FELRA & UFCW VEBA Fund

Managed Behavioral Health & Employee Assistance

Report for January – December 2017

beacon health options

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Executive Summary

Executive Highlights

- Penetration for behavioral services within the FELRA population held steady at approximately one in 25 covered lives during 2017 (4.04%). This rate is statistically equivalent to the prior three years, continuing at a level that was reached with the introduction of the Federal mental health parity for behavioral health benefits which occurred in the second half of 2013. The current penetration result is one third below Beacon's book-of-business (BoB) average for employee groups in Retail Trade (5.82%).
- The portion of members who received behavioral health care, and who also required admission to inpatient and/or another form of acute service, was also essentially unchanged at just less than one-in-eight. FELRA's penetration for acute care at 0.52% is just more than half of the Retail Trade benchmark.
- The total amount paid for claims in 2017 went up 5%, as the per-employee-per-month (PEPM) rate rose by 9%.* The primary factors accounting for this increase is a one-third growth in the rate associated with mental health inpatient, and a nearly two-thirds upward movement for residential care to treat alcoholism and other substances use disorders (SUD). The former reflects an increase in admissions to MH inpatient in the past year. The latter was significantly influenced by opioid addiction and alcoholism cases present for the members in the high cost category discussed below.
- Twenty-one members had paid claims during the year that were greater than $20,000 (High Cost or HC cases). The total amount paid for these members represents 57% of all claims dollars.** The PEPM result for HC members is 6% higher than the prior year. That for all other member cases is 14% above 2016, after a 13% decrease in 2015.
- More than three quarters of HC cases (16) have alcoholism, opioid dependence or another SUD as the primary diagnosis. Twelve cases were primarily treated out-of-network, thereby increasing their relative per unit contribution to the overall amount paid. Employees, at a count of 13 (62%) are the largest subgroup of HC members.
- Benefit days per 1000 for inpatient and other acute care services went up 17% to 59, This result is one-eighth below the Retail Trade average of 65 days, A 14% rise in admissions per thousand is the primary driver of the acute care utilization increase for FELRA. Outpatient visits used per 1000 at 335, is statistically unchanged from 2016, and is 36% under the BoB average for the Retail group.
- Access to EAP counseling continued on the downward trend that has been observed over the past four year to less then two-thirds percent of the covered employee group. A notable influence on this trend is the fact that FELRA's EAP benefit is "per lifetime", whereas Beacon's standard for such coverage is "per problem".***

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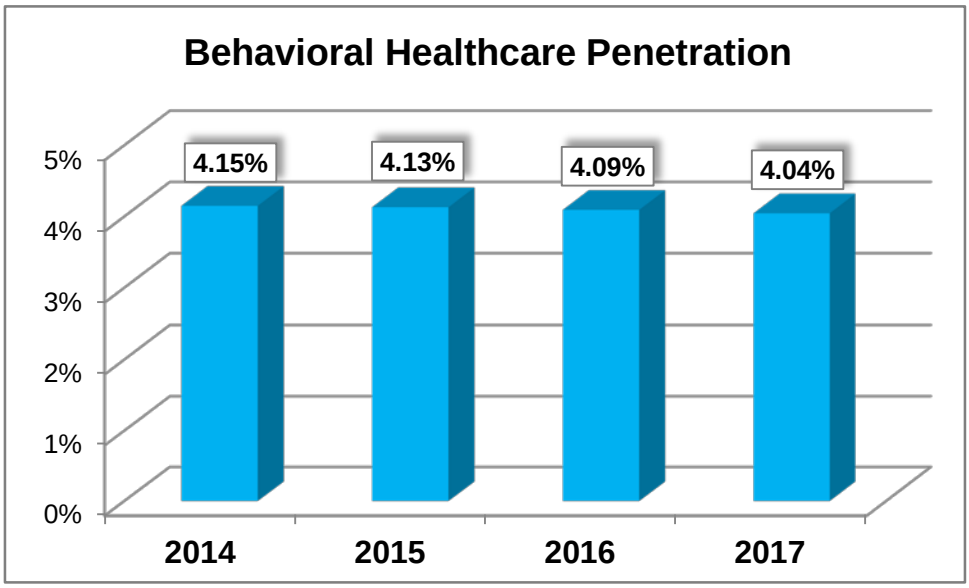
* Compare to a 14% average increase for Beacon's book-of-business.

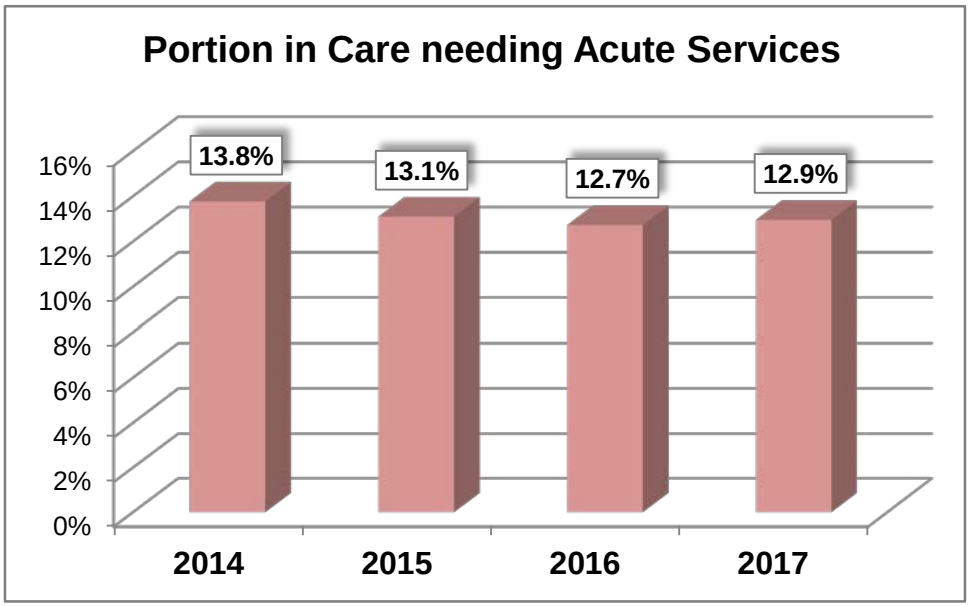
** These results compare to 18 HC members making up 59% of the total paid in 2016.

*** In order to fully leverage the value-added nature of the EAP benefit service (i.e.; no out of pocket cost for members, and an offset to outpatient claims cost borne by the Plan), Beacon recommends that the Fund consider moving to the Beacon standard of "per problem".

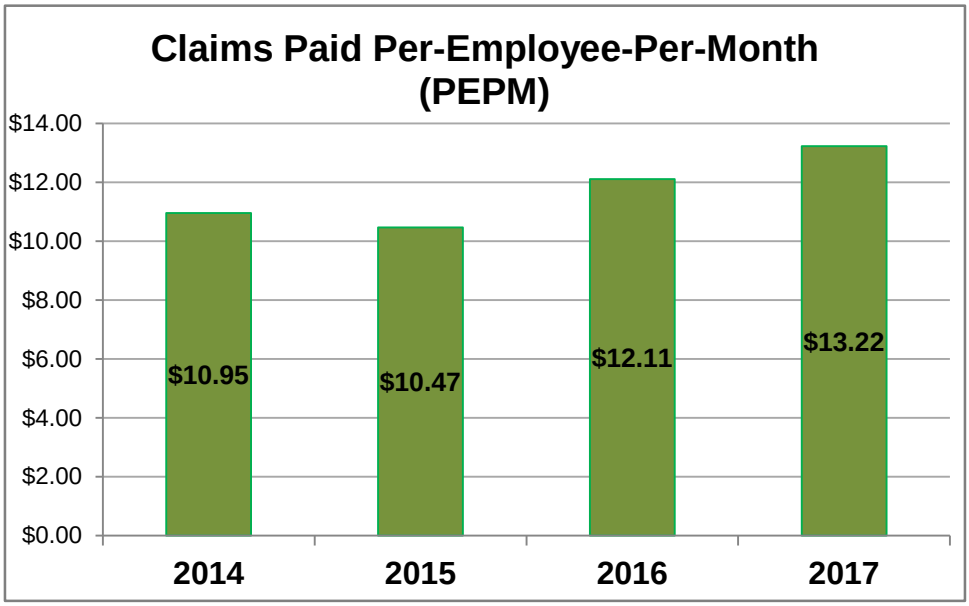
Program Penetration



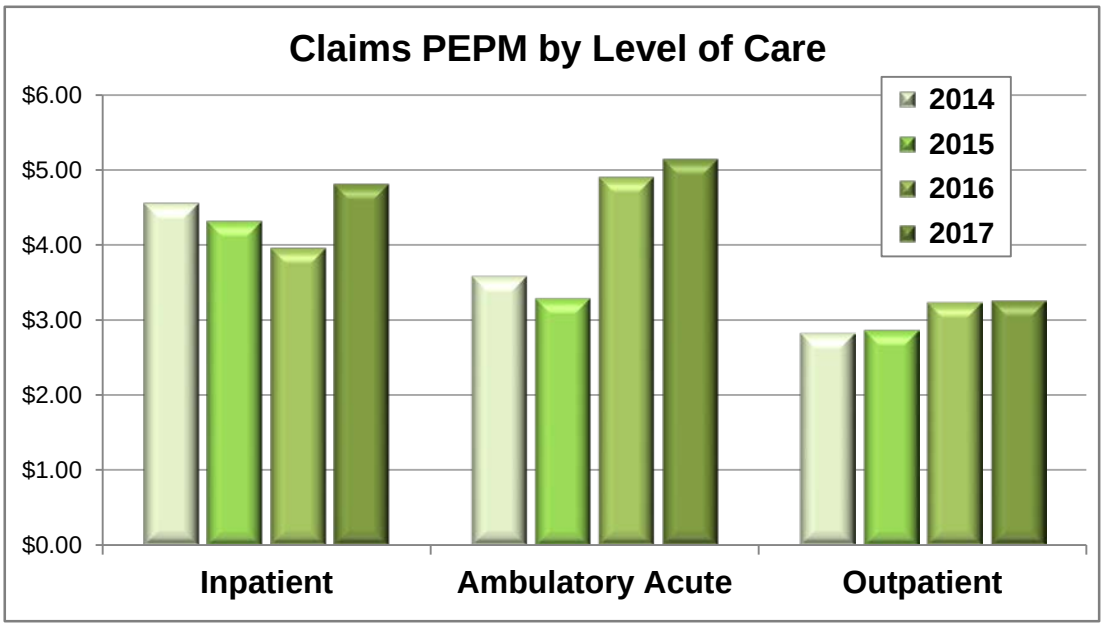
Penetration Summary	2014	2015	2016	2017
Ave. Membership per Month	26450	24068	22087	21386
Unique Members - Inpatient	151	130	115	112
Acute Care Penetration Rate	0.57%	0.54%	0.52%	0.52%
Unique Members - Outpatient	1,046	954	865	825
Outpatient Penetration Rate	3.95%	3.96%	3.92%	3.86%
Total Unique Members in Care	1,097	993	904	865
Total Penetration	4.15%	4.13%	4.09%	4.04%



