



USI 3D Report | Data Drives Decisions



Prepared for

Youngstown State University

Reporting Period: February 2023-January 2024

Prepared by





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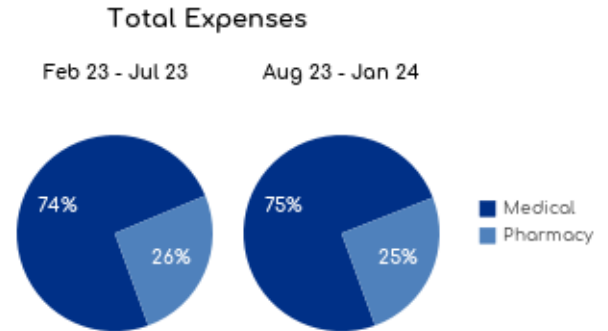
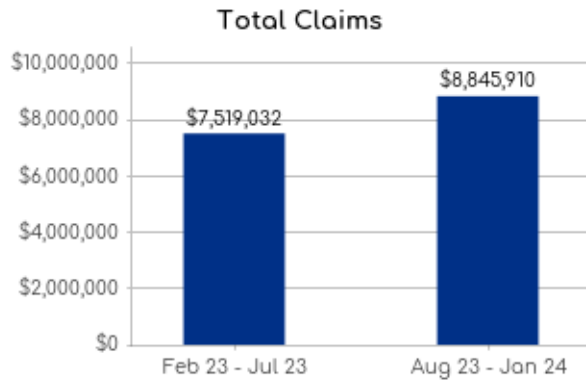
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1. Overview

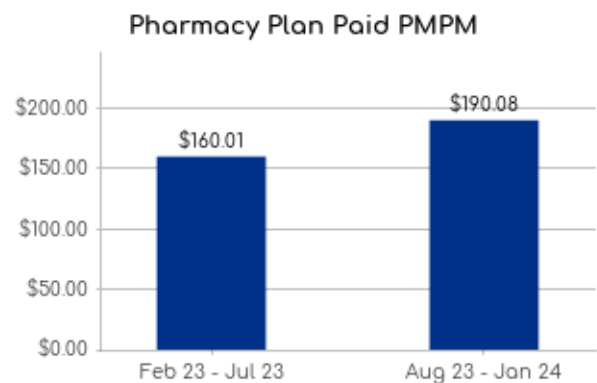
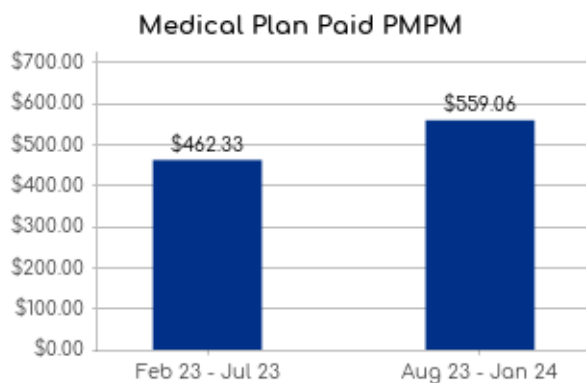


Expenses	Feb 23 - Jul 23	Aug 23 - Jan 24	Variance
Medical	\$5,585,838	\$6,601,419	18.2%
Pharmacy	\$1,933,194	\$2,244,491	16.1%
Total	\$7,519,032	\$8,845,910	17.6%

Expenses	Feb 23 - Jul 23	Aug 23 - Jan 24	Variance
Claims for Members age 65 and Over	\$1,786,687	\$2,384,540	33.5%

Member Months	Feb 23 - Jul 23	Aug 23 - Jan 24	Variance
Member Months	12,082	11,808	-2.3%

Plan Paid PMPM	Feb 23 - Jul 23	Aug 23 - Jan 24	Variance
Medical	\$462.33	\$559.06	20.9%
Pharmacy	\$160.01	\$190.08	18.8%
Total	\$622.34	\$749.14	20.4%

