

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

December 2022

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Paid data as of: October 2022
Incurred data as of: July 2022

Rolling Year Enrollment & LivingWell Promise Fulfillment

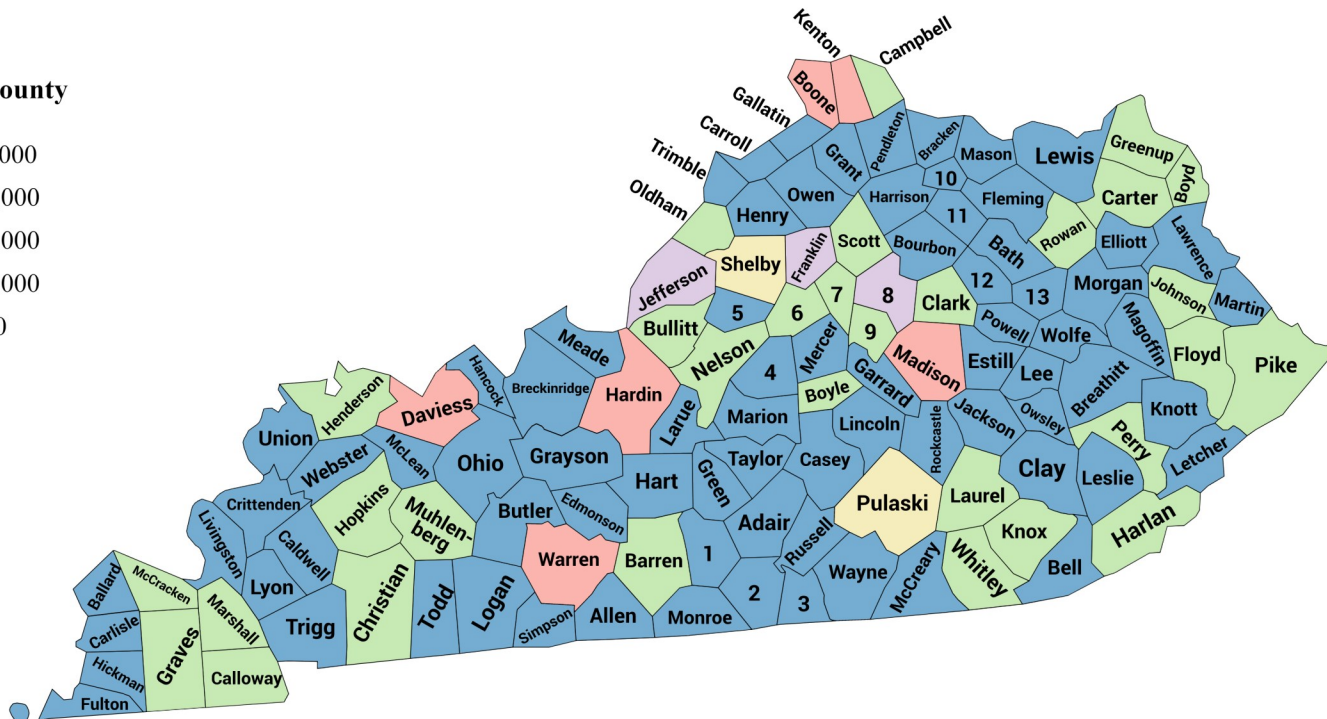
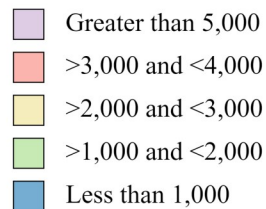
Enrollment	Aug 2020 - Jul 2021	Aug 2021 - Jul 2022	% Change
Planholders (Avg)	140,149	138,269	-1.34%
Members (Avg)	262,002	259,051	-1.13%
Family Size (Avg)	1.87	1.87	0.22%
Member Age (Avg)	36.57	36.61	0.12%

LivingWell Promise Fulfillment			
Period	10/26/2022		7/1/2021
Eligibles	138,996*	151,054**	145,559
HA	98,663	101,865	113,634
BS	37,246	38,298	29,202
Both	14,569	14,569	14,320
Promise	121,340	125,237	128,516
% Complete	87.3%	82.9%	88.3%

* Members required to complete the promise.

** Current members with access to complete the promise.

Planholders by County

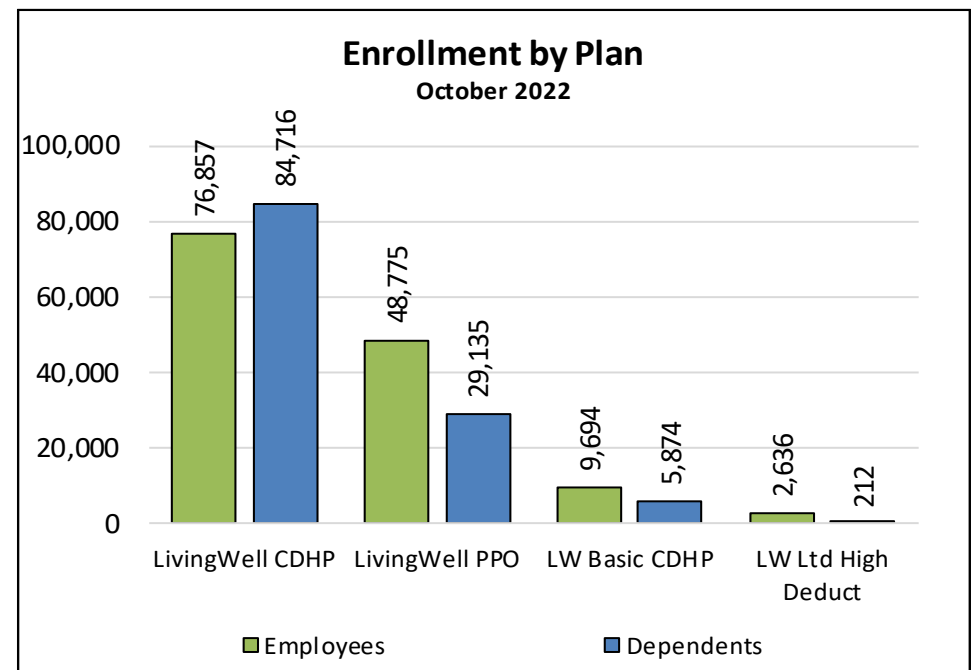
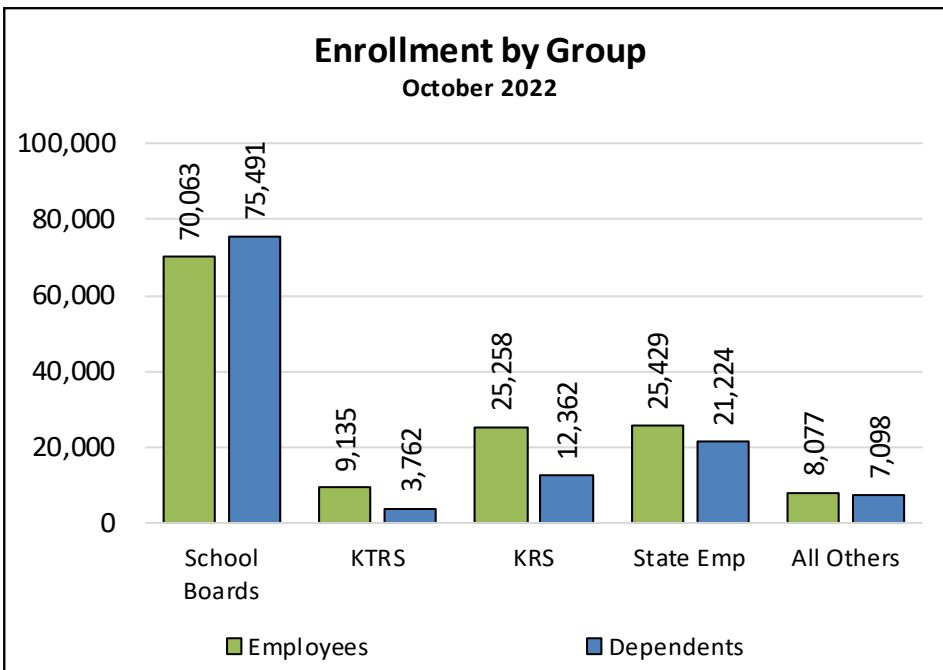
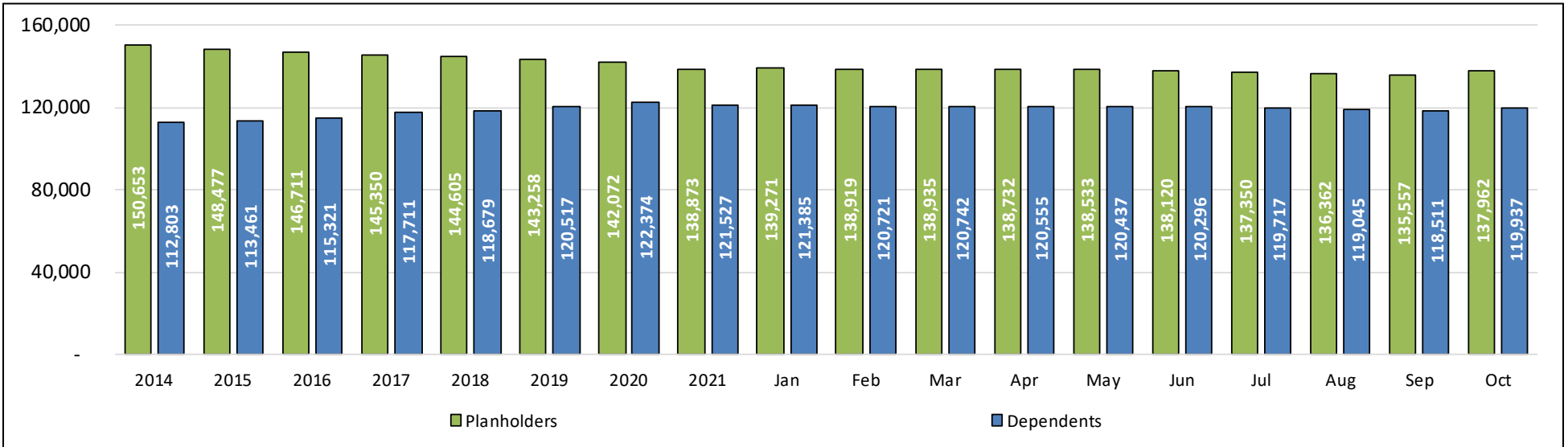


