
Health Plan Management Report

Greater Tompkins Consortium

Union Industry Comparison
Incurred anytime, paid between January 1, 2023 and December 31, 2023



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Highlights

- ✓ Enrollment: Subscriber and Member enrollment increased 9%.
- ✓ Plan Cost: Overall plan costs have increased 10% per member per month and is 12% higher than the union comparison.
- ✓ High Cost Claimants: The number of high-cost claimants increased by 1 from 2022 to 2023 and is now 23. Plan costs for those over \$150K increased 34% and are driving 18% of overall plan costs.
 - The largest plan cost associated with high-cost claimants is in the Outpatient arena.
- ✓ Arenas: Outpatient and Professional Arenas are 81% of medical spend.



At a Glance

	Prior	Current	% Change
Average Contracts	3,115	3,404	+9%
Average Members	6,382	6,986	+9%
Plan Cost	\$37,397,370	\$44,860,896	+20%
Member Cost	\$2,130,234	\$2,568,143	+21%
Total Cost *	\$42,963,250	\$51,929,707	+21%

Prior - Incurred anytime, paid between January 1, 2022 and December 31, 2022

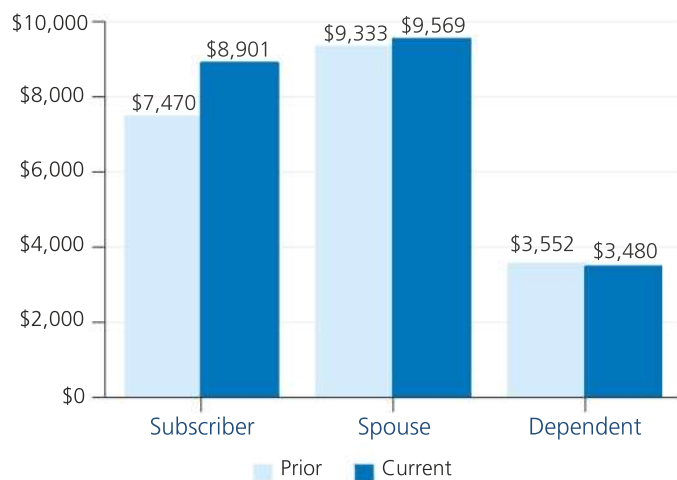
Current - Incurred anytime, paid between January 1, 2023 and December 31, 2023

Union Comparison data is based on a large sample of clients, representing approximately 126,000 members

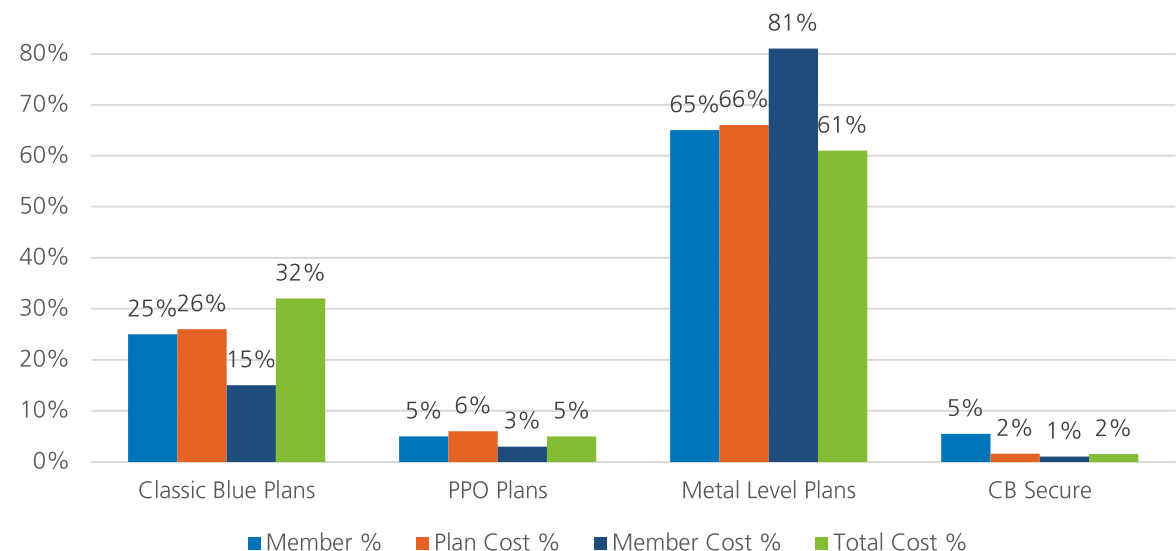
* Current Total Cost includes \$4,500,668 in COB payments

