

July 30, 2012

Equity Healthcare Webinar

on

Getting the Most from Equity Healthcare Quarterly Dashboards

Agenda

- What is in the Quarterly Dashboards?
- How to interpret the results of the Quarterly Dashboards?
- How do you know if you are an outlier?
- What to do if you are an outlier?

Quarterly Dashboard Objectives

1. Monitor program performance:
 - A. Over time
 - B. Relative to benchmarks
2. Identify areas of opportunity
3. Help answer the “what next” question

Guidelines

- Integrated
- Accessible
- Balanced

Data Sources Currently in Truven Data Warehouse



- Medical
- Eligibility
- Prescription Drug
- Care Management/Program Participation
- Treatment Decision Support
- Biometric Screening

Orientation to Dashboard Pages

Rolling 12 month reporting periods

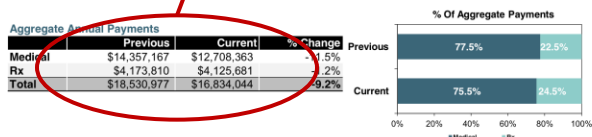
Financials based on Paid Data

Equity Healthcare Quarterly Dashboard

Paid Claims

Previous Period: April 1, 2010 to March 31, 2011
Current Period: April 1, 2011 to March 31, 2012

Financial Overview (Paid Claims)



Per Member Per Month (PMPM) Payments

	Previous	Current	% Change	Norm	Current V Norm
Paid PMPM	\$371	\$367	-1.0%	\$314 ¹	16.9%
Paid PMPM excluding HCC*	\$243	\$260	7.0%	\$214 ³	21.5%

*High Cost Claimants: Over \$50,000 Medical and Drug

Source of Payments (PMPM)

	Previous	Current	% Change
Allowed Amount (Less)	\$448	\$448	0.0%
Coordination of Benefits	\$9	\$9	6.2%
Deductible	\$13	\$17	28.0%
EE Copay/Co-insurance	\$57	\$57	0.2%
Paid PMPM	\$371	\$367	-1.0%

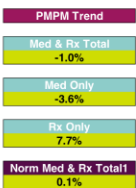
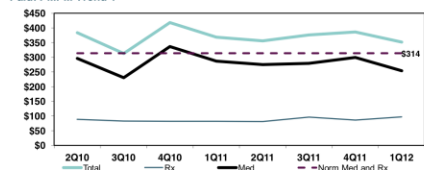
Payment Composition



Employee Out-of-Pocket Share % (Benefit Plan Only)

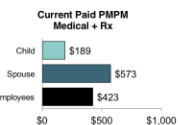
	Previous	Current	% Change	Norm 1	Current V Norm
Medical Claims Out-of-Pocket	15.7%	17.1%	8.8%	14.1%	21.2%
Rx Claims Out-of-Pocket	16.0%	15.1%	-5.5%	17.9%	-15.4%
Med and Rx Out-of-Pocket	15.8%	16.6%	5.4%	14.8%	11.8%

Paid: PMPM Trend 1



Demographics

	Previous	Current	% Change
Employees	1,944	1,717	-11.7%
Members	4,163	3,822	-8.2%
Family Size	2.14	2.23	3.9%
% Male	48.6%	48.8%	0.4%
Average Employee Age	49.4	50.1	1.4%
Average Member Age	37.1	36.9	-0.4%
Average Risk Score	163.8	165.9	1.3%



High Cost Claimants (over \$50,000 Medical and Drug) (Paid Claims)

	Previous	Current	% Change	Norm	Current V Norm
# Unique Members Overall	50	42	-16.0%	n/a	n/a
% Members	1.06%	0.94%	-11.7%	0.82% ²	14.2%
Med and Rx Claims	\$6,503,158	\$5,010,075	-23.0%	n/a	n/a
% Total Med & Rx	35.1%	29.8%	-15.2%	27.4% ²	8.5%
Paid PMPY	\$130,063	\$119,288	-8.7%	\$112,414 ³	6.1%
% HCC Engaged	62.0%	69.5%	-4.0%	49.0% ³	21.6%



Per Member Per Month (PMPM) Payments by Type of Service (Paid Claims)

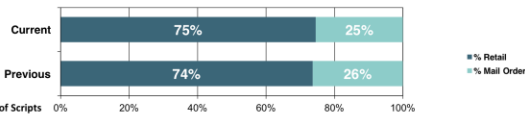
	Previous	Current	% Change	Norm 2	Current V Norm	% Total PMPM
Facility Inpatient	\$99	\$71	-28.3%	\$65	10.0%	19.2%
Facility Outpatient	\$47	\$55	16.4%	\$49	14.7%	14.8%
Physician	\$62	\$65	5.8%	\$52	26.6%	17.7%
Emergency Room	\$11	\$12	8.5%	\$16	-23.4%	3.3%
MHSA	\$6	\$8	28.6%	\$7	1.8%	2.0%
Lab and Radiology	\$41	\$47	15.1%	\$32	48.8%	12.8%
Other Professional Svcs	\$21	\$21	-10.4%	\$29	-16.6%	5.8%
Prescription Drugs	\$84	\$90	7.7%	\$55	63.0%	24.4%

