

Sample Reporting Portfolio



CARRIER NUMBER: 0000
 PERIOD COVERED: XX/XX/XX THRU XX/XX/XX
 CONTRACT: 00001234

EXPRESS SCRIPTS, INC.
 TOTAL FOR GROUP
 GROUP: GR07

123520 PAGE
 INVOICE DATE: XX/XX/XX

CLAIM TYPE	COUNT	INGR. COST	PROF FEE	SALES TAX	PATIENT AMT	TOTAL
REIMBURSED BY MEDCO						
PHARMACY REIMBURSEMENTS:						
MAIL- CLAIMS	1	53.75	0.03	0.54	16.00	38.32
CREDITS	0	0.00	0.00	0.00	0.00	0.00
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
RETAIL- CLAIMS	15	637.23	32.50	4.43	358.78	315.38
CREDITS	0	0.00	0.00	0.00	0.00	0.00
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
PHCY SUBTOTALS ****	16	690.98	32.53	4.03	374.78	353.70
MEDCO TOTALS *****	16	690.98	32.53	4.03	374.78	353.70
<<< GRAND TOTALS >>	16	690.98	32.53	4.03	374.78	353.70

BREAKDOWN BY RELATIONSHIP TO MEMBER

CLAIM TYPE	MEMBER RX COUNT	MEMBER TOTAL	SPOUSE RX COUNT	SPOUSE TOTAL	DEP RX COUNT	DEP RX TOTAL	TOTAL RX	TOTAL
PHARMACY REIMBURSEMENTS:								
MAIL- CLAIMS	1	38.32	0	0.00	0	0.00	1	38.32
CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
RETAIL- CLAIMS	7	03.26	6	218.12	2	0.00	15	315.38
CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
<<< GRAND TOTALS >>	8	135.58	6	218.12	2	0.00	16	353.70

CARRIER NUMBER: 0000 .. .
 PERIOD COVERED: XX/XX/XX THRU XX/XX/XX

EXPRESS SCRIPTS, INC.
 TOTAL FOR CONTRACT

124129 PAGE 3
 INVOICE DATE: XX/XX/XX

CLAIM TYPE	COUNT	INGR. COST	PROF FEE	SALES TAX	PATIENT AMT	TOTAL
<u>REIMBURSED</u>						
<u>PHARMACY REIMBURSEMENTS:</u>						
MAIL-						
CLAIMS	8,557	824,461.05	256.71	2,099.59	104,479.31	722,338.04
CREDITS	4	247.54-	0.12-	0.00	52.00-	195.66-
SUPPLEMENTS	1	2,065.64	0.00	0.00	0.00	2,065.64
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
RETAIL-						
CLAIMS	36,843	1,071,361.15	79,841.25	9,829.16	611,431.56	549,600.00
CREDITS	331	10,834.31-	711.00-	72.44-	5,904.41-	5,713.34-
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
PHCY SUBTOTALS ****	45,736	1,886,805.99	79,386.84	11,856.31	709,954.46	1,268,094.68
<u>MEMBER REIMBURSEMENTS:</u>						
<u>DIRECT REIMBURSEMENT</u>						
CLAIMS	2,377	77,867.87	10,637.54	333.56	21,836.21	67,002.76
CREDITS	1	20.71-	0.00	0.00	0.00	20.71-
SUPPLEMENTS	6	94.32	0.00	0.00	0.00	94.32
MEMB SUBTOTALS ****	2,384	77,941.48	10,637.54	333.56	21,836.21	67,076.37
MEDCO SUBTOTALS ****	48,120	1,964,747.47	90,024.38	12,189.87	731,790.67	1,335,171.05
<u>COB REIMBURSEMENTS:</u>						
CLAIMS	502	38,315.44	1,741.00	170.00	1,424.34	5,047.08
CREDITS	0	0.00	0.00	0.00	0.00	0.00
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
COB SUBTOTALS *****	502	38,315.44	1,741.00	170.00	1,424.34	5,047.08#
MEDCO TOTALS *****	48,622	2,003,062.91	91,765.38	12,359.87	733,215.01	1,340,218.13
<<< GRAND TOTALS >>>	48,622	2,003,062.91	91,765.38	12,359.87	733,215.01	1,340,218.13

CARRIER NUMBER: 0000 .. .
 PERIOD COVERED: XX/XX/XX THRU XX/XX/XX

EXPRESS SCRIPTS, INC.
 TOTAL FOR REPORT

124130 PAGE
 INVOICE DATE: XX/XX/XX

BREAKDOWN BY RELATIONSHIP TO MEMBER

CLAIM TYPE	MEMBER RX COUNT	MEMBER TOTAL	SPOUSE RX COUNT	SPOUSE TOTAL	DEP RX COUNT	DEP RX TOTAL	TOTAL RX	TOTAL
PHARMACY REIMBURSEMENTS:								
MAIL-								
CLAIMS	5,461	467,113.71	3,013	239,808.78	83	15,415.55	8,557	722,338.04
CREDITS	3	169.48-	1	26.18-	0	0.00	4	195.66-
SUPPLEMENTS	0	0.00	0	0.00	1	2,065.64	1	2,065.64
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
RETAIL-								
CLAIMS	20,839	326,432.29	12,438	191,913.88	3,566	31,253.83	36,843	549,600.00
CREDITS	184	3,659.33-	99	1,617.98-	48	436.03-	331	5,713.34-
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
MEMBER REIMBURSEMENTS:								
DIRECT REIMBURSEMENT								
CLAIMS	1,595	41,393.37	694	23,907.41	88	1,701.98	2,377	67,002.76
CREDITS	0	0.00	0	0.00	1	20.71-	1	20.71-
SUPPLEMENTS	0	0.00	0	0.00	6	94.32	6	94.32
COB REIMBURSEMENTS:								
CLAIMS	109	1,161.46	378	3,720.39	15	165.23	502	5,047.08
CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
<<< GRAND TOTALS >>	28,191	832,272.02	16,623	457,706.30	3,808	50,239.81	48,622	1,340,218.13

DJDE JDL=IBSLCP,JDE=IBSE02,END;

ADMIN FEE INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417



EXPRESS SCRIPTS®

Account Number: XXYY-01009
Account Name: ABC CORPOR
Account Address:

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 08/31/XX - 09/29/XX

SUMMARY OF CHARGES

SERVICE CATEGORY	DESCRIPTION	QUANTITY	AMOUNT
CLAIMS PROCESSING			
	MAIL SERVICE CLAIMS	14	\$0.00
	RETAIL PHARMACY CLAIMS	55	\$0.00
	TOTAL CLAIMS:	69	\$0.00
	TOTAL AMOUNT DUE:		\$0.00

ADMIN. INVOICE

ADMIN FEE INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417



EXPRESS SCRIPTS®

Account Number: XXYY-01009
Account Name: ABC CORPOR CORP

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 08/31/XX - 09/29/XX

DESCRIPTION	QTY	UNIT PRICE	AMOUNT	SUBTOTAL
GROUP : 01009				
CLAIMS PROCESSING				
MAIL SERVICE CLAIMS	14	0.000		0.00
RETAIL PHARMACY CLAIMS	55	0.000		0.00
TOTAL	69			\$0.00
TOTAL FOR GROUP				\$0.00

ADMIN. INVOICE

ADMINISTRATIVE FEE INVOICE

Remit To: Express Scripts, Inc.
21653 Network Place
Chicago, IL 60673-1216



Account Number: XYY-01009
Account Name: ABC CORP CORP

Invoice Number:
Invoice Date: 09/30/xx
Period Covered: 08/31/xx - 09/29/xx

REMIT PAGE

Account Number	Invoice Date	Invoice Number	Total Amount Due
XYY-01009	09/30/xx		0.00

Any unpaid balances may be subject to late payment fees.

If this invoice is a credit balance, please deduct the credit from your next invoice. If a deduction is not taken, a refund will be sent to you. If you have any questions, please contact your Account Management Team.

PLEASE REMIT PAYMENT

Remit Information

ACH Transfer - Electronic Payments

Fedwire Transfer - Electronic Payments

Return this page with your payment

Payment Questions:

Please contact Accounts Receivable

Change to your Billing Address:

Please contact Billing Department

Billing Representative: Phone:

Email:

All Other Questions:

Please contact Account Management

Representative:

Phone:

Email:

CLAIMS INVOICE

Express Scripts Holding Company
 100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417



Account Number: 6698
Account Name: XYZA COMPANY
Account Address:

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

SUMMARY OF CHARGES

SERVICE CATEGORY	DESCRIPTION	QUANTITY	AMOUNT
CLAIMS PROCESSING			
	RETAIL PHARMACY	6,461	\$474,059.14
	RETAIL PHARMACY ADJ.	225	\$21,424.32 CR
	MAIL SERVICE	8,412	\$1,193,704.68
	MAIL SERVICE ADJ.	10	\$1,109.05 CR
	RETAIL DIRECTS ADJ.	662	\$4,176.30
	SPECIALTY PHARMACY CLAIMS	38	\$319,788.46
TOTAL CLAIMS:		15,808	\$1,969,195.21
INVOICE ADJUSTMENTS			
	MEMBER BALANCE APPLIED AMOUNT	34	961.77 CR
	MEMBER RECOVERY AMOUNT	130	1,263.93
TOTAL ADJUSTMENTS:			\$302.16
ADMIN COUNT SUMMARY			
	TRANSACTIONS +	15,110	
	TRANSACTIONS -	0	
	TRANSACTIONS NO EFFECT	698	
TOTAL ADMIN. COUNT:		15,110	
TOTAL AMOUNT DUE:			\$1,969,497.37

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417



Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

DESCRIPTION	QTY	AMOUNT	SUBTOTAL
CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGLIS1			
CLAIMS PROCESSING			
RETAIL PHARMACY	5	103.93	
TOTAL	5	\$103.93	

TOTAL FOR ELGBL/GRP	\$103.93
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CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGLIS2			
CLAIMS PROCESSING			
MAIL SERVICE	1	5.68	
TOTAL	1	\$5.68	

TOTAL FOR ELGBL/GRP	\$5.68
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CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	6	13.15	
MAIL SERVICE	145	23,992.82	
RETAIL PHARMACY	62	2,855.79	
RETAIL PHARMACY ADJ.	1	0.00	
TOTAL	214	\$26,861.76	

CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
INVOICE ADJUSTMENT			
MEMBER BALANCE APPLIED AMOUNT	1	25.96	CR
MEMBER RECOVERY AMOUNT	2	25.17	
TOTAL		\$0.79	CR

TOTAL FOR ELGBL/GRP	\$26,860.97
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TOTAL FOR CONTRACT	\$26,970.58
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CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
CLAIMS PROCESSING			
RETAIL PHARMACY	17	595.19	
RETAIL PHARMACY ADJ.	1	6.00	CR
TOTAL	18	\$589.19	

TOTAL FOR ELGBL/GRP	\$589.19
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CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
CLAIMS PROCESSING			
RETAIL PHARMACY	11	409.38	

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417



Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

DESCRIPTION	QTY	AMOUNT	SUBTOTAL
CONTRACT : ABOBMSEL ELGBL/GRP: ABCDDRUGLIS3			
TOTAL	11	\$409.38	
TOTAL FOR ELGBL/GRP			\$409.38

CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	5	55.68	CR
MAIL SERVICE	206	21,279.97	
MAIL SERVICE ADJ.	2	456.55	CR
RETAIL PHARMACY	210	7,271.62	
RETAIL PHARMACY ADJ.	3	107.45	CR
TOTAL	426	\$27,931.91	

CONTRACT : ABCOORUG ELGBL/GRP: ABCDDRUGLISI			
INVOICE ADJUSTMENT			
MEMBER RECOVERY AMOUNT	6		59.89
TOTAL		\$59.89	

TOTAL FOR ELGBL/GRP			\$27,991.80
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TOTAL FOR CONTRACT			\$28,990.37
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CONTRACT : ABCOORUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
MAIL SERVICE	10	1,188.03	
RETAIL PHARMACY	150	9,043.60	
RETAIL PHARMACY ADJ.	14	59.21	CR
TOTAL	174	\$10,172.42	

TOTAL FOR ELGBL/GRP			\$10,172.42
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CONTRACT : ABCOORUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	2	1.20	
MAIL SERVICE	4	418.37	
RETAIL PHARMACY	26	1,423.27	
RETAIL PHARMACY ADJ.	1	3.73	CR
TOTAL	33	\$1,839.11	

TOTAL FOR ELGBL/GRP			\$1,839.11
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MEMBER ID: 01/01/01/01

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive Franklin Lakes New Jersey 07417



Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/xx
Period Covered: 09/13/xx - 09/26/xx

DESCRIPTION	QTY	AMOUNT	SUBTOTAL
CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
MAIL SERVICE	8	806.01	
RETAIL PHARMACY	21	2,246.50	
TOTAL	29	\$3,052.51	
TOTAL FOR ELGBL/GRP			\$3,052.51

CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL PHARMACY	5	167.10	
TOTAL	5	\$167.10	
TOTAL FOR ELGBL/GRP			\$167.10

CONTRACT : WTSTSUPI ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	459	2,072.67	
MAIL SERVICE	6,233	936,966.82	
MAIL SERVICE ADJ.	5	0.00	
RETAIL PHARMACY	4,203	313,069.67	
RETAIL PHARMACY ADJ.	151	18,479.20	CR
SPECIALTY PHARMACY CLAIMS	30	198,287.15	
TOTAL	11,081	\$1,431,917.11	

CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
INVOICE ADJUSTMENT			
MEMBER BALANCE APPLIED AMOUNT	24		547.19 CR
MEMBER RECOVERY AMOUNT	94		748.72
TOTAL		\$201.53	

TOTAL FOR ELGBL/GRP			\$1,432,118.64
TOTAL FOR CONTRACT			\$1,447,349.78

CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL PHARMACY	117	7,002.32	
TOTAL	117	\$7,002.32	
TOTAL FOR ELGBL/GRP			\$7,002.32

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417



Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

C ELGBL/GRP :

CLAIMS PROCESSING		
RETAIL PHARMACY	6	120.56
TOTAL	6	\$120.56

TOTAL FOR ELGBL/GRP \$120.56

CONTRACT : ABCDDRUG ELGBL/GRP : XYZAMSUP2LIS3

CLAIMS PROCESSING		
MAIL SERVICE	3	109.02
RETAIL PHARMACY	14	1,142.81
TOTAL	17	\$1,251.83

TOTAL FOR ELGBL/GRP \$1,251.83

CONTRACT : ABCDDRUG ELGBL/GRP : XYZAMSUP2LIS5

CLAIMS PROCESSING		
RETAIL PHARMACY	1	35.10
TOTAL	1	\$35.10

TOTAL FOR ELGBL/GRP \$35.10

CONTRACT : XYZASUP2 ELGBL/GRP : XYZAMSUP2STD

CLAIMS PROCESSING		
RETAIL DIRECTS ADJ.	190	2,144.96
MAIL SERVICE	1,802	208,937.96
MAIL SERVICE ADJ.	3	652.50 CR
RETAIL PHARMACY	1,613	128,572.30
RETAIL PHARMACY ADJ.	54	2,768.73 CR
SPECIALTY PHARMACY CLAIMS	8	121,501.31
TOTAL	3,670	\$457,735.30

CONTRACT : XYZASUP2 ELGBL/GRP : XYZAMSUP2STD

INVOICE ADJUSTMENT		
MEMBER BALANCE APPLIED AMOUNT	9	388.62 CR
MEMBER RECOVERY AMOUNT	28	430.15
TOTAL		\$41.53

TOTAL FOR ELGBL/GRP \$457,776.83

TOTAL FOR CONTRACT \$466,186.64

CLAIMS INVOICE

Remit To



Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

REMIT PAGE

Account Number	Invoice Date	Invoice Number	Total Amount Due
6698	09/30/XX		\$1,969,497.37

Any unpaid balances may be subject to late payment fees.

