



Managing Healthcare Risk

Using Healthcare Intelligence to address your **BIGGEST** Health Plan challenges –

Population Health

High Cost Claimants

Healthcare Risk Management



T · H · E

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Introductions



Case Escher

Managing Partner of Business Consulting,
The Partners Group

For over 20 years, Case has solving complex problems for large employers. Since 2005, Case has been focused on the complexity that is managing healthcare risk.

Case has been trusted by companies like Disney, Sony, Daimler, Xerox, United Healthcare as a consultant to leverage his unique blend of data, financial and analytical skills to bring about meaningful, effective solutions.

In addition to managing health plan financial reporting and analysis for large employers, Case works directly with large, self-funded hospitals on predictive modeling, analytics and strategies to mitigate risk.



Gary Alton

Managing Partner of Employee Benefits,
The Partners Group

Gary has a wealth of knowledge after working 25 years in the employee benefits industry, including working for a Fortune 500 insurance company for 10 years before joining The Partners Group in 2000.

He finds working with clients to solve their problems and protect their needs the most satisfying part of his job. Gary holds his Life and Health license, and his expertise includes benefit plan design, self-funding, life and disability planning, pharmacy benefit management, stop lost contracting, as well as executive benefit planning.

Agenda



Managing Healthcare Risk

- **Predictive Modeling:** The Rearview Mirror vs. The Windshield View
- **Population Health Status:** Better understand your employee's population risk
- **Provider Quality:** Improve compliance and risk
- **Data Surveillance:** Monitor your data for changes that could be unfavorable or costly
- **Q&A Session**



Moving from the Rearview to the Windshield

Pareto Principle



THE 80 20 RULE

Theory:

80% of the output from any given situation or system is determined by 20% of the input

In Healthcare spend:

Employer with 1,000 lives:

200 of enrolled members are the cause of **80% of the cost.**

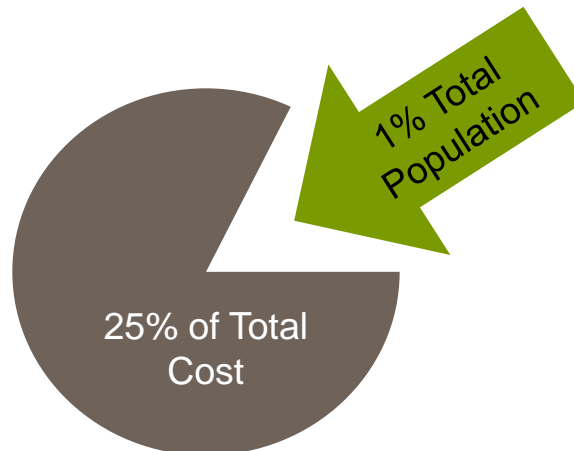
Advanced Pareto Principle



...there's more?!

Within the 20% who consume 80%:

- 1% of Total Population are responsible for 25% of Total Cost
- 5% of Total Population are responsible for 50% of Total Cost
- AND at least 50% of the Top 5% turnover **EACH YEAR**



Employer with 1,000 lives and if total healthcare cost is \$5M:

10 Members are responsible for \$1,250,000

Industry Status Quo



Current Health Care: Medical Management

Utilization Management



Case Management



Disease Management

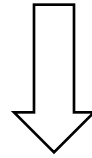


Industry Status Quo



So What?

REARVIEW MIRROR



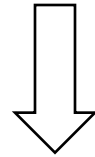
REACTIVE

A photograph of a rearview mirror showing a road winding through a forest. The word "REACTIVE" is overlaid in large red letters across the image, with a reflection below it.

Perspective Change



The Windshield View



PROACTIVE

The Windshield View - FAQs



Question 1: How is this process different?

Question 2: How are these people identified?

Question 3: What is the basis?

Question 4: Now that we know these folks, what's next?

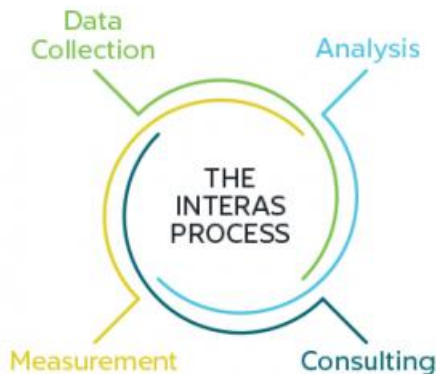
Population Health Analytics



Interas

powered by Verisk

Created and owned by The Partners Group, Interas offers an industry-leading suite of healthcare intelligence services.



■ Medical Intelligence

- Understand risk.
- Improve care.
- Measure results.

■ Provider Intelligence

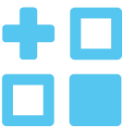
- Manage population health.
- Improve quality and efficiency.

■ Enterprise Intelligence

- Guide strategy.
- Improve results.

■ Population Answers

- DxCG Risk Analytics – Industry Standard in Predictive Modeling



Interas Insight

powered by Verisk Health

Our world class insight tools and consulting offer predictive modeling, biometric risk indices and cohort analysis, as well as information on provider quality, individual and population health status and member compliance.



Interas Insight

powered by Verisk Health

As healthcare evolves, our clients face increasingly complex clinical and financial risk.

Interas powered by Verisk Health is transforming the business of healthcare by providing data services, analytics, advanced technologies and the insights that address the healthcare industry's most complex challenges.

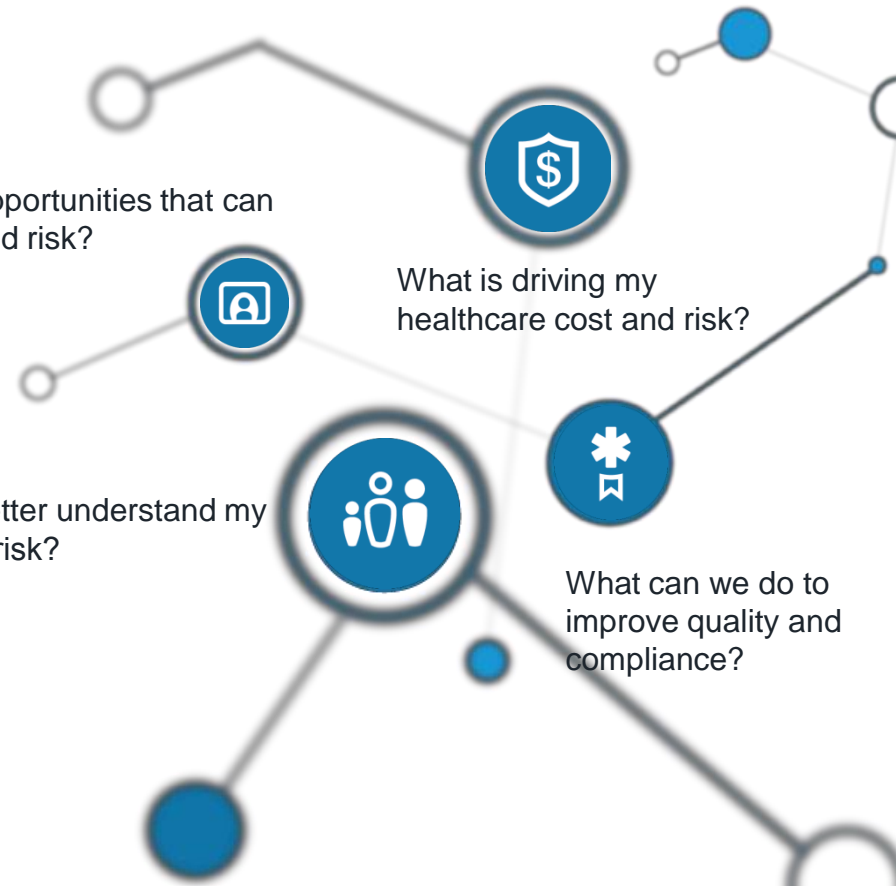
Help keep your employees and your business healthy. Identify and manage healthcare risk with Interas Healthcare Insight.

What are the opportunities that can mitigate cost and risk?

How can I better understand my population's risk?

What is driving my healthcare cost and risk?

What can we do to improve quality and compliance?



Interas Insight Opportunities



Population Answers

Decision analytics and reporting tools that inform clinical and business strategies.



Population Health Analytics



DxCG Risk Analytics



ACO Analytics and Reporting



Quality Answers

Solutions to drive compliant revenue and improve quality.



Quality Reporting



HEDIS Management



Opportunity Answers

Valuable opportunities to lower cost and improve health.



Medical Management Audit



Dashboards



Cost Answers

Discover the key drivers of healthcare cost – past, present, and future.



Top 5% Analysis



Trending



Rising Risk



Your Business Challenges



Health Plans

- Provider Network Management
- Appropriate Risk-Adjusted Revenue
- Quality Measurement & Reporting
- Population Health Risk Management



Providers

- Population Health Analytics
- Visibility into Total Patient Risk
- Quality and Efficiency of care
- Medical Cost Management
- Provider Performance Variation



Employers

- Employee Risk Profiling & Budgeting
- Vendor Selection & Management
- Data-driven Benefit Design
- Reporting & Benchmarking

By collecting and leveraging disparate healthcare data sources, and then applying our analytics expertise, we've created new ways to inform your toughest decisions.



Interas Q&A

Population Health Analytics

How do I measure cost, utilization and quality?

Visibility into Total Patient Risk

How sick is our patient panel and population?

Quality and Efficiency of Care

Which patients are in need of clinical interventions?

Medical Cost Management

What are our clinical trends and cost drivers?

Provider Performance Variation

Who are our most efficient physicians from a practice variation perspective?

Did You Know?

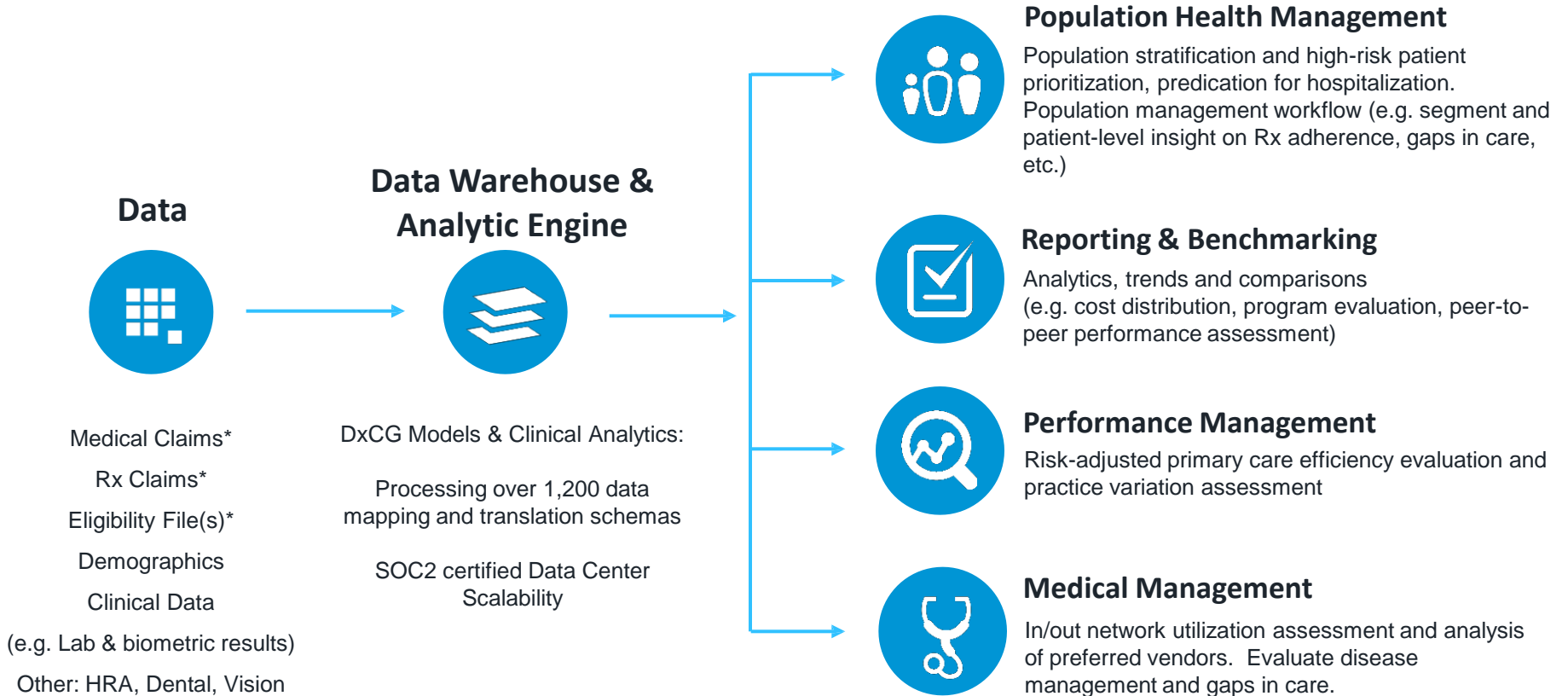
ACO leadership named technology as a central need each time.

