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## Health Plan Management Report

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# Greater Tompkins Consortium

April 26, 2018

Industry Comparison

Incurred between January 1, 2017 and December 31, 2017, paid through March 31, 2018

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Information

# At a Glance

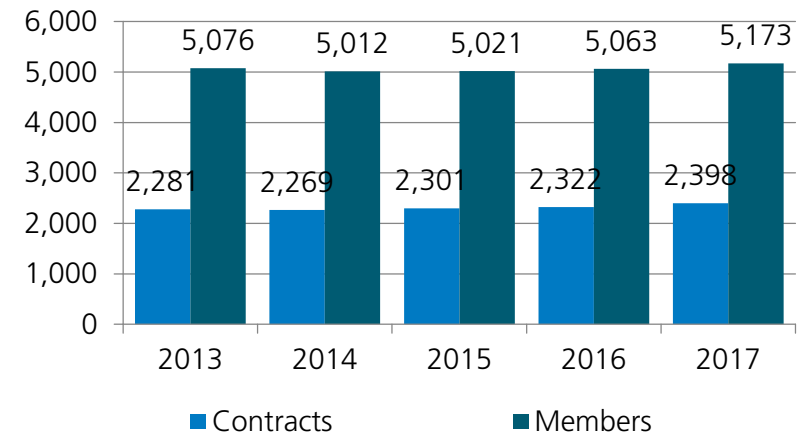
Prior - Incurred between January 1, 2016 and December 31, 2016, paid through March 31, 2017

Current - Incurred between January 1, 2017 and December 31, 2017, paid through March 31, 2018

	Prior	Current	% Change
Average Contracts	2,322	2,398	+3%
Average Members	5,063	5,173	+2%
Plan Cost	\$23,937,884	\$26,107,993	+9%
Member Cost	\$964,482	\$1,082,666	+12%
Total Cost	\$29,141,382	\$32,099,481	+10%
Plan Cost per Contract per Year	\$10,309	\$10,887	+6%
Plan Cost per Member per Month	\$394	\$421	+7%
Total Cost per Member per Year	\$5,756	\$6,205	+8%

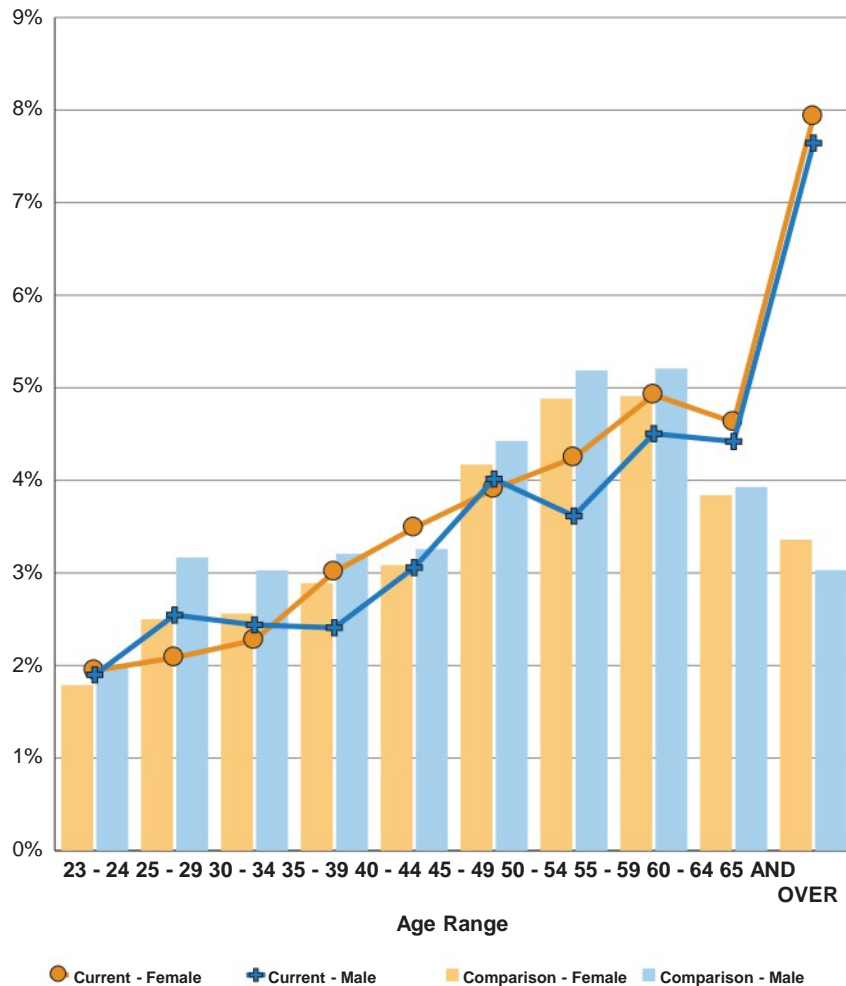
	High Cost Claimants > \$100,000				
	2013	2014	2015	2016	2017
Number of Claimants	21	16	17	25	30
Plan Costs	\$3,577,713	\$3,008,003	\$2,774,808	\$4,153,965	\$5,110,537
% of Plan Costs	17%	14%	13%	17%	20%
	Stop Loss Claimants				
	2013	2014	2015	2016	2017
Number of Claimants	3	1	1	1	1
Plan Costs	\$1,111,397	\$400,800	\$525,309	\$575,468	\$458,261
\$ Over Stop Loss	\$211,397	\$100,800	\$125,309	\$175,468	\$58,261

