



The Self-Insured Employee Benefit Plan:

*A important Step in Becoming an
Accountable Care Organization*

May 18, 2011

Purpose and Agenda

To help position key health system executives for success during the era of the Accountable Care Act (ACA) by learning from and leveraging your own employee health plan.

How will we do that?

- Review aspects of ACA driven health system changes
- Discuss these changes in the context of the employee health plan as a strategic platform for broader strategies
- Review a proven four step process for managing the employee plan as well as other emerging plans
- Examine use of the health system employee plan as a model for structuring and learning
- Look at success stories – beyond the theoretical

Health System Change is Coming / is Here!

That's not news.

- There's intense hand ringing across the country
- It's reality, emerging and possibly pretty fast
- Changes are generally accepted and include:
 - Limitations on specific occurrences such as readmissions, errors, etc.
 - Bundled payments, incentives/penalties, capitation
 - Forms of business, ACO's, PCMH's, other
 - HIT, EMR's etc.
 - Access to capital issues
 - Physician strategies
 - Other

And, that's still not news.

Three Key Health System Objectives

At the end of the day, health executives want to accomplish three key objectives for their organizations:

1. Assure market position
2. Preserve profitability
3. Preserve access to capital

While meeting the “Triple Aim”* of:

- A. Improving the health of the population
- B. Enhancing the patient experience of care (including quality, access, and reliability);
- C. Reducing, or at least controlling, the per capita cost of care

**<http://www.ihl.org/IHI/Programs/StrategicInitiatives/IHITripleAim.htm>.*

Now What?

1. The new Health Care era (ACO's, PCMH's etc.) will demand entirely new skills and capabilities for health systems to succeed
2. The health system (hospitals, etc.) employee plans offer an important place to develop and hone those new and needed skills
3. Having done that, you build leverage and credibility to operate independently from carriers (commercial, Medicare & Medicaid)

Possible new skills needed in the new era include such things as:

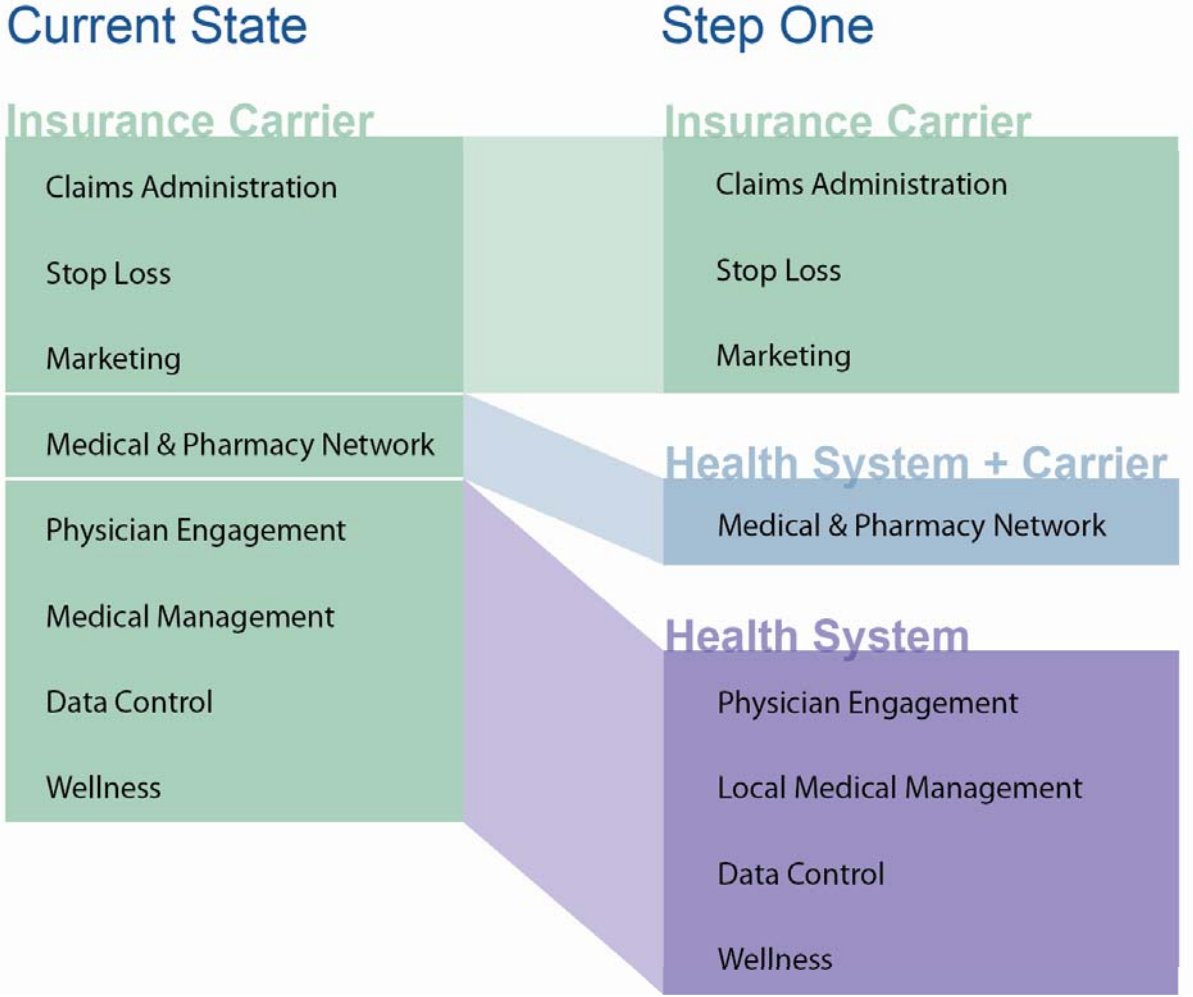
- Taking risk of various forms
- Financial accounting and reporting for new activities
- Integration of historically disparate parts of the health care equation
- Continuum of care through various conditions of health
- Administration of activities outside the historic "walls" of the hospital
- Customer service, account management and even sales
- Different interactions with various marketplace "players"

The Employee Benefit Plan: the “Double Bottom Line”

Your self insured employee benefit plan is a risk contract – with yourself. We suggest that this is the perfect place to start your “r”evolution from health care to health management. It presents the opportunity to impact your bottom line twice by:

- Reducing the costs of your health plan and improving productivity of the workforce in the short and long term
- Proof of concept, enabling you to begin to operate independently from the insurance carriers to create the opportunity for new revenue sources by aligning health system resources for ACA related changes

Begin Managing Population Health within Your Employee Plan



This infrastructure is the foundation for the future of health management under Accountable Care and/or other similar models including bundled payments, risk arrangements or direct relationships with local employers.

