

Polk HealthCare Plan

Citizens HealthCare Oversight Committee Meeting

Neil Combee Bldg.

Boardroom

September 19, 2008



Polk HealthCare Plan
Healthy People Make Healthy Communities



Administered by:

***Community Health and Social Services
Division***

Sponsored by:

Polk County Board of County Commissioners



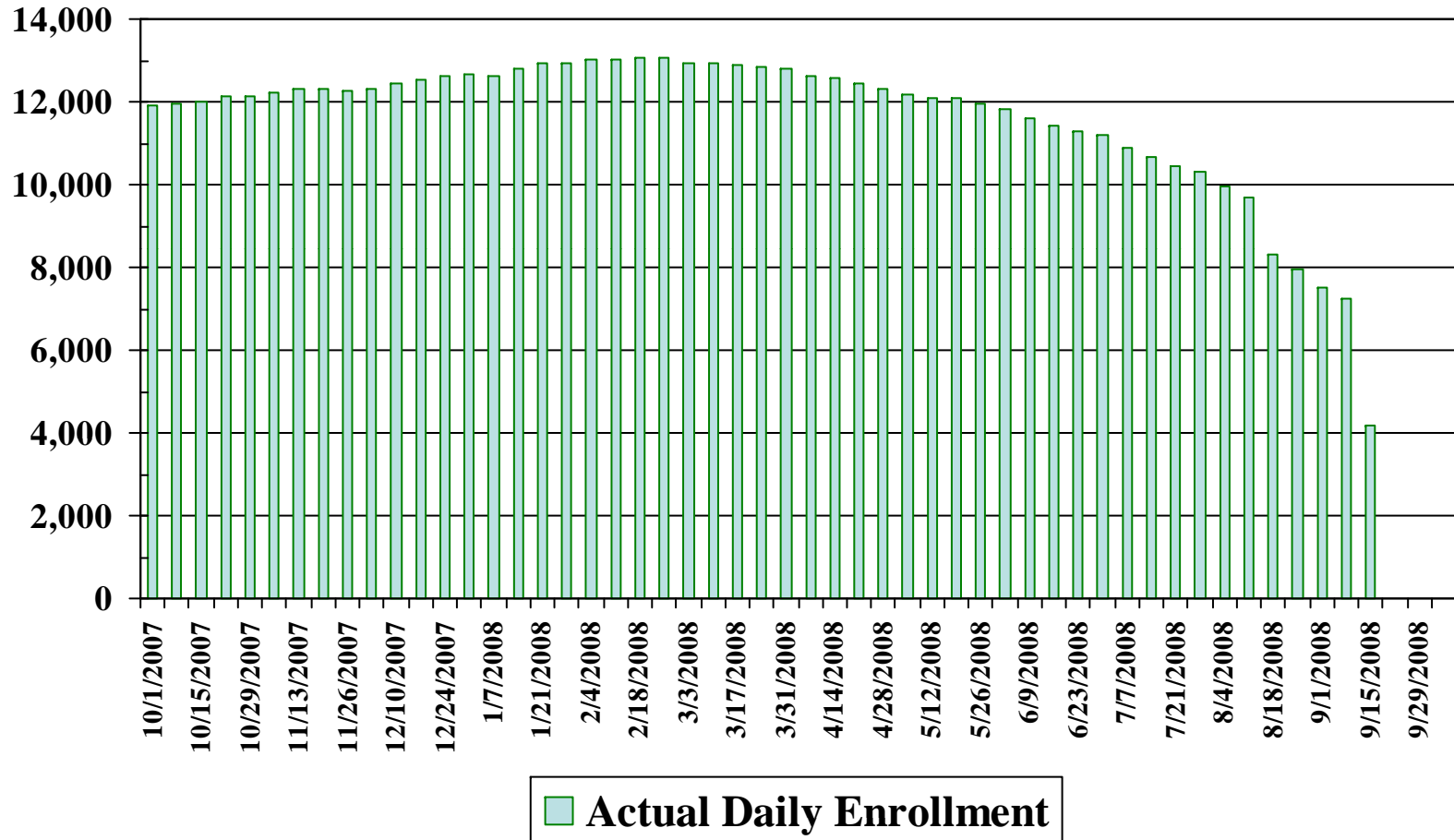
Fiscal Services Financial Reports

Mike Kushner
Interim CHSS Director



Polk Healthcare Plan

Unduplicated Enrollment and Actual Enrollment (FY2008)
2007-2008 Fiscal Year



Polk HealthCare Plan
Estimated Income Statement
For the Period Ending August 31, 2008
(Partial - As of September 16, 2008)

