



## LHS EMPLOYEE BENEFIT TRUST

	<b>Current Period</b>	<b>Prior Period</b>
<b>Claims Issued</b>	<b>07/01/2016 - 11/30/2016</b>	<b>07/01/2015 - 11/30/2015</b>

Tuesday, December 06, 2016

---

# Table of Contents

## LHS EMPLOYEE BENEFIT TRUST

---

Claims by Major Diagnostic Category	Page 1
Claims by Major Diagnostic Category (Graph)	Page 2
Top 10 Inpatient Facilities	Page 3
Top 10 Inpatient Facilities (Graph)	Page 4
Top 10 Outpatient Facilities	Page 5
Top 10 Outpatient Facilities (Graph)	Page 6
High Cost Claimants	Page 7
Claims by Type of Service	Page 8
Claims by Type of Service (Excluding Outliers)	Page 9
Claims by Type of Service (Graph)	Page 10
Place of Service	Page 11
Trend Analysis	Page 12
Employee vs. Dependent Paid Claims	Page 14
Participation and Utilization Summary	Page 15
Employee and Plan Payment Summary	Page 16
Benefit Payment Summary	Page 17
Discount Analysis	Page 18
Major Diagnostic Category Definitions	Page 19
Report Group Listing	Page 21

# Claims by Major Diagnostic Category

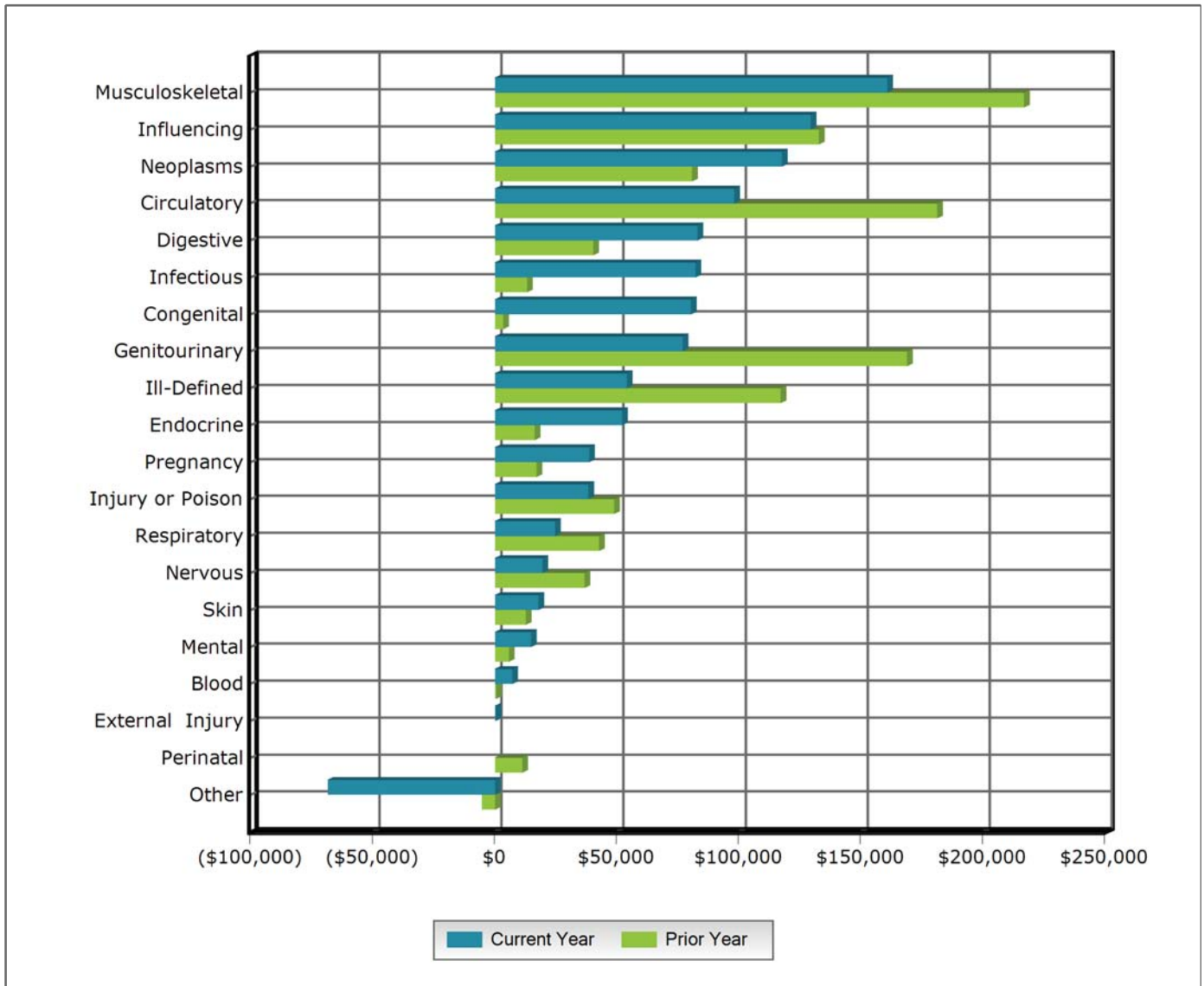
## LHS EMPLOYEE BENEFIT TRUST

MDC	Total Issued	% of Total	Prior Period	% of Total
1. Musculoskeletal System	\$160,673	15.7%	\$216,714	19.0%
2. Factors Influencing Health	\$129,320	12.6%	\$132,671	11.6%
3. Neoplasms	\$117,534	11.5%	\$80,713	7.1%
4. Circulatory System	\$97,996	9.6%	\$181,150	15.9%
5. Digestive System	\$82,922	8.1%	\$40,215	3.5%
6. Infectious Diseases	\$82,110	8.0%	\$13,107	1.2%
7. Congenital Anomalies	\$80,251	7.8%	\$3,318	0.3%
8. Genitourinary System	\$76,862	7.5%	\$168,807	14.8%
9. Ill-Defined Conditions	\$53,983	5.3%	\$116,986	10.3%
10. Endocrine Metabolic	\$52,017	5.1%	\$16,254	1.4%
11. Pregnancy, Childbirth	\$38,542	3.8%	\$16,984	1.5%
12. Injury or Poisoning	\$38,203	3.7%	\$48,755	4.3%
13. Respiratory System	\$24,556	2.4%	\$42,613	3.7%
14. Nervous System	\$19,396	1.9%	\$36,687	3.2%
15. Skin Disorders	\$17,763	1.7%	\$12,604	1.1%
16. Mental Disorders	\$14,707	1.4%	\$5,645	0.5%
17. Blood, Blood-Forming Organs	\$7,021	0.7%	\$478	0.0%
18. External Injury	\$255	0.0%	\$0	0.0%
19. Conditions In Perinatal	\$0	0.0%	\$11,164	1.0%
20. Other	\$-68,470	-6.7%	\$-5,395	-0.5%
<b>Med Total</b>	\$1,025,642	100.0%	\$1,139,470	100.0%
<b>RX Total</b>	\$0		\$0	
<b>Grand Total</b>	\$1,025,642		\$1,139,470	

See Definitions section for description of the type of diagnosis that fall into each MDC.

# Claims by Major Diagnostic Category (Graph)

LHS EMPLOYEE BENEFIT TRUST



All possible diagnosis are grouped into 19 Major Diagnostic Categories (MDCs) by the American Medical Association. We've analyzed your company's total charges by MDC. This data reflects fees charged by facilities, physicians, and other healthcare providers. We suggest you use this MDC analysis to form a basis for determining the appropriate form of management intervention. Working together, we can target the areas within your plan where cost is highly concentrated. Using services such as medical management, disease management and Nurse 411 may help you focus on controlling these high cost categories.

Please see following page for more detailed information on the claims by Major Diagnostic Categories.