Four Fundamentals of Plan Management

#1 Information Management

Aggregate data from disparate sources and organize it into useable form

#4 Financial Management

Trained healthcare professionals working together to improve health by enhancing the quality and efficiency of healthcare services



Sequence is critical for success

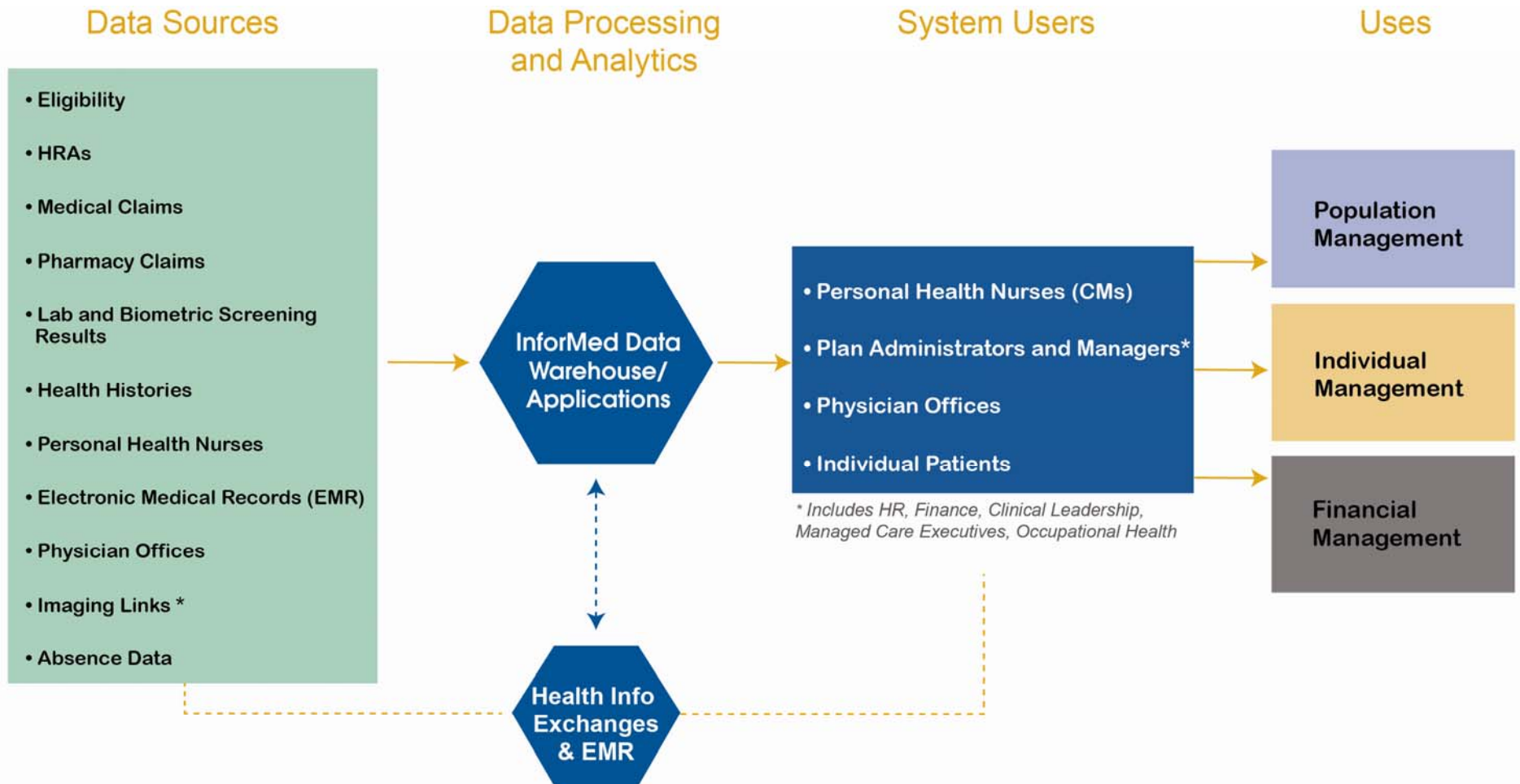
#2 Population Management

Identify health needs of the population using available data

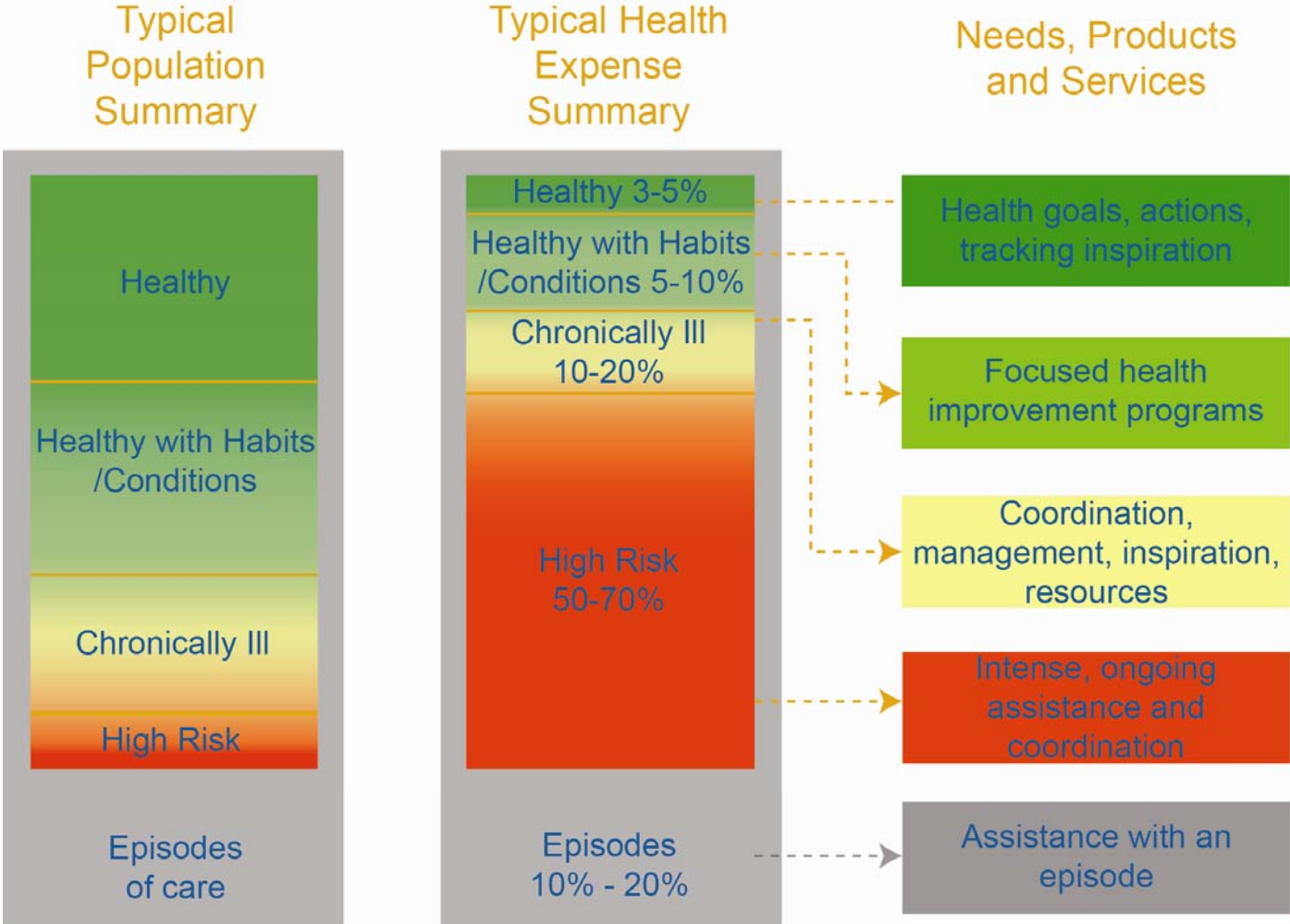
#3 Individual Management

Financial results are the outcome of the first three steps and help measure success, areas of concern, and risk

