

COMMONWEALTH of VIRGINIA

SARA REDDING WILSON DIRECTOR

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July 22, 2011

Division of Legislative Automated Systems 910 Capitol Square General Assembly Building, Suite 660 Richmond, VA 23219 ATTN: Legislative Documents and Reports Processing

As required in § 2.2-2818 (R.) of the Code of Virginia, attached is a report on cost and utilization information for each of the mandated benefits set forth in § 2.2-2818, subsection B. This report is in the same detail and form as reports submitted pursuant to § 38.2-3419.1.

Please note that § 2.2-2818 (R.) stipulates annual reporting by November 30 and this report, for FY11, is being submitted after the required date. The next report, for FY12, will be submitted prior to the November 30, 2011 due date.

Please contact Charles R. Reid, Associate Director, Office of State and Local Health Benefit Programs at 804-786-3124 (email charles.reed@dhrm.virginia.gov) if you have questions about this report.

Sincerely.

Mary P. Habel Director, Office of Health Benefit Program

Document Summary

Description: Report on cost and utilization information for each of the mandated benefits set forth in § 2.2-2818, subsection B., including any mandated benefit made applicable, pursuant to § 2.2-2818, subdivision B. 22, to any plan established pursuant to this section. The report shall be in the same detail and form as required of reports submitted pursuant to § 38.2-3419.1, with such additional information as is required to determine the financial impact, including the costs and benefits, of the particular mandated benefit.

Subject: Additional cost to the state health benefits plan for state employees due to mandate benefits

Enabling Authority: § 2.2-2818 (R.)

Author: Department of Human Resource Management

Executive Summary Aon Hewitt was retained by the Commonwealth of Virginia's Department of Human Resource Management to review and evaluate the Mandated Benefits Reports as prepared by Anthem and Optima for the Commonwealth's Health Benefits Plans. They received the reports provided by each of the vendors as well as the insured "book of business" reports provided by both vendors at our request. The Commonwealth specific reports are attached. The reports provide cost and utilization information for each of the mandated benefits and providers as required. Aon Hewitt reviewed and compared both reports specific to the Commonwealth's plans alongside the "book of business" reports. The Commonwealth reports reasonably tie to internal data. To itemize and comment on any material impact of the mandated benefits provisions and project future trends, Aon Hewitt would need to observe comparative data over time. At this point, they do not have sufficient history to draw any specific conclusions. Aon Hewitt will continue to monitor the reports, and expect to have more information in the coming years as they are able to compare year over year results.



July 14, 2011

Charles S. Reed Associate Director, Policy and Instruction Commonwealth of Virginia Office of State and Local Benefit Plans 101 N. 14th St. Richmond, VA 23219

Re: Mandated Benefits Report

Dear Mr. Reed:

Aon Hewitt was retained by the Commonwealth of Virginia's Department of Human Resource Management to review and evaluate the Mandated Benefits Reports as prepared by Anthem and Optima for the Commonwealth's Health Benefits Plans. We received the reports provided by each of the vendors as well as the insured "book of business" reports provided by both vendors at our request. The Commonwealth specific reports are attached.

The reports provide cost and utilization information for each of the mandated benefits and providers as required. We reviewed and compared both reports specific to the Commonwealth's plans alongside the "book of business" reports. The Commonwealth reports reasonably tie to internal data.

To itemize and comment on any material impact of the mandated benefits provisions and project future trends, we would need to observe comparative data over time. At this point, we do not have sufficient history to draw any specific conclusions.

We will continue to monitor the reports, and expect to have more information in the coming years as we are able to compare year over year results.

Please let me know if you have any questions or concerns regarding these reports at this time. I can be reached at (404) 240-6138.

