

## **Annual Report**

**OKHEEI: ALL** 



Oklahoma Higher Education Employee Insurance Group

May 5, 2016





	Plan Performance	High Cost Claimants	Inpatient Facility	Diagnostic Categories
•	Enrollment decreased 10% in the current period.  The average age also decreased from 40.8 to 40.4 years of age.  The medical paid PMPM increased 9.1% in the current period  In-network utilization was 98.7% in the current period  The discount percentage for OKHEEI was 57.1%	<ul> <li>HCC's are responsible for 32.0% of the total paid PMPM</li> <li>HCC paid dollars increased 38.7% in the current period</li> <li>The amount of Claimants with over \$300K in paid dollars doubled from the prior period.</li> <li>Neoplasms make up 29% of the total HCC paid</li> <li>Neoplasm paid HCC paid dollars increased 28.9% while claimants decreased 22.2%</li> </ul>	<ul> <li>Inpatient facility Paid per Admission increased 18.1%</li> <li>Total admissions decreased by 3.4%</li> <li>HCC paid increased 27.7% driving the overall IP Paid PMPM increase of 14.0%</li> <li>HCC accounted for 69.5% of the IP Paid PMPM</li> <li>Surgical is the top service type for IP, responsible for 56.1% of the IP Paid PMPM</li> </ul>	<ul> <li>Neoplasms is the top Diagnostic category with 78.9% of the PMPM coming from HCC's</li> <li>This has been the top category for 2 years</li> <li>Musculoskeletal has been trending upwards 3 years. Being driven by Non-HCC's with 76.3% of the current PMPM coming from Non- HCC's.</li> <li>The top 3 Diagnostic categories are all above the Higher Education Benchmark</li> </ul>
	What Opportunities does OKHEEI have?	OKHEEI is doing well with preventive testing. Keeping members educated and keeping the preventive visits high will assist in turning to a positive trend.	Usage of BDC+ facilities for Knee & Hip, Spinal, and Cardiac surgeries can provide some cost savings.	Continued Preventive screenings can help turn a positive trend on Neoplasms.

#### **Data Parameters**

**Current Reporting Period:** The current reporting period represents claims incurred from January 1, 2015 - December 31, 2015 and paid through February 29, 2016. **Prior Reporting Period:** The prior reporting period represents claims incurred from January 1, 2014 - December 31, 2014 and paid through February 28, 2015. Benchmark data is based on BCBSOK's non-HMO book of business. The book of business includes all groups with greater than 500 subscribers.

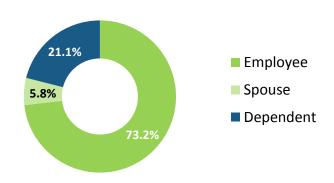
## **Plan Performance: Enrollment and Value of the Network**

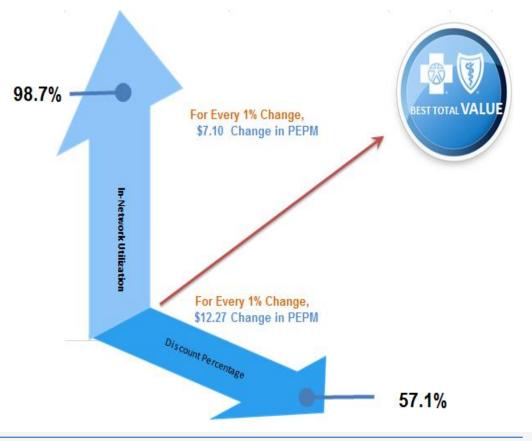


Reporting Period	Jan 2015 - Dec 2015	OK Benchmark	Benchmark Variance	Higher Ed Benchmark	Benchmark Variance
Average Membership	7,087				
Employee	5,187				
Spouse	408				
Dependent	1,492				
Average Contract Size	1.4	1.9	-29.0%	1.8	-24.7%
Average Age	40.4	33.8	19.5%	39.3	3.0%
Employee	47.3	43.5	8.7%	49.1	-3.5%
Spouse	53.5	45.1	18.4%	51.3	4.3%
Dependent	12.9	12.1	6.5%	12.5	3.3%
Gender					
% of Males	44.4%	45.1%			
% of Females	55.6%	54.9%			
% of Females Ages 20- 44	19.9%	20.4%			

Provider	Service	Jan 2015 - Dec 2015						
Contract Status	Category	Covered	Discount	Discount %	Paid			
	Inpatient Facility	\$20,246,028	\$11,694,141	57.8%	\$8,057,137			
Network	Outpatient Facility	\$29,842,006	\$18,456,368	61.8%	\$9,049,674			
Provider	Professional	\$23,677,208	\$11,985,780	50.6%	\$8,676,670			
	Total	\$73,765,242	\$42,136,289	57.1%	\$25,783,480			
	Inpatient Facility	-	-	-	-			
Participating	Outpatient Facility	\$929	\$251	27.0%	\$339			
Provider	Professional	\$40,566	\$28,454	70.1%	\$7,695			
	Total	\$41,496	\$28,706	69.2%	\$8,034			
Gran	d Total	\$73,806,738	\$42,164,994	57.1%	\$25,791,514			

### **Enrollment by Relationship**







			F	eb 16 Selec	tion	
		BLUE PLAN	RED PLAN	WHITE PLAN	TERMED MEMBERS	TOTAL
uc	BLUE PLAN	544	47	76	35	701
Selection	RED PLAN	310	3,744	2,102	215	6,371
15	NEW MEMBERS	74	92	135		301
Dec	TOTAL	928	3,883	2,313	250	7,373

**55%** enrolled in Red Plan

32% enrolled in White Plan

13% enrolled in Blue Plan

Column on left indicates members' prior selection (Dec '15); Row at top indicates current selection (Feb '16)

School	s	ingle	Subscriber + Spouse		Subscriber + Dependent(s)		Family		All	
	Member	Subscriber	Member	Subscriber	Member	Subscriber	Member	Subscriber	Member	Subscriber
East Central University	385	385	50	25	146	56	34	9	615	475
Murray State College	130	130	18	9	68	21	17	5	233	165
Northeastern State University	781	781	82	41	276	106	98	25	1,237	953
Northern Oklahoma College	229	229	24	12	103	39	14	3	370	283
Northwestern Oklahoma State University	223	223	28	14	80	29	49	13	380	279
RUSO Board Staff	5	5					9	2	14	7
Redlands Community College	88	88	6	3	38	15	7	2	139	108
Rose State College	311	311	32	16	109	43	19	5	471	375
Seminole State College	103	103	10	5	56	22	7	2	176	132
Southeastern Oklahoma State University	341	341	46	23	145	54	60	16	592	434
Southwestern Oklahoma State University	422	422	64	32	246	88	93	22	825	564
University of Central Oklahoma	971	971	142	71	536	201	286	71	1,935	1,314
Western Oklahoma State College	74	74	4	2	58	23			136	99
Total: All	4,063	4,063	506	253	1,861	697	693	175	7,123	5,188

<sup>-</sup> Medical Enrollment only



\$307.56

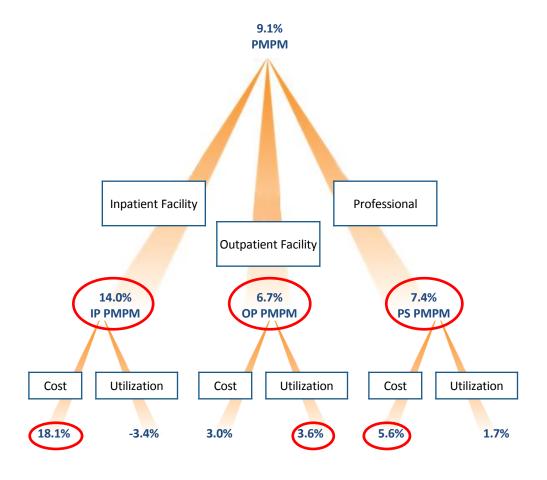
Current Medical Paid PMPM

9.1%

Change Year Over Year 20.6%

Higher than Benchmark

\*-0.5% Lower than the Higher Education Benchmark



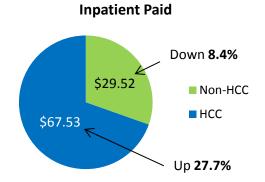
The above chart shows the % change from prior period to current period in paid PMPM, the % change in the amount paid per service (cost), and the % change in the number of services per 1,000 (utilization) by service category.

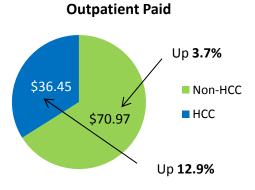
## **Key Indicators**

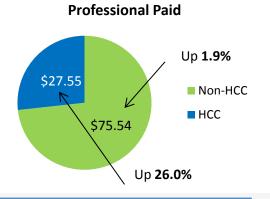


An increase in utilization and cost across all services categories, mostly driven by High Cost Claimants, is driving the overall medical paid PMPM up.

Service Category	Reporting Period	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	% Change	Oklahoma Benchmark	Benchmark Variance	Higher Ed Benchmark	Benchmark Variance
	Paid PMPM	\$85.14	\$97.05	14.0%	\$75.84	28.0%	\$78.15	24.2%
	Paid PEPM	\$115.23	\$132.60	15.1%	\$145.85	-9.1%	\$140.55	-5.7%
	Allowed PMPM	\$94.68	\$102.25	8.0%	\$91.60	11.6%	\$175.76	41.8%
Innationt Facility	Admissions/1,000	60.1	58.0	-3.4%	59.2	-2.1%	72.7	-20.1%
Inpatient Facility	Days/1,000	286.6	282.5	-1.4%	281.0	0.5%	439.6	-35.7%
	Average Length of Stay	4.8	4.9	2.1%	4.7	2.7%	6.0	-19.6%
	Paid/Admission	\$17,009	\$20,081	18.1%	\$15,365	30.7%	\$12,897	35.8%
	Paid/Day	\$3,565	\$4,123	15.7%	\$3,239	27.3%	\$2,133	93.3%
	Paid PMPM	\$100.70	\$107.42	6.7%	\$87.92	22.2%	\$106.26	1.1%
	Paid PEPM	\$136.30	\$146.76	7.7%	\$169.09	-13.2%	\$191.10	-23.2%
Outpatient Facility	Allowed PMPM	\$130.06	\$140.94	8.4%	\$132.44	6.4%	\$249.89	-43.6%
	Visits/1,000	1,822.6	1,887.5	3.6%	1,546.3	22.1%	1,974.1	-4.6%
	Paid/Visit	\$663	\$683	3.0%	\$682	0.1%	\$646	5.6%
	Paid PMPM	\$95.97	\$103.09	7.4%	\$91.29	12.9%	\$124.63	-17.3%
	Paid PEPM	\$129.90	\$140.85	8.4%	\$175.57	-19.8%	\$224.14	-37.2%
Professional	Allowed PMPM	\$136.09	\$140.45	3.2%	\$121.13	16.0%	\$154.02	-8.8%
	Services/1,000	18,634.8	18,949.0	1.7%	16,760.3	13.1%	23,818.7	-20.4%
	Paid/Service	\$62	\$65	5.6%	\$65	-0.1%	\$63	3.9%
	Paid PMPM	\$281.81	\$307.56	9.1%	\$255.06	20.6%	\$309.05	-0.5%
	Paid PEPM	\$381.43	\$420.21	10.2%	\$490.51	-14.3%	\$555.79	-24.4%
Madical Commons	Allowed PMPM	\$360.84	\$383.64	6.3%	\$345.17	11.1%	\$579.66	-33.8%
Medical Summary	In-Network Paid %	98.5%	98.6%		98.5%		98.5%	
	In-Network Services %	96.0%	96.9%		97.5%		96.6%	
	Plan Share %	79.3%	81.4%		81.0%		86.5%	







