



Greater Tompkins Consortium

Industry Comparison

Incurred between January 1, 2015 and December 31, 2015, paid through March 31, 2016



Confidential and proprietary information

At a Glance

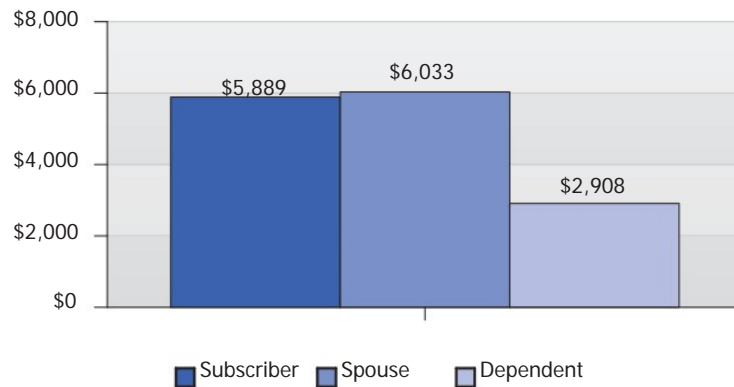
Prior = Incurred between January 1, 2014 and December 31, 2014, paid through March 31, 2015
 Current = Incurred between January 1, 2015 and December 31, 2015, paid through March 31, 2016



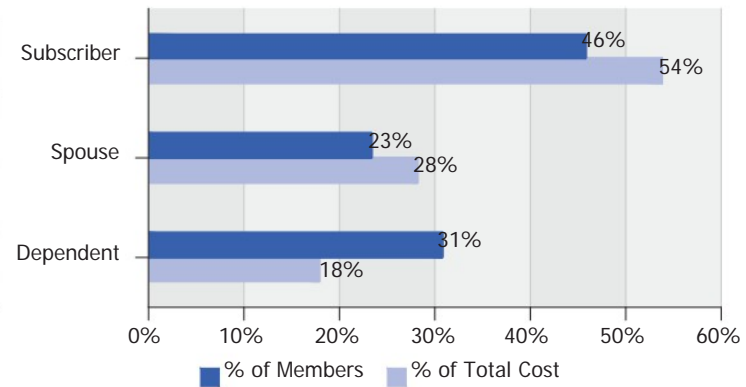
	Prior	Current	% Change
Average Contracts	2,269	2,302	↑ 1%
Average Members	5,012	5,024	↑ 0%
Plan Cost	\$21,875,837	\$20,975,637	↓ 4%
Member Cost	\$865,163	\$846,805	↓ 2%
Total Cost	\$26,020,914	\$25,139,712	↓ 3%
Plan Cost per Contract per Year	\$9,641	\$9,112	↓ 5%
Plan Cost per Member per Month	\$364	\$348	↓ 4%
Total Cost per Member per Year	\$5,192	\$5,004	↓ 4%

Approximately 50 members added 1/1/2016

Total Cost per Member per Year
by Relationship Category



Percent of Members and Total Costs
by Relationship Category



Five year At a Glance



	2011	2012	2013	2014	2015
Enrollment					
Average Contracts	1,995	2,004	2,281	2,269	2,302
Average Members	4,400	4,448	5,076	5,012	5,024
Financial Measures					
Plan Cost	\$17,051,966	\$18,109,811	\$21,511,851	\$21,875,837	\$20,975,637
Member Cost	\$537,203	\$635,293	\$820,279	\$865,163	\$846,805
Total Cost	\$19,318,533	\$21,205,642	\$25,680,182	\$26,020,914	\$25,139,712
Plan Cost per Contract per Year	\$8,547	\$9,037	\$9,431	\$9,641	\$9,112
Total Cost per Member per Year	\$4,391	\$4,767	\$5,059	\$5,192	\$5,004
Member Cost per Contract per Year	\$269	\$317	\$360	\$381	\$368
Plan Costs by Arena					
Inpatient Plan Cost per Member per Month	\$55.98	\$67.38	\$70.21	\$66.94	\$57.70
Outpatient Plan Cost per Member per Month	\$128.09	\$139.49	\$143.69	\$153.71	\$148.35
Physician Plan Cost per Member per Month	\$128.42	\$121.29	\$126.80	\$130.49	\$127.19
Other Plan Cost per Member per Month	\$10.31	\$10.99	\$12.44	\$12.37	\$14.39
High Claimant Impact					
Number of Claimants with Plan Cost \geq \$50,000	39	35	59	60	56
Plan Cost for Claimants \geq \$50,000	\$4,076,233	\$5,133,669	\$6,130,332	\$5,937,997	\$5,491,349
Average Plan Cost per Claimant \geq \$50,000	\$104,519	\$146,676	\$103,904	\$98,967	\$98,060

