

**EDW Underwriting Reporting**



**Premium & Claims Summary Report – Incurred Basis**

Parameter Name	Parameter Values	Parameter Description
Customer	739845	ST. JOHN THE BAPTIST PARISH GOVERNMENT
Platform	EM	METAVANCE
Type of Customer	ENTERPRISE	CUSTOMER AND PLATFORM ABOVE ARE ENTERPRISE-LEVEL FIELDS
Auto Cross-Reference	YES	SELECT ALL SOURCE CUSTOMERS IN THE ENTERPRISE CUSTOMER
Division	BLANK	ALL SOURCE DIVISION IDS
Benefit ID	BLANK	ALL SOURCE CUSTOMER BENEFIT IDS
From Date	06-01-2016	
To Date	05-31-2018	
As Of Date	07-31-2018	
Reporting Level	ENT CUST	ENTERPRISE CUSTOMER
Product Line Codes	MEDICAL (Only product line code of Medical)	
Financial Product Codes	Display all Separately	



# EDW Underwriting Reporting

## Premium & Claims Summary Report – Incurred Basis

<b>Enterprise Platform:</b> EM	<b>Platform:</b> ALL SRC PLATFORMS SELECTED	<b>Financial Product:</b> HMOC
<b>Ent Platform Name:</b> METAVANCE	<b>Customer:</b> ALL SRC CUSTOMERS SELECTED	<b>Type of Customer:</b> ENTERPRISE
<b>Enterprise Customer:</b> 739845	<b>MTV Div/CI Class:</b> ALL SRC DIVISIONS SELECTED	<b>Auto Cross-Ref:</b> YES
<b>Ent Customer Name:</b> ST. JOHN THE BAPTIST PARISH GOVERNMENT	<b>Benefit Plan:</b> ALL SRC BENEFIT IDS SELECTED	<b>Reporting Level:</b> ENT CUST
<b>Src Platform Name:</b> ALL SOURCE PLATFORMS SELECTED	<b>Group Number:</b> ALL ALT CUSTOMERS SELECTED	<b>From Date:</b> 06-01-2016
<b>Src Customer Name:</b> ALL SOURCE CUSTOMERS SELECTED	<b>MTV Ben/CAS Subgrp:</b> ALL ALT BENEFIT IDS SELECTED	<b>To Date:</b> 05-31-2018
<b>Division Name:</b> ALL SOURCE DIVISIONS SELECTED	<b>Product Line:</b> MEDICAL	<b>As of Date:</b> 07-31-2018

\*\*\*\*\* SUBSCRIBER COVERAGE TYPES \*\*\*\*\*

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX	Total Cost*
06-2016	166	66	41	76	349	711	390,659	202,797	60,862	263,659
07-2016	169	65	42	77	353	718	394,384	337,314	61,514	398,828
08-2016	167	66	41	74	348	705	386,767	176,098	69,464	245,561
09-2016	165	67	41	76	349	715	390,659	242,371	53,221	295,592
10-2016	165	66	42	75	348	711	389,307	250,328	70,221	320,549
11-2016	165	66	42	75	348	712	389,523	158,814	81,104	239,918
12-2016	166	65	41	76	348	712	389,490	564,946	70,449	635,395
01-2017	168	66	48	73	355	718	414,620	266,052	66,812	332,864
02-2017	169	66	48	74	357	723	418,564	323,079	48,852	371,931
03-2017	166	65	51	74	356	729	416,669	177,841	86,160	264,001
04-2017	163	65	50	76	354	734	417,330	221,447	92,394	313,841
05-2017	166	65	48	77	356	737	419,093	228,027	55,858	283,885
	<b>1,995</b>	<b>788</b>	<b>535</b>	<b>903</b>	<b>4,221</b>	<b>8,625</b>	<b>4,817,064</b>	<b>3,149,115</b>	<b>816,910</b>	<b>3,966,025</b>