If this invoice is a credit balance, please deduct the credit from your next invoice. If a deduction is not taken, a refund will be sent to you. If you have any questions, please contact your Account Management Team.

PLEASE REMIT PAYMENT

Remit Information

Please Wire Payment to:

Return this page with your payment

Payment Questions:

Please contact Accounts Receivable
Representative:
Phone:
Email:

Change to your Billing Address:

Please contact Billing Department
Billing Representative:
Phone:
Email:

All Other Questions:

Please contact Account Management
Representative:
Phone:
Email:

EXPRESS SCRIPTS

» Lag Triangle Report

Test Population

Claim Invoice Dates:MM/YY - MM/YY

Channel: Mail and Retail

Bill Month

Fill	Month	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	Total
MM	Invoice Cost	\$0	\$0	\$0	\$0	\$38,544,523.90	\$11,444,348.26	\$160,837.69	\$62,135.04	\$34,142.43	\$50,245,987.32
YYYY	Claim Count	0	0	0	0	584,587	147,321	1,738	728	358	734,732
MM	Invoice Cost	\$0	\$0	\$0	\$0	\$0	\$31,195,795.26	\$14,425,492.80	\$211,836.19	\$55,850.36	\$45,888,974.61
YYYY	Claim Count	0	0	0	0	0	495,443	197,886	2,318	793	696,440
MM	Invoice Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$27,573,841.75	\$19,077,130.04	\$298,447.86	\$46,949,419.65
YYYY	Claim Count	0	0	0	0	0	0	441,716	264,317	2,486	708,519
MM	Invoice Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,047,726.58	\$24,011,553.57	\$48,059,280.15
YYYY	Claim Count	0	0	0	0	0	0	0	382,056	348,496	730,552
MM	Invoice Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,549,448.11	\$18,549,448.11
YYYY	Claim Count	0	0	0	0	0	0	0	0	300,888	300,888
Total	Invoice Cost	\$41,398,762.35	\$44,470,479.69	\$44,846,183.13	\$43,933,130.51	\$67,983,128.96	\$42,951,015.02	\$42,296,156.92	\$43,561,892.22	\$43,092,173.43	\$414,532,922.23
Total	Claim Count	641,973	672,799	671,843	664,962	1,003,605	646,540	643,387	650,943	654,343	6,250,395



Utilization Report - by Month

Test Population

Prescription Service Dates: MM/YYYY - MM/YYYY

Plan Utilization

Month	Avg Mbr Count	Rx Count	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost	Member Cost/Rx	Plan Cost/Rx
MM YYYY	617,282	712,239	\$65,695,675.04	\$591,596.25	\$44,142.78	\$16,074,964.04	\$50,256,450.03	\$22.57	\$70.56
MM YYYY	614,644	670,467	\$61,409,541.24	\$589,219.42	\$41,216.09	\$15,014,779.87	\$47,025,196.88	\$22.39	\$70.14
MM YYYY	615,325	703,248	\$64,117,303.73	\$616,277.53	\$42,010.73	\$15,743,781.70	\$49,031,810.29	\$22.39	\$69.72
MM YYYY	616,179	680,918	\$62,526,619.49	\$591,125.51	\$42,497.06	\$14,942,069.50	\$48,218,172.56	\$21.94	\$70.81
MM YYYY	617,150	705,194	\$65,533,161.38	\$610,110.60	\$43,271.01	\$15,309,999.92	\$50,876,543.07	\$21.71	\$72.15
MM YYYY	618,353	664,362	\$60,180,117.13	\$568,565.69	\$40,198.81	\$14,273,264.53	\$46,515,617.10	\$21.48	\$70.02
Grand Total	616,489	4,136,428	\$379,462,418	\$3,566,895	\$253,336	\$91,358,860	\$291,923,790	\$22.09	\$70.57

Performance

Month	Retail Rx %	Mail Rx %	Mbr Sub Rx %	SSB Rx %	MSB Rx %	Generic Rx %	Preferred Drug Rx %	Generic Conv %
MM YYYY	70.3 %	28.9 %	0.8 %	20.2 %	1.0 %	78.7 %	93.5 %	98.7 %
MM YYYY	71.7 %	27.4 %	0.8 %	20.1 %	1.0 %	78.9 %	93.5 %	98.8 %
MM YYYY	71.6 %	27.6 %	0.8 %	19.9 %	1.1 %	79.0 %	93.7 %	98.6 %
MM YYYY	70.8 %	28.5 %	0.7 %	19.4 %	1.1 %	79.5 %	94.0 %	98.7 %
MM YYYY	70.8 %	28.5 %	0.7 %	18.9 %	1.1 %	80.0 %	93.9 %	98.7 %
MM YYYY	70.4 %	28.9 %	0.6 %	18.5 %	1.0 %	80.4 %	94.0 %	98.7 %
Grand Total	70.9 %	28.3 %	0.7 %	19.5 %	1.1 %	79.4 %	93.8 %	98.7 %

Member Demographics

Month	Avg Mbr Count	Avg Util Mbr/Mnth	Mbr Avg Age	65+ % of Mbrs	Female % of Mbrs	Male % of Mbrs	PMPM Rx	PMPM Plan Cost
MM YYYY	617,282	252,990.00	50.72	32.2 %	50.7 %	49.3 %	1.15	\$81.42
MM YYYY	614,644	247,716.00	50.80	32.4 %	50.7 %	49.3 %	1.09	\$76.51
MM YYYY	615,325	254,229.00	50.75	32.4 %	50.7 %	49.3 %	1.14	\$79.68
MM YYYY	616,179	249,087.00	50.75	32.4 %	50.7 %	49.3 %	1.11	\$78.25

Indication Ranking - Top 25 by Ingredient Cost

Test Population

Prescription Service Dates: MM/YYYY- MM/YYYY

Indication	Ing Cost Rank	Ingredient Cost	Rx Count Rank	Rx Count	Plan Cost Rank	Plan Cost	Ingredient Cost/Rx	Plan Cost/Rx	Mail Rx %	Non-Preferred Drug Rx%	Generic Rx %
HIGH BLOOD CHOLESTEROL	1	\$15,210,484.89	2	170,080	1	\$11,377,247.38	\$89.43	\$66.89	49.2%	1.7%	79.1%
DIABETES	2	\$14,640,054.73	5	102,361	3	\$10,667,650.95	\$143.02	\$104.22	37.0%	8.0%	53.2%
HIGH BLOOD PRESS/HEART DISEASE	3	\$14,245,038.57	1	318,513	2	\$10,781,647.51	\$44.72	\$33.85	39.3%	1.3%	89.9%
ASTHMA	4	\$8,349,782.61	9	56,855	6	\$6,217,098.64	\$146.86	\$109.35	23.7%	12.3%	35.3%
CANCER	5	\$8,088,416.95	36	10,927	4	\$8,225,078.35	\$740.22	\$752.73	37.4%	3.6%	88.2%
ULCER DISEASE	6	\$7,599,250.31	8	76,935	7	\$5,744,067.71	\$98.77	\$74.66	37.7%	4.5%	81.2%
INFLAMMATORY CONDITIONS	7	\$7,023,512.31	50	4,754	5	\$6,773,344.03	\$1,477.39	\$1,424.77	55.8%	10.1%	30.8%
DEPRESSION	8	\$6,315,295.77	6	96,164	8	\$4,679,736.59	\$65.67	\$48.66	25.1%	1.4%	90.0%
MENTAL/NEURO DISORDERS	9	\$5,961,055.92	22	28,231	9	\$4,486,562.39	\$211.15	\$158.92	26.5%	2.7%	69.7%
URINARY DISORDERS	10	\$4,743,142.20	12	50,203	12	\$3,612,013.71	\$94.48	\$71.95	40.4%	7.9%	78.2%
INFECTIONS	11	\$4,646,938.92	3	164,658	11	\$3,752,457.72	\$28.22	\$22.79	1.4%	1.1%	98.3%
PAIN	12	\$4,371,343.63	4	121,597	13	\$3,529,480.44	\$35.95	\$29.03	6.9%	3.3%	96.0%
MULTIPLE SCLEROSIS	13	\$3,784,091.87	66	623	10	\$3,818,491.15	\$6,073.98	\$6,129.20	93.4%	6.4%	0.0%
ANTICOAGULANT	14	\$3,597,185.55	21	28,734	14	\$2,919,041.37	\$125.19	\$101.59	28.7%	3.7%	82.5%
ATTENTION DISORDERS	15	\$3,293,815.07	33	14,952	16	\$2,785,691.64	\$220.29	\$186.31	9.2%	10.2%	74.9%
VIRAL INFECTIONS	16	\$3,273,999.87	30	17,119	15	\$2,809,202.49	\$191.25	\$164.10	9.5%	0.6%	59.7%
HORMONAL SUPPLEMENTATION	17	\$3,210,503.74	26	23,621	20	\$2,228,740.83	\$135.92	\$94.35	32.2%	9.3%	47.3%
SKIN CONDITIONS	18	\$3,108,090.00	20	29,204	18	\$2,557,237.80	\$106.43	\$87.56	9.0%	4.3%	86.6%
PAIN AND INFLAMMATION	19	\$2,837,243.73	13	49,529	22	\$2,064,355.95	\$57.28	\$41.68	18.7%	9.6%	82.2%
ALLERGIES	20	\$2,800,669.52	14	44,072	21	\$2,176,298.68	\$63.55	\$49.38	19.8%	4.0%	82.0%
SEIZURES	21	\$2,763,502.47	11	50,685	23	\$1,947,490.40	\$54.52	\$38.42	23.2%	2.9%	90.5%

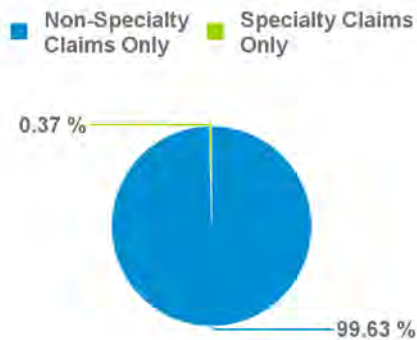
Specialty Utilization Summary

Test Population

Prescription Service Dates: MM/YY - MM/YY

	Rx Count	Unique Patients	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost
Total (All Drugs)	8,278,554	471,783	\$750,404,581	\$7,169,492	\$502,156	\$177,350,301	\$580,725,928
Total Specialty	30,836	8,774	\$115,088,304	\$13,197	\$45,574	\$4,961,386	\$110,185,689
Total Specialty filled at Accredo	22,714	4,909	\$105,995,337	\$4,337	\$40,171	\$4,401,047	\$101,638,799
Total Specialty as a % of All Drugs	0.4 %	1.9 %	15.3 %	0.2 %	9.1 %	2.8 %	19.0 %
Accredo Fills as a % of Total Specialty	73.7 %	55.9 %	92.1 %	32.9 %	88.1 %	88.7 %	92.2 %

