



A nonprofit, independent licensee of the BlueCross BlueShield Association

Greater Tompkins Consortium

Industry Comparison

Incurred between January 1, 2013 and December 31, 2013, paid through March 31, 2014



Confidential and proprietary information

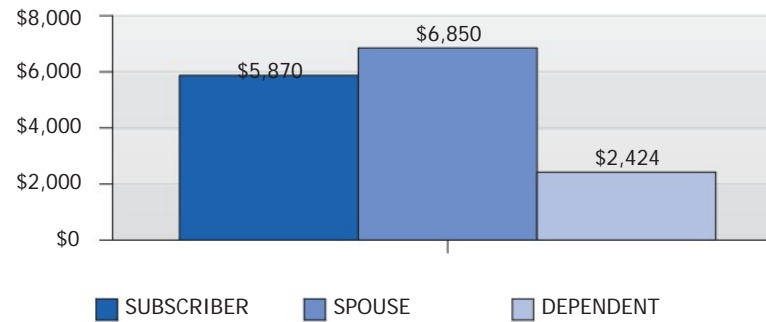
Greater Tompkins Consortium
At a Glance



	Prior	Current	% Change
Average Contracts	2,005	2,285	↑ 14%
Average Members	4,448	5,089	↑ 14%
Plan Cost	\$18,111,215	\$21,506,891	↑ 19%
Member Cost	\$635,293	\$820,279	↑ 29%
Total Cost	\$21,884,809	\$25,664,414	↑ 17%
Plan Cost per Contract per Year	\$9,033	\$9,412	↑ 4%
Plan Cost per Member per Month	\$339	\$352	↑ 4%
Total Cost per Member per Year	\$4,920	\$5,043	↑ 2%

Current = Incurred between January 1, 2013 and December 31, 2013, paid through March 31, 2014
 Prior = Incurred between January 1, 2012 and December 31, 2012, paid through March 31, 2013

Total Cost per Member per Year
 by Relationship Category



Current vs Industry Comparison

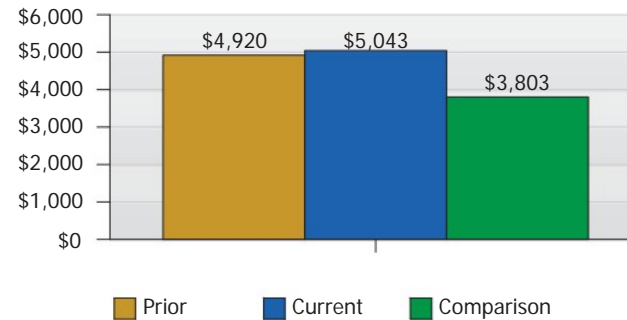


	Current	Comparison	Current vs Comparison
Plan Cost per Contract per Year	\$9,412	\$7,568	24% higher
Plan Cost per Member per Month	\$352	\$276	27% higher
Total Cost per Member per Year	\$5,043	\$3,803	33% higher
Percent Member Cost Share	4%	7%	less
Member Cost per Contract per Year	\$359	\$542	34% lower
Members per Contract	2.2	2.3	less
Average Age: All Members	41.0	37.3	older

Plan Cost per Member per Month



Total Cost per Member per Year



Industry Comparison data is based on a large sample of **Excellus BlueCross BlueShield** clients, representing approximately **140,000** members

Plan Costs by Arena of Care



Plan Costs

Arena	Prior	Current	% Change	Current % of Total
Inpatient	\$3,663,579	\$4,280,135	↑ 17%	20%
Outpatient	\$7,461,033	\$8,765,446	↑ 17%	41%
Physician	\$6,318,736	\$7,655,311	↑ 21%	36%
Other	\$660,236	\$804,663	↑ 22%	4%
Pharmacy	\$7,630	\$1,337	↓ 82%	0%

