Customer Reporting Companion Guide

03/08/2018

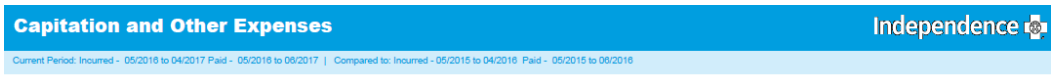
	Self-Funded	Fully Insured	
Report Name	**100+ Contracts**	**100 - 249 Contracts**	**250+ Contracts**
Capitation and Other Expenses	Yes	No	No
Care Ratio (Internal Use & Requires Underwriting Approval)	No	No	No
Claims and Enrollment	Yes	Yes	Yes
Enhanced Claims and Enrollment	Yes	No	No
Clinical Condition Profile	Yes	Yes	Yes
Demographic Profile	Yes	Yes	Yes
Emergency Room Utilization	Yes	Yes	Yes
High Cost Claimant - Individual	Yes	No	No
Impact of High Cost Claimants	Yes	Yes	Yes
Enhanced Impact of High Cost Claimants	Yes	No	Yes
Inpatient by Condition	Yes	No	Yes
Medical Lag	Yes	No	No
Medical Specialty Drug Utilization	Yes	Yes	Yes
Network Savings Summary	Yes	No	No
Network Utilization	Yes	Yes	Yes
Office Visit Utilization	Yes	Yes	Yes
Outpatient by Service Type	Yes	No	Yes
Performance Overview	Yes	Yes	Yes
Population Condition Prevalence	Yes	No	Yes
Preventive Services	Yes	Yes	Yes
Professional by Service Type	Yes	No	Yes
Risk Profile - Population Segments	Yes	No	Yes
Self-Insured Domestic Utilization	Yes	No	No
Site of Service Savings Opportunities (Lab and Radiology)	Yes	Yes	Yes
Summary by Dollar Range	Yes	Yes	Yes
Summary of Members with No Utilization	Yes	Yes	Yes
Top Facilities	Yes	Yes	Yes
Utilization by State/Payroll	Yes	No	Yes
Pharmacy High Utilizers	Yes	No	No
Pharmacy Lag	Yes	No	No
Pharmacy Medication Compliance	Yes	No	Yes
Pharmacy Membership Metrics and Utilization	Yes	Yes	Yes
Pharmacy Performance Overview	Yes	Yes	Yes
Pharmacy Top Drugs	Yes	No	Yes
Pharmacy Top Drugs by AHFS Class	Yes	No	Yes

General Notes

- *One of the highest levels of summarization is by claim type - "inpatient" versus "outpatient" versus "professional".*
    - *Inpatient is generally defined as treatment that requires admission to a facility and includes at least one overnight stay. The most common example is admission to a hospital for a procedure. Inpatient costs include both the facility payments and any physician payments while the member is in the facility. The exception to that are reports that specifically say "facility" in their title. Those reports show only facility payments*
    - *Outpatient is generally defined as treatment that is provided at a facility but does not require admission or an overnight stay. A common example of this would be a colonoscopy that occurs in a hospital. Outpatient payments include only the facility portion and do not include any associated physician payments.*
    - *Professional is generally defined as treatment that occurs in a doctor's office or other similar type of location. A common example of this is a visit to your doctor for a physical. Professional payments include those payments to the physician or other professional.*
    - *A fourth claim type is "prescription drug". Prescription drug coverage is generally separate from medical coverage and is reported separately. A common example of this is going to your local pharmacy to have a prescription filled. While you may see "drug" payments included in some of the medical reporting, in most cases these are drugs billed by a facility such as chemotherapy drugs or drugs billed by a physician such as immunizations. Prescription drug coverage takes place at a retail location or via mail.*
- *Service Type Codes are used to identify the classification of services or benefits. Examples include pathology, emergency room, and preventive services.*
- *Most reports generally follow a format of "prior period" compared to "current period" compared to a population wide benchmark. Other reports follow a format of "current period" with a "% change from the prior period" compared to a population wide benchmark.*
- *Benchmarks (averages) are available for many measures. These benchmarks are in many cases based on the Independence book of business for the product(s) selected such as PPO or HMO. In some cases, your benchmarks may be based on all Independence customers with a business similar to yours. For example, business specific benchmarks will be used if your account is a national account, a suburban school, a health and welfare account, a law firm, a public administration account, a manufacturing business, a retailer, a finance/insurance related business, a hospital, or a college/university.*
- *As often as possible, averages are used to allow comparison of different time periods and different numbers of members. These averages usually take the form of "per member per month", "net payment per admission/day/unit", or "admissions/days/units per thousand members". When comparing time periods, it is best to compare these averages.*
- *In some instances, we will also show a percentage of a total (e.g. percentage of admissions, percentage of dollars). When a filter is applied to your report, such as when you request your report to include only subscribers, the denominator is the relevant population*
- *Internal users can select any report type to run regardless of customer size. This is important to note because a report can be run that is not eligible for the customer funding type and size.*
- *Whenever possible, please make your "prior" and "current" period selections equal in length. This will help you more easily compare the two time periods. In order to get reliable "averages", we recommend that each time period be six to twelve months in length. Furthermore, we recommend that you wait at least six months before relying on your first report since a "start-up lag" is always present when members change coverage.*
- *To maintain member confidentiality, when a utilization measure (e.g. a service or a condition) results in a count of less than 3, the results are either added to an "other" category or are shown as "<3" when counted.*

- *If your account is "fully-insured" (i.e. you pay for medical coverage based on a member premium), please note that any reports run on incurred only dates will have a built in "completion factor" to account for outstanding claims.*
- *Finally, while we believe we have created a logical, intuitive, and comprehensive set of reports to meet your needs, if the reports you run are unclear to you or you have concerns about the data you are seeing, please contact our help area for assistance. We would also appreciate feedback on your experience with using our IndeX suite of reports. A feedback area is available for your use.*
- *The library of reports is organized from high level cost and utilization to increasingly detailed cost and utilization. Some reports focus primarily on medical conditions while other reports focus primarily on payment information. Most reports combine both types of numbers.*

Capitation and Other Expenses



Detail by Month

Month	Contracts	Members	Total Amount	PMPM
May-16	37,693	67,480	$153,580	$2.28
Jun-16	37,668	67,417	$153,360	$2.27
Jul-16	37,682	67,448	$153,021	$2.27
Aug-16	37,545	67,321	$149,445	$2.22
Sep-16	37,433	67,226	$199,549	$2.97
Oct-16	37,355	67,141	$147,693	$2.20
Nov-16	37,176	67,013	$147,824	$2.21
Dec-16	37,107	66,931	$147,292	$2.20
Jan-17	37,291	67,068	$140,211	$2.09
Feb-17	37,136	66,838	$139,401	$2.09
Mar-17	36,920	66,527	$138,656	$2.08
Apr-17	35,967	65,263	$137,354	$2.10
Total	446,973	803,673	$1,807,386	$2.25

Detail by Type

	Total Amount		PMPM	
Capitation Type	Prior	Current	Prior	Current
Lab Fund	$100,555	$96,963	$0.12	$0.12
Mental Health	$459,821	$433,639	$0.57	$0.54
Physical Therapy	$22,990	$23,184	$0.03	$0.03
Primary Care Physician	$761,703	$731,671	$0.94	$0.91
QIPS	$347,850	$267,027	$0.43	$0.33
Radiology	$237,999	$231,127	$0.29	$0.29
Network Expenses	$18,133	$23,774	$0.02	$0.03
Total	$1,949,051	$1,807,386	$2.41	$2.25

Available for Self-Funded

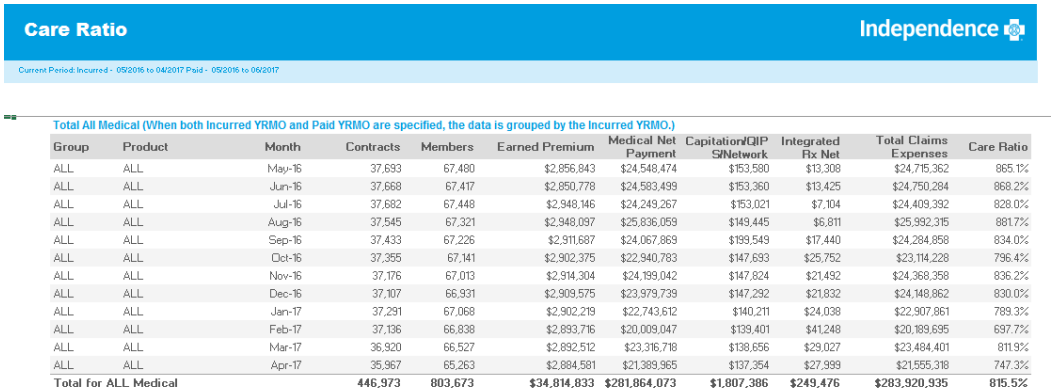
Description

The **Capitation and Other Expenses** report provides information on non-fee-for-service payments for medical coverage. This report details monthly enrollment, total capitation and other expenses, and a PMPM breakdown of those costs. In addition, the various kinds of capitation payments are also shown individually.

Key Considerations with this report

- *Capitation is an all-inclusive payment made to a provider to cover all medical costs incurred by a member for a particular type of service. Capitation is most commonly used with HMO medical coverage but is also used for some types of services provided under PPO Coverage.*
- *For HMO, common services identified in the Capitation and Other Expenses report include primary care physician visits, laboratory services, radiology services, physical therapy services, mental health services, and the Quality Incentive Payment System (QIPS) program. QIPS offers primary care practices financial incentives for providing quality health care and effectively managing the care of your employees. For PPO, the most common service reported is mental health. In addition, Network Expenses are included in this report.*
- *Network Expenses (PPO coverage only) are the expenses related to being part of a group of Blue Cross/Blue Shield (BCBS) plans that have banded together to form a "consortium" of insurance carriers. Consortium plans agree to charge much lower fees to one another should your members receive care outside the Independence coverage area. This means your members receive the same trusted care AND the accompanying deep price discounts negotiated by local BCBS plans.*

Care Ratio – Can Not be Run Externally and Requires Underwriting Approval



Care Ratio Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017

Total All Medical (When both Incurred YRMO and Paid YRMO are specified, the data is grouped by the Incurred YRMO.)

Group	Product	Month	Contracts	Members	Earned Premium	Medical Net Payment	Capitation/QIP S/Network	Integrated Rx Net	Total Claims Expenses	Care Ratio
ALL	ALL	May-16	37,693	67,480	$2,856,843	$24,548,474	$153,580	$13,308	$24,715,362	865.1%
ALL	ALL	Jun-16	37,668	67,417	$2,850,778	$24,583,499	$153,360	$13,425	$24,750,284	868.2%
ALL	ALL	Jul-16	37,682	67,448	$2,948,146	$24,249,267	$153,021	$7,104	$24,409,392	828.0%
ALL	ALL	Aug-16	37,545	67,321	$2,948,097	$25,836,059	$149,445	$6,811	$25,992,315	881.7%
ALL	ALL	Sep-16	37,433	67,226	$2,911,687	$24,067,869	$199,549	$17,440	$24,284,858	834.0%
ALL	ALL	Oct-16	37,355	67,141	$2,902,375	$22,940,783	$147,693	$25,752	$23,114,228	796.4%
ALL	ALL	Nov-16	37,176	67,013	$2,914,304	$24,199,042	$147,824	$21,492	$24,368,358	836.2%
ALL	ALL	Dec-16	37,107	66,931	$2,909,575	$23,979,739	$147,292	$21,832	$24,148,862	830.0%
ALL	ALL	Jan-17	37,291	67,068	$2,902,219	$22,743,612	$140,211	$24,038	$22,907,861	789.3%
ALL	ALL	Feb-17	37,136	66,838	$2,893,716	$20,009,047	$139,401	$41,248	$20,189,695	697.7%
ALL	ALL	Mar-17	36,920	66,527	$2,892,512	$23,316,718	$138,656	$29,027	$23,484,401	811.9%
ALL	ALL	Apr-17	35,967	65,263	$2,884,581	$21,389,965	$137,354	$27,999	$21,555,318	747.3%
Total for ALL Medical			**446,973**	**803,673**	**$34,814,833**	**$281,864,073**	**$1,807,386**	**$249,476**	**$283,920,935**	**815.5%**

Available for Internal Users Only

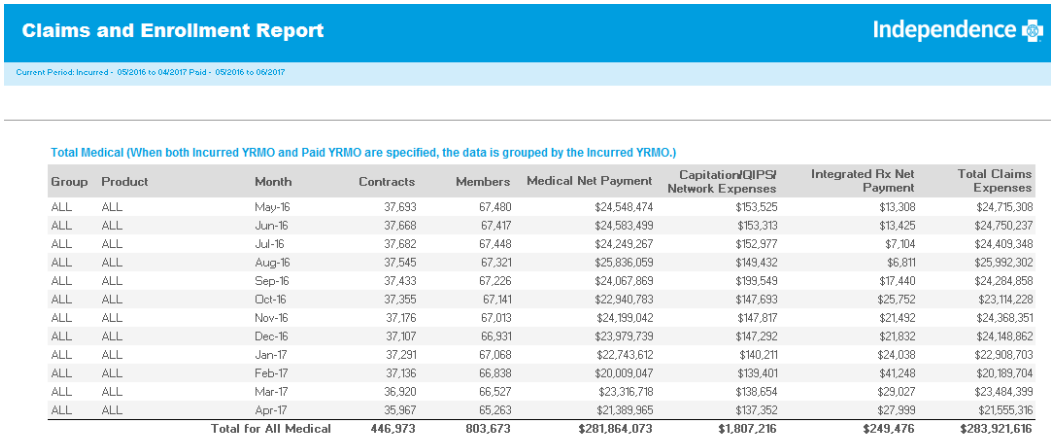
Description

The **Care Ratio** report is a detailed report that answers questions such as "what are my membership, claims expenses and premium by product, group, and month?" The report provides information by month broken out by product and group for both Medical and Pharmacy (if applicable).

Key Considerations with this report

- *The "Total Claims Expense" includes the net payment for medical services, capitation, network access fees and when applicable integrated drug expenses.*
- *The "Care Ratio" is the total claims expense divided by the total earned premium. This ratio is an indicator of financial health as it compares healthcare costs to premium revenue.*
- *Earned Premium is calculated using the rate by contract tier by month.*
- *This report is further sub-divided into more specific tabs to allow you to understand performance of specific products and/or groups. For example, at the summary level, the report may show a high care ratio for a specific month. You can review each detailed tab to determine the product that is driving the increase and then drill further to determine the group within that product.*

Claims and Enrollment



Claims and Enrollment Report Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017

Total Medical (When both Incurred YRMO and Paid YRMO are specified, the data is grouped by the Incurred YRMO.)

Group	Product	Month	Contracts	Members	Medical Net Payment	Capitation/QIPS/ Network Expenses	Integrated Rx Net Payment	Total Claims Expenses
ALL	ALL	May-16	37,693	67,480	$24,548,474	$153,525	$13,308	$24,715,308
ALL	ALL	Jun-16	37,668	67,417	$24,583,499	$153,313	$13,425	$24,750,237
ALL	ALL	Jul-16	37,682	67,448	$24,249,267	$152,977	$7,104	$24,409,348
ALL	ALL	Aug-16	37,545	67,321	$25,836,059	$149,432	$6,811	$25,992,302
ALL	ALL	Sep-16	37,433	67,226	$24,067,869	$199,549	$17,440	$24,284,858
ALL	ALL	Oct-16	37,355	67,141	$22,940,783	$147,693	$25,752	$23,114,228
ALL	ALL	Nov-16	37,176	67,013	$24,199,042	$147,817	$21,492	$24,368,351
ALL	ALL	Dec-16	37,107	66,931	$23,979,739	$147,292	$21,832	$24,148,862
ALL	ALL	Jan-17	37,291	67,068	$22,743,612	$140,211	$24,038	$22,908,703
ALL	ALL	Feb-17	37,136	66,838	$20,009,047	$139,401	$41,248	$20,189,704
ALL	ALL	Mar-17	36,920	66,527	$23,316,718	$138,654	$29,027	$23,484,399
ALL	ALL	Apr-17	35,967	65,263	$21,389,965	$137,352	$27,999	$21,555,316
		Total for All Medical	**446,973**	**803,673**	**$281,864,073**	**$1,807,216**	**$249,476**	**$283,921,616**

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

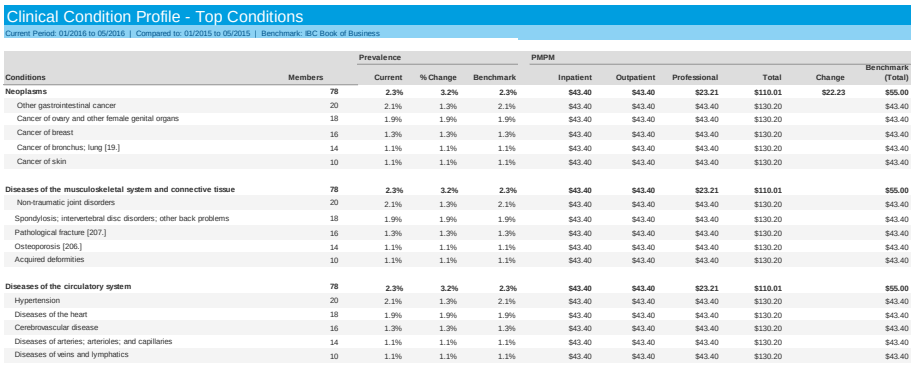
Description

The **Claims and Enrollment** report is a detailed report that answers questions such as "what are my membership, claims expenses by product, group, and month?" The report provides information by month broken out by product and group for both Medical and Pharmacy (if applicable). The **Enhanced** version of the report also includes data by contract tier.