Interviewees focused on integrated technology across providers and need to collect data and make it useful, accessible and actionable.



Provider Intelligence Workflow

How will I manage & analyze the changing claims data?




*From any number and variety of payers: Commercial, Medicaid, Medicare



How sick is our patient population?

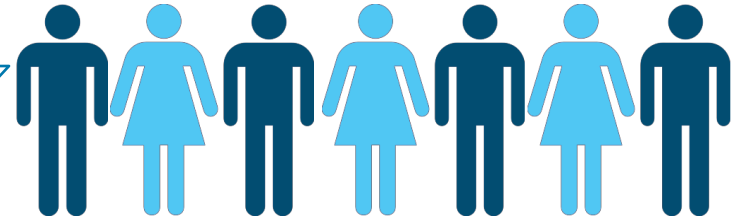
DxCG Relative Risk Scores Derived from Hierarchical Condition Category (HCC) Models



Age: 50
Gender: Male

- Hypertension
- Type 1 diabetes
- Congestive heart failure
- Depression

Prospective Risk Score	4.90
Age/Gender	
<input checked="" type="checkbox"/> 45 – 54 Male	0.50
Condition Categories	
<input checked="" type="checkbox"/> Type I Diabetes	0.75
<input checked="" type="checkbox"/> Hypertension	-----
<input checked="" type="checkbox"/> Congestive Heart Failure	2.13
<input checked="" type="checkbox"/> Depression	0.92
Interaction	
<input checked="" type="checkbox"/> Type I Diabetes & CHF	0.60



John contributes additional risk to the group's illness burden and is predicted spend 4.9 times the average.

Individual average spending for medical services factors into aggregate medical costs for a defined fiscal period.

Provider contracts are based on the relative risk of their affiliated members.

Identification and Stratification

Managing Risk

- Validated, best-in-class predictive modeling and episode grouping technology, specifically:
 - DxCG Risk Adjustment and Prediction
 - Evidence Based Gaps in Care
- Members non-compliant with quality measures are considered riskier, resulting in:
 - Care Gap Index**
 - Costs, clinical and financial prediction models, and care-gaps are linked to provide sophisticated stratification
 - Financial and Clinical models are linked to cost-based algorithms to predict financial risk



Member #1



Member #2

- ✓ Diabetic
- ✓ Annual HgbA1c test, eye exam, lipid profile and creatinine
- ✓ Long office visit
- ✓ No hospital admission or ER visits

- ✓ Diabetic
- ✓ No Annual HgbA1c test, eye exam, lipid profile and creatinine
- ✓ No "Long" office visit
- ✓ Hospital admission or ER visit
- ✓ Eight physicians
- ✓ Sudden vascular claim

Rules Library

4.3

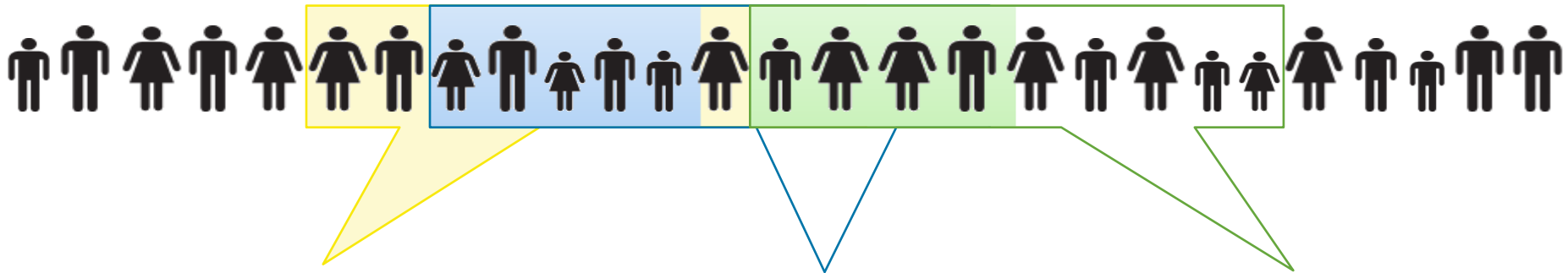
DxCG Risk
SCORE

4.9



Each Model Offers Unique Perspective

Use combinations of models to better target members at high risk.



Very High Total Risk 0.5%

Total Cost = \$38,274
w/ Inpatient admits = 37%
w/ ED visit = 44%

Diabetes = 10x avg
Substance Abuse = 11x avg
COPD = 29x avg
CHF = 46x avg
Hypertension = 9x avg

Very High Likelihood of Hospitalization 0.5%

Total Cost = \$33,214
w/ Inpatient admits = 44%
w/ ED visit = 55%

Diabetes = 17x avg
Substance Abuse = 21x avg
COPD = 45x avg
CHF = 76x avg
Hypertension = 15x avg

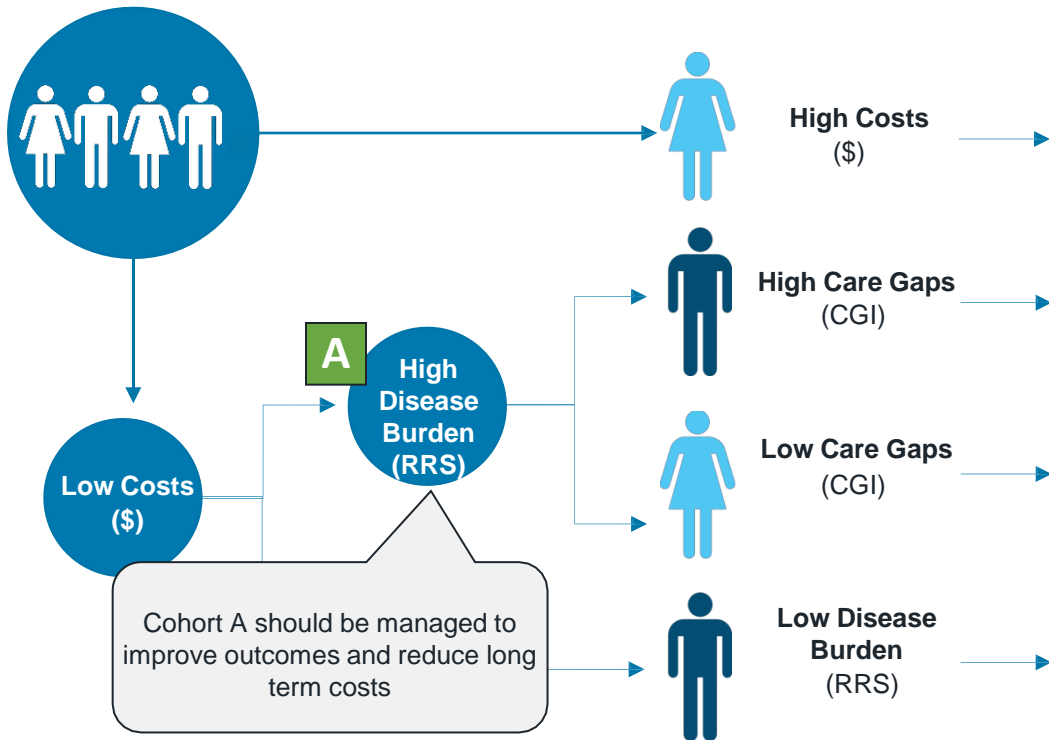
Very High Likelihood of ER Visit 0.5%

Total Cost = \$9,693
w/ Inpatient admits = 15%
w/ ED visit = 91%

Diabetes = 5x avg
Substance Abuse = 15x avg
COPD = 10x avg
CHF = 6x avg
Hypertension = 5x avg

Patient Outcomes: Example

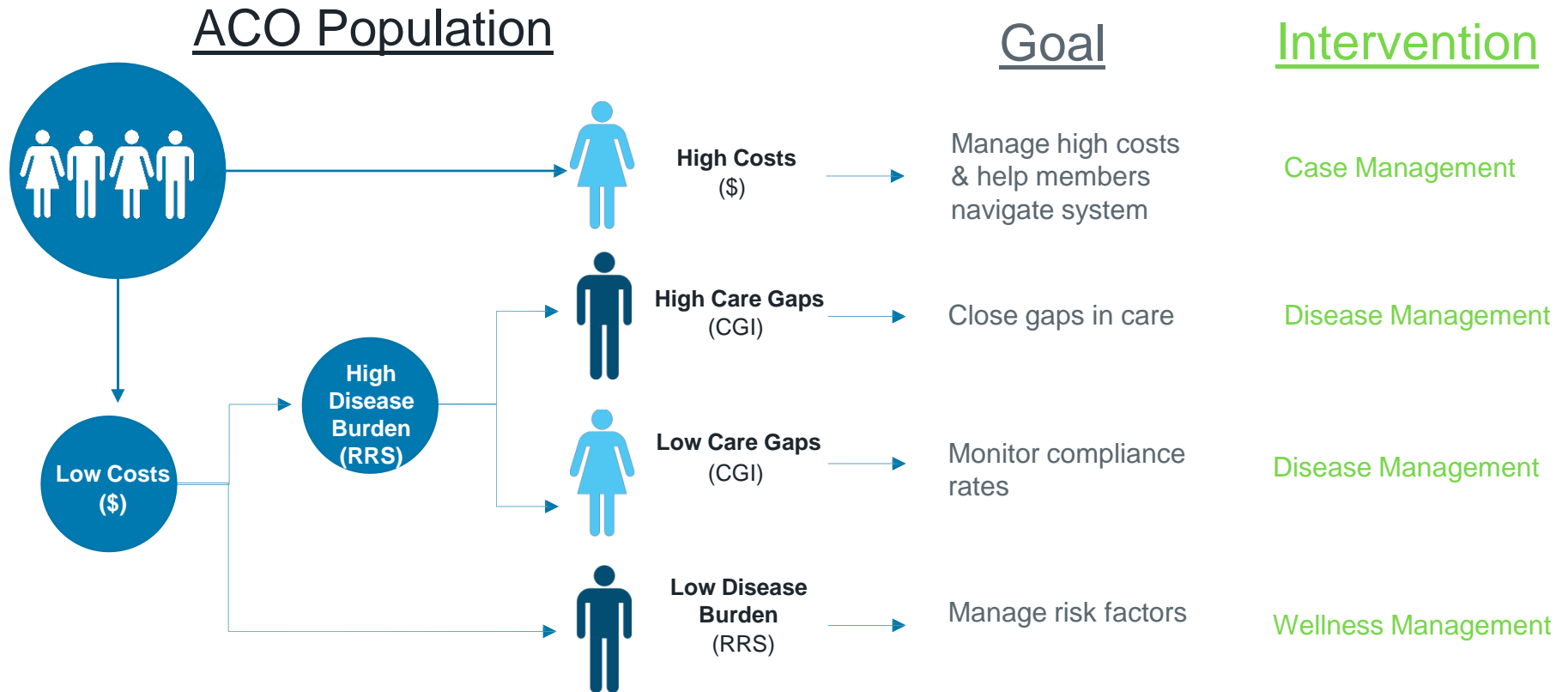
ACO Population



% of Population	Cost PMPY	Risk (RRS)	Quality (CGI)
3%	\$60K	13.0	4.0
2%	\$11K	4.9	7.2
2%	\$9K	4.3	2.1
90%	\$1.2K	0.6	1.3