Sincerely,

Kirsten R. Schatten, ASA, MAAA

Vice President

Kinstel State



Form MB1 - Part A: Claim Information - Benefits

Provide specific claim data for each mandated benefit

Note: Blank fields (0) indicate that there is no data available for the BOI criteria

TOTAL CLAIMS PAID OR INCURRED

	100111122					
	Number of Visits	Number of Days	Total Claim payments	Number of Contracts/C ertificates	Claim Cost per Contract/C ertificate	Annual Admin Cost
Dependent Children						
(Handicapped)	3420	95	1119645	82533	13.57	21273
Doctor to Include	3420	90	1113043	02000	13.37	21275
Dentist	659	0	136629	82533	1.66	2596
		0				
Newborn Children	4599	944	3690114	82533	44.71	70112
Child Health Supervision						
Services	30814	0	2722252	82533	32.98	51723
Childhood						
Immunizations	19460	0	1532937	82533	18.57	29126
Infant Hearing						
Screening and Related						
Diagnostics	9308	0	451106	82533	5.47	8571
Mental Health						
Services						
Inpatient	379	45	74523	82533	0.90	1416
Partial Hospitalization	0	0	0	82533	0.00	0
Outpatient	19823	0	1440844	82533	17.46	27376
Substance Abuse	10020	<u> </u>	1110011	02000	171.10	2.0.0
Services						
Inpatient	145	104	146849	82533	1.78	2790
Partial Hospitalization	0	17	5252	82533	0.06	100
Outpatient	1160	0	146334	82533	1.77	2780
Biologically based	1100	U	140334	02333	1.77	2700
Mental Illness	6950	133	610000	00500	7.39	11500
	6930	133	610009	82533	7.39	11590
Obstetrical Services			22.4-4.42		0==/	
Normal pregnancy	9809	121	2947119	82533	35.71	55995
Other	18607	5239	16788737	82533	203.42	318986
			2021-0			1
Postpartum Services	545	4	986478	82533	11.95	1871
Pregnancy from Rape /			_,,,			
Incest	32	0	7482	82533	0.09	142
Mammograms	49969	0	5915641	82533	71.68	112397
Pap Smears	73357	0	5989377	82533	72.57	113798
Bones and Joints	263	152	261759	82533	3.17	4973
Hemophilia and						
Congenital Bleeding						
Disorders	1051	21	787665	82533	9.54	14966
Reconstructive Breast						
Surgery	355	0	1316765	82533	15.95	25019
Early Intervention						
Services	3749	0	264207	82533	3.20	5020
PSA Testing	18469	0	428298	82533	5.19	8138
Colorectal Cancer	10409	- 0	420230	02333	5.19	0130
Screening	06040	0	9229077	00500	111.82	175250
Screening	26212	U	9229077	82533	111.82	175352

Form MB1 - Part A: Claim Information - Benefits

Provide specific claim data for each mandated benefit

Note: Blank fields (0) indicate that there is no data available for the BOI criteria

Clinical Trials for
Treatment Studies on
Cancer
Minimum Hospital Stay
for Hysterectomy
Diabetes
Hospice Care
Hospitalization and
Anesthesia for Dental
Procedures
Treatment of Morbid
Obesity
Lymphedema
Prosthetic Devices

11	0	3239	82533	0.04	62
131	482	1910800	82533	23.15	36305
104855	1	12947132	82533	156.87	245996
1299	0	687603	82533	8.33	13064
0.50		400000	00500	4.00	0500
659	0	136629	82533	1.66	2596
41	0	72966	82533	0.88	1386
438	0	39728	82533	0.48	755
0	0	0	82533	0.00	0

Form MB1 - Part B: Providers

Determines the cost of each mandate based on the listing of the CPT and ICD-9-CM Codes provided by the BOI

Note: Blank fields (0) indicate that there is no data available for the BOI criteria