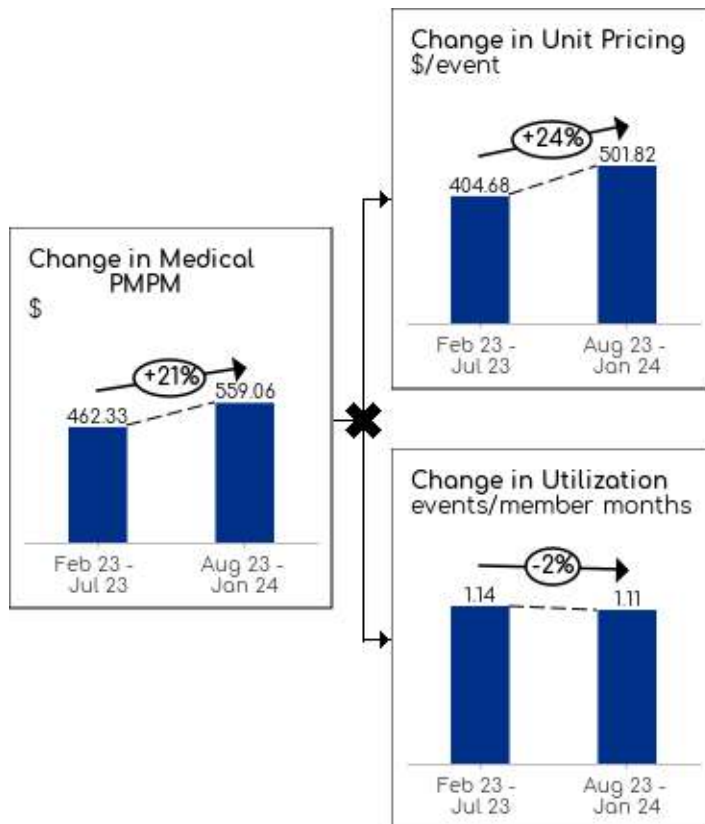


Notes

1. PMPM stands for Per Member Per Month and PEPY stands for Per Employee Per Year



Medical Expense Growth over Time



Changes in unit pricing are typically a function of overall medical inflation, Payer discount power, and the amount of services that are delivered in-network versus out-of-network. Payer contracting is the primary lever to control this cost driver.

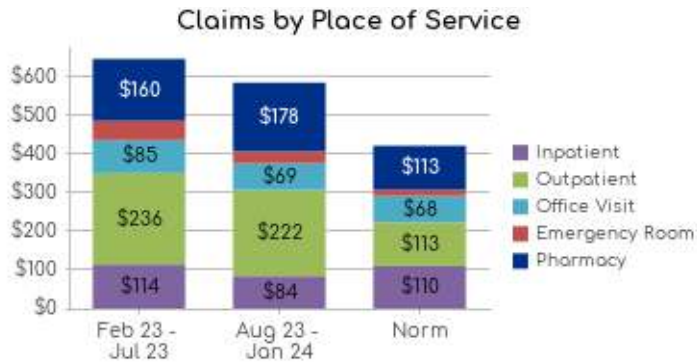
Changes in utilization are typically a function of the overall disease burden of a population, benefits design and physician referral patterns. Disease and Wellness management programs, rational benefits structuring, and close network management are the primary levers to control this cost driver.

Notes

1. Change in Medical PMPM is product of Change in Unit Pricing (\$/events) and Change in Utilization (events/member months)



2. Utilization Metrics



Demographics	Feb 23 - Jul 23	Aug 23 - Jan 24	Norm	Variance from Norm
Current Employees	897	898	-	-
Current Members	2,006	1,967	-	-
Average Age	39.2	38.7	35.6	8.7%
% Male	49.6%	49.4%	49.1%	0.5%
% Employee Paid	9.2%	6.9%	13.1%	-47.4%

Plan Paid PMPM	Feb 23 - Jul 23	Aug 23 - Jan 24	Norm	Variance from Norm
Inpatient	\$113.72	\$83.74	\$109.93	-23.8%
Outpatient	\$235.82	\$222.02	\$112.62	97.1%
Office Visit	\$85.05	\$69.27	\$68.05	1.8%
Emergency Room	\$50.33	\$30.96	\$16.72	85.1%
Pharmacy	\$160.01	\$177.59	\$113.30	56.7%
Total	\$644.93	\$583.57	\$420.62	38.7%

Key Medical Utilization	Feb 23 - Jul 23	Aug 23 - Jan 24	Norm	Variance from Norm
Inpatient				
Admits Per 1000	42.7	33.5	46.4	-27.8%
Average Length Of Stay	3.1	4.6	4.3	7.5%
Emergency Room				
Visits Per 1000	213.5	130.1	195.4	-33.4%
Visits Resulting in Admission	12.1%	10.2%	12.1%	-15.9%
Average Paid Per Outpatient ER Visit	\$3,252.08	\$3,615.67	\$1,914.41	88.9%
Office Visits Per 1000	5,240	4,714	3,364	40.1%
Preventive Visits Per 1000	741.9	647.4	558.1	16.0%

Network Utilization and Discounts	Feb 23 - Jul 23	Aug 23 - Jan 24
% Claims Paid in Network	99.8%	99.7%