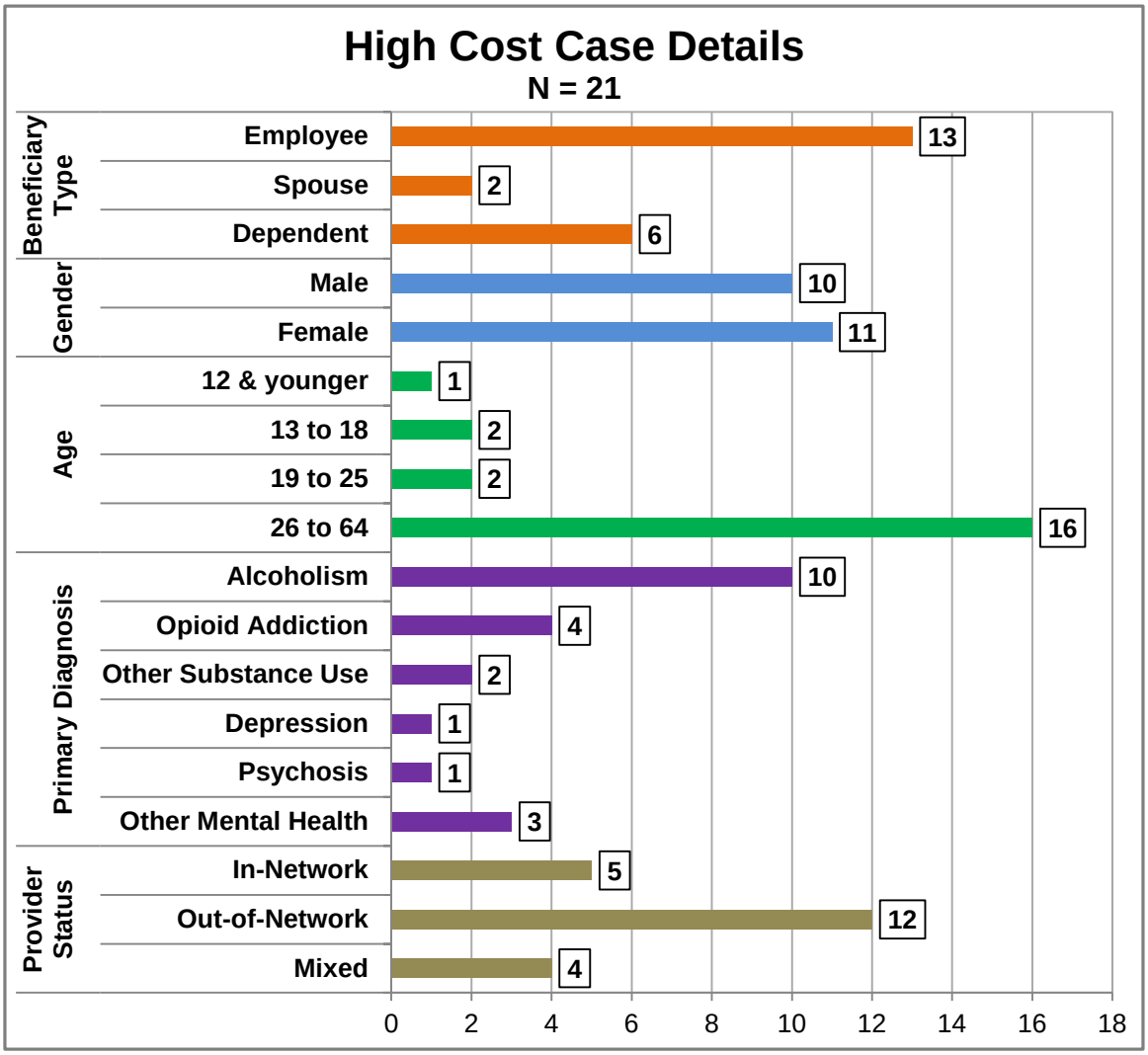
Paid Claims Results

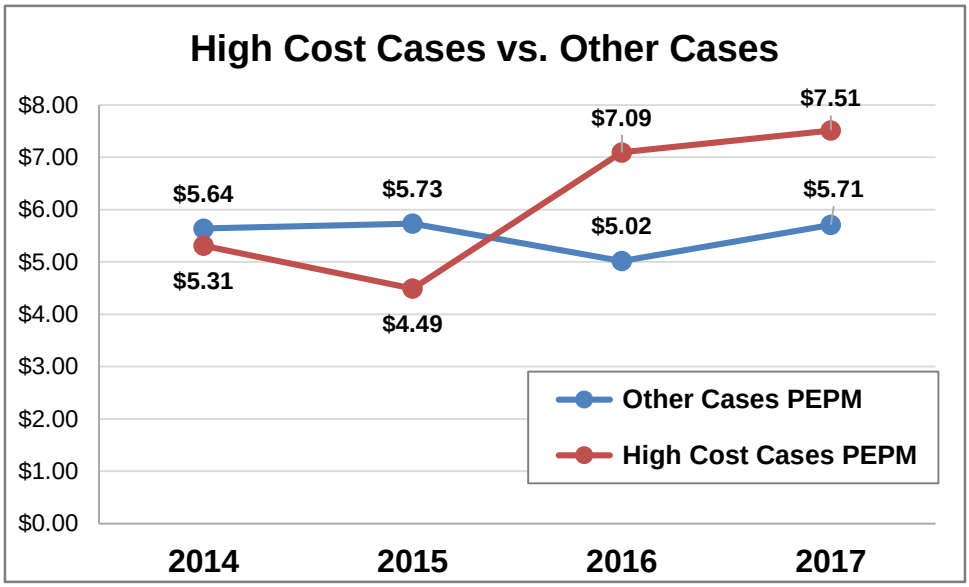


Paid Claims Summary	2014	2015	2016	2017
Acute Care Subtotal	$1,578,842	$1,400,574	$1,489,996	$1,603,458
Outpatient Subtotal	$548,491	$528,667	$544,934	$525,786
Total of Paid Claims	$2,127,332	$1,929,241	$2,034,930	$2,129,244
Per Employee per Month	$10.95	$10.47	$12.11	$13.22
Per Member per Month	$6.70	$6.68	$7.68	$8.30
Total Network Savings	$1,247,053	$891,895	$588,590	$975,792
Network Savings PEPM	$6.42	$4.84	$3.50	$6.06



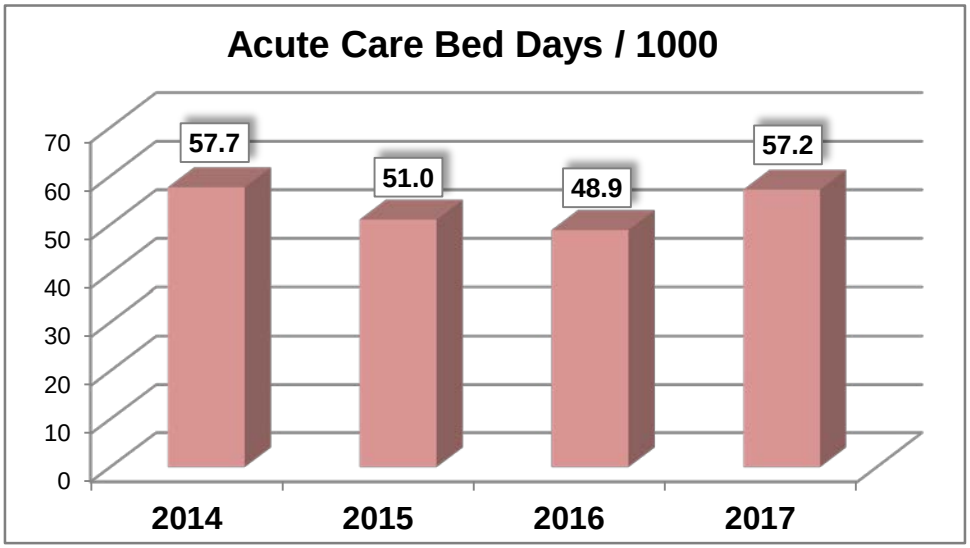
High Cost Cases
Claims paid > $20,000



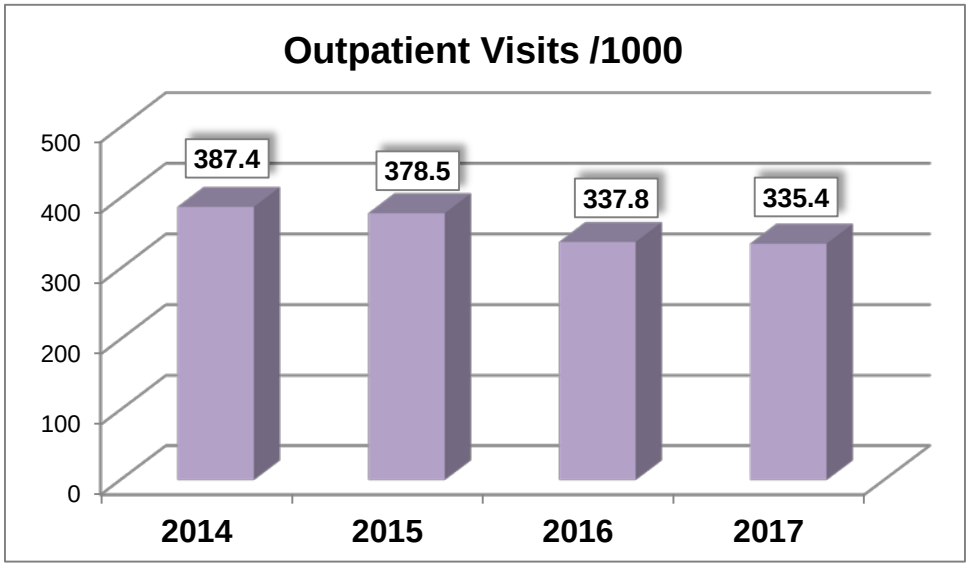


Behavioral Health Utilization

Acute Care Summary	2014	2015	2016	2017
Acute Care Admisssions	248	195	157	173
Total Benefit Days	1525	1228	1079	1223
Average Length of Stay in Care	6.1	6.3	6.9	7.1
Admits / 1000 Members	9.4	8.1	7.1	8.1
Benefit Days / 1000 Members	57.7	51.0	48.9	57.2

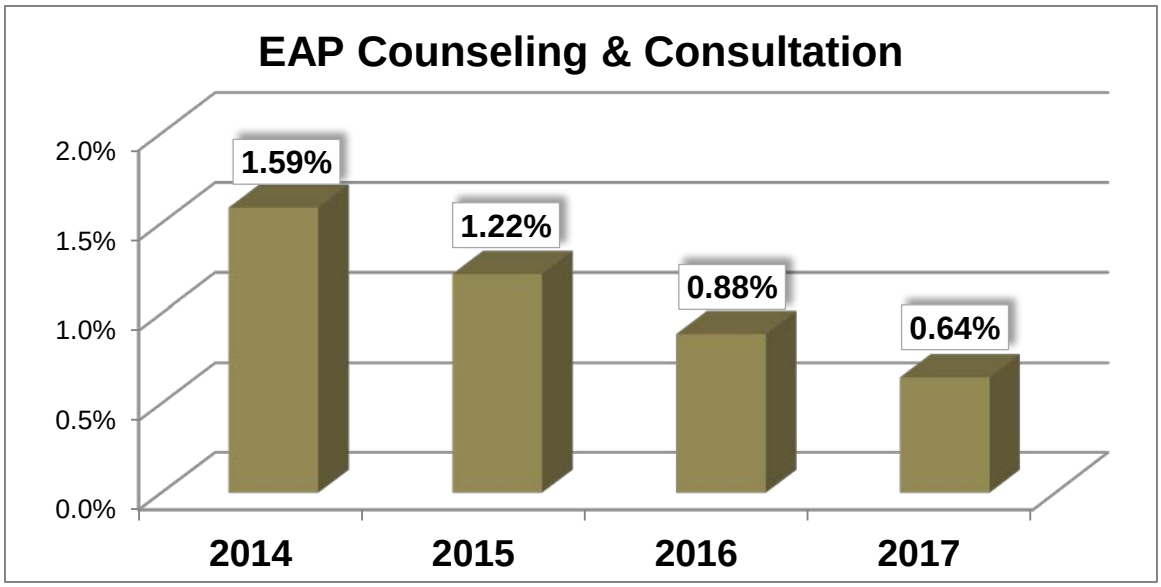


Outpatient Summary	2014	2015	2016	2017
Total Outpatient Visits	10,598	9,110	7,462	7,172
Unique Mbrs seen in Outpatient	1,047	954	865	825
OP Visits / 1000 Members	387.4	378.5	337.8	335.4
Average # of Visits / Mbr in Care	10.1	9.5	8.6	8.7



Employee Assistance Program

EAP Utilization	2014	2015	2016	2017
Average # of Subscribers	11039	10440	9831	9770
Total EAP Cases	175	127	87	63
EAP Access Rate	1.59%	1.22%	0.88%	0.64%



Primary Presenting Problems	2014	2015	2016	2017
Depression / Anxiety	32.2%	22.8%	29.4%	38.7%
Marital / Relationship & Family	26.5%	37.4%	21.2%	17.7%
Situational Adjustment	13.8%	12.2%	15.3%	12.9%
Alcohol / Drug	3.5%	3.3%	8.2%	6.5%
Grief & Loss	6.3%	5.7%	7.1%	4.8%
Hyperactivity / Impulse Control	6.9%	3.3%	1.2%	4.8%
Job / Occupational	4.7%	6.5%	7.1%	3.2%
Legal / Financial	3.4%	5.7%	4.7%	0.0%
Other / Declined	2.9%	3.3%	5.9%	11.3%

BEACON HEALTH OPTIONS 2017 ANNUAL REPORT EXECUTIVE SUMMARY

Beacon is proud to be your partner of choice to provide Employee Assistance Program (EAP) services for your workforce. Thank you for the opportunity to serve your organization.

As part of our mission *to help people live their lives to the fullest potential*, we provide unencumbered member access to person-centered, high-quality behavioral health treatment and support services.

As your trusted partner, we offer your workforce a broad continuum of services—from online resources to build resiliency, to short-term EAP counseling to help someone overcome a personal challenge, to referrals for more intensive behavioral health needs.

Millennials continue to redefine workforce behavior, adopting new technologies in both personal and professional settings. To meet these evolving needs, Beacon has launched new digital solutions for your consideration. In addition to EAP video counseling and the Achieve Solutions member portal, we now offer multiple mobile apps and online digital coaching services rooted in cognitive behavioral therapy to encourage self-care management and improve overall member health.

While we believe that innovative programming and accessible technology are key to engaging members in our services and sustaining long-term involvement, it's our clinical expertise and singular focus on emotional well-being that makes the greatest impact on our members, often during the darkest of times.

Last year, our country braced for the worst hurricane season on record. Many of you asked for our help to cope with the devastating aftermath. In Q3 alone, we responded to 351 inquiries related to Hurricanes Harvey and Irma.

"Beacon delivers on the promise we make to our clients to improve the health and well-being of your workforce and deliver effective, customized programs tailored to your organization's specific needs. Our operational teams are hard at work to enhance our core performance and technologies to meet and exceed your expectations.

We are steadfast in our commitment to provide excellent clinical and customer service. From Market President Kerry Mooney to our local account managers to clinicians and member service representatives, each of us at Beacon is accountable for improving member health outcomes and fulfilling our mission to help people live to their fullest potential."

Richard Paul
Chief Partnership Officer
Employer/Federal Region

In November, Beacon received full accreditation as a Managed Behavioral Health Organization (MBHO) from the National Committee for Quality Assurance (NCQA). Beacon has been an accredited NCQA MBHO since 2000, which reaffirms our commitment to adhere to the highest quality, evidence-based standards of care.

2017 WORKPLACE TRENDS

Specific workplace trends and service utilization for 2017 include the following:

- Our new, award-winning **"Understanding Your EAP"** video was viewed more than 7,450 times since it was posted to Achieve Solutions in January. The video provides an overview of the EAP program and guidance on how and when to use it.

- Relationships and mood are still some of the most common reasons people contact us for referrals, The top five presenting problems in 2017 were: marital/relationship, adjustment, anxiety, depression, and family.
- The most highly accessed topics on Achieve Solutions sites in 2017 were the EAP, legal, depression, financial planning, and marriage/couples.
- The Depression Screening Quiz was one of the most popular features on Achieve Solutions with more than 13,350 views.
- The top five training requests from clients were for stress management, EAP orientation, communication, change management, and leadership development.
- With more than 15,500 Work/Life cases in 2017, utilization increased over the previous year. Daily Living Referrals still accounted for 41% of contacts to our specialists; most of them were for housing information and social services (such as food, rent, and prescription payment assistance; domestic violence resources; and baby supplies).
- Beacon offers you two monthly 30-minute EAP webinars, one targeted for managers and the other for employees. Last year we introduced a new on-demand platform; however, based on client feedback, we will transition back to live webinars starting January 2018. After the live event, webinars will still be available on demand through Achieve Solutions.
- Autism treatment continues to be a top priority issue for our national account customers; almost half of our employer clients now offer autism benefits.

IMMEDIATE RESPONSE IN DIFFICULT TIMES

During the third quarter of 2017, Beacon, like many of our client organizations, had to execute hurricane preparedness policies to ensure the safety of our employees located along the Gulf and East coasts of Florida, Louisiana, and Texas as we all faced the worst U.S. hurricane season on record. We also implemented recovery and back-up plans to ensure nationwide operational continuity for our clients, providers, and members, regardless of their location.

- We responded to more than 350 inquiries related to Hurricanes Harvey and Irma, with the majority of requests for businesses and/or branches located in Texas and Florida, as expected.
- In mid-September, Beacon, along with network provider Motivational Coaches of America (MCUSA), sent more than 300 behavioral health professionals to Florida to help with emotional stress caused by Hurricane Irma. MCUSA and Beacon counselors set up onsite stations in 200 schools and shelters in 11 Florida counties to offer free, one-on-one sessions for children affected by the storm's devastation.

- More recently, we responded to 135 requests for support in the wake of the tragic shooting that took place in Las Vegas, providing onsite sessions and distributing resources to our clients which included our handbook for coping after a violent event and tip sheets on talking to children about violence and how to help oneself.

