BOARD MEETING AGENDA
Friday, August 21, 2026 – 10:00 a.m.
2703 NE 14th Street, Ocala, FL 34470

Join Zoom Meeting: https://us02web.zoom.us/launch/jc/85664084625
Conference Line: 1 646 558 8656 Meeting ID: 856 6408 4625

Call to Order		A. Proctor
Roll Call		C. Schnettler
Public Comment		A. Proctor

DISCUSSION ITEMS

Self-Insurance Agency Apex Insurance Advisors Section 4	Pages 75 - 94	Brandon Whiteman

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

ADJOURNMENT

OUR VISION STATEMENT

To be known as the number one workforce resource in the state of Florida by providing constructive tools and professional supportive services that are reflected in the quality of our job candidates and meet the needs of the business community.

SmartConnect value

SmartConnect is a Medicare education and enrollment service for individuals nearing age 65 or older. It helps eligible members understand their Medicare options, compare plans, and enroll in coverage that may better meet their needs—often at lower cost to them and to the employer's health plan.

You're currently enrolled in:

SmartConnect Active+

including appointment scheduling, although you have not yet uploaded a census.

Your total savings from SmartConnect this quarter was

$15,889

As a reminder, if you upload a census into the SmartConnect portal, SmartConnect Active+ will proactively reach out to Medicare-eligible participants by mail/email. If you have appointment scheduling in place, they will also reach out to eligible participants by phone and try to schedule an appointment for a session with a guide. The more outreach they can do, the more engagement they will get and the more likely it will be that eligible participants will migrate to Medicare.

Utilization of SmartConnect this quarter	Number of individuals who engaged	Number of individuals who transitioned to Medicare from group coverage
	5	1

Estimated savings from SmartConnect transitions this quarter	$15,889

CAPTIVE WIDE VALUE

Across the ParetoHealth captive, the average estimated savings from SmartConnect transitions this quarter was:

$182 PEPY

PEPY value is calculated using savings values from this quarter, for employers with savings greater than 0
See appendix for details on savings methodology

Renalogic value

Renalogic focuses on chronic kidney disease (CKD) and dialysis-related cost management. Renalogic offers three solutions: ImpactCare (early-stage intervention), ImpactAdvocate (advanced case coordination), and ImpactProtect (high-impact dialysis repricing and support). All begin with identifying at-risk members, then providing the appropriate level of support.

You're currently enrolled in:

ImpactCare, ImpactAdvocate, ImpactProtect

Your total savings from Renalogic this quarter was

$14,393

ImpactCare

ImpactCare provides early-stage clinical intervention to help slow, stop, or reverse CKD progression. Registered nurses work directly with members to preserve kidney function, improve overall health, and reduce the likelihood of progressing to end-stage renal disease (ESRD).

Your total savings from Renalogic ImpactCare this quarter was $2,484

Utilization of Renalogic ImpactCare this quarter

Number of individuals participating	Number of interventions conducted
4	22

Type of intervention	Description	#
Care gaps closed	Medication reviews and optimization	11
Lifestyle changes	Guidance on healthy eating, exercise, goal setting, and self-monitoring	7
Labs and biometrics	Review and education on lab/biometric results and CKD impact	1
Condition education	Education on related conditions (e.g., diabetes, obesity) and treatment	1
Self-management education	Tips for managing CKD through medications, diet, and daily habits	2

CAPTIVE WIDE VALUE

Across the ParetoHealth captive, the average estimated savings per Member from individuals participating in Renalogic ImpactCare this quarter was

$49 PEPY

PEPY value is calculated using savings values from this quarter, for employers with savings greater than 0
See appendix for details on savings methodology

ImpactAdvocate

ImpactAdvocate provides specialized care-coordination and administrative support to individuals with late-stage CKD and ESRD. This program helps members navigate complex treatment needs and helps to prevent costly, unplanned dialysis starts.

Your total savings from Renalogic ImpactAdvocate this quarter was $2,582

Utilization of Renalogic ImpactAdvocate this quarter

Number of individuals participating

8

	Utilization per 1,000: individuals participating in Renalogic	Utilization per 1,000: individuals not participating in Renalogic	Avg cost	$ savings
Emergency Room	0.007	0.045	$2,000	**$152**
Hospital utilization	0.006	0.087	$15,000	**$2,430**

Estimated savings from individuals participating in Renalogic ImpactAdvocate this quarter $2,582

CAPTIVE WIDE VALUE

Across the ParetoHealth captive, the average estimated savings per Member from individuals participating in Renalogic ImpactAdvocate this quarter was $59 PEPY

PEPY value is calculated using savings values from this quarter, for employers with savings greater than 0
See appendix for details on savings methodology

ImpactProtect

ImpactProtect is Renalogic's proven dialysis cost-saving solution. By repricing in- and out-of-network dialysis claims through an exclusive PPO network solution for dialysis, and with a 99% success rate against appeals, ImpactProtect has been helping self-funded employers save for nearly two decades.

