



Interpret and Present DART Data to Management

HDMS ArrowSM is a targeted management reporting solution that provides key observations about an employer's health care experience.

Arrow's advanced reporting technology produces presentation-ready reports with text, tables, charts, and graphs on a monthly, quarterly or annual basis. Reports refresh automatically following a database update.

Financial Overview

SUMMARY OF FINANCIAL MEASURES

Report Description: This report provides an overview of Client B's health care expenses from billed to paid as well as providing a percent change in these expenses between the two reporting periods. Some key financial measures are displayed below. These metrics include plan performance measures, such as the degree of discounts the plan was able to achieve, as well as COB and Medicare COB recoveries that the plan was able to receive based on other insurance contributing to the overall expenses. Information is also provided on the amount of overall health care expenses that the member was directly responsible for, through deductibles, coinsurance or co-payments. Finally, the report provides information on the level and percent changes in paid expenses, which represents Client B's liability. Definitions of these financial measures can be found in the glossary.

Client B	DEC06-NOV07	DEC05-NOV06	% CHANGE
BILLED	\$73,710,171	\$68,887,387	7.0%
NOT COVERED	\$3,208,548	\$4,320,070	-25.7%
DISCOUNT	\$33,695,044	\$30,554,851	10.3%
ALLOWED	\$36,806,579	\$34,012,466	8.2%
MEMBER COST SHARING	\$6,945,402	\$5,793,279	19.3%
COB	\$360,068	\$478,266	-24.7%
MEDICARE COB	\$3,383,168	\$2,628,483	29.7%
PAID	\$26,321,989		

- ⊕ **Billed:** The billed amount increased by \$4,822,784 (7.0% increase).
- ⊖ **Not Covered:** This not covered amount decreased by \$1,111,522 (25.7% decrease).
- ⊕ **Discount:** The discount amount increased by \$3,140,193 (10.3% increase).
- ⊕ **Allowed:** The allowed amount increased by \$2,794,113 (8.2% increase).
- ⊖ **Member Cost Sharing:** The member cost sharing amount increased by \$1,152,123 (16.3% increase).

BREAKDOWN OF BILLED AMOUNT

Inpatient Facility

TOTAL INPATIENT FACILITY AND PROFESSIONAL EXPENSES

Report Description: Inpatient admissions are typically comprised of two components. The first is the total expenses reported by the facility. The other component is the related professional expenses incurred during the admission. The total inpatient claims experience is displayed below. All facility and professional claims reporting is based on an inpatient place of service.

		Client B		% CHANGE	BENCHMARK	% VARIANCE
		OCT05-SEPT07	OCT05-SEPT06			
INPATIENT FACILITY	PAID	\$3,685,678	\$3,799,273	-2.9%	\$32,677	-8.9%
	PAID PMPM	\$29.75	\$31.80	-6.5%	\$32.67	-1.9%
	PAID PMPM %	77.2%	77.1%	0.1%	78.6%	-1.5%
	ADMISSIONS	626	589	7.2%	6,924	-14.9%
PROFESSIONAL - INPATIENT	PAID	\$1,091,387	\$1,129,390	-3.4%	\$8,877	-0.8%
	PAID PMPM	\$8.80	\$9.45	-6.9%	\$8.87	-0.8%
	PAID PMPM %	22.8%	22.9%	-0.4%	21.4%	6.5%
	ADMISSIONS	626	584	7.2%		
TOTAL INPATIENT	PAID	\$4,777,065	\$4,928,663	-3.0%	\$41,554	-7.2%
	PAID PMPM	\$38.55	\$41.26	-6.6%	\$41.53	-7.2%
	PAID PMPM %	100.0%	100.0%	0.0%	100.0%	0.0%
	ADMISSIONS	626	584	7.2%	\$6,804	13.2%

COMPARISON OF PAID PMPM %

Expense: Inpatient facility paid expenses PMPM decreased 6.5% and professional inpatient paid expenses PMPM decreased 6.9%. Compared to the benchmark, Client B had lower inpatient facility expenses and similar professional inpatient expenses.

The proportion of inpatient facility expenses (paid PMPM %) to total inpatient expenses remained the same. The proportion of professional inpatient expenses to total inpatient expenses remained the same. Compared to the benchmark, Client B had a similar proportion of inpatient facility expenses and a higher proportion of professional inpatient expenses.

Key benefits of Arrow include:

- Reports across a broad range of subjects including financial, utilization, clinical outcomes, and health risk appraisal results.
- Generates a set of customizable standard reports and charts that allow for the end user to add notes, observations, and conclusions.
- Contains a sophisticated set of "smart text" rules that updates report text automatically when data is refreshed.
- Links seamlessly to DART interactive templates for further analysis and drill down.