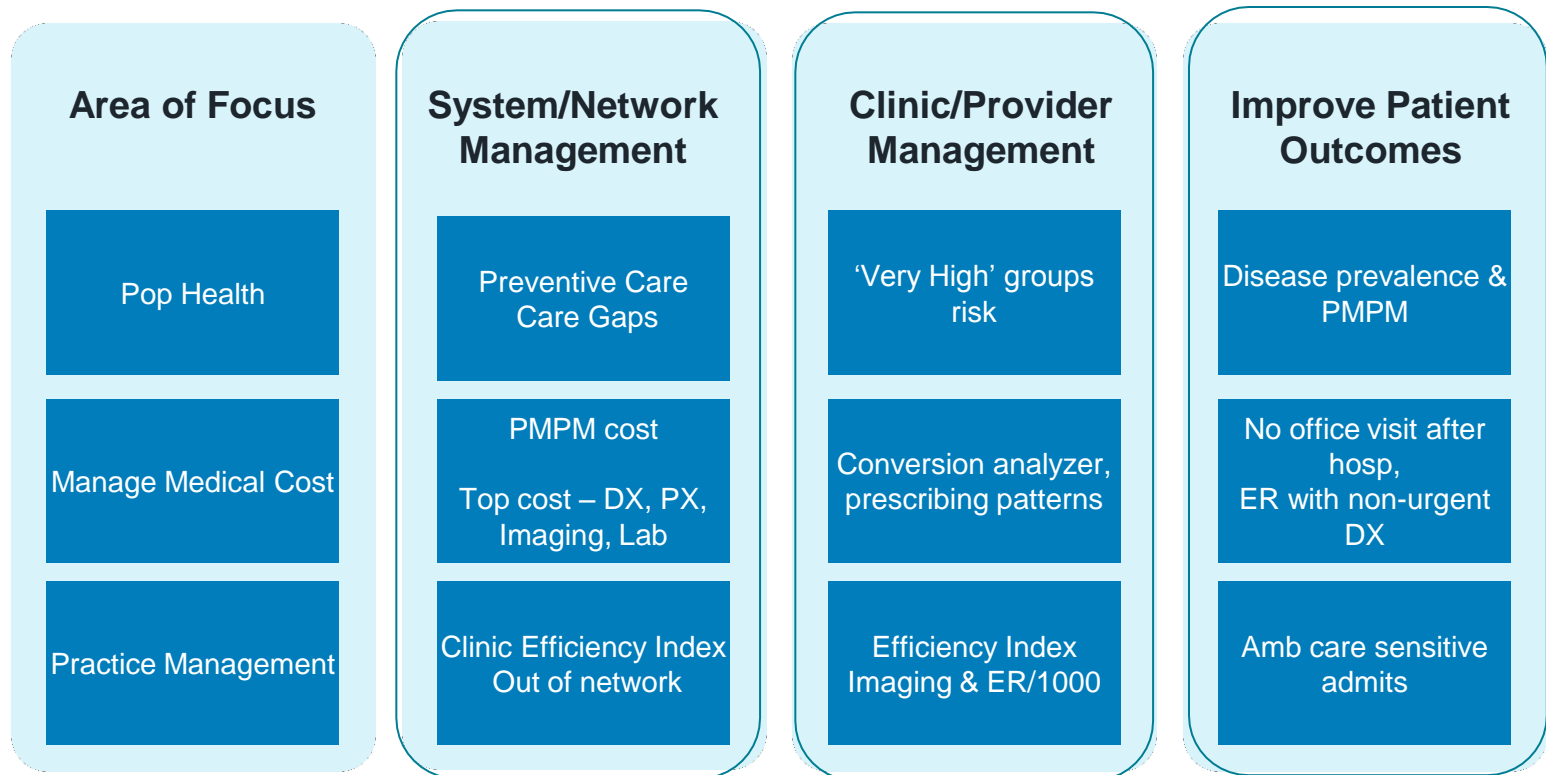
RRS = Relative Risk Score

Population Health Management Framework



Top Opportunity Identification

Framework for review – selected components



Interas Predictive Model Solutions



Verisk DxCG Models

Risk Management for Commercial, Medicaid, Medicare and Health Insurance Exchanges

Differential

- Offer full spectrum of Hierarchical Condition Category (HCC) risk models
- Models support all aspects of cost, quality and risk management
- Preferred by the nation's leading business application integrators, health plans, BCBS Association, Commercial and Medicare ACOs, and reinsurance companies

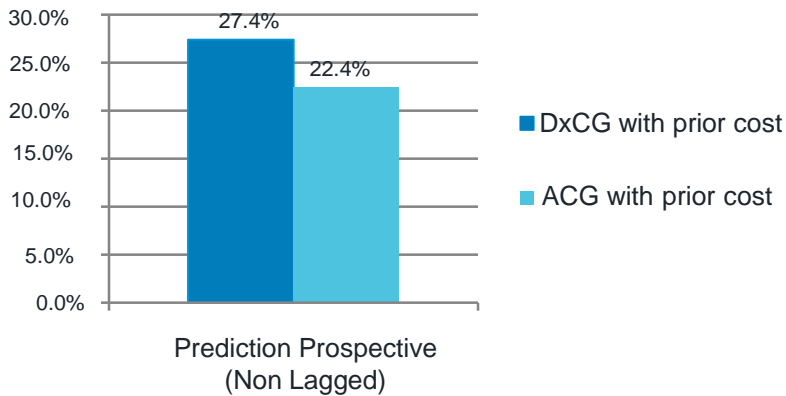
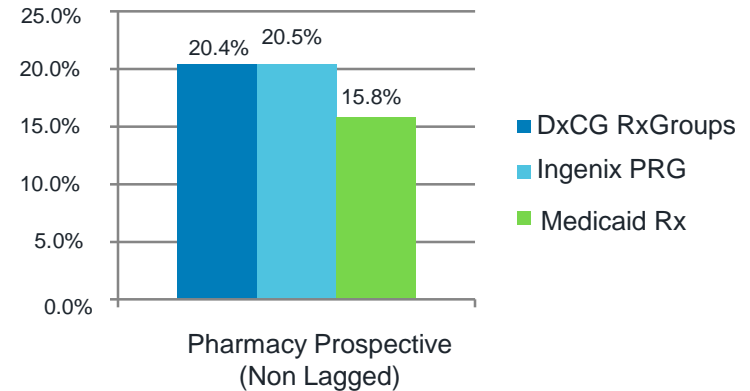
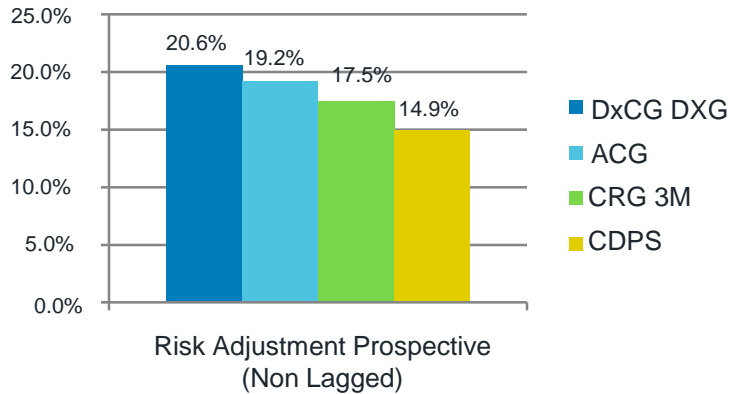
Value Proposition

- All HCC risk models share a clinical condition category framework that facilitates the use of a unified data format and report system
- Models are ICD 10 compliant and can run against a mix of ICD 9 and 10 codes in the same processing run



DxCG Commercial Models: R2

Society of Actuaries Study



R2: Provides a measure of how well future outcomes are likely to be predicted by the model.

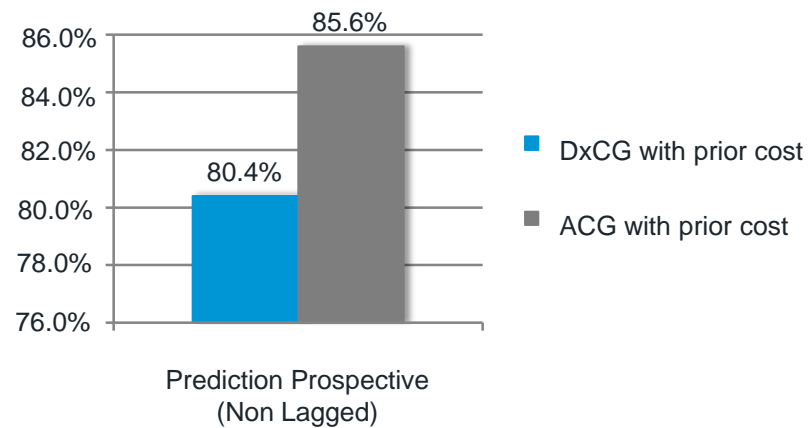
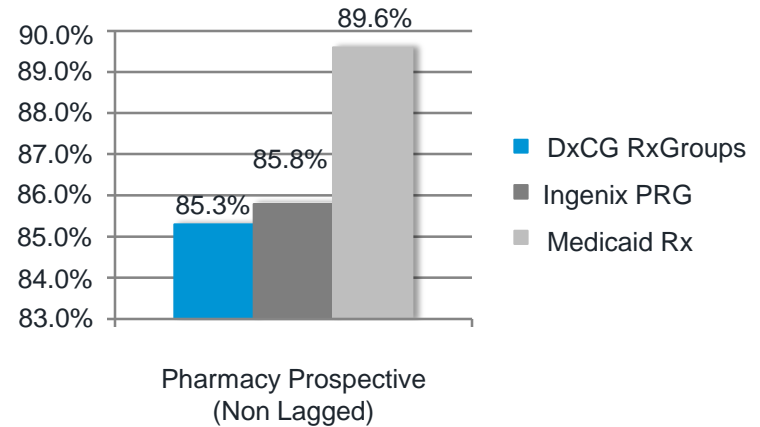
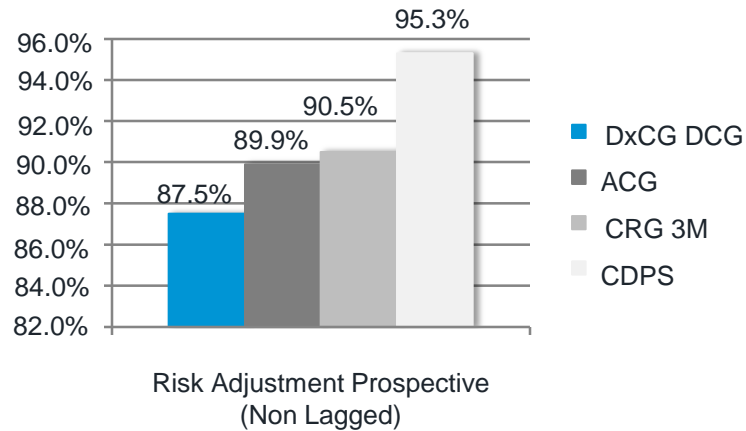
Higher R2 = Higher prediction accuracy

DxCG achieves high R2 values compared to other leading solutions in the market.



DxCG Commercial Models: MAPE

Society of Actuaries Study



MAPE: The mean absolute percentage error is a measure of accuracy of method for constructing fitted time series values in statistics.

Lower MAPE = Better Prediction

DxCG achieves low MAPE values compared to other leading solutions in the market.

Interas Provider Quality

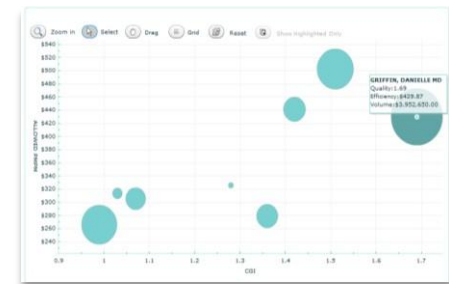
powered by Verisk Health



Question: Who are Our Most Efficient Physicians from a Practice Variation Perspective?

Analyze Cost of Care and Outliers

- Total per member per month (PMPM) costs
- Spotting driving costs
- Procedure, medication and other details



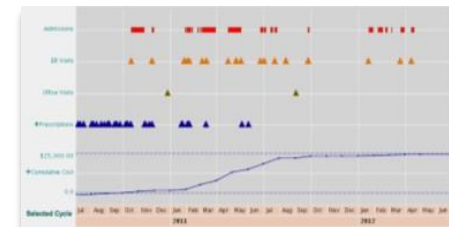
Identify and Manage Gaps in Care

- Patient level – gaps in care, disease registries, etc.
- Provider level – referrals/leakage, PCP level analysis

Condition	Description	Actual	Norm	% of Individual with Gap/Risk					
				% Actual	% Book of Business	% Norm			
CAD	Patients without flu vaccination in the analysis period.	72.33%	70.64%	6%	26%	40%	62%	80%	100%
CAD	Patients without lipid profile test in the last 12 months.	37.44%	38.09%						
CAD	Patients with MI-related hospitalization in the analysis period.	4.98%	5.34%						
CAD	Patients with CAD-related ER visit in the analysis period.	13.62%	13.99%						
CAD	Patients with CAD-related hospitalization in the analysis period.	17.71%	18.85%						
CAD	Patients with antidepressants in the analysis period.	21.94%	24.89%						

Understand Future Risk

- DxCG risk models used by payers
- Predictive modeling
- Various at-risk populations
- Support shift to value based purchasing



Client Success: Quality Management

Challenge

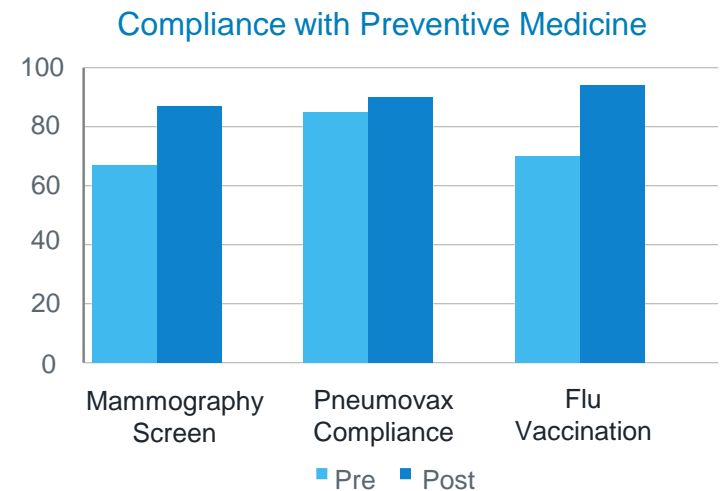
A Medical Group looked to improve quality and financial outcomes with medical management strategies at the point of care...

