



LHS EMPLOYEE BENEFIT TRUST

	Current Period	Prior Period
Claims Issued	07/01/2017 - 10/31/2017	07/01/2016 - 10/31/2016

Wednesday, November 01, 2017

Table of Contents

LHS EMPLOYEE BENEFIT TRUST

Claims by Major Diagnostic Category	Page 1
Claims by Major Diagnostic Category (Graph)	Page 2
Top 10 Inpatient Facilities	Page 3
Top 10 Inpatient Facilities (Graph)	Page 4
Top 10 Outpatient Facilities	Page 5
Top 10 Outpatient Facilities (Graph)	Page 6
High Cost Claimants	Page 7
Claims by Type of Service	Page 8
Claims by Type of Service (Excluding Outliers)	Page 9
Claims by Type of Service (Graph)	Page 10
Place of Service	Page 11
Trend Analysis	Page 12
Employee vs. Dependent Paid Claims	Page 14
Participation and Utilization Summary	Page 15
Employee and Plan Payment Summary	Page 16
Benefit Payment Summary	Page 17
Discount Analysis	Page 18
Major Diagnostic Category Definitions	Page 19
Report Group Listing	Page 21

Claims by Major Diagnostic Category

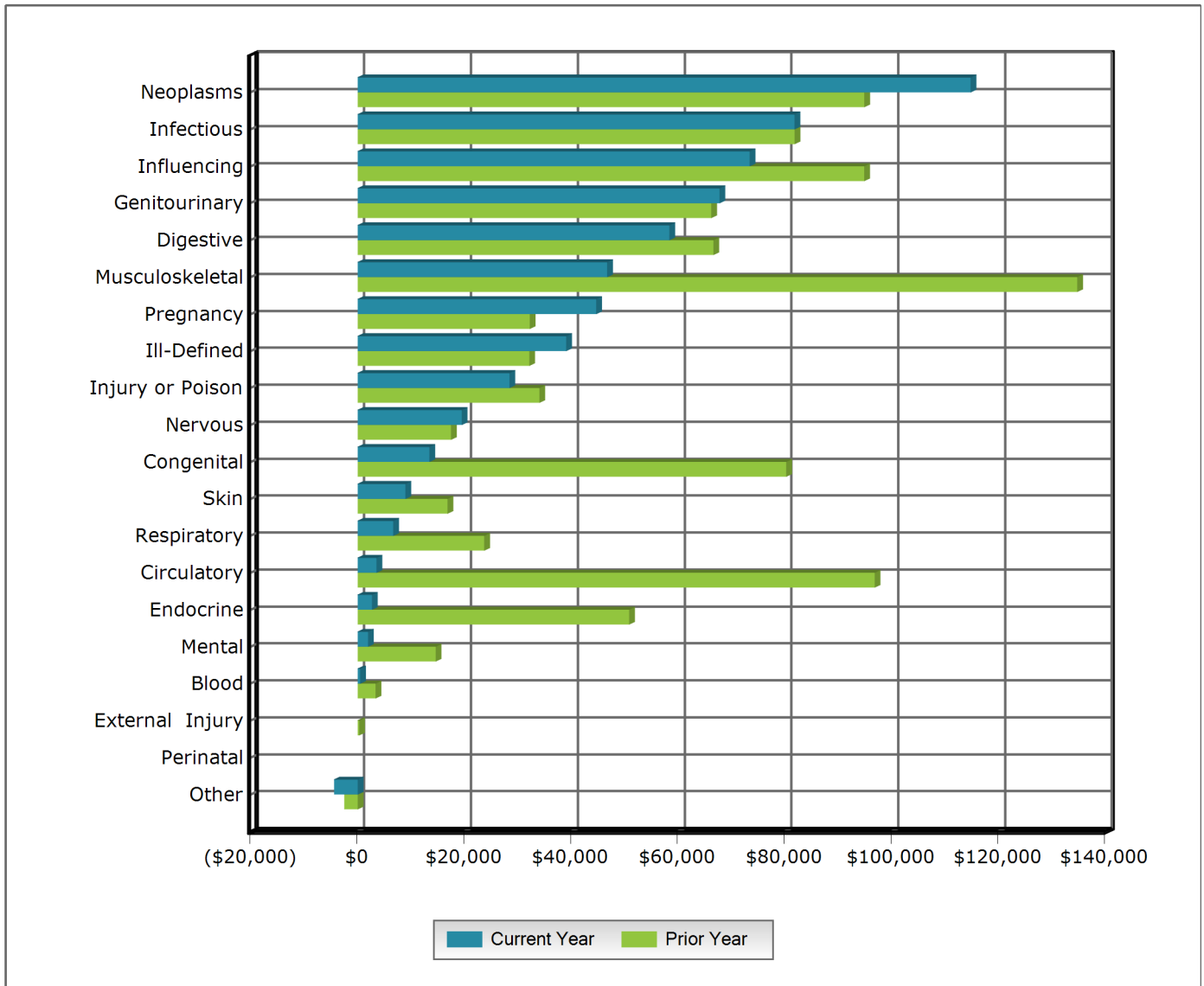
LHS EMPLOYEE BENEFIT TRUST

MDC	Total Issued	% of Total	Prior Period	% of Total
1. Neoplasms	\$114,785	18.9%	\$94,871	10.1%
2. Infectious Diseases	\$81,803	13.5%	\$81,824	8.7%
3. Factors Influencing Health	\$73,400	12.1%	\$94,864	10.1%
4. Genitourinary System	\$67,761	11.2%	\$66,208	7.1%
5. Digestive System	\$58,360	9.6%	\$66,618	7.1%
6. Musculoskeletal System	\$46,705	7.7%	\$134,756	14.4%
7. Pregnancy, Childbirth	\$44,658	7.4%	\$32,217	3.4%
8. Ill-Defined Conditions	\$39,042	6.4%	\$32,125	3.4%
9. Injury or Poisoning	\$28,413	4.7%	\$34,025	3.6%
10. Nervous System	\$19,479	3.2%	\$17,466	1.9%
11. Congenital Anomalies	\$13,413	2.2%	\$80,251	8.5%
12. Skin Disorders	\$8,931	1.5%	\$16,817	1.8%
13. Respiratory System	\$6,645	1.1%	\$23,687	2.5%
14. Circulatory System	\$3,509	0.6%	\$96,819	10.3%
15. Endocrine Metabolic	\$2,659	0.4%	\$50,833	5.4%
16. Mental Disorders	\$1,922	0.3%	\$14,598	1.6%
17. Blood, Blood-Forming Organs	\$452	0.1%	\$3,334	0.4%
18. Conditions In Perinatal	\$0	0.0%	\$0	0.0%
19. External Injury	\$0	0.0%	\$255	0.0%
20. Other	\$-4,421	-0.7%	\$-2,529	-0.3%
Med Total	\$607,519	100.0%	\$939,039	100.0%
RX Total	\$0		\$0	
Grand Total	\$607,519		\$939,039	