2017 CLIENT SUMMITS

Beacon invites its employer group clients to attend one-hour web conferences on topics of special interest. These client summit sessions—hosted by nationally recognized experts—review current workplace challenges and trends and provide a forum to share best practices with other Beacon clients. We hosted three well-attended client summits in 2017:

- In February, just prior to releasing our latest white paper on Zero Suicide, our first client summit outlined the seven essential elements of the Zero Suicide model that provide a framework for starting or growing a suicidal behavior awareness and prevention initiative.
- April's summit focused on mindfulness in the workplace, providing strategies on how to incorporate daily mindfulness activities as well as how to implement the practice within the work environment to help increase productivity.
- In response to the devastating aftermath of Hurricane Harvey and in anticipation of the looming Hurricane Irma, our third summit focused on disaster readiness, individual/organizational recovery needs, and resources.

GOING DIGITAL TO ENHANCE ENGAGEMENT AND PARTICIPATION

A 2017 report by Transcend Insights says that 64 percent of polled patients use a digital device, including mobile apps, to manage their health. Whether used to measure their heart rate, count steps, or track calories, online programs and mobile apps can help motivate users to make healthy choices. Mental health apps can have the same impact, helping people make positive behavior change choices to improve their emotional well-being.

Our online intervention program, **SelfHelpWorks**, addresses specific lifestyle behaviors or risks that drive costly chronic health issues in your organization such tobacco use, weight or unhealthy eating, alcohol, inactivity, poor resilience, poor sleep, or poor diabetes management. Accessed through Achieve Solutions, this intervention program consists of pre-recorded video training sessions featuring live instructors. The self-paced modules also include interactive quizzes and multimedia support tools including a companion app.

This program goes beyond simply educating members about health and wellness issues. Using a proprietary, evidence-based cognitive behavioral training process, the video-based interventions guide participants through a step-by-step process that addresses their emotionally-driven dependencies so they can adopt lasting behavior change, a key component of this CBT-based approach.

In 2017, Beacon also introduced a new online wellness solution called **YoFi Wellness** to help your employees change poor habits and live healthier lives. The web-based app provides a unique combination of video classes, personalized communications, activity trackers, and motivational wellness challenges. YoFi offers more than 600 high quality wellness video classes covering important topics that help promote and encourage employee well-being like fitness, nutrition, mindfulness, and healthy sleep.

Our **mobile apps** help increase emotional resiliency and well-being related to mood and personal relationships. Their purpose is to help motivate people to adopt new, healthy behaviors to combat depression and help couples breathe new life into their relationships:

- **Lantern** is a self-management application that provides evidence-based cognitive behavioral therapy (CBT) delivered via a personal coach. The app uses proven behavioral management techniques to help employees better manage and overcome stress, anxiety, and depression. Through this self-paced learning approach, which typically lasts two to six months, participants can practice more than 30 interactive stress and anxiety management techniques to find what works best for them. The average user tends to complete 15 interactions a month.
- **MoodHacker** helps users track, understand, and improve mood and well-being and reduce depression symptoms. It is ideal for people who want to increase positive emotions and activities in their daily lives. Users are guided through simple and practical activities and are given tools, personal plans, and mood-boosting techniques that have been tested and proven to show improvement—even when used only a few minutes per day.
- **Love Every Day** helps members build relationship resilience with their partners by increasing the confidence, quality, and satisfaction in everyday personal interactions. It promotes teamwork, prompts positive exchanges, and generates meaningful in-person conversations through text messages, a daily questionnaire, and skill-building gaming activities.

IMPROVING EMPLOYEE FINANCIAL HEALTH WITH MY SECURE ADVANTAGE

A recent press release from the Personal Finance Employee Education Foundation states that financial risk plagues over 75 percent of Americans. Money continues to be the leading cause of stress in America today.

Beacon's financial wellness program, My Secure Advantage (MSA), offers the most comprehensive and effective financial wellness solution available. MSA is more than a financial education program; it fosters long-term financial understanding and provides your employees with personalized financial consultation to help them make long-lasting improvements.

- PwC's 2016 Employee Financial Wellness Survey shows that 52% of workers are stressed about finances
- 46% of them spend 3+ hours a work week dealing with or thinking about it
- The Society for Human Resource Management (SHRM) reports that 83% of employers find that personal financial challenges impact their employees' productivity

The MSA program features a full suite of tools and resources including an employee website with money management software, educational videos, calculators, articles, financial assessments, live webinars, identity monitoring, legal forms, and employee incentives. Participants can receive help with improving their credit score, getting out of debt, creating a budget, planning for retirement, and buying or refinancing a home.

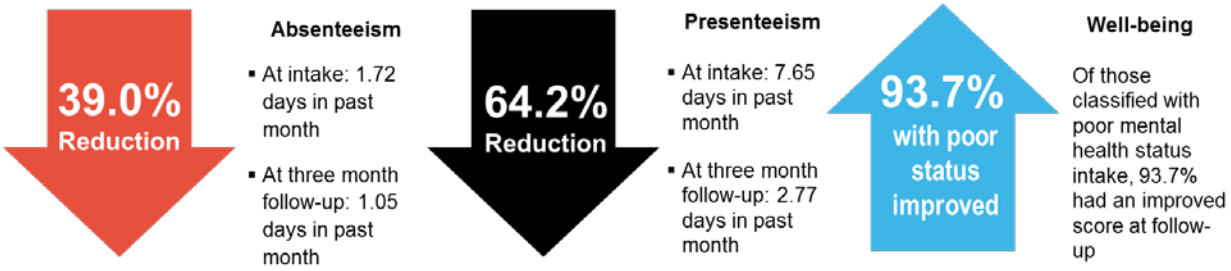
The highlight of the MSA financial wellness program is the ability for each employee to work with a Money Coach for a specific employer-funded coaching period. The typical employee experience includes a one-to-one meeting with the coach two to three times a year and completing certain tasks and exercises between meetings. Employees improve financial well-being by 65 percent after 90 days of money coaching.

PRODUCTIVITY OUTCOMES

Beacon demonstrates the quality and effectiveness of our behavioral health programs on employee absenteeism, productivity, and well-being through our Productivity Tracking Program. This valuable tool is based upon adult members' self-report of their levels of productivity and absenteeism as well as their general mental health status before and after outpatient behavioral health or EAP interventions.

Our Productivity Tracking Program has consistently demonstrated substantial member improvement during the period between the intake survey and follow-up survey as indicated below.

Productivity Tracking Outcomes



REGULATORY UPDATE

In 2017, Beacon continued to track and influence key legislation, policy initiatives, and regulations impacting behavioral health including the 42 CFR Part 2 and mental health parity. Given the broad-sweeping impact of the nation's growing opioid epidemic, Beacon is actively assessing related legislation and recommendations to expand access to opioid use disorder (OUD) treatment. For example:

- On November 1, the **President's Commission on Combating Drug Addiction and the Opioid Crisis** released its final report, which details 56 recommendations to address the nation's ongoing opioid epidemic. The Commission's focus on parity, peer supports, telemedicine, prescription monitoring, and privacy reform fits with several of Beacon's opioid treatment initiatives, particularly our efforts to increase access to medication-assisted treatment (MAT), peer-based recovery support, and community-based follow-up care.
- Beacon participated in a policy initiative through Shatterproof, a national nonprofit organization dedicated to ending the devastation addiction causes families. Beacon helped to formulate the National Principles of Care (the "Principles") consistent with the Surgeon General's Report.
- Beacon encourages employers to remove any preauthorization requirements or exclusions for MAT such as methadone or outpatient Suboxone.
- We participated in Congressional meetings on "sober home" abuse and anti-patient brokering initiatives. These efforts will help members receive better and higher quality treatment options while reducing costs for employer sponsored health plans.

Existing privacy provisions set forth in **42 CFR Part 2** (commonly referred as "Part 2") seek to add an extra layer of protection for patients with substance use disorder (SUD) who were potentially dissuaded from seeking treatment because of the underlying stigma and fear of

prosecution. The regulations prohibit disclosure and use of patient records unless certain circumstances exist, such as medical emergencies or notifications of suspected child abuse. The continued separation of SUD information from other types of medical information is contrary to integration efforts.

Beacon urges federal regulators to consider full alignment of Part 2 with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as an effective way to share relevant patient information essential to care coordination. In addition, our Chief Medical Officer issued a statement in support of the House of Representatives' Part 2 reform bill – The Overdose Prevention and Patient Safety Act. Senators Joe Manchin and Shelley Moore Capito have introduced a similar reform bill in the Senate, which we also support.

Beacon continues to help shape parity policy from a national perspective, taking important steps to support implementation of the **Mental Health Parity and Addiction Equity Act** (MHPAEA). These efforts preceded the release of MHPAEA final regulations in 2013 and continue today. To better understand differing interpretations of MHPAEA rules, Beacon has met with key stakeholders including:

- Regulators: the Department of Health and Human Services, the Assistant Secretary for Planning and Evaluation, and the Department of Labor
- Consultants: Towers Watson, AON, Segal, and Mercer
- Advocacy Groups: National Council for Behavioral Health, The Kennedy Forum, Parity Implementation Coalition, and the American Psychiatric Association

This past year, Beacon began working with the ClearHealth Quality Institute and other industry experts to develop parity accreditation standards designed to create better uniformity and understanding of the MHPAEA. Beacon's Associate General Counsel and Director of Parity Compliance staff co-chairs this initiative.

In conclusion, 2018 promises to be a pivotal year in mental health and SUD regulatory/legislative activity. Beacon is closely monitoring proposed reforms to the Affordable Care Act as well as tax reform and will continue to provide you with timely information and analytical updates.

REAL SOLUTIONS TO ADDRESS THE OPIOID CRISIS

America's growing opioid epidemic places a heavy financial burden on our economy. The American Society of Addiction Medicine reports that employers are losing $10 billion a year due to opioid-related absenteeism and lost productivity. Despite the pervasiveness of opioid addiction across the country, our health care delivery system has not effectively addressed the chronic nature of opioid use disorder (OUD). System-wide problems persist:

- Our country's system is organized to provide episodic OUD treatment, while the underlying condition is chronic in nature.
- Inpatient detoxification has an 80 percent relapse rate at six months and a higher mortality rate.
- MAT is scientifically proven, but not universally adopted. A major driver of current MAT underutilization is the lack of providers with specialty training who are approved and willing to treat those with OUD.
- Physicians are not trained to provide care for people with SUDs.

- Stigma stemming from mischaracterization of the disease as a character flaw is limiting the discussion of effective treatment approaches.

Since the launch of our National Opioid Project, we continue to address these concerns in innovative and meaningful ways:

- **Expanding access to MAT:** We promote withdrawal management with stabilization on medication-assisted treatment as a best practice in treating OUD. We also foster timely connections with a warm handoff between withdrawal management services MAT treatment the day after discharge.
- **Expanding MAT prescription capacity**: We successfully launched our Project ECHO program to train and educate prescribers on MAT and will implement new ECHO locations in 2018. Our multidisciplinary clinical team serves as an ECHO hub to train practitioners administering and monitoring MAT. This way, Beacon expands member access to this much-needed, highly effective treatment option for people overcoming opioid addiction.
- **Reduce early discharges and change care pathways:** Because individuals who leave treatment prematurely have less favorable outcomes, we work with providers to implement interventions and meaningful engagement supports that help members complete care.
- **Reduce stigma and promote prevention and education** through EAP resources including our "Opioids and Heroin" article series, opioid awareness digital messages, an employee webinar called The Hidden Dangers of Prescription Drug Use, and tips sheets on the topics of in versus out-of-network care and the early stages of recovery.

PROMOTING BEST PRACTICES IN SUD TREATMENT

Beacon joins 15 other major health insurers to adopt eight evidence-based National Principles of Care for SUD treatment, developed by non-profit organization Shatterproof. The organization's goal is to identify, promote, and reward effective SUD treatment that improves health outcomes and save lives. Backed by three decades of research, the principles stem from the Surgeon General's Report on Alcohol, Drugs, and Health.

National Principles of Care for SUD Treatment

- Universal SUD screening across all medical settings
- Personalized diagnosis, assessment, and treatment planning
- Rapid access to appropriate SUD care
- Engagement into continuing long-term care with monitoring and adjustments to treatment
- Coordinated care for physical and mental illness
- Access to fully trained behavioral health professionals
- Access to FDA-approved medications
- Access to non-medical recovery support services

Beacon and our colleagues have broad provider reach and impact to transform SUD treatment in practice settings. Together, we are responsible for a combined *248 million consumers* and can influence nearly every contracted provider in the country, to guide, promote, and reward evidence-based standards of care.

CLOSING

Our EAP services have meaningful impact in the lives of our members and their families. We deliver the solutions you need to engage your member populations, apply appropriate interventions and supports, evaluate and improve outcomes, and lower overall health care costs.

As a company focused exclusively on behavioral health management, our staff is passionate about helping people live their lives to the fullest potential. Our own lived experience and our strong values compel us to serve.

Based on our most recent client survey results, we are serving our employers well, receiving a 98% overall satisfaction rating. We look forward to continue providing excellent customer service as your EAP partner in 2018.

