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# **ENROLLMENT OVERVIEW**

**Report Description:** For medical membership only, the average number of subscribers, dependents, members and average contract size for Cape Cod Municipal Health Group is shown. The report also provides a breakdown of the average age, overall proportion of males, females, and females 20-44 years. Also shown in the second table is the average age of subscribers (employees), spouse (spouse or domestic partner), and dependents (children, disabled dependent, or student) and total members. Finally, the average number of medical members and proportion of medical members in each coverage tier for the two reporting periods are displayed in the third table below.

	CAPE CO	D MUNICIPAL HEALT			
	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
AVERAGE SUBSCRIBERS	5,170	5,168	0.0%		
AVERAGE DEPENDENTS	6,896	6,877	0.3%		
AVERAGE MEMBERS	12,066	12,044	0.2%		
AVERAGE CONTRACT SIZE	2.33	2.33	0.1%	2.18	7.2%
AVERAGE AGE (YEARS)	38.7	38.8	-0.1%		
PROPORTION OF MALES	47.7%	47.5%	0.3%	49.1%	-2.9%
PROPORTION OF FEMALES	52.3%	52.5%	-0.3%	50.9%	2.8%
PROPORTION OF FEMALES (20-44 YEARS)	14.7%	14.5%	1.6%	20.3%	-27.4%
DEMOGRAPHIC INDEX	1.125	1.125	-0.1%	1.001	12.4%

**Membership:** Cape Cod Municipal Health Group's overall membership remained stable between the two reporting periods. Subscribers remained stable and dependents remained stable. Average contract size remained stable at 2.33.

CAPE COD MUNICIPAL HEALTH GROUP									
AVERAGE AGE (IN YEARS) BY GENDER									
		MAR'14-FEB'15			MAR'13-FEB'14		SUMMARY		
	MALE	FEMALE	SUMMARY	MALE	FEMALE	SUMMARY	% CHANGE		
SUBSCRIBERS	49.9	52.3	51.2	50.0	52.3	51.3	-0.1%		
SPOUSES	53.5	48.8	51.1	53.4	48.7	51.0	0.2%		
DEPENDENTS	14.4	14.3	14.3	14.3	14.1	14.2	1.0%		
MEMBERS	37.8	39.6	38.7	37.9	39.6	38.8	-0.1%		

**Subscriber Age:** The average age for subscribers remained stable at 51.2 between the two reporting periods. In the current reporting period, males were younger than females and most subscribers fell into the 50-59 age band.

CAPE COD MUNICIPAL HEALTH GROUP								
	MAR'14-FEB'15		MAR'13	-FEB'14	% CHANGE			
COVERAGE TIER	AVG MEMBERS	% MEMBERS	AVG MEMBERS	% MEMBERS	AVG MEMBERS	% MEMBERS		
EMPLOYEE ONLY	2,122	17.6%	2,106	17.5%	0.8%	0.6%		
EMPLOYEE+ONE	2,035	16.9%	2,066	17.1%	-1.5%	-1.7%		
EMPLOYEE+DEPENDENT(S)								
FAMILY	7,909	65.5%	7,873	65.4%	0.5%	0.3%		
SUMMARY	12,066	100.0%	12,044	100.0%	0.2%	0.0%		

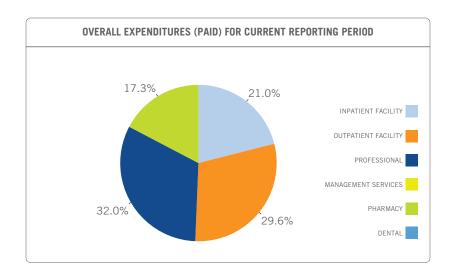
Employee Only: Cape Cod Municipal Health Group's enrollment remained stable in average members.

**Employee + One:** Average members remained stable over the two reporting periods.



# **KEY INDICATORS**

	CAPE COI	MUNICIPAL HEALT			
	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK <sup>1</sup>	% VARIANCE
DEMOGRAPHICS (MEDICAL ONLY)					
AVERAGE SUBSCRIBERS	5,170	5,168	0.0%		
AVERAGE DEPENDENTS	6,896	6,877	0.3%		
AVERAGE MEMBERS	12,066	12,044	0.2%		
AVERAGE CONTRACT SIZE	2.33	2.33	0.1%	2.18	7.2%
AVERAGE AGE (YEARS)	38.7	38.8	-0.1%		
PROPORTION OF MALES	47.7%	47.5%	0.3%	49.1%	-2.9%
PROPORTION OF FEMALES	52.3%	52.5%	-0.3%	50.9%	2.8%
PROPORTION OF FEMALES (20-44 YEARS)	14.7%	14.5%	1.6%	20.3%	-27.4%
OVERALL EXPENSES (PAID PMPM)					
INPATIENT FACILITY	\$113.67	\$111.87	1.6%	\$91.95	23.6%
OUTPATIENT FACILITY	\$160.15	\$157.67	1.6%	\$118.49	35.2%
PROFESSIONAL	\$173.12	\$168.63	2.7%	\$158.54	9.2%
MANAGEMENT SERVICES					
TOTAL MEDICAL	\$446.94	\$438.17	2.0%	\$368.99	21.1%
PHARMACY	\$93.51	\$77.00	21.4%	\$87.93	6.4%
DENTAL					
OVERALL EXPENSES (PAID PEPM)					
INPATIENT FACILITY	\$265.29	\$260.74	1.7%	\$200.15	32.5%
OUTPATIENT FACILITY	\$373.77	\$367.47	1.7%	\$257.92	44.9%
PROFESSIONAL	\$404.04	\$393.02	2.8%	\$345.10	17.1%
MANAGEMENT SERVICES				·	
TOTAL MEDICAL	\$1,043.09	\$1,021.24	2.1%	\$803.16	29.9%
PHARMACY	\$218.16	\$179.45	21.6%	\$186.57	16.9%
DENTAL					
OVERALL EXPENSES (ALLOWED PMPM)					
INPATIENT FACILITY	\$117.58	\$115.71	1.6%	\$97.42	20.7%
OUTPATIENT FACILITY	\$173.40	\$171.36	1.2%	\$131.86	31.5%
PROFESSIONAL MANAGEMENT SERVICES	\$195.80	\$191.80	2.1%	\$184.53	6.1%
TOTAL MEDICAL	\$486.78	\$478.87	1.7%	\$413.81	17.6%
PHARMACY	\$107.07	\$91.18	17.4%	\$101.13	5.9%
DENTAL	4207.07	452.10	27.170	4101110	2.370



<sup>&</sup>lt;sup>1</sup>The benchmark is age/gender adjusted.