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	\$76,570	11	\$6,961
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	\$79,781	14	\$5,699
5. ALL OTHER NON INPATIENT CLAIMS	\$527,738		
Med Total	\$607,519		

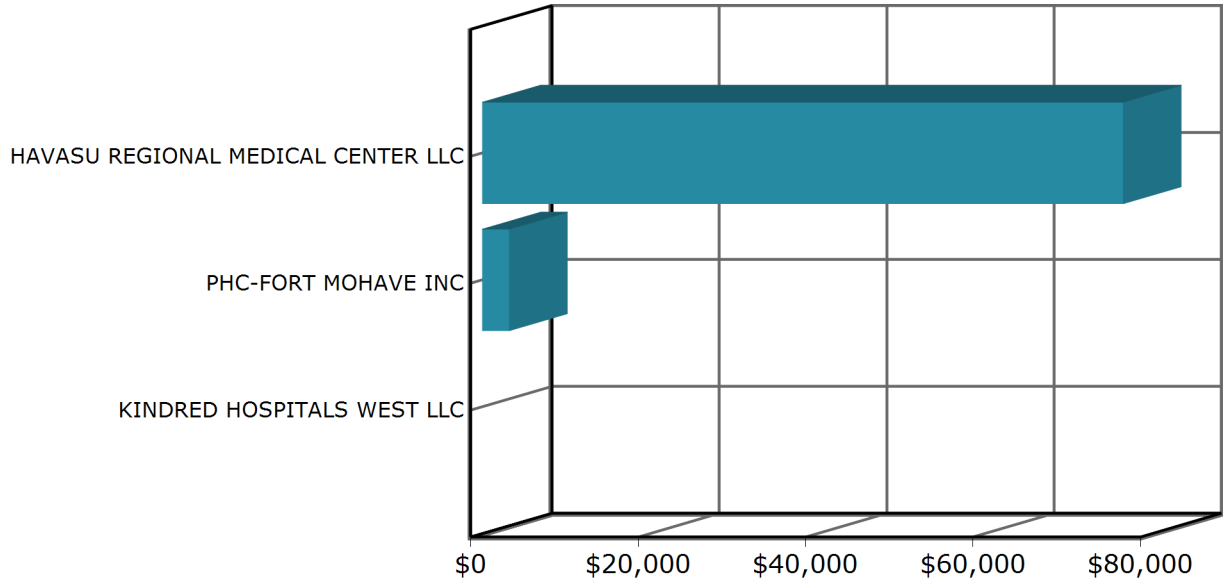
Prior Period

Facility	Amount Issued	Admits	Avg/Admit
1. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$70,978	1	\$70,978
2. KINGMAN HOSPITAL INC	\$61,700	4	\$15,425
3. VHS OF PHOENIX INC	\$39,668	1	\$39,668
4. HAVASU REGIONAL MEDICAL CENTER LLC	\$36,674	7	\$5,239
5. DESERT PARKWAY BEHAVIORAL HEALTHCARE H	\$3,269	1	\$3,269
6. ALL OTHER INPATIENT FACILITY CLAIMS	\$0	0	\$0
Subtotal	\$212,289	14	\$15,164
7. ALL OTHER NON INPATIENT CLAIMS	\$726,750		
Med Total	\$939,039		

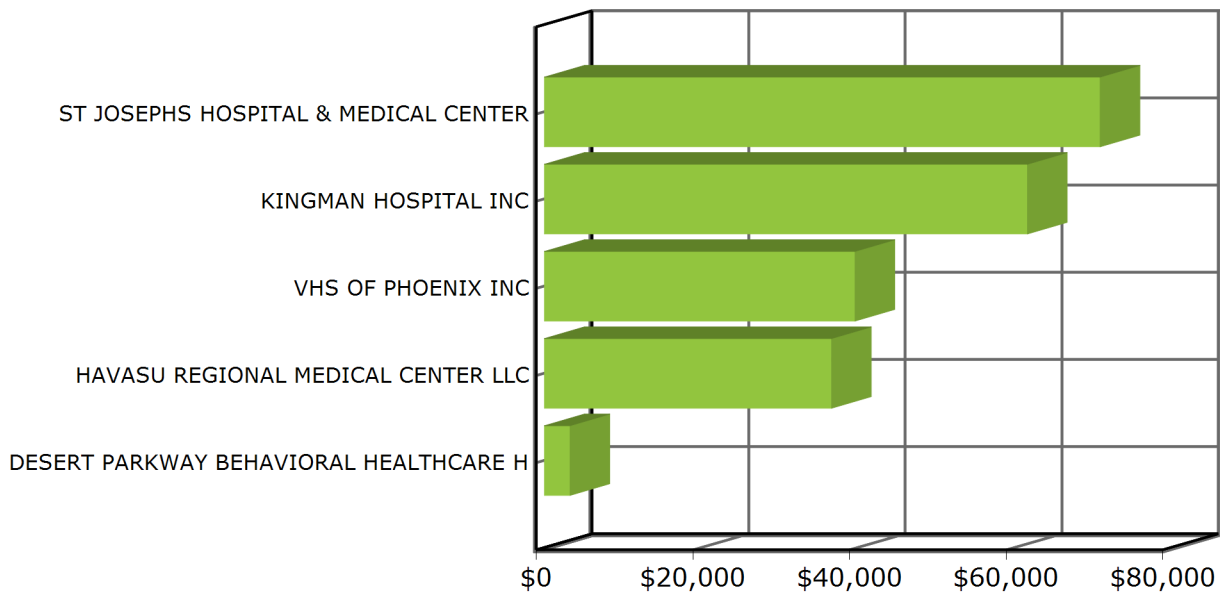
Top 10 Inpatient Facilities Graph (Room and Board and Hospital Misc. Only)

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	\$255,912	48	\$5,332
2. PHOENIX CHILDRENS OP SPECIALTY CTR	\$7,800	5	\$1,560
3. FLAGSTAFF MEDICAL CENTER	\$6,010	1	\$6,010
4. BARNET DULANEY PERKINS EYE CENTER PLLC	\$3,137	5	\$627
5. LAS VEGAS VAMC	\$2,056	2	\$1,028
6. WARNER PARK SURGERY CENTER LP	\$1,922	1	\$1,922
7. BAPTIST HOSPITAL INC	\$1,728	1	\$1,728
8. SOUTHWESTERN EYE CENTER LTD	\$989	3	\$330
9. ST JOSEPHS OUTPATIENT SURGERY	\$977	1	\$977
10. EL DORADO SURGERY CENTER LP	\$960	1	\$960
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$2,907	19	\$153
Subtotal	\$284,399	87	\$3,269
12. ALL OTHER NON OUTPATIENT CLAIMS	\$323,119		
Med Total	\$607,519		

