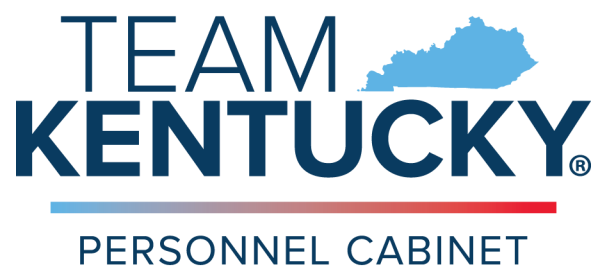


Health Insurance Program Monthly Report



Department of
Employee Insurance

Prepared for:

Kentucky Group Health Insurance
Board Members

August 2024

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Paid data as of: June 2024
Incurred data as of: March 2024

Rolling Year Enrollment & LivingWell Promise Fulfillment

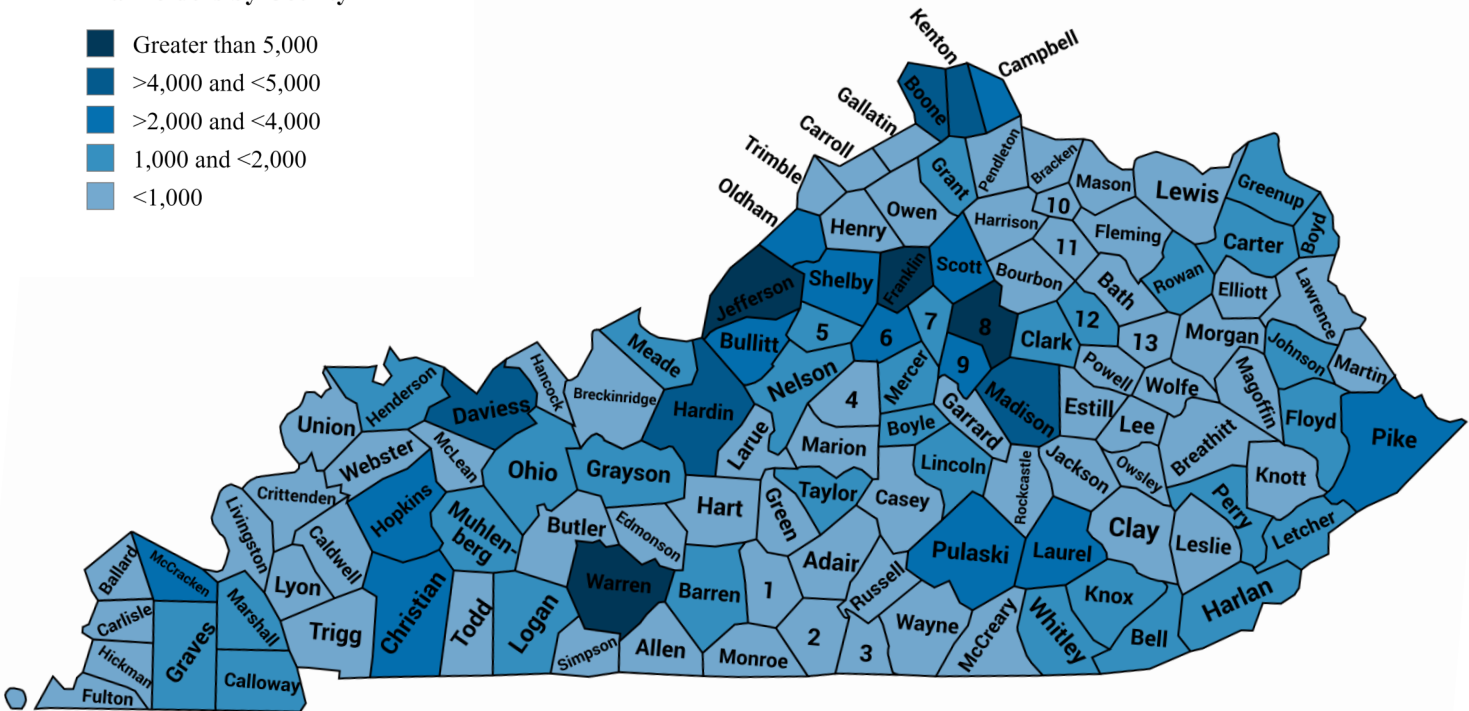
Enrollment	Apr 2022 - Mar 2023	Apr 2023 - Mar 2024	% Change
Planholders (Avg)	137,879	139,085	0.87%
Members (Avg)	257,619	258,922	0.51%
Family Size (Avg)	1.87	1.86	-0.37%
Member Age (Avg)	36.62	36.60	-0.07%

LivingWell Promise Fulfillment				
Period	7/1/2024		7/1/2023	
Eligibles	144,481	185,290	138,976	150,813
Promise Complete	121,878	123,693	122,103	125,795
% Complete	84.4%	66.1%	87.9%	83.4%
Total Castlight Registrations:			131,264	

All members with current access to complete the health assessment.