Your total savings from Renalogic ImpactProtect this quarter was $9,327

Utilization of Renalogic ImpactAdvocate this quarter

Number of individuals engaged	Number of dialysis cases
2	2

Actual savings from Renalogic ImpactProtect this quarter $9,327

CAPTIVE WIDE VALUE

Across the ParetoHealth captive, the average savings per Member from Renalogic ImpactProtect was $159 PEPY

PEPY value is calculated using savings values from this quarter, for employers with savings greater than 0
See appendix for details on savings methodology

Found value

Found is a weight-management solution that combines clinical expertise, medication (including GLP-1s and other weight-loss prescriptions), and behavioral support to help individuals lose weight safely and sustainably. It offers a structured, virtual program including coaching, digital tools, and medical oversight.

Your total savings from Found this quarter was

$3,832

Utilization of Found this quarter

Number of individuals participating

14

Weight loss

Total pounds lost across participating individuals since enrollment

75

Total percent weight lost across participating individuals since enrollment

3%

Prescriptions written

Medication type	# prescriptions written since employer launch
Branded GLP-1	2
Compounded GLP-1	4
Non GLP-1	12

Estimated savings from individuals participating in Found this quarter

$3,832

CAPTIVE WIDE VALUE

Across the ParetoHealth captive, the average estimated savings per Member from individuals participating in Found this quarter was

$67 PEPY

PEPY value is calculated using savings values from this quarter, for employers with savings greater than 0
See appendix for details on savings methodology

First Stop Health value

First Stop Health is a virtual care platform that provides individuals with 24/7 access to urgent care, primary care, and mental health services—all from the convenience of their phone or computer. Services are available at no cost to the member and can often replace costly in-person visits.

You're currently enrolled in:

Virtual Primary Care

Your total savings from First Stop Health this quarter was

$4,081

Utilization of First Stop Health this quarter

Number of individuals engaged

16

Estimated savings from First Stop Health this quarter $4,081

Care type	# of individuals engaged	# of completed visits	Savings
Primary care	12	13	**$2,403**
Urgent care	5	4	**$1,678**

Breakdown of urgent care estimated savings due to avoided care

Type of care avoided	# of visits	Estimated $ savings
Emergency room visits	1	**$1,082**
Urgent care visits	1	**$240**
Doctor office visits	2	**$356**

CAPTIVE WIDE VALUE

Across the ParetoHealth captive, the average estimated savings per Member from First Stop Health this quarter was

$68 PEPY

PEPY value is calculated using savings values from this quarter, for employers with savings greater than 0
See appendix for details on savings methodology

Lyra Select value

Lyra Select is a mental healthcare benefit that connects individuals with high-quality therapists and coaches for virtual or in-person support. Employers choose a session bundle (typically 6 or 12 sessions per person, per year), and individuals can schedule appointments directly through the Lyra platform—no referrals needed.

You're currently enrolled in:

6 therapy + 6 coaching

Your total savings from Lyra this quarter was

$5,026

Utilization of Lyra this quarter

Number of individuals engaged

18

	Description	# of individuals engaged	# of sessions completed
Therapy	Sessions with a licensed, masters-level clinician for clinical conditions	8	32
Coaching	Sessions with a bachelor's level ICF-certified coach for sub-clinical conditions	10	44

Estimated savings from individuals engaged with Lyra this quarter

$5,026

CAPTIVE WIDE VALUE

Across the ParetoHealth captive, the average estimated savings per Member from individuals engaged with Lyra this quarter was

$82 PEPY

PEPY value is calculated using savings values from this quarter, for employers with savings greater than 0
See appendix for details on savings methodology

Appendix

Description of savings calculations, per program

Program	Savings description
PRxC - Smith	All employer rebate and pharmacy savings are reported directly by the PBM. These reflect reductions in employer pharmacy spend achieved through PBM-administered strategies such as manufacturer rebates, patient assistance and coupon programs, biosimilar or generic transitions, alternative sourcing, and other specialty pharmacy interventions. Savings may reflect both member and plan savings values. Because pharmacy rebates are typically paid 4–6 months after claims are incurred, PBM rebates may appear even after a PBM change. This ensures all dollars received are reflected in the appropriate quarter. Savings are calculated as the difference between expected cost and the actual cost after a program is applied. This may include lower drug ingredient cost, alternative sourcing, site-of-care shifts, or manufacturer subsidies. Rebate values reflect either cash received this quarter or, when not available, are rebate values based on incurred claims from two quarter prior. This serves as a proxy for rebates paid this quarter, aligning to the typical 180-day lag between claims and rebate payment. For programs like patient assistance or manufacturer coupons, savings timing may vary by PBM. For SmithRx, savings are allocated across plan months in which eligible prescriptions are filled.
PA Secondary Review	Savings reflect cost reductions from successful prior authorization review interventions, based on the difference between the original and final approved claims. Only opportunities that were successfully implemented and resulted in a lower paid amount for the employer are included in savings. Savings from realized opportunities are reported based on the quarter in which the case was reviewed. Typically opportunities are realized within 24-48 hours of case review.
Valenz Surgical & Imaging	All employer utilization and savings values are reported directly by Valenz Surgical & Imaging. Savings are calculated as the difference between Valenz's bundled rate and the regional average insurance rate for the same service. Procedures shown are based on paid date in this time period; the procedure itself may occur on a different date.
CancerCARE	All employer utilization and savings values are reported directly by CancerCARE. CancerCARE categorizes savings as "Hard" (Actual) and "Soft" (Estimated). Actual savings are based on interventions that directly reduce the cost of care, such as redirected or avoided treatments. Estimated savings reflect projected cost avoidance based on how similar cases typically progress without intervention, such as ER visits and hospitalizations, compared to what occurred with CancerCARE's guidance.

