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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Cost and Utilization Report

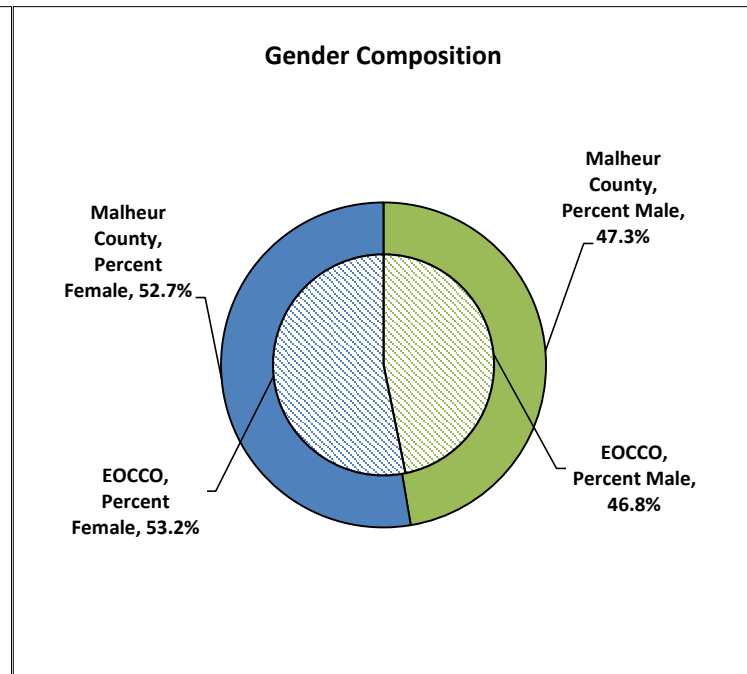
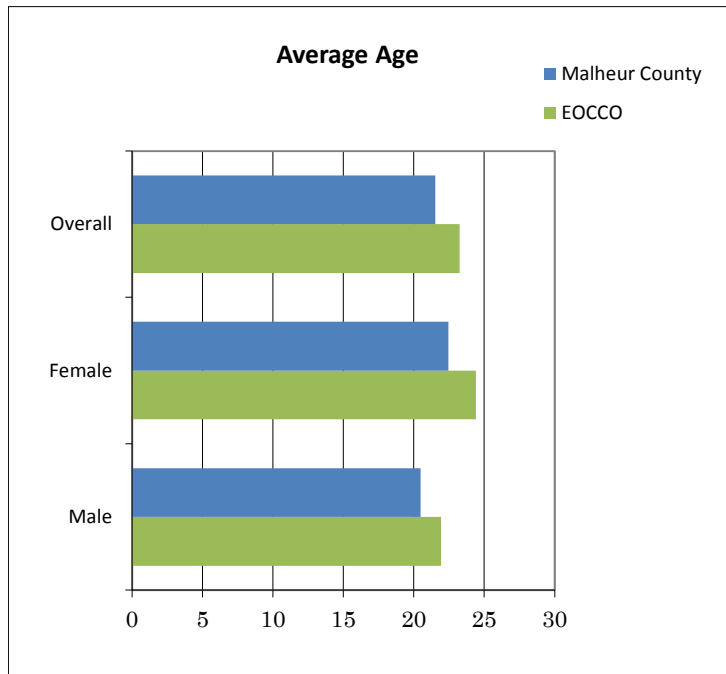
Prepared for:

Malheur County

Experience for April 1, 2013 – March 31, 2014

Demographic Report
Malheur County
 Medical Membership as of May 2014

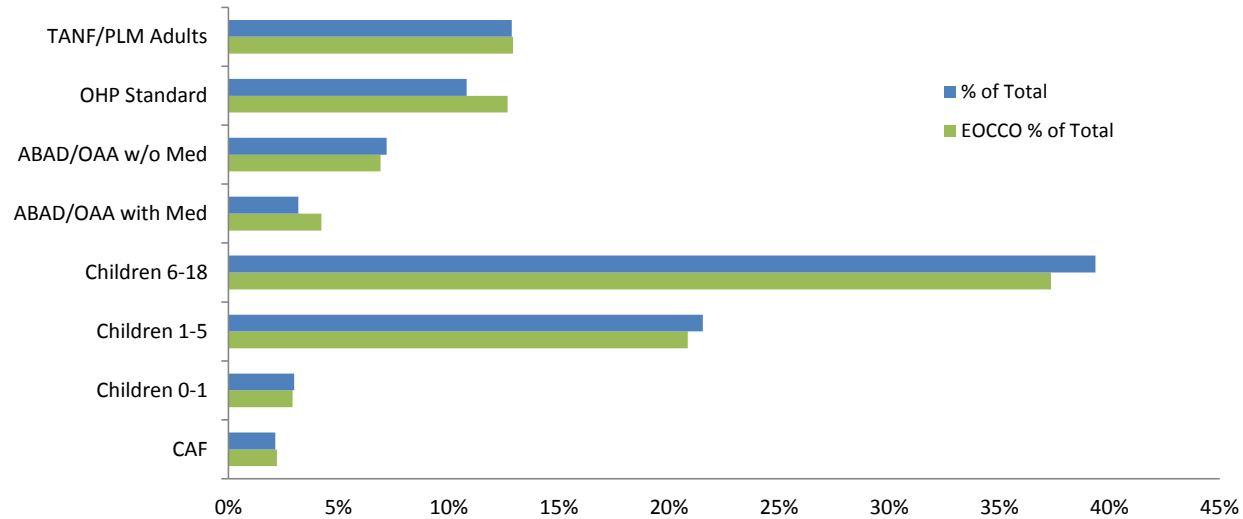
Age Group	Members			Malheur County % of Members			All EOCCO % of Members		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
00-03	613	580	1,193	15.3%	13.0%	14.1%	14.7%	12.4%	13.5%
04-11	1,091	1,039	2,130	27.3%	23.4%	25.2%	26.0%	21.3%	23.5%
12-17	603	632	1,235	15.1%	14.2%	14.6%	14.5%	12.4%	13.4%
18-21	256	301	557	6.4%	6.8%	6.6%	6.0%	6.6%	6.3%
22-30	392	576	968	9.8%	12.9%	11.5%	9.5%	13.7%	11.7%
31-40	307	477	784	7.7%	10.7%	9.3%	8.8%	10.9%	10.0%
41-50	317	359	676	7.9%	8.1%	8.0%	8.1%	9.3%	8.7%
51-64	375	426	801	9.4%	9.6%	9.5%	11.0%	11.5%	11.3%
65+	40	59	99	1.0%	1.3%	1.2%	1.3%	2.0%	1.7%
Total Members	3,994	4,449	8,443	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Membership by Program Malheur County