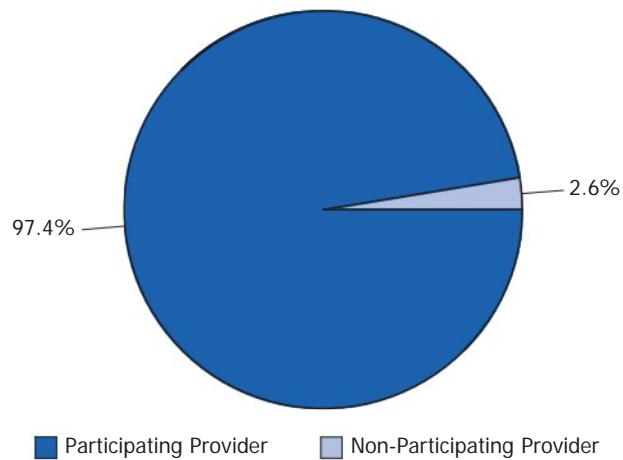
Plan Costs per Member per Month

Arena	Prior	Current	% Change	Comparison	Current vs Comparison
Inpatient	\$68.64	\$70.09	↑ 2%	\$68.77	2% higher
Outpatient	\$139.78	\$143.54	↑ 3%	\$95.89	50% higher
Physician	\$118.38	\$125.36	↑ 6%	\$100.64	25% higher
Other	\$12.37	\$13.18	↑ 7%	\$11.16	18% higher
Pharmacy	\$0.14	\$0.02	↓ 85%	--	--

Greater Tompkins Consortium Provider Network



Percent of Plan Costs by Provider Status



Non-Participating Provider Utilization

Number of Individuals: **724**
 Plan Costs: **\$550,351**
 Member Costs: **\$62,717**

Percent Network Savings: 40%
 Billed Charges: **\$43,064,248**
 Total Costs: **\$25,664,414**
 Network Savings: **\$17,399,834**

Arena	Participating Provider	Non-Participating Provider	Total Plan Costs
Inpatient	\$4,256,731	\$23,403	\$4,280,135
Outpatient	\$8,721,580	\$43,865	\$8,765,446
Physician	\$7,360,145	\$295,165	\$7,655,311
Other	\$616,746	\$187,917	\$804,663
Pharmacy	\$1,337	\$0	\$1,337
Total	\$20,956,541	\$550,351	\$21,506,891

* Percent Savings = Network Savings / Billed Charges
 * Non-Participating includes Participation not Applicable = e.g. DME, ambulance, emergency dental
 * Total Costs = Plan Costs + Member Costs + Other Carrier Liability

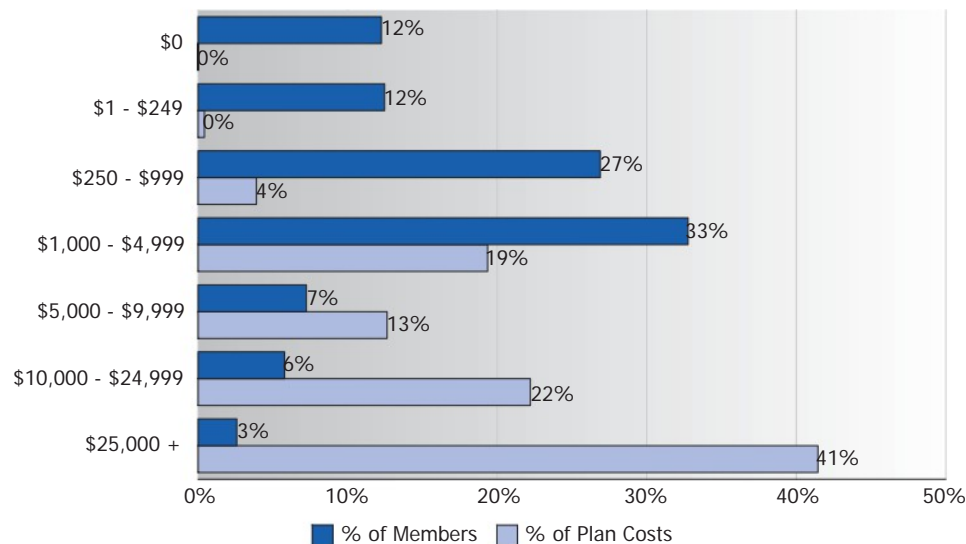
Greater Tompkins Consortium Cost Distributions