Appendix

Program	Savings description
SmartConnect	All employer utilization values are reported directly by SmartConnect. Savings are calculated based on the ParetoHealth captive's average annualized cost of a 65+ y/o participant in 2025, $15,889, multiplied by the number of people that converted to Medicare from the group plan. Savings associated with transitions in this quarter are shown as an annualized value.
Renalogic – ImpactCare	All employer utilization values are reported directly by Renalogic. Savings are calculated based on Renalogic's average per-participant savings benchmark of $207 PMPM. This benchmark is based on individuals who have participated for 12+months, but for our savings estimation, we are applying this value to all participants regardless of length of participation in the program. Savings associated with participating individuals are shown as a quarterly value.
Renalogic – ImpactAdvocate	All employer utilization values are as reported directly by Renalogic. Renalogic calculates the difference in utilization of emergency room and hospital visits per year for participating and non-participating members. Savings are calculated based on the difference in Emergency Room and Hospital utilization multiplied by the U.S. average cost of Emergency Room and Hospital visits, multiplied by number of individuals participating. This is an annualized value; the annual savings associated with participating individuals are divided by 4 to be shown as a quarterly value.
Renalogic – ImpactProtect	All employer utilization and savings values are reported directly by Renalogic. Renalogic calculates dialysis savings by comparing the original billed charges to the cost after repricing. Savings are gross and inclusive of fees.
Found	All employer utilization values are reported directly by Found. Savings are based on a peer-reviewed study showing an 11% reduction in overall healthcare cost for individuals who participated in the program for 12+ months. For our savings estimation, we apply this to the ParetoHealth captive's average annualized cost per individual in 2025, $6,318, across all participating individuals. This is applied to all participants regardless of length of participation. Annual savings for participating individuals are divided by 4 to be shown as a quarterly value. Weight loss is reported for participants with at least three months in the program and a recent weight submission within the quarter. This eliminates noise from early onboarding and highlights results from established users. Found reports utilization and savings for employers with 5+ enrolled members active in the program for at least one full quarter. Prescription data requires 10+ enrolled members. Data will appear once reporting criteria are met.

Appendix

Program	Savings description
First Stop Health	All employer utilization and savings values are reported directly by First Stop Health. For primary care, savings are actuarially vetted and based on the age of the individual and whether the visit was new to primary care or not. For urgent-care, savings are based on self-reported intent - i.e., what care they would have sought if not through FSH. Avoided care is valued using 190% of Medicare rates for ER, urgent care, and doctors office visits. Metrics for Whole Mental Health are not yet being reported, as the program was newly introduced in 2025 and data collection is still underway.
Lyra Select	All employer utilization metrics are reported directly by Lyra. Savings are based on an Aon-validated study showing a 21% reduction in total healthcare costs for Lyra participants vs. non-Lyra participants. For our savings estimation, we apply this 21% savings to the ParetoHealth captive's average annualized cost per individual, $6,318, multiplied by the number of individuals engaged. Annual savings associated with engaged individuals are divided by 4 to be shown as a quarterly value.

Annual Report

Overview

Previous | Paid

Total Spend
$2,503,141

PMPM
$469

Claims: May 23 - Apr 24 | Avg Mbrs: 445 | Mbrs: 529

Total plan paid and PMPM during the previous period for your population.

Current | Paid

Total Spend 16%
$2,915,317

PMPM 28%
$600

Claims: May 24 - Apr 25 | Avg Mbrs: 405 | Mbrs: 463

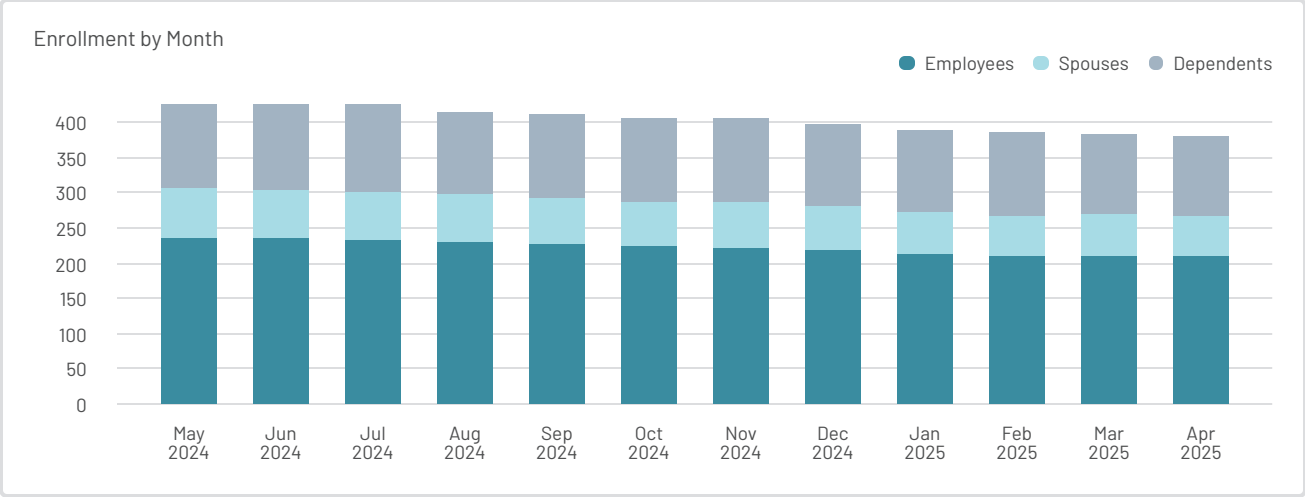
Total plan paid and PMPM during the current period for your population.

