



December 12, 2017

Mr. Gene Raney
Director, Office of Health Benefits
Commonwealth of Virginia
Department of Human Resource Management
101 N. 14th Street
Richmond, VA 23219

Re: SFY2017 Mandated Benefits Report

Gene:

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 Aetna for the Commonwealth's Health Benefits Plans. The Commonwealth specific reports for Anthem and Aetna for SFY2017 are attached.

The reports provide cost and utilization information for each of the mandated benefits and providers as required. We reviewed and compared the Anthem information, specific to the Commonwealth's plans, alongside the reports submitted for SFY2013- SFY2016. Historically, Aetna has only provided book-of business data. For SFY2017, Aetna did provide COVA specific data. However there are some concerns about the accuracy of this data given that Virginia's State Corporation Commission (SCC) has not yet released updated instructions using ICD-10 diagnoses codes. Aetna compiled this data with assistance from HDMS utilizing the instructions for ICD-9 diagnosis codes and made some assumptions. Nevertheless, we have compared it to Aetna's reported book-of business data for SFY2014-SFY2016. Note that the Virginia Business of Insurance shortened the reporting period for 2015 because the ICD-10 codes were not available. Therefore, the FY2016 data shown in the comparison may seem low compared to other years.

We have a rolling 5 year period of Anthem data to compare, which allows us to draw some general conclusions on cost and utilization patterns related to the mandated benefit provisions. However, to itemize and fully comment on any material impact of the mandates and project future mandate related trends, Aon Hewitt would need to incorporate data beyond the scope of the reporting requirements of the Mandated Benefits Reports. The Mandated Benefit Reports capture the total claims cost and visits for each mandate and do not contain any information on the cost and utilization patterns related to the specific populations covered by each of the mandated benefits and providers. An independent study would need to be developed to determine reporting metrics that would be appropriate to measure and report on cost, utilization, and health outcomes being driven by the mandates.

Aon Hewitt did compare overall trends across **Part A: Claim Information - Benefits**, **Part B: Claim Information – Providers** and **Part D: Utilization and Expenditures for Selected Procedures by Provider Type** by combining the Anthem and Optima Commonwealth Mandated Benefit reports for

SFY 2013 and the Anthem reports for SFY2014 through SFY2017. With the exception of SFY2016 (because of the missing data), we observed reasonable trends in total claims paid, claim cost per contract, and visits per contract, a metric we calculated to measure change in utilization volume year over year.

While we do not have COVA specific data prior to SFY2017 on the Aetna HealthAware population, Anthem covers approximately 93% of the contracts for the Commonwealth. Therefore, we can still make reasonable observations about trend from the Anthem data. Note, however, that the SFY2016 and SFY20017 trends for Part A may be misleading as they reflect partial year data for SFY2016.

For Part A, total claims per contract increased at an annual rate of 6.4% and claims cost per visit increased at an annual rate of 3.2% from SFY2013 to SFY2017. Total utilization, measured by “visits per contract”, has increased at an annual rate of 3.1% in the same time period. The rate of change in visits per contract from SFY2016 to SFY 017 decreased 2.6% following a significant decrease last year.

In addition, we compared the trends for some of the preventive mandated benefits. Specifically, we looked at the change in “visits per contract” to measure change in volume of these procedures year over year for SFY 2017, SFY 2016, SFY 2015, SFY2014, and SFY2013. The “number of contracts” reported for each measure below represents the entire COVA population and “visits per contract-” is defined over the entire COVA population. Generally, industry standard methodology used to report preventive procedure rates involves looking at only the subset of the enrolled population applicable for each measure. Please note that an independent analysis would need to be done to report preventative procedure rates for the measures we reviewed. The results are shown in the tables listed in Exhibit A accompanying this letter.

For Part B, total claims paid per contract increased at an annual rate of 21.4% and claims cost per visit increased at an annual rate of 5.4% over the five year period. Total utilization, measured by “visits per contract”, increased at an annual rate of 15.1%. For Part D, total claims payments for the selected procedures increased at an annual rate of 5.5% and claims cost per visit increased at an annual rate of 1.0% over the five year period. The majority of cost and visits reported for Part B and Part D are for Physical Therapists and Chiropractors.