	Prior	Current	% Change	Comparison	Current vs Comparison
Plan Cost per Contract per Year	\$12,006	\$13,179	+10%	\$12,254	8% higher
Plan Cost per Member per Month	\$488	\$535	+10%	\$477	12% higher
Total Cost per Member per Year	\$6,732	\$7,433	+10%	\$6,487	15% higher
Percent Member Cost Share	5%	5%	0%	6%	less
Member Cost per Contract per Year	\$684	\$754	+10%	\$835	10% lower
Members per Contract	2.0	2.1	+5%	2.1	similar

Total Cost per Member per Year by Relationship Category



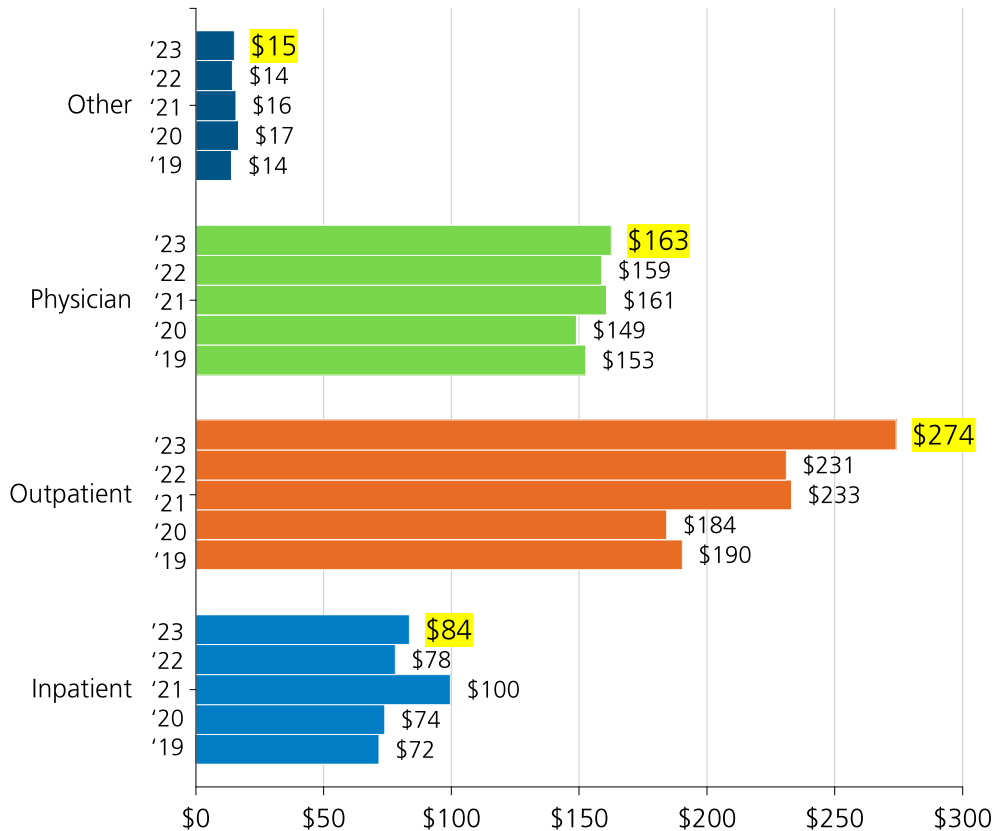
Percentage of Enrollment and Cost by Plan



