

GTCMHIC RETREAT

Education Retreat of the:
Greater Tompkins County Municipal
Health Insurance Consortium
Subscriber Choices & Impact
May 10, 2017



PART I

Welcome and Introduction

Don Barber, Executive Director GTCMHIC

Welcome

On behalf of the Greater Tompkins County Municipal Health Insurance Consortium we welcome you to the 2017 Educational Retreat. We thank you for taking the time out of your busy schedules to join us for a day of learning and collaborating with the objective of increasing everyone's knowledge base to make the Consortium even more successful for many years to come.



GTCMHIC Retreat Agenda

- ❖ Welcome & Introductions
- ❖ Health Insurance 101
- ❖ Risk Pools
- ❖ Consortium Update
- ❖ Options Affecting Patient's Decisions
- ❖ Managing Health Care Costs
- ❖ Utilization and Trends
- ❖ Financial Impact of Certain Choice Options
- ❖ Preventive Health Care – Reducing Health Care Costs
- ❖ Summary



Introductions

- ❖ Today's Presenters
 - ❖ Don Barber, Executive Director GTCMHIC
 - ❖ Steve Locey, Locey & Cahill, LLC
 - ❖ Beth Miller, Excellus BCBS
 - ❖ Meghan Feeley, ProAct, Inc.
 - ❖ Ken Foresti, Excellus BCBS
 - ❖ Dr. Martin Stallone
- ❖ Participants
- ❖ Acknowledgements



PART II

Health Insurance 101

GTCMHIC Background & Update

Don Barber, Executive Director GTCMHIC

What is Health Care?

- ❖ **Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings.**
- ❖ **Health care is delivered by practitioners in allied health, dentistry, midwifery (obstetrics), medicine, nursing, optometry, pharmacy, psychology and other various health professions.**
- ❖ **It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.**

Health Care is a Business

- ❖ Patients purchase health care products and/or services from private sector medical care providers and/or facilities.
- ❖ Medical care spending is tracked as part of the Consumer Price Index (CPI) a measure of the change over time in the prices paid by consumers for goods and services.
- ❖ In 2015, health care spending in the United States of America accounted for approximately 17.1% of the estimated \$17.6 Trillion Gross Domestic Product (GDP).
- ❖ Medical care spending is a major component of our GDP which is growing faster than other CPI tracked goods and services.



Why Do I Need Health Insurance?

- ❖ Illness, Disease, and Injury are Unpredictable Events.
- ❖ The Cost of Services can be Exorbitant.
- ❖ Approximately 20% of the Population Spends 80% of the Premium Dollars Collected.
- ❖ The Patient Protection and Affordable Care Act Requires You to Have Health Insurance.
- ❖ One never knows when they or a loved one will be part of the 20% population.

What is Health Insurance

- ❖ Health Insurance is an agreement in which a person or a person's employer makes regular payments (premiums) to a company and the company promises to pay money and/or cover certain medical (health care) services, procedures, materials, or costs if the person is sick or injured (benefits).
- ❖ The amount of the premiums and the level of benefits will vary based on the agreement the person or the person's employer has with the insurance company.
- ❖ Even though our use of medical services increases with age, premiums are pooled over a broad demographic population which evens out the premium cost over a person's lifetime.

What are Benefit Plans?

Benefit Plans are a contract between a person and/or their employer and a licensed health insurance company that contains a listing of covered medical care services provided to eligible.

As part of a benefit plan health insurance companies typically contract with health care service providers who offer medical care and/or services to you at a reduced agreed upon amount.

Benefit Plans must meet minimum Federal and State requirements and include all mandated benefits.

Benefit Plans - Subscriber Cost of Care



- ❖ Deductibles
- ❖ Coinsurance Amounts (e.g., 20%)
- ❖ Copayment Amounts (e.g., \$15.00)
- ❖ Out-of-Network Provider Balance Bills
- ❖ Non-Covered Products or Services

Sample Excellus BCBS Client

Incurred Anytime and Paid between July 1, 2016 and March 31, 2017

High Cost Claimant Costs by Member (>= \$25,000)

	Claimant	Most Costly Diagnosis	Prior Plan Cost	Current Plan Cost	UM	CM	DM	Rx Sp CM	Current Status	Forecast > \$50K w/o IBNR
1	000003811641	I13 Hypertensive heart and chronic kidney disease	\$63,749	\$2,728,111	YES	YES	YES	YES	Active	YES
2	000001304055	N18 Chronic kidney disease (CKD)	\$728,898	\$924,268	YES	NA	YES	NA	Ac	
3	000015350517	J21 Acute bronchiolitis	\$0	\$298,080	YES	NA	NA	YES	Ac	
4	000003244133	C91 Lymphoid leukemia	\$4,185	\$248,277	YES	NA	NA	NA	Ac	
5	000000525569	C7A Malignant neuroendocrine tumors	\$2,724	\$213,065	YES	NA	NA	NA	Ac	
6	000012588947	C90 Multiple myeloma and malignant plasma cell neoplasms	\$1,036	\$206,912	YES	NA	YES	YES	Ac	
7	000001851808	C82 Follicular lymphoma	\$662	\$203,599	YES	NA	YES	NA	Active	YES
8	000003396946	C79 Secondary malignant neoplasm of other and unspecified s	\$11,262	\$190,117	YES	NA	YES	YES	Active	YES
9	000002696546	M41 Scoliosis	\$7,084	\$176,399	YES	NA	NA	NA	Active	NO
10	000001321658	Rx - Cystic Fibrosis - Orkambi	\$182,942	\$173,667	YES	NA	YES	YES	Active	YES
11	000001345781	Rx - Cancer - Revlimid	\$15,355	\$166,913	YES	NA	YES	YES	Active	YES
12	000001415524	C71 Malignant neoplasm of brain	\$0	\$164,034	YES	NA	NA	NA	Active	NO
13	000001311583	I71 Aortic aneurysm and dissection	\$0	\$162,059	YES	NA	NA	NA	Active	NO
14	000002085971	C79 Secondary malignant neoplasm of other and unspecified s	\$32,717	\$161,903	YES	YES	NA	NA	Termed	NO
15	000000481987	A41 Other sepsis	\$4,020	\$161,175	YES	NA	NA	NA	Active	YES
16	000001998298	C50 Malignant neoplasm of breast	\$2,053	\$144,564	YES	NA	NA	YES	Active	YES
17	000000415406	I35 Nonrheumatic aortic valve disorders	\$1,449	\$140,757	YES	NA	YES	NA	Active	NO
18	000001652481	Z51 Encounter for other aftercare	\$104,239	\$137,909	YES	NA	NA	NA	Termed	NO
19	000001771654	I67 Other cerebrovascular diseases	\$11,773	\$137,431	YES	NA	YES	NA	Active	NO
20	000001774448	F15 Other stimulant related disorders	\$462	\$131,600	YES	NA	YES	NA	Termed	NO

7 People Exceeded \$200,000 in Medical Paid Claims for a Total Spend of \$4,822,312

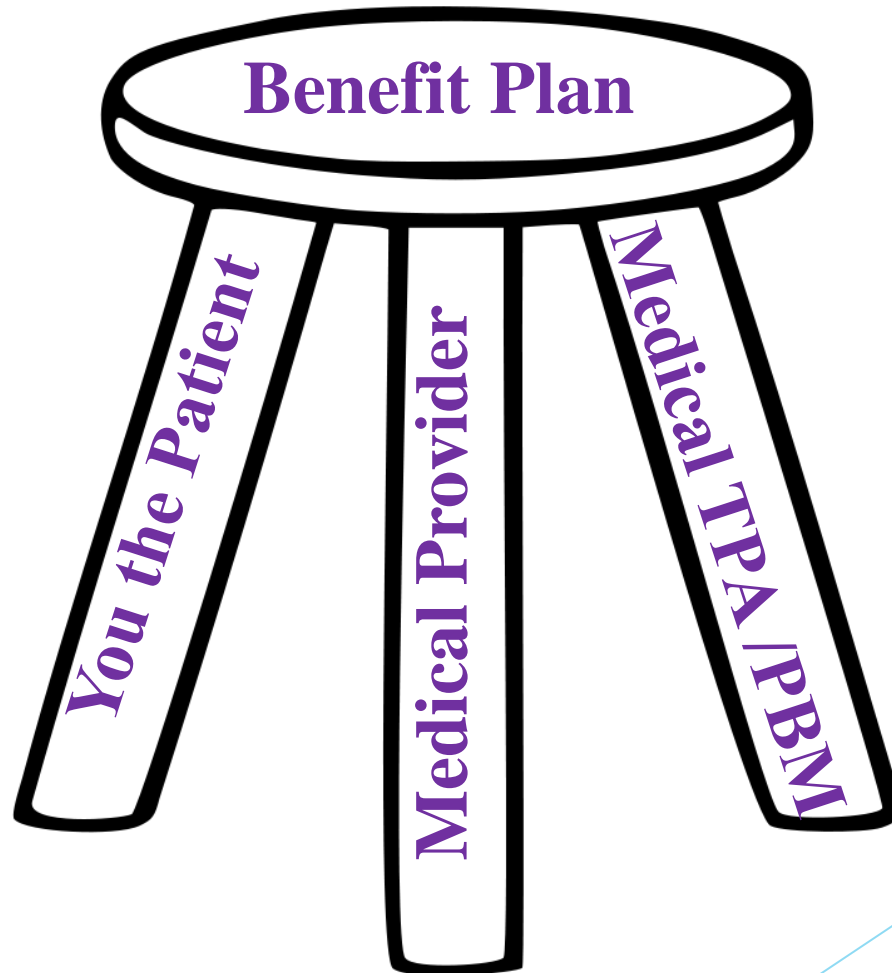
UM - Utilization Management, CM - Case Management, DM - Disease Management, Rx Sp CM - Pharmacy Benefit Specialty Drug CM



Working Collectively

- ❖ Most of us are healthy- yet we can't predict when we will be injured or become ill.
- ❖ Nationwide 20% of population consumes 80% of the health care costs
(Consortium - 21% have 80% of claims)
- ❖ How can benefit plan, patients, providers, and insurance company work collectively to keep us healthy and manage costs?

Working Collaboratively



How Do Insurance Risk Pools Work?

- ❖ Individuals (risk pool) collectively group funds (premiums) to pay their health care costs.
- ❖ Pooling Risk with Others Protects You from Financial Catastrophe.
- ❖ If the group is of a diverse demographic and large enough, statistical studies (actuary) can predict fairly accurately the cost of health care for that pool.
- ❖ The risk pool implements strategies such as provider networks and collaboration, subscriber sharing of costs, preventative health care, etc. to contain costs.

Who Assumes the Risk?