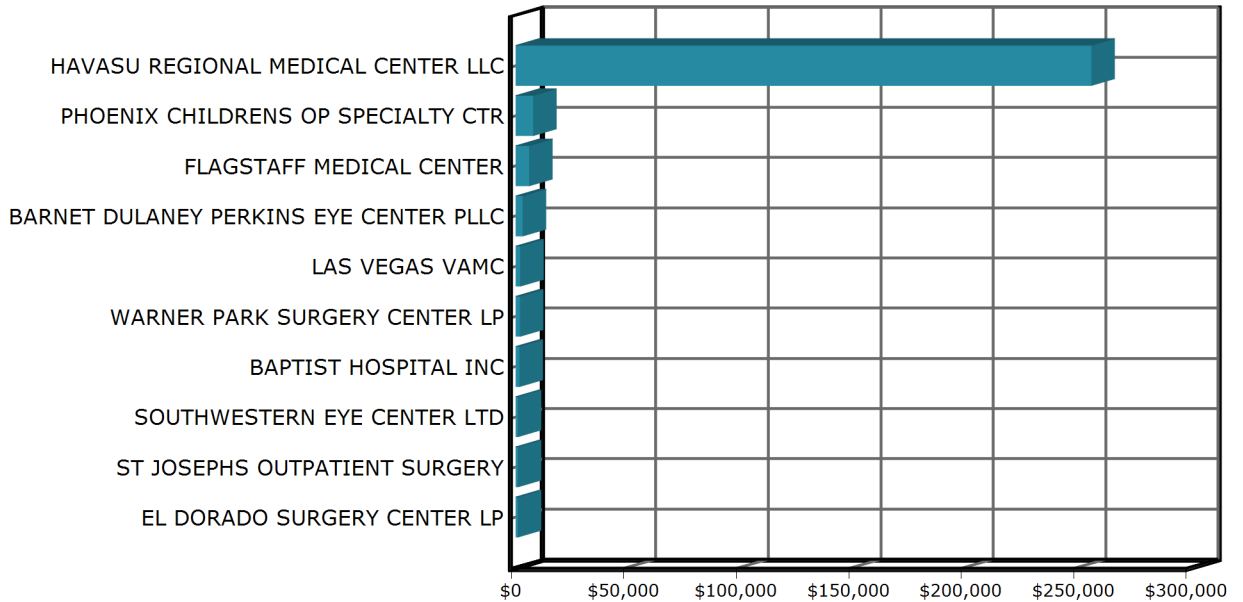
Prior Period

Facility	Amount Issued	Services	Avg/ Service
1. HAVASU REGIONAL MEDICAL CENTER LLC	\$397,295	72	\$5,518
2. KINGMAN HOSPITAL INC	\$10,969	6	\$1,828
3. ST JOSEPHS HOSPITAL & MEDICAL CENTER	\$9,365	2	\$4,683
4. YAVAPAI COMMUNITY HOSPITAL ASSOCIATION	\$7,858	2	\$3,929
5. SCOTTSDALE HEALTHCARE HOSPITALS	\$5,726	2	\$2,863
6. BANNER ESTRELLA MEDICAL CENTER	\$2,283	1	\$2,283
7. PHC-FORT MOHAVE INC	\$1,168	2	\$584
8. BANNER THUNDERBIRD MEDICAL CENTER	\$769	1	\$769
9. JAMES A TAMMARO MD PC	\$25	3	\$8
10. LA PAZ REGIONAL HOSPITAL	\$0	2	\$0
11. ALL OTHER OUTPATIENT FACILITY CLAIMS	\$0	10	\$0
Subtotal	\$435,459	103	\$4,228
12. ALL OTHER NON OUTPATIENT CLAIMS	\$503,580		
Med Total	\$939,039		

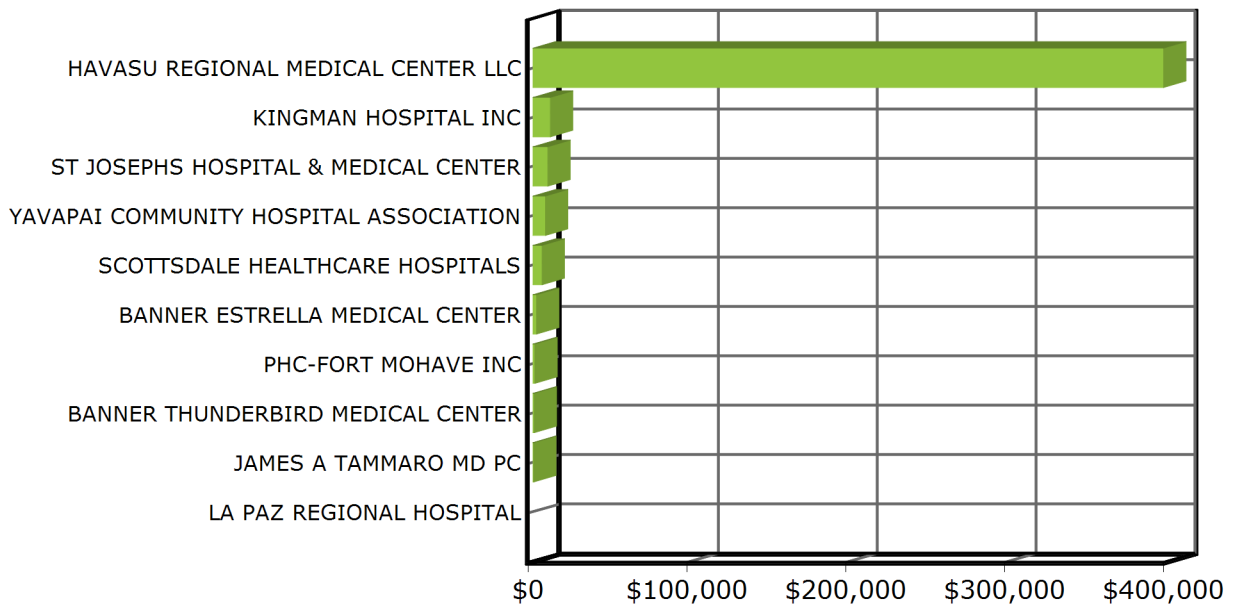
Top 10 Outpatient Facilities Graph

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	\$87,470	14.4%
2. NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHE	EE	\$49,192	8.1%
3. CALCULUS OF KIDNEY	EE	\$45,549	7.5%
4. UNSPECIFIED SEPTICEMIA	EE	\$42,308	7.0%
5. INTRAMURAL LEIOMYOMA OF UTERUS	SP	\$34,858	5.7%
6. UNSPECIFIED OVARIAN CYST, UNSPECIFIED SI	EE	\$18,415	3.0%
7. MALIGNANT NEOPLASM OF UPPER-INNER QUADRA	EE	\$18,148	3.0%
8. MISSED ABORTION	EE	\$16,817	2.8%
9. CONGENITAL CATARACT	CH	\$14,222	2.3%
10. NONINFECTIVE GASTROENTERITIS AND COLITIS	EE	\$12,113	2.0%
Sub Total		\$339,093	55.8%
11. OTHER CLAIMS		\$268,426	44.2%
Med Total		\$607,519	100.0%