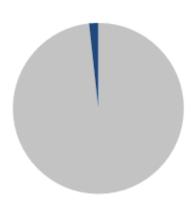
6



1.74%

## Of Membership

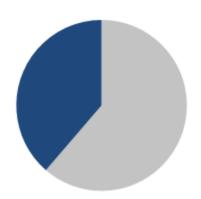
1.14% Benchmark



	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	% Change	Benchmark	Benchmark Variance
High Cost Claimants	116	123	6.0%		
% of Total Members	1.47%	1.74%		1.14%	
HCC Paid	\$12,194,374	\$14,482,682	18.8%		
% of Total Paid	33.6%	38.7%		32.7%	
Total Paid PMPM	\$383.63	\$440.38	14.8%	\$335.94	31.1%
Non-High cost	\$254.59	\$270.08	6.1%	\$226.02	19.5%
High Cost	\$129.04	\$170.30	32.0%	\$109.93	54.9%
HCC Paid/Claimant	\$105,124	\$117,745	12.0%	\$111,630	5.5%



32.7% Benchmark



30.1%

**Repeat HCCs** 

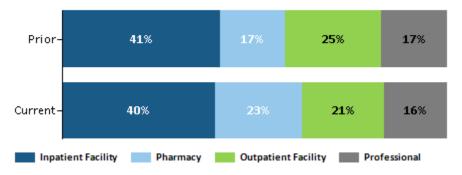
22.0% Benchmark

\$14.5 M

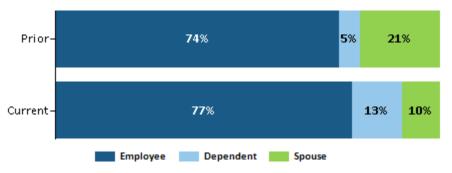
**Total Paid** 

\$12.2 M in prior period





#### **HCC Cost Distribution by Relationship**



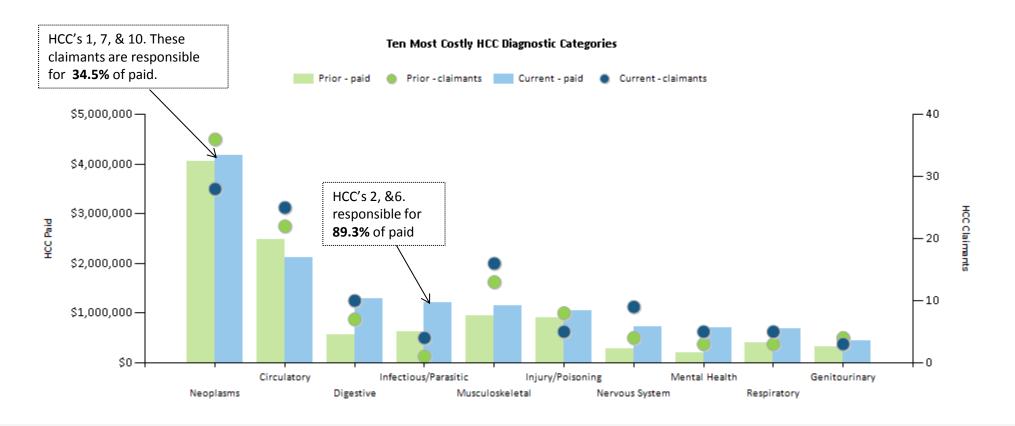
Benchmark data is based on BCBSOK Non-HMO book of business, all groups with greater than 500 subscribers



#### **Claimant Distribution by Paid Band**

	Jan 2014 - Dec 2014				an 2015 - Dec 201	% Change		
Dollar Range	Claimants	Paid	Paid %	Claimants	Paid	Paid %	Claimants	Paid
\$0-\$49,999	8,047	\$24,059,035	66.4%	7,268	\$22,967,530	61.3%	-9.7%	-4.5%
\$50,000-\$99,999	82	\$5,385,786	14.9%	86	\$5,963,335	15.9%	4.9%	10.7%
\$100,000-\$299,999	29	\$4,440,847	12.3%	27	\$3,892,974	10.4%	-6.9%	-12.3%
\$300,000+	5	\$2,367,741	6.5%	10	\$4,626,372	12.4%	100.0%	95.4%
HCC Subtotal	116	\$12,194,374	33.6%	123	\$14,482,682	38.7%	6.0%	18.8%

- Twice as many \$300k+ claimants has nearly doubled the paid in this category.
- 90% of the top 20 HCC's have IP stays, totaling over 3.3M paid dollars.



## **High Cost Claimants**

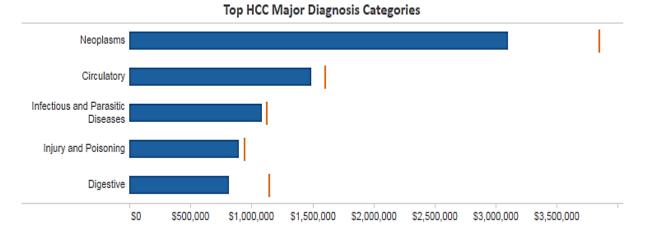


Rank	Age/Gender Band	Prior HCC	<b>Currently Enrolled</b>	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Total Paid
1	Male 60-64	\$155,105	No	\$464,228	\$250,233	\$41,369	\$35,246	\$791,076
2	Male 65+	NO	No	\$596,091	\$21,599	\$36,468	\$41,098	\$695,256
3	Male 60-64	\$130,105	No	\$397,887	\$169,513	\$44,963	\$19,267	\$631,630
4	Male 30-39	\$254,872	Yes	\$0	\$0	\$2,180	\$413,023	\$415,203
5	Male 20-29	\$210,156	Yes	\$61,519	\$3,306	\$10,348	\$312,710	\$387,883
6	Male 50-59	NO	No	\$329,853	\$10,590	\$27,222	\$7,780	\$375,445
7	Female <1-19	NO	Yes	\$241,714	\$90,594	\$9,384	\$675	\$342,367
8	Male 60-64	NO	Yes	\$158,984	\$94,393	\$80,619	\$4,948	\$338,944
9	Male 60-64	\$648,372	Yes	\$281,009	\$26,814	\$19,061	\$9,001	\$335,885
10	Female 60-64	NO	Yes	\$233,156	\$47,771	\$21,526	\$10,229	\$312,682

- 50% of the current HCC's were a HCC in the prior period
- 40% of the top 10 HCC's are no longer on the plan
- The top 10 HCC's include all members with over \$300K+ total paid.

Account Summary								
Current HCC Plan Spend	Est. Plan Spend	Est. 6 Month Growth	Bnmk Est. 6 Month Growth					
\$10,361,864	\$12,494,864	21%	12%					

- Estimated growth through June 2016.
- Benchmark data based on OK accounts with 150+ subs
- Estimates are for medical paid ONLY

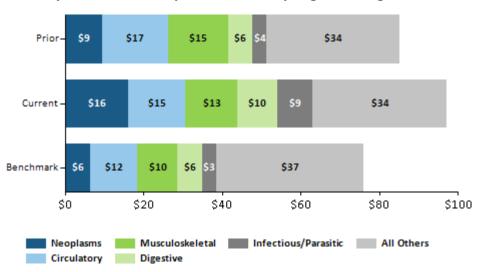


## **Inpatient Facility Overview**



Reporting Period	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	% Change	Benchmark	Benchmark Variance
Allowed	\$8,947,284	\$8,695,057	-2.8%		
Allowed PMPM	\$94.68	\$102.25	8.0%	\$91.60	11.6%
Paid	\$8,045,437	\$8,253,446	2.6%		
Paid PEPM	\$115.23	\$132.60	15.1%	\$145.85	-9.1%
Paid PMPM	\$85.14	\$97.05	14.0%	\$75.84	28.0%
Non-High Cost	\$32.24	\$29.52	-8.4%	\$30.72	-3.9%
High Cost	\$52.89	\$67.53	27.7%	\$45.12	49.7%
Admissions	473	411	-13.1%		
Admissions/1,000	60.1	58.0	-3.4%	59.2	-2.1%
Days/1,000	286.6	282.5	-1.4%	281.0	0.5%
Average Length of Stay	4.8	4.9	2.1%	4.7	2.7%
Paid/Admission	\$17,009	\$20,081	18.1%	\$15,365	30.7%
In-Network Paid %	99.3%	99.3%		98.6%	
In-Network Admissions %	97.9%	97.6%		98.0%	

#### Inpatient Paid PMPM by Current Period Top Diagnostic Categories



- A **27.7%** increase in HCC PMPM is the cause of the **14%** overall IP Paid PMPM increase.
- HCC's are responsible for 69.6% of IP Paid PMPM
- Surgical Paid per Admission increased 10.9% in the current period and is 21.3% above benchmark
- Medical Paid per Admission increased 63.6% in the current period and is 42.3% above benchmark



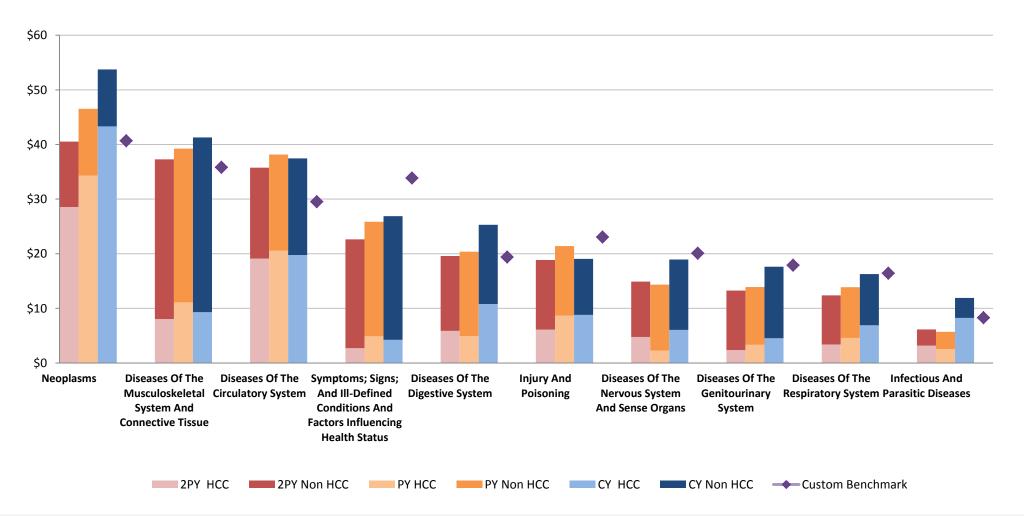


11

- The top 5 diagnostic categories with the exception of Circulatory are all trending upwards this period.
  - With the exception of Symptoms/Ill-Defined the top 5 are all above the benchmark
- Neoplasms has been trending upwards the past 3 years.
  - 80.6% is HCC spend and total PMPM is 30% above the Benchmark
- Musculoskeletal has also been trending upwards the past 3 years
  - This is following a growing trend

