



Christian County Commission

100 West Church St, Room 100
Ozark, MO 65721

SCHEDULED

MEETING ATTACHMENTS (ID # 5170)

Meeting: 05/14/20 08:55 AM

Department: County Clerk

Category: Meeting Items

Prepared By: Paula Brumfield

Initiator: Paula Brumfield

Sponsors:

DOC ID: 5170

Meeting Attachments

ATTACHMENTS:

- 051420 COX HEALTH - 1ST QTR REPORT (PDF)



THINKING HEALTH FORWARD

Christian County

Quarterly Health Plan Review
1st Quarter 2020



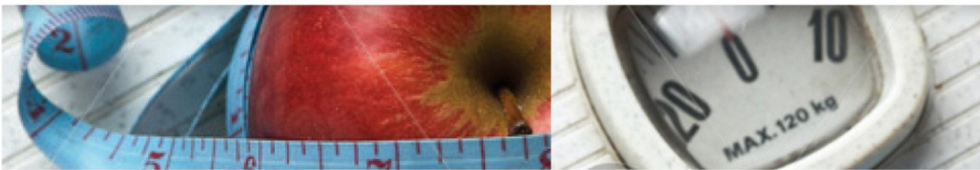
CONTENTS

- Section 1:** - **Medical Loss Ratio Comparison**
 - **Shock Claims Comparison**

- Section 2:** - **Group Experience Reports**

- Section 3:** - **Prescription Drug Reports**

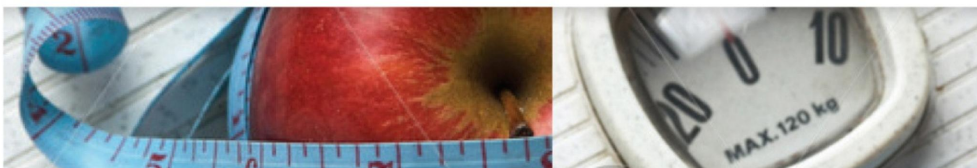
- Section 4:** - **What's New**





THINKING HEALTH FORWARD

Medical Loss Ratio / Shock Claims / SMMP Comparisons



Group Summary Christian County

From 01/01/2019 to 03/31/2019

Month			Total	Prem				Total Paid	Loss Ratio
Paid	# Contracts	# Dependents	Members	Prem Billed	Received	Medical Paid	RX Paid		
2019/01	174	61	235	82,028.00	82,028.00	91,034.61	24,065.21	115,099.82	
2019/02	175	65	240	78,477.00	78,477.00	49,974.82	33,469.45	83,444.27	
2019/03	172	62	234	81,591.00	81,591.00	69,917.40	12,322.12	82,239.52	
Sum:	521	188	709	242,096.00	242,096.00	210,926.83	69,856.78	280,783.61	115.98%

From 01/01/2020 to 03/31/2020

Month			Total	Prem				Total Paid	Loss Ratio
Paid	# Contracts	# Dependents	Members	Prem Billed	Received	Medical Paid	RX Paid		
2020/01	182	65	247	86,844.00	86,844.00	50,091.47	12,166.29	62,257.76	
2020/02	183	66	249	88,771.00	88,771.00	89,794.50	21,574.74	111,369.24	
2020/03	178	64	242	88,632.00	88,632.00	202,543.09	26,024.80	228,567.89	
Sum:	543	195	738	264,247.00	264,247.00	342,429.06	59,765.83	402,194.89	152.20%

Christian County
Shock Claims Report--Paid > \$25,000

From 01/01/2019 To 03/31/2019

Member # / Name	Total Paid Medical	Total Paid Rx	Total Paid Medical + Rx	Total Member Responsibility	Highest Medical \$ DX	Dx Paid	Last DOS
A Member11079017	26,246.12	0.00	26,246.12	6,261.42	S83511. SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INITIAL ENCOUNTER	25,227.31	2/7/2019
	26,246.12	0.00	26,246.12	6,261.42			

From 01/01/2020 To 03/31/2020

Member # / Name	Total Paid Medical	Total Paid Rx	Total Paid Medical + Rx	Total Member Responsibility	Highest Medical \$ DX	Dx Paid	Last DOS
A Member11051815	113,850.56	25.21	113,875.77	4,000.00	I714 ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	60,809.80	1/30/2020
A Member11076915	101,100.26	107.21	101,207.47	4,500.00	Z510 ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	79,910.94	2/5/2020
A Member14882615	34,116.16	98.68	34,214.84	4,000.00	M4803 SPINAL STENOSIS, CERVICOTHORACIC REGION	26,018.76	2/4/2020
	249,066.98	231.10	249,298.08	12,500.00			

Christian County SMMP Data

5/1/2019 - 4/30/2020

Enrolled

Drug	Savings/claim	Enrolled count	Claims	Total Saved
Humira	\$2,174.00	1	1	\$2,174.00
Enbrel	\$2,036.00	1	5	\$10,180.00
Rasuvo	\$182.00	1	10	\$1,820.00
Xeljanz 11	\$1,575.00	1	3	\$4,725.00
		4	19	\$18,899.00

1/1/2020 - 4/30/2020

Enrolled

Drug	Savings/claim	Enrolled count	Claims	Total Saved
Enbrel	\$2,036.00	1	1	\$2,036.00
Rasuvo	\$182.00	1	4	\$728.00
Xeljanz 11	\$1,575.00	1	3	\$4,725.00
		3	8	\$7,489.00

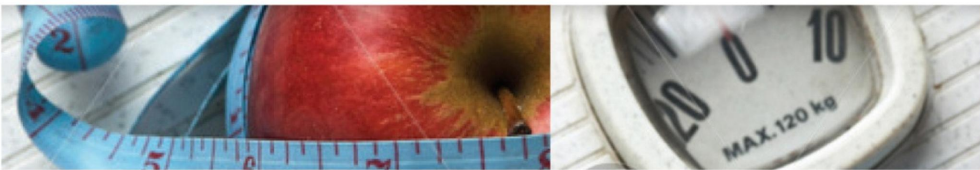
Missed Opportunity

Drug	Savings/claim	Member Count	Claims	Total Savings Missed
Tremfya	\$3,726.00	1	6	\$22,356.00



THINKING HEALTH FORWARD

Group Experience Reports



COX HEALTHPLANS
CoxHealth

1st Quarter 2019



Provided for: CI2220 CHRISTIAN COUNTY

Group Experience Reports:

- Category Report
- Category Report Charts
- Medical by Month
- Pharmacy by Month
- Premium by Month
- Top 20 Diagnoses
- Top 25 Drugs

Dates: 01/01/2019 - 03/31/2019

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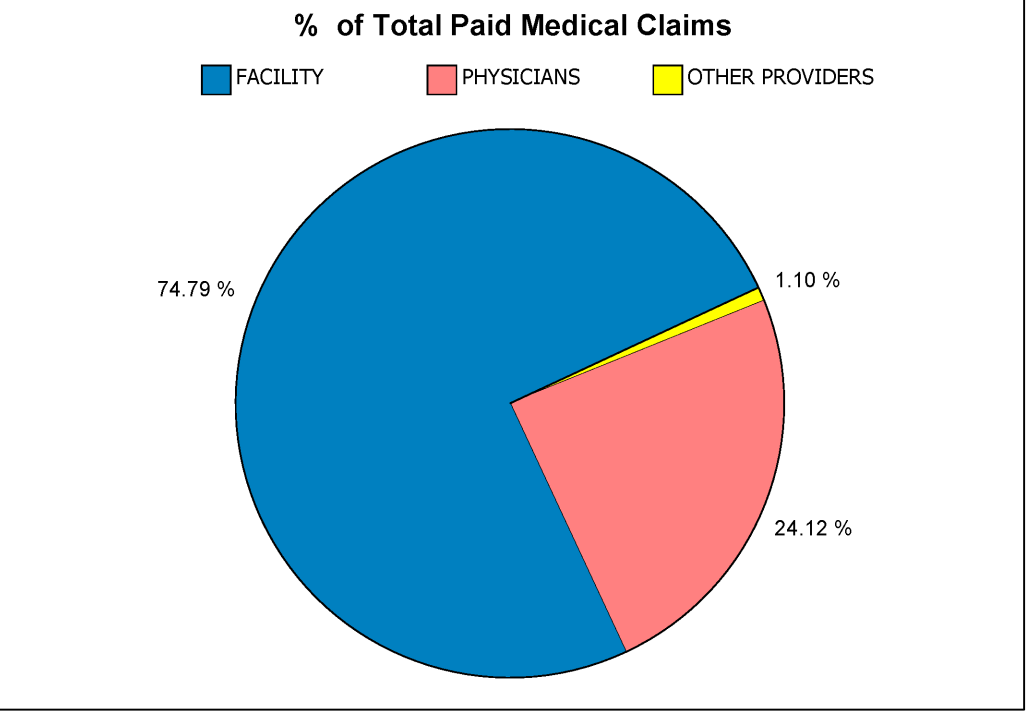
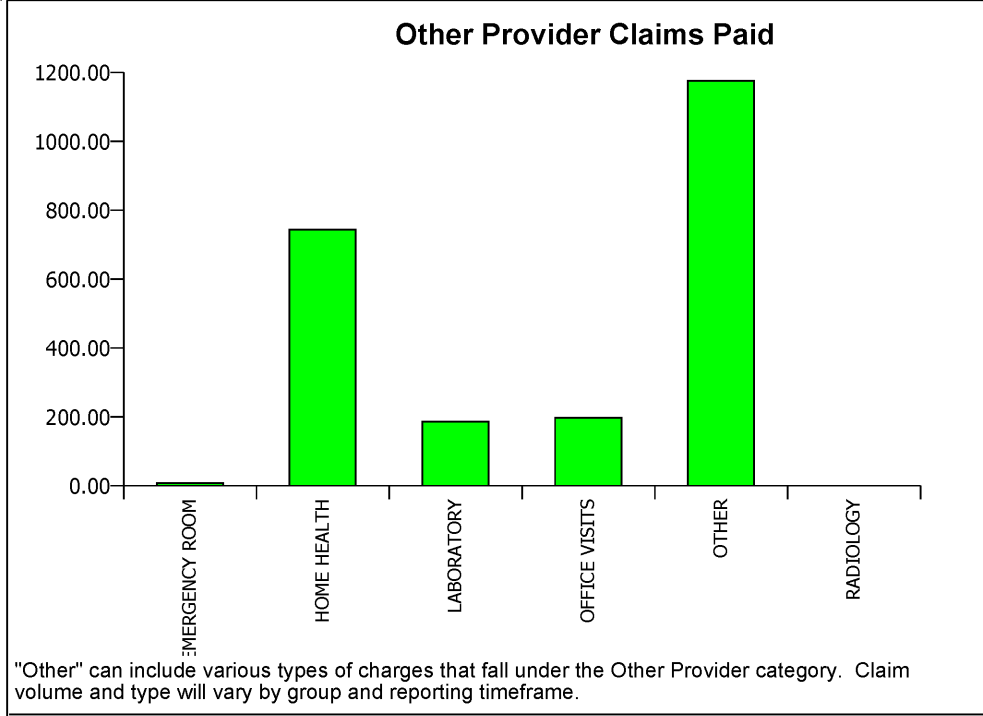
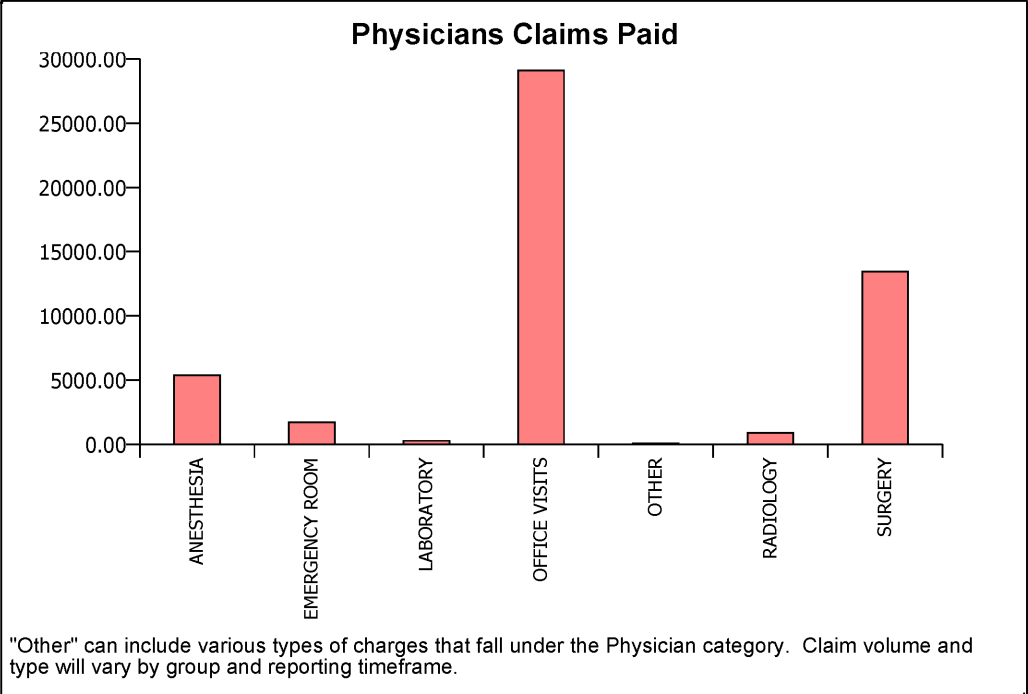
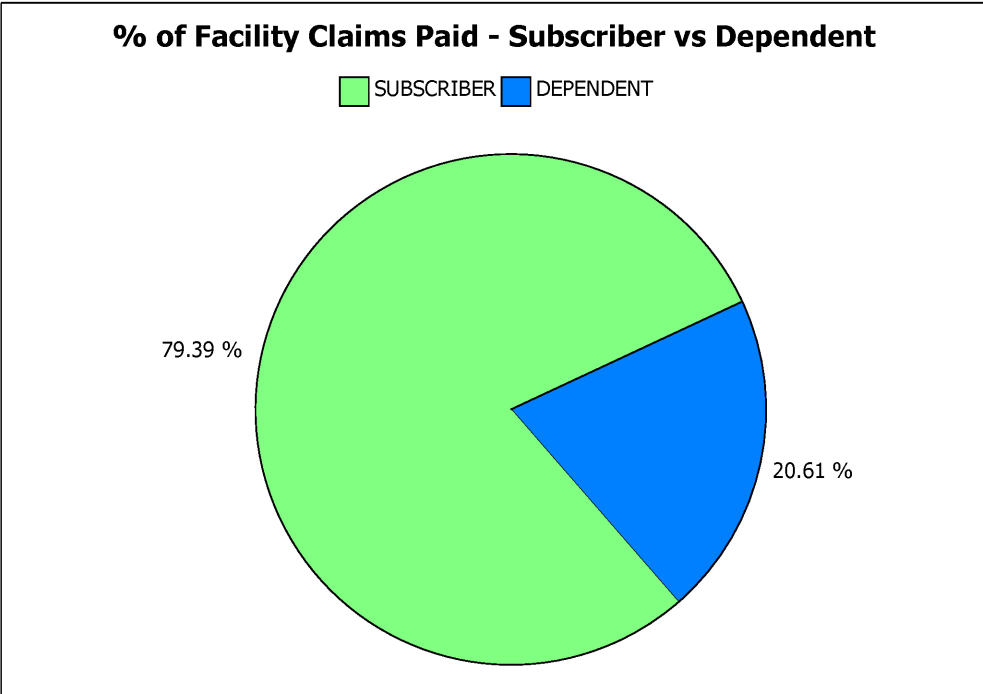
PAID FROM 01/01/2019 THROUGH 03/31/2019

