



LHS EMPLOYEE BENEFIT TRUST

	Current Period	Prior Period
Claims Issued	07/01/2017 - 08/31/2017	07/01/2016 - 08/31/2016

Wednesday, September 20, 2017

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Claims by Major Diagnostic Category

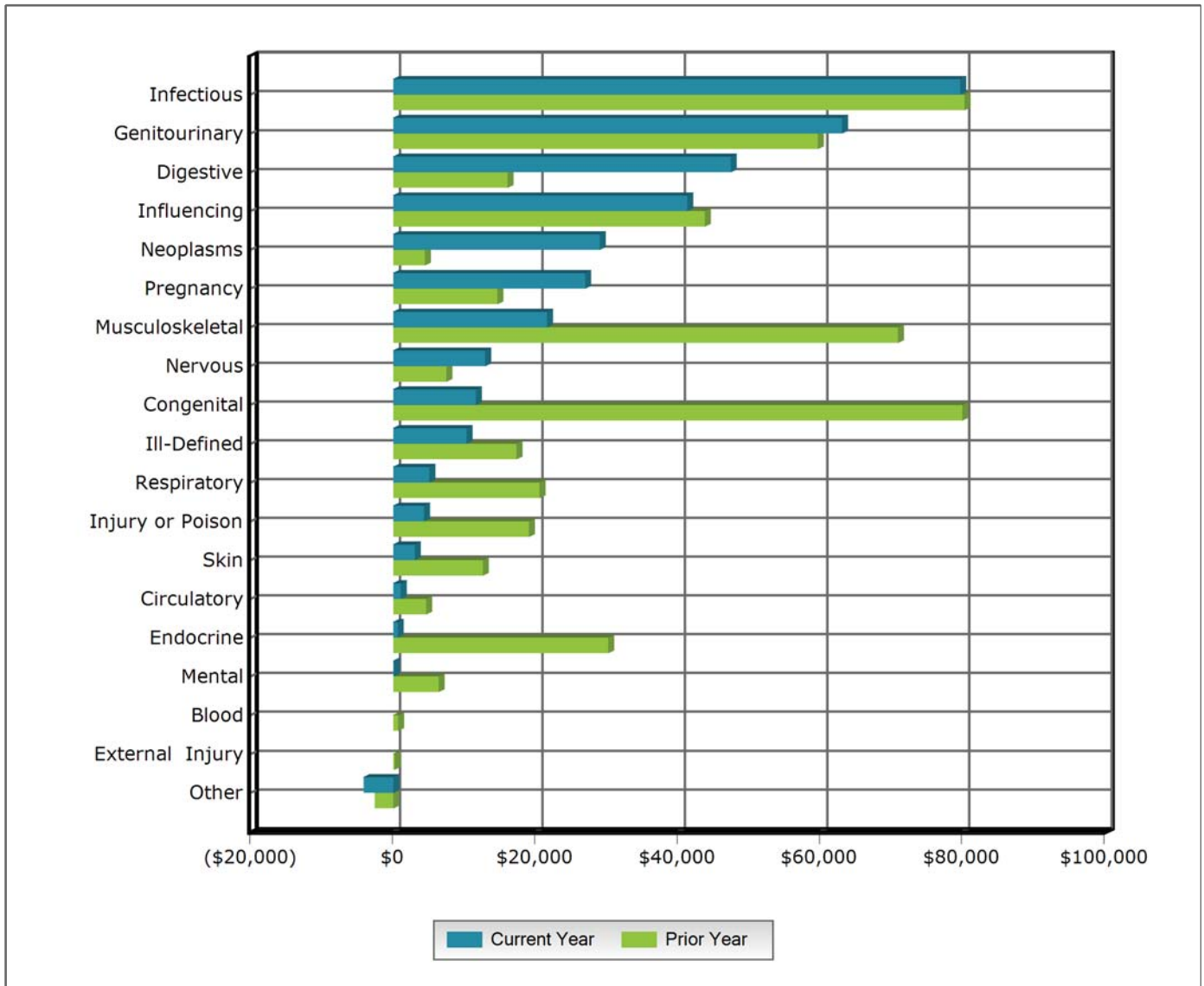
LHS EMPLOYEE BENEFIT TRUST

MDC	Total Issued	% of Total	Prior Period	% of Total
1. Infectious Diseases	\$79,673	22.5%	\$80,273	16.5%
2. Genitourinary System	\$63,052	17.8%	\$59,654	12.3%
3. Digestive System	\$47,413	13.4%	\$16,052	3.3%
4. Factors Influencing Health	\$41,303	11.7%	\$43,777	9.0%
5. Neoplasms	\$29,004	8.2%	\$4,437	0.9%
6. Pregnancy, Childbirth	\$26,958	7.6%	\$14,619	3.0%
7. Musculoskeletal System	\$21,586	6.1%	\$70,905	14.6%
8. Nervous System	\$12,901	3.6%	\$7,449	1.5%
9. Congenital Anomalies	\$11,595	3.3%	\$79,965	16.5%
10. Ill-Defined Conditions	\$10,294	2.9%	\$17,302	3.6%
11. Respiratory System	\$5,063	1.4%	\$20,544	4.2%
12. Injury or Poisoning	\$4,304	1.2%	\$19,061	3.9%
13. Skin Disorders	\$3,015	0.9%	\$12,564	2.6%
14. Circulatory System	\$1,039	0.3%	\$4,605	0.9%
15. Endocrine Metabolic	\$613	0.2%	\$30,181	6.2%
16. Mental Disorders	\$65	0.0%	\$6,359	1.3%
17. Blood, Blood-Forming Organs	\$0	0.0%	\$668	0.1%
18. External Injury	\$0	0.0%	\$190	0.0%
19. Other	\$-4,173	-1.2%	\$-2,614	-0.5%
Med Total	\$353,706	100.0%	\$485,990	100.0%
RX Total	\$0		\$0	
Grand Total	\$353,706		\$485,990	

See Definitions section for description of the type of diagnosis that fall into each MDC.

Claims by Major Diagnostic Category (Graph)

LHS EMPLOYEE BENEFIT TRUST



All possible diagnosis are grouped into 19 Major Diagnostic Categories (MDCs) by the American Medical Association. We've analyzed your company's total charges by MDC. This data reflects fees charged by facilities, physicians, and other healthcare providers. We suggest you use this MDC analysis to form a basis for determining the appropriate form of management intervention. Working together, we can target the areas within your plan where cost is highly concentrated. Using services such as medical management, disease management and Nurse 411 may help you focus on controlling these high cost categories.

Please see following page for more detailed information on the claims by Major Diagnostic Categories.