Average Members Enrolled

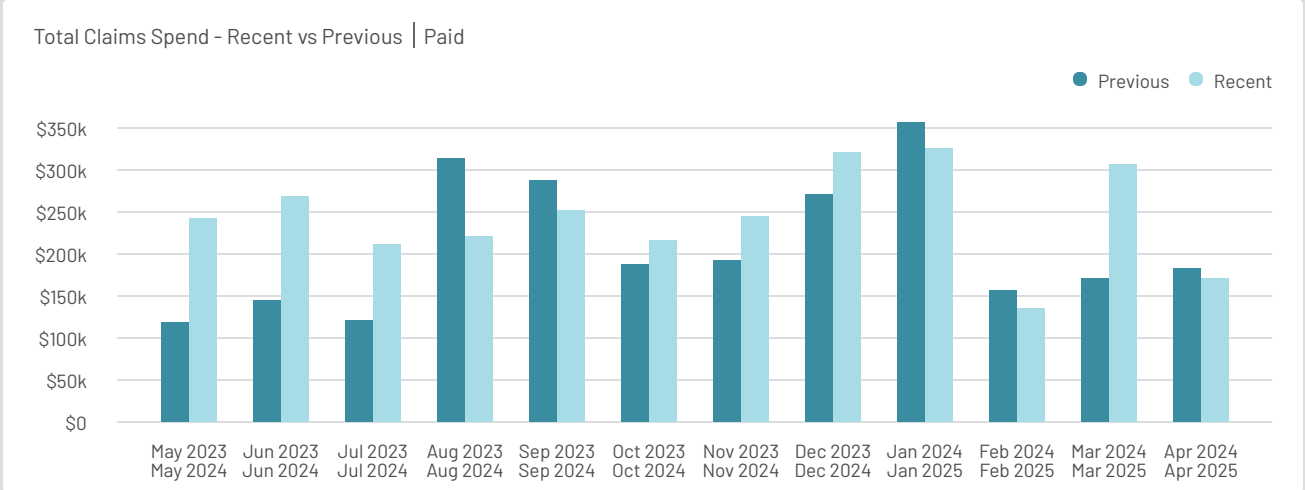
405

Period: May 24 - Apr 25 | Population: 463

Unique members enrolled in the current time period.



Enrollment trends by month for employees, spouses and dependents for the current time period.



Total medical and drug plan paid amount by month for the current time period.

Annual Report

Utilization

Total Spend | Paid

$2,915,317

Claims: May 24 - Apr 25

Total plan paid amount for medical and drug for the current time period.

Medical Spend | Paid

88% of Total Spend

$2,573,683

Claims: May 24 - Apr 25

Medical plan paid amount for the current time period.

Average Age

37

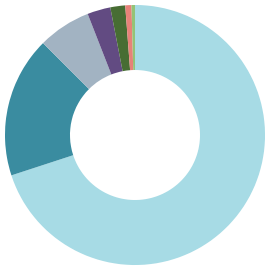
Period: May 24 - Apr 25 | **Population:** 463

Average age of members.

Sources of Care Spend

Total Spend

$2,573,683



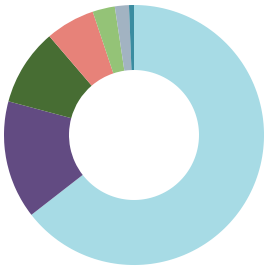
- Outpatient Care (70%)
- Inpatient Care (18%)
- ER/ED (7%)
- Telemedicine (3%)
- Other (2%)
- Home/Domicile (1%)
- Urgent Care (0%)
- On-site Clinic (0%)
- Nursing/Residential (0%)

Total and % of plan paid amount for each type of encounter. Outpatient and inpatient encounters are typically the largest component of spend.

Sources of Care Usage

Visits

5,329



- Outpatient Care (64%)
- Telemedicine (15%)
- Other (10%)
- Home/Domicile (6%)
- Urgent Care (3%)
- ER/ED (2%)
- Inpatient Care (1%)
- On-site Clinic (0%)
- Nursing/Residential (0%)

Total visits and the % of total visits for each type of encounter/source of care. Outpatient encounters tend to drive utilization.