Key Considerations with this report

- *The "Total Claims Expense" includes the net payment for medical services, capitation, network access fees and when applicable integrated drug expenses.*
- *This report is further sub-divided into more specific tabs to allow you to understand performance of specific products and/or groups. For example, at the summary level, the report may show a high claims expense for a specific month. You can review each detailed tab to determine the product that is driving the increase and then drill further to determine the group within that product.*

Clinical Condition Profile



Clinical Condition Profile - Top Conditions

Current Period: 01/2016 to 05/2016 | Compared to: 01/2015 to 05/2015 | Benchmark: IBC Book of Business

		Prevalence			PMPM					
Conditions	Members	Current	% Change	Benchmark	Inpatient	Outpatient	Professional	Total	Change	Benchmark (Total)
Neoplasms	**78**	**2.3%**	**3.2%**	**2.3%**	**$43.40**	**$43.40**	**$23.21**	**$110.01**	**$22.23**	**$55.00**
Other gastrointestinal cancer	20	2.1%	1.3%	2.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Cancer of ovary and other female genital organs	18	1.9%	1.9%	1.9%	$43.40	$43.40	$43.40	$130.20		$43.40
Cancer of breast	16	1.3%	1.3%	1.3%	$43.40	$43.40	$43.40	$130.20		$43.40
Cancer of bronchus; lung [19.]	14	1.1%	1.1%	1.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Cancer of skin	10	1.1%	1.1%	1.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Diseases of the musculoskeletal system and connective tissue	**78**	**2.3%**	**3.2%**	**2.3%**	**$43.40**	**$43.40**	**$23.21**	**$110.01**		**$55.00**
Non-traumatic joint disorders	20	2.1%	1.3%	2.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Spondylosis; intervertebral disc disorders; other back problems	18	1.9%	1.9%	1.9%	$43.40	$43.40	$43.40	$130.20		$43.40
Pathological fracture [207.]	16	1.3%	1.3%	1.3%	$43.40	$43.40	$43.40	$130.20		$43.40
Osteoporosis [206.]	14	1.1%	1.1%	1.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Acquired deformities	10	1.1%	1.1%	1.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Diseases of the circulatory system	**78**	**2.3%**	**3.2%**	**2.3%**	**$43.40**	**$43.40**	**$23.21**	**$110.01**		**$55.00**
Hypertension	20	2.1%	1.3%	2.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Diseases of the heart	18	1.9%	1.9%	1.9%	$43.40	$43.40	$43.40	$130.20		$43.40
Cerebrovascular disease	16	1.3%	1.3%	1.3%	$43.40	$43.40	$43.40	$130.20		$43.40
Diseases of arteries; arterioles; and capillaries	14	1.1%	1.1%	1.1%	$43.40	$43.40	$43.40	$130.20		$43.40
Diseases of veins and lymphatics	10	1.1%	1.1%	1.1%	$43.40	$43.40	$43.40	$130.20		$43.40

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

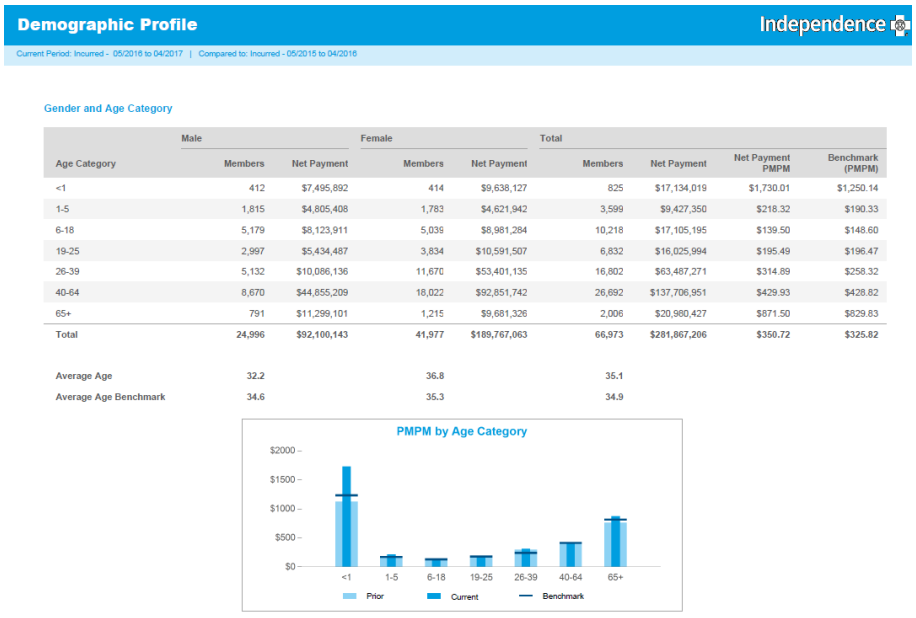
Description

The **Clinical Condition Profile** shows the top 10 medical conditions for which your members received treatment. The report provides information such as the number of members with a condition, prevalence percentages along with benchmarks, and the amount of money each condition contributed to your overall costs broken out by inpatient, outpatient, and professional costs.

Key Considerations with this report

- *"Prevalence" is how often a condition occurs within a given population. It is calculated by dividing the number of your members who have a condition by the total number of unique members who were covered by your plan during the time period under consideration.*
- *This report is further sub-divided into more specific medical conditions to allow you to understand what specific types of illnesses are affecting your members. For example, at a general level, the report is likely to show you how many of your members were treated for cancer.*
- *On a more specific level, the report will show you what types of cancer your members had such as breast cancer or lung cancer. While some medical conditions do not lend themselves to any type of intervention on your part, other conditions such as joint replacements may be impacted by changes in the workplace.*
- *By looking at the changes in the "PMPM" column, you can determine to what degree a particular condition contributed to an increase or decrease in the overall payment PMPM for your members. The more a high level medical condition contributed to any increase in your costs, the higher it will be on the report.*
- *This report also includes benchmark PMPMs to allow you to compare your membership's costs to those of a larger population.*

Demographic Profile



Demographic Profile Independence

Current Period: Incurred - 05/2016 to 04/2017 | Compared to: Incurred - 05/2015 to 04/2016

Gender and Age Category

	Male		Female		Total			
Age Category	Members	Net Payment	Members	Net Payment	Members	Net Payment	Net Payment PMPM	Benchmark (PMPM)
<1	412	$7,495,892	414	$9,638,127	825	$17,134,019	$1,730.01	$1,250.14
1-5	1,815	$4,805,408	1,783	$4,621,942	3,599	$9,427,350	$218.32	$190.33
6-18	5,179	$8,123,911	5,039	$8,981,284	10,218	$17,105,195	$139.50	$148.60
19-25	2,997	$5,434,487	3,834	$10,591,507	6,832	$16,025,994	$195.49	$196.47
26-39	5,132	$10,086,136	11,670	$53,401,135	16,802	$63,487,271	$314.89	$258.32
40-64	8,670	$44,855,209	18,022	$92,851,742	26,692	$137,706,951	$429.93	$428.82
65+	791	$11,299,101	1,215	$9,681,326	2,006	$20,980,427	$871.50	$829.83
Total	**24,996**	**$92,100,143**	**41,977**	**$189,767,063**	**66,973**	**$281,867,206**	**$350.72**	**$325.82**
Average Age	32.2		36.8		35.1			
Average Age Benchmark	34.6		35.3		34.9			

PMPM by Age Category

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

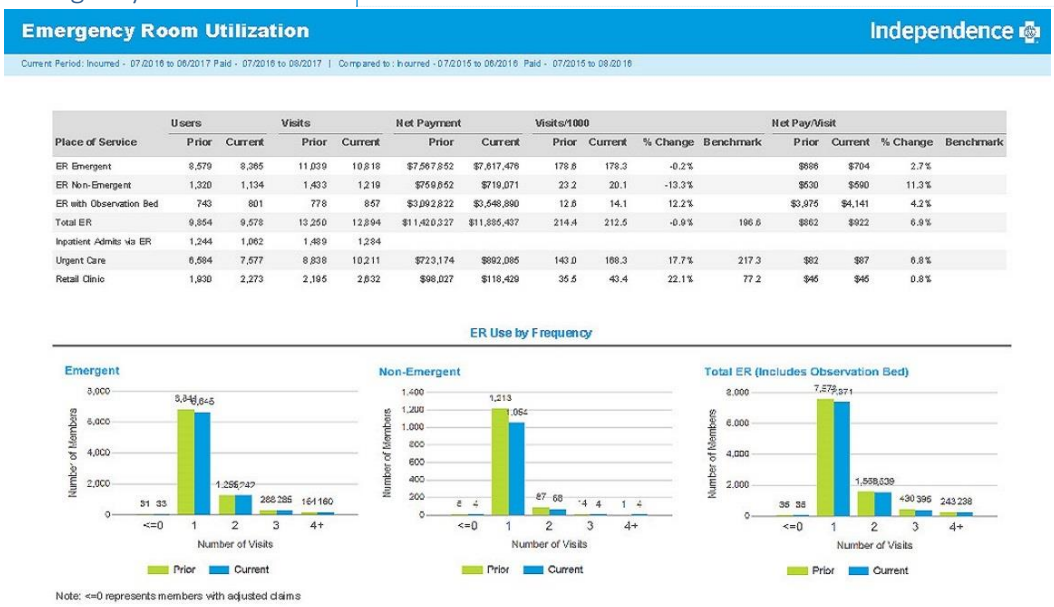
The **Demographic Profile** provides financial utilization information about your members by age grouping, gender, relationship to insured (RTI), and contract tier status. The report also shows Per Member Per Month (PMPM) payments for different groupings of members, compares a prior period to a current period for PMPM payments. In addition, it compares your member PMPM payments to benchmark information on other Independence customers similar to you.

Key Considerations with this report

- *The first page of this report provides you with a breakdown of your membership by age grouping as well as by gender. This page also shows the average age of your membership and compares it to a benchmark. Age is one of the single most important predictors of medical utilization.*
- *The breakdown of PMPM by age grouping will give you revealing information on where your dollars are being most utilized in terms of member age and gender.*
- *The second page of this report provides you with insight into how your distribution of members has changed between employees, spouses/partners, and dependents. Similarly, you will be able to see how enrollment in coverage tiers has changed over time (e.g. single coverage, subscriber/spouse coverage, and family coverage).*

Emergency Room Utilization

Commented [SED1]: Attached screen prints of tabs 2 & 3?



Emergency Room Utilization — Independence

Current Period: Incurred - 07/2016 to 06/2017 Paid - 07/2016 to 08/2017 | Compared to : Incurred - 07/2015 to 06/2016 Paid - 07/2015 to 08/2016

	Users		Visits		Net Payment		Visits/1000				Net Pay/Visit			
Place of Service	Prior	Current	Prior	Current	Prior	Current	Prior	Current	% Change	Benchmark	Prior	Current	% Change	Benchmark
ER Emergent	8,579	8,365	11,039	10,818	$7,567,852	$7,617,476	178.6	178.3	-0.2%		$686	$704	2.7%	
ER Non-Emergent	1,320	1,134	1,433	1,219	$759,852	$719,071	23.2	20.1	-13.3%		$530	$590	11.3%	
ER with Observation Bed	743	801	778	857	$3,092,822	$3,548,890	12.6	14.1	12.2%		$3,975	$4,141	4.2%	
Total ER	9,854	9,578	13,250	12,894	$11,420,327	$11,885,437	214.4	212.5	-0.9%	196.6	$862	$922	6.9%	
Inpatient Admits via ER	1,244	1,062	1,489	1,284										
Urgent Care	6,584	7,577	8,838	10,211	$723,174	$892,085	143.0	168.3	17.7%	217.3	$82	$87	6.8%	
Retail Clinic	1,930	2,273	2,195	2,632	$98,027	$118,429	35.5	43.4	22.1%	77.2	$45	$46	0.8%	

Note: <=0 represents members with adjusted claims

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

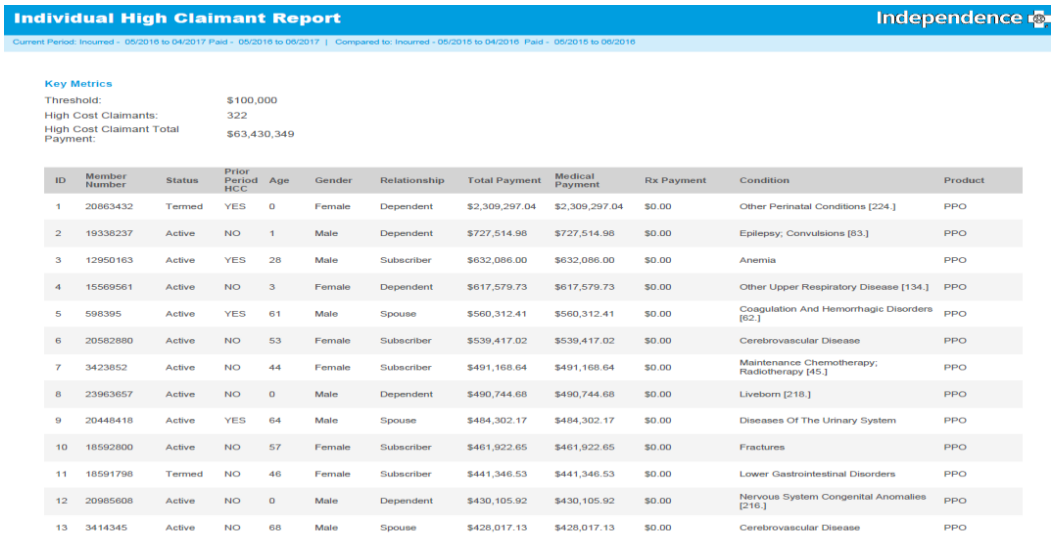
Description

The **Emergency Room Utilization** report provides a summarized view of visit and payment information. It reflects the number of ER visits that were emergent or not, the ER visits that resulted in an inpatient admission, and information on urgent care and retail sites.

Key Considerations with this report

- *The first tab/page provides a breakdown of visits from prior and current year based on whether they were emergent or not. This can indicate if your members are using the emergency room for non-emergent services which can be managed through a lower cost option such as a PCP visit or an urgent care center.*
- *The next two tabs/pages display information about the top providers for the emergency room and the top providers for urgent care based on descending net payment to the provider. The urgent care report outlines the difference in cost for an emergency room visit compared to an urgent care visit and highlights potential savings if services are redirected from the emergency room.*
- *The fourth tab/page displays information about the top medical conditions your members were treated for in the emergency room based on descending net payment for the condition.*
- *The last page shows the number of ER visits by the days of the week.*
- *Diagnosis codes are based on discharge diagnosis.*

High Cost Claimant - Individual



Individual High Claimant Report — Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 06/2016

Key Metrics

Threshold:	$100,000
High Cost Claimants:	322
High Cost Claimant Total Payment:	$63,430,349

ID	Member Number	Status	Prior Period HCC	Age	Gender	Relationship	Total Payment	Medical Payment	Rx Payment	Condition	Product
1	20863432	Termed	YES	0	Female	Dependent	$2,309,297.04	$2,309,297.04	$0.00	Other Perinatal Conditions [224.]	PPO
2	19338237	Active	NO	1	Male	Dependent	$727,514.98	$727,514.98	$0.00	Epilepsy; Convulsions [83.]	PPO
3	12950163	Active	YES	28	Male	Subscriber	$632,086.00	$632,086.00	$0.00	Anemia	PPO
4	15569561	Active	NO	3	Female	Dependent	$617,579.73	$617,579.73	$0.00	Other Upper Respiratory Disease [134.]	PPO
5	598395	Active	YES	61	Male	Spouse	$560,312.41	$560,312.41	$0.00	Coagulation And Hemorrhagic Disorders [62.]	PPO
6	20582880	Active	NO	53	Female	Subscriber	$539,417.02	$539,417.02	$0.00	Cerebrovascular Disease	PPO
7	3423852	Active	NO	44	Female	Subscriber	$491,168.64	$491,168.64	$0.00	Maintenance Chemotherapy; Radiotherapy [45.]	PPO
8	23963657	Active	NO	0	Male	Dependent	$490,744.68	$490,744.68	$0.00	Liveborn [218.]	PPO
9	20448418	Active	YES	64	Male	Spouse	$484,302.17	$484,302.17	$0.00	Diseases Of The Urinary System	PPO
10	18592800	Active	NO	57	Female	Subscriber	$461,922.65	$461,922.65	$0.00	Fractures	PPO
11	18591798	Termed	NO	46	Female	Subscriber	$441,346.53	$441,346.53	$0.00	Lower Gastrointestinal Disorders	PPO
12	20985608	Active	NO	0	Male	Dependent	$430,105.92	$430,105.92	$0.00	Nervous System Congenital Anomalies [216.]	PPO
13	3414345	Active	NO	68	Male	Spouse	$428,017.13	$428,017.13	$0.00	Cerebrovascular Disease	PPO

Available for Self-Funded

Description

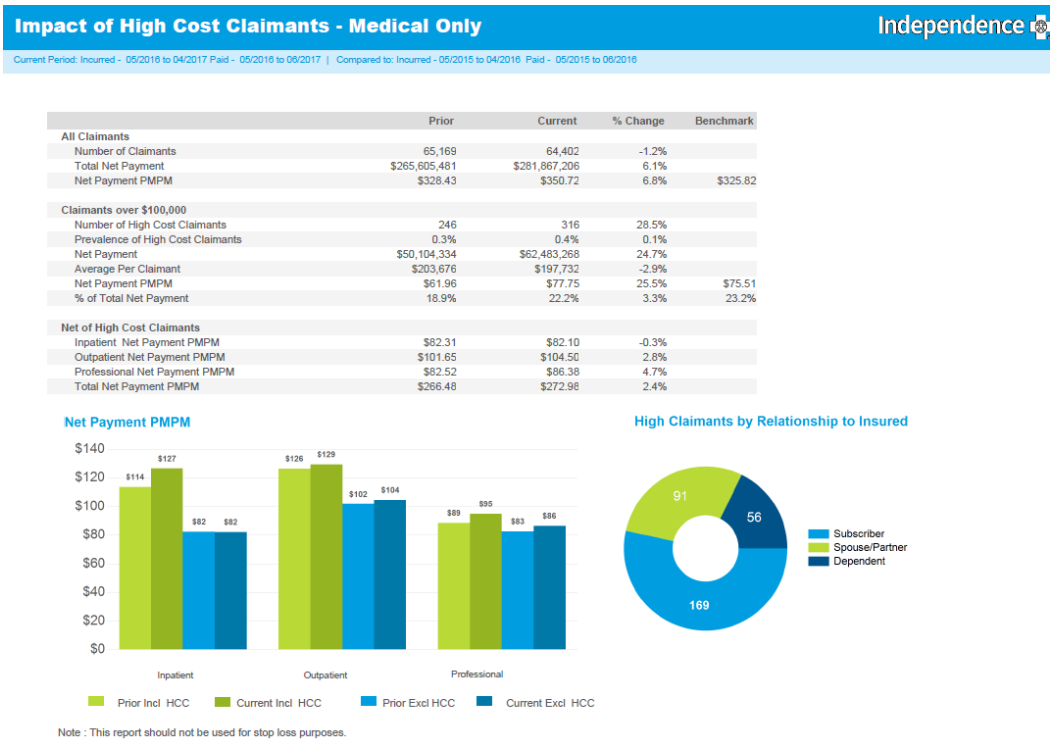
The **High Cost Claimant** report provides a detailed listing of the claimants exceeding the high-dollar threshold for claims that were set when running the reports (defaults to $100k). This is a listing of people that have claims that aggregate to an amount above $100k (default limit) for the period you are reviewing.

The report is sorted in descending order by medical payment amount. The report indicates if this individual was a high cost claimant in the prior period, if they are currently an active member in the plan, the demographic information, the condition and drug costs. Prescription drug is included for both integrated and stand-alone when it is sold through IBC. External PBM vendor fees are excluded.

Key Considerations with this report

The High Cost Claimant report is useful in identifying the sickest portion of your population. The report is deidentified, but this information can be used to understand potential drivers of increased spend year over year, areas of focus for case management and it can help identify areas to target for preventive initiatives. While some medical conditions do not lend themselves to any type of intervention on your part, other conditions such as joint replacements may be impacted by changes in the workplace.

Impact of High Cost Claimants



Impact of High Cost Claimants - Medical Only — Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 06/2016

	Prior	Current	% Change	Benchmark
All Claimants				
Number of Claimants	65,169	64,402	-1.2%	
Total Net Payment	$265,605,481	$281,867,206	6.1%	
Net Payment PMPM	$328.43	$350.72	6.8%	$325.82
Claimants over $100,000				
Number of High Cost Claimants	246	316	28.5%	
Prevalence of High Cost Claimants	0.3%	0.4%	0.1%	
Net Payment	$50,104,334	$62,483,268	24.7%	
Average Per Claimant	$203,676	$197,732	-2.9%	
Net Payment PMPM	$61.96	$77.75	25.5%	$75.51
% of Total Net Payment	18.9%	22.2%	3.3%	23.2%
Net of High Cost Claimants				
Inpatient Net Payment PMPM	$82.31	$82.10	-0.3%	
Outpatient Net Payment PMPM	$101.65	$104.50	2.8%	
Professional Net Payment PMPM	$82.52	$86.38	4.7%	
Total Net Payment PMPM	$266.48	$272.98	2.4%	

Net Payment PMPM

High Claimants by Relationship to Insured

Note : This report should not be used for stop loss purposes.

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Impact of High Cost Claimants** report summarizes the number of claimants and their cost and prevalence. The high-dollar threshold for claims is user-defined when running the reports (defaults to $100k). The **Enhanced** version includes data by condition.

The first tab/page of the report only includes medical costs (shown above) while the second tab/page includes both medical and prescription drug costs. The report breaks out the expenses by inpatient, outpatient and professional.