Total Specialty Rx's as a % of All Drugs



Total Specialty Plan Cost as a % of All Drugs



Accredo Rx's as a % of Total Specialty



Channel and Specialty by Preferred Drug Status by Month

Demo Test Population

Prescription Service Dates: MM/YY - MM/YY

AA *MMMM

		Rx Count	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost	Member Cost/Rx	Plan Cost/Rx
Retail	Preferred Brand	124117	\$34,008,975.99	\$146,304.87	\$1,333.42	\$4,386,842.64	\$29,769,771.64	\$35.34	\$239.85
	Non-Preferred Brand	17404	\$3,970,148.67	\$21,689.04	\$30.01	\$740,524.63	\$3,251,343.09	\$42.55	\$186.82
	Generic	519176	\$15,934,956.63	\$837,473.49	\$312.61	\$5,546,895.39	\$11,225,847.34	\$10.68	\$21.62
Retail	Subtotal	660697	\$53,914,081	\$1,005,467	\$1,676	\$10,674,263	\$44,246,962	\$16.16	\$66.97
Mail	Preferred Brand	5644	\$5,712,430.42	\$831.40	\$24.48	\$418,006.18	\$5,295,280.12	\$74.06	\$938.21
	Non-Preferred Brand	512	\$471,107.67	\$74.46	\$0.05	\$43,403.79	\$427,778.39	\$84.77	\$835.50
	Generic	15255	\$1,223,592.43	\$2,174.61	\$21.48	\$274,016.04	\$951,772.48	\$17.96	\$62.39
Mail	Subtotal	21411	\$7,407,131	\$3,080	\$46	\$735,426	\$6,674,831	\$34.35	\$311.75
Mbr Sub	Preferred Brand	122	\$27,117.36	\$150.58	\$1.28	\$2,975.26	\$24,293.96	\$24.39	\$199.13
	Non-Preferred Brand	119	\$61,610.56	\$174.50	\$0.00	\$4,492.03	\$57,293.03	\$37.75	\$481.45
	Generic	307	\$9,136.18	\$487.90	\$0.00	\$1,645.96	\$7,978.12	\$5.36	\$25.99
Mbr Sub	Subtotal	548	\$97,864	\$813	\$1	\$9,113	\$89,565	\$16.63	\$163.44
Month Total		682656	\$61,419,076	\$1,009,361	\$1,723	\$11,418,802	\$51,011,358	\$16.73	\$74.72

		Rx Count	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost	Member Cost/Rx	Plan Cost/Rx
Specialty	Preferred Brand	2830	\$9,982,527.45	\$3,052.15	\$923.67	\$124,232.75	\$9,862,270.52	\$43.90	\$3,484.90
	Non-Preferred Brand	266	\$925,180.88	\$264.72	\$0.00	\$25,630.23	\$899,815.37	\$96.35	\$3,382.76
	Generic	2571	\$612,219.65	\$4,286.70	\$52.64	\$35,565.15	\$580,993.84	\$13.83	\$225.98
Specialty	Subtotal	5667	\$11,519,928	\$7,604	\$976	\$185,428	\$11,343,080	\$32.72	\$2,001.60
Non-Specialty	Preferred Brand	127053	\$29,765,996.32	\$144,234.70	\$435.51	\$4,683,591.33	\$25,227,075.20	\$36.86	\$198.56
	Non-Preferred Brand	17769	\$3,577,686.02	\$21,673.28	\$30.06	\$762,790.22	\$2,836,599.14	\$42.93	\$159.64
	Generic	532167	\$16,555,465.59	\$835,849.30	\$281.45	\$5,786,992.24	\$11,604,604.10	\$10.87	\$21.81
Non-Specialty	Subtotal	676989	\$49,899,148	\$1,001,757	\$747	\$11,233,374	\$39,668,278	\$16.59	\$58.60
Month Total		682656	\$61,419,076	\$1,009,361	\$1,723	\$11,418,802	\$51,011,358	\$16.73	\$74.72

▶▶ Benchmark Key Performance Comparison

Benchmark Population: Commercial Division (CD)

Prescription Service Dates: MM/YY - MM/YY

Member Population: Demo Test Population

	Benchmark			Member Population
	LOW	MEDIUM	HIGH	
Overall Performance				
Plan Cost PSPM	\$69.49	\$113.03	\$168.59	\$138.44

Rx Measures				
Rxs PSPM	0.86	1.28	1.79	1.63
Average Plan Cost/Rx	\$71.36	\$87.81	\$107.74	\$85.14
Average Mbr Cost/Rx	\$13.26	\$17.10	\$21.65	\$9.73
Average AWP/Rx	\$0.00	\$0.00	\$193.10	\$180.67
Average Days of Therapy/Rx	32.00	37.00	42.00	33.62
Average Plan Cost/Day	\$2.00	\$2.39	\$2.80	\$2.53
Avg Plan Cost/Day - Retail	\$1.91	\$2.40	\$2.94	\$2.19
Avg Plan Cost/Day - Mail	\$1.70	\$2.26	\$2.84	\$3.00
Member Cost %	12.1 %	15.9 %	20.9 %	10.3 %
Member Cost % - Retail	14.1 %	19.3 %	25.4 %	11.7 %
Member Cost % - Mail	8.1 %	12.4 %	17.4 %	8.8 %

Channel				
Rx % - Mail	8.9 %	16.7 %	28.7 %	16.7 %
Rx % - Retail	71.2 %	83.2 %	91.0 %	83.2 %
Rx % - Member Submit	0.0 %	0.0 %	0.1 %	0.1 %

Rx Types				
Rx % - SSB	18.3 %	20.7 %	23.2 %	20.5 %
Rx % - MSB	0.3 %	0.8 %	1.5 %	1.8 %
Rx % - Generic	75.5 %	78.4 %	81.0 %	77.7 %
SSB Rx % - Retail	16.5 %	19.2 %	22.0 %	18.8 %
MSB Rx % - Retail	0.3 %	0.8 %	1.4 %	1.9 %
Generic Rx % - Retail	76.8 %	79.9 %	82.8 %	79.4 %
SSB Rx % - Mail	22.1 %	26.0 %	29.8 %	29.3 %
MSB Rx % - Mail	0.1 %	0.9 %	1.8 %	1.1 %
Generic Rx % - Mail	68.4 %	73.0 %	76.8 %	69.6 %
Rx % - Preferred Drug	92.9 %	94.3 %	95.4 %	92.3 %
Preferred Drug Rx % - Retail	92.7 %	94.2 %	95.6 %	91.8 %
Preferred Drug Rx % - Mail	92.1 %	94.3 %	96.1 %	94.9 %
Rx % - DAW	1.1 %	1.7 %	2.6 %	3.0 %
DAW Rx % - Retail	0.8 %	1.7 %	2.7 %	3.2 %
DAW Rx % - Mail	1.0 %	1.9 %	3.2 %	1.7 %
Generic Conversion %	98.1 %	99.0 %	99.6 %	97.8 %
Generic Conversion % - Retail	98.3 %	99.1 %	99.7 %	97.7 %
Generic Conversion % - Mail	97.4 %	98.7 %	99.9 %	98.4 %

Demographics				
Average Age	33.9	37.2	41.8	31.89
Male Members %	45.2 %	49.6 %	53.4 %	55.1 %
Female Members %	46.5 %	50.4 %	54.7 %	44.9 %



Your Path To Greater Care
and Zero Waste

Operational Performance Report



EXPRESS SCRIPTS®

DATE:

MM/YY - MM/YY

ABC Company, Inc.

The Express Scripts Pharmacy delivers better health and value to you and your members.

The Express Scripts Pharmacy is the means for providing everything you're looking for in your pharmacy benefit.

- The lowest cost channel and drug mix
- Optimal health and safety outcomes
- Member engagement and satisfaction
- Ease of use

More than just a means for realizing unit cost savings, the Express Scripts Pharmacy enables you and your members to realize the full value of the pharmacy benefit - with measurable results.

Express Scripts' commitment to our customers has been noticed. The JD Power and Associates 2013 U.S. Pharmacy Study(sm) ranked overall satisfaction of home delivery from the Express Scripts Pharmacy above the industry average for online registration, prescription tracking and use of automatic refills. The report also cites Express Scripts satisfaction improvements with prescription ordering and delivery experiences.

Source: J.D. Power and Associates 2013 National Pharmacy Study; Express Scripts Patient Satisfaction Survey Results, Operations Reporting and Analysis, 2013.

Home Delivery Refills by Source

1/YYYY - 8/YYYY

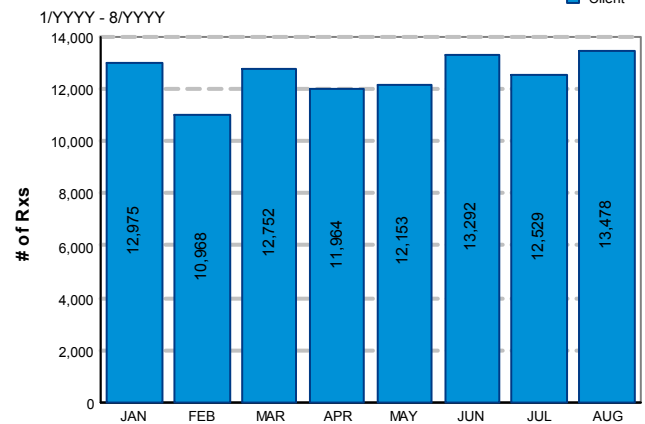
	CUSTOMER SERVICE	FAX	IVR	POINT OF CARE	POSTAL	WEB
JAN YY	1,107	-	2,963	-	273	2,740
FEB YY	889	-	2,715	4	309	2,220
MAR YY	919	-	2,949	-	346	2,768
APR YY	1,005	-	2,841	-	242	2,830
MAY YY	968	-	3,084	-	282	2,872
JUN YY	1,000	-	3,260	-	323	3,353
JUL YY	991	-	3,276	-	266	3,008
AUG YY	1,222	1	3,259	-	321	3,459

Home Delivery New Fills by Source

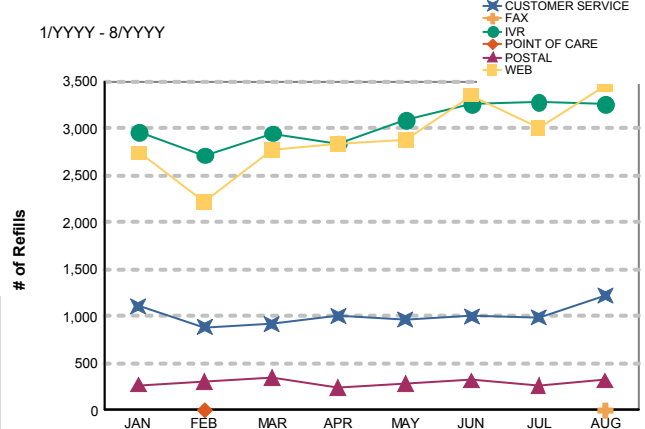
1/YYYY - 8/YYYY

	Fax	Non-Fax
JAN YY	1,058	4,834
FEB YY	931	3,900
MAR YY	986	4,784
APR YY	823	4,223
MAY YY	807	4,140
JUN YY	818	4,538
JUL YY	742	4,246
AUG YY	778	4,438

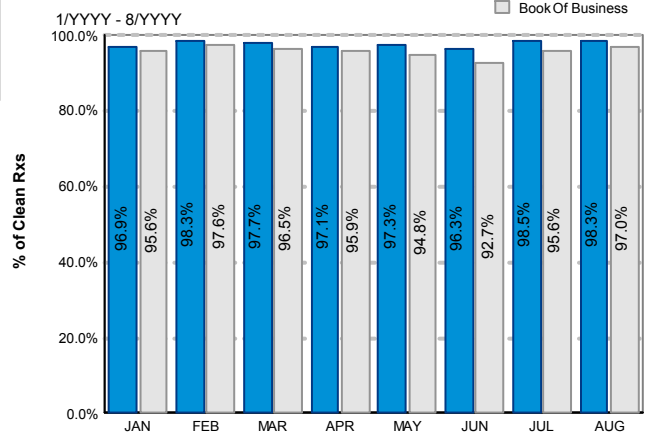
Home Delivery Rx's by Month



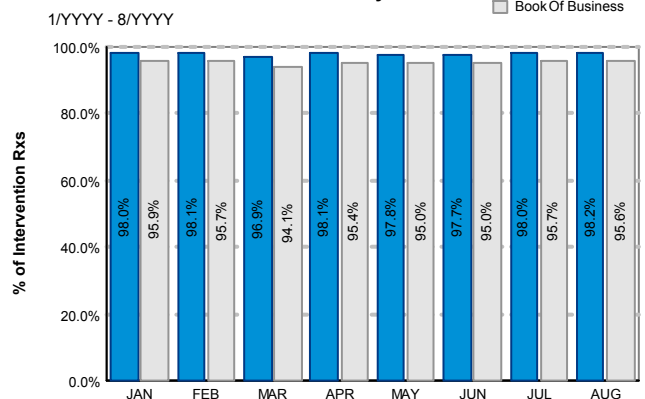
Home Delivery Refills by Source



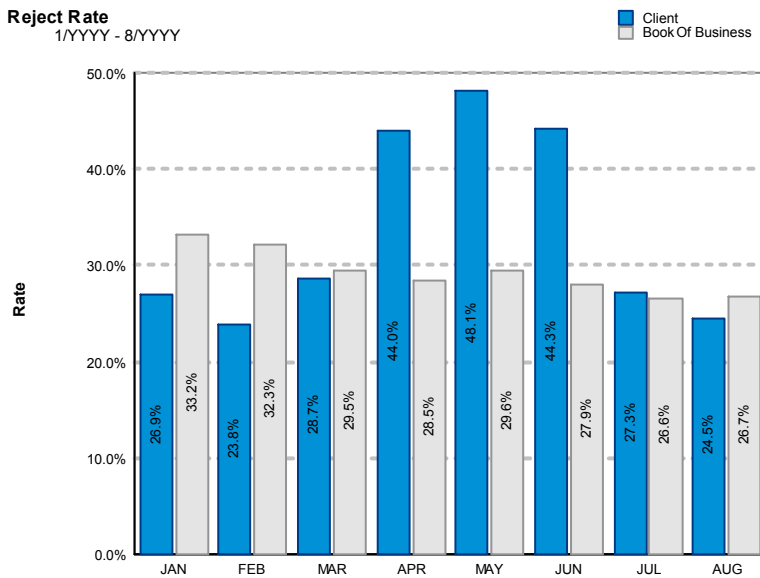
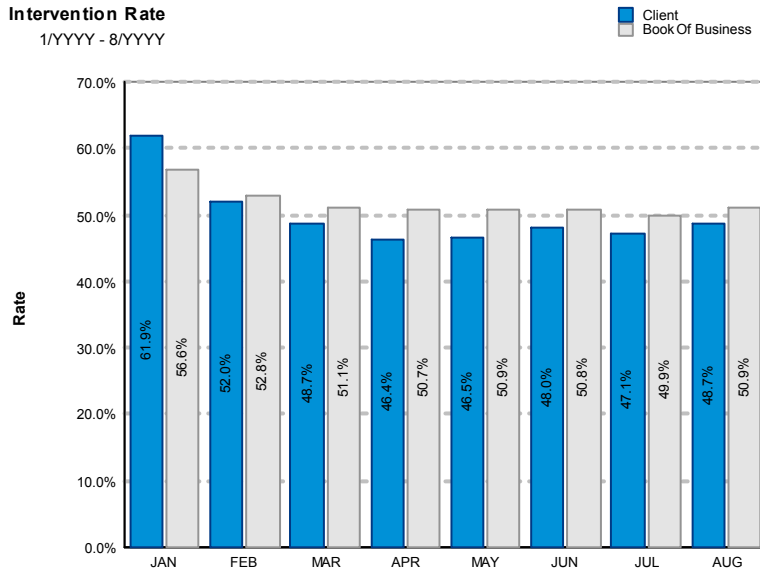
% of Clean Rx's Handled in 2 Days



