

Decision Master® Warehouse

Health Plan Management Report

ABC Training Company

Demo Project - 2020

January 1, 2020 - December 31, 2020

Prepared by:

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Project Id 427812

Methodology and Enrollment Summary

We analyzed your medical claims experience compared to that of your peers. This comparison will allow you to identify and address potential issues concerning health care utilization and costs. Be sure to review all exhibits for the full scope of this analysis. Make note of large differences between your actual experience and the norm, as this may indicate room for improvement.

This report:

- Displays claims paid from January 1, 2020 to December 31, 2020, but may not reflect all claims incurred over this period.
- Is calculated using the propriety claims analysis system Decision Master® Warehouse.

The following counts and assumptions are used to create this report for your company:

Number of employees	955
Number of single contracts	770
Number of single + 1 contracts	12
Number of single + 2 contracts	22
Number of family contracts	151
Total enrolled	1,343

Health Plan Cost

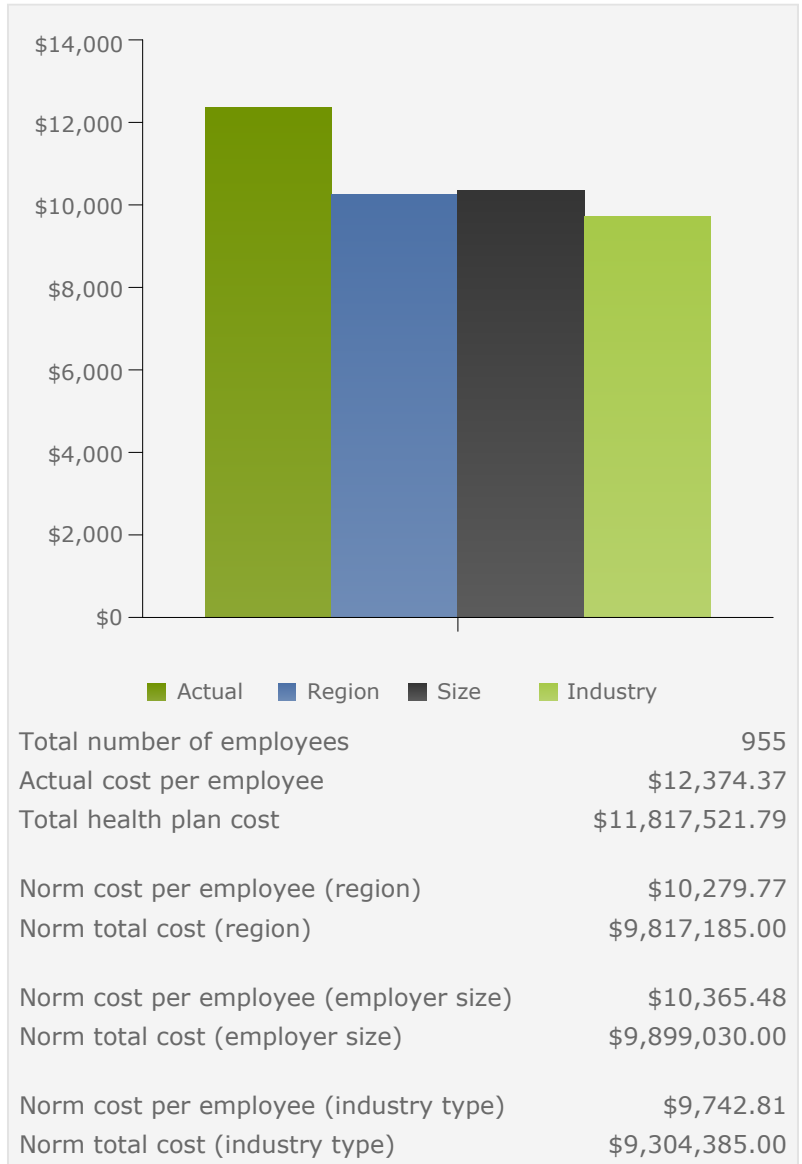
Gauge how your total health plan expense per employee compares to that of other similarly sized employers in your region and industry. Keep in mind:

- Prescription drug and fixed costs shown are based on values provided.
- Claim amounts represent claims paid during the period; they may not reflect all claims incurred over this period.

Region	Midwest
Industry type	Manufacturing

Points to consider:

- Do you employ the most appropriate funding method for your health plan?
- Is there a need to review contribution levels or implement a spousal carve-out?
- What impact do catastrophic claims have on your costs?
- Is there a noticeable return on investment for managed care or other cost containment programs?
- Would potential cost savings be achieved if services, such as utilization review and disease management, were unbundled?



Norm source: "Employer Health Benefits 2019 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2019

Health Plan Cost Trend

Examine the pattern of your claim charges and payments over the course of the reporting period to identify irregularities or opportunities.



Your Total Health Plan Cost

	Per Employee	Total
Net paid claims (less amount over specific)	\$7,805.92	\$7,454,656
Prescription drug costs	\$1,874.14	\$1,789,800
Administrative costs/premium	\$2,694.31	\$2,573,066
Actual cost	\$12,374.37	\$11,817,522
Region benchmark	\$10,279.77	\$9,817,185
Employer size benchmark	\$10,365.48	\$9,899,030
Industry type benchmark	\$9,742.81	\$9,304,385

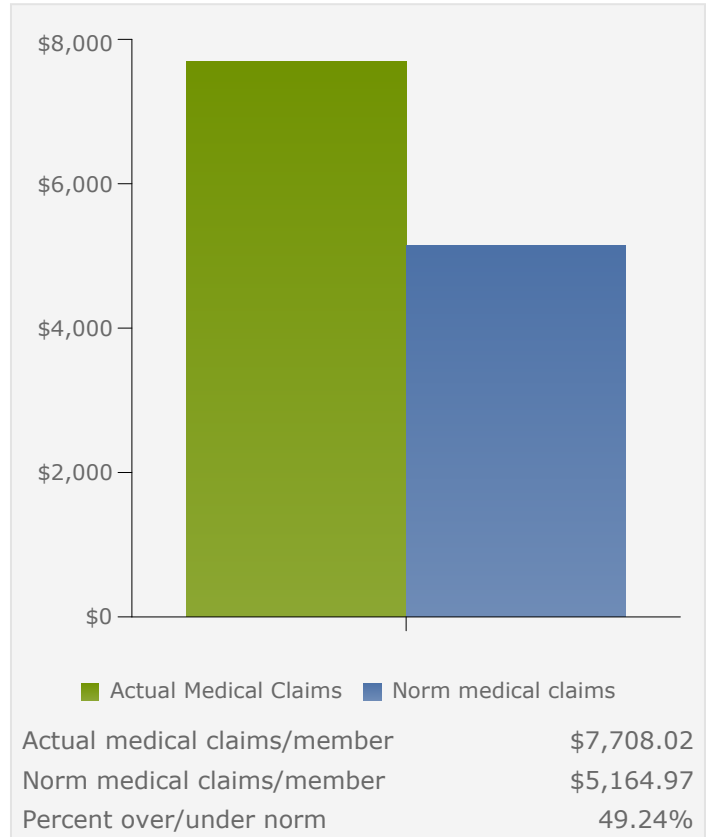
Norm source: "Employer Health Benefits 2019 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2019

Medical Claims Cost

Compare your costs per member with the norm. Administrative and fixed costs are not included; prescription drug expense is included unless otherwise stated. Use this exhibit as your first indication as to whether your claims costs are in-line with your peers, based on benchmarking by location, industry and plan type.

Points to consider:

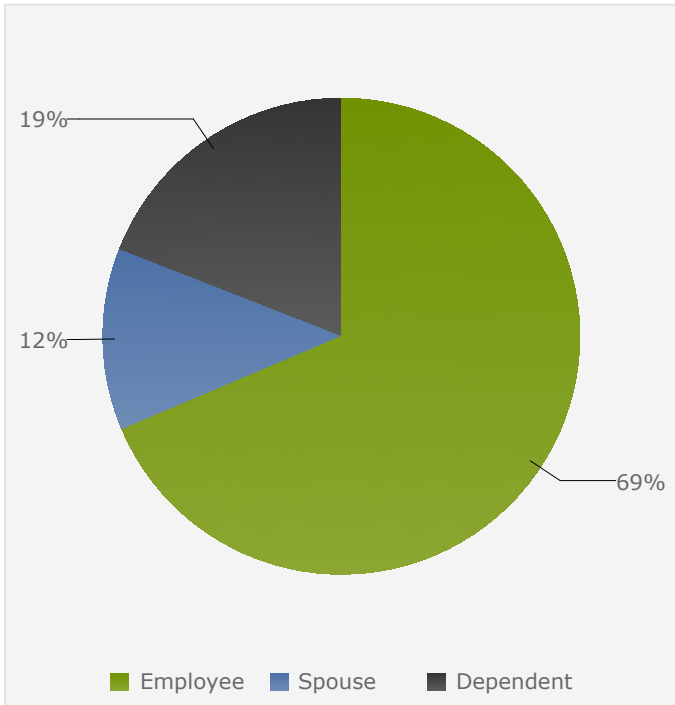
- Are your costs in-line with that of your peers?
- Is your plan design competitive?
- Do any specific utilization and cost patterns suggest areas of opportunity?
- Are your high costs claims appropriately managed?
- Do you encourage preventive care for your plan participants?
- Would a disease management program help control costs?



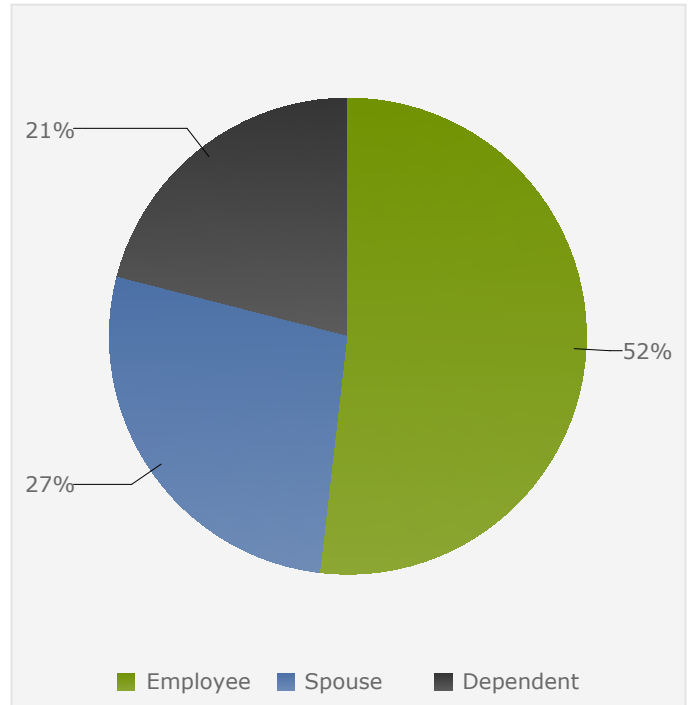
Employee vs. Dependent Claims

Understand how your company's health care cost distribution by relationship compares to that of your peers, and determine whether that distribution reflects the goals of your health plan.

Actual Paid



Norm Paid



Relationship	Actual	Norm	Variance
Employee	\$5,874,922	\$4,436,863	32.41%
Dependent	\$1,633,037	\$1,798,034	-9.18%
Spouse	\$1,054,107	\$2,326,313	-54.69%

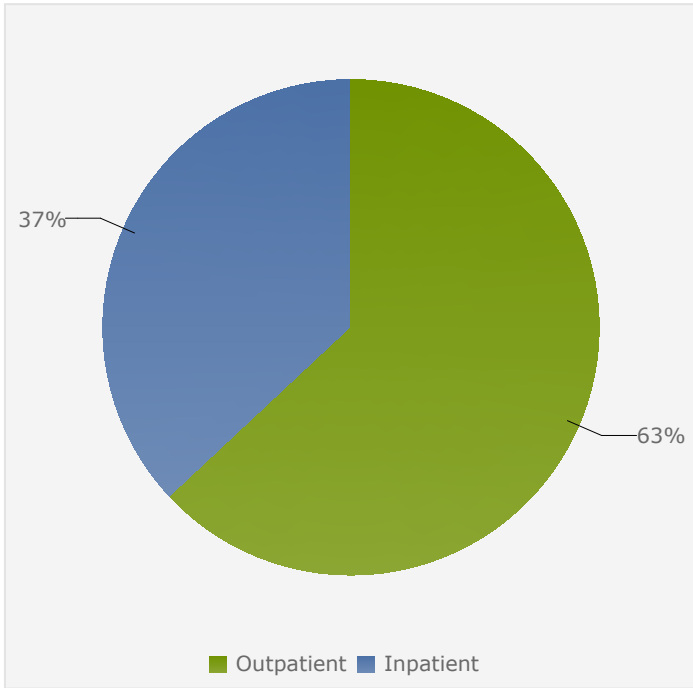
Points to consider:

- Are catastrophic claims skewing the distribution of claim dollars?
- Do you have adequate cost containment strategies in place, and are they being communicated to the correct audiences?
- Are you using contribution strategies and spousal carve-outs to reduce adverse selection against your plan?

