# Kansas State System (200118)

Policy Option(s)

1		
2		
3		
4		

Kansas State System (200118) - Utilization as of November 1, 2024 Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

#### **Annualized Membership**

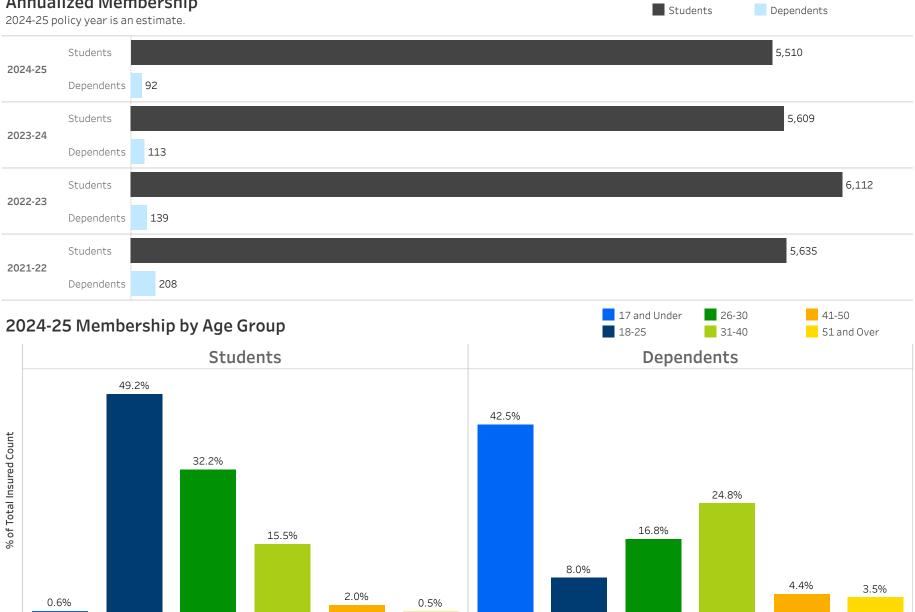
17 and Under

26-30

18-25

31-40

41-50



Kansas State System (200118) - Membership as of November 1, 2024

51 and Over

17 and Under

18-25

26-30

31-40

41-50

51 and Over

# Annualized Insured Counts

\*2024-25 Policy Year Annualized Insured Count is an estimate.

Group Name (Number)	Policy Year	Option	Premium Rate Typ	е						
Kansas State System	2024-25	1	Student	87						
200118)		2	Student		404					
			Spouse	18						
			Each Child	9						
			All Children	3						
			All Dependents	7						
		3	Student					2,	163	
			Spouse	29						
			Each Child	18						
			All Children	2						
			All Dependents	0						
		4	Student							2,856
			Spouse	5						
			Each Child	1						
			All Children	0						
			All Dependents	0						
				0	500	1,000	1,500	2,000	2,500	3,000
							nsured Count An	nualized		

Kansas State System (200118) - Annualized Membership as of November 15, 2024

## Annualized Membership by Rate Type

\*2024-25 Policy Year Annualized Insured Count is an estimate.

Group Name (Number)	Premium Rate Type	2024-25
Kansas State System (200118)	Student	5,510
	Spouse	52
	Each Child	28
	All Children	5
	All Dependents	7
Grand Total		5,602

\*Annualized Membership is calculated by dividing the total premium received by the annual rate. For the in-progress policy year (2024-25) annualized membership is estimated for each rate type by totaling the monthly membership count year-to-date divided by the prior years membership received year-to-date.

Kansas State System (200118) - Annualized Membership as of November 15, 2024 Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

# Insured Count by Rate Type and Option

Kansas State System (200118)

Policy Year 2024-25

Total Number of Insureds with active coverage as of November 14, 2024

Group Name (Number)	Client Name (Number)	Premium Rate Type	1	2	3	4	Total
Kansas State System	Emporia State University	Student	1	2	48	115	166
(200118)	(197)	Total	1	2	48	115	166
	Fort Hays State University	Student	3	4		195	202
	(2005)	Total	3	4		195	202
	Kansas State University	Student	16	76	754	915	1,200
	(470)	Spouse			16	1	17
		Each Child			2		2
		Total	16	76	772	916	1,219
	Pittsburg State University	Student	2		55	203	260
	(2009)	Each Child				1	1
		Total	2		55	204	261
	University of Kansas -	Student	8	203	189	12	412
	Medical Center (2070)	Spouse		10	3	1	14
		Each Child		9	3	1	13
		All Children			2		2
		All Dependents		3			3
		Total	8	225	197	14	444
	University of Kansas (471)	Student	53	46	1,032	939	2,069
		Spouse			16	4	20
		Each Child			15	4	19
		All Children		4	3		7
		All Dependents		7			7
		Total	53	57	1,065	947	2,121
	Wichita State University	Student	9	39	297	1,083	1,428
	(180)	Spouse		2	2		4
		Each Child		1			1
	Fort Hays State University (2005) Kansas State University (470) Pittsburg State University (2009) University of Kansas - Medical Center (2070) University of Kansas (471	All Dependents		3			3