Information Management Overview Diagram



Population Overview Summary



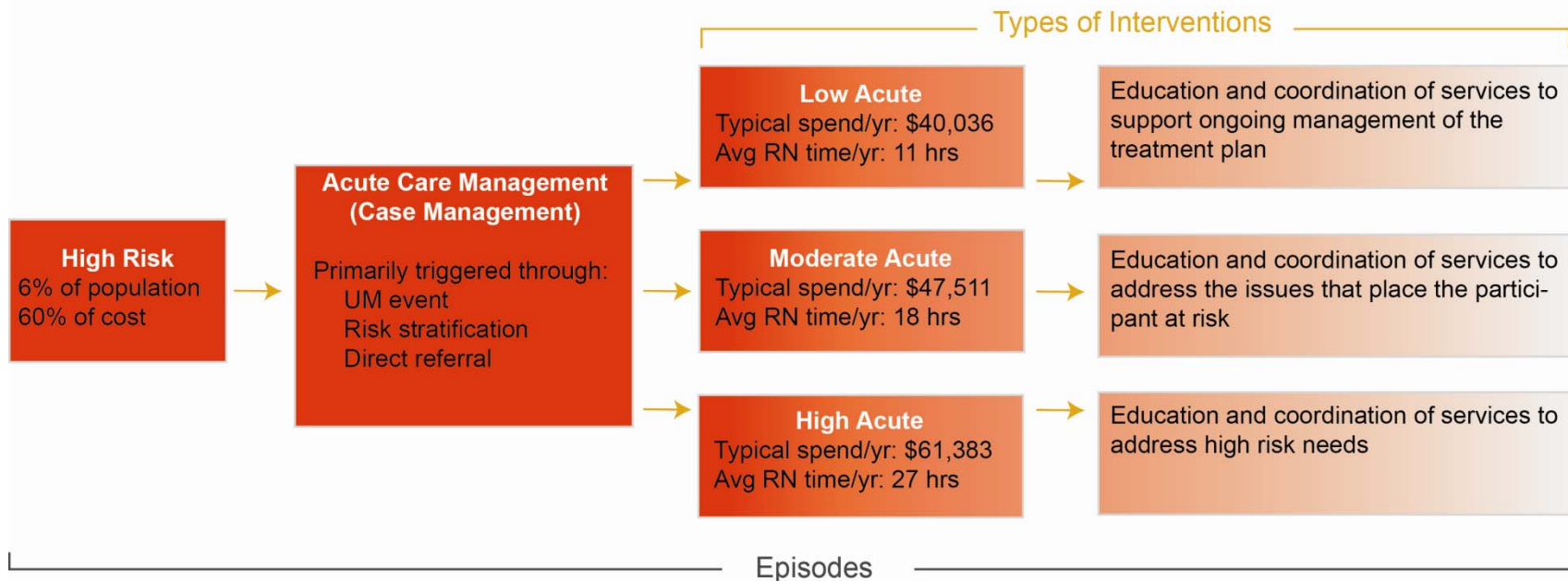
Population Risk Stratification Summary

Stratification Level	Average Risk Score	Participants	%of Total Participants	Previously Screened Participants	Participants	Eligible to be Screened Participants	Participants
High	42.46	1,934	6%	1,228	4%	706	2%
Moderate	12.36	3,317	10%	1,001	3%	2,316	7%
Low	1.5	8,237	26%	802	3%	7,435	23%
No known risk	0	18,576	58%	249	1%	18,327	57%
Total Unique Participants	4.22	32,064	100%	3,280	10%	28,784	90%

Population Risk Stratification Factors: What Makes Someone “High Risk”

