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# ANNUAL REPORT

JULY 2008 to JUNE 2009

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The Utah Medicaid  
Drug Regimen Review Center  
421 Wakara Way, Suite 208  
Salt Lake City, UT 84108

The University of Utah College of Pharmacy began operating the Drug Regimen Review Center (DRRC) in May 2002 to fulfill the terms of a contract with Utah Medicaid. The contract supports the Utah Medicaid prescription drug program and its drug utilization review process. The emphasis of the program is to improve drug use in Medicaid patients, to reduce the number of prescriptions and drug cost in high utilizers of the Medicaid drug program, and to educate prescribers for top utilizers of the Utah Medicaid prescription drug program.

Each month, between 150 and 300 patients were selected for review by a team of clinically trained pharmacists. These reviews resulted in recommendations that were made to prescribers. These recommendations are described later in this report. Recommendations are transmitted in writing either by mail or fax, are sent to all prescribers of medications related to identified drug therapy problems, and include a list of drugs dispensed during the month of review. The DRRC also provides information and consultation by telephone with prescribers and pharmacists.

## Staff

The DRRC utilizes a staff of professionals to run the program including:

### **Pharmacists**

Benjamin Campbell, Pharm.D.  
Karen Gunning, Pharm.D.  
Joanne LaFleur, Pharm.D., MSPH  
Bryan Larson, Pharm.D., BCPS  
CarrieAnn Madden, Pharm.D., BCPS  
Janet Norman, R.Ph.  
Gary M. Oderda, Pharm.D., MPH  
Lynda Oderda, Pharm.D.  
Marianne Paul, Pharm.D., BCPS  
Carin Steinvort, Pharm.D.

### **Data Management**

Lisa Angelos  
Kami Doolittle  
Yvonne Nkwen-Tamo  
Brian Oberg, MBA  
David Servatius

## Mission

The mission of the DRRC is to review the drug therapy of Medicaid patients who are high utilizers of the Medicaid drug program or who are otherwise determined to be at high risk for drug related problems and high medical costs and to work with the individual prescribers to provide the safest and highest quality pharmacotherapy at the lowest cost possible.

## Methodology

The method for identifying patients for review has undergone a revision in this year. For the months of July through October 2008, the mechanism for patient selection continued as it had in previous years. That is, patients who exceeded seven prescriptions per month were ranked by the number of prescriptions they received in that month, and the top 300 were selected after excluding children and patients who had been reviewed in the previous 12 months. Instead of doing November reviews in January, staff worked to revise and implement procedures using a new methodology. For the months of December 2008 through June 2009, the mechanism for patient selection was modified. In those months, three different mechanisms of selection were compared, as described below:

### **Prescription Drug Counts**

An average 50 patients per month were selected on the basis of the number of prescriptions per month. This is the same mechanism that has been used in the past. In each month, patients who received any prescription were ranked according to the number of prescriptions they had received in that month, and those with the highest number of prescriptions who had not been reviewed in the previous 12 months were selected.

## RxRisk Comorbidity Scores

An average 50 patients per month were selected on the basis of RxRisk comorbidity scores. RxRisk is an instrument that is used for risk adjustment based on degree of comorbidity. It is based on prescriptions filled by patients in the entire 1-year period prior to the month of the review. The RxRisk comorbidity scale is validated to identify patients at risk of having high medical expenditures in the subsequent year.

## RxRisk Chronic Disease Count

An average 50 patients per month were selected on the basis of the sum of chronic diseases they had, according to the RxRisk comorbidity scale. Patients were ranked according to the number of comorbid conditions they had, and those with the highest count who had not been reviewed in the previous 12 months were selected.

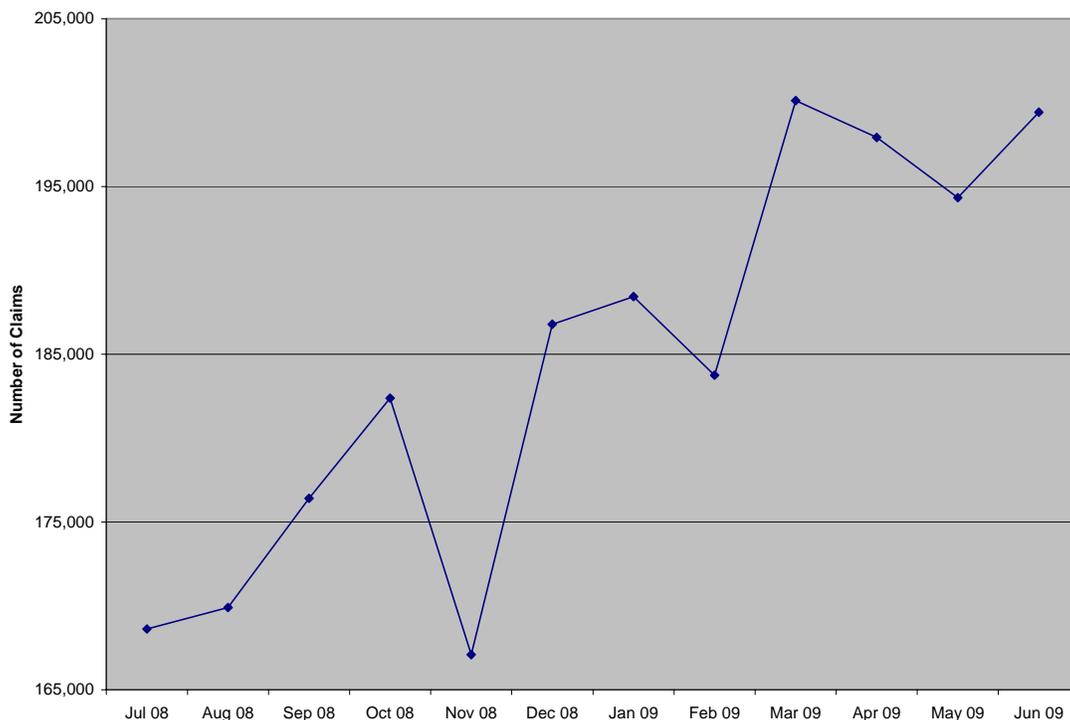
We continue to provide prescribers with recommendations for changes in drug therapy as appropriate. To date, we have mailed or faxed 43,916 of these letters to 11,299 different prescribers, with recommendations concerning 13,905 Medicaid patients.

## Overview

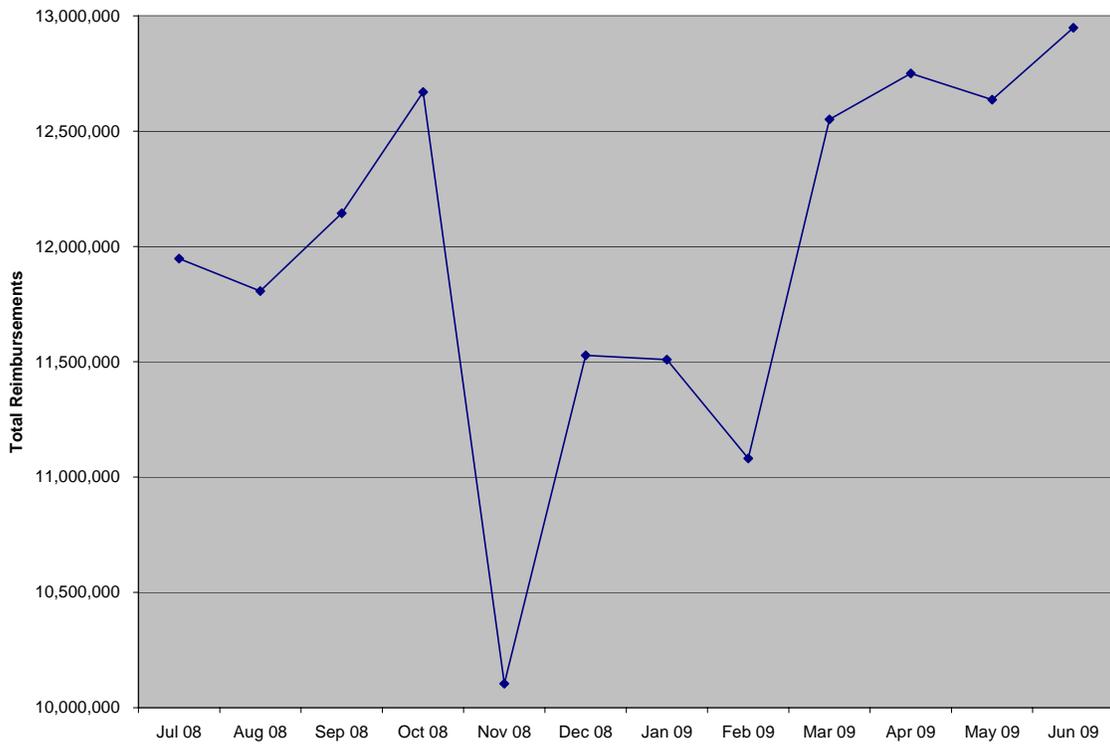
Utah Medicaid drug claim costs had been increasing substantially over the past several years. The total increase in these costs from January 2002 to January 2006, when the Medicare Part D prescription drug benefit went into effect, had been approximately 75.8%. In January 2006 these costs dropped sharply and have been rising since that time. Recently, the total number of claims increased from 168,624 to 199,421 per month (18.26%) during the period from July 2008 to June 2009. Drug costs also increased from \$11,947,245 to \$12,948,293 per month (8.38%) during this same period.