Kansas State System (200118) - Total Insured Counts - Active Coverage as of November 14, 2024

## Insured Count by Rate Type and Option

Kansas State System (200118)

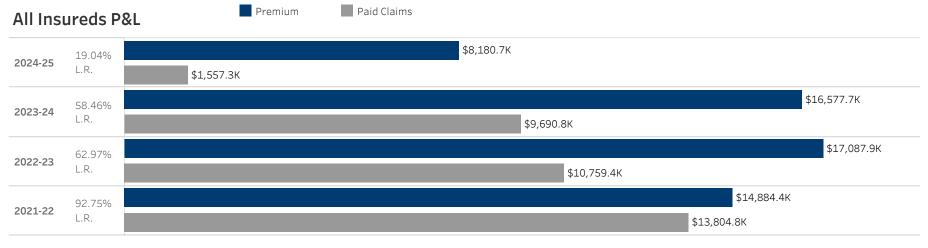
Policy Year 2024-25

Total Number of Insureds with active coverage as of November 14, 2024

Group Name (Number)	Client Name (Number)	Premium Rate Type	1	2	3	4	Total
Kansas State System	(180)	Total	9	45	299	1,083	1,436
(200118)	Total		92	409	2,436	3,474	5,849
# of Unique Members			92	409	2,436	3,474	5,849

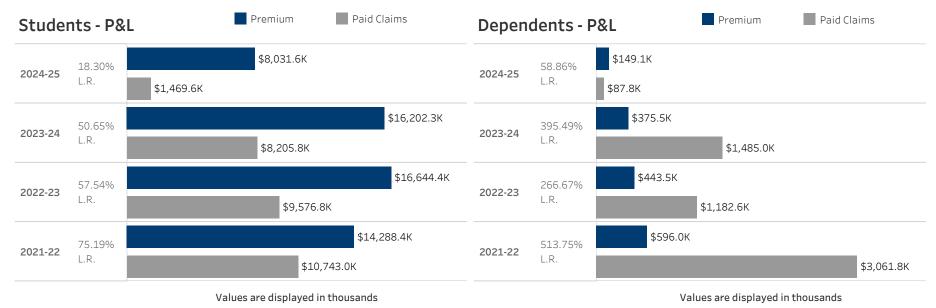
#### Kansas State System (200118) - Total Insured Counts - Active Coverage as of November 14, 2024

# **Plan Experience Overview**



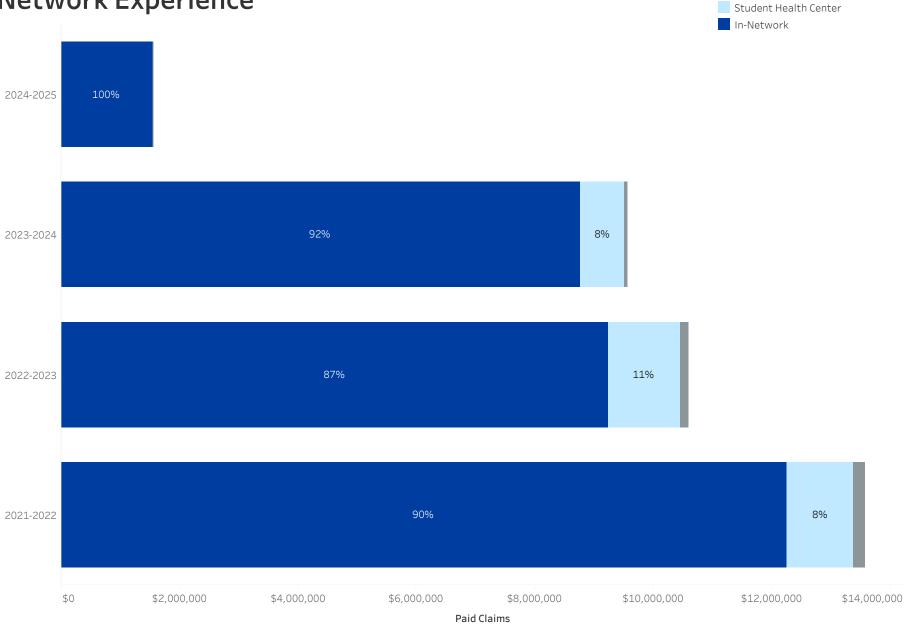
#### Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)



