
ADMINISTRATIVE SERVICE REPORTS

Prepared For: SLIDELL ISD

For the Period: 9/1/2022 - 1/30/2023

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DEMOGRAPHIC MEDICAL SUMMARY

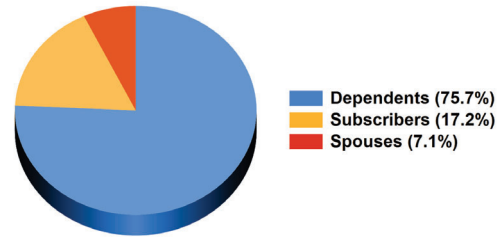
035 - SLIDELL ISD

PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

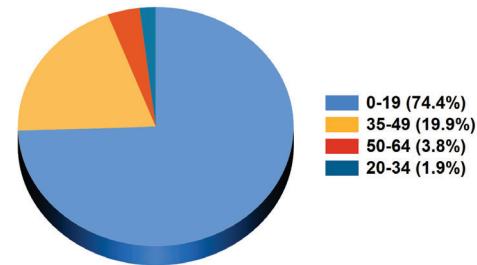
Distributed Dollars By Relationship

| | Count | Member Months | Cost* |
|------------------------|-----------|---------------|-------------------|
| Subscribers | 37 | 185 | \$1,005.53 |
| Spouses | 2 | 10 | \$412.42 |
| Dependents | 46 | 230 | \$4,428.37 |
| Total Enrollees | 85 | 425 | \$5,846.32 |



Distributed Dollars By Age

| | Count | Member Months | Cost* |
|------------------------|-----------|---------------|-------------------|
| 0-19 | 43 | 215 | \$4,352.45 |
| 20-34 | 14 | 70 | \$110.54 |
| 35-49 | 21 | 105 | \$1,162.81 |
| 50-64 | 7 | 35 | \$220.52 |
| Total Enrollees | 85 | 425 | \$5,846.32 |



* Costs are based on medical claims only, administrative costs are not included.

OVER AGE DEPENDENTS

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No dependents will be reaching 26 years of age within 3 months of the paid end date.

No dependents will be reaching 65 years of age within 3 months of the paid end date.

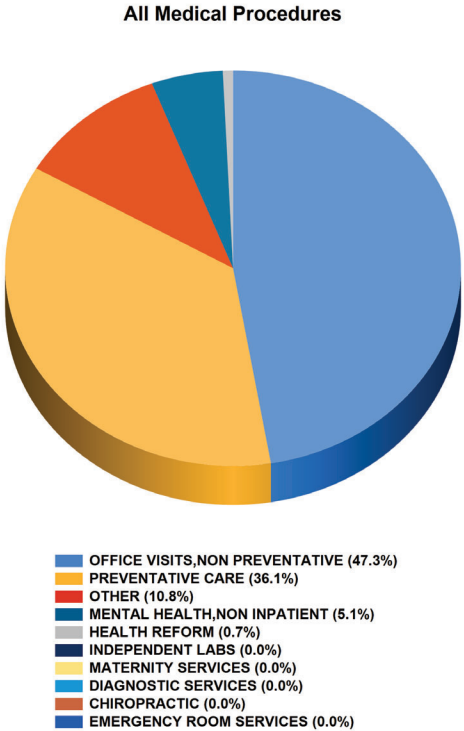
TOP MEDICAL PROCEDURE GROUPINGS

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SERVICE DATE: 9/1/2022 - 1/30/2023

| Procedure Groups | Paid Amount |
|---------------------------------|-------------|
| OFFICE VISITS, NON PREVENTATIVE | \$2,767.62 |
| PREVENTATIVE CARE | \$2,109.49 |
| OTHER | \$630.20 |
| MENTAL HEALTH, NON INPATIENT | \$296.96 |
| HEALTH REFORM | \$42.05 |
| INDEPENDENT LABS | \$0.00 |
| MATERNITY SERVICES | \$0.00 |
| CHIROPRACTIC | \$0.00 |
| DIAGNOSTIC SERVICES | \$0.00 |
| EMERGENCY ROOM SERVICES | \$0.00 |