Figures 1 and 2 show the total number of Medicaid pharmacy claims and the total cost of these claims for each month during the reporting period from July 2008 to June 2009, and Figure 3 shows the trend in total drug claim costs during the entire project period from January 2002 to June 2009.

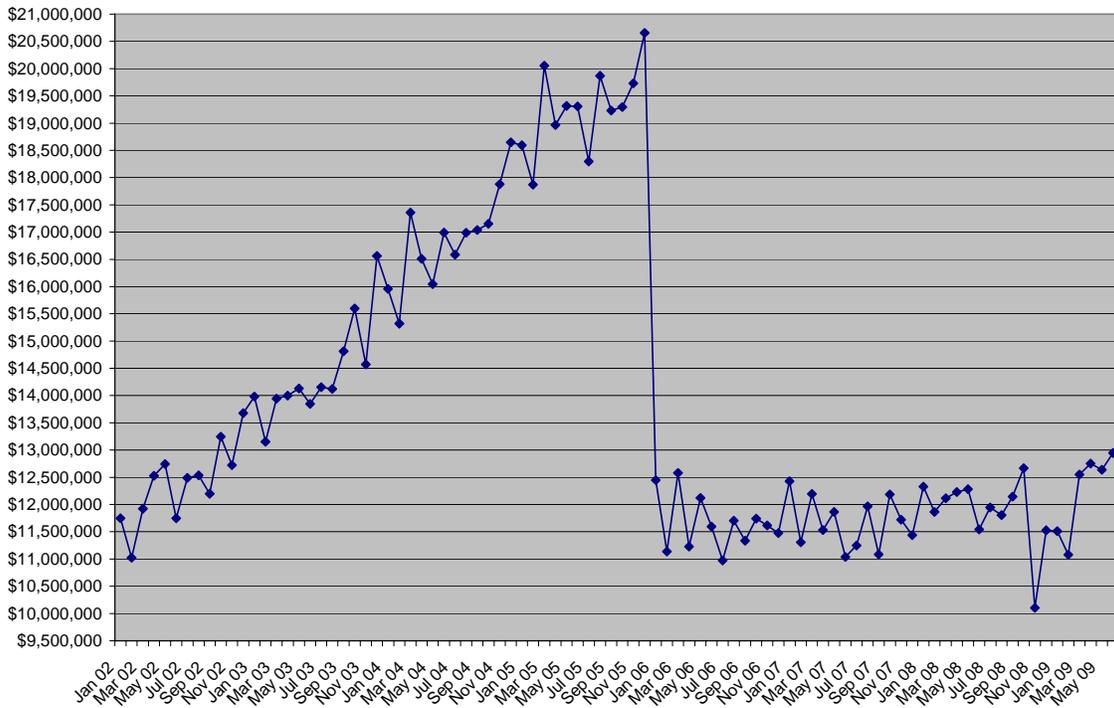
**Figure 1 – Total Medicaid Drug Claims by Month from July 2008 to June 2009**



**Figure 2 – Total Medicaid Drug Claim Costs by Month from July 2008 to June 2009**



**Figure 3 – Total Medicaid Drug Program Costs from January 2002 to June 2009**

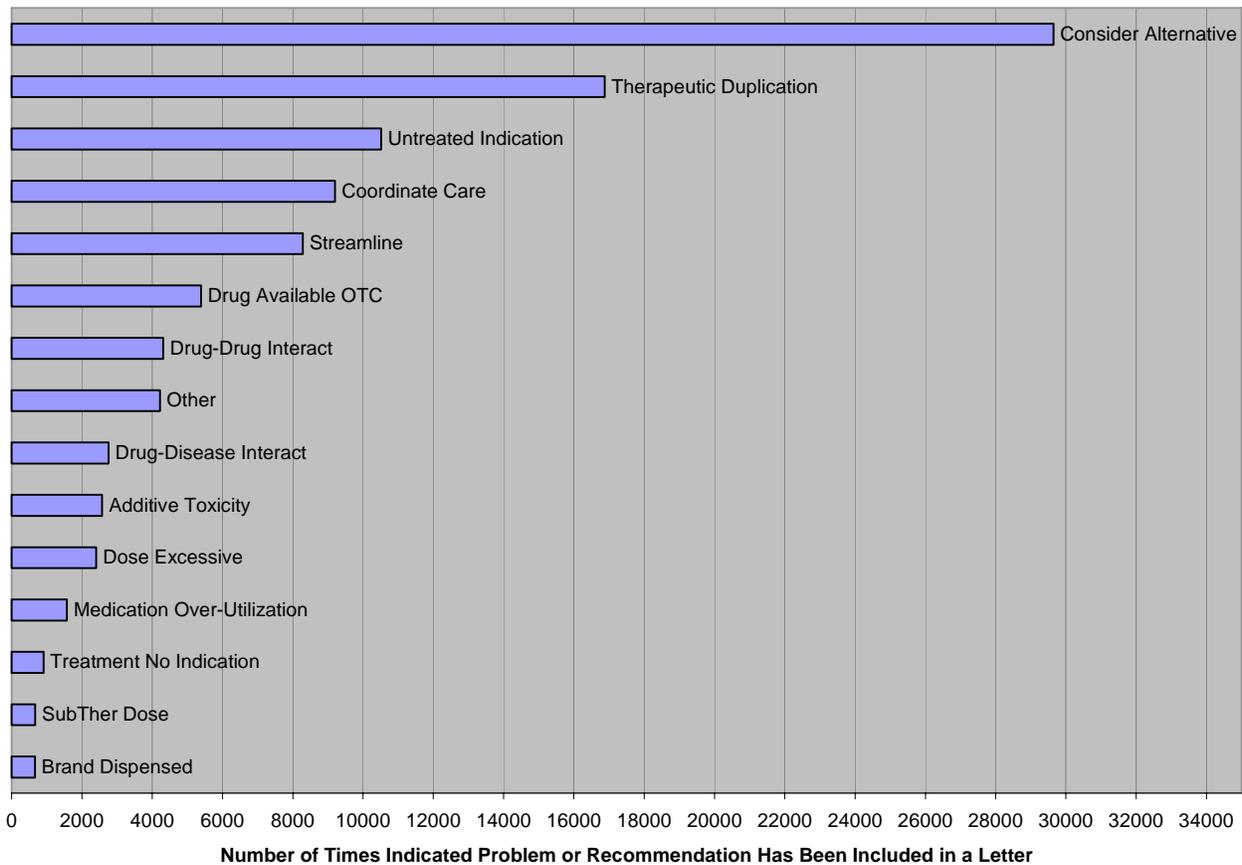


Increases in total drug spend for the past five fiscal years have been 16.4% (July 2004 to June 2005), 13.1% (July 2005 to January 2006 – when Medicare Part D went into effect), 0.6% (July 2006 to June 2007), 2.6% (July 2007 to June 2008) and recently 8.4% (July 2008 to June 2009). Several factors are responsible for increased costs, including an increase in Medicaid enrollment.

## Program Summary

Figure 4 summarizes the drug related problems identified in the letters that have been sent to prescribers since the inception of the program in May 2002.