Members by Total Cost Band

	Prior	Current	Comparison
\$0	11%	12%	18%
\$1 - \$999	34%	34%	43%
\$1,000 - \$9,999	46%	44%	33%
\$10,000 - \$24,999	7%	7%	4%
\$25,000 +	3%	3%	2%

Members and Costs by Plan Cost Band



Members with \$0 in Total Costs

638 - number of members

35.3 - average age

59% - male

36% - subscribers

9.3 - average months on plan
(within report period)

Members with > \$25,000 in Plan Costs

140 - number of members

52.2 - average age

52% - female

57% - subscribers

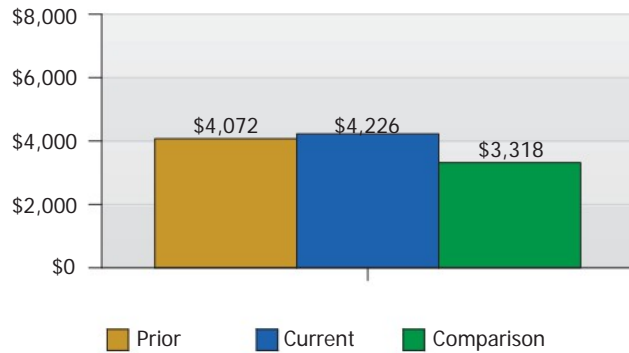
11.7 - average months on plan
(within report period)

High Cost Claimant Impact

	Prior	Current
Number of Claimants with Plan Cost >= \$100,000	16	21
Plan Cost for Claimants >= \$100,000	\$3,825,286	\$3,575,634
Percent of Plan Cost for Claimants >= \$100,000	21.1%	16.6%
Average Plan Cost per Claimant >= \$100,000	\$239,080	\$170,268
Plan Cost per Member per Year Adjusted for \$100,000 Threshold	\$3,571	\$3,936

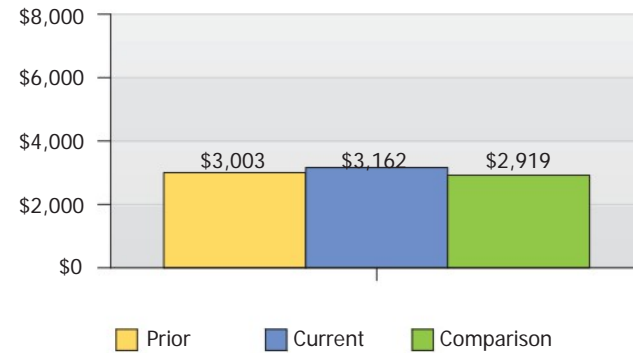
	Prior	Current	% Change	Comparison	Current vs Comparison
Number of Claimants with Plan Cost >= \$25,000	96	140	↑ 46%	--	--
Percent of Members with Plan Cost >= \$25,000	2.16%	2.75%	↑ 27%	--	--
Plan Cost for Claimants >= \$25,000	\$7,152,230	\$8,914,672	↑ 25%	--	--
Percent of Plan Cost for Claimants >= \$25,000	39%	41%	↑ 5%	--	--
Average Plan Cost per Claimant >= \$25,000	\$74,502	\$63,676	↓ 15%	--	--
Plan Cost PMPY Adjusted for \$25,000 Threshold	\$3,003	\$3,162	↑ 5%	\$2,919	8% higher

Plan Cost per Member per Year



Excluding Claims over \$25,000

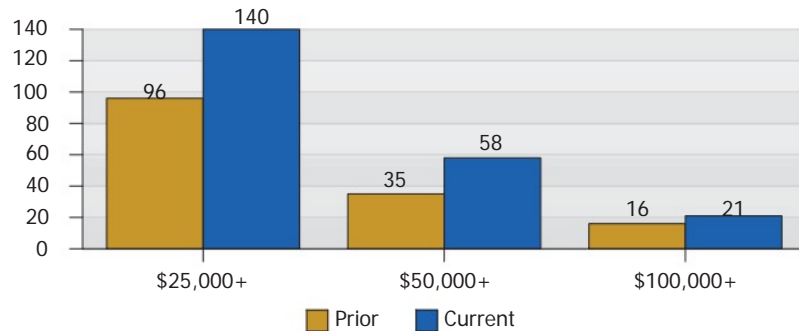
for Claimants with Plan Costs > \$25,000