#### **Top 10 CCS Diagnostic Categories**

Three Years Paid PMPM with Higher Education Benchmark for High-Cost and Non-High-Cost Claimants





12

CATEGORY CRITERIA		RECOMMENDED FREQUENCY OF TESTING	PRIOR 3 YRS CE	CURRENT 3 YRS CE	Oklahoma BoB BENCHMARK (3YRS CE)
Cervical Cancer Screening	Female, Age 21-64	Age 21-64: cervical cytology every 3 years Age 30-64: cervical cytology/HPV co-testing every 5 years	33.4%	31.9%	30.4%
Cholesterol Screening	Male Age 35+ Female Age 45+	Frequency of screening based on risk factor; every 5 years with repeated normal results.	47.8%	50.8%	44.9%
Colon Cancer Screening	Age 50-75	Annual fecal occult blood test - OR -     A flexible Sigmoidoscopy every 5 yrs - OR -     A colonoscopy every 10 yrs	17.6%	19.1%	16.2%
Mammogram Screening	Female, Age 50-74	Every 2 years	57%	55.3%	47.2%
Adult Preventive Exam (Visits/1000)	Age 18+	Annual Visit	278.0	329.0	239.0

- Preventive services create cost savings from early detection. Early detection means catching cancer at a less severe state and often allows for a more diverse selection of treatment options.
- All screenings, except Cervical and Mammogram, increased from the prior period.
- All screenings are above the Benchmark.
- Adult preventive and Mammogram are well above the Benchmark.
- Screening rates on this page are annual rates based on the HEDIS guidelines for each specific preventive screening test (3 years continuously enrolled).



#### BCBS has a 3.9% discount advantage compared to the best of the competition

#### How do BCBS network discounts compare to the competition?

When looking at OKHEEI claims paid from January 2015 to December 2015, BCBS has a \$4.0M advantage over the best of the competition, translating into \$63.70 PEPM.

	BCBS Network	Best Combo of Competitors
Allowed	\$43,991,000	\$49,942,000
Discount	57.1%	53.2%

#### **BCBS Discount Comparison by Market**

Market	Covered	BCBS Discount	Top Competitor Discount	Allowed Savings	BCBS PEPM Advantage
OK	\$96,899,000	54.5%	50.5%	\$3,828,000	\$63.62
TX	TX \$3,247,000		57.3%	\$115,000	\$125.96
KS	\$168,000	44.6%	43.9%	\$1,000	\$3.73

#### How was this analysis done?

This analysis is based on claims and discount information provided by carriers to major consulting firms for the purpose of analyzing cost across the nation. BCBS participates in this national database and receives results by market. All competitor names are blinded for each market (except for BCBS).

Actual January 2015 to December 2015 paid claims for OKHEEI, were mapped against the BCBS discount estimates from the independent discount analysis, then mapped a second time against the best discounts for a non-BCBS carrier for each market.



13



# Appendix

## **Appendix: Financial Summary**



#### Claims on paid basis

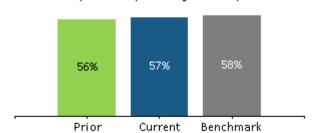
#### **Financial Order of Reduction**

	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	% Change	
Billed	\$89,810,260	\$88,350,069	-1.6%	
Not Covered	\$10,362,053	\$10,205,892	-1.5%	
Covered	\$79,448,208	\$78,144,178	-1.6%	
Discount	\$44,389,906	\$44,593,427	0.5%	
Allowed	\$35,058,301	\$33,550,751	-4.3%	
Out of Pocket	\$7,026,101	\$6,066,474	-13.7%	
СОВ	\$172,499	\$168,294	-2.4%	
COB Medicare	\$773,009	\$769,543	-0.4%	
Other Reductions	\$4,587	\$12,512	>100%	
Other Adjustments	(\$71,131)	(\$63,165)	-11.2%	
Paid - Provider	\$27,153,237	\$26,597,093	-2.0%	
Other Payments	\$24,269	\$49,996	>100%	
Total Paid	\$27,177,506	\$26,647,089	-2.0%	
Allowed PMPM	\$370.98	\$394.52	6.3%	
Paid PMPM	\$287.59	\$313.34	9.0%	
Plan Share	79.5%	81.5%	2.5%	

- The total paid amount decreased by 2.0% between reporting periods.
- Total in-network discounts (excluding Medicare) were \$42,435,467 (57.0%) for the current reporting period.
- The **in-network paid percentage** (excluding Medicare) was **98.8**% for the current reporting period.

#### Discount Percentage

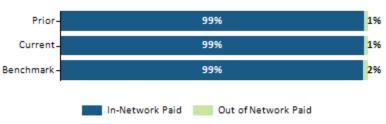
(In-network, excluding Medicare)



#### Network Overview Jan 2015 - Dec 2015

Medicare Primary Indicator	Network Indicator	Covered	Discount	Discount %	Paid	% of Paid
No	In-Network	\$74,463,280	\$42,435,467	57.0%	\$26,135,849	98.66%
No	Out of Network	\$1,688,167	\$1,058,381	62.7%	\$354,275	1.3%
	In-Network	\$1,972,660	\$1,091,450		\$153,644	0.6%
Yes	Out of Network	\$20,070	\$8,130		\$3,321	0.0%
Summary		\$78,144,178	\$44,593,427	57.1%*	\$26,647,089	100.0%

(excluding Medicare)

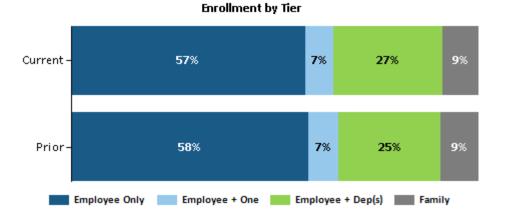


Network Paid Percentage

<sup>\*</sup>Calculated discount percent excludes Medicare Primary.

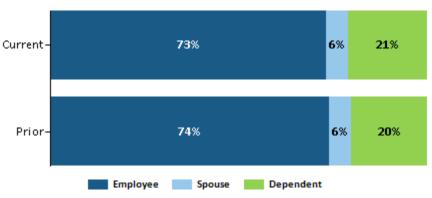


Reporting Period	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	% Change	Benchmark	Benchmark Variance
Average Membership	7,875	7,087	-10.0%		
Employee	5,818	5,187	-10.8%		
Spouse	474	408	-14.0%		
Dependent	1,583	1,492	-5.7%		
Average Contract Size	1.4	1.4	0.9%	1.9	-29.0%
Average Age	40.8	40.4	-0.9%	33.8	19.5%
Employee	47.3	47.3	0.0%	43.5	8.7%
Spouse	53.3	53.5	0.3%	45.1	18.4%
Dependent	13.0	12.9	-1.2%	12.1	6.5%
% Under 30	28.9%	29.4%		43.4%	
% 30 to 49	30.4%	30.9%		31.3%	
% 50 to 64	33.8%	32.7%		20.7%	
% 65+	4.4%	4.4%		3.7%	
Gender					
% of Males	45.0%	44.4%		51.6%	
% of Females	55.0%	55.6%		48.4%	
% of Females Ages 20-44	19.6%	19.9%		19.7%	

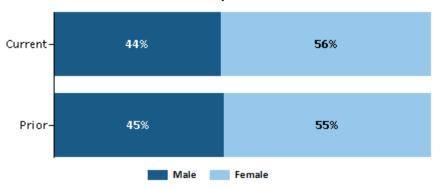


- •Overall, membership **decreased by 10.0%** between reporting periods.
- •The average age was 40.4 and **decreased by 0.9%** between reporting periods.
- •Contract size increased by 0.9% between reporting periods.
- •The percentage of females between ages 20 and 44 increased from 19.6% to 19.9% between reporting periods.

#### **Enrollment by Relationship**



#### **Enrollment by Gender**



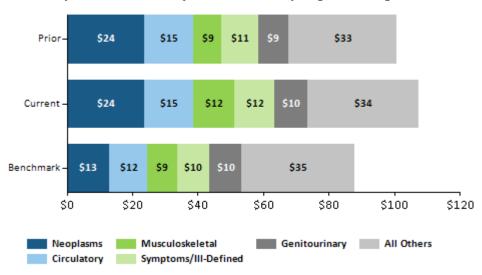
## **Appendix: Outpatient Facility Overview**



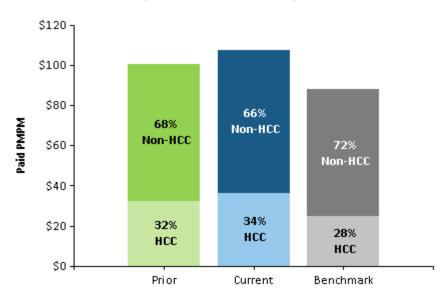
	Jan 2014 -	Jan 2015 -			Benchmark
Reporting Period	Dec 2014	Dec 2015	% Change	Benchmark	Variance
Allowed	\$12,291,387	\$11,986,022	-2.5%		
Allowed PMPM	\$130.06	\$140.94	8.4%	\$132.44	6.4%
Paid	\$9,516,592	\$9,134,960	-4.0%		
Paid PEPM	\$136.30	\$146.76	7.7%	\$169.09	-13.2%
Paid PMPM	\$100.70	\$107.42	6.7%	\$87.92	22.2%
Non-High Cost	\$68.41	\$70.97	3.7%	\$63.38	12.0%
High Cost	\$32.29	\$36.45	12.9%	\$24.54	48.5%
Visits	14,353	13,376	-6.8%		
Visits/1,000	1,822.6	1,887.5	3.6%	1,546.3	22.1%
Paid/Visit	\$663	\$683	3.0%	\$682	0.1%
In-Network Paid %	98.2%	98.6%		98.4%	
In-Network Visits %	94.9%	96.5%		96.6%	

- Outpatient paid PMPM increased by 6.7% between the two reporting periods and was 22.2% higher than the benchmark.
- High Cost Claimants accounted for 33.9% of total outpatient spend compared to 32.1% from the previous reporting period.
- Neoplasms was the most costly diagnostic category for outpatient services in the current reporting period. It decreased 0.9% and was 82.1% higher than the benchmark.

