



NovaRest
ACTUARIAL CONSULTING

**NovaRest Report for the Iowa Insurance
Division**

In support of the

**Annual Report to the Iowa Governor
and to the Iowa Legislature**

November 2014

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Annual Report to the Iowa Governor and Legislature

Introduction

This report was prepared by NovaRest Consulting for the Iowa Insurance Division (Division). We understand that the Division will use the information in this report as the basis for the annual report provided to the governor of Iowa and the Iowa Legislature. The annual report, as required by statute (Iowa Code §505.18), provides findings regarding health spending costs for health insurance plans in Iowa for the previous fiscal year.

The purpose of the annual report is to increase health care insurance transparency and provide consumers with the information, as well as the incentive, necessary to choose health plans based on cost and quality. Reliable cost and quality information about health care insurance empowers consumer choice, which incentivizes and motivates the entire health care delivery system to provide better care and benefits at a lower cost. This report aims to help make information regarding the costs of health care insurance readily available to consumers.

Additionally, this report is intended to provide information in a format that can be used in the annual report to the Governor of Iowa and the Iowa Legislature.

The information used herein was gathered from the top 95 percent of health insurers by premium in Iowa through a data request by the Division with the goal of ensuring that we have access to the most accurate and complete information available. All situations in which the data request information was not complete are noted throughout this document. Additional information was extracted from statutory annual financial statement information filed with the National Association of Insurance Commissioners (NAIC).

Since the carriers that fall in the top 95 percent change every year, some carriers surveyed in 2014 do not have data in earlier years and some carriers included in earlier years do not have data available for 2014.

The following companies were included in the 2014 data call based on their health care premium market share in Iowa for the 2013 fiscal year:

- Coventry Health & Life Insurance Co.¹
- Coventry Health Care of Iowa, Inc.
- Federated Mutual Insurance Co.²
- Golden Rule Insurance Co.
- Medical Associates Health Plan, Inc.
- Time Insurance Co.³
- United Healthcare Insurance Co.
- United Healthcare Plan of the River Valley
- Wellmark Health Plan of Iowa, Inc.
- Wellmark, Inc.

Summary

As the graph 1.1 (below) demonstrates, the health insurance market in Iowa is dominated by Wellmark, Inc. (52-67 percent of the three markets—individual, small group and large group). Therefore, the weighted averages for loss ratios⁴ and rate increases provided in this report will fall very close to the Wellmark, Inc. values, even though there are significant differences between companies. These averages were weighted by member months⁵, which results in an average that is closer to what most members are experiencing as rate increases in their premiums. Using the rate increases as an example, the weighted average will result in the same value that would be obtained if a surveyor were to total and average the rate increases across all insurance plan holders in Iowa. By averaging across members rather than carriers, we will attain a better estimate of the rate increases experienced by the population in Iowa.

We have included charts representing member months in this report in order to demonstrate the large variance in members per carrier in Iowa. The key for each graph is listed in descending order of total member months. A complete set of data can be found in *Appendix A*.

¹ Coventry Health & Life Insurance Company left the individual market in 2012. This may create some inconsistencies with the 2012 report because historical values will not include information from Coventry Life and Health.

² Federated Mutual Insurance Company left the individual market in 2012. They were excluded from the individual market in the 2012 report due to low market share.

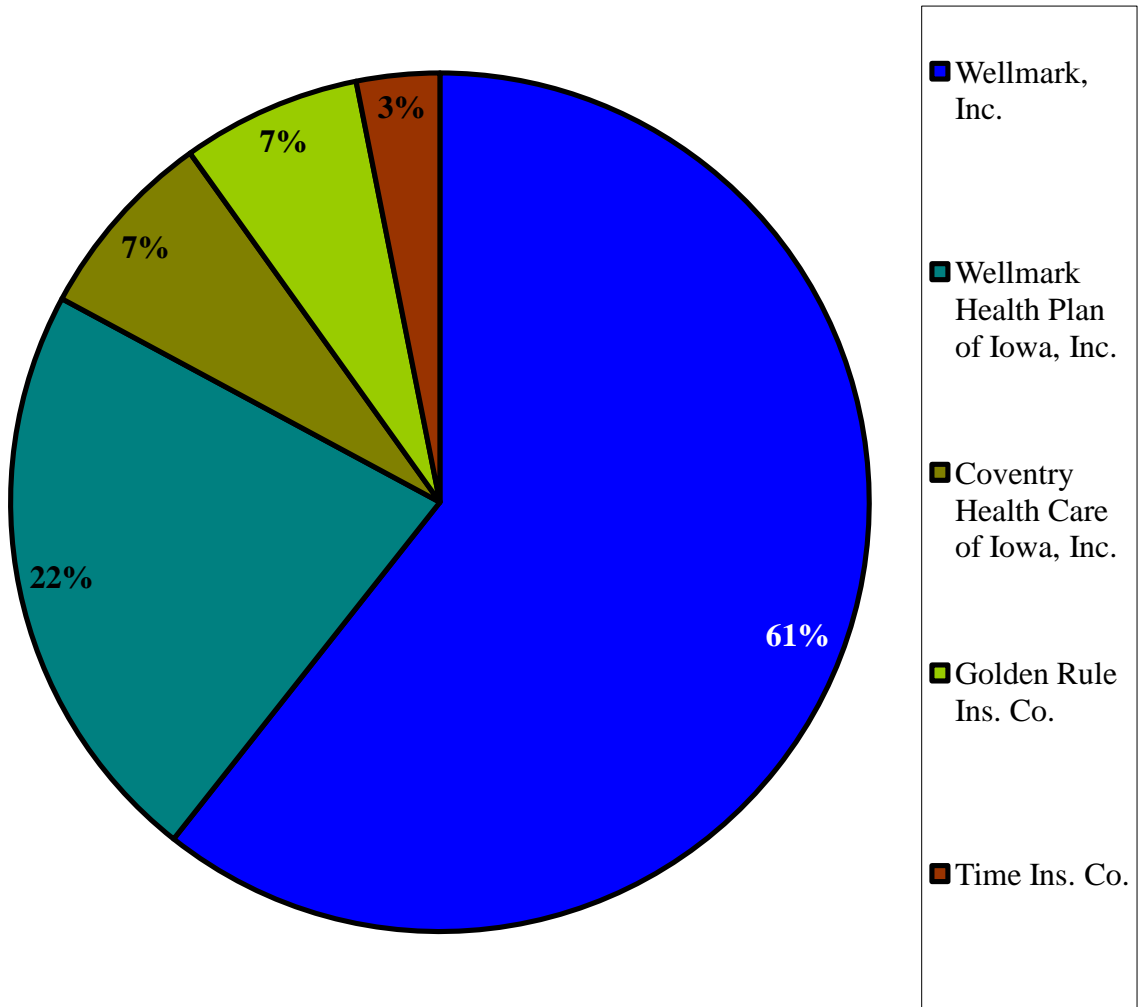
³ In past reports, Time Insurance Company was combined with John Alden and the resulting group was named Assurant for the purposes of this report; however, John Alden was not included in the 2014 data call. This may cause inconsistencies with past reports.

⁴ Note that in this report loss ratios are calculated as incurred claims over earned premium and not using the federal rebate formula definition of medical loss ratio.

⁵ Member months are defined as the total number of months covered for all individuals insured by a carrier in a market.

Graph 1.1

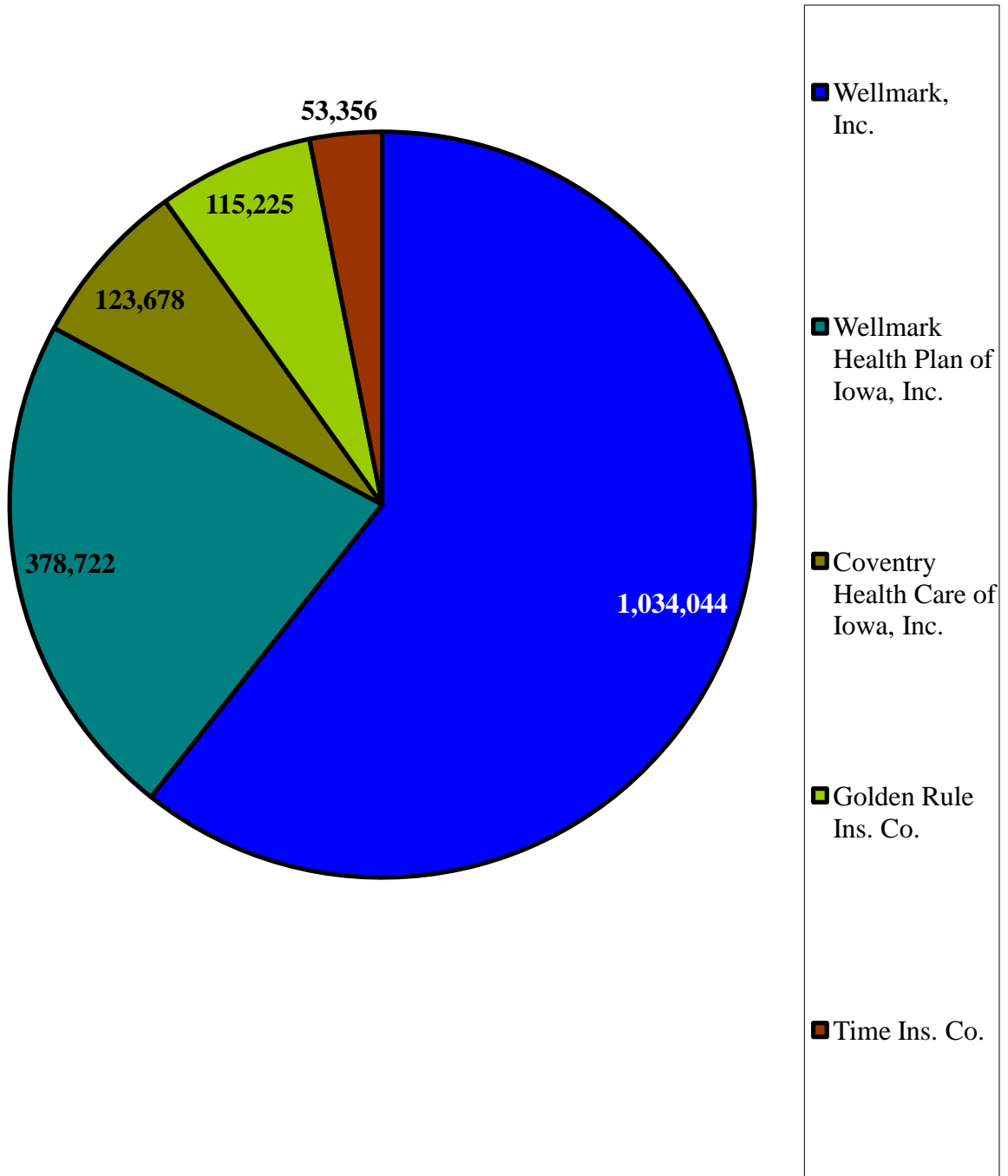
2013 Individual Comprehensive Major Medical (ICMM) Member Months by Percentage of Market Share*



* The legend lists the companies in descending order by total member months.

Graph 1.2

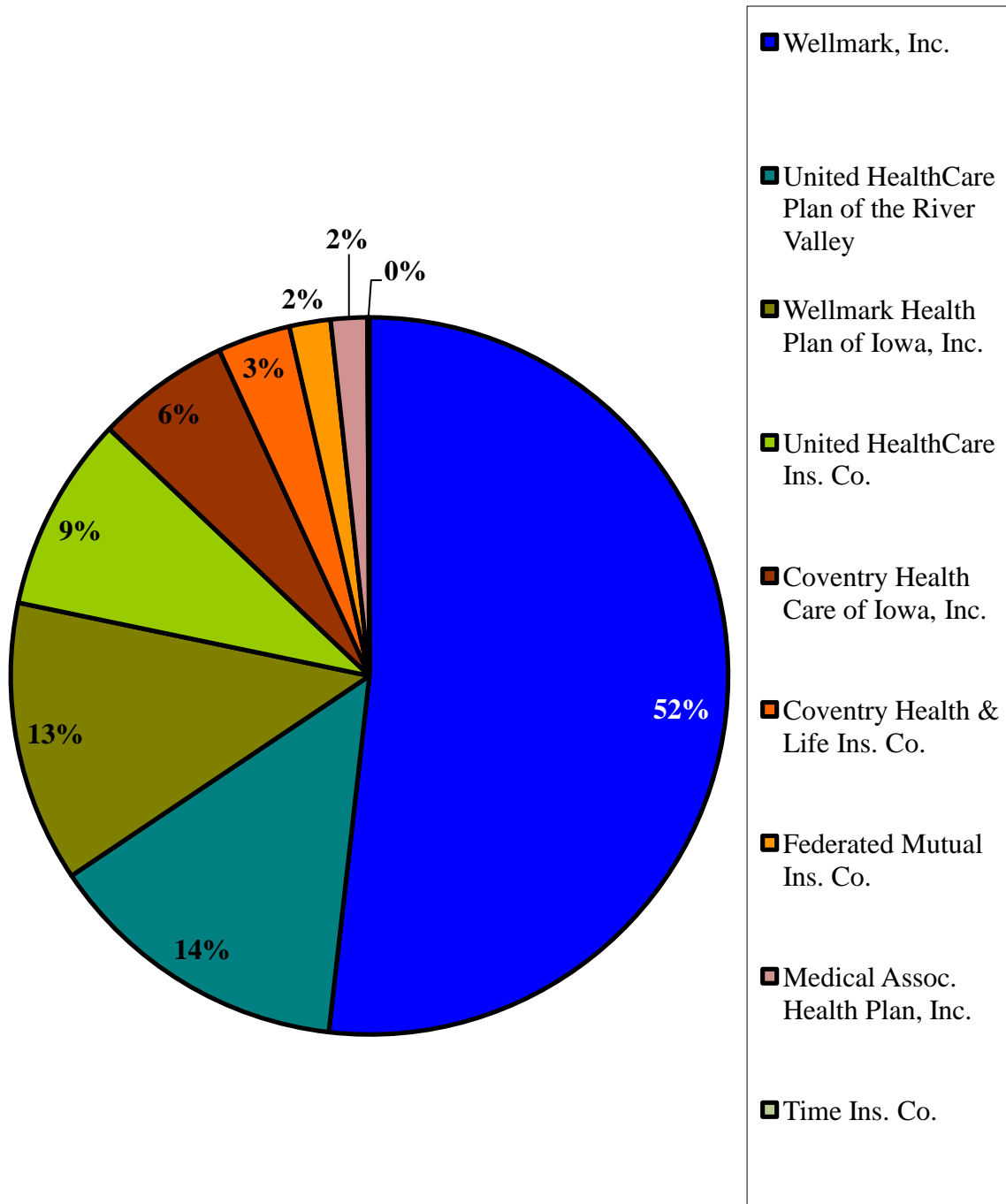
2013 Total Individual Comprehensive Major Medical (ICMM) Member Months*



* The legend lists the companies in descending order by total member months.

Graph 1.3

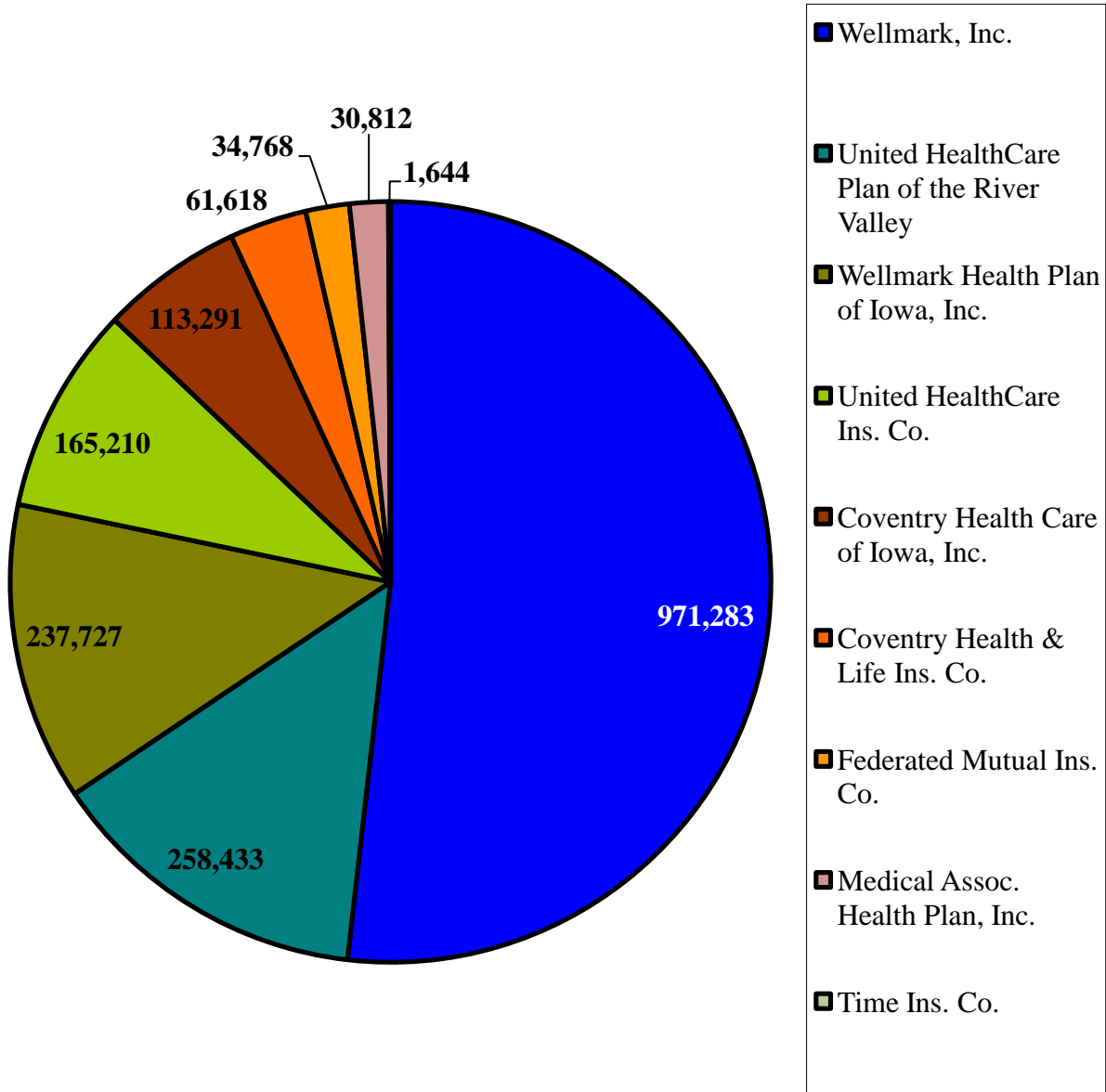
2013 Small Group Member Months by Percentage of Market Share*



* The legend lists the companies in descending order by total member months.

Graph 1.4

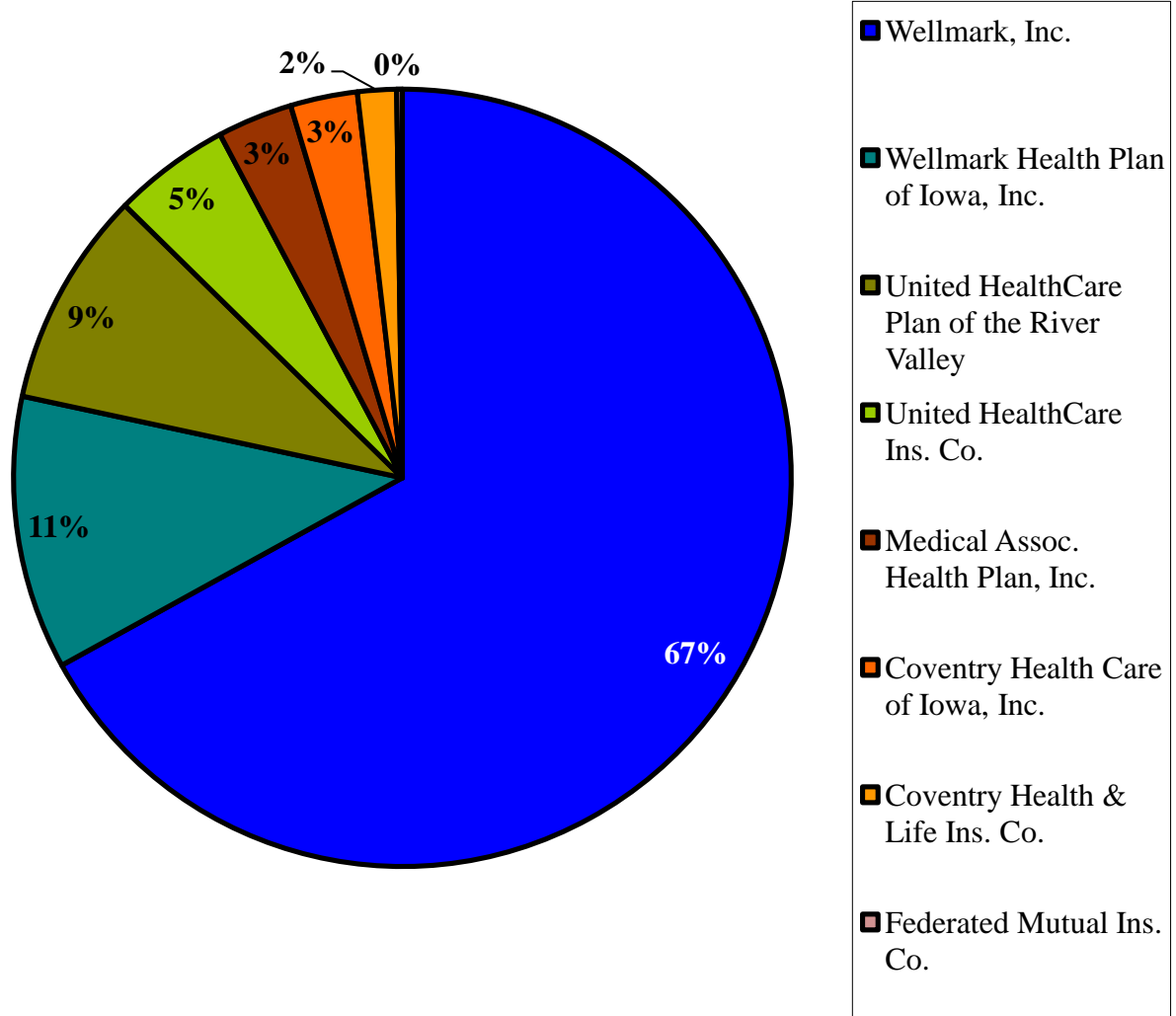
2013 Total Small Group Member Months*



* The legend lists the companies in descending order by total member months.

