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AGENDA ITEM

☐ Action Item
☒ Information Only

Date: September 22, 2011

Item Number: XI

Title: Self-Funded Plan Utilization Report for the year ending June 30, 2011

Summary

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

Report

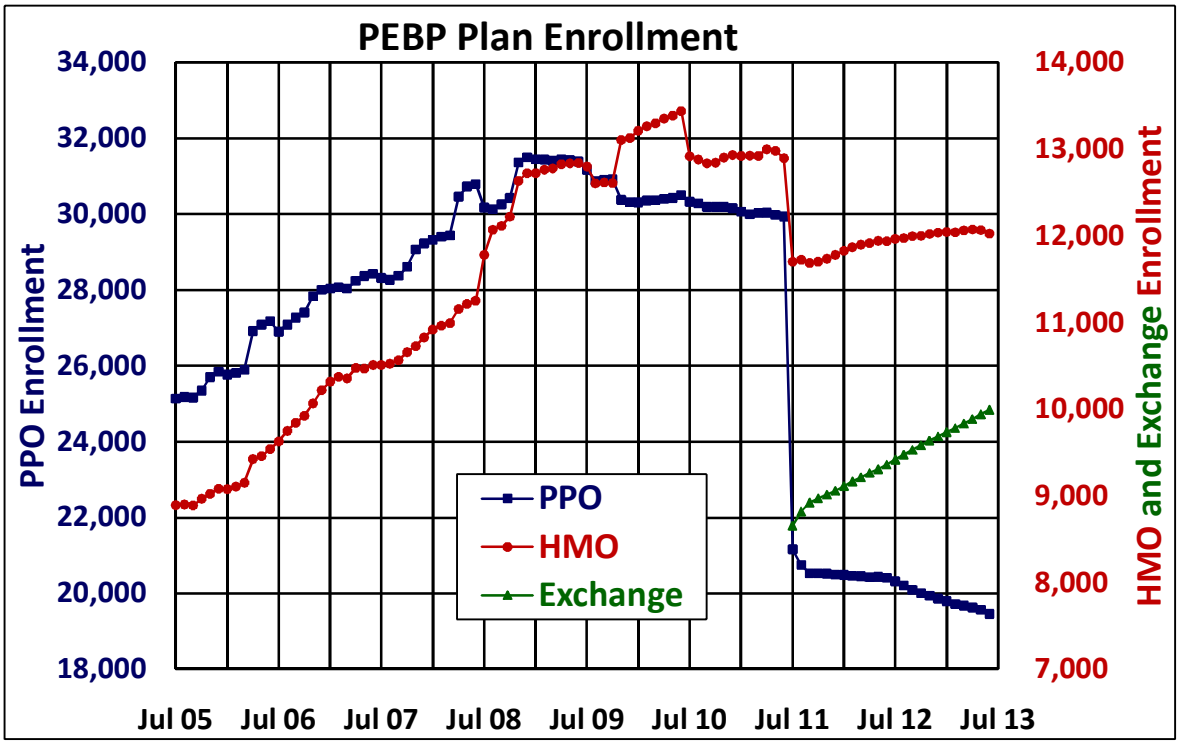
Executive Summary

This following summary is based on comparisons of the year ending June 30, 2011 to the year ending June 30, 2010, unless otherwise specified:

- Plan Year 2009 Four Month Extension – Much of the data contained in this report is impacted by the extension of Plan Year 2009 from June 30, 2009 to October 31, 2009. In a normal plan year, deductibles are reset on July 1st and more costs are

borne by the participant in the early months of a plan year as compared to later months of the plan year. In Plan Year 2009, the deductible was not reset until November 1st resulting in higher costs to the plan for the months of July through October 2009 in addition to normal medical inflation and significant growth in the retiree population. On November 1, 2009, the deductible for most participants increased from $500 ($250 for those who completed the Health Assessment Questionnaire) to $725. On July 1, 2010, the deductible increased to $800. During the months following these deductible resets, participants paid a greater percentage of costs than during later months in the plan year.

- Demographics – The following items demonstrate a shift in the demographics from the active employee and non-Medicare retiree categories to the Medicare retiree category.



  - Total self-funded enrollment continues to decrease (1.5%) with a decrease in both the self-funded active population (1.3%) and a decrease in the self-funded early retiree population (10.5%). Only the Medicare population continues to increase (6.8%), albeit at a slower pace than in previous years (self-funded Medicare retiree enrollment grew 16.9% from fiscal year 2008 to fiscal year 2009). In July and August 2011, self-funded enrollment decreased 31.4% (9,406 participants) due mainly to the transition of Medicare retirees to the Individual Market Medicare Exchange. During the remainder of Plan Year 2012, staff expects self-funded enrollment to decrease by approximately

15 participants per month accelerating to almost 80 participants per month in Plan Year 2013 as non-state non-Medicare retirees age into Medicare.

- Due to the eligibility restrictions of SB544 (2007), staff projects that self-funded non-Medicare retiree enrollment will decrease an average of 8.9% (0.8% increase, state; 20.7% decrease, non-state) per year through 2015. Non-state non-Medicare retiree enrollment is expected to be virtually zero by 2018.

- With the removal of Medicare retirees from the self-funded population and absent plan design changes and inflation, staff would expect a 7.5% increase in per member per month medical costs due to the low medical cost of Medicare retirees and a 21.9% decrease in the per member per month prescription drug costs due to the high drug cost of Medicare retirees. Medicare retirees are rated separately for medical claims but are commingled for prescription claims. Therefore, absent plan design changes and inflation, the removal of Medicare retirees from the self-funded population would result in no change to the medical component of rates, a 21.9% decrease to the prescription component of rates and a 4.8% decrease to overall rates.

- Past utilization reports have indicated that the plan design changes effective November 1, 2009 are beginning to have a significant positive effect on plan costs. Additionally, it appears that overall utilization is decreasing as well. This report shows decreases in nearly all areas of utilization.

  - Admits Acute have decreased 7.8% from the year ending March 31, 2010 to the year ending March 31, 2011 (incurred data has a three month reporting lag). On per member per month basis, Admits Acute have decreased 6.5%. During the same time period, the Length of Stay per Admit Acute has decreased 1.1% from 4.62 days to 4.57 days. Decreases to Admits Acute represent decreases in catastrophic events.

  - Per participant costs for medical claims decreased 3.9% while prescription drug claims increased 10.2%.

  - Total participant medical out of pocket costs (copayments, deductibles and coinsurance) increased 11.1% while plan medical costs decreased 5.3%. Medical deductibles paid by the participant increased 29.2% due to the $725 deductible reset on November 1, 2009 and the $800 deductible reset on July 1, 2010.

  - Total dental claim submitted charges increased 14.3% while allowed dental claims increased only 10.6%. Plan paid dental costs increased 9.3% caused by a combination of a 20.9% increase in ineligible charges, a 21.3% increase

in discounts and a 13.1% increase in deductibles paid by participants due to the delayed deductible reset caused by the Plan Year 2009 extension.

- Generic drug utilization (generic scripts filled as a percent of all scripts) increased from 71.6% to 74.6%. This generic utilization rate is among the highest in the nation. Due to the unavailability of generic equivalents for certain brand name drugs, the maximum generic utilization rate the plan could achieve for the year ending June 30, 2011 was 76.4%. For the quarter ending June 30, 2011, the generic drug utilization rate was 75.2% and the maximum achievable generic utilization rate was 77.0%.

- Inpatient claims represent 35.1% of all paid medical claims for the year ending June 30, 2011. In fiscal years 2007, 2008, 2009 and 2010, inpatient claims represented 37.3%, 35.0%, 33.4% and 34.7% of total paid medical claims. The recent increase in inpatient claims as a percent of all paid medical claims appears to be the result of a 6.0%, 3.9% and 5.0% decrease in in-network utilization for inpatient claims, outpatient facility and office claims, respectively and a 215% increase in out-of-network inpatient claims.

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. Detailed drug utilization information is prepared using CatalystLynx, a secure on-line data mining engine provided by Catalyst Rx.

Please note the following:

1. This report reflects only self-funded plan activity and does not include any fully insured benefit cost (e.g. HMOs) information.
2. Dollar amounts categorized into various demographic groups (tiers, division, etc.) are reported on a paid basis for the year ending June 30, 2011 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 basis for the year ending March 31, 2011 and the corresponding period beginning 12 months earlier. The lag time of three months allows for claim submission and payment to occur.
3. A "Participant" is defined as the primary insured. Per participant per month costs are labeled "PPPM". "Member" includes both the primary insured and all dependents. Per member per month costs are labeled "PMPM".
4. Enrollment figures will vary slightly (generally less than 1%) from other financial reports because 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 "snap-shots."

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.