## Top 10 Inpatient Facilities (Room and Board and Hospital Misc. Only)

### LHS EMPLOYEE BENEFIT TRUST

Facility	Amount Issued	Admits	Avg/Admit
1. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$70,978	1	\$70,978
2. KINGMAN HOSPITAL INC	\$61,700	4	\$15,425
3. HAVASU REGIONAL MEDICAL CENTER LLC	\$53,175	9	\$5,908
4. VHS OF PHOENIX INC	\$39,668	1	\$39,668
5. DESERT PARKWAY BEHAVIORAL HEALTHCARE H	\$3,269	1	\$3,269
6. PHOENIX CHILDRENS OP SPECIALTY CTR	\$0	1	\$0
7. KINDRED HOSPITALS WEST LLC	\$0	1	\$0
8. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
<b>Subtotal</b>	\$228,790	18	\$12,711
9. ALL OTHER NON INPATIENT CLAIMS	\$796,851		
<b>Med Total</b>	\$1,025,642		

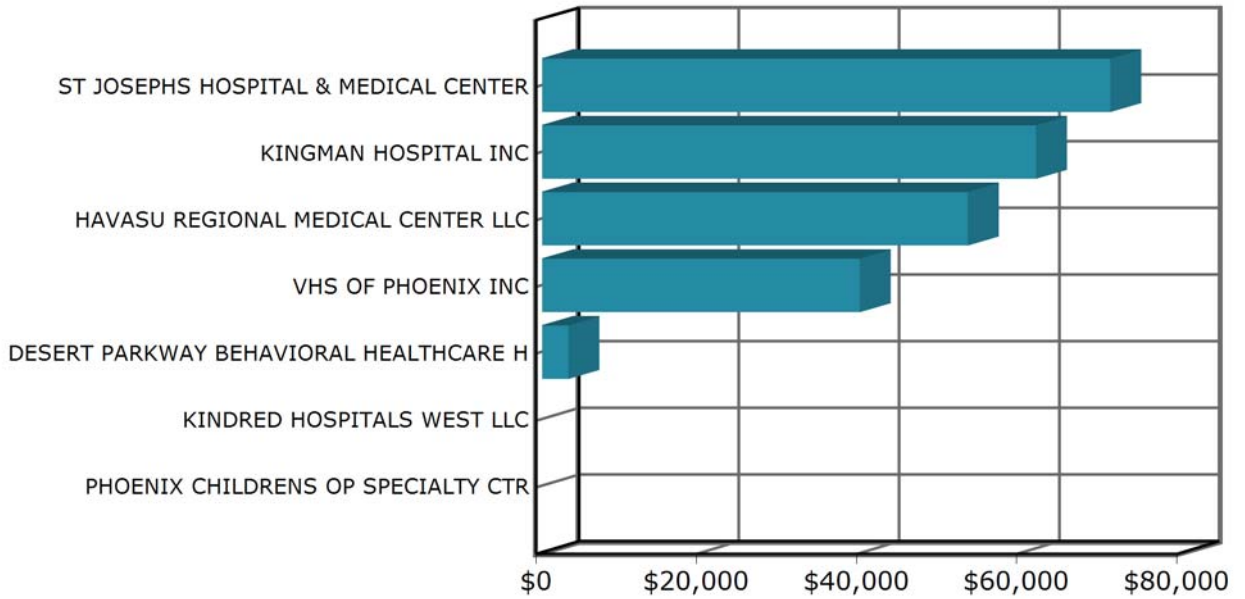
### Prior Period

Facility	Amount Issued	Admits	Avg/Admit
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$86,845	15	\$5,790
2. BANNER GOOD SAMARITAN MEDICAL CENTER	\$29,645	1	\$29,645
3. FLAGSTAFF MEDICAL CENTER	\$11,164	1	\$11,164
4. HAVASU NURSING CENTER	\$2,975	1	\$2,975
5. PRESCOTT DETOX CENTER LLC	\$0	1	\$0
6. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
<b>Subtotal</b>	\$130,629	19	\$6,875
7. ALL OTHER NON INPATIENT CLAIMS	\$1,008,841		
<b>Med Total</b>	\$1,139,470		

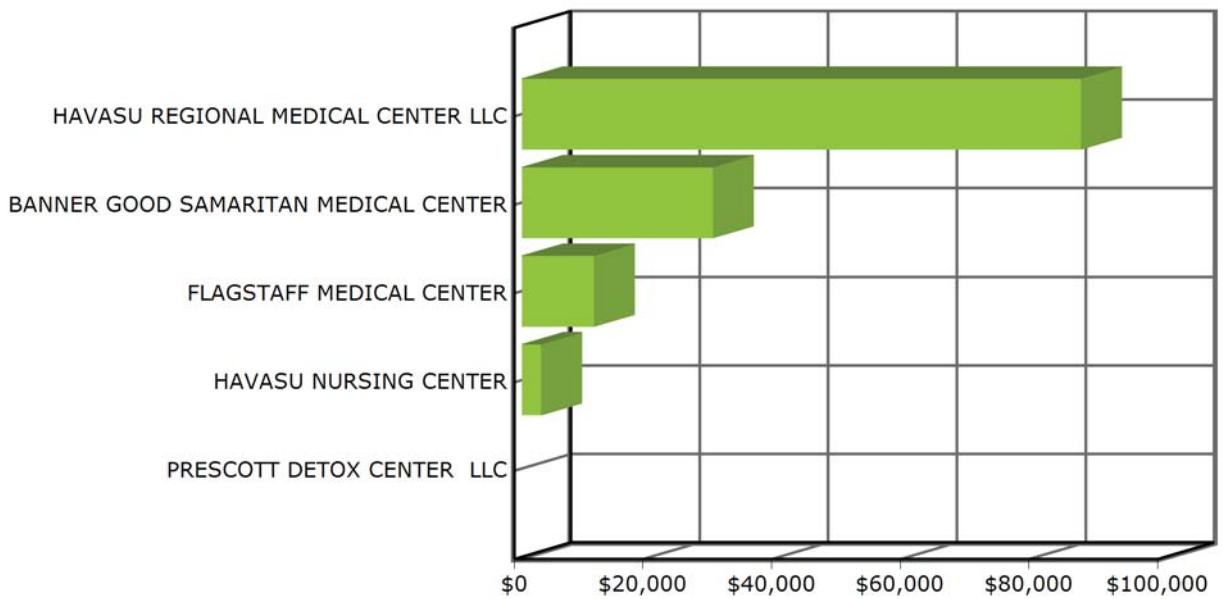
# Top 10 Inpatient Facilities Graph (Room and Board and Hospital Misc. Only)

## LHS EMPLOYEE BENEFIT TRUST

### Top Facilities Paid Expense



### Prior Period Top Facilities Paid Expense



# Top 10 Outpatient Facilities

## LHS EMPLOYEE BENEFIT TRUST

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$467,918	86	\$5,441
2. KINGMAN HOSPITAL INC	\$23,249	8	\$2,906
3. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$9,365	2	\$4,683
4. YAVAPAI COMMUNITY HOSPITAL ASSOCIATION	\$7,858	2	\$3,929
5. SCOTTSDALE HEALTHCARE HOSPITALS	\$5,726	2	\$2,863
6. BANNER ESTRELLA MEDICAL CENTER	\$2,283	1	\$2,283
7. PHC-FORT MOHAVE INC	\$1,168	2	\$584
8. JAMES A TAMMARO MD PC	\$965	3	\$322
9. BANNER THUNDERBIRD MEDICAL CENTER	\$769	1	\$769
10. PHOENIX CHILDRENS OP SPECIALTY CTR	\$174	2	\$87
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$0	13	\$0
<b>Subtotal</b>	\$519,476	122	\$4,258
12. ALL OTHER NON OUTPATIENT CLAIMS	\$506,166		
<b>Med Total</b>	\$1,025,642		