		SUBSCRIBER	DEPENDENT	COMBINED
		PAID	PAID	PAID
FACILITY	INPATIENT	59,133.08	0.00	59,133.08
	OUTPATIENT	66,103.46	32,509.37	98,612.83
FACILITY SUBTOTAL		125,236.54	32,509.37	157,745.91
PHYSICIANS	ANESTHESIA	4,459.99	919.66	5,379.65
	EMERGENCY ROOM	1,435.89	266.87	1,702.76
	LABORATORY	243.91	26.81	270.72
	OFFICE VISITS	21,518.28	7,586.20	29,104.48
	OTHER	61.15	27.20	88.35
	RADIOLOGY	794.21	94.48	888.69
	SURGERY	11,020.86	2,414.71	13,435.57
PHYSICIANS SUBTOTAL		39,534.29	11,335.93	50,870.22
OTHER PROVIDERS	EMERGENCY ROOM	7.81	0.00	7.81
	HOME HEALTH	213.53	529.74	743.27
	LABORATORY	164.01	22.50	186.51
	OFFICE VISITS	82.40	114.63	197.03
	OTHER	1,176.08	0.00	1,176.08
	RADIOLOGY	0.00	0.00	0.00
OTHER PROVIDERS SUBTOTAL		1,643.83	666.87	2,310.70
TOTAL		166,414.66	44,512.17	210,926.83

GROUP EXPERIENCE REPORT - PAID

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The following charts are a visual representation of the previous page's data for additional perspective on the areas of utilization within the group.



PAID FROM 01/01/2019 THROUGH 03/31/2019

	CLAIMS SUBSCRIBER PAID	SUBSCRIBER COUNT	CLAIMS DEPENDENT PAID	DEPENDENT COUNT	TOTAL PAID	TOTAL COUNT	EXPENSE PER CONTRACT PER MONTH	EXPENSE PER MEMBER PER MONTH
2019/01	81,724.79	174	9,309.82	61	91,034.61	235	523.19	387.38
2019/02	44,613.19	175	5,361.63	65	49,974.82	240	285.57	208.23
2019/03	40,076.68	172	29,840.72	62	69,917.40	234	406.50	298.79
	166,414.66	521	44,512.17	188	210,926.83	709	404.85	297.50

GROUP EXPERIENCE REPORT - PAID MONTHLY BASIS - MEDICAL

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PAID FROM 01/01/2019 THROUGH 03/31/2019

	PHARMACY SUBSCRIBER PAID	PHARMACY SUBSCRIBER COUNT	PHARMACY DEPENDENT PAID	PHARMACY DEPENDENT COUNT	TOTAL PAID	TOTAL COUNT	EXPENSES PER CONTRACT PER MONTH	EXPENSES PER MEMBER PER MONTH
2019/01	23,058.24	174	1,006.97	61	24,065.21	235	138.31	102.41
2019/02	11,938.77	175	21,530.68	65	33,469.45	240	191.25	139.46
2019/03	9,887.57	172	2,434.55	62	12,322.12	234	71.64	52.66
	44,884.58	521	24,972.20	188	69,856.78	709	134.08	98.53

GROUP EXPERIENCE REPORT - PAID MONTHLY BASIS - PHARMACY

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PAID FROM 01/01/2019 THROUGH 03/31/2019

Month Billed	Billed Amount	Month Received	Received Amount
2019/01	82,028.00	2019/01	82,028.00
2019/02	78,477.00	2019/02	78,477.00
2019/03	81,591.00	2019/03	81,591.00
Total:	<u>242,096.00</u>	Total:	<u>242,096.00</u>

GROUP EXPERIENCE REPORT - PREMIUM RECEIVED PER MONTH

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PAID FROM 01/01/2019 THROUGH 03/31/2019

	Paid	Percentage
S83511A SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INITIAL ENCOUNTER	25,707.46	12.19 %
S82142A DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INITIAL ENCOUNT	20,636.62	9.78 %
K8070 CALCULUS OF GALLBLADDER AND BILE DUCT WITHOUT CHOLECYSTI	19,290.94	9.15 %
E1151 TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATH	19,126.90	9.07 %
T8484XA PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLAN	12,227.21	5.80 %
K429 UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	11,085.70	5.26 %
M48061 SPINAL STEN LUMB REG W/O NEUROGENIC CLAUDICATION	10,283.94	4.88 %
K5732 DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR AB	8,655.10	4.10 %
R079 CHEST PAIN, UNSPECIFIED	8,005.62	3.80 %
R51 HEADACHE	5,137.53	2.44 %
M2021 HALLUX RIGIDUS, RIGHT FOOT	4,240.88	2.01 %
G43109 MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	4,237.61	2.01 %
I2510 ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY	4,126.43	1.96 %
I70222 ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH RES	3,765.00	1.78 %
Z0000 ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT	3,572.94	1.69 %
Z1211 ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	2,464.56	1.17 %
K8510 BILIARY ACUTE PANCREATITIS W/O NECROSIS INFECT	2,450.84	1.16 %
R531 WEAKNESS	2,238.57	1.06 %
Z1231 ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPL	2,144.81	1.02 %
L720 EPIDERMAL CYST	2,137.60	1.01 %
	171,536.26	81.33 %
Sum Other:	39,390.57	18.67 %
Sum All:	210,926.83	100.00 %

Top 20 Diagnoses - Paid

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PAID FROM 01/01/2019 THROUGH 03/31/2019

Rank	Drug Name	Drug Source	# of RXS	% of Total RXS	Paid Amount	% of Total Paid Amount
1	TREMFYA INJ 100MG/ML	Brand	1	0.15 %	\$20,493	29.34 %
2	HUMIRA PEN INJ 40MG/0.8	Brand	3	0.45 %	\$15,457	22.13 %
3	NOVOLOG INJ FLEXPEN	Brand	6	0.89 %	\$2,655	3.80 %
4	VRAYLAR CAP 1.5MG	Brand	1	0.15 %	\$2,274	3.26 %
5	TRULICITY INJ 1.5/0.5	Brand	3	0.45 %	\$2,110	3.02 %
6	FARXIGA TAB 5MG	Brand	3	0.45 %	\$2,097	3.00 %
7	ALBENDAZOLE TAB 200MG	Generic	1	0.15 %	\$2,051	2.94 %
8	VICTOZA INJ 18MG/3ML	Brand	3	0.45 %	\$1,700	2.43 %
9	XIFAXAN TAB 550MG	Brand	1	0.15 %	\$1,513	2.17 %
10	MYORISAN CAP 30MG	Generic	2	0.30 %	\$1,166	1.67 %
11	ANORO ELLIPT AER 62.5-25	Brand	3	0.45 %	\$1,122	1.61 %
12	VENLAFAXINE TAB 225MG ER	Generic	1	0.15 %	\$1,114	1.59 %
13	RASUVO INJ 25MG	Brand	3	0.45 %	\$979	1.40 %
14	SYMBICORT AER 160-4.5	Brand	3	0.45 %	\$914	1.31 %
15	TRINTELLIX TAB 10MG	Brand	1	0.15 %	\$914	1.31 %
16	XARELTO TAB 20MG	Brand	2	0.30 %	\$807	1.16 %
17	VASCEPA CAP 1GM	Brand	3	0.45 %	\$806	1.15 %
18	VYVANSE CAP 50MG	Brand	3	0.45 %	\$762	1.09 %
19	FLULAVAL QUA INJ 2018-19	Brand	24	3.57 %	\$739	1.06 %
20	CHANTIX TAB 1MG	Brand	2	0.30 %	\$659	0.94 %
21	CLARAVIS CAP 30MG	Generic	1	0.15 %	\$651	0.93 %
22	BYSTOLIC TAB 10MG	Brand	6	0.89 %	\$647	0.93 %
23	EPIDUO FORTE GEL 0.3-2.5%	Brand	1	0.15 %	\$492	0.70 %
24	JANUVIA TAB 100MG	Brand	1	0.15 %	\$409	0.58 %
25	CHANTIX PAK 0.5& 1MG	Brand	1	0.15 %	\$350	0.50 %
Sum:			79	11.74 %	\$62,882	90.01 %
Sum Other:			594	88.26 %	\$6,975	9.99 %
			673	100.00 %	\$69,857	100.00 %