Paid Claims Details

Paid Claim Analysis - In-Network versus Out-of-Network

In-Network

Level of Care	Psych Units	Psych Paid $'s	Substance Abuse Units	Substance Abuse Paid $'s	Total Units	Total Paid $'s	Average Cost per Unit	PEPM	PMPM
Inpatient	372	$374,233	124	$88,971	496	$463,204	$933.88	$2.88	$1.80
Residential	48	$35,286	108	$62,260	156	$97,546	$625.30	$0.61	$0.38
Partial Hospitalization	102	$37,320	85	$61,082	187	$98,402	$526.21	$0.61	$0.38
Intensive Outpatient	34	$6,603	249	$36,776	283	$43,378	$153.28	$0.27	$0.17
Outpatient	4,175	$202,171	567	$22,200	4,742	$224,372	$47.32	$1.39	$0.87
Applied Behavioral Analysis	0	$0	0	$0	0	$0	$0.00	$0.00	$0.00
Sub Total	4,731	$655,612	1,133	$271,289	5,864	$926,901		$5.76	$3.61

Out-of-Network

Level of Care	Psych Units	Psych Paid $'s	Substance Abuse Units	Substance Abuse Paid $'s	Total Units	Total Paid $'s	Average Cost per Unit	PEPM	PMPM
Inpatient	66	$145,141	50	$166,390	116	$311,531	$2,685.61	$1.93	$1.21
Residential	0	$0	131	$359,483	131	$359,483	$2,744.15	$2.23	$1.40
Partial Hospitalization	0	$280	60	$108,033	60	$108,313	$1,805.22	$0.67	$0.42
Intensive Outpatient	46	$17,814	70	$103,787	116	$121,601	$1,048.28	$0.76	$0.47
Outpatient	2,068	$249,262	362	$52,152	2,430	$301,414	$124.04	$1.87	$1.17
Applied Behavioral Analysis	0	$0	0	$0	0	$0	$0.00	$0.00	$0.00
Sub Total	2,180	$412,497	673	$789,845	2,853	$1,202,342		$7.47	$4.68

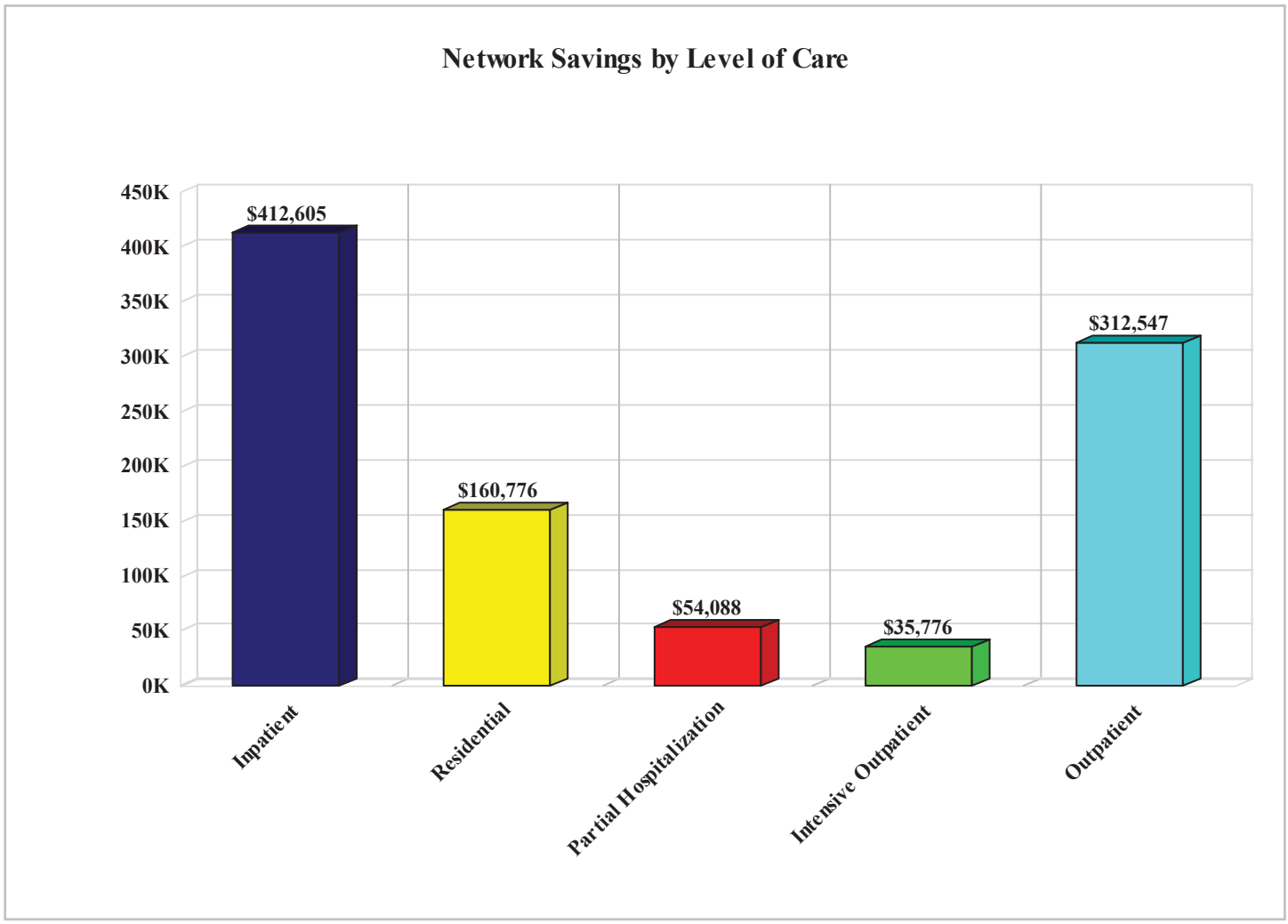
Total

Level of Care	Psych Units	Psych Paid $'s	Substance Abuse Units	Substance Abuse Paid $'s	Total Units	Total Paid $'s	Average Cost per Unit	PEPM	PMPM
Inpatient	438	$519,374	174	$255,361	612	$774,734	$1,265.91	$4.81	$3.02
Residential	48	$35,286	239	$421,744	287	$457,030	$1,592.44	$2.84	$1.78
Partial Hospitalization	102	$37,600	145	$169,115	247	$206,715	$836.90	$1.28	$0.81
Intensive Outpatient	80	$24,416	319	$140,563	399	$164,979	$413.48	$1.02	$0.64
Outpatient	6,243	$451,434	929	$74,352	7,172	$525,786	$73.31	$3.26	$2.05
Applied Behavioral Analysis	0	$0	0	$0	0	$0	$0.00	$0.00	$0.00
Grand Total	6,911	$1,068,109	1,806	$1,061,134	8,717	$2,129,243		$13.22	$8.30

**In-Network Claims include SCA.*

Network Savings

Level of Care	Billed Amount	Allowed Amount	*Network Savings
Inpatient	$951,391	$538,787	$412,605
Residential	$264,740	$103,964	$160,776
Partial Hospitalization	$162,722	$108,633	$54,088
Intensive Outpatient	$87,206	$51,430	$35,776
Outpatient	$641,744	$329,197	$312,547
Total	**$2,107,803**	**$1,132,011**	**$975,792**

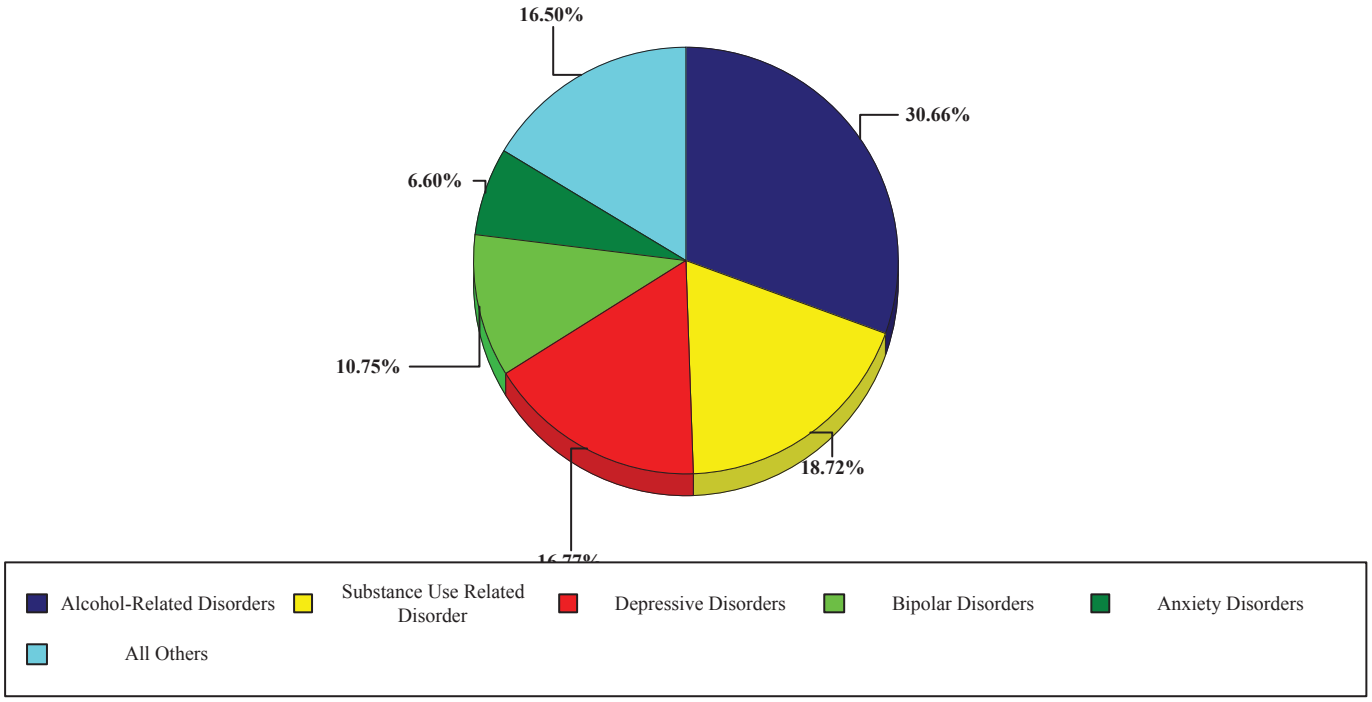


*In-Network Claims Only
**Network Savings calculated prior to application of benefits.

Total Paid Distribution by Major Diagnosis Category

Rank	Diagnosis Category	Total Paid	% of Total Paid	Book of Business
1	Alcohol-Related Disorders	$652,946.82	30.66%	16.40%
2	Substance Use Related Disorders	$398,684.19	18.72%	22.26%
3	Depressive Disorders	$357,103.13	16.77%	23.83%
4	Bipolar Disorders	$228,948.08	10.75%	6.96%
5	Anxiety Disorders	$140,449.42	6.60%	7.83%
6	Trauma And Acute Stress Disorders	$122,402.05	5.75%	8.59%
7	Schizophrenia Spectrum And Other Psychotic Disorders	$90,636.67	4.26%	3.57%
8	Eating Disorders	$51,552.25	2.42%	3.40%
9	Disruptive, Impulse-Control And Conduct Disorders	$49,584.37	2.33%	0.77%
10	Other Conditions That May Be The Focus Of Clinical Attention	$18,368.85	0.86%	0.09%
11	Neurodevelopmental Disorders (Except Asd)	$13,719.43	0.64%	2.89%
12	Personality Disorders	$1,804.63	0.08%	0.19%
13	Dissociative, Somatoform And Factitious Disorders	$1,573.99	0.07%	0.29%
14	Other Mental Disorders	$1,267.33	0.06%	0.06%
15	Obsessive Compulsive Disorder	$315.85	0.01%	0.79%
16	Mental Disorders Due To A General Medical Condition Not Elsewhere Classified	$96.00	0.00%	0.01%
17	Neurocognitive Disorders	$0.00	0.00%	0.13%
	Total for All Diagnosis Categories	**$2,129,453.06**	**100.00%**	**100.00%**

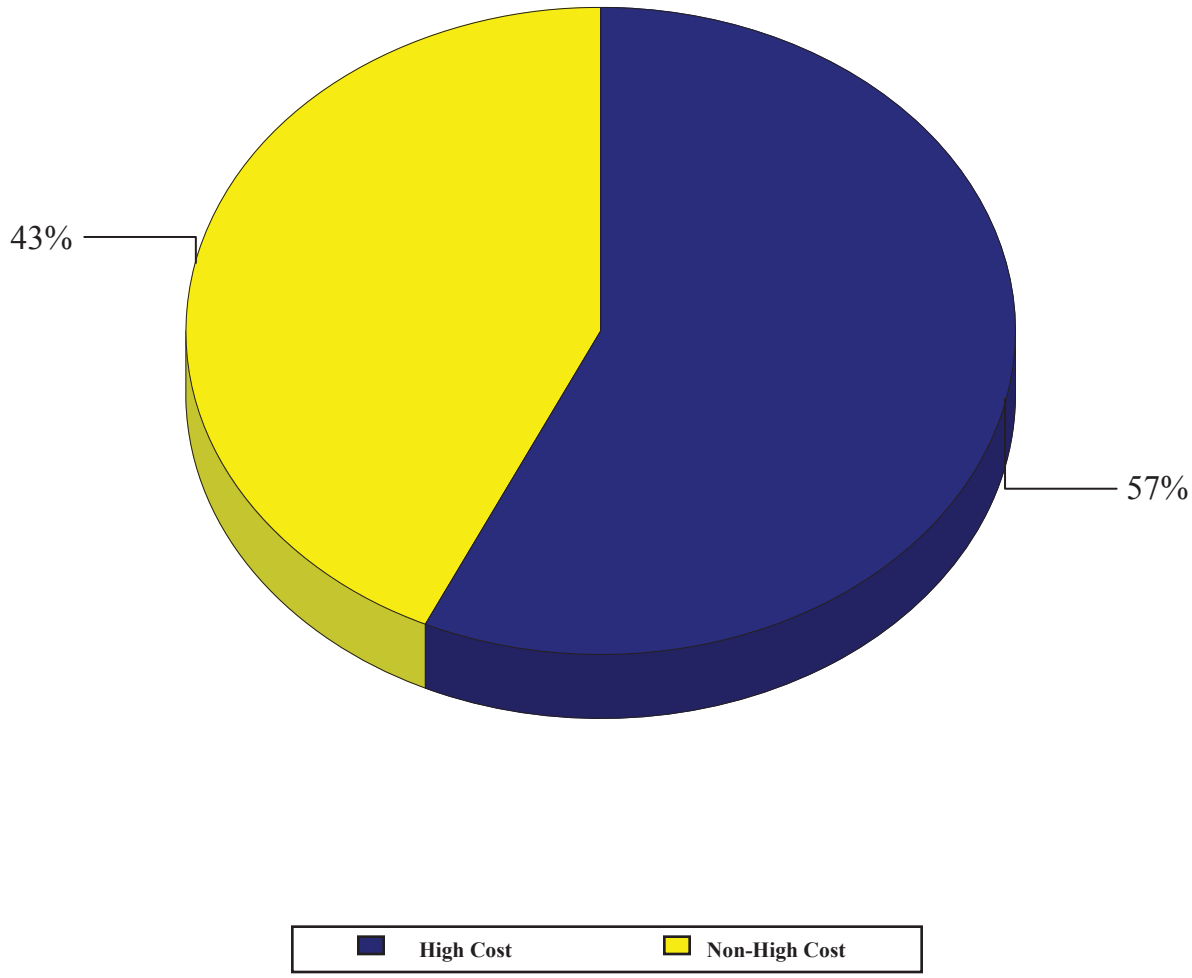
Top Five Diagnosis Categories



High Cost Member Cases Greater than $20,000

	# of Unduplicated Members	Total Claim Amount	Total Allowed Amount	Total Paid Amount	% of Total
High Cost Cases	21	$1,610,055	$1,277,282	$1,209,892	56.82%
Non-High Cost Cases	844	$1,914,030	$1,226,722	$919,561	43.18%
Total	**865**	**$3,524,085**	**$2,504,004**	**$2,129,453**	**100.00%**

High Cost Member Cases



Paid Claim Analysis - Gender/Dependency

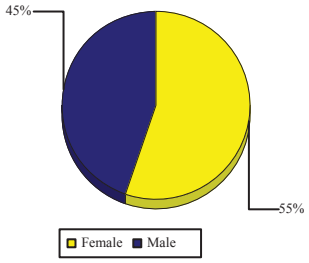
Males

Age Band	Employee	Spouse	Dependent	Total
0 - 12	$0	$0	$49,587	$49,587
13 - 17	$0	$0	$54,160	$54,160
18 - 64	$652,612	$67,583	$119,630	$839,825
65+	$5,517	$2,945	$0	$8,463
Total	**$658,129**	**$70,528**	**$223,377**	**$952,034**

