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AGENDA ITEM

- Action Item
- Information Only

Date: September 3, 2009

Item Number: X

Title: Self-Funded Plan Utilization Report for the year ending June 30, 2009

Summary

This report addresses the following topics:

1. Executive Summary
2. Notes Regarding the Data
3. Demographics
4. Claims Summary
5. Surplus and Loss Summary
6. Costs by Tier and Age
7. Network Utilization and Cost Sharing
8. Claim Distribution by Paid Claim Amount
9. High Utilization – 12 months
10. Chronic Conditions and Wellness

Report

Executive Summary

Comparisons of the year ending June 30, 2008 to the year ending June 30, 2009 show changes in the following respects:

- PEBP has experienced significant growth in its self-funded retiree population (22.6%). This increase occurred primarily during April and November 2008 due to eligibility changes imposed by Senate Bill 544 (2007) (approximately 3,300 new retirees joined PEBP between July and November 2008). During that same period, the overall self-funded active population decreased 4.6%. This shift in demographics

is shown by the increase in the average member age of 44.2 years in March, 2008 to 45.3 years in June of 2009.

- The per participant costs for medical claims has thus far increased at 9.8%, slightly below Aon's projection of 10.0%.
- With regard to prescription drug costs, on a per participant basis, prescription claims have increased 17.8% as compared to Aon's projection of 11.3%. A breakdown of what made up this increase was included in the Board report on May 7, 2009.
- Musculoskeletal, circulatory and digestive diagnostic categories remain the most expensive three major diagnostic categories accounting for 39% of total costs. Musculoskeletal issues cost the plan \$29.9 million (19%) of the \$158.2 million incurred for all major diagnostic categories for the year ending March 31, 2009. Osteoarthritis and coronary artery disease cost the plan significantly more than any other chronic condition (\$11.1 million out of \$19.4 million for all chronic conditions; year ending March 31, 2009).
- Wellness screening rates for cervical cancer and colon cancer continue to be below baseline expectations. The cervical cancer, colon cancer and mammogram categories have decreased in each of the last two years.

Notes Regarding the Data

This utilization report was prepared using Medstat, a secure on-line data mining engine. UMR populates the database with PEBP claim data and provides PEBP access to the Medstat reporting tool. The cost for this service is included in UMR's administration fee.

Readers should note the following:

1. This report reflects only self-funded plan activity and does not include any fully insured benefit costs (e.g. health maintenance organizations) information.
2. Dollar amounts categorized into various demographic groups (tiers, division, etc.) are reported on a paid fiscal year to date basis from July 2008 to June 2009 and the corresponding period beginning 12 months earlier. The clinical reports for costs by chronic disease, major diagnostic category, hospital, clinical condition, wellness, etc., are reported on an incurred annual basis from April 2008 to March 2009 and the previous 12 month period. The lag time of three months allows for claim submission and payment to occur.
3. A "Participant" is defined as the primary insured. "Member" includes both the primary insured and all dependents.
4. Enrollment figures will vary slightly (generally less than 1%) from other financial reports due to the fact that Medstat reports include retroactive enrollment transactions. Other reports provided by PEBP staff use "snap-shots" of

enrollment on the first of each month. Medstat tracks total dental membership (participant plus dependents) but does not track participants separately. Therefore, dental participant enrollment in this report is based on these “snapshots.”

5. Certain tables show categories labeled “~Missing.” These categories indicate where data is missing for certain records, but the costs are included for completeness of reporting. In addition, dental data in Medstat for HMO participants is not tagged to specific tiers.
6. Unless otherwise noted, state and non-state claims are reported in aggregate.

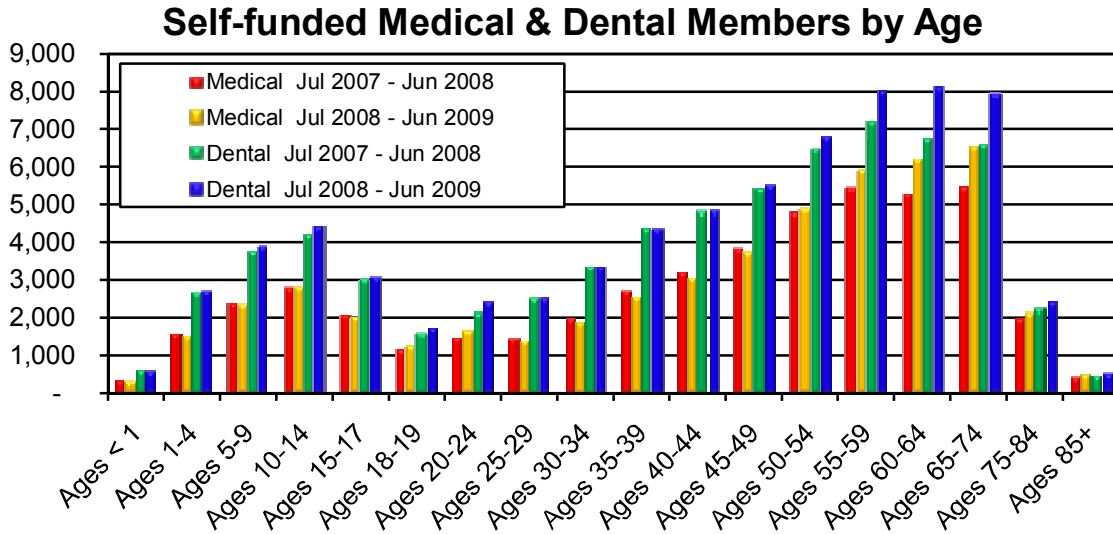
Demographics

The average self-funded medical plan participant enrollment grew 5.4% from the year ending June 30, 2008 to the year ending June 30, 2009 while the dental plan enrollment grew by 8.0%. The average self-funded medical plan early retiree enrollment grew 28.8% and Medicare retiree enrollment grew 16.9% while active employee enrollment decreased 4.6% during the same period. Additionally, the average age of all self-funded members increased 1.2 years to 44.9 years due to the increased retiree enrollment. The larger percent change in dental membership indicates that more of the enrollment growth to PEBP has occurred in the HMOs. In fact, enrollment growth was 30.4% in the Northern HMO and 7.2% in the Southern HMO during the same periods.

Self-Funded Average Monthly Enrollment				
	Jul 2007 - Jun 2008	Jul 2008 - Jun 2009	% Change	Jun 2009
Medical and Prescription				
Employees Avg	29,439	31,033	5.4%	31,324
Family Size Avg	1.66	1.64	-1.1%	1.63
Members Avg	48,744	50,806	4.2%	51,046
Member Months	584,924	609,672	4.2%	
Member Age Avg	43.7	44.9	2.7%	45.3
Dental				
Employees Avg ¹	40,195	43,417	8.0%	43,941
Members Avg	68,234	73,425	7.6%	74,178
Member Months	818,809	881,105	7.6%	

¹ Employee dental counts are based on enrollment counts taken on the first of each month and do not include changes due to retro-activity

The following chart displays the average age distribution of all members in the self-funded plan for the year ending June 30, 2008 and June 30, 2009. Enrollment decreased 2.4% in the under age 50 categories and increased 9.2% and 11.3% in the under age 50 to 64 and over age 65 categories, respectively.



Claims Summary

Total self-funded paid claim dollars grew \$34.3 million or 17.0% from the year ending June 30, 2008 to the year ending June 30, 2009. On a per participant basis, medical claims paid increased 9.8% while dental grew 4.3% and prescription grew 17.8%. A breakdown of what made up this increase was included in the Board report on May 7, 2009.

Prescription costs reported here do not include rebates from Catalyst Rx. Prescription rebates are received by PEBP approximately nine to twelve months after they are earned.

