Example Claims Information Report

Data in this workbook is provided as Summary Health Information and contains Protected Health Information under HIPAA, HITEmployee + Child and the HIPAA Rules. Access, use, and disclosures of this data must be restricted in accordance with state and federal laws, including HIPAA Rules 45 CFR Parts 160 and 164.

HCC = High Cost Claimant (>\$50,000)

"HCC Prior" tab is most recent complete plan year

"HCC Current" is plan year to date

HCC primary diagnosis is based on claim with highest dollar value for each HCC.

HCC secondary diagnosis is based on claim with highest dollar value for each HCC.

"Top 100Rx Prior" tab is most recent complete plan year

"Top 100Rx Current" is plan year to date

Medical category contains plan paid totals by category of spending by month

"Top 10 Category Prior" tab is most recent complete plan year

"Top 10 Category Current" is plan year to date

Queries for all tabs were run on [Insert]

Data pertains to School District [Insert RE entity # and District Name and Intended Recipient]

Notes:

- 1. TRS-ActiveCare switched from Aetna to BCBS on September 1, 2020. This transition may impact the experience in fiscal year 2021.
- 2. COVID-19 changed typical utilization patterns and this should be taken into account when using this data to forecast for future years.
- 3. Dollar amounts are totals of what the plan paid and do not include member cost sharing. Pharmacy financial information does not include rebates. Medical and pharmacy claim dates/months are based on the month claims were paid.
- 4. Regional HMOs are fully insured products. As a result, TRS does not pay claims for these members. Members will be counted on in the subscriber by plan and member by plan tabs but there will be no claims for these individuals. Fully insured regional HMO are: Blue Essentials, FirstCare, and Scott & White.

Eligibility Period	Plan from Eligibility	Eligibility Tier	Employee Count
202112	ActiveCare 2	Employee Only	10
202112	ActiveCare 2	Employee + Child	1
202112	ActiveCare Primary	Employee + Spouse	10
202112	ActiveCare Primary	Employee Only	290
202112	ActiveCare Primary	Employee + Child	60
202112	ActiveCare Primary	Employee + Family	10
202112	ActiveCare Primary +	Employee + Spouse	10
202112	ActiveCare Primary +	Employee Only	100
202112	ActiveCare Primary +	Employee + Child	20
202112	ActiveCare Primary +	Employee + Family	1
202112	ActiveCare HD	Employee + Spouse	1
202112	ActiveCare HD	Employee Only	90
202112	ActiveCare HD	Employee + Child	10
202112	ActiveCare HD	Employee + Family	1
202112	Blue Essentials	Employee Only	60
202112	Blue Essentials	Employee + Child	10
202112	Blue Essentials	Employee + Family	10
			1
			1
			1

Eligibility Period	Plan from Eligibility	Eligibility Tier	Member Count
202112	ActiveCare 2	Employee Only	10
202112	ActiveCare 2	Employee + Child	0
202112	ActiveCare Primary	Employee + Spouse	10
202112	ActiveCare Primary	Employee Only	290
202112	ActiveCare Primary	Employee + Child	160
202112	ActiveCare Primary	Employee + Family	40
202112	ActiveCare Primary +	Employee + Spouse	20
202112	ActiveCare Primary +	Employee Only	100
202112	ActiveCare Primary +	Employee + Child	50
202112	ActiveCare Primary +	Employee + Family	10
202112	ActiveCare HD	Employee + Spouse	10
202112	ActiveCare HD	Employee Only	90
202112	ActiveCare HD	Employee + Child	20
202112	ActiveCare HD	Employee + Family	10
202112	Blue Essentials	Employee Only	60
202112	Blue Essentials	Employee + Child	30
202112	Blue Essentials	Employee + Family	60
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Paid Month Year YYYYMM	Plan from Claim	Plan Paid Amount
201912	ActiveCare 1-HD	\$215,000.00
201912	ActiveCare 2	\$236,000.00
201912	ActiveCare Select	\$180,000.00
202112	ActiveCare 2	\$1,000.00
202112	ActiveCare HD	\$60,000.00
202112	ActiveCare Primary	\$85,000.00
202112	ActiveCare Primary +	\$88,000.00

Paid Month Year YYYYMM	Plan from Claim	Plan Paid Amount
202112	ActiveCare HD	\$9,000.00
202112		\$9,000.00 \$2,500.00
	ActiveCare 2	\$3,500.00
202112	ActiveCare Primary	\$54,700.00
202112	ActiveCare Primary +	\$41,600.00
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Member	Patient Relation from Eligibility	Plan Paid Amount	Primary Diag	Secondary Diag	Currently Enrolled
1	Subscriber	\$75,000.00	Cystic fibrosis		Yes
2	Dependant	\$50,000.00	Osteoarthritis	Other aftercare encounter	Yes