TOP DIAGNOSIS CLASSIFICATIONS

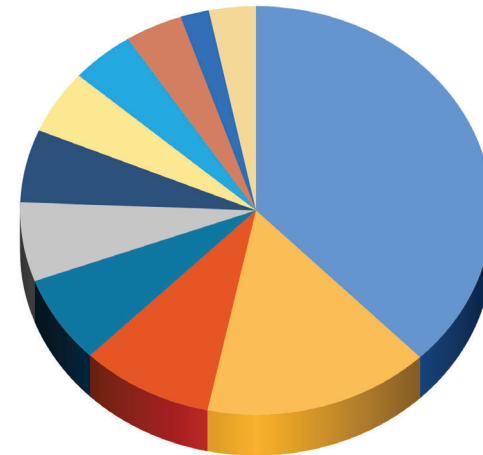
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SERVICE DATE: 9/1/2022 - 1/30/2023

| Diagnosis Classifications | # Of Members | Paid Amount |
|---|--------------|-------------|
| Factors influencing health status and contact with health services | 12 | \$2,207.70 |
| Diseases of the respiratory system | 14 | \$908.43 |
| Diseases of the ear and mastoid process | 6 | \$532.84 |
| Mental, Behavioral and Neurodevelopmental disorders | 2 | \$406.96 |
| Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 7 | \$366.06 |
| No Classification | 1 | \$336.97 |
| Diseases of the musculoskeletal system and connective tissue | 3 | \$296.38 |
| Diseases of the genitourinary system | 4 | \$256.82 |
| Neoplasms | 3 | \$231.27 |
| Certain infections and parasitic diseases | 2 | \$115.05 |

All Classifications



- Factors influencing health status and contact with health services (37.8%)
- Diseases of the respiratory system (15.5%)
- Diseases of the ear and mastoid process (9.1%)
- Mental, Behavioral and Neurodevelopmental disorders (7.0%)
- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (6.3%)
- No Classification (5.8%)
- Diseases of the musculoskeletal system and connective tissue (5.1%)
- Diseases of the genitourinary system (4.4%)
- Neoplasms (4.0%)
- Certain infections and parasitic diseases (2.0%)
- ALL OTHER CLASSIFICATIONS COMBINED (3.2%)

TOP CLAIMANTS

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PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

| Member | Group # | Reporting Period 9/1/2022 - 1/30/2023 | | Fiscal YTD 1/1/2022 - 1/30/2023 | | % of Dollars Paid in Comparison to all Dollars Paid for Group |
|----------|---------|--|-------------------------|------------------------------------|-------------------------|---|
| | | Total Claims Count | Total Claims Paid | Total Claims Count | Total Claims Paid | |
| S0053568 | 035001 | 2 | \$551.25 | 2 | \$551.25 | 0.36% |
| S0053537 | 035001 | 1 | \$528.93 | 1 | \$528.93 | 0.34% |
| S0053574 | 035001 | 6 | \$440.83 | 6 | \$440.83 | 0.28% |
| S0053564 | 035001 | 4 | \$440.23 | 4 | \$440.23 | 0.28% |
| S0053545 | 035001 | 6 | \$412.42 | 6 | \$412.42 | 0.27% |
| S0053557 | 035001 | 3 | \$319.09 | 3 | \$319.09 | 0.21% |
| S0053507 | 035001 | 2 | \$296.96 | 2 | \$296.96 | 0.19% |
| S0053510 | 035001 | 3 | \$241.04 | 3 | \$241.04 | 0.16% |
| S0053572 | 035001 | 4 | \$236.13 | 4 | \$236.13 | 0.15% |
| S0053519 | 035001 | 1 | \$194.61 | 1 | \$194.61 | 0.13% |

CLAIMS SUMMARY BY PRODUCT

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PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

| Location | Name | Members* | Medical | RX | Total | Paid Amount Per Member |
|--|-------------|-----------|-------------------|-------------------|-------------------|------------------------|
| 001 | SLIDELL ISD | 85 | \$5,846.32 | \$3,661.91 | \$9,508.23 | \$111.86 |
| Total of All Locations and Groups | | 85 | \$5,846.32 | \$3,661.91 | \$9,508.23 | |