Top 25 Drugs - Paid

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1st Quarter 2020



Provided for: CI2220 CHRISTIAN COUNTY

Group Experience Reports:

- Category Report
- Category Report Charts
- Medical by Month
- Pharmacy by Month
- Premium by Month
- Top 20 Diagnoses
- Top 25 Drugs

Dates: 01/01/2020 - 03/31/2020

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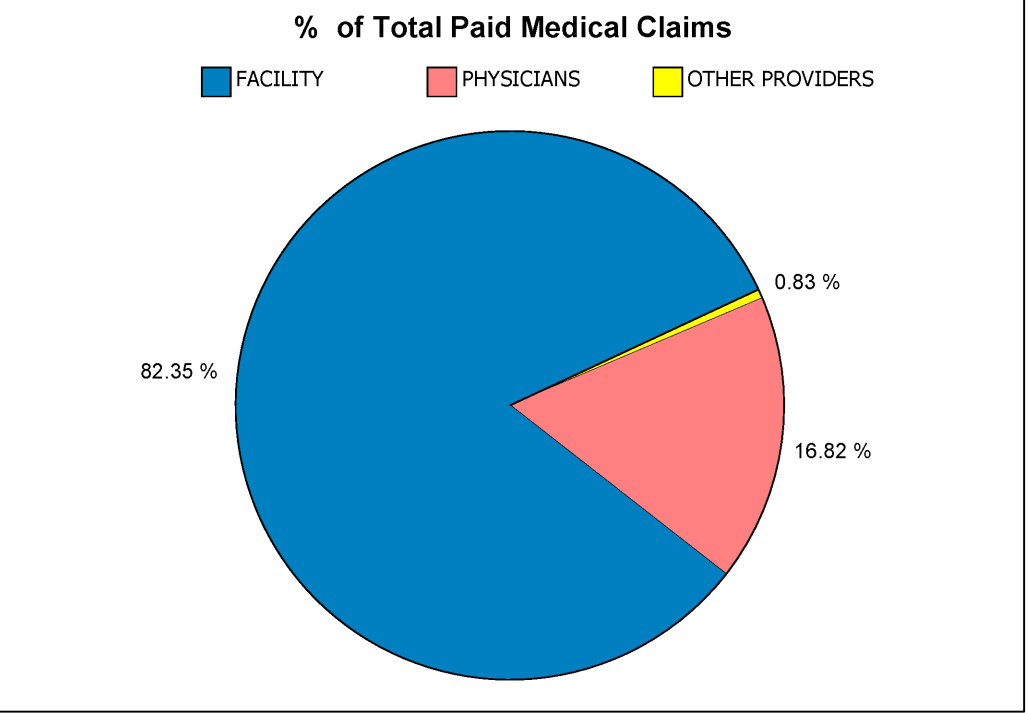
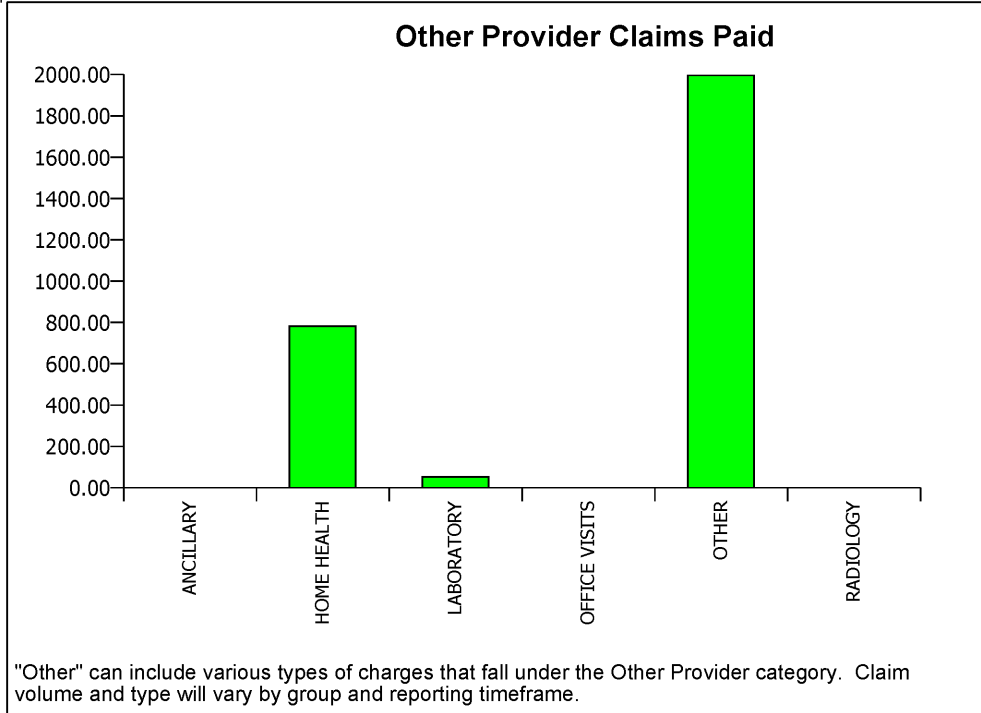
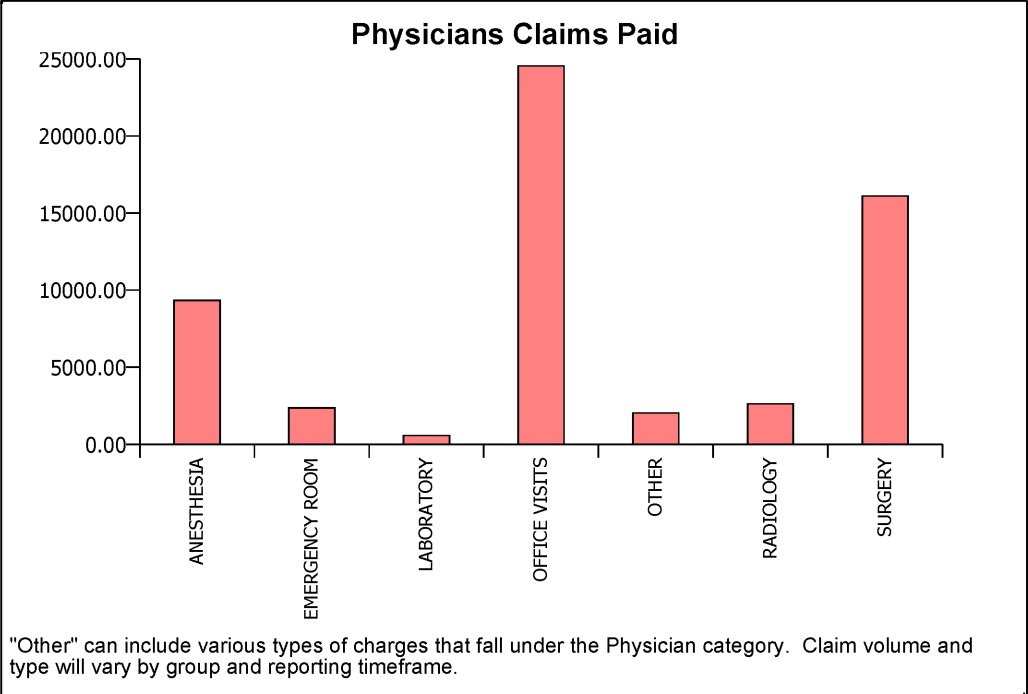
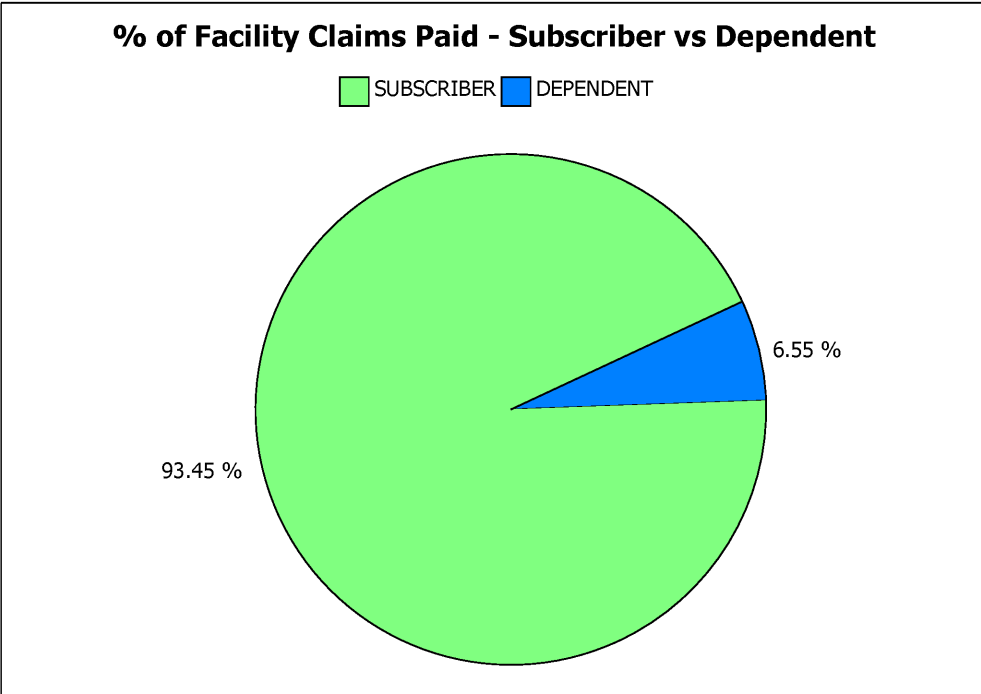
PAID FROM 01/01/2020 THROUGH 03/31/2020

		SUBSCRIBER	DEPENDENT	COMBINED
		PAID	PAID	PAID
FACILITY	INPATIENT	129,027.10	0.00	129,027.10
	OUTPATIENT	134,493.80	18,464.59	152,958.39
FACILITY SUBTOTAL		263,520.90	18,464.59	281,985.49
PHYSICIANS	ANESTHESIA	8,884.95	459.83	9,344.78
	EMERGENCY ROOM	1,625.26	733.11	2,358.37
	LABORATORY	554.46	22.18	576.64
	OFFICE VISITS	18,329.23	6,226.55	24,555.78
	OTHER	1,955.20	83.18	2,038.38
	RADIOLOGY	2,567.93	55.11	2,623.04
	SURGERY	13,950.05	2,165.80	16,115.85
PHYSICIANS SUBTOTAL		47,867.08	9,745.76	57,612.84
OTHER PROVIDERS	ANCILLARY	0.00	0.00	0.00
	HOME HEALTH	390.14	392.55	782.69
	LABORATORY	52.43	0.00	52.43
	OFFICE VISITS	0.00	0.00	0.00
	OTHER	0.00	1,995.61	1,995.61
	RADIOLOGY	0.00	0.00	0.00
OTHER PROVIDERS SUBTOTAL		442.57	2,388.16	2,830.73
TOTAL		311,830.55	30,598.51	342,429.06

GROUP EXPERIENCE REPORT - PAID

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The following charts are a visual representation of the previous page's data for additional perspective on the areas of utilization within the group.