Private Sector Insurance Company Annual Financial Risk Level



Payer's Annual Financial Risk Level



Consortium Risk Level

- ❖ Consortium is one group that is rated as one Community.
- ❖ Consortium is Self-Insured in that it assumes all risk except that which we cede to the stop-loss insurance company under contract.
- ❖ Consortium is the only legal entity for small employers (<100 employees) to pool risks in a self-funded plan.

Article 47 of the NYS Ins. Law

- ❖ Allows Municipalities who Employ <100 Employees to Pool with Municipalities who Employ 100 or more Employees.
- ❖ Regulatory Requirements Include, But are not Limited to:
 - ❖ Adoption of a Municipal Cooperative Agreement
 - ❖ Establishment of Financial Reserves to Cover Liabilities
 - ❖ Creating a Role for Labor in the Governance Structure
 - ❖ Joint Committee on Plan Structure and Design
 - ❖ Voting Seats on the GTCMHIC Board of Directors
 - ❖ NYS DFS Reporting and Oversight

GTCMHIC Certificate of Authority was Issued on 10/01/2010

GTCMHIC Operations Began on 01/01/2011

Who is in the Consortium?



Consortium membership was initially offered to each municipality within the geographical boundaries of Tompkins County which included the County, City of Ithaca, and thirteen Towns and Villages.

This has now expanded to any municipality in Tompkins County and the Counties contiguous to Tompkins County which includes any municipality in Cayuga, Chemung, Cortland, Schuyler, Seneca, and Tioga Counties.

GTCMHIC Update

Our List of Municipal Partners

- ❖ City of Cortland
- ❖ City of Ithaca
- ❖ County of Tompkins
- ❖ Town of Aurelius
- ❖ Town of Cincinnatus
- ❖ Town of Caroline
- ❖ Town of Danby
- ❖ Town of Dryden
- ❖ Town of Enfield
- ❖ Town of Groton
- ❖ Town of Ithaca
- ❖ Town of Lansing
- ❖ Town of Marathon
- ❖ Town of Moravia
- ❖ Town of Montezuma
- ❖ Town of Preble
- ❖ Town of Scipio
- ❖ Town of Springport
- ❖ Town of Truxton
- ❖ Town of Ulysses
- ❖ Town of Virgil
- ❖ Town of Willett
- ❖ Village of Cayuga Heights
- ❖ Village of Dryden
- ❖ Village of Groton
- ❖ Village of Homer
- ❖ Village of Trumansburg
- ❖ Village of Union Springs

Consortium Mission & Vision

Belief: Individually and collectively we invest in realizing high quality, affordable, dependable Health Insurance

Mission Statement:

GTCMHIC is an efficient inter-municipal cooperative that provides high-quality, cost-stable health insurance for members and their employees and retirees.

Vision Statement:

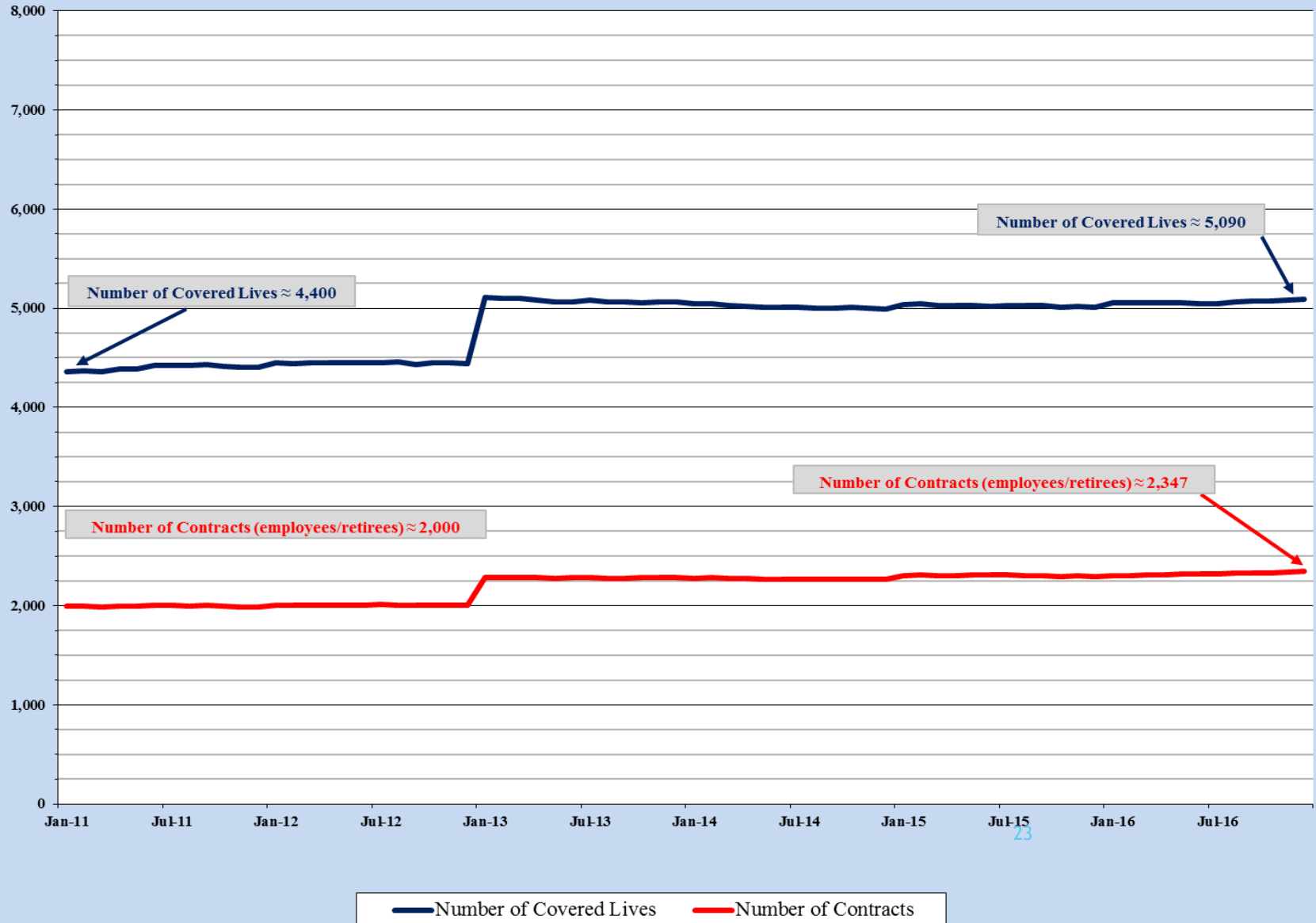
GTCMHIC provides its municipal partners in Tompkins County and the six contiguous counties, a menu of health insurance plans to the benefit of the employees, retirees, and their families.

- **The Consortium administers operations by collaborating with claims administrators, providers, and employee representatives in an effort to manage its costs, efficiencies, and success.**
- **The Consortium strives to provide a trust-worthy, responsive, and efficient vehicle that enables access to its quality products, models a new health insurance paradigm, and educates its members to become more directly involved in their own personal health.**
- **The Consortium promotes a culture of preventative health care for the well-being of its members.**