Notes

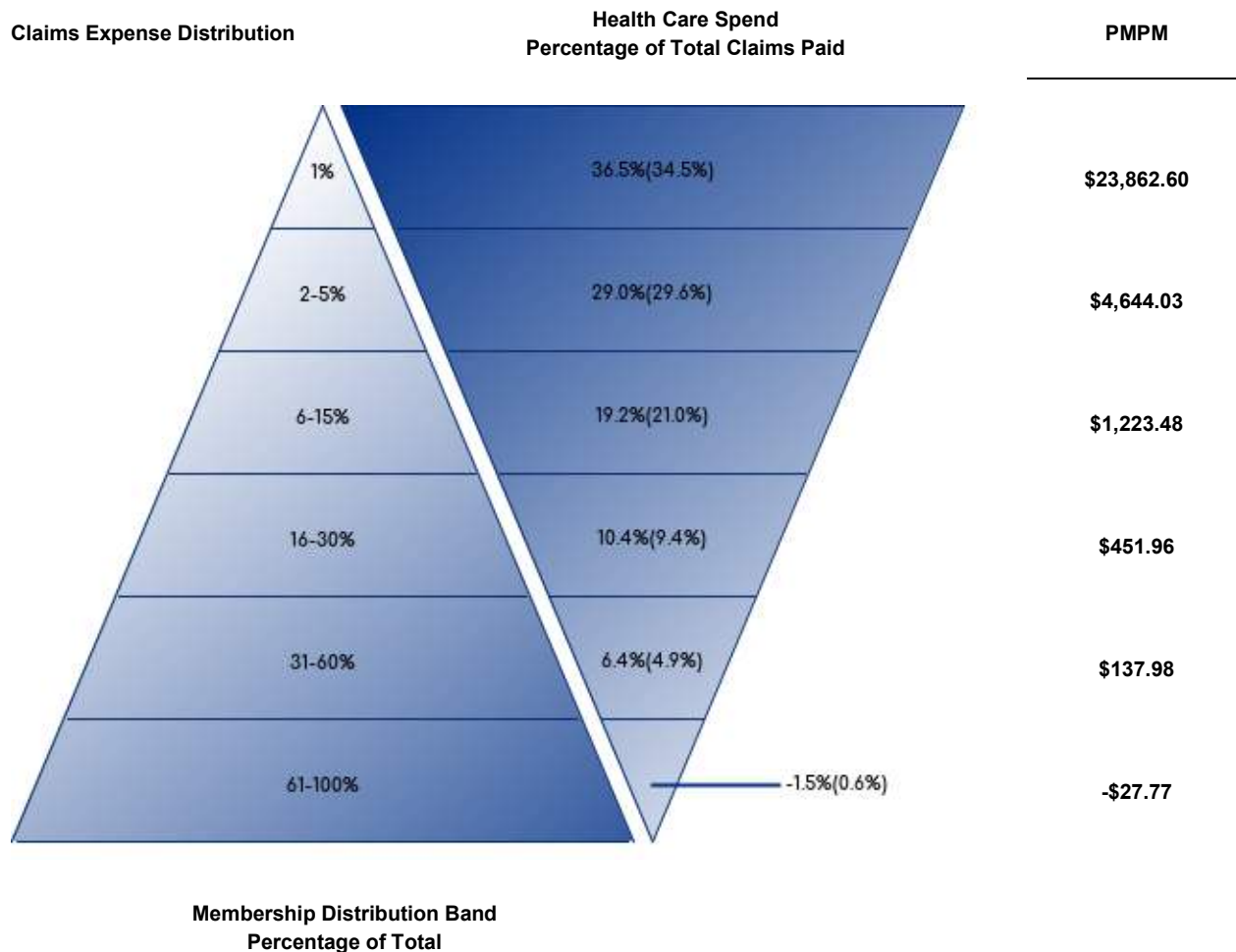
1. Norm based on Cotiviti's Commercial Normative Database.
2. Emergency Room visits resulting in an admission is calculated using Number of ER visits resulting admission/ Total ER visits.



3. Claims Expense Distribution

Health Care Spend Percentage of Total Claims Paid

Member Distribution	No of Members	Total Paid	Avg. Paid per Member	Paid Distribution	
				Actual	Norm
1%	23	\$5,965,651	\$259,376	36.5%	34.5%
2-5%	91	\$4,741,551	\$52,105	29.0%	29.6%
6-15%	227	\$3,144,355	\$13,852	19.2%	21.0%
16-30%	340	\$1,707,522	\$5,022	10.4%	9.4%
31-60%	681	\$1,046,995	\$1,537	6.4%	4.9%
61-100%	908	-\$241,133	-\$266	-1.5%	0.6%
Total	2,270	\$16,364,942	\$7,209	100.0%	100.0%



Notes

1. Norm based on Cotiviti's Commercial Normative Database.
2. Numbers within the parenthesis reflect the Cotiviti's Norm values.



4. Individual Claimant Risk



Top 10 Claimants by Total Paid

Highest Paid Diagnosis	Currently Enrolled	Age	Relationship	Total Paid	Concurrent Risk Score	Prospective Risk Score
1 Skin Cancer	Y	72	E	\$767,559	77.25	49.58
2 Diseases of Pulmonary Circulation	Y	59	E	\$670,696	7.84	6.17
3 Cancer Therapies	Y	68	E	\$587,042	88.91	53.41
4 Cancer Therapies	N	62	E	\$390,688	65.54	37.07
5 Cancer Therapies	Y	70	S	\$350,576	56.08	41.61
6 Lower GI Disorders	Y	14	D	\$297,250	9.90	9.88
7 Nutritional Deficiencies	Y	43	E	\$286,915	6.90	4.73
8 Prostate Cancer	N	67	S	\$232,009	46.79	35.44
9 Pancreatic Diseases	N	60	E	\$212,230	45.52	31.35
10 Urinary Tract Cancers	Y	2	D	\$195,142	38.12	11.57

Top 10 Claimants by Prospective Risk Score

Highest Paid Diagnosis	Currently Enrolled	Age	Relationship	Total Paid	Prospective Risk Score	Concurrent Risk Score
1 Prostate Cancer	N	71	S	\$45,173	100.59	162.16
2 Renal Failure	N	70	E	\$12,544	63.50	72.90
3 Cancer Therapies	N	67	E	\$4,481	63.02	63.90
4 Lymphoma and Lymphosarcoma	N	77	E	\$136,747	60.71	99.29
5 Cancer Therapies	Y	68	E	\$587,042	53.41	88.91
6 Renal Failure	Y	46	S	\$14,355	50.54	71.28
7 Skin Cancer	Y	72	E	\$767,559	49.58	77.25
8 Cancer Therapies	Y	70	S	\$350,576	41.61	56.08
9 Cancer Therapies	N	62	E	\$390,688	37.07	65.54
10 Prostate Cancer	N	67	S	\$232,009	35.44	46.79

Notes

1. Concurrent risk score measures current *risk of a population.
2. Prospective risk score looks back at the last 12 months to predict the risk of a population in next 12 months.
3. These risk scores are **normalized to a dataset comprised of over 32 million lives.