Solution

- Empowered front-line doctors with actionable insight on population health, treatment patterns and patient care.
- Delivered compliance rate scorecards across all preventive measures, informing quality improvement initiatives at the point of care.

Results

- Optimized compliance with preventive medicine
- Reduced costs associated with referrals of specialty diagnostic tests
- Identified benefit coordination opportunities that improved patient satisfaction
- Prioritized high-risk patients and realized savings in outpatient, inpatient and pharmacy metrics

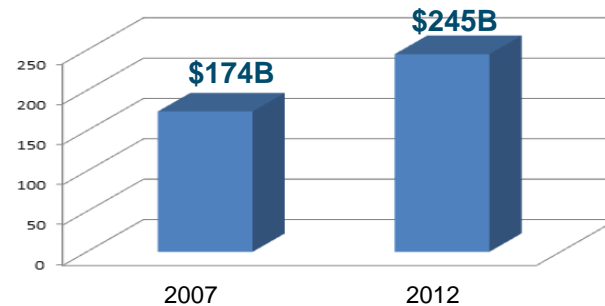


Focusing Resource Allocation

The Industry Challenge

In the US, the estimated cost of diabetes in 2012 was \$245 billion. This is a 41% increase from an estimated cost of \$174 billion for diabetes in 2007.

Nationally, average cost for diabetic is \$13,700 - \$7000 of this is directly attributable to diabetes care.



Source: Report on the Economic Costs of Diabetes in the US 2012

Client Scenario: The Problem & Findings

The clinical division wanted to refine their disease management outreach services in to optimize a fixed budget allocation.

Diabetes was the second rank chronic condition in the health plan and the program wanted to focus more resources on individuals at highest risk of consuming expensive medical services. They wanted to develop and initiative in diabetes prevention.

FACT: Diabetics cost 4.3 times the plan average

The rise of obesity underscores the need to focus on wellness in addition to Diabetes Disease Management.

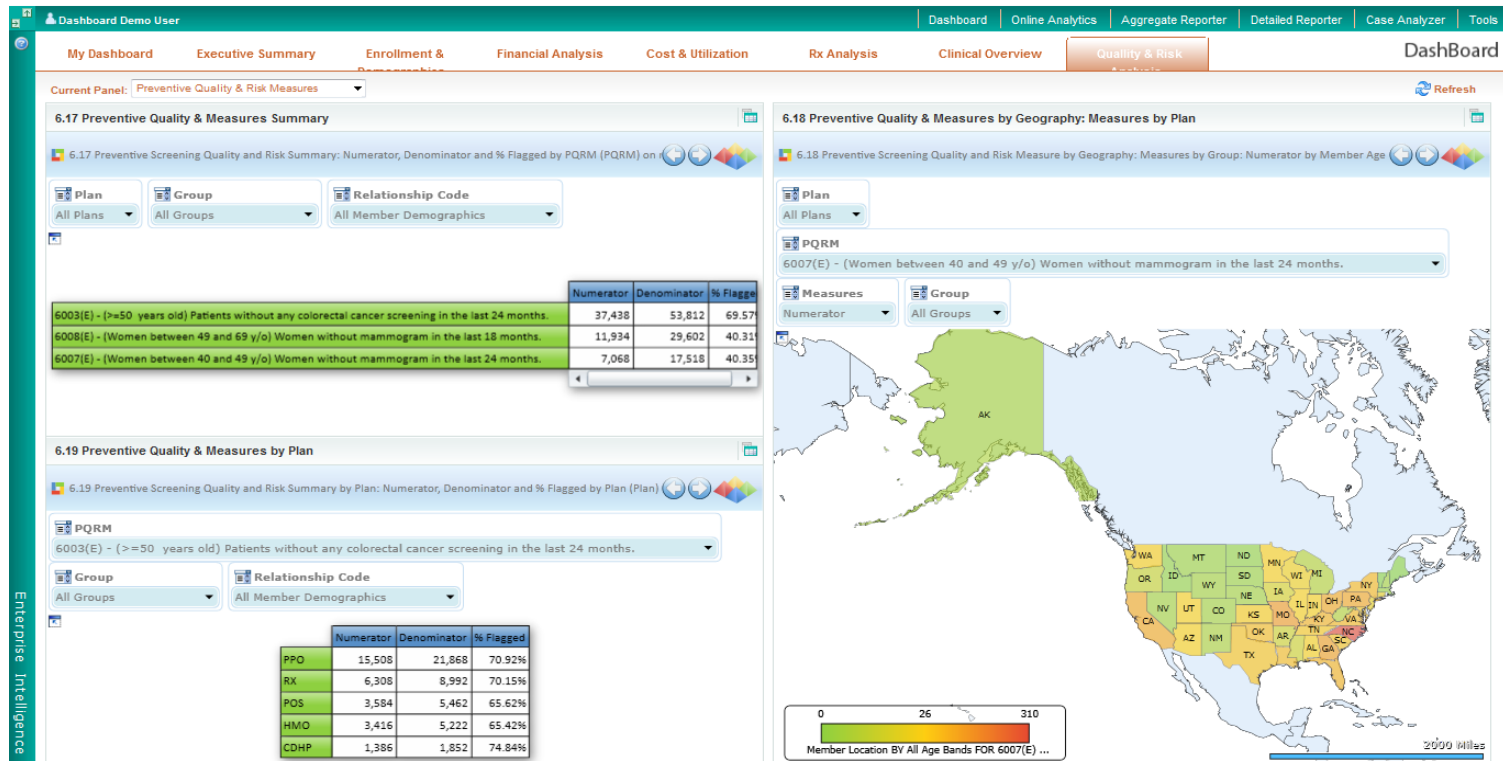
Client Scenario: The Problem & Findings

Using DxCG Intelligence, the care management team was able to redesign their diabetes management program around risk level, chronic condition management led by a gerontologist and a PCP education campaign.

- ✓ Average Annual Cost per Diabetic: \$13,588
- ✓ 35% of plan's diabetics account for 79% of diabetic patient costs
- ✓ Diabetics with multiple chronic conditions dominate the Likelihood of Hospitalization list and were targeted as the top candidates for outreach
- ✓ PCP education campaign that targeted Pediatricians to screen children and counsel parents




Quality & Risk Standard Dashboard Preventive Quality & Risk Measures



Key Questions Addressed:

- How does the population perform against certain key preventative gaps in care?
- How does care gap performance vary by plan? By geography?

Identify High Cost Provider Groups

	Unit	# of Physicians▼	Paid	Allowed PMPM	Top-Coded (\$250K/yr) Allowed PMPM
<input type="checkbox"/>	Blumfield IPA	166	\$16,109,425.25	\$325.63	\$319.41
<input type="checkbox"/>	Memorial Physicians	95	\$10,825,350.42	\$358.01	\$344.72
<input type="checkbox"/>	Group Health IPA	91	\$11,926,132.13	\$307.85	\$295.69
<input type="checkbox"/>	Hartsburg Physicians	70	\$19,607,515.51	\$465.54	\$444.13
<input type="checkbox"/>	Childrens Network	53	\$5,943,581.09	\$228.28	\$212.00
<input type="checkbox"/>	Choice Health	12	\$4,133,260.69	\$327.13	\$312.99

Drill to a Provider's Patient Panel

Business Levels ▾		Analysis Period ▾		Member List ▾	
Payor	All ▾	Full Cycle	None		
Clinic	Selected ▾	Jul 10 thru Jun 12			
Specialty	All ▾	Reporting By ▾			
Primary Care Physician	VIVIANO, ALEJANDRA MD ▾	Incurred Date			

Records 1-25 of 499 ◀ ◁ 1 2 3 4 5 6 7 8 9 10 ▶ ▷

☑	Individual ID	Individual	CGI	Age	Gender	CM Status	DM Status	# of Admissions	# of ER Visits	Highest Paid Diagnosis	Medical Paid	Pharmacy Paid	Total Paid	Sightlines DxCG Risk Solutions			
														Normalized To MarketScan®			
														LOH Model #71	LOED Model #126	Relative Risk Score	
Model #18	Model #56																
☐	220219061	Blinded, Blinded	9	57	F	N	N	5	5	Respiratory Failure	\$75,704.38	\$37,450.99	\$113,155.37	0.56	0.15	10.35	11.44
☐	220223287	Blinded, Blinded	12	54	M	N	N	3	5	Aortic Diseases	\$100,058.10	\$3,482.49	\$103,540.59	0.08	0.17	28.89	10.16
☐	220219953	Blinded, Blinded	3	43	M	N	N	2	1	Intervertebral Disc Disorders	\$97,584.36	\$5,883.31	\$103,467.67	0.07	0.08	2.80	9.34
☐	220109409	Blinded, Blinded	9	59	M	N	N	0	1	Urinary Tract Cancers	\$23,996.17	\$49,170.10	\$73,166.27	0.08	0.12	4.03	8.06
☐	220167096	Blinded, Blinded	8	40	F	N	N	1	5	Back Pain	\$62,179.01	\$9,969.42	\$72,148.43	0.32	0.22	3.63	4.74
☐	220223890	Blinded, Blinded	4	65	M	N	N	2	1	Intervertebral Disc Disorders	\$64,300.98	\$6,644.17	\$70,945.15	0.03	0.05	3.37	5.36
☐	220219210	Blinded, Blinded	2	38	M	N	N	1	0	TMJ Disorders	\$64,362.46	\$27.46	\$64,389.92	0.05	0.05	0.35	1.19
☐	220219943	Blinded, Blinded	8	54	F	N	N	1	3	Encephalitis and Encephalopathies	\$47,397.06	\$13,344.90	\$60,741.96	0.46	0.19	12.70	7.47



Practice Performance Improvement

Measure the impact of variation on Cost, Quality and Utilization Outcomes



Practice Performance Improvement

Challenge:

Improve clinical care delivery, demonstrate value to patients and reduce costs by improving practice and physician-level performance, efficiency and utilization trends.

How Can We:

- **Identify** quality and efficiency issues across our health system?
- **Develop** strategies to utilize data to communicate with providers?
- **Measure** practice performance and identify opportunities for reducing waste?
- **Gain** visibility into prescribing patterns?



Monitor Cost & Quality Performance and Benchmark to National Experience

	Full Cycle	Norm	Adjusted Norm	Quintiles (Actual Value)											
				0%	20%	40%	60%	80%	100%						
Cost Summary															
Medical Plan Paid	\$821,616,982	-	-												
Pharmacy Plan Paid	\$77,101,100														
Total Plan Paid	\$898,718,082														
Total % Employee Paid															
PMPM Summary															
Medical Plan Paid PMPM	\$239.48	\$256.68	7.2	\$246.52											
Pharmacy Plan Paid PMPM	\$59.85	\$70.41	17.7	\$50.69											
Place of Service Summary (PMPM)															
Inpatient Hospital Plan Paid	\$70.86	\$77.51	9.4	\$79.38											
Outpatient Hospital Plan Paid	\$75.79	\$80.00	5.6	\$78.93											
Office Plan Paid	\$56.95	\$62.03	8.9	\$53.81											
Emergency Room Plan Paid	\$10.35	\$11.36	9.8	\$8.48											
Utilization Metrics															
Inpatient Days Per 1000	274.5	313.2	14.1	284.5											
Total Admissions Per 1000	68.0	71.1	4.6	62.9											
ER Visits Per 1000	226.4	232.3	2.6	197.2											
Total Office Visits Per 1000	3,733.0	4,007.7	7.4	3,665.8											
Prescriptions Per 1000	9,622.0	10,925.9	13.6	9,381.6											
Prescriptions % Generic	58.9	62.9	-	62.1											
<table border="1"> <tr> <td>20%-40%</td> <td>: 118.0 - 162.8</td> </tr> <tr> <td>40%-60%</td> <td>: 162.8 - 199.6</td> </tr> <tr> <td>60%-80%</td> <td>: 199.6 - 248.4</td> </tr> <tr> <td>>80%</td> <td>: > 248.4</td> </tr> </table>								20%-40%	: 118.0 - 162.8	40%-60%	: 162.8 - 199.6	60%-80%	: 199.6 - 248.4	>80%	: > 248.4
20%-40%	: 118.0 - 162.8														
40%-60%	: 162.8 - 199.6														
60%-80%	: 199.6 - 248.4														
>80%	: > 248.4														

The ACO needs to monitor cost and utilization on a monthly basis.