Membership April 2013 -March 2014

Month	CAF	Children 0-1	Children 1-5	Children 6-18	ABAD/OAA with Med	ABAD/OAA w/o Med	OHP Standard	TANF/PLM Adults	Total Members
April 2013	121	158	1,367	2,496	202	454	433	809	6,040
May 2013	138	141	1,375	2,492	207	454	431	815	6,053
June 2013	149	144	1,361	2,482	206	462	429	796	6,029
July 2013	138	153	1,393	2,505	207	459	420	822	6,097
August 2013	143	140	1,396	2,510	210	460	406	849	6,114
September 2013	138	155	1,401	2,510	205	468	404	836	6,117
October 2013	132	176	1,393	2,543	202	463	413	828	6,150
November 2013	138	194	1,390	2,527	203	462	407	832	6,153
December 2013	135	212	1,336	2,449	198	457	401	784	5,972
January 2014	132	242	1,369	2,538	197	463	1,356	816	7,113
February 2014	139	276	1,374	2,585	196	461	1,521	836	7,388
March 2014	132	299	1,388	2,613	198	458	1,680	860	7,628
Average	136	191	1,379	2,521	203	460	692	824	6,405
% of Total	2.1%	3.0%	21.5%	39.4%	3.2%	7.2%	10.8%	12.9%	100.0%
EOCCO % of Total	2.2%	2.9%	20.9%	37.3%	4.2%	6.9%	12.7%	12.9%	100.0%



Distribution of Paid Dollars

Malheur County

Medical and Pharmacy Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Distribution of Dollars	Malheur County				All EOCCO Members	
	Members	Paid Dollars	Members (%)	Dollars (%)	Members (%)	Dollars (%)
No Utilization	2,012	\$ -	22.4%	0.0%	25.0%	0.0%
Less than \$500	3,575	\$ 731,071	39.8%	5.0%	36.6%	3.7%
\$500 to \$1,500	1,671	\$ 1,428,976	18.6%	9.8%	18.0%	8.4%
\$1,500 to \$2,500	547	\$ 1,063,503	6.1%	7.3%	6.3%	6.5%
\$2,500 to \$5,000	483	\$ 1,696,082	5.4%	11.6%	5.7%	10.6%
\$5,000 to \$10,000	388	\$ 2,728,179	4.3%	18.7%	4.3%	16.0%
\$10,000 to \$20,000	206	\$ 2,789,060	2.3%	19.1%	2.7%	19.7%
\$20,000 to \$50,000	83	\$ 2,484,905	0.9%	17.0%	1.2%	18.9%
\$50,000 to \$75,000	12	\$ 704,392	0.1%	4.8%	0.2%	5.7%
\$75,000, to \$150,000	3	\$ 375,389	0.0%	2.6%	0.1%	7.4%
\$150,000 and over	3	\$ 593,358	0.0%	4.1%	0.0%	3.1%
	8,983	\$ 14,594,915	100.0%	100.0%	100.0%	100.0%

What percent of the members spend what amount of the dollars?

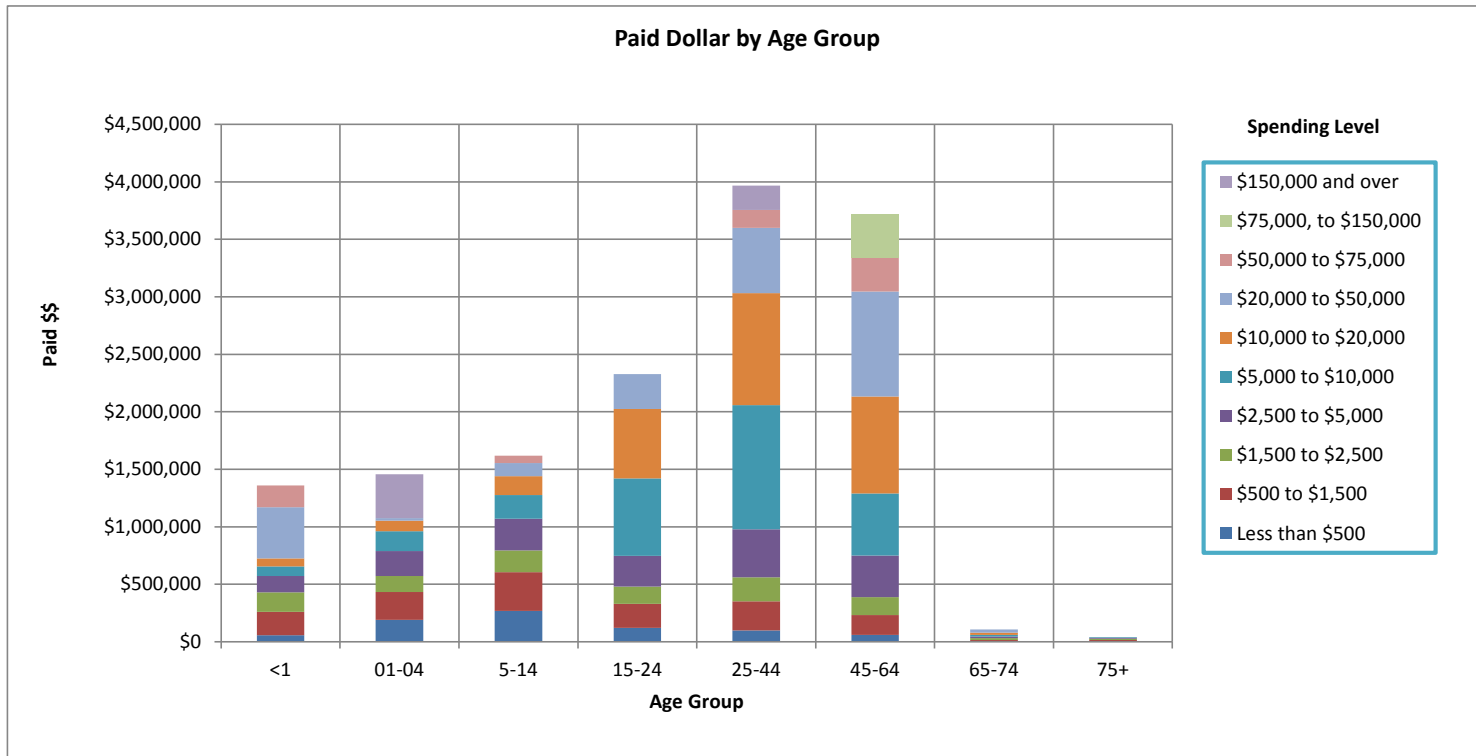
	Malheur County		All EOCCO Members	
	% of all members	% of total dollars	% of all members	% of total dollars
\$5,000 and over	7.7%	66.3%	8.5%	70.8%
\$20,000 and over	1.1%	28.5%	1.5%	35.1%
\$75,000 and over	0.1%	6.7%	0.2%	10.5%

