

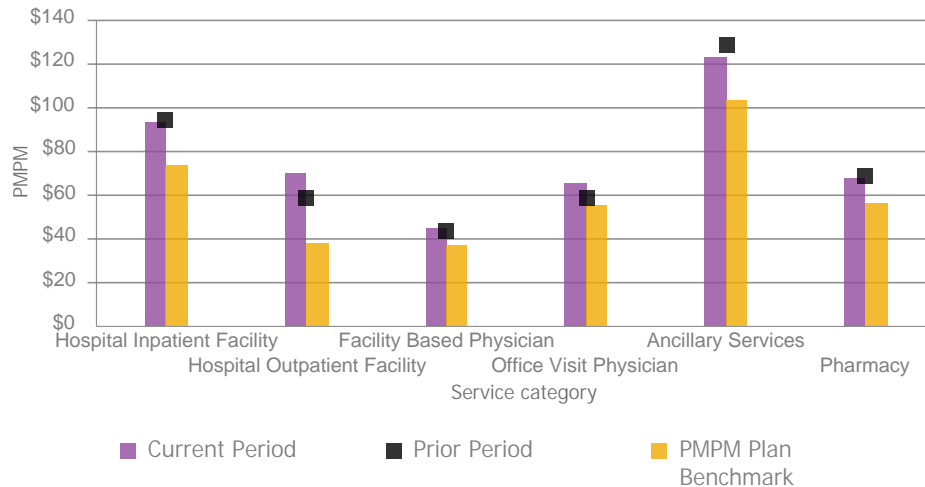
## CCMHG/CAPE COD MUNICIPAL HEALTH GROUP

### Report Displayed by Selected Population Total Cost and Utilization Detail Report

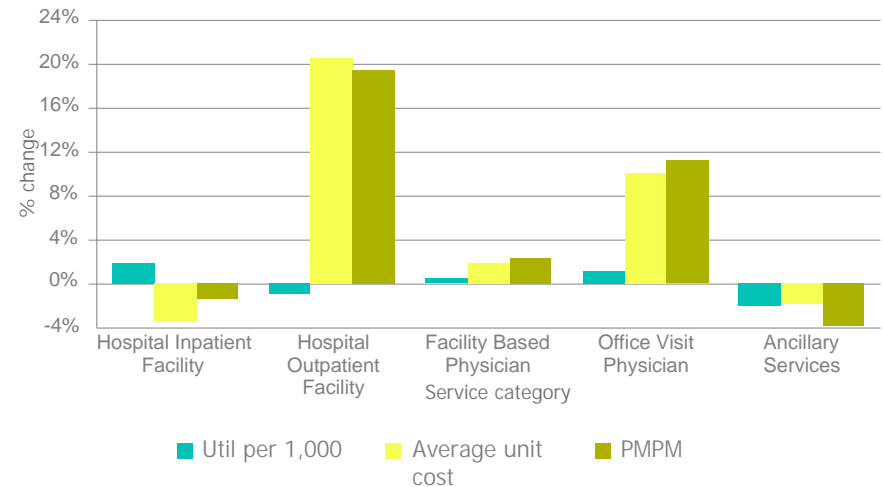
Current Incurred Period: 11/01/2010 to 10/31/2011 ; Current Paid Period: 11/01/2010 to 12/31/2011

Prior Incurred Period: 11/01/2009 to 10/31/2010; Prior Paid Period: 11/01/2009 to 12/31/2011

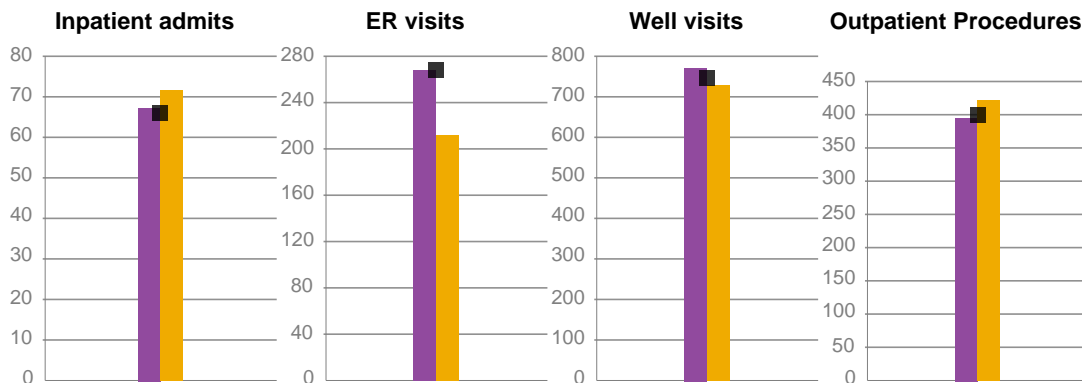
**Plan Liability PMPM by service category**



