
Health Plan Management Report

Greater Tompkins Consortium

Industry Comparison

Incurred between January 1, 2016 and December 31, 2016, paid through March 31, 2017



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Information

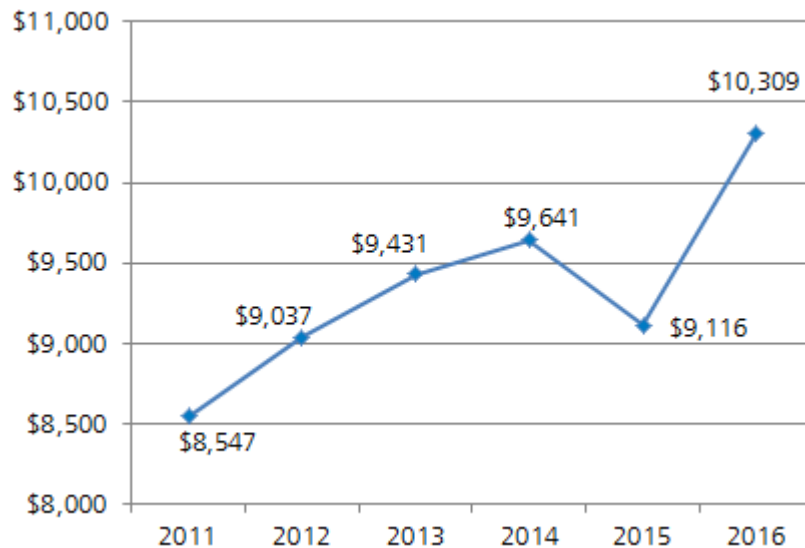
At a Glance

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

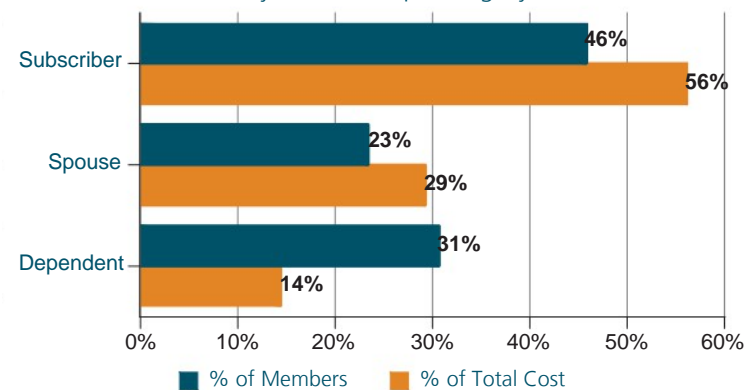
Current - Incurred between January 1, 2016 and December 31, 2016, paid through March 31, 2017

	Prior	Current	% Change
Average Contracts	2,301	2,322	+1%
Average Members	5,021	5,063	+1%
Plan Cost	\$20,975,637	\$23,937,884	+14%
Member Cost	\$846,805	\$964,482	+14%
Total Cost	\$25,139,712	\$29,141,382	+16%
Plan Cost per Contract per Year	\$9,116	\$10,309	+13%
Plan Cost per Member per Month	\$348	\$394	+13%
Total Cost per Member per Year	\$5,007	\$5,756	+15%

Plan cost per Contract per year since 2011



Percent of Members and Total Costs by Relationship Category



Current vs. Industry Comparison

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

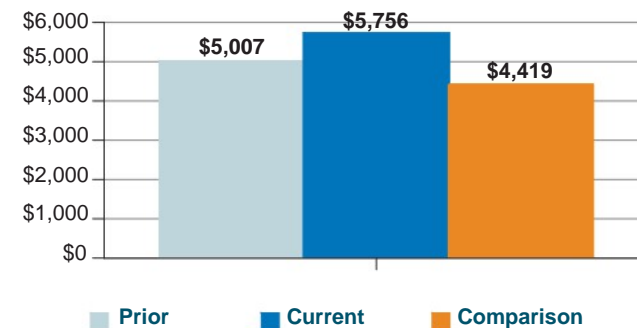
	Current	Comparison	Current vs Comparison
Plan Cost per Contract per Year	\$10,309	\$8,740	18% higher
Plan Cost per Member per Month	\$394	\$326	21% higher
Total Cost per Member per Year	\$5,756	\$4,419	30% higher
Percent Member Cost Share	4%	7%	less
Member Cost per Contract per Year	\$415	\$634	34% lower
Members per Contract	2.2	2.2	similar