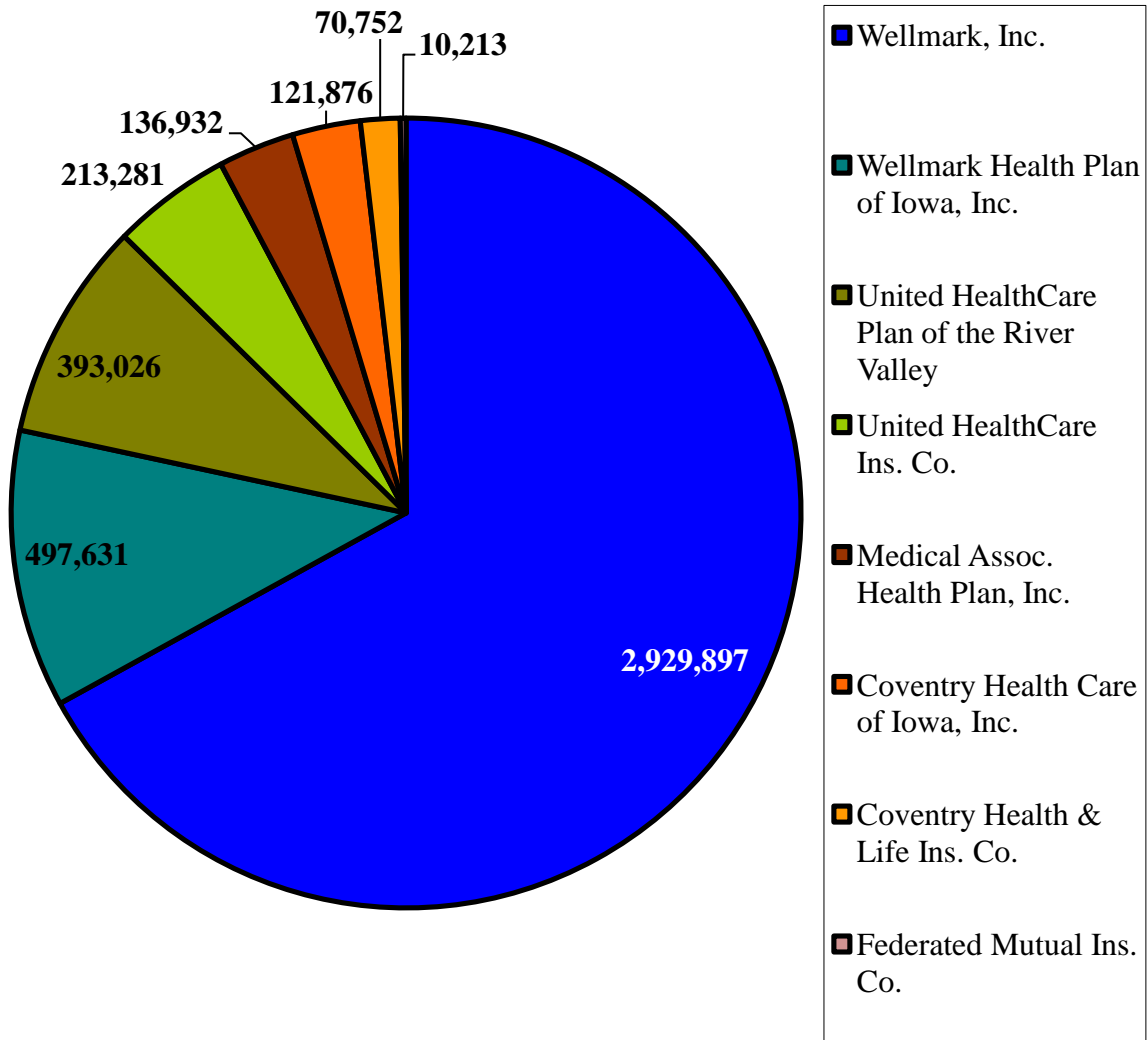
Graph 1.5

2013 Large Group Member Months by Percentage of Market Share*



* The legend lists the companies in descending order by member months.

Graph 1.6
2013 Total Large Group Member Months*



* The legend lists the companies in descending order by member months.

This report is structured to follow the requirements of the annual report as mandated by Iowa Code §505.18. A summary of the results is presented first, followed by a section which includes further details for each requirement, and finally the appendices containing all of the raw data are listed in tabular format.

a. Aggregate health insurance data concerning loss ratios of health insurance carriers licensed to do business in the state.

A loss ratio is the ratio of claims to premiums, as opposed to a carrier's federal medical loss ratio (MLR), which is used for the federal rebate formula. In addition to direct claims payments for medical services, the claims used in the loss ratio may include case management services, the cost of quality improvement efforts, and other costs related to health care services that are not directly delivered to members. No specific definition of claims was provided to carriers. The Affordable Care Act requires carriers in a state to provide a rebate to policyholders if the carrier's MLR is less than 80 percent for the individual or small group markets, and less than 85 percent for the large group market.⁶ The remaining 15-20 percent is the amount of premium available for the cost of administering the insurance (commissions, paying claims, tracking enrollment changes, etc.) and for company profits. Because Iowa enjoys some of the lowest health insurance rates in the country, and because of a concern that carriers in the individual insurance market would leave Iowa if required to meet an 80 percent loss ratio in 2012, the State requested federal regulators to phase in the individual insurance market MLR for the rebate calculation. The Department of Health and Human Services (HHS) did grant the waiver at 67 percent of premium for 2011, and as 75 percent of premium in 2012. The insurance markets were required to comply with the 80 percent figure in 2013 and beyond.⁷ This changing loss ratio requirement may have had an impact on the rate increases for some carriers between 2011 and 2013. Under the MLR standards, Coventry Healthcare of Iowa, Inc. owed \$1,101,411 in the large group market and Wellmark Health Plan of Iowa, Inc. owed \$651,895 in the individual market.⁸ On average, commission percentage was 4.12 percent and administrative cost excluding commissions averaged 11.87 percent⁹ of premiums for 2013 (see *Appendix G* for more details).

The detail provided below shows that average loss ratios for 2013 were 83 percent, 75 percent, and 86 percent for individual, small group, and large group markets respectively on a non-weighted basis. When loss ratios are weighted by membership amongst the ten companies, their averages are 86 percent, 80 percent, and 83 percent for individual, small

⁶ Federal loss ratios are included in the appendix. The loss ratios in the report are those of claims relative to premiums.

⁷ Source: insurance.about.com/b/2011/07/28/iowa-gets-federal-medical-loss-ratio-waiver.htm and thehill.com/blogs/healthwatch/health-reform-implementation/120319-iowa-requests-waives-from-medical-loss-ratio-requirement

⁸ Source: http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Issuers_Owing_Refunds_for_2013.pdf

⁹ Some companies may have split items out of administrative costs that other companies included, so this percentage may be somewhat understated. See *Appendix G* for detailed responses.

group, and large group markets, respectively. Average loss ratios have been relatively consistent since 2012, with a 1 percent decrease in the individual, a 3 percent decrease in the large group, and a 1 percent increase in the small group market, indicating that insurers were either slightly more profitable or had slightly higher administrative costs.

There is wide variation in loss ratios from company to company: individual loss ratios varied from 70-94 percent in 2013. Small and large group loss ratios varied from 40 -90 percent and 73-107 percent, respectively.

b. Rate increase data.

The average individual rate increases¹⁰ for 2009-2013 are 14 percent, 17 percent, 12 percent, 10 percent and 4 percent on a non-weighted basis and 11 percent, 19 percent, 9 percent, 9 percent, and 9 percent on a weighted basis.

The average small group rate increases for 2009-2013 are 11 percent, 15 percent, 10 percent, 11 percent, and 11 percent on a non-weighted basis and 14 percent, 16 percent, 11 percent, 8 percent, and 8 percent on a weighted basis.

The average large group rate increases for 2009-2013 are 8 percent, 12 percent, 5 percent, 6 percent, and 5 percent on a non-weighted basis and 9 percent, 14 percent, 8 percent, 6 percent, and 6 percent on a weighted basis.

In 2013, individual rate increases varied from 0-13 percent; small group increases varied from 4-26 percent and large group rate increases varied from negative 10 to positive 12 percent.

c. Health care expenditures in the state and the effect of such expenditures on health insurance premium rates.

Health care expenditures drive health insurance premiums. As the cost of health care services increase due to either the cost of the individual services or the use of those services, that cost increase is passed on to policyholders in the form of premium increases. Since the impact on premiums would only come from non-Medicare and non-Medicaid expenditures, the Medicare and Medicaid amounts were removed from the overall expenditures. From 2004 to 2009 the overall increase in expenditures was 4% per year on average. The highest increase came from hospital cost, which increased by \$1,070,000 over the five years.

¹⁰ This is an example of historic values which may not match previous reports due to companies that have left the market and were therefore removed from historic data sets.

Note that the impact of increased health care expenditures and the increase in premiums are not in the same proportion. This discrepancy is due to other factors affecting premiums such as changes in benefits and changes in the population covered by a particular carrier.¹¹

d. *A ranking and quantification of those factors that result in higher costs and those factors that result in lower costs for each health insurance plan offered in the state.*

Overall, carriers reported a \$289.2 million rise in health care costs from the top five increase drivers, along with a \$102.9 million reduction in the top five decrease drivers. The top five increase drivers accounted for 98 percent of these increases; the top five decrease drivers accounted for 96 percent of the aforementioned decreases.

The top five drivers of health care cost increases are physician, outpatient hospital, inpatient hospital, prescription drugs, and surgery. The top five services that have experienced a decrease in costs are physician, inpatient hospital, prescription drugs, surgery, and outpatient hospital. It is possible for a service to be on both lists when some aspects of a cost or service are increasing and others are decreasing. In all cases of overlap, the increasing aspects were higher than the decreasing aspects. A detailed list of drivers by carrier can be found in *Appendix D*.

e. *The current capital and surplus and reserve amounts held in reserve by each health insurance carrier licensed to do business in the state.*

Reserves represent liabilities that are set aside to pay claims that have not been paid as of the financial statement date. Reserves vary significantly by the size of the carrier.

Capital and surplus are funds that protect companies from losses when claims costs outweigh premiums or losses due to the depreciation of assets owned by the carrier. These risks increase with the size of the company. Since losses are experienced as a percentage of premiums or a percentage of assets, a company with higher premium volume or more assets will absorb a larger amount of total risk.

Risk-based capital (RBC) is a measure developed by NAIC to determine a company's capital as compared to its risk factors.

The 2013 RBC for the companies referred to in this report varied from 402-1871 percent. In 2012, the companies that reported their RBCs varied from 355-1917 percent.

f. *A listing of any apparent medical trends affecting health insurance costs in the state.*

¹¹ We continue to monitor the Centers for Medicare and Medicaid Services for release of an updated state health expenditure report but, unfortunately, such information has not yet been updated since 2009.

Item ‘d’ (above) provides a more thorough answer to this question, but carriers listed ‘Physician’ as the top driver of overall healthcare cost with an increase of \$168,765,749 between 2012 and 2013. The next four largest drivers are Physician (with a decrease of \$65,302,937), Outpatient Hospital (an increase of \$42,348,157), Inpatient Hospital (increase of \$41,745,691), and Prescription Drugs (increase of \$27,699,878).

- g. *Any additional data or analysis deemed appropriate by the commissioner to provide the general assembly with pertinent health insurance cost information.*

Information concerning per-member-per-month (PMPM) cost by market segment was requested from carriers. Many factors, including wide variations in benefit design, affect the PMPM costs, but PMPM costs do provide some insight into the affordability of health insurance in Iowa.

Individual average PMPM claim cost increased from \$107.45 in 2005 to \$169.80 in 2013 (an increase of 58 percent). For the small and large group markets, costs increased from \$161.17 to \$249.22 (an increase of 54.6 percent) and from \$192.37 to \$295.19 (an increase of 53.4 percent) respectively during the same time period. More details are available for review in **Appendix G**.

Information concerning the level of commissions and administrative costs was also requested. This data is presented alongside the loss ratio information, details of which can be found in **Appendix G**.

Loss Ratios

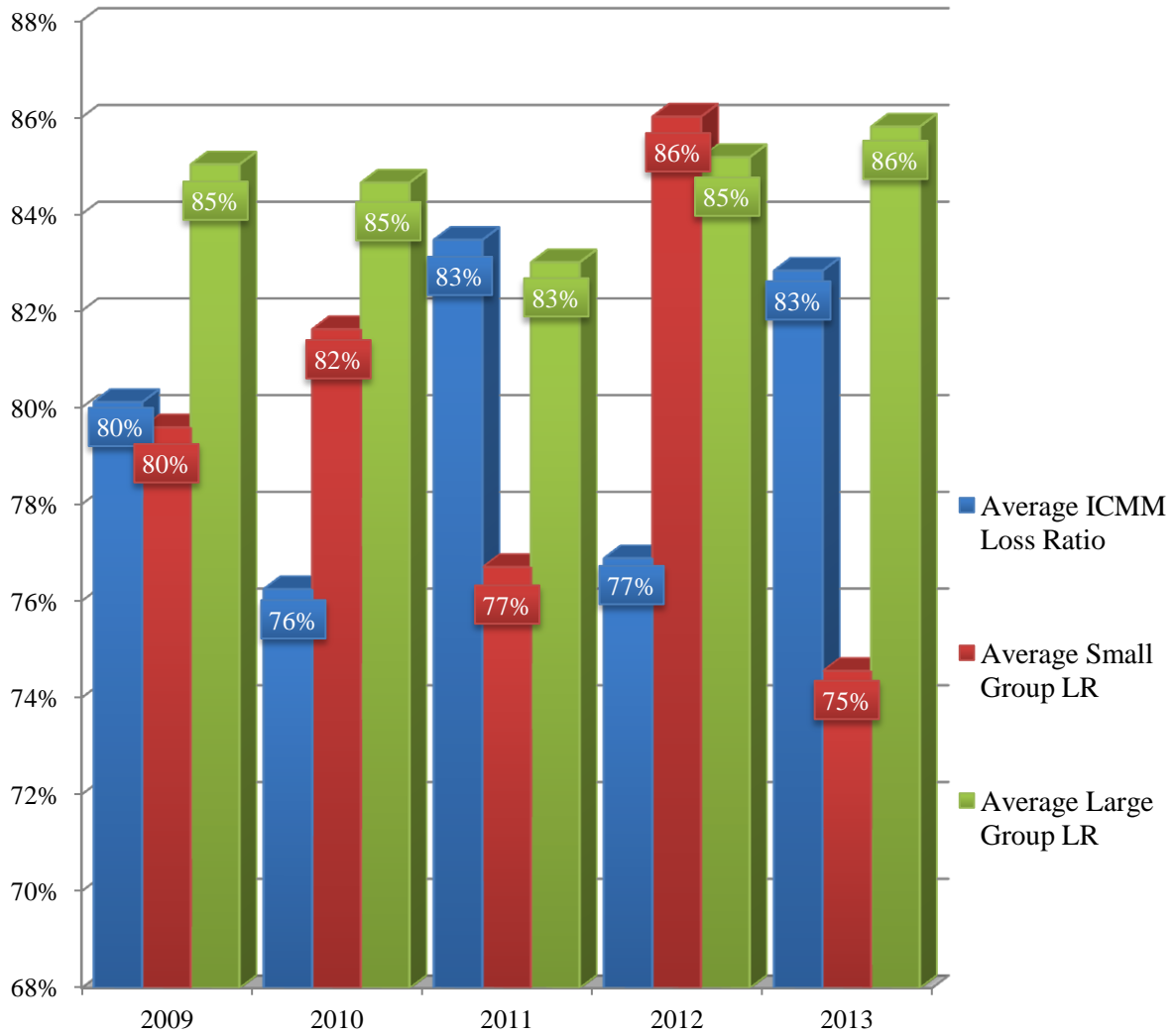
- a. *Aggregate health insurance data concerning loss ratios of health insurance carriers licensed to do business in the state.*

A complete set of data can be found in **Appendix B**.

The following charts represent loss ratios¹² that were determined using straight averages as well as those weighted by membership. The weighting results in loss ratios that are closer to those of Wellmark, Inc. and are more representative of the actual loss ratio average in Iowa. The loss ratios presented here do not use the federal medical loss ratio (MLR) formula typically used for the federal MLR rebate calculation. In prior years the Federal MLR was not available for this report so historically we used the unadjusted MLR. For this year we have included a side by side comparison of the unadjusted MLR to the Federal MLR in Appendix B.

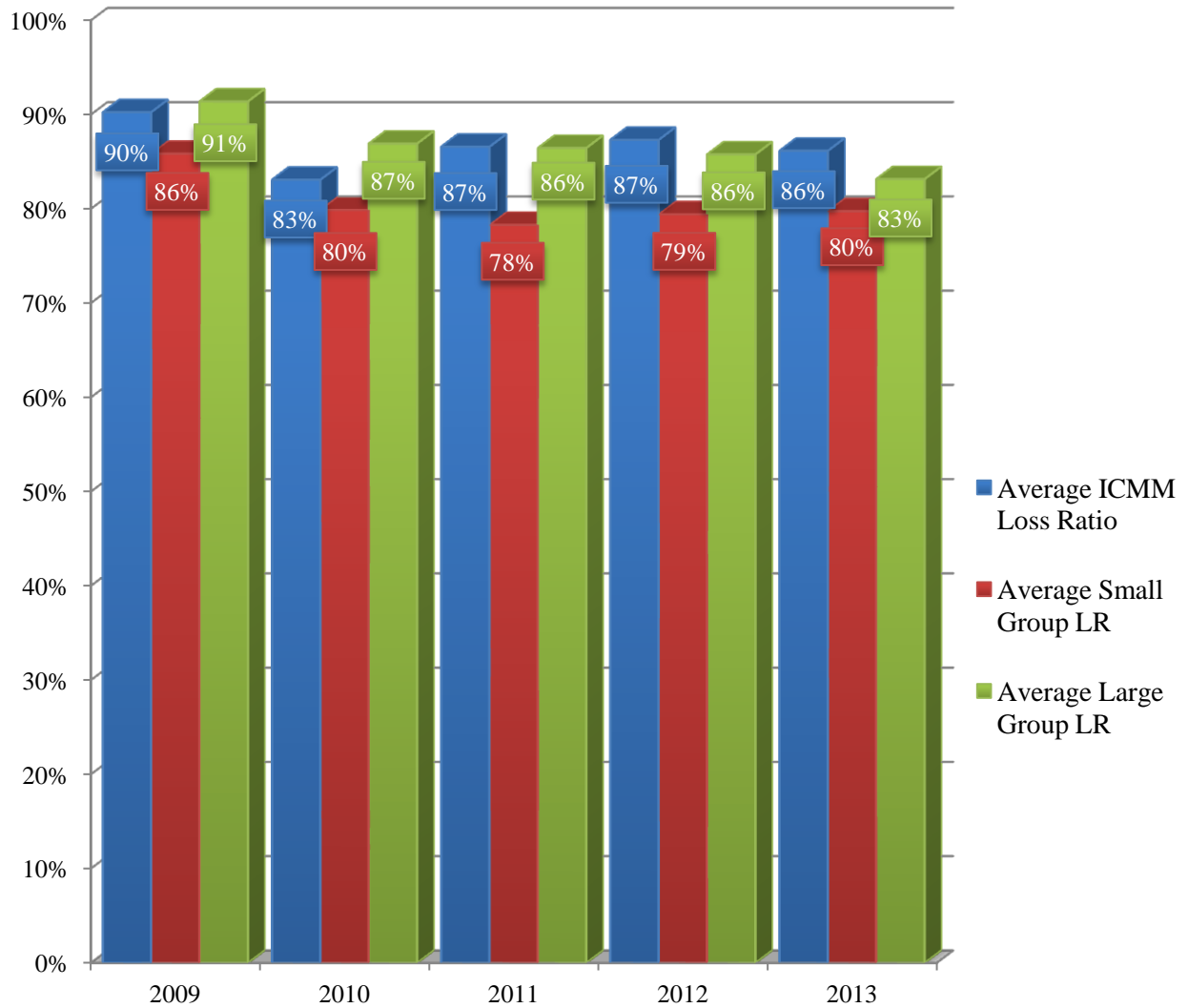
¹² This is the unadjusted loss ratio, i.e. Incurred Claims divided by Earned Premiums.