Greater Tompkins County Municipal Health Ins Consortium

2011-2016 Monthly Covered Lives and Contracts

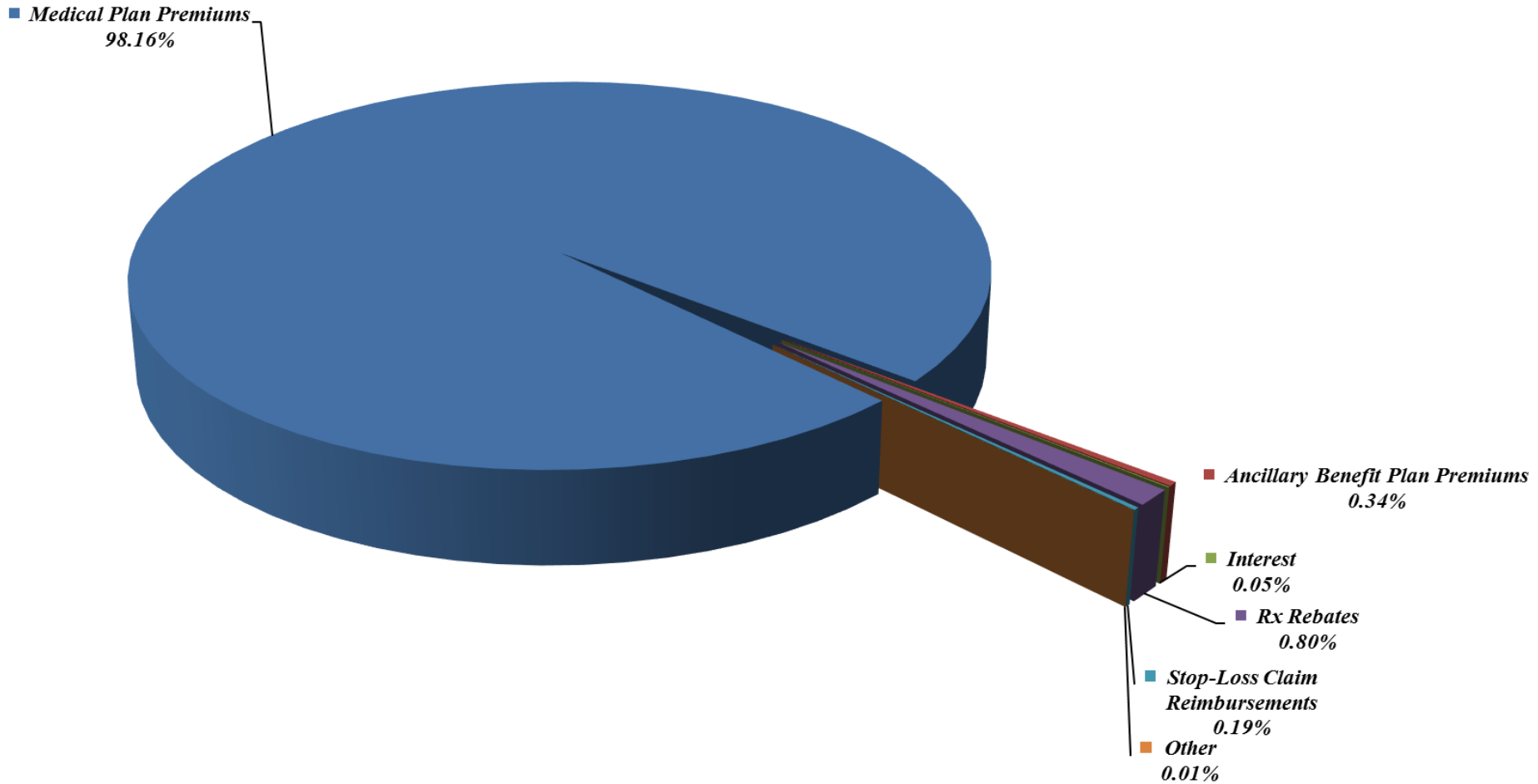
January 1, 2011 to December 31, 2016



Greater Tompkins County Municipal Health Ins. Consortium

2016 Income Distribution

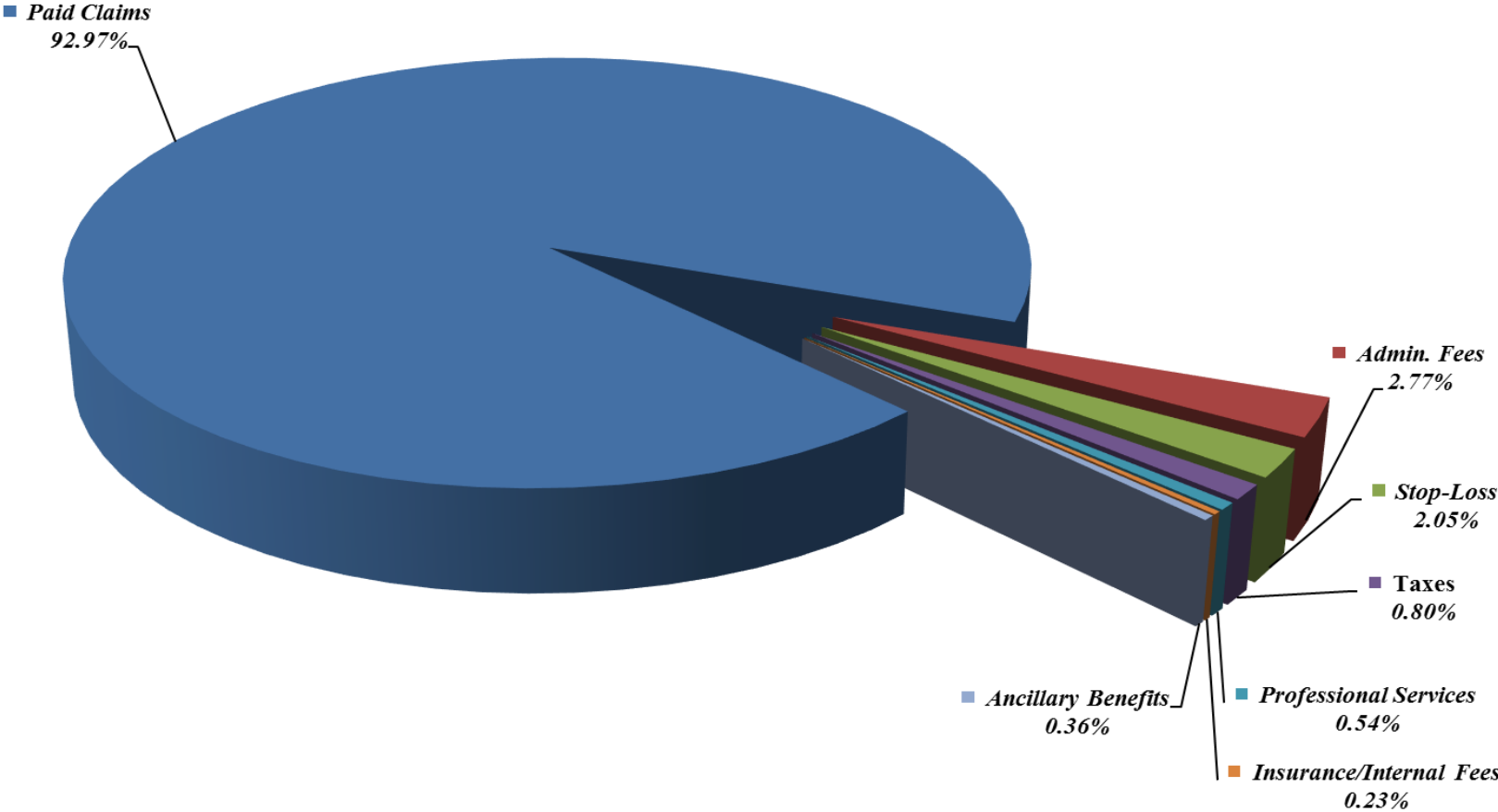
January 1, 2016 to December 31, 2016



Greater Tompkins County Municipal Health Ins. Consortium

2016 Expense Distribution

January 1, 2016 to December 31, 2016



Greater Tompkins County Municipal Health Insurance Consortium

GTCMHIC Budget Income % Increase and Excellus Small Group PPO % Rate Increase

<i>Fiscal Year</i>	<i>Budget Income % Increase (2018-2019 Projected)</i>	<i>Excellus BCBS Small Group Rates % Increase *</i>	<i>Excellus BCBS Administrative Fee % Increase</i>
<i>2011</i>	9.50%	10.00%	n/a
<i>2012</i>	9.50%	11.50%	4.00%
<i>2013</i>	9.00%	11.90%	4.50%
<i>2014</i>	8.00%	ACA	4.50%
<i>2015</i>	5.00%	12.20%	2.52%
<i>2016</i>	4.00%	7.10%	3.01%
<i>2017</i>	5.00%	14.50%	3.01%
<i>2018</i>	7.00%	TBD	TBD
<i>2019</i>	7.50%	TBD	TBD
<i>Average Increase</i>	7.14%	11.20%	3.59%

PART III

Options Affecting Patient's Health Care Decisions:

Stephen Locey, Locey & Cahill, LLC

Beth Miller, Excellus BCBS

Meghan Feeley, Pro Act, Inc.

Ken Foresti, Excellus BCBS

Choice of Service Providers

- ❖ Physicians and Health Care Specialists
- ❖ Hospitals and Care Centers
- ❖ Pharmacies
- ❖ Preventive Health Care



Person Needs Medical Care

Medical Care is Sought



- Common Questions to ask the Doctor:**
1. What are my treatment options?
 2. What services will be performed?
 3. What services do I really need?
 4. How much will the services cost?
 5. Will a generic drug work for me?



Billed to Insurer

Cost of Care

Pay Co-Pay

to Doctor



Insurer Determines

if service is covered



Discounted rate paid to Doctor



Bill to Patient

Common Patient Costs:

1. Deductible
2. Coinsurance Amounts (e.g., 20%)
3. Non-Covered Items/Services
4. Non-Par Provider Balances

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGES	PAYMENTS	BALANCE			
06/01/10	XXXXL	OFFICE VISIT 20 MINUTES	\$200.00	\$100.00	\$100.00			
06/01/10	XXXXS	BLOOD DRAW	\$100.00	\$10.00	\$10.00			
CURRENT			00-00 DAYS	00-90 DAYS	00-120 DAYS	120+ DAYS	AMOUNT DUE:	\$110.00

Common Places of Treatment

- ❖ Hospital
 - ❖ Inpatient Services
 - ❖ Outpatient Services
 - ❖ Emergency Care Services
- ❖ Skilled Nursing Facilities
- ❖ Ambulatory Surgical Care Centers
- ❖ Urgent Care Facilities
- ❖ Residential Psychiatric / Substance Abuse Facilities
- ❖ Physician Offices / Clinics
- ❖ Patient's Residence (Home Care or Visits)
- ❖ Pharmacies (Retail, Mail-Order, and Specialty)



Common Types of Services

- ❖ Primary Care Services and Immunizations
- ❖ Diagnostic Laboratory and Radiology
- ❖ Convenient Care / After Hours Care
- ❖ Urgent Care / Emergency Care
- ❖ Specialist Care (orthopedics, oncology, cardiology, etc.)
- ❖ Surgical Services (Surgeon and Assistant Surgeon)
- ❖ Anesthesiology Services
- ❖ Therapy Services (Physical, Speech, Occupational, etc.)
- ❖ Rehabilitation Services (Physical, Mental Health, etc.)
- ❖ Pharmaceutical Services and Medications

Prescription Drug Structure

- ❖ Generic Medications (Tier 1)
 - ❖ 82% of Prescriptions Filled
- ❖ Brand Name Medications
 - ❖ Includes Preferred (Tier 2) and Non-Preferred (Tier3)
 - ❖ Specialty Medications are Commonly Tier 3 Drugs
 - ❖ 18% of Prescriptions Filled
- ❖ Specialty Medications
 - ❖ 1.22% of Prescriptions Filled
 - ❖ 34.55% of Overall Prescription Drug Spend

Preventive Care

Making healthy decisions and taking positive action regarding health, nutrition, relationships, exercise and lifestyle can lead to a better quality of life.

A nonprofit independent licensee of the Blue Cross Blue Shield Association



National strength.
Local focus.
Individual care.SM

Subscriber Share of Costs

- ❖ Sharing Premium
- ❖ Deductibles
- ❖ Coinsurance Amounts (e.g., 20%)
- ❖ Copayment Amounts (e.g., \$15.00)
- ❖ Out-of-Network Provider Balance Bills
- ❖ Non-Covered Products or Services



Information Needed to Make Informed Choices

- ❖ Excellus BCBS Website (Medical)
- ❖ ProAct Website (Pharmacy)
- ❖ GTCMHIC Website (General Info.)
- ❖ Preventative Health Care Resources

Member Web Redesign

Overview

- **New Look and Feel**
 - Updated look and feel
 - Designed with member focus group input
- **Improved Navigation**
 - Updated menus and categorization
- **Optimized Content**
 - Easy to read and consume via mobile and/or varied screen sizes
 - Promotes login and simplifies pre-login experience



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Member Web Redesign

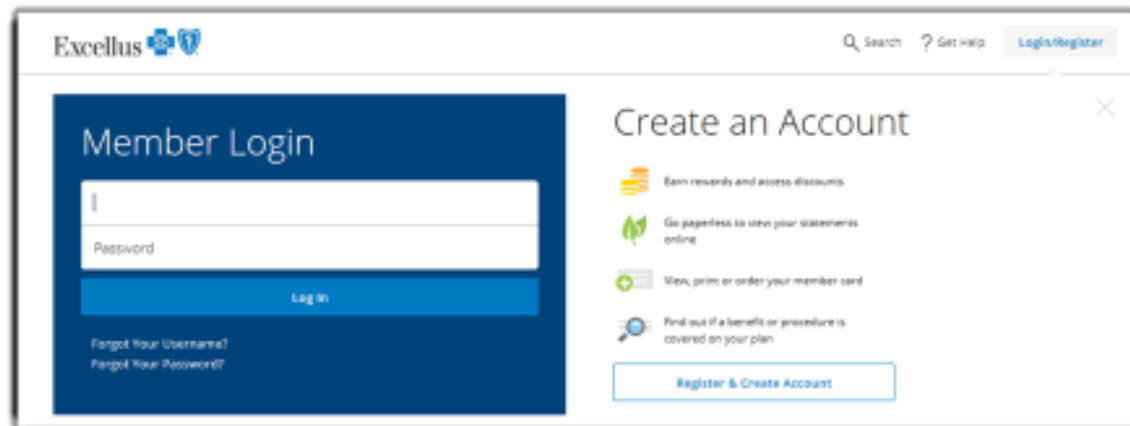
Strategic Approach

Pre-login: A new way of thinking

- Pre-login content has a more strategic approach
 - Offer educational information on health insurance
 - Increase Social Media exposure (Community News section)
 - Move portal access for Employers, Brokers and Providers to top navigation