Planholders by County

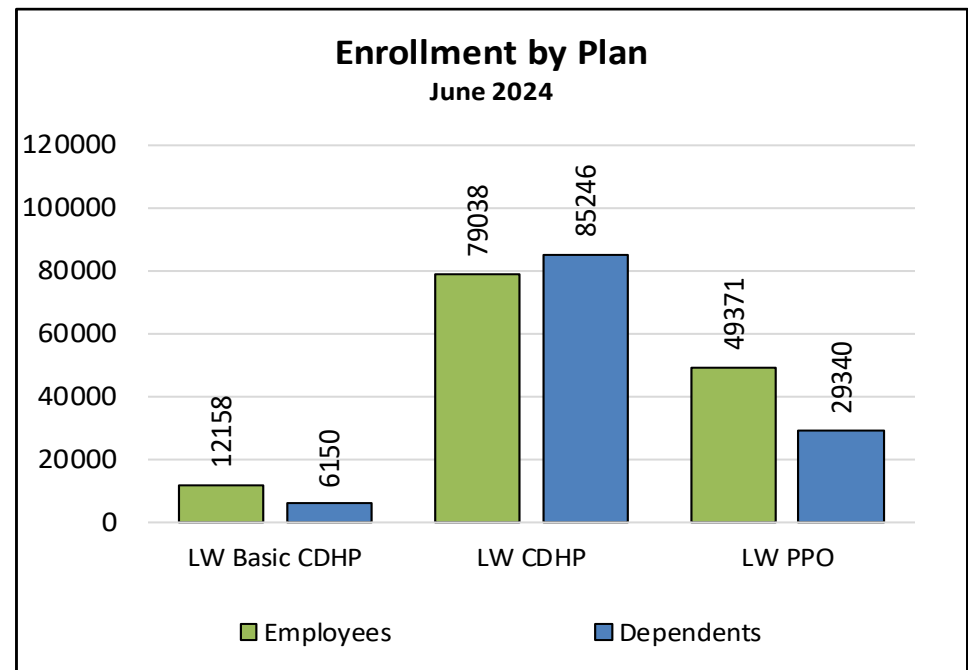
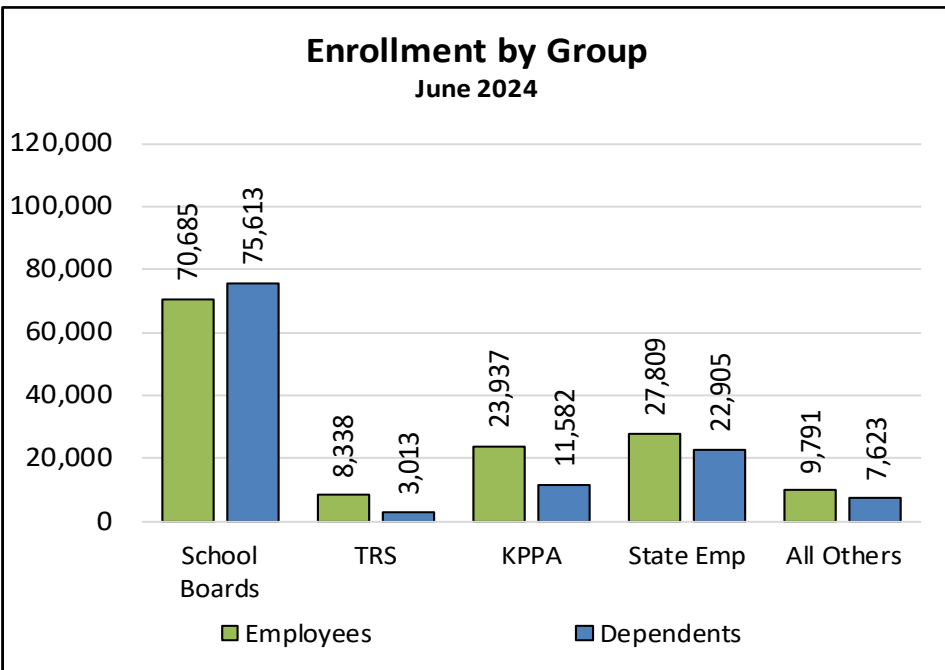
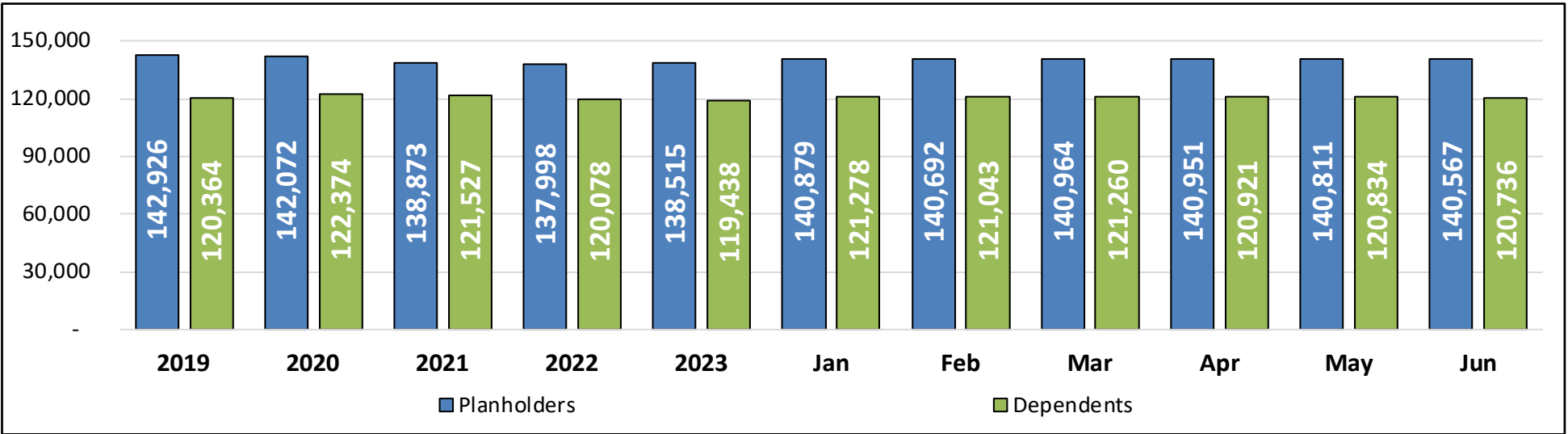
- Greater than 5,000
- >4,000 and <5,000
- >2,000 and <4,000
- 1,000 and <2,000
- <1,000



- 1 Metcalfe
- 2 Cumberland
- 3 Clinton
- 4 Washington
- 5 Spencer
- 6 Anderson
- 7 Woodford
- 8 Fayette
- 9 Jessamine
- 10 Robertson
- 11 Nicholas
- 12 Montgomery
- 13 Menifee

Enrollment

The following chart shows planholder enrollment (contracts) for 2019-2023 and monthly in 2024. Enrollment will fluctuate on a monthly basis. (Approximately 7,000 Cross-Reference spouses in any given month are counted as dependents.)



Summary of Enrollment and Claims

The following provides a summary of Members (planholders and dependents), Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Apr 2023	258,192	\$153,538,904.65	\$97,780,468.06	\$55,758,436.59	639,724	298,432	330,932
May 2023	258,046	\$167,250,924.61	\$105,004,549.74	\$62,246,374.87	691,058	324,000	356,268
Jun 2023	257,851	\$176,112,729.30	\$112,847,545.46	\$63,265,183.84	672,535	322,151	339,148
Jul 2023	257,244	\$170,175,243.35	\$108,873,111.24	\$61,302,132.11	648,297	311,288	326,679
Aug 2023	255,989	\$180,876,347.01	\$114,172,285.65	\$66,704,061.36	702,139	337,380	353,430
Sep 2023	255,169	\$165,872,374.42	\$104,712,725.13	\$61,159,649.29	666,316	309,014	346,166
Oct 2023	259,126	\$183,709,928.94	\$115,354,185.57	\$68,355,743.37	744,914	351,170	382,399
Nov 2023	259,539	\$188,043,296.26	\$121,744,234.82	\$66,299,061.44	735,772	350,079	374,979
Dec 2023	259,786	\$197,601,942.04	\$128,903,409.27	\$68,698,532.77	731,340	338,882	382,444
Jan 2024	262,157	\$142,190,155.81	\$87,092,699.78	\$55,097,456.03	717,064	339,892	366,066
Feb 2024	261,735	\$151,955,650.43	\$94,990,559.10	\$56,965,091.33	705,782	344,643	349,768
Mar 2024	262,224	\$159,676,495.93	\$99,094,074.22	\$60,582,421.71	698,170	333,340	354,063

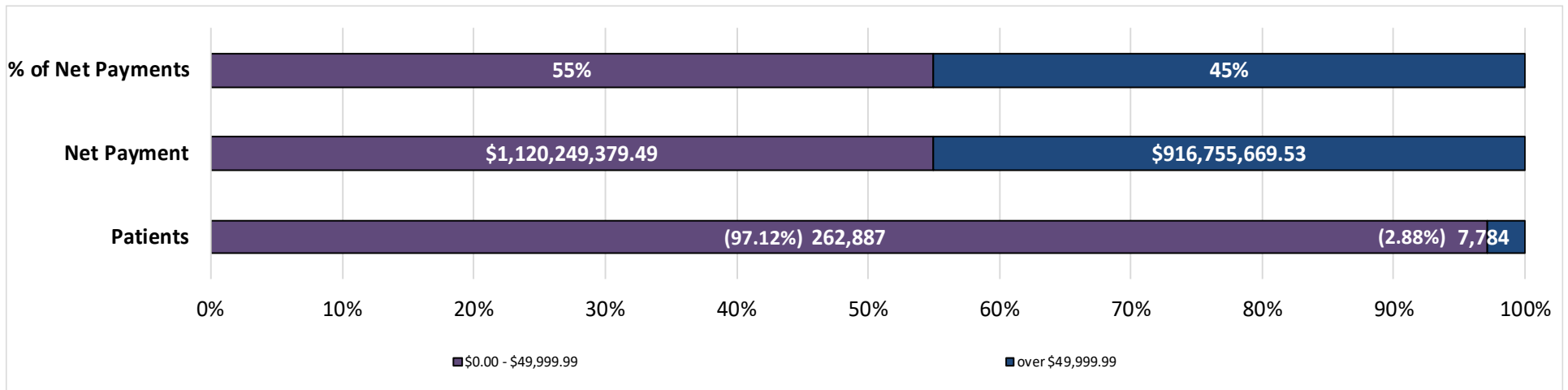
The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Apr 2022 - Mar 2023	257,619	\$1,838,949,835	\$1,233,521,889	\$605,427,946
Apr 2023 - Mar 2024	258,922	\$2,057,789,516	\$1,310,943,812	\$746,845,704
% Change (Roll Yrs)	0.51%	11.90%	6.28%	23.36%