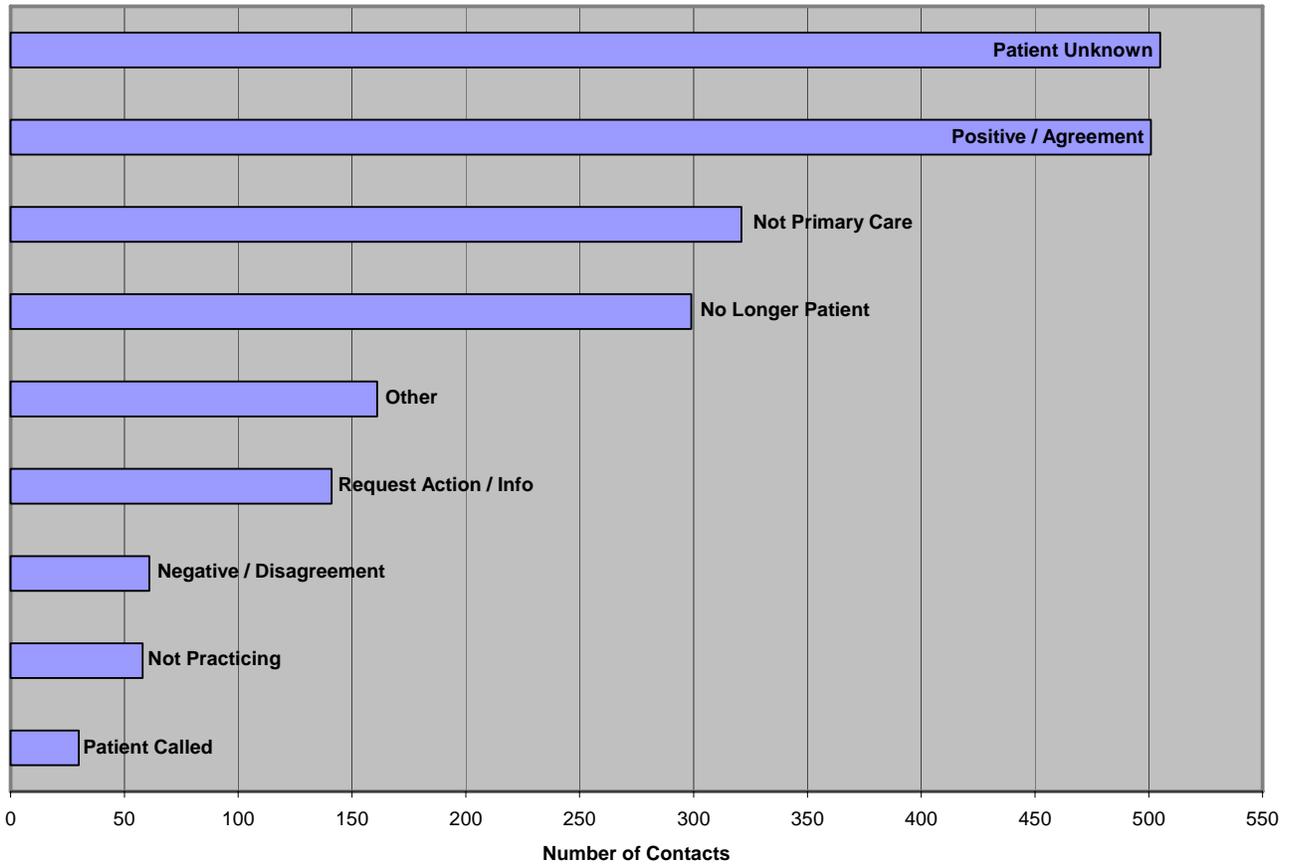
**Figure 4 – Types of Drug Related Problems and Recommendations in All Letters Sent to Prescribers**



Recommendation categories outlined above are self-explanatory, although the top categories do deserve further description. The most common recommendation was for the prescriber to consider alternative therapy. This recommendation would have been made for a number of reasons, including considering a less costly alternative. Therapeutic duplication recommendations were made when the patient was taking multiple therapeutic agents for the same indication when there was generally no reason to include therapy with more than one agent. Coordinate care relates to situations where it appeared that multiple prescribers were ordering therapy for what appeared to be the same illness, and untreated indication recommendations were made if there was an absence of a medication that appeared to be needed based on usual best practice or guidelines. Streamline therapy refers to considering changes in therapy to eliminate some of the drugs dispensed or to decrease the number of doses, where appropriate.

Figure 5 summarizes the responses of the 2,077 individuals who have contacted the DRRC after receiving an intervention letter since the program's inception in May 2002.

**Figure 5 – Summary of All Responses to Letters Received**

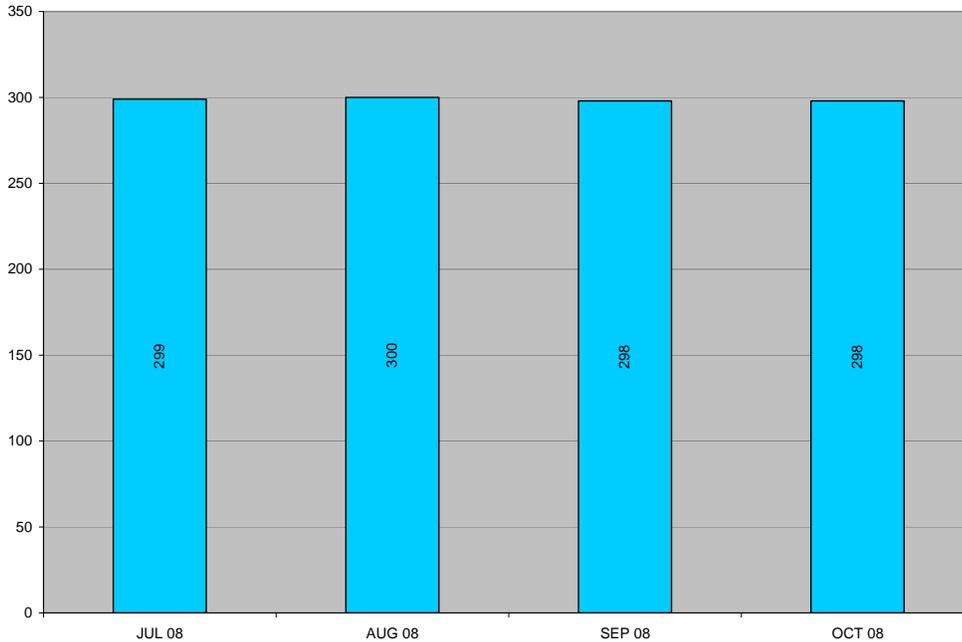


We have received a variety of comments from the prescribers, including both agreement with recommendations and some disagreement. We have also encountered some administrative problems such as pharmacy input errors, incorrect addresses on file, and patients not being treated by the prescriber identified. As a result of verification procedures we have implemented, the incidence of these types of problems has gone down dramatically since the beginning of the program.

## Demographics

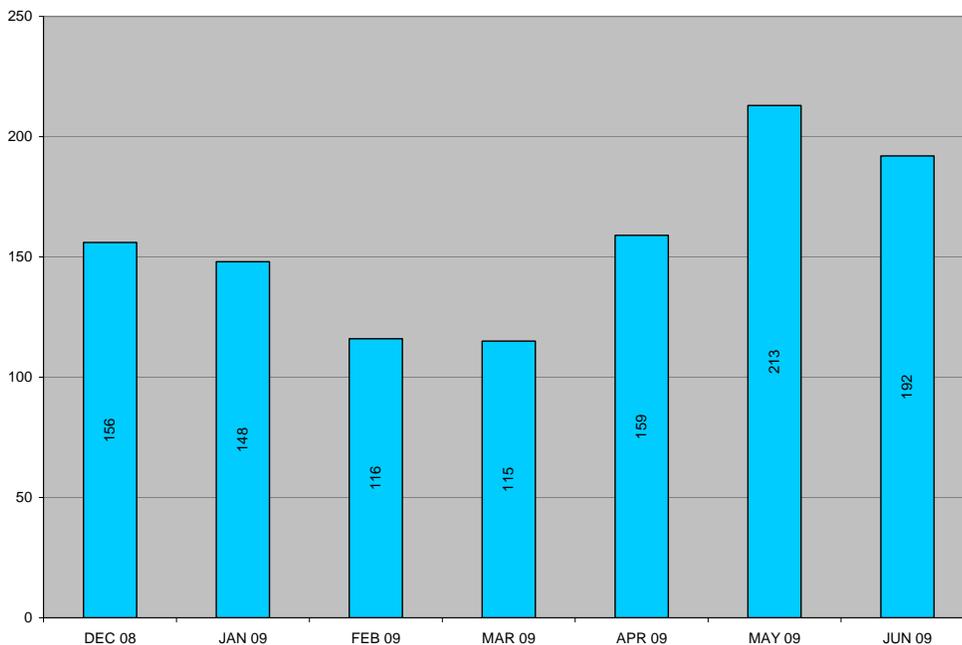
The 1,195 patients reviewed from July 2008 to October 2008 were separated into cohorts based on the month they were reviewed. Figure 6A summarizes the number of patients reviewed each month during this period. The average was 299 patients per month.

**Figure 6A – Summary of Patients Reviewed Each Month from July 2008 to October 2008**



The 1,089 patients reviewed from December 2008 to June 2009 were separated into cohorts based on the month they were reviewed. Figure 6B summarizes the number of patients reviewed each month during this period. The average was 156 patients per month. There is more variability per month using the new patient selection methods. This occurs primarily because the criterion of selection, such as RxRisk score, is set at a specific threshold and all patients who exceed that threshold are reviewed.