Key Considerations with this report

The Impact of High Cost Claimant report is useful in determining if the impact of high cost claimants is greater than prior period. It is generally anticipated that there will be a certain amount of high cost claimants each year so it is valuable to understand if the impact is greater than or less than the prior year. It is also useful to understand the relationship to insured since that may influence plan designs for the future. Of particular note is the prevalence of high cost claimants which is a calculation of your high cost claimants over the unique members covered during the year. This is a useful metric for year over year comparison.

NOTE: This report should not be used for stop loss purposes since the specific dates and requirements for stop loss may be different than what is reflected in this exhibit.

Inpatient By Condition

	Net Pay PMPM			Admits		Admits/1000			Net Pay Per Admit		
Conditions	Current	Change	Benchmark	Current	% Change	Current	% Change	Benchmark	Current	% Change	Benchmark
Complications of pregnancy; childbirth; and the puerperium	$23.79	$2.43	$13.20	1,160	4.5%	19.1	6.5%	11.9	$14,932	4.6%	$13,327
Diseases of the circulatory system	$15.76	$1.99	$14.66	347	-7.0%	5.7	-5.2%	5.3	$33,074	20.8%	$33,221
Diseases of the musculoskeletal system and connective tissue	$14.36	$2.55	$14.41	296	3.9%	4.9	5.8%	5.0	$35,332	14.9%	$34,700
Certain conditions originating in the perinatal period	$11.38	$3.16	$7.56	867	15.0%	14.3	17.1%	9.5	$9,561	18.2%	$9,518
Neoplasms	$8.75	-$0.33	$9.83	189	-10.0%	3.1	-8.3%	3.4	$33,725	5.1%	$34,877
Diseases of the digestive system	$8.38	-$1.28	$8.77	288	-29.4%	4.7	-28.1%	5.0	$21,184	20.6%	$20,888
Injury and poisoning	$7.54	-$0.78	$8.99	184	-20.3%	3.0	-18.9%	3.6	$29,846	11.8%	$30,140
Endocrine; nutritional; and metabolic diseases and immunity disorders	$6.53	-$0.45	$5.12	159	-10.7%	2.6	-9.0%	2.6	$29,914	2.8%	$24,047
Diseases of the respiratory system	$6.20	$2.13	$6.15	242	8.5%	4.0	10.5%	3.0	$18,646	38.0%	$24,552
Infectious and parasitic diseases	$4.83	$0.50	$4.79	134	11.7%	2.2	13.7%	1.9	$26,256	-1.9%	$30,077
Diseases of the nervous system and sense organs	$3.57	$0.63	$3.29	92	-34.3%	1.5	-33.1%	1.6	$28,254	81.6%	$23,976
Mental illness	$2.92	-$0.13	$5.39	391	26.5%	6.4	26.9%	12.2	$5,434	-25.7%	$5,305
Diseases of the genitourinary system	$2.62	-$0.06	$2.46	106	-29.3%	1.7	-28.0%	1.7	$17,998	35.6%	$17,094
Congenital anomalies	$1.25	-$1.64	$1.67	16	-36.0%	0.3	-34.8%	0.3	$56,991	-33.6%	$72,475
Diseases of the skin and subcutaneous tissue	$1.03	-$0.02	$1.05	57	-13.6%	0.9	-12.0%	0.9	$13,147	11.4%	$13,774
Diseases of the blood and blood-forming organs	$0.85	-$0.22	$1.21	47	-19.0%	0.8	-17.5%	0.6	$13,216	-3.8%	$25,824
Other	$2.34	-$0.95	$2.01	91	-26.0%	1.5	-24.6%	1.2	$18,754	-5.5%	$19,409
Total Inpatient	**$122.12**	**$7.53**	**$110.55**	**4,666**	**-2.0%**	**76.9**	**-0.2%**	**69.7**	**$19,057**	**6.8%**	**$19,042**

Available for Self-Funded and Fully-Insured 250+

Description

The **Inpatient by Condition** report provides an overview of the cost and utilization of inpatient providers based on a member's medical condition

Conditions are determined using the Clinical Classification System (CCS) – an industry standard for grouping diagnosis codes. The report is sorted by descending current net claim payment per member per month. A single member may be in multiple categories if that member has multiple medical conditions. For example, John Doe may have payments and admissions for a heart attack in one category and payments and admissions for cancer in another category.

Key Considerations with this report

The Inpatient by Condition report is useful in identifying the reason your members are seeking inpatient treatment. This information can be used to suggest workplace interventions (e.g. a large number of musculoskeletal admissions in a workplace that involves heavy lifting) or increased member education (e.g. a large number of endocrine admissions for members with diabetes). This information can also be used to identify emerging problems such as increased admissions for respiratory problems or mental health disorders. Includes admissions for SNF and Residential Rehab.

Medical Lag

Medical Lag Report

Current Period: 01/2016 to 05/2016 | Compared to: 01/2015 to 05/2015 | Benchmark: IBC Book of Business

	Incurred Period												
Paid Period	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	**Total**
Jan-15	$366,918												**$366,918**
Feb-15	$1,200,698	$199,692											**$1,400,390**
Mar-15	$211,629	$1,376,190	$473,746										**$2,061,565**
Apr-15	$35,118	$219,128	$1,868,060	$293,254									**$2,415,560**
May-15	$10,298	$34,520	$228,036	$1,279,055	$273,175								**$1,825,084**
Jun-15	$31,753	$31,428	$86,621	$451,587	$1,244,641	$426,317							**$2,272,347**
Jul-15	$15,890	$19,380	$18,132	$17,504	$268,545	$1,359,308	$350,602						**$2,049,361**
Aug-15	$8,293	$32,021	$88,738	$16,951	$178,323	$247,718	$1,311,628	$249,432					**$2,133,104**
Sep-15	$18,645	$103,840	$24,638	$33,938	$44,711	$71,959	$196,946	$1,310,264	$154,465				**$1,959,406**
Oct-15	$11,367	$14,324	$22,785	$12,900	$12,342	$39,255	$264,381	$313,289	$1,649,481	$313,299			**$2,653,423**
Nov-15	$2,752	-$38,915	$9,450	$3,129	$13,978	$6,432	$2,433	$6,713	$175,285	$1,233,316	$269,267		**$1,683,840**
Dec-15	$3,225	$19,675	$24,445	-$2,120	$5,709	-$5,514	-$700	$84,591	$45,981	$363,560	$1,574,754	$449,812	**$2,563,418**
Jan-16	$1,528	-$7,742	$18,605	$2,832	$3,830	$1,915	$10,643	$20,271	$29,267	$143,481	$257,232	$1,437,267	**$1,919,129**
Total	**$1,918,114**	**$2,003,541**	**$2,863,256**	**$2,109,030**	**$2,045,254**	**$2,147,390**	**$2,135,933**	**$1,984,560**	**$2,054,479**	**$2,053,656**	**$2,101,253**	**$1,887,079**	**$25,303,545**

Available for Self-Funded

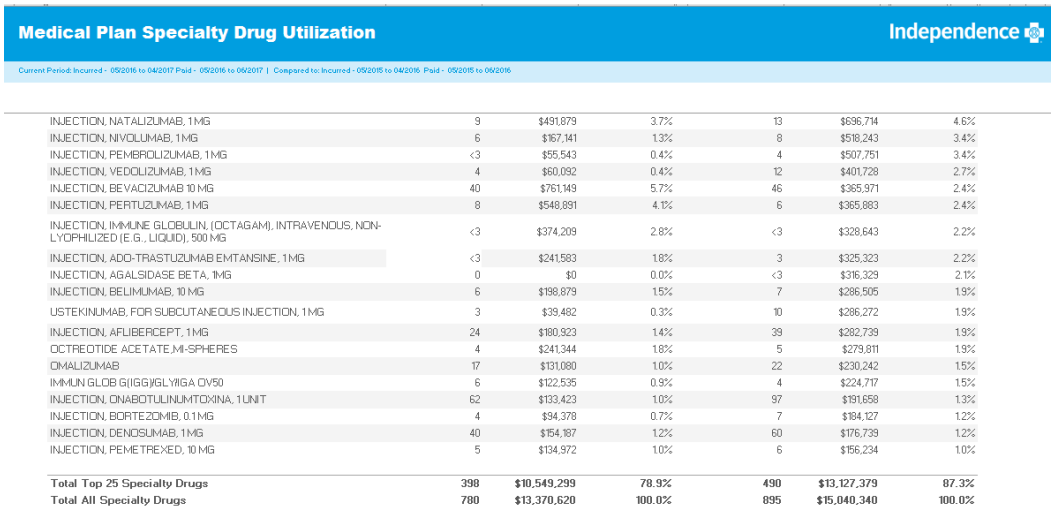
Description

The **Medical Lag Report** (aka “triangle report”) shows claims in the month they were incurred and the month they were paid. Delays can occur if a claim is submitted late, has incomplete information, or triggers a manual review.

Key Considerations with this report

- *This report is primarily used to review payout of claims over time. For many customers, this allows them to set “reserves” to pay for claims incurred in one financial year but paid in another financial year.*

Medical Specialty Drug Utilization



Medical Plan Specialty Drug Utilization — Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 06/2016

INJECTION, NATALIZUMAB, 1 MG	9	$491,879	3.7%	13	$696,714	4.6%
INJECTION, NIVOLUMAB, 1 MG	6	$167,141	1.3%	8	$518,243	3.4%
INJECTION, PEMBROLIZUMAB, 1 MG	<3	$55,543	0.4%	4	$507,751	3.4%
INJECTION, VEDOLIZUMAB, 1 MG	4	$60,092	0.4%	12	$401,728	2.7%
INJECTION, BEVACIZUMAB 10 MG	40	$761,149	5.7%	46	$365,971	2.4%
INJECTION, PERTUZUMAB, 1 MG	8	$548,891	4.1%	6	$365,883	2.4%
INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	<3	$374,209	2.8%	<3	$328,643	2.2%
INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	<3	$241,583	1.8%	3	$325,323	2.2%
INJECTION, AGALSIDASE BETA, 1MG	0	$0	0.0%	<3	$316,329	2.1%
INJECTION, BELIMUMAB, 10 MG	6	$198,879	1.5%	7	$286,505	1.9%
USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	3	$39,482	0.3%	10	$286,272	1.9%
INJECTION, AFLIBERCEPT, 1 MG	24	$180,923	1.4%	39	$282,739	1.9%
OCTREOTIDE ACETATE,MI-SPHERES	4	$241,344	1.8%	5	$279,811	1.9%
OMALIZUMAB	17	$131,080	1.0%	22	$230,242	1.5%
IMMUN GLOB G(IGG)/GLY/IGA OV50	6	$122,535	0.9%	4	$224,717	1.5%
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	62	$133,423	1.0%	97	$191,658	1.3%
INJECTION, BORTEZOMIB, 0.1 MG	4	$34,378	0.7%	7	$184,127	1.2%
INJECTION, DENOSUMAB, 1 MG	40	$154,187	1.2%	60	$176,739	1.2%
INJECTION, PEMETREXED, 10 MG	5	$134,972	1.0%	6	$156,234	1.0%
Total Top 25 Specialty Drugs	**398**	**$10,549,299**	**78.9%**	**490**	**$13,127,379**	**87.3%**
Total All Specialty Drugs	**780**	**$13,370,620**	**100.0%**	**895**	**$15,040,340**	**100.0%**

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Medical Specialty Drug Utilization** report provides information on Specialty Drugs that are paid out of the Medical Plan, not under the Pharmacy Plan. The report outlines the drug, the number of members using it, the total net payment for the drug and what percent that drug makes up of the total net payment spend for specialty drugs. This report shows a comparison from the prior period that was selected.

Key Considerations with this report

- *The Top 25 Specialty Drugs reflects the percentage of the total spend that the highest cost drugs are of the total. This generally follows the 80/20 rule where essentially the top 25 drugs make up approximately 80% of the spend.*

Cost-containment strategies

Industry trends predict that specialty drug costs will continue to rise. To help deflect this trend, Independence uses a variety of strategies to ensure that our members have access to high quality treatment options that are also cost-effective. These strategies are often used in combination to maximize cost-containment potential and minimize inappropriate utilization. The strategies include, but are not limited to, the following:

- **Medical Policy,** which identifies medical necessity criteria that members must meet in order to receive the drug. Almost all specialty drugs have an Independence medical policy with defined coverage criteria.

- **Precertification review**, which allows Independence to review physician drug requests and provide authorizations ***before*** medications are given to members. This ensures that the drugs are used for the correct indications and at the appropriate intervals. Currently, nearly 80 drugs require precertification approval from Independence.

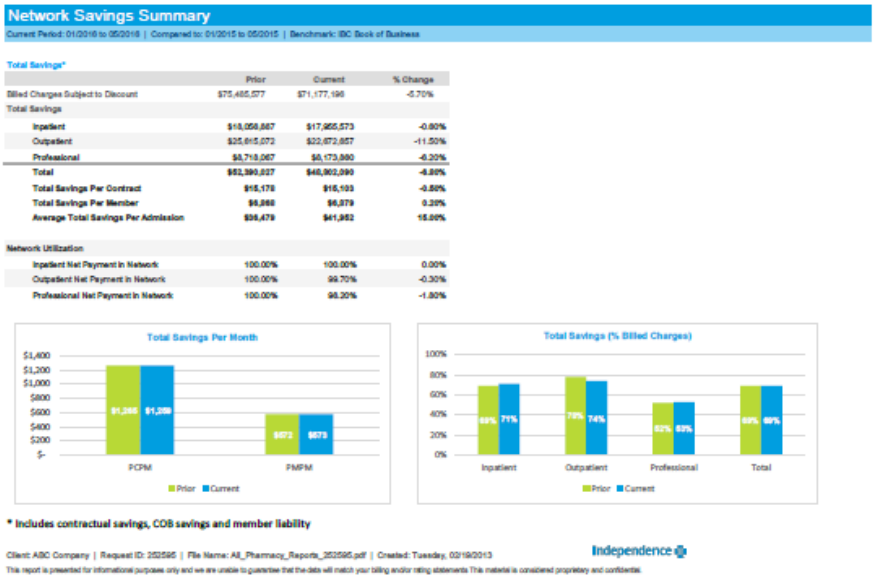
- **Dosing and frequency review**, which helps Independence ensure that providers are administering select specialty drugs (Avastin, Botox, Erbitux, Herceptin, IVIG/SCIG, Remicade, Rituxan, and Yervoy) at the doses and

frequencies consistent with FDA-labelling. This minimizes drug wastage and unnecessary overexposure of members to specific drugs. This program has been in effect since 2011.

- **Most cost-effective setting review**, which encourages providers and members to receive certain drugs in settings (such as the home, office, or infusion suite) that are less costly than outpatient hospital facilities. This program has been in effect since 2012. There are currently 21 drugs on this program, including IVIG/SCIG, Prolia, Stelara, Soliris, and Xolair.

- **Direct Ship Drug Program**, which is a value-added program that allows in-network office-based providers to obtain many specialty drugs at competitive prices, based on contracts that Independence negotiates with our preferred specialty drug vendors.

Network Savings Summary



Available for Self-Funded

Description

The **Network Savings Summary** report provides a high-level summary of the cost savings obtained by the use of the Blue Cross network. It includes total savings separated by inpatient admissions, outpatient services, and professional services as well as savings per contract and savings per member comparisons to a prior reporting period. This report also shows member utilization of the Blue Cross network of providers.

Key Considerations with this report

The Network Savings Summary is particularly useful in showing the significant discounts available to your members when using in-network providers as well as the high number of providers available to your members throughout the Blue Cross system.

Network Utilization

Commented [SED2]: Attached screen prints of tabs 2 & 3?

	Total			In Network				Network as a % of Total			
	Prior	Current	% Change	Prior	Current	% Change	Benchmark	Prior	Current	% Change	Benchmark
Inpatient Facility											
Members	3,697	3,569	-3.5%	3,679	3,562	-3.2%					
Admissions	4,783	4,686	-2.0%	4,631	4,480	-3.3%		97.2%	96.0%	-1.2%	
Admissions/1000	77.1	76.9	-0.2%	74.9	73.8	-1.5%	65.2	97.2%	96.0%	-1.2%	93.6%
Days	19,094	18,528	-3.0%	18,837	18,227	-2.2%		97.6%	98.4%	0.8%	
Days/1000	308.9	305.3	-1.2%	301.5	300.4	-0.4%	290.6	97.6%	98.4%	0.8%	96.2%
Net Payment	$72,056,440	$74,488,807	3.4%	$71,707,419	$74,180,754	3.4%		99.5%	99.6%	0.1%	98.9%
% of Total Providers								86.3%	90.5%	4.2%	
Outpatient Facility											
Members	33,460	33,188	-0.9%	33,460	33,171	-0.9%					
Units	325,090	330,920	1.8%	322,888	329,166	1.9%		99.3%	99.5%	0.1%	
Units/ 1000	5,259.6	5,453.6	3.7%	5,223.9	5,424.7	3.8%	3,497.5	99.3%	99.5%	0.1%	98.5%
Net Payment	$95,776,080	$95,854,910	0.1%	$94,891,762	$95,306,244	0.4%		99.1%	99.4%	0.4%	98.1%
% of Total Providers								89.6%	92.8%	3.2%	
Professional											
Members	59,204	58,407	-1.3%	59,122	58,333	-1.3%					
Units	908,146	891,734	-1.8%	875,050	868,254	-0.8%		96.4%	97.4%	1.0%	
Units/1000	14,692.7	14,695.9	0.0%	14,157.3	14,309.0	1.1%	17,878.0	96.4%	97.4%	1.0%	96.1%
Net Payment	$80,066,374	$83,964,036	4.9%	$79,196,439	$83,305,154	5.2%		98.9%	99.2%	0.3%	97.4%
% of Total Providers								88.9%	87.8%	-1.1%	

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Network Utilization** report provides summary information based on whether a claim was from an in-network provider or an out-of-network provider. The first tab/page provides a breakdown of in-network utilization separated by inpatient, outpatient, and professional claim types.

The second tab/page displays information about the top 5 out-of-network inpatient, outpatient, and professional providers used by your members based on descending net payment to the provider.

The third tab/page displays information about the top 5 medical conditions for which your members saw an out-of-network provider based on descending net payment for the condition.

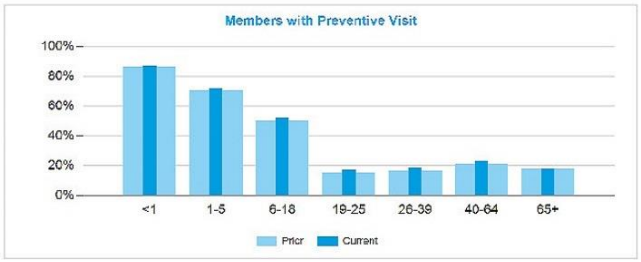
Key Considerations with this report

- *Tab/page one of the Network Utilization report allows you to assess the availability of Independence's network of facilities and physicians to your members. It also points out the percentage of members who may be impacted by additional out-of-network costs.*
- *Tab/page two of the Network Utilization report is useful in redirecting members to alternate in-network providers to avoid the additional costs associated with out-of-network utilization – both to the member and to your plan.*

- *Tab/page three of the Network Utilization report identifies the types of medical conditions/services that members have related to out-of-network utilization. As with tab/page two, this can be used to assist members in finding alternate in-network providers to avoid the additional costs associated with out-of-network utilization.*

Office Visit Utilization

Office Visits	Members		% of Members Utilizing	% of Total Visits	Visits		Visits/1000		Net Payment		PMPM		Net Pay/Visit	
	Current	% Change		Office Visits	Current	% Change	Current	% Change	Current	% Change	Current	Change	Current	% Change
Primary Care Physician	44,689	-1.1%	61.5%	53.9%	114,551	-1.2%	1,887.8	0.7%	$11,095,916	1.3%	$15.24	$0.47	$97	2.5%
Preventive Visit	22,479	4.1%	30.9%	13.1%	27,771	4.8%	457.7	6.8%	$4,022,221	5.1%	$5.52	$0.36	$145	0.3%
Other Visit	35,898	-2.3%	49.4%	40.9%	86,780	-3.0%	1,430.1	-1.2%	$7,073,696	-0.7%	$9.71	$0.11	$82	2.3%
Obstetrics/Gynecology	11,011	-2.9%	15.2%	7.4%	15,629	-4.3%	257.6	-2.5%	$1,905,798	-3.8%	$2.62	-$0.05	$122	0.6%
All Other Specialties	28,658	-0.6%	39.4%	38.7%	82,155	-1.7%	1,353.9	0.1%	$8,399,299	1.0%	$11.54	$0.32	$102	2.8%
Telemedicine Visit	31	72.2%	0.0%	0.0%	49	96.0%	0.8	99.7%	$1,111	51.6%	$0.00	$0.00	$23	-22.6%
Total Office Visits	53,571	-1.5%	73.7%	100.0%	212,384	-1.6%	3,500.1	0.2%	$21,402,123	0.7%	$29.39	$0.75	$101	2.4%



Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Office Visit Utilization** report contains 2 tabs/pages. This report can address questions such as "Are my members seeing a primary care physician?", "Are my members getting preventive exams?", "What specialists are my members seeing?", and "Are my members using Telemedicine?"