Legend: Neutral (Within +/-5%), Decrease (<-5%), Increase (>+5%)

Traffic Lighting with +/-5% Thresholds

Prescription Drugs (Paid Claims)

	Retail				Mail Order			
	Generic	Brand	Other	Total	Generic	Brand	Other	Total
Scripts per 1,000								
Previous	5,291	1,750	265	7,306	1,602	978	38	2,618
Current	5,864	1,794	188	7,846	1,758	873	47	2,677
% Change	10.8%	2.5%	-28.9%	7.4%	9.8%	-10.7%	21.2%	2.3%
Paid per Script								
Previous	\$27	\$129	\$22	\$51	\$86	\$496	\$171	\$241
Current	\$27	\$144	\$39	\$54	\$78	\$590	\$114	\$246
% Change	-0.6%	12.0%	75.1%	5.4%	-9.4%	18.9%	-32.9%	2.1%



	Previous	Current	% Change	Norm 3	Current V Norm
Dispensing Rates					
Generic Dispensing Rate	69.5%	72.4%	4.3%	73.0%	-0.8%
Mail Order Dispensing Rate	26.4%	25.4%	-3.5%	9.2%	175.9%
Specialty Pharmacy	0.8%	0.8%	3.0%	0.5%	57.2%

	Paid Medical*	Paid Drug	Paid Total	Paid Per Svc Med	Paid Per Script
Previous	\$147,260	\$719,692	\$866,952	\$846	\$2,214
Current	\$178,275	\$756,333	\$934,607	\$1,158	\$2,320
% Change	21.1%	5.1%	7.8%	36.8%	4.8%

*These amounts include medical claims for specialty pharmacy dispensed in a professional medical setting.

1. Truven Health Services Industry Norm
2. Truven Health Total U.S. Norm
3. Equity Healthcare Book of Business

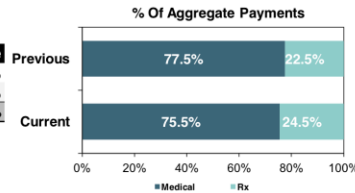
Multiple Norms based on availability

Financial Overview

Financial Overview (Paid Claims)

Aggregate Annual Payments

	Previous	Current	% Change
Medical	\$14,357,167	\$12,708,363	-11.5%
Rx	\$4,173,810	\$4,125,681	-1.2%
Total	\$18,530,977	\$16,834,044	-9.2%



- Compare net payments versus budget projections
- High cost claimants by clinical condition
- Employee cost-sharing provisions relative to industry peers

Per Member Per Month (PMPM) Payments

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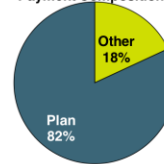
*High Cost Claimants: Over \$50,000 Medical and Drug



Source of Payments (PMPM)

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Payment Composition

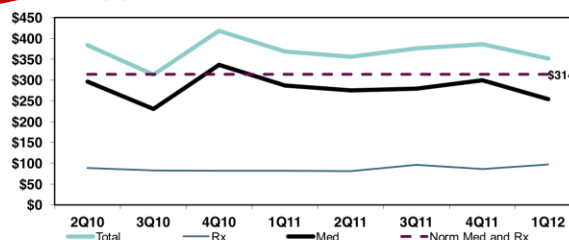


Employee Out-of-Pocket Share % (Benefit Plan Only)

	Previous	Current	% Change	Norm 1	Current V Norm
Medical Claims Out-of-Pocket	15.7%	17.1%	8.8%	14.1%	21.2%
Rx Claims Out-of-Pocket	16.0%	15.1%	-5.5%	17.9%	-15.4%
Med and Rx Out-of-Pocket	15.8%	16.6%	5.4%	14.8%	11.8%



Paid PMPM Trend 1



PMPM Trend	
Med & Rx Total	-1.0%
Med Only	-3.6%
Rx Only	7.7%
Norm Med & Rx Total1	0.1%



Drill Down Using Truven Reporting Tool

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July 27, 2012

Employer Management Reports All Accounts Tools

Select a topic:

- Performance Summary ▶
- Medical Plan Evaluation ▶
- Drug Plan Evaluation ▶
- Cost Management Strategies ▶
- Financial and Eligibility Trends ▶

Financial and Eligibility Trends

Cost Trends by Incurred Month
Cost Trends by Incurred Month displays the monthly trend in medical and pharmacy costs by month of service. Use this report to monitor trends in program costs and enrollment.