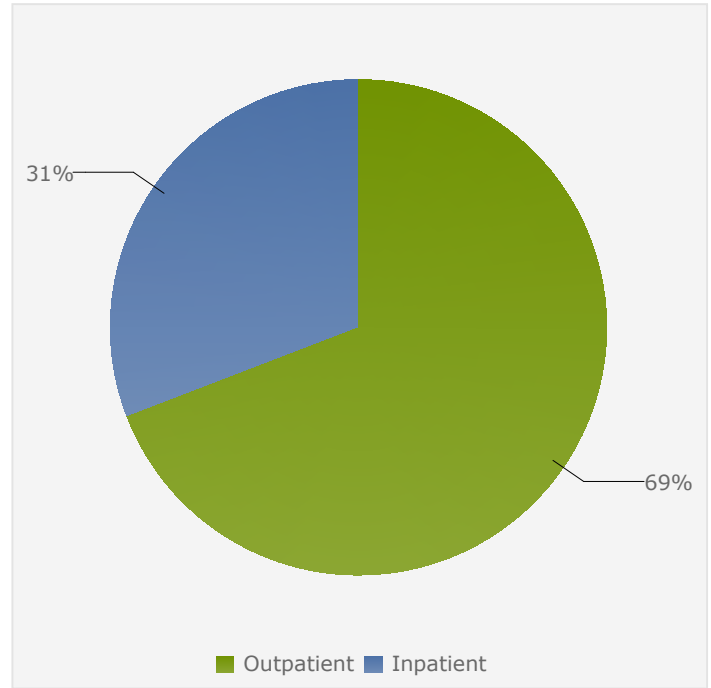
Inpatient and Outpatient Claims

Assess how the distribution of your paid claims by inpatient versus outpatient setting compares to that of your peers. For this report, the data includes both facility fees (room and board, supplies, and ancillary services) and professional services fees (physician, surgeon, and anesthesiologist).

Actual Paid



Norm Paid



Network	Actual Paid	Norm Paid	Variance
Inpatient	\$3,165,921.56	\$2,640,541.10	19.90%
Outpatient	\$5,396,144.26	\$5,920,668.51	-8.86%

Points to consider:

- Is inpatient care appropriately managed?
- Are effective disease management programs in place?
- Does your network contain high-quality, fair-cost providers?
- Can your costs be reduced by using pre-authorization mandates?
- Have changing medical treatment patterns shifted medical care environments?

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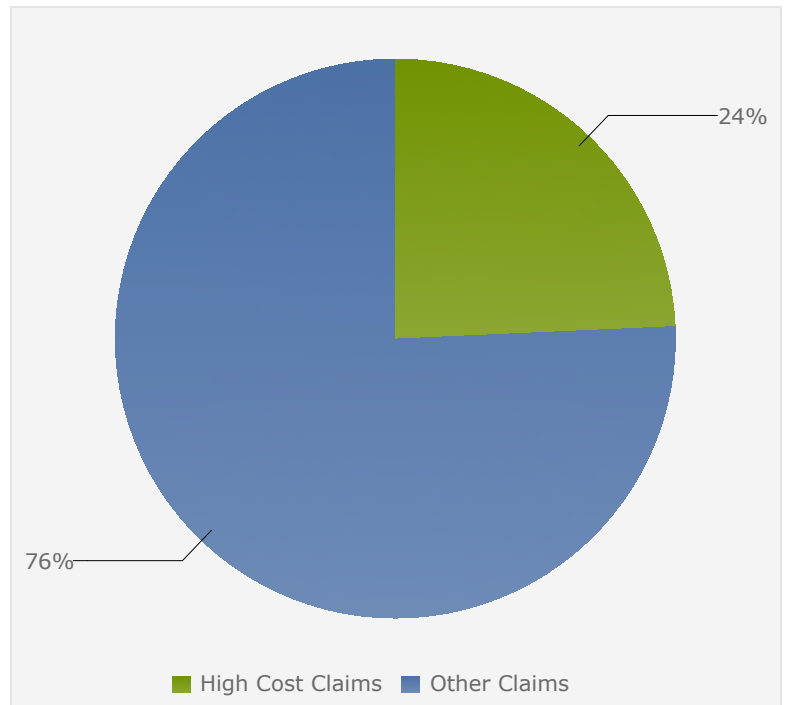
High Cost Claimants

Research the top 10 high cost claimants to observe and measure general health risks present in your population. The top 10 claimants are shown by total claimant paid amount and most costly diagnosis.

Examining high cost claimants provides your company insight into how a small number of participants can be responsible for a large percentage of total claims.

Points to consider:

- Could addressing certain conditions or comorbidities reduce your overall costs?
- Are your managed care strategies effective?
- Would setting stop loss contracts be appropriate?



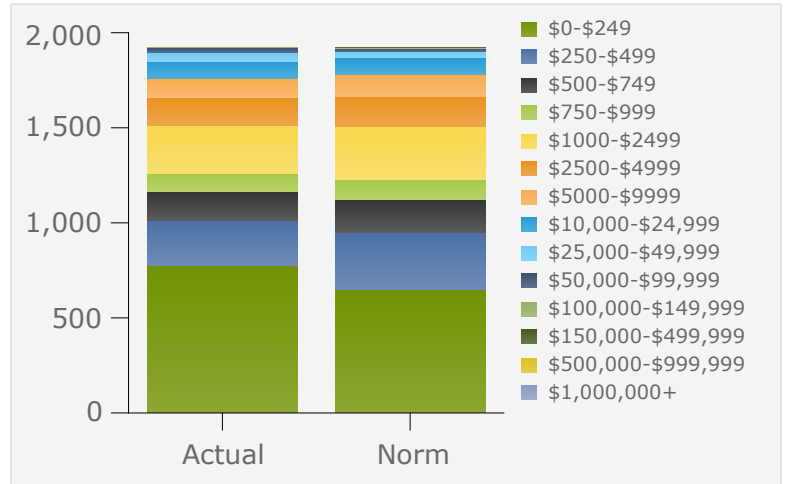
Claimant ID	Paid	Diagnosis
22783236	\$648,923	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
22783040	\$421,916	DISPLACEMENT OF CARDIAC ELECTRODE, INITIAL ENCOUNTER
22782374	\$208,228	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
22782486	\$172,235	END STAGE RENAL DISEASE
22781621	\$124,103	CONGENITAL ABSENCE, ATRESIA AND STENOSIS OF DUODENUM
22783321	\$118,448	INFECTION FOLLOWING A PROCEDURE, INITIAL ENCOUNTER
22782629	\$113,556	INFECT/INFLM REACT D/T OTH CARDI/VASC DEV/IMPLNT/GRFT, INIT
22782965	\$98,472	SEPSIS, UNSPECIFIED ORGANISM
22783062	\$90,219	ACUTE RESPIRATORY FAILURE WITH HYPOXIA
22782142	\$83,393	END STAGE RENAL DISEASE
	\$2,079,493	Total Paid
	\$972,084	Liability

Paid Claims Distribution by Claimant

Consider the distribution of your plan participants by paid amount categories when making decisions related to plan design and risk acceptance.

Points to consider:

- Does your plan include appropriate deductible levels?
- What measures could be taken to reduce costs in higher paid categories?



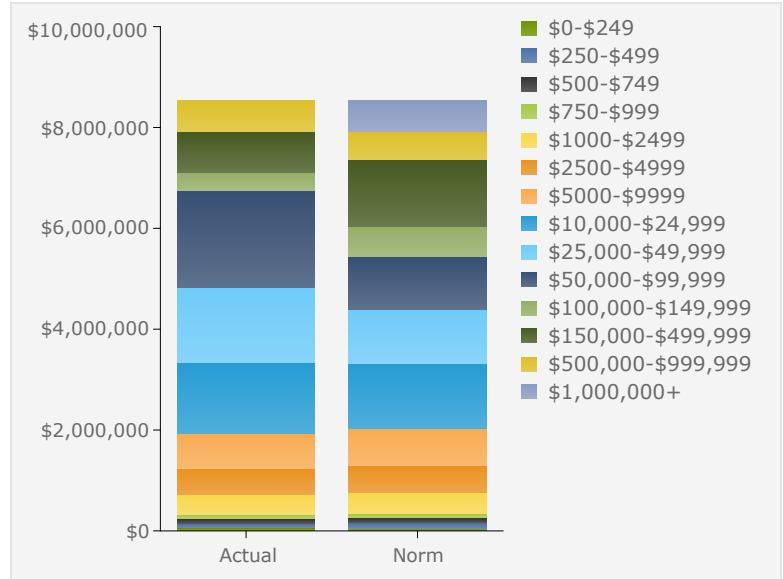
	Actual Claimant Count	Actual Percent of Total	Actual Cumulative Total	Norm Claimant Count	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	776	40.21%	40.21%	650.02	33.68%	33.68%
\$250-\$499	236	12.23%	52.44%	297.99	15.44%	49.12%
\$500-\$749	151	7.82%	60.26%	174.28	9.03%	58.15%
\$750-\$999	99	5.13%	65.39%	107.69	5.58%	63.73%
\$1000-\$2499	252	13.06%	78.45%	276.18	14.31%	78.04%
\$2500-\$4999	145	7.51%	85.96%	160.38	8.31%	86.35%
\$5000-\$9999	99	5.13%	91.09%	113.10	5.86%	92.21%
\$10,000-\$24,999	92	4.77%	95.85%	88.59	4.59%	96.80%
\$25,000-\$49,999	44	2.28%	98.13%	33.00	1.71%	98.51%
\$50,000-\$99,999	29	1.50%	99.64%	16.21	0.84%	99.35%
\$100,000-\$149,999	3	0.16%	99.79%	5.21	0.27%	99.62%
\$150,000-\$499,999	3	0.16%	99.95%	5.79	0.30%	99.92%
\$500,000-\$999,999	1	0.05%	100.00%	0.96	0.05%	99.97%
\$1,000,000+	0	0.00%	100.00%	0.39	0.02%	99.99%

Paid Claims Distribution by Dollars

Consider the distribution of your plan costs by paid amount categories when making decisions related to plan design and risk acceptance.

Points to consider:

- Does your plan include appropriate deductible levels?
- What measures could be taken to reduce costs in higher paid categories?

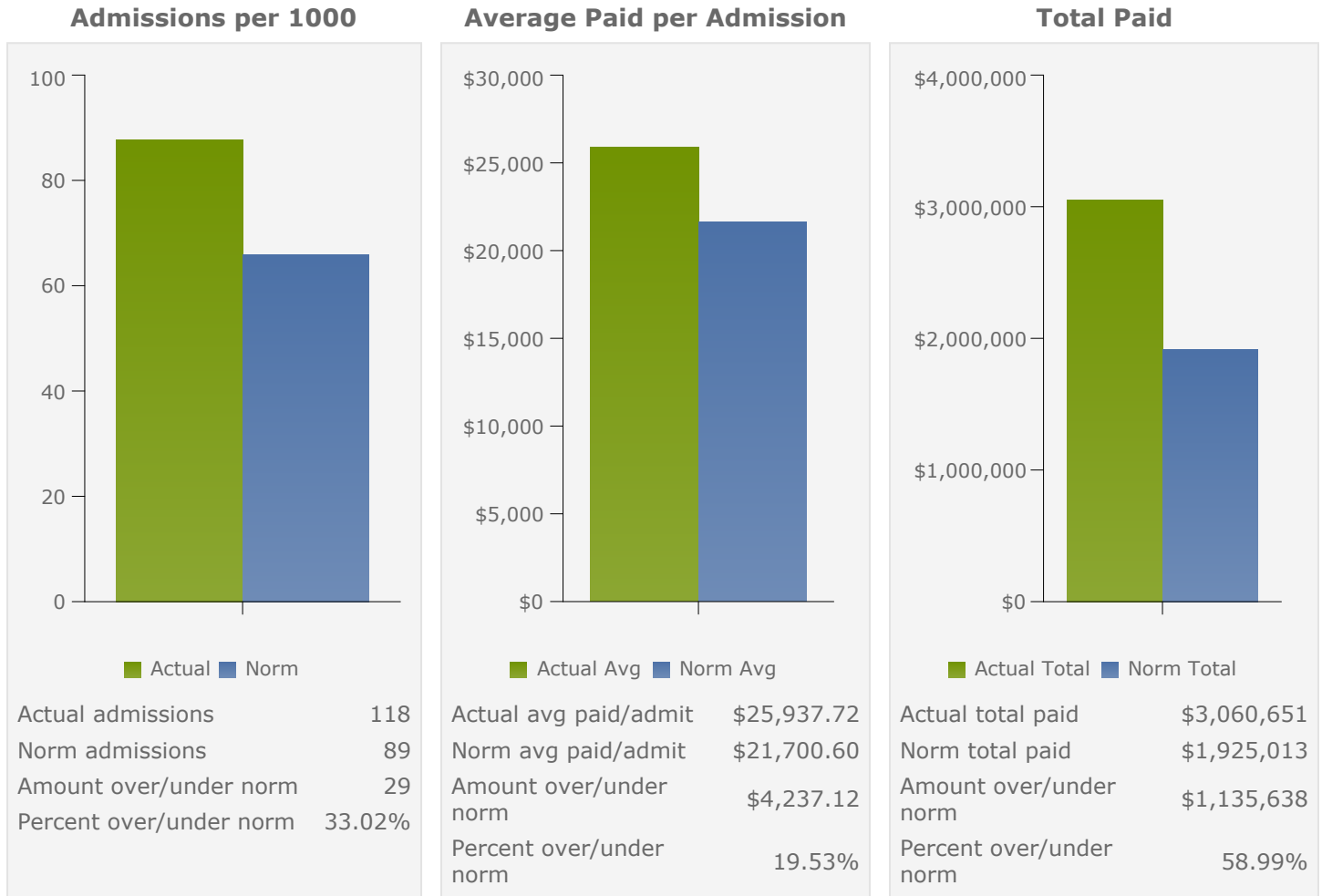


	Actual Total Net Paid	Actual % of Total	Actual Cumulative Total	Norm Net Paid	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	\$59,039	0.69%	0.69%	\$55,653	0.65%	0.65%
\$250-\$499	\$86,083	1.01%	1.69%	\$101,032	1.18%	1.83%
\$500-\$749	\$92,325	1.08%	2.77%	\$100,176	1.17%	3.00%
\$750-\$999	\$86,599	1.01%	3.78%	\$87,333	1.02%	4.02%
\$1000-\$2499	\$404,935	4.73%	8.51%	\$414,404	4.84%	8.86%
\$2500-\$4999	\$513,014	5.99%	14.51%	\$531,704	6.21%	15.07%
\$5000-\$9999	\$685,367	8.00%	22.51%	\$745,756	8.71%	23.78%
\$10,000-\$24,999	\$1,402,942	16.39%	38.90%	\$1,286,878	15.03%	38.81%
\$25,000-\$49,999	\$1,503,850	17.56%	56.46%	\$1,073,683	12.54%	51.35%
\$50,000-\$99,999	\$1,920,502	22.43%	78.89%	\$1,048,853	12.25%	63.60%
\$100,000-\$149,999	\$356,107	4.16%	83.05%	\$591,639	6.91%	70.51%
\$150,000-\$499,999	\$802,380	9.37%	92.42%	\$1,321,983	15.44%	85.95%
\$500,000-\$999,999	\$648,923	7.58%	100.00%	\$570,234	6.66%	92.61%
\$1,000,000+	\$0	0.00%	100.00%	\$631,880	7.38%	99.99%

Inpatient Analysis

Gauge inpatient utilization, focusing on frequency and cost of admissions. For this report, the data includes:

- Admissions to an inpatient facility for overnight stays.
- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist.