Self-Funded Net Paid Claims - Total (Paid Basis)					
	Jul 2007 - Jun 2008		Jul 2008 - Jun 2009		% Change
Medical					
Inpatient	\$	50,301,738	\$	56,648,822	12.6%
Outpatient	\$	92,023,106	\$	108,010,266	17.4%
Medical - Other	\$	1,287,083	\$	1,638,500	27.3%
Total Medical	\$	143,611,927	\$	166,297,588	15.8%
Dental	\$	22,497,960	\$	25,347,739	12.7%
Prescription	\$	36,253,648	\$	45,035,236	24.2%
Total	\$	202,363,535	\$	236,680,563	17.0%

Self-Funded Net Paid Claims - Per Participant Per Month (Paid Basis)					
	Jul 2007 - Jun 2008		Jul 2008 - Jun 2009		% Change
Medical	\$	406.52	\$	446.56	9.8%
Dental	\$	46.64	\$	48.65	4.3%
Prescription	\$	102.62	\$	120.93	17.8%
Total	\$	555.79	\$	616.15	10.9%

Self-funded cost increases can be divided into those attributable to inflation and utilization and increases due to enrollment. Overall, approximately 37% of the cost increases are due to increases in enrollment. The breakdown of cost increases for each type of benefit (i.e. medical, dental, prescription) is shown below.

Self-funded Cost Increase Factors (Paid Basis)					
	Jul 2007 - Jun 2008	Jul 2008 - Jun 2009	PPPM Change	Net Change	% Change
Enrollment					
Medical & Prescription	29,439	31,033		1,594	5.4%
Dental	40,195	43,417		3,222	8.0%
Net Pay					
Medical	\$ 143,611,927	\$ 166,297,588		\$ 22,685,661	15.8%
Dental	\$ 22,497,960	\$ 25,347,739		\$ 2,849,779	12.7%
Prescription	\$ 36,253,648	\$ 45,035,236		\$ 8,781,588	24.2%
	\$ 202,363,535	\$ 236,680,563		\$ 34,317,028	17.0%
Cost Increase Attributable to Inflation & Utilization					
Medical PPPM	\$ 406.52	\$ 446.56	\$ 40.04	\$ 14,143,839	9.8%
Dental PPPM	\$ 46.64	\$ 48.65	\$ 2.01	\$ 968,709	4.3%
Prescription PPPM	\$ 102.62	\$ 120.93	\$ 18.31	\$ 6,468,368	17.8%
	\$ 555.79	\$ 616.15	\$ 60.36	\$ 21,580,916	10.9%
Cost Increase Attributable to Enrollment					
Medical				\$ 8,541,822	
Dental				\$ 1,881,070	
Prescription				\$ 2,313,220	
				\$ 12,736,112	

Both inpatient and outpatient claims have increased on a net pay basis (12.6% and 17.4% respectively). On a per participant basis, the trend is somewhat less pronounced with a 6.8% increase for inpatient and an 11.3% increase for outpatient claims.

Self-Funded Medical Utilization (Paid Basis)					
	Jul 2007 - Jun 2008		Jul 2008 - Jun 2009		% Change
Inpatient					
Net Pay	\$	50,301,738	\$	56,648,822	12.6%
Net Pay PPM		\$142.39		\$152.12	6.8%
Net Pay IP Acute Per Admit		\$11,633.15		\$12,436.62	6.9%
Net Pay IP Acute Per Day		\$2,599.71		\$2,603.83	0.2%
Admits Per 1000 Acute		88.7		89.7	1.1%
Days Per 1000 Admit Acute		397.0		428.2	7.9%
Days LOS Admit Acute		4.5		4.8	6.7%
Outpatient					
Net Pay	\$	92,023,106	\$	108,010,266	17.4%
Net Pay PPM		\$260.49		\$290.04	11.3%
Net Pay PPM - Facility		\$105.63		\$123.51	16.9%
Net Pay PPM - Office		\$97.78		\$107.27	9.7%
Net Pay PPM - Other		\$57.08		\$59.26	3.8%
Visits Per 1000 ER		169.0		170.7	1.0%
Services Per 1000 OP Lab		7,118.2		7,562.0	6.2%
Services Per 1000 OP Rad		2,659.0		2,996.5	12.7%

Surplus and Loss Summary

The following two tables show the revenues, expenses and surplus or loss associated with active participants, non-Medicare retirees and Medicare retirees in the self-funded plan for the fiscal year to date. The tables are split into state and non-state participants. The expenses are reported on a “paid claims” basis. The objective is to show a close approximation of the net surplus/loss generated by each major participant group. Development of the projected claims cost during the rate setting process each year will be based upon “incurred data” and will be weighted between PEBP plan experience and large payer experience as deemed appropriate by PEBP’s actuary.

Employer subsidies and participant contributions are based on actual premiums year-to-date. The Medicare D subsidy is an estimate based on per participant receipts for fiscal year 2008. Medical, dental and prescription costs are the actual costs paid in each category. Life and admin expenses are based on the total costs to the program year-to-date divided among the applicable participants.

The premium holiday in July, 2008 has decreased the surpluses and increased the losses shown below.

Self-funded Plan - State Participants
 7/1/2008 through 6/30/2009

	Actives	Non-Medicare Retirees	Medicare Retirees			Total Retirees	Total
			Part A & B	Part B Only	Total		
Revenue							
Subsidy ¹	123,114,285.93	17,068,107.09	12,487,697.08	716,291.17	13,203,988.25	30,272,095.34	153,386,381.27
Participant Contribution	13,968,320.95	5,245,786.63	5,000,159.92	190,552.87	5,190,712.79	10,436,499.42	24,404,820.37
Medicare D Subsidy	-	-	1,978,309.75	104,319.68	2,082,629.43	2,082,629.43	2,082,629.43
Total Revenue	\$ 137,082,606.88	\$ 22,313,893.72	\$ 19,466,166.75	\$ 1,011,163.72	\$ 20,477,330.47	\$ 42,791,224.19	\$ 179,873,831.07
Expenses							
Medical - Hospital	33,712,357.85	8,604,932.73	1,573,698.16	890,416.96	2,464,115.12	11,069,047.85	44,781,405.70
Medical - All Other	65,879,539.11	13,011,737.57	6,000,976.83	254,769.68	6,255,746.51	19,267,484.08	85,147,023.19
Dental	10,753,816.23	1,430,936.72	1,755,643.65	95,803.60	1,851,447.25	3,282,383.97	14,036,200.20
Prescription	17,912,548.56	6,568,763.67	7,636,774.93	294,447.47	7,931,222.40	14,499,986.07	32,412,534.63
Life and AD&D	4,164,124.80	198,132.48	275,483.52	14,526.72	290,010.24	488,142.72	4,652,267.52
PPO Admin	6,164,015.60	971,989.59	1,351,454.91	71,264.54	1,422,719.45	2,394,709.04	8,558,724.64
PEBP Admin	1,859,745.47	293,259.03	407,747.53	21,501.23	429,248.76	722,507.79	2,582,253.26
Total Expenses	\$ 140,446,147.62	\$ 31,079,751.79	\$ 19,001,779.53	\$ 1,642,730.20	\$ 20,644,509.73	\$ 51,724,261.52	\$ 192,170,409.15
Net Surplus / (Loss)	\$ (3,363,540.74)	\$ (8,765,858.07)	\$ 464,387.22	\$ (631,566.48)	\$ (167,179.26)	\$ (8,933,037.33)	\$ (12,296,578.08)
Avg Monthly Enrollment	16,780	2,646	3,679	194	3,873	6,519	23,299
Revenue PPPM	680.78	702.76	440.93	434.35	440.60	547.01	643.35
Expenses PPPM	697.49	978.83	430.41	705.64	444.20	661.20	687.33
Net Surplus / (Loss) PPPM	\$ (16.71)	\$ (276.07)	\$ 10.52	\$ (271.29)	\$ (3.60)	\$ (114.19)	\$ (43.98)

¹ Subsidy includes both the employer subsidy and the supplemental subsidy.