	Number of Visits	Total Claim payments	Cost per visit	Number of Contracts/Certificates	Claim Cost per Contract/Certificate	Annual Admin Cost
Chiropractor	77521	2410295	31.09	82533	29.20	45796
Optometrist	14115	1129814	80.04	82533	13.69	21466
Optician	86	10405	120.99	82533	0.13	198
Psychologist	36	18112	503.11	82533	0.22	344
Clinical Social Worker	81	1952	24.10	82533	0.02	37
Podiatrist	14387	1472162	102.33	82533	17.84	2791
Professional Counselor	37	1220	32.97	82533	0.01	23
Physical Therapist	68527	4022355	58.70	82533	48.74	76425
Clinical Nurse Specialist	4	478	119.50	82533	0.01	9
Audiologist	1135	214439	188.93	82533	2.60	4074
Speech Pathologist	3010	185066	61.48	82533	2.24	3516
Certified Nurse Midwife	563	74799	132.86	82533	0.91	1421
Licensed Acupuncturist	0	0	0.00	82533	0.00	0
Marriage and Family						
Therapist	3	150	50.00	82533	0.00	3

Anthem does not have premium data to provide

Form MB1 - Part C: Premium information

Provide the portion (dollar amount) of the annual premium for each policy that is attributable to each mandated benefit, offer and provider.

	Individual Policy		Group Certif	icates
	Single	Family	Single	Family
Standard Policy:				
Deductible				
Co-Insurance Percentage Paid by Insurer				
Individual/Employee Out-of-Pocket Maximum				
Annual Premium				
Aundarreman			<u>l</u>	
Premium Attributable to Each Mandate:				
Dependent Children (Handicapped)				
Doctor to Include Dentist				
Newborn Children				
Child Health Supervision Services				
Infant Hearing Screening and Related Diagnostics				
Mental Health Services:				
Inpatient		T	T	
Partial Hospitalization				
Outpatient				
Substance Abuse Services:				
Inpatient		Τ	T	
Partial Hospitalization				
Outpatient				
Biologically Based Mental Illness				
Obstetrical Services		T		
Normal Pregnancy				
All Other				
Postpartum Services				
Pregnancy from Rape or Incest				
Mammograms				
Bone Marrow Transplants				
Pap Smears				
Bones and Joints				
Hemophilia and Congenital Bleeding Disorders				
Reconstructive Breast Surgery				
Early Intervention Services				
PSA Testing				
Colorectal Cancer Screening				
Clinical Trials for Treatment Studies on Cancer				
Minimum Hospital Stay for Hysterectomy				
Diabetes				
Hospice Care				
Hospitalization and Anesthesia for Dental Procedures				
Treatment of Morbid Obesity				
Lymphedema				
Chiropractor				
Optometrist				
Optician				
Psychologist				