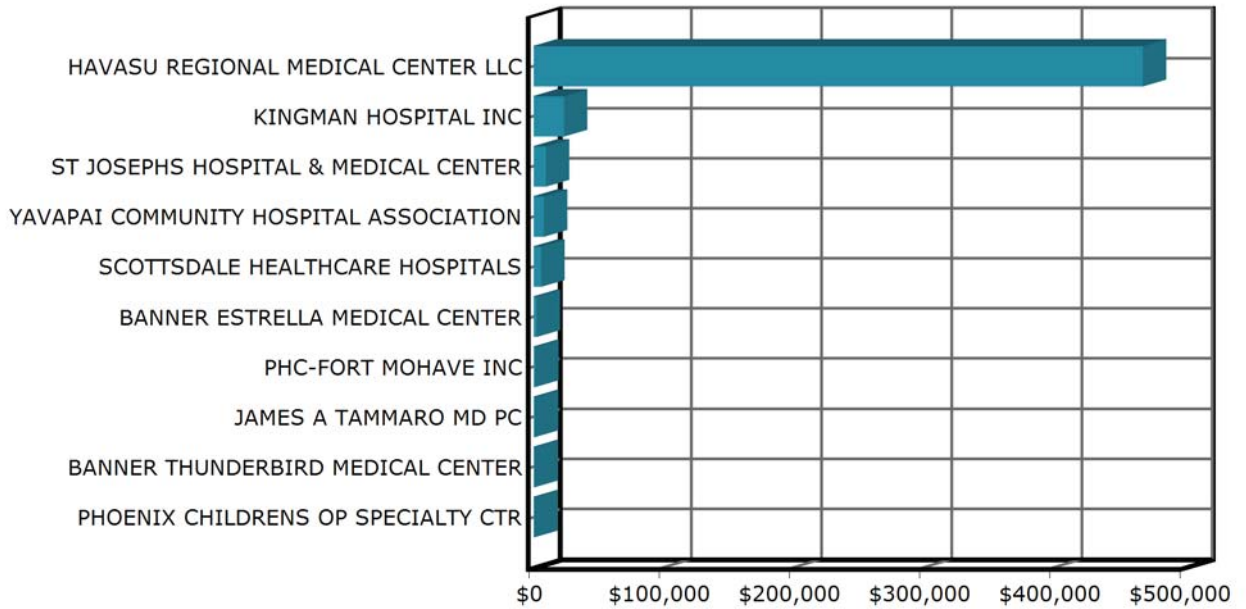
### Prior Period

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$543,326	105	\$5,175
2. KOOTENAI MEDICAL CENTER	\$12,029	1	\$12,029
3. BANNER THUNDERBIRD MEDICAL CENTER	\$6,523	3	\$2,174
4. HOSPITAL DEVELOPMENT OF WEST PHOENIX I	\$4,890	1	\$4,890
5. PRESCOTT VAMC	\$3,491	4	\$873
6. PHC-LAKE HAVASU INC	\$2,964	17	\$174
7. KINGMAN HOSPITAL INC	\$1,779	9	\$198
8. MADISON MEMORIAL HOSPITAL	\$1,187	1	\$1,187
9. BANNER GOOD SAMARITAN MEDICAL CENTER	\$1,078	1	\$1,078
10. TEMECULA VALLEY HOSPITAL INC	\$566	1	\$566
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$1,999	12	\$167
<b>Subtotal</b>	\$579,832	155	\$3,741
12. ALL OTHER NON OUTPATIENT CLAIMS	\$559,638		
<b>Med Total</b>	\$1,139,470		

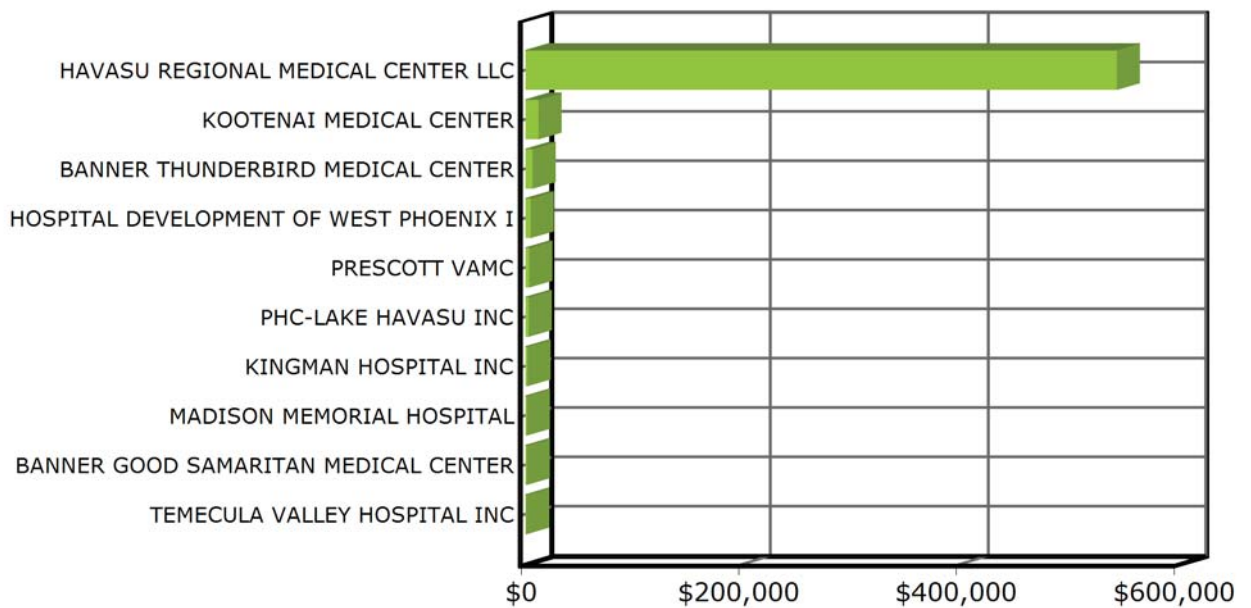
# Top 10 Outpatient Facilities Graph

LHS EMPLOYEE BENEFIT TRUST

## Top Facilities Paid Expense



## Prior Period Top Facilities Paid Expense





# High Cost Claimants

## LHS EMPLOYEE BENEFIT TRUST

Diagnosis	Type of Claimant	Amount Issued	% of Total
1. MALIGNANT NEOPLASM OF CENTRAL PORTION OF	EE	\$99,849	9.7%
2. SEPSIS, UNSPECIFIED ORGANISM	SP	\$99,741	9.7%
3. ARTERIOVENOUS MALFORMATION OF CEREBRAL V	SP	\$84,913	8.3%
4. SEPSIS, UNSPECIFIED ORGANISM	EE	\$63,610	6.2%
5. NON-ST ELEVATION (NSTEMI) MYOCARDIAL INF	EE	\$56,704	5.5%
6. CALCULUS OF KIDNEY	EE	\$47,103	4.6%
7. OTHER INTERVERTEBRAL DISC DISPLACEMENT,	EE	\$38,914	3.8%
8. CHRONIC CHOLECYSTITIS	EE	\$35,213	3.4%
9. OTHER AND UNSPECIFIED VENTRAL HERNIA WIT	EE	\$35,154	3.4%
10. ATHEROSCLEROTIC HEART DISEASE OF NATIVE	EE	\$31,882	3.1%
<b>Sub Total</b>		\$593,083	57.8%
11. OTHER CLAIMS		\$432,558	42.2%
<b>Med Total</b>		\$1,025,642	100.0%

Diagnosis	Prior Period Type of Claimant	Amount Issued	% of Total
1. CEREBRAL ANEURYSM, NONRUPTURED	EE	\$74,888	6.6%
2. COR ATHEROSLERO NATIVE COR ART	SP	\$74,075	6.5%
3. OTH AFFECTIONS SHOULDER REGION NEC	SP	\$51,587	4.5%
4. UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT	EE	\$46,058	4.0%
5. CALCULUS OF URETER	EE	\$44,480	3.9%
6. OTHER ABNORMAL CLINICAL FINDING	CH	\$43,092	3.8%
7. RADIOTHERAPY	EE	\$42,499	3.7%
8. ANKYLOSIS OF LOWER LEG JOINT	EE	\$40,047	3.5%
9. CALCULUS OF KIDNEY	EE	\$38,661	3.4%
10. PNEUMONIA, ORGANISM UNSPECIFIED	EE	\$37,446	3.3%
<b>Sub Total</b>		\$492,831	43.3%
11. OTHER CLAIMS		\$646,639	56.7%
<b>Med Total</b>		\$1,139,470	100.0%

### Analysis of High Cost Claimants

The ten highest cost claimants are depicted in this report. This information reveals that a small number of plan participants can often be responsible for a significant percentage of total claim dollars. Along with the Major Diagnostic Categories, this analysis can help you assess the diagnoses associated with the high cost claims among your participants. General health risks and disease conditions can be identified herein, and if tracked over several years, will allow your company to pursue plan management tactics that address these areas of concern. Disease management may be appropriate options to include in your plan design to help control costs in these areas.