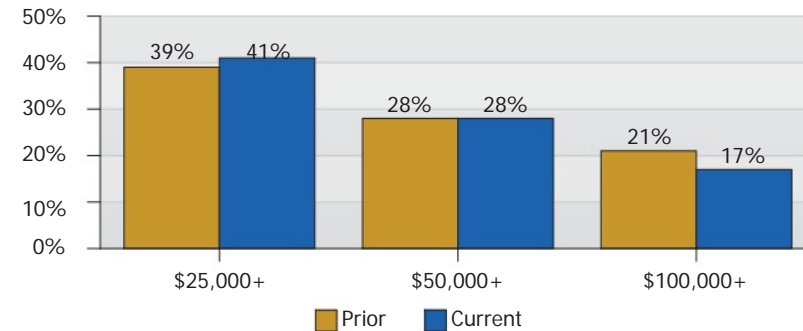
Greater Tompkins Consortium High Cost Claimants



High Claimants per Period



High Claimant Expense as % of Total Plan Costs



Top 10 Claimants

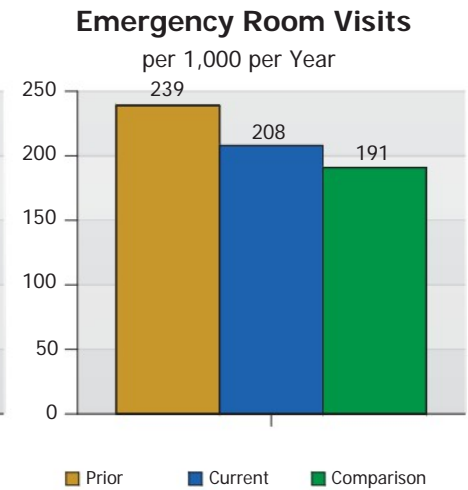
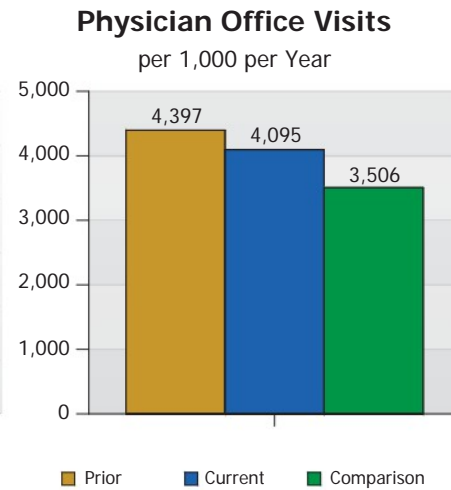
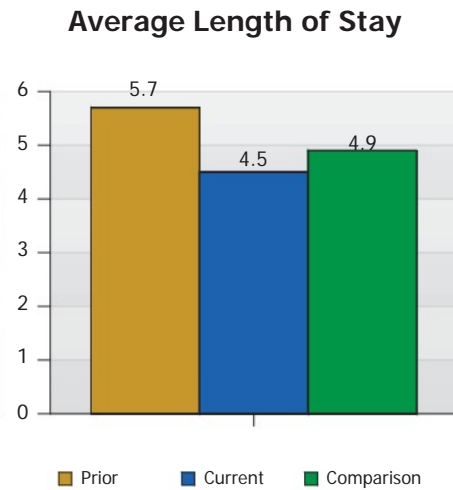
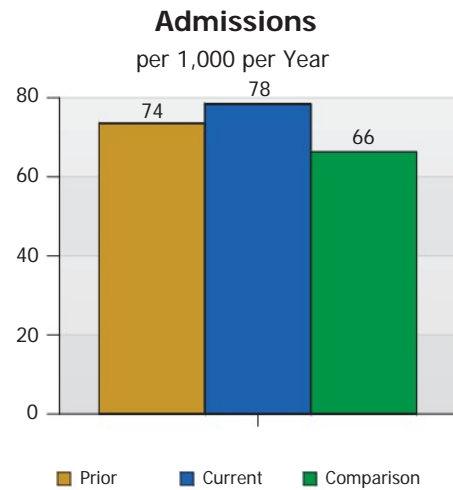
	Claimant	Most Costly Diagnosis	Prior Plan Cost	Current Plan Cost	UM	CM	DM	Rx Sp CM	Current Status	Forecast >\$50K w/o IBNR
1	000010436191	238 Neoplasm of Uncertain Behavior of Other a	\$441,920	\$473,265	NA	NA	NA	NA	Active	NO
2	000003345834	174 Malignant Neoplasm of Female Breast	\$393,046	\$324,091	YES	YES	NA	NA	Active	YES
3	000010879451	209 Neuroendocrine Tumors	\$1,063,623	\$309,472	YES	YES	NA	NA	Active	YES
4	000001024502	V5811 Encounter for antineoplastic chemothera	\$8,896	\$212,230	YES	NA	NA	NA	Termed	NO
5	000010844850	198 Secondary Malignant Neoplasm of Other Spe	\$12,284	\$192,165	YES	NA	YES	NA	Termed	NO
6	000010930774	579 Intestinal Malabsorption	\$107,328	\$180,817	YES	YES	YES	NA	Active	YES
7	000000362482	162 Malignant Neoplasm of Trachea, Bronchus,	\$14,499	\$159,264	YES	NA	NA	NA	Active	YES
8	000011801830	571 Chronic Liver Disease and Cirrhosis	\$4,276	\$152,839	YES	NA	NA	NA	Termed	NO
9	000014823993	V30 Single Liveborn	\$0	\$149,003	YES	NA	NA	NA	Active	NO
10	000002004809	117 Other Mycoses	\$0	\$146,986	YES	NA	YES	NA	Termed	NO

