

HEALTH



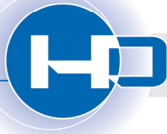
DECISIONS, INC.

How Does Your Plan Compare?

Presented by:

Si Nahra, Ph.D., President

April 29, 2011

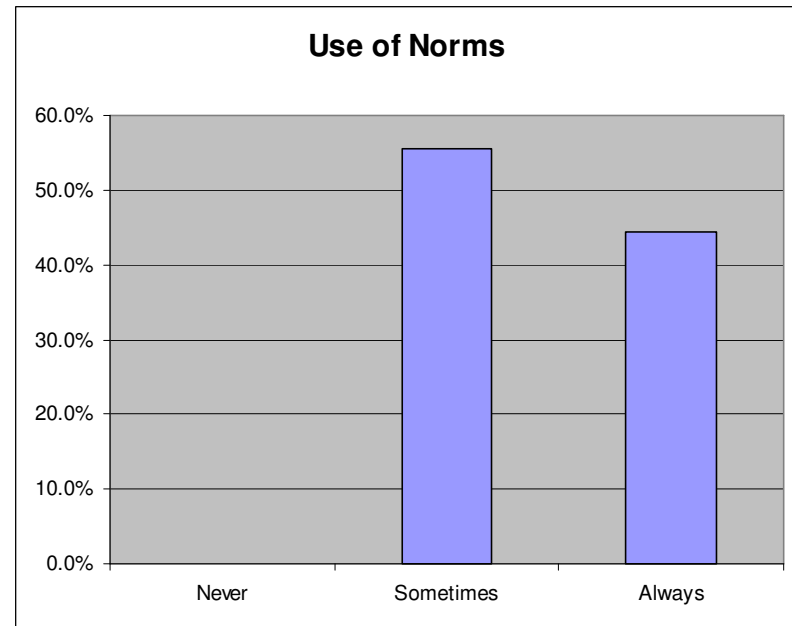
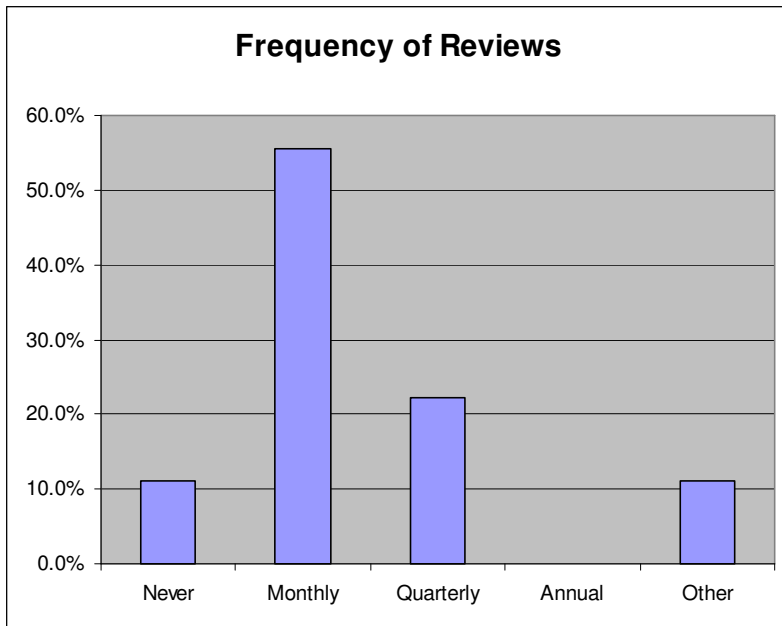


Pioneering Specialists in Group Health Care

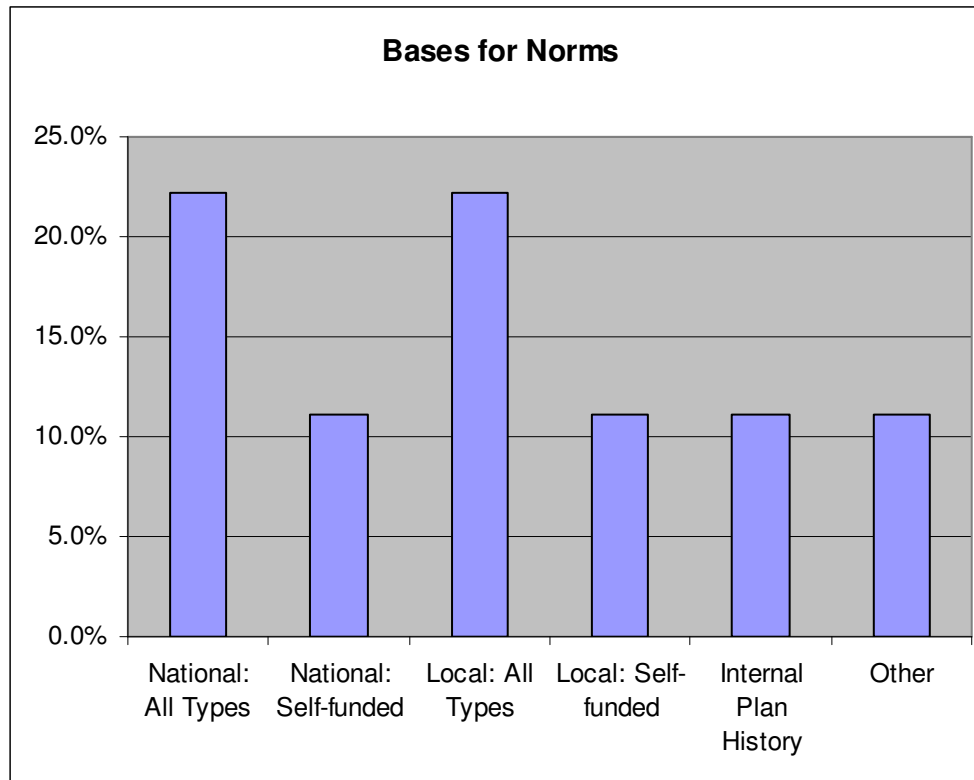
Post-Payment Administration for Over 20 Years

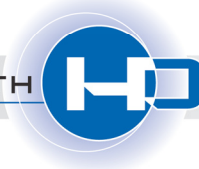
- First with 100% claim audits
- Introduced the use of claim audits for recovery
- Originated linking of enrollment reconciliation with claim audits
- Started dependent audits 15 years ago
- Revolutionized data intake with payer-defined downloads – always successful
- Unblemished track record – no HIPAA violations or employee issues

Attendee Survey Responses



Attendee Survey Responses





Bases for Norms Presented Today

- 62 self-funded plans
- 10 payers
- Enrollees nationwide

- Selected Health Decisions measures (many others available)
- Common measurement needed for meaningful norms

Overview of Presentation

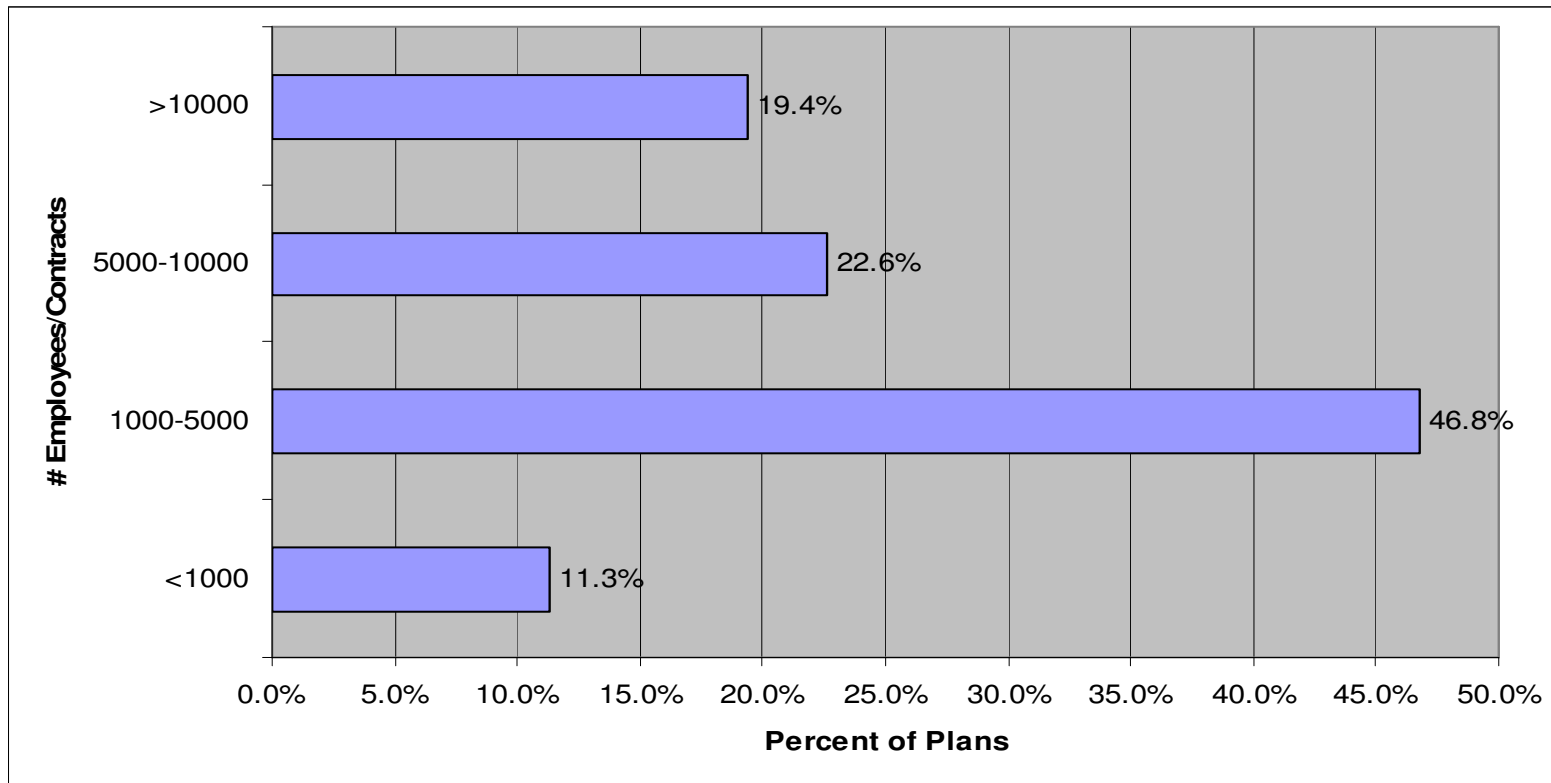
- Summary description of plans included
- Focus on norms for “malleable” variables
- Four areas of norms presented:
 - Enrollment
 - Cases for Review
 - COB
 - Provider Payment