# KEY INDICATORS, CONTINUED

	CAPE COL	D MUNICIPAL HEALT	H GROUP		
		MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
INPATIENT FACILITY UTILIZATION AND EXPENSE	WAR 14-1 LB 13	WAN 15-1 LD 14	76 CHANGE	BLITCHWAIT	76 VAINTAINCE
TOTAL INPATIENT FACILITY PAID	\$16,458,557	\$16,169,517	1.8%		
INPATIENT FACILITY PAID PMPM	\$113.67	\$111.87	1.6%	\$91.95	23.6%
ADMISSIONS/1000	62.0	67.3	-7.9%	63.7	-2.7%
IN-NETWORK ADMISSIONS %	98.0%	99.3%	-1.3%	97.1%	0.9%
DAYS/1000	363.2	383.8	-5.4%	323.3	12.3%
AVERAGE LENGTH OF STAY (ALOS)	5.9	5.7	2.8%	5.1	15.5%
PAID/ADMISSION	\$22,003	\$19,938	10.4%	\$17,310	27.1%
IN-NETWORK PAID %	98.6%	99.7%	-1.2%	98.9%	-0.4%
PAID/DAY	\$3,756	\$3,498	7.4%	\$3,413	10.0%
OUTPATIENT FACILITY UTILIZATION AND EXPENSE	\$5,750	\$3,490	7.4/0	\$5,415	10.0 /
	¢02.100.004	¢00 707 700	1 00/		
TOTAL OUTPATIENT FACILITY PAID	\$23,188,984	\$22,787,798	1.8%	¢110.40	25.00/
OUTPATIENT FACILITY PAID PMPM	\$160.15	\$157.67	1.6%	\$118.49	35.2%
VISITS/1000	3,201.5	3,162.4	1.2%	2,412.4	32.7%
IN-NETWORK VISITS %	98.8%	99.0%	-0.2%	97.7%	1.2%
PAID/VISIT	\$600	\$598	0.3%	\$589	1.8%
IN-NETWORK PAID %	98.3%	98.3%	-0.0%	97.4%	1.0%
EMERGENCY ROOM VISITS/1000	244.6	247.5	-1.2%	212.9	14.9%
EMERGENCY ROOM PAID/VISIT	\$1,254	\$1,241	1.1%	\$963	30.3%
PROFESSIONAL UTILIZATION AND EXPENSE					
TOTAL PROFESSIONAL PAID	\$25,066,821	\$24,372,558	2.8%		
PROFESSIONAL PAID PMPM	\$173.12	\$168.63	2.7%	\$158.54	9.2%
VISITS/MEMBER	12.0	12.0	-0.2%		
SERVICES/MEMBER	21.3	21.4	-0.5%	20.6	3.4%
IN-NETWORK SERVICES %	96.8%	96.9%	-0.1%	95.2%	1.7%
PAID/VISIT	\$173	\$168	2.9%		
PAID/SERVICE	\$97	\$94	3.2%	\$92	5.6%
IN-NETWORK PAID %	96.0%	97.4%	-1.5%	95.3%	0.7%
OFFICE VISITS/MEMBER	8.9	8.9	-0.6%		
OFFICE SERVICES/MEMBER	15.3	15.4	-0.9%	14.3	7.0%
OFFICE PAID/VISIT	\$123	\$122	1.2%		
OFFICE PAID/SERVICE	\$71	\$70	1.5%	\$75	-5.0%
PHARMACY UTILIZATION AND EXPENSE					
TOTAL PHARMACY PAID	\$13,539,124	\$11,127,327	21.7%		
PHARMACY PAID PMPM	\$93.51	\$77.00	21.4%	\$87.93	6.4%
PRESCRIPTIONS/MEMBER	13.5	12.9	5.0%	12.4	8.7%
GENERIC DISPENSING RATE	85.2%	71.3%	19.4%	81.5%	4.6%
PAID/PRESCRIPTION	\$83	\$72	15.6%	\$85	-2.2%
DENTAL UTILIZATION AND EXPENSE					
TOTAL DENTAL PAID					
DENTAL PAID PMPM					
SERVICES/MEMBER				3.7	
IN-NETWORK SERVICES %				81.1%	
PAID/SERVICE				\$90	
IN-NETWORK PAID %				79.6%	
SUMMARY					
TOTAL MEDICAL PAID	\$64,714,362	\$63,329,873	2.2%		
TOTAL MEDICAL PAID PMPM	\$446.94	\$438.17	2.0%	\$368.99	21.1%
OVERALL MEDICAL IN-NETWORK PAID %	97.5%	98.3%	-0.9%	96.9%	0.6%
PLAN SHARE %	92.5%	92.4%	0.1%	91.3%	1.4%
AVERAGE SUBSCRIBERS	5,170	5,168	0.0%		
AVERAGE DEPENDENTS	6,896	6,877	0.3%		
AVERAGE MEMBERS	12,066	12,044	0.2%		



# PAID PMPM BY SERVICE TYPE

INPATIENT FACILITY								
	CAPE COD N	MUNICIPAL HEALTH GI	ROUP					
SERVICE TYPE	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE			
SURGICAL	\$64.08	\$59.56	7.6%	\$43.44	47.5%			
MEDICAL	\$29.94	\$34.88	-14.2%	\$28.33	5.7%			
MENTAL HEALTH/SUBSTANCE ABUSE	\$9.39	\$7.06	33.1%	\$5.07	85.3%			
MATERNITY	\$6.95	\$6.05	14.9%	\$13.05	-46.7%			
NON-ACUTE	\$3.30	\$4.32	-23.7%	\$2.07	59.1%			
TOTAL INPATIENT	\$113.67	\$111.87	1.6%	\$91.95	23.6%			

OUTPATIENT FACILITY								
	CAPE COD I	MUNICIPAL HEALTH G	ROUP					
SERVICE TYPE	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE			
SURGICAL	\$48.86	\$48.99	-0.3%	\$40.75	19.9%			
RADIOLOGY	\$40.53	\$39.65	2.2%	\$28.22	43.6%			
EMERGENCY ROOM	\$25.56	\$25.59	-0.1%	\$17.08	49.7%			
LABORATORY	\$13.48	\$12.35	9.2%	\$7.71	75.0%			
MEDICAL SPECIALTIES SERVICES	\$12.23	\$11.00	11.1%	\$9.24	32.3%			
OTHER SERVICES	\$6.82	\$6.66	2.4%	\$4.66	46.6%			
PT/OT/ST	\$6.68	\$5.79	15.3%	\$3.39	97.2%			
PSYCHIATRIC	\$4.17	\$3.63	14.8%	\$3.24	28.6%			
OBSERVATION ROOM	\$1.30	\$2.59	-49.6%	\$1.87	-30.3%			
DIALYSIS	\$0.51	\$1.41	-63.8%	\$2.34	-78.2%			
TOTAL OUTPATIENT	\$160.15	\$157.67	1.6%	\$118.49	35.2%			

PROFESSIONAL								
	CAPE COD I	MUNICIPAL HEALTH G	ROUP					
SERVICE TYPE	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE			
EVALUATION & MANAGEMENT	\$55.47	\$52.60	5.5%	\$50.06	10.8%			
SURGICAL	\$30.07	\$30.05	0.1%	\$26.06	15.4%			
MEDICAL	\$25.42	\$24.90	2.1%	\$23.22	9.5%			
MEDICAL SERVICES & SUPPLIES								
(HCPCS II)	\$23.37	\$23.69	-1.3%	\$23.06	1.4%			
ANESTHESIA	\$12.10	\$11.81	2.5%	\$9.18	31.7%			
PATHOLOGY & LABORATORY	\$10.56	\$9.61	9.9%	\$11.12	-5.0%			
RADIOLOGY	\$9.53	\$9.33	2.2%	\$10.11	-5.8%			
PT/OT/ST	\$5.97	\$5.94	0.5%	\$5.05	18.1%			
OTHER	\$0.63	\$0.70	-9.2%	\$0.68	-6.8%			
TOTAL PROFESSIONAL	\$173.12	\$168.63	2.7%	\$158.54	9.2%			



# TOP ICD-9 DIAGNOSTIC CATEGORIES BY MEDICAL PAID PMPM

Report Description: The table below lists the top 15 ICD-9 Diagnostic Categories by paid PMPM in descending order for the current reporting period.

CAPE COD MUNICIPAL HEALTH GROUP					
ICD-9 DIAGNOSTIC CATEGORY - PAID PMPM	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
MUSCULOSKELETAL AND CONNECTIVE TISSUE	\$64.66	\$64.40	0.4%	\$41.41	56.2%
NEOPLASMS	\$46.00	\$46.20	-0.4%	\$33.38	37.8%
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	\$36.31	\$34.48	5.3%	\$29.45	23.3%
CIRCULATORY	\$32.13	\$28.86	11.3%	\$24.07	33.5%
INJURY & POISONING	\$29.65	\$31.41	-5.6%	\$23.66	25.3%
WITHOUT REPORTED DIAGNOSIS	\$29.09	\$25.78	12.9%	\$20.59	41.3%
DIGESTIVE	\$28.74	\$36.93	-22.2%	\$23.83	20.6%
MENTAL HEALTH	\$23.86	\$23.31	2.4%	\$19.51	22.3%
RESPIRATORY	\$18.89	\$17.08	10.6%	\$14.80	27.6%
GENITOURINARY	\$17.32	\$21.17	-18.2%	\$17.71	-2.2%
INFECTIOUS AND PARASITIC	\$16.69	\$13.17	26.7%	\$10.75	55.2%
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	\$15.60	\$15.45	1.0%	\$13.39	16.5%
NERVOUS SYSTEM	\$13.94	\$13.82	0.8%	\$10.77	29.4%
SUBSTANCE ABUSE	\$12.72	\$7.36	72.8%	\$6.17	106.1%
COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE					
PUERPERIUM	\$12.24	\$9.56	28.0%	\$21.58	-43.3%
ALL OTHER	\$49.08	\$49.18	-0.2%	\$57.91	-15.3%
SUMMARY	\$446.94	\$438.17	2.0%	\$368.99	21.1%

The top four diagnostic categories for Cape Cod Municipal Health Group accounted for 40.1% of the total paid PMPM in the current reporting period.

<sup>\*</sup> ICD-9 Diagnostic Category definitions are located in the Appendix.



### HIGH COST CLAIMANTS OVERVIEW

Report Description: The following report for Cape Cod Municipal Health Group groups high cost claimants into five dollar ranges in the table below. For the current and prior reporting periods, the proportion of claimants, the percentage of total paid, and the percent change are displayed.