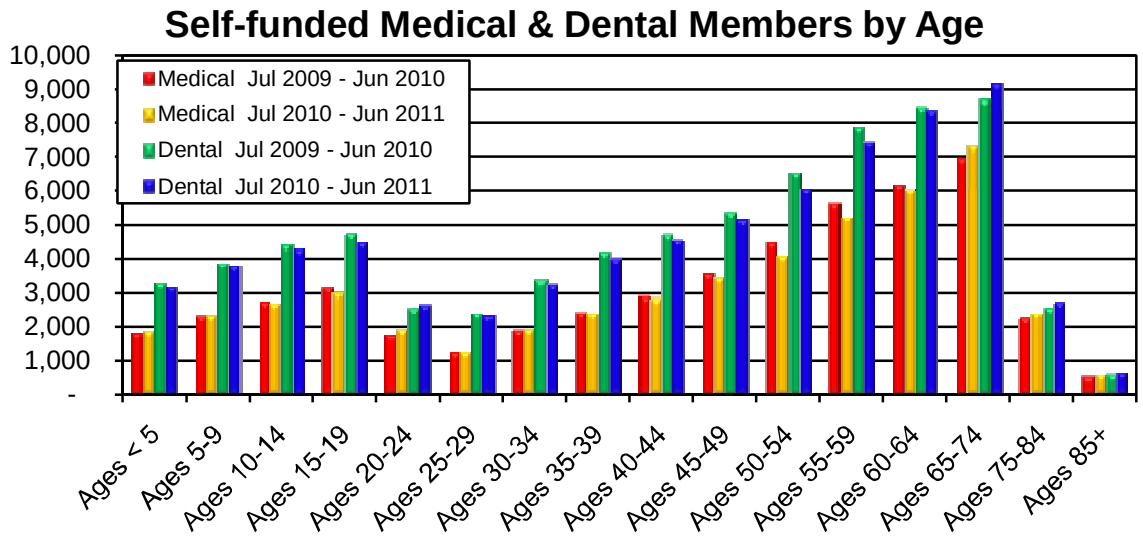
Demographics

The average self-funded medical plan participant enrollment decreased 1.5% from the year ending June 30, 2010 to the year ending June 30, 2011 while the dental plan enrollment decreased by 1.4%. The average self-funded medical plan Medicare retiree enrollment grew 6.8% while early retiree enrollment decreased 10.5% and active employee enrollment decreased 1.3% during the same period. The average age of all self-funded members increased 0.2% to 45.4 years. Enrollment growth was -9.8% in the Northern HMO and +4.9% in the Southern HMO during the same periods.

Self-Funded Average Monthly Enrollment				
	Jul 2009 - Jun 2010	Jul 2010 - Jun 2011	% Change	Jun 2011
Medical and Prescription				
Employees Avg	30,575	30,120	-1.5%	29,908
Family Size Avg	1.64	1.64	0.3%	1.64
Members Avg	50,128	49,525	-1.2%	48,907
Member Months	601,539	594,302	-1.2%	
Member Age Avg	45.3	45.4	0.2%	45.8
Dental				
Employees Avg [1]	43,646	43,028	-1.4%	42,830
Members Avg	73,534	72,259	-1.7%	71,456
Member Months	882,409	867,102	-1.7%	

[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 years ending June 30, 2010 and June 30, 2011. Enrollment decreased 0.8% and 5.8% in the under age 50 and age 50 to 64 categories, respectively, and increased 5.5% in the over age 65 category.



Claims Summary

Total self-funded paid claim dollars decreased $2.9 million or 1.2% from the year ending June 30, 2010 to the year ending June 30, 2011. On a per participant basis, medical claims paid decreased 3.9% while dental increased 10.9% and prescription increased 10.2%.

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

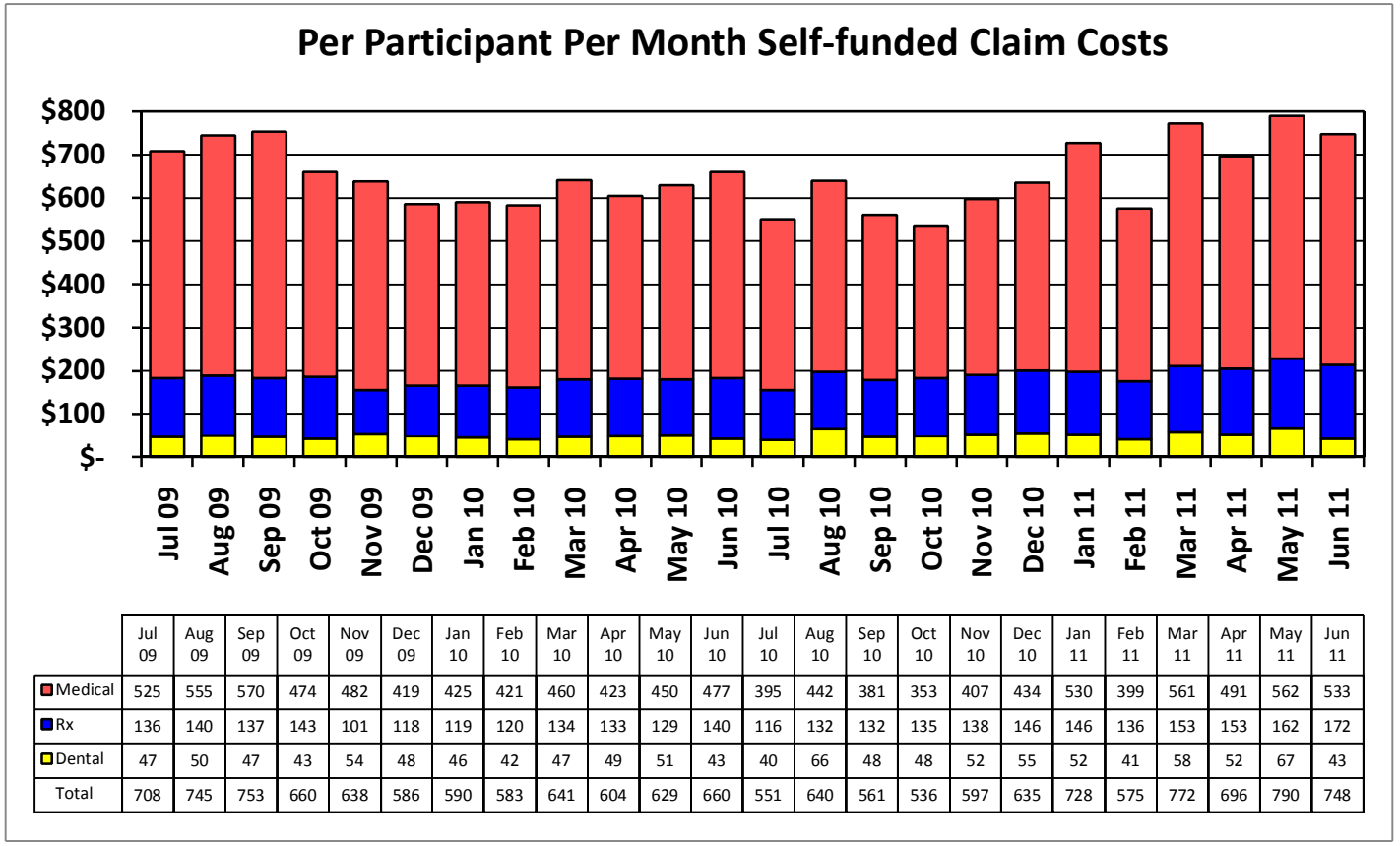
Self-Funded Net Paid Claims - Total (Paid Basis)

	Jul 2009 - Jun 2010	Jul 2010 - Jun 2011	% Change
Medical			
Inpatient	$ 60,233,480	$ 57,490,303	-4.6%
Outpatient	$ 110,924,271	$ 104,483,359	-5.8%
Medical - Other	$ 1,658,154	$ 1,701,745	2.6%
Total Medical	$ 172,815,905	$ 163,675,407	-5.3%
Dental	$ 24,442,976	$ 26,720,159	9.3%
Prescription	$ 47,125,081	$ 51,137,795	8.5%
Total	$ 244,383,962	$ 241,533,361	-1.2%

Self-Funded Net Paid Claims - Per Participant Per Month (Paid Basis)

	Jul 2009 - Jun 2010	Jul 2010 - Jun 2011	% Change
Medical	$ 471.02	$ 452.84	-3.9%
Dental	$ 46.67	$ 51.75	10.9%
Prescription	$ 128.44	$ 141.48	10.2%
Total	$ 646.13	$ 646.08	-0.0%

The following graph shows the per participant per month self-funded claim costs by month for the 24 months ending June 30, 2011. Data for the graph was compiled directly from the daily check register sent to PEBP by UMR and the monthly claim costs reported by Catalyst rather than from the Medstat reporting tool.



	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11
Medical	525	555	570	474	482	419	425	421	460	423	450	477	395	442	381	353	407	434	530	399	561	491	562	533
Rx	136	140	137	143	101	118	119	120	134	133	129	140	116	132	132	135	138	146	146	136	153	153	162	172
Dental	47	50	47	43	54	48	46	42	47	49	51	43	40	66	48	48	52	55	52	41	58	52	67	43
Total	708	745	753	660	638	586	590	583	641	604	629	660	551	640	561	536	597	635	728	575	772	696	790	748

Self-funded cost increases can be divided into those attributable to inflation and utilization and increases due to 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 2009 - Jun 2010	Jul 2010 - Jun 2011	PPPM Change	Net Change	% Change
Enrollment					
Medical & Prescription	30,575	30,120		(455)	-1.5%
Dental	43,646	43,028		(618)	-1.4%
Net Pay					
Medical	$ 172,815,905	$ 163,675,407		$ (9,140,498)	-5.3%
Dental	$ 24,442,976	$ 26,720,159		$ 2,277,183	9.3%
Prescription	$ 47,125,081	$ 51,137,795		$ 4,012,714	8.5%
	$ 244,383,962	$ 241,533,361		$ (2,850,601)	-1.2%
Cost Increase (Decrease) Attributable to Inflation & Utilization					
Medical PPPM	$ 471.02	$ 452.84	$ (18.17)	$ (6,667,978)	-3.9%
Dental PPPM	$ 46.67	$ 51.75	$ 5.08	$ 2,661,013	10.9%
Prescription PPPM	$ 128.44	$ 141.48	$ 13.04	$ 4,785,214	10.2%
	$ 646.13	$ 646.08	$ (0.05)	$ 778,249	-0.0%
Cost Increase (Decrease) Attributable to Enrollment					
Medical				$ (2,472,520)	
Dental				$ (383,830)	
Prescription				$ (772,500)	
				$ (3,628,850)	