As stated, Aetna data has been provided for the Commonwealth specific population for the first time beginning with SFY2017. Prior years’ data (i.e., 2014 through 2016) was provided for informational purposes. However, the SFY2017 trends are not that meaningful, as they compare two different populations and the logic Aetna used to compile the data was different. We expect the Aetna data to be more accurate when they can compile the data with updated instructions for the ICD-10 diagnoses codes. These instructions are not yet available.

We will continue to monitor the reports, and will continue to provide a general comparison of year over year results as additional results become available. However, it is important to note that our ability to analyze and isolate the impact of the mandated benefits will be limited using the current

format of the Mandated Benefit Report, which does not identify the specific population covered by each mandate. We are available to discuss these limitations and what reporting requirements are necessary to accomplish this segmentation. Please let me know if you have any questions or concerns regarding these reports at this time. I can be reached at 804.560.2274.

Sincerely,

Aon Consulting, Inc., an Aon Hewitt company

A handwritten signature in cursive script that reads "Marc Vallario".

Marc Vallario
Vice President

Exhibit A

Anthem/Optima

	Number of Visits					Number of Contracts					Paid Claims				
	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017
Childhood Immunizations	511,769	545,262	582,642	565,452	504,853	90,339	86,287	84,237	82,584	81,282	\$27,652,118	\$30,957,219	\$34,471,436	\$31,905,773	\$36,346,443
Mammograms	54,288	53,072	54,572	50,560	48,375	90,339	86,287	84,237	82,584	81,282	\$7,728,966	\$7,540,077	\$7,895,361	\$3,515,925	\$8,072,306
Pap Smears	65,069	65,888	64,898	37,361	26,256	90,339	86,287	84,237	82,584	81,282	\$5,908,018	\$6,474,314	\$6,481,027	\$2,548,199	\$1,030,768
Early Intervention Services	4,156	3,649	4,012	4,139	837	90,339	86,287	84,237	82,584	81,282	\$1,032,696	\$294,843	\$325,249	\$332,818	\$161,975
PSA Testing	18,109	17,734	18,190	17,475	16,682	90,339	86,287	84,237	82,584	81,282	\$439,120	\$417,351	\$411,446	\$379,385	\$358,738
Colorectal Cancer Screening	27,070	28,057	29,286	24,856	27,199	90,339	86,287	84,237	82,584	81,282	\$11,506,578	\$13,044,465	\$13,090,062	\$10,374,298	\$14,075,893

	Visits Per Contract					Paid Per Visit					Paid Per Contract				
	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017
Childhood Immunizations	5.66	6.32	6.92	6.85	6.21	\$54	\$57	\$59	\$56	\$72	\$306	\$359	\$409	\$386	\$447
Mammograms	0.60	0.62	0.65	0.61	0.60	\$142	\$142	\$145	\$70	\$167	\$86	\$87	\$94	\$43	\$99
Pap Smears	0.72	0.76	0.77	0.45	0.32	\$91	\$98	\$100	\$68	\$39	\$65	\$75	\$77	\$31	\$13
Early Intervention Services	0.05	0.04	0.05	0.05	0.01	\$248	\$81	\$81	\$80	\$194	\$11	\$3	\$4	\$4	\$2
PSA Testing	0.20	0.21	0.22	0.21	0.21	\$24	\$24	\$23	\$22	\$22	\$5	\$5	\$5	\$5	\$4
Colorectal Cancer Screening	0.30	0.33	0.35	0.30	0.33	\$425	\$465	\$447	\$417	\$518	\$127	\$151	\$155	\$126	\$173

