BlueCross BlueShield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association

Healthcare Management Reports - Group Specific

INSURE MONTANA

Claims Paid: 1/1/2007 through 12/31/2007

INSURE MONTANA
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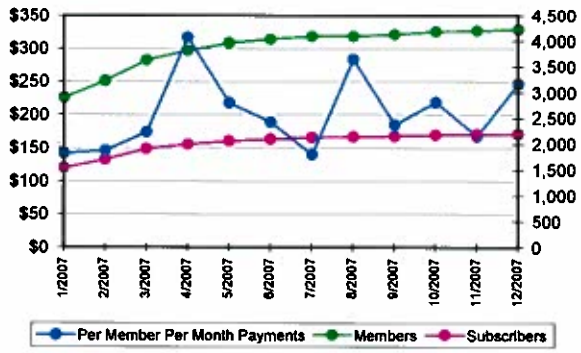
INSURE MONTANA

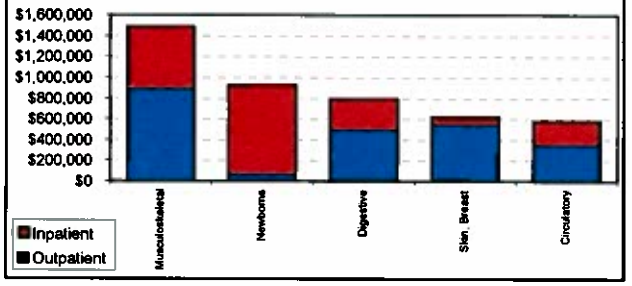
Healthcare Experience Profile

Average Populations			
Population	Current	Previous	% Change
Monthly Subscribers	2,023	607	233.20%
Monthly Members	3,877	1,128	243.87%
Family Size	1.92	1.86	3.20%

Net Reimbursements			
Category	Current	Previous	% Change
Medical Claims	$8,324,129	$1,392,325	497.86%
Dental Claims	$455,693	$120,902	276.91%
Vision Claims	$0	$0	n/a
Drug Claims	$723,329	$109,224	562.24%
Total Claims	$9,503,150	$1,622,451	485.73%

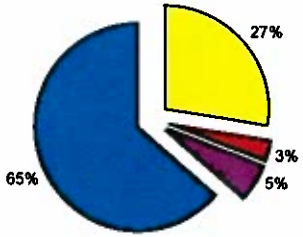


Top 5 MDC's based on Current Total Payments			
MDC	Inpatient	Outpatient	Total
Musculoskeletal	$603,584	$884,834	$1,488,418
Newborns	$866,376	$61,664	$928,039
Digestive	$302,885	$492,400	$795,285
Skin, Breast	$82,911	$541,409	$624,320
Circulatory	$239,031	$342,408	$581,439



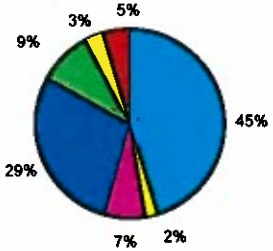
Distribution of Payments			
Category	Current		% of Total
Network Savings	$3,788,959.48		27.4%
Deductible	$475,227		3.4%
Copayments/Coinsurance	$757,797		5.5%
Coordination of Benefits	$17,763		0.1%
Other Patient Responsibility	$3,265		0.0%
BCBSMT Net Payments	$8,779,822		63.5%
Total Allowed Charges	$13,822,833		100.00%

Distribution of Payments



Components of Change *			
Factors	Per Subscriber		Percent of Change
Subscriber Count	$145.40		233.20%
Family Size	$6.65		10.67%
Coordination of Benefits	($0.86)		-1.38%
Average Length of Stay	$21.22		34.04%
Utilization Rate	$92.93		149.04%
Price of Care	$29.17		46.78%
Network Discounts	($9.97)		-16.00%
Subscriber Share	$14.87		23.85%
Total	$299.41		480.21%

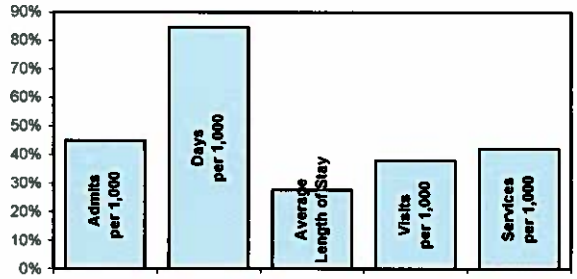
Distribution of Percent Change



* Does not include Third Party Drug data

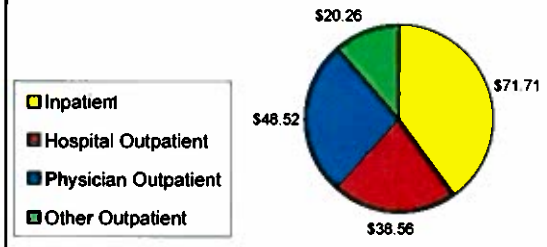
Utilization Statistics			
Utilization	Current	Previous	% Change
Admits	254	51	398.04%
Admits per 1,000	65.51	45.23	44.84%
Days	1,112	175	535.43%
Days per 1,000	286.81	155.21	84.79%
Average Length of Stay	4.38	3.43	27.59%
Outpatient Hospital Visits	2,786	587	374.62%
Visits per 1,000	718.58	520.62	38.02%
Outpatient Physician Services	36,748.00	7,520.00	388.67%
Services per 1,000	9,478.26	6,669.62	42.11%

Percent Change



Payment Statistics			
Net Payments PMPM *	Current	Previous	% Change
Inpatient	$71.71	$42.15	70.15%
Hospital Outpatient	$38.56	$20.05	92.29%
Physician Outpatient	$48.52	$31.35	54.78%
Other Outpatient	$20.26	$10.83	87.15%
Total PMPM	$179.05	$104.37	71.55%

Net Payments PMPM



* PMPM = Per Member Per Month

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Summary Experience Report

	1/2007	2/2007	3/2007	4/2007	5/2007	6/2007	7/2007	8/2007	9/2007	10/2007	11/2007	12/2007
Contracts	1,540	1,704	1,905	1,994	2,058	2,097	2,124	2,136	2,153	2,175	2,190	2,194
Members	2,898	3,231	3,627	3,817	3,963	4,040	4,093	4,092	4,133	4,190	4,207	4,234
Income												
Traditional	$ 63,582.53	$ 84,589.90	$ 168,729.93	$ 170,779.68	$ 154,684.89	$ 148,394.87	$ 148,530.67	$ 146,516.64	$ 151,840.06	$ 149,780.09	$ 147,824.16	$ 149,740.34
Blue Select	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PPO	$ 308,587.00	$ 499,892.98	$ 1,056,537.44	$ 987,061.47	$ 937,740.00	$ 927,951.96	$ 903,404.44	$ 903,364.52	$ 901,072.03	$ 914,974.62	$ 916,757.71	$ 934,169.56
Montana Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Montana Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Choice	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Income (a)	$ 372,169.53	$ 584,482.88	$ 1,225,267.37	$ 1,157,841.13	$ 1,092,424.89	$ 1,076,348.83	$ 1,051,935.11	$ 1,049,881.16	$ 1,052,912.09	$ 1,064,754.71	$ 1,064,581.87	$ 1,083,909.90
Claims												
Traditional	$ 45,568.60	$ 116,585.58	$ 135,557.53	$ 101,029.23	$ 184,100.16	$ 147,775.65	$ 78,290.14	$ 139,885.66	$ 84,826.34	$ 172,034.76	$ 50,047.68	$ 241,453.64
Blue Select	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PPO	$ 315,553.47	$ 295,769.80	$ 402,537.30	$ 1,027,646.50	$ 546,481.35	$ 523,597.34	$ 412,089.08	$ 907,776.89	$ 573,391.69	$ 593,822.33	$ 547,636.40	$ 682,871.52
Montana Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Montana Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Choice	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dental	$ 21,221.85	$ 25,466.85	$ 45,667.25	$ 34,074.80	$ 45,552.67	$ 34,315.24	$ 26,970.94	$ 56,176.47	$ 40,939.46	$ 41,900.35	$ 35,383.55	$ 48,043.59
Vision	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Claims	$ 382,343.92	$ 437,822.23	$ 583,762.08	$ 1,162,750.53	$ 776,134.18	$ 705,688.23	$ 515,350.14	$ 1,103,839.02	$ 699,157.49	$ 807,557.44	$ 633,047.63	$ 972,368.75
Third Party Drug												
Traditional	$ 5,400.05	$ 5,942.04	$ 7,526.27	$ 6,669.18	$ 14,679.51	$ 11,974.71	$ 9,175.52	$ 9,063.76	$ 10,819.58	$ 16,528.86	$ 12,678.91	$ 9,419.60
Blue Select	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PPO	$ 22,447.92	$ 27,406.46	$ 37,900.48	$ 40,477.17	$ 71,283.42	$ 44,842.67	$ 45,999.07	$ 47,419.70	$ 53,633.43	$ 91,569.45	$ 56,905.48	$ 63,565.40
Montana Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Montana Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Choice	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Drug Totals	$ 27,847.97	$ 33,348.50	$ 45,426.75	$ 47,146.35	$ 85,962.93	$ 56,817.38	$ 55,174.59	$ 56,483.46	$ 64,453.01	$ 108,098.31	$ 69,584.39	$ 72,985.00
Admin.												
Total Claims plus Drugs (b)	$ 410,191.89	$ 471,170.73	$ 629,188.83	$ 1,209,898.88	$ 862,097.11	$ 762,505.61	$ 570,524.73	$ 1,160,322.48	$ 763,610.50	$ 915,655.75	$ 702,632.02	$ 1,045,353.75
Loss Ratio (b/a)	110.22%	80.61%	51.35%	104.50%	78.92%	70.84%	54.24%	110.52%	72.52%	86.00%	66.00%	96.44%
Total Claims plus Drugs Per Contract	$ 288.36	$ 276.51	$ 330.28	$ 608.77	$ 418.90	$ 363.62	$ 268.61	$ 543.22	$ 354.67	$ 420.99	$ 320.84	$ 476.46
Total Claims plus Drugs per Member	$ 141.54	$ 145.83	$ 173.47	$ 316.98	$ 217.54	$ 188.74	$ 139.39	$ 283.56	$ 184.76	$ 218.53	$ 167.01	$ 246.90