	Actual
Beginning Fund Balance	\$15,879,640
REVENUES:	
Half-Cent Sales Surtax	\$27,563,354
Pooled Investment Earnings	\$187,262
Miscellaneous Revenues (Rebates, Refunds, Other)	\$1,224,314
TOTAL REVENUES*	\$ 28,974,930
TOTAL EXPENDITURES	\$ 52,851,786
NET EXPENDITURES OVER REVENUES	\$23,876,856
Ending Fund Balance	(\$7,997,216)

Polk HealthCare Plan

Active Enrollment by Class

Class		7/18	7/31	8/12	8/20	8/27	9/03	9/10	9/15
A	100% FPL	5,439	5,297	5,105	4,881	4,695	4,422	4,269	4,110
B	125% FPL	1,929	1,880	1,830	1,770	1,705	1,635	1,587	28
C	150% FPL	1,787	1,728	1,608	1,529	1,479	1,411	1,358	27
D	175% FPL	805	731	653	15	18	15	15	12
E	200% FPL	584	537	482	9	8	9	10	9
TOTAL		10,544	10,173	9,678	8,204	7,905	7,492	7,239	4,186

Polk HealthCare Plan
Active Enrollment by Date
Projected for A (100% Federal Poverty Level) Class

Date	8/18	8/25	9/1	9/8	9/15	9/22	9/29	10/6	10/13	10/20	10/27
Projected Enrollment		4,706	4,404	4,181	3,971	3,727	3,543	3,160	2,962	2,736	2,550
Actual Enrollment	4,937	4,734	4,472	4,285							
Projected # Terminating		231	302	223	210	244	184	383	198	226	186
Actual # Terminating		203	262	187							
New Projections Based On Actuals					183	212	160	333	172	197	162
Projected Enrollment w/new Projections					4,102	3,890	3,730	3,397	3,225	3,053	2,891

Polk HealthCare Plan
Medical Claims Per Enrollee Per Month
2007 – 2008 Fiscal Year

Month/Year	Avg. Daily Enrollment	Medical Claims	Medical PEPM	Medical Rolling	
				PEPM (3 mo. Lag)	Trend
2007-10	12,077	\$5,135,167	\$425.19	\$279.27	13%
2007-11	12,302	\$3,034,716	\$264.69	\$283.60	18%
2007-12	10,552	\$2,548,812	\$241.54	\$285.98	24%
2008-01	12,846	\$3,238,734	\$252.13	\$292.41	32%
2008-02	13,082	\$4,087,894	\$312.49	\$299.80	35%
2008-03	12,910	\$3,457,129	\$267.78	\$303.10	33%
2008-04	12,539	\$3,074,239	\$245.17	\$302.48	32%
2008-05	12,105	\$3,942,072	\$325.65	\$307.27	32%
2008-06	11,480	\$3,317,552	\$288.98	\$307.54	30%
2008-07	10,602	\$3,146,492	\$296.78	\$301.48	23%
2008-08	9,183	\$3,604,156	\$392.48	\$299.74	18%
2008-09					
TOTAL YTD	129,678	\$38,586,963	\$297.56		