**Figure 6B – Summary of Patients Reviewed Each Month from December 2008 to June 2009**

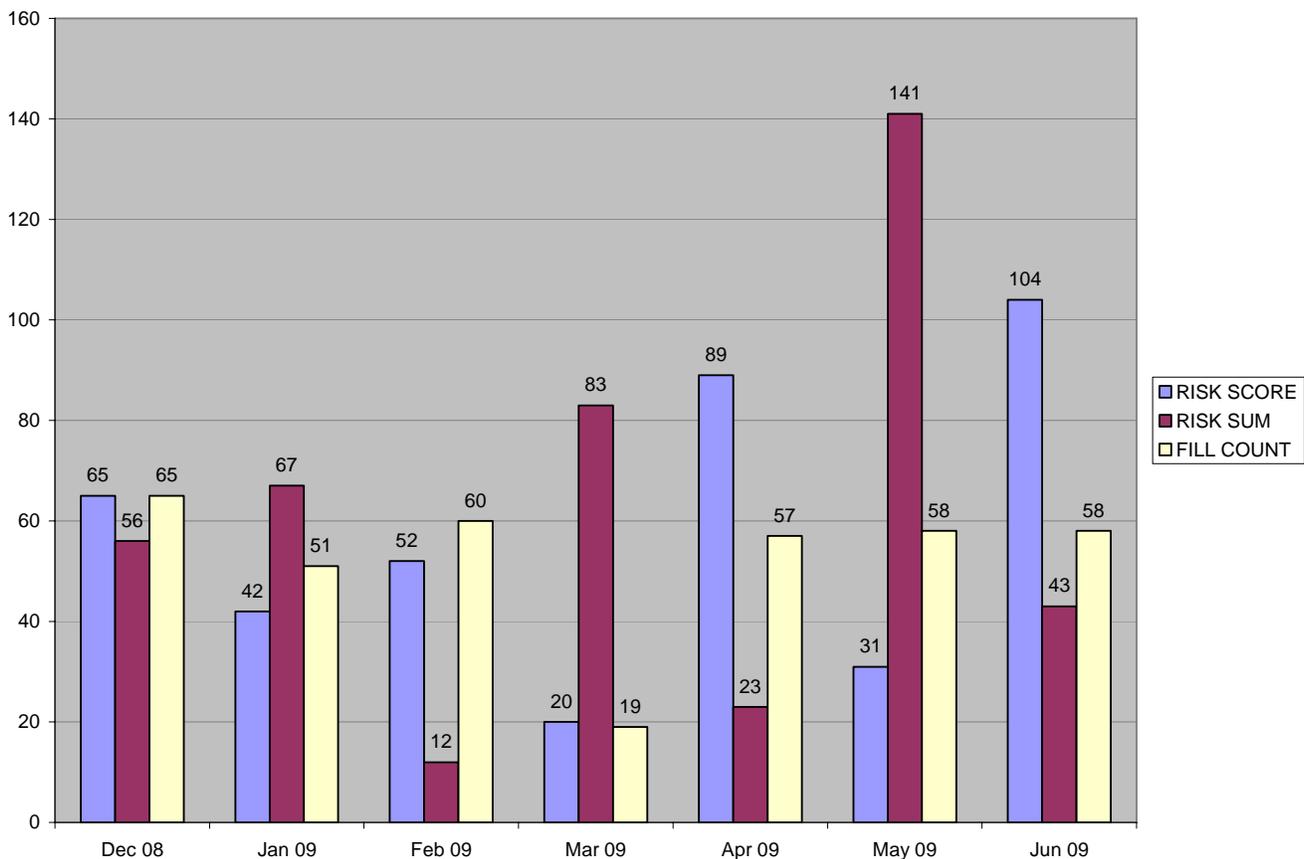


Beginning in December 2008, patients were selected for review based on three different criteria rather than simply the number of prescription fills during the month of review. Table 1 and Figure 7 summarize the patients selected each month by each of these three criteria. The total of 1,204 is less than the total from each of the methods since some patients fell under selection criteria for more than one of the method.

**Table 1 – Patient Selection**

	Total	Score Value	Score Count	Sum Value	Sum Count	Fills Value	Fills Count
Dec 08	156	20	65	15	56	30	65
Jan 09	148	19	42	14	67	26	51
Feb 09	116	18	52	14	12	23	60
Mar 09	115	18	20	13	83	27	19
Apr 09	159	17	89	13	23	23	57
May 09	213	17	31	12	141	22	58
Jun 09	192	16	104	12	43	22	58
<b>TOTAL</b>	<b>1109</b>		<b>403</b>		<b>425</b>		<b>376</b>

**Figure 7 – Patients Reviewed by Selection Method**



Demographics for all review cohorts are displayed in Table 2 and include gender, average age, and the average number of prescriptions dispensed. Nursing home patients are not included in this table.

**Table 2 – Cohort Demographics**

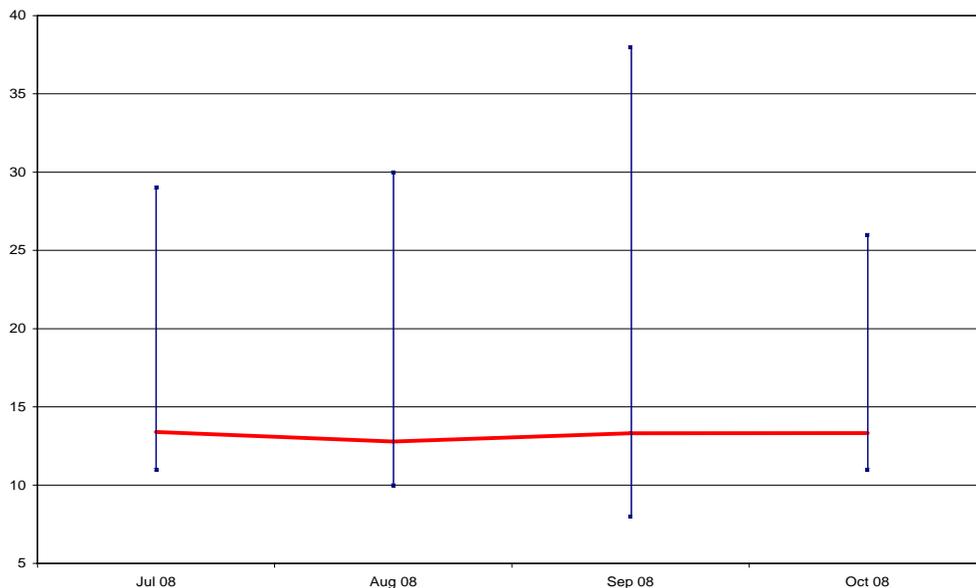
MONTH	Patients							
	Females				Males			
	Percent	Mean Age	Mean # Rx	Mean Cost Per RX	Percent	Mean Age	Mean # Rx	Mean Cost Per RX
Jul 08	75.9	43.5	13.3	\$69.51	24.1	46.2	13.5	\$82.27
Aug 08	74.9	44.9	12.7	\$77.92	25.1	45.4	12.6	\$100.86
Sep 08	76.9	43.3	13.2	\$73.79	23.1	44.9	13.4	\$83.12
Oct 08	73.0	44.0	13.2	\$66.37	27.0	46.6	13.8	\$89.40
Dec 08	73.4	49.0	16.8	\$62.88	26.6	48.9	16.8	\$78.24
Jan 09	72.2	50.7	14.9	\$59.86	27.8	44.9	13.8	\$73.56
Feb 09	66.0	47.4	14.2	\$62.37	34.0	47.3	13.4	\$55.20
Mar 09	78.1	48.3	12.8	\$76.02	21.9	50.2	12.6	\$73.37
Apr 09	69.5	49.1	12.8	\$68.54	30.5	44.2	11.0	\$91.72
May 09	72.9	46.2	11.7	\$78.09	27.1	46.7	11.6	\$69.38
Jun 09	63.0	44.7	10.9	\$60.65	37.0	45.7	10.3	\$98.99

Reviewed ambulatory patients during the reporting period were predominantly females in their 40s who filled 10 to 17 prescriptions per month.

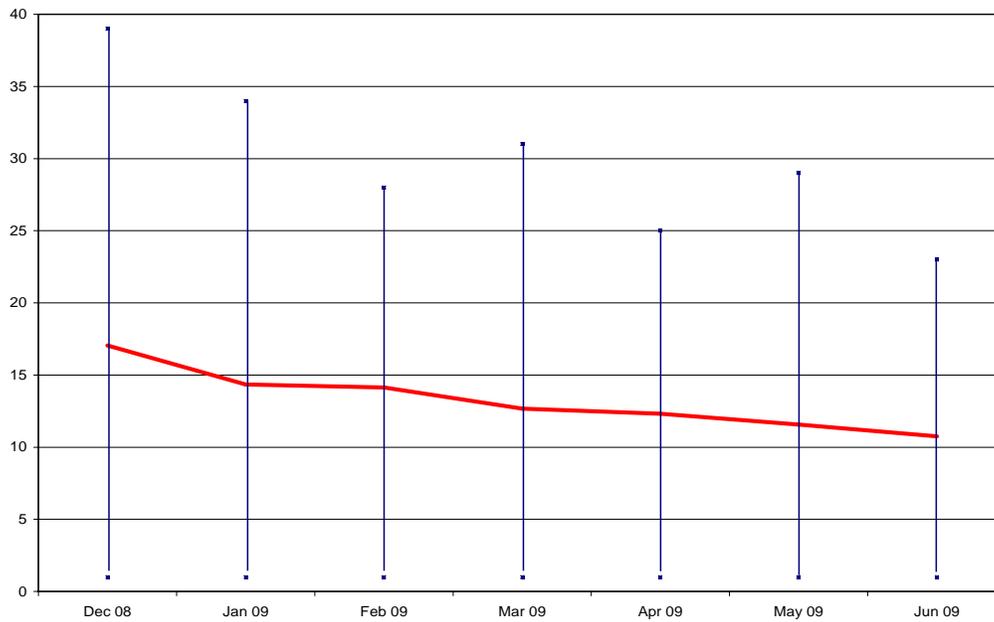
### Program Trends

The following figures show the average and range of the number of prescriptions for each of the reviewed cohorts. The mean number of prescriptions that triggered review generally ranged from 12 to 14 while the maximum number of prescriptions for a reviewed patient exceeded 35. Figures 8 and 9 represent two different methods for selecting patients for review. Data presented in Figure 8 includes only patients who were selected on the basis of a high number of prescriptions in the review month. Data in Figure 9 include patients who were selected on that basis, as well as two other methods based on patient comorbid conditions.