** Member count is determined by summing unique members that were in each combination of product and plan within the paid date period. Members having multiple products or in multiple plans will be counted as a member of each product/plan combination within the reporting period.*

TOP PLACES OF SERVICE

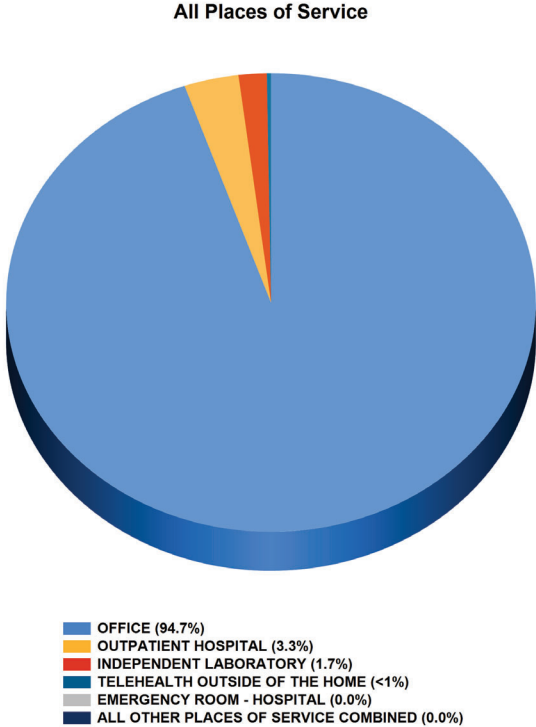
035 - SLIDELL ISD

PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

| | Places Of Service | # Of Services* | Paid Amount |
|----|--------------------------------|----------------|-------------|
| 11 | OFFICE | 69 | \$5,536.71 |
| 22 | OUTPATIENT HOSPITAL | 2 | \$194.61 |
| 81 | INDEPENDENT LABORATORY | 6 | \$100.00 |
| 02 | TELEHEALTH OUTSIDE OF THE HOME | 1 | \$15.00 |
| 23 | EMERGENCY ROOM - HOSPITAL | 2 | \$0.00 |

* Service counts are derived by counting unique combinations of patient, provider, service dates. Multiple claims for the same patient with the same rendering provider and on the same day will only count as one service rendered.



TOP MEDICAL PROVIDERS

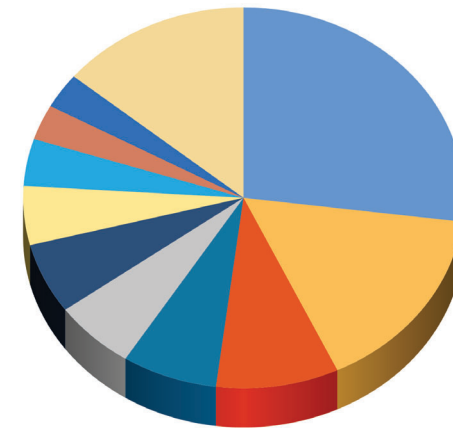
035 - SLIDELL ISD

PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

| Providers | Tax ID | # Of Patients | # Of Encounters | Paid Amount | Billed |
|-----------------------------------|-----------|---------------|-----------------|-------------|------------|
| AUGUST PEDIATRICS | 208448222 | 12 | 20 | \$1,577.40 | \$5,509.00 |
| PREFERRED PEDIATRICS PRIMARY CARE | 833136185 | 4 | 5 | \$916.16 | \$1,796.00 |
| NUBY PEDIATRICS, PA | 203844310 | 3 | 5 | \$533.51 | \$690.00 |
| ENT AND ALLERGY CLINIC P. A. | 201159406 | 2 | 4 | \$412.84 | \$912.00 |
| CHRISTINE HOLLAND, MD, PA | 262345602 | 3 | 4 | \$379.11 | \$1,261.00 |
| OCCUNET LLC | 271563468 | 1 | 1 | \$336.97 | \$336.97 |
| CAROLYN MCCOMIS | 263527886 | 1 | 2 | \$296.96 | \$525.00 |
| TX ONCOLOGY PA BREAST SPEC | 752131429 | 1 | 1 | \$206.00 | \$404.00 |
| TEXAS RADIOLOGY ASSOCIATES LLP | 751459885 | 3 | 3 | \$194.61 | \$3,748.00 |
| ALLIANCE OBGYN SPECIALISTS PLLC | 043772808 | 1 | 2 | \$180.90 | \$250.00 |