Chart 2.1
State Simple Average Loss Ratios (2009-2013)*



*Ratios are rounded in the table above.

Chart 2.2
State Weighted Average Loss Ratios (2009-2013)
(Weighted by member months)*



*Ratios are rounded in the table above.

The following charts compare companies for each market segment from 2009-2013. Note that companies without business in a market segment are not included:

Chart 2.3
ICMM Loss Ratios 2009-2013

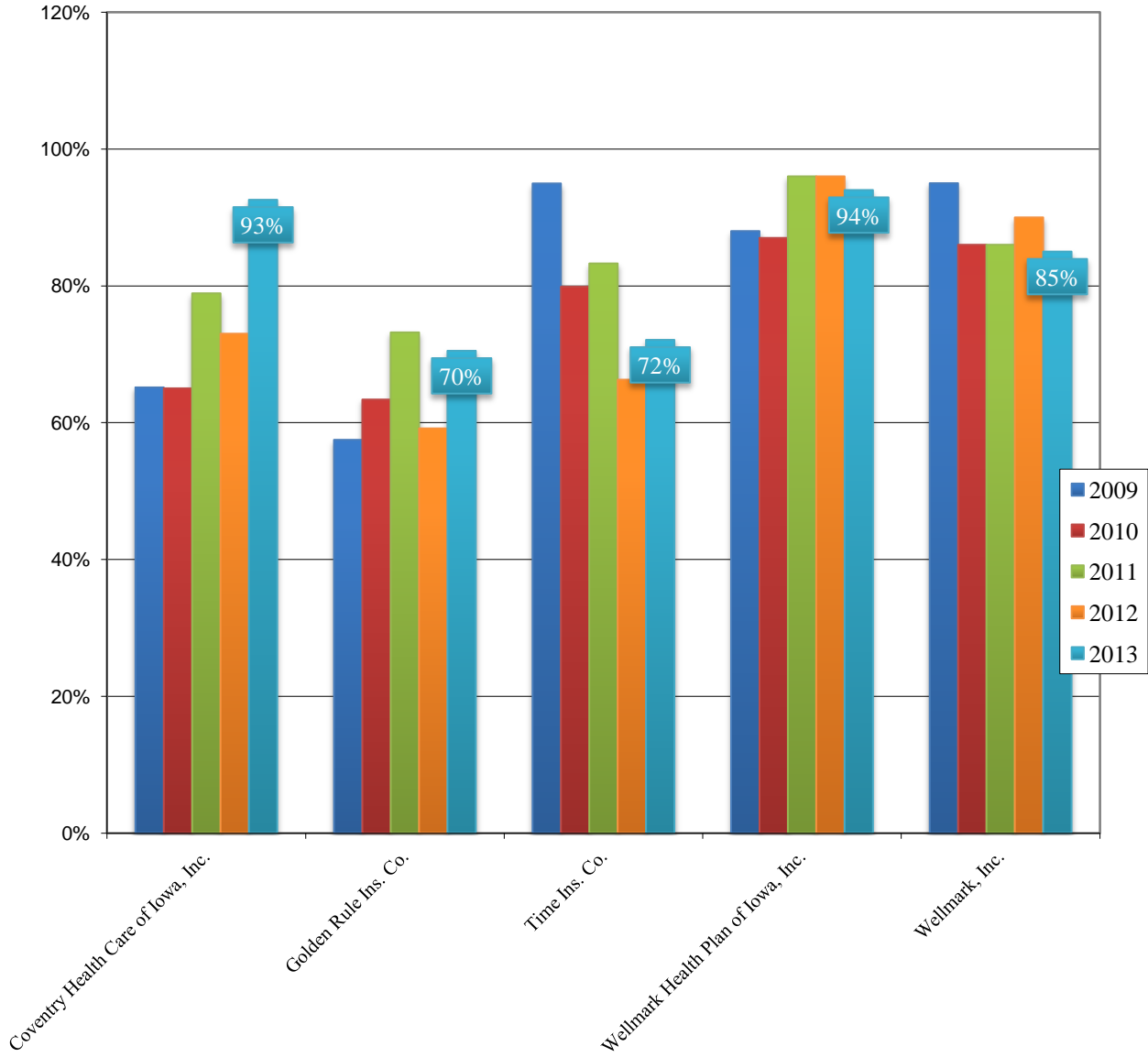


Chart 2.4
Small Group Loss Ratios 2009-2013

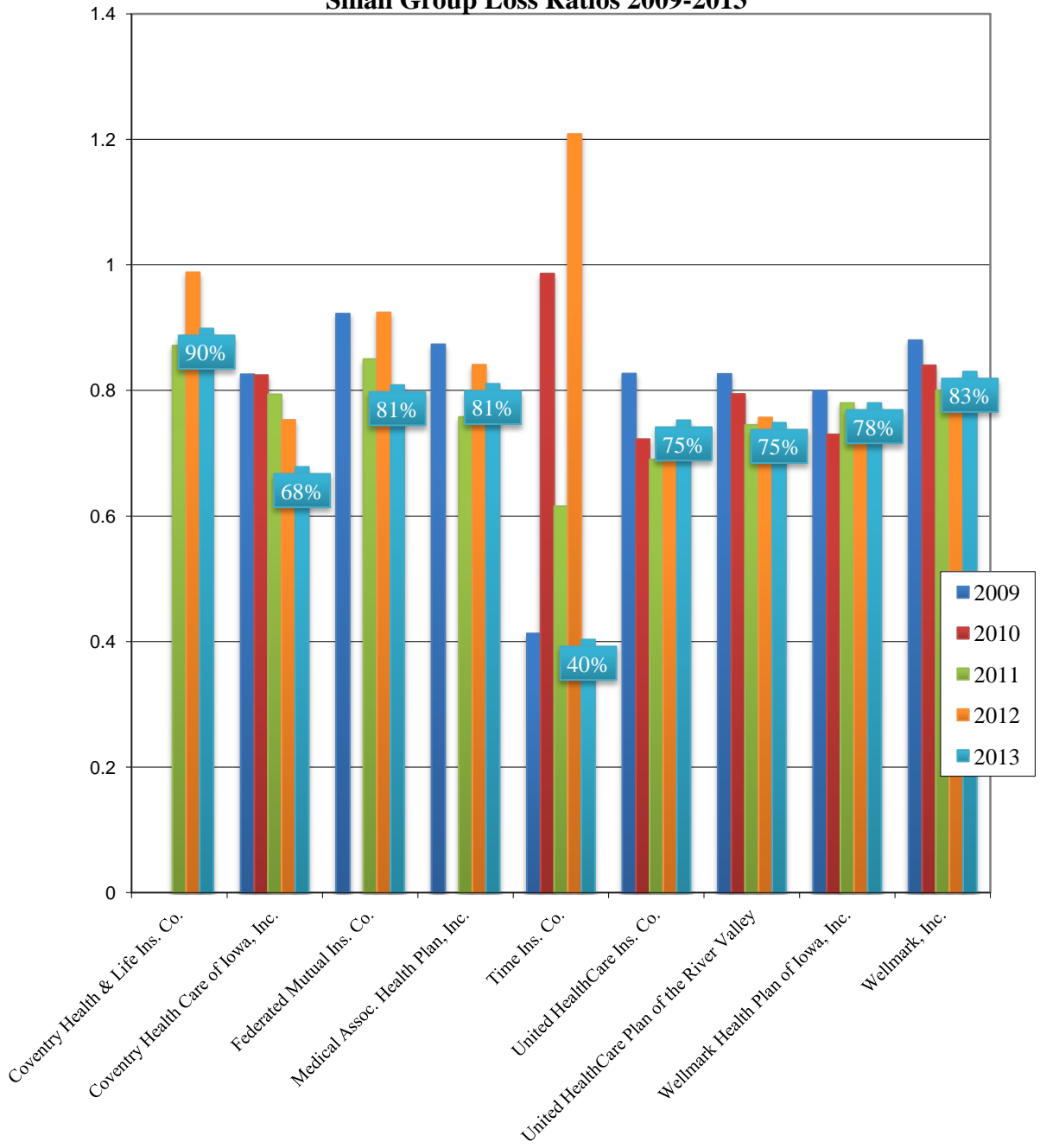
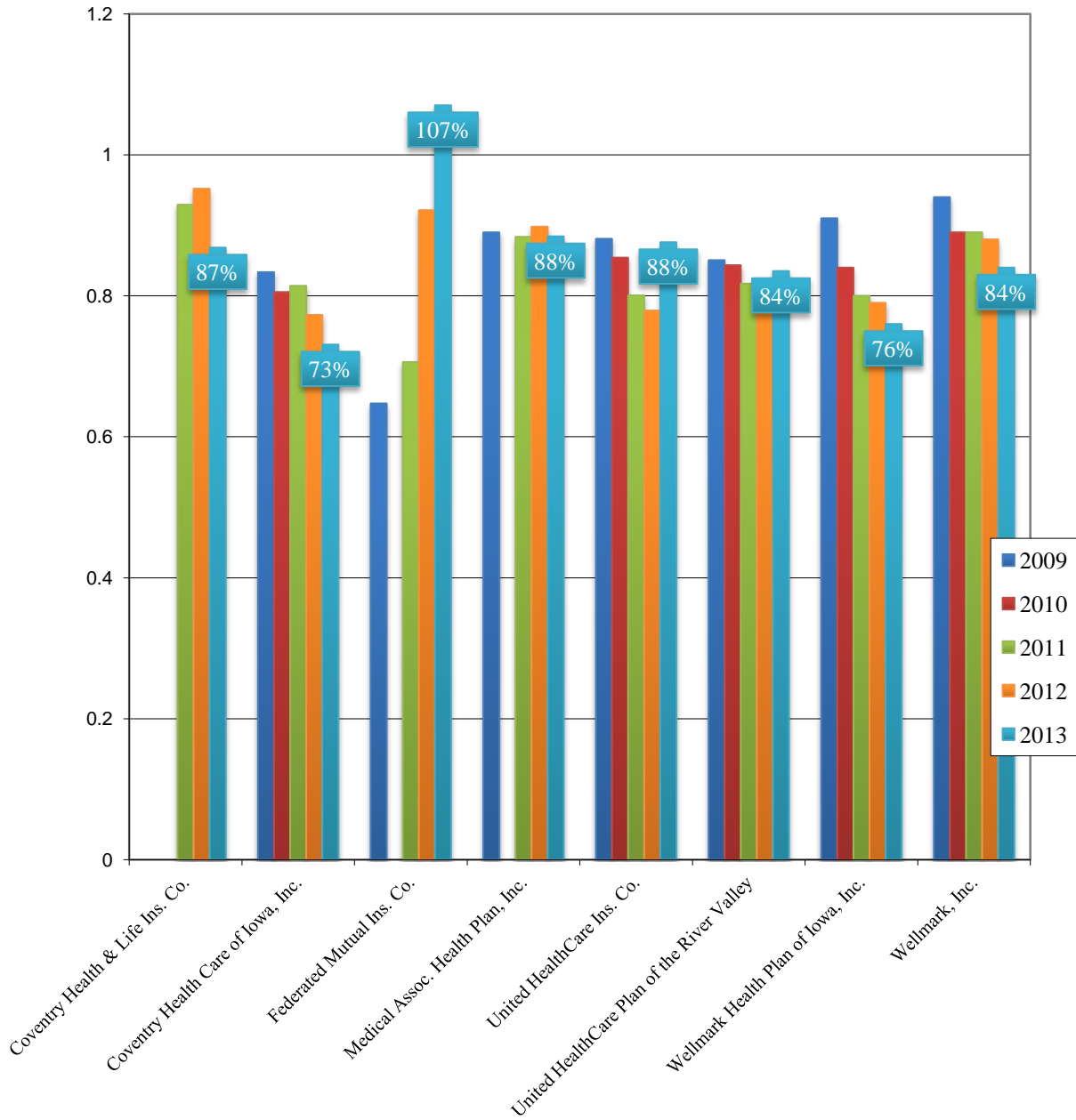


Chart 2.5
Large Group Loss Ratios 2009-2013



The following three charts include the unadjusted loss ratio by company for each market for 2013:

Chart 2.6 2013 ICM Loss Ratios	
Coventry Health Care of Iowa, Inc.	93%
Golden Rule Ins. Co.	70%
Time Ins. Co.	72%
Wellmark Health Plan of Iowa, Inc.	94%
Wellmark, Inc.	85%

Chart 2.7 2013 Small Group Loss Ratios	
Coventry Health & Life Ins. Co.	90%
Coventry Health Care of Iowa, Inc.	68%
Federated Mutual Ins. Co.	81%
Medical Assoc. Health Plan, Inc.	81%
Time Ins. Co.	40%
UnitedHealthcare Ins. Co.	75%
UnitedHealthcare Plan of the River Valley	75%
Wellmark Health Plan of Iowa, Inc.	78%
Wellmark, Inc.	83%

Chart 2.8 2013 Large Group Loss Ratios	
Coventry Health & Life Ins. Co.	87%
Coventry Health Care of Iowa, Inc.	73%
Federated Mutual Ins. Co.	107%
Medical Assoc. Health Plan, Inc.	88%
UnitedHealthcare Ins. Co.	88%
UnitedHealthcare Plan of the River Valley	84%
Wellmark Health Plan of Iowa, Inc.	76%
Wellmark, Inc.	84%

Under the federal health insurance reform rebate regulations from the Centers for Medicare and Medicaid Services (CMS), carriers with less than 75,000 life years are allowed to take an adjustment to the MLR used in the rebate formula. The adjustment is intended to compensate for the larger statistical fluctuations found in smaller, less credible blocks of business. This credibility adjustment increases the loss ratio used for rebate calculation purposes based on the size of the carrier, with smaller carriers receiving larger adjustments. As was the situation for 2013 rebates, all carriers in Iowa except for Wellmark, Inc. will receive a credibility adjustment for 2014 rebates.

As previously mentioned, the portion of a premium not used for claims is used for other expenses and profits. The companies surveyed reported a wide range of commission and administrative percentages. The average commission in 2013 was 4.12 percent of premiums, but it ranged from 1-9 percent between providers. Commissions for individual products are traditionally higher than those given for small group products, and commissions for large group products are traditionally lower. The mix of business between individual and group markets may explain some of this variation because these lines of business have different levels of administrative cost. The average administrative expense as a percentage of premium was 11.87 percent in 2013, but these percentages ranged from 7.9-22.9 percent between companies (see *Appendix G* for more details concerning the ten highest percentages of other administrative costs as a factor of premiums as reported by the companies surveyed).

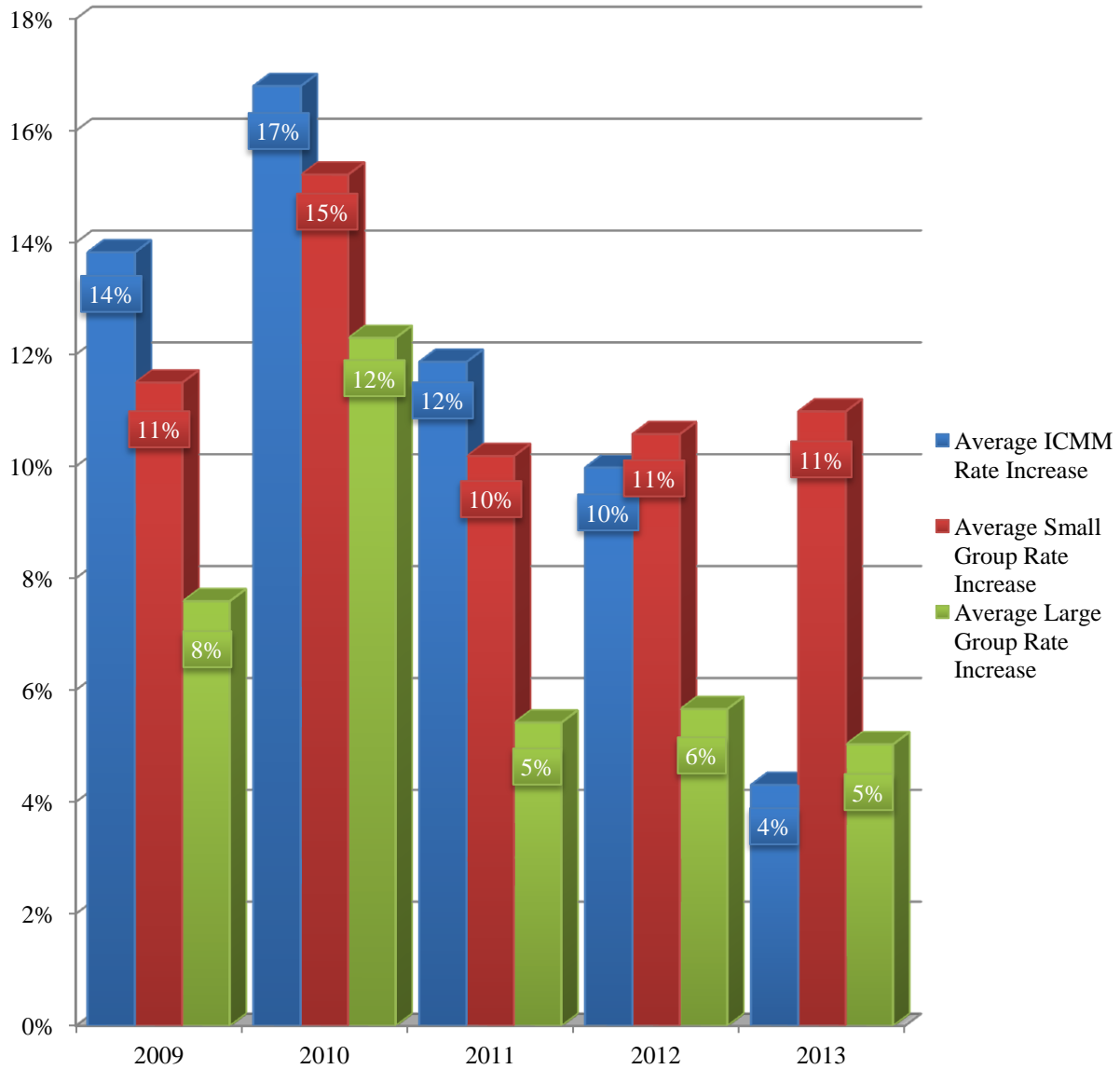
Rate Increase History

b. Rate increase data.

A complete set of data on rate increases can be found in *Appendix C*.

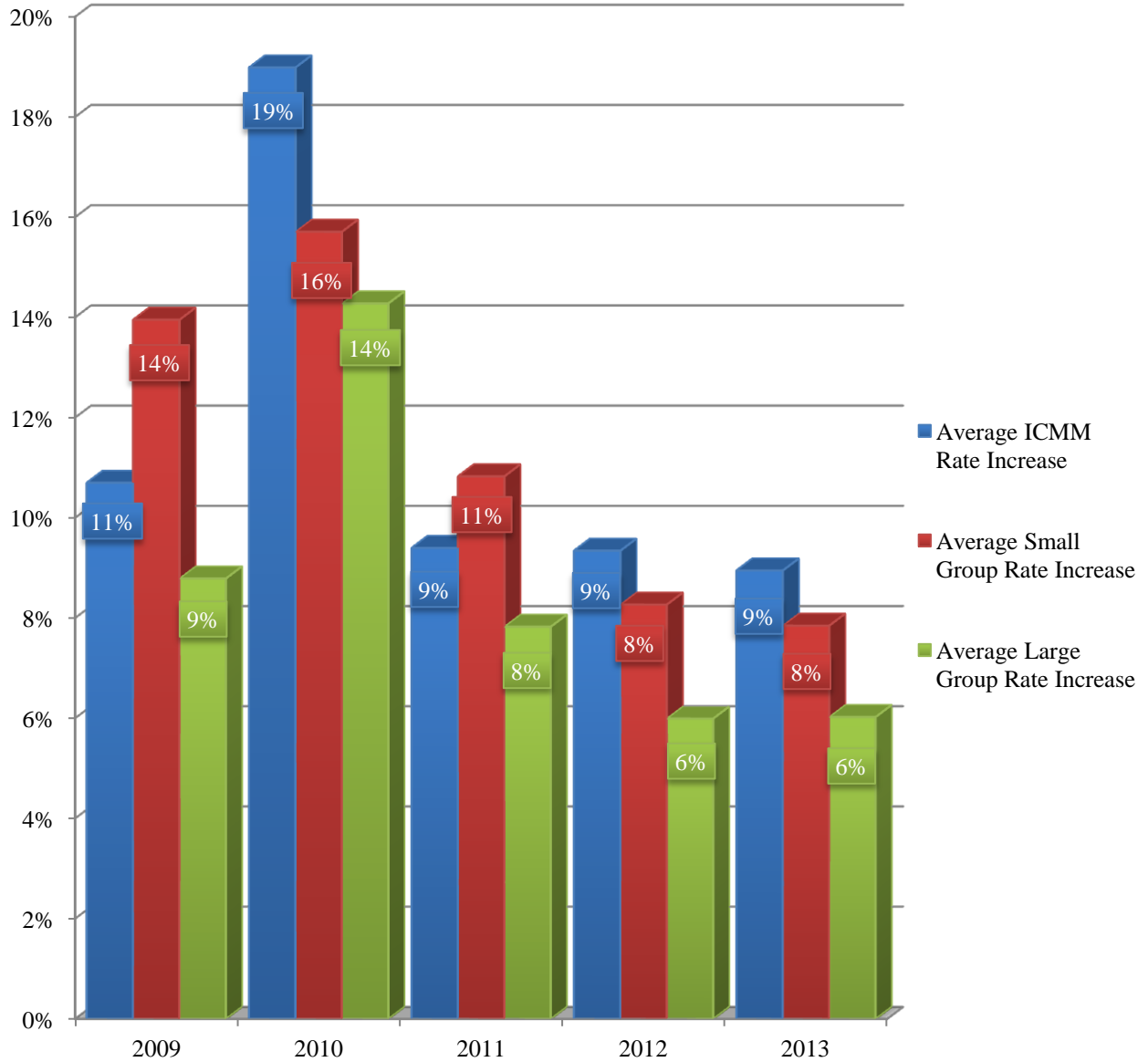
The following charts show rate increases using straight averages as well as rate increases weighted by membership.