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

Greater Tompkins Consortium Utilization Measures



	Prior	Current	% Change	Comparison	Current vs Comparison
Admissions per 1,000 per Year	74	78	↑ 5%	66	18% higher
Average Length of Stay	5.7	4.5	↓ 21%	4.9	8% lower
Physician Office Visits per 1,000 per Year	4,397	4,095	↓ 7%	3,506	17% higher
Emergency Room Visits per 1,000 per Year	239	208	↓ 13%	191	9% higher



Emergency Room Visits

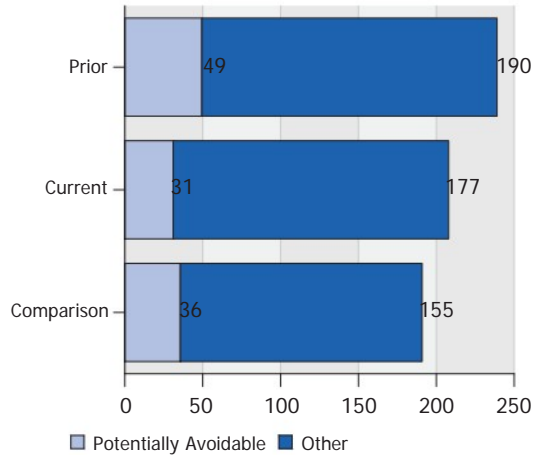


Key Utilization and Cost Measures

	Prior	Current	% Change	Comparison	Current vs Comparison
Emergency Room Visits per 1,000 Members per Year					
All Visits	239	208	↓ 13%	191	9% higher
Potentially Avoidable Visits	49	31	↓ 37%	36	14% lower
Other Visits	190	177	↓ 7%	155	14% higher
Average Total Cost per Visit					
Emergency Room Visits	\$1,436	\$1,566	↑ 9%	\$1,251	25% higher
Physician Office Visits	\$120	\$124	↑ 3%	\$110	12% higher

Emergency Room Visits

per 1,000 Members per Year



Current Detail by Subscriber Relationship

	Subscribers	Spouses	Dependents	Total
All Visits				
Number of Visits	515	240	303	1,058
Number of Unique Members with Visits	341	174	218	732
Visits/1,000	101	47	60	208
Potentially Avoidable Visits				
Number of Visits	66	41	51	158
Number of Unique Members with Visits	55	37	47	139
Visits/1,000	13	8	10	31