Cost Trends by Paid Month
Cost Trends by Paid Month displays the monthly trend in medical and pharmacy costs by month of payment. Use this report to monitor trends in program costs and enrollment.

Enrollment Change
Enrollment Change Analysis displays year over year changes in the number of employees and members, followed by a age/gender distribution of the population. Use this report to monitor changes in enrollment.

Enrollment Change Paid
Enrollment Change Analysis displays year over year changes in the number of employees and members, followed by a age/gender distribution of the population. Use this report to monitor changes in enrollment.

Medical Plan Claims Lag
Medical Plan Claims Lag Analysis displays the claims payment lag by plan. Use this report to understand changes in payment lag, which could impact trends reported on a paid (vs. incurred) basis.

Claims Payment Triangles
Claims Payment Triangles displays basic claims triangles and eligibility tables for both medical and pharmacy data.

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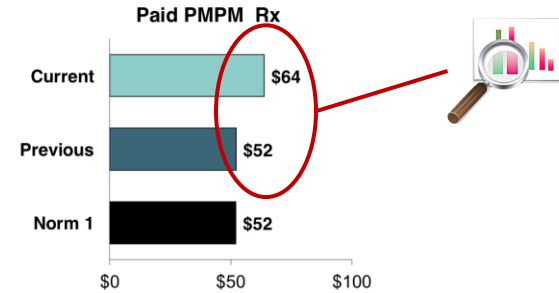
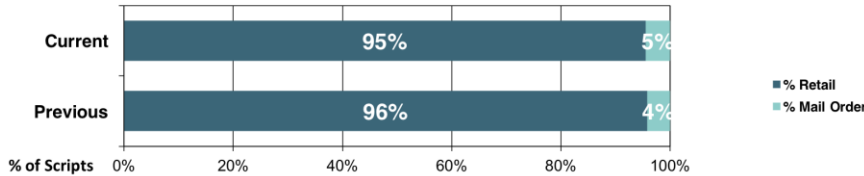
- Age groups
- Coverage types
- Employee relationship
- Employee status
- Gender
- Hourly/Salary
- In and out of network
- Plans
- States
- Union/Non-Union
- Custom fields

Questions about login? Contact Nina Braiman at nina.braiman@truvenhealth.com
or phone: 312-533-3353

Prescription Drugs

Prescription Drugs (Paid Claims)

	Retail				Mail Order			
	Generic	Brand	Other	Total	Generic	Brand	Other	Total
Scripts per 1,000								
Previous	6,107	2,647	198	8,952	211	172	11	394
Current	6,326	2,512	205	9,044	237	175	14	426
% Change	3.6%	-5.1%	3.7%	1.0%	12.4%	1.9%	30.2%	8.3%
Paid per Script								
Previous	\$19	\$156	\$52	\$60	\$66	\$423	\$179	\$225
Current	\$21	\$208	\$67	\$74	\$69	\$454	\$200	\$232
% Change	8.7%	33.7%	29.1%	22.7%	4.0%	7.5%	12.1%	2.9%



Dispensing Rates	Previous	Current	% Change	Norm 3	Current V Norm
Generic Dispensing Rate	67.6%	69.3%	2.3%	73.0%	-5.1%
Mail Order Dispensing Rate	4.2%	4.5%	6.9%	9.2%	-51.2%
Specialty Pharmacy	0.4%	0.5%	18.1%	0.5%	3.0%

Specialty Drugs	Paid Medical*	Paid Drug	Paid Total	Paid Per Svc Med	Paid Per Script
Previous	\$115,997	\$593,031	\$709,028	\$655	\$2,066
Current	\$192,500	\$834,971	\$1,027,471	\$613	\$2,365
% Change	66.0%	40.8%	44.9%	-6.5%	14.5%

*These amounts include medical claims for specialty pharmacy dispensed in a professional medical setting.

1. Truven Health - Services Industry Norm
2. Truven Health Total U.S. Norm
3. Equity Healthcare Book of Business

Employee Out-of-Pocket Share % (Benefit Plan Only)

	Previous	Current	% Change	Norm 2	Current V Norm
Medical Claims Out-of-Pocket	6.9%	6.3%	-8.8%	14.3%	-55.9%
Rx Claims Out-of-Pocket	19.7%	15.6%	-21.0%	20.0%	-22.0%
Med and Rx Out-of-Pocket	9.4%	8.2%	-12.4%	15.4%	-46.6%

Prescription Drug Drill Down



- Plan design review:
 - Mail Order: Maintenance Choice?
 - Generic step therapy? All Classes?
 - Specialty Drug (Exclusive, SGM, Step Therapy)
- Drill down through Truven reporting tool
- Track over time

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July 29, 2012

Employer Management Reports All Accounts Tools

- Select a topic:
- Performance Summary
 - Medical Plan Evaluation
 - Drug Plan Evaluation**
 - Cost Management Strategies
 - Financial and Eligibility Trends

Drug Plan Evaluation

Prescription Drug Analysis

Prescription Drug Change Analysis provides an analytical summary of pharmacy program performance. Use this report to identify year-over-year changes in price and use measures, prescription drug cost trends that may need further investigation and overall performance in generic substitution and efficiency.