- 1 Metcalfe
- 2 Cumberland
- 3 Clinton
- 4 Washington
- 5 Spencer
- 6 Anderson
- 7 Woodford
- 8 Fayette
- 9 Jessamine
- 10 Robertson
- 11 Nicholas
- 12 Montgomery
- 13 Menifee

As of 7/1/2022

Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2021 and monthly year-to-date for 2022. 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, 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
Aug 2021	257,804	\$156,893,888.33	\$109,741,986.07	\$47,151,902.26	698,140	340,728	347,753
Sep 2021	256,906	\$152,114,800.89	\$105,276,984.47	\$46,837,816.42	689,923	331,115	348,700
Oct 2021	260,256	\$157,067,555.80	\$109,266,621.82	\$47,800,933.98	692,725	327,205	356,442
Nov 2021	260,029	\$163,957,477.41	\$113,894,239.35	\$50,063,238.06	723,440	339,080	374,650
Dec 2021	259,898	\$179,759,629.32	\$125,149,636.27	\$54,609,993.05	738,853	343,510	386,273
Jan 2022	260,656	\$118,121,153.02	\$77,750,570.49	\$40,370,582.53	671,600	314,093	347,517
Feb 2022	259,640	\$116,751,923.89	\$77,002,912.61	\$39,749,011.28	595,016	280,224	305,074
Mar 2022	259,677	\$142,678,992.46	\$94,946,654.98	\$47,732,337.48	701,322	333,684	357,988
Apr 2022	259,287	\$134,605,797.02	\$89,735,911.32	\$44,869,885.70	643,626	302,263	331,302
May 2022	258,970	\$142,007,784.18	\$94,278,195.06	\$47,729,589.12	660,173	305,082	344,780
Jun 2022	258,416	\$152,876,517.78	\$102,858,202.65	\$50,018,315.13	680,655	326,153	344,462
Jul 2022	257,067	\$145,472,980.11	\$97,366,267.63	\$48,106,712.48	637,689	302,323	325,785

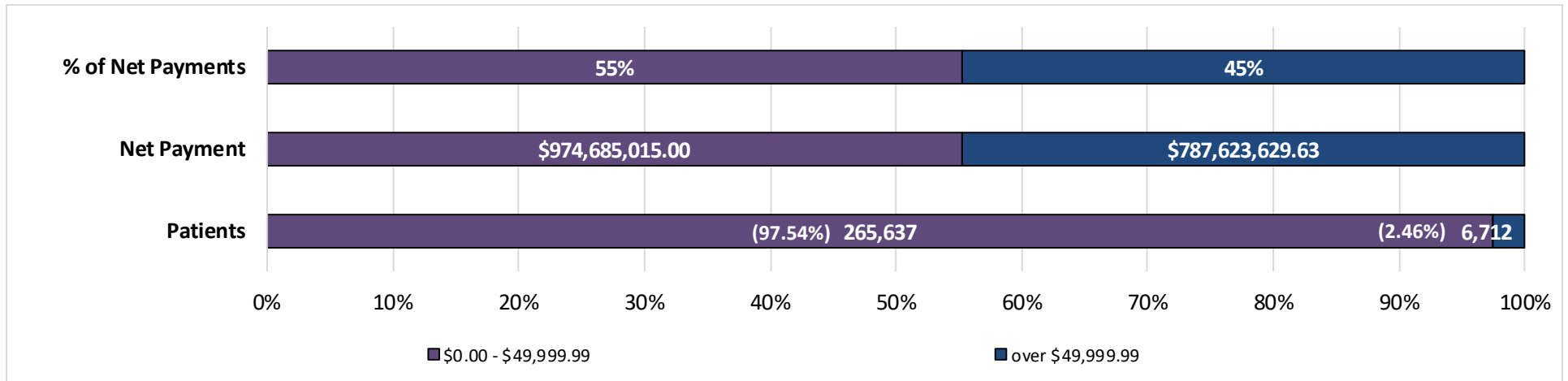
The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Aug 2020 - Jul 2021	262,002	\$1,713,532,405	\$1,174,227,319	\$539,305,086
Aug 2021 - Jul 2022	259,051	\$1,780,452,043	\$1,215,384,943	\$565,067,100
% Change (Roll Yrs)	-1.13%	3.91%	3.51%	4.78%