Distribution of Paid Dollars by Age Group

Malheur County

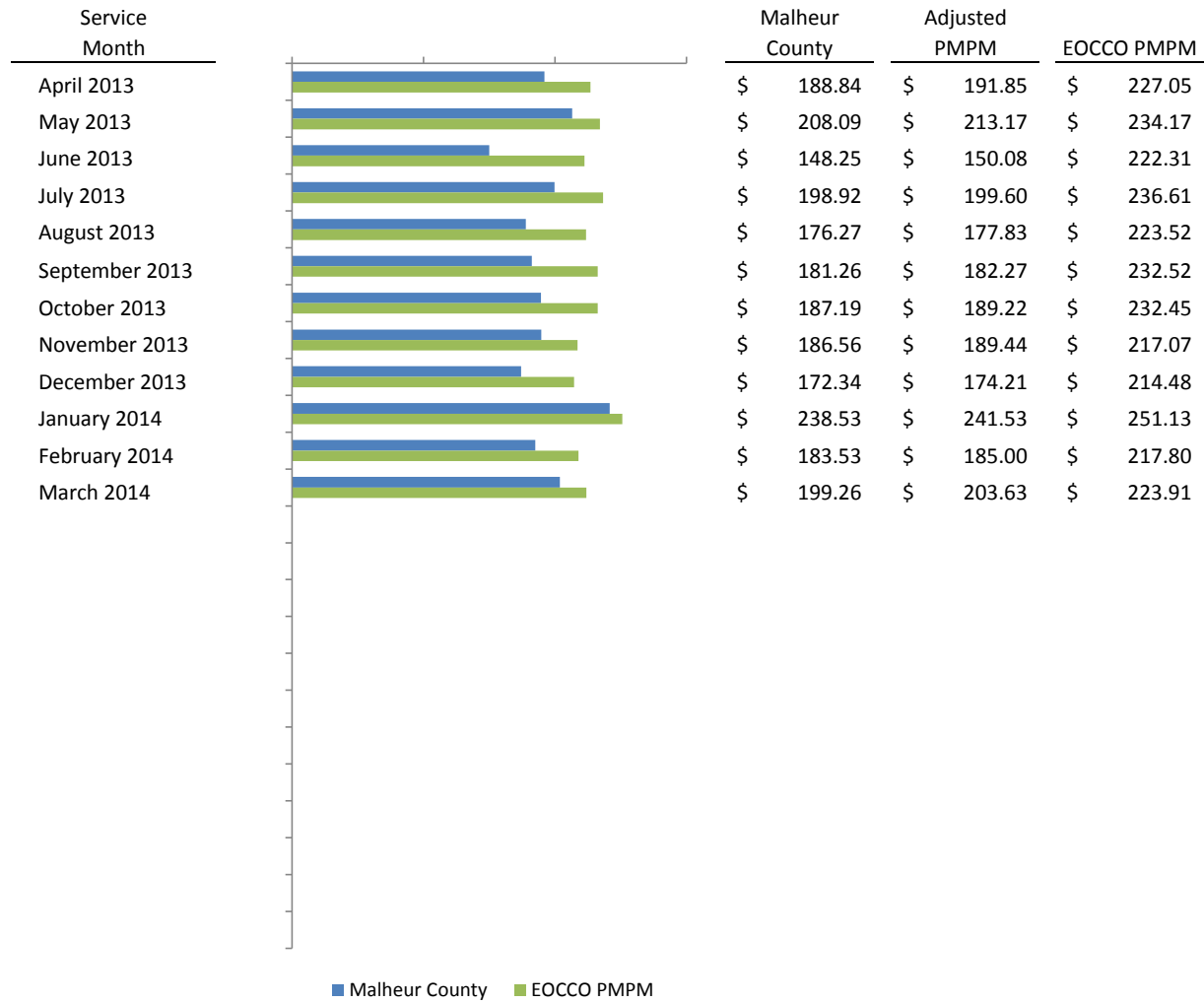
Medical and Pharmacy Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Age Group	Spending Level										Grand Total
	Less than \$500	\$500 to \$1,500	\$1,500 to \$2,500	\$2,500 to \$5,000	\$5,000 to \$10,000	\$10,000 to \$20,000	\$20,000 to \$50,000	\$50,000 to \$75,000	\$75,000, to \$150,000	\$150,000 and over	
<1	\$57,425	\$203,674	\$168,406	\$143,256	\$81,837	\$71,047	\$443,308	\$190,158	\$0	\$0	\$1,359,110
01-04	\$191,138	\$241,534	\$138,955	\$216,734	\$172,155	\$92,347	\$22,919	\$0	\$0	\$382,036	\$1,457,817
5-14	\$267,739	\$338,060	\$189,832	\$273,481	\$206,814	\$164,322	\$114,615	\$64,113	\$0	\$0	\$1,618,976
15-24	\$120,158	\$209,480	\$151,351	\$265,631	\$674,196	\$604,454	\$303,084	\$0	\$0	\$0	\$2,328,353
25-44	\$98,171	\$255,159	\$206,506	\$418,420	\$1,080,818	\$973,935	\$567,933	\$155,413	\$0	\$210,144	\$3,966,498
45-64	\$59,947	\$173,085	\$155,604	\$361,519	\$539,699	\$843,079	\$912,736	\$294,708	\$375,389	\$0	\$3,715,766
65-74	\$6,963	\$8,609	\$17,650	\$12,077	\$15,648	\$19,046	\$28,351	\$0	\$0	\$0	\$108,344
75+	\$3,820	\$10,713	\$11,547	\$8,488	\$5,485	\$0	\$0	\$0	\$0	\$0	\$40,052
Grand Total	\$805,360	\$1,440,313	\$1,039,850	\$1,699,606	\$2,776,652	\$2,768,229	\$2,392,946	\$704,392	\$375,389	\$592,179	\$14,594,915