Diagnosis	Prior Period Type of Claimant	Amount Issued	% of Total
1. SEPSIS, UNSPECIFIED ORGANISM	SP	\$99,741	10.6%
2. ARTERIOVENOUS MALFORMATION OF CEREBRAL V	SP	\$84,913	9.0%
3. MALIGNANT NEOPLASM OF CENTRAL PORTION OF	EE	\$78,300	8.3%
4. SEPSIS, UNSPECIFIED ORGANISM	EE	\$63,438	6.8%
5. NON-ST ELEVATION (NSTEMI) MYOCARDIAL INF	EE	\$56,702	6.0%
6. CALCULUS OF KIDNEY	EE	\$46,833	5.0%
7. OTHER AND UNSPECIFIED VENTRAL HERNIA WIT	EE	\$34,179	3.6%
8. ATHEROSCLEROTIC HEART DISEASE OF NATIVE	EE	\$31,882	3.4%
9. OTHER INTERVERTEBRAL DISC DISPLACEMENT,	EE	\$29,654	3.2%
10. CALCANEAL SPUR, RIGHT FOOT	SP	\$25,839	2.8%
Sub Total		\$551,483	58.7%
11. OTHER CLAIMS		\$387,556	41.3%
Med Total		\$939,039	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	
Outpatient Hospital	\$185,459	\$58.03	\$286,378	\$93.10	-37.7 %
Inpatient Hospital	\$121,046	\$37.87	\$252,553	\$82.10	-53.9 %
Preventative Service	\$86,163	\$26.96	\$101,170	\$32.89	-18.0 %
ER Facility	\$52,222	\$16.34	\$87,946	\$28.59	-42.8 %
CT/ PET Scan	\$40,026	\$12.52	\$9,153	\$2.98	320.1 %
Outpatient Surgery	\$33,384	\$10.45	\$54,286	\$17.65	-40.8 %
Office Visit	\$19,153	\$5.99	\$16,388	\$5.33	12.4 %
Chemo/Radiation	\$18,370	\$5.75	\$4,534	\$1.47	291.2 %
Lab	\$14,066	\$4.40	\$8,336	\$2.71	62.4 %
Other	\$9,796	\$3.07	\$19,642	\$6.39	-52.0 %
X-Ray	\$8,852	\$2.77	\$14,099	\$4.58	-39.5 %
Injections	\$8,780	\$2.75	\$14,815	\$4.82	-42.9 %
ER Visit	\$6,567	\$2.05	\$7,020	\$2.28	-10.1 %
MRI	\$4,891	\$1.53	\$14,421	\$4.69	-67.4 %
OT/PT/ST	\$1,795	\$0.56	\$6,194	\$2.01	-72.1 %
Equipment	\$911	\$0.29	\$7,933	\$2.58	-88.8 %
Inpatient Surgery	\$541	\$0.17	\$36,776	\$11.96	-98.6 %
Home Health	\$253	\$0.08	\$0	\$0.00	0.0 %
Chiropractic	\$88	\$0.03	\$81	\$0.03	0.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$4,845)	(\$1.52)	(\$2,686)	(\$0.87)	74.7 %
Med Total	\$607,519	\$190.09	\$939,039	\$305.28	-37.7 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$607,519	\$190.09	\$939,039	\$305.28	-37.7 %