The first tab/page (shown above) shows the types of office visits utilized by members. It shows the net payments and PMPM for those categories and the change from the prior period. The information is shown both by member and by visit. It reflects the cost per member, visits per 1000 members and the net pay per visit. The bottom section of the report shows the percentage of members that have a preventive visit based on the age of the member.

The second tab/page shows the top 5 specialists visited. This information is shown both by member and by visit. It reflects the cost per member, visits per 1000 members and the net pay per visit.

Key Considerations with this report:

- *Tab/page one of the report details the types of Office Visits for your population. This report outlines what percent of your population are getting preventive visits and utilizing a Primary Care Physician. This may lead to wellness workplace initiatives to increase preventative services. It may also drive benefit changes to increase the utilization of a primary care physician.*

Outpatient By Service Type

	PMPM			Units		Unit Type	Units/1000			Net Pay Per Unit		
Service Types	Current	Change	Benchmark	Current	% Change		Current	% Change	Benchmark	Current	% Change	Benchmark
Surgery	$39.30	$1.48	$39.97	8,181	-3.1%	Surgery	134.8	-1.3%	144.3	$3,498	5.3%	$4,187
Radiology	$17.47	-$0.04	$13.79	44,188	-6.9%	Service	728.2	-5.2%	548.4	$288	5.2%	$316
Pharmacy	$13.23	-$1.30	$13.75	14,190	-1.8%	Prescription	233.9	0.0%	198.0	$879	-8.9%	$833
Laboratory	$12.30	$1.17	$6.94	195,296	4.2%	Test	3,218.5	6.2%	1,689.9	$46	4.1%	$49
Emergency Room	$11.45	$0.22	$13.19	12,037	-3.5%	Visit	198.4	-1.7%	184.7	$693	3.7%	$857
Rehabilitation	$7.93	-$0.68	$4.50	25,178	6.1%	Service	414.9	8.0%	255.5	$229	-14.8%	$228
Radiation Therapy	$5.86	-$0.33	$5.82	1,799	0.1%	Treatment	29.6	2.0%	31.8	$2,373	-7.1%	$2,198
Renal	$4.96	-$0.05	$2.89	6,167	18.2%	Service	101.6	20.4%	74.7	$586	-17.7%	$464
Emergency Room With Observation Bed	$4.87	$0.70	$4.29	857	10.2%	Visit	14.1	12.2%	11.9	$4,141	4.2%	$4,309
Cardiology	$4.02	$0.35	$3.37	4,193	5.7%	Test	69.1	7.7%	63.7	$698	1.8%	$759
Other Diagnostic	$3.70	$0.09	$2.68	3,201	1.2%	Test	52.8	3.1%	40.7	$841	-0.6%	$652
Maternity	$1.57	$0.31	$0.45	1,456	14.3%	Service	24.0	16.4%	10.1	$783	7.4%	$528
Home Health/Hospice	$0.85	-$0.02	$0.86	4,154	-10.3%	Visit	68.5	-8.6%	62.4	$149	6.8%	$161
Observation Bed	$0.74	$0.21	$0.69	400	-6.5%	Visit	6.6	-4.8%	3.9	$1,349	47.3%	$2,119
Mental Health / Substance Abuse	$0.73	-$0.10	$2.43	1,978	-3.9%	Service	32.6	-2.1%	96.4	$270	-9.6%	$294
Ambulance	$0.43	$0.05	$0.31	114	15.2%	Trip	1.9	17.3%	2.0	$2,718	-2.9%	$1,881
Clinic	$0.25	$0.03	$0.38	2,343	0.0%	Visit	38.6	1.8%	40.6	$79	13.7%	$112
Anesthesia	$0.14	$0.03	$0.13	70	-6.7%	Service	1.2	-4.9%	1.4	$1,499	28.6%	$1,095
Supplies/DME	$0.14	$0.02	$0.22	750	13.0%	Service	12.4	15.1%	14.1	$138	2.9%	$188
Visits	$0.09	$0.04	$0.12	525	14.6%	Service	8.7	16.8%	10.7	$128	59.4%	$140
Other	$1.61	$0.30	$1.43	3,843	-8.3%	Service	63.3	-6.6%	67.1	$306	31.2%	$157
Total Outpatient	**$131.64**	**$2.51**	**$118.21**	**330,920**	**1.8%**		**5,453.6**	**3.7%**	**3,552.2**	**$290**	**-1.7%**	**$399**

Available for Self-Funded and Fully-Insured 250+

Description

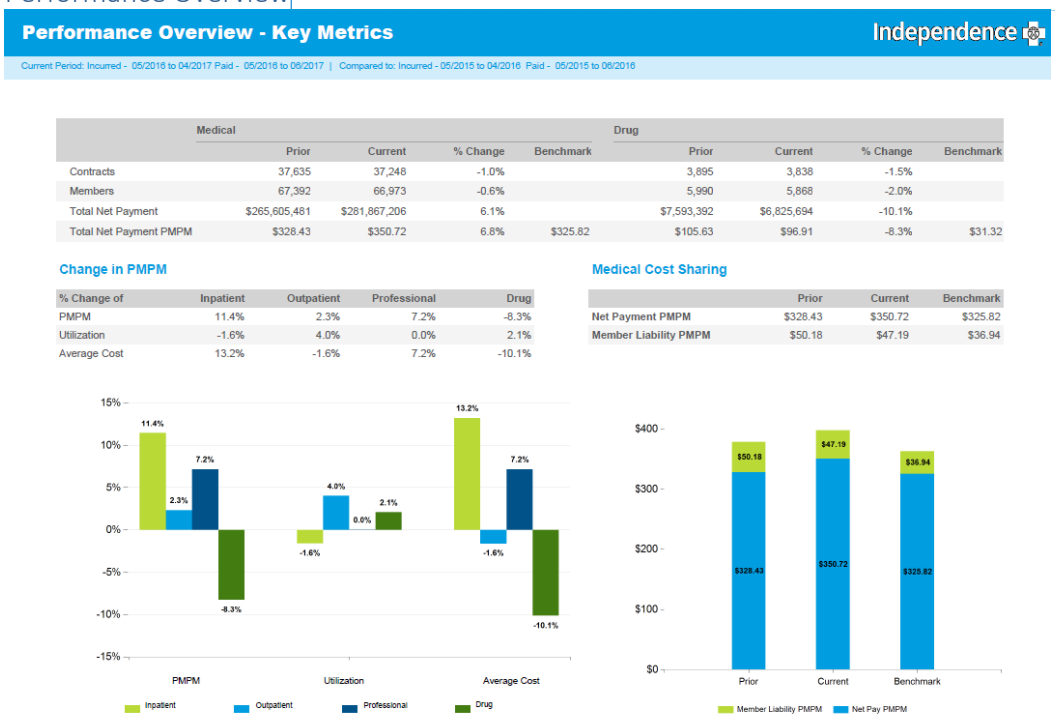
The **Outpatient by Service Type** report provides an overview of the cost and utilization of outpatient providers based on the kinds of services a member receives. The report is sorted by descending current net claim payment per member per month. A single member may be in multiple categories if they have had multiple kinds of services. For example, Jane Doe may have payments and units for an ambulance ride in one category and payments and units after the arrival at an ER in another category.

Key Considerations with this report

Similar to the Professional by Service Type report, the Outpatient by Service Type report is useful in identifying the kinds of outpatient services your members are receiving. This information is often useful when comparing your numbers to the "benchmark" numbers to determine whether your members are receiving a particular type of treatment (e.g. mental health/substance abuse) at a higher rate than the average population of Independence members. Such information can be useful in suggesting workplace interventions or benefit changes.

Performance Overview

Commented [SED3]: Add screen prints of tabs 2 and 3?



Performance Overview - Key Metrics Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 06/2016

	Medical				Drug			
	Prior	Current	% Change	Benchmark	Prior	Current	% Change	Benchmark
Contracts	37,635	37,248	-1.0%		3,895	3,838	-1.5%	
Members	67,392	66,973	-0.6%		5,990	5,868	-2.0%	
Total Net Payment	$265,605,481	$281,867,206	6.1%		$7,593,392	$6,825,694	-10.1%	
Total Net Payment PMPM	$328.43	$350.72	6.8%	$325.82	$105.63	$96.91	-8.3%	$31.32

Change in PMPM

% Change of	Inpatient	Outpatient	Professional	Drug
PMPM	11.4%	2.3%	7.2%	-8.3%
Utilization	-1.6%	4.0%	0.0%	2.1%
Average Cost	13.2%	-1.6%	7.2%	-10.1%

Medical Cost Sharing

	Prior	Current	Benchmark
Net Payment PMPM	$328.43	$350.72	$325.82
Member Liability PMPM	$50.18	$47.19	$36.94

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Performance Overview** report contains 3 tabs/pages. The first tab/page (shown above) provides key metrics on medical membership, retail pharmacy membership (when applicable), change in Per Member Per Month (PMPM) calculations, and medical cost sharing (net pay PMPM and member liability).

The second tab/page provides key inpatient, outpatient and professional metrics, as well as retail pharmacy when applicable.

The third tab/page provides a financial summary. Metrics include discounted allowable medical charges, Coordination of Benefits (COB) savings, member financial liability breakdown, capitation, network expenses, and integrated drug net payment. It also includes freestanding drug costs, when applicable.

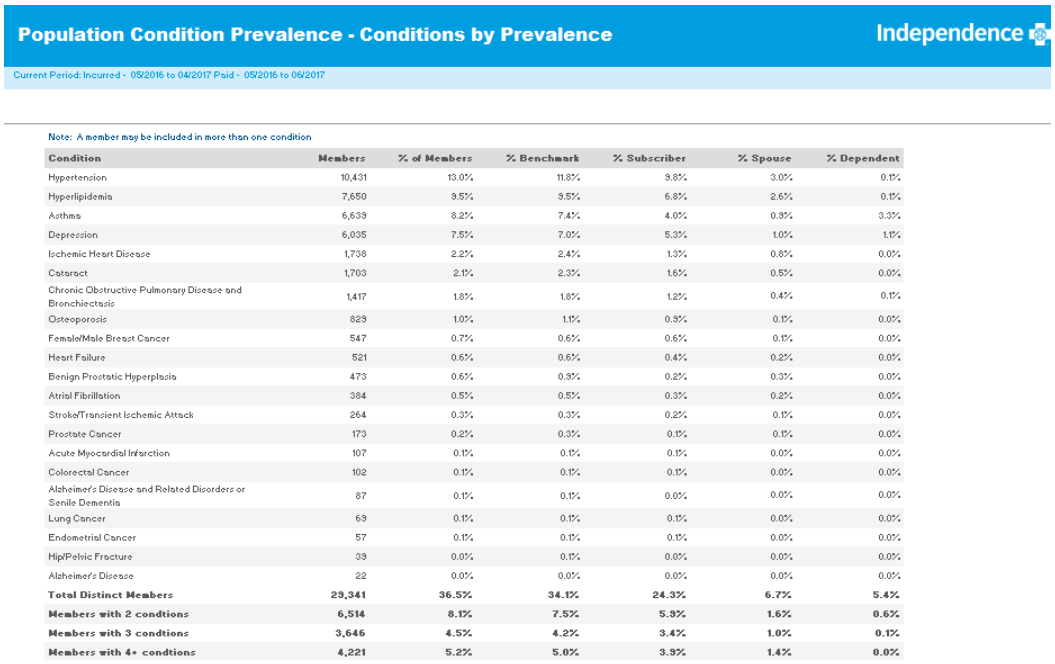
Key Considerations with this report

- *Tab/page one of the Performance Overview is a snapshot of key membership, utilization, and cost metrics suitable for high level discussions of changes in medical and retail pharmacy numbers. The most important items to focus on are the changes in the "averages" such as per member per month (PMPM) numbers and average costs. If you have made changes in your member cost sharing arrangement, be sure to look at the graph of "Medical Cost Sharing" to see the impact of your changes. Some of the measures shown also include*

"benchmark" or normative data for Independence's book of business so you can see how your members compare to a larger population.

- *Tab/page two of the Performance Overview provides additional detailed information on utilization and costs separated by inpatient admissions, outpatient services, professional services, and retail prescription drug prescriptions. These reports also include benchmarks for comparison of your members to a larger population.*
- *Tab/page three of the Performance Overview focuses strictly on financial performance. This page starts with provider charges after the Independence discount is applied then adds and subtracts various dollar amounts as you go down the page. At the bottom of the page, the total claim payment is shown for the period you ran.*

Population Condition Prevalence



Population Condition Prevalence - Conditions by Prevalence

Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017

Note: A member may be included in more than one condition

Condition	Members	% of Members	% Benchmark	% Subscriber	% Spouse	% Dependent
Hypertension	10,431	13.0%	11.8%	3.8%	3.0%	0.1%
Hyperlipidemia	7,650	9.5%	9.5%	6.8%	2.6%	0.1%
Asthma	6,639	8.2%	7.4%	4.0%	0.8%	3.3%
Depression	6,035	7.5%	7.0%	5.3%	1.0%	1.1%
Ischemic Heart Disease	1,738	2.2%	2.4%	1.3%	0.8%	0.0%
Cataract	1,703	2.1%	2.3%	1.5%	0.5%	0.0%
Chronic Obstructive Pulmonary Disease and Bronchiectasis	1,417	1.8%	1.8%	1.2%	0.4%	0.1%
Osteoporosis	829	1.0%	1.1%	0.8%	0.1%	0.0%
Female/Male Breast Cancer	547	0.7%	0.6%	0.6%	0.1%	0.0%
Heart Failure	521	0.6%	0.6%	0.4%	0.2%	0.0%
Benign Prostatic Hyperplasia	473	0.6%	0.8%	0.2%	0.3%	0.0%
Atrial Fibrillation	384	0.5%	0.5%	0.3%	0.2%	0.0%
Stroke/Transient Ischemic Attack	264	0.3%	0.3%	0.2%	0.1%	0.0%
Prostate Cancer	173	0.2%	0.3%	0.1%	0.1%	0.0%
Acute Myocardial Infarction	107	0.1%	0.1%	0.1%	0.0%	0.0%
Colorectal Cancer	102	0.1%	0.1%	0.1%	0.0%	0.0%
Alzheimer's Disease and Related Disorders or Senile Dementia	87	0.1%	0.1%	0.0%	0.0%	0.0%
Lung Cancer	69	0.1%	0.1%	0.1%	0.0%	0.0%
Endometrial Cancer	57	0.1%	0.1%	0.1%	0.0%	0.0%
Hip/Pelvic Fracture	39	0.0%	0.1%	0.0%	0.0%	0.0%
Alzheimer's Disease	22	0.0%	0.0%	0.0%	0.0%	0.0%
Total Distinct Members	**29,341**	**36.5%**	**34.1%**	**24.3%**	**6.7%**	**5.4%**
Members with 2 condtions	**6,514**	**8.1%**	**7.5%**	**5.9%**	**1.6%**	**0.6%**
Members with 3 condtions	**3,646**	**4.5%**	**4.2%**	**3.4%**	**1.0%**	**0.1%**
Members with 4+ condtions	**4,221**	**5.2%**	**5.0%**	**3.9%**	**1.4%**	**0.0%**

Available for Self-Funded and Fully-Insured 250+

Description

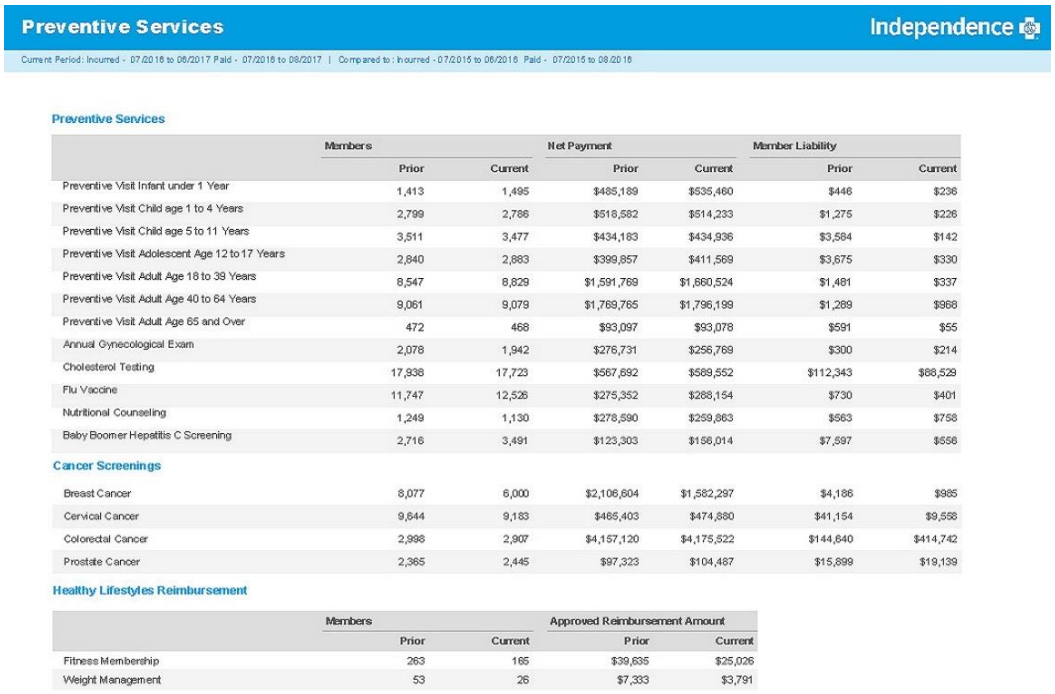
The **Population Condition Prevalence** report contains 2 tabs/pages. The first tab/page (shown above) provides key metrics on membership within the condition specified. This tab shows the percent of the total membership with the condition, a comparison to benchmark and whether the member is attributable to subscriber, spouse or dependent.

The second tab/page focus on the cost for those conditions. This page reflects the number of emergency room and primary care physician visits. It also breaks out the net payment PMPM by claim type.