- Plan cost (total claims) per employee increased 6.6% since 2011.
- Total cost per member has increased 14% since 2011.

Current vs Industry Comparison

Industry Comparison data is based on a large sample of clients, representing approximately **119,000** members

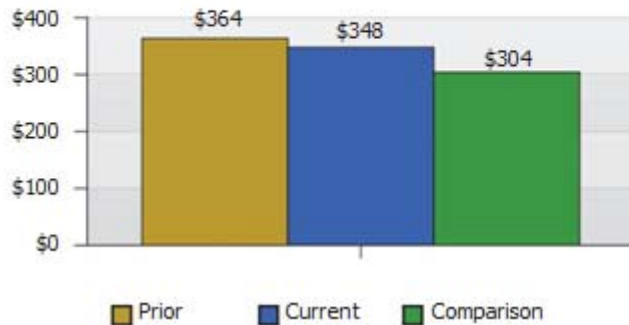


	Current	Comparison	Current vs Comparison
Plan Cost per Contract per Year	\$9,112	\$8,205	11% higher
Plan Cost per Member per Month	\$348	\$304	14% higher
Total Cost per Member per Year	\$5,004	\$4,131	21% higher
Percent Member Cost Share	4%	7%	less
Member Cost per Contract per Year	\$368	\$592	38% lower
Members per Contract	2.2	2.2	similar

Average Age	Current	Comparison
Subscribers	54.0	48.8
All Members	41.3	36.9

This was 30% in 2012, so the plan is slowly getting closer to the comparison

Plan Cost per Member per Month



Total Cost per Member per Year



Plan Costs by Arena of Care



Plan Costs

Arena	Prior	Current	% Change	Current % of Total
Inpatient	\$4,025,775	\$3,478,492	↓ 14%	17%
Outpatient	\$9,245,006	\$8,943,970	↓ 3%	43%
Physician	\$7,848,459	\$7,667,922	↓ 2%	37%
Other	\$744,176	\$867,723	↑ 17%	4%
Pharmacy	\$12,421	\$17,529	↑ 41%	0%

- Inpatient: 63 fewer hospital admissions in 2015.
- Outpatient: Fewer injections or specialty medications due to fewer claimants over \$150k.
- Physician claims were consistent, some claims in "Other" were actually physician related.
- Other: Ambulance, DME, Home care.
- Rx: Vaccines and Diabetic Supplies.
 - Half drug claims were Zostovax in 2014 and 2015

Plan Costs per Member per Month

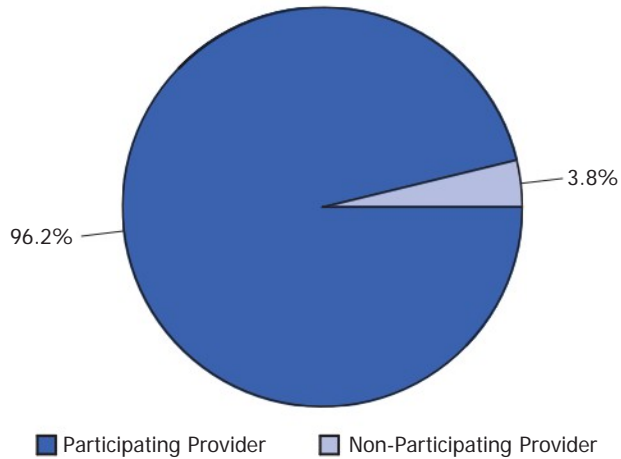
Arena	Prior	Current	% Change	Comparison	Current vs Comparison
Inpatient	\$66.94	\$57.70	↓ 14%	\$72.49	20% lower
Outpatient	\$153.71	\$148.35	↓ 3%	\$117.71	26% higher
Physician	\$130.49	\$127.19	↓ 3%	\$101.23	26% higher
Other	\$12.37	\$14.39	↑ 16%	\$12.51	15% higher