# Claims by Type of Service

## LHS EMPLOYEE BENEFIT TRUST

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital	\$339,444	\$86.93	\$310,289	\$73.79	17.8 %
Inpatient Hospital	\$273,788	\$70.11	\$147,259	\$35.02	100.2 %
Preventative Service	\$121,024	\$30.99	\$89,298	\$21.24	45.9 %
ER Facility	\$107,715	\$27.58	\$191,968	\$45.65	-39.6 %
Outpatient Surgery	\$61,164	\$15.66	\$89,965	\$21.39	-26.8 %
Inpatient Surgery	\$36,869	\$9.44	\$72,877	\$17.33	-45.5 %
X-Ray	\$27,411	\$7.02	\$11,348	\$2.70	160.0 %
Office Visit	\$22,203	\$5.69	\$36,956	\$8.79	-35.3 %
Other	\$21,204	\$5.43	\$74,857	\$17.80	-69.5 %
Injections	\$15,039	\$3.85	\$10,281	\$2.44	57.8 %
MRI	\$14,421	\$3.69	\$20,574	\$4.89	-24.5 %
Lab	\$11,520	\$2.95	\$6,927	\$1.65	78.8 %
CT/ PET Scan	\$9,198	\$2.36	\$9,421	\$2.24	5.4 %
ER Visit	\$8,581	\$2.20	\$10,100	\$2.40	-8.3 %
OT/PT/ST	\$8,191	\$2.10	\$18,536	\$4.41	-52.4 %
Chemo/Radiation	\$8,182	\$2.10	\$28,690	\$6.82	-69.2 %
Equipment	\$8,180	\$2.09	\$11,527	\$2.74	-23.7 %
Chiropractic	\$135	\$0.03	\$1,028	\$0.24	-87.5 %
Home Health	\$0	\$0.00	\$2,964	\$0.70	-100.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$68,627)	(\$17.57)	(\$5,395)	(\$1.28)	1,272.7 %
<b>Med Total</b>	\$1,025,642	\$262.65	\$1,139,470	\$270.98	-3.1 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
<b>RX Total</b>	\$0	\$0.00	\$0	\$0.00	-100.0 %
<b>Grand Total</b>	\$1,025,642	\$262.65	\$1,139,470	\$270.98	-3.1 %

Notes: Inpatient hospital includes room and board, ICU, PICU, hospital miscellaneous charges, anesthesiology and professional charges. Inpatient surgery includes surgeon and assistant surgeon charges. Other includes but is not limited to: ambulance, allergy testing, blood, inpatient visit, IV therapy, mammogram.

# Claims by Type of Service

## LHS EMPLOYEE BENEFIT TRUST

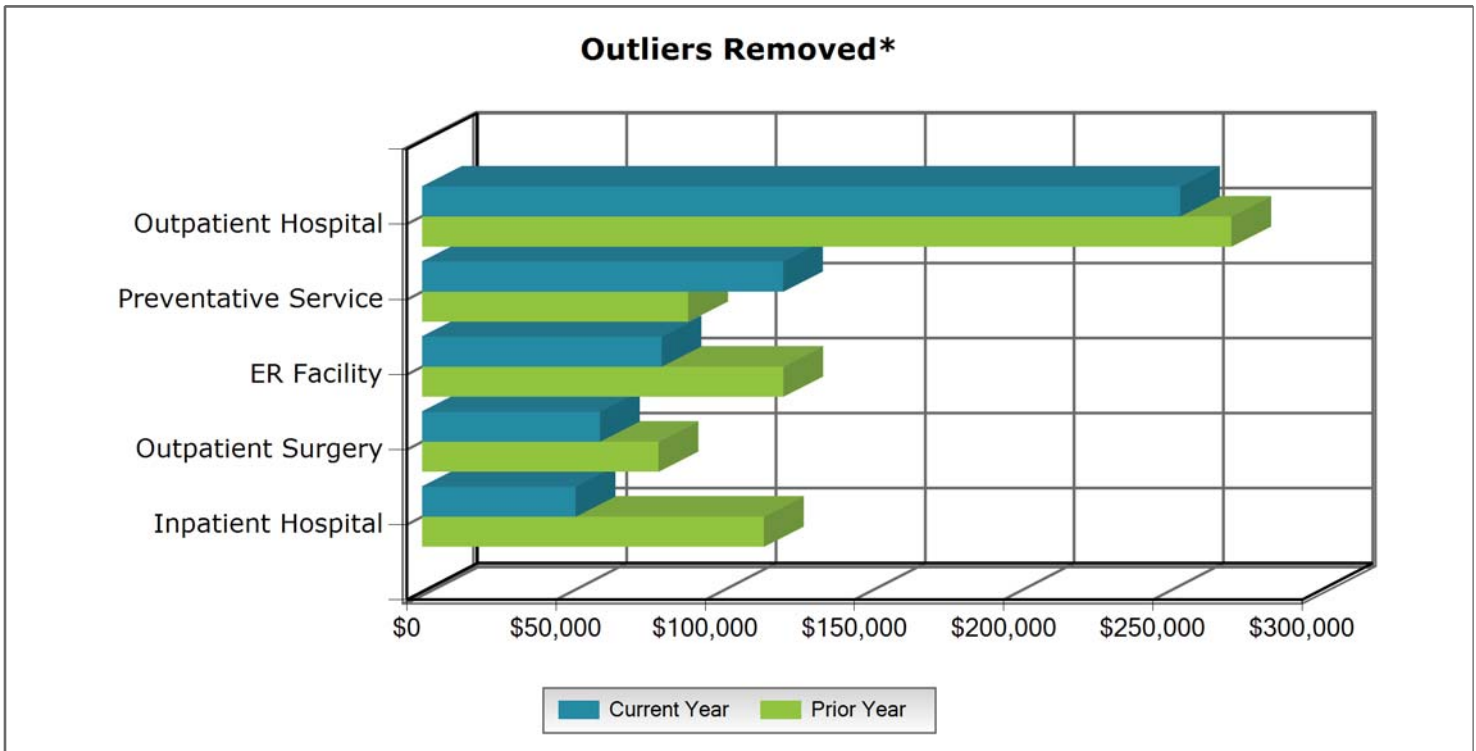
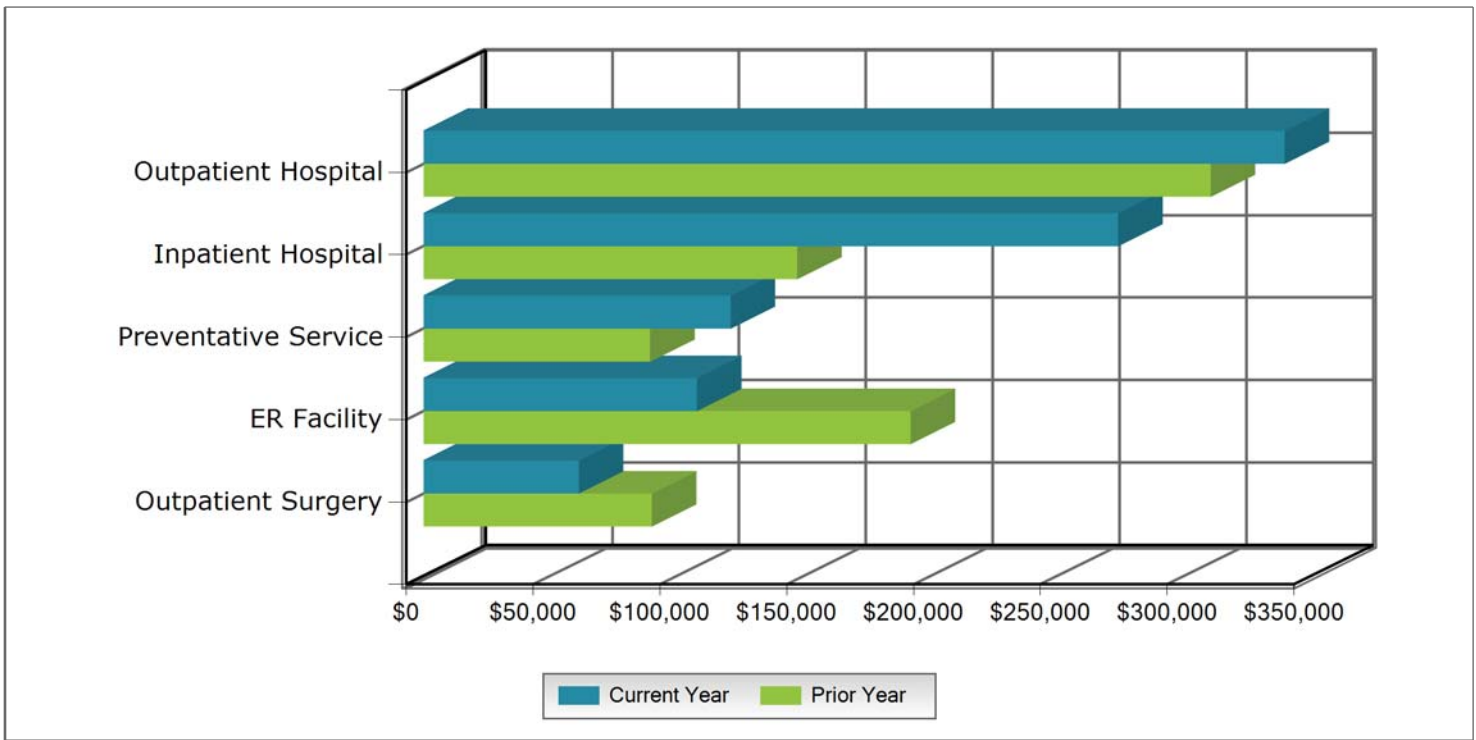
All claimants with claims in excess of \$50,000 have been removed