Self-funded Plan - Non-State Participants
7/1/2008 through 6/30/2009

	Actives	Non-Medicare Retirees	Medicare Retirees			Total Retirees	Total
			Part A & B	Part B Only	Total		
Revenue							
Subsidy ¹	564,289.63	32,805,323.21	15,472,014.92	698,965.34	16,170,980.26	48,976,303.47	49,540,593.10
Participant Contribution	5,988,840.60	11,275,002.46	1,343,691.87	31,196.23	1,374,888.10	12,649,890.56	18,638,731.16
Medicare D Subsidy	-	-	1,341,637.09	61,301.25	1,402,938.34	1,402,938.34	1,402,938.34
Total Revenue	\$ 6,553,130.23	\$ 44,080,325.67	\$ 18,157,343.88	\$ 791,462.82	\$ 18,948,806.70	\$ 63,029,132.37	\$ 69,582,262.60
Expenses							
Medical - Hospital	668,088.17	9,342,342.80	913,337.96	285,530.99	1,198,868.95	10,541,211.75	11,209,299.92
Medical - All Other	2,506,802.11	18,706,360.28	4,067,790.96	105,931.08	4,173,722.04	22,880,082.32	25,386,884.43
Dental	407,122.75	2,018,547.46	1,159,146.27	50,862.50	1,210,008.77	3,228,556.23	3,635,678.98
Prescription	614,345.27	7,690,162.09	4,222,096.65	135,169.17	4,357,265.82	12,047,427.91	12,661,773.18
Life and AD&D	172,967.52	324,230.40	186,825.60	8,536.32	195,361.92	519,592.32	692,559.84
PPO Admin	256,038.07	1,590,595.21	916,520.79	41,877.10	958,397.90	2,548,993.10	2,805,031.18
PEBP Admin	77,249.26	479,898.56	276,523.54	12,634.74	289,158.28	769,056.84	846,306.10
Total Expenses	\$ 4,702,613.15	\$ 40,152,136.80	\$ 11,742,241.77	\$ 640,541.91	\$ 12,382,783.68	\$ 52,534,920.48	\$ 57,237,533.63
Net Surplus / (Loss)	\$ 1,850,517.08	\$ 3,928,188.87	\$ 6,415,102.10	\$ 150,920.92	\$ 6,566,023.02	\$ 10,494,211.89	\$ 12,344,728.97
Avg Monthly Enrollment	697	4,330	2,495	114	2,609	6,939	7,636
Revenue PPM	783.49	848.35	606.46	578.55	605.24	756.94	759.37
Expenses PPM	562.24	772.75	392.19	468.23	395.52	630.91	624.65
Net Surplus / (Loss) PPM	\$ 221.25	\$ 75.60	\$ 214.27	\$ 110.32	\$ 209.72	\$ 126.03	\$ 134.72

¹ Subsidy includes both the employer subsidy and the supplemental subsidy.

Costs by Tier and Age

Of the \$22.7 million increase in paid medical claims from the year ending June 30, 2008 to the year ending June 30, 2009, 13% of the increase can be attributed to the Participant plus Child(ren) tier which accounted for only 5% of the enrollment growth. An additional 15% of the increase can be attributed to the Participant plus Family tier which accounted for only 2% of the enrollment growth. The Medical cost increase on a per participant basis in the Participant plus Child(ren) and Participant plus Family tiers was significantly higher than other tiers for Medical claims.

Dental claims grew moderately across all tiers while prescription claims grew significantly across all tiers. It should be noted that Dental claims for HMO participants do not get tagged to a tier and are therefore included in the ~Missing category.

From the year ending June 30, 2008 to the year ending June 30, 2009, PMPM paid medical claims increased 28.5% for members under age 10 and 24.6% for members between the ages of 35 and 49. PMPM costs for members over age 49 increased 5.2%. Paid medical claims for the remaining population (ages 10-34) increased 1.6%.

PMPM paid prescription claims grew across most tiers at rates which exceeded expectations. Exceptions include children under 18 years which cost 2.7% less than the previous period. Prescription costs for adults between the ages of 18 and 44 increased 19.6% on a per member basis while costs for members 45 years or older increased 15.8%. The Retiree Drug Subsidy provided by CMS provides approximately \$30 per Medicare eligible member per month and is not included in these calculations.

Self-Funded Paid Claims By Coverage Tier (Paid Basis)									
	Jul 2007 - Jun 2008			Jul 2008 - Jun 2009			% Change		
	Net Pay	Participant Count	PPPM	Net Pay	Participant Count	PPPM	Net Pay	Participant Count	PPPM
Medical									
Participant Only	\$ 66,588,070	18,603	\$ 298.29	\$ 77,476,873	19,767	\$ 326.63	16.4%	6.3%	9.5%
Participant + Spouse	\$ 36,493,514	4,371	\$ 695.75	\$ 41,835,753	4,698	\$ 742.08	14.6%	7.5%	6.7%
Participant + Child(ren)	\$ 14,697,952	3,021	\$ 405.44	\$ 17,674,861	3,099	\$ 475.28	20.3%	2.6%	17.2%
Participant + Family	\$ 25,831,757	3,444	\$ 625.04	\$ 29,308,115	3,469	\$ 704.05	13.5%	0.7%	12.6%
~Missing	\$ 634	-		\$ 1,986	-				
Total	\$ 143,611,927	29,439	\$ 406.52	\$ 166,297,588	31,033	\$ 446.56	15.8%	5.4%	9.8%
Dental									
Participant Only	\$ 7,069,558	18,603	\$ 31.67	\$ 7,852,236	19,767	\$ 33.10	11.1%	6.3%	4.5%
Participant + Spouse	\$ 3,395,886	4,371	\$ 64.74	\$ 3,784,782	4,698	\$ 67.13	11.5%	7.5%	3.7%
Participant + Child(ren)	\$ 2,422,085	3,021	\$ 66.81	\$ 2,600,874	3,099	\$ 69.94	7.4%	2.6%	4.7%
Participant + Family	\$ 3,906,911	3,444	\$ 94.53	\$ 4,058,893	3,469	\$ 97.50	3.9%	0.7%	3.1%
~Missing*	\$ 5,703,520	10,756	\$ 44.19	\$ 7,050,954	12,384	\$ 47.45	23.6%	15.1%	7.4%
Total	\$ 22,497,960	40,195	\$ 46.64	\$ 25,347,739	43,417	\$ 48.65	12.7%	8.0%	4.3%
Prescription									
Participant Only	\$ 18,926,611	18,603	\$ 84.78	\$ 24,037,007	19,767	\$ 101.33	27.0%	6.3%	19.5%
Participant + Spouse	\$ 10,060,273	4,371	\$ 191.80	\$ 12,522,409	4,698	\$ 222.12	24.5%	7.5%	15.8%
Participant + Child(ren)	\$ 2,650,058	3,021	\$ 73.10	\$ 3,243,957	3,099	\$ 87.23	22.4%	2.6%	19.3%
Participant + Family	\$ 4,611,423	3,444	\$ 111.58	\$ 5,229,877	3,469	\$ 125.63	13.4%	0.7%	12.6%
~Missing	\$ 5,283	-		\$ 1,986	-				
Total	\$ 36,253,648	29,439	\$ 102.62	\$ 45,035,236	31,033	\$ 120.93	24.2%	5.4%	17.8%