Allowed Claims and High Cost Claimants

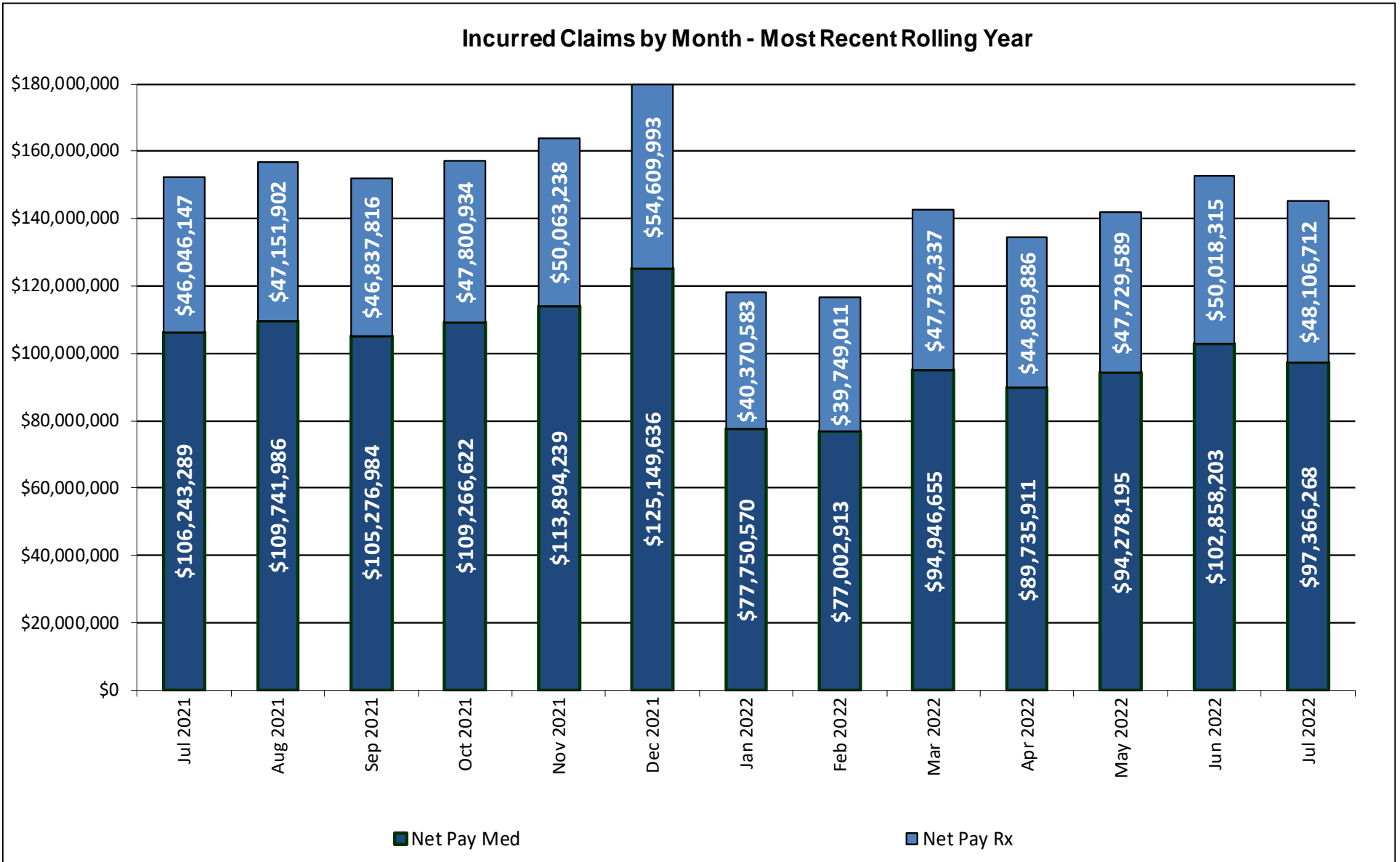
Allowed Claims Cost PMPY with Norms	Aug 2020 - Jul 2021	Aug 2021 - Jul 2022	% Change	Recent US Norms	Compared to Norm
Allowed Amount PMPY Medical	\$5,356.52	\$5,633.87	5.18%	\$5,191.90	7.84%
Allowed Amount PMPY IP Acute	\$1,410.32	\$1,461.03	3.60%	N/A	N/A
Allowed Amount PMPY OP Med	\$3,934.83	\$4,160.55	5.74%	\$3,715.47	10.70%
Allowed Amount PMPY OP Facility Medical	\$2,260.26	\$2,393.85	5.91%	N/A	N/A
Allowed Amount PMPY Office Medical	\$1,030.10	\$1,060.15	2.92%	N/A	N/A
Allowed Amount PMPY OP Laboratory	\$285.21	\$304.37	6.72%	N/A	N/A
Allowed Amount PMPY OP Radiation	\$528.13	\$550.19	4.18%	N/A	N/A
Out of Pocket PMPY Medical	\$845.14	\$912.25	7.94%	\$729.70	20.01%
Allowed Amount PMPY Rx	\$2,293.28	\$2,506.24	9.29%	\$1,675.90	33.13%
Out of Pocket PMPY Rx	\$231.91	\$324.94	40.12%	N/A	N/A

High Cost Claimants (Aug 2021—Jul 2022)