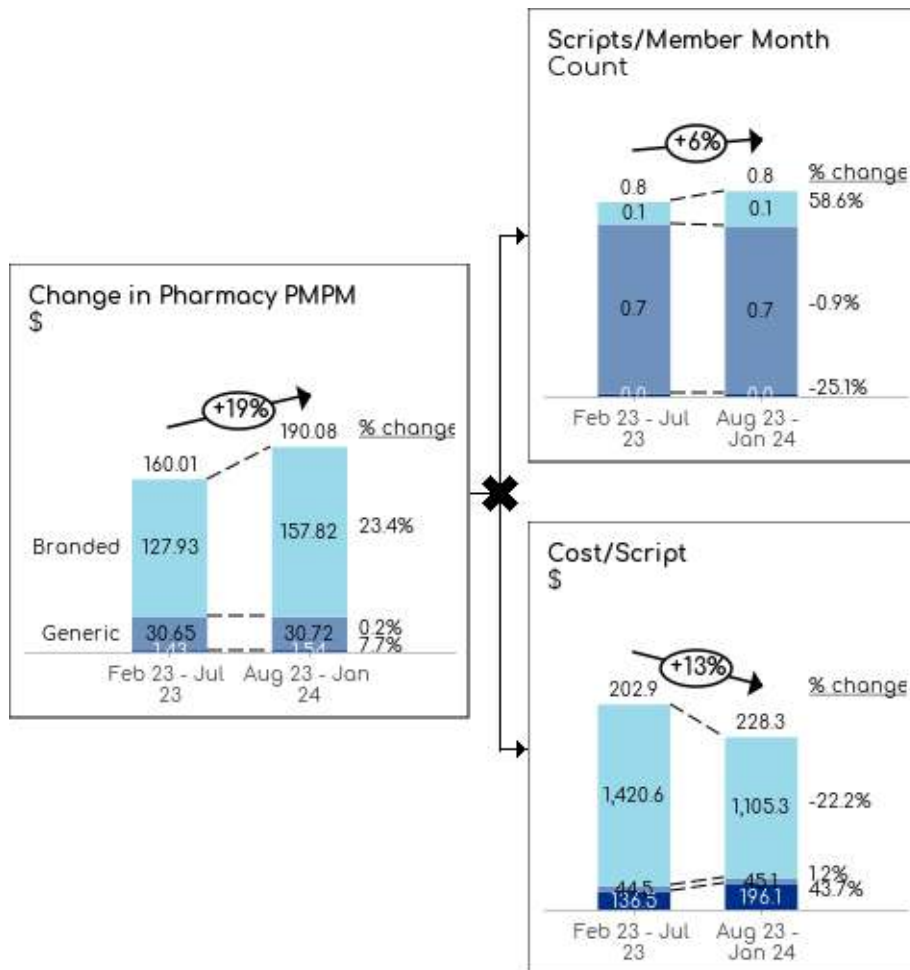
* Illness burden

**The normalizing process entails adjusting each member's relative risk score (RRS = cost converted to a score) to ensure the overall average RRS is 1.00, which represents the average annual cost for a member in a benchmark population.



5. Prescription Drug Key Statistics

Pharmacy Expenses

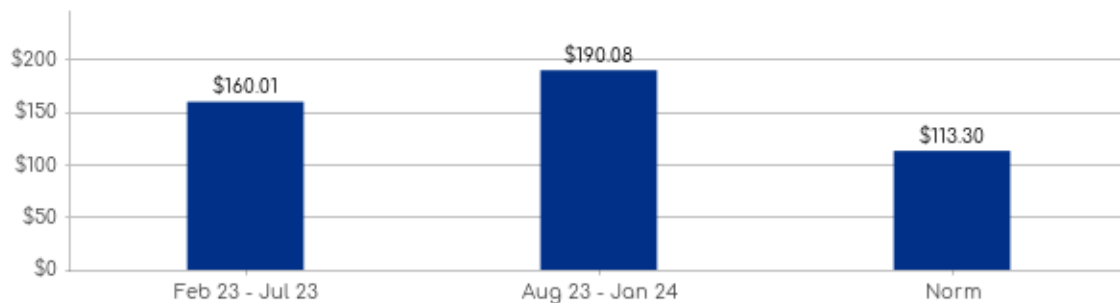


Changes in scripts per member reflect overall intensity of care and member compliance. Overall trends in volume are less important than the change on the ratios between branded and generic drugs.

Changes in cost/script reflect overall pharmaceutical industry pricing trends. This cost driver is best controlled through strong PBM contracting and tight formulary control.