**Greater Tompkins Consortium
Provider Network**

-30% of OON claims were for Psychiatric Services.
 -13% were ambulance
 -Most other services were Chiro, Lab, Dialysis, and Skilled Nursing Facility



Percent of Plan Costs by Provider Status



Non-Participating Provider Utilization

Number of Individuals: **559**
 Plan Costs: **\$806,227**
 Member Costs: **\$62,926**

Percent Network Savings: 44%
 Billed Charges: **\$44,816,315**
 Total Costs: **\$25,139,712**
 Network Savings: **\$19,676,603**

Arena	Participating Provider			Total Plan Costs
	Local Provider	Blue Card Provider	Non-Par Provider	
Inpatient	\$2,757,572	\$641,632	\$79,288	\$3,478,492
Outpatient	\$7,501,266	\$1,282,659	\$160,045	\$8,943,970
Physician	\$6,807,926	\$498,032	\$361,965	\$7,667,922
Other	\$569,923	\$92,872	\$204,928	\$867,723
Pharmacy	\$17,529	\$0	\$0	\$17,529
Total	\$17,654,215	\$2,515,195	\$806,227	\$20,975,637

* Percent Savings = Network Savings / Billed Charges
 * Total Costs = Plan Costs + Member Costs + Other Carrier Liability

Greater Tompkins Consortium Cost Distributions



Members by Total Cost Band

	Prior	Current	Comparison
\$0	11%	11%	17%
\$1 - \$999	33%	32%	42%
\$1,000 - \$9,999	45%	46%	34%
\$10,000 - \$24,999	8%	7%	4%
\$25,000 - \$49,999	2%	2%	1%
\$50,000 +	1%	1%	1%

Members with \$0 in Total Costs

590 - number of members

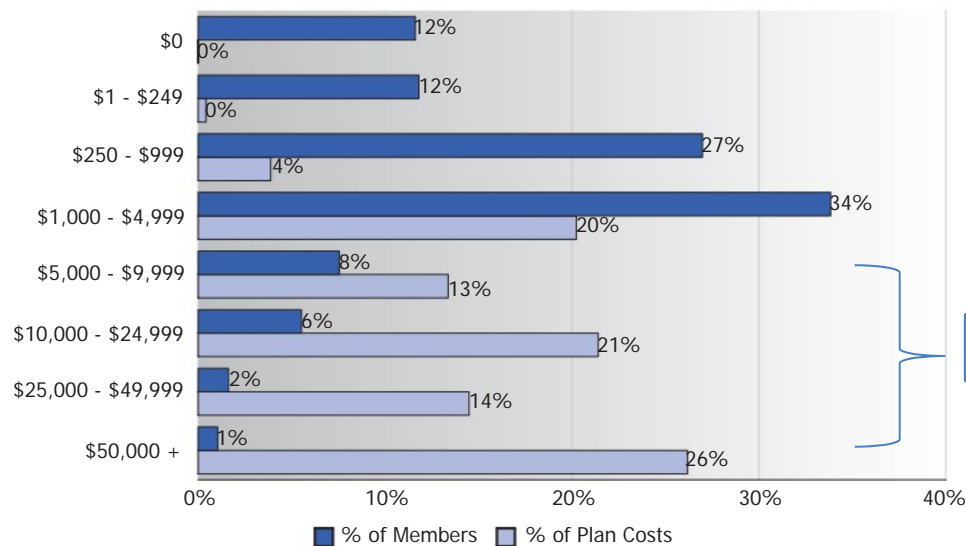
35.7 - average age

62% - male

36% - subscribers

9.4 - average months on plan
(within report period)