Anthem does not have premium data to provide

Form MB1 - Part C: Premium information

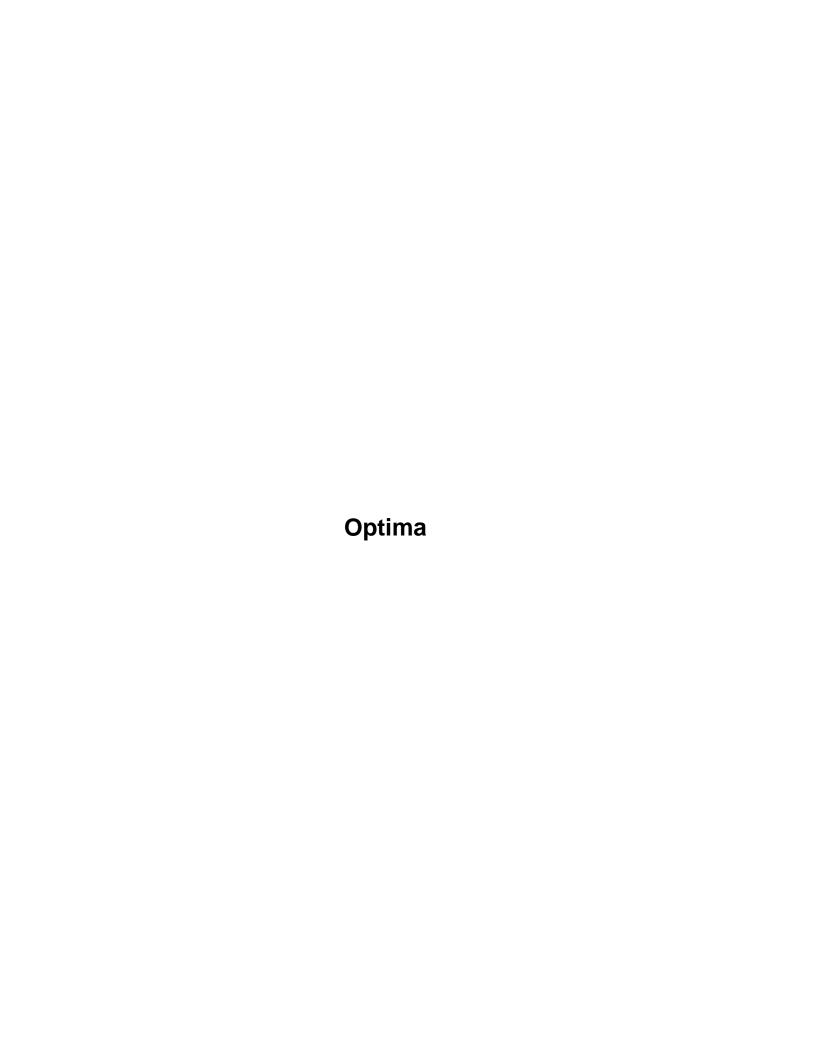
Provide the portion (dollar amount) of the annual premium for each policy that is attributable to each mandated benefit, offer and provider. Clinical Social Worker Podiatrist Professional Counselor **Physical Therapist** Clinical Nurse Specialist Audiologist Speech Pathologist Certified Nurse Midwife Licensed Acupuncturist Marriage and Family Therapist **Prosthetic Devices** Number of Contracts/Certificates: Issued or Renewed In Force Annual Premium for Individual Standard Policy (30 year old male in Richmond): Without Mandates With Mandates **Average Dollar Amount for Converting Group to Individual:** Covered in Policy or Certificate Onetime Charge

Form MB1 - Part D: Utilization and Expenditures for Selected Procedures by Provider Type

Selected Procedure Codes are listed in Part D to obtain information about utilization and costs for specific types of services. Report identifies expenditures and visits for the Procedure Codes indicated by instructions. Other claims should not be included in this Part.

Note: Blank fields (0) indicate that there is no data available for the BOI criteria

	Number of	Claim		
Procedure Code/Provider Type	Visits	Payments	Cost Per Visit	
1. 99203 - Office Visit, Interm	ediate Serv	ice to New Pa		
Chiropractor	1187	51038	43.00	
Clinical Social Worker	0	0	0.00	
Physical Therapist	1	0	0.00	
Podiatrist	2272	210019	92.44	
Professional Counselor	0	0	0.00	
Psychologist	5 0	75 0	15.00	
Psychologist Physician	11938	1186605	0.00 99.40	
Certified Nurse Midwife	9	291	32.33	
Marriage and Family Therapist	0	0	0.00	
2. 90806-90807, 90818-90819	-	,		45 to 50 Minute Session
Clinical Nurse Specialist	0	0	0.00	45 to 50 Millate 50331011
Clinical Social Worker	69	1669	24.19	
Professional Counselor	31	413	13.32	
Psychiatrist	9	352	39.11	
Psychologist	0	0	0.00	
Physician	20	1063	53.15	
Marriage and Family Therapist	0	0	0.00	
3. 90853 - Group Psychothera	ру			
Clinical Nurse Specialist	0	0	0.00	
Clinical Social Worker	0	0	0.00	
Professional Counselor	0	0	0.00	
Psychiatrist	0	0	0.00	
Psychologist	0	0	0.00	
Physician	0	0	0.00	
Marriage and Family Therapist	9	290	32.22	
4. 92507 - Speech, Language				
Audiologist	0	0	0.00	
Physical Therapist	11	272	24.73	
Speech Pathologist	2582	146876	56.88	
Physician E 07110 Physical Medicine 3	0	0	0.00	utia Eversica
5. 97110 - Physical Medicine Theorem Chiropractor	17505		27.33	itic Exercise
Physical Therapist	54132	478368 1881992	34.77	
Physician	242	105792	43.68	
Podiatrist	9	259	28.78	
Speech Pathologist	3	27	9.00	
6. 97124 - Physical Medicine			0.00	
Chiropractor	6450	140699	21.81	
Physical Therapist	350	13789	39.40	
Physician	64	2061	32.20	
Podiatrist	0	0	0.00	
7. 97035 - Physical Medicine 1	reatment, l	Jitrasound, ea	ach 15 minute	es
Chiropractor	5911	64904	10.98	
Physical Therapist	6165	93156	15.11	
Physician	154	3049		
Podiatrist	48	321	6.69	
8. 92352 - Fitting of Spectacle	Prosthesis	for Aphakia, ı	monofocal	
Ophthalmologist	0	0	0.00	
Optician	0	0	0.00	
Optometrist	0	0	0.00	
Physician	0	0	0.00	
9. 11750 - Excision of Nail and				Permanent Removal
Physician	52	9714		
Podiatrist	507	118220	233.18	