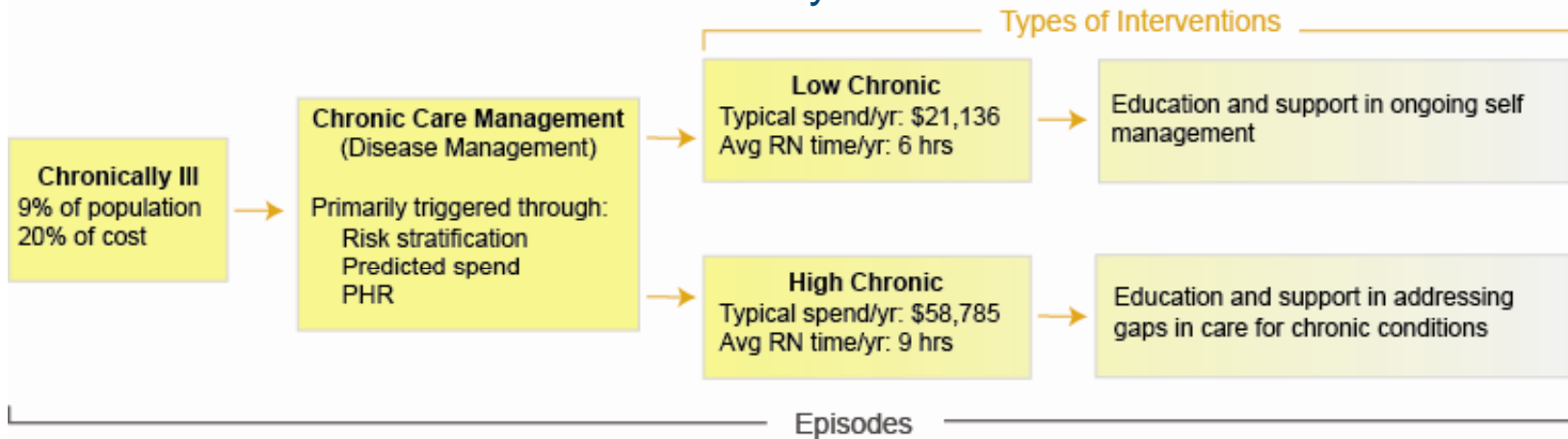
Strat Level	Trigger Description	Part.	% of Tot Part.	Prev. Part.	% of Tot Part.	Elig. to be Scrnd Part.	% of Tot Part.	Select (All)
1 High	Unique Medical Provider Interactions - 15 + in prior 12 months	664	34%	529	27%	135	7%	<input type="checkbox"/>
2 High	Unique Prescribing Physician Interactions - 9 + in prior 12 months	565	29%	341	18%	224	12%	<input type="checkbox"/>
3 High	Claims Utilization - Consumed GT \$5,000 in RX in prior 6 months	285	15%	210	11%	75	4%	<input type="checkbox"/>
4 High	Claims Utilization - GT \$25,000 in medical in prior 6 months	278	14%	225	12%	53	3%	<input type="checkbox"/>
5 High	Predicted between \$25,000 and above	217	11%	207	11%	10	1%	<input type="checkbox"/>
6 High	Chronic Renal Failure	126	7%	106	5%	20	1%	<input type="checkbox"/>
7 High	Asthma - Adult(s) with presumed persistent asthma using an inhaled corticosteroid.	97	5%	68	4%	29	1%	<input type="checkbox"/>
8 High	Asthma - Patient(s) with an asthma related hospitalization or ER encounter in last 3 reported months or frequently using short-acting beta2-agonist inhalers that had an office visit in last 3 reported months.	96	5%	44	2%	52	3%	<input type="checkbox"/>
9 High	Claims Utilization - Identified Procedure Codes	90	5%	21	1%	69	4%	<input type="checkbox"/>
10 High	Claims Utilization - Breast Cancer Identified ICD9 Codes in prior 6 months	74	4%	62	3%	12	1%	<input type="checkbox"/>
11 High	Depression - Patient(s) with evidence of complex medication regimes, substance abuse or certain dissociative or personality disorders that had psychiatric consultation in last 6 reported months.	73	4%	45	2%	28	1%	<input type="checkbox"/>
12 High	Patients 65 years of age and older that received one or more high-risk medications in the elderly I the last 12 reported months.	62	3%	39	2%	23	1%	<input type="checkbox"/>
13 High	Congestive Heart Failure, Hypertension, & Hyperlipidemia	55	3%	50	3%	5	0%	<input type="checkbox"/>
14 High	Congestive Heart Failure, Diabetes	51	3%	50	3%	1	0%	<input type="checkbox"/>
15 High	Claims Utilization - Gastrointestinal Identified ICD9 Codes in prior 6 months	49	3%	25	1%	24	1%	<input type="checkbox"/>
16 High	Claims Utilization - 3 ER Visits in prior 2 months	34	2%	14	1%	20	1%	<input type="checkbox"/>
17 High	Claims Utilization - Colon Cancer Identified ICD9 Codes in prior 6 months	32	2%	23	1%	9	0%	<input type="checkbox"/>

Individual Management: High-Risk Population

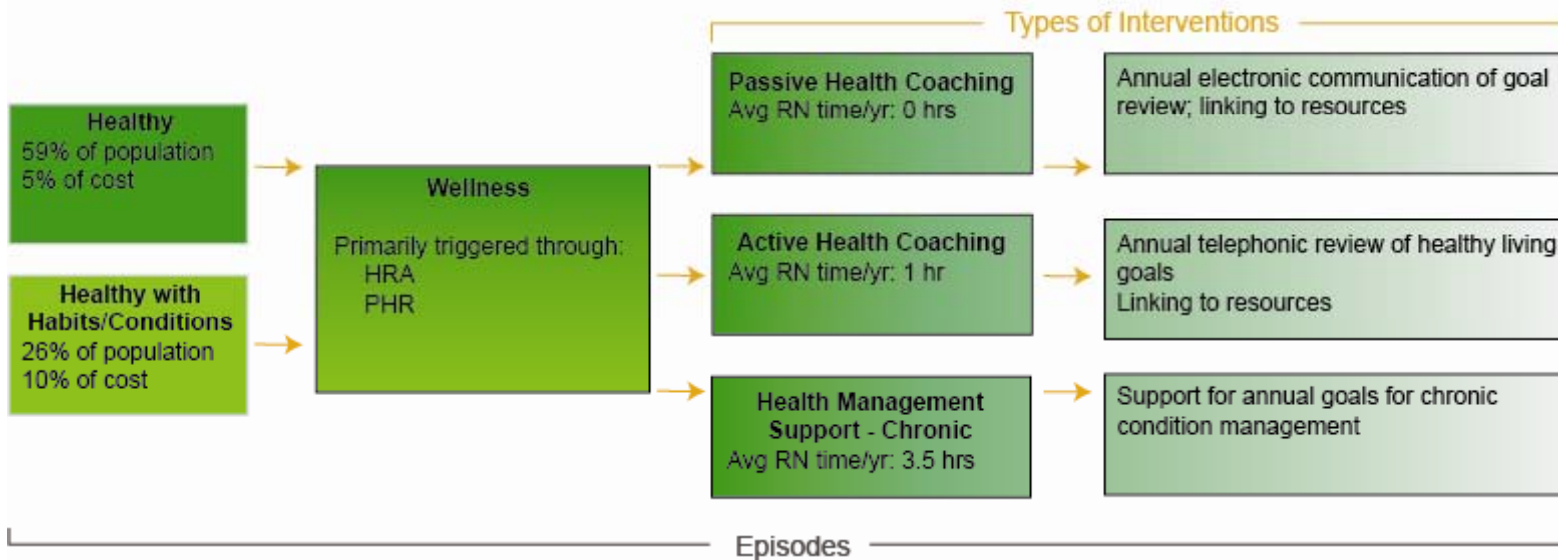


Individual Management : Non-High Risk Population

Chronically Ill



Healthy and Healthy with Habits/Conditions



Individual Management Tools (Participant Portal)

My Applications

- Open Enrollment Self Serve Entry
- New Hire Self Serve Entry
- Maintain Personal Health Record
- View Physician Chart
- View Confirmation Statement
- View Medical Claims Status
- Manage Dependents
- Manage Profile and Password

Welcome, John!