Description of Plans Included

- Number of Contracts (Employees)
- \$ Per Contract Per Month
- Members Per Contract
- Payroll with No Contract (Not Covered)
- Contracts with No Claims

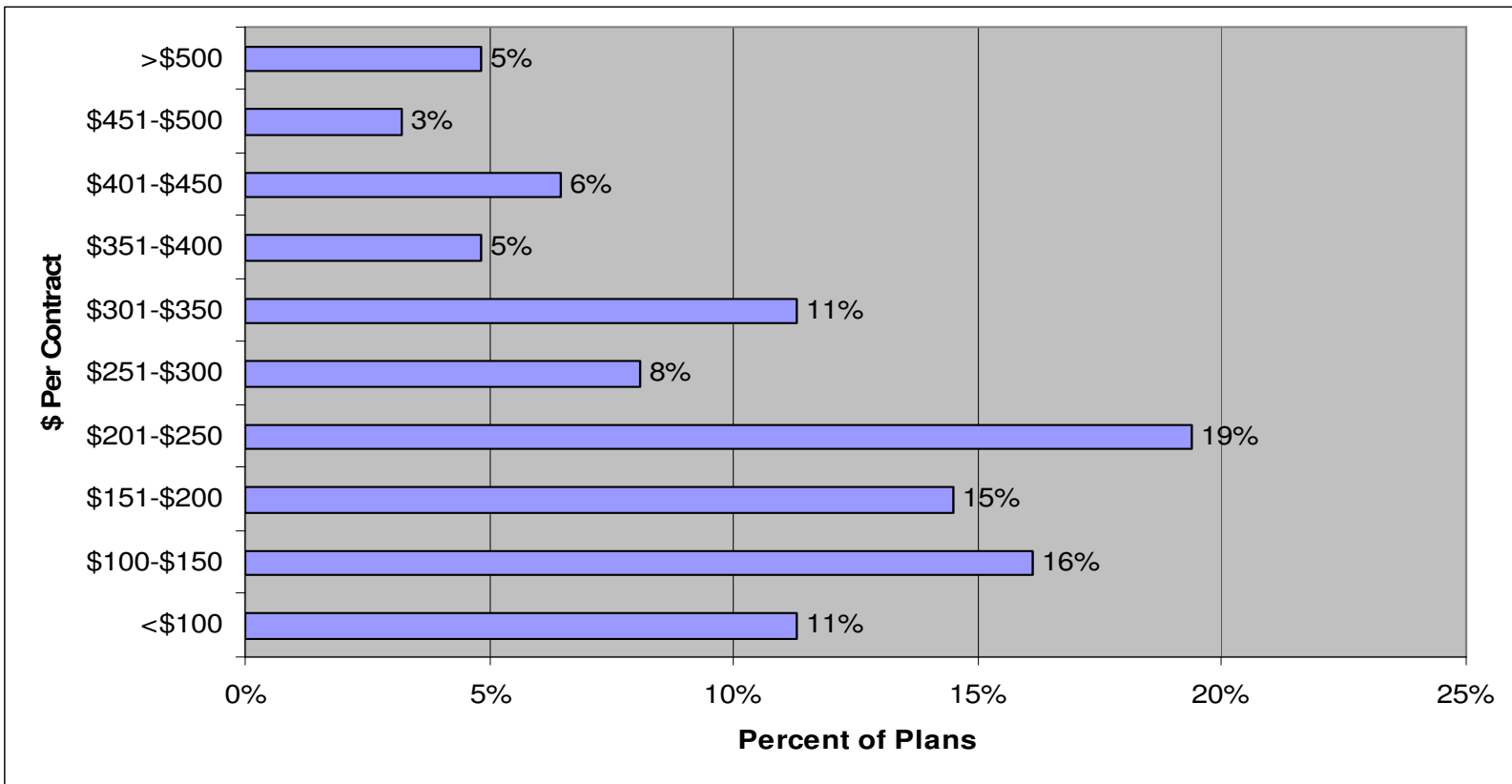


Number of Contracts (Employees)



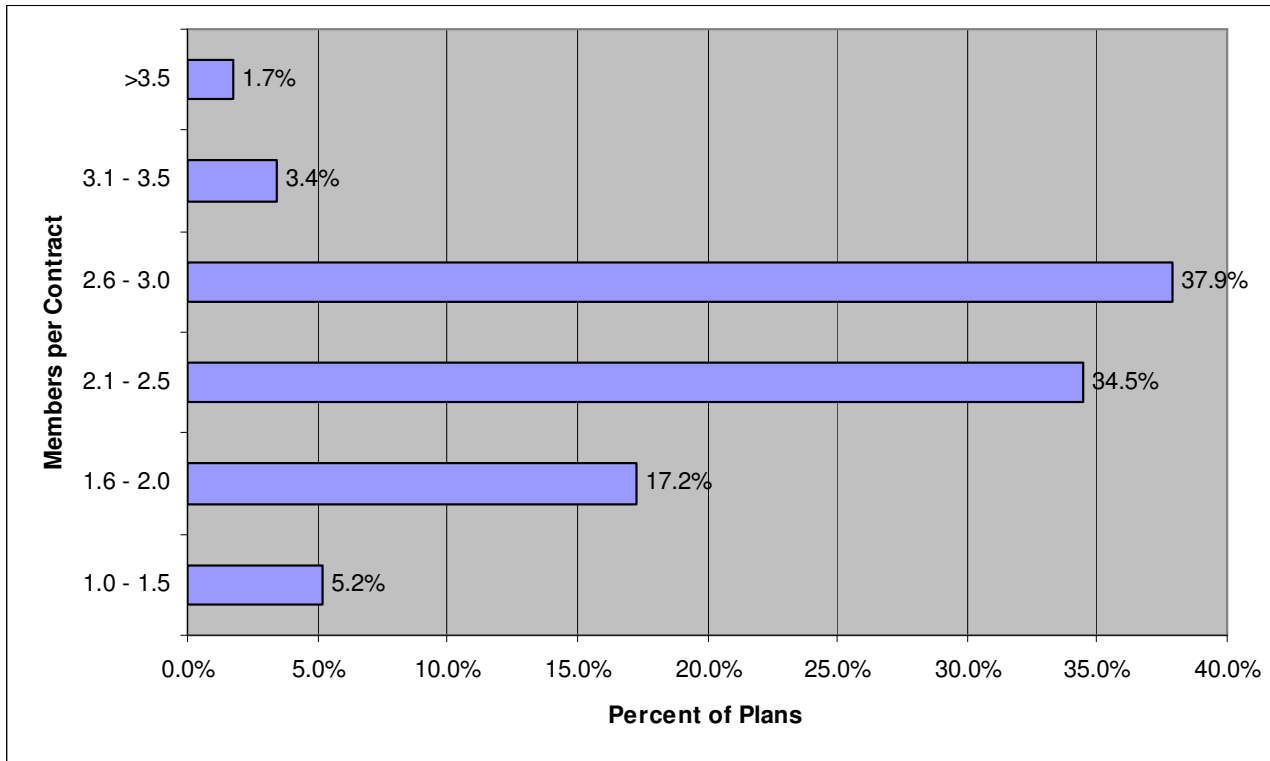
Minimum	Maximum	Median	Mean
504	128327	4329	15330

