

**Phase One Evaluation of Health Sense
Summary Table (full table on next tab)**

Measure	Expected Outcome with Healthsense Technology Intervention				Historical Control Group
		Enrolled	Not Enrolled	All Eligible	
No. individuals		34	136	170	119
Member months		264	1,026	1,290	1,365
Retrospective population risk score		9.9	10.6	10.4	8.8
Emergency room visits per thousand members	Decreased visits	318	608	549	879
Inpatient acute admissions per thousand members	Decreased admissions	273	713	623	668
Skilled nursing home days per thousand members	Decreased days	3,409	7,357	6,549	5,029
Long term care days per thousand members	Decreased days	0	22,222	17,674	20,448
Outpatient Professional	Increased expense	\$244.85	\$188.86	\$200.32	\$194.74
Outpatient Other	Increased HH, OT/PT expense	\$545.78	\$648.89	\$627.79	\$576.84
Retail pharmacy expenses per member per month*	Difficult to predict due to volatility of pharmacy costs- may experience increased costs due to improved compliance to medications	\$ 584.82	\$ 572.93	\$ 575.37	\$ 403.24
Total claims expense excluding community services		\$ 2,446	\$ 3,306	\$ 3,130	3,087

*Control Group claims are not trended

Phase One Evaluation of Health Sense
Detailed Table

	Eligible, Enrolled, Lived in Community			Eligible Not Enrolled			Total Eligible Enrolled & Not Enrolled			Historical Control		
Member Months	264			1,026			1,290			1,365		
Members	34			136			170			119		
Retrospective risk score	9.9			10.6			10.4			8.8		
Service Dates	10/1/2013-05/31/2014			10/1/2013-05/31/2014			10/1/2013-05/31/2014			01/01/2012-12/31/2012		
Service Type	Util./1000	Allow\$/Unit	PMPM	Util./1000	Allow\$/Unit	PMPM	Util./1000	Allow\$/Unit	PMPM	Util./1000	Allow\$/Unit	PMPM
Acute hospital admissions	273	\$15,449	\$351.12	713	\$9,204	\$547.22	623	\$9,763	\$507.09	668	\$10,963	\$610.39
Rehabilitation hospital days	0	\$0	\$0.00	281	\$1,031	\$24.12	223	\$1,031	\$19.19	35	\$1,150	\$3.37
Skilled Nursing Facility days	3,409	\$461	\$131.06	7,357	\$491	\$301.06	6,549	\$488	\$266.27	5,029	\$505	\$211.77
Long Term Care days	0	\$0	\$0.00	22,222	\$175	\$323.43	17,674	\$175	\$257.24	20,448	\$185	\$315.48
Inpatient professional expenses	7,591	\$93	\$58.88	16,105	\$99	\$132.53	14,363	\$98	\$117.45	12,316	\$101	\$104.13
Community- based non medical expenses			\$579.31			\$591.83			\$589.27			\$469.04
FACILITY AND PROFESSIONAL OUTPATIENT												
Emergency room facility and professional encounters	318	\$962	\$25.50	608	\$969	\$49.10	549	\$968	\$44.27	879	\$963	\$70.58
Observation facility and professional encounters	273	\$2,555	\$58.07	304	\$2,117	\$53.64	298	\$2,199	\$54.55	290	\$3,691	\$89.23
Ambulatory surgery facility and professional encounters	909	\$1,580	\$119.69	1,088	\$2,197	\$199.19	1,051	\$2,088	\$182.92	615	\$1,204	\$61.74
Laboratory services (outpatient)	39,227	\$13	\$41.44	37,825	\$11	\$34.76	38,112	\$11	\$36.13	39,376	\$13	\$41.36
Diagnostic services (outpatient)	2,091	\$128	\$22.24	1,977	\$77	\$12.68	2,000	\$88	\$14.64	2,295	\$101	\$19.23
Diagnostic high tech radiology outpatient services	545	\$565	\$25.66	456	\$530	\$20.14	474	\$538	\$21.27	457	\$563	\$21.46
Diagnostic other radiology outpatient services	2,409	\$138	\$27.61	2,211	\$121	\$22.36	2,251	\$125	\$23.44	1,978	\$143	\$23.64
Radiation oncology	0	\$0	\$0.00	12	\$3,902	\$3.80	9	\$3,902	\$3.03	9	\$2,289	\$1.68
Subtotal facility and professional outpatient			\$320.22			\$395.68			\$380.23			\$328.91
FACILITY OUTPATIENT												
Chemotherapy administration	0	\$0	\$0.00	12	\$122	\$0.12	9	\$122	\$0.09	26	\$3,081	\$6.77
Chemotherapy drugs	0	\$0	\$0.00	0	\$0	\$0.00	0	\$0	\$0.00	9	\$73,159	\$53.60
Infusion administration	364	\$185	\$5.60	164	\$268	\$3.66	205	\$238	\$4.06	193	\$85	\$1.37
Dialysis	45	\$33,827	\$128.13	0	\$0	\$0.00	9	\$33,827	\$26.22	0	\$0	\$0.00
Non-chemotherapy drugs	182,136	\$0	\$2.00	12,094	\$8	\$7.95	46,893	\$2	\$6.73	15,499	\$21	\$26.50
OTHER	1,273	\$30	\$3.22	1,275	\$64	\$6.79	1,274	\$57	\$6.06	1,363	\$344	\$39.07
Subtotal facility outpatient			\$138.96			\$18.52			\$43.17			\$127.30
OUTPATIENT PROFESSIONAL (not elsewhere classified)												
OFFICE VISIT	15,636	\$121	\$157.44	13,673	\$127	\$144.89	14,074	\$126	\$147.46	13,064	\$118	\$128.28
OTHER	47,636	\$22	\$87.41	11,906	\$44	\$43.97	19,219	\$33	\$52.86	12,070	\$66	\$66.46
Subtotal outpatient professional			\$244.85			\$188.86			\$200.32			\$194.74
OUTPATIENT OTHER												
AMBULANCE	5,591	\$194	\$90.31	6,784	\$268	\$151.37	6,540	\$255	\$138.88	15,455	\$107	\$138.36
APPLIANCES/DME	6,455	\$143	\$76.97	7,918	\$125	\$82.50	7,619	\$128	\$81.37	9,204	\$138	\$105.71
HOME HEALTH	3,091	\$1,042	\$268.46	4,281	\$909	\$324.20	4,037	\$930	\$312.79	3,138	\$866	\$226.50
PT/OT/ST	500	\$249	\$10.37	573	\$509	\$24.32	558	\$462	\$21.47	826	\$447	\$30.76
OTHER	7,818	\$153	\$99.66	10,339	\$77	\$66.50	9,823	\$90	\$73.28	6,989	\$130	\$75.50
Subtotal outpatient other			\$545.78			\$648.89			\$627.79			\$576.84
Retail pharmacy	93,727	\$75	\$584.82	92,994	\$74	\$572.93	93,144	\$74	\$575.37	91,385	\$53	\$403.24
Mental Health & Substance all care levels	182	\$446	\$6.76	363	\$2,232	\$67.43	326	\$2,028	\$55.01	440	\$1,553	\$56.90
GRAND TOTAL WITHOUT IBNR			\$2,961.76			\$3,812.50			\$3,638.40			\$3,402.12
GRAND TOTAL WITH IBNR			\$3,040.24			\$3,913.53			\$3,734.81			\$3,402.12
Claims excluding community-based services with IBNR			\$2,445.59			\$3,306.02			\$3,129.93	Trended	\$	2,933.07
											\$	3,086.58