Plan Cost by Arena of Care

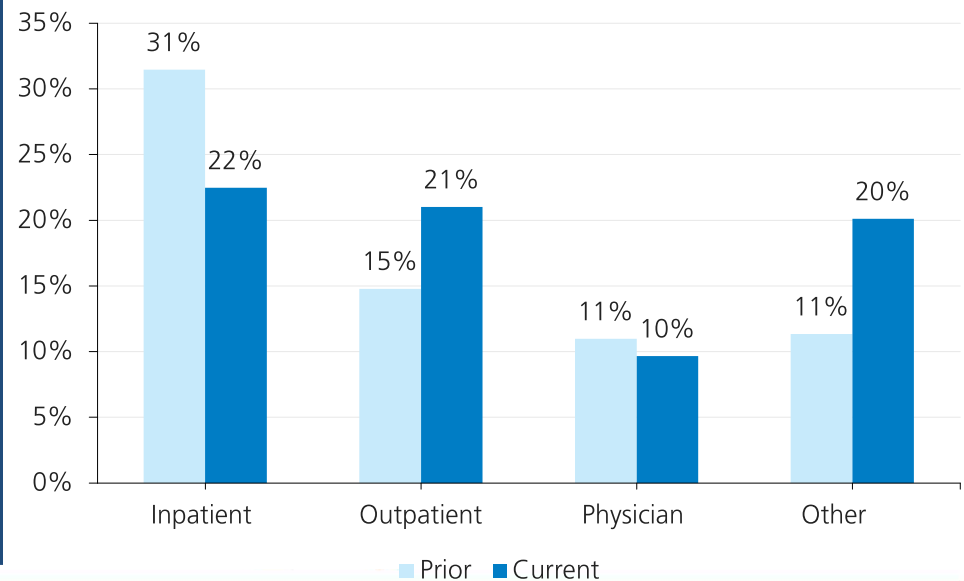
Arena	Plan Cost			PMPM					Admits / Cases		
	Prior	Current	Current % of Total	Prior	Current	% Change	Comparison	Current vs Comparison	Prior	Current	% Change
Inpatient	\$5,975,676	\$6,999,197	16%	\$78.03	\$83.49	+7%	\$107.13	22% lower	408	483	+18%
Outpatient	\$17,691,298	\$22,941,630	51%	\$231.01	\$273.66	+18%	\$224.69	22% higher	28,176	29,708	+5%
Physician	\$12,163,765	\$13,611,171	30%	\$158.83	\$162.36	+2%	\$131.94	23% higher	110,075	122,126	+11%
Other	\$1,105,258	\$1,263,463	3%	\$14.43	\$15.07	+4%	\$13.12	15% higher	5,191	6,550	+26%

Plan Cost PMPM Trend by Arena Prior Years to Current Year



High Claimants Over \$150,000 ➤ HCC Impact Page 6

High Claimants Plan Cost			
Arena	Prior Plan Cost	Current Plan Cost	Current % of Total
Inpatient	\$1,879,737	\$1,573,213	-16%
Outpatient	\$2,616,086	\$4,822,581	+84%
Physician	\$1,333,617	\$1,313,415	-2%
Other	\$125,395	\$254,070	+103%
Total	\$5,954,837	\$7,963,279	+34%

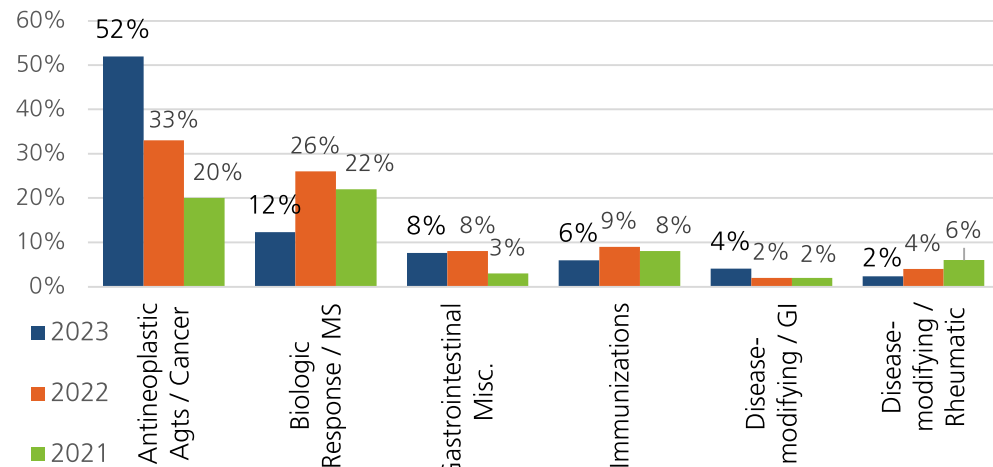


Outpatient Utilization

	Plan Cost	PMPM			Cases	Cases/1,000/Year		
		Prior	Current	Comparison		Prior	Current	Comparison
Outpatient Surgery	\$7,863,184	\$76.77	\$93.86	\$89.40	1,545	197	221	201
Pharmacy	\$5,446,467	\$40.93	\$65.02	\$31.44	2,359	303	338	239
Radiology	\$2,824,718	\$32.37	\$33.72	\$24.92	4,290	610	615	545
Emergency Room	\$2,287,545	\$24.24	\$27.31	\$21.87	1,480	210	212	180
Pathology	\$1,764,159	\$27.13	\$21.06	\$10.04	8,356	1,511	1,197	1,296
Other Outpatient Facility	\$1,125,639	\$11.67	\$13.44	\$13.17	4,664	585	668	641
Observation	\$592,087	\$7.29	\$7.07	\$6.11	113	15	16	12
All Other	\$1,037,830	\$10.61	\$12.39	\$15.09	6,901	984	989	845
Total	\$22,941,630	\$231.01	\$273.86	\$212.06	29,708	4,415	4,256	3,960

