

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.

[illegible]

[illegible]

[illegible]

[illegible]

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 z, 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

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

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

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

Outpatient

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

Physician

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

Other

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

Inpatient

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

Outpatient

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

Physician

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

Other

Provider	Zip Code	Paid	Number of Visits
Provider	12345	#####	500
Provider	12345	#####	485
Provider	12345	#####	470
Provider	12345	#####	455
Provider	12345	#####	440
Provider	12345	#####	425
Provider	12345	#####	410
Provider	12345	#####	395
Provider	12345	#####	380
Provider	12345	#####	365