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Summary Experience Report

	Current Total	Previous Total	Amount of Change	Percent Change
Contracts	24,270	7,284	16,986	233.20%
Members	46,525	13,530	32,995	243.87%
Income				
Traditional	$ 1,684,994	$ 545,483	$ 1,139,511	208.90%
Blue Select	$ -	$ -	$ -	n/a
PPO	$ 10,191,514	$ 2,926,489	$ 7,265,024	248.25%
Montana Care	$ -	$ -	$ -	n/a
Montana Health	$ -	$ -	$ -	n/a
Blue Choice	$ -	$ -	$ -	n/a
Total Income (a)	$ 11,876,507	$ 3,471,972	$ 8,404,536	242.07%
Claims				
Traditional	$ 1,495,155	$ 422,858	$ 1,072,299	253.58%
Blue Select	$ -	$ -	$ -	n/a
PPO	$ 6,828,974	$ 969,468	$ 5,859,505	604.40%
Montana Care	$ -	$ -	$ -	n/a
Montane Heelth	$ -	$ -	$ -	n/a
Blue Choice	$ -	$ -	$ -	n/a
Dental	$ 455,693	$ 120,902	$ 334,791	276.91%
Vision	$ -	$ -	$ -	n/a
Total Claims	$ 8,779,822	$ 1,513,227	$ 7,266,595	480.21%
Third Party Drug				
Traditional	$ 119,878	$ 17,354	$ 102,524	590.77%
Blue Select	$ -	$ -	$ -	n/a
PPO	$ 603,451	$ 91,870	$ 511,581	556.85%
Montana Care	$ -	$ -	$ -	n/a
Montana Health	$ -	$ -	$ -	n/a
Blue Choice	$ -	$ -	$ -	n/a
Third Party Drug Totals	$ 723,329	$ 109,224	$ 614,104	562.24%
Admin.				
Total Claims plus Drugs (b)	$ 9,503,150	$ 1,622,451	$ 7,880,699	485.73%
Loss Ratio (b/a)	80.02%	46.73%	n/a	71.23%
Total Claims plus Drugs Per Contract	$ 391.56	$ 222.74	$ 168.82	75.79%
Total Claims plus Drugs per Member	$ 204.26	$ 119.92	$ 84.34	70.34%

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Summary Savings Report

	Institutional		Professional			
	Inpatient	Outpatient	Par	Non-Par	Other	Totals
Submitted Charges	**$ 4,108,375**	**$ 2,829,778**	**$ 5,517,196**	**$ 907,089**	**$ 1,644,058**	**$ 15,006,496**
Duplicate Claims	$ 64,808	$ 28,414	$ 79,718	$ 44,050	$ 33,949	$ 250,939
Worker's Compensation	$ -	$ -	$ -	$ -	$ -	$ -
Plan General Exclusions	$ 4,841	$ 26,030	$ 41,368	$ 9,210	$ 48,272	$ 129,721
Benefit Limitations	$ 210,790	$ 67,389	$ 196,096	$ 242,199	$ 50,672	$ 767,146
Medical Policy	$ 2,471	$ (369)	$ 25,955	$ 2,047	$ 5,754	$ 35,858
Total Denials	**$ 282,909**	**$ 121,464**	**$ 343,137**	**$ 297,506**	**$ 138,648**	**$ 1,183,664**
Total Allowed Charges	**$ 3,825,465**	**$ 2,708,314**	**$ 5,174,059**	**$ 609,583**	**$ 1,505,411**	**$ 13,822,833**
Preferred Provider Organization	$ 520,311	$ 225,665	$ -	$ -	$ -	$ 745,976
Psych/CD Preferred Provider Network	$ -	$ -	$ -	$ -	$ -	$ -
Organ Transplant Network	$ -	$ -	$ -	$ -	$ -	$ -
Blue Card Program	$ 292,978	$ 150,276	$ 207,011	$ -	$ 49,361	$ 699,626
Provider Network	$ 158,913	$ 38,996	$ 1,562,715	$ 303,070	$ 279,664	$ 2,343,357
Total Network Savings	**$ 972,202**	**$ 414,937**	**$ 1,769,726**	**$ 303,070**	**$ 329,025**	**$ 3,788,959**
Total Covered Charges	**$ 2,853,264**	**$ 2,293,377**	**$ 3,404,334**	**$ 306,513**	**$ 1,176,385**	**$ 10,033,873**
Deductibles	$ 45,012	$ 366,739	$ 22,508	$ 10,728	$ 30,240	$ 475,227
Copayments	$ 59,361	$ 127,667	$ 376,920	$ 30,870	$ 162,979	$ 757,797
Managed Care Penalties	$ -	$ -	$ -	$ -	$ -	$ -
Preferred Provider Organization Penalty	$ 2,145	$ 336	$ 783	$ -	$ -	$ 3,265
Preferred Provider Network Penalty	$ -	$ -	$ -	$ -	$ -	$ -
Benefit Maximums Reached (Lifetime and Benefit Period)	$ -	$ -	$ -	$ -	$ -	$ -
Total Patient Responsibility	**$ 106,519**	**$ 494,743**	**$ 400,210**	**$ 41,598**	**$ 193,219**	**$ 1,236,289**
Allowed Charge Payable by Plan	**$ 2,746,745**	**$ 1,798,634**	**$ 3,004,123**	**$ 264,916**	**$ 983,167**	**$ 8,797,585**
COB/MOB - Other Carrier	$ 848	$ 2,851	$ 6,598	$ 909	$ 453	$ 11,659
COB/MOB - Blue on Blue	$ 333	$ -	$ 323	$ -	$ -	$ 656
COB/MOB - Medicare	$ -	$ 1,726	$ 462	$ -	$ 347	$ 2,535
COB/MOB - Auto Medical	$ 703	$ -	$ 739	$ -	$ 771	$ 2,213
COB/MOB - Subrogation	$ -	$ -	$ 700	$ -	$ -	$ 700
Total Other Carrier Responsibility	**$ 1,884**	**$ 4,577**	**$ 8,822**	**$ 909**	**$ 1,571**	**$ 17,763**
Total Reductions	**$ 1,363,514**	**$ 1,035,721**	**$ 2,521,895**	**$ 643,083**	**$ 662,462**	**$ 6,226,675**
Current Period Net Reimbursement	**$ 2,744,861**	**$ 1,794,057**	**$ 2,995,301**	**$ 264,007**	**$ 981,596**	**$ 8,779,822**
Previous Period Net Reimbursement	**$ 463,586**	**$ 271,298**	**$ 559,668**	**$ 69,184**	**$ 149,490**	**$ 1,513,227**
Amount Difference	**$ 2,281,275**	**$ 1,522,759**	**$ 2,435,633**	**$ 194,822**	**$ 832,106**	**$ 7,266,595**
Percent Change	**492.09%**	**561.29%**	**435.19%**	**281.60%**	**556.63%**	**480.21%**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA
Statistical Analysis

Benefit Period	Inpatient						Hospital Outpatient			Physician Outpatient			Other Outpatient	Total
	Admits Per 1000	Days Per 1000	Average Length of Stay	Paid Per Admit	Paid Per Day	Paid PMPM	Visits Per 1000	Paid Per Visit	Paid PMPM	Services Per 1000	Paid Per Service	Paid PMPM	Paid PMPM	Paid PMPM
Traditional														
Current	52.63	129.70	2.46	$ 13,979.07	$ 5,672.67	$ 61.31	1,073.31	$ 824.28	$ 73.73	11,695.49	$ 72.84	$ 70.99	$ 28.61	$ 234.64
Previous	39.55	299.44	7.57	$ 37,564.71	$ 4,961.38	$ 123.80	683.62	$ 561.83	$ 32.01	6,293.79	$ 61.26	$ 32.13	$ 12.94	$ 200.88
% Change	33.08%	-56.69%	-67.45%	-62.79%	14.34%	-50.48%	57.00%	46.71%	130.35%	85.83%	18.91%	120.97%	121.03%	16.81%
Blue Select														
Current	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
Previous	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
% Change	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PPO														
Current	67.56	311.80	4.62	$ 13,030.98	$ 2,823.59	$ 73.37	662.17	$ 597.40	$ 32.96	9,125.63	$ 59.10	$ 44.95	$ 18.93	$ 170.21
Previous	46.29	128.35	2.77	$ 6,983.91	$ 2,518.79	$ 26.94	490.27	$ 436.30	$ 17.83	6,739.61	$ 55.56	$ 31.20	$ 10.43	$ 86.40
% Change	45.95%	142.92%	66.44%	86.59%	12.10%	172.32%	35.06%	36.92%	84.93%	35.40%	6.38%	44.05%	81.50%	97.00%
Montana Care														
Current	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
Previous	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
% Change	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Montana Health														
Current	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
Previous	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
% Change	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
BlueChoice														
Current	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
Previous	-	-	-	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	$ -
% Change	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total														
Current	**65.51**	**286.81**	**4.38**	**$ 13,135.50**	**$ 3,000.37**	**$ 71.71**	**718.58**	**$ 643.90**	**$ 38.56**	**9,478.26**	**$ 61.43**	**$ 48.52**	**$ 20.26**	**$ 179.05**
Previous	**45.23**	**155.21**	**3.43**	**$ 11,181.27**	**$ 3,258.54**	**$ 42.15**	**520.62**	**$ 462.18**	**$ 20.05**	**6,669.62**	**$ 56.40**	**$ 31.35**	**$ 10.83**	**$ 104.37**
% Change	**44.84%**	**84.79%**	**27.59%**	**17.48%**	**-7.92%**	**70.15%**	**38.02%**	**39.32%**	**92.29%**	**42.11%**	**8.92%**	**54.78%**	**87.15%**	**71.55%**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Variance Analysis