PAID FROM 01/01/2020 THROUGH 03/31/2020

	CLAIMS SUBSCRIBER PAID	SUBSCRIBER COUNT	CLAIMS DEPENDENT PAID	DEPENDENT COUNT	TOTAL PAID	TOTAL COUNT	EXPENSE PER CONTRACT PER MONTH	EXPENSE PER MEMBER PER MONTH
2020/01	41,856.24	182	8,235.23	65	50,091.47	247	275.23	202.80
2020/02	71,142.13	183	18,652.37	66	89,794.50	249	490.68	360.62
2020/03	198,832.18	178	3,710.91	64	202,543.09	242	1,137.88	836.95
	311,830.55	543	30,598.51	195	342,429.06	738	630.62	464.00

GROUP EXPERIENCE REPORT - PAID MONTHLY BASIS - MEDICAL

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PAID FROM 01/01/2020 THROUGH 03/31/2020

	PHARMACY SUBSCRIBER PAID	PHARMACY SUBSCRIBER COUNT	PHARMACY DEPENDENT PAID	PHARMACY DEPENDENT COUNT	TOTAL PAID	TOTAL COUNT	EXPENSES PER CONTRACT PER MONTH	EXPENSES PER MEMBER PER MONTH
2020/01	10,113.66	182	2,052.63	65	12,166.29	247	66.85	49.26
2020/02	12,621.45	183	8,953.29	66	21,574.74	249	117.89	86.65
2020/03	16,692.19	178	9,332.61	64	26,024.80	242	146.21	107.54
	39,427.30	543	20,338.53	195	59,765.83	738	110.07	80.98

GROUP EXPERIENCE REPORT - PAID MONTHLY BASIS - PHARMACY

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PAID FROM 01/01/2020 THROUGH 03/31/2020

Month Billed	Billed Amount	Month Received	Received Amount
2020/01	86,844.00	2020/01	86,844.00
2020/02	88,771.00	2020/02	88,771.00
2020/03	88,632.00	2020/03	88,632.00
Total:	264,247.00	Total:	264,247.00

GROUP EXPERIENCE REPORT - PREMIUM RECEIVED PER MONTH

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PAID FROM 01/01/2020 THROUGH 03/31/2020

		Paid	Percentage
Z510	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	79,910.94	23.34 %
I714	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	60,809.80	17.76 %
C252	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	43,456.84	12.69 %
M4803	SPINAL STENOSIS, CERVICOTHORACIC REGION	26,018.76	7.60 %
S7001X	CONTUSION OF RIGHT HIP, INITIAL ENCOUNTER	12,175.07	3.56 %
M545	LOW BACK PAIN	9,730.66	2.84 %
C021	MALIGNANT NEOPLASM OF BORDER OF TONGUE	8,084.78	2.36 %
Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	7,243.92	2.12 %
M1812	UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARP	7,096.28	2.07 %
K8689	OTHER SPECIFIED DISEASES OF PANCREAS	6,879.94	2.01 %
R1013	EPIGASTRIC PAIN	4,996.57	1.46 %
T18128A	FOOD IN ESOPHAGUS CAUSING OTHER INJURY, INITIAL ENCOUNTER	4,790.11	1.40 %
J343	HYPERTROPHY OF NASAL TURBINATES	4,515.90	1.32 %
M4802	SPINAL STENOSIS, CERVICAL REGION	3,781.37	1.10 %
N10	ACUTE PYELONEPHRITIS	3,054.49	0.89 %
Z0000	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT	2,566.68	0.75 %
M5412	RADICULOPATHY, CERVICAL REGION	2,557.57	0.75 %
C099	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	2,549.55	0.74 %
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	2,268.49	0.66 %
N840	POLYP OF CORPUS UTERI	2,262.96	0.66 %
		294,750.68	86.08 %
	Sum Other:	47,678.38	13.92 %
	Sum All:	342,429.06	100.00 %

Top 20 Diagnoses - Paid

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PAID FROM 01/01/2020 THROUGH 03/31/2020

Rank	Drug Name	Drug Source	# of RXS	% of Total RXS	Paid Amount	% of Total Paid Amount
1	TREMFYA INJ 100MG/ML	Brand	1	0.13 %	\$7,256	12.14 %
2	EMSAM DIS 6MG/24HR	Brand	1	0.13 %	\$4,645	7.77 %
3	REXULTI TAB 2MG	Brand	3	0.40 %	\$3,294	5.51 %
4	XELJANZ XR TAB 11MG	Brand	1	0.13 %	\$3,000	5.02 %
5	ODEFSEY TAB	Brand	1	0.13 %	\$2,783	4.66 %
6	ENBREL MINI INJ 50MG/ML	Brand	1	0.13 %	\$2,577	4.31 %
7	VRAYLAR CAP 1.5MG	Brand	1	0.13 %	\$2,307	3.86 %
8	TROKENDI XR CAP 25MG	Brand	2	0.27 %	\$2,110	3.53 %
9	XIFAXAN TAB 550MG	Brand	1	0.13 %	\$1,705	2.85 %
10	OZEMPIC INJ 2/1.5ML	Brand	2	0.27 %	\$1,508	2.52 %
11	TRULICITY INJ 0.75/0.5	Brand	2	0.27 %	\$1,482	2.48 %
12	TRINTELLIX TAB 20MG	Brand	4	0.54 %	\$1,429	2.39 %
13	CLARAVIS CAP 30MG	Generic	2	0.27 %	\$1,326	2.22 %
14	JANUVIA TAB 100MG	Brand	3	0.40 %	\$1,278	2.14 %
15	BREO ELLIPTA INH 100-25	Brand	3	0.40 %	\$1,269	2.12 %
16	NOVOLOG INJ FLEXPEN	Brand	3	0.40 %	\$1,092	1.83 %
17	CHANTIX TAB 1MG	Brand	3	0.40 %	\$1,067	1.79 %
18	DEXTROAMPHET CAP 10MG ER	Generic	3	0.40 %	\$997	1.67 %
19	SYMBICORT AER 160-4.5	Brand	3	0.40 %	\$939	1.57 %
20	TRESIBA FLEX INJ 200UNIT	Brand	1	0.13 %	\$835	1.40 %
21	VYVANSE CAP 50MG	Brand	3	0.40 %	\$828	1.38 %
22	FLULAVAL QUA INJ 2019-20	Brand	26	3.51 %	\$786	1.32 %
23	ELIQUIS TAB 2.5MG	Brand	0	0.00 %	\$766	1.28 %
24	CHANTIX PAK 0.5& 1MG	Brand	2	0.27 %	\$712	1.19 %
25	DEXILANT CAP 60MG DR	Brand	1	0.13 %	\$701	1.17 %
Sum:			73	9.85 %	\$46,693	78.13 %
Sum Other:			668	90.15 %	\$13,073	21.87 %
			741	100.00 %	\$59,766	100.00 %

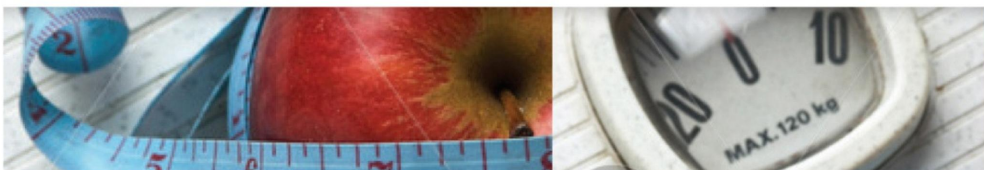
Top 25 Drugs - Paid

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THINKING HEALTH FORWARD

Prescription Drug Reports



1st Quarter 2019



Rx Executive Summary

Date Filled From 01/01/2019 through 03/31/2019

CI2220 - CHRISTIAN COUNTY

2019_Q1

Rolling Total for 1 Quarters

Membership Summary		
Member Count	243	243
Utilizing Member Count	128	128
Percent Utilizing	52.7 %	52.7 %
Claim Summary		
Net Claims (Mail/Retail)	652	652
Claims per Elig Member per Quarter	2.68	2.68
Total Claims for Brand	76	76
Total Claims for Generic	576	576
Generic % of Total Claims	88.3 %	88.3 %
Mail Order Claims	2	2
Mail Order % of Total Claims	0.3 %	0.3 %
Claims Cost Summary		
Total Prescription Cost	77,020.98	77,020.98
Total Ingredient Cost	76,591.47	76,591.47
Total Dispensing Fee	429.51	429.51
Total Other (e.g. tax)	0.00	0.00
Avg Total Cost per Claim	118.13	118.13
Avg Total Cost for Brand	821.57	821.57
Avg Total Cost for Generic	25.32	25.32
Member Cost Summary		
Total Copay	7,365.37	7,365.37
Avg Copay per Claim	11.30	11.30
Avg Copay for Brand	35.78	35.78
Avg Copay for Generic	8.07	8.07
Copay % of Total Prescription Cost	9.56 %	9.56 %
Plan Cost Summary		
Total Plan Cost	69,655.61	69,655.61
Total Specialty Drug Cost	35,949.88	35,949.88
Increase % Total Cost over Last Qtr		
Avg Plan Cost per Claim	106.83	106.83
Avg Plan Cost for Brand	785.79	785.79
Avg Plan Cost for Generic	17.25	17.25
Net PMPM	95.55	95.55
PMPM for Specialty Only	49.31	49.31
PMPM without Specialty	46.24	46.24
Other Summary		
Patients 7 or more Claims/Month	7	7
Top 5 Drugs		
	TREMFYA INJ 100	TREMFYA INJ 100
	HUMIRA PEN INJ 40	HUMIRA PEN INJ 40
	NOVOLOG INJ FL	NOVOLOG INJ FL
	VRAYLAR CAP 1.5MG	VRAYLAR CAP 1.5MG
	TRULICITY INJ 1.5/0.5	TRULICITY INJ 1.5/0.5

Specialty Detail Report by Drug

Date Filled From 01/01/2019 through 03/31/2019

CI2220 - CHRISTIAN COUNTY

Drug Name	# Members	Claims	Plan Ingredient Cost	Plan Dispensing Fee	Plan Cost	Member Copayment	Avg Plan Cost	Avg Member Copay
HUMIRA PEN INJ 40MG/0.8	1	3	15,456.00	1.08	15,457.08	0.00	5,152.36	0.00
TREMFYA INJ 100MG/ML	1	1	20,592.80	0.00	20,492.80	100.00	20,492.80	100.00
Total Net Claims		4		Total Plan Cost	35,949.88			

