



**The School District of Osceola County
Employee Benefits Committee Meeting
Agenda
November 17, 2021**

- I. **Welcome (2 minutes)**
 - a. Speaking order volunteer
 - b. Timekeeper volunteer

- II. **Reports (5 minutes)**
 - a. Highlights and committee questions on monthly reports and Health Plan Analysis

- III. **SDOC Custom Network – Constance Crawford, Evolutions (20 minutes)**

- IV. **Member concerns, tracking and brainstorming solutions (40 minutes)**

- V. **Other concerns and updates (18 minutes)**

Committee members are encouraged to attend the quarterly **Board Workshop on December 14th at 3:00pm** in the Board Room (817 Bill Beck Blvd).

The next meeting will be held on **December 15, 2021, at 4:30 pm** in the **Multipurpose Room** located at The Center for Employee Health 831 Simpson Road, in Kissimmee **or WebEx** (if needed).

Employee Benefits Committee Meeting

2021-2022 Membership

OCEA

Judi Crowell – St Cloud HS (v)
Kim Castro-Stevens – HTES(v)
April Isaacs – St. Cloud HS/VP (v)
Ruth Nelson – Osceola HS (v)
Lare Allen – OCEA/ESP Pres (v)
Vacant (Alternate)

Teamsters

Vacant (v)
Gary Conroy – Teamsters (v)

Provider Representatives

Kelly Johnson – Lincoln Financial Group
Mark Tafuri- VSP
Belinda Gonzalez – Humana (Dental)
Tom Remus - MetLife Life Ins.
Mayra Diaz – Aither Benefits Champion
Laura Hirsch – Aither Cofounder & co-CEO
Lisa True – Aither Cofounder & co-CEO
Melissa Fritz – Aither Director of Operations
Mohammad Abdallah – Aither Account Manager
Contance Crawford – Evolutions Healthcare
Jay Weingart – Trustmark

Risk & Benefits Management/SDOC

Lauren M. Haddox – Director
LaTasha Aponte – Employee Benefits Supervisor
Jack Achenbach – Wellness Specialist
Vanessa Louis - Secretary
Sarah Graber – Chief Business & Finance Officer
John Boyd – Chief Negotiator
Randy Shuttera – Chief Negotiator

Prof. Support Council

Felicia Bracy – School Operations (v)

ESP

Barb Gleason – OCSA (v)
Susan Compton – Custodial Servs. (v)

Retirees

Vacant – Retired Teacher

Benefits Consultant

Ashley Bacot - ProvInsure
Carolyn Grant - ProvInsure
Barry Murphy – ProvInsure

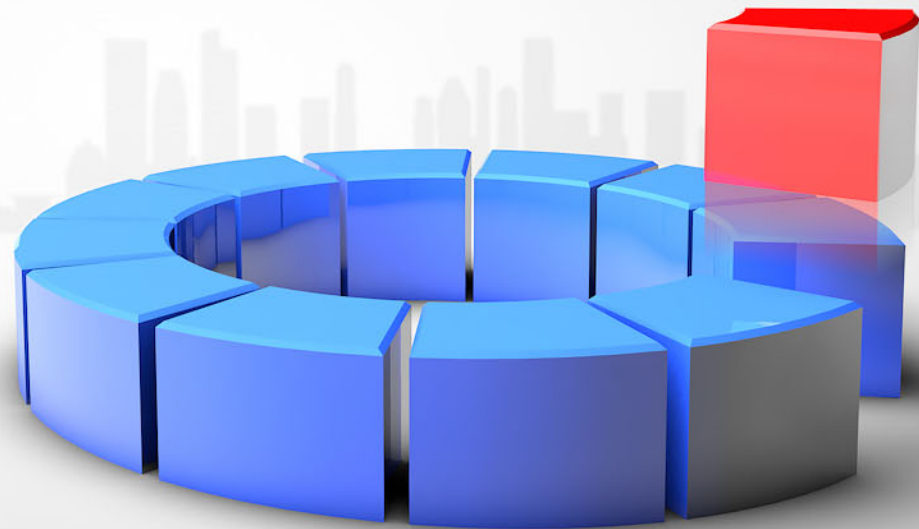
Center for Employee Health

Kenneth Aldridge - RosenCare



Evolving to Meet the Changing Needs of Healthcare

By Closing the circle between Providers, Payors and Patients



Evolutions Healthcare Systems- Who are we?



- Privately owned network development and management company
- Based in Tampa Bay, Florida for 29 years
- Boutique organization specializing in creation of customized high performance networks for self-funded plans, Hospital Systems, Employer Groups and TPAs around the country with regional emphasis in Florida.
- Solid network foundation of facilities & physicians in Central Florida and across the state.

Evolutions Custom Network Development Strategy



MISSION: Fill the seats with the right providers through the most cost effective and efficient process that is easy for everyone....



Custom Network Bus



Provider Contracting 101



BUCAH contracting:

- Discounts off billed charges.
“We have the best discounts”
For example, 50% off billed charges.

We ask: Discounts off what?
We refer to this TOP – DOWN pricing.

Consider this:

The billed charge is a “fictitious amount”
No one pays that amount.

Would you agree to pay a bill that was 50% off at a store if you didn't know beginning number?

Example: Billed Charges \$ 1,000
 50% discount <\$ 500> discount
 Eligible charges: \$ 500 balance

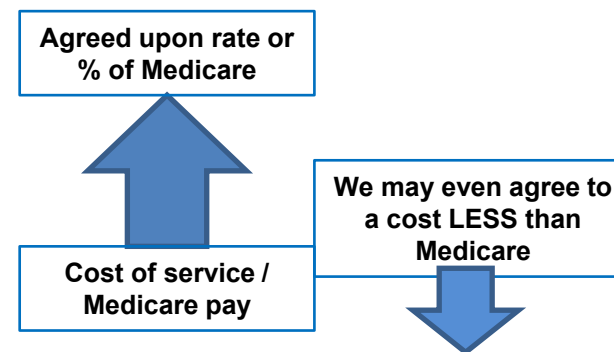


OUR contracting:

Based on:

- A “fair” rate that is agreed upon by both parties.
- Medicare: the biggest payer in the US
- Cost: how much does that service cost the provider? Pay a specific amount above the cost.

We refer to this as BOTTOM-UP pricing.



How we contract



- We contract using primarily Medicare based reimbursement methodology tied to annual CMS allowables.
- (Tier 1 contracts =<120% of Medicare for Physicians, Ancillary services, Ambulatory Surgery Centers.)
- Other reimbursement methods include:
 - Bundled charges, per diems and case rates, capitated/risk sharing models.
 - % of savings only as last resort.

Our TRANSPARENT Approach yields very favorable pricing at a reasonable reimbursement to the provider.

Contracting for SDOC- The Numbers

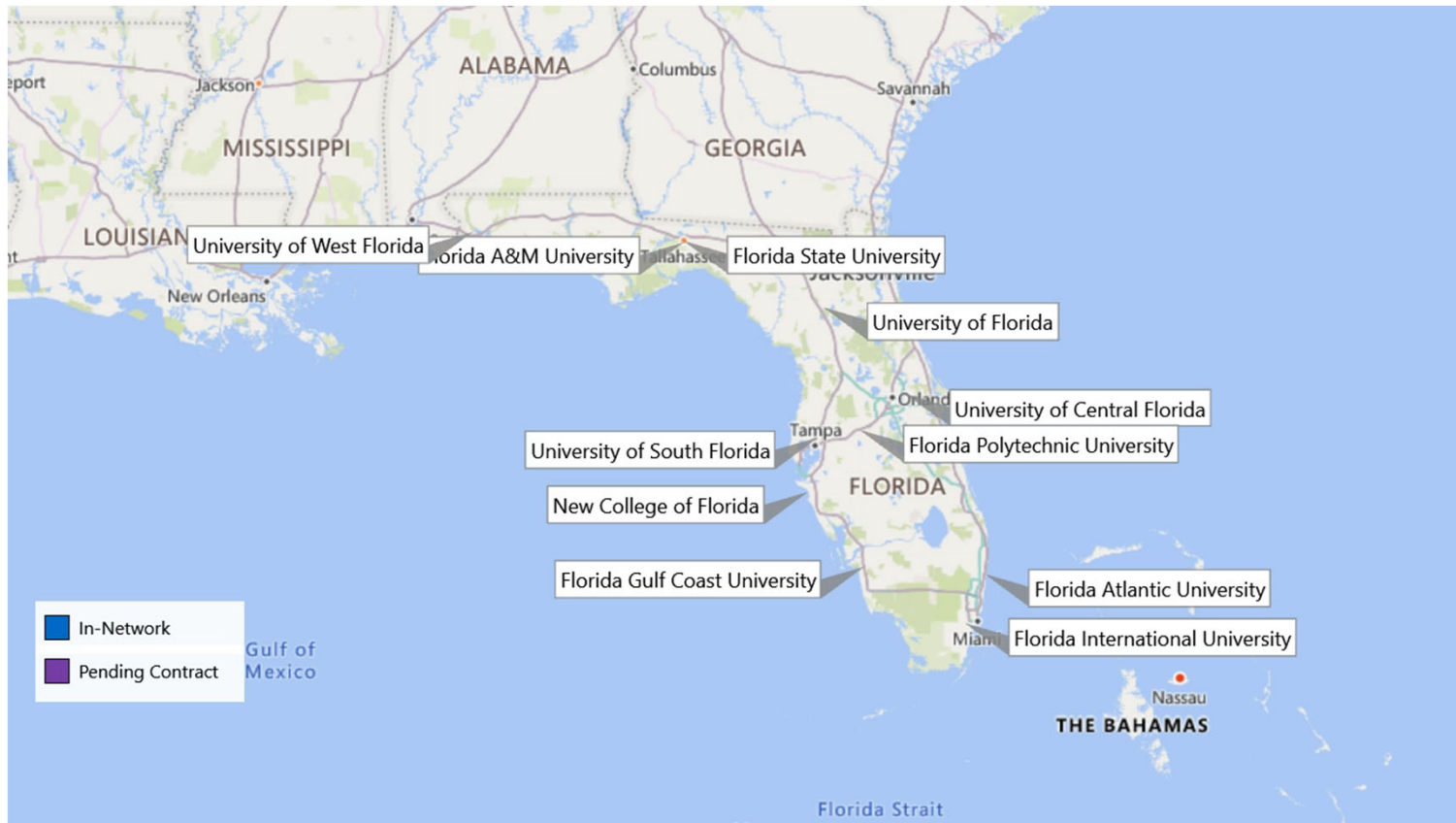


NETWORK PROVIDER COUNT (PROVIDER LOCATIONS)			
	Prior to 10/01/20	Additions To Date	Total To Date
Evolutions Prime Tier 1	4607	12321	16928
Evolutions Prime Tier 2*	5209	-2535	2674
Single Case Agreements	0	142	142

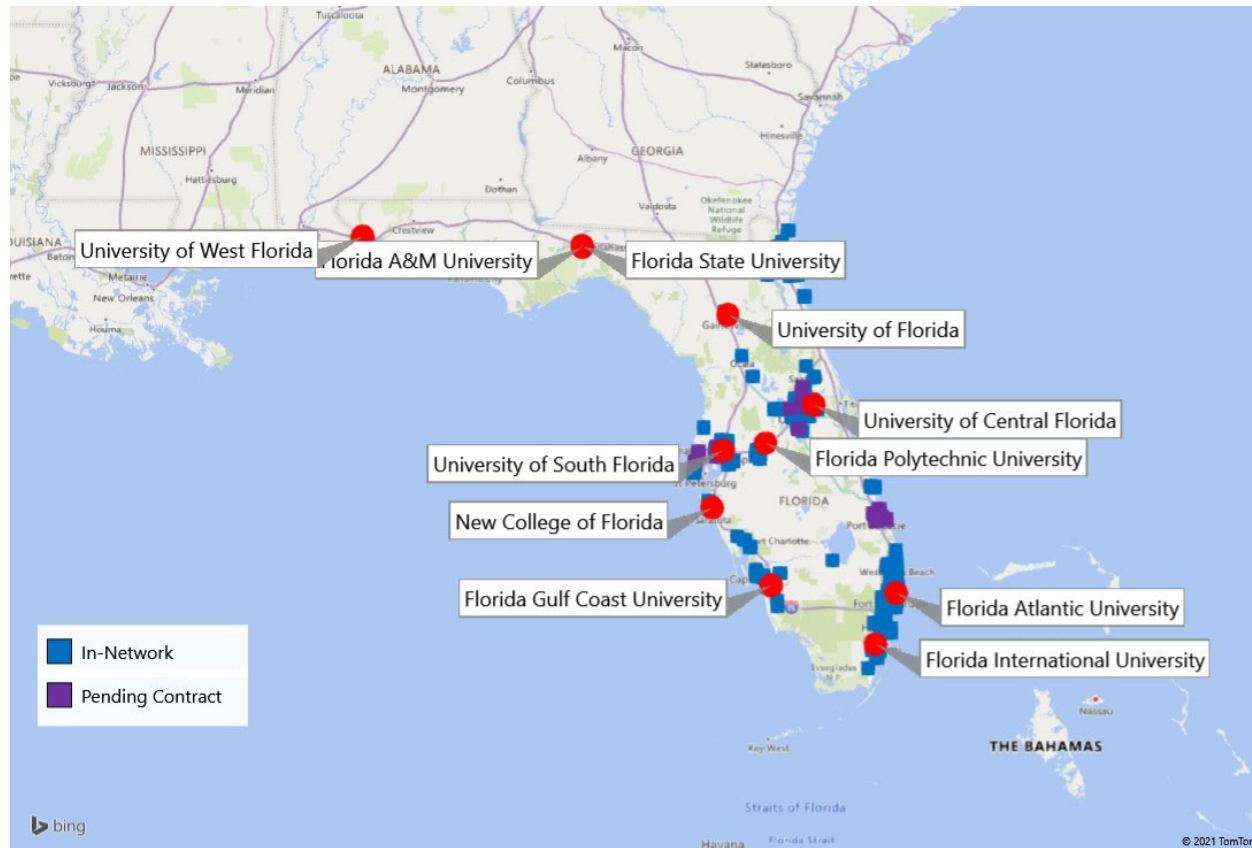
* Reduced by Converting Tier 2 to Tier 1 & Advent Health Termination

Additional 283 Contracts are in the final stage of execution

Urgent Care Centers-FL Universities



Urgent Care Centers-FL Universities



Urgent Care Centers-FL



Contracted	Contract Pending	Contract in negotiation
MD Now	Guidewell ER Physician	Patients First-Talahassee
Med Express	CareNow Urgent Care-HCA	AFC-Sarasota
Watson Clinic Urgent Care	The Center for Urgent Care-Lakewood Ranch	
Carespot		
Night Lite Pediatrics		
Convenience Care		
CVS Minute clinic		

LET US CLOSE THE CIRCLE FOR YOU



*Managed Care Solutions for the benefit
of Everyone*

Health Plan Analysis 11/01/2021

Summary

Plan	ENROLLMENT	TALLIES	Total	%
Healthy Essentials		1244	7310	17.02%
Healthy Essentials Wellness		1913	7310	26.17%
Healthy Advantage Plus		976	7310	13.35%
Healthy Advantage Plus Wellness		2258	7310	30.89%
Opt Out Credit Plan		914	7310	12.50%

PROJECTED REVENUE BASED ON CURRENT ENROLLMENT MINUS ADMIN FEES

Board Paid	\$49,167,678.00
Employee Premium	\$7,135,180.00
Retiree Premium	\$872,271.84
SubTotal	\$57,175,129.84
Administration Fees	(5,230,601.28)
Total	51,944,528.56

DESCRIPTION	OPTION	TALLIES	Board Share		Employee Premium			Retiree Premium			
			Per Pay	Per Year	Per Pay	Per Year	Per Month	Per Year			
Healthy Advantage Plus	1	777	341.30	265,190.10	5,303,802.00	50.00	38,850.00	777,000.00			
Healthy Advantage Plus	2	18	341.30	6,143.40	122,868.00	435.00	7,830.00	156,600.00			
Healthy Advantage Plus	3	110	341.30	37,543.00	750,860.00	245.00	26,950.00	539,000.00			
Healthy Advantage Plus	4	15	341.30	5,119.50	102,390.00	580.00	8,700.00	174,000.00			
Healthy Advantage Plus	5	28	341.30	9,556.40	191,128.00	220.00	6,160.00	123,200.00			
Healthy Advantage Plus	6	28	341.30	9,556.40	191,128.00	0.00	0.00	0.00			
Healthy Advantage Plus Wellness	1	1667	341.30	568,947.10	11,378,942.00	25.00	41,675.00	833,500.00			
Healthy Advantage Plus Wellness	2	50	341.30	17,065.00	341,300.00	385.00	19,250.00	385,000.00			
Healthy Advantage Plus Wellness	3	264	341.30	90,103.20	1,802,064.00	195.00	51,480.00	1,029,600.00			
Healthy Advantage Plus Wellness	4	48	341.30	16,382.40	327,648.00	530.00	25,440.00	508,800.00			
Healthy Advantage Plus Wellness	5	69	341.30	23,549.70	470,994.00	170.00	11,730.00	234,600.00			
Healthy Advantage Plus Wellness	6	69	341.30	23,549.70	470,994.00	0.00	0.00	0.00			
Healthy Advantage Plus Wellness	7	1	341.30	341.30	6,826.00	385.00	385.00	7,700.00			
Healthy Advantage Plus Wellness	8	1	341.30	341.30	6,826.00	530.00	530.00	10,600.00			
Healthy Advantage Plus Wellness (JS)	1	0	170.65	0.00	0.00	195.65	0.00	0.00			
Healthy Advantage Plus Wellness Retiree	1	82							629.83	51,646.06	619,752.72
Healthy Advantage Plus Wellness Retiree	2	5							1,322.58	6,612.90	79,354.80
Healthy Advantage Plus Wellness Retiree	3	0							973.85	0.00	0.00
Healthy Advantage Plus Wellness Retiree	4	2							1,703.64	3,407.28	40,887.36
Healthy Essentials Wellness	1	1483	341.30	506,147.90	10,122,958.00	0.00	0.00	0.00			
Healthy Essentials Wellness	2	39	341.30	13,310.70	266,214.00	325.00	12,675.00	253,500.00			
Healthy Essentials Wellness	3	180	341.30	61,434.00	1,228,680.00	152.00	27,360.00	547,200.00			
Healthy Essentials Wellness	4	46	341.30	15,699.80	313,996.00	452.00	20,792.00	415,840.00			
Healthy Essentials Wellness	5	75	341.30	25,597.50	511,950.00	20.00	1,500.00	30,000.00			
Healthy Essentials Wellness	6	75	341.30	25,597.50	511,950.00	0.00	0.00	0.00			
Healthy Essentials Wellness	7	0	341.30	0.00	0.00	325.00	0.00	0.00			
Healthy Essentials	1	1110	341.30	378,843.00	7,576,860.00	25.00	27,750.00	555,000.00			
Healthy Essentials	2	20	341.30	6,826.00	136,520.00	375.00	7,500.00	150,000.00			
Healthy Essentials	3	63	341.30	21,501.90	430,038.00	202.00	12,726.00	254,520.00			
Healthy Essentials	4	13	341.30	4,436.90	88,738.00	502.00	6,526.00	130,520.00			
Healthy Essentials	5	19	341.30	6,484.70	129,694.00	50.00	950.00	19,000.00			
Healthy Essentials	6	19	341.30	6,484.70	129,694.00	0.00	0.00	0.00			
Healthy Essentials Wellness Retiree	1	13							588.17	7,646.21	91,754.52
Healthy Essentials Wellness Retiree	2	2							1,235.15	2,470.30	29,643.60
Healthy Essentials Wellness Retiree	3	1							906.57	906.57	10,878.84
Opt Out Credit Plan	1	914	341.30	311,948.20	6,238,964.00	0.00	0.00	0.00			
Job Share Declined Benefits	0	4	170.65	682.60	13,652.00						
FSA Extra \$250	1	1182	250.00		295,500.00						
Total Employees and Retirees		7310		2,458,383.90	49,167,678.00		356,759.00	7,135,180.00		72,689.32	872,271.84

Option Legend	
Single	1
Spouse	2
Child(ren)	3
Family	4
Half Family Primary	5
Half Family Secondary	6
Domestic Partner	7
Child(ren) +DP	8
DP +DP Child(ren)	9
Child(ren) + DP + DP Child(ren)	10

Revenue Totals Per Year

Board Paid	\$49,167,678.00
Employee Premium	\$7,135,180.00
Retiree Premium	\$872,271.84
Total	\$57,175,129.84



Extensive Analysis

Executive Analytics

School District of Osceola County



Date Range

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Prior Period: Paid, October 2018 to September 2019

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Executive Summary

This report is designed to identify 10/1/20 to 09/30/21 Plan year results compared to the prior Plan year focusing on drivers and trends. The following is a summary of the detailed reports that follow:

Financial Overview and Drivers

- The plan spent \$11,161,031 less (21%) in paid medical/RX claims compared to the prior plan year.
- 71% of the \$7,691,313 medical savings can be attributed to lower unit costs (underlying contracts, appropriate POS, etc..) the remaining 29% of savings is driven by lower utilization.
- The \$3,469,718 in RX savings was generated due to higher utilization adding \$4,783,777 to costs, but lower unit costs attributed savings of \$8,233,494 vs the prior period.
- There were 4 less members over \$200,000 (19 vs 23). The amount spent on members over \$200,000 dropped by \$2.3 million, 44% reduction.
- Terminated members accounted for \$12,097,879 in claims while new members contributed \$1,867,383.
- Retained members (those neither new or termed) had a PMPM decrease of 11%.

Demographics/Benchmarks/Spend share

- Most members and spend is in the 40-60 years old range
- Medical PMPM costs of \$311 Vs \$356 benchmark with RX of \$78 vs \$96 benchmark. The benchmark used is the national benchmark of 12 million people.
- Under the benchmark for unit cost measures of average claim cost (\$314 vs \$346) and cost per claimant (\$4,823 vs \$4,223).
- 11.23% of all medical claims allowed under the plan are paid by the member vs 16% in the prior period. 11.38% of pharmacy expenses are paid by the member down from 13.43% the prior year.
- 99.93% of all claims are in network vs 98.79% the prior period and a benchmark of 90%.
- Average turnaround of claims slowed from 16 to 35 days on average. This Plan year had spikes in the January to May period as high as 47 days, but has decreased to 34 days by September 2021.
- 62% of the 87 members in the top 1% of spend this year were in the top 5% of spend the prior year.
- The top 5% of members spent 49.4% of all spend.
- 5,482 members (of 10,811 members active and termed through the year) spent less than \$500 in the year.
- Spouses account for only 6.7% of the spend vs 24% benchmark.

Pharmacy

- More script utilization 194.5k vs 183.3K
- Average script cost down from \$64.16 to \$42.63
- Member cost share in RX decreased from \$1,823,000 to \$1,074,000.
- 82.3% of all RX scripts were for under \$5 vs 69.8% in the prior period and a 62% benchmark.
- 1.36% of scripts are over \$30 vs 3.8% in comparison period and \$5.77 benchmark.
- Just on Humira products (without rebates factored) the cost per days supply went from \$203 to \$150 with over 4,992 days.

Executive Summary Continued

Utilization

- ER visits are down 31% and average cost is down from \$2,650 to \$1,762.
 - 16% are gastrointestinal related.
 - Members paid on average \$752 and the Plan paid \$1,763.
- Admissions were down 18.9% and average costs down from \$34,874 to \$26,256.
 - 72% of admissions originated in the ER
- The number of days in the hospital (severity) were down 6.8%.
 - Mental health days went from 4 to 63
- Outpatient/Ambulatory surgeries were flat
- Deliveries are down 30%
- MRI scans are down 50% and the average costs down from \$1,131 to \$543
- CT scans are down 24.6% and unit costs are down from \$1,300 to \$775
- Colonoscopies are up 15.7% and the cost has reduced from \$2,588 to \$1,175
- Mammograms are down 10.9%
- Chiropractic visits are up 142%

Trend Highlight Areas

- Inpatient surgeries PMPM is down 45% equally driven by lower unit costs and utilization
- Outpatient Surgery counts are down from 759 to 273 in place of service 22 (outpatient hospital) with costs down 77%. POS 24 (ambulatory surgery centers) went from 38 to 432 visits. Average costs for POS 22 is \$4,105. Average spend went down with the move of place of service regardless of case mix.
- Specialists visit costs PMPM are up 95% driven mainly due to unit cost/case mix.
- PCP visits are up 29% PMPM also driven by unit costs
- Lab/pathology costs went up 97% driven by unit cost (COVID-19 driven).
- Injectable drug costs have risen 46.9% mainly due to unit cost.

Chronic Conditions/Quality of Care

- Chronic condition prevalence is down for members with CAD (11%), cancer (3.66%) and ESRD (18%).
- Prevalence is up in hyperlipidemia (23%), chronic pain (84%), metabolic disorders (19%), lower back pain (34%) and depression (76%), while diabetics are up slightly (3%).
- Provider quality scores are above average in the top hospitals used and the core clinical categories.
- There are no hospital complication issues as they are performing well while readmissions continue to be a problem.
- The care alert scores (measuring compliance to national standards for quality care) decreased by 4.5% for chronic diseases and decreased 1.6% for general wellness measures. Decreasing is good in this measure

Financial Dashboard

Population: School District of Osceola County,



Medical Claims
\$33,231,451
PMPM / Benchmark: \$311 / \$358

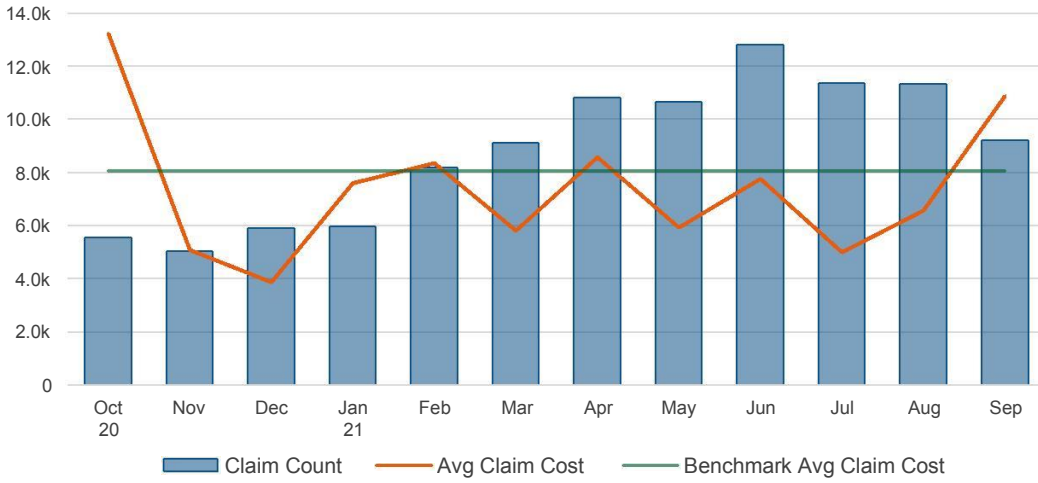
Pharmacy Claims
\$8,295,146
PMPM / Benchmark: \$78 / \$96

Specialty Drugs
\$5,276,937
% of Total Rx / Benchmark: 64% / 25%

Admissions
\$10,704,710
Benchmark Rate: \$12,513,854

Paid Claims

Claims



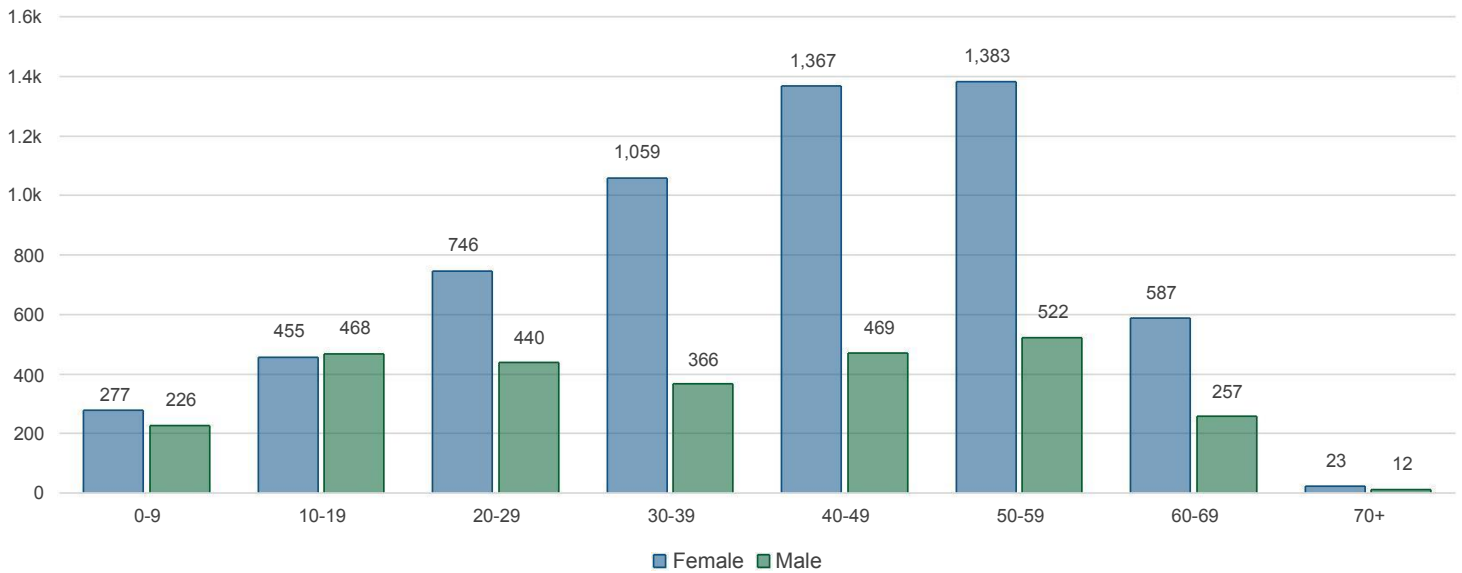
Cost

% Claimants to Members
83%
Benchmark: 84%

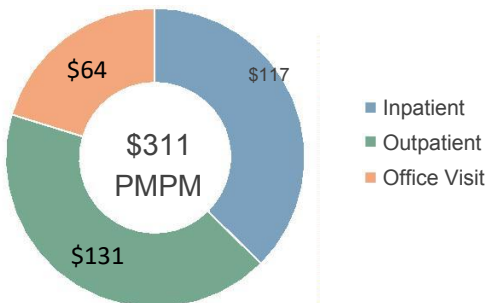
Avg Claim Cost
\$314
Benchmark: \$346

Avg Cost Per Claimant
\$3,823
Benchmark: \$4,223

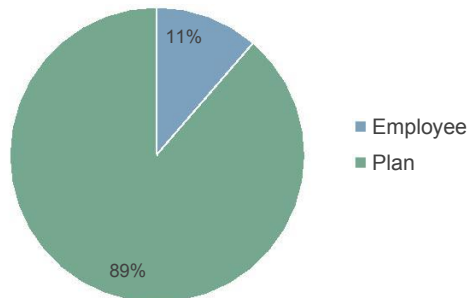
Membership Distribution



Medical PMPM by POS



Employee vs Plan Paid



	Amount Paid
Employee	\$5,280,909
Plan	\$41,526,597
Total	\$46,807,506

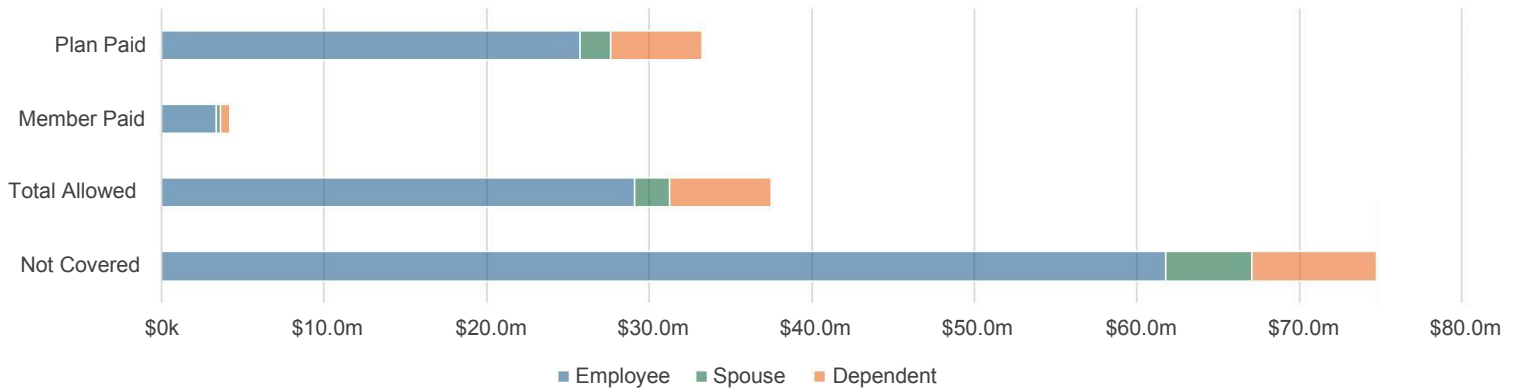
Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Medical Claim Summary

Population: School District of Osceola County,



Billed Charges

	All Members		Employee		Spouse		Dependent	
	Total	% Billed	Total	% Billed	Total	% Billed	Total	% Billed
Claims	106,606	--	87,877	--	6,067	--	12,185	--
Services	894,061	--	641,261	--	37,074	--	215,708	--
Billed Charges	\$163,050,197	--	\$133,606,816	--	\$10,127,967	--	\$19,313,984	--
PPO Savings	\$17,555,871	10.77%	\$14,063,584	10.53%	\$776,049	7.66%	\$2,715,398	14.06%
Not Covered	\$74,754,216	45.85%	\$61,766,353	46.23%	\$5,279,398	52.13%	\$7,708,022	39.91%
Member Paid	\$4,216,014	2.59%	\$3,360,209	2.51%	\$271,019	2.68%	\$584,772	3.03%
Plan Paid	\$33,231,451	20.38%	\$25,741,260	19.27%	\$1,871,692	18.48%	\$5,618,365	29.09%

Allowed Charges

	All Members		Employee		Spouse		Dependent	
	Total	% Allowed	Total	% Allowed	Total	% Allowed	Total	% Allowed
Total Allowed	\$37,526,751	--	\$29,117,393	--	\$2,150,029	--	\$6,259,181	--
Member Share	\$4,216,014	11.23%	\$3,360,209	11.54%	\$271,019	12.61%	\$584,772	9.34%
Coinsurance	\$1,860,275	4.96%	\$1,511,855	5.19%	\$118,573	5.51%	\$229,847	3.67%
Copay	\$938,399	2.50%	\$725,419	2.49%	\$59,756	2.78%	\$153,210	2.45%
Deductible	\$1,417,340	3.78%	\$1,122,935	3.86%	\$92,690	4.31%	\$201,715	3.22%
Plan Share	\$33,231,451	88.55%	\$25,741,260	88.41%	\$1,871,692	87.05%	\$5,618,365	89.76%

Per Claim

	All Members		Employee		Spouse		Dependent	
	Total	Avg/Claim	Total	Avg/Claim	Total	Avg/Claim	Total	Avg/Claim
Claims	106,606	--	87,877	--	6,067	--	12,185	--
Billed Charges	\$163,050,197	\$1,529	\$133,606,816	\$1,520	\$10,127,967	\$1,669	\$19,313,984	\$1,585
PPO Savings	\$17,555,871	\$165	\$14,063,584	\$160	\$776,049	\$128	\$2,715,398	\$223
Other Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Not Covered	\$74,754,216	\$701	\$61,766,353	\$703	\$5,279,398	\$870	\$7,708,022	\$633
Total Allowed	\$37,526,751	\$352	\$29,117,393	\$331	\$2,150,029	\$354	\$6,259,181	\$514
Member Paid	\$4,216,014	\$40	\$3,360,209	\$38	\$271,019	\$45	\$584,772	\$48
Coinsurance	\$1,860,275	\$17	\$1,511,855	\$17	\$118,573	\$20	\$229,847	\$19
Copay	\$938,399	\$9	\$725,419	\$8	\$59,756	\$10	\$153,210	\$13
Deductible	\$1,417,340	\$13	\$1,122,935	\$13	\$92,690	\$15	\$201,715	\$17
Plan Paid	\$33,231,451	\$312	\$25,741,260	\$293	\$1,871,692	\$309	\$5,618,365	\$461
COB	\$323,339,201	\$3,033	\$256,018,776	\$2,913	\$23,444,861	\$3,864	\$43,875,298	\$3,601

Per Service

	All Members		Employee		Spouse		Dependent	
	Total	Avg/SVC	Total	Avg/SVC	Total	Avg/SVC	Total	Avg/SVC
Services	894,061	--	641,261	--	37,074	--	215,708	--
Billed Charges	\$163,050,197	\$182	\$133,606,816	\$208	\$10,127,967	\$273	\$19,313,984	\$90
PPO Savings	\$17,555,871	\$20	\$14,063,584	\$22	\$776,049	\$21	\$2,715,398	\$13
Other Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Not Covered	\$74,754,216	\$84	\$61,766,353	\$96	\$5,279,398	\$142	\$7,708,022	\$36
Total Allowed	\$37,526,751	\$42	\$29,117,393	\$45	\$2,150,029	\$58	\$6,259,181	\$29
Member Paid	\$4,216,014	\$5	\$3,360,209	\$5	\$271,019	\$7	\$584,772	\$3

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Medical Claim Summary

Population: School District of Osceola County,



Coinsurance	\$1,860,275	\$2	\$1,511,855	\$2	\$118,573	\$3	\$229,847	\$1
Copay	\$938,399	\$1	\$725,419	\$1	\$59,756	\$2	\$153,210	\$1
Deductible	\$1,417,340	\$2	\$1,122,935	\$2	\$92,690	\$3	\$201,715	\$1
Plan Paid	\$33,231,451	\$37	\$25,741,260	\$40	\$1,871,692	\$50	\$5,618,365	\$26
COB	\$323,339,201	\$362	\$256,018,776	\$399	\$23,444,861	\$632	\$43,875,298	\$203

Monthly Summary

Population: School District of Osceola County,



Total Claims Paid



	Medical Claims Paid	Pharmacy Claims Paid	Total Health Plan Claims Paid	Subscribers	Members
Oct-2020	\$3,142,744	\$690,798	\$3,833,542	6,610	9,126
Nov-2020	\$1,099,550	\$708,217	\$1,807,767	6,630	9,127
Dec-2020	\$978,176	\$731,159	\$1,709,335	6,615	9,102
Jan-2021	\$1,947,730	\$628,460	\$2,576,190	6,567	9,030
Feb-2021	\$2,933,351	\$637,179	\$3,570,530	6,533	8,964
Mar-2021	\$2,271,555	\$766,301	\$3,037,856	6,543	8,966
Apr-2021	\$3,972,268	\$660,111	\$4,632,378	6,541	8,951
May-2021	\$2,711,689	\$584,163	\$3,295,852	6,520	8,916
Jun-2021	\$4,263,448	\$738,511	\$5,001,959	6,480	8,870
Jul-2021	\$2,435,680	\$718,347	\$3,154,027	6,192	8,515
Aug-2021	\$3,185,301	\$696,951	\$3,882,252	6,177	8,488
Sep-2021	\$4,289,958	\$734,951	\$5,024,909	6,335	8,657
Total	\$33,231,451	\$8,295,146	\$41,526,597	6,479	8,893

Health Plan Snapshot Trended

Population: School District of Osceola County,



	Oct-2020	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Total
Med Claims Pd	\$3,142,744	\$1,099,550	\$978,176	\$1,947,730	\$2,933,351	\$2,271,555	\$3,972,268	\$2,711,689	\$4,263,448	\$2,435,680	\$3,185,301	\$4,289,958	\$33,231,451
Rx Claims Pd	\$690,798	\$708,217	\$731,159	\$628,460	\$637,179	\$766,301	\$660,111	\$584,163	\$738,511	\$718,347	\$696,951	\$734,951	\$8,295,146
Total Claims Pd	\$3,833,542	\$1,807,767	\$1,709,335	\$2,576,190	\$3,570,530	\$3,037,856	\$4,632,378	\$3,295,852	\$5,001,959	\$3,154,027	\$3,882,252	\$5,024,909	\$41,526,597
Subscribers	6,610	6,630	6,615	6,567	6,533	6,543	6,541	6,520	6,480	6,192	6,177	6,335	6,479
Members	9,126	9,127	9,102	9,030	8,964	8,966	8,951	8,916	8,870	8,515	8,488	8,657	8,893
Member Months	9,126	9,127	9,102	9,030	8,964	8,966	8,951	8,916	8,870	8,515	8,488	8,657	106,712
Avg Family Size	1.38	1.38	1.38	1.38	1.37	1.37	1.37	1.37	1.37	1.38	1.37	1.37	1.37
Inpatient PMPM	\$174.79	\$56.88	\$21.16	\$91.80	\$104.72	\$60.97	\$217.69	\$92.11	\$230.42	\$58.82	\$119.18	\$174.88	\$116.77
Outpatient PMPM	\$146.50	\$38.91	\$57.02	\$85.69	\$151.59	\$127.18	\$146.64	\$120.11	\$173.24	\$127.23	\$162.96	\$245.22	\$131.13
Office Visit PMPM	\$23.09	\$24.68	\$29.29	\$38.21	\$70.92	\$65.21	\$79.45	\$91.92	\$77.00	\$99.99	\$93.12	\$75.45	\$63.50
Med Claims PMPM	\$344.37	\$120.47	\$107.47	\$215.70	\$327.24	\$253.35	\$443.78	\$304.14	\$480.66	\$286.05	\$375.27	\$495.55	\$311.41
Rx Claims PMPM	\$75.70	\$77.60	\$80.33	\$69.60	\$71.08	\$85.47	\$73.75	\$65.52	\$83.26	\$84.36	\$82.11	\$84.90	\$77.73
Med & Rx Claims PMPM	\$420.07	\$198.07	\$187.80	\$285.29	\$398.32	\$338.82	\$517.53	\$369.66	\$563.92	\$370.41	\$457.38	\$580.44	\$389.15
EE Med Pd	\$242,174	\$125,035	\$202,444	\$329,162	\$427,775	\$338,050	\$456,647	\$441,960	\$483,324	\$350,755	\$405,554	\$413,135	\$4,216,014
EE Rx Pd	\$89,886	\$91,573	\$96,074	\$89,161	\$85,029	\$108,894	\$96,774	\$82,034	\$87,514	\$86,027	\$80,038	\$71,890	\$1,064,894
Total EE Pd Amt	\$332,060	\$216,608	\$298,518	\$418,323	\$512,804	\$446,944	\$553,421	\$523,995	\$570,839	\$436,782	\$485,592	\$485,025	\$5,280,909

