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AGENDA ITEM



Action Item



Information Only

Date: October 9, 2008

Item Number: IV

Title: Self-Funded Plan Utilization Report for the year ending
June 30, 2008

Summary

This report addresses the following topics:

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

Report

Notes Regarding the Data

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

Readers should note the following:

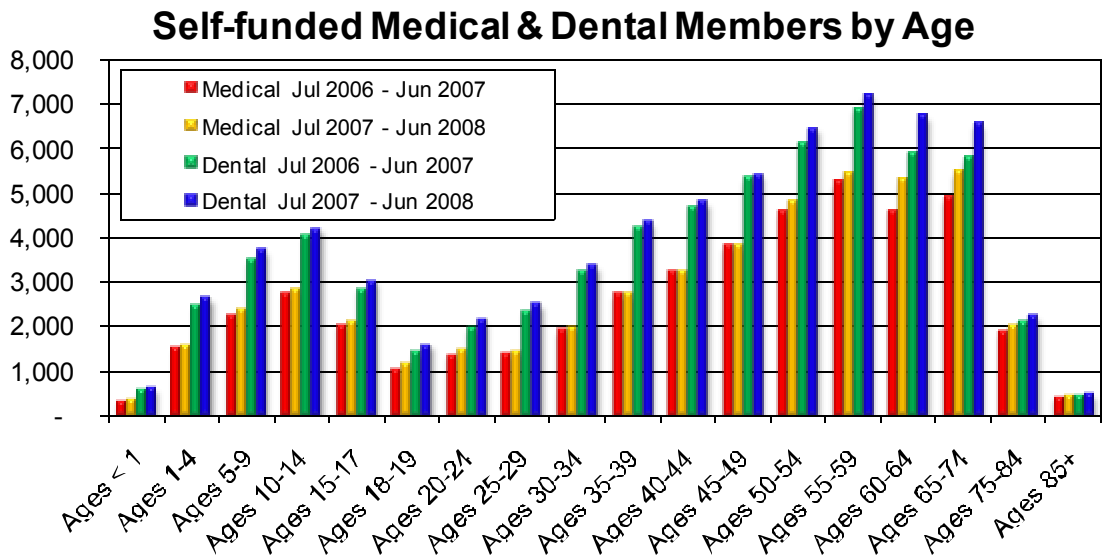
1. This report reflects only self-funded plan activity and does not include any fully insured benefit costs (e.g. health maintenance organizations) information.
2. Dollar amounts categorized into various demographic groups (tiers, division, etc.) are reported on a paid fiscal year to date basis from July 2007 to June 2008 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 2007 to March 2008 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 (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 "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.
6. Unless otherwise noted, medical claims prior to July 2007 include the cost of Medicare Part B premium reimbursements.
7. Unless otherwise noted, state and non-state claims are reported in aggregate.

Demographics

The average self-funded medical plan participant enrollment grew 5.6% from the year ending June 30, 2007 to the year ending June 30, 2008 while the dental plan enrollment grew by 6.5%.

Self-Funded Average Monthly Enrollment				
	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	% Change	Jun 2008
Medical and Prescription				
Employees Avg	27,883	29,454	5.6%	30,799
Family Size Avg	1.65	1.66	0.1%	1.64
Members Avg	46,130	48,765	5.7%	50,605
Member Months	553,558	585,185	5.7%	
Member Age Avg	43.3	43.7	0.9%	44.3
Dental				
Employees Avg ¹	37,971	40,195	5.9%	42,049
Members Avg	64,086	68,263	6.5%	70,615
Member Months	769,026	819,152	6.5%	

The following chart displays the average age distribution of all members in the self-funded plan for the year ending June 30, 2007 and June 30, 2008. Enrollment growth in the age 50-64 category increased 43% while enrollment in the under age 50 and over age 65 categories increased only 28% and 29%, respectively.



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

Claims Summary

Total self-funded paid claim dollars grew \$30.7 million or 17.9% from the year ending June 30, 2007 to the year ending June 30, 2008 when the Medicare B reimbursement is excluded from FY 2007 claim costs. The dramatic decrease in Other Medical is due to the cessation of issuing monthly Medicare B reimbursement checks. On a per participant basis, medical claims paid increased 11.6% while dental grew 6.3% and prescription grew 14.9%.

Prescription costs reported here do not include rebates from Catalyst Rx. Prescription rebates passed to PEBP are expected to increase 18% from the year ending June 30, 2007 to the year ending June 30, 2008. Prescription rebates are received by PEBP approximately nine to twelve months after they are incurred.

Self-Funded Net Paid Claims - Total (Paid Basis)			
	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	% Change
Medical			
Inpatient	\$ 45,444,526	\$ 50,239,218	10.6%
Outpatient	\$ 75,433,723	\$ 92,042,641	22.0%
Medical - Other	\$ 6,225,029	\$ 1,290,304	-79.3%
Less Med B Reimbursement	\$ (5,357,731)		
Total Medical	\$ 121,745,547	\$ 143,572,163	17.9%
Dental	\$ 20,006,262	\$ 22,508,845	12.5%
Prescription	\$ 29,856,274	\$ 36,243,337	21.4%
Total	\$ 171,608,083	\$ 202,324,345	17.9%
Self-Funded Net Paid Claims - Per Participant Per Month (Paid Basis)			
	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	% Change
Medical	\$ 363.86	\$ 406.20	11.6%
Dental	\$ 43.91	\$ 46.67	6.3%
Prescription	\$ 89.23	\$ 102.54	14.9%
Total	\$ 497.00	\$ 555.41	11.8%

Self-funded cost increases can easily be divided into those attributable to inflation and utilization and increases due to enrollment. Approximately 35% of the cost increases are due to increases in enrollment.

Self-funded Cost Increase Factors (Paid Basis)					
	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	PPPM Change	Net Change	% Change
Enrollment					
Medical & Prescription	27,883	29,454		1,571	5.6%
Dental	37,971	40,195		2,224	5.9%
Net Pay					
Medical	\$ 121,745,547	\$ 143,572,163		\$ 21,826,616	17.9%
Dental	\$ 20,006,262	\$ 22,508,845		\$ 2,502,583	12.5%
Prescription	\$ 29,856,274	\$ 36,243,337		\$ 6,387,063	21.4%
	\$ 171,608,083	\$ 202,324,345		\$ 30,716,262	17.9%
Cost Increase Attributable to Inflation & Utilization					
Medical PPPM	\$ 363.86	\$ 406.20	\$ 42.35	\$ 14,168,849	11.6%
Dental PPPM	\$ 43.91	\$ 46.67	\$ 2.76	\$ 1,257,163	6.3%
Prescription PPPM	\$ 89.23	\$ 102.54	\$ 13.31	\$ 4,453,937	14.9%
	\$ 497.00	\$ 555.41	\$ 58.42	\$ 19,879,949	11.8%
Cost Increase Attributable to Enrollment					
Medical				\$ 7,657,767	
Dental				\$ 1,245,420	
Prescription				\$ 1,933,126	
				\$ 10,836,313	

Outpatient claims continue to increase significantly (15.5% per participant) while inpatient claims growth is lower (4.7% per participant).

Self-Funded Medical Utilization (Paid Basis)			
	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	% Change
Inpatient			
Net Pay	\$ 45,444,526	\$ 50,239,218	10.6%
Net Pay PPPM	\$135.82	\$142.14	4.7%
Net Pay IP Acute Per Admit	\$11,843.76	\$11,634.84	-1.8%
Net Pay IP Acute Per Day	\$2,516.59	\$2,591.12	3.0%
Admits Per 1000 Acute	83.2	88.6	6.5%
Days Per 1000 Admit Acute	391.5	397.6	1.6%
Days LOS Admit Acute	4.7	4.5	-4.6%
Outpatient			
Net Pay	\$ 75,433,723	\$ 92,042,641	22.0%
Net Pay PPPM	\$225.45	\$260.41	15.5%
Net Pay PPPM - Facility	\$87.82	\$105.65	20.3%
Net Pay PPPM - Office	\$85.48	\$97.72	14.3%
Net Pay PPPM - Other	\$52.15	\$57.04	9.4%
Visits Per 1000 ER	159.2	168.9	6.1%
Services Per 1000 OP Lab	6,438.3	7,114.6	10.5%
Services Per 1000 OP Rad	2,382.8	2,658.0	11.5%

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 in fiscal year 2007. 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, 2007 has decreased the surpluses and increased the losses shown below. Despite the premium holiday, lower than expected claims costs have created a surplus of \$3.1 million when state and non-state self-funded costs are combined.

