Controlling health costs, measuring performance and assessing risk all start with data analytics. BenRx’s comprehensive Data Analytics solutions give employers the advanced analytical tools to present a comprehensive view of employee benefits. Integrated analysis and reporting components allow for trending, benchmarking to national standards and drill-down to diagnosis, procedure and provider.

Data Analytics Solutions:

- Plan Analysis
- Plan Reporting
- Plan Modeling
- Advanced Clinical Predictive Modeling

Data Analytics Features:

- Identify high risk individuals early with clinical predictive modeling
- Integration of claims, member demographics and benchmark data
- Secure online analytical tools
- Scheduled and on-demand reporting
- Plan model analysis and design
The key to controlling health care costs is knowing where your benefit dollars are being spent. BenRx's comprehensive claims and benefit analysis service allows the comparison of health plan performance against national norms, identifies trends and alerts employers of major claim triggers. The ability to analyze claim data to determine health plan utilization and cost is provided in online reporting that brings health care provider, procedure and diagnosis data together.

Proven web-based analytics technology from BenRx transforms claim data into actionable management information to help you understand, predict and lower benefit costs.

Client Benefits:

- Target high claim cost employees with wellness programs
- Identify large claims (shock claims) and take action
- View current statistics to monitor utilization costs
- Adjust plan design to control costs

Additional Functionality:

- Integrated charts and graphs
- Payee Summary analysis of specific claim information based on healthcare providers utilized by plan members
- Diagnosis Summary analysis of specific claim information based on diagnoses of conditions
- Procedure Analyze specific claim information by procedure
- Prescription Summary information of specific claim information related to prescription drug costs
- Payment Review claim payment through a time period specified with review of individual payment details
- Provider Cost Comparison Compare charges and payments for specified procedures and/or providers
- Health Service Analysis View frequency and cost information associated with groups of services performed for plan members
- Lag Matrix Generator Create a paid versus incurred lag matrix for specified time periods
- Stop Loss Trigger Report Provide diagnosis and procedure information for select key diagnoses and time periods

BenRx, Inc.
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Benefit and claim data is still only data until it can become helpful information in making informed employee benefit decisions. Accurate reporting is the key. BenRx’s reporting tools offer comprehensive reports and analysis that capture benefit utilization statistics and trends. Utilization, benchmarking and comparable data and cost summary information is compiled in user friendly reports that provide a detailed view of your benefit utilization and costs.

BenRx’s proven web-based technology and reporting capabilities transform claim data into actionable management information to help clients understand, predict and lower benefit costs.

Client Benefits:

- View reporting for specified periods of claim activity
- Scheduled and ad-hoc reports detailing benefit utilization
- View large claims (shock claims) and take action
- Compare plan performance to regional, national benchmarks

Additional Functionality:

Graphical presentations and built-in charting enhance the review and analysis of key management information

Compare claim data over multiple periods to review utilization trends

SAMPLE REPORTING FUNCTIONS

Claim Analysis Overview
Graphical summary of claim expenditures, network discounts and employee responsibility

Normative Comparison Summary
Summary-level view of enrollment, cost and utilization information

Utilization Benchmark Summary
Compare utilization patterns between plan and national normative values

Shock Claim Summary
Provides insight into high-claim members and the costs incurred

Prescription Drug Summary
Display prescription costs and dispensing information

Dental Summary
View service categories associated with dental costs

Cost Summary by Employee
Per-employee/member breakdown of claim costs

Key Utilization Indicators
Summary-level trend analysis of your employee census and benefits utilization

Large Claim Trend Analysis
Trend analysis of large claimants comparing two specific timeframes

Medical Cost Dist (Diagnosis)
Trend analysis of benefits utilization across individual diagnoses

Preventable Conditions
Conditions that might be prevented by behavior changes, and group cost associated with those conditions

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Building comprehensive benefit plans that meet your changing needs requires consideration of many variables and scenarios. BenRx’s online benefit planning tools enable analysis of plan changes based on health care utilization. We have the flexibility to define assumptions and quickly evaluate multiple plan change scenarios while predicting the financial impact of design alternatives. Each model is based on actual claim data, which significantly increases accuracy in plan building.

Proven web-based planning and modeling technology from BenRx transforms daily, monthly and annual claim data into actionable management information to help employers understand, predict and lower benefit costs.