History of Costs by Month of Service Malheur County

Medical and Pharmacy PMPM for Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014



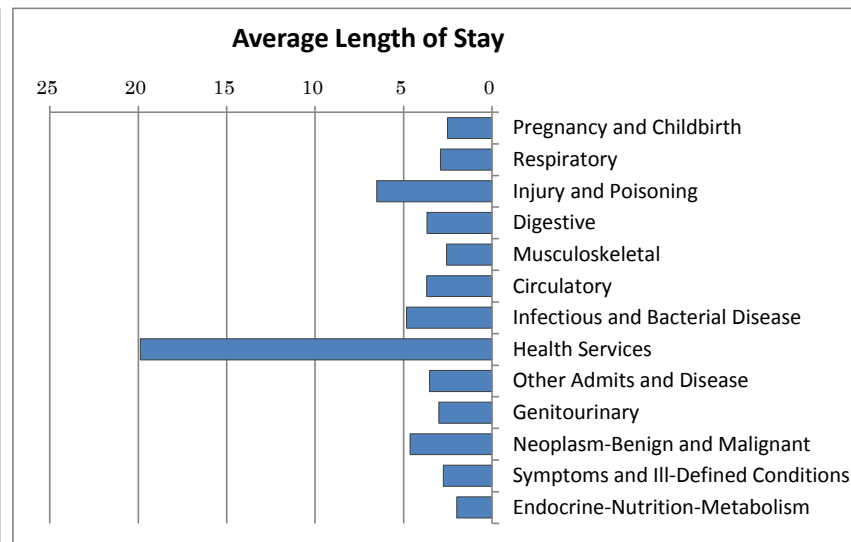
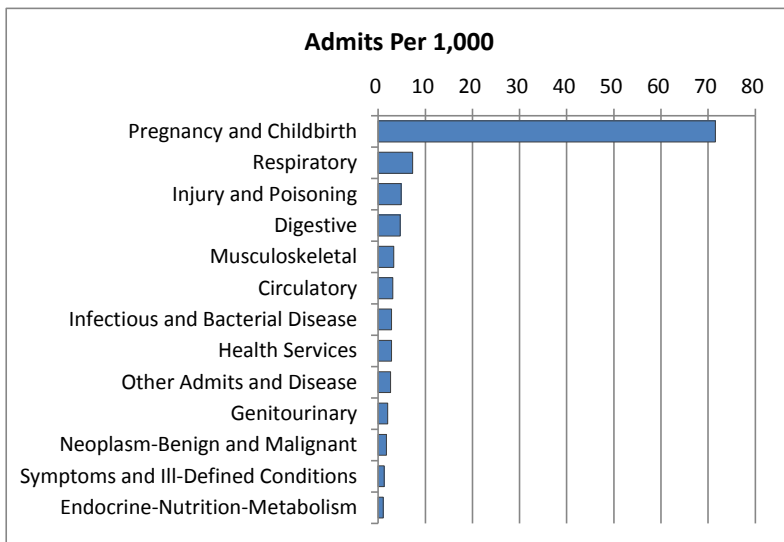
Incurred April 2013-March 2014

\$ 189.90 \$ 192.32 \$ 227.89

**Inpatient Admits
Malheur County**

Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Admit Detail	Malheur County			All EOCCO		
	Admits/1,000	Days/1,000	ALOS	Admits/1,000	Days/1,000	ALOS
Pregnancy and Childbirth	71.5	180.5	2.5	61.6	170.8	2.8
Respiratory	7.3	21.4	2.9	6.9	26.9	3.9
Injury and Poisoning	4.8	31.5	6.5	6.4	36.6	5.8
Digestive	4.7	17.2	3.7	6.8	24.2	3.6
Musculoskeletal	3.3	8.4	2.6	3.9	15.0	3.9
Circulatory	3.1	11.6	3.7	4.8	22.4	4.7
Infectious and Bacterial Disease	2.8	13.6	4.8	3.5	17.5	5.0
Health Services	2.8	55.9	19.9	1.7	27.3	15.6
Other Admits and Disease	2.7	9.4	3.5	2.7	13.2	5.0
Genitourinary	2.0	6.1	3.0	3.6	11.7	3.3
Neoplasm-Benign and Malignant	1.7	8.0	4.6	2.6	15.0	5.9
Symptoms and Ill-Defined Conditions	1.2	3.4	2.8	1.3	4.0	3.0
Endocrine-Nutrition-Metabolism	1.1	2.2	2.0	2.8	8.2	2.9
Neurologic and Senses	0.9	2.8	3.0	1.4	4.5	3.1
Mental Diseases and Chemical Dependency	0.3	0.6	2.0	0.6	2.0	3.3
	<u>110.4</u>	<u>372.5</u>		<u>110.6</u>	<u>399.4</u>	