Self-funded Plan - State Participants							
7/1/2007 through 6/30/2008							
	Actives	Non-Medicare Retirees	Medicare Retirees			Total Retirees	Total
			Part A & B	Part B Only	Total		
Revenue							
State Subsidy	123,261,343.26	14,192,559.70	15,522,830.71	809,897.42	16,332,728.13	30,525,287.83	153,786,631.09
Participant Contribution	13,098,993.79	4,947,450.33	4,621,022.11	183,313.87	4,804,335.98	9,751,786.31	22,850,780.10
Medicare D Subsidy	-	-	1,554,314.00	79,260.61	1,633,574.61	1,633,574.61	1,633,574.61
Total Revenue	\$136,360,337.05	\$ 19,140,010.03	\$ 21,698,166.82	\$ 1,072,471.90	\$ 22,770,638.72	\$ 41,910,648.75	\$178,270,985.80
Expenses							
Medical - Hospital	31,994,057.32	7,219,780.54	1,276,706.45	783,635.00	2,060,341.45	9,280,121.99	41,274,179.31
Medical - All Other	61,680,817.27	11,514,787.36	4,908,097.46	232,399.32	5,140,496.78	16,655,284.14	78,336,101.41
Dental	10,475,042.11	1,268,695.79	1,579,401.49	74,408.20	1,653,809.69	2,922,505.48	13,397,547.59
Prescription	16,931,255.71	5,299,684.25	6,271,393.43	229,986.78	6,501,380.21	11,801,064.46	28,732,320.17
Life and AD&D	4,569,322.20	198,758.40	269,488.44	13,742.28	283,230.72	481,989.12	5,051,311.32
PPO Admin	6,703,893.60	964,968.66	1,308,361.80	66,718.54	1,375,080.34	2,340,049.00	9,043,942.60
PEBP Admin	2,233,151.09	321,443.17	435,831.74	22,224.78	458,056.52	779,499.69	3,012,650.78
Total Expenses	\$134,587,539.30	\$ 26,788,118.17	\$ 16,049,280.81	\$ 1,423,114.90	\$ 17,472,395.71	\$ 44,260,513.88	\$178,848,053.18
Net Surplus / (Loss)	\$ 1,772,797.75	\$ (7,648,108.14)	\$ 5,648,886.01	\$ (350,643.00)	\$ 5,298,243.01	\$ (2,349,865.13)	\$ (577,067.38)
Avg Monthly Enrollment	17,785	2,560	3,471	177	3,648	6,208	23,993
Revenue PPM	638.93	623.05	520.94	504.93	520.16	562.59	619.18
Expenses PPM	630.62	872.01	385.32	670.02	399.13	594.13	621.18
Net Surplus / (Loss) PPM	\$ 8.31	\$ (248.96)	\$ 135.62	\$ (165.09)	\$ 121.03	\$ (31.54)	\$ (2.00)

Self-funded Plan - Non-State Participants							
7/1/2007 through 6/30/2008							
	Actives	Non-Medicare Retirees	Medicare Retirees			Total Retirees	Total
			Part A & B	Part B Only	Total		
Revenue							
Employer Subsidy	-	18,500,386.01	9,923,016.47	467,241.30	10,390,257.77	28,890,643.78	28,890,643.78
Participant Contribution	3,804,023.29	4,062,416.86	2,144,029.11	66,194.82	2,210,223.93	6,272,640.79	10,076,664.08
Medicare D Subsidy	-	-	818,130.71	39,854.21	857,984.91	857,984.91	857,984.91
Total Revenue	\$ 3,804,023.29	\$ 22,562,802.87	\$ 12,885,176.29	\$ 573,290.33	\$ 13,458,466.61	\$ 36,021,269.48	\$ 39,825,292.77
Expenses							
Medical - Hospital	906,523.36	6,564,063.85	520,177.81	304,199.63	824,377.44	7,388,441.29	8,294,964.65
Medical - All Other	1,843,225.27	11,734,307.34	2,126,922.85	94,820.58	2,221,743.43	13,956,050.77	15,799,276.04
Dental	280,954.53	1,219,158.96	817,201.25	38,887.00	856,088.25	2,075,247.21	2,356,201.74
Prescription	464,059.13	4,083,586.68	2,918,303.41	99,117.41	3,017,420.82	7,101,007.50	7,565,066.63
Life and AD&D	138,479.88	220,808.16	141,848.28	6,909.96	148,758.24	369,566.40	508,046.28
PPO Admin	203,171.14	1,072,019.87	688,670.99	33,547.74	722,218.73	1,794,238.60	1,997,409.74
PEBP Admin	67,678.86	357,103.27	229,404.95	11,175.17	240,580.12	597,683.40	665,362.25
Total Expenses	\$ 3,904,092.16	\$ 25,251,048.13	\$ 7,442,529.54	\$ 588,657.49	\$ 8,031,187.03	\$ 33,282,235.17	\$ 37,186,327.33
Net Surplus / (Loss)	\$ (100,068.87)	\$ (2,688,245.26)	\$ 5,442,646.74	\$ (15,367.17)	\$ 5,427,279.58	\$ 2,739,034.31	\$ 2,638,965.44
Avg Monthly Enrollment	539	2,844	1,827	89	1,916	4,760	5,299
Revenue PPM	588.13	661.12	587.72	536.79	585.35	630.62	626.30
Expenses PPM	603.60	739.89	339.47	551.18	349.30	582.67	584.80
Net Surplus / (Loss) PPM	\$ (15.47)	\$ (78.77)	\$ 248.25	\$ (14.39)	\$ 236.05	\$ 47.95	\$ 41.50

Costs by Tier and Age

Self-Funded Paid Claims By Coverage Tier (Paid Basis)									
	Jul 2006 - Jun 2007			Jul 2007 - Jun 2008			% Change		
	Net Pay	Participant Count	PPPM	Net Pay	Participant Count	PPPM	Net Pay	Participant Count	PPPM
Medical									
Participant Only	\$ 57,707,678	17,678	\$ 272.03	\$ 66,575,826	18,613	\$ 298.07	15.4%	5.3%	9.6%
Participant + Spouse	\$ 31,912,750	4,105	\$ 647.84	\$ 36,453,827	4,375	\$ 694.36	14.2%	6.6%	7.2%
Participant + Child(ren)	\$ 11,866,061	2,856	\$ 346.23	\$ 14,711,244	3,020	\$ 405.94	24.0%	5.7%	17.2%
Participant + Family	\$ 25,597,137	3,243	\$ 657.75	\$ 25,831,715	3,446	\$ 624.68	0.9%	6.3%	-5.0%
~Missing	\$ 19,652	1		\$ (449)	-				
Less Med B Reimb	\$ (5,357,731)								
Total	\$ 121,745,547	27,883	\$ 363.86	\$ 143,572,163	29,454	\$ 406.20	17.9%	5.6%	11.6%
Dental									
Participant Only	\$ 6,213,664	23,613	\$ 21.93	\$ 7,070,636	24,818	\$ 23.74	13.8%	5.1%	8.3%
Participant + Spouse	\$ 3,040,823	5,558	\$ 45.59	\$ 3,397,205	5,951	\$ 47.57	11.7%	7.1%	4.3%
Participant + Child(ren)	\$ 2,213,474	4,324	\$ 42.66	\$ 2,424,149	4,617	\$ 43.75	9.5%	6.8%	2.6%
Participant + Family	\$ 3,487,634	4,476	\$ 64.93	\$ 3,910,733	4,809	\$ 67.77	12.1%	7.4%	4.4%
~Missing	\$ 5,050,667	-		\$ 5,706,122	-				
Total	\$ 20,006,262	37,971	\$ 43.91	\$ 22,508,845	40,195	\$ 46.67	12.5%	5.9%	6.3%
Prescription									
Participant Only	\$ 15,703,168	17,678	\$ 74.02	\$ 18,922,086	18,613	\$ 84.72	20.5%	5.3%	14.5%
Participant + Spouse	\$ 8,544,536	4,105	\$ 173.46	\$ 10,059,203	4,375	\$ 191.60	17.7%	6.6%	10.5%
Participant + Child(ren)	\$ 2,021,314	2,856	\$ 58.98	\$ 2,645,886	3,020	\$ 73.01	30.9%	5.7%	23.8%
Participant + Family	\$ 3,577,809	3,243	\$ 91.94	\$ 4,612,458	3,446	\$ 111.54	28.9%	6.3%	21.3%
~Missing	\$ 9,447	1		\$ 3,704	-				
Total	\$ 29,856,274	27,883	\$ 89.23	\$ 36,243,337	29,454	\$ 102.54	21.4%	5.6%	14.9%