Allowed Claims and High Cost Claimants

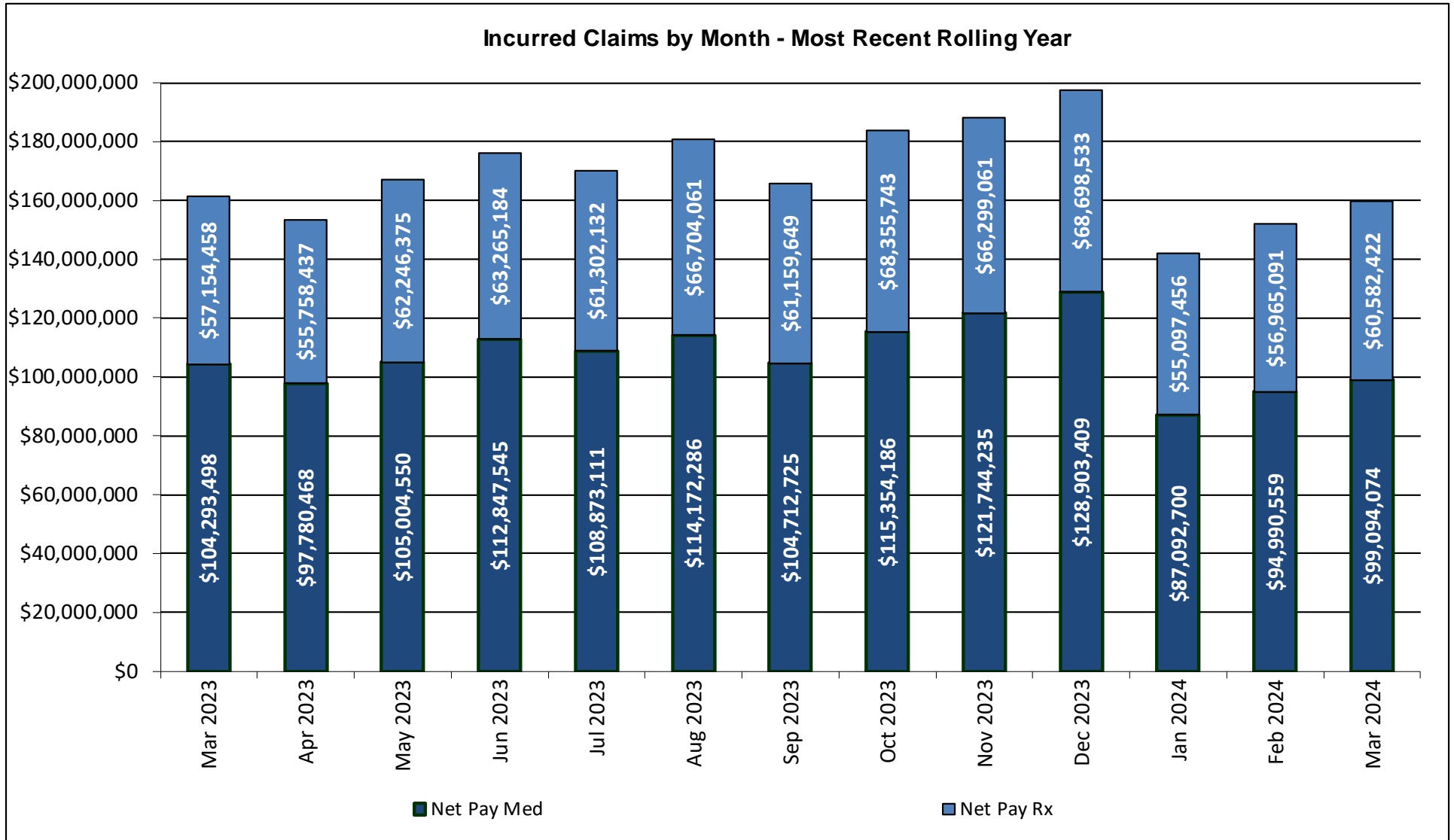
Allowed Claims Cost PMPY with Norms	Apr 2022 - Mar 2023	Apr 2023 - Mar 2024	% Change	Recent US Norms	Compared to Norm
Allowed Amount PMPY Medical	\$5,811.56	\$6,127.40	5.43%	\$5,805.29	5.26%
Allowed Amount PMPY IP Acute	\$1,414.71	\$1,403.36	-0.80%	N/A	N/A
Allowed Amount PMPY OP Med	\$4,385.13	\$4,711.68	7.45%	\$4,335.54	7.98%
Allowed Amount PMPY OP Facility Medical	\$2,537.50	\$2,789.27	9.92%	N/A	N/A
Allowed Amount PMPY Office Medical	\$1,101.48	\$1,138.44	3.36%	N/A	N/A
Allowed Amount PMPY OP Laboratory	\$287.16	\$285.17	-0.69%	N/A	N/A
Allowed Amount PMPY OP Radiation	\$565.97	\$617.71	9.14%	N/A	N/A
Out of Pocket PMPY Medical	\$968.42	\$1,008.69	4.16%	\$868.36	13.91%
Allowed Amount PMPY Rx	\$2,689.52	\$3,257.17	21.11%	\$1,919.67	41.06%
Out of Pocket PMPY Rx	\$260.39	\$268.44	3.09%	N/A	N/A

High Cost Claimants (April 2023 - March 2024)