	Change in Visits Per Contract					Change in Paid Per Visit					Change in Paid Per Contract				
	'13 vs '12	'14 vs '13	'15 vs '14	'16 vs '15	'17 vs '16	'13 vs '12	'14 vs '13	'15 vs '14	'16 vs '15	'17 vs '16	'13 vs '12	'14 vs '13	'15 vs '14	'16 vs '15	'17 vs '16
Childhood Immunizations	+ 2.4%	+ 11.5%	+ 9.5%	- 1.0%	- 9.3%	+ 5.5%	+ 5.1%	+ 4.2%	- 4.6%	+ 27.6%	+ 8.0%	+ 17.2%	+ 14.1%	- 5.6%	+ 15.7%
Mammograms	- 0.1%	+ 2.4%	+ 5.3%	- 5.5%	- 2.8%	+ 5.7%	- 0.2%	+ 1.8%	- 51.9%	+ 140.0%	+ 5.6%	+ 2.1%	+ 7.3%	- 54.6%	+ 133.3%
Pap Smears	- 5.6%	+ 6.0%	+ 0.9%	- 41.3%	- 28.6%	+ 6.9%	+ 8.2%	+ 1.6%	- 31.7%	- 42.4%	+ 0.9%	+ 14.7%	+ 2.5%	- 59.9%	- 58.9%
Early Intervention Services	- 0.6%	- 8.1%	+ 12.6%	+ 5.2%	- 79.5%	+ 14.8%	- 67.5%	+ 0.3%	- 0.8%	+ 140.7%	+ 14.1%	- 70.1%	+ 13.0%	+ 4.4%	- 50.6%
PSA Testing	- 7.7%	+ 2.5%	+ 5.1%	- 2.0%	- 3.0%	+ 1.9%	- 2.9%	- 3.9%	- 4.0%	- 0.9%	- 5.9%	- 0.5%	+ 1.0%	- 5.9%	- 3.9%
Colorectal Cancer Screening	+ 2.2%	+ 8.5%	+ 6.9%	- 13.4%	+ 11.2%	+ 5.8%	+ 9.4%	- 3.9%	- 6.6%	+ 24.0%	+ 8.1%	+ 18.7%	+ 2.8%	- 19.2%	+ 37.9%

Exhibit A

Aetna

	Number of Visits				Number of Contracts				Paid Claims			
	SFY2014	SFY2015	SFY2016	SFY2017	SFY2014	SFY2015	SFY2016	SFY2017	SFY2014	SFY2015	SFY2016	SFY2017
Childhood Immunizations	1,609	1,594	1,318	684	57,984	67,450	45,665	5,780	\$934,290	\$936,826	\$840,348	\$32,493
Mammograms	12,315	14,756	11,789	449	57,984	67,450	45,665	5,780	\$2,199,161	\$2,441,230	\$2,015,669	\$3,712
Pap Smears	26,033	28,902	22,313	1,393	57,984	67,450	45,665	5,780	\$2,604,659	\$2,804,091	\$2,268,613	\$48,709
Early Intervention Services	3,987	4,643	936	6,880	57,984	67,450	45,665	5,780	\$2,990,356	\$3,178,131	\$234,571	\$321,098
PSA Testing	8,218	6,273	5,067	411	57,984	67,450	45,665	5,780	\$4,533,693	\$648,508	\$478,083	\$7,698
Colorectal Cancer Screening	8,218	10,154	8,224	415	57,984	67,450	45,665	5,780	\$4,533,693	\$5,582,295	\$4,852,603	\$172,836

	Visits Per Contract				Paid Per Visit				Paid Per Contract			
	SFY2014	SFY2015	SFY2016	SFY2017	SFY2014	SFY2015	SFY2016	SFY2017	SFY2014	SFY2015	SFY2016	SFY2017
Childhood Immunizations	0.03	0.02	0.03	0.12	\$581	\$588	\$638	\$48	\$16	\$14	\$18	\$6
Mammograms	0.21	0.22	0.26	0.08	\$179	\$165	\$171	\$8	\$38	\$36	\$44	\$1
Pap Smears	0.45	0.43	0.49	0.24	\$100	\$97	\$102	\$35	\$45	\$42	\$50	\$8
Early Intervention Services	0.07	0.07	0.02	1.19	\$750	\$684	\$251	\$47	\$52	\$47	\$5	\$56
PSA Testing	0.14	0.09	0.11	0.07	\$552	\$103	\$94	\$19	\$78	\$10	\$10	\$1
Colorectal Cancer Screening	0.14	0.15	0.18	0.07	\$552	\$550	\$590	\$416	\$78	\$83	\$106	\$30

