

Summary Membership and Population Profile  
Reporting Period: July 1, 2008 - June 30, 2009

	Employees Only			Retirees (former employees only)			Dependents Only (includes dependents of Retirees)			All Eligible SHP Members*		
Total members qualifying for analysis*	331,986			48,612			177,729			558,327		
Mean age	44.5			59.4			21.1			38.3		
Male %	32%			34%			52%			38%		
Female %	68%			66%			48%			62%		
<b>Total Medical Costs</b>	<b>Total Cost PMPY**</b>	<b>Total Cost</b>		<b>Total Cost PMPY**</b>	<b>Total Cost</b>		<b>Total Cost PMPY</b>	<b>Total Cost</b>		<b>Total Cost PMPY</b>	<b>Total Cost</b>	
Medical Costs	\$3,611	\$1,198,883,483		\$6,077	\$295,414,348		\$2,258	\$401,377,890		\$3,395	\$1,895,675,721	
<b>Utilization Rates and Costs</b>	<b>Rate/1000</b>	<b>Number of Admits/ER Visits</b>	<b>Total Cost/Admit or ER Visit</b>	<b>Rate/1000</b>	<b>Number of Admits/ER Visits</b>	<b>Total Cost/Admit or ER Visit</b>	<b>Rate/1000</b>	<b>Number of Admits/ER Visits</b>	<b>Total Cost/Admit or ER Visit</b>	<b>Rate/1000</b>	<b>Number of Admits/ER Visits</b>	<b>Total Cost/Admit or ER Visit</b>
Admits per 1000	56.1	18,632	\$11,033	74.9	3,639	\$15,942	45.0	7,994	\$10,319	54.2	30,265	\$11,435
ER visits per 1000	159.1	52,820	\$845	139.1	6,764	\$1,014	140.2	24,916	\$584	151.3	84,500	\$782
<b>Chronic Condition Summary</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>
Any Chronic Condition	32.4%	107,426	\$6,050	58.4%	28,376	\$7,816	15.4%	27,448	\$6,452	29.2%	163,250	\$6,425
High Predicted Medical Cost	1.2%	4,034	\$33,236	4.1%	1,997	\$31,123	0.8%	1,481	\$35,797	1.3%	7,512	\$33,179
Asthma	4.4%	14,494	\$7,414	6.0%	2,915	\$10,512	6.1%	10,923	\$3,917	5.1%	28,332	\$6,384
Adults	4.4%	14,494	\$7,414	6.0%	2,915	\$10,512	1.8%	3,257	\$7,523	3.7%	20,666	\$7,868
Children	0.0%	0	\$0	0.0%	0	\$0	4.3%	7,666	\$2,385	1.4%	7,666	\$2,385
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	2,038	\$13,110	2.0%	968	\$14,456	0.4%	661	\$18,901	0.7%	3,667	\$14,509
Congestive Heart Failure (CHF)	0.4%	1,165	\$20,830	1.2%	562	\$24,967	0.2%	365	\$30,245	0.4%	2,092	\$23,584
Coronary Artery Disease (CAD)	2.0%	6,638	\$14,037	6.5%	3,162	\$14,573	1.3%	2,272	\$16,575	2.2%	12,072	\$14,655
Diabetes	8.1%	26,855	\$8,022	17.2%	8,372	\$10,235	3.3%	5,846	\$10,780	7.4%	41,073	\$8,866
Hypertension	27.7%	91,960	\$6,087	53.5%	26,029	\$7,837	8.7%	15,504	\$8,563	23.9%	133,493	\$6,716
<b>Other Chronic Conditions</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>	<b>Prevalence</b>	<b>Number of Members Identified</b>	<b>Total Cost PMPY</b>
Mental Health	6.7%	22,327	\$7,215	7.5%	3,669	\$11,663	3.1%	5,422	\$8,544	5.6%	31,418	\$7,964
Migraine	5.3%	17,518	\$6,222	5.4%	2,617	\$8,166	1.8%	3,128	\$6,502	4.2%	23,263	\$6,478

\*Eligible members for NC HealthSmart services include active employees and dependents who have the State Health Plan as their primary insurer. Members who have Medicare as their primary insurer are not eligible. Non-Medicare retirees are eligible for the NC HealthSmart program and are included in the "Retirees", "Dependents Only", and aggregate "All Eligible SHP Members" sections of this report.