Top 25 Drugs by Cost

Date Filled From 01/01/2019 through 03/31/2019

CI2220 - CHRISTIAN COUNTY

Drug Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
TREMFYA INJ 100MG/ML	1	0.15 %	100.00%	20,592.80	26.89 %	100.00	1.36 %	20,592.80	100.00	1
HUMIRA PEN INJ 40MG/0.8	3	0.46 %	100.00%	15,456.00	20.18 %	0.00	0.00 %	5,152.00	0.00	1
NOVOLOG INJ FLEXPEN	6	0.92 %	100.00%	2,861.32	3.74 %	210.00	2.85 %	476.89	35.00	2
VRAYLAR CAP 1.5MG	1	0.15 %	100.00%	2,348.78	3.07 %	75.00	1.02 %	2,348.78	75.00	1
FARXIGA TAB 5MG	3	0.46 %	100.00%	2,270.50	2.96 %	175.00	2.38 %	756.83	58.33	2
TRULICITY INJ 1.5/0.5	3	0.46 %	100.00%	2,210.92	2.89 %	105.00	1.43 %	736.97	35.00	1
ALBENDAZOLE TAB 200MG	1	0.15 %	0.00%	2,060.33	2.69 %	10.00	0.14 %	2,060.33	10.00	1
VICTOZA INJ 18MG/3ML	3	0.46 %	100.00%	1,803.00	2.35 %	105.00	1.43 %	601.00	35.00	1
XIFAXAN TAB 550MG	1	0.15 %	100.00%	1,547.00	2.02 %	35.00	0.48 %	1,547.00	35.00	1
ANORO ELLIPT AER 62.5-25	3	0.46 %	100.00%	1,223.85	1.60 %	105.00	1.43 %	407.95	35.00	1
MYORISAN CAP 30MG	2	0.31 %	0.00%	1,184.00	1.55 %	20.00	0.27 %	592.00	10.00	1
VENLAFAXINE TAB 225MG ER	1	0.15 %	0.00%	1,144.18	1.49 %	30.00	0.41 %	1,144.18	30.00	1
EPIDUO FORTE GEL 0.3-2.5%	2	0.31 %	100.00%	1,052.48	1.37 %	70.00	0.95 %	526.24	35.00	1
TRINTELLIX TAB 10MG	1	0.15 %	100.00%	1,018.64	1.33 %	105.00	1.43 %	1,018.64	105.00	1
SYMBICORT AER 160-4.5	3	0.46 %	100.00%	1,017.60	1.33 %	105.00	1.43 %	339.20	35.00	1
RASUVO INJ 25MG	3	0.46 %	100.00%	978.78	1.28 %	0.00	0.00 %	326.26	0.00	1
VASCEPA CAP 1GM	3	0.46 %	100.00%	907.32	1.18 %	105.00	1.43 %	302.44	35.00	1
XARELTO TAB 20MG	2	0.31 %	100.00%	876.28	1.14 %	70.00	0.95 %	438.14	35.00	1
VYVANSE CAP 50MG	3	0.46 %	100.00%	865.50	1.13 %	105.00	1.43 %	288.50	35.00	1
BYSTOLIC TAB 10MG	6	0.92 %	100.00%	852.90	1.11 %	210.00	2.85 %	142.15	35.00	2
CHANTIX TAB 1MG	2	0.31 %	100.00%	807.92	1.05 %	150.00	2.04 %	403.96	75.00	1
CLARAVIS CAP 30MG	1	0.15 %	0.00%	660.00	0.86 %	10.00	0.14 %	660.00	10.00	1
JANUVIA TAB 100MG	1	0.15 %	100.00%	443.17	0.58 %	35.00	0.48 %	443.17	35.00	1
BYSTOLIC TAB 20MG	3	0.46 %	100.00%	432.63	0.56 %	105.00	1.43 %	144.21	35.00	1
CHANTIX PAK 0.5& 1MG	1	0.15 %	100.00%	424.17	0.55 %	75.00	1.02 %	424.17	75.00	1
	59	9.05 %		65,040.07	84.92 %	2,115.00	28.72 %			28

Top 25 Drugs by Rx

Date Filled From 01/01/2019 through 03/31/2019

CI2220 - CHRISTIAN COUNTY

Drug Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
METFORMIN TAB 500MG	16	2.45 %	0.00%	29.98	0.04 %	40.48	0.55 %	1.87	2.53	8
LISINAPRIL TAB 20MG	11	1.69 %	0.00%	48.23	0.06 %	50.51	0.69 %	4.38	4.59	9
HYDROCO/APAP TAB 5-325MG	10	1.53 %	0.00%	109.08	0.14 %	78.76	1.07 %	10.91	7.88	5
OMEPRAZOLE CAP 40MG	10	1.53 %	0.00%	50.52	0.07 %	56.52	0.77 %	5.05	5.65	5
BUPROPION HCL TAB 150MG XL	9	1.38 %	0.00%	161.80	0.21 %	110.00	1.49 %	17.98	12.22	5
OMEPRAZOLE CAP 20MG	9	1.38 %	0.00%	35.08	0.05 %	39.36	0.53 %	3.90	4.37	7
PREDNISON TAB 20MG	9	1.38 %	0.00%	15.53	0.02 %	24.83	0.34 %	1.73	2.76	8
TRAMADOL HCL TAB 50MG	9	1.38 %	0.00%	16.40	0.02 %	22.35	0.30 %	1.82	2.48	6
AMLODIPINE TAB 10MG	8	1.23 %	0.00%	30.01	0.04 %	36.91	0.50 %	3.75	4.61	3
AZITHROMYCIN TAB 250MG	8	1.23 %	0.00%	32.00	0.04 %	39.50	0.54 %	4.00	4.94	8
ALPRAZOLAM TAB 0.5MG	7	1.07 %	0.00%	11.58	0.02 %	16.68	0.23 %	1.65	2.38	4
AMOX/K CLAV TAB 875-125	7	1.07 %	0.00%	52.89	0.07 %	58.03	0.79 %	7.56	8.29	7
ATORVASTATIN TAB 20MG	7	1.07 %	0.00%	70.20	0.09 %	73.08	0.99 %	10.03	10.44	4
CELECOXIB CAP 200MG	7	1.07 %	0.00%	199.38	0.26 %	90.00	1.22 %	28.48	12.86	3
GABAPENTIN CAP 100MG	7	1.07 %	0.00%	34.92	0.05 %	36.01	0.49 %	4.99	5.14	4
METFORMIN TAB 500MG ER	7	1.07 %	0.00%	47.40	0.06 %	54.12	0.73 %	6.77	7.73	3
AMOXICILLIN CAP 500MG	6	0.92 %	0.00%	15.39	0.02 %	19.29	0.26 %	2.57	3.22	5
ATORVASTATIN TAB 40MG	6	0.92 %	0.00%	101.24	0.13 %	101.46	1.38 %	16.87	16.91	5
AZURETTE TAB 28 DAY	6	0.92 %	0.00%	149.76	0.20 %	60.00	0.81 %	24.96	10.00	2
BENZONATATE CAP 100MG	6	0.92 %	0.00%	34.43	0.04 %	40.47	0.55 %	5.74	6.75	5
BYSTOLIC TAB 10MG	6	0.92 %	100.00%	852.90	1.11 %	210.00	2.85 %	142.15	35.00	2
LEVOTHYROXIN TAB 112MCG	6	0.92 %	0.00%	117.01	0.15 %	80.00	1.09 %	19.50	13.33	3
MELOXICAM TAB 7.5MG	6	0.92 %	0.00%	8.08	0.01 %	11.68	0.16 %	1.35	1.95	3
METOPROLOL SUC TAB 100MG ER	6	0.92 %	0.00%	82.82	0.11 %	60.00	0.81 %	13.80	10.00	2
NOVOLOG INJ FLEXPEN	6	0.92 %	100.00%	2,861.32	3.74 %	210.00	2.85 %	476.89	35.00	2
ONDANSETRON TAB 8MG	6	0.92 %	0.00%	23.46	0.03 %	28.86	0.39 %	3.91	4.81	1
PROMETHAZINE SYP DM	6	0.92 %	0.00%	21.39	0.03 %	27.39	0.37 %	3.57	4.57	6
	207	31.75 %		5,212.80		1,676.29	22.76 %			125

Top 25 Prescribers by Rx

Date Filled From 01/01/2019 through 03/31/2019

CI2220 - CHRISTIAN COUNTY

Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
TAYLOR, MARSHA A	38	5.83 %	13.16 %	1,888.65	2.47 %	483.24	6.56 %	49.70	12.72	4
SETTLE, JULIE L	28	4.29 %	17.86 %	4,024.47	5.25 %	434.18	5.89 %	143.73	15.51	6
LEGRIS, JUSTIN S	27	4.14 %	0.0 %	485.46	0.63 %	264.93	3.60 %	17.98	9.81	4
LOPEZ, MISTY R	26	3.99 %	7.69 %	3,578.71	4.67 %	375.37	5.10 %	137.64	14.44	8
DUFF, BRIAN J	23	3.53 %	4.35 %	686.80	0.90 %	273.12	3.71 %	29.86	11.87	7
KROUTIL, CANDISE D	18	2.76 %	0.0 %	466.91	0.61 %	191.58	2.60 %	25.94	10.64	3
POWERS, ROBERT W	18	2.76 %	0.0 %	83.55	0.11 %	81.10	1.10 %	4.64	4.51	1
CONDUFF, LESTER	17	2.61 %	17.65 %	566.41	0.74 %	198.46	2.69 %	33.32	11.67	2
BRIDGES, JANIECE R	16	2.45 %	18.75 %	1,473.37	1.92 %	255.00	3.46 %	92.09	15.94	2
GLYNN, PAUL B	16	2.45 %	16.67 %	570.37	0.74 %	185.89	2.52 %	35.65	11.62	2
CHOE, MIRA L	12	1.84 %	0.0 %	1,561.79	2.04 %	206.94	2.81 %	130.15	17.25	2
REINBOLD, THOMAS R	10	1.53 %	0.0 %	83.40	0.11 %	84.42	1.15 %	8.34	8.44	1
RODMAN, JEANNE I	10	1.53 %	20.00 %	885.55	1.16 %	215.93	2.93 %	88.56	21.59	1
ROBINSON, DENNIS E	9	1.38 %	0.0 %	117.48	0.15 %	67.43	0.92 %	13.05	7.49	2
SONDERMANN, TERESA	9	1.38 %	0.0 %	585.04	0.76 %	72.85	0.99 %	65.00	8.09	1
SVOBODA, JON BEN D	9	1.38 %	100.00 %	4,586.92	5.99 %	315.00	4.28 %	509.66	35.00	2
FLAX, JULIA L	8	1.23 %	0.0 %	96.43	0.13 %	67.91	0.92 %	12.05	8.49	4
KAOUS, SHAHID	8	1.23 %	0.0 %	78.76	0.10 %	73.96	1.00 %	9.84	9.25	1
KOINZAN- BOYD, KRISTA L	8	1.23 %	12.50 %	118.95	0.16 %	76.53	1.04 %	14.87	9.57	1
MOORE, WILLIAM C	8	1.23 %	0.0 %	136.38	0.18 %	86.02	1.17 %	17.05	10.75	1
BRAY, MARLANA M	7	1.07 %	0.0 %	36.95	0.05 %	44.15	0.60 %	5.28	6.31	2
COONCE, SUSAN	7	1.07 %	14.29 %	83.73	0.11 %	69.12	0.94 %	11.96	9.87	2
LUTHY, SIU P	7	1.07 %	14.29 %	274.21	0.36 %	75.81	1.03 %	39.17	10.83	3
PRESLEY, KEVIN M	7	1.07 %	0.0 %	57.00	0.07 %	37.41	0.51 %	8.14	5.34	1
WEIS, MATTHEW A	7	1.07 %	28.57 %	654.30	0.85 %	120.25	1.63 %	93.47	17.18	3
WOODS, MARK A	7	1.07 %	0.0 %	411.68	0.54 %	105.74	1.44 %	58.81	15.11	4
Sum:	360	55.21 %		23,593.27		4,462.34	60.59 %			70