#### Outpatient Paid PMPM by Current Period Top Diagnostic Categories



#### Outpatient PMPM with HCC Impact



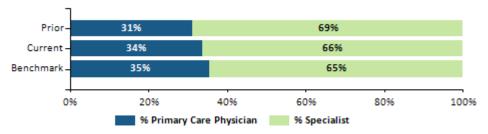
## **Appendix: Professional Services Overview**



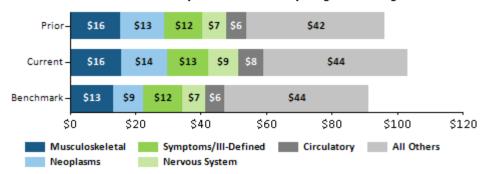
	Jan 2014 -	Jan 2015 -			Benchmark
Reporting Period	Dec 2014	Dec 2015	% Change	Benchmark	Variance
Allowed	\$12,861,076	\$11,943,990	-7.1%		
Allowed PMPM	\$136.09	\$140.45	3.2%	\$121.13	16.0%
Paid	\$9,069,333	\$8,767,003	-3.3%		
Paid PEPM	\$129.90	\$140.85	8.4%	\$175.57	-19.8%
Paid PMPM	\$95.97	\$103.09	7.4%	\$91.29	12.9%
Non-High Cost	\$74.10	\$75.54	1.9%	\$70.74	6.8%
High Cost	\$21.87	\$27.55	26.0%	\$20.56	34.0%
Visits/1,000	9,678.0	9,749.7	0.7%	8,396.7	16.1%
Services/1,000	18,634.8	18,949.0	1.7%	16,760.3	13.1%
Paid/Visit	\$119	\$127	6.6%	\$130	-2.7%
Paid/Service	\$62	\$65	5.6%	\$65	-0.1%
In-Network Paid %	98.2%	98.1%		98.3%	
In-Network Visits %	96.1%	96.9%		97.7%	

- Professional paid PMPM increased by 7.4% between the two reporting periods and was 12.9% higher than the benchmark.
- High Cost Claimants accounted for 26.7% of total professional spend compared to 22.8% from the previous reporting period.
- Musculoskeletal was the most costly diagnostic category for professional services in the current reporting period. It increased 0.8% and was 17.2% higher than the benchmark.
- Primary Care Physicians accounted for **33.6% of the total professional visits** in the current reporting period.

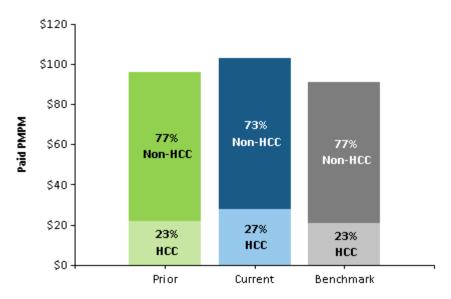
#### PCP vs Specialist % of Visits



#### Professional Paid PMPM by Current Period Top Diagnostic Categories



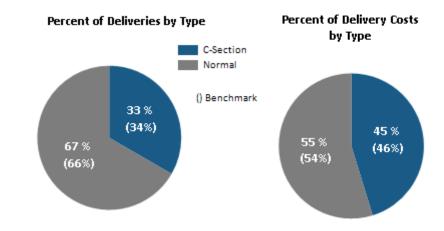
#### Professional PMPM with HCC Impact



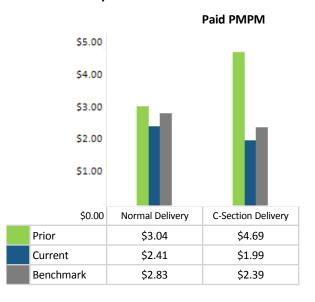


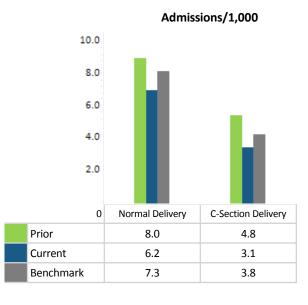
Reporting Period	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	% Change	Benchmark	Benchmark Variance
Paid	\$730,367	\$374,210	-48.8%		
Paid PMPM	\$7.73	\$4.40	-43.1%	\$5.22	-15.7%
Admissions	101	66	-34.7%		
C-Section Delivery	38	22	-42.1%		
Normal Delivery	63	44	-30.2%		
Admissions/1,000	12.8	9.3	-27.4%	11.1	-15.9%
Days/1,000	35.6	22.2	-37.7%	27.7	-20.0%
Average Length of Stay	2.8	2.4	-14.2%	2.5	-4.9%
C-Section Delivery	3.7	3.3	-11.8%	3.2	3.6%
Normal Delivery	2.2	1.9	-12.4%	2.2	-10.4%
Paid/Admission	\$7,231	\$5,670	-21.6%	\$5,660	0.2%
Average Mother Age	30.8	31.4	1.9%	29.1	8.0%

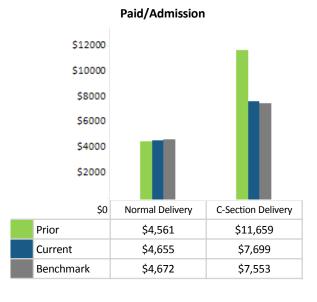
The C-Section rate was **33%** which is below the benchmark (34%) .



#### **Normal Delivery and C-Section Overview:**







## **Glossary**



20

Complications of Pregnancy, Childbirth and the Puerperium: Includes vaginal and cesarean deliveries and pregnancy complications (Hypertension, Hemorrhage, Early/Threatened Labor, Ectopic). Puerperium refers to 42 days following childbirth and expulsion of the placenta. Services are only related to the mother. This category now includes services formerly tied to the diagnostic category of Procreative and Contraceptive Management. This includes artificial insemination, fertility testing, genetic counseling, family planning, sterilizations and contraceptive management.

Conditions Originating in the Perinatal Period: Perinatal refers to the period beginning after the 28th week of gestation and ending 28 days after birth. Problems can include hemorrhage, digestive disorders, respiratory distress syndrome and disorders relating to short gestation and unspecified low birth weight. Claims previously found in the Liveborn Infants category can be found here as well. This includes V-codes for single and multiple births.

**Congenital Anomalies:** Includes the treatment of any condition present at birth. This includes Spina Bifida, cleft palate, Down's Syndrome, heart disease, kidney displacement & polycystic kidney disease.

**Diseases of the Blood and Blood Forming Organs:** Includes any problems associated with white or red blood cells, platelets or plasma. An example includes Anemia, a deficiency in red blood cells.

**Diseases of the Circulatory System:** Includes problems with the heart, blood vessels and circulation. Some common diagnoses include Coronary Artery Disease, Chronic Heart Failure, cardiovascular disease and stroke.

Diseases of the Digestive System: Includes the treatment of any organ or area of the body pertaining to digestion. These areas include the mouth/teeth, esophagus, stomach, intestines, gall bladder, liver and pancreas. Diagnoses include: Esophageal Reflux, Gastroenteritis, Appendicitis and hernias.

Diseases of the Genitourinary System: Includes problems related to the kidneys, bladder and male and female genitalia. Common diagnoses include Hematuria, Urinary Tract Infection, Acute or Chronic Renal Failure and Calculus of Kidney (stones). Dialysis treatments are found in this category.

Diseases of the Nervous System and Sense Organs: Includes treatment for disorders of the Central and Peripheral Nervous systems. Diagnoses include: Carpal Tunnel Syndrome, Obstructive Sleep Apnea, Epilepsy, Multiple Sclerosis, Alzheimer's Disease and Migraine headaches. This category also includes conditions involving the sense organs, including former diagnostic categories of Eyes and Ears and Mastoid. The mastoid process is the portion of the temporal bone extending down behind the ear. Diagnoses include Otitis Media, Tinnitus, Meniere's Disease, Hearing Loss and Labyrinthitis.

**Diseases of the Respiratory System:** Includes treatment for diagnoses such as Asthma, Pneumonia, Emphysema, Pharyngitis, Sinusitis, Bronchitis and COPD. These can be acute or chronic in nature.

## **Glossary**



21

**Diseases of the Skin and Subcutaneous Tissue:** This involves any condition relating to the skin or beneath the skin, including hair and nails. Some conditions include Acne, Corns, Cellulitis, Psoriasis, Dermatitis and fungal infections.

**Endocrine, Nutritional & Metabolic Diseases and Immunity Disorders:** Endocrine disorders include those of the endocrine glands and includes the thyroid, pituitary, pancreas, ovaries and testes. Disorders include Diabetes, thyroid disease, Obesity, Hyperlipidemia and any disease affecting the immune system.

**Infectious and Parasitic Diseases:** Includes diseases caused by microbes outside of the body that infect and cause damage within the body. These diseases are recognized as communicable or transmissible. Diagnoses include Hepatitis and Septicemia; includes vaccinations against disease.

**Injury and Poisoning:** Includes treatment for injuries to the body or for any poison ingested. Diagnoses include sprains & strains, fractures, burns and lead poisoning. Patients are most commonly seen in the ER for acute conditions. Complications from procedures and medical devices are also found here.

Mental Illness: Refers to a group of mental health disorders causing severe disturbances in thinking, feeling or relating. Includes treatment of any condition that affects mood or behavior. The most common diagnoses include anxiety disorders, depressive disorders and schizophrenia. Substance Abuse conditions are also found here and include behavior marked by the use of chemically active agents, such as prescription or illicit drugs, alcohol or tobacco. Cognitive, behavioral and physiological symptoms indicate that the person continues use of the substance.

Musculoskeletal and Connective Tissue Disease: Includes orthopedic treatment and involve anything related to the bones, muscles, joints and soft tissue. Diagnoses include: Arthritis, Tendonitis, back disorders, disc disorders, rheumatism and scoliosis. These diagnoses are usually chronic.

**Neoplasms:** Includes any abnormal growth of cells, either benign or malignant (cancer). Though these can be found at any spot of the body, some of the most common forms include neoplasms of the breast, lung, prostate, skin and colon. Other examples: Leukemia and Hodgkin's Disease. Diagnostic codes (V-codes) related to Chemotherapy, Immunotherapy and Radiation Therapy services are also found here. Personal or family history exams related to cancer conditions are also included here.

Signs, Symptoms, Ill-Defined Conditions and Factors Influencing Health Status (Signs & Symptoms): Includes signs, symptoms, abnormal lab results and ill-defined conditions for which no known cause can be found. For example, a patient may experience chest pain, but no known cause is found. Most common 3-digit diagnosis for emergency room visits. Factors Influencing Health Status includes monitoring of medications, post-surgical states, organ / tissue transplants, artificial limbs and replacements. Examples include knee replacements and organ transplant statuses. This category also contains items under the former category of Without Reported Diagnosis and includes general medical examinations, gynecological exams, mammogram screenings, preventive services, physicals and special screenings for neoplasms. This diagnostic category is often where preventive screening exams are bucketed. Conditions under the former category of Health Services: Reproduction and Development are also found here. These include services pertaining to the child only. For example, normal pregnancy, post-partum care and exam or health supervision of an infant or child.