Demographic Comparison

Average Age	Current	Comparison
Subscribers	54.3	48.9
All Members	41.5	37.1

Percent Male	Current	Comparison
Subscribers	56%	64%
All Members	49%	52%

Total Cost per Member per Year



- Greater Tompkins Consortium's subscribers have an average age of 54.3 and are 56% male
- Subscriber demographics can help to identify opportunities for workplace initiatives.

Provider Network



Non-Participating Provider Utilization

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



Savings

Percent Savings *:	48%
Billed Charges:	\$56,584,251
Total Costs *:	\$29,141,381
Network Savings:	\$27,442,870

* Percent Savings = Network Savings / Billed Charges

* Total Costs = Plan Costs + Member Costs + Other Carrier Liability

Participating Provider

Arena	Participating Provider			Total Plan Costs
	Local Provider	Blue Card Provider	Non-Par 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

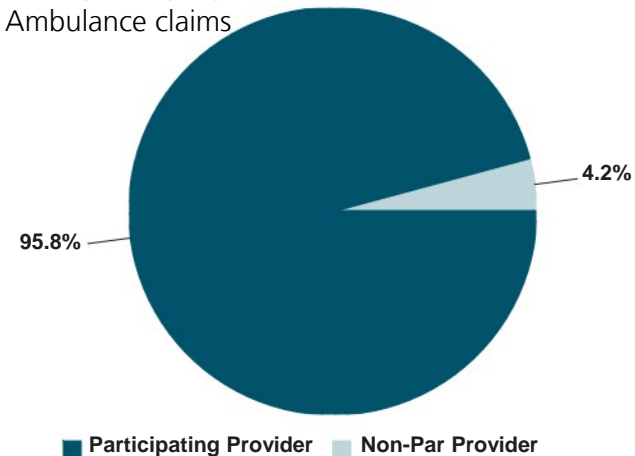
Non Par Claims

IP: related to substance abuse

OP: 60% Mental Health/Substance Abuse, 35% Dialysis (now Medicare primary)

Physician: Psychiatric, Chiro, PT, ER related.

Other: Mainly Ambulance claims



Percent of Plan Costs by Provider Status

Plan Cost by Arena of Care

Plan Costs

Arena	Prior	Current	% Change	Current % of Total
Inpatient	\$3,478,492	\$4,475,193	+29%	19%
Outpatient	\$8,943,888	\$10,344,226	+16%	43%
Physician	\$7,859,780	\$8,316,521	+6%	35%
Other	\$675,947	\$784,581	+16%	3%
Pharmacy	\$17,529	\$17,362	-1%	0%

Plan Costs per Member per Month

Arena	Prior	Current	% Change	Comparison	Current vs Comparison
Inpatient	\$57.73	\$73.66	+28%	\$79.10	7% lower
Outpatient	\$148.44	\$170.26	+15%	\$129.91	31% higher
Physician	\$130.45	\$136.88	+5%	\$104.88	31% higher
Other	\$11.22	\$12.91	+15%	\$11.12	16% higher
Pharmacy	\$0.29	\$0.29	0%	\$0.91	68% lower



Inpatient: 58 More admissions. More heart related admissions, Number of members increased from 32 to 51.

Outpatient: More members receiving treatment for cancer cases

Other: More ambulance and medical equipment claims

Inpatient Utilization

	Count		Rate per 1,000 per Year				
	Prior	Current	Prior	Current	% Change	Comparison	Current vs Comparison
Admissions	316	374	63	74	+17%	68	9% higher
Average Length of Stay	6.1	4.8	--	--	-21%	5.5	13% lower

Average length of stay decreased due to fewer long term mental health, substance abuse admissions

Plan Cost and Utilization by Facility

Top 5	Plan Cost	% Plan Cost	# of Admits	% Admits
Cayuga Medical Center at Ithaca	\$1,146,801	26%	149	40%
University Hospital SUNY Health Science Center	\$454,704	10%	20	5%
Strong Memorial Hospital	\$275,600	6%	9	2%
Roswell Park Cancer Institute	\$210,239	5%	4	1%
Robert Packer Hosp	\$203,781	5%	15	4%
All Other Facilities	\$2,184,069	49%	177	47%
Total	\$4,475,193	100%	374	100%