Components of Change	Variance Analysis: Current to Previous				Percent of Change
	Inpatient	Outpatient	Total	Per Subscriber	
Subscriber Count	$ 1,283,542	$ 2,245,243	$ 3,528,785	$ 145.40	233.20%
Family Size	$ 58,726	$ 102,727	$ 161,453	$ 6.65	10.67%
Coordination of Benefits	$ (25,571)	$ 4,699	$ (20,871)	$ (0.86)	-1.38%
Average Length of Stay	$ 515,062	$ -	$ 515,062	$ 21.22	34.04%
Utilization Rate	$ 1,068,058	$ 1,187,259	$ 2,255,317	$ 92.93	149.04%
Price of Care	$ 15,020	$ 692,930	$ 707,950	$ 29.17	46.78%
Network Discounts	$ (231,251)	$ (10,825)	$ (242,076)	$ (9.97)	-16.00%
Subscriber Share	$ 96,142	$ 264,834	$ 360,975	$ 14.87	23.85%
Total	**$ 2,779,728**	**$ 4,486,867**	**$ 7,266,595**	**$ 299.41**	**480.21%**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Total Contract Months by Benefit Option/Contract Type/Employee Status

Benefit Status	Current Period					Previous Period				
	Subscriber Only	Subscriber/ Spouse	Subscriber/ Dependent(s)	Subscriber/ Spouse/ Dependent(s)	Totals	Subscriber Only	Subscriber/ Spouse	Subscriber/ Dependent(s)	Subscriber/ Spouse/ Dependent(s)	Totals
Traditional										
Active	2,015	389	548	475	3,427	685	122	159	163	1,129
Retirees Under 65	-	-	-	-	-	-	-	-	-	-
Medicare Eligible	-	-	-	-	-	-	-	-	-	-
COBRA	-	-	-	-	-	-	-	-	-	-
Total	**2,015**	**389**	**548**	**475**	**3,427**	**685**	**122**	**159**	**163**	**1,129**
Blue Select										
Active	-	-	-	-	-	-	-	-	-	-
Retirees Under 65	-	-	-	-	-	-	-	-	-	-
Medicare Eligible	-	-	-	-	-	-	-	-	-	-
COBRA	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
PPO										
Active	12,290	1,887	2,988	3,678	20,843	3,821	519	916	899	6,155
Retirees Under 65	-	-	-	-	-	-	-	-	-	-
Medicare Eligible	-	-	-	-	-	-	-	-	-	-
COBRA	-	-	-	-	-	-	-	-	-	-
Total	**12,290**	**1,887**	**2,988**	**3,678**	**20,843**	**3,821**	**519**	**916**	**899**	**6,155**
Montana Care										
Active	-	-	-	-	-	-	-	-	-	-
Retirees Under 65	-	-	-	-	-	-	-	-	-	-
Medicare Eligible	-	-	-	-	-	-	-	-	-	-
COBRA	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Montana Health										
Active	-	-	-	-	-	-	-	-	-	-
Retirees Under 65	-	-	-	-	-	-	-	-	-	-
Medicare Eligible	-	-	-	-	-	-	-	-	-	-
COBRA	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
BlueChoice										
Active	-	-	-	-	-	-	-	-	-	-
Retirees Under 65	-	-	-	-	-	-	-	-	-	-
Medicare Eligible	-	-	-	-	-	-	-	-	-	-
COBRA	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total										
Active	14,305	2,276	3,536	4,153	24,270	4,506	641	1,075	1,062	7,284
Retirees Under 65	-	-	-	-	-	-	-	-	-	-
Medicare Eligible	-	-	-	-	-	-	-	-	-	-
COBRA	-	-	-	-	-	-	-	-	-	-
Total	**14,305**	**2,276**	**3,536**	**4,153**	**24,270**	**4,506**	**641**	**1,075**	**1,062**	**7,284**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Dental Claims by Benefit Category

Benefit Category	Services			Payments			Paid per Service		
	Current	Previous	% Change	Current	Previous	% Change	Current	Previous	% Change
Preventive	8,140	1,972	312.78%	$ 228,398	$ 56,015	307.74%	$ 28.06	$ 28.41	-1.22%
Restorative	3,260	924	252.81%	$ 222,911	$ 63,914	248.77%	$ 68.38	$ 69.17	-1.15%
Endodontic	176	63	179.37%	$ 311	$ -	n/a	$ 1.77	$ -	n/a
Periodontal	316	73	332.88%	$ -	$ 176	-100.00%	$ -	$ 2.41	-100.00%
Oral Surgery	14	5	180.00%	$ 2,129	$ 730	191.46%	$ 152.06	$ 146.08	4.09%
Orthodontic	18	7	157.14%	$ -	$ -	n/a	$ -	$ -	n/a
Diagnostic Services	18	7	157.14%	$ -	$ -	n/a	$ -	$ -	n/a
Prosthodontics	-	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
Implants	10	3	233.33%	$ -	$ -	n/a	$ -	$ -	n/a
Other Dental	225	20	1025.00%	$ 1,944	$ 67	2807.97%	$ 8.64	$ 3.34	158.49%
Totals	**12,177**	**3,074**	**296.13%**	**$ 455,693**	**$ 120,902**	**276.91%**	**$ 37.42**	**$ 39.33**	**-4.85%**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Third Party Drug Claims by Therapeutic Group

Therapeutic Group	Prescriptions			Payments			Paid per Prescription		
	Current	Previous	% Change	Current	Previous	% Change	Current	Previous	% Change
ANTIHISTAMINES & COMB	157	50	214.00%	$ 487	$ 105	364.80%	$ 3.10	$ 2.10	48.03%
ANTI-INFECTIVE AGENTS	1729	423	308.75%	$ 33,770	$ 5,640	498.77%	$ 19.53	$ 13.33	46.49%
ANTINEOPLASTIC AGENTS	54	18	200.00%	$ 19,751	$ 559	3433.40%	$ 365.76	$ 31.05	1077.80%
AUTONOMIC DRUGS	570	176	223.86%	$ 13,864	$ 2,186	534.34%	$ 24.32	$ 12.42	95.87%
BLOOD DERIVATIVES	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
BLOOD FORM/COAGUL AGENTS	62	1	6100.00%	$ 5,681	$ 101	5517.01%	$ 91.63	$ 101.14	-9.40%
CARDIOVASCULAR SYSTEM	1588	384	313.54%	$ 36,851	$ 7,804	372.23%	$ 23.21	$ 20.32	14.19%
CENTRAL NERVOUS SYSTEM	4331	1,076	302.51%	$ 101,638	$ 27,097	275.10%	$ 23.47	$ 25.18	-6.81%
CONTRACEPTIVE CREAM/FOAM/DEVICES	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
DENTAL AGENTS	43	7	514.29%	$ -	$ -	n/a	$ -	$ -	n/a
DIAGNOSTIC AGENTS	57	14	307.14%	$ 3,912	$ 520	652.09%	$ 68.63	$ 37.15	84.72%
DISINFECTANTS	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
ELECTROLYTIC,CALORIC, WATER	488	106	360.38%	$ 2,966	$ 134	2118.04%	$ 6.08	$ 1.26	381.79%
ENZYMES	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
ANTITUSS/EXPECTOR/MUCOLYTIC	204	56	264.29%	$ 1,015	$ 230	341.45%	$ 4.98	$ 4.11	21.18%
EYE, EAR, NOSE, THROAT	305	78	291.03%	$ 5,026	$ 1,679	199.42%	$ 16.48	$ 21.52	-23.43%
GASTROINTESTINAL DRUGS	377	89	323.60%	$ 16,317	$ 3,421	376.95%	$ 43.28	$ 38.44	12.60%
GOLD COMPOUNDS	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
HEAVY METAL ANTAGONISTS	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
HORMONES AND SYNTHETIC SUBSTANCES	3025	685	341.61%	$ 81,206	$ 17,424	366.05%	$ 26.84	$ 25.44	5.54%
IMMUNOSUPPRESSANTS	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
ANESTHETICS, LOCAL	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
OXYTOCICS	1	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
RADIOACTIVE AGENTS	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
SERUMS, TOXOIDS, VACCINES	1	-	n/a	$ 18	$ -	n/a	$ 18.01	$ -	n/a
SKIN & MUCOUS RELAXANTS	581	142	309.15%	$ 15,004	$ 3,503	328.29%	$ 25.82	$ 24.67	4.68%
SMOOTH MUSCLE RELAXANTS	8	2	300.00%	$ 157	$ 41	278.04%	$ 19.58	$ 20.72	-5.49%
VITAMINS & COMB	83	37	124.32%	$ 260	$ -	n/a	$ 3.13	$ -	n/a
UNCLASSIFIED AGENTS	401	55	629.09%	$ 39,660	$ 1,823	2075.62%	$ 98.90	$ 33.14	198.40%
DEVICES & NON-DRUG ITEMS	23	10	130.00%	$ 10	$ 1	610.20%	$ 0.45	$ 0.15	208.78%
PHARMACEUTICAL AIDS/ADJUVANTS	0	-	n/a	$ -	$ -	n/a	$ -	$ -	n/a
MISCELLANEOUS PRODUCTS	6,989	1,147	509.33%	$ 345,734	$ 36,957	835.51%	$ 49.47	$ 49.47	0.00%
TOTALS	**21,077**	**4,556**	**362.62%**	**$ 723,329**	**$ 109,224**	**562.24%**	**$ 34.32**	**$ 23.97**	**43.15%**

NOTE: Third party drug claims are only shown on Healthcare Experience Report, Summary Experience Report, and this report.