**Figure 8 – Average Number of Prescriptions per Month per Reviewed Ambulatory Medicaid Patient, including Minimum and Maximum Number of Prescriptions per Review Group**



**Figure 9 – Average Number of Prescriptions per Month per Reviewed Ambulatory Medicaid Patient, including Minimum and Maximum Number of Prescriptions per Review Group**



## Program Effectiveness

The DRRC's two major goals are to improve pharmacotherapy for Medicaid patients and to reduce health care costs by decreasing the number of prescriptions and prescription cost. As the review process has matured, we have increased the number of telephone calls to providers to discuss drug related problems. Because of that, we have more information on the impact of our reviews.

The following patient presentations are representative examples of the types of patients being reviewed and the outcomes of those reviews:

### PATIENT 1

In June 2009 we reviewed the drug regimen of a 27-year-old woman. We recommended several changes to her drug regimen. In October 2009, Medicaid was contacted by this patient, concerned because her physician had removed some of her medications because of the letter he had received from the Drug Regimen Review Center.

The physician had also contacted her pharmacy to cancel the remaining refills on these prescriptions. She did not understand why these medications were taken away, and did not have a good understanding of her drug regimen. We were able to explain the reasoning behind these changes to her over the phone, and ease her concerns. Below are the main changes which were made and explained to her, per our recommendations to her doctor.

She had been receiving two inhaled corticosteroids each month, Flovent and Asmanex, and a long-acting beta-2 agonist, Serevent. All of these medications were discontinued, and she was stabilized on Symbicort, a combination product with both an inhaled corticosteroid and a long-acting beta-2 agonist. This resolved the duplication in therapy, and also streamlined her drug regimen.

She was receiving cholestyramine and simvastatin, two medications used to treat hyperlipidemia, along with numerous other medications. Cholestyramine had the potential to interact with multiple medications on her drug profile by inhibiting their absorption. The simvastatin dose was increased and the cholestyramine was discontinued, streamlining her drug regimen and preventing potential drug interactions.

## PATIENT 2

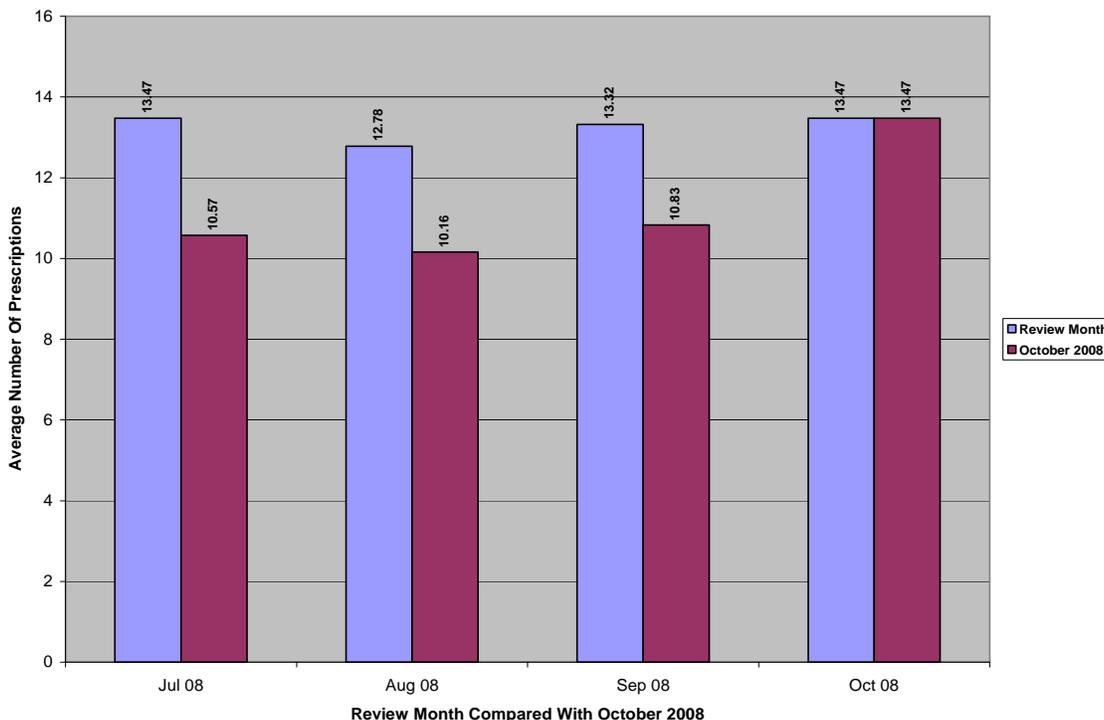
In December 2008 a 57 year old female's prescription regimen was reviewed and found to have several drug-related problems, including sub-therapeutic Seroquel in psychosis (50 mg/day), supra-therapeutic doses of Geodon (240 mg/day), a therapeutic duplication (low-dose Seroquel and high-dose Geodon), a drug that interacted with one of her diseases (metoclopramide use in epilepsy), an increased risk of experiencing extrapyramidal effects (metoclopramide and antipsychotics), two counteracting drugs from different providers (Evoxac and oxybutynin), an excessive Cymbalta dose (90 mg/day), and furosemide without a potassium supplement.

A review of the patient's regimen three months after a letter had been sent to the provider found that several of the drug-related problems had been resolved due to the discontinuation of many of the offending medications. The low-dose Seroquel had been discontinued, thus resolving both the sub-therapeutic dose and therapeutic duplication drug-related problems. In addition, the metoclopramide had been discontinued, resolving the drug-disease interaction and the increased risk of extrapyramidal effects.

The oxybutynin had been discontinued, resolving the counteracting drugs from different providers, and the furosemide was stopped, resolving the risk of the patient experiencing hypokalemia. It appears this patient's drug regimen was streamlined to discontinue unneeded and duplicative therapies, as well as decreasing the number of providers prescribing medications. Six of the eight drug-related problems resolved within a three-month time frame.

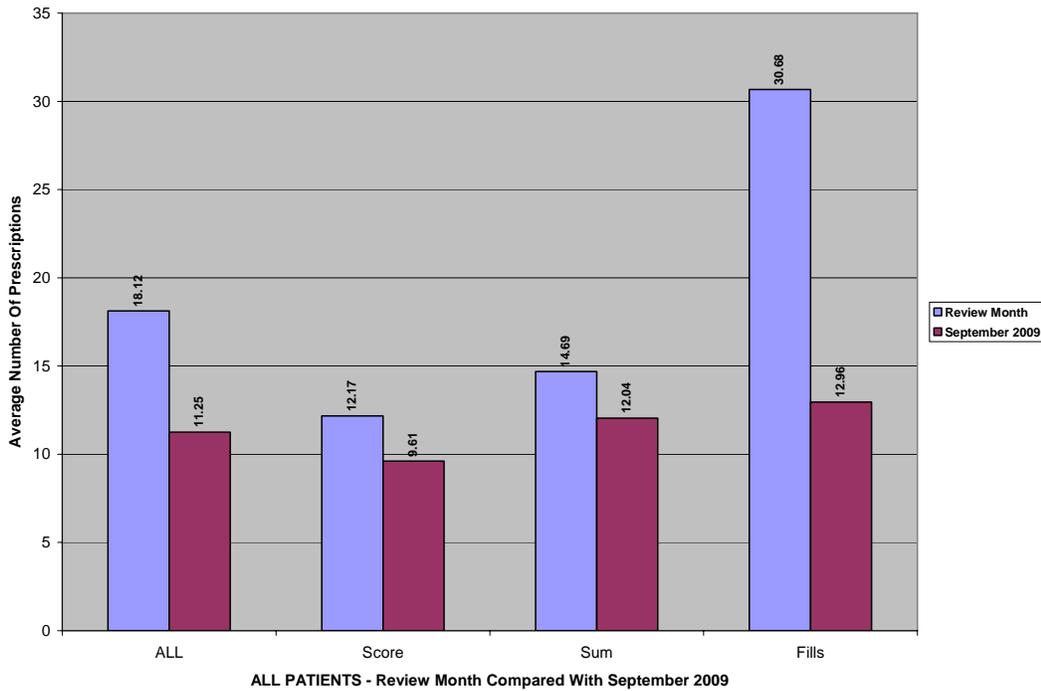
Figure 10 shows the average number of prescriptions per reviewed patient for each month from July 2008 to October 2008, compared to the average number of prescriptions per patient for the same cohort in October 2008. The number of prescriptions dispensed has decreased for all review cohorts. No change was seen for October 2008 since this report only covers data through October 2008.

