2	1.3	8.7	4.1	20.4	0.1	12.0	3.4	4.3	1.8	16.0	7.4	4.1	57.8		
<u>ANALCO, BARRY</u>	<u>10,778</u>	<u>7.0</u>	<u>0.6</u>	<u>2.4</u>	<u>1.7</u>	<u>4.1</u>	<u>1.2</u>	<u>5.2</u>	<u>3.9</u>	<u>17.7</u>	<u>0.8</u>	<u>9.2</u>	<u>4.9</u>	<u>8.5</u>	<u>1.1</u>	<u>13.2</u>	<u>4.9</u>	<u>4.4</u>	<u>55.6</u>		
CANE, RITA	11,170	6.0	0.8	0.6	1.9	7.4	1.7	9.5	3.2	20.6	0.4	6.5	2.6	4.8	1.1	13.2	4.8	4.4	55.1		
WARD, EUGENE	19,848	5.9	0.7	0.8	5.8	2.6	2.3	6.9	3.9	15.1	0.3	6.8	2.5	8.7	3.3	9.9	5.0	4.5	53.7		
LOPEZ, NICOLE	13,672	7.2	0.3	1.6	2.8	5.5	1.7	3.0	3.5	17.4	0.2	8.3	3.8	5.3	0.7	11.9	4.2	4.7	48.5		
BROWN, AMANDA	10,937	6.1	0.2	1.6	2.0	5.0	1.2	3.5	2.9	13.9	0.1	9.3	3.6	5.9	2.4	12.7	4.3	2.9	45.8		
ROBERTS, HOLLY	15,814	5.3	0.7	1.3	1.5	4.9	0.7	6.7	3.0	15.9	0.1	10.2	2.3	4.5	1.8	10.2	2.3	3.6	41.7		
DRAKE, MAGGIE	21,490	4.7	0.6	0.4	2.5	3.1	1.4	5.4	2.6	15.0	0.2	7.3	2.7	5.0	1.3	8.0	2.8	2.7	37.3		
SMITH, JHON	17,091	5.6	0.4	0.3	1.9	2.5	2.2	3.3	3.7	18.1	0.1	8.4	4.3	1.7	1.6	13.0	2.2	1.8	37.3		
MEYER, VICTORIA	15,154	5.1	0.4	0.9	4.4	3.8	0.8	3.7	2.7	14.5	0.0	10.1	2.1	4.8	2.4	6.4	2.5	4.0	36.4		
HARMON, XAVIER	11,334	2.4	0.2	0.2	1.8	3.1	1.3	2.5	1.8	16.2	0.0	7.2	2.6	1.0	2.9	11.7	1.3	1.6	29.0		
HARPER, HELEN	11,704	3.2	0.0	0.2	1.0	2.5	0.2	1.7	1.5	14.2	0.2	6.0	2.5	0.5	2.5	7.7	1.5	1.5	20.9		
YOUNG, BURT	21,490	4.7	0.2	0.4	0.8	1.1	0.4	2.0	0.8	0.8	0.0	2.8	0.9	1.6	0.0	3.1	1.3	1.4	14.1		
--- Subtotal FP	611,921	6.1	0.7	1.3	3.1	4.7	1.5	6.8	4.0	19.9	0.3	12.2	3.1	5.9	2.4	15.2	4.5	4.3	55.4		

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Ranking Key:
 ^^ indicates greater than the mean +1 standard deviation.
 ^ indicates less than +1 standard deviation over the mean.
 * indicates less than -1 standard deviation below the mean.
 ** indicates less than mean -1 standard deviation.

REPORT 05-c(2): REFERRED VISITS (Frequency per 100) BY PRIMARY CARE PHYSICIANS [*excludes Hosp, Lab, OB/GYN & PCP]

PCP Specialty & Name [excludes PCPs with less than 1,000 mbr mo]	Assigned Mbr Mo	PCP Self	Referral Rate Per 100 Members													Referrals per 100
			Cardio	Derm	Emer Med	Hosp	IM Other	Lab	Mental Health	Ob/Gyn	Ophth	Ortho+ Pod & PT	Radio	Surg Other	All Other	
PCP: family/gen practice																
BUCHANAN, DANA	6,240	295.6	17.7	10.4	13.3	16.9	55.6	70.0	0.0	17.9	11.9	42.7	73.3	30.4	1.7	256.9 ^
BUTLER, FRANCES	6,232	196.4	11.7	2.7	17.7	10.2	52.2	46.8	0.8	29.8	12.1	45.3	55.8	25.2	0.6	224.1 ^
DONALDSON, MARCUS	9,462	305.1	17.2	7.9	10.1	15.9	60.0	75.1	0.5	27.0	13.3	39.4	73.1	26.8	3.2	251.5 ^
EPPS, MICHA	7,034	253.5	9.0	1.5	4.4	21.3	35.3	35.5	0.2	21.8	7.5	26.4	40.9	9.4	0.5	135.3 **
ERICKSON, KEITH	9,507	284.5	19.1	12.4	12.2	11.0	66.3	58.6	0.3	12.7	13.9	42.0	63.5	21.6	1.4	252.6 ^
FERNANDEZ, MANUEL	8,943	235.4	15.7	13.8	14.9	14.9	51.0	67.9	0.7	17.7	16.9	47.1	65.1	30.1	1.5	256.7 ^
GRIFFIN, AMBER	7,241	134.9	8.5	8.8	7.1	5.8	37.5	38.8	0.0	21.2	8.8	34.0	39.8	23.2	1.5	169.0 *
GONZALEZ, RICHARDO	7,622	268.6	13.1	25.0	9.3	8.5	34.8	49.6	0.0	9.0	10.1	30.1	49.0	17.2	0.9	189.4 *
HALPRIN, JANICE	6,719	275.6	8.0	5.9	5.5	18.0	31.3	39.5	0.2	21.6	12.0	34.3	40.5	14.1	0.7	152.5 *
HEINRY, JAMES	9,500	206.4	10.1	11.4	12.0	8.3	45.7	30.7	0.6	10.6	10.6	54.1	36.9	17.2	2.7	201.2 *
HICKS, ROBERT	10,200	54.8	4.1	0.7	12.7	12.5	29.3	22.5	0.2	13.6	6.5	15.1	26.1	8.4	0.8	103.9 **
KOONTZ, ELLEN	9,973	291.9	13.6	7.3	4.2	15.9	43.7	40.1	0.2	14.6	11.6	33.1	43.3	17.4	0.8	175.3 *
LIST, JACOB	9,189	247.1	5.7	0.8	9.8	19.8	22.2	36.7	0.0	13.7	8.5	24.4	37.9	10.6	1.7	121.6 **
LITTLE, LAMONT	7,551	152.2	10.8	5.9	11.0	6.0	56.1	33.4	0.0	25.4	8.9	31.9	32.4	12.2	1.0	170.2 *
LUMEN, RODNEY	8,557	241.5	12.9	14.7	5.9	10.5	54.7	52.7	0.4	17.2	12.9	33.1	48.2	24.0	1.3	208.1 *
MONTGOMERY, WILLIAM	10,464	266.9	21.1	8.9	13.1	31.5	77.6	78.9	0.1	27.4	18.3	34.6	73.9	26.7	3.8	278.2 ^
SANCHEZ, BARBARA	7,030	304.2	13.7	4.1	5.3	19.1	49.7	51.4	0.5	15.0	10.2	59.9	52.7	16.7	1.5	214.4 ^
STEWART, THELMA	9,734	237.6	16.4	9.4	8.4	10.5	57.1	62.0	0.5	19.4	13.1	34.3	55.6	24.2	1.5	220.3 ^
SWAN, ROBERT	7,989	236.3	18.0	9.9	11.7	11.3	46.6	81.1	0.5	27.0	18.5	35.4	58.4	24.2	4.1	227.3 ^
TAGGERT, PAUL	9,204	305.1	21.1	11.9	10.8	10.4	63.8	61.9	0.1	17.5	11.2	40.9	64.5	30.5	2.2	257.1 ^
VELAS, MITHCELL	6,544	301.1	16.1	4.2	15.8	13.9	71.1	37.8	0.7	31.7	6.8	40.5	67.3	18.9	0.7	242.2 ^
WEISEN, JON	6,608	230.6	16.0	7.4	16.5	11.1	60.1	62.5	0.0	32.0	23.1	37.6	59.4	24.7	2.5	247.3 ^
WILLIAMS, RICKY	6,427	230.6	6.5	0.0	8.2	5.2	27.6	36.0	0.0	8.6	9.9	10.1	20.7	10.1	0.6	93.7 **
WINDSLOW, HARRIET	9,822	274.5	22.7	5.5	6.7	52.3	60.2	77.0	0.0	16.7	14.9	54.6	81.0	29.7	3.7	279.0 ^
PCP: family/gen practice	950,195															
Mean ----		225.1	14.1	6.0	13.2	16.2	46.3	50.9	0.3	18.8	10.7	32.0	50.5	18.3	1.5	213.3

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P primary care case management reports: ratio of cases for PCP responsible diagnosis

- ✓ The report profiles primary care physicians for core primary care patient conditions against their peers.
- ✓ Physicians are shown with the information on the services they provided compared to the overall cost of care for their patients. A ratio close 1 to indicates a primary care physician providing the expected amount of services.