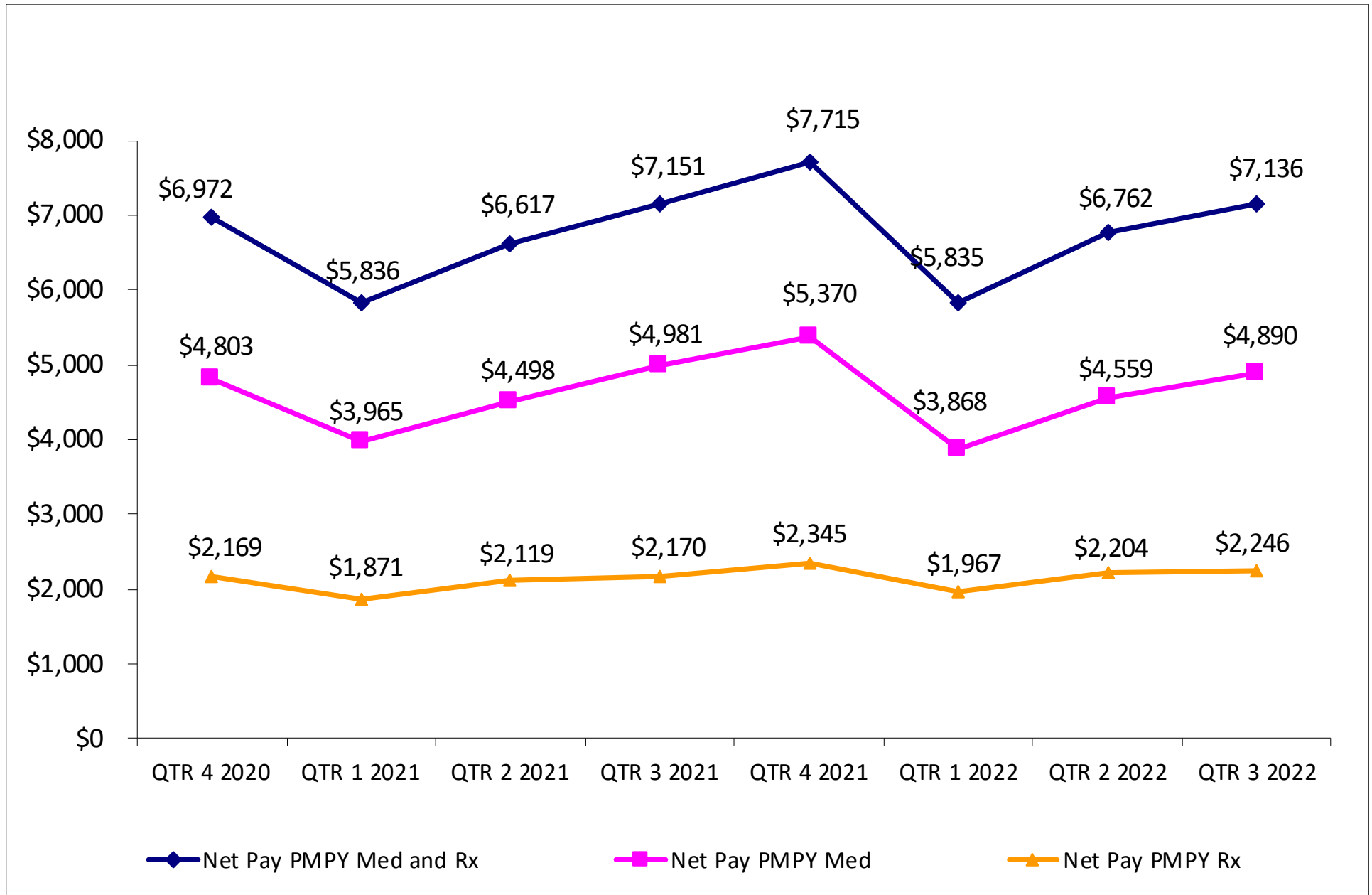


Claims Costs

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

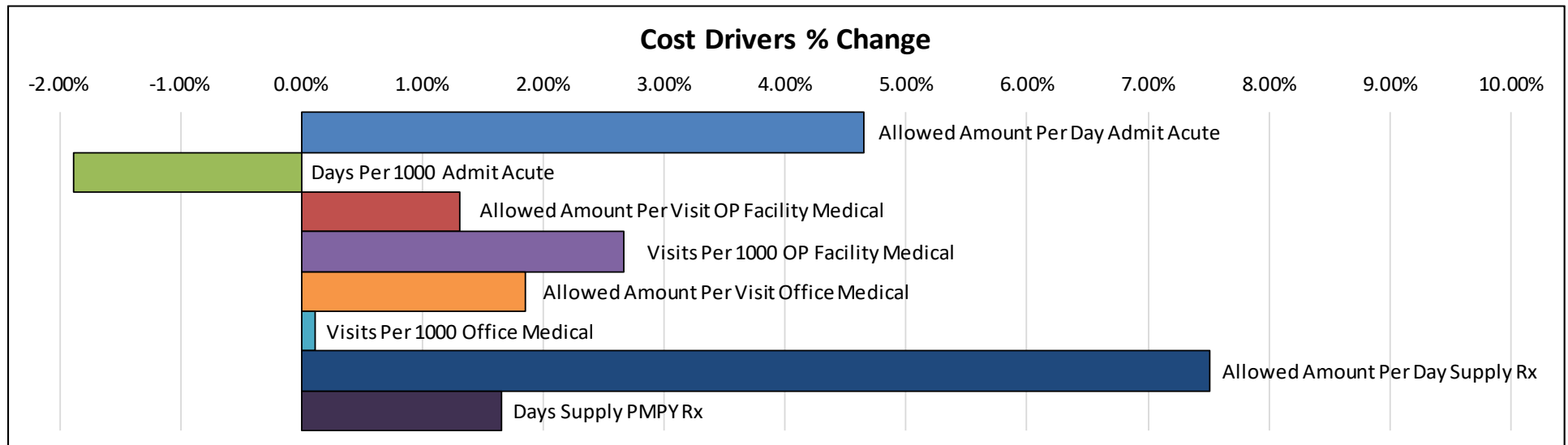


PMPY Costs as Calculated at the end of each Quarter



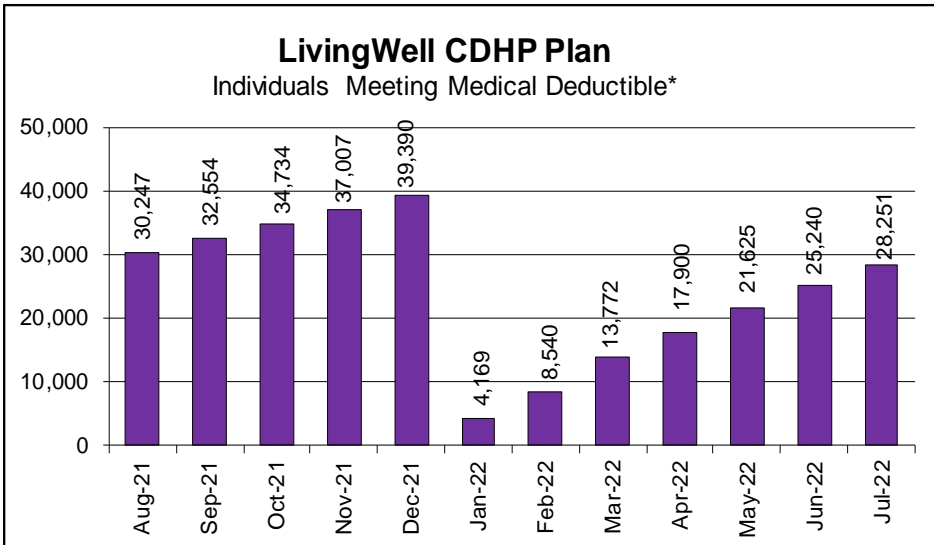
Cost Drivers

Cost Driver Support Table	Aug 2020 - Jul 2021	Aug 2021 - Jul 2022	% Change
Allowed Amount Per Day Admit Acute	\$4,992.59	\$5,224.83	4.65%
Days Per 1000 Admit Acute	279.92	274.65	-1.88%
Allowed Amount Per Visit OP Facility Medical	\$1,466.03	\$1,485.18	1.31%
Visits Per 1000 OP Facility Medical	1,541.03	1,582.06	2.66%
Allowed Amount Per Visit Office Medical	\$121.06	\$123.30	1.85%
Visits Per 1000 Office Medical	8,508.30	8,517.79	0.11%
Allowed Amount Per Day Supply Rx	\$3.74	\$4.02	7.50%
Days Supply PMPY Rx	613.50	623.64	1.65%

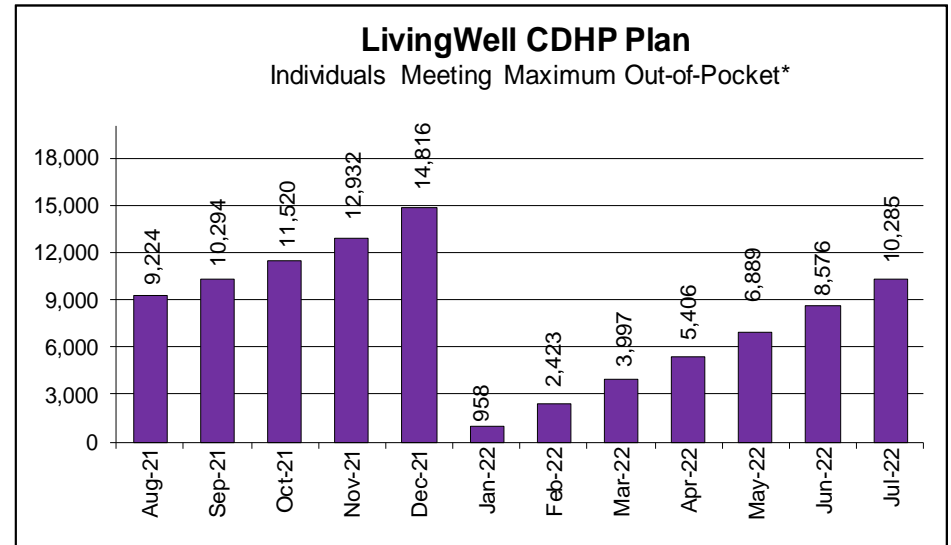


Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell CDHP Plan

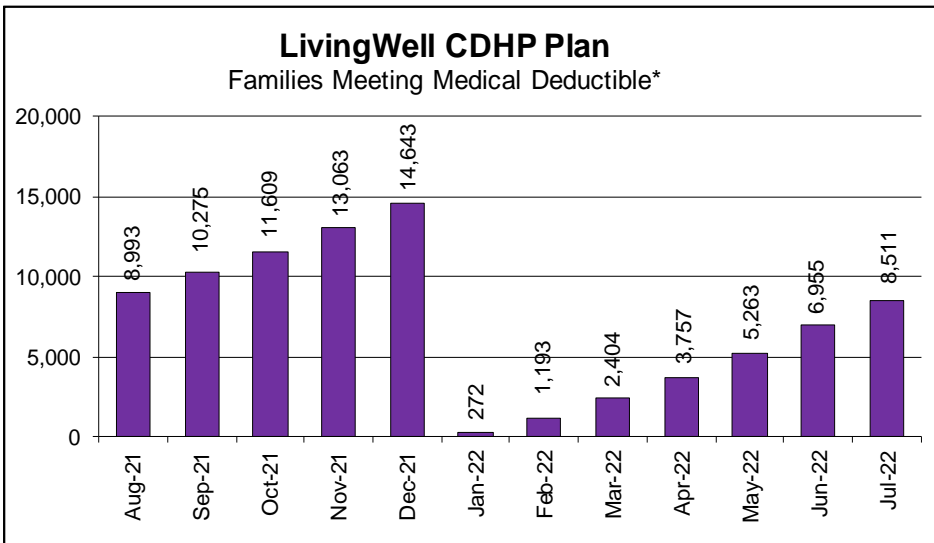
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



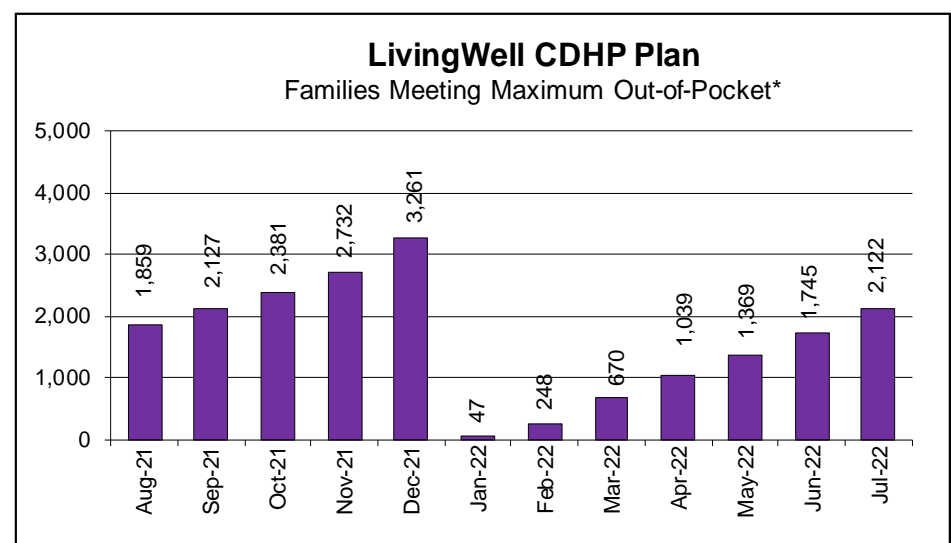
* 2020 - 2022 LivingWell CDHP Individual deductible is \$1,500