Client Benefits:

- Design benefit plans that include changes to all levels of coverage
- Evaluate cost shifting, service changes, add/remove, modify benefits
- Use actual historical claim data to predict future plan costs
- Determine costs of adding employee benefits to remain competitive

Sample Model Input

<table>
<thead>
<tr>
<th>Deductible - Individual</th>
<th>Cost Shifting</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) In Network Deductible</td>
<td>In Network Deductible</td>
</tr>
<tr>
<td>(ii) Out of Network Deductible</td>
<td>Out of Network Deductible</td>
</tr>
<tr>
<td>(iii) Select Filter</td>
<td>Select Filter</td>
</tr>
</tbody>
</table>

Sample Output

**Source Data Overview**

<table>
<thead>
<tr>
<th>Source</th>
<th>Source Totals</th>
<th>Adjustment Totals</th>
<th>Adjusted Source</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Employees</td>
<td>2,426</td>
<td>217</td>
<td>2,209</td>
<td>5%</td>
</tr>
<tr>
<td>Total Charges</td>
<td>$2,855,080.77</td>
<td>$1,117,364.54</td>
<td>$1,737,716.23</td>
<td>4%</td>
</tr>
<tr>
<td>Plan Payment</td>
<td>$1,164,765.14</td>
<td>$205,081.21</td>
<td>$959,683.93</td>
<td>-18%</td>
</tr>
<tr>
<td>Copay</td>
<td>$23,102.25</td>
<td>$49,361.91</td>
<td>$32,464.16</td>
<td>41%</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$60,847.61</td>
<td>$46,076.04</td>
<td>$106,523.65</td>
<td>74%</td>
</tr>
<tr>
<td>Deductible</td>
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<td>$206,300.67</td>
<td>$264,725.81</td>
<td>353%</td>
</tr>
<tr>
<td>Empl. Responsibility</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Max Over</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
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<td>$65,132.93</td>
<td>$1,443,313.56</td>
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</tr>
</tbody>
</table>

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Identifying health plan risk and predicting future costs are vital to offering employer benefit plans. BenRx’s Advanced Clinical Analysis and reporting puts clinical predictive modeling into the hands of our customers. Advanced Clinical integrates key analytical components, including population risk, gaps in care and episode grouping to provide a comprehensive view of plan risk and estimated costs.

Advanced Clinical analysis and reporting features the Johns Hopkins Adjusted Clinical Groups® (ACG®) System, the leading clinical predictive modeling technology in use by providers, health plans and employers around the world.

Client Benefits:
- Identify potential high risk and high cost individuals early
- Identify members who would most benefit from case management
- Identify “gaps in care” for individuals with key risk factors
- Forecast future plan and individual utilization and costs

Additional Functionality:
Identify members in and not in compliance for standards of care. Drill-down to member summary and profile.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Goldilux</th>
<th># Members</th>
<th>ESR</th>
<th>PMT</th>
<th>SSL</th>
<th>FRA</th>
<th>% Males</th>
<th>% Uninsured</th>
<th>% Uncovered</th>
<th>% Uncompensated</th>
<th>% High Risk</th>
<th>% High Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>3</td>
<td>3</td>
<td>2.00</td>
<td>1.50</td>
<td>1.50</td>
<td>1.50</td>
<td>3.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Stroke</td>
<td>3</td>
<td>3</td>
<td>2.00</td>
<td>1.50</td>
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<td>1.50</td>
<td>3.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Hypertension</td>
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<td>3</td>
<td>2.00</td>
<td>1.50</td>
<td>1.50</td>
<td>1.50</td>
<td>3.00</td>
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<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
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<td>3</td>
<td>2.00</td>
<td>1.50</td>
<td>1.50</td>
<td>1.50</td>
<td>3.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

Sample Advanced Clinical Functions
- Identify plan and member risk
- Episode grouping
- Johns Hopkins ACG
- Gaps in care analysis

Patient Risk Stratification
Utilizing the Johns Hopkins Adjusted Clinical Groups (ACG) System, each patient is assessed for a wide variety of risk factors in order to explain utilization. This sophisticated predictive model allows the population to be stratified to support population health monitoring and care management interventions.

Medical Care Episode Grouping
Episode grouping provides measurement of healthcare utilization and expenditures (costs) for various medical conditions, allowing comparisons of healthcare providers across a region or a specialty.

Analysis of Key Care Gaps
Identify specific patients with gaps in medical and pharmaceutical care. This process utilizes specific and standard care patterns within the Johns Hopkins ACG System to identify individual patients who are lacking care markers.

Key Biometric Values
Integration of data supplied by a medical management or health risk assessment vendor, including lab values (cholesterol, lipids, etc.), BMI, blood pressure and more. This process provides additional clinical data for identification of high-risk patients within the population.