Pharmacy Paid PMPM

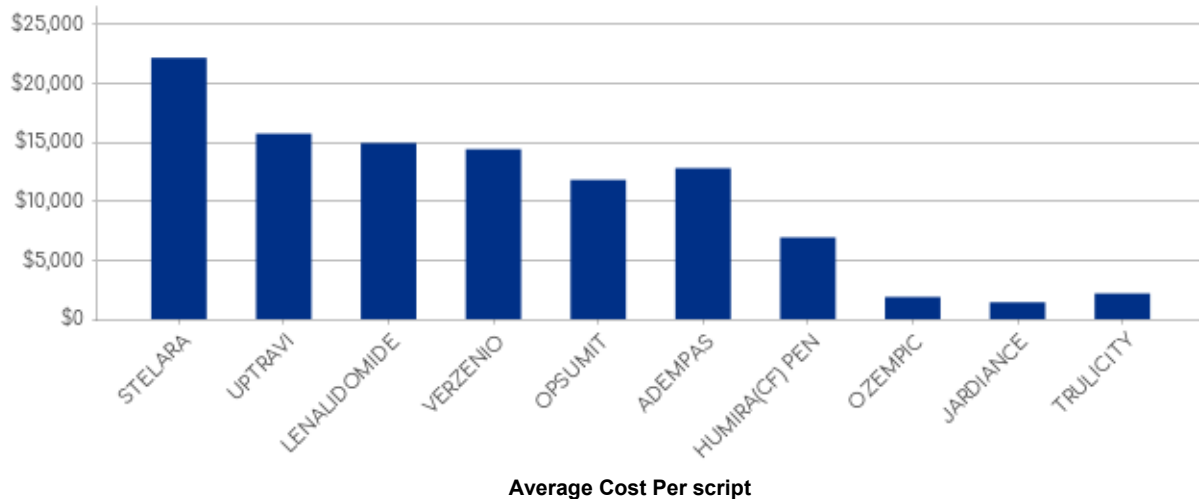


Prescription Drug Key Stats	Feb 23 - Jul 23	Aug 23 - Jan 24	Norm
Pharmacy Paid PMPM	\$160.01	\$190.08	\$113.30
Scripts per 1000 Members	9,360.0	9,454.3	9,086.3
Generic Fill Rate	88.6%	82.4%	85.3%
Mail Order	35.9%	33.0%	26.2%



6. Top 10 Prescription Drugs

Top 10 Prescriptions by Total Paid

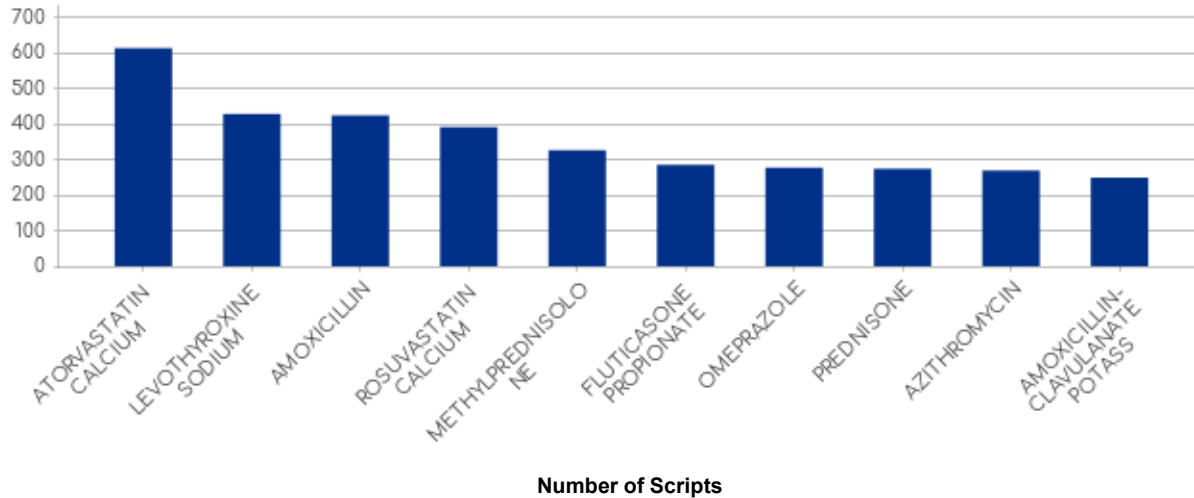


Top 10 Prescriptions by Total Paid

Drug Name	Rx Class	Generic	Total Paid	Prescription Count (incl. Non-Drug items)	Average Cost per Script
STELARA	Inflammatory Bowel Agents Dermatological - Antipsoriatic Agents Systemic, Immunosuppressive	N	\$488,193	22	\$22,191
UPTRAVI	Pulmonary Antihypertensive Agents - Prostacyclin-type	N	\$378,040	24	\$15,752
LENALIDOMIDE	Antineoplastic - Immunomodulators	Y	\$164,511	11	\$14,956
VERZENIO	Antineoplastic - Systemic Enzyme Inhibitors	N	\$158,717	11	\$14,429
OPSUMIT	Pulmonary Antihypertensive Agents	N	\$141,919	12	\$11,827
ADEMPAS	Pulmonary Antihypertensive Agents	N	\$140,995	11	\$12,818
HUMIRA(CF) PEN	DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents	N	\$138,807	20	\$6,940
OZEMPIC	Injectable Antidiabetic Agents	N	\$124,299	66	\$1,883
JARDIANCE	Antihyperglycemic - Sodium Glucose Cotransporter Inhibitors	N	\$117,321	82	\$1,431
TRULICITY	Injectable Antidiabetic Agents	N	\$115,729	53	\$2,184