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

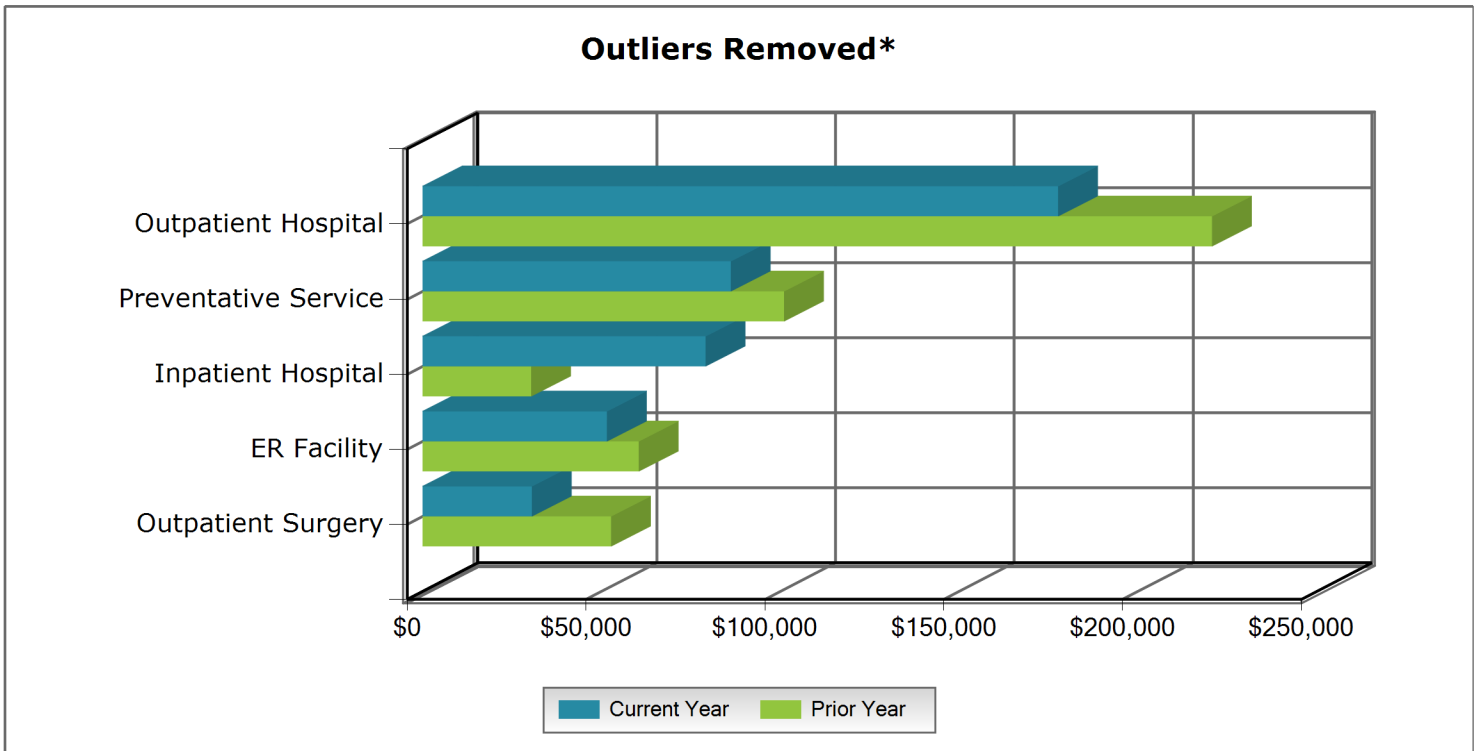
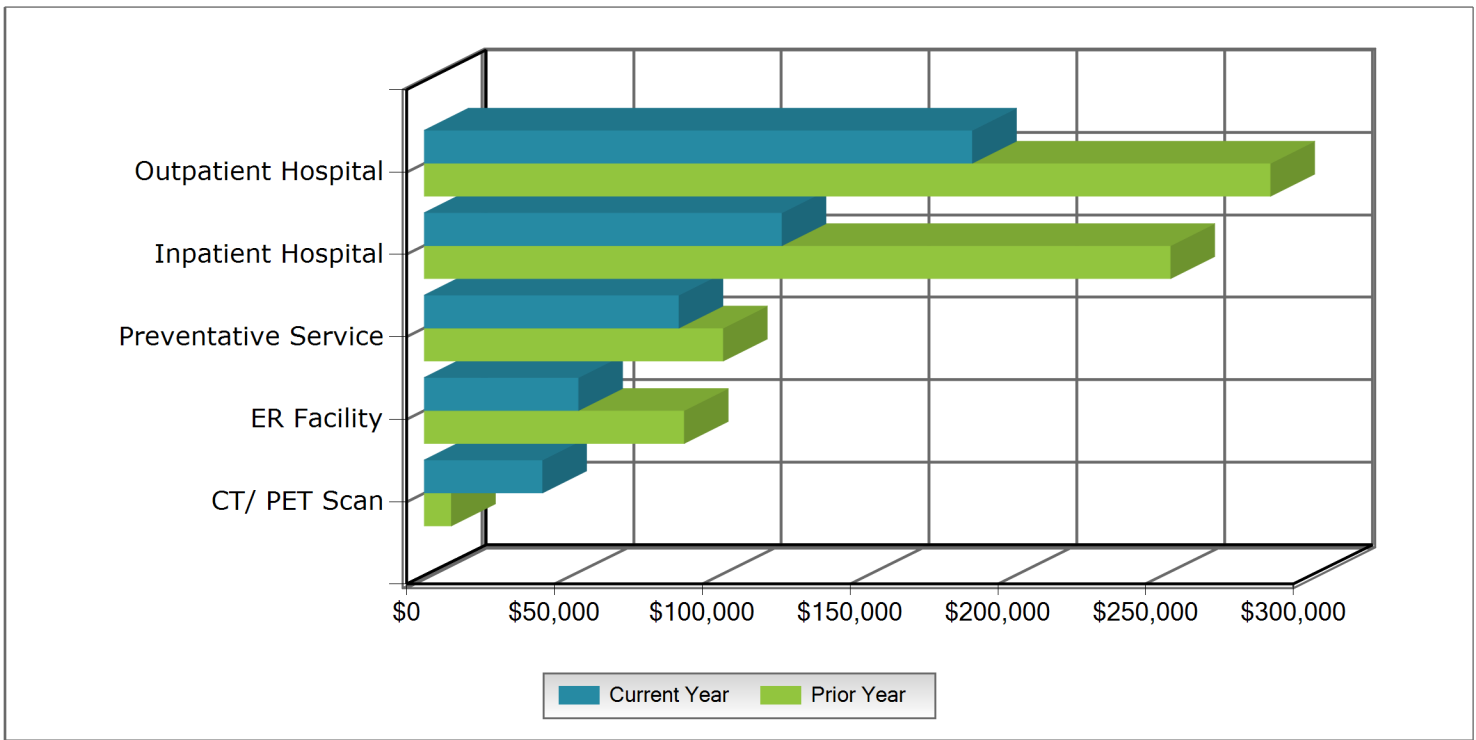
All claimants with claims in excess of \$50,000 have been removed

Type of Service	Current Period		Prior Period		% of increase/decrease
	Issued	PMPM	Issued	PMPM	
Outpatient Hospital	\$177,666	\$55.66	\$220,693	\$72.12	-22.8 %
Preventative Service	\$86,163	\$26.99	\$101,053	\$33.02	-18.3 %
Inpatient Hospital	\$79,114	\$24.79	\$30,337	\$9.91	150.2 %
ER Facility	\$51,524	\$16.14	\$60,438	\$19.75	-18.3 %
Outpatient Surgery	\$30,540	\$9.57	\$52,677	\$17.21	-44.4 %
CT/ PET Scan	\$28,391	\$8.89	\$2,477	\$0.81	997.5 %
Office Visit	\$17,525	\$5.49	\$15,463	\$5.05	8.7 %
Chemo/Radiation	\$11,877	\$3.72	\$1,711	\$0.56	564.3 %
Other	\$8,532	\$2.67	\$8,422	\$2.75	-2.9 %
Injections	\$7,995	\$2.50	\$10,403	\$3.40	-26.5 %
ER Visit	\$6,271	\$1.96	\$3,033	\$0.99	98.0 %
X-Ray	\$5,546	\$1.74	\$10,570	\$3.45	-49.6 %
Lab	\$5,269	\$1.65	\$7,161	\$2.34	-29.5 %
MRI	\$4,891	\$1.53	\$3,764	\$1.23	24.4 %
OT/PT/ST	\$1,795	\$0.56	\$6,194	\$2.02	-72.3 %
Equipment	\$911	\$0.29	\$4,093	\$1.34	-78.4 %
Inpatient Surgery	\$541	\$0.17	\$20,061	\$6.56	-97.4 %
Home Health	\$253	\$0.08	\$0	\$0.00	0.0 %
Chiropractic	\$88	\$0.03	\$81	\$0.03	0.0 %
Psychotherapy	\$0	\$0.00	\$0	\$0.00	0.0 %
Claims Refunds	(\$4,845)	(\$1.52)	(\$2,686)	(\$0.88)	72.7 %
Med Total	\$520,049	\$162.92	\$555,945	\$181.68	-10.3 %
RX	\$0	\$0.00	\$0	\$0.00	0.0 %
RX Total	\$0	\$0.00	\$0	\$0.00	-100.0 %
Grand Total	\$520,049	\$162.92	\$555,945	\$181.68	-10.3 %