5 Year Enrollment - Annual Average



# Demographics

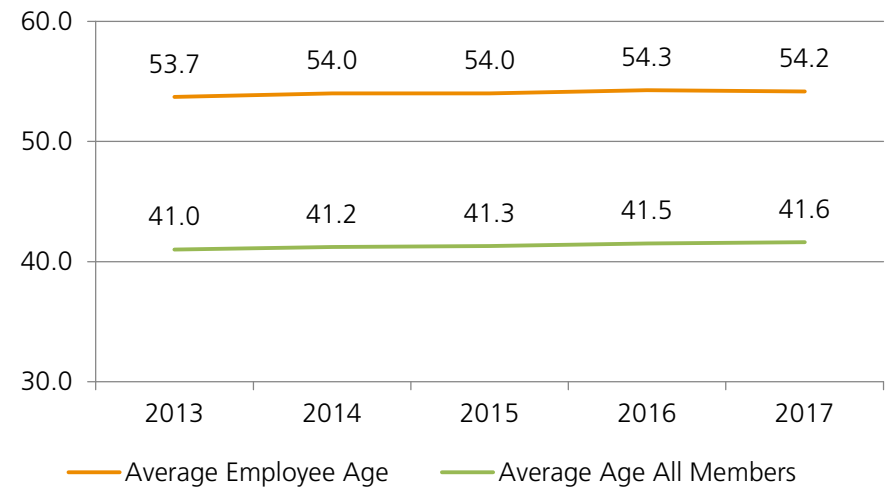
## Adult Demographics



Average Age	Current	Comparison
Subscribers	54.2	49.2
All Members	41.6	37.4

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

## Demographics - 5 Year

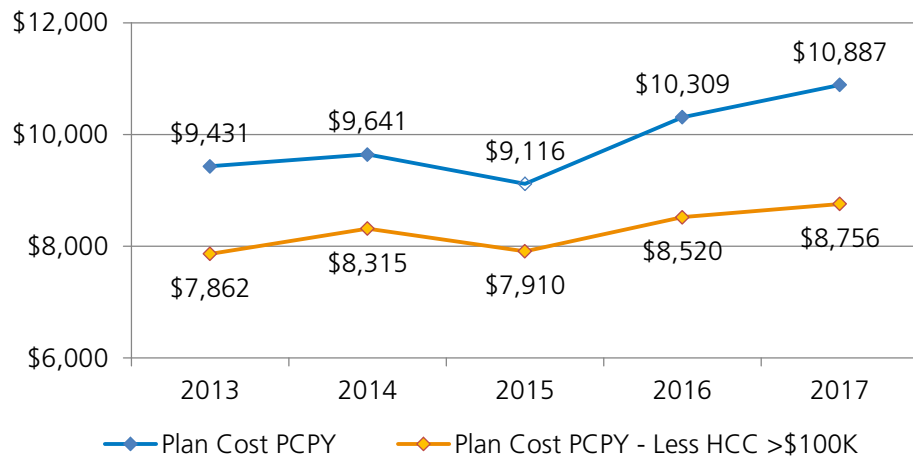


# Current vs. Industry Comparison

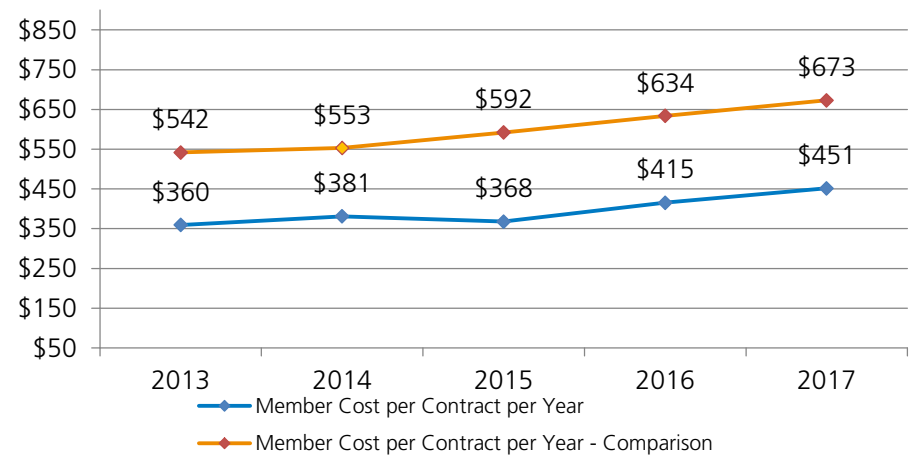
Comparison data is based on a large sample of clients, representing approximately 124,000 members

	Current	Comparison	Current vs Comparison
Plan Cost per Contract per Year	\$10,887	\$9,096	20% higher
Plan Cost per Member per Month	\$421	\$342	23% higher
Total Cost per Member per Year	\$6,205	\$4,686	32% higher
Percent Member Cost Share	4%	7%	less
Member Cost per Contract per Year	\$451	\$673	33% lower
Members per Contract	2.2	2.2	similar