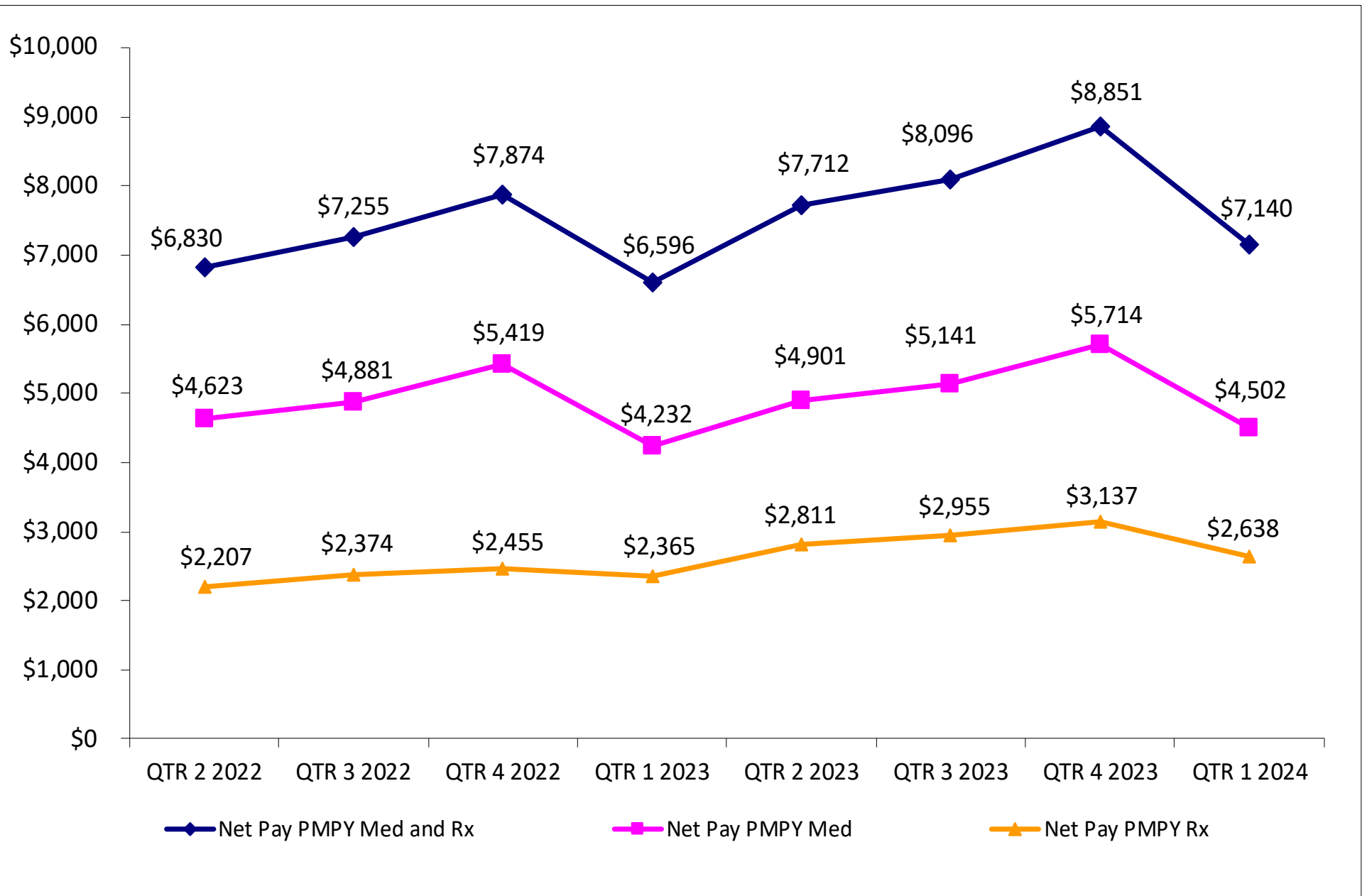


Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.

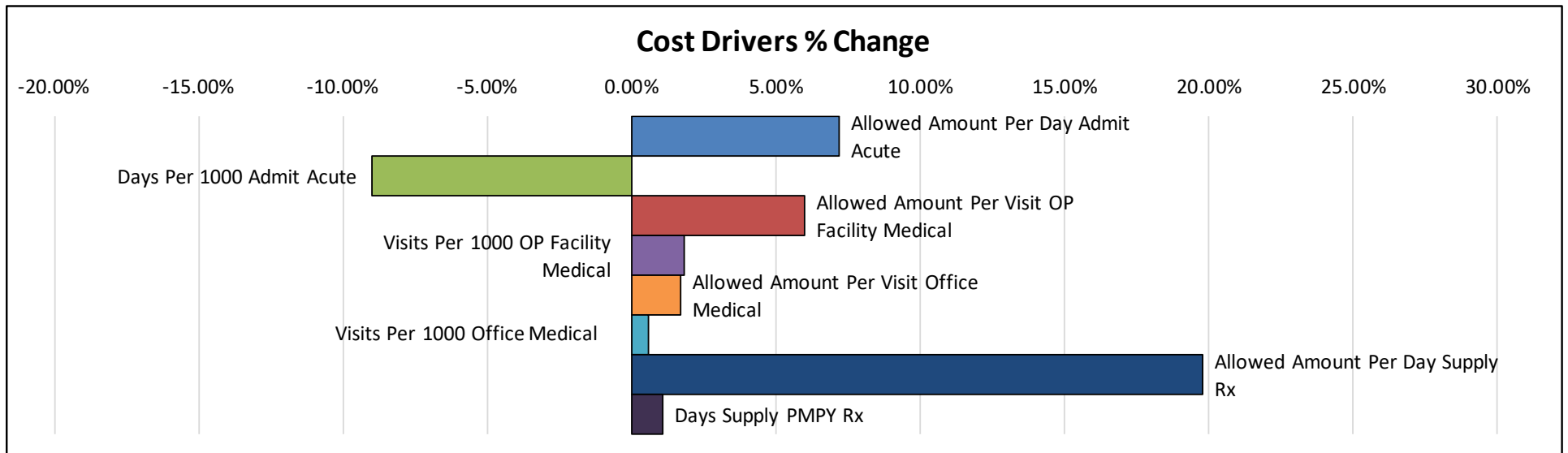


PMPY Costs as Calculated at the end of each Quarter



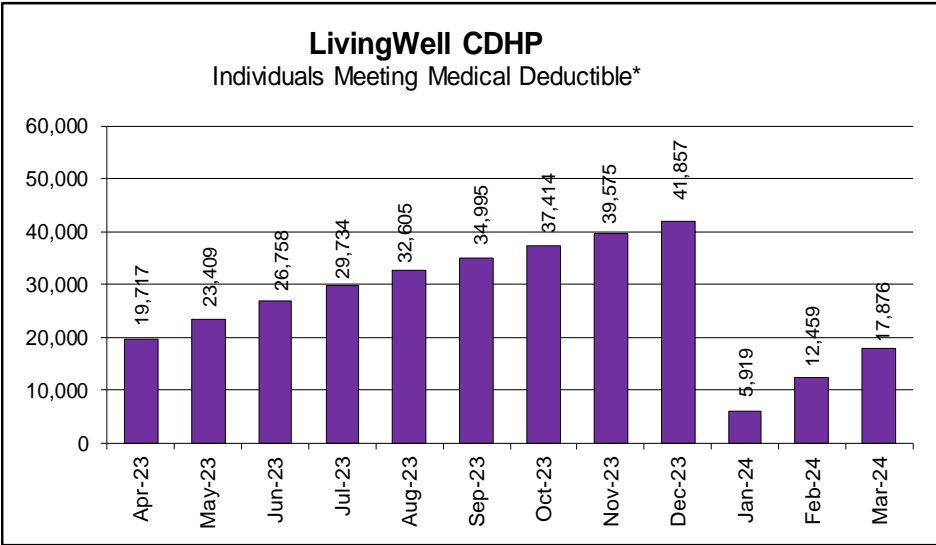
Cost Drivers

Cost Driver Support Table	Apr 2022 - Mar 2023	Apr 2023 - Mar 2024	% Change
Allowed Amount Per Day Admit Acute	\$5,393.35	\$5,780.52	7.18%
Days Per 1000 Admit Acute	260.99	237.44	-9.02%
Allowed Amount Per Visit OP Facility Medical	\$1,633.70	\$1,731.44	5.98%
Visits Per 1000 OP Facility Medical	1,552.36	1,580.73	1.83%
Allowed Amount Per Visit Office Medical	\$128.06	\$130.24	1.70%
Visits Per 1000 Office Medical	8,599.33	8,650.39	0.59%
Allowed Amount Per Day Supply Rx	\$4.19	\$5.02	19.77%
Days Supply PMPY Rx	641.32	648.18	1.07%