Outpatient Surgery Top 5 Services	2021		2022		Current	
	Plan Cost PMPM	Case Count	Plan Cost PMPM	Case Count	Plan Cost PMPM	Case Count
Musculoskeletal System	\$16.78	189	\$15.48	171	\$26.41	243
Digestive System	\$17.94	496	\$18.80	470	\$23.66	688
Cardiovascular	\$1.48	20	\$2.27	25	\$5.24	35
Nervous System	\$6.96	109	\$5.03	120	\$4.16	117
Female Reproductive System	\$4.44	38	\$5.28	47	\$4.07	43
All Others	\$27.73	1240	\$29.92	1258	\$30.31	1545
Total	\$75.33	388	\$76.77	425	\$93.86	419

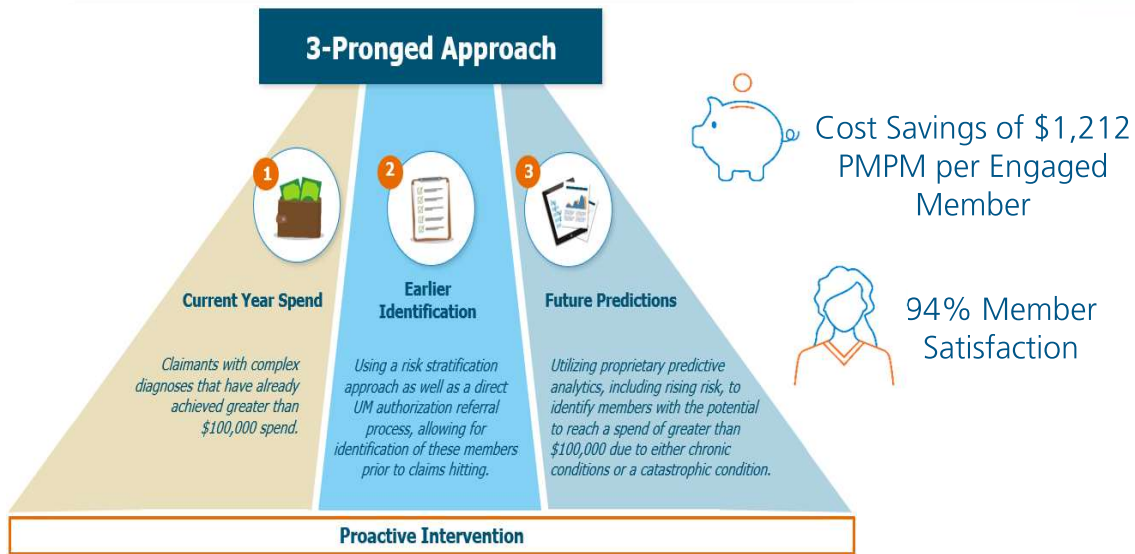
Outpatient Plan Costs, Top 6 Drugs by Therapeutic Class



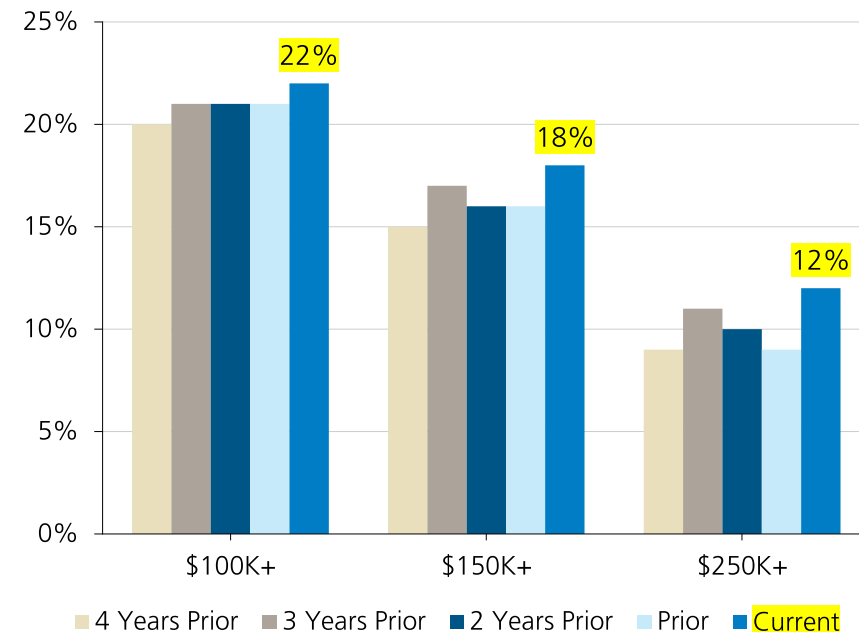
Outpatient Management	
Outpatient Reviews	% Lower Cost Treatment
1,853	12% / 222
Total Savings	
Current	Comparison
\$7.25 PMPM / \$607,622	\$9.20 PMPM