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

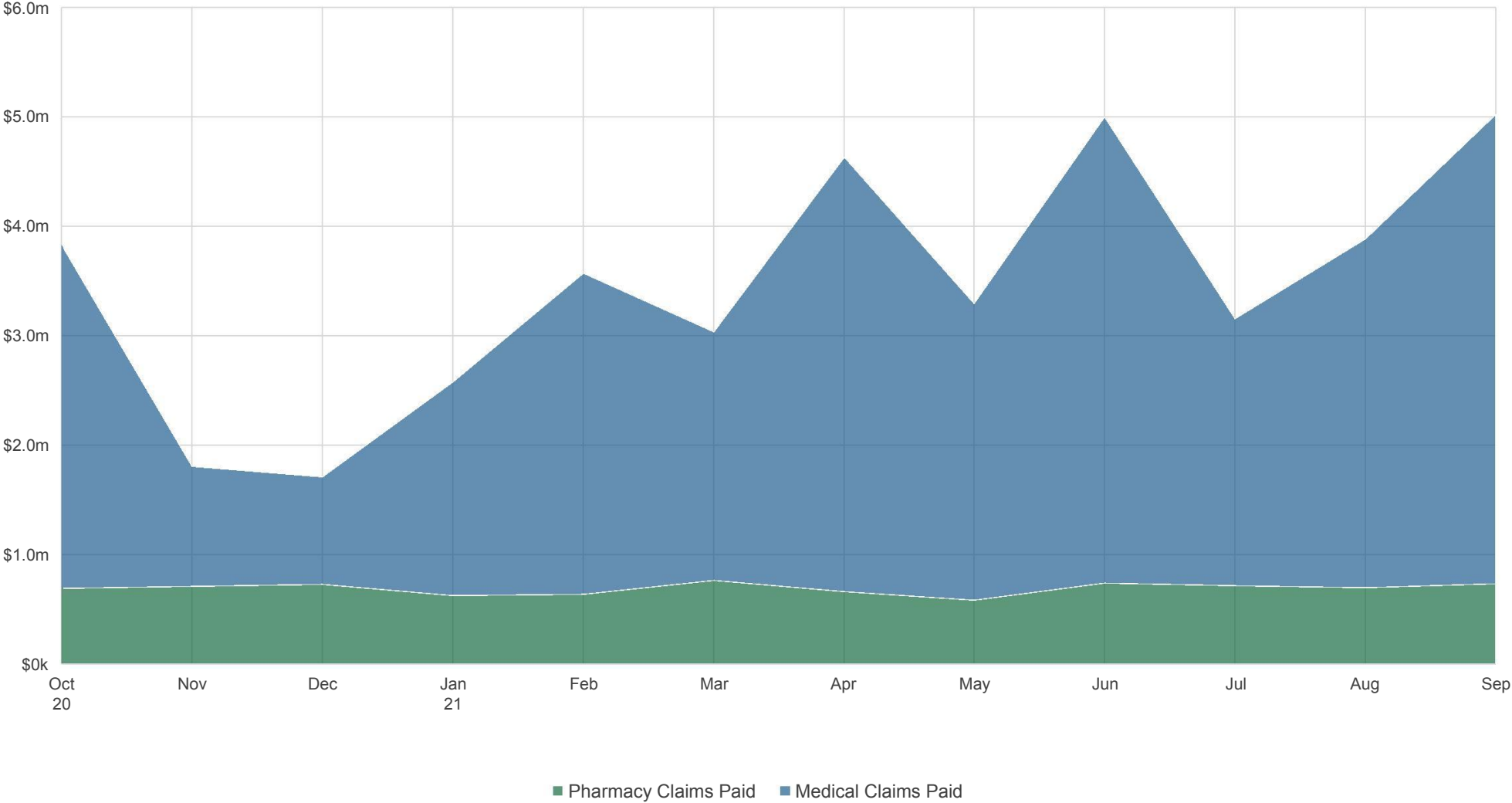
November 10, 2021

Health Plan Snapshot Trended

Population: School District of Osceola County,



Total Health Plan Claims Paid



Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Healthcare Trends - Medical

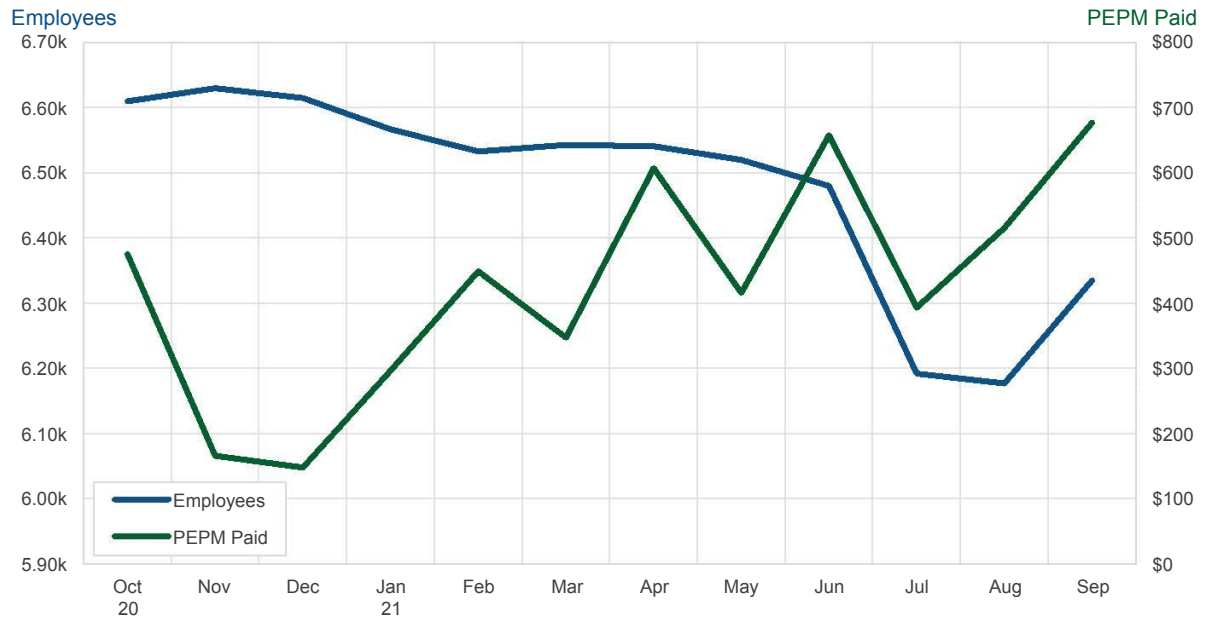
Population: School District of Osceola County,



Periodic Analysis

Metric	Reporting	Benchmark	Comparison
# Employees	6,335	N/A	6,315
# Members	8,657	N/A	8,798
Avg Age	38.81	36.16	39.71
Avg Family Size	1.37	1.96	1.39
Gender Mix (% of Female)	68.12%	50.56%	67.74%
# Claimants	8,693	N/A	8,643
# Claims	105,974	N/A	107,203
Total Paid (in thousands)	\$33,231	N/A	\$40,923
Avg Claims/Member	12.24	12.37	12.18
Avg Lines/Member	44.81	33.02	46.61
% of claimants to members	83.19%	83.80%	86.05%
Avg turnaround incurred to paid	35.29	36.82	16.47
Claims/1000	11,917	12,455	12,112
Inpatient Days/1000	206.46	345.36	222.58
ER Visits/1000	138.32	191.29	202.92
Avg Claim Cost	\$313.58	\$345.70	\$381.73
Avg Cost/Claimants	\$3,822.78	\$4,223.10	\$4,734.79
Avg Lines/Claimants	44.63	32.60	47.44
% In Paid In-Network (Facility)	99.93%	90.27%	98.79%
% In Paid In-Network (Professional)	99.97%	88.50%	99.64%
% In Paid In-Network (Total)	99.94%	89.66%	98.97%

Employees and PEPM Paid Amount, Monthly Trend



Monthly Analysis

Trend	Average	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021
# Employees	6,478	6,610	6,630	6,615	6,567	6,533	6,543	6,541	6,520	6,480	6,192	6,177	6,335
# Members	8,892	9,126	9,127	9,102	9,030	8,964	8,966	8,951	8,916	8,870	8,515	8,488	8,657
Avg Age	39.43	39.68	39.60	39.57	39.60	39.58	39.51	39.44	39.39	39.36	39.29	39.25	38.81
Avg Family Size	1.37	1.38	1.38	1.38	1.38	1.37	1.37	1.37	1.37	1.37	1.38	1.37	1.37
Gender Mix (% of Female)	68.14%	68.15%	68.22%	68.25%	68.23%	68.11%	68.15%	68.16%	68.15%	68.12%	68.02%	67.98%	68.12%
# Claimants	3,501	2,486	2,432	2,742	2,745	3,334	3,683	4,185	3,975	4,443	4,227	4,141	3,629
# Claims	8,831	5,543	5,047	5,896	5,979	8,195	9,118	10,812	10,672	12,819	11,374	11,317	9,202
Total Paid (in thousands)	\$2,769	\$3,143	\$1,100	\$978	\$1,948	\$2,933	\$2,272	\$3,972	\$2,712	\$4,263	\$2,436	\$3,185	\$4,290
PEPM	\$427.49	\$475.45	\$165.84	\$147.87	\$296.59	\$449.01	\$347.17	\$607.29	\$415.90	\$657.94	\$393.36	\$515.67	\$677.18
PMPM	\$311.44	\$344.37	\$120.47	\$107.47	\$215.70	\$327.24	\$253.35	\$443.78	\$304.14	\$480.66	\$286.05	\$375.27	\$495.55
Avg Claims/Member	0.99	0.61	0.55	0.65	0.66	0.91	1.02	1.21	1.20	1.45	1.34	1.33	1.06
Avg Lines/Member	3.64	2.30	2.07	2.60	2.71	3.67	4.06	5.15	4.30	5.18	4.12	4.20	3.42
% of Claimants to Members	39.37%	27.24%	26.65%	30.13%	30.40%	37.19%	41.08%	46.75%	44.58%	50.09%	49.64%	48.79%	41.92%
Avg Turnaround Incurred to Paid	35.29	22.21	23.58	25.37	38.90	39.85	41.19	41.79	47.36	33.36	31.28	31.73	34.05
Claims/1000	11,917	7,289	6,636	7,773	7,946	10,971	12,203	14,495	14,363	17,343	16,029	16,000	12,755
Inpatient Days/1000	206.46	34.19	86.78	156.89	217.94	338.69	220.83	323.09	220.73	292.22	176.16	302.54	115.05
ER Visits/1000	138.32	35.50	48.65	101.52	131.56	123.16	137.85	217.18	218.04	225.93	121.20	169.65	135.84
Avg Claim Cost	\$313.58	\$566.98	\$217.86	\$165.91	\$325.76	\$357.94	\$249.13	\$367.39	\$254.09	\$332.59	\$214.14	\$281.46	\$466.20
Avg Cost/Claimants	\$791.04	\$1,264.18	\$452.12	\$356.74	\$709.56	\$879.83	\$616.77	\$949.17	\$682.19	\$959.59	\$576.22	\$769.21	\$1,182.13
Avg Lines/Claimants	9.23	8.44	7.75	8.62	8.93	9.87	9.89	11.00	9.63	10.33	8.31	8.61	8.16
% In Paid In-Network (Facility)	99.93%	99.86%	98.57%	99.91%	99.98%	100.00%	99.97%	100.02%	100.01%	100.00%	100.00%	100.00%	100.00%
% In Paid In-Network (Professional)	99.97%	99.40%	99.98%	99.85%	100.00%	99.99%	100.00%	99.98%	99.98%	100.00%	100.00%	100.00%	100.00%
% In Paid In-Network (Total)	99.94%	99.80%	99.04%	99.89%	99.99%	100.00%	99.99%	100.01%	100.00%	100.00%	100.00%	100.00%	100.00%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Healthcare Trends - Pharmacy

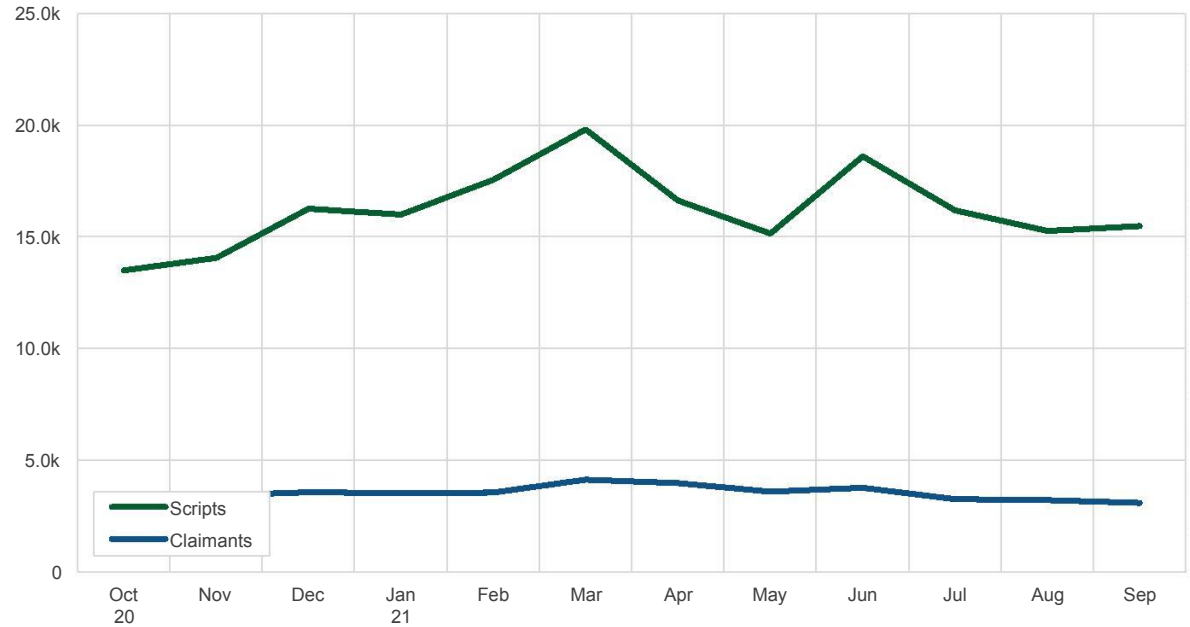
Population: School District of Osceola County,



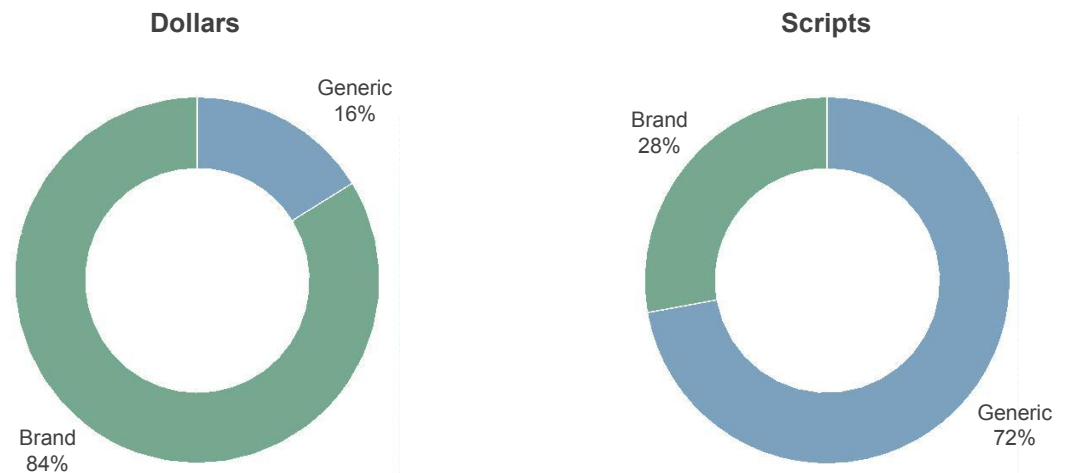
Periodic Analysis

Metric	Reporting	Benchmark	Comparison
# Employees	6,335	N/A	6,315
# Members	8,657	N/A	8,798
Avg Age	38.81	36.16	39.71
Avg Family Size	1.37	1.96	1.39
Gender Mix (% of Female)	68.12%	50.56%	67.74%
# Claimants	9,184	N/A	9,892
# Scripts	194,564	N/A	183,369
Employer Cost (\$k)	\$8,295.15	N/A	\$11,764.86
% of Claimants to Members	87.89%	63.46%	98.49%
Avg Script Cost	\$42.63	\$125.66	\$64.16
Avg Scripts/Claimant	21.19	11.95	18.54
Avg Scripts/Member	22.47	9.17	20.84
Employer vs. Copay			
Employer Cost (\$k)	\$8,295.15	N/A	\$11,764.86
Total Copay (\$k)	\$588.21	N/A	\$1,124.22
Total Coinsurance (\$k)	\$387.70	N/A	\$548.85
Total Deductible (\$k)	\$88.99	N/A	\$151.77
Total Cost (\$k)	\$9,360.04	N/A	\$13,589.70
Employee %	11.38%	11.80%	13.43%
Employer %	88.62%	88.20%	86.57%
Copay Breakdown of Scripts			
\$0.00 - \$5.00	82.30%	62.30%	69.80%
\$5.01 - \$10.00	11.21%	19.25%	22.26%
\$10.01 - \$15.00	3.05%	5.73%	0.94%
\$15.01 - \$20.00	1.13%	3.34%	0.79%
\$20.01 - \$25.00	0.25%	1.93%	2.49%
\$25.01 - \$30.00	0.70%	1.68%	0.03%
\$30.01+	1.36%	5.77%	3.68%
Generic % of Dollars	16.18%	15.37%	15.60%
Brand % of Dollars	83.82%	84.63%	84.40%
Generic % of Scripts	72.20%	82.32%	78.24%
Brand % of Scripts	27.80%	17.68%	21.76%
Total Cost Breakdown			
% Ingredient Cost	96.30%	98.36%	99.47%
% Administrative Cost	3.70%	1.64%	0.53%
% Tax Cost	0.00%	0.69%	0.00%
90 Day Supply % of Dollars	23.26%	22.93%	9.35%
90 Day Supply % of Scripts	34.91%	21.05%	22.16%

Reporting Period Claimants and Scripts, Trended



Reporting Period Brand vs. Generic Utilization



Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Healthcare Trends - Pharmacy

Population: School District of Osceola County,



Monthly Analysis

Metric	Average	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021
# Employees	6,479	6,610	6,630	6,615	6,567	6,533	6,543	6,541	6,520	6,480	6,192	6,177	6,335
# Members	8,893	9,126	9,127	9,102	9,030	8,964	8,966	8,951	8,916	8,870	8,515	8,488	8,657
Avg Age	39.42	39.68	39.60	39.57	39.60	39.58	39.51	39.44	39.39	39.36	39.29	39.25	38.81
Avg Family Size	1.37	1.38	1.38	1.38	1.38	1.37	1.37	1.37	1.37	1.37	1.38	1.37	1.37
Gender Mix (% of Female)	68.14%	68.15%	68.22%	68.25%	68.23%	68.11%	68.15%	68.16%	68.15%	68.12%	68.02%	67.98%	68.12%
# Claimants	3,547	3,410	3,431	3,572	3,534	3,559	4,135	3,980	3,598	3,771	3,262	3,217	3,095
# Scripts	16,214	13,505	14,063	16,266	16,004	17,560	19,816	16,631	15,154	18,612	16,192	15,272	15,489
Employer Cost (\$k)	\$691.26	\$690.80	\$708.22	\$731.16	\$628.46	\$637.18	\$766.30	\$660.11	\$584.16	\$738.51	\$718.35	\$696.95	\$734.95
PEPM	\$106.80	\$104.51	\$106.82	\$110.53	\$95.70	\$97.53	\$117.12	\$100.92	\$89.60	\$113.97	\$116.01	\$112.83	\$116.01
PMPM	\$77.81	\$75.70	\$77.60	\$80.33	\$69.60	\$71.08	\$85.47	\$73.75	\$65.52	\$83.26	\$84.36	\$82.11	\$84.90
Scripts PMPM	1.82	1.48	1.54	1.79	1.77	1.96	2.21	1.86	1.70	2.10	1.90	1.80	1.79
% of Claimants to Members	39.87%	37.37%	37.59%	39.24%	39.14%	39.70%	46.12%	44.46%	40.35%	42.51%	38.31%	37.90%	35.75%
Avg Script Cost	\$43.00	\$51.15	\$50.36	\$44.95	\$39.27	\$36.29	\$38.67	\$39.69	\$38.55	\$39.68	\$44.36	\$45.64	\$47.45
Avg Scripts/Claimant	4.58	3.96	4.10	4.55	4.53	4.93	4.79	4.18	4.21	4.94	4.96	4.75	5.00
Avg Scripts/Member	1.82	1.48	1.54	1.79	1.77	1.96	2.21	1.86	1.70	2.10	1.90	1.80	1.79
Employer vs. Copay													
Employer Cost (\$k)	\$691.26	\$690.80	\$708.22	\$731.16	\$628.46	\$637.18	\$766.30	\$660.11	\$584.16	\$738.51	\$718.35	\$696.95	\$734.95
Total Copay (\$k)	\$49.02	\$49.20	\$51.00	\$53.96	\$50.77	\$46.07	\$52.04	\$48.41	\$45.71	\$50.04	\$50.06	\$46.51	\$44.43
Total Coinsurance (\$k)	\$32.31	\$27.45	\$31.71	\$32.67	\$31.92	\$33.72	\$47.57	\$42.86	\$28.51	\$31.10	\$29.95	\$28.39	\$21.85
Total Deductible (\$k)	\$7.42	\$13.24	\$8.86	\$9.44	\$6.47	\$5.24	\$9.28	\$5.51	\$7.81	\$6.37	\$6.01	\$5.14	\$5.61
Total Cost (\$k)	\$780.00	\$780.68	\$799.79	\$827.23	\$717.62	\$722.21	\$875.20	\$756.88	\$666.20	\$826.03	\$804.37	\$776.99	\$806.84
Employee %	11.40%	11.51%	11.45%	11.61%	12.42%	11.77%	12.44%	12.79%	12.31%	10.59%	10.69%	10.30%	8.91%
Employer %	88.60%	88.49%	88.55%	88.39%	87.58%	88.23%	87.56%	87.21%	87.69%	89.41%	89.31%	89.70%	91.09%
Copay Breakdown of Scripts													
\$0.00 - \$5.00	82.16%	79.56%	79.98%	81.46%	81.41%	84.59%	84.40%	82.81%	81.81%	83.56%	81.45%	82.22%	82.72%
\$5.01 - \$10.00	11.31%	13.57%	12.97%	11.99%	11.68%	9.83%	9.67%	10.68%	11.63%	10.39%	11.41%	11.07%	10.86%
\$10.01 - \$15.00	3.06%	3.25%	3.06%	2.77%	3.52%	2.63%	2.88%	3.39%	2.96%	2.79%	3.54%	3.06%	2.89%
\$15.01 - \$20.00	1.13%	0.92%	1.07%	1.20%	1.14%	0.95%	1.07%	1.03%	1.31%	1.17%	1.32%	1.22%	1.20%
\$20.01 - \$25.00	0.25%	0.19%	0.19%	0.17%	0.15%	0.14%	0.17%	0.14%	0.30%	0.40%	0.29%	0.36%	0.49%
\$25.01 - \$30.00	0.70%	0.70%	0.78%	0.77%	0.83%	0.67%	0.67%	0.66%	0.77%	0.62%	0.62%	0.69%	0.63%
\$30.01+	1.38%	1.82%	1.96%	1.65%	1.27%	1.19%	1.14%	1.28%	1.21%	1.07%	1.37%	1.39%	1.21%
Generic % of Dollars	16.25%	17.63%	16.52%	18.42%	18.22%	18.05%	16.31%	15.79%	17.77%	15.06%	14.17%	14.60%	12.40%
Brand % of Dollars	83.75%	82.37%	83.48%	81.58%	81.78%	81.95%	83.69%	84.21%	82.23%	84.94%	85.83%	85.40%	87.60%
Generic % of Scripts	72.26%	75.37%	73.88%	74.76%	75.32%	73.30%	71.63%	70.38%	72.03%	71.12%	69.76%	69.78%	69.76%
Brand % of Scripts	27.74%	24.63%	26.12%	25.24%	24.68%	26.70%	28.37%	29.62%	27.97%	28.88%	30.24%	30.22%	30.24%
Total Cost Breakdown													
% Ingredient Cost	96.29%	96.71%	96.81%	96.83%	96.41%	96.86%	97.11%	96.75%	95.24%	95.62%	95.67%	95.68%	95.76%
% Administrative Cost	3.71%	3.29%	3.19%	3.17%	3.59%	3.14%	2.89%	3.25%	4.76%	4.38%	4.33%	4.32%	4.24%
% Tax Cost	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
90 Day Supply % of Dollars	23.35%	24.70%	25.90%	23.71%	29.21%	26.86%	23.37%	20.67%	23.74%	26.25%	21.57%	18.62%	15.57%
90 Day Supply % of Scripts	34.80%	33.52%	31.95%	34.32%	35.05%	35.44%	35.37%	34.71%	36.35%	37.70%	35.83%	33.24%	34.16%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

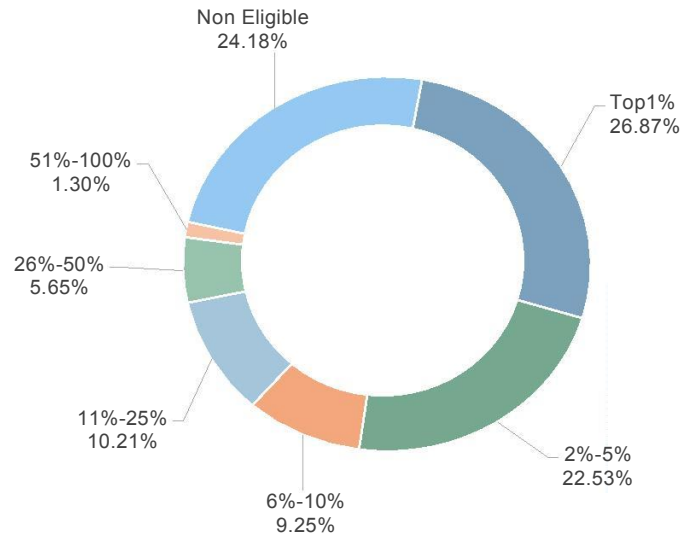
Expense Distribution

Population: School District of Osceola County,



All members in the population are ranked by total paid amount. Both medical and pharmacy costs are included. Using this ranking, members are broken into % of total population groupings. Both current member(s) and termed member(s) are included in the analysis. The top 5% of the population generally accounts for a higher percent of the total costs than all the other percentage groups combined, and represents a key group of individuals to focus care management activities on. In your case, the top 5% account for 49.405% of the total spending compared to 52.773% in the comparison period.

Distribution of Medical and Rx Paid Amount by Expense Cohort, Reporting Period



Period over Period Expense Cohort Migration

Reporting Period	Comparison Period							Total
	Top1%	2%-5%	6%-10%	11%-25%	26%-50%	51%-100%	Non Eligible	
Top1%	27	27	6	11	6	6	4	87
2%-5%	14	70	50	68	72	56	16	346
6%-10%	10	42	67	134	73	72	35	433
11%-25%	7	65	78	354	386	292	116	1,298
26%-50%	5	41	78	292	700	815	234	2,165
51%-100%	3	22	57	214	538	2,164	1,330	4,328
Non Eligible	22	85	104	247	424	994	--	1,876
Total	88	352	440	1,320	2,199	4,399	1,735	--

Reporting Period	# of Members	Medical Cost	Pharmacy Cost	Average Cost	% of Total Paid
Top1%	87	\$8,405,063	\$2,753,352	\$128,258	26.87%
2%-5%	346	\$6,989,194	\$2,368,666	\$27,046	22.53%
6%-10%	433	\$2,741,396	\$1,101,299	\$8,875	9.25%
11%-25%	1,298	\$3,302,276	\$937,910	\$3,267	10.21%
26%-50%	2,165	\$1,927,066	\$419,844	\$1,084	5.65%
51%-100%	4,328	\$403,231	\$134,689	\$124	1.30%
Non Eligible	3,877	\$9,463,225	\$579,386	\$2,590	24.18%
Total	12,534	\$33,231,451	\$8,295,146	\$3,313	100.00%

Comparison Period	# of Members	Medical Cost	Pharmacy Cost	Average Cost	% of Total Paid
Top1%	88	\$11,055,704	\$3,038,114	\$160,157	26.75%
2%-5%	352	\$10,253,408	\$3,457,553	\$38,952	26.02%
6%-10%	440	\$4,462,567	\$1,632,038	\$13,851	11.57%
11%-25%	1,320	\$3,969,795	\$1,562,236	\$4,191	10.50%
26%-50%	2,199	\$1,593,183	\$538,425	\$969	4.05%
51%-100%	4,399	\$160,857	\$139,648	\$68	0.57%
Non Eligible	3,870	\$9,427,250	\$1,396,849	\$2,797	20.54%
Total	12,668	\$40,922,764	\$11,764,864	\$4,159	100.00%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

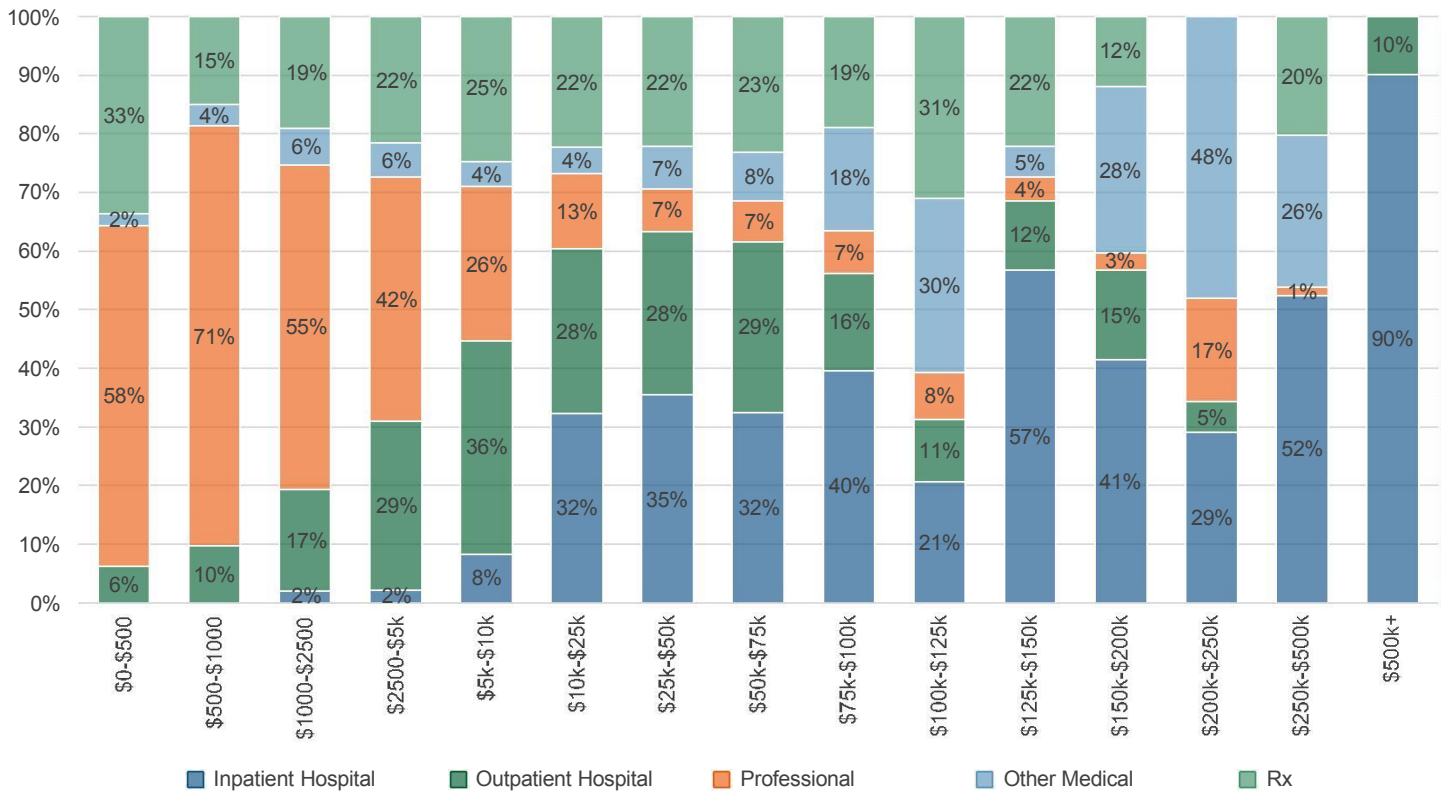
November 10, 2021

Claimant Distribution

Population: School District of Osceola County,



Aggregate Plan Paid Breakdown



Aggregate Plan Paid

Claims Paid Range	Members	Member Months	Avg. Age	% Male	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Rx
\$0 or less	246	1,216	37.92	41.46%	-\$141,560	-\$50,710	\$310	-\$7,960	\$4,452
\$0-\$500	5,236	31,134	70.98	32.52%	\$3,620	\$45,647	\$429,214	\$15,119	\$248,290
\$500-\$1000	1,413	15,175	38.00	30.36%	\$3,897	\$98,847	\$730,694	\$37,533	\$153,558
\$1000-\$2500	1,818	19,665	39.74	27.06%	\$59,040	\$507,348	\$1,624,771	\$180,853	\$560,819
\$2500-\$5k	866	9,510	44.03	22.40%	\$65,513	\$877,410	\$1,269,851	\$176,873	\$655,781
\$5k-\$10k	510	5,509	45.37	25.69%	\$292,303	\$1,299,889	\$938,514	\$152,573	\$881,613
\$10k-\$25k	395	4,089	45.16	24.56%	\$2,016,243	\$1,763,988	\$801,692	\$280,908	\$1,394,301
\$25k-\$50k	191	1,992	48.73	34.03%	\$2,298,619	\$1,807,580	\$472,368	\$477,975	\$1,434,036
\$50k-\$75k	58	583	49.57	31.03%	\$1,162,281	\$1,042,161	\$253,294	\$297,001	\$828,236
\$75k-\$100k	26	251	46.19	30.77%	\$866,433	\$360,759	\$161,173	\$384,681	\$414,649
\$100k-\$125k	14	168	52.64	42.86%	\$321,430	\$163,980	\$125,078	\$462,375	\$481,873
\$125k-\$150k	9	76	46.67	55.56%	\$696,171	\$144,303	\$49,749	\$64,630	\$272,454
\$150k-\$200k	8	75	35.25	37.50%	\$594,192	\$219,351	\$42,345	\$407,085	\$171,361
\$200k-\$250k	6	57	53.33	66.67%	\$407,373	\$73,630	\$246,174	\$673,605	\$7,728
\$250k-\$500k	12	121	34.00	50.00%	\$2,032,772	\$32,684	\$53,784	\$1,007,781	\$785,693
\$500k+	3	12	39.00	100.00%	\$2,116,928	\$231,260	\$6,648	\$1,379	\$302
Total	10,811	89,633	55.66	30.21%	\$12,795,256	\$8,618,126	\$7,205,659	\$4,612,410	\$8,295,146

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Claimant Distribution

Population: School District of Osceola County,



PMPM Plan Paid

Claims Paid Range	Members	Member Months	Avg. Age	% Male	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Rx
\$0 or less	246	1,216	37.92	41.46%	-\$116.41	-\$41.70	\$0.26	-\$6.55	\$3.66
\$0-\$500	5,236	31,134	70.98	32.52%	\$0.12	\$1.47	\$13.79	\$0.49	\$7.97
\$500-\$1000	1,413	15,175	38.00	30.36%	\$0.26	\$6.51	\$48.15	\$2.47	\$10.12
\$1000-\$2500	1,818	19,665	39.74	27.06%	\$3.00	\$25.80	\$82.62	\$9.20	\$28.52
\$2500-\$5k	866	9,510	44.03	22.40%	\$6.89	\$92.26	\$133.53	\$18.60	\$68.96
\$5k-\$10k	510	5,509	45.37	25.69%	\$53.06	\$235.96	\$170.36	\$27.70	\$160.03
\$10k-\$25k	395	4,089	45.16	24.56%	\$493.09	\$431.40	\$196.06	\$68.70	\$340.99
\$25k-\$50k	191	1,992	48.73	34.03%	\$1,153.92	\$907.42	\$237.13	\$239.95	\$719.90
\$50k-\$75k	58	583	49.57	31.03%	\$1,993.62	\$1,787.58	\$434.47	\$509.44	\$1,420.65
\$75k-\$100k	26	251	46.19	30.77%	\$3,451.92	\$1,437.29	\$642.12	\$1,532.59	\$1,651.99
\$100k-\$125k	14	168	52.64	42.86%	\$1,913.28	\$976.07	\$744.51	\$2,752.23	\$2,868.29
\$125k-\$150k	9	76	46.67	55.56%	\$9,160.14	\$1,898.73	\$654.60	\$850.39	\$3,584.92
\$150k-\$200k	8	75	35.25	37.50%	\$7,922.56	\$2,924.68	\$564.60	\$5,427.80	\$2,284.82
\$200k-\$250k	6	57	53.33	66.67%	\$7,146.90	\$1,291.76	\$4,318.84	\$11,817.63	\$135.58
\$250k-\$500k	12	121	34.00	50.00%	\$16,799.77	\$270.11	\$444.50	\$8,328.77	\$6,493.33
\$500k+	3	12	39.00	100.00%	\$176,410.65	\$19,271.67	\$553.99	\$114.94	\$25.13
Total	10,811	89,633	55.66	30.21%	\$142.75	\$96.15	\$80.39	\$51.46	\$92.55

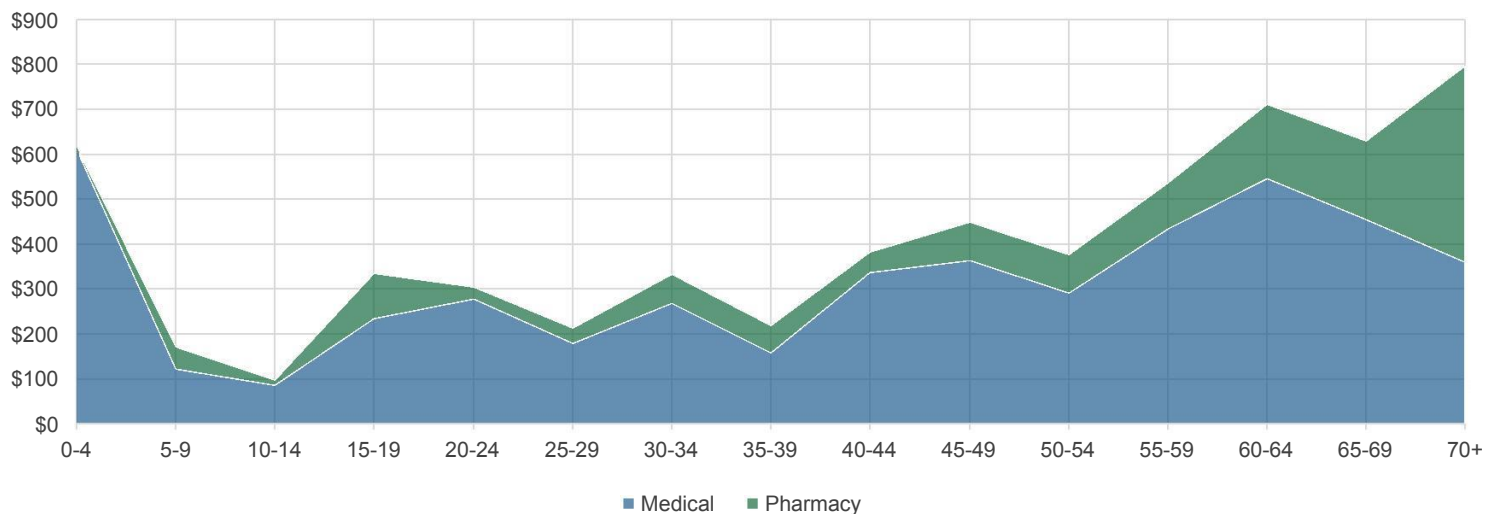
Demographic Cost Distribution

Population: School District of Osceola County



Age Band	Employee Months	Member Months	Plan Paid			Member Paid		
			Medical	Pharmacy	Total	Medical	Pharmacy	Total
0-4	0	2,319	\$1,416,405	\$12,257	\$1,428,662	\$132,778	\$4,148	\$136,926
5-9	0	3,730	\$457,427	\$180,758	\$638,185	\$73,249	\$8,260	\$81,509
10-14	0	4,959	\$424,391	\$59,048	\$483,439	\$73,685	\$13,960	\$87,645
15-19	55	6,098	\$1,424,995	\$623,136	\$2,048,131	\$134,243	\$24,292	\$158,535
20-24	1,816	6,654	\$1,849,989	\$175,757	\$2,025,746	\$191,096	\$26,144	\$217,240
25-29	6,099	7,187	\$1,286,518	\$251,439	\$1,537,956	\$243,286	\$30,301	\$273,586
30-34	7,514	7,811	\$2,103,705	\$503,256	\$2,606,960	\$307,901	\$46,494	\$354,395
35-39	9,033	9,719	\$1,537,696	\$595,041	\$2,132,736	\$358,571	\$73,388	\$431,960
40-44	10,167	10,976	\$3,698,590	\$511,043	\$4,209,633	\$392,933	\$90,198	\$483,132
45-49	10,509	11,353	\$4,128,824	\$961,269	\$5,090,094	\$496,180	\$123,091	\$619,271
50-54	10,902	12,040	\$3,516,410	\$1,013,946	\$4,530,357	\$513,419	\$140,928	\$654,346
55-59	10,380	11,494	\$4,989,831	\$1,184,320	\$6,174,152	\$585,902	\$215,879	\$801,780
60-64	8,133	8,988	\$4,917,130	\$1,471,830	\$6,388,959	\$544,090	\$192,721	\$736,811
65-69	2,564	2,775	\$1,260,580	\$485,301	\$1,745,881	\$134,843	\$58,741	\$193,584
70+	571	609	\$218,961	\$266,745	\$485,706	\$33,839	\$16,350	\$50,189
Total	77,743	106,712	\$33,231,451	\$8,295,146	\$41,526,597	\$4,216,014	\$1,064,894	\$5,280,909

Plan Paid PMPM



Age Band	Employee Months	Member Months	Plan Paid PEPM			Plan Paid PMPM		
			Medical	Pharmacy	Total	Medical	Pharmacy	Total
0-4	0	2,319	--	--	--	\$610.78	\$5.29	\$616.07
5-9	0	3,730	--	--	--	\$122.63	\$48.46	\$171.10
10-14	0	4,959	--	--	--	\$85.58	\$11.91	\$97.49
15-19	55	6,098	\$25,908.99	\$11,329.75	\$37,238.74	\$233.68	\$102.19	\$335.87
20-24	1,816	6,654	\$1,018.72	\$96.78	\$1,115.50	\$278.03	\$26.41	\$304.44
25-29	6,099	7,187	\$210.94	\$41.23	\$252.17	\$179.01	\$34.99	\$213.99
30-34	7,514	7,811	\$279.97	\$66.98	\$346.95	\$269.33	\$64.43	\$333.76
35-39	9,033	9,719	\$170.23	\$65.87	\$236.10	\$158.22	\$61.22	\$219.44
40-44	10,167	10,976	\$363.78	\$50.26	\$414.05	\$336.97	\$46.56	\$383.53
45-49	10,509	11,353	\$392.88	\$91.47	\$484.36	\$363.68	\$84.67	\$448.35
50-54	10,902	12,040	\$322.55	\$93.01	\$415.55	\$292.06	\$84.21	\$376.28
55-59	10,380	11,494	\$480.72	\$114.10	\$594.81	\$434.12	\$103.04	\$537.16
60-64	8,133	8,988	\$604.59	\$180.97	\$785.56	\$547.08	\$163.75	\$710.83
65-69	2,564	2,775	\$491.65	\$189.28	\$680.92	\$454.26	\$174.88	\$629.15
70+	571	609	\$383.47	\$467.15	\$850.62	\$359.54	\$438.01	\$797.55
Total	77,743	106,712	\$427.45	\$106.70	\$534.15	\$311.41	\$77.73	\$389.15

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

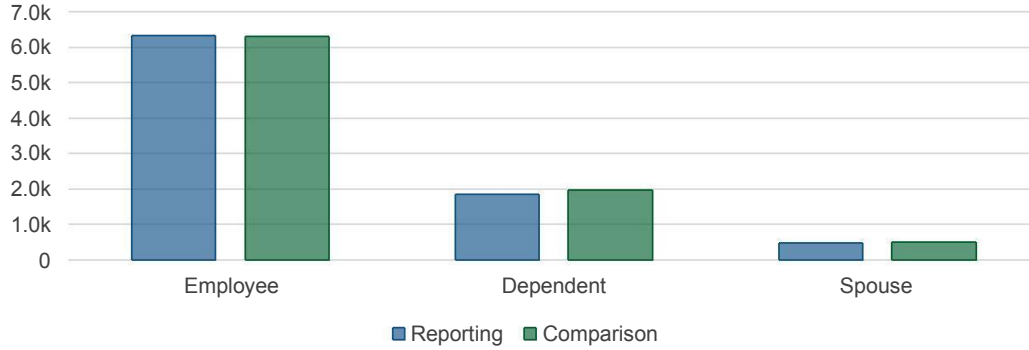
Coverage by Relationship Class

Population: School District of Osceola County,



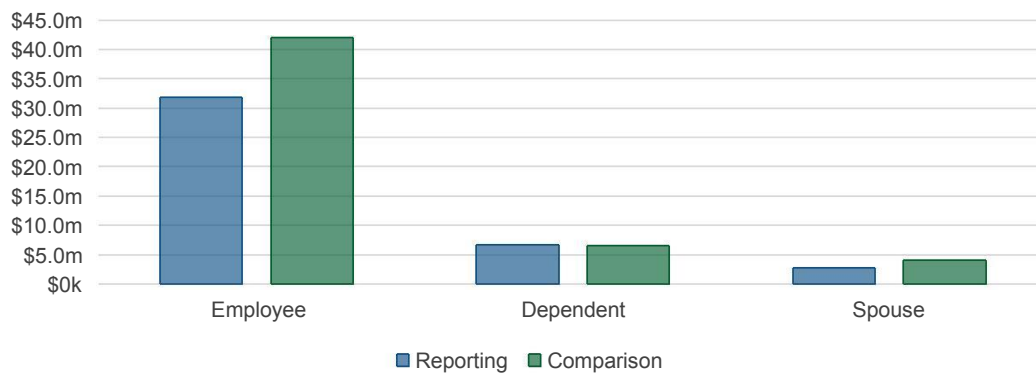
This report presents the membership and healthcare costs by claimant relationship class. It shows employee, spouse, and other dependents' contribution to the overall population costs. Plan design, including employee cost share, can have significant impact on the coverage of spouses and dependents. The percent change (%Δ) from the comparison period to the reporting period is shown to facilitate analysis of how changes in enrollment by relationship affect costs.