My information as of: 03/15/2010

Name: John Q. Member	ID: 12345678910	Gender: M	Age: 60	DOB: 12/19/1949
Address: 1596 Whitehall Rd. Annapolis, MD 21409		Plan: High Option - Family View My Plan Document View Schedule of Benefits		
Contact Numbers:		Home: 410.555.5555	Office: 410.555.6666	Mobile: 410.555.7777
My Primary Doctor: Dr. Mike Testdoctor Contact Number: 410.555.1010		My Personal Health Nurse: Virginia TestNurse Contact Number: 410.555.5555		

* To Edit or Update your personal information, please talk to your Human Resources or Benefits Manager.

Personal Health Record Updates ?

My Personal History	
Mixed Hyperlipidemia	Date Entered: 3/05/2010
Benign Hypertension	Date Entered: 2/12/2010
Medical Procedures	
ELECTROCARDIOGRAM, COMPLETE	Date Entered: 12/29/2009
My Medications	

Find a Provider ?

[Search by Name](#) | [Search by Specialty](#) | [External Provider Search](#)

First Name: Last Name:

I Prefer to See a: Male Female Either

Include Primary Care Physicians?: Yes No Only

City: State: Zip:

Individual Management Tools (Patient Synopsis Report)

Report Run Date: 03/22/2011		Report Time Frame: 04/01/2009 - 01/31/2011			
Patient Name: XXXXXXXXXXXXXXXXXXXX Address: XXXXXXXXXXXXXXXX Contact Numbers: H: (XXX) XXX-XXXX Email Address: XXXXXXXXXXXXXXXXXXXXXXXX PCP: Asuncion, Melissa M First PCP Visit Date: 06/16/2009 99202 Personal Nurse: XXXXXXXXXXXX, XXXXXXXXXXXX		ID: XXXXXXXXXXXX Gender: M Age: 69 DOB: XX/XX/XXXX Employer: XXXXXXXXXXXXXXXXXXXXXXXX O: (XXX) XXX-XXXX Contact Guideline: Contact Number: (301) 663-3137 Last PCP Visit Date: 08/10/2010 99223 Contact Number: (XXX) XXX-XXXX			
Diagnostic Summary - 5 Most Frequent Diagnoses		Total ICD-9 Diagnoses = 13			
ICD-9	Description	Duration	Responsible Provider	Encounters	
162.8	MALIG NEO BRONCH/LUNG OT	05/23/2010 - 01/31/2011	FMH Home Health/Hospice (P11415) - OTHER	28	
285.21	ANEMIA IN CKD	08/10/2010 - 09/16/2010	Oh, Yun (P23047) - HEMATOLOGY/ONCOLOGY	8	
V57.1	OT PHYSICAL THERAPY	08/23/2009 - 09/08/2009	Jani, Mihir (P8856) - ORTHOPAEDICS	7	
511.9	UNSP PLEURAL EFFUSION	05/23/2010 - 09/16/2010	FMH Immediate Care, (P11407) - OTHER	3	
414.01	ATHEROSCLER NATIVE COR.ART	08/22/2009 - 01/15/2010	Tung, Chen (P17553) - CARDIOLOGY	3	
ER Encounters = 0		Inpt. Admits. = 1			
Prescription History		Last 120 days(13)		Total Prescriptions = 57	
				Total Unique = 33	
Name	#	First Date	Last Date	Provider	DEA#/TaxId
FOLIC ACID	5	06/18/2010	10/08/2010	HUDHUD, KANAN (1528069226)	1528069226
PROMETHAZINE HCL	4	09/17/2010	11/15/2010	OH, YUN (1194898791)	1194898791
VENTOLIN HFA	2	11/01/2010	01/11/2011	ASUNCION, MELISSA (1396749834)	1396749834
CHLORPROMAZINE HCL	2	07/13/2010	09/30/2010	TAMUR, SADAF (1992871289)	1992871289
Top 5 Physicians Visited for E&M		Total Physicians = 16		Total E&Ms = 46	
TaxId	Name	Specialty	First Date	Last Date	Encounters
322074387	Hudhud, Kanan (F0553)	HEMATOLOGY	08/10/2010	09/07/2010	13
322074387	Oh, Yun (P23047)	HEMATOLOGY	08/07/2010	09/16/2010	5
300834299	PrimeDoc of Frederick, PA, (P12778)	HOSPITALIST	08/07/2010	08/11/2010	5
321322618	Jani, Mihir (P8856)	ORTHOAEDIC SURGERY	09/08/2009	05/17/2010	4
322074387	Kairouz, Sebastien (P23044)	HEMATOLOGY	08/02/2010	08/30/2010	3
Primary Clinical Indicators					
Indicator	Value	Date	Indicator	Value	Date
Height	UNK		Chol. (mg/dL)	158	10/13/2010
Weight (lbs)	UNK		HDL (mg/dL)	43	10/13/2010
BMI (kg/m ³)	UNK		LDL (mg/dL)	85	10/13/2010
BMI Weight Classification	Normal	10/13/2010	Trig. (mg/dL)	UNK	
BP	98/60	10/13/2010	HbA1c (%)	UNK	
HCT (%)	UNK		Creat. (mg/dL)	UNK	
Preventive Screenings					
Colonoscopy	Yes	11/25/2002	PSA	UNK	
Evidence Based Medicine Compliance - 12/31/2010 80%					

Individual Management Tools (Clinician Desktop)

Open Participants

New Episode(s)

- * XXXXX, XXXXX X- AN
- * XXXXX, XXXXX X- SCR
- * XXXXX, XXXXX X- UN
- * XXXXX, XXXXX X- UR
- * XXXXX, XXXXX X- UR
- * XXXXX, XXXXX X- UR
- * XXXXX, XXXXX X- UR
- XXXXX, XXXXX X- AN
- XXXXX, XXXXX X- AN
- XXXXX, XXXXX X- Audit