Top 25 Pharmacies by Rx

Date Filled From 01/01/2019 through 03/31/2019

CI2220 - CHRISTIAN COUNTY

Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
FAMILY PHARMACY #1	86	13.19 %	3.49 %	1,186.38	1.55 %	562.39	7.64 %	13.80	6.54	14
WALGREENS #9929	86	13.19 %	4.49 %	4,458.29	5.82 %	1,043.05	14.16 %	51.84	12.13	18
FAMILY PHARMACY #6	77	11.81 %	14.29 %	6,897.18	9.01 %	1,058.70	14.37 %	89.57	13.75	6
WALMART PHARMACY 10-0379	73	11.20 %	8.54 %	3,654.61	4.77 %	771.69	10.48 %	50.06	10.57	15
WALMART PHARMACY 10-2702	40	6.13 %	10.00 %	1,295.63	1.69 %	478.92	6.50 %	32.39	11.97	7
WALGREENS #5289	31	4.75 %	25.00 %	4,857.99	6.34 %	577.27	7.84 %	156.71	18.62	13
WALGREENS #9022	22	3.37 %	0.0 %	1,424.92	1.86 %	168.37	2.29 %	64.77	7.65	8
FAMILY PHARMACY #27	18	2.76 %	55.56 %	4,402.52	5.75 %	377.66	5.13 %	244.58	20.98	4
WALGREENS #3690	17	2.61 %	0.0 %	856.06	1.12 %	150.77	2.05 %	50.36	8.87	5
THE PHARMACY @ PLEASANT HOPE	16	2.45 %	0.0 %	149.83	0.20 %	83.83	1.14 %	9.36	5.24	2
WALMART PHARMACY 10-0143	16	2.45 %	12.50 %	428.82	0.56 %	84.18	1.14 %	26.80	5.26	1
WALMART PHARMACY 10-1009	16	2.45 %	18.75 %	1,054.75	1.38 %	213.43	2.90 %	65.92	13.34	2
WALGREENS #3688	14	2.15 %	0.0 %	99.18	0.13 %	68.71	0.93 %	7.08	4.91	5
WALGREENS #4989	14	2.15 %	8.33 %	1,099.90	1.44 %	129.42	1.76 %	78.56	9.24	4
DOWNTOWN DRUG	11	1.69 %	18.18 %	890.95	1.16 %	221.69	3.01 %	81.00	20.15	1
FAMILY PHARMACY #14	11	1.69 %	9.09 %	158.70	0.21 %	110.12	1.50 %	14.43	10.01	2
WALMART PHARMACY 10-0179	10	1.53 %	10.00 %	97.53	0.13 %	84.42	1.15 %	9.75	8.44	1
COXHEALTH PHARMACY	9	1.38 %	88.89 %	16,533.35	21.59 %	10.00	0.14 %	1,837.04	1.11	4
GEORGE'S PHARMACY	7	1.07 %	42.86 %	960.13	1.25 %	162.19	2.20 %	137.16	23.17	1
HIXSON DRUG	7	1.07 %	0.0 %	85.39	0.11 %	56.58	0.77 %	12.20	8.08	3
LAKELAND PHARMACY	7	1.07 %	0.0 %	82.88	0.11 %	61.45	0.83 %	11.84	8.78	1
WALMART PHARMACY 10-0166	7	1.07 %	0.0 %	152.36	0.20 %	63.50	0.86 %	21.77	9.07	2
WALGREENS #11502	6	0.92 %	100.00 %	1,673.84	2.19 %	219.99	2.99 %	278.97	36.67	1
WALGREENS #5288	6	0.92 %	0.0 %	49.65	0.06 %	54.71	0.74 %	8.28	9.12	2
WALGREENS #7901	6	0.92 %	0.0 %	54.95	0.07 %	59.75	0.81 %	9.16	9.96	1
Sum:	613	94.02 %		52,605.79		6,872.79	93.31 %			123

1st Quarter 2020



Rx Executive Summary

Date Filled From 01/01/2020 through 03/31/2020

CI2220 - CHRISTIAN COUNTY

2020_Q1

Rolling Total for 1
Quarters

Membership Summary		
Member Count	253	253
Utilizing Member Count	142	142
Percent Utilizing	56.1 %	56.1 %
Claim Summary		
Net Claims (Mail/Retail)	744	744
Claims per Elig Member per Quarter	2.94	2.94
Total Claims for Brand	129	129
Total Claims for Generic	615	615
Generic % of Total Claims	82.7 %	82.7 %
Mail Order Claims	8	8
Mail Order % of Total Claims	1.1 %	1.1 %
Claims Cost Summary		
Total Prescription Cost	69,316.10	69,316.10
Total Ingredient Cost	68,881.51	68,881.51
Total Dispensing Fee	434.59	434.59
Total Other (e.g. tax)	0.00	0.00
Avg Total Cost per Claim	93.17	93.17
Avg Total Cost for Brand	432.61	432.61
Avg Total Cost for Generic	21.97	21.97
Member Cost Summary		
Total Copay	9,016.19	9,016.19
Avg Copay per Claim	12.12	12.12
Avg Copay for Brand	34.03	34.03
Avg Copay for Generic	7.52	7.52
Copay % of Total Prescription Cost	13.01 %	13.01 %
Plan Cost Summary		
Total Plan Cost	60,299.91	60,299.91
Total Specialty Drug Cost	15,616.19	15,616.19
Increase % Total Cost over Last Qtr		
Avg Plan Cost per Claim	81.05	81.05
Avg Plan Cost for Brand	398.58	398.58
Avg Plan Cost for Generic	14.44	14.44
Net PMPM	79.45	79.45
PMPM for Specialty Only	20.57	20.57
PMPM without Specialty	58.87	58.87
Other Summary		
Patients 7 or more Claims/Month	11	11
Top 5 Drugs		
	TREMFYA INJ 100	TREMFYA INJ 100
	ODEFSEY TAB	ODEFSEY TAB
	EMSAM DIS 6MG	EMSAM DIS 6MG
	REXULTI TAB 2MG	REXULTI TAB 2MG
	XELJANZ XR TAB 1	XELJANZ XR TAB 11MG

Specialty Detail Report by Drug

Date Filled From 01/01/2020 through 03/31/2020

CI2220 - CHRISTIAN COUNTY

Drug Name	# Members	Claims	Plan Ingredient Cost	Plan Dispensing Fee	Plan Cost	Member Copayment	Avg Plan Cost	Avg Member Copay
ENBREL MINI INJ 50MG/ML	1	1	2,577.00	0.36	2,577.36	0.00	2,577.36	0.00
ODEFSEY TAB	1	1	2,882.27	0.35	2,782.62	100.00	2,782.62	100.00
TREMFYA INJ 100MG/ML	1	1	7,355.85	0.00	7,255.85	100.00	7,255.85	100.00
XELJANZ XR TAB 11MG	1	1	3,000.00	0.36	3,000.36	0.00	3,000.36	0.00
Total Net Claims		4		Total Plan Cost	15,616.19			

Top 25 Drugs by Cost

Date Filled From 01/01/2020 through 03/31/2020

CI2220 - CHRISTIAN COUNTY

Drug Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
TREMFYA INJ 100MG/ML	1	0.13 %	100.00%	7,355.85	10.68 %	100.00	1.11 %	7,355.85	100.00	1
EMSAM DIS 6MG/24HR	1	0.13 %	100.00%	4,869.85	7.07 %	225.00	2.50 %	4,869.85	225.00	1
REXULTI TAB 2MG	3	0.40 %	100.00%	3,396.84	4.93 %	105.00	1.16 %	1,132.28	35.00	1
XELJANZ XR TAB 11MG	1	0.13 %	100.00%	3,000.00	4.36 %	0.00	0.00 %	3,000.00	0.00	1
ODEFSEY TAB	1	0.13 %	100.00%	2,882.27	4.18 %	100.00	1.11 %	2,882.27	100.00	1
ENBREL MINI INJ 50MG/ML	1	0.13 %	100.00%	2,577.00	3.74 %	0.00	0.00 %	2,577.00	0.00	1
TROKENDI XR CAP 25MG	2	0.27 %	100.00%	2,408.48	3.50 %	300.00	3.33 %	1,204.24	150.00	1
VRAYLAR CAP 1.5MG	1	0.13 %	100.00%	2,381.08	3.46 %	75.00	0.83 %	2,381.08	75.00	1
XIFAXAN TAB 550MG	1	0.13 %	100.00%	1,738.83	2.52 %	35.00	0.39 %	1,738.83	35.00	1
OZEMPIC INJ 2/1.5ML	2	0.27 %	100.00%	1,576.68	2.29 %	70.00	0.78 %	788.34	35.00	1
TRINTELLIX TAB 20MG	4	0.54 %	100.00%	1,566.28	2.27 %	140.00	1.55 %	391.57	35.00	2
TRULICITY INJ 0.75/0.5	2	0.27 %	100.00%	1,549.96	2.25 %	70.00	0.78 %	774.98	35.00	1
BREO ELLIPTA INH 100-25	3	0.40 %	100.00%	1,406.72	2.04 %	140.00	1.55 %	468.91	46.67	1
JANUVIA TAB 100MG	3	0.40 %	100.00%	1,380.45	2.00 %	105.00	1.16 %	460.15	35.00	1
CLARAVIS CAP 30MG	2	0.27 %	0.00%	1,345.58	1.95 %	20.00	0.22 %	672.79	10.00	1
ELIQUIS TAB 2.5MG	1	0.13 %	100.00%	1,305.10	1.89 %	105.00	1.16 %	1,305.10	105.00	1
CHANTIX TAB 1MG	3	0.40 %	100.00%	1,290.00	1.87 %	225.00	2.50 %	430.00	75.00	1
NOVOLOG INJ FLEXPEN	3	0.40 %	100.00%	1,195.01	1.73 %	105.00	1.16 %	398.34	35.00	1
SYMBICORT AER 160-4.5	3	0.40 %	100.00%	1,041.69	1.51 %	105.00	1.16 %	347.23	35.00	1
DEXTROAMPHET CAP 10MG ER	3	0.40 %	0.00%	1,024.56	1.49 %	30.00	0.33 %	341.52	10.00	1
TRESIBA FLEX INJ 200UNIT	1	0.13 %	100.00%	939.57	1.36 %	105.00	1.16 %	939.57	105.00	1
VYVANSE CAP 50MG	3	0.40 %	100.00%	930.30	1.35 %	105.00	1.16 %	310.10	35.00	1
BYSTOLIC TAB 20MG	6	0.81 %	100.00%	877.14	1.27 %	210.00	2.33 %	146.19	35.00	2
CHANTIX PAK 0.5& 1MG	2	0.27 %	100.00%	860.00	1.25 %	150.00	1.66 %	430.00	75.00	2
FLULAVAL QUA INJ 2019-20	27	3.63 %	100.00%	817.80	1.19 %	0.00	0.00 %	30.29	0.00	26
	80	10.75 %		49,717.04	72.18 %	2,625.00	29.11 %			53