Chart 3.1
State Simple Average Rate Increases 2009-2013*



*Increases are rounded in the table above.

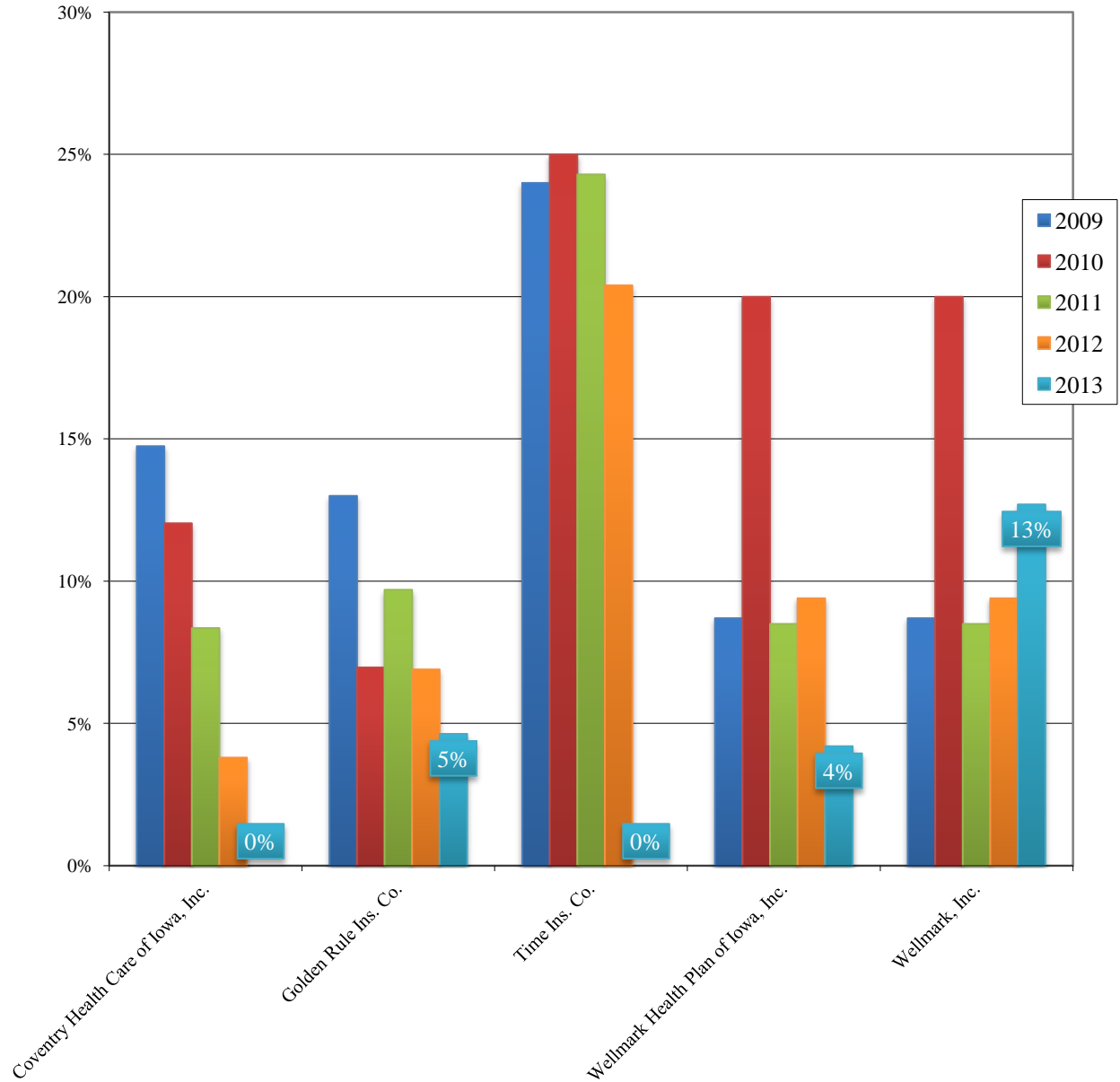
Chart 3.2
State Weighted Average Rate Increases 2009-2013
 (Weighted by member months)*



*Increases are rounded in the table above.

The following three charts show rate increases by company within each market¹³:

Chart 3.3
ICCM Rate Increases 2009 - 2013



¹³ The percentages in these charts represent rate increases for 2009-2013 for each company. Only 2013 labels are included for readability.

Chart 3.4
Small Group Rate Increases 2009 - 2013

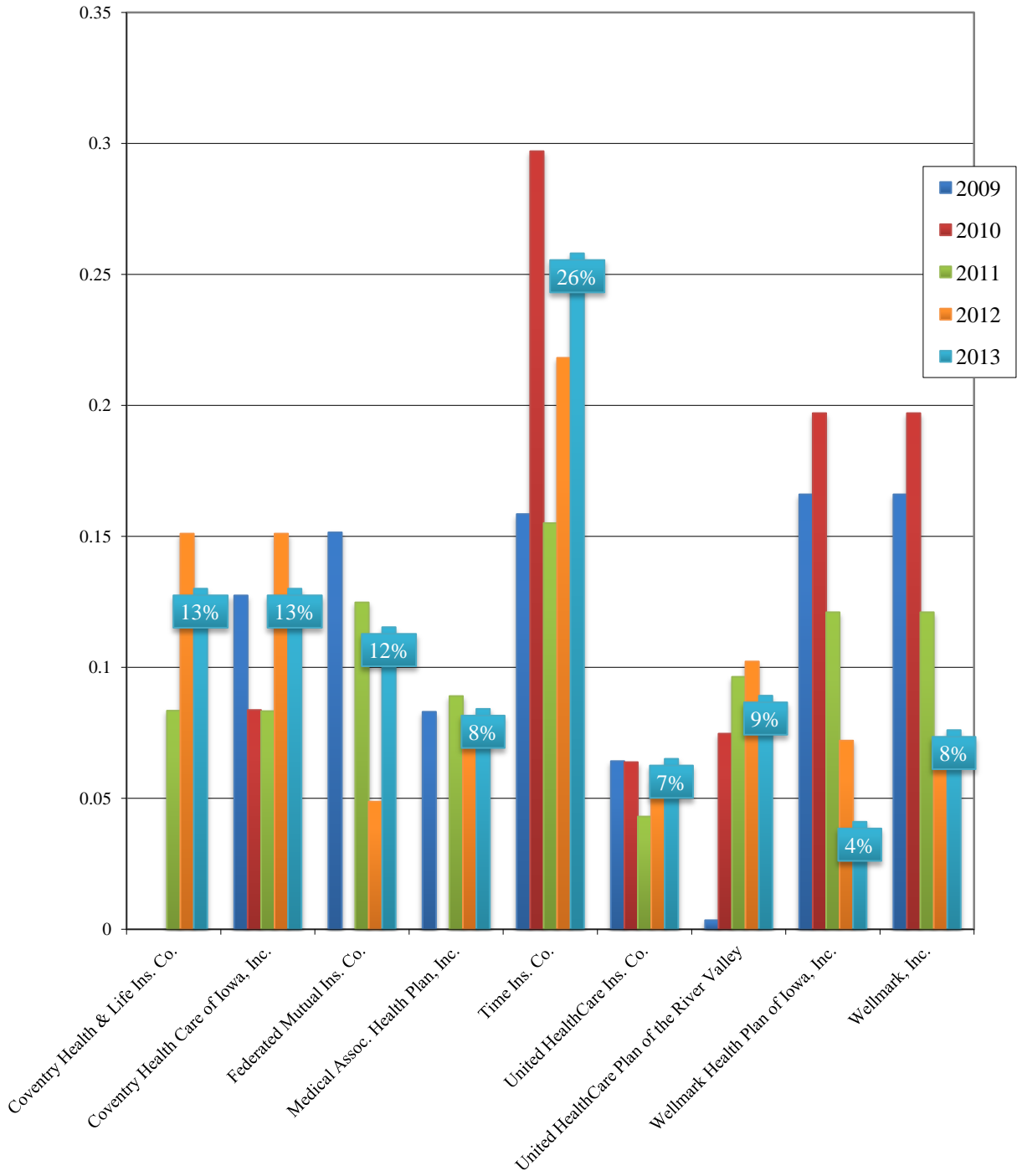
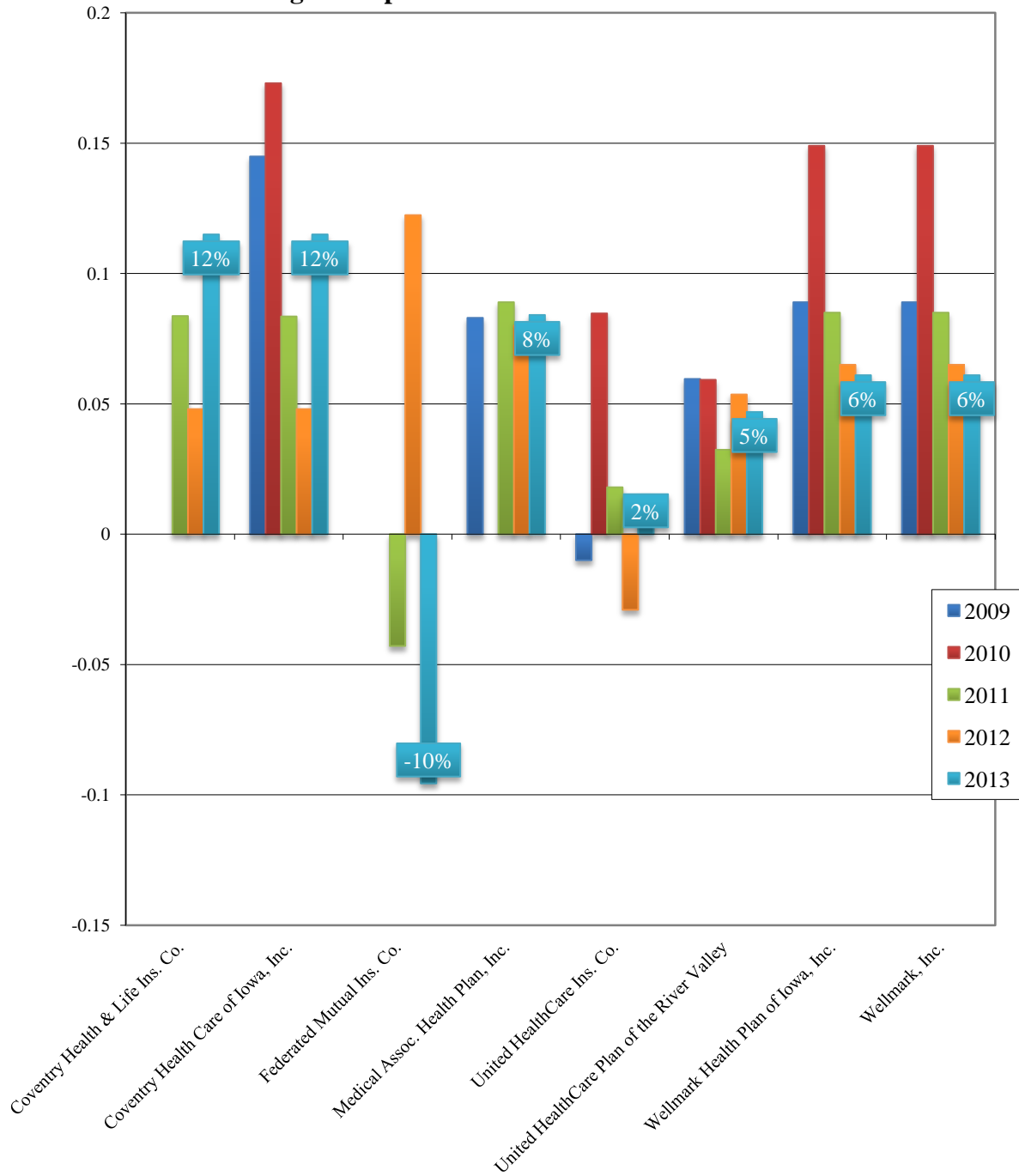


Chart 3.5
Large Group Rate Increases 2009 - 2013



Health Care Expenditures

c. Health care expenditures in the state and the effect of such expenditure on health insurance premium rates.

Since premiums are typically calculated based on estimated health care claims, as health care expenditures increase, premium rates increase. Premiums typically increase faster than health care expenses for many reasons. One reason for higher premium increases is that deductible amounts do not increase therefore all of the increases in health care dollars are used to increase premiums, which results in a higher percentage increase. For example if a policy has a \$2,000 deductible and a \$5,000 estimated claims cost (\$7,000 total health care costs), and health care costs are expected to increase \$700 or 10%, that is added to the estimated claims cost of \$5,000 for a 14% increase in claims cost.

The following tables show the annual increases in dollars and as a percentage in the non-public program¹⁴ total personal health care expenditures¹⁵ (“PHCE”) in Iowa through 2009.¹⁶

ALL NON-PUBLIC PROGRAMS DOLLAR INCREASES IN MILLIONS						
	2004	2005	2006	2007	2008	2009
Total Personal Health Care (Millions of Dollars)	10,420	11,038	11,307	11,812	12,238	12,801
Hospital Care	3,409	3,662	3,750	3,948	4,129	4,479
Physician and Clinical Services	2,319	2,379	2,449	2,517	2,694	2,715
Other Professional Services	304	312	331	339	296	303
Dental Services	649	681	731	765	784	801
Home Health Care	142	146	118	114	132	138
Prescription Drugs	1,581	1,743	1,781	1,812	1,787	1,885
Other Non-Durable Medical Products	242	244	250	269	285	292
Durable Medical Products	181	169	164	190	195	187
Nursing Home Care	1,132	1,220	1,249	1,369	1,434	1,469
Other Health, Residential, and Personal Care	461	481	485	488	501	533

¹⁴ The expenditures do not include the Medicare and Medicaid program covered costs since the intent was to show the impact on private health insurance.

¹⁵ Centers for Medicare & Medicaid Services. *Health Expenditures by State of Provider, 1980-2009*. Retrieved (10/21/2014) at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsProvider.html>

¹⁶ We continue to monitor the Centers for Medicare and Medicaid Services for release of an updated state health expenditure report but, unfortunately, such information has not yet been updated since 2009.

Drivers of Higher Costs and Cost Reductions

- e. *A ranking and quantification of those factors that result in higher costs and those factors that result in lower costs for each health insurance plan offered in the state.*

Many carriers were not able to break out individual, small group, and large group cost drivers. Carriers also used varying terminology and aggregation levels to describe the health care categories for cost drivers. We consolidated the cost drivers for all carriers at total market level to avoid providing an inaccurate picture of a market segment based on limited data. All of the data provided can be found in **Appendix D**. We also converted definitions to a set of common terms, though this conversion can be problematic due to overlapping terms. For example, one carrier may have used inpatient hospital as a category that included surgery costs, and another carrier may have chosen to break out all surgery costs separately. **Appendix H** shows a mapping of the original categories and defines how each is being used below.

Overall, carriers reported \$289.2 million spent in the top five increase drivers and \$102.9 million spent in the top five decrease drivers. The top five increase drivers accounted for 98 percent of all increases. The top five decrease drivers accounted for 96 percent of the decreases.

The following is a ranking of the health care services that are driving increases and decreases in health insurance premiums, as reported by carriers in Iowa after consolidation and redefinition.

Table 5.1
Increases:

Company Reported Service (Standardized Category)	Increases	Percentage of Total Listed Increases
Physician	\$ 168,765,749	57%
Outpatient Hospital	\$ 42,348,157	14%
Inpatient Hospital	\$ 41,745,691	14%
Prescription Drug	\$ 27,699,878	9%
Surgery	\$ 8,650,486	3%
Radiology	\$ 1,906,568	1%
Other	\$ 1,227,813	0%
Laboratory and X-ray	\$ 679,980	0%
Population Change	\$ 640,481	0%
Deductible Leveraging	\$ 611,353	0%
Cost Shifting – Medicare	\$ 467,474	0%
Preventative	\$ 401,623	0%
MH/CD	\$ 304,284	0%
Medical Technology	\$ 155,426	0%
Diagnostic Imaging & Tests	\$ 137,747	0%
Equipment and Supplies	\$ 118,915	0%
Emergency Room	\$ 118,056	0%
Ambulance	\$ 36,661	0%
Therapy	\$ 28,945	0%

Table 5.2
Decreases:

Company Reported Service (Standardized Category)	Decreases	Percentage of Total Listed Decreases
Physician	\$ (65,302,937)	61%
Inpatient Hospital	\$ (22,310,338)	21%
Prescription Drug	\$ (8,870,573)	8%
Surgery	\$ (4,135,294)	4%
Outpatient Hospital	\$ (2,332,073)	2%
Radiology	\$ (858,325)	1%
Other	\$ (847,104)	1%
Ambulance	\$ (500,983)	0%
Skilled Nursing Facilities	\$ (477,566)	0%
Benefit Changes	\$ (377,747)	0%
Anesthesia	\$ (270,259)	0%
Diagnostic Imaging & Tests	\$ (241,728)	0%
Equipment and Supplies	\$ (125,477)	0%
MH/CD	\$ (121,117)	0%
Laboratory and X-ray	\$ (18,669)	0%
Therapy	\$ (3,755)	0%
Chiropractic	\$ (775)	0%

Table 5.3
Net Increase and Decrease by Service:

Company Reported Service (Standardized Category)	Decreases	Increases	Net Change	Percentage of Total Net Change
Physician	\$(65,302,937)	\$168,765,749	\$103,462,812	55%
Outpatient Hospital	\$(2,332,073)	\$42,348,157	\$40,016,085	21%
Inpatient Hospital	\$(22,310,338)	\$41,745,691	\$19,435,354	10%
Prescription Drug	\$(8,870,573)	\$27,699,878	\$18,829,304	10%
Surgery	\$(4,135,294)	\$8,650,486	\$4,515,192	2%
Radiology	\$(858,325)	\$1,906,568	\$1,048,243	1%
Laboratory and X-ray	\$(18,669)	\$679,980	\$661,311	0%
Population Change		\$640,481	\$640,481	0%
Deductible Leveraging		\$611,353	\$611,353	0%
Cost Shifting - Medicare		\$467,474	\$467,474	0%
Preventative		\$401,623	\$401,623	0%
Other	\$(847,104)	\$1,227,813	\$380,709	0%
MH/CD	\$(121,117)	\$304,284	\$183,167	0%
Medical Technology		\$155,426	\$155,426	0%
Emergency Room		\$118,056	\$118,056	0%
Therapy	\$(3,755)	\$28,945	\$25,190	0%
Chiropractic	\$(775)		\$(775)	0%
Equipment and Supplies	\$(125,477)	\$118,915	\$(6,563)	0%
Diagnostic Imaging & Tests	\$(241,728)	\$137,747	\$(103,981)	0%
Anesthesia	\$(270,259)		\$(270,259)	0%
Benefit Changes	\$(377,747)		\$(377,747)	0%
Ambulance	\$(500,983)	\$36,661	\$(464,323)	0%
Skilled Nursing Facilities	\$(477,566)		\$(477,566)	0%
Net Listed Changes	\$(106,794,721)	\$296,045,287	\$189,250,567	100%

Reserves, Capital and Surplus, and Risk-Based Capital

- f. *The current capital and surplus and reserve amounts held in reserve by each health insurance carrier licensed to do business in the state.*

I. Reserves

Carriers are required to hold sufficient reserves to pay for claims that have not yet been paid and they are also required to be prepared for the possibility that, in the future, claims will be higher than premiums. It is important for policyholder safety that these reserves are set aside to ensure that claims can be paid at any given time. If sufficient reserves are not set aside in the form of liabilities, there is a danger that the carrier will not be able to pay claims. Carriers are required to provide an actuarial opinion verifying that reserves will be adequate to pay claims with their statutory annual financial statement, and this opinion must necessarily come from an actuary with experience in the type of insurance sold by the carrier. Therefore, the level of reserves held represents the level of claims for which the carrier is liable and has not paid as of the date of said financial statement.