Prescription Drug Analysis Paid

Prescription Drug Change Analysis provides an analytical summary of pharmacy program performance. Use this report to identify year-over-year changes in price and use measures, prescription drug cost trends that may need further investigation and overall performance in generic substitution and efficiency.

Health Plan Cost Comparison

Health Plan Drug Cost Comparison displays pharmacy program enrollment and cost measures by medical health plan. Use this report to identify health plans with potentially undisciplined prescribing patterns for further investigation.

Generic Cost and Use

Prescription Drug Generic Cost and Use Analysis displays cost and utilization information for generic vs. brand drugs. Use this report to identify the classes of drugs that hold the most potential for improved generic efficiency.

Generic Cost and Use Paid

Prescription Drug Generic Cost and Use Analysis displays cost and utilization information for generic vs. brand drugs. Use this report to identify the classes of drugs that hold the most potential for improved generic efficiency.

Mail Order Experience

Prescription Drug Mail Order Experience displays the percent of maintenance drugs filled in a mail order setting. Use this report to monitor the penetration and financial performance of your mail order program relative to the retail setting.

Mail Order Experience Paid

Prescription Drug Mail Order Experience displays the percent of maintenance drugs filled in a mail order setting. Use this report to monitor the penetration and financial performance of your mail order program relative to the retail setting.

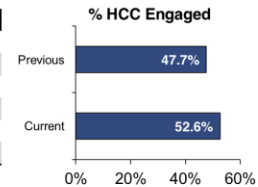
Top 25 Drugs

Top 25 Drugs displays key measures of cost, price, use and intensity for the top 25 prescription drugs, sorted by net payments. Use this report to identify opportunities to improve pharmacy benefit program performance.

High Cost Claimants & PMPM by Type of Service

High Cost Claimants (over \$50,000 Medical and Drug) (Paid Claims)

	Previous	Current	% Change	Norm	Current V Norm
# Unique Members Overall	172	209	21.5%	n/a	n/a
% Members	1.03%	1.27%	23.1%	0.82% ²	54.1%
Med and Rx Claims	\$21,125,338	\$26,700,671	26.4%	n/a	n/a
% Total Med & Rx	34.1%	40.1%	17.7%	27.4% ²	46.3%
Paid PMPY	\$122,822	\$127,754	8.7%	\$112,414 ³	13.6%
% HCC Engaged	47.7%	52.6%	10.4%	49.0% ³	7.5%



Per Member Per Month (PMPM) Payments by Type of Service (Paid Claims)

	Previous	Current	% Change	Norm 2	Current V Norm	% Total PMPM
Facility Inpatient	\$83	\$98	17.8%	\$65	51.5%	23.9%
Facility Outpatient	\$55	\$63	15.0%	\$48	33.4%	15.5%
Physician	\$62	\$69	10.7%	\$52	33.7%	16.9%
Emergency Room	\$14	\$17	20.7%	\$16	4.0%	4.1%
MHSA	\$6	\$9	52.9%	\$7	16.8%	2.1%
Lab and Radiology	\$39	\$38	-3.1%	\$32	20.9%	9.4%
Other Professional Svcs	\$32	\$29	-7.3%	\$25	16.8%	7.2%
Prescription Drugs	\$86	\$85	-1.2%	\$55	54.2%	20.8%

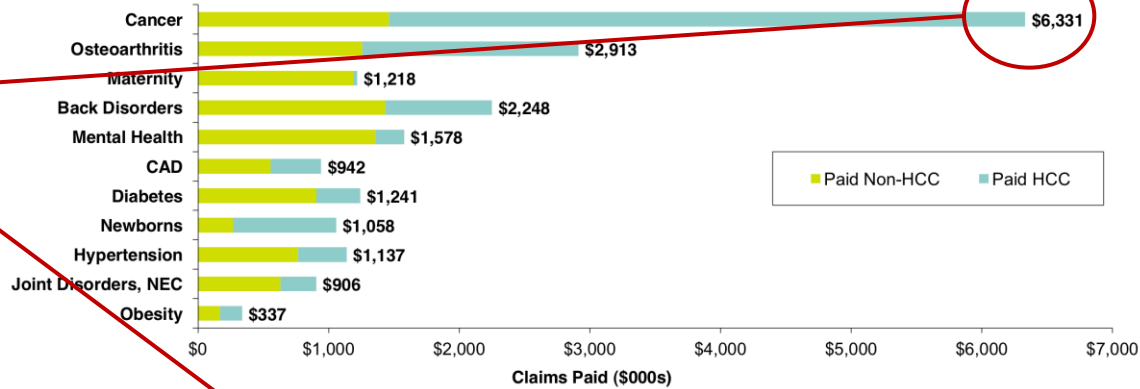
Neutral (Within +5%)
 Decrease (<-5%)
 Increase (+5%)