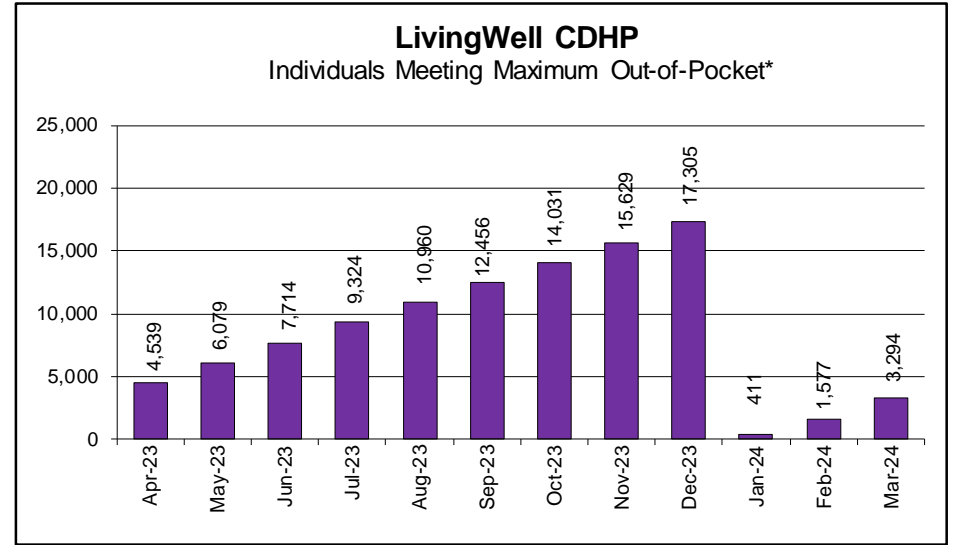


Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell CDHP

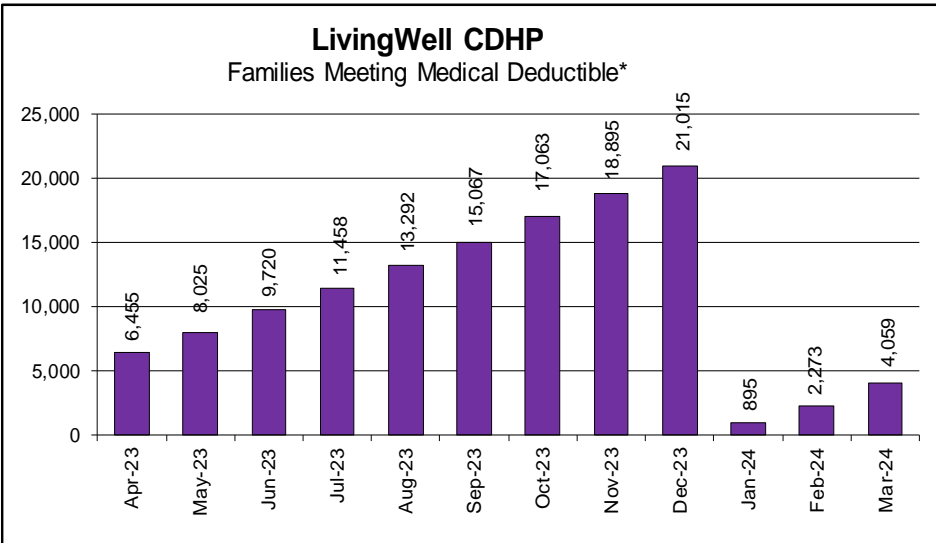
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



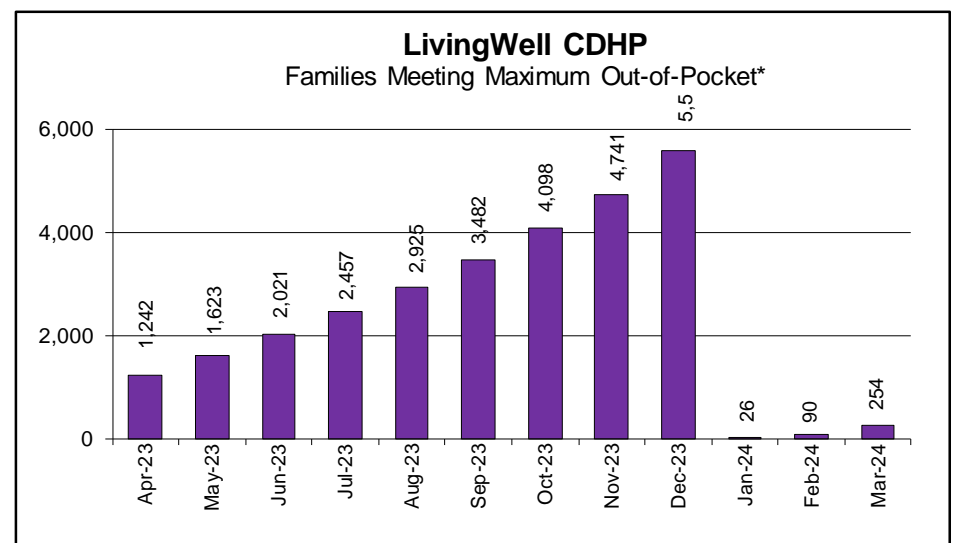
* 2020 - 2024 LivingWell CDHP Individual deductible is \$1,500



* 2020 - 2024 LivingWell CDHP Individual Maximum Out of Pocket is \$3,000



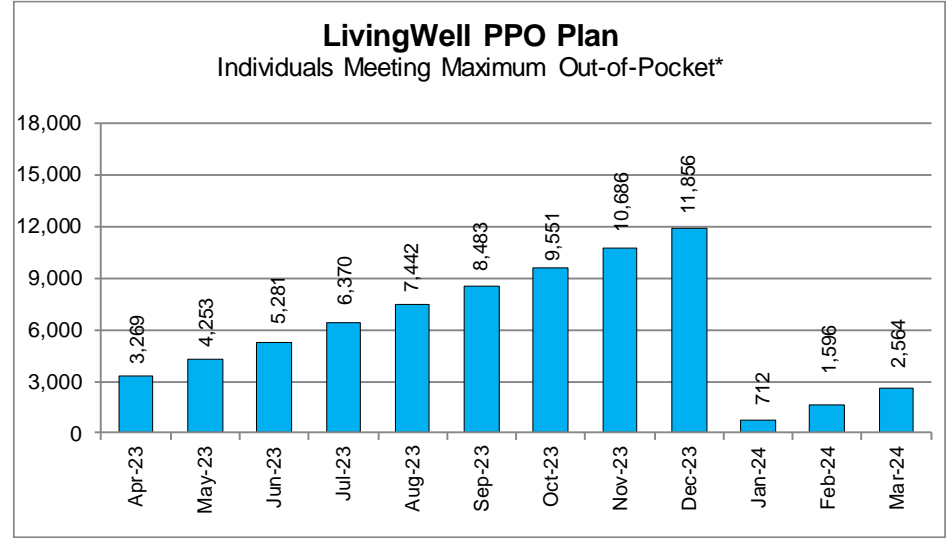
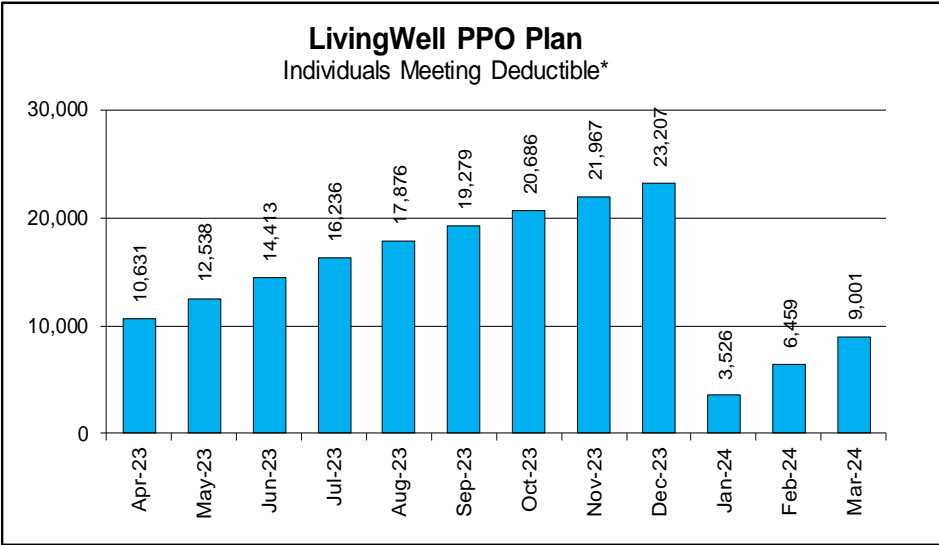
* 2020 - 2024 LivingWell CDHP Family deductible is \$2,750