The following table shows the 2013 reserves in dollars held by each carrier to pay claims:

Table 6.1	
Company	2013 Reserves (\$)
Coventry Health & Life Ins. Co.	454,349,099
Coventry Health Care of Iowa, Inc.	12,753,633
Federated Mutual Ins. Co.	52,201,571
Golden Rule Ins. Co.	301,375,476
Medical Assoc. Health Plan, Inc.	8,366,644
Time Ins. Co.	323,326,990
United HealthCare Ins. Co.	5,386,026,746
United HealthCare Plan of the River Valley	418,389,607
Wellmark Health Plan of Iowa, Inc.	33,186,918
Wellmark, Inc.	366,560,731

II. Capital and Surplus

Capital and surplus are the financial resources available to a company that are intended to protect said company from insolvency in years where it experiences adverse financial situations like underwriting losses or loss in the value of its assets.

The larger a company is with respect to its total annual claims payments, the more capital and surplus it must have to protect itself against insolvency.

When capital and surplus rise above the level needed for solvency protection, a company can use it for other purposes such as capital investments in order to continue to operate at maximum efficiency, expand operations, increase stockholder dividends (for-profit organizations) or policyholder dividends (mutual insurance companies), or as additional protection against adverse situations.

Capital and surplus amounts are listed by company in dollars for 2013 is displayed below:

Table 6.2	
Company	2013 Capital and Surplus (\$)
Coventry Health & Life Ins. Co.	585,881,970
Coventry Health Care of Iowa, Inc.	21,069,839
Federated Mutual Ins. Co.	2,518,256,241
Golden Rule Ins. Co.	290,232,484
Medical Assoc. Health Plan, Inc.	20,899,481
Time Insurance Co.	209,511,147
United HealthCare Ins. Co.	5,036,492,066
United HealthCare Plan of the River Valley	513,401,130
Wellmark Health Plan of Iowa, Inc.	147,616,340
Wellmark, Inc.	1,393,818,403

III. Risk-Based Capital

A complete set of data can be found in *Appendix E*.

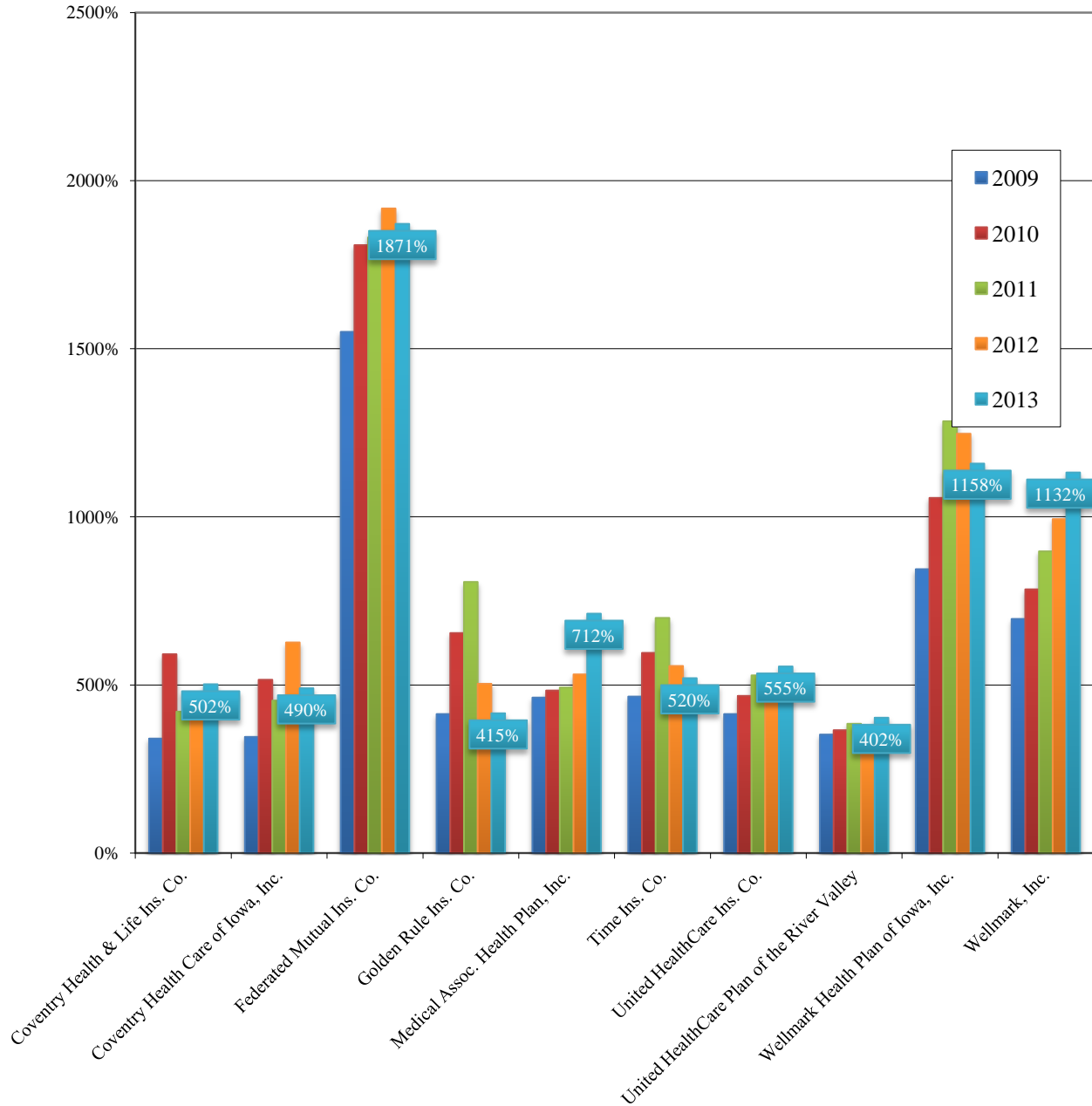
We have included not only the capital and surplus of each company surveyed in this report, but also the risk-based capital (RBC). RBC is a measure developed by NAIC to compare a company's capital to some of its risk.

The following table shows RBC percentages for 2013:

Table 6.3	
Company	2013 RBC Percentage
Coventry Health & Life Ins. Co.	502%
Coventry Health Care of Iowa, Inc.	490%
Federated Mutual Ins. Co.	1871%
Golden Rule Ins. Co.	415%
Medical Assoc. Health Plan, Inc.	712%
Time Ins. Co.	520%
United HealthCare Ins. Co.	555%
United HealthCare Plan of the River Valley	402%
Wellmark Health Plan of Iowa, Inc.	1158%
Wellmark, Inc.	1132%

The RBC by company for the last five years is displayed below. In general, falling RBC is an indication of losses in a company whereas rising RBC is an indication of profits.

Chart 6.4
Risk Based Capital 2009 - 2013



Medical Trends

- g. A listing of any apparent medical trends affecting health insurance costs in the state.

NovaRest standardized the answers provided by carriers for ease of readability. We tallied how many carriers identified each category as affecting a decrease or increase in health insurance costs. The most commonly listed trends affecting health insurance costs are listed below. See *Appendix F* for a complete listing of carrier responses.

Company Reported Service (Standardized Category)	Table 7.1 Number of Companies Reporting	
	Decrease	Increase
Ambulance	2	1
Anesthesia	2	
Benefit Changes	2	
Chiropractic	1	
Cost Shifting - Medicare		2
Deductible Leveraging		2
Diagnostic Imaging & Tests	1	1
Emergency Room		1
Equipment and Supplies	3	1
Inpatient Hospital	17	9
Laboratory and X-ray	1	3
Medical Technology		2
MH/CD	2	2
Other	4	7
Outpatient Hospital	8	4
Physician	12	14
Population Change		3
Prescription Drug	7	8
Preventative		3
Radiology	5	6
Skilled Nursing Facilities	1	
Surgery	8	16
Therapy	1	1

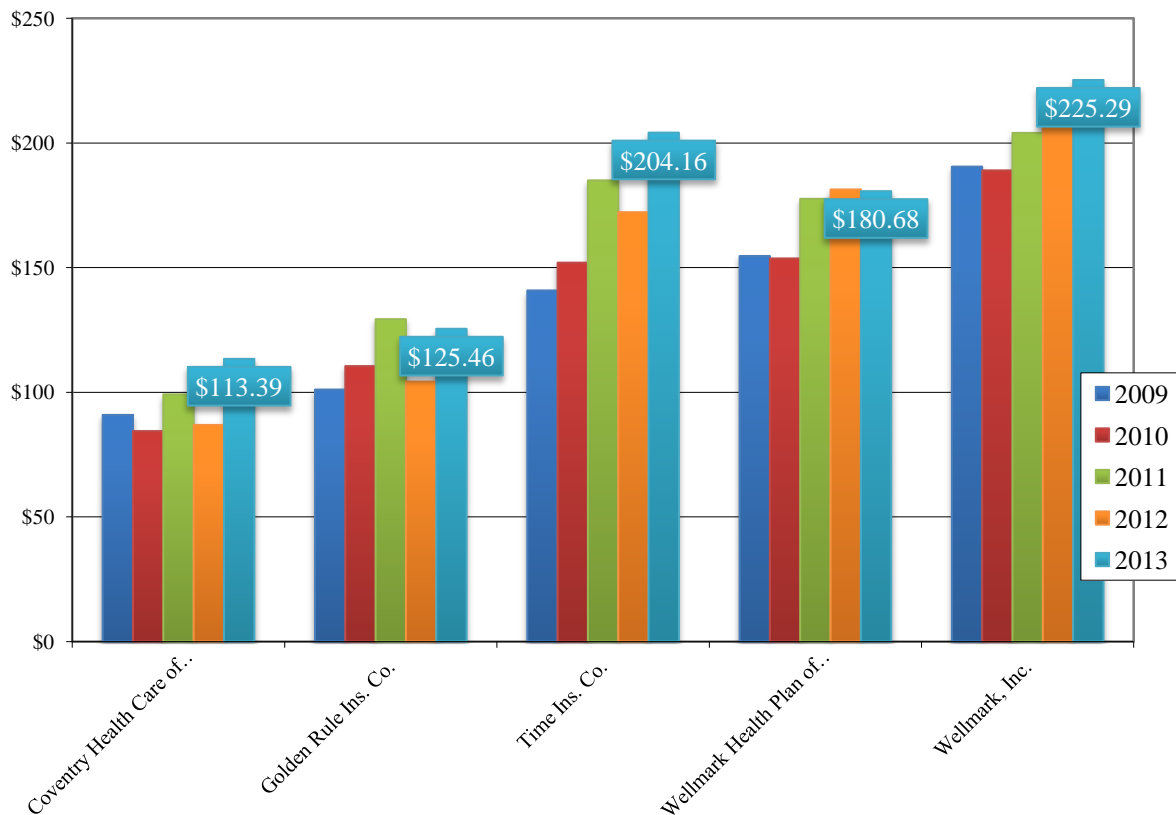
Additional Data – PMPM Costs

- h. Any additional data or analysis deemed appropriate by the Commissioner to provide the general assembly with pertinent health insurance cost information.*

A complete set of PMPM Cost data can be found in **Appendix G**.¹⁷

Information on per-member-per-month (PMPM) health care cost by market segment was requested from carriers. Many factors affect the PMPM costs, such as wide variation on benefit design and reduced comparability. That said, PMPM costs do provide some insight into the affordability of health insurance in Iowa because higher PMPM health care costs result in higher health insurance premiums. Note: only 2013 dollar values are shown for readability.

Chart 8.1
ICCM PMPMs 2009-2013



¹⁷ The PMPM values shown in the following charts refer to 2013 PMPM costs for each company.

Chart 8.2
Small Group PMPMs 2009-2013

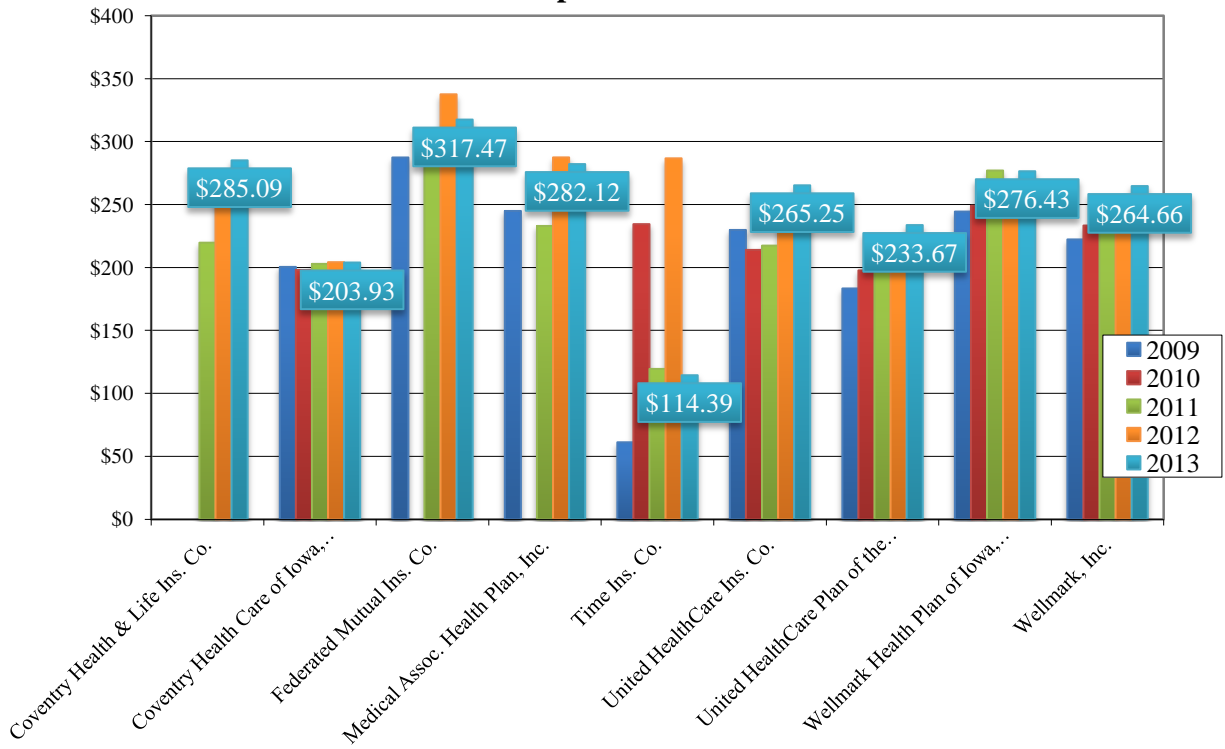
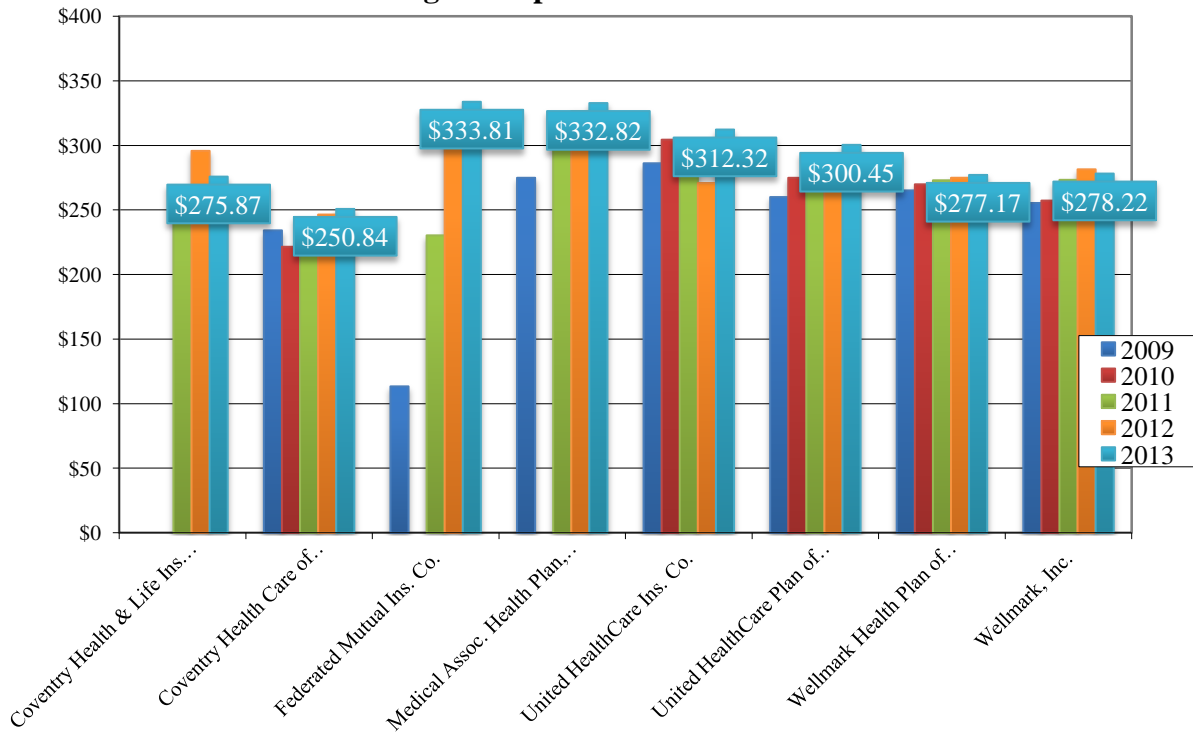


Chart 8.3
Large Group PMPMs 2009-2013



Recommendations

- i. Recommendations made by the work group convened pursuant to section 505.8, subsection 18.*

In lieu of workgroup recommendations, NovaRest's recommendations include:

1. Iowa established its Consumer Operated and Oriented Plan (CO-OP) Program in 2014 and we recommend it be included in the survey of carriers even if not in the top 95% of the market by premium.
2. We recommend the survey to carriers include a request for information on the federal rebate medical loss ratio.

Appendix A: Member Months

Table A.1					
ICMM Member Months (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health Care of Iowa, Inc.	53,212	85,183	74,811	97,040	123,678
Golden Rule Ins. Co.	123,258	138,052	98,791	105,089	115,225
Time Ins. Co.	154,151	121,876	83,995	64,740	53,356
Wellmark Health Plan of Iowa, Inc.	197,953	300,961	298,164	333,272	378,722
Wellmark, Inc.	1,077,312	1,200,356	1,041,053	1,055,739	1,034,044

Table A.2					
Small Group Member Months (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.			66,803	81,584	61,618
Coventry Health Care of Iowa, Inc.	66,857	118,422	88,703	101,754	113,291
Federated Mutual Ins. Co.	28,084	39,695	39,764	34,520	34,768
Medical Assoc. Health Plan, Inc.	45,892		33,470	30,848	30,812
Time Ins. Co.	5,881	11,256	6,192	3,612	1,644
United Healthcare Ins. Co.	125,151	168,874	143,426	164,111	165,210
UnitedHealthcare Plan of the River Valley	305,305	557,818	336,498	301,064	258,433
Wellmark Health Plan of Iowa, Inc.	346,085	321,169	212,526	227,188	237,727
Wellmark, Inc.	1,692,047	1,560,992	1,119,802	1,031,386	971,283

Table A.3					
Large Group Member Months (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.			54,198	58,396	70,752
Coventry Health Care of Iowa, Inc.	437,264	455,966	311,927	129,425	121,876
Federated Mutual Ins. Co.	2,759	7,659	8,002	12,302	10,213
Medical Assoc. Health Plan, Inc.	191,092		141,898	138,129	136,932
United Healthcare Ins. Co.	137,085	151,629	146,053	186,971	213,281
UnitedHealthcare Plan of the River Valley	513,630	344,566	382,146	404,137	393,026
Wellmark Health Plan of Iowa, Inc.	679,147	726,962	574,329	550,797	497,631
Wellmark, Inc.	3,092,585	3,283,418	2,963,926	2,973,928	2,929,897

Appendix B: Loss Ratios

Table B.1					
ICMM Unadjusted Loss Ratios (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health Care of Iowa, Inc.	65%	65%	79%	73%	93%
Golden Rule Ins. Co.	57%	63%	73%	59%	70%
Time Ins. Co.	95%	80%	83%	66%	72%
Wellmark Health Plan of Iowa, Inc.	88%	87%	96%	96%	94%
Wellmark, Inc.	95%	86%	86%	90%	85%

Table B.2					
Small Group Unadjusted Loss Ratios (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.			87%	99%	90%
Coventry Health Care of Iowa, Inc.	83%	82%	79%	75%	68%
Federated Mutual Ins. Co.	92%		85%	92%	81%
Medical Assoc. Health Plan, Inc.	87%		76%	84%	81%
Time Ins. Co.	41%	99%	62%	121%	40%
United Healthcare Ins. Co.	83%	72%	69%	71%	75%
UnitedHealthcare Plan of the River Valley	83%	79%	75%	76%	75%
Wellmark Health Plan of Iowa, Inc.	80%	73%	78%	75%	78%
Wellmark, Inc.	88%	84%	80%	81%	83%

Table B.3					
Large Group Unadjusted Loss Ratios (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.			93%	95%	87%
Coventry Health Care of Iowa, Inc.	83%	81%	81%	77%	73%
Federated Mutual Ins. Co.	65%		71%	92%	107%
Medical Assoc. Health Plan, Inc.	89%		88%	90%	88%
United Healthcare Ins. Co.	88%	85%	80%	78%	88%
UnitedHealthcare Plan of the River Valley	85%	84%	82%	82%	84%
Wellmark Health Plan of Iowa, Inc.	91%	84%	80%	79%	76%
Wellmark, Inc.	94%	89%	89%	88%	84%