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	\$313,844	\$98.20	\$429,252	\$139.55	-29.6 %
Inpatient Visit	\$138,564	\$43.36	\$309,085	\$100.48	-56.8 %
Office Visit	\$71,386	\$22.34	\$69,623	\$22.63	-1.3 %
Emergency Room Facility	\$57,090	\$17.86	\$91,705	\$29.81	-40.1 %
Ambulatory Surgical Center	\$17,943	\$5.61	\$4,262	\$1.39	303.6 %
Independent Laboratory	\$4,919	\$1.54	\$4,322	\$1.41	9.2 %
Public Health Clinic	\$3,084	\$0.97	\$977	\$0.32	203.1 %
Urgent Care	\$1,674	\$0.52	\$2,570	\$0.84	-38.1 %
Patient's Home	\$1,560	\$0.49	\$16,074	\$5.23	-90.6 %
Mobile Unit	\$488	\$0.15	\$162	\$0.05	200.0 %
Independent Clinic	\$171	\$0.05	\$54	\$0.02	150.0 %
Off-Campus-Outpatient Hospital	\$0	\$0.00	\$0	\$0.00	0.0 %
Community Mental Health Center	\$0	\$0.00	\$0	\$0.00	0.0 %
Ambulance-Land	\$0	\$0.00	\$12,214	\$3.97	-100.0 %
Subtotal	\$610,724	\$191.09	\$940,301	\$305.69	-37.5 %
Other Places of Service	(\$3,205)	(\$1.00)	(\$1,261)	(\$0.41)	143.9 %
Med Total	\$607,519	\$190.09	\$939,039	\$305.28	-37.7 %

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	\$15.74	\$86.66	\$62.04	(\$1.52)	\$0.00
Allowed Amount	\$85.67	\$182.47	\$242.19	\$0.00	\$0.00

Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$25.79	\$142.00	\$101.67	(\$2.49)	\$0.00
Allowed Amount	\$140.38	\$299.00	\$396.85	\$0.00	\$0.00

Prior Period

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$5.28	\$112.61	\$64.91	(\$0.88)	\$0.00
Allowed Amount	\$27.91	\$249.59	\$232.80	\$0.00	\$0.00

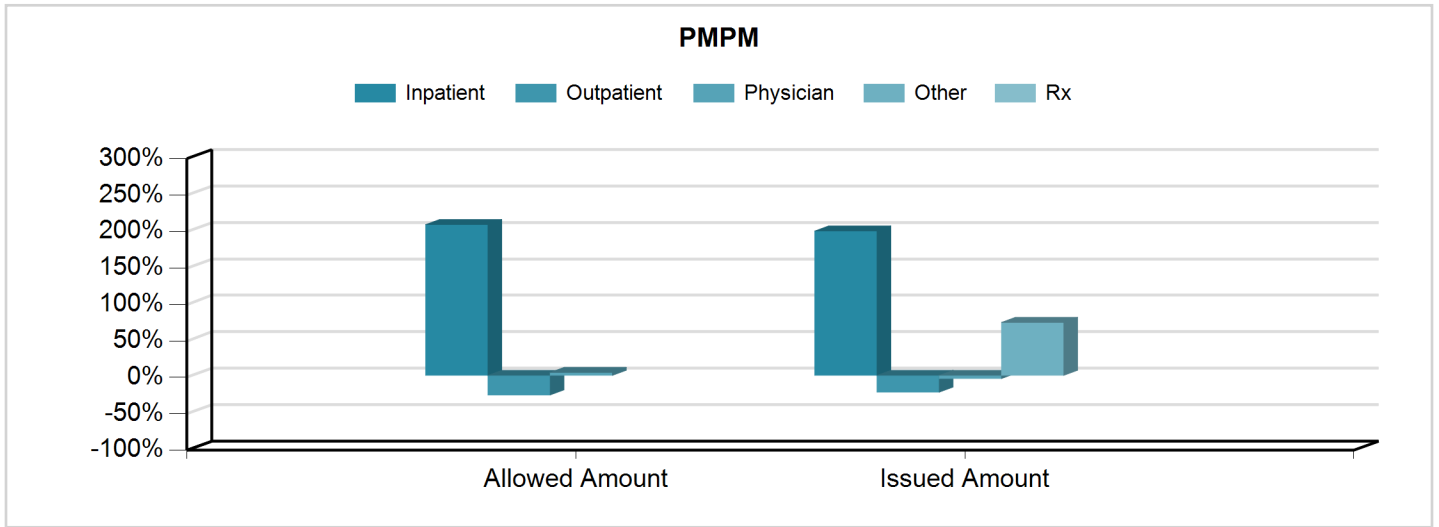
Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	\$8.67	\$185.02	\$106.65	(\$1.44)	\$0.00
Allowed Amount	\$45.86	\$410.08	\$382.50	\$0.00	\$0.00

