

HPC Payer Exhibit 1 Always Health Partners

All cells should be completed by carrier

Actual Observed **Total Allowed Medical Expenditure** Trend by Year

Fully-insured and self-insured product lines

Year	Unit Cost	Utilization	Provider Mix	Service Mix*	Total	Change In Risk	Adjusted TME T
CY 2018	8.3%	8.3%	n/a	-0.5%	8.6%	7.7%	0.8%
CY 2019	6.4%	6.4%	n/a	0.7%	10.5%	0.6%	9.8%
CY 2020	1.0%	1.0%	n/a	2.6%	-3.1%	-6.0%	3.1%
CY 2021	1.6%	1.6%	n/a	-5.8%	10.7%	10.0%	0.6%

Notes:

Demographic changes are included in the change in risk score. All trends are on an allowed basis.

Service Mix changes in mix of services and providers, as well as the impact of non-claims payments such as provider incentives.

1. ACTUAL OBSERVED TOTAL ALLOWED MEDICAL EXPENDITURE TREND should reflect the best estimate of historical actual allowed trend for each year divided into components of unit cost, utilization, , service mix, and provider mix. These trends should not be adjusted for any changes in product, provider or demographic mix. In other words, these allowed trends should be actual observed trend. **These trends should reflect total medical expenditures which will include claims based and non claims based expenditures.**
2. PROVIDER MIX is defined as the impact on trend due to the changes in the mix of providers used. This item should not be included in utilization or cost trends.
3. SERVICE MIX is defined as the impact on trend due to the change in the types of services. This item should not be included in utilization or cost trends.
4. Trend in non-fee for service claims (actual or estimated) paid by the carrier to providers (including, but not limited to, items such as capitation, incentive pools, withholds, bonuses, management fees, infrastructure payments) should be reflected in Unit Cost trend as well as Total trend.