In addition to actual-to-target levels, compare the group's measures to a national norm is useful.

Utilization Measures with Drill through to Trend on Member Level Detail

Metrics	Metric Type	Value		Quintiles (Actual Value)				
		Actual	Norm	0%	20%			
ER Visit Utilization								
ER Visits*	▶ View	229.0	197.0					
ER Claimants	▶ Individual	278.3						
ER Visits per ER Claimant	▶ Trend by							
ER Visits resulting in an Admission	▶ Month							
ER Visit Paid per ER Visit	▶ Quarter							
ER Visit Allowed per ER Visit	▶ Year							
	▶ Average Allowed	\$1,503.0						
Inpatient Utilization								
Inpatient Days	▶ Per 1000	292.3	284.5					
Inpatient Claimants	▶ Member Per 1000	129.5	123.8					
Average Length of Stay	▶ Average Days	4.2	4.5					
⊕ Total Admissions*	▶ Per 1000	69.5	62.9					
⊕ Total Admission Paid per Admission	▶ Average Paid	\$13,657.35	\$15,619.28					
⊕ Total Admission Allowed per Admission	▶ Average Allowed	\$16,047.87	\$20,880.63					
⊕ Total Admission Paid per Day	▶ Paid per Day	\$3,248.37	\$3,451.50					
⊕ Total Admission Allowed per Day	▶ Allowed per Day	\$3,816.95	\$4,614.13					
Imaging Utilization								
CT Scan	▶ Per 1000	86.5	85.2					
MRI Scan	▶ Per 1000	72.1	67.0					
Drug Utilization								
Pharmacy Scripts	▶ Per 1000	10,227.2	9,381.6					
Pharmacy Scripts Mail Order	▶ % of Mail Order	8.5	9.8					
Pharmacy Scripts Brand Drugs	▶ % of Brand Drugs	39.1	37.9					
Office Visit Utilization								

Metrics	Time Period	Metric Type	Value
ER Visit Utilization			
ER Visits*	2009 Q4	Per 1000	233.8
ER Visits*	2010 Q1	Per 1000	227.4
ER Visits*	2010 Q2	Per 1000	223.1
ER Visits*	2010 Q3	Per 1000	220.2
ER Visits*	2010 Q4	Per 1000	227.2
ER Visits*	2011 Q1	Per 1000	238.5
ER Visits*	2011 Q2	Per 1000	244.4
ER Visits*	2011 Q3	Per 1000	219.5

Drill to trend information or member level detail from any measure

Provider Comparison

Summary Statistics and Risk-Adjusted Efficiency Metrics – Clinic and Provider Views

Business Levels ▾		Analysis Period Jan 2013 thru Dec 2013		View Type ▾ Tabular View		Norm Selection ▾ None		Reporting By Incurred Date		
Payor	All ▾									
Clinic	All ▾									
Specialty	All ▾									
Primary Care Physician	All ▾									
Unit	# of Physicians ▾	Individuals per Physician	Risk Score ^e	Care Gap Score	Allowed PMPM	PMPM Cost Top-Coded (\$250K/yr) Allowed PMPM	Cost Efficiency Index Top-Coded(\$250K/yr) Cost Efficiency Index	Admission Rate Per 1000* due to Ambulatory Care Sensitive Conditions	Admission Utilization Efficiency Index due to Ambulatory Care Sensitive Conditions	Outpatient ER Utilization Efficiency Index
Other	29,982	1.67	0.92	1.14	\$295.75	\$289.28	0.90	6.97	0.87	0.78
Blumfield IPA	166	30.11	1.06	1.36	\$325.63	\$319.41	0.93	7.80	0.85	0.95
Capitol Group	101	49.54	1.90	1.48	\$626.01	\$594.71	1.17	21.38	1.31	1.07
Memorial Physicians	95	31.13	1.08	1.31	\$358.01	\$344.72	1.02	10.15	1.06	0.93
Group Health IPA	91	42.38	0.87	1.09	\$307.85	\$295.69	1.05	4.15	0.58	0.95
Hartsburg Physicians	70	64.89	1.17	1.14	\$465.54	\$444.13	1.08	11.23	1.16	0.86
Childrens Network	53	50.68	0.54	0.76	\$228.28	\$212.00	1.08	3.72	0.67	0.97
Choice Health	12	105.17	0.78	0.97	\$327.13	\$312.59	1.12	1.58	0.46	0.96

Capitol Group has 17% higher PMPM costs that are not explained by the risk of the population.

Provider Dashboard with Summary Statistics for Network Providers

- The health plan analyzed the risk of each PCP provider and focused on those physicians with higher than average morbidity and cost variation greater than 10%
- PCPs with systematic variation in cost and utilization were selected for review

Unit	# of Individuals	Average Individual Age	% Female	Relative Risk Score	CGI	Allowed PMPM	Top-Coded (\$250K/yr) Allowed PMPM	Top-Coded Cost Efficiency Index	Admission Utilization Efficiency Index	ER Utilization Efficiency Index	Advanced Imaging Utilization Efficiency Index
									Overall		
								>1.10			
WOODCOCK, JONIDA MD	94	35.58	45.74%	0.72	1.35	\$285.98	\$285.98	1.35	1.06	1.77	0.86
BAIN, MICHAEL MD	74	46.43	29.73%	0.89	1.97	\$392.37	\$392.37	1.55	1.83	1.78	1.19
MUND, PETER MD	73	38.70	41.10%	0.77	1.32	\$224.15	\$224.15	1.14	1.58	0.54	0.13
HOWARD, ADINA MD	73	33.58	53.42%	1.11	1.60	\$762.44	\$480.70	1.55	1.10	2.76	1.34
MANNING, JOHN MD	69	37.89	49.28%	0.76	1.35	\$248.00	\$248.00	1.13	0.61	1.59	0.95

Dr. Howard has an 11% higher illness burden than peers, and 55% of her costs are not explained by the risk of the population

Analyze a Provider's Cost & Utilization History against Risk Expected Rates

			Value	Book of Business
Demographic Metrics				
	% Female		53.42%	48.36%
	Relative Risk Score		1.11	1.00
	Most Prevalent Disease		Hyperlipidemia...More	-
	Most Prevalent Procedure		Nutritional & Misc Metabolic Disorders Age Disorders.	-
Quality and Outcomes				
General Metrics				
	CGI		1.60	1.35
Efficiency and Cost				
General Metrics				
	Allowed PMPM		\$762.44	\$282.29
	Top-Coded (\$250K/yr) Allowed PMPM		\$480.70	\$278.25
	Top-Coded Cost Efficiency Index		1.55	1.00
	Preferred Specialist Referral Rate		0.35	0.05
Inpatient Metrics				
	Admission Allowed PMPM		\$204.12	\$1,518.14
	Admission Count		8	0
	Admission Rate Per 1000*			
	Overall		109.59	51.17
	Chronic Persistent Conditions		27.40	17.59
	Admission Utilization Efficiency Index			
	Overall		1.10	0.92
ER Metrics				
	ER Allowed PMPM		\$21.17	\$112.44
	ER Visit Rate Per 1000*		246.58	158.01
	ER Utilization Efficiency Index		2.76	1.00

The provider's illness burden is 11% higher than average

The provider's care gap index is higher than peers

Total cost of care for all providers treating the panel is 55% higher than the risk expected cost

Admission rate is 10% higher than expected

ER encounters are 2.76 times higher than expected

Analyze a Provider's Cost & Utilization History against Risk Expected Rates

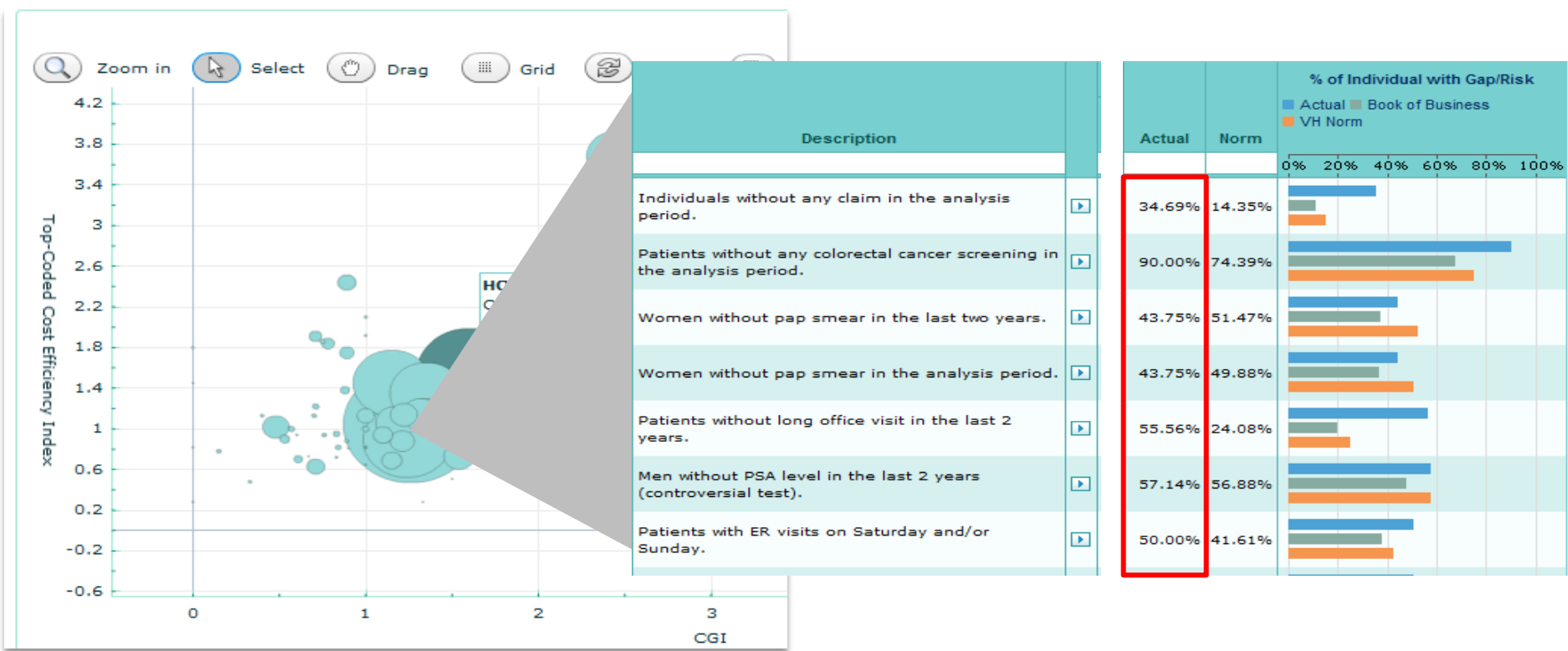
			Value	Book of Business
- Imaging Metrics				
	Imaging Allowed PMPM		\$55.11	\$26.09
	Advanced Imaging Utilization Efficiency Index		1.34	1.01
	- Imaging Rate Per 1000*		1,689.19	1,290.47
	+ Cardiac Imaging	▶	148.65	76.42
	+ CT Scan Rate	▶	148.65	112.14
	+ MRI Scan Rate	▶	27.03	54.55
	+ PET Scan & Other SPECT		0.00	2.12
	All Other Imaging	▶	1,364.86	1,045.23
- RX Metrics				
	Pharmacy Allowed PMPM		\$44.53	\$49.13
	Prescriptions % Mail Order		2.00%	3.20%
	- Prescriptions % Generic			
	Overall		50.60%	54.43%
	ACE Inhibitors and ACE Inhibitor Combinations	▶	100.00%	90.66%
	Analgesic Narcotic Agonists and Combinations	▶	100.00%	96.35%
	Anticonvulsant		0.00%	51.54%
	Antidepressants		0.00%	57.11%
	Antihyperlipidemics	▶	2.63%	29.02%
	Asthma/COPD Therapy Agents	▶	15.38%	36.34%
	Attention Deficit-Hyperact Disorder (ADHD) Therapy	▶	100.00%	21.47%
	Calcium Channel Blockers	▶	53.85%	43.67%
	Insulin Response Enhancers	▶	7.69%	72.02%
	Peptic Ulcer - Antisecretory Agents		0.00%	11.35%

Advanced imaging is 34% higher than expected. Detail is provided by imaging category, comparing the provider to the ACO or a national norm

Pharmacy PMPM, Mail Order Ratio and Brand vs. Generic Rate

Peer Performance Metrics to Monitor to Care Guideline and Provide Actionable Feedback

Assess each provider's care gap profile, compare to peers and identify individuals to target for care