* 2020 - 2022 LivingWell CDHP Individual Maximum Out of Pocket is \$3,000



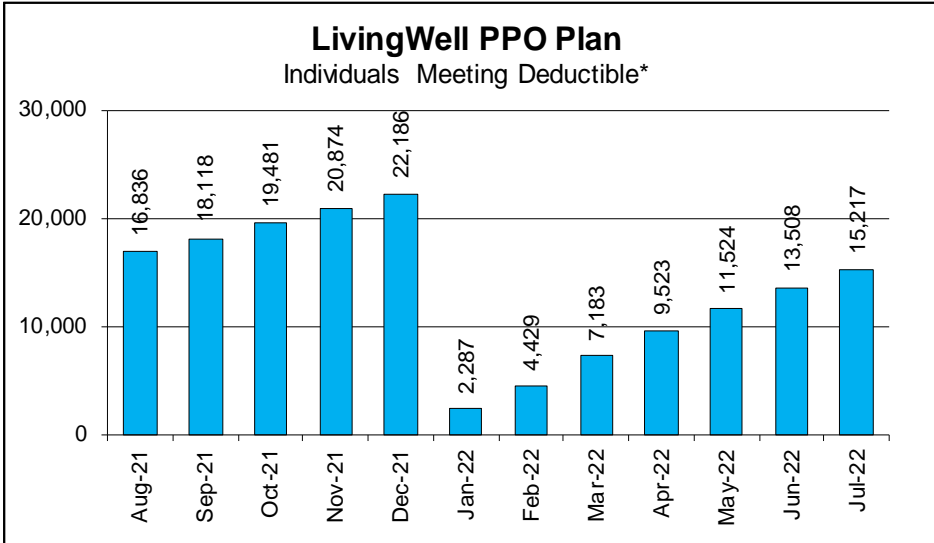
* 2020 - 2022 LivingWell CDHP Family deductible is \$2,750



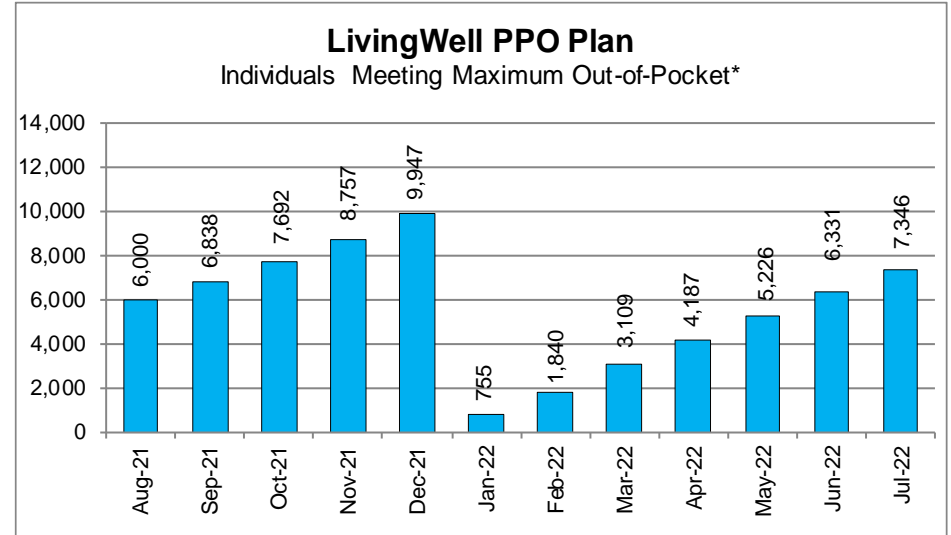
* 2020 - 2022 LivingWell CDHP Family Maximum Out of Pocket is \$5,750

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

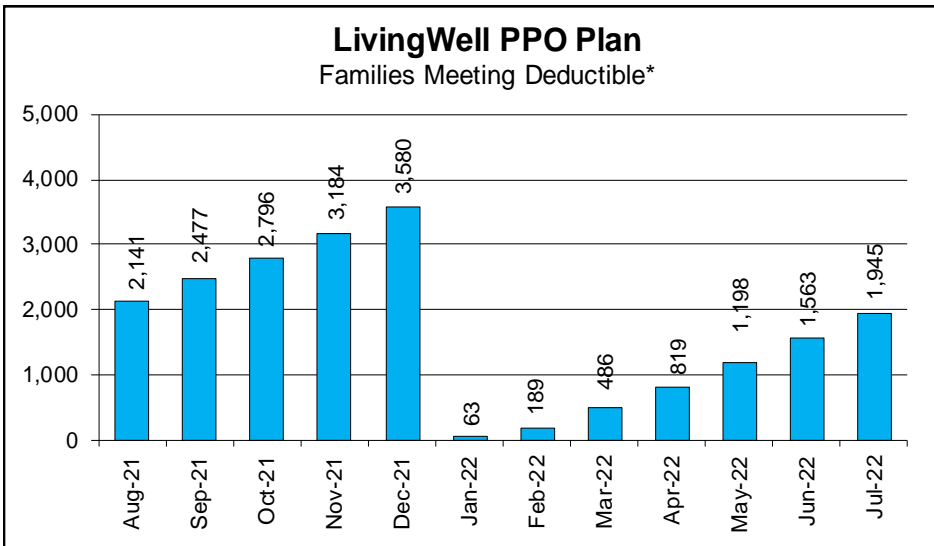
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



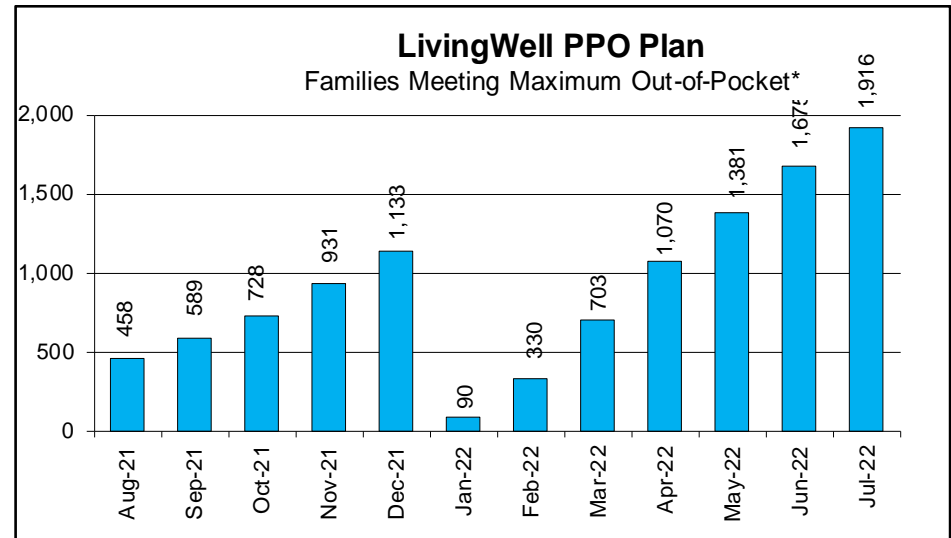
* 2020 - 2022 LW PPO Individual Deductible is \$1,050