High Cost Claimant Impact

	Prior	Current	% Change	Comparison	Current vs Comparison
Number of Claimants with Plan Cost >= \$150,000	22	23	+5%	--	--
Percent of Members with Plan Cost >= \$150,000	0.32%	0.30%	-6%	--	--
Number of Claimants/1000 with Plan Cost >= \$150,000	3.4	3.3	-3%	5.6	41% lower
Plan Cost for Claimants >= \$150,000	\$5,954,837	\$7,963,279	+34%	--	--
Percent of Plan Cost for Claimants >= \$150,000	16%	18%	+11%	--	--
Average Plan Cost per Claimant >= \$150,000	\$270,674	\$346,230	+28%	--	--
Plan Cost PMPY Excluding Claimants >= \$150,000	\$4,944	\$5,299	+7%	\$4,335	22% higher



High Cost Claimants As % of Total Plan Cost



The High-Cost Claimant Team

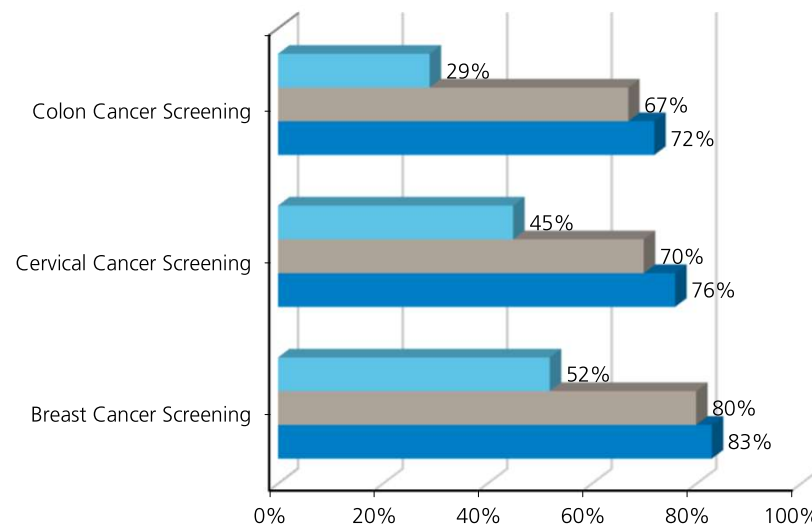
- ✓ Provides Active Engagement
- ✓ Tailors Support Plans
- ✓ Identifies Potential Cost Savings
- ✓ Assists and Educates Members
- ✓ Delivers Regular and Proactive Interventions

Gaps in Care Estimates

Guideline	Eligible Members	Guideline Compliance Rate	
		Current	Comparison
Preventive Services			
Child and Adolescent Well-Care Visits (1 per year for ages 3-11)	534	87%	83%
Child and Adolescent Well-Care Visits (1 per year for ages 12-17)	436	81%	79%
Child and Adolescent Well-Care Visits (1 per year for ages 18-21)	354	44%	48%
Breast Cancer Screening (1 in the past 2 years for women ages 50-74)	809	76%	79%
Cervical Cancer Screening (1 in the past 3 years for women ages 21-64)	1,391	75%	77%
Colon Cancer Screening (1 in the past 10 years for adults ages 45+)	2,136	70%	66%

➤ 2022 Compliance: 75% Breast – 74 % Cervical - 65% Colon

Members as of January 2024	Count	Percent	Comparison
Members Affiliated with a PCP	5,904	85%	76%
*Members Affiliated with an ACQA PCP	4,790	69%	49%
Members Not Affiliated with a PCP *	1,078	15%	24%
Total Members	6,982	-	-



ACQA = Accountable Cost and Quality Agreement

- 278 members not affiliated with a PCP had no services
- 339 members not affiliated with a PCP utilized Urgent Care or Emergency Room services