Points to consider:

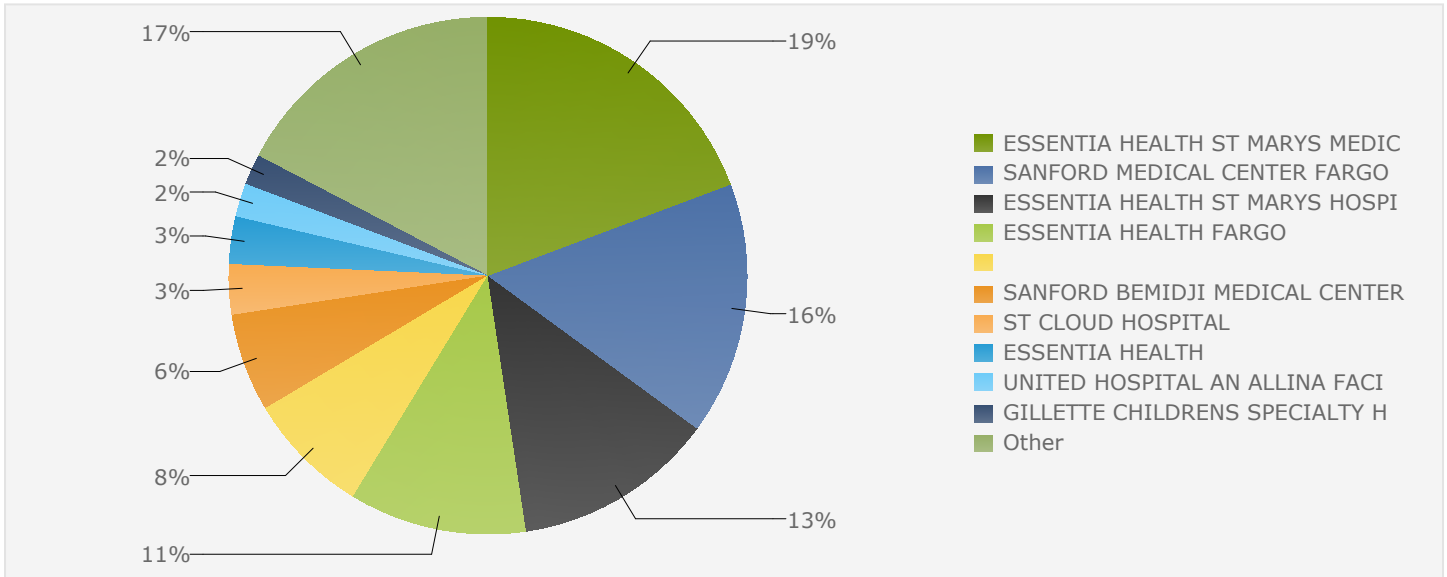
- What are common themes among admissions that could be addressed through education, wellness, or disease management?
- Are catastrophic claimants or provider contracting impacting costs?
- Is inpatient care appropriately managed?

Inpatient Provider Usage

Review the top 10 inpatient providers. For this report, the data includes:

- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist (0 admissions will display).

Inpatient Providers by Percentage



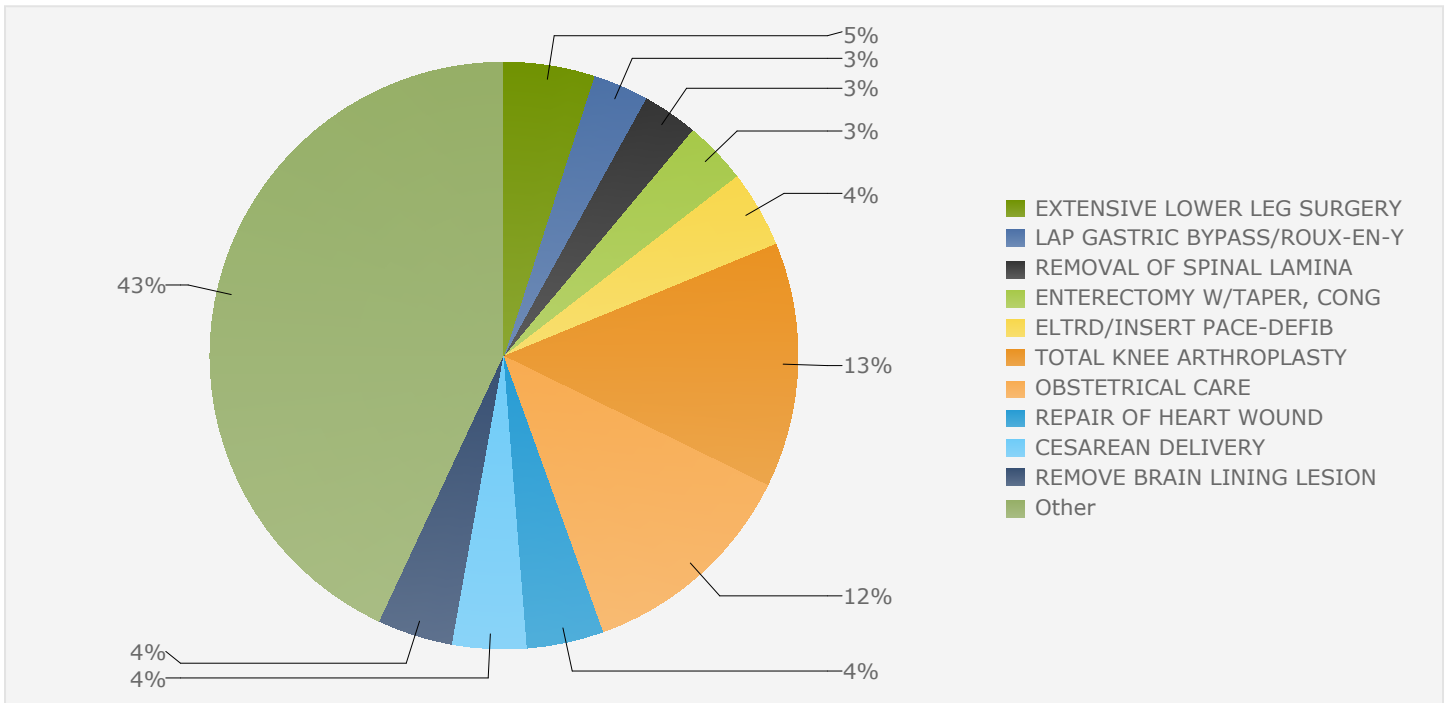
Inpatient Provider	Network	Number of Admits	Total Paid	Percent of All Paid
ESSENTIA HEALTH ST MARYS MEDIC	Yes	1	\$589,777	19.27%
SANFORD MEDICAL CENTER FARGO	Yes	24	\$483,041	15.78%
ESSENTIA HEALTH ST MARYS HOSPI	Yes	31	\$384,805	12.57%
ESSENTIA HEALTH FARGO	Yes	16	\$339,449	11.09%
	Yes	19	\$236,246	7.72%
SANFORD BEMIDJI MEDICAL CENTER	Yes	5	\$187,979	6.14%
ST CLOUD HOSPITAL	Yes	5	\$96,251	3.14%
ESSENTIA HEALTH	Yes	21	\$90,378	2.95%
UNITED HOSPITAL AN ALLINA FACI	Yes	1	\$63,922	2.09%
GILLETTE CHILDRENS SPECIALTY H	Yes	1	\$58,464	1.91%

Points to consider:

- How effective is your plan at steering participants to network providers?
- What factors, if any, drive out-of-network utilization?
- Is there an opportunity to negotiate better discounts from your top providers?

Inpatient Surgery

Review the top 10 inpatient surgical procedures. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).



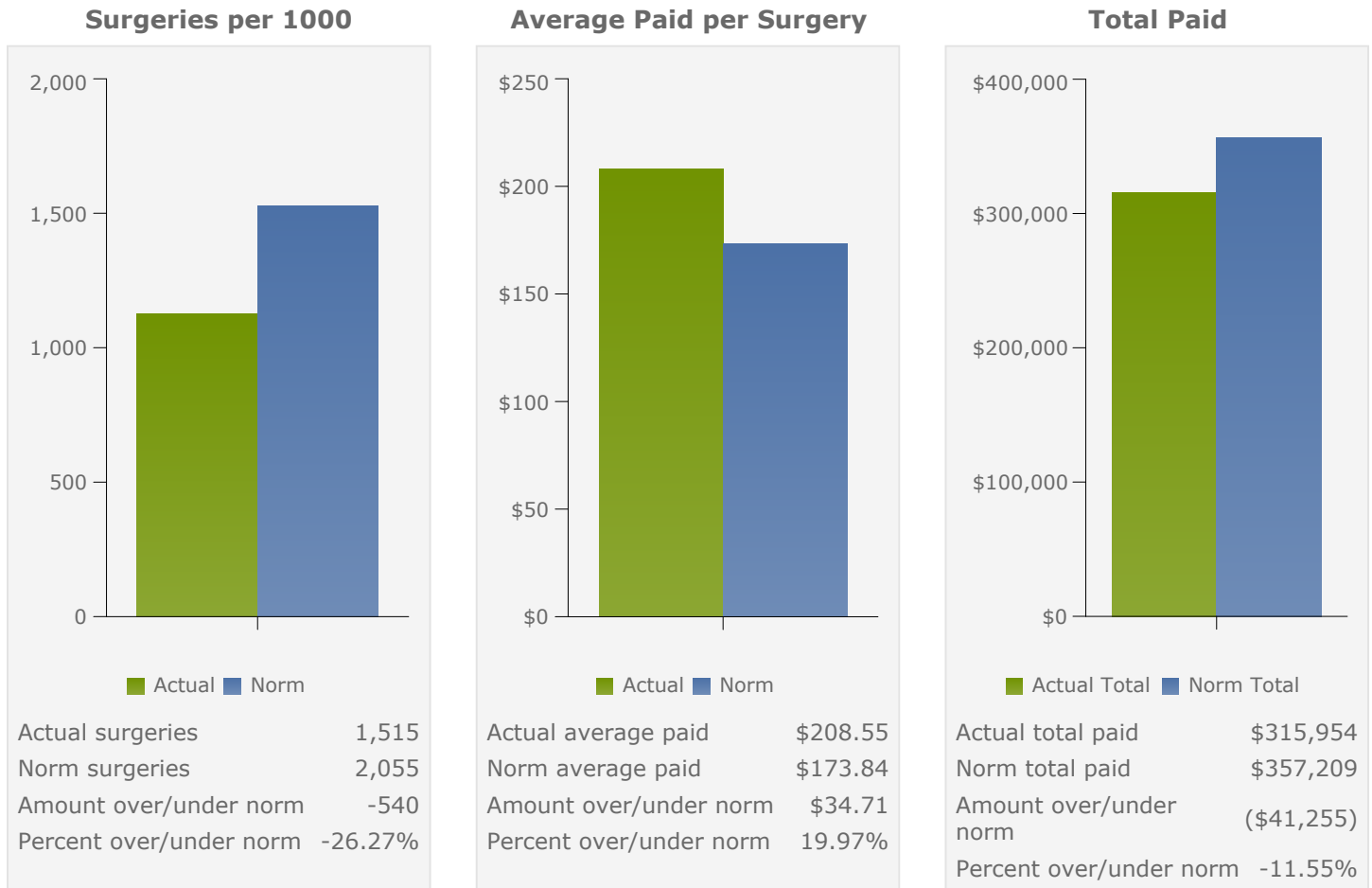
Procedure	Claimants	Total Paid	Average Paid	Percent of Total Paid
TOTAL KNEE ARTHROPLASTY	6	\$17,368	\$2,894.67	13.47%
OBSTETRICAL CARE	9	\$15,778	\$1,753.09	12.24%
EXTENSIVE LOWER LEG SURGERY	1	\$6,400	\$6,400.00	4.96%
REPAIR OF HEART WOUND	1	\$5,469	\$5,469.13	4.24%
ELTRD/INSERT PACE-DEFIB	1	\$5,464	\$5,464.33	4.24%
REMOVE BRAIN LINING LESION	1	\$5,340	\$5,340.00	4.14%
CESAREAN DELIVERY	3	\$5,257	\$1,752.21	4.08%
ENTERECTOMY W/TAPER, CONG	1	\$4,466	\$4,465.55	3.46%
REMOVAL OF SPINAL LAMINA	2	\$3,943	\$1,971.40	3.06%
LAP GASTRIC BYPASS/ROUX-EN-Y	1	\$3,940	\$3,939.94	3.06%

Points to consider:

- Would pre-authorization mandates steer plan participants to a less costly, high quality outpatient setting for certain procedures?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

Outpatient Surgery

Evaluate your outpatient surgery costs compared to that of your peers. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).