Members and Costs by Plan Cost Band



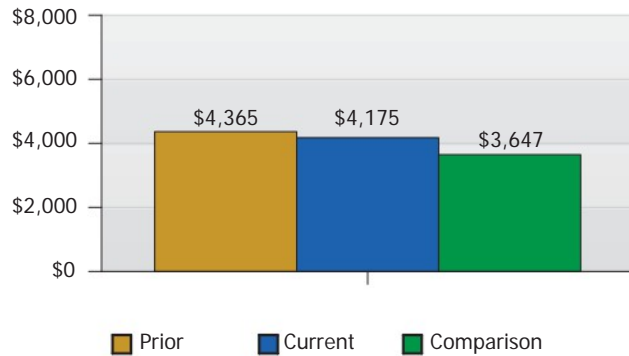
18% of members account for 80% of claims

High Cost Claimant Impact

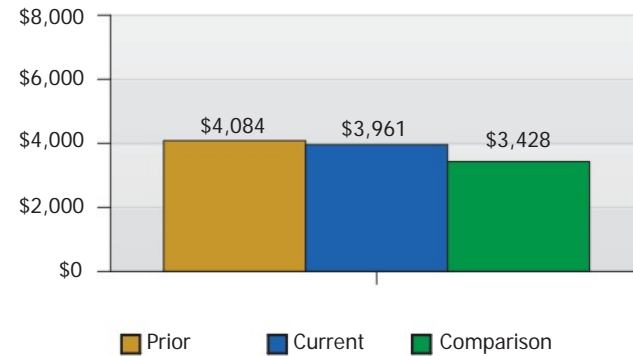


	Prior	Current	% Change	Comparison	Current vs Comparison
Number of Claimants with Plan Cost >= \$100,000	16	17	↑ 6%	--	--
Percent of Members with Plan Cost >= \$100,000	0.30%	0.32%	↑ 6%	--	--
Plan Cost for Claimants >= \$100,000	\$3,008,003	\$2,774,808	↓ 8%	--	--
Percent of Plan Cost for Claimants >= \$100,000	14%	13%	↓ 4%	--	--
Average Plan Cost per Claimant >= \$100,000	\$188,000	\$163,224	↓ 13%	--	--
Plan Cost PMPY Adjusted for \$100,000 Threshold	\$4,084	\$3,961	↓ 3%	\$3,428	16% higher

Plan Cost per Member per Year



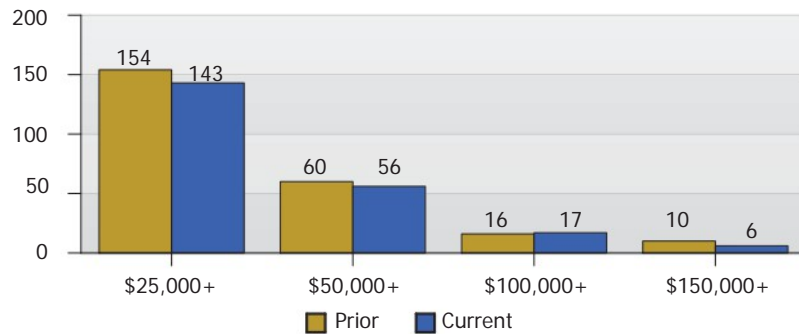
**Excluding Claims over \$100,000
for Claimants with Plan Costs > \$100,000**



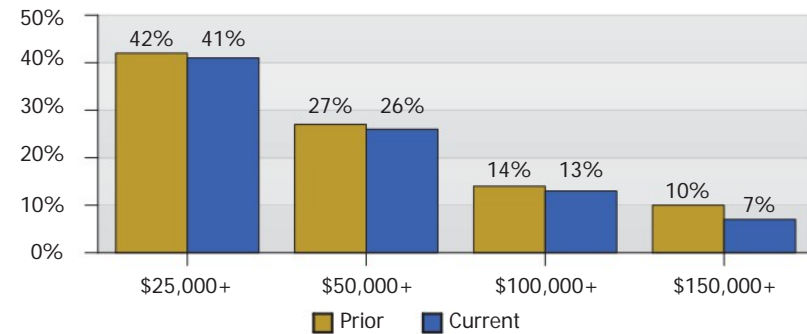
Greater Tompkins Consortium High Cost Claimants