Plan Cost by Clinical Classification

Clinical Classification	Plan Cost	PMPM			Admits
		Prior	Current	Comparison	
Circulatory System	\$900,466	\$5.51	\$14.82	\$13.22	64
Musculoskeletal System	\$674,073	\$9.18	\$11.09	\$10.87	39
Injury and Poisoning	\$486,180	\$7.72	\$8.00	\$7.30	29
Digestive System	\$432,697	\$5.49	\$7.12	\$7.39	33
Neoplasms	\$352,771	\$3.01	\$5.81	\$7.07	21
Pregnancy and Childbirth	\$316,386	\$4.37	\$5.21	\$6.03	42
Mental Health and SA	\$278,114	\$5.77	\$4.58	\$5.07	28
All Other CCs	\$1,034,507	\$16.67	\$17.03	\$22.15	118
Total	\$4,475,193	\$57.73	\$73.66	\$79.10	374

Cost Distributions

Members by Total Cost Band

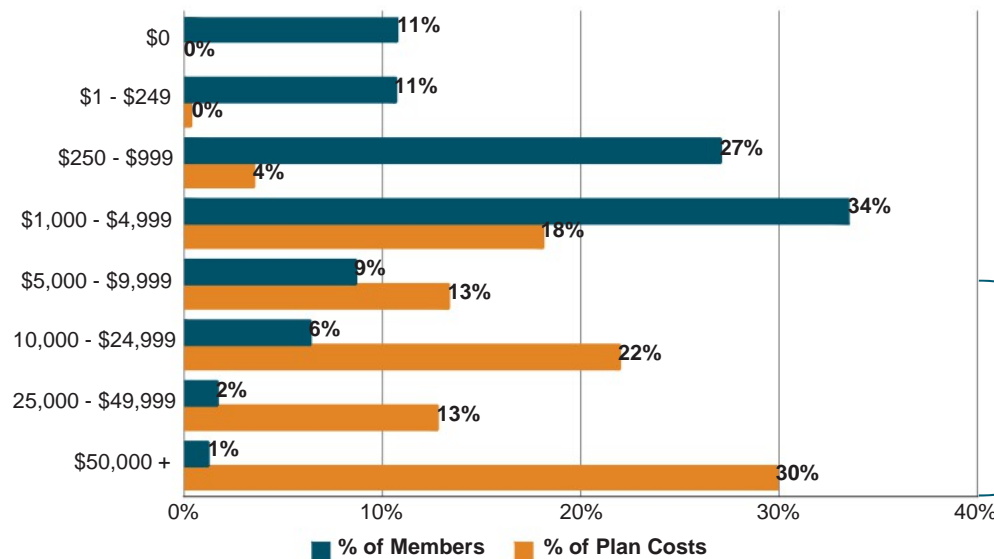
	Prior	Current	Comparison
\$0	11%	10%	16%
\$1 - \$999	32%	30%	38%
\$1,000 - \$9,999	46%	47%	38%
\$10,000 - \$24,999	7%	8%	5%
\$25,000 - \$49,999	2%	2%	2%
\$50,000 +	1%	1%	1%



Members with \$0 in Total Costs

- 554 - Number of Members
- 36.5 - Average Age
- 64% - Male
- 41% - Subscribers
- 9.4 - Average Months on Plan (within report period)