* 2020 - 2024 LivingWell CDHP Family Maximum Out of Pocket is \$5,750

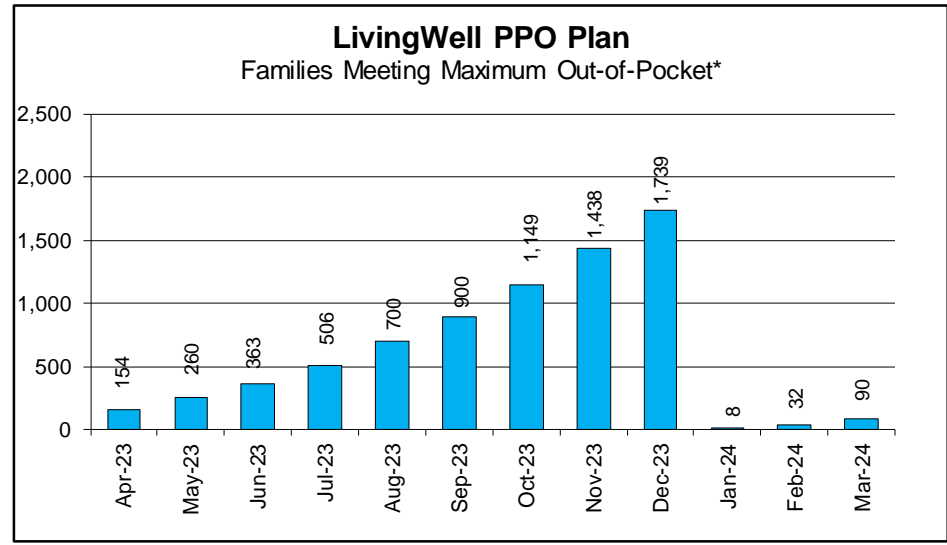
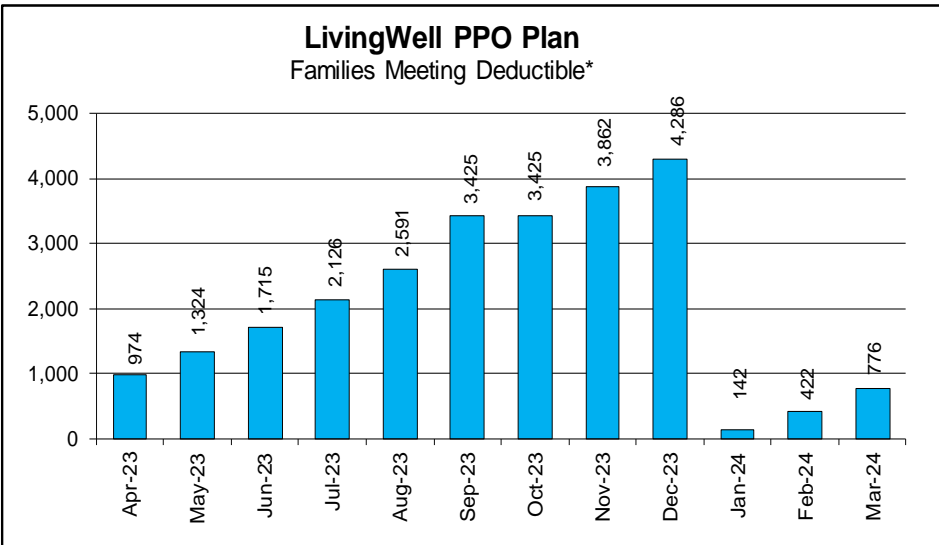
Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell PPO

The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



* 2020 - 2024 LW PPO Individual Deductible is \$1,000

* 2020 - 2024 LW PPO Individual Maximum Medical Out-of-Pocket is \$3,000

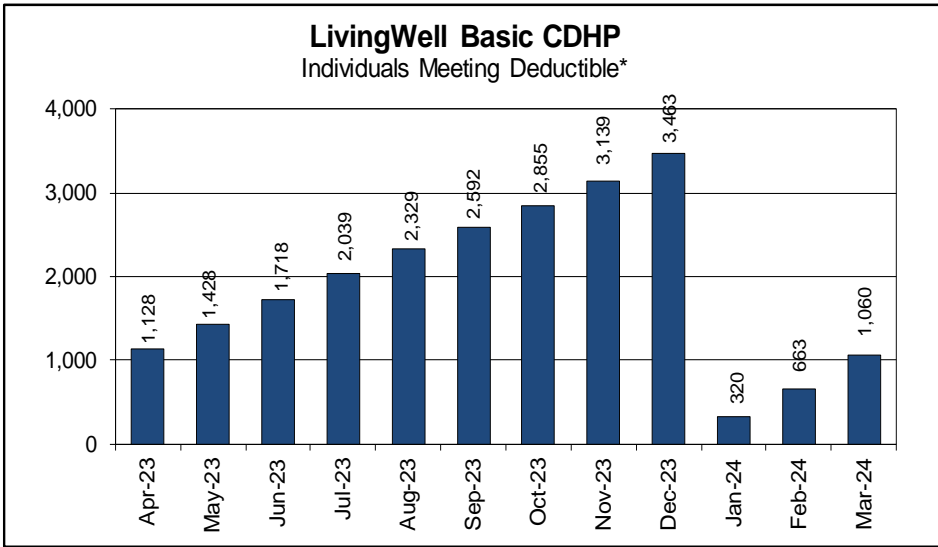


* 2020 - 2024 LW PPO Family Deductible is \$1,750

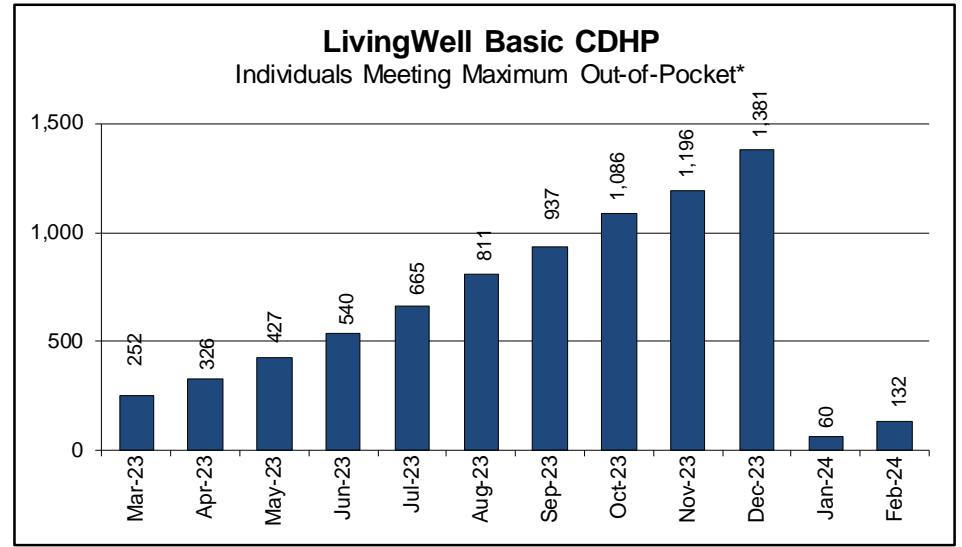
* 2020 - 2024 LW PPO Family Maximum Medical Out-of-Pocket is \$5,750

Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell Basic CDHP

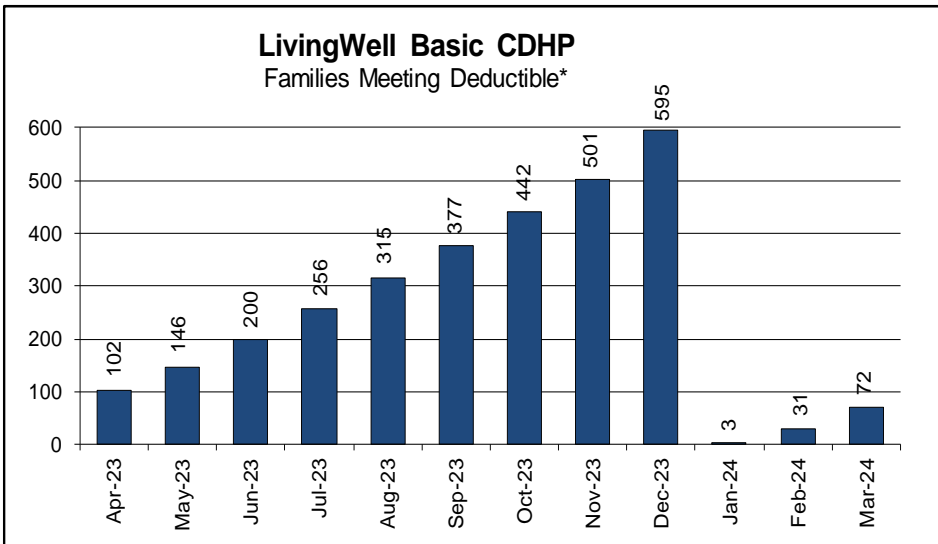
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