**Figure 10 – Average Prescriptions for Reviewed Cohort in Review Month, Compared to October 2008**

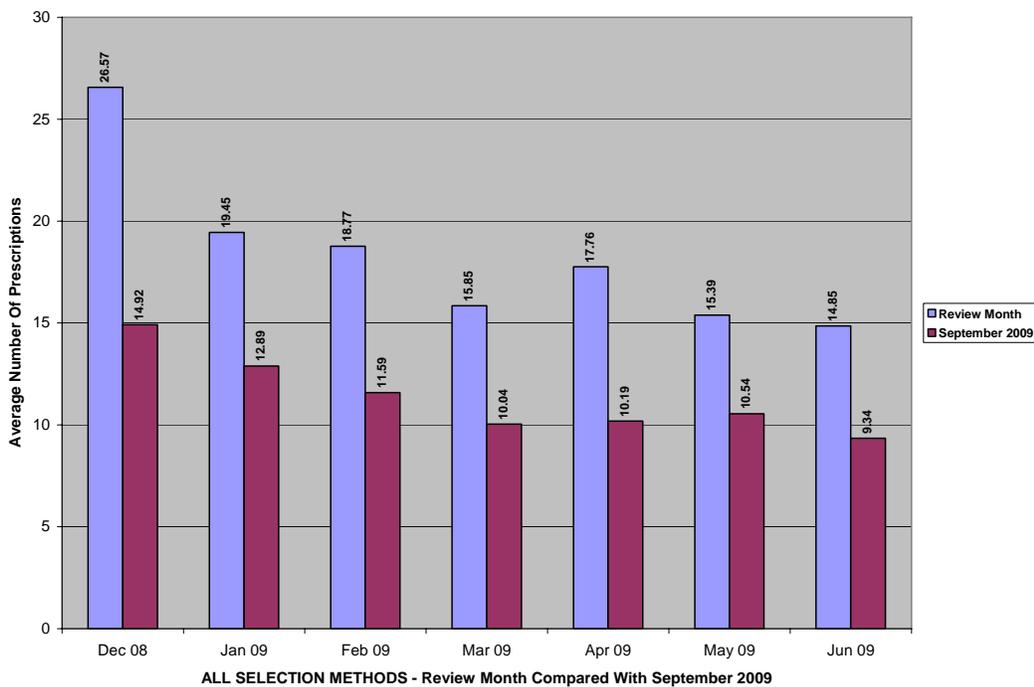


Beginning in December 2008, patients were selected for review based on three different criteria rather than simply number of prescription fills during the month of review. Figures 11 through 16 show the average number of prescriptions per reviewed patient for each month from December 2008 to June 2009, compared to the average number of prescriptions per patient for the same cohort in September 2009, the most recent month with data available. The number of prescriptions dispensed has decreased for all review cohorts, regardless of selection method, but the biggest decreases are seen among patients selected for number of fills.

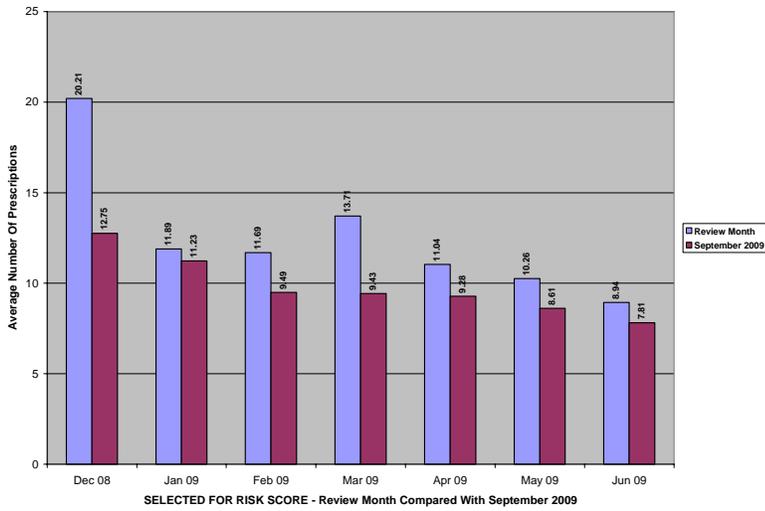
**Figure 11 – Average Fills during Review Month Compared with September 2009 for All Patients by Selection Method**



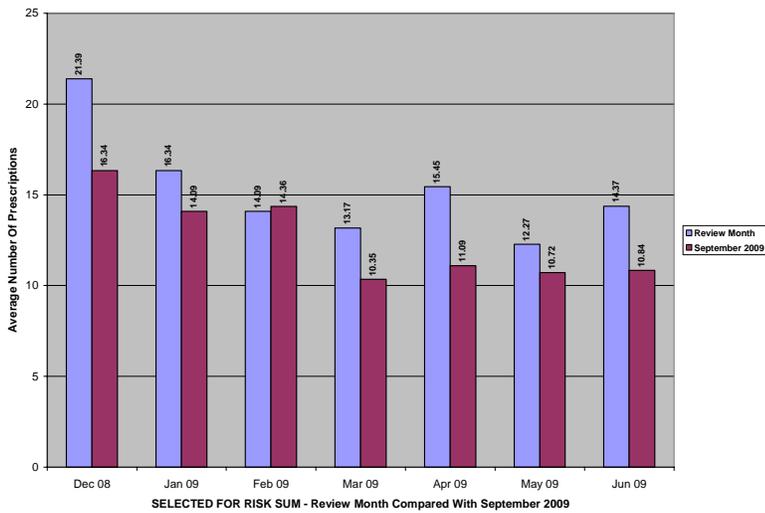
**Figure 12 – Average Fills during Review Month Compared with September 2009 for All Patients by Month**



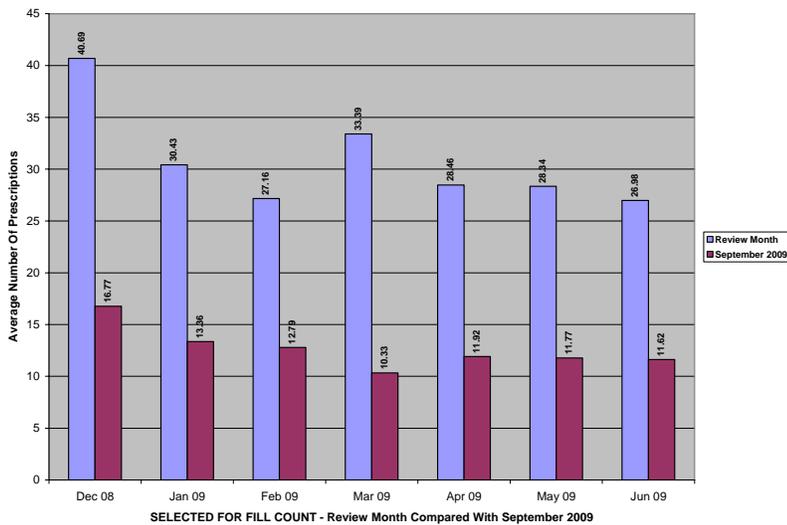
**Figure 13 – Average Fills during Review Month Compared with September 2009 for Patients Selected by Risk Score**



**Figure 14 – Average Fills during Review Month Compared with September 2009 for Patients Selected by Risk Sum**



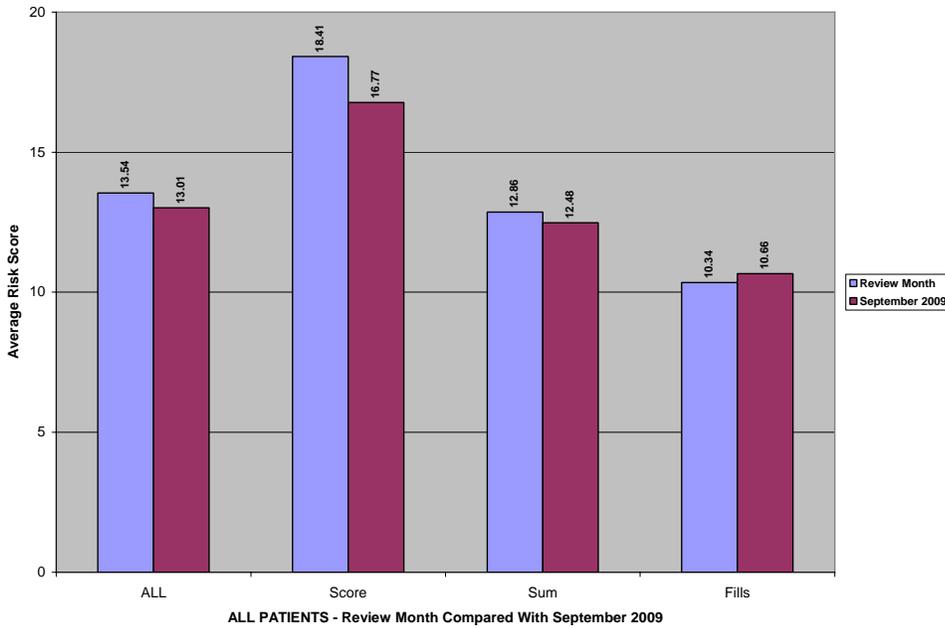
**Figure 15 – Average Fills during Review Month Compared with September 2009 for Patients Selected by Fill Count**