Urgent Care Visits 2013

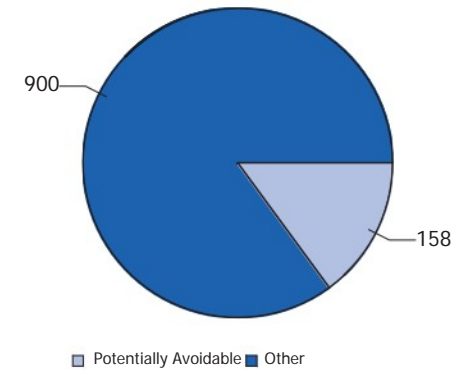
Total Visits **2317**
 Average Cost per visit **\$ 198.71**

Most Frequent Emergency Room Diagnoses



Most Frequent Emergency Room Diagnoses	Prior	Current	Current % of Total
Potentially Avoidable Visits			
Upper Respiratory Infections	57	37	3%
Sprains and Strains	35	32	3%
Back Pain	48	29	3%
Headache	41	26	2%
Urinary Tract Infections	23	22	2%
Ear Infections	8	8	1%
Allergies	8	4	0%
Total	220	158	15%
Other Visits			
Symptoms; signs; and ill-defined conditions	127	153	14%
Diseases of the heart	102	99	9%
Open wounds	55	48	5%
Superficial injury; contusion	53	42	4%
Fractures	27	40	4%
Other connective tissue disease	25	29	3%
All Other	454	489	46%
Total	843	900	85%

Emergency Room Visits

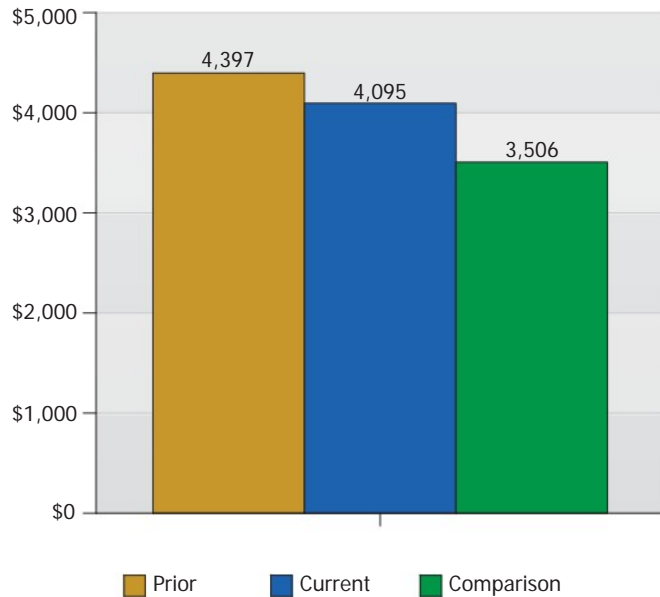


Average Total Cost ER Visit: **\$1,566**
 Average Total Cost Physician Office Visit: **\$124**
 # of Potentially Avoidable ER Visits: **158**
 Total Potential Savings: **\$227,907**

Most Frequent Office Visit Diagnoses



Physician Office Visits
per 1,000 per Year



5 Most Frequent Physician Office Diagnoses	Current Physician Office Visits	Current % of Total
Adults		
Factors influencing health care	1,441	9%
Diseases of the heart	978	6%
Respiratory infections	946	6%
Non-traumatic joint disorders	883	5%
Hypertension	832	5%
Total	5,080	31%
Children		
Factors influencing health care	994	22%
Respiratory infections	648	14%
Symptoms; signs; and ill-defined conditions	319	7%
Ear conditions	267	6%
Other skin disorders	164	4%
Total	2,392	52%

Factors influencing health care includes physical exams, screenings, and well child visits.