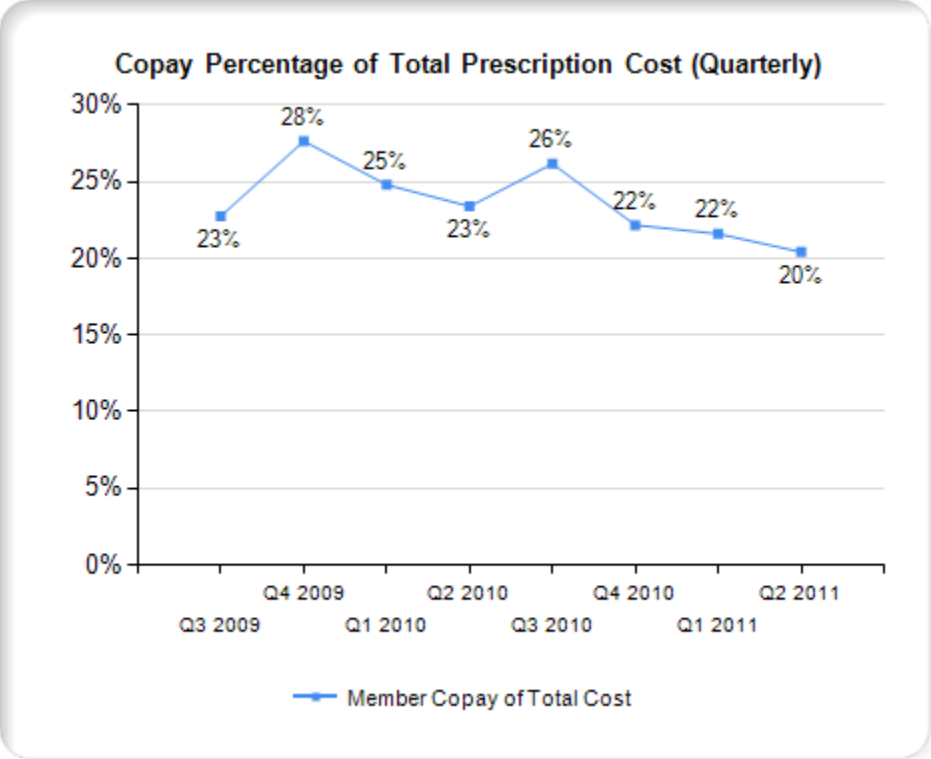
Inpatient and outpatient claims have decreased, on a net pay basis, by 4.6% and 5.8%, respectively. On a per participant basis, claims decreased 3.1% for inpatient and 4.4% for outpatient claims.

Self-Funded Medical Utilization (Paid Basis)			
	Jul 2009 - Jun 2010	Jul 2010 - Jun 2011	% Change
Inpatient			
Net Pay	$ 60,233,480	$ 57,490,303	-4.6%
Net Pay PPPM	$164.17	$159.06	-3.1%
Net Pay IP Acute Per Admit	$13,238.13	$12,922.07	-2.4%
Net Pay IP Acute Per Day	$2,848.86	$2,725.05	-4.3%
Admits Per 1000 Acute	90.8	89.8	-1.0%
Days Per 1000 Admit Acute	421.8	426.0	1.0%
Days LOS Admit Acute	4.6	4.7	2.0%
Outpatient			
Net Pay	$ 110,924,271	$ 104,483,359	-5.8%
Net Pay PPPM	$302.33	$289.08	-4.4%
Net Pay PPPM - Facility	$133.41	$128.85	-3.4%
Net Pay PPPM - Office	$102.52	$97.56	-4.8%
Net Pay PPPM - Other	$66.40	$62.67	-5.6%
Visits Per 1000 ER	177.6	169.9	-4.3%
Services Per 1000 OP Lab	7,705.7	7,185.2	-6.8%
Services Per 1000 OP Rad	2,876.9	2,608.4	-9.3%

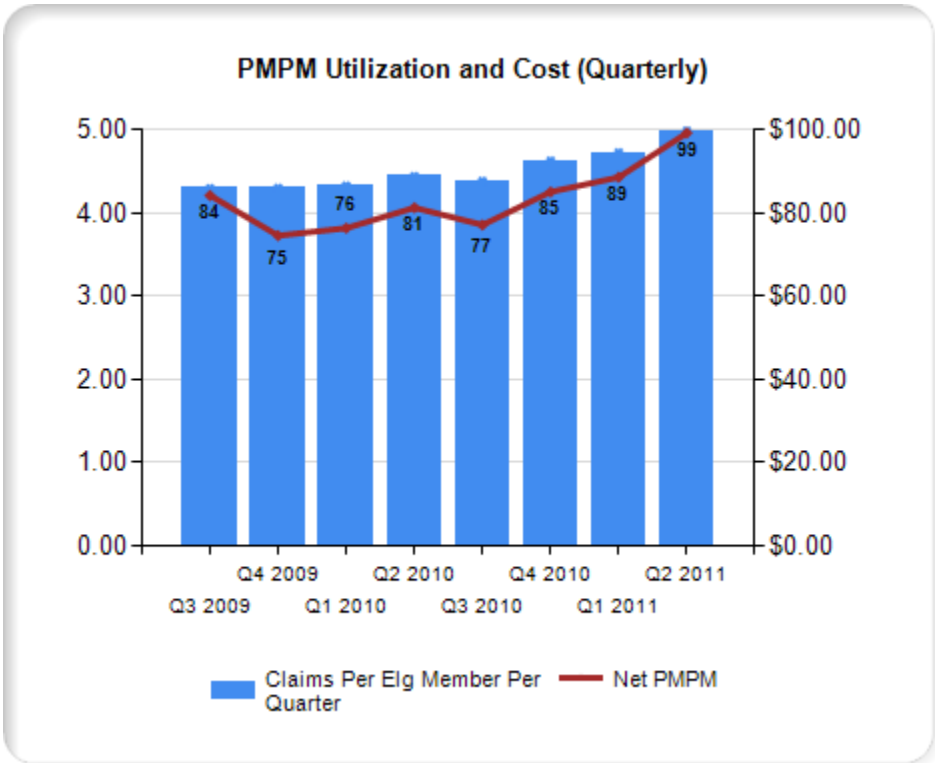
Drug Utilization

Drug utilization (number of members utilizing the PEBP pharmacy benefit as a percent of all PPO self-funded members) has increased from 47.3% to 49.0% from the year ending June 30, 2010 to the year ending June 30, 2011. Total prescription drug costs increased 6.1% from $63.1 million to $67.0 million due to a 7.8% increase in the number of claims per member offset by a 1.5% decrease in the number of self-funded PPO members and a 0.3% decrease in the average cost per claim.

Total prescription drug costs paid by the plan increased 9.1% from $47.6 million to $51.9 million while prescription drug costs paid by participants decreased 3.1% from $15.5 million to $15.1 million. Participants paid 24.6% and 22.5% of total drug costs for the year ending June 30, 2010 and 2011, respectively. The chart below shows the percent of total prescription costs paid by participants for the eight quarters ending June 30, 2011.

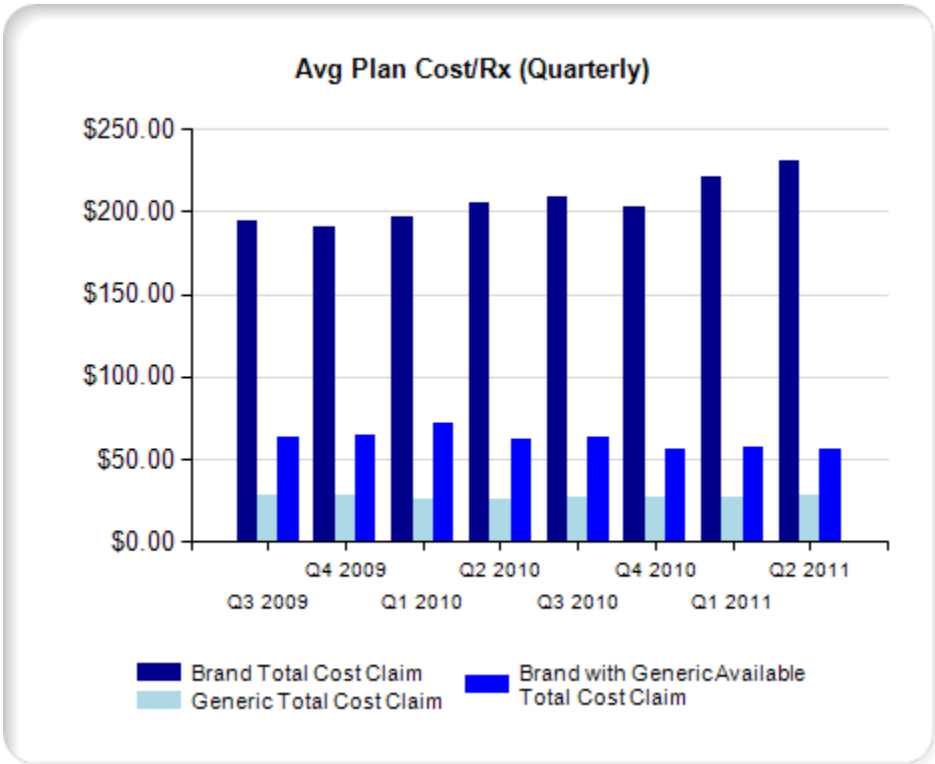


The chart below shows a relatively steady increase in the number of claims per eligible member for the last eight quarters. The decrease in the net PMPM plan costs in the 4th quarter of calendar year 2009 and 3rd quarter of calendar year 2010 is due to the prescription drug deductible reset on November 1, 2009 and July 1, 2010 respectively.



Generic drug utilization (generic scripts filled as a percent of all scripts) increased from 71.6% to 74.6% from the year ending June 30, 2010 to the year ending June 30, 2011. This generic utilization rate is among the highest in the nation. Due to the unavailability of generic equivalents for certain brand name drugs, the maximum generic utilization rate the plan could achieve for the year ending June 30, 2011 was 76.4%. During that period, the total number of generic prescriptions filled increased 10.7% while the total cost of generic drugs to the plan and its participants increased 12.0%. During the year ending June 30, 2011, generic drugs cost $18.7 million out of $67.0 million in total prescription drug costs paid by the plan and participants.