CAPE COD MUNICIPAL HEALTH GROUP									
		MAR'14	-FEB'15		MAR'13-FEB'14				
PAID RANGE	CLAIMANTS	CLAIMANTS %	PAID	PAID %	CLAIMANTS	CLAIMANTS %	PAID	PAID %	
CLAIMANT TOTAL PAID <=	12,075	97.9%	\$51,034,220	65.2%	12,063	98.0%	\$49,291,264	66.2%	
\$50K									
\$50,001-\$100,000	175	1.4%	\$12,132,047	15.5%	175	1.4%	\$11,950,355	16.0%	
\$100,001-\$200,000	55	0.4%	\$7,389,999	9.4%	61	0.5%	\$8,461,904	11.4%	
\$200,001-\$300,000	17	0.1%	\$4,155,482	5.3%	8	0.1%	\$1,862,675	2.5%	
\$300,001 AND GREATER	8	0.1%	\$3,541,738	4.5%	8	0.1%	\$2,891,002	3.9%	
CLAIMANT > \$50K SUB-TOTAL	255	2.1%	\$27,219,266	34.8%	252	2.0%	\$25,165,936	33.8%	
SUMMARY	12,330	100.0%	\$78,253,486	100.0%	12,315	100.0%	\$74,457,200	100.0%	

CAPE COD MUNICIPAL HEALTH GROUP			
	% CHANGE		
PAID RANGE	CLAIMANTS	PAID	
CLAIMANT TOTAL PAID <= \$50K	0.1%	3.5%	
\$50,001-\$100,000	0.0%	1.5%	
\$100,001-\$200,000	-9.8%	-12.7%	
\$200,001-\$300,000	112.5%	123.1%	
\$300,001 AND GREATER	0.0%	22.5%	
CLAIMANT > \$50K SUB-TOTAL	1.2%	8.2%	
SUMMARY	0.1%	5.1%	

Prevalence: There were 255 high cost claimants (2.1% of all claimants) each with paid expenses of \$50,000 or more during the current reporting period.

**Expense:** This small percentage of high cost claimants consumed 34.8% of all paid expenses.



#### **EXPENSES BY SERVICE CATEGORY**

Report Description: Paid PMPM measures are compared by service category (inpatient facility, outpatient facility, professional and pharmacy) and over the two reporting periods for all claimants and high cost claimants only. The group HCC represents high cost claimants with paid expenses of \$50,000 or more. The PMPM measures include membership counts for all members. The PMPM: HCC measures include membership counts only for high cost claimants.

CAPE COD MUNICIPAL HEALTH GROUP			
	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE
IP PAID PMPM	\$113.67	\$111.87	1.6%
IP PAID PMPM EXCLUDING HCC	\$35.91	\$38.63	-7.0%
IP PAID PMPM: HCC	\$3,881.38	\$3,680.36	5.5%
OP PAID PMPM	\$160.15	\$157.67	1.6%
OP PAID PMPM EXCLUDING HCC	\$114.72	\$110.83	3.5%
OP PAID PMPM: HCC	\$2,361.16	\$2,439.23	-3.2%
PR PAID PMPM	\$173.12	\$168.63	2.7%
PR PAID PMPM EXCLUDING HCC	\$142.78	\$139.01	2.7%
PR PAID PMPM: HCC	\$1,643.35	\$1,611.91	2.0%
TOTAL MEDICAL PAID PMPM	\$446.94	\$438.17	2.0%
TOTAL MEDICAL PAID PMPM EXCLUDING HCC	\$293.41	\$288.47	1.7%
TOTAL MEDICAL PAID PMPM: HCC	\$7,885.90	\$7,731.51	2.0%
RX PAID PMPM	\$93.51	\$77.00	21.4%
RX PAID PMPM EXCLUDING HCC	\$66.33	\$59.58	11.3%
RX PAID PMPM: HCC	\$1,410.78	\$924.87	52.5%



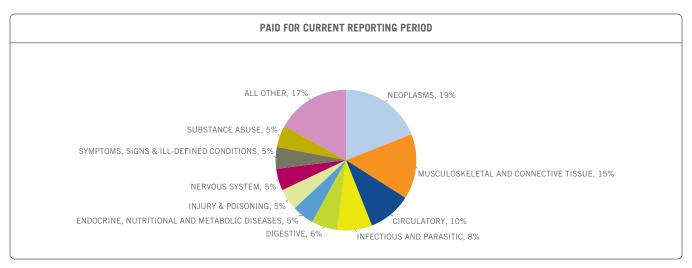


#### TOP LEADING DIAGNOSTIC CATEGORIES

Report Description: The top ten leading ICD-9 diagnostic categories for each claimant with paid expenses of \$30,000 or more is shown below for the current and prior reporting periods. For each category, the corresponding average age band and various expense measures have been summarized.

CAPE COD MUNICIPAL HEALTH GROUP										
MAR'14-FEB'15	CLAIMANTS	AVG AGE BAND	PAID	PAID/CLAIMANT	PAID PMPM					
NEOPLASMS	82	55-59	\$7,056,396	\$86,054	\$48.73					
MUSCULOSKELETAL AND CONNECTIVE TISSUE	105	55-59	\$5,674,249	\$54,040	\$39.19					
CIRCULATORY	50	60-64	\$3,900,099	\$78,002	\$26.94					
INFECTIOUS AND PARASITIC	21	55-59	\$2,844,973	\$135,475	\$19.65					
DIGESTIVE	37	45-49	\$2,165,054	\$58,515	\$14.95					
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	19	40-44	\$2,025,469	\$106,604	\$13.99					
INJURY & POISONING	34	45-49	\$1,962,350	\$57,716	\$13.55					
NERVOUS SYSTEM	27	50-54	\$1,799,069	\$66,632	\$12.43					
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	28	45-49	\$1,761,449	\$62,909	\$12.17					
SUBSTANCE ABUSE	16	40-44	\$1,708,249	\$106,766	\$11.80					
ALL OTHER	N/A	N/A	\$6,364,172	N/A	\$43.95					
SUMMARY	520	50-54	\$37,261,528	\$71,657	\$257.34					

CAPE COD MUNICIPAL HEALTH GROUP									
MAR'13-FEB'14	CLAIMANTS	AVG AGE BAND	PAID	PAID/CLAIMANT	PAID PMPM				
NEOPLASMS	70	55-59	\$6,504,856	\$92,927	\$45.01				
MUSCULOSKELETAL AND CONNECTIVE TISSUE	104	55-59	\$5,323,867	\$51,191	\$36.84				
DIGESTIVE	47	50-54	\$3,257,078	\$69,300	\$22.54				
CIRCULATORY	32	60-64	\$2,761,777	\$86,306	\$19.11				
INJURY & POISONING	43	45-49	\$2,393,500	\$55,663	\$16.56				
NERVOUS SYSTEM	24	45-49	\$2,168,806	\$90,367	\$15.01				
INFECTIOUS AND PARASITIC	14	45-49	\$1,412,166	\$100,869	\$9.77				
HEALTH SERVICES	14	55-59	\$1,371,750	\$97,982	\$9.49				
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	20	50-54	\$1,368,176	\$68,409	\$9.47				
MENTAL HEALTH	23	30-34	\$1,334,196	\$58,009	\$9.23				
ALL OTHER	N/A	N/A	\$6,422,340	N/A	\$44.44				
SUMMARY	488	50-54	\$34,318,513	\$70,325	\$237.45				



For the current reporting period, the top two diagnostic categories in terms of paid expenses were Neoplasms at 18.9% and Musculoskeletal And Connective Tissue at 15.2%. Together these categories comprised 36.0% of all high cost claimants.

Circulatory, Infectious And Parasitic and Digestive were the next diagnoses totaling another 23.9% of all HCC paid expenses and 20.8% of all high cost claimants.

The paid PMPMs are the HCC paid dollars for each diagnostic category spread across the entire membership.



# HIGH COST CLAIMANT LISTING

**Report Description:** Below is a detailed listing of the top 20 high cost claimants with paid expenses of \$30,000 or more for the current reporting period.