% of Intervention Rx's Handled in 5 Days

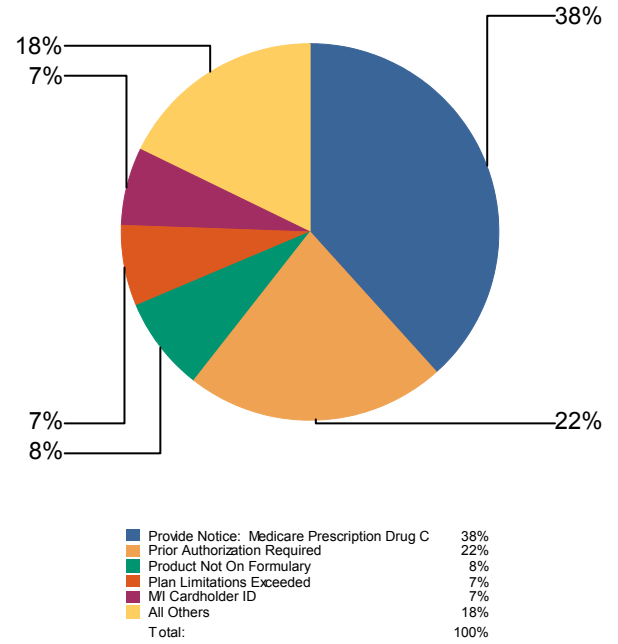


Express Scripts actively manages plan sponsors' benefits. Home Delivery interventions and rejections are a normal and important part of the Home Delivery process. Interventions occur for several reasons including safety checks, an invalid address or as the results of the benefit-plan design. The intervention/rejection process helps patients move from brand-name drugs to generics when possible. Please remember that not all rejects result in a member disruption. Depending upon the type of reject, the pharmacist may intervene on behalf of the patient to resolve the issue. Express Scripts always has the members' health and safety in mind and issues interventions and rejections when it is in the best interest of our members and plan sponsors.



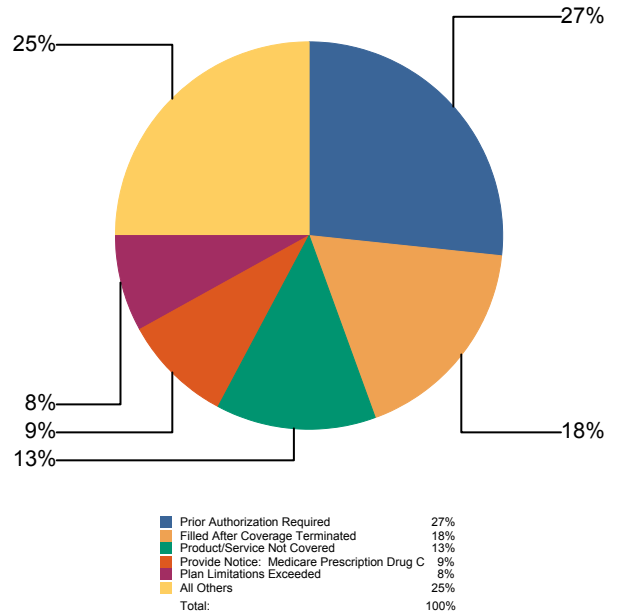
Client Top Reject Reasons

1/YYYY - 8/YYYY



Book of Business Top Reject Reasons

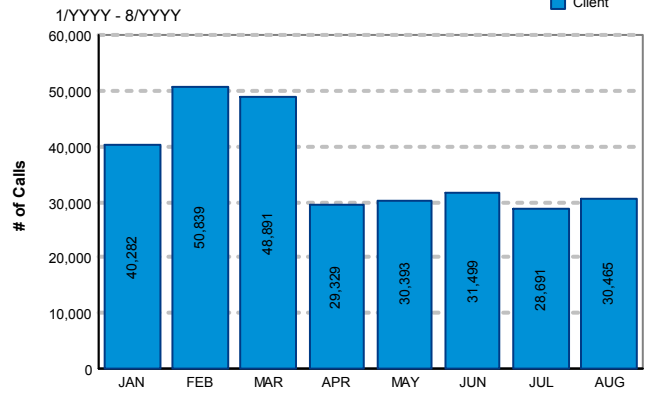
1/2016 - 8/2016



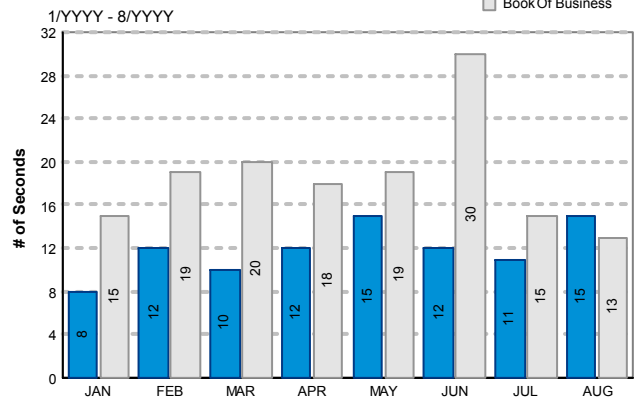
Patient Care Contact Center

Patient and client satisfaction are at the center of all we do. That objective is clearly demonstrated at each Patient Care Contact Center. Patient Care Advocates are thoroughly trained to find solutions to patients' issues. In addition to ongoing training, patient calls are monitored to ensure the best service and optimal resolutions. Beyond the role of the Patient Care Advocate, there are multiple layers of quality assurance as well as call volume and resource management for consistency of excellence and efficiency. Callers get assistance from empowered advocates who identify potential savings and help patients switch to Home Delivery.

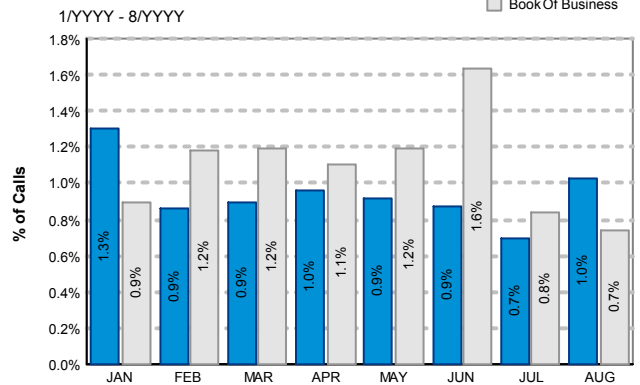
Total Calls by Month



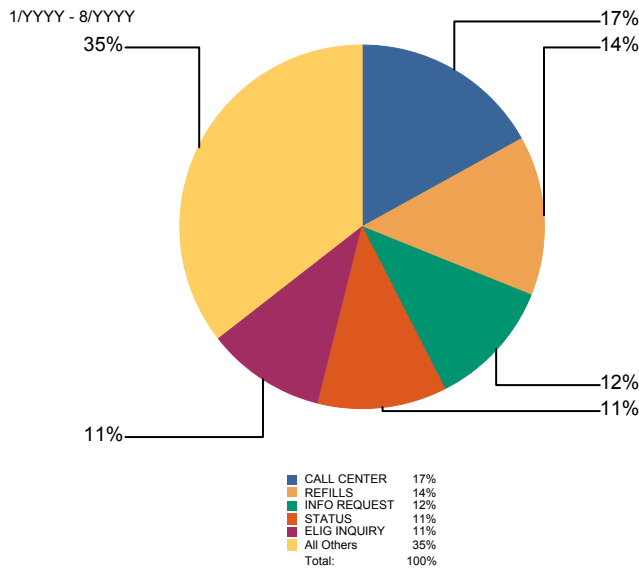
Average Seconds to Answer



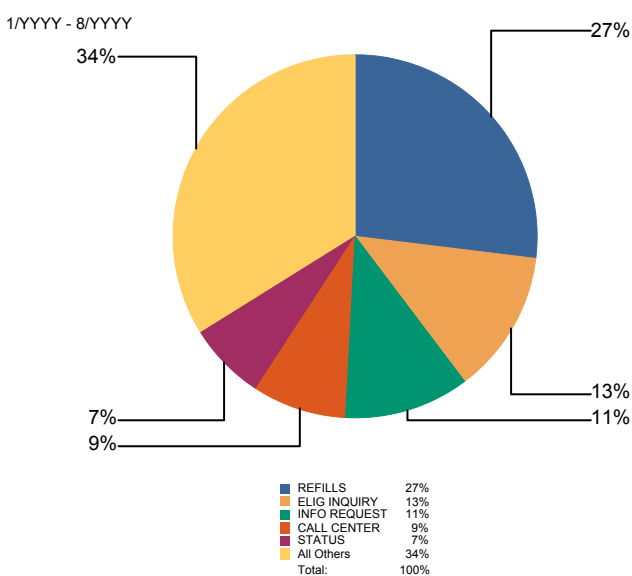
Abandonment Rate



Call Reasons



Book of Business Call Reasons



Client satisfaction is our top priority. To that end, we employ multiple layers of resources to ensure our objective is met. Using data from multiple areas at Express Scripts, we document and trend requests, issues, and turnaround times. This allows us to more effectively identify issue drivers and address root causes.

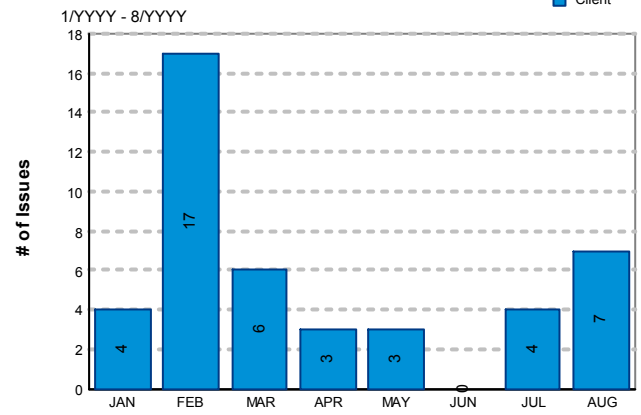
The Client Service Center (CSC) is a dedicated team of specialized associates who resolve escalated, member-specific issues for our clients. CSC's mission is to provide a convenient, effective, accurate, and timely process to assist Express Scripts' clients in resolving escalated member service issues, ensuring client satisfaction and retention. CSC is a first point of contact for member-specific issues.

PharmacoAnalytics (PhAn) is Express Scripts' reporting specialists team. PhAn provides best-in-class analytics by creating efficiencies, managing information, delivering innovative trend solutions, and establishing consultative excellence.

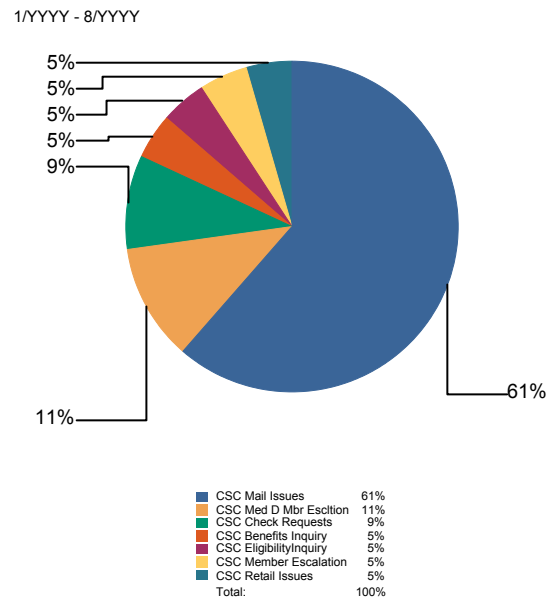
CD Clinical includes client-driven clinical requests.

The Client Reported Requests data includes requests submitted by both the client and the Express Scripts account team.