REPORT 07-c: RATIO OF CASES FOR PCP RESPONSIBLE DIAGNOSES

Specialty	Provider Name & ID	Assigned Mbr Mo	Ratio: Primary Care Cases / Total Cases									
			Cases Ratio Allergies	Cases Ratio Backaches	Cases Ratio Dermatitis	Cases Ratio Gastroenteritis	Cases Ratio Headaches	Cases Ratio Hypertension	Cases Ratio Malaise Fatigue	Cases Ratio Minor Resp Inf		
PCP: int med	BROWN, AMAN	002000	7,549	0.91	0.77	0.09	0.46			0.75		
PCP: int med	CAMBELL, BILL	000800	4,960	0.74	0.73	0.58	0.73	0.06		0.98	1.00	0.88
PCP: int med	CANE, RITA	000700	4,577	0.70	0.52	0.06	0.30	0.07		0.91	1.00	0.81
PCP: int med	CHAND, ASHW	001300	6,527	0.79	0.43	0.36	0.70	0.75		0.95	1.00	0.80
PCP: int med	COHEN JAMES	002400	8,255	0.59	0.19	0.06	0.27	0.31		0.78	1.00	0.40
PCP: int med	HARMON, XAV	000400	6,174	0.70	0.34	0.13	0.82	0.29		0.78	1.00	0.82
PCP: int med	HARPER, HELE	001400	7,102	0.96	0.77	0.89	0.67	0.83		0.96	1.00	0.96
PCP: int med	HUNT, TERRY	001100	6,852	0.75	0.66	0.46	0.63			0.93	1.00	0.90
PCP: int med	JENSEN, ADAM	002100	4,480	0.73	0.50	0.68	0.75	0.25		0.94	1.00	0.97
PCP: int med	KLEIN, TARA	000100	5,781	0.89	0.72	0.13	0.62	0.59		0.86	1.00	0.75
PCP: int med	KNOLL PETER	002500	4,818	0.96	0.87	0.59	0.50	0.56		0.96	1.00	0.97
PCP: int med	LOPEZ, NICOLI	001800	6,854	1.00	0.80	0.84	0.78	0.50		1.00	1.00	0.98
PCP: int med	MARTIN, SALL	002300	7,347	0.78	0.30	0.50	0.54	0.14		0.53	1.00	0.88
PCP: int med	MEYER, VICTO	000600	11,755	0.86	0.48	0.72	0.76	0.33		0.91	1.00	0.89
PCP: int med	MOORE, BEVE	001700	6,424	0.33	0.88	0.93	1.00	0.70		1.00	1.00	1.00
PCP: int med	ROBERTS, HOI	002200	6,424	0.25	0.39	0.93	0.99	0.44		0.95	1.00	0.99
PCP: int med	SANCHEZ, IRM	001900	5,406	1.00	0.83	0.89	1.00	0.86		0.89		
PCP: int med	SMITH, JHON	000300	6,734	0.96	0.83	0.76	0.64	0.64		1.00	1.00	0.90
PCP: int med	SMYTH, GREG	001200	4,983	0.94	0.58	0.64	0.93	0.77		1.00	1.00	0.89
PCP: int med	UNKNOWN PC	000200	11,778	0.78	0.33	0.60	0.56	0.52		0.94	1.00	0.88
PCP: int med	WARD, EUGEN	001600	4,955	0.33	0.33		1.00					
PCP: int med	WILLIS, JOSEP	000900	13,409	0.95	0.93	0.78	0.85	0.78		0.96	1.00	0.99
PCP: int med	YOUNG, BURT	000500	5,272	0.96	0.86	0.85	0.74	0.62		0.96	1.00	0.99
----- Subtotal: Internal Medicine			158,416	0.86	0.61	0.65	0.71	0.51		0.96	1.00	0.91

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P primary care case management reports: ranking of PCPs by cost

✓ Primary care physician are ranked in this report using the value of primary care services, and the value of specialty services for those patients.

✓ Costs are adjusted for outliers, demographics and case mix.

✓ The resulting weighted per member per month cost provides a quantifiable comparison of overall cost of care among primary care physicians.



Ranking Key:
 ^^ indicates greater than the mean +1 standard deviation.
 ^ indicates less than +1 standard deviation over the mean.
 * indicates less than -1 standard deviation below the mean.
 ** indicates less than mean -1 standard deviation.

REPORT 09-c: PRIMARY CARE SPECIALTY COSTS with Outlier & Risk Factor Adjustments

[alpha order by physician]

PCP Specialty, Name & ID [excludes PCPs with less than 2,000 mbr mo]	Member Months	Specialty	Specialty	Outlier PMPM	Total PMPM + IBNR	Case	Total
		Cap Allow PMPM	Paid Allow PMPM			Mix Factor	PMPM * Case Mix Factor
PCP: family/gen practice							
BUCHANAN, DANA	6,240	31.44	25.40	9.80	47.04	0.96	48.98 ^
BUTLER, FRANCES	6,232	24.45	20.94	5.40	39.99	1.09	36.79 *
DONALDSON, MARCUS	9,462	28.73	24.73	8.04	45.41	0.93	48.92 ^
EPPS, MICHA	7,034	19.77	13.06	3.24	29.59	0.86	34.23 *
ERICKSON, KEITH	9,507	24.98	18.41	1.62	41.78	0.90	46.25 ^
FERNANDEZ, MANUEL	8,943	25.67	19.21	1.13	43.75	0.92	47.53 ^
GRIFFIN, AMBER	7,241	19.18	12.27	1.52	29.93	1.03	29.11 **
GONZALEZ, RICHARDO	7,622	23.20	13.44	5.82	30.83	0.90	34.11 *
HALPRIN, JANICE	6,719	17.24	13.46	1.82	28.88	0.92	31.24 *
HEINRY, JAMES	6,235	20.94	18.85	3.12	36.68	0.98	37.47 *
HICKS, ROBERT	9,500	20.50	17.24	2.79	34.94	0.94	36.99 *
KOONTZ, ELLEN	7,551	17.03	16.18	3.14	30.07	0.94	31.96 *
LIST, JACOB	7,385	14.64	11.70	1.10	25.24	0.86	29.41 *
LITTLE, LAMONT	8,557	26.04	15.22	2.89	38.36	0.91	42.11 ^
LUMEN, RODNEY	10,464	34.10	24.20	5.07	53.23	1.04	51.14 ^
MONTGOMERY, WILLIAM	6,102	27.62	23.38	8.29	42.71	1.05	40.84 ^
SANCHEZ, BARBARA	7,994	24.25	27.67	7.48	44.44	0.89	49.83 ^
STEWART, THELMA	9,164	27.68	23.74	9.32	42.10	0.98	42.83 ^
SWAN, ROBERT	9,861	28.66	13.37	3.98	38.05	1.16	32.94 *
TAGGERT, PAUL	10,174	21.45	19.09	4.39	36.15	0.87	41.32 ^
VELAS, MITHCELL	10,594	25.06	20.90	6.96	39.00	1.02	38.42 *
WEISEN, JON	9,767	19.01	21.27	5.34	34.95	0.90	39.04 *
WILLIAMS, RICKY	9,354	25.86	22.68	1.52	47.02	0.92	50.85 ^
WINDSLOW, HARRIET	7,871	18.63	10.82	1.73	27.73	0.91	30.64 *
PCP: family/gen practice	921,022	24.56	18.60	4.54	38.62	Weighted on Member Months	40.32
						Case Mix Normalized with each PCP Specialty --	1.00
						Standard Deviation --	11.10
						Weighted Average Plus 1 Standard Deviation --	51.42
						Weighted Average Minus 1 Standard Deviation --	29.23

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Outlier costs

✓ Costs are reported for the number of enrollees with medical conditions where the total cost of care is above a client specified threshold (for example \$10,000 for physician costs and \$75,000 for hospital costs). The frequency of the instances of these cases and costs of care are measured against benchmarks.

✓ Outlier costs are shown by member age/sex and diagnosis category to isolate particular cost areas or situations which could be better managed.



REPORT 10-c (a): HIGH COST (Outlier) CASES BY AGE & SEX *[physician costs over \$5,000]*

Age & Sex Grouping	Number of Cases	Members by Percent	Avg 1 Month Member Count	Procedures	Billed	Allowed	Net	Net + IBNR PMPM	Net Avg Cost Per Case	Net As Percent of Total
Child 00-01	67	2.0%	2,032	7,997	\$1,640,047	\$771,820	\$750,455	\$31.70	\$11,126	13.71%
Child 01	7	2.1%	2,067	466	80,593	46,898	44,299	1.84	6,661	0.81%
Child 02-04	4	9.2%	9,153	557	69,615	33,477	32,235	0.30	8,483	0.59%
Child 05-15	10	13.1%	13,081	1,580	259,204	82,415	78,786	0.52	7,539	1.44%
--- Subtotal Child	88	26.4%	26,333	10,599	2,049,460	934,610	905,775	2.95	10,252	16.55%
Female 16-19	4	2.2%	2,207	333	59,919	28,895	26,977	1.05	7,099	0.49%
Female 20-29	33	8.6%	8,611	3,333	522,997	263,534	238,180	2.37	7,163	4.35%
Female 30-39	71	12.0%	11,949	8,748	1,395,745	647,140	593,574	4.26	8,331	10.84%
Female 40-49	44	8.1%	8,127	11,510	1,120,449	612,024	573,140	6.05	13,115	10.47%
Female 50-59	72	4.6%	4,627	16,776	1,677,797	875,640	807,611	14.98	11,186	14.75%
Female 60-69	22	1.3%	1,305	3,102	437,201	209,343	189,989	12.49	8,695	3.47%
Female 70+	1	0.1%	110	77	11,971	6,253	5,498	4.28	5,787	0.10%
--- Subtotal Female	247	37.0%	36,936	43,879	5,226,081	2,642,829	2,434,969	5.66	9,858	44.48%
Male 16-19	3	2.2%	2,196	654	54,314	23,211	22,574	0.88	7,921	0.41%
Male 20-29	12	8.0%	7,946	3,124	405,778	168,350	160,963	1.74	13,033	2.94%
Male 30-39	27	12.0%	11,971	5,505	733,114	315,271	295,715	2.12	11,117	5.40%
Male 40-49	32	8.3%	8,262	3,964	566,417	282,172	255,897	2.66	7,922	4.67%
Male 50-59	65	4.5%	4,536	14,101	1,764,127	915,412	853,621	16.15	13,214	15.59%
Male 60-69	44	1.5%	1,502	10,460	1,079,948	556,732	515,552	29.46	11,798	9.42%
Male 70+	4	0.2%	150	470	76,885	33,113	29,547	16.90	7,775	0.54%
--- Subtotal Male	186	36.6%	36,564	38,278	4,680,584	2,294,261	2,133,869	5.01	11,460	38.98%
--- TOTAL	522	100.0%	99,833	92,756	\$11,956,125	\$5,871,700	\$5,474,612	\$4.70	\$10,497	100.00%

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REPORT 10-c (b): HIGH COST (Outlier) CASES BY DIAGNOSIS

[physician costs over \$5,000]