Search

Work Space

- Activities
- Contacts
- Providers
- Cost Savings
- Enrollment Verification
- Clinical Claims Chart
- View This Referral
- View All Referrals
- Protocols
- Outcomes Tracking
- Lab Results
- Documents
- Calendar
- Task List
- Treatment Plan
- Status Report
- Home
- Help

XXXXX, XXXXX XXXXXXXXXXXX-XX (Episode# 747919) -- Christus Health

XXXXX, XXXXX X - XXXXXXXXXXX-XX **Service Start:** 3/25/2010 **Service End:** 4/2/2010

DOB: XXX/XX/XXXX **Age:** 57 **Sex:** M

Do Not Contact:

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXX, XX XXXXX
(XXX)-XXX-XXXX

Primary: XXXXXXXXXXXX

Language: NOT PROVIDED

Ethnicity: NOT PROVIDED

Primary Diagnosis: ACUTE KIDNEY FAILURE UNSPEC

Employer: Christus Health

Plan: 0261T1 Core Plan No Wellness

Ins Dates: 02/10/2003 - OPEN

Authorized Through: N/A

Referral Source: Participant

Mth Perf: 0% 0 mins

Otr Perf: 0% 0 mins **6Mth Perf:** 100% 112 mins

[Show Other Episodes](#) [Add New Episode](#)

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Outcome Progress

	#	ok	no
CL	6	3	1
BH	17	13	4
UT	1	1	

Service Type: Utilization Review - N

MM Staff: Select..

Supervisor: Bracco, Shonna

Case Status: Satisfies criteria

Sub-Status: N/A

Patient Severity: Moderate

MM Acuity: N/A

Future Ant. Cost: Select..

Prov. Engagement: N/A

Prog/Disp: N/A

Activities 00:00:00

[Activity Note \(Hide All\)](#) [Show Activities Across All Episodes](#)

Activity Date	Type	With	Regarding	Time	Mileage	Expense
8/12/2010	Select ...	Select an Activity Type	Select an Activity With	0	0	0
04/02/2010	Correspondence (incoming)	Facility	Clinical update	4	0	0
Confirmation received of discharge yesterday.						
04/01/2010	Correspondence (incoming)	Facility	Clinical update	5	0	0
Awaiting PCP visit with plan for discharge today. IV and heplock discontinued. Prior home regime is planned.						
03/31/2010	Correspondence (outgoing)	Facility	Notice of benefit determination	10	0	0
DOS 3/25-4/1/10 The submitted clinical information was reviewed against Milliman Guidelines clinical criteria and determined to be consistent with generally accepted standards of practice and plan language. This referral is not a guarantee of benefits. All charges are subject to medical necessity, member eligibility and all plan provisions in effect at the time services are rendered. These benefits are also contingent on the eligibility of the condition being treated. Information faxed to facility along with request for another clinical update/discharge date 4/1/10.						
03/31/2010	Correspondence (incoming)	Facility	Clinical update	8	0	0
BUN/Crt 24/0.8, Calcium 8.7, total bill 2.3, direct bill 1.3, AST 83, ALT 389, PT/INR 12.2/1.2. IV maintenance continues at 50 cc/hr. Poor oral intake. Discharge planning reportedly in progress.						
03/30/2010	Correspondence (outgoing)	Facility	Notice of benefit determination	10	0	0
DOS 3/25-3/31 The submitted clinical information was reviewed against Milliman Guidelines clinical criteria and determined to be consistent with generally						

Financial Management: Health Plan Standard Measurements

There are many measurements of plan and provider performance. At a high level, we recommend specific areas to measure at a summary or dashboard level. Those are:

- Per Member Per Month (PMPM) financial performance, current and historic periods
- Engagement (who are we getting AND who are we not getting)
- Category of Care performance by category and summary
- Large claimants (those exceeding \$10,000 of claims in the period)
- Financial Opportunities
- Domestic Utilization
- Clinical Opportunities (EBM)
- Outcomes
- Medical Management Performance
- Population Risk Stratification
- Return on Investment

Of course there are numerous other areas for study which can be analyzed when you control your own data. But, these areas “point the way” to where additional focus can be productive.

Tracking Evidence Based Medicine Compliance

Condition	EBM Rule	Non-Compliant	Compliant	Compliance %
Diabetes	Patient(s) that had at least 2 HbA1c tests in last 12 reported months.	197	359	65%
Diabetes	Patient(s) 18 - 75 years of age that had an annual screening test for diabetic retinopathy.	159	362	69%
Diabetes	Patient(s) 18 - 75 years of age that had annual screening for nephropathy or evidence of nephropathy.	143	378	73%
Cholesterol Management (Diabetes)	Patient(s) 18 - 75 years of age with a LDL cholesterol in last 12 months.	192	329	63%
Cholesterol Management (Cardiovascular Disease)	Patient(s) with a LDL cholesterol test during the report period.	53	110	67%
Cancer Screenings	Patient(s) that had a cervical cancer screening test in last 36 reported months.	912	2708	75%
Cancer Screenings	Patient(s) 42 - 69 years of age that had a screening mammogram in last 24 reported months.	442	1999	82%
Cancer Screenings	Patient(s) 50-75 years of age that had appropriate screening for colorectal cancer.	1207	1467	54%

Tracking Key Plan Performance Metrics

DM Status	Active	Closed	Unresponsive	Refused	No Anticipated Benefit	Unable to Locate	Total
Patients	66	13	1	37	29	29	
% of Total	37.7%	7.4%	0.6%	21.1%	16.6%	16.6%	
Total Medical Claims	\$3,477,963	\$990,619	\$9,445	\$1,801,128	\$1,191,939	\$1,587,227	\$39,670,465
Total Rx Claims	\$257,525	\$52,700	\$2,790	\$160,778	\$141,541	\$110,202	\$7,093,225
Total Member Claims	\$3,735,489	\$1,043,319	\$12,235	\$1,961,906	\$1,333,480	\$1,697,428	\$46,763,691
PMPY Medical	\$52,696	\$76,201	\$9,445	\$48,679	\$41,101	\$54,732	\$3,828
PMPY Rx	\$3,902	\$4,054	\$2,790	\$4,345	\$4,881	\$3,800	\$684
PMPY	\$56,598	\$80,255	\$12,235	\$53,024	\$45,982	\$58,532	\$4,513
% Medical Claims	8.8%	2.5%	0.0%	4.5%	3.0%	4.0%	
% Rx Claims	3.6%	0.7%	0.0%	2.3%	2.0%	1.6%	
% Total Claims	8.0%	2.2%	0.0%	4.2%	2.9%	3.6%	
ER Visits/1000	420	314	-	462	852	814	157
Admits/1000	1,216	1,388	-	978	1,074	1,169	95
Claimants over \$10k	48	8	1	25	22	23	998
% over 10k	72.7%	61.5%	100.0%	67.6%	75.9%	79.3%	9.6%