* 2020 - 2022 LW PPO Individual Maximum Medical Out-of-Pocket is \$3,000



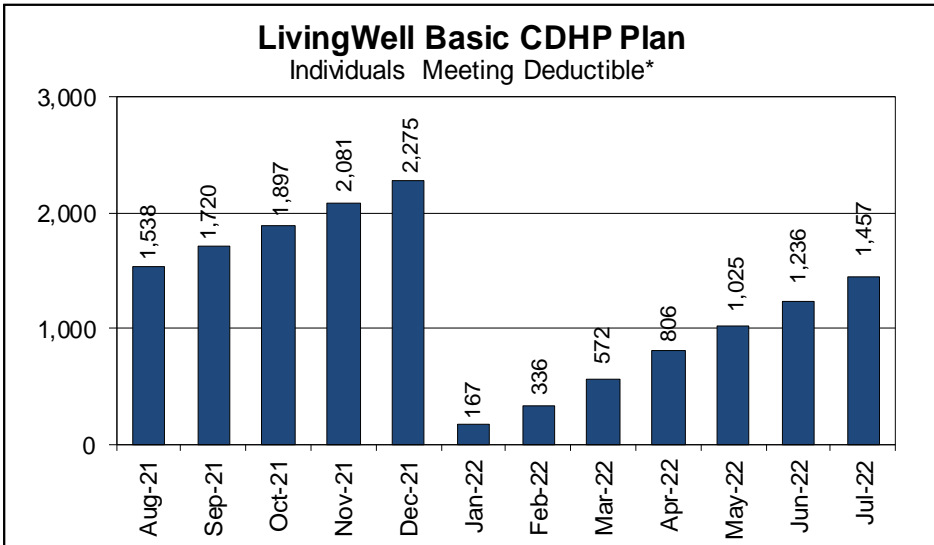
* 2020 - 2022 LW PPO Family Deductible is \$1,750



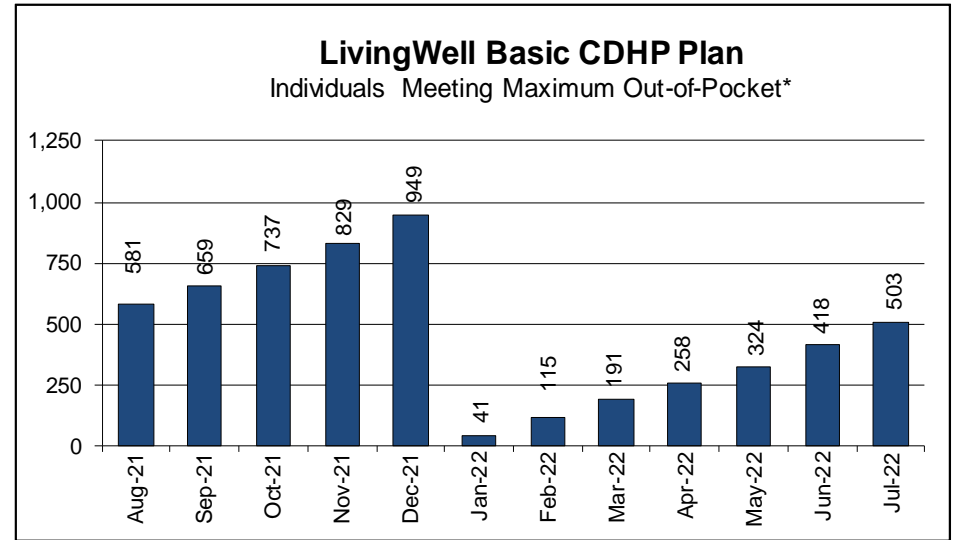
* 2020 - 2022 LW PPO Family Maximum Medical Out-of-Pocket is \$5,750

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

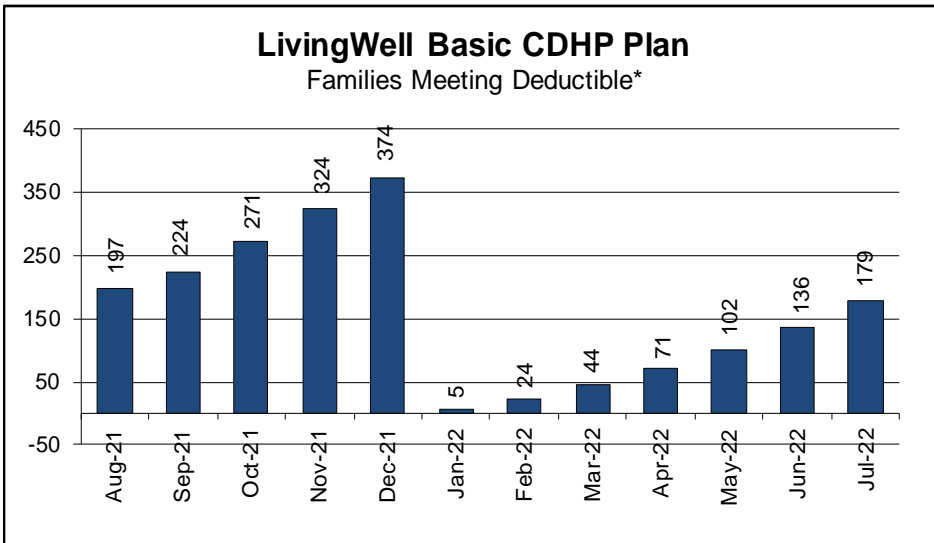
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



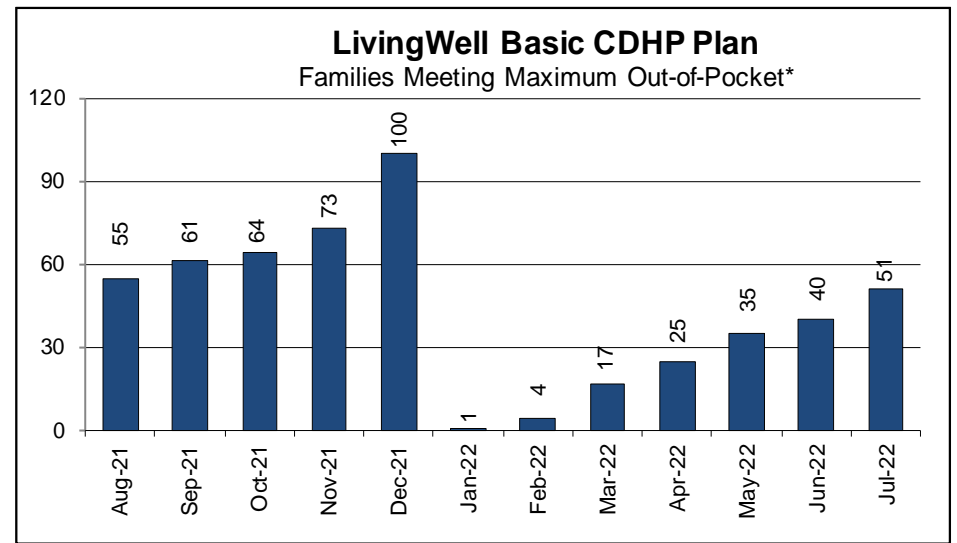
* 2020 - 2022 LW Basic CDHP Individual Deductible is \$2,000



* 2020 - 2022 LW Basic CDHP Individual Maximum Out-of-Pocket is \$4,000



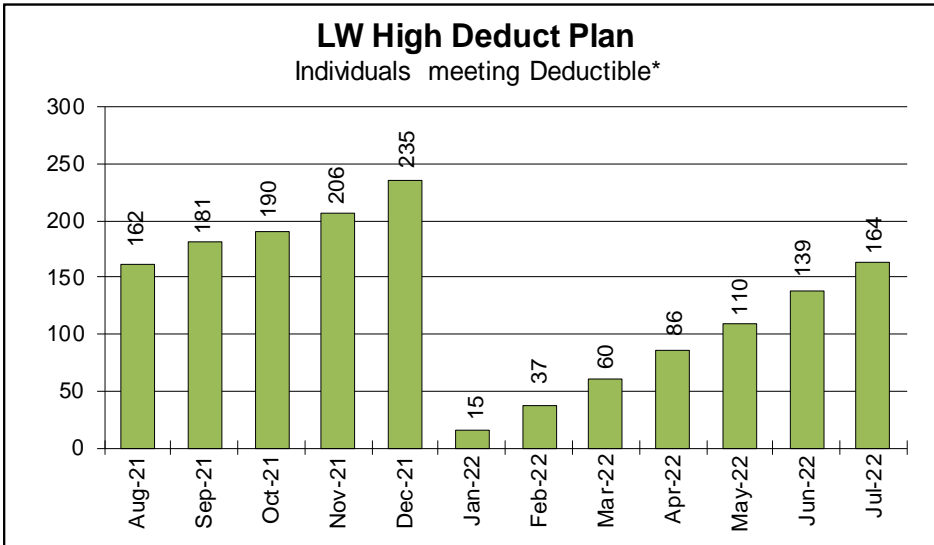
* 2020 - 2022 LW Basic CDHP Family Deductible is \$3,750