Percent of Members & Plan Costs by Relationship Category

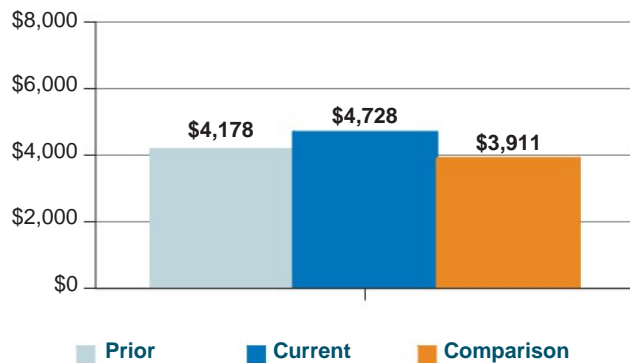


21% of members account for 80% of plan costs

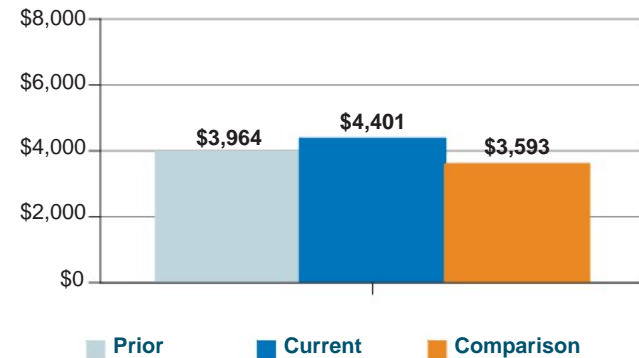
High Cost Claimant Impact

	Prior	Current	% Change	Comparison	Current vs Comparison
Number of Claimants with Plan Cost >= \$100,000	17	25	+47%	--	--
Percent of Members with Plan Cost >= \$100,000	0.32%	0.46%	+45%	--	--
Plan Cost for Claimants >= \$100,000	\$2,774,808	\$4,153,965	+50%	--	--
Percent of Plan Cost for Claimants >= \$100,000	13%	17%	+31%	--	--
Average Plan Cost per Claimant >= \$100,000	\$163,224	\$166,159	+2%	--	--
Plan Cost PMPY Adjusted for \$100,000 Threshold	\$3,964	\$4,401	+11%	\$3,593	22% higher

Plan Cost per Member per Year



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

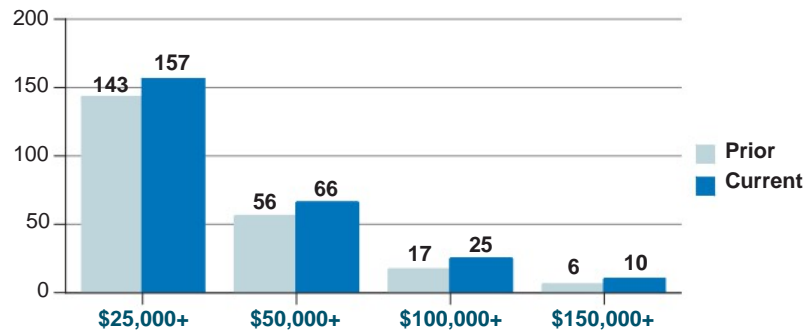


High Cost Claimants

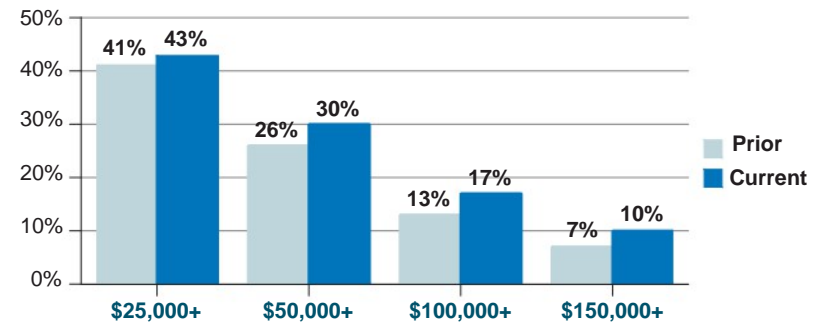
	Claimant	Most Costly Diagnosis	Prior Plan Cost	Current Plan Cost	UM	CM	DM	Rx Sp CM	Current Status	Forecast >\$50K w/o IBNR
1	000003274963	C71 Malignant neoplasm of brain	\$172,881	\$627,332	YES	YES	NA	NA	Active	YES
2	000010721081	T84 Complications of internal orthopedic prosthetic devices, implant (Spine)	\$12,729	\$267,739	YES	NA	YES	NA	Active	YES
3	000014972242	I25 Chronic ischemic heart disease	\$62,313	\$218,880	YES	NA	NA	NA	Termed	NO
4	000000629533	C80 Malignant neoplasm without specification of site	\$173,377	\$196,640	YES	NA	NA	NA	Termed	NO
5	000010529049	C34 Malignant neoplasm of bronchus and lung	\$2,839	\$184,894	YES	NA	YES	NA	Active	YES
6	000003304028	K72 Hepatic failure, not elsewhere classified	\$10,941	\$182,886	YES	NA	YES	NA	Termed	NO
7	000000404035	C88 Malignant immunoproliferative diseases and certain other B-cell lymphomas	\$38,942	\$181,041	YES	NA	YES	NA	Active	YES
8	000001179452	D66 Hereditary factor VIII deficiency	\$513,880	\$174,128	NA	NA	NA	NA	Termed	NO
9	000001582707	C61 Malignant neoplasm of prostate	\$11,011	\$160,493	YES	NA	NA	NA	Active	YES
10	000001451789	I61 Nontraumatic intracerebral hemorrhage	\$0	\$150,112	YES	NA	NA	NA	Termed	NO