Member Count by Relationship to Employee



Relationship Class	Reporting Period (Oct 2020 through Sep 2021)			Comparison Period (Oct 2019 through Sep 2020)		%Δ
	Count	%	Benchmark	Count	%	
Employee	6,335	73.18%	50.81%	6,315	71.78%	0.32%
Dependent	1,849	21.36%	32.12%	1,971	22.40%	-6.19%
Spouse	473	5.46%	16.92%	512	5.82%	-7.62%
Total	8,657	100.00%	--	8,798	100.00%	-1.60%

Total Medical and Rx Paid by Relationship to Employee



Relationship Class	Reporting Period (Oct 2020 through Sep 2021)			Comparison Period (Oct 2019 through Sep 2020)		%Δ
	Amount Paid	%	Benchmark	Amount Paid	%	
Employee	\$31,897,197	75.95%	53.87%	\$42,045,317	78.74%	-24.14%
Dependent	\$6,706,915	15.97%	16.19%	\$6,524,596	12.22%	2.79%
Spouse	\$2,815,282	6.70%	24.20%	\$3,991,452	7.47%	-29.47%
Other	\$577,629	1.38%	--	\$835,988	1.57%	-30.90%
Total	\$41,997,022	100.00%	--	\$53,397,351	100.00%	-21.35%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

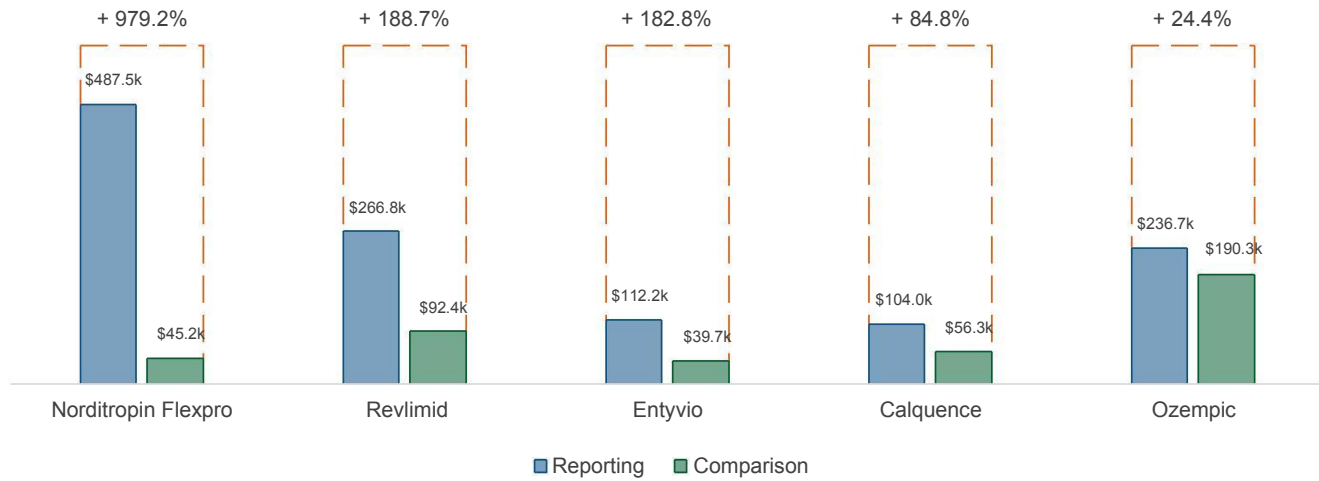
Top 20 Drugs - Comparison

Population: School District of Osceola County,



This report presents the top drugs by total amount paid during the reporting and comparison periods. Drugs administered by the pharmacy benefit manager are included and drugs paid through medical claims are excluded. By looking at the total cost for a drug along with the prescription count it can be determined if the cost driver is a few individuals using a high cost drug or high utilization of the drug. The chart shows the top drugs that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- Norditropin Flexpro had the largest change in the reporting period with an increase of \$442,288 from the comparison period
- Norditropin Flexpro has the most significant growth percentage in the reporting period at 979% (\$487,458)

SN	Drug	Generic	Reporting Period Oct 2020 - Sep 2021				Comparison Period Oct 2019 - Sep 2020		%Δ	Prior Period Rank
			Total Paid Amount	Script Count	Member Count	PMPM	Total Paid Amount			
1	Humira Pen	No	\$520,180	83	13	\$4.87	\$806,038	-35%	1	
2	Norditropin Flexpro	No	\$487,458	32	3	\$4.57	\$45,170	979%	58	
3	Stelara	No	\$424,898	42	5	\$3.98	\$479,609	-11%	3	
4	Trulicity	No	\$312,705	842	101	\$2.93	\$417,765	-25%	5	
5	Revlimid	No	\$266,757	28	2	\$2.50	\$92,407	189%	29	
6	Ozempic	No	\$236,697	382	63	\$2.22	\$190,282	24%	10	
7	Hemlibra	No	\$196,992	12	2	\$1.85	\$681,822	-71%	2	
8	Jardiance	No	\$183,950	717	79	\$1.72	\$205,163	-10%	9	
9	Skyrizi (2 Syringes) Kit	No	\$125,008	18	4	\$1.17	\$351,047	-64%	6	
10	Eliquis	No	\$115,317	243	60	\$1.08	\$107,529	7%	21	
11	Januvia	No	\$113,985	309	58	\$1.07	\$127,804	-11%	17	
12	Humira	No	\$113,542	58	11	\$1.06	\$466,071	-76%	4	
13	Entyvio	No	\$112,212	22	3	\$1.05	\$39,681	183%	61	
14	Lo Loestrin Fe	No	\$111,946	537	86	\$1.05	\$101,803	10%	24	
15	Rebif	No	\$110,976	14	1	\$1.04	\$104,183	7%	22	
16	Biktarvy	No	\$106,244	34	4	\$1.00	\$148,774	-29%	13	
17	Calquence	No	\$104,013	11	1	\$0.97	\$56,271	85%	50	
18	Otezla	No	\$96,203	42	3	\$0.90	\$59,250	62%	47	
19	Xolair	No	\$90,047	44	5	\$0.84	\$98,364	-8%	27	
20	Triumeq	No	\$86,991	30	3	\$0.82	\$58,951	48%	48	
	All Others		\$4,379,027	191,064	52,727		\$7,126,882	-39%		
	Total		\$8,295,146	194,564	9,212		\$11,764,864			

Reporting Period: Paid, October 2020 to September 2021
Comparison Period: Paid, October 2019 to September 2020
Benchmark: Commercial

November 10, 2021

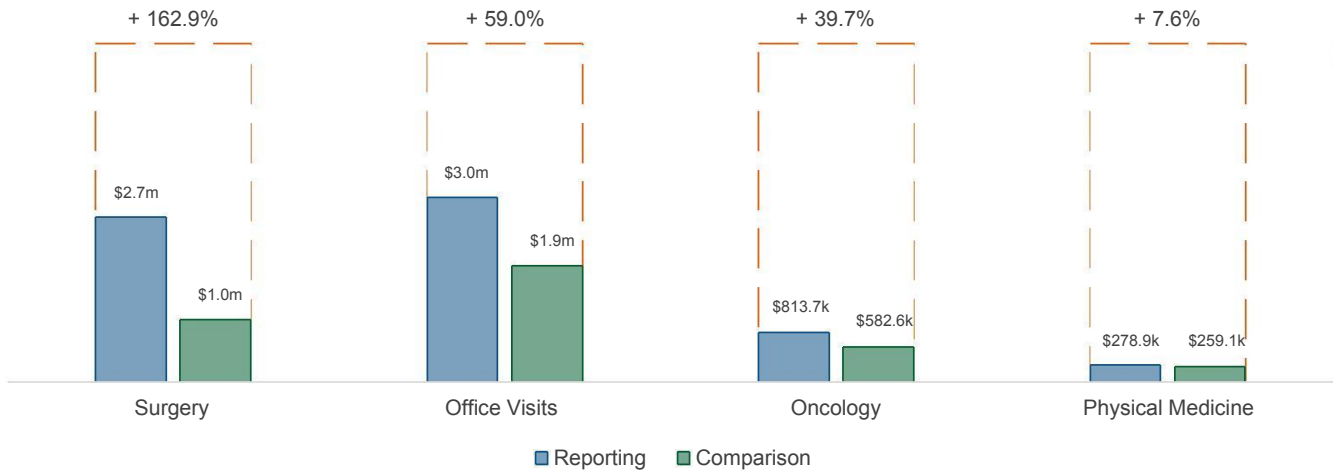
Top 20 Procedure Groups - Comparison

Population: School District of Osceola County,



This report presents the top procedure groups by total amount paid during the reporting and comparison periods. This information helps to identify what procedures are driving healthcare costs the most. The chart shows the top procedure groups that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- Surgery had the largest change in the reporting period with an increase of \$1,682,240 from the comparison period.
- Home Care has the most significant deviation from the benchmark in the reporting period at 54%

SN	Procedure Group	Reporting Period (Oct 2020 through Sep 2021)			Comparison Period (Oct 2019 through Sep 2020)		%Δ	Prior Period Rank
		Total Paid Amount	PMPM	Benchmark	Total Paid Amount	PMPM		
1	Drugs	\$4,607,114	\$43.17	\$41.73	\$5,491,755	\$51.71	-16%	1
2	Laboratory	\$3,465,714	\$32.48	\$23.28	\$3,835,016	\$36.11	-10%	4
3	Office Visits	\$3,040,623	\$28.49	\$30.44	\$1,912,151	\$18.00	59%	8
4	Surgery	\$2,714,921	\$25.44	\$28.71	\$1,032,681	\$9.72	163%	13
5	Imaging/Radiology	\$2,498,543	\$23.41	\$30.83	\$4,529,569	\$42.65	-45%	2
6	Inpatient Days	\$2,475,742	\$23.20	\$39.39	\$3,033,330	\$28.56	-18%	5
7	Operating Room	\$2,330,769	\$21.84	\$16.90	\$4,297,754	\$40.46	-46%	3
8	Anesthesia	\$1,981,540	\$18.57	\$14.40	\$2,472,730	\$23.28	-20%	7
9	Emergency Room	\$1,720,146	\$16.12	\$15.32	\$2,930,631	\$27.59	-41%	6
10	Supplies	\$902,125	\$8.45	\$7.68	\$1,228,247	\$11.56	-27%	10
11	Durable Medical Equipment	\$846,675	\$7.93	\$11.14	\$1,206,840	\$11.36	-30%	11
12	Inpatient Hospital Care	\$833,188	\$7.81	\$19.74	\$1,557,997	\$14.67	-47%	9
13	Oncology	\$813,681	\$7.63	\$6.88	\$582,632	\$5.49	40%	17
14	Cardiology	\$798,650	\$7.48	\$10.16	\$1,193,586	\$11.24	-33%	12
15	Gastroenterology	\$463,597	\$4.34	\$6.89	\$583,246	\$5.49	-21%	16
16	Pulmonary	\$429,305	\$4.02	\$3.43	\$636,799	\$6.00	-33%	15
17	Urology/Nephrology	\$396,580	\$3.72	\$4.38	\$913,051	\$8.60	-57%	14
18	Home Care	\$287,057	\$2.69	\$1.23	\$441,928	\$4.16	-35%	19
19	Physical Medicine	\$278,894	\$2.61	\$6.38	\$259,083	\$2.44	8%	22
20	Immunizations	\$260,133	\$2.44	\$4.89	\$312,149	\$2.94	-17%	20
	All Others	\$2,086,455	--	--	\$2,471,587	--	-16%	--
	Total	\$33,231,451	\$311.41	--	\$40,922,764	\$385.30	--	--

Reporting Period: Paid, October 2020 to September 2021
Comparison Period: Paid, October 2019 to September 2020
Benchmark: Commercial

November 10, 2021

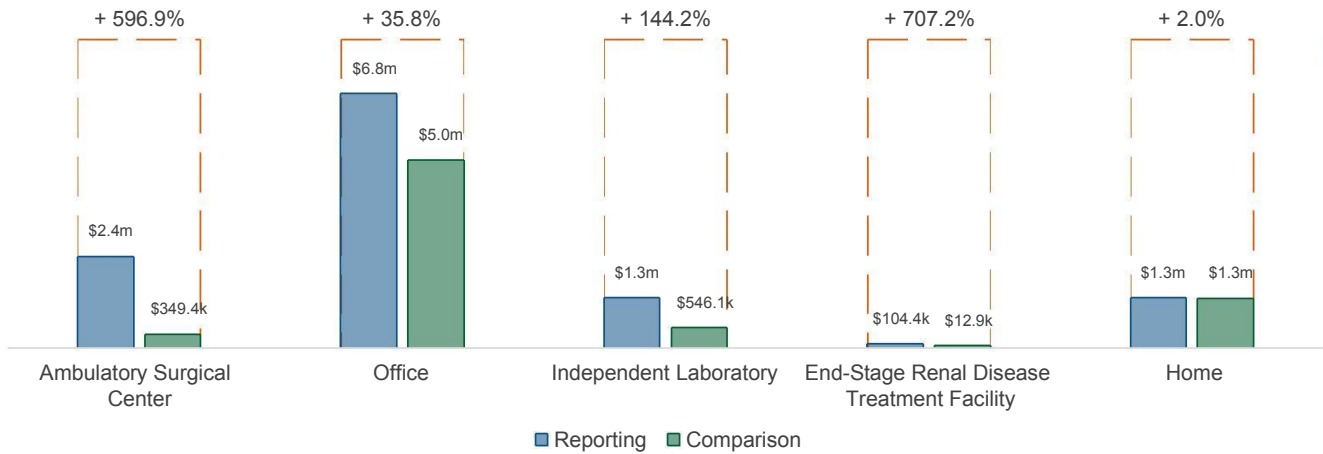
Top 20 Places of Service - Comparison

Population: School District of Osceola County,



This report presents the top places of service by total amount paid during the reporting and comparison periods. This information helps to identify what places are driving healthcare costs the most. The chart shows the top places of service that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- Ambulatory Surgical Center had the largest change in the reporting period with an increase of \$2,085,545 from the comparison period.
- Independent Laboratory has the most significant deviation from the benchmark in the reporting period at 70%

SN	Place of Service	Reporting Period (Oct 20 through Sep 21)			Comparison Period (Oct 19 through Sep 20)		%Δ	Prior Period Rank
		Total Paid Amount	PMPM	Benchmark	Total Paid Amount	PMPM		
1	Inpatient Hospital	\$12,459,401	\$116.76	\$113.58	\$18,663,699	\$175.72	-33%	1
2	Outpatient Hospital	\$7,003,583	\$65.63	\$119.03	\$9,578,922	\$90.19	-27%	2
3	Office	\$6,776,304	\$63.50	\$69.50	\$4,990,026	\$46.98	36%	3
4	Ambulatory Surgical Center	\$2,434,959	\$22.82	\$15.48	\$349,415	\$3.29	597%	7
5	Emergency Room - Hospital	\$1,651,977	\$15.48	\$18.24	\$4,777,528	\$44.98	-65%	4
6	Home	\$1,344,945	\$12.60	\$7.91	\$1,318,434	\$12.41	2%	5
7	Independent Laboratory	\$1,333,241	\$12.49	\$3.71	\$546,072	\$5.14	144%	6
8	End-Stage Renal Disease Treatment Facility	\$104,376	\$0.98	\$2.00	\$12,930	\$0.12	707%	17
9	Urgent Care Facility	\$41,073	\$0.38	\$1.37	\$182,931	\$1.72	-78%	8
10	Ambulance - Land	\$25,532	\$0.24	\$1.40	\$99,996	\$0.94	-74%	11
11	Hospice	\$16,176	\$0.15	\$0.11	\$0	\$0.00	0%	N/A
12	Off Campus-Outpatient Hospital	\$8,303	\$0.08	\$0.52	\$15,953	\$0.15	-48%	15
13	Mass Immunization Center	\$7,002	\$0.07	\$0.02	\$49,797	\$0.47	-86%	13
14	Mobile Unit	\$6,309	\$0.06	\$0.05	\$119,115	\$1.12	-95%	10
15	Telehealth	\$5,632	\$0.05	\$0.03	\$13,435	\$0.13	-58%	16
16	Ambulance - Air or Water	\$5,377	\$0.05	\$0.78	\$125,785	\$1.18	-96%	9
17	Community Mental Health Center	\$2,816	\$0.03	\$0.04	\$0	\$0.00	0%	26
18	Inpatient Psychiatric Facility	\$1,762	\$0.02	\$0.24	\$231	\$0.00	662%	21
19	Pharmacy	\$1,103	\$0.01	\$0.12	\$18,113	\$0.17	-94%	14
20	Skilled Nursing Facility	\$491	\$0.00	\$0.67	\$58,875	\$0.55	-99%	12
	All Others	\$1,087			\$1,505		-28%	
	Total	\$33,231,451	\$311.41		\$40,922,764	\$385.30		

Reporting Period: Paid, October 2020 to September 2021
Comparison Period: Paid, October 2019 to September 2020
Benchmark: Commercial

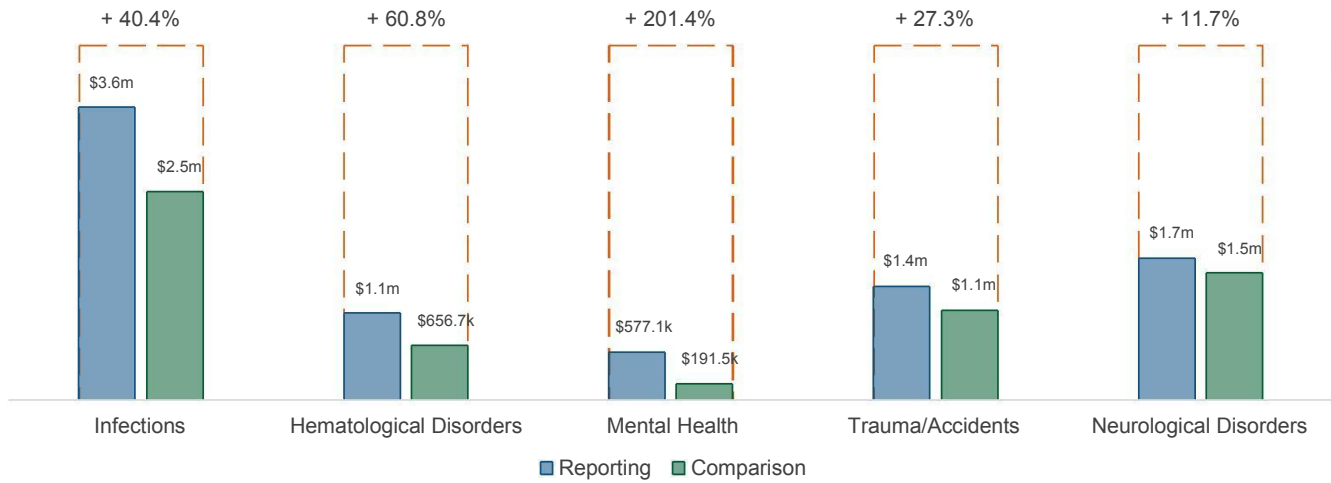
Top 20 Diagnosis Groups - Comparison

Population: School District of Osceola County,



This report presents the top diagnosis groups by total amount paid during the reporting and comparison periods. This information helps to identify what conditions are driving healthcare costs the most. The chart shows the top diagnosis groups that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- Infections had the largest change in the reporting period with an increase of \$1,024,096 from the comparison period.
- Infections has the most significant deviation from the benchmark in the reporting period at 71%

SN	Diagnosis	Reporting Period (Oct 2020 through Sep 2021)			Comparison Period (Oct 2019 through Sep 2020)		%Δ	Prior Period Rank
		Total Paid Amount	PMPM	Benchmark	Total Paid Amount	PMPM		
1	Cancer	\$3,830,658	\$35.90	\$39.24	\$4,101,064	\$38.61	-7%	3
2	Infections	\$3,559,620	\$33.36	\$9.78	\$2,535,524	\$23.87	40%	6
3	Cardiac Disorders	\$2,775,712	\$26.01	\$27.80	\$5,965,736	\$56.17	-53%	1
4	Pregnancy-related Disorders	\$2,431,668	\$22.79	\$24.36	\$3,331,465	\$31.37	-27%	4
5	Health Status/Encounters	\$2,409,331	\$22.58	\$29.39	\$2,626,113	\$24.73	-8%	5
6	Gastrointestinal Disorders	\$2,351,837	\$22.04	\$33.42	\$4,764,002	\$44.85	-51%	2
7	Musculoskeletal Disorders	\$1,725,424	\$16.17	\$30.07	\$1,881,572	\$17.72	-8%	9
8	Neurological Disorders	\$1,723,393	\$16.15	\$20.03	\$1,543,252	\$14.53	12%	10
9	Gynecological/Breast Disorders	\$1,490,193	\$13.96	\$9.74	\$1,501,915	\$14.14	-1%	11
10	Trauma/Accidents	\$1,380,101	\$12.93	\$14.07	\$1,084,001	\$10.21	27%	13
11	Renal/Urologic Disorders	\$1,352,226	\$12.67	\$13.12	\$2,215,742	\$20.86	-39%	7
12	Spine-related Disorders	\$1,275,924	\$11.96	\$15.72	\$1,345,994	\$12.67	-5%	12
13	Hematological Disorders	\$1,056,073	\$9.90	\$4.54	\$656,675	\$6.18	61%	17
14	Pulmonary Disorders	\$911,552	\$8.54	\$12.02	\$1,959,203	\$18.45	-53%	8
15	Eye/ENT Disorders	\$864,178	\$8.10	\$12.98	\$979,000	\$9.22	-12%	14
16	Non-malignant Neoplasm	\$760,194	\$7.12	\$6.21	\$753,105	\$7.09	1%	15
17	Mental Health	\$577,112	\$5.41	\$13.79	\$191,475	\$1.80	201%	25
18	Dermatological Disorders	\$502,564	\$4.71	\$4.54	\$370,962	\$3.49	35%	20
19	Endocrine/Metabolic Disorders	\$400,612	\$3.75	\$7.08	\$477,711	\$4.50	-16%	18
20	Diabetes	\$369,562	\$3.46	\$4.75	\$476,357	\$4.49	-22%	19
	All Others	\$1,483,519	--	--	\$2,161,894	--	-31%	--
	Total	\$33,231,451	\$311.41	--	\$40,922,764	\$385.30	--	--

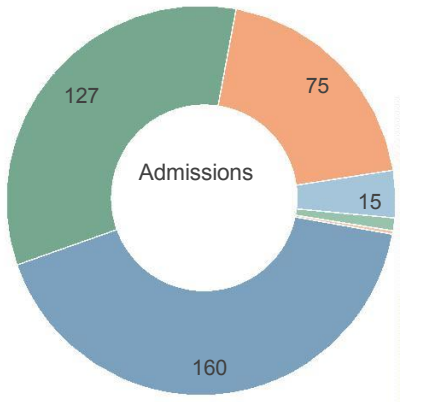
Reporting Period: Paid, October 2020 to September 2021
Comparison Period: Paid, October 2019 to September 2020
Benchmark: Commercial

Inpatient Admissions

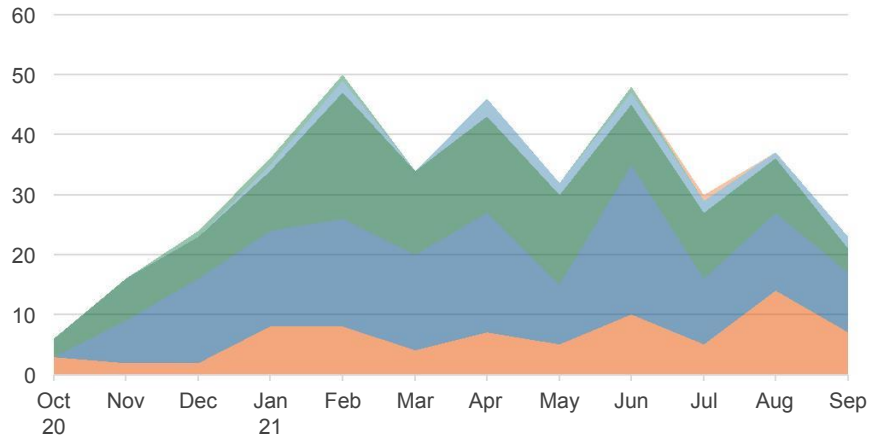
Population: School District of Osceola County,



Total for Period



Total by Month



■ Medical
 ■ Surgical
 ■ Maternity
 ■ Mental Health
 ■ Substance Abuse
 ■ NICU

43	-9% ↓
Admits per 1000	Benchmark

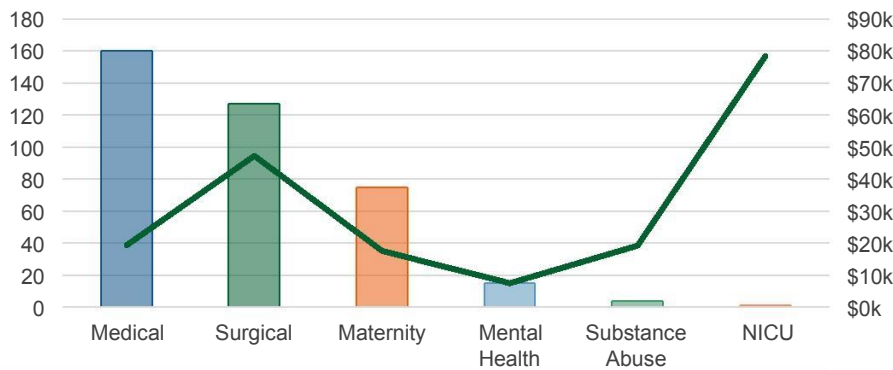
\$28,023	-6% ↓
Allowed / Admit	Benchmark

Average Length of Stay (Days)						
4.2	6.1	3.3	4.2	12.3	35.0	4.8
Medical	Surgical	Maternity	Mental Health	Substance Abuse	NICU	All

72% of admissions originated in the Emergency Room	57% ↑
	Benchmark

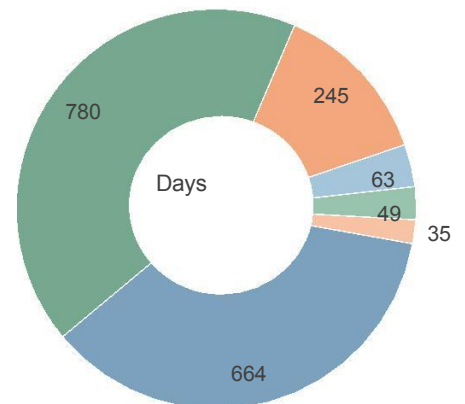
9% of admissions were 30-day readmissions (all conditions)	1% ↑
	Benchmark

Prevalence and Cost Per Admit Type



Category	Admits	Cost
Medical	160	\$19,397
Surgical	127	\$47,331
Maternity	75	\$17,618
Mental Health	15	\$7,546
Substance Abuse	4	\$19,278
NICU	1	\$78,469

Days for Period



Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Trend and Variance Summary

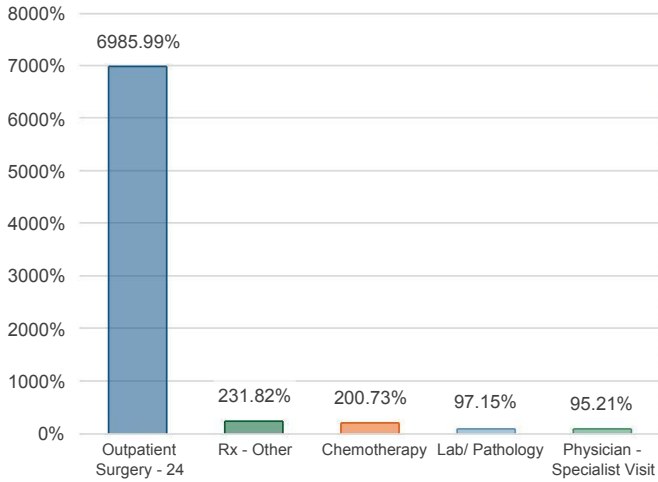


Population: School District of Osceola County,

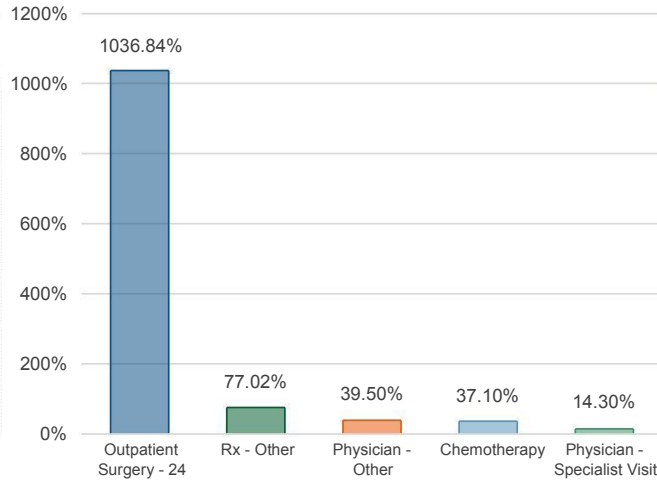
Units: Total

Amount: Paid

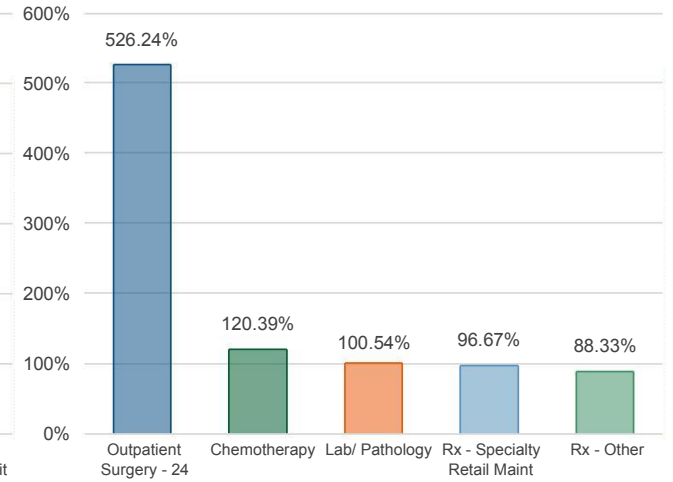
Top Total Cost Variance Increase



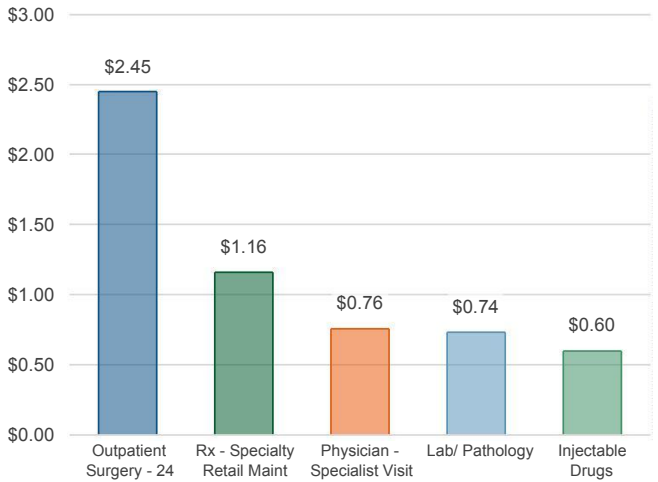
Top Utilization Variance Increase



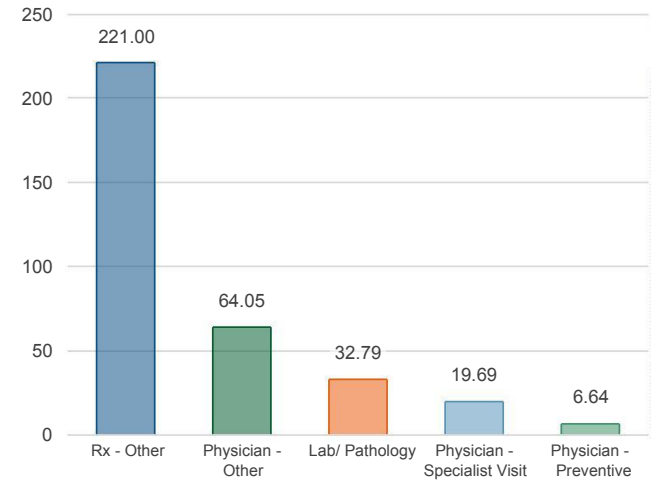
Top Unit Cost Variance Increase



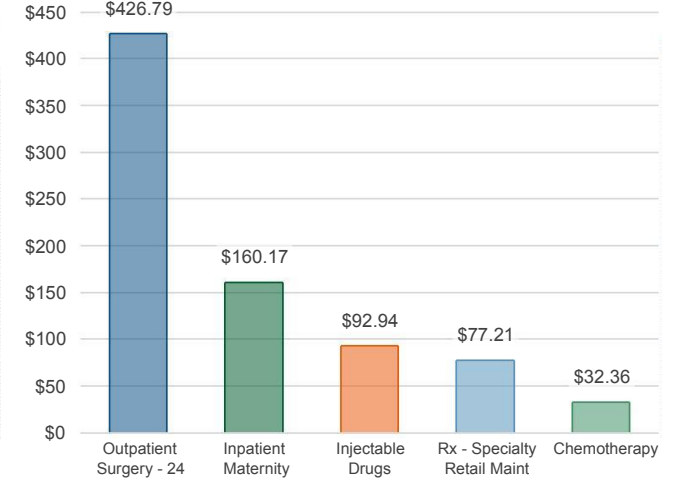
Top Total Cost Trend Increase



Top Utilization Trend Increase



Top Unit Cost Trend Increase



Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Trend and Variance Summary

Population: School District of Osceola County,



Measures	Units	Reporting			Comparison			Variance			Trend		
		Total Count	Paid Per Unit	PMPM	Total Count	Paid Per Unit	PMPM	Total Count	Paid Per Unit	PMPM	Total Count	Paid Per Unit	PMPM
Inpatient Maternity	Admits	75	\$15,395.57	\$10.82	107	\$14,385.60	\$14.49	-29.91%	7.02%	-25.34%	-0.05	\$160.17	\$0.04
Inpatient Medical	Admits	160	\$17,792.58	\$26.68	177	\$18,454.47	\$30.75	-9.60%	-3.59%	-13.26%	-0.10	-\$46.24	-\$0.16
Inpatient Substance Abuse	Admits	4	\$17,175.51	\$0.64	3	\$13,153.58	\$0.37	33.33%	30.58%	73.28%	0.00	\$42.45	\$0.00
Inpatient Mental Health	Admits	15	\$6,688.88	\$0.94	2	\$5,994.35	\$0.11	650.00%	11.59%	732.97%	0.09	\$254.89	\$0.06
Inpatient NICU	Admits	1	\$77,411.31	\$0.73	5	\$223,108.44	\$10.50	-80.00%	-65.30%	-93.09%	-0.01	-\$4,438.67	-\$0.52
Inpatient Surgical	Admits	127	\$45,528.66	\$54.18	177	\$59,057.92	\$98.42	-28.25%	-22.91%	-44.95%	-0.21	-\$1,007.35	-\$2.01
All Other Inpatient	Claims	1,263	\$439.30	\$5.20	1,118	\$856.24	\$9.01	12.97%	-48.69%	-42.31%	3.32	-\$14.65	-\$0.01
Colonoscopies	Services	339	\$1,175.63	\$3.73	293	\$2,588.49	\$7.14	15.70%	-54.58%	-47.70%	0.62	-\$85.72	-\$0.16
Outpatient Surgery - 22	Visits	273	\$4,105.31	\$10.50	759	\$6,430.02	\$45.95	-64.03%	-36.15%	-77.14%	-2.39	-\$31.71	-\$1.94
Outpatient Surgery - 24	Visits	432	\$7,820.79	\$31.66	38	\$1,248.84	\$0.45	1036.84%	526.24%	6985.99%	2.52	\$426.79	\$2.45
Outpatient Surgery - 11	Visits	627	\$1,368.75	\$8.04	582	\$957.31	\$5.25	7.73%	42.98%	53.31%	0.99	\$28.32	\$0.32
Emergency Room	Visits	1,230	\$1,762.55	\$20.32	1,796	\$2,650.79	\$44.82	-31.51%	-33.51%	-54.68%	-3.12	-\$45.10	-\$1.52
Outpatient Urgent Care	Visits	1,107	\$126.00	\$1.31	1,910	\$101.08	\$1.82	-42.04%	24.65%	-28.09%	-5.14	\$3.05	-\$0.02
Radiology - Complex (PET)	Services	15	\$1,640.58	\$0.23	3	\$4,741.53	\$0.13	400.00%	-65.40%	72.19%	0.07	-\$13.00	\$0.01
Radiology - Complex (OP Hospital)	Services	585	\$634.20	\$3.48	584	\$317.70	\$1.75	0.17%	99.62%	99.03%	0.49	\$32.55	\$0.19
Radiology - Complex (Other)	Services	1,076	\$233.02	\$2.35	1,439	\$907.67	\$12.30	-25.23%	-74.33%	-80.89%	-1.58	-\$48.71	-\$0.70
Dialysis Facility	Services	223	\$1,499.90	\$3.13	1,380	\$648.90	\$8.43	-83.84%	131.14%	-62.82%	-6.95	\$24.02	-\$0.34
Physician - PCP Visit	Visits	16,311	\$68.99	\$10.54	17,381	\$49.82	\$8.15	-6.16%	38.48%	29.34%	-3.40	\$1.71	\$0.30
Physician - Specialist Visit	Visits	12,904	\$139.49	\$16.87	11,290	\$81.29	\$8.64	14.30%	71.60%	95.21%	19.69	\$3.75	\$0.76
Physician - Consultation	Visits	241	\$259.59	\$0.59	89	\$183.88	\$0.15	170.79%	41.17%	280.48%	0.89	\$4.64	\$0.03
Physician - Preventive	Visits	4,842	\$138.10	\$6.27	4,610	\$143.82	\$6.24	5.03%	-3.98%	0.38%	6.64	-\$0.28	\$0.10
Physical Therapy	Services	4,439	\$45.70	\$1.90	4,143	\$37.82	\$1.48	7.14%	20.84%	28.86%	3.11	\$0.89	\$0.06
Physician - Mental Health	Visits	2,243	\$134.80	\$2.83	521	\$210.60	\$1.03	330.52%	-35.99%	174.28%	12.62	-\$3.93	\$0.18
Physician - Substance Abuse	Visits	30	\$80.05	\$0.02	0	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.25	\$4.41	\$0.00
SNF	Days	0	\$0.00	\$0.00	114	\$830.73	\$0.89	-100.00%	-100.00%	-99.66%	-0.55	-\$21.97	-\$0.03
Physician - Chiro	Claims	2,405	\$5.57	\$0.13	959	\$4.98	\$0.04	150.78%	11.78%	179.01%	9.67	\$0.13	\$0.01
Physician - Mental Health (Claims)	Claims	702	\$149.53	\$0.98	476	\$47.29	\$0.21	47.48%	216.21%	364.16%	2.18	\$5.97	\$0.07
Physician - Substance Abuse (Claims)	Claims	33	\$440.77	\$0.14	21	\$80.23	\$0.02	57.14%	449.38%	759.26%	0.14	\$12.45	\$0.01
Physician - Maternity	Claims	1,389	\$136.33	\$1.77	844	\$89.12	\$0.71	64.57%	52.97%	150.57%	5.46	\$1.72	\$0.09
Physician - Immunizations	Claims	472	\$65.84	\$0.29	561	\$98.84	\$0.52	-15.86%	-33.39%	-44.22%	-0.65	-\$1.40	-\$0.01
Physician - Anesthesia	Claims	243	\$354.64	\$0.81	44	\$176.92	\$0.07	452.27%	100.45%	1001.82%	1.31	\$15.11	\$0.05
Radiology - Routine	Claims	3,262	\$65.68	\$2.01	3,438	\$128.14	\$4.15	-5.12%	-48.74%	-51.60%	3.03	-\$3.34	-\$0.09
Lab/ Pathology	Claims	15,723	\$102.92	\$15.16	15,918	\$51.32	\$7.69	-1.23%	100.54%	97.15%	32.79	\$2.85	\$0.74

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Trend and Variance Summary

Population: School District of Osceola County,



Measures	Units	Reporting			Comparison			Variance			Trend		
		Total Count	Paid Per Unit	PMPM	Total Count	Paid Per Unit	PMPM	Total Count	Paid Per Unit	PMPM	Total Count	Paid Per Unit	PMPM
DME	Claims	1,053	\$137.86	\$1.36	1,763	\$160.51	\$2.66	-40.27%	-14.11%	-48.94%	-1.39	-\$1.52	-\$0.04
Physician - Surgery	Claims	18	\$137.62	\$0.02	2	\$595.14	\$0.01	800.00%	-76.88%	107.14%	0.13	\$0.71	\$0.00
Ambulance	Claims	77	\$190.76	\$0.14	174	\$565.31	\$0.93	-55.75%	-66.25%	-85.14%	-0.61	-\$12.83	-\$0.03
Home Health	Claims	294	\$892.67	\$2.46	582	\$757.71	\$4.15	-49.48%	17.81%	-40.77%	-1.12	\$1.45	-\$0.06
Hospice	Claims	11	\$2,826.60	\$0.29	19	\$2,191.28	\$0.39	-42.11%	28.99%	-25.67%	-0.02	-\$30.81	-\$0.01
Dental	Claims	4	\$841.12	\$0.03	3	\$0.00	\$0.00	33.33%	0.00%	0.00%	0.03	\$20.37	\$0.00
Chemotherapy	Claims	85	\$6,855.91	\$5.46	62	\$3,110.77	\$1.82	37.10%	120.39%	200.73%	0.27	\$32.36	\$0.32
Injectable Drugs	Claims	435	\$3,991.29	\$16.27	476	\$2,471.91	\$11.08	-8.61%	61.47%	46.87%	0.39	\$92.94	\$0.60
Physician - Other	Claims	25,931	\$30.61	\$7.44	18,589	\$22.65	\$3.96	39.50%	35.15%	87.65%	64.05	\$0.41	\$0.34
Outpatient Other	Claims	849	\$1,359.23	\$10.81	1,239	\$1,968.51	\$22.96	-31.48%	-30.95%	-52.91%	-2.24	-\$59.59	-\$1.06
Non - Outpatient Rx	Claims	3	\$774.38	\$0.02	30	\$449.57	\$0.13	-90.00%	72.25%	-82.86%	-0.17	-\$15.08	-\$0.01
All Other	Claims	463	\$68.93	\$0.30	4,084	\$67.34	\$2.59	-88.66%	2.35%	-88.45%	-21.93	\$10.42	-\$0.16
Rx - Specialty Retail Maint	Scripts	1,828	\$2,477.24	\$42.44	2,052	\$1,259.61	\$24.34	-10.92%	96.67%	74.38%	-1.27	\$77.21	\$1.16
Rx - Specialty Retail Acute	Scripts	4,013	\$124.76	\$4.69	614	\$543.05	\$3.14	553.58%	-77.03%	49.44%	21.46	-\$27.43	\$0.11
Rx - Generic Retail Maint	Scripts	50,250	\$9.26	\$4.36	78,805	\$12.04	\$8.93	-36.24%	-23.09%	-51.19%	-160.55	-\$0.16	-\$0.28
Rx - Generic Retail Acute	Scripts	37,385	\$7.71	\$2.70	37,208	\$8.99	\$3.15	0.48%	-14.29%	-14.29%	0.27	-\$0.10	-\$0.03
Rx - Brand Retail Maint Formulary	Scripts	4,365	\$203.48	\$8.32	5,007	\$361.39	\$17.04	-12.82%	-43.70%	-51.15%	-4.26	-\$7.72	-\$0.46
Rx - Brand Retail Acute Formulary	Scripts	253	\$133.25	\$0.32	63	\$397.85	\$0.24	301.59%	-66.51%	33.87%	0.53	-\$11.87	\$0.00
Rx - Brand Retail Maint Non- Formulary	Scripts	664	\$167.48	\$1.04	5,602	\$46.76	\$2.47	-88.15%	258.15%	-57.75%	-25.17	\$8.53	-\$0.08
Rx - Brand Retail Acute Non- Formulary	Scripts	607	\$29.78	\$0.17	422	\$56.51	\$0.22	43.84%	-47.30%	-24.55%	0.55	\$0.71	\$0.00
Rx - Specialty Mail Order Maint	Scripts	43	\$5,764.98	\$2.32	726	\$6,683.31	\$45.68	-94.08%	-13.74%	-94.91%	-3.38	-\$25.66	-\$2.50
Rx - Specialty Mail Order Acute	Scripts	0	\$0.00	\$0.00	28	\$6,300.96	\$1.66	-100.00%	-100.00%	-100.00%	-0.11	-\$335.47	-\$0.07
Rx - Generic Mail Order Maint	Scripts	2,669	\$26.78	\$0.67	1,841	\$54.09	\$0.94	44.98%	-50.48%	-28.55%	4.77	-\$1.56	-\$0.01
Rx - Generic Mail Order Acute	Scripts	6,406	\$5.65	\$0.34	2,931	\$1.90	\$0.05	118.56%	196.51%	545.01%	21.11	\$0.18	\$0.02
Rx - Brand Mail Order Maint Formulary	Scripts	1,153	\$166.48	\$1.80	57	\$653.04	\$0.35	1922.81%	-74.51%	413.26%	6.07	-\$33.94	\$0.09
Rx - Brand Mail Order Acute Formulary	Scripts	12	\$595.50	\$0.07	0	\$0.00	\$0.00	0.00%	0.00%	0.00%	0.06	\$32.61	\$0.00
Rx - Brand Mail Order Maint Non- Formulary	Scripts	93	\$296.52	\$0.26	103	\$68.37	\$0.07	-9.71%	333.66%	289.72%	0.00	\$14.82	\$0.02
Rx - Brand Mail Order Acute Non- Formulary	Scripts	20	\$71.51	\$0.01	4	\$413.02	\$0.02	400.00%	-82.69%	-13.84%	0.07	-\$2.43	\$0.00
Rx - Other	Scripts	84,803	\$10.35	\$8.23	47,906	\$5.50	\$2.48	77.02%	88.33%	231.82%	221.00	\$0.29	\$0.38