Of the \$21.8 million increase in paid medical claims from the year ending June 30, 2007 to the year ending June 30, 2008, 41% of it can be attributed to the Participant Only tier which accounted for 60% of the enrollment growth. However, the Medical cost increase on a per participant basis in the Participant plus Child tier is significantly higher than other tiers. It should be noted that the Medicare B reimbursement in fiscal year 2007 is included in the medical costs of each tier. Therefore the percent change of Net Pay and Per Participant Per Month is artificially low. Furthermore, the Net Pay and Participant Counts in the ~Missing categories could significantly change the percent change in any specific tier.

Dental costs grew modestly across all tiers while prescription claims growth on a per participant per month basis were relatively high across all tiers.

The following table shows the change in total claims by tier from the year ending June 30, 2007 to the year ending June 30, 2008 and a side-by-side comparison of the per participant medical, dental and prescription costs by tier. The table emphasizes the dramatic difference in cost of the Participant plus Spouse tier compared to other tiers. In addition, the rate of growth for the Participant + Child(ren) tier of 16.7% was higher than the 7.6% in last year's annual report.

Total Self-Funded Paid Claims By Coverage Tier (Paid Basis)									
	Jul 2006 - Jun 2007		Jul 2007 - Jun 2008					% Change	
	Net Pay	PPPM	Net Pay	Med PPPM	Dent PPPM	Rx PPPM	Net PPPM	Net Pay	PPPM
Participant Only	\$ 79,624,510	\$ 367.98	\$ 92,568,548	\$ 298.07	\$ 23.74	\$ 84.72	\$ 406.53	16.3%	10.5%
Participant + Spouse	\$ 43,498,109	\$ 866.89	\$ 49,910,235	\$ 694.36	\$ 47.57	\$ 191.60	\$ 933.53	14.7%	7.7%
Participant + Child(ren)	\$ 16,100,849	\$ 447.87	\$ 19,781,279	\$ 405.94	\$ 43.75	\$ 73.01	\$ 522.70	22.9%	16.7%
Participant + Family	\$ 32,662,580	\$ 814.62	\$ 34,354,906	\$ 624.68	\$ 67.77	\$ 111.54	\$ 803.99	5.2%	-1.3%
~Missing	\$ 5,079,766		\$ 5,709,377						
Less Med B Reimb	\$ (5,357,731)								
Total	\$ 171,608,083	\$ 497.00	\$ 202,324,345	\$ 406.20	\$ 46.67	\$ 102.54	\$ 555.41	17.9%	11.8%

This table shows the change in paid medical claims by age group from the year ending June 30, 2007 to the year ending June 30, 2008. PMPM paid medical claims decreased 2.8% for members under age 50. PMPM costs for members between the ages of 50 and 64 increased 14.4% while costs on a PMPM basis increased 44.9% for those over age 64.

Self-Funded Paid Medical Claims By Age Group (Paid Basis)									
	Jul 2006 - Jun 2007			Jul 2007 - Jun 2008			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	\$ 4,299,368	342	\$ 1,047.60	\$ 1,777,373	367	\$ 403.58	-58.7%	7.3%	-61.5%
Ages 1-4	\$ 1,211,697	1,516	\$ 66.61	\$ 1,655,729	1,590	\$ 86.78	36.6%	4.9%	30.3%
Ages 5-9	\$ 943,393	2,266	\$ 34.69	\$ 1,422,412	2,392	\$ 49.55	50.8%	5.6%	42.8%
Ages 10-14	\$ 1,875,867	2,764	\$ 56.56	\$ 3,319,848	2,825	\$ 97.93	77.0%	2.2%	73.2%
Ages 15-17	\$ 4,167,884	2,042	\$ 170.09	\$ 2,753,543	2,116	\$ 108.44	-33.9%	3.6%	-36.2%
Ages 18-19	\$ 1,208,284	1,061	\$ 94.90	\$ 1,309,901	1,163	\$ 93.86	8.4%	9.6%	-1.1%
Ages 20-24	\$ 1,765,849	1,376	\$ 106.94	\$ 2,723,502	1,497	\$ 151.61	54.2%	8.8%	41.8%
Ages 25-29	\$ 2,309,145	1,393	\$ 138.14	\$ 2,360,467	1,465	\$ 134.27	2.2%	5.2%	-2.8%
Ages 30-34	\$ 3,953,424	1,922	\$ 171.41	\$ 4,326,315	2,002	\$ 180.08	9.4%	4.2%	5.1%
Ages 35-39	\$ 6,309,081	2,740	\$ 191.88	\$ 5,892,969	2,731	\$ 179.82	-6.6%	-0.3%	-6.3%
Ages 40-44	\$ 7,120,830	3,224	\$ 184.06	\$ 7,783,761	3,240	\$ 200.20	9.3%	0.5%	8.8%
Ages 45-49	\$ 11,086,759	3,825	\$ 241.54	\$ 10,983,845	3,830	\$ 238.99	-0.9%	0.1%	-1.1%
Ages 50-54	\$ 16,390,913	4,574	\$ 298.62	\$ 20,857,738	4,811	\$ 361.29	27.3%	5.2%	21.0%
Ages 55-59	\$ 20,184,216	5,266	\$ 319.41	\$ 25,650,719	5,471	\$ 390.71	27.1%	3.9%	22.3%
Ages 60-64	\$ 27,716,408	4,611	\$ 500.91	\$ 32,818,088	5,300	\$ 516.01	18.4%	14.9%	3.0%
Ages 65+	\$ 11,202,016	7,211	\$ 129.46	\$ 17,935,953	7,967	\$ 187.61	60.1%	10.5%	44.9%
~Missing	\$ 412	1		\$ -	1				
Total	\$ 121,745,546	46,134	\$ 219.91	\$ 143,572,163	48,768	\$ 245.33	17.9%	5.7%	11.6%

PMPM paid dental claims grew across most tiers at relatively uniform rates.