Gaps in Care: Preventive Services



	Eligible Members	Guideline Compliance	
		Current	Comparison
Well Child Exams - 5 by Age 12 Months	19	89%	90%
Well Child Exams – 2 per Year for Ages 1-3	54	68%	68%
Well Child Exams – 1 per Year for Ages 3-7	170	85%	82%
Well Child Exams – 1 per Year for Ages 7-12	257	75%	72%
Well Child Exams – 1 per Year for Ages 12-21	589	59%	56%
Breast Cancer Screening – 1 in the past 2 years for women ages 40-69	1,216	81%	72%
Cervical Cancer Screening – 1 in the past 3 years for women ages 21-64	1,730	75%	79%
Colon Cancer Screening – 1 in past 10 years for adults ages 50+	1,785	91%	64%

Based on paid claims ending November 30, 2013

Gaps in Care: Condition Management



	Eligible Members	Guideline Compliance	
		Current	Comparison
Diabetes – Eye Exam	340	48%	58%
Diabetes – HbA1c Testing	340	90%	93%
Diabetes – Kidney Screening	340	43%	82%
Diabetes – Cholesterol Testing	340	72%	89%
Coronary Artery Disease – Cholesterol Testing	130	81%	91%
Low Back Pain – Imaging Studies	191	86%	79%

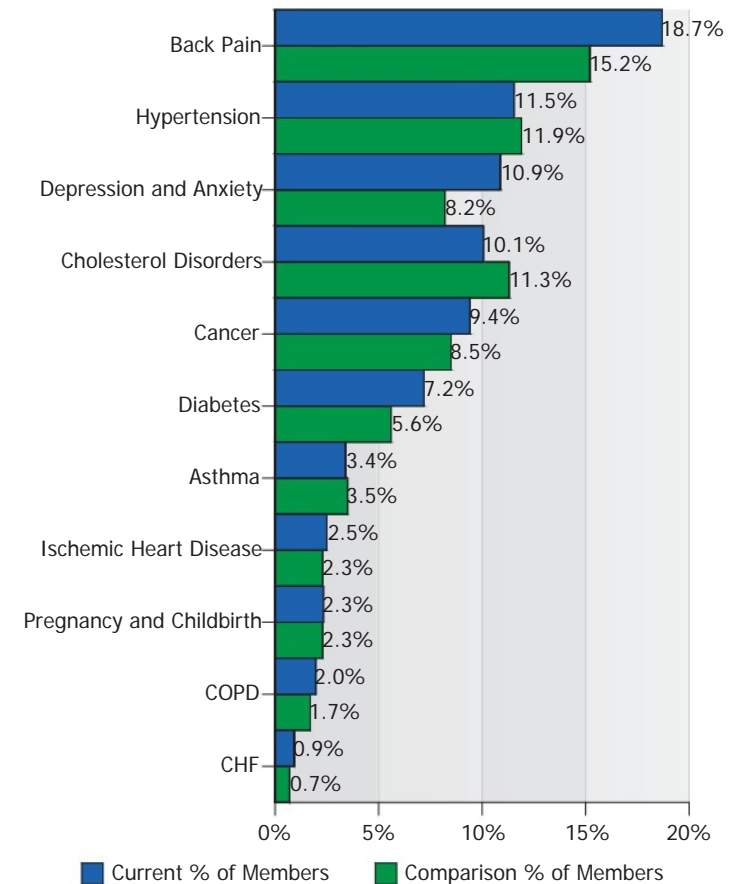
Based on paid claims ending November 30, 2013

Health Management Opportunities by Prevalence



Claim-based Prevalence

Category	Current # of Members	Prior	Current	Comparison	Current vs Comparison
Back Pain	1,011	19.3%	18.7%	15.2%	more
Hypertension	624	11.7%	11.5%	11.9%	less
Depression and Anxiety	588	11.0%	10.9%	8.2%	more
Cholesterol Disorders	544	9.9%	10.1%	11.3%	less
Cancer	509	9.5%	9.4%	8.5%	more
Diabetes	389	7.5%	7.2%	5.6%	more
Asthma	184	3.6%	3.4%	3.5%	less
Ischemic Heart Disease	135	2.9%	2.5%	2.3%	more
Pregnancy and Childbirth	126	2.3%	2.3%	2.3%	more
COPD	106	1.6%	2.0%	1.7%	more
CHF	50	1.0%	0.9%	0.7%	more