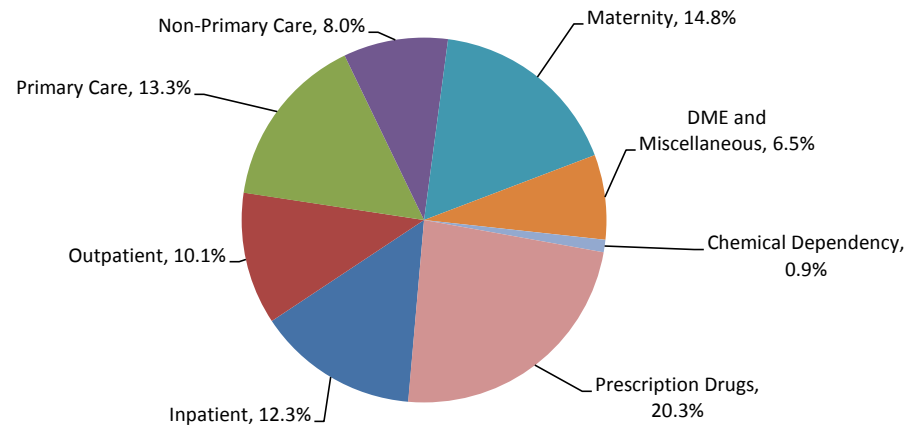


Spending by Type of Service

Malheur County

Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Type of Service	Malheur County				All EOCCO	
	Paid	PMPM	Adjusted PMPM	% of Total	PMPM	% of Total
Inpatient	\$ 1,801,045	\$ 23.43	\$ 23.81	12.3%	\$ 35.92	15.8%
Outpatient	\$ 1,474,916	\$ 19.19	\$ 19.73	10.1%	\$ 28.96	12.7%
Emergency Department	\$ 968,616	\$ 12.60	\$ 12.80	6.6%	\$ 22.61	9.9%
Ambulatory Surgical Center	\$ 5,250	\$ 0.07	\$ 0.07	0.0%	\$ 0.49	0.2%
Radiology/Lab/Path	\$ 857,219	\$ 11.15	\$ 11.53	5.9%	\$ 20.28	8.9%
Primary Care	\$ 1,944,676	\$ 25.30	\$ 25.35	13.3%	\$ 21.54	9.5%
Non-Primary Care	\$ 1,167,313	\$ 15.19	\$ 15.47	8.0%	\$ 14.93	6.5%
Maternity	\$ 2,156,840	\$ 28.06	\$ 27.55	14.8%	\$ 31.10	13.6%
DME and Miscellaneous	\$ 945,928	\$ 12.31	\$ 12.64	6.5%	\$ 10.56	4.6%
Ambulance	\$ 166,915	\$ 2.17	\$ 2.20	1.1%	\$ 3.33	1.5%
Chemical Dependency	\$ 137,810	\$ 1.79	\$ 1.85	0.9%	\$ 2.09	0.9%
Prescription Drugs	\$ 2,967,684	\$ 38.61	\$ 39.32	20.3%	\$ 36.09	15.8%
Total	\$ 14,594,212	\$ 189.90	\$ 192.32	100.0%	\$ 227.89	100.0%



Service Count by Age and Gender

Malheur County

Claims Incurred 03/01/2013-02/28/2014 as of 05/31/2014

Age group	Visits								Unique Membs*								Total Visits	Total Unique Membs*
	<1	01-04	15-24	25-44	45-64	5-14	65-74	75+	<1	01-04	15-24	25-44	45-64	5-14	65-74	75+		
Male	2591	3534	2376	3261	4191	4151	274	312	731	1305	883	1038	1012	1628	73	71	20690	6741
Ambulance	7	13	21	29	73	16	2	27	6	11	13	19	27	16	1	6	188	99
Chemical Dependency	0	0	551	402	155	86	0	0	0	0	49	38	13	10	0	0	1194	110
Emergency Department	133	333	200	329	256	313	13	10	89	225	138	156	110	221	7	6	1587	952
Inpatient	9	11	6	17	47	7	8	11	9	8	5	10	30	7	4	5	116	78
Maternity	246	0	0	0	0	0	0	0	122	0	0	0	0	0	0	0	246	122
Non-Primary Care	505	778	562	849	1316	916	82	116	117	296	188	220	208	337	17	14	5124	1397
Outpatient	29	160	78	202	464	195	39	47	19	102	48	93	151	109	13	13	1214	548
Primary Care	1593	2239	722	1025	1304	2618	91	75	314	663	296	303	276	928	19	15	9667	2814
Radiology/Lab/Path	69	0	236	408	576	0	39	26	55	0	146	199	197	0	12	12	1354	621
Female	2501	3480	7118	11571	7059	4650	1089	598	673	1263	1975	2680	1503	1913	162	97	38066	10266
Ambulance	5	9	39	80	56	6	25	11	5	8	25	48	28	6	8	7	231	135
Chemical Dependency	0	0	538	1226	221	72	0	0	0	0	40	70	11	7	0	0	2057	128
Emergency Department	121	301	552	902	322	346	34	34	76	195	246	350	142	241	17	12	2612	1279
Inpatient	4	12	12	37	45	4	26	12	4	8	7	29	34	4	10	5	152	101
Maternity	197	0	534	488	0	0	0	0	104	0	143	120	0	0	0	0	1219	367
Non-Primary Care	389	773	1318	2624	2095	984	364	200	110	250	343	515	327	354	34	20	8747	1953
Outpatient	33	152	452	703	750	179	175	109	23	82	182	279	211	111	26	17	2553	931
Primary Care	1685	2017	2615	3722	2438	2639	319	119	300	589	620	720	441	925	36	20	15554	3651
Radiology/Lab/Path	67	216	1058	1789	1132	420	146	113	51	131	369	549	309	265	31	16	4941	1721
Grand Total	5092	7014	9494	14832	11250	8801	1363	910	1404	2568	2858	3718	2515	3541	235	168	58756	17007