Kansas State System (200118) - Utilization as of November 1, 2024

# Network Experience



Out-of-Network

Kansas State System (200118) - Utilization as of November 1, 2024

# SR Charge Category Utilization as of 11/1/2024

#### Kansas State System (200118)

Policy Option(s): All Insured Location: All

Insured Type: All|Charge Type: All|Charge Service Type: All |Charge Code Description: All |Cause Code: All

			2023-2	2024			2024-2	025	
Charge Service Type	Charge Description Category	Claimant Count	Claims	Claimed Amount	Paid Claims	Claimant Count	Claims	Claimed Amount	Paid Claims
Grand Total				\$26,534,426	\$9,690,756			\$4,069,896	\$1,557,343
Outpatient	Total			\$18,471,236	\$6,697,125			\$2,902,205	\$1,195,245
	Null	0	0		(\$12)				
	ADJUSTMENTS	545	1,326	\$0	(\$278,962)	18	29	\$0	(\$13,039)
	AMBULANCE	30	36	\$114,266	\$55,304	2	2	\$4,488	\$1,904
	ANESTHETIST	93	133	\$92,461	\$37,342	13	17	\$10,566	\$4,426
	ASSISTANT SURGEON	13	13	\$30,682	\$1,410	1	1	\$674	\$222
	CAT SCAN / MRI	251	561	\$1,523,657	\$319,001	53	85	\$250,714	\$33,162
	CHEMOTHERAPY	9	48	\$852,210	\$143,307	2	3	\$31,107	\$5,948
	CLAIM INTEREST	168	259	\$0	\$575	2	2	\$0	\$1
	DENTAL	12	14	\$4,179	\$41	4	6	\$966	\$15
	DURABLE MED/BRACES/APPL	171	290	\$172,556	\$44,557	36	46	\$24,154	\$3,746
	GROUP LEDGER BILLING	1	1	\$0	\$0				
	HOSPITAL MISCELLANEOUS	1	1	\$75	\$53				
	INJECTIONS	1,667	2,870	\$521,384	\$396,685	747	1,029	\$182,993	\$147,916
	INVESTIGATIONS/LEGAL	2	2	\$1,702	\$1,702				
	LABORATORY	3,939	11,297	\$2,843,119	\$934,173	1,919	2,821	\$509,850	\$265,284
	MEDICAL EMERGENCY	273	354	\$1,092,483	\$233,200	26	29	\$171,909	\$30,242
	MEDICAL RECORDS	1	1	\$10	\$10				
	OTHER	20	112	\$4,734	\$4,734	5	7	\$181	\$181
	OTHER INSURANCE	1	1	\$0	(\$765)				
	OUTPATIENT SURGERY	527	738	\$464,872	\$124,459	115	134	\$86,774	\$21,855
	OUTPATIENT SURGICAL FACILITIES	111	127	\$1,875,213	\$452,195	15	16	\$174,126	\$49,788
	PHYSICIAN VISITS	3,487	11,719	\$2,023,313	\$937,336	1,411	2,257	\$384,447	\$188,632
	PHYSIOTHERAPY	275	1,359	\$452,658	\$126,972	94	290	\$58,696	\$22,397
	PRESCRIPTIONS	2,905	23,072	\$4,635,594	\$2,093,481	1,491	5,142	\$836,611	\$379,507
	RADIATION THERAPY	2	8	\$163,860	\$70,131	1	22	\$48,565	\$9,905

Insured Type: All|Charge Type: All|Charge Service Type: All |Charge Code Description: All |Cause Code: All

Kansas State System (200118) - Utilization as of 11/1/2024

# SR Charge Category Utilization as of 11/1/2024

#### Kansas State System (200118)

Policy Option(s): All Insured Location: All

Insured Type: All|Charge Type: All|Charge Service Type: All |Charge Code Description: All |Cause Code: All