Diagnosis Grouping	Diag Code Range	Number of Cases	Procedures	1998 RVU	Billed	Allowed	Net	Net +IBNR PMPM	Net Avg Cost Per Case	Net As Percent of Total
Neoplasms & Chemotherapy	140 - 239+	156	49,219	27,665.04	\$4,431,656	\$2,312,412	\$2,168,965	\$1.86	\$13,921	39.6%
Diseases of the Circulatory System	390 - 459	70	7,628	22,054.18	1,403,609	683,589	621,176	0.53	8,836	11.3%
Conditions Originating in the Perinatal Period	760 - 779	52	3,242	12,873.99	1,084,251	543,135	504,408	0.43	9,654	9.2%
Diseases of the Musculoskeletal System/Connective Tis	710 - 739	53	6,783	12,835.34	1,032,552	429,846	384,232	0.33	7,222	7.0%
Care/Complications of Pregnancy/Childbirth/Puerperium	630 - 676+	41	3,971	8,199.26	508,813	287,431	257,793	0.22	6,311	4.7%
Nephritis, Nephrotic Syndrome, Nephrosis	580 - 589	15	2,707	4,726.25	554,771	250,906	228,930	0.20	15,061	4.2%
Blood and Blood Forming Organs	280 - 289	5	3,580	995.18	279,579	203,471	199,340	0.17	41,966	3.6%
Sprains, Strains, Skeletal Injuries	800 - 849	23	2,906	5,337.80	485,090	176,091	168,034	0.14	7,370	3.1%
Diseases of the Digestive System	520 - 579	18	1,732	3,903.97	330,901	141,457	126,174	0.11	6,990	2.3%
Symptoms, Signs, and Ill-Defined Conditions	780 - 799	15	1,488	2,659.83	321,666	134,198	128,903	0.11	8,480	2.4%
Congenital Anomalies	740 - 759	13	1,292	3,022.53	297,451	115,586	108,197	0.09	8,135	2.0%
Diseases of the Respiratory System	460 - 519	10	1,741	2,483.33	248,074	107,890	116,000	0.10	11,101	2.1%
All other diagnoses	various	8	987	1,855.49	220,862	90,190	87,649	0.08	11,533	1.6%
Diseases/Disorders of the Nervous System	320 - 359	4	1,724	380.27	142,562	80,699	78,383	0.07	20,627	1.4%
Disorders of the Eye and Adnexa	360 - 379	9	545	1,700.75	139,761	67,213	60,086	0.05	7,028	1.1%
Endocrine, Nutri and Metabolic Dis, Immu Disorders	240 - 279	4	554	287.18	90,531	62,918	62,195	0.05	16,367	1.1%
Other Disorders of Female Genital Tract	617 - 629	8	724	861.30	103,776	59,778	51,283	0.04	6,748	0.9%
Mental Disorders	290 - 319	4	402	662.33	66,404	29,927	26,124	0.02	6,875	0.5%
Disorders of the Breast	610 - 611	4	377	764.89	64,293	29,312	26,358	0.02	6,936	0.5%
Other Diseases of Urinary System	590 - 609	6	744	705.76	82,826	27,713	35,661	0.03	6,256	0.7%
Infectious/Parasitic Diseases	001 - 139	2	102	135.69	18,269	12,766	12,263	0.01	6,454	0.2%
Head Injuries	850 - 859	1	174	336.46	24,260	11,461	10,530	0.01	11,085	0.2%
Other Injuries	860 - 959	1	69	23.53	11,981	7,925	6,748	0.01	7,103	0.1%
Diseases of the Skin/Subcutaneous Tissue	680 - 709	1	67	81.33	12,188	5,785	5,181	0.00	5,453	0.1%
- TOTAL		522	92,756	114,551.67	\$11,956,125	\$5,871,700	\$5,474,612	\$4.70	\$10,497	100.0%

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Costs by specialty

- ✓ The total reported cost of care is shown by provider within each specialty for the reporting period.

- ✓ Specialty cost reports are available in an on-line drill down format, which allows searching into provider, procedure and diagnosis detail.



REPORT 12-c: COSTS BY SPECIALTY & PROVIDER (includes all providers)

Provider Specialty, Type & Provider Name	Cap Patients	FFS Patients	Capitation Allowed	FFS Allowed	Capitation Net	FFS Net	Total Net + IBNR PMPM
Gastroenterology							
BUCHANAN, DANA		273		89,686		83,757	0.06
BUTLER, FRANCES		614		153,737		138,411	0.10
DONALDSON, MARCUS		459		147,457		131,771	0.09
EPPS, MICHA	1	388		95,626		87,351	0.06
ERICKSON, KEITH		1		359		359	0.00
FERNANDEZ, MANUEL		100		22,499		20,652	0.01
GRIFFIN, AMBER		1		213		213	0.00
GONZALEZ, RICHARDO		188		62,262		56,445	0.04
HALPRIN, JANICE	1	230	490	69,556	490	64,323	0.04
HEINRY, JAMES		291		71,341		64,392	0.04
HICKS, ROBERT		282		64,096		57,482	0.04
KOONTZ, ELLEN		311		78,652		71,751	0.05
LIST, JACOB		366		93,229		83,778	0.06
LITTLE, LAMONT		186		53,504		48,789	0.03
LUMEN, RODNEY		360		111,262		81,192	0.06
MONTGOMERY, WILLIAM		287		84,508		76,100	0.05
SANCHEZ, BARBARA		100		27,132		25,402	0.02
STEWART, THELMA		69		26,251		24,155	0.02
SWAN, ROBERT		2		82		62	0.00
TAGGERT, PAUL		1		296		281	0.00
VELAS, MITHCELL		161		57,559		53,459	0.04
WEISEN, JON		5		899		755	0.00
WILLIAMS, RICKY		1		231		221	0.00
Subtotal Gastroenterology	2	4,677	490	1,310,463	490	1,171,122	0.81

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Costs by diagnosis

✓ This diagnosis report format shows costs for each specialty and diagnosis category by “cost group”. Unique patient counts are indicated for each cost group, diagnosis category, and specialty, which allows for a more precise reporting of case rates. The costs groups used are:

\$0 to \$499	- indicates screening for a condition
\$500 to \$999	- indicates minor treatment
\$1,000 to \$4,999	- indicates major treatment
\$5000+	- indicates outlier treatment.

✓ *Report 20-top4* should be helpful for each specialty to understand the frequency of cases, costs and case rates. The specialty subtotal includes all costs, and a “percent of specialty net” column is provided for comparison of the top four diagnosis categories against the total specialty costs.



Report Key Notes:

1. Patients are unique counts at all group levels (not subtotals).
2. Specialty subtotals include "all costs".

REPORT 20-c-top4 COSTS OF DIAGNOSIS CATEGORIES BY SPECIALTY AND COST GROUP (top 4 diagnosis groups)

Specialty & Top 4 Diagnosis Groups	Annual Cost Groups	Low Range	High Range	Unique Patients	Procedures	Net	Net + IBNR PMPM	Net Case Rate	Percent of Specialty Net
Dermatology									
SKIN & SUBCUTANEOUS TISSUE		680	710						
	\$ 0 to \$ 499			1,851	5,014	197,769	0.27	107	46.0%
	\$ 500 to \$ 999			52	637	29,477	0.04	565	6.9%
	\$1,000 to \$4,999			5	178	6,118	0.01	1,275	1.4%
	Subtotal for SKIN & SUBCUTANEOUS TISSUE --			1,908	5,828	233,364	0.31	122	54.3%
NEOPLASMS		140	240						
	\$ 0 to \$ 499			569	1,469	77,281	0.10	136	18.0%
	\$ 500 to \$ 999			22	175	13,769	0.02	620	3.2%
	\$1,000 to \$4,999			21	186	41,915	0.06	1,996	9.8%
	\$5,000+			1	9	3,336	0.00	5,560	0.8%
	Subtotal for NEOPLASMS --			613	1,840	136,301	0.18	222	31.7%
INFECTIONS/PARASITIC DISEASES		001	140						
	\$ 0 to \$ 499			332	1,024	35,919	0.05	108	8.4%
	\$ 500 to \$ 999			13	200	7,161	0.01	568	1.7%
	\$1,000 to \$4,999			1	7	663	0.00	1,106	0.2%
	Subtotal for INFECTIONS/PARASITIC DISEASES --			345	1,230	43,744	0.06	127	10.2%
CONGENITAL ANOMALIES		740	760						
	\$ 0 to \$ 499			41	98	4,779	0.01	115	1.1%
	Subtotal for CONGENITAL ANOMALIES --			41	98	4,779	0.01	115	1.1%
Specialty subtotal for Dermatology				ALL COSTS: 2,764	9,230	429,756	0.58	155	100.0%



Report Key Notes:

1. Patients are unique counts at all group levels (not subtotals).
2. Specialty subtotals include "all costs".

REPORT 20-c-top4 COSTS OF DIAGNOSIS CATEGORIES BY SPECIALTY AND COST GROUP (top 4 diagnosis groups)

Specialty & Top 4 Diagnosis Groups	Annual Cost Groups	Low Range	High Range	Unique Patients	Procedures	Net	Net + IBNR PMPM	Net Case Rate	Percent of Specialty Net
Hematology/Oncology									
NEOPLASMS		140	240						
	\$ 0 to \$ 499			285	1,268	28,376	0.04	100	2.8%
	\$ 500 to \$ 999			15	337	8,668	0.01	578	0.8%
	\$1,000 to \$4,999			46	3,563	94,060	0.13	2,036	9.2%
	\$5,000+			53	27,538	752,867	1.01	14,259	73.7%
	Subtotal for NEOPLASMS --			399	32,706	883,971	1.19	2,215	86.6%
BLOOD/BLOOD FORMING ORGANS		280	290						
	\$ 0 to \$ 499			55	171	6,203	0.01	112	0.6%
	\$ 500 to \$ 999			4	140	2,110	0.00	502	0.2%
	\$1,000 to \$4,999			7	838	16,393	0.02	2,484	1.6%
	\$5,000+			2	1,736	76,216	0.10	31,757	7.5%
	Subtotal for BLOOD/BLOOD FORMING ORGANS --			68	2,885	100,922	0.14	1,475	9.9%
MUSCULOSKELETAL SYSTEM		710	740						
	\$ 0 to \$ 499			2	6	105	0.00	58	0.0%
	\$1,000 to \$4,999			3	410	4,803	0.01	1,601	0.5%
	\$5,000+			1	58	6,097	0.01	10,161	0.6%
	Subtotal for MUSCULOSKELETAL SYSTEM --			5	475	11,005	0.01	2,038	1.1%
FEMALE GENITAL		613	630						
	\$ 0 to \$ 499			10	18	1,029	0.00	107	0.1%
	\$ 500 to \$ 999			2	9	1,119	0.00	622	0.1%
	\$1,000 to \$4,999			2	8	3,505	0.00	1,461	0.3%
	Subtotal for FEMALE GENITAL --			14	35	5,654	0.01	410	0.6%
Specialty subtotal for Hematology/Oncology				495	37,028	1,021,059	1.38	2,063	100.0%



Report Key Notes:

1. Patients are unique counts at all group levels (not subtotals).
2. Specialty subtotals include "all costs".

REPORT 20-c-top4 COSTS OF DIAGNOSIS CATEGORIES BY SPECIALTY AND COST GROUP (top 4 diagnosis groups)

Specialty & Top 4 Diagnosis Groups	Annual Cost Groups	Low Range	High Range	Unique Patients	Procedures	Net	Net + IBNR PMPM	Net Case Rate	Percent of Specialty Net
Surgery: ortho									
SPRAINS, STRAINS, SKELETAL		800	850						
	\$ 0 to \$ 499			875	2,488	142,845	0.19	163	16.4%
	\$ 500 to \$ 999			135	914	88,839	0.12	658	10.2%
	\$1,000 to \$4,999			139	990	208,282	0.28	1,503	23.9%
	\$5,000+			1	14	7,408	0.01	6,173	0.9%
	Subtotal for SPRAINS, STRAINS, SKELETAL --			1,150	4,406	447,374	0.60	389	51.3%
MUSCULOSKELETAL SYSTEM		710	740						
	\$ 0 to \$ 499			769	1,862	105,581	0.14	137	12.1%
	\$ 500 to \$ 999			71	358	49,166	0.07	694	5.6%
	\$1,000 to \$4,999			114	710	176,400	0.24	1,547	20.2%
	\$5,000+			2	32	21,890	0.03	9,121	2.5%
	Subtotal for MUSCULOSKELETAL SYSTEM --			956	2,962	353,036	0.48	369	40.5%
CONGENITAL ANOMALIES		740	760						
	\$ 0 to \$ 499			57	102	6,183	0.01	108	0.7%
	\$ 500 to \$ 999			1	8	934	0.00	778	0.1%
	\$1,000 to \$4,999			5	61	11,605	0.02	2,418	1.3%
	Subtotal for CONGENITAL ANOMALIES --			63	171	18,722	0.03	297	2.1%
OTHER INJURIES		860	960						
	\$ 0 to \$ 499			40	93	5,688	0.01	141	0.7%
	\$ 500 to \$ 999			7	27	4,074	0.01	617	0.5%
	\$1,000 to \$4,999			2	8	4,463	0.01	2,480	0.5%
	Subtotal for OTHER INJURIES --			49	128	14,225	0.02	293	1.6%
Specialty subtotal for Surgery: ortho				2,177	7,949	871,407	1.17	400	100.0%

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Utilization rate analysis

- ✓ Our Report shows utilization rates by procedure code groupings that identify key utilization trends by provider specialty.
- ✓ For cardiology treadmills and Doppler stress tests are shown, while for gastroenterology utilization rates of endoscopies is revealed.
- ✓ An Organization's utilization rates can be compared to **IntelHC**'s benchmarks, and utilization trends over time are tracked.



REPORT 23-c-trend: UTILIZATION BY PROCEDURE CODE GROUPINGS & SPECIALTY

Provider Specialty, Pay Status & Procedure Code Groupings	Range Low - High	CY 2001 Jan 01 - Dec 01 Procedures & Net		CY 2002 Jan 02 - Dec 02 Procedures & Net		CY 2003 Jan 03 - Dec 03 Procedures & Net		Annual Utilization per 1,000 Members		
								CY 2001	CY 2002	CY 2003
Cardiology										
Fee-for-Service										
Anesthesiology										
ANESTHESIOLOGY - Head & Neck	00100	00352	0	0	0	0	1	2,376		0.0
Anesthesiology / Fee-for-Service			0	0	0	0	1	2,376	0.0	0.0
Evaluation & Management										
EVALUATION & MANAGEMENT - Outpatient Office Visit	99201	99275-	40	3,029	17	1,649	41	4,686	0.3	0.1
EVALUATION & MANAGEMENT - Inpatient Hospital Visit	99217	99299-	114	9,992	28	2,743	38	3,941	0.8	0.2
EVALUATION & MANAGEMENT - Emergency Room	99281	99288	1	43	6	240	16	656	0.0	0.0
EVALUATION & MANAGEMENT All Other	99301	99499-	1	84	0	0	0	0	0.0	
Evaluation & Management / Fee-for-Service			156	13,148	50	4,632	95	9,283	1.0	0.3
Letter Codes										
A Codes - Supplies	A0000	A9999	2	39	1	23	0	0	0.0	0.0
Lettered Codes, Other	B0000	V9999	2	978	6	2,009	0	0	0.0	0.0
J Codes - Supplies, All Other	J0000	J8999	20	268	0	0	0	0	0.1	
Letter Codes / Fee-for-Service			25	1,285	7	2,032	0	0	0.2	0.0



REPORT 23-c-trend: UTILIZATION BY PROCEDURE CODE GROUPINGS & SPECIALTY

Provider Specialty, Pay Status & Procedure Code Groupings	Range		CY 2001		CY 2002		CY 2003		Annual Utilization per 1,000 Members		
	Low	High	Jan 01 - Dec 01 Procedures & Net	Jan 02 - Dec 02 Procedures & Net	Jan 02 - Dec 02 Procedures & Net	Jan 03 - Dec 03 Procedures & Net	Jan 03 - Dec 03 Procedures & Net	CY 2001	CY 2002	CY 2003	
Cardiology											
Medicine											
MEDICINE - All Other	90281	99199-	0	0	0	0	0	0			
MEDICINE - Ophthalmology	92002	92499-	1	87	0	0	0	0	0.0		
MEDICINE - Cardiovascular, therapeutic services	92950	92998	2	2,329	5	4,693	4	2,357	0.0	0.0	0.0
MEDICINE - Cardiovascular, cardiology (less treadmill & holter)	93000	93278-	576	3,969	6,766	44,441	6,083	39,730	3.9	44.8	41.1
MEDICINE - Cardiovascular, cardiology - treadmill	93015	93018	14	904	6	253	4	168	0.1	0.0	0.0
MEDICINE - Cardiovascular, cardiology - holter ecg	93224	93237	1	42	16	559	0	0	0.0	0.1	
MEDICINE - Cardiovascular, echocardiography (less dopler)	93303	93350-	28	2,784	18	1,424	11	605	0.2	0.1	0.1
MEDICINE - Cardiovascular, echocardiography - dopler stress test	93320	93325	34	1,057	29	885	17	326	0.2	0.2	0.1
MEDICINE - Cardiovascular, cardiac catheterization	93501	93572	26	3,072	10	2,536	47	4,529	0.2	0.1	0.3
MEDICINE - Cardiovascular, intracardiac electro...	93600	93660	12	8,817	20	9,381	18	9,794	0.1	0.1	0.1
MEDICINE - Cardiovascular, other vascular studies	93720	93799	12	438	24	604	0	0	0.1	0.2	
MEDICINE - Non-invasive vascular diag studies	93875	93990	2	128	7	223	10	422	0.0	0.0	0.1
MEDICINE - Pulmonary	94010	94799	11	219	56	898	48	779	0.1	0.4	0.3
MEDICINE - Neurology & Neuromuscular Procedures	95805	95999	4	138	20	847	24	1,259	0.0	0.1	0.2
MEDICINE - Physical Medicine & Rehabilitation	97001	97799	0	0	2	14	0	0		0.0	
Medicine / Fee-for-Service			724	23,985	6,979	66,758	6,264	59,968	4.9	46.2	42.4
Pathology & Laboratory											
PATHOLOGY & LABORATORY	80000	89999	1	24	0	0	0	0	0.0		
Pathology & Laboratory / Fee-for-Service			1	24	0	0	0	0	0.0	0.0	0.0



REPORT 23-c-trend: UTILIZATION BY PROCEDURE CODE GROUPINGS & SPECIALTY

Provider Specialty, Pay Status & Procedure Code Groupings	Range		CY 2001		CY 2002		CY 2003		Annual Utilization per 1,000 Members		
	Low	High	Jan 01 - Dec 01 Procedures & Net		Jan 02 - Dec 02 Procedures & Net		Jan 03 - Dec 03 Procedures & Net		CY 2001	CY 2002	CY 2003
Cardiology											
Radiology											
RADIOLOGY - Diagnostic (excluding CATs & MRIs)	70010	76499-	12	145	13	609	23	527	0.1	0.1	0.2
RADIOLOGY - Diagnostic CAT Scans	70010	76499-	4	255	0	0	0	0	0.0		
RADIOLOGY - Mammography (diagnostic & screening)	76090	76092	1	18	0	0	2	26	0.0		0.0
RADIOLOGY - Ultrasounds (excluding pregnant uterus)	76506	76999-	0	0	1	39	0	0		0.0	
RADIOLOGY - Ultrasounds Pregnant Uterus	76805	76825	0	0	0	0	0	0			
RADIOLOGY - Therapeutic	77261	77799	0	0	0	0	0	0			
RADIOLOGY - Nuclear Medicine	78000	79999	2,542	422,819	4,038	630,705	4,550	723,720	17.1	26.8	30.8
Radiology / Fee-for-Service			2,558	423,237	4,052	631,352	4,576	724,273	17.2	26.9	30.9
Surgery											
SURGERY - Integumentary System Skin	10040	11646	13	60	22	101	13	76	0.1	0.1	0.1
SURGERY - Musculoskeletal System All Other	20000	29909	0	0	1	1,115	0	0		0.0	
SURGERY - Musculoskeletal System General	20000	20999	0	0	0	0	1	99			0.0
SURGERY - Respiratory System	30000	32999	1	333	0	0	0	0	0.0		
SURGERY - Cardiovas System All Other	33010	37799-	0	0	0	0	7	10,120			0.0
SURGERY - Cardiovas System Pacemakers	33200	33284	1	271	2	771	2	923	0.0	0.0	0.0
SURGERY - Cardiovas System Cardiac Valves	33400	33478	4	5,586	4	5,758	8	17,289	0.0	0.0	0.1
SURGERY - Cardiovas System Bypass	33510	33545	4	735	4	3,463	7	5,823	0.0	0.0	0.0
SURGERY - Cardiovas System Septal Defect	33641	33697	0	0	1	1,234	8	10,556		0.0	0.1
SURGERY - Cardiovas System Vas Injec Proc (w/o punctures)	36000	36299	4	54	0	0	1	468	0.0		0.0
SURGERY - Cardiovas System Veni & Aterial Punctures	36400	36679	0	0	1	3	1	3		0.0	0.0
SURGERY - Hemic & Lumphatic Systems	38100	38999	0	0	0	0	1	971			0.0
SURGERY - Digestive System All Other	40490	49999-	0	0	0	0	1	380			0.0
SURGERY - Maternity Care/Delivery Fetal Monitor	59020	59050	0	0	7	96	0	0		0.0	
Surgery / Fee-for-Service			26	7,039	42	12,540	53	46,709	0.2	0.3	0.4
Cardiology / Fee-for-Service Subtotal -----			3,491	468,718	11,131	717,315	10,988	842,610	23	74	74