The following table shows the average plan cost per prescription for brand drugs, generic drugs and brand drugs with generic equivalents for the eight quarters ending June 30, 2011.



The cost of specialty drugs increased 20.4% from $9.5 million to $11.5 million from the year ending June 30, 2010 to the year ending June 30, 2011. During that period, the number of patients with 7 or more prescription claims per month increased 13.7% to 2,665.

During the quarter ending June 30, 2011, the five most expensive drugs for the plan were Lipitor, Copaxone, Advair Diskus, Plavix, and Actos. Lipitor, Plavix and Actos are scheduled to become available in generic form in November 2011, May 2012 and August 2012, respectively.

Surplus and Loss Summary

The following two tables show the revenues, expenses and surplus or loss associated with active employees, non-Medicare retirees and Medicare retirees in the self-funded plan for the year ending June 30, 2011. The tables are split by 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 fiscal year-to-date. The Medicare D subsidy is an estimate based on per participant receipts from July 2007 through March 2010. 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 fiscal year-to-date divided among the applicable participants.

Self-funded Plan - State Participants
7/1/2010 through 6/30/2011

	Actives	Non-Medicare Retirees	Medicare Retirees	Total Retirees	Total
Revenue					
Subsidy[1]	147,153,625.35	20,808,335.85	14,937,218.16	35,745,554.01	182,899,179.36
Participant Contribution	21,745,500.27	8,206,450.95	7,647,907.32	15,854,358.27	37,599,858.54
Medicare D Subsidy	-	-	2,181,288.02	2,181,288.02	2,181,288.02
Total Revenue	$ 168,899,125.62	$ 29,014,786.80	$ 24,766,413.50	$ 53,781,200.30	$ 222,680,325.92
Expenses					
Medical - Hospital	31,875,322.53	9,820,355.64	2,308,361.32	12,128,716.96	44,004,039.49
Medical - All Other	62,948,602.96	15,608,701.11	6,534,193.28	22,142,894.39	85,091,497.35
Dental	9,072,172.81	1,385,713.13	2,174,822.76	3,560,535.89	12,632,708.70
Prescription	20,417,411.36	6,181,126.28	10,540,256.19	16,721,382.47	37,138,793.83
Life and AD&D	4,080,404.16	204,871.68	327,075.84	531,947.52	4,612,351.68
PPO Admin	4,148,270.57	698,269.24	1,114,780.72	1,813,049.96	5,961,320.53
PEBP Admin	1,896,826.06	319,288.55	509,741.37	829,029.92	2,725,855.98
Total Expenses	$ 134,439,010.45	$ 34,218,325.63	$ 23,509,231.48	$ 57,727,557.12	$ 192,166,567.57
Net Surplus / (Loss)	$ 34,460,115.17	$ (5,203,538.83)	$ 1,257,182.02	$ (3,946,356.81)	$ 30,513,758.36
Avg Monthly Enrollment	16,254	2,736	4,368	7,104	23,358
Revenue PPPM	865.94	883.73	472.50	630.88	794.45
Expenses PPPM	689.26	1,042.22	448.51	677.17	685.58
Net Surplus / (Loss) PPPM	$ 176.68	$ (158.49)	$ 23.99	$ (46.29)	$ 108.87

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

Self-funded Plan - Non-State Participants
7/1/2010 through 6/30/2011

	Actives	Non-Medicare Retirees	Medicare Retirees	Total Retirees	Total
Revenue					
Subsidy[1]	17,164.95	25,819,810.70	19,139,473.62	44,959,284.32	44,976,449.27
Participant Contribution	2,098,837.93	17,370,967.17	2,647,758.31	20,018,725.48	22,117,563.41
Medicare D Subsidy	-	-	1,647,951.12	1,647,951.12	1,647,951.12
Total Revenue	$ 2,116,002.88	$ 43,190,777.87	$ 23,435,183.05	$ 66,625,960.92	$ 68,741,963.80
Expenses					
Medical - Hospital	706,760.56	11,911,702.31	1,375,612.76	13,287,315.07	13,994,075.63
Medical - All Other	843,810.03	14,911,420.98	5,104,197.59	20,015,618.57	20,859,428.60
Dental	113,340.33	1,667,479.96	1,616,421.08	3,283,901.04	3,397,241.37
Prescription	135,330.14	6,430,542.61	7,532,304.83	13,962,847.44	14,098,177.58
Life and AD&D	44,685.12	237,070.08	247,104.00	484,174.08	528,859.20
PPO Admin	45,428.34	808,011.85	842,210.71	1,650,222.56	1,695,650.90
PEBP Admin	20,772.43	369,469.13	385,106.80	754,575.94	775,348.37
Total Expenses	$ 1,910,126.94	$ 36,335,696.92	$ 17,102,957.77	$ 53,438,654.70	$ 55,348,781.64
Net Surplus / (Loss)	$ 205,875.94	$ 6,855,080.95	$ 6,332,225.27	$ 13,187,306.22	$ 13,393,182.15
Avg Monthly Enrollment	178	3,166	3,300	6,466	6,644
Revenue PPPM	990.64	1,136.84	591.80	858.67	862.21
Expenses PPPM	894.25	956.40	431.89	688.71	694.22
Net Surplus / (Loss) PPPM	$ 96.39	$ 180.44	$ 159.91	$ 169.96	$ 167.99

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

Costs by Tier and Age

Self-Funded Paid Claims By Coverage Tier (Paid Basis)										
	Jul 2009 - Jun 2010			Jul 2010 - Jun 2011			% Change		
	Net Pay	Participant Count	PPPM	Net Pay	Participant Count	PPPM	Net Pay	Participant Count	PPPM
Medical									
Participant Only	$ 81,173,355	19,452	$ 347.75	$ 77,426,027	19,156	$ 336.82	-4.6%	-1.5%	-3.1%
Participant + Spouse	$ 44,378,332	4,571	$ 809.06	$ 38,690,354	4,438	$ 726.50	-12.8%	-2.9%	-10.2%
Participant + Child(ren)	$ 16,264,758	3,082	$ 439.78	$ 16,103,319	3,072	$ 436.83	-1.0%	-0.3%	-0.7%
Participant + Family	$ 30,975,656	3,470	$ 743.89	$ 31,438,406	3,454	$ 758.50	1.5%	-0.5%	2.0%
~Missing	$ 23,804	-		$ 17,301	-				
Total	$ 172,815,905	30,575	$ 471.02	$ 163,675,407	30,120	$ 452.84	-5.3%	-1.5%	-3.9%
Dental									
Participant Only	$ 7,385,844	19,452	$ 31.64	$ 8,251,500	19,156	$ 35.90	11.7%	-1.5%	13.5%
Participant + Spouse	$ 3,493,326	4,571	$ 63.69	$ 3,917,004	4,438	$ 73.55	12.1%	-2.9%	15.5%
Participant + Child(ren)	$ 2,444,498	3,082	$ 66.10	$ 2,620,495	3,072	$ 71.09	7.2%	-0.3%	7.5%
Participant + Family	$ 4,029,779	3,470	$ 96.78	$ 4,395,012	3,454	$ 106.04	9.1%	-0.5%	9.6%
~Missing*	$ 7,089,529	13,071	$ 45.20	$ 7,536,148	12,908	$ 48.65	6.3%	-1.2%	7.6%
Total	$ 24,442,976	43,646	$ 46.67	$ 26,720,159	43,028	$ 51.75	9.3%	-1.4%	10.9%
Prescription									
Participant Only	$ 25,610,362	19,452	$ 109.72	$ 27,490,486	19,156	$ 119.59	7.3%	-1.5%	9.0%
Participant + Spouse	$ 12,657,253	4,571	$ 230.75	$ 14,127,881	4,438	$ 265.28	11.6%	-2.9%	15.0%
Participant + Child(ren)	$ 3,272,518	3,082	$ 88.48	$ 3,489,092	3,072	$ 94.65	6.6%	-0.3%	7.0%
Participant + Family	$ 5,582,374	3,470	$ 134.06	$ 6,026,445	3,454	$ 145.40	8.0%	-0.5%	8.5%
~Missing	$ 2,574	-		$ 3,891	-				
Total	$ 47,125,081	30,575	$ 128.44	$ 51,137,795	30,120	$ 141.48	8.5%	-1.5%	10.2%

Of the $9.1 million decrease in paid medical claims from the year ending June 30, 2010 to the year ending June 30, 2011 the Participant plus Spouse tier accounted for 62% of the decreases while enrollment in each of those tiers increased slightly. Only the Participant plus Family tier increased on a per participant basis.

Dental claim costs increased slightly across all tiers from the year ending June 30, 2010 to the year ending June 30, 2011. 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.

Prescription drug costs increased across all tiers from the year ending June 30, 2010 to the year ending June 30, 2011.

The following table shows total costs by tier.

Total Self-Funded Paid Claims By Coverage Tier
(Paid Basis)

	Jul 2009 - Jun 2010		Jul 2010 - Jun 2011					% Change	
	Net Pay	PPPM	Net Pay	Med PPPM	Dent PPPM	Rx PPPM	Net PPPM	Net Pay	PPPM
Participant Only	$ 114,169,561	$ 489.11	$ 113,168,013	$ 336.82	$ 35.90	$ 119.59	$ 492.31	-0.9%	0.7%
Participant + Spouse	$ 60,528,911	$ 1,103.50	$ 56,735,239	$ 726.50	$ 73.55	$ 265.28	$ 1,065.33	-6.3%	-3.5%
Participant + Child(ren)	$ 21,981,774	$ 594.36	$ 22,212,906	$ 436.83	$ 71.09	$ 94.65	$ 602.57	1.1%	1.4%
Participant + Family	$ 40,587,809	$ 974.73	$ 41,859,863	$ 758.50	$ 106.04	$ 145.40	$ 1,009.94	3.1%	3.6%
~Missing	$ 7,115,907		$ 7,557,340						
Total	$ 244,383,962	$ 646.13	$ 241,533,361	$ 452.84	$ 51.75	$ 141.48	$ 646.08	-1.2%	-0.0%

From the year ending June 30, 2010 to the year ending June 30, 2011, medical claims paid on a PMPM basis increased across approximately half of the age groups.