CAPE CO	CAPE COD MUNICIPAL HEALTH GROUP									
PATIENT	RELATIONSHIP	AGE/ GENDER BAND	IP PAID	OP PAID	PR PAID	RX PAID	TOTAL PAID			
1	DEPENDENT	10-14 F	\$546,378	\$9,092	\$194,262	\$61,411	\$811,143			
2	SPOUSE	50-54 M	\$311,748	\$14,586	\$63,755	\$212,802	\$602,890			
3	DEPENDENT	<1 M	\$457,024	\$3,687	\$27,336	\$12,165	\$500,212			
4	EMPLOYEE	65-69 M	\$328,612	\$944	\$16,340	\$6,842	\$352,738			
5	EMPLOYEE	65-69 M	\$256,533	\$27,024	\$21,196	\$23,399	\$328,152			
6	EMPLOYEE	50-54 M	\$216,697	\$43,142	\$56,419	\$895	\$317,153			
7	EMPLOYEE	40-44 M		\$2,785	\$981	\$312,054	\$315,819			
8	SPOUSE	60-64 F	\$204,405		\$109,133	\$95	\$313,632			
9	SPOUSE	55-59 F	\$118,845	\$119,595	\$5,958	\$54,773	\$299,171			
10	EMPLOYEE	60-64 M	\$56,268	\$161,662	\$75,911	\$4,652	\$298,493			
11	DEPENDENT	15-19 M	\$79,367	\$72,480	\$129,437	\$6	\$281,291			
12	SPOUSE	45-49 M	\$176,516	\$31,573	\$66,877	\$2,776	\$277,743			
13	EMPLOYEE	60-64 F	\$124,280	\$52,357	\$45,063	\$38,774	\$260,473			
14	SPOUSE	40-44 M	\$55,862	\$127,430	\$75,317	\$259	\$258,868			
15	EMPLOYEE	60-64 F	\$216,241	\$4,960	\$34,482	\$902	\$256,585			
16	EMPLOYEE	55-59 M	\$159,775	\$41,251	\$33,279	\$508	\$234,812			
17	SPOUSE	70-74 M	\$124,187	\$86,867	\$23,475	\$143	\$234,672			
18	SPOUSE	70-74 M	\$186,567	\$22,271	\$21,967	\$522	\$231,326			
19	SPOUSE	45-49 M	\$12,464	\$203,671	\$13,325	\$157	\$229,616			
20	SPOUSE	75+ M	\$182,226	\$12,776	\$33,377	\$723	\$229,102			



# INPATIENT ADMISSIONS ANALYSIS

Report Description: The table below breaks down total admissions into separate admission types: medical, surgical, maternity, mental health/substance abuse, and non-acute. Maternity includes deliveries (vaginal and C-section), non-deliveries, and normal newborns. Non-acute refers to admissions for rehabilitation, skilled nursing facilities and hospice care. Paid expenses, admissions, days and length of stay by admission type are displayed in the table below. The paid amount is based on the inpatient facility component only. Inpatient professional statistics are not reported.

		CAPE CO	D MUNICIPAL HEALTH GROU	IP I		
SERVICE TYPE		MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
MEDICAL	PAID	\$4,335,327	\$5,041,867	-14.0%		
	PAID PMPM	\$29.94	\$34.88	-14.2%	\$28.33	5.7%
	ADMISSIONS	239	309	-22.7%		
	ADMISSIONS/1000	19.8	25.7	-22.8%	23.3	-14.9%
	DAYS	1,219	1,551	-21.4%		
	DAYS/1000	101.0	128.8	-21.5%	120.8	-16.4%
	AVERAGE LENGTH OF STAY	5.1	5.0	1.6%	5.2	-1.8%
	PAID/ADMISSION	\$18,139	\$16,317	11.2%	\$14,613	24.1%
	PAID/DAY	\$3,556	\$3,251	9.4%	\$2,814	26.4%
SURGICAL	PAID	\$9,278,904	\$8,608,839	7.8%		
	PAID PMPM	\$64.08	\$59.56	7.6%	\$43.44	47.5%
	ADMISSIONS	239	267	-10.5%		
	ADMISSIONS/1000	19.8	22.2	-10.6%	15.6	27.1%
	DAYS	1,336	1,132	18.0%		
	DAYS/1000	110.7	94.0	17.8%	71.4	55.0%
	AVERAGE LENGTH OF STAY	5.6	4.2	31.8%	4.6	22.0%
	PAID/ADMISSION	\$38,824	\$32,243	20.4%	\$33,447	16.1%
	PAID/DAY	\$6,945	\$7,605	-8.7%	\$7,298	-4.8%
MATERNITY	PAID	\$1,006,703	\$874,385	15.1%		
	PAID PMPM	\$6.95	\$6.05	14.9%	\$13.05	-46.7%
	ADMISSIONS	99	71	39.4%		
	ADMISSIONS/1000	8.2	5.9	39.2%	16.0	-48.6%
	DAYS	293	251	16.7%		
	DAYS/1000	24.3	20.8	16.5%	47.2	-48.6%
	AVERAGE LENGTH OF STAY	3.0	3.5	-16.3%	3.0	0.1%
	PAID/ADMISSION	\$10,169	\$12,315	-17.4%	\$9,800	3.8%
	PAID/DAY	\$3,436	\$3,484	-1.4%	\$3,315	3.6%
MENTAL HEALTH/	PAID	\$1,360,130	\$1,019,684	33.4%	7-,	
SUBSTANCE ABUSE	PAID PMPM	\$9.39	\$7.06	33.1%	\$5.07	85.3%
	ADMISSIONS	136	124	9.7%	7-1-1	
	ADMISSIONS/1000	11.3	10.3	9.5%	7.0	62.2%
	DAYS	1,190	1,002	18.8%		
	DAYS/1000	98.6	83.2	18.5%	53.6	84.1%
	AVERAGE LENGTH OF STAY	8.8	8.1	8.3%	7.7	13.5%
	PAID/ADMISSION	\$10,001	\$8,223	21.6%	\$8,750	14.3%
	PAID/DAY	\$1,143	\$1,018	12.3%	\$1,136	0.7%
NON-ACUTE	PAID	\$477,494	\$624,742	-23.6%		
	PAID PMPM	\$3.30	\$4.32	-23.7%	\$2.07	59.1%
	ADMISSIONS	35	40	-12.5%		
	ADMISSIONS/1000	2.9	3.3	-12.7%	2.0	47.1%
	DAYS	344	687	-49.9%		
	DAYS/1000	28.5	57.0	-50.0%	30.3	-5.8%
	AVERAGE LENGTH OF STAY	9.8	17.2	-42.8%	15.4	-36.0%
	PAID/ADMISSION	\$13,643	\$15,619	-12.7%	\$12,617	8.1%
	PAID/DAY	\$1,388	\$909	52.6%	\$822	68.9%
SUMMARY	PAID	\$16,458,557	\$16,169,517	1.8%	ΨΟΣΣ	00.570
	PAID PMPM	\$113.67	\$111.87	1.6%	\$91.95	23.6%
	ADMISSIONS	748	811	-7.8%	722100	23.070
	ADMISSIONS/1000	62.0	67.3	-7.9%	63.7	-2.7%
	DAYS	4,382	4,623	-5.2%	00.7	2.7 /0
	DAYS/1000	363.2	383.8	-5.4%	323.3	12.3%
	AVERAGE LENGTH OF STAY	5.9	5.7	2.8%	5.1	15.5%
	PAID/ADMISSION	\$22,003	\$19,938	10.4%	\$17,310	27.1%
	PAID/DAY	\$3,756	\$3,498	7.4%	\$3,413	10.0%
		Ψ5,750	Ψ0,-50	770	Ψ0,-10	10.070





#### 

Report Description: The table below breaks down total maternity into the separate admission types: deliveries (C-section and vaginal<sup>1</sup>), non-deliveries and normal newborns. The admission type deliveries combine claims for a mother and newborn into one admission when possible. Total deliveries refer to C-section and vaginal deliveries. Non-deliveries refer to admissions for false labor and other pregnancy-related conditions not resulting in a delivery. Normal newborns refer to normal newborn claims that could not be attached to a mother's admission and the remainder of newborns are contained in either C-section or vaginal deliveries. The paid amount is based on the inpatient facility component only. Inpatient professional claims are not reported.