Top 25 Drugs by Rx

Date Filled From 01/01/2020 through 03/31/2020

CI2220 - CHRISTIAN COUNTY

Drug Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
FLULAVAL QUA INJ 2019-20	27	3.63 %	100.00%	817.80	1.19 %	0.00	0.00 %	30.29	0.00	26
LISINOPRIL TAB 20MG	14	1.88 %	0.00%	47.33	0.07 %	49.27	0.55 %	3.38	3.52	7
PREDNISONE TAB 20MG	12	1.61 %	0.00%	13.98	0.02 %	23.14	0.26 %	1.17	1.93	10
METFORMIN TAB 500MG	9	1.21 %	0.00%	43.03	0.06 %	46.23	0.51 %	4.78	5.14	6
OMEPRAZOLE CAP 40MG	9	1.21 %	0.00%	34.98	0.05 %	40.58	0.45 %	3.89	4.51	6
PROAIR HFA AER	9	1.21 %	100.00%	650.10	0.94 %	355.43	3.94 %	72.23	39.49	9
AZITHROMYCIN TAB 250MG	8	1.08 %	0.00%	14.40	0.02 %	20.36	0.23 %	1.80	2.55	8
FLUTICASONE SPR 50MCG	8	1.08 %	0.00%	45.84	0.07 %	52.24	0.58 %	5.73	6.53	6
HYDROCO/APAP TAB 5-325MG	8	1.08 %	0.00%	18.81	0.03 %	24.77	0.27 %	2.35	3.10	6
MONTELUKAST TAB 10MG	8	1.08 %	0.00%	53.06	0.08 %	57.06	0.63 %	6.63	7.13	6
SERTRALINE TAB 100MG	8	1.08 %	0.00%	71.64	0.10 %	74.84	0.83 %	8.96	9.36	5
ATORVASTATIN TAB 20MG	7	0.94 %	0.00%	135.27	0.20 %	136.87	1.52 %	19.32	19.55	5
CYCLOBENZAPR TAB 10MG	7	0.94 %	0.00%	13.69	0.02 %	16.57	0.18 %	1.96	2.37	3
DULOXETINE CAP 60MG	7	0.94 %	0.00%	98.19	0.14 %	59.19	0.66 %	14.03	8.46	3
MELOXICAM TAB 7.5MG	7	0.94 %	0.00%	16.83	0.02 %	21.63	0.24 %	2.40	3.09	3
OSELTAMIVIR CAP 75MG	7	0.94 %	0.00%	294.35	0.43 %	70.00	0.78 %	42.05	10.00	7
PANTOPRAZOLE TAB 40MG	7	0.94 %	0.00%	33.59	0.05 %	37.59	0.42 %	4.80	5.37	4
TESTOST CYP INJ 200MG/ML	7	0.94 %	0.00%	81.79	0.12 %	65.11	0.72 %	11.68	9.30	3
TRAMADOL HCL TAB 50MG	7	0.94 %	0.00%	10.74	0.02 %	16.34	0.18 %	1.53	2.33	3
AMLODIPINE TAB 10MG	6	0.81 %	0.00%	19.80	0.03 %	24.60	0.27 %	3.30	4.10	3
AMOXICILLIN CAP 500MG	6	0.81 %	0.00%	13.16	0.02 %	17.96	0.20 %	2.19	2.99	6
AMPHET/DEXTR TAB 20MG	6	0.81 %	0.00%	130.64	0.19 %	60.00	0.67 %	21.77	10.00	3
ATORVASTATIN TAB 40MG	6	0.81 %	0.00%	90.01	0.13 %	92.41	1.02 %	15.00	15.40	5
BENZONATATE CAP 100MG	6	0.81 %	0.00%	10.77	0.02 %	15.57	0.17 %	1.80	2.60	6
BUPROPN HCL TAB 150MG XL	6	0.81 %	0.00%	114.02	0.17 %	100.00	1.11 %	19.00	16.67	4
BYSTOLIC TAB 20MG	6	0.81 %	100.00%	877.14	1.27 %	210.00	2.33 %	146.19	35.00	2
GABAPENTIN CAP 100MG	6	0.81 %	0.00%	18.09	0.03 %	22.89	0.25 %	3.02	3.82	2
METFORMIN TAB 1000MG	6	0.81 %	0.00%	45.88	0.07 %	48.28	0.54 %	7.65	8.05	4
OMEPRAZOLE CAP 20MG	6	0.81 %	0.00%	43.92	0.06 %	43.92	0.49 %	7.32	7.32	7
236	31.72 %			3,858.85		1,802.85	20.00 %			168

Top 25 Prescribers by Rx

Date Filled From 01/01/2020 through 03/31/2020

CI2220 - CHRISTIAN COUNTY

Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
LOPEZ, MISTY R	31	4.17 %	17.65 %	1,899.57	2.76 %	380.71	4.22 %	61.28	12.28	7
CHOE, MIRA L	29	3.90 %	0.0 %	858.91	1.25 %	228.71	2.54 %	29.62	7.89	3
SETTLE, JULIE L	28	3.76 %	17.86 %	5,552.63	8.06 %	488.27	5.42 %	198.31	17.44	7
CLONTS, BRIAN K	27	3.63 %	100.00 %	817.80	1.19 %	0.00	0.00 %	30.29	0.00	26
KAOUS, SHAHID	18	2.42 %	0.0 %	121.68	0.18 %	110.73	1.23 %	6.76	6.15	1
CONDUFF, LESTER	17	2.28 %	17.65 %	529.45	0.77 %	202.16	2.24 %	31.14	11.89	1
BRIDGES, JANIECE R	16	2.15 %	0.0 %	314.76	0.46 %	143.12	1.59 %	19.67	8.95	2
ROBINSON, DENNIS E	16	2.15 %	0.0 %	104.57	0.15 %	88.59	0.98 %	6.54	5.54	1
INSAF, SHAHID S	15	2.02 %	66.67 %	7,051.80	10.24 %	620.56	6.88 %	470.12	41.37	3
DUFF, BRIAN J	14	1.88 %	0.0 %	113.60	0.16 %	114.24	1.27 %	8.11	8.16	4
PARRISH, BERNIE P	14	1.88 %	0.0 %	214.89	0.31 %	153.70	1.70 %	15.35	10.98	4
FAST, SARAH B	13	1.75 %	15.38 %	1,407.22	2.04 %	188.23	2.09 %	108.25	14.48	4
RODMAN, JEANNE I	13	1.75 %	23.08 %	1,395.40	2.03 %	321.34	3.56 %	107.34	24.72	1
MOORE, WILLIAM C	11	1.48 %	0.0 %	146.71	0.21 %	100.93	1.12 %	13.34	9.18	1
THOMAS, DAMON J	11	1.48 %	54.55 %	3,057.13	4.44 %	304.43	3.38 %	277.92	27.68	1
BELTRAN PAPSDORF, TANIA	10	1.34 %	0.0 %	103.41	0.15 %	66.81	0.74 %	10.34	6.68	2
LUTHY, SIU P	10	1.34 %	10.00 %	159.82	0.23 %	97.45	1.08 %	15.98	9.75	4
POWERS, ROBERT W	10	1.34 %	0.0 %	56.24	0.08 %	52.52	0.58 %	5.62	5.25	1
WOODS, MARK A	10	1.34 %	0.0 %	632.25	0.92 %	146.46	1.62 %	63.23	14.65	3
DANCEY, CYNTHIA J	9	1.21 %	0.0 %	33.09	0.05 %	38.69	0.43 %	3.68	4.30	4
GLYNN, PAUL B	9	1.21 %	33.33 %	507.52	0.74 %	168.65	1.87 %	56.39	18.74	1
LOVELAND, TARA N	9	1.21 %	44.44 %	1,161.34	1.69 %	207.25	2.30 %	129.04	23.03	1
PULIKAL, ADITYA B	9	1.21 %	0.0 %	32.12	0.05 %	39.32	0.44 %	3.57	4.37	1
LEGRIS, JUSTIN S	8	1.08 %	0.0 %	106.34	0.15 %	62.57	0.69 %	13.29	7.82	2
SVOBODA, JON BEN D	8	1.08 %	75.00 %	1,764.04	2.56 %	224.68	2.49 %	220.50	28.09	3
WARKENTIEN, SAMANTHA L	8	1.08 %	25.00 %	167.63	0.24 %	114.08	1.27 %	20.95	14.26	3
Sum:	373	50.13 %		28,309.92		4,664.20	51.73 %			91

Top 25 Pharmacies by Rx

Date Filled From 01/01/2020 through 03/31/2020

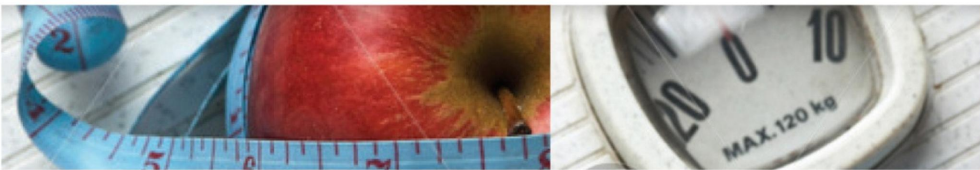
CI2220 - CHRISTIAN COUNTY

Name	Rx	% of Total Claims	Generic % of Total Claims	Cost	% of Total Cost	Copay	% of Copay	Cost / Rx	Copay / Rx	Utilizers
WALGREENS #9929	98	13.17 %	5.88 %	6,008.44	8.72 %	1,126.12	12.49 %	61.31	11.49	17
WALMART PHARMACY 10-0379	90	12.10 %	11.11 %	4,379.48	6.36 %	1,020.84	11.32 %	48.66	11.34	25
FAMILY PHARMACY #1	67	9.01 %	8.96 %	4,140.41	6.01 %	543.96	6.03 %	61.80	8.12	7
COXHEALTH PHARMACY	54	7.26 %	58.49 %	15,216.67	22.09 %	281.06	3.12 %	281.79	5.20	32
WALMART PHARMACY 10-2702	50	6.72 %	9.80 %	2,474.06	3.59 %	614.53	6.82 %	49.48	12.29	8
FAMILY PHARMACY #6	47	6.32 %	10.64 %	4,355.34	6.32 %	592.58	6.57 %	92.67	12.61	5
WALGREENS #5289	45	6.05 %	24.44 %	5,470.32	7.94 %	685.28	7.60 %	121.56	15.23	15
WALMART PHARMACY 10-3238	27	3.63 %	44.44 %	7,744.08	11.24 %	747.17	8.29 %	286.82	27.67	5
WALGREENS #4989	25	3.36 %	12.00 %	704.02	1.02 %	223.88	2.48 %	28.16	8.96	6
WALGREENS #3690	24	3.23 %	4.17 %	953.19	1.38 %	216.78	2.40 %	39.72	9.03	6
HIXSON DRUG	22	2.96 %	31.82 %	717.75	1.04 %	254.49	2.82 %	32.63	11.57	6
WALMART PHARMACY 10-1009	19	2.55 %	15.79 %	857.83	1.25 %	205.70	2.28 %	45.15	10.83	2
THE PHARMACY @ PLEASANT HOPE	17	2.28 %	11.76 %	187.75	0.27 %	96.28	1.07 %	11.04	5.66	2
LAWRENCE DRUG	16	2.15 %	6.25 %	290.07	0.42 %	133.69	1.48 %	18.13	8.36	5
WALGREENS #3688	16	2.15 %	12.50 %	1,944.27	2.82 %	244.49	2.71 %	121.52	15.28	7
WALMART PHARMACY 10-0179	16	2.15 %	6.25 %	392.74	0.57 %	177.61	1.97 %	24.55	11.10	3
LAKELAND PHARMACY #3	14	1.88 %	50.00 %	3,076.01	4.47 %	325.71	3.61 %	219.71	23.27	1
WALGREENS #9022	14	1.88 %	0.0 %	125.46	0.18 %	73.55	0.82 %	8.96	5.25	9
WALGREENS #7901	10	1.34 %	0.0 %	94.23	0.14 %	99.83	1.11 %	9.42	9.98	1
DOWNTOWN DRUG	9	1.21 %	22.22 %	928.48	1.35 %	209.42	2.32 %	103.16	23.27	1
ENVISIONPHARMACIES	8	1.08 %	12.50 %	1,372.69	1.99 %	210.67	2.34 %	171.59	26.33	2
WALMART PHARMACY 10-2221	8	1.08 %	0.0 %	250.02	0.36 %	54.31	0.60 %	31.25	6.79	4
WALMART PHARMACY 10-4381	6	0.81 %	0.0 %	39.41	0.06 %	36.90	0.41 %	6.57	6.15	1
GROVE PHARMACY	5	0.67 %	60.00 %	3,338.31	4.85 %	203.44	2.26 %	667.66	40.69	2
SEYMOUR PHARMACY #15732, POWERED BY WALGREENS	4	0.54 %	25.00 %	466.92	0.68 %	111.92	1.24 %	116.73	27.98	1
WALMART PHARMACY 10-0166	4	0.54 %	0.0 %	85.87	0.12 %	0.00	0.00 %	21.47	0.00	2
Sum:	715	96.10 %		65,613.82		8,490.21	94.17 %			175



THINKING HEALTH FORWARD

What's New



 **COX HEALTHPLANS**
CoxHealth



THINKING HEALTH FORWARD

Telehealth Visit Updates from CoxHealthPlans

For dates of service beginning March 30th, Cox HealthPlans will waive the member cost share for medically qualified telehealth (video+audio) visits conducted by in-network providers for our fully insured individual plans, employer plans, short-term plans and level-funded plans for 60 days.