Table B.4 ICMM Loss Ratio Comparison 2013		
Company	Federal Rebate MLR¹⁸	Unadjusted Loss Ratio
Coventry Health Care of Iowa, Inc.	89%	93%
Golden Rule Ins. Co.	81%	70%
Time Ins. Co.	84%	72%
Wellmark Health Plan of Iowa, Inc.	69%	94%
Wellmark, Inc.	95%	85%

Table B.5 Small Group Loss Ratio Comparison 2013		
Company	Federal Rebate MLR¹⁹	Unadjusted Loss Ratio
Coventry Health & Life Ins. Co.	91%	90%
Coventry Health Care of Iowa, Inc.	83%	68%
Federated Mutual Ins. Co.	91%	81%
Medical Assoc. Health Plan, Inc.	87%	81%
Time Ins. Co.	Not completed	40%
UnitedHealthcare Ins. Co.	81%	75%
UnitedHealthcare Plan of the River Valley	80%	75%
Wellmark Health Plan of Iowa, Inc.	82%	78%
Wellmark, Inc.	82%	83%

Table B.6 Large Group Loss Ratio Comparison 2013		
Company	Federal Rebate MLR²⁰	Unadjusted Loss Ratio
Coventry Health & Life Ins. Co.	92%	87%
Coventry Health Care of Iowa, Inc.	82%	73%
Federated Mutual Ins. Co.	98%	107%
Medical Assoc. Health Plan, Inc.	93%	88%
UnitedHealthcare Ins. Co.	89%	88%
UnitedHealthcare Plan of the River Valley	86%	84%
Wellmark Health Plan of Iowa, Inc.	89%	76%
Wellmark, Inc.	88%	84%

¹⁸ Accessed October 31, 2014: http://www.cms.gov/apps/mlr/mlr-search.aspx#/?state=IA&reporting_year=2013

¹⁹ Accessed October 31, 2014: http://www.cms.gov/apps/mlr/mlr-search.aspx#/?state=IA&reporting_year=2013

²⁰ Accessed October 31, 2014: http://www.cms.gov/apps/mlr/mlr-search.aspx#/?state=IA&reporting_year=2013

Appendix C: Rate Increases

Table C.1 ICMM Rate Increases (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health Care of Iowa, Inc.	15%	12%	8%	4%	0%
Golden Rule Ins. Co.	13%	7%	10%	7%	5%
Time Ins. Co.	24%	25%	24%	20%	0%
Wellmark Health Plan of Iowa, Inc.	9%	20%	9%	9%	4%
Wellmark, Inc.	9%	20%	9%	9%	13%

Table C.2 Small Group Rate Increases (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.			8%	15%	13%
Coventry Health Care of Iowa, Inc.	13%	8%	8%	15%	13%
Federated Mutual Ins. Co.	15%		12%	5%	12%
Medical Assoc. Health Plan, Inc.	8%		9%	8%	8%
Time Ins. Co.	16%	30%	16%	22%	26%
United Healthcare Ins. Co.	6%	6%	4%	6%	7%
UnitedHealthcare Plan of the River Valley	0%	7%	10%	10%	9%
Wellmark Health Plan of Iowa, Inc.	17%	20%	12%	7%	4%
Wellmark, Inc.	17%	20%	12%	7%	8%

Table C.3 Large Group Rate Increases (2009-2013)					
Company	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.			8%	5%	12%
Coventry Health Care of Iowa, Inc.	14%	17%	8%	5%	12%
Federated Mutual Ins. Co.			-4%	12%	-10%
Medical Assoc. Health Plan, Inc.	8%		9%	8%	8%
United Healthcare Ins. Co.	-1%	8%	2%	-3%	2%
UnitedHealthcare Plan of the River Valley	6%	6%	3%	5%	5%
Wellmark Health Plan of Iowa, Inc.	9%	15%	9%	7%	6%
Wellmark, Inc.	9%	15%	9%	7%	6%

Appendix D: Ranking of Changes

Increases

Table D.1		
Coventry Health Care of Iowa, Inc.		
1	Outpatient, Surgical, Surgical Procedures, ASC Group 10	\$344,234.20
2	Outpatient, Surgical, Surgical Procedures, ASC Group 02	\$342,363.43
3	Outpatient, Surgical, Surgical Procedures, ASC Group 04	\$333,683.43
4	Inpatient, Acute, Cardiovascular, Cardiac Surgery	\$293,095.17
5	Physician, Specialist, Radiology	\$176,839.88
6	Physician, Specialist, Ancillary Providers, Other Service Providers	\$174,210.60
7	Outpatient, Surgical, Surgical Procedures, ASC Group 03	\$159,038.95
8	Physician, Specialist, Medical Specialist, Other Medical Specialties	\$118,914.56
9	Inpatient, Acute, Cardiovascular, Angioplasty	\$107,904.93
10	Inpatient, Acute, Premature/Neonate Newborn, NICU Level I	\$99,162.08

Table D.2		
Coventry Health & Life Ins. Co.		
1	Inpatient, Acute, Medical/Surgical, Medical	\$713,867.66
2	Inpatient, Acute, Cardiovascular, Cardiac Surgery	\$554,914.04
3	Physician, Specialist, Radiology	\$395,347.53
4	Physician, Specialist, Ancillary Providers, Other Service Providers	\$303,545.62
5	Outpatient, Surgical, Surgical Procedures, ASC Group 10	\$198,915.39
6	Outpatient, Surgical, Surgical Procedures, ASC Group 02	\$157,741.35
7	Physician, Primary Care, Internal Medicine	\$114,137.76
8	Inpatient, Acute, Premature/Neonate Newborn, NICU Other	\$105,696.88
9	Physician, Specialist, Ancillary Providers, Home Health	\$102,309.09
10	Outpatient, Diagnostic, Radiology, Radiology MRI	\$93,950.81

Table D.3		
Federated Mutual Ins. Co.		
1	Physician	\$322,897
2	Prescription Drug	\$92,468
3	Ambulance	\$36,661
4	Therapy	\$28,945
5	Benefit Design	\$13,759
6	Other	\$2,129

Table D.4 Golden Rule Ins. Co.		
1	Facility/Inpatient Facility	\$7.78
2	Other/Radiation/Chemotherapy	\$3.52
3	Physician/Surgery	\$3.01
4	Physician/Other	\$2.33
5	Physician/Diagnostic Testing-Office/Clinic	\$1.20
6	ZPrescription Drug Card/Medco Data (Copoly Plans & Discount Card)	\$1.18
7	Facility/Emergency Room	\$1.02
8	Physician/Office Visits	\$0.92
9	Preventive Care/Routine Services	\$0.76
10	Physician/Other Physician Services	\$0.52

Table D.5 Medical Assoc. Health Plan, Inc.		
1	Prescription Drugs	\$512,609.15
2	Medical/Surgical Supplies (Excluding DME & DME Supplies)	\$168,288.73
3	Prescription Oral & Inhalants, Non Rx Drugs	\$147,858.56
4	Operating Room	\$138,042.86
5	Private Room & Board	\$119,843.84
6	Osteopathic, PT, Chiro Therapy & Treatment	\$108,977
7	IV Solutions	\$87,535
8	Repricing	\$56,655
9	Intensive Care Room & Board	\$46,435
10	Preventative Exam	\$42,210

Table D.6 Time Ins. Co. (ICMM)		
1	Deductible Leveraging	\$603,045
2	Increase in Utilization	\$452,284
3	Attained Age	\$452,284
4	Cost Shifting - Low Medicare Reimbursement	\$452,284
5	Anti-Selective Lapse	\$150,761
6	Medical Technology	\$150,761

Table D.7 Time Ins. Co. (Small Group)		
1	Anti-Selective Lapse	\$37,435
2	Deductible Leveraging	\$8,308
3	Cost Shifting - Low Medicare Reimbursement	\$15,190
4	Medical Technology	\$4,664

Table D.8		
United Healthcare Ins. Co.		
1	IP - MED/SURG/ICU	\$5,097,062
2	OP - OUTPATIENT SURGERY	\$3,421,050
3	OP - EMERGENCY ROOM	\$1,215,589
4	PH - PHYSICIAN VISITS	\$1,192,939
5	PH - PHYSICIAN OP SURGERY	\$701,117
6	PH - IP SURGERY	\$669,815
7	PH - PROF DRUGS-SPECPHARMA CHEMO	\$662,373
8	PH - RADIOLOGY DIAGNOSTIC SERVICES	\$501,370
9	OP - RADIOLOGY DIAGNOSTIC	\$500,393
10	OP - LAB & PATH	\$432,539

Table D.9		
United Healthcare Plan of the River Valley, Inc.		
1	OP - RX - FACILITY DISPENSED	\$466,559
2	PH - IMMUNIZATIONS	\$271,344
3	PH - PROF DRUGS - NON SPEC	\$262,226
4	PH - RADIOLOGY - THERAPY	\$238,666
5	IP - MHCD	\$201,946
6	OP - HOME HEALTH	\$188,552
7	PH - LAB & PATH SERVICES	\$137,617
8	OP - LAB & PATH - FACILITY BASED	\$109,824
9	OP - MENTAL HEALTH	\$102,338
10	OP - MISC OP FACILITY	\$88,636

Table D.10		
Wellmark Health Plan of Iowa, Inc.		
1	Practitioner office utilization	\$49,955,713
2	Practitioner office allowed per service	\$40,575,969
3	Facility Outpatient utilization	\$18,359,132
4	Acute inpatient allowed per admission	\$10,249,086
5	Drug Card allowed per script	\$10,231,927

Table D.11		
Wellmark, Inc.		
1	Practitioner office utilization	\$69,550,384
2	Acute inpatient allowed per admission	\$25,044,844
3	Facility Outpatient utilization	\$22,684,800
4	Drug Card allowed per script	\$15,849,698
5	Practitioner other utilization	\$5,377,806

Decreases

Table D.12		
Coventry Health Care of Iowa, Inc.		
1	Inpatient, Acute, Premature/Neonate Newborn, NICU Level IV	(\$234,843.48)
2	Physician, Specialist, Ancillary Providers, Pharmacy	(\$204,462.56)
3	Inpatient, Acute, Obstetrics, OB Vaginal Delivery	(\$178,138.25)
4	Outpatient, Surgical, Surgical Procedures, ASC Group 07	(\$169,696.99)
5	Inpatient, Acute, Obstetrics, OB C-Section	(\$151,769.68)
6	Physician, Primary Care, Family Practice	(\$150,788.69)
7	Physician, Specialist, Medical Specialist, Hematology & Oncology	(\$147,452.86)
8	Inpatient, Acute, Hospital Inpatient Other, Transplant	(\$145,947.55)
9	Physician, Specialist, Medical Specialist, Neonatal Medicine	(\$140,022.70)
10	Outpatient, Diagnostic, Radiology, Radiology CT Scans	(\$132,462.02)

Table D.13		
Coventry Health & Life Ins. Co.		
1	Inpatient, Acute, Medical/Surgical, Surgical	(\$2,230,924.56)
2	Outpatient, Surgical, Surgical Procedures, ASC Group 09	(\$400,191.76)
3	Inpatient, Acute, Premature/Neonate Newborn, NICU Level IV	(\$217,165.99)
4	Physician, Specialist, Medical Specialist, Hematology & Oncology	(\$161,350.76)
5	Inpatient, Non-Acute, Rehabilitation, Rehabilitation	(\$155,425.77)
6	Inpatient, Non-Acute, Rehabilitation, Rehab/Skilled Other	(\$140,365.36)
7	Physician, Specialist, Emergency Medicine	(\$139,917.08)
8	Outpatient, Emergency Room, Level 4	(\$125,113.36)
9	Outpatient, Surgical, Anesthesia	(\$117,037.23)
10	Outpatient, Surgical, Surgical Procedures, ASC Group 05	(\$110,125.37)

Table D.14		
Federated Mutual Ins. Co.		
1	IP Hospital	(\$393,830)
2	OP Hospital	(\$287,680)
3	Surgery	(\$91,894)
4	Miscellaneous Medical	(\$90,730)
5	Anesthesia	(\$26,930)
6	Radiology Services	(\$25,543)
7	Lab and X-ray	(\$18,669)
8	Equipment and Supplies	(\$4,822)
9	Behavioural Health	(\$1,261)
10	Chiropractic	(\$775)

Table D.15 Golden Rule Ins. Co.		
1	Facility/Outpatient Facility	(\$3.57)
2	ZPrescription Drug Card/Retail Pharmacy	(\$0.19)
3	Physician/Spine & Back Disorder	(\$0.05)
4	Other/Physical Therapy	(\$0.03)
5	Other/Other Medical Supplies	(\$0.03)

Table D.16 Medical Assoc. Health Plan Inc.		
1	Nursery Room & Board	(\$758,052.72)
2	Physician Surgery	(\$751,117.51)
3	Medical/Surgical/General Room & Board	(\$487,714.93)
4	Diagnostic Radiology & Nuclear Medicine	(\$374,209.83)
5	Diagnostic Imaging & Tests	(\$241,728.20)
6	In or Outpatient Hospital Visits	(\$164,118.32)
7	Ambulance	(\$133,306.51)
8	Mental Health Medicine Checks	(\$119,855.39)
9	Therapeutic Immunizations & Injections (excludes allergy Immunotherapy)	(\$102,650.12)
10	Hospital Ancillary	(\$87,118.89)

Table D.17 Time Ins. Co. (ICMM)		
1	Policy Benefit Buy-Down	(\$452,284.07)

Table D.18 Time Ins. Co. (Small Group)		
1	Movement to leaner benefits	\$74,537

Table D.19 United Healthcare Ins. Co.		
1	IP - TRANSPLANTS	(\$571,920)
2	OP - HOME HEALTH	(\$170,636)
3	IP - MATERNITY/NEWBORN	(\$104,214)
4	OP - RX - PHARMACY DISPENSED	(\$85,600)
5	IP - HOSPICE	(\$21,667)
6	PH - NEUROLOGY	(\$20,379)
7	IP - SKILLED NURSING	(\$18,850)
8	OP - OBSERVATION	(\$16,310)
9	OP - MH/SA OUTPATIENT	(\$6,490)
10	OP - RADIOLOGY SERVICES	\$1,803

Table D.20		
United Healthcare Plan of the River Valley, Inc.		
1	IP - MED/SURG	(\$1,090,649)
2	PH - PHYSICIAN VISITS	(\$716,618)
3	OP - OBSERVATION	(\$713,968)
4	OP - OUTPATIENT SURGERY	(\$561,979)
5	OP - AMBULANCE	(\$367,677)
6	OP - RADIOLOGY - DIAGNOSTIC	(\$327,913)
7	PH - OTHER	(\$257,141)
8	PH - INPATIENT SURGERY	(\$256,231)
9	PH - ANESTHESIA	(\$243,329)
10	PH - PROF DRUGS - SPEC PHARMA CHEMO	(\$217,190)

Table D.21		
Wellmark Health Plan of Iowa, Inc.		
1	Acute inpatient admissions	\$3,594,615
2	Drug Card utilization	\$2,673,799
3	Skilled nursing allowed per day	\$477,566
4	Home health allowed per case	\$477,566
5	Practitioner inpatient utilization	\$157,282

Table D.22		
Wellmark, Inc.		
1	Practitioner office allowed per service	\$59,323,524
2	Acute inpatient admissions	\$13,979,718
3	Drug Card utilization	\$5,564,805
4	Practitioner inpatient utilization	\$2,514,802
5	Practitioner other allowed per service	\$1,824,843

Appendix E: Risk-Based Capital

Company	Table E.1								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
Coventry Health & Life Ins Co.			296%	331%	340%	591%	420%	405%	502%
Coventry Health Care of Iowa, Inc.	358%	495%	368%	271%	345%	515%	453%	626%	490%
Federated Mutual Insurance Co.	913%	1106%	1243%	1333%	1550%	1808%	1831%	1917%	1871%
Golden Rule Insurance Co.	1216%	898%	735%	658%	413%	654%	806%	503%	415%
Medical Associates Health Plan Inc.	495%	493%	481%	465%	462%	483%	492%	531%	712%
Time Insurance Co.	629%	559%	592%	472%	465%	595%	699%	556%	520%
United Healthcare Insurance Co.	566%	524%	559%	396%	413%	467%	528%	532%	555%
UnitedHealthcare Plan of the RV	527%	701%	464%	493%	352%	365%	384%	355%	402%
Wellmark of Iowa	461%	555%	582%	530%	844%	1056%	1284%	1247%	1158%
Wellmark, Inc.		950%	862%	722%	696%	784%	897%	993%	1132%

Appendix F: Medical Trends

Below are the medical trends from 2006-2013.

Golden Rule Insurance Company has not answered since 2009 due to small membership and replied this year with the following statement:

“Since our IA membership is small, any trend analysis specific to particular procedures or services would be deemed non-credible. However, medical insurance has historically been subject to cost factors beyond pure price inflation. Increased utilization, deductible/copay leveraging, changes in technology and services, and the wear-off of underwriting²¹ have always played a role in creating medical insurance premium trends that are greater than overall medical inflation. In addition, particular blocks will experience different trends based on the overall changes in insured demographics, benefit selection options, and underwriting procedures.”

We have included the categories from the 2013 report for comparison purposes. Only the carriers providing data are included.

²¹ Underwriting wear-off is a situation in which policies are underwritten at a time when claims costs are lower in early years due to the underwriting. But as time passes, the effect of underwriting disappears, or “wears-off”.

Table F.1							
Coventry Health Care of Iowa, Inc. (2007-2013)							
Service Category	2007	2008	2009	2010*	2011	2012	2013
Anesthesia costs due to increased pain mgt therapy			11%				
Cancers		33%					
Chemotherapy and other infusions			39%				
Dialysis	12%						
Increased level of ER acuity from Level 1,2,3 to 4,5			25%				
Musculoskeletal--increased implant costs		15%					
NICU costs			225%				
Observation costs due to more testing performed			24%				
Inpatient Acute Medical					17%		
Inpatient Non-Acute - Skilled Rehab					39%		
Outpatient Surgical Procedures					9%		
ER					14%		
IP						-12%	0%
OP						7%	8%
PHY						-10%	-1%
Rx						-7%	0%
Cap						-10%	-5%
IP/OP/PHY						-6%	1%
Total						-6%	1%

* 2010 data was provided in a different/incompatible format

Table F.2			
Coventry Health & Life Ins. Co. (2011-2013)			
Service Category	2011	2012	2013
Inpatient Acute Medical	17%		
Inpatient Non-Acute - Skilled Rehab	39%		
Outpatient Surgical Procedures	9%		
ER	14%		
IP		23%	-15%
OP		17%	-2%
PHY		10%	6%
Rx		2%	11%
Cap		198%	6%
IP/OP/PHY		16%	-4%
Total		15%	-2%

Table F.3	
Federated Mutual Ins. Co.	
Service Category	2013
Inpatient Hospital	7%
Outpatient Hospital	-14%
Professional	17%
Other Medical	-11%
Prescription Drug	-11%

Table F.4			
Time Ins. Co. (2011-2013)			
Service Category	2011	2012	2013
ICMM - PMPM Claims	22%	N/A	20%
ICMM - Attained Age	3%	3%	3%
ICMM - Benefit Buy-Down	N/A	N/A	N/A
ICMM - Medical Technology	1%	1%	1%
ICMM - Underwriting Wear-off	2%	0%	0%
ICMM - Deductible Leveraging	4%	4%	4%
ICMM - Cost Shifting	1%	3%	3%
SG - PMPM Claims	N/A	9%	N/A
SG - Benefit Buy-Down	N/A	16%	16%
SG - Medical Technology	1%	1%	1%
SG - Deductible Leveraging	3%	3%	2%
SG - Cost Shifting	1%	3%	3%

Table F.5								
United Healthcare Ins. Co. (2006-2013)								
Service Category	2006	2007	2008	2009	2010	2011	2012	2013
Inpatient - 00 _ Unknown Major Diagnostic Category								99%
Inpatient - 17 - Myeloproliferative DDs							213%	
Inpatient - 23 _ Factors Influencing Health Status								173%
Inpatient - 5 - Circulatory System							50%	
Inpatient - Bld; Bld Form Organs; Immun.					352%			
Inpatient - Endocrine, Nutritional and Metabolic					168%			
Inpatient - Hepatobiliary System; Pancreas						111%		
Inpatient - Musculoskeletal; Connective Tissue	38%	26%	3%	16%				
Inpatient - Newborns & Other Neonates						81%		
Outpatient - Dialysis					120%		69%	
Outpatient - Emergency Room	10%	10%	14%	9%				
Outpatient - Home Health					43%			
Outpatient - Outpatient Surgery	-5%	4%	11%	10%				
Outpatient - Radiation Therapy								42%
Outpatient - Radiology Therapy						72%		
Pharmacy - Antineoplastic Agents	19%	25%	17%	57%		95%		
Pharmacy - Diagnostic Agents							83%	
Pharmacy - Disease Modifying AntiRheumatics					25%			
Pharmacy - Unclassified Therapeutic Agents								19%
Physician - Hematology and Oncology	16%	10%	-10%	56%				77%
Physician - Neonatology						272%		
Physician - Other Allied Provider					35%		30%	
Physician - Pathology	13%	23%	14%	40%				
Physician - Urology					41%			