REPORT 23-c-trend: UTILIZATION BY PROCEDURE CODE GROUPINGS & SPECIALTY

Provider Specialty, Pay Status & Procedure Code Groupings	Range Low - High	CY 2001		CY 2002		CY 2003		Annual Utilization per 1,000 Members			
		Jan 01 - Dec 01 Procedures & Net	Jan 01 - Dec 01 Procedures & Net	Jan 02 - Dec 02 Procedures & Net	Jan 02 - Dec 02 Procedures & Net	Jan 03 - Dec 03 Procedures & Net	Jan 03 - Dec 03 Procedures & Net	CY 2001	CY 2002	CY 2003	
Cardiology											
Capitated Services											
Evaluation & Management											
EVALUATION & MANAGEMENT - Outpatient Office Visit	99201	99275-	6,972	379,515	9,313	492,774	9,550	470,295	46.9	61.7	64.6
EVALUATION & MANAGEMENT - Inpatient Hospital Visit	99217	99299-	1,608	126,251	1,790	144,210	1,328	110,177	10.8	11.9	9.0
EVALUATION & MANAGEMENT - Emergency Room	99281	99288	17	1,011	7	715	2	79	0.1	0.0	0.0
EVALUATION & MANAGEMENT All Other	99301	99499-	1	102	4	244	2	184	0.0	0.0	0.0
Evaluation & Management / Capitated Services			8,598	506,880	11,114	637,943	10,883	580,736	57.8	73.6	73.6
Letter Codes											
A Codes - Supplies	A0000	A9999	37	1,039	884	49,754	1,972	94,287	0.3	5.9	13.3
Lettered Codes, Other	B0000	V9999	1	347	8	42	11	736	0.0	0.1	0.1
J Codes - Supplies, All Other	J0000	J8999	625	14,860	1,008	29,144	1,523	41,937	4.2	6.7	10.3
Letter Codes / Capitated Services			664	16,247	1,901	78,940	3,505	136,960	4.5	12.6	23.7
Medicine											
MEDICINE - All Other	90281	99199-	200	4,620	383	6,513	343	5,820	1.3	2.5	2.3
MEDICINE - Immunization Administration for Vaccines/Toxoids	90281	99199-	0	0	6	77	6	77		0.0	0.0
MEDICINE - Therapeutic or Diagnostic Infusions	90780	90781	53	2,075	90	3,493	114	4,457	0.4	0.6	0.8
MEDICINE - Ophthalmology	92002	92499-	1	56	0	0	0	0	0.0		
MEDICINE - Special Otorhinolaryngologic Services	92502	92599	2	49	1	16	0	0	0.0	0.0	
MEDICINE - Cardiovascular, therapeutic services	92950	92998	256	192,183	317	226,803	336	248,882	1.7	2.1	2.3
MEDICINE - Cardiovascular, cardiology (less treadmill & holter)	93000	93278-	7,679	105,771	2,753	59,273	2,646	61,261	51.6	18.2	17.9
MEDICINE - Cardiovascular, cardiology - treadmill	93015	93018	3,545	337,919	4,328	407,111	4,470	421,358	23.8	28.7	30.2
MEDICINE - Cardiovascular, cardiology - holter ecg	93224	93237	696	88,719	876	112,783	787	102,578	4.7	5.8	5.3
MEDICINE - Cardiovascular, echocardiography (less dopler)	93303	93350-	3,240	510,989	4,003	614,520	4,070	631,598	21.8	26.5	27.5
MEDICINE - Cardiovascular, echocardiography - dopler stress test	93320	93325	5,214	407,331	7,967	530,321	8,196	556,404	35.1	52.8	55.4
MEDICINE - Cardiovascular, cardiac catheterization	93501	93572	4,606	340,784	5,130	364,920	4,770	332,311	31.0	34.0	32.3



REPORT 23-c-trend: UTILIZATION BY PROCEDURE CODE GROUPINGS & SPECIALTY

Provider Specialty, Pay Status & Procedure Code Groupings	Range		CY 2001		CY 2002		CY 2003		Annual Utilization per 1,000 Members		
	Low	High	Jan 01 - Dec 01 Procedures	Dec 01 & Net	Jan 02 - Dec 02 Procedures	Dec 02 & Net	Jan 03 - Dec 03 Procedures	Dec 03 & Net	CY 2001	CY 2002	CY 2003
Cardiology											
Medicine (CONTINUED)											
MEDICINE - Cardiovascular, intracardiac electro...	93600	93660	119	74,508	134	84,671	204	128,708	0.8	0.9	1.4
MEDICINE - Cardiovascular, other vascular studies	93720	93799	320	12,377	424	18,291	494	21,962	2.2	2.8	3.3
MEDICINE - Non-invasive vascular diag studies	93875	93990	150	14,812	146	16,911	193	23,281	1.0	1.0	1.3
MEDICINE - Pulmonary	94010	94799	5	104	5	146	7	193	0.0	0.0	0.0
MEDICINE - Neurology & Neuromuscular Procedures	95805	95999	49	2,214	49	1,842	42	1,559	0.3	0.3	0.3
MEDICINE - Chemotherapy Administration	96400	96549	7	266	0	0	0	0	0.0		
MEDICINE - Physical Medicine & Rehabilitation	97001	97799	0	0	0	0	0	0			
Medicine / Capitated Services			26,142	2,094,779	26,612	2,447,693	26,680	2,540,450	175.8	176.3	180.5
Pathology & Laboratory											
PATHOLOGY & LABORATORY	80000	89999	78	729	103	1,021	212	2,171	0.5	0.7	1.4
Pathology & Laboratory / Capitated Services			78	729	103	1,021	212	2,171	0.5	0.7	1.4
Radiology											
RADIOLOGY - Diagnostic (excluding CATs & MRIs)	70010	76499-	173	8,254	215	5,174	209	6,140	1.2	1.4	1.4
RADIOLOGY - Ultrasounds (excluding pregnant uterus)	76506	76999-	2	18	0	0	0	0	0.0		
RADIOLOGY - Therapeutic	77261	77799	0	0	0	0	1	331			0.0
RADIOLOGY - Nuclear Medicine	78000	79999	4,223	237,554	5,725	309,280	6,174	344,359	28.4	37.9	41.8
Radiology / Capitated Services			4,398	245,826	5,940	314,454	6,384	350,830	29.6	39.4	43.2



REPORT 23-c-trend: UTILIZATION BY PROCEDURE CODE GROUPINGS & SPECIALTY

Provider Specialty, Pay Status & Procedure Code Groupings	Range Low - High	CY 2001 Jan 01 - Dec 01		CY 2002 Jan 02 - Dec 02		CY 2003 Jan 03 - Dec 03		Annual Utilization per 1,000 Members			
		Procedures	& Net	Procedures	& Net	Procedures	& Net	CY 2001	CY 2002	CY 2003	
Cardiology											
Surgery											
SURGERY - Integumentary System Skin	10040 11646	11	230	8	300	4	120	0.1	0.1	0.0	
SURGERY - Integumentary System Nails	11700 11977	2	243	0	0	0	0	0.0			
SURGERY - Integumentary System Repair	12001 13300	0	0	0	0	0	0				
SURGERY - Musculoskeletal System App of Casts/Strapping	29000 29799	0	0	0	0	0	0				
SURGERY - Respiratory System	30000 32999	0	0	1	76	0	0		0.0		
SURGERY - Cardiovas System All Other	33010 37799-	47	19,035	55	19,135	56	18,936	0.3	0.4	0.4	
SURGERY - Cardiovas System Pericardium	33010 33050	4	82	0	0	0	0	0.0			
SURGERY - Cardiovas System Pacemakers	33200 33284	55	27,514	83	40,798	71	31,189	0.4	0.5	0.5	
SURGERY - Cardiovas System Cardiac Valves	33400 33478	0	0	0	0	0	0				
SURGERY - Cardiovas System Bypass	33510 33545	0	0	1	72	2	2,497		0.0	0.0	
SURGERY - Cardiovas System Vas Injec Proc (w/o punctures)	36000 36299	822	16,986	1,289	22,681	1,476	33,917	5.5	8.5	10.0	
SURGERY - Cardiovas System Veni & Aterial Punctures	36400 36679	102	5,780	148	8,104	92	5,788	0.7	1.0	0.6	
SURGERY - Digestive System, endoscopy - lower	44360 46615-	1	31	0	0	0	0	0.0			
SURGERY - Maternity Care/Delivery Fetal Monitor	59020 59050	0	0	0	0	0	0				
Surgery / Capitated Services		1,044	69,902	1,585	91,165	1,702	92,446	7.0	10.5	11.5	
Cardiology / Capitated Services Subtotal -----		40,924	2,934,363	47,256	3,571,216	49,366	3,703,593	275	313	334	
Subtotal for Cardiology		44,414	3,403,081	58,387	4,288,530	60,354	4,546,202	299	387	408	

COST & UTILIZATION STUDIES

easy-to-use, Web-based reports and charts

Costs by age & sex

- ✓ Costs are summarized by member age and sex.
- ✓ Variations on the report show age/sex costs by place of service (inpatient/outpatient hospital, ambulatory/physician's office), HMO plan contract, provider specialty, and primary care services only.