Self-Funded Paid Medical Claims By Age Group (Paid Basis)

	Jul 2009 - Jun 2010			Jul 2010 - Jun 2011			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	$ 2,446,271	338	$ 603.12	$ 2,582,219	343	$ 627.36	5.6%	1.5%	4.0%
Ages 1-4	$ 1,282,360	1,481	$ 72.16	$ 1,645,648	1,530	$ 89.63	28.3%	3.3%	24.2%
Ages 5-9	$ 1,370,762	2,335	$ 48.92	$ 1,663,505	2,344	$ 59.14	21.4%	0.4%	20.9%
Ages 10-14	$ 3,064,204	2,756	$ 92.65	$ 2,456,308	2,709	$ 75.56	-19.8%	-1.7%	-18.4%
Ages 15-19	$ 4,841,024	3,163	$ 127.54	$ 4,405,614	2,992	$ 122.71	-9.0%	-5.4%	-3.8%
Ages 20-24	$ 3,616,037	1,769	$ 170.34	$ 2,982,157	1,922	$ 129.30	-17.5%	8.6%	-24.1%
Ages 25-29	$ 2,515,860	1,290	$ 162.52	$ 2,737,969	1,297	$ 175.92	8.8%	0.5%	8.2%
Ages 30-34	$ 3,876,411	1,910	$ 169.13	$ 4,227,120	1,928	$ 182.71	9.0%	0.9%	8.0%
Ages 35-39	$ 6,767,144	2,440	$ 231.12	$ 5,532,744	2,406	$ 191.63	-18.2%	-1.4%	-17.1%
Ages 40-44	$ 8,696,734	2,911	$ 248.96	$ 9,303,270	2,842	$ 272.79	7.0%	-2.4%	9.6%
Ages 45-49	$ 13,424,523	3,576	$ 312.84	$ 10,922,326	3,454	$ 263.52	-18.6%	-3.4%	-15.8%
Ages 50-54	$ 20,126,365	4,477	$ 374.63	$ 16,965,593	4,113	$ 343.74	-15.7%	-8.1%	-8.2%
Ages 55-59	$ 34,218,711	5,668	$ 503.10	$ 31,444,610	5,248	$ 499.31	-8.1%	-7.4%	-0.8%
Ages 60-64	$ 42,510,392	6,186	$ 572.67	$ 42,260,049	6,025	$ 584.51	-0.6%	-2.6%	2.1%
Ages 65+	$ 24,059,106	9,829	$ 203.98	$ 24,546,275	10,372	$ 197.22	2.0%	5.5%	-3.3%
~Missing	$ 1	(1)		$ -	-				
Total	$ 172,815,905	50,128	$ 287.29	$ 163,675,407	49,525	$ 275.41	-5.3%	-1.2%	-4.1%

Dental costs increased across all age categories except children under one year of age.

Self-Funded Paid Dental Claims By Age Group
(Paid Basis)

	Jul 2009 - Jun 2010			Jul 2010 - Jun 2011			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	$ 761	606	$ 0.10	$ 477	603	$ 0.07	-37.3%	-0.5%	-37.0%
Ages 1-4	$ 374,852	2,680	$ 11.66	$ 420,141	2,578	$ 13.58	12.1%	-3.8%	16.5%
Ages 5-9	$ 1,153,725	3,881	$ 24.78	$ 1,179,207	3,811	$ 25.78	2.2%	-1.8%	4.1%
Ages 10-14	$ 1,113,511	4,393	$ 21.12	$ 1,191,773	4,308	$ 23.05	7.0%	-1.9%	9.1%
Ages 15-19	$ 1,561,306	4,732	$ 27.50	$ 1,601,075	4,474	$ 29.82	2.5%	-5.4%	8.4%
Ages 20-24	$ 679,200	2,552	$ 22.18	$ 762,232	2,671	$ 23.79	12.2%	4.6%	7.3%
Ages 25-29	$ 755,852	2,412	$ 26.11	$ 791,239	2,346	$ 28.11	4.7%	-2.8%	7.7%
Ages 30-34	$ 1,016,174	3,375	$ 25.09	$ 1,043,384	3,262	$ 26.65	2.7%	-3.3%	6.2%
Ages 35-39	$ 1,250,037	4,203	$ 24.78	$ 1,344,562	4,030	$ 27.80	7.6%	-4.1%	12.2%
Ages 40-44	$ 1,447,072	4,701	$ 25.65	$ 1,562,837	4,549	$ 28.63	8.0%	-3.2%	11.6%
Ages 45-49	$ 1,812,533	5,365	$ 28.16	$ 1,960,888	5,167	$ 31.62	8.2%	-3.7%	12.3%
Ages 50-54	$ 2,411,535	6,511	$ 30.86	$ 2,528,485	6,070	$ 34.71	4.8%	-6.8%	12.5%
Ages 55-59	$ 3,098,207	7,844	$ 32.91	$ 3,189,113	7,429	$ 35.77	2.9%	-5.3%	8.7%
Ages 60-64	$ 3,330,721	8,441	$ 32.88	$ 3,752,839	8,392	$ 37.27	12.7%	-0.6%	13.3%
Ages 65+	$ 4,437,490	11,837	$ 31.24	$ 5,391,906	12,567	$ 35.75	21.5%	6.2%	14.5%
~Missing	$ -	-		$ 1	1				
Total	$ 24,442,976	73,534	$ 27.70	$ 26,720,159	72,259	$ 30.82	9.3%	-1.7%	11.2%

Per member per month prescription drug costs increased across all age groups except 25-29. The Retiree Drug Subsidy provided by the Centers for Medicare and Medicaid Service (CMS) provides approximately $32 per Medicare eligible member per month and is not included in these calculations.

Self-Funded Paid Prescription Claims By Age Group (Paid Basis)

	Jul 2009 - Jun 2010			Jul 2010 - Jun 2011			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	$ 95,601	338	$ 23.57	$ 97,212	343	$ 23.62	1.7%	1.5%	0.2%
Ages 1-4	$ 157,086	1,481	$ 8.84	$ 182,501	1,530	$ 9.94	16.2%	3.3%	12.5%
Ages 5-9	$ 274,385	2,335	$ 9.79	$ 293,556	2,344	$ 10.44	7.0%	0.4%	6.6%
Ages 10-14	$ 375,271	2,756	$ 11.35	$ 438,520	2,709	$ 13.49	16.9%	-1.7%	18.9%
Ages 15-19	$ 753,945	3,163	$ 19.86	$ 848,109	2,992	$ 23.62	12.5%	-5.4%	18.9%
Ages 20-24	$ 464,456	1,769	$ 21.88	$ 538,770	1,922	$ 23.36	16.0%	8.6%	6.8%
Ages 25-29	$ 325,877	1,290	$ 21.05	$ 309,468	1,297	$ 19.88	-5.0%	0.5%	-5.5%
Ages 30-34	$ 704,150	1,910	$ 30.72	$ 761,879	1,928	$ 32.93	8.2%	0.9%	7.2%
Ages 35-39	$ 1,322,373	2,440	$ 45.16	$ 1,513,510	2,406	$ 52.42	14.5%	-1.4%	16.1%
Ages 40-44	$ 2,052,998	2,911	$ 58.77	$ 2,123,761	2,842	$ 62.27	3.4%	-2.4%	6.0%
Ages 45-49	$ 2,551,845	3,576	$ 59.47	$ 2,829,061	3,454	$ 68.26	10.9%	-3.4%	14.8%
Ages 50-54	$ 4,366,235	4,477	$ 81.27	$ 4,348,694	4,113	$ 88.11	-0.4%	-8.1%	8.4%
Ages 55-59	$ 7,149,864	5,668	$ 105.12	$ 7,024,155	5,248	$ 111.54	-1.8%	-7.4%	6.1%
Ages 60-64	$ 9,346,112	6,186	$ 125.90	$ 10,249,737	6,025	$ 141.77	9.7%	-2.6%	12.6%
Ages 65+	$ 17,184,883	9,829	$ 145.70	$ 19,578,861	10,372	$ 157.31	13.9%	5.5%	8.0%
~Missing	$ -	(1)		$ 1	-				
Total	$ 47,125,081	50,128	$ 78.34	$ 51,137,795	49,525	$ 86.05	8.5%	-1.2%	9.8%

The following summary table shows the significantly higher cost of children under age 1 and members between the ages of 55 and 64.