Member	Patient Relation from Eligibility	Plan Paid Amount	Primary Diag	Secondary Diag	Currently Enrolled
1	Subscriber	\$190,000.00	Gastrointestinal cancers - colorectal		Yes
2	Dependant	\$175,000.00	onavirus disease ¿ 2019 (COVID-19)	Other specified nervous system disorders	

Rx Name	Rx Type	Scripts
Drug 1	Specialty	2,500
Drug 2	Brand	2,486
Drug 3	Generic	2,472
Drug 4	Generic	2,458
Drug 5	Generic	2,444
Drug 6	Brand	2,430
Drug 7	Generic	2,416
Drug 8	Generic	2,402
Drug 9	Brand	2,388
Drug 10	Generic	2,374
Drug 11	Generic	2,360
Drug 12	Brand	2,346
Drug 13	Generic	2,332
Drug 14	Generic	2,318
Drug 15	Brand	2,304
Drug 16	Generic	2,290
Drug 17	Generic	2,276
Drug 18	Generic	2,262
Drug 19	Generic	2,248

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Drug 18	Generic	2,262
Drug 19	Generic	2,248

Month	Category	Total Paid
202112	Inpatient	\$250,000.00
202112	Outpatient	\$243,458.00
202112	Professional	\$236,916.00
202112	Other	\$230,374.00

Inpatient				Outpatient	Outpatient				Physician				Other			
Provider	Zip Code	Paid	Number of Visits	Provider	Zip Code	Paid	Number of Visits	Provider	Zip Code	Paid	Number of Visits	Provider	Zip Code	Paid	Number of Visits	
Facility 1	12345	#########	500	Facility 1	12345	#########	500	Doctor 1	12345	#########	500	Provider 1	12345	##########	500	
Facility 2	12345	#########	485	Facility 2	12345	#########	485	Doctor 2	12345	#########	485	Provider 2	12345	##########	485	
Facility 3	12345	#########	470	Facility 3	12345	#########	470	Doctor 3	12345	#########	470	Provider 3	12345	##########	470	
Facility 4	12345	#########	455	Facility 4	12345	#########	455	Doctor 4	12345	#########	455	Provider 4	12345	##########	455	
Facility 5	12345	#########	440	Facility 5	12345	#########	440	Doctor 5	12345	#########	440	Provider 5	12345	##########	440	
Facility 6	12345	#########	425	Facility 6	12345	#########	425	Doctor 6	12345	#########	425	Provider 6	12345	##########	425	
Facility 7	12345	#########	410	Facility 7	12345	#########	410	Doctor 7	12345	#########	410	Provider 7	12345	##########	410	
Facility 8	12345	#########	395	Facility 8	12345	#########	395	Doctor 8	12345	#########	395	Provider 8	12345	##########	395	
Facility 9	12345	#########	380	Facility 9	12345	#########	380	Doctor 9	12345	##########	380	Provider 9	12345	##########	380	
Facility 1	12345	#########	365	Facility 10	12345	#########	365	Doctor 10	12345	##########	365	Provider 10	12345	##########	365	

Inpatien	t			Outpatient	atient				Physician					Other			
Provider	Zip Code	Paid	Number of Visits	Provider	Zip Code	Paid	Number of Visits	Provider	Zip Code	Paid	Number of Visits	Provider 2	Zip Code	Paid	Number of Visits		
Facility 1	12345	#########	500	Facility 1	12345	#########	500	Doctor 1	12345	#########	500	Provider	12345	#########	500		
Facility 2	12345	#########	485	Facility 2	12345	#########	485	Doctor 2	12345	#########	485	Provider	12345	#########	485		
Facility 3	12345	#########	470	Facility 3	12345	#########	470	Doctor 3	12345	#########	470	Provider	12345	#########	470		
Facility 4	12345	#########	455	Facility 4	12345	#########	455	Doctor 4	12345	#########	455	Provider	12345	#########	455		
Facility 5	12345	#########	440	Facility 5	12345	#########	440	Doctor 5	12345	#########	440	Provider	12345	#########	440		
Facility 6	12345	#########	425	Facility 6	12345	#########	425	Doctor 6	12345	#########	425	Provider	12345	#########	425		
Facility 7	12345	#########	410	Facility 7	12345	#########	410	Doctor 7	12345	#########	410	Provider	12345	#########	410		
Facility 8	12345	#########	395	Facility 8	12345	#########	395	Doctor 8	12345	#########	395	Provider	12345	#########	395		
Facility 9	12345	#########	380	Facility 9	12345	#########	380	Doctor 9	12345	#########	380	Provider	12345	#########	380		
Facility 1	(12345	#########	365	Facility 10	12345	#########	365	Doctor 10	12345	#########	365	Provider	12345	#########	365		