	Change in Visits Per Contract			Change in Paid Per Visit			Change in Paid Per Contract		
	2015 vs 2014	2016 vs 2015	2017 vs 2016	2015 vs 2014	2016 vs 2015	2017 vs 2016	2015 vs 2014	2016 vs 2015	2017 vs 2016
Childhood Immunizations	- 14.8%	+ 21.0%	+ 310.0%	+ 1.2%	+ 9.5%	- 92.5%	- 13.8%	+ 13.9%	- 69.5%
Mammograms	+ 3.0%	+ 41.4%	- 69.9%	- 7.4%	- 13.7%	- 95.2%	- 4.6%	+ 4.8%	- 98.5%
Pap Smears	- 4.6%	+ 26.6%	- 50.7%	- 3.0%	- 5.6%	- 65.6%	- 7.5%	+ 2.7%	- 83.0%
Early Intervention Services	+ 0.1%	- 65.3%	+ 5,707.2%	- 8.7%	- 68.6%	- 81.4%	- 8.6%	- 90.6%	+ 981.5%
PSA Testing	- 34.4%	- 8.9%	- 35.9%	- 81.3%	+ 19.6%	- 80.1%	- 87.7%	- 6.4%	- 87.3%
Colorectal Cancer Screening	+ 6.2%	+ 47.8%	- 60.1%	- 0.3%	- 13.1%	- 29.4%	+ 5.8%	+ 10.4%	- 71.9%

Note: SFY2014 – SFY2016 data is based on Aetna’s book-of-business data. SFY2017 is based on COVA specific data compiled using instructions for ICD-9 diagnosis codes with some assumptions.

Form MB1 - Part A: Claim Information - Benefits

GROUP TOTAL CLAIMS PAID OR INCURRED

	Number of Visits	Number of Days	Total Claim payments	Number of Contracts/Certificates	Claim Cost per Contract/Certificate	Annual Admin Cost	
Dependent Children (Handicapped)	282	11	153962	81282	1.89	3695	
Doctor to Include Dentist	0	0	0	0	0.00	0	No data available
Newborn Children	2983	615	4860769	81282	59.80	116658	
Child Health Supervision Services	35433	0	4033502	81282	49.62	96804	
Childhood Immunizations	504853	0	36346443	81282	447.16	872315	
Infant Hearing Screening and Related Diagnostics	10126	0	261460	81282	3.22	6275	
Mental Health Services							
Inpatient	822	1923	3114192	81282	38.31	74741	
Partial Hospitalization	2	0	125	81282	0.00	3	
Outpatient	37710	0	4155330	81282	51.12	99728	
Substance Abuse Services				81282			
Inpatient	275	2794	2355974	81282	28.99	56543	
Partial Hospitalization	0	0	0	0	0.00	0	no data available
Outpatient	1218	0	136968	81282	1.69	3287	
Biologically based Mental Illness	74038	5208	16999485	81282	209.14	407988	
Obstetrical Services				81282			
Normal pregnancy	8666	105	3631291	81282	44.68	87151	
Other	12291	1159	10123993	81282	124.55	242976	
Postpartum Services	1873	4	394886	81282	4.86	9477	
Pregnancy from Rape / Incest	6	0	975	81282	0.01	23.39	
Mammograms	48375	0	8072306	81282	99.31	193735	
Pap Smears	26256	0	1030768	81282	12.68	24738	
Bones and Joints	264	0	59916	81282	0.74	1438	
Hemophilia and Congenital Bleeding Disorders	2129	92	2059915	81282	25.34	49438	
Reconstructive Breast Surgery	631	7	1540442	81282	18.95	36971	
Early Intervention Services	837	0	161975	81282	1.99	3887	
PSA Testing	16682	0	358738	81282	4.41	8610	
Colorectal Cancer Screening	27199	0	14075893	81282	173.17	337821	
Clinical Trials for Treatment Studies on Cancer	23	0	18271	81282	0.22	438.51	
Minimum Hospital Stay for Hysterectomy	276	0	525706	81282	6.47	12617	
Diabetes	125244	0	14652544	81282	180.27	351661	
Hospice Care	0	0	0	81282	0.00	0	No data available
Hospitalization and Anesthesia for Dental Procedures	7	0	3479	81282	0.04	83.50	
Treatment of Morbid Obesity	19	0	31782	81282	0.39	763	
Lymphedema	300	12	137695	81282	1.69	3304.68	
Prosthetic Devices	0	0	0	81282	0.00	0	No data available
Telemedicine	1543	0	130232	81282	1.60	3125.56	