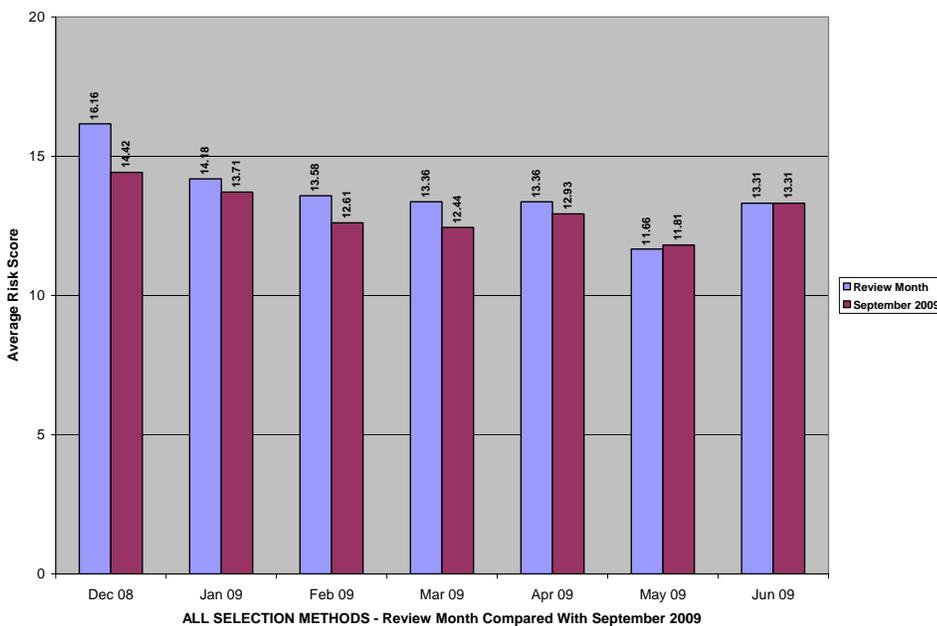
The number of prescriptions filled declined in all of the cohorts for each of the methods used to select patients. The decline was greatest, approximately 18 prescriptions per month, in patients selected for fill count; and was more modest, approximately two to three prescriptions per month, in patients selected by risk score or sum of comorbidities.

Figures 16 through 20 show the average risk score per reviewed patient for each month from December 2008 to June 2009, compared to the average risk score per patient for the same cohort in September 2009, the most recent month with data available. Patients selected for review on the basis of risk score show the largest drop in those scores over time.

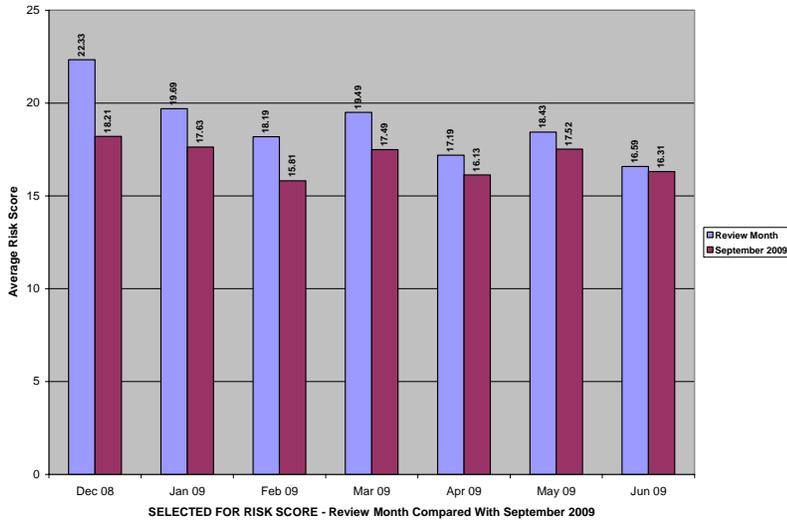
**Figure 16 – Average Risk Score during Review Month Compared with September 2009 for All Patients by Selection Method**



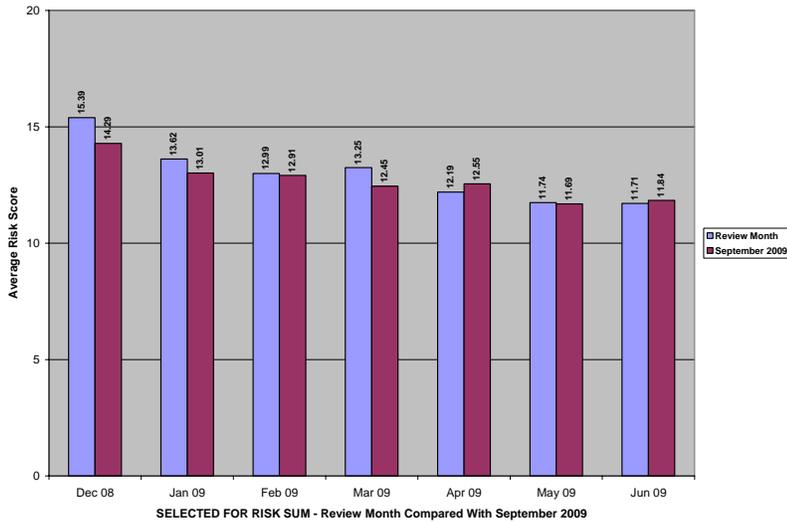
**Figure 17 – Average Risk Score during Review Month Compared with September 2009 for All Patients by Month**



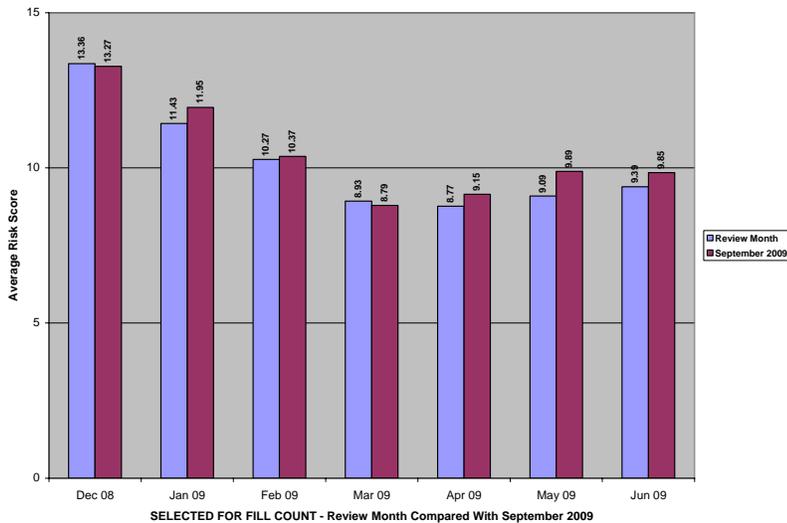
**Figure 18 – Average Score during Review Month Compared with September 2009 for Patients Selected by Risk Score**



**Figure 19 – Average Score during Review Month Compared with September 2009 for Patients Selected by Risk Sum**



**Figure 20 – Average Score during Review Month Compared with September 2009 for Patients Selected by Fill Count**



## **Tracking Costs of Reviewed Utilizers per Month**

We tracked drug cost reimbursements to review cohorts selected using all mechanisms for the remainder of the reporting period following the month they were reviewed. We have only tracked costs for patients within each review cohort who remained eligible during the entire reporting period and accessed their drug benefit at least one time during each of the months in the reporting period. Decreases in drug costs for these selected patients were seen, some significant. Because we eliminated patients who did not receive subsequent prescriptions, these estimates are conservative.

For patients reviewed from July through October 2008, the review month was used as the baseline amount for comparison. Cost savings were calculated only for patients reviewed from July 2008 to October 2008. Costs were compared for the baseline amount with the amount for June 2009. For example, costs in October 2008 and June 2009 were compared for patients reviewed during October 2008. Additional cost savings for patients reviewed before July 2008 are not included, nor are additional savings that would be expected after June 2009 for patients included in this report.