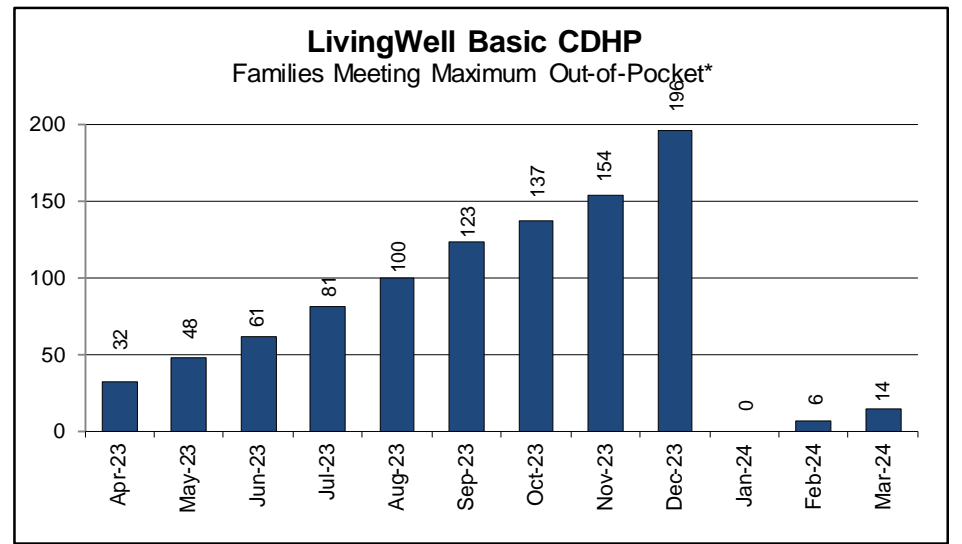
* 2020 - 2024 LW Basic CDHP Individual Deductible is \$2,000



* 2020 - 2024 LW Basic CDHP Individual Maximum Out-of-Pocket is \$4,000



* 2020 - 2024 LW Basic CDHP Family Deductible is \$3,750



* 2020 - 2024 LW Basic CDHP Family Maximum Out-of-Pocket is \$7,750

Prescription Drug Utilization

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from March 2024.

Prev Rank	Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	OZEMPIC	Multisource generic	Hormones & Synthetic Subst	\$5,181,700.00	8.57%	5,230	\$5,230.00	177,490
2	2	WEGOVY	Single source brand	Hormones & Synthetic Subst	\$4,889,741.19	8.09%	3,981	\$3,981.00	125,563
3	3	MOUNJARO	Single source brand	Hormones & Synthetic Subst	\$3,140,416.85	5.19%	3,050	\$3,050.00	92,911
4	4	HUMIRA	Multisource generic	Immunosuppressants	\$2,587,782.13	4.28%	284	\$284.00	10,136
5	5	STELARA	Single source brand	Immunosuppressants	\$2,260,388.71	3.74%	112	\$112.00	6,486
6	6	SKYRIZI	Single source brand	Immunosuppressants	\$1,795,135.19	2.97%	97	\$97.00	6,916
#N/A	7	Dupixent	Single source brand	Immunosuppressants	\$1,694,247.11	2.80%	402	\$402.00	14,658
7	8	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$1,404,304.26	2.32%	1,551	\$1,551.00	80,286
8	9	RINVOQ	Single source brand	Immunosuppressants	\$1,016,850.95	1.68%	130	\$130.00	4,770
9	10	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$913,024.59	1.51%	862	\$862.00	29,610
10	11	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$822,028.85	1.36%	1,071	\$1,071.00	48,899
13	12	TREMFYA	Single source brand	Immunosuppressants	\$786,032.09	1.30%	74	\$74.00	4,032
11	13	ENBREL	Single source brand	Immunosuppressants	\$750,469.84	1.24%	98	\$98.00	3,696
12	14	TRIKAFTA	Multisource generic	Respiratory Tract Agents	\$722,180.77	1.19%	32	\$32.00	980
16	15	XARELTO	Single source brand	Blood Form/Coagul Agents	\$613,796.32	1.02%	766	\$766.00	40,059
14	16	DEXCOM G6 SENSOR	Other/unavailable	Diagnostic Agents	\$598,620.04	0.99%	1,134	\$1,134.00	50,613
15	17	RYBELSUS	Single source brand	Hormones & Synthetic Subst	\$598,396.03	0.99%	544	\$544.00	21,025
18	18	OTEZLA	Single source brand	Misc Therapeutic Agents	\$566,877.33	0.94%	117	\$117.00	5,010
20	19	UBRELVY	Single source brand	Central Nervous System	\$561,776.30	0.93%	620	\$620.00	15,135
19	20	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$529,604.87	0.88%	808	\$808.00	32,170
17	21	TALTZ	Single source brand	Immunosuppressants	\$522,305.16	0.86%	84	\$84.00	2,520
23	22	COSENTYX	Single source brand	Immunosuppressants	\$478,834.79	0.79%	64	\$64.00	2,250
#N/A	23	EMGALITY	Single source brand	Central Nervous System	\$452,960.68	0.75%	776	\$776.00	24,380
#N/A	24	KESIMPTA SENSOREADY PEN	Single source brand	Antineoplastic Agents	\$443,247.97	0.73%	47	\$47.00	1,994
21	25	OMNIPOD 5 G6 PODS (GEN5)	Other/unavailable	Diagnostic Agents	\$434,123.23	0.72%	425	\$425.00	18,597

**“Product Name” includes all strengths/formulations of a drug.

Prescription Drug Utilization (*continued*)

In summary, the top 25 drugs represent 5.84% of total scripts and 55.81% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$33,764,845	22,359	772,965
All Product Names	\$60,454,813	352,569	14,082,648
Top Drugs as Pct of All Drugs	55.85%	6.34%	5.49%

Prescription Drug Programs		Apr 2022 - Mar 2023	Apr 2023 - Mar 2024	% Change
Mail Order	Discount Off AWP % Rx	56.22%	54.98%	-2.21%
	Scripts Generic Efficiency Rx	98.99%	98.97%	-0.02%
Retail	Discount Off AWP % Rx	43.45%	40.26%	-7.34%
	Scripts Generic Efficiency Rx	98.28%	99.18%	0.91%
Total	Discount Off AWP % Rx	48.85%	46.17%	-5.48%
	Scripts Generic Efficiency Rx	98.47%	99.12%	0.67%
	Scripts Maint Rx % Mail Order	32.24%	32.81%	1.78%