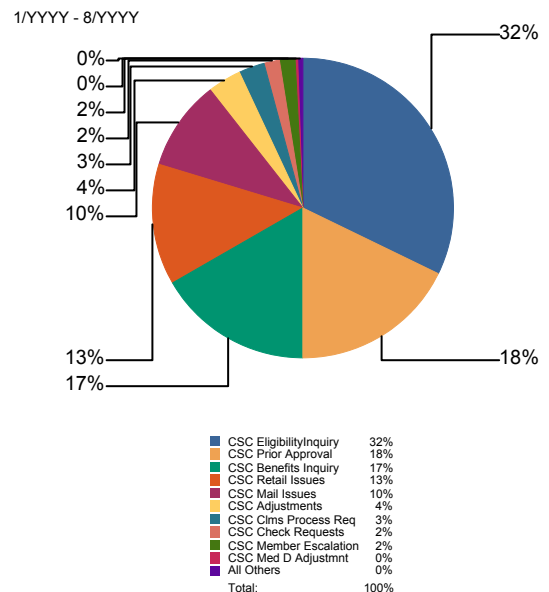
Total Client Requests by Month



Client Call Reasons



Book of Business Client Call Reasons

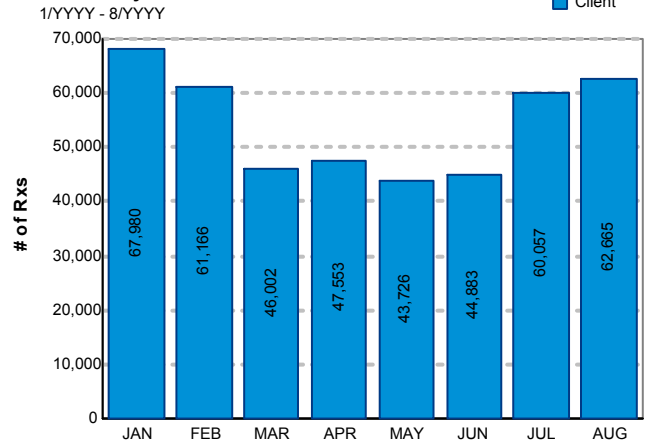


Express Scripts' services make prescription drug use safer and more affordable. And, our extensive pharmacy network allows patients to conveniently access medications at the retail level. Through our pharmacy audit program, we have several procedures to ensure patient safety. We monitor various State Board of Pharmacy websites to identify any pharmacies that have had actions taken against them, including those relating to quality of care. During on-site pharmacy audits, each auditor completes an observation documentation form that includes documenting any safety issues observed (e.g., proper drug storage, physical condition of facility, etc.).

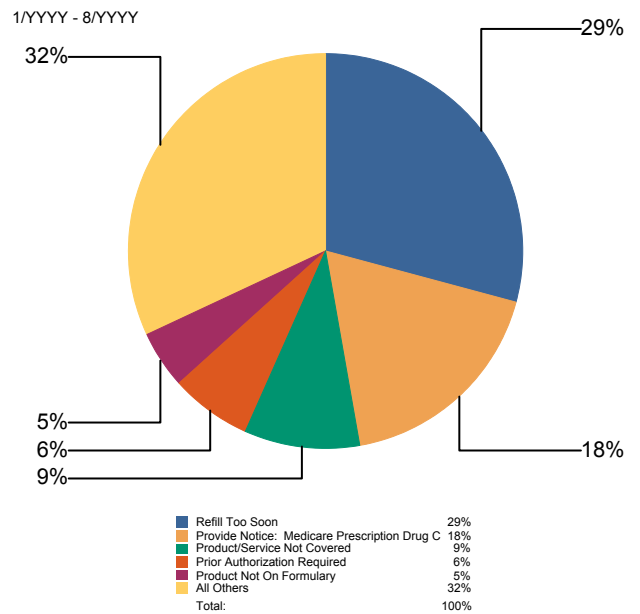
In addition, we also verify the following:

- Electronic patient profiles are properly used.
- Proper procedures are followed during the filling process, including the pharmacist's response to Express Scripts' DUR messaging.
- Proper counseling procedures are followed.
- All required safety inspection certifications are current and posted. (This is also part of our credentialing process.)
- Additional certification claimed by the pharmacist is documented and verified.
- All drugs, forms, strengths, and dosages are as prescribed.

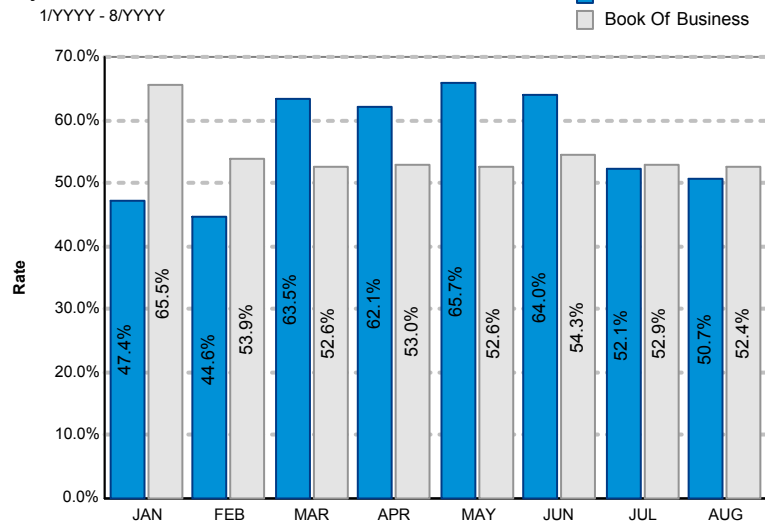
Retail Rx's by Month



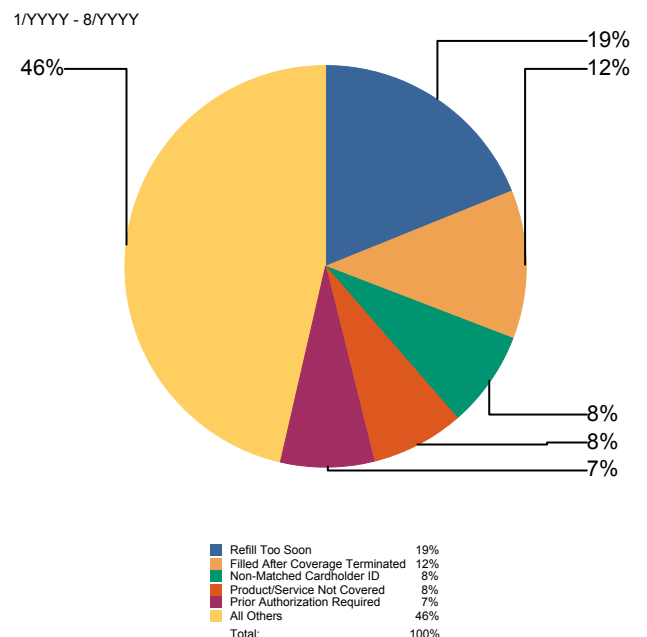
Client Top Reject Reasons



Reject Rate



Book of Business Top Reject Reasons



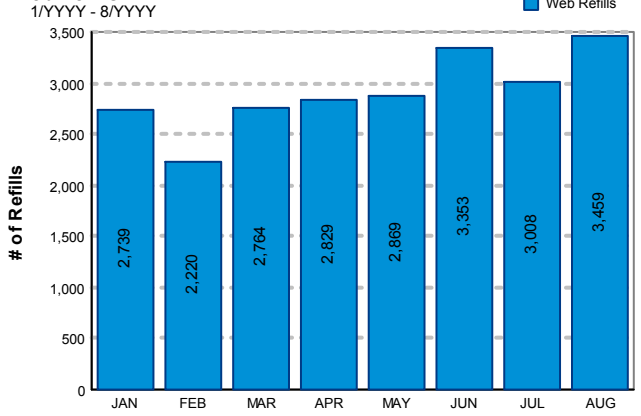
Our member portal provides access to features that help members get the most from their prescription-drug benefit.

Member Portal Features 24/7 Access to:

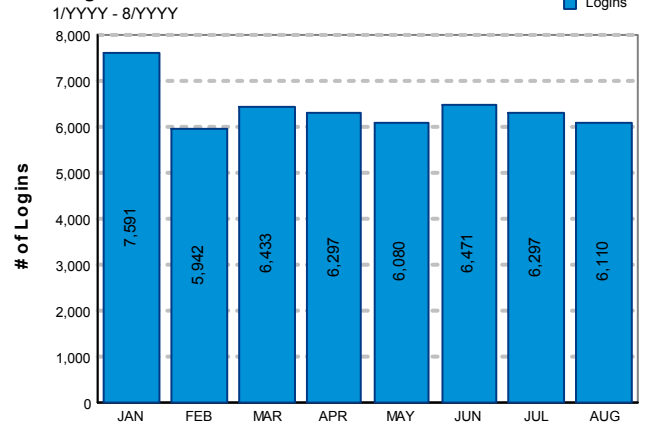
- Prescription Refills
- Out of pocket expenses with Price a Drug
- Prescription renewal requests
- Many ways to save on prescriptions, including Home Delivery Educational materials on generics, wellness, and disease management

In addition to the numerous member portal resources, the comprehensive Member Communications Catalog provides clients with letter templates, articles, e-mail campaign content, and buck slips that can be used to promote the use of Express-Scripts.com for members.

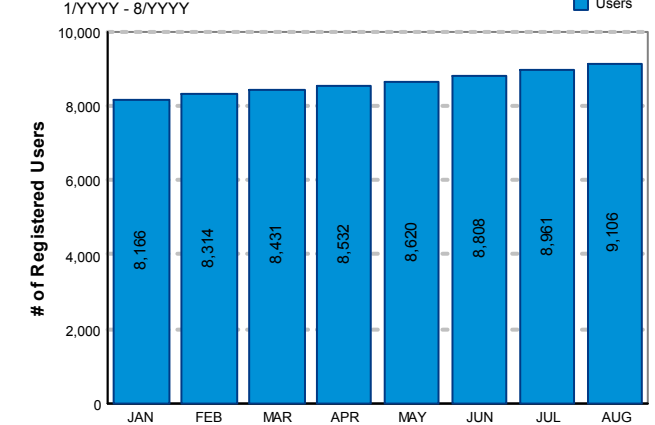
Web Refills



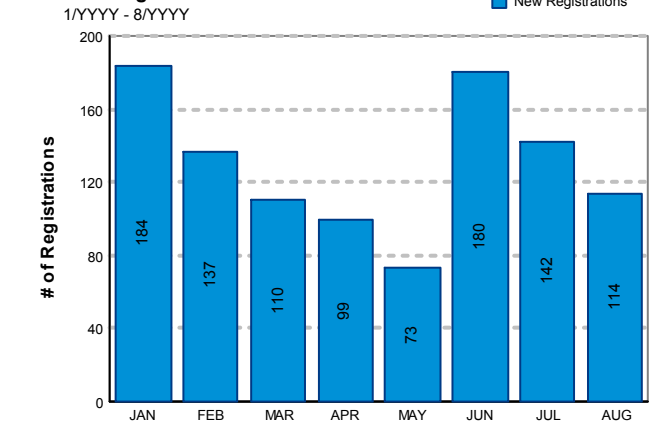
Web Logins



Web Users



Web New Registrations

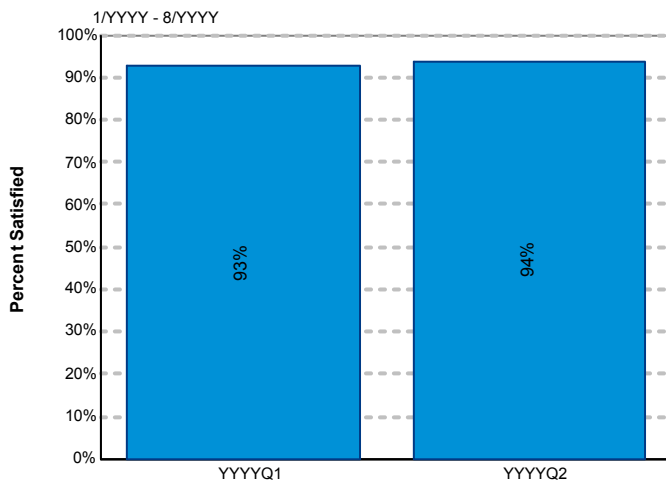


Patient Satisfaction

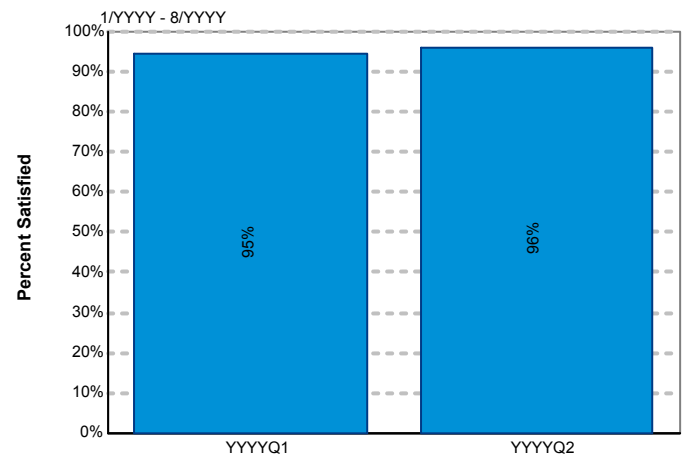
To measure member satisfaction, Express Scripts has an independent research firm conduct a monthly telephone survey of members randomly selected from the entire pool of Express Scripts clients. Members are interviewed about their satisfaction with Express Scripts overall service, home delivery service, retail pharmacy service, and our contact center service. Results from these surveys help Express Scripts identify improvement opportunities and truly gauge the voice of the customer.

The charts below show quarterly results from these surveys, with one chart for each of the following categories: Overall satisfaction with Express Scripts, satisfaction with home delivery service, satisfaction with retail pharmacies, and contact center satisfaction. Client specific results are not included as they may not be statistically significant.