		CAPE CO	D MUNICIPAL HEALTH GRO	JP		
DETAILED SERVICE TYPE		MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
C-SECTION DELIVERY	PAID	\$370,639	\$452,586	-18.1%		
	PAID PMPM	\$2.56	\$3.13	-18.3%	\$5.09	-49.8%
	ADMISSIONS	23	24	-4.2%	Ψ0.03	13.070
	ADMISSIONS/1000	1.9	2.0	-4.3%	4.3	-55.4%
	DAYS	99	142	-30.3%	1.0	00.170
	DAYS/1000	8.2	11.8	-30.4%	17.8	-53.9%
	AVERAGE LENGTH OF STAY	4.3	5.9	-27.3%	4.2	3.4%
	PAID/ADMISSION	\$16,115	\$18,858	-14.5%	\$14,306	12.6%
	PAID/ADWISSION	\$3,744	\$3,187	17.5%	\$3.437	8.9%
VAGINAL DELIVERY	PAID	\$543.954	\$396.361	37.2%	φ3,437	0.9/0
VAGINAL DELIVERT	PAID PMPM	\$3.76	\$2.74	37.2%	\$6.89	-45.5%
			39		φυ.οσ	-40.0%
	ADMISSIONS	61		56.4%	0.0	40.00/
	ADMISSIONS/1000	5.1	3.2	56.1%	8.9	-43.0%
	DAYS		91	63.7%	00.0	4.4.50/
	DAYS/1000	12.3	7.6	63.4%	22.2	-44.5%
	AVERAGE LENGTH OF STAY	2.4	2.3	4.7%	2.5	-2.5%
	PAID/ADMISSION	\$8,917	\$10,163	-12.3%	\$9,320	-4.3%
	PAID/DAY	\$3,651	\$4,356	-16.2%	\$3,721	-1.9%
TOTAL DELIVERIES	PAID	\$914,593	\$848,946	7.7%		
	PAID PMPM	\$6.32	\$5.87	7.5%	\$11.99	-47.3%
	ADMISSIONS	84	63	33.3%		
	ADMISSIONS/1000	7.0	5.2	33.1%	13.2	-47.1%
	DAYS	248	233	6.4%		
	DAYS/1000	20.6	19.3	6.2%	40.0	-48.6%
	AVERAGE LENGTH OF STAY	3.0	3.7	-20.2%	3.0	-3.0%
	PAID/ADMISSION	\$10,888	\$13,475	-19.2%	\$10,940	-0.5%
	PAID/DAY	\$3,688	\$3,644	1.2%	\$3,594	2.6%
NON-DELIVERY	PAID	\$74,750	\$12,268	509.3%		
	PAID PMPM	\$0.52	\$0.08	508.2%	\$0.65	-20.8%
	ADMISSIONS	7	2	250.0%		
	ADMISSIONS/1000	0.6	0.2	249.4%	0.7	-17.1%
	DAYS	25	5	400.0%	0.7	171170
	DAYS/1000	2.1	0.4	399.1%	2.2	-5.8%
	AVERAGE LENGTH OF STAY	3.6	2.5	42.9%	3.1	13.7%
	PAID/ADMISSION	\$10.679	\$6.134	74.1%	\$11.173	-4.4%
	PAID/DAY	\$2,990	\$2,454	21.9%	\$3,556	-15.9%
NORMAL NEWBORN	PAID	\$17,360	\$13,171	31.8%	ψ3,330	-13.370
NORWAL NEWBORN	PAID PMPM	\$0.12	\$0.09	31.6%	\$0.41	-70.4%
	ADMISSIONS	8	φυ.υ <del>9</del>	33.3%	Φ0.41	-/ 0.4 /0
	1				0.1	60.00/
	ADMISSIONS/1000	0.7	0.5	33.1%	2.1	-68.8%
	DAYS	20	13	53.8%		
	DAYS/1000	1.7	1.1	53.6%	5.0	-66.8%
	AVERAGE LENGTH OF STAY	2.5	2.2	15.4%	2.4	6.3%
	PAID/ADMISSION	\$2,170	\$2,195	-1.1%	\$2,289	-5.2%
	PAID/DAY	\$868	\$1,013	-14.3%	\$973	-10.8%
SUMMARY	PAID	\$1,006,703	\$874,385	15.1%		
	PAID PMPM	\$6.95	\$6.05	14.9%	\$13.05	-46.7%
	ADMISSIONS	99	71	39.4%		
	ADMISSIONS/1000	8.2	5.9	39.2%	16.0	-48.6%
	DAYS	293	251	16.7%		
	DAYS/1000	24.3	20.8	16.5%	47.2	-48.6%
	AVERAGE LENGTH OF STAY	3.0	3.5	-16.3%	3.0	0.1%
	PAID/ADMISSION	\$10,169	\$12,315	-17.4%	\$9,800	3.8%
	PAID/DAY	\$3,436	\$3,484	-1.4%	\$3,315	3.6%

<sup>&</sup>lt;sup>1</sup>Vaginal Delivery is called Normal Delivery in the interactive version of this report in Blue Analytics.

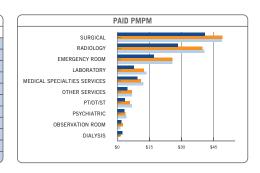




#### OUTPATIENT FACILITY VISIT TYPE ANALYSIS

**Report Description:** Outpatient facility expense and utilization measures are displayed in the table below by visit type. Current reporting period, prior reporting period, and benchmark measures are analyzed in the table. The visit type Other Services refers to all visits that could not be classified into other visit types that are displayed.

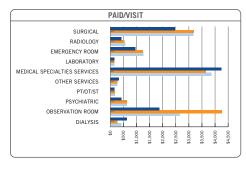
	CAPE COD	MUNICIPAL HEALTH			
PAID PMPM	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
SURGICAL	\$48.86	\$48.99	-0.3%	\$40.75	19.9%
RADIOLOGY	\$40.53	\$39.65	2.2%	\$28.22	43.6%
EMERGENCY ROOM	\$25.56	\$25.59	-0.1%	\$17.08	49.7%
LABORATORY	\$13.48	\$12.35	9.2%	\$7.71	75.0%
MEDICAL SPECIALTIES SERVICES	\$12.23	\$11.00	11.1%	\$9.24	32.3%
OTHER SERVICES	\$6.82	\$6.66	2.4%	\$4.66	46.6%
PT/OT/ST	\$6.68	\$5.79	15.3%	\$3.39	97.2%
PSYCHIATRIC	\$4.17	\$3.63	14.8%	\$3.24	28.6%
OBSERVATION ROOM	\$1.30	\$2.59	-49.6%	\$1.87	-30.3%
DIALYSIS	\$0.51	\$1.41	-63.8%	\$2.34	-78.2%
SUMMARY	\$160.15	\$157.67	1.6%	\$118.49	35.2%



	CAPE COD	MUNICIPAL HEALTH			
VISITS/1000	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
SURGICAL	184.9	184.5	0.2%	198.5	-6.8%
RADIOLOGY	849.4	877.3	-3.2%	805.1	5.5%
EMERGENCY ROOM	244.6	247.5	-1.2%	212.9	14.9%
LABORATORY	1,027.2	973.7	5.5%	573.6	79.1%
MEDICAL SPECIALTIES SERVICES	38.0	36.2	5.1%	26.2	45.1%
OTHER SERVICES	298.7	294.3	1.5%	172.2	73.4%
PT/OT/ST	459.7	406.8	13.0%	275.6	66.8%
PSYCHIATRIC	78.7	69.5	13.3%	92.4	-14.8%
OBSERVATION ROOM	5.9	7.3	-19.5%	12.0	-51.0%
DIALYSIS	14.4	65.3	-77.9%	43.9	-67.2%
SUMMARY	3,201.5	3,162.4	1.2%	2,412.4	32.7%



	CAPE COD	MUNICIPAL HEALTH			
PAID/VISIT	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
SURGICAL	\$3,171	\$3,187	-0.5%	\$2,464	28.7%
RADIOLOGY	\$573	\$542	5.6%	\$421	36.1%
EMERGENCY ROOM	\$1,254	\$1,241	1.1%	\$963	30.3%
LABORATORY	\$158	\$152	3.5%	\$161	-2.3%
MEDICAL SPECIALTIES SERVICES	\$3,857	\$3,647	5.7%	\$4,232	-8.9%
OTHER SERVICES	\$274	\$272	0.9%	\$324	-15.5%
PT/OT/ST	\$174	\$171	2.1%	\$147	18.2%
PSYCHIATRIC	\$636	\$627	1.3%	\$421	51.0%
OBSERVATION ROOM	\$2,659	\$4,252	-37.5%	\$1,868	42.3%
DIALYSIS	\$425	\$259	63.9%	\$639	-33.5%
SUMMARY	\$600	\$598	0.3%	\$589	1.8%





## **EMERGENCY ROOM SUMMARY**

**Report Description:** Emergency room (ER) is an area of particular interest for many payers. Emergency rooms are an expensive use of resources and are sometimes used to provide primary care rather than urgent care. The overall percent change in expense and utilization specifically for ER is displayed below and the top ER diagnoses ranked by paid PMPM for the current reporting period follows.