Post-login: Fundamental shift

- All member content has been moved behind login
 - A best practice for web member experience
 - Allows personalized member experience
 - Goal to self-service, increasing customer satisfaction

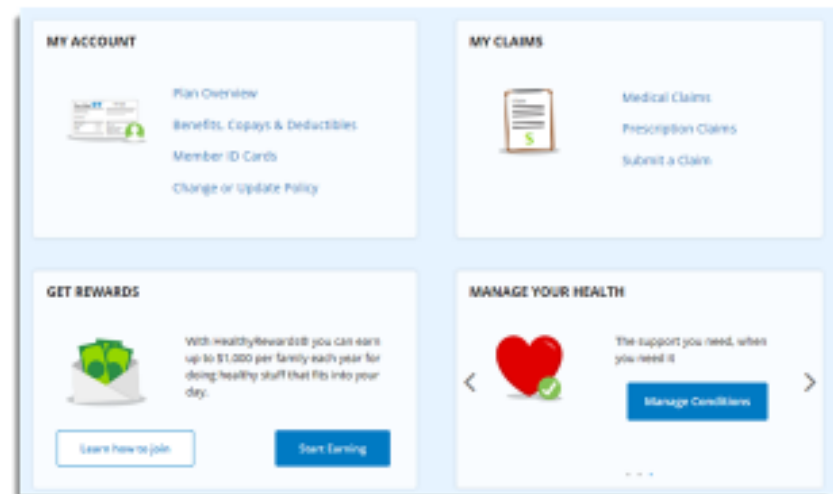


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Member Web Redesign

Member Research / User-Focused Design

- Partnered with a leading design company to get beyond our thinking and understand what was trendy and what is best practice.
- Utilized design anthropologist talents and experience to conduct user research.
- Continued our engagement with a leading customer research firm to conduct hands-on usability testing with real-time member observations.
- Conducted member usability testing input incorporating varying member age, gender, income and lines of business. (Group, Individual, Exchange, Medicaid & Medicare)
- Completed internal focus groups with Customer Service representatives from all regions, supporting all lines of business.
- **Results:**
 - Reduced, streamlined content
 - Consistent navigation
 - Simplified terminology
 - Mobile-friendly user experience



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Pro-Act Website



[Corporate Overview](#) [Contact Us](#) [Mail Order](#) [My Account](#) [Logout](#)



Your pharmacy benefits made easy.

Helping you get and remain healthy.

We're here to ensure that your pharmacy benefits are accessible with ease if and when you need them most. Register today to manage your plan.

[Sign up now](#) >>

Quick Rx Refill

Mail order (No sign-in required)

Rx number *

Birthdate (YYYY-MM-DD) *

[Order Rx](#)

My Portal Account

Change Account Settings

[My Account](#) >>

[Mail Order Profile](#) >>

[Customer Statement](#) >>

[Change Security Questions](#) >>

[Change Password](#) >>

Pro-Act Website

Order Refills

Check the box for the prescription(s) you would like to refill, then click the 'Order Refills' button at the bottom of the page.

Refill:	Patient:	Medication:	Prescription Details:	Cost Estimate
<input type="checkbox"/>	John Doe	Rx: 1378693 ATORVASTATIN 10 MG TABLET	Qty: 90.0 Refills left: 2.0 Expires: 2017-08-04	\$2.77
<input type="checkbox"/>	John Doe	Rx: 1414589 FLUVIRIN 2016-2017 SYRINGE	Qty: 0.5 Refills left: 0.0 Expires: 2017-08-27	\$0.00

Prescription NOT refillable: Will attempt to contact doctor for renewal.

Order Refills

- Order refills
- Check on prescription status

GTCMHIC Website

The screenshot displays the GTCMHIC website with a blue header and navigation menus. The main content area includes a 'Welcome!' message, a 'Mission and Vision Statement' section with bullet points, and a 'Municipal Membership' section. A sidebar on the left contains various links for users.

Navigation Menus:

- LIVING in Tompkins
- LEARNING in Tompkins
- VISITING Tompkins
- BUSINESS in Tompkins
- COUNTY Government

Secondary Navigation:

- Online Services
- Departments
- Tompkins A to Z
- How Do I...

Page Content:

You are here: [Home](#) > Greater Tompkins County Municipal Health Insurance Consortium

Health Insurance Consortium

Home

Board of Directors

- Municipal Cooperative Agreement
- Orientation Manual
- Annual Reports

2016 2015 2014

"Consortium Connection" (newsletter)

Employee and Retiree Information including Excellus/ProAct/Rate info.

Health Plan Information

Financials

History

Joint Committee on Plan Structure & Design

News

Special Committees

Resources and Other Info

Wellness Information

Welcome!

The Greater Tompkins County Municipal Health Insurance Consortium is an entity created by the Tompkins County Council of Governments (TCCOG). The goal of the Consortium is to provide affordable health insurance to its employees and eligible retirees, prescription drug coverage, and, when applicable, ancillary benefits to its members without diminishing benefits.

Mission and Vision Statement

Belief:
Individually and collectively we invest in realizing high quality, affordable, dependable Health Insurance

Mission Statement:
The Greater Tompkins County Municipal Health Insurance Consortium is an efficient inter-municipal cooperative that provides high-quality, cost-stable health insurance for members and their employees and retirees.

Vision Statement:
The Greater Tompkins County Municipal Health Insurance Consortium provides its municipal partners in Tompkins County and the six contiguous counties, a menu of health insurance plans to the benefit of the employees, retirees, and their families.

- * The Consortium administers operations by collaborating with claims administrators, providers, and employee representatives in an effort to manage its costs, efficiencies, and success.
- * The Consortium strives to provide a trust-worthy, responsive, and efficient vehicle that enables access to its quality products, models a new health insurance paradigm, and educates its members to become more directly involved in their own personal health.
- * The Consortium promotes a culture of preventative health care for the well-being of its members.

The bylaws of the Consortium are outlined by a [municipal cooperative agreement](#) and the Board of Directors governs the Consortium.

The Joint Committee on Plan Structure and Design, made up of municipal representatives and bargaining unit representatives, examines development of the health benefits consortium, through which the County's municipal employers, if they desire, could pool their employee health benefits programs.

Municipal Membership

You are here: [Home](#) > [Municipal Health Insurance Consortium](#) - Employee and Retiree Information



Employee and Retiree Information

Appeal Procedure

Plan Administrators: Click on Logo to enter website for each company

[Excellus Goes Paperless!!](#)

[Mobile ID Cards are Here](#)

Medical Plan Administrator	
	

Employees may access their plan information by clicking on the Excellus logo above. First-time users must register.

Prescription Drug Administrator	Mail Order Pharmacy
Generic Drugs Newsletter	
	
ProAct Pharmacy Helpdesk: 1-877-635-9545	Mail Order Pharmacy 1-866-287-9885

Consortium Standard Prescription Drug Formulary Updates: August, 2016*

**(An up-to-date formulary can be also be found on the ProAct website)*

Medicare

[Medicare Cost Summary - 2014](#)

Rate Information Coverage by Municipality

- 2017 Premium Equivalent Rates
 Tompkins County
 Cities, Towns, and Villages
- 2016 Premium Equivalent Rates:

Health Insurance Consortium

[Home](#)

[Board of Directors](#)

- [Municipal Cooperative Agreement](#)

[Orientation Manual](#)

- [Annual Reports](#)

2016 2015 2014

["Consortium Connection" \(newsletter\)](#)

[Employee and Retiree Information including Excellus/ProAct/Rate info.](#)

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[News](#)

[Special Committees](#)

[Resources and Other Info](#)

[Wellness Information](#)

Contact Information

GREATER TOMPKINS COUNTY
 MUNICIPAL HEALTH INSURANCE
 CONSORTIUM
 125 East Court Street
 Ithaca, NY 14850
 (607) 274-5500

Contact:

Preventive Health



Our preventive health program can help you stay healthy and prevent disease.

+ [Health Recommendations](#)

+ [Health Tools](#)

+ [Cholesterol Screening](#)

+ [Colorectal Screening](#)

+ [Dental Health](#)

+ [Fitness](#)

+ [Low Back Pain](#)

+ [Mammography](#)

+ [Weight Management](#)

+ [Osteoporosis](#)

+ [Quit Smoking](#)

+ [Vision & Glaucoma Screening](#)

As a Patient, What Questions Should I be Asking?



Excellus BCBS Preventive Care

CR ConsumerReports™

<http://consumerhealthchoices.org/ExcellusBCBS/>

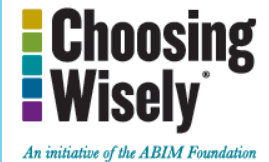
**Choosing
Wisely**
An initiative of the ABIM Foundation

ConsumerHealthChoices®

The Excellus BlueCross BlueShield Campaign

- *Choosing Wisely* is an initiative sponsored by the American Board of Internal Medicine (ABIM) Foundation. Launched in 2012, the program focuses on conversations to ensure that the right care is delivered at the right time.
- To achieve this, more than 70 medical specialty societies have joined the campaign and have developed more than 400 specific recommendations for care practices that lead more directly to positive health outcomes.
- Consumer Reports® has developed communications materials to help build meaningful discussions between physicians and their patients about the most appropriate options for managing conditions or preventing illness.
- The *Choosing Wisely* initiative has important implications for improved patient safety and improved community health. The initiative's credibility comes in large part from the fact that the recommendations for each point of focus come directly from the Boards of each specialty participating in the program. In other words, these recommendations were researched and developed *by* physicians *for* physicians and their patients.

Excellus BCBS Preventive Care



<http://consumerhealthchoices.org/ExcellusBCBS/>

CR ConsumerReports

ConsumerHealthChoices



 Making **HEALTHY** Choices

Learn more: www.ConsumerHealthChoices.org/Healthy

5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

- 1 Do I really need this test or procedure?
- 2 What are the risks and side effects?
- 3 Are there simpler, safer options?
- 4 What happens if I don't do anything?
- 5 How much does it cost, and will my insurance pay for it?

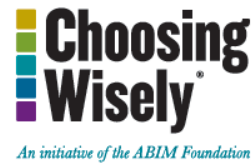
© 2015 Consumer Reports

Questions to Ask Your Pharmacist

- ❖ What tier is the medication being prescribed?
- ❖ If the medication is a brand name drug, are there generic or therapeutic alternatives available?
- ❖ Does this medication require Prior Authorization
- ❖ What is my cheapest route to obtain this medication?
What are the trade-offs? What are my options?