- Review break-out of high cost claimant information
- Check if there were a few extremely high cost individuals
- Drill down on Service Type areas with large increases to reveal underlying drivers:
 - Office Visits: PCP vs. Specialist
 - ER: Avoidable ER and non-emergent ER
- Monitor engagement over time and review incentives for nurse engagement

Selected Conditions

Selected Clinical Conditions (Medical and Pharmacy Incurred Claims)



Condition	Paid PMPY: Yr over Yr % Change		
	Overall	HCC	Non-HCC
Cancer	2.6%	8.0%	-25.3%
Osteoarthritis	17.1%	44.9%	11.4%
Back Disorders	-13.1%	-15.0%	-15.2%
Maternity	-21.0%	-70.3%	-18.4%
CAD	-45.9%	-63.6%	-25.8%
Mental Health	4.6%	1.8%	4.0%
Diabetes	43.4%	197.8%	19.3%
Hypertension	-6.5%	12.4%	-15.6%
Newborns	-22.1%	-32.6%	1.6%
Joint Disorders, NEC	-18.0%	-12.0%	-22.4%
Obesity	101.8%	254.8%	36.6%

Drill Down on Cancer

Explore: Chronic Conditions Profile

Rows Columns Slicers

Clinical Analysis Incurr...

- Age Groups
- Clinical Condition
- Clinical Condi...
- Adverse Dr...
- Agranulocyt...
- Alpha 1-Anti...
- Amyotrophic
- Anemia, Ex I...
- Anemia, Nut...
- Aneurysm
- Anomalies -
- Anomalies -
- Anomalies -
- Anomalies -
- Anomalies -
- Anomalies -
- Appendicitis
- Arthropathie...
- Asthma

Clinical Conditions	Patients Med	Net Pay Med	Net Pay Per Patient Med	Visits Per 1000 Office Med
Cancer - Skin	21	\$4,621	\$220.05	12.87
Cancer - Breast	13	\$20,989	\$1,614.56	12.87
Cancer - Nonspecified	10	\$24,931	\$2,493.07	19.68
Cancer - Prostate	10	\$27,469	\$2,746.86	3.03
Cancer - Lymphoma	9	\$18,111	\$2,012.31	15.14
Cancer - Cervical	6	\$406	\$67.63	3.78
Cancer - Lung	6	\$43,883	\$7,313.77	12.87
Cancer - Colon	4	\$4,835	\$1,208.76	3.03
Cancer - Leukemia	4	\$4,280	\$1,070.01	2.27
Cancer -				

Mental Health & Substance Abuse

Explore: MDC Cost and Use Analysis

All Employers % Change (YTD)

Hide Table Show Chart

Show selections on:
 Rows Columns Slicers

- Clinical Analysis Incurr...
- Age Groups
- Clinical Condition
- Coverage Types
- Custom Field 1 V:
- Custom Field 2 V:
- Employee Relatio
- Employee Status
- Employers
- Genders

MDCs	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Alcohol/Drug Use	52.4%	40.3%	69.1%	19.6%	0.1%	9.5%	3.8%
Mental	-3.3%	10.1%	0.2%	20.3%	23.5%	3.2%	16.3%

Key Utilization and Unit Cost Measures



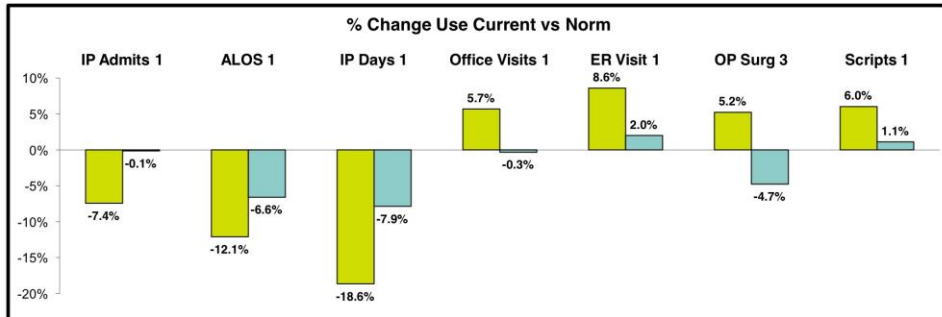
- Consider relationships between measures

Key Utilization and Paid Amounts by Service Trends (Paid Claims)