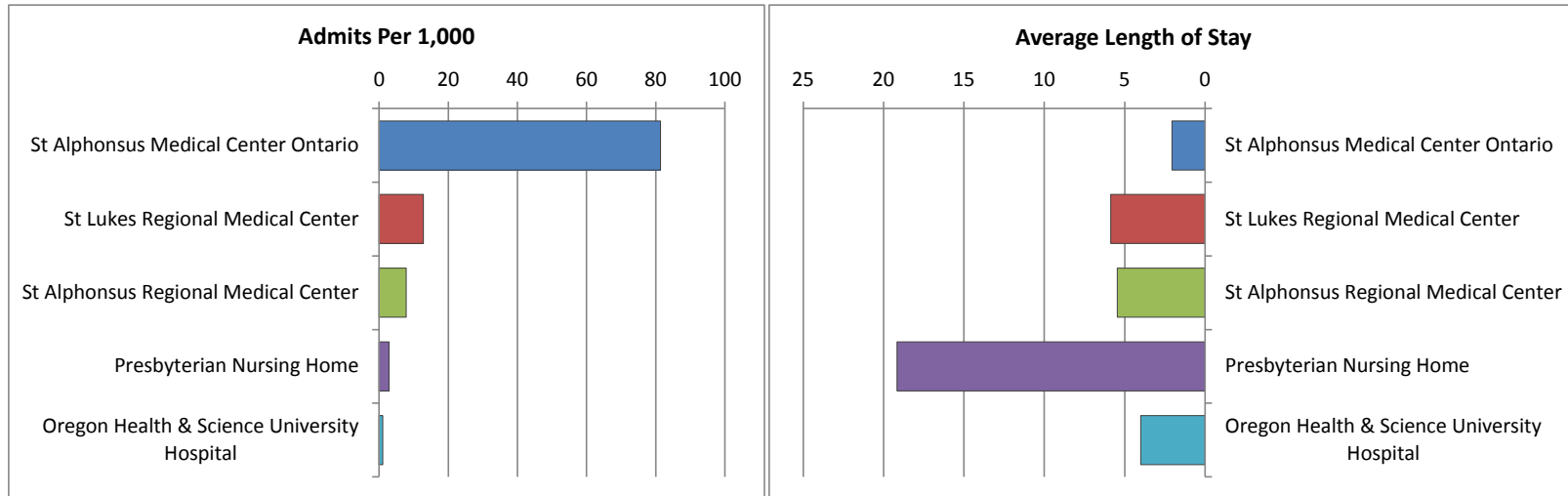
*Unique member per service type

Top 5 Facilities

Malheur County

Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Facility Name	Admissions			Paid PMPM*							% of Total Group
	Admits/ 1,000	Days/ 1,000	ALOS	Inpatient	Outpatient	Maternity	Emergency Department	Radiology /Lab/Path	Total		
St Alphonsus Medical Center Ontario	81.3	167.1	2.1	\$ 11.29	\$ 10.64	\$ 12.81	\$ 9.97	\$ 9.03	\$ 53.75	56.9%	
St Lukes Regional Medical Center	12.8	75.1	5.9	\$ 5.11	\$ 5.35	\$ 4.74	\$ 1.61	\$ 1.36	\$ 18.16	19.2%	
St Alphonsus Regional Medical Center	7.8	42.6	5.5	\$ 3.05	\$ 0.79	\$ 2.47	\$ 0.28	\$ 0.17	\$ 6.76	7.2%	
Presbyterian Nursing Home	2.8	53.9	19.2	\$ 0.17	\$ -	\$ -	\$ -	\$ -	\$ 0.17	0.2%	
Oregon Health & Science University Hospital	1.1	4.4	4.0	\$ 0.53	\$ 0.11	\$ -	\$ 0.04	\$ 0.13	\$ 0.81	0.9%	
Total for Top 5 Facilities	105.9	343.0		\$ 20.15	\$ 16.89	\$ 20.02	\$ 11.90	\$ 10.69	\$ 79.66	84.3%	
Total for Group	110.4	372.5		\$ 23.43	\$ 19.19	\$ 28.06	\$ 12.60	\$ 11.15	\$ 94.45		



*Claims without a paid dollar amount were covered by an alternative carrier. Not all facilities listed will have had hospital admissions during the report period.

Pharmaceutical Utilization Report

Malheur County

Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Non-Specialty Drug Utilization

Top 25 Classes by Script Count

Therapeutic Class	Total Script	Paid	Paid PMPM
Analgesics - Opioid	6,968	\$ 265,069	\$ 3.45
Antiasthmatic and Bronchodilator Agents	3,464	\$ 319,919	\$ 4.16
Ulcer Drugs	3,253	\$ 91,355	\$ 1.19
Blood Pressure Medications	2,966	\$ 31,118	\$ 0.40
Antidiabetics	2,558	\$ 312,585	\$ 4.07
Penicillins	2,245	\$ 29,884	\$ 0.39
Anticonvulsants	2,203	\$ 145,419	\$ 1.89
Analgesics - Anti-Inflammatory	2,165	\$ 35,437	\$ 0.46
Dermatologicals	1,675	\$ 97,081	\$ 1.26
Cholesterol Medications	1,508	\$ 25,249	\$ 0.33
ADHD/Anti-Narcolepsy/Anti-Obesity/Aorexiant	1,498	\$ 216,010	\$ 2.81
Antihistamines	1,371	\$ 11,315	\$ 0.15
Musculoskeletal Therapy Agents	1,342	\$ 13,841	\$ 0.18
Diuretics	1,198	\$ 8,170	\$ 0.11
Thyroid Agents	1,177	\$ 10,206	\$ 0.13
Beta Blockers	1,129	\$ 14,955	\$ 0.19
Macrolides	983	\$ 20,745	\$ 0.27
Contraceptives	792	\$ 25,637	\$ 0.33
Anti-Infective Agents - Misc.	782	\$ 11,866	\$ 0.15
Corticosteroids	776	\$ 9,970	\$ 0.13
Hypnotics	751	\$ 10,202	\$ 0.13
Cephalosporins	682	\$ 18,006	\$ 0.23
Laxatives	649	\$ 7,882	\$ 0.10
Ophthalmic Agents	640	\$ 28,540	\$ 0.37
Calcium Channel Blockers	624	\$ 7,846	\$ 0.10
Total	43,399	\$ 1,768,306	\$ 23.01
Total of All Non-Specialty Drugs	52327	\$ 2,163,617	\$ 28.15
Percent of All Non-Specialty Drugs	99.7%	72.9%	72.9%