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital	\$253,894	\$65.35	\$271,096	\$64.70	1.0 %
Preventative Service	\$120,906	\$31.12	\$89,116	\$21.27	46.3 %
ER Facility	\$80,207	\$20.65	\$120,974	\$28.87	-28.5 %
Outpatient Surgery	\$59,556	\$15.33	\$79,177	\$18.90	-18.9 %
Inpatient Hospital	\$51,399	\$13.23	\$114,469	\$27.32	-51.6 %
X-Ray	\$23,883	\$6.15	\$10,346	\$2.47	149.0 %
Office Visit	\$21,060	\$5.42	\$36,555	\$8.72	-37.8 %
Inpatient Surgery	\$20,154	\$5.19	\$33,544	\$8.01	-35.2 %
Injections	\$10,626	\$2.74	\$10,281	\$2.45	11.8 %
Lab	\$10,313	\$2.65	\$6,806	\$1.62	63.6 %
Other	\$9,959	\$2.56	\$73,323	\$17.50	-85.4 %
OT/PT/ST	\$8,191	\$2.11	\$17,490	\$4.17	-49.4 %
ER Visit	\$4,595	\$1.18	\$9,453	\$2.26	-47.8 %
Equipment	\$4,340	\$1.12	\$11,527	\$2.75	-59.3 %
Chemo/Radiation	\$3,948	\$1.02	\$28,690	\$6.85	-85.1 %
MRI	\$3,764	\$0.97	\$18,056	\$4.31	-77.5 %
CT/ PET Scan	\$2,522	\$0.65	\$9,421	\$2.25	-71.1 %
Chiropractic	\$135	\$0.03	\$1,028	\$0.25	-88.0 %
Home Health	\$0	\$0.00	\$2,964	\$0.71	-100.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$68,627)	(\$17.66)	(\$5,395)	(\$1.29)	1,269.0 %
<b>Med Total</b>	\$620,825	\$159.80	\$938,920	\$224.09	-28.7 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
<b>RX Total</b>	\$0	\$0.00	\$0	\$0.00	-100.0 %
<b>Grand Total</b>	\$620,825	\$159.80	\$938,920	\$224.09	-28.7 %

Notes: Inpatient hospital includes room and board, ICU, PICU, hospital miscellaneous charges, anesthesiology and professional charges. Inpatient surgery includes surgeon and assistant surgeon charges. Other includes but is not limited to; ambulance, allergy testing, blood, inpatient visit, IV therapy, mammogram.

# Top 5 Claims by Type of Service (Graph)

## LHS EMPLOYEE BENEFIT TRUST



\*Outliers, as defined here, refers to all claimants with claims in excess of \$50,000

## LHS EMPLOYEE BENEFIT TRUST

Place of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital 22	\$516,531	\$132.27	\$494,057	\$117.49	12.6 %
Inpatient Visit	\$332,577	\$85.17	\$231,259	\$55.00	54.9 %
Emergency Room Facility	\$113,035	\$28.95	\$197,726	\$47.02	-38.4 %
Office Visit	\$84,201	\$21.56	\$129,779	\$30.86	-30.1 %
Patient's Home	\$16,321	\$4.18	\$15,574	\$3.70	13.0 %
Ambulance-Land	\$12,214	\$3.13	\$6,002	\$1.43	118.9 %
Independent Laboratory	\$7,218	\$1.85	\$6,777	\$1.61	14.9 %
Ambulatory Surgical Center	\$5,881	\$1.51	\$9,058	\$2.15	-29.8 %
Urgent Care	\$3,272	\$0.84	\$2,169	\$0.52	61.5 %
Public Health Clinic	\$977	\$0.25	\$787	\$0.19	31.6 %
Mobile Unit	\$162	\$0.04	\$810	\$0.19	-78.9 %
Independent Clinic	\$54	\$0.01	\$3,451	\$0.82	-98.8 %
Community Mental Health Center	\$0	\$0.00	\$43	\$0.01	-100.0 %
Ambulance - Air or Water	\$0	\$0.00	\$41,675	\$9.91	-100.0 %
Rural Health Clinic	\$0	\$0.00	\$0	\$0.00	0.0 %
Skilled Nursing Facility	\$0	\$0.00	\$3,263	\$0.78	-100.0 %
Walk in Retail Health Center	\$0	\$0.00	\$27	\$0.01	-100.0 %
<b>Subtotal</b>	\$1,092,444	\$279.76	\$1,142,455	\$271.69	3.0 %
Other Places of Service	(\$66,802)	(\$17.11)	(\$2,985)	(\$0.71)	2,309.9 %
<b>Med Total</b>	\$1,025,642	\$262.65	\$1,139,470	\$270.98	-3.1 %

# Trend Analysis

## LHS EMPLOYEE BENEFIT TRUST

All Claimants in Excess of \$50,000 Have Been Removed

### Current Period

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
<b>Issued Amount</b>	\$8.41	\$105.23	\$64.06	(\$17.69)	\$0.00
<b>Allowed Amount</b>	\$57.66	\$229.94	\$223.85	\$0.00	\$0.00
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
<b>Issued Amount</b>	\$13.74	\$171.91	\$104.65	(\$28.90)	\$0.00
<b>Allowed Amount</b>	\$94.20	\$375.64	\$365.70	\$0.00	\$0.00

### Prior Period

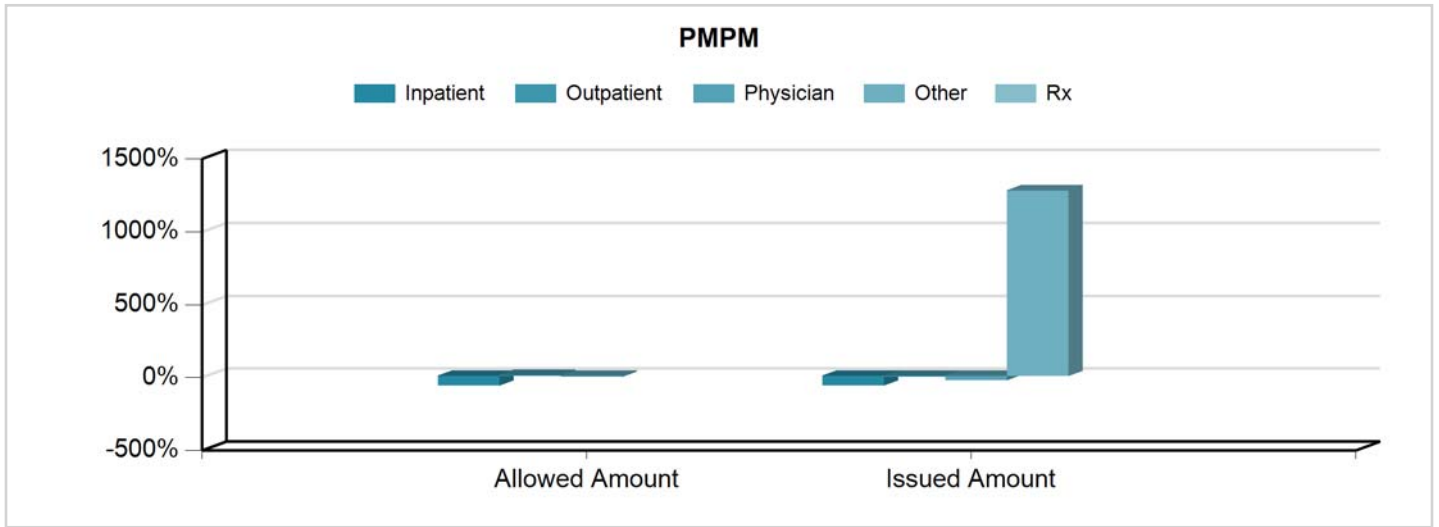
Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
<b>Issued Amount</b>	\$24.10	\$111.49	\$89.79	(\$1.29)	\$0.00
<b>Allowed Amount</b>	\$167.58	\$218.87	\$235.97	\$0.00	\$0.00
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
<b>Issued Amount</b>	\$39.45	\$182.47	\$146.95	(\$2.11)	\$0.00
<b>Allowed Amount</b>	\$274.29	\$358.23	\$386.22	\$0.00	\$0.00