Form MB 1 - Part A: Claim Information - Benefits

Individual Values

a b

Number of Visits Number of Days

c Total Claim Payments d e
Number of Claim Cost Per
Contracts/ Contract/
Certificate

Annual Administrative Cost g Percent of Total Health Claims

Certificates

INDIVIDUAL TOTAL CLAIMS PAID OR INCURRED

Dependent Children (Handicapped)

Doctor to Include Dentist

Newborn Children Child Health Supervision Services

Childhood Immunizations Infant Hearing Screening and Related Diagnostics

Mental Health Services

Inpatient

Partial Hospitalization

Outpatient Substance Abuse Services

Inpatient

Partial Hospitalization Outpatient

Postpartum Services

Pregnancy from Rape / Incest Mammograms

Bone Marrow Transplants Pap Smears

Bones and Joints

Hemophilia and Congenital

Bleeding Disorders

Reconstructive Breast Surgery

Early Intervention Services

PSA Testing

Colorectal Cancer Screening

Clinical Trials for Treatment Studies on Cancer Minimum Hospital Stay for Hysterectomy Diabetes Hospice Care

Hospitalization and Anesthesia

for Dental Procedures

Treatment of Morbid Obesity

\$ -

Group Values

		Group Values					
	a	b	С	d	e	f	g
	Number of Visits	Number of Days	Total Claim Payments	Number of Contracts/Certific antes	Claim Cost Per Contract/ Certificate	Annual Administrative Cost	Percent of Total Health Claims
GROUP TOTAL CLAIMS PAID OR INCU	RRED			İ	\$	57,676,865	
Dependent Children (Handicapped)							
Doctor to Include Dentist	725	\$	246,918	8,922		40,195.97	0.43%
Newborn Children	83	\$	19,583	8,922	\$ 2.19	3,187.99	0.03%
Child Health Supervision							
Services	595	\$	44,574	8,922		7,256.23	0.08%
Childhood Immunizations	967	\$	131,555	8,922	\$ 14.75	21,416.01	0.23%
Infant Hearing Screening and		_					
Related Diagnostics	149	\$	5,039	8,922	\$ 0.56	820.26	0.01%
Mental Health Services							
Inpatient							
Partial Hospital							
Outpatient							
Substance Abuse Services							
Inpatient							
Partial Hospital							
•							
Outpatient							
Biologically Based Mental							
Illness							
Obstetrical Services							
Normal Pregnancy	114	\$	149,486	8,922		,	0.26%
All Other	634	\$	403,671	8,922	\$ 45.24	65,713.95	0.70%
Postpartum Services							
Pregnancy from Rape / Incest							
Mammograms	4,192	\$	627,644	8,922	\$ 70.35	102,174.61	1.09%
Bone Marrow Transplants							
Pap Smears	886	\$	41,644	8,922	\$ 4.67	6,779.26	0.07%
Bones and Joints	54	\$	9,161	8,922	\$ 1.03	1,491.36	0.02%
	•	•	0,101	0,022	•	1,101.00	0.0270
Hemophilia and Congenital							
Bleeding Disorders	93	\$	775	8,922	\$ 0.09	126.17	0.00%
Reconstructive Breast Surgery						-	
		_	070			00 000	0.050/
Early Intervention Services	651	\$	373,675	8,922		60,830.89	0.65%
PSA Testing	1,769	\$	44,782	8,922	\$ 5.02	7,290.02	0.08%
	4.070	•	000.004	0.000	A 07.75	54 004 04	0.500/
Colorectal Cancer Screening	1,379	\$	336,824	8,922	\$ 37.75	54,831.81	0.58%
Clinical Trials for Treatment							
Studies on Cancer	25	\$	36,885	8,922	\$ 4.13	6,004.52	0.06%
Minimum Hospital Stay for	25	Ψ	30,000	0,922	Ψ 4.13	0,004.52	0.0070
Hysterectomy	42	\$	63,221	8,922	\$ 7.09	10,291.74	0.11%
Diabetes	29	\$	1,751	8,922		285.04	0.00%
	29	Φ	1,751	0,922	ψ 0.20	200.04	0.0076
Hospice Care							
Hospitalization and Anesthesia							
for Dental Procedures	147	\$	19,551	8,922	\$ 2.19	3,182.68	0.03%
io. Solitar i roccuures	147	Φ	19,001	0,322	ų 2.19	5,102.00	0.0370
Treatment of Morbid Obesity	7	\$	9,281	8,922	\$ 1.04	1,510.81	0.02%
Lymphedema	16	\$	4,321	8,922		703.45	0.01%
-3	10	Ψ	1,021	0,022	9.70	7 00.40	0.0170