Form MB1 - Part B: Providers

group Values

	Number of Visits	Total Claim payments	Cost per visit	Number of Contracts/Certificates	Claim Cost per Contract/Certificate	Annual Admin Cost	
Chiropractor	89862	4083201	45.44	81282	50.23	97997	
Optometrist	16906	1572965	93.04	81282	19.35	37751	
Optician	0	0	0.00	81282	0.00	0	no data available
Psychologist	5422	1122481	207.02	81282	13.81	26940	
Clinical Social Worker	37159	2145910	57.75	81282	26.40	51502	
Podiatrist	15867	1806673	113.86	81282	22.23	43360	
Professional Counselor	38868	2241955	57.68	81282	27.58	53807	
Physical Therapist	105949	7715581	72.82	81282	94.92	185174	
Clinical Nurse Specialist	18160	4568493	251.57	81282	56.21	109644	
Audiologist	1941	282570	145.58	81282	3.48	6782	
Speech Pathologist	0	0	0.00	81282	0.00	0	no data available
Certified Nurse Midwife	832	189443	227.70	81282	2.33	4547	
Licensed Acupuncturist	0	0	0.00	81282	0.00	0	no data available
Marriage and Family Therapist	0	0	0.00	81282	0.00	0	no data available

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

Procedure Code/Provider Type	Number of Visits	Claim Payments	Cost Per Visit	
1. 99203 - Office Visit, Intermediate Service to New Patient				
Chiropractor	1643	77202	47	
Clinical Social Worker	0	0	0	No data available
Physical Therapist	0	0	0	No data available
Podiatrist	3126	303426	97	
Professional Counselor	0	0	0	No data available
Psychiatrist	46	2114	46	
Psychologist	0	0	0	No data available
Physician	19242	1971540	102	
Certified Nurse Midwife	8	564	70	
Marriage and Family Therapist	0	0	0	No data available
2. 90806-90807, 90818-90819 - Individual/Medical Psychotherapy, 45 to 50 Minute Session				
Clinical Nurse Specialist	0	0	0.00	No data available
Clinical Social Worker	0	0	0.00	No data available
Professional Counselor	0	0	0.00	No data available
Psychiatrist	0	0	0.00	No data available
Psychologist	0	0	0.00	No data available
Physician	0	0	0.00	No data available
Marriage and Family Therapist	0	0	0.00	No data available
3. 90853 - Group Psychotherapy				
Clinical Nurse Specialist	1	42	42	
Clinical Social Worker	1092	27051	25	
Professional Counselor	1042	25719	25	
Psychiatrist	100	2781	28	
Psychologist	6	152	25	
Physician	145	3003	21	
Marriage and Family Therapist	0	0	0	No data available
4. 92507 - Speech, Language or Hearing Therapy, Individual				
Audiologist	0	0	0.00	No data available
Physical Therapist	0	0	0.00	No data available
Speech Pathologist	0	0	0.00	No data available
Physician	102	5202	51.00	
5. 97110 - Physical Medicine Treatment, each 15 minutes, Therapeutic Exercise				
Chiropractor	22021	764575.2	34.72	
Physical Therapist	89271	3,980,367	44.59	
Physician	2477	128,645.60	51.94	
Podiatrist	29	2048.62	70.64	
Speech Pathologist	0	0	0.00	No data available
6. 97124 - Physical Medicine Treatment, Massage				
Chiropractor	11893	497368	41.82	
Physical Therapist	175	2692	15.39	
Physician	0	0	0.00	No data available
Podiatrist	0	0	0.00	No data available
7. 97035 - Physical Medicine Treatment, Ultrasound, each 15 minutes				
Chiropractor	5018	49175	10	
Physical Therapist	3678	51788	14	
Physician	203	3871	19	
Podiatrist	29	181	6	
8. 92352 - Fitting of Spectacle Prosthesis for Aphakia, monofocal				
Ophthalmologist	0	0	0.00	No data available
Optician	0	0	0.00	No data available
Optometrist	0	0	0.00	No data available
Physician	0	0	0.00	No data available
9. 11750 - Excision of Nail and Nail Matrix, Partial or Complete, for Permanent Removal				
Physician	36	8096	224.88	
Podiatrist	454	109946	242.17	