Utilization

The top 25 clinical conditions based on Total Incurred Medical Claims for March 2024.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$23,894,736	\$152,655	\$23,736,838	0.02	2.00	1029.99	0.95	66,863	\$357.37
2	2	Chemotherapy Encounters	\$17,005,254	\$2,112,851	\$14,892,403	0.47	5.42	2.17	0.00	495	\$34,354.05
3	3	Osteoarthritis	\$10,169,569	\$680,120	\$9,488,983	0.12	3.13	159.90	0.37	7,651	\$1,329.18
5	4	Signs/Symptoms/Oth Cond, NEC	\$9,686,791	\$1,129,772	\$8,535,285	0.64	5.52	458.10	11.91	37,755	\$256.57
4	5	Pregnancy without Delivery	\$9,369,284	\$7,230,988	\$2,120,624	0.52	3.29	92.80	8.85	3,078	\$3,043.95
6	6	Respiratory Disord, NEC	\$8,169,235	\$3,824,640	\$4,322,405	0.27	4.33	83.07	10.94	9,045	\$903.18
7	7	Infections, NEC	\$7,443,038	\$6,454,229	\$978,954	0.09	2.83	198.52	3.16	15,654	\$475.47
9	8	Spinal/Back Disord, Low Back	\$7,074,021	\$1,982,606	\$5,091,348	0.38	2.72	552.88	3.86	14,724	\$480.44
8	9	Coronary Artery Disease	\$6,570,530	\$4,096,987	\$2,446,976	1.36	5.03	25.43	1.33	2,021	\$3,251.13
12	10	Arthropathies/Joint Disord NEC	\$6,535,866	\$269,699	\$6,261,932	0.12	3.75	684.31	6.93	21,674	\$301.55
11	11	Gastroint Disord, NEC	\$6,159,651	\$1,342,866	\$4,816,541	0.73	4.21	135.23	19.07	11,856	\$519.54
10	12	Cardiac Arrhythmias	\$6,110,711	\$2,078,173	\$4,013,226	0.50	3.18	39.55	2.49	3,012	\$2,028.79
13	13	Radiation Therapy Encounters	\$4,831,033	\$396	\$4,830,637	0.00	0.00	1.83	0.00	129	\$37,449.87
14	14	Newborns, w/wo Complication	\$4,783,123	\$4,636,382	\$146,740	8.46	2.98	9.42	0.24	811	\$5,897.81
15	15	Condition Rel to Tx - Med/Surg	\$4,469,054	\$2,773,536	\$1,686,298	1.01	4.30	7.04	1.69	1,605	\$2,784.46
16	16	Diabetes	\$4,208,977	\$1,000,783	\$3,112,960	1.63	5.58	267.59	1.80	17,597	\$239.19
19	17	Spinal/Back Disord, Ex Low	\$3,848,711	\$926,837	\$2,919,217	0.24	5.75	527.57	2.87	12,166	\$316.35
20	18	Cholecystitis/Cholelithiasis	\$3,745,686	\$753,720	\$2,991,966	0.37	4.00	4.23	1.97	606	\$6,181.00
23	19	Cardiovasc Disord, NEC	\$3,588,293	\$871,870	\$2,712,553	0.32	6.38	77.99	9.45	6,780	\$529.25
17	20	Cerebrovascular Disease	\$3,543,870	\$2,304,275	\$1,205,658	1.28	6.67	9.33	1.43	727	\$4,874.65
18	21	Neurological Disorders, NEC	\$3,417,127	\$961,193	\$2,447,634	0.29	6.63	76.69	1.68	3,689	\$926.30
21	22	Multiple Sclerosis	\$3,278,277	\$63,349	\$3,185,575	0.06	5.50	3.30	0.06	269	\$12,186.90
22	23	Cancer - Breast	\$3,225,608	\$85,008	\$3,129,561	0.09	4.33	22.13	0.02	1,198	\$2,692.49
25	24	Cancer - Leukemia	\$3,133,083	\$1,713,549	\$1,418,488	0.11	25.71	2.95	0.03	237	\$13,219.76
#N/A	25	Renal Function Failure	\$3,105,193	\$708,402	\$2,385,864	0.14	4.89	15.51	0.69	1,433	\$2,166.92

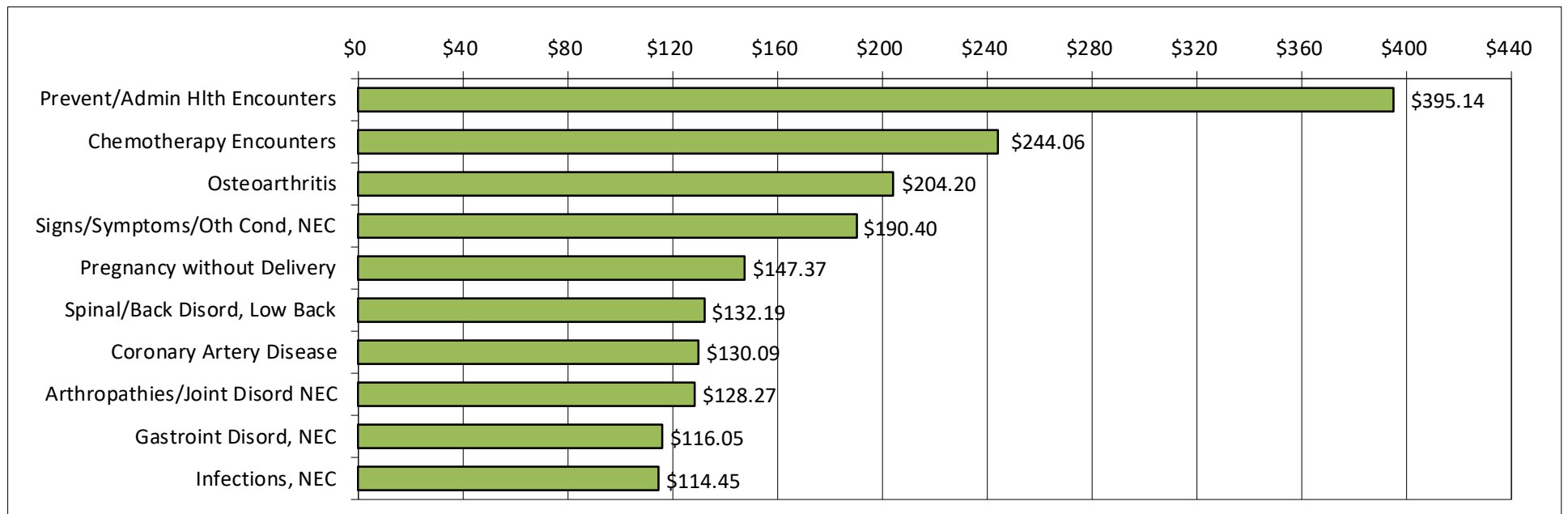
NOTE: Medical payments represent only the payments made for the specified condition.

Utilization (continued)

In Summary, the top clinical conditions represent more than 59.52% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$167,366,720	\$48,154,886	\$118,878,666	19.23	5.13	4,487.52	91.79
All Clinical Conditions	\$281,177,333	\$80,498,135	\$200,038,527	48.21	4.17	10,101.33	215.64
Top Clinical Conditions as Pct of All Clinical Conditions	59.52%	59.82%	59.43%	39.90%	122.93%	44.43%	42.57%

Top 10 Clinical Conditions by PMPY Net Pay Medical



Appendix A

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Merative warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. During 2021, Advantage Suite processed enrollment information for a total of 286,425 members as well as 8,140,128 claims (3,881,180 Medical claims and 4,258,948 prescriptions). When dealing with such large numbers it is impossible to tag every claim to a corresponding group, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

Appendix B—Definitions

- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Employee** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **Incurred Claims** refers to paid amounts for claims that were incurred in a specified timeframe.
- **High Cost Claimants** refers to patients with claims \$50,000 or more.
- **IP** refers to inpatient procedures and/or claims.
- **LOS** refers to length of stay of an acute admission.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Norms (Allowed Amount with Norms or Recent US)** refer to the benchmark representing Allowed Amount PMPY for the total US population based on 2020 MarketScan data, adjusted for age and gender of the eligibility population.
- **OP** refers to outpatient procedures and/or claims.
- **Paid Claims** specify the paid amount for claims regardless of when the claims may have been incurred.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Patients Rx** is the unique count of members who had a prescription filled (but not necessarily picked up).
- **Plan** is LivingWell Basic CDHP, LW High Deductible Plan, LivingWell PPO and LivingWell CDHP.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.
- **Scripts Rx** is the number of prescriptions filled based on the Rx Count field, which is generally equal to the number of original or replacement pharmacy claims minus the number of voided pharmacy claims.