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

High Claimants per Period



High Claimant Expense As % of Total Plan Costs



Consumerism

Visit Type	Count		Visits/1000				
	Prior	Current	Prior	Current	% Change	Comparison	Current vs Comparison
Office: Low Acuity Visits	4,696	4,779	935	944	1%	850	11% higher
Office: Total Visits	23,037	24,151	4,588	4,770	4%	4,052	18% higher
Urgent Care: Low Acuity Visits	1,035	1,022	206	202	-2%	117	73% higher
Urgent Care: Total Visits	2,130	2,136	424	422	0%	243	74% higher
ER: Low Acuity Visits	277	307	55	61	11%	67	9% lower
ER: Total Visits	885	1,061	176	210	19%	212	1% lower

Visit Type	Average Total Cost/Visit				
	Prior	Current	% Change	Comparison	Current vs Comparison
Office Visits	\$116	\$119	3%	\$105	14% higher
Urgent Care Visits	\$264	\$272	3%	\$171	59% higher
ER: Low Acuity Visits	\$1,360	\$1,316	-3%	\$1,074	23% higher
ER: All Visits	\$1,428	\$1,420	-1%	\$1,386	2% higher

Telemedicine Total Cost/Visit = \$40

Emergency Room Visits

	# of Visits	
	Prior	Current
Top 10 Low Acuity Diagnoses		
Abdominal Pain	53	74
Bumps and Bruises	46	57
Sprains and Strains	41	41
Sinus Infections and Sore Throats	28	36
Back and Neck Problems	33	30
Nausea, Constipation and Diarrhea	18	21
Headache (Including Migraine)	28	16
Joint Aches and Pains	13	14
Urinary Tract Infections	10	10
Ear Infections	7	8
Total of Low Acuity Visits	277	307
Top 5 Other Diagnoses Visits		
Diseases of the heart	70	90
Symptoms; signs; and ill-defined conditions	60	86
Diseases of the urinary system	30	58
Open wounds	50	44
Fractures	33	36
All Other	365	440
Total of All ER Visits	885	1,061
# of Unique Members with Visits	674	770
Average Visits per Member	1.31	1.38

Average Total Cost/Visit - All	\$1,420
Average Total Cost/Visit - Low Acuity	\$1,316

Current Detail by Subscriber Relationship

All Visits				
	Subscribers	Spouses	Dependents	Total
Number of Visits	504	224	333	1,061
Number of Unique Members with Visits	366	166	238	770
Visits/1,000	100	44	66	210

Low Acuity Visits				
	Subscribers	Spouses	Dependents	Total
Number of Visits	122	77	108	307
Number of Unique Members with Visits	116	73	95	284
Visits/1,000	24	15	21	60