Excellus BCBS Preventive Care

CR ConsumerReports™ <http://consumerhealthchoices.org/ExcellusBCBS/>



ConsumerHealthChoices®

For Patients

Questions to Ask

- 📄 Five questions to ask your doctor (poster)
- 📄 Five questions to ask your doctor (wallet card)

Medical Tests

- 📄 PSA Test for Prostate Cancer (AAFP)
- 📄 Screening Tests: When You Need Them, When You Don't
- 📄 Vitamin D Tests (ASCP)
- 📄 Asking Questions About Medical Tests

Imaging Tests

- 📄 Imaging Tests for Back Pain
- 📄 Brain Scans for Head Injuries
- 📄 CT Scans for Children With Head Injuries (AAP)
- 📄 Imaging Tests for Headaches (ACR)
- 📄 Clogged Neck Arteries (AAFP)
- 📄 Asking Questions About Imaging Tests

Procedures

- 📄 Bed Rest for Lower-Back Pain (NASS)

Prevention

- 📄 Adult Vaccines: Protect Yourself and Your Family (ACP)
- 📄 Take Control of Your Health (ACP)
- 📄 Building Healthy Habits

Pregnancy

- 📄 Early Delivery (ACOG, AAFP)

Doctor/Patient Relationship

- 📄 What Doctors Wish Their Patients Knew
- 📄 Communicating With Your Doctor
- 📄 Doctor-Patient Relationships

Health Insurance Literacy

- 📄 Benefits of Health Insurance
- 📄 Co-insurance is a Percent
- 📄 Co-pays are Fixed Dollar Amounts
- 📄 Summary of Benefits and Coverage

PART IV

Managing Costs

Rolls of

Patients, Providers &

Consortium

Stephen Locey, Locey & Cahill, LLC
Dr. Martin Stallone, Cayuga Area Plan

Benefit Plan Design

Consortium Plan Structure Options

- ▶ Indemnity (Traditional)
- ▶ Preferred Provider Organization (PPO)
- ▶ High Deductible Health Plan (HDHP)
- ▶ Metal Level Plans (Actuarial Value)

Subscriber Share of Costs

PPO Plans vs Indemnity Plans

Plan Benefit and Cost Sharing Highlights		Sample PPO Plan		Sample Indemnity Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual	Not Applicable	\$1,000 Out-of-Network (Medical Only)	\$100 Combined In and Out-of-Network (Medical Only)	
	Family	Not Applicable	\$3,000 Out-of-Network (Medical Only)	\$200 Combined In and Out-of-Network (Medical Only)	
Out-of-Pocket Maximum <i>(Medical Plan Coinsurance and Medical Plan Copayments, Deductible is not included in this amount)</i>	Individual	\$1,000 In-Network (Medical Only)	\$1,000 Out-of-Network (Medical Only)	\$400 Combined In and Out-of Network (Medical Only)	
	Family	\$3,000 In-Network (Medical Only)	\$3,000 Out-of-Network (Medical Only)	\$800 Combined In and Out-of Network (Medical Only)	
Out-of-Pocket Maximum <i>(Rx Plan Copayments)</i>	Individual	\$1,000 Rx Copays Only	Not Applicable	\$1,000 Rx Copays Only	Not Applicable
	Family	\$3,000 Rx Copays Only	Not Applicable	\$3,000 Rx Copays Only	Not Applicable
Primary Care Physician		\$10.00	20% After Deductible	20% After Deductible	20% After Deductible
Specialist Physician		\$10.00	20% After Deductible	20% After Deductible	20% After Deductible
Inpatient Hospital		Covered In Full	20% After Deductible	Covered In Full	0% of Allowed Amount
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited

“ACA Metal Level Plans”

Levels of Coverage:

The Affordable Care Act contains language which defines the Actuarial Value (AV) of a health insurance plan's coverage based on the percent of health care expenses covered by the plan for a typical population. Health insurance plans will be placed into four categories based on their Actuarial Value (AV):

- ❖ Platinum Plan Models Actuarial Value (AV) = 90%
- ❖ Gold Plan Models Actuarial Value (AV) = 80%
- ❖ Silver Plan Models Actuarial Value (AV) = 70%
- ❖ Bronze Plan Models Actuarial Value (AV) = 60%

It should be noted that the most common plan models found in the Health Insurance Exchanges are PPO Style Plans and High Deductible Health Plans.

Maintaining a Plan's AV

The GTCMHIC established the following process to ensure the Standard Metal Level Plans maintain an Actuarial Value (AV) as defined by the Patient Protection and Affordable Care Act (ACA) equal to an overall plan benefit for the average participant of 90% for the Platinum Plan, 80% for the Gold Plan, 70% for the Silver Plan, and 60% for the Bronze Plan:

1. Changes to the benefits provided by the Metal Level Plans will occur no more frequently than once a year with said benefit changes being effective on January 1st of the year following the adoption of the said benefit change.
2. Changes to the benefits provided by the Metal Level Plans will be approved by the GTCMHIC's Board of Directors on or before November 1st of each year provided the benefit changes maintain the Actuarial Value of the plan in question as defined in Resolution No. 001-2014.

In-Network vs Out-of-Network

In-Network Care

- ❖ Is care provided to a patient by a medical care provider, facility, or pharmacy who has a contract in place with an insurance company, third party administrator, or pharmacy benefit manager to deliver medical services, care, and/or materials at a pre-determined cost or pre-determined rate of reimbursement. The patient is only responsible for their deductible, coinsurance amounts, and/or copayments not to exceed their out-of-pocket maximum for the year.

Out-of-Network Care

- ❖ Is care provided to a patient by a medical care provider, facility, or pharmacy who does not have a contract in place with an insurance company, third party administrator, or pharmacy benefit. The patient is not only responsible for their deductible, coinsurance amounts, and/or copayments not to exceed their out-of-pocket maximum for the year, but is also responsible for any balances above the amount allowed by the insurance company, third party administrator, or pharmacy benefit.

Provider Networks

- ❖ Healthcare Services Covered by a Benefit Plan Need Pre-Determined, Discounted Pricing from Medical Providers, Facilities, and Pharmacies to Reasonably Predict Claims Costs and Resulting Premiums.
- ❖ Health Insurance Administrators and Prescription Benefit Managers Need a Provider Network in Order to Keep Prices Down and Provide Covered Members with Access to the Care They Need.
- ❖ The GTCMHIC Contracts with Excellus BCBS for Hospital, Medical, and Surgical Claims Administration and with ProAct for Prescription Drug Claims Administration.

Provider Network Savings

At a Glance

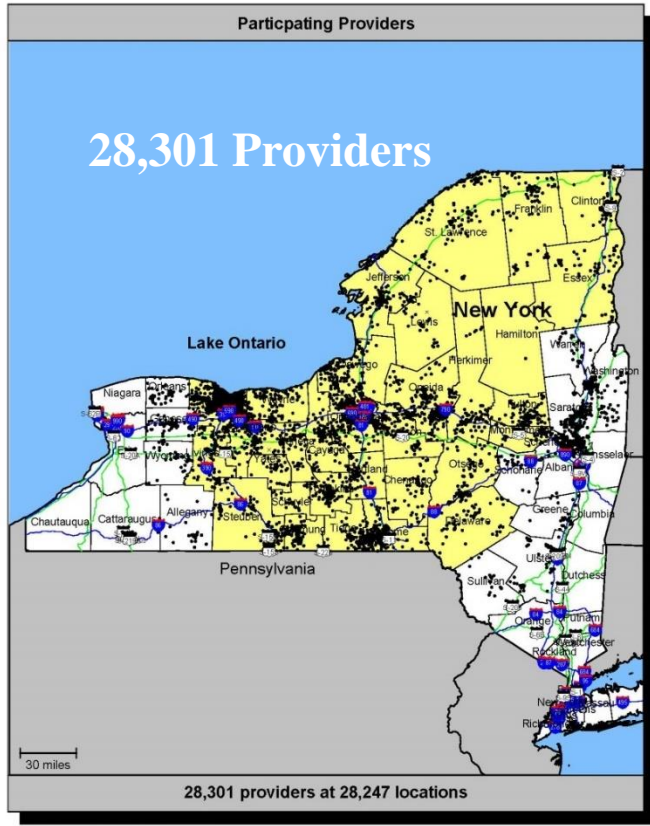
Greater Tompkins Consortium

Incurred between October 1, 2015 and September 30, 2016, paid through December 31, 2016

Provider Networks	Prior	Current	
Percent Plan Cost to Participating Providers	97%	95%	-2%
Estimated Provider Savings	\$18,284,975	\$26,806,335	47%
Estimated Savings as Percent of Billed Amount	43%	48%	12%

Excellus BCBS Service Area

Provider locations



Provider locations



ProAct National Pharmacy Network

ProAct's National Network includes over **67,000 chain and independent pharmacy locations** across the United States, Puerto Rico, the United States Virgin Islands, and Guam, with no major retail or key independent pharmacies excluded. Based on the National Council for Prescription Drug Programs files, over 90% of the pharmacies in the United States have enrolled in this network. Our retail pharmacy network provides member convenience no matter where they need to fill their prescription.



Covered Member Choices

Areas Affecting Your Out-of-Pocket Costs

- ❖ Care Giver
- ❖ Treatment Center
- ❖ Prescription Drug Tier
- ❖ In-Network vs Out-of-Network Providers
- ❖ Preventive Care
- ❖ Life Style



Cayuga Area Plan, Inc.
Cayuga Area Preferred, Inc.

CAP's Clinical Integration Program is a coordinated effort by local providers to improve the quality of healthcare, while controlling its cost and assuring accessibility.

Who We Are – CAP's Members



50% ownership



50% ownership

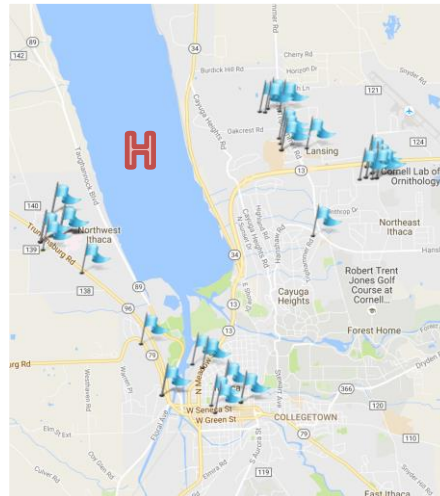


~ 200 Physician Organization

- ~ 55 PCPs across 15 practices
- ~ 145 Specialists across 30+ practices
- ~ 12 unique EMRs - EMRs in use since 1997; integration still in evolution

204 Bed Regional Medical Center

- Member of Cayuga Health System
- 5 Physical service locations
- Sole hospital in ~ 100,000 resident service area



With concentration in Ithaca and surrounding area, CAP provides the majority of healthcare in Tompkins County

CAP Mission Statement

CAP's mission is to unify its member organizations, Cayuga Medical Center and Cayuga Area Physicians Alliance, in the pursuit of high quality, accessible and cost effective healthcare for the population of patients we serve.