**Assuming total Medicaid drug costs remain constant after the month of review, drug costs for patients reviewed in July through October, 2008 decreased by \$1,767,702.**

For patients reviewed from December 2008 through June 2009, the review month was again used as the baseline amount for comparison. Cost savings were calculated only for patients reviewed from December 2008 to June 2009. Costs were compared for the baseline amount with the amount for June 2009. For example, costs in February 2009 and June 2009 were compared for patients reviewed during February 2009. Additional cost savings for patients reviewed before December 2008 are not included, nor are additional savings that would be expected after June 2009 for patients included in this report.

**Assuming total Medicaid drug costs remain constant after the month of review, drug costs for reviewed patients in December 2008 through June 2009 decreased by \$441,988.**

In considering this information it is important to understand that we cannot determine what the reviewed patients' drug costs would have been if they had not been reviewed. It is possible that without a review their costs would have increased, remained the same or declined. To effectively address this we would need to compare changes in prescription drug costs over the same period with a suitable control group. This is not possible with our current patient selection process.

Cost calculations are detailed on the following pages.

**TABLE 3**

**Drug Cost Savings in DRRC Reviewed Patients**

(vs No Change in Drug Costs in Medicaid Population)

**Totals**

Old Contract	\$1,767,702
New Contract	\$441,988
<b>TOTAL</b>	<b>\$2,209,690</b>

**New Contract**

Selected by: RISK SCORE	\$140,099
Selected by: RISK SUM	\$55,626
Selected by: FILL COUNT	\$388,028

**TOTAL FOR ALL REVIEWED PATIENTS ELIGIBLE AND UTILIZING RX BENEFITS ENTIRE REPORTING PERIOD - NO INCREASE IN COSTS ASSUMED**

	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Jul 08	220,342	180,048	175,650	184,165	134,210	153,932	151,295	148,850	162,230	167,301	153,855	166,573	1,998,451	2,644,104	645,653
Aug 08		215,805	198,510	210,971	160,521	188,427	185,754	167,602	184,299	184,835	176,227	186,898	2,059,849	2,373,855	314,006
Sep 08			213,265	189,630	154,088	182,715	176,175	165,087	171,796	179,173	161,266	163,689	1,756,884	2,132,650	375,766
Oct 08				197,791	138,701	154,362	143,743	138,558	150,042	139,263	141,274	144,108	1,347,842	1,780,119	432,277
													<b>7,163,026</b>	<b>8,930,728</b>	<b>1,767,702</b>
Dec 08						221,661	174,572	164,650	172,589	187,671	180,940	180,924	1,283,007	1,551,627	268,620
Jan 09							130,487	109,820	117,413	114,120	116,903	132,712	721,455	782,922	61,467
Feb 09								92,142	107,664	95,984	85,260	88,599	469,649	460,710	-8,939
Mar 09									89,945	68,641	72,690	72,673	303,949	359,780	55,831
Apr 09										117,209	86,772	100,383	304,364	351,627	47,263
May 09											148,433	130,687	279,120	296,866	17,746
Jun 09												149,673			
													<b>3,361,544</b>	<b>3,803,532</b>	<b>441,988</b>
													<b>10,524,570</b>	<b>12,734,260</b>	<b>2,209,690</b>

**PATIENTS** 191 175 174 180 118 105 84 76 101 141 115

\*Total number from each monthly review cohort remaining eligible for AND utilizing prescription drug benefits during the entire 12 month reporting period.

**AVERAGE PER PATIENT**

	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Jul 08	1,154	943	920	964	703	806	792	779	849	876	806	872	10,463	13,843	3,380
Aug 08		1,233	1,134	1,206	917	1,077	1,061	958	1,053	1,056	1,007	1,068	11,771	13,565	1,794
Sep 08			1,226	1,090	886	1,050	1,013	949	987	1,030	927	941	10,097	12,257	2,160
Oct 08				1,099	771	858	799	770	834	774	785	801	7,488	9,890	2,402
													<b>39,819</b>	<b>49,555</b>	<b>9,736</b>
Dec 08						1,878	1,479	1,395	1,463	1,590	1,533	1,533	10,873	13,149	2,276
Jan 09							1,243	1,046	1,118	1,087	1,113	1,264	6,871	7,456	585
Feb 09								1,097	1,282	1,143	1,015	1,055	5,591	5,485	-106
Mar 09									1,183	903	956	956	3,999	4,734	735
Apr 09										1,160	859	994	3,014	3,481	468
May 09											1,053	927	1,980	2,105	126
Jun 09												1,302			
													<b>32,327</b>	<b>36,411</b>	<b>4,084</b>
													<b>72,146</b>	<b>85,966</b>	<b>13,820</b>

REVIEWED PATIENTS SELECTED FOR **RISK SCORE** - NO INCREASE IN COSTS ASSUMED

	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Dec 08	75,913	57,676	54,195	55,868	61,888	53,962	64,092	423,594	531,391	107,797
Jan 09		29,995	25,337	25,841	21,302	21,399	24,726	148,600	179,970	31,370
Feb 09			32,556	39,560	36,010	32,598	32,621	173,345	162,780	-10,565
Mar 09				6,377	5,779	6,255	5,551	23,962	25,508	1,546
Apr 09					38,854	32,517	37,454	108,825	116,562	7,737
May 09						11,710	9,496	21,206	23,420	2,214
Jun 09							32,499			
							<b>TOTAL</b>	<b>899,532</b>	<b>1,039,631</b>	<b>140,099</b>

PATIENTS	44	27	37	7	51	15	55
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AVERAGE PER PATIENT

	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Dec 08	1,725	1,311	1,232	1,270	1,407	1,226	1,457	9,627	12,077	2,450
Jan 09		1,111	938	957	789	793	916	5,504	6,666	1,162
Feb 09			880	1,069	973	881	882	4,685	4,399	-286
Mar 09				911	826	894	793	3,423	3,644	221
Apr 09					762	638	734	2,134	2,286	152
May 09						781	633	1,414	1,561	148
Jun 09							591			
							<b>TOTAL</b>	<b>26,787</b>	<b>30,633</b>	<b>3,846</b>

REVIEWED PATIENTS SELECTED FOR **RISK SUM** - NO INCREASE IN COSTS ASSUMED

	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Dec 08	70,315	67,004	59,662	67,290	65,779	70,043	59,987	460,080	492,205	32,125
Jan 09		51,921	46,015	54,076	55,796	55,891	64,477	328,176	311,526	-16,650
Feb 09			10,949	10,771	12,158	7,722	8,603	50,203	54,745	4,542
Mar 09				65,601	54,635	54,652	58,460	233,348	262,404	29,056
Apr 09					17,290	15,074	13,834	46,198	51,870	5,672
May 09						94,806	93,925	188,731	189,612	881
Jun 09							37,218			
							<b>TOTAL</b>	<b>1,306,736</b>	<b>1,362,362</b>	<b>55,626</b>

PATIENTS	45	47	9	62	14	106	29
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AVERAGE PER PATIENT

	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Dec 08	1,563	1,489	1,326	1,495	1,462	1,557	1,333	10,224	10,938	714
Jan 09		1,105	979	1,151	1,187	1,189	1,372	6,982	6,628	-354
Feb 09			1,217	1,197	1,351	858	956	5,578	6,083	505
Mar 09				1,058	881	881	943	3,764	4,232	469
Apr 09					1,235	1,077	988	3,300	3,705	405
May 09						894	886	1,780	1,789	8
Jun 09							1,283			
							<b>TOTAL</b>	<b>31,629</b>	<b>33,375</b>	<b>1,746</b>

REVIEWED PATIENTS SELECTED FOR **FILL COUNT** - NO INCREASE IN COSTS ASSUMED

	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Dec 08	127,432	85,815	83,451	90,525	95,618	95,232	91,221	669,294	892,024	222,730
Jan 09		68,955	53,390	50,988	52,533	55,074	61,017	341,957	413,730	71,773
Feb 09			59,336	66,262	57,280	49,876	55,145	287,899	296,680	8,781
Mar 09				21,865	11,566	14,761	11,305	59,497	87,460	27,963
Apr 09					75,119	49,868	61,295	186,282	225,357	39,075
May 09						53,347	35,641	88,988	106,694	17,706
Jun 09							93,220			
							<b>TOTAL</b>	<b>1,633,917</b>	<b>2,021,945</b>	<b>388,028</b>

PATIENTS	55	40	43	10	42	30	40
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AVERAGE PER PATIENT

	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL	PROJECTED	SAVINGS
Dec 08	2,317	1,560	1,517	1,646	1,739	1,731	1,659	12,169	16,219	4,050
Jan 09		1,724	1,335	1,275	1,313	1,377	1,525	8,549	10,343	1,794
Feb 09			1,380	1,541	1,332	1,160	1,282	6,695	6,900	204
Mar 09				2,187	1,157	1,476	1,131	5,950	8,746	2,796
Apr 09					1,789	1,187	1,459	4,435	5,366	930
May 09						1,778	1,188	2,966	3,556	590
Jun 09							2,331			
							<b>TOTAL</b>	<b>40,764</b>	<b>51,130</b>	<b>10,365</b>