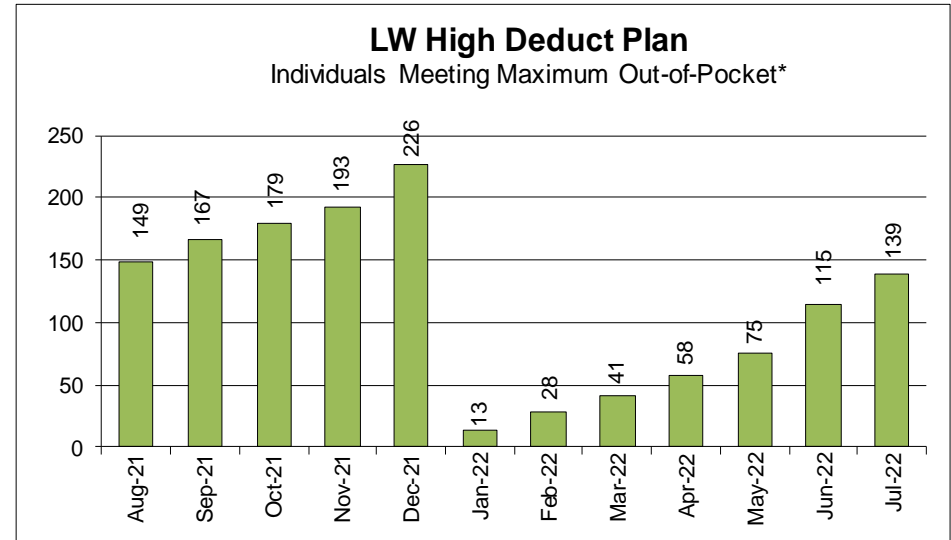
* 2020 - 2022 LW Basic CDHP Family Maximum Out-of-Pocket is \$7,750

Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell High Deductible Plan

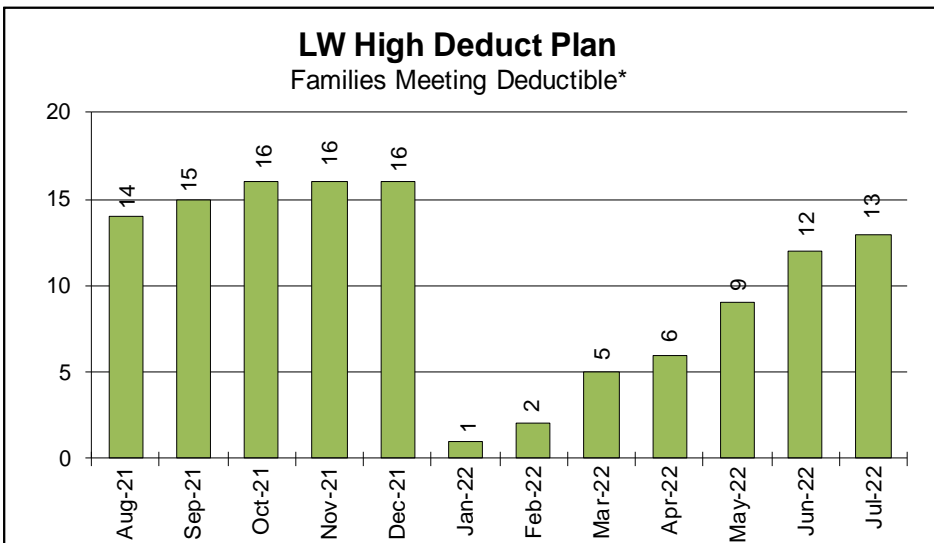
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



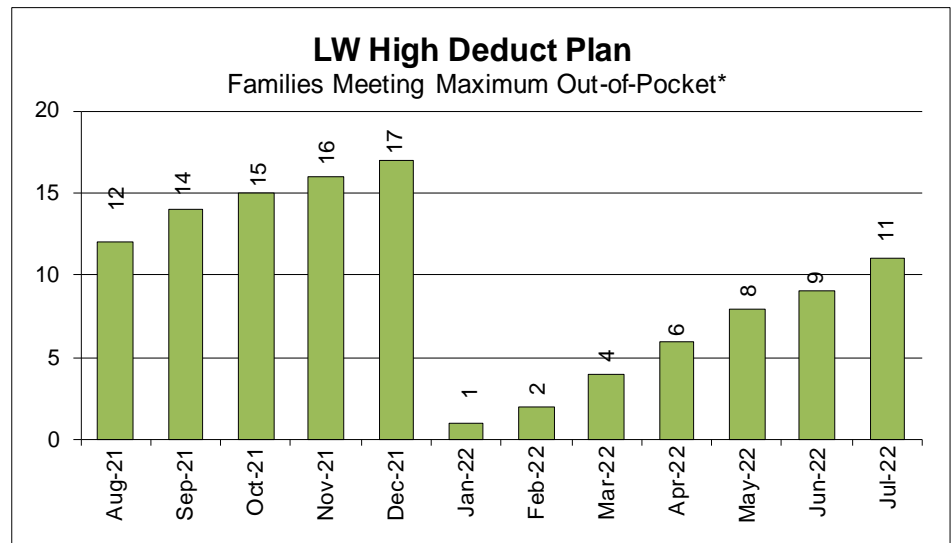
* 2020 - 2022 LW High Deduct Individual Deductible is \$4,250



* 2020 - 2022 LW High Deduct Individual Maximum Out-of-Pocket is \$5,250



* 2020 - 2022 LW High Deduct Family Deductible is \$8,250



* 2020 - 2022 LW High Deduct Family Maximum Out-of-Pocket is \$10,250

Prescription Drug Utilization

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from July 2022.

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	HUMIRA	Single source brand	Immunosuppressants	\$21,190,198.89	6.74%	3,684	\$165.88	694
2	2	STELARA	Single source brand	Immunosuppressants	\$13,907,929.58	4.42%	1,021	\$221.13	280
3	3	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$10,107,474.01	3.21%	9,983	\$27.90	2,322
4	4	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$7,356,724.86	2.34%	6,338	\$35.09	2,423
5	5	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$6,803,582.15	2.16%	8,440	\$16.38	2,509
6	6	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$6,525,498.61	2.07%	8,483	\$15.86	2,441
7	7	OZEMPIC 1 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$6,446,369.70	2.05%	6,208	\$27.91	1,788
8	8	TRIKAFTA	Multisource brand, no generic	Respiratory Tract Agents	\$6,245,697.88	1.99%	312	\$710.06	40
9	9	WEGOVY	Single source brand	Hormones & Synthetic Subst	\$5,962,744.23	1.90%	5,054	\$40.11	1,423
10	10	OZEMPIC 0.25 MG OR 0.5 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$5,573,281.28	1.77%	5,614	\$25.53	2,166
11	11	ENBREL	Single source brand	Immunosuppressants	\$5,213,578.74	1.66%	885	\$159.52	223
12	12	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$4,956,338.50	1.58%	6,894	\$15.04	2,035
13	13	XARELTO	Single source brand	Blood Form/Coagul Agents	\$4,907,923.00	1.56%	7,290	\$14.07	2,285
16	14	DUPIXENT	Single source brand	Immunosuppressants	\$4,895,343.99	1.56%	2,056	\$81.36	405
15	15	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$4,834,915.09	1.54%	4,076	\$26.48	1,199
14	16	SKYRIZI	Single source brand	Immunosuppressants	\$4,830,253.75	1.54%	416	\$149.02	156
17	17	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$3,807,157.76	1.21%	3,805	\$22.76	1,415
18	18	BASAGLAR KWIPEN	Single source brand	Hormones & Synthetic Subst	\$3,479,722.22	1.11%	7,060	\$10.73	2,243
19	19	ROSUVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$3,091,557.60	0.98%	21,108	\$2.33	8,513
20	20	COSENTYX	Single source brand	Immunosuppressants	\$3,071,489.56	0.98%	482	\$180.86	121
21	21	TREMFYA	Single source brand	Immunosuppressants	\$3,021,837.21	0.96%	410	\$136.61	112
#N/A	22	DEXCOM G6 SENSOR	Other/unavailable	Diagnostic Agents	\$2,902,076.20	0.92%	6,007	\$11.22	2,484
22	23	OTEZLA	Single source brand	Misc Therapeutic Agents	\$2,680,628.22	0.85%	756	\$96.08	209
23	24	NORDITROPIN FLEXPEN	Multisource brand, no generic	Hormones & Synthetic Subst	\$2,679,405.42	0.85%	506	\$145.92	82
24	25	RYBELSUS	Single source brand	Hormones & Synthetic Subst	\$2,623,364.96	0.83%	2,697	\$26.22	767

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

Prescription Drug Utilization (*continued*)

In summary, the top 25 drugs represent 5.15% of total scripts and 46.78% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$147,115,093	119,585	5,445,022
All Product Names	\$314,512,836	2,323,881	92,624,435
Top Drugs as Pct of All Drugs	46.78%	5.15%	5.88%

Prescription Drug Programs		Aug 2020 - Jul 2021	Aug 2021 - Jul 2022	% Change
Mail Order	Discount Off AWP % Rx	54.43%	56.58%	3.94%
	Scripts Generic Efficiency Rx	98.68%	98.91%	0.23%
Retail	Discount Off AWP % Rx	43.63%	44.33%	1.59%
	Scripts Generic Efficiency Rx	98.07%	98.04%	-0.03%
Total	Discount Off AWP % Rx	48.33%	49.62%	2.66%
	Scripts Generic Efficiency Rx	98.23%	98.27%	0.04%
	Scripts Maint Rx % Mail Order	31.44%	32.13%	2.19%

Utilization

The top 25 clinical conditions based on Total Incurred Medical Claims for July2022.