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Claims Distribution Analysis

Subscribers	Current Period				Previous Period				Percent Change	
	Individuals		Total Paid		Individuals		Total Paid			
Total Paid per Individual	Number	% of Total	Amount	% of Total	Number	% of Total	Amount	% of Total	Individuals	Total Paid
No Claims Submitted	152	5.83%	$ -	0.00%	597	39.59%	$ -	0.00%	-74.54%	0.00%
Less than $499.99	1,359	52.13%	$ 227,130	4.39%	858	43.63%	$ 110,834	10.19%	106.53%	104.93%
$500.00 to $999.99	389	14.92%	$ 272,335	5.27%	116	7.69%	$ 80,363	7.39%	235.34%	238.88%
$1,000.00 to $4,999.99	520	19.95%	$ 1,080,607	20.90%	102	6.76%	$ 203,380	18.69%	409.80%	431.32%
$5,000.00 to $9,999.99	86	3.30%	$ 606,208	11.72%	15	0.99%	$ 109,921	10.10%	473.33%	451.50%
$10,000.00 to $24,999.99	65	2.49%	$ 935,320	18.09%	16	1.06%	$ 213,638	19.64%	306.25%	337.81%
$25,000.00 to $49,999.99	21	0.81%	$ 680,155	13.15%	3	0.20%	$ 107,805	9.91%	600.00%	530.91%
$50,000.00 to $99,999.99	11	0.42%	$ 715,221	13.83%	-	0.00%	$ -	0.00%	n/a	n/a
$100,000.00 or More	4	0.15%	$ 653,513	12.64%	1	0.07%	$ 262,028	24.08%	300.00%	149.41%
Total	2,607	100.00%	$ 5,170,489	100.00%	1,508	100.00%	$ 1,087,969	100.00%	72.88%	375.24%

Spouses	Current Period				Previous Period				Percent Change	
	Individuals		Total Paid		Individuals		Total Paid			
Total Paid per Individual	Number	% of Total	Amount	% of Total	Number	% of Total	Amount	% of Total	Individuals	Total Paid
No Claims Submitted	120	18.22%	$ -	0.00%	146	38.12%	$ -	0.00%	-17.81%	0.00%
Less than $499.99	265	35.81%	$ 58,540	3.00%	163	42.58%	$ 28,029	9.51%	62.58%	108.86%
$500.00 to $999.99	135	18.24%	$ 96,254	4.93%	28	7.31%	$ 19,877	6.75%	382.14%	384.26%
$1,000.00 to $4,999.99	130	17.57%	$ 285,697	14.65%	35	9.14%	$ 74,552	25.30%	271.43%	283.22%
$5,000.00 to $9,999.99	51	6.89%	$ 364,920	18.71%	8	2.09%	$ 57,341	19.46%	537.50%	536.40%
$10,000.00 to $24,999.99	27	3.55%	$ 399,408	20.47%	1	0.26%	$ 10,500	3.56%	2600.00%	3703.86%
$25,000.00 to $49,999.99	9	1.22%	$ 292,513	14.99%	1	0.28%	$ 48,927	16.60%	800.00%	497.85%
$50,000.00 to $99,999.99	1	0.14%	$ 86,686	4.44%	1	0.26%	$ 55,438	18.81%	0.00%	58.37%
$100,000.00 or More	2	0.27%	$ 366,720	18.80%	-	0.00%	$ -	0.00%	n/a	n/a
Total	740	100.00%	$ 1,950,738	100.00%	383	100.00%	$ 294,862	100.00%	93.21%	562.02%

Dependents	Current Period				Previous Period				Percent Change	
	Individuals		Total Paid		Individuals		Total Paid			
Total Paid per Individual	Number	% of Total	Amount	% of Total	Number	% of Total	Amount	% of Total	Individuals	Total Paid
No Claims Submitted	245	14.57%	$ -	0.00%	389	41.52%	$ -	0.00%	-37.02%	0.00%
Less than $499.99	875	52.05%	$ 184,007	7.73%	433	46.21%	$ 71,216	29.70%	102.08%	158.38%
$500.00 to $999.99	257	15.29%	$ 181,413	7.62%	60	6.40%	$ 40,669	16.96%	328.33%	348.07%
$1,000.00 to $4,999.99	253	15.05%	$ 506,289	21.25%	49	5.23%	$ 87,574	36.52%	416.33%	478.11%
$5,000.00 to $9,999.99	29	1.73%	$ 206,194	8.66%	6	0.64%	$ 40,360	16.83%	383.33%	410.88%
$10,000.00 to $24,999.99	13	0.77%	$ 189,002	7.10%	-	0.00%	$ -	0.00%	n/a	n/a
$25,000.00 to $49,999.99	4	0.24%	$ 153,293	8.44%	-	0.00%	$ -	0.00%	n/a	n/a
$50,000.00 to $99,999.99	1	0.06%	$ 78,521	3.30%	-	0.00%	$ -	0.00%	n/a	n/a
$100,000.00 or More	4	0.24%	$ 903,225	37.92%	-	0.00%	$ -	0.00%	n/a	n/a
Total	1,681	100.00%	$ 2,381,924	100.00%	937	100.00%	$ 239,819	100.00%	79.40%	893.22%

Totals	Current Period				Previous Period				Percent Change	
	Individuals		Total Paid		Individuals		Total Paid			
Total Paid per Individual	Number	% of Total	Amount	% of Total	Number	% of Total	Amount	% of Total	Individuals	Total Paid
No Claims Submitted	517	10.28%	$ -	0.00%	1,132	40.03%	$ -	0.00%	-54.33%	0.00%
Less than $499.99	2,499	49.70%	$ 469,877	4.94%	1,254	44.34%	$ 210,079	12.95%	99.28%	123.57%
$500.00 to $999.99	781	15.53%	$ 550,002	5.79%	204	7.21%	$ 140,909	8.68%	282.84%	290.32%
$1,000.00 to $4,999.99	903	17.96%	$ 1,872,572	19.70%	186	8.58%	$ 365,506	22.53%	385.48%	412.32%
$5,000.00 to $9,999.99	166	3.30%	$ 1,177,322	12.39%	29	1.03%	$ 207,622	12.80%	472.41%	487.05%
$10,000.00 to $24,999.99	105	2.09%	$ 1,503,730	15.82%	17	0.60%	$ 224,138	13.81%	517.65%	570.90%
$25,000.00 to $49,999.99	34	0.68%	$ 1,125,961	11.85%	4	0.14%	$ 156,732	9.66%	750.00%	618.40%
$50,000.00 to $99,999.99	13	0.26%	$ 880,428	9.26%	1	0.04%	$ 55,436	3.42%	1200.00%	1488.18%
$100,000.00 or More	10	0.20%	$ 1,923,458	20.24%	1	0.04%	$ 262,028	18.15%	900.00%	634.06%
Total	5,028	100.00%	$ 9,503,150	100.00%	2,828	100.00%	$ 1,622,451	100.00%	77.79%	485.73%

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Large Claims Analysis

Based on Total Paid Dollars Accumulating to Greater Than $25,000 per Individual per Period

Large Claims per Individual - Current Period		
Primary Treatment Group	**Coverage Term Date**	**Total Dollars**
123 - Compromised Infant, Level I		$312,464.82
103 - Breast Disease		$254,069.27
70 - Pancreatic Disease		$243,337.49
122 - Child Health Supervision		$232,144.68
123 - Compromised Infant, Level I	No Longer Covered	$228,374.87
103 - Breast Disease		$146,393.71
64 - Intra-Abdominal Conditions		$137,895.86
123 - Compromised Infant, Level I		$130,240.19
115 - Strains, Sprains, Upper Limbs		$123,382.51
109 - Back Disorders		$115,154.15
109 - Back Disorders		$92,329.44
55 - Valvular Heart Disease		$86,685.82
64 - Intra-Abdominal Conditions		$82,879.46
120 - Poisoning		$78,520.75
117 - Complications Of Surgical And Medical Care		$72,241.68
58 - Coronary Artery Disease, Angina		$68,605.61
91 - Prostate Disease		$62,848.48
33 - Spinal Cord And Root Disorders		$60,466.47
58 - Coronary Artery Disease, Angina		$57,180.15
66 - Gastrointestinal Infections		$56,830.86
52 - Arrhythmias		$56,131.90
108 - Inflammatory Disorders Of The Musculoskeletal System	No Longer Covered	$53,005.47
121 - Psychiatric	No Longer Covered	$52,701.47
108 - Inflammatory Disorders Of The Musculoskeletal System		$44,788.59
91 - Prostate Disease		$41,768.97
21 - Conditions Of The Lymphatic And Hematopoietic System		$41,512.63
122 - Child Health Supervision		$40,469.85