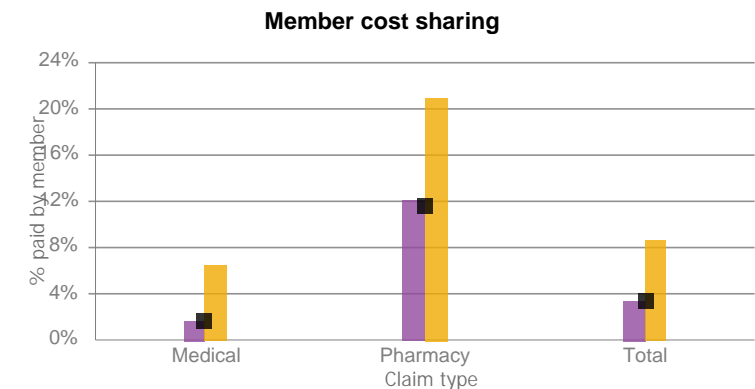
**Change in cost drivers from prior to current period**



**Utilization per 1,000 for selected key metrics**



**Member cost sharing summary**



**Notes:**

- \* Utilization Count: Hospital Inpatient Facility = admits, Hospital Outpatient Facility = service, Physician Services = visits, Ancillary Services = service, Pharmacy = scripts, Other Services = days or service.
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  - \*\*\* Capitation, capitation differentials and other allocatable expenses reflect estimated expense for the selected time period.
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**CCMHG/CAPE COD MUNICIPAL HEALTH GROUP**

 Report Displayed by Selected Population  
**Total Cost and Utilization Detail Report**

Incurred Period: 11/01/2010 to 10/31/2011 ; Paid Period: 11/01/2010 to 12/31/2011

Type of Service	Utilization		Plan Liability			Member Liability				% Total Cost
	Count *	Frequency per 1,000	Costs **	Average Unit Cost	PMPM	Copay	Coinsurance	Deductible	Costs	
<b>Report Total</b>										
<b>FACILITY</b>										
Hospital Inpatient Facility										
Inpatient Nursery and Extended Newborn -Hospital	54	9.35	\$309,608	\$5,717.45	\$4.45	\$600	\$0	\$0	\$600	
Inpatient Surgery - Hospital	145	24.99	\$3,942,560	\$27,231.84	\$56.72	\$1,800	\$0	\$2,701	\$4,501	
Inpatient Medical - Hospital	113	19.53	\$1,587,587	\$14,031.40	\$22.84	\$600	\$0	\$0	\$600	
Inpatient OB - Hospital	53	9.17	\$422,437	\$7,956.76	\$6.08	\$1,800	\$0	\$0	\$1,800	
Skilled Nursing Facility	19	3.34	\$98,946	\$5,108.00	\$1.42	\$0	\$0	\$0	\$0	
Inpatient Rehabilitation- Hospital	6	1.06	\$77,013	\$12,589.36	\$1.11	\$0	\$0	\$0	\$0	
<b>SUBTOTAL</b>	<b>391</b>	<b>67.44</b>	<b>\$6,438,151</b>	<b>\$16,480.45</b>	<b>\$92.62</b>	<b>\$4,800</b>	<b>\$0</b>	<b>\$2,701</b>	<b>\$7,501</b>	<b>0.1%</b>
Hospital Outpatient Facility										
Facility Emergency Room (ER)	1,551	267.76	\$636,723	\$410.52	\$9.16	\$19,105	\$0	\$0	\$19,105	
Observation Bed (OBS)	33	5.74	\$98,280	\$2,953.86	\$1.41	\$0	\$0	\$0	\$0	
Outpatient Recovery Room	5	0.87	\$38,285	\$7,572.40	\$0.55	\$0	\$0	\$0	\$0	
Facility Procedures - Outpatient	2,286	394.65	\$4,083,529	\$1,786.27	\$58.75	\$7,271	\$57	\$250	\$7,578	
<b>SUBTOTAL</b>	<b>3,875</b>	<b>669.02</b>	<b>\$4,856,817</b>	<b>\$1,253.24</b>	<b>\$69.87</b>	<b>\$26,375</b>	<b>\$57</b>	<b>\$250</b>	<b>\$26,682</b>	<b>0.5%</b>
<b>PROFESSIONAL SERVICES</b>										
Facility Based Physician										
Professional Procedures - Outpatient	1,493	257.68	\$774,964	\$519.19	\$11.15	\$150	\$6	\$250	\$406	
Professional Procedures - Inpatient	370	63.88	\$660,200	\$1,784.16	\$9.50	\$0	\$862	\$20	\$882	
Professional Visits - Outpatient	1,968	339.82	\$425,381	\$216.10	\$6.12	\$965	\$0	\$0	\$965	
Anesthesia	1,408	243.12	\$1,018,755	\$723.40	\$14.66	\$0	\$0	\$0	\$0	
Professional Visits - Inpatient	895	154.46	\$256,262	\$286.41	\$3.69	\$0	\$60	\$0	\$60	
<b>SUBTOTAL</b>	<b>6,134</b>	<b>1,058.96</b>	<b>\$3,135,561</b>	<b>\$511.16</b>	<b>\$45.11</b>	<b>\$1,115</b>	<b>\$929</b>	<b>\$270</b>	<b>\$2,313</b>	<b>0.1%</b>