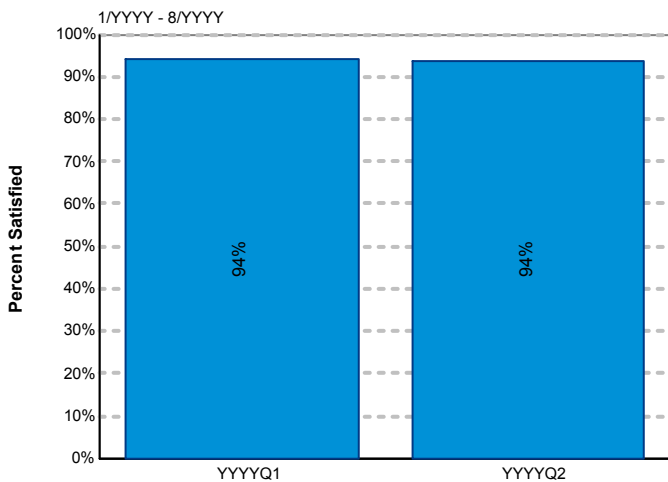
Overall Satisfaction



Home Delivery Satisfaction



Retail Satisfaction



Contact Center Satisfaction



1/YYYY to 8/YYYY

		# of Prescriptions Shipped				Average Turn Around Time in business days			% of Prescriptions Shipped in X Days												
		Clean Rx	Intervention Rx	All Rx	Intervention Rate	Clean Rx	Intervention Rx	All Rx	Clean Rx		Intervention Rx					All Rx					
									1	2	1	2	3	4	5	1	2	3	4	5	6
YYYY	JAN	4,939	8,036	12,975	62%	0.65	1.29	1.05	83%	97%	67%	87%	93%	97%	98%	73%	91%	96%	98%	99%	99%
YYYY	FEB	5,269	5,699	10,968	52%	0.53	1.16	0.86	92%	98%	74%	88%	93%	96%	98%	83%	93%	96%	98%	99%	100%
YYYY	MAR	6,544	6,208	12,752	49%	0.85	1.41	1.12	80%	98%	65%	86%	92%	96%	97%	72%	92%	96%	98%	98%	99%
YYYY	APR	6,416	5,548	11,964	46%	0.64	1.21	0.91	89%	97%	72%	88%	93%	96%	98%	81%	93%	96%	98%	99%	100%
YYYY	MAY	6,496	5,657	12,153	47%	0.62	1.16	0.87	87%	97%	74%	89%	94%	96%	98%	81%	93%	97%	98%	99%	99%
YYYY	JUN	6,917	6,375	13,292	48%	1.08	1.49	1.28	71%	96%	60%	87%	93%	97%	98%	65%	92%	96%	98%	99%	99%
YYYY	JUL	6,625	5,904	12,529	47%	0.58	1.05	0.80	90%	98%	78%	91%	95%	97%	98%	84%	95%	97%	98%	99%	99%
YYYY	AUG	6,919	6,559	13,478	49%	0.51	0.96	0.73	93%	98%	80%	92%	96%	97%	98%	87%	95%	98%	98%	99%	99%

Our Home Delivery process is designed to deliver medications to patients quickly and with incredible accuracy while assuring the greatest savings possible. With appropriate plan design, Home Delivery is a cost-effective solution for plan sponsors and members who use maintenance medications. On average, across Express Scripts' book of business, each prescription filled through Home Delivery costs up to 10% less than the same prescription filled at a local participating pharmacy.

Source: Pharmacy Benefit Guide. Drug Trend Report 2004. Express Scripts. June 2005.

Definitions	
Clean Rx	A prescription that requires no additional processing
Intervention Rx	A prescription that requires additional processing
Intervention Rate	The percentage of total prescriptions requiring additional processing
Turn Around Time	The number of business days between when a prescription is received and when it is shipped
% Rx Shipped in X Days	The percentage of prescriptions shipped within the given number of days from the date received

1/YYYY - 8/YYYY

		YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Call Center		17%	17%	19%	18%	16%	15%	16%	17%
	Transfers	9,178	9,246	9,453	8,885	8,796	8,201	8,636	9,944
	Research Misc	1,992	1,482	2,504	2,659	1,704	1,815	2,182	1,470
	Mbr Education	1,594	2,172	1,920	1,876	1,382	1,516	1,034	1,200
	Mbr/Caller Prof	1,144	1,497	1,503	1,505	1,335	0,574	0,804	0,833
	Rx Fax Req	1,130	1,174	0,772	1,257	0,875	0,827	1,034	1,616
	Health Actn Pln	1,125	0,514	1,565	0,866	1,359	1,241	1,240	1,151
	Returned Call	0,282	0,382	0,438	0,247	0,322	0,207	0,138	0,147
	Communicn Scrn	0,256	0,220	0,271	0,247	0,161	0,184	0,505	0,147
	Covg Inquiry	0,113	0,073	0,230	0,124	0,230	0,046	0,046	0,049
	DCDP/Copay Inq	0,034	0,073	-	0,062	0,046	0,023	0,023	-
	PA Inquiries	0,008	-	-	-	0,023	-	0,023	0,024
REFILLS		14%	12%	14%	14%	15%	15%	14%	15%
	REFILL	10,732	8,365	10,121	9,771	11,697	11,417	11,507	11,634
	RENEWALS	2,374	2,319	2,671	2,659	2,257	2,228	1,746	2,376
	PEND RX	0,482	0,367	0,605	0,598	0,576	0,368	0,459	0,392
	IVR/CSR REFILL	0,274	0,279	0,188	0,392	0,184	0,368	0,230	0,367
	REFILL TOO SOON	0,261	0,235	0,125	0,227	0,207	0,138	0,253	0,416
	LT/NT REC'D SLP	0,005	-	0,042	-	-	-	-	-
	REF-OUT OF MED	0,005	-	-	-	0,023	0,023	-	-
	#REFILL LEFT	0,003	-	-	-	0,023	-	-	-
	PLA Required	0,003	-	-	-	-	-	-	0,024
	REFILL EMAIL	0,003	0,015	-	-	-	-	-	-
	Worry-free Fill	0,003	-	0,021	-	-	-	-	-
INFO REQUEST		12%	11%	12%	13%	12%	11%	11%	10%
	PRICE QUOTE	6,954	5,797	6,573	7,277	8,036	8,017	6,913	6,515
	INSTRUCTIONS	3,001	4,124	4,299	3,484	2,993	1,585	2,159	1,935
	BENEFIT OVRVIEW	1,238	1,174	0,981	1,299	0,829	1,149	1,194	1,102
	DRUG COVERAGE	0,134	0,117	0,146	0,268	0,115	0,161	0,092	0,098
	PPO LOOKUP	0,090	0,117	0,104	0,144	0,069	0,069	0,092	0,049
	FEEDBACK RCVD	0,069	0,044	0,063	0,021	0,069	0,046	0,092	0,196
	MEDD EOB INQ	0,066	0,088	0,063	0,041	0,046	0,184	0,046	-
	PRIOR AUTH LIST	0,003	-	-	-	0,023	-	-	-
	SWITCH INQ	0,003	0,015	-	-	-	-	-	-
STATUS		11%	13%	14%	13%	11%	10%	9%	10%
	ORDER STATUS	11,196	12,489	13,836	13,441	10,845	9,993	9,049	9,650
	STATUS FAX RX	0,013	0,015	-	0,021	0,023	0,046	-	-
	15-21 DAYS	0,003	-	0,021	-	-	-	-	-
ELIG INQUIRY		11%	9%	12%	12%	11%	13%	11%	8%
	ELIG INQ/INFO	10,738	9,172	12,417	11,750	11,121	12,773	11,231	8,205
RETAIL CLAIMS		9%	16%	7%	9%	6%	8%	7%	5%
	CLAIM STATUS	7,934	15,351	6,323	8,514	5,342	7,489	6,339	4,433
	CLAIM REJECTED	0,456	0,440	0,522	0,289	0,599	0,505	0,436	0,490
	CLAIM ENTERED	0,311	0,176	0,396	0,515	0,484	0,391	0,207	0,122
	CLAIM REVERSED	0,008	-	-	-	0,069	-	-	-
BILLING		7%	7%	7%	8%	7%	6%	6%	6%
	BILLING	3,128	3,552	3,422	3,958	3,339	2,757	2,435	2,964
	CREDIT CARD	2,195	2,319	2,692	2,556	2,141	1,930	1,929	1,886
	DED/CAPI/OOP	1,178	1,145	1,210	1,299	1,036	0,850	1,148	1,372
	CREDIT	0,034	0,059	-	-	-	-	0,115	0,098
Patient Advct		5%	0%	0%	0%	6%	9%	11%	10%
	Pat Adv Dshbd	4,590	0,029	-	-	6,401	9,442	10,519	10,311
MEDICATION		4%	3%	3%	3%	4%	3%	5%	5%
	RPH INQUIRY	1,383	1,145	0,981	1,361	1,888	1,562	1,562	1,347
	eSD STCXL Rx	0,904	0,851	0,814	0,928	1,105	0,804	0,850	0,955
	QUICK START	0,806	0,279	0,313	0,392	0,368	0,368	1,079	2,915
	MANAGED CARE	0,456	0,367	0,543	0,330	0,276	0,414	0,620	0,612
	MEDICATION	0,090	0,073	0,083	0,124	0,092	0,046	0,115	0,098
	Recode for Qty	0,055	-	-	0,041	0,046	0,069	0,115	0,073
	Recode to Bmd	0,047	-	0,021	0,041	-	0,092	0,138	0,098
	FAX REQUEST	0,029	0,044	-	0,021	-	-	0,069	0,049
	INCOMING DRCALL	0,029	0,029	-	0,082	0,023	-	0,023	0,024
	OUTGOING PTCALL	0,016	0,044	-	0,021	0,046	-	-	-
	Dmgd-Dmgs	0,013	0,015	-	0,021	-	-	-	0,049
	REQ TO STCXL RX	0,008	-	0,021	0,041	-	-	-	-
	Dmgd-Tmp Sens	0,005	-	-	-	-	-	-	0,024
	PROTOCOL	0,005	0,015	-	-	-	-	-	0,024
	Recode to Gncr	0,005	-	-	-	-	-	0,023	-
	RX CLARIFICATN	0,005	-	-	-	-	-	0,023	0,024
	DISP LIMIT	0,003	-	-	-	0,023	-	-	-
	VARIABLE FILL	0,003	-	-	0,021	-	-	-	-
MISCELLANEOUS		4%	3%	3%	3%	2%	4%	4%	5%
	Personal Adrrs	1,051	0,264	0,271	0,186	0,207	1,011	1,746	2,523
	ADDRESSOVERRIDE	1,030	0,881	0,876	1,010	0,599	1,746	1,286	0,882
	Opps Initiated	0,343	0,382	0,584	0,350	0,322	0,253	0,299	0,343
	Cancel Rx	0,237	0,264	0,271	0,186	0,345	0,161	0,184	0,220
	Temp Adrr	0,235	0,411	0,376	0,206	0,207	0,138	0,092	0,098
	Med D Adjustmen	0,206	0,161	0,167	0,186	0,253	0,138	0,230	0,171
	ORDR RSCH	0,105	0,323	0,063	0,041	0,138	0,023	0,046	0,073
	IVR ASSIST	0,097	0,044	0,104	0,165	0,092	0,092	0,046	0,171
	Other	0,092	0,073	0,063	0,165	0,046	0,046	0,115	0,049
	Cust. Service	0,047	0,044	0,021	0,082	0,046	0,069	0,046	-
	Billing Adrr	0,045	0,044	0,021	0,062	0,046	0,069	-	0,073
	Dependency Ver	0,037	0,044	0,125	0,021	-	-	0,023	-
	Outbound Cont	0,026	-	-	-	0,046	0,046	0,046	0,024
	Conf/Privacy	0,024	0,015	0,125	0,021	-	-	-	-
	Rcon Eventshort	0,016	0,015	0,021	-	0,023	-	0,046	-
	Debit Card	0,008	-	-	-	0,023	-	0,023	-