Self-Funded Paid Medical Claims By Age Group (Paid Basis)									
	Jul 2007 - Jun 2008			Jul 2008 - Jun 2009			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	\$ 1,775,873	370	\$ 399.97	\$ 2,486,776	336	\$ 616.76	40.0%	-9.2%	54.2%
Ages 1-4	\$ 1,656,454	1,589	\$ 86.87	\$ 1,842,717	1,533	\$ 100.17	11.2%	-3.5%	15.3%
Ages 5-9	\$ 1,422,035	2,389	\$ 49.60	\$ 1,711,677	2,343	\$ 60.88	20.4%	-1.9%	22.7%
Ages 10-14	\$ 3,317,892	2,824	\$ 97.91	\$ 3,277,517	2,826	\$ 96.65	-1.2%	0.1%	-1.3%
Ages 15-17	\$ 2,754,454	2,116	\$ 108.48	\$ 2,496,606	2,040	\$ 101.99	-9.4%	-3.6%	-6.0%
Ages 18-19	\$ 1,309,527	1,163	\$ 93.83	\$ 1,576,355	1,250	\$ 105.09	20.4%	7.5%	12.0%
Ages 20-24	\$ 2,688,034	1,500	\$ 149.34	\$ 2,976,788	1,676	\$ 148.01	10.7%	11.7%	-0.9%
Ages 25-29	\$ 2,359,073	1,463	\$ 134.37	\$ 2,499,492	1,391	\$ 149.74	6.0%	-4.9%	11.4%
Ages 30-34	\$ 4,312,500	2,002	\$ 179.51	\$ 4,191,929	1,893	\$ 184.54	-2.8%	-5.4%	2.8%
Ages 35-39	\$ 5,917,280	2,729	\$ 180.69	\$ 6,951,973	2,541	\$ 227.99	17.5%	-6.9%	26.2%
Ages 40-44	\$ 7,759,509	3,238	\$ 199.70	\$ 9,173,581	3,070	\$ 249.01	18.2%	-5.2%	24.7%
Ages 45-49	\$ 10,982,148	3,829	\$ 239.01	\$ 13,139,507	3,717	\$ 294.58	19.6%	-2.9%	23.2%
Ages 50-54	\$ 20,866,891	4,808	\$ 361.67	\$ 21,021,406	4,879	\$ 359.05	0.7%	1.5%	-0.7%
Ages 55-59	\$ 25,644,481	5,470	\$ 390.68	\$ 33,383,603	5,942	\$ 468.19	30.2%	8.6%	19.8%
Ages 60-64	\$ 32,859,780	5,296	\$ 517.05	\$ 37,745,930	6,182	\$ 508.81	14.9%	16.7%	-1.6%
Ages 65+	\$ 17,985,995	7,958	\$ 188.34	\$ 21,821,730	9,187	\$ 197.94	21.3%	15.4%	5.1%
~Missing	\$ 1	-		\$ 1	-				
Total	\$ 143,611,927	48,744	\$ 245.52	\$ 166,297,588	50,806	\$ 272.77	15.8%	4.2%	11.1%

Self-Funded Paid Dental Claims By Age Group (Paid Basis)									
	Jul 2007 - Jun 2008			Jul 2008 - Jun 2009			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	\$ 1,229	636	\$ 0.16	\$ 1,679	616	\$ 0.23	36.6%	-3.0%	40.9%
Ages 1-4	\$ 328,689	2,660	\$ 10.30	\$ 372,386	2,718	\$ 11.42	13.3%	2.2%	10.8%
Ages 5-9	\$ 1,112,217	3,746	\$ 24.75	\$ 1,183,492	3,881	\$ 25.41	6.4%	3.6%	2.7%
Ages 10-14	\$ 1,063,250	4,210	\$ 21.05	\$ 1,212,652	4,454	\$ 22.69	14.1%	5.8%	7.8%
Ages 15-17	\$ 970,363	3,033	\$ 26.66	\$ 1,059,668	3,097	\$ 28.51	9.2%	2.1%	6.9%
Ages 18-19	\$ 440,112	1,601	\$ 22.91	\$ 545,397	1,749	\$ 25.99	23.9%	9.2%	13.4%
Ages 20-24	\$ 608,931	2,156	\$ 23.54	\$ 689,531	2,418	\$ 23.76	13.2%	12.2%	0.9%
Ages 25-29	\$ 733,600	2,508	\$ 24.38	\$ 767,093	2,521	\$ 25.36	4.6%	0.5%	4.0%
Ages 30-34	\$ 925,089	3,381	\$ 22.80	\$ 1,015,220	3,386	\$ 24.99	9.7%	0.1%	9.6%
Ages 35-39	\$ 1,306,984	4,365	\$ 24.95	\$ 1,362,311	4,364	\$ 26.01	4.2%	-0.0%	4.2%
Ages 40-44	\$ 1,538,615	4,812	\$ 26.64	\$ 1,628,622	4,843	\$ 28.03	5.8%	0.6%	5.2%
Ages 45-49	\$ 1,948,151	5,420	\$ 29.95	\$ 2,018,132	5,526	\$ 30.44	3.6%	1.9%	1.6%
Ages 50-54	\$ 2,484,516	6,447	\$ 32.12	\$ 2,631,091	6,802	\$ 32.24	5.9%	5.5%	0.4%
Ages 55-59	\$ 2,899,017	7,213	\$ 33.50	\$ 3,280,655	8,020	\$ 34.09	13.2%	11.2%	1.8%
Ages 60-64	\$ 2,585,577	6,744	\$ 31.95	\$ 3,306,668	8,122	\$ 33.93	27.9%	20.4%	6.2%
Ages 65+	\$ 3,551,622	9,305	\$ 31.81	\$ 4,273,143	10,908	\$ 32.64	20.3%	17.2%	2.6%
~Missing	\$ (2)	-		\$ (1)	-				
Total	\$ 22,497,960	68,234	\$ 27.48	\$ 25,347,739	73,425	\$ 28.77	12.7%	7.6%	4.7%

Self-Funded Paid Prescription Claims By Age Group (Paid Basis)									
	Jul 2007 - Jun 2008			Jul 2008 - Jun 2009			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	\$ 76,587	370	\$ 17.25	\$ 78,652	336	\$ 19.51	2.7%	-9.2%	13.1%
Ages 1-4	\$ 198,948	1,589	\$ 10.43	\$ 146,617	1,533	\$ 7.97	-26.3%	-3.5%	-23.6%
Ages 5-9	\$ 236,678	2,389	\$ 8.26	\$ 269,522	2,343	\$ 9.59	13.9%	-1.9%	16.1%
Ages 10-14	\$ 393,470	2,824	\$ 11.61	\$ 335,036	2,826	\$ 9.88	-14.9%	0.1%	-14.9%
Ages 15-17	\$ 425,315	2,116	\$ 16.75	\$ 436,358	2,040	\$ 17.83	2.6%	-3.6%	6.4%
Ages 18-19	\$ 195,493	1,163	\$ 14.01	\$ 263,092	1,250	\$ 17.54	34.6%	7.5%	25.2%
Ages 20-24	\$ 372,405	1,500	\$ 20.69	\$ 461,523	1,676	\$ 22.95	23.9%	11.7%	10.9%
Ages 25-29	\$ 359,974	1,463	\$ 20.50	\$ 379,763	1,391	\$ 22.75	5.5%	-4.9%	11.0%
Ages 30-34	\$ 578,009	2,002	\$ 24.06	\$ 679,102	1,893	\$ 29.90	17.5%	-5.4%	24.3%
Ages 35-39	\$ 1,182,182	2,729	\$ 36.10	\$ 1,342,601	2,541	\$ 44.03	13.6%	-6.9%	22.0%
Ages 40-44	\$ 1,750,055	3,238	\$ 45.04	\$ 2,060,330	3,070	\$ 55.93	17.7%	-5.2%	24.2%
Ages 45-49	\$ 2,509,453	3,829	\$ 54.62	\$ 2,692,111	3,717	\$ 60.36	7.3%	-2.9%	10.5%
Ages 50-54	\$ 4,108,116	4,808	\$ 71.20	\$ 4,683,418	4,879	\$ 79.99	14.0%	1.5%	12.3%
Ages 55-59	\$ 5,734,556	5,470	\$ 87.36	\$ 7,322,229	5,942	\$ 102.69	27.7%	8.6%	17.5%
Ages 60-64	\$ 6,345,831	5,296	\$ 99.85	\$ 8,437,443	6,182	\$ 113.74	33.0%	16.7%	13.9%
Ages 65+	\$ 11,786,576	7,958	\$ 123.42	\$ 15,447,438	9,187	\$ 140.12	31.1%	15.4%	13.5%
~Missing	\$ -	-		\$ 1	-				
Total	\$ 36,253,648	48,744	\$ 61.98	\$ 45,035,236	50,806	\$ 73.87	24.2%	4.2%	19.2%