\$ Per Contract Per Month



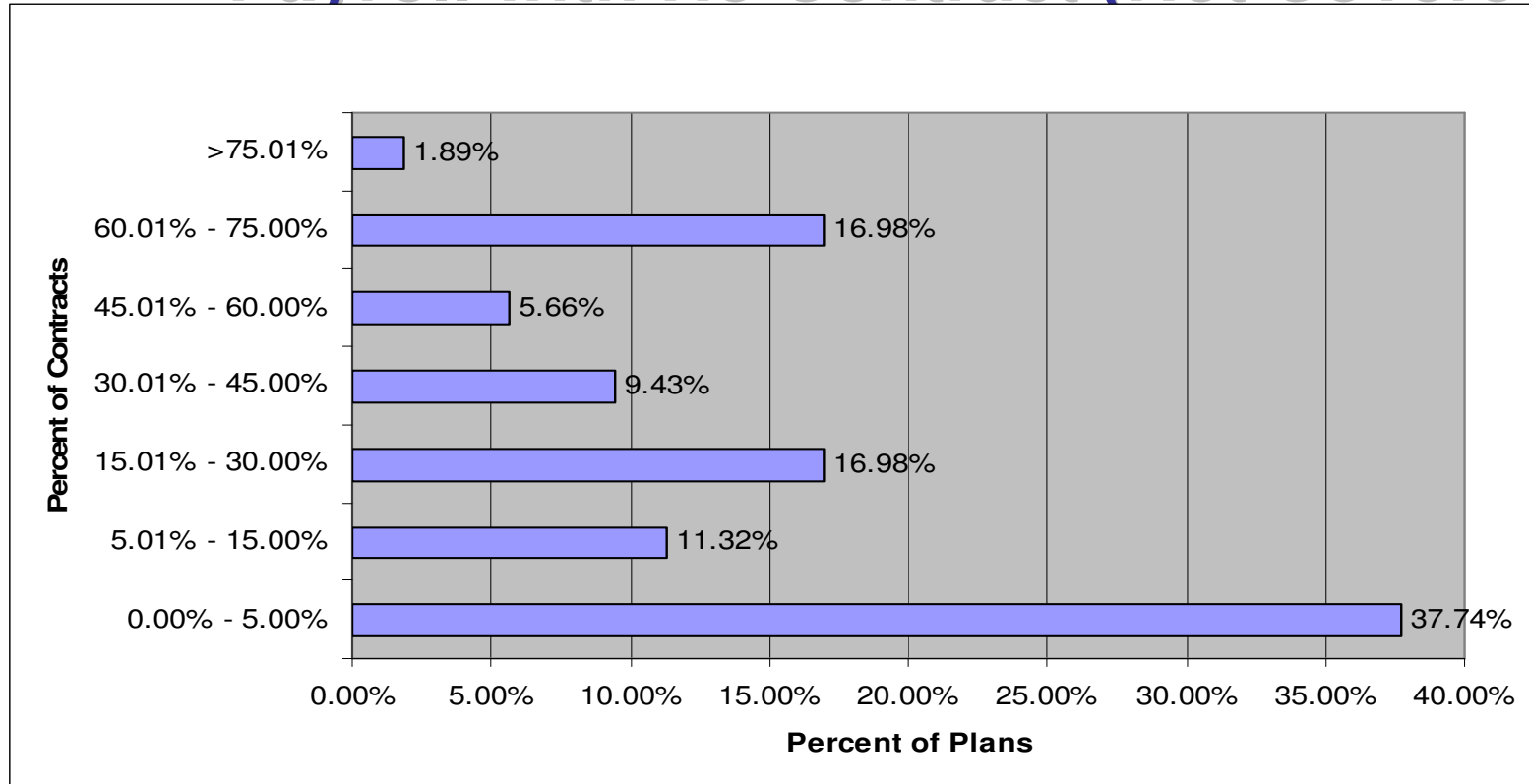
Minimum	Maximum	Median	Mean
\$ 55.23	\$1093.8	\$ 223.36	\$ 250.93

Members Per Contract



Minimum	Maximum	Median	Mean
1.18	6.03	2.47	2.42

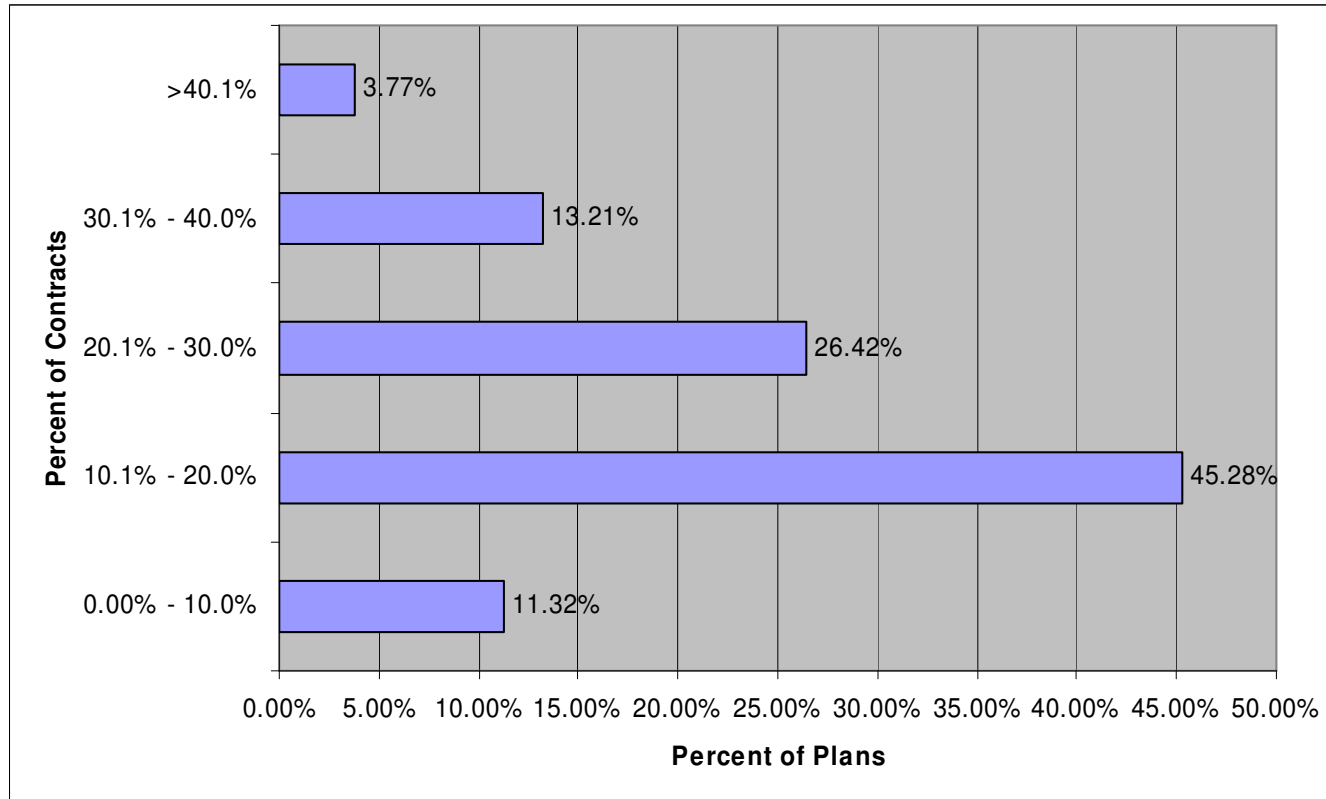
Payroll with No Contract (Not Covered)