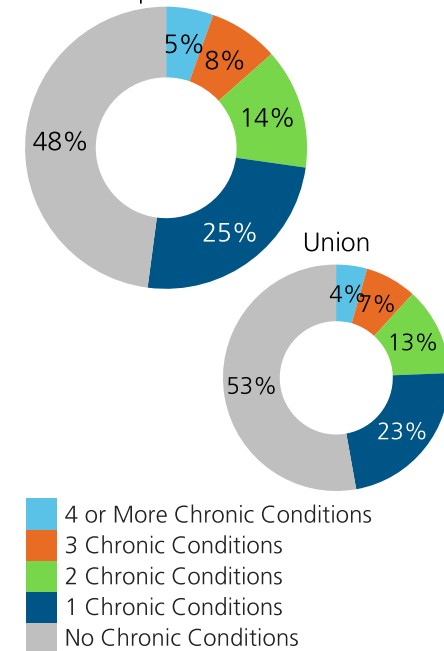
Affiliated with ACQA PCP Affiliated with Non ACQA PCP Not Affiliated with PCP

Chronic Condition Prevalence

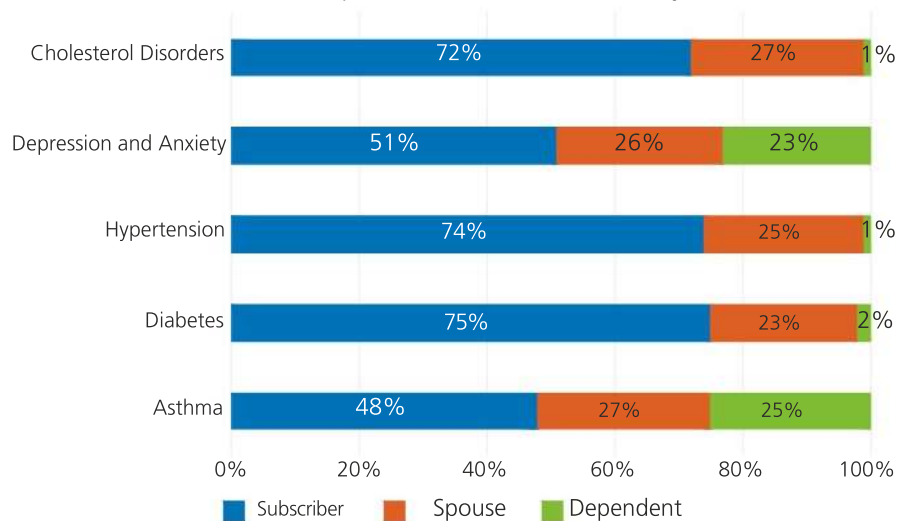
Most Prevalent Chronic Conditions

	# of Members	Total Cost	Prevalence		
			Prior	Current	Comparison
Cholesterol Disorders	1,964	\$129,974	24.9%	25.7%	24.5%
Depression and Anxiety	1,925	\$1,507,418	26.6%	25.2%	22.9%
Hypertension	1,880	\$303,991	24.8%	24.6%	21.6%
Diabetes	653	\$855,273	8.8%	8.5%	7.5%
Asthma	584	\$261,640	7.5%	7.6%	6.7%
Ischemic Heart Disease	326	\$1,039,810	5.6%	4.3%	3.2%
Chronic Obstructive Pulmonary Disease	226	\$71,661	3.1%	3.0%	2.5%
Congestive Heart Failure	143	\$234,866	2.1%	1.9%	1.5%

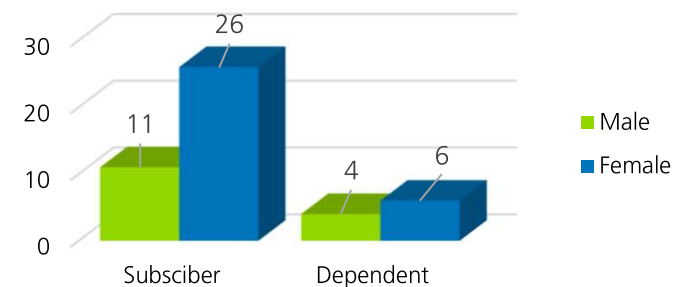
Greater Tompkins Consortium



Top 5 Prevalent Conditions by Relation



Care Management Mobile App Registrations



Member Engagement	Members	Cases	% of Cases	Comparison
Engaged	68	70	25%	21%
Outreached	90	93	33%	40%
Outreached - No Contact	105	116	42%	39%
Total	254	279	--	--