Key Considerations with this report

- *The same member can be captured in different conditions. There is a count of distinct members at the bottom of tab/page one. It is not the sum of the conditions. Members with multiple conditions are also identified.*
- *"Benchmark" or normative data for Independence's book of business is shown so you can see how your members compare to a larger population. A high prevalence of certain conditions may impact benefit design, outreach programs or other plan design considerations.*

Preventive Services



Preventive Services — Independence

Current Period: Incurred - 07/2016 to 06/2017 Paid - 07/2016 to 08/2017 | Compared to : Incurred - 07/2015 to 06/2016 Paid - 07/2015 to 08/2016

Preventive Services

	Members		Net Payment		Member Liability	
	Prior	Current	Prior	Current	Prior	Current
Preventive Visit Infant under 1 Year	1,413	1,495	$485,189	$535,460	$446	$238
Preventive Visit Child age 1 to 4 Years	2,799	2,786	$518,582	$514,233	$1,275	$226
Preventive Visit Child age 5 to 11 Years	3,511	3,477	$434,183	$434,936	$3,584	$142
Preventive Visit Adolescent Age 12 to 17 Years	2,840	2,883	$399,857	$411,569	$3,675	$330
Preventive Visit Adult Age 18 to 39 Years	8,547	8,829	$1,591,769	$1,660,524	$1,481	$337
Preventive Visit Adult Age 40 to 64 Years	9,061	9,079	$1,769,765	$1,796,199	$1,289	$968
Preventive Visit Adult Age 65 and Over	472	468	$93,097	$93,078	$591	$55
Annual Gynecological Exam	2,078	1,942	$276,731	$256,769	$300	$214
Cholesterol Testing	17,938	17,723	$567,692	$589,552	$112,343	$88,529
Flu Vaccine	11,747	12,526	$275,352	$268,154	$730	$401
Nutritional Counseling	1,249	1,130	$278,590	$259,863	$563	$758
Baby Boomer Hepatitis C Screening	2,716	3,491	$123,303	$156,014	$7,597	$556
Cancer Screenings						
Breast Cancer	8,077	6,000	$2,106,604	$1,582,297	$4,186	$985
Cervical Cancer	9,644	9,183	$465,403	$474,880	$41,154	$9,558
Colorectal Cancer	2,998	2,907	$4,157,120	$4,175,522	$144,640	$414,742
Prostate Cancer	2,365	2,445	$97,323	$104,487	$15,899	$19,139

Healthy Lifestyles Reimbursement

	Members		Approved Reimbursement Amount	
	Prior	Current	Prior	Current
Fitness Membership	263	165	$39,635	$25,026
Weight Management	53	26	$7,333	$3,791

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Preventive Services** report contains 1 tab/page. This report can address questions such as "What % of my members have received preventive services and certain screenings?" and "How many members were reimbursed for a healthy lifestyle program?"

The first tab/page (shown above) shows the average age of members who had preventative office visits, the number of members that are getting cancer screenings broken out by the type of cancer they are getting screened for, and the number of members that have been reimbursed for healthy lifestyle programs. It shows the net payment for both the current and prior period as well as the expenses incurred by the member.

Key Considerations with this report:

- *This report outlines what percent of your population are getting preventive visits and utilizing healthy lifestyle programs. This may lead to wellness workplace initiatives to increase preventive services*.

Professional By Service Type

	PMPM			Units		Unit Type	Units/1000			Net Pay Per Unit		
Service Types	Current	Change	Benchmark	Current	% Change		Current	% Change	Benchmark	Current	% Change	Benchmark
Visits	$20.41	$0.47	$20.96	176,248	-2.1%	Visit	2,904.6	-0.3%	3,651.2	$84	2.6%	$88
Surgery	$12.81	$0.52	$14.39	41,455	1.2%	Surgery	683.2	3.1%	866.5	$225	1.1%	$132
Pharmacy	$10.29	$1.58	$15.09	17,885	2.1%	Prescription	294.7	4.0%	432.9	$419	13.7%	$418
Laboratory	$8.32	$0.35	$8.91	265,377	-5.7%	Test	4,373.5	-5.0%	5,720.2	$23	9.9%	$19
Anesthesia	$4.55	$0.21	$4.98	8,357	9.2%	Service	137.7	11.2%	137.8	$396	-5.8%	$450
Radiology	$4.32	$0.26	$6.38	41,812	-7.9%	Service	685.8	-6.2%	834.3	$76	13.3%	$63
Emergency Room	$3.50	$0.11	$3.17	13,523	-3.9%	Visit	222.9	-2.1%	201.1	$189	5.4%	$189
Supplies/DME	$2.88	$0.22	$3.52	20,838	13.8%	Service	343.4	15.9%	421.0	$101	-6.6%	$100
Consults	$2.76	$0.11	$2.21	8,768	-1.4%	Consult	144.5	0.4%	152.8	$230	3.9%	$174
Cardiology	$1.88	$0.09	$1.84	17,811	-1.3%	Test	293.5	0.5%	295.9	$77	4.4%	$75
Rehabilitation	$1.67	$0.03	$4.45	30,535	-2.8%	Service	503.2	-1.0%	1,123.2	$40	3.1%	$51
Other Diagnostic	$1.30	$0.01	$1.61	9,857	-2.3%	Test	162.4	-0.5%	184.1	$96	1.2%	$96
Urgent Care	$1.22	$0.25	$1.84	10,203	15.4%	Visit	168.1	17.6%	217.3	$87	6.8%	$102
Ambulance	$1.17	-$0.30	$1.51	1,543	-13.3%	Trip	25.4	-11.7%	24.5	$552	-9.8%	$740
Mental Health / Substance Abuse	$0.97	-$0.05	$3.29	15,854	-0.7%	Service	261.3	1.2%	653.8	$45	-6.0%	$60
Radiation Therapy	$0.56	$0.09	$0.73	1,451	0.3%	Treatment	23.9	2.2%	28.1	$279	15.7%	$310
Home Health/Hospice	$0.51	$0.02	$0.79	1,657	3.4%	Visit	27.3	5.4%	31.7	$222	-2.0%	$300
Maternity	$0.41	$0.01	$0.26	2,318	1.0%	Service	38.2	2.9%	20.7	$128	0.2%	$179
Immunotherapy	$0.20	-$0.02	$0.00	3,876	-9.6%	Visit	63.9	-7.9%	0.0	$38	-2.5%	$0
Chiropractic	$0.16	-$0.03	$0.75	18,663	-1.0%	Treatment	307.6	0.8%	693.6	$6	-14.2%	$13
Retail Clinic	$0.16	$0.03	$0.30	2,632	19.9%	Visit	43.4	22.1%	77.2	$45	0.8%	$46
Renal	$0.15	$0.04	$0.09	408	-5.1%	Service	6.7	-3.3%	5.4	$269	38.0%	$208
Integrated Drug	$0.00	$0.00	$0.00	50	72.4%	~	0.8	75.6%	0.0	$44	0.3%	$0
Telemedicine	$0.00	$0.00	$0.00	49	96.0%	Visit	0.8	99.7%	0.0	$23	-22.6%	$0

Available for Self-Funded and Fully-Insured 250+

Description

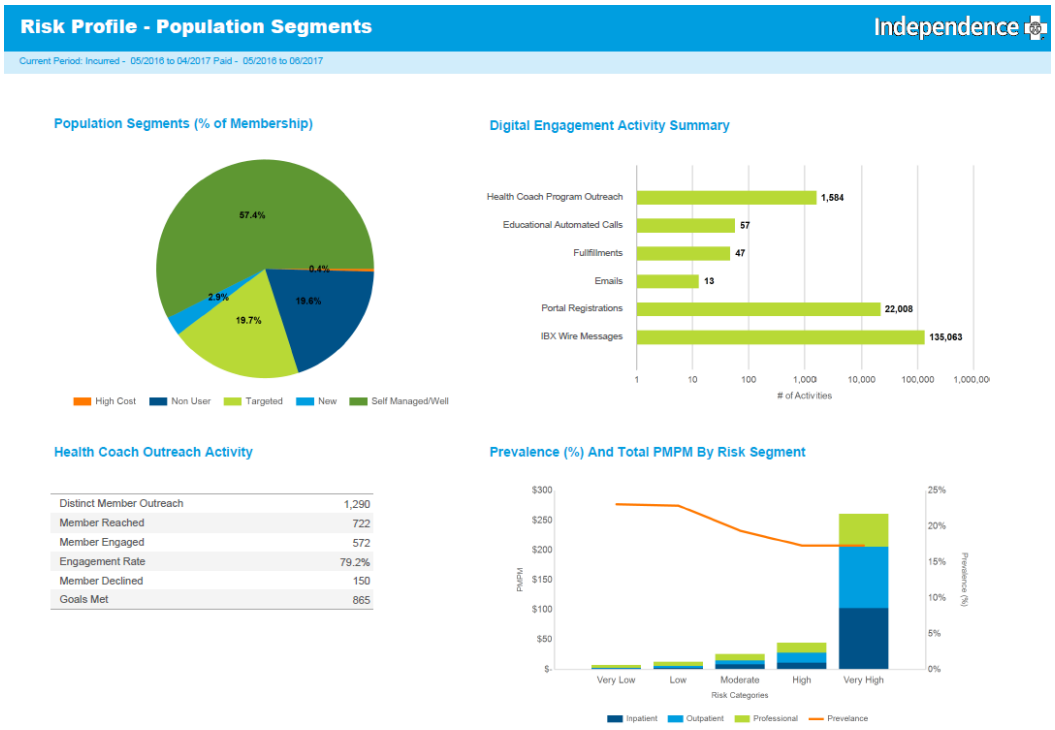
The **Professional by Service Type** report provides an overview of the cost and utilization of professional providers based on the kinds of services a member receives. The report is sorted by descending current net claim payment per member per month.

A single member may be in multiple categories if they have had multiple kinds of services. For example, John Doe may have payments and units for a visit to their doctor for a physical in one category and payments and units for the blood work down in another category.

Key Considerations with this report

Similar to the Outpatient by Service Type report, the Professional by Service Type report is useful in identifying the kinds of professional services your members are receiving. This information is often useful when comparing your numbers to the "benchmark" numbers to determine whether your members are receiving a particular type of treatment (e.g. mental health/substance abuse) at a higher rate than the average population of Independence members. Such information can be useful in suggesting workplace interventions or benefit changes.

Risk Profile – Population Segments



Available for Self-Funded and Fully-Insured 250+

Description

The **Risk Profile - Population Segments** report can address questions such as “What is the distribution of my membership by risk categories?” and “How many members were engaged with a health coach?”

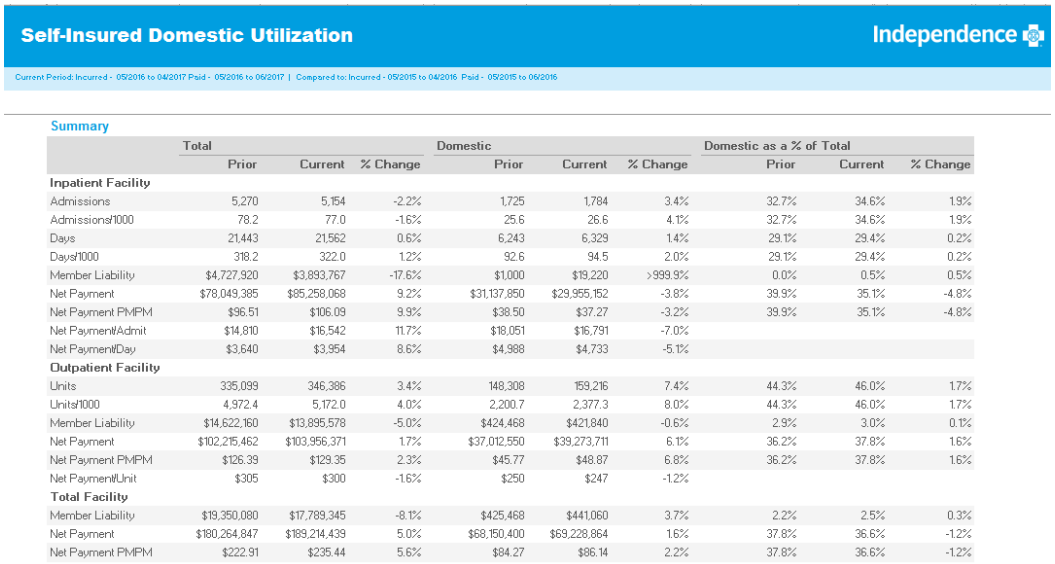
The top section of the report segments the population to reflect High Cost members (as defined by the parameters set or it will default to $100k), members that have zero utilization, new members, members targeted for case management and well-managed members. It also reflects digital engagement outreach activities which include both clinical and non-clinical messages such as on-boarding messages, gaps in care messages and general wellness initiatives.

The lower portion of the report reflects the health coach engagement and outreach efforts. The “Prevalence (%) and Total PMPM by Risk Segment” chart illustrates the PMPM for members based on their risk category. It also shows the prevalence of that risk category in the population.

Key Considerations with this report

- *“Prevalence” is how often a condition occurs within a given population. It is calculated by dividing the number of your members who have a condition by the total number of unique members who were covered by your plan during the time period under consideration.*

Self-Insured Domestic Utilization



Self-Insured Domestic Utilization Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 06/2016

Summary

	Total			Domestic			Domestic as a % of Total		
	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change
Inpatient Facility									
Admissions	5,270	5,154	-2.2%	1,725	1,784	3.4%	32.7%	34.6%	1.9%
Admissions/1000	78.2	77.0	-1.6%	25.6	26.6	4.1%	32.7%	34.6%	1.9%
Days	21,443	21,562	0.6%	6,243	6,329	1.4%	29.1%	29.4%	0.2%
Days/1000	318.2	322.0	1.2%	92.6	94.5	2.0%	29.1%	29.4%	0.2%
Member Liability	$4,727,920	$3,893,767	-17.6%	$1,000	$19,220	>999.9%	0.0%	0.5%	0.5%
Net Payment	$78,049,385	$85,258,068	9.2%	$31,137,850	$29,955,152	-3.8%	39.9%	35.1%	-4.8%
Net Payment PMPM	$96.51	$106.09	9.9%	$38.50	$37.27	-3.2%	39.9%	35.1%	-4.8%
Net Payment/Admit	$14,810	$16,542	11.7%	$18,051	$16,791	-7.0%			
Net Payment/Day	$3,640	$3,954	8.6%	$4,988	$4,733	-5.1%			
Outpatient Facility									
Units	335,099	346,386	3.4%	148,308	159,216	7.4%	44.3%	46.0%	1.7%
Units/1000	4,972.4	5,172.0	4.0%	2,200.7	2,377.3	8.0%	44.3%	46.0%	1.7%
Member Liability	$14,622,160	$13,895,578	-5.0%	$424,468	$421,840	-0.6%	2.9%	3.0%	0.1%
Net Payment	$102,215,462	$103,956,371	1.7%	$37,012,550	$39,273,711	6.1%	36.2%	37.8%	1.6%
Net Payment PMPM	$126.39	$129.35	2.3%	$45.77	$48.87	6.8%	36.2%	37.8%	1.6%
Net Payment/Unit	$305	$300	-1.6%	$250	$247	-1.2%			
Total Facility									
Member Liability	$19,350,080	$17,789,345	-8.1%	$425,468	$441,060	3.7%	2.2%	2.5%	0.3%
Net Payment	$180,264,847	$189,214,439	5.0%	$68,150,400	$69,228,864	1.6%	37.8%	36.6%	-1.2%
Net Payment PMPM	$222.91	$235.44	5.6%	$84.27	$86.14	2.2%	37.8%	36.6%	-1.2%

Available for Self-Funded Hospital Customers

Description

The **Self-Insured Domestic Utilization** report contains 2 tabs/pages. This report provides performance metrics on utilization at domestic facilities. You can see whether there is a high usage of domestic facilities and if not, what conditions are being treated at which other facilities.

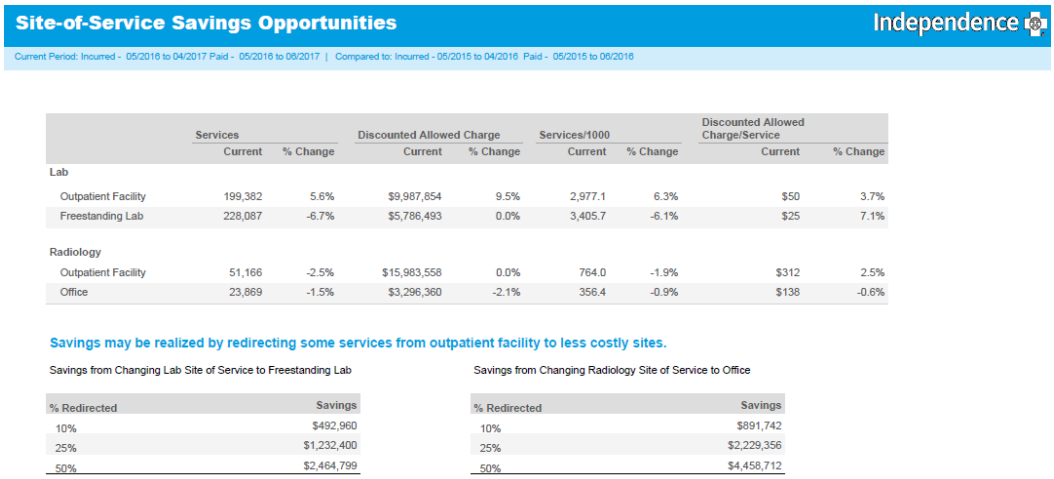
The first tab/page (shown above) breaks out the domestic utilization from the total to show key metrics versus prior period. The information is presented in three ways. The first is the Inpatient Facility metrics, the second is the Outpatient Facility and the third is the Total Facility.

The second tab/page shows the conditions by facility for the top non-domestic facilities based on spend. This can help to identify if people are going to non-domestic facilities for the treatment of certain conditions. This report is also broken out Inpatient Facility, Outpatient Facility and Total Facility.

Key Considerations with this report:

- *Tab/page one of the report is a snapshot of the key medical metrics in total and for domestic facilities. If there is a disproportionate amount of non-domestic utilization you may want to increase member education on their benefits and/or revisit benefit design for domestic facilities.*
- *Tab/page two of the report allows you to see the spend by top non-domestic facilities by top conditions. This may help you identify the specific educational materials that should be distributed to members.*

Site of Service Savings Opportunities (Lab and Radiology)



Site-of-Service Savings Opportunities — Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 08/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 08/2016

	Services		Discounted Allowed Charge		Services/1000		Discounted Allowed Charge/Service	
	Current	% Change	Current	% Change	Current	% Change	Current	% Change
Lab								
Outpatient Facility	199,382	5.6%	$9,987,854	9.5%	2,977.1	6.3%	$50	3.7%
Freestanding Lab	228,087	-6.7%	$5,786,493	0.0%	3,405.7	-6.1%	$25	7.1%
Radiology								
Outpatient Facility	51,166	-2.5%	$15,983,558	0.0%	764.0	-1.9%	$312	2.5%
Office	23,869	-1.5%	$3,296,360	-2.1%	356.4	-0.9%	$138	-0.6%

Savings may be realized by redirecting some services from outpatient facility to less costly sites.

Savings from Changing Lab Site of Service to Freestanding Lab

% Redirected	Savings
10%	$492,960
25%	$1,232,400
50%	$2,464,799

Savings from Changing Radiology Site of Service to Office

% Redirected	Savings
10%	$891,742
25%	$2,229,356
50%	$4,458,712

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Site-of-Service Savings Opportunities** report provides you with clear examples of how you and your members can save money by having certain procedures done in less expensive settings.