Minimum	Maximum	Median	Mean
0.00%	77.26%	15.99%	24.84%



Contracts with No Claims

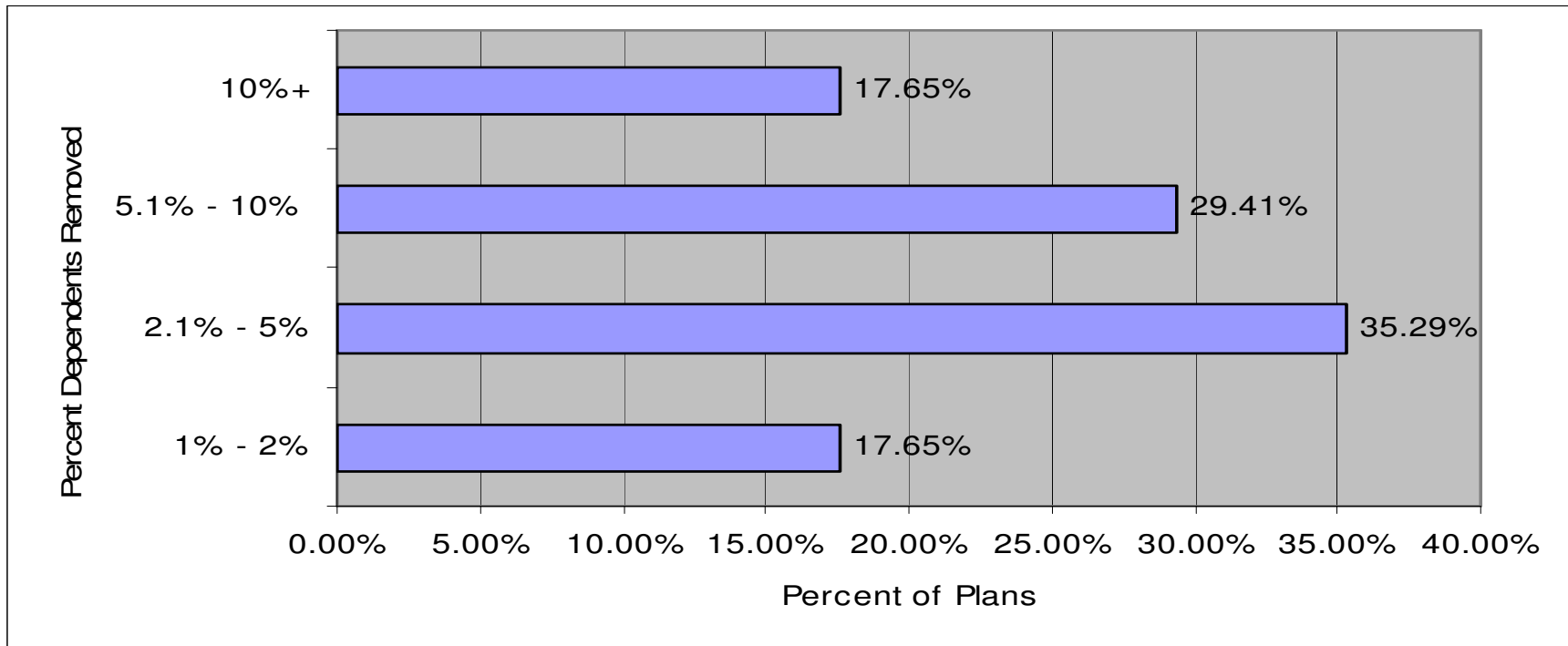


Minimum	Maximum	Median	Mean
4.35%	42.99%	18.33%	20.08%

Enrollment Norms

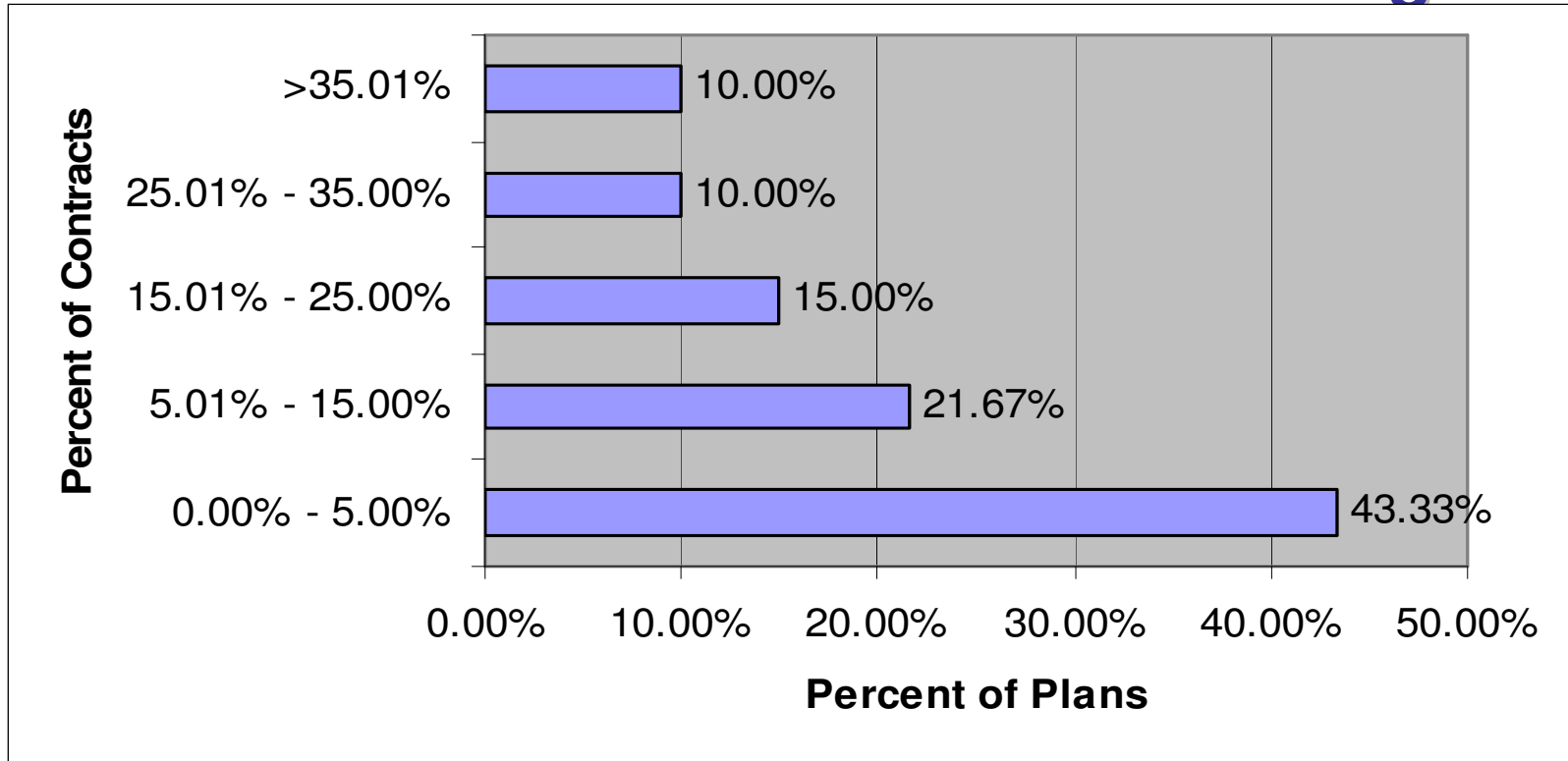
- Ineligible Dependents
- Contracts with Payments Outside Eligibility
- Claims Linked to Contracts
- “Claims without Contracts” as a Percent of Claim Payments

Ineligible Dependents



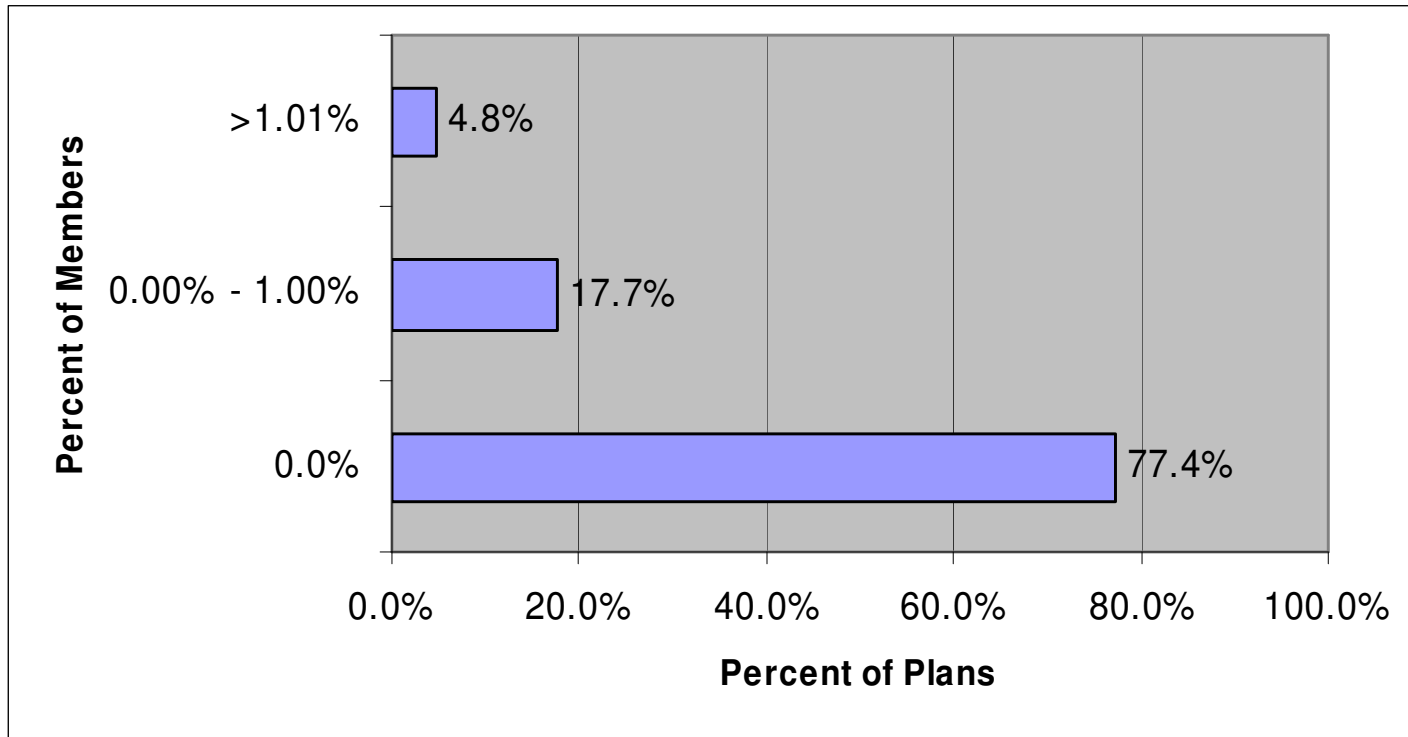
Minimum	Maximum	Median	Mean
1.00%	18.77%	4.28%	5.97%