**We support this mission through our
Clinical Integration Program.**

CAP Defines & Understands Populations

- ▶ CAP Focuses on Groups of Individuals called “Populations.”
- ▶ A patient’s Primary Care Provider and their insurance company determine their specific population.
- ▶ For defined populations, CAP:
 - Tracks the Total Cost of Care
 - Measures the Aggregate Quality of Care rendered
- ▶ CAP’s primary populations are:
 - Excellus Blue Cross (~20K patients)
 - Medicare (~8K)
 - Managed Medicaid (~8K)
 - Aetna (~9K)

CAP Orchestrates Many Aspects of Local Care

- ▶ Useful Data and Analytics direct care to its most valuable use
- ▶ Care Managers (nurses) reach out to patients who need support
- ▶ Practice Support Specialists ensure practices are using technology properly and understand the Clinical Integration Program's objectives
- ▶ The Finger Lakes Office Managers Association (FLOMA) educates and aligns the managers of all CAP practices in support of common objectives

CAP Measures Total Cost

- ▶ Compiles total cost of all members in a population to calculate an average, per-person cost over a given period.
- ▶ We try to make sure that amount increases by LESS than a responsible amount, and LESS than nearby comparator groups.

A Special Note about Total Cost of Care

▶ [Unit Cost] x [# , Type of Units] = Total Cost



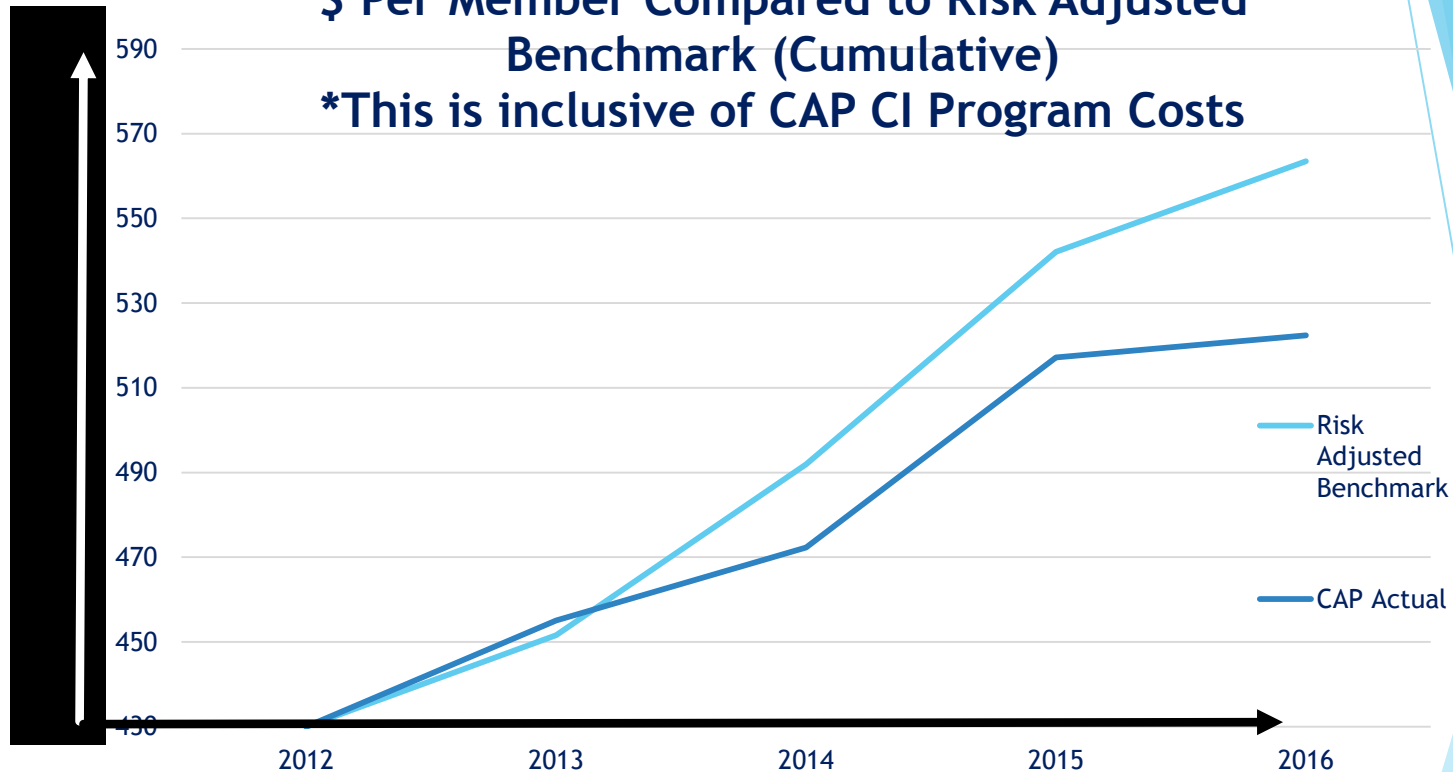
UTILIZATION REDUCTION...

▶ ...IS WHERE OUR COMMUNITY SAVES MONEY

Early Promising Results in Cost of Care

\$ Per Member Compared to Risk Adjusted Benchmark (Cumulative)

***This is inclusive of CAP CI Program Costs**



Trend compared to Benchmark

0.8%

-4.0%

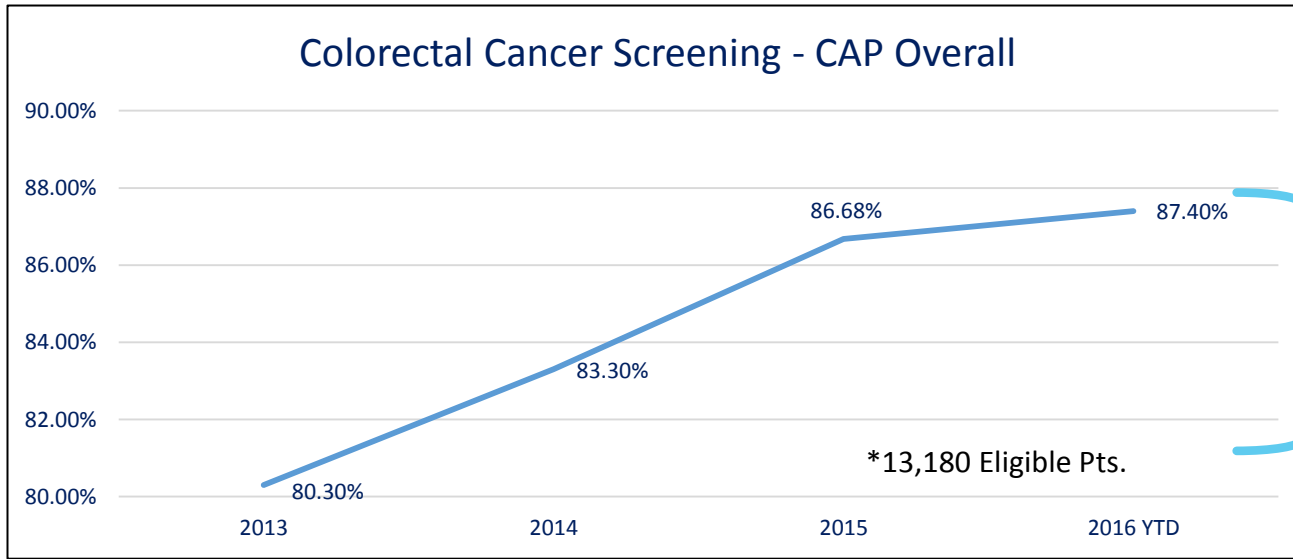
-4.6%

-7.3%

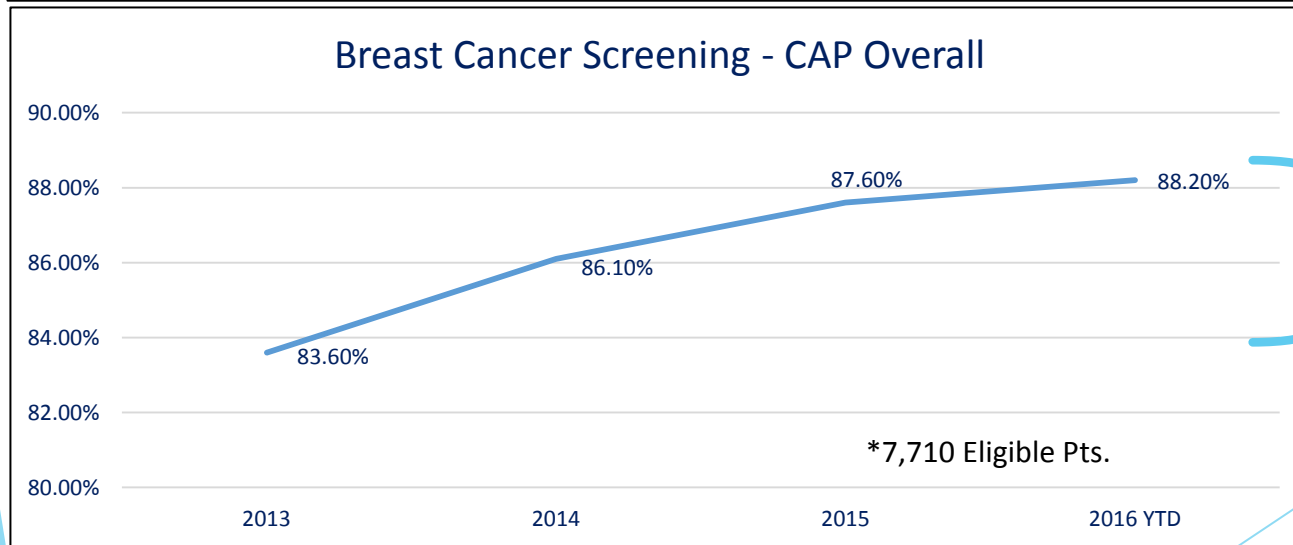
CAP Measures Total Quality

- CAP Identifies patients who needed something and didn't get it,
... or got something and didn't need it.
- CAP defines cumulative performance and focuses on *incremental improvement*,
... and what that means in absolute terms
(i.e. number of patients impacted).

Early Promising Results in Quality



7.1% Total Improvement:
Over 900 People



4.6% Total Improvement:
Over 350 People

Take Away Points

- ▶ Be aware that the Members of CAP are committed to provide higher quality care at a lower cost than competitors.
- ▶ CAP is accountable for its results – and so far, the results have been very favorable.
- ▶ The CAP organization requires support – our payer community is supportive, but the most durable support comes when purchasers and employers are supportive.