	CAPE COD	MUNICIPAL HEALTH G			
	MAR'14-FEB'15	MAR'14-FEB'15   MAR'13-FEB'14   % CHANGE   B		BENCHMARK	% VARIANCE
PAID	\$3,701,597	\$3,698,613	0.1%		
PAID PMPM	\$25.56	\$25.59	-0.1%	\$17.08	49.7%
VISITS	2,951	2,981	-1.0%		
VISITS/1000	244.6	247.5	-1.2%	212.9	14.9%
PAID/VISIT	\$1,254	\$1,241	1.1%	\$963	30.3%

CAPE COD MUNICIPAL HEALTH GROUP			
3-DIGIT PRINCIPAL DIAGNOSIS - PAID PMPM	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE
789 OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	\$1.98	\$2.63	-24.9%
786 SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER	\$1.95	\$2.33	-16.5%
CHEST SYMPTOMS			
780 GENERAL SYMPTOMS	\$1.82	\$1.73	5.3%
540 ACUTE APPENDICITIS	\$0.98	\$0.46	110.2%
784 SYMPTOMS INVOLVING HEAD AND NECK	\$0.73	\$0.64	13.7%
724 OTHER AND UNSPECIFIED DISORDERS OF BACK	\$0.66	\$0.55	19.9%
592 CALCULUS OF KIDNEY AND URETER	\$0.58	\$0.70	-16.0%
959 INJURY, OTHER AND UNSPECIFIED	\$0.51	\$0.44	15.1%
346 MIGRAINE	\$0.43	\$0.28	57.4%
599 OTHER DISORDERS OF URETHRA AND URINARY TRACT	\$0.38	\$0.35	6.8%

**Overall Change:** Cape Cod Municipal Health Group's expense (paid PMPM) remained stable for emergency room visits, the visit rate (visits/1,000) remained relatively stable and paid/visit remained relatively stable. ER visits accounted for 7.6% of the total outpatient visits and 16.0% of the total outpatient paid amount.

The top 10 paid ER principal diagnosis codes accounted for 39.2% of the total ER expenses. The highest paid PMPM ER visit was 789 Other Symptoms Involving Abdomen And Pelvis. Over the two reporting periods, paid PMPM decreased 24.9% for this principal diagnosis.

**Comparison to Benchmark:** Cape Cod Municipal Health Group was 49.7% above the benchmark for emergency room paid PMPM, 14.9% higher than the benchmark for visit rate and 30.3% higher than the benchmark for paid/visit.

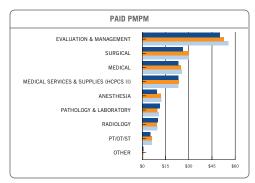




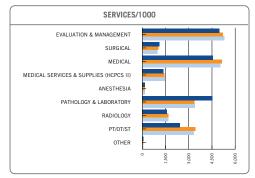
#### SERVICE TYPE ANALYSIS

**Report Description:** Overall expense, utilization and paid/visit measures for professional services by service type are presented to the right. The bar graphs below compare expense, utilization and paid/service for each professional service type for the current and prior reporting periods and to the benchmark.

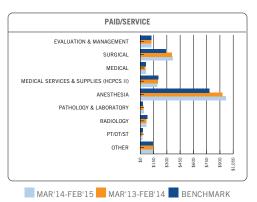
	CAPE COD	MUNICIPAL HEAL			
PAID PMPM	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
EVALUATION & MANAGEMENT	\$55.47	\$52.60	5.5%	\$50.06	10.8%
SURGICAL	\$30.07	\$30.05	0.1%	\$26.06	15.4%
MEDICAL	\$25.42	\$24.90	2.1%	\$23.22	9.5%
MEDICAL SERVICES & SUPPLIES					
(HCPCS II)	\$23.37	\$23.69	-1.3%	\$23.06	1.4%
ANESTHESIA	\$12.10	\$11.81	2.5%	\$9.18	31.7%
PATHOLOGY & LABORATORY	\$10.56	\$9.61	9.9%	\$11.12	-5.0%
RADIOLOGY	\$9.53	\$9.33	2.2%	\$10.11	-5.8%
PT/OT/ST	\$5.97	\$5.94	0.5%	\$5.05	18.1%
OTHER	\$0.63	\$0.70	-9.2%	\$0.68	-6.8%
SUMMARY	\$173.12	\$168.63	2.7%	\$158.54	9.2%



	CAPE COD	MUNICIPAL HEAL			
SERVICES/1000	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
EVALUATION & MANAGEMENT	5,290.2	5,201.9	1.7%	4,955.7	6.7%
SURGICAL	977.2	1,016.5	-3.9%	1,093.2	-10.6%
MEDICAL	5,021.9	5,118.2	-1.9%	4,537.1	10.7%
MEDICAL SERVICES & SUPPLIES					
(HCPCS II)	1,463.2	1,426.6	2.6%	1,360.3	7.6%
ANESTHESIA	150.4	153.2	-1.8%	141.0	6.7%
PATHOLOGY & LABORATORY	3,382.0	3,371.1	0.3%	4,505.5	-24.9%
RADIOLOGY	1,666.1	1,668.1	-0.1%	1,567.2	6.3%
PT/OT/ST	3,333.2	3,431.6	-2.9%	2,421.7	37.6%
OTHER	54.0	58.9	-8.3%	58.8	-8.1%
SUMMARY	21,338.3	21,446.0	-0.5%	20,640.7	3.4%



	CAPE COD	MUNICIPAL HEAL			
PAID/SERVICE	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
EVALUATION & MANAGEMENT	\$126	\$121	3.7%	\$121	3.8%
SURGICAL	\$369	\$355	4.1%	\$286	29.1%
MEDICAL	\$61	\$58	4.0%	\$61	-1.1%
MEDICAL SERVICES & SUPPLIES (HCPCS II)	\$192	\$199	-3.8%	\$203	-5.8%
ANESTHESIA	\$965	\$925	4.3%	\$781	23.5%
PATHOLOGY & LABORATORY	\$37	\$34	9.5%	\$30	26.5%
RADIOLOGY	\$69	\$67	2.3%	\$77	-11.3%
PT/OT/ST	\$21	\$21	3.4%	\$25	-14.2%
OTHER	\$140	\$142	-1.0%	\$138	1.4%
SUMMARY	\$97	\$94	3.2%	\$92	5.6%



**Expense:** Over the current reporting period, Cape Cod Municipal Health Group's top three paid service types were Evaluation & Management, Surgical and Medical.

**Utilization:** The highest utilized service type was Evaluation & Management which was 6.7% higher than the benchmark. Next was Medical which was 10.7% higher than the benchmark, followed by Pathology & Laboratory.

**Paid/Service:** The most expensive service type, Anesthesia, was 23.5% higher than the benchmark. Surgical was second highest and was 29.1% higher than the benchmark. Medical Services & Supplies (HCPCS II) was third and was 5.8% lower than the benchmark.



# PREVENTIVE VISITS

**Report Description:** Preventive visits are encouraged by health plans because these visits are typically used to perform proper screenings and educate patients on healthy lifestyle choices. Changes for these visits may be interesting to analyze, especially if plan design changes have been implemented that may have affected the delivery of these services, either positively or negatively. Expense, utilization and price percent changes are displayed below. The number of members in each age category is used to calculate what proportion of members received new/established preventive visits over the current and prior reporting periods.

CAPE COD MUNICIPAL HEALTH GROUP							
PREVENTIVE	VISITS	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE			
AGE < 1	PAID PMPM	\$72.10	\$71.25	1.2%			
	SERVICES/1000	5,844.4	5,633.7	3.7%			
	PAID/SERVICE	\$148	\$152	-2.5%			
	% MEMBERS WITH PREVENTIVE VISIT	81.2%	85.4%	-5.0%			
AGE 1-4	PAID PMPM	\$18.24	\$17.99	1.4%			
	SERVICES/1000	1,340.6	1,350.8	-0.8%			
	PAID/SERVICE	\$163	\$160	2.2%			
	% MEMBERS WITH PREVENTIVE VISIT	74.7%	73.5%	1.6%			
AGE 5-11	PAID PMPM	\$11.83	\$10.31	14.7%			
	SERVICES/1000	895.0	801.4	11.7%			
	PAID/SERVICE	\$159	\$154	2.7%			
	% MEMBERS WITH PREVENTIVE VISIT	72.9%	67.0%	8.9%			
AGE 12-17	PAID PMPM	\$11.96	\$11.85	1.0%			
	SERVICES/1000	838.5	855.6	-2.0%			
	PAID/SERVICE	\$171	\$166	3.0%			
	% MEMBERS WITH PREVENTIVE VISIT	66.8%	69.1%	-3.3%			
AGE 18-39	PAID PMPM	\$8.20	\$7.52	9.0%			
	SERVICES/1000	556.3	525.2	5.9%			
	PAID/SERVICE	\$177	\$172	2.9%			
	% MEMBERS WITH PREVENTIVE VISIT	40.8%	38.6%	5.8%			
AGE 40-64	PAID PMPM	\$11.23	\$10.55	6.4%			
	SERVICES/1000	709.3	681.5	4.1%			
	PAID/SERVICE	\$190	\$186	2.2%			
	% MEMBERS WITH PREVENTIVE VISIT	54.6%	52.9%	3.2%			
AGE > 64	PAID PMPM	\$9.27	\$8.32	11.4%			
	SERVICES/1000	543.5	498.2	9.1%			
	PAID/SERVICE	\$205	\$201	2.1%			
	% MEMBERS WITH PREVENTIVE VISIT	39.4%	37.3%	5.6%			
SUMMARY	PAID PMPM	\$11.10	\$10.44	6.3%			
	SERVICES/1000	741.7	713.3	4.0%			
	PAID/SERVICE	\$179	\$176	2.2%			
	% MEMBERS WITH PREVENTIVE VISIT	56.8%	54.8%	3.7%			

EVALUATION	& MANAGEMENT	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE
SUMMARY	PAID PMPM	\$55.47	\$52.60	5.5%
	SERVICES/1000	5,290.2	5,201.9	1.7%
	PAID/SERVICE	\$126	\$121	3.7%







# PRESCRIPTION DRUG UTILIZATION AND EXPENSE

Report Description: For the current and prior reporting periods, Cape Cod Municipal Health Group's prescription drug utilization and expenses are displayed below by pharmacy tier (generic, preferred brand, non-preferred brand, specialty and other) and overall experience. In addition, the dispensing rate for each of the pharmacy tiers has been calculated. Benchmark data has been included for comparison.