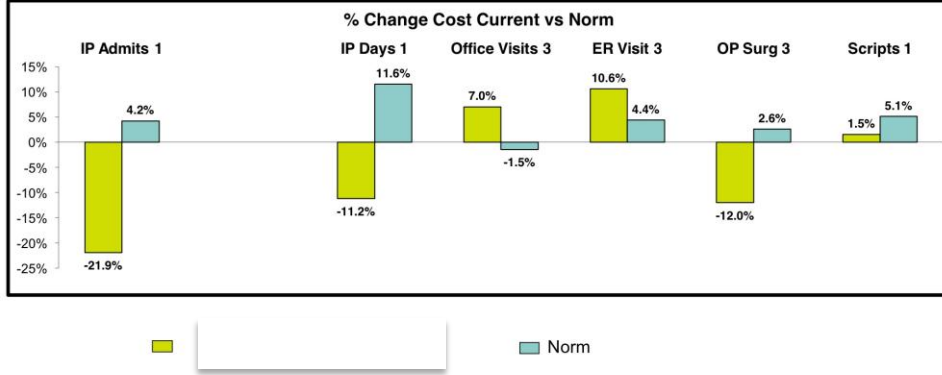
	Utilization (per 1,000 Members)				Paid (per Service Unit)			
	Previous	Current	% Change	Norm	Previous	Current	% Change	Norm
IP Admits	64	59	-7.4%	53 ¹	\$21,784	\$17,009	-21.9%	\$20,822 ¹
ALOS (days)	4.1	3.6	-12.1%	5.3 ¹	n/a	n/a	n/a	n/a
IP Days	259	211	-18.6%	220 ¹	\$5,370	\$4,769	-11.2%	\$4,007 ¹
Office Visits (OV)	7,044	7,445	5.7%	6,372 ¹	\$105	\$112	7.0%	\$117 ³
ER Visits	156	169	8.6%	184 ¹	\$1,054	\$1,166	10.6%	\$1,100 ³
OP Surgery	296	311	5.2%	214 ³	\$1,889	\$1,662	-12.0%	\$2,293 ³
Scripts	9,923	10,523	6.0%	10,780 ¹	\$101	\$103	1.5%	\$70 ¹

Neutral (Within +5%)
 Decrease (<-5%)
 Increase (>+5%)

Year over Year Comparisons



Comparison to Norms



Engagement and Care Model Evaluation



Engagement* (Incurred Claims)

	Previous	Current	% Change	Norm(3)
# of Members Engaged	1,127	994	-11.8%	n/a
# of Members Identified	7,317	6,987	-4.5%	n/a
% Members Engaged/Identified	15.4%	14.2%	-7.7%	15.8%
% Members Engaged Overall	3.5%	3.1%	-11.2%	3.9%

Neutral (Within +/-5%)
 Decrease (<-5%)
 Increase (>+5%)

Custom Care Management Model Impact ≥ 3 Months* (Incurred Claims)

	Engaged ≥ 3 Months			Identified Not Engaged		
	Previous	Current	%	Previous	Current	%
Total PMPM Med	\$690	\$603	-12%	\$362	\$376	4%
Total PMPM Rx	\$159	\$178	12%	\$115	\$127	11%
IP Admits per 1000 Members	179	128	-28%	89	82	-7%
Office Visits per 1000 Members	10,393	9,501	-9%	8,516	8,256	-3%
ER Visits per 1000 Members	447	372	-17%	307	306	0%
Risk Score	361	335	-7%	246	253	3%

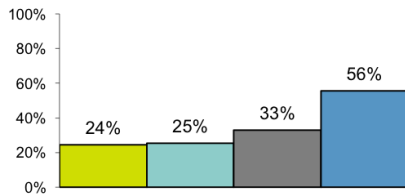
* Does not include TDS

Equity Healthcare monitors Quarterly Dashboards to identify measures that are outliers. These become part of the carrier Work Plans

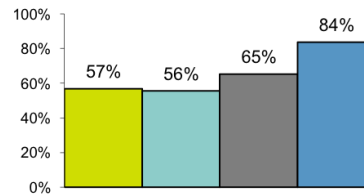
Preventive Services

Preventive Services - Annual Screening Rates (Incurred Claims)

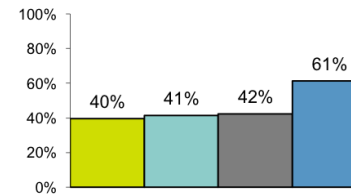
Adult (>18 yo) Physical (3)



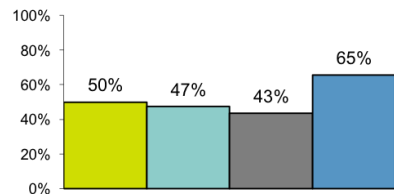
Childhood Vaccine (3)