Total Self-Funded Paid Claims By Age Group (Paid Basis)

	Jul 2009 - Jun 2010		Jul 2010 - Jun 2011					% Change	
	Net Pay	PMPM	Net Pay	Med PMPM	Dent PMPM	Rx PMPM	Net PMPM	Net Pay	PMPM
Ages < 1	$ 2,542,633	$ 626.80	$ 2,679,908	$ 627.36	$ 0.07	$ 23.62	$ 651.05	5.4%	3.9%
Ages 1-4	$ 1,814,298	$ 92.65	$ 2,248,290	$ 89.63	$ 13.58	$ 9.94	$ 113.15	23.9%	22.1%
Ages 5-9	$ 2,798,872	$ 83.49	$ 3,136,268	$ 59.14	$ 25.78	$ 10.44	$ 95.36	12.1%	14.2%
Ages 10-14	$ 4,552,986	$ 125.12	$ 4,086,601	$ 75.56	$ 23.05	$ 13.49	$ 112.10	-10.2%	-10.4%
Ages 15-19	$ 7,156,275	$ 174.90	$ 6,854,798	$ 122.71	$ 29.82	$ 23.62	$ 176.15	-4.2%	0.7%
Ages 20-24	$ 4,759,693	$ 214.40	$ 4,283,159	$ 129.30	$ 23.79	$ 23.36	$ 176.44	-10.0%	-17.7%
Ages 25-29	$ 3,597,589	$ 209.69	$ 3,838,676	$ 175.92	$ 28.11	$ 19.88	$ 223.91	6.7%	6.8%
Ages 30-34	$ 5,596,735	$ 224.94	$ 6,032,383	$ 182.71	$ 26.65	$ 32.93	$ 242.29	7.8%	7.7%
Ages 35-39	$ 9,339,554	$ 301.07	$ 8,390,816	$ 191.63	$ 27.80	$ 52.42	$ 271.85	-10.2%	-9.7%
Ages 40-44	$ 12,196,804	$ 333.38	$ 12,989,868	$ 272.79	$ 28.63	$ 62.27	$ 363.69	6.5%	9.1%
Ages 45-49	$ 17,788,901	$ 400.46	$ 15,712,275	$ 263.52	$ 31.62	$ 68.26	$ 363.40	-11.7%	-9.3%
Ages 50-54	$ 26,904,135	$ 486.76	$ 23,842,772	$ 343.74	$ 34.71	$ 88.11	$ 466.56	-11.4%	-4.1%
Ages 55-59	$ 44,466,782	$ 641.13	$ 41,657,878	$ 499.31	$ 35.77	$ 111.54	$ 646.62	-6.3%	0.9%
Ages 60-64	$ 55,187,225	$ 731.46	$ 56,262,625	$ 584.51	$ 37.27	$ 141.77	$ 763.54	1.9%	4.4%
Ages 65+	$ 45,681,479	$ 380.92	$ 49,517,042	$ 197.22	$ 35.75	$ 157.31	$ 390.27	8.4%	2.5%
~Missing	$ 1		$ 2						
Total	$244,383,962	$ 393.33	$ 241,533,361	$ 275.41	$ 30.82	$ 86.05	$ 392.27	-1.2%	-0.3%

Network Utilization and Cost Sharing

The percent of medical claims paid In Network remained at 94.6% for the past two years. The table below shows the breakdown by service type. Total claims paid out of network decreased 5.4% from the year ending June 30, 2010 to the year ending June 30, 2011.

Self-funded Network Utilization (Paid Basis)					
		Jul 2009 - Jun 2010		Jul 2010 - Jun 2011	Change
Total					
Net Pay IP Acute	$	60,233,480	$	57,490,303	-4.6%
Net Pay OP Fac Med	$	48,949,546	$	46,571,864	-4.9%
Net Pay Office Med	$	37,614,790	$	35,263,913	-6.2%
Net Pay Other	$	26,018,089	$	24,349,327	-6.4%
	$	172,815,905	$	163,675,407	-5.3%
Paid in Network					
Net Pay IP Acute	$	59,844,781	$	56,265,149	-6.0%
Net Pay OP Fac Med	$	45,685,491	$	43,883,660	-3.9%
Net Pay Office Med	$	33,434,823	$	31,748,497	-5.0%
Net Pay Other	$	24,433,501	$	22,872,669	-6.4%
	$	163,398,596	$	154,769,975	-5.3%
Paid out of Network					
Net Pay IP Acute	$	388,699	$	1,225,154	215.2%
Net Pay OP Fac Med	$	3,264,055	$	2,688,204	-17.6%
Net Pay Office Med	$	4,179,967	$	3,515,416	-15.9%
Net Pay Other	$	1,584,588	$	1,476,658	-6.8%
	$	9,417,309	$	8,905,432	-5.4%
Percent of Total Paid In Network					
Net Pay IP Acute		99.4%		97.9%	-1.5%
Net Pay OP Fac Med		93.3%		94.2%	1.0%
Net Pay Office Med		88.9%		90.0%	1.3%
Net Pay Other		93.9%		93.9%	0.0%
		94.6%		94.6%	0.0%

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, 2011. Participants paid 9.4% of submitted medical charges through co-pays, deductibles and coinsurance. This compares to 8.9% paid by participants during the year ending June 30, 2010. This increase is caused by a 27.9% increase in deductibles due to plan design changes effective November 1, 2009. The plan paid 26.3% of the $916.6 million in submitted charges. Ineligible charges accounted for 36.6% of submitted charges and network discounts subtracted another 23.1%. Participants pay approximately 23.4% of total allowed charges. Payments by Medicare are included in the ineligible column.

Submitted Charges and Paid Amounts
(Paid Basis)
Jul 2010 - Jun 2011

	Charge Submitted	Ineligible	Discount	Allowed	Third Party Amount	Net Payment	Total Out Of Pocket	Copayment	Deductible	Coinsurance
Total Dollar Amount										
State Actives	$ 395,583,138	$ 76,966,121	$ 144,436,021	$ 174,180,996	$ 2,548,851	$ 130,821,737	$ 40,810,408	$ 9,347,769	$ 13,078,246	$ 18,384,393
State Retirees	$ 270,799,027	$ 139,402,806	$ 29,061,379	$ 102,334,842	$ 22,464,065	$ 55,570,527	$ 24,300,250	$ 6,692,377	$ 7,033,460	$ 10,574,413
State Total	$ 666,382,165	$ 216,368,927	$ 173,497,400	$ 276,515,838	$ 25,012,916	$ 186,392,264	$ 65,110,658	$ 16,040,146	$ 20,111,706	$ 28,958,806
Non-State Actives	$ 3,895,590	$ 979,659	$ 560,766	$ 2,355,165	$ 45,796	$ 1,796,467	$ 512,902	$ 75,187	$ 174,163	$ 263,552
Non-State Retirees	$ 238,795,447	$ 115,261,578	$ 35,305,423	$ 88,228,446	$ 16,228,413	$ 51,548,782	$ 20,451,251	$ 5,565,372	$ 6,095,940	$ 8,789,939
Non-State Total	$ 242,691,037	$ 116,241,237	$ 35,866,189	$ 90,583,611	$ 16,274,209	$ 53,345,249	$ 20,964,153	$ 5,640,559	$ 6,270,103	$ 9,053,491
COBRA	$ 435,159,370	$ 103,845,594	$ 140,662,683	$ 190,651,093	$ 8,931,758	$ 136,639,331	$ 45,080,004	$ 10,576,384	$ 14,134,492	$ 20,369,128
Total	$ 916,645,854	$ 335,348,409	$ 211,834,295	$ 369,463,150	$ 41,434,380	$ 241,533,362	$ 86,495,408	$ 21,782,315	$ 26,500,535	$ 38,212,558
Percent of Submitted Charges										
State Actives	100.0%	19.5%	36.5%	44.0%	0.6%	33.1%	10.3%	2.4%	3.3%	4.6%
State Retirees	100.0%	51.5%	10.7%	37.8%	8.3%	20.5%	9.0%	2.5%	2.6%	3.9%
State Total	100.0%	32.5%	26.0%	41.5%	3.8%	28.0%	9.8%	2.4%	3.0%	4.3%
Non-State Actives	100.0%	25.1%	14.4%	60.5%	1.2%	46.1%	13.2%	1.9%	4.5%	6.8%
Non-State Retirees	100.0%	48.3%	14.8%	36.9%	6.8%	21.6%	8.6%	2.3%	2.6%	3.7%
Non-State Total	100.0%	47.9%	14.8%	37.3%	6.7%	22.0%	8.6%	2.3%	2.6%	3.7%
COBRA	100.0%	23.9%	32.3%	43.8%	2.1%	31.4%	10.4%	2.4%	3.2%	4.7%
Total	100.0%	36.6%	23.1%	40.3%	4.5%	26.3%	9.4%	2.4%	2.9%	4.2%

Claim Distribution by Paid Claim Amount

Seventy-two percent of the claim dollars were paid out in 9.7% of the claims (claims over $400). Fifty-five claims in excess of $100,000 were paid out during the year ending June 30, 2011 for a total of $11.3 million. The claim category with the largest total dollars 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 2010 - Jun 2011

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		55	$ 11,306,900	-	$ -	55	$ 11,306,900
$ 40,000.00	$ 100,000.00	205	$ 11,750,371	-	$ -	205	$ 11,750,371
$ 20,000.00	$ 40,000.00	552	$ 15,105,377	-	$ -	552	$ 15,105,377
$ 10,000.00	$ 20,000.00	1,170	$ 15,954,721	-	$ -	1,170	$ 15,954,721
$ 4,000.00	$ 10,000.00	3,706	$ 22,859,196	-	$ -	3,706	$ 22,859,196
$ 2,000.00	$ 4,000.00	6,334	$ 17,770,365	-	$ -	6,334	$ 17,770,365
$ 1,000.00	$ 2,000.00	11,880	$ 16,286,768	2,334	$ 2,884,470	14,214	$ 19,171,238
$ 400.00	$ 1,000.00	28,072	$ 17,178,154	13,600	$ 8,128,178	41,672	$ 25,306,333
$ 200.00	$ 400.00	40,110	$ 11,006,906	15,476	$ 4,417,261	55,586	$ 15,424,166
$ 100.00	$ 200.00	87,211	$ 12,130,414	51,332	$ 7,380,880	138,543	$ 19,511,294
$ -	$ 100.00	378,450	$ 14,838,286	62,387	$ 4,040,913	440,837	$ 18,879,199
		557,745	$ 166,187,457	145,129	$ 26,851,702	702,874	$ 193,039,159
	Average Claim		$ 297.96		$ 185.02		$ 274.64
	Total		$ 166,187,457		$ 26,851,702		$ 193,039,159
	Less Voids, Refunds and Adjustments		$ 2,512,050		$ 131,543		$ 2,643,593
	Total Medical and Dental Claims Paid		$ 163,675,407		$ 26,720,159		$ 190,395,566

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, 2011 except for the High Net Pay Claims which is reported on a paid basis for the year ending June 30, 2011.