REPORT 31-c COSTS BY AGE & SEX

Age & Sex Group	Members by Percent	Member Months	Cap Patients	Pay Patients	Cap Procedures	Pay Procedures	Cap Net	Pay Net	Net + IBNR PMPM	Net as Percent Plan Type
Child										
Child 0	0.8%	10,751	1,837	3,444	9,949	41,224	310,335	2,197,478	239.56	4.2%
Child 1	1.7%	21,343	1,869	3,100	8,305	21,844	215,314	988,368	57.92	2.0%
Child 2-4	5.0%	62,839	4,388	6,782	15,307	30,722	387,456	1,204,335	26.02	2.7%
Child 5-15	16.9%	214,441	11,852	14,518	45,479	53,374	1,286,185	2,313,787	17.24	6.0%
Subtotal Child	24.4%	309,374	19,946	27,844	79,040	147,164	2,199,290	6,703,967	29.56	14.9%
Female										
Female 16-19	2.5%	32,052	1,974	1,811	6,710	7,137	272,211	393,691	21.34	1.1%
Female 20-29	6.5%	82,238	7,409	7,181	32,865	40,480	1,607,223	3,580,760	64.79	8.7%
Female 30-39	10.6%	134,129	12,534	12,251	61,778	77,296	3,020,555	6,830,484	75.43	16.5%
Female 40-49	9.5%	120,695	11,052	10,455	50,668	70,597	2,645,633	4,895,433	64.17	12.6%
Female 50-59	6.1%	77,049	7,722	7,165	41,672	65,280	2,261,467	4,082,868	84.56	10.6%
Female 60-69	2.2%	28,043	2,973	2,675	18,718	27,235	1,107,524	1,845,847	108.16	4.9%
Female 70+	0.4%	5,060	300	368	1,851	4,749	126,081	231,766	72.63	0.6%
Subtotal Female	37.8%	479,266	43,964	41,906	214,262	292,774	11,040,696	21,860,850	70.50	55.0%
Male										
Male 16-19	2.8%	35,536	1,926	1,538	6,151	4,785	259,490	251,715	14.77	0.9%
Male 20-29	5.7%	72,063	3,840	2,503	11,794	8,291	589,546	515,628	15.75	1.8%
Male 30-39	10.1%	128,285	8,367	5,167	30,709	23,150	1,509,522	1,582,646	24.75	5.2%
Male 40-49	10.0%	127,187	9,294	5,946	39,411	33,176	2,051,966	2,308,519	35.21	7.3%
Male 50-59	6.3%	79,855	7,086	4,975	35,396	39,963	2,103,882	3,096,673	66.88	8.7%
Male 60-69	2.4%	30,786	2,968	2,370	17,776	33,361	1,154,533	2,105,080	108.74	5.4%
Male 70+	0.4%	5,048	383	386	2,447	4,950	177,115	332,250	103.63	0.9%
Subtotal Male	37.8%	478,760	33,864	22,885	143,684	147,676	7,846,054	10,192,512	38.69	30.1%
Grand Total:	100.0%	1,267,402	97,774	92,635	436,986	587,614	21,086,040	38,757,329	48.49	100.0%



Member Months: 1,200,000
IBNR: 1.020

REPORT 31-c-plan COSTS BY HEALTH PLAN & AGE/SEX

Plan Name & ID Age/Sex Groups	Member Months	Unique Patients	Procedures	Allowed	Net	Net + IBNR PMPM
HEALTHPLAN A	251,297					
Fee-for-Service						
Child						
Child 0	2,307	774	9,885	475,068	440,704	196.19
Child 1	4,837	719	5,275	233,938	211,580	44.92
Child 2-4	13,794	1,328	7,361	315,793	276,117	20.56
Child 5-15	43,897	2,662	11,281	533,549	468,698	10.97
Subtotal for Child	64,835	5,483	33,802	1,558,348	1,397,099	22.13
Female						
Female 16-19	6,238	291	1,400	92,456	84,501	13.91
Female 20-29	17,045	1,309	9,242	843,794	795,117	47.91
Female 30-39	28,165	2,199	17,957	1,566,206	1,482,173	54.05
Female 40-49	22,873	1,562	14,211	928,158	864,076	38.80
Female 50-59	14,309	1,086	11,662	692,386	638,120	45.80
Female 60-69	4,585	346	5,639	310,848	287,450	64.39
Female 70+	368	24	923	53,576	50,254	140.25
Subtotal for Female	93,583	6,817	61,034	4,487,423	4,201,691	46.11
Male						
Male 16-19	6,920	282	1,091	60,285	53,405	7.93
Male 20-29	13,253	466	1,660	111,732	101,708	7.88
Male 30-39	26,837	987	5,260	324,625	297,255	11.38
Male 40-49	25,155	1,020	5,538	382,846	351,374	14.35
Male 50-59	14,860	744	8,162	509,536	476,212	32.91
Male 60-69	5,297	334	4,699	333,920	310,567	60.21
Male 70+	557	32	385	29,987	27,396	50.51
Subtotal for Male	92,879	3,865	26,795	1,752,932	1,617,916	17.89
Subtotal HEALTHPLAN A / Fee-for-Service	251,297	15,382	121,631	7,798,703	7,216,706	29.49



Member Months: 1,200,000
IBNR: 1.020

REPORT 31-c-plan COSTS BY HEALTH PLAN & AGE/SEX

Plan Name & ID Age/Sex Groups	Member Months	Unique Patients	Procedures	Allowed	Net	Net + IBNR PMPM
HEALTHPLAN A	251,297					
Capitated Services						
Child						
Child 0	2,307	361	2,062	74,003	57,342	25.53
Child 1	4,837	388	1,761	57,255	41,814	8.88
Child 2-4	13,794	755	3,162	98,403	72,961	5.43
Child 5-15	43,897	2,031	8,904	288,373	222,995	5.22
Subtotal for Child	64,835	3,535	15,889	518,034	395,113	6.26
Female						
Female 16-19	6,238	316	1,351	62,078	50,237	8.27
Female 20-29	17,045	1,311	7,195	402,335	358,264	21.59
Female 30-39	28,165	2,201	12,068	698,614	612,246	22.32
Female 40-49	22,873	1,634	8,536	534,443	452,751	20.33
Female 50-59	14,309	1,137	6,596	436,451	367,989	26.41
Female 60-69	4,585	375	2,788	204,354	177,090	39.67
Female 70+	368	30	251	18,951	17,123	47.79
Subtotal for Female	93,583	7,004	38,785	2,357,227	2,035,700	22.34
Male						
Male 16-19	6,920	329	1,388	61,736	49,476	7.34
Male 20-29	13,253	685	1,964	121,442	98,505	7.63
Male 30-39	26,837	1,578	6,157	374,101	310,436	11.88
Male 40-49	25,155	1,527	7,856	496,033	418,694	17.09
Male 50-59	14,860	1,038	5,666	419,636	363,287	25.11
Male 60-69	5,297	394	3,040	228,781	199,469	38.67
Male 70+	557	37	323	24,589	21,189	39.07
Subtotal for Male	92,879	5,588	26,394	1,726,318	1,461,055	16.16
Subtotal HEALTHPLAN A / Capitated Services	251,297	15,546	81,068	4,601,580	3,891,867	15.91
Plan Subtotal HEALTHPLAN A	251,297	20,055	202,699	12,400,283	11,108,574	45.40

COST & UTILIZATION STUDIES

easy-to-use, Web-based reports and charts

Risk Analysis of Large Employers

- ✓ Report shows the relative risk scores calculated of the larger employer groups.
- ✓ The **demographic score** is the expected relative cost based on the age and sex mix of the health plan population.
- ✓ The **prospective score** is a calculation using the observed medical conditions in the data to estimate expected costs for the enrollment.
- ✓ A **Risk Score** over 1.0 is higher than normal, while a Score lower than 1.0 is lower than normal.



REPORT 65-c: RISK ANALYSIS OF LARGE EMPLOYERS [EMPLOYERS WITH MORE THAN 100 MEMBERS]

Plan Name	Employer Name (if known)	Members	Prospective Relative Risk Score	Demographic Relative Risk Score
HMO	AUTO-RELATED INDUSTRY	628	0.66	0.91
HMO	COMPUTER INDUSTRY	464	1.08	1.19
HMO	FARM-RELATED EMPLOYER	386	0.80	0.96
HMO	FOOD MANUFACTURER	381	0.70	0.94
HMO	GOVERNMENT EMPLOYER	357	0.62	0.93
HMO	HEALTHCARE EMPLOYER	315	0.47	0.90
HMO	PAPER MANUFACTURER	300	0.74	0.87
HMO	RETAIL EMPLOYER	299	0.82	1.08
HMO	SCHOOL/UNIVERSITY EMPLOYER	293	0.81	1.08
HMO	TEXTILE INDUSTRY	277	0.98	1.13
HMO	TRANSPORTATION	251	0.64	0.91
HMO	TRUCKING INDUSTRY	249	1.39	1.30
HMO	AUTO-RELATED INDUSTRY	248	1.04	1.06
HMO	COMPUTER INDUSTRY	233	0.91	0.94
HMO	FARM-RELATED EMPLOYER	213	0.54	0.88
HMO	FOOD MANUFACTURER	197	0.94	1.05
HMO	GOVERNMENT EMPLOYER	150	0.49	0.88
HMO	HEALTHCARE EMPLOYER	142	0.73	0.86
HMO	PAPER MANUFACTURER	129	0.66	0.83
HMO	RETAIL EMPLOYER	128	0.93	1.17
HMO	SCHOOL/UNIVERSITY EMPLOYER	113	1.05	1.26
HMO	TEXTILE INDUSTRY	106	0.83	0.88
	HMO Overall		0.96	0.96
POS	AUTO-RELATED INDUSTRY	702	0.85	1.09
POS	COMPUTER INDUSTRY	240	1.05	1.20
POS	FARM-RELATED EMPLOYER	224	0.82	1.00
POS	FOOD MANUFACTURER	203	0.92	1.03
POS	GOVERNMENT EMPLOYER	143	0.77	0.95
POS	HEALTHCARE EMPLOYER	135	0.58	0.84
POS	PAPER MANUFACTURER	103	0.66	0.84
	POS Overall		1.19	1.19

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Claims lag & incurred-but-not-reported costs

✓ Paid claims are shown by months paid after the month services were rendered.

✓ The IBNR (incurred-but-not-reported) calculation includes

- cumulative claims paid for month incurred
- completion ratios
- three month averages
- cumulative completion factors
- calculation of incurred claims.



