



### Analysis of Paid Claims Report: Fiscal Year 2013-14 1st Quarter

**Board of Trustees Meeting** 

November 22, 2013

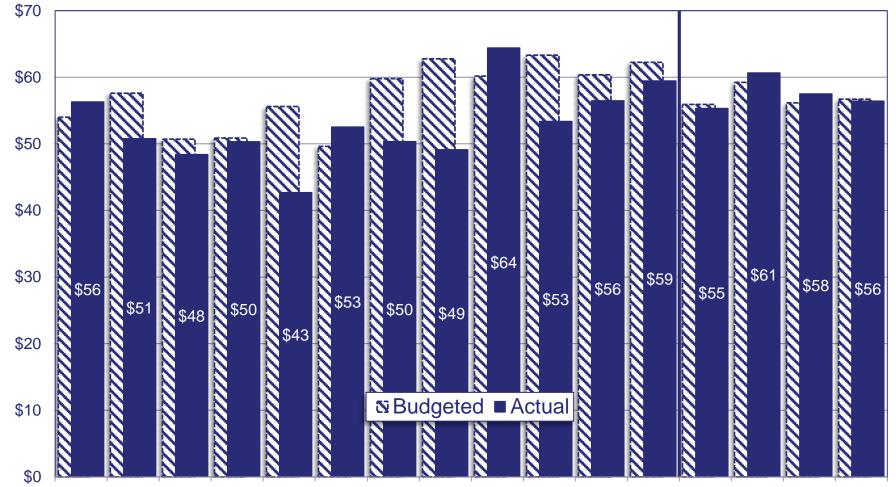
A Division of the Department of State Treasurer

#### **Presentation Outline**

- Actual v. Budgeted Claims: Average Per Member Per Week, by Month
  - Medical
  - Pharmacy
- Member Cost-Sharing
  - Medical Costs
  - Pharmacy Costs
- Summary



# Average Per Member Per Week Paid Medical Claims <a href="Actual v. Budgeted">Actual v. Budgeted</a>

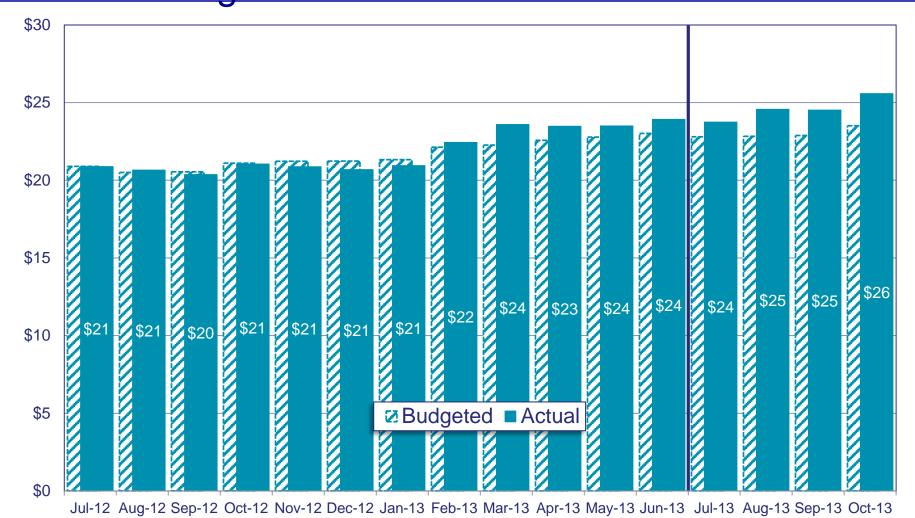


Jul-12 Aug-12 Sep-12 Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13

October 2013 is an estimate based on available information.