121 - Psychiatric		$39,852.36
91 - Prostate Disease		$37,992.98
104 - Systemic Infections		$37,413.61
112 - Fractures		$36,559.10
116 - Miscellaneous Diagnoses		$36,355.66
109 - Back Disorders		$35,903.28
123 - Compromised Infant, Level I	No Longer Covered	$35,557.24
109 - Back Disorders		$34,891.36
99 - Pregnancy And Delivery		$34,789.78
69 - Gastrointestinal Bleeding		$34,481.46
108 - Inflammatory Disorders Of The Musculoskeletal System		$32,959.07
121 - Psychiatric		$32,800.83
108 - Inflammatory Disorders Of The Musculoskeletal System		$32,779.12
40 - Disorders Of Nose And Sinus		$32,741.06
109 - Back Disorders		$32,551.93
61 - Endocarditis		$32,143.32
99 - Pregnancy And Delivery		$32,112.77
63 - Inflammatory Diseases Of The Ugi Tract		$31,421.86
108 - Inflammatory Disorders Of The Musculoskeletal System		$30,824.00
18 - Disorders Of Lipid Metabolism		$30,071.07
99 - Pregnancy And Delivery	No Longer Covered	$29,647.45
97 - Dysfunction Of Female Reproductive System		$28,917.07
9 - Thyroid Disorders		$28,792.02
103 - Breast Disease		$28,197.36
77 - Benign Neoplasms Of Colon/Rectum		$27,575.96
104 - Systemic Infections		$26,576.46
58 - Coronary Artery Disease, Angina	No Longer Covered	$26,385.81
96 - Neoplasms, Anomalies And Injuries Of The Gu Tract		$26,123.26
34 - Conditions Of The Eye And Adnexa		$25,943.11
32 - Traumatic And Post-Surgical Conditions		$25,060.87
	Total	$3,929,846.38
	Average Cost Per Large Claim	$68,944.67

Large Claims per Individual - Previous Period		
Primary Treatment Group	**Coverage Term Date**	**Total Dollars**
32 - Traumatic And Post-Surgical Conditions		$262,028.33
109 - Back Disorders		$55,436.25
91 - Prostate Disease		$48,927.13
73 - Acquired Gi Anomalies		$41,063.56
108 - Inflammatory Disorders Of The Musculoskeletal System		$37,117.78
109 - Back Disorders		$29,623.74
	Total	$474,196.79
	Average Cost Per Large Claim	$79,032.80

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Utilization by Major Diagnostic Category

MDC		Inpatient			Outpatient			Total		
		Current Paid Amount	Previous Paid Amount	Percent Change	Current Paid Amount	Previous Paid Amount	Percent Change	Current Paid Amount	Previous Paid Amount	Percent Change
1	Nervous	$ 113,967	$ 216,530	-47.37%	$ 223,938	$ 52,414	327.25%	$ 337,905	$ 268,944	25.64%
2	Eye	$ 1,628	$ -	n/a	$ 78,629	$ 20,691	280.01%	$ 80,257	$ 20,691	287.88%
3	Ear, Nose, Mouth, & Throat	$ 8,409	$ 700	1101.26%	$ 364,350	$ 61,312	494.25%	$ 372,759	$ 62,012	501.10%
4	Respiratory	$ 73,908	$ 17,291	327.43%	$ 103,613	$ 13,883	646.33%	$ 177,521	$ 31,174	469.45%
5	Circulatory	$ 239,031	$ 11,282	2018.69%	$ 342,408	$ 26,741	1180.45%	$ 581,439	$ 38,023	1429.17%
6	Digestive	$ 302,885	$ 53,522	465.91%	$ 492,400	$ 57,411	757.68%	$ 795,285	$ 110,933	616.91%
7	Liver, Pancreas	$ 14,000	$ 699	1903.76%	$ 259,022	$ 24,622	951.98%	$ 273,021	$ 25,321	978.24%
8	Musculoskeletal	$ 603,584	$ 87,155	592.54%	$ 884,834	$ 238,059	271.69%	$ 1,488,418	$ 325,214	357.67%
9	Skin, Breast	$ 82,911	$ 135	61379.42%	$ 541,409	$ 61,036	787.03%	$ 624,320	$ 61,171	920.61%
10	Metabolic	$ 63,044	$ 5,263	1097.85%	$ 112,177	$ 15,332	631.67%	$ 175,221	$ 20,595	750.81%
11	Kidney	$ 5,885	$ 8,559	-31.24%	$ 86,214	$ 13,608	533.55%	$ 92,098	$ 22,167	315.48%
12	Male Reproductive	$ 29,700	$ 10,210	190.89%	$ 118,234	$ 40,641	190.92%	$ 147,934	$ 50,851	190.92%
13	Female Reproductive	$ 159,809	$ 1,380	11483.47%	$ 166,517	$ 53,093	213.63%	$ 326,326	$ 54,473	499.06%
14	Pregnancy, Childbirth	$ 436,351	$ 84,013	419.38%	$ 76,327	$ 17,889	326.66%	$ 512,678	$ 101,903	403.10%
15	Newborns	$ 866,376	$ 21,995	3839.05%	$ 61,664	$ 602	10151.63%	$ 928,039	$ 22,596	4007.09%
16	Blood	$ 30,736	$ 868	3441.89%	$ 36,979	$ 981	3668.56%	$ 67,715	$ 1,849	3562.18%
17	Spine, Bone Marrow	$ 2,763	$ -	n/a	$ 71,096	$ 1,981	3489.80%	$ 73,859	$ 1,981	3629.32%
18	Infections	$ 76,060	$ -	n/a	$ 59,932	$ 1,850	3139.98%	$ 135,993	$ 1,850	7251.83%
19	Mental	$ 82,949	$ 25	336408.44%	$ 253,991	$ 30,177	741.67%	$ 336,940	$ 30,202	1015.63%
20	Alcohol/Drug Abuse	$ 20,192	$ 6,000	236.53%	$ 20,402	$ 1,468	1290.02%	$ 40,594	$ 7,468	443.59%
21	Injuries, Poisoning	$ 53,034	$ 4,806	1003.61%	$ 57,589	$ 11,715	391.57%	$ 110,623	$ 16,521	569.60%
22	Burns	$ 1,760	$ -	n/a	$ 10,861	$ 537	1921.82%	$ 12,621	$ 537	2249.42%
23	Health Status	$ 35,581	$ 19,584	81.69%	$ 407,279	$ 79,087	414.97%	$ 442,860	$ 98,671	348.83%
24	Multiple Trauma	$ -	$ -	n/a	$ -	$ -	n/a	$ -	$ -	n/a
25	HIV Infections	$ -	$ -	n/a	$ -	$ -	n/a	$ -	$ -	n/a
	Other	$ 25,579	$ 398	6322.15%	$ 619,817	$ 137,682	350.18%	$ 645,396	$ 138,080	367.41%
	Totals	**$ 3,330,141**	**$ 550,413**	**505.03%**	**$ 5,449,681**	**$ 962,814**	**466.02%**	**$ 8,779,822**	**$ 1,513,227**	**480.21%**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Inpatient Utilization by Principal Disease Category

Current Period

Rank	Principal Disease Category	Admits	Admits Per 1000	Days	Days Per 1000	Average Length of Stay	Total Paid	Paid Per Admit	Paid Per Day
1	1504 Neonatal Distress	9	2.32	203	52.36	22.56	$ 470,943	$ 52,327.00	$ 2,319.92
2	1503 Premature Infant	17	4.38	199	51.33	11.71	$ 333,908	$ 19,641.65	$ 1,677.93
3	1454 Osteoarthritis	7	1.81	19	4.90	2.71	$ 230,278	$ 32,896.86	$ 12,119.89
4	1101 Vaginal Delivery	39	10.06	70	18.05	1.79	$ 228,283	$ 5,853.41	$ 3,261.19
5	1102 Delivery, Cesarean Section	15	3.87	88	22.70	5.87	$ 185,534	$ 12,368.93	$ 2,108.34
6	1485 Disorders Of Spinal Column, Nec	1	0.26	2	0.52	2.00	$ 111,912	$ 111,912.00	$ 55,956.00
7	834 Coronary Artery Disease (Without Prior Cabg)	3	0.77	5	1.29	1.67	$ 105,351	$ 35,117.00	$ 21,070.20
8	616 Appendicitis	5	1.29	11	2.84	2.20	$ 85,921	$ 17,184.20	$ 7,811.00
9	1416 Dislocation Of The Knee	1	0.26	15	3.87	15.00	$ 85,507	$ 85,507.00	$ 5,700.47
10	819 Disease Of The Mitral Valve	1	0.26	4	1.03	4.00	$ 72,363	$ 72,363.00	$ 18,090.75
11	1120 Cancer Of The Female Breast	2	0.52	7	1.81	3.50	$ 70,556	$ 35,278.00	$ 10,079.43
12	504 Bacterial Pneumonia, Other	4	1.03	24	6.19	6.00	$ 68,152	$ 17,038.00	$ 2,839.67
13	1405 Herniated Intervertebral Disk	3	0.77	3	0.77	1.00	$ 64,603	$ 21,534.33	$ 21,534.33
14	604 Gastroenteritis	6	1.55	12	3.10	2.00	$ 51,555	$ 8,592.50	$ 4,296.25
15	245 Bipolar Disorder - Manic Episode	2	0.52	60	15.48	30.00	$ 49,987	$ 24,993.50	$ 833.12
	All Others	139	35.85	390	100.59	2.81	$ 1,121,563	$ 8,068.80	$ 2,875.80
	Totals	**254**	**65.51**	**1,112**	**286.81**	**4.38**	**$ 3,336,416**	**$ 13,135.50**	**$ 3,000.37**