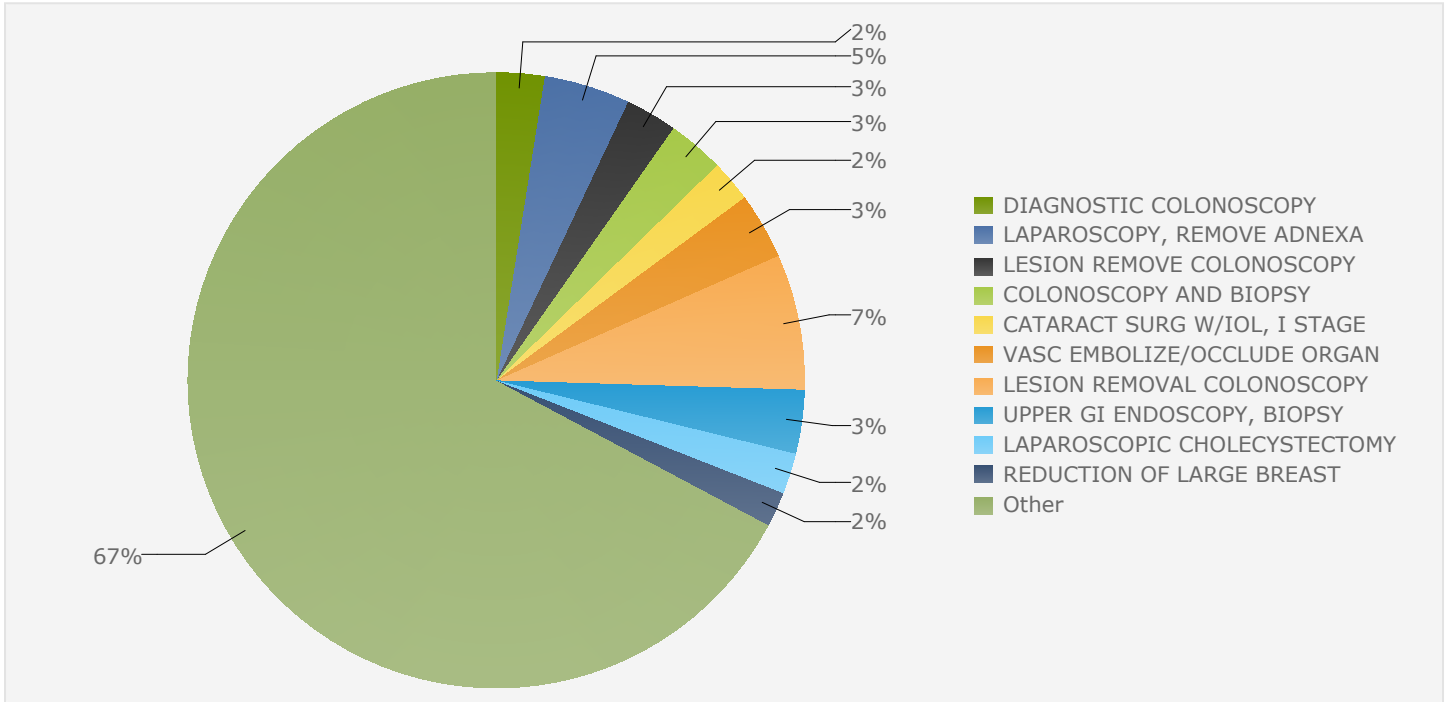


Points to consider:

- How effective is your plan at steering participants to surgery centers over outpatient hospital settings?
- Are there managed care options that can be considered?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

Outpatient Surgery by Procedure

Review the top 10 outpatient surgical procedures. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).



Procedure	Claimants	Total Paid	Average Paid	Percent of Total Paid
LESION REMOVAL COLONOSCOPY	24	\$22,472	\$936.33	7.11%
LAPAROSCOPY, REMOVE ADNEXA	7	\$14,277	\$2,039.64	4.52%
VASC EMBOLIZE/OCCLUDE ORGAN	1	\$11,043	\$11,043.00	3.50%
UPPER GI ENDOSCOPY, BIOPSY	25	\$10,545	\$421.80	3.34%
COLONOSCOPY AND BIOPSY	15	\$9,359	\$623.92	2.96%
LESION REMOVE COLONOSCOPY	13	\$8,572	\$659.41	2.71%
DIAGNOSTIC COLONOSCOPY	12	\$7,894	\$657.86	2.50%
CATARACT SURG W/IOL, I STAGE	7	\$6,907	\$986.68	2.19%
LAPAROSCOPIC CHOLECYSTECTOMY	7	\$6,743	\$963.29	2.13%
REDUCTION OF LARGE BREAST	2	\$5,776	\$2,888.20	1.83%

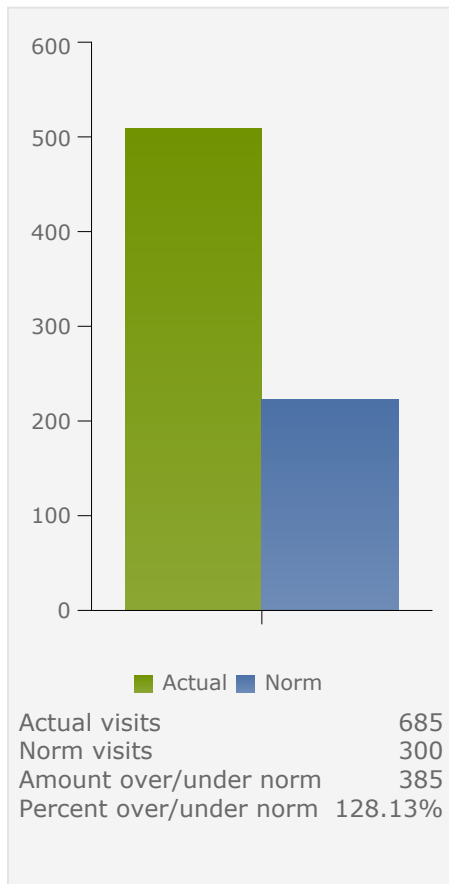
Points to consider:

- Does plan design encourage appropriate use of chiropractic and physical therapy services?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

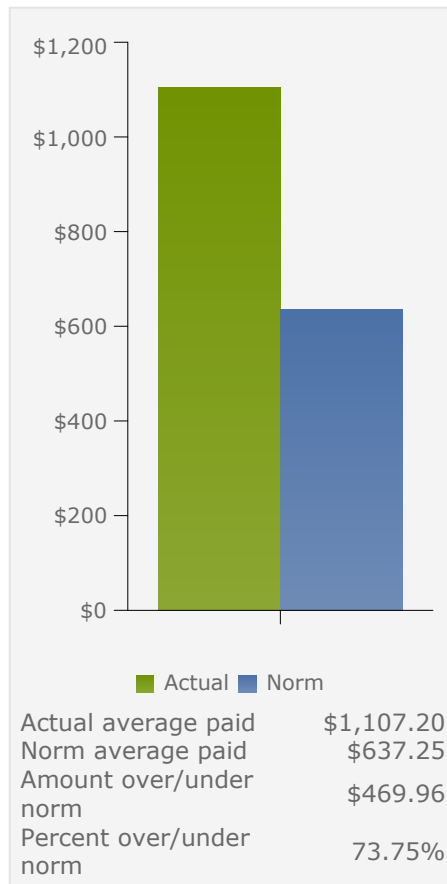
Emergency Room Visits

Gauge your plan’s emergency room utilization and costs compared to that of your peers. For this report, the data includes claims that took place in an emergency room setting or included emergency room procedure coding.

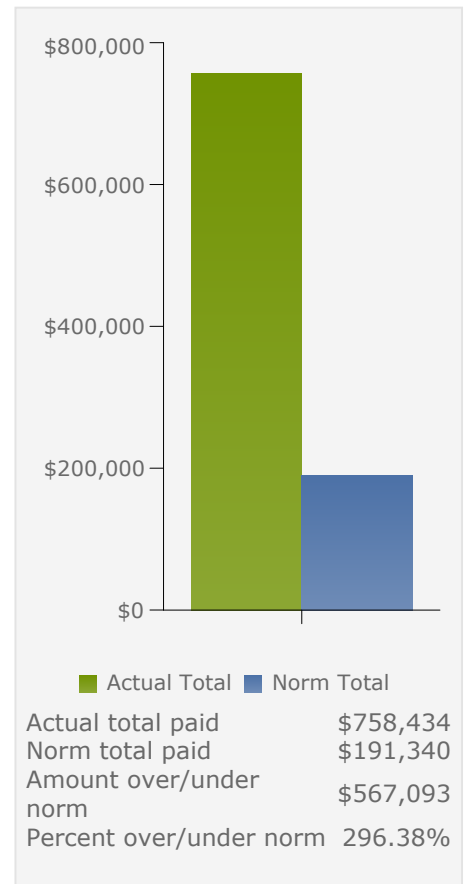
Visits per 1000



Average Paid per Visit



Total Paid



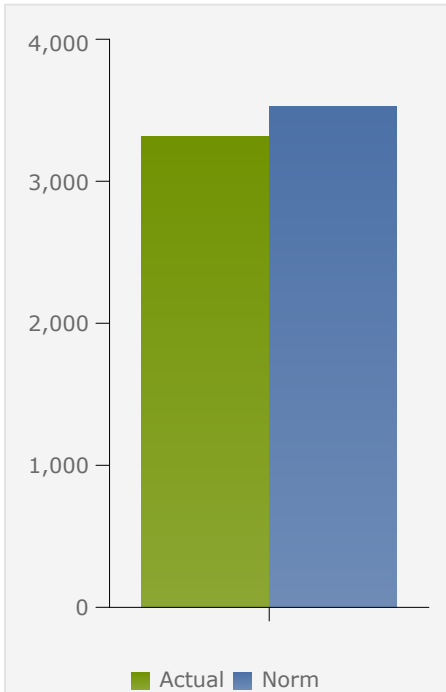
Points to consider:

- Is your plan design competitive?
- Do your plan designs and communications encourage the use of home care, nurse lines, urgent care centers, and primary care providers?
- Are there ways to encourage use of non-emergency providers, such as workplace policies like, or making participants aware of nearby providers like urgent care centers?
- Could hand sanitizing stations or communication of self-care tips aid in reducing emergency room utilization during cold and flu season?

Office Visits

Gauge your plan’s office visit utilization and costs compared to that of your peers. For this report, the data includes claims that were coded as office visit procedures.

Visits per 1000



Actual visits	4,460
Norm visits	4,745
Amount over/under norm	-285
Percent over/under norm	-6.00%

Average Paid per Visit



Actual avg paid/visit	\$97.50
Norm avg paid/visit	\$98.66
Amount over/under norm	(\$1.16)
Percent over/under norm	-1.17%

Total Paid



Actual total paid	\$434,869
Norm total paid	\$468,136
Amount over/under norm	(\$33,267)
Percent over/under norm	-7.11%

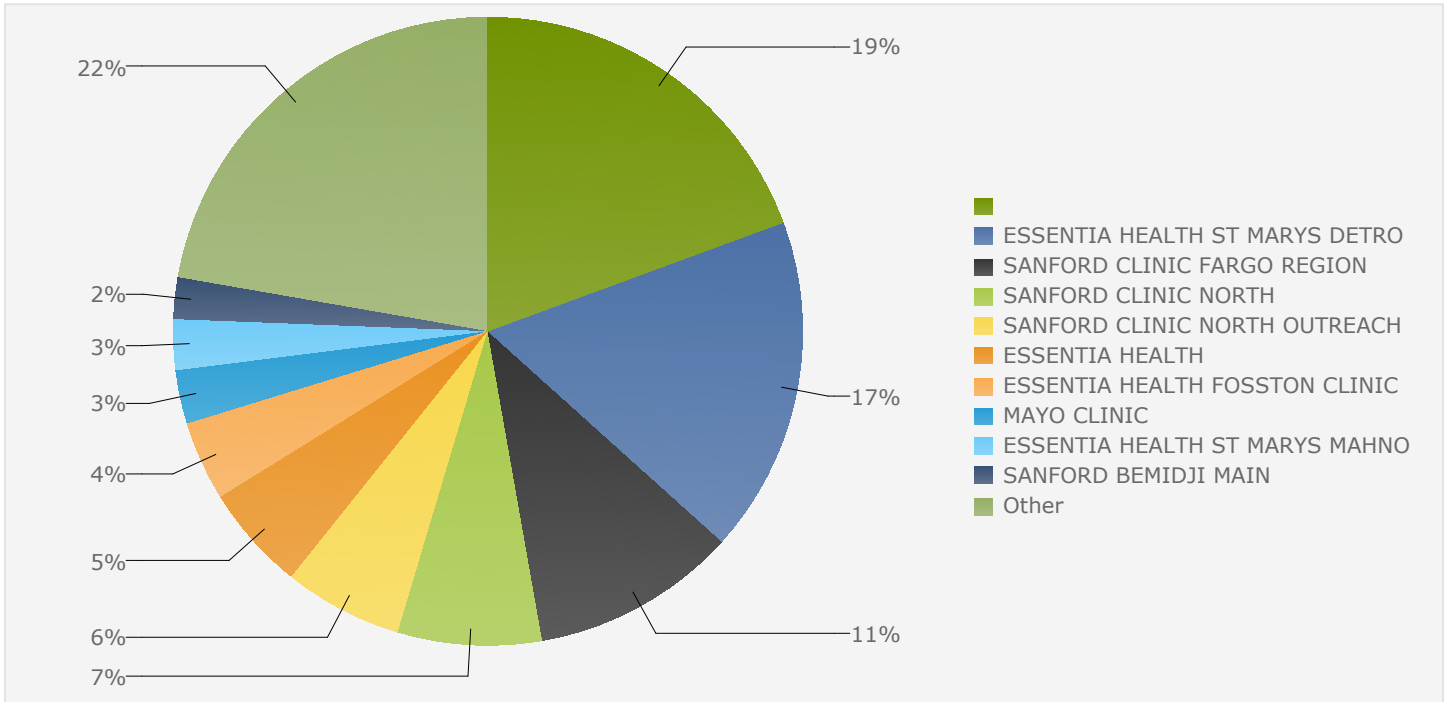
Points to consider:

- Do you provide self-care information for common illness such as colds, ear infections, and allergies at the appropriate seasonal intervals?
- Is your plan design competitive?
- Do you encourage regular visits and follow-ups with a primary care provider?