Top 10 Prescriptions by Number of Scripts

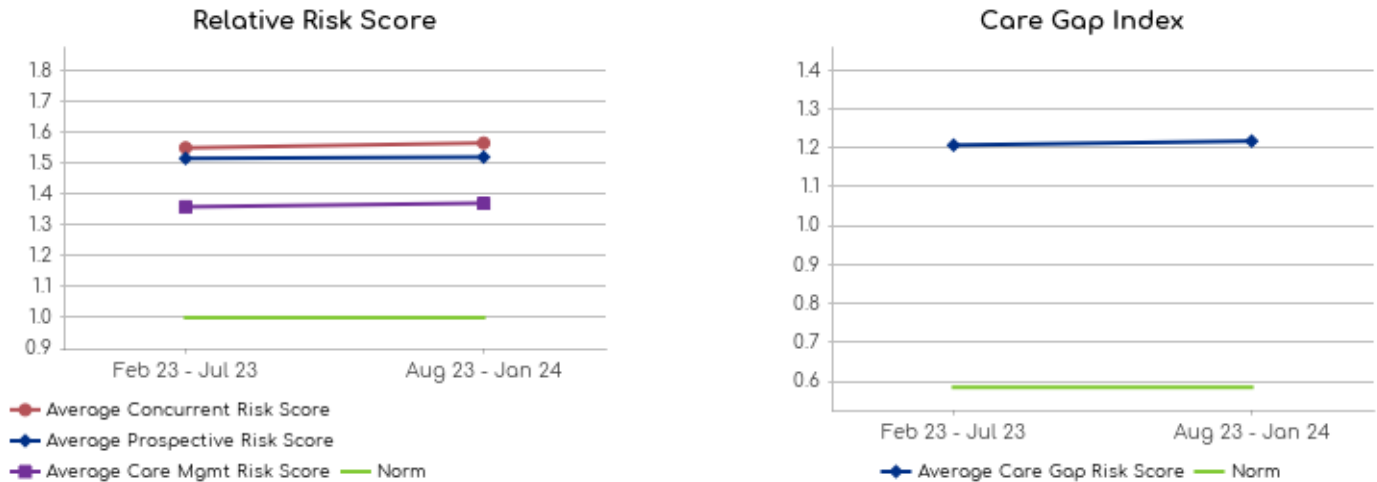


Top 10 Prescriptions by Number of Scripts

Drug Name	Rx Class	Generic	Total Paid	Prescription Count (incl. Non-Drug items)	Average Cost per Script
ATORVASTATIN CALCIUM	Antihyperlipidemics	Y	\$5,804.01	613	\$9.47
LEVOTHYROXINE SODIUM	Thyroid Hormones and Combinations	Y	\$3,803.18	428	\$8.89
AMOXICILLIN	Penicillin Antibiotics	Y	\$2,113.65	424	\$4.99
ROSUVASTATIN CALCIUM	Antihyperlipidemics	Y	\$4,158.65	391	\$10.64
METHYLPREDNISOLONE	Glucocorticoids and Combinations	Y	\$3,837.62	326	\$11.77
FLUTICASONE PROPIONATE	Dermatological - Glucocorticoids and Combinations Nasal Preparations	Y	\$2,259.62	285	\$7.93
OMEPRazole	Gastric Acid Secretion Reducing Agents - Antisecretory Agents	Y	\$1,800.31	277	\$6.50
PREDNISONE	Glucocorticoids and Combinations	Y	\$1,127.38	274	\$4.11
AZITHROMYCIN	Macrolide Antibiotics and Combinations	Y	\$1,473.89	269	\$5.48
AMOXICILLIN-CLAVULANATE POTASS	Penicillin Antibiotic - Beta-lactamase Inhibitor Combinations	Y	\$2,828.44	249	\$11.36



7. Disease Fingerprint



Quality & Risk	Feb 23 - Jul 23	Aug 23 - Jan 24	Norm
Average Care Gap Index	1.21	1.22	0.58
Average Concurrent Risk Score	1.55	1.57	1.00
Average Prospective Risk Score	1.52	1.52	1.00
Average Care Mgmt Risk Score	1.36	1.37	1.00

Top 5 Diseases by # of Members

Disease	Actual # of Members	Actual Members Per 1000	Norm Members Per 1000	Total Paid	PMPY Actual	PMPY Norm
Hyperlipidemia	506	254.2	148.4	\$5,869,063	\$12,479	\$13,386
Hypertension	419	210.5	178.7	\$7,430,813	\$19,334	\$14,886
Back Pain	304	152.7	154.1	\$4,092,553	\$14,410	\$12,546
Osteoarthritis	278	139.6	65.9	\$4,265,323	\$16,699	\$18,938
Neck Pain	192	96.4	82.1	\$1,886,495	\$10,714	\$12,042