Contracts Outside Eligibility



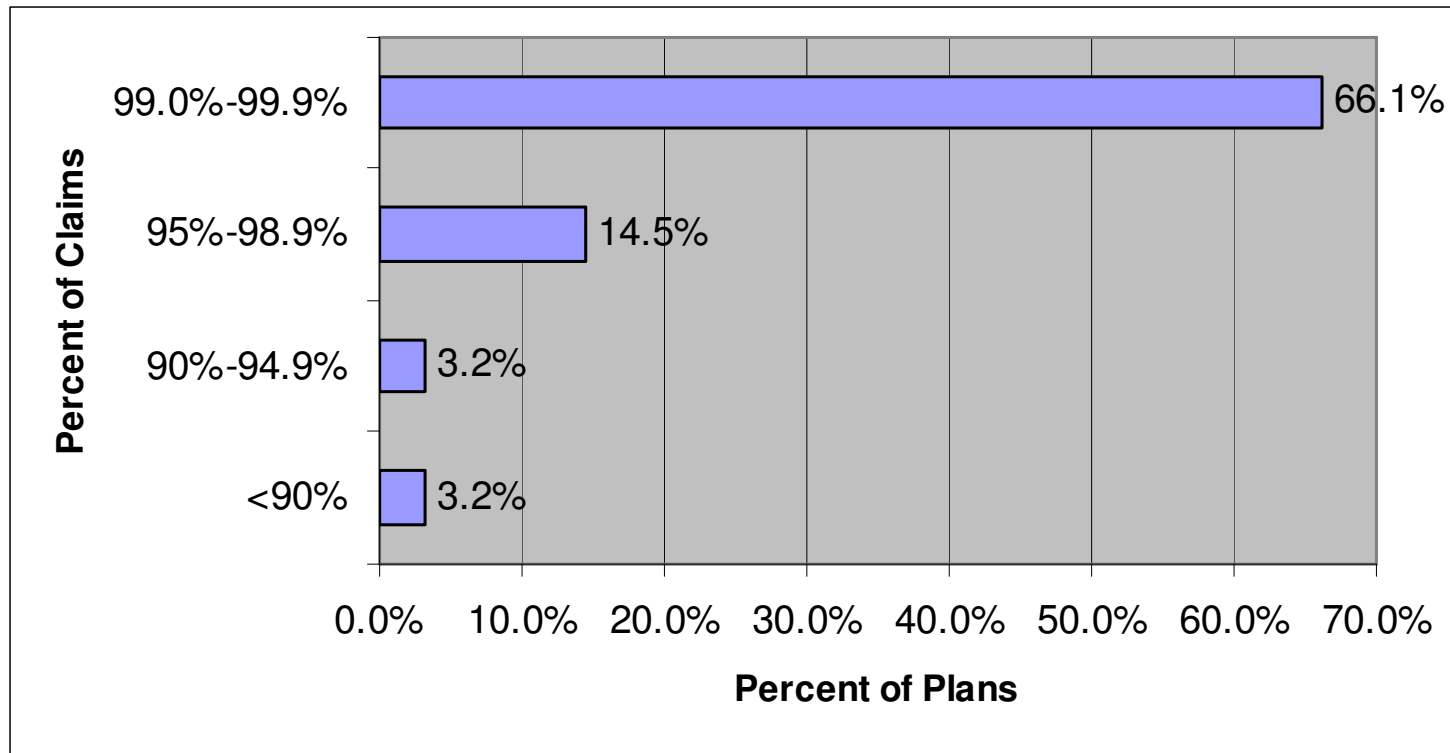
Minimum	Maximum	Median	Mean
0.58%	41.42%	8.58%	13.02%

Members without a Contract



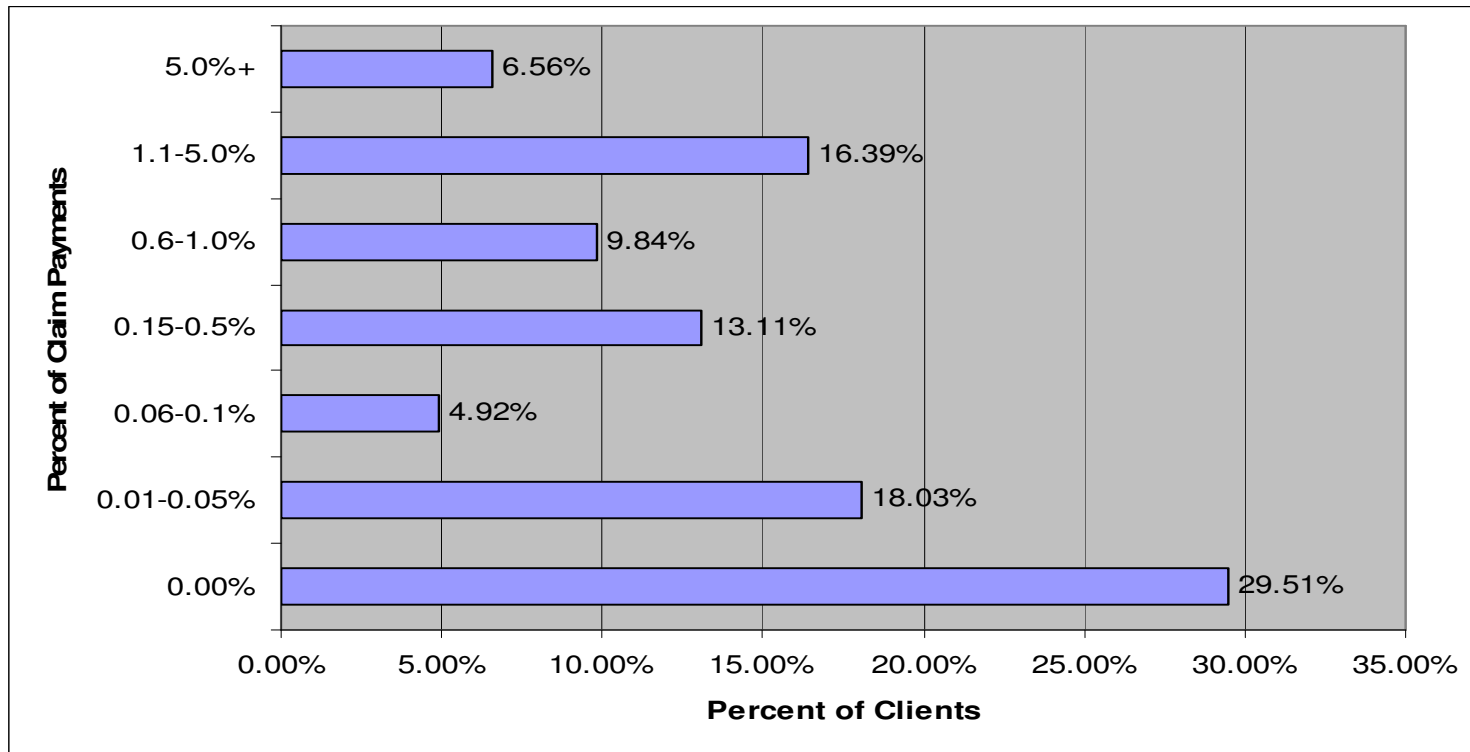
Minimum	Maximum	Median	Mean
0.00%	16.32%	0.00%	0.51%