**Notes:**

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**CCMHG/CAPE COD MUNICIPAL HEALTH GROUP**

 Report Displayed by Selected Population  
**Total Cost and Utilization Detail Report**

Incurred Period: 11/01/2010 to 10/31/2011 ; Paid Period: 11/01/2010 to 12/31/2011

Type of Service	Utilization		Plan Liability			Member Liability				% Total Cost
	Count *	Frequency per 1,000	Costs **	Average Unit Cost	PMPM	Copay	Coinsurance	Deductible	Costs	
<b>Report Total</b>										
Office Visit Physician										
Dental	190	32.84	\$84,060	\$441.95	\$1.21	\$730	\$0	\$0	\$730	
Professional Procedures - Office / Other	3,574	616.95	\$651,394	\$182.27	\$9.37	\$17,666	\$68	\$500	\$18,234	
Vision	2,146	370.54	\$252,599	\$117.68	\$3.63	\$21,014	\$0	\$0	\$21,014	
Professional Visits - Office / Other	24,860	4,291.69	\$2,876,528	\$115.71	\$41.38	\$235,292	\$591	\$2,142	\$238,025	
Well Visit	4,482	773.80	\$687,574	\$153.40	\$9.89	\$26,308	\$36	\$545	\$26,889	
<b>SUBTOTAL</b>	<b>35,253</b>	<b>6,085.81</b>	<b>\$4,552,154</b>	<b>\$129.13</b>	<b>\$65.49</b>	<b>\$301,010</b>	<b>\$695</b>	<b>\$3,187</b>	<b>\$304,892</b>	<b>6.3%</b>

**ANCILLARY SERVICES**

Hospice	93	15.99	\$26,813	\$289.39	\$0.39	\$0	\$0	\$0	\$0	
DME/Prosthetics/Medical Supplies	3,129	540.22	\$315,154	\$100.71	\$4.53	\$14,604	\$10,648	\$0	\$25,252	
Radiology Standard	15,405	2,659.40	\$1,862,165	\$120.88	\$26.79	\$10,281	\$103	\$908	\$11,293	
Radiology Advanced	2,208	381.21	\$959,935	\$434.71	\$13.81	\$1,454	\$0	\$0	\$1,454	
Physical Therapy (PT)	11,952	2,063.33	\$530,768	\$44.41	\$7.64	\$58,738	\$314	\$912	\$59,964	
Occupational Therapy (OT)	512	88.35	\$69,798	\$136.38	\$1.00	\$4,570	\$0	\$0	\$4,570	
Speech Therapy (ST)	508	87.71	\$87,406	\$172.03	\$1.26	\$4,800	\$90	\$250	\$5,140	
Fertility - IVF, IUI	16	2.78	\$35,630	\$2,212.91	\$0.51	\$100	\$0	\$0	\$100	
Ambulance Services	655	113.11	\$337,777	\$515.52	\$4.86	\$0	\$1,250	\$250	\$1,500	
Radiation Therapy/ Chemotherapy	1,240	214.12	\$872,840	\$703.73	\$12.56	\$299	\$0	\$0	\$299	
Cardio Diagnostics	2,758	476.08	\$159,154	\$57.71	\$2.29	\$259	\$0	\$0	\$259	
Other Outpatient Pharmacy	2,163	373.41	\$1,132,775	\$523.70	\$16.30	\$2,517	\$0	\$0	\$2,517	
Dialysis	17	2.95	\$645	\$37.72	\$0.01	\$0	\$0	\$0	\$0	
Other Diagnostics	2,684	463.26	\$273,741	\$102.01	\$3.94	\$1,528	\$236	\$56	\$1,820	
Early Intervention	570	98.33	\$62,813	\$110.28	\$0.90	\$0	\$0	\$0	\$0	
Other	499	86.18	\$40,887	\$81.90	\$0.59	\$319	\$9	\$0	\$328	
Lab	49,721	8,583.41	\$1,520,101	\$30.57	\$21.87	\$12,217	\$1,928	\$1,554	\$15,699	
Immunizations	4,793	827.36	\$143,431	\$29.93	\$2.06	\$0	\$0	\$0	\$0	