Utilization Metrics | PMPM

		Recent	% Change	Previous
Inpatient Medical	Admits Per 1000	39	38% ▼	63
	Average Length of Stay	1.6	27% ▼	2.2
	Days Per 1000 Adm Acute	63	54% ▼	138
	30 Day Readmission Rate	0.00%	100% ▼	24.14%
	Price Per Admit	$18,298	16% ▼	$21,770
	Price Per Day Admit	$11,357	15% ▲	$9,864
Outpatient Medical	Outpatient PMPM	$437	37% ▲	$320
Rx	Average Rx Cost Per Script	$79	52% ▲	$52
	Rx Cost PMPM	$70	106% ▲	$34

Key cost and utilization indicators, including year over year trend, for your population.

Annual Report

Top Conditions and Service Classes

Current | Cancer with active management

Total Spend 29% ▲

$586,253

Claims: May 24 - Apr 25 | **Claimants:** 5

Total plan paid amount for members with cancer.

Current | Diabetes

Total Spend 29% ▲

$60,647

Claims: May 24 - Apr 25 | **Claimants:** 17

Total plan paid amount for members with diabetes.

Current | Degenerative arthritis

Total Spend 375% ▲

$241,228

Claims: May 24 - Apr 25 | **Claimants:** 44

Total plan paid amount for members with degenerative arthritis.

Top Spend By | All Condition Groups

Description	Plan Paid Amount	Unique Claimants	Average Spend
Cancer with active management	$586,253	5	$117,251
Degenerative arthritis	$241,228	44	$5,482
Heart & vascular diseases	$173,716	20	$8,686
Mild/moderate infections	$153,201	166	$923
Bone, joint & muscle diseases	$134,790	62	$2,174
Pregnancy/delivery	$119,763	17	$7,045
Preventative/wellness	$118,069	256	$461
Behavioral health	$95,448	62	$1,539
Kidney & urinary tract diseases	$75,106	27	$2,782
Trauma, other than fractures	$66,183	56	$1,182

The Top 10 conditions in your population ranked by total plan paid amount. Review the number of unique claimants and cost per claimant. Use the drop down to investigate all conditions, not just the top 10.

Top Service Classifications | All Condition Groups

Description	Type	Plan Paid Amount	Claimants	$ / Claimant	Claimants / 1000
Med Channel Specialty Drugs: Med Channel Specialty Drugs	Medical	$249,774	5	$49,955	11
Surg Procs: MSK	Medical	$238,060	8	$29,757	17
Eval & Mgmt: Primary Care Physician	Medical	$213,773	347	$616	749
Facility Costs: General Room & Board	Medical	$210,091	16	$13,131	35
Facility Costs: ICU Room & Board	Medical	$106,185	3	$35,395	6
Eval & Mgmt: Facility	Medical	$106,102	62	$1,711	134
Ther Svcs: Behavioral Health	Medical	$96,365	77	$1,251	166
Brand Name Prescription: Retail	Rx	$91,333	44	$2,076	95
Misc Meds and Fees: Other Drugs	Medical	$86,531	93	$930	201
Surg Procs: GI	Medical	$79,820	23	$3,470	50

The top service categories across all conditions in your population. Specialty drugs and facility costs tend to be primary cost drivers. Use the drop down to drill into specific conditions to see the service categories driving costs for a particular condition.

Annual Report

Top Drugs and PMPM Trend

Total Spend | Paid

$2,915,317

Claims: May 24 - Apr 25

Total plan paid amount for current time period.

Rx Spend | Paid

12% of Total Spend

$341,634

Claims: May 24 - Apr 25

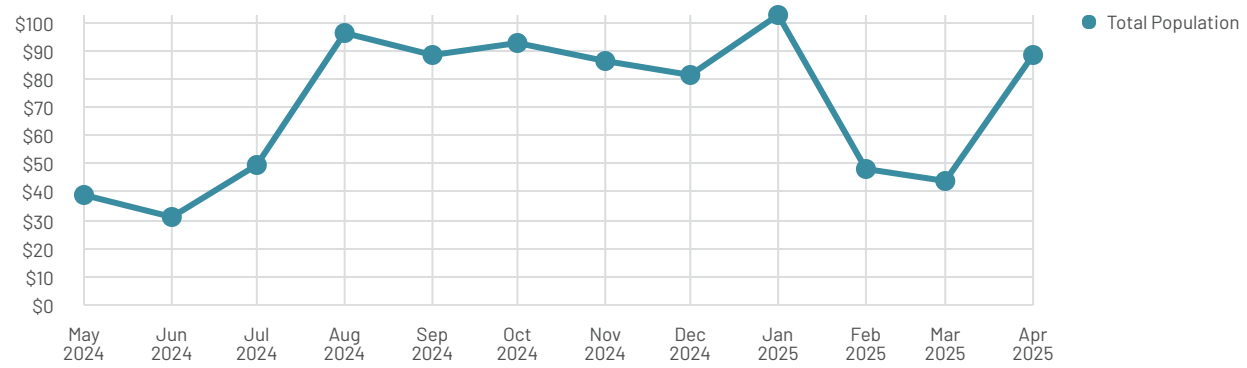
Drug plan paid amount for current time period.