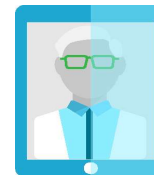
Consumerism

Visit Type	Count		Visits/Registrations per 1,000				
	Prior	Current	Prior	Current	% Change	Comparison	Current vs Comparison
Physician Office Visits: Total Visits *	30,838	35,390	4,832	5,066	+5%	4,287	18% higher
Telehealth Visits: (Non MDLIVE)	10,914	9,300	1,710	1,331	-22%	755	76% higher
Urgent Care: Total Visits	2,273	2,276	356	326	-8%	305	7% higher
ER: Low Acuity Visits	322	379	50	54	+8%	61	11% lower
ER: Total Visits	1,343	1,480	210	212	+1%	215	1% lower
Telemedicine Visits: (MDLIVE - Acute)	49	111	8	16	+100%	18	11% lower
Telemedicine Visits: (MDLIVE - Behavioral)	18	134	3	19	+533%	6	217% higher
Telemedicine Registered Members	213	253	33	36	+9%	47	23% lower

Visit Type	Average Total Cost/Visit		
	Current	Comparison	Current vs Comparison
Physician Office Visits *	\$133	\$119	11% higher
Telehealth Visits: (Non MDLIVE)	\$120	\$117	2% higher
Urgent Care Visits	\$230	\$180	28% higher
ER: Low Acuity Visits	\$1,887	\$1,867	1% higher
ER: All Visits	\$1,999	\$2,011	1% lower
Telemedicine Visits: (MDLIVE - Acute)	\$47	\$44	7% higher
Telemedicine Visits: (MDLIVE - Behavioral)	\$83	\$87	5% lower

* Telemedicine and Telehealth visits included

MDLIVE



➤ Percent of Eligible Registered members is 3.3%

Total Estimated Acute Care Savings **\$19,652**

	Subscriber	Total
Number of Registered Members*	153	253
Number of Acute Care Visits	52	111
Number of Unique Members with Acute Care Visits	36	67
Number of Behavioral Health Visits	109	134
Number of Unique Members with Behavioral Health Visits	13	21

Provider Network



Savings	
Percent Savings *:	56%
Billed Charges:	\$119,109,695
Total Costs *:	\$51,929,707
Network Savings:	\$67,179,988

* Percent Savings = Network Savings / Billed Charges

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



Non-Participating Provider Utilization	
Number of Individuals:	1,013
Plan Costs:	\$879,292
Member Costs:	\$259,461
Percent Plan Cost:	2.0%

Arena	Participating Provider			Total Plan Costs
	Local Provider	Blue Card Provider	Non-Par Provider	
Inpatient	\$5,845,190	\$1,100,723	\$53,284	\$6,999,197
Outpatient	\$19,878,794	\$2,994,421	\$68,415	\$22,941,630
Physician	\$12,089,500	\$1,025,408	\$496,264	\$13,611,171
Other	\$955,191	\$46,942	\$261,329	\$1,263,463
Pharmacy	\$45,436	--	--	\$45,436
Total	\$38,814,110	\$5,167,494	\$879,292	\$44,860,896



Blue Card
Bluecard claims represent 12% of Total Costs
PA: 57%, NY: 9%, GA: 6%
IL: 4%, TN: 4%, Other: 19%

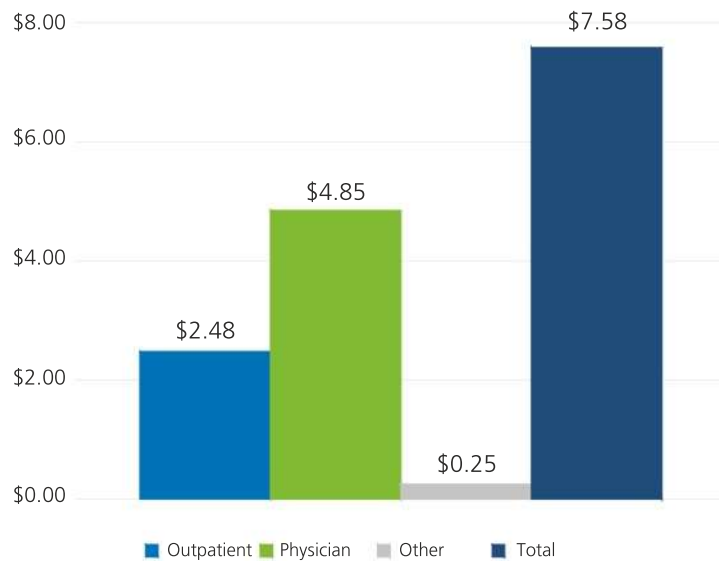
Non-Par Provider Utilization

Top 5 Treatment Types	% Plan Cost	Member Count
Outpatient Psychiatric	28%	167
Ambulance	27%	214
Chiropractor	14%	315
Physical Therapy	8%	228
Alcohol/Drug	4%	2
All Other	19%	689
Total	100%	1,013

Pre and Post Payment Savings

Pre-Payment

Clinical Editing Programs drive down claim expense by managing medical and payment policies through enforcing correct coding protocols. A multi-faceted approach enables maximum savings with a focus on cost containment, promoting claims billing accuracy, and payment integrity.