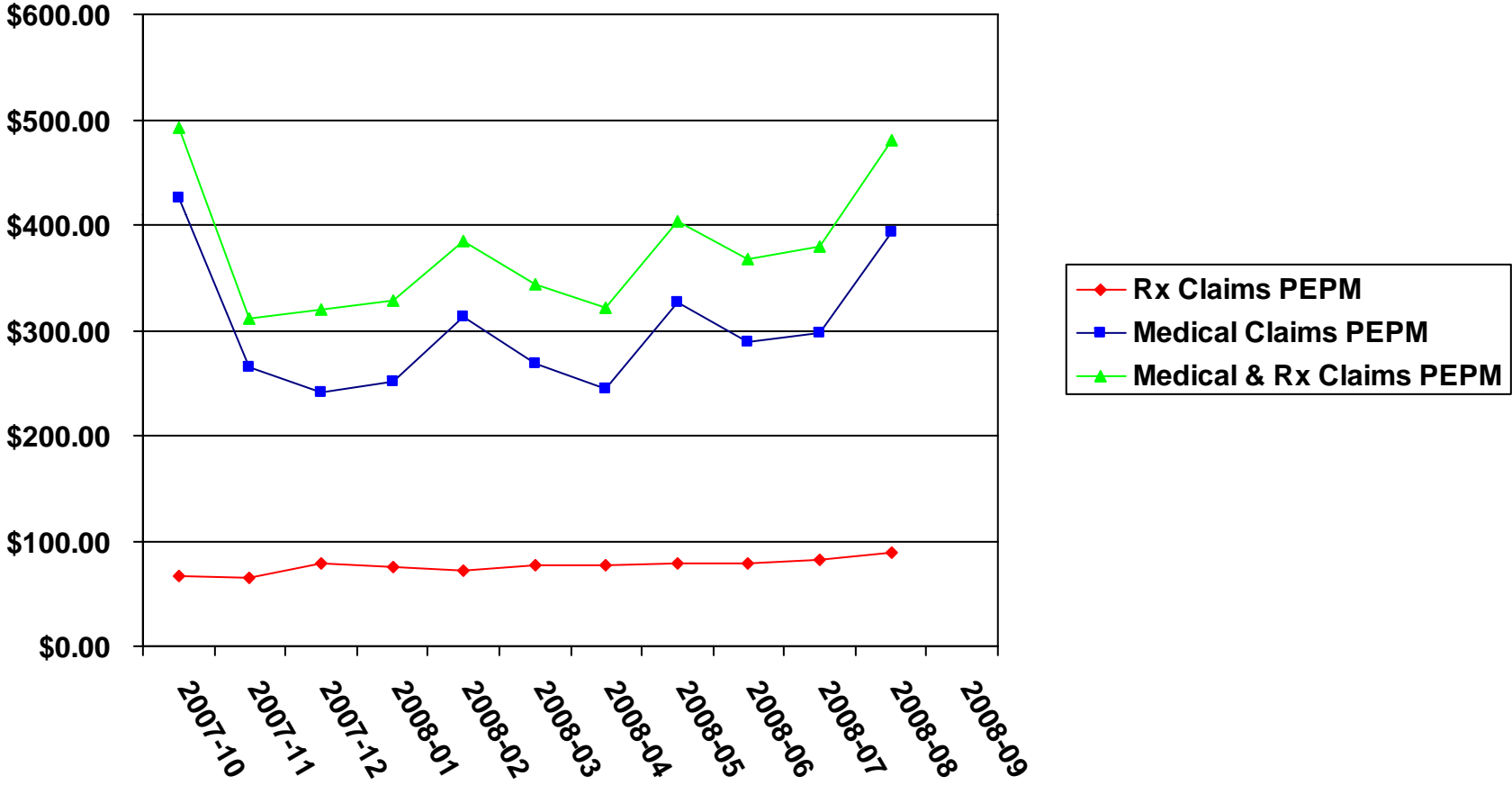
**Polk HealthCare Plan
Rx Claims Per Enrollee Per Month
2007 – 2008 Fiscal Year**

Month/Year	Avg. Daily Enrollment	Rx Claims	Rx PEPM	Rx Rolling	
				PEPM (3 mo. Lag)	Trend
2007-10	12,077	\$805,730	\$66.71	\$60.54	44%
2007-11	12,302	\$801,178	\$65.13	\$62.04	44%
2007-12	10,552	\$826,904	\$78.36	\$63.49	44%
2008-01	12,846	\$970,691	\$75.57	\$65.45	43%
2008-02	13,082	\$943,057	\$72.09	\$67.79	43%
2008-03	12,910	\$988,268	\$76.55	\$69.24	41%
2008-04	12,539	\$958,636	\$76.45	\$70.61	40%
2008-05	12,105	\$951,138	\$78.57	\$71.72	38%
2008-06	11,480	\$902,131	\$78.58	\$72.97	36%
2008-07	10,602	\$869,590	\$82.02	\$73.41	32%
2008-08	9,183	\$814,621	\$88.71	\$73.47	27%
2008-09					
TOTAL YTD	129,678	\$9,831,944	\$75.82		