All Medical Providers



- AUGUST PEDIATRICS (27.0%)
- PREFERRED PEDIATRICS PRIMARY CARE (16.0%)
- NUBY PEDIATRICS, PA (9.0%)
- ENT AND ALLERGY CLINIC P. A. (7.0%)
- CHRISTINE HOLLAND, MD, PA (6.0%)
- OCCUNET LLC (6.0%)
- CAROLYN MCCOMIS (5.0%)
- TX ONCOLOGY PA BREAST SPEC (4.0%)
- TEXAS RADIOLOGY ASSOCIATES LLP (3.0%)
- ALLIANCE OBGYN SPECIALISTS PLLC (3.0%)
- ALL OTHER PROVIDERS COMBINED (14.0%)

NETWORK PERFORMANCE

035 - SLIDELL ISD

PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

| Network | # Of Patients | % Of Total Patients | # Of Services | % Of Total Services | Billed Amount | UCR Reduction | PPO Savings | % Saved | Paid In Amount | Paid Out Amount |
|----------------------|---------------|---------------------|---------------|---------------------|---------------|---------------|-------------|---------|----------------|-----------------|
| MD LIVE | 1 | 2.33% | 1 | 1.25% | \$45.00 | \$0.00 | \$0.00 | 0.00% | \$15.00 | \$0.00 |
| OCCUNET | 4 | 9.30% | 8 | 10.00% | \$11,153.37 | \$0.00 | \$9,824.03 | 88.08% | \$125.18 | \$0.00 |
| PHCS NETWORK | 36 | 83.72% | 69 | 86.25% | \$23,874.82 | \$0.00 | \$13,706.11 | 57.41% | \$5,369.17 | \$0.00 |
| SPECIAL ARRANGEMENTS | 2 | 4.65% | 2 | 2.50% | \$2,220.97 | \$0.00 | \$1,884.00 | 84.83% | \$0.00 | \$0.00 |