Top 10 Inpatient Facilities (Room and Board and Hospital Misc. Only)

LHS EMPLOYEE BENEFIT TRUST

Facility	Amount Issued	Admits	Avg/Admit
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$70,635	7	\$10,091
2. PHC-FORT MOHAVE INC	\$3,211	1	\$3,211
3. KINDRED HOSPITALS WEST LLC	\$0	2	\$0
4. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
Subtotal	\$73,846	10	\$7,385
5. ALL OTHER NON INPATIENT CLAIMS	\$279,859		
Med Total	\$353,706		

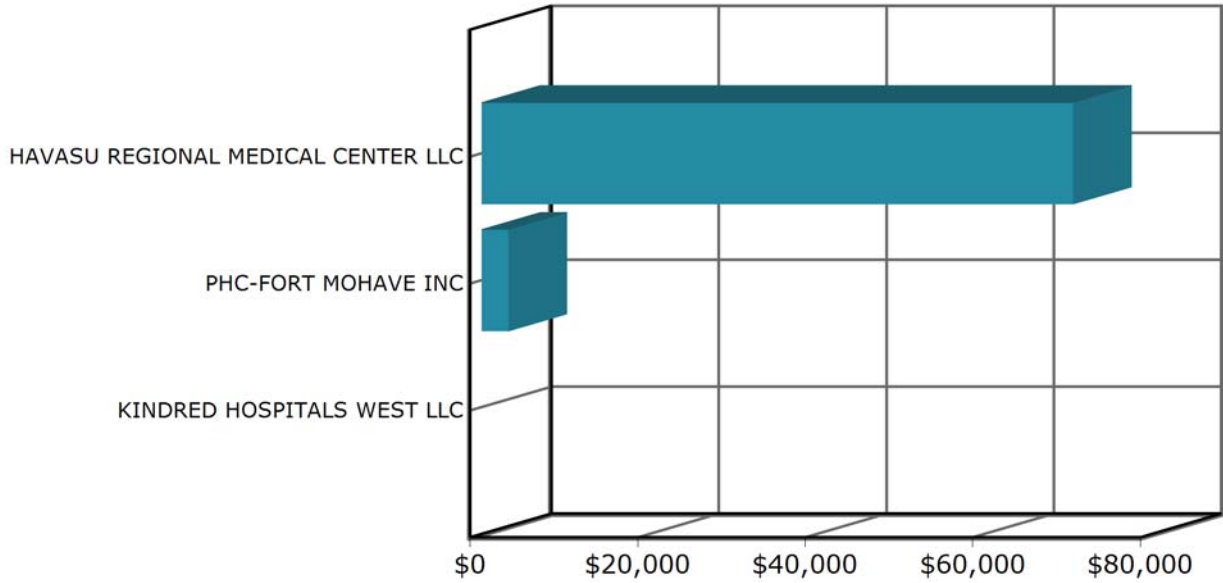
Prior Period

Facility	Amount Issued	Admits	Avg/Admit
1. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$70,978	1	\$70,978
2. VHS OF PHOENIX INC	\$39,668	1	\$39,668
3. HAVASU REGIONAL MEDICAL CENTER LLC	\$33,471	3	\$11,157
4. KINGMAN HOSPITAL INC	\$9,715	1	\$9,715
5. DESERT PARKWAY BEHAVIORAL HEALTHCARE H	\$3,269	1	\$3,269
6. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
Subtotal	\$157,101	7	\$22,443
7. ALL OTHER NON INPATIENT CLAIMS	\$328,889		
Med Total	\$485,990		

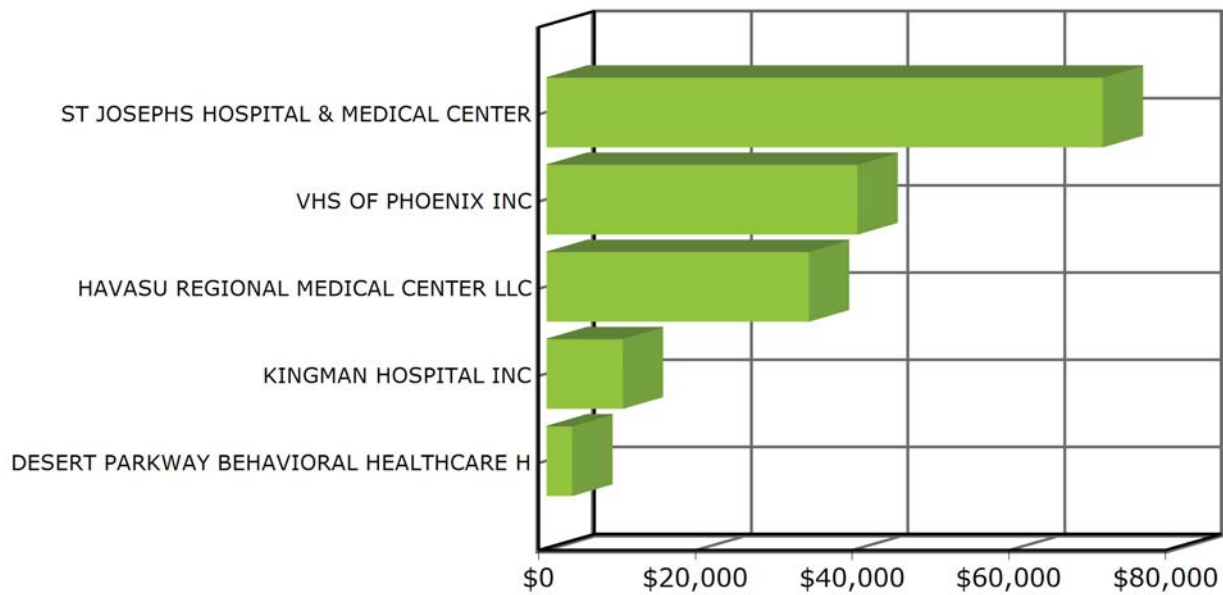
Top 10 Inpatient Facilities Graph (Room and Board and Hospital Misc. Only)

LHS EMPLOYEE BENEFIT TRUST

Top Facilities Paid Expense



Prior Period Top Facilities Paid Expense



Top 10 Outpatient Facilities

LHS EMPLOYEE BENEFIT TRUST

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$120,967	24	\$5,040
2. PHOENIX CHILDRENS OP SPECIALTY CTR	\$7,721	4	\$1,930
3. FLAGSTAFF MEDICAL CENTER	\$6,010	1	\$6,010
4. WARNER PARK SURGERY CENTER LP	\$1,922	1	\$1,922
5. ST JOSEPHS OUTPATIENT SURGERY	\$977	1	\$977
6. EL DORADO SURGERY CENTER LP	\$960	1	\$960
7. ST ROSE DOMINICAN SIENA CAMPUS	\$877	1	\$877
8. ARIZONA ENDOSCOPY CENTER	\$629	1	\$629
9. PHC-LAKE HAVASU INC	\$0	4	\$0
10. LAS VEGAS VAMC	\$0	1	\$0
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$0	6	\$0
Subtotal	\$140,064	45	\$3,113
12. ALL OTHER NON OUTPATIENT CLAIMS	\$213,642		
Med Total	\$353,706		