# **Pharmacy Focus** In-Depth Pharmacy Performance Review

**OKHEEI:** 

Claims Paid 1/1/2015 to 12/31/2015

Forward together





### Performance Overview

# Summary for OKHEEI

## **Current drug trend**

Overall:
Non-Specialty:

Specialty:

38.9%

## 2015 Savings impact for implemented programs

Utilization Management Programs

Prime Specialty Pharmacy

\$586,515 \$25.685

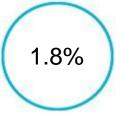
## Blue + Prime savings for 2015

Our unique connection with Blue Plans means you achieve the lowest total cost of care while maintaining superior customer service

Total Savings \$612,200

### Our results...

# Key metrics: Your overall Rx spend



utilization
change in number
of drugs used



inflation
change in unit cost of drugs



mix change in high cost verses low cost drugs



drug trend
change in total cost per
member, per month

**Key Performance Indicators** 

These Key Indicators are at the top of the range

	2014	2015	Change	Prime BoB Range**	Prime BoB Range % Change
Average Members Per Month	7,889	7,094	-10.1%	V N/A	N/A
Average Age	40	40	-0.9%	32-41	-0.1% - 8.3%
Female Pct	55.0%	55.6%	1.1 pts	47.3% - 52.8%	-0.01 - 0.01 pts
Total Cost	\$11,958,617	\$13,090,284	9.5% /	N/A	N/A
Plan Paid	\$9,621,994	\$11,294,745	17.4%	/ N/A	N/A
Member Paid	\$2,336,623	\$1,795,540	-23.2% /	N/A	N/A
Total Cost PMPM	\$126.32	\$153.78	21.7%	\$63.65 - \$106.54	5.9% - 29.5%
Plan Paid PMPM	\$101.64	\$132.69	30,5%	\$52.93 - \$91.06	11.5% - 39.1%
Member Paid PMPM	\$24.68	\$21.09	-14.5%	\$10.72 - \$18.43	-15.1% - 3.3%
Member Contribution	19.5%	13.7%	-5.8 pts	13.3% - 24.6%	-5.8 pts1.1 pts
Specialty Total Cost*	\$2,721,054	\$3,397,735	24.9%	N/A	N/A
Specialty Total Cost PMPM*	\$28.74	\$39.92	38.9%	\$22.90 - \$30.29	17.6% - 57.3%
Avg Ing Cost/Rx †	\$74.38	\$89.16	19.9%	\$70.14 - \$94.16	8.3% - 18.7%
PMPY - Rxs †	20.1	20.5	1.8%	10.75 - 16.63	-2.9% - 9.6%
Generic Utilization †	79.7%	80.9%	1.2 pts	78.6% - 86.4%	0.3 - 2.0 pts
90 Day Rx Utilization (Mail)	0.9%	1.1%	0.2 pts	0.3% - 4.6%	-0.4 - 0.1 pts

<sup>\*</sup>Specialty metrics are derived from Prime's standard specialty drug management list \*\*Prime BoB Range represents Prime Therapeutic's commercial book of business. Please see the Reference Documents for BOB ranges for previous quarters † Calculations are based on weighted metrics

## Our results...

# Top 15 Traditional (Non-Specialty) Drugs by Cost

2015 Rank	2014 Rank	Drug Name	Therapeutic Class	Clinical Program	Formulary	Plan Paid PMPM	Avg Ing Cost/Rx †	Member Paid PMPM	# Rxs †
1	2	CRESTOR	ANTIHYPERLIPIDEMIC	ST	ON	\$2.70	\$208.59	\$0.26	1,209
2	3	VICTOZA	DIABETES	ST/QL	ON	\$2.20	\$607.11	\$0.10	323
3	76	RENOVO	NOT IN CORE AREAS		OFF	\$1.87	\$3,931.28	\$0.01	41
4	5	ANDROGEL PUMP	NOT IN CORE AREAS	PA/QL	ON	\$1.86	\$567.80	\$0.11	296
5	17	NOVOLOG	DIABETES	QL	ON	\$1.73	\$551.66	\$0.06	278
6	112	LEVEMIR FLEXTOUCH	DIABETES	QL	ON	\$1.58	\$449.73	\$0.09	319
7	6	ADVAIR DISKUS	ASTHMA/COPD	QL	ON	\$1.49	\$291.38	\$0.18	491
8	7	LYRICA	ANTICONVULSANT	QL	ON	\$1.47	\$373.17	\$0.08	355
9	11	JANUVIA	DIABETES	QL	ON	\$1.38	\$332.82	\$0.11	383
10	13	NOVOLOG FLEXPEN	DIABETES	QL	ON	\$1.31	\$612.44	\$0.06	192
11	8	LANTUS SOLOSTAR	DIABETES	QL	ON	\$1.28	\$333.87	\$0.08	350
12		ESOMEPRAZOLE MAGNESIUM	PPIs	QL	ON	\$1.19	\$202.86	\$0.10	543
13	24	INVOKANA	DIABETES	QL	ON	\$1.14	\$355.29	\$0.11	301
14	23	XARELTO	ANTICOAGULANT	QL	ON	\$1.01	\$328.07	\$0.08	286
15	95	GLUMETZA	DIABETES	PA	OFF	\$1.00	\$2,083.47	\$0.03	42

<sup>\*</sup>PA=Prior Authorization ST= Step Therapy QL= Quantity Limits



# Specialty Focus

### Our results...

# Key metrics: Your overall Specialty Rx spend









mix
change in high cost verses low cost drugs



drug trend
change in total cost per
member, per month

#### **Key Performance Indicators**

	2014	2015	Change	Prime BoB Range
# Rxs	661	672	1.7%	N/A
PMPY - Rxs †	0.08	0.09	13.1%	0.05 - 0.07
% Rxs	0.6%	0.7%	0.07 pts	0.3% - 0.6%
Specialty Total Cost *	\$2,721,054	\$3,397,735	24.9%	N/A
Specialty Total Cost PMPM *	\$28.74	\$39.92	38.9%	\$22.90 - \$30.29
% Total Cost	22.8%	26.0%	3.2 pts	22.4% - 39.5%
Avg Ing Cost/Rx†	\$4,115.03	\$5,056.14	22.9%	\$4,699.95 - \$6,025.53

<sup>\*</sup>Specialty metrics are derived from Prime's standard specialty drug management list \*\*Prime BoB Range represents Prime Therapeutic's commercial book of business. Please see the Reference Documents for BOB ranges for previous quarters

<sup>†</sup> Calculations are based on weighted metrics

### Our results...

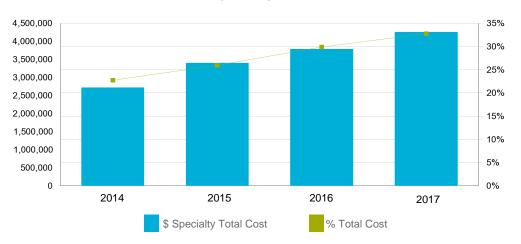
# Top Specialty Drugs by Cost

#### Specialty Drug Utilization by Cost

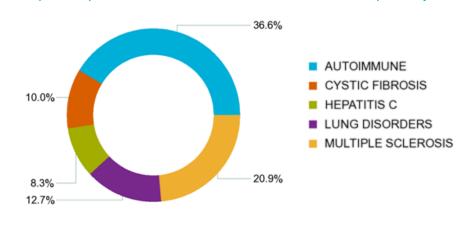
Rank 2015	Rank 2014	Drug Name	Therapeutic Class	Clinical Program	Formulary	\$ Total Paid	# Rxs	\$ Avg Plan Cost / Rx	\$ Avg Mbr Cost / Rx	# Unique Util Mbrs
1	1	HUMIRA PEN	AUTOIMMUNE	ST/QL	ON	\$492,328	144	\$3,337.55	\$81.38	22
2	4	ACTIMMUNE	LUNG DISORDERS		OFF	\$401,226	11	\$36,402.33	\$72.72	1
3	3	ENBREL SURECLICK	AUTOIMMUNE	ST/QL	ON	\$364,865	116	\$3,068.11	\$77.27	15
4	2	COPAXONE	MULTIPLE SCLEROSIS		ON	\$325,245	61	\$5,256.32	\$75.55	6
5		HARVONI	HEPATITIS C	PA	ON	\$281,799	9	\$31,222.11	\$88.88	3
6	7	REBIF	MULTIPLE SCLEROSIS	QL	ON	\$140,874	26	\$5,341.31	\$76.92	2
7		ORKAMBI	CYSTIC FIBROSIS		OFF	\$120,495	6	\$20,065.80	\$16.66	1
8	9	HUMIRA	AUTOIMMUNE	PAQL	ON	\$118,963	35	\$3,300.96	\$97.99	6
9	11	PULMOZYME	CYSTIC FIBROSIS		OFF	\$97,502	23	\$4,187.06	\$52.17	2
10	5	AVONEX	MULTIPLE SCLEROSIS	ST/QL	OFF	\$87,830	18	\$4,779.45	\$100.00	3

<sup>\*</sup>PA=Prior Authorization ST= Step Therapy QL= Quantity Limits

#### **Specialty Trend**



#### The top therapeutic classes account for 88.5% of all specialty cost.







## Opportunities

# 6 Tier Network – Coinsurance Design

## Model to drive highest plan savings

Cost Share	Coinsurance (recommended approach)
Tier 1 (preferred generics)	\$10
Tier 2 (non-preferred generics)	50% (\$25 min - \$50 max)
Tier 3 (preferred brand)	30% (\$50 max)
Tier 4 (non-preferred brand)	50% (\$75 min)
Tier 5 (preferred specialty)	30% (\$250 max)
Tier 6 (non-preferred specialty)	50% (\$275 min)

A tiered benefit design helps drive members to choose the lowest-cost option (even amongst generic drugs), while providing savings to both members and clients

#### Helps to:

- Mitigate the increasing costs of generic and brand drugs
- Control spend
- Minimize member impact

# Opportunity 6 Tior Plan

## 6 Tier Plan - Coinsurance Design

## In 2015-2016, your benefits were:

3 tier (generic/brand/non-preferred brand)

Pharmacy Plan paid total was: \$13,090,284

Pharmacy member cost share is 13.7%

## In 2017, recommend:

6 tier (preferred generic, non-preferred generic, preferred brand, non-preferred brand, preferred specialty, non-preferred specialty)

## Savings opportunity

Plan savings PMPM	Projected Member Share Increase	Projected Total Plan savings per year
\$6.36	4.1%	\$543,401

2017 Estimated Savings:

\$543,401

# Opportunity Member Pays the Difference

## DAW 2

Create a disincentive for use of brand drugs with generic equivalents to promote awareness of cost impact