Key Considerations with this report

- *The first portion of this report shows the potential savings from having lab work done at a free-standing laboratory instead of a hospital. In addition to the cost savings, free-standing labs are often more geographically convenient, offer free parking, and have on-line scheduling available.*
- *The second portion of this report also shows the potential savings from having radiology (e.g. x-rays) done in a free-standing radiology center or physician's office instead of a hospital.*
- *We want to save you and your members money by getting the same high-quality services done in a lower cost setting and this provides you with the information you need to convey this message on to your members.*

Summary by Dollar Range

Net Payment

	Members			Net Payment			Average Net Payment/Member			% of Total Net Payment		
Range	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change
Up To $99.99	8,792	7,970	-9.3%	$277,722	$245,358	-11.7%	$32	$31	-2.5%	0.1%	0.1%	0.0%
$100.00 To $249.99	9,008	8,581	-4.7%	$1,571,732	$1,511,501	-3.8%	$174	$176	1.0%	0.6%	0.5%	-0.1%
$250.00 To $499.99	9,731	9,626	-1.1%	$3,546,847	$3,510,193	-1.0%	$364	$365	0.0%	1.3%	1.2%	-0.1%
$500.00 To $749.99	6,299	6,305	0.1%	$3,892,540	$3,895,056	0.1%	$618	$618	0.0%	1.5%	1.4%	-0.1%
$750.00 To $999.99	4,322	4,291	-0.7%	$3,750,264	$3,722,345	-0.7%	$868	$867	0.0%	1.4%	1.3%	-0.1%
$1,000.00 To $1,999.99	8,913	8,967	0.6%	$12,646,589	$12,756,681	0.9%	$1,419	$1,423	0.3%	4.8%	4.5%	-0.2%
$2,000.00 To $2,999.99	4,210	4,385	4.2%	$10,330,173	$10,741,215	4.0%	$2,454	$2,450	-0.2%	3.9%	3.8%	-0.1%
$3,000.00 To $3,999.99	2,477	2,527	2.0%	$8,597,383	$8,748,280	1.8%	$3,471	$3,462	-0.3%	3.2%	3.1%	-0.1%
$4,000.00 To $4,999.99	1,801	1,791	-0.6%	$8,043,385	$8,007,925	-0.4%	$4,466	$4,471	0.1%	3.0%	2.8%	-0.2%
$5,000.00 To $5,999.99	1,260	1,326	5.2%	$6,892,553	$7,263,831	5.4%	$5,470	$5,478	0.1%	2.6%	2.6%	0.0%
$6,000.00 To $6,999.99	1,033	1,031	-0.2%	$6,700,379	$6,678,685	-0.3%	$6,486	$6,478	-0.1%	2.5%	2.4%	-0.2%
$7,000.00 To $7,999.99	784	776	-1.0%	$5,871,722	$5,808,998	-1.1%	$7,489	$7,486	0.0%	2.2%	2.1%	-0.1%
$8,000.00 To $8,999.99	594	614	3.4%	$5,035,689	$5,212,339	3.5%	$8,478	$8,489	0.1%	1.9%	1.8%	0.0%
$9,000.00 To $9,999.99	492	553	12.4%	$4,671,824	$5,239,258	12.1%	$9,496	$9,474	-0.2%	1.8%	1.9%	0.1%
$10,000.00 To $14,999.99	1,793	1,790	-0.2%	$22,068,368	$21,916,488	-0.7%	$12,308	$12,244	-0.5%	8.3%	7.8%	-0.5%
$15,000.00 To $19,999.99	1,013	1,065	5.1%	$17,502,051	$18,384,672	5.0%	$17,277	$17,263	-0.1%	6.6%	6.5%	-0.1%
$20,000.00 To $24,999.99	645	669	3.7%	$14,355,251	$14,889,959	3.7%	$22,256	$22,257	0.0%	5.4%	5.3%	-0.1%
$25,000.00 To $29,999.99	425	461	8.5%	$11,624,753	$12,590,477	8.3%	$27,352	$27,311	-0.2%	4.4%	4.5%	0.1%
$30,000.00 To $39,999.99	478	533	11.5%	$16,465,958	$18,419,455	11.9%	$34,448	$34,558	0.3%	6.2%	6.5%	0.3%
$40,000.00 To $49,999.99	293	310	5.8%	$13,092,457	$13,856,074	5.8%	$44,684	$44,697	0.0%	4.9%	4.9%	0.0%
$50,000.00 To $74,999.99	383	359	-6.3%	$23,024,345	$21,565,747	-6.3%	$60,116	$60,072	-0.1%	8.7%	7.7%	-1.0%
$75,000.00 To $99,999.99	176	155	-11.9%	$14,986,733	$13,383,210	-10.7%	$85,152	$86,343	1.4%	5.6%	4.7%	-0.9%
$100,000.00 To $124,999.99	60	88	46.7%	$6,620,820	$9,813,324	48.2%	$110,347	$111,515	1.1%	2.5%	3.5%	1.0%
$125,000.00 To $149,999.99	47	55	17.0%	$6,443,943	$7,510,440	16.6%	$137,105	$136,553	-0.4%	2.4%	2.7%	0.2%

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Summary by Dollar Range** report contains 3 tabs/pages. This report can address questions such as “What's the distribution of member spend by dollar range?”

The first tab/page (shown above) breaks out the member population by total net payment for Medical Spend for the period selected. The information is presented in three ways. The first is the net payment amount, the second is the average amount paid per member and the third is the percentage that this dollar range is of the entire book. The measures are compared to prior period.

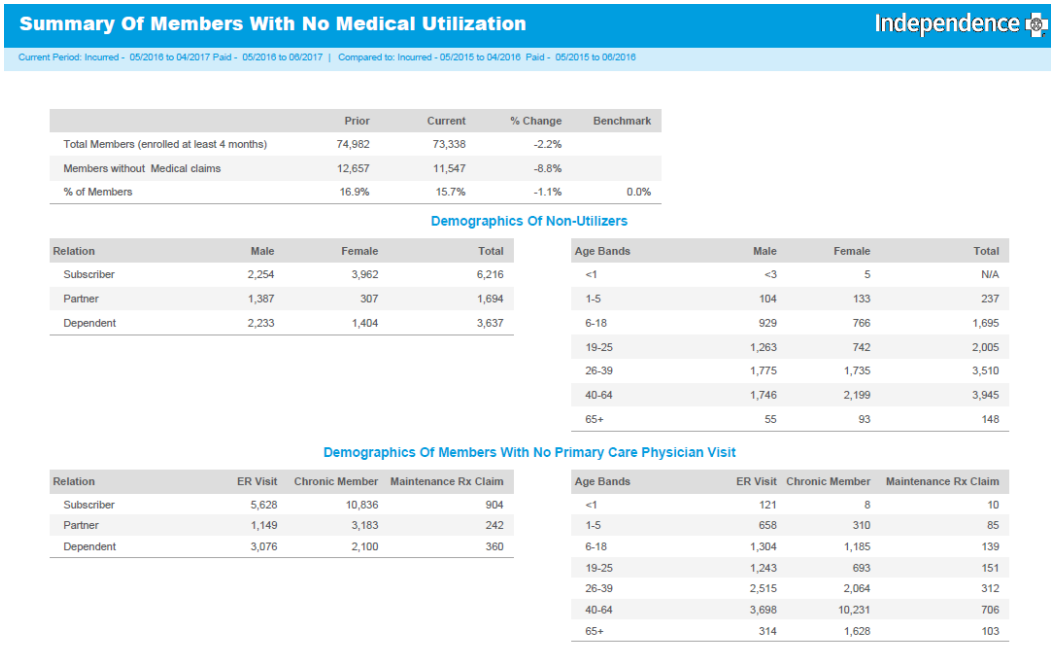
The second tab/page shows the Drug Spend by spend ranges. The top section of the report reflects the amount that the plan/employer spent by ranges while the middle section reflects the amount that the member paid by dollar ranges. The lower portion of the report shows the gross cost, or the total amount for the drug, which includes both member and plan/employer expenses.

The third tab/page shows the total for both medical and drug spend by ranges. The report also breaks out the expenses that were paid by the plan/employer and the expenses that were paid for by the member.

Key Considerations with this report:

- *Tab/page one of the report is a snapshot of the net medical payments for members based on ranges of spend. You can see the distribution by spend ranges compared to prior period to determine if members are shifting to the higher/lower end ranges. The % Change under % Total Net Payment is a useful metric to easily see where there are shifts in the ranges.*
- *Tab/page two of the report is a snapshot of the drug spend for members and the plan/employer. The report allows you to see if the drug spend is increasing/decreasing or if the expense is shifting between plan/employer liability and member liability.*
- *Tab/page three combines the medical and drug spend to reflect spend by plan/employer as well as member liability. This detailed information is useful if you have made changes in your member cost sharing arrangement.*

Summary of Members with No Utilization



Summary Of Members With No Medical Utilization

Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 06/2016

	Prior	Current	% Change	Benchmark
Total Members (enrolled at least 4 months)	74,982	73,338	-2.2%	
Members without Medical claims	12,657	11,547	-8.8%	
% of Members	16.9%	15.7%	-1.1%	0.0%

Demographics Of Non-Utilizers

Relation	Male	Female	Total
Subscriber	2,254	3,962	6,216
Partner	1,387	307	1,694
Dependent	2,233	1,404	3,637

Age Bands	Male	Female	Total
<1	<3	5	N/A
1-5	104	133	237
6-18	929	766	1,695
19-25	1,263	742	2,005
26-39	1,775	1,735	3,510
40-64	1,746	2,199	3,945
65+	55	93	148

Demographics Of Members With No Primary Care Physician Visit

Relation	ER Visit	Chronic Member	Maintenance Rx Claim
Subscriber	5,628	10,836	904
Partner	1,149	3,183	242
Dependent	3,076	2,100	360

Age Bands	ER Visit	Chronic Member	Maintenance Rx Claim
<1	121	8	10
1-5	658	310	85
6-18	1,304	1,185	139
19-25	1,243	693	151
26-39	2,515	2,064	312
40-64	3,698	10,231	706
65+	314	1,628	103

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

The **Summary of Members with No Utilization** report answers questions such as “How many of my members did not have any medical utilization?”, “What are the demographics of the non-utilizers?”, “How many members did not see a PCP/OBGYN but did have an ER visit or did get a maintenance drug filled or was a chronic member?”

The report shows the demographic information of non-utilizers as well as demographic information for people who did not have a primary care physician visit but have either a chronic condition or an ER visit.

Key Considerations with this report

Members without utilization are not getting preventive screenings which can lead to sicker people and higher costs in the future. In addition, members that have an ER visit but do not have a primary care physician visit may indicate that they are utilizing emergency services unnecessarily. Members that did not have a primary care physician visit and have a chronic illness may not be managing their illness properly which can cause a plethora of problems in the future.

Top Facilities

	Total					Inpatient Facility				Outpatient Facility		
Facility	Members	Member Liability	Net Payment Prior	Net Payment Current	% of Total Net Payment	Net Payment	Admits / 1,000	Net Payment / Admit	Severity Weighting	Net Payment	Units / 1,000	Net Payment / Unit
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PA	9,872	$280,548	$39,487,078	$37,124,328	21.8%	$13,789,589	12.6	$18,073	3.0	$23,334,739	1,576.6	$244
PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYL, PA	4,772	$145,675	$18,272,463	$19,819,227	11.6%	$10,924,827	14.7	$12,234	1.9	$8,894,399	535.0	$274
PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF P, PA	5,143	$153,499	$13,131,651	$13,766,249	8.1%	$5,451,027	3.0	$30,263	2.7	$8,315,223	569.7	$241
CHILDRENS HOSPITAL OF PHILADELPHIA, PA	2,091	$231,441	$9,680,543	$11,563,378	6.8%	$4,764,176	3.8	$20,447	1.6	$6,799,202	171.5	$653
CHESTER COUNTY HOSPITAL, PA	2,515	$280,874	$7,628,567	$8,158,180	4.8%	$3,261,986	4.5	$11,905	1.7	$4,896,194	415.3	$194
GOOD SHEPHERD PENN PARTNERS PENN THERAPY, PA	1,640	$215,469	$4,387,112	$3,444,395	2.0%	$0	N/A	N/A	0.0	$3,444,395	205.6	$276
THOMAS JEFFERSON UNIVERSITY HOSPITAL INC, PA	419	$145,024	$2,236,203	$2,480,475	1.5%	$1,664,493	0.9	$32,009	2.7	$815,983	35.2	$382
CHRISTIANA CARE HEALTH SERVICES, DE	221	$242,872	$1,177,897	$1,998,166	1.2%	$1,439,111	0.7	$34,265	2.1	$559,055	10.2	$900
CONCORD HOSPITAL, INC., NH	116	$217,549	$822,558	$1,622,606	1.0%	$1,014,295	0.3	$56,350	1.2	$608,311	8.1	$1,236
CHARLESTON AREA MEDICAL CENTER INC, WV	197	$287,366	$1,829,056	$1,423,618	0.8%	$707,570	0.3	$35,379	1.5	$716,048	21.6	$545
THE GENERAL HOSPITAL CORPORATION, MA	68	$79,943	$615,952	$1,119,548	0.7%	$678,583	0.2	$61,689	2.5	$440,966	14.3	$509
MAIN LINE HOSPITALS, INC - LANKENAU, PA	412	$103,087	$914,686	$1,070,631	0.6%	$661,260	0.6	$19,449	2.1	$409,371	28.2	$240
ABINGTON MEMORIAL HOSPITAL, PA	683	$185,833	$1,445,288	$1,062,802	0.6%	$644,353	0.8	$13,424	1.8	$418,449	49.5	$139
VIRTUA-WEST JERSEY HEALTH SYSTEM INC, NJ	258	$77,498	$892,559	$966,654	0.6%	$427,798	0.6	$12,223	1.4	$538,855	8.4	$1,055
ALFRED I DUPONT INSTITUTE, DE	150	$60,690	$427,839	$939,868	0.6%	$695,472	0.3	$43,467	2.3	$244,395	10.6	$379
WEST VIRGINIA UNIVERSITY HOSPITALS, INC - WVU HOSPITALS, INC, WV	110	$138,413	$695,183	$880,581	0.5%	$565,872	0.3	$26,946	1.9	$314,709	16.1	$321
MARY HITCHCOCK MEMORIAL HOSPITAL, NH	301	$151,163	$765,146	$835,048	0.5%	$377,970	0.2	$34,361	2.2	$457,078	40.8	$185
ALBERT EINSTEIN MEDICAL CENTER, PA	279	$112,998	$630,115	$801,252	0.5%	$342,225	0.2	$31,111	2.0	$459,027	12.2	$619

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

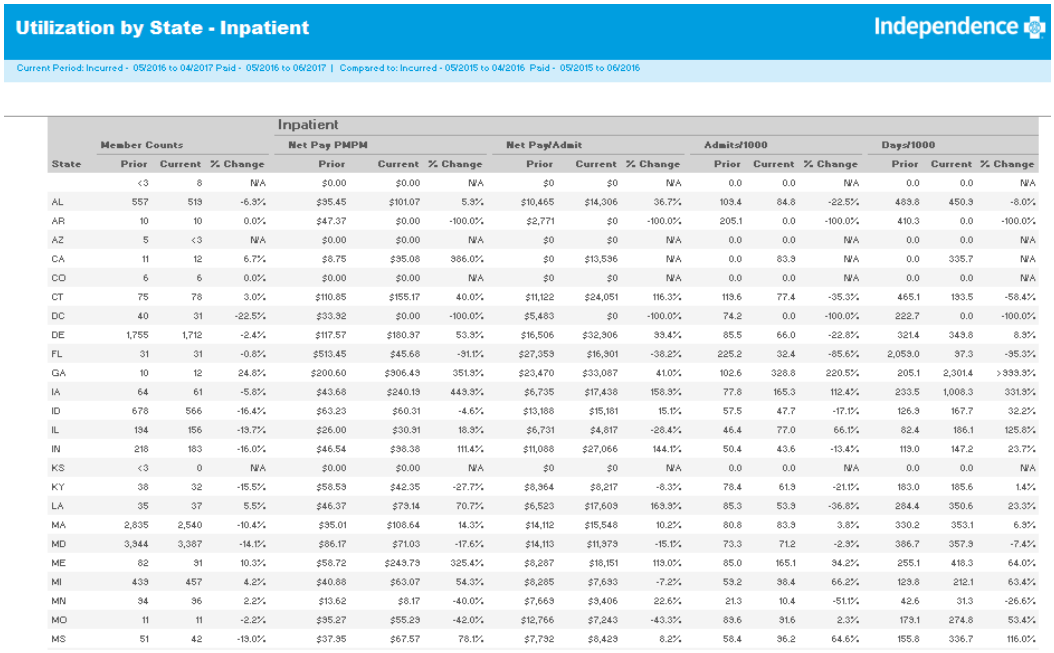
The **Top Facilities** report provides detailed information on facility providers (inpatient and outpatient) including such information as the number of members using the facility, payments to the facility, and admissions/services at the facility. The report also shows detailed information on the types of medical conditions members were admitted for and the types of outpatient services members received.

Key Considerations with this report

- *Tab/page one shows the top 25 providers by total descending combined inpatient and outpatient payment. This report is unique in that it shows the "severity weighting" of admissions to a facility. The severity weighting is a reflection of how critically ill the members were who were treated at that facility. For example, a facility with a higher severity weighting may have more trauma cases or more organ transplants. This allows you to balance the average payment for an admission against how critically ill the members were. In addition, if you are considering moving to a more select network of facilities, these reports will give you an idea of the potential impact on your members of such a move.*
- *Tab/page two shows the top five medical conditions (CCS level 1) by descending total payment for which members were hospitalized. Within those top five medical conditions, the top five inpatient providers (again by descending total payment) are identified along with some detail about those providers such as the number of members hospitalized and their percentage of total admissions for that condition.*

- *Tab/page three is the reverse of tab/page two. This report shows the top five inpatient providers by descending total payment where members were hospitalized. Within those top five providers, the top five medical conditions (again by descending total payment and displaying CCS level 1 conditions) are identified along with some detail about those providers such as the number of members hospitalized and their percentage of total admissions for that condition.*
- *Tab/page four is similar to tab/page two. It shows the top five types of services by descending total payment provided by outpatient providers. Within these top five service types, the top five outpatient providers (by* descending payment) are identified along with detail such as the number of services (units) provided and the member financial liability.