**Total Cost PMPM: 459.83**  
**Premium PMPM: 558.50**  
**Medical Expense Ratio: 82.33%**

\*\*\*\*\* SUBSCRIBER COVERAGE TYPES \*\*\*\*\*

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX	Total Cost*
06-2017	164	64	49	76	353	731	415,510	425,135	75,574	500,709
07-2017	164	63	50	78	355	740	419,931	757,723	71,781	829,504
08-2017	164	61	51	76	352	732	415,061	493,249	74,991	568,240
09-2017	165	61	51	74	351	728	410,003	342,086	64,724	406,809
10-2017	163	59	52	72	346	717	406,789	421,834	81,051	502,885
11-2017	163	60	50	73	346	715	403,993	241,079	69,067	310,145
12-2017	163	59	50	75	347	721	406,567	390,983	67,274	458,257
01-2018	157	62	51	73	343	714	401,086	161,277	51,201	212,478
02-2018	156	62	49	72	339	701	395,517	174,582	42,219	216,801
03-2018	156	62	50	72	340	704	397,386	272,445	72,920	345,365
04-2018	158	64	49	69	340	695	393,862	249,755	93,852	343,607
05-2018	156	64	50	68	338	689	392,450	268,517	77,831	346,348
	<b>1,929</b>	<b>741</b>	<b>602</b>	<b>878</b>	<b>4,150</b>	<b>8,587</b>	<b>4,858,154</b>	<b>4,198,665</b>	<b>842,484</b>	<b>5,041,149</b>

**Total Cost PMPM: 587.07**  
**Premium PMPM: 565.76**  
**Medical Expense Ratio: 103.77%**

\*\*\*\*\* SUBSCRIBER COVERAGE TYPES \*\*\*\*\*

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Premium PMPM
06-2018	159	61	50	68	338	688	390,294	567.29
07-2018	159	61	50	68	338	687	389,536	567.01

# Large Claimant Report - ST. JOHN THE BAPTIST PARISH GOVERNMENT (739845)

Claims Incurred 6/1/2017 - 5/31/2018

Claims Processed through 7/31/2018

	Report Selection Criteria
Report Create Date:	8/31/2018
Report Type:	Incurred
Line Of Business:	HMO,PPO
Customer Groups:	All Selected
Funding Type:	Fully-Insured
Divisions:	All Selected
Benefits:	All Selected
Claim Spend Threshold:	\$25,000



## LARGE CLAIMANT REPORT by Incurred Date

Claims Incurred 6/1/2017 through 5/31/2018

Claims Processed through 7/31/2018

ST. JOHN THE BAPTIST PARISH GOVERNMENT (739845)