Office/Clinic Provider Usage

Review the top 10 office or clinic providers.

Office/Clinic Usage by Percentage



Provider Name	Network	Number of Visits	Total Paid	Percent of All Paid
	Yes	1310	\$84,324	19.39%
ESSENTIA HEALTH ST MARYS DETRO	Yes	699	\$75,093	17.27%
SANFORD CLINIC FARGO REGION	Yes	280	\$45,939	10.56%
SANFORD CLINIC NORTH	Yes	281	\$32,163	7.40%
SANFORD CLINIC NORTH OUTREACH	Yes	229	\$26,573	6.11%
ESSENTIA HEALTH	Yes	173	\$23,640	5.44%
ESSENTIA HEALTH FOSSTON CLINIC	Yes	147	\$17,780	4.09%
MAYO CLINIC	Yes	38	\$11,994	2.76%
ESSENTIA HEALTH ST MARYS MAHNO	Yes	119	\$11,318	2.60%
SANFORD BEMIDJI MAIN	Yes	70	\$9,277	2.13%

Points to consider:

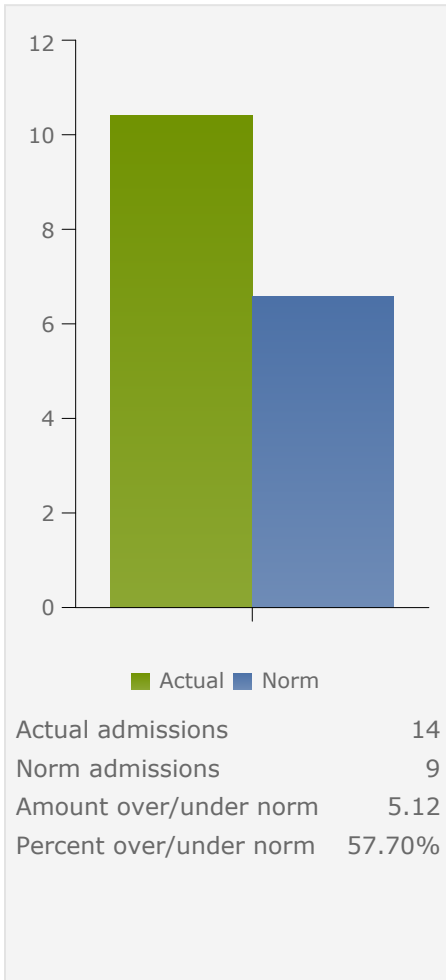
- If urgent care centers appear in this list, have you considered a communication campaign to encourage participants to use primary care providers?
- How effective is your plan at steering participants to network providers?
- Are there specialists in this list? Have you considered adding higher copays for specialists to encourage primary care provider usage?

Inpatient Behavioral Health

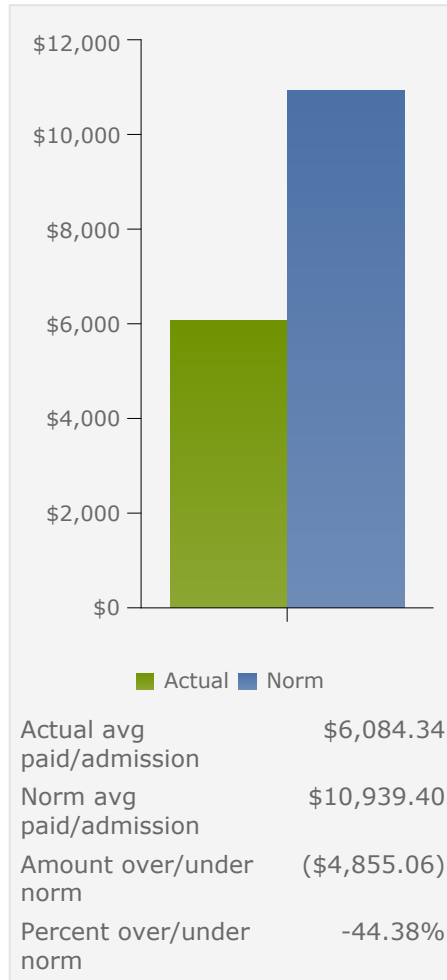
Gauge inpatient utilization for behavioral health care, focusing on frequency and cost of admissions. For this report, the data includes:

- Admissions to an inpatient facility for overnight stays related to substance abuse or mental health.
- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist.

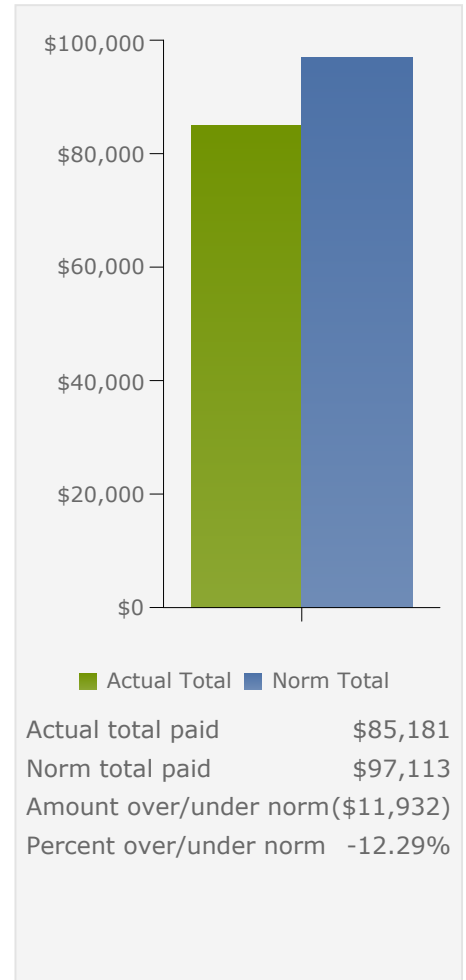
Admissions per 1000



Average Paid per Admission



Total Paid



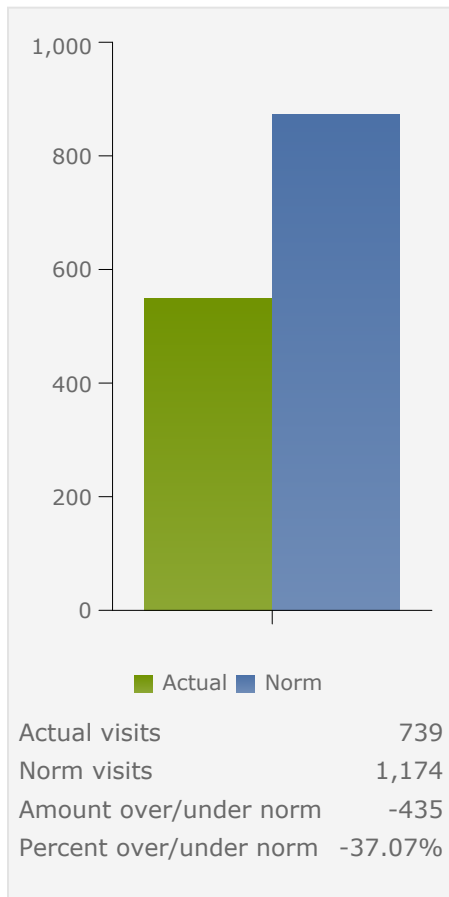
Points to consider:

- Is your plan design competitive?
- Have you considered an employee assistance program (EAP)?
- Does your network include high-quality, low-cost providers?

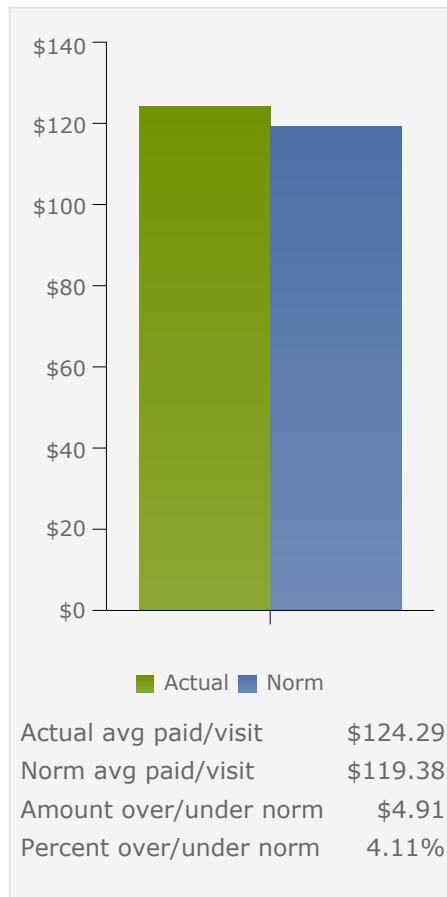
Outpatient Behavioral Health

Gauge your plan's outpatient behavioral health utilization and costs compared to that of your peers. For this report, the data includes claims that occurred in an outpatient setting for substance abuse or mental health diagnoses.

Visits per 1000



Average Paid per Visit



Total Paid



Points to consider:

- Do you have an effective employee assistance program (EAP)?
- Is word-of-mouth winning out over network communication? If so, is it driving network utilization toward out-of-network providers?

Analysis by Major Diagnostic Category

Evaluate your costs for all possible diagnoses grouped as major diagnostic categories, as established by the Centers for Medicare & Medicaid Services (CMS).

MDC	Total Paid	Actual % of Total	Norm Total Paid	Norm % of Total	\$ Over/(Under)
Circulatory System	\$1,230,615	14.37%	\$731,200	8.54%	\$499,414
Newborns and Other Neonates	\$680,706	7.95%	\$303,097	3.54%	\$377,609
Kidney and Urinary Tract	\$541,941	6.33%	\$304,810	3.56%	\$237,132
Infectious and Parasitic Diseases	\$333,734	3.90%	\$178,091	2.08%	\$155,643
Digestive System	\$857,353	10.01%	\$712,364	8.32%	\$144,989
Eye	\$171,442	2.00%	\$105,313	1.23%	\$66,128
Respiratory System	\$367,319	4.29%	\$304,810	3.56%	\$62,509
Nervous System	\$532,673	6.22%	\$531,704	6.21%	\$969
Other	\$32,898	0.38%	\$35,104	0.41%	(\$2,206)
Burns	\$1,235	0.01%	\$6,850	0.08%	(\$5,615)
Human Immunodeficiency Virus Infections	\$1,485	0.02%	\$7,706	0.09%	(\$6,221)
Blood and Blood-forming Organs	\$103,672	1.21%	\$126,719	1.48%	(\$23,047)
Male Reproductive System	\$48,911	0.57%	\$84,764	0.99%	(\$35,854)
Factors Influencing Health Status	\$805,424	9.41%	\$843,363	9.85%	(\$37,939)
Injury, Poisoning and Toxic Effects of Drugs	\$37,274	0.44%	\$80,483	0.94%	(\$43,209)
Female Reproductive System	\$214,352	2.50%	\$262,855	3.07%	(\$48,503)
Alcohol/Drug Use	\$50,934	0.59%	\$104,457	1.22%	(\$53,523)
Hepatobiliary System and Pancreas	\$115,535	1.35%	\$182,372	2.13%	(\$66,837)
Mental Diseases and Disorders	\$197,064	2.30%	\$266,280	3.11%	(\$69,216)
Endocrine, Nutritional and Metabolic	\$197,263	2.30%	\$277,411	3.24%	(\$80,148)
Musculoskeletal System	\$1,182,641	13.81%	\$1,326,264	15.49%	(\$143,623)
Myeloproliferative & Poorly Diff. Neoplasms	\$264,851	3.09%	\$422,110	4.93%	(\$157,259)
Skin, Subcutaneous Tissue and Breast	\$251,600	2.94%	\$421,254	4.92%	(\$169,654)
Ear, Nose, Mouth and Throat	\$131,537	1.54%	\$338,202	3.95%	(\$206,664)
Pregnancy, Childbirth and the Puerperium	\$208,060	2.43%	\$561,672	6.56%	(\$353,612)
Multiple Significant Trauma	\$1,548	0.02%	\$1,096,801	12.81%	(\$1,095,253)

Points to consider:

- Are there any specific categories that could be further examined to assess whether a disease management strategy would be effective?
- How do catastrophic claims affect specific categories?

Lifestyle

Evaluate your costs for lifestyle related claims, grouped by body system, as defined by and compared to Truven Health Analytics Inc.