Claims Linked to Contracts



Minimum	Maximum	Median	Mean
81.26%	100%	99.92%	98.76%

"Claims without Contracts" as a Percent of Claim Payments

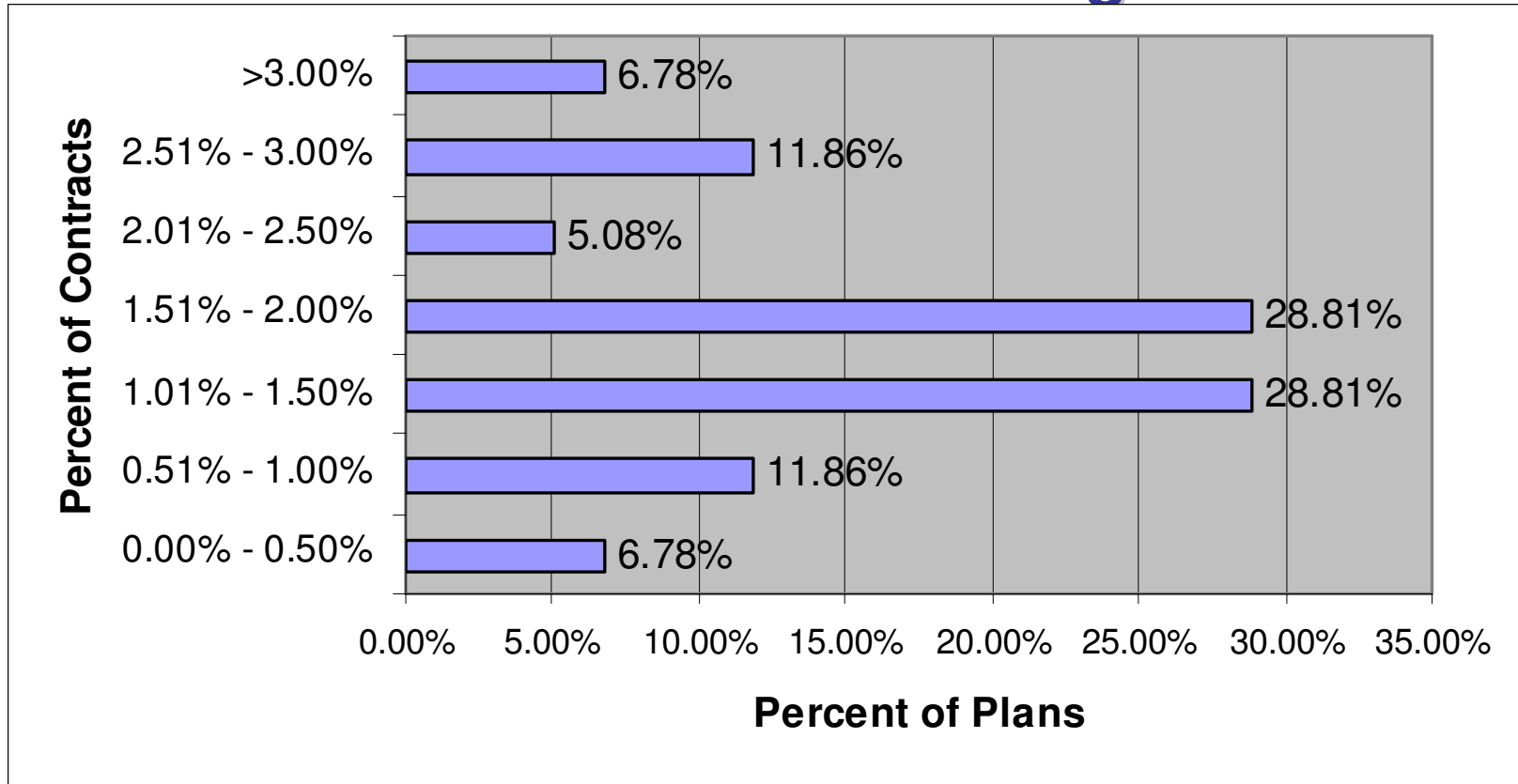


Minimum	Maximum	Median	Mean
0.00%	18.74%	0.09%	1.25%

Cases for Review Norms

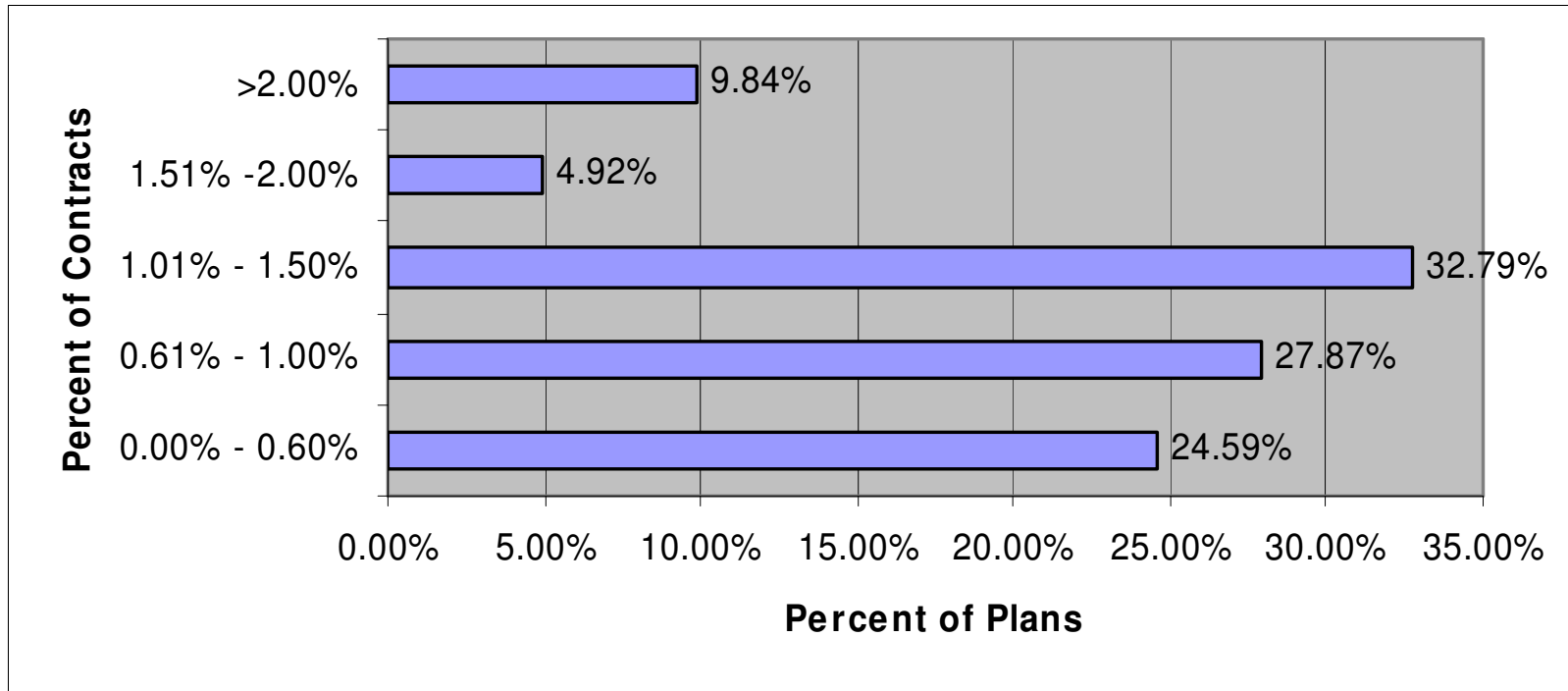
- Potential Subrogation Cases
- Potential “High Dollar” Cases

Potential Subrogation Cases

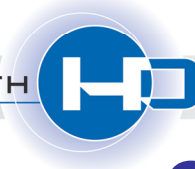


Minimum	Maximum	Median	Mean
0.00%	3.80%	1.55%	1.68%

Contracts Over \$25,000



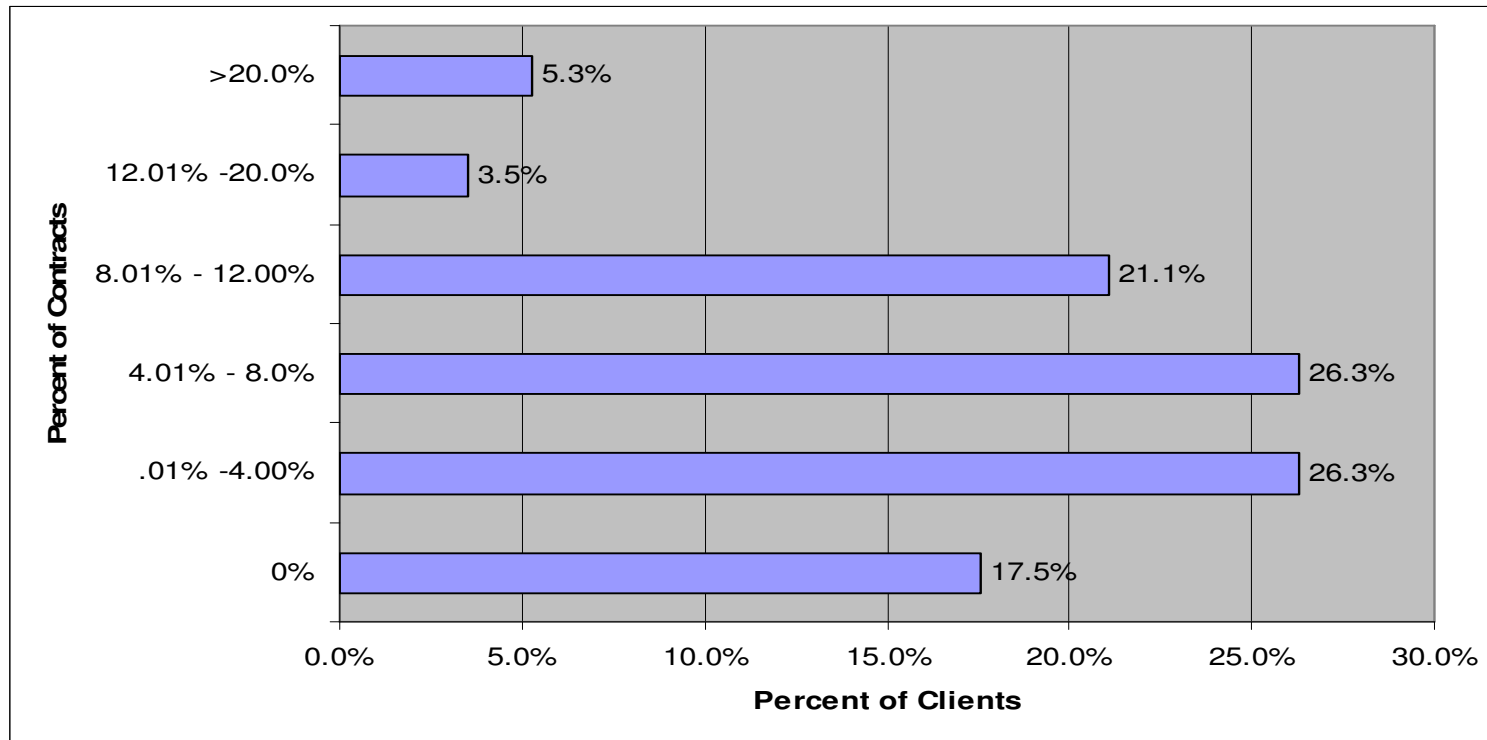
Minimum	Maximum	Median	Mean
0.00%	2.47%	0.93%	1.03%