Member is required to pay the difference between the generic and brand drug cost <u>if they</u> request a brand, up to the total cost of the brand-name drug

All Claims Move to Generic	Outcome
Projected Plan Savings	\$231,444
Impacted Claims	561
Impacted Members	143

## DAW 1 & 2

Create a disincentive for use of brand drugs with generic equivalents to promote awareness of cost impact

Member is required to pay the difference between the generic and brand drug cost <u>if they or their doctor</u> request a brand, up to the total cost of the brand-name drug

All Claims Move to Generic	Outcome
Projected Plan Savings	\$340,332
Impacted Claims	981
Impacted Members	220

# Opportunity Proton Pump Inhibitors (PPI) exclusion

- PPIs are used to treat conditions such as heartburn, gastroesophageal reflux disease (GERD) and ulcers
- Many drugs in the class are readily available over-thecounter
- PPIs have similar efficacy, regardless of whether they are prescription or over-the-counter
- Exclusion of these products will assist in directing members to use the most cost-effective medications

Drug Name	<b>Average Cost</b>
Nexium OTC 42 cnt	\$23.68
Prilosec OTC 42 cnt	\$23.88
Prevacid OTC 42 cnt	\$23.88
Zegrid OTC 42 cnt	\$22.84
Omeprazole OTC 42 cnt (generic Prilosec)	\$16.97
Lansoprazole OTC 42cnt (generic Prevacid)	\$16.97

**Proton Pump Inhibitor** utilization for **OKHEEI**:

Member Impact\*

Generic: 520

**Brand: 32** 

<sup>\*</sup>Member impact are Active members with claims from October 2015 – January 2016

## Where the industry is heading...

# What's coming in 2016

- Aggressive benefit designs with more tiers
- Narrow networks more common
- Targeting the management of specific health conditions is becoming more prevalent; watch for more on managing cholesterol, hemophilia, and oncology
- The specialty drug pipeline shows several new oral oncology drugs that are expected to enter the market



# **Appendix**

## **Auto-Add Utilization Management Programs**

### Prior Authorization and Step Therapy programs implemented for OKHEEI

Program Name	Туре	Effective Date	Sample Medications*
Addyi	PA	4/1/16	Addyi
HCN (Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Blocker)	PA	4/1/16	Corlanor
Neprilysin	PA	4/1/16	Entresto
Ophthalmic Immunomodulator	PA	7/1/16	Restasis & new product soon to come to market
Opioid Induced Constipation	PA	4/1/16	Relistor, Movantik
Parathyroid Hormone	PA	4/1/16	Natpara
Therapeutic Alternatives	PA	4/1/16	Absorica, Amrix, Ativan, Bupap, Cambia, Carac/Fluorouracil, Cuprimine, Daraprim, Dexpak, Durlaza, Fortamet, Glumetza, Pandel, Primlev, Rayos,
Topical Antifungal Agents	PA	4/1/16	Jublia, Kerydin, CNL8, Ciclodan, Pedipak, Pedipirox-4 Nail, Penlac
Atypical Antipsychotic	ST	7/1/16	Abilify, Abilify Discmelt, Abilify Maintena, Aripiprazole ODT, Clozaril, clozapine ODT, Fanapt, FazaClo, Geodon, Invega, Invega Sustenna, Invega Trinza, Latuda, Rexulti, Risperdal, Risperdal M-Tab, Risperdal Consta, Saphris, Seroquel, Seroquel XR, Versacloz, Zyprexa, Zyprexa Zydis, Zyprexa Relprew
Topical NSAID	ST	4/1/16	Flector, Pennsaid, Voltaren Gel

**Total Estimated Savings for Implemented Programs:** \$75,764 - \$85,128

<sup>\*</sup>This information is an estimate and should not be considered binding.

<sup>\*</sup>Third-party brand names are the property of their respective owners. 5496-C © Prime Therapeutics LLC CONFIDENTIAL

# Top 25 Therapeutic Classes by Cost

Rank 2015	Rank 2014	Therapeutic Class	\$ Total Paid	% Total Paid	# Rxs	\$ Avg Total Cost / Rx	\$ Avg Plan Cost / Rx	\$ Avg Mbr Cost / Rx	% Generic Util Rate	# Unique Util Mbrs
1	1	DIABETES	\$1,888,107	14.4%	10,419	\$181.21	\$164.21	\$17.00	46.4%	626
2	2	AUTOIMMUNE	\$1,273,276	9.7%	436	\$2,920.35	\$2,847.53	\$72.81	15.8%	59
3	3	MULTIPLE SCLEROSIS	\$710,847	5.4%	151	\$4,707.59	\$4,628.24	\$79.35	0.0%	15
4	4	ANTIHYPERLIPIDEMIC	\$603,872	4.6%	10,784	\$55.99	\$45.60	\$10.39	82.3%	1,133
5	5	PAIN	\$568,828	4.3%	9,659	\$58.89	\$46.96	\$11.92	93.9%	2,226
6	7	ASTHMA/COPD	\$478,792	3.7%	5,501	\$87.03	\$68.62	\$18.41	51.7%	1,010
7	6	ANTIHYPERTENSIVE	\$477,585	3.6%	26,505	\$18.01	\$11.48	\$6.53	94.4%	1,983
8	13	LUNG DISORDERS	\$432,975	3.3%	15	\$28,864.98	\$28,784.98	\$80.00	0.0%	2
9	8	ESTROGENS & OSTEOPOROSIS	\$418,384	3.2%	8,409	\$49.75	\$35.03	\$14.71	72.0%	999
10	12	CYSTIC FIBROSIS	\$401,427	3.1%	70	\$5,734.66	\$5,697.52	\$37.14	1.4%	5
11	11	ANTICONVULSANT	\$340,032	2.6%	4,110	\$82.73	\$72.81	\$9.92	88.7%	574
12	10	DEPRESSION	\$300,034	2.3%	10,610	\$28.27	\$19.17	\$9.10	95.4%	1,218
13	24	HEPATITIS C	\$281,799	2.2%	9	\$31,311.00	\$31,222.11	\$88.88	0.0%	3
14	9	PPIs	\$269,493	2.1%	5,174	\$52.08	\$42.75	\$9.33	91.4%	729
15	15	CANCER-ORAL	\$258,536	2.0%	113	\$2,287.92	\$2,276.33	\$11.58	83.2%	19
16	14	ADHD	\$207,995	1.6%	1,262	\$164.81	\$128.88	\$35.92	59.2%	181
17	16	OTHER - ANTIPSYCHOTIC	\$202,814	1.5%	568	\$357.06	\$333.73	\$23.33	72.5%	84
18	19	ANTICOAGULANT	\$167,686	1.3%	1,301	\$128.89	\$115.18	\$13.70	60.7%	173
19	18	LIFESTYLE	\$165,979	1.3%	791	\$209.83	\$182.25	\$27.57	27.1%	192
20	22	IMMUNOSUPPRESSANTS	\$71,471	0.5%	293	\$243.92	\$227.24	\$16.68	88.1%	19
21	20	ANTICOAGULANTS	\$67,085	0.5%	84	\$798.62	\$775.86	\$22.76	89.3%	31
22	17	HIGH COST OTHERS	\$60,906	0.5%	40	\$1,522.65	\$1,473.29	\$49.36	0.0%	7
23	25	ENZYME DEFICIENCIES	\$49,824	0.4%	8	\$6,228.04	\$6,128.04	\$100.00	0.0%	1
24	23	INSOMNIA	\$37,005	0.3%	1,869	\$19.79	\$11.05	\$8.74	97.3%	348
25	26	NAUSEA & VOMITING	\$14,392	0.1%	511	\$28.16	\$18.14	\$10.02	99.4%	372

# Top 25 Drugs by Claims

Rank 2015	Rank 2014	Drug Name	Therapeutic Class	\$ Total Paid	# Rxs	\$ Avg Total Cost / Rx	\$ Avg Plan Cost / Rx	\$ Avg Mbr Cost / Rx	Brand/ Generic	# Unique Util Mbrs
1	1	LEVOTHYROXINE SODIUM	NOT IN CORE AREAS	\$56,692	4,904	\$11.56	\$4.03	\$7.52	Generic	547
2	2	LISINOPRIL	ANTIHYPERTENSIVE	\$25,436	4,696	\$5.41	\$0.81	\$4.59	Generic	576
3	3	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	\$22,953	3,382	\$6.78	\$0.89	\$5.89	Generic	428
4	6	METFORMIN HCL	DIABETES	\$13,025	2,727	\$4.77	\$0.69	\$4.08	Generic	338
5	7	OMEPRAZOLE	PPIs	\$21,856	2,711	\$8.06	\$1.54	\$6.51	Generic	414
6	8	MONTELUKAST SODIUM	ASTHMA/COPD	\$29,422	2,516	\$11.69	\$2.82	\$8.87	Generic	412
7	5	SIMVASTATIN	ANTIHYPERLIPIDEMIC	\$13,620	2,484	\$5.48	\$0.63	\$4.84	Generic	285
8	9	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	\$4,473	2,460	\$1.81	\$0.18	\$1.63	Generic	321
9	4	HYDROCODONE/ ACETAMINOPHEN	PAIN	\$51,814	2,343	\$22.11	\$9.36	\$12.75	Generic	977
10	10	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	\$12,251	2,095	\$5.84	\$0.74	\$5.10	Generic	259
11	11	FLUTICASONE PROPIONATE	NOT IN CORE AREAS	\$13,035	1,665	\$7.82	\$0.60	\$7.22	Generic	676
12	14	MELOXICAM	PAIN	\$3,601	1,616	\$2.22	\$0.25	\$1.97	Generic	377
13	16	GABAPENTIN	ANTICONVULSANT	\$20,000	1,591	\$12.57	\$5.94	\$6.62	Generic	275
14	15	AZITHROMYCIN	NOT IN CORE AREAS	\$14,716	1,533	\$9.59	\$1.23	\$8.36	Generic	1,177
15	13	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	\$29,126	1,517	\$19.19	\$10.47	\$8.72	Generic	184
16	12	LISINOPRIL/ HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	\$5,095	1,489	\$3.42	\$0.31	\$3.11	Generic	181
17	21	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	\$5,603	1,354	\$4.13	\$0.57	\$3.56	Generic	170
18	19	SERTRALINE HCL	DEPRESSION	\$8,578	1,290	\$6.64	\$0.96	\$5.68	Generic	192
19	18	FLUOXETINE HCL	DEPRESSION	\$8,082	1,269	\$6.36	\$2.21	\$4.15	Generic	167
20	20	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	\$18,877	1,264	\$14.93	\$6.45	\$8.48	Generic	152
21	24	CRESTOR	ANTIHYPERLIPIDEMIC	\$252,828	1,209	\$209.12	\$190.56	\$18.55	Brand	142
22	22	CITALOPRAM HYDROBROMIDE	DEPRESSION	\$6,195	1,188	\$5.21	\$0.55	\$4.65	Generic	171
23	17	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	\$2,965	1,180	\$2.51	\$0.48	\$2.02	Generic	159
24	22	AMOXICILLIN	NOT IN CORE AREAS	\$5,585	1,169	\$4.77	\$0.26	\$4.51	Generic	911
25	28	ESCITALOPRAM OXALATE	DEPRESSION	\$7,466	1,146	\$6.51	\$0.82	\$5.69	Generic	167