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	000001179452	286 Coagulation Defects	\$484,734	\$513,880	NA	YES	NA	NA	Active	YES
2	000003295057	T84 Complications of internal orthopedic prosthetic devices	\$80,987	\$225,680	YES	YES	NA	NA	Active	NO
3	000013137325	162 Malignant Neoplasm of Trachea, Bronchus, and Lung	\$210,701	\$185,894	YES	NA	NA	NA	Termed	NO
4	000000629533	209 Neuroendocrine tumors	\$23,285	\$173,377	NA	NA	YES	NA	Active	YES
5	000003274963	C71 Malignant neoplasm of brain	\$838	\$172,881	YES	YES	NA	NA	Active	YES
6	000010811052	174 Malignant Neoplasm of Female Breast	\$64,393	\$168,494	YES	YES	NA	NA	Active	YES
7	000010874749	174 Malignant Neoplasm of Female Breast	\$229	\$139,400	NA	NA	YES	NA	Active	YES
8	000001926684	A41 Other sepsis	\$9,426	\$136,094	YES	NA	YES	NA	Active	NO
9	000010777358	M54 Dorsalgia	\$477	\$132,183	YES	NA	NA	NA	Active	NO
10	000002840011	530 Diseases of Esophagus	\$76,463	\$129,785	YES	YES	YES	NA	Active	YES

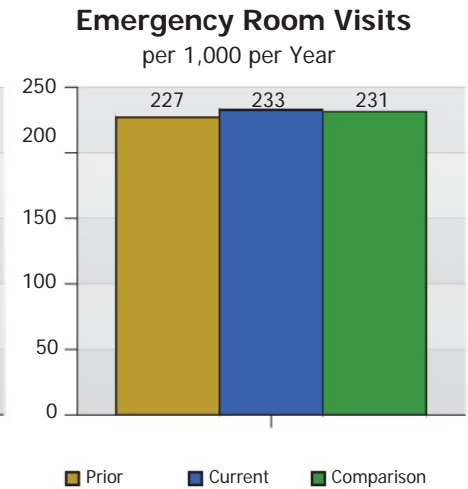
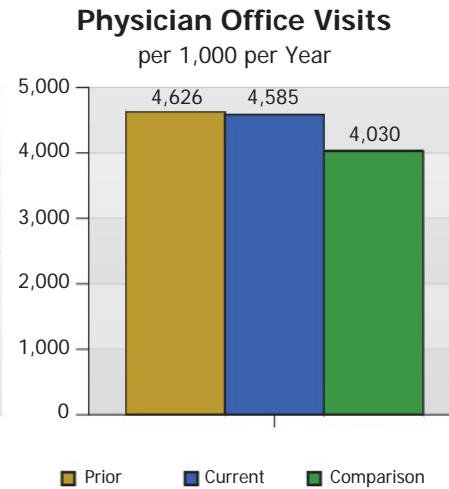
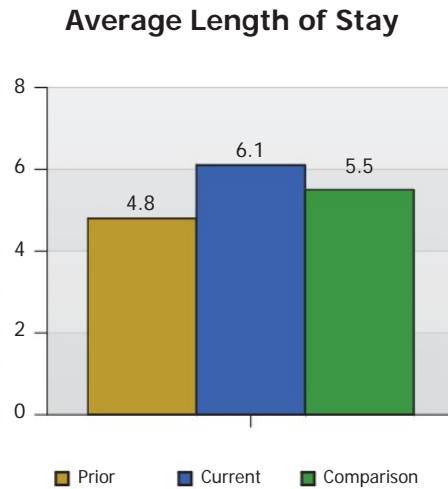
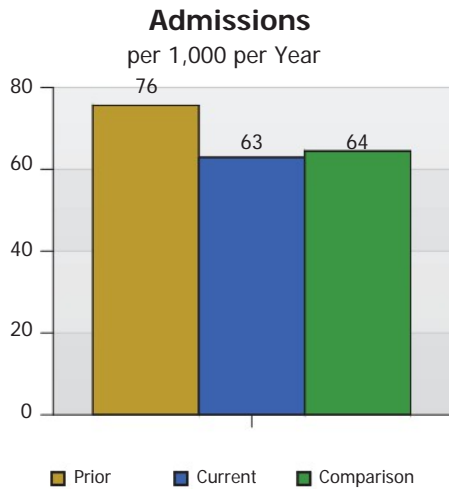
UM - Utilization Management, CM - Case Management, DM - Disease Management, Rx Sp CM - Pharmacy Benefit Specialty Drug, NA - Program Not Applicable to this Claimant