Self-Funded Paid Dental Claims By Age Group (Paid Basis)									
	Jul 2006 - Jun 2007			Jul 2007 - Jun 2008			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	\$ 741	593	\$ 0.10	\$ 1,229	632	\$ 0.16	65.9%	6.5%	55.7%
Ages 1-4	\$ 286,088	2,466	\$ 9.67	\$ 329,163	2,661	\$ 10.31	15.1%	7.9%	6.6%
Ages 5-9	\$ 945,609	3,516	\$ 22.41	\$ 1,114,165	3,748	\$ 24.78	17.8%	6.6%	10.6%
Ages 10-14	\$ 958,039	4,045	\$ 19.74	\$ 1,063,995	4,211	\$ 21.06	11.1%	4.1%	6.7%
Ages 15-17	\$ 808,704	2,854	\$ 23.61	\$ 971,537	3,034	\$ 26.68	20.1%	6.3%	13.0%
Ages 18-19	\$ 404,113	1,440	\$ 23.39	\$ 439,521	1,601	\$ 22.88	8.8%	11.2%	-2.2%
Ages 20-24	\$ 531,020	1,966	\$ 22.51	\$ 609,916	2,155	\$ 23.59	14.9%	9.6%	4.8%
Ages 25-29	\$ 628,165	2,356	\$ 22.22	\$ 733,444	2,509	\$ 24.36	16.8%	6.5%	9.6%
Ages 30-34	\$ 861,126	3,236	\$ 22.18	\$ 925,421	3,382	\$ 22.80	7.5%	4.5%	2.8%
Ages 35-39	\$ 1,196,316	4,251	\$ 23.45	\$ 1,307,210	4,366	\$ 24.95	9.3%	2.7%	6.4%
Ages 40-44	\$ 1,454,772	4,699	\$ 25.80	\$ 1,541,587	4,813	\$ 26.69	6.0%	2.4%	3.5%
Ages 45-49	\$ 1,796,938	5,353	\$ 27.98	\$ 1,949,658	5,424	\$ 29.96	8.5%	1.3%	7.1%
Ages 50-54	\$ 2,269,815	6,128	\$ 30.87	\$ 2,485,158	6,451	\$ 32.10	9.5%	5.3%	4.0%
Ages 55-59	\$ 2,662,903	6,901	\$ 32.15	\$ 2,899,164	7,214	\$ 33.49	8.9%	4.5%	4.2%
Ages 60-64	\$ 2,272,286	5,915	\$ 32.01	\$ 2,586,077	6,748	\$ 31.94	13.8%	14.1%	-0.2%
Ages 65+	\$ 2,929,414	8,365	\$ 29.18	\$ 3,551,601	9,315	\$ 31.77	21.2%	11.4%	8.9%
~Missing	\$ 214	1		\$ -	1				
Total	\$ 20,006,263	64,086	\$ 26.02	\$ 22,508,846	68,263	\$ 27.48	12.5%	6.5%	5.6%

PMPM paid prescription claims grew across most tiers at relatively uniform rates. Exceptions include babies under 1 year which cost 25.6% less than the previous year and members in the ages 1 to 4 group and the ages 20 to 24 group which increased over 50%. This chart emphasizes the increased prescription drug costs as the groups increase in age. The Retiree Drug Subsidy provided by the Centers for Medicare and Medicaid Services provides approximately \$30 per Medicare eligible member per month and is not shown here.

Self-Funded Paid Prescription Claims By Age Group (Paid Basis)									
	Jul 2006 - Jun 2007			Jul 2007 - Jun 2008			% Change		
	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM	Net Pay	Member Count	PMPM
Ages < 1	\$ 95,940	342	\$ 23.38	\$ 76,624	367	\$ 17.40	-20.1%	7.3%	-25.6%
Ages 1-4	\$ 119,868	1,516	\$ 6.59	\$ 198,950	1,590	\$ 10.43	66.0%	4.9%	58.2%
Ages 5-9	\$ 169,395	2,266	\$ 6.23	\$ 236,255	2,392	\$ 8.23	39.5%	5.6%	32.1%
Ages 10-14	\$ 343,272	2,764	\$ 10.35	\$ 393,477	2,825	\$ 11.61	14.6%	2.2%	12.2%
Ages 15-17	\$ 343,210	2,042	\$ 14.01	\$ 425,513	2,116	\$ 16.76	24.0%	3.6%	19.6%
Ages 18-19	\$ 155,023	1,061	\$ 12.18	\$ 195,282	1,163	\$ 13.99	26.0%	9.6%	14.9%
Ages 20-24	\$ 224,908	1,376	\$ 13.62	\$ 372,257	1,497	\$ 20.72	65.5%	8.8%	52.1%
Ages 25-29	\$ 257,542	1,393	\$ 15.41	\$ 360,230	1,465	\$ 20.49	39.9%	5.2%	33.0%
Ages 30-34	\$ 466,173	1,922	\$ 20.21	\$ 577,784	2,002	\$ 24.05	23.9%	4.2%	19.0%
Ages 35-39	\$ 1,027,568	2,740	\$ 31.25	\$ 1,181,567	2,731	\$ 36.05	15.0%	-0.3%	15.4%
Ages 40-44	\$ 1,472,663	3,224	\$ 38.07	\$ 1,748,597	3,240	\$ 44.97	18.7%	0.5%	18.2%
Ages 45-49	\$ 2,298,290	3,825	\$ 50.07	\$ 2,510,018	3,830	\$ 54.61	9.2%	0.1%	9.1%
Ages 50-54	\$ 3,519,295	4,574	\$ 64.12	\$ 4,107,896	4,811	\$ 71.15	16.7%	5.2%	11.0%
Ages 55-59	\$ 4,876,746	5,266	\$ 77.17	\$ 5,734,797	5,471	\$ 87.35	17.6%	3.9%	13.2%
Ages 60-64	\$ 5,028,116	4,611	\$ 90.87	\$ 6,346,919	5,300	\$ 99.79	26.2%	14.9%	9.8%
Ages 65+	\$ 9,458,267	7,211	\$ 109.30	\$ 11,777,170	7,967	\$ 123.19	24.5%	10.5%	12.7%
~Missing	\$ -	1		\$ -	1				
Total	\$ 29,856,276	46,134	\$ 53.93	\$ 36,243,336	48,768	\$ 61.93	21.4%	5.7%	14.8%

This table shows the change in total claims by age group from the year ending June 30, 2007 to the year ending June 30, 2008 and a side-by-side comparison of the per participant medical, dental and prescription costs. The table emphasizes the high costs on a PMPM basis of babies under the age of one and members between the ages of 50 and 64. Due to Medicare A & B, members older than age 64 cost about the same as members between the ages of 45 and 49.

Total Self-Funded Paid Claims By Age Group (Paid Basis)									
	Jul 2006 - Jun 2007		Jul 2007 - Jun 2008					% Change	
	Net Pay	PMPM	Net Pay	Med PMPM	Dent PMPM	Rx PMPM	Net PMPM	Net Pay	PMPM
Ages < 1	\$ 4,396,049	\$1,071.09	\$ 1,855,226	\$ 403.58	\$ 0.16	\$ 17.40	\$ 421.14	-57.8%	-60.7%
Ages 1-4	\$ 1,617,653	\$ 82.86	\$ 2,183,842	\$ 86.78	\$ 10.31	\$ 10.43	\$ 107.51	35.0%	29.7%
Ages 5-9	\$ 2,058,397	\$ 63.33	\$ 2,772,832	\$ 49.55	\$ 24.78	\$ 8.23	\$ 82.56	34.7%	30.4%
Ages 10-14	\$ 3,177,178	\$ 86.64	\$ 4,777,320	\$ 97.93	\$ 21.06	\$ 11.61	\$ 130.59	50.4%	50.7%
Ages 15-17	\$ 5,319,798	\$ 207.71	\$ 4,150,593	\$ 108.44	\$ 26.68	\$ 16.76	\$ 151.88	-22.0%	-26.9%
Ages 18-19	\$ 1,767,420	\$ 130.47	\$ 1,944,704	\$ 93.86	\$ 22.88	\$ 13.99	\$ 130.73	10.0%	0.2%
Ages 20-24	\$ 2,521,777	\$ 143.07	\$ 3,705,675	\$ 151.61	\$ 23.59	\$ 20.72	\$ 195.92	46.9%	36.9%
Ages 25-29	\$ 3,194,852	\$ 175.77	\$ 3,454,141	\$ 134.27	\$ 24.36	\$ 20.49	\$ 179.12	8.1%	1.9%
Ages 30-34	\$ 5,280,723	\$ 213.80	\$ 5,829,520	\$ 180.08	\$ 22.80	\$ 24.05	\$ 226.94	10.4%	6.1%
Ages 35-39	\$ 8,532,965	\$ 246.58	\$ 8,381,746	\$ 179.82	\$ 24.95	\$ 36.05	\$ 240.82	-1.8%	-2.3%
Ages 40-44	\$ 10,048,265	\$ 247.92	\$ 11,073,945	\$ 200.20	\$ 26.69	\$ 44.97	\$ 271.87	10.2%	9.7%
Ages 45-49	\$ 15,181,987	\$ 319.59	\$ 15,443,521	\$ 238.99	\$ 29.96	\$ 54.61	\$ 323.56	1.7%	1.2%
Ages 50-54	\$ 22,180,023	\$ 393.61	\$ 27,450,792	\$ 361.29	\$ 32.10	\$ 71.15	\$ 464.54	23.8%	18.0%
Ages 55-59	\$ 27,723,865	\$ 428.74	\$ 34,284,680	\$ 390.71	\$ 33.49	\$ 87.35	\$ 511.55	23.7%	19.3%
Ages 60-64	\$ 35,016,810	\$ 623.80	\$ 41,751,084	\$ 516.01	\$ 31.94	\$ 99.79	\$ 647.74	19.2%	3.8%
Ages 65+	\$ 23,589,697	\$ 267.94	\$ 33,264,724	\$ 187.61	\$ 31.77	\$ 123.19	\$ 342.57	41.0%	27.9%
~Missing	\$ 626		\$ -						
Total	\$171,608,085	\$ 299.86	\$ 202,324,345	\$ 245.33	\$ 27.48	\$ 61.93	\$ 334.74	17.9%	11.6%