# Trend Analysis

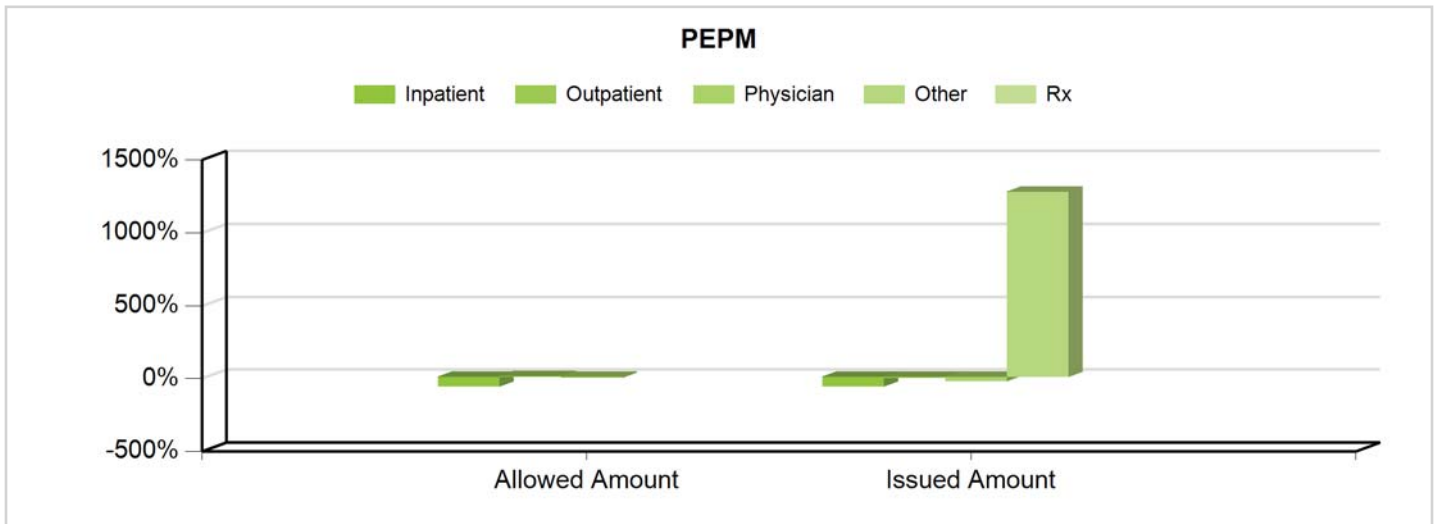
## LHS EMPLOYEE BENEFIT TRUST

All Claimants in Excess of \$50,000 Have Been Removed

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
<b>Issued Amount</b>	-65.1%	-5.6%	-28.7%	1271.3%	0.0%
<b>Allowed Amount</b>	-65.6%	5.1%	-5.1%	0.0%	0.0%

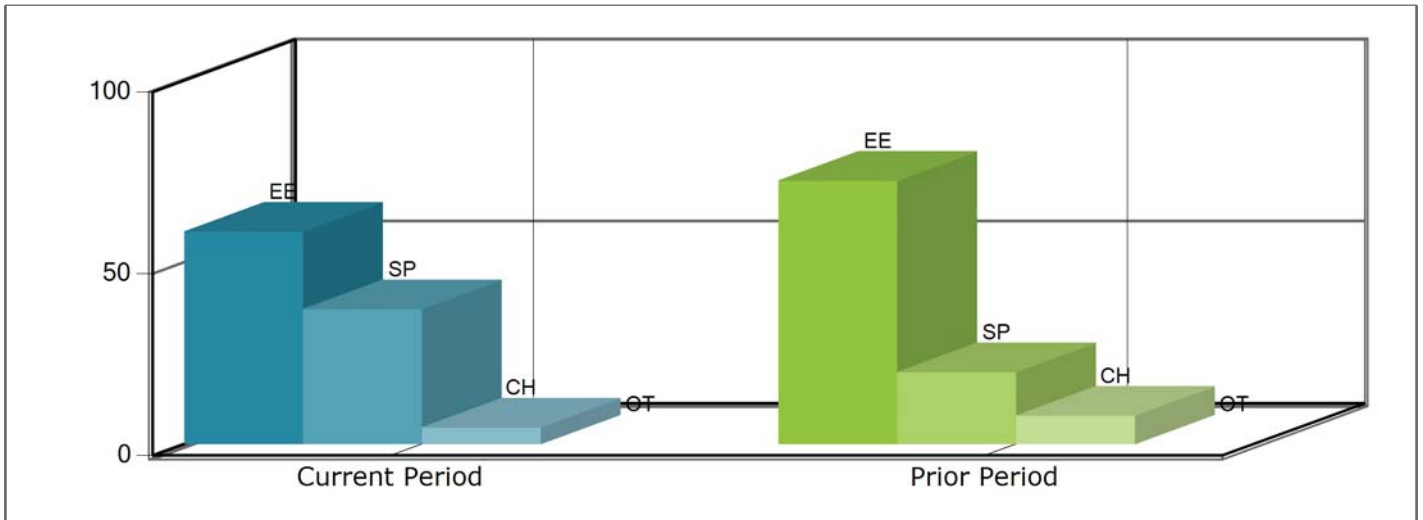


Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
<b>Issued Amount</b>	-65.2%	-5.8%	-28.8%	1269.7%	0.0%
<b>Allowed Amount</b>	-65.7%	4.9%	-5.3%	0.0%	0.0%



# Employee vs. Dependent Paid Claims

## LHS EMPLOYEE BENEFIT TRUST



	Employee	Spouse	Child	Other**	Total
<b>Current Period</b>					
Total Med Issued	\$598,813	\$380,289	\$46,540	\$0	\$1,025,642
Percent of Total	58.4 %	37.1 %	4.5 %	0.0 %	
Total Number of Members*	479	111	191	0	781
Avg Paid per Member	\$1,250	\$3,426	\$244	\$0	\$1,313
<b>Prior Period</b>					
Total Med Issued	\$825,159	\$225,344	\$88,967	\$0	\$1,139,470
Percent of Total	72.4 %	19.8 %	7.8 %	0.0 %	
Total Number of Members*	515	115	210	0	840
Avg Paid per Member	\$1,602	\$1,960	\$424	\$0	\$1,357

### Claims Analysis:

In this comparison we look at the average issued employee and dependent claims as a percentage of total. As with any statistical comparison, percentages can be skewed if there are cases of a few ill dependents or employees on the plan.

\*Participation is based on the average participation for the stated period of time.

\*\*Other: Disabled dependent child who is over the maximum age limit for dependent children as defined by the Plan Document.