Top 5 Diseases by Paid PMPY

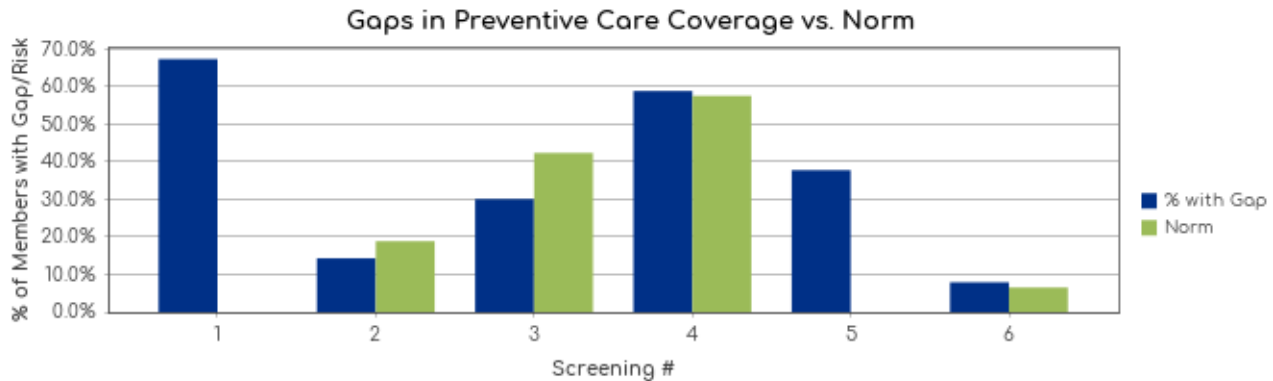
Disease	Actual # of Members	Actual Members Per 1000	Norm Members Per 1000	Total Paid	PMPY Actual	PMPY Norm
Ventilator Dependence	4	2.0	1.1	\$979,484	\$261,196	\$203,311
Eating Disorders	2	1.0	2.1	\$287,073	\$246,063	\$20,979
Chronic Pancreatitis	2	1.0	0.5	\$226,667	\$129,524	\$57,356
Osteomyelitis	2	1.0	1.3	\$167,551	\$118,272	\$70,719
Acute/Episodic Liver and Biliary Disease	24	12.1	16.0	\$1,832,633	\$85,905	\$36,450

Notes

1. Concurrent risk score measures current risk of illness burden.
2. Prospective risk score predicts risk in the next 12 months.
3. Care management risk score measures the need for care management services.
4. Average Risk Score are calculated based on individuals risk scores normalized to book of business.



8. Wellness Opportunities



Screening #	Gender	Age Group	# of Members	Gap in Preventive Care Description	With Gap	% With Gap	Norm
1	Both	between 45 and 75 y/o	776	Members without any colorectal cancer screening in the last 24 months (USPSTF) - QRM used in CGI	523	67.4%	-
2	Both	All Individuals	1,815	Members without a comprehensive office visit in the last 12 months (Cotiviti)	260	14.3%	18.9%
3	Male	>=50 years	289	Men without PSA level in the last 2 years.	87	30.1%	42.4%
4	Female	>20 years	630	Women aged 20 years or greater without Pap test in the last two years (Cotiviti) - QRM used in CGI	371	58.9%	57.6%
5	Female	between 40 and 74 y/o	463	Women without mammogram in the last 24 months (a.k.a. every other year) (USPSTF)	175	37.8%	-
6	Both	All	1,815	Members without any medical and/or pharmacy claims in the last 12 months (Cotiviti)	144	7.9%	6.5%

Notes

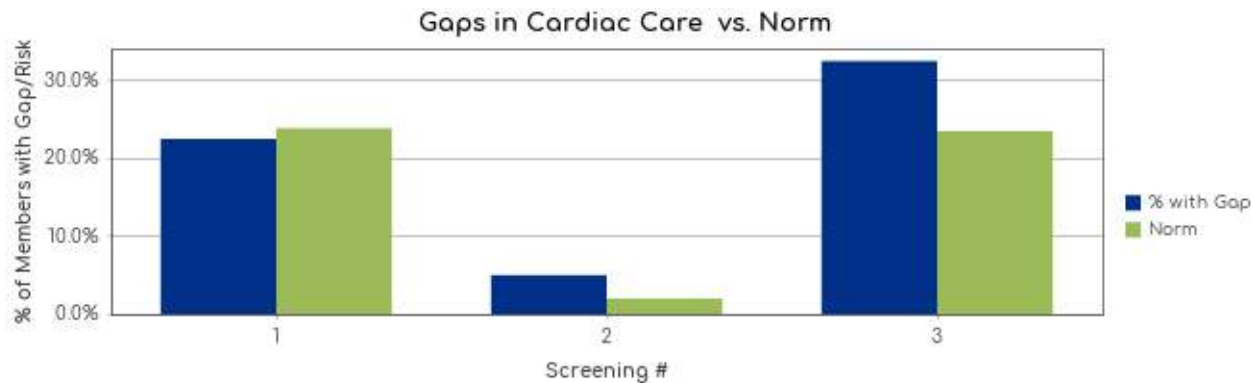
The key to preventing potentially debilitating and catastrophic claims is timely follow-up with age and gender-related screenings.