Previous Period

Rank	Principal Disease Category	Admits	Admits Per 1000	Days	Days Per 1000	Average Length of Stay	Total Paid	Paid Per Admit	Paid Per Day
1	215 Head Injury	3	2.66	19	16.85	6.33	$ 230,489	$ 76,829.67	$ 12,131.00
2	1454 Osteoarthritis	2	1.77	5	4.43	2.50	$ 77,197	$ 38,598.50	$ 15,439.40
3	1101 Vaginal Delivery	12	10.64	22	19.51	1.83	$ 61,250	$ 5,104.17	$ 2,784.09
4	628 Hiatal Hernia/Reflux Esophagitis	1	0.89	3	2.66	3.00	$ 31,878	$ 31,878.00	$ 10,626.00
5	1879 General Rehabilitation	3	2.66	43	38.14	14.33	$ 20,639	$ 6,879.67	$ 479.98
6	1102 Delivery, Cesarean Section	2	1.77	6	5.32	3.00	$ 19,421	$ 9,710.50	$ 3,236.83
7	1675 Symptoms, Signs, Other Conditions	1	0.89	1	0.89	1.00	$ 11,536	$ 11,536.00	$ 11,536.00
8	1001 Carcinoma Of The Prostate	1	0.89	1	0.89	1.00	$ 10,969	$ 10,969.00	$ 10,969.00
9	1174 Disorders And Complications Of Pregnancy, Nec	1	0.89	5	4.43	5.00	$ 10,837	$ 10,837.00	$ 2,167.40
10	504 Bacterial Pneumonia, Other	1	0.89	3	2.66	3.00	$ 10,253	$ 10,253.00	$ 3,417.67
11	631 Peptic Ulcer Disease	1	0.89	2	1.77	2.00	$ 8,942	$ 8,942.00	$ 4,471.00
12	202 Viral Meningitis, Encephalitis And Myelitis	2	1.77	5	4.43	2.50	$ 8,785	$ 4,392.50	$ 1,757.00
13	1570 Newborn Infant W/O Mention Of Complication	7	6.21	14	12.42	2.00	$ 8,387	$ 1,198.14	$ 599.07
14	615 Diverticular Disease	1	0.89	2	1.77	2.00	$ 8,133	$ 8,133.00	$ 4,066.50
15	903 Cancer Of The Urinary Bladder	1	0.89	1	0.89	1.00	$ 7,934	$ 7,934.00	$ 7,934.00
	All Others	12	10.64	43	38.14	-	$ 43,595	$ -	$ -
	Totals	**51**	**45.23**	**175**	**155.21**	**3.43**	**$ 570,245**	**$ 11,181.27**	**$ 3,258.54**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Inpatient Utilization for Top 15 Hospitals

Current Period

Rank	Hospital Name	Hospital Location	Admits	Days	Length of Stay	Hospital Charges	Charge per Admit	Charge per Day	Hospital Payments	Payments Per Admit	Payments Per Day
1	ST VINCENT HEALTHCARE	BILLINGS, MT	34	193	5.68	$ 789,740	$ 23,227.65	$ 4,091.92	$ 484,322	$ 14,244.76	$ 2,509.44
2	HOLY ROSARY HEALTHCARE	MILES CITY, MT	17	233	13.71	$ 803,964	$ 47,292.00	$ 3,450.49	$ 490,142	$ 28,631.88	$ 2,103.61
3	BILLINGS CLINIC(HOSP)	BILLINGS, MT	26	109	4.19	$ 500,186	$ 19,237.92	$ 4,588.86	$ 364,137	$ 14,005.27	$ 3,340.71
4	BENEFIS HEALTHCARE	GREAT FALLS, MT	20	124	6.20	$ 389,465	$ 19,473.25	$ 3,140.85	$ 307,701	$ 15,385.05	$ 2,481.46
5	KALISPELL REGIONAL HOS	KALISPELL, MT	33	89	2.70	$ 263,998	$ 7,999.94	$ 2,966.27	$ 220,877	$ 6,693.24	$ 2,481.76
6	BOZEMAN DEACONESS	BOZEMAN, MT	13	22	1.69	$ 153,475	$ 11,805.77	$ 6,976.14	$ 142,967	$ 10,997.46	$ 6,498.50
7	ST PETERS HOSPITAL	HELENA, MT	16	36	2.25	$ 61,135	$ 3,820.94	$ 1,698.19	$ 52,483	$ 3,280.19	$ 1,457.86
8	COMMUNITY MEDICAL CENT	MISSOULA, MT	13	27	2.08	$ 121,454	$ 9,342.62	$ 4,498.30	$ 78,644	$ 6,049.54	$ 2,912.74
9	ST PATRICK HOSPITAL	MISSOULA, MT	10	22	2.20	$ 102,955	$ 10,295.50	$ 4,679.77	$ 64,612	$ 6,461.20	$ 2,936.91
10	NORTH VALLEY HOSPITAL	WHITEFISH, MT	12	23	1.92	$ 59,718	$ 4,976.50	$ 2,596.43	$ 44,962	$ 3,746.83	$ 1,954.87
11	GLENDIVE MED CENTER	GLENDIVE, MT	5	21	4.20	$ 65,478	$ 13,095.60	$ 3,118.00	$ 48,227	$ 9,645.40	$ 2,296.52
12	KBH FORMERLY RIVENDELL	BILLINGS, MT	1	55	55.00	$ 42,350	$ 42,350.00	$ 770.00	$ 42,350	$ 42,350.00	$ 770.00
13	VA MT HEALTHCARE SYSTE	FORT HARRISON, MT	2	15	7.50	$ 57,472	$ 28,736.00	$ 3,831.47	$ 50,945	$ 25,472.50	$ 3,396.33
14	SIDNEY HEALTH CENTER	SIDNEY, MT	6	15	2.50	$ 17,382	$ 2,897.00	$ 1,158.80	$ 14,843	$ 2,473.83	$ 989.53
15	ST JAMES COMMUNITY HOS	BUTTE, MT	4	9	2.25	$ 43,276	$ 10,819.00	$ 4,808.44	$ 32,242	$ 8,060.50	$ 3,582.44
	All Others		42	119	2.83	$ 671,493	$ 15,987.93	$ 5,642.80	$ 360,024	$ 8,572.00	$ 3,025.41
	Totals		**254**	**1,112**	**4.38**	**$ 4,143,541**	**$ 16,313.15**	**$ 3,726.21**	**$ 2,799,478**	**$ 11,021.57**	**$ 2,517.52**

Previous Period

Rank	Hospital Name	Hospital Location	Admits	Days	Length of Stay	Hospital Charges	Charge per Admit	Charge per Day	Hospital Payments	Payments Per Admit	Payments Per Day
1	BILLINGS CLINIC(HOSP)	BILLINGS, MT	7	26	3.71	$ 247,159	35,308.43	9,506.12	$ 217,067	$ 31,009.57	$ 8,348.73
2	KALISPELL REGIONAL HOS	KALISPELL, MT	10	26	2.60	$ 63,777	6,377.70	2,452.96	$ 46,198	$ 4,619.80	$ 1,776.85
3	BOZEMAN DEACONESS	BOZEMAN, MT	7	17	2.43	$ 26,093	3,727.57	1,534.88	$ 21,377	$ 3,053.86	$ 1,257.47
4	ST PATRICK HOSPITAL	MISSOULA, MT	4	8	2.00	$ 69,388	17,347.00	8,673.50	$ 52,049	$ 13,012.25	$ 6,506.13
5	ST VINCENT HEALTHCARE	BILLINGS, MT	3	15	5.00	$ 26,263	8,754.33	1,750.87	$ 26,195	$ 8,731.67	$ 1,746.33
6	ASPEN MEADOWS RETIREME	BILLINGS, MT	2	32	16.00	$ 20,235	10,117.50	632.34	$ 8,507	$ 4,253.50	$ 265.84
7	BENEFIS HEALTHCARE	GREAT FALLS, MT	2	5	2.50	$ 62,243	31,121.50	12,448.60	$ 51,457	$ 25,728.50	$ 10,291.40
8	COMMUNITY MEDICAL CENT	MISSOULA, MT	3	9	3.00	$ 9,560	3,186.67	1,062.22	$ 8,228	$ 2,742.67	$ 914.22
9	HOLY ROSARY HEALTHCARE	MILES CITY, MT	3	5	1.67	$ 13,576	4,525.33	2,715.20	$ 11,161	$ 3,720.33	$ 2,232.20
10	NORTH VALLEY HOSPITAL	WHITEFISH, MT	3	5	1.67	$ 13,849	4,616.33	2,769.80	$ 8,537	$ 2,845.67	$ 1,707.40
11	OUT OF STATE PROVIDER		1	14	14.00	$ 8,515	8,515.00	608.21	$ 5,880	$ 5,880.00	$ 420.00
12	ST JOSEPH HOSPITAL	POLSON, MT	2	4	2.00	$ 11,335	5,667.50	2,833.75	$ 7,512	$ 3,756.00	$ 1,878.00
13	OUT OF STATE PROVIDER		1	3	3.00	$ 7,707	7,707.00	2,569.00	$ 4,853	$ 4,853.00	$ 1,617.67
14	NORTHERN MONTANA	HAVRE, MT	1	2	2.00	$ 4,919	4,919.00	2,459.50	$ 3,012	$ 3,012.00	$ 1,506.00
15	ST PETERS HOSPITAL	HELENA, MT	1	3	3.00	$ 15,246	15,246.00	5,082.00	$ 953	$ 953.00	$ 317.67
	All Others		1	1	1.00	$ 3,946	3,946.00	3,946.00	$ 1,296	$ 1,296.00	$ 1,296.00
	Totals		**51**	**175**	**3.43**	**$ 603,811**	**11,839.43**	**3,450.35**	**$ 474,282**	**$ 9,299.65**	**$ 2,710.18**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Inpatient Utilization for Top 15 Physicians