Coordination of Benefits (COB) Norms

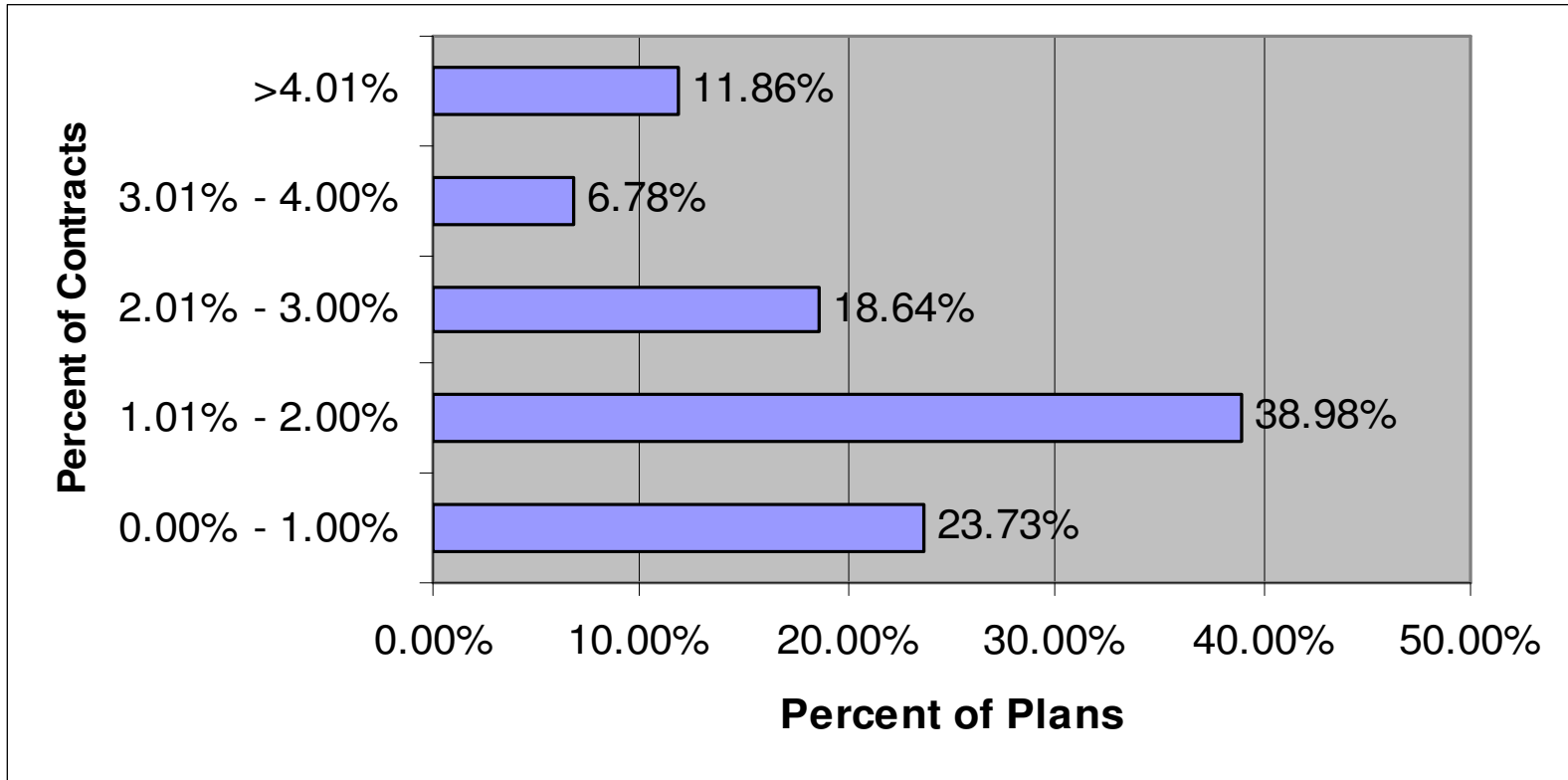
- Contracts with COB
- Questionable COB Cases
- Questionable ESRD Cases
- Questionable Medicare Cases

Contracts with COB



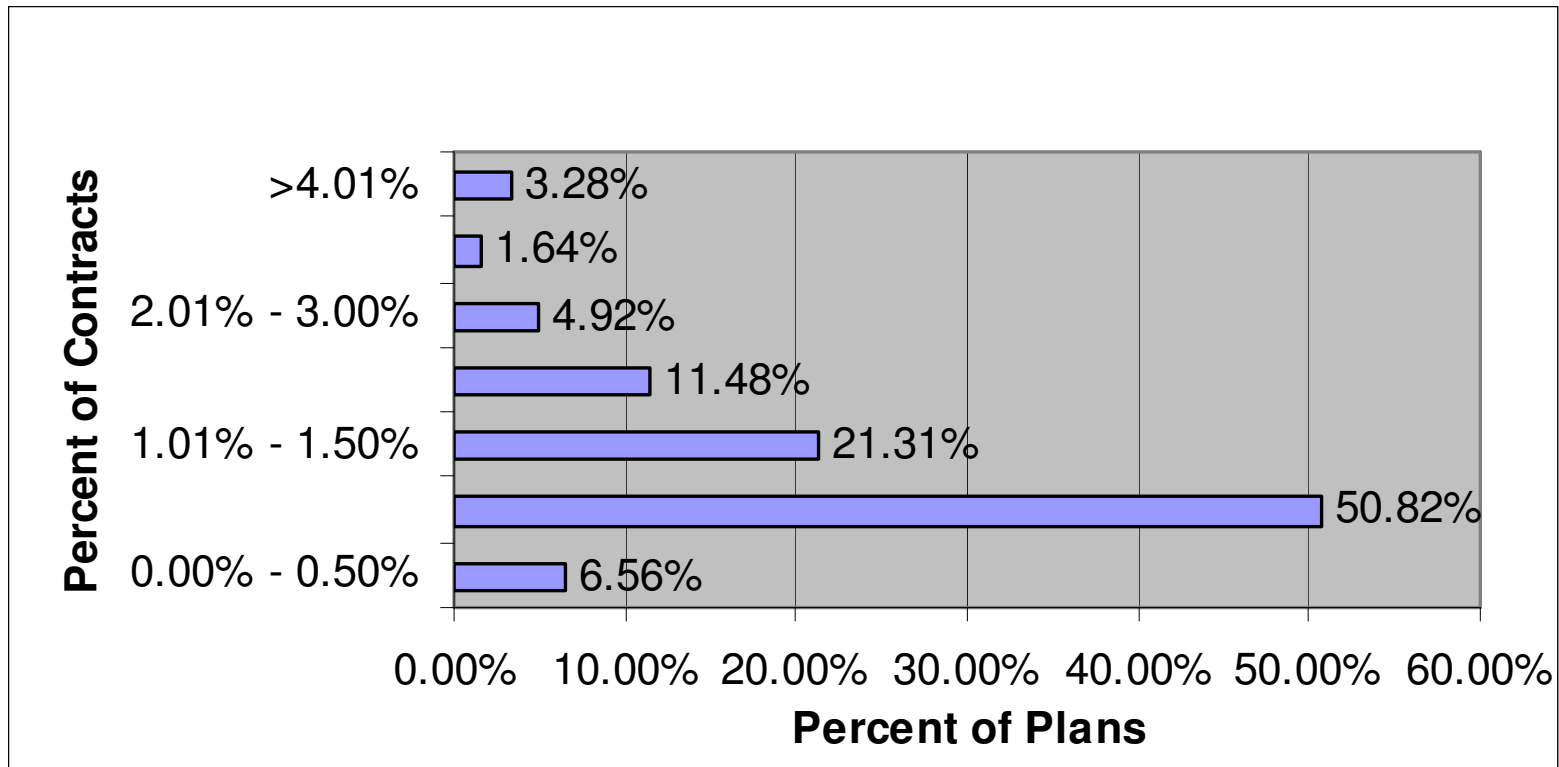
Minimum	Maximum	Median	Mean
0%	28.31%	4.83%	5.91%

Questionable COB Cases



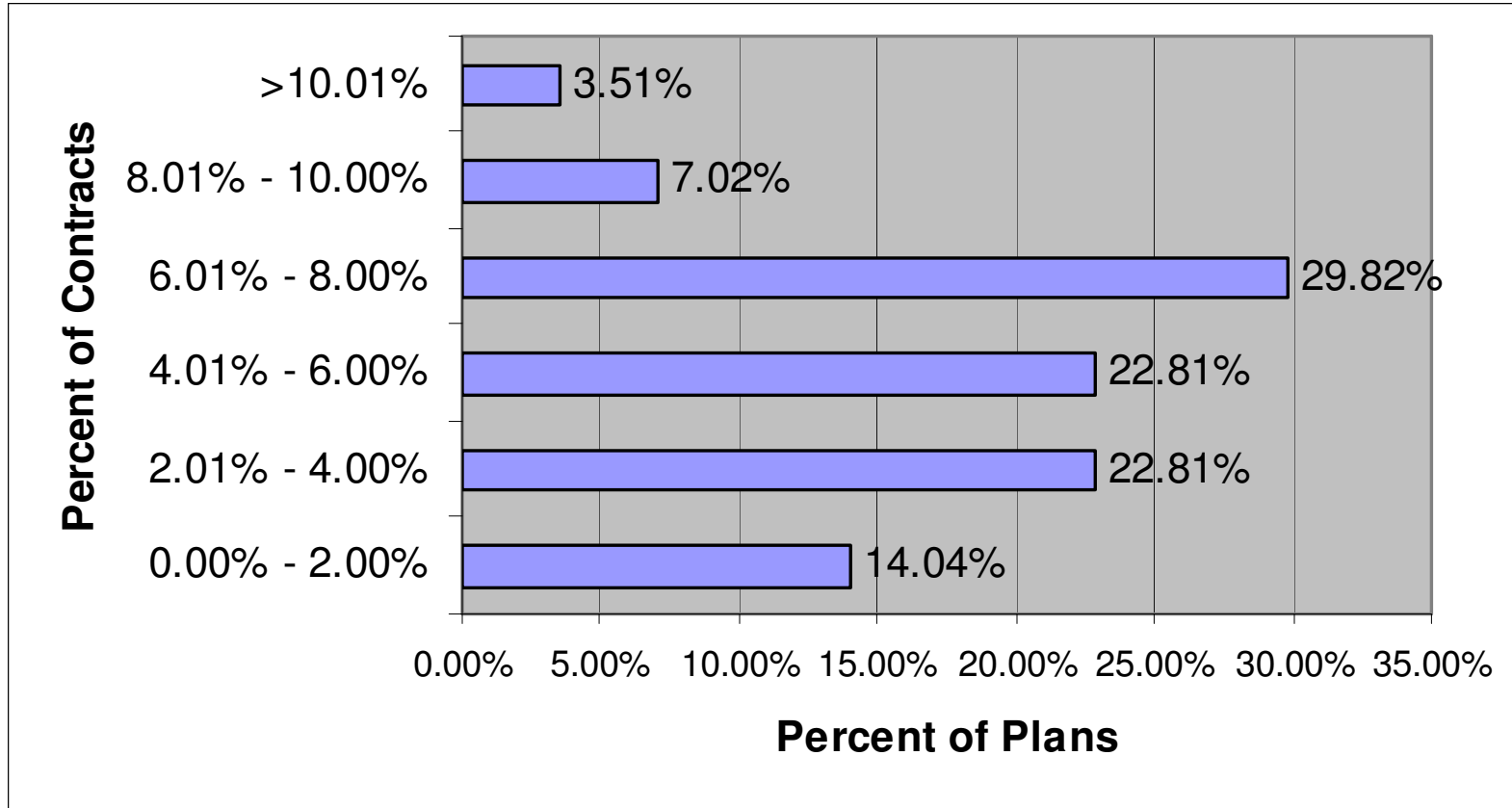
Minimum	Maximum	Median	Mean
0.00%	4.45%	1.62%	1.91%