Interas Sentinel

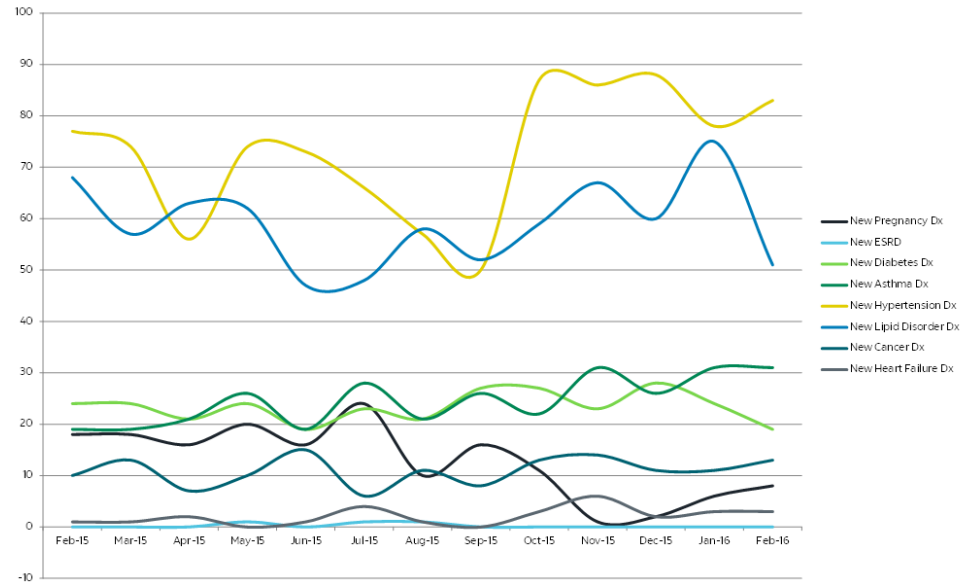
Data Surveillance: Monitor your data for changes that could be unfavorable or costly



Total Sentinel Trend

Rule	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
New Claimant(s) \$5K - \$9K	76	80	68	79	87	96	95	101	87	132	174	129	116
New Claimant(s) \$10K - \$25K	61	66	76	80	73	57	64	77	65	79	123	90	69
New Claimant(s) \$26K - \$50K	16	28	24	17	21	17	17	22	16	17	22	14	20
New Claimant(s) \$51K - \$100K	11	9	8	10	11	7	7	4	5	3	6	5	7
New Claimant(s) \$101K - \$150K	0	3	1	0	2	1	1	0	1	0	2	2	1
New Claimant(s) \$151K - \$250K	2	0	0	2	1	0	1	2	0	3	0	1	1
New Claimant(s) > \$250K	0	3	0	0	0	0	0	0	0	0	0	0	1
New Pregnancy Dx	18	18	16	20	16	24	10	16	11	1	2	6	8
New ESRD	0	0	0	1	0	1	0	0	0	0	0	0	0
New Diabetes Dx	24	24	21	24	19	23	22	22	22	22	22	22	22
New Asthma Dx	19	19	21	26	19	28	22	22	22	22	22	22	22
New Hypertension Dx	77	74	56	74	73	66	59	59	59	59	59	59	59
New Lipid Disorder Dx	68	57	63	62	47	48	48	48	48	48	48	48	48
New Cancer Dx	10	13	7	10	15	6	6	6	6	6	6	6	6
New Heart Failure Dx	1	1	2	0	1	4	4	4	4	4	4	4	4
Breast Cancer Screen	180	181	144	161	176	175	175	175	175	175	175	175	175
Cervical Cancer Screen	42	37	29	67	42	46	46	46	46	46	46	46	46
Colorectal Cancer Screen	30	39	47	28	29	44	44	44	44	44	44	44	44
Preventive Office Visit	411	442	458	470	460	549	549	549	549	549	549	549	549
A1C Test	148	137	117	143	135	128	128	128	128	128	128	128	128
Albumin Test	81	64	53	64	66	55	55	55	55	55	55	55	55
Lipid Panel	257	249	204	248	247	236	236	236	236	236	236	236	236
Dialysis Service	0	0	0	0	0	0	0	0	0	0	0	0	0
High-Cost Imaging	223	239	249	253	241	271	271	271	271	271	271	271	271
ER Encounter	594	673	949	740	801	662	662	662	662	662	662	662	662
IP Encounter	120	138	118	132	158	152	152	152	152	152	152	152	152
High-Cost Injectable	39	40	32	24	27	27	27	27	27	27	27	27	27

Dx Trend



Q & A

Thanks!



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Business Levels

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Clinic All

Specialty All

Primary Care Physician FEIN, ERIC MD

Analysis Period

Jan 2015 thru Dec 2015

Reporting By

Incurred Date

Norm Selection v

Book of Business

Physician	FEIN, ERIC MD
Specialty	Pediatric Medicine
Provider ID	330544629
# of Individuals Assigned	381
Average Individual Age	10.24

		Value	Book of Business*
General Analysis			
Demographic Metrics			
	% Female	53.19%	\$2.04%
	Relative Risk Score	0.47	-
	Most Prevalent Disease	Congenital Anomalies	
Quality and Outcomes			
General Metrics			
	CGI	0.62	1.24
Efficiency and Cost			
General Metrics			
	Allowed PMPM	\$192.88	\$391.67
	Top-Coded (\$250K/yr) Allowed PMPM	\$192.88	\$377.12
	Top-Coded (\$250K/yr) Cost Efficiency Index	1.06	-
Inpatient Metrics			
	Admission Allowed PMPM	\$35.79	\$92.78
	Admission Count	41	-
	Re-admission Count**	0	-
	Re-admission Rate per 1000**	0.00	-
	Inpatient Re-admission Rate(IRR)**		
	Overall	0.000	-
	SNF Adjusted**	0.000	-
	Admission Rate Per 1000*		
	Overall	113.57	56.10
	Admits due to Ambulatory Care Sensitive Conditions	2.77	7.87
	Chronic Persistent Conditions	2.77	20.08
	Admission Utilization Efficiency Index		
	Admits excl. OB and Neonate	0.94	-
	Admits due to Ambulatory Care Sensitive Conditions	0.68	-
Outpatient ER Metrics			
	Outpatient ER Allowed PMPM	\$76.73	\$27.04

Provider Profiler (continued)

	Overall		113.57	56.10
	Admits due to Ambulatory Care Sensitive Conditions		2.77	7.87
	Chronic Persistent Conditions		2.77	20.08
	Admission Utilization Efficiency Index			
	Admits excl. OB and Neonate		0.94	-
	Admits due to Ambulatory Care Sensitive Conditions		0.68	-
	Outpatient ER Metrics			
	Outpatient ER Allowed PMPM		\$29.23	\$32.01
	Outpatient ER Visit Rate Per 1000*		213.30	171.19
	Outpatient ER Utilization Efficiency Index		0.97	-
	Imaging Metrics			
	Imaging Allowed PMPM***		\$64.54	\$76.10
	Outpatient Imaging RVU Efficiency Index		0.92	-
	Imaging Event Rate Per 1000*		277.01	1,058.15
	Cardiac Imaging		0.00	14.27
	CT Scan Rate		24.93	88.18
	MRI Scan Rate		27.70	84.98
	Mammography		0.00	130.70
	Non-Cardiac PET and SPECT		0.00	3.64
	Other Imaging and Imaging Related		171.75	480.94
	Ultrasound		52.63	255.44
	RX Metrics			
	Pharmacy Allowed PMPM		\$40.17	\$68.10
	Prescriptions % Mail Order		0.42%	7.77%
	% Generic Drugs			
	Overall		63.60%	68.70%
	ACE Inhibitors and ACE Inhibitor Combinations		0.00%	97.17%
	Analgesic Narcotic Agonists and Combinations		100.00%	94.87%
	Anticonvulsant		51.43%	82.60%
	Antidepressants		72.00%	72.09%
	Antihyperlipidemics		0.00%	42.18%
	Asthma/COPD Therapy Agents		46.21%	16.90%
	Attention Deficit-Hyperact Disorder (ADHD) Therapy		2.56%	41.93%
	Calcium Channel Blockers		0.00%	96.79%
	Insulin Response Enhancers		0.00%	77.22%
	GI Acid Secretion Reducing Agents - Antisecretory Agents		74.07%	58.64%

Utilization per 1000 metric shown in this form is calculated differently than how it is calculated in the rest of the Provider Intelligence application. The logic used in this form does not annualize the total number of events per member to provide better accuracy in observed event counts.

** Re-admissions are calculated for medical and surgical admissions.

***Imaging Allowed PMPM* is calculated based on a group of members with imaging events.

!-(dash) indicates the norm value is not available.

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Business Levels

Payer-Program	All	Analysis Period	Full Cycle	Adjusted Norm	None
Clinic	All	Apr 14 thru Mar 16	Reporting By	Incurred Date	None
Specialty	All				
Primary Care Physician	All				

	Full Cycle	Norm'
Cost Summary		
Medical Plan Paid	\$821,616,982	-
Pharmacy Plan Paid	\$174,464,466	-
Total Plan Paid	\$996,081,448	-
Total % Employee Paid	14.2	15.2
PMPM Summary		
Medical Plan Paid PMPM	\$247.46	\$274.09
Pharmacy Plan Paid PMPM	\$64.67	\$61.34
Place of Service Summary (PMPM)		
Inpatient Hospital Plan Paid	\$73.94	\$89.24
Outpatient Hospital Plan Paid	\$77.74	\$87.44
Office Plan Paid	\$59.30	\$60.65
Emergency Room Plan Paid	\$10.81	\$10.56
Skilled Nursing Facility Plan Paid	\$0.28	-
All Other Plan Paid	\$25.37	-
Utilization Metrics		
Inpatient Days Per 1000	248.8	228.3
Total Admissions Per 1000	64.6	57.8
SNF Admissions Per 1000	1.1	0.9
ER Visits Per 1000	229.3	221.7
Outpatient ER Visits Per 1000	197.9	-
Total Office Visits Per 1000	3,975.2	4,368.0
Urgent Care Visits Per 1000	80.9	-
Pharmacy Scripts Per 1000	10,226.8	9,706.7
Pharmacy Scripts(Generic) Per 1000	6,789.5	7,624.0
Pharmacy Scripts(Branded) Per 1000	3,261.5	1,947.9
Pharmacy Scripts(Non-Drug Items) Per 1000	175.8	134.8
% Generic Drugs	67.6	79.6

! '-'(dash) indicates the norm value is not available.

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Business Levels

Payer-Program	All
Clinic	All
Specialty	All
Primary Care Physician	All

Analysis Period
Full Cycle
Apr 14 thru Mar 16

Reporting By
Incurred Date

Adjusted Norm
None

Norm Type
None

	Full Cycle	Norm'
Cost Summary		
Medical Plan Paid	\$821,616,982	-
Pharmacy Plan Paid	\$174,464,466	-
Total Plan Paid	\$996,081,448	-
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Urgent Care Visits Per 1000	80.9	-
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Pharmacy Scripts(Generic) Per 1000	6,789.5	7,624.0
Pharmacy Scripts(Brande) Per 1000	3,261.5	1,947.9
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Interactive Dashboards

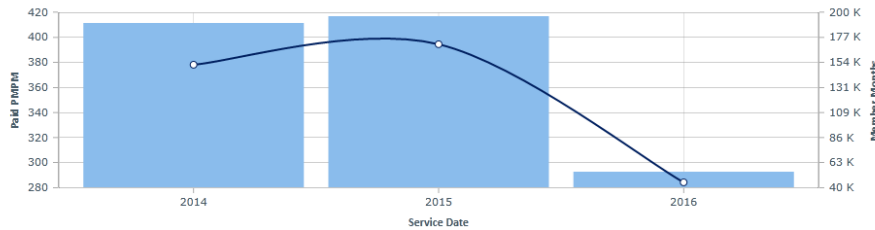
Financial Dashboard Yearly | Financial Dashboard Quarterly | Condition Dashboard | ER Dashboard | Avoidable ER | Admits Dashboard Yearly | Admits Dashboard Quarterly

Group: **TPG CompanyID 10** | Paid Date: **All Paid...**



PMPM Trend (TPG CompanyID 10, All Paid Dates)

■ Paid PMPM (P) ■ Member Months (S)



Medical Cost Annual (TPG CompanyID 10, All Paid Dates, MEDICAL)

Service Date	Member Months	Allowed Amount	Paid Amount	Allowed PMPM	Paid PMPM	Paid PMPM Delta (Incurred Basis)
2016	44,947	\$14,743,855.65	\$10,643,389.56	\$328.03	\$236.80	-30.84%
2015	170,844	\$70,176,868.58	\$58,498,455.80	\$410.77	\$342.41	-1.45%
2014	152,184	\$64,241,122.83	\$52,877,836.84	\$422.13	\$347.46	-100.00%

PBM Cost (PHARMACY, TPG CompanyID 10, All Paid Dates)