Network Utilization and Cost Sharing

The percent of claims paid In Network have remained fairly steady at almost 93%. In the Fiscal Year 2007 Utilization Report provided to the Board on September 6, 2007, network utilization was reported below 90% for FY 2007. However, when the Medicare B reimbursement is excluded, the percent of claims paid In Network was 93%.

Self-funded Network Utilization (Paid Basis)			
	Jul 2006 - Jun 2007	Jul 2007 - Jun 2008	Change
Total			
Net Pay IP Acute	\$ 45,444,526	\$ 50,239,218	10.6%
Net Pay OP Fac Med	\$ 29,382,426	\$ 37,341,391	27.1%
Net Pay Office Med	\$ 28,601,816	\$ 34,537,815	20.8%
Net Pay Other Before Med B	\$ 23,674,510		
Less Med B Reimbursement	\$ (5,357,731)		
Net Pay Other Final	\$ 18,316,779	\$ 21,453,738	17.1%
	\$ 121,745,547	\$ 143,572,162	17.9%
Paid in Network			
Net Pay IP Acute	\$ 44,934,985	\$ 49,461,800	10.1%
Net Pay OP Fac Med	\$ 25,264,113	\$ 32,348,643	28.0%
Net Pay Office Med	\$ 26,409,835	\$ 31,787,464	20.4%
Net Pay Other	\$ 16,850,162	\$ 19,776,537	17.4%
	\$ 113,459,095	\$ 133,374,444	17.6%
Percent of Total Paid In Network			
Net Pay IP Acute	98.88%	98.45%	-0.4%
Net Pay OP Fac Med	85.98%	86.63%	0.8%
Net Pay Office Med	92.34%	92.04%	-0.3%
Net Pay Other	91.99%	92.18%	0.2%
	93.19%	92.90%	-0.3%

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This table shows the submitted medical charges, allowed amounts and participant out of pocket costs, by division and tier for fiscal year 2008. Participants paid 9.9% of submitted medical charges during the year ending June 30, 2008 through co-pays, deductibles and coinsurance. The plan paid 28.7% of the \$725 million in submitted charges. Thirty-six 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 2007 - Jun 2008											
Division	Coverage Tiers	Charge Submitted	Ineligible	Discount	Allowed	Third Party Amount	Net Payment	Total Out Of Pocket	Copayment	Deductible	Coinsurance
Active	Employee Only	\$ 130,481,884	\$ 26,592,197	\$ 46,690,602	\$ 57,199,085	\$ 122,977	\$ 43,320,127	\$ 13,755,981	\$ 4,120,761	\$ 2,949,531	\$ 6,685,689
	Employee & Spouse	\$ 92,877,208	\$ 20,544,836	\$ 32,334,173	\$ 39,998,199	\$ 492,352	\$ 31,206,742	\$ 8,299,105	\$ 2,446,850	\$ 1,790,309	\$ 4,061,946
	Employee & Children	\$ 45,300,338	\$ 9,009,492	\$ 13,796,649	\$ 22,494,197	\$ 134,677	\$ 16,962,451	\$ 5,397,069	\$ 1,563,357	\$ 1,348,830	\$ 2,484,882
	Employee & Family	\$ 85,400,689	\$ 18,690,641	\$ 25,525,995	\$ 41,184,053	\$ 625,196	\$ 30,831,204	\$ 9,727,653	\$ 2,598,679	\$ 2,351,501	\$ 4,777,473
	~Missing	\$ 9,233,498	\$ 1,366,691	\$ 880,485	\$ 6,986,322	\$ 42,776	\$ 4,882,993	\$ 2,060,553	\$ 1,499	\$ 355,762	\$ 1,703,292
	Total	\$ 363,293,617	\$ 76,203,857	\$ 119,227,904	\$ 167,861,856	\$ 1,417,978	\$ 127,203,517	\$ 39,240,361	\$ 10,731,146	\$ 8,795,933	\$ 19,713,282
Retiree	Employee Only	\$ 223,100,533	\$ 112,626,324	\$ 30,617,577	\$ 79,856,632	\$ 13,042,499	\$ 48,256,926	\$ 18,557,207	\$ 6,306,068	\$ 3,558,689	\$ 8,692,450
	Employee & Spouse	\$ 102,865,596	\$ 59,822,455	\$ 8,756,938	\$ 34,286,203	\$ 7,460,465	\$ 18,019,149	\$ 8,806,589	\$ 2,958,436	\$ 1,984,584	\$ 3,863,569
	Employee & Children	\$ 6,669,997	\$ 1,701,238	\$ 1,726,822	\$ 3,241,937	\$ 73,701	\$ 2,424,913	\$ 743,323	\$ 232,456	\$ 158,034	\$ 352,833
	Employee & Family	\$ 9,260,897	\$ 2,984,174	\$ 1,873,792	\$ 4,402,931	\$ 168,631	\$ 3,201,692	\$ 1,032,608	\$ 310,047	\$ 231,071	\$ 491,490
	~Missing	\$ 1,747,617	\$ 315,282	\$ 176,722	\$ 1,255,613	\$ 3,334	\$ 809,660	\$ 442,619	\$ 1,025	\$ 61,511	\$ 380,083
	Total	\$ 343,644,640	\$ 177,449,473	\$ 43,151,851	\$ 123,043,316	\$ 20,748,630	\$ 72,712,340	\$ 29,582,346	\$ 9,808,032	\$ 5,993,889	\$ 13,780,425
Cobra Active	Employee Only	\$ 2,654,688	\$ 581,188	\$ 796,527	\$ 1,276,973	\$ 731	\$ 979,814	\$ 296,428	\$ 77,249	\$ 64,776	\$ 154,403
	Employee & Spouse	\$ 2,493,430	\$ 1,083,818	\$ 635,127	\$ 774,485	\$ 1,943	\$ 684,052	\$ 88,490	\$ 16,019	\$ 25,985	\$ 46,486
	Employee & Children	\$ 1,125,965	\$ 407,581	\$ 278,055	\$ 440,329	\$ -	\$ 393,917	\$ 46,412	\$ 16,012	\$ 9,362	\$ 21,038
	Employee & Family	\$ 748,318	\$ 270,377	\$ 85,274	\$ 392,667	\$ -	\$ 322,011	\$ 70,656	\$ 19,655	\$ 21,367	\$ 29,634
	~Missing	\$ 38,986	\$ 10,667	\$ 4,608	\$ 23,711	\$ -	\$ 16,723	\$ 6,988	\$ -	\$ 1,028	\$ 5,960
	Total	\$ 7,061,387	\$ 2,353,631	\$ 1,799,591	\$ 2,908,165	\$ 2,674	\$ 2,396,517	\$ 508,974	\$ 128,935	\$ 122,518	\$ 257,521
Cobra Retiree	Employee Only	\$ 32,230	\$ 1,790	\$ 12,792	\$ 17,648	\$ -	\$ 11,682	\$ 5,966	\$ 1,975	\$ 2,328	\$ 1,663
	Employee & Spouse	\$ 553	\$ 115	\$ -	\$ 438	\$ -	\$ 292	\$ 146	\$ 146	\$ -	\$ -
	Employee & Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Employee & Family	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	~Missing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total	\$ 32,783	\$ 1,905	\$ 12,792	\$ 18,086	\$ -	\$ 11,974	\$ 6,112	\$ 2,121	\$ 2,328	\$ 1,663
~Missing	All	\$ 11,020,101	\$ 1,692,640	\$ 1,061,815	\$ 8,265,646	\$ 46,110	\$ 5,709,376	\$ 2,510,160	\$ 2,524	\$ 418,301	\$ 2,089,335
	Total	\$ 725,052,528	\$ 257,701,506	\$ 165,253,953	\$ 302,097,069	\$ 22,215,392	\$ 208,033,724	\$ 71,847,953	\$ 20,672,758	\$ 15,332,969	\$ 35,842,226
	Percent of Submitted Charge	100.0%	35.5%	22.8%	41.7%	3.1%	28.7%	9.9%	2.9%	2.1%	4.9%