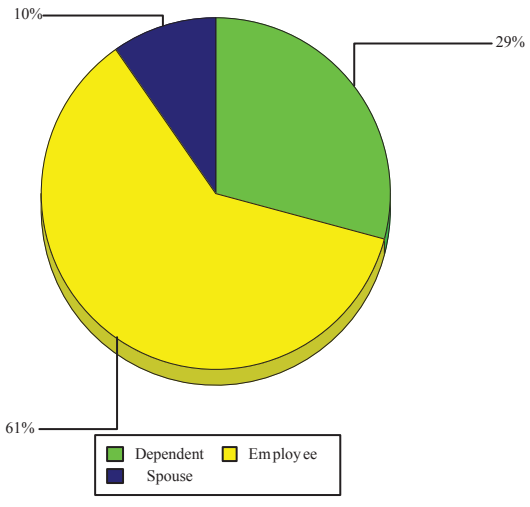
Females

Age Band	Employee	Spouse	Dependent	Total
0 - 12	$0	$0	$25,553	$25,553
13 - 17	$0	$0	$164,610	$164,610
18 - 64	$638,255	$136,915	$205,234	$980,405
65+	$3,829	$1,415	$0	$5,244
Total	**$642,084**	**$138,330**	**$397,005**	**$1,177,419**

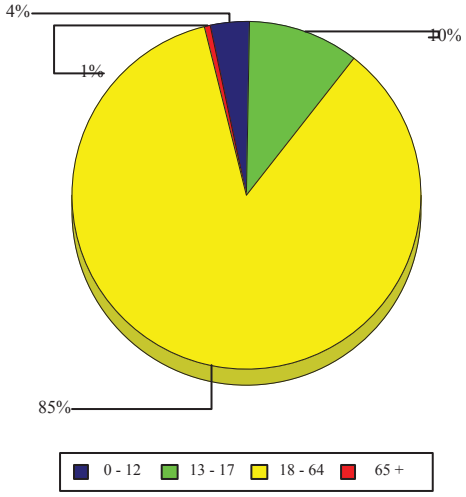
Total Paid % by Gender



Total Paid % by Dependency



Total Paid % by Age Band

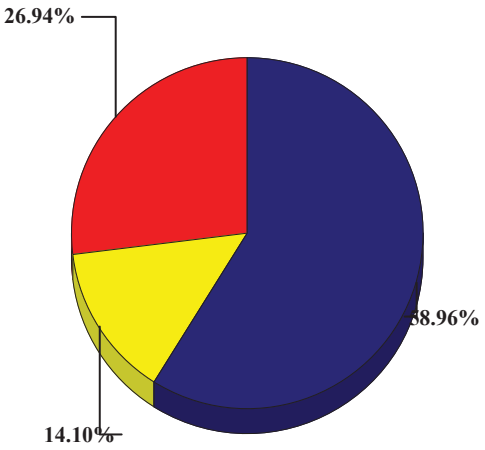


Behavioral Health Penetration Analyses

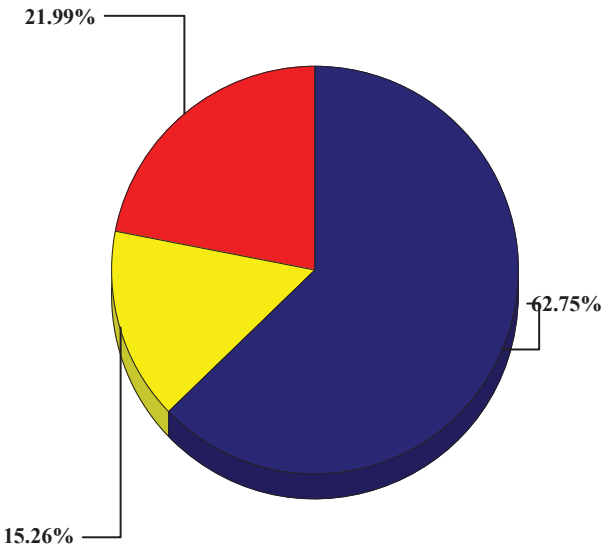
Penetration Rate by Beneficiary Type - Claims Based

	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	510	122	233	865
Membership	13,421	3,263	4,703	21,386
Penetration Rate	3.80%	3.74%	4.95%	4.04%

Unduplicated Members Accessing Care



Membership



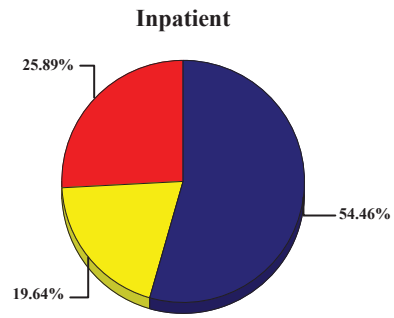
Penetration Rate by Beneficiary Type (Claims)
Inpatient and Higher Level of Care vs Outpatient

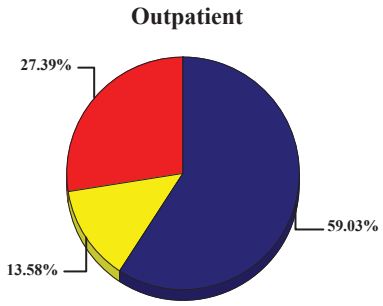
Inpatient

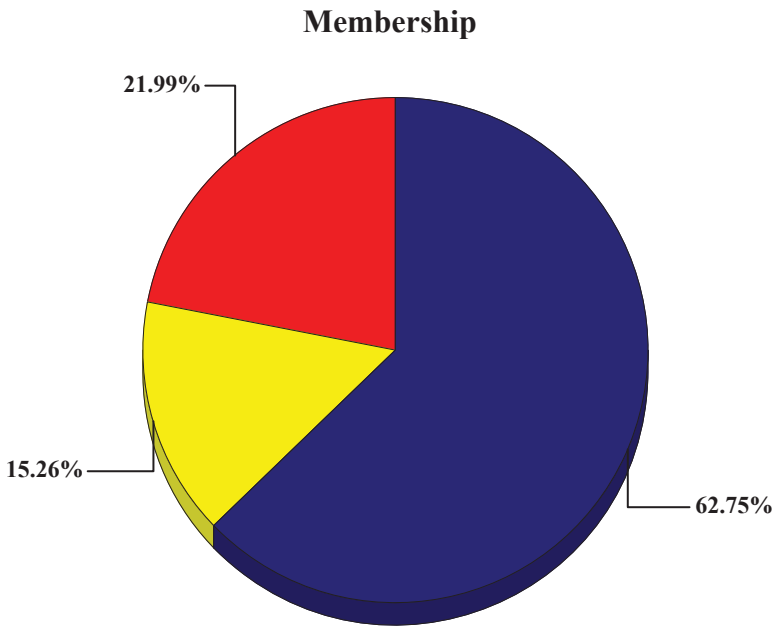
	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	61	22	29	112
Average Membership	13,421	3,263	4,703	21,386
Penetration Rate	0.45%	0.67%	0.62%	0.52%

Outpatient

	Employee	Spouse	Dependent	Total
Unduplicated Members Accessing Care	487	112	226	825
Average Membership	13,421	3,263	4,703	21,386
Penetration Rate	3.63%	3.43%	4.81%	3.86%



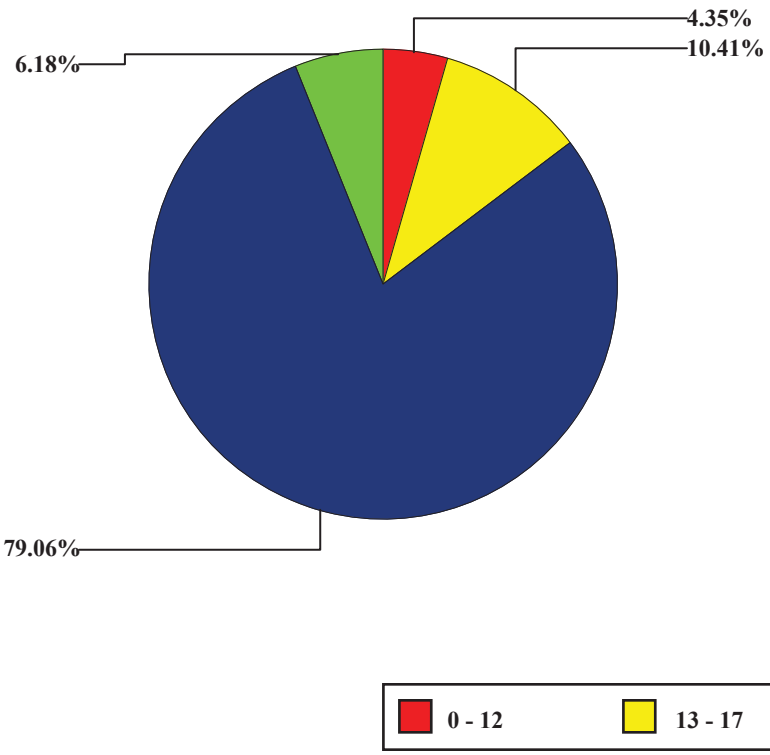




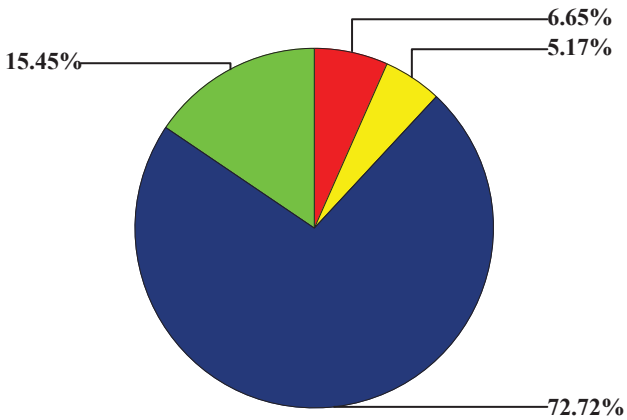
Penetration Rate by Age Category (Claims)

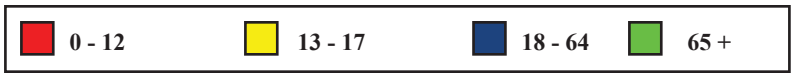
	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	38	91	691	54	865
Average Membership	1,423	1,107	15,552	3,305	21,386
Penetration Rate	2.67%	8.22%	4.44%	1.63%	4.04%

Unduplicated Members Accessing Care



Membership





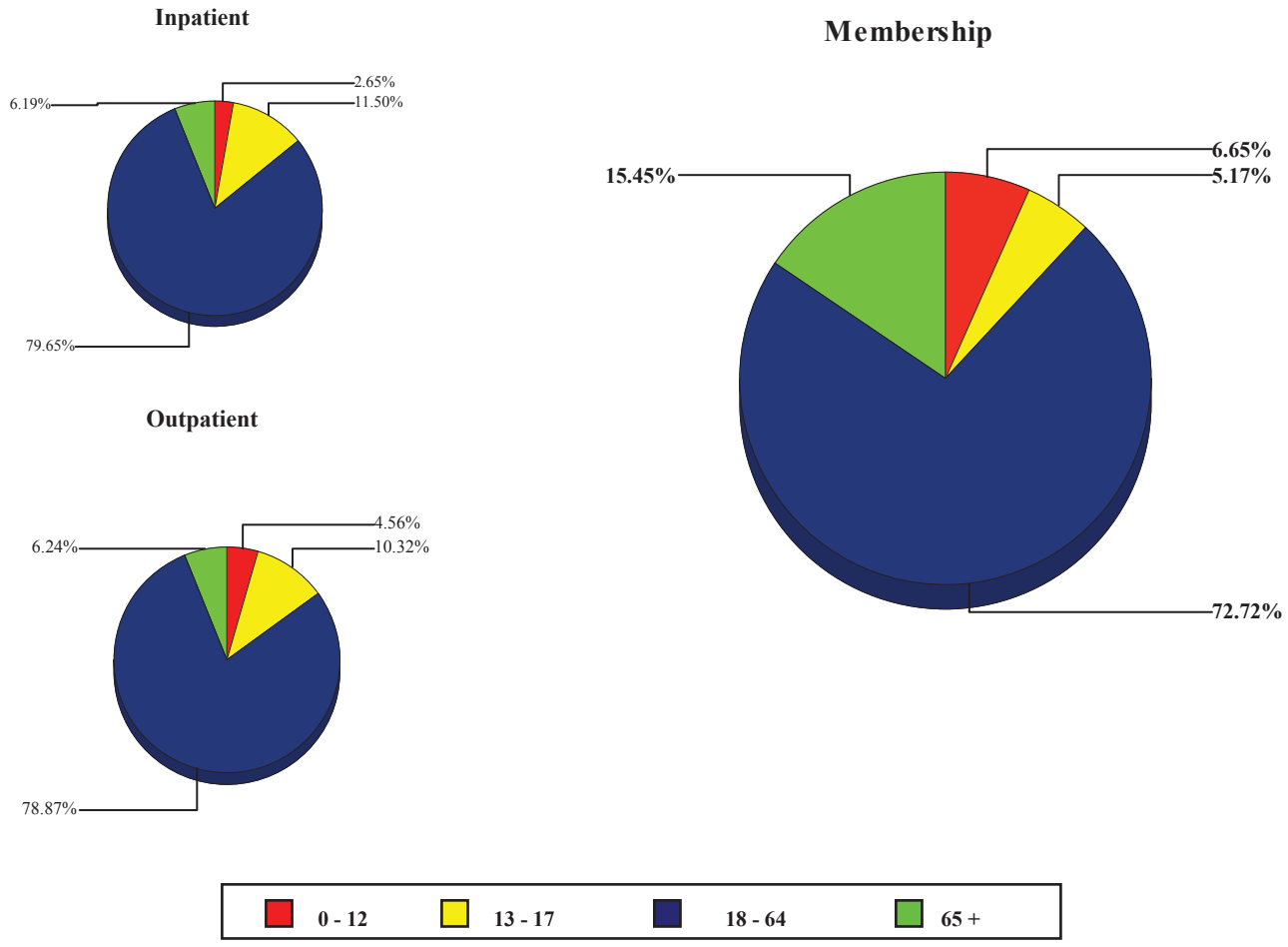
Penetration Rate by Age Category (Claims)
Inpatient and Higher Level of Care vs Outpatient

Inpatient

	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	3	13	90	7	112
Average Membership	1,423	1,107	15,552	3,305	21,386
Penetration Rate	0.21%	1.17%	0.58%	0.21%	0.52%