Service Date	Member Months	Allowed Amount	Paid Amount	Allowed PMPM	Paid PMPM	Paid PMPM Delta (Incurred Basis)
2016	44,947	\$2,515,768.66	\$2,515,768.66	\$55.97	\$55.97	-24.77%
2015	170,844	\$12,711,311.74	\$12,711,311.74	\$74.40	\$74.40	16.28%
2014	152,184	\$9,737,521.34	\$9,737,521.34	\$63.99	\$63.99	-100.00%

Medical PMPM Clinical Event (Paid PMPM, TPG CompanyID 10, All Paid Dates, MEDICAL)

Clinical Event	2014	2015	2016
Sub-Total All Clinical Events *	\$347.46 100%	\$342.41 100%	\$236.80 100%
Others	\$173.78 50%	\$167.38 48.9%	\$104.46 44.1%
Surgical Admission	\$55.72 16%	\$53.36 15.6%	\$40.23 17%
Medical Admission	\$35.77 10.3%	\$43.24 12.6%	\$34.07 14.4%
Maternity Admission	\$19.51 5.6%	\$18.13 5.3%	\$11.21 4.7%
Behavioral Admission	\$3.05 0.9%	\$2.94 0.9%	\$3.67 1.6%
ER Visit	\$41.11 11.8%	\$38.16 11.1%	\$28.23 11.9%
Regular Office Visit	\$11.63 3.3%	\$12.60 3.7%	\$8.90 3.8%
Preventive Office Visit	\$5.49 1.6%	\$5.14 1.5%	\$5.06 2.1%
Consultation Office Visit	\$1.22 0.4%	\$1.14 0.3%	\$0.71 0.3%
Behavioral Health Office Visit	\$0.09 0%	\$0.11 0%	\$0.04 0%
Other Office Visit	\$0.08 0%	\$0.04 0%	\$0.04 0%
Regular Urgent Care Visit	\$0.01 0%	\$0.17 0%	\$0.18 0.1%

Medical PMPM Condition (Paid PMPM, TPG CompanyID 10, All Paid Dates, MEDICAL)

Health Claim Primary Diagnosis	2014	2015	2016
All Health Claim Primary Diagnosis Codes	\$347.46 100%	\$342.41 100%	\$236.80 100%
Musculoskeletal and Connective Tissue	\$64.08 18.4%	\$59.51 17.4%	\$41.34 17.5%
Screening / History	\$37.84 10.9%	\$37.01 10.8%	\$25.98 11%
Symptoms, Signs and Ill-Defined Conditions	\$31.87 9.2%	\$29.80 8.7%	\$17.69 7.5%
Gastrointestinal	\$22.98 6.6%	\$26.73 7.8%	\$12.62 5.3%
Cardiovascular	\$20.60 5.9%	\$21.28 6.2%	\$13.49 5.7%
Malignant Neoplasm	\$15.87 4.6%	\$17.73 5.2%	\$9.26 3.9%
Obstetric	\$17.54 5%	\$17.62 5.1%	\$12.11 5.1%
Neonates	\$11.43 3.3%	\$12.52 3.7%	\$1.20 0.5%
Urinary	\$15.15 4.4%	\$10.24 3%	\$5.89 2.5%
Genital	\$9.98 2.9%	\$9.14 2.7%	\$4.98 2.1%
Benign/In Situ/Uncertain Neoplasm	\$9.23 2.7%	\$8.79 2.6%	\$7.05 3%
Neurological	\$7.21 2.1%	\$8.78 2.6%	\$9.00 3.8%
Complications of Care	\$4.58 1.3%	\$8.39 2.5%	\$9.59 4%
Ears, Nose and Throat	\$7.19 2.1%	\$7.26 2.1%	\$4.98 2.1%
Nutritional and Metabolic	\$7.17 2.1%	\$6.71 2%	\$6.72 2.8%
Hepatobiliary	\$6.98 2%	\$6.29 1.8%	\$4.18 1.8%

Interactive Dashboards

Financial Dashboard Yearly Financial Dashboard Quarterly Condition Dashboard ER Dashboard Avoidable ER Admits Dashboard Yearly Admits Dashboard Quarterly

Group TPG CompanyID 10

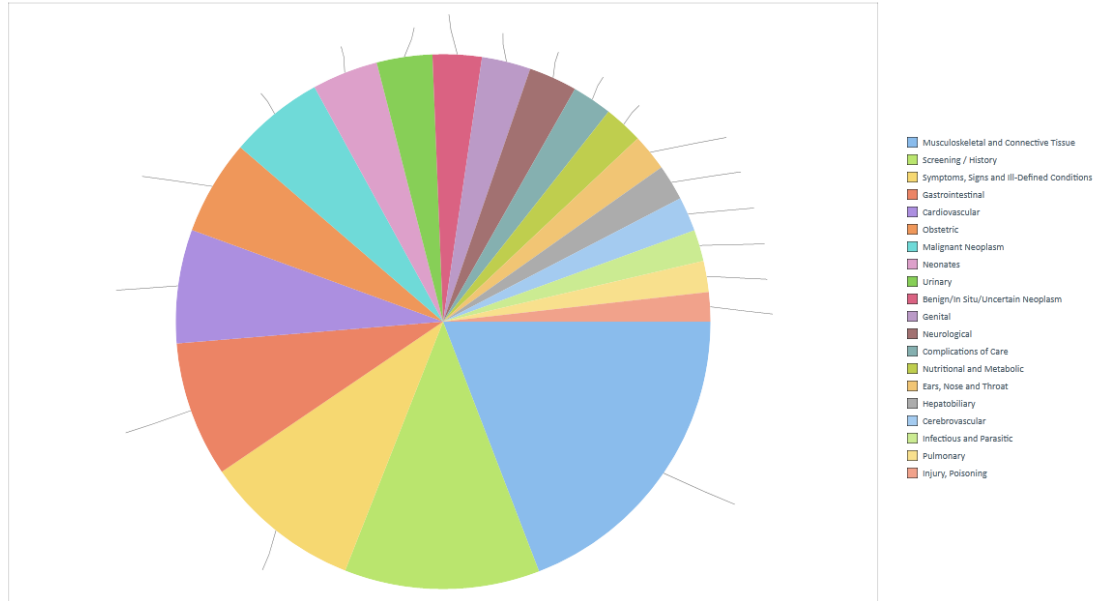


Condition Category Summary (TPG CompanyID 10, Prospective - 56)

Top 20 Medical Paid By Condition (Paid Amount, TPG CompanyID 10, MEDICAL)

Condition Category	Condition Prevalence	Allowed Actual PMPM	Average Normalized Risk Score
Sub-Total All Condition Categories *	100.00%	\$625.87	1.32
Ears, Nose and Throat	40.32%	\$646.08	1.33
Musculoskeletal and Connective Tissue	38.98%	\$1,004.06	1.99
Nutritional and Metabolic	33.63%	\$1,075.45	2.20
Gastrointestinal	24.36%	\$1,347.28	2.35
Dermatologic	23.85%	\$828.50	1.70
Cardiovascular	23.77%	\$1,243.18	2.49
Psychiatric	17.60%	\$1,044.82	1.97
Genital	16.90%	\$842.26	1.71
Pulmonary	15.78%	\$1,299.16	2.42
Benign/In Situ/Uncertain Neoplasm	14.47%	\$1,016.35	2.00
Injury, Poisoning	13.51%	\$1,057.77	1.93
Infectious and Parasitic	13.30%	\$1,074.21	1.79
Neurological	12.66%	\$1,403.35	2.54
Urinary	10.19%	\$1,664.67	3.00
Diabetes	7.70%	\$1,454.84	3.32
Hematological	6.10%	\$2,717.62	4.20
Developmental Disability	5.19%	\$684.61	1.21
Obstetric	3.68%	\$1,151.64	1.63
Vascular	3.56%	\$2,949.94	4.74
Complications of Care	3.29%	\$3,464.85	4.57
Substance Abuse	2.71%	\$1,221.80	2.19
Malignant Neoplasm	2.52%	\$2,950.43	5.55
Hepatobiliary	1.85%	\$2,887.19	4.44
Neonates	1.31%	\$3,123.72	0.88
Cerebrovascular	1.10%	\$4,207.93	6.49

Current 12 Months with Paid Lag



Interactive Dashboards

Financial Dashboard Yearly Financial Dashboard Quarterly Condition Dashboard ER Dashboard Avoidable ER Admits Dashboard Yearly Admits Dashboard Quarterly

Group TPG CompanyID 10



ER Summary (TPG CompanyID 10, MEDICAL, ER Visit)

Top 25 Members w/ Multiple ER Visits (TPG CompanyID 10, MEDICAL, ER Visit, (Female, Female))

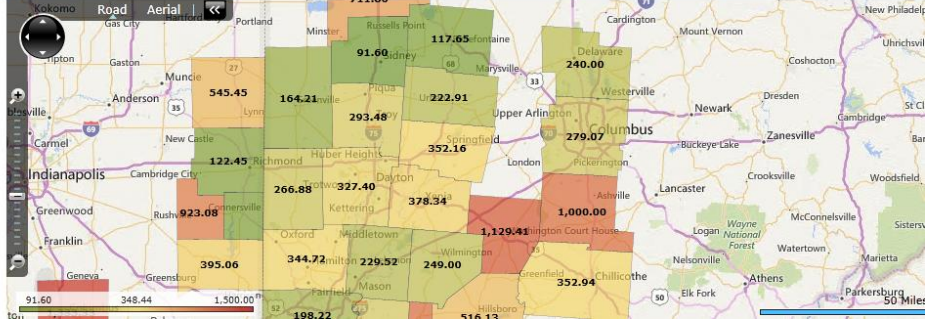
Procedure	Current 12 Months with Paid Lag				
	Paid Amount	Paid per Event	Events	Health Claimant Count	Events per 1,000
All Procedures	\$6,671,785.83	\$1,440.68	4,631	2,907	322.73
Ambulance	\$117,792.24			206	
DME	\$1,255.59			28	
Imaging	\$807,557.74			1,903	
Medicine (general)	\$55,407.00	\$55,407.00	1	233	0.07
Medicine subspecialist	\$62,140.07			115	
Miscellaneous	\$3,621,118.80	\$782.10	4,630	2,906	322.66
Mother/Baby	\$34.32			2	
Other	\$25,091.21			113	
Pharmacy	\$1,665,049.61			1,906	
Psych	\$2,041.85			9	
Surgical/Procedural	\$107,302.36			247	
Testing	\$206,995.04			1,088	

Member	Age Band	Relationship	Current 12 Months with Paid Lag		
			Paid Amount	Paid per Event	Events
1532057	43	EMPLOYEE	\$61,874.45	\$3,437.47	18
1527661	22	DEPENDENT	\$25,156.41	\$1,677.09	15
1693700	30	EMPLOYEE	\$27,341.52	\$1,822.77	15
1516968	49	SPOUSE	\$14,290.48	\$1,190.87	12
1694894	35	EMPLOYEE	\$75,546.96	\$6,295.58	12
1696053	25	EMPLOYEE	\$18,522.18	\$1,543.52	12
1526928	47	EMPLOYEE	\$24,700.58	\$2,470.06	10
1696063	61	EMPLOYEE	\$23,899.05	\$2,389.91	10
1696577	32	EMPLOYEE	\$13,959.20	\$1,395.92	10
1529074	62	EMPLOYEE	\$13,035.78	\$1,448.42	9
1517693	32	EMPLOYEE	\$14,900.07	\$1,862.51	8
1521906	23	DEPENDENT	\$5,121.01	\$640.13	8
1696789	45	EMPLOYEE	\$18,742.25	\$2,342.78	8
1516688	60	EMPLOYEE	\$10,806.04	\$1,543.72	7
1516702	23	DEPENDENT	\$26,428.15	\$3,775.45	7
1516778	56	EMPLOYEE	\$16,558.61	\$2,365.52	7
1530193	40	EMPLOYEE	\$11,712.92	\$1,673.27	7

Psychiatric ER Use (TPG CompanyID 10, MEDICAL, ER Visit)

Health Claim Primary Diagnosis	Current 12 Months with Paid Lag			
	Paid Amount	Paid per Event	Events	Events per 1,000
Psychiatric	\$102,879.03	\$1,285.99	80	66

ER Events By Member Location (TPG CompanyID 10, MEDICAL, ER Visit)



Healthcare Financials

Renewal Cost Scenarios: Fully-Insured vs. Self-Funded

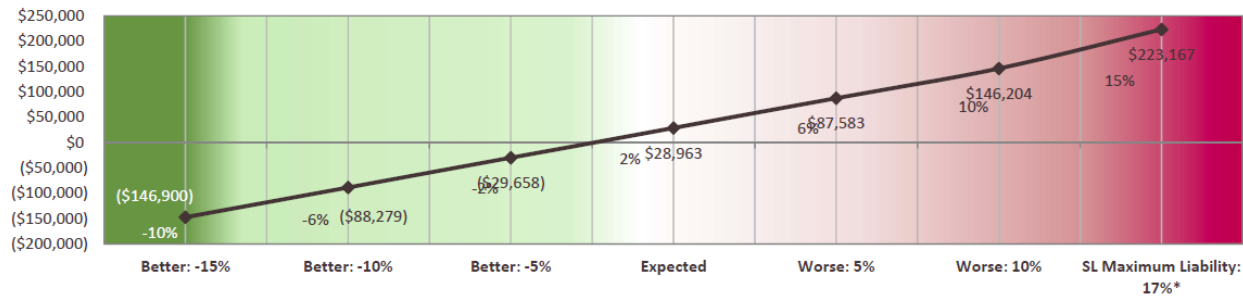
SAMPLE COMPANY

Self-Funded Premium-Equivalent: \$75,000 Stop Loss Deductible

CLAIMS SCENARIOS:	Better: -15%	Better: -10%	Better: -5%	Expected	Worse: 5%	Worse: 10%	SL Maximum Liability: 17%*
Self-Funded							
Expected Mature Claims	\$996,556	\$1,055,177	\$1,113,798	\$1,172,419	\$1,231,039	\$1,289,660	\$1,366,623
Annual Fixed Fees	\$298,165	\$298,165	\$298,165	\$298,165	\$298,165	\$298,165	\$298,165
Total Budget	\$1,294,720	\$1,353,341	\$1,411,962	\$1,470,583	\$1,529,204	\$1,587,825	\$1,664,788
Fully-Insured							
Renewal Premium Regence Renewal: 14.5%	\$1,441,621	\$1,441,621	\$1,441,621	\$1,441,621	\$1,441,621	\$1,441,621	\$1,441,621
SF vs. FI							
Dollar Change	(\$146,900)	(\$88,279)	(\$29,658)	\$28,963	\$87,583	\$146,204	\$223,167
% Change	-10%	-6%	-2%	2%	6%	10%	15%

* Assumes mature factors from SL carrier.