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Utilization Metrics

Population: School District of Osceola County,



Utilization Metrics	Reporting				Comparison		% Δ
	Per 1000		Plan + Mem Paid Avg		Per 1000	Plan + Mem Paid Avg	
	Group	Benchmark	Group	Benchmark	Group	Group	
Member Months	106,712.00	--	--	--	106,211.00	--	0.5%
ER Visits	138.32	190.51	\$2,514.48	\$2,554.68	202.92	\$3,894.11	-31.8%
Urgent Care Visits	124.48	191.85	\$186.42	\$171.86	215.80	\$175.56	-42.3%
Retail Clinic Visits	0.22	18.24	\$37.05	\$50.64	0.34	\$190.54	-33.6%
Total Office Visits	4,112.26	4,109.93	\$129.56	\$162.42	3,827.29	\$109.60	7.4%
Routine Office Visits	3,307.67	3,044.81	\$124.72	\$157.80	3,246.44	\$101.98	1.9%
Preventive Office Visits	544.49	487.61	\$138.76	\$225.37	520.85	\$144.51	4.5%
Mental Health Office Visits	252.23	N/A	\$175.33	N/A	58.86	\$222.83	328.5%
Substance Abuse Office Visits	3.37	N/A	\$113.39	N/A	0.00	\$0.00	0.0%
Other Office Visits	4.50	6.56	\$20.33	\$225.45	1.13	\$37.34	298.1%
Chiropractic Visits	273.93	375.29	\$16.70	\$63.58	113.55	\$47.84	141.3%
Physical Therapy	499.18	587.51	\$56.14	\$156.15	467.30	\$52.93	6.8%
MRI Scan	8.21	59.69	\$753.03	\$1,369.64	16.38	\$1,485.93	-49.9%
CT Scan	52.40	85.86	\$1,012.50	\$1,336.13	69.82	\$2,375.16	-24.9%
PET	1.69	2.63	\$1,780.54	\$4,022.62	0.34	\$4,948.69	397.7%
Mammograms	126.17	115.58	\$202.41	\$326.76	142.25	\$205.92	-11.3%
Dialysis Services	25.08	55.47	\$1,553.65	\$755.50	155.92	\$679.04	-83.9%
Colonoscopies	38.12	39.73	\$1,449.08	\$2,467.96	33.10	\$3,051.05	15.2%
Outpatient / Ambulatory Surgeries	149.79	162.91	\$4,529.28	\$5,117.94	155.69	\$4,845.90	-3.8%
Newborn Deliveries	7.98	10.45	\$17,797.70	\$15,241.34	11.52	\$18,456.67	-30.7%
Vaginal Deliveries	4.95	7.01	\$17,300.71	\$13,095.52	7.57	\$16,753.39	-34.6%
C-Section Deliveries	3.04	3.45	\$18,607.59	\$19,602.20	3.95	\$21,717.22	-23.2%
Inpatient Days	206.46	241.50	\$5,830.45	\$5,826.72	222.58	\$9,076.31	-7.2%
Medical Inpatient Days	74.67	53.23	\$4,674.04	\$4,791.52	60.56	\$7,006.58	23.3%
Surgical Inpatient Days	87.71	95.92	\$7,706.40	\$8,864.22	109.37	\$11,334.65	-19.8%
Maternity Inpatient Days	27.55	31.92	\$5,393.40	\$5,349.51	34.23	\$6,431.21	-19.5%
Mental Health Inpatient Days	7.08	N/A	\$1,796.70	N/A	0.45	\$3,136.16	1467.6%
Substance Abuse Inpatient Days	5.51	N/A	\$1,573.70	N/A	1.36	\$3,591.15	306.4%
NICU Inpatient Days	3.94	13.32	\$2,241.97	\$5,488.19	16.61	\$7,813.39	-76.3%
Total Admissions	42.96	47.10	\$28,022.80	\$29,877.08	53.21	\$37,962.49	-19.3%
Medical Admissions	17.99	13.36	\$19,397.25	\$19,095.11	20.00	\$21,217.67	-10.0%
Surgical Admissions	14.28	17.15	\$47,330.67	\$49,587.97	20.00	\$61,988.35	-28.6%
Maternity Admissions	8.43	11.29	\$17,618.44	\$15,131.31	12.09	\$18,211.76	-30.2%
Mental Health Admissions	1.69	N/A	\$7,546.12	N/A	0.23	\$6,272.32	646.5%
Substance Abuse Admissions	0.45	N/A	\$19,277.78	N/A	0.34	\$14,364.60	32.7%
NICU Admissions	0.11	0.76	\$78,468.86	\$95,631.00	0.56	\$229,713.77	-80.1%
Admissions from ER	71.73	45.72	\$28,629.83	\$29,914.64	65.18	\$37,587.28	10.0%
30 Day ReAdmissions	3.82	3.71	\$31,367.74	\$37,255.97	3.62	\$38,892.00	5.8%
Average Length of Stay	4.81	5.13	\$0.00	--	4.18	\$0.00	14.9%
Pharmacy Scripts	21,879.15	9,179.97	\$0.00	--	20,717.52	\$0.00	5.6%
Pharmacy Scripts Mail Order	8.19	12.88	\$0.00	--	4.77	\$0.00	71.7%
Pharmacy Scripts Generic Drugs	72.20	82.31	\$0.00	--	78.24	\$0.00	-7.7%
SNF/SNU Days	0.00	30.97	\$0.00	\$298.03	12.88	\$831.06	-100.0%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Utilization Metrics

Population: School District of Osceola County,



Utilization Metrics	Reporting			Comparison			% Δ
	Group Total	Plan Paid Avg	Member Paid Avg	Group Total	Plan Paid Avg	Member Paid Avg	
Member Months	106,712	--	--	106,211	--	--	0.5%
ER Visits	1,230	\$1,762.55	\$751.93	1,796	\$2,650.79	\$1,243.31	-31.5%
Urgent Care Visits	1,107	\$126.00	\$60.41	1,910	\$101.08	\$74.47	-42.0%
Retail Clinic Visits	2	\$37.05	\$0.00	3	\$140.54	\$50.00	-33.3%
Total Office Visits	36,569	\$108.32	\$21.24	33,875	\$75.92	\$33.68	8.0%
Routine Office Visits	29,414	\$101.55	\$23.17	28,734	\$62.60	\$39.37	2.4%
Preventive Office Visits	4,842	\$138.10	\$0.66	4,610	\$143.82	\$0.69	5.0%
Mental Health Office Visits	2,243	\$134.80	\$40.52	521	\$210.60	\$12.23	330.5%
Substance Abuse Office Visits	30	\$80.05	\$33.33	0	\$0.00	\$0.00	0.0%
Other Office Visits	40	\$16.55	\$3.77	10	\$24.24	\$13.10	300.0%
Chiropractic Visits	2,436	\$5.50	\$11.20	1,005	\$4.75	\$43.09	142.4%
Physical Therapy	4,439	\$45.70	\$10.43	4,136	\$37.77	\$15.16	7.3%
MRI Scan	73	\$543.46	\$209.57	145	\$1,131.07	\$354.86	-49.7%
CT Scan	466	\$775.67	\$236.83	618	\$1,730.15	\$645.02	-24.6%
PET	15	\$1,640.58	\$139.96	3	\$4,741.53	\$207.16	400.0%
Mammograms	1,122	\$196.61	\$5.80	1,259	\$204.88	\$1.04	-10.9%
Dialysis Services	223	\$1,499.90	\$53.75	1,380	\$648.90	\$30.13	-83.8%
Colonoscopies	339	\$1,175.63	\$273.44	293	\$2,588.49	\$462.56	15.7%
Outpatient / Ambulatory Surgeries	1,332	\$4,022.17	\$507.11	1,378	\$3,980.00	\$865.90	-3.3%
Newborn Deliveries	71	\$15,510.08	\$2,287.62	102	\$14,537.95	\$3,918.72	-30.4%
Vaginal Deliveries	44	\$15,042.29	\$2,258.42	67	\$12,875.40	\$3,877.99	-34.3%
C-Section Deliveries	27	\$16,272.39	\$2,335.20	35	\$17,720.53	\$3,996.69	-22.9%
Inpatient Days	1,836	\$5,463.00	\$367.45	1,970	\$8,338.04	\$738.27	-6.8%
Medical Inpatient Days	664	\$4,287.37	\$386.67	536	\$6,094.11	\$912.48	23.9%
Surgical Inpatient Days	780	\$7,413.00	\$293.40	968	\$10,798.81	\$535.83	-19.4%
Maternity Inpatient Days	245	\$4,712.93	\$680.47	303	\$5,080.06	\$1,351.15	-19.1%
Mental Health Inpatient Days	63	\$1,592.59	\$204.10	4	\$2,997.17	\$138.99	1475.0%
Substance Abuse Inpatient Days	49	\$1,402.08	\$171.61	12	\$3,288.39	\$302.76	308.3%
NICU Inpatient Days	35	\$2,211.75	\$30.22	147	\$7,588.72	\$224.67	-76.2%
Total Admissions	382	\$26,256.72	\$1,766.08	471	\$34,874.61	\$3,087.87	-18.9%
Medical Admissions	160	\$17,792.58	\$1,604.67	177	\$18,454.47	\$2,763.20	-9.6%
Surgical Admissions	127	\$45,528.66	\$1,802.01	177	\$59,057.92	\$2,930.44	-28.2%
Maternity Admissions	75	\$15,395.57	\$2,222.87	107	\$14,385.60	\$3,826.16	-29.9%
Mental Health Admissions	15	\$6,688.88	\$857.24	2	\$5,994.35	\$277.97	650.0%
Substance Abuse Admissions	4	\$17,175.51	\$2,102.27	3	\$13,153.58	\$1,211.03	33.3%
NICU Admissions	1	\$77,411.31	\$1,057.55	5	\$223,108.44	\$6,605.34	-80.0%
Admissions from ER	274	\$26,836.73	\$1,793.10	307	\$34,555.22	\$3,032.06	10.0%
30 Day ReAdmissions	34	\$30,733.15	\$634.59	32	\$38,576.49	\$315.51	6.3%
Average Length of Stay	5	\$0.00	\$0.00	4	\$0.00	\$0.00	14.9%
Pharmacy Scripts	194,564	\$0.00	\$0.00	183,369	\$0.00	\$0.00	6.1%
Pharmacy Scripts Mail Order	15,938	\$0.00	\$0.00	8,747	\$0.00	\$0.00	71.7%
Pharmacy Scripts Generic Drugs	140,468	\$0.00	\$0.00	143,474	\$0.00	\$0.00	-7.7%
SNF/SNU Days	0	\$0.00	\$0.00	114	\$829.76	\$1.30	-100.0%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

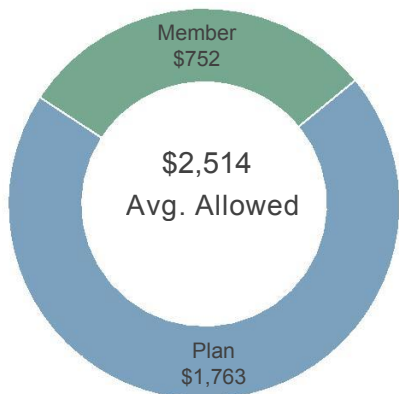
November 10, 2021

Emergency Room Utilization Dashboard

Population: School District of Osceola County,



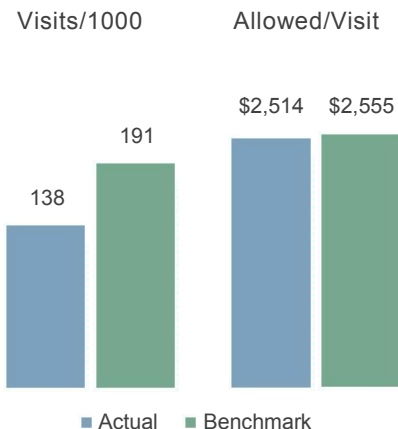
Paid Amount - Member vs. Plan



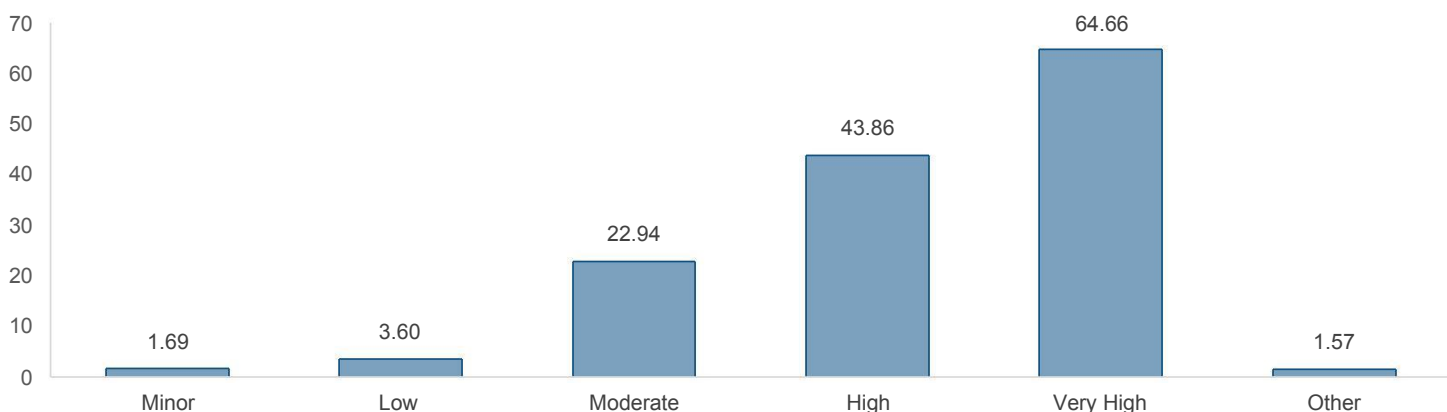
5 members had 6 or more ER visits. These members accounted for 42 visits, 3% of the total.

10% of ER visits were potentially avoidable.

Benchmark Comparison



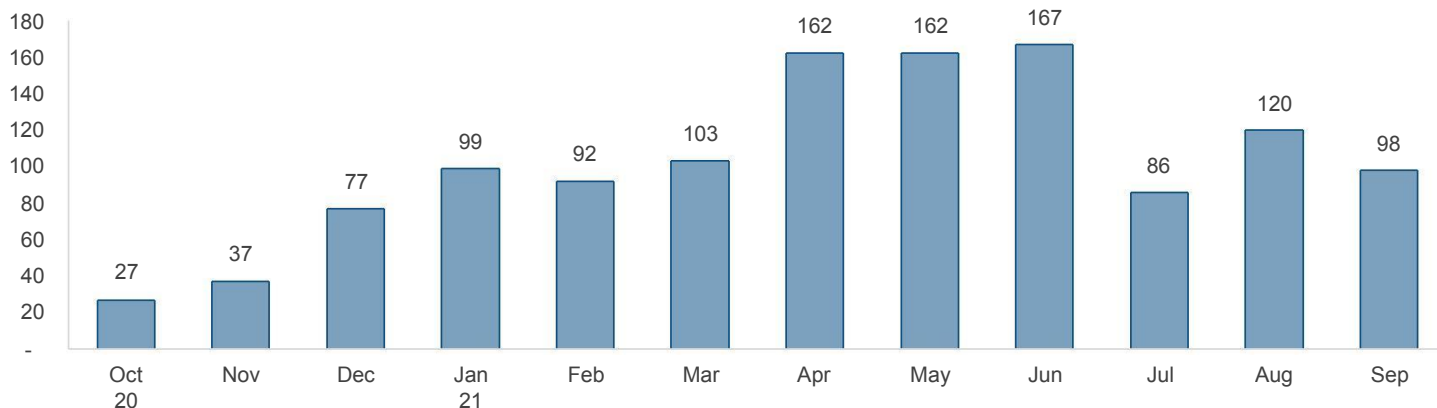
ER Visits/1000 by Severity



Most Common Diagnosis Grouper: **Gastrointestinal Disorders, 16%**

Most Common Avoidable Diagnosis: **Back Pain, 30%**

Emergency Room Visits by Month



Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Actionable Utilization Trend

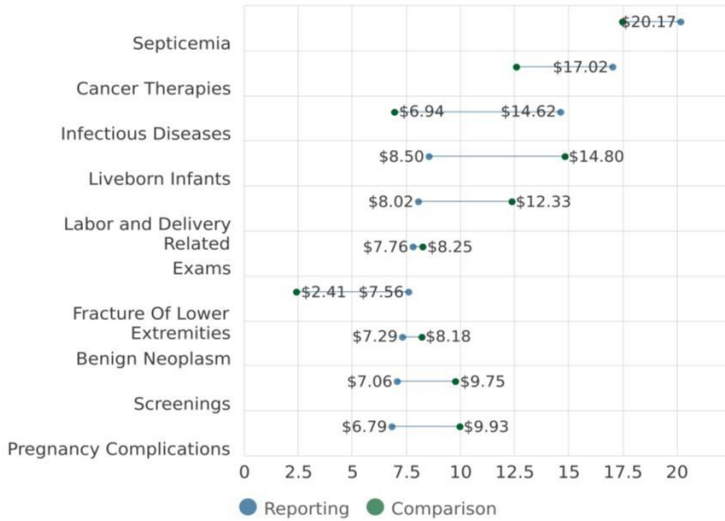
Population: School District of Osceola County,



<p>Avoidable ER Visits per 1000</p>  <p>15.52 31.07 (-50.05%)</p>	<p>Avoidable Admissions per 1000</p>  <p>3.82 4.41 (-13.23%)</p>	<p>30 Day Readmissions per 1000</p>  <p>4.05 3.62 (+11.97%)</p>	<p>Admits from ER per 1000</p>  <p>32.61 34.8 (-6.29%)</p>
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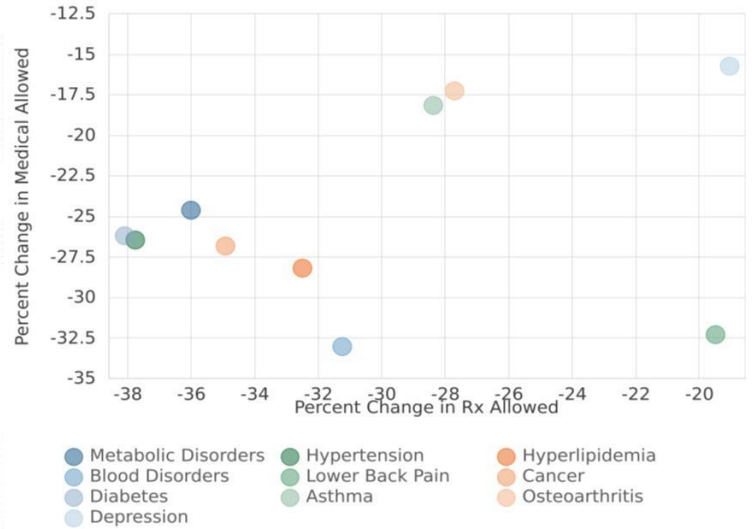
Top Diagnosis Groupers




Allowed PMPM



Change in Medical and Rx Allowed Amount

Top Ten Chronic Conditions



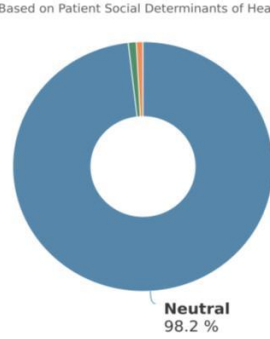
<p>Avg. Admission Probability</p>  <p>4.90%</p>	<p>Avg. ER Visit Probability</p>  <p>17.29%</p>	<p>Case Management Opportunities</p>  <p>0</p>	<p>Disease Management Opportunities</p>  <p>0</p>
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Service Category Overview

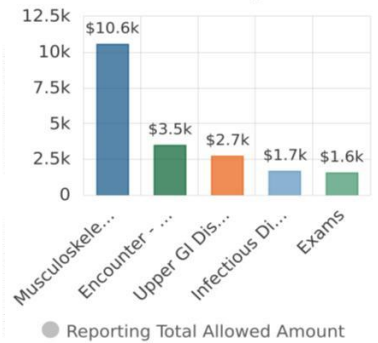
SN.	Category Name	# of Claims	Total Allowed	% of Allowed	Allowed PMPM
1	Inpatient Surgical	2,127	\$7,793,223.60	20.77%	\$73.03
2	Outpatient Surgery -24	1,128	\$3,789,636.60	10.10%	\$35.51
3	Emergency Room	4,061	\$3,141,980.07	8.37%	\$29.44
4	Inpatient Medical	1,915	\$3,058,927.77	8.15%	\$28.67
5	Physician-Specialist Visit	13,519	\$2,276,219.19	6.07%	\$21.33
6	Outpatient Surgery -22	1,009	\$1,796,346.54	4.79%	\$16.83
7	Injectable Drugs	435	\$1,794,624.50	4.78%	\$16.82
8	Lab/Pathology	15,992	\$1,778,490.09	4.74%	\$16.67
9	Inpatient Maternity	431	\$1,358,191.59	3.62%	\$12.73
10	Physician-PCP Visit	16,762	\$1,315,731.25	3.51%	\$12.33
11	Outpatient Other	849	\$1,210,656.62	3.23%	\$11.35
12	Physician-Other	25,738	\$1,001,901.18	2.67%	\$9.39
13	Outpatient Surgery -11	949	\$919,259.34	2.45%	\$8.61
14	Physician-Preventive	4,966	\$671,758.77	1.79%	\$6.30
15	All Other Inpatient	1,263	\$652,030.26	1.74%	\$6.11

Emergency Room Utilization Risk Modifiers

Based on Patient Social Determinants of Health



Network Leakage



<p>29 Members with Avoidable ACS Admissions</p> 	<p>70.7 Average Hospital Quality</p> 
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<p>48 Mbrs w/ Above Average Risk and Care Gaps</p> 	<p>2,228 Members with 3+ Chronic Conditions</p> 
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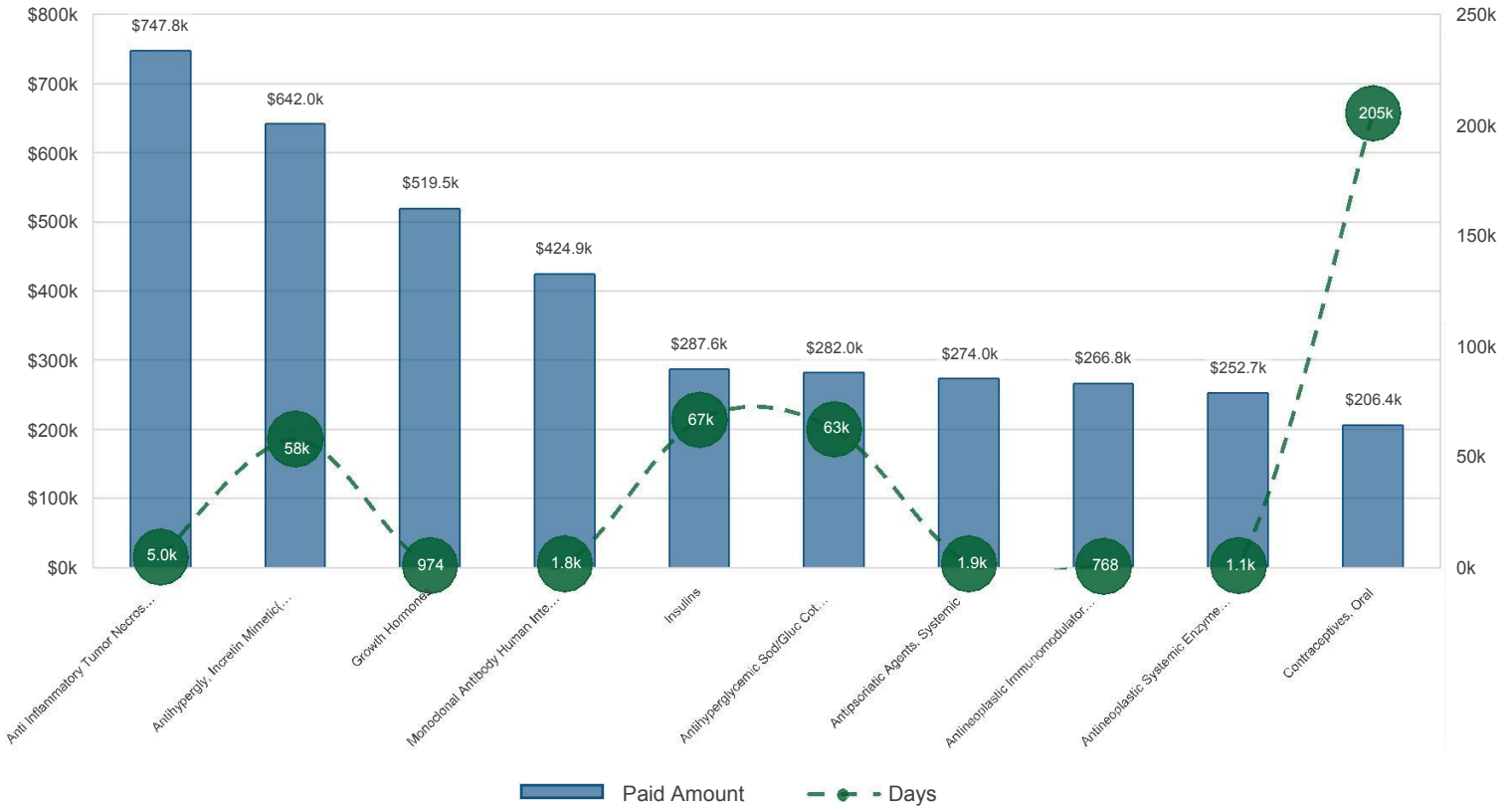
Reporting Period: Paid, October 2020 to September 2021
 Comparison Period: Paid, October 2019 to September 2020
 Prior Period: Paid, October 2018 to September 2019
 Benchmark: Commercial

Pharmacy - Specific Therapeutic Class

Population: School District of Osceola County,



Top Therapeutic Classes, Total Paid and Days Supply



Rk	Row Labels	Claimants (approx)	Scripts	Days Supply	Paid	% of Total or Class	Allowed	Usual & Customary	Paid / DS
1	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	25	175	4,992	\$747,823	9.02%	\$770,423	\$1,594,175	\$149.80
	Humira Pen	13	83	2,324	\$520,180	69.56%	\$536,180	\$1,026,749	\$223.83
	Humira	11	58	1,700	\$113,542	15.18%	\$117,542	\$221,897	\$66.79
	Humira(Cf) Pen	1	6	168	\$70,562	9.44%	\$71,762	\$159,622	\$420.01
2	Antihyperglycemic Incretin Mimetic(Glp-1 Recept.Agonist)	182	1,383	58,130	\$642,011	7.74%	\$690,400	\$1,826,448	\$11.04
	Trulicity	101	842	39,868	\$312,705	48.71%	\$333,195	\$800,127	\$7.84
	Ozempic	63	382	12,882	\$236,697	36.87%	\$250,996	\$648,813	\$18.37
	Bydureon Bcise	13	74	2,298	\$44,937	7.00%	\$54,987	\$171,391	\$19.55
3	Growth Hormones	3	34	974	\$519,470	6.26%	\$525,837	\$1,236,041	\$533.34
	Norditropin Flexpro	3	32	926	\$487,458	93.84%	\$493,425	\$1,092,835	\$526.41
	Humatrope	1	2	48	\$32,012	6.16%	\$32,412	\$143,205	\$666.93
4	Monoclonal Antibody-Human Interleukin 12/23 Inhib	5	42	1,800	\$424,898	5.12%	\$431,093	\$714,020	\$236.05

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Pharmacy - Specific Therapeutic Class



Population: School District of Osceola County,

Rk	Row Labels	Claimants (approx)	Scripts	Days Supply	Paid	% of Total or Class	Allowed	Usual & Customary	Paid / DS
	Stelara	5	42	1,800	\$424,898	100.00%	\$431,093	\$714,020	\$236.05
5	Insulins	151	1,261	66,932	\$287,647	3.47%	\$353,034	\$1,742,064	\$4.30
	Tresiba Flextouch U-100	30	135	7,798	\$38,489	13.38%	\$51,675	\$283,812	\$4.94
	Basaglar Kwikpen U-100	44	253	15,405	\$35,570	12.37%	\$58,723	\$222,380	\$2.31
	Insulin Lispro Kwikpen U-100	33	77	4,503	\$32,607	11.34%	\$33,496	\$237,109	\$7.24
6	Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2) Inh	132	1,203	62,644	\$282,043	3.40%	\$335,318	\$991,182	\$4.50
	Jardiance	79	717	35,704	\$183,950	65.22%	\$202,551	\$572,884	\$5.15
	Farxiga	40	305	15,240	\$82,265	29.17%	\$104,587	\$316,112	\$5.40
	Steglatro	28	166	11,190	\$14,557	5.16%	\$25,584	\$89,329	\$1.30
7	Antipsoriatic Agents,Systemic	8	49	1,850	\$273,983	3.30%	\$288,409	\$899,986	\$148.10
	Skyrizi (2 Syringes) Kit	4	18	860	\$125,008	45.63%	\$135,208	\$467,043	\$145.36
	Tremfya	2	7	288	\$80,172	29.26%	\$82,888	\$282,724	\$278.38
	Cosentyx Pen (2 Pens)	1	9	252	\$65,944	24.07%	\$67,384	\$125,594	\$261.68
8	Antineoplastic Immunomodulator Agents	2	28	768	\$266,757	3.22%	\$268,357	\$1,784,804	\$347.34
	Revlimid	2	28	768	\$266,757	100.00%	\$268,357	\$1,784,804	\$347.34
9	Antineoplastic Systemic Enzyme Inhibitors	5	37	1,104	\$252,723	3.05%	\$256,835	\$1,057,231	\$228.92
	Calquence	1	11	330	\$104,013	41.16%	\$106,080	\$192,398	\$315.19
	Caprelsa	1	5	150	\$74,380	29.43%	\$75,380	\$343,689	\$495.86
	Stivarga	1	3	84	\$53,963	21.35%	\$54,563	\$456,789	\$642.41
10	Contraceptives,Oral	700	4,276	205,401	\$206,355	2.49%	\$214,301	\$807,844	\$1.00
	Lo Loestrin Fe	86	537	23,760	\$111,946	54.25%	\$111,946	\$199,746	\$4.71
	Balcoltra	7	33	1,316	\$10,079	4.88%	\$10,079	\$30,018	\$7.66
	Taytulla	15	87	2,853	\$7,576	3.67%	\$11,297	\$69,042	\$2.66
11	Hemophilia Treatment Agents,Non-Factor Replacement	2	12	336	\$196,992	2.37%	\$199,667	\$1,609,623	\$586.29
	Hemlibra	2	12	336	\$196,992	100.00%	\$199,667	\$1,609,623	\$586.29

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Pharmacy - Specific Therapeutic Class



Population: School District of Osceola County,

Rk	Row Labels	Claimants (approx)	Scripts	Days Supply	Paid	% of Total or Class	Allowed	Usual & Customary	Paid / DS
12	Direct Factor Xa Inhibitors	72	357	14,590	\$156,985	1.89%	\$173,861	\$546,242	\$10.76
	Eliquis	60	243	10,482	\$115,317	73.46%	\$128,299	\$405,646	\$11.00
	Xarelto	17	114	4,108	\$41,668	26.54%	\$45,562	\$140,596	\$10.14
13	Beta-Adrenergic And Glucocorticoid Combo, Inhaled	276	1,454	61,373	\$146,372	1.76%	\$160,571	\$776,430	\$2.38
	Breo Ellipta	74	352	12,756	\$60,191	41.12%	\$67,735	\$253,968	\$4.72
	Fluticasone-Salmeterol	74	281	11,610	\$33,691	23.02%	\$35,060	\$203,628	\$2.90
	Budesonide-Formoterol Fumarate	80	124	4,823	\$32,902	22.48%	\$35,357	\$145,840	\$6.82
14	Agents To Treat Multiple Sclerosis	6	48	1,474	\$138,244	1.67%	\$141,289	\$1,196,138	\$93.79
	Rebif	1	14	394	\$110,976	80.28%	\$113,576	\$184,062	\$281.67
	Dimethyl Fumarate	2	17	570	\$11,803	8.54%	\$11,848	\$424,449	\$20.71
	Tecfidera	3	12	360	\$8,132	5.88%	\$8,332	\$90,280	\$22.59
15	Covid-19 Vaccines	1,805	3,130	3,130	\$114,879	1.38%	\$114,879	\$188,318	\$36.70
	Pfizer Covid19 Vacc (Unapprov)	791	1,375	1,375	\$53,813	46.84%	\$53,813	\$88,849	\$39.14
	Moderna Covid19 Vacc(Unapprov)	765	1,295	1,295	\$43,256	37.65%	\$43,256	\$70,398	\$33.40
	Moderna Covid-19 Vaccine (Eua)	259	316	316	\$12,689	11.05%	\$12,689	\$22,073	\$40.16
16	Antihyperglycemic, Dpp-4 Inhibitors	58	316	18,720	\$113,985	1.37%	\$126,015	\$389,364	\$6.09
	Januvia	58	309	18,510	\$113,985	100.00%	\$126,015	\$389,364	\$6.16
	Tradjenta	1	7	210	\$0	0.00%	\$0	\$0	\$0.00
17	Integrin Receptor Antagonist, Monoclonal Antibody	3	22	868	\$112,212	1.35%	\$115,087	\$206,671	\$129.28
	Entyvio	3	22	868	\$112,212	100.00%	\$115,087	\$206,671	\$129.28
18	Janus Kinase (Jak) Inhibitors	7	41	1,230	\$107,566	1.30%	\$111,366	\$203,675	\$87.45
	Xeljanz Xr	2	20	600	\$65,918	61.28%	\$68,318	\$100,537	\$109.86
	Olumiant	2	17	510	\$22,917	21.31%	\$23,517	\$47,119	\$44.94
	Xeljanz	3	4	120	\$18,731	17.41%	\$19,531	\$56,020	\$156.09
19	Arv-Nucleoside,Nucleotide Rti,Integrase Inhibitors	4	34	1,020	\$106,244	1.28%	\$113,690	\$245,233	\$104.16

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Pharmacy - Specific Therapeutic Class



Population: School District of Osceola County,

Rk	Row Labels	Claimants (approx)	Scripts	Days Supply	Paid	% of Total or Class	Allowed	Usual & Customary	Paid / DS
	Biktarvy	4	34	1,020	\$106,244	100.00%	\$113,690	\$245,233	\$104.16
20	Anticonvulsants	579	2,917	129,696	\$100,863	1.22%	\$131,859	\$1,014,439	\$0.78
	Trokendi Xr	3	30	900	\$28,132	27.89%	\$34,107	\$96,438	\$31.26
	Lyrica	15	128	3,840	\$12,808	12.70%	\$17,686	\$86,452	\$3.34
	Aptiom	2	6	138	\$8,367	8.30%	\$9,196	\$64,162	\$60.63
	All Others	7,543	177,745	8,220,492	\$3,097,097	37.34%	\$3,720,328	\$20,571,685	\$0.38
	All Rx	9,232	194,564	8,857,524	\$8,295,146	100.00%	\$9,242,619	\$39,601,612	\$0.94

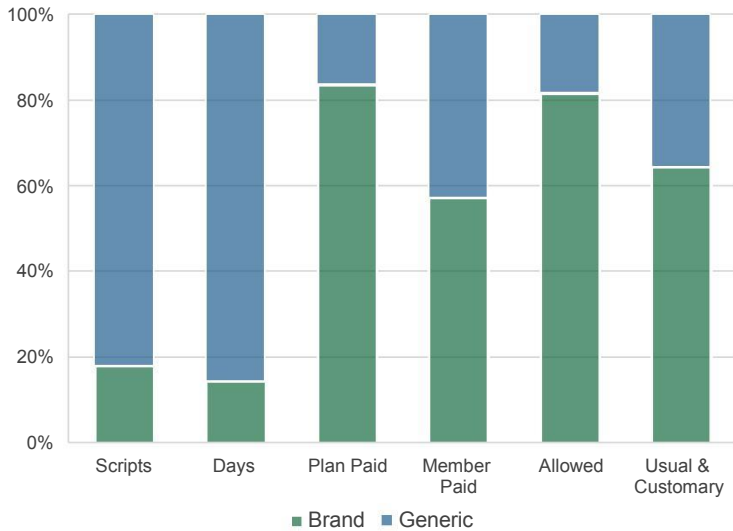
Pharmacy - Therapeutic Equivalence

Population: School District of Osceola County,

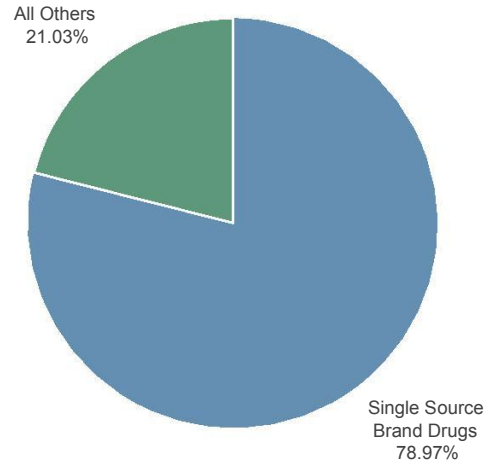


Therapeutic equivalence values are derived from the FDA's *Orange Book* code status. This report shows drug utilization by brand / generic status as well as therapeutic equivalence. Values such as Allowed and Usual & Customary will be left blank if not populated in source data.

Brand vs. Generic Utilization



% of Rx Plan Paid Amount



Total Cost	Scripts	Days	Plan Paid	Member Paid	Allowed	Usual & Customary
Brand						
Non-Drug Items, Supplies, Bulk Chemicals	0	0	\$0	\$0	\$0	\$0
Not Tx Equivalent to Rx Equivalents	1,232	48,146	\$291	\$262	\$541	\$4,246
Single Source	11,870	379,536	\$6,486,360	\$503,625	\$6,989,945	\$22,889,790
Potential Therapeutic Equivalents	10,753	488,461	\$197,412	\$48,764	\$240,318	\$1,465,723
Unknown	5,800	170,242	\$187,512	\$41,750	\$229,225	\$800,054
Total Brand	29,655	1,086,385	\$6,871,575	\$594,401	\$7,460,029	\$25,159,813
% Brand	17.93%	14.37%	83.66%	57.20%	81.66%	64.41%
Generic						
Non-Drug Items, Supplies, Bulk Chemicals	0	0	\$0	\$0	\$0	\$0
Not Tx Equivalent to Rx Equivalents	1,286	36,167	\$18,967	\$2,976	\$21,935	\$73,045
Single Source	297	8,044	\$14,864	\$981	\$15,844	\$72,305
Potential Therapeutic Equivalents	127,076	6,086,145	\$1,174,206	\$433,600	\$1,498,601	\$12,917,951
Unknown	7,047	341,379	\$133,913	\$7,153	\$139,155	\$837,222
Total Generic	135,706	6,471,735	\$1,341,950	\$444,710	\$1,675,535	\$13,900,523
% Generic	82.07%	85.63%	16.34%	42.80%	18.34%	35.59%
All Scripts	165,361	7,558,120	\$8,213,525	\$1,039,112	\$9,135,564	\$39,060,336

Average per Script	Scripts	Days	Plan Paid	Member Paid	Allowed	Usual & Customary
Brand						
Non-Drug Items, Supplies, Bulk Chemicals	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Tx Equivalent to Rx Equivalents	1,232	39.08	\$0.24	\$0.21	\$0.44	\$3.45
Single Source	11,870	31.97	\$546.45	\$42.43	\$588.87	\$1,928.37
Potential Therapeutic Equivalents	10,753	45.43	\$18.36	\$4.53	\$22.35	\$136.31
Unknown	5,800	29.35	\$32.33	\$7.20	\$39.52	\$137.94
Total Brand	29,655	36.63	\$231.72	\$20.04	\$251.56	\$848.42
Generic						
Non-Drug Items, Supplies, Bulk Chemicals	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Tx Equivalent to Rx Equivalents	1,286	28.12	\$14.75	\$2.31	\$17.06	\$56.80
Single Source	297	27.08	\$50.05	\$3.30	\$53.35	\$243.45
Potential Therapeutic Equivalents	127,076	47.89	\$9.24	\$3.41	\$11.79	\$101.66
Unknown	7,047	48.44	\$19.00	\$1.01	\$19.75	\$118.81
Total Generic	135,706	47.69	\$9.89	\$3.28	\$12.35	\$102.43
All Scripts	165,361	45.71	\$49.67	\$6.28	\$55.25	\$236.21

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Surgery Place of Service Switch Savings

Population: School District of Osceola County,



Amount: Paid

This analysis provides a comparison of outpatient surgery costs at an Outpatient Hospital to those at an Ambulatory Surgical Center (ASC) providing the potential allowed/paid amount savings if all surgeries were performed at an ASC. Increasingly, outpatient surgeries are performed at ASCs because they are more specialized and efficient, resulting in lower costs.

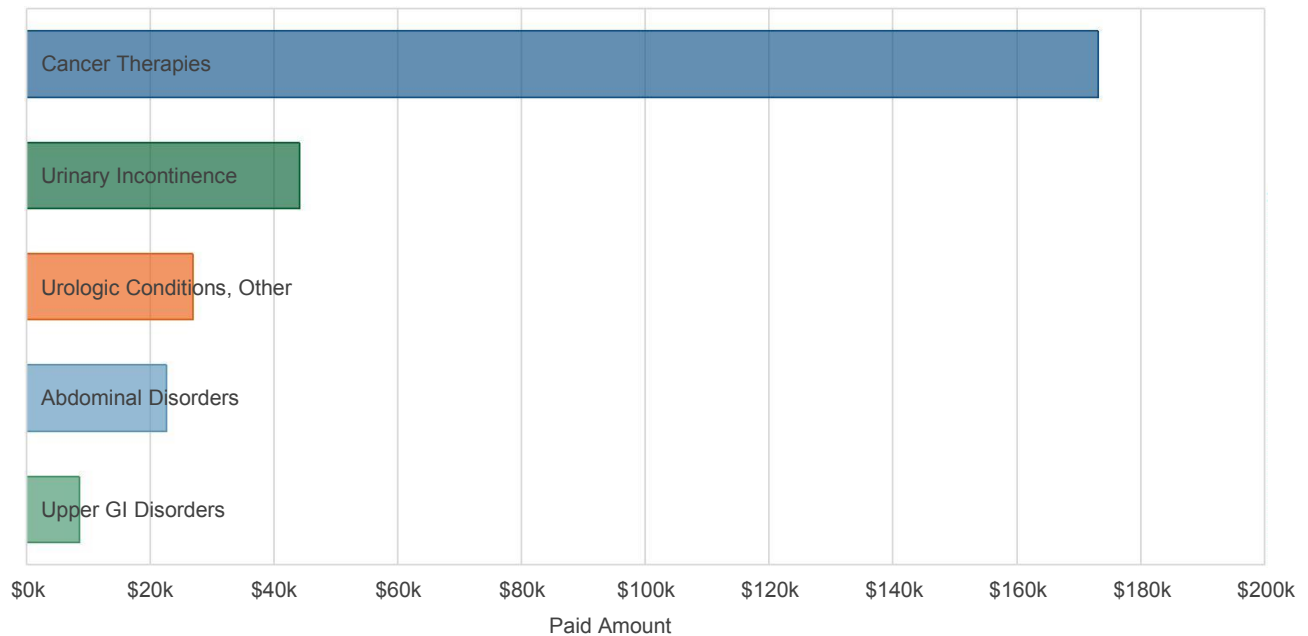
Outpatient Hospital (POS 19 or 22) and ASC (POS 24) are defined using CMS place of service codes. Surgeries are assigned to diagnosis groupers based on the primary diagnosis code of the claim line which identified the surgery. Clearly, not all surgeries within the same diagnosis category will be directly comparable as there will be natural variances in condition severity, patient comorbidities, and the exact procedure used to treat the patient. However, the results are still broadly indicative of missed opportunities for redirection to free-standing ASC facilities.

Employee education and plan design changes such as, adding Outpatient Hospital deductibles, or ensuring that free-standing ASC facilities have copays, can be used to incentivize patient choices in favor of the less expensive facilities.

Summary

- Switching from Outpatient Hospitals to Ambulatory Surgical Centers could save up to \$289,097
- Surgeries for diagnoses of Cancer Therapies represent the top opportunity for focused interventions.

Top Surgery Diagnoses by Potential POS Switch Savings



Diagnosis Grouper	Outpatient Hospital Cost / Surgery	ASC Cost / Surgery	Outpatient Hospital Surgeries	Potential Savings
Cancer Therapies	\$41,661.45	\$7,033.28	5	\$173,141
Urinary Incontinence	\$54,044.30	\$9,919.33	1	\$44,125
Urologic Conditions, Other	\$20,133.54	\$11,176.76	3	\$26,870
Abdominal Disorders	\$5,073.87	\$540.57	5	\$22,667
Upper GI Disorders	\$2,722.70	\$1,503.09	7	\$8,537
Contraception Management	\$7,296.47	\$6,018.96	3	\$3,833
Diabetes Mellitus	\$2,077.89	\$562.32	2	\$3,031
Skin Infections	\$4,192.91	\$2,823.01	2	\$2,740
Musculoskeletal, Aftercare	\$1,515.80	\$174.27	1	\$1,342
Tumor of Uncertain Behavior	\$2,733.53	\$1,831.65	1	\$902
All Other	--	--	7	\$1,910
Total	--	--	37	\$289,097

Reporting Period: Paid, October 2020 to September 2021

Benchmark: Commercial

November 10, 2021

Imaging Place of Service Savings

Population: School District of Osceola County,



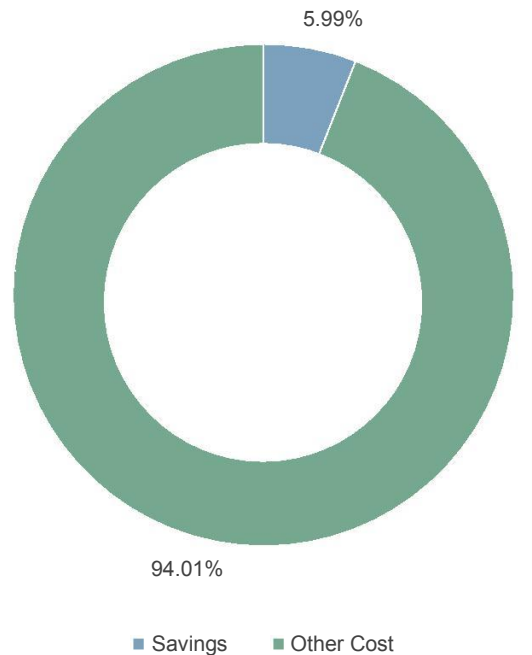
Savings Type: Paid

The median average hospital charges for imaging services is 3X more than those charges at free standing facilities/providers. Plans might consider educating members on the cost differences and providing transparency tools and consider adjusting plan designs to provide incentive to use of free standing facilities.