# Participation and Utilization Summary

## LHS EMPLOYEE BENEFIT TRUST

PARTICIPATION AND UTILIZATION BY AGE GROUP**															
AGE GROUP	EMPLOYEES				SPOUSES				DEPENDENTS				COBRA		
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MBRS	ISSUED	
	MBRS	ISSUED	MBRS	ISSUED	LIVES	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED			
0 - 4	0	0	0	0	0	0	0	0	0	17	3,758	11	1,825	0	0
5 - 9	0	0	0	0	0	0	0	0	0	21	10,653	17	251	1	0
10 - 14	0	0	0	0	0	0	0	0	0	23	1,542	23	1,347	2	339
15 - 19	0	0	2	0	0	0	0	0	0	17	5,484	33	4,053	0	3,269
20 - 24	2	0	13	379	0	0	0	0	0	17	5,766	12	8,129	0	0
25 - 29	9	0	35	23,500	1	3,045	3	291	2	0	1	126	0	0	0
30 - 34	13	8,420	39	54,803	3	6,480	2	0	0	0	0	0	0	0	0
35 - 39	14	1,067	32	3,764	6	3,480	8	28,350	0	0	0	0	0	1	0
40 - 44	15	-65,050	29	84,111	5	22,826	6	99,923	0	0	0	0	0	2	0
45 - 49	8	1,898	39	73,922	6	84,913	4	169	0	0	0	0	0	1	399
50 - 54	20	11,809	56	50,129	15	17,870	7	53,041	0	0	0	0	0	0	0
55 - 59	18	69,159	60	16,365	18	15,521	7	13,506	0	0	0	0	0	2	9
60 - 64	22	27,743	55	208,099	15	26,657	2	0	0	0	0	0	0	6	2,146
65 - 69	4	15,951	9	3,521	3	110	0	0	0	0	0	0	0	0	0
70 +	2	92	2	6,586	1	4,098	0	0	0	0	0	0	0	0	0
	127	\$71,090	371	\$525,179	73	\$185,000	39	\$195,280	97	\$27,202	97	\$15,730	15	\$6,162	

GROUP COMPARISON*						
	CURRENT PERIOD			PRIOR PERIOD		
	ISSUED	MEMBERS	AVG ISSUED / MEMBER	ISSUED	MEMBERS	AVG ISSUED / MEMBER
Members Under 65	\$989,038	744	\$1,329	\$1,072,448	809	\$1,326
Members Over 65	\$30,442	20	\$1,522	\$37,426	22	\$1,701
Cobra/Continuation Coverage	\$6,162	16	\$385	\$29,596	10	\$2,960
	\$1,025,642	780	\$1,315	\$1,139,470	841	\$1,355

\* Participation is based on the average participation for the stated period of time.

PARTICIPATION AND UTILIZATION BY COVERAGE TYPE**															
COV	EMPLOYEES				SPOUSES				DEPENDENTS				COBRA		
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MBRS	ISSUED	
	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED			
E	78	-31,206	262	441,381	0	0	0	0	0	0	0	0	0	6	2,545
S	16	13,184	39	13,568	38	146,003	17	50,555	0	0	0	0	0	4	9
C	12	13,838	34	2,179	0	0	0	0	38	17,925	39	11,475	0	3,269	
F	21	75,274	36	68,051	35	38,997	22	144,725	59	9,277	58	4,255	5	339	
	127	\$71,090	371	\$525,179	73	\$185,000	39	\$195,280	97	\$27,202	97	\$15,730	15	\$6,162	

\*\* Member counts are as of the first of the month.

# Participation and Utilization Summary

## LHS EMPLOYEE BENEFIT TRUST

Current Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
MONTH ISSUED		ISSUED	#CLAIMS	EMPLOYEES*	MEMBERS*	ISSUED/CLAIM	ISSUED/EMP	ISSUED/MEMBERS
2016	July	202,625	188	450	740	1,078	450	274
2016	August	283,366	676	452	747	419	627	379
2016	September	247,151	512	484	789	483	511	313
2016	October	205,898	540	500	808	381	412	255
2016	November	86,602	504	507	819	172	171	106
<b>TOTALS/AVERAGES</b>		1,025,642	484	479	781	2,119	2,143	1,314

Previous Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
MONTH ISSUED		ISSUED	#CLAIMS	EMPLOYEES*	MEMBERS*	ISSUED/CLAIM	ISSUED/EMP	ISSUED/MEMBERS
2015	July	211,057	536	500	813	394	422	260
2015	August	225,854	414	497	810	546	454	279
2015	September	229,817	716	496	816	321	463	282
2015	October	288,889	478	543	880	604	532	328
2015	November	183,853	507	541	885	363	340	208
<b>TOTALS/AVERAGES</b>		1,139,470	530	515	841	2,149	2,211	1,355

\*Member counts are as of the first day of the month

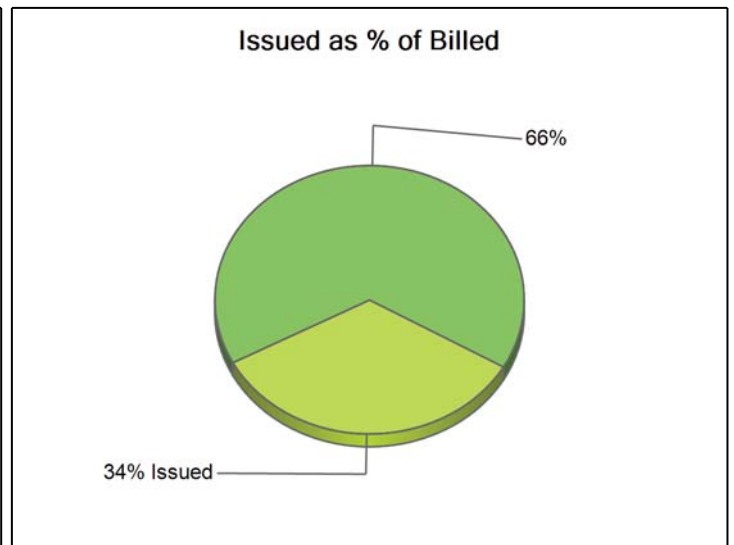
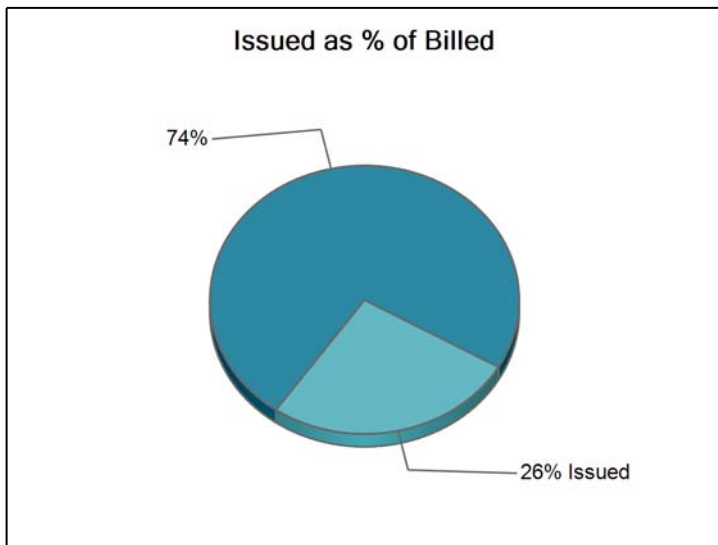
# Benefit Payment Summary

## LHS EMPLOYEE BENEFIT TRUST

SUBMITTED CLAIMS ANALYSIS				
	Current Period		Prior Period	
	Dollars	% of Allowable	Dollars	% of Allowable
Billed Charges	3,888,402		3,360,337	
Ineligible Charges	- 1,155,326		- 430,851	
Allowable Charges	= 2,733,076		= 2,929,486	
PPO Discount	- 1,458,138		- 1,595,663	
Covered Charges	= 1,274,938		= 1,333,823	
Deductibles	- 127,897	4.7 %	- 54,647	1.9 %
Copays	- 40,626	1.5 %	- 43,794	1.5 %
Coinsurance	- 80,499	2.9 %	- 85,733	2.9 %
COB Savings	- 2,932	0.1 %	- 8,793	0.3 %
Overpayment Recovered	- -2,658	-0.1 %	- 1,386	0.0 %
Issued	= 1,025,642		= 1,139,470	