Table F.6								
UnitedHealthcare Plan of the River Valley (2006-2013)								
Service Category	2006	2007	2008	2009	2010	2011	2012	2013
Inpatient - Maternity/Newborn							11%	
Inpatient - Med/Surg/ICU							14%	11%
Inpatient - Rehab						127%		
Inpatient - SNF								21%
Outpatient - Ambulance						33%		
Outpatient - Dialysis					122%	32%	69%	
Outpatient - Emergency Room	9%	13%	11%	18%				13%
Outpatient - Home Health							63%	27%
Outpatient - Observation					23%		35%	
Outpatient - Outpatient								
Surgery	4%	-12%	7%	14%				
Outpatient - Rx - Facility								
Dispensed								22%
Outpatient - UrgiCenter							51%	
Physician - Chemotherapy	43%	6%	16%	6%	23%			
Physician - Immunizations								27%
Physician - Rehab Services						62%		
Radiology - Therapy							36%	

Table F.7								
Wellmark Health Plan of Iowa, Inc. (2006-2013)								
Service Category	2006	2007	2008	2009	2010	2011	2012	2013
Practitioner	11%	8%	9%	5%	3%	3%	2%	4%
Acute Inpatient								
Facility	10%	4%	13%	-3%	8%	3%	3%	4%
Outpatient Facility	10%	2%	13%	13%	5%	5%	3%	5%
Drug	7%	5%	8%	11%	4%	-2%	7%	3%

Table F.8								
Wellmark, Inc. (2006-2013)								
Service Category	2006	2007	2008	2009	2010	2011	2012	2013
Practitioner	8%	6%	4%	5%	1%	3%	3%	2%
Acute Inpatient								
Facility	6%	2%	4%	2%	3%	7%	-1%	2%
Outpatient Facility	7%	5%	7%	10%	4%	4%	5%	3%
Drug	4%	0%	3%	8%	3%	-1%	3%	2%

Table F.9 Medical Assoc. Health Plan, Inc. (2011-2013)

Service Category	2011	2012	2013
Room & Board - OB	10%	1413%	253%
ROOM AND BOARD-SEMI-PRIVATE TWO-BED/GENERAL CLASSIFICATION		28%	
Room & Board Semi Private Room	65%	29%	
ROOM AND BOARD-SEMI-PRIVATE TWO-BED/PSYCHIATRIC		51%	
Oncology Room & Board	933%		119%
Rehab Bed	100%		64%
ROOM AND BOARD-SEMI-PRIVATE TWO-BED/OTHER		76%	91%
NURSERY/PREMATURE NEWBORN		70%	
NEWBORN NURSERY/LEVEL III		425%	
Newborn Nursery Level IV	188%		
Intensive Care/General	41%		124%
INTENSIVE CARE/SURGICAL		169%	49%
INTENSIVE CARE/MEDICAL		423%	
Intensive Care/Pediatric			229%
Intensive Care/Post ICU	62%		
CORONARY CARE/GENERAL CLASSIFICATION		682%	174%
Pharmacy/General Classification			13%
Other Hospital Pharmacy	23%	41%	
Iv Therapy/General Classification			140%
Medical/Surgical Supplies	187%		
Medical/Surgical Supplies And Devices/Other Supplies/Devices			42%
Laboratory/Chemistry			27%
Radiation Therapy	14%		
Ct Scan/General Classification			161%
OPERATING ROOM SERVICES/MINOR SURGERY		77%	
OTHER IMAGING SERVICES/ULTRASOUND		133%	
RESPIRATORY SERVICES/GENERAL CLASSIFICATION		32%	
Physical Therapy/General Classification			34%
Occupational Therapy	47%		
Cardiology/Cardiac Cath Lab			150%
Ambulance	96%		2609%
Drugs Requiring Specific Identification/Drugs Requiring Detailed Coding			678%
Self-Administered Drugs	57%		
Other Diagnostic Services/General Classification			574%
Professional Fees	1045%		
Adult Residential Program			1122%
BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN			
WEIGHTING DOWN LID		228%	
REMOVAL IMPLANT DEEP		214%	
Submucous Resection Inferior Turbinate, Partial Or Complete, Any Method			86%
Endoven Abltj Incmptnt Vein Xtr Rf 1St Vein			33%
FEM/POPL REVAS W/TLA		130%	
Colsc Flx Prox Splenic Flxr Rmvl Les Snare Tq			16%
LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY		57%	
Laparoscopy, Surgical; Cholecystectomy With Cholangiography			59%
Repair Umbilical Hernia, Age 5 Years Or Older; Reducible			146%
LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE		49%	
Laps Supracrv Hyst 250 G/< Rmvl Tube/Ovary			246%
LAPS W/VAG HYST 250 GM/<		137%	

Table F.9 (cont.) Medical Assoc. Health Plan, Inc. (2011-2013)

Service Category	2011	2012	2013
Laparoscopy Hysterectomy	424%		
HYSTSC BX ENDOMETRIUM&/POLYPC +-D&C		66%	
Laparoscopy W Total Hysterectomy Uterus 250 G/<			3090%
Laps Total Hysterectomy 250 G/<W Tube/Ovary			1042%
LAPS FULG/EXC OVARY VISCERA/PRTL SURF		199%	
FETAL NON-STRESS TEST		140%	
Antepartum Care	34%		
LAM FACETEC&FORAMOT 1 SGM LMBR		409%	
NJX ANES&/STRD TFRML EDRL LMBR/SAC 1 LVL		119%	
Cataract Removal, Insertion Of Lens			30%
CT ANGIO ABD & PELVIS		20%	
Computed Tomography Guidance For Placement Of Radiation Therapy Fields			91%
NTSTY MODUL DLVR 1/MLT FLDS/ARCS PR TX SESSION		122%	
Prostate Specific Antigen (Psa); Total			94%
Streptococcus Test	29%		
RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E MONOCLONAL ANT RECOMBINANT		162%	
IMADM ANY ROUTE 1ST VAC/TOX		61%	
Imadm Prq Id Subq/Im Njxs 1 Vacc			18%
Human Papilloma Virus Vaccine Quadriv 3 Dose Im			39%
Influenza Vaccine	177%		
Pneumonia Vaccine	30%		
Measles Mumps Rubella Varicella Vacc Live Subq			194%
ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION		316%	
Individual Psychotherapy 45-50 minutes	28%		
L HRT ARTERY/VENTRICLE ANGIO		55%	
Iv Infusion Hydration Each Additional Hour			44%
Ther Px 1+ Areas Ea 15 Min Ther Xerss			17%
Mnl Ther Tqs 1+ Regions Ea 15 Min			33%
Office Outpatient - 30 minutes	25%		
Office Outpatient - 45 minutes	45%		
Office Outpatient - 60 minutes	118%		
Emer Dept Hi Severity&Urgent Eval			16%
Emer Dept High Severity&Threat Funcj			11%
Inpatient Critical Care	125%		
Pediatric Critical Care	716%		
SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS		125%	
ROTARY WING AIR TRANSPORT		230%	
ROTARY WING AIR MILEAGE, PER STATUTE MILE		234%	
Breast Pump, Electric (Ac And/Or Dc), Any Type			8522%
EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		446%	
Prostate Cancer Screening	59%		
Colon Ca Scrn Not Hi Rsk Ind			151%
SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES		40%	
Digital Mammography - Diagnostic	62%		
Digital Mammography - Screening	43%		
Injection, Darbepoetin Alfa, 1 Microgram (Non-Esrd Use)			257%
Injection - Filgrastim	8251%		
Injection - Ilgrastim	270%		

Table F.9 (cont.) Medical Associates Health Plan, Inc.

Service Category	2011	2012	2013
Flebogamma Injection			8229%
INJECTION INFLIXIMAB, 10 MG		30%	43%
Injection - Octredotide	52%	107%	
Injection, Omalizumab, 5 Mg			123%
Injection - Palonosetron	54%		
Injection - Pegilgrastim	21%		
Injection - Ranibizumab	893%		62%
Injection, Bortezomib, 0.1 Mg			559%
Cyclophosphamide, 100 Mg			369%
Injection - Docetaxel	128%		
INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG		735%	
Injection - Oxaliplatin	1382%		
INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG		371%	
INJECTION, TRASTUZUMAB, 10 MG		85%	
Cochlear Device, Includes All Internal And External Components			91%
Repricing Fees			69%
Doxycycline Hyclate			3797%
Dextroamphetamine-Amphetamine			2344%
Bydureon			143%
Enoxaparin Sodium			102%
Cefdinir			73%
Betaseron			71%
Abilify			69%
Androgel			67%
Cymbalta			19%
Humira			18%
Copaxone			16%
Robotic Surgical System			142%

Appendix G: Additional Data

I. ICMM, small group, and large group PMPMs, 2005-2013.

Table G.1									
ICMM PMPM Costs (2005-2013)									
Company	2005	2006	2007	2008	2009	2010	2011	2012	2013
Coventry Health Care of Iowa, Inc.		\$53.73	\$64.07	\$91.94	\$90.91	\$84.42	\$99.16	\$86.88	\$113.39
Golden Rule Ins. Co.	\$99.00	\$82.25	\$95.04	\$96.41	\$101.08	\$110.49	\$129.32	\$104.27	\$125.46
Time Ins. Co.	\$69.19	\$89.49	\$101.95	\$114.48	\$140.85	\$152.00	\$185.00	\$172.25	\$204.16
Wellmark Health Plan of Iowa, Inc.		\$128.59	\$134.97	\$146.07	\$154.66	\$153.69	\$177.61	\$181.37	\$180.68
Wellmark, Inc.	\$154.17	\$160.68	\$162.69	\$162.29	\$190.52	\$189.01	\$204.05	\$221.85	\$225.29

Table G.2									
Small Group PMPM Costs (2005-2013)									
Company	2005	2006	2007	2008	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.							\$219.70	\$269.87	\$285.09
Coventry Health Care of Iowa, Inc.	\$140.83	\$125.08	\$199.89	\$191.74	\$200.43	\$197.99	\$202.84	\$204.20	\$203.93
Federated Mutual Ins. Co.	\$163.02	\$210.24	\$244.32	\$214.85	\$287.38		\$285.47	\$337.55	\$317.47
Medical Assoc. Health Plan, Inc.		\$209.75	\$204.73	\$239.20	\$244.87		\$232.98	\$287.43	\$282.12
Time Ins. Co.	\$100.12	\$117.45	\$172.01	\$199.02	\$61.13	\$234.42	\$119.41	\$286.70	\$114.39
United Healthcare Ins. Co.	\$192.77	\$207.42	\$225.56	\$211.11	\$229.80	\$213.94	\$217.35	\$235.04	\$265.25
UnitedHealthcare Plan of the River Valley	\$161.71	\$170.99	\$176.21	\$167.75	\$183.32	\$197.68	\$196.28	\$214.35	\$233.67
Wellmark Health Plan of Iowa, Inc.	\$191.71	\$204.35	\$203.86	\$235.77	\$244.40	\$249.04	\$277.02	\$264.03	\$276.43
Wellmark, Inc.	\$178.07	\$196.93	\$199.25	\$210.67	\$222.28	\$233.30	\$240.99	\$251.60	\$264.66

Table G.3									
Large Group PMPM Costs (2005-2013)									
Company	2005	2006	2007	2008	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.							\$269.30	\$295.79	\$275.87
Coventry Health Care of Iowa, Inc.	\$153.53	\$141.94	\$208.83	\$229.09	\$234.24	\$221.54	\$220.14	\$246.49	\$250.84
Federated Mutual Ins. Co.	\$138.48	\$224.05	\$267.15		\$113.43		\$230.37	\$310.36	\$333.81
Medical Assoc. Health Plan, Inc.		\$231.49	\$224.56	\$258.78	\$274.95		\$302.46	\$326.65	\$332.82
United Healthcare Ins. Co.	\$225.14	\$247.13	\$256.24	\$275.86	\$286.19	\$304.47	\$287.00	\$270.90	\$312.32
UnitedHealthcare Plan of the River Valley	\$220.56	\$222.20	\$222.80	\$249.67	\$260.03	\$274.93	\$268.82	\$285.21	\$300.45
Wellmark Health Plan of Iowa, Inc.	\$190.74	\$217.15	\$229.32	\$255.04	\$265.18	\$269.89	\$273.02	\$274.97	\$277.17
Wellmark, Inc.	\$225.79	\$237.84	\$253.06	\$237.73	\$255.44	\$257.30	\$273.37	\$281.50	\$278.22

II. Commissions as a percentage of premium, 2005-2013

Table G.4									
Commission as a Percentage of Premium (2005-2013)									
Company	2005	2006	2007	2008	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.							2%	2%	1%
Coventry Health Care of Iowa, Inc.			3%	2%	2%	2%	2%	2%	7%
Federated Mutual Ins. Co.	1%	2%	1%	1%	1%		1%	2%	3%
Golden Rule Ins. Co.	8%	7%	6%	5%	6%	11%	8%	5%	6%
Medical Assoc. Health Plan, Inc.	1%	1%	1%	1%	1%		1%	1%	1%
Time Ins. Co.*	9%	9%	12%	11%	11%	9%	7%	7%	9%
United Healthcare Ins. Co.	3%	3%	3%	3%	2%	5%	2%	5%	4%
United Healthcare Plan of the River Valley	3%	4%	3%	4%	6%	6%	5%	5%	3%
Wellmark Health Plan of Iowa, Inc.	3%	3%	3%	3%	4%	3%	3%	3%	3%
Wellmark, Inc.	4%	4%	4%	5%	5%	4%	4%	4%	4%

* Simple average of Time's break out of ICMM and Small Group cost (2011,2012,2013)

III. Administrative costs as a percentage of premium, 2005-2013

Table G.5									
Admin as a Percentage of Premium (2005-2013)									
Company	2005	2006	2007	2008	2009	2010	2011	2012	2013
Coventry Health & Life Ins. Co.							12%	13%	11%
Coventry Health Care of Iowa, Inc.			3%	4%	3%	7%	12%	12%	12%
Federated Mutual Ins. Co.	9%	10%	11%	11%	10%		8%	14%	14%
Golden Rule Ins. Co.	14%	13%	13%	13%	13%	12%	14%	16%	12%
Medical Assoc. Health Plan, Inc.	12%	11%	10%	10%	10%		10%	10%	12%
Time Ins. Co.*	19%	19%	18%	17%	19%	20%	14%	6%	23%
United Healthcare Ins. Co.	4%	5%	7%	7%	6%	8%	10%	9%	9%
United Healthcare Plan of the River Valley	10%	7%	11%	11%	11%	11%	9%	14%	8%
Wellmark Health Plan of Iowa, Inc.	7%	6%	7%	6%	6%	5%	5%	5%	8%
Wellmark, Inc.	6%	9%	10%	11%	9%	9%	8%	8%	10%

* Simple average of Time's break out of ICMM and Small Group cost (2011,2012,2013)

IV. Additional cost factors beyond claims as a percentage of premium.

Table G.6 Coventry Health Care of Iowa, Inc. (2007-2013)							
Factor	2007	2008	2009	2010	2011	2012	2013
Commissions	3%	2%	2%	2%	2%	2%	7%
Administrative	3%	4%	3%	5%	12%	12%	12%
Profit					5%	10%	13%
Premium Taxes	1%	2%	2%	2%			

Table G.7 Coventry Health and Life Ins. Co. (2011-2013)			
Factor	2011	2012	2013
Commissions	2%	2%	1%
Administrative	12%	13%	11%
Profit	-7%	-12%	-1%

Table G.8 Federated Mutual Ins. Co. (2011-2013)			
Factor	2011	2012	2013
Commissions	1%	2%	3%
Administrative	8%	12%	12%
Cost Containment	1%		
Taxes and Fees	0%	2%	2%
Profit		-9%	-2%

Table G.9 Golden Rule Ins. Co. (2011-2013)			
Factor	2011	2012	2013
Commissions	8%	5%	6%
Administrative	14%	16%	12%

Table G.10									
Time Ins. Co. (2005-2013)									
Factor	2005	2006	2007	2008	2009	2010	2011	2012	2013
Commissions	9%	9%	12%	11%	11%	9%	6% ICMM, 8% SG	5.2% ICMM, 9.7% SG	6.7% ICMM, 10.9% SG
Administrative	19%	19%	18%	17%	19%	20%	13% ICMM, 15% SG	11%	13%
Premium Tax, Licenses, and Fee								4.4% ICMM, -15.9% SG	4.1% ICMM, 16.2% SG

Table G.11			
Medical Assoc. Health Plan, Inc. (2011-2013)			
Factor	2011	2012	2013
Commissions	1%	1%	1%
Administrative	10%	10%	12%

Table G.12									
United Healthcare Ins. Co. (2005-2013)									
Factor	2005	2006	2007	2008	2009	2010	2011	2012	2013
Commissions	3%	3%	3%	3%	2%	5%	2%	5%	4%
Administrative	4%	5%	7%	7%	6%	6%	10%	9%	9%
Premium Taxes	2%	2%	2%	2%	2%	2%	1%		

Table G.13 United Healthcare Plan of the River Valley (2005-2013)									
Factor	2005	2006	2007	2008	2009	2010	2011	2012	2013
Commissions	3%	4%	3%	4%	6%	6%	5%	5%	3%
Administrative	10%	7%	11%	11%	11%	9%	9%	14%	8%
Premium Taxes	1%	1%	1%	1%	1%				
Assessments	1%	1%	1%	1%	2%				
Defined Expenses Incurred for Health Care Quality						1%	1%		
Claims adjustment expenses						1%	2%		

Table G.14 Wellmark Health Plan of Iowa, Inc. (2005-2013)									
Factor	2005	2006	2007	2008	2009	2010	2011	2012	2013
Commissions	3%	3%	3%	3%	4%	3%	3%	3%	3%
Administrative	7%	6%	7%	6%	6%	5%	5%	5%	8%

Table G.15 Wellmark, Inc. (2005-2013)									
Factor	2005	2006	2007	2008	2009	2010	2011	2012	2013
Commissions	4%	4%	4%	5%	5%	4%	4%	4%	4%
Administrative	6%	9%	10%	11%	9%	9%	8%	8%	10%

Appendix H: Health Care Cost Category Standardization

Original Service	Standard Name
17 - Myeloproliferative DDs (Poorly Differentiated Neoplasms)	Inpatient Hospital
5 - Circulatory System	Inpatient Hospital
Acute inpatient admissions	Inpatient Hospital
Acute inpatient allowed per admission	Inpatient Hospital
Acute Inpatient Facility	Inpatient Hospital
Air Ambulance	Ambulance
Ambulance	Ambulance
Ambulatory Surgery	Surgery
ANC FREESTANDING CLINICAL LAB	Laboratory and X-ray
ANC - HOME HEALTH	Other
ANC OUTPATIENT SURGERY	Surgery
ANC RADIOLOGY SERVICES	Radiology
Ancillary	Ancillary
Ancillary Ambulance Cost/Case	Ambulance Cost
Ancillary Durable Medical Equipment Cases/1000	Equipment and Supplies
Ancillary Durable Medical Equipment Cost/Day	Equipment and Supplies
Ancillary Hospice Care Cases/1000	Other
Ancillary Prosthetics Cost/Case	Equipment and Supplies
Ancillary Providers	Physician
Anesthesia	Anesthesia
Anti-Selective Lapse	Population Change
ASC	Outpatient Hospital
Attained Age	Population Change
Behavioural Health	MH/CD
Benefit Buy-Down	Other
Benefit Design	Other
Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid	Surgery
Blood & Blood Products	Equipment and Supplies
Cap	Other
Chemotherapy	Chemotherapy
Chiropractic	Chiropractic
Coronary Care Room & Board	Inpatient Hospital
Coronary Care/General Classification	Inpatient Hospital
Cost Shifting	Cost Shifting - Medicare
Cost Shifting - Low Medicare Reimbursement	Cost Shifting - Medicare
Ct Angio Abd & Pelvis	Surgery
Decrease in Insured Members from 2008-2009	Population Change
Deductible Leveraging	Deductible Leveraging
Diabetic	Diabetic
Diagnostic Agents	Prescription Drug
Diagnostic Imaging & Tests	Diagnostic Imaging & Tests
Diagnostic Radiology & Nuclear Medicine	Radiology
Dialysis	Outpatient Hospital
DME Supplies	Equipment and Supplies
Doctor Visit	Physician
Drug	Prescription Drug
Drug allowed per script	Prescription Drug
Drug Card allowed per script	Prescription Drug
Drug Card utilization	Prescription Drug
Drug Card/Medco Data	Prescription Drug
Drug included in health	Prescription Drug
Drug Utilization	Prescription Drug
EKG	Preventative
Emergency Medicine	Physician
Emergency Room	Emergency Room
Emergency, Urgent, Observation Rooms	Emergency Room
Enteral/Parenteral Formulas	Other
Equipment and Supplies	Equipment and Supplies
External Ambulatory Infusion Pump, Insulin	Prescription Drug
Facility outpatient allowed per service	Outpatient Hospital
Facility Outpatient utilization	Outpatient Hospital
Facility/Emergency Room	Emergency Room
Facility/Hospice	Inpatient Hospital