			2023-2	.024			2024-2	025	
Charge Service Type	Charge Description Category	Claimant Count	Claims	Claimed Amount	Paid Claims	Claimant Count	Claims	Claimed Amount	Paid Claims
Outpatient	REFUNDS	41	41	\$0	(\$2,463)				
	SHC-ADJUSTMENTS	4	24	\$0	\$0				
	SHC-CONSULTANT	1	1	\$45	\$45				
	SHC-GROUP LEDGER BILLING	1	0		\$12				
	SHC-INJECTIONS	215	605	\$35,927	\$35,927				
	SHC-LABORATORY	304	1,348	\$70,976	\$67,005				
	SHC-PHYSICIAN VISITS	60	69	\$11,604	\$11,604				
	SHC-PHYSIOTHERAPY	47	252	\$18,180	\$18,180				
	SHC-PRESCRIPTIONS	532	3,262	\$604,084	\$603,399				
	SHC-SUPPLIES/MISC	10	11	\$1,627	\$1,627				
	SHC-SURGERY	16	36	\$3,306	\$3,306				
	SHC-UNKNOWN	2	9	\$2,033	\$0				
	SHC-XRAYS	46	48	\$3,814	\$3,649				
	SUPPLIES/MISC	447	609	\$153,952	\$74,086	113	118	\$15,381	\$11,002
	URGENT CARE	3	3	\$1,384	\$229	1	1	\$385	\$0
	XRAYS	1,488	2,987	\$695,278	\$183,589	416	560	\$109,619	\$32,151
Inpatient	Total			\$8,063,189	\$2,993,631			\$1,167,691	\$362,098
	ADJUSTMENTS	17	19	\$0	\$291,637	3	3	\$0	\$13,316
	ANESTHETIST	49	68	\$117,433	\$61,574	11	14	\$17,956	\$9,213
	ASSISTANT SURGEON	11	11	\$12,953	\$1,502	1	1	\$575	\$0
	CLAIM INTEREST	4	4	\$0	\$158				
	DENTAL	14	20	\$20,813	\$1,209				
	HOME HEALTH CARE	21	37	\$20,972	\$5,363	7	8	\$5,235	\$1,949
	HOSPITAL	114	178	\$7,106,354	\$2,319,347	29	41	\$1,002,975	\$297,514
	INJECTIONS	1	1	\$114	\$62	1	1	\$20	\$19
	INPATIENT SURGERY	58	133	\$259,190	\$109,166	14	18	\$50,128	\$19,844
	MEDICAL EMERGENCY	20	33	\$170,374	\$56,842	5	7	\$32,256	\$3,802

Insured Type: All|Charge Type: All|Charge Service Type: All |Charge Code Description: All |Cause Code: All

Kansas State System (200118) - Utilization as of 11/1/2024

# SR Charge Category Utilization as of 11/1/2024

#### Kansas State System (200118)

Policy Option(s): All |Insured Location: All

Insured Type: All|Charge Type: All|Charge Service Type: All |Charge Code Description: All |Cause Code: All

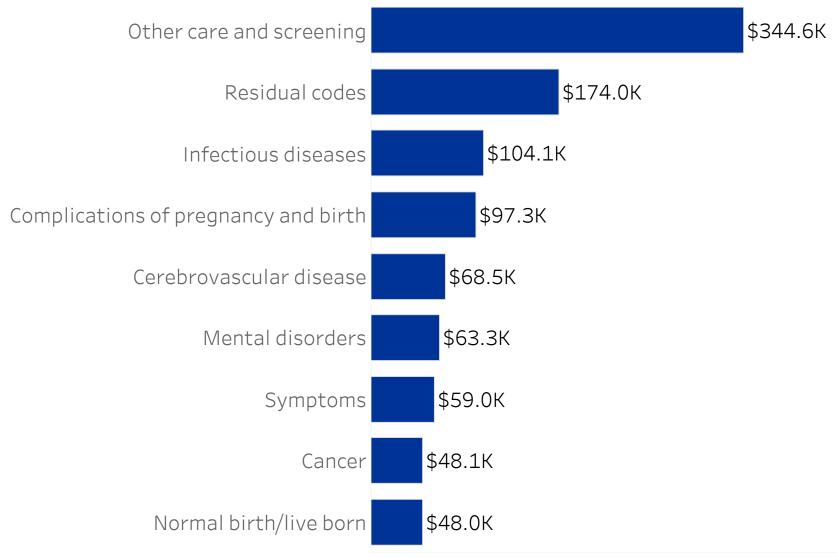
			2023-20	24		2024-2025			
Charge Service Type	Charge Description Category	Claimant Count	Claims	Claimed Amount	Paid Claims	Claimant Count	Claims	Claimed Amount	Paid Claims
Inpatient	PHYSICIAN VISITS	105	383	\$303,481	\$126,158	25	92	\$44,534	\$11,683
	PRESCRIPTIONS	64	184	\$14,577	\$8,731	13	37	\$4,513	\$2,708
	PROFESSIONAL FEE	41	136	\$36,928	\$12,692	20	36	\$9,499	\$2,049
	REFUNDS	1	1	\$0	(\$810)				