**Current Period**

**Prior Period**



# Discount Analysis

## LHS EMPLOYEE BENEFIT TRUST

### Excluding Medicare Primary

IN-NETWORK	Current Period			Prior Period		
	Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount
IP Facility	\$594,013	\$349,698	58.9 %	\$748,709	\$594,276	79.4 %
OP Facility	\$1,006,699	\$438,706	43.6 %	\$1,077,048	\$435,046	40.4 %
Physician/Other*	\$1,021,710	\$603,020	59.0 %	\$1,059,645	\$561,868	53.0 %
<b>Total:</b>	<b>\$2,622,423</b>	<b>\$1,391,424</b>	<b>53.1 %</b>	<b>\$2,885,402</b>	<b>\$1,591,190</b>	<b>55.1 %</b>

### Medicare Primary

IN-NETWORK	Current Period			Prior Period		
	Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount
OP Facility	\$39,692	\$35,320	89.0 %	\$0	\$0	0.0 %
Physician/Other*	\$25,808	\$22,164	85.9 %	\$0	\$0	0.0 %
<b>Total:</b>	<b>\$65,500</b>	<b>\$57,484</b>	<b>87.8 %</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0 %</b>

### Excluding Medicare Primary

OUT OF NETWORK	Current Period			Prior Period		
	Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount
IP Facility	\$6,400	\$2,768	43.3 %	\$0	\$0	0.0 %
OP Facility	\$1,127	\$0	0.0 %	\$21,232	\$3,805	17.9 %
Physician/Other*	\$37,627	\$6,463	17.2 %	\$22,852	\$668	2.9 %
<b>Total:</b>	<b>\$45,154</b>	<b>\$9,231</b>	<b>20.4 %</b>	<b>\$44,084</b>	<b>\$4,473</b>	<b>10.1 %</b>

### Medicare Primary

OUT OF NETWORK	Current Period			Prior Period		
	Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount
Physician/Other*	\$0	\$0	0.0 %	\$0	\$0	0.0 %
<b>Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0 %</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0 %</b>

\*The Physician/Other category contains all claim types except Inpatient Facility claims and Outpatient Facility claims.

\*\* Out of Network Facilities are facilities outside of the primary network contract(s). Out of Network Facilities will also include special benefits like: Out of Area Claims, Services Not Available, and Wrap Networks.

# Major Diagnostic Category Definitions

## LHS EMPLOYEE BENEFIT TRUST

Following are examples of the common types of diagnosis that are included under the Major Diagnostic Categories to assist you in understanding the types of illnesses that are included in the MDC's shown on pages 1 and 2. This is not a complete listing, rather, this is the most common diagnosis of submitted claims.

### **Infectious and Parasitic Diseases (Diagnosis codes 001-139)**

food poisoning, Intestinal infections, tuberculosis, anthrax, whooping cough, septicemia, strep throat, polio, smallpox, chickenpox, herpes, measles, mosquito-borne viruses, tick-borne viruses, viral hepatitis, mumps, venereal diseases.

### **Neoplasms (Diagnosis codes 140-239)**

all malignant and benign tumors, Hodgkin's disease, leukemia, carcinoma.

### **Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (Diagnosis codes 240-279)**

goiter, thyroid, diabetes, pituitary gland, adrenal gland, ovarian dysfunction, testicular dysfunction, dwarfism, vitamin and nutritional deficiencies, gout, acidosis.

### **Diseases of the Blood and Blood-Forming Organs (Diagnosis codes 280-289)**

anemia, sickle-cell, hemophilia, diseases of the white blood cells, diseases of the spleen.

### **Mental Disorders (Diagnosis codes 290-319)**

dementia, alcohol and drug dependence, delirium, schizophrenia, paranoia, depression, bipolar disorder, anxiety, hysteria, obsessive-compulsive disorders, personality disorders, mental retardation.

### **Diseases of the Nervous System and Sense Organs (Diagnosis codes 320-389)**

bacterial meningitis, encephalitis, Alzheimer's disease, Parkinson's disease, multiple sclerosis, cerebral palsy, epilepsy, migraine, retinal detachments and defects, glaucoma, cataract, blindness, corneal ulcer, disorders of the eyelids, disorders of the optic nerve, ear infections.

### **Diseases of the Circulatory System (Diagnosis codes 390-459)**

rheumatic fever, heart valve disorders, hypertension, hypotension, heart attack, angina, heart disease, heart failure, stroke, aneurysm, varicose veins, hemorrhoids.

### **Diseases of the Respiratory System (Diagnosis codes 460-519)**

sinusitis, pharyngitis, tonsillitis, laryngitis, upper respiratory infections, bronchitis, deviated nasal septum, allergies, pneumonia, emphysema, asthma, pneumothorax, diseases of the lung, disorders of the diaphragm.

### **Diseases of the Digestive System (Diagnosis codes 520-579)**

diseases of hard tissues of teeth, impacted wisdom teeth, periodontal diseases, TMJ, diseases of the jaw, diseases of the oral soft tissues and tongue, diseases of esophagus, gastric ulcer, duodenal ulcer, appendicitis, hernia, enteritis, intestinal obstruction, diverticulitis, liver disease, cirrhosis, hepatitis, gallbladder disorders, diseases of the pancreas, gastrointestinal hemorrhage.

# Major Diagnostic Category Definitions

## LHS EMPLOYEE BENEFIT TRUST

### **Diseases of the Genitourinary System (Diagnosis codes 580-633)**

kidney disorders, renal failure, cystitis, disorders of the bladder, urethral stricture, prostate disorders, male and female infertility, breast disorders, ovarian and uterus disorders, endometriosis.

### **Pregnancy, Childbirth, Puerperium (Diagnosis codes 634-679)**

pregnancy, miscarriage, eclampsia, early threatened labor, malpositioned fetus (breech), chromosomal abnormality in fetus, fetal distress, umbilical cord complications.

### **Diseases of the Skin and Subcutaneous Tissue (Diagnosis codes 680-709)**

cellulites and abscesses, cysts, dermatitis, eczema, corns, keloid scar, diseases of the nail, alopecia, disorders of sweat glands.

### **Diseases of the Musculoskeletal System and Connective Tissue (Diagnosis codes 710-739)**

lupus, arthritis, osteoarthritis, internal derangement of knee, intervertebral disc disorder, disorders of cervical region, back disorders, bunion, bursitis, tendon disorder, bone infection, flat foot, deformities of the limbs, scoliosis.

### **Congenital Anomalies (Diagnosis Codes 740-759)**

spina bifida, hydrocephalus, webbing of neck, congenital heart anomalies, cleft palate/lip, cystic kidney disease, deformities, conjoined twins.

### **Certain Conditions Originating in the Perinatal Period (Diagnosis codes 760-779)**

maternal infections, maternal injury, incompetent cervix, ectopic pregnancy, slow fetal growth, extreme prematurity, fetal distress, jaundice, convulsions in newborn.

### **Symptoms, Signs and Ill-Defined Conditions (Diagnosis codes 780-799)**

fainting, light-headedness, sleep disturbances, lethargy, chills, generalized pain, anorexia, headache, gangrene, swollen glands, cough, nausea and vomiting, heartburn, sudden death, nervousness.

### **Injury and Poisoning (Diagnosis Codes 800-999)**

fractures, dislocations, sprains and strains, concussion, lacerations and contusions, traumatic amputation, insect bites, foreign bodies, burns, traumatic shock, poisoning, complications of surgical and medical care.

### **Factors Influencing Health Status and Contact with Health Services (Diagnosis Codes V01-V82)**

contact or exposure to tuberculosis, need for vaccination and inoculation against bacterial diseases (cholera, tuberculosis, measles, mumps, flu), personal and family history of cancers, mental disorders, allergies to specific medicinal agents, health supervision of a child, normal pregnancy, contraceptive management, liveborn infants, organ/tissue transplant, hearing aid, maintenance chemotherapy, special screening examinations (pap smear, mammogram, prostate exam).

### **External Causes of Injury and Poisoning (Diagnosis Codes "E" Codes)**

automobile accident, railway accident, motorcycle accident, watercraft accident, aircraft accident, spacecraft accident.

---

## Report Group Listing

### LHS EMPLOYEE BENEFIT TRUST

---

Group Number	Group Name
S2595	LHS EMPLOYEE BENEFIT TRUST