REPORT 70-c-IBNR CLAIMS LAG - "Incurred-but-not-reported"

Month of Service	Month Paid Since Month of Service													TOTAL PAID
	00	01	02	03	04	05	06	07	08	09	10	11	12+	
2003														
Jan	193,481	991,521	684,718	135,908	91,034	77,855	45,005	28,270	21,346	16,221	15,113	11,943	12,493	2,324,909
Feb	80,218	1,071,310	541,936	235,231	193,712	88,603	54,239	30,471	22,296	19,934	13,804	15,173	8,462	2,375,389
Mar	137,066	674,556	626,253	316,636	145,232	87,650	55,272	31,135	12,534	18,480	17,475	8,498		2,130,787
Apr	136,536	688,938	531,264	464,361	202,461	106,701	56,393	35,029	10,621	21,733	11,048			2,265,084
May	118,427	667,946	543,579	551,658	192,890	126,133	64,115	44,492	37,069	17,175				2,363,483
Jun	110,858	601,440	793,771	417,206	246,898	90,390	40,949	30,223	18,079					2,349,814
Jul	34,251	912,863	618,511	457,587	169,231	77,463	38,159	34,536						2,342,602
Aug	151,843	823,785	753,498	413,529	136,090	105,236	69,853							2,453,834
Sep	121,801	765,714	524,117	358,948	120,294	88,368								1,979,242
Oct	173,944	410,608	838,795	413,508	216,306									2,053,161
Nov	64,510	346,526	964,064	611,026										1,986,126
Dec	52,070	399,558	1,215,342											1,666,969
Total	1,375,004	8,354,766	8,635,849	4,375,597	1,714,148	848,400	423,986	234,156	121,944	93,542	57,439	35,614	20,955	26,291,401
Percent Paid	5.2%	31.8%	32.8%	16.6%	6.5%	3.2%	1.6%	0.9%	0.5%	0.4%	0.2%	0.1%	0.1%	
Accumulated	5.2%	37.0%	69.9%	86.5%	93.0%	96.2%	97.9%	98.7%	99.2%	99.6%	99.8%	99.9%	100.0%	



REPORT 70-c-IBNR CLAIMS LAG - "Incurred-but-not-reported"

CUMULATIVE CLAIMS PAID FOR MONTH INCURRED

Month of Service	Month Paid Since Month of Service												
	00	01	02	03	04	05	06	07	08	09	10	11	12+
2003													
Jan	193,481	1,185,002	1,869,720	2,005,628	2,096,662	2,174,517	2,219,523	2,247,793	2,269,139	2,285,360	2,300,473	2,312,416	2,324,909
Feb	80,218	1,151,528	1,693,464	1,928,695	2,122,407	2,211,010	2,265,249	2,295,720	2,318,016	2,337,949	2,351,754	2,366,927	2,375,389
Mar	137,066	811,622	1,437,876	1,754,512	1,899,743	1,987,393	2,042,666	2,073,801	2,086,335	2,104,814	2,122,289	2,130,787	2,130,787
Apr	136,536	825,474	1,356,738	1,821,099	2,023,560	2,130,261	2,186,654	2,221,683	2,232,304	2,254,037	2,265,084	2,265,084	2,265,084
May	118,427	786,373	1,329,952	1,881,610	2,074,500	2,200,633	2,264,747	2,309,239	2,346,309	2,363,483	2,363,483	2,363,483	2,363,483
Jun	110,858	712,297	1,506,068	1,923,274	2,170,173	2,260,563	2,301,512	2,331,735	2,349,814	2,349,814	2,349,814	2,349,814	2,349,814
Jul	34,251	947,115	1,565,626	2,023,213	2,192,444	2,269,907	2,308,066	2,342,602	2,342,602	2,342,602	2,342,602	2,342,602	2,342,602
Aug	151,843	975,628	1,729,126	2,142,655	2,278,745	2,383,981	2,453,834	2,453,834	2,453,834	2,453,834	2,453,834	2,453,834	2,453,834
Sep	121,801	887,515	1,411,632	1,770,580	1,890,874	1,979,242	1,979,242	1,979,242	1,979,242	1,979,242	1,979,242	1,979,242	1,979,242
Oct	173,944	584,553	1,423,347	1,836,855	2,053,161	2,053,161	2,053,161	2,053,161	2,053,161	2,053,161	2,053,161	2,053,161	2,053,161
Nov	64,510	411,036	1,375,100	1,986,126	1,986,126	1,986,126	1,986,126	1,986,126	1,986,126	1,986,126	1,986,126	1,986,126	1,986,126
Dec	52,070	451,627	1,666,969	1,666,969	1,666,969	1,666,969	1,666,969	1,666,969	1,666,969	1,666,969	1,666,969	1,666,969	1,666,969



REPORT 70-c-IBNR CLAIMS LAG - "Incurred-but-not-reported"

COMPLETION RATIOS (CUMULATIVE/CUMULATIVE NEXT MONTH)

Month of Service	Month Paid Since Month of Service												
	00	01	02	03	04	05	06	07	08	09	10	11	12+
2003													
Jan	0.163	0.634	0.932	0.957	0.964	0.980	0.987	0.991	0.993	0.993	0.995	0.995	
Feb	0.070	0.680	0.878	0.909	0.960	0.976	0.987	0.990	0.991	0.994	0.994	0.996	
Mar	0.169	0.564	0.820	0.924	0.956	0.973	0.985	0.994	0.991	0.992	0.996		
Apr	0.165	0.608	0.745	0.900	0.950	0.974	0.984	0.995	0.990	0.995			
May	0.151	0.591	0.707	0.907	0.943	0.972	0.981	0.984	0.993				
Jun	0.156	0.473	0.783	0.886	0.960	0.982	0.987	0.992					
Jul	0.036	0.605	0.774	0.923	0.966	0.983	0.985						
Aug	0.156	0.564	0.807	0.940	0.956	0.972							
Sep	0.137	0.629	0.797	0.936	0.955								
Oct	0.298	0.411	0.775	0.895									
Nov	0.157	0.299	0.692										
Dec	0.115	0.271											
3 MONTH AVERAGES													
RECENT	0.190	0.327	0.755	0.924	0.959	0.979	0.984	0.991	0.991	0.994	0.995	0.996	
PRIOR	0.110	0.599	0.788	0.905	0.951	0.973							
NEXT PRIOR													
OTHER MONTHS													
CALCULATED AVERAGES													
	0.150	0.463	0.771	0.915	0.955	0.976	0.984	0.991	0.991	0.994	0.995	0.996	
CUMULATIVE COMPLETION FACTORS													
	0.043	0.289	0.625	0.810	0.886	0.928	0.950	0.966	0.975	0.983	0.989	0.995	0.999



REPORT 70-c-IBNR CLAIMS LAG - "Incurred-but-not-reported"

CALCULATION OF INCURRED CLAIMS

	Paid 03/15/04	Comple- tion Factors	Incurred Claims	Adjust	Total IBNR	Members	Incurred (PMPM) Claims
2003							
Jan	2,324,909	0.999	2,327,236		2,327	33,226	\$70.04
Feb	2,375,389	0.999	2,377,767		2,378	34,149	\$69.63
Mar	2,130,787	0.995	2,142,492		11,705	34,350	\$62.37
Apr	2,265,084	0.989	2,289,404		24,320	33,863	\$67.61
May	2,363,483	0.983	2,404,071		40,587	33,535	\$71.69
Jun	2,349,814	0.975	2,410,810		60,995	33,012	\$73.03
Jul	2,342,602	0.966	2,426,258		83,656	31,022	\$78.21
Aug	2,453,834	0.950	2,581,887		128,053	31,219	\$82.70
Sep	1,979,242	0.928	2,133,720		154,478	31,418	\$67.91
Oct	2,053,161	0.886	2,317,829		264,668	32,109	\$72.19
Nov	1,986,126	0.810	2,451,615		465,489	32,640	\$75.11
Dec	1,666,969	0.625	2,667,424		1,000,455	33,310	\$80.08
Total	26,291,401		28,530,513		2,239,112	393,853	\$72.44

7.8% Twelve Months

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Costs by health plan/benefit plan report

✔ Costs are summarized by specialty (or age/sex) for each benefit plan or contract HMO. Per member per month costs can then be compared across the benefit plans and contracts.

✔ The size of the enrollment, the age and sex mix, the tenure of the patient, benefit options, and HMO underwriting practices can affect the cost of care reported.



REPORT 80-c COSTS BY HEALTH PLAN

Health Plan	Member Months	Billed	Allowed	Net	Net+ IBNR PMPM
<u>Commercial Plans</u>					
PLAN A	235,574	\$19,055,350	\$9,364,850	\$7,780,181	\$33.03
PLAN B	193,432	12,942,494	6,858,554	5,619,876	29.05
PLAN C	188,809	11,754,020	6,087,994	5,143,607	27.24
PLAN D	131,401	9,495,733	4,839,219	4,039,005	30.74
PLAN E	128,389	11,489,461	5,970,776	5,078,582	39.56
PLAN F	102,572	7,602,800	3,827,380	3,202,765	31.22
PLAN G	69,397	7,750,707	3,987,560	3,324,875	47.91
PLAN H	61,426	2,839,347	1,473,196	1,219,011	19.85
PLAN I	31,689	1,520,756	767,261	646,890	20.41
PLAN J	22,226	2,146,733	1,047,762	870,108	39.15
PLAN K	13,664	936,960	494,305	407,925	29.85
PLAN L	6,358	456,117	249,158	216,418	34.04
PLAN M	6,131	499,520	238,425	206,349	33.66
PLAN N	5,929	746,166	371,737	304,010	51.27
PLAN O	3,003	272,417	130,968	110,785	36.89
----- Total Commercial	1,200,000	\$89,508,579	\$45,709,145	\$38,170,386	\$32.13

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REPORT 80-c-plan COSTS BY HEALTH PLAN & PROVIDER SPECIALTY

Health Plan	Specialty Type	Patients	Procedures	1998 RVU	Billed	Allowed	Net	Net+ IBNR PMPM
Commercial Plans								
HMO BB	Anesthesiology	70	130	890.10	\$94,220	\$36,671	\$22,913	\$0.34
Member	Cardiology	40	130	572.10	57,390	19,431	22,274	0.33
Months:	Dermatology	170	540	2,452.90	162,735	66,913	76,814	1.14
68,070	Emergency Medicine	90	300	1,909.10	52,556	27,240	30,904	0.46
	Gastroenterology	40	110	451.90	40,580	14,630	16,786	0.25
	Hematology/oncology	30	150	2,115.80	158,461	64,744	72,880	1.08
	Hospital, outpatient	900	2,520	3,831.80	354,698	151,115	171,925	2.55
	Laboratory	90	440	1,222.10	67,310	33,039	38,636	0.57
	Obstetrics/Gynecology	170	200	291.70	19,440	10,422	11,289	0.17
	Ophthalmology	150	2,150	1,463.30	116,640	49,878	59,753	0.89
	Other	870	4,480	4,635.50	268,200	132,593	165,664	2.46
	PCP: family/gen practice	1,280	12,640	7,012.40	716,139	366,487	413,672	6.14
	PCP: internal medicine	1,590	4,510	5,254.30	309,127	130,536	171,187	2.54
	PCP: pediatrics	70	440	165.40	158,720	125,006	125,304	1.86
	Phy Med, Rehab, Therapy	150	390	627.40	39,150	18,562	22,263	0.33
	Podiatry	1,480	6,030	465.90	290,368	89,493	147,341	2.19
	Radiology	580	1,950	253.80	498,585	240,672	240,772	3.57
	Surgery: cardiovascular	30	2,700	667.60	95,260	56,746	60,570	0.90
	Surgery: colon	140	430	1,524.10	110,237	42,908	49,067	0.73
	Surgery: general	400	560	1,141.00	76,990	40,801	44,610	0.66
	Surgery: ortho	250	570	1,121.60	62,050	31,156	37,813	0.56
	Surgery: plastic	60	250	567.20	45,250	15,062	17,985	0.27
	Surgery: urology	130	1,970	3,242.50	228,520	159,473	160,003	2.37
	----- Subtotal	9,660	45,520	50,381.90	\$4,473,171	\$2,130,234	\$2,415,339	\$35.84

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Summary costs by specialty with model comparable

✓ Costs are summarized by provider specialty, and compared to our client's prior study and a comparable database model.