Claim Distribution by Paid Claim Amount – 9 Months

Claim distribution by paid claim amount was compiled directly from the daily check register sent to PEBP by Fiserve rather than from the Medstat reporting tool.

Seventy percent of the claim dollars were paid out in 9.3% of the claims (claims over \$400). Thirty claims in excess of \$100,000 were paid out in FY 08 for a total of \$4.9 million. The claim category with the largest total was the \$400 to \$1000 claim while the \$0 to \$100 claim category had a significantly larger number of claims.

Claim Distribution - Claims by Paid Claim Amount (Paid Basis) Jul 2007 - Jun 2008							
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		30	\$ 4,943,201.65	-	\$ -	30	\$ 4,943,201.65
\$ 40,000.00	\$ 100,000.00	182	\$ 10,805,657.76	-	\$ -	182	\$ 10,805,657.76
\$ 20,000.00	\$ 40,000.00	505	\$ 13,804,459.04	-	\$ -	505	\$ 13,804,459.04
\$ 10,000.00	\$ 20,000.00	872	\$ 11,955,018.34	-	\$ -	872	\$ 11,955,018.34
\$ 4,000.00	\$ 10,000.00	3,179	\$ 19,225,534.05	-	\$ -	3,179	\$ 19,225,534.05
\$ 2,000.00	\$ 4,000.00	5,651	\$ 15,755,257.29	52	\$ 104,096.80	5,703	\$ 15,859,354.09
\$ 1,000.00	\$ 2,000.00	10,208	\$ 14,011,983.94	1,786	\$ 2,292,554.50	11,994	\$ 16,304,538.44
\$ 400.00	\$ 1,000.00	28,154	\$ 17,753,356.82	11,157	\$ 6,678,458.09	39,311	\$ 24,431,814.91
\$ 200.00	\$ 400.00	41,596	\$ 11,315,323.26	12,371	\$ 3,587,517.62	53,967	\$ 14,902,840.88
\$ 100.00	\$ 200.00	79,701	\$ 11,070,987.69	44,992	\$ 6,279,097.19	124,693	\$ 17,350,084.88
\$ -	\$ 100.00	363,660	\$ 14,360,323.66	56,925	\$ 3,639,119.08	420,585	\$ 17,999,442.74
		533,738	\$145,001,103.50	127,283	\$ 22,580,843.28	661,021	\$ 167,581,946.78
	Average Claim		\$ 271.67		\$ 177.41		\$ 253.52
	Total		\$145,001,103.50		\$ 22,580,843.28		\$ 167,581,946.78
	Less Voids, Refunds and Adjustments		\$ 1,428,940.50		\$ 71,998.28		\$ 1,500,938.78
	Total Medical and Dental Claims Paid		\$143,572,163.00		\$ 22,508,845.00		\$ 166,081,008.00

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, 2007 except for the high Net Pay Claims which is reported on a paid basis for the year ending June 30, 2008.

Musculoskeletal, circulatory and digestive diagnostic categories remain the most expensive three categories accounting for 39% of total costs. The musculoskeletal and health status categories had net increases greater than \$2.0 million. The child birth and HIV categories cost the plan significantly more than any other category on a per patient basis. The largest percent increases on a per patient basis were in the blood diseases and male reproductive categories while costs due to burns and newborns decreased by over 60%

The top 25 clinical conditions account for over 56% of all clinical condition costs and cost 23% 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 preventative and administrative health encounters and gastrointestinal categories.

The top 25 hospitals that receive more money from PEBP for acute visits than any other hospital make up 78.2% of all acute costs. The top two, Renown Regional Medical Center and Carson Tahoe Hospital account for 31% of all acute costs. California Pacific Medical Center, the University of California Davis Medical Center and Stanford Hospital 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 6.97% of all medical claims for the year ending June 30, 2008 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 2006 - Mar 2007	Apr 2007 - Mar 2008	% Change	Apr 2006 - Mar 2007	Apr 2007 - Mar 2008	% Change
Musculoskeletal	\$ 23,240,915	\$ 26,344,666	13.4%	\$ 1,369.29	\$ 1,478.04	7.9%
Circulatory	\$ 14,605,336	\$ 15,529,235	6.3%	\$ 1,133.95	\$ 1,138.17	0.4%
Digestive	\$ 10,649,936	\$ 11,737,125	10.2%	\$ 1,208.98	\$ 1,252.90	3.6%
Health Status	\$ 8,868,395	\$ 10,973,276	23.7%	\$ 317.00	\$ 361.87	14.2%
Kidney	\$ 6,468,346	\$ 8,309,745	28.5%	\$ 1,245.83	\$ 1,509.49	21.2%
Nervous	\$ 7,578,324	\$ 7,546,638	-0.4%	\$ 1,160.01	\$ 1,103.96	-4.8%
Skin, Breast	\$ 5,810,289	\$ 7,087,645	22.0%	\$ 386.81	\$ 448.02	15.8%
Respiratory	\$ 7,903,431	\$ 6,969,701	-11.8%	\$ 878.16	\$ 725.18	-17.4%
Ear, Nose, Mouth & Throat	\$ 4,352,220	\$ 5,044,787	15.9%	\$ 286.52	\$ 317.04	10.7%
Metabolic	\$ 3,877,892	\$ 4,423,433	14.1%	\$ 301.10	\$ 321.14	6.7%
Myeloproliferative Diseases	\$ 3,285,492	\$ 4,404,398	34.1%	\$ 2,433.70	\$ 2,911.04	19.6%
Eye	\$ 3,634,731	\$ 4,289,751	18.0%	\$ 219.49	\$ 240.27	9.5%
Liver, Pancreas	\$ 2,861,681	\$ 3,834,928	34.0%	\$ 2,239.19	\$ 2,663.14	18.9%
Female Reproductive	\$ 3,016,423	\$ 3,366,611	11.6%	\$ 626.46	\$ 680.95	8.7%
Mental	\$ 2,734,584	\$ 2,992,084	9.4%	\$ 591.77	\$ 607.41	2.6%
Blood	\$ 1,695,396	\$ 2,784,005	64.2%	\$ 894.20	\$ 1,371.43	53.4%
Pregnancy, Childbirth	\$ 2,413,810	\$ 2,456,490	1.8%	\$ 4,310.37	\$ 4,532.27	5.1%
Male Reproductive	\$ 1,366,803	\$ 2,057,940	50.6%	\$ 609.64	\$ 858.91	40.9%
Infections	\$ 1,850,712	\$ 1,470,139	-20.6%	\$ 983.90	\$ 731.41	-25.7%
Injuries, Poisonings	\$ 1,025,707	\$ 1,416,794	38.1%	\$ 425.78	\$ 575.46	35.2%
Newborns	\$ 3,206,103	\$ 997,290	-68.9%	\$ 8,504.25	\$ 2,717.41	-68.0%
Alcohol/Drug Use	\$ 350,040	\$ 413,274	18.1%	\$ 1,892.11	\$ 2,066.37	9.2%
HIV Infections	\$ 76,364	\$ 123,322	61.5%	\$ 3,320.17	\$ 4,252.47	28.1%
Burns	\$ 122,543	\$ 34,836	-71.6%	\$ 1,856.71	\$ 512.29	-72.4%
~Missing	\$ 4,957,226	\$ 1,570,204	-68.3%	\$ 696.24	\$ 233.49	-66.5%
All MDCs	\$ 125,952,699	\$ 136,178,317	8.1%	\$ 716.31	\$ 731.65	2.1%