Pharmaceutical Utilization Report

Malheur County

Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Non-Specialty Drug Utilization

Top 25 Classes by Paid Amount

Therapeutic Class	Total Script	Paid	Paid PMPM
Antiasthmatic and Bronchodilator Agents	3,464	\$ 319,919	\$ 4
Antidiabetics	2,558	\$ 312,585	\$ 4
Analgesics - Opioid	6,968	\$ 265,069	\$ 3
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	1,498	\$ 216,010	\$ 3
Anticonvulsants	2,203	\$ 145,419	\$ 2
Dermatologicals	1,675	\$ 97,081	\$ 1
Ulcer Drugs	3,253	\$ 91,355	\$ 1
Antivirals	381	\$ 67,768	\$ 1
Analgesics - Anti-Inflammatory	2,165	\$ 35,437	\$ 0
Diagnostic Products	339	\$ 34,835	\$ 0
Blood Pressure Medications	2,966	\$ 31,118	\$ 0
Penicillins	2,245	\$ 29,884	\$ 0
Ophthalmic Agents	640	\$ 28,540	\$ 0
Contraceptives	792	\$ 25,637	\$ 0
Cholesterol Medications	1,508	\$ 25,249	\$ 0
Psychotherapeutic and Neurological Agents - Misc.	198	\$ 24,740	\$ 0
Antiemetics	452	\$ 24,209	\$ 0
Urinary Antispasmodics	228	\$ 22,391	\$ 0
Macrolides	983	\$ 20,745	\$ 0
Anticoagulants	175	\$ 19,112	\$ 0
Otic Agents	267	\$ 19,101	\$ 0
Tetracyclines	210	\$ 18,706	\$ 0
Estrogens	385	\$ 18,552	\$ 0
Cephalosporins	682	\$ 18,006	\$ 0
Vasopressors	64	\$ 17,781	\$ 0
Total	36,299	\$ 1,929,249	\$ 25
Total of All Non-Specialty Drugs	52327	\$ 2,163,617	\$ 28
Percent of All Non-Specialty Drugs	99.7%	72.9%	72.9%

Pharmaceutical Utilization Report

Malheur County

Claims Incurred 04/01/2013-03/31/2014 as of 06/30/2014

Specialty Drug Utilization

Therapeutic Class	% of Total	
	Paid	Paid
Endocrine and Metabolic Agents - Misc.	33.2%	\$ 267,104
Antivirals	24.9%	\$ 199,785
Analgesics - Anti-Inflammatory	16.5%	\$ 132,552
Passive Immunizing Agents	11.3%	\$ 90,799
Antineoplastics and Adjunctive Therapies	7.4%	\$ 59,321
Cardiovascular Agents - Misc.	4.3%	\$ 34,199
Psychotherapeutic and Neurological Agents - Misc.	2.3%	\$ 18,767
Hematopoietic Agents	0.1%	\$ 1,085
Hemostatics		\$ 119
Total	100%	\$ 803,731

Specialty drugs are identified using the most recent specialty drug list

EOCCO Incentive Measures - Malheur County

Reporting period: services incurring 1/1/2014 - 3/31/2014 paid through 3/31/2014

Measure	2013 EOCCO Final Rate	2013 Improvement Target*
SBIRT - Members age 18 and older who had an outpatient visit who also received alcohol and drug misuse screening with brief intervention, and referral for treatment as needed during the reporting period.	0.8%	3.2%
Follow-up care for children prescribed ADHD medications - Children newly prescribed ADHD medication during the reporting period who had a follow-up visit within 30 days of the when the first ADHD medication was dispensed.	56.3%	51.0%
Follow-up after hospitalization for mental illness - Members age 6 and older who had a follow-up visit within 7 days of discharge from hospitalization for a mental health illness that incurred during the reporting period.	55.3%	68.0%
Timeliness of prenatal care - Mothers who gave birth during the reporting period who also had a prenatal visit in the first trimester or within 42 days of enrollment.	78.3%	68.4%
ED utilization - Count of emergency department visits during the reporting period per 1,000 member months.	59.2	63.6
Colorectal cancer screening - Members age 51-75 years receiving a colorectal cancer screening during the reporting period per 1,000 member months.	9	4.6
Developmental screening in first 36 months of life - Children turning 1, 2, or 3 during the reporting period who had a medical visit during the reporting period.	30.0%	11.0%
Adolescent well care visits - Members age 12-21 years who had at least one comprehensive well-care visit during the reporting period.	22.3%	26.7%

Total count of unique members during this reporting period	8,098
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Summary for Currently Enrolled Members	Count
Members with 3 or more ED visits	41
Eligible members who should have received SBIRT	1,319
Eligible members who did not have an adolescent well care visit	1,811
Eligible members who did not have developmental screening	393
Eligible members without follow-up after initiating ADHD medication	12
Eligible members who did not receive timely prenatal care	20
Members of age to receive a colorectal cancer screening (without screening this report period)	773

Details for how these measures are calculated can be found at www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx

County EOCCO Reports

Cost and utilization for April 1, 2013 through March 30, 2014 paid through June 30, 2014.

1. Terms and definitions

ABAD/OAA w/o Med – This category includes Assistance to Blind and Disabled (AB/AD) without Medicare eligibles and Old Age Assistance (OAA) without Medicare eligibles. AB/AD without Medicare eligibles are OHP clients without Medicare with income under current eligibility rules and OAA without Medicare eligibles are OHP clients without Medicare with income under current eligibility rules

ABAD/OAA with Med – This category includes Assistance to Blind and Disabled (AB/AD) with Medicare eligibles and Old Age Assistance (OAA) with Medicare eligibles. AB/AD with Medicare members are OHP clients with concurrent Medicare eligibility with income under current eligibility rules and Old Age Assistance (OAA) with Medicare eligibles are OHP clients with concurrent Medicare Part A or Medicare Parts A & B or Medical Part B only eligibility with income under current eligibility rules.