## **Generic Utilization**

A 1.2 pt increase in generic utilization leads to \$235,625 in estimated total savings

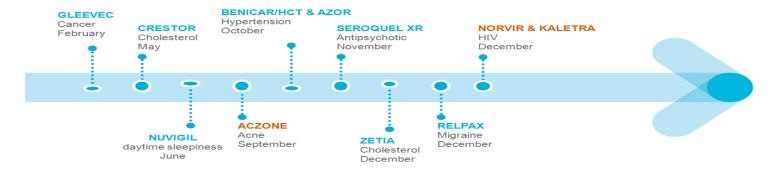
Each 1% shift from brand to generic can save 1.5% in plan savings

#### **Generic Trend**

	2014			2015			Change		
	# Rxs	% Rxs	Avg Ing Cost/Rx †	# Rxs	% Rxs	Avg Ing. Cost/Rx †	# Rxs	Pts	Avg Ing Cost/Rx
Generic Utilization	83,743	79.7%	\$20.51	77,149	80.9%	\$22.51	-7.9%	1.2	9.8%

<sup>†</sup> Calculations are based on weighted metrics

## 2016 Marketplace timeline for generic drugs/patent expirations



## How we can work together....

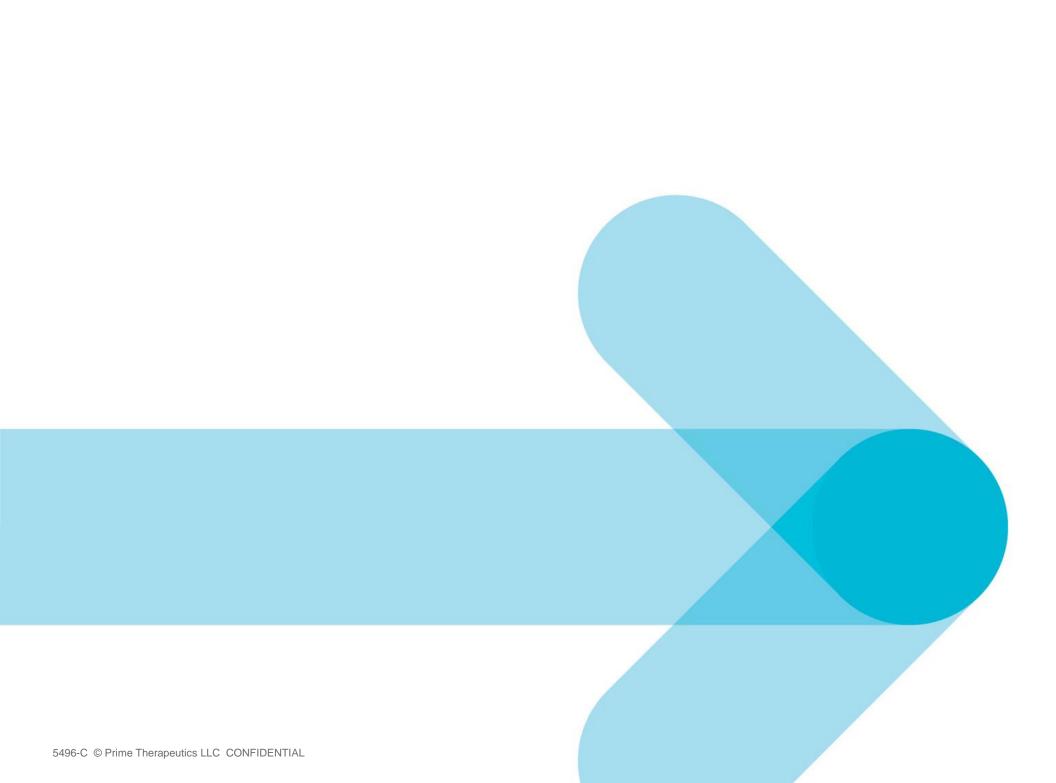
## **Utilization Management Add-on Features**

## UM FastPAth - Implemented

- Designed to implement prior authorization (PA) on new-to-market drugs that meet the selection criteria, within 1 week of receiving new drug information.
- Acts as a bridge PA to cover the gap in time from drug launch to completion and implementation of final approved PA criteria
- FastPAth criteria is based on the FDA-approved product package insert information

## Auto-Add - Implemented

 Any new Prior Authorization or Step Therapy programs will be automatically implemented for the client. Client sign-off will not be required to implement new programs.





## **OKHEEI**

Account #600600

Reporting Period: 2015/01/01 - 2015/12/31

### **REPORT PARAMETERS**

Membership 7,763

*Contracts 5,595* 

- All metrics represent the reporting period denoted on the cover and page footers of the report.
- Any associated claims information will be representative of incurred within the reporting period.
  - Any prior period comparisons will reflect the same reporting period time frame from the prior year if applicable.
- All members with at least 1 month of eligibility will be included in this report.
  - Members must be PPO/Fully insured to be included in this report.
  - Medicare primary members are excluded.
- High cost claimants are not excluded from any pages. Additional information on just the High Cost Claimant population (\$50,000 single claim/\$100,000 total claims) is provided within the report.
- PBM data is integrated into the identification and predictive modeling processes when applicable.
- Book of Business comparisons are based on accounts with similar robust medical care management products
  - Book of business will represent the plan state associated with the account.

## **Executive Summary**

### Membership

25.3%
of membership\* is consuming
71.7%
of total dollars

		Healthy	Low	Moderate	High	Complex/ Catastrophic
Members	Account	30.0%	37.3%	13.3%	10.6%	1.3%
	Book of Business	31.4%	31.0%	8.8%	6.6%	0.8%
Paid	Account	3.5%	21.6%	21.3%	28.7%	21.7%
	Book of Business	2.1%	10.4%	8.9%	11.7%	9.1%

<sup>\*</sup> Moderate, high/multiple conditions and complex/catastrophic risk categories.

## **Clinical Program Overview**

94.4%

targeted for outreach (of Identified)
90.7%
Book of Business

70.0%

contacted engagement rate 63.0% Book of Business

## **ENGAGEMENT & OPPORTUNITIES** Summary

#### Participant counts by engagement status:

-				Case	Condition	LifeStyle	Special
			Total	Management	Management	Management	Beginnings
	Newly Engaged	Account	306	49	220	25	6
Engagement		ВОВ	3,722	1,224	1,910	203	57
Liigageiiieiit	Managed (Newly	Account	326	56	224	31	9
	Engaged + Carryover)	ВОВ	4,135	1,423	1,983	262	79
	Graduated	Account	254 / 77.9%	36 / 64.3%	200 / 89.3%	11 / 35.5%	3 / 33.3%
		ВОВ	2,957 / 71.5%	832 / 58.5%	1,734 / 87.4%	92 / 35.1%	17 / 21.5%
	Opted Out	Account	41 / 12.6%	12 / 21.4%	12 / 5.4%	11 / 35.5%	4 / 44.4%
Program	Opted Out	ВОВ	522 / 12.6%	237 / 16.6%	129 / 6.5%	97 / 37.0%	33 / 41.8%
Status	Still Active	Account	25 / 7.7%	4 / 7.1%	11 / 4.9%	8 / 25.8%	2 / 22.2%
	Still Active	ВОВ	429 / 10.4%	190 / 13.4%	96 / 4.8%	62 / 23.7%	24 / 30.4%
	Became Ineligible	Account	6 / 1.8%	4 / 7.1%	1 / .4%	1/3.2%	0 / .0%
	became ineligible	ВОВ	227 / 5.5%	164 / 11.5%	24 / 1.2%	11 / 4.2%	5 / 6.3%

## **Missed Opportunities:**

2,066 / 79.6% unique missed opportunities Book of Business 41,122 / 80.3% (Incomplete Contact Information, Refused and Unable to Reach)

88.9% Employees

11.1% Dependents

# ENGAGEMENT & OPPORTUNITIES Case Management

#### Participant counts by engagement status:

			Total	Management	CCEI		
	Newly Engaged	Account	49	36	15		
Engagomont		вов	1,224	901	363		
Engagement	Managed (Newly	Account	56	43	15		
	Engaged + Carryover)	ВОВ	1,423	1,088	384		
	Graduated	Account	36 / 64.3%	30 / 69.8%	6 / 40.0%		
		ВОВ	832 / 58.5%	671 / 61.7%	178 / 46.4%		
	Onto d Out	Account	12 / 21.4%	6 / 14.0%	7 / 46.7%		
Program	Opted Out	ВОВ	237 / 16.6%	132 / 12.1%	113 / 29.4%		
Status	Still Active	Account	4 / 7.1%	4 / 9.3%	0 / .0%		
	Still Active	ВОВ	190 / 13.4%	176 / 16.2%	23 / 6.0%		
	Became Ineligible	Account	4 / 7.1%	3 / 7.0%	2 / 13.3%		
		ВОВ	164 / 11.5%	109 / 10.0%	70 / 18.2%		

Case

## **Missed Opportunities:**

230 / 64.4% unique missed opportunities

Book of Business 4,413 / 53.3% (Incomplete Contact Information, Refused and Unable to Reach) 85.2% Employees

14.8% Dependents

# ENGAGEMENT & OPPORTUNITIES Condition Management

#### Participant counts by engagement status:

			Total	Diabetes	Asthma	CHF	COPD	CAD
	Newly Engaged	Account	220	44	12	2	0	7
Engagement	Newly Lilgageu	ВОВ	1,910	792	150	23	35	202
	Managed (Newly	Account	224	48	12	2	0	7
	Engaged + Carryover)	ВОВ	1,983	836	153	23	38	205
	Graduated	Account	200 / 89.3%	44 / 91.7%	9 / 75.0%	2 / 100.0%	0 / .0%	7 / 100.0%
		ВОВ	1,734 / 87.4%	747 / 89.4%	141 / 92.2%	21 / 91.3%	33 / 86.8%	191 / 93.2%
	Opted Out	Account	12 / 5.4%	1 / 2.1%	0 / .0%	0 / .0%	0 / .0%	0 / .0%
Program		ВОВ	129 / 6.5%	20 / 2.4%	4 / 2.6%	0 / .0%	2 / 5.3%	4 / 2.0%
Status	Still Active	Account	11 / 4.9%	3 / 6.2%	2 / 16.7%	0 / .0%	0 / .0%	0 / .0%
	Still Active	ВОВ	96 / 4.8%	59 / 7.1%	6 / 3.9%	1 / 4.4%	2 / 5.3%	9 / 4.4%
	Became Ineligible	Account	1 / .4%	0 / .0%	1 / 8.3%	0 / .0%	0 / .0%	0 / .0%
		ВОВ	24 / 1.2%	10 / 1.2%	2 / 1.3%	1 / 4.4%	1 / 2.6%	1 / .5%