Form 1 MB - Part B: Claim Information - Providers

Group Values										
	a		b		С	d		е	f	g
	Number of Visits		Total Claim Payments	(Costs Per Visit	Number of Contracts/certificates		aim Cost Per Contract / Certificate	Annual Administrative Costs	Percent of Total Health Claims
Chiropractor									-	
Optometrist	966	\$	58,979	\$	61.06	8,922	\$	15.82	9,601.31	0.10%
Optician	3,508	\$	416,547	\$	118.74	8,922	\$	29.54	67,809.98	0.01%
Psychologist										
Clinical Social Worker										
Podiatrist	1,729	\$	158,672	\$	91.77	8,922	\$	18.84	25,830.40	0.28%
Professional Counselor										
Physical Therapist	4,887	\$	1,018,067	\$	208.32	8,922	\$	23.46	165,731.76	1.77%
Clinical Nurse Specialist										
Audiologist	89	\$	12,526	\$	140.74	8,922	\$	0.63	2,039.09	0.02%
Speech Pathologist	33	\$	6,548	\$	198.42	8,922	\$	0.17	1,065.95	0.01%
Certified Nurse Midwife	12	\$	1,191	\$	99.25	8,922	\$	0.12	193.89	0.00%
Licensed Acupuncturist										
Marriage and Family Therapist										