Top Rx | Total Paid

Drug Name	Recent	% Change	Previous	% of Total
Ozempic	$48,919	131% ▲	$21,176	14.32%
Qelbree	$20,627	14k% ▲	$145	6.04%
Mounjaro	$19,593	—	$0.00	5.74%
Paxlovid	$16,286	—	$0.00	4.77%
Infliximab	$14,817	—	$0.00	4.34%
Jardiance	$14,555	—	$0.00	4.26%
Trelegy ellipta	$10,467	37% ▲	$7,648	3.06%
Eliquis	$8,973	2% ▼	$9,194	2.63%
Comirnaty 2024-2025	$7,387	—	$0.00	2.16%
Dexcom g6 sensor	$6,398	—	$0.00	1.87%

These are the top drugs, by plan paid amount, through the pharmacy channel for the current time period. In general, drugs to treat chronic conditions such as diabetes, arthritis or cancer top the list.

Rx Cost PMPM



The trend in Per Member Per Month (PMPM) Rx plan paid amount for the current time period for the total population. Add a segment or focus population to the report to compare the trend in different populations.

Annual Report

Top Drugs by Condition

Previous | All Condition Groups

Total Spend -7%

$141,778

Claims: May 23 - Apr 24 | **Claimants:** 296

RxClaims

The drug plan paid amount in the previous time period. Use drop down to select a condition.

Current | All Condition Groups

Total Spend 2%

$145,275

Claims: May 24 - Apr 25 | **Claimants:** 227

RxClaims

The drug plan paid amount for the current time period. Use drop down to select a condition.

Top Spend By | All Condition Groups

Description	Plan Paid Amount	Unique Claimants	Average Spend
Diabetes	$38,840	9	$4,316
Behavioral health	$15,081	34	$444
Mild/moderate infections	$11,491	89	$129
Gastrointestinal diseases	$11,354	26	$437
Preventative/wellness	$9,747	34	$287
Signs & symptoms	$9,579	42	$228
Asthma	$6,284	28	$224
Eye diseases	$4,459	16	$279
Hormone & body chemistry imbalances	$4,449	24	$185
Heart & vascular diseases	$4,092	11	$372

RxClaims

For your top 10 conditions, this is the drug plan paid amount, number of unique claimants for the drugs and the average drug plan paid amount for the condition. Use the drop down to select a particular condition.

Top Claims by Category | All Condition Groups ☐ Diagnosis ☐ Procedure ☑ Rx

Name	Type	Plan Paid Amount	% Change	Claimants
Ozempic	Rx	$23,362	31% ▲	4
Mounjaro	Rx	$10,301	--	2
Paxlovid	Rx	$8,143	--	8
Infliximab	Rx	$7,409	--	1
Jardiance	Rx	$6,480	--	1
Qelbree	Rx	$5,673	7.7k% ▲	2
Trelegy Ellipta	Rx	$5,234	12% ▼	1
Eliquis	Rx	$3,829	58% ▼	3
Dexcom G6 Sensor	Rx	$3,371	--	1
Linzess	Rx	$2,971	--	3

Use the drop down to see the top drugs for each condition. Diabetes, arthritis and cancer are common conditions with high drug spend.

Annual Report

High Cost Claimants

Current | Paid

Total Spend 16% ▲ $2,915,317

PMPM 28% ▲ $600

Claims: May 24 - Apr 25 | Avg Mbrs: 405 | Mbrs: 463

Total plan paid amount for all claimants.

Current | Paid

Total Spend 7% ▲ $1,252,754

PMPM 1% ▼ $10,800

Claims: May 24 - Apr 25 | Avg Mbrs: 10 | Mbrs: 10

HCC $50K and above

Total plan paid amount for high cost claimants with $50K and above.

Now Viewing

% of Population 2%

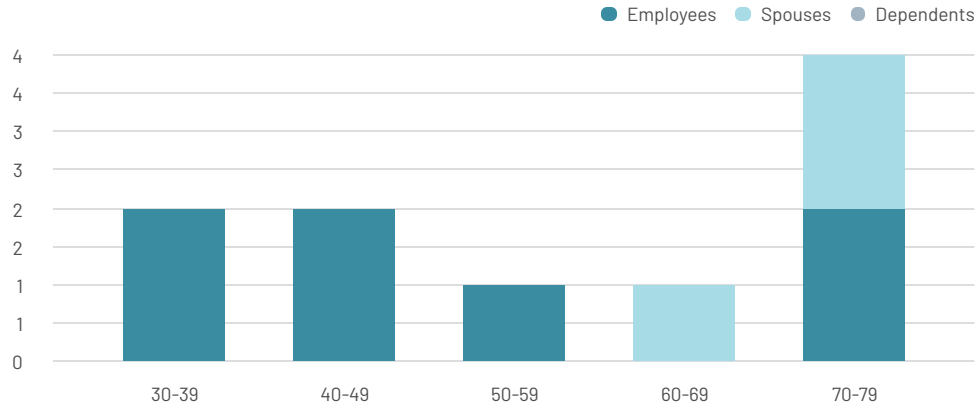
Members 10

Claims: May 24 - Apr 25 | Population: 463

HCC $50K and above

High cost claimants often reflect a small percentage of claimants and a high percentage of cost.