Self-funded Medical Claims Net Pay by Clinical Condition (Incurred Basis)						
	Net Pay			Net Pay Per Patient		
	Apr 2006 - Mar 2007	Apr 2007 - Mar 2008	% Change	Apr 2006 - Mar 2007	Apr 2007 - Mar 2008	% Change
Prevent/Admin Hlth Encounters	\$ 5,830,585	\$ 7,884,836	35.2%	\$ 224.74	\$ 278.22	23.8%
Signs/Symptoms/Oth Cond, NEC	\$ 7,124,519	\$ 7,548,139	5.9%	\$ 561.52	\$ 572.83	2.0%
Osteoarthritis	\$ 5,911,227	\$ 6,434,713	8.9%	\$ 1,577.17	\$ 1,577.52	0.0%
Spinal/Back Disorders, NEC	\$ 5,382,937	\$ 5,526,768	2.7%	\$ 1,025.13	\$ 1,014.09	-1.1%
Respiratory Disord, NEC	\$ 5,130,091	\$ 4,780,108	-6.8%	\$ 920.03	\$ 784.91	-14.7%
Renal Function Failure	\$ 3,720,181	\$ 4,467,771	20.1%	\$ 8,087.35	\$ 7,508.86	-7.2%
Arthropathies/Joint Disord NEC	\$ 3,744,994	\$ 4,408,316	17.7%	\$ 345.93	\$ 383.43	10.8%
Gastroint Disord, NEC	\$ 3,426,676	\$ 4,372,632	27.6%	\$ 597.50	\$ 723.23	21.0%
Coronary Artery Disease	\$ 4,252,207	\$ 4,081,535	-4.0%	\$ 2,140.01	\$ 2,022.56	-5.5%
Cancer - Breast	\$ 2,049,629	\$ 2,708,738	32.2%	\$ 3,666.60	\$ 4,567.85	24.6%
Condition Rel to Tx - Med/Surg	\$ 2,635,778	\$ 2,576,671	-2.2%	\$ 4,583.96	\$ 3,840.05	-16.2%
Chemotherapy Encounters	\$ 1,273,644	\$ 2,239,905	75.9%	\$ 20,879.41	\$ 20,933.69	0.3%
Eye Disorders, NEC	\$ 1,881,586	\$ 2,064,927	9.7%	\$ 147.76	\$ 150.56	1.9%
ENT Disorders, NEC	\$ 1,613,085	\$ 1,708,070	5.9%	\$ 247.71	\$ 259.31	4.7%
Cancer - Colon	\$ 1,202,591	\$ 1,647,260	37.0%	\$ 7,860.07	\$ 9,412.92	19.8%
Pregnancy w Vaginal Delivery	\$ 1,555,362	\$ 1,603,650	3.1%	\$ 4,875.74	\$ 5,491.95	12.6%
Cancer - Prostate	\$ 1,012,689	\$ 1,577,111	55.7%	\$ 1,202.72	\$ 1,827.48	51.9%
Mental Hlth - Depression	\$ 1,460,128	\$ 1,513,526	3.7%	\$ 614.53	\$ 610.79	-0.6%
Injury - Knee	\$ 1,321,650	\$ 1,500,114	13.5%	\$ 1,611.77	\$ 1,677.98	4.1%
Eye Disorders, Degenerative	\$ 1,133,042	\$ 1,482,700	30.9%	\$ 384.08	\$ 461.61	20.2%
Injury - Head/Spinal Cord	\$ 1,043,609	\$ 1,456,897	39.6%	\$ 467.78	\$ 668.91	43.0%
Fracture/Disloc - Upper Extrem	\$ 1,174,948	\$ 1,429,250	21.6%	\$ 869.04	\$ 1,028.24	18.3%
Cholecystitis/Cholelithiasis	\$ 1,194,412	\$ 1,377,356	15.3%	\$ 3,272.36	\$ 3,469.41	6.0%
Rheumatic Fever/Valvular Dis	\$ 567,097	\$ 1,345,777	137.3%	\$ 596.94	\$ 1,261.27	111.3%
Hernia/Reflux Esophagitis	\$ 1,038,250	\$ 1,337,009	28.8%	\$ 524.63	\$ 632.75	20.6%
Top 25 Clinical Conditions	\$ 66,680,917	\$ 77,073,779	15.6%	\$ 623.23	\$ 675.94	8.5%
All Clinical Conditions (193)	\$ 126,152,180	\$ 136,388,735	8.1%	\$ 539.22	\$ 549.66	1.9%
Top Conditions as Pct of All	52.9%	56.5%		115.6%	123.0%	

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

	Apr 2006 -	Apr 2007 - Mar 2008					
	Mar 2007 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	\$ 10,436,356	\$ 9,601,481	21.1%	841	4.7	\$ 11,417	\$ 2,450
Carson Tahoe Hosp	\$ 5,296,995	\$ 4,653,036	10.2%	505	3.8	\$ 9,214	\$ 2,406
Sunrise Hosp & Med Ctr	\$ 2,204,849	\$ 3,100,099	6.8%	211	5.7	\$ 14,692	\$ 2,582
St Rose Dominican-Siena Campus	\$ 1,655,379	\$ 1,744,056	3.8%	208	3.4	\$ 8,385	\$ 2,459
Valley Hlth Ctr	\$ 1,755,555	\$ 1,394,599	3.1%	173	4.4	\$ 8,061	\$ 1,832
Sierra	\$ 1,192,397	\$ 1,235,045	2.7%	80	2.6	\$ 15,438	\$ 5,870
Hq Intermountain Hlth Care Inc	\$ 1,012,227	\$ 1,115,270	2.4%	101	3.5	\$ 11,042	\$ 3,146
Mountainview Hosp	\$ 1,060,148	\$ 1,108,806	2.4%	171	3.7	\$ 6,484	\$ 1,743
Valley Hosp Med Ctr-Las Vegas	\$ 1,178,681	\$ 1,065,406	2.3%	102	4.8	\$ 10,445	\$ 2,167
California Pacific Med Ctr	\$ 60,968	\$ 1,009,396	2.2%	10	6.6	\$ 100,940	\$ 15,294
Catholic Healthcare West	\$ 169,627	\$ 1,007,181	2.2%	73	3.3	\$ 13,797	\$ 4,156
Phc-Elko Inc	\$ 1,084,106	\$ 929,824	2.0%	91	2.6	\$ 10,218	\$ 3,885
Univ Of California San Francisco Med Ctr	\$ 489,668	\$ 929,074	2.0%	23	7.4	\$ 40,395	\$ 5,496
Univ Med Ctr-Las Vegas	\$ 578,370	\$ 778,458	1.7%	85	4.9	\$ 9,158	\$ 1,881
St Marys Reg Med Ctr-Reno	\$ 436,321	\$ 719,302	1.6%	56	4.8	\$ 12,845	\$ 2,682
Desert Springs Hosp	\$ 757,554	\$ 633,900	1.4%	72	3.4	\$ 8,804	\$ 2,597
William Bee Ririe Hosp	\$ 487,188	\$ 618,973	1.4%	71	2.4	\$ 8,718	\$ 3,602
Spring Valley Hosp Med Ctr	\$ 496,885	\$ 608,943	1.3%	70	4.2	\$ 8,699	\$ 2,052
Univ Of Utah Hosps & Clinics	\$ 468,077	\$ 592,271	1.3%	28	5.8	\$ 21,153	\$ 3,653
Stanford Hosp & Clinics	\$ 1,938,660	\$ 516,392	1.1%	13	3.8	\$ 39,722	\$ 10,536
Northern Nevada Med Ctr	\$ 455,652	\$ 491,739	1.1%	45	5.5	\$ 10,928	\$ 1,976
Childrens Hosp & Research Ctr At Catherine	\$ 45,175	\$ 484,970	1.1%	11	5.3	\$ 44,088	\$ 8,366
Univ Of California Davis Med Ctr	\$ 947,963	\$ 479,928	1.1%	10	4.4	\$ 47,993	\$ 10,907
St Rose Dominican-Delima Campus	\$ 495,724	\$ 451,319	1.0%	76	3.1	\$ 5,938	\$ 1,947
Ucla Med Ctr	\$ 52,052	\$ 385,780	0.8%	11	14.2	\$ 35,071	\$ 2,473
Top 25 Hospitals		\$ 35,655,249	78.2%	3,137	4.2	\$ 11,366	\$ 2,685
All Other Hospitals		\$ 9,954,361	21.8%	876	5.1	\$ 11,363	\$ 2,243
All Hospitals		\$ 45,609,610	100.0%	4,013	4.4	\$ 11,365	\$ 2,574
Top Hospitals as Pct of All Hospitals			78.2%	78.2%			