Insured Type: All|Charge Type: All|Charge Service Type: All |Charge Code Description: All |Cause Code: All

#### Kansas State System (200118) - Utilization as of 11/1/2024

# Top 10 Diagnoses 2024-25 Policy Year

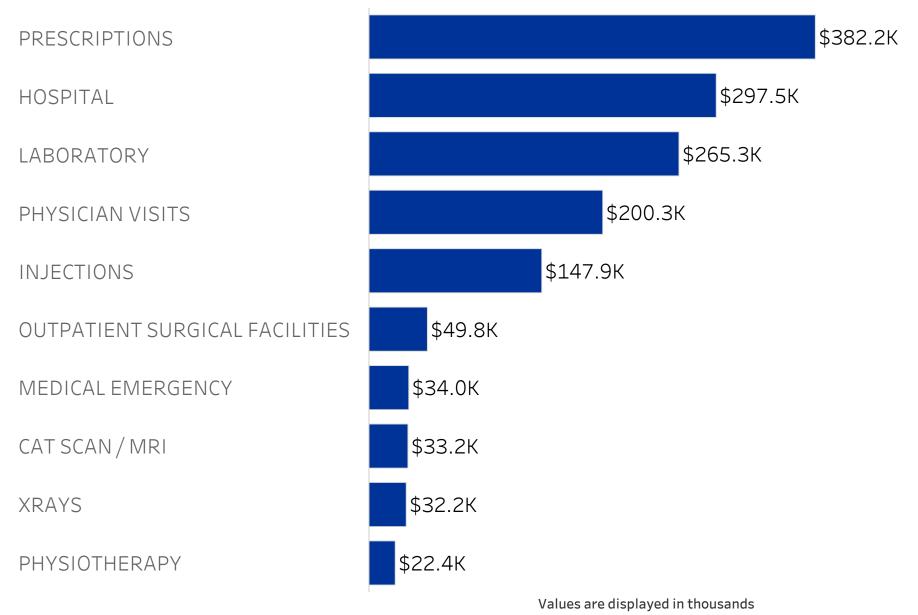
Clinical Classification Software (CCS) Condition Descriptions group relevant International Classification of Diseases (ICD) Codes into clinically meaningful categories. Diagnoses information does not include Prescription Drugs or Student Health Center ledger billed claims.



Values are displayed in thousands

Kansas State System (200118) - Utilization as of November 1, 2024

# Top 10 SR Charge Categories 2024-25 Policy Year



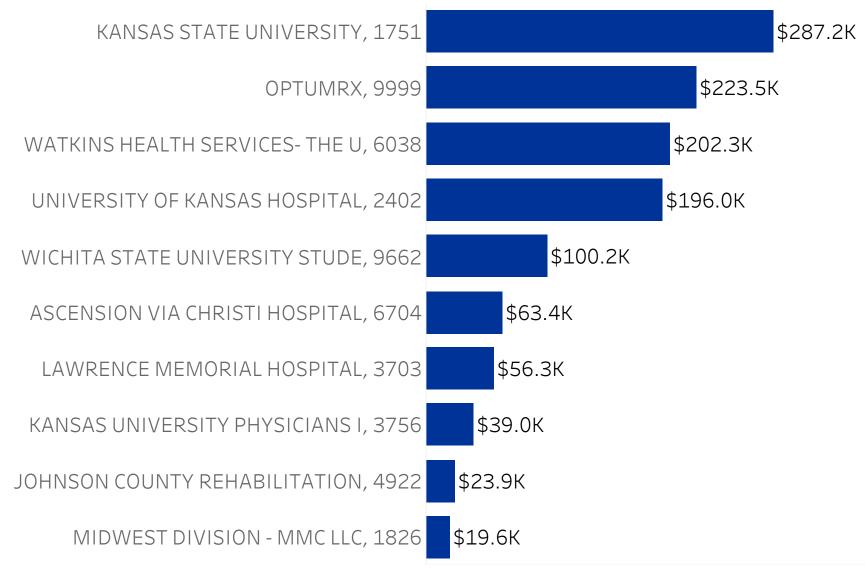
Kansas State System (200118) - Utilization as of November 1, 2024