Outpatient

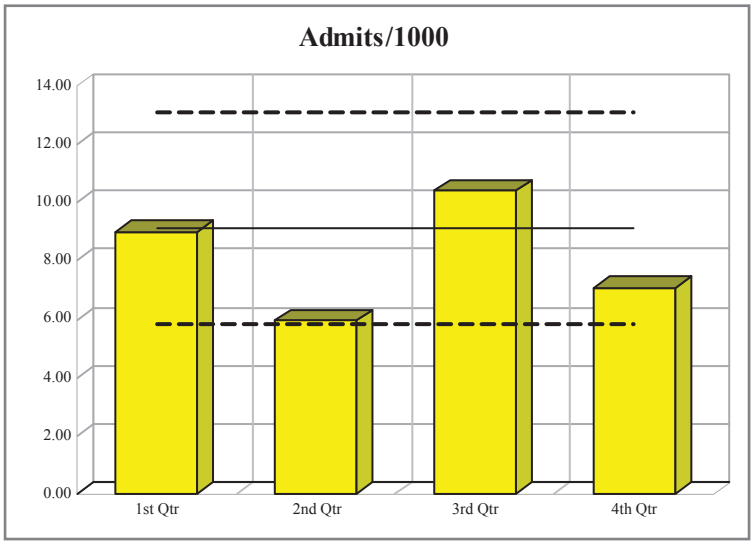
	0 - 12	13 - 17	18 - 64	65 +	Total
Unduplicated Members Accessing Care	38	86	657	52	825
Average Membership	1,423	1,107	15,552	3,305	21,386
Penetration Rate	2.67%	7.77%	4.22%	1.57%	3.86%

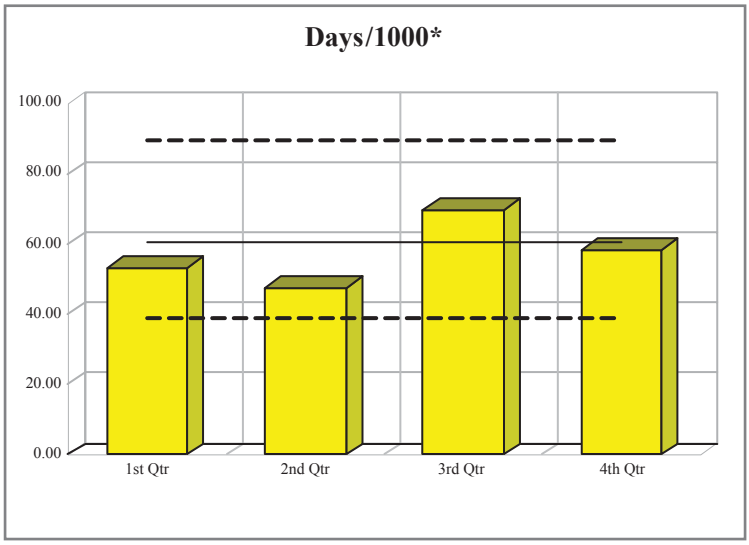


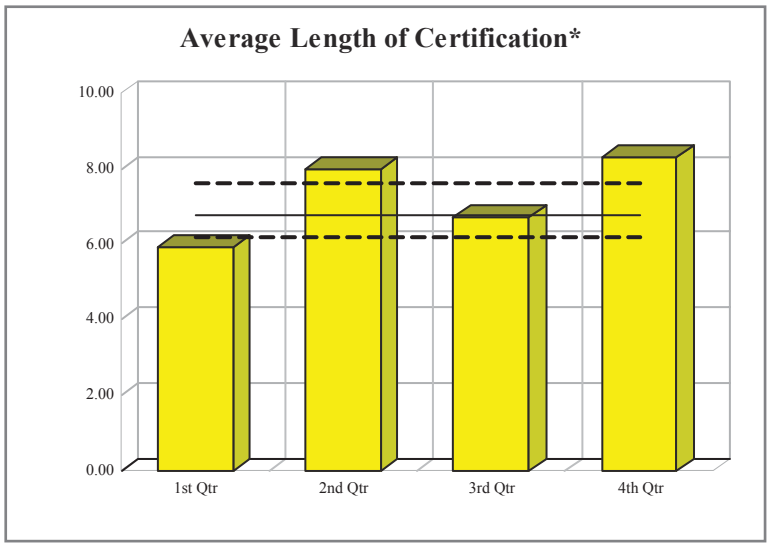
Managed Behavioral Health Utilization

Acute Inpatient & Alternative Levels of Care Utilization

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	21,805	21,555	21,170	21,016	21,386
Admissions	49	32	55	37	173
Days*	291	256	370	307	1,223
Admissions/1000 Lives	8.99	5.94	10.39	7.04	8.09
Days/1000 Lives*	53.29	47.47	69.85	58.39	57.18
Avg Length of Certification*	5.93	7.99	6.72	8.29	7.07







Book of Business Legend and Data Table for Employer Solutions Division with AMRs applied

	Legend	Admits/1000	Days/1000*	Average Length of Certification*
Upper Control Limit	— — —	13.10	89.55	7.60
Book of Business	———	9.11	60.53	6.78
Lower Control Limit	— — —	5.82	39.07	6.19

**Alternative Modality Ratios have been applied.*

*** All data has been annualized.*

Report # 2002.1.01

Total Acute Inpatient & Alternative Levels of Care Detail
Psychiatric vs Substance Abuse

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	21,805	21,555	21,170	21,016	21,386

ACUTE INPATIENT

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	17	7	17	6	22	7	14	6	70	26
Days*	132	51	149	43	166	45	126	49	573	188
Admissions/1000 Lives	3.12	1.28	3.15	1.11	4.16	1.32	2.66	1.14	3.27	1.22
Days/1000 Lives*	24.21	9.36	27.65	7.98	31.37	8.50	23.98	9.33	26.79	8.79
Avg Length of Certification*	7.76	7.29	8.76	7.17	7.55	6.43	9.00	8.17	8.19	7.23

RESIDENTIAL TREATMENT PROGRAM

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	0	4	1	1	0	9	0	5	1	19
Days*	0	19	16	4	0	75	0	52	16	150
Admissions/1000 Lives	0.00	0.73	0.19	0.19	0.00	1.70	0.00	0.95	0.05	0.89
Days/1000 Lives*	0.00	3.49	2.97	0.65	0.00	14.17	0.00	9.90	0.75	6.99
Avg Length of Certification*	0.00	4.75	16.00	3.50	0.00	8.33	0.00	10.40	16.00	7.87

PARTIAL HOSPITALIZATION PROGRAM

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	7	4	2	1	4	5	2	6	15	16
Days*	35	26	8	9	26	30	9	41	78	105
Admissions/1000 Lives	1.28	0.73	0.37	0.19	0.76	0.94	0.38	1.14	0.70	0.75
Days/1000 Lives*	6.42	4.68	1.48	1.58	4.82	5.67	1.71	7.80	3.62	4.91
Avg Length of Certification*	5.00	6.38	4.00	8.50	6.38	6.00	4.50	6.83	5.17	6.56

IOP/GROUP HOME/HALFWAY HOUSE

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	5	5	1	3	2	6	1	3	9	17
Days*	11	17	7	21	4	24	2	28	24	90
Admissions/1000 Lives	0.92	0.92	0.19	0.56	0.38	1.13	0.19	0.57	0.42	0.79
Days/1000 Lives*	2.02	3.12	1.22	3.93	0.83	4.50	0.42	5.25	1.13	4.19
Avg Length of Certification*	2.20	3.40	6.60	7.07	2.20	3.97	2.20	9.20	2.69	5.27

TOTAL ACUTE INPATIENT AND ALTERNATIVE LEVELS OF CARE

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Admissions	29	20	21	11	28	27	17	20	95	78
Days*	178	113	180	76	196	174	137	170	691	532
Admissions/1000 Lives	5.32	3.67	3.90	2.04	5.29	5.10	3.24	3.81	4.44	3.65
Days/1000 Lives*	32.65	20.64	33.33	14.14	37.02	32.84	26.11	32.28	32.30	24.88
Avg Length of Certification*	6.14	5.63	8.55	6.93	7.00	6.44	8.07	8.48	7.27	6.82

**Alternative Modality Ratios have been applied.*
*** All data has been annualized.*

Total Acute Inpatient and Alternative Levels of Care Detail

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	21,805	21,555	21,170	21,016	21,386
ACUTE INPATIENT					
Admissions	24	23	29	20	96
Days*	183	192	211	175	761
Admissions/1000 Lives	4.40	4.27	5.48	3.81	4.49
Days/1000 Lives*	33.57	35.63	39.87	33.31	35.58
Avg Length of Certification*	7.63	8.35	7.28	8.75	7.93
RESIDENTIAL TREATMENT PROGRAM					
Admissions	4	2	9	5	20
Days*	19	20	75	52	166
Admissions/1000 Lives	0.73	0.37	1.70	0.95	0.94
Days/1000 Lives*	3.49	3.62	14.17	9.90	7.74
Avg Length of Certification*	4.75	9.75	8.33	10.40	8.28
PARTIAL HOSPITALIZATION PROGRAM					
Admissions	11	3	9	8	31
Days*	61	17	56	50	183
Admissions/1000 Lives	2.02	0.56	1.70	1.52	1.45
Days/1000 Lives*	11.10	3.06	10.49	9.52	8.53
Avg Length of Certification*	5.50	5.50	6.17	6.25	5.89
IOP/GROUP HOME/HALFWAY HOUSE					
Admissions	10	4	8	4	26
Days*	28	28	28	30	114
Admissions/1000 Lives	1.83	0.74	1.51	0.76	1.22
Days/1000 Lives*	5.14	5.16	5.33	5.67	5.32
Avg Length of Certification*	2.80	6.95	3.53	7.45	4.38
TOTAL ACUTE INPATIENT AND ALTERNATIVE LEVELS OF CARE					
Admissions	49	32	55	37	173
Days*	291	256	370	307	1,223
Admissions/1000 Lives	8.99	5.94	10.39	7.04	8.09
Days/1000 Lives*	53.29	47.47	69.85	58.39	57.18
Avg Length of Certification*	5.93	7.99	6.72	8.29	7.07

**Alternative Modality Ratios have been applied.*
*** All data has been annualized.*

Recidivism Rates - Psychiatric vs Substance Abuse

Psychiatric

Age Band	Hospitalized in Previous Year	Readmitted within 365 Days Admits	%
0 - 12	2	2	0.00%
13 - 17	6	1	16.67%
18 - 64	41	4	9.76%
65 +	0	1	0.00%
Total	49	8	16.33%

Substance Abuse

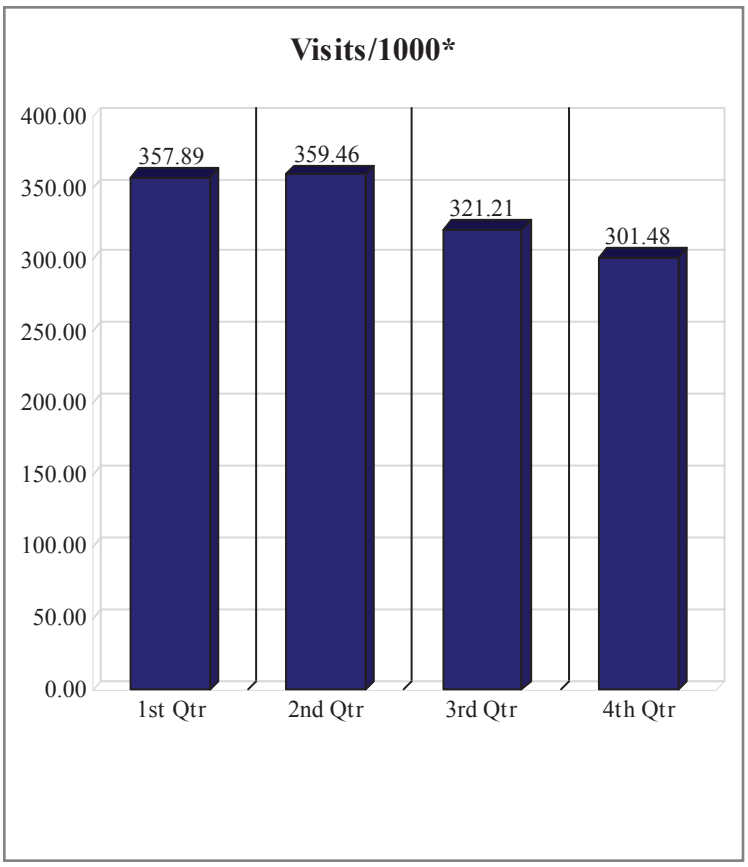
Age Band	Hospitalized in Previous Year	Readmitted within 365 Days Admits	%
0 - 12	0	0	0.00%
13 - 17	0	0	0.00%
18 - 64	27	3	11.11%
65 +	1	1	100.00%
Total	28	4	14.29%

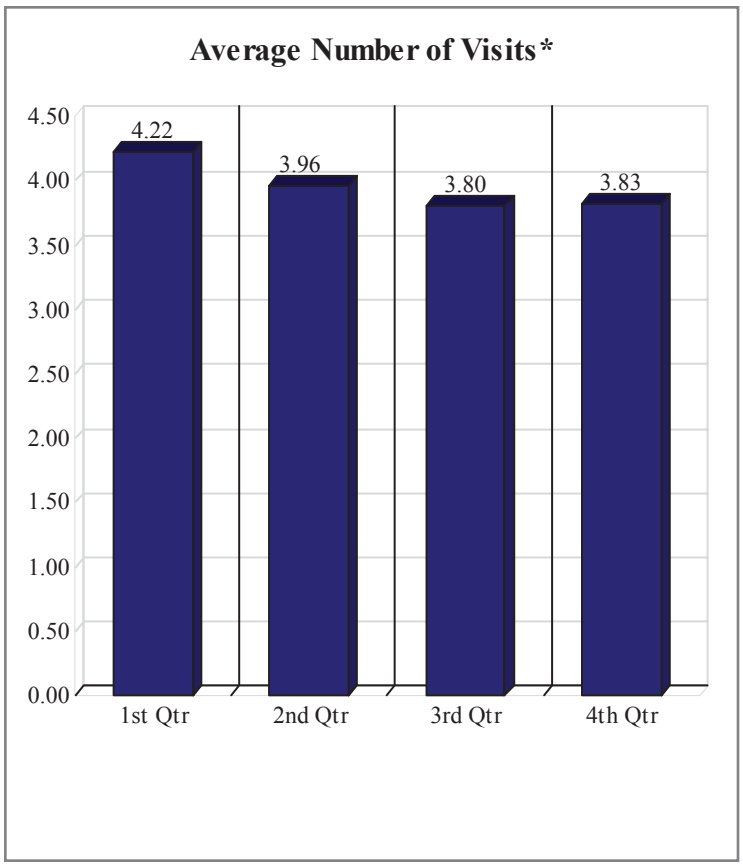
Total

Age Band	Hospitalized in Previous Year	Readmitted within 365 Days Admits	%
0 - 12	2	2	100.00%
13 - 17	6	1	16.67%
18 - 64	68	7	10.29%
65 +	1	2	200.00%
Total	77	12	15.58%

Total Outpatient Utilization (Paid Claims)

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	21,805	21,555	21,170	21,016	21,386
Visits *	1,951	1,937	1,700	1,584	7,172
Members Seen	462	489	447	414	825
Visits/1000 Lives*	357.89	359.46	321.21	301.48	335.35
Avg Number of Visits*	4.22	3.96	3.80	3.83	8.69