Greater Tompkins Consortium
Utilization Measures



Average Length of Stay increased due to more mental health, substance abuse services.

	Count		Rate per 1,000 per Year				
	Prior	Current	Prior	Current	% Change	Comparison	Current vs Comparison
Admissions	379	316	76	63	↓ 17%	64	2% lower
Average Length of Stay	4.8	6.1	--	--	↑ 27%	5.5	11% higher
Physician Office Visits	23,187	23,037	4,626	4,585	↓ 1%	4,030	14% higher
Emergency Room Visits	1,138	1,169	227	233	↑ 3%	231	1% higher



Emergency Room Visits

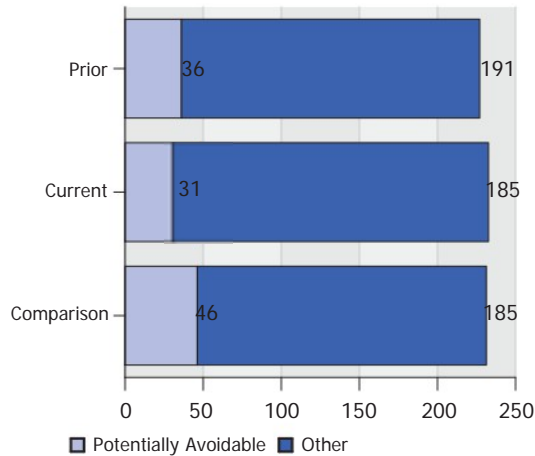


Key Utilization and Cost Measures

	Prior	Current	% Change	Comparison	Current vs Comparison
Emergency Room Visits per 1,000 Members per Year					
All Visits	227	216	↓ 5%	231	6% lower
Potentially Avoidable Visits	36	31	↓ 14%	46	32% lower
Other Visits	191	185	↓ 3%	185	similar
Average Total Cost per Visit					
Emergency Room Visits	\$1,709	\$1,566	↓ 8%	\$1,419	9% lower
Physician Office Visits	\$112	\$116	↑ 3%	\$104	11% higher

Emergency Room Visits

per 1,000 Members per Year



Current Detail by Subscriber Relationship

	Subscribers	Spouses	Dependents	Total
All Visits				
Number of Visits	525	223	335	1,083
Number of Unique Members with Visits	387	168	270	825
Visits/1,000	105	44	67	216
Potentially Avoidable Visits				
Number of Visits	65	32	60	157
Number of Unique Members with Visits	59	28	57	144
Visits/1,000	13	6	12	31

Average Total Cost ER Visit: **\$1,566**
 Average Total Cost Physician Office Visit: **\$116**
 # of Potentially Avoidable ER Visits: **157**
 Total Potential Savings: **\$227,650**