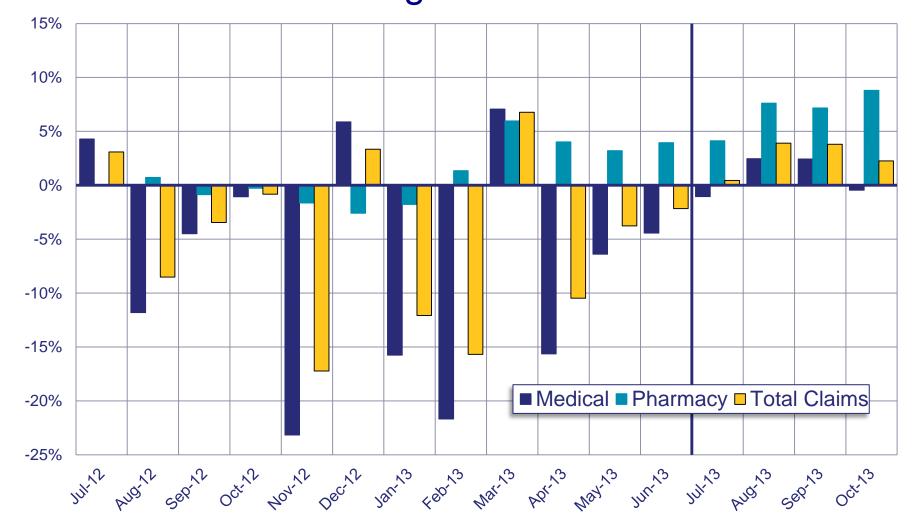
# Average Per Member Per Week Paid Pharmacy Claims <a href="Actual v. Budgeted">Actual v. Budgeted</a>



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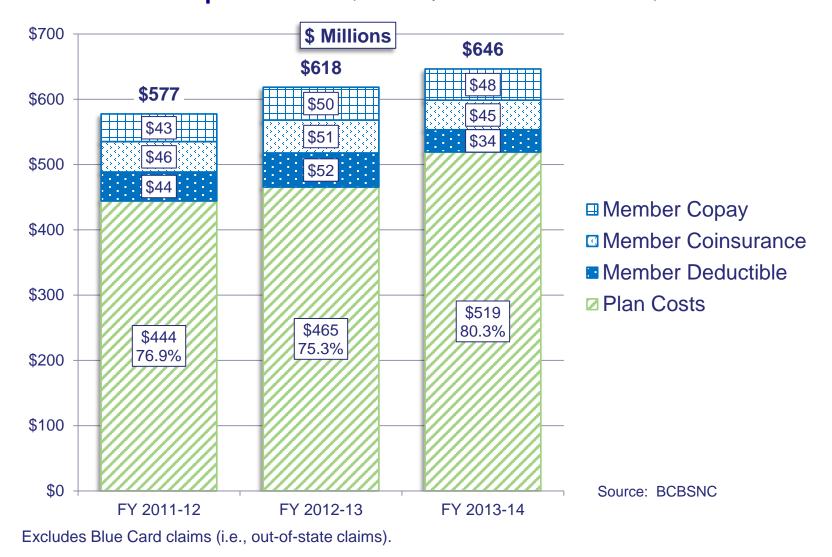
#### Paid Claims by Month: Average Per Member Per Week Percent Over/Under Budgeted Amounts



October 2013 is an estimate based on available information.