Network Utilization and Cost Sharing

Overall, the percent of claims paid In Network have remained relatively constant at 92%. The table below shows the breakdown by service type. A slight increase in in-network utilization for in-patient and out-patient facilities is offset by a decrease in in-network utilization for office visits.

Self-funded Network Utilization (Paid Basis)					
	Jul 2007 - Jun 2008		Jul 2008 - Jun 2009		Change
Total					
Net Pay IP Acute	\$	50,301,738	\$	56,648,822	12.6%
Net Pay OP Fac Med	\$	37,313,808	\$	45,995,393	23.3%
Net Pay Office Med	\$	34,541,861	\$	39,946,283	15.6%
Net Pay Other	\$	21,454,520	\$	23,707,090	10.5%
	\$	143,611,927	\$	166,297,588	15.8%
Paid in Network					
Net Pay IP Acute	\$	49,525,914	\$	56,149,048	13.4%
Net Pay OP Fac Med	\$	32,320,115	\$	40,921,586	26.6%
Net Pay Office Med	\$	31,791,823	\$	34,977,657	10.0%
Net Pay Other	\$	19,779,094	\$	22,020,280	11.3%
	\$	133,416,946	\$	154,068,571	15.5%
Paid out of Network					
Net Pay IP Acute	\$	775,824	\$	499,774	-35.6%
Net Pay OP Fac Med	\$	4,993,693	\$	5,073,807	1.6%
Net Pay Office Med	\$	2,750,038	\$	4,968,626	80.7%
Net Pay Other	\$	1,675,426	\$	1,686,810	0.7%
	\$	10,194,981	\$	12,229,017	20.0%
Percent of Total Paid In Network					
Net Pay IP Acute		98.46%		99.12%	0.7%
Net Pay OP Fac Med		86.62%		88.97%	2.7%
Net Pay Office Med		92.04%		87.56%	-4.9%
Net Pay Other		92.19%		92.88%	0.8%
		92.90%		92.65%	-0.3%

This table shows the submitted medical charges, allowed amounts and participant out of pocket costs, split by state and non-state active employees and retirees and COBRA participants for the year ending June 30, 2009. Participants paid 9.3% of submitted medical charges through co-pays, deductibles and coinsurance. The plan paid 28.7% of the \$825.3 million in submitted charges. Thirty-four percent of submitted charges were ineligible for payment and network discounts subtracted another 23%. Payments by Medicare are included in the ineligible column.

Submitted Charges and Paid Amounts (Paid Basis) Jul 2008 - Jun 2009										
	Charge Submitted	Ineligible	Discount	Allowed	Third Party Amount	Net Payment	Total Out Of Pocket	Copayment	Deductible	Coinsurance
Total Dollar Amount										
State Actives	\$ 372,450,105	\$ 71,474,251	\$ 128,911,348	\$ 172,064,506	\$ 1,923,828	\$ 132,581,658	\$ 37,559,020	\$ 9,751,478	\$ 8,175,595	\$ 19,631,947
State Retirees	\$ 230,295,702	\$ 120,193,456	\$ 21,796,635	\$ 88,305,611	\$ 20,294,751	\$ 48,380,792	\$ 19,630,068	\$ 6,240,175	\$ 3,847,596	\$ 9,542,297
State Total	\$ 602,745,807	\$ 191,667,707	\$ 150,707,983	\$ 260,370,117	\$ 22,218,579	\$ 180,962,450	\$ 57,189,088	\$ 15,991,653	\$ 12,023,191	\$ 29,174,244
Non-State Actives	\$ 10,786,002	\$ 1,877,525	\$ 3,211,560	\$ 5,696,917	\$ 78,891	\$ 4,309,210	\$ 1,308,816	\$ 329,059	\$ 267,547	\$ 712,210
Non-State Retirees	\$ 204,938,656	\$ 89,855,312	\$ 34,817,335	\$ 80,266,009	\$ 13,017,778	\$ 49,485,454	\$ 17,762,777	\$ 5,533,849	\$ 3,596,431	\$ 8,632,497
Non-State Total	\$ 215,724,658	\$ 91,732,837	\$ 38,028,895	\$ 85,962,926	\$ 13,096,669	\$ 53,794,664	\$ 19,071,593	\$ 5,862,908	\$ 3,863,978	\$ 9,344,707
COBRA	\$ 404,608,760	\$ 104,054,010	\$ 117,938,353	\$ 182,616,397	\$ 9,364,299	\$ 133,400,447	\$ 39,851,651	\$ 10,571,961	\$ 8,536,405	\$ 20,743,285
Total	\$ 825,272,074	\$ 285,642,159	\$ 190,784,583	\$ 348,845,332	\$ 35,478,746	\$ 236,680,565	\$ 76,686,021	\$ 21,968,718	\$ 15,996,814	\$ 38,720,489
Percent of Submitted Charges										
State Actives	100.0%	19.2%	34.6%	46.2%	0.5%	35.6%	10.1%	2.6%	2.2%	5.3%
State Retirees	100.0%	52.2%	9.5%	38.3%	8.8%	21.0%	8.5%	2.7%	1.7%	4.1%
State Total	100.0%	31.8%	25.0%	43.2%	3.7%	30.0%	9.5%	2.7%	2.0%	4.8%
Non-State Actives	100.0%	17.4%	29.8%	52.8%	0.7%	40.0%	12.1%	3.1%	2.5%	6.6%
Non-State Retirees	100.0%	43.8%	17.0%	39.2%	6.4%	24.1%	8.7%	2.7%	1.8%	4.2%
Non-State Total	100.0%	42.5%	17.6%	39.8%	6.1%	24.9%	8.8%	2.7%	1.8%	4.3%
COBRA	100.0%	25.7%	29.1%	45.1%	2.3%	33.0%	9.8%	2.6%	2.1%	5.1%
Total	100.0%	34.6%	23.1%	42.3%	4.3%	28.7%	9.3%	2.7%	1.9%	4.7%

Claim Distribution by Paid Claim Amount

Claim distribution by paid claim amount was compiled directly from the daily check register sent to PEBP by UMR rather than from the Medstat reporting tool. Seventy-one percent of the claim dollars were paid out in 9.3% of the claims (claims over \$400). Forty-five claims in excess of \$100,000 were paid out in FY 09 for a total of \$8.4 million. The claim category with the largest total was the \$400 to \$1,000 claim category while the \$0 to \$100 claim category had a significantly larger number of claims.