Original Service	Standard Name
Facility/Inpatient Facility	Inpatient Hospital
Facility/Outpatient Facility	Outpatient Hospital
Facility/Skilled Nursing Facility	Skilled Nursing Facilities
Fem/Popl Revas W/Tla	Other
Fetal Non-Stress Test	Diagnostic Imaging & Tests
Gmd Ambulance	Ambulance
Home Health	Outpatient Hospital
Home health allowed per case	Other
Home Health utilization	Other
Hosp. Misc.	Other
Hospice	Other
Hospital Ancillary	Inpatient Hospital
Hystsc Bx Endometrium&/Polypc +-D&C	Surgery
Imadm Any Route 1St Vac/Tox	Other
Immunization	Preventative
In or Outpatient Hospital Visits	Outpatient Hospital
Increase in Insured Members from 2008-2009	Population change
Increase in Membership	Population change
Increase in Utilization	Other
Increase Inpatient Acute Cost/Day	Inpatient Hospital
Increase Outpatient Emergency Care Cost/Case	Outpatient Hospital
Injection	Prescription Drug
Injection Infliximab, 10 Mg	Prescription Drug
Injection, Gemcitabine Hydrochloride, 200 Mg	Prescription Drug
Injection, Octreotide, Depot Form For Intramuscular Injection, 1 Mg	Prescription Drug
Injection, Paclitaxel Protein-Bound Particles, 1 Mg	Prescription Drug
Injection, Trastuzumab, 10 Mg	Prescription Drug
Inpatient Acute Cost/Day	Inpatient Hospital
Inpatient Acute Days/1,000	Inpatient Hospital
Inpatient Acute Gastroenterology	Inpatient Hospital
Inpatient Admissions	Inpatient Hospital
Inpatient Cardiovascular Cardiac Cath	Surgery
Inpatient Gastroenterology NICU Level III	Inpatient Hospital
Inpatient Gastroenterology NICU Level IV	Inpatient Hospital
Inpatient Hospital Inpatient Other Mental Health	Inpatient Hospital
Inpatient Hospital Inpatient Other Ungroupable	Inpatient Hospital
Inpatient MH/CD Days/1000	MH/CD
Inpatient Obstetrics Other Maternity	Inpatient Hospital
Inpatient Skilled	Inpatient Hospital
Inpatient Skilled Sub-Acute Level II	Inpatient Hospital
Inpatient, Acute, Cardiovascular, Angioplasty	Surgery
Inpatient, Acute, Cardiovascular, Cardiac Surgery	Surgery
Inpatient, Acute, Hospital Inpatient Other, Transplant	Inpatient Hospital
Inpatient, Acute, Medical/Surgical, Medical	Surgery
Inpatient, Acute, Medical/Surgical, Surgical	Surgery
Inpatient, Acute, Obstetrics, OB C-Section	Inpatient Hospital
Inpatient, Acute, Obstetrics, OB Vaginal Delivery	Inpatient Hospital
Inpatient, Acute, Premature/Neonate Newborn, NICU Level I	Inpatient Hospital
Inpatient, Acute, Premature/Neonate Newborn, NICU Level IV	Inpatient Hospital
Inpatient, Acute, Premature/Neonate Newborn, NICU Level IV	Inpatient Hospital
Inpatient, Acute, Premature/Neonate Newborn, NICU Other	Inpatient Hospital
Inpatient, Non-Acute, Rehabilitation, Rehab/Skilled Other	Inpatient Hospital
Inpatient, Non-Acute, Rehabilitation, Rehabilitation	Inpatient Hospital
Inpatient/Outpatient Physician Visits	Physician
Intensive Care Room & Board	Inpatient Hospital
Intensive Care/Medical	Inpatient Hospital
Intensive Care/Surgical	Surgery
IP	Inpatient Hospital
IP - MED/SURG	Inpatient Hospital
IP - MHCD	MH/CD
IP NICU/EXTENDED STAY	Inpatient Hospital
IP REHABILITATION	Rehab

Original Service	Standard Name
IP TRANSPLANTS	Surgery
IP - HOSPICE	Other
IP - MATERNITY/NEWBORN	Inpatient Hospital
IP - Med/Surg	Inpatient Hospital
IP - MED/SURG/ICU	Inpatient Hospital
IP - MH/SA INPATIENT	Inpatient Hospital
IP - MHCD	Inpatient Hospital
IP - NICU/Extended Stay	Inpatient Hospital
IP - NICU/EXTENDED STAY	Inpatient Hospital
IP - Rehab	Rehab
IP - REHABILITATION	Rehab
IP - SKILLED NURSING	Inpatient Hospital
IP - SNF	Inpatient Hospital
IP - Transplant	Inpatient Hospital
IP - TRANSPLANTS	Inpatient Hospital
IP Angioplasty	Surgery
IP Hospital	Inpatient Hospital
IP Medical	Inpatient Hospital
IP NICU Level III	Inpatient Hospital
IP NICU Level IV	Inpatient Hospital
IP NICU Level Other	Inpatient Hospital
IP Surgical	Surgery
IP Transplant	Surgery
IV Solutions	Inpatient Hospital
L Hrt Artery/Ventricle Angio	Surgery
Laboratory	Laboratory and X-ray
Laboratory & Pathology	Laboratory and X-ray
Laboratory and X-ray	Laboratory and X-ray
Laboratory and X-ray & Pathology	Laboratory and X-ray
Lam Facetec&Foramot 1 Sgm Lmbr	Surgery
Laparoscopy, Surgical; Cholecystectomy	Surgery
Laps Fulg/Exc Ovary Viscera/Prtl Surf	Surgery
Laps W/Vag Hyst 250 Gm/<	Prescription Drug
Lithotripsy, Extracorporeal Shock Wave	Surgery
Mammogram	Preventative
Maternity/Newborn	Inpatient Hospital
Med Specialist Cardiovascular	Physician
Med Specialist Hematology & Oncology	Physician
Med Specialist Radiology	Radiology
Med. Records	Other
Med/Surg/ICU	Inpatient Hospital
Medical Technology	Medical Technology
Medical/Surgical Supplies (Excluding DME & DME Supplies)	Surgery
Medical/Surgical/General Room & Board	Inpatient Hospital
Mental Health Medicine Checks	MH/CD
Misc Hospital	Inpatient Hospital
Miscellaneous Medical	Other
Movement to leaner benefits	Benefit Changes
Newborn Nursery/Level Iii	Outpatient Hospital
Njx Anes&/Strd Tfml Edrl Lmbr/Sac 1 Lvl	Other
Non Prescription Drugs	Non-Prescription Drug
Ntsty Modul Dlvr 1/Mlt Flds/Arcs Pr Tx Session	Other
Nursery Room & Board	Inpatient Hospital
Nursery/Premature Newborn	Outpatient Hospital
O/P Hosp.	Outpatient Hospital
Observation	Outpatient Hospital
Observation Room	Other
Obstetrical Room & Board	Inpatient Hospital
Occupational Therapy	Therapy
Office Visits	Physician
OP	Outpatient Hospital
OP - AMBULANCE	Ambulance
OP - EMERGENCY ROOM	Emergency Room
OP - HOME HEALTH	Other
OP - LAB & PATH - FACILITY BASED	Laboratory and X-ray

Original Service	Standard Name
OP - MENTAL HEALTH	MH/CD
OP - MISC OP FACILITY	Outpatient Hospital
OP - OBSERVATION	Outpatient Hospital
OP - OTHER	Other
OP - OUTPATIENT SURGERY	Outpatient Hospital
OP - RADIOLOGY - DIAGNOSTIC	Radiology
OP - RADIOLOGY SERVICES	Radiology
OP - RX - FACILITY DISPENSED	Prescription Drug
OP - DIALYSIS	Dialysis
OP - DME Supplies	Equipment and Supplies
OP - EMERGENCY ROOM	Outpatient Hospital
OP - FREESTANDING CLINICAL LAB	Laboratory and X-ray
OP - HOME HEALTH	Outpatient Hospital
OP - LAB & PATH	Laboratory and X-ray
OP - Lab & Path - Facility Based	Laboratory and X-ray
OP - MH/SA OUTPATIENT	Outpatient Hospital
OP - Misc OP Facility	Outpatient Hospital
OP - OP HOSPICE	Outpatient Hospital
OP - OP Rehabilitation	Rehab
OP - Outpatient Surgery	Surgery
OP - OUTPATIENT SURGERY	Surgery
OP - RADIATION THERAPY	Radiology
OP - Radiology - Diagnostic	Radiology
OP - RADIOLOGY DIAGNOSTIC	Radiology
OP - RADIOLOGY SERVICES	Radiology
OP - Rx - Facility Dispensed	Prescription Drug
OP - RX - PHARMACY DISPENSED	Prescription Drug
OP - URGICENTER	Outpatient Hospital
OP ASC Group 02	Outpatient Hospital
OP ASC Group 09	Outpatient Hospital
OP Dialysis	Dialysis
OP Drugs	Prescription Drug
OP ER Level 4	Emergency Room
OP Hospital	Outpatient Hospital
OP Injectibles	Other
OP Lab General	Laboratory and X-ray
OP Observation	Other
Operating Room	Surgery
Operating Room Services/Minor Surgery	Surgery
Osteopathic, PT, Chiro Therapy & Treatment	Other
Other	Other
Other Allied Provider	Physician
Other Imaging Services/Ultrasound	Diagnostic Imaging & Tests
Other Services not Otherwise Classified	Other
Other/DME/Prosthetics	Equipment and Supplies
Other/Home Health	Other
Other/Other	Other
Other/Other Medical Supplies	Equipment and Supplies
Other/Physical Therapy	Therapy
Other/Radiation/Chemotherapy	Other
Outpatient allowed per service	Outpatient Hospital
Outpatient Cardiac Cath 0	Surgery
Outpatient Cardiovascular	Outpatient Hospital
Outpatient Critical Care	Outpatient Hospital
Outpatient Dialysis	Outpatient Hospital
Outpatient Drugs/Injectibles Drugs	Prescription Drug
Outpatient Emergency Care Cases/1000	Outpatient Hospital
Outpatient Emergency Care Cost/Case	Outpatient Hospital
Outpatient Emergency Room Critical Care	Emergency Room
Outpatient Facility	Outpatient Hospital
Outpatient General Medicine Cases/1000	Outpatient Hospital
Outpatient General Medicine Cost/Case	Outpatient Hospital
Outpatient Other Outpatient Services Cardiovascular	Outpatient Hospital
Outpatient Other Outpatient Services Dialysis	Outpatient Hospital
Outpatient Other Outpatient Services Drugs/Injectables	Prescription Drug

Original Service	Standard Name
Outpatient Other Outpatient Services Home Health	Outpatient Hospital
Outpatient Other Outpatient Services Observation	Outpatient Hospital
Outpatient Other Outpatient Services Radiology Other	Radiology
Outpatient Radiology Other Radiology Radiation & Oncology	Radiology
Outpatient Radiology Radiology Nuclear Medicine	Radiology
Outpatient Rehab Care Cost/Day	Rehab
Outpatient Surgical Procedure Cases/1000	Surgery
Outpatient Surgical Procedure Cost/Case	Surgery
Outpatient Surgical Procedures	Surgery
Outpatient Surgical Procedures ASC Group Other	Surgery
Outpatient Surgical Procedures Lithotripsy	Surgery
Outpatient Surgical Surgical Procedures	Surgery
Outpatient Transplants Covered by Rider Cases/1000	Surgery
Outpatient Utilization	Other
Outpatient, Diagnostic, Radiology, Radiology CT Scans	Radiology
Outpatient, Diagnostic, Radiology, Radiology MRI	Radiology
Outpatient, Emergency Room, Level 4	Surgery
Outpatient, Surgical, Anesthesia	Equipment and Supplies
Outpatient, Surgical, Surgical Procedures, ASC Group 02	Surgery
Outpatient, Surgical, Surgical Procedures, ASC Group 03	Surgery
Outpatient, Surgical, Surgical Procedures, ASC Group 04	Surgery
Outpatient, Surgical, Surgical Procedures, ASC Group 05	Surgery
Outpatient, Surgical, Surgical Procedures, ASC Group 07	Surgery
Outpatient, Surgical, Surgical Procedures, ASC Group 09	Surgery
Outpatient, Surgical, Surgical Procedures, ASC Group 10	Surgery
Oxygen	Equipment and Supplies
PCP Pediatrician	Physician
Pediatrics Room & Board	Inpatient Hospital
PH - ANESTHESIA	Anesthesia
PH CARDIOVASCULAR	Physician
PH ER	Physician
PH HCPC	Physician
PH - IMMUNIZATIONS	Preventative
PH - INPATIENT SURGERY	Surgery
PH IP VISITS	Inpatient Hospital
PH - LAB & PATH SERVICES	Laboratory and X-ray
PH - OTHER	Other
PH - PHYSICIAN VISITS	Physician
PH - PROF DRUGS - NON SPEC	Prescription Drug
PH - PROF DRUGS - SPEC PHARMA CHEMO	Prescription Drug
PH - RADIOLOGY - THERAPY	Radiology
PH - SURGERY	Physician
PH - ALLERGY TESTS	Physician
PH - Chemotherapy	Prescription Drug
PH - DELIVERIES	Physician
PH - DIALYSIS	Dialysis
PH - NEUROLOGY	Physician
PH - Non-Invasive Vascular Diagnosis	Physician
PH - Office Surgery	Surgery
PH - OFFICE SURGERY	Surgery
PH - OP SURGERY	Surgery
PH - OTORHINOLARYNGOLOGY	Surgery
PH - PHYSICIAN OP SURGERY	Surgery
PH - PHYSICIAN VISITS	Physician
PH - Prof Drugs - Spec Pharma Chemo	Prescription Drug
PH - Prof Drugs - Spec Pharma non-Chemo	Prescription Drug
PH - PROF DRUGS-SPEC PHARMA CHEMO	Physician
PH - PULMONARY	Physician
PH - RADIOLOGY DIAGNOSTIC SERVICES	Radiology
PH - REHAB SERVICES	Rehab
PH - Surgery	Surgery
PH - VENIPUNCTURE	Physician
Pharmacy Cases/1,000	Prescription Drug
Pharmacy Cost/Case	Prescription Drug
Pharmacy/Other Pharmacy	Prescription Drug

Original Service	Standard Name
Physician	Physician
Physician Ancillary Providers	Physician
Physician Anesthesia	Anesthesia
Physician Anesthesia Cost/Unit	Anesthesia
Physician Anesthesia Units/1000	Anesthesia
Physician Emergency Medicine	Physician
Physician Evaluation & Management Units/1000	Physician
Physician Family Practice	Physician
Physician Lab	Physician
Physician Medical Specialist	Physician
Physician Miscellaneous Cost/Unit	Physician
Physician Miscellaneous Units/1000	Physician
Physician Non Evaluation & Management Units/1000	Physician
Physician Obstetrics & Gynecology	Physician
Physician Pediatrician	Physician
Physician Primary Care Family Practice	Physician
Physician Primary Care Pediatrician	Physician
Physician Radiology	Radiology
Physician Radiology Cost/Unit	Radiology
Physician Specialist Ancillary Providers	Physician
Physician Specialist Anesthesia	Physician
Physician Specialist Medical Specialist	Physician
Physician Specialist Radiology	Physician
Physician Specialist Surgical Specialist	Physician
Physician Surgery	Surgery
Physician Surgery Units/1000	Surgery
Physician Surgical Specialist	Surgery
Physician, Primary Care, Family Practice	Physician
Physician, Primary Care, Internal Medicine	Physician
Physician, Specialist, Ancillary Providers, Home Health	Physician
Physician, Specialist, Ancillary Providers, Other Service Providers	Physician
Physician, Specialist, Ancillary Providers, Pharmacy	Prescription Drug
Physician, Specialist, Emergency Medicine	Physician
Physician, Specialist, Medical Specialist, Hematology & Oncology	Physician
Physician, Specialist, Medical Specialist, Neonatal Medicine	Physician
Physician, Specialist, Medical Specialist, Other Medical Specialties	Equipment and Supplies
Physician, Specialist, Radiology	Radiology
Physician/Anesthesiology	Anesthesia
Physician/Diagnostic Testing-Office/Clinic	Diagnostic Imaging & Tests
Physician/Diagnostic Testing-Other	Physician
Physician/Office Visits	Physician
Physician/Other	Physician
Physician/Other Physician Services	Physician
Physician/Psyche and Substance Abuse	MH/CD
Physician/Spine & Back Disorder	Physician
Physician/Surgery	Surgery
PMPM Claims	Other
Policy Benefit Buy Down	Benefit Changes
Practitioner	Physician
Practitioner Inpatient allowed per service	Physician
Practitioner inpatient utilization	Physician
Practitioner office allowed per service	Physician
Practitioner office utilization	Physician
Practitioner other allowed per service	Physician
Practitioner other utilization	Physician
Practitioner Outpatient allowed per service	Physician
Practitioner outpatient utilization	Physician
Prescription Drug	Prescription Drug
Prescription Drug Card/Medco Data	Prescription Drug
Prescription Drug Card/Medco Data (Copay Plans & Discount Card)	Prescription Drug
Prescription Drug Card/Retail Pharmacy	Prescription Drug
Prescription Oral & Inhalants, Non Rx Drugs	Prescription Drug
Preventative Exam	Preventative
Preventative Immunizations	Preventative
Preventive Care/Routine Childhood Immunizations	Preventative

Original Service	Standard Name
Preventive Care/Routine Mam/PSA/PAP/HPV	Preventative
Preventive Care/Routine Office Visits	Preventative
Preventive Care/Routine Services	Preventative
Preventive Exam	Preventative
Private Duty Nursing	Skilled Nursing Facilities
Private Room & Board	Inpatient Hospital
Psychiatric Room & Board	Inpatient Hospital
Psychotherapy	MH/CD
R/B - Nursery	Inpatient Hospital
R/B-ICU	Inpatient Hospital
R/B-Semi	Inpatient Hospital
Radiation Oncology	Radiology
Radiology	Radiology
Radiology - Therapy	Physician
Radiology Out	Radiology
Radiology Services	Radiology
Recovery Room	Surgery
Removal Implant Deep	Surgery
Repricing	Other
Respiratory Services/General Classification	Surgery
Respiratory Syncytial Virus Ig Im 50 Mg E Monoclonal Ant Recombinant	Prescription Drug
Respiratory Therapy	Therapy
Room	Inpatient Hospital
Room And Board-Private/Medical/Surgical/Gyn	Inpatient Hospital
Room And Board-Semi-Private Two-Bed/General Classification	Inpatient Hospital
Room And Board-Semi-Private Two-Bed/Medical/Surgical/Gyn	Inpatient Hospital
Room And Board-Semi-Private Two-Bed/Other	Inpatient Hospital
Room And Board-Semi-Private Two-Bed/Psychiatric	Inpatient Hospital
Rotary Wing Air Mileage, Per Statute Mile	Other
Rotary Wing Air Transport	Other
Rx	Prescription Drug
RX - Antihistamine Drugs	Prescription Drug
RX - Disease-Modifying AntiRheumatics	Prescription Drug
RX - Unclassified/Miscellaneous	Prescription Drug
Second Opinion	Physician
Services Of Skilled Nurse In Home Health Setting, Each 15 Minutes	Skilled Nursing Facilities
Skilled nursing allowed per day	Skilled Nursing Facilities
Skilled nursing days	Skilled Nursing Facility allowed per day
Skilled Nursing Facility utilization	Skilled Nursing Facilities
Sleep	Other
Specialist Anesthesia	Anesthesia
Specialty Drug	Prescription Drug
Speech therapy	Therapy
Subsequent Intensive Care Infant 1500-2500 Grams	Prescription Drug
Supplies	Equipment and Supplies
Surgery	Surgery
Surgical	Inpatient Hospital
Therapeutic Immunizations & Injections (excludes allergy Immunotherapy)	Prescription Drug
Therapy	Therapy
Underwriting Wear-off	Underwriting Wear-off
UrgiCenter	Outpatient Hospital
Utilization of Ambulance Services	Ambulance Utilization
Utilization of Ambulatory Surgical Centers	Surgery
Utilization of Ambulatory Surgical Centers	Surgery
Utilization of Chiropractic Services	Chiropractic
Utilization of Emergency Room Services	Emergency Room
Utilization of Equipment/Supplies	Equipment and Supplies
Utilization of Hospital Room & Board	Inpatient Hospital
Utilization of Inpatient Hospital Services	Inpatient Hospital
Utilization of Inpatient Physician Services	Inpatient Hospital
Utilization of Inpatient Surgeries	Surgery
Utilization of Non-Prescription Drugs	Non-Prescription Drug
Utilization of Office-Related Radiology Services	Radiology

Original Service	Standard Name
Utilization of Outpatient Hospital Services	Outpatient Hospital
Utilization of Outpatient Radiology Services (Professional)	Radiology
Utilization of Outpatient Radiology Services (Technical)	Radiology
Utilization of Outpatient Surgeries	Surgery
Utilization of Prescription Drugs	Prescription Drug
Utilization of Skilled Nursing Facilities	Skilled Nursing Facilities
Vaccinations	Preventative
X-Ray	Laboratory and X-ray
Zoster (Shingles) Vaccine, Live, For Subcutaneous Injection	Prescription Drug
ZPrescription Drug Card/Medco Data (Copay Plans & Discount Card)	Prescription Drug
ZPrescription Drug Card/Retail Pharmacy	Prescription Drug