Members with Total Paid of \$25,000 and Greater

ASO\_IND = NO Line Of Business = HMO,PPO

Member #	Relation to Subscriber	Status	Primary MCC	Primary Diagnosis	Medical Paid	Rx Paid	Total Paid	Clinical PGM
Member # 0001	SELF	Active	Malignant Neoplasms	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$293,897	\$97,152	\$391,050	TX
Member # 0002	SELF	Termed	Respiratory	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	\$306,989	\$0	\$306,989	
Member # 0003	SELF	Termed	Digestive	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE	\$284,971	\$0	\$284,971	CC
Member # 0004	SELF	Termed	Infections	SEPSIS, UNSPECIFIED ORGANISM	\$190,789	\$929	\$191,718	CC
Member # 0005	SELF	Active	Exams and Preventive Services	ENCOUNTER FOR CHECKING AND TESTING OF CARDIAC PACEMAKER PULSE GENERATOR [BATTERY]	\$160,456	\$31	\$160,487	
Member # 0006	CHILD	Active	Musculoskeletal and Connective Tissue	OTHER OSTEOMYELITIS, THIGH	\$145,007	\$63	\$145,070	CC
Member # 0007	SELF	Active	Diseases of Skin and Subcutaneous Tissue		\$65,105	\$79,536	\$144,641	CC,PN
Member # 0008	SELF	Active	Malignant Neoplasms	MALIGNANT NEOPLASM OF RECTUM	\$135,507	\$2,671	\$138,178	CC
Member # 0009	SELF	Active	Malignant Neoplasms		\$4,082	\$131,732	\$135,813	PN
Member # 0010	SELF	Active	Coronary Artery Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	\$113,634	\$82	\$113,715	
Member # 0011	SELF	Active	Chronic Kidney Disease	END STAGE RENAL DISEASE	\$87,463	\$1,948	\$89,410	
Member # 0012	SELF	Active	Rare Diseases		\$12,697	\$73,573	\$86,270	PN
Member # 0013	SELF	Active	Chronic Kidney Disease	END STAGE RENAL DISEASE	\$81,774	\$18	\$81,792	
Member # 0014	SELF	Active	Nervous System	CEREBROSPINAL FLUID LEAK	\$74,846	\$98	\$74,944	CC
Member # 0015	SPOUSE	Active	Congestive Heart Failure	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE	\$67,897	\$1,671	\$69,568	CC
Member # 0016	SELF	Active	Retroviral Conditions		\$26,594	\$27,828	\$54,422	
Member # 0017	SELF	Termed	Coronary Artery Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	\$47,989	\$3,211	\$51,200	
Member # 0018	SELF	Active	Diabetes	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	\$49,241	\$113	\$49,353	CC
Member # 0019	SELF	Active	Injury and Poisoning	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, INITIAL ENCOUNTER	\$45,460	\$0	\$45,460	
Member # 0020	SPOUSE	Active	Digestive	CALCULUS OF BILE DUCT WITH CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION	\$39,539	\$4,880	\$44,419	



Member #	Relation to Subscriber	Status	Primary MCC	Primary Diagnosis	Medical Paid	Rx Paid	Total Paid	Clinical PGM
Member # 0021	SELF	Active	Diabetes	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY	\$31,358	\$9,818	\$41,176	
Member # 0022	SELF	Active	Digestive	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	\$37,119	\$3,064	\$40,183	
Member # 0023	SELF	Active	Other Circulatory	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG	\$40,175	\$0	\$40,175	
Member # 0024	SELF	Active	Musculoskeletal and Connective Tissue	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	\$38,582	\$2	\$38,584	
Member # 0025	SPOUSE	Active	Musculoskeletal and Connective Tissue	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	\$35,694	\$350	\$36,044	
Member # 0026	SELF	Active	Musculoskeletal and Connective Tissue	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	\$32,954	\$317	\$33,272	CC
Member # 0027	SPOUSE	Active	Malignant Neoplasms		\$20,836	\$11,270	\$32,106	
Member # 0028	SELF	Active	Genitourinary System		\$17,743	\$13,165	\$30,907	HB
Member # 0029	SELF	Active	Musculoskeletal and Connective Tissue	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	\$30,578	\$63	\$30,640	
Member # 0030	CHILD	Active	Respiratory	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	\$29,260	\$362	\$29,622	
Member # 0031	SELF	Active	Musculoskeletal and Connective Tissue	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	\$28,702	\$40	\$28,742	
Member # 0032	SELF	Active	Other Heart Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	\$28,042	\$365	\$28,407	
Member # 0033	CHILD	Active	Injury and Poisoning	CONTUSION OF LIP, INITIAL ENCOUNTER	\$28,245	\$3	\$28,248	
Member # 0034	CHILD	Active	Sense Organs (Eyes and Ears)	UNSPECIFIED CHOLESTEATOMA, LEFT EAR	\$27,913	\$253	\$28,166	
Member # 0035	SELF	Active	Malignant Neoplasms	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	\$26,392	\$1,663	\$28,055	
Member # 0036	SELF	Active	Confidential	CONFIDENTIAL	\$26,190	\$824	\$27,014	
Member # 0037	SELF	Active	Genitourinary System	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	\$26,810	\$30	\$26,839	