## **Missed Opportunities**:

1,155 / 79.7% unique missed opportunities
Book of Business 19,753 / 85.2% (Incomplete Contact Information,

88.5% Employees

11.5% Dependents

# ENGAGEMENT & OPPORTUNITIES Lifestyle Management

#### Participant counts by engagement status:

, 0	0			Tobacco	Weight	Metabolic
			Total	Cessation	Management	Syndrome
	Newly Engaged	Account	25	1	24	0
Engagement -		вов	203	44	150	9
	Managed (Newly	Account	31	1	29	1
	Engaged + Carryover)	ВОВ	262	55	187	20
	Graduated	Account	11 / 35.5%	0 / .0%	10 / 34.5%	1 / 100.0%
		вов	92 / 35.1%	15 / 27.3%	67 / 35.8%	10 / 50.0%
	Opted Out	Account	11 / 35.5%	0 / .0%	11 / 37.9%	0 / .0%
Program	Opted Out	вов	97 / 37.0%	26 / 47.3%	67 / 35.8%	4 / 20.0%
Status	Still Active	Account	8 / 25.8%	1 / 100.0%	7 / 24.1%	0 / .0%
	Juli Active	вов	62 / 23.7%	10 / 18.2%	47 / 25.1%	5 / 25.0%
	Pocamo Ingligiblo	Account	1 / 3.2%	0 / .0%	1/3.4%	0 / .0%
	Became Ineligible	вов	11 / 4.2%	4 / 7.3%	6 / 3.2%	1 / 5.0%

## **Missed Opportunities**:

651 / 90.7%
unique missed
opportunities
Book of Business 16,388 / 94.9%
(Incomplete Contact Information)

Refused and Unable to Reach

92.5% Employees

7.5% Dependents

# ENGAGEMENT & OPPORTUNITIES Special Beginnings

#### Participant counts by engagement status:

			Total
	Newly Engaged	Account	6
Engagement	ivewiy Liigageu	вов	57
Eligagement	Managed (Newly	Account	9
	Engaged + Carryover)	вов	79
	Graduated	Account	3 / 33.3%
	Graduated	вов	17 / 21.5%
	Opted Out	Account	4 / 44.4%
Program	Opted Out	вов	33 / 41.8%
Status	Still Active	Account	2 / 22.2%
	Juli Active	вов	24 / 30.4%
	Rocama Ingligible	Account	0 / .0%
	Became Ineligible	вов	5 / 6.3%

## **Missed Opportunities**:

12 / 27.9% unique missed opportunities Book of Business 196 / 12.1% (Incomplete Contact Information,

91.7% Employees

8.3% Dependents

# ENGAGEMENT & OPPORTUNITIES Behavioral Health

#### Participant counts by engagement status:

			Total	Mental Health	Substance Abuse
	Newly Engaged	Account	3	2	1
Engagomont	ivewiy Eligageu	вов	165	139	26
Engagement	Managed (Newly	Account	3	2	1
	Engaged + Carryover)	ВОВ	195	164	31
	Graduated	Account	2 / 66.7%	2 / 100.0%	0 / .0%
		вов	141 / 72.3%	120 / 73.2%	21 / 67.7%
	Opted Out	Account	1 / 33.3%	0 / .0%	1 / 100.0%
Program	Opted Out	вов	13 / 6.7%	8 / 4.9%	5 / 16.1%
Status	Still Active	Account	0 / .0%	0 / .0%	0 / .0%
	Juli Active	вов	29 / 14.9%	24 / 14.6%	5 / 16.1%
	Became Ineligible	Account	0 / .0%	0 / .0%	0 / .0%
		ВОВ	12 / 6.2%	12 / 7.3%	0 / .0%

## **Missed Opportunities**:

10 / 66.7% unique missed opportunities Book of Business 192 / 42.1% (Incomplete Contact Information,

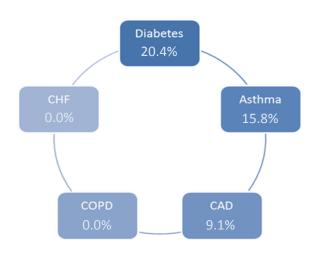
30.0% Employees

70.0% Dependents

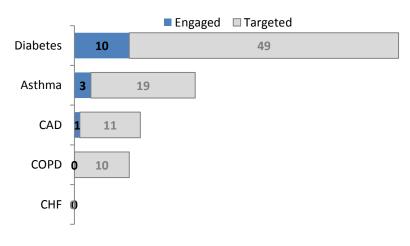
## **CHRONIC CONDITIONS**

Core Gaps in Care <b>Compliance Rates</b> of Engaged Population:	Current	Prior	Book of Business
Diabetes			
HbA1C in the past 12 months	59.2%	50.0%	67.4%
Physician office visit in past 6 months	95.9%	92.6%	91.8%
LDL Level in past 12 months	65.3%	57.4%	69.5%
Microalbuminuria test in past 12 month &/or (for diabetics with hypertension) ACE/ARB medication in past 6 months	98.0%	94.4%	96.5%
Asthma			
On controller medication	100.0%	92.9%	97.3%
Cardiovascular Cluster (CAD)			
LDL level in the past 12 months	45.5%	62.5%	59.4%
Chronic Obstructive Pulmonary Disorder (COPD)			
Bronchodilator Adherence	100.0%	100.0%	98.4%
Congestive Heart Failure (CHF)			
Physician office visit in past 6 months	0.0%	0.0%	97.4%

#### **Contacted Engagement Rates:**



#### Targeted and Engaged members for the 5 core conditions:



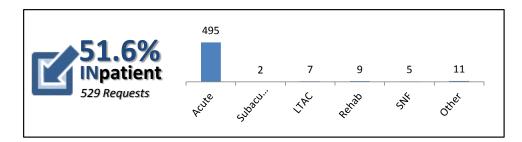
#### **UTILIZATION MANAGEMENT ACTIVITIES**

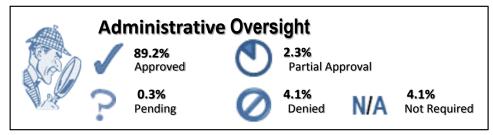
There are many oversight and quality care functions that HCSC performs on utilization management activities. Below are some key elements for the requests processed >>>>>

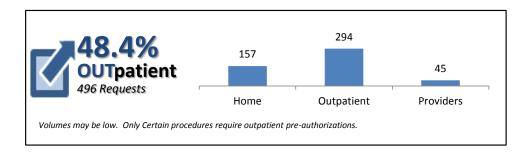


1,025

TOTAL REQUESTS PROCESSED









#### **Concurrent Review**

**16.4%** 

87

Of total inpatient requests received concurrent review



**8.1%**Received Medical Director Review



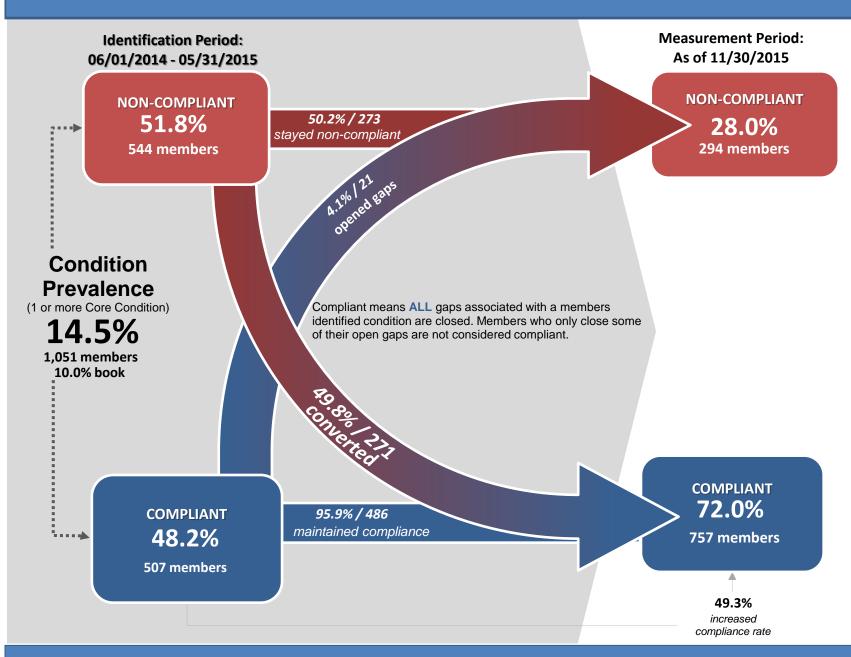
Utilization Management (UM) activities are a great referral source for medical Care management programs



3.5%

All cases referred from UM

## **GAP CONVERSION VALUE**



OKHEEI
Reporting Period: 2015/01/01 - 2015/12/31

### **GLOSSARY**

- **Targeted** the identified population remaining after ineligible members are removed. These members will receive outreach via telephonic contacts and mailings to participate and benefit from associated programs
- Contacted Engagement Rate = Engaged/Contacted
- **Engaged** members who verbally consented to a BCA-managed program during the reporting period (i.e. John Smith newly engaged in the Diabetes program in January of the current reporting period). BCA-to-provider collaboration on behalf of a member is also included
- Managed members who verbally consented to a BCA-managed program during the reporting period (i.e. John Smith newly engaged in the Diabetes program in January of the current reporting period). BCA-to-provider collaboration on behalf of a member is also included
- Graduated members who successfully complete the program by closing all core gaps and all goals are met
- **Opted Out** members or physicians who have verbally declined to participate in an outreach program. Possible refusal reasons include: member wishes not to be contacted by the health plan, a member does not have time to participate, members would prefer to work with their physician, etc
- Still Active Unique members who verbally consented to a BCA-managed program during the reporting period OR entered the reporting period as previously engaged but still active AND are still engaged at the end of the reporting period (i.e. John Smith was managed during calendar year 2013 but engaged in the Diabetes program 12/1/2012 and is still active as of 12/31/2013). BCA-to-provider collaboration on behalf of a member is also included
- **Incomplete Contact Information (ICI)** members who have a missing or invalid phone number that prevents telephonic outreach
- **Refused** members who have verbally declined to participate in an outreach program. Possible refusal reasons include: member wishes not to be contacted by the health plan, a member does not have time to participate, member would prefer to work with their physician, etc
- Unable to Reach (UTR) subset of targeted members who have received multiple contact attempts and mailings and do not speak to a BCA or Health Coach
- **Compliant** a member with a core condition who has no associated core gaps open
- Core Conditions (Members with Condition) Refers to the core condition management programs of: Diabetes, Cardiovascular Condition Cluster(CAD), Congestive Heart Failure(CHF), Chronic Obstructive Pulmonary Disorder (COPD) and Asthma.