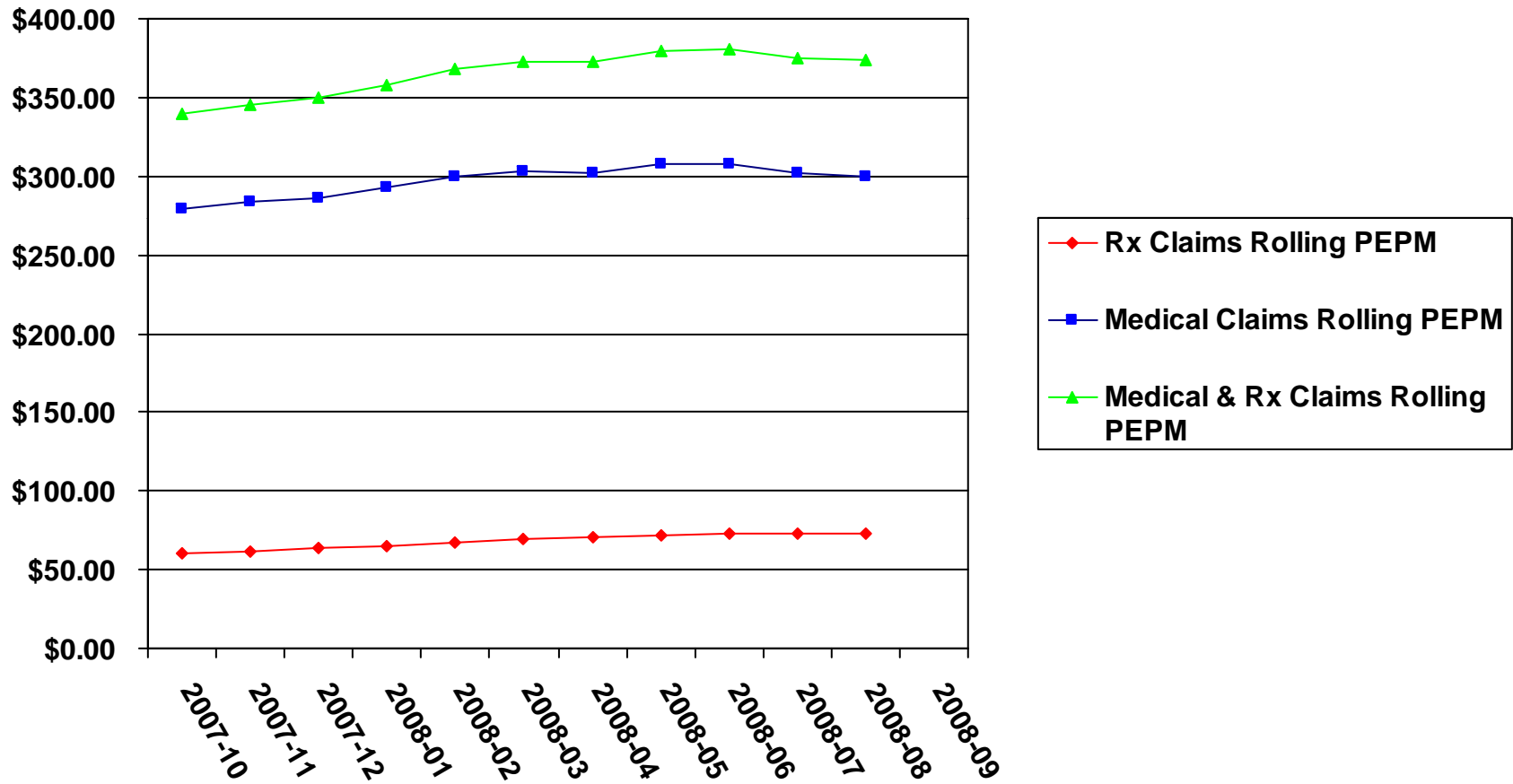
Polk HealthCare Plan
Total Claims Per Enrollee Per Month
2007 – 2008 Fiscal Year