This report calculates the average cost of MRI Scans and CT Scans at outpatient hospital and office places of service, then uses the cost differential to calculate the potential savings if 100% of the imaging services were redirected to the less expensive setting. The focus of this intervention is stand- alone imaging services: so imaging services that were performed during the course of emergency room visits, surgeries, admissions and urgent care visits are excluded from the analysis.

- Switching high cost imaging procedures from an Outpatient Hospital to an Office setting could save up to \$24,024.
- These savings represent 6% of total spending on high cost imaging in the reporting period.
- MRI Scans represented 54% of the potential savings.

Potential Savings as a % of Total MRI & CT Cost



Metric	MRI	CT
Hospital Average Paid	\$1,207	\$731
Office Average Paid	\$288	\$144
Potential Savings Per Service	\$919	\$587
Savings Eligible Services	14	19
Potential Savings	\$12,868	\$11,156
Total Potential Savings		\$24,024

Population Cost and Quality

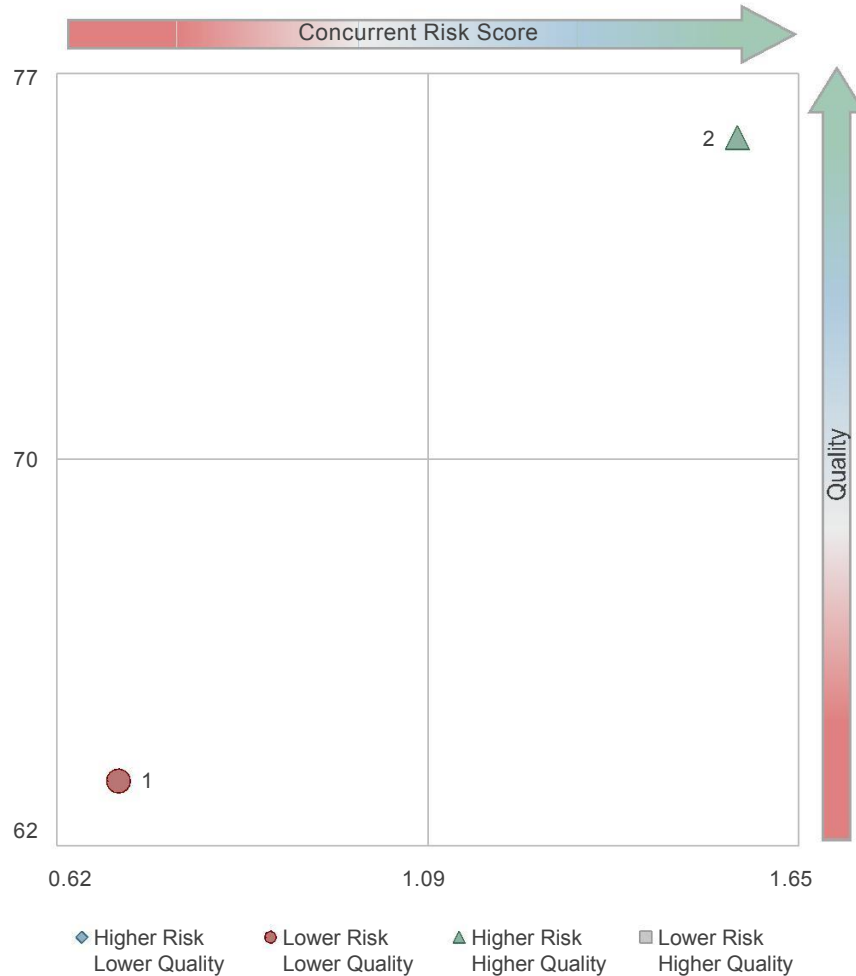
Population: School District of Osceola County,



This report stratifies the population by the selected level of aggregation and displays cost, risk, and provider quality outcomes side by side. The concurrent risk score is derived in the last month of the reporting period using the MARA Cx (Medical and pharmacy) model and factors in both acute and chronic clinical risk factors in addition to demographics to provide a standardized metric with which to measure each population's risk burden in the last 12 months. This concurrent risk score is also used to risk adjust the combined medical and pharmacy PMPM values to highlight populations whose cost to the plan is not justified by observed risk factors.

Quality is derived using a match of servicing provider NPIs in the dataset to providers' medical excellence ratings in the Quantros CareChex provider quality rating system. This quality score is indicative of the providers' performance in hospital settings on a variety of measures including readmission, complication and mortality rates in addition to patient satisfaction metrics. The quality rating for a population is calculated using facility claims from an inpatient or outpatient hospital setting in the period and represents the relative quality of care being delivered to the population, adjusted for procedure and encounter type (clinical category).

Each population is graphed on a quadrant indicating their relative risk and quality values. This data visualization is designed to highlight high risk populations receiving low quality care as potential areas for intervention and redirection. Stakeholders may look to redirect members in those populations to low cost, high quality providers identified in other reports.



SN	3+ visits	Members	Average Age	Concurrent Risk Score	Medical & Rx Paid PMPM	Risk Adjusted PMPM	Quality	Quadrant
1	Blank	5,557	34.89	0.69	\$389.43	\$567.39	69.18	Lower Risk, Lower Quality
2	3+ visits	3,100	45.73	1.50	\$388.68	\$259.71	70.36	Higher Risk, Higher Quality
	All Others	0	0.00	0.00	\$0.00	\$0.00	Unknown	Unknown
	Total	8,657	38.77	0.98	\$389.15	\$398.51	69.68	Lower Risk, Lower Quality

Reporting Period: Paid, October 2020 to September 2021
Comparison Period: Paid, October 2019 to September 2020
Benchmark: Commercial

November 10, 2021

Clinical Category Quality Summary

Population: School District of Osceola County,



This report leverages the Quantros CareChex provider quality data set to analyze the quality of care of providers in inpatient and outpatient hospital settings. Facility claims that successfully matched to the quality ratings (via the NPI of the servicing provider) are grouped by clinical category using procedure and diagnosis codes matched to DRGs. Each composite provider quality score is presented as a simple average of the scores for all providers presenting in the reporting period's matched medical claims and should be interpreted as a percentile of performance with 99 representing observed performance better than 99% of all providers and 1 representing observed performance worse than 99 percent of all providers. A score of 50 in any category indicates average performance.

Medical Excellence represents the summary score for all category, with each subsequent category being derived by Quantros from Medicare fee for service claims data or survey data. The quadrant graph plots each clinical category by medical excellence and total plan paid amount to zero in on areas of clinical care which are receiving a high dollar investment without a corresponding high quality return.



SN	Clinical Category	Claims*	Medical Excellence (Quality)	Inpatient Quality	Complications	Mortality	Patient Safety	Patient Satisfaction	Re-admissions	Total Paid Amount
1	Overall Medical Care	1,243	72.08	82.93	76.21	75.85	76.23	--	10.23	\$2,049,752
2	Cancer Care	612	92.63	--	95.98	91.97	40.14	--	--	\$2,139,327
3	Gastrointestinal Care	347	76.28	77.77	86.57	74.65	59.75	--	13.83	\$717,142
4	Cardiac Care	302	58.80	65.84	81.38	64.74	70.03	--	12.64	\$905,272
5	Neurological Care	281	66.09	79.11	82.73	71.34	40.54	--	35.76	\$944,923
6	Womens Health	192	49.35	--	43.60	74.45	81.77	--	21.73	\$769,229

*Values are approximate.

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Clinical Category Quality Summary

Population: School District of Osceola County,



SN	Clinical Category	Claims*	Medical Excellence (Quality)	Inpatient Quality	Complications	Mortality	Patient Safety	Patient Satisfaction	Re-admissions	Total Paid Amount
7	Pulmonary Care	158	80.89	78.11	66.43	60.38	74.60	--	54.11	\$764,652
8	Overall Surgical Care	150	72.89	68.94	73.47	90.10	63.86	--	15.88	\$1,419,224
9	Orthopedic Care	122	63.34	45.84	70.60	67.80	46.00	--	58.01	\$1,119,931
10	Overall Hospital Care	52	89.84	94.00	91.04	97.25	64.57	--	6.94	\$195,310
11	Sepsis Care	31	60.85	--	43.12	79.78	57.74	--	43.71	\$1,064,933
12	Interventional Coronary Care	21	52.50	45.58	70.37	43.85	37.28	--	39.69	\$3,749
13	Joint Replacement	18	54.01	22.63	98.07	90.97	79.36	--	7.38	\$299,709
14	Neurological Surgery Major	16	94.22	78.26	99.05	85.32	48.48	--	41.99	\$152,678
15	General Surgery	13	38.27	--	66.13	93.95	61.40	--	5.96	\$145,785
16	Spinal Fusion	10	17.57	--	46.81	--	12.32	--	17.34	\$602,565
17	Heart Failure Treatment	10	64.78	84.75	67.85	71.76	60.25	--	9.33	\$167,217
18	Vascular Surgery	9	71.69	54.81	82.51	99.24	46.03	--	13.74	\$99,154
19	Gall Bladder Removal	8	66.03	--	87.37	--	70.28	--	28.04	\$168,939
20	Chronic Obstructive Pulmonary Disease	8	78.13	--	80.76	86.46	78.19	--	40.19	\$14,498
21	Gastrointestinal Hemorrhage	7	35.32	56.32	81.32	83.86	39.70	--	23.97	\$20,614
22	Organ Transplants	6	28.21	--	34.51	23.25	42.07	--	34.96	\$13,384
23	Major Bowel Procedures	6	61.08	--	82.32	72.29	26.59	--	45.71	\$118,420
24	Pneumonia Care	5	66.19	73.66	50.93	69.38	58.98	--	54.04	\$27,980
25	Hip Fracture Care	4	99.33	--	98.49	95.28	95.22	--	99.90	\$3,061
26	Spinal Surgery	2	13.28	--	57.79	--	6.82	--	15.25	\$67,147
27	Coronary Bypass Surgery	2	12.48	25.27	19.15	30.27	86.26	--	8.04	\$337,984
28	Trauma Care	1	82.38	--	19.09	17.24	99.56	--	18.49	\$0

*Values are approximate.

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

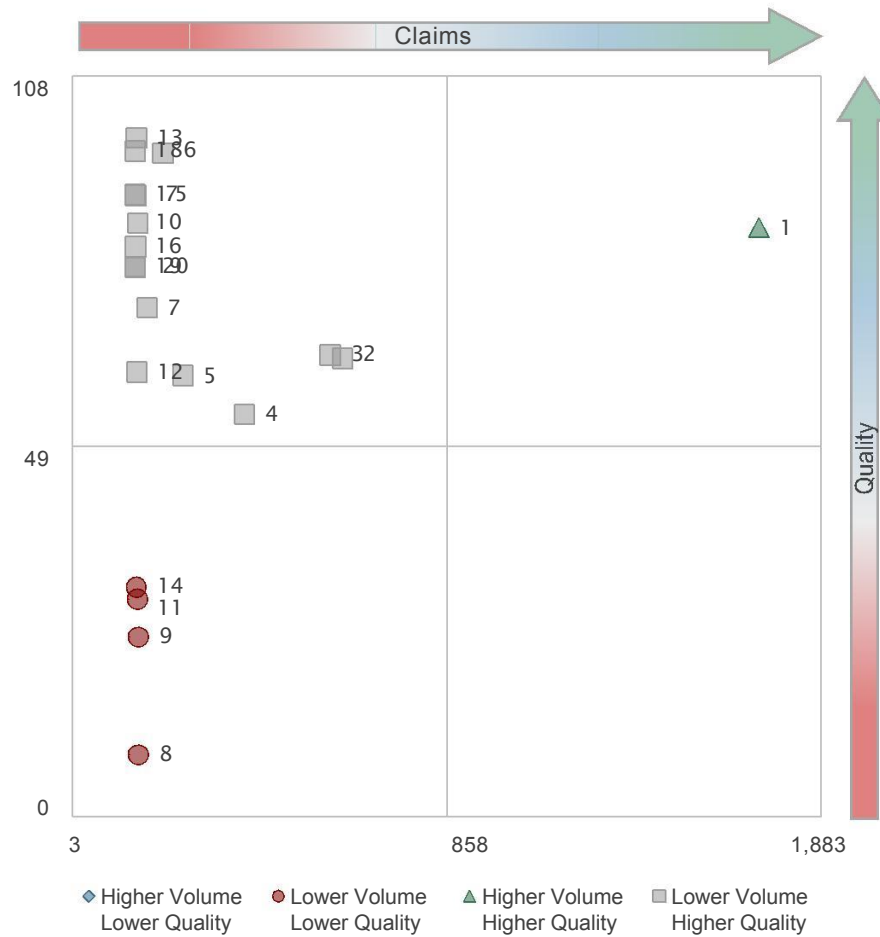
November 10, 2021

Hospital Usage and Quality

Population: School District of Osceola County,



The Hospital Usage and Quality report analyzes inpatient and outpatient facility hospital claims that were successfully matched to a provider and clinical category in the Quantros CareChex provider quality data set. It tracks claims volume against the medical excellence rating of the provider to highlight hospitals with high volume and low quality who may be candidates for redirection or network redesign. The quadrant chart will also suggest providers whose relative performance indicates that they may be underutilized given the quality of care they provide.



SN	Provider NPI	Hospital Name	Claims*	Paid Amount	Quality	Quadrant
1	1184709057	ORLANDO HEALTH, INC.	1,711	\$6,389,916	83.40	Higher Volume, Higher Quality
2	1164478442	ST CLOUD REGIONAL MEDICAL CENTER	572	\$1,100,603	62.87	Lower Volume, Higher Quality
3	1306938071	ADVENTHEALTH ORLANDO	538	\$2,237,035	63.40	Lower Volume, Higher Quality
4	1689621450	OSCEOLA REGIONAL MEDICAL CENTER	303	\$3,612,658	54.09	Lower Volume, Higher Quality
5	1912246786	POINCIANA MEDICAL CENTER, INC.	135	\$434,935	60.20	Lower Volume, Higher Quality
6	1336221019	SOUTH LAKE HOSPITAL, INC.	80	\$144,344	95.01	Lower Volume, Higher Quality
7	1033475959	HEALTH CENTRAL	37	\$89,869	70.80	Lower Volume, Higher Quality
8	1437177664	TALLAHASSEE MEMORIAL HEALTHCARE INC	13	\$900	0.75	Lower Volume, Lower Quality
9	1144228446	LAKELAND REGIONAL MEDICAL CENTER, INC.	13	\$1,057	19.20	Lower Volume, Lower Quality
10	1699874248	SHANDS TEACHING HOSPITAL AND CLINICS, INC.	11	\$54,629	84.10	Lower Volume, Higher Quality

*Values are approximate.

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Hospital Usage and Quality

Population: School District of Osceola County,



SN	Provider NPI	Hospital Name	Claims*	Paid Amount	Quality	Quadrant
11	1235196510	TAMPA GENERAL HOSPITAL	10	\$68,617	25.14	Lower Volume, Lower Quality
12	1992738959	FISHER-TITUS MEDICAL CENTER	9	\$0	60.75	Lower Volume, Higher Quality
13	1891782470	MAYO CLINIC FLORIDA	8	\$18,951	97.42	Lower Volume, Higher Quality
14	1295702728	HOLMES REGIONAL MEDICAL CENTER, INC.	7	\$350	27.02	Lower Volume, Lower Quality
15	1999999992	1999999992	6	\$720	88.41	Lower Volume, Higher Quality
16	1477599975	WINTER HAVEN HOSPITAL INC	6	\$717	80.39	Lower Volume, Higher Quality
17	1881632818	ST. JOSEPH'S HOSPITAL	5	\$20,187	88.53	Lower Volume, Higher Quality
18	1346291309	NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER	5	\$139	95.37	Lower Volume, Higher Quality
19	1235663899	STEWART ROCKLEDGE HOSPITAL, INC.	4	\$138	77.24	Lower Volume, Higher Quality
20	1053321919	ADVENTHEALTH TAMPA	4	\$29,129	77.09	Lower Volume, Higher Quality

*Values are approximate.

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Hospital Quality Complications

Population: School District of Osceola County,



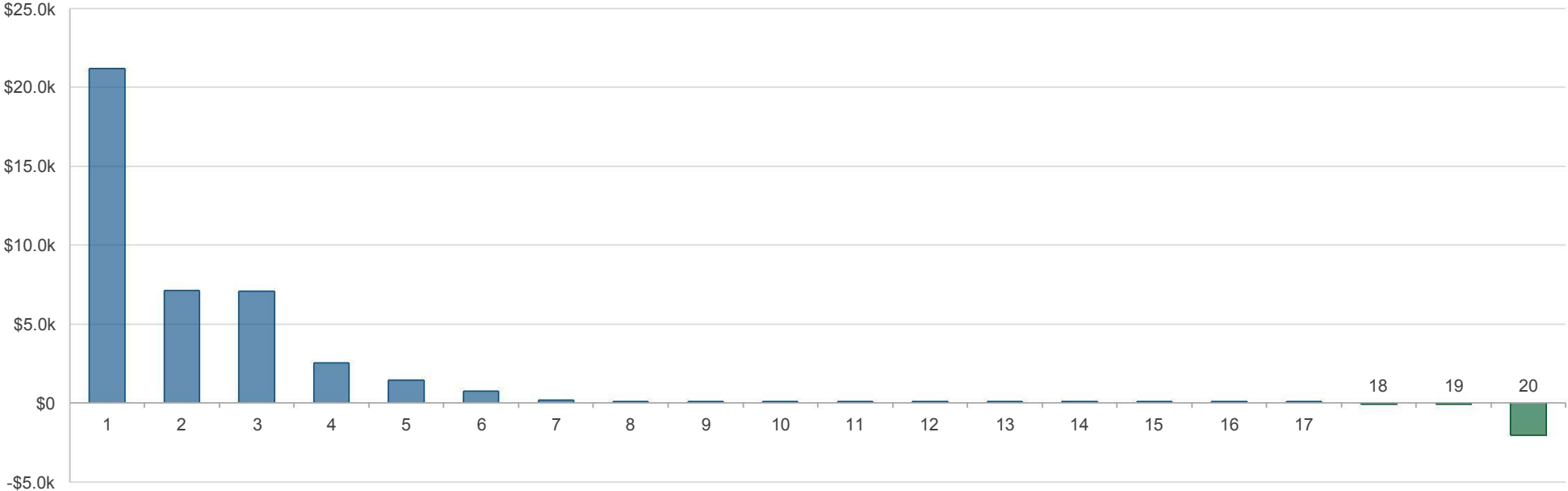
The concept behind this report is that some hospital facilities are better than others at avoiding complications and that complications have a real dollar cost to the plan that is observable in medical claims data. It begins by filtering the dataset to include only those facility claims which occurred in an inpatient or outpatient hospital setting and establishes baseline prevalence rates for Medical or Surgical complications (identified using diagnosis code groupers) on a plan paid and incidence per 1000 basis.

The report then looks at the subset of those facility hospital claims that can be matched to the Quantros CareChex provider quality dataset using servicing provider NPI and procedure/diagnosis codes. For each unique facility within that subset, metrics are calculated to show the number of claims per year as well as the Risk Adjusted Complications Index (RACI), which is calculated by Quantros as the observed percentage of cases with a complication (Complications Actual Rate) divided by the expected percentage of cases with a complication (Complications Expected Rate) based on observed case risk and complexity. RACI rates above 1.00 indicate a higher than expected rate of complications and RACI rates below 1.00 indicate a lower rate of complications. For each facility, the RACI value is converted into an expected and predicted plan paid amount using the overall complications paid amount rate.

Annual, Five, and Ten year predictions are then made using the facility's RACI rate and the population's complications paid amount. These financial projections represent the added cost or savings of driving claims volume through this facility at the current rate of claims volume based solely on the facility's ability to avoid medical/surgical complications.

	Claims	Paid Amount
Facility Hospital (IP/OP)	4,389	\$16,896,992
Medical Surgical Complications	24	\$187,412
Complications per 1000 Claims	5.47	\$42,700.36

Annual Added Cost / Savings



Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Hospital Quality Complications

Population: School District of Osceola County,



SN	Hospital Name	NPI	Claims per Year*	Risk Adjusted Complications Index	Complications		Adjusted Complications Paid per 1000 Claims	Complications Paid		Added Cost / Savings		
					Expected Rate	Actual Rate		Expected	Predicted	Annual	5Y	10Y
1	Orlando Health	1184709057	1,711	0.71	2.2%	1.6%	\$30,317.25	\$73,060.31	\$51,872.82	\$21,187.49	\$105,937.45	\$211,874.90
2	Osceola Regional Medical Center	1689621450	303	0.45	2.3%	1.0%	\$19,215.16	\$12,938.21	\$5,822.19	\$7,116.01	\$35,580.07	\$71,160.15
3	St Cloud Regional Medical Center	1164478442	572	0.71	0.9%	0.6%	\$30,317.25	\$24,424.60	\$17,341.47	\$7,083.14	\$35,415.68	\$70,831.35
4	Poinciana Medical Center	1912246786	135	0.56	0.7%	0.4%	\$23,912.20	\$5,764.55	\$3,228.15	\$2,536.40	\$12,682.01	\$25,364.01
5	Orlando Health South Lake Hospital	1336221019	80	0.57	0.9%	0.5%	\$24,339.20	\$3,416.03	\$1,947.14	\$1,468.89	\$7,344.46	\$14,688.92
6	Orlando Health-Health Central Hospital	1033475959	37	0.52	0.9%	0.5%	\$22,204.19	\$1,579.91	\$821.55	\$758.36	\$3,791.79	\$7,583.58
7	Tallahassee Memorial Hospital	1437177664	13	0.70	2.2%	1.6%	\$29,890.25	\$555.10	\$388.57	\$166.53	\$832.66	\$1,665.31
8	Lakeland Regional Medical Center	1144228446	13	0.82	1.7%	1.4%	\$35,014.29	\$555.10	\$455.19	\$99.92	\$499.59	\$999.19
9	Mayo Clinic	1891782470	8	0.73	3.6%	2.6%	\$31,171.26	\$341.60	\$249.37	\$92.23	\$461.16	\$922.33
10	Fisher Titus Memorial Hospital	1992738959	9	0.81	0.6%	0.5%	\$34,587.29	\$384.30	\$311.29	\$73.02	\$365.09	\$730.18
11	AdventHealth Tampa	1053321919	4	0.71	2.7%	1.9%	\$30,317.25	\$170.80	\$121.27	\$49.53	\$247.66	\$495.32
12	Rockledge Regional Medical Center	1235663899	4	0.73	1.5%	1.1%	\$31,171.26	\$170.80	\$124.69	\$46.12	\$230.58	\$461.16
13	Novant Health Huntersville Medical Center	1346291309	5	0.84	1.0%	0.8%	\$35,868.30	\$213.50	\$179.34	\$34.16	\$170.80	\$341.60
14	Holmes Regional Medical Center	1295702728	7	0.89	2.2%	2.0%	\$38,003.32	\$298.90	\$266.02	\$32.88	\$164.40	\$328.79
15	Morton Plant Hospital	1376529743	4	0.86	2.4%	2.0%	\$36,722.31	\$170.80	\$146.89	\$23.91	\$119.56	\$239.12
16	Winter Haven Hospital	1477599975	6	0.91	1.7%	1.5%	\$38,857.33	\$256.20	\$233.14	\$23.06	\$115.29	\$230.58
17	St Joseph's Hospital	1881632818	5	0.94	1.7%	1.6%	\$40,138.34	\$213.50	\$200.69	\$12.81	\$64.05	\$128.10
18	Tampa General Hospital	1235196510	10	1.05	3.0%	3.1%	\$44,835.38	\$427.00	\$448.35	-\$21.35	-\$106.75	-\$213.50
19	UF Health Shands Hospital	1699874248	11	1.07	3.1%	3.3%	\$45,689.38	\$469.70	\$502.58	-\$32.88	-\$164.40	-\$328.79
20	AdventHealth-Orlando	1306938071	538	1.09	2.2%	2.4%	\$46,543.39	\$22,972.79	\$25,040.34	-\$2,067.55	-\$10,337.76	-\$20,675.51

*Values are approximate.

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Hospital Quality Readmissions

Population: School District of Osceola County,



The concept behind this report is that some hospital facilities are better than others at avoiding readmissions and that readmissions have a real dollar cost to the plan that is observable in medical claims data. It begins by filtering the dataset to include only those facility claims which occurred in an inpatient or outpatient hospital setting and establishes baseline prevalence rates for 30-day readmissions (using standard Utilization Metrics logic for identifying an inpatient admissions) on a plan paid and incidence per 1000 basis.

The report then looks at the subset of those facility hospital claims that can be matched to the Quantros CareChex provider quality dataset using servicing provider NPI and procedure/diagnosis codes. For each unique facility within that subset, metrics are calculated to show the number of admits per year as well as the Risk Adjusted Readmissions Index (RARI), which is calculated by Quantros as the observed percentage of cases with a readmission (Readmissions Actual Rate) divided by the expected percentage of cases with a readmission (Readmissions Expected Rate) based on observed case risk and complexity. RARI rates above 1.00 indicate a higher-than-expected rate of readmissions and RARI rates below 1.00 indicate a lower rate of complications. For each facility, the RARI value is converted into an expected and predicted plan paid amount using the overall readmissions paid amount rate.

Annual, Five-, and Ten-year predictions are then made using the facility's RARI rate and the population's readmissions paid amount. These financial projections represent the added cost or savings of driving claims volume through this facility at the current rate of claims volume based solely on the facility's ability to avoid 30-day readmissions.

	Admits	Paid
Total Admissions	382	\$10,030,067
Readmissions	34	\$1,044,927
Readmissions per 1000 Admits	89.01	\$2,735,411.54

Annual Added Cost / Savings



Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Hospital Quality Readmissions

Population: School District of Osceola County,



SN	Hospital Name	NPI	Admits per Year	Risk Adjusted Readmits Index	Readmits Expected Rate	Readmits Actual Rate	Adjusted Readmits Paid per 1000 Admits	Expected Readmits Paid	Predicted Readmits Paid	Annual Added Cost / Savings	Five Year Added Cost / Savings	Ten Year Added Cost / Savings
1	AdventHealth Tampa	1053321919	2	0.95	8.9%	8.5%	\$2,598,640.97	\$5,470.82	\$5,197.28	\$273.54	\$1,367.71	\$2,735.41
2	Orlando Health South Lake Hospital	1013237825	1	1.05	8.9%	9.4%	\$2,872,182.12	\$2,735.41	\$2,872.18	-\$136.77	-\$683.85	-\$1,367.71
3	Orlando Health	1013904192	1	1.06	8.6%	9.1%	\$2,899,536.24	\$2,735.41	\$2,899.54	-\$164.12	-\$820.62	-\$1,641.25
4	Orlando Health	1013168384	1	1.06	8.6%	9.1%	\$2,899,536.24	\$2,735.41	\$2,899.54	-\$164.12	-\$820.62	-\$1,641.25
5	St Cloud Regional Medical Center	1043218464	1	1.07	9.0%	9.6%	\$2,926,890.35	\$2,735.41	\$2,926.89	-\$191.48	-\$957.39	-\$1,914.79
6	Orlando Health	1306360094	2	1.06	8.6%	9.1%	\$2,899,536.24	\$5,470.82	\$5,799.07	-\$328.25	-\$1,641.25	-\$3,282.49
7	Orlando Health	1699065276	2	1.06	8.6%	9.1%	\$2,899,536.24	\$5,470.82	\$5,799.07	-\$328.25	-\$1,641.25	-\$3,282.49
8	Orlando Health	1427491976	2	1.06	8.6%	9.1%	\$2,899,536.24	\$5,470.82	\$5,799.07	-\$328.25	-\$1,641.25	-\$3,282.49
9	Orlando Health	1407279714	2	1.06	8.6%	9.1%	\$2,899,536.24	\$5,470.82	\$5,799.07	-\$328.25	-\$1,641.25	-\$3,282.49
10	Orlando Health	1366706152	2	1.06	8.6%	9.1%	\$2,899,536.24	\$5,470.82	\$5,799.07	-\$328.25	-\$1,641.25	-\$3,282.49
11	Orlando Health	1366533226	2	1.06	8.6%	9.1%	\$2,899,536.24	\$5,470.82	\$5,799.07	-\$328.25	-\$1,641.25	-\$3,282.49
12	Poinciana Medical Center	1023227477	1	1.19	9.0%	10.6%	\$3,255,139.74	\$2,735.41	\$3,255.14	-\$519.73	-\$2,598.64	-\$5,197.28
13	Orlando Health-Health Central Hospital	1033475959	3	1.07	8.9%	9.6%	\$2,926,890.35	\$8,206.23	\$8,780.67	-\$574.44	-\$2,872.18	-\$5,744.36
14	Tampa General Hospital	1235196510	2	1.11	9.9%	11.0%	\$3,036,306.81	\$5,470.82	\$6,072.61	-\$601.79	-\$3,008.95	-\$6,017.91
15	Orlando Health South Lake Hospital	1336221019	6	1.05	8.9%	9.4%	\$2,872,182.12	\$16,412.47	\$17,233.09	-\$820.62	-\$4,103.12	-\$8,206.23
16	St Cloud Regional Medical Center	1164478442	34	1.07	9.0%	9.6%	\$2,926,890.35	\$93,003.99	\$99,514.27	-\$6,510.28	-\$32,551.40	-\$65,102.79
17	Poinciana Medical Center	1912246786	16	1.19	9.0%	10.6%	\$3,255,139.74	\$43,766.58	\$52,082.24	-\$8,315.65	-\$41,578.26	-\$83,156.51
18	AdventHealth-Orlando	1306938071	21	1.15	8.5%	9.8%	\$3,145,723.28	\$57,443.64	\$66,060.19	-\$8,616.55	-\$43,082.73	-\$86,165.46
19	Orlando Health	1184709057	150	1.06	8.6%	9.1%	\$2,899,536.24	\$410,311.73	\$434,930.44	-\$24,618.70	-\$123,093.52	-\$246,187.04
20	Osceola Regional Medical Center	1689621450	61	1.21	8.9%	10.8%	\$3,309,847.97	\$166,860.10	\$201,900.73	-\$35,040.62	-\$175,203.11	-\$350,406.22

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Care Alert Score Summary

Population: School District of Osceola County,

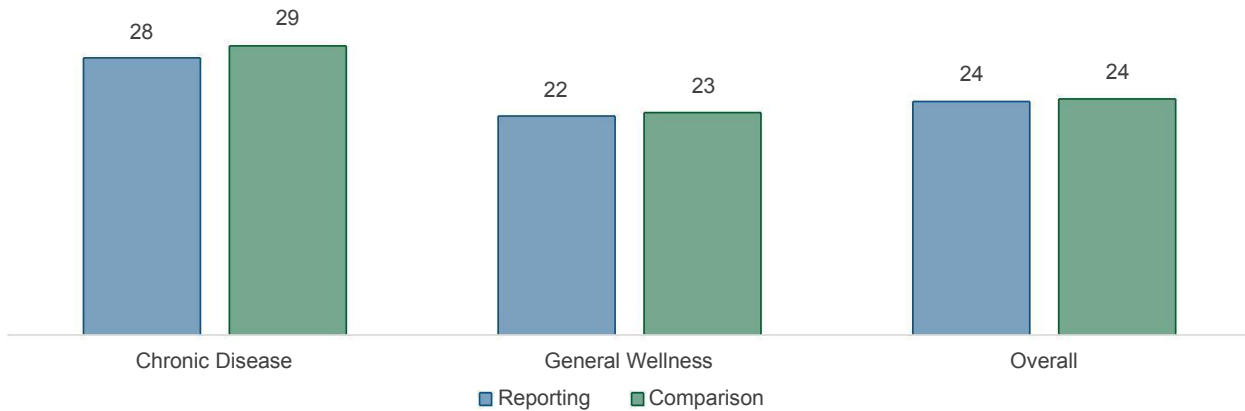


The Care Alert Score is a measure of members' compliance with national standards for care quality. It is presented with the assumption that lower compliance with care quality standards translates into increased future risk at both the member and the population level.

Care Alert Scores are calculated using the logic and algorithms of the quality metrics. Each quality metric is clinically weighted and grouped by condition and category. Condition by condition scores are calculated and then adjusted to account for differences in condition risk, prevalence, and quality standards.

The resulting scores are reportable at both the individual and population level for each credible condition category and the roll-up categories. Higher scores (max = 100) indicate a greater risk of future risk based on members' non-compliance with quality standards. Lower scores (min = 0) indicate that members' are more compliant with those standards, thus minimizing future risk.

Care Alert Score Categories



- Chronic Disease scores decreased 4.5% from 29.41 to 28.13
- General Wellness scores decreased 1.6% from 22.59 to 22.25
- Overall scores decreased 0.9% from 23.95 to 23.74
- No categories showed an increase in average scores
- The category with the greatest decrease in average score was Chronic Disease with 4.5%

Reporting Period

Care Alert Score Category	Qualified Members	Average	25th Percentile	Median	75th Percentile
Asthma	415	14.08	6.00	14.00	21.00
COPD	45	29.49	18.00	27.00	45.00
CHF	45	3.84	0.00	0.00	0.00
CAD	201	40.02	33.00	33.00	67.00
Diabetes	719	28.91	14.00	24.00	35.00
Hyperlipidemia	1,449	32.69	0.00	33.00	50.00
Hypertension	1,631	19.92	0.00	0.00	33.00
Chronic Disease	2,665	28.13	6.00	25.00	42.46
General Wellness	8,657	22.25	10.08	18.00	34.00
Overall	8,657	23.74	12.00	19.44	35.00

Comparison Period

Care Alert Score Category	Qualified Members	Average	25th Percentile	Median	75th Percentile
Asthma	393	15.25	6.00	15.00	21.00
COPD	38	29.24	21.00	27.00	40.00
CHF	38	4.82	0.00	0.00	0.00
CAD	230	42.17	33.00	33.00	67.00
Diabetes	696	30.14	18.00	24.14	35.00
Hyperlipidemia	1,168	33.45	0.00	33.00	50.00
Hypertension	1,542	23.55	0.00	25.00	33.00
Chronic Disease	2,574	29.41	7.00	25.00	42.00
General Wellness	8,798	22.59	12.00	18.00	31.36
Overall	8,798	23.95	12.00	20.00	34.97

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Cancer Prevention

Population: School District of Osceola County,



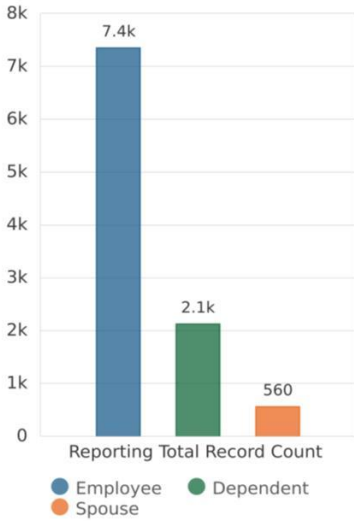
1,393
Members without Breast Cancer Screening

1,518
Members w/o Cervical Cancer Screening

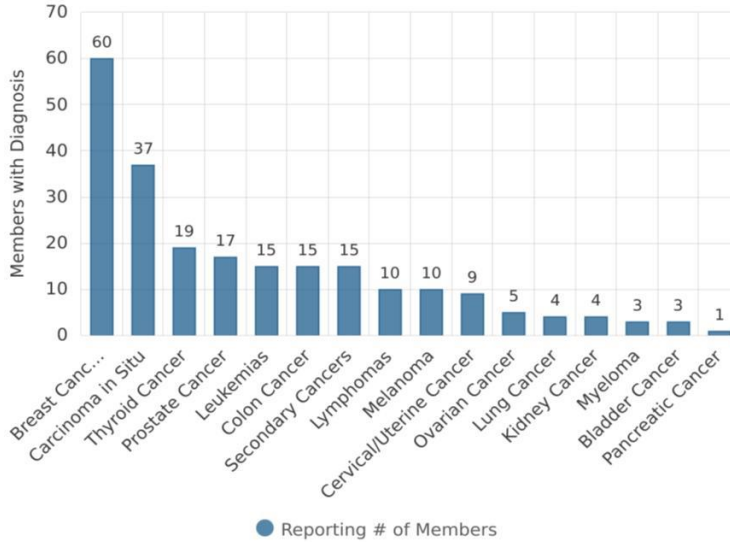
2,222
Members without Colorectal Screening

297
Members without PSA Test

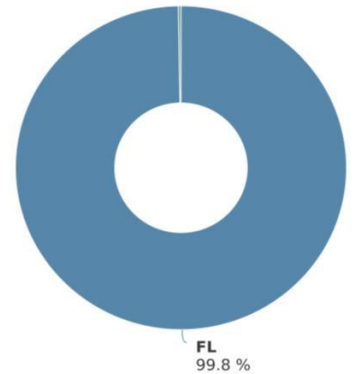
Program Participants by EE DEP Status



Cancer Type Prevalence



Members with Cancer by State

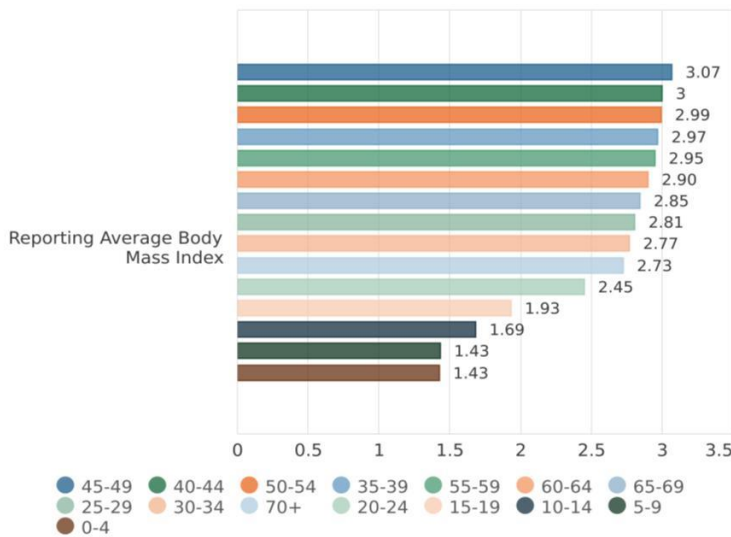


2,476
Members without a Preventative Visit

48
Mbrs w/ Above Average Risk and Care Gaps

31.35
Avg. Body Mass Index

Average BMI by Age Group



661
Care Gaps for Members with Tobacco Use

0
Self Reported Tobacco Use

240
Tobacco Use Documented in Claims

Reporting Period: Paid, October 2020 to September 2021
 Comparison Period: Paid, October 2019 to September 2020
 Prior Period: Paid, October 2018 to September 2019
 Benchmark: Commercial

Lifestyle Management

Population: School District of Osceola County,

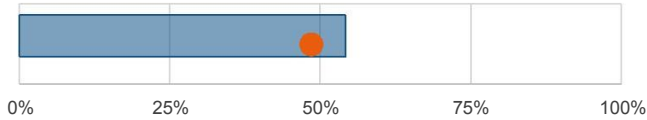


This overview shows how your population is performing vs the comparison period and vs the benchmark in 4 wellness metrics.

Colorectal Cancer Screens

Colorectal cancer screening ages 45-75

The vast majority of new cases of colorectal cancer (about 90%) occur in people who are 50 or older. Millions of people in the United States are not getting screened as recommended. They are missing the chance to prevent colorectal cancer or find it early, when treatment often leads to a cure. *



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	3,623	1,962	54.15%
■	Benchmark	--	--	N/A
■	Comparison	3,756	1,818	48.40%

↓ **0.00%**
from Benchmark

↑ **5.75%**
from Comparison

Cervical Cancer Screens

Women age 21-64 years with cervical cancer screen in last 36 months

All women are at risk for cervical cancer. It occurs most often in women over age 30. Long-lasting infection with certain types of HPV is the main cause of cervical cancer. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. *



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	4,695	3,444	73.35%
■	Benchmark	--	--	58.00%
■	Comparison	4,745	3,685	77.66%

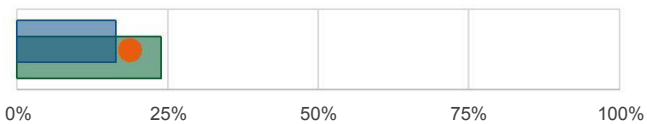
↑ **15.35%**
from Benchmark

↓ **4.31%**
from Comparison

Flu Vaccination

Annual flu vaccination (All Ages)

A flu vaccine is needed every season. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season. Vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations, and even the risk of flu-related death in children. *



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	8,561	1,405	16.41%
■	Benchmark	--	--	23.91%
■	Comparison	8,791	1,641	18.67%

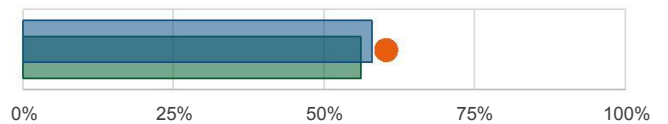
↓ **7.50%**
from Benchmark

↓ **2.26%**
from Comparison

Mammography

Women age 40-75 with a screening mammogram last 24 months

Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. At this time, a mammogram is the best way to find breast cancer for most women. *



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	3,309	1,916	57.90%
■	Benchmark	--	--	56.16%
■	Comparison	3,371	2,030	60.22%

↑ **1.74%**
from Benchmark

↓ **2.32%**
from Comparison

*provided by cdc.gov

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Chronic Conditions Prevalence

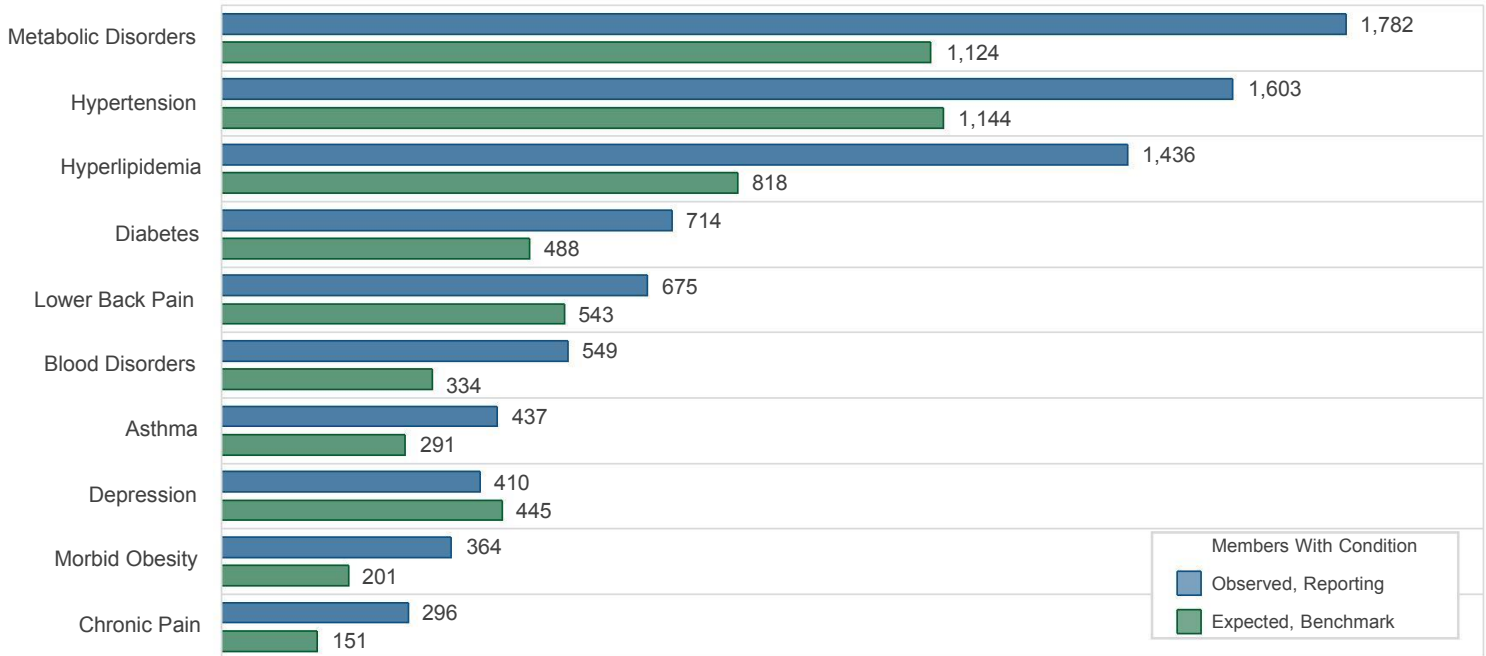
Population: School District of Osceola County,



This report presents the prevalence of specific chronic conditions in the population. According to the Centers for Disease Control (CDC) more than 40% of Americans have one or more chronic conditions, and people with chronic diseases in the United States account for 75% of healthcare spending. In addition to driving up direct healthcare costs for employers, chronic conditions also adversely impact employee productivity, attendance, and morale. Chronic conditions are always identified on a service date basis.