Utilization by State/Payroll



Utilization by State - Inpatient Independence

Current Period: Incurred - 05/2016 to 04/2017 Paid - 05/2016 to 06/2017 | Compared to: Incurred - 05/2015 to 04/2016 Paid - 05/2015 to 06/2016

	Inpatient														
	Member Counts			Net Pay PMPM			Net Pay/Admit			Admits/1000			Days/1000		
State	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change
	<3	8	N/A	$0.00	$0.00	N/A	$0	$0	N/A	0.0	0.0	N/A	0.0	0.0	N/A
AL	557	519	-6.8%	$35.45	$101.07	5.8%	$10,465	$14,306	36.7%	103.4	84.8	-22.5%	483.8	450.9	-8.0%
AR	10	10	0.0%	$47.37	$0.00	-100.0%	$2,771	$0	-100.0%	205.1	0.0	-100.0%	410.3	0.0	-100.0%
AZ	5	<3	N/A	$0.00	$0.00	N/A	$0	$0	N/A	0.0	0.0	N/A	0.0	0.0	N/A
CA	11	12	6.7%	$8.75	$35.08	386.0%	$0	$13,536	N/A	0.0	83.9	N/A	0.0	335.7	N/A
CO	6	6	0.0%	$0.00	$0.00	N/A	$0	$0	N/A	0.0	0.0	N/A	0.0	0.0	N/A
CT	75	78	3.0%	$110.85	$155.17	40.0%	$11,122	$24,051	116.3%	113.6	77.4	-35.3%	465.1	193.5	-58.4%
DC	40	31	-22.5%	$33.92	$0.00	-100.0%	$5,483	$0	-100.0%	74.2	0.0	-100.0%	222.7	0.0	-100.0%
DE	1,755	1,712	-2.4%	$117.57	$180.37	53.3%	$16,506	$32,306	93.4%	85.5	66.0	-22.8%	321.4	343.8	6.9%
FL	31	31	-0.8%	$513.45	$45.68	-91.1%	$27,359	$16,301	-38.2%	225.2	32.4	-85.6%	2,053.0	97.3	-95.3%
GA	10	12	24.8%	$200.60	$906.49	351.9%	$23,470	$33,087	41.0%	102.6	328.8	220.5%	205.1	2,301.4	>999.9%
IA	64	61	-5.8%	$43.68	$240.19	449.9%	$6,735	$17,438	158.9%	77.8	165.3	112.4%	233.5	1,008.3	331.9%
ID	678	566	-16.4%	$63.23	$60.31	-4.6%	$13,168	$15,181	15.1%	57.5	47.7	-17.1%	126.9	167.7	32.2%
IL	194	156	-19.7%	$26.00	$30.31	16.9%	$6,731	$4,617	-28.4%	46.4	77.0	66.1%	82.4	186.1	125.8%
IN	218	183	-16.0%	$46.54	$98.38	111.4%	$11,088	$27,066	144.1%	50.4	43.6	-13.4%	113.0	147.2	23.7%
KS	<3	0	N/A	$0.00	$0.00	N/A	$0	$0	N/A	0.0	0.0	N/A	0.0	0.0	N/A
KY	38	32	-15.5%	$58.59	$42.35	-27.7%	$8,364	$8,217	-8.3%	78.4	61.9	-21.1%	183.0	185.6	1.4%
LA	35	37	5.5%	$46.37	$73.14	70.7%	$6,523	$17,603	169.9%	85.3	53.9	-36.8%	284.4	350.6	23.3%
MA	2,835	2,540	-10.4%	$95.01	$108.64	14.3%	$14,112	$15,548	10.2%	80.8	83.9	3.8%	330.2	353.1	6.9%
MD	3,344	3,387	-14.1%	$86.17	$71.03	-17.6%	$14,113	$11,379	-15.1%	73.3	71.2	-2.9%	386.7	357.9	-7.4%
ME	82	31	10.3%	$58.72	$249.79	325.4%	$8,287	$18,151	119.0%	85.0	165.1	34.2%	255.1	418.3	64.0%
MI	433	457	4.2%	$40.88	$63.07	54.3%	$8,285	$7,693	-7.2%	53.2	98.4	66.2%	123.8	212.1	63.4%
MN	34	36	2.2%	$13.62	$8.17	-40.0%	$7,663	$3,406	22.6%	21.3	10.4	-51.1%	42.6	31.3	-26.6%
MO	11	11	-2.2%	$95.27	$55.29	-42.0%	$12,766	$7,243	-43.3%	83.6	31.6	2.3%	179.1	274.8	53.4%
MS	51	42	-19.0%	$37.95	$67.57	78.1%	$7,732	$8,423	8.2%	58.4	96.2	64.6%	155.8	336.7	116.0%

Available for Self-Funded and Fully-Insured 250+

Description

The **Utilization by State/Payroll** report details the utilization and payments by the state where the member resides or by the payroll location to which the member is assigned.

The report is broken out by tabs to show Utilization by State for Inpatient, Outpatient & Professional, and in Total. There are also tabs to show Utilization by Payroll for Inpatient, Outpatient & Professional, and in Total.

Key Considerations with this report

This report helps to segment the population based on either residency or payroll location. This may help benefit managers understand if certain locations are higher cost than others for targeted outreaches and/or education.

Pharmacy High Utilizers

Pharmacy High Utilizers

FUTURE SCRIPTS Independence

Current Period: Incurred - 07/2016 to 06/2017 Paid - 07/2016 to 08/2017 | Compared to : Incurred - 07/2015 to 06/2016 Paid - 07/2015 to 08/2016

ID	Member Number	Status	Prior Period HCC	Age	Gender	Relationship	Rx Net Payment	Scripts	Unique Drugs	Days Supply	AHFS Therapeutic Class	Top Drug	Top Drug Net Payment
1	1818705	Active	Yes	39	Male	Subscriber	$212,704	35	10	1,032	CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATO	Kalydeco	$193,073
2	2000239	Active	No	73	Female	Subscriber	$152,752	43	6	1,178	ANTINEOPLASTIC AGENTS	Ibrance	$151,761
3	8765744	Termed	No	58	Male	Dependent	$140,963	68	8	1,967	HCV REPLICATION COMPLEX INHIBITORS	Harvoni	$95,825
4	3969963	Active	Yes	64	Male	Subscriber	$107,625	40	7	2,299	ANTINEOPLASTIC AGENTS	Xtandi	$106,095
5	2434897	Active	No	57	Male	Spouse	$101,349	13	5	341	ANTINEOPLASTIC AGENTS	Imbruvica	$101,349
6	9258054	Active	No	81	Male	Subscriber	$98,071	5	<3	264	HCV REPLICATION COMPLEX INHIBITORS	Harvoni	$98,021
7	2114672	Active	No	69	Male	Subscriber	$96,068	42	8	1,216	HCV REPLICATION COMPLEX INHIBITORS	Harvoni	$95,865
8	8719400	Active	No	20	Female	Dependent	$91,523	16	4	431	DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	Humira Pen	$91,503
9	477636	Active	Yes	56	Female	Subscriber	$84,634	50	16	1,154	IMMUNOMODULATORY AGENTS	Betaseron	$83,765
10	2171545	Active	Yes	60	Male	Spouse	$81,659	22	4	660	ANTINEOPLASTIC AGENTS	Gleevec	$81,659
11	3509337	Active	Yes	50	Female	Subscriber	$80,387	56	8	1,478	IMMUNOMODULATORY AGENTS	Avonex Prefilled	$79,609
12	12617171	Active	Yes	36	Male	Subscriber	$78,344	12	3	324	CENTRAL NERVOUS SYSTEM AGENTS, MISC	Xyrem	$78,315
13	9029276	Termed	No	36	Female	Subscriber	$77,279	37	6	1,047	IMMUNOMODULATORY AGENTS	Gilenya	$76,655
14	2147409	Active	No	78	Female	Subscriber	$74,483	28	13	742	HCV POLYMERASE INHIBITORS	Epclusa	$74,391
15	2249855	Active	No	26	Female	Subscriber	$69,725	24	5	652	IMMUNOMODULATORY AGENTS	Copaxone	$68,462
16	5954008	Termed	No	44	Female	Subscriber	$68,740	18	5	561	IMMUNOMODULATORY AGENTS	Copaxone	$67,838

Available for Self-Funded and Fully-Insured 250+

Description

The **Pharmacy High Utilizer** report outlines the top 25 members based on descending order for net payment.

Key Considerations with this report

- *The report is a deidentified listing of the top 25 utilizers of prescription drugs. The current status of the member, and the indicator that outlines if the member was a prior period high utilizer, are helpful in estimating if these costs will be ongoing. The AHFS Therapeutic class also offers insights on the condition this drug is helping to treat.*

Pharmacy Lag

Prescription Drug Lag Report

Current Period: 01/2016 to 05/2016 | Compared to: 01/2015 to 05/2015 | Benchmark: IBC Book of Business

	Incurred Period												
Paid Period	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Jan-15	$366,918												**$366,918**
Feb-15	$1,200,698	$199,692											**$1,400,390**
Mar-15	$211,629	$1,376,190	$473,746										**$2,061,565**
Apr-15	$35,118	$219,128	$1,868,060	$293,254									**$2,415,560**
May-15	$10,298	$34,520	$228,036	$1,279,055	$273,175								**$1,825,084**
Jun-15	$31,753	$31,428	$86,621	$451,587	$1,244,641	$426,317							**$2,272,347**
Jul-15	$15,890	$19,380	$18,132	$17,504	$268,545	$1,359,308	$350,602						**$2,049,361**
Aug-15	$8,293	$32,021	$88,738	$16,951	$178,323	$247,718	$1,311,628	$249,432					**$2,133,104**
Sep-15	$18,645	$103,840	$24,638	$33,938	$44,711	$71,959	$196,946	$1,310,264	$154,465				**$1,959,406**
Oct-15	$11,367	$14,324	$22,785	$12,900	$12,342	$39,255	$264,381	$313,289	$1,649,481	$313,299			**$2,653,423**
Nov-15	$2,752	-$38,915	$9,450	$3,129	$13,978	$6,432	$2,433	$6,713	$175,285	$1,233,316	$269,267		**$1,683,840**
Dec-15	$3,225	$19,675	$24,445	-$2,120	$5,709	-$5,514	-$700	$84,591	$45,981	$363,560	$1,574,754	$449,812	**$2,563,418**
Jan-16	$1,528	-$7,742	$18,605	$2,832	$3,830	$1,915	$10,643	$20,271	$29,267	$143,481	$257,232	$1,437,267	**$1,919,129**
Total	**$1,918,114**	**$2,003,541**	**$2,863,256**	**$2,109,030**	**$2,045,254**	**$2,147,390**	**$2,135,933**	**$1,984,560**	**$2,054,479**	**$2,053,656**	**$2,101,253**	**$1,887,079**	**$25,303,545**

Available for Self-Funded

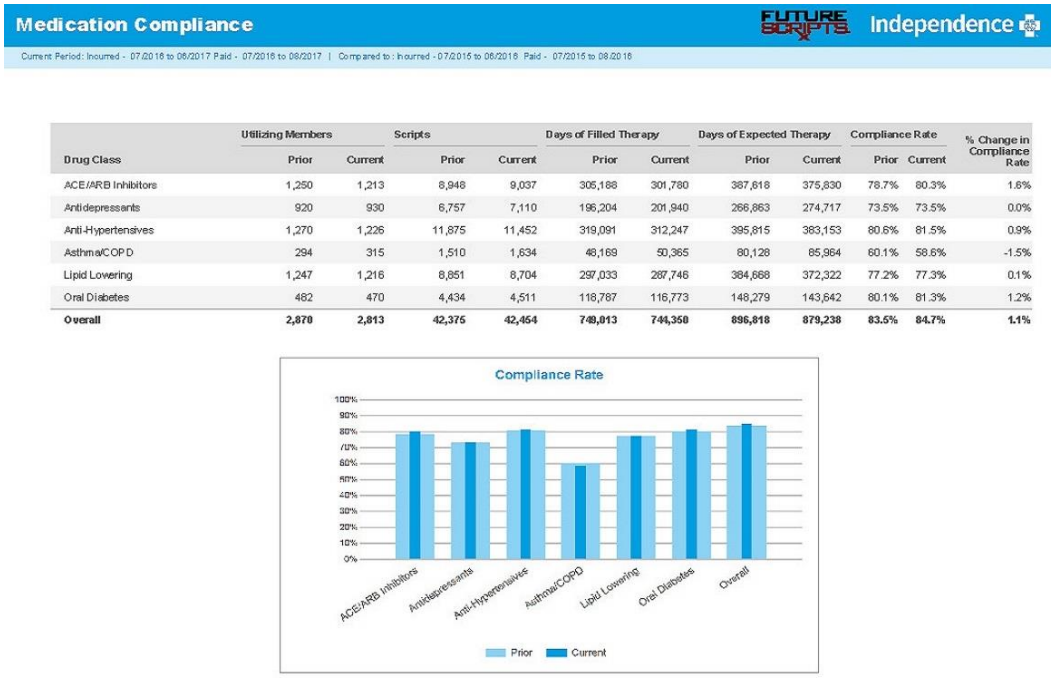
Description

The **Prescription Drug Lag Report** (aka “triangle report”) shows claims in the month they were incurred and the month they were paid. Since most prescription drug claims are filled at a retail pharmacy and the pharmacy is paid at the time the drug is dispensed, there is very little lag time between the date a claim is incurred and the date the claim is paid. Any lag in claims is usually due to subsequent adjustments to a claim.

Key Considerations with this report

- *This report is primarily used to review payout of claims over time. For many customers, this allows them to set “reserves” to pay for claims incurred in one financial year but paid in another financial year.*
- *There may be instances where the paid date is before the incurred date. These are infrequent and generally insignificant amounts. They are usually driven by time zone changes, such as when a claim is incurred after midnight on the East Coast and then paid in Central time zone.*

Pharmacy Medication Compliance



Drug Class	Utilizing Members		Scripts		Days of Filled Therapy		Days of Expected Therapy		Compliance Rate		% Change in Compliance Rate
	Prior	Current	Prior	Current	Prior	Current	Prior	Current	Prior	Current	
ACE/ARB Inhibitors	1,250	1,213	8,948	9,037	305,188	301,780	387,618	375,830	78.7%	80.3%	1.6%
Antidepressants	920	930	6,757	7,110	196,204	201,940	266,863	274,717	73.5%	73.5%	0.0%
Anti-Hypertensives	1,270	1,226	11,875	11,452	319,091	312,247	395,815	383,153	80.6%	81.5%	0.9%
Asthma/COPD	294	315	1,510	1,634	48,169	50,365	80,128	85,984	60.1%	58.6%	-1.5%
Lipid Lowering	1,247	1,216	8,851	8,704	297,033	287,746	384,668	372,322	77.2%	77.3%	0.1%
Oral Diabetes	482	470	4,434	4,511	118,787	116,773	148,279	143,642	80.1%	81.3%	1.2%
Overall	**2,870**	**2,813**	**42,375**	**42,454**	**748,013**	**744,358**	**896,818**	**879,238**	**83.5%**	**84.7%**	**1.1%**

Available for Self-Funded and Fully-Insured 250+

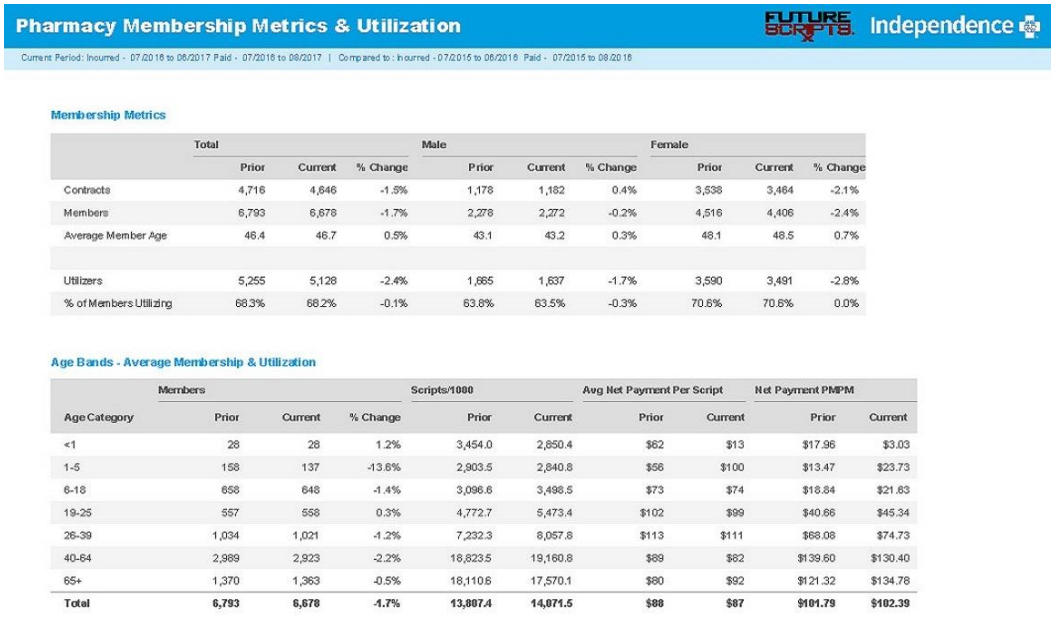
Description

The **Medication Compliance** report contains 2 tabs/pages. The first tab/page (shown above) provides key metrics on the top drug classes. The compliance rate is calculated by taking the 'days of filled therapy' divided by the 'days of expected therapy'. The change in compliance rate is the basis point difference from the prior period's compliance rate to the current period's compliance rate. The compliance rate is based on whether the days expected were filled while the adherence rate is based on which members were adherent.

Key Considerations with this report

- *Tab/page one of the Medication Compliance report helps to identify if members are taking the drugs based on expected guidelines. Compliance is based on all members taking a drug, or class of drug. It reflects whether the drug, in general, is taken as prescribed at least 90% of the time by members. This number can be skewed by a few members never taking the prescribed drug since it is a measure of "group" compliance.*
- *The second tab/page helps to identify if members are taking their medication for specific drug classes. This may help to inform your member outreach strategy. Adherence is based on individual members taking a drug, or class of drug. It reflects how many members were compliant (i.e. how many members took the drug at least 90% of the time). This number is not skewed if a few members never take the prescribed drug since it is a measure of individual compliance.*

Pharmacy Membership Metrics and Utilization



Pharmacy Membership Metrics & Utilization

Current Period: Incurred - 07/2016 to 06/2017 Paid - 07/2016 to 08/2017 | Compared to : Incurred - 07/2015 to 06/2016 Paid - 07/2015 to 08/2016

Membership Metrics

	Total			Male			Female		
	Prior	Current	% Change	Prior	Current	% Change	Prior	Current	% Change
Contracts	4,716	4,646	-1.5%	1,178	1,182	0.4%	3,538	3,464	-2.1%
Members	6,793	6,678	-1.7%	2,278	2,272	-0.2%	4,516	4,406	-2.4%
Average Member Age	46.4	46.7	0.5%	43.1	43.2	0.3%	48.1	48.5	0.7%
Utilizers	5,255	5,128	-2.4%	1,885	1,837	-1.7%	3,590	3,491	-2.8%
% of Members Utilizing	68.3%	68.2%	-0.1%	63.8%	63.5%	-0.3%	70.6%	70.6%	0.0%

Age Bands - Average Membership & Utilization

	Members			Scripts/1000		Avg Net Payment Per Script		Net Payment PMPM	
Age Category	Prior	Current	% Change	Prior	Current	Prior	Current	Prior	Current
<1	28	28	1.2%	3,454.0	2,850.4	$62	$13	$17.96	$3.03
1-5	158	137	-13.6%	2,903.5	2,840.8	$56	$100	$13.47	$23.73
6-18	658	648	-1.4%	3,096.6	3,498.5	$73	$74	$18.84	$21.63
19-25	557	558	0.3%	4,772.7	5,473.4	$102	$99	$40.66	$45.34
26-39	1,034	1,021	-1.2%	7,232.3	8,057.8	$113	$111	$68.08	$74.73
40-64	2,989	2,923	-2.2%	18,823.5	19,160.8	$89	$82	$139.60	$130.40
65+	1,370	1,363	-0.5%	18,110.6	17,570.1	$80	$92	$121.32	$134.78
Total	**6,793**	**6,678**	**-1.7%**	**13,807.4**	**14,071.5**	**$88**	**$87**	**$101.79**	**$102.39**

Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

Description

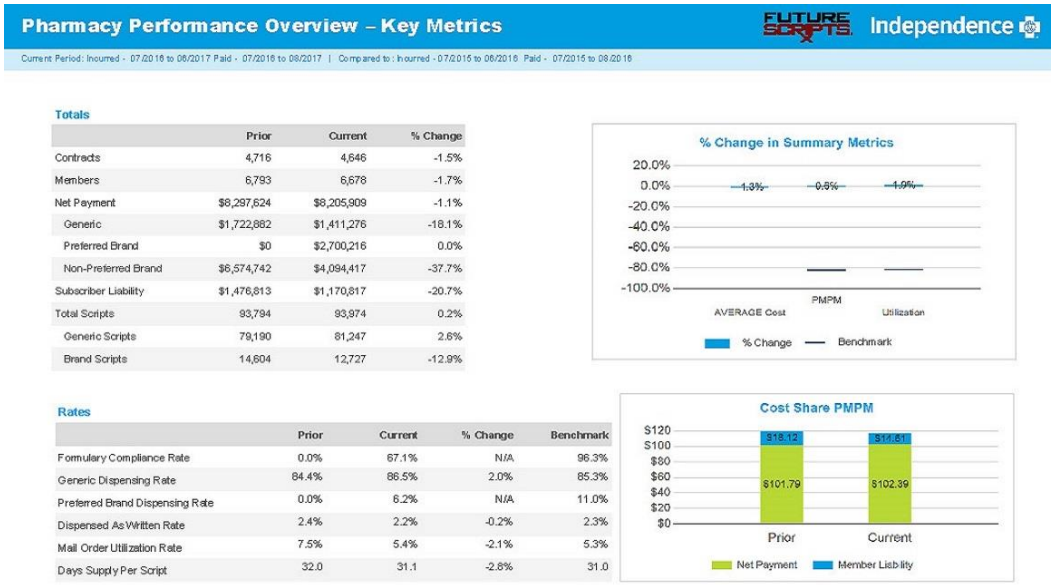
The **Pharmacy Membership Metrics and Utilization** provides script and net payment information about your members by age grouping and gender. The report also shows Per Member Per Month (PMPM) payments for the groupings of members, and compares a prior period to a current period for PMPM payments. In addition, it compares the scripts written for every thousand members and the average net payment per script.