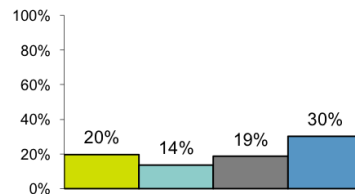
Cervical Cancer (1)



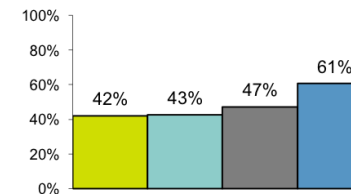
Cholesterol (1)



Colon Cancer (1)



Breast Cancer (1)



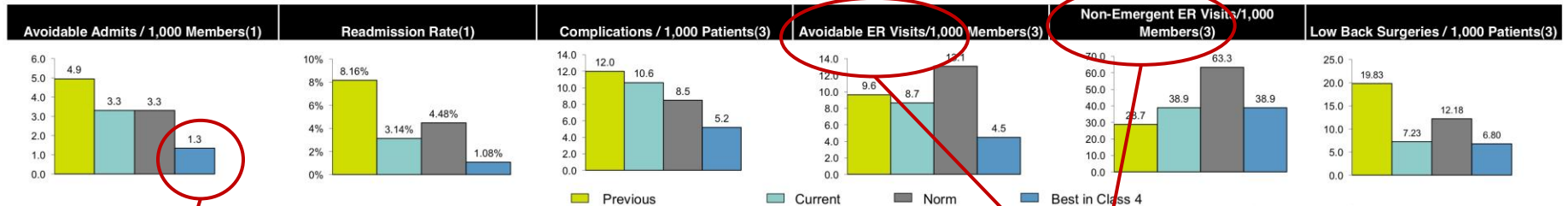
■ Previous
 ■ Current
 ■ Norm
 ■ Best in Class 4



- Drill down by location, business unit, employee vs. dependent to inform the design of communication campaigns

Quality Markers & Glossary

Quality Markers (Incurred Claims)



1. Truven Health Services Industry Norm
2. Truven Health Total U.S. Norm
3. Equity Healthcare Book of Business
4. Equity Healthcare Best in Class

Best-in-Class Benchmark

Avoidable versus Non-Emergent ER Visits

Markers

Avoidable ER Visits per 1,000 Members

The average number of ER visits for conditions that generally would not result in emergency room care if appropriate prior treatment occurred, per 1,000 members with medical coverage per year.

Non-Emergent ER Visits per 1,000 Members

The average number of ER visits for conditions that are not considered emergent, per 1,000 members with medical coverage per year.

Low Back Surgeries per 1,000 Patients

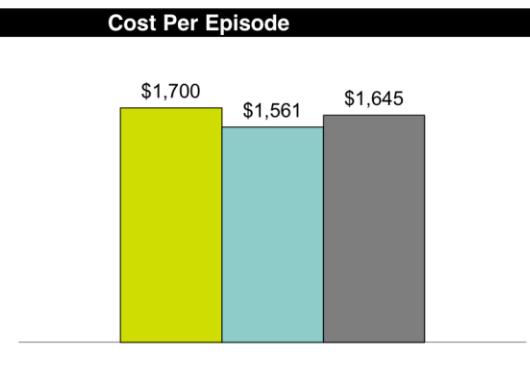
The average number of inpatient and ambulatory low back disorder surgical visits, per the average number of patients who had low back disorder episodes of care. This measure is an evidence-based measure of clinical performance. The number of visits is based on the count of unique patient and service date combinations.

Don't forget to use the Glossary

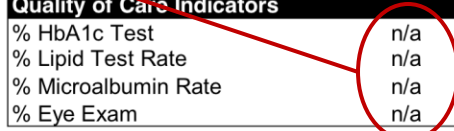
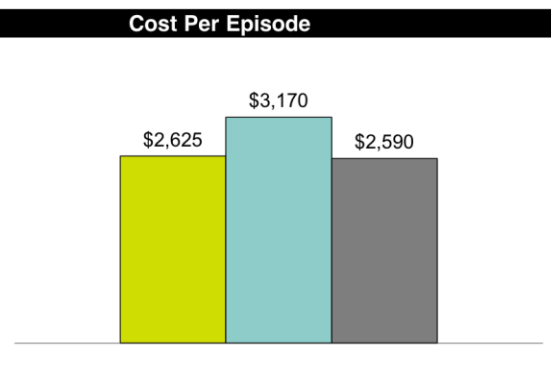
Cost and Quality by Condition

Costs and Quality (Medical and Pharmacy Incurred Claims)

Prevalance and Cost			
Asthma			
	Previous	Current	Norm
% of Total Paid	1.4%	1.2%	1.3%
Patients Per 1000	30.7	29.2	27.2
Quality of Care Indicators			
% Asthma Pharmacy	n/a	72.7%	91.7%
% Asthma Beta Blockers	0.7%	1.9%	1.2%
% Asthma Flare Ups	7.4%	2.3%	5.0%