Month/Year	Avg. Daily Enrollment	Total Claims	Total PEPM	Total Rolling	
				PEPM (3 mo. Lag)	Trend
2007-10	12,077	\$5,940,897	\$491.90	\$339.81	17%
2007-11	12,302	\$3,835,894	\$311.82	\$345.65	22%
2007-12	10,552	\$3,375,716	\$319.90	\$349.47	27%
2008-01	12,846	\$4,209,424	\$327.69	\$357.87	34%
2008-02	13,082	\$5,030,951	\$384.58	\$367.59	36%
2008-03	12,910	\$4,445,397	\$344.33	\$372.33	35%
2008-04	12,539	\$4,032,875	\$321.62	\$373.09	34%
2008-05	12,105	\$4,893,210	\$404.22	\$378.99	33%
2008-06	11,480	\$4,219,683	\$367.56	\$380.51	31%
2008-07	10,602	\$4,016,082	\$378.80	\$374.89	24%
2008-08	9,183	\$4,418,777	\$481.19	\$373.22	20%
2008-09					
TOTAL YTD	129,678	\$48,418,906	\$373.38		

Polk HealthCare Plan Per Enrollee Per Month 2007 – 2008 Fiscal Year



Polk HealthCare Plan Rolling Per Enrollee Per Month 2007 – 2008 Fiscal Year



Polk HealthCare Plan
Formulary Changes
FY08/09

	Plan
Estimated Avg. PMPM Savings (based on new plan savings)	\$18.02
Estimated Avg. PMPY Savings (12 months)	\$216.25
Number of Enrollees	3,000
Estimated Total Drug Savings	\$648,750

ANTI-DIABETIC AGENTS

INSULINS
LANTUS
NOVOLIN
NOVOLIOG
NOVOLIOG 70/30

ORAL

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide
glyburide-metformin
glyburide-microcrystal
metformin
metformin ext-rel
ACTOS
JANUMIA

ALLERGY, COUGH & COLD

ANTI-HISTAMINE/DECONGESTANTS

cycloheptadine
diphenhydramine
hydroxyzine HCl
hydroxyzine pamoate
promethazine

EXPECTORANT AND COUGH PRODUCTS

acetylcysteine-promethazine VC
acetylcysteine-zinc VC
dextro-methamphetamine
guaifenesin
pseudoephedrine-methamphetamine
AmedryD
Etenberg tablet

NASAL CORTICOSTEROIDS

Fluticasone

ANTI-INFECTIVE AGENTS

ANTHELMINTICS
ALBENZA

ANTIBIOTICS

CEPHALOSPORINS
ceftazidime
ceftriaxone
cephalexin
ceftiofuran

MACROLIDES

azithromycin
clarithromycin
erythromycin
erythromycin ethylsuccinate

PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
oxacillin
penicillin VK

QUINOLONE S

ciprofloxacin

SULFONAMIDES

sulfamethoxazole-trimethoprim

TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

OTHER ANTI-INFECTIVES

metronidazole

ANTIFUNGAL AGENTS

nyctatin

ANTIVIRALS

acyclovir

ALTERNATIVE AND COMPLEMENTAL MEDICINE SYSTEM AGENTS

ANALGESICS, NARCOTIC

codeine-acetaminophen
hydrocodone-acetaminophen
hydrocodone
oxycodone-acetaminophen
pentazocine-naloxone
propoxyphene
propoxyphene napsylate-acetaminophen
tramadol

ANALGESICS, NON-STERIODAL

ANTHINFLAMMATORY

etodolac
fenpropafen
ibuprofen
indomethacin
ketorolac tromethamine*

NAPROXEN

phenacetin

(hydrocodone bitartrate - Acetaminophen)
(hydrocodone bitartrate - Acetaminophen)
(hydrocodone bitartrate - Acetaminophen)

ANALGESICS, SALICYLATES

aspirin

ANTIFLAVONOIDS

carbamazepine
clobazepam
diazepam
gabapentin
lamotrigine
phenytoin
phenytoin sodium
valproic acid