5 Year Trend - Plan Cost



5 Year Trend - Member Cost



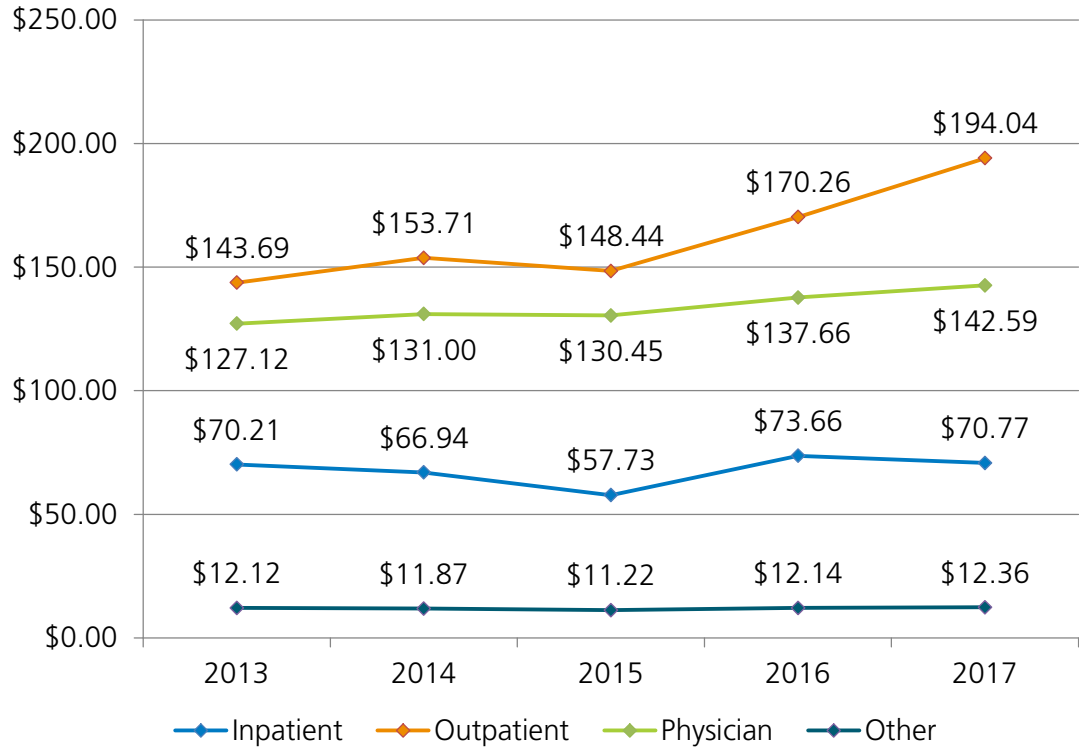
# Plan Cost by Arena of Care

## Plan Costs

Arena	Prior	Current	% Change	Current % of Total
Inpatient	\$4,475,193	\$4,392,851	-2%	17%
Outpatient	\$10,344,226	\$12,044,989	+16%	46%
Physician	\$8,363,415	\$8,851,620	+6%	34%
Other	\$737,688	\$767,249	+4%	3%



Arena PMPM Trend



# Inpatient Utilization

	Count		Rate per 1,000 per Year				
	Prior	Current	Prior	Current	% Change	Comparison	Current vs Comparison
Admissions	374	365	74	71	-4%	67	6% higher
Average Length of Stay	4.8	6.0	--	--	+25%	5.3	13% higher

## Plan Cost and Utilization by Facility

Top 5	Plan Cost	% Plan Cost	# of Admits	% Admits
Cayuga Medical Center at Ithaca	\$970,771	22%	118	32%
University Hospital SUNY Health Science Center	\$401,977	9%	25	7%
Robert Packer Hosp	\$396,998	9%	26	7%
St Josephs Hospital Health Center	\$309,784	7%	15	4%
Crouse Hospital	\$158,681	4%	9	2%
All Other Facilities	\$2,154,640	49%	172	47%
Total	\$4,392,851	100%	365	100%

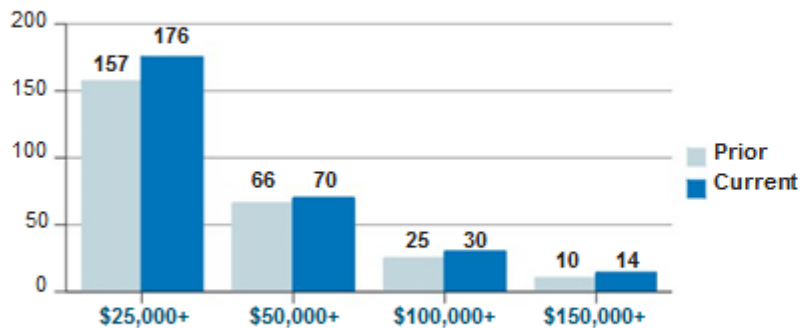
Inpatient Reviews	Unmodified	Modified
Pre-Service	189	7
Concurrent	147	6
Post Service	145	14
Denial Rate		5.3%

Inpatient Management	Count
Members Identified for CM at the time of admission	15
Coordination of Care Activities	1,523
Number of Inpatient Days Managed	831

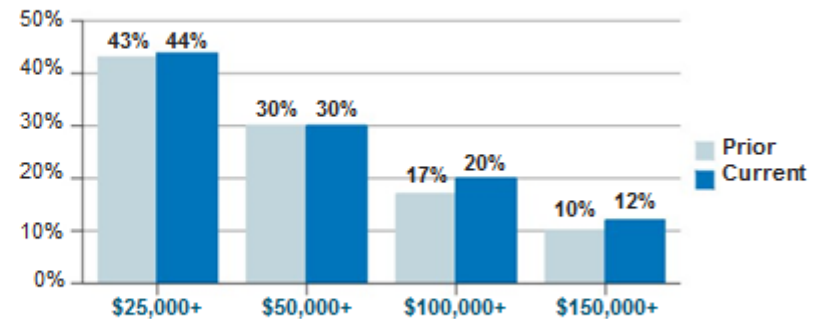
# High Cost Claimant Impact

	Prior	Current	% Change	Comparison	Current vs Comparison
Number of Claimants with Plan Cost >= \$100,000	25	30	+20%	--	--
Percent of Members with Plan Cost >= \$100,000	0.46%	0.54%	+17%	--	--
Plan Cost for Claimants >= \$100,000	\$4,153,965	\$5,110,537	+23%	--	--
Percent of Plan Cost for Claimants >= \$100,000	17%	20%	+13%	--	--
Average Plan Cost per Claimant >= \$100,000	\$166,159	\$170,351	+3%	--	--
Plan Cost PMPY Excluding Claimants >= \$100,000	\$3,927	\$4,083	+4%	\$3,337	22% higher