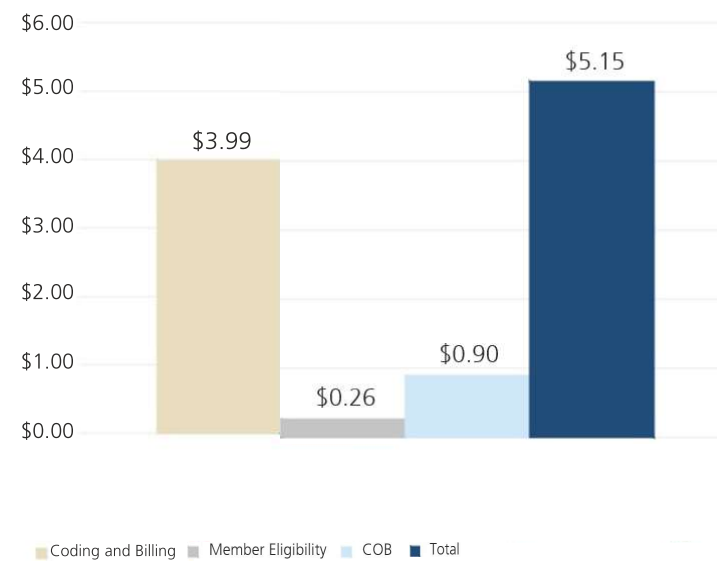


Arena	Total Savings	PMPM Savings	Comparison PMPM Savings
Outpatient	\$207,970	\$2.48	\$2.16
Physician	\$406,423	\$4.85	\$4.35
Other	\$21,068	\$0.25	\$0.18
Total	\$635,461	\$7.58	\$6.69

*Standard correct coding programs are not presently applied to Inpatient facilities, however the Health Plan is looking into future opportunity.

Post-Payment

Payment Integrity is the focus, with a goal to control health benefits expense through retrospective review including validation of appropriate billing and payment. Identified overpayments are recovered and future overpayments will be minimized through audits and remediation.



Detail	Total Savings	PMPM Savings	Comparison PMPM Savings
Coding and Billing	\$334,454	\$3.99	\$1.21
COB	\$75,218	\$0.90	\$0.91
Member Eligibility	\$22,142	\$0.26	\$0.28
Total	\$431,569	\$5.15	\$2.38

Cost Containment



Network Savings:
\$67,179,988



Inpatient Reviews:
\$242,688



Outpatient Reviews:
\$607,622



Pre-Payment Savings:
\$635,461



Post Payment Recoveries:
\$431,569



Total Savings:
\$69,097,328
\$824.24 PMPM



Programs & Partnerships

Site of Care

The Site of Care (SOC) program provides outreach to members who are currently receiving certain infusion drugs at high-cost facilities and transitions these members to home infusion or lower cost facilities

Goal: Promote member convenience and accessibility to care while lowering cost

➤ Voluntary

Distinct Members / Drugs	Annual Group Savings Opportunity
15	\$1,422,411

REACH

REACH Kidney Care is a health management program designed to benefit patients along the continuum of kidney disease, including advanced CKD, kidney transplant, and ESRD

Goal: Prolong kidney function by slowing the progression of CKD

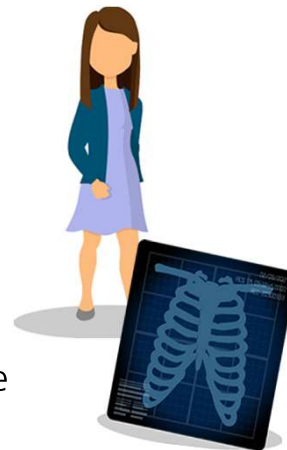


This Includes:

- Internal Management of CKD
- New vendor partner to support management of CKD stages 4/5
 - 38 members identified with stage 4/5
- In addition, many of our ACQAs have Care Management programs in place that include CKD patients

Vori Health

- Musculoskeletal (MSK) claims are the 2nd leading clinical cost-driver for Greater Tompkins Consortium.
- Expanding access and approach to back, neck and joint care through virtual and digital platform will be available beginning January 2025.
- Our partnership with Vori Health, a nationwide specialty medical practice that delivers virtual-first MSK solutions.
- Members will have access to video visits, medical evaluation, personalized treatment plans that will reduce unnecessary treatments and trips to the emergency resulting in lower overall costs.



Appendix



A nonprofit independent licensee of the Blue