Claim Distribution - Claims by Paid Claim Amount							
(Paid Basis)							
Jul 2008 - Jun 2009							
Claim Amount		Medical		Dental		Total	
Greater Than or Equal to	Less Than	Number of Claims	Cost	Number of Claims	Cost	Number of Claims	Cost
\$ 100,000.00		45	\$ 8,414,154	-	\$ -	45	\$ 8,414,154
\$ 40,000.00	\$ 100,000.00	202	\$ 11,872,303	-	\$ -	202	\$ 11,872,303
\$ 20,000.00	\$ 40,000.00	541	\$ 14,827,746	-	\$ -	541	\$ 14,827,746
\$ 10,000.00	\$ 20,000.00	1,175	\$ 16,011,978	-	\$ -	1,175	\$ 16,011,978
\$ 4,000.00	\$ 10,000.00	3,672	\$ 22,045,453	-	\$ -	3,672	\$ 22,045,453
\$ 2,000.00	\$ 4,000.00	6,604	\$ 18,503,960	62	\$ 124,000	6,666	\$ 18,627,960
\$ 1,000.00	\$ 2,000.00	12,351	\$ 16,719,882	2,140	\$ 2,799,120	14,491	\$ 19,519,002
\$ 400.00	\$ 1,000.00	30,230	\$ 18,591,020	12,830	\$ 7,593,060	43,060	\$ 26,184,081
\$ 200.00	\$ 400.00	47,080	\$ 12,890,070	13,980	\$ 3,994,366	61,060	\$ 16,884,436
\$ 100.00	\$ 200.00	90,226	\$ 12,566,431	49,927	\$ 7,078,611	140,153	\$ 19,645,043
\$ -	\$ 100.00	415,195	\$ 15,995,978	61,392	\$ 4,006,822	476,587	\$ 20,002,801
Average Claim		607,321	\$ 168,438,976	140,331	\$ 25,595,980	747,652	\$ 194,034,955
			\$ 277.35		\$ 182.40		\$ 259.53
Total			\$ 168,438,976		\$ 25,595,980		\$ 194,034,955
Less Voids, Refunds and Adjustments			\$ 2,141,388		\$ 248,241		\$ 2,389,628
Total Medical and Dental Claims Paid			\$ 166,297,588		\$ 25,347,739		\$ 191,645,327

High Utilization – 12 Months

The following four tables show:

- √ the most expensive Major Diagnostic Categories,
- √ the most expensive Clinical Conditions,
- √ the hospitals paid the most by the Program, and
- √ high Net Pay Claims.

All data for this report is on an incurred basis for the year ending March 31, 2009 except for the high Net Pay Claims which is reported on a paid basis for the year ending June 30, 2009.

Musculoskeletal, circulatory and digestive diagnostic categories remain the most expensive three categories accounting for 39% of total costs. The musculoskeletal, nervous and skin & breast categories had net increases greater than \$1.9 million. The child birth, newborns and myeloproliferative disease categories had the highest cost per patient at over \$3,300 per patient. The largest percent increases on a per patient basis were in the infections, male reproductive and newborns categories while costs due to HIV infections, blood and burns decreased by over 20%.

The top 25 clinical conditions account for 56% of all clinical condition costs and cost 11% more on a per patient basis than the average of all 193 clinical conditions. Of the top 25 clinical conditions, the largest net dollar increases from the previous period were in the signs/symptoms/other conditions, prostate cancer and preventative and administrative health encounters categories.

The top 25 hospitals that receive more money from PEBP for acute visits than any other hospital make up 77.0% of all acute costs. The top two, Renown Regional Medical Center and Carson Tahoe Hospital account for 28% of all acute costs. California Pacific Medical Center, Stanford Hospital and Clinics and Children's Hospital - Oakland were paid the most on a per day-acute basis. This data should be used only to demonstrate to which hospitals large dollar amounts are going. Determining which hospitals cost more can only be found on an in-depth study of costs per diagnosis code.

The top 25 claims account for 7.3% of all medical claims for the year ending June 30, 2009 but only 0.05% of the total self-funded population.

Self-funded Medical Claims Net Pay by Major Diagnostic Category (Incurred Basis)						
	Net Pay			Net Pay Per Patient		
	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	% Change	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	% Change
Musculoskeletal	\$ 27,204,103	\$ 29,952,173	10.1%	\$ 1,507.40	\$ 1,512.97	0.4%
Circulatory	\$ 16,166,477	\$ 17,779,192	10.0%	\$ 1,170.81	\$ 1,170.92	0.0%
Digestive	\$ 11,950,714	\$ 13,174,383	10.2%	\$ 1,259.83	\$ 1,296.82	2.9%
Health Status	\$ 11,264,907	\$ 13,066,334	16.0%	\$ 366.82	\$ 394.11	7.4%
Nervous	\$ 7,838,783	\$ 10,250,645	30.8%	\$ 1,125.29	\$ 1,390.86	23.6%
Skin, Breast	\$ 7,240,268	\$ 9,220,365	27.3%	\$ 453.20	\$ 530.24	17.0%
Respiratory	\$ 7,148,336	\$ 8,791,204	23.0%	\$ 730.91	\$ 857.85	17.4%
Kidney	\$ 8,443,902	\$ 8,113,826	-3.9%	\$ 1,514.60	\$ 1,297.38	-14.3%
Myeloproliferative Diseases	\$ 4,557,868	\$ 5,866,271	28.7%	\$ 2,973.17	\$ 3,336.90	12.2%
Ear, Nose, Mouth & Throat	\$ 5,138,923	\$ 5,801,336	12.9%	\$ 317.59	\$ 346.31	9.0%
Metabolic	\$ 4,637,389	\$ 5,333,616	15.0%	\$ 332.38	\$ 333.18	0.2%
Eye	\$ 4,352,713	\$ 4,716,278	8.4%	\$ 241.07	\$ 240.09	-0.4%
Female Reproductive	\$ 3,413,473	\$ 4,328,916	26.8%	\$ 683.10	\$ 823.77	20.6%
Liver, Pancreas	\$ 3,906,466	\$ 4,062,128	4.0%	\$ 2,688.55	\$ 2,438.25	-9.3%
Male Reproductive	\$ 2,104,582	\$ 3,240,989	54.0%	\$ 867.51	\$ 1,190.23	37.2%
Mental	\$ 3,080,666	\$ 3,183,597	3.3%	\$ 610.88	\$ 594.40	-2.7%
Pregnancy, Childbirth	\$ 2,528,087	\$ 2,617,699	3.5%	\$ 4,621.73	\$ 4,544.62	-1.7%
Blood	\$ 2,882,129	\$ 2,302,468	-20.1%	\$ 1,396.38	\$ 1,012.07	-27.5%
Infections	\$ 1,583,669	\$ 2,209,448	39.5%	\$ 771.02	\$ 1,150.16	49.2%
Injuries, Poisonings	\$ 1,500,267	\$ 1,821,010	21.4%	\$ 550.76	\$ 630.76	14.5%
Newborns	\$ 1,009,023	\$ 1,302,228	29.1%	\$ 2,676.45	\$ 3,491.23	30.4%
Alcohol/Drug Use	\$ 597,058	\$ 650,768	9.0%	\$ 2,562.48	\$ 2,841.78	10.9%
HIV Infections	\$ 133,088	\$ 56,142	-57.8%	\$ 4,436.27	\$ 1,701.27	-61.7%
Burns	\$ 33,435	\$ 23,061	-31.0%	\$ 402.83	\$ 307.47	-23.7%
~Missing	\$ 1,589,697	\$ 291,374	-81.7%	\$ 234.64	\$ 633.42	170.0%
All MDCs	\$ 140,306,023	\$ 158,155,451	12.7%	\$ 742.85	\$ 800.60	7.8%