High Claimants per Period



High Claimant Expense As % of Total Plan Costs



# 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	000001931744	C83 Non-follicular lymphoma	\$4,776	\$456,397	YES	NA	NA	NA	Active	YES
2	000001789179	C50 Malignant neoplasm of breast	\$114,284	\$268,161	YES	YES	NA	NA	Active	YES
3	000010189670	Z51 Encounter for other aftercare	\$5,359	\$259,724	YES	NA	YES	NA	Active	YES
4	000000648379	T82 Complications of cardiac and vascular prosthetic devices, impl	\$3,630	\$251,126	YES	YES	NA	NA	Active	YES
5	000000435085	F11 Opioid related disorders	\$93,402	\$248,348	YES	YES	NA	NA	Termed	NO
6	000001783945	Z51 Encounter for other aftercare	\$72,194	\$218,870	YES	NA	NA	NA	Termed	NO
7	000010721081	F31 Bipolar disorder	\$267,739	\$213,902	YES	YES	YES	NA	Active	YES
8	000000586070	E66 Overweight and obesity	\$16,144	\$196,234	YES	YES	YES	NA	Active	YES
9	000002057682	Z51 Encounter for other aftercare	\$9,289	\$195,474	NA	NA	YES	NA	Active	YES
10	000010875068	I71 Aortic aneurysm and dissection	\$0	\$187,684	YES	NA	NA	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

	UM	CM	DM	RxSp CM	Forecast > \$50k w/o IBNR
All High Cost Claimants Above \$100k Threshold	25	9	11	0	24
Other Members	779	43	835	3	42

	UM/CM/DM Touches	Member Count
High Cost Claimants	136	30
Other Members	1,206	4,941
Total	1,729	4,971



# Cost Distributions

## Members by Total Cost Band

	Prior	Current	Comparison
\$0	10%	11%	16%
\$1 - \$999	30%	29%	37%
\$1,000 - \$9,999	47%	48%	37%
\$10,000 - \$24,999	8%	9%	6%
\$25,000 - \$49,999	2%	3%	2%
\$50,000 +	1%	2%	1%

Members with \$0 in Total Costs	
586	- Number of Members
36.2	- Average Age
64%	- Male
44%	- Subscribers
11%	- Dependents <age 19
9.2	- Average Months on Plan (within report period)

## Gaps in Care Rate Estimate

Guideline	Eligible Members	Guideline Compliance Rate	
		Current	Comparison
<b>Preventive Services</b>			
Well Child Exams (5 by Age 12 months)	10	100%	92%
Well Child Exams (2 per Year for Ages 1-3)	54	63%	75%
Well Child Exams (1 per Year for Ages 3-7)	168	90%	87%
Well Child Exams (1 per Year for Ages 7-12)	245	82%	81%
Well Child Exams (1 per Year for Ages 12-21)	529	65%	67%
Breast Cancer Screening (1 in the past 2 years for women ages 40-69)	899	66%	77%
Cervical Cancer Screening (1 in the past 3 years for women ages 21-64)	1,456	73%	80%
Colon Cancer Screening (1 in the past 10 years for adults ages 50+)	1,855	62%	63%

# Provider Network



## Savings

Percent Savings *:	50%
Billed Charges:	\$63,596,624
Total Costs *:	\$32,099,481
Network Savings:	\$31,497,143

\* Percent Savings = Network Savings / Billed Charges

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



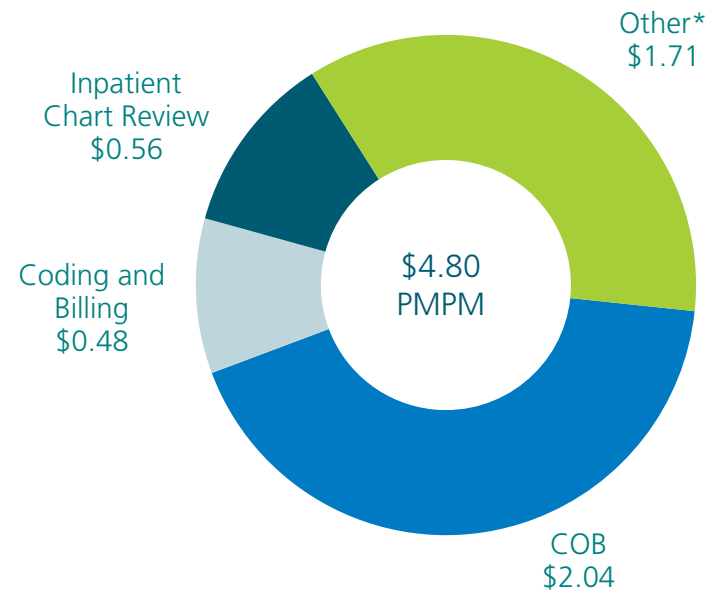
## Non-Participating Provider Utilization

Number of Individuals:	750
Plan Costs:	\$1,572,562
Member Costs:	\$102,378
Percent Plan Cost:	6.0%

## Participating Provider

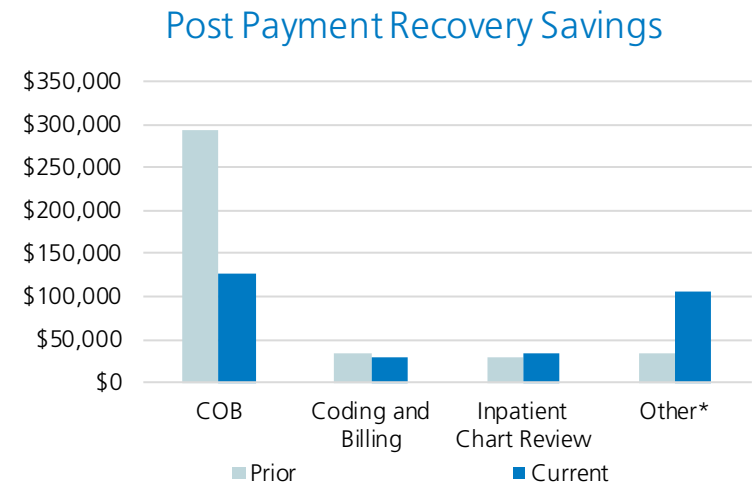
Arena	Local Provider	Blue Card Provider	Non-Par Provider	Total Plan Costs
Inpatient	\$2,857,049	\$965,754	\$570,048	\$4,392,851
Outpatient	\$10,438,770	\$1,350,342	\$255,877	\$12,044,989
Physician	\$7,725,587	\$617,116	\$508,916	\$8,851,620
Other	\$443,388	\$86,140	\$237,721	\$767,249
Pharmacy	\$51,284	--	--	\$51,284
Total	\$21,516,079	\$3,019,352	\$1,572,562	\$26,107,993