Urgent Care and After Hours Visits

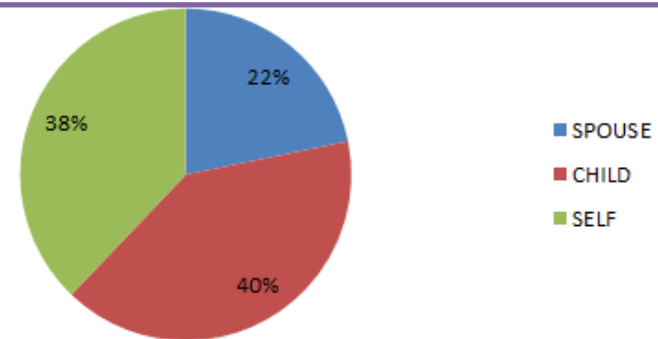


Average Cost of Visit \$255.80

Total Visits	
Reason for Visit	1394
Respiratory infections	625
Ear conditions	160
Superficial injury; contusion	140
Sprains and strains	92
Eye disorders	70
Back Pain	68
Viral infection	67
Open wounds	58
Fractures	40
Non-traumatic joint disorders	34
Disorders of teeth and jaw	24
Asthma	16
Other Visits by Clinical Classification	882
Symptoms and Health Factors	136
Respiratory System	128
Genitourinary System	120
Skin and Subcutaneous	111
Injury and Poisoning	80
Digestive System	75
Musculoskeletal System	51
Nervous System and Sense Organs	48
Circulatory System	40
Infectious and Parasitic	36
Mental Health and Substance Abus	20
Endocrine and Nutritional	13
Other	24
Grand Total	2276

Billing Provider	Total
Cayuga Medical Center at Ithaca	652
Cayuga Emergency Physicians LLP	570
Five Star Urgent Care Big Flats Medical PLLC	559
Family Medicine Assoc of Ithaca LLP	91
Cortland Regional Medical Center	82
McSwain Medical of Auburn PLLC	19
Southern Tier Pediatrics	13
STAT HEALTH URGENT CARE	11
Five Star Urgent Care Big Flats Med PLLC Fairmount	11
Auburn Community Hospital	10
Lourdes Physician Services	9
Family Care Medical Group PC	7
Five Star Urgent Care Big Flats Med PLLC Fayett	7
Dryden Family Medicine LLC	7
Other	228
Grand Total	2276

*2014: 2107 visits – 150 More visits at Cayuga Medical Center and Five Star combined.



Gaps in Care Estimates



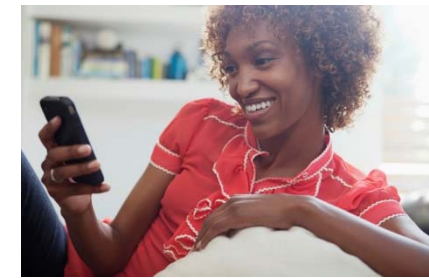
	Eligible Members	Guideline Compliance Rate	
		Current	Comparison
Preventive Services			
Well Child Exams (5 by Age 12 months)	19	100%	92%
Well Child Exams (2 per Year for Ages 1-3)	55	75%	73%
Well Child Exams (1 per Year for Ages 3-7)	165	91%	86%
Well Child Exams (1 per Year for Ages 7-12)	260	82%	79%
Well Child Exams (1 per Year for Ages 12-21)	542	65%	63%
Breast Cancer Screening (1 in the past 2 years for women ages 40-69)	946	68%	77%
Cervical Cancer Screening (1 in the past 3 years for women ages 21-64)	1,595	73%	78%
Colon Cancer Screening (1 in the past 10 years for adults ages 50+)	1,879	62%	65%
Condition Management			
Diabetes: Eye Exam	375	64%	57%
Diabetes: HbA1c Testing	375	84%	91%
Diabetes: Kidney Screening	375	89%	84%
Lowback Pain: Imaging Studies	198	80%	79%

Based on Paid Claims ending Feb 29, 2016

Greater Tompkins Consortium Telemedicine

For Non-Life Threatening Conditions:

- Pink eye
- Allergies
- Sinus Infections
- Urinary Tract Infections
- Dermatology Concerns (i.e. Infections, Rashes)
- Bronchitis and more



WHAT IS IT?

- Low cost access to virtual health care
- Includes discharge instructions, a prescription if needed
- Visit note sent to PCP (within 24 hours)

WHO WILL I TALK WITH?

- A doctor

WHERE DO I GET CARE?

- Call toll free OR
- See the doctor on your smart phone (app) OR
- See the doctor on your computer

WHY USE IT?

- Low cost
- Ease of use
- Convenience
- Feel better quicker
- Productivity

WHEN CAN I USE IT?

- Available 24/7, 365 days/year
- Schedule an appointment
- Request immediate care*

HOW MUCH DOES IT COST?