\*\*PMPY = Per Member Per Year

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	Employees Only		Retirees (former employees only)		Dependents Only (includes dependents of Retirees)		ALL ELIGIBLE SHP MEMBERS*	
	Prevalence	Number of Members Identified	Prevalence	Number of Members Identified	Prevalence	Number of Members Identified	Prevalence	Number of Members Identified
<b>Opportunities for Shared Decision Making</b>								
Back (Disc Surgery)	12.6%	41,922	14.9%	7,238	5.4%	9,603	10.5%	58,763
Hip (Replacement Surgery)	4.4%	14,699	11.7%	5,691	1.6%	2,761	4.1%	23,151
Knee (Replacement Surgery)	4.7%	15,670	8.3%	4,052	2.8%	4,984	4.4%	24,706
Benign Uterine Conditions (Hysterectomy Surgery)	2.4%	7,957	0.3%	122	0.3%	612	1.6%	8,691
Benign Prostatic Hyperplasia (Prostate Surgery)	1.8%	5,858	5.1%	2,479	1.2%	2,174	1.9%	10,511
Coronary Artery Disease (Stents, "Bypass" Surgery)	9.4%	31,227	36.5%	17,724	5.7%	10,216	10.6%	59,167
Breast Cancer Treatment	0.8%	2,731	2.2%	1,073	0.2%	351	0.7%	4,155
Prostate Cancer Treatment	0.3%	942	1.0%	508	0.2%	335	0.3%	1,785
<b>Preventive Services (Screenings)</b>	<b>% of Eligible Population Screened</b>	<b>Number of Members Screened</b>	<b>% of Eligible Population Screened</b>	<b>Number of Members Screened</b>	<b>% of Eligible Population Screened</b>	<b>Number of Members Screened</b>	<b>% of Eligible Population Screened</b>	<b>Number of Members Screened</b>
Breast Cancer Screening	45.5%	65,799	56.3%	18,047	45.5%	6,268	47.4%	90,114
Cervical Cancer Screening	68.7%	142,136	65.7%	18,932	59.7%	14,955	67.5%	176,023
Colorectal Cancer Screening	53.2%	65,232	62.3%	29,374	46.0%	10,956	54.5%	105,562
<b>Tobacco</b>	<b>Tobacco Use and Associated Costs</b>							
Estimated Number of Tobacco Users**	49,794		7,291		21,860		78,945	
Estimated Medical Costs to SHP (PMPY = \$2,054)***	\$102,276,876		\$14,975,714		\$44,900,440		\$162,153,030	
Estimated Absenteeism and Loss of Productivity Costs (PMPY = \$1,760)****	\$87,637,440		\$0		\$0		\$87,637,440	
Total potential cost/year	\$189,914,316		\$14,975,714		\$44,900,440		\$249,790,470	

\*Eligible members for NC HealthSmart services include active employees and dependents who have the State Health Plan as their primary insurer. Members who have Medicare as their primary insurer are not eligible. Non-Medicare retirees are eligible for the NC HealthSmart program and are included in the "Retirees", "Dependents Only", and aggregate "All Eligible SHP Members" sections of this report.

\*\*An estimated 15% of the NC HealthSmart adult population smoke. Eligible employees, retirees, and dependents 18 years and older were used to determine the estimated number of tobacco users.

\*\*\*Direct costs to the SHP include tobacco-related medical and pharmacy claims.