Current Period

Rank	Physician Name	Physician Location	Admits	Days	Length of Stay	Physician Charges	Charge per Admit	Charge per Day	Physician Payments	Payments Per Admit	Payments Per Day
1	STEVENS KATHLEEN	BILLINGS, MT	4	213	53.25	$ 51,546	$ 12,886.50	$ 242.00	$ 22,203	$ 5,550.75	$ 104.24
2	OUT OF STATE PROVIDER		4	97	24.25	$ 34,152	$ 8,538.00	$ 352.08	$ 12,631	$ 3,157.75	$ 130.22
3	SHORT-BARTLETT SANDRA	GREAT FALLS, MT	3	59	19.67	$ 20,690	$ 6,896.67	$ 350.68	$ 12,149	$ 4,049.67	$ 205.92
4	ECK MARCI J	GREAT FALLS, MT	4	10	2.50	$ 12,484	$ 3,121.00	$ 1,248.40	$ 8,108	$ 2,027.00	$ 810.80
5	NELSON KATHLEEN G	KALISPELL, MT	3	7	2.33	$ 12,448	$ 4,149.33	$ 1,778.29	$ 7,696	$ 2,565.33	$ 1,099.43
6	CRAIG JOHN	BILLINGS, MT	2	21	10.50	$ 10,691	$ 5,345.50	$ 509.10	$ 3,234	$ 1,617.00	$ 154.00
7	KEY T (CLOSED) C	GREAT FALLS, MT	2	15	7.50	$ 6,106	$ 3,053.00	$ 407.07	$ 4,163	$ 2,081.50	$ 277.53
8	OUT OF STATE PROVIDER		1	5	5.00	$ 28,775	$ 28,775.00	$ 5,755.00	$ 23,550	$ 23,550.00	$ 4,710.00
9	MOLLOY DANIEL M	BILLINGS, MT	3	6	2.00	$ 8,756	$ 2,918.67	$ 1,459.33	$ 6,525	$ 2,175.00	$ 1,087.50
10	SPETH STEVEN R	BOZEMAN, MT	3	4	1.33	$ 33,931	$ 11,310.33	$ 8,482.75	$ 9,125	$ 3,041.67	$ 2,281.25
11	SAUER PATRICK	BILLINGS, MT	2	12	6.00	$ 5,337	$ 2,668.50	$ 444.75	$ 3,299	$ 1,649.50	$ 274.92
12	JOHNSON SANDRA J	BILLINGS, MT	2	7	3.50	$ 6,789	$ 3,394.50	$ 969.86	$ 5,385	$ 2,692.50	$ 769.29
13	SCORDALAKES CONSTANTIN	SIDNEY, MT	2	5	2.50	$ 7,150	$ 3,575.00	$ 1,430.00	$ 5,941	$ 2,970.50	$ 1,188.20
14	KILLPACK JAMES H	BUTTE, MT	1	55	55.00	$ 1,890	$ 1,890.00	$ 34.36	$ 1,033	$ 1,033.00	$ 18.78
15	BOWDEN MIRNA D	WHITEFISH, MT	2	6	3.00	$ 7,798	$ 3,899.00	$ 1,299.67	$ 4,331	$ 2,165.50	$ 721.83
	All Others		216	590	2.73	$ 387,278	$ 1,792.95	$ 656.40	$ 193,986	$ 898.08	$ 328.79
	Totals		**254**	**1,112**	**4.38**	**$ 635,821**	**$ 2,503.23**	**$ 571.78**	**$ 323,359**	**$ 1,273.07**	**$ 290.79**

Previous Period

Rank	Physician Name	Physician Location	Admits	Days	Length of Stay	Physician Charges	Charge per Admit	Charge per Day	Physician Payments	Payments Per Admit	Payments Per Day
1	LAVIN J (CLSD) A	KALISPELL, MT	3	7	2.33	$ 10,706	3,568.67	1,529.43	$ 6,248	$ 2,082.67	$ 892.57
2	MORONE MICHAEL A	BILLINGS, MT	1	17	17.00	$ 26,043	26,043.00	1,531.94	$ 6,734	$ 6,734.00	$ 396.12
3	SHENK LYNN F	BILLINGS, MT	2	32	16.00	$ 2,014	1,007.00	62.94	$ 1,091	$ 545.50	$ 34.09
4	DUBRAVAC STEPH(CLSD)	BOZEMAN, MT	2	7	3.50	$ 3,200	1,600.00	457.14	$ 2,175	$ 1,087.50	$ 310.71
5	WILDER WALLACE S	KALISPELL, MT	2	10	5.00	$ 1,565	782.50	156.50	$ 1,297	$ 648.50	$ 129.70
6	VANGILDER JOHN G	GREAT FALLS, MT	1	4	4.00	$ 15,058	15,058.00	3,764.50	$ 4,928	$ 4,928.00	$ 1,232.00
7	ANDERSON W (CLSD) H	BILLINGS, MT	1	11	11.00	$ 952	952.00	86.55	$ 672	$ 672.00	$ 61.09
8	CHANDLER HOWAR(CLSD)	MISSOULA, MT	1	1	1.00	$ 19,945	19,945.00	19,945.00	$ 6,677	$ 6,677.00	$ 6,677.00
9	BELLAMAH DAVID	MISSOULA, MT	1	3	3.00	$ 4,310	4,310.00	1,436.67	$ 1,816	$ 1,816.00	$ 605.33
10	FREEMAN FANEE L	BOZEMAN, MT	1	2	2.00	$ 2,600	2,600.00	1,300.00	$ 2,482	$ 2,482.00	$ 1,241.00
11	KLEIN DEBRA J	KALISPELL, MT	1	2	2.00	$ 3,357	3,357.00	1,678.50	$ 2,482	$ 2,482.00	$ 1,241.00
12	LIEN KAREN E	HAVRE, MT	1	2	2.00	$ 2,482	2,482.00	1,241.00	$ 2,482	$ 2,482.00	$ 1,241.00
13	SHOMENTO STACY(CLSD)	BOZEMAN, MT	1	2	2.00	$ 2,034	2,034.00	1,017.00	$ 2,034	$ 2,034.00	$ 1,017.00
14	MAKI JANEY	MILES CITY, MT	1	2	2.00	$ 2,712	2,712.00	1,356.00	$ 1,985	$ 1,985.00	$ 992.50
15	ROSS LISA R	BILLINGS, MT	1	2	2.00	$ 1,671	1,671.00	835.50	$ 1,638	$ 1,638.00	$ 819.00
	All Others		31	71	2.29	$ 25,583	825.26	360.32	$ 13,430	$ 433.23	$ 189.15
	Totals		**51**	**175**	**3.43**	**$ 124,232**	**2,435.92**	**709.90**	**$ 58,171**	**$ 1,140.61**	**$ 332.41**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Utilization for Top 15 Inpatient Surgeries

Current Period

Rank	DRG	Admits	Admits Per 1000	Days	Days Per 1000	Average Length of Stay	Total Paid	Paid Per Admit	Paid Per Day
1	209 Major Joint and Limb Reattachment Procedures of Lower Extremity	5	1.29	14	3.61	2.80	$ 137,440	$ 27,488.00	$ 9,817.14
2	359 Uterine and Adnexa Procedure for Non-Malignancy w/o C.C.	8	2.06	13	3.35	1.63	$ 73,685	$ 9,210.63	$ 5,668.08
3	358 Uterine and Adnexa Procedure for Non-Malignancy w C.C.	5	1.29	11	2.84	2.20	$ 74,545	$ 14,909.00	$ 6,776.82
4	497 Spinal Fusion w C.C.	3	0.77	4	1.03	1.33	$ 166,028	$ 55,342.67	$ 41,507.00
5	486 Other Operating Room Procedures for Multiple Significant Trauma	1	0.26	15	3.87	15.00	$ 85,507	$ 85,507.00	$ 5,700.47
6	498 Spinal Fusion w/o C.C.	2	0.52	5	1.29	2.50	$ 86,632	$ 43,316.00	$ 17,326.40
7	116 Othr Perm Cardiac Pcmkr Implnt/Auto Implant Cardiodefibrillator Lead/Genrtr Proc	2	0.52	4	1.03	2.00	$ 81,493	$ 40,746.50	$ 20,373.25
8	477 Non-Extensive Operating Room Procedure Unrelated to Principal Diagnosis	1	0.26	13	3.35	13.00	$ 48,454	$ 48,454.00	$ 3,727.23
9	166 Appendectomy w/o Complicated Principal Diagnosis w C.C.	2	0.52	8	2.06	4.00	$ 38,310	$ 19,155.00	$ 4,788.75
10	156 Stomach, Esophageal and Duodenal Procedures Age 0-17	2	0.52	6	1.55	3.00	$ 33,230	$ 16,615.00	$ 5,538.33
11	167 Appendectomy w/o Complicated Principal Diagnosis w/o C.C.	3	0.77	5	1.29	1.67	$ 26,366	$ 8,788.67	$ 5,273.20
12	415 Operating Room Procedure for Infectious and Parasitic Diseases	1	0.26	11	2.84	11.00	$ 28,870	$ 28,870.00	$ 2,624.55
13	105 Cardiac Valve Procedures w/o Cardiac Catheterization	1	0.26	4	1.03	4.00	$ 72,363	$ 72,363.00	$ 18,090.75
14	265 Skin Graft except for Skin Ulcer or Cellulitis w C.C.	1	0.26	5	1.29	5.00	$ 55,712	$ 55,712.00	$ 11,142.40
15	226 Soft Tissue Procedures w C.C.	2	0.52	4	1.03	2.00	$ 27,602	$ 13,801.00	$ 6,900.50
	All Others	21	5.42	59	15.22	2.81	$ 344,127	$ 16,387.00	$ 5,832.66
	Totals	**60**	**15.48**	**181**	**46.68**	**3.02**	**$ 1,380,364**	**$ 23,006.07**	**$ 7,626.32**

Previous Period

Rank	DRG	Admits	Admits Per 1000	Days	Days Per 1000	Average Length of Stay	Total Paid	Paid Per Admit	Paid Per Day
1	4 Spinal Procedures	1	0.89	17	15.08	17.00	$ 225,616	$ 225,616.00	$ 13,271.53
2	498 Spinal Fusion w/o C.C.	2	1.77	5	4.43	2.50	$ 77,197	$ 38,598.50	$ 15,439.40
3	154 Stomach, Esophageal and Duodenal Procedures Age>17 w C.C.	1	0.89	3	2.66	3.00	$ 31,878	$ 31,878.00	$ 10,626.00
4	148 Major Small and Large Bowel Procedures w C.C.	1	0.89	2	1.77	2.00	$ 8,133	$ 8,133.00	$ 4,066.50
5	344 Other Male Reproductive System Operating Room Procedures for Malignancy	1	0.89	1	0.89	1.00	$ 10,969	$ 10,969.00	$ 10,969.00
6	310 Transurethral Procedures w C.C.	1	0.89	1	0.89	1.00	$ 7,934	$ 7,934.00	$ 7,934.00
7	358 Uterine and Adnexa Procedure for Non-Malignancy w C.C.	1	0.89	3	2.66	3.00	$ 1,460	$ 1,460.00	$ 486.67
	All Others	-	-	-	-	n/a	$ -	n/a	n/a
	Totals	**8**	**7.10**	**32**	**28.38**	**4.00**	**$ 363,187**	**$ 45,398.38**	**$ 11,349.59**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

Printed: 2/29/2008

INSURE MONTANA

Outpatient Utilization by Service Type

Service Type	Current Period				Previous Period				Percent Change			
	Number of Visits	Visits Per 1000	Total Paid	Total Paid Per Visit	Number of Visits	Visits Per 1000	Total Paid	Total Paid Per Visit	Number of Visits	Visits Per 1000	Total Paid	Total Paid Per Visit
1 Surgery (NEC)	1,459	376.31	$ 615,752	$ 422.04	308	273.17	$ 132,553	$ 430.37	373.70%	37.78%	364.53%	-1.94%
20 Oral Surgery	289	74.54	$ 58,226	$ 201.47	77	68.29	$ 15,190	$ 197.28	275.32%	9.15%	283.31%	2.13%
30 Anesthesia	361	93.11	$ 133,274	$ 369.18	65	57.65	$ 25,553	$ 393.12	455.38%	61.51%	421.56%	-6.09%
50 Physician Attendance	17,472	4,506.48	$ 1,286,174	$ 73.61	3,644	3,231.93	$ 245,548	$ 67.38	379.47%	39.44%	423.80%	9.24%
60 Room and Board (NEC)	1	0.26	$ -	$ -	1	0.89	$ -	$ -	0.00%	-70.92%	n/a	n/a
70 Nursing/Supportive Svcs (NEC)	12	3.10	$ 804	$ 87.04	-	-	$ -	$ -	n/a	n/a	n/a	n/a
75 Anc & Facility Svcs (NEC)	593	152.95	$ 394,610	$ 665.45	100	88.69	$ 64,474	$ 644.74	493.00%	72.45%	512.04%	3.21%
78 Clinic (NEC)	36	9.29	$ 3,985	$ 110.69	-	-	$ -	$ -	n/a	n/a	n/a	n/a
77 Emergency Sarvices (NEC)	661	170.49	$ 120,088	$ 181.68	145	128.60	$ 21,715	$ 149.76	355.86%	32.57%	453.01%	21.31%
78 Transportation	87	22.44	$ 176,212	$ 2,025.42	13	11.53	$ 5,763	$ 443.31	569.23%	94.62%	2957.59%	356.88%
80 Supplies (NEC)	1,078	278.04	$ 223,392	$ 207.23	227	201.33	$ 49,077	$ 216.20	374.89%	38.10%	355.18%	-4.15%
82 DME/Prosthetics	524	135.15	$ 73,916	$ 141.06	88	76.27	$ 12,953	$ 150.61	509.30%	77.19%	470.67%	-8.34%
83 Blood	1	0.26	$ 553	$ 552.99	-	-	$ -	$ -	n/a	n/a	n/a	n/a
85 Diagnostic Service	916	236.28	$ 158,436	$ 172.96	143	126.83	$ 20,053	$ 140.23	540.56%	86.28%	690.09%	23.34%
86 Diagnostic Lab	5,654	1,458.31	$ 341,052	$ 60.32	1,223	1,084.70	$ 58,794	$ 48.07	362.31%	34.44%	480.08%	25.48%
87 Diagnostic Radiology	3,972	1,024.48	$ 723,215	$ 182.08	848	752.11	$ 120,518	$ 142.12	368.40%	38.21%	500.09%	28.12%
111 Chemotherapy	123	31.72	$ 35,105	$ 285.41	1	0.89	$ 4	$ 3.50	12200.00%	3476.98%	1002910.00%	8054.55%
112 Radiotherapy/Radiation Therapy	157	40.49	$ 183,896	$ 1,171.31	4	3.55	$ 8,060	$ 2,015.00	3825.00%	1041.43%	2181.60%	-41.87%
113 Resp and Pulmonary Therapy	45	11.61	$ 2,638	$ 58.62	11	9.76	$ 128	$ 11.66	309.09%	18.97%	1957.44%	402.93%
114 Occupational Therapy	29	7.48	$ 2,638	$ 90.98	5	4.43	$ 344	$ 68.88	480.00%	68.67%	666.14%	32.09%
115 Physical Therapy	2,077	535.71	$ 108,474	$ 52.23	548	486.03	$ 26,164	$ 47.74	279.01%	10.22%	314.60%	9.39%
118 Speech and Language Pathology	85	21.92	$ 6,837	$ 80.43	24	21.29	$ 1,712	$ 71.34	254.17%	3.00%	298.30%	12.74%
125 Maternity/Obstetrics	16	4.13	$ 7,827	$ 489.19	3	2.66	$ 2,847	$ 949.06	433.33%	55.10%	174.91%	-48.46%
151 Dental (NEC)	3,353	864.83	$ 228,057	$ 68.02	855	758.31	$ 55,611	$ 65.04	292.16%	14.05%	310.09%	4.57%
153 Dental Work/Extraction	1,962	506.05	$ 170,781	$ 87.04	528	468.29	$ 51,226	$ 97.02	271.59%	8.06%	233.39%	-10.28%
155 Prescription Drugs (NEC)	1,594	411.13	$ 393,713	$ 247.00	309	274.06	$ 44,527	$ 144.10	415.86%	50.02%	784.22%	71.41%
200 Other	13	3.35	$ 25	$ 1.92	5	4.43	$ -	$ -	160.00%	-24.39%	n/a	n/a
Totals	42,570	10,979.90	$ 5,449,681	$ 128.02	9,173	8,135.70	$ 962,814	$ 104.96	364.08%	34.96%	466.02%	21.97%

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

INSURE MONTANA

Utilization for Top 15 Outpatient Surgeries

Current Period					
Rank	Procedure Group	Services	Services Per 1000	Total Paid	Paid Per Service
1	31 Venipuncture (Draw Blood)	2,722	702.07	$ 61,412	$ 22.56
2	14 Musculoskeletal Surgery, NEC	427	110.13	$ 154,272	$ 361.29
3	9 Skin & Breast Surgery, NEC	525	135.41	$ 87,209	$ 166.11
4	48 Colonoscopy	160	41.27	$ 38,730	$ 242.06
5	20 Respiratory Procedures, NEC	101	26.05	$ 56,027	$ 554.72
6	39 Surgical Cardiovascular Procedure, NEC	144	37.14	$ 29,494	$ 204.82
7	63 Laparascopy	86	22.18	$ 41,962	$ 487.93
8	49 Digestive Procedures, NEC	90	23.21	$ 28,131	$ 312.57
9	75 Nervous System Procedures	84	21.67	$ 25,156	$ 299.48
10	65 Female Genital Procedure, NEC	98	25.28	$ 18,589	$ 189.68
11	5 Destruction, Facial Lesion	247	63.71	$ 7,179	$ 29.06
12	46 Upper Gi Endoscopy	70	18.05	$ 13,905	$ 198.64
13	7 Destruction Of Warts	98	25.28	$ 8,007	$ 81.70
14	85 Eye/Ocular Procedures, NEC	49	12.64	$ 14,643	$ 298.84
15	11 Arthrocentesis, Large Joint	86	22.18	$ 7,150	$ 83.14
	All Others	446	115.03	$ 89,334	$ 200.30
	Totals	**5,433**	**1,401.31**	**$ 681,200**	**$ 125.38**

Previous Period					
Rank	Procedure Group	Services	Services Per 1000	Total Paid	Paid Per Service
1	31 Venipuncture (Draw Blood)	644	571.18	$ 14,991	$ 23.28
2	14 Musculoskeletal Surgery, NEC	97	86.03	$ 40,979	$ 422.46
3	9 Skin & Breast Surgery, NEC	107	94.90	$ 19,532	$ 182.54
4	63 Laparascopy	24	21.29	$ 19,413	$ 808.88
5	48 Colonoscopy	40	35.48	$ 7,154	$ 178.85
6	20 Respiratory Procedures, NEC	27	23.95	$ 8,181	$ 303.00
7	75 Nervous System Procedures	19	16.85	$ 8,962	$ 471.68
8	46 Upper Gi Endoscopy	31	27.49	$ 4,089	$ 131.90
9	49 Digestive Procedures, NEC	23	20.40	$ 5,282	$ 229.65
10	5 Destruction, Facial Lesion	47	41.69	$ 2,138	$ 45.49
11	65 Female Genital Procedure, NEC	21	18.63	$ 4,686	$ 223.14
12	76 Cataract Removal	11	9.76	$ 8,287	$ 753.36
13	39 Surgical Cardiovascular Procedure, NEC	20	17.74	$ 2,240	$ 112.00
14	59 Male Genital Procedures, NEC	10	8.87	$ 3,979	$ 397.90
15	3 Nail Debridement/Avulsion	17	15.08	$ 2,187	$ 128.65
	All Others	94	24.25	$ 9,592	$ 102.04
	Totals	**1,232**	**1,092.68**	**$ 161,692**	**$ 131.24**

Current Period: 1/1/2007 through 12/31/2007
Previous Period: 1/1/2006 through 12/31/2006

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