- Metabolic Disorders is the most prevalent chronic condition in the reporting period with 1,782 members.
- Hypertension was the most prevalent condition in the comparison period with 1,513 members.
- The condition with the greatest % increase in prevalence per 1000 is Cerebral Palsy with 99%.

Top Conditions by Prevalence



Chronic Condition	Reporting				Comparison			% Δ
	Members	% Members	per 1000	Benchmark	Members	% Members	per 1000	
ADHD	150	1.73%	16.87	22.40	98	1.11%	11.07	52.34%
Affective Psychosis	36	0.42%	4.05	5.70	22	0.25%	2.49	62.87%
Alzheimer's	3	0.03%	0.34	0.30	0	0.00%	0.00	--
Asthma	437	5.05%	49.14	32.67	416	4.73%	47.00	4.55%
Atrial Fibrillation	56	0.65%	6.30	7.51	47	0.53%	5.31	18.59%
Autism	29	0.33%	3.26	2.78	20	0.23%	2.26	44.32%
Blood Disorders	549	6.34%	61.74	37.51	398	4.52%	44.97	37.29%
Bronchopulmonary Dysplasia	1	0.01%	0.11	0.09	0	0.00%	0.00	--
CAD	184	2.13%	20.69	16.89	206	2.34%	23.27	-11.10%
CKD	79	0.91%	8.88	7.96	72	0.82%	8.13	9.21%
COPD	43	0.50%	4.84	7.20	37	0.42%	4.18	15.67%
Cancer	272	3.14%	30.59	25.58	281	3.19%	31.75	-3.66%
Cerebral Palsy	4	0.05%	0.45	0.53	2	0.02%	0.23	99.06%
Chromosomal Abnormalities	6	0.07%	0.67	0.72	6	0.07%	0.68	-0.47%
Chronic Pain	296	3.42%	33.29	16.87	160	1.82%	18.08	84.13%
Chronic Respiratory Failure	9	0.10%	1.01	1.17	11	0.13%	1.24	-18.57%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Chronic Conditions Prevalence

Population: School District of Osceola County,



Chronic Condition	Reporting				Comparison			% Δ
	Members	% Members	per 1000	Benchmark	Members	% Members	per 1000	
Congestive Heart Failure	43	0.50%	4.84	5.36	36	0.41%	4.07	18.88%
Demyelinating Diseases	18	0.21%	2.02	1.67	15	0.17%	1.69	19.44%
Depression	410	4.74%	46.11	49.95	232	2.64%	26.21	75.89%
Developmental Disorders Other	19	0.22%	2.14	4.69	19	0.22%	2.15	-0.47%
Diabetes	714	8.25%	80.29	54.83	689	7.83%	77.85	3.14%
ESRD	10	0.12%	1.12	0.92	12	0.14%	1.36	-17.06%
Eating Disorders	10	0.12%	1.12	2.41	9	0.10%	1.02	10.59%
HIV/AIDS	15	0.17%	1.69	1.52	13	0.15%	1.47	14.84%
Hyperlipidemia	1,436	16.59%	161.48	91.91	1,158	13.16%	130.83	23.42%
Hypertension	1,603	18.52%	180.26	128.54	1,513	17.20%	170.94	5.45%
Immune Disorders	33	0.38%	3.71	1.97	23	0.26%	2.60	42.80%
Inflammatory Bowel Disease	45	0.52%	5.06	4.00	46	0.52%	5.20	-2.63%
Intellectual Disabilities	1	0.01%	0.11	0.34	0	0.00%	0.00	--
Liver Diseases	154	1.78%	17.32	11.56	119	1.35%	13.44	28.80%
Lower Back Pain	675	7.80%	75.91	61.06	501	5.69%	56.60	34.10%
Metabolic Disorders	1,782	20.58%	200.39	126.30	1,490	16.94%	168.34	19.04%
Metabolic Syndrome	53	0.61%	5.96	2.55	96	1.09%	10.85	-45.05%
Morbid Obesity	364	4.20%	40.93	22.58	196	2.23%	22.14	84.84%
Osteoarthritis	287	3.32%	32.27	33.37	261	2.97%	29.49	9.45%
Paralysis Other	6	0.07%	0.67	1.13	3	0.03%	0.34	99.06%
Peripheral Vascular Disease	32	0.37%	3.60	4.57	31	0.35%	3.50	2.74%
Rheumatoid Arthritis	70	0.81%	7.87	4.66	66	0.75%	7.46	5.56%
Sickle Cell Disease	6	0.07%	0.67	0.36	3	0.03%	0.34	99.06%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Chronic Condition Dashboard - Depression



Population: School District of Osceola County,

This overview shows care compliance and demographic breakouts for your population identified as having depression.

Prevalence

410

of Members with Depression
(4.74% of population)

▲ 2.10%

From Comparison
period (232)

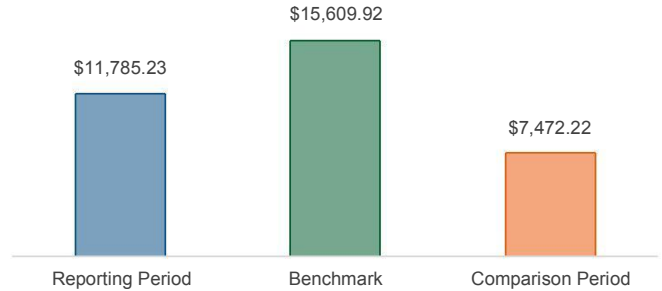
46.11

Members with Depression
per 1000

▼ -7.70%

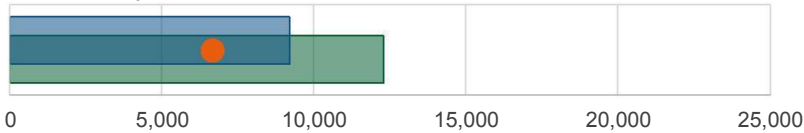
From Benchmark
49.95 per 1000

PMPY



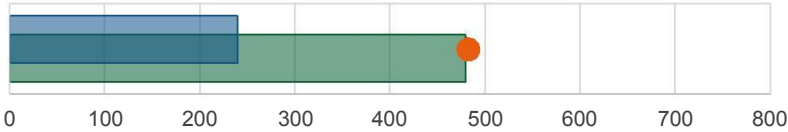
Utilization

Office Visits per 1000



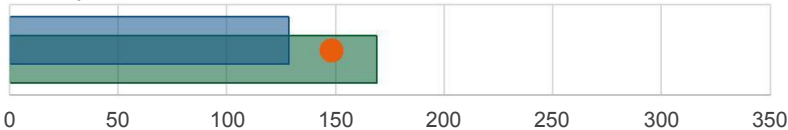
Office Visits		Per 1000	%Δ from Reporting
■	Reporting	9,217.60	--
■	Benchmark	12,312.19	33.57%
■	Comparison	6,658.71	-27.76%

ER Visits per 1000



ER Visits		Per 1000	%Δ from Reporting
■	Reporting	239.71	--
■	Benchmark	479.33	99.96%
■	Comparison	482.10	101.11%

Admits per 1000

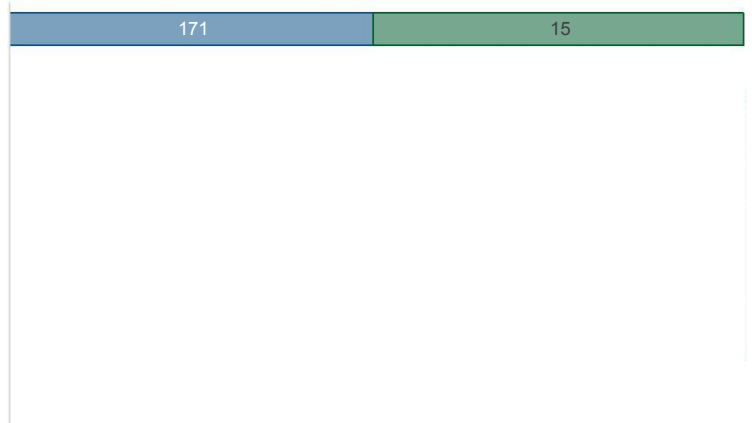


Admits		Per 1000	%Δ from Reporting
■	Reporting	128.42	--
■	Benchmark	169.17	31.73%
■	Comparison	147.97	15.23%

Quality Metrics

All Metrics*

M01 - Major depression remaining on antidepressant medication



* with active members

■ #Meeting Metric ■ #Not Meeting Metric

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Chronic Condition Dashboard - Diabetes

Population: School District of Osceola County,



This overview shows care compliance and demographic breakouts for your population identified as having diabetes.

Prevalence

714

of Members with Diabetes
(8.25% of population)

▲ 0.42%

From Comparison
period (689)

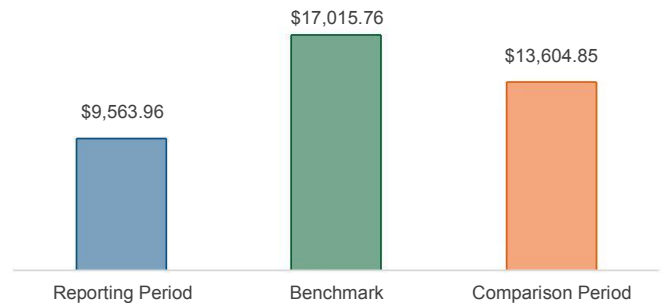
80.29

Members with Diabetes
per 1000

▲ 46.44%

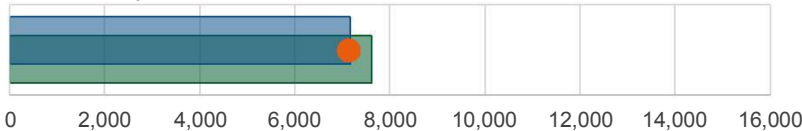
From Benchmark
54.83 per 1000

PMPY



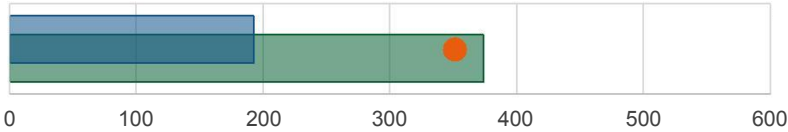
Utilization

Office Visits per 1000



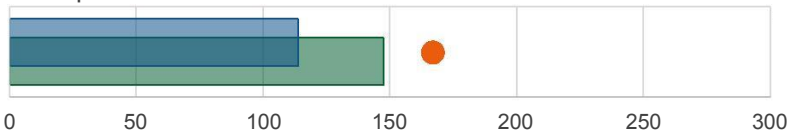
Office Visits		Per 1000	%Δ from Reporting
■	Reporting	7,161.69	--
■	Benchmark	7,620.89	6.41%
■	Comparison	7,128.94	-0.46%

ER Visits per 1000



ER Visits		Per 1000	%Δ from Reporting
■	Reporting	192.92	--
■	Benchmark	373.87	93.79%
■	Comparison	350.94	81.91%

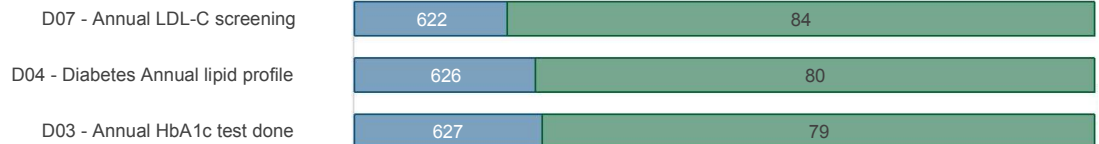
Admits per 1000



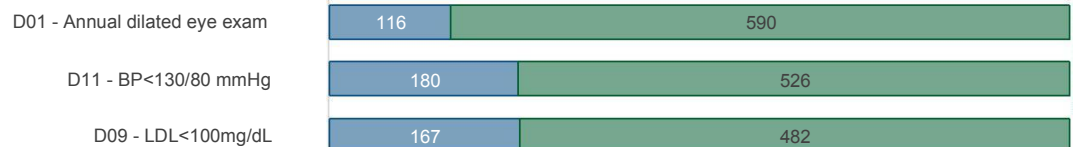
Admits		Per 1000	%Δ from Reporting
■	Reporting	113.81	--
■	Benchmark	147.54	29.64%
■	Comparison	166.77	46.53%

Quality Metrics

Top 3 Metrics



Bottom 3 Metrics



■ #Meeting Metric ■ #Not Meeting Metric

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Chronic Condition Dashboard - Lower Back Pain



Population: School District of Osceola County,

This overview shows care compliance and demographic breakouts for your population identified as having lower back pain.

Prevalence

675

of Members with Lower Back Pain
(7.80% of population)

▲ 2.10%

From Comparison
period (501)

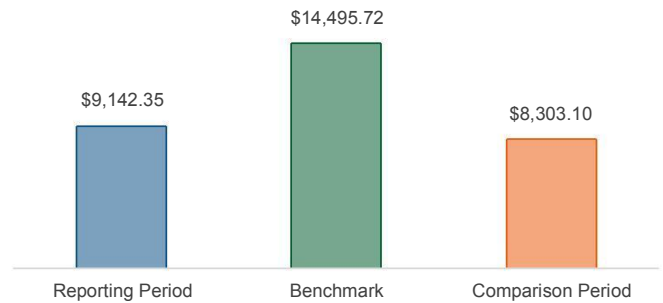
75.91

Members with Lower Back Pain
per 1000

▲ 24.31%

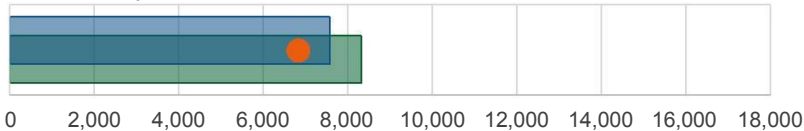
From Benchmark
61.06 per 1000

PMPY



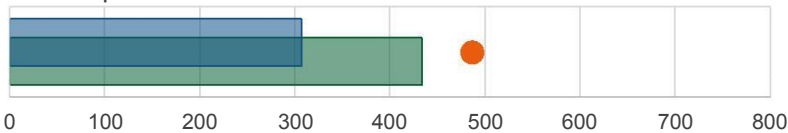
Utilization

Office Visits per 1000



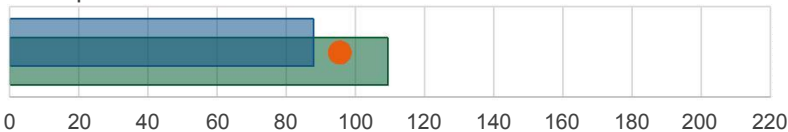
Office Visits		Per 1000	%Δ from Reporting
■	Reporting	7,590.14	--
■	Benchmark	8,330.82	9.76%
■	Comparison	6,825.62	-10.07%

ER Visits per 1000



ER Visits		Per 1000	%Δ from Reporting
■	Reporting	307.00	--
■	Benchmark	434.01	41.37%
■	Comparison	486.21	58.38%

Admits per 1000



Admits		Per 1000	%Δ from Reporting
■	Reporting	87.94	--
■	Benchmark	109.56	24.58%
■	Comparison	95.37	8.45%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,



This report summarizes results for quality metric performance. Quality metrics measure the quality of care your membership is receiving. The goal of quality health care is to ensure individuals get the care they need in a manner that most effectively protects or restores their health. This report can be used to identify areas where high quality care is being successfully delivered as well as areas for improvement. For some metrics, the positive health outcome results in members meeting the metric while for others a negative health outcome is indicated by members meeting the metric. For each metric, the negative health outcome has been made bold. Metrics for which there were no eligible members in either the report or comparison periods have been removed from the report. Quality Metrics are always calculated on a service date basis.

SN	Condition	Metric Description	Reporting					Comparison			
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
E02	Asthma	Visit to an ED/Urgent care for asthma last 6 months	408	45	363	11.03%	23.96%	381	72	309	18.90%
E03	Asthma	Asthma and routine provider visit last 12 months	408	399	9	97.79%	96.36%	381	371	10	97.38%
E04	Asthma	Children with asthma-related acute visit last 2 months	58	4	54	6.90%	13.38%	71	6	65	8.45%
E05	Asthma	Members with asthma taking Rx for asthma	392	296	96	75.51%	56.27%	371	247	124	66.58%
E06	Asthma	Asthma with pneumococcal vaccination	408	61	347	14.95%	8.10%	380	49	331	12.89%
E07	Asthma	2+ asthma-related ER Visits last 6 months	408	1	407	0.25%	0.34%	381	0	381	0.00%
E08	Asthma	Asthma-related admit last 12 months	408	1	407	0.25%	0.48%	381	1	380	0.26%
E09	Asthma	Asthma with influenza vaccination last 12 months	407	103	304	25.31%	38.32%	379	97	282	25.59%
E10	Asthma	Persistent asthma with annual pulmonary function test	94	19	75	20.21%	48.03%	57	18	39	31.58%
E11	Asthma	Received control inhaler (long acting) last 12 months	91	86	5	94.51%	85.31%	55	52	3	94.55%
E12	Asthma	Received rescue inhaler (short acting) last 12 months	91	85	6	93.41%	76.82%	55	46	9	83.64%
E13	Asthma	1+ canister short-acting inhaled beta agonist/month	259	34	225	13.13%	3.30%	227	17	210	7.49%
E15	Asthma	Persistent asthma controller med ratio >= 50% PDC	84	63	21	75.00%	N/A	49	46	3	93.88%
I02	Breast Cancer	Breast cancer and ER/PR test	68	47	21	69.12%	67.11%	71	50	21	70.42%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,



SN	Condition	Metric Description	Reporting				Comparison				
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
I03	Breast Cancer	ER/PR negative breast cancer with endocrine therapy	6	0	6	0.00%	5.55%	6	0	6	0.00%
I04	Breast Cancer	ER/PR pos breast cancer with recommended genetic test	35	7	28	20.00%	13.91%	40	11	29	27.50%
I05	Breast Cancer	ER/PR positive breast cancer with chemotherapy	35	31	4	88.57%	74.00%	40	34	6	85.00%
C01	COPD	Readmit for COPD in 30 days after COPD D/C	0	0	0	0.00%	3.44%	1	0	1	0.00%
C02	COPD	ER Visit for COPD related diagnosis in last 90 days	44	3	41	6.82%	7.33%	38	0	38	0.00%
C03	COPD	Exacerbations last 12 months	44	0	44	0.00%	7.57%	38	4	34	10.53%
C04	COPD	Age 21+ with COPD on bronchodilator therapy	44	30	14	68.18%	45.23%	38	26	12	68.42%
C05	COPD	COPD with annual spirometry test	44	6	38	13.64%	19.24%	38	8	30	21.05%
C06	COPD	Annual flu vaccination	43	13	30	30.23%	38.29%	37	13	24	35.14%
C07	COPD	COPD Exacerbation in past 12 months while on therapy	0	0	0	0.00%	55.81%	4	3	1	75.00%
B01	CHF	Heart failure and atrial fibrillation on warfarin therapy	9	1	8	11.11%	11.05%	6	1	5	16.67%
B02	CHF	Heart failure and LVSD on ACE/ARB	0	0	0	0.00%	43.30%	1	0	1	0.00%
B03	CHF	Heart failure and LVSD on beta-blocker	0	0	0	0.00%	60.20%	1	1	0	100.00%
B04	CHF	Readmit for Heart Failure within 30 days of HF D/C	4	0	4	0.00%	4.33%	2	0	2	0.00%
B05	CHF	ER Visit for Heart Failure last 90 days	43	0	43	0.00%	3.79%	36	1	35	2.78%
B06	CHF	F/U OV within 4 weeks of D/C from HF admission	4	4	0	100.00%	80.96%	2	0	2	0.00%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,



SN	Condition	Metric Description	Reporting				Comparison				
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
B07	CHF	Heart failure and AFib on anticoagulant therapy	9	6	3	66.67%	55.21%	6	5	1	83.33%
A01	CAD	CAD Annual lipid profile	197	172	25	87.31%	71.12%	222	188	34	84.68%
A02	CAD	On anti-platelet medication	179	42	137	23.46%	23.09%	204	51	153	25.00%
A03	CAD	On lipid lowering medication	182	118	64	64.84%	63.65%	211	128	83	60.66%
D01	Diabetes	Annual dilated eye exam	706	116	590	16.43%	N/A	684	129	555	18.86%
D02	Diabetes	Annual foot exam	706	475	231	67.28%	44.99%	684	490	194	71.64%
D03	Diabetes	Annual HbA1c test done	706	627	79	88.81%	82.36%	684	624	60	91.23%
D04	Diabetes	Diabetes Annual lipid profile	706	626	80	88.67%	71.76%	684	608	76	88.89%
D05	Diabetes	Home glucose testing supplies last 12 months	711	314	397	44.16%	34.89%	688	222	466	32.27%
D06	Diabetes	Annual microalbumin urine screen	706	585	121	82.86%	67.26%	684	546	138	79.82%
D07	Diabetes	Annual LDL-C screening	706	622	84	88.10%	71.89%	684	607	77	88.74%
D08	Diabetes	Diabetes with CVD or >40 yrs with CVD risks not on lipid lowering medication	497	197	300	39.64%	47.25%	497	183	314	36.82%
D09	Diabetes	LDL < 100mg/dL	649	167	482	25.73%	0.92%	634	157	477	24.76%
D10	Diabetes	LDL < 130mg/dL	649	256	393	39.45%	1.22%	634	233	401	36.75%
D11	Diabetes	BP < 130/80 mmHg	706	180	526	25.50%	3.86%	684	209	475	30.56%
D12	Diabetes	BP < 140/90 mmHg	706	340	366	48.16%	7.77%	684	385	299	56.29%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,



SN	Condition	Metric Description	Reporting				Comparison				
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
D13	Diabetes	HbA1c < 7.0%	566	167	399	29.51%	3.86%	557	158	399	28.37%
D14	Diabetes	HbA1c < 8.0%	706	270	436	38.24%	3.98%	684	241	443	35.23%
D15	Diabetes	HbA1c > 8.0%	706	91	615	12.89%	1.78%	684	82	602	11.99%
D16	Diabetes	Smoking status/cessation advice/treatment	711	615	96	86.50%	60.28%	688	596	92	86.63%
H04	Hepatitis C	Members on antiviral drug in the last 12 months	4	0	4	0.00%	15.72%	2	0	2	0.00%
H05	Hepatitis C	Primary & specialist office visit last 12 months	4	0	4	0.00%	N/A	2	0	2	0.00%
G01	Hyperlip.	Hyperlipidemia annual lipid profile	1,421	1,314	107	92.47%	79.73%	1,152	1,046	106	90.80%
G02	Hyperlip.	On lipid-lowering medication	1,340	687	653	51.27%	51.32%	1,104	639	465	57.88%
G03	Hyperlip.	Prescribed lipid lowering therapy and gaps in prescription refills	648	237	411	36.57%	35.88%	605	277	328	45.79%
F01	Hypertension	On antihypertensive medication	1,604	1,247	357	77.74%	69.20%	1,519	1,191	328	78.41%
F02	Hypertension	Hypertension Annual lipid profile	1,604	1,377	227	85.85%	66.87%	1,519	1,225	294	80.65%
F03	Hypertension	Hypertension diagnosis with prescribed lipid lowering therapy and gaps in rx refills	551	189	362	34.30%	34.18%	558	262	296	46.95%
F04	Hypertension	Annual serum creatinine test	1,496	1,343	153	89.77%	80.25%	1,472	1,281	191	87.02%
M01	Mental Health	Major depression remaining on antidepressants	186	171	15	91.94%	82.40%	159	149	10	93.71%
J01	Pharmacy	Use of opioids from 4+ prescribers	7,257	33	7,224	0.45%	N/A	7,388	13	7,375	0.18%
J02	Pharmacy	Use of opioids from 4+ pharmacies	7,257	5	7,252	0.07%	N/A	7,388	0	7,388	0.00%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,



SN	Condition	Metric Description	Reporting				Comparison				
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
J03	Pharmacy	Use of opioids from 4+ prescribers & 4+ pharmacies	7,257	4	7,253	0.06%	N/A	7,388	0	7,388	0.00%
J04	Pharmacy	45+ Opioid days supply in last 6 months	7,257	64	7,193	0.88%	1.19%	7,388	40	7,348	0.54%
J05	Pharmacy	90+ Opioid days supply in last 6 months	7,257	49	7,208	0.68%	0.95%	7,388	29	7,359	0.39%
J06	Pharmacy	Opioid related ER / UC visit in last 6 months	7,257	1	7,256	0.01%	0.02%	7,388	0	7,388	0.00%
J07	Pharmacy	Opioid related admission in last 6 months	7,257	0	7,257	0.00%	0.01%	7,388	0	7,388	0.00%
J08	Pharmacy	Statin medication possession compliance	920	677	243	73.59%	67.52%	904	660	244	73.01%
P01	Pregnancy	Postpartum visit 21-56 days after delivery	57	17	40	29.82%	40.13%	87	25	62	28.74%
P02	Pregnancy	Timeliness of prenatal care	57	52	5	91.23%	93.18%	87	82	5	94.25%
R01	RA	On disease-modifying anti-rheumatic drugs	70	47	23	67.14%	58.66%	64	41	23	64.06%
U01	Utilization	2+ ER Visits last 6 months	8,566	203	8,363	2.37%	2.05%	8,798	239	8,559	2.72%
U02	Utilization	Readmit within 30 days of D/C	119	2	117	1.68%	6.20%	195	6	189	3.08%
U03	Utilization	Office visit within 30 days of D/C	121	53	68	43.80%	54.00%	198	103	95	52.02%
U04	Utilization	3+ ER Visits last 6 months	8,566	39	8,527	0.46%	0.48%	8,798	67	8,731	0.76%
W02	Wellness	Age 50-64, annual flu vaccination	2,579	575	2,004	22.30%	26.93%	2,630	634	1,996	24.11%
W03	Wellness	Age 45 to 75 years with colorectal cancer screening	3,623	1,424	2,199	39.30%	29.19%	3,756	1,292	2,464	34.40%
W04	Wellness	Women age 25-65 with cervical cancer screen last 24 months	4,429	3,119	1,310	70.42%	57.46%	4,525	3,363	1,162	74.32%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,



SN	Condition	Metric Description	Reporting				Comparison				
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
W05	Wellness	Males 50+, PSA test last 24 months	752	455	297	60.51%	43.90%	787	464	323	58.96%
W06	Wellness	Women 65+, screening for osteoporosis	124	39	85	31.45%	N/A	125	53	72	42.40%
W07	Wellness	Routine exam last 24 months	8,565	7,032	1,533	82.10%	78.55%	8,795	7,647	1,148	86.95%
W08	Wellness	Women 40-75 with a screening mammogram in last 24 mos	3,309	1,916	1,393	57.90%	56.16%	3,371	2,030	1,341	60.22%
W09	Wellness	Children, lead screening	33	15	18	45.45%	24.18%	57	29	28	50.88%
W10	Wellness	Age 2-6, annual well-child exam	223	161	62	72.20%	68.17%	278	212	66	76.26%
W11	Wellness	Age 7-12, annual well-child exam	419	267	152	63.72%	51.32%	440	272	168	61.82%
W12	Wellness	Age 13-21, annual well-child exam	901	402	499	44.62%	38.40%	894	387	507	43.29%
W13	Wellness	Age 4-6 yrs with recommended immunizations	93	88	5	94.62%	N/A	126	113	13	89.68%
W14	Wellness	Age 13-21, rec. immunizations	901	13	888	1.44%	2.86%	894	7	887	0.78%
W15	Wellness	Age 13, rec. immunizations	60	12	48	20.00%	2.61%	83	19	64	22.89%
W16	Wellness	Age 2, rec. immunizations	23	3	20	13.04%	0.21%	44	3	41	6.82%
W17	Wellness	Age 15 months, well child visit	39	35	4	89.74%	87.78%	37	35	2	94.59%
W18	Wellness	Infant, well child visit	41	34	7	82.93%	87.69%	65	53	12	81.54%
W19	Wellness	Infant, non-well child visit only	10	1	9	10.00%	15.18%	11	0	11	0.00%
W20	Wellness	Infant, well & non-well child visit	34	24	10	70.59%	74.91%	53	39	14	73.58%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,



SN	Condition	Metric Description	Reporting				Comparison				
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
W21	Wellness	Routine office visit last 6 months	8,565	5,500	3,065	64.21%	60.61%	8,795	5,610	3,185	63.79%
W22	Wellness	Women age 21-65 with cervical cancer screen last 36 mos	4,695	3,444	1,251	73.35%	58.00%	4,745	3,685	1,060	77.66%
W23	Wellness	Age 65+, glaucoma screening last 24 months	151	20	131	13.25%	31.74%	163	30	133	18.40%
W24	Wellness	Age 19-39, preventive visit last 24 months	2,683	1,410	1,273	52.55%	38.52%	2,700	1,580	1,120	58.52%
W25	Wellness	Age 40-64, preventive visit last 24 months	4,397	3,263	1,134	74.21%	52.94%	4,479	3,495	984	78.03%
W26	Wellness	Women age 25-65 with recommended cervical cancer screening	4,425	3,345	1,080	75.59%	57.77%	4,523	3,556	967	78.62%
W27	Wellness	Age 19-39, cholesterol screening	2,683	1,407	1,276	52.44%	24.18%	2,700	1,391	1,309	51.52%
W28	Wellness	Age 40-64, cholesterol screening	4,397	3,605	792	81.99%	54.24%	4,479	3,715	764	82.94%
W29	Wellness	Age 65+, annual preventive visit	178	109	69	61.24%	39.87%	199	121	78	60.80%
W38	Wellness	Females age 13 with HPV vaccine	27	5	22	18.52%	3.95%	38	8	30	21.05%
W39	Wellness	Annual flu vaccination (All Ages)	8,561	1,405	7,156	16.41%	23.91%	8,791	1,641	7,150	18.67%
W40	Wellness	Women age 50 to 75 with a screening mammogram in last 24 months	1,960	1,242	718	63.37%	60.26%	1,989	1,301	688	65.41%
W41	Wellness	Colorectal cancer screening ages 45-75	3,623	1,962	1,661	54.15%	N/A	3,756	1,818	1,938	48.40%
W42	Wellness	Age 16 years and older with COVID vaccination	7,547	1,645	5,902	21.80%	N/A	7,685	0	7,685	0.00%
X01	Addl. Gaps	Age 65+ on high risk drug	178	57	121	32.02%	17.39%	199	47	152	23.62%
X02	Addl. Gaps	On statin drug without ALT and an AST last 12 months	843	63	780	7.47%	22.89%	939	70	869	7.45%

Reporting Period: Paid, October 2020 to September 2021

Comparison Period: Paid, October 2019 to September 2020

Benchmark: Commercial

November 10, 2021

Quality Metrics

Population: School District of Osceola County,

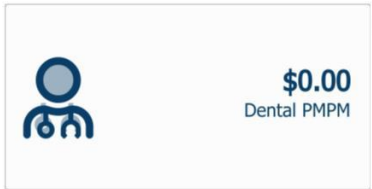


SN	Condition	Metric Description	Reporting				Comparison				
			Eligible	Meeting	Not Meet.	% Meet.	Benchmark	Eligible	Meeting	Not Meet.	% Meet.
X03	Addl. Gaps	No monthly PT/INR for warfarin users	9	8	1	88.89%	N/A	12	10	2	83.33%

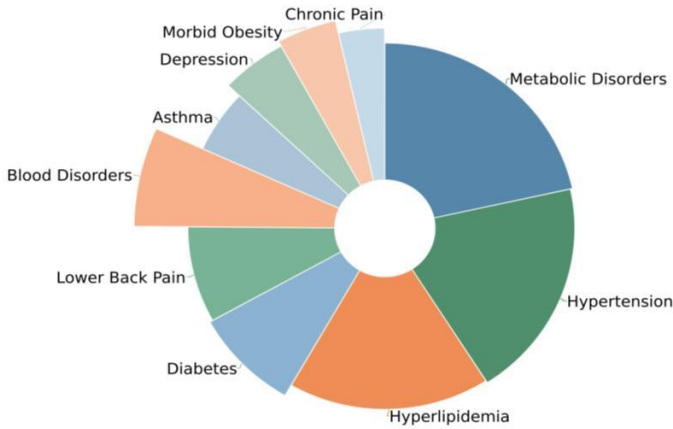
Reporting Period: Paid, October 2020 to September 2021
Comparison Period: Paid, October 2019 to September 2020
Benchmark: Commercial

Value Based Care Metrics

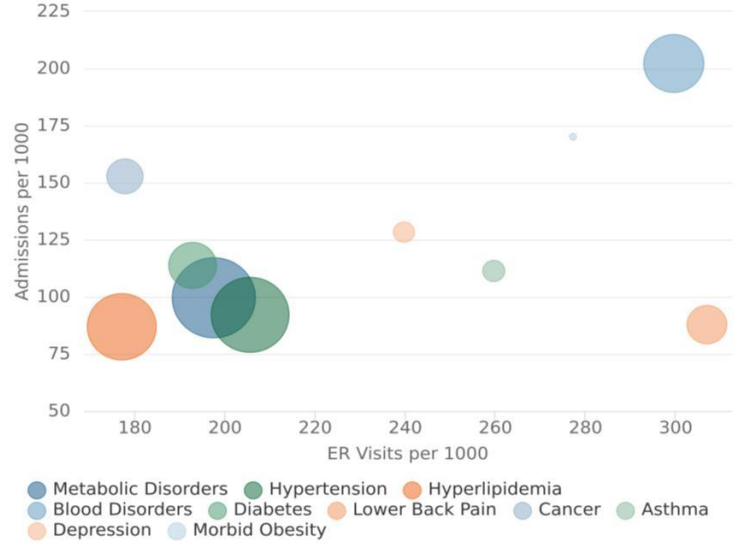
Population: School District of Osceola County,



Chronic Condition Cost PMPY



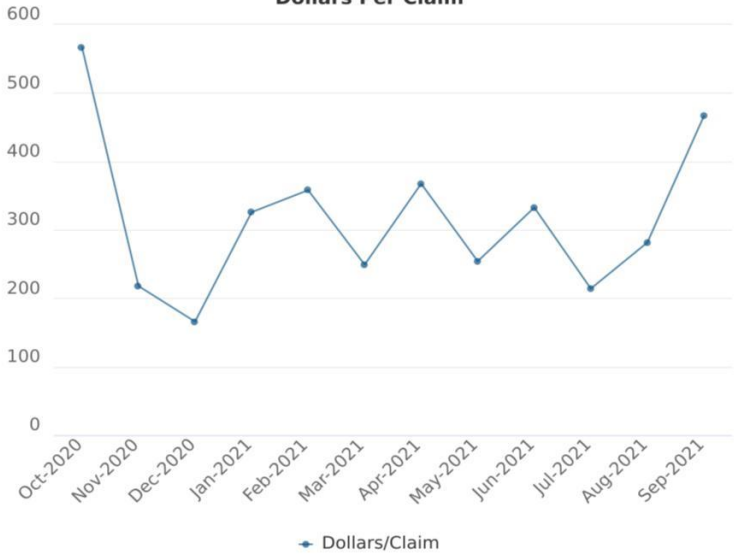
Chronic Condition Utilization



Claims per Month



Dollars Per Claim



Reporting Period: Paid, October 2020 to September 2021
Comparison Period: Paid, October 2019 to September 2020
Prior Period: Paid, October 2018 to September 2019
Benchmark: Commercial



School District of
OSCEOLA COUNTY
FLORIDA

The School District of Osceola County, Florida Health Services Plan Assessment

October 19, 2021



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TRANSMITTAL LETTER

October 19, 2021

The School District of Osceola County, Florida
817 Bill Beck Blvd.
Kissimmee, FL 34744

Pursuant to the School District of Osceola County, Florida (“District”) approved audit plan for fiscal year (“FY”) 2020-21, we hereby present our report on the Health Plan Assessment. We will be presenting this report at the next scheduled Audit Advisory Committee meeting on October 26, 2021.

This assessment was requested by the School Board and approved by the Audit Advisory Committee in order for the District to better understand its new responsibilities, risks and challenges in its role as plan sponsor and administrator of the Health Plan. This assessment was designed to assist the District with this matter as governance of the District’s Health Plan continues to mature.

Our report is organized in the following sections:

Executive Summary	This provides a high-level overview and summary of the observations noted in this assessment.
Background	This provides an overview of the transition to the new Health Plan structure, as well as relevant background information.
Objectives and Approach	The objectives of this assessment are expanded upon in this section, as well as the various phases of our approach.
Observation Matrix	This section includes a description of the observations noted during this assessment and recommended actions, as well as Management’s response including the responsible party, and estimated completion date.
Appendix	This section provides supplementary information related to the Health Plan.

We would like to thank the staff and all those involved in assisting our firm with this assessment.

Respectfully Submitted,

RSM US LLP

RSM US LLP



EXECUTIVE SUMMARY

Background

This assessment was requested by the School Board and approved by the Audit Advisory Committee in order for the District to better understand its new responsibilities, risks and challenges in its role as plan sponsor and administrator of the Health Plan. This assessment was designed to assist the District with this matter as governance of the District's Health Plan continues to mature.

Objectives and Scope

The primary objective of the engagement was to review and assess the internal control's structure designed by the District to mitigate risks associated with its governance of the Health Plan and identify gaps. Our procedures consisted of the following:

- Obtained an understanding of the design of the Health Plan and the administrative responsibilities the District has to govern it;
- Obtained an understanding of the role and responsibility each vendor has within the Health Plan along with the District's responsibility for monitoring and oversight of this activity;
- Conducted interviews with key District personnel and vendor representatives to further our understanding of relevant operating policies and procedures and risks;
- Identified gaps and recommended opportunities for improvement.

Our fieldwork was performed during January 2021 through July 2021. We summarized and reviewed the results with appropriate members of Management, General Counsel, the Superintendent and will present to School Board and the Audit Committee.

Overall Summary / Highlights

The observations identified during our assessment are detailed within the pages that follow, along with management's action plans, responsible parties, and estimated completion dates.

Results Overview

We reviewed and assessed the internal control's structure designed by the District to mitigate risks associated with its governance of the Health Plan. In order to identify gaps, we focused on the three major components that are needed to operate the Plan: (1) the eligibility determination and processing, (2) the delivery and processing of medical benefits, and (3) the delivery and processing of pharmacy benefits.

To assist the District in its efforts to continue to mature the sophistication of its Health Plan governance, the following table depicts each individual observation, including risk category and recommended action timeline:

Summary of Observations		
Observation	Risk Category	Recommended Action Within
1. Plan Sponsor Responsibilities	Compliance	3-6 Months
2. Plan Administrator Responsibilities	Compliance	3-6 Months
3. Employer and Plan Sponsor – HIPAA Privacy and Security Rules	Compliance	3-6 Months
4. Financial Reporting and Data Analysis	Operational	6-9 Months
5. Claim Administration – User Controls	Operational	3-6 Months
6. Provider Network	Operational	3-6 Months
7. Cost Containment	Operational	3-9 Months
8. Business Continuity Plan	Operational	6 Months – 1 Year
9. Customer Service	Operational	3-9 Months
10. Management and Oversight	Vendor	3 Months – 1 Year
11. Performance Guarantees	Vendor	6-9 Months

We would like to thank all District team members and health plan vendor personnel who assisted us throughout this review.



EXECUTIVE SUMMARY – CONTINUED

Summary of Key Recommendations

The following table identifies the addressable items contained within each of the individual observations and our assessment of its relative importance to the overall results.

Summary of Recommendations			
No.	Observation	Description	Priority Ranking
1	1-1	Obtain Independent Advice on Specialized Plan Related Matters	1
2	2-1	Creation of a Plan Administration Manual	1
3	2-2	Creation of Administrative Policies and Procedural Manual	1
4	3-1	Formalize HIPAA Compliance Solution	1
5	5-1	Perform User Control Assessment	1
6	5-2	Design of User Controls	1
7	5-3	Document User Controls in the Administrative Manual	1
8	6-1	Enhance Policies and Procedures Related to Provider Network Directory	1
9	7-1	Review and Assess the Cost Containment Strategy of the Plan	1
10	9-1	Enhance Policies and Procedures Related to Customer Service	1
11	10-1	Formalize the Management and Oversight Strategy	1
12	4-1	Perform Financial Reporting Needs Assessment	2
13	4-2	Enhance Standard Financial Reporting Package	2
14	7-2	Perform an Assessment of the Payment Integrity Process of the TPA and PBM	2
15	9-2	Evaluate Adequacy of Vendor Performance Guarantees Related to Customer Service	2
16	9-3	Evaluate Adequacy of Vendor Reporting Related to Customer Service	2
17	11-1	Review Contracts for Key Vendors to Identify Critical Areas of Performance in Order to Create and Implement PGs	2
18	8-1	Create Business Continuity Plan – Perform Training and Testing	3
19	10-2	Perform Routine Evaluations of Key Vendors	3



BACKGROUND

Overview

Healthcare costs in the United States are at an all-time high. National health expenditures are projected to grow 1.1 percentage points faster than Gross Domestic Product (GDP) per year on average over 2019-2028 (Source: CMS National Health Expenditure Fact Sheet, Last Modified December 16, 2020). With seemingly no end in sight, employers and individuals are continually looking for ways to reduce the rising costs and maintain affordability. The District's 2021 Health Plan's 2021 cost trend rate, which is an estimate of the cost increase over time, as provided to us by the Plan's actuary was projected to be 6 percent. This projection is 1.6 percent higher than the 4.4 percent that employers expect for 2021, based on Mercer's National Survey of Employer-Sponsored Health Plans 2020. As the cost of the District's health care continues to outpace GDP and the industry, there will be less money for the District to pay for other priorities.

Preparing for the Challenge

With spending levels reaching unsustainable highs, the School Board and District leadership began exploring options to reduce costs. After much analysis and deliberation, in 2019, the School Board retained the services of ProvInsure to consult and advise the School Board on the factors contributing to their increased healthcare costs.

After completing their analysis, the consultants reported that the unsustainable healthcare trend of the Plan was primarily attributed to a higher rate of chronic healthcare conditions; upsurge in disease prevalence and incidence; increased medical service utilization; escalating service price and intensity; and higher costs of new medicines, complex procedures, and technologies. The consultants also indicated the problems facing the Plan and the key drivers of its trend are not unique. However, with rapid changes in technology, new opportunities are being created by innovative vendors to solve long-standing problems like these in more efficient and effective ways.

The consultants believed that by implementing a comprehensive strategy that includes, at its core, a tiered benefit structure with member incentives; pricing transparency; programs to manage prescription drug costs; an integrated health center; programs to manage chronic health conditions; member resources; and best-in-class vendors with fee-based arrangements, the District could more effectively manage its health plan cost trend moving forward.

However, the self-funded arrangement the School Board had with its national insurance carrier at the time, limited its ability to take advantage of many of these opportunities because a national insurance carrier's turnkey approach does not permit the School Board to go outside its current service offerings to implement these options. Therefore, in order to gain more control over the Plan, the School Board chose to move away from the bundled approach offered by its carrier and adopt an unbundled approach. This required the School Board to build its own healthcare ecosystem by hiring individual vendors to operate and administer key functions within the Health Plan.

The consultants advised the School Board that leaving the existing arrangement and creating its own Healthcare Ecosystem would present its own risks and challenges to the Plan that will need to be mitigated and addressed.

Moving Forward

Taking the advice of ProvInsure, in early 2020, with the help of its advisors, the School Board began establishing the foundation of the Healthcare Ecosystem. Upon the expiration of its contract, the District elected not to renew its agreement with its national insurance company on October 1, 2020 and began operating under this new model.

The District provided health benefits to

88%

of employees through the Health Plan and paid between **75 to 86 percent** of the total average cost for covered benefits

Total Health Plan Costs to the District

\$60.1M

or \$8,150 per employee, representing **10.5 percent** of the District's overall operating budget

2021 Health Plan cost trend rate projected to be

6%

which is an estimate of the cost increase over time, as provided to by the Plan's actuary



OBJECTIVE AND APPROACH

Objective

This assessment was requested by the School Board and approved by the Audit Advisory Committee in order for the District to understand its new responsibilities, risks and challenges in its role as plan sponsor and administrator of the Health Plan. This assessment was designed to assist the District with this matter as governance of the District's Health Plan continues to mature. The primary objective of the engagement was to review and assess the internal control's structure designed by the District to mitigate risks associated with its governance of the Health Plan and identify gaps.

Approach

Our approach consisted of the following:

- Obtained an understanding of the design of the Health Plan and the responsibilities the District has to govern and administer it.
- Obtained an understanding of the role and responsibility each vendor has within the Health Plan along with the District's responsibility for monitoring and oversight of this activity.
- Reviewed the risk management strategy that the District prepared to identify and manage the risks associated with its administration of the Health Plan.
- Reviewed relevant documentation, including operating policies and procedures, provided by the District which depict the design of the Health Plan and the vendors contained within it.
- Conducted interviews with key District personnel to confirm and further our understanding of the design of the Health Services Plan and the monitoring and oversight of the vendors.
- Conducted interviews with representatives of the vendors, who the District identified were part of the Health Plan, to confirm and further our understanding of the relevant operating practices in place.
- Developed process maps based on our understanding of key processes as outlined and confirmed with District and vendor representatives.
- Identified the risks associated with the District's governance and administrative responsibilities of the Health Plan and key internal controls to mitigate each risk.
- Identified gaps and recommended opportunities for improvement.

Reporting

We summarized and reviewed the results of this assessment with appropriate members of District Management, the CFO, General Counsel, and the Superintendent and will present to the Audit Advisory Committee at the next scheduled meeting.