PART V

Utilization & Trends

Beth Miller, Excellus BCBS

Meghan Feeley, ProAct, Inc.

Medical Claims

2016 Financial Measures

- ❖ Membership grew by approximately 1% in 2016.
- ❖ Plan cost per member per month was \$394 – 13% increase from 2015.
- ❖ The Plan cost per contract per year was 18% higher than the municipality comparison population. Higher average age and lower member cost share are two differences between the consortium and the 120,000 member comparison.
- ❖ Over the past five years, medical plan cost per member increased approximately 4% per year, which is below healthcare trends of 7%-8% annually.

Medical Claims

2016 High Cost Claim

- ❖ 90% of the membership accessed care in 2016, versus the comparison of 84%.
- ❖ 80% of the plan cost was driven by 21% of membership (These members had claims over \$4,500).
- ❖ There were 25 claimants over \$100,000 in 2016, compared to 17 claimants in 2015.
- ❖ The number of claimants over \$150,000 has fluctuated from 10 in 2014, down to 6 in 2015, and back up to 10 in 2016. Four of these members are expected to continue, and five members are no longer on the plan.

Medical Claims

2016 Claim Utilization

- ❖ Inpatient admissions and claims increased substantially in 2016, with 58 more admissions than in 2015.
- ❖ Average length of hospital stay decreased from 6.1 days to 4.8 days. Higher number of admissions and shorter days.
- ❖ Musculoskeletal, Neoplasms (cancer cases), and Circulatory related cases accounted for half the claim cost in 2016.
- ❖ Increased member cost share, such as the Metal-Level plans, will reduce future plan costs. Over 400 members are currently enrolled in these plans and growing.

Pharmaceutical Claims 2016 Utilization

❖ Highlights

- 1% growth in Scripts yet 25% growth in expense
- 82% generic fill (21% of expense)- \$2.215 M
- 18% Brand name (44% of expense- not including Specialty)

❖ Specialty

- 19% increase in scripts
- 53% increase in expense- \$3.68 M
- Hepatitis drug – one time medication- 14% of Specialty spend

CanaRx Program

- ❖ Effective July 1st, 2017 for ALL GTCMHIC
- ❖ Over 500 Brand Name and Specialty Medications are Available;
- ❖ Excluded Medications:
 - Narcotics
 - Antibiotics
 - Lifestyle Medications
 - Temperature Sensitive Medications
- ❖ Voluntary international drug program from Tier 1 countries
- ❖ \$0 copay for ALL brand name maintenance medications

Rx Therapy Programs

Step Therapy

- ❖ Requires members to try preferred medications as the initial step in treatment before select non-preferred medications are covered.

Prior Authorizations

- ❖ ProAct, Inc. recommends certain medications be pre-approved for coverage through a process known as prior authorization.
- ❖ Medications over **\$1,500** retail/**\$4,500** mail require a PA
- ❖ ALL Specialty Medications require a PA

What is Telemedicine



- ❖ 24/7/365 on-demand access to affordable, quality health care – Anytime, Anywhere.
- ❖ Doctors are U.S. board certified and licensed in the state they are practicing.
- ❖ Visit the doctor either by phone or secure video to help treat non-emergency medical conditions.
- ❖ Doctors can diagnose symptoms, prescribe certain medications, and send prescriptions to your pharmacy of choice.



Time is Money



Average family practice wait time
= **20.3 days** and counting.



U.S. emergency departments (EDs) overuse =
\$38 billion in wasteful spending each year.



900 million US doctor visits =
more than half are low acuity.

What This Means to You:

**Employees are likely spending
more time away from work
when they are ill**

Perfect For Non-Life Threatening Conditions When Your Physician is Not Available

ADULT CARE

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Fever
- Headache
- Infections
- Joint Aches & Pains
- Nausea & Vomiting
- Pink Eye
- Rashes
- Sinus Infection
- Sore Throat
- Sunburn
- Urinary Tract Infection

PEDIATRICS

- Cold & Flu
- Constipation
- Earache
- Fever
- Nausea & Vomiting
- Pink Eye

3 Ways - 3 Easy Steps to Accessing Care



Call Toll-Free

STEP 1



Speak with a Care Coordinator

STEP 2



Speak with the Doctor

STEP 3



Visit Website

STEP 1



Find a Doctor

STEP 2



See the Doctor Online

STEP 3



Open Mobile App

STEP 1



Find a Doctor

STEP 2



See the Doctor On Your Smartphone

STEP 3

The Cost of Acute Care



\$75-\$200



\$80-\$200



\$950-\$1,800

Excellus Telemedicine Visit = \$40

**Represents range of average visits cost, varies by provider and location.*

Telemedicine: Benefits For You Partnering With Us



Telemedicine Cost = \$40/visit	Physician Office Visits	Urgent Care Visits	Emergency Room Visits (all visits)
Average Total Cost/Visit	\$116	\$256	\$1,566
Current Utilization (# of visits)	23,037	2,276	1,083
Possible Percent Shift to Telemedicine (dependent on marketing strategies)	2 - 15%	7 - 45%	10 - 20%
Example of Cost Savings Range	\$35,016 - \$262,622	\$34,381-\$221,022	\$165,266 - \$330,532

Current Dates: Incurred 2015, paid through March 31, 2016

Our Partner and Benefits to You:

- Integration: Real time eligibility and file feed with appropriate copay/deductible charge at time of service with no balance billing
- Allows your employees immediate access to credible care 24/7, 365 days a year
- Utilization data captured within Excellus BCBS reporting
- Employee cost share accumulates in network, with over 800 providers to choose from

PART VI

Financial Impact of Certain Choice Options

Stephen Locey, Locey & Cahill, LLC

Beth Miller, Excellus BCBS

Meghan Feeley, ProAct, Inc.

Ken Foresti, Excellus BCBS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	<input type="checkbox"/>
1st Tier Utilization:	
2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,300.00
Coinsurance (% , Insurer's Cost Share)		80.00%
MOOP (\$)		\$3,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: GTCMHIC Gold Plan
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.70%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.168 seconds

Comparison of Premiums

2017 GTCMHIC Premiums	Individual	Employee & Spouse	Employee & Child(ren)	Family
Platinum Plan	\$576.63	\$1,499.25	\$1,499.25	\$1,499.25
Gold Plan	\$502.39	\$1,306.21	\$1,306.21	\$1,306.21
Silver Plan	\$400.96	\$1,042.48	\$1,042.48	\$1,042.48
Bronze Plan	\$319.23	\$829.99	\$829.99	\$829.99

2017 Excellus Premiums	Individual	Employee & Spouse	Employee & Child(ren)	Family
Platinum Plan	\$761.71	\$1,523.41	\$1,294.91	\$2,170.86
Gold Plan	\$654.08	\$1,308.15	\$1,111.93	\$1,864.12
Silver Plan	\$543.85	\$1,087.71	\$924.55	\$1,549.98
Bronze Plan	\$369.81	\$739.62	\$628.67	\$1,053.95

Prescription Drug Cost Structure

- ❖ Generic Medications (Tier 1)
 - ❖ 82% of Prescriptions Filled
 - ❖ Average Cost Per Prescription = \$24.61
- ❖ Brand Name Medications
 - ❖ Includes Preferred (Tier 2) and Non-Preferred (Tier3)
 - ❖ Specialty Medications are Commonly Tier 3 Drugs
 - ❖ 18% of Prescriptions Filled
 - ❖ Average Cost Per Prescription = \$432.86
- ❖ Specialty Medications
 - ❖ 1.22% of Prescriptions Filled
 - ❖ 34.55% of Overall Prescription Drug Spend
 - ❖ Average Cost Per Prescription = \$3,937.62

Care Center Costs

Visit Type	Average Total Cost/Visit		
	Prior	Current	% Change
Office Visits	\$116	\$119	3%
Urgent Care Visits	\$264	\$272	3%
ER: Low Acuity Visits	\$1,360	\$1,316	-3%
ER: All Visits	\$1,428	\$1,420	-1%

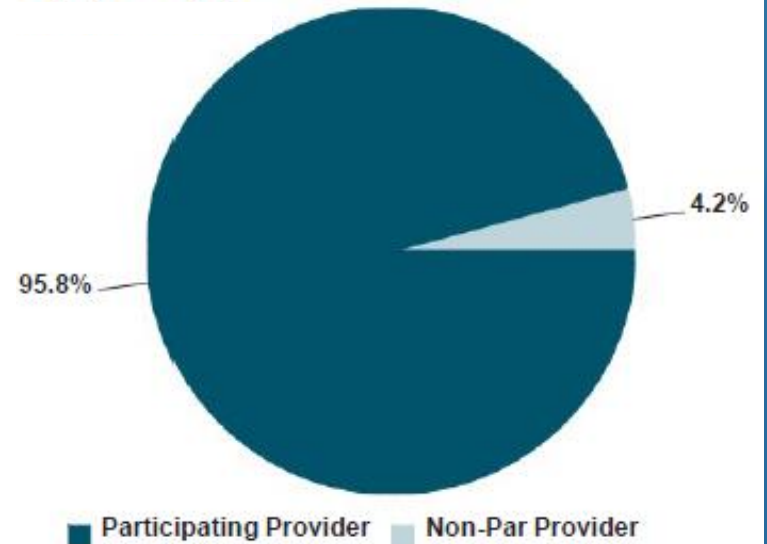
Telemedicine Total Cost/Visit = \$40

In-Network vs Out-of-Network



Non-Participating Provider Utilization

Number of Individuals: 707
 Plan Costs: \$996,250
 Member Costs: \$90,794



Arena	Participating Provider		Non-Par Provider	Total Plan Costs
	Local Provider	Blue Card Provider		
Inpatient	\$2,951,253	\$1,479,603	\$44,337	\$4,475,193
Outpatient	\$8,922,158	\$1,162,811	\$259,257	\$10,344,226
Physician	\$7,315,629	\$551,536	\$449,355	\$8,316,521
Other	\$453,818	\$87,463	\$243,301	\$784,581
Pharmacy	\$17,362	--	--	\$17,362
Total	\$19,660,220	\$3,281,414	\$996,250	\$23,937,884

PART VII

Preventive Healthcare Reducing Care Costs

Ken Foresti, Excellus BCBS

Don Barber, Executive Director, GTCMHIC

Wellness Programs Work for Individuals and the Collective

- ❖ Healthy patients are typically happier, able to do more recreational activities for longer periods, and recover from injury and illness faster
- ❖ Many chronic diseases are preventable with early diagnosis like diabetes, lung, kidney, and heart diseases, obesity, depression, and high cholesterol.
- ❖ Becoming aware of your numbers and making life style choices to lower your risk will keep you out of the hospital and with your family , lower your costs of care and lower the Consortium's share of your cost of care.