1/YYYY - 8/YYYY

		YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
OUTBOUND MSSG	0.008	-	-	0.021	0.023	-	-	0.024	-
eSD BE CXL Rx	0.005	0.015	-	-	-	-	0.023	-	-
Language Pref	0.005	-	-	-	-	-	0.046	-	-
Rcon Event list	0.005	-	-	-	0.023	-	-	0.024	-
Declines	0.003	-	-	-	-	0.023	-	-	-
Free Fm Fax Rqs	0.003	-	-	-	0.023	-	-	-	-
HR RPH CONSULT	0.003	-	-	-	0.023	-	-	-	-
THANK YOU	0.003	-	-	-	-	-	0.023	-	-
TransitionSply	0.003	-	-	-	-	-	-	0.024	-
BROADVISION	3%	3%	2%	2%	4%	3%	4%	4%	4%
WEB REGISTRATN	2.224	1.996	1.419	1.381	2.694	1.792	3.101	2.964	2.798
SPECIALTY DRUG	0.577	0.675	0.584	0.371	0.691	0.597	0.482	0.637	0.550
WEB PROFILE UPD	0.203	0.235	0.271	0.124	0.230	0.115	0.207	0.294	0.138
WEB SESSION	0.079	0.059	0.083	0.103	0.069	0.069	0.092	0.073	0.092
INTERNET	1%	1%	2%	2%	2%	1%	0%	1%	1%
PASSWORD RESET	0.661	0.778	1.002	0.989	0.921	0.391	0.276	0.245	0.527
ANY RX AT MAIL	0.137	0.132	0.396	0.103	0.138	0.092	0.023	0.147	0.046
MISC. RESEARCH	0.126	0.117	0.063	0.309	0.276	0.092	0.046	0.073	0.023
INTERNET	0.090	0.117	0.125	0.103	0.115	0.069	0.046	0.073	0.046
NEW RX-CONFIRM	0.084	0.103	0.125	0.144	0.069	0.115	0.023	0.024	0.046
SUPERVISOR	1%	2%	1%	0%	1%	0%	0%	0%	0%
SUPV INTER	0.611	1.923	0.835	0.371	0.829	0.046	0.023	0.024	0.069
SUPPLIES	0%	1%	1%	0%	0%	0%	0%	0%	0%
SOA/EOB	0.306	0.851	0.647	0.247	0.023	0.184	0.023	-	0.115
BR & ENV RQST	0.013	0.059	-	-	-	0.023	-	-	-
Managed Care	0%	0%	0%	0%	0%	0%	0%	0%	0%
TRC Call	0.132	0.015	0.146	0.206	0.207	0.023	0.092	0.049	0.367
HIPAA	0%	0%	0%	0%	0%	0%	0%	0%	0%
PRVCY SUP XFER	0.119	0.249	0.104	-	-	-	-	0.441	0.115
How to use Home	0%	0%	0%	0%	0%	0%	0%	0%	0%
How to Use Home	0.071	0.015	0.063	0.021	0.069	0.092	0.207	0.147	-
MailToLocation	0.013	-	-	-	0.046	0.046	0.023	-	-
NewRxDelvryProc	0.003	-	0.021	-	-	-	-	-	-
EMAIL STATUS	0%	0%	0%	0%	0%	0%	0%	0%	1%
EZ REGISTRATION	0.079	-	-	-	-	-	-	0.073	0.619
REGSTRN UPGRDE	0.003	-	0.021	-	-	-	-	-	-
Prof Prac	0%	0%	0%	0%	0%	0%	0%	0%	0%
ENC Resolved	0.079	0.044	0.104	0.186	0.023	0.092	0.046	0.073	0.069
ENC Confirmed	0.003	-	-	-	-	-	-	0.024	-
YOUR RX	0%	0%	0%	0%	0%	0%	0%	0%	0%
MISDIRECTD CALL	0.021	0.015	-	0.041	0.046	0.023	-	-	0.046
Card Benefit	0%	0%	0%	0%	0%	0%	0%	0%	0%
Card Benefit	0.008	-	-	-	0.046	-	-	-	0.023
Card-Co-payment	0.005	-	-	-	-	0.046	-	-	-
Card-DaysSupply	0.003	-	-	-	-	0.023	-	-	-
CardGroupRefill	0.003	-	-	-	-	-	-	0.024	-
Home Dlvry Bnft	0%	0%	0%	0%	0%	0%	0%	0%	0%
Home Dlvry Bnft	0.013	-	-	0.062	0.023	-	-	0.024	-
HomeCoplayPlus	0.003	-	0.021	-	-	-	-	-	-
QUANTITY	0%	0%	0%	0%	0%	0%	0%	0%	0%
SHRT CNT-NOCTRL	0.008	0.044	-	-	-	-	-	-	-
QTY DISPUTE	0.003	-	-	-	-	-	0.023	-	-
Benefit Elig	0%	0%	0%	0%	0%	0%	0%	0%	0%
Benefit Elig	0.005	-	-	-	-	-	-	0.024	0.023
MedD Benefit	0.003	-	-	-	-	-	0.023	-	-
PACKAGING	0%	0%	0%	0%	0%	0%	0%	0%	0%
NON-SAFE CAPS	0.008	-	-	-	-	-	-	0.024	0.046
PRIOR AUTH	0%	0%	0%	0%	0%	0%	0%	0%	0%
PRIOR AUTH	0.008	-	0.021	0.021	0.023	-	-	-	-
Hot Topics	0%	0%	0%	0%	0%	0%	0%	0%	0%
Specialty Pharm	0.005	-	-	-	0.023	-	-	-	0.023
CAP/OOP/DED	0%	0%	0%	0%	0%	0%	0%	0%	0%
Deductible	0.003	0.015	-	-	-	-	-	-	-
CDP	0%	0%	0%	0%	0%	0%	0%	0%	0%
CLOSED FORM	0.003	-	-	-	0.023	-	-	-	-
PHARMACY CONTACT	0%	0%	0%	0%	0%	0%	0%	0%	0%
OUT OF STOCK	0.003	-	-	0.021	-	-	-	-	-
RETAIL PHARMACIES	0%	0%	0%	0%	0%	0%	0%	0%	0%
ENROLLMENT	0.003	-	-	-	0.023	-	-	-	-
RX DIRECT	0%	0%	0%	0%	0%	0%	0%	0%	0%
DR DIRECT RX	0.003	0.015	-	-	-	-	-	-	-
Specialty	0%	0%	0%	0%	0%	0%	0%	0%	0%
RefRxHome	0.003	-	-	-	-	-	-	-	0.023
Others	2%	2%	3%	3%	2%	2%	2%	2%	3%

1/YYYY - 8/YYYY

YYYY YYYY YYYY YYYY YYYY YYYY YYYY YYYY
 JAN FEB MAR APR MAY JUN JUL AUG

MAIL

Provide Notice: Medicare Prescription Drug Coverage and Your Rights	35.628%	34.638%	37.147%	41.615%	40.034%	39.741%	38.741%	37.728%
Prior Authorization Required	22.180%	22.065%	24.222%	22.314%	20.331%	22.685%	18.721%	25.659%
Product Not On Formulary	5.067%	5.412%	6.798%	13.644%	9.210%	6.389%	9.427%	5.544%
Plan Limitations Exceeded	5.609%	4.038%	4.548%	5.173%	9.980%	9.598%	10.093%	5.105%
M/I Cardholder ID	6.055%	6.619%	7.180%	5.316%	7.129%	7.656%	4.997%	8.418%
Product/Service Not Covered	5.003%	5.371%	3.159%	2.729%	2.481%	3.349%	2.365%	4.361%
Prescriber Data Base Not Able to Verify Active State License with Prescriptive Authority for Prescriber ID Submitted	8.158%	6.953%	5.457%	0.682%	0.000%	3.012%	0.999%	1.082%
Claim Not Processed	1.912%	4.704%	3.638%	2.302%	1.682%	2.167%	2.199%	2.705%
M/I Prescriber ID	3.410%	1.749%	1.532%	0.483%	0.228%	0.478%	2.831%	0.541%
Date Written Is After Date Filled	0.637%	2.040%	1.628%	1.535%	2.566%	0.225%	0.633%	1.487%
Pharmacy Must Notify Beneficiary: Claim Not Covered Due to Failure to Meet Medicare Part D Active, Valid Prescriber NPI Requirements	0.000%	0.000%	0.000%	0.000%	1.027%	0.478%	2.831%	1.386%
Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	1.562%	0.333%	0.000%	0.000%	0.741%	0.000%	0.000%	0.778%
Product/Service ID Qualifier Does Not Precede Product/Service ID	0.096%	1.166%	0.527%	0.227%	0.456%	0.169%	0.167%	0.642%
M/I Request Claim Segment	0.096%	1.166%	0.527%	0.227%	0.456%	0.169%	0.167%	0.642%
M/I Product/Service ID Qualifier	0.096%	1.166%	0.527%	0.227%	0.456%	0.169%	0.167%	0.642%
Patient Is Not Covered	0.382%	0.000%	0.527%	0.000%	0.029%	0.844%	0.966%	0.000%
Scheduled Downtime	0.096%	0.167%	0.431%	0.625%	0.114%	0.507%	0.300%	0.270%
Discontinued Product/Service ID Number	0.064%	0.208%	0.574%	0.000%	0.542%	0.000%	0.766%	0.000%
Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is not found	0.223%	0.167%	0.287%	0.483%	0.143%	0.535%	0.067%	0.000%
Product May Be Covered Under Hospice - Medicare A	0.542%	0.333%	0.000%	0.000%	0.000%	0.000%	0.733%	0.000%
M/I Group ID	0.000%	0.000%	0.335%	0.000%	0.000%	0.000%	0.799%	0.135%
Days Supply Exceeds Plan Limitation	0.000%	0.000%	0.000%	0.881%	0.114%	0.000%	0.000%	0.000%
Product Not FDA/NSDE Listed	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.845%
Non-Matched Cardholder ID	0.605%	0.250%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Filled After Coverage Terminated	0.223%	0.000%	0.096%	0.142%	0.029%	0.000%	0.000%	0.000%
Not Covered Under Part D Law	0.159%	0.208%	0.000%	0.085%	0.000%	0.000%	0.000%	0.000%
Must Fill Through Specialty Pharmacy	0.000%	0.000%	0.000%	0.085%	0.143%	0.000%	0.000%	0.000%
M/I Date Prescription Written	0.064%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

1/YYYY - 8/YYYY

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
Other	2.135%	1.249%	0.862%	1.222%	2.110%	1.829%	2.032%	2.028%
RETAIL								
Refill Too Soon	24.412%	27.570%	28.023%	27.094%	27.930%	28.189%	33.702%	35.794%
Provide Notice: Medicare Prescription Drug Coverage and Your Rights	15.289%	17.741%	19.291%	20.024%	19.840%	20.433%	16.646%	15.971%
Product/Service Not Covered	9.157%	10.059%	10.398%	9.087%	9.668%	9.808%	8.518%	9.328%
Prior Authorization Required	5.151%	6.049%	6.719%	6.878%	6.783%	7.951%	6.615%	5.835%
Product Not On Formulary	3.201%	4.013%	4.811%	6.590%	6.240%	6.076%	4.142%	4.787%
DUR Reject Error	4.878%	5.720%	5.334%	4.841%	5.298%	4.497%	4.069%	4.091%
M/I Processor Control Number	5.996%	3.830%	3.416%	3.674%	3.355%	2.828%	2.597%	2.552%
M/I Cardholder ID	6.496%	3.091%	2.499%	2.324%	1.909%	1.582%	1.718%	1.366%
Plan Limitations Exceeded	1.490%	1.864%	2.103%	2.848%	2.906%	2.713%	2.322%	1.939%
Not Covered Under Part D Law	1.525%	1.717%	1.894%	1.570%	1.321%	1.461%	0.297%	0.000%
Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is not found	1.829%	1.615%	0.574%	0.717%	0.779%	0.932%	0.652%	0.916%
Prescriber Data Base Not Able to Verify Active State License with Prescriptive Authority for Prescriber ID Submitted	3.388%	2.098%	0.161%	0.210%	0.104%	0.296%	0.629%	0.393%
M/I Group ID	1.487%	0.754%	0.660%	1.113%	0.984%	0.793%	0.680%	0.799%
M/I Professional Service Code	0.028%	0.234%	0.096%	0.051%	0.097%	0.056%	2.788%	1.973%
M/I Result Of Service Code	0.028%	0.084%	0.133%	0.061%	0.090%	0.045%	2.756%	2.020%
Submission Clarification Code Not Supported	2.388%	1.410%	0.226%	0.139%	0.101%	0.083%	0.089%	0.359%
Submit Bill To Other Processor Or Primary Payer	0.727%	0.363%	0.564%	0.179%	0.751%	0.654%	0.428%	0.573%
Patient Is Not Covered	0.596%	0.637%	0.503%	0.697%	0.177%	0.591%	0.192%	0.223%
The Packaging Methodology Or Dispensing Frequency Is Missing Or Inappropriate For LTC Short Cycle	0.208%	0.381%	0.332%	0.379%	0.567%	0.442%	0.393%	0.374%
Days Supply Exceeds Plan Limitation	0.376%	0.267%	0.486%	0.152%	0.316%	0.310%	0.153%	0.132%
Multiple Transactions Not Supported	0.183%	0.106%	0.677%	0.254%	0.163%	0.153%	0.172%	0.154%
M/I Prescriber Last Name	0.171%	0.154%	0.209%	0.257%	0.146%	0.264%	0.150%	0.264%
Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	1.214%	0.059%	0.000%	0.000%	0.000%	0.000%	0.006%	0.000%
M/I Submission Clarification Code	0.118%	0.165%	0.106%	0.173%	0.222%	0.191%	0.195%	0.183%
Product May Be Covered Under Hospice - Medicare A	0.068%	0.066%	0.106%	0.125%	0.108%	0.282%	0.093%	0.129%
Non-Matched Product/Service ID Number	0.056%	0.128%	0.082%	0.115%	0.111%	0.122%	0.195%	0.104%
Scheduled Downtime	0.149%	0.121%	0.055%	0.135%	0.191%	0.070%	0.096%	0.041%

Claim Reject Reasons

1/YYYY - 8/YYYY

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
Claim Too Old	0.050%	0.183%	0.144%	0.085%	0.003%	0.003%	0.134%	0.195%
Quantity Does Not Match Dispensing Unit	0.121%	0.081%	0.075%	0.152%	0.129%	0.003%	0.022%	0.031%
Product Not FDA/NSDE Listed	0.003%	0.011%	0.048%	0.020%	0.028%	0.003%	0.000%	0.428%
Claim Not Processed	0.062%	0.040%	0.034%	0.014%	0.049%	0.017%	0.256%	0.041%
Duplicate Refills	0.050%	0.011%	0.038%	0.271%	0.028%	0.056%	0.022%	0.016%
M/I Special Packaging Indicator	0.043%	0.022%	0.065%	0.051%	0.066%	0.094%	0.048%	0.072%
Non-Matched Cardholder ID	0.043%	0.007%	0.174%	0.017%	0.143%	0.017%	0.013%	0.003%
Pharmacy Not Contracted in Long Term Care Network	0.000%	0.000%	0.356%	0.027%	0.000%	0.000%	0.000%	0.000%
Pharmacy Not Contracted in 90 Day Retail Network (this message would be used when the pharmacy is not contracted to provide a 90 days supply of drugs)	0.047%	0.037%	0.072%	0.014%	0.042%	0.042%	0.064%	0.031%
Discontinued Product/Service ID Number	0.043%	0.059%	0.051%	0.054%	0.021%	0.083%	0.019%	0.013%
M/I Bin Number	0.081%	0.176%	0.072%	0.000%	0.014%	0.000%	0.003%	0.000%
Pharmacy Not Contracted With Plan On Date Of Service	0.031%	0.022%	0.024%	0.037%	0.066%	0.077%	0.045%	0.000%
Patient Relationship Code Not Supported	0.043%	0.000%	0.017%	0.003%	0.007%	0.003%	0.172%	0.038%
M/I Prior Authorization Number Submitted	0.012%	0.018%	0.082%	0.020%	0.010%	0.077%	0.006%	0.035%
M/I Prescriber ID	0.047%	0.059%	0.027%	0.003%	0.000%	0.014%	0.061%	0.019%
M/I Patient Relationship Code	0.043%	0.000%	0.010%	0.000%	0.000%	0.003%	0.150%	0.000%
M/I Date of Service	0.078%	0.018%	0.021%	0.030%	0.021%	0.017%	0.019%	0.006%
Filled After Coverage Terminated	0.019%	0.084%	0.034%	0.010%	0.017%	0.014%	0.003%	0.031%
M/I Route of Administration	0.000%	0.018%	0.000%	0.054%	0.038%	0.017%	0.019%	0.025%
M/I Prescription Origin Code	0.040%	0.022%	0.034%	0.010%	0.010%	0.003%	0.013%	0.025%
Non-Matched Pharmacy Number	0.019%	0.007%	0.007%	0.000%	0.003%	0.003%	0.022%	0.082%
Non-Matched Group ID	0.000%	0.000%	0.130%	0.007%	0.007%	0.003%	0.000%	0.000%
M/I Date Prescription Written	0.000%	0.033%	0.014%	0.017%	0.000%	0.000%	0.048%	0.031%
M/I DUR/PPS Level Of Effort	0.003%	0.007%	0.024%	0.058%	0.000%	0.000%	0.029%	0.009%
M/I Pharmacy Service Type	0.012%	0.000%	0.000%	0.000%	0.035%	0.003%	0.013%	0.060%
Pharmacy Must Notify Beneficiary: Claim Not Covered Due to Failure to Meet Medicare Part D Active, Valid Prescriber NPI Requirements	0.000%	0.000%	0.000%	0.000%	0.000%	0.014%	0.067%	0.019%
M/I Prior Authorization Type Code	0.000%	0.015%	0.024%	0.000%	0.010%	0.014%	0.013%	0.013%
Date Written Is After Date Filled	0.003%	0.000%	0.014%	0.010%	0.000%	0.003%	0.032%	0.006%