MAR'14-FEB'15						
	GENERIC	PREFERRED	NON-PREFERRED	SPECIALTY	OTHER	SUMMARY
		BRAND	BRAND			
SERVICES	139,096	14,267	8,678		1,225	163,266
SERVICES/MEMBER	11.5	1.2	0.7		0.1	13.5
DISPENSING RATE	85.2%	8.7%	5.3%		0.8%	100.0%
ALLOWED	\$4,771,151	\$6,617,360	\$3,464,305		\$648,803	\$15,501,619
ALLOWED PMPM	\$32.95	\$45.71	\$23.93		\$4.48	\$107.07
PAID	\$3,633,996	\$6,265,461	\$3,024,328		\$615,338	\$13,539,124
PAID PMPM	\$25.10	\$43.28	\$20.89		\$4.25	\$93.51
ALLOWED/SERVICE	\$34	\$464	\$399		\$530	\$95
PAID/SERVICE	\$26	\$439	\$349		\$502	\$83

MAR'13-FEB'14						
	GENERIC	PREFERRED	NON-PREFERRED	SPECIALTY	OTHER	SUMMARY
		BRAND	BRAND			
SERVICES	110,700	12,606	6,284		25,588	155,178
SERVICES/MEMBER	9.2	1.0	0.5		2.1	12.9
DISPENSING RATE	71.3%	8.1%	4.0%		16.5%	100.0%
ALLOWED	\$3,759,215	\$5,074,625	\$1,552,591		\$2,788,796	\$13,175,228
ALLOWED PMPM	\$26.01	\$35.12	\$10.74		\$19.30	\$91.18
PAID	\$2,764,046	\$4,753,335	\$1,239,397		\$2,370,548	\$11,127,327
PAID PMPM	\$19.13	\$32.89	\$8.58		\$16.40	\$77.00
ALLOWED/SERVICE	\$34	\$403	\$247		\$109	\$85
PAID/SERVICE	\$25	\$377	\$197		\$93	\$72

BENCHMARK						
	GENERIC	PREFERRED	NON-PREFERRED	SPECIALTY	OTHER	SUMMARY
		BRAND	BRAND			
SERVICES						
SERVICES/MEMBER	10.1	1.1	0.7		0.5	12.4
DISPENSING RATE	81.5%	9.0%	5.4%		4.1%	100.0%
ALLOWED						
ALLOWED PMPM	\$26.52	\$46.34	\$21.29		\$6.98	\$101.13
PAID						
PAID PMPM	\$19.43	\$43.56	\$18.54		\$6.41	\$87.93
ALLOWED/SERVICE	\$31	\$495	\$380		\$163	\$98
PAID/SERVICE	\$23	\$466	\$331		\$150	\$85





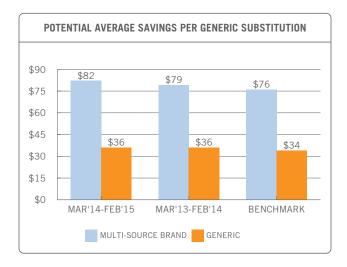
### GENERIC PRESCRIPTION DRUG UTILIZATION

Report Description: Potential generic prescriptions per member, generic substitution rate and potential average savings per generic substitution are displayed below for Cape Cod Municipal Health Group and the benchmark. Potential generic prescriptions are generic drugs and multi-source brand drugs (drugs that are available from more than one manufacturer and have at least one generic equivalent alternative available). The generic substitution rate is calculated as the percentage of potential generic prescriptions that were filled as generic. Potential savings per generic substitution is the difference between the allowed charge for multi-source brand drugs and the allowed charge for generic drugs.

	CAPE COD MUNICIPAL HEALTH GROUP				
SERVICES/MEMBER	MAR'14-FEB'15	MAR'13-FEB'14	% CHANGE	BENCHMARK	% VARIANCE
GENERIC	10.9	10.2	6.8%	9.8	11.3%
MULTI-SOURCE BRAND	0.7	0.7	0.9%	0.7	-1.1%
SUMMARY	11.6	10.9	6.5%	10.5	10.4%
GENERIC SUBSTITUTION RATE	93.9%	93.6%	0.4%	93.2%	0.8%

Potential generic prescriptions per member increased 6.5% in the current reporting period and was 10.4% above the benchmark.

The generic substitution rate remained stable in the current reporting period and was comparable to the benchmark.



In the most recent reporting period, potential savings totaled \$46 per generic substitution, which was 56.1% of the charges for multi-source branded drugs with generic equivalents.

Converting just 20% of the utilization of multi-source brand drugs to generics in the current reporting period would have yielded an estimated \$77,449 in savings for Cape Cod Municipal Health Group.







### TOP THERAPEUTIC DRUG CLASSES BY EXPENSE AND UTILIZATION

Report Description: For the current reporting period, the leading 25 therapeutic drug classes ranked by paid expenses are shown below. The second table displays expense, utilization and price measures for the current reporting period, percent changes between the two reporting periods and percent variance from the benchmark for Cape Cod Municipal Health Group's leading 25 therapeutic drug classes.

TOP 25 THERAPEUTIC DRUG CLASSES BY TOTAL PAID AMOUNT FOR CAPE COD MUNICIPAL HEALTH GROUP						
THERAPEUTIC CLASS	PAID	% PAID	SERVICES	% SERVICES		
CENTRAL NERVOUS SYSTEM AGENTS	\$2,350,962	17.4%	36,812	22.5%		
ANTI-INFECTIVE AGENTS	\$1,714,125	12.7%	13,196	8.1%		
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	\$1,530,874	11.3%	10,486	6.4%		
ENDOCRINE	\$1,235,847	9.1%	15,647	9.6%		
CARDIOVASCULAR THERAPY AGENTS	\$1,141,577	8.4%	36,416	22.3%		
ANTINEOPLASTICS	\$847,751	6.3%	1,134	0.7%		
MULTIPLE SCLEROSIS AGENTS	\$829,174	6.1%	176	0.1%		
RESPIRATORY THERAPY AGENTS	\$708,661	5.2%	10,175	6.2%		
DERMATOLOGICAL	\$617,555	4.6%	4,574	2.8%		
GASTROINTESTINAL THERAPY AGENTS	\$602,093	4.4%	7,457	4.6%		
HEMATOLOGICAL AGENTS	\$303,323	2.2%	1,600	1.0%		
CONTRACEPTIVES	\$292,397	2.2%	7,878	4.8%		
CHEMICALS-PHARMACEUTICAL ADJUVANTS	\$216,811	1.6%	324	0.2%		
GENITOURINARY THERAPY	\$138,272	1.0%	1,819	1.1%		
CHEMICAL DEPENDENCY, AGENTS TO TREAT	\$135,825	1.0%	664	0.4%		
OPHTHALMIC AGENTS	\$123,496	0.9%	2,123	1.3%		
DRUGS TO TREAT ERECTILE DYSFUNCTION	\$116,651	0.9%	1,258	0.8%		
DIAGNOSTIC AGENTS	\$105,780	0.8%	733	0.4%		
IMMUNOSUPPRESSIVE AGENTS	\$90,966	0.7%	350	0.2%		
LOCOMOTOR SYSTEM	\$84,657	0.6%	1,539	0.9%		
MEDICAL SUPPLIES AND DURABLE MEDICAL	\$84,117	0.6%	914	0.6%		
EQUIPMENT (DME)						
BIOLOGICALS	\$81,169	0.6%	1,248	0.8%		
VAGINAL PRODUCTS	\$65,643	0.5%	633	0.4%		
ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS	\$30,368	0.2%	2,749	1.7%		
GOUT AND HYPERURICEMIA THERAPY	\$26,891	0.2%	817	0.5%		
ALL OTHER THERAPEUTIC CLASSES	\$64,140	0.5%	2,544	1.6%		
SUMMARY	\$13,539,124	100.0%	163,266	100.0%		

The top three paid therapeutic drug classes for Cape Cod Municipal Health Group were Central Nervous System Agents, Anti-Infective Agents and Analgesic, Anti-inflammatory or Antipyretic. Together these therapeutic classes accounted for 41.3% of the total paid amount and 37.1% of all prescriptions in the current reporting period.