## Post Payment Recovery Savings Summary



# Post Payment Recovery Savings Summary

Summary	Prior	Current	% Change
Health Plan Recovery Audits	\$170,913	\$97,163	-43%
Vendor Recovery Audits	\$218,960	\$200,619	-8%
Total	\$389,873	\$297,781	-24%



Detail	Health Plan		Vendor		Total		% Change
	Prior	Current	Prior	Current	Prior	Current	
COB	\$115,422	\$51,562	\$176,860	\$75,334	\$292,282	\$126,896	-57%
Coding and Billing	\$19,886	\$7,489	\$14,834	\$22,351	\$34,720	\$29,840	-14%
Inpatient Chart Review	\$28,453	\$34,856	\$0	\$0	\$28,453	\$34,856	23%
Other*	\$7,151	\$3,256	\$27,266	\$102,933	\$34,417	\$106,189	209%
Total	\$170,913	\$97,163	\$218,960	\$200,619	\$389,873	\$297,781	-24%

\*Includes Subrogation, Duplicates and Retro Terms

# Costs by Clinical Classification

	2013	2014	2015	2016	2017	Less \$100K	Comparison
Musculoskeletal System	\$65.17	\$60.44	\$61.78	\$72.77	\$86.52	\$77.47	\$51.63
Neoplasms	\$51.66	\$50.80	\$43.56	\$62.41	\$70.94	\$35.12	\$44.85
Circulatory System	\$51.13	\$54.49	\$42.85	\$55.49	\$47.48	\$41.92	\$40.51
Symptoms and Health Factors	\$38.28	\$43.18	\$40.17	\$43.68	\$46.54	\$45.57	\$38.68
Nervous System and Sense Organs	\$35.82	\$33.03	\$32.98	\$32.26	\$32.97	\$30.87	\$25.72
Mental Health and Substance Abuse	\$18.94	\$19.90	\$26.16	\$27.40	\$32.96	\$25.73	\$19.18
Injury and Poisoning	\$23.16	\$30.22	\$32.14	\$33.40	\$32.70	\$28.78	\$27.73
Genitourinary System	\$23.50	\$25.31	\$26.09	\$25.17	\$32.34	\$30.95	\$24.22
Digestive System	\$31.38	\$28.03	\$27.20	\$35.24	\$31.80	\$28.21	\$32.41
Respiratory System	\$27.44	\$22.21	\$21.46	\$23.91	\$29.32	\$28.53	\$20.84
Endocrine and Nutritional	\$17.26	\$18.92	\$16.79	\$17.94	\$28.04	\$21.24	\$16.14
Infectious and Parasitic	\$11.19	\$9.73	\$10.11	\$11.01	\$10.78	\$9.37	\$8.62
Pregnancy and Childbirth	\$10.76	\$12.82	\$11.65	\$13.76	\$10.16	\$10.20	\$13.64
Skin and Subcutaneous	\$5.98	\$7.78	\$7.24	\$7.04	\$9.06	\$9.00	\$7.69
Blood and Blood Disorders	\$3.33	\$10.79	\$10.39	\$6.87	\$4.57	\$3.68	\$3.87
Perinatal Conditions	\$3.14	\$2.32	\$2.36	\$2.17	\$1.61	\$1.62	\$4.51
Congenital Anomalies	\$1.97	\$1.45	\$0.94	\$1.76	\$1.29	\$1.28	\$1.71
All Other	\$0.15	\$0.80	\$3.07	\$7.06	\$7.17	\$7.40	\$5.98

Excluding HCC >\$100K Neoplasms  
Total Cost PMPM is \$35.12 or 28%  
better than comparison

Excluding HCC >\$100K  
Musculoskeletal System Total Cost  
PMPM decreases to \$77.47 or 33%  
higher than comparison

# Health Management Opportunities by Prevalence

## Claim-Based Prevalence

Category	# of Members	Total Cost	Prevalence			Total Cost PMPM		
			Prior	Current	Comparison	Prior	Current	Comparison
Back and Neck Problems	1,106	\$1,926,091	20.0%	20.0%	15.0%	\$28.21	\$31.03	\$17.88
Depression and Anxiety	723	\$784,045	14.1%	13.1%	9.0%	\$12.71	\$12.63	\$7.02
Hypertension	667	\$181,806	11.7%	12.1%	10.9%	\$3.12	\$2.93	\$2.70
Cancer	476	\$3,775,580	8.3%	8.6%	4.8%	\$47.66	\$60.82	\$37.16
Cholesterol Disorders	419	\$206,134	7.3%	7.6%	8.1%	\$1.18	\$3.32	\$1.40
Diabetes	406	\$483,299	7.2%	7.4%	5.5%	\$7.49	\$7.79	\$6.36
Asthma	193	\$182,378	3.2%	3.5%	2.8%	\$2.37	\$2.94	\$1.84
Ischemic Heart Disease	149	\$581,878	2.7%	2.7%	2.0%	\$13.59	\$9.37	\$9.11
Pregnancy and Childbirth	105	\$631,708	2.2%	1.9%	2.3%	\$13.88	\$10.18	\$16.46