Key Considerations with this report

- *The first page of this report provides you with a breakdown of your membership by age grouping as well as by gender. By comparing the average age of your population, and the percent of members utilizing prescription drugs from prior period to the current period, you can get a better understanding of why costs may be increasing if those metrics are also increasing.*
- *The second page of this report provides the breakdown by age grouping of members that are utilizing prescription drugs and the average number of scripts per age group. The comparisons to prior year can reveal information on where your dollars are being most utilized in terms of member age and if this is consistent with prior periods.*

Pharmacy Performance Overview

Commented [SED4]: Add screen prints of tabs 2 and 3?



Available for Self-Funded, Fully Insured 100-250 and Fully-Insured 250+

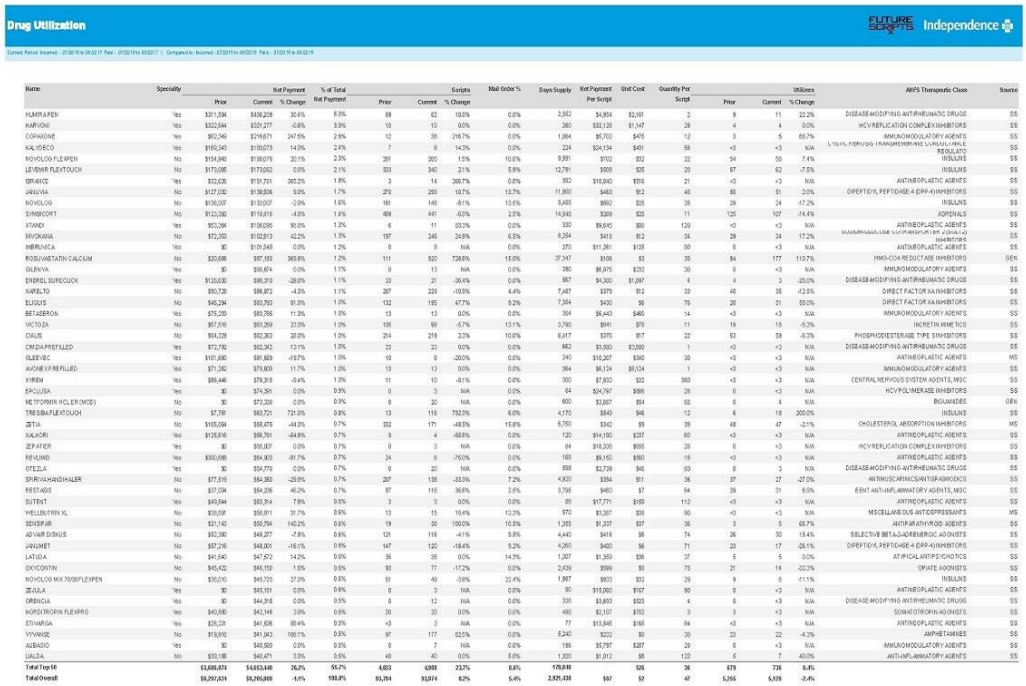
Description

The **Pharmacy Performance Overview** report contains 4 tabs/pages. The first tab/page (shown above) provides key metrics on pharmacy membership, generic and brand net payments, dispensing rates and medical cost sharing (net pay PMPM and member liability). The rest of the report helps you to understand cost and quantity for brand and generic, for mail order and retail and for specialty/non-specialty drugs.

Key Considerations with this report

- *Tab/page one of the Pharmacy Performance Overview is a snapshot of key membership, utilization, and cost metrics suitable for high level discussions of changes in pharmacy numbers.*
- *The second tab/page provides key utilization and cost metrics by scripts, PMPM and the cost per script. There is detailed information on utilization and costs separated by brand and generic. These reports also include benchmarks for comparison of your members to a larger population.*
- *The third tab/page provides details on the spend by mail order and retail stores. The cost and script counts for prior period and current period are shown along with benchmark data.*
- *The last page breaks out drugs into Specialty and Non-Specialty for prior and current period.*

Pharmacy Top Drugs



Drug Utilization

FUTURE SCRIPTS Independence

Name	Speciality	Net Payment		% of Total	Scripts		Mail Order %	Days Supply	Net Payment Per Script	Unit Cost	Quantity Per Script	Utilizers		ANPS Therapeutic Class	Source
		Prior	Current	% Change	Net Payment	Prior	Current	% Change												
HUMIRA PEN	Yes	$391,594	$436,208	30.4%	6.0%	68	82	18.5%	0.0%	2,952	$4,954	$2,191	2	9	11	22.2%	DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	SS
HARVONI	Yes	$322,644	$321,277	-0.8%	3.9%	10	10	0.0%	0.0%	280	$32,128	$1,147	28	4	4	0.0%	HCV REPLICATION COMPLEX INHIBITORS	SS
COPAXONE	Yes	$62,249	$216,671	247.5%	2.9%	12	38	216.7%	0.0%	1,064	$5,702	$475	12	3	5	66.7%	IMMUNOMODULATORY AGENTS	SS
KALYDECO	Yes	$169,343	$193,073	14.0%	2.4%	7	8	14.3%	0.0%	224	$24,134	$451	56	<3	<3	N/A	CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATO	SS
NOVOLOG FLEXPEN	No	$154,940	$186,076	20.1%	2.3%	291	265	1.5%	10.8%	9,991	$702	$52	22	54	58	7.4%	INSULINS	SS
LEVEMIR FLEXTOUCH	No	$175,095	$173,052	0.0%	2.1%	333	340	2.1%	5.9%	13,791	$509	$25	29	67	62	-7.5%	INSULINS	SS
IBRANCE	Yes	$32,626	$151,701	365.2%	1.8%	3	14	366.7%	0.0%	952	$10,840	$159	21	<3	<3	N/A	ANTINEOPLASTIC AGENTS	SS
JANUVIA	No	$127,032	$138,806	9.0%	1.7%	279	295	10.7%	13.7%	11,900	$463	$12	40	80	81	2.0%	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	SS
NOVOLOG	No	$136,007	$132,007	-2.9%	1.6%	181	148	-8.1%	13.6%	6,480	$662	$35	36	29	24	-17.2%	INSULINS	SS
SYMBICORT	No	$123,260	$119,618	-4.0%	1.4%	469	441	-6.0%	2.0%	14,540	$269	$20	11	125	107	-14.4%	ADRENALS	SS
XTANDI	Yes	$53,284	$106,095	90.0%	1.3%	6	11	83.3%	0.0%	330	$9,645	$80	120	<3	<3	N/A	ANTINEOPLASTIC AGENTS	SS
INVOKANA	No	$72,353	$102,913	42.2%	1.3%	197	246	24.9%	6.5%	8,254	$418	$12	34	29	34	17.2%	SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITORS	SS
IMBRUVICA	No	$0	$101,049	0.0%	1.2%	0	9	N/A	0.0%	270	$11,261	$126	90	0	<3	N/A	ANTINEOPLASTIC AGENTS	SS
ROSUVASTATIN CALCIUM	No	$20,686	$97,169	369.8%	1.2%	111	520	728.8%	19.0%	37,347	$186	$3	39	84	177	110.7%	HMG-COA REDUCTASE INHIBITORS	GEN
GLENVIA	No	$0	$96,674	0.0%	1.1%	0	13	N/A	0.0%	260	$6,975	$262	20	0	<3	N/A	IMMUNOMODULATORY AGENTS	SS
ENBREL SURECLICK	No	$120,630	$86,319	-28.5%	1.1%	33	21	-36.4%	0.0%	967	$4,300	$1,097	4	4	3	-25.0%	DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	SS
XARELTO	No	$90,738	$86,972	-4.3%	1.1%	287	229	-19.9%	4.4%	7,487	$379	$12	33	40	36	-12.5%	DIRECT FACTOR XA INHIBITORS	SS
ELIQUIS	No	$46,294	$83,793	81.0%	1.0%	132	195	47.7%	9.2%	7,354	$430	$6	79	20	31	55.0%	DIRECT FACTOR XA INHIBITORS	SS
BETASERON	Yes	$75,220	$83,766	11.3%	1.0%	13	13	0.0%	0.0%	364	$6,443	$460	14	<3	<3	N/A	IMMUNOMODULATORY AGENTS	SS
VICTOZA	No	$67,516	$81,259	20.3%	1.0%	105	99	-5.7%	13.1%	3,760	$941	$19	11	19	18	-5.3%	INCRETIN MIMETICS	SS
CIALIS	No	$64,028	$82,363	28.6%	1.0%	214	219	2.3%	10.8%	6,417	$376	$17	22	63	59	-6.3%	PHOSPHODIESTERASE TYPE 5 INHIBITORS	SS
CIMZIA PREFILLED	Yes	$72,782	$82,342	13.1%	1.0%	23	23	0.0%	0.0%	662	$3,580	$3,580	1	<3	<3	N/A	DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	SS
AUBEVIC	Yes	$101,680	$81,669	-19.7%	1.0%	10	8	-20.0%	0.0%	240	$10,207	$340	30	<3	<3	N/A	ANTINEOPLASTIC AGENTS	MS
AVONEX PREFILLED	Yes	$71,282	$79,609	11.7%	1.0%	13	13	0.0%	0.0%	364	$6,124	$6,124	1	<3	<3	N/A	IMMUNOMODULATORY AGENTS	SS
XIIDRA	No	$88,446	$79,316	-9.4%	1.0%	11	10	-9.1%	0.0%	300	$7,932	$22	360	<3	<3	N/A	CENTRAL NERVOUS SYSTEM AGENTS, MISC	SS
EPCLUSA	No	$0	$74,391	0.0%	0.9%	0	3	N/A	0.0%	84	$24,797	$886	28	0	<3	N/A	HCV POLYMERASE INHIBITORS	SS
METFORMIN HCL ER (MOD)	No	$0	$73,208	0.0%	0.9%	0	20	N/A	0.0%	600	$3,660	$54	68	0	4	N/A	BIGUANIDES	GEN
TRESIBA FLEXTOUCH	No	$7,791	$63,721	721.9%	0.8%	13	116	792.3%	6.0%	4,170	$549	$46	12	6	18	200.0%	INSULINS	SS
ZETIA	No	$105,094	$58,678	-44.2%	0.7%	332	171	-48.5%	15.8%	5,760	$342	$9	29	48	47	-2.1%	CHOLESTEROL ABSORPTION INHIBITORS	MS
KALIDRI	No	$126,616	$56,791	-54.8%	0.7%	9	4	-55.6%	0.0%	120	$14,190	$237	60	<3	<3	N/A	ANTINEOPLASTIC AGENTS	SS
ZEPATIER	No	$0	$55,007	0.0%	0.7%	0	3	N/A	0.0%	84	$19,335	$655	28	0	<3	N/A	HCV REPLICATION COMPLEX INHIBITORS	SS
REVLIMID	Yes	$300,698	$54,903	-81.7%	0.7%	24	6	-75.0%	0.0%	168	$9,150	$960	10	<3	<3	N/A	ANTINEOPLASTIC AGENTS	SS
OTEZLA	Yes	$0	$54,779	0.0%	0.7%	0	20	N/A	0.0%	600	$2,739	$46	60	0	3	N/A	DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	SS
SPIRIVA HANDIHALER	No	$77,515	$54,383	-29.9%	0.7%	207	138	-33.3%	7.2%	4,920	$394	$11	26	37	27	-27.0%	ANTIMUSCARINICS/ANTICHOLINERGICS	SS
RESTASIS	No	$37,094	$54,206	46.2%	0.7%	87	116	33.3%	2.6%	3,796	$460	$7	64	29	31	6.9%	EENT ANTI-INFLAMMATORY AGENTS, MISC	SS
SUTENT	Yes	$49,644	$53,514	7.8%	0.8%	3	3	0.0%	0.0%	90	$17,771	$165	112	<3	<3	N/A	ANTINEOPLASTIC AGENTS	SS
WELLBUTRIN XL	No	$39,591	$50,911	31.7%	0.6%	13	15	15.4%	13.3%	870	$3,397	$30	90	<3	<3	N/A	MISCELLANEOUS ANTIDEPRESSANTS	MS
SENSIPAR	No	$21,143	$50,794	140.2%	0.6%	19	38	100.0%	10.5%	1,200	$1,337	$37	36	3	5	66.7%	ANTIPARATHYROID AGENTS	SS
ADVAIR DISKUS	No	$52,380	$48,277	-7.8%	0.6%	121	116	-4.1%	0.8%	4,440	$418	$8	74	26	30	15.4%	SELECTIVE BETA2-ADRENERGIC AGONISTS	SS
JANUMET	No	$87,216	$48,001	-16.1%	0.6%	147	120	-18.4%	5.2%	4,260	$400	$6	71	23	17	-26.1%	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	SS
LATUDA	No	$41,640	$47,572	14.2%	0.6%	36	35	0.0%	14.3%	1,307	$1,359	$36	37	5	5	0.0%	ATYPICAL ANTIPSYCHOTICS	SS
OXYCONTIN	No	$45,432	$46,150	1.6%	0.6%	93	77	-17.2%	0.0%	2,439	$599	$0	73	21	14	-33.3%	OPIATE AGONISTS	SS
NOVOLOG MIX 70/30 FLEXPEN	No	$50,010	$46,723	27.0%	0.6%	51	49	-3.9%	22.4%	1,967	$953	$32	29	9	8	-11.1%	INSULINS	SS
ZEJULA	Yes	$0	$45,151	0.0%	0.6%	0	3	N/A	0.0%	90	$15,050	$167	90	0	<3	N/A	ANTINEOPLASTIC AGENTS	SS
ORENCIA	Yes	$0	$44,316	0.0%	0.5%	0	12	N/A	0.0%	336	$3,693	$123	4	0	<3	N/A	DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	SS
NORDITROPIN FLEXPRO	Yes	$40,680	$42,148	3.9%	0.5%	20	20	0.0%	0.0%	480	$2,107	$702	3	3	<3	N/A	SOMATOTROPIN AGONISTS	SS
STIVARGA	Yes	$28,221	$41,636	69.4%	0.5%	<3	3	N/A	0.0%	77	$13,845	$166	84	<3	<3	N/A	ANTINEOPLASTIC AGENTS	SS
VYVANSE	No	$15,910	$41,043	160.1%	0.5%	97	177	82.5%	0.0%	5,240	$232	$0	39	20	22	4.2%	AMPHETAMINES	SS
AUBAGIO	No	$0	$40,899	0.0%	0.5%	0	7	N/A	0.0%	196	$5,757	$207	28	0	<3	N/A	IMMUNOMODULATORY AGENTS	SS
LIALDA	No	$39,188	$40,471	3.3%	0.5%	40	40	0.0%	5.0%	1,320	$1,012	$8	122	6	7	40.0%	ANTI-INFLAMMATORY AGENTS	SS
Total Top 50		**$3,686,073**	**$4,553,648**	**26.2%**	**55.7%**	**4,033**	**4,998**	**23.7%**	**8.6%**	**170,848**		**$26**	**$79**	**726**	**0.4%**			
Total Overall		**$8,297,624**	**$8,265,809**	**-1.4%**	**100.0%**	**11,764**	**11,974**	**0.2%**	**5.4%**	**2,921,438**	**$87**	**$2**	**47**	**5,266**	**5,428**	**-2.4%**		

Available for Self-Funded and Fully-Insured 250+

Description

The **Pharmacy Top Drug** report contains 3 tabs/pages. The first tab/page (shown above) provides key metrics on the top drugs utilized by your members. The report is then segregated further into two tabs: one for mail order drugs and the other for retail drugs.

Key Considerations with this report

- *Tab/page one of the Pharmacy Top Drug report outlines top drugs based on descending net payment. The percent change in net payment along with the percent change in utilizers can help to offer insight if the cost of the drug increased or the number of members utilizing it.*
- *The second and third tabs outline drugs that are filled through mail order or through retail. Of note is when a non-specialty drug is filled through retail as there may be opportunity to fill it mail order.*

Pharmacy Top Drugs by AHFS Class

AHFS Code	AHFS Description	Net Payment	Net Payment PMPM	% of Total Net Payment	Scripts	Utilizers	Mail Order Scripts	Mail Order %	Generic Dispensing Rate	Generic Substitution Rate	Days Supply
923600	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	$754,382	$9.41	9.2%	205	28	<3	N/A	8.8%	100.0%	6,029
100000	ANTINEOPLASTIC AGENTS	$734,303	$9.16	8.9%	298	48	19	6.4%	79.2%	96.7%	9,966
682008	INSULINS	$717,104	$8.95	8.7%	1,145	148	98	8.6%	0.0%	0.0%	43,258
922000	IMMUNOMODULATORY AGENTS	$540,224	$6.74	6.6%	88	10	0	N/A	0.0%	0.0%	2,498
081840	HCV ANTIVIRALS	$450,675	$5.62	5.5%	16	6	0	N/A	0.0%	0.0%	448
682005	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	$245,578	$3.06	3.0%	574	87	64	11.1%	0.0%	0.0%	21,530
680400	ADRENALS	$232,090	$2.90	2.8%	2,512	1,025	49	2.0%	67.6%	99.9%	49,789
240608	HMG-COA REDUCTASE INHIBITORS	$209,394	$2.61	2.6%	7,568	1,141	677	8.9%	95.9%	98.1%	279,323
481412	CYSTIC FIBROSIS (CFTR) POTENTIATORS	$193,073	$2.41	2.4%	8	<3	0	N/A	0.0%	0.0%	224
201204	ANTICOAGULANTS	$192,253	$2.40	2.3%	821	126	54	6.6%	42.9%	100.0%	29,090
081808	ANTIRETROVIRALS	$177,707	$2.22	2.2%	99	11	8	8.1%	9.1%	100.0%	3,450
280808	OPIATE AGONISTS	$151,147	$1.89	1.8%	2,455	870	14	0.6%	95.0%	98.2%	40,162
281292	ANTICONVULSANTS, MISCELLANEOUS	$146,866	$1.83	1.8%	1,804	300	71	3.9%	88.7%	96.6%	58,341
849200	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.	$145,388	$1.81	1.8%	315	165	4	1.3%	59.0%	95.9%	8,147
682006	INCRETIN MIMETICS	$140,746	$1.76	1.7%	172	32	22	12.8%	0.0%	0.0%	6,644
	Total	**$8,205,078**	**$102.38**	**100.0%**	**93,971**	**5,129**	**5,077**	**5.4%**	**86.5%**	**97.8%**	**2,921,382**

Available for Self-Funded and Fully-Insured 250+

Description

The **Pharmacy Top Drug by AHFS Class** report contains 4 tabs/pages. There are 2 tabs/pages (shown above) that provide key metrics on the top fifteen drug classes utilized by your members based on descending net payment and by descending script count. The other tabs/pages in the report then outline the top drugs within the drug class based on script count and cost. The mission of the American Hospital Formulary Service (AHFS) is to provide an evidence-based foundation for safe and effective drug therapy.

Key Considerations with this report

- *Tab/page one of the Pharmacy Top Drug by AHFS Class outlines where there may be potential savings through generic substitution rates, generic dispensing rates and mail order percentages. Higher numbers are better for these metrics.*
- *The top drugs within each AHFS class by script and/or net payment help you identify outliers in the cost per script for that class and the use of specialty drugs vs. non-specialty drugs by class.*