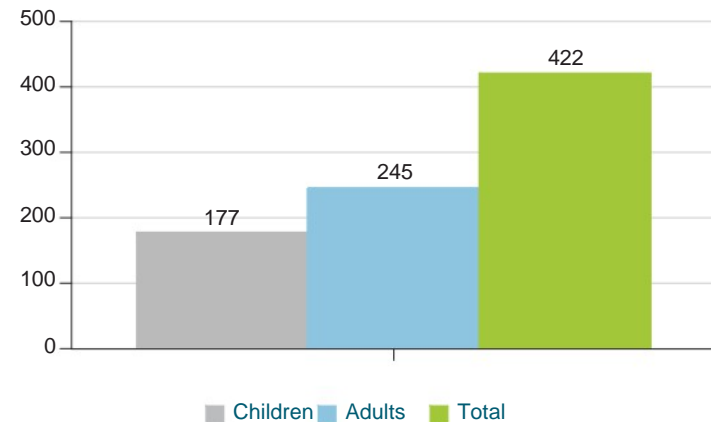
Urgent Care Visits

Top 10 Low Acuity Diagnoses	# of Visits	
	Prior	Current
Sinus Infections and Sore Throats	453	450
Bumps and Bruises	135	128
Sprains and Strains	122	121
Ear Infections	102	96
Urinary Tract Infections	61	77
Back and Neck Problems	36	45
Abdominal Pain	33	41
Joint Aches and Pains	27	34
Nausea, Constipation and Diarrhea	40	21
Headache (Including Migraine)	26	9
Total of Low Acuity Visits	1,035	1,022
Top 5 Other Diagnoses Visits	Prior	Current
Respiratory infections	164	242
Symptoms; signs; and ill-defined conditions	81	77
Eye disorders	65	57
Open wounds	55	56
Skin and subcutaneous tissue infections	53	53
All Other	677	629
Total of All Urgent Care Visits	2,130	2,136
# of Unique Members with Visits	1379	1393
Average Visits per Member	1.54	1.53

Average Total Cost/Visit **\$272**

Top 10 Providers (Billing)	# of Visits
Cayuga Medical Center at Ithaca	669
Cayuga Emergency Physicians LLP	510
Five Star Urgent Care Big Flats Medical PLLC	488
NY Urgent Care Practice DBA Five Star Family Care	114
Cortland Regional Medical Center	54
NY Urgent Care Practice PC	37
Five Star Urgent Care Big Flats Med PLLC Fayette	29
Auburn Community Hospital	15
Cayuga Medical Center Convenient Care Ctr	12
NY Urgent Care Practice dba Five Star	11

Visits/1,000 by Relation



Telemedicine

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

For Non-Life Threatening Conditions:

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

Average time for Telemedicine visit

- Average time away from work: 30 Minutes
- Average time to see an MD: 9 Minutes



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.

Gaps in Care Estimates

Guideline	Eligible Members	Guideline Compliance Rate	
		Current	Comparison
Preventive Services			
Well Child Exams (5 by Age 12 months)	22	95%	92%
Well Child Exams (2 per Year for Ages 1-3)	58	66%	75%
Well Child Exams (1 per Year for Ages 3-7)	174	89%	87%
Well Child Exams (1 per Year for Ages 7-12)	258	84%	81%
Well Child Exams (1 per Year for Ages 12-21)	552	70%	67%
Breast Cancer Screening (1 in the past 2 years for women ages 40-69)	943	67%	77%
Cervical Cancer Screening (1 in the past 3 years for women ages 21-64)	1,596	73%	80%
Colon Cancer Screening (1 in the past 10 years for adults ages 50+)	1,930	59%	63%
Condition Management			
Diabetes: Eye Exam	380	74%	62%
Diabetes: HbA1c Testing	380	86%	91%
Diabetes: Kidney Screening	380	90%	90%
Low Back Pain: Imaging Studies	237	82%	79%

In 2016, there were 2,127 members that received an annual physical.

Innovation: Program Pilots

Whisper Program

Customer Service reminds members to close targeted gaps in care with nurse transfer when indicated.

Extension for Community Health Outcomes (ECHO)

Connects PCPs with specialists through a virtual knowledge-sharing network giving PCPs the capacity to treat complex patients in their own communities.

Choosing Wisely

Smart and effective health care choices.