	2013	2014	2015	2016	2017
Back and Neck Problems	20.3%	20.4%	20.7%	20.0%	20.0%
Cholesterol	9.6%	9.6%	8.1%	7.3%	7.6%
Diabetes	7.2%	7.2%	7.2%	7.2%	7.4%
Hypertension	10.5%	10.5%	11.4%	11.7%	12.1%
Cancer	9.2%	9.2%	8.8%	8.3%	8.6%
Ischemic Heart Disease	2.8%	2.8%	2.9%	2.7%	2.7%
Depression	11.1%	11.1%	13.3%	14.1%	13.1%

Back and Neck Problems	Members	Total Cost
Surgical	10	\$434,133
Chiropractor	673	\$397,020
Radiology	313	\$272,244
Outpatient Surgery	62	\$155,748
Physical Therapy	310	\$137,192

# Accountable Cost and Quality Arrangements (ACQAs)

ACQAs are part of Excellus BCBS' suite of Value Based Payment (VBP) arrangements in which providers are engaged with quality improvement incentives while sharing financial risk with the Health Plan.

The goal of VBP arrangements is to create an affordable, efficient and sustainable health care system by sharing the responsibility with providers to better integrate patient care, emphasize patient safety and preventive services, and reduce unnecessary or duplicative costs.

	Count	Percent	Comparison
Attributed Members	4,375	85%	77%
Members in an ACQA	2,574	50%	39%
Members in a Non ACQA VBP Arrangement	813	16%	13%
Other Members Attributed	929	18%	16%
OOA Attributed Members	59	1%	10%
Non-Attributed Members	777	15%	23%
Total Members	5,149	-	-

2,280 Greater Tompkins Consortium Members received an annual physical exam in 2017

3,401 Greater Tompkins Consortium Members received preventive care in 2017

# Consumerism

Visit Type	Count		Visits/1000				
	Prior	Current	Prior	Current	% Change	Comparison	Current vs Comparison
Office: Low Acuity Visits *	4,787	5,110	945	988	5%	862	15% higher
Office: Total Visits *	24,154	25,182	4,771	4,868	2%	4,048	20% higher
Urgent Care: Low Acuity Visits	1,023	1,099	202	212	5%	120	77% higher
Urgent Care: Total Visits	2,136	2,306	422	446	6%	240	86% higher
ER: Low Acuity Visits	307	340	61	66	8%	70	6% lower
ER: Total Visits	1,061	1,055	210	204	-3%	213	4% lower
Telemedicine: Low Acuity Visits	0	1	0	0	0%	0	0% similar
Telemedicine: Total Visits	0	3	0	1	0%	1	0% similar

Visit Type	Average Total Cost/Visit				
	Prior	Current	% Change	Comparison	Current vs Comparison
Office Visits *	\$119	\$122	3%	\$106	16% higher
Urgent Care Visits	\$272	\$305	12%	\$170	79% higher
ER: Low Acuity Visits	\$1,316	\$1,531	16%	\$1,192	28% higher
ER: All Visits	\$1,420	\$1,547	9%	\$1,498	3% higher
Telemedicine Visits	\$0	\$40	0%	\$40	0% similar

\* Telemedicine visits included

# Emergency Room Visits

Top 10 Low Acuity Diagnoses	# of Visits	
	Prior	Current
Abdominal Pain	74	77
Sprains and Strains	41	50
Bumps and Bruises	57	46
Sinus Infections and Sore Throats	36	35
Back and Neck Problems	30	28
Headache (Including Migraine)	16	27
Joint Aches and Pains	14	26
Nausea, Constipation and Diarrhea	21	22
Urinary Tract Infections	10	20
Ear Infections	8	9
<b>Total of Low Acuity Visits</b>	<b>307</b>	<b>340</b>
Top 5 Other Diagnoses Visits	Prior	Current
Diseases of the heart	90	99
Symptoms; signs; and ill-defined conditions	86	59
Open wounds	44	45
Diseases of the urinary system	58	35
Respiratory infections	16	32
All Other	460	445
<b>Total of All ER Visits</b>	<b>1,061</b>	<b>1,055</b>
# of Unique Members with Visits	769	765
Average Visits per Member	1.38	1.38

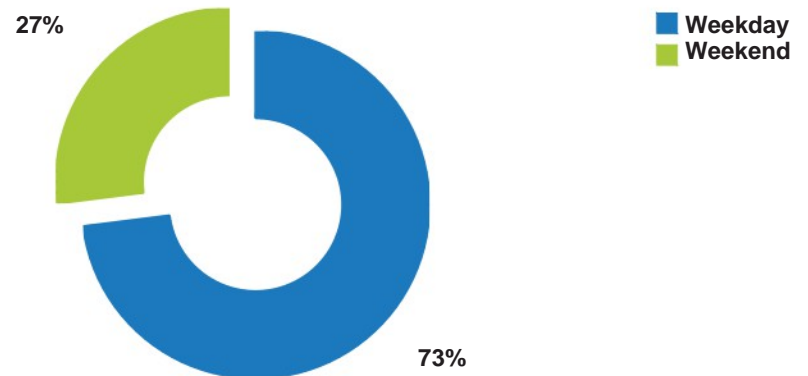
Average Total Cost/Visit - All	\$1,547
Average Total Cost/Visit - Low Acuity	\$1,531

## Current Detail by Subscriber Relationship

All Visits				
	Subscribers	Spouses	Dependents	Total
Number of Visits	467	267	321	1,055
Number of Unique Members with Visits	346	184	236	765
Visits/1,000	90	52	62	204

Low Acuity Visits				
	Subscribers	Spouses	Dependents	Total
Number of Visits	143	87	110	340
Number of Unique Members with Visits	121	74	95	290
Visits/1,000	28	17	21	66

When are members using the Emergency Room?