Dollar / % Change: Self-Funded vs. Fully-Insured



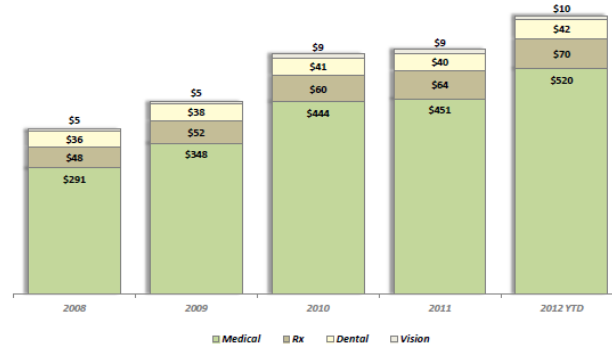
Healthcare Financials

Self-Funded Total Cost Summary - Experience Through: 11/2012

Demo Company

Month	Enrollment			Budget	Fixed Costs			Paid Claims					Specific Bl Amt. > \$50k	Net Claims	Total Claims/Fees	Budget Surplus / (Deficit)	Loss Ratio	Est. EE Contribution	Net Company Cost
	EE	Dep	Mem		Stop Loss	Admin	Total	Medical	Rx (Net Relates)	Dental	Vision	Total							
	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	
Jan-12	2,529	3,694	6,223	\$4,290,939	\$45,414	\$103,309	\$148,723	\$2,690,787	\$406,769	\$384,704	\$81,363	\$3,463,623	\$0	\$3,463,623	\$3,612,346	\$478,593	84.2%	\$533,518	\$3,078,828
Feb-12	2,554	3,646	6,200	\$4,302,310	\$45,579	\$97,519	\$143,099	\$1,897,835	\$394,939	\$286,250	\$45,259	\$2,624,283	\$0	\$2,624,283	\$2,767,381	\$1,534,928	64.3%	\$538,792	\$2,228,590
Mar-12	2,513	3,679	6,192	\$4,248,890	\$44,967	\$96,737	\$141,704	\$2,145,375	\$471,226	\$327,861	\$49,930	\$2,994,493	\$0	\$2,994,493	\$3,136,197	\$1,112,694	73.8%	\$530,142	\$2,606,054
Apr-12	2,525	3,647	6,172	\$4,298,030	\$45,565	\$110,757	\$156,322	\$3,230,659	\$426,945	\$266,762	\$55,437	\$3,979,802	\$0	\$3,979,802	\$4,136,125	\$161,905	96.2%	\$532,674	\$3,603,451
May-12	2,502	3,638	6,140	\$4,237,582	\$44,950	\$101,154	\$146,105	\$4,705,301	\$460,565	\$255,102	\$104,949	\$5,225,916	\$0	\$5,225,916	\$5,672,021	(\$1,434,439)	133.9%	\$527,822	\$5,144,199
Jun-12	2,496	3,613	6,109	\$4,232,496	\$44,791	\$103,857	\$148,648	\$3,846,465	\$452,287	\$255,467	\$87,138	\$4,641,357	\$0	\$4,641,357	\$4,790,005	(\$557,510)	113.2%	\$526,556	\$4,263,449
Jul-12	2,472	3,614	6,086	\$4,180,998	\$44,300	\$101,062	\$145,362	\$3,594,969	\$427,756	\$217,521	\$56,837	\$4,297,083	\$0	\$4,297,083	\$4,442,446	(\$261,448)	106.3%	\$521,493	\$3,920,953
Aug-12	2,472	3,608	6,080	\$4,182,549	\$44,327	\$107,271	\$151,598	\$3,352,328	\$433,264	\$250,075	\$58,185	\$4,093,852	\$0	\$4,093,852	\$4,245,450	(\$62,901)	101.5%	\$521,493	\$3,723,957
Sep-12	2,470	3,629	6,099	\$4,178,395	\$44,296	\$95,239	\$139,536	\$2,940,645	\$431,643	\$233,535	\$44,783	\$3,650,606	\$0	\$3,650,606	\$3,790,142	\$388,253	90.7%	\$521,071	\$3,269,070
Oct-12	2,483	3,657	6,140	\$4,219,992	\$44,810	\$102,476	\$147,286	\$3,448,855	\$419,931	\$230,240	\$66,027	\$4,165,053	(\$506,367)	\$3,658,786	\$3,806,073	\$413,919	90.2%	\$523,814	\$3,282,259
Nov-12	2,503	3,647	6,150	\$4,241,983	\$45,012	\$104,866	\$149,878	\$3,266,287	\$422,787	\$242,317	\$52,037	\$3,983,428	(\$197,721)	\$3,785,707	\$3,935,585	\$306,398	92.8%	\$528,033	\$3,407,552
Dec-12																			
2012 Total	27,519	40,072	67,591	\$46,614,162	\$494,012	\$1,124,249	\$1,618,260	\$35,119,507	\$4,748,112	\$2,849,933	\$701,945	\$43,419,498	(\$703,988)	\$42,715,510	\$44,333,770	\$2,280,392	95.1%	\$5,805,408	\$38,528,362
2011 Total	30,595	44,580	75,175	\$47,460,305	\$723,326	\$1,074,859	\$1,798,185	\$33,879,137	\$4,808,114	\$3,044,394	\$687,841	\$42,419,487	(\$424,446)	\$41,995,041	\$43,793,226	\$3,667,079	92.3%	\$6,417,301	\$37,375,925
2012 Mo. Avg.	2,502	3,643	6,145	\$4,237,651	\$44,910	\$102,204	\$147,115	\$3,192,682	\$431,647	\$259,085	\$63,813	\$3,947,227	(\$63,999)	\$3,883,228	\$4,030,343	\$207,308		\$527,764	\$3,502,578
2011 Mo. Avg.	2,550	3,715	6,265	\$3,955,025	\$60,277	\$89,572	\$149,849	\$2,823,261	\$400,676	\$253,700	\$57,320	\$3,534,957	(\$35,371)	\$3,499,587	\$3,649,436	\$305,590		\$534,775	\$3,114,660
% Change	-1.9%	-1.9%	-1.9%	7.1%	-25.5%	14.1%	-1.8%	13.1%	7.7%	2.1%	11.3%	11.7%	80.9%	11.0%	10.4%	-32.2%		-1.3%	12.5%
2012 PEPM	\$1,693.89	\$17.95	\$40.85	\$58.81	\$1,276.19	\$172.54	\$103.56	\$25.51	\$1,577.80	\$25.51	\$1,577.80	(\$25.58)	\$1,552.22	\$1,611.02	\$82.87			\$210.96	\$1,400.06
2011 PEPM	\$1,551.24	\$23.64	\$35.13	\$58.77	\$1,107.34	\$157.15	\$99.51	\$22.48	\$1,386.48	\$13.86	\$1,372.61	(\$13.87)	\$1,372.61	\$1,431.39	\$119.86			\$209.75	\$1,221.64
% Change	9.2%	-24.1%	16.3%	0.1%	15.2%	9.8%	4.1%	13.5%	13.9%	84.4%	13.1%	12.6%	-30.9%					0.6%	14.6%
2012 PMPM	\$689.65	\$7.31	\$16.63	\$23.94	\$519.59	\$70.25	\$42.16	\$10.39	\$642.39	(\$10.42)	\$631.97	\$655.91	\$33.74	\$85.89	\$570.02			\$85.89	\$570.02
2011 PMPM	\$631.33	\$9.62	\$14.30	\$23.92	\$450.67	\$63.96	\$40.50	\$9.15	\$564.28	(\$5.65)	\$558.63	\$582.55	\$48.78	\$85.36	\$497.19			\$85.36	\$497.19
% Change	9.2%	-24.0%	16.3%	0.1%	15.3%	9.8%	4.1%	13.5%	13.8%	84.5%	13.1%	12.6%	-30.8%					0.6%	14.6%

Historical Paid Claims PMPM

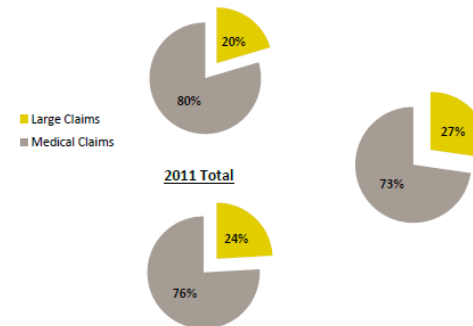


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Large Claims Portion Of Medical Claims (\$60,000 Threshold)

2012 YTD Through Q4

2012 YTD Through Q3




Large claims are individual claimant's total paid claims that meet or exceed the specified threshold.

Measureable Results – Managed Cohort Results

Key Performance Indicator	Goal	Result	Performance
Preventive screenings: Breast, Cervical, Colon	Increase cohort screening compliance by 15%	27%	Goal Achieved
Non-compliant diabetics	Increase cohort compliance with diabetic standards of care by 60%	85%	Goal Achieved
Three or more chronic conditions with annual costs <\$10K	60% of cohort completes a visit with a PCP	93%	Goal Achieved
Improve year over year blood pressure readings (2,145 participants both yrs.)	Improve High (217 EE's) Improve Borderline (653 EE's)	High: 158 EE's (-27%) Borderline: 606 EE's (-17%)	Goal Achieved



Population Health Management: Results

	Year 1: Activate	Year 2: Accelerate	Year 3: Achieve
Hospital A <ul style="list-style-type: none"> 96,00 Members 10+ Locations Bargaining Units 	<ul style="list-style-type: none"> 84% EE participation Implemented communication plan Identified highest risk 	<ul style="list-style-type: none"> 88% EE participation Actively manage cohorts Significant year over year improvement in weight, BP, cholesterol 	<ul style="list-style-type: none"> 88% EE participation Multiple awards from AHA, Healthiest Employers 
Hospital B <ul style="list-style-type: none"> 32000 Members 18+ Locations 	<ul style="list-style-type: none"> 97% EE/SP participation Site readiness reviews Plan design optimization Identified highest risk 	<ul style="list-style-type: none"> 97% EE/SP participation In-sourced CM, DM, MM Target Top 5% of Risk for intervention 	<ul style="list-style-type: none"> Flat trend Bed Days/1000 reduction 96% EE/SP participation
Hospital C <ul style="list-style-type: none"> 3115 Members 	<ul style="list-style-type: none"> 95% EE/SP participation Integration into existing wellness strategies Identified highest risk 	<ul style="list-style-type: none"> 95% EE/SP participation Observed illness related absence Integrated risk identification into existing MM 	<ul style="list-style-type: none"> Flat trends Increased employee satisfaction in benefit package Local employer commercialization Multiple awards from AHA, Healthiest Employers
Hospital D <ul style="list-style-type: none"> 11,600 Members 2 Campaigns (University and Medical Center) 	<ul style="list-style-type: none"> 93.8% EE/SP participation Implemented communication plan Identified highest risk Site readiness reviews Plan design optimization 	<ul style="list-style-type: none"> Pending... Actively managed cohorts PCMH referrals In-sourced CM, DM, health coaching Target Top 5% of Risk 	<ul style="list-style-type: none"> TBD