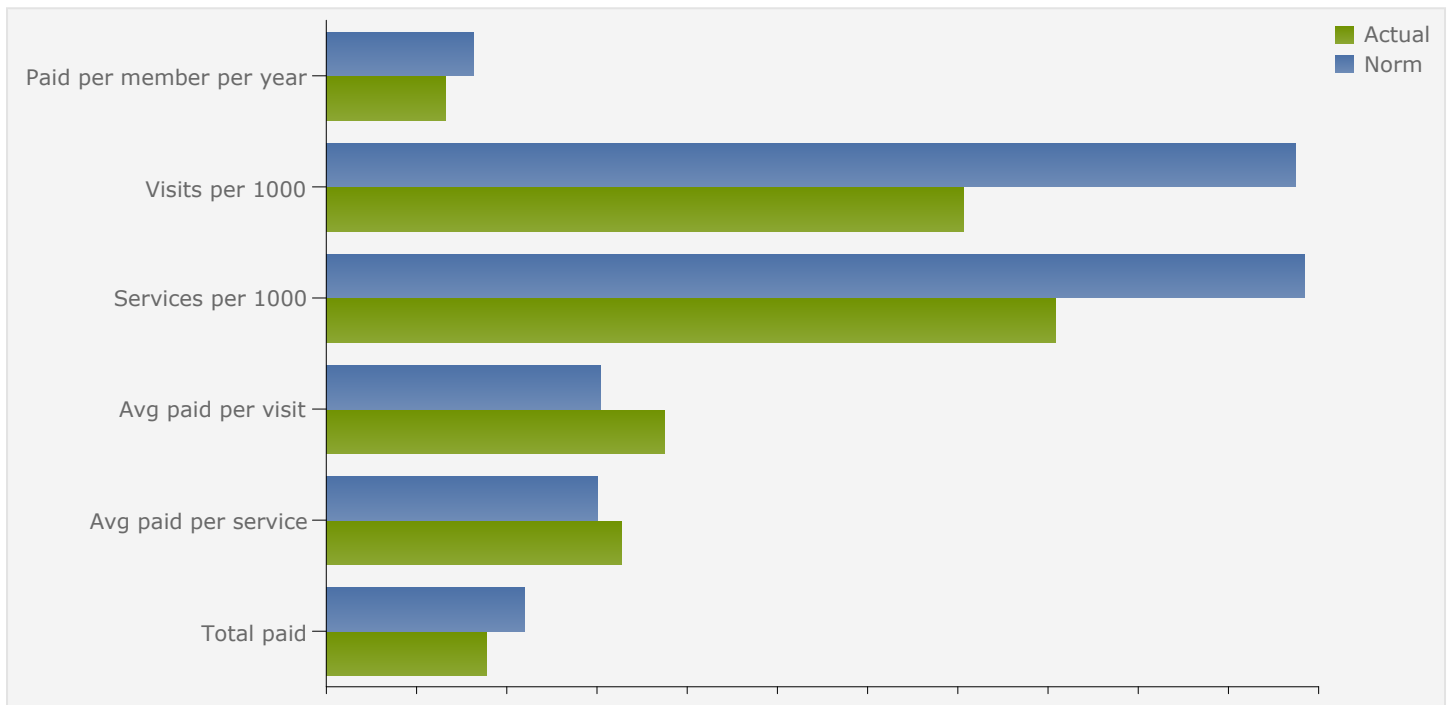
Body System	Patients per 1000			Average Paid per Patient			Total Paid		
	Actual	Norm	Variance	Actual	Norm	Variance	Actual	Norm	Variance
Breast	7	5	35.68%	\$6,236.35	\$12,112.43	-48.51%	\$62,364	\$89,273	-30.14%
Cardiovascular	30	15	103.11%	\$5,398.50	\$6,706.97	-19.51%	\$215,940	\$132,085	63.49%
CNS	10	6	86.28%	\$5,893.29	\$7,903.68	-25.44%	\$82,506	\$59,400	38.90%
Dermatological	4	8	-41.35%	\$1,081.79	\$1,613.36	-32.95%	\$6,491	\$16,504	-60.67%
Endocrine	165	139	18.99%	\$1,101.14	\$539.05	104.27%	\$244,453	\$100,573	143.06%
ENT	5	3	83.59%	\$283.99	\$1,243.04	-77.15%	\$1,988	\$4,739	-58.05%
Gastrointestinal	19	17	16.26%	\$969.85	\$2,788.01	-65.21%	\$25,216	\$62,350	-59.56%
Gynecological	4	2	134.74%	\$2,137.60	\$8,669.61	-75.34%	\$10,688	\$18,466	-42.12%
Hepatobiliary	13	5	144.70%	\$5,687.18	\$9,004.06	-36.84%	\$96,682	\$62,554	54.56%
Immunologic	1	2	-20.74%	\$742.61	\$1,222.46	-39.25%	\$1,485	\$3,085	-51.85%
Male Genital	2	2	-3.42%	\$1,059.18	\$7,552.96	-85.98%	\$3,178	\$23,462	-86.46%
Miscellaneous	43	31	40.97%	\$565.14	\$746.67	-24.31%	\$32,778	\$30,721	6.70%
Multisystem	34	131	-73.77%	\$1,390.26	\$334.29	315.89%	\$63,952	\$58,635	9.07%
Musculoskeletal	69	30	127.82%	\$3,415.74	\$3,433.40	-0.51%	\$314,248	\$138,650	126.65%
Psychiatric	48	9	465.21%	\$869.81	\$3,579.00	-75.70%	\$56,538	\$41,159	37.36%
Renal and UT	3	1	178.10%	\$11,473.65	\$9,578.90	19.78%	\$45,895	\$13,778	233.10%
Respiratory	88	51	71.60%	\$1,042.99	\$1,104.10	-5.53%	\$123,073	\$75,924	62.10%
Vascular	16	8	106.42%	\$3,909.04	\$3,192.61	22.44%	\$82,090	\$32,479	152.75%
Total	563	462	21.72%	\$53,258.11	\$81,324.60	-34.51%	\$1,469,565	\$963,839	52.47%

Points to consider:

- Are there any specific systems that could be further examined to assess whether a disease management or communication strategy would be effective?
- How do catastrophic claims affect specific categories?

Preventive Care

Evaluate utilization and costs associated with preventive care, as defined by and compared to Truven Health Analytics Inc.



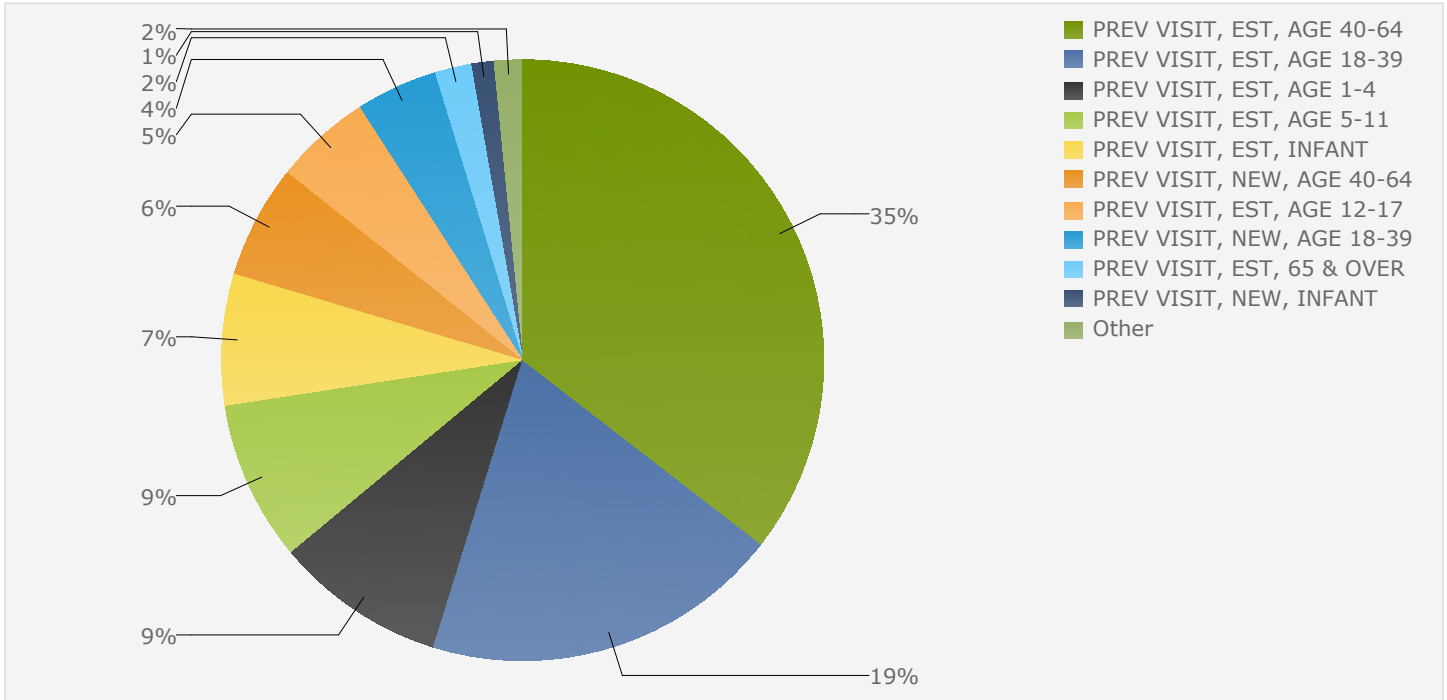
Preventive Care	Actual	Norm	Amount Over/Under Norm	Percent Over/Under Norm
Paid per member per year	\$66.22	\$81.57	(\$15.36)	-18.83%
Visits per 1000	353	537	-184	-34.28%
Services per 1000	404	542	-138	-25.39%
Avg paid per visit	\$187.61	\$151.90	\$35.71	23.51%
Avg paid per service	\$163.77	\$150.52	\$13.25	8.80%
Total paid	\$88,927	\$109,550	(\$20,623)	-18.83%

Points to consider:

- Are plan participants encouraged to use preventive care services?
- Are effective wellness initiatives in place to address needs relevant to your plan participants?

Preventive Care Top 10 Services

Evaluate your top preventive care services. This exhibit incorporates preventive care as defined by Truven Health Analytics Inc.



Service	Claims	Total Paid	Average Paid	Percent of Total Paid
PREV VISIT, EST, AGE 40-64	167	\$31,551.16	\$188.93	35.48%
PREV VISIT, EST, AGE 18-39	94	\$17,176.89	\$182.73	19.32%
PREV VISIT, EST, AGE 1-4	53	\$8,154.56	\$153.86	9.17%
PREV VISIT, EST, AGE 5-11	51	\$7,648.97	\$149.98	8.60%
PREV VISIT, EST, INFANT	57	\$6,284.19	\$110.25	7.07%
PREV VISIT, NEW, AGE 40-64	27	\$5,405.71	\$200.21	6.08%
PREV VISIT, EST, AGE 12-17	31	\$4,593.40	\$148.17	5.17%
PREV VISIT, NEW, AGE 18-39	30	\$3,899.60	\$129.99	4.39%
PREV VISIT, EST, 65 & OVER	10	\$1,753.60	\$175.36	1.97%
PREV VISIT, NEW, INFANT	12	\$1,059.45	\$88.29	1.19%

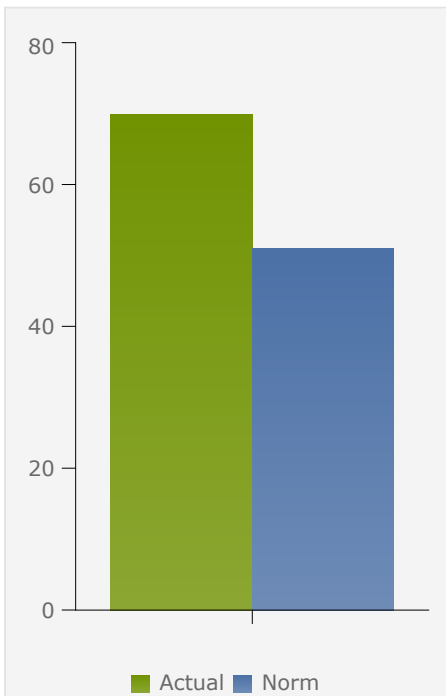
Points to consider:

- Are the types of services consistent with your demographics?
- Is there an opportunity to promote specific services through communication and education?

Arthritis

Assess the impact of arthritis on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of arthritis. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



Actual patients	94
Norm patients	69
Amount over/under norm	25
Percent over/under norm	37.07%

Average Paid per Claimant



Average paid/claimant	\$3,341.64
Norm paid/claimant	\$4,626.83
Amount over/under norm	(\$1,285.19)
Percent over/under norm	-27.78%

Total Paid



Actual total paid	\$314,114
Norm total paid	\$317,302
Amount over/under norm	(\$3,187)
Percent over/under norm	-1.00%

Points to consider:

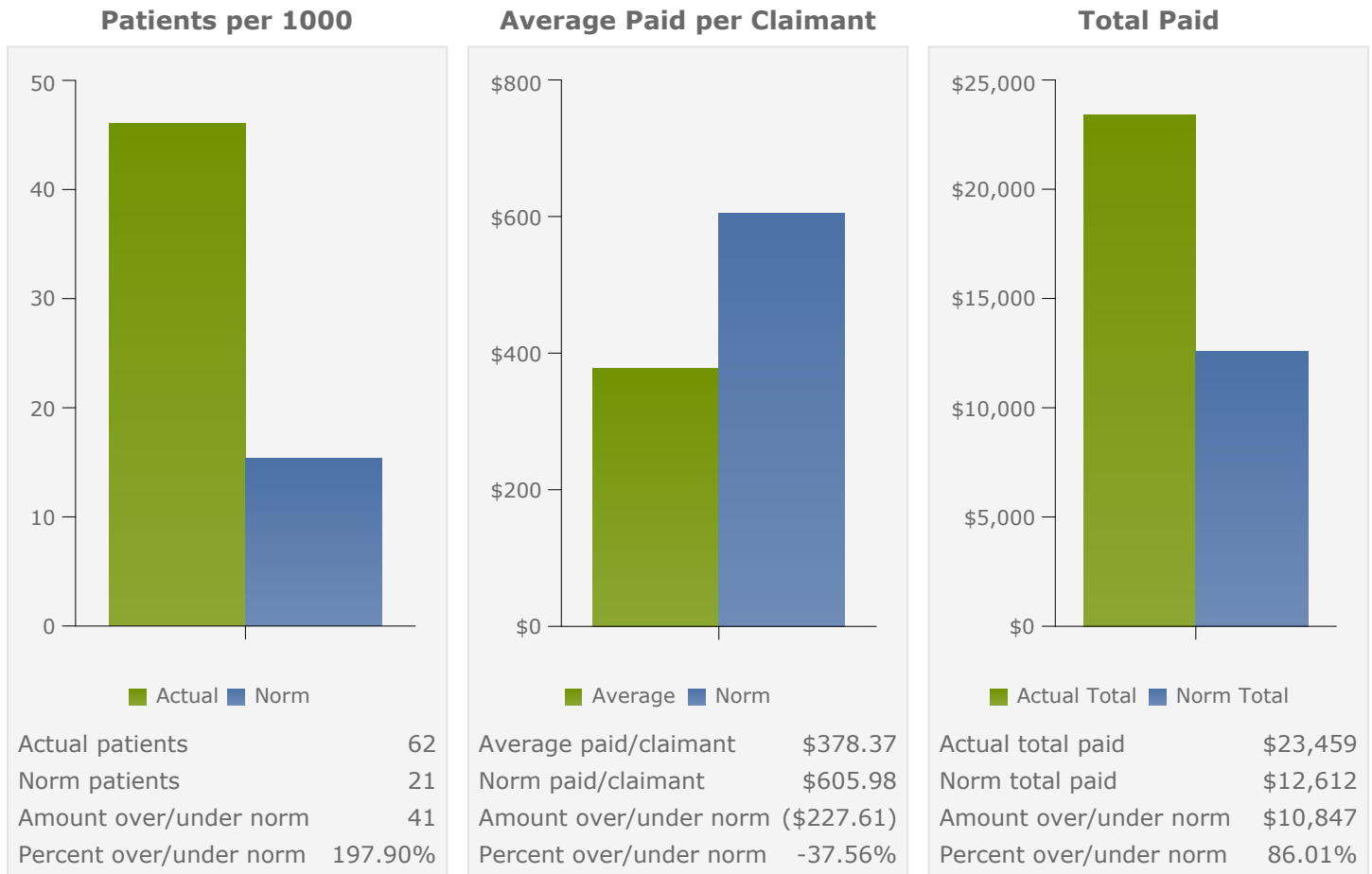
- Is there an opportunity to better manage costs related to arthritis?
- Have you considered starting the conversation with a communication campaign?

For general health information on arthritis, refer to:

- Arthritis Foundation, www.arthritis.org.

Asthma/Chronic Obstructive Pulmonary Disease

Assess the impact of asthma and chronic obstructive pulmonary disease (COPD) on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of asthma or COPD. The total cost of care for an affected patient is not considered in this exhibit.



Points to consider:

- Is there an opportunity to better manage costs related to asthma and COPD?
- Have you considered starting the conversation with a communication campaign?

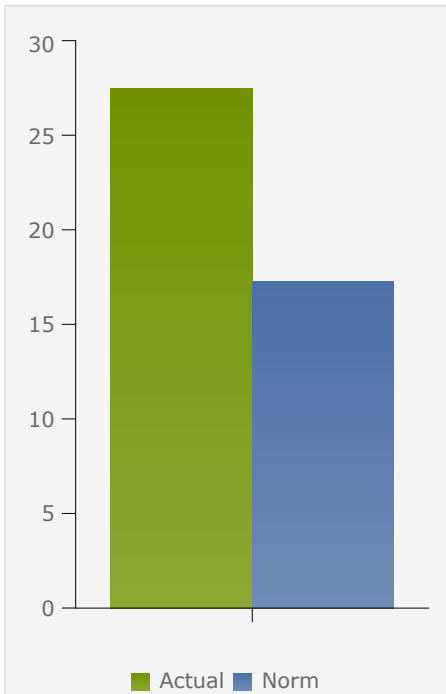
For general health information on asthma and chronic obstructive pulmonary disease, refer to:

- American Lung Association, www.lungusa.org.
- Asthma and Allergy Foundation of America, www.aafa.org.

Cancer

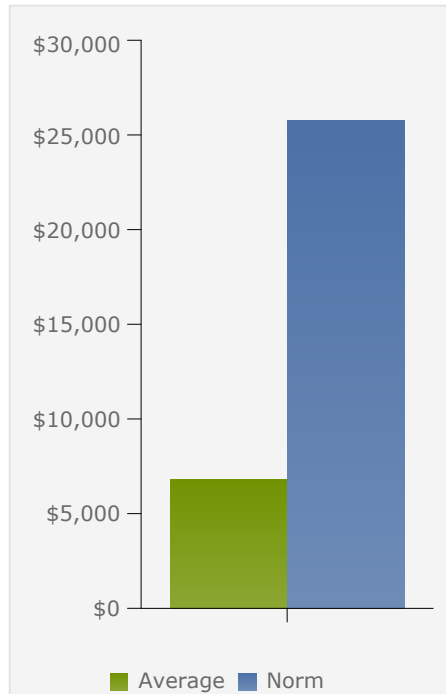
Assess the impact of cancer on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of cancer. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



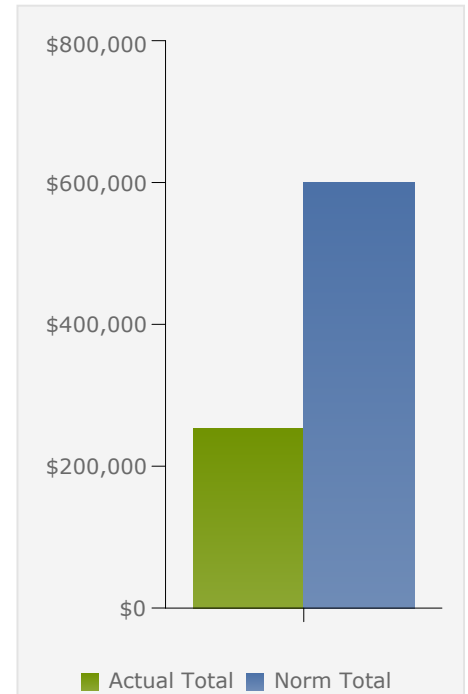
Actual patients	37
Norm patients	23
Amount over/under norm	14
Percent over/under norm	58.89%

Average Paid per Claimant



Average paid/claimant	\$6,864.35
Norm paid/claimant	\$25,802.97
Amount over/under norm	(\$18,938.61)
Percent over/under norm	-73.40%

Total Paid



Actual total paid	\$253,981
Norm total paid	\$600,852
Amount over/under norm	(\$346,871)
Percent over/under norm	-57.73%

Points to consider:

- Is there an opportunity to better manage costs related to cancer?
- Have you considered starting the conversation with a communication campaign?

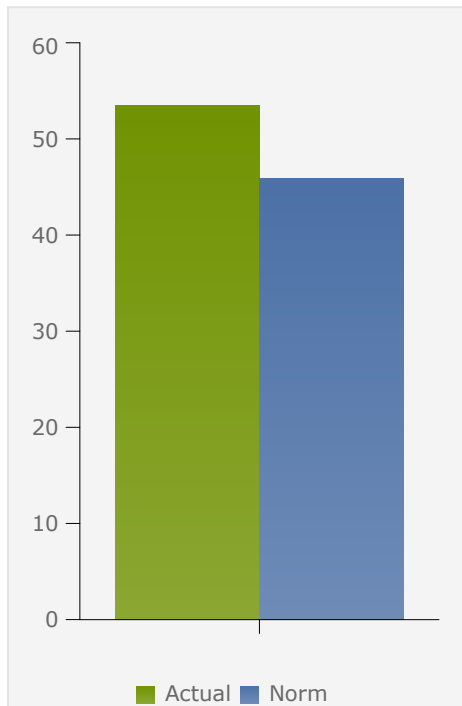
For general health information on cancer, refer to:

- American Cancer Society, www.cancer.org

Depression

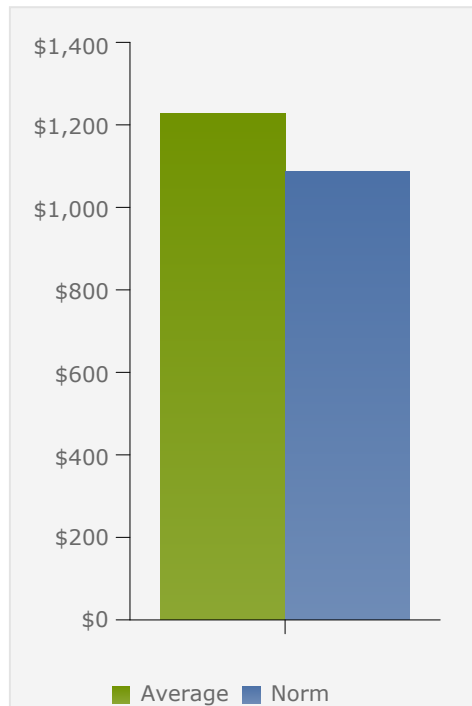
Assess the impact of depression on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of depression. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



Actual patients	72
Norm patients	62
Amount over/under norm	10
Percent over/under norm	16.64%

Average Paid per Claimant



Average paid/claimant	\$1,229.35
Norm paid/claimant	\$1,088.42
Amount over/under norm	\$140.93
Percent over/under norm	12.95%

Total Paid



Actual total paid	\$88,513
Norm total paid	\$67,187
Amount over/under norm	\$21,327
Percent over/under norm	31.74%

Points to consider:

- Is there an opportunity to better manage costs related to depression?
- Have you considered starting the conversation with a communication campaign?

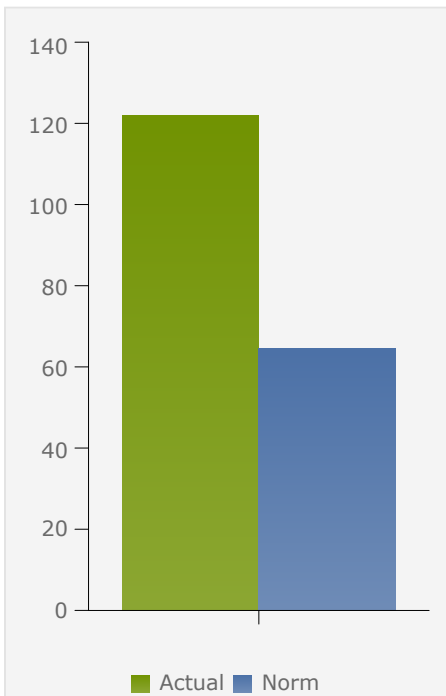
For general health information on depression, refer to:

- National Mental Health Association, www.nmha.org.
- National Institute for Mental Health, www.nimh.nih.gov.

Diabetes

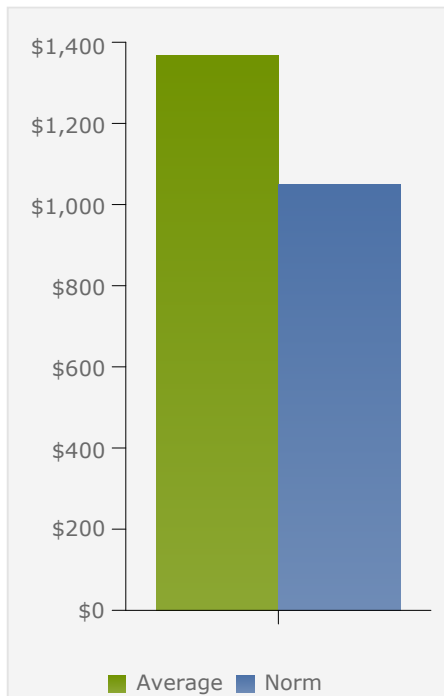
Assess the impact of diabetes on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of diabetes. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



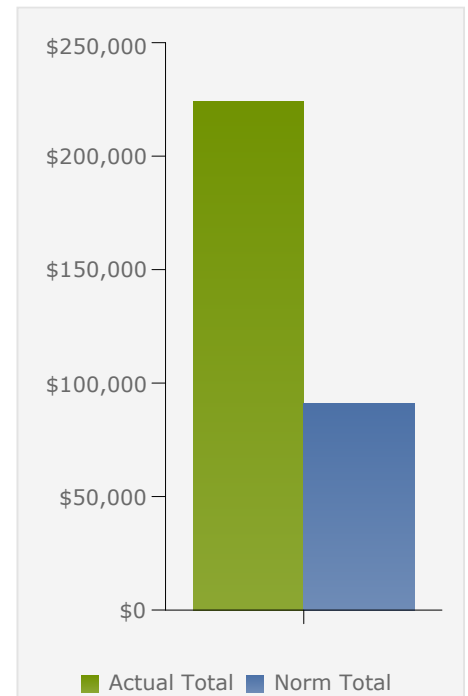
Actual patients	164
Norm patients	87
Amount over/under norm	77
Percent over/under norm	88.85%

Average Paid per Claimant



Average paid/claimant	\$1,369.26
Norm paid/claimant	\$1,051.88
Amount over/under norm	\$317.38
Percent over/under norm	30.17%

Total Paid



Actual total paid	\$224,559
Norm total paid	\$91,349
Amount over/under norm	\$133,210
Percent over/under norm	145.83%

Points to consider:

- Is there an opportunity to better manage costs related to diabetes?
- Have you considered starting the conversation with a communication campaign?

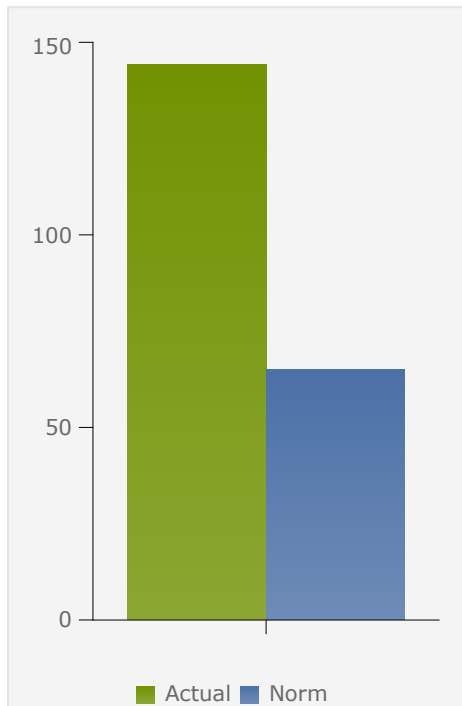
For general health information on diabetes, refer to:

- Centers for Disease Control Prevention, www.cdc.gov/diabetes.
- American Diabetes Association, www.diabetes.org.