Questionable ESRD Cases



Minimum	Maximum	Median	Mean
0.00%	4.68%	0.97%	1.21%

Questionable Medicare Cases

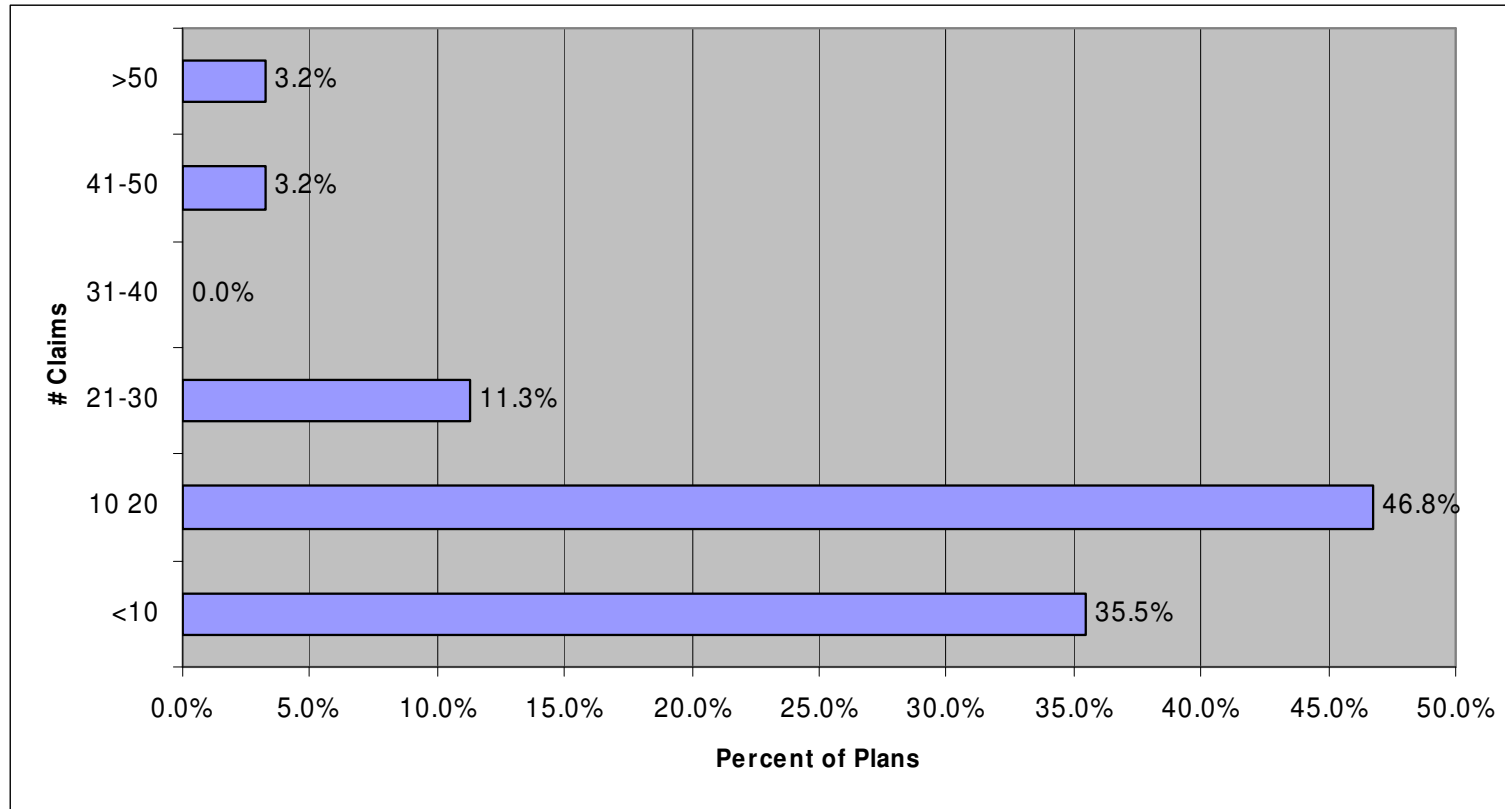


Minimum	Maximum	Median	Mean
0.54%	13.36%	5.26%	5.01%

Provider Payment Norms

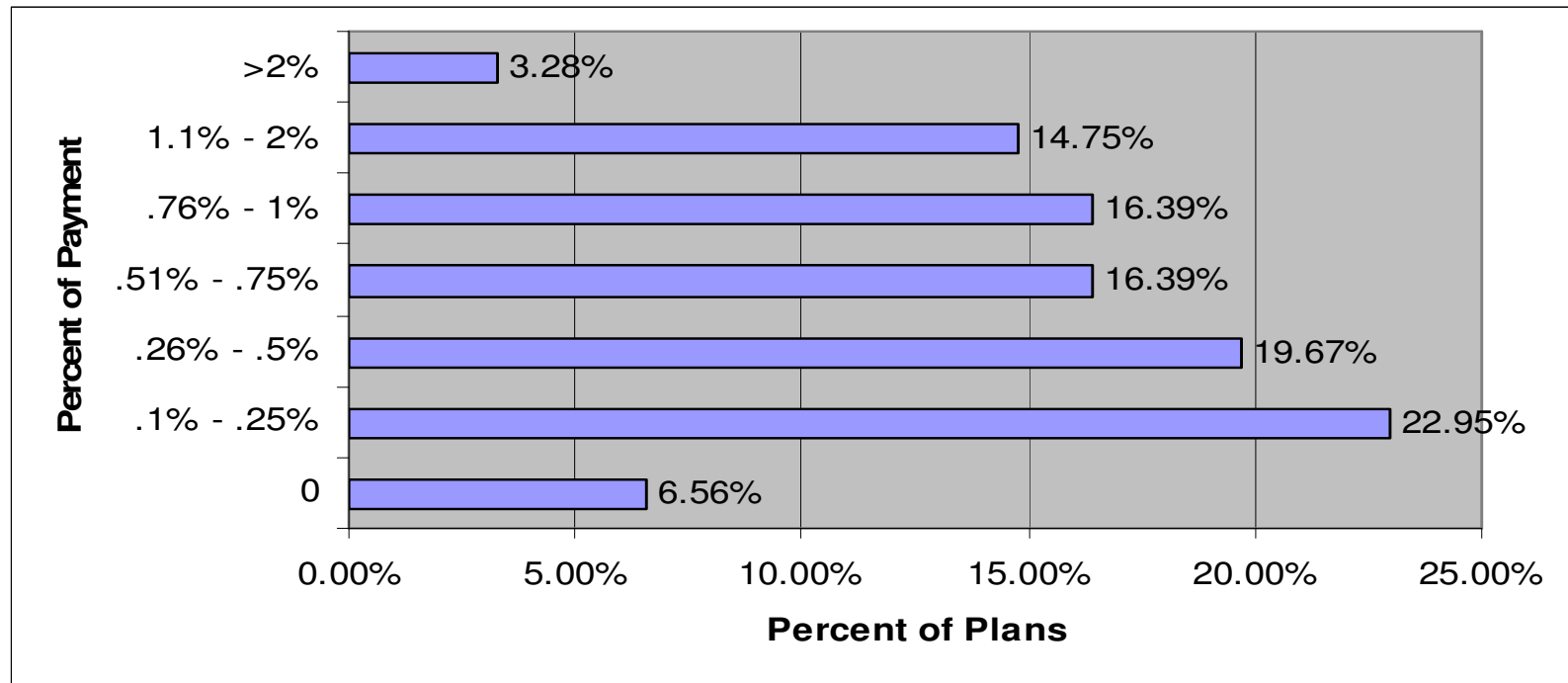
- Subset of Health Decisions Provider Scorecard
- Claims per Member
- Incorrect Provider Payment Levels

Claims Per Member



Minimum	Maximum	Median	Mean
1.2	73.8	13.0	15.2

Incorrect Provider Payment Levels



Minimum	Maximum	Median	Mean
0.00%	3.48%	0.51%	0.88%

How to Use Norms

- Use self-funded plan norms (comparability)
- Measure routinely to flag issues early
- Benchmark the Status Quo
- Establish Improvement Goals
- Monitor Progress
- Make them a part of plan management

For More Information
Contact

si@healthdecisions.com

We offer no-cost consultations
to answer questions and discuss options.