\*\*\*\*Indirect costs to state agencies include increased absenteeism and lost productivity. Absenteeism and lost productivity costs are calculated for SHP adult employees only.

### Glossary & Definitions

<b>Reporting period</b>	The reporting period represents a 12-month time cycle on which the report metrics are calculated, and uses member eligibility, medical claims, and other data sources.
<b>Eligible member</b>	Eligible members for NC HealthSmart services include active employees and dependents who have the State Health Plan as their primary insurer. Members who have Medicare as their primary insurer are not eligible. Non-Medicare retirees are eligible for the NC Health Smart program and are included in the "Retirees", "Dependents Only", and aggregate "All Eligible SHP Members" sections of this report.
<b>Total medical cost</b>	Total medical costs incurred for the reporting period. Includes costs related to facility (inpatient and outpatient), professional, and pharmacy services, and is reported as aggregate medical costs and on a per member per year basis (PMPY). Medical and pharmacy costs PMPY are capped at \$100,000 to account for large cases. Costs for admissions and ER visits are not capped.
<b>Chronic condition ("Any Chronic Condition")</b>	Eligible members who are identified with one or more of the following chronic conditions: asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), coronary artery disease (CAD), diabetes, or hypertension.
<b>High predicted medical cost</b>	Eligible members who are identified with one or more of the following chronic conditions: asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), coronary artery disease (CAD), or diabetes; <b>AND</b> who have the highest predicted risk of future health care costs based on Health Dialog's claims-based predictive models. Note that hypertension alone is not considered as a chronic condition to predict high financial medical costs, but may be comorbid with another chronic condition to identify high predicted medical cost members.
<b>Opportunities for Shared Decision Making</b>	"Shared decision making" is one of the principles under which NC HealthSmart Health Coaches "coach" NCSHP members; that is, the focus is on involving the member in decisions about their health and making them aware of the importance in working in partnership with their physician to understand care and treatment options, and to make appropriate decisions driven by their own preferences. The conditions that appear in this section -- back, hip, benign uterine conditions, etc. -- are those Health Dialog considers "preference sensitive conditions." Preference sensitive care is care for which there are multiple treatment options that carry significant trade-offs in terms of risks and benefits for the member, and that the choice of care should be driven by the member's own preferences. Thus, this section identifies members who have some risk of a future surgical intervention or treatment in one or more of the areas listed.
<b>Preventive services (screenings)</b>	Preventive data presented in this section include members who received one or more of the screenings listed below:  Screening for Breast Cancer - Women 40 years and older with evidence of a mammogram in the past 12 months. Screening for Cervical Cancer - Women ages 21-69 identified with a cervical cancer screening test within the past three years. Screening for Colorectal Cancer - Men and women age 50 and older identified with one or more of the screening tests used to detect colorectal cancer (each test has its own "look back" period; i.e., colonoscopy within the last 10 years, sigmoidoscopy within the last 5 years, barium enema within the last 5 years, and/or fecal occult blood test within the last 12 months).
<b>Tobacco use and associated costs</b>	Per member per year estimated medical cost and absenteeism/loss of productivity figures were taken from the following source: <i>Morbidity and Mortality Weekly Report</i> , 2002; 51(14); 300-03; annual smoking-attributable mortality, years of potential life lost, and economic costs - United States, 1995-1999, Centers for Disease Control and Prevention.  The estimated number of tobacco users includes 15% of the SHP adult population. Eligible employees, retirees, and dependents 18 years and older were used to determine the estimated number of tobacco users.  <u>Estimated medical cost/year</u> = number of employees and dependent adults X estimated smokers (15%) X estimated medical cost PMPY (\$2054) <u>Estimated absenteeism &amp; productivity loss cost/year</u> = number of employees X estimated smokers (15%) X estimated absenteeism & productivity loss cost PMPY (\$1760) <u>Total potential costs related to tobacco use</u> = estimated medical costs to SHP + estimated absenteeism & productivity loss costs