Heart Disease

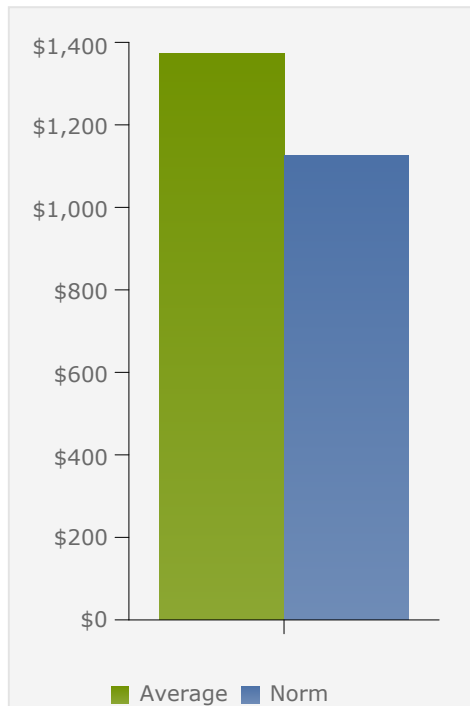
Assess the impact of heart disease on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of heart disease. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



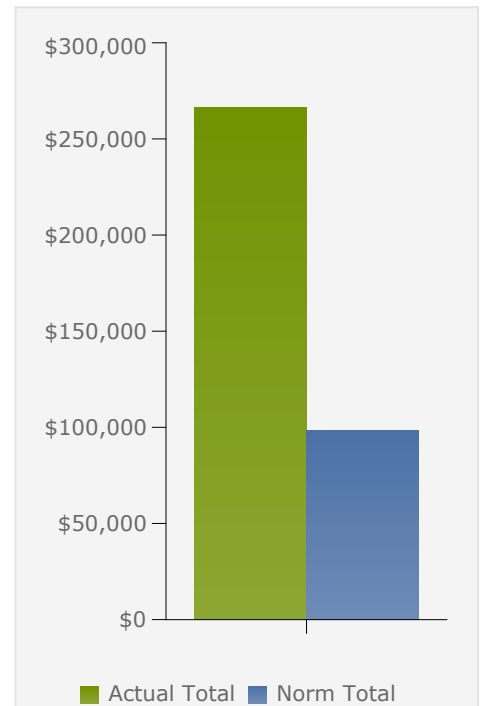
Actual patients	194
Norm patients	88
Amount over/under norm	106
Percent over/under norm	121.06%

Average Paid per Claimant



Average Paid/Claimant	\$1,374.76
Norm Paid/Claimant	\$1,128.61
Amount over/under norm	\$246.14
Percent over/under norm	21.81%

Total Paid



Actual total paid	\$266,703
Norm total paid	\$99,046
Amount over/under norm	\$167,657
Percent over/under norm	169.27%

Points to consider:

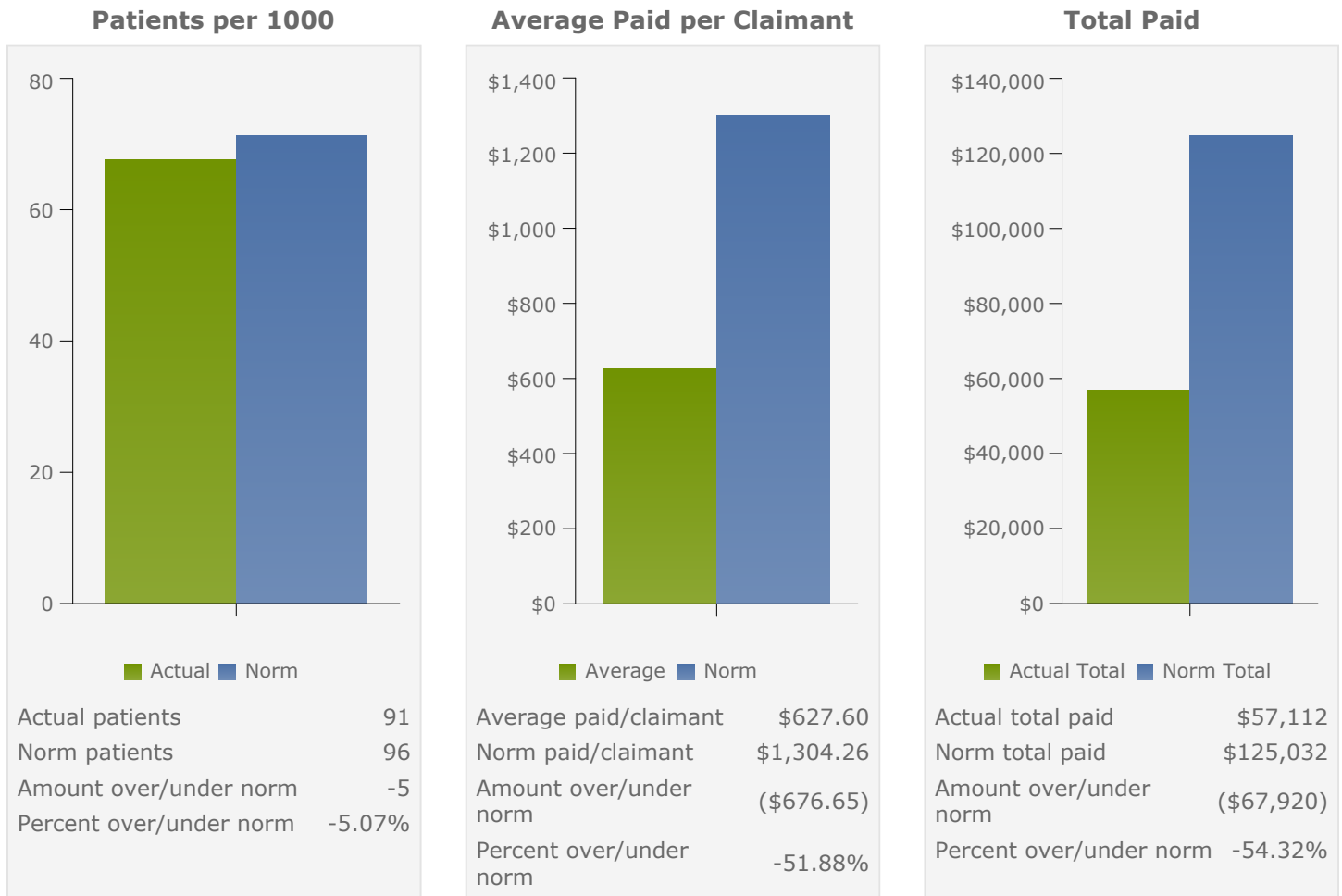
- Is there an opportunity to better manage costs related to heart disease?
- Have you considered starting the conversation with a communication campaign?

For general health information on heart disease, refer to:

- American Heart Association, www.heart.org.

Low Back Pain

Assess the impact of low back pain on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of low back pain. The total cost of care for an affected patient is not considered in this exhibit.



Points to consider:

- Is there an opportunity to better manage costs related to low back pain?
- Have you considered starting the conversation with a communication campaign?

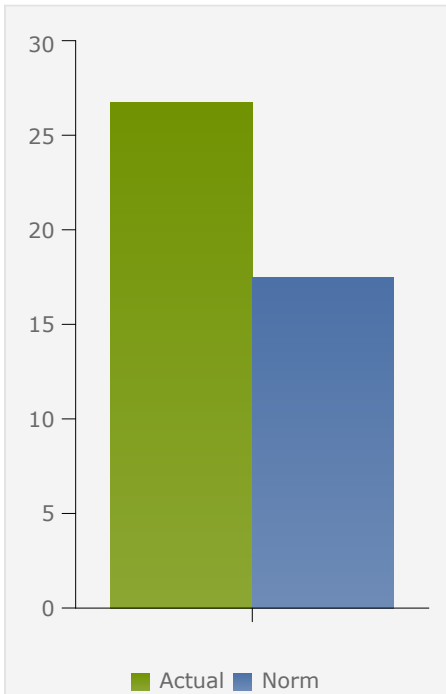
For general health information on low back pain, refer to:

- American Academy of Orthopaedic Surgeons, www.orthoinfo.aaos.org.
- American Chiropractic Association, www.acatoday.org.

Obesity

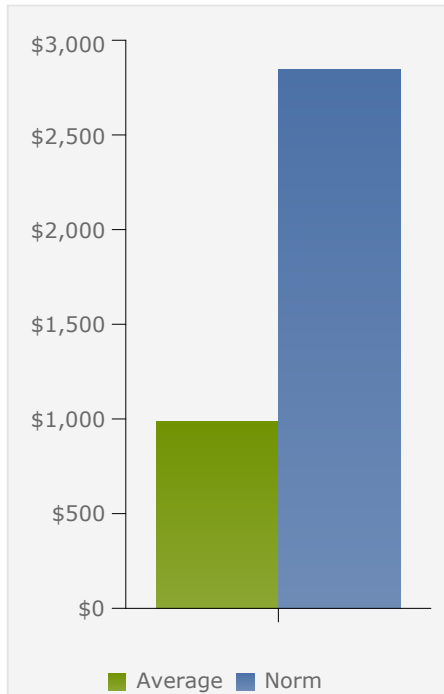
Assess the impact of obesity on your participants and plan compared to that of your peers. For this report, the data includes only costs associated with the primary diagnosis of obesity. The total cost of care for an affected patient is not considered in this exhibit.

Patients per 1000



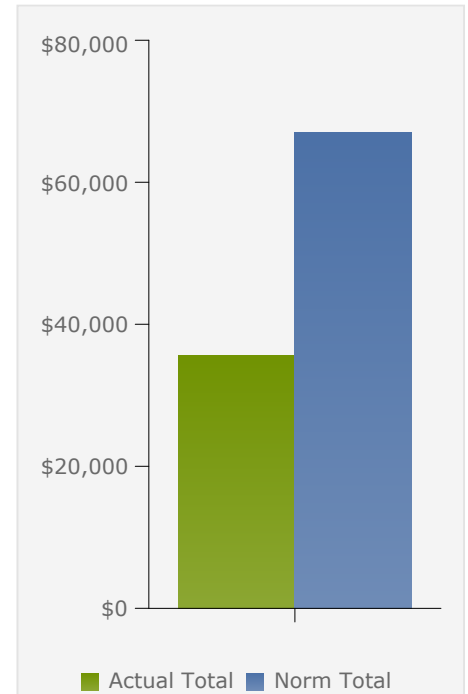
Actual patients	36
Norm patients	24
Amount over/under norm	12
Percent over/under norm	52.87%

Average Paid per Claimant



Average paid/claimant	\$992.87
Norm paid/claimant	\$2,850.03
Amount over/under norm	(\$1,857.17)
Percent over/under norm	-65.16%

Total Paid



Actual total paid	\$35,743
Norm total paid	\$67,118
Amount over/under norm	(\$31,375)
Percent over/under norm	-46.75%

Points to consider:

- Is there an opportunity to better manage costs related to obesity?
- Have you considered starting the conversation with a communication campaign?

For general health information on obesity, refer to:

- Centers for Disease Control Prevention, www.cdc.gov/obesity.

ABC Training Company

At - A - Glance

General Information				
Total Employees	955			
Total Covered Lives	1,343			
Total Claim Charges	\$15,972,952.65			
Total Claim Payments	\$8,562,065.82			
Area	Actual	Norm	Difference	Experience
Health Plan Costs	\$12,374	\$10,280	20.38%	Unfavorable
Medical Claims Costs	\$7,708	\$5,165	49.24%	Unfavorable
Inpatient Analysis - Admissions/1000	88	66	33.02%	Unfavorable
Inpatient Analysis - Average Paid/Admission	\$25,938	\$21,701	19.53%	Unfavorable
Maternity Admissions/1000	13	31	-59.64%	Favorable
Maternity Average Paid/Admission	\$7,674	\$5,404	42.00%	Unfavorable
Outpatient Surgery/1000	1,128	1,530	-26.27%	Favorable
Outpatient Surgery Average Paid	\$209	\$174	19.97%	Unfavorable
Emergency Room Visits/1000	510	224	128.13%	Unfavorable
Emergency Room Average Paid	\$1,107	\$637	73.75%	Unfavorable
Office Visits Visits/1000	3,321	3,533	-6.00%	Favorable
Office Visits Average Paid	\$98	\$99	-1.17%	Favorable
Chiropractic Visits/1000	807	1,074	-24.85%	Favorable
Chiropractic Average Paid/Visit	\$18	\$20	-7.56%	Favorable
Physical Therapy Visits/1000	196	464	-57.76%	Favorable
Physical Therapy Paid/Visit	\$8	\$11	-32.79%	Favorable
Radiology Visits/1000	998	1,624	-38.55%	Favorable
Radiology Paid/Visit	\$123	\$266	-53.91%	Favorable
IPMH Admissions/1000	10	7	57.70%	Unfavorable
IPMH Average Paid/Admission	\$6,084	\$10,939	-44.38%	Favorable
Outpatient Mental Health Visits/1000	550	874	-37.07%	Favorable
Outpatient Mental Health Average Paid/Visit	\$124	\$119	4.11%	Acceptable

Norm source: "Employer Health Benefits 2019 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2019

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427812 - January 1, 2020 - December 31, 2020[33]