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	\$49,303,502	\$126,076	\$49,176,058	0.01	2.00	1068.61	0.70	125,956	\$391.43
2	2	Chemotherapy Encounters	\$27,867,057	\$2,049,745	\$25,817,312	0.27	6.61	1.54	0.01	644	\$43,271.83
3	3	Osteoarthritis	\$25,849,570	\$1,245,744	\$24,601,116	0.17	2.08	143.58	0.30	12,360	\$2,091.39
4	4	Signs/Symptoms/Oth Cond, NEC	\$21,670,863	\$3,018,767	\$18,572,435	0.81	6.80	384.38	10.37	58,800	\$368.55
5	5	Pregnancy without Delivery	\$19,529,822	\$15,001,190	\$4,528,383	0.42	2.44	94.63	6.57	4,235	\$4,611.53
6	6	Infections, NEC	\$17,990,275	\$11,436,709	\$6,518,239	0.06	6.11	300.53	2.32	55,669	\$323.17
7	7	Coronary Artery Disease	\$17,761,062	\$10,880,375	\$6,868,589	1.59	3.88	25.24	1.77	3,550	\$5,003.12
8	8	Spinal/Back Disord, Low Back	\$16,423,381	\$6,191,700	\$10,228,294	0.57	3.26	554.17	3.49	22,104	\$743.00
9	9	Arthropathies/Joint Disord NEC	\$15,230,619	\$1,383,073	\$13,839,595	0.15	6.57	593.38	6.42	35,653	\$427.19
11	10	Gastroint Disord, NEC	\$14,196,899	\$3,438,277	\$10,758,063	0.91	4.88	114.06	15.98	20,598	\$689.24
10	11	Respiratory Disord, NEC	\$13,740,311	\$5,116,785	\$8,531,822	0.30	5.58	74.30	8.28	15,684	\$876.07
12	12	Infections - Respiratory, NEC	\$12,800,259	\$6,024,633	\$6,754,512	1.40	6.76	289.61	14.16	47,614	\$268.83
15	13	Cardiac Arrhythmias	\$11,993,032	\$2,930,225	\$9,051,924	0.45	2.75	35.60	2.08	5,091	\$2,355.73
14	14	Condition Rel to Tx - Med/Surg	\$11,784,908	\$7,336,519	\$4,442,957	1.22	5.30	7.49	1.72	3,279	\$3,594.06
16	15	Diabetes	\$10,817,502	\$3,207,918	\$7,290,400	1.44	5.82	231.54	1.68	24,645	\$438.93
13	16	Newborns, w/wo Complication	\$10,699,970	\$10,317,112	\$382,859	8.84	2.95	8.65	0.21	1,789	\$5,980.98
17	17	Radiation Therapy Encounters	\$10,565,688	\$2,431	\$10,563,257	0.00	0.00	2.94	0.00	274	\$38,560.91
18	18	Spinal/Back Disord, Ex Low	\$9,286,433	\$2,350,884	\$6,925,965	0.26	7.59	505.23	2.49	17,994	\$516.08
19	19	Cancer - Breast	\$8,749,141	\$203,480	\$8,528,954	0.07	3.00	24.36	0.02	1,760	\$4,971.10
20	20	Neurological Disorders, NEC	\$7,793,801	\$2,943,536	\$4,821,365	0.44	8.67	64.63	1.31	5,939	\$1,312.31
21	21	Cerebrovascular Disease	\$6,983,657	\$4,700,100	\$2,196,332	0.94	7.19	7.87	1.16	1,226	\$5,696.29
25	22	Urinary Tract Calculus	\$6,967,774	\$581,826	\$6,385,947	0.32	3.25	19.44	5.41	2,593	\$2,687.15
24	23	Cardiovasc Disord, NEC	\$6,957,010	\$956,993	\$5,981,241	0.19	4.83	71.25	8.01	11,815	\$588.83
23	24	Fracture/Disloc - Upper Extrem	\$6,948,484	\$1,401,048	\$5,546,347	0.17	6.00	67.98	5.76	4,670	\$1,487.90
22	25	Renal Function Failure	\$6,902,782	\$1,788,540	\$5,087,957	0.16	4.58	14.46	0.60	2,190	\$3,151.96

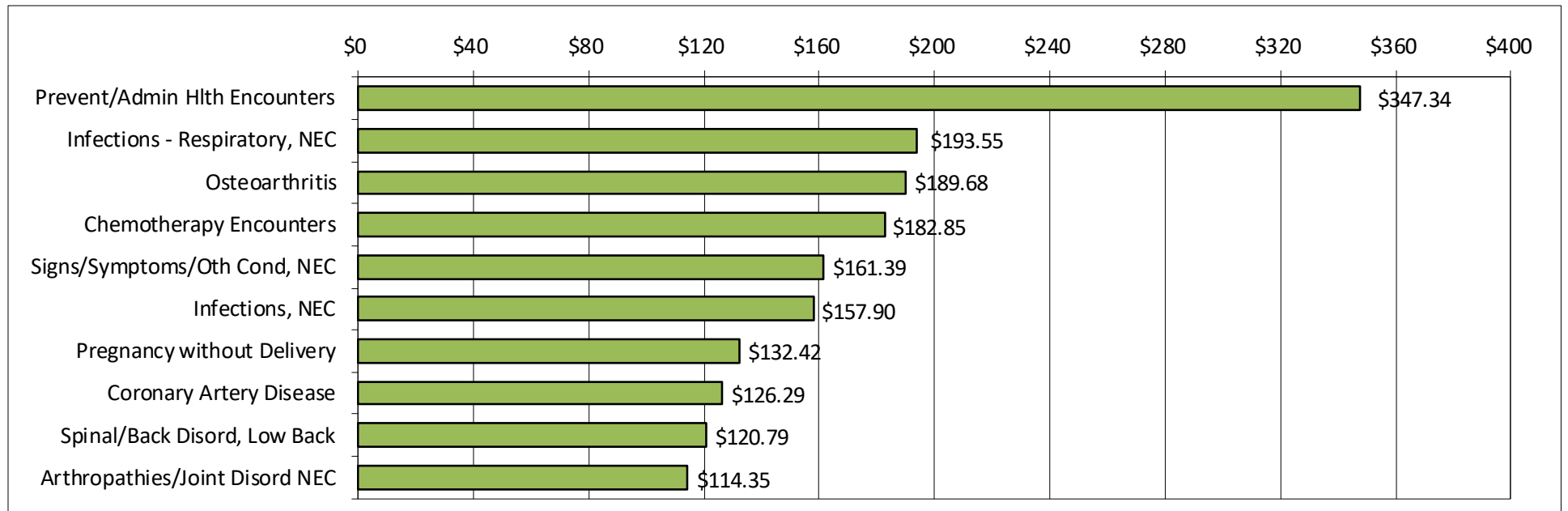
NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.18% 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	\$368,813,801	\$104,633,687	\$263,399,921	21.15	4.76	4,705.50	100.81
All Clinical Conditions	\$633,938,715	\$183,953,279	\$448,301,300	51.79	4.78	9,133.89	192.05
Top Clinical Conditions as Pct of All Clinical Conditions	58.18%	56.88%	58.76%	40.83%	99.51%	51.52%	

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.