Prevalance and Cost			
Diabetes			
	Previous	Current	Norm
% of Total Paid	2.7%	3.9%	3.0%
Patients Per 1000	54.1	65.3	62.0
Quality of Care Indicators			
% HbA1c Test	n/a	91.3%	73.7%
% Lipid Test Rate	n/a	90.2%	66.9%
% Microalbumin Rate	n/a	77.2%	77.5%
% Eye Exam	n/a	31.0%	30.4%

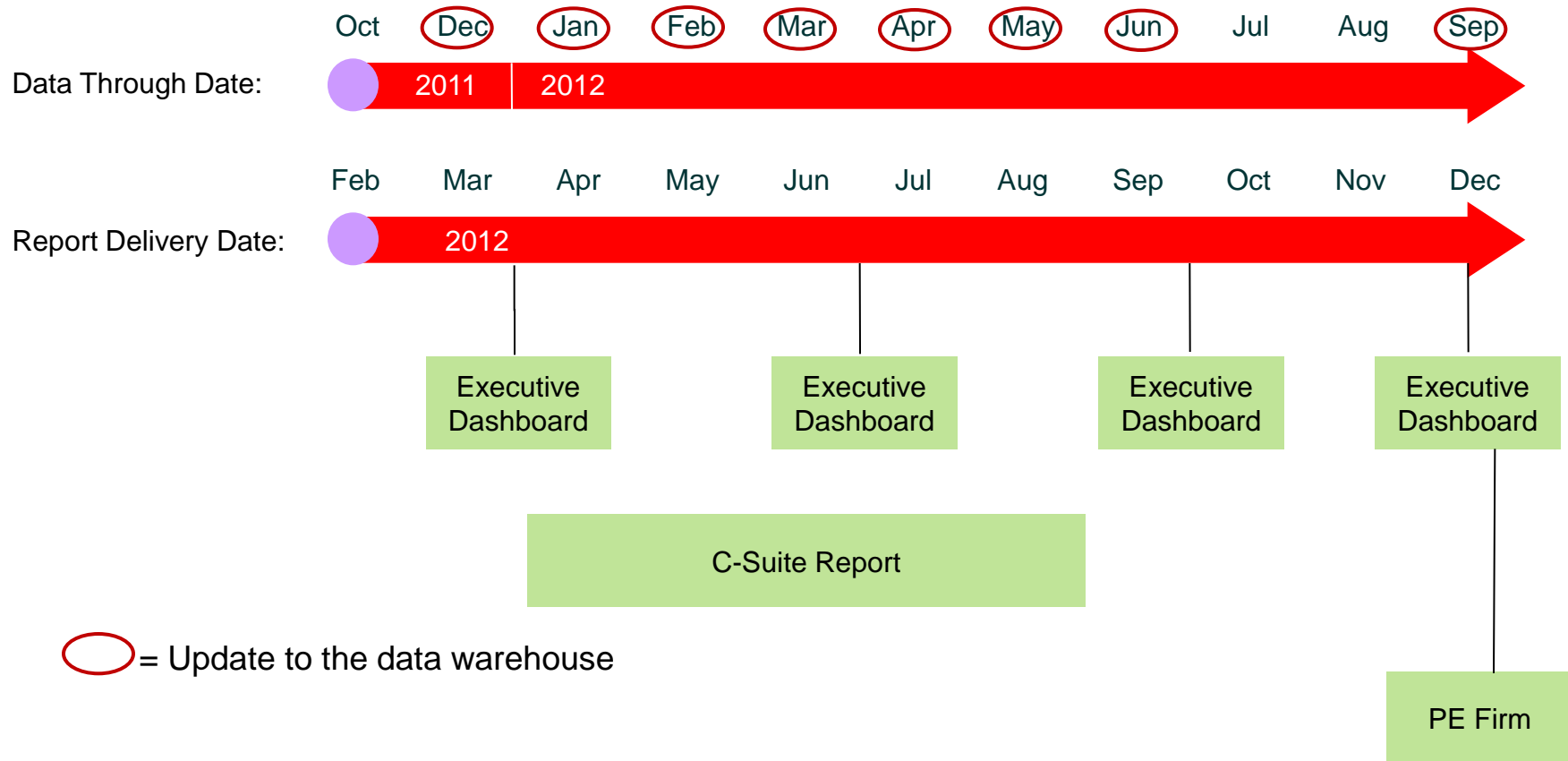


Some quality measures require 2 or 3 years of data



Careful of small numbers

Calendar of Reports



- Self-service reporting through Truven Reporting Tool (24/7/365)



Give us your suggestions!