Tracking Outcomes: Detailed Actionable Information

Seq		Total Participants Responses	Total Unique Participants	Remained at Goal	Progressed to Goal	Positive Progress	Regressed Out of Goal	Negative Progress	No Progress
1	Clinical Outcome	1,711	335	52.02%	6.37%	7.83%	4.79%	5.14%	23.85%
2	Behavioral Outcome	1,650	162	82.36%	7.15%	1.45%	2.48%	0.12%	6.42%
3	Utilization Outcome	124	118	89.52%	7.26%	0.00%	0.81%	0.00%	2.42%
4	Total	3,485	339	67.72%	6.77%	4.53%	3.56%	2.58%	14.84%

5.14% moved further away from the goal

Tracking Outcomes: Detailed Actionable Information

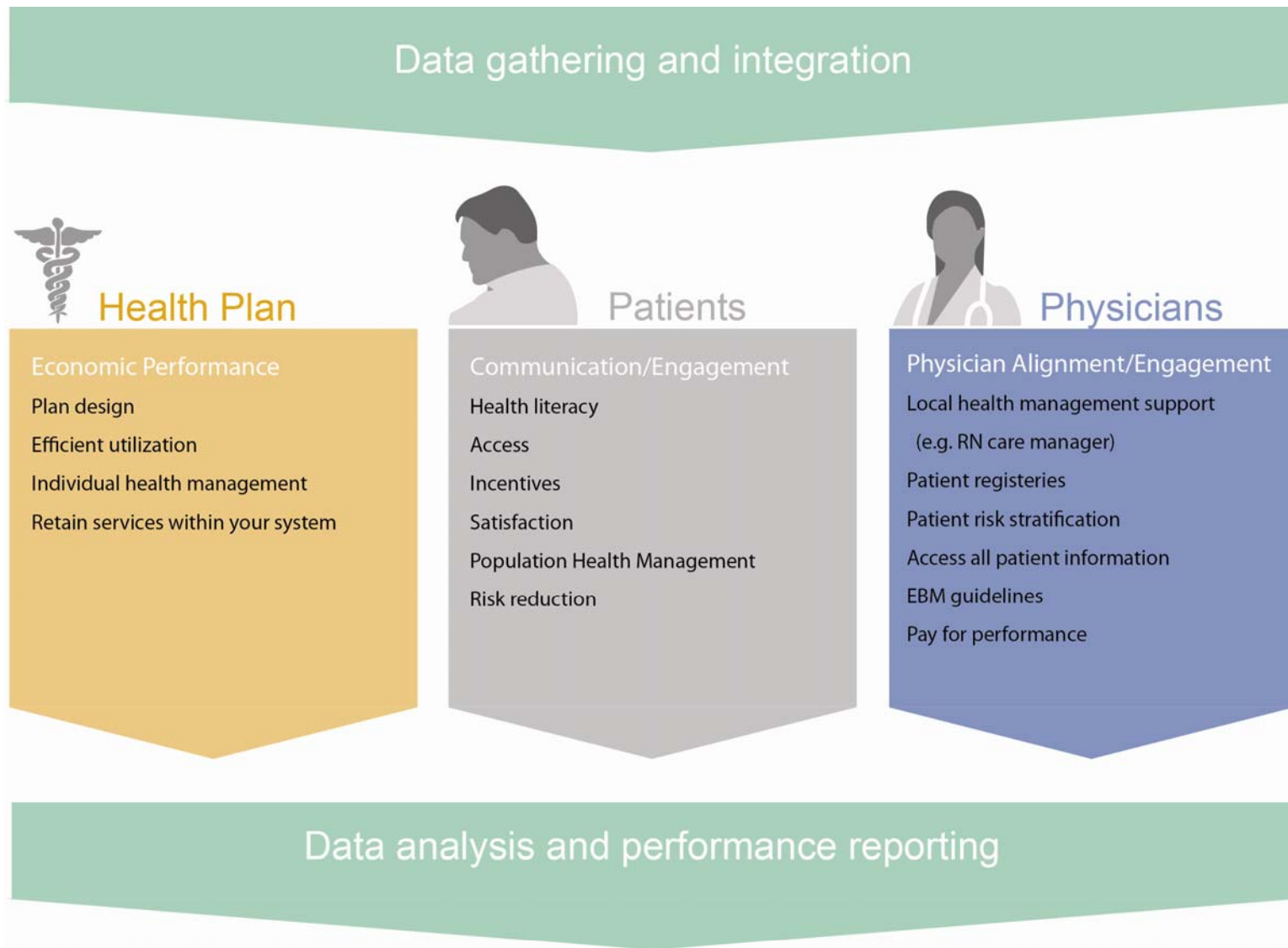
Seq	Question	Goal	Total Unique Participants	Remained at Goal	Progressed to Goal	Positive Progress	Regressed Out of Goal	Negative Progress	No Progress
1	Blood Pressure	90 - 129/50 - 89	303	61.39%	9.90%	3.30%	8.58%	6.60%	10.23%
2	BMI	18.5 - 24.9	124	22.58%	2.42%	16.13%	1.61%	6.45%	50.81%
3	HDL	60 - 150	212	26.42%	6.60%	18.40%	1.89%	8.02%	38.68%
4	HgbA1c	3 - 7	121	80.17%	0.83%	2.48%	0.83%	1.65%	14.05%
5	LDL	20 - 100	145	37.24%	4.14%	17.93%	8.97%	13.10%	18.62%
6	Triglycerides	25 - 150	143	77.62%	2.80%	2.80%	2.80%	0.00%	13.99%

Of 303 people,
9.9% reached the goal,
3.3% made progress.