National Population Estimates

Overweight or Obese (BMI \geq 25.0) **63.6%**
 Physical Activity (less than 150 minutes per week) **48.4%**
 Tobacco Use (percentage of adults) **21.0%**

Greater Tompkins County Municipal Health Insurance Consortium



2013 Highlights

- | | |
|---|---|
| Financial Measures | <ul style="list-style-type: none">• Membership increased 14% as 640 members were added in January 2013 (Cortland and Lansing).• Plan cost in 2013 - \$21,506,891 (increase of 19% compared to 2012).• Plan cost per member per month was \$352 – 4% increase from 2012.• Total Cost per member per year (plan cost + member cost) was \$5,043 (increase of 2% from 2012).• The Plan cost per contract per year was 24% higher than the municipality comparison population.• The member cost share was 4% with the annual average member cost per contract at \$360. |
| Plan Cost Distribution and High Cost Claimants | <ul style="list-style-type: none">• 88% of the membership accessed care in 2013.• 41% of the plan cost was related to 3% of membership (members with claims greater than \$25K).• Four members had claims over \$200K and two of these are forecasted to have claims greater than \$50,000 over the next 12 months. |
| Utilization | <ul style="list-style-type: none">• The Inpatient arena had the smallest increase in costs at 2% and accounted for 20% of overall costs.• Average length of stay decreased from 5.7 to 4.5 days, bringing this under the comparison group.• Neoplasms (Cancer) category was the cost-driver in the Inpatient setting. Six of the top ten high claimants were associated with this diagnostic category.• Outpatient plan costs represented 41% of overall costs. OP Surgeries, Radiology, Emergency Room, Lab and therapeutic injections were the top Outpatient services in 2013.• Overall utilization was around 25% higher than the municipality comparison.• Member cost share is much lower than the comparison (4% vs. comparison of 7%).• Total Emergency Room visits held flat, even though membership grew. Potentially avoidable ER visits dropped 38%. Overall ER usage decreased 13% on a per 1000 members per year basis. |

Greater Tompkins Consortium
Recommendations



✓Emergency room utilization has improved, but is 9% above the comparison. Promotion of urgent care centers, education, and benefit design, can all help to reduce minor illnesses in the emergency room.

- Increase Co-pay or Coinsurance to reduce ER utilization

✓Blue4U Program: A health awareness and preventive care program that can be added to existing medical plans to help employer groups control their healthcare costs. Program strives to Measure, Monitor, and Reward.

✓Wellness initiative to help reduce incidence of back pain, cholesterol disorders, hypertension, diabetes, depression, and heart disease.

Glossary

ALOS Average length of stay for inpatient admissions (number of days divided by number of admissions)

Average Members Sum of monthly members (subscribers, spouses and dependents) divided by the number of report months (number of incurred months in an incurred and paid, or number of paid months in a paid report)

Billed Amount Provider charges

Case Management Involves one-on-one intervention through a nurse case manager - case managers work with individuals, physicians, and family members to identify needs, coordinate care, and secure necessary resources to assist in meeting goals

Comparison Measures for a large sample of employers - typically with 50 or more employees, with approximately **140,000** total members enrolled in PPO, POS, or EPO products

Current Reporting timeframe listed at the beginning of the report

Current Status Claimant status within the employer's plan offering as of report generation

Disease Management Programs that help members with chronic conditions to better manage those conditions by increasing their knowledge about their condition, its potential complications, and the importance of medication and treatment plan compliance

Estimated Network Savings (Amount Billed - Total Cost)

Member Cost (Copays + Deductible + Coinsurance)

Other Carrier Liability Amounts paid by another carrier (coordination of benefits)

Plan Cost Claims expense paid for enrolled members under the benefits of the employer's plan

PMPM Per member per month

Prior Exactly one year prior to the Current reporting timeframe

Total Cost (Plan Cost + Member Cost + Other Carrier Liability)

Utilization Management Evaluates the medical necessity and appropriateness of services based on evidence-based guidelines and national standards of care - services reviewed may include hospital admissions, home care, medical equipment, and radiology; outcomes may include approval, denial, or modification to a different level of care (e.g., inpatient to outpatient)