Form MB1 - Part A: Claim Information - Benefits

Based on Incurred Data from July 2016 to June 2017

GROUP TOTAL CLAIMS PAID OR INCURRED

	Number of Visits	Number of Days	Total Claim payments	Number of Contracts/Certificates	Claim Cost per Contract/Certificate	Annual Admin Cost
Dependent Children (Handicapped)	3,852	307	\$ 5,896,569	5,780	\$ 1,020.17	\$ 1,338,758.42
Doctor to Include						
Dentist	34	0	\$ 203,541	5,780	\$ 35.21	\$ 46,212.00
Newborn Children	200	7	\$ 250,939	5,780	\$ 43.42	\$ 56,973.25
Child Health Supervision Services	202	2	\$ 804,174	5,780	\$ 139.13	\$ 182,579.86
Childhood Immunizations	684	0	\$ 32,493	5,780	\$ 5.62	\$ 7,377.22
Infant Hearing Screening and Related Diagnostics	726	0	\$ 15,472	5,780	\$ 2.68	\$ 3,512.77
Mental Health Services						\$ -
Inpatient	23	161	\$ 196,479	5,780	\$ 33.99	\$ 44,608.64
Partial Hospitalization				5,780	\$ -	\$ -
Outpatient	4,583	0	\$ 482,975	5,780	\$ 83.56	\$ 109,654.76
Substance Abuse Services						\$ -
Inpatient	29	21	\$ 28,469	5,780	\$ 4.93	\$ 6,463.61
Partial Hospitalization				5,780	\$ -	\$ -
Outpatient				5,780	\$ -	\$ -
Biologically based Mental Illness				5,780	\$ -	\$ -
Obstetrical Services						\$ -
Normal pregnancy	63	5	\$ 78,799	5,780	\$ 13.63	\$ 17,890.54
Other	495	112	\$ 903,248	5,780	\$ 156.27	\$ 205,073.64
				5,780	\$ -	\$ -
Postpartum Services	102	0	\$ 252,130	5,780	\$ 43.62	\$ 57,243.65
Pregnancy from Rape / Incest				5,780	\$ -	\$ -
Mammograms	449	0	\$ 3,712	5,780	\$ 0.64	\$ 842.77
Pap Smears	1,393	0	\$ 48,709	5,780	\$ 8.43	\$ 11,058.90
Bones and Joints	256	0	\$ 35,117	5,780	\$ 6.08	\$ 7,972.97
Hemophilia and Congenital Bleeding Disorders	3,726	0	\$ 31,573	5,780	\$ 5.46	\$ 7,168.34
Reconstructive Breast Surgery	7	0	\$ 11,469	5,780	\$ 1.98	\$ 2,603.92
Early Intervention Services	6,880	0	\$ 321,098	5,780	\$ 55.55	\$ 72,902.17
PSA Testing	411	0	\$ 7,698	5,780	\$ 1.33	\$ 1,747.76
Colorectal Cancer Screening	415	0	\$ 172,836	5,780	\$ 29.90	\$ 39,240.73
Clinical Trials for Treatment Studies on Cancer	-	0	\$ -	5,780	\$ -	\$ -
Minimum Hospital Stay for Hysterectomy	3		\$ 2,961	5,780	\$ 0.51	\$ 672.27
Diabetes	5,393		\$ 630,139	5,780	\$ 109.02	\$ 143,066.91
Hospice Care	-			5,780	\$ -	\$ -
Hospitalization and Anesthesia for Dental Procedures	39		\$ 265	5,780	\$ 0.05	\$ 60.17
Treatment of Morbid Obesity	-		\$ -	5,780	\$ -	\$ -
Lymphedema	1,193	0	\$ 23,008	5,780	\$ 3.98	\$ 5,223.74
Prosthetic Devices	-	0	\$ -	5,780	\$ -	\$ -
Telemedicine	25,691	0	\$ 2,082,319	5,780	\$ 360.26	\$ 472,770.20
			\$ 12,516,192			\$ 2,841,679.20