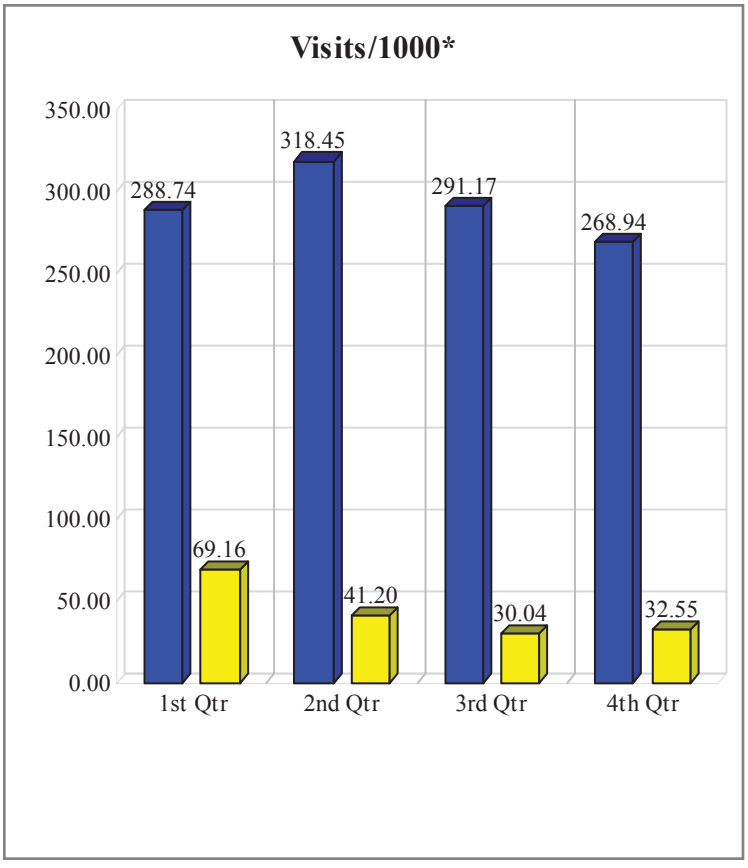
** Data is based on paid claims and has been annualized.*

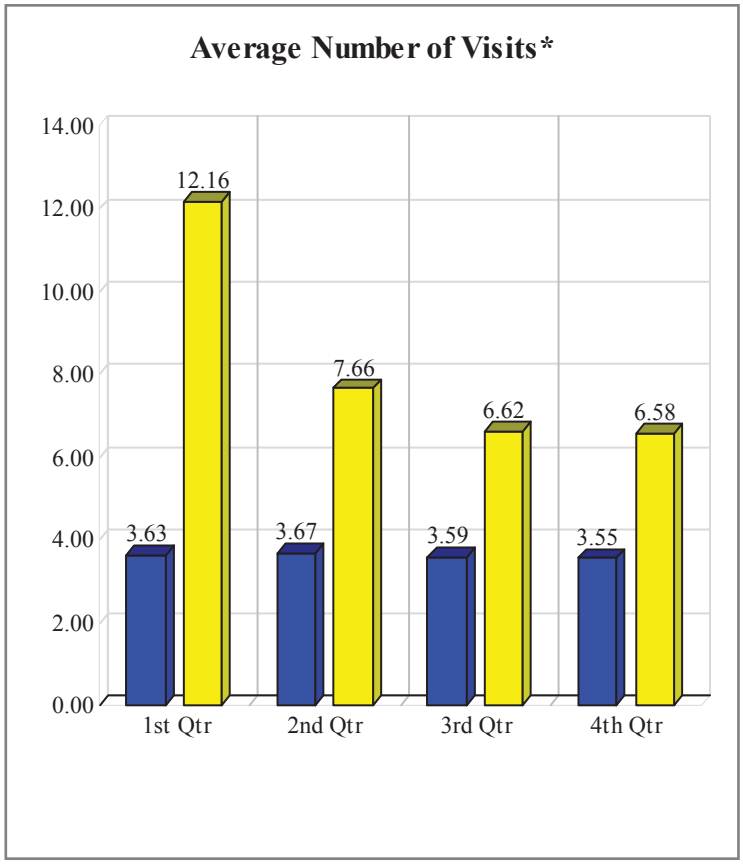
Note: All data excludes ABA(Applied Behavioral Analysis) data.

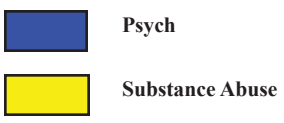
Total Outpatient Utilization by Psychiatric/Substance Abuse (Paid Claims)

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Avg Covered Lives	21,805	21,555	21,170	21,016	21,386

	Psych	SA	Psych	SA	Psych	SA	Psych	SA	Psych	SA
Visits *	1,574	377	1,716	222	1,541	159	1,413	171	6,244	929
Members Seen	434	31	468	29	429	24	398	26	781	66
Visits/1000 Lives*	288.74	69.16	318.45	41.20	291.17	30.04	268.94	32.55	291.96	43.44
Avg Number of Visits*	3.63	12.16	3.67	7.66	3.59	6.63	3.55	6.58	7.99	14.08



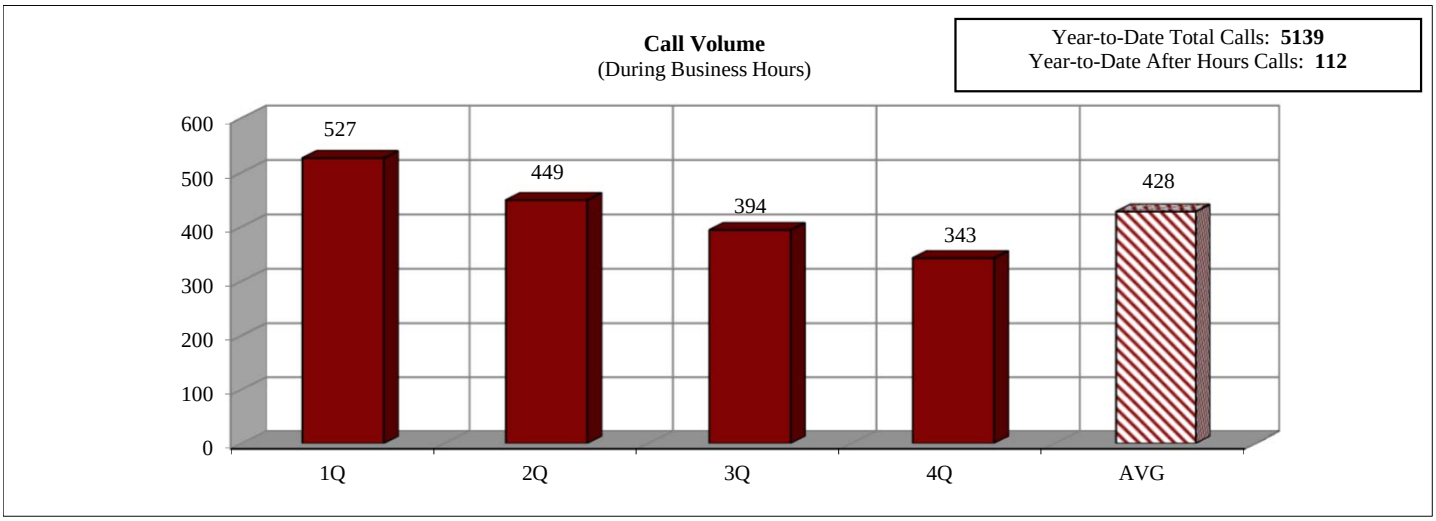


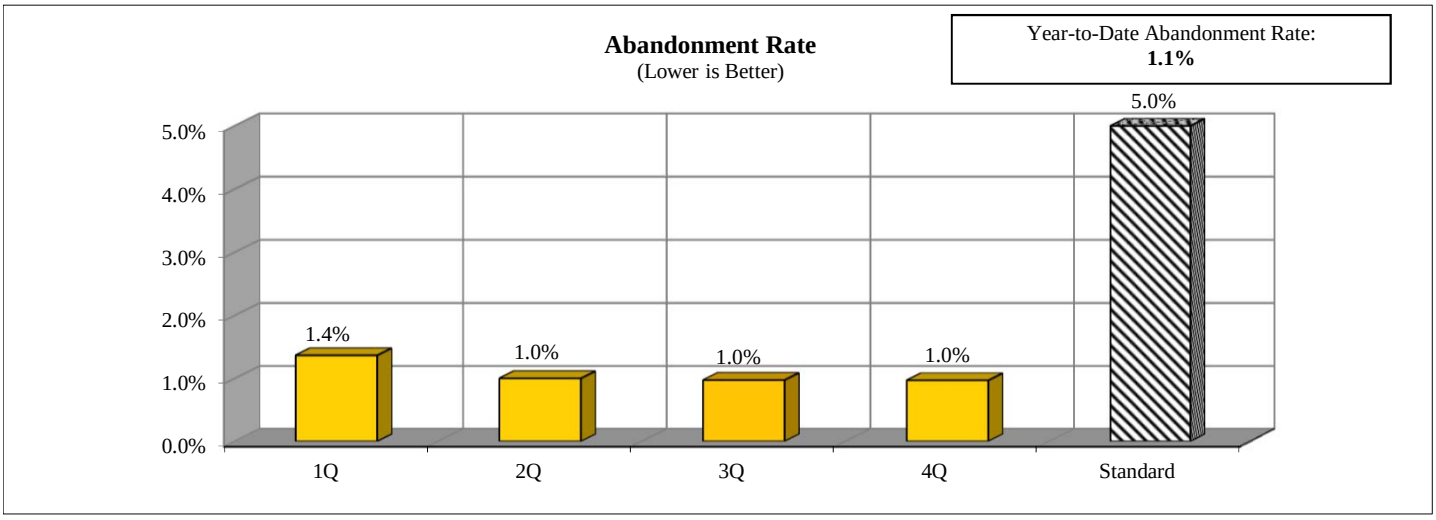


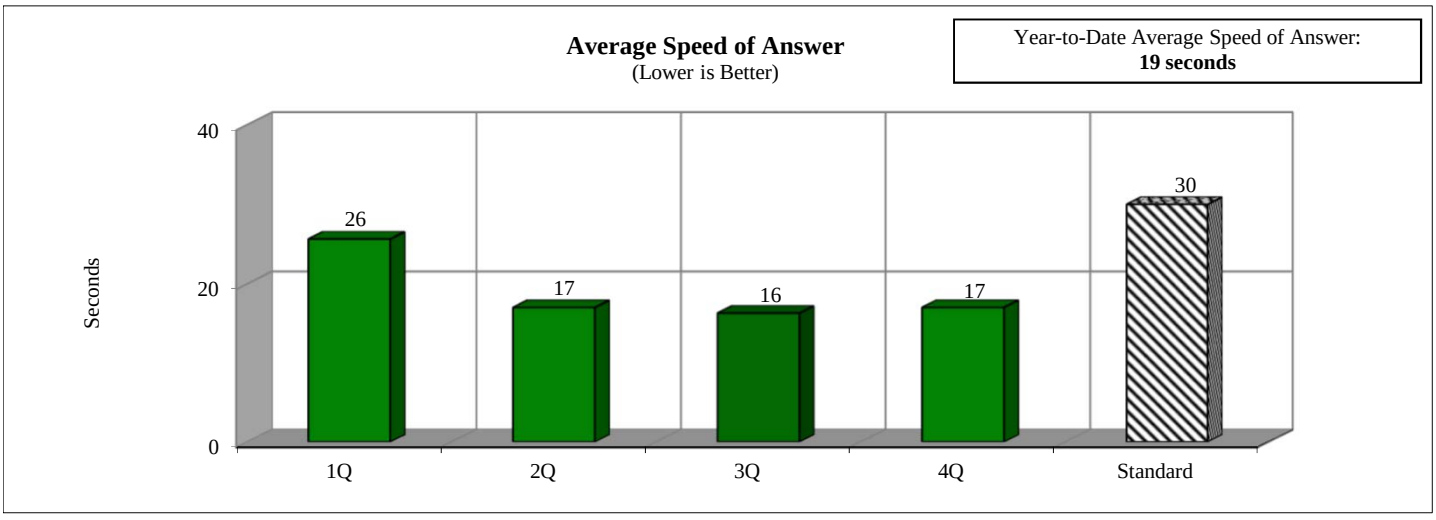
** Data is based on paid claims and has been annualized.*
Note: All data excludes ABA(Applied Behavioral Analysis) data.

Report # 2016.2.01

Telephone Performance







Employee Assistance Program

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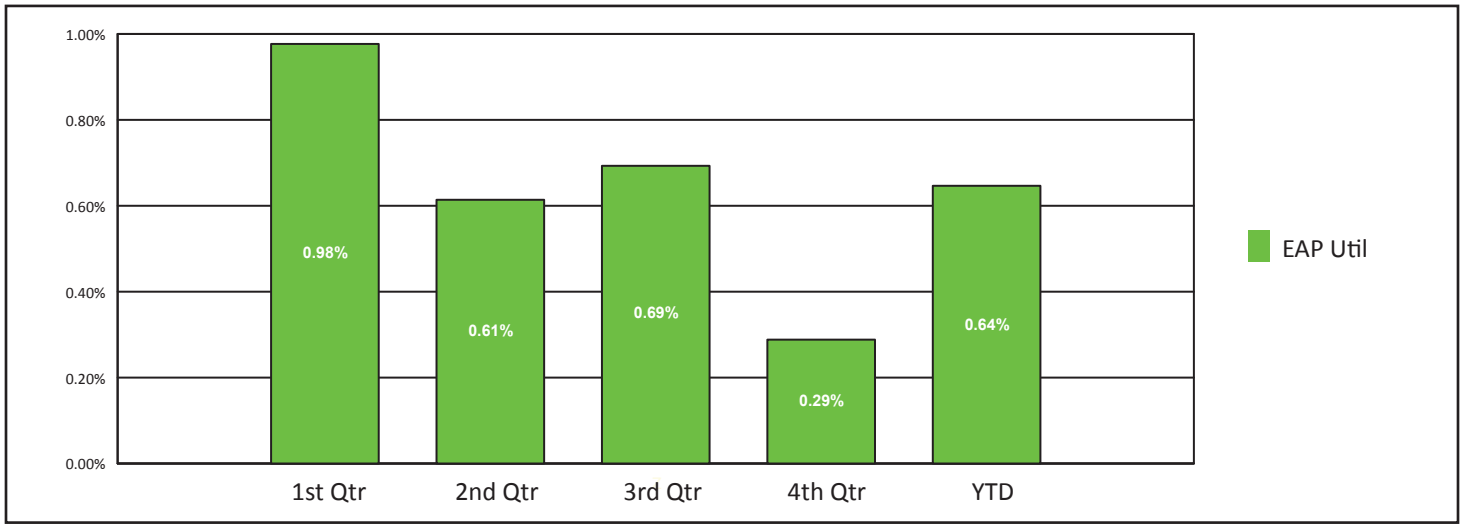
EAP Case Based Utilization