ANTIPARKINSON AGENTS

biperiden
carbidopa-levodopa
carbidopa
levodopa
trihexphenidyl

ANXIOLYTICS, SEDATIVES, AND HYPNOTICS

alprazolam
buspiron HCl
chlordiazepoxide
clonazepam
triazolam

CEREBRAL STIMULANTS

amphetamine-dextroamphetamine
methylphenidate
methylphenidate ext-rel

DIETARY

acetylsalicylic acid
hydroxychloroquine
infliximab
methotrexate

IMMUNIZATION AGENTS

diphtheria-tetanus-pertussis
hepatitis A
hepatitis B
measles-mumps-rubella
polio
tetanus-diphtheria

PSYCHOTHERAPEUTIC AGENTS

ANTI-DEPRESSANTS

amitriptyline
bupropion
bupropion ext-rel
bupropion SR*

CATALAPRAM

doxepin

fluoxetine

imipramine

milnacipran

norfloxacin

paroxetine HCl

sertraline

tramadol

venlafaxine

(hydrocodone bitartrate)

ANTIMANIC AGENTS

lithium carbonate

ANTI-PSYCHOTIC AGENTS

chlorpromazine
fluphenazine HCl
haloperidol
risperidone
thioridazine
trifluoperazine

CARDIOVASCULAR AGENTS

ALDOSTERONE ANTAGONISTS

spironolactone

ANGIOTENSIN II ANTAGONISTS

ATACAND®
ATACAND HCT®
AVALIDE®
AVAPRO®
(hydrocodone bitartrate)