Getting It Done

1. Recognize the strategic importance, and make the decision. Must be agreed upon by HR, and key executives
2. Establish an employer controlled data warehouse and fill it with the most eligibility and claims history that can be acquired, then add other important data feeds
3. Establish management/governance structure and align physicians
4. Select the elements of plan operation to carve out and / or engage a vendor to deliver:
 - Contracting network
 - Claim administrator
 - Reinsurer
 - Medical Management approach, structure and staffing
5. Deploy reporting structures and coordinate with plan strategies
6. Create “Proof of Concept”
7. Study the applicability of skills learned to ACO and other market initiatives
8. Leverage what you have done to create new and/or improved revenue streams
9. Measure results and adjust to market realities

Aligning the Stakeholders



Financial Elements of a Typical Plan

ACO Sample Budget - August 2011		
Sales, Risk and Adm.		
Medical Management/Medical Home	\$10.00	
Health Improvement/General Population	\$10.00	
Administration	\$7.00	
Stop-Loss	\$7.00	
Account Management	\$2.00	
Sales	\$15.00	
Profit	\$5.00	
Premium Tax		
Sales, Risk and Adm. Sub Total	\$56.00	14%
HealthCare Services Expense		
Hospital Related Expenses		
Inpatient Hospital	\$84.42	
Facility	\$34.68	
Other Outpatient Services	\$10.93	
Emergency Services	\$9.19	
Hospital Related Sub Total	\$139.22	35%
Non-Hospital Expenses		
Rx	\$61.49	
Evaluation & Management	\$31.19	
Procedures	\$32.12	
Medicine	\$29.96	
Outpatient Radiology	\$23.99	
Outpatient Laboratory	\$10.57	
Anesthesia	\$7.60	
Outpatient Pathology	\$3.64	
Medical management	\$2.94	
Undefined Services	\$2.48	
Ambulance	\$1.02	
Dental	\$0.77	
Vision	\$0.05	
Non Hospital Related Sub Total	\$207.82	52%
Total	\$403.04	100%

Typical Health Plan Functions and expense

Hospital Functions and elements of expense

Non Hospital Functions and elements of expense

Proven Results

Health System Client

- Four locations
- In suburban area
- Approximately 7,500 covered lives on the health plan
- Faced recurring and unsustainable double digit cost increases.

Case Study

The health system had the capability, in collaboration with their physicians, to bend the cost curve for its employee plan by re-aligning its community and patient facing resources to turn the system “inside out.”

By implementing the four strategies we have outlined in our presentation, the health systems has achieved sustained results.

In addition, these results have created the infrastructure for an ACO model for the organization.

These initiatives, with their focus on patient-centric care management, have resulted in the plan’s trending under 5% consistently for each of the past seven years.

Seven Year Results: Summary

	2010	2003-2010
	Feb - July	Avg % Var
Hospital Based Expense		
Inpatient Hospital	\$64.52	3.23%
Facility	\$20.16	3.19%
Emergency Room	\$11.71	6.43%
Other Outpatient Services	\$7.04	15.13%
Sub Total	\$103.43	5.42%
Other Medical Expense		
Rx	\$39.57	4.48%
Evaluation & Management	\$32.66	7.91%
Procedures	\$26.63	4.11%
Medicine	\$26.38	2.80%
Outpatient Radiology	\$27.06	7.67%
Outpatient Laboratory	\$14.86	8.67%
Anesthesia	\$8.90	3.87%
Outpatient Pathology	\$4.79	7.88%
Medical management	\$0.56	0.00%
Undefined Services	\$1.85	-5.42%
Ambulance	\$0.68	10.59%
Dental	\$0.02	0.00%
Sub Total	\$183.96	4.38%
Totals (\$0.26 rdinig var)	\$287.39	4.94%

Measurement Detail

1. Trending PMPM Statistics

	2009	2010	PYTD	March 2011
Members	7802	7825	7070	7067
Medical PMPM	\$249.12	\$258.74	\$300.25	\$246.35
Rx PMPM	\$46.78	\$42.57	\$55.77	\$55.50
Total	\$295.90	\$301.31	\$356.02	\$301.85
Variation		1.8%	18.2%	-15.2%
A/G	1.13	1.13	1.13	1.13
CMI	1.14	1.22	1.5	

2. Category of Care PMPM

	2009	2010	PYTD	March 2011
Hospital Related				
Inpatient	\$67.49	\$70.39	\$93.57	\$76.12
Facility	\$32.28	\$28.86	\$45.34	\$41.37
Emergency Room	\$8.36	\$8.89	\$5.00	\$3.91
Other Outpatient Services	\$2.23	\$4.82	\$1.56	\$0.55
Hospital Sub Total	\$110.36	\$112.96	\$145.47	\$121.95
Professional				
Evaluation & Management	\$31.19	\$32.18	\$43.33	\$33.84
Procedures	\$28.00	\$27.11	\$31.27	\$24.39
Outpatient Radiology	\$25.38	\$25.53	\$23.69	\$20.52
Medicine	\$22.20	\$28.02	\$19.32	\$18.35
Outpatient Laboratory	\$13.57	\$14.15	\$14.58	\$11.12
Anesthesia	\$7.74	\$8.63	\$11.01	\$5.59
Outpatient Pathology	\$4.22	\$3.93	\$3.90	\$3.55
Professional Sub Total	\$132.30	\$139.55	\$147.10	\$117.36
Rx	\$46.78	\$42.57	\$55.77	\$55.50
Other	\$6.46	\$6.23	\$7.68	\$7.04
Total	\$295.90	\$301.31	\$356.02	\$301.85

Measurement Detail

3. Claimants over \$10,000

	2009	2010	PYTD	March 2011
Number of people	446	453	122	36
% of membership	5.72%	5.79%	1.13%	0.51%
% of total paid	57.68%	60.06%	46.94%	36.59%
Largest claimant	\$1,000,000	\$633,755	\$929,061	\$186,903
Avg cost per claimant	\$29,870	\$31,940	\$29,019	\$21,681

4. Medical Management Performance

	2009	2010	PYTD	March 2011
PMPM expense	\$5	\$4	\$7	\$7
\$\$ expense	\$437,811	\$378,638	\$141,308	\$52,070
Recorded savings	\$2,140,961	\$2,022,454	\$651,274	\$187,824
ROI	4.89	5.34	4.61	3.61
Total Episodes	2717	2860	1041	469
Unique participants	1279	1251	550	303

5. Population Risk Stratification (4th or current Qtr)

	2009		2010		PYTD	
High	422	6%	354	4%	288	4%
Moderate	847	11%	813	10%	686	10%
Low	1875	24%	2027	26%	1697	24%
No known risk	4472	59%	4747	60%	4297	62%
Total	7616	100%	7941	100%	6968	100%

Summary

Health systems across the country have successfully leveraged their employee health plans for use in their overall strategies. This is even more important now in the Health Reform era of ACO's, PCMH's etc.

Health Systems can:

- Maintain the status quo: use what the insurance carriers offer
- Carve out services from the insurance carrier; use that savings to pay for services you provide on your own
- Expand beyond your employee plan to offer the same services to other populations in your community