Case Identification - ER High Utilization	Count
Members with 5 or more visits identified for CM Intervention	4

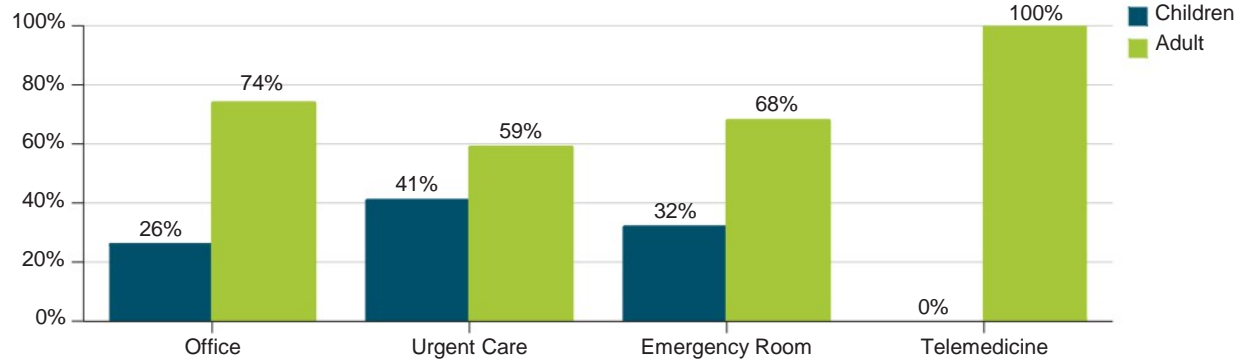


# Low Acuity Visits

Top 10 Low Acuity Diagnoses	Office Visits *		UC Visits		ER Visits		Telemedicine Visits	
	Prior	Current	Prior	Current	Prior	Current	Prior	Current
Sinus Infections and Sore Throats	1,191	1,255	451	577	36	35	0	1
Joint Aches and Pains	972	1,180	34	40	14	26	0	0
Back and Neck Problems	1,106	1,123	45	38	30	28	0	0
Nausea, Constipation and Diarrhea	297	321	21	12	21	22	0	0
Abdominal Pain	252	292	41	51	74	77	0	0
Ear Infections	317	253	96	76	8	9	0	0
Sprains and Strains	233	208	121	95	41	50	0	0
Headache (Including Migraine)	177	195	9	10	16	27	0	0
Bumps and Bruises	136	172	128	128	57	46	0	0
Urinary Tract Infections	106	111	77	72	10	20	0	0
Total of Low Acuity Visits	4,787	5,110	1,023	1,099	307	340	0	1
Total of All Visits	24,154	25,182	2,136	2,306	1,061	1,055	0	3
# of Unique Members with Visits	4,512	4,585	1,393	1,485	769	765	0	2
Average Visits per Member	5.35	5.49	1.53	1.55	1.38	1.38	0.00	1.50

\* Telemedicine visits included

Percentage of Low Acuity by Relation



# Highlights

- ✓ 85% of Greater Tompkins Members are attributed to either an ACQA, Value Based Payment arrangement or a provider.
  - ✓ Greater Tompkins members accounted for:
    - ✓ 2,280 Physical Exams in 2017
    - ✓ 3,401 Preventive Services in 2017
  - ✓ Greater Tompkins is lower than comparison in breast cancer, cervical cancer and colon cancer screenings. Continue to partner with Excellus to promote the benefits of these screenings since the average employee age is 54 and all members 41 years old.
- ✓ The goal of the Audit and Recovery team at Excellus is to control health benefits expense through retrospective review including validation of appropriate billing and payment. Based on 2017 claims the post payment recovery savings for Greater Tompkins was \$297,781 or \$4.80 per member per month.
- ✓ 94% of plan costs were to in network providers accounting for a 50% or \$34,197,143 network savings in 2017.

## At a Glance

### Greater Tompkins Consortium

#### Industry Comparison

Claims Incurred Jan 2017: Dec 2017; Paid Mar 2018	Prior	Current	% Change	Comparison	Current vs Comparison
<b>Enrollment and Demographics</b>					
Average Contracts	2,322	2,398	3%	--	--
Average Members	5,063	5,173	2%	124,150	--
Members per Contract	2.2	2.2	0%	2.2	similar
Average Age: Subscribers	54.3	54.2	0%	49.2	older
Percent Male: Subscribers	56%	56%	0%	64%	less
Average Age: All Members	41.5	41.6	0%	37.4	older
Percent Male	49%	49%	0%	52%	less
<b>Financial Measures</b>					
Plan Cost	\$23,937,884	\$26,107,993	9%	--	--
Member Cost	\$964,482	\$1,082,666	12%	--	--
Total Cost	\$29,141,382	\$32,099,481	10%	--	--
Plan Cost per Contract per Year	\$10,309	\$10,887	6%	\$9,096	20%
Plan Cost per Member per Year	\$4,728	\$5,047	7%	\$4,103	23%
Plan Cost per Member per Month	\$394	\$421	7%	\$342	23%
Total Cost per Member per Year	\$5,756	\$6,205	8%	\$4,686	32%
Percent Member Cost Share	4%	4%	0%	7%	-43%
Member Cost per Contract per Year	\$415	\$451	9%	\$673	-33%
<b>Plan Costs by Arena</b>					
Inpatient Plan Cost per Member per Month	\$73.66	\$70.77	-4%	\$82.99	-15%
Outpatient Plan Cost per Member per Month	\$170.26	\$194.04	14%	\$142.82	36%
Physician Plan Cost per Member per Month	\$137.66	\$142.59	4%	\$104.63	36%
Other Plan Cost per Member per Month	\$12.14	\$12.36	2%	\$10.10	22%
Pharmacy Plan Cost per Member per Month	\$0.29	\$0.83	186%	\$1.37	-39%
<b>High Claimant Impact</b>					
Number of Claimants with Plan Cost >= \$100,000	25	30	20%	--	--
Plan Cost for Claimants >= \$100,000	\$4,153,965	\$5,110,537	23%	--	--
Percent of Plan Cost for Claimants >= \$100,000	17.4%	19.6%	13%	--	--
Average Plan Cost per Claimant >= \$100,000	\$166,159	\$170,351	3%	--	--
Plan Cost PMPY Excluding Claimants >= \$100,000 Threshold	\$3,927	\$4,083	20%	\$3,337	22%
<b>Provider Networks</b>					
Percent Plan Cost to Participating Providers	96%	94%	-2%	--	--
Estimated Provider Savings	\$27,442,869	\$31,497,143	15%	--	--
Estimated Savings as Percent of Billed Amount	48%	50%	4%	--	--
<b>Utilization Measures</b>					
Admissions per 1,000 per Year	74	71	-4%	67	6%
Number of Admissions	374	365	-2%	--	--
Physician Office Visits per 1,000 per Year	4,771	4,868	2%	4,043	20%
Emergency Room Visits per 1,000 per Year	210	204	-3%	213	-4%
Number of Emergency Room Visits	1,061	1,055	-1%	--	--
Emergency Room Visits per 1,000 per Year: Low Acuity	61	66	8%	70	-6%
<b>Total Cost per Visit</b>					
Physician Office	\$119	\$122	3%	\$106	16%
Emergency Room	\$1,420	\$1,547	9%	\$1,498	3%

