



BENEFIT ANALYSIS REPORT

What is captured in this report?

The Benefit Analysis Report presents all costs by type of service such as Inpatient Hospital, Outpatient Hospital, Physician Office Visits and Diagnostic X-rays and Labs. For each benefit description in the reported time period, the report displays the total amount of charges, total savings and reductions, total PPO discount, and total amount paid. The report also shows the percentage of the total claim costs incurred and the PPO discount as a percentage per benefit. This report has recently been enhanced to include the per member per month (PMPM) costs per benefit category.

Why run this report?

This report is designed to assist the user in identifying the costs to the health plan by type of service category. It may be run for multiple periods of time for comparative analysis. The report displays highest cost categories, which users can review to assess potential plan changes.

What are the required data parameters?

Users must enter a range of incurred dates and paid dates to create this report. The date range must be a minimum of three months.

What time periods are available?

The data is refreshed nightly and is available as far back as 36 months from the current month. Users typically run a full 12 months of data; however, shorter periods of time can also be reviewed to assess claims trends.

Glossary of Terms

For a complete glossary of terms, please see the Getting Started Guide.