Client Experience

"Arrow provides division-focused reporting in depth and breadth never before possible. Ensuring our divisions' leadership has access to this information in a readily-accessible and clear format ensures they have extensive information at hand and can therefore make informed decisions about healthcare decisions related to our membership."

- HDMS Employer Mid-Market Client



Expense, Utilization and Price Overview

EXPENSE, MEASURES, PERCENT CHANGE AND IN-NETWORK EXPERIENCE

Report Description: Client B's percent change in paid PMPM and in-network paid percentages for the most recent reporting periods are presented in the table below. Measures are displayed by service categories (inpatient facility, outpatient facility, professional, management services and pharmacy). The graph shows the paid PMPM amount by quarter for each service category.

Client B		OCT05-SEP07	OCT05-SEP06	% CHANGE
INPATIENT FACILITY	PAID PMPM	\$49,768	\$51,340	-3.06%
	IN-NETWORK PAID %	87.0%	88.8%	-12.0%
OUTPATIENT FACILITY	PAID PMPM	\$43,14	\$40,96	5.3%
	IN-NETWORK PAID %	91.0%	99.4%	-7.4%
PROFESSIONAL	PAID PMPM	\$93.83	\$79.51	13.9%
	IN-NETWORK PAID %	87.0%	87.0%	-0.1%
MANAGEMENT SERVICES	PAID PMPM	\$1.50	\$1.36	17.9%
	IN-NETWORK PAID %			
TOTAL MEDICAL	PAID PMPM	\$128.32	\$128.84	-0.4%
	IN-NETWORK PAID %	88.6%	88.0%	-0.6%
PHARMACY	PAID PMPM	\$50.77	\$51.98	-2.3%
	IN-NETWORK PAID %	100.0%	100.0%	-0.0%

Outpatient Facility

OUTPATIENT FACILITY SERVICES BY VISIT TYPE

Report Description: Expense, utilization and price measures are displayed in the tables below for outpatient facility services by visit type. The professional component of these visits are not reported. The graphs compare each visit type for the two reporting periods and to the benchmark. The visit type Other Services refers to all visits that could not be classified into the other visit types that are displayed below. An analysis of percent change and comparison to the benchmark are provided below by visit type. Selected visit types are explored in greater detail later in this chapter.

Paid PMPM	Expense	Utilization	Price	Change	Benchmark
PHYSICIAN	\$11.56	119.3%	10.2%	13.1%	4.8%
PHYSICIAN ROOM	\$11.12	87%	30.2%	1.6%	1.2%
PHYSICIAN	\$7.58	83.3%	17.4%	84.1%	2.8%
LABORATORY	\$7.41	87.3%	30.2%	32.1%	20.1%
LABORATORY	\$7.41	87.3%	30.2%	32.1%	20.1%
LABORATORY ROOM	\$1.18	87.3%	30.2%	11.5%	16.7%
MEDICAL SERVICES SERVICES	\$1.18	87.3%	30.2%	11.1%	4.8%
TOWNER SERVICES	\$1.80	87.3%	30.2%	30.1%	1.8%
PHYSICIAN	\$1.18	87.3%	30.2%	11.1%	4.8%
PHYSICIAN	\$1.18	87.3%	30.2%	11.1%	4.8%
TOTAL	\$11.18	87.3%	30.2%	11.1%	4.8%

The HDMS Product Suite includes:

DARTSM

Data Analysis and Reporting Tool

Provides historical, current, and predictive views of health data for decision support

Reporting

EXECUTIVE BRIEFCASESM

Top Level Reporting

Develops unique top-level views to highlight trends and relationships

ARROWSM

Management Reporting

Creates interpretive, graphical reports for management presentations

CATAPULTSM

Scheduled Reporting

Delivers key performance metrics automatically on a scheduled basis

Analysis

FORECASTSM

Benefit Modeling Analysis

Compares existing plans to proposed new designs

CARESHIELDSM

Evidence-Based Medicine Analysis

Measures plan performance against industry standards

ANALYTIC SERVICES

Offers HDMS consulting experience and expertise for data analysis and decision support

About HDMS

Health Data & Management Solutions, Inc. is a software development company offering data warehouse, management and analysis tools for the health care industry. Our web-based products and services provide flexible, high-value reporting, empowering both employers and health plans to maximize the value of their healthcare data and support better decisions.



Health Data & Management Solutions

www.hdms.com
sales@hdms.com

123 North Wacker Drive
Suite 650
Chicago, Illinois 60606
Phone: 312.701.1320
Fax: 312.701.1325

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