This includes visits for mental health or substance abuse disorders, but excludes therapy visits (PT, ST, OT).

Cost sharing will be waived for members utilizing CoxHealth's [Virtual Visit](#) platform and eVisits for this period.

Sincerely,

Cox HealthPlans



COVID-19 Frequently Asked Questions

We are committed to continue serving our community, members and valued brokers throughout this quickly changing health crisis. The following frequently asked questions have been drafted and will continue to be updated as appropriate to provide you with helpful guidance and reliable resources. If your question is not addressed below or you wish to discuss any of the following, please contact us at grouphealth@coxhealthplans.com or your dedicated Cox HealthPlans representative.

GENERAL QUESTIONS

What is COVID-19?

Coronavirus Disease 2019 (COVID-19) is a respiratory illness that has spread to several countries, including the United States. Most cases are mild, but severe cases can be fatal. According to the Centers for Disease Control and Prevention:

- 80 percent of the population may experience mild symptoms, such as fever or flu-like symptoms that they treat at home
- 15% may seek medical care, such as visiting an Urgent Care or Emergency Department
- 5% may require critical care, meaning being admitted as an inpatient
- 1.6% of confirmed cases (confirmed cases representing between 5-10% of all infections in the community) will die.

The current situation is dynamic and evolving. **Prevention is key.** Communities and community members can engage in precautions to protect yourself and our community, even if you are not ill and don't have symptoms.

In this [video](#), Dr. Robin Trotman with Infectious Diseases at CoxHealth, shares information about the virus, including some misconceptions around it.

For updates and general information in our community, visit:

- <https://health.springfieldmo.gov/coronavirus/>
- <https://www.coxhealth.com/coronavirus/>

What can I do to help prevent it?

Take everyday precautions:

- Avoid close contact with people who are sick.
- Clean your hands often. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, sneezing or having been in a public place. If soap and water are not available, use a hand sanitizer that contains at least 60 percent alcohol.
- To the extent possible, avoid touching high-touch surfaces in public places (elevator buttons, door handles, handrails, handshaking with people, etc.). Use a tissue or your sleeve to cover your hand or finger if you must touch something.
- Clean and disinfect your home to remove germs. Practice routine cleaning of frequently touched surfaces (i.e., tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks and cell phones).
- Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.

Source: <https://www.coxhealth.com/coronavirus>

Are telehealth services available for assessments?

CoxHealth Offers Free Virtual Visits for COVID-19

- CoxHealth is offering free Virtual Visits to people experiencing COVID-19 symptoms (fever over 100.4, cough and shortness of breath).
- To be evaluated, individuals should simply **use code COVID** when beginning a Virtual Visit. If a provider feels a patient should be tested, he or she will make a referral so that testing may be conducted.
- The availability of Virtual Visits to anyone, regardless of insurance or ability to pay, aligns with public health goals of keeping the disease from spreading throughout the community. This approach also prevents the spread of illness in



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COVID-19 Frequently Asked Questions

medical facilities, and protects the local health care workforce so they can be ready to help those who need assistance.

- To start a Virtual Visit, [click here](#). Download the CoxHealthNow app for even quicker access to Virtual Visits.

CoxHealth Virtual Visits is being used as a first line of defense for patients seeking treatment due to COVID-19 and other common illnesses. Virtual Visits is appropriate for patients with mild to moderate symptoms. Anyone with pre-existing chronic illnesses and severe symptoms such as shortness of breath or chest pain should call their local urgent care or emergency department.

NOTE: Per State regulations, Virtual Visits through Cox Health are available for patients in Missouri only. At this time, when utilized in MO with the COVID code it is not being billed to the insurance and is no cost to the member. This is subject to change. Also, at this time the CDC approved test will be covered at no cost to the member. If the member utilizes telehealth out of network or outside of Missouri and it is coded as telehealth, services will apply towards their standard telehealth benefits. Out of network services not coded as telehealth will apply towards their standard out of network benefits.

CoxHealth is currently offering free virtual evaluations for COVID-19, but not everyone needs to be tested. Learn more from Dr. Tim Jones, President of CoxHealth Medical Group, about what risk factors would cause someone to need a test in this [video](#).

What is the stay at home order? Who does it affect?

Springfield Mayor Ken McClure and Greene County Presiding Commissioner – in consultation with Health Department Director Clay Goddard and health care system partners - issued a “[Stay at Home](#)” Order, requiring Springfieldians to stay at home except for “essential activities” as our community continues working to slow the spread of COVID-19. Grocery stores, pharmacies, gas stations, health care facilities and government services are examples of those which will remain open. View Greene County’s Stay at Home Order.

Stay at home order:

- https://www.springfieldmo.gov/DocumentCenter/View/48367/Stay_at_Home_Order
- <https://www.springfieldmo.gov/CivicAlerts.aspx?AID=6638>

Will Cox HealthPlans be open for business during the stay at home order?

Our offices are closed to the public and any payments or applications will be accepted via our drop box outside the front door of our office.

Phone calls and emails will still be answered by our staff as they are received during our normal working hours of 8:00am - 5:00pm, Monday - Friday. If you need assistance that cannot be handled by phone or email, please contact your CHP representative to schedule an online meeting.

Will Cox HealthPlans continue accepting Short-Term applications?

Yes - we will continue to receive applications and follow standard underwriting process.



P.O. Box 5750 • Springfield, Missouri 65801-5750
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COVID-19 Frequently Asked Questions

BENEFIT QUESTIONS

How is my insurance going to pay for testing and treatment of COVID-19?

Cox HealthPlans (CHP) is waiving any member cost-sharing for the CDC approved COVID-19 diagnostic test for all of its commercial, fully-insured and level funded plans and will work with each of its self-funded groups to determine their stance.

CHP also confirms that prior authorization is not required for the CDC-approved diagnostic test nor any other diagnostic services related to COVID-19 testing. Services received beyond the CDC approved diagnostic test will be covered according to the member's health plan benefits. Should a COVID-19 immunization become available then CHP will assess any further changes to benefits at that time.

Telehealth (**Virtual Visits**) is covered in all of CHP's plan designs.

CHP is coordinating closely with CoxHealth on COVID-19. If you have any other questions please contact Member Services by e-mail at members@coxhealthplans.com or by telephone at (417) 269-2900.

How can I get my prescriptions filled?

CHP encourages members to utilize the service delivery option or prescription mail order. To get your prescriptions set up for mail order, contact EnvisionRx Mail Order at 1-844-293-4761 or visit <https://www.envisionrx.com/Login>.

Another option is to ask your pharmacist about the option to fill your prescription(s) for a 90-day supply at retail.

Can I get my prescriptions refilled early?

Pharmacies are considered "essential businesses" and are open to fulfill prescriptions. Currently, we have not been made aware of any local or national drug shortages. We will review individual member needs as they arise for one-time emergency overrides for those that need a refill sooner than their normal allowable refill time.

What happens to my employee's insurance if I have to put them on a leave of absence?

Please be aware that employees on a temporary leave of absence or temporary layoff have different rules affecting their coverage and reinstatement of coverage than employees that have been terminated.

Condensed from **CHSIC PPO Group Certificate of Coverage: Section 9 pages 40-41***:

*An employee will be deemed Actively at Work if the Employee is on a leave of absence or temporary layoff, for reasons other than Disability, for a period exceeding the end of the policy month following the policy month during which the leave of absence or layoff commences.

Example: Employee is laid off or asked to not show up to work on 3.26.20. The employee will have coverage (barring employer terming group or employee coverage or not paying premium) until the end of the following month – in this case 4.30.20. The employee would be eligible for COBRA on 5.1.20.

Please refer to the plan document applicable to your policy to verify this coverage. Other CHP coverage documents include:

- CHSIC EPO Group: Section 9 pages 46-47
- CHSIC SMGRP: Section 9 pages 47-48
- Level Solutions: Section 10 page 66



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COVID-19 Frequently Asked Questions

Rehiring Terminated Employees:

The enrollment waiting period for rehires can be dependent on the amount of time from termination or break in coverage to rehire date and the size of the group.

All groups: If an employee has less than 31 days break in coverage, we will reinstate them without a break of coverage. This is dependent on the group allowing no break in coverage. The group must apply the rule uniformly to all members – they cannot force a break in coverage for an hourly employee but not enforce a break in coverage for salary employees.

Groups 50+: If the break in coverage is less than 13 weeks we would follow the ACA rules and not apply a waiting period.

Small groups 2 – 50: We allow the group to determine if a waiting period applies to a rehire within 6 months of the termination date. The group must indicate the policy they will follow. The group must apply the rule uniformly to all members – they cannot force a waiting period for an hourly employee but not enforce the waiting period for a salary employee.

COBRA Eligibility

If the employee is still eligible for coverage and waiving coverage for their dependents, the dependents would not be eligible for COBRA.

If the employee has a reduction in hours and no longer meets the eligibility requirements, then that would be a COBRA event for themselves/dependents.

How will this affect my group's open enrollment?

Group health plan Open Enrollment periods are applicable during the month prior to and the month of the policy anniversary. At this time this has not been adjusted however with the situation changing daily, we are keeping all options open.

Are there other health insurance options for employees who lose coverage due to being terminated or working less than the minimum hours required to be eligible for group coverage?

Losing coverage is a qualifying event for special enrollment on the federal marketplace. Visit [healthcare.gov](https://www.healthcare.gov) to see plans available in your area.

Additionally, Cox HealthPlans offers short-term plans for those that qualify. Visit [coxhealthplans.com](https://www.coxhealthplans.com) to see available options.

RESOURCES FOR ACCURATE INFORMATION

What are some resources for me to get accurate information about the virus and my community?

- Centers for Disease Control and Prevention [cdc.gov](https://www.cdc.gov)
- Greene County Health Department springfieldmo.gov/2853/health
- CoxHealth [coxhealth.com](https://www.coxhealth.com)



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