Policy Year	Day of Date Diagnosis	Student-De	ICD Code Description	Claimed Amount	Paid Claims
2023-24	August 11, 2023	Student	BENIGN INTRACRANIAL HYPERTENSION	\$321,905	\$166,984
	September 14, 2023	Student	PBM CLAIMS	\$189,599	\$148,615
	August 18, 2023	Student	PBM CLAIMS	\$187,507	\$141,158
	August 12, 2023	Dependent	PBM CLAIMS	\$202,192	\$145,725
	September 22, 2023	Student	SUPERVISION PREG W/HX INFERTILITY 1ST TRIMESTER	\$253,876	\$119,779
	September 13, 2023	Student	CROHNS DZ SMALL & LARGE INTEST W/INTEST OBST	\$514,786	\$441,770
	August 8, 2023	Student	PBM CLAIMS	\$383,460	\$276,598
	May 9, 2024	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$329,216	\$324,084
	May 25, 2024	Dependent	TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$1,235,969	\$251,306
	May 25, 2024	Dependent	TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$1,234,212	\$259,927

Kansas State System (200118) - Claims greater than \$100,000 - Utilization as of November 1, 2024

# **Top Billing Providers**

2024-25 Policy Year



Values are displayed in thousands

Kansas State System (200118) - Utilization as of November 1, 2024

# **Top Rx Report**

#### Percentage of Members Utilizing Rx

#### Top Drugs by Claimant Count

		Drug Name	Tier	Script Count	Claimant Count	Сорау	Paid Claims
		COMIRNATY 2024-25	3	117	109	\$0	\$16,191
		FLUBLOK 2024-2025	3	74	67	\$0	\$5,478
		FLUCELVAX 2024-2025	3	63	60	\$0	\$2,657
2024-25	13%	AMPHETAMINE/DEXTROAMPHETAM	Л 1	121	54	\$228	\$449
2027 25	1370	SPIKEVAX COVID-19 VACCINE/2024-	3	57	52	\$0	\$7,247
		ESCITALOPRAM OXALATE	1	84	38	\$108	\$17
		FLUARIX 2024-2025	3	38	37	\$0	\$1,152
		BUPROPION HYDROCHLORIDE ER (X	(L) 1	63	33	\$252	\$94
		FLULAVAL 2024-2025	3	33	32	\$0	\$1,202

#### Top Drugs by Paid Claims

#### Top Therapeutic Classes by Claimant Count

Drug Name	Tier	Claimant Count	Сорау	Paid Claims		Claimant Count	Сорау	Paid Claims
NUCALA	3	1	\$7,955	\$25,708	BIOLOGICALS	271	\$0	\$40,283
STELARA	2	1	\$8,000	\$18,563	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	175	\$2,146	\$2,597
COMIRNATY 2024-25	3	109	\$0	\$16,191	SYSTEMIC CONTRACEPTIVES	141	\$0	\$12,873
COSENTYX SENSOREADY PEN	3	1	\$7,644	\$13,983	AMPHETAMINE PREPARATIONS	74	\$1,247	\$7,891
BIKTARVY	3	2	\$9,081	\$13,622	GLUCOCORTICOIDS	51	\$81	\$54
HUMIRA PEN-CD/UC/HS STARTER	2	2	\$7,965	\$11,947			•	
RINVOQ	2	1	\$7,394	\$11,090	MISCELLANEOUS	46	\$18,438	\$48,027
BIMZELX	9	1	\$5,890	\$8,836	OTHER ANTIHYPERTENSIVES	42	\$119	\$570
SPIKEVAX COVID-19 VACCINE/2024-25	5 3	52	\$0	\$7,247	PENICILLINS	37	\$58	\$36
HUMIRA PEN	2	1	\$35	\$6,743	ATARACTICS-TRANQUILIZERS	36	\$3,480	\$5,096