Imaging/Testing					
Choosing Wisely Recommendation:		Health Plan Measure:	Count ¹	Rate ²	Comparison ³
Abdominal/ Pelvic CT	CT scans are not necessary in the routine evaluation of abdominal/pelvic pain.	Visits with a diagnosis of abdominal pain/tenderness that were followed by an abdominal/pelvic CT within 30 days.	105	25%	19%
Headache Imaging	No imaging for uncomplicated headaches.	Visits with a diagnosis of headache that were followed by a head CT/MRI within 30 days.	29	15%	10%
Low Back Pain Imaging	No imaging for low back pain within the first six weeks, unless red flags are present.	Visits with a diagnosis of low back pain that were followed by imaging within six weeks.	129	24%	23%
Vitamin D Testing	Don't perform population based screening for Vitamin D deficiency.	Members with Vitamin D testing.	231	5%	6%

1 – Number of visits/members specified by the Health Plan Measure.

2 – Percent of visits/members specified by the Health Plan Measure.

3 - Includes members in groups with more than 100 contracts during 2016.

Cost of Low Value Services:	
Total	Savings at 50% Reduction
\$152,743	\$76,372

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

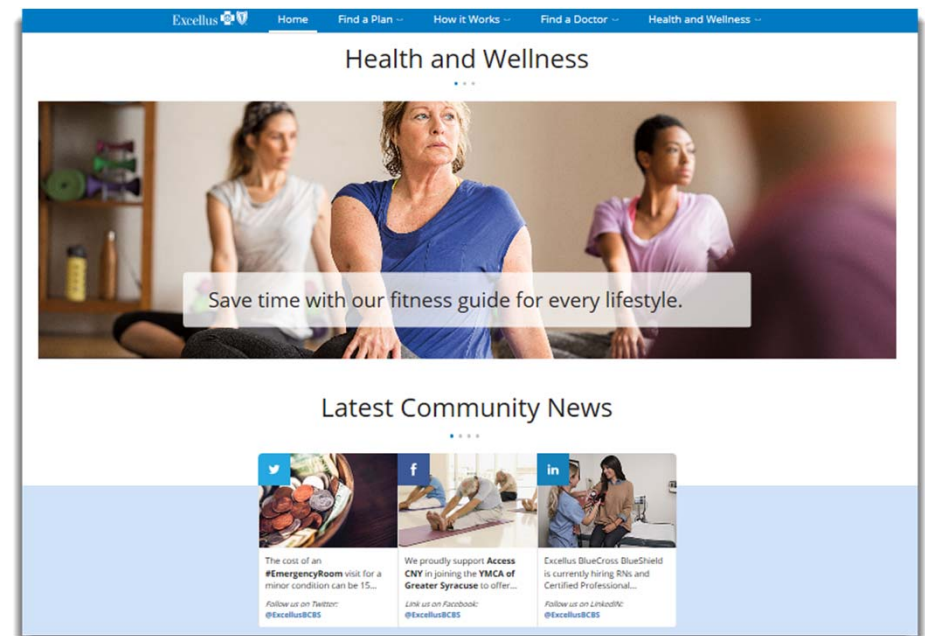
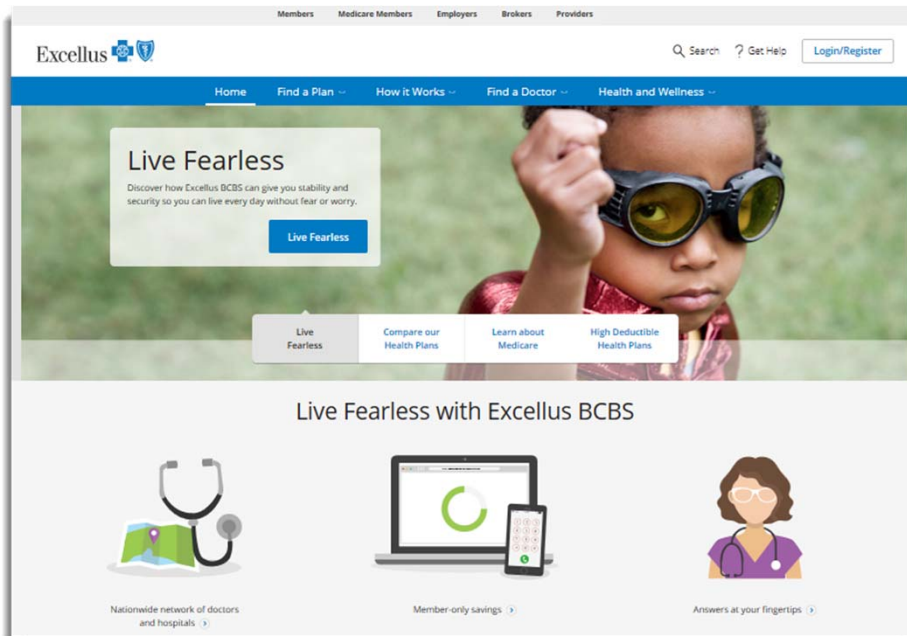
- 1 Do I really need this test or procedure?
- 2 What are the risks and side effects?
- 3 Are there simpler, safer options?
- 4 What happens if I don't do anything?
- 5 How much does it cost, and will my insurance pay for it?