### APPENDIX: ICD-9 CATEGORY DEFINITIONS



- **Complications of Pregnancy, Childbirth and the Puerperium:** Includes vaginal and cesarean deliveries and complications of pregnancy, such as ectopic and molar pregnancies. Puerperium refers to 42 days following childbirth and expulsion of the placenta. Refers to the mother only.
- **Conditions Influencing Health Status:** This includes post-surgical states, organ / tissue transplants, artificial limbs and replacements. Examples include knee replacements and kidney transplant status.
- **Conditions in the Perinatal Period:** Perinatal refers to the period beginning after the 28th week of gestation and ending 28 days after birth. Problems can include hemorrhage, digestive disorders, respiratory distress syndrome and disorders relating to short gestation and unspecified low birth weight.
- **Congenital Anomalies:** Includes the treatment of any condition present at birth. This includes Spina Bifida, cleft palate, Down's Syndrome, heart disease, kidney displacement & polycystic kidney disease.
- **Diseases of the Blood and Blood Forming Organs:** Includes any problems associated with white or red blood cells, platelets or plasma. An example includes Anemia, a deficiency in red blood cells.
- **Diseases of the Circulatory System:** Includes problems with the heart, blood vessels and circulation. Some common diagnoses include Coronary Artery Disease, cardiovascular disease, and stroke.
- **Diseases of the Digestive System:** Includes the treatment of any organ or area of the body pertaining to digestion. These areas include the mouth/teeth, esophagus, stomach, intestines, gall bladder, liver and pancreas. Diagnoses include: Esophageal Reflux, Gastroenteritis, Appendicitis and hernias.
- **Diseases of the Genitourinary System:** Includes problems related to the kidneys, bladder and male and female genitalia. Common diagnoses include Hematuria, Urinary Tract Infection, Acute or Chronic Renal Failure and Calculus of Kidney (stones).
- **Diseases of the Nervous System:** Includes treatment for disorders of the Central and Peripheral Nervous systems. Diagnoses include: Carpal Tunnel Syndrome, Obstructive Sleep Apnea, Epilepsy, Multiple Sclerosis, Alzheimer's Disease and Migraine headaches.
- **Diseases of the Respiratory System:** Includes treatment for diagnoses such as Asthma, Pneumonia, Emphysema, Pharyngitis, Sinusitis, Bronchitis and COPD. These can be acute or chronic in nature.
- **Diseases of the Skin and Subcutaneous Tissue:** This involves any condition relating to the skin or beneath the skin, including hair and nails. Some conditions include Acne, Corns, Cellulitis, Psoriasis, Dermatitis and fungal infections.
- **Ears and Mastoid:** Includes any condition pertaining to the ear or the mastoid process. The mastoid process is the portion of the temporal bone extending down behind the ear. Diagnoses include Otitis Media, Tinnitus, Meniere's Disease, Hearing Loss and Labyrinthitis.
- **Endocrine, Nutritional and Metabolic Diseases:** Endocrine disorders include those of the endocrine glands and includes the thyroid, pituitary, pancreas, ovaries and testes. Disorders include Diabetes, thyroid disease, Obesity, Hyperlipidemia, Cystic Fibrosis and any disease affecting the immune system.
- **Health Services:** This includes elective surgeries, other procedures & aftercare, rehabilitation and dialysis. Specific examples include: long-term medication use, Physical Therapy and chemotherapy.
- **Health Services: Reproduction and Development:** Include services pertaining to the child only. For example, normal pregnancy, post-partum care and exam or health supervision of an infant or child.

### **APPENDIX: ICD-9 CATEGORY DEFINITIONS**



- **Infectious and Parasitic Diseases:** Includes diseases caused by microbes outside of the body that infect and cause damage within the body. These diseases are recognized as communicable or transmissible. Diagnoses include HIV, Hepatitis, Colitis & intestinal disruptions such as food poisoning.
- **Injury and Poisoning:** Includes treatment for injuries to the body or for any poison ingested. Diagnoses include sprains & strains, fractures, burns and lead poisoning. Patients are most commonly seen in the emergency room for acute conditions.
- **Mental Health:** Refers to a group of disorders causing severe disturbances in thinking, feeling or relating. Includes treatment of any condition that affects mood or behavior. The most common diagnoses include anxiety disorders, depressive disorders and schizophrenia.
- **Musculoskeletal and Connective Tissue Disease:** Includes orthopedic treatment, which would involve anything related to the bones, muscles, joints and soft tissue. Diagnoses: Arthritis, Tendonitis, back disorders, disc disorders, rheumatism, and scoliosis. These diagnoses are more chronic in nature.
- **Neoplasms:** Includes any abnormal growth of cells, either benign or malignant (cancer). Though these can be found at any spot of the body, some of the most common forms include neoplasms of the breast, prostate, stomach and brain. Other examples include Leukemia and Hodgkin's Disease.
- Other Circumstances: This includes convalescent care and follow-ups to surgeries and examinations.
- Potential Health Hazards: Personal or family history of diseases or disorders; e.g., breast cancer.
- **Procreative and Contraceptive Management:** This includes artificial insemination, fertility testing, genetic counseling, family planning, sterilizations and contraceptive management.
- **Signs, Symptoms and III-Defined Conditions:** Includes signs, symptoms, abnormal lab results and ill-defined conditions for which no known cause can be found. For example, a patient may experience chest pain, but no known cause is found.
- **Substance Abuse:** Includes behavior marked by the use of chemically active agents, such as prescription or illicit drugs, alcohol or tobacco. Cognitive, behavioral and physiological symptoms indicate that the person continues use of the substance.
- **Without Reported Diagnosis:** This includes general medical examinations, gynecological exams, mammogram screenings, preventive services, physicals and special screenings for neoplasms.

## APPENDIX: SERVICE TYPE DEFINITIONS



#### Outpatient Service Types

**Surgical:** Some examples in this category include the following: Musculoskeletal: Arthroscopy; Cardiovascular: Cardiac Catheterization; Digestive: Colonoscopy, Hernia Repair; Female Genital: Hysterectomy; Integumentary: Subtotal Mastectomy; etc.

Radiology: Examples include: CT scan, MRI, Diagnostic Radiology, etc.

**Emergency Room:** This includes Other Emergency Room and/or Urgent Care only.

Laboratory: This includes Laboratory and/or Pathology only.

**Dialysis:** This includes Hemodialysis, Continuous Cycling Peritoneal Dialysis (CCPD) and/or Continuous Ambulatory Peritoneal Dialysis (CAPD).

Medical Specialties Services: Examples include: EEG, EKG/ECG, Cardiac Rehabilitation, Holter Monitor, etc.

**Observation Room:** This is defined as the use of a bed and periodic monitoring and/or short-term treatment by a hospital s staff. It is used to evaluate a patient s condition to determine if there may be a need for inpatient admission.

**PT/OT/ST:** This includes Physical Therapy, Occupational Therapy or Speech Therapy.

Psychiatric: This includes Individual/Group/Family treatment, Drug Rehabilitation, etc.

#### Professional Service Types

**Surgical:** Some examples include the following: Musculoskeletal System; Cardiovascular System; Digestive System; Female Genital System; Maternity Care and Delivery; etc.

**Radiology:** Examples include: Radiology: CT scan; Radiology: MRI; Ultrasound; Radiation Oncology; Radiology: Mammogram; etc.

**Evaluation & Management:** This can include the following: Office Visits & Outpatient Visits; Consultations; Preventive Services; Emergency Dept Services; Hospital Inpatient Services; Newborn Care; Nursing Facility Services; etc.

**Medical:** Examples include: Cardiovascular; Chiropractic Manipulation; Neurology; Chemotherapy Administration; Immunization Administration; Nursing Facility Services; Dialysis; Home Health Procedures & Services; etc.

**Medical Services & Supplies (HCPCS II):** This can include the following: Chemotherapy Drugs; Injected Drugs; Ambulance; Durable Medical Equipment; Medical & Surgical Supplies; Prosthetic Procedures; etc.

**Pathology and Laboratory:** Examples include: Surgical Pathology; Urinalysis; Immunology; Reproductive Medicine Procedures; Consultations; etc.

Anesthesia: This can include the following: Head; Spine & Spinal Cord; Upper Arm & Elbow; etc.

# APPENDIX: SERVICE TYPE DEFINITIONS



**PT/ST/0T:** Examples can include: Therapeutic Procedures; Physical Medicine and Rehabilitation; Speech Evaluation/Prosthesis/Therapy; Tests and Measurements; etc.