#### Kansas State System (200118) - Utilization as of November 1, 2024

#### Rx Copay and Paid Claims per Utilizing Member (per Claimant) by Tier

Copay per Utilizing MemberPaid Claims per Utilizing Member

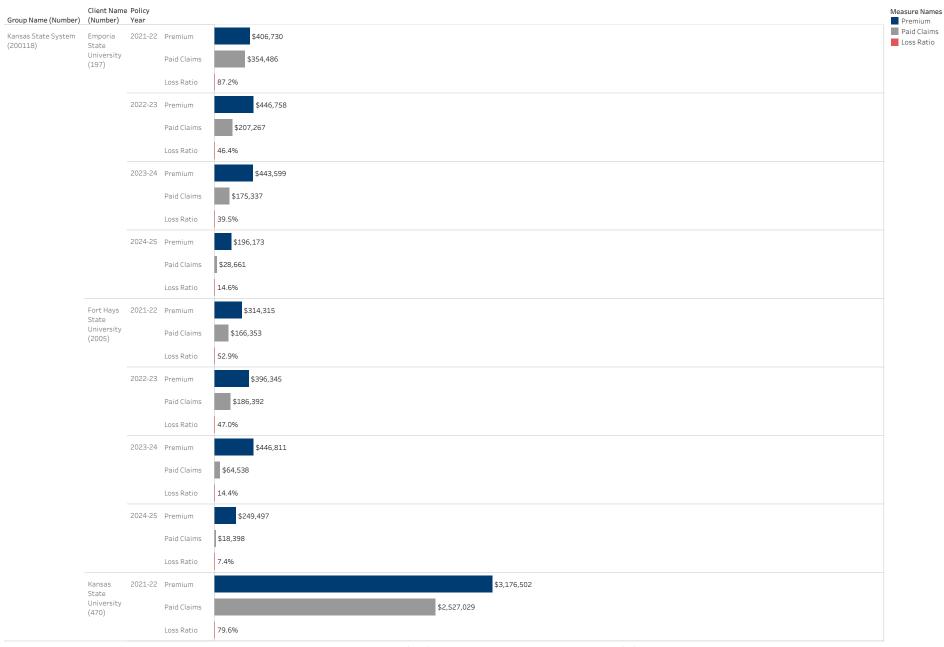
		Tie	r 1			Tie	r 2			Tie	r 3	
	202	3-24	202	24-25	202	3-24	202	4-25	202	3-24	202	4-25
Per Claimant						\$9,601						
	\$28	\$135	\$7	\$43	\$1,423		\$848	\$1,560	\$140	\$837	\$114	\$366
	Copay per Utilizing Member	Paid Claims per Utilizing Member										

#### **Rx Utilization by Tier**

	2023-24			2024-25		
Tier	Claimant Count	Сорау	Paid Claims	Claimant Count	Сорау	Paid Claims
1	1,600	\$44,805	\$216,622	634	\$4,463	\$27,295
2	125	\$177,878	\$1,200,162	50	\$42,425	\$78,021
3	643	\$90,182	\$538,078	295	\$33,661	\$107,930