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

benazepril
captopril

ANTI-ARRHYTHMICS

amiodarone
dofetilide
flecainide
propafenone

ANTI-ADRENERGIC AGENTS BETA-ADRENERGIC BLOCKERS

atenolol

carvedilol

metoprolol

metoprolol succinate ext-rel

propranolol

ANTI-ADRENERGIC BLOCKERS CENTRALLY ACTING

oxycodone

ANTI-ADRENERGIC BLOCKERS PERIPHERALLY ACTING

doxazosin

prazosin

ANTIARRHYTHMICS

amiodarone

dofetilide

flecainide

propafenone

ANTICOAGULANTS/ ANTITHROMBOTICS

ticagrelor

warfarin

PLAVIX

ANTIEMETICS

ondansetron

prochlorperazine

promethazine

trimethoprim

CALCIUM CHANNEL BLOCKERS

amlodipine

diltiazem

nifedipine

verapamil

verapamil ext-rel

COMBINATION ANTIHYPERTENSIVES*

amlodipine-benzazepril

DIURETICS

acetylsalicylic acid

furosemide

hydrochlorothiazide

metolazone

triamterene hydrochlorothiazide

VASODILATORS

dipyridamol

hydralazine

isosorbide dinitrate

minoxidil

nifedipine

nifedipine extended-release

CONTRACEPTIVES

MONOPHASIC

Apri

Aviane

Cryselle

June

Levora

Lo-O-Gestrel

Mircor ext-rel

Monodess

Necor

No-mif

Porzia

Previfem

Spintec

Zovia

O-GESTREL

BIPHASIC

Karla

NECON 10/11

TRIPHASIC

Cesia

Enpresse

Necor 7/7/7

No-mif

Tri-as

Tri-Previfem

Tri-Spintec

Trivora

Velvet

PROGESTIN ONLY

Nb a - BE

CORTICOSTEROIDS

corticosteroids
prednisone

DERMATOLOGICALS

ANTIBIOTICS

metronidazole

mupirocin

silver sulfadiazine

TOPICAL ANTI-INFLAMMATORY AGENTS

dexamethasone

hydrocortisone

fluocinolone acetonide

fluocinonide

hydrocortisone

triamcinolone acetonide

OTHER DERMATOLOGICALS

ibuprofen

nyctatin

silver sulfadiazine

DIAGNOSTICS

ACQU-CHEM ACTIVE products

ELECTROLYTES

POTASSIUM REPLACEMENT

potassium chloride

KLOR-CON

GASTROINTESTINAL AGENTS

ANTIEMETIC/ANTI-VERTIGO

metoclopramide

prochlorperazine

promethazine

trimethoprim

ANTIPASMODIC/ANTISPASMODIC

butylbromide

chlorzoxazone

chlorzoxazone-difenhydramine

dicyclanide

difenhydramine

metoclopramide

ANTIULCER

cimetidine

omeprazole

ranitidine

sucralfate

DIETETICS

PANCREASITIS

VIOLAKSE

OTHER GI PRODUCTS

hydrocodone

lactulose

metoclopramide

sulfasalazine

sulfasalazine HCl

GOUT AGENTS

allopurinol

colchicine

HORMONES

ANTI-ESTROGEN/ANTI-ANDROGENS

flutamide

flutamide

tamoxifen

ESTROGENS

estradiol

estropipate

PROGESTINS

medroxyprogesterone

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. For specific information, visit www.caremark.com or contact a Caremark Customer Care representative.

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OPHTHALMICS

ANTI-GLAUCOMA AGENTS

atropine sulfate
brimonidine
bimatoprost
pilocarpine

ANTI-INFECTION/ANTIVIRAL AGENTS

erythromycin
gentamicin
neomycin-polymyxin B-bacitracin
neomycin-polymyxin B-gramicidin
ofloxacin
sulfacetamide
tetracycline

ANTI-INFECTION AND ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-dexamethasone
oil

TOBRAMICIN

ANTI-INFLAMMATORY AGENTS

dichloroacetic acid
flurbiprofen sodium

BETA-BLOCKERS

carteolol
betaxolol
timolol

CARBONIC ANHYDRASE INHIBITORS

TRUSOPT

VASOCONSTRICTORS

naphazoline-pseudoephedrine

OSTEOPOROSIS AGENTS

alendronate

OTICS

ANTI-INFECTION AND ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-tyrothricone

RESPIRATORY/ASTHMA

ANTI-ASTHMATIC AGENTS

ANTIEMETICS
SINGULAR (as viewed at retail)

CORTICOSTEROIDS
AZMACORT
FLOVENT

Sympathomimetics

albuterol
metoprolol tartrate
FODACIL
PROVENTIL HFA

XANTHINE DERIVATIVES

aminophylline
theophylline anhydrous

OTHER RESPIRATORY/ASTHMA AGENTS

albuterol sulfate-ipratropium bromide
phenylephrine
ADVAIR
COMBENT
SPRINA

SKELETAL MUSCLE RELAXANTS

baclofen
cyclobenzaprine
diazepam
methocarbamol

THYROID AND ANTITHYROID AGENTS

levothyroxine
propylthiouracil
Letrothyrol

URINARY AGENTS

nifedipine
oxybutynin
phenazopyridine
potassium citrate
trimethoprim

VAGINAL PREPARATIONS

clotrimazole
metronidazole
nystatin
PREMARIN

MISCELLANEOUS AGENTS

calcium gluconate
cyclophosphamide
folic acid
ibuprofen
pentoxifylline

CHSS Polk Healthcare Formulary Drug List

The CHSS Polk Healthcare Formulary Drug List is a guide within select therapeutic categories for clients, plan participants and health care providers. Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not a all-inclusive list. This list represents brand products in CAPS, branded generics in upper and lower case italics, and generic products in lower case italics.

PLAN PARTICIPANT: Your benefit plan provides you with a prescription benefit program administered by Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- To avoid the full cost payment associated with non-formulary drugs, please ask your prescriber to refer to this preferred drug list when prescribing medications for you and your dependents. Substitution of generic products is mandatory when available.
- For specific information regarding your prescription benefit coverage and copay information, please visit www.caremark.com or contact a Caremark Customer Care representative.
- Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

HEALTH CARE PROVIDER: Your patient is covered under a prescription benefit plan administered by Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- The plan participant's specific prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay information for a specific medicine.

FOR INFORMATION: Generics should be considered the first line of prescribing. The plan participant's prescription benefit plan may have a different copay for specific products on the list. Unless otherwise indicated, drug list products will include all dosage forms. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category in use when listed. Log in to www.caremark.com to check coverage and copay information for a specific medicine.

¹ Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.
² A record should be assessed for patients who meet CHARN (Canadian Heart Failure - Assessment of Risk on In-Hospital and Mobility) trial criteria.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

This drug list contains references to brand name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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