✓ Where appropriate, this report includes capitation rates in place of net costs for services by specialties which are capitated. Costs are compared on a line item basis.



Member Months: 1,770,000
 IBNR: 1.020

REPORT 90-c: SUMMARY COSTS BY SPECIALTY with Target Model PMPM & Prior Report Comparison

Specialty	Col1 Contract Cap Rate PMPM	Col2 Reported Cap Net 2003_q4	Col3 Reported FFS Net 2003_q4	Col4 Cap Net +IBNR PMPM	Col5 FFS Net +IBNR PMPM	Col6 Total PMPM "Net Only"	Col7 Total PMPM "Cap Rates"	Col8 Model/ Target Compar- able
Other	0.00	8,739	150,701	0.01	0.10	0.11	0.11	0.15
Otolaryngology	0.77	896,249	292,800	0.62	0.20	0.82	0.98	0.66
PCP: Contract Cap	12.72	0	0	0.00	0.00	0.00	12.72	13.50
PCP: family/gen practice	0.00	7,876,816	2,265,757	5.43	1.56	7.00	1.56	**
PCP: internal medicine	0.00	2,549,552	1,051,853	1.76	0.73	2.48	0.73	**
PCP: pediatrics	0.00	2,899,735	2,065,385	2.00	1.42	3.43	1.42	**
Pediatric Specialties	0.00	0	16,151	0.00	0.01	0.01	0.01	0.48
Pharmacy	0.00	0	790,875	0.00	0.55	0.55	0.55	0.60
Physical Medicine, PT & Rehab	0.71	2,374,919	181,245	1.64	0.13	1.76	0.83	0.87
Physical Medicine, PT & Rehab (Hospital, Inst)	0.00	38,038	37,451	0.03	0.03	0.05	0.05	**
Podiatry	0.32	408,917	15,541	0.28	0.01	0.29	0.33	0.30
Pulmonary Diseases	0.00	167,481	149,451	0.12	0.10	0.22	0.22	0.19
Pulmonary Diseases (Hospital, Inst)	0.00	25,668	31,260	0.02	0.02	0.04	0.04	**
Radiology	0.00	773	8,019,386	0.00	5.53	5.53	5.53	4.00
Radiology (Hospital, Inst)	0.00	1,135,130	278,817	0.78	0.19	0.98	0.98	**
Radiology, Therapeutic	0.00	0	343,308	0.00	0.24	0.24	0.24	**
Radiology, Therapeutic (Hospital, Inst)	0.00	0	0	0.00	0.00	0.00	0.00	**
Rheumatology	0.00	0	652,849	0.00	0.45	0.45	0.45	0.20
Surgery, Cardio	0.50	200,744	22,660	0.14	0.02	0.15	0.51	0.18
Surgery, Gen/Oral/Maxillofacial	0.00	0	164,656	0.00	0.11	0.11	0.11	0.05
Surgery, Gen/Vascular	0.00	261	28,022	0.00	0.02	0.02	0.02	0.14
Surgery, General/Colon/Rectal	1.70	2,230,732	700,744	1.54	0.48	2.02	2.18	1.36
Surgery, Neuro	0.00	0	843,880	0.00	0.58	0.58	0.58	0.35
Surgery, Neuro (Hospital, Inst)	0.00	0	0	0.00	0.00	0.00	0.00	**
Surgery, Ortho	2.00	3,836,013	492,260	2.65	0.34	2.99	2.34	1.65
Surgery, Pediatric	0.00	0	139,450	0.00	0.10	0.10	0.10	0.09
Surgery, Plastic	0.30	422,755	44,518	0.29	0.03	0.32	0.33	0.22
Surgery, Urology	0.00	0	1,176,896	0.00	0.81	0.81	0.81	0.50
Grand Total:	31.50	48,104,869	33,067,826	33.19	22.81	56.00	56.06	44.17

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Physician productivity index by ETG*

✔ Costs are summarized by provider specialty, and show the top three ETG's by quantity. An ETG is an illness classification that captures all clinically relevant services and prescriptions provided during a patient's treatment and organizes the data into "episodes of care". ETG's are recognized as an industry standard for defining episodes of care.

✔ The analysis broadens client capabilities to better perform disease management and understand the cost and quality of care provided. The ETG's allow for a consistent and meaningful method to quantify the services provided by physicians. Administrators gain a clinical view of expenditures, enhancing their ability to analyze, fund, and deliver health care services.

(*) "Episode Treatment Groups" is owned by Symmetry Health Data Systems, Inc., and is used under a grant of license.



REPORT 95c-top3: PHYSICIAN PRODUCTIVITY INDEX BY ETG* (three most frequent Episode Treatment Groups)

Specialty & Prov Type	ETG Number & Description	Provider Name & ID (with ETG Incidences >4)	ETG Incidences (Quantity) Prov/Spec -- Group	Total Fees Prov/Spec -- Group	Average Fee Prov/Spec -- Group	Productivity Index Provider to: ETG -- Spec		
Cardiology								
CD								
311	Cardiovascular disease signs & symptoms							
311		Dr. Adam Katz 0021	18	6,522	362	1.4147 1.1246		
311		Dr. Charles Wierwille 0012	7	1,411	202	0.7873 1.3215		
311		Dr. Christine Dodd 0024	11	6,087	553	2.1605 0.9605		
311		Dr. Corky Martin 0013	20	7,037	352	1.3738 1.2046		
311		Dr. Dennis Kim 0016	5	1,588	318	1.2401 1.3715		
311		Dr. E.L. Peterson 0008	31	6,086	196	0.7665 0.6813		
311		Dr. Elmer Johnson 0009	10	2,693	269	1.0515 0.6357		
311		Dr. Frank Randell 0007	20	4,245	212	0.8287 0.7665		
311		Dr. Henry Whitehead 0014	8	1,790	224	0.8738 1.2956		
311		Dr. Herb Hoover 0023	16	4,670	292	1.1396 1.1395		
311		Dr. Jacob Gold 0019	7	1,301	186	0.7255 0.7406		
311		Dr. John Smith 0001	21	3,445	164	0.6405 0.6483		
311		Dr. Kevin Woo 0004	8	922	115	0.4498 1.2706		
311		Dr. Larry Weinberg 0017	7	2,220	317	1.2381 0.8345		
311		Dr. Maria Fernandez 0005	11	2,380	216	0.8449 1.2034		
311		Dr. Marvin Austin 0018	16	2,678	167	0.6535 0.8064		
311		Dr. Robert Szeftel 0015	5	1,146	229	0.8948 1.0041		
311		Dr. Sally White 0003	9	5,406	601	2.3454 1.6922		
311		Dr. William Penfield 0011	9	845	94	0.3667 0.5228		
311		Dr. Zoe Fleischman 0022	7	1,238	177	0.6903 0.7280		
Specialty & Group Subtotals ----			246	2,283	63,711	280,648	256	123
265	Ischemic heart disease, except CHF, w/o AMI							
265		Dr. Adam Katz 0021	12	4,587	382	1.0016 1.1246		
265		Dr. Charles Neely 0010	5	1,310	262	0.6864 1.3218		
265		Dr. Christine Dodd 0024	6	2,004	334	0.8749 0.9605		
265		Dr. E.L. Peterson 0008	8	2,323	290	0.7606 0.6813		
265		Dr. Elmer Johnson 0009	9	1,416	157	0.4123 0.6357		
265		Dr. Frank Randell 0007	8	1,223	153	0.4004 0.7665		
265		Dr. Harry Green 0002	8	3,181	398	1.0417 0.8758		
265		Dr. Herb Hoover 0023	6	3,129	521	1.3662 1.1395		
265		Dr. Jacob Gold 0019	6	1,382	230	0.6036 0.7406		



REPORT 95c-top3: PHYSICIAN PRODUCTIVITY INDEX BY ETG* (three most frequent Episode Treatment Groups)

Specialty & Prov Type	ETG Number & Description	Provider Name & ID (with ETG Incidences >4)	ETG Incidences (Quantity)		Total Fees		Average Fee		Productivity Index	
			Prov/Spec -- Group		Prov/Spec -- Group		Prov/Spec -- Group		Provider to: ETG -- Spec	
Cardiology										
CD										
	265	Dr. John Smith	0001	10	2,617		262		0.6857	0.6483
	265	Dr. Marvin Austin	0018	9	3,850		428		1.1207	0.8064
		Specialty & Group Subtotals ----		87	225	27,022	69,469	382	309	
	277	Minor conduction disorder								
	277	Dr. Adam Katz	0021	6	1,327		221		0.5237	1.1246
	277	Dr. Charles Neely	0010	7	4,015		574		1.3584	1.3218
	277	Dr. Corky Martin	0013	5	2,756		551		1.3053	1.2046
	277	Dr. Elmer Johnson	0009	8	2,765		346		0.8186	0.6357
	277	Dr. Frank Randell	0007	5	1,916		383		0.9075	0.7665
	277	Dr. Jacob Gold	0019	10	2,544		254		0.6024	0.7406
	277	Dr. John Smith	0001	5	2,617		523		1.2394	0.6483
	277	Dr. Kevin Woo	0004	17	4,905		289		0.6832	1.2706
	277	Dr. Robert Szeftel	0015	8	2,148		268		0.6357	1.0041
		Specialty & Group Subtotals ----		71	423	24,993	113,701	422	269	



REPORT 95c-top3: PHYSICIAN PRODUCTIVITY INDEX BY ETG* (three most frequent Episode Treatment Groups)

Specialty & Prov Type	ETG Number & Description	Provider Name & ID (with ETG Incidences >4)	ETG Incidences (Quantity) Prov/Spec -- Group	Total Fees Prov/Spec -- Group	Average Fee Prov/Spec -- Group	Productivity Index Provider to: ETG -- Spec
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