This includes OP and Prof as CPT codes were provided

Form MB1 - Part B: Providers

Based on Incurred Data from July 2016 to June 2016

group Values

	Number of Visits	Total Claim payments	Cost per visit	Number of Contracts/Certificates	Claim Cost per Contract/Certificate	Annual Admin Cost
Chiropractor	4559	\$ 179,550	\$ 39.38	5780	\$ 31.06	\$ 490,540.09
Optometrist	4469	\$ 288,972	\$ 64.66	5780	\$ 50.00	\$ 789,486.78
Optician	263	\$ 18,694	\$ 71.08	5780	\$ 3.23	\$ 51,073.00
Psychologist	1009	\$ 69,935	\$ 69.31	5780	\$ 12.10	\$ 191,066.12
Clinical Social Worker	1172	\$ 55,037	\$ 46.96	5780	\$ 9.52	\$ 150,363.99
Podiatrist	532	\$ 58,449	\$ 109.87	5780	\$ 10.11	\$ 159,685.76
Professional Counselor	1138	\$ 71,097	\$ 62.48	5780	\$ 12.30	\$ 194,240.76
Physical Therapist	3058	\$ 233,266	\$ 76.28	5780	\$ 40.36	\$ 637,295.04
Clinical Nurse Specialist	239	\$ 43,858	\$ 183.51	5780	\$ 7.59	\$ 119,822.37
Audiologist	60	\$ 5,154	\$ 85.90	5780	\$ 0.89	\$ 14,081.00
Speech Pathologist	32	\$ 1,939	\$ 60.59	5780	\$ 0.34	\$ 5,297.45
Certified Nurse Midwife	79	\$ 11,521	\$ 145.84	5780	\$ 1.99	\$ 31,475.98
Licensed Acupuncturist	5	\$ 197	\$ 39.40	5780	\$ 0.03	\$ 538.21
Marriage and Family Therapist	52	\$ 2,457	\$ 47.25	5780	\$ 0.43	\$ 6,712.65
		\$ 1,040,126				2841679.2

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

Based on Incurred Data from July 2016 to June 2017

Procedure Code/Provider Type	Number of Visits	Claim Payments	Cost Per Visit
1. 99203 - Office Visit, Intermediate Service to New Patient			
Chiropractor	134	\$ 10,436	\$ 78
Clinical Social Worker	-	\$ -	
Physical Therapist	-	\$ -	
Podiatrist	136	\$ 12,918	\$ 95
Professional Counselor	-	\$ -	
Psychiatrist	-	\$ -	
Psychologist	-	\$ -	
Physician	1,650	\$ 174,138	\$ 106
Certified Nurse Midwife	1	\$ 91	\$ 91
Marriage and Family Therapist	-	\$ -	
2. 90806-90807, 90818-90819 - Individual/Medical Psychotherapy, 45 to 50 Minute Session			
Clinical Nurse Specialist	0	\$ -	
Clinical Social Worker	0	\$ -	
Professional Counselor	0	\$ -	
Psychiatrist	0	\$ -	
Psychologist	0	\$ -	
Physician	0	\$ -	
Marriage and Family Therapist	0	\$ -	
3. 90853 - Group Psychotherapy			
Clinical Nurse Specialist	0	\$ -	
Clinical Social Worker	59	\$ 2,304	\$ 39
Professional Counselor	34	\$ 1,086	\$ 32
Psychiatrist	0	\$ -	
Psychologist	0	\$ -	
Physician	1	\$ 55	\$ 55
Marriage and Family Therapist	0	\$ -	
4. 92507 - Speech, Language or Hearing Therapy, Individual			
Audiologist	0	\$ -	
Physical Therapist	76	\$ 1,232	\$ 16
Speech Pathologist	36	\$ 2,960	\$ 82
Physician			
5. 97110 - Physical Medicine Treatment, each 15 minutes, Therapeutic Exercise			
Chiropractor	1137	\$ 20,399	\$ 18
Physical Therapist	542	\$ 27,017	\$ 50
Physician	296	\$ 16,956	\$ 57
Podiatrist	0	\$ -	
Speech Pathologist	8	\$ -	
6. 97124 - Physical Medicine Treatment, Massage			
Chiropractor	458	\$ 7,819	\$ 17
Physical Therapist	0	\$ -	
Physician	0	\$ -	
Podiatrist	0	\$ -	
7. 97035 - Physical Medicine Treatment, Ultrasound, each 15 minutes			
Chiropractor	367	\$ 2,490	\$ 7
Physical Therapist	13	\$ 164	\$ 13
Physician	0	\$ -	
Podiatrist	0	\$ -	
8. 92352 - Fitting of Spectacle Prosthesis for Aphakia, monofocal			
Ophthalmologist	0	\$ 0	
Optician	0	\$ 0	
Optometrist	0	\$ 0	
Physician	0	\$ 0	
9. 11750 - Excision of Nail and Nail Matrix, Partial or Complete, for Permanent Removal			
Physician	0	\$ -	
Podiatrist	23	\$ 2,675	\$ 116