% Change: Green - rate decrease of 10% or more; Red - rate increase of 10% or more  
 Current vs Comparison: Green - 10% or more below; Red - 10% or more above

Confidential and proprietary information

# Office Visits

	# of Visits	
	Prior	Current
<b>Top 10 Low Acuity Diagnoses</b>		
Sinus Infections and Sore Throats	1,191	1,255
Joint Aches and Pains	972	1,180
Back and Neck Problems	1,106	1,123
Nausea, Constipation and Diarrhea	297	321
Abdominal Pain	252	292
Ear Infections	317	253
Sprains and Strains	233	208
Headache (Including Migraine)	177	195
Bumps and Bruises	136	172
Urinary Tract Infections	106	111
Total of Low Acuity Visits	4,787	5,110
<b>Top 5 Other Diagnoses Visits</b>	<b>Prior</b>	<b>Current</b>
Factors influencing health care	3,390	3,408
Diseases of the heart	930	907
Hypertension	873	844
Other connective tissue disease	802	825
Diseases of the urinary system	845	820
All Other	12,527	13,268
Total of All Office Visits	24,154	25,182
# of Unique Members with Visits	4,512	4,585
Average Visits per Member	5.35	5.49

Average Total Cost/Visit	\$122
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## Current Detail by Adult/Children and Comparison

Office Visits			
	Adults	Children	Total
All Visits	19,885	5,297	25,182
Low Acuity	3,768	1,342	5,110

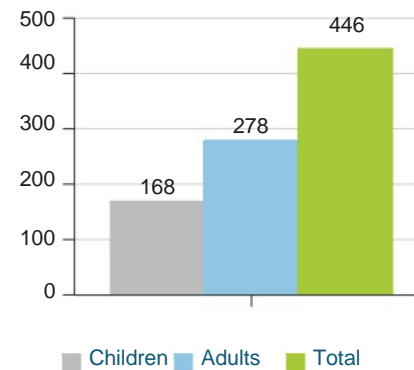
Office Visits/1000			
	Prior	Current	Comparison
All Visits	4,771	4,868	4,048
Low Acuity	945	988	862

# Urgent Care Visits

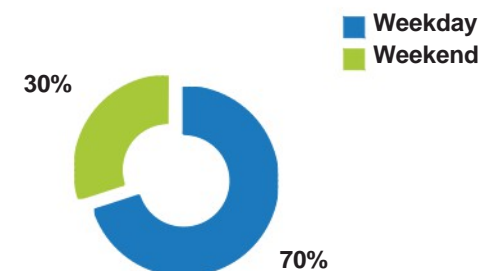
Top 10 Low Acuity Diagnoses	# of Visits	
	Prior	Current
Sinus Infections and Sore Throats	451	577
Bumps and Bruises	128	128
Sprains and Strains	121	95
Ear Infections	96	76
Urinary Tract Infections	77	72
Abdominal Pain	41	51
Joint Aches and Pains	34	40
Back and Neck Problems	45	38
Nausea, Constipation and Diarrhea	21	12
Headache (Including Migraine)	9	10
Total of Low Acuity Visits	1,023	1,099
Top 5 Other Diagnoses Visits	Prior	Current
Respiratory infections	241	204
Symptoms; signs; and ill-defined conditions	77	89
Ear conditions	48	72
Skin and subcutaneous tissue infections	53	72
Other connective tissue disease	45	68
All Other	649	702
Total of All Urgent Care Visits	2,136	2,306
# of Unique Members with Visits	1393	1485
Average Visits per Member	1.53	1.55

Average Total Cost/Visit	\$305
Top 10 Providers (Billing)	# of Visits
Cayuga Medical Center at Ithaca	708
NY Urgent Care Practice dba Five Star	614
Cayuga Emergency Physicians LLP	609
NY Urgent Care Practice DBA Five Star Family Care	106
Auburn Community Hospital	24
United Health Services Hospital Inc	23
Auburn Memorial Medical Services PC	16
Elmira Medical Urgent Care PLLC	12
William E. Goellner	12
CITYMD URGENT CARE	8

Visits/1,000 by Relation



When are members using Urgent Care?



# 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

**Care Management** Involves one-on-one intervention through a nurse care manager - care 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 **124,000** 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)