PLAN COST SUMMARY

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035 - SLIDELL ISD

PAID DATE: 1/1/2022 - 1/30/2023

SERVICE DATE: 1/1/2022 - 1/30/2023

| | 2022-09 | 2022-10 | 2022-11 | 2022-12 | 2023-01 | Report Totals |
|-----------------------------------|-------------------|-------------------|-------------------|--------------------|--------------------|--------------------|
| Medical | | | | | | |
| Benefits Paid | \$0.00 | \$0.00 | \$0.00 | \$15.00 | \$5,494.35 | \$5,509.35 |
| Vendor Payment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$336.97 | \$336.97 |
| Network Access* | \$148.00 | \$148.00 | \$148.00 | \$148.00 | \$203.50 | \$795.50 |
| Stop Loss Premium* | \$4,724.08 | \$4,724.08 | \$4,724.08 | \$4,724.08 | \$4,724.08 | \$23,620.40 |
| Utilization Management* | \$93.24 | \$93.24 | \$93.24 | \$93.24 | \$93.24 | \$466.20 |
| Broker Fees* | \$337.75 | \$337.75 | \$337.75 | \$337.75 | \$337.75 | \$1,688.75 |
| Claims Administration* | \$2,607.25 | \$2,607.25 | \$2,607.25 | \$2,607.25 | \$2,524.00 | \$12,953.00 |
| | \$7,910.32 | \$7,910.32 | \$7,910.32 | \$7,925.32 | \$13,713.89 | \$45,370.17 |
| Cost Per Subscriber (PEPM) | \$213.79 | \$213.79 | \$213.79 | \$214.20 | \$370.65 | \$1,226.22 |
| Cost Per Member (PMPM) | \$93.06 | \$93.06 | \$93.06 | \$93.24 | \$161.34 | \$533.77 |
| Pharmacy | | | | | | |
| Benefits Paid | \$0.00 | \$0.00 | \$0.00 | \$2,688.83 | \$973.08 | \$3,661.91 |
| | \$0.00 | \$0.00 | \$0.00 | \$2,688.83 | \$973.08 | \$3,661.91 |
| Cost Per Subscriber (PEPM) | \$0.00 | \$0.00 | \$0.00 | \$72.67 | \$26.30 | \$98.97 |
| Cost Per Member (PMPM) | \$0.00 | \$0.00 | \$0.00 | \$31.63 | \$11.45 | \$43.08 |
| Additional Expense | | | | | | |
| Miscellaneous Fees* | \$977.50 | \$977.50 | \$977.50 | \$977.50 | \$1,005.25 | \$4,915.25 |
| | \$977.50 | \$977.50 | \$977.50 | \$977.50 | \$1,005.25 | \$4,915.25 |
| All | | | | | | |
| Total Benefits Paid | \$0.00 | \$0.00 | \$0.00 | \$2,703.83 | \$6,467.43 | \$9,171.26 |
| Total Administration* | \$8,887.82 | \$8,887.82 | \$8,887.82 | \$8,887.82 | \$9,224.79 | \$44,776.07 |
| | \$8,887.82 | \$8,887.82 | \$8,887.82 | \$11,591.65 | \$15,692.22 | \$53,947.33 |

* Cost data pulled from billing records and not from claims

MEDICAL COST BY PLAN

035 - SLIDELL ISD

PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

| Plan Name | Paid Amount | Members* | Paid Amount Per Member |
|-------------------------------|-------------------|------------|------------------------|
| TX EDUCATOR BASIC PLAN | \$3,909.70 | 61 | \$64.09 |
| TX EDUCATOR CHOICE PLAN | \$92.48 | 2 | \$46.24 |
| TX EDUCATOR LOW UTILIZER PLAN | \$1,507.17 | 17 | \$88.66 |
| TX EDUCATORS BASIC PLAN | \$0.00 | 61 | \$0.00 |
| Total of All Plans | \$5,509.35 | 141 | |

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COST BY LOCATION

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SERVICE DATE: 9/1/2022 - 1/30/2023

| Location | Group Name | Product | Paid Amount | Members* | Paid Amount Per Member |
|--|-------------|---------|-------------------|-----------|------------------------|
| 001 | SLIDELL ISD | | \$336.97 | | |
| | | MED | \$5,509.35 | 85 | \$64.82 |
| | | RXP | \$3,661.91 | | |
| | | SUP | \$0.00 | 85 | \$0.00 |
| Medical Total | | | \$5,509.35 | 85 | |
| Pharmacy Total | | | \$3,661.91 | | |
| Total Of All Locations and Products | | | \$9,508.23 | | |

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MEDICAL CLAIMS LAG

035 - SLIDELL ISD

PAID DATE: 9/1/2022 - 1/30/2023

SERVICE DATE: 9/1/2022 - 1/30/2023

| | | Date Paid | | | | | Total |
|---------------|--------------|-----------|---------|---------|---------|---------|---------|
| | | 2022-09 | 2022-10 | 2022-11 | 2022-12 | 2023-01 | |
| Date Incurred | <i>Older</i> | \$0 | \$0 | \$0 | \$0 | \$0 | |
| | 2022-09 | \$0 | \$0 | \$0 | \$15 | \$2,196 | \$2,211 |
| | 2022-10 | | \$0 | \$0 | \$0 | \$1,265 | \$1,265 |
| | 2022-11 | | | \$0 | \$0 | \$966 | \$966 |
| | 2022-12 | | | | \$0 | \$1,404 | \$1,404 |
| | 2023-01 | | | | | \$0 | \$0 |
| | Total | | \$0 | \$0 | \$0 | \$15 | \$5,831 |