For Choosing Wisely resources and collateral, visit <http://consumerhealthchoices.org/excellusbcbs/>

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



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

The screenshot displays the Excellus Member Web Redesign interface. At the top left is the Excellus logo. To the right are links for Search, Get Help, and Login/Register. The main content area is split into two columns. The left column, titled 'Member Login', features a white input field for a username, a 'Password' label, another white input field, and a blue 'Log In' button. Below the button are links for 'Forgot Your Username?' and 'Forgot Your Password?'. The right column, titled 'Create an Account', lists four benefits: 'Earn rewards and access discounts' (with a coin icon), 'Go paperless to view your statements online' (with a leaf icon), 'View, print or order your member card' (with a plus icon), and 'Find out if a benefit or procedure is covered on your plan' (with a magnifying glass icon). A blue button labeled 'Register & Create Account' is at the bottom of this section.

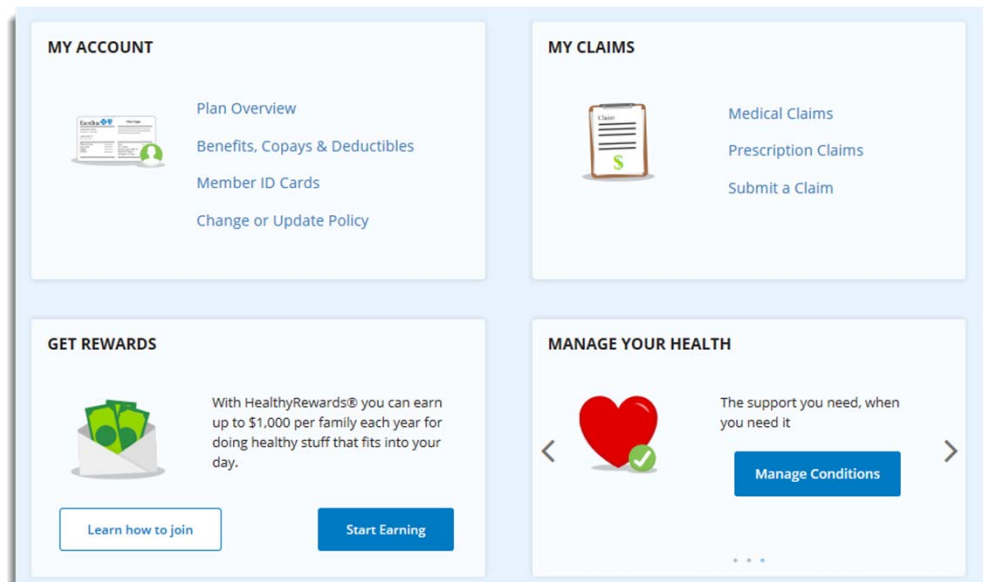
Member Web Redesign

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



Highlights and Recommendations

- After a 5% decrease from 2014-2015, Plan costs per employee increased 13% from 2015-2016.
 - Approximately 115 members were added in 2017. Over 400 members have enrolled in the metal-level plans.
 - Claims were driven by the frequency of hospital admissions, which were similar to the figures from 2013 and 2014.
- ✓ Choosing Wisely
- Consider sharing cards with employees, which list the “Top 5 Questions to ask your Doctor before any Test, Treatment or Procedure”
- ✓ Telemedicine The Benefits of MD Live:
- Engaging educational and resource materials are available for employers and members.
 - Monthly client reports provide utilization measures to assist in understanding member usage patterns and satisfaction.
 - Anticipated decrease in costs, expanding access to healthcare, and an increase in employee productivity, represent significant overall savings to both employer and member.



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)