FELRA

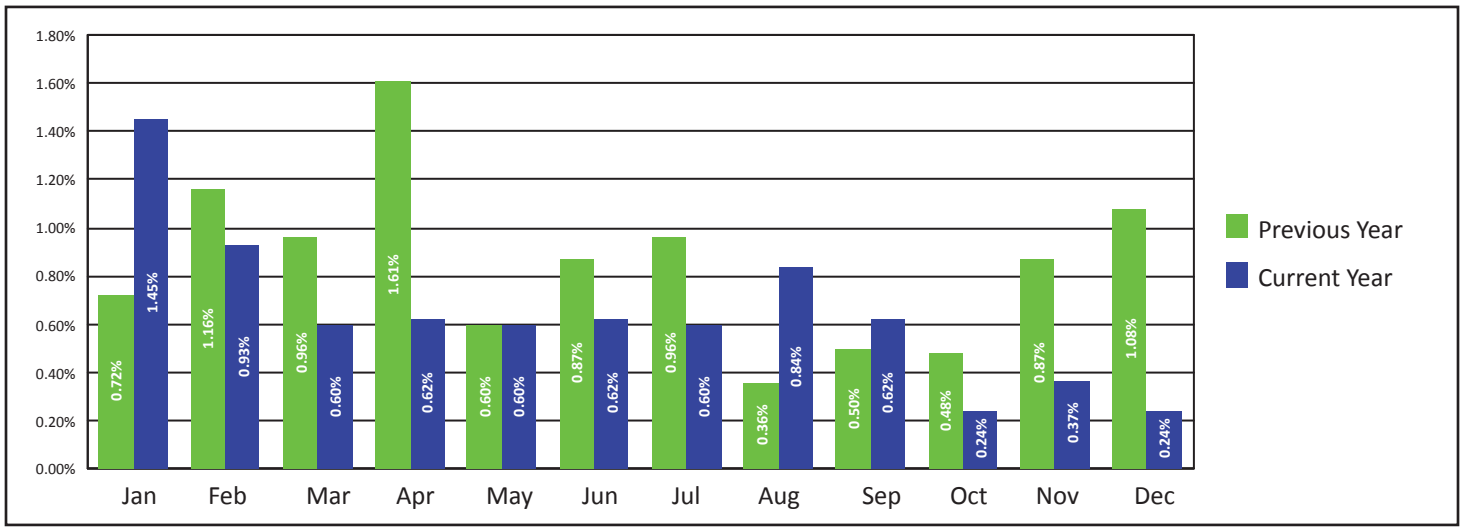
January 1, 2017 - December 31, 2017

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Average Number of Eligible Employees	9,948	9,826	9,709	9,597	9,770
Total Distinct EAP Cases	24	15	17	7	63
Annualized Utilization Rate	0.98%	0.61%	0.69%	0.29%	0.64%

Current Utilization Rate



Rolling 12 Month Trending Utilization Rate



Note: Report shows both open and closed cases.

Report# 21000.1.01

Print Date: 2/14/2018 4:32:24PM

YTD Reporting Period: 1/1/2017 - 12/31/2017

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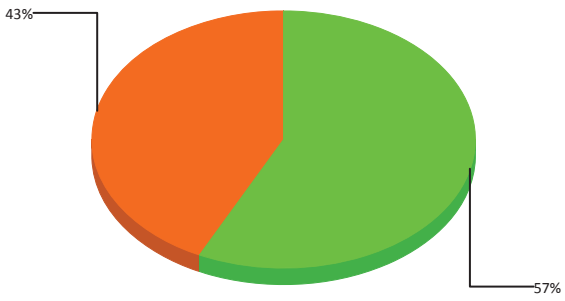
Participant Demographics — FELRA

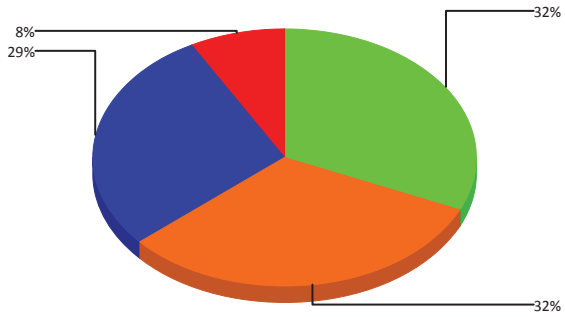
Gender | Age | Participant Category — January 1, 2017 - December 31, 2017

Gender



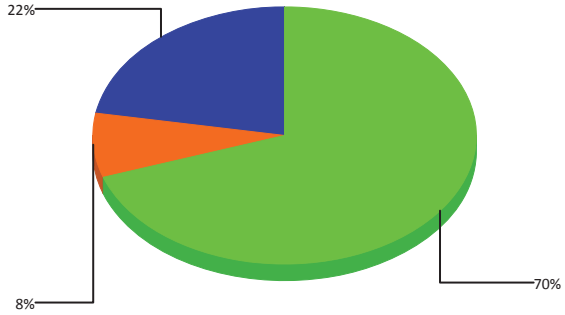
# Cases	
Female	36
Male	27
Total:	63

Age



# Cases	
Baby Boomers (1946 - 1964)	20
Generation X (1965 - 1979)	20
Generation Y (1980 - 2000)	18
Generation Z (2001 to present)	5
Total:	63

Participant Category



# Cases	
Self	44
Spouse	5
Dependent	14
Total:	63

Note: Report shows both open and closed cases. Due to rounding of percentages, totals in chart(s) may not equal 100%.

Print Date: 2/14/2018 4:32:24PM

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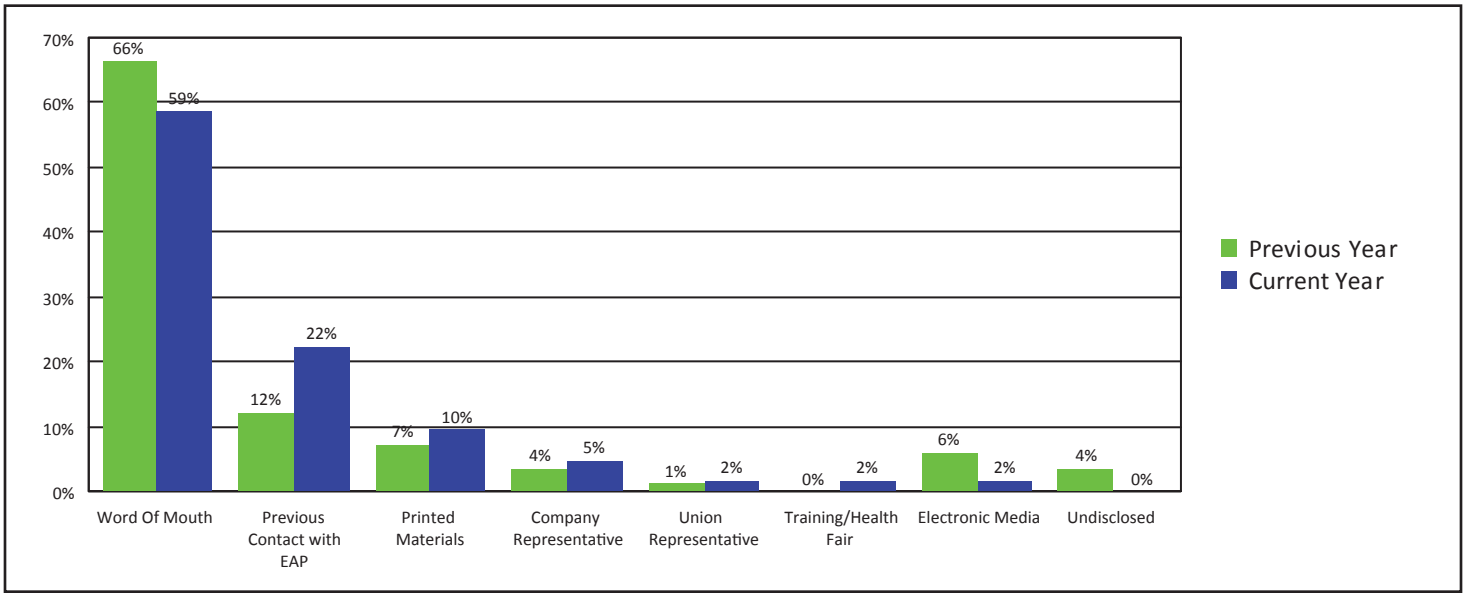
Learned About EAP

FELRA

January 1, 2017 - December 31, 2017

Learned About EAP	2015 Semi-Annual 2	2015 YTD	2016 Semi-Annual 2	2016 YTD	2017 Semi-Annual 2	2017 YTD
Word Of Mouth	58	58	55	55	37	37
Previous Contact with EAP	33	33	10	10	14	14
Printed Materials	15	15	6	6	6	6
Company Representative	9	9	3	3	3	3
Electronic Media	3	3	5	5	1	1
Union Representative	3	3	1	1	1	1
Training/Health Fair	0	0	0	0	1	1
Undisclosed	2	2	3	3	0	0
Total:	123	123	83	83	63	63

Rolling 12 Month Trending for Learned About EAP



Note: Report shows both open and closed cases. Due to rounding of percentages, totals in chart(s) may not equal 100%.

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Distribution by Problem Category

FELRA

January 1, 2017 - December 31, 2017

Top 10 Presenting Problems and Substance Abuse	2015 Semi-Annual 2	2015 YTD	2016 Semi-Annual 2	2016 YTD	2017 Semi-Annual 2	2017 YTD
Depression	20	20	16	16	15	15
Anxiety	8	8	9	9	9	9
Marital Relationship	35	35	12	12	9	9
Situational/Adjustment Concern	15	15	13	13	8	8
Declined	2	2	4	4	7	7
Grief/Loss	7	7	6	6	3	3
Family	11	11	6	6	2	2
Hyperactivity/Learning Disorder	0	0	1	1	2	2
Job/Occupational	8	8	6	6	2	2
Impulse Control Disorder	4	4	1	1	1	1
Alcohol Abuse	4	4	5	5	3	3
Drug Abuse	2	2	1	1	1	1
Mixed Alcohol & Drug Abuse	0	0	1	1	0	0
Total:	116	116	81	81	62	62

Top 10 Assessed Problems and Substance Abuse	2015 Semi-Annual 2	2015 YTD	2016 Semi-Annual 2	2016 YTD	2017 Semi-Annual 2	2017 YTD
Depression	19	19	17	17	15	15
Anxiety	10	10	9	9	10	10
Marital Relationship	35	35	12	12	9	9
Situational/Adjustment Concern	13	13	12	12	8	8
Declined	2	2	3	3	4	4
Family	12	12	6	6	3	3
Grief/Loss	7	7	7	7	3	3
Job/Occupational	8	8	6	6	3	3
Hyperactivity/Learning Disorder	0	0	1	1	2	2
Impulse Control Disorder	4	4	1	1	1	1
Alcohol Abuse	4	4	5	5	3	3
Drug Abuse	2	2	1	1	1	1
Mixed Alcohol & Drug Abuse	0	0	1	1	0	0
Total:	116	116	81	81	62	62

Note: Report shows both open and closed cases.
Report# 21007.1.01
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YTD Reporting Period: 1/1/2017 - 12/31/2017
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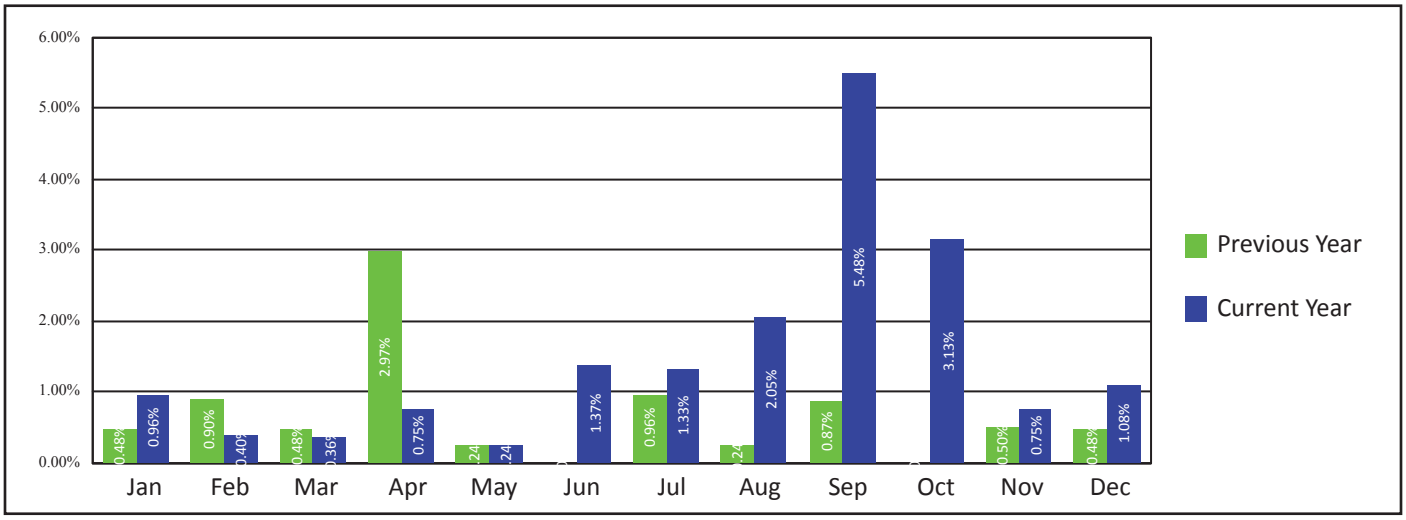
Achieve Solutions Utilization Data

FELRA

January 1, 2017 - December 31, 2017

	Current	YTD	Previous YTD	BOB YTD %
Total Page Views	213	213	208	-------
Total Unique Sessions	146	146	66	-------
Annualized Utilization Rate *Unique Sessions Only*	1.52%	1.49%	0.67%	17.13%

Rolling 12 Month Trending for Unique Sessions



Top 10 Most Frequently Visited Topics	Current Views	YTD Views
Holidays and Special Occasions	5	5
Communication	4	4
Generalized Anxiety Disorder	4	4
Debt and Credit	3	3
Diabetes	3	3
Medications	3	3
Pain Management	3	3
Cyclothymia: Mild Bipolar Disorder	2	2
Depression	2	2
Grandparenting	2	2

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Achieve Solutions Utilization Data

FELRA

January 1, 2017 - December 31, 2017

Top 10 Most Frequently Viewed Centers	Current Views	YTD Views
Health & Wellness	15	15
Relationships	9	9
Anxiety	5	5
Depression	4	4
Money & Legal	4	4
Alcohol & Other Drugs	2	2
Work	1	1

Content Type (All Users)	Current Views	YTD Views
Articles	39	39

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