OBSERVATION MATRIX

Observation	1. Plan Sponsor Responsibilities							
<p>Description</p>	<p>A plan sponsor of a Group Health Plan is an organization that establishes a plan for the benefit of the organization’s employees. The plan sponsor is responsible for all stages of the design, implementation, amendment, and termination of a plan. In this role, the plan sponsor ensures the plan is designed and operating in compliance with applicable laws and regulations as well as in compliance with the plan document. A plan sponsor may select a plan administrator to run the day-to-day operations of its plan. In the case of the District, it is both the Plan Sponsor as well as the Plan Administrator of the Health Services Plan. As the Plan Administrator, the District has outsourced much of the day-to-day operations of the Plan to third party vendors but continues to be the named fiduciary.</p> <p>A plan sponsor provides a plan with a sound governance structure, fiduciary and strategic oversight and direction. The plan sponsor protects and maintains the financial integrity and solvency of a plan, ensures applicable legal requirements are being met, and establishes procedures to safeguard a plan from fraud and unnecessary as well as unforeseen risk. To be effective in this capacity, the plan sponsor should meet regularly to oversee the operations of a plan and be comprised of individuals who possess sufficient knowledge and skills to carry out these responsibilities. Plan sponsors often hire independent advisors to fill knowledge gaps to assist them. Typical advisors may include an attorney, plan actuary, benefit consultant, and accountant. Plan sponsors will often also establish independent advisors to advise it on unique areas where deep specialization is necessary. Collectively, the independent advisors would advise the School Board on benefits, financial, and compliance matters.</p> <p>Although we believe the Plan Sponsor, the School Board of Osceola County, is established and operating in an appropriate capacity, we believe the School Board would benefit from added depth and expertise to assist it with identifying and mitigating certain specialized risks that will arise during the course of executing its responsibilities.</p>							
<p>Recommendation</p>	<p>Considering the recent increase in complexity of the operating structure of the Plan, we recommend the School Board seek one or more independent consultants to provide it certain specialized areas of risk where knowledge gaps exist. These areas may include benefits, financial, and compliance matters that encompass, among other concerns, the Plan operating structure, funding, trend, benefit design, as well as vendor oversight and compliance with laws and regulations. It will be important for the Plan Sponsor to maintain a high level of expertise in one or more of these areas in order to successfully execute plan sponsor responsibilities.</p> <table border="1" data-bbox="434 1068 1955 1170"> <thead> <tr> <th data-bbox="434 1068 560 1114">No.</th> <th data-bbox="560 1068 1793 1114">Description</th> <th data-bbox="1793 1068 1955 1114">Rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="434 1114 560 1170">1-1</td> <td data-bbox="560 1114 1793 1170">Obtain Independent Advice on Specialized Plan Related Matters</td> <td data-bbox="1793 1114 1955 1170">1</td> </tr> </tbody> </table> <p>Recommended Action Within: 3–6 Months</p>		No.	Description	Rating	1-1	Obtain Independent Advice on Specialized Plan Related Matters	1
No.	Description	Rating						
1-1	Obtain Independent Advice on Specialized Plan Related Matters	1						



OBSERVATION MATRIX – CONTINUED

Observation	1. Plan Sponsor Responsibilities – continued
Management Action Plan	<p>Response: Management agrees that this operating structure requires additional expertise to properly advise on our health service plan. We will obtain independent advice on specialized plan related matters, as needed.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: March 2022</p>



OBSERVATION MATRIX – CONTINUED

Observation	2. Plan Administrator Responsibilities
<p>Description</p>	<p>A plan administrator of a Group Health Plan is responsible for administering a Plan and managing its assets. In order to properly manage the day-to-day operations of a Plan and satisfy its fiduciary responsibility, a plan administrator should have a clear understanding of the laws and regulations a Plan is required to adhere to and document that understanding in a Plan Administration Manual. As the plan fiduciary, the District has the responsibility to act solely in the interest of Plan participants and their beneficiaries with the exclusive purpose of providing benefits to them. These responsibilities include carrying out their duties prudently, following the Plan document, holding Plan assets in trust and paying only reasonable plan expenses. The Plan Administration Manual should adequately address all of these responsibilities and should be reviewed periodically by someone with sufficient knowledge and understanding of these laws, regulations, and corresponding responsibilities to ensure the manual is complete and accurate. Since plan administrators generally use an internal administrative committee, the human resources department and third-party vendors to manage some or all of the day-to-day operations of the Plan, it is important for the manual to contain a matrix that defines what party (i.e., plan administrator, internal administrative committee, human resource department or third-party vendor) is primarily responsible for each compliance area. The policies and procedures relating to how compliance will be achieved, including delegating that compliance area to an outside party, should be documented in an Administrative Policies and Procedures Manual.</p> <p>Although the District has consulted with legal counsel to identify relevant laws and regulations pertaining to Plan Administrators requirements, these responsibilities have not yet been formally documented through a Plan Administration Manual. Administrative Policies and Procedures are designed to clearly articulate the laws, regulations, and the responsibilities it, as the Plan Administrator, is required to adhere to as well as the policies and procedures it has implemented to achieve compliance. Without a documented comprehensive understanding of the laws and regulations, written policies and procedures, and outsourcing matrix, the District may be unable to further enhance internal compliance in regard to all regulatory and operational responsibilities of administering the Health Plan.</p> <p>Our evaluation in this area included a cursory review of certain aspects of key laws and regulations that we believe provide measurable risk to the District. This review was not conducted to determine if the Plan is in compliance with any of these laws or regulations but to determine if they had been considered. The laws and regulations captured in our review included Patient Protection and Affordable Care Act, Mental Health Parity and Addiction Equity Act, the Health Insurance Portability and Accountability Act, the Consolidated Omnibus Budget Reconciliation Act, and Genetic Information Nondiscrimination Act. Although we found that these laws and regulations have been considered by the Plan, we do have an observation concerning the Health Insurance Portability and Accountability Act as it relates to the District in its role as employer and Plan Sponsor. The write up of this observation is located under the caption Employer and Plan Sponsor – HIPAA Privacy and Security Rules.</p>
<p>Recommendation</p>	<p>We recommend the District, with the help of legal counsel, create a Plan Administrative Manual that provides a clear understanding of the state and federal laws and regulations the Plan Administrator, in its role as fiduciary, is required to adhere to (e.g., Patient Protection and Affordable Care Act, Mental Health Parity and Addiction Equity Act, the Health Insurance Portability and Accountability Act, the Consolidated Omnibus Budget Reconciliation Act, and Genetic Information Nondiscrimination Act). We further recommend that the District create a matrix that defines what party is primarily responsible for each compliance area. An Administrative Policies and Procedures Manual should be written to address the areas that the District will have primary ownership. The District should undertake a review of the contracts of each of the third-party vendors who have ownership of one or more compliance areas to ensure those areas are adequately addressed in the contract. Any disconnect between the third-party vendor and its compliance responsibilities that are identified in this process should be rectified through an amendment of its contract. The oversight and monitoring of the vendors' compliance should also be documented in the District's Vendor Monitoring and Oversight Policy. (See Finding No. 10.)</p>



OBSERVATION MATRIX – CONTINUED

Observation	2. Plan Administrator Responsibilities – continued											
Recommendation	Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report. <table border="1" data-bbox="420 406 1942 581"> <thead> <tr> <th data-bbox="420 406 546 462">No.</th> <th data-bbox="546 406 1780 462">Description</th> <th data-bbox="1780 406 1942 462">Rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="420 462 546 519">2-1</td> <td data-bbox="546 462 1780 519">Creation of Plan Administration Manual</td> <td data-bbox="1780 462 1942 519">1</td> </tr> <tr> <td data-bbox="420 519 546 581">2-2</td> <td data-bbox="546 519 1780 581">Creation of Administrative Policies and Procedural Manual</td> <td data-bbox="1780 519 1942 581">1</td> </tr> </tbody> </table> <p data-bbox="357 597 892 630">Recommended Action Within: 3–6 Months</p>			No.	Description	Rating	2-1	Creation of Plan Administration Manual	1	2-2	Creation of Administrative Policies and Procedural Manual	1
No.	Description	Rating										
2-1	Creation of Plan Administration Manual	1										
2-2	Creation of Administrative Policies and Procedural Manual	1										
Management Action Plan	<p data-bbox="357 665 1995 755">Response: Management will contract with experts in the field to assist in creation of both a plan administration manual and an administrative policies and procedures manual. The existing Summary Plan Document may be modified to address any missing element addressed in the audit.</p> <p data-bbox="357 771 1291 803">Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p data-bbox="357 820 892 852">Estimated Completion Date: October 2022</p>											



OBSERVATION MATRIX – CONTINUED

Observation	3. Employer and Plan Sponsor – HIPAA Privacy and Security Rules
<p>Description</p>	<p>The HIPAA Privacy and Security Rules are complex and place certain restrictions on the circumstances under which a group health plan may allow a plan sponsor access to PHI. The District has designated the Director of Risk and Benefits Management as the Privacy Officer of the Plan to design and implement policies and procedures to ensure that the Plan and the Plan Sponsor adhere to the applicable provisions of HIPAA. The Plan Document and related Summary Plan Description outlines the following obligations that the Plan Sponsor agreed to comply with that would allow the third-party administrator the ability to disclose PHI and Electronic PHI (ePHI) in compliance with HIPAA.</p> <p><i>Disclosure of PHI to the Plan Sponsor for Plan Administration Purposes</i></p> <p>In order that the Plan Sponsor may receive and use PHI for plan administration purposes, the Plan Sponsor agrees to:</p> <ol style="list-style-type: none"> 1. Not use or further disclose PHI other than as permitted or required by the Plan documents or as required by law (as defined in the Privacy Standards). 2. Ensure that any agents, including a subcontractor, to whom the Plan Sponsor provides PHI received from the Plan, agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such PHI. 3. Maintain the confidentiality of all PHI, unless an individual gives specific consent or authorization to disclose such data or unless the data is used for health care payment or Plan operations. 4. Receive PHI, in the absence of an individual's express authorization, only to carry out Plan administration functions. 5. Not use or disclose genetic information for underwriting purposes. 6. Report to the Plan any PHI use or disclosure that is inconsistent with the uses or disclosures provided for of which the Plan Sponsor becomes aware. 7. Make available PHI in accordance with section 164.524 of the Privacy Standards (45 CFR 164.524). 8. Make available PHI for amendment and incorporate any amendments to PHI in accordance with section 164.526 of the Privacy Standards (45 CFR 164.526). 9. Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services ("HHS"), or any other officer or Employee of HHS to whom the authority involved has been delegated, for purposes of determining compliance by the Plan with part 164, subpart E, of the Privacy Standards (45 CFR 164.500 et seq). 10. If feasible, return or destroy all PHI received from the Plan that the Plan Sponsor still maintains in any form and retain no copies of such PHI when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible.



OBSERVATION MATRIX – CONTINUED

Observation	3. Employer and Plan Sponsor – HIPAA Privacy and Security Rules – continued
<p>Description</p>	<p><i>Disclosure of Electronic PHI (ePHI) to Plan Sponsor for Plan Administration Purposes</i></p> <p>To enable the Plan Sponsor to receive and use ePHI for Plan Administration Functions (as defined in 45 CFR §164.504(a)), the Plan Sponsor agrees to:</p> <ol style="list-style-type: none"> 1. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the ePHI that it creates, receives, maintains, or transmits on behalf of the Plan. 2. Ensure that adequate separation between the Plan and the Plan Sponsor, as required in 45 CFR § 164.504(f)(2)(iii), is supported by reasonable and appropriate Security Measures. 3. Ensure that any agent, including a subcontractor, to whom the Plan Sponsor provides ePHI created, received, maintained, or transmitted on behalf of the Plan, agrees to implement reasonable and appropriate administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of the Electronic PHI and report to the Plan any security incident of which it becomes aware. 4. Report to the Plan any security incident of which it becomes aware. 5. Establish safeguards for information, including security systems for data processing and storage. 6. Not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or Employee benefit plan of the Plan Sponsor, except pursuant to an authorization which meets the requirements of the Privacy Standards. 7. Ensure that adequate separation between the Plan and the Plan Sponsor, as required in section 164.504(f)(2)(iii) of the Privacy Standards (45 CFR 164.504(f)(2)(iii)), is established as follows: <ol style="list-style-type: none"> a. The following Employees, or classes of Employees, or other persons under control of the Plan Sponsor, shall be given access to the ePHI to be disclosed: <ul style="list-style-type: none"> • Privacy Officer • Director of Employee Benefits • Employee Benefits Department Employees • Information Technology Department Employees b. The access to and use of ePHI by individuals identified above shall be restricted to the plan administration functions that the Plan Sponsor performs for the Plan. <p>We discussed each of the aforementioned requirements with the Director of Risk and Benefits Management and noted that the District in its role as Plan Sponsor has access to and receives PHI and ePHI to administer the Plan. The District does have district-wide security and privacy procedures in place. However, the District does not have comprehensive policies and procedures to address many of its HIPAA-specific responsibilities outlined above.</p>
<p>Recommendation</p>	<p>We recommend the District consider engaging a third-party to assist it with enhancing the District’s HIPAA compliance. The solution should be flexible and scalable so that the District can formalize policies, procedures, and technologies that are appropriate for the size, organizational structure and risk to PHI and ePHI. This will require the District to have written Privacy and Security Policies; a HIPAA Privacy and Security Officer; Security Safeguards (i.e., Administrative, Physical and Technical Safeguards); Regular Risk Assessments and Self-Audits; Training; Business Associate Agreements; and Breach Notification Protocols.</p>



OBSERVATION MATRIX – CONTINUED

Observation	3. Employer and Plan Sponsor – HIPAA Privacy and Security Rules – continued		
Recommendation	Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.		
	No.	Description	Rating
	3-1	Formalize HIPAA Compliance Solution	1
	Recommended Action Within: 3–6 Months		
Management Action Plan	<p>Response: Management will engage a third-party to formalize and enhance HIPAA training and compliance. The district currently utilizes HIPAA Now for its policy creation and training but will engage HIPAATraining.com to provide a more robust HIPAA compliance program that includes training certification.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: January 2022</p>		



OBSERVATION MATRIX – CONTINUED

Observation	4. Financial Reporting and Data Analysis
<p>Description</p>	<p>As Plan Sponsor and Plan Administrator, the District should produce and receive a variety of financial and non-financial reporting. This information needs to be accurate, timely, in context, and appropriate in order to properly manage the plan. Reporting will come from many sources (e.g., accountant, actuary, third party administrator and pharmacy benefit manager) so compiling this information into a concise reporting package is often difficult. Some of the information that should be in the reporting package includes:</p> <ul style="list-style-type: none"> • Financial Reports – Financial reporting should be compiled in sufficient detail so that the District can determine the financial position and results of operations of the Plan. The data provided needs to be in sufficient detail to support tracking and measuring of KPIs. Monthly cash basis balance sheet and income statement reporting with comparable numbers to prior periods and budgets is required. Additional plan demographics will also be helpful to interpret the information presented, and significant variances should be explained. At least annually, an accrual basis balance sheet and income statement should be provided in the format described above. If accruals are significant, the District should consider obtaining this information quarterly. • Overpayment Recovery Identification and Reporting – The post-payment integrity process of a third-party administrator should result in a significant amount of overpayment recoveries. In our experience, recoveries average 1-1½ percent of the total paid claims for the period. This reporting allows the Plan to track the identification and recovery of overpayments but also serves to identify where overpayments are taking place, which is a tool that the plan administrator can use to assist it with its oversight responsibility. • Funding Reports – Ensuring the plan has adequate funds to pay current and future benefits is essential to the District’s responsibilities. Monitoring funding on a monthly basis allows the plan sponsor to make slight funding changes in the future, as deemed necessary, and mitigate the risk of significant unexpected fluctuations in funding obligations. • Trend Reporting – The plan’s healthcare trend is important for the District to understand and monitor in order to project the short-term and long-term funding needs. It is a critical component of the funding report. • Performance Guarantee Reporting – Performance guarantee reporting should be provided to the District no less than quarterly. It is a useful tool to monitor the performance of the vendors against the contractual standards and expectations established by the plan. It will alert the District to substandard performance so that it may react in a timely manner. • Data Analysis – Standard data analytics and KPI reporting will be necessary to meet the District’s objectives. These reports vary and are specific to the objectives of the District (e.g., provider network assessment, utilization reviews, monitoring of high-cost claimants with chronic healthcare conditions, wellness program effectiveness). Some reports will be standard monthly reports, while others may be ad hoc in nature. A recent example of a relevant ad hoc report would include reporting around the pandemic and its impact to the plan. <p>We met with representatives of the District and many of the vendors to discuss the reporting package to monitor the plan and while there is limited regular reporting, many of the reports described above were not provided. As the District continues to enhance its monitoring and oversight of third-party vendors, these reports will be important to obtain and review.</p>
<p>Recommendation</p>	<p>As the District continues to enhance its monitoring and oversight of its third-party vendors and overall Health Plan, we recommend that it also review the reporting package prepared on a monthly, quarterly, and annual basis to determine what reporting should be provided to satisfy the objectives. All reports that are required to satisfy these objectives should be identified and requested from the vendor responsible for maintaining and reporting that data.</p>



OBSERVATION MATRIX – CONTINUED

Observation	4. Financial Reporting and Data Analysis – continued		
Recommendation	Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.		
	No.	Description	Rating
	4-1	Perform Financial Reporting Needs Assessment	2
	4-2	Enhance Standard Financial Reporting Package	2
	Recommended Action Within: 6-9 Months		
Management Action Plan	<p>Response: Management will work with our advisors and vendors to enhance the current monthly reporting package to include more robust, comprehensive data in order to optimally manage the finances and operations of our health services plan.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: June 2022</p>		



OBSERVATION MATRIX – CONTINUED

Observation	5. Claims Administration: User Controls
<p>Description</p>	<p>Third-party administrators and pharmacy benefit managers, like those retained by the District, design systems and controls to process claims for self-insured plans. However, it is not feasible for these vendors to solely rely on their own internal control structure to ensure complete, accurate, and timely claims processing. There are certain expectations of the user organization (i.e., in this case the District); these expectations are called User Organization Controls. The controls vary depending on the design of the vendor’s claims processes and procedures. The following list contains examples of controls that are generally expected for the user organization to have in place:</p> <ol style="list-style-type: none"> 1. Controls should be established so that new plan details or changes to existing plans are authorized and reviewed. This plan information should be submitted accurately and on a timely basis. 2. Controls should be established to review the source document for benefit administration for completeness and accuracy and to ensure that exceptions are investigated and resolved. 3. Controls should be established so that erroneous plan or enrollment data (both sent to and received from third-party vendors) is corrected and resubmitted on a timely basis. 4. Controls should be established to determine if enrollment information and claims pricing services provided by third-party vendors are complete and accurate. 5. Controls should be established so that changes to enrollment are authorized and reviewed. The enrollment information should be submitted to the third-party vendors timely and in a complete and accurate manner. 6. Controls should be established to ensure that member accumulators are shared timely and in a complete and accurate manner. 7. Controls are in place to ensure the formularies are reviewed timely and are complete, accurate, and authorized. 8. Controls should be established to monitor and review claims detail, fund requests, and receipt and funds summary reports for completeness, accuracy and duplicate payments, as well as to ensure that exceptions are investigated and resolved in a timely manner. 9. Controls are in place to ensure that client specific systems are tested prior to processing claims in a production environment. 10. Controls are in place to ensure exception reporting is responded to in a timely, accurate, complete manner and is authorized. 11. Controls are in place to ensure third party vendor contracts are executed in a complete and timely manner to ensure changes in terms and conditions are loaded timely. <p>The third-party administrator and pharmacy benefit manager (the entities responsible for processing claims for the District) do not have service organization controls (SOC) reports. Therefore, we were unable to establish the expectations of these vendors. Although the District reported performing or outsourcing to its consultants many of the activities described above, none of the User Controls are formally documented.</p>
<p>Recommendation</p>	<p>To mitigate the risk of untimely, inaccurate, or incomplete claims processing, we recommend the District contact the third-party administrator and pharmacy benefit manager to determine what User Controls are required so that these controls may be formalized, documented, and implemented. Once implemented, these controls should be tested for operating effectiveness and results provided to the District for review.</p>



OBSERVATION MATRIX – CONTINUED

Observation	5. Claims Administration: User Controls – continued		
Recommendation	Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.		
	No.	Description	Rating
	5-1	Perform User Control Assessment	1
	5-2	Design of User Controls	1
	5-3	Document User Controls in the Administrative Manual	1
	Recommended Action Within: 3–6 Months		
Management Action Plan	<p>Response: Management will continue to enhance the design and documentation of user controls. Our TPA and PBM currently do not have service organization controls (SOC) reports; however, the district’s external financial auditors are conducting additional control testing. Going forward, the district will require the TPA and PBM to provide SOC reports to document effective user controls.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: September 2022</p>		



OBSERVATION MATRIX – CONTINUED

Observation	6. Provider Network						
<p>Description</p>	<p>A health plan is only as strong as its provider network. The provider network should consist of an adequate service area containing quality providers and facilities capable of administering the full spectrum of covered health and welfare services (i.e., provider and facility specialty types consistent with certain time and distance standards). The network should be sufficient to provide plan participants with health care services without placing undue burden on those seeking covered services. The adequacy of the provider network should be continuously monitored by the plan sponsor, or its designated vendor, on a regular basis. Typically, this is performed annually if the network has not been fully established and no less than triennially thereafter.</p> <p>The District utilizes a health center to provide various services typically administered by a primary care physician or an urgent care center, as well as a provider network established by Evolutions Healthcare Systems, to ensure its participants can receive covered health and welfare services offered by the Plan. To effectively evaluate the service area and the adequacy of the providers and facilities within the service area, the District and its advisors should have access to a complete and accurate provider directory relative to its network.</p> <p>Through its oversight activities, the District has identified concerns with the accuracy and timeliness of the maintenance of the provider directory by Evolutions Healthcare Systems and have been working with this vendor to address these concerns. The provider directory is a necessary tool to evaluate a provider network. It is also critical for the Plan’s participants to obtain covered services from the most qualified providers, and to allow providers enough information to render a referral for specialty services or other necessary treatment.</p>						
<p>Recommendation</p>	<p>We recommend the District continue to work with Evolutions Healthcare Systems to bring the provider directory up-to-date and establish additional monitoring policies and procedures to ensure it is kept up to date.</p> <p>Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.</p> <table border="1" data-bbox="417 963 1938 1078"> <thead> <tr> <th data-bbox="417 963 543 1019">No.</th> <th data-bbox="543 963 1778 1019">Description</th> <th data-bbox="1778 963 1938 1019">Rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="417 1019 543 1078">6-1</td> <td data-bbox="543 1019 1778 1078">Enhance Policies and Procedures Regarding Provider Network Directory</td> <td data-bbox="1778 1019 1938 1078">1</td> </tr> </tbody> </table> <p>Recommended Action Within: 3–6 Months</p>	No.	Description	Rating	6-1	Enhance Policies and Procedures Regarding Provider Network Directory	1
No.	Description	Rating					
6-1	Enhance Policies and Procedures Regarding Provider Network Directory	1					
<p>Management Action Plan</p>	<p>Response: Management will develop monitoring procedures and continue to work with Evolutions to timely update and enhance the online directory and make it more user-friendly. Evolutions is currently finalizing expanding urgent care needs across Florida in particular areas near college campuses.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: January 2022</p>						



OBSERVATION MATRIX – CONTINUED

Observation	7. Cost Containment									
<p>Description</p>	<p>A strong, cohesive cost containment strategy is critical to an efficient and cost-effective plan. There are many aspects to a cost containment strategy, as well as service providers that offer solutions that a plan must consider in order to ensure that the strategy is comprehensive and complete. In addition to hiring vendors to handle specific aspects of the cost containment strategy, the plan should look to its third-party administrator and pharmacy benefits manager to have rigorous cost containment processes built into its systems. A thorough assessment of the ecosystem is necessary to ensure the strategy is executed properly and working effectively.</p> <p>Although the District has implemented many cost containment solutions throughout the healthcare ecosystem, our review identified opportunities to enhance the current process specific to transplant negotiations and surgery networks. (Surgery networks would encompass facility, physician, anesthesia and other ancillary services.) We also identified opportunities in the payment integrity process of the third-party administrator. With respect to the third-party administrator, our observations encompass both the prepayment and post-payment activities including, but not limited to: clinical edits; fraud, waste and abuse edits; hospital bill audits; and duplicate claims reviews.</p>									
<p>Recommendation</p>	<p>As the District continues to build out its cost containment strategy, we recommend the District meet with its advisors, third-party administrator and prescription benefit manager to review its strategy to design a complete and comprehensive approach. We further recommend that the District implement formal cost containment reporting requirements to independently review and monitor the operating effectiveness of initiatives. Reporting should be performed on a periodic basis to maximize cost avoidance and savings opportunities.</p> <p>Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.</p> <table border="1" data-bbox="417 885 1938 1078"> <thead> <tr> <th>No.</th> <th>Description</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>7-1</td> <td>Review and Assess the Cost Containment Strategy of the Plan</td> <td>1</td> </tr> <tr> <td>7-2</td> <td>Perform an Assessment of the Payment Integrity Process of the Third-Party Administrator and Prescription Benefit Manager</td> <td>2</td> </tr> </tbody> </table> <p>Recommended Action Within: 3–9 Months</p>	No.	Description	Rating	7-1	Review and Assess the Cost Containment Strategy of the Plan	1	7-2	Perform an Assessment of the Payment Integrity Process of the Third-Party Administrator and Prescription Benefit Manager	2
No.	Description	Rating								
7-1	Review and Assess the Cost Containment Strategy of the Plan	1								
7-2	Perform an Assessment of the Payment Integrity Process of the Third-Party Administrator and Prescription Benefit Manager	2								
<p>Management Action Plan</p>	<p>Response: Management will formalize our cost containment strategy. The district contracts with Milliman SkySail to monitor contract compliance as related to our Pharmacy Benefit Manager. The district will contract for an annual comprehensive claims audit of our Third-Party Administrator.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: June 30, 2022</p>									



OBSERVATION MATRIX – CONTINUED

Observation	8. Business Continuity Plan						
Description	<p>The operations and administration of the District’s health plan is susceptible to many adverse circumstances including, but not limited to, weather-related emergencies, data loss or data breaches. These threats pose a significant threat to the District’s ability to maintain a fully functional health services plan in the event plan operations or data is compromised. A business continuity plan is designed to reduce the financial or medical impact, limit downtime and maximize efficiency. To promote a successful recovery plan, it is imperative to have buy-in from the plan administration team, senior management, and contracted vendors. Business continuity planning is not only necessary to comply with laws or regulations, but also to protect patients and employees, deliver the best patient care, reduce financial impact and preserve reputation.</p> <p>Many adverse circumstances exist which could pose a threat to the operational effectiveness of the Health Plan. The District can manage the Plan’s ability to continue providing quality care through effective business continuity planning. Currently, the District does not maintain a formal business continuity plan designed to protect patient data in the event of an adverse circumstance. As a result, limited mitigation procedures exist to outline the strategies for managing disruption to key infrastructures, such as networks, communications, and file archives.</p> <p>Without developing disruption alternatives, the District risks non-compliance with obligations under healthcare privacy laws, the inability to recover plan data, or maintain health plan operations.</p>						
Recommendation	<p>We recommend the District continue developing and maintaining a business continuity plan. To effectively respond to an adverse event, a unified recovery process should exist to protect critical patient data and systems. Procedures should be in place, prior to an event, which identify critical processes and data.</p> <p>Mitigation measures should be developed, as well as response and recovery actions that enable a quick recovery. Essential components of disaster recovery in healthcare can include, but are not limited to, network security/redundancy, data backup solutions, and redundant telecommunications lines.</p> <p>Additionally, we recommend the District consider implementing the following preventative measures to enhance the business continuity plan mitigation strategy: cybersecurity training for personnel; disaster recovery testing and drills; ongoing network penetration tests; and test recoveries of data backups.</p> <p>Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #00AEEF; color: white;">No.</th> <th style="background-color: #00AEEF; color: white;">Description</th> <th style="background-color: #00AEEF; color: white;">Rating</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">8-1</td> <td>Create Business Continuity Plan – Perform Training and Testing</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> <p>Recommended Action Within: 6 Months – 1 Year</p>	No.	Description	Rating	8-1	Create Business Continuity Plan – Perform Training and Testing	3
No.	Description	Rating					
8-1	Create Business Continuity Plan – Perform Training and Testing	3					



OBSERVATION MATRIX – CONTINUED

Observation	8. Business Continuity Plan – continued
Management Action Plan	<p>Response: Management will enhance our current district business continuity plan to incorporate the health services plan, review our partner's business continuity plans annually, and monitor performance accordingly.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: June 30, 2023</p>



OBSERVATION MATRIX – CONTINUED

Observation	9. Customer Service												
Description	<p>A plan sponsor is responsible for ensuring the accessibility of quality customer service for plan participants. Since plan sponsors generally use an internal administrative committee, the human resources department, and third-party vendors to manage some or all of the customer service components, it is important to have a comprehensive documented understanding of the processes and procedures related to providing, managing, and outsourcing the respective customer service functions. The document should clearly define roles and responsibilities both internally and with vendors. Agreements with vendors providing customer service should contain performance guarantees that hold the third party responsible for agreed upon metrics that measure service quality. Metrics may include requirements around timeliness and accuracy of response; timeliness of resolution; abandonment rates; and customer satisfaction surveys.</p> <p>The District's current monitoring of customer service relies on tracking formal complaints from plan participants. If an end user has an issue with a service provider, they have the option to file a formal complaint with the District, who would then notify the vendor seeking a resolution within a given timeline. Although the District tracks complaints and meets with vendors as needed to discuss customer service issues, we believe a standardized customer service strategy, including performance guarantees and reporting, would enhance its ability to monitor the quality of customer service provided to Plan participants. This reporting would also be useful to identify trends in order to move the District's oversight from reactive to proactive.</p>												
Recommendation	<p>We recommend the District enhance and formalize its customer service strategy and procedures, and ensure that strong performance guarantees, as outlined in the Performance Guarantee Observation, are included in all agreements with vendors providing customer service to plan participants. Service agreements with vendors should also include required reporting on the performance metrics, so that the District may collect and assess trends in customer service quality. The long-term impact of trend analysis is higher quality customer service that mitigates the risk of member disruption due to abandonments, mishandled calls, poorly trained customer service representatives, and member confusion.</p> <p>Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="background-color: #00AEEF; color: white;">No.</th> <th style="background-color: #00AEEF; color: white;">Description</th> <th style="background-color: #00AEEF; color: white;">Rating</th> </tr> </thead> <tbody> <tr> <td>9-1</td> <td>Enhance Policies and Procedures Related to Customer Service</td> <td>1</td> </tr> <tr> <td>9-2</td> <td>Evaluate Adequacy of Vendor Performance Guarantees Related to Customer Service</td> <td>2</td> </tr> <tr> <td>9-3</td> <td>Evaluate Adequacy of Vendor Reporting Related to Customer Service</td> <td>2</td> </tr> </tbody> </table> <p>Recommended Action Within: 3–9 Months</p>	No.	Description	Rating	9-1	Enhance Policies and Procedures Related to Customer Service	1	9-2	Evaluate Adequacy of Vendor Performance Guarantees Related to Customer Service	2	9-3	Evaluate Adequacy of Vendor Reporting Related to Customer Service	2
No.	Description	Rating											
9-1	Enhance Policies and Procedures Related to Customer Service	1											
9-2	Evaluate Adequacy of Vendor Performance Guarantees Related to Customer Service	2											
9-3	Evaluate Adequacy of Vendor Reporting Related to Customer Service	2											



OBSERVATION MATRIX – CONTINUED

Observation	9. Customer Service – continued
Management Action Plan	<p>Response: Staff regularly emphasizes stellar customer service expectations on weekly calls. Management will formalize expectations for customer service with district staff and all contracted parties. Customer service expectations of our partners will be clarified in our contractual agreements to include performance guarantees. Legal counsel and staff have been working with contracted parties on their evaluations.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: June 2022</p>



OBSERVATION MATRIX – CONTINUED

Observation	10. Management and Oversight									
<p>Description</p>	<p>Proper monitoring and oversight of a Group Health Plan requires an integrated risk management approach to mitigate significant compliance, operating, and vendor risks. This approach starts with a risk assessment to identify significant risk across the health plan and assesses the risk to determine what action is required by a plan sponsor. The risk assessment process considers the operating environment of the plan and its vendors as well as how outside forces such as providers, employees, and carve-out vendors exert pressure. Risks are then evaluated individually as well as collectively to determine the proper response.</p> <p>Given the potential for significant financial loss, plan sponsors generally undertake continual monitoring and oversight to manage these risks. Plan sponsors commonly perform compliance audits, operation audits, performance guarantee audits, focused claims audits, rebate audits, and statistical claims audits to oversee the administration of a plan. Focused claims audits are also used by plan sponsors to address specific risks that reside within the claim cycle. Dependent eligibility audits are commonly used by plan sponsors to oversee the eligibility process. The frequency and type of audits that a plan sponsor may utilize varies based on the risks that are present in a plan.</p> <p>Although the District has conducted some of these audits in the past, it does not have a formal process to manage and oversee its vendors.</p>									
<p>Recommendation</p>	<p>We recommend the District create a formal process to continue managing and overseeing its vendors through the utilization of an integrated risk management approach. The process should be well defined and include routine monitoring and oversight of its vendors. The process should commence with an annual risk assessment to determine what risks are appropriate to mitigate. Reviews of performance guarantee reporting, exception reporting, and overpayment recovery reporting should be performed monthly. Routine meetings with the vendors that cover areas of concern that the District identifies with these and other monitoring activities it performs should be discussed on those calls. Data analytics and annual audits and review of the nature described above should be a part of this process. Other oversight activity should be added as situation's warrant. The result of this activity should be reported to the School Board no less than quarterly.</p> <p>Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based on the other addressable items contained within this section of the report.</p> <table border="1" data-bbox="432 1024 1955 1198"> <thead> <tr> <th>No.</th> <th>Description</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>10-1</td> <td>Formalize the Management and Oversight Strategy</td> <td>1</td> </tr> <tr> <td>10-2</td> <td>Perform Routine Evaluations of Key Vendors</td> <td>3</td> </tr> </tbody> </table> <p>Recommended Action Within: 3 Months – 1 Year</p>	No.	Description	Rating	10-1	Formalize the Management and Oversight Strategy	1	10-2	Perform Routine Evaluations of Key Vendors	3
No.	Description	Rating								
10-1	Formalize the Management and Oversight Strategy	1								
10-2	Perform Routine Evaluations of Key Vendors	3								
<p>Management Action Plan</p>	<p>Response: We will create a formalized management process to oversee our vendors, including routine monitoring of contract terms such as performance guarantees, reporting requirements, data analysis review, and customer satisfaction.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: October, 2022</p>									



OBSERVATION MATRIX – CONTINUED

Observation	11. Performance Guarantees
Description	<p>Well defined mutually agreed-upon contractual performance guarantees (PGs) that are tied to key performance indicators and industry best practices are an essential component of a Plan Sponsor’s vendor oversight and monitoring program. When constructed properly, these guarantees serve as a road map and objective means for the Plan Sponsor and its vendor to ensure the service provider is meeting the expectations of the contract.</p> <p>Because each service provider function and contract will be unique, PGs need to be aligned to the services being contacted and the expectations of the Plan. As an example, key areas that are generally considered for a service provider who is responsible for processing medical claims would include one or more PGs in the following categories: Account Management, Enrollment, Claims Processing, Cost Containment, and Customer Service. The following list provides some examples of key functions that may be covered within each of these categories:</p> <ol style="list-style-type: none">1. Account Management<ol style="list-style-type: none">a. Meeting Attendanceb. Standard Report Turnaround Timec. Standard Report Accuracyd. Ad Hoc Report Turnaround Timee. Data Delivery Turn-Around Timef. Account Management Satisfaction2. Eligibility<ol style="list-style-type: none">a. Timeliness of Open Enrollment Processingb. Timeliness of ID Card Distributionc. Timeliness of Processing of Eligibility Filed. Timeliness of Processing Eligibility Changese. Timeliness of Processing of Eligibility Data to Third Party Vendors3. Claims Processing<ol style="list-style-type: none">a. Financial Accuracyb. Procedural Accuracyc. Payment Accuracyd. Processing Timeliness4. Cost Containment<ol style="list-style-type: none">a. Case Management Program Outreachb. Timeliness of Processing Claims Data to Third Party Vendors



OBSERVATION MATRIX – CONTINUED

Observation	11. Performance Guarantees – continued						
<p>Description</p>	<p>5. Customer Service</p> <ol style="list-style-type: none"> a. Average Speed to Answer b. Call Abandonment Rate c. Written Inquiry Response Time d. Email Inquiry Response Time e. First Inquiry Resolution (Call, Written, and Email) f. Member Satisfaction <p>Since the penalties for failure to perform need to be meaningful for the PGs to be an effective tool, industry leading practice is that at least 5% of total administrative fees should be placed at risk and spread appropriately amongst all of the PGs that are implemented.</p> <p>Once PGs have been determined it is important to decide on the metrics that will be used and the targets to be achieved. The tools and techniques to measure and monitor these metrics will be critical to ensuring a PG will work as intended. When drafting PGs it is important to clearly define the standard to be achieved along with the measurement criteria and metrics; measurement period; fees at risk; and liquidated damages for failing to meet the standard. To mitigate the risk of ambiguity, guarantee should also contain an example of the liquidated damages calculation.</p> <p>Upon reviewing the service provider agreements of the Plan, we noted the contracts outlined service level expectations but do not contain specific performance guarantees.</p>						
<p>Recommendation</p>	<p>We recommend that the District implement PGs for each key vendor in the healthcare ecosystem during the next round of contract negotiations or sooner if practicable. To ensure the PGs are on point, the District should evaluate each contract and identify the critical areas of performance. Once these areas have been identified, the District should, on a contract-by-contract basis, discuss its expectations with the individual vendor in order to identify the PGs that vendor already has systems in place to measure along with the metrics it uses to monitor performance. This will provide a starting point for the negotiation process. In cases where the vendor’s standard guarantees do not cover an area of concern by the Plan, client specific PGs may be created. However, when creating these types of guarantees, it will be important to ensure the vendor has the system capabilities to objectively measure and monitor them. Once the PGs have been identified, the guarantee should be established at the desired level of service, which should be no less than the industry standards. Since PGs are self-monitored and reported, the District should conduct regular audits of them. Periodically, the District should review the PGs it has in place with each vendor to ensure the nature, timing and extent of the PGs are still appropriate.</p> <p>Addressable Item(s): The following table identifies the addressable items contained within this item number and our assessment of its relative importance based the other addressable items contained within this section of the report.</p> <table border="1" data-bbox="422 1295 1940 1430"> <thead> <tr> <th>No.</th> <th>Description</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>11-1</td> <td>Review Contracts for Key Vendors to Identify Critical Areas of Performance in Order to Create and Implement PGs</td> <td>2</td> </tr> </tbody> </table> <p>Recommended Action Within: 6–9 Months</p>	No.	Description	Rating	11-1	Review Contracts for Key Vendors to Identify Critical Areas of Performance in Order to Create and Implement PGs	2
No.	Description	Rating					
11-1	Review Contracts for Key Vendors to Identify Critical Areas of Performance in Order to Create and Implement PGs	2					



OBSERVATION MATRIX – CONTINUED

Observation	11. Performance Guarantees – continued
Management Action Plan	<p>Response: Management and legal counsel will amend contracts to include performance guarantees, where appropriate, and incorporate performance guarantees into any new vendor contracts.</p> <p>Responsible Party: Lauren Haddox, Director of Risk & Benefits Management</p> <p>Estimated Completion Date: October 2022</p>



APPENDIX A – HEALTHCARE ECOSYSTEM

The Design

The School Board retained the services of ProVInsure to help it identify the key components of the healthcare ecosystem as well as to source vendors to build out the Healthcare Ecosystem. ProVInsure, was also retained to assist the District and the School Board in managing the day-to-day administrative functions, monitor plan performance, and provide comprehensive reporting. It also has the responsibility to monitor plan activity in order to identify and recommend improvement strategies aimed at enhancing the quality of care and cost savings through detailed data analytics.

The identification process commenced by mapping out the ecosystem by focusing on the three major components needed to operate the plan: (1) the eligibility determination and processing, (2) the delivery and processing of medical benefits, and (3) the delivery and processing of pharmacy benefits. The results of this process follows.

Eligibility Determination, Management and Processing

The School Board determined that an eligibility vendor was necessary to manage the eligibility process for the Plan. The vendor would be responsible for the following:

- Open enrollment
- Dependent eligibility verification and maintenance
- COBRA administration
- Collection of coordination of benefits information, Medicare and other commercial insurance
- Communication of eligibility to the carve-out vendors
- Call center for management of eligibility questions and resolution

Delivery and Processing of Medical Benefits

The School Board determined the following components were required to deliver medical benefits to the members of the Plan and process claims.

Provider Network Manager – This provider establishes and maintains a provider network for the Plan. It will also be used to manage the contracts the Plan holds with these providers, price claims incurred by eligible Plan participants for services rendered by these providers, and forwards this information to the Plan's Third Party Administrator for adjudication. It also provides provider appeals services.

Claims Re-Pricing Vendor – This vendor attempts to reduce the cost of out-of-network benefits rendered by providers who are not participating in the provider network established for eligible Plan participants. These services include re-pricing based on benchmarking data (i.e., a Medicare percentage) and patient advocacy services.

Health Center Administrator – This provider established offsite clinics (i.e., Center for Employee Health) that eligible Plan participants may access to seek cost effective services and supplies, which it manages for the Plan. Services include, but are not limited to, medical examinations, physical therapy, chiropractic care, x-rays, eye exams, occupational therapy, dietician care, and specialist diagnostics.



APPENDIX A – HEALTHCARE ECOSYSTEM – CONTINUED

The Design – continued

Diagnostic Imaging Vendor – This vendor provides complex diagnostic imaging services to the offsite clients to manage these services in a cost-effective manner. Diagnostic imaging, also called complex or medical imaging, refers to the use of certain technologies, including electromagnetic radiation, to produce images of internal structures of the body to assist in medical diagnosis.

Medical Management Vendor – This vendor provides utilization, disease, and case management. Utilization management consists of determining whether or not a Plan participant who incurred a service that submit for payment to the Plan was eligible for benefits, if the services were a covered benefit, and if the procedure was medically appropriate. Disease management involves a team of disease specialists initializing a patient specific care plan for those diagnosed with certain diseases. Case management nurses educate patients on their condition, encourage medical compliance, ensure transplant network agreements are in place for potential transplant candidates, assist with follow-up appointments and reinsurance coordination, negotiate with out-of-network providers, and coordinate cost containment for dialysis.

Medical Advocate Program – This vendor provides nurse concierge services. Plan participants who have questions regarding medical services may contact this vendor to identify the highest quality and most cost-effective provider to serve the patient's needs; assist with scheduling; address medical concerns; and offer second opinions as well as different treatment options.

Patient Portal – This vendor provides a patient portal where Plan participants have access to medical records, upcoming appointments, may request prescription refills, and utilize educational material related to general health care matters as well as plan specific guidance.

Stop Loss Carrier – This vendor provides stop loss insurance to mitigate the risk of adverse claims experience for high-cost claimants.

Third Party Administrator – This vendor provides claim adjudication services and administers the claims received from the Provider Network Manager or directly from out-of-network provider or Plan participants. This vendor is responsible for ensuring the claim is priced in accordance with Plan benefits, coordinating with carved out vendors (e.g., claims repricing vendor and medical management vendor) as well as providing certain cost containment solutions (e.g., subrogation). It also performs Provider and Member Appeals services as well as Grievance services.

Delivery and Processing of Pharmacy Benefits

The School Board determined the following components were required to deliver pharmacy benefits to the members of the Plan and process claims.

Pharmacy Benefit Manager – This vendor is responsible for network administration, prescription claims processing and payment, clinical services, formulary development and management, rebate administration, and specialty drug administration.

Specialty Pharmacy – This vendor dispenses specialty drugs to eligible participants of the Plan who have chronic and complex medical conditions.

International Drug Program Vendor – The vendor is providing mail order services for Plan participants who participate with this vendor for brand name high-cost drug obtained from another Tier I Pharmaceutical Country such as Canada, England, and New Zealand.

Pharmacy Consultant – This vendor monitors pharmaceutical claims after they are processed by the Plan's pharmacy benefit manager. Claims data is reviewed for incomplete patient and benefit information, issues, and non-compliance. Urgent matters are immediately communicated to the District and its consultants. The compliance status and any non-urgent issues within the claims data are compiled for quarterly reporting and communicated to the District.