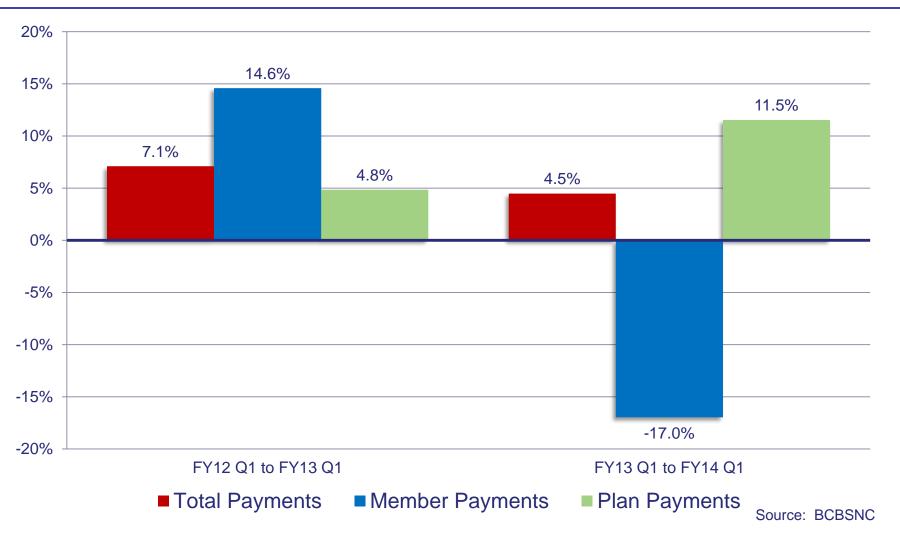


# Plan and Member Shares of Paid Medical Claims Quarter 1 Comparisons (Jul – Sep 2011, 2012, and 2013)





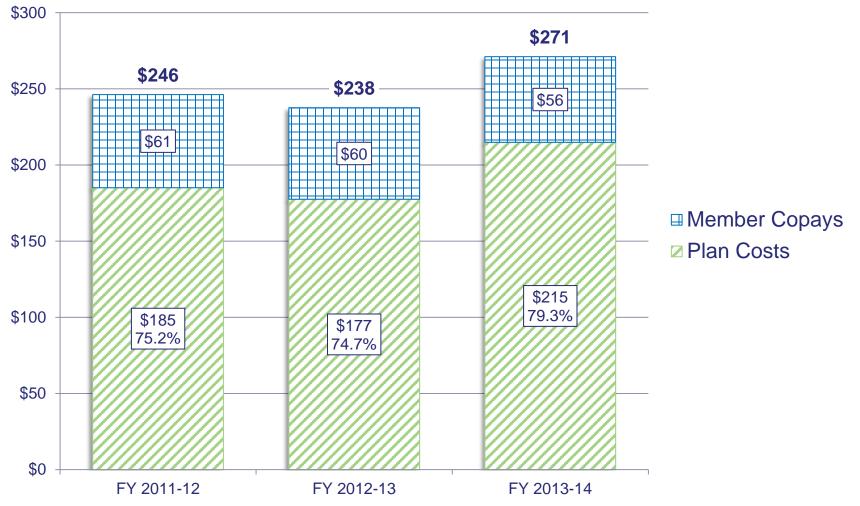
#### Change in Total Paid Medical Claims from Prior Year



Excludes Blue Card claims (i.e., out-of-state claims). Total Payments excludes Medicare coordination of benefits payments.



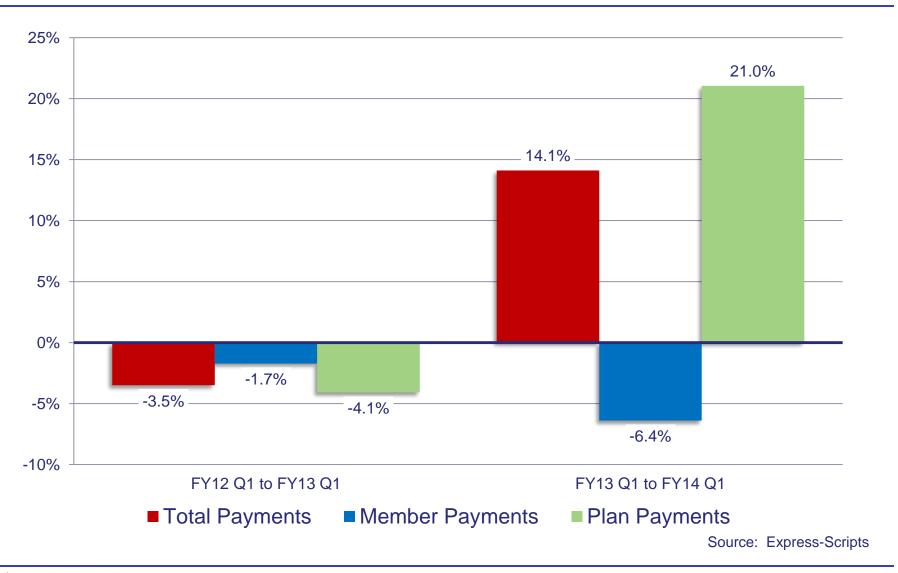
# Plan and Member Shares of Paid Pharmacy Claims Quarter 1 Comparisons (Jul – Sep 2011, 2012, and 2013)







#### Change in Total Paid Pharmacy Claims from Prior Year





#### Summary

- Medical claims were consistently below budgeted amounts in FY 2012-13, but have been at or slightly above budgeted amounts through the first quarter of FY 2013-14
- Pharmacy claims have exceeded budgeted amounts in every month since February
- Member cost-sharing for medical claims is down sharply from the same quarter last year
  - The drop in member cost-sharing is likely related to the short plan year
- Total spending for pharmacy is up from the same quarter last year even as member costs have declined slightly
  - The increase in pharmacy spending and decrease in the member cost-sharing percentage seems to coincide with EGWP implementation
- Two temporary factors EGWP and the short plan year may be impacting current trends. More experience is needed before forming conclusions about long-term trends