Form MB 1 - Part C: Premium Information

	Single	Individual Policy Family	Group Cert Single F	tificates amily
Standard Policy: Deductible	og.o		225.00	450.00
Co-Insurance Percentage Paid				
by Insurer Individual/Employee Out-of-			100.00%	100.00%
Pocket Maximum Annual Premium			1,500.00	3,000.00
Premium Attributable to Each Mandate: Dependent Children (Handicapped)				
Doctor to Include Dentist			-	-
Newborn Children Child Health Supervision			-	-
Services Childhood Immunizations			-	-
Infant Hearing Screening and Related Diagnostics			-	-
Mental Health Services Inpatient				
Partial				
Hospitalization Outpatient				
Substance Abuse Services Inpatient				
Partial				
Hospitalization Outpatient				
Biologically Based Mental Illness				
Obstetrical Services				
Normal Pregnancy All Other			-	-
Postpartum Services				
Pregnancy from Rape or Incest Mammograms			_	-
Bone Marrow Transplants			-	-
Pap Smears Bones and Joints			- -	-
Hemophilia and Congenital Bleeding Disorders			-	-
Reconstructive Breast Surgery			-	-
Early Intervention Services PSA Testing			-	-
Colorectal Cancer Screening			-	-
Clinical Trials for Treatment				
Studies on Cancer Minimum Hospital Stay for			-	-
Hysterectomy Diabetes			-	-
Hospice Care			-	-
Hospitalization and Anesthesia for Dental Procedures			-	-
Treatment of Morbid Obesity Lymphedema			-	-
Chiropractor			-	-
Optometrist Optician			-	-
Psychologist Clinical Social Worker			- -	-
Podiatrist			-	-
Professional Counselor Physical Therapist			-	-
Clinical Nurse Specialist Audiologist			-	-
Speech Pathologist Certified Nurse Midwife			-	-
Licensed Acupuncturist			- -	-
Marriage and Family Therapist			-	-
Number of Contracts/Certificates: Issued or Renewed In Force			3,916	4,233
Annual Premium for Individual Standard Policy (30 year old male in Richmond):			,	
Without Mandates With Mandates			-	
Average Dollar Amount for Converting Group to Individual:				
Covered in Policy or Certificate Onetime Charge			<u>-</u>	
Chounte Sharge			-	

Form MB 1 - Part D: Utilization and Expenditures for Selected Procedures by Provider Type

Procedure Code/Provider Type	Number of Visits	Claim Paymen	ts	Cost Per Visit
99203 - Office Visit, Intermediate Service to New Patient				
Audiologist				
Chiropractor				
Clinical Social Worker				
Physical Therapist				
Podiatrist	264	\$ 19,224	\$	72.82
Professional Counselor				
Psychiatrist				
Psychologist				
Physician	2,584			85.23
Opthalmologist	46			59.84
Optometrist	22			55.10
Certified Nurse Midwife	1	\$ 70	\$	69.70
Marriage and Family Therapist				
2. 90806-90807, 90818-90819 - Individual/Medical Psychotherapy, 45 to 50 Minute Session				
Clinical Nurse Specialist				
Clinical Social Worker				
Professional Counselor				
Physical Therapist				
Psychiatrist				
Psychologist				70.07
Physician	1	\$ 80	\$	79.67
Marriage and Family Therapist				
3. 90853 - Group Psychotherapy				
Clinical Nurse Specialist				
Clinical Social Worker Professional Counselor				
Psychiatrist				
Psychologist				
Physician				
Marriage and Family Therapist				
4. 92507 - Speech, Language or Hearing Therapy, Individual				
Audiologist	50	6 500		00.00
Chiropractor	59			86.36
Physical Therapist	167			95.48
Speech Pathologist	29 33			182.46 226.30
Physician	33	\$ 7,468	Ф	220.30
5. 97110 - Physical Medicine Treatment, each 15 minutes, Therapeutic Exercise				
Chiropractor	178	\$ 8,543	\$	47.99
Physical Therapist	3,681	\$ 566,499	\$	153.90
Physician	366	\$ 23,02	5 \$	62.91
Podiatrist				
Speech Pathologist				
6. 97124 - Physical Medicine Treatment, Massage				
Chiropractor				
Physical Therapist	208	\$ 6,447	7 \$	31.00
Physician	1	\$ 2		21.34
Podiatrist				
7. 97035 - Physical Medicine Treatment, Ultrasound, each 15 minutes			•	5.04
Chiropractor	23			5.24
Physical Therapist	673			38.06
Physician	53	\$ 1,217	\$	22.96
Podiatrist				
8. 92352 - Fitting of Spectacle Prosthesis for Aphakia, monofocal				
Ophthalmologist				
Optician				
Optometrist				
Physician				
0. 11750. Excision of Noil and Noil Matrix, Porticles Complete for Dormand				
11750 - Excision of Nail and Nail Matrix, Partial or Complete, for Permanent Removal				
Physician	8	\$ 2,489	\$	311.09
Podiatrist	41	\$ 6,246		152.34
	•	, -,=	-	