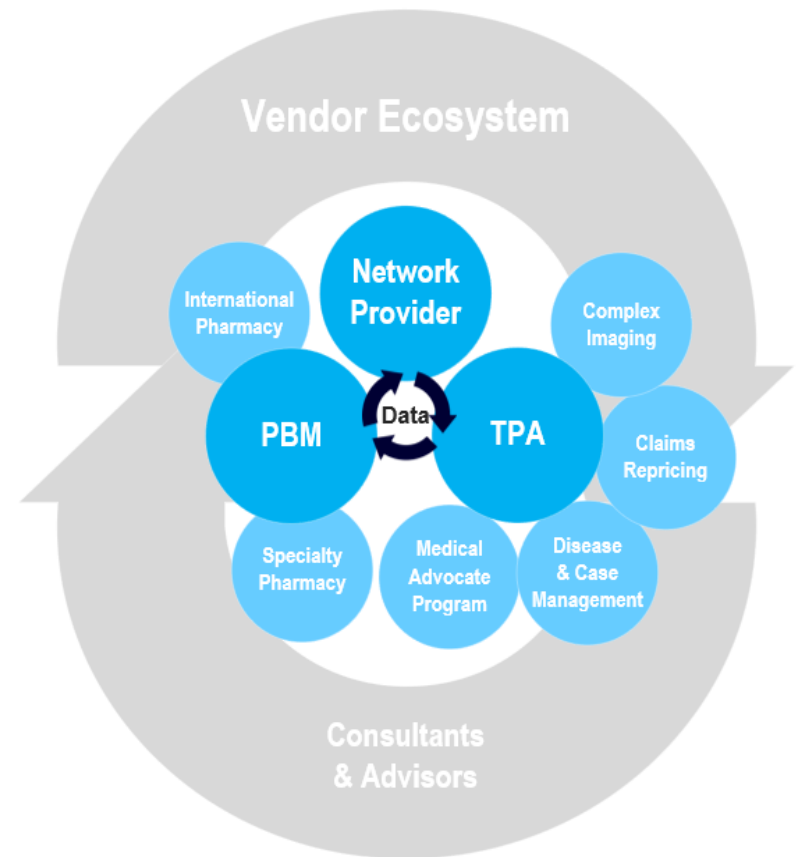
APPENDIX A – HEALTHCARE ECOSYSTEM – CONTINUED

The Healthcare Ecosystem

The following vendors provide service(s) to the District, the School Board, and the Health Services Plan:

Delivery and Processing of Medical Benefits	
Position	Vendor
Provider Network Manager	Evolutions Healthcare Systems
Claims Re-Pricing Vendor	Payer Compass
Health Center Administrator	RosenCare
Diagnostic Imaging Vendor	Green Imaging
Medical Management Vendor	Secure Health
Patient Portal	Healics
Stop Loss Carrier	Westport
Third Party Administrator	Aither
Nurse Concierge Services	Medical Advocate Program

Delivery and Processing of Pharmacy Benefits	
Position	Vendor
Pharmacy Benefit Manager	Ventegra
Specialty Pharmacy	Prescriptions Unlimited and Costco
International Drug Program Vendor	ElectRx
Pharmacy Consultant	SkySail Rx





APPENDIX B – HEALTH SERVICES PLAN SUMMARY

SDOC Health Services Plan

1. Historically, SDOC was contracted with CIGNA in an ASO role (Administrative Services Only). Gallagher was the broker/consultant. Claims trend increases were running 6%/year on average.
2. In April 2016, the district opened the Center for Employee Health. Advent Health (formerly Florida Hospital) was selected through an RFP process to manage and staff the Center.
3. In the first year of Center operations, the district was able to control claims expense and offset national trend rates. However, after year 1, we quickly began to see increases in claims expense as Florida Hospital was referring Center patients to their independent high-cost facilities.
4. For the next two years, healthcare expenses continued to skyrocket at unsustainable rates, requiring the district to supplement the health trust fund by an additional \$25M over a four-year period. This prompted the School Board to consider alternative approaches to our health plan.
5. In May 2019, SDOC contracted with ProvInsure to become the broker/consultant effective June 1, 2019, and for RosenCare to take over managing the operations of the Center for Employee Health, effective October 1, 2019.
6. Immediately, ProvInsure began working with the district to implement high quality, lower cost healthcare solutions for our employees and their families.
7. Effective with the plan year beginning October 1, 2020, a new SDOC health services plan was launched which included our own custom-built network through Evolutions, consisting of direct contracts with hospitals and providers. Aither Health was selected as the TPA (Third Party Administrator) and Ventegra as the TPBM (Transparent Pharmacy Benefit Manager).
8. A new plan design structure was implemented based on tiers. Tier 1 providers are those who've contracted with our network to provide high quality healthcare at the greatest value. Tier 2 providers have also contracted directly with the SDOC network, although at slightly higher rates. Tier 3 encompasses all other providers, as no provider is considered "out of network". Employees have their choice of going anywhere they wish; however, the tiered plan design structure incentivizes using Tier 1 and Tier 2 providers based on lower or no out-of-pocket costs.
9. Since 2019, the SDOC health services plan has stopped the bleeding in our health trust fund and reversed the trend from annual cost increases to a reduction in healthcare expenses of \$6M in year 1 and an additional \$4M in year 2. This has allowed the district to keep operating dollars in the classroom that otherwise would have been necessary to supplement rising healthcare costs.
10. By controlling our healthcare expenses, the School Board has been able to offer salary increases to our employees this year despite the limited increase in operational funding per student. In addition, the School Board has proposed a one paycheck premium holiday for this year and next.

This document was shared at the School Board Workshop on September 7, 2021.



APPENDIX B – HEALTH SERVICES PLAN SUMMARY - CONTINUED

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL HEALTH AND LIFE INSURANCE TRUST FUND

Source	ACCT. NO.	2015-16 Actual	2016-17 Actual	2017-18 Actual	2018-19 Actual	2019-20 Actual	2020-21 Actual
NET POSITION AT BEGINNING OF YEAR:							
Total Beginning Net Position		\$ 15,623,950	\$ 15,077,118	\$ 11,703,413	\$ 10,521,021	\$ 10,356,982	\$ 10,250,945
REVENUE:							
Premiums	484						
Employer	070	43,399,239	42,926,057	44,292,617	46,419,598	49,600,530	48,615,146
Employee	071	5,810,501	5,712,148	6,158,540	7,669,189	8,429,609	7,595,789
Retiree/LOA	072	2,301,323	1,718,859	1,256,350	1,403,060	1,518,947	1,243,656
COBRA	073	46,393	53,842	69,975	102,372	75,015	46,350
Non-operating Revenue	495	97,697	52,746	66,404	86,266	74,948	89
Transfers In		3,000,000	3,000,000	8,500,000	10,500,000	-	-
Total Revenue		54,655,153	53,463,652	60,343,886	66,180,485	59,699,049	57,501,030
HEALTH & LIFE INS EXPENSES:							
Professional & Technical Services	3100	2,865,782	4,572,603	4,505,658	5,158,461	5,080,601	9,081,854
Insurance & Bond Premiums	3200	1,405,878	1,151,420	785,827	840,550	678,130	815,133
Other Purchased Services	3900	44,027	48,086	82,131	59,853	32,832	333,175
Supplies	5000	132,212	347,761	378,941	481,229	660,507	999,902
Furniture, Fixtures, & Equipment	6000	71,304	7,810	-	1,345	27,950	4,185
Dues and Fees	7300	429,095	286,919	50,871	52,403	-	44,691
Claims Expense	7700	50,245,416	50,317,692	55,616,035	59,644,352	53,216,080	44,451,805
Depreciation Expense	7800	8,271	105,066	106,815	106,331	108,986	107,861
Total Health & Life Ins Expenses		55,201,985	56,837,357	61,526,278	66,344,524	59,805,086	55,838,606
COVID Claims Offset		-	-	-	-	-	(2,765,331)
Net Health & Life Ins Expenses		55,201,985	56,837,357	61,526,278	66,344,524	59,805,086	53,073,275
NET POSITION AT END OF YEAR:							
Total Ending Net Position		\$ 15,077,118	\$ 11,703,413	\$ 10,521,021	\$ 10,356,982	\$ 10,250,945	\$ 14,678,700

This document was shared at the School Board Workshop on September 7, 2021



APPENDIX C – SELF-INSURED HEALTH SERVICES PLAN APPROACH

Self-Insured Health Services Plan Approach

Last year, in an effort to provide better benefits to employees at reduced costs, the District opted to discontinue a long-term ASO arrangement in favor of establishing their own plan design and approach to providing benefits. This included building out an inter-disciplinary platform comprised of best-in-class service partners to manage the various components of our program. This talented team was brought together and over the past year has become an integrated team working together to provide superior service and benefits while significantly reducing costs when compared to previous years.

There are 3 components that make our approach unique:

1. Overall active management by the plan sponsor. Many plan sponsors take a “passive” approach to benefits and hire an administrative partner to manage the health plan on their behalf. This is essentially a hands-off approach relying on the administrative partner to deal with the day-to-day operation of the plan. Under the SDOC self-insured health services plan model, the Director of Risk and Benefits takes a very hands-on approach and is involved on a daily basis with the management of the process. Our platform allows for the transparent flow of information to all partners, advisors and certainly, the district.
2. We have opted not to use a traditional “Network” approach managing member access to care. Under these traditional approaches, members can seek care “in-network” with reasonable copays and out-of-pocket exposure, or, if they choose a “non-participating” provider, they are exposed to substantially higher out-of-pocket expenses. Under our approach, we allow employees to seek care anywhere they choose with benefits levels only found “in-network” under traditional plans. We manage expenses at the provider level without penalizing employees for their choices. We have established a 3-tier provider panel. Tier 1 and Tier 2 providers are those with whom we have established a direct contract (through Evolutions, our provider relations partner). Tier 3 covers “all other” providers. While members seeking care at tier 3 have copays, and out of pockets as they have experienced “in-network” under previous plans in the past, providers are reimbursed using a “Reference Based” methodology. Members find lower copays and out of pockets when seeking care from Tier 2 and Tier 1 providers. At the core of our program is an SDOC owned Health Center modeled after the Rosen Medical Center and managed by RosenCare. These multi-discipline facilities (2 so far) provide a variety of free services to members choosing to avail themselves of this resource. Having already expanded access to more services, we are seeking to draw more care (including pharmacy) into this District owned facility over time. So far in our first year, 89% of all (non-Health Center) claims have been at Tier 1 or 2 levels.

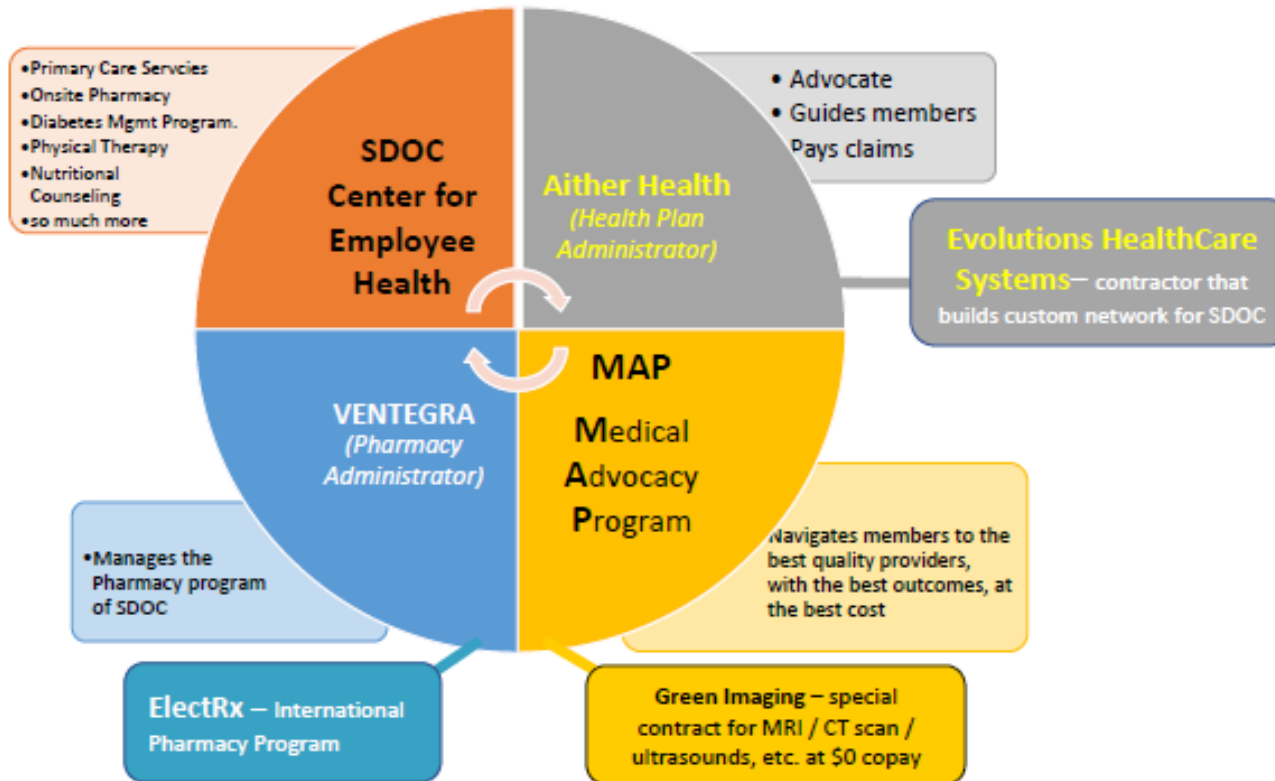
For additional plan specifics, view the Benefits Guide and SBCs at:

<https://www.osceolaschools.net/Domain/156> and <http://osceolaschools.net/benefits>

3. Ours is an open architecture that is constantly seeking ways to provide a higher service level to members at lower costs to the plan. We presently have a direct contract with Green Imaging of Dallas, TX providing free imaging services when employees choose to utilize their services. Our musculoskeletal partner out of the Health Center is MSK of Tallahassee. We have a nurse-concierge service through MAP (Delphi of St. Petersburg) providing guidance to higher quality, lower-cost providers and rewarding employees when making better health access decisions. We use SCM for chronic kidney disease management. We have chosen Prescriptions Unlimited, a local pharmacy partner to manage our specialty pharmacy while Elect Rx is available for international sourcing, with employees accessing free pharmacy products when utilized. We are not mired in legacy thinking and are open to other programs and resources that make sense.



APPENDIX C – SELF-INSURED HEALTH SERVICES PLAN APPROACH - CONTINUED



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Center for Employee Health and Advisor **Update**

**Benefits Committee
Monthly Update
November 2021**



People Helping People

Every Child, Every Chance, Every Day!



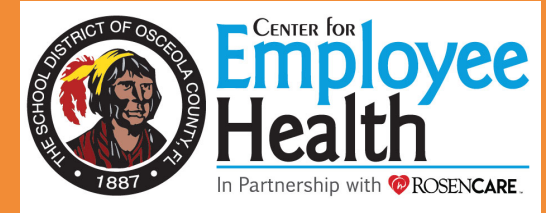
Every Child, Every Chance, Every Day!



Health Center Update

“People Helping People”

Center for Employee Health



UTILIZATION OVERVIEW

Service Type	Scheduled	Late Cancel	No-Show	Completed Encounters	Unique Patients	Patients Per Day (Average)
Medical	1,248	6	69	1,173	827	49
Chiropractor	175	2	8	165	84	8
Physical Therapy	266	4	4	258	91	12
Wellness Coaching	154	1	0	153	114	8
Disease Management	15	0	2	13	12	1
Occupational Health	251	0	10	241	35	11
Workers Comp	265	1	5	259	99	12
Overall - Total	2,374	14	98	2,262		

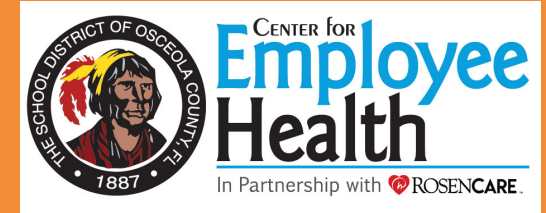
September 1 –
September 30, 2021

**MAIN
LOCATION**

Individuals that have accessed the Center for Employee Health 1-2 times, 3-5, 6+ times in the selected time frame.

Service Type	1-2 Times	3-5 Times	6+ Times
Medical	761	64	2
Chiropractor	65	16	3
Physical Therapy	50	30	11
Wellness Coaching	110	4	0
Disease Management	12	0	0
Occupational Health	33	0	2
Workers Comp	68	21	10

Center for Employee Health



UTILIZATION OVERVIEW

September 1 – September 30, 2021

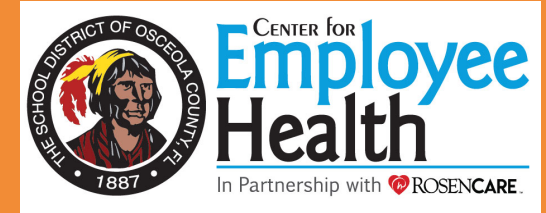
Service Type	Scheduled	Late Cancel	No-Show	Completed Encounters	Unique Patients	Patients Per Day (Average)
Medical	56	0	7	49	44	7
Disease Management	2	0	0	2	2	2
Overall - Total	58	0	7	51		

**POINCIANA
LOCATION**

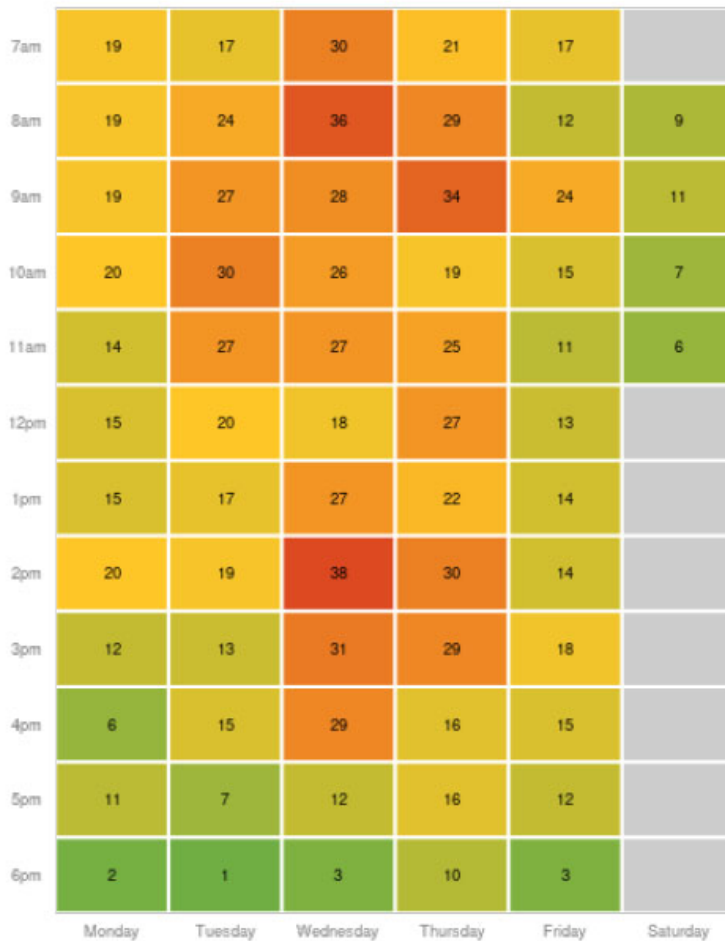
Individuals that have accessed the Center for Employee Health 1-2 times, 3-5, 6+ times in the selected time frame.

Service Type	1-2 Times	3-5 Times	6+ Times
Medical	43	1	0
Disease Management	2	0	0

Center for Employee Health

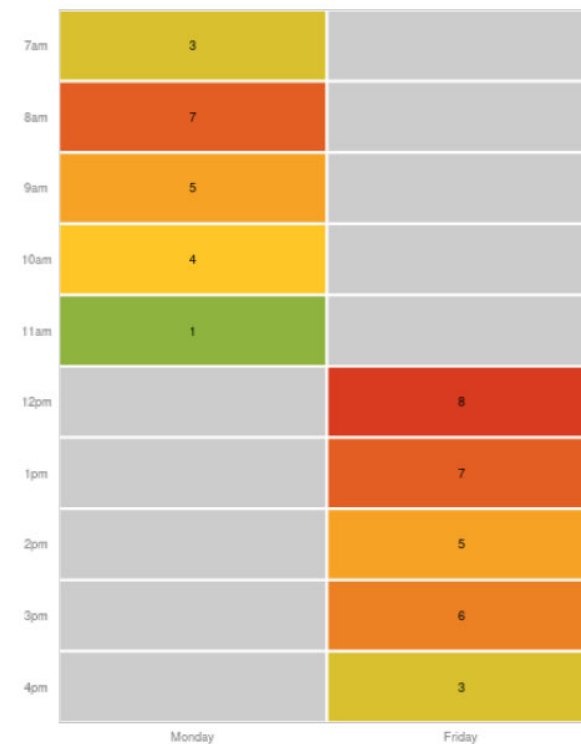


MAIN LOCATION: Medical

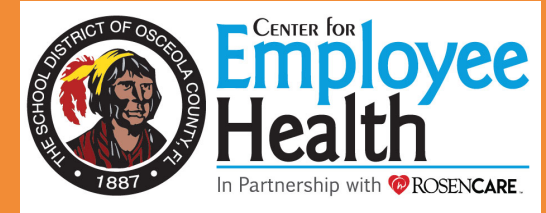


September 1 – September 30, 2021

POINCIANA LOCATION: Medical



Center for Employee Health

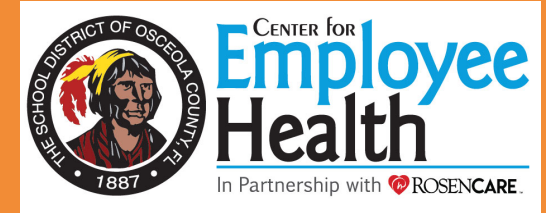


7am		6			5
8am		5			5
9am	5	5	7	3	2
10am	4	1	5	2	6
11am	3	3	7	4	5
12pm	2	1	1		2
1pm	2	3	5	5	5
2pm	2	5	7	4	6
3pm	4		5	7	
4pm	4		7	5	
	Monday	Tuesday	Wednesday	Thursday	Friday

**September 1 –
September 30, 2021**

**MAIN LOCATION:
Chiropractor**

Center for Employee Health



7am	1	10	10	13	5
8am	2	7	14	11	6
9am	1	2	6	5	6
10am	2	10	7	9	4
11am	2	2	8	8	
12pm		2	6	6	4
1pm	3	1	5	4	1
2pm	2	4	3	3	
3pm	4	6	11	10	
4pm	1	8	9	7	
5pm		1	4	2	
	Monday	Tuesday	Wednesday	Thursday	Friday

**September 1 –
September 30, 2021**

**MAIN LOCATION:
Physical Therapy**

Center for Employee Health

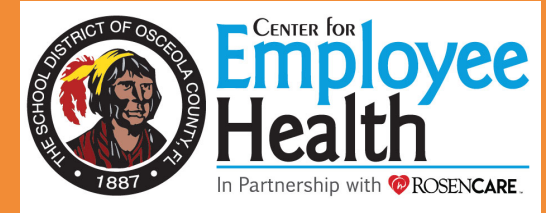


TRENDING INFORMATION: Aug 2020 – Sept 2021

Medical Encounters

Completed Encounters	2020					2021									Total
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
CON		1	1	12	3		8	4							29
EAP 60	29	31	41	33	31	37	25	39	22	16	14	16	8	6	348
EAP EST													10	5	15
EYE EXAM				11	27	26	23	33	18	26	12	45	16	10	247
MAMMO		12	20	18	7	17									74
MED EST	166	210	243	214	299	273	316	412	298	277	345	337	257	289	3,936
MED EST 60	127	136	109	119	153	141	221	223	167	140	218	184	161	144	2,243
MED NEW	66	82	87	71	62	61	73	67	58	39	43	41	43	41	834
MED URGEST	117	123	88	64	86	68	104	100	75	48	69	74	78	86	1,180
MED URGNEW	28	43	34	29	34	28	34	36	24	3	18	15	14	21	361
MNTLHEALTH											7	54	44	54	159
NV LAB	198	222	254	247	240	257	237	274	264	171	240	260	208	201	3,273
TELEHEALTH	81	73	99	67	106	103	123	150	146	165	156	134	213	183	1,799
TeleVisit	80	44	40	45	29	39	21	20	10	9	3	3	6	4	353
X-Ray 30	16	26	65	48	41	39	124	131	100	73	134	99	115	134	1,145
Total	908	1,003	1,081	978	1,118	1,089	1,309	1,489	1,182	967	1,259	1,262	1,173	1,178	15,996

Center for Employee Health

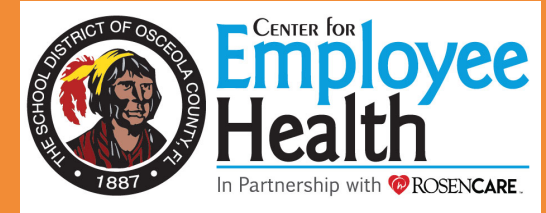


TRENDING INFORMATION: Aug 2020 – Sept 2021

Physical Therapy																
Completed Encounters	2020					2021										Total
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept		
PT ESTPT	179	156	255	163	175	176	192	255	190	181	151	181	144	216	2,614	
PT ESTPT45									2	12	16	15	1	3	49	
PT NEWPT	41	58	36	43	44	39	47	43	47	37	61	38	42	39	615	
T Visit PT	1					2	3		2						8	
Total	221	214	291	206	219	217	242	298	241	230	228	234	187	258	3,286	

Wellness Coaching																
Completed Encounters	2020					2021										Total
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept		
COACH GRP	4	7	9	8	9	9	6	3	8	5				1	69	
NUTR EST	2			1	1	1	5	5	12	6	14	17	24	36	124	
NUTR NEW	1			5	3	3	10	13	14	11	20	25	20	27	152	
NUTRTELEST	70	85	74	63	71	96	91	100	98	88	97	72	58	82	1,145	
NUTRTELNEW	33	13	22	23	22	20	21	27	19	24	22	14	8	7	275	
Total	110	105	105	100	106	129	133	148	151	134	153	128	110	153	1,765	

Center for Employee Health



TRENDING INFORMATION: Aug 2020 – Sept 2021

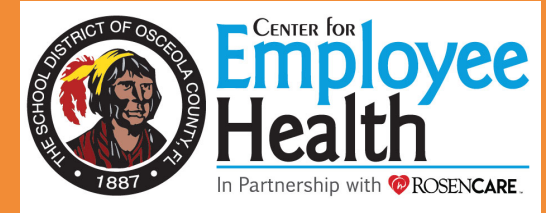
Workers Compensation

Completed Encounters	2020					2021									Total
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
MED WCEST											7	22	53	84	166
MED WCNEW											6	15	41	57	119
PT WCEST	6	12	17	31	63	61	34	43	40	44	32	67	71	93	614
PT WCNEW		1	1	5	7	7	5	3	10	12	9	8	10	15	93
WC ChPT														10	10
Total	6	13	18	36	70	68	39	46	50	56	54	112	175	259	1,002

Telephone Interaction

	2020					2021									Total
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
DM - Outreach														1	1
Lab Results	147	166	138	157	205	171	186	200	183	104	96	110	82	51	1,996
Medical - Outreach						1			7	15	9	8	3	6	49
Professional Collaboration	2	7	7	3		10	17	13	25	20	13	21	35	27	200
Question for Provider	19	32	28	35	18	28	15	15	20	21	16	17	21	12	297
Rx	61	83	86	78	98	74	88	116	98	68	67	69	70	54	1,110
Total	229	288	259	273	321	284	306	344	333	228	201	225	212	150	3,653

Center for Employee Health



TRENDING INFORMATION: Aug 2020 – Sept 2021

Occupational Health

NOTE: Started July 2020

Completed Encounters	2020					2021									Total
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
OCC	276	130	142	104	150	149	145	121	102	65	125	318	353	227	2,407
OCC 60												11	17	14	42
Total	276	130	142	104	150	149	145	121	102	65	125	329	370	241	2,449

Chiropractor

NOTE: program started September 2020

Completed Encounters	2020				2021									Total
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
CHPT EST	6	67	95	114	132	190	194	181	160	201	173	149	139	1,801
CHPT NP	7	32	39	27	30	27	34	29	27	32	11	22	25	342
CHPT URG													1	1
Total	13	99	134	141	162	217	228	210	187	233	184	171	165	2,144

Satisfaction Survey for September 2021:

4.86 / 5



805 surveys completed September

Average score since 10/2019:

4.74

Number of surveys completed in past months

Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	June 21	July 21	Aug 21
432	388	410	322	406	385	388	559	652	643	799	718	715

Every Child, Every Chance, Every Day!



Advisor / Financial Update



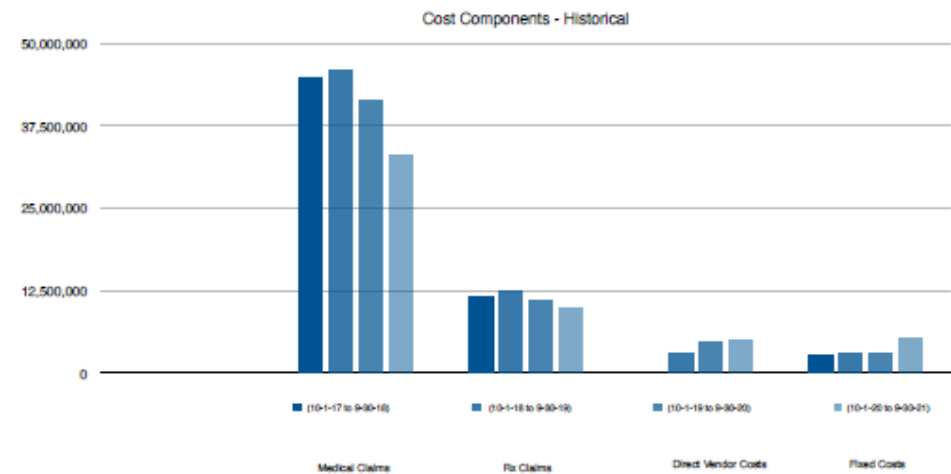
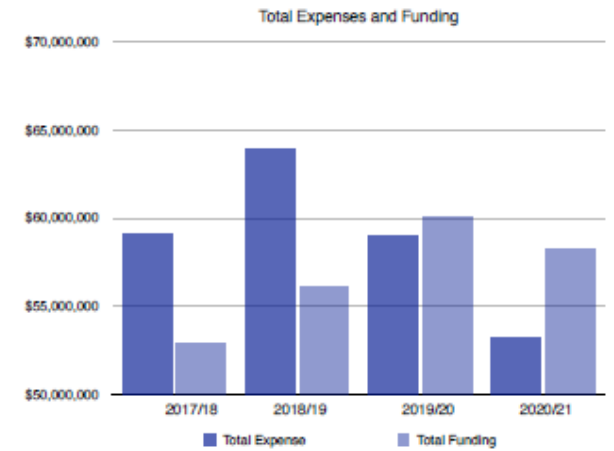
Historical Costs / Plan Year

School District of Osceola County

12 months

Date Range: (10-1-17 to 9-30-18) (10-1-18 to 9-30-19) (10-1-19 to 9-30-20) (10-1-20 to 9-30-21)

Cost Component	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Medical Claims	\$44,815,481	\$45,967,272	\$41,566,112	\$33,140,969
Rx Claims	\$11,598,481	\$12,307,935	\$11,049,021	\$9,844,133
Direct Contract Vendors	\$0	\$3,000,000	\$4,835,823	\$4,916,176
Fixed Costs	\$2,709,449	\$2,906,857	\$2,860,047	\$5,347,984
Claims over Specific Stop Loss Level	(\$4,631)	(\$328,850)	(\$1,418,812)	(\$212)
Total Expenses	\$59,118,304	\$63,853,214	\$58,992,191	\$53,249,050
Average Medical Enrollment	6,379	6,563	6,464	6,330
PEPM Total Expenses	\$772	\$811	\$761	\$701
%PEPM Claims vs. Previous Year		105%	94%	92%
Medical Claims PEPM	\$585	\$584	\$536	\$436
Rx Claims PEPM	\$152	\$156	\$142	\$130
Direct Contract Vendors PEPM	\$0	\$38	\$62	\$65
Fixed Costs PEPM	\$35	\$37	\$37	\$70
Total Funding	\$52,847,513	\$56,092,962	\$60,116,719	\$58,205,032
Additional Funding	\$8,500,000	\$10,000,000	\$0	\$0



Rolling 12 Months: 10/1/2020 – 9/30/2021



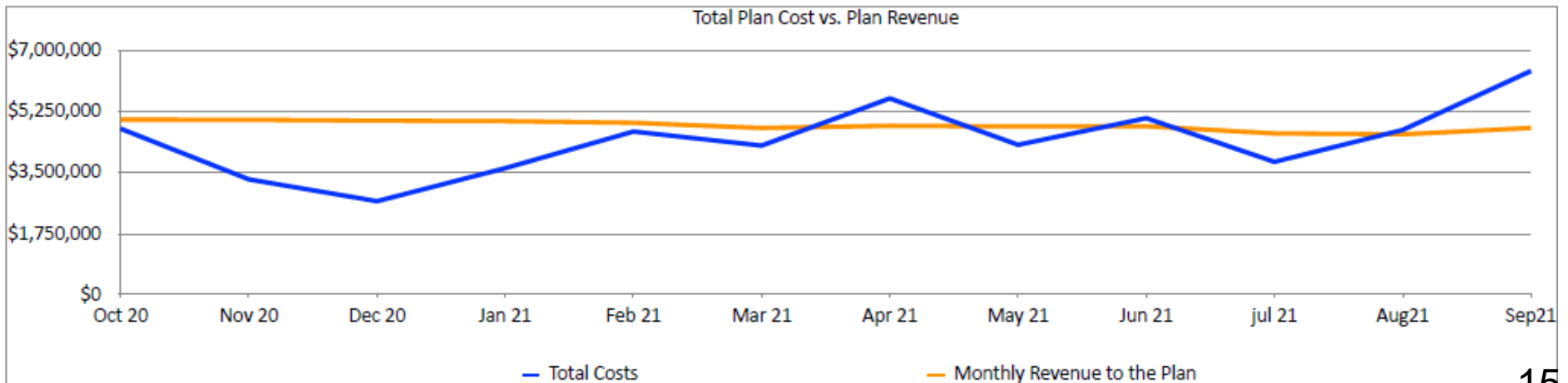
Medical Expenses / Plan Rolling 12 Months

School District of Osceola County

2020 - 2021 Plan Years

Combined Medical Plans

Month	Enrolled Employees and Retirees	Medical Claims	Rx Claims	Health Center Cost	International Rx	Green Imaging	Paid Claims	Fixed Costs	Total Costs	Monthly Revenue to the Plan	Board Contribution	Opt-out Subsidy	Employee and Retiree Contribution	Budget Ratio
Oct-20	6534	\$3,080,184	\$744,868	\$395,603	\$62,560	\$87,888	\$4,371,103	\$388,749	\$4,759,852	\$5,019,698	\$3,758,850	\$501,142	\$759,706	95%
Nov-20	6534	\$1,038,703	\$708,908	\$365,937	\$60,847	\$130,175	\$2,304,570	\$999,851	\$3,304,421	\$5,014,163	\$3,748,042	\$510,244	\$755,877	66%
Dec-20	6,507	\$900,311	\$817,767	\$383,574	\$77,865	\$87,575	\$2,267,092	\$410,270	\$2,677,362	\$4,990,183	\$3,759,988	\$498,298	\$731,897	54%
Jan-21	6,485	\$1,857,601	\$726,718	\$400,231	\$90,120	\$150,470	\$3,225,140	\$399,914	\$3,625,054	\$4,976,785	\$3,746,905	\$498,298	\$731,582	73%
Feb-21	6,420	\$2,844,336	\$738,966	\$438,567	\$89,015	\$132,800	\$4,243,684	\$433,977	\$4,677,661	\$4,928,016	\$3,705,949	\$504,555	\$717,512	95%
Mar-21	6,290	\$2,201,163	\$926,522	\$482,172	\$70,392	\$161,910	\$3,842,159	\$431,103	\$4,273,262	\$4,778,572	\$3,559,419	\$515,932	\$703,221	89%
Apr-21	6,312	\$3,848,000	\$863,802	\$414,278	\$114,220	\$163,275	\$5,203,575	\$425,836	\$5,629,411	\$4,843,211	\$3,624,606	\$525,602	\$693,003	116%
May-21	6,285	\$2,628,269	\$690,798	\$360,062	\$68,871	\$132,490	\$3,880,490	\$415,204	\$4,295,694	\$4,824,755	\$3,609,248	\$525,662	\$689,845	89%
Jun-21	6,294	\$3,354,678	\$899,735	\$360,062	\$116,526	\$132,165	\$4,663,166	\$398,673	\$5,061,839	\$4,829,948	\$3,631,432	\$509,106	\$689,410	105%
Jul-21	5,928	\$1,964,965	\$743,133	\$412,323	\$102,005	\$198,800	\$3,421,026	\$385,655	\$3,806,681	\$4,622,763	\$3,496,618	\$463,030	\$663,115	82%
Aug-21	5,918	\$3,046,355	\$698,801	\$450,479	\$93,004	\$135,300	\$4,423,939	\$299,180	\$4,723,119	\$4,596,583	\$3,471,021	\$462,462	\$663,100	103%
Sep-21	6,455	\$4,756,116	\$621,769	\$452,888	\$116,921	\$107,640	\$6,055,334	\$359,572	\$6,414,906	\$4,780,355	\$3,609,816	\$508,537	\$662,002	134%
YTD	75,962	\$31,520,681	\$8,781,787	\$4,916,176	\$1,062,346	\$1,620,288	\$47,901,278	\$5,347,984	\$53,249,262	\$58,205,032	\$43,721,894	\$6,022,868	\$8,460,270	91%



Plan Year to Date: 10/1/2020 – 9/30/2021



Medical Expenses / Plan Year to Date

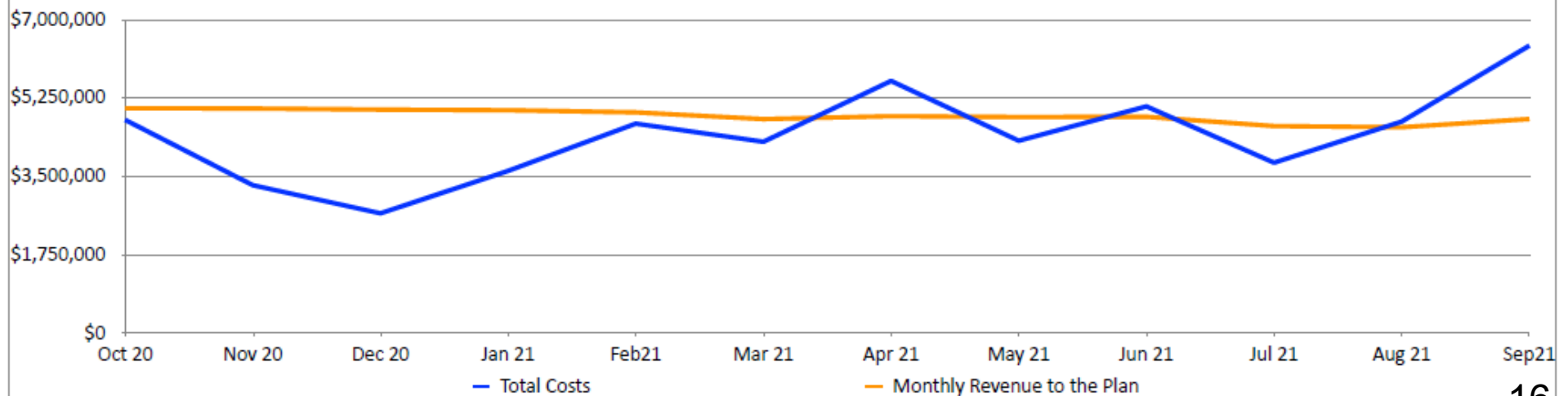
School District of Osceola County

2020 - 2021 Plan Years

Combined Medical Plans

Month	Enrolled Employees and Retirees	Medical Claims	Rx Claims	Health Center Cost	International Rx	Green Imaging	Field Claims	Fixed Costs	Total Costs	Monthly Revenue to the Plan	Board Contribution	Opt out Subsidy	Employee and Retiree Contribution	Budget Ratio
Oct-20	6534	\$3,080,184	\$744,868	\$395,603	\$62,560	\$87,888	\$4,371,103	\$388,749	\$4,759,852	\$5,019,898	\$3,758,850	\$501,142	\$759,706	95%
Nov-20	6534	\$1,038,703	\$708,908	\$365,937	\$60,847	\$130,175	\$2,304,570	\$999,851	\$3,304,421	\$5,014,163	\$3,748,042	\$510,244	\$755,877	88%
Dec-20	6,507	\$900,311	\$817,767	\$383,574	\$77,865	\$87,575	\$2,267,082	\$410,270	\$2,677,362	\$4,990,183	\$3,759,988	\$498,298	\$731,897	54%
Jan-21	6,485	\$1,857,601	\$726,718	\$400,231	\$90,120	\$150,470	\$3,225,140	\$399,914	\$3,625,054	\$4,976,785	\$3,746,905	\$498,298	\$731,582	73%
Feb-21	6,420	\$2,844,338	\$738,966	\$438,567	\$89,015	\$132,800	\$4,243,684	\$433,977	\$4,677,661	\$4,928,016	\$3,705,949	\$504,555	\$717,512	95%
Mar-21	6,290	\$2,201,163	\$926,522	\$482,172	\$70,392	\$181,910	\$3,842,159	\$431,103	\$4,273,262	\$4,778,572	\$3,559,419	\$515,932	\$703,221	89%
Apr-21	6,312	\$3,848,000	\$683,802	\$414,278	\$114,220	\$183,275	\$5,203,575	\$425,836	\$5,629,411	\$4,843,211	\$3,624,606	\$525,602	\$693,003	116%
May-21	6,285	\$2,628,289	\$690,798	\$360,062	\$68,871	\$132,490	\$3,880,490	\$415,204	\$4,295,694	\$4,824,755	\$3,609,248	\$525,662	\$689,845	89%
Jun-21	6,294	\$3,354,678	\$699,735	\$360,062	\$116,526	\$132,165	\$4,663,166	\$398,673	\$5,061,839	\$4,829,948	\$3,631,432	\$509,108	\$689,410	105%
Jul-21	5,928	\$1,964,985	\$743,133	\$412,323	\$102,005	\$198,600	\$3,421,026	\$385,655	\$3,806,681	\$4,622,763	\$3,496,618	\$463,030	\$683,115	82%
Aug-21	5,918	\$3,046,355	\$698,801	\$450,479	\$93,004	\$135,300	\$4,423,939	\$299,180	\$4,723,119	\$4,596,583	\$3,471,021	\$462,462	\$683,100	103%
Sep-21	6,455	\$4,756,116	\$621,769	\$452,888	\$116,921	\$107,640	\$6,055,334	\$359,572	\$6,414,906	\$4,780,355	\$3,609,816	\$508,537	\$682,002	134%
YTD	75,982	\$31,320,681	\$8,781,787	\$4,918,178	\$1,082,348	\$1,820,288	\$47,901,278	\$5,347,984	\$53,249,262	\$58,205,032	\$43,721,894	\$8,022,868	\$8,460,270	91%

Total Plan Cost vs. Plan Revenue



Plan Year Large Claimants: +\$200,000



High Claimant Tracking

School District of Osceola County
 Med/Rx Claims > \$200,000
 October 2020 through September 2021
 Specific Deductible \$900,000.00

NOTE: Bone Marrow transplant with special contract with InterLink not contained in this report. ~ \$1,200,000 paid.

	Relationship	Diagnosis	Medical Claims Paid	Rx Claims Paid	Total Paid
1	Employee	Displaced Pilon Fracture of Left Tibia - Multiple Fracture of Ribs - Displacement Fracture of Base of 3rd Metacarpal Bone Right Hand	\$830,360	\$302	\$830,662
2	Employee	Other Specified Sepsis - Pneumonia - Acute Respiratory Failure with Hypercapria	\$777,657	\$0	\$777,657
3	Dependent	Acute Lymphoblastic Leukemia	\$504,077	\$1,501	\$505,578
4	Termed Employee	Stemi Involving Left Anterior Descending Coronary Artery - Cariogenic Shock - Mycardial Infarction of Unspecified Site	\$411,110	\$0	\$411,110
5	Dependent	Hereditary Factor IX Deficiency - Exposure to Viral Communicable Disease	\$398,784	\$1,942	\$400,726
6	Termed Employee	Osteomyelitis of Vertebra - Lumbosacral Resion - Meningitis Due to Other Specified Causes - Disc Disorders with Tadiculopathy,	\$396,998	\$2,492	\$399,490
7	Employee	Scoliosis - Thoracic Region	\$385,535	\$3,456	\$388,991
8	Employee	Crohn's Disease of Large Intestine with Fistula	\$13,026	\$310,437	\$323,463
9	Dependent	Hereditary Deficiency of Other Clotting Factors	\$279,296	\$40,212	\$319,508
10	Dependent	Single Liveborn Birth - Delivered by Cesarean	\$306,653	\$0	\$306,653
11	Employee	Antineoplastic Chemotherapy - Multiple Myeloma with no Remission - Immunotherapy	\$124,652	\$167,768	\$292,420
12	Employee	Sepsis due to Methicillin Resistant Staphylococcus Aureus	\$287,851	\$221	\$288,072
13	Termed Employee	Chronic Kidney Disease with Health Failure - Athlerslerosis of Carotid Artery	\$271,994	\$0	\$271,994

Plan Year Large Claimants: +\$200,000



	Relationship	Diagnosis	Medical Claims Paid	Rx Claims Paid	Total Paid
14	Employee	Chronic Respiratory Failure with Hypoxia	\$249,622	\$6,877	\$256,499
15	Dependent	Hypopituitarism (short stature)	\$1,599	\$252,137	\$253,736
16	Employee	End Stage Renal Disease - Infection from Periton Dialysis Catheter	\$248,560	\$0	\$248,560
17	Employee	Antinroplastic -Chemotherapy Lymphoma	\$245,470	\$321	\$245,791
18	Employee	Malignant Neoplasm of Breast	\$235,444	\$505	\$235,949
19	Employee	Other Specified Sepsis and Covid - Acute Respiratory Failure with Hypoxia <i>Possible re-imburement for COVID claim?</i>	\$234,049	\$19	\$234,068
Total			\$6,202,737	\$788,190	\$6,990,927

These 19 members' claims total 13% of total spending for the year.

Every Child, Every Chance, Every Day!



Questions / Comments