Self-funded Medical - Highest 25 Net Pay Claims (Paid Basis)				
Jul 2007 - Jun 2008				
Relationship to Participant	Gender	Age Group	High Cost Diagnosis	Paid
Employee/Self	Male	Ages 55-59	Cong Factor VIII Disord	\$ 992,488
Child/Other Dependent	Male	Ages 10-14	Antineoplastic Chemo Enc	\$ 857,795
Employee/Self	Female	Ages 60-64	Cirrhosis of Liver NOS	\$ 560,221
Employee/Self	Female	Ages 50-54	Antineoplastic Chemo Enc	\$ 538,958
Employee/Self	Female	Ages 55-59	Antineoplastic Chemo Enc	\$ 466,316
Spouse/Partner	Female	Ages 60-64	End Stage Renal Disease	\$ 452,380
Employee/Self	Female	Ages 50-54	End Stage Renal Disease	\$ 397,664
Spouse/Partner	Female	Ages 60-64	Chronic Hepatitis NEC	\$ 360,016
Employee/Self	Male	Ages 60-64	React-Inter Joint Prost	\$ 352,595
Employee/Self	Male	Ages 60-64	Mitral Valve Disorder	\$ 352,343
Employee/Self	Female	Ages 20-24	End Stage Renal Disease	\$ 348,285
Spouse/Partner	Male	Ages 30-34	End Stage Renal Disease	\$ 346,915
Employee/Self	Female	Ages 55-59	End Stage Renal Disease	\$ 343,163
Child/Other Dependent	Male	Ages 15-17	Act Lym Leuk wo Rmsion	\$ 335,697
Employee/Self	Male	Ages 50-54	Malignant Neo Colon NOS	\$ 332,979
Employee/Self	Male	Ages 65-74	Acute Pancreatitis	\$ 322,902
Employee/Self	Female	Ages 60-64	Acute Renal Failure NOS	\$ 320,210
Employee/Self	Male	Ages 65-74	Fx Ankle NOS-Closed	\$ 317,343
Employee/Self	Female	Ages 55-59	Act Lym Leuk w Rmsion	\$ 313,163
Spouse/Partner	Male	Ages 60-64	Streptococcal Septicemia	\$ 309,460
Employee/Self	Male	Ages 35-39	End Stage Renal Disease	\$ 294,243
Employee/Self	Female	Ages 75-84	Mal Neo Pancreas Head	\$ 287,815
Spouse/Partner	Male	Ages 60-64	Thoracic Disc Degen	\$ 270,590
Spouse/Partner	Male	Ages 65-74	Subendo Infarct, Initial	\$ 267,915
Employee/Self	Male	Ages 65-74	Systolic Hrt Failure NOS	\$ 267,870
Top 25 Patients	25			\$ 10,009,326
All Members	48,765			\$ 143,572,163
Top Patients as Pct of All Members	0.05%			6.97%

Chronic Conditions and Wellness

Chronic conditions account for 13.4% of all clinical conditions and 18.5% of all admits acute. The largest dollar increases were in osteoarthritis, hypertension and congestive heart failure.

Self-Funded Net Pay Medical by Top Chronic Conditions (Incurred Basis)				
	Apr 2006 - Mar 2007	Apr 2007 - Mar 2008	% Change	
Asthma	\$417,099	\$388,894	-6.8%	
Chronic Obstruc Pulm Dis(COPD)	\$443,637	\$501,880	13.1%	
Congestive Heart Failure	\$381,004	\$752,260	97.4%	
Coronary Artery Disease	\$4,252,207	\$4,081,535	-4.0%	
Diabetes	\$1,104,187	\$1,323,869	19.9%	
HIV Infection	\$81,302	\$124,509	53.1%	
Hypertension, Essential	\$811,723	\$1,249,660	54.0%	
Mental Hlth - Anxiety Disorder	\$151,653	\$185,098	22.1%	
Mental Hlth - Bipolar Disorder	\$372,803	\$454,655	22.0%	
Mental Hlth - Depression	\$1,460,128	\$1,513,526	3.7%	
Overweight/Obesity	\$721,002	\$832,772	15.5%	
Osteoarthritis	\$5,911,227	\$6,434,713	8.9%	
Rheumatoid Arthritis	\$448,326	\$448,274	0.0%	
	\$16,556,298	\$18,291,645	10.5%	
Summary (Apr 2007 - Mar 2008)	Net Pay Med	Admits Acute	Visits OP Fac Med	Visits Office Med
Chronic Conditions	\$18,291,645	744	5,126	57,271
All Clinical Conditions	\$136,388,725	4,013	46,395	362,198
Chronic Conditions as Percent of All Clinical Conditions	13.41%	18.54%	11.05%	15.81%

Of the five wellness screenings listed below, the number of screenings has increased 4.6%. However, the rate of screenings for eligible members has decreased slightly. The number of well baby visits has increased while the rate per eligible member has decreased. Well child visits and PSA are the only categories that have increased significantly in both the number of screenings and the rate per eligible member.

Self-funded Wellness Utilization (Incurred Basis)						
Measures	Apr 2006 - Mar 2007		Apr 2007 - Mar 2008		% Change	
	Screenings Completed	Rates	Screenings Completed	Rates	Screenings Completed	Rates
Cervical Cancer	7,090	45.8%	7,191	44.3%	1.4%	-1.5%
Cholesterol	10,266	36.9%	10,992	37.5%	7.1%	0.6%
Colon Cancer	4,266	20.9%	4,420	20.3%	3.6%	-0.6%
Mammogram	6,562	49.7%	6,626	47.4%	1.0%	-2.4%
PSA	3,891	48.1%	4,312	50.5%	10.8%	2.4%
Total	32,075	37.7%	33,541	37.3%	4.6%	-0.4%
	Visits	Visits per 1000	Visits	Visits per 1000	Visits	Visits per 1000
Visits Well Baby	1,992	4,480	2,147	4,382	7.8%	-2.2%
Visits Well Child	898	554	1,011	585	12.6%	5.6%

Recommendations

None.