Major Diagnostic Categories

- Musculoskeletal, circulatory and health status are the most expensive three categories accounting for 39% of total costs.
- The myeloproliferative diseases and newborn categories had net increases of $2.3 million and $0.6 million, respectively.
- The circulatory, digestive and kidney categories had net decreases of $3.3 million, $2.5 million and $2.3 million, respectively.
- The child birth, HIV infections and newborns categories had the highest cost per patient at over $4,400 per patient.
- The largest percent increases on a per patient basis were in the burns and HIV infections categories while costs in the male reproductive and alcohol/drug use categories decreased by over 30%.

Clinical Conditions

The top 25 clinical conditions account for 57.5% of all clinical condition costs and cost 18.9% more on a per patient basis than the average of all 195 clinical conditions. Of the top 25 clinical conditions, the largest net dollar increases from the previous period were in the leukemia and osteoarthritis categories. There were net dollar decreases in 14 of the top 25 clinical conditions and per patient decreases in 14 of the top 25 clinical conditions.

Hospitals

The 25 hospitals receiving the most money from PEBP for acute visits compared to other hospitals make up 67.0% of all acute costs. The top three, Renown Health, Carson Tahoe Hospital and Renown Regional Medical Center account for 22.6% of all acute costs. It should be noted that until the previous report, Renown Health, Renown Regional Medical Center and Renown South Meadows Medical Center were reported in aggregate under Renown Regional Medical Center.

UCSF Medical Center, Southern Nevada HCS and UC Davis Medical Center 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.

Large Claims

The top 25 claims account for 8.81% of all medical claims for the year ending June 30, 2011 but only 0.05% of the total self-funded population. The largest claim was paid to the VA without discount, pursuant to Federal law. The 2nd and 8th largest claims are for leukemia patients, which may account for the large net dollar increase in the leukemia category in the Clinical Conditions table.

Self-funded Medical Claims Net Pay by Major Diagnostic Category (Incurred Basis)						
	Net Pay			Net Pay Per Patient		
	Apr 2009 - Mar 2010	Apr 2010 - Mar 2011	% Change	Apr 2009 - Mar 2010	Apr 2010 - Mar 2011	% Change
Musculoskeletal	$ 33,807,972	$ 32,685,206	-3.3%	$ 1,681.99	$ 1,691.87	0.6%
Circulatory	$ 18,520,895	$ 15,192,261	-18.0%	$ 1,181.03	$ 1,024.43	-13.3%
Health Status	$ 14,592,802	$ 13,662,748	-6.4%	$ 437.83	$ 449.65	2.7%
Digestive	$ 14,609,258	$ 12,070,116	-17.4%	$ 1,418.37	$ 1,245.63	-12.2%
Nervous	$ 12,161,811	$ 10,988,609	-9.6%	$ 1,742.38	$ 1,601.14	-8.1%
Skin, Breast	$ 9,309,412	$ 8,877,887	-4.6%	$ 529.49	$ 521.89	-1.4%
Respiratory	$ 8,118,683	$ 8,354,287	2.9%	$ 729.24	$ 805.93	10.5%
Myeloproliferative Diseases	$ 4,669,547	$ 6,996,949	49.8%	$ 2,550.27	$ 3,876.43	52.0%
Kidney	$ 9,252,504	$ 6,939,745	-25.0%	$ 1,424.34	$ 1,098.23	-22.9%
Ear, Nose, Mouth & Throat	$ 7,637,435	$ 5,738,013	-24.9%	$ 416.30	$ 332.77	-20.1%
Eye	$ 4,942,617	$ 5,083,861	2.9%	$ 244.55	$ 244.75	0.1%
Metabolic	$ 5,992,152	$ 4,652,234	-22.4%	$ 365.84	$ 299.41	-18.2%
Female Reproductive	$ 4,929,071	$ 3,695,993	-25.0%	$ 923.22	$ 771.93	-16.4%
Liver, Pancreas	$ 4,007,735	$ 3,353,143	-16.3%	$ 2,304.62	$ 2,167.51	-5.9%
Infections	$ 3,389,779	$ 3,342,413	-1.4%	$ 1,283.04	$ 1,694.94	32.1%
Mental	$ 4,139,645	$ 3,217,005	-22.3%	$ 767.60	$ 619.49	-19.3%
Pregnancy, Childbirth	$ 2,439,039	$ 2,690,520	10.3%	$ 4,475.30	$ 5,359.60	19.8%
Blood	$ 2,603,592	$ 2,334,163	-10.3%	$ 1,064.43	$ 1,031.90	-3.1%
Male Reproductive	$ 3,643,122	$ 2,328,394	-36.1%	$ 1,302.51	$ 886.33	-32.0%
Injuries, Poisonings	$ 2,401,101	$ 1,824,862	-24.0%	$ 818.93	$ 664.31	-18.9%
Newborns	$ 1,050,863	$ 1,651,491	57.2%	$ 2,794.85	$ 4,439.49	58.8%
Alcohol/Drug Use	$ 1,017,728	$ 628,031	-38.3%	$ 3,608.97	$ 2,512.13	-30.4%
HIV Infections	$ 40,594	$ 182,006	348.4%	$ 1,268.55	$ 6,276.07	394.7%
Burns	$ 17,071	$ 171,089	902.2%	$ 203.23	$ 2,193.45	979.3%
All MDCs	$ 173,294,428	$ 156,661,026	-9.6%	$ 853.76	$ 813.79	-4.7%

Self-funded Medical Claims Net Pay by Clinical Condition (Incurred Basis)						
	Net Pay			Net Pay Per Patient		
	Apr 2009 - Mar 2010	Apr 2010 - Mar 2011	% Change	Apr 2009 - Mar 2010	Apr 2010 - Mar 2011	% Change
Osteoarthritis	$ 8,310,464	$ 10,009,185	20.4%	$ 1,578.44	$ 1,961.05	24.2%
Prevent/Admin Hlth Encounters	$ 8,622,585	$ 8,942,721	3.7%	$ 295.78	$ 348.21	17.7%
Signs/Symptoms/Oth Cond, NEC	$ 9,934,789	$ 8,354,987	-15.9%	$ 659.90	$ 581.46	-11.9%
Spinal/Back Disord, Low Back	$ 5,262,868	$ 4,831,967	-8.2%	$ 834.45	$ 785.05	-5.9%
Arthropathies/Joint Disord NEC	$ 5,104,894	$ 4,676,398	-8.4%	$ 464.04	$ 450.43	-2.9%
Respiratory Disord, NEC	$ 5,066,159	$ 4,514,522	-10.9%	$ 719.52	$ 699.28	-2.8%
Gastroint Disord, NEC	$ 5,895,245	$ 4,418,540	-25.0%	$ 875.05	$ 706.06	-19.3%
Renal Function Failure	$ 5,069,187	$ 3,639,616	-28.2%	$ 5,753.90	$ 4,241.98	-26.3%
Condition Rel to Tx - Med/Surg	$ 4,843,904	$ 3,222,457	-33.5%	$ 4,897.78	$ 3,428.15	-30.0%
Cancer - Breast	$ 3,449,736	$ 3,123,267	-9.5%	$ 4,764.83	$ 4,349.95	-8.7%
Coronary Artery Disease	$ 4,093,629	$ 2,947,119	-28.0%	$ 1,808.14	$ 1,366.94	-24.4%
Eye Disorders, NEC	$ 2,660,123	$ 2,841,334	6.8%	$ 159.82	$ 163.75	2.5%
Cardiovasc Disord, NEC	$ 2,830,919	$ 2,724,087	-3.8%	$ 629.65	$ 628.97	-0.1%
Cancer - Leukemia	$ 865,346	$ 2,657,958	207.2%	$ 5,442.43	$ 16,306.49	199.6%
Spinal/Back Disord, Ex Low	$ 3,314,366	$ 2,575,691	-22.3%	$ 639.96	$ 518.14	-19.0%
Neurological Disorders, NEC	$ 2,487,531	$ 2,541,332	2.2%	$ 1,057.17	$ 1,113.64	5.3%
Infections, NEC	$ 2,444,669	$ 2,458,250	0.6%	$ 631.53	$ 711.51	12.7%
Cerebrovascular Disease	$ 2,028,799	$ 2,274,951	12.1%	$ 1,587.48	$ 1,719.54	8.3%
Cardiac Arrhythmias	$ 1,983,780	$ 2,108,390	6.3%	$ 979.16	$ 1,051.04	7.3%
Chemotherapy Encounters	$ 2,236,750	$ 1,987,322	-11.2%	$ 13,157.36	$ 12,192.16	-7.3%
Infec/Inflam - Skin/Subcu Tiss	$ 1,584,340	$ 1,962,993	23.9%	$ 160.24	$ 206.46	28.8%
Fracture/Disloc - Upper Extrem	$ 2,135,527	$ 1,867,124	-12.6%	$ 1,385.81	$ 1,215.58	-12.3%
Pregnancy w Vaginal Delivery	$ 1,761,840	$ 1,820,843	3.3%	$ 6,096.33	$ 6,322.37	3.7%
Cancer - Prostate	$ 2,898,892	$ 1,813,848	-37.4%	$ 2,798.16	$ 1,774.80	-36.6%
Hernia/Reflux Esophagitis	$ 1,766,848	$ 1,773,115	0.4%	$ 713.59	$ 787.00	10.3%
Top 25 Clinical Conditions	$ 96,653,190	$ 90,088,017	-6.8%	$ 706.42	$ 694.42	-1.7%
All Clinical Conditions (195)	$ 174,064,743	$ 156,764,360	-9.9%	$ 614.10	$ 583.90	-4.9%
Top Conditions as Pct of All	55.5%	57.5%		115.0%	118.9%	

Self-funded Top Hospitals by Net Pay Acute
(Incurred Basis)