USI recommends the following:

- Partner with carrier to promote education preventive screenings.
- Partner with wellness vendor to promote education of preventive screenings.
- Consider eventually moving to a premium contribution differential tied to wellness scorecard that includes completion of age and gender-specific screenings.



9. Cardiac



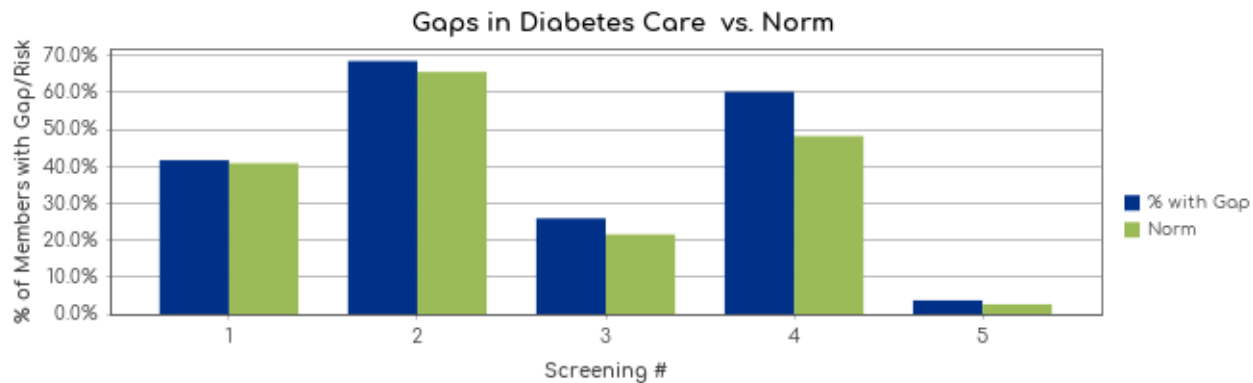
Screening #	Gender	Age Group	# of Members	Gap in Preventive Care Description	With Gap	% With Gap	Norm
1	Both	All	40	Members without lipid profile test in the last 12 months (ACC) - QRM used in CGI	9	22.5%	23.9%
2	Both	All	40	Members without a comprehensive office visit in the last 12 months (Cotiviti)	2	5%	2%
3	Both	All	40	Members without antihyperlipidemic medications in the last 12 months (Cotiviti)	13	32.5%	23.5%

Notes

- Individuals who have existing cardiovascular disease are twice as likely to have a repeat event as anyone else is to have a first event.
- Keys to prevention for a repeat cardiac event include: compliance with medications, no tobacco use and lifestyle modifications.
- USI Recommends the following:
 - Incent members with a history of heart disease to complete a semi-annual lipid profile. The secondary tests should be managed by a wellness vendor, with the data forwarded to the PCP and the cardiologist.
 - Partner with wellness vendor to promote education for cardiovascular disease.
 - Consider removing all co-pays for prevention-related medications.
 - Consider promoting tobacco cessation programs. Program components may include: tobacco affidavits, tobacco cessation programs and reimbursement for physician approved tobacco cessation medications.
 - Consider promoting lifestyle modification programs around nutrition and physical activity. If the company offers an on-site cafeteria or vending area, consider offering a subsidy (discount) for healthy eating options. Additionally, the company may want to support physical activity through walking challenges or gym membership subsidies.



10. Diabetes



Screening #	Gender	Age Group	# of Members	Gap in Preventive Care Description	With Gap	% With Gap	Norm
1	Both	All	108	Members without statin medications in the last 12 months (ADA)	45	41.7%	40.9%
2	Both	All	108	Members without HbA1c every six months in the last 12 months, with at least 5 months between the two HbA1c tests (ADA)	74	68.5%	65.6%
3	Both	All	108	Members without lipid profile test in the last 12 months (ADA)	28	25.9%	21.6%
4	Both	All	108	Members without screening for albumin in the urine in the last 12 months (ADA) - QRM used in CGI	65	60.2%	48.2%
5	Both	All	108	Diabetics without a comprehensive office visit in the last 12 months (Cotiviti)	4	3.7%	2.7%

Notes

- Individuals who have existing diabetes need to manage their glucose in order to prevent complications such as heart disease, kidney disease, blindness and amputations.
- Keys to managing diabetes include: compliance with medications, proper diet, exercise and no tobacco use.
- USI Recommends the following:
 - Incent members with a history of diabetes or diabetes to complete, at a minimum, semi-annual HbA1c and lipid profile tests. The secondary tests should be managed by a wellness vendor, with the data forwarded to the PCP and appropriate specialists.
 - Partner with wellness vendor to promote on-going diabetes education.
 - Consider removing all co-pays for prevention-related medications and all glucose testing supplies.
 - Consider promoting lifestyle modification programs around nutrition and physical activity. If the company offers an on-site cafeteria or vending area, consider offering a subsidy (discount) for healthy eating options. Additionally, the company may want to support physical activity through walking challenges or gym membership subsidies.
 - Consider promoting tobacco cessation programs. Program components may include: tobacco affidavits, tobacco cessation programs and reimbursement for physician approved tobacco cessation medications.