Self-funded Medical Claims Net Pay by Clinical Condition (Incurred Basis)						
	Net Pay			Net Pay Per Patient		
	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	% Change	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	% Change
Prevent/Admin Hlth Encounters	\$ 8,034,474	\$ 9,013,228	12.2%	\$ 279.87	\$ 291.67	4.2%
Signs/Symptoms/Oth Cond, NEC	\$ 7,779,329	\$ 8,979,326	15.4%	\$ 580.63	\$ 617.01	6.3%
Osteoarthritis	\$ 6,632,303	\$ 7,355,872	10.9%	\$ 1,604.72	\$ 1,559.44	-2.8%
Spinal/Back Disorders, NEC	\$ 5,640,115	\$ 6,098,010	8.1%	\$ 1,016.42	\$ 987.85	-2.8%
Respiratory Disord, NEC	\$ 4,848,692	\$ 5,611,626	15.7%	\$ 784.20	\$ 822.94	4.9%
Arthropathies/Joint Disord NEC	\$ 4,581,194	\$ 5,298,101	15.6%	\$ 391.99	\$ 407.95	4.1%
Gastroint Disord, NEC	\$ 4,430,395	\$ 4,921,363	11.1%	\$ 724.63	\$ 752.04	3.8%
Renal Function Failure	\$ 4,524,303	\$ 4,493,513	-0.7%	\$ 7,392.65	\$ 6,015.41	-18.6%
Coronary Artery Disease	\$ 4,230,078	\$ 3,786,161	-10.5%	\$ 2,068.50	\$ 1,697.83	-17.9%
Condition Rel to Tx - Med/Surg	\$ 2,645,989	\$ 3,489,151	31.9%	\$ 3,868.41	\$ 4,168.64	7.8%
Cancer - Breast	\$ 2,710,191	\$ 3,229,919	19.2%	\$ 4,554.94	\$ 4,756.88	4.4%
Chemotherapy Encounters	\$ 2,349,148	\$ 2,965,278	26.2%	\$ 21,551.82	\$ 18,304.18	-15.1%
Cancer - Prostate	\$ 1,613,437	\$ 2,673,722	65.7%	\$ 1,858.80	\$ 2,583.31	39.0%
Eye Disorders, NEC	\$ 2,088,804	\$ 2,305,751	10.4%	\$ 150.35	\$ 151.97	1.1%
Cerebrovascular Disease	\$ 1,428,010	\$ 2,295,499	60.7%	\$ 1,258.16	\$ 1,886.19	49.9%
Cardiac Arrhythmias	\$ 1,396,099	\$ 2,281,043	63.4%	\$ 845.61	\$ 1,255.39	48.5%
Injury - Head/Spinal Cord	\$ 1,463,879	\$ 1,993,899	36.2%	\$ 652.35	\$ 877.21	34.5%
ENT Disorders, NEC	\$ 1,749,807	\$ 1,833,956	4.8%	\$ 261.59	\$ 259.33	-0.9%
Pregnancy w Vaginal Delivery	\$ 1,663,366	\$ 1,811,429	8.9%	\$ 5,638.53	\$ 5,900.42	4.6%
Neurological Disorders, NEC	\$ 1,329,709	\$ 1,796,002	35.1%	\$ 657.30	\$ 849.58	29.3%
Hernia/Reflux Esophagitis	\$ 1,355,461	\$ 1,700,382	25.4%	\$ 631.33	\$ 712.65	12.9%
Cancer - Colon	\$ 1,701,835	\$ 1,692,351	-0.6%	\$ 9,507.46	\$ 8,590.61	-9.6%
Infections - ENT Ex Otitis Med	\$ 1,324,389	\$ 1,648,022	24.4%	\$ 144.00	\$ 181.76	26.2%
Infections, NEC	\$ 1,213,181	\$ 1,646,465	35.7%	\$ 443.09	\$ 600.02	35.4%
Diabetes	\$ 1,557,345	\$ 1,642,579	5.5%	\$ 390.51	\$ 362.68	-7.1%
Top 25 Clinical Conditions	\$ 78,291,533	\$ 90,562,648	15.7%	\$ 617.13	\$ 659.69	6.9%
All Clinical Conditions (193)	\$ 140,306,022	\$ 158,155,450	12.7%	\$ 556.75	\$ 590.63	6.1%
Top Conditions as Pct of All	55.8%	57.3%		110.8%	111.7%	

Self-funded Top Hospitals by Net Pay Acute (Incurred Basis)								
	Apr 2007 -		Apr 2008 - Mar 2009					
	Mar 2008	Net Pay	Net Pay	As a % of All Hospitals	Admits - Acute	Length of Stay per Admit	Net Pay per Admit - Acute	Net Pay per Day - Acute
Renown Reg Med Ctr	\$	9,828,058	\$ 10,067,771	19.2%	929	4.7	\$ 10,837	\$ 2,326
Carson Tahoe Hosp	\$	4,661,433	\$ 4,810,408	9.2%	488	3.8	\$ 9,857	\$ 2,608
Sunrise Hosp & Med Ctr	\$	3,334,375	\$ 2,674,662	5.1%	208	5.1	\$ 12,859	\$ 2,521
Univ Of California San Francisco Med Ctr	\$	1,078,318	\$ 1,879,394	3.6%	14	12.8	\$ 134,242	\$ 10,496
Univ Med Ctr-Las Vegas	\$	819,743	\$ 1,746,212	3.3%	96	8.8	\$ 18,190	\$ 2,065
Mountainview Hosp	\$	1,146,292	\$ 1,685,334	3.2%	174	5.4	\$ 9,686	\$ 1,794
Sierra Surgery Hosp	\$	1,252,392	\$ 1,647,825	3.1%	98	2.7	\$ 16,815	\$ 6,228
St Rose Dominican-Siena Campus	\$	1,802,750	\$ 1,580,244	3.0%	180	4.2	\$ 8,779	\$ 2,100
Valley Hlth Ctr	\$	1,460,911	\$ 1,358,611	2.6%	198	3.8	\$ 6,862	\$ 1,830
Hq Intermountain Hlth Care Inc	\$	1,141,403	\$ 1,262,844	2.4%	84	4.2	\$ 15,034	\$ 3,605
Univ Of Utah Hosps & Clinics	\$	595,133	\$ 1,155,014	2.2%	41	7.1	\$ 28,171	\$ 3,985
Valley Hosp Med Ctr-Las Vegas	\$	1,124,664	\$ 1,014,595	1.9%	115	4.8	\$ 8,823	\$ 1,857
Univ Of California Davis Med Ctr	\$	489,375	\$ 994,622	1.9%	16	8.1	\$ 62,164	\$ 7,646
Stanford Hosp & Clinics	\$	516,600	\$ 920,649	1.8%	9	8.3	\$ 102,294	\$ 12,280
Northeastern Nevada Reg Hosp	\$	954,098	\$ 908,353	1.7%	104	3.0	\$ 8,734	\$ 2,931
Spring Valley Hosp Med Ctr	\$	613,603	\$ 830,106	1.6%	99	4.7	\$ 8,385	\$ 1,773
St Rose Dominican San Martin C	\$	1,002,513	\$ 788,231	1.5%	81	3.5	\$ 9,731	\$ 2,749
William Bee Ririe Hosp	\$	598,838	\$ 765,548	1.5%	75	3.0	\$ 10,207	\$ 3,391
Southern Hills Hosp & Med Ctr	\$	380,556	\$ 682,768	1.3%	57	4.7	\$ 11,978	\$ 2,576
Childrens Hosp & Research Ctr At	\$	485,434	\$ 673,048	1.3%	15	3.8	\$ 44,870	\$ 11,808
Mayo Clinic Hosp	\$	348,412	\$ 655,730	1.3%	14	6.6	\$ 46,838	\$ 7,129
Transitional Hosp Corp	\$	133,052	\$ 603,659	1.2%	13	37.8	\$ 46,435	\$ 1,229
California Pacific Med Ctr	\$	1,071,304	\$ 558,765	1.1%	8	3.8	\$ 69,846	\$ 18,626
Desert Springs Hosp Med Ctr	\$	635,075	\$ 555,757	1.1%	71	4.6	\$ 7,828	\$ 1,691
Anwar,Asif,Md	\$	381,758	\$ 504,461	1.0%	25	4.6	\$ 20,178	\$ 4,387
Top 25 Hospitals			\$ 40,324,612	77.0%	3,212	4.7	\$ 12,554	\$ 2,685
All Other Hospitals			\$ 12,066,257	23.0%	1,101	5.1	\$ 10,959	\$ 2,158
All Hospitals			\$ 52,390,869	100.0%	4,313	4.8	\$ 12,147	\$ 2,542
Top Hospitals as Pct of All Hospitals				77.0%	74.5%			