Adjusted PMPM – The estimated PMPM paid cost that would be expected from this group using the entire EOCCO population as a standard.

Admits/1,000 – Hospital admissions per one thousand members calculated as count of admissions divided by total member months multiplied by 12,000.

ALOS – Average length of stay calculated as the total days per one thousand divided by the count of admits per one thousand.

CAF (Children, Adults, and Families Division) - Children who are OHP clients with medical eligibility determined by CAF or OYA receiving OHP under ORS 414.025(2)(f), (l), (j), (k) and (o), 418.034 and 418.187 to 418.970. These individuals are generally in the care and/or custody of CAF or OYA who are in placement outside of their homes.

Children 0-1 - Children under one year of age who have family income under 133% of the FPL or were born to mothers who were eligible as PLM Adults at the time of the child's birth; also includes children under one year of age who have income under 185% FPL and do not meet one of the other eligibility classifications (CHIP).

Children 1-5 - PLM or CHIP children one through five years of age who have family income under 185% of the FPL and do not meet one of the other eligibility classifications.

Children 6-18 - PLM or CHIP children six through eighteen years of age who have family income under 185% of the FPL and do not meet one of the other eligibility classifications.

Days/1,000 - Days per one thousand members calculated as sum of days admitted to a hospital divided by total member months multiplied by 12,000.

OHP Standard – This category includes OHP adults and couples and OHP families. OHP adults are couples are OHP clients aged 19 or over and not Medicare eligible, with income below 100% of the FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child

under age 19 in the household. OHP families are OHP clients, aged 19 or over and not Medicare eligible, with income below 100% of the FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child under the age of 19 in the household.

PMPM – Per Member, Per Month

PLM – (Poverty Level Medical) - Adults under 100% of the FPL are OHP clients who are pregnant women with income under 100% of FPL; adults over 100% of the FPL are OHP clients who are pregnant women with income between 100% and 185% of the FPL.

Service Month – The month that the medical service incurred

TANF (Temporary Assistance to Needy Families) - OHP clients categorically eligible with income under current eligibility rules.

2. Report Descriptions

Page 1 – Cover page.

Page 2 – The demographic report provides a profile for the most recent full month of data that was available and compares that profile to the entire EOCCO population.

Page 3 – The membership by program type provides counts of members by OHP program type for each month of eligibility during the period that is being assessed and compares those counts to the distribution of membership by program type for the entire EOCCO population. This is the membership that contributed to the cost and utilization included in the remainder of the report package.

Page 4 – The distribution of paid dollars report reveals which percentage of the membership is spending which percentage of the dollars during the report period and compares this distribution to that of the entire EOCCO population.

Page 5 - The distribution of paid dollars by age group provides breakdown of spending level (paid dollars) by age groups.

Page 6 – The history of costs by month of service provides monthly PMPM paid amounts as well as adjusted PMPM paid amounts using the entire EOCCO population as the adjusted standard. The adjusted PMPM column reflects what those amounts would have been if the county population profile matched the EOCCO population profile (e.g. the county had the same percentage of TANF members as the EOCCO). The entire EOCCO PMPM paid amounts are included as a comparison.

Page 7 – The Inpatient admits report provides a count of hospital admissions per 1,000 members by major diagnosis and service category. In addition, this report provides the total number of days spent admitted to a hospital per 1,000 members and the average length of stay – also stratified by major diagnosis and service level. The entire EOCCO hospital admission counts are included as a comparison.

Page 8 – Spending by type of service calculates the total dollars paid by type of service along with a paid PMPM amount, and adjusted PMPM amount, and the proportion of dollars by type of service. The paid

PMPM amount and proportion of dollars by type of service for the entire EOCCO population is included as a comparison.

- Inpatient – Includes all non-maternity facility costs associated with an overnight hospital admission or skilled nursing facility stay including emergency room visits that resulted in hospital admissions
- Outpatient – Includes all services billed on a UB04 form that were not included in an emergency room visit and are not considered to be surgery, radiology, laboratory, or pathology
- Emergency Department – All charges on a facility claim associated with an emergency room visit that did not result in a hospital admission
- Surgery – Costs associated with a surgical procedure code billed on a UB04 form
- Ambulatory Surgical Center – Paid charges for claims with an ASC place of service code
- Radiology/Lab/Path – Radiology, laboratory, and pathology services billed on a UB04 claim form that were not part of an emergency room visit
- Primary Care – Services billed on a CMS 1500 form and provided by a certified practitioner
- Non-primary Care – Services billed on a CMS 1500 form that were not provided by a primary care practitioner including professional charges for the ER and surgeon charges
- Maternity – All inpatient, outpatient and professional charges associated with a maternity related procedure code or DRG
- DME and Miscellaneous – Durable medical equipment and other miscellaneous supplies and services not otherwise classified
- Ambulance – Ground and air ambulance charges billed on a CMS 1500 form
- Chemical Dependency – Professional charges for chemical dependency specific treatment CPT codes
- Prescription Drugs – Includes charges for prescription pharmaceuticals

Page 9 – The service count by age and gender report. Data on the report includes number of visits and distinct members for those visits categorized by different age groups.

Page 10 – The top 5 facilities report lists the top 5 hospitals by dollars paid. Data on the report includes admits/1,000, days/1,000 and ALOS by facility

Page 11 – The pharmaceutical utilization report, non-specialty drug utilization, top 25 classes by script count. This report includes the top 25 therapeutic classes of drugs by script count.

Page 12 – The pharmaceutical utilization report, non-specialty drug utilization, top 25 classes by paid amount. This report includes the top 25 therapeutic classes of drugs by paid amount.

Page 13 (Optional) - The pharmaceutical utilization report, specialty drug utilization. This report includes therapeutic classes of drugs that have been identified as specialty drugs.