Excellus BCBS Preventive Care

Our preventive health newsletter includes immunization guidelines, health screening recommendations and general health tips that will help you take positive action.

A copy of the preventive health newsletter can be printed or sent to your home by:

- Visiting us online at ExcellusBCBS.com/healthyliving and clicking the [Preventive Health Newsletter](#) link. This allows you to print out the newsletter.
- Calling us at [1-877-222-1240](tel:1-877-222-1240) and asking that the newsletter be sent to your home.

Staying healthy takes work, but you are not alone. Our team of health care professionals is here to help you live the healthiest life possible. We can provide you with information about how to avoid the most common health conditions affecting Americans today.

There are resources on our website to help you learn about more than 6,000 health topics. Our nurses are also available 24/7 by phone when you need to talk to someone immediately about a health question or concern. That number is [1-800-348-9786](tel:1-800-348-9786). The TTY number is [1-800-421-1220](tel:1-800-421-1220).

Excellus BCBS Preventive Care

Preventive Health



Our preventive health program can help you stay healthy and prevent disease.

+ Health Recommendations

+ Health Tools

+ Cholesterol Screening

+ Colorectal Screening

+ Dental Health

+ Fitness

+ Low Back Pain

+ Mammography

+ Weight Management

+ Osteoporosis

+ Quit Smoking

+ Vision & Glaucoma Screening

Excellus BCBS Preventive Care



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Health and Wellness

Managing Conditions



Total Health Management

We can help you understand your condition, learn about treatment options, and understand the importance of following your doctor's plan. There are no additional fees to participate in these programs.

Call our Member Care Management Team at **1-800-860-2619** (TDD/TTY **1-800-421-1220**) or email.

Hours: 8:00 a.m. - 4:30 p.m., Monday - Friday.

- + Managing Chronic Conditions
- + Managing Complex Conditions
- + Additional Resources
- + How Will My Care Be Approved?
- + New Initiative to Improve Access to Opioid Use Disorder Treatment

Together, we're better.

Excellus BCBS Preventive Care



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Mental Health & Substance Abuse

In addition to taking your medication as directed, other steps you can follow to manage your health and decrease symptoms include:

- Talk therapy
- Exercise
- Good nutrition

If you find it difficult to take your medication, have any questions, or experience any side effects, please contact the doctor who prescribed the medication. Don't stop taking your medication. Some medications may have adverse effects if stopped without a doctor's guidance.

Sometimes, cost or transportation to the pharmacy can stand in the way of taking your medication.

If you have any financial concerns related to taking your medication, our Care Management Service may be able to help. There is no fee to talk to our Care Management team. We can share with you resources to help with the cost of medications and transportation to the pharmacy, and medical and therapy appointments.

Call **1-800-277-2198** (TDD/TTY **1-800-421-1220**) Monday through Friday, 8 a.m. to 5 p.m. If you call after-hours, please leave a message and we will return your call by the next business day.

[+ Learn About Mental Health and Substance Abuse](#)

[+ Treatment Options](#)

[+ Support Programs](#)

Excellus BCBS Preventive Care

Screenings & Immunizations



We're committed to helping you stay healthy. Most preventive health screenings, such as mammograms and colonoscopies, as well as immunizations are covered at no additional cost to you. Not sure where to start? No matter which stage of life you're in, we'll help you figure out which screenings are recommended.

- What can you and your family do to stay healthy and prevent disease?

You can practice healthy behaviors, take medicines as prescribed, and get certain screenings and tests.

Birth to 12 Months

13-18 Years

Adult Women

13 Months to 12 Years

65 Years and Older

Adult Men

+ Immunizations

+ Lead Screening

+ HIV and AIDS Screening

+ Healthy Pregnancy

+ Interactive Tools

+ Health Topics

+ Forms and Tools

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Taking Medications

Screenings & Immunizations

Fitness

Nutrition

Oral Health

Qui

Taking Medications



One of the most important things you can do to protect your health is to take your medications as directed by your health care provider. This is called medication adherence. In addition, our members have access to licensed, clinical pharmacists to ask questions about their medications through our Ask the Pharmacist program.

[Take as Directed](#)

Excellus BCBS Preventive Care



A Healthier Upstate

health and happiness in your hometown

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About Us

We know that a health and wellness blog can mean so many different things to people. For us at *A Healthier Upstate*, it means sharing health and wellness expertise, news and trends for every phase of life—from fertility and pregnancy to raising kids to end-of-life issues, while creating a network of support. We hope our educational resources, know-how and practical tips will help readers become the best version of themselves.

We look forward to growing a community of active readers who are excited to share in the journey to create a healthier upstate New York.

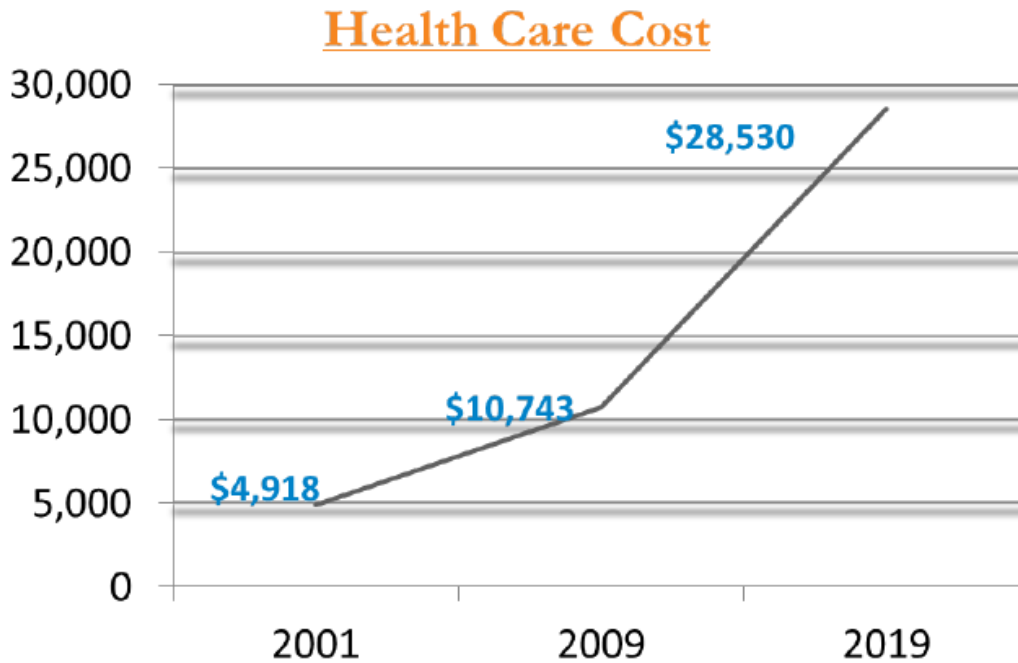
<https://www.ahealthierupstate.org/>

100

Financial Impacts of Diligently followed Wellness Programs

- ▶ 21% of our population incurs 80% of the claims costs.
- ▶ Excellus regional data and national studies show that 35% of the total patients have chronic conditions and account for 64% of the total claims spend.
- ▶ Most chronic diseases are very easy to treat if found early. These patients are moved from high risk and cost to medium and then low risk with medically supervised programs.

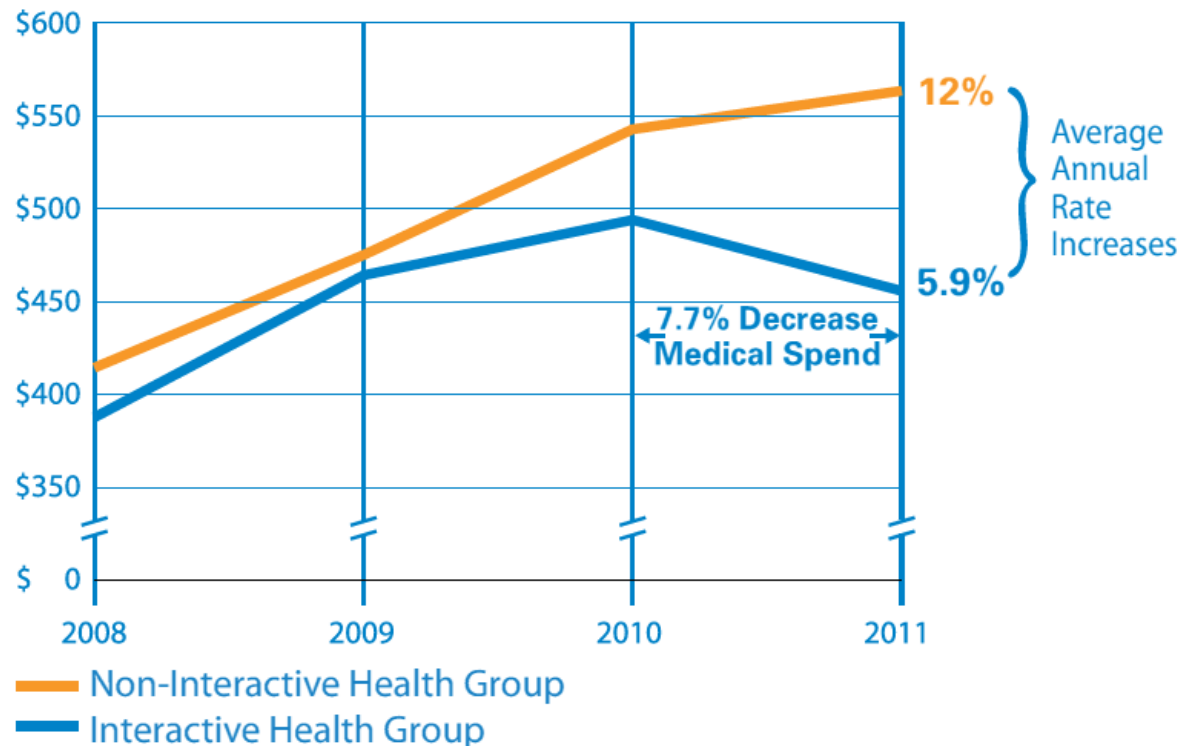
Health Care Costs Double in 8 years



Source: WELCOA /
Wellness Council of
America

Wellness Programs Slow Claims Growth

Medical Spend (PMPM): Interactive Health Clients vs. Non-Interactive Health Employer Groups



Wellness & GTCMHIC Metal Plans

Wellness is a benefit component of all the GTCMHIC Standard Metal Level Plans (Platinum, Gold, Silver, and Bronze).



The Blue4U program measures your numbers and provides coaching to bring them back into range.

Benefits of Diligently Followed Wellness Program

Patient:

- Ability to work and play harder
- Ability to heal quicker
- Lower subscriber costs due to lower health care costs

Consortium:

- Lower claims expense
- Lower premium growth

PART VIII

Summation

and

Q&A Period

Don Barber, Executive Director, GTCMHIC



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