Population Metrics



HCC $50K and above

Average Age 57

Male 60%

Female 40%

Claim Cost Breakdown

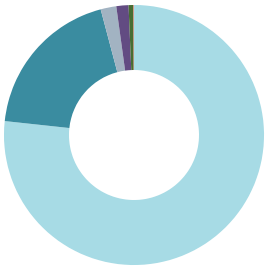
Highest Cost Claims	Claim Type	Cost
Injection, Atezolizumab, 10 ...	Medical	$185,067
Total Knee Arthroplasty	Medical	$87,061
Ntsty Modul Rad Tx Dlvr Smpl	Medical	$69,897
Inj, Cyclophosphamide, Nos	Medical	$68,178
Inj Pegfilgrast Ex Bio 0.5mg	Medical	$58,421

All Claims	Count	Cost
Total Medical	2,851	$1,208,703
Procedures	991	$485,914
Lab	726	$92,327
Total Rx	467	$44,051

HCC $50K and above

Sources of Care Spend

Total Spend $1,208,703



- Outpatient Care (77%)
- Inpatient Care (19%)
- ER/ED (2%)
- Telemedicine (2%)
- Other (1%)
- Home/Domicile (0%)
- Urgent Care (0%)
- On-site Clinic (0%)
- Nursing/Residential (0%)

HCC $50K and above

Annual Report

High Cost Claimants - Conditions

Medical Spend | Paid

96% of Total Spend

$1,208,703

Claims: May 24 - Apr 25

HCC $50K and above

Medical plan paid amount for high cost claimants.

Rx Spend | Paid

4% of Total Spend

$44,051

Claims: May 24 - Apr 25

HCC $50K and above

Drug plan paid amount for high cost claimants.

Top Spend By | All Condition Groups

Description	Plan Paid Amount	Unique Claimants	Average Spend
Cancer with active management	$585,138	3	$195,046
Degenerative arthritis	$183,870	5	$36,774
Heart & vascular diseases	$137,560	2	$68,780
Gynecologic diseases	$49,629	1	$49,629
Mild/moderate infections	$46,125	6	$7,688
Bone, joint & muscle diseases	$39,840	6	$6,640
Anxiety	$33,231	3	$11,077
Blood diseases	$26,408	3	$8,803
Signs & symptoms	$9,417	4	$2,354
Benign neoplasm	$5,952	4	$1,488

HCC $50K and above

Top condition groups for high cost claimants tend to include high cost newborns, patients with cancer, heart failure, and other conditions with high surgical costs or costly specialty pharmacy.

Top Service Classifications | All Condition Groups

Description	Type	Plan Paid Amount	Claimants	$ / Claimant	Claimants / 1000
Med Channel Specialty Drugs: Med Channel Specialty Drugs	Medical	$245,566	2	$122,783	200
Surg Procs: MSK	Medical	$182,075	3	$60,692	300
Facility Costs: ICU Room & Board	Medical	$106,185	2	$53,092	200
Ther Svcs: Radiation Therapy	Medical	$77,307	1	$77,307	100
Misc Meds and Fees: Other Drugs	Medical	$77,202	7	$11,029	700
Misc Meds and Fees: Chemo Admin	Medical	$56,397	2	$28,198	200
Surg Procs: Cardiovascular	Medical	$50,683	4	$12,671	400
Eval & Mgmt: Primary Care Physician	Medical	$42,495	10	$4,250	1,000
Lab: Microbiology	Medical	$36,831	6	$6,138	600
Facility Costs: General Room & Board	Medical	$30,757	2	$15,378	200

HCC $50K and above

The top service categories for high cost claimants are generally inpatient facility costs, specialty pharmacy and surgery. Select a specific condition from the dropdown to examine service categories for conditions like cancer.

Annual Report

Gaps in Care

Gaps in Care
Members Identified

13%

Claims: May 24 - Apr 25 | **Population:** 463

Percent of members identified with a Gap in Care.

Gaps in Care
Percent of Spend | Paid

35%

Claims: May 24 - Apr 25 | **Population:** 463

Percent of total plan paid amount for members with a Gap in Care.

Chronic Intervention Opportunities

Name	Members	Not Compliant	Compliance %	Compliance % Benchmar...
Hypertension	53	20	62%	58%
Hyperlipidemia	40	3	93%	86%
Drug Management	27	15	44%	67%
Mental Health	22	8	64%	66%
Diabetes	20	18	10%	9%
Asthma	19	5	74%	68%
Migraine Headache	7	1	86%	94%
Renal Failure	4	1	75%	44%
CAD	4	3	25%	36%
Rheumatoid Arthritis	2	0	100%	73%

For each chronic condtion, here are your members who are eligible for clinical guidelines, the percent who are compliant and non-compliant with those guidelines compared to the Springbuk Benchmark compliance rate.