	Apr 2009 - Mar 2010 Net Pay	Apr 2010 - Mar 2011					
		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 Health	$ 1,330,768	$ 7,491,300	13.3%	686	4.0	$ 10,920	$ 2,742
Carson Tahoe Regional Healthca	$ 5,192,442	$ 5,221,284	9.3%	521	3.7	$ 10,022	$ 2,682
St Rose Dominican Siena	$ 1,027,648	$ 2,279,233	4.1%	187	3.6	$ 12,188	$ 3,417
Sunrise Hospital	$ 2,499,410	$ 2,121,758	3.8%	152	5.2	$ 13,959	$ 2,693
Sierra Surgery Hospital	$ 1,691,677	$ 1,922,437	3.4%	55	2.6	$ 34,953	$ 13,634
Summerlin Hospital Medical Ctr	$ 1,420,765	$ 1,291,970	2.3%	185	4.6	$ 6,984	$ 1,516
Renown Regional Medical Center	$ 7,837,632	$ 1,276,981	2.3%	197	4.1	$ 6,482	$ 1,573
Mountain View Hospital	$ 1,328,576	$ 1,220,261	2.2%	139	3.8	$ 8,779	$ 2,307
Long Beach Vamc	$ -	$ 1,175,588	2.1%	1	162.0	$ 1,175,588	$ 7,257
University Medical Center So N	$ 1,577,717	$ 1,156,002	2.1%	79	4.8	$ 14,633	$ 3,074
Northeastern Nv Reg Hosp	$ 1,453,656	$ 1,145,885	2.0%	106	2.8	$ 10,810	$ 3,884
Ucsf Medical Center	$ 1,263,016	$ 1,114,725	2.0%	12	5.8	$ 92,894	$ 15,925
Intermountain Med Center	$ 405,517	$ 971,629	1.7%	12	11.0	$ 80,969	$ 7,361
U.C. Davis Medical Center	$ 1,451,963	$ 920,744	1.6%	5	18.2	$ 184,149	$ 10,118
Renown South Meadows Medical C	$ 1,013,604	$ 910,700	1.6%	109	3.0	$ 8,355	$ 2,751
St Rose Dominican San Martin C	$ 869,009	$ 909,356	1.6%	77	3.9	$ 11,810	$ 3,001
Uc Davis Medical Center	$ 108,430	$ 849,013	1.5%	1	58.0	$ 849,013	$ 14,638
Valley Hospital Med Ctr	$ 895,069	$ 846,407	1.5%	100	5.2	$ 8,464	$ 1,640
Tahoe Pacific Hospital	$ 608,433	$ 792,673	1.4%	6	29.0	$ 132,112	$ 4,556
Southern Nevada Hcs	$ 130,947	$ 752,080	1.3%	5	9.6	$ 150,416	$ 15,668
Centennial Hills Hospital Medi	$ 804,219	$ 723,251	1.3%	91	3.5	$ 7,948	$ 2,267
Stanford Medical Center	$ 1,594,646	$ 688,584	1.2%	9	6.6	$ 76,509	$ 11,671
Spring Valley Hospital	$ 898,776	$ 632,757	1.1%	75	3.2	$ 8,437	$ 2,615
William Bee Ririe Hospita	$ 622,326	$ 631,775	1.1%	60	2.9	$ 10,530	$ 3,631
Sierra Nevada Hcs	$ 308,584	$ 630,158	1.1%	24	4.3	$ 26,257	$ 6,178
Top 25 Hosipitals		$ 37,676,551	67.0%	2,894	4.1	$ 13,019	$ 3,161
All Other Hospitals		$ 18,550,775	33.0%	1,411	5.5	$ 13,147	$ 2,388
All Hospitals		$ 56,227,326	100.0%	4,305	4.6	$ 13,061	$ 2,856
Top Hospitals as Pct of All Hospitals		67.0%		67.2%			

Self-funded Medical - Highest 25 Net Pay Claims
(Paid Basis)
Jul 2010 - Jun 2011

Relationship to Participant	Gender	Age Group	High Cost Diagnosis	Paid
Employee/Self	Male	Ages 55-59	Quadrplg C1-C4, Incomplt	$ 1,932,797
Spouse/Partner	Male	Ages 60-64	Act Myl Leuk wo Rmsion	$ 1,687,123
Employee/Self	Female	Ages 55-59	E Coli Septicemia	$ 1,039,684
Employee/Self	Female	Ages 60-64	End Stage Renal Disease	$ 632,818
Child/Other Dependent	Male	Ages < 1	Twin-Mate LB-In Hos w Cs	$ 617,918
Employee/Self	Male	Ages 50-54	Malignant Neopl Rectum	$ 592,510
Employee/Self	Male	Ages 60-64	End Stage Renal Disease	$ 514,913
Employee/Self	Female	Ages 60-64	Act Myl Leuk w Rmsion	$ 508,556
Child/Other Dependent	Male	Ages 20-24	Decubitus Ulcer,Low Back	$ 503,093
Spouse/Partner	Male	Ages 35-39	Myelofibrosis	$ 489,815
Employee/Self	Female	Ages 40-44	Toxic Shock Syndrome	$ 464,599
Employee/Self	Female	Ages 60-64	Subdural Hemorrhage	$ 458,041
Employee/Self	Male	Ages 60-64	Second Malig Neo Liver	$ 451,864
Employee/Self	Female	Ages 60-64	~Missing	$ 440,302
Employee/Self	Male	Ages 40-44	Psymotr Epil w Intr Epil	$ 434,543
Employee/Self	Male	Ages 60-64	Septicemia NOS	$ 411,582
Employee/Self	Male	Ages 40-44	Post Traum Pulm Insuffic	$ 402,225
Spouse/Partner	Male	Ages 65-74	Rehabilitation Proc NEC	$ 388,285
Employee/Self	Female	Ages 60-64	Malign Neopl Ovary	$ 382,764
Employee/Self	Male	Ages 60-64	Acute Respiratry Failure	$ 375,488
Employee/Self	Male	Ages 35-39	Brain Injury NEC	$ 348,081
Employee/Self	Male	Ages 55-59	End Stage Renal Disease	$ 342,254
Employee/Self	Male	Ages 60-64	Lumb/Lumbosac Disc Degen	$ 339,307
Employee/Self	Female	Ages 65-74	Bacterial Pneumonia NOS	$ 331,056
Employee/Self	Female	Ages 60-64	Antineoplastic Chemo Enc	$ 327,376
Top 25 Patients	25			$ 14,416,994
All Members	49,525			$ 163,675,407
Top Patients as Pct of All Members	0.05%			8.81%

Chronic Conditions and Wellness

Chronic conditions account for 13.2% of all clinical conditions and 20.7% of all admits acute. The largest dollar increase was in the osteoarthritis category ($1.7 million). Osteoarthritis, which accounts for 48.5% of the chronic conditions, and coronary artery disease remain the top two chronic conditions.

Self-Funded Net Pay Medical by Top Chronic Conditions (Incurred Basis)

	Apr 2009 - Mar 2010	Apr 2010 - Mar 2011	% Change
Asthma	$556,746	$407,745	-26.8%
Chronic Obstruc Pulm Dis(COPD)	$577,811	$610,668	5.7%
Congestive Heart Failure	$543,027	$606,764	11.7%
Coronary Artery Disease	$4,093,629	$2,947,119	-28.0%
Diabetes	$1,333,181	$1,326,993	-0.5%
HIV Infection	$41,251	$183,323	344.4%
Hypertension, Essential	$1,538,197	$1,126,807	-26.7%
Mental Hlth - Anxiety Disorder	$241,027	$240,397	-0.3%
Mental Hlth - Bipolar Disorder	$823,962	$537,631	-34.8%
Mental Hlth - Depression	$2,113,166	$1,657,376	-21.6%
Overweight/Obesity	$1,064,539	$507,533	-52.3%
Osteoarthritis	$8,310,464	$10,009,185	20.4%
Rheumatoid Arthritis	$474,745	$480,913	1.3%
	$21,711,745	$20,642,454	-4.9%

Summary (Apr 2010 - Mar 2011)	Net Pay Med	Admits Acute	Visits OP Fac Med	Visits Office Med
Chronic Conditions	$20,642,454	891	6,430	70,410
All Clinical Conditions	$156,764,360	4,305	55,353	429,050
Chronic Conditions as Percent of All Clinical Conditions	13.2%	20.7%	11.6%	16.4%

Of the five wellness screenings listed below, the number of screenings has increased 35.5% while the screening rate increased 14.9% due to 14,292 biometric screenings and 3,718 PSA tests that were completed between July 1, 2010 and June 30, 2011 through the Live Well, Be Well Prevention Plan. All other screening rates have decreased from the year ending March 31, 2010 to the year ending March 31, 2011.

Self-funded Wellness Utilization (Incurred Basis)							
Measures	**Apr 2009 - Mar 2010**		**Apr 2010 - Mar 2011**			**% Change**	
	Screenings Completed	**Rates**	**Screenings Completed**	**Rates**	**Bench mark**	**Screenings Completed**	**Rates**
Cervical Cancer	7,155	42.7%	6,654	41.5%	44.6%	-7.0%	-1.2%
Cholesterol	13,002	40.0%	11,122	35.0%	41.7%	-14.5%	-5.0%
USPM Labs	-		14,292				
Total Cholesterol	13,002	40.0%	25,414	80.0%	41.7%	95.5%	40.0%
Colon Cancer	4,620	18.3%	4,418	18.0%	19.2%	-4.4%	-0.3%
Mammogram	7,604	49.4%	6,914	46.9%	45.8%	-9.1%	-2.5%
PSA	4,835	50.4%	3,304	36.0%		-31.7%	-14.5%
USPM Labs	-		3,718				
Total PSA	4,835	50.4%	7,022	76.4%		45.2%	26.0%
Total	37,216	37.4%	50,422	52.4%		35.5%	14.9%
	Visits	**Visits per 1000**	**Visits**	**Visits per 1000**	**Visits per 1000**	**Visits**	**Visits per 1000**
Visits Well Baby	2,084	4,613	2,123	4,568	4,640	1.9%	-1.0%
Visits Well Child	1,020	614	983	571	-	-3.6%	-7.1%

Recommendations

None.