- Total cost for appointment is \$40



Call Toll-Free



See the Doctor On
Your Smartphone

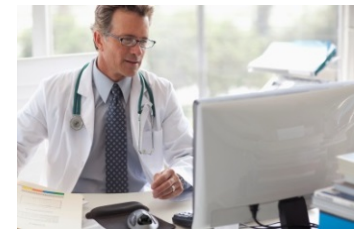


See the
Doctor Online

*Immediate care occurs via call back in an average of 9.5 minutes.

Confidential and proprietary information

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:

MDLIVE[®]

Virtual Care, Anywhere.

- 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

Medical Consumerism: Choosing Wisely

"Start the Conversation"



Choosing Wisely: What are We Doing?

- Choosing Wisely makes over 400 recommendations, addressing potentially unnecessary care, tests and procedures
- Excellus BCBS chose focus areas based on the utilization of our membership
- Provider group awareness and measurement development on a certain subset of services to address and decrease use of unnecessary/wasteful tests and procedures
- Community awareness fact sheets to highlight some of the recommendations
- Toolkits, educational resources and easy to understand collateral are available for your employees
- We have Workplace Wellness Consultants available to partner to help you navigate and recommend the most meaningful tools and resources



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?



A Clinically Based, Data-Driven Health Awareness & Preventive Care Program

Measure

Blue4U Evidence-Based 5 Panel Screening

- Blood Pressure
- LDL Cholesterol
- HDL Cholesterol
- Fasting Glucose
- Triglycerides

Also includes:

- Self-reported Tobacco Use
- Height & Weight

Seamless Data Integration

- Data collected electronically and integrated into other EHP care management programs

Monitor

Actionable Reports

- Personal health report for each participant
- Employer group aggregate report (includes health improvement/trends)

Comprehensive Marketing & Communications Support

- Access to private health management website
- Event promotion material that are easy-to-use and customize
- BlueCross BlueShield branded program for quality and consistency you expect from BCBS

Effective Engagement

- Opt-in telephonic health education programs
- Outreach call to high risk individuals
- Mid-year QuickCheck
- Proactive doctor integration through opt-in Physician Link™

Reward

Fully Developed Incentive Structure

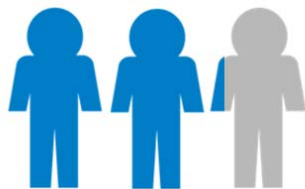
- Use of comprehensive and fully developed incentive structure that encourages employees to practice prevention
- Assistance with understanding regulation on incentive

Event Participant List

- A list of participants, names only, that may be used for tracking and incentive purposes

HIPAA Compliant

- Assistance with understanding the regulations on wellness program incentives



61% Improved Glucose

64% Improved Triglycerides

85% Improved Blood Pressure

67% Improved LDL Cholesterol

Experience Real Results

When Wellness Is A Part Of An Organization's Overall Strategy:



20% lower medical spend*



\$2,554 lower Workers Comp claims*



39% of people with OBESITY reduce BMI by > 1pt/year (5-10 lbs.)



\$451 lower Short Term Disability claims*



35% of people with pre-diabetes return to normal range



11 days back sooner from Workers Comp*



17 days back sooner from SHORT TERM DISABILITY*

35% of people with uncontrolled diabetes reduce glucose below high risk level

*Based on members asked to improve based on their last health evaluations

* Zoe Consulting, Inc., two-time C. Everett Koop award winning consulting firm; published 8/23/2012

Highlights and Recommendations



- Plan costs per employee decreased 5% in 2015. Medical costs have been very steady for the past five years.
- Hospital Admissions are at the lowest point in five years. Services have shifted to Outpatient facilities.
- Approximately 50 members were added to the Consortium in 2016.
- Nearly 100 members in total have enrolled in the metal-level plans
- More members have utilized Urgent Care centers, reducing unnecessary Emergency Room visits.
- Consider adding the Telemedicine Services, for added convenience and cost savings for the plan and member.
- **Consumerism – Choosing Wisely:** Consider sharing our educational material with employees and their families which includes “Top 5 Questions to Ask Your Doctor Before Any Test, Treatment, or Procedure”.

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 **119,000** 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)