Preventive Intervention Opportunities

Name	Members	Not Compliant	Compliance %	Compliance % Benchmar...
Preventive Care	323	129	60%	63%
Preventive Care - Women	145	54	63%	59%
Well Child Care	88	37	58%	46%
Immunizations - Children and Ad...	10	8	20%	19%
Pregnancy Care	3	0	100%	76%

Here are your members who are eligible for preventive care and the percent who are compliant and non-compliant with preventive guidelines.

Annual Report

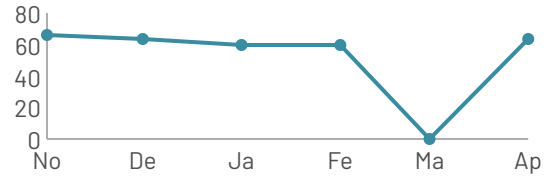
Gaps in Care

Insight Preventive Care

Risk Mitigation | Members Due for Colon Cancer Screening

Members Identified

64



Claims: May 24 - Apr 25 | **Population:** 463

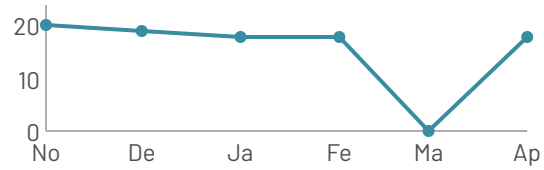
The number of members due for colon cancer screenings.

Insight Preventive Care

Risk Mitigation | Members Due for Breast Cancer Screening

Members Identified

18



Claims: May 24 - Apr 25 | **Population:** 463

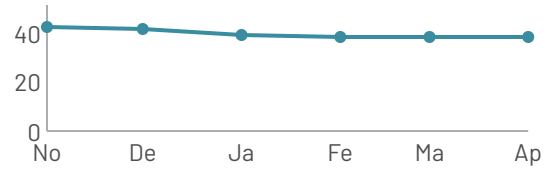
The number of members due for breast cancer screenings.

Insight Preventive Care

Risk Mitigation | Members Due for Cervical Cancer Screening

Members Identified

38



Claims: May 24 - Apr 25 | **Population:** 463

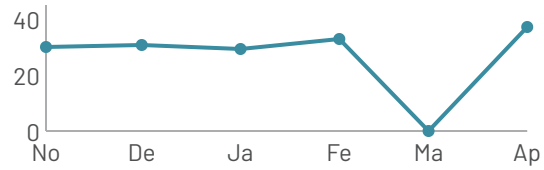
The number of members due for cervical cancer screenings.

Insight Preventive Care

Risk Mitigation | Children Members Due for Well Child Care

Members Identified

37



Claims: May 24 - Apr 25 | **Population:** 463

The number of children due for a well child visit.

Annual Report

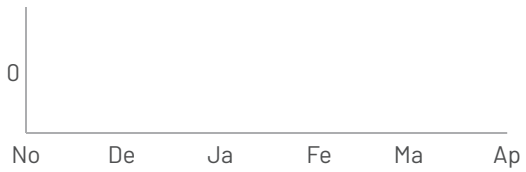
Actionable Opportunities

Insight High Risk Members

Risk Mitigation | Members with End Stage Renal Disease (ESRD)

Members Identified

0



Claims: Nov 24 - Apr 25 | **Population:** 463

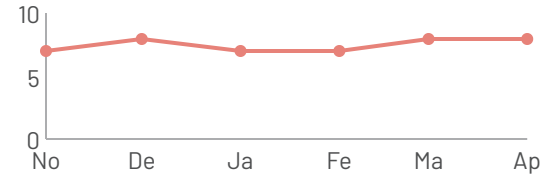
These are the members who have ESRD. Use Activate to identify partners to help lower the costs for dialysis.

Insight Preference Sensitive Conditions

Steerage: Procedures | Arthritis: Risk of Knee or Hip Replacement Surgery

Members Identified

8



Claims: May 24 - Apr 25 | **Population:** 463

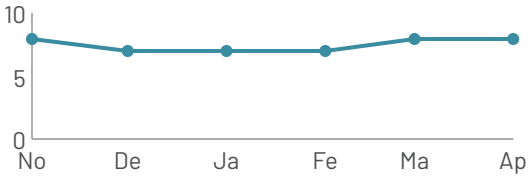
These are the members at risk for costly surgery. Use Activate to find a partner to help manage the risk of musculoskeletal conditions.

Insight High Risk Members

Risk Mitigation | High cost claimants

Members Identified

8



Claims: May 24 - Apr 25 | **Population:** 463

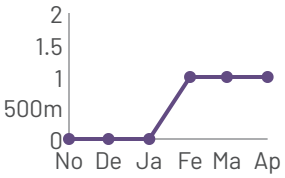
Complex conditions can lead to high costs. Use Activate to identify partners to help manage cancer, provide expert medical opinion or care navigation.

Insight Avoidable ER

Care Efficiency | Primary Care Visit More Appropriate

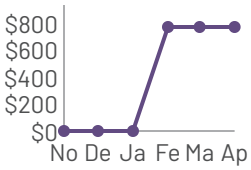
Members Identified

1



Savings Opportunity

$775



Claims: May 24 - Apr 25 | **Population:** 463

High Avoidable ER visits may identfy an access to care issue. Use Activate to find a partners to help provide care navigation or virtual primary care.