Trend Analysis

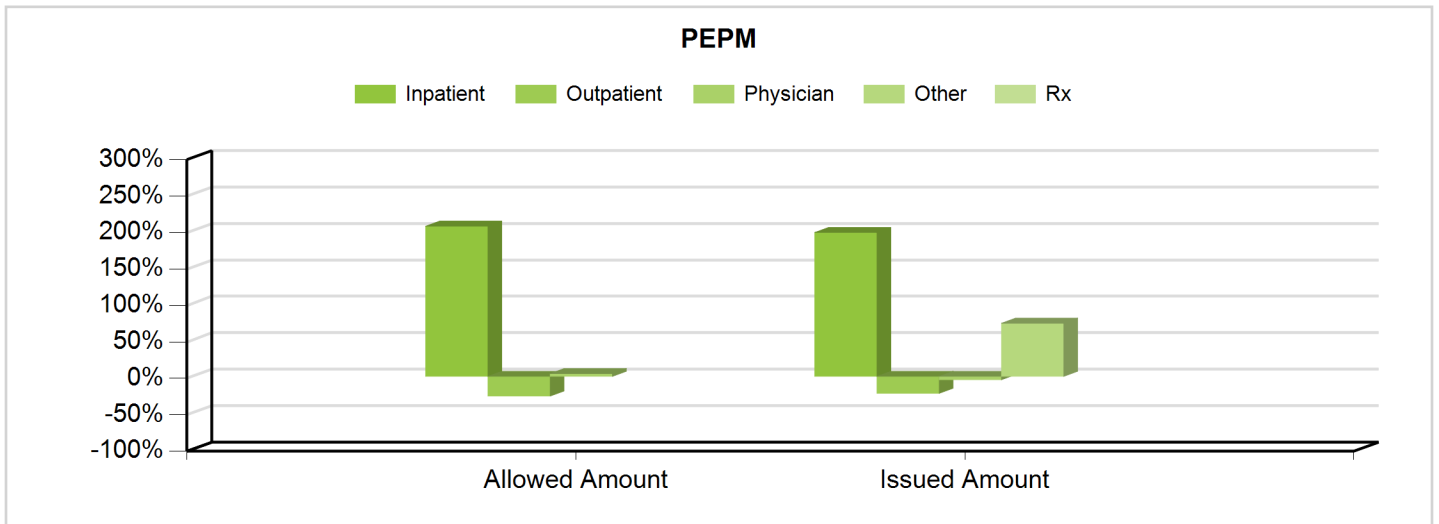
LHS EMPLOYEE BENEFIT TRUST

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

Per Member Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	198.1%	-23.0%	-4.4%	72.7%	0.0%
Allowed Amount	207.0%	-26.9%	4.0%	0.0%	0.0%

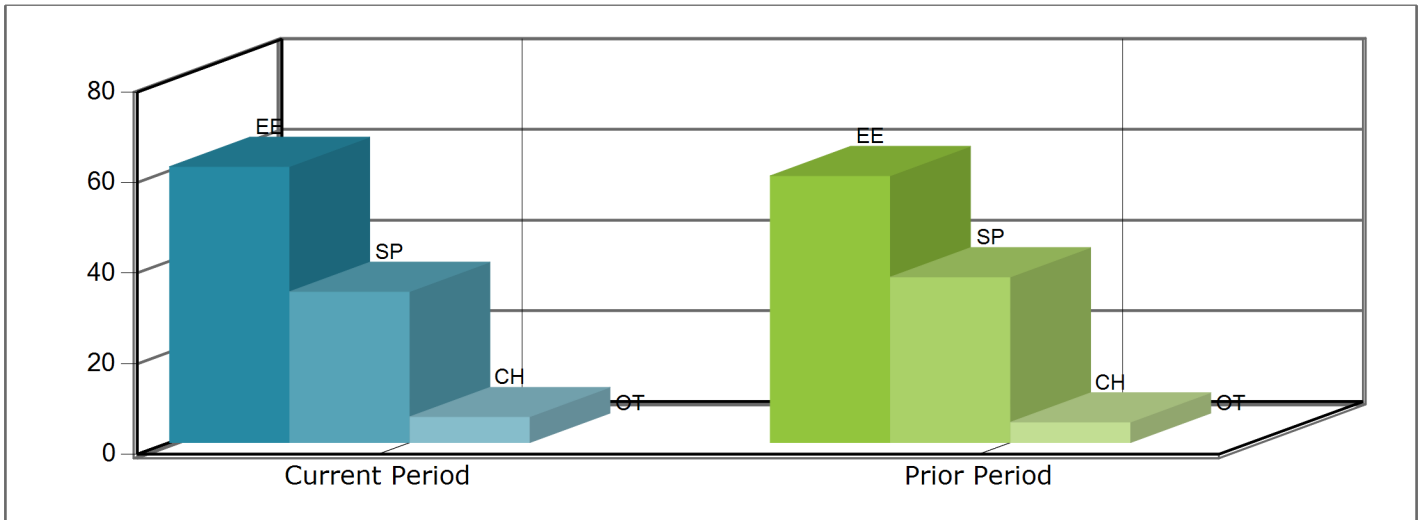


Per Employee Per Month	Inpatient	Outpatient	Physician	Other	Rx
Issued Amount	197.5%	-23.3%	-4.7%	72.9%	0.0%
Allowed Amount	206.1%	-27.1%	3.8%	0.0%	0.0%



Employee vs. Dependent Paid Claims

LHS EMPLOYEE BENEFIT TRUST



	Employee	Spouse	Child	Other**	Total
Current Period					
Total Med Issued	\$370,213	\$202,556	\$34,750	\$0	\$607,519
Percent of Total	60.9 %	33.3 %	5.7 %	0.0 %	
Total Number of Members*	488	111	199	0	798
Avg Paid per Member	\$759	\$1,825	\$175	\$0	\$761
Prior Period					
Total Med Issued	\$553,174	\$343,345	\$42,521	\$0	\$939,039
Percent of Total	58.9 %	36.6 %	4.5 %	0.0 %	
Total Number of Members*	469	110	190	0	769
Avg Paid per Member	\$1,179	\$3,121	\$224	\$0	\$1,221

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	17	20,017	12	2,741	0	0
5 - 9	0	0	0	0	0	0	0	0	0	18	1,048	21	233	0	0
10 - 14	0	0	0	0	0	0	0	0	0	24	1,063	30	1,284	0	0
15 - 19	1	0	1	0	0	0	0	0	0	13	1,048	28	4,531	0	0
20 - 24	2	0	15	963	0	0	1	71	19	1,793	16	179	0	0	
25 - 29	8	387	32	23,829	2	0	2	7,779	5	814	1	0	0	0	
30 - 34	9	0	35	52,511	3	6,801	3	6,297	0	0	0	0	0	0	
35 - 39	15	1,314	31	13,323	6	0	8	35,025	0	0	0	0	0	0	
40 - 44	15	1,402	33	57,840	11	613	5	456	0	0	0	0	0	52	
45 - 49	14	2,754	42	2,894	6	0	3	124	0	0	0	0	1	0	
50 - 54	15	2,024	55	15,567	12	7,356	6	12,150	0	0	0	0	2	0	
55 - 59	19	-453	64	35,908	21	92,357	6	111	0	0	0	0	2	9,173	
60 - 64	22	12,155	57	74,527	12	18,910	4	5,947	0	0	0	0	2	0	
65 - 69	6	9,464	9	20,299	2	151	1	0	0	0	0	0	0	0	
70 +	1	-46	2	42,731	0	0	0	0	0	0	0	0	0	0	
	127	\$29,002	376	\$340,394	75	\$126,190	39	\$67,959	96	\$25,782	108	\$8,968	7	\$9,224	