Kansas State System (200118) - Utilization as of November 1, 2024

utilization as of November 1, 2024

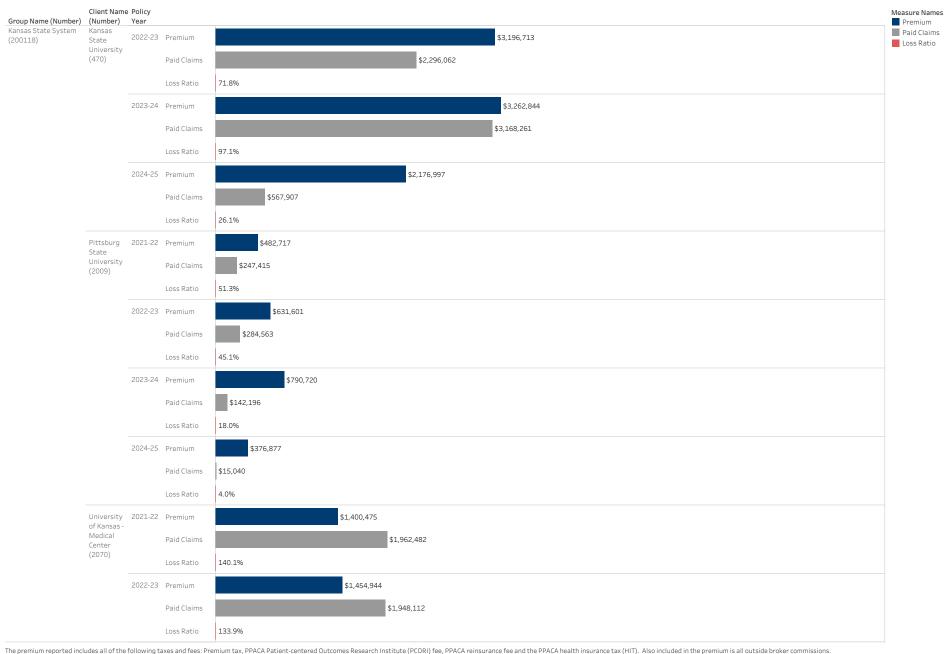


The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of November 1, 2024

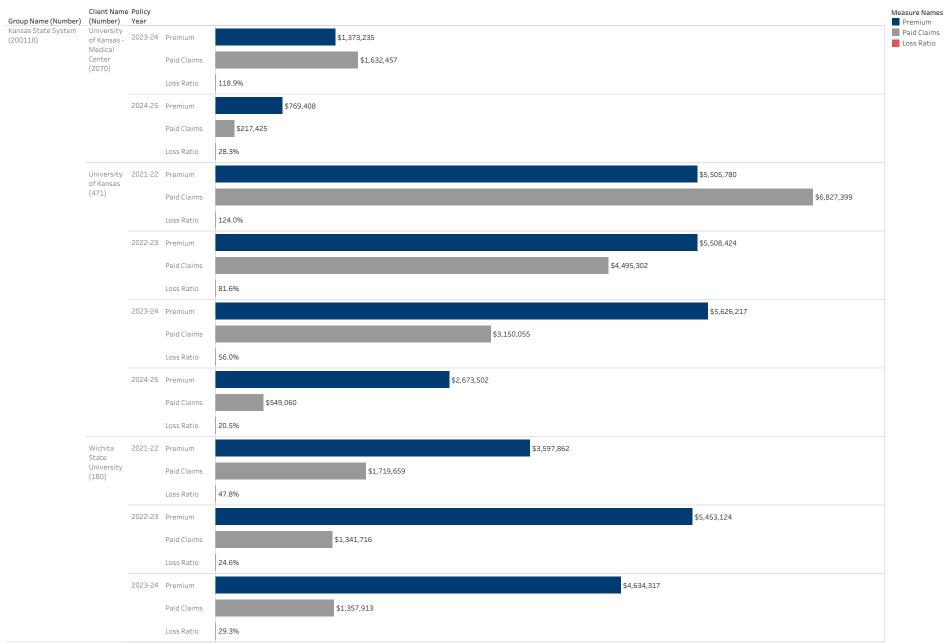
utilization as of November 1, 2024



Premium & Paid Claims

Kansas State System (200118) Utilization as of November 1, 2024

utilization as of November 1, 2024



The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of November 1, 2024

utilization	as	of	Novem	her	1	2024

Group Name (Number)	Client Name (Number)			Measure Names Premium
Kansas State System (200118)	Wichita	Premium Paid Claims Loss Ratio	\$1,738,289 \$160,851 9.3%	Paid Claims Loss Ratio

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims Kansas State System (200118) Utilization as of November 1, 2024

# Wichita State University (180)

Policy Option(s)

1		
2		
3		
4		

Policy Year	Day of Date Diagnosis	Student-De.	. ICD Code Description	Claimed Amount	Paid Claims
2023-24	September 13, 2023	Student	CROHNS DZ SMALL & LARGE INTEST W/INTEST OBST	\$514,786	\$441,770

Wichita State University (180) - Claims greater than \$100,000 - Utilization as of November 1, 2024

# Emporia State University (197)

Policy Option(s)

1		
2		
3		
4		

None - Claims greater than \$100,000 - Utilization as of November 1, 2024

# Kansas State University (470)

Policy Option(s)

1		
2		
3		
4		

Policy Year	Day of Date Diagnosis	Student-De	ICD Code Description	Claimed Amount	Paid Claims
2023-24	August 18, 2023	Student	PBM CLAIMS	\$187,507	\$141,158
	September 22, 2023	Student	SUPERVISION PREG W/HX INFERTILITY 1ST TRIMESTER	\$253,876	\$119,779
	May 25, 2024	Dependent	TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$1,235,969	\$251,306
	May 25, 2024	Dependent	TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$1,234,212	\$259,927

Kansas State University (470) - Claims greater than \$100,000 - Utilization as of November 1, 2024

# University of Kansas (471) Policy Option(s) 1 2 3 4

Policy Year	Day of Date Diagnosis	Student-De	ICD Code Description	Claimed Amount	Paid Claims
2023-24	August 11, 2023	Student	BENIGN INTRACRANIAL HYPERTENSION	\$321,905	\$166,984
	September 14, 2023	Student	PBM CLAIMS	\$189,599	\$148,615
	May 9, 2024	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$329,216	\$324,084

University of Kansas (471) - Claims greater than \$100,000 - Utilization as of November 1, 2024

# Fort Hays State University (2005)

Policy Option(s)

1 2 4

None - Claims greater than \$100,000 - Utilization as of November 1, 2024

# Pittsburg State University (2009)

Policy Option(s)

1		
2		
3		
4		

None - Claims greater than \$100,000 - Utilization as of November 1, 2024

# University of Kansas - Medical Center (2070)

Policy Option(s)



Policy Year	Day of Date Diagnosis	Student-De	ICD Code Description	Claimed Amount	Paid Claims
2023-24	August 12, 2023	Dependent	PBM CLAIMS	\$202,192	\$145,725
	August 8, 2023	Student	PBM CLAIMS	\$383,460	\$276,598

University of Kansas - Medical Center (2070) - Claims greater than \$100,000 - Utilization as of November 1, 2024