Self-funded Medical - Highest 25 Net Pay Claims (Paid Basis) Jul 2008 - Jun 2009				
Relationship to Participant	Gender	Age Group	High Cost Diagnosis	Paid
Employee/Self	Male	Ages 55-59	Postinflam Pulm Fibrosis	\$ 1,641,980
Employee/Self	Female	Ages 55-59	Subarachnoid Hemorrhage	\$ 614,701
Employee/Self	Male	Ages 60-64	Parox Ventric Tachycard	\$ 557,839
Child/Other Dependent	Male	Ages 15-17	Antineoplastic Chemo Enc	\$ 517,546
Employee/Self	Female	Ages 60-64	Choledochlith/Ac GB-Obst	\$ 511,792
Employee/Self	Male	Ages 40-44	React-Oth Int Ortho Dev	\$ 507,041
Employee/Self	Female	Ages 45-49	Sec Mal Neo Brain/Spine	\$ 488,378
Employee/Self	Female	Ages 40-44	Dm II Renl Nt St Uncntrld	\$ 478,774
Child/Other Dependent	Female	Ages 10-14	Mal Neo Cerebellum NOS	\$ 475,991
Employee/Self	Male	Ages 55-59	Antineoplastic Chemo Enc	\$ 472,002
Employee/Self	Male	Ages 50-54	Nonrupt Cerebral Aneurym	\$ 468,461
Employee/Self	Male	Ages 60-64	Dm II Circ Uncntrld	\$ 466,629
Employee/Self	Male	Ages 55-59	Oth Lymp Unsp Xtrndl Org	\$ 430,929
Employee/Self	Male	Ages 65-74	Ftng Oth Cardiac Device	\$ 418,446
Employee/Self	Female	Ages 55-59	Mult Myelm wo Remission	\$ 407,197
Employee/Self	Female	Ages 55-59	Unknown Dx Cd 740	\$ 398,072
Employee/Self	Female	Ages 50-54	Traum Pneumohemothor-CI	\$ 389,728
Spouse/Partner	Female	Ages 40-44	End Stage Renal Disease	\$ 374,191
Employee/Self	Male	Ages 50-54	End Stage Renal Disease	\$ 373,667
Employee/Self	Male	Ages 55-59	Malig Melanoma Trunk	\$ 371,980
Employee/Self	Male	Ages 60-64	Malign Neopl Prostate	\$ 367,329
Employee/Self	Male	Ages 45-49	Dsct of Thoracic Aorta	\$ 361,537
Employee/Self	Male	Ages 60-64	End Stage Renal Disease	\$ 353,970
Employee/Self	Female	Ages 60-64	Radiotherapy Encounter	\$ 353,340
Employee/Self	Male	Ages 60-64	Malign Neopl Prostate	\$ 348,079
Top 25 Patients		25		\$ 12,149,597
All Members		50,806		\$ 166,297,588
Top Patients as Pct of All Members		0.05%		7.31%

Chronic Conditions and Wellness

Chronic conditions account for 12.3% of all clinical conditions and 19.7% of all admits acute. The largest dollar increases were in the osteoarthritis, overweight/obesity and diabetes categories. The osteoarthritis and coronary artery disease categories remain the top two chronic conditions.

Self-Funded Net Pay Medical by Top Chronic Conditions (Incurred Basis)				
	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009	% Change	
Asthma	\$399,325	\$402,027	0.7%	
Chronic Obstruc Pulm Dis(COPD)	\$540,460	\$512,816	-5.1%	
Congestive Heart Failure	\$838,550	\$673,956	-19.6%	
Coronary Artery Disease	\$4,230,078	\$3,786,161	-10.5%	
Diabetes	\$1,557,345	\$1,642,579	5.5%	
HIV Infection	\$133,437	\$56,594	-57.6%	
Hypertension, Essential	\$1,283,725	\$1,234,258	-3.9%	
Mental Hlth - Anxiety Disorder	\$193,873	\$229,549	18.4%	
Mental Hlth - Bipolar Disorder	\$472,372	\$313,827	-33.6%	
Mental Hlth - Depression	\$1,549,959	\$1,632,544	5.3%	
Overweight/Obesity	\$941,830	\$1,128,870	19.9%	
Osteoarthritis	\$6,632,303	\$7,355,872	10.9%	
Rheumatoid Arthritis	\$448,970	\$466,328	3.9%	
	\$19,222,227	\$19,435,381	1.1%	
Summary (Apr 2008 - Mar 2009)	Net Pay Med	Admits Acute	Visits OP Fac Med	Visits Office Med
Chronic Conditions	\$19,435,381	849	5,807	71,263
All Clinical Conditions	\$158,155,452	4,313	53,047	432,946
Chronic Conditions as Percent of All Clinical Conditions	12.29%	19.68%	10.95%	16.46%

Of the five wellness screenings listed below, the number of screenings has increased 9.0%. However, the rate of screenings for eligible members has decreased slightly. The well baby, and cholesterol categories increased in the rate per eligible member while the number of screenings increased for all categories except the well baby and well child categories.

Self-funded Wellness Utilization (Incurred Basis)							
Measures	Apr 2007 - Mar 2008		Apr 2008 - Mar 2009			% Change	
	Screenings Completed	Rates	Screenings Completed	Rates	Bench mark	Screenings Completed	Rates
Cervical Cancer	7,234	44.6%	7,333	42.9%	45.3%	1.4%	-1.7%
Cholesterol	11,105	37.8%	12,879	40.1%	37.9%	16.0%	2.3%
Colon Cancer	4,459	20.5%	4,587	18.6%	20.8%	2.9%	-1.9%
Mammogram	6,666	47.6%	7,272	47.4%	46.6%	9.1%	-0.3%
PSA	4,349	50.9%	4,799	50.3%		10.3%	-0.7%
Total	33,813	37.6%	36,870	37.3%		9.0%	-0.3%
	Visits	Visits per 1000	Visits	Visits per 1000	Visits per 1000	Visits	Visits per 1000
Visits Well Baby	2,185	4,457	2,129	4,680	4,507	-2.6%	5.0%
Visits Well Child	1,029	595	1,023	589	1,168	-0.6%	-1.0%

Recommendations

None.