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**CCMHG/CAPE COD MUNICIPAL HEALTH GROUP**

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**Total Cost and Utilization Detail Report**

Incurred Period: 11/01/2010 to 10/31/2011 ; Paid Period: 11/01/2010 to 12/31/2011

Type of Service	Utilization		Plan Liability			Member Liability				% Total Cost
	Count *	Frequency per 1,000	Costs **	Average Unit Cost	PMPM	Copay	Coinsurance	Deductible	Costs	
Specialty Rx	86	14.85	\$129,529	\$1,506.16	\$1.86	\$25	\$0	\$0	\$25	
<b>SUBTOTAL</b>	<b>99,009</b>	<b>17,092.05</b>	<b>\$8,561,363</b>	<b>\$86.47</b>	<b>\$123.16</b>	<b>\$111,713</b>	<b>\$14,577</b>	<b>\$3,930</b>	<b>\$130,220</b>	<b>1.5%</b>

**Report Total**
**PHARMACY**

Retail	73,947		\$4,328,245	\$58.53	\$62.27	\$592,942	\$0	\$0	\$592,942	
Mail Order	9,160		\$374,981	\$40.94	\$5.39	\$54,271	\$0	\$0	\$54,271	
<b>SUBTOTAL</b>	<b>83,107</b>		<b>\$4,703,225</b>	<b>\$56.59</b>	<b>\$67.66</b>	<b>\$647,213</b>	<b>\$0</b>	<b>\$0</b>	<b>\$647,213</b>	<b>12.1%</b>

**BEHAVIORAL HEALTH**

Behavioral Health			\$828,874		\$11.92	\$85,470	\$1,083	\$2,401	\$88,954	9.7%
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<b>TOTAL CLAIMS</b>			<b>\$33,076,145</b>		<b>\$475.83</b>	<b>\$1,177,696</b>	<b>\$17,341</b>	<b>\$12,739</b>	<b>\$1,207,776</b>	<b>3.5%</b>
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**OTHER MEDICAL \*\*\***

Other Provider Payments			\$229,049		\$3.30					
Medical & Practice Management			\$0		\$0.00					
Capitation Differential			\$0		\$0.00					
Behavioral Health Capitation			\$0		\$0.00					
OOA Access Fees			\$569		\$0.01					
OOA % Savings			\$29,715		\$0.43					
MA Uncompensated Care Surcharges			\$252,839		\$3.64					
NYHCRA Surcharges			\$3,160		\$0.05					
NYHCRA Covered Lives Assessment			\$0		\$0.00					
Interest Penalty Charges			\$0		\$0.00					
<b>SUBTOTAL</b>			<b>\$515,332</b>		<b>\$7.41</b>					

<b>GRAND TOTAL</b>			<b>\$33,591,476</b>		<b>\$483.25</b>	<b>\$1,177,696</b>	<b>\$17,341</b>	<b>\$12,739</b>	<b>\$1,207,776</b>	<b>3.5%</b>
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Member month calculated as of 15th of the month: 69,512

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CCMHG/CAPE COD MUNICIPAL HEALTH GROUP

Report Displayed by Selected Population  
**Total Cost and Utilization Detail Report**

Incurred Period: 11/01/2010 to 10/31/2011 ; Paid Period: 11/01/2010 to 12/31/2011

Group#	Group Name	Product	Annv Date (Month/Day)
033301	CCMHG/HMO	HMO	7/1
034973	CCMHG PPO	PPO	7/1
057173	CCMHG/RS/HMO	HMO	7/1
057174	CCMHG/RS/PPO	PPO	7/1

**Filter Parameters:**

**Account Number:** = C31708  
**Group Number(s):** = 033301, 034973, 057173, 057174  
**Division Number(s):** All  
**Benchmark set code:** = 201012\_YE\_PLANWIDE