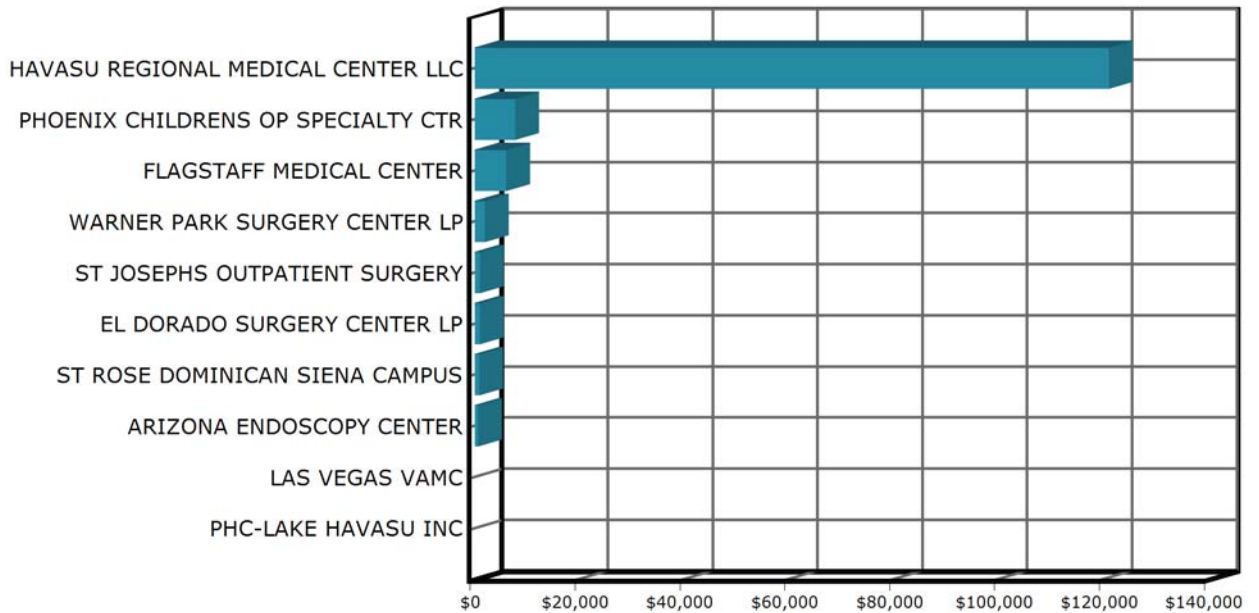
Prior Period

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$162,309	30	\$5,410
2. YAVAPAI COMMUNITY HOSPITAL ASSOCIATION	\$7,858	1	\$7,858
3. SCOTTSDALE HEALTHCARE HOSPITALS	\$5,726	2	\$2,863
4. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$4,363	1	\$4,363
5. KINGMAN HOSPITAL INC	\$4,072	2	\$2,036
6. PHC-FORT MOHAVE INC	\$1,168	1	\$1,168
7. BANNER THUNDERBIRD MEDICAL CENTER	\$769	1	\$769
8. JAMES A TAMMARO MD PC	\$25	2	\$13
9. WEST VALLEY MEDICAL CENTER INC	\$0	1	\$0
10. FLAGSTAFF MEDICAL CENTER	\$0	1	\$0
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$0	2	\$0
Subtotal	\$186,291	44	\$4,234
12. ALL OTHER NON OUTPATIENT CLAIMS	\$299,699		
Med Total	\$485,990		

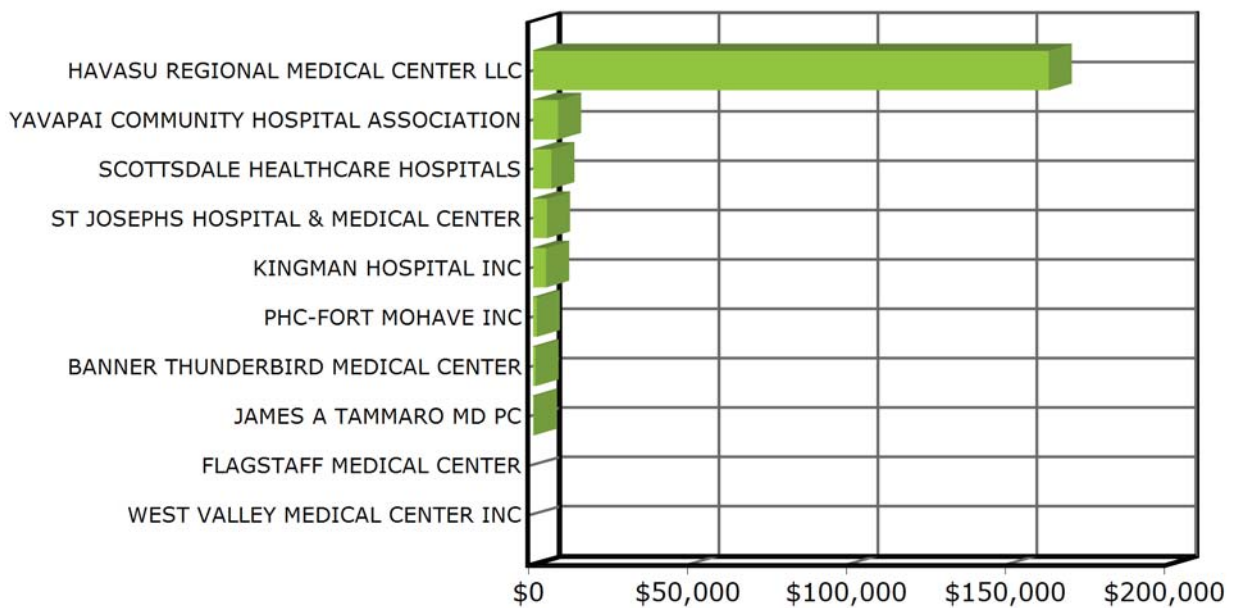
Top 10 Outpatient Facilities Graph

LHS EMPLOYEE BENEFIT TRUST

Top Facilities Paid Expense



Prior Period Top Facilities Paid Expense



High Cost Claimants

LHS EMPLOYEE BENEFIT TRUST

Diagnosis	Type of Claimant	Amount Issued	% of Total
1. SEPSIS, UNSPECIFIED ORGANISM	SP	\$69,858	19.8%
2. CALCULUS OF KIDNEY	EE	\$43,251	12.2%
3. UNSPECIFIED SEPTICEMIA	EE	\$41,015	11.6%
4. NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHE	EE	\$20,628	5.8%
5. UNSPECIFIED OVARIAN CYST, UNSPECIFIED SI	EE	\$15,853	4.5%
6. MISSED ABORTION	EE	\$15,665	4.4%
7. CONGENITAL CATARACT	CH	\$11,894	3.4%
8. NONINFECTIVE GASTROENTERITIS AND COLITIS	EE	\$11,829	3.3%
9. UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT	EE	\$10,549	3.0%
10. GASTROSTOMY COMPLICATION, UNSPECIFIED	SP	\$9,293	2.6%
Sub Total		\$249,834	70.6%
11. OTHER CLAIMS		\$103,872	29.4%
Med Total		\$353,706	100.0%

Diagnosis	Prior Period Type of Claimant	Amount Issued	% of Total
1. ARTERIOVENOUS MALFORMATION OF CEREBRAL V	SP	\$84,888	17.5%
2. SEPSIS, UNSPECIFIED ORGANISM	EE	\$62,137	12.8%
3. SEPSIS, UNSPECIFIED ORGANISM	SP	\$55,748	11.5%
4. CALCULUS OF KIDNEY	EE	\$46,343	9.5%
5. CALCANEAL SPUR, RIGHT FOOT	SP	\$25,430	5.2%
6. UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT	EE	\$24,685	5.1%
7. THYROTOXICOSIS, UNSPECIFIED WITHOUT THYR	EE	\$14,341	3.0%
8. DEVIATED NASAL SEPTUM	SP	\$11,439	2.4%
9. OTHER SPONDYLOSIS WITH RADICULOPATHY, CE	EE	\$10,855	2.2%
10. INCOMPLETE UTEROVAGINAL PROLAPSE	SP	\$9,804	2.0%
Sub Total		\$345,669	71.1%
11. OTHER CLAIMS		\$140,321	28.9%
Med Total		\$485,990	100.0%

Analysis of High Cost Claimants

The ten highest cost claimants are depicted in this report. This information reveals that a small number of plan participants can often be responsible for a significant percentage of total claim dollars. Along with the Major Diagnostic Categories, this analysis can help you assess the diagnoses associated with the high cost claims among your participants. General health risks and disease conditions can be identified herein, and if tracked over several years, will allow your company to pursue plan management tactics that address these areas of concern. Disease management may be appropriate options to include in your plan design to help control costs in these areas.

Claims by Type of Service

LHS EMPLOYEE BENEFIT TRUST

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Inpatient Hospital	\$110,976	\$72.06	\$177,343	\$119.66	-39.8 %
Outpatient Hospital	\$94,303	\$61.24	\$112,680	\$76.03	-19.5 %
Preventative Service	\$51,575	\$33.49	\$49,751	\$33.57	-0.2 %
CT/ PET Scan	\$22,665	\$14.72	\$2,325	\$1.57	837.6 %
ER Facility	\$18,280	\$11.87	\$39,011	\$26.32	-54.9 %
Outpatient Surgery	\$16,175	\$10.50	\$25,124	\$16.95	-38.1 %
Office Visit	\$8,662	\$5.62	\$7,802	\$5.26	6.8 %
Lab	\$8,247	\$5.35	\$978	\$0.66	710.6 %
Other	\$6,156	\$4.00	\$8,756	\$5.91	-32.3 %
X-Ray	\$5,472	\$3.55	\$5,683	\$3.84	-7.6 %
ER Visit	\$4,367	\$2.84	\$4,129	\$2.79	1.8 %
Chemo/Radiation	\$4,278	\$2.78	\$0	\$0.00	0.0 %
Injections	\$3,619	\$2.35	\$6,927	\$4.67	-49.7 %
OT/PT/ST	\$1,795	\$1.17	\$2,654	\$1.79	-34.6 %
Equipment	\$875	\$0.57	\$3,778	\$2.55	-77.6 %
Inpatient Surgery	\$541	\$0.35	\$29,820	\$20.12	-98.3 %
Chiropractic	\$88	\$0.06	\$0	\$0.00	0.0 %
Home Health	\$0	\$0.00	\$0	\$0.00	0.0 %
MRI	\$0	\$0.00	\$11,892	\$8.02	-100.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$4,370)	(\$2.84)	(\$2,662)	(\$1.80)	57.8 %
Med Total	\$353,706	\$229.68	\$485,990	\$327.93	-30.0 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$353,706	\$229.68	\$485,990	\$327.93	-30.0 %

Notes: Inpatient hospital includes room and board, ICU, PICU, hospital miscellaneous charges, anesthesiology and professional charges. Inpatient surgery includes surgeon and assistant surgeon charges. Other includes but is not limited to: ambulance, allergy testing, blood, inpatient visit, IV therapy, mammogram.

Claims by Type of Service

LHS EMPLOYEE BENEFIT TRUST

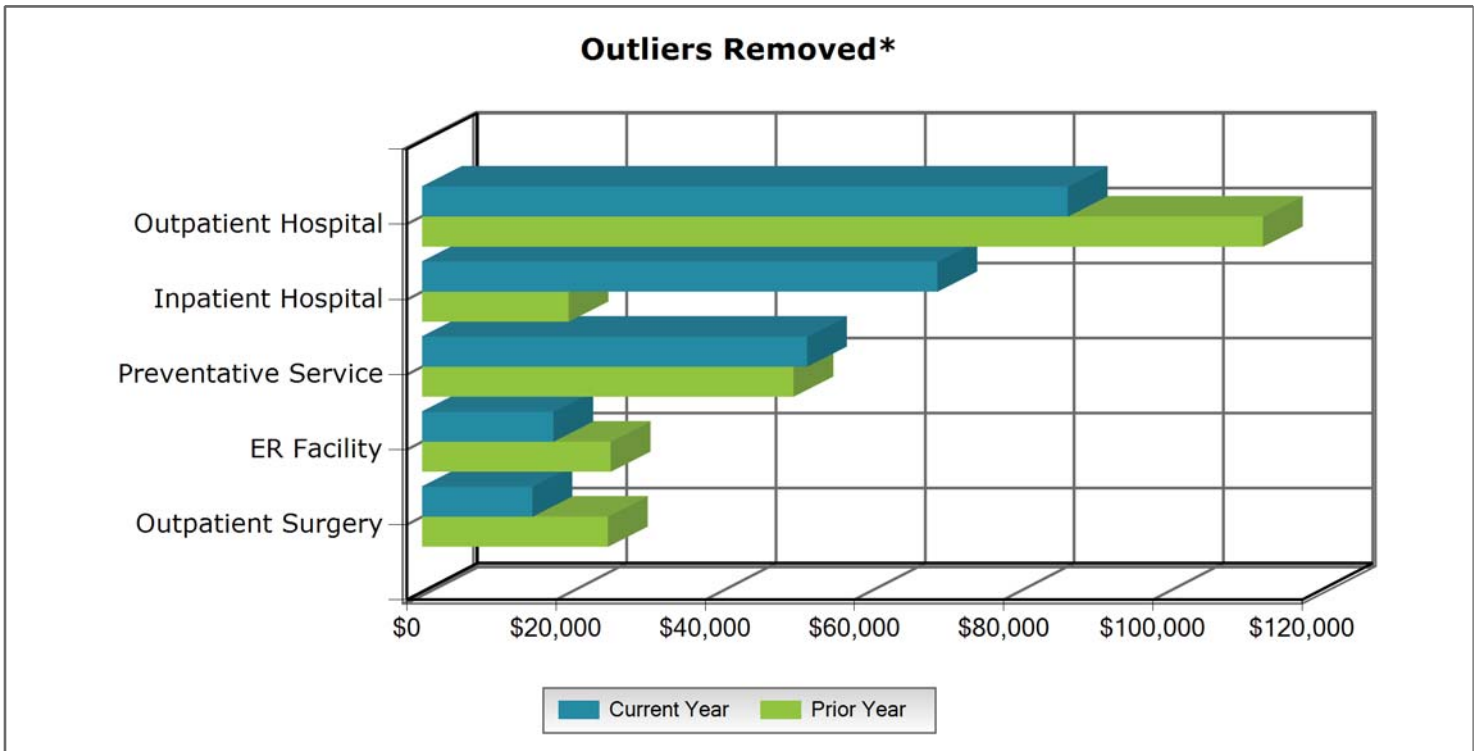
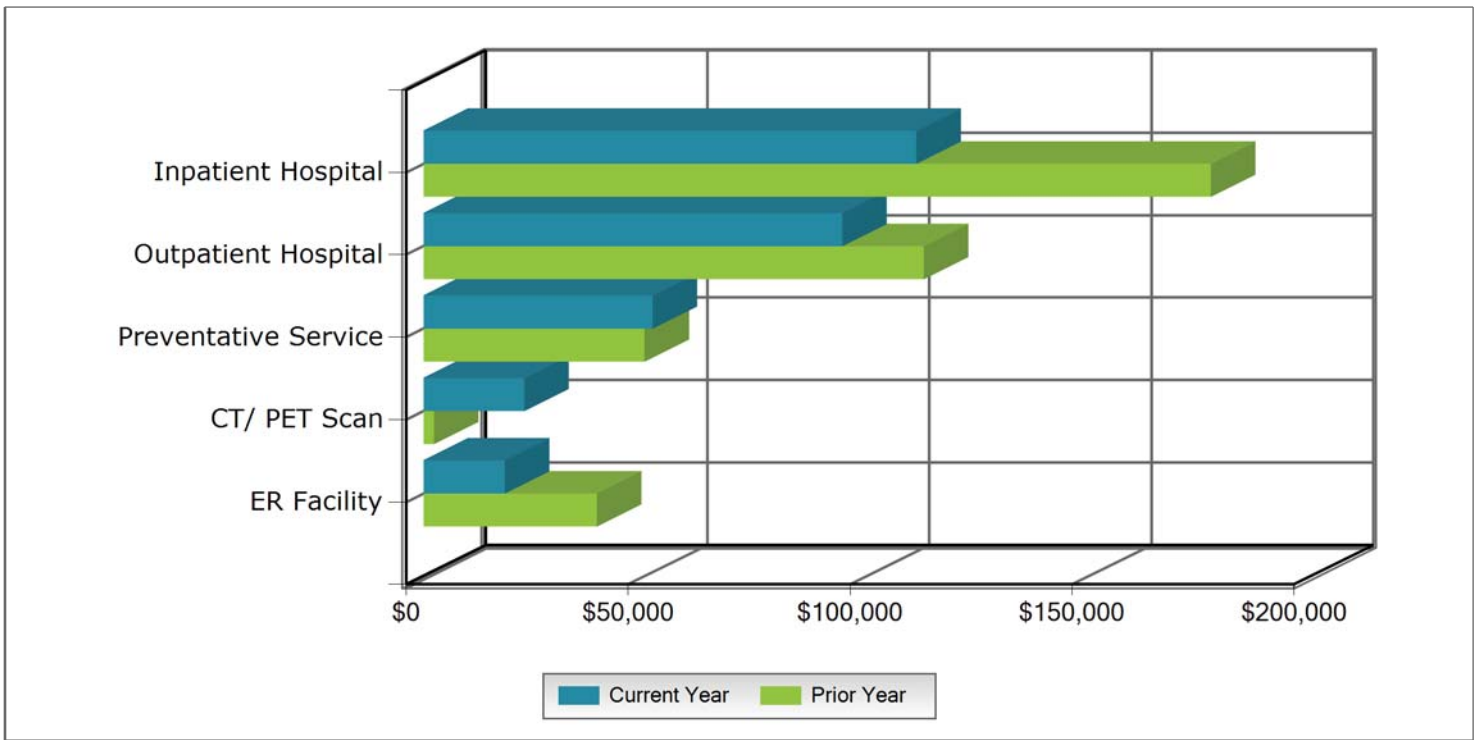
All claimants with claims in excess of \$50,000 have been removed

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital	\$86,510	\$56.25	\$112,680	\$76.34	-26.3 %
Inpatient Hospital	\$69,044	\$44.89	\$19,618	\$13.29	237.8 %
Preventative Service	\$51,575	\$33.53	\$49,751	\$33.71	-0.5 %
ER Facility	\$17,582	\$11.43	\$25,252	\$17.11	-33.2 %
Outpatient Surgery	\$14,767	\$9.60	\$24,881	\$16.86	-43.1 %
CT/ PET Scan	\$12,640	\$8.22	\$2,325	\$1.57	423.6 %
Office Visit	\$8,464	\$5.50	\$7,765	\$5.26	4.6 %
Other	\$6,156	\$4.00	\$2,345	\$1.59	151.6 %
X-Ray	\$4,389	\$2.85	\$3,387	\$2.29	24.5 %
Chemo/Radiation	\$4,278	\$2.78	\$0	\$0.00	0.0 %
ER Visit	\$4,072	\$2.65	\$1,536	\$1.04	154.8 %
Injections	\$3,619	\$2.35	\$6,927	\$4.69	-49.9 %
Lab	\$1,823	\$1.19	\$876	\$0.59	101.7 %
OT/PT/ST	\$1,795	\$1.17	\$2,654	\$1.80	-35.0 %
Equipment	\$875	\$0.57	\$3,778	\$2.56	-77.7 %
Inpatient Surgery	\$541	\$0.35	\$20,061	\$13.59	-97.4 %
Chiropractic	\$88	\$0.06	\$0	\$0.00	0.0 %
Home Health	\$0	\$0.00	\$0	\$0.00	0.0 %
MRI	\$0	\$0.00	\$2,044	\$1.38	-100.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$4,370)	(\$2.84)	(\$2,662)	(\$1.80)	57.8 %
Med Total	\$283,848	\$184.56	\$283,217	\$191.88	-3.8 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$283,848	\$184.56	\$283,217	\$191.88	-3.8 %

Notes: Inpatient hospital includes room and board, ICU, PICU, hospital miscellaneous charges, anesthesiology and professional charges. Inpatient surgery includes surgeon and assistant surgeon charges. Other includes but is not limited to; ambulance, allergy testing, blood, inpatient visit, IV therapy, mammogram.

Top 5 Claims by Type of Service (Graph)

LHS EMPLOYEE BENEFIT TRUST



*Outliers, as defined here, refers to all claimants with claims in excess of \$50,000

Place of Service

LHS EMPLOYEE BENEFIT TRUST

Place of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital 22	\$165,243	\$107.30	\$172,530	\$116.42	-7.8 %
Inpatient Visit	\$124,899	\$81.10	\$220,506	\$148.79	-45.5 %
Office Visit	\$31,716	\$20.59	\$35,808	\$24.16	-14.8 %
Emergency Room Facility	\$20,948	\$13.60	\$42,212	\$28.48	-52.2 %
Ambulatory Surgical Center	\$9,069	\$5.89	\$2,686	\$1.81	225.4 %
Independent Laboratory	\$1,957	\$1.27	\$1,518	\$1.02	24.5 %
Public Health Clinic	\$1,884	\$1.22	\$434	\$0.29	320.7 %
Patient's Home	\$738	\$0.48	\$4,012	\$2.71	-82.3 %
Urgent Care	\$706	\$0.46	\$1,353	\$0.91	-49.5 %
Mobile Unit	\$244	\$0.16	\$162	\$0.11	45.5 %
Independent Clinic	\$171	\$0.11	\$28	\$0.02	450.0 %
Community Mental Health Center	\$0	\$0.00	\$0	\$0.00	0.0 %
Ambulance-Land	\$0	\$0.00	\$6,504	\$4.39	-100.0 %
Subtotal	\$357,576	\$232.19	\$487,753	\$329.12	-29.5 %
Other Places of Service	(\$3,870)	(\$2.51)	(\$1,762)	(\$1.19)	110.9 %
Med Total	\$353,706	\$229.68	\$485,990	\$327.93	-30.0 %

Trend Analysis

LHS EMPLOYEE BENEFIT TRUST

All Claimants in Excess of \$50,000 Have Been Removed

Current Period

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$28.81	\$86.00	\$72.59	(\$2.84)	\$0.00
Allowed Amount	\$141.18	\$185.44	\$299.96	\$0.00	\$0.00

Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$47.33	\$141.32	\$119.28	(\$4.67)	\$0.00
Allowed Amount	\$231.98	\$304.71	\$492.89	\$0.00	\$0.00

Prior Period

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$8.76	\$116.91	\$68.02	(\$1.80)	\$0.00
Allowed Amount	\$50.98	\$299.31	\$231.13	\$0.00	\$0.00

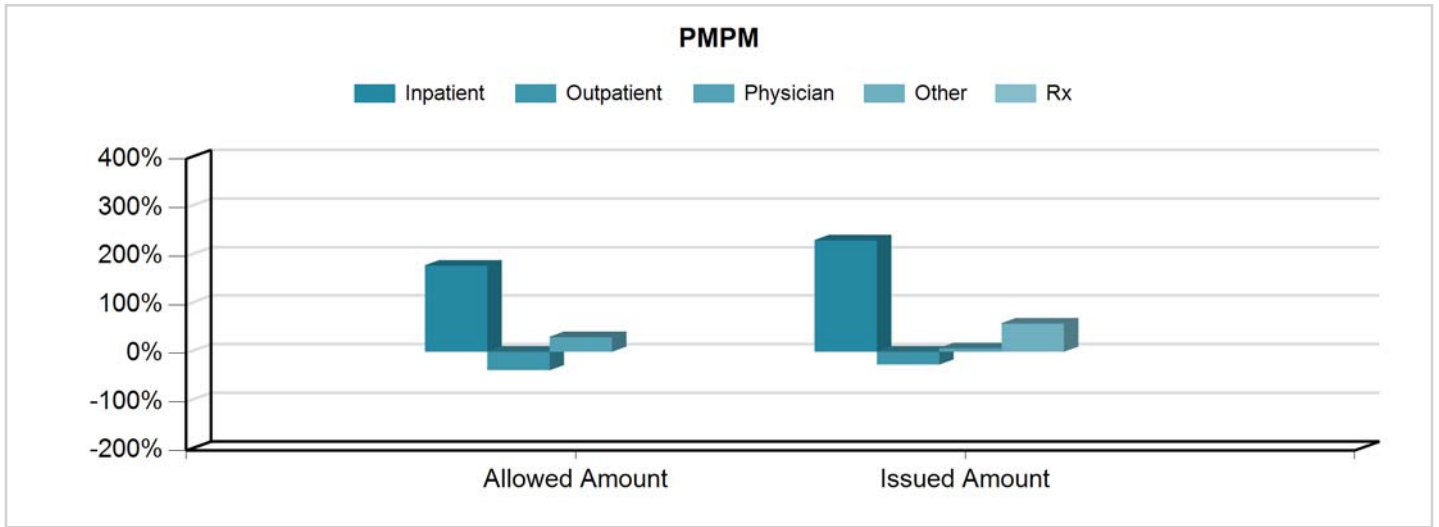
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$14.53	\$193.88	\$112.80	(\$2.99)	\$0.00
Allowed Amount	\$84.55	\$496.38	\$383.31	\$0.00	\$0.00

Trend Analysis

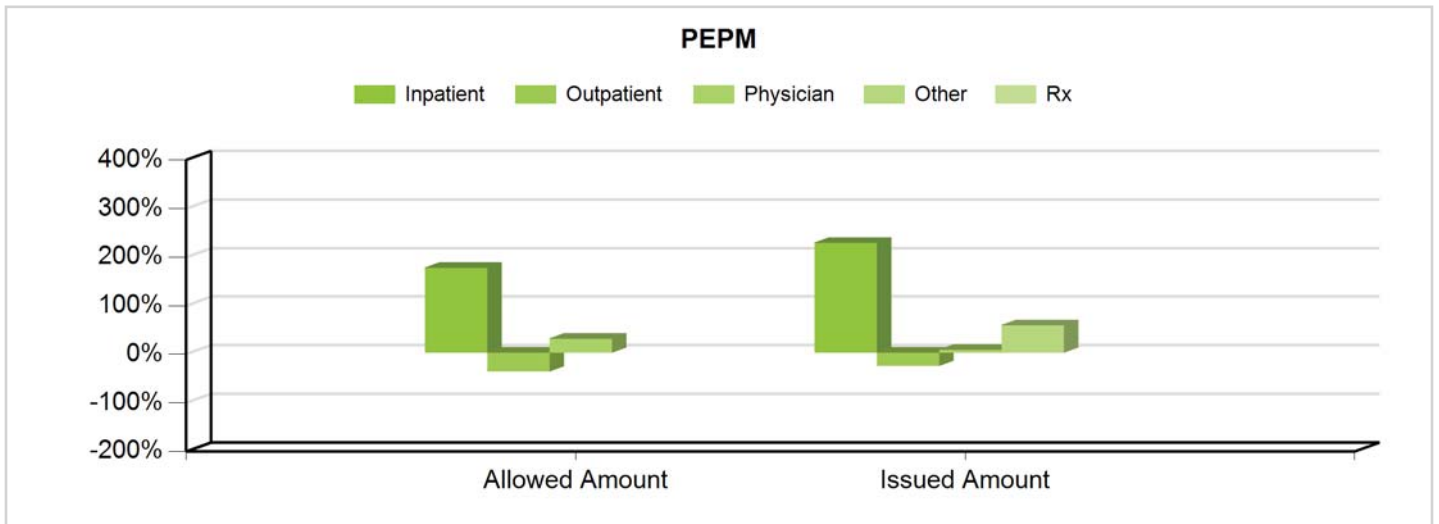
LHS EMPLOYEE BENEFIT TRUST

All Claimants in Excess of \$50,000 Have Been Removed

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	228.9%	-26.4%	6.7%	57.8%	0.0%
Allowed Amount	176.9%	-38.0%	29.8%	0.0%	0.0%

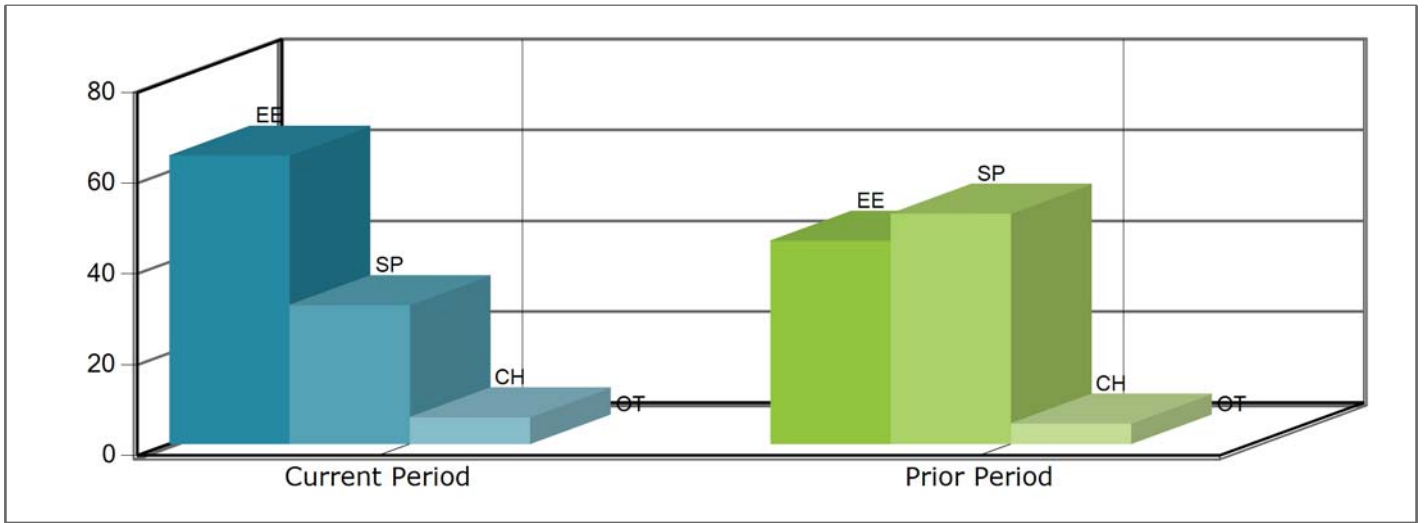


Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	225.7%	-27.1%	5.7%	56.2%	0.0%
Allowed Amount	174.4%	-38.6%	28.6%	0.0%	0.0%



Employee vs. Dependent Paid Claims

LHS EMPLOYEE BENEFIT TRUST



	Employee	Spouse	Child	Other**	Total
Current Period					
Total Med Issued	\$224,696	\$108,221	\$20,789	\$0	\$353,706
Percent of Total	63.5 %	30.6 %	5.9 %	0.0 %	
Total Number of Members*	469	107	195	0	771
Avg Paid per Member	\$479	\$1,011	\$107	\$0	\$459
Prior Period					
Total Med Issued	\$217,564	\$246,605	\$21,822	\$0	\$485,990
Percent of Total	44.8 %	50.7 %	4.5 %	0.0 %	
Total Number of Members*	448	107	186	0	741
Avg Paid per Member	\$486	\$2,305	\$117	\$0	\$656

Claims Analysis:

In this comparison we look at the average issued employee and dependent claims as a percentage of total. As with any statistical comparison, percentages can be skewed if there are cases of a few ill dependents or employees on the plan.

*Participation is based on the average participation for the stated period of time.

**Other: Disabled dependent child who is over the maximum age limit for dependent children as defined by the Plan Document.

Participation and Utilization Summary

LHS EMPLOYEE BENEFIT TRUST

PARTICIPATION AND UTILIZATION BY AGE GROUP**															
AGE GROUP	EMPLOYEES				SPOUSES				DEPENDENTS				COBRA		
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MBRS	ISSUED	
	MBRS	ISSUED	MBRS	ISSUED	LIVES	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED			
0 - 4	0	0	0	0	0	0	0	0	0	14	15,313	11	588	0	0
5 - 9	0	0	0	0	0	0	0	0	0	17	823	23	128	0	0
10 - 14	0	0	0	0	0	0	0	0	0	21	924	23	98	0	0
15 - 19	1	0	1	0	0	0	0	0	0	14	108	30	2,584	0	0
20 - 24	1	0	7	325	0	0	0	0	0	18	173	17	50	2	0
25 - 29	5	387	29	19,272	1	0	2	7,779	5	0	1	0	0	0	0
30 - 34	9	0	34	26,354	2	3,405	3	15	0	0	0	0	0	0	0
35 - 39	15	1,290	30	7,117	6	0	7	280	0	0	0	0	0	0	0
40 - 44	13	1,205	26	21,722	9	344	5	155	0	0	0	0	0	0	52
45 - 49	11	475	40	437	6	0	3	124	0	0	0	0	0	1	0
50 - 54	15	121	49	5,898	10	121	7	10,220	0	0	0	0	0	3	0
55 - 59	18	-2,723	66	30,413	21	71,066	6	9	0	0	0	0	0	2	804
60 - 64	23	11,005	55	52,844	12	8,757	2	5,756	0	0	0	0	0	3	0
65 - 69	3	4,734	8	1,653	2	151	1	0	0	0	0	0	0	0	0
70 +	0	-46	2	41,395	0	0	0	0	0	0	0	0	0	0	0
	114	\$16,448	347	\$207,430	69	\$83,844	36	\$24,339	89	\$17,341	105	\$3,449	11	\$855	

GROUP COMPARISON*						
	CURRENT PERIOD			PRIOR PERIOD		
	ISSUED	MEMBERS	AVG ISSUED / MEMBER	ISSUED	MEMBERS	AVG ISSUED / MEMBER
Members Under 65	\$304,963	746	\$409	\$470,657	703	\$669
Members Over 65	\$47,888	11	\$4,353	\$11,880	21	\$566
Cobra/Continuation Coverage	\$855	14	\$61	\$3,454	17	\$203
	\$353,706	771	\$459	\$485,990	741	\$656

* Participation is based on the average participation for the stated period of time.

PARTICIPATION AND UTILIZATION BY COVERAGE TYPE**															
COV	EMPLOYEES				SPOUSES				DEPENDENTS				COBRA		
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MBRS	ISSUED	
	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED	MBRS	ISSUED			
E	70	18,442	238	164,673	0	0	0	0	0	0	0	0	4	766	
S	15	246	33	17,113	32	83,416	16	7,272	0	0	0	0	4	38	
C	9	18	39	17,806	0	0	0	0	32	4,493	47	2,016	3	0	
F	20	-2,257	37	7,838	37	429	20	17,067	57	12,848	58	1,432	0	52	
	114	\$16,448	347	\$207,430	69	\$83,844	36	\$24,339	89	\$17,341	105	\$3,449	11	\$855	

** Member counts are as of the first of the month.

Participation and Utilization Summary

LHS EMPLOYEE BENEFIT TRUST

Current Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
<u>MONTH ISSUED</u>		<u>ISSUED</u>	<u>#CLAIMS</u>	<u>EMPLOYEES*</u>	<u>MEMBERS*</u>	<u>ISSUED/CLAIM</u>	<u>ISSUED/EMP</u>	<u>ISSUED/MEMBERS</u>
2017	July	191,363	475	469	769	403	408	249
2017	August	162,343	579	468	771	280	347	211
TOTALS/AVERAGES		353,706	527	469	770	671	755	459

Previous Period								
PARTICIPATION AND UTILIZATION SUMMARY*								
<u>MONTH ISSUED</u>		<u>ISSUED</u>	<u>#CLAIMS</u>	<u>EMPLOYEES*</u>	<u>MEMBERS*</u>	<u>ISSUED/CLAIM</u>	<u>ISSUED/EMP</u>	<u>ISSUED/MEMBERS</u>
2016	July	202,625	188	447	737	1,078	453	275
2016	August	283,366	676	449	744	419	631	381
TOTALS/AVERAGES		485,990	432	448	741	1,125	1,085	656

*Member counts are as of the first day of the month

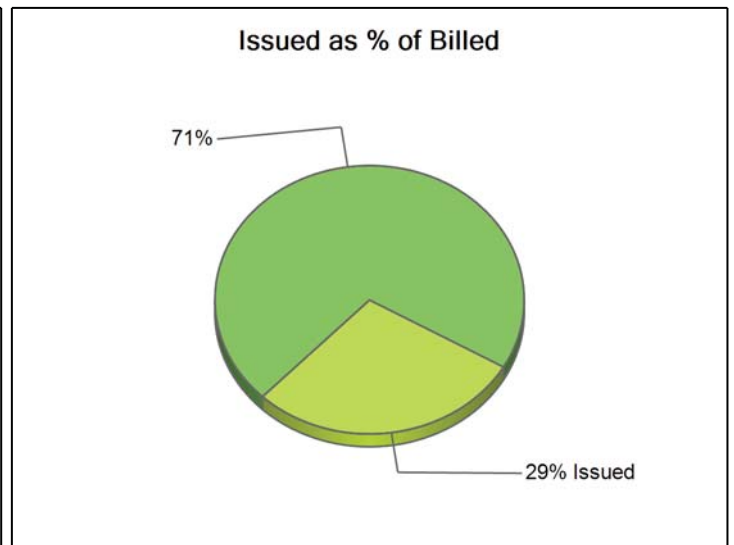
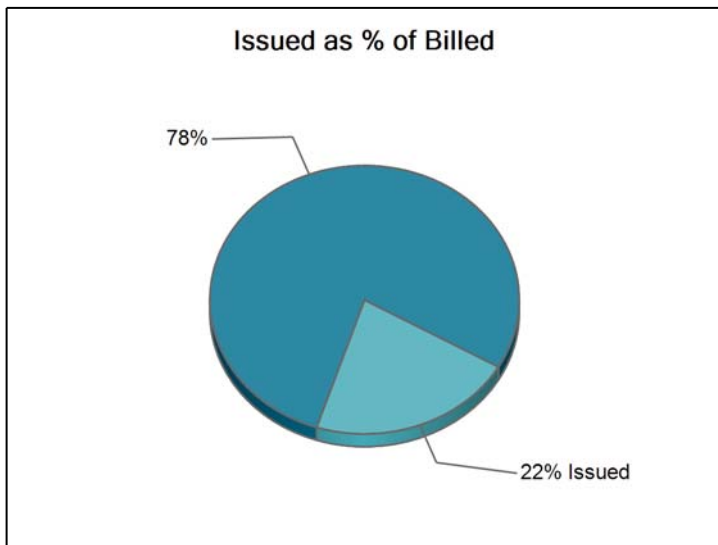
Benefit Payment Summary

LHS EMPLOYEE BENEFIT TRUST

SUBMITTED CLAIMS ANALYSIS				
	Current Period		Prior Period	
	Dollars	% of Allowable	Dollars	% of Allowable
Billed Charges	1,631,076		1,685,648	
Ineligible Charges	- 447,530		- 459,245	
Allowable Charges	= 1,183,546		= 1,226,402	
PPO Discount	- 713,490		- 653,275	
Covered Charges	= 470,056		= 573,127	
Deductibles	- 62,649	5.3 %	- 35,818	2.9 %
Copays	- 15,333	1.3 %	- 14,414	1.2 %
Coinsurance	- 30,020	2.5 %	- 34,597	2.8 %
COB Savings	- 433	0.0 %	- 141	0.0 %
Overpayment Recovered	- 7,916	0.7 %	- 2,167	0.2 %
Issued	= 353,706		= 485,990	

Current Period

Prior Period



Discount Analysis

LHS EMPLOYEE BENEFIT TRUST

Excluding Medicare Primary

IN-NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
IP Facility	\$342,864	\$262,155	76.5 %	\$324,168	\$163,164	50.3 %
OP Facility	\$294,505	\$114,678	38.9 %	\$463,438	\$238,100	51.4 %
Physician/Other*	\$531,025	\$335,766	63.2 %	\$416,757	\$243,571	58.4 %
Total:	\$1,168,394	\$712,600	61.0 %	\$1,204,363	\$644,835	53.5 %

Medicare Primary

IN-NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
Physician/Other*	\$1,249	\$571	45.8 %	\$0	\$0	0.0 %
Total:	\$1,249	\$571	45.8 %	\$0	\$0	0.0 %

Excluding Medicare Primary

OUT OF NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
IP Facility	\$0	\$0	0.0 %	\$6,400	\$2,768	43.3 %
OP Facility	\$1,096	\$0	0.0 %	\$0	\$0	0.0 %
Physician/Other*	\$12,807	\$319	2.5 %	\$15,639	\$5,672	36.3 %
Total:	\$13,903	\$319	2.3 %	\$22,039	\$8,440	38.3 %

Medicare Primary

OUT OF NETWORK Major Service Category	Current Period			Prior Period		
	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
Total:			0.0 %			0.0 %

*The Physician/Other category contains all claim types except Inpatient Facility claims and Outpatient Facility claims.

** Out of Network Facilities are facilities outside of the primary network contract(s). Out of Network Facilities will also include special benefits like: Out of Area Claims, Services Not Available, and Wrap Networks.

Major Diagnostic Category Definitions

LHS EMPLOYEE BENEFIT TRUST

Following are examples of the common types of diagnosis that are included under the Major Diagnostic Categories to assist you in understanding the types of illnesses that are included in the MDC's shown on pages 1 and 2. This is not a complete listing, rather, this is the most common diagnosis of submitted claims.

Infectious and Parasitic Diseases (Diagnosis codes 001-139)

food poisoning, Intestinal infections, tuberculosis, anthrax, whooping cough, septicemia, strep throat, polio, smallpox, chickenpox, herpes, measles, mosquito-borne viruses, tick-borne viruses, viral hepatitis, mumps, venereal diseases.

Neoplasms (Diagnosis codes 140-239)

all malignant and benign tumors, Hodgkin's disease, leukemia, carcinoma.

Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (Diagnosis codes 240-279)

goiter, thyroid, diabetes, pituitary gland, adrenal gland, ovarian dysfunction, testicular dysfunction, dwarfism, vitamin and nutritional deficiencies, gout, acidosis.

Diseases of the Blood and Blood-Forming Organs (Diagnosis codes 280-289)

anemia, sickle-cell, hemophilia, diseases of the white blood cells, diseases of the spleen.

Mental Disorders (Diagnosis codes 290-319)

dementia, alcohol and drug dependence, delirium, schizophrenia, paranoia, depression, bipolar disorder, anxiety, hysteria, obsessive-compulsive disorders, personality disorders, mental retardation.

Diseases of the Nervous System and Sense Organs (Diagnosis codes 320-389)

bacterial meningitis, encephalitis, Alzheimer's disease, Parkinson's disease, multiple sclerosis, cerebral palsy, epilepsy, migraine, retinal detachments and defects, glaucoma, cataract, blindness, corneal ulcer, disorders of the eyelids, disorders of the optic nerve, ear infections.

Diseases of the Circulatory System (Diagnosis codes 390-459)

rheumatic fever, heart valve disorders, hypertension, hypotension, heart attack, angina, heart disease, heart failure, stroke, aneurysm, varicose veins, hemorrhoids.

Diseases of the Respiratory System (Diagnosis codes 460-519)

sinusitis, pharyngitis, tonsillitis, laryngitis, upper respiratory infections, bronchitis, deviated nasal septum, allergies, pneumonia, emphysema, asthma, pneumothorax, diseases of the lung, disorders of the diaphragm.

Diseases of the Digestive System (Diagnosis codes 520-579)

diseases of hard tissues of teeth, impacted wisdom teeth, periodontal diseases, TMJ, diseases of the jaw, diseases of the oral soft tissues and tongue, diseases of esophagus, gastric ulcer, duodenal ulcer, appendicitis, hernia, enteritis, intestinal obstruction, diverticulitis, liver disease, cirrhosis, hepatitis, gallbladder disorders, diseases of the pancreas, gastrointestinal hemorrhage.

Major Diagnostic Category Definitions

LHS EMPLOYEE BENEFIT TRUST

Diseases of the Genitourinary System (Diagnosis codes 580-633)

kidney disorders, renal failure, cystitis, disorders of the bladder, urethral stricture, prostate disorders, male and female infertility, breast disorders, ovarian and uterus disorders, endometriosis.

Pregnancy, Childbirth, Puerperium (Diagnosis codes 634-679)

pregnancy, miscarriage, eclampsia, early threatened labor, malpositioned fetus (breech), chromosomal abnormality in fetus, fetal distress, umbilical cord complications.

Diseases of the Skin and Subcutaneous Tissue (Diagnosis codes 680-709)

cellulites and abscesses, cysts, dermatitis, eczema, corns, keloid scar, diseases of the nail, alopecia, disorders of sweat glands.

Diseases of the Musculoskeletal System and Connective Tissue (Diagnosis codes 710-739)

lupus, arthritis, osteoarthritis, internal derangement of knee, intervertebral disc disorder, disorders of cervical region, back disorders, bunion, bursitis, tendon disorder, bone infection, flat foot, deformities of the limbs, scoliosis.

Congenital Anomalies (Diagnosis Codes 740-759)

spina bifida, hydrocephalus, webbing of neck, congenital heart anomalies, cleft palate/lip, cystic kidney disease, deformities, conjoined twins.

Certain Conditions Originating in the Perinatal Period (Diagnosis codes 760-779)

maternal infections, maternal injury, incompetent cervix, ectopic pregnancy, slow fetal growth, extreme prematurity, fetal distress, jaundice, convulsions in newborn.

Symptoms, Signs and Ill-Defined Conditions (Diagnosis codes 780-799)

fainting, light-headedness, sleep disturbances, lethargy, chills, generalized pain, anorexia, headache, gangrene, swollen glands, cough, nausea and vomiting, heartburn, sudden death, nervousness.

Injury and Poisoning (Diagnosis Codes 800-999)

fractures, dislocations, sprains and strains, concussion, lacerations and contusions, traumatic amputation, insect bites, foreign bodies, burns, traumatic shock, poisoning, complications of surgical and medical care.

Factors Influencing Health Status and Contact with Health Services (Diagnosis Codes V01-V82)

contact or exposure to tuberculosis, need for vaccination and inoculation against bacterial diseases (cholera, tuberculosis, measles, mumps, flu), personal and family history of cancers, mental disorders, allergies to specific medicinal agents, health supervision of a child, normal pregnancy, contraceptive management, liveborn infants, organ/tissue transplant, hearing aid, maintenance chemotherapy, special screening examinations (pap smear, mammogram, prostate exam).

External Causes of Injury and Poisoning (Diagnosis Codes "E" Codes)

automobile accident, railway accident, motorcycle accident, watercraft accident, aircraft accident, spacecraft accident.

Report Group Listing

LHS EMPLOYEE BENEFIT TRUST

Group Number	Group Name
S2595	LHS EMPLOYEE BENEFIT TRUST