GROUP COMPARISON*						
	CURRENT PERIOD			PRIOR PERIOD		
	ISSUED	MEMBERS	AVG ISSUED / MEMBER	ISSUED	MEMBERS	AVG ISSUED / MEMBER
Members Under 65	\$525,694	774	\$679	\$906,839	732	\$1,239
Members Over 65	\$72,600	13	\$5,585	\$27,732	21	\$1,321
Cobra/Continuation Coverage	\$9,224	12	\$769	\$4,468	16	\$279
	\$607,519	799	\$760	\$939,039	769	\$1,221

* 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	81	29,512	260	264,798	0	0	0	0	0	0	0	0	3	766	
S	18	1,038	35	28,116	34	118,033	19	42,897	0	0	0	0	4	8,407	
C	8	96	40	30,448	0	0	0	0	34	4,755	46	4,577	0	0	
F	20	-1,644	41	17,032	41	8,157	20	25,062	62	21,027	62	4,391	0	52	
	127	\$29,002	376	\$340,394	75	\$126,190	39	\$67,959	96	\$25,782	108	\$8,968	7	\$9,224	

** 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	467	770	280	348	211
2017	September	137,683	485	509	828	284	270	166
2017	October	116,130	428	508	828	271	229	140
TOTALS/AVERAGES		607,519	492	488	799	1,235	1,244	761

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
2016	September	247,151	512	482	787	483	513	314
2016	October	205,898	540	498	806	381	413	255
TOTALS/AVERAGES		939,039	479	469	769	1,960	2,002	1,222

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

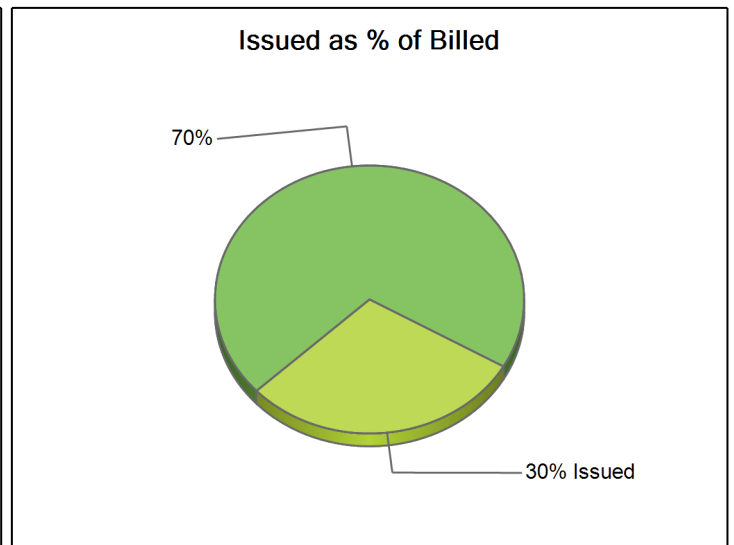
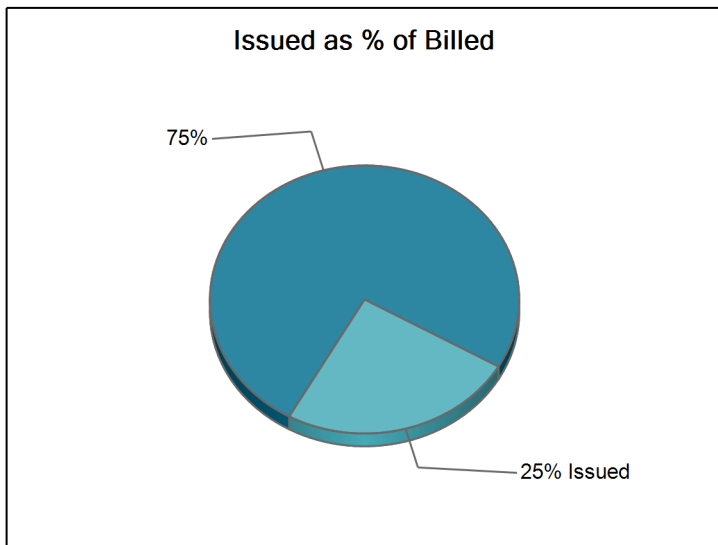
Benefit Payment Summary

LHS EMPLOYEE BENEFIT TRUST

SUBMITTED CLAIMS ANALYSIS				
	Current Period		Prior Period	
	Dollars	% of Allowable	Dollars	% of Allowable
Billed Charges	2,451,637		3,159,837	
Ineligible Charges	- 574,018		- 881,588	
Allowable Charges	= 1,877,619		= 2,278,250	
PPO Discount	- 1,034,518		- 1,200,787	
Covered Charges	= 843,101		= 1,077,463	
Deductibles	- 131,425	7.0 %	- 103,272	4.5 %
Copays	- 31,778	1.7 %	- 32,358	1.4 %
Coinsurance	- 64,343	3.4 %	- 68,117	3.0 %
COB Savings	- 719	0.0 %	- 2,437	0.1 %
Overpayment Recovered	- 7,317	0.4 %	- -67,761	-3.0 %
Issued	= 607,519		= 939,039	

Current Period

Prior Period



Discount Analysis

LHS EMPLOYEE BENEFIT TRUST

Excluding Medicare Primary

IN-NETWORK	Current Period			Prior Period			
	Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
	IP Facility	\$399,177	\$307,935	77.1 %	\$455,574	\$230,007	50.5 %
	OP Facility	\$584,192	\$216,337	37.0 %	\$850,817	\$386,260	45.4 %
	Physician/Other*	\$866,835	\$508,236	58.6 %	\$873,407	\$518,863	59.4 %
Total:		\$1,850,204	\$1,032,508	55.8 %	\$2,179,798	\$1,135,131	52.1 %

Medicare Primary

IN-NETWORK	Current Period			Prior Period			
	Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
	OP Facility	\$0	\$0	0.0 %	\$39,692	\$35,320	89.0 %
	Physician/Other*	\$1,033	\$461	44.7 %	\$24,210	\$21,554	89.0 %
Total:		\$1,033	\$461	44.7 %	\$63,902	\$56,873	89.0 %

Excluding Medicare Primary

OUT OF NETWORK	Current Period			Prior Period			
	Major Service Category	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	\$8,788	\$0	0.0 %	\$1,127	\$0	0.0 %
	Physician/Other*	\$17,594	\$1,549	8.8 %	\$27,023	\$6,015	22.3 %
Total:		\$26,382	\$1,549	5.9 %	\$34,550	\$8,783	25.4 %

Medicare Primary

OUT OF NETWORK	Current Period			Prior Period			
	Major Service Category	Allowed	Discount	Discount as % of Allowed	Allowed	Discount	Discount as % of Allowed
	Physician/Other*	\$0	\$0	0.0 %	\$0	\$0	0.0 %
Total:		\$0	\$0	0.0 %	\$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