1/YYYY - 8/YYYY

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
Patient Residence not supported by plan	0.000%	0.007%	0.014%	0.037%	0.003%	0.000%	0.000%	0.000%
Compounds Not Covered	0.016%	0.000%	0.003%	0.007%	0.003%	0.003%	0.016%	0.006%
M/I Reason For Service Code	0.003%	0.000%	0.044%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Request Coordination Of Benefits/Other Payments Segment	0.003%	0.004%	0.007%	0.000%	0.000%	0.000%	0.000%	0.031%
Use Prior Authorization Code Provided For Emergency Fill	0.000%	0.026%	0.003%	0.000%	0.000%	0.003%	0.010%	0.003%
Duplicate Paid/Captured Claim	0.000%	0.000%	0.007%	0.000%	0.017%	0.014%	0.000%	0.000%
Plans Prescriber Database Indicates the Associated DEA to Submitted Prescriber ID is Inactive	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.028%
Plan's Prescriber data base indicates associated DEA to submitted Prescriber ID does not allow this drug DEA Schedule	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.028%
Filled Before Coverage Effective	0.000%	0.022%	0.000%	0.000%	0.000%	0.000%	0.003%	0.006%
Diagnosis Code Qualifier Submitted Not Covered	0.012%	0.004%	0.000%	0.000%	0.007%	0.003%	0.003%	0.000%
M/I Other Payer ID	0.003%	0.015%	0.007%	0.000%	0.000%	0.000%	0.000%	0.003%
Reversal Request Outside Processor Reversal Window	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.019%	0.000%
M/I Product/Service ID Qualifier	0.000%	0.000%	0.010%	0.000%	0.007%	0.000%	0.000%	0.006%
M/I Other Payer ID Qualifier	0.003%	0.015%	0.007%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Intermediary Authorization Type ID	0.000%	0.000%	0.003%	0.003%	0.000%	0.003%	0.000%	0.013%
Product Not Covered Non-Participating Manufacturer	0.000%	0.018%	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%
M/I Person Code	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.006%
Repackaged Product Not Covered By the Contract	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.009%
M/I Days Supply	0.012%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Refills Are Not Covered	0.000%	0.011%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Quantity Dispensed Exceeds Maximum Allowed	0.000%	0.000%	0.000%	0.000%	0.010%	0.000%	0.000%	0.000%
Product/Service ID Qualifier Value Not Supported	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.010%	0.000%
M/I Usual And Customary Charge	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.009%
M/I Prescriber State/Province Address	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Future Date Prescription Written Not Allowed	0.003%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.003%
Value In Gross Amount Due Does Not Follow Pricing Formulae	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Product/Service ID	0.000%	0.000%	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%
M/I Intermediary Authorization ID	0.000%	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%	0.000%

1/YYYY - 8/YYYY

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
M/I Dispense As Written (DAW)/Product Selection Code	0.000%	0.000%	0.000%	0.003%	0.003%	0.000%	0.000%	0.000%
Refills Exceed allowable Refills	0.000%	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%
Other Payer ID Qualifier Not Supported	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Unit Of Measure	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Quantity Dispensed	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Primary Care Provider ID	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Prescriber ID Qualifier	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Other Payer Reject Count	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.003%
M/I Ingredient Cost Submitted	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Gross Amount Due	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Diagnosis Code Qualifier	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%
M/I Basis Of Cost Determination	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
Compound Segment Required For Adjudication	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
Compound Segment Present On A Non-Compound Claim	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
Compound Requires Two Or More Ingredients	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
Other	8.424%	8.653%	8.818%	9.293%	9.007%	8.559%	8.346%	8.311%

Glossary of Terms - Operational Performance Report

Abandonment Rate	The percentage of calls where a caller hangs up after waiting 30 seconds, or longer, for their call to be answered by a patient care advocate.
Average Seconds to Answer	The average amount of time, in seconds, a caller waits to have their call answered, includes callers handled by IVR (where applicable).
Call Reason	The reason(s) a call was initiated to ESI, as identified by the patient care or client service center advocate.
Call Service Level	The percentage of calls answered within 60 seconds.
% Clean Rx Handled In 2 days	The percentage of Clean prescriptions shipped within 2 Business days of receipt at ESI.
Clean Script (Rx)	Prescription containing complete information requiring no intervention before processing.
Home Delivery Rxs by Month	The total number of prescriptions filled and shipped from an ESI home delivery pharmacy.
Intervention Rate	The percentage of total prescriptions shipped requiring manual intervention, via outreach to a physician or member, to complete processing.
% Intervention Rx Handled in 5 days	The percentage of Intervention scripts shipped within 5 Business days of receipt at ESI.
Intervention Script (Rx)	Prescription requiring outreach to a physician or member to complete processing.
IVR	Interactive Voice Response system available 24 hours a day, 365 days a year.
Refills by Source	The number of home delivery prescriptions shipped from each of eight possible sources: Customer Service, Fax, IVR, Point of Care, Web, Rx Direct, Postal and Others.
Reiect Rate	The percentage of total prescriptions which were not successfully filled.
Reiect Reason	Why a prescription was not filled at either a mail or retail pharmacy.
Retail Rxs by Month	The count of prescriptions filled at a retail pharmacy.
Total Calls by Month	The number of member calls logged by the patient care advocates.
Total Client Issues by Month	The number of client reported issues logged by the Client Service Center (CSC).
Web Logins	The number of times a member successfully logs into the ESI web site.
Web New Registrations	The count of new registered ESI web site users during the reporting period.
Web Refills	The number of refills requested through the ESI web site. Patients must be registered on the site before a refill can be submitted.
Web Users	The cumulative count of the patients registered to use the ESI web site.
*	Indicates the Section is grouped on Group ID level

Summary Report

PROGRAM: ELG0830B

EXPRESS SCRIPTS HOLDING COMPANY.

DATE: MM/DD/YY

REPORT : RPT0830A

ELIGIBILITY PRE-EDIT ENROLLMENT STATISTICS

TIME: 06:50

RUN-ID : 7108-13210-01

FIELD EDIT / SUSPENSE SUMMARY REPORT

PAGE: 1

RECORD TOTALS

RECORDS READ ON CLIENT INPUT FILE	214
RECORDS WRITTEN TO GROUP SUSPENSE FILE (-)	1
RECORDS WRITTEN TO USER GROUP SUSPENSE FILE (-)	0
RECORDS WRITTEN TO LOCATOR SUSPENSE	0
RECORDS WRITTEN TO FINANCIAL HOLD FILE	0
RECORDS BYPASSED DUE TO INVALID DATA WITH SUSPENSE ERROR (-)	0
RECORDS BYPASSED DUE TO INVALID DATA	0
RECORDS BYPASSED DUE TO REFORMAT ERRORS..... (-)	0
RECORDS WRITTEN TO PAID TRANSACTION FILE	213

GROUP TOTALS

NUMBER OF GROUPS ON INPUT FILE	14
NUMBER OF GROUPS ON SUSPENSE	0
=====	
NUMBER OF GROUPS ON CLIENT PROFILE	14



Statistical Report

PROGRAM: ELGWRP7B

EXPRESS SCRIPTS HOLDING COMPANY.

DATE: MM/DD/YY

REPORT : ELGWRP7B

ELIGIBILITY PRE-EDIT ENROLLMENT STATISTICS

TIME: 06:51

RUN-ID : 7108-13210-01

STATISTICAL REPORT

PAGE: 1

INT GROUP #	D	M ³ ----- ADDS ----- ³			3----- CHANGES ----- ³				RE-	GEN-	RE-	RECORDS NUM OF	MULTI WITH NO	INPUT		
		REGULAR	TERMS	WITH	REGULAR	TERMS	WITH	TERMED							PERSONS	INSTATED
CLIENT GROUP #		(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(X)	(+)	(+)	(+)	(+)	(=)
ZXS00001AAA	M	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	D	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
CHS L1:																
CHS L2:																
CHS L3:																
CHS L4:																
CHS L5:																
CHS L6:																
ZXS00001AAA	M	3	0	0	1	4	0	0	0	0	0	0	0	0	0	8
	D	2	0	0	1	3	0	0	0	0	0	0	0	0	0	6
<hr/>																
TOTALS	M	0	0	0	2	0	0	0	0	0	0	0	0	0	0	9
	D	0	0	0	2	0	0	0	0	0	0	0	0	0	0	7



Sample Rebate Summary Report: Filled Month

Summary Report Sample Client

Period From: MM/DD/YYYY
 Period To: MM/DD/YYYY
 Period: 1QYY

Activity: Integrated
 Carrier: ABCD

Carrier Summary

Fill Month	Net Rebates Reporting Period	Additional Rebates Prior Period	Net Rebates Total
Month YYYY	\$0.00	\$6,200.00	\$6,200.00
Month YYYY	\$0.00	\$10,000.00	\$10,000.00
Month YYYY	\$0.00	\$30,000.00	\$30,000.00
Month YYYY	\$1,291,000.00	\$0.00	\$1,291,000.00
Month YYYY	\$1,400,000.00	\$0.00	\$1,400,000.00
Month YYYY	\$1,000,000.00	\$0.00	\$1,000,000.00
Total for Carrier ABCD	\$3,691,000.00	\$46,200.00	\$3,737,200.00
Adjustment: Reason Given			-\$24,000.00
Adjustment: Reason Given			-\$2,000.00
Grand Totals	\$3,691,000.00	\$46,200.00	\$3,711,200.00



Not all clients receive all reports

Sample Rebate Summary Report: Therapeutic Description



Therapeutic Description Summary Report

Company Name

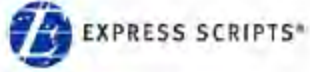
Period From: MM/DD/YYYY
 Period To: MM/DD/YYYY
 Period: 1QYY

Activity: Retail
 Carrier: 1234

Carrier	Therapeutic Description	Total Rx	Total Brand Rx	Net Rebates Reporting Period	Additional Rebates Prior Period	Net Rebates Total
1234	Vitamins	46	14	\$8.00	\$0.00	\$8.00
1234	Ear, Nose and Throat Medications	105	65	\$14.00	\$4.00	\$18.00
1234	Anti-Infectives	6	5	\$16.00	\$12.00	\$28.00
Total		157	84	\$38.00	\$16.00	\$54.00

Not all clients receive all reports

Sample Rebate Summary Report: Per Rx–Formulary



PER Rx SUMMARY REPORT

Client Name

Integrated Summary

Carrier ABCD

Period From: MM/DD/YYYY
 Period To: MM/DD/YYYY
 Period: 3QYY

Formulary ID-Name	Filled Date Range	Channel	Rxs/Brand Rxs/Invoiced Rxs	Rate	Amount Due
393- ESI National Preferred	MM/DD/YY - MM/DD/YY	Retail	10	\$20.00	\$200.00
393- ESI National Preferred	MM/DD/YY - MM/DD/YY	Mail	3	\$60.00	\$180.00
617- ESI High Performance	MM/DD/YY - MM/DD/YY	Retail	3450	\$26.00	\$89,700.00
617- ESI High Performance	MM/DD/YY - MM/DD/YY	Mail	1650	\$72.00	\$118,800.00
Total			5113		\$208,880.00

Adjustment: reason given -\$24,000.00
 Adjustment: reason given -\$2,000.00

Clients must have a Per Rx arrangement to receive this report

A1	ORG ID	CARRIER	ACCOUNT	CONTRAC	CONTRAC BPL #	BPL NAME	ESI	GROU	EXTERNA	GROUP N.	FORMULA	FORMULA	RETAIL/M.	SUBSIDY	SPECIALT	FILLED M	SHARE A	FIELD1	FIELD2	SUM OF B	SUM OF B	SUM OF A	PER RX R.	PER RX C	PERCENT	REBATES	PERCENT	ADMIN FE	FIELD7	FIELD8	FIELD9	FIELD10	
D1											2225	Incentive	M	YES	NO	2014-01	7.62	0	0	0	0	0	74.67	0	1	7.62	1	0	0	0	0	0	0
D1											2225	Incentive	R	YES	NO	2014-01	0	0	0	0	0	16.42	0	1	0	1	0	0	0	0	0	0	0
D1											2225	Incentive	M	YES	NO	2014-01	0.72	0	0	0	0	74.67	0	1	0.72	1	0	0	0	0	0	0	0

A1	ORG ID	CARRIER	CONTRACBPL	GROUP	FILLED MC	MANUFACREBATE	ADMIN	FIELD1	TOTAL REBATES	
D1					YYYY-MM	ESI Sanofi-	7.62	0	0	7.62
D1					YYYY-MM	ESI Sanofi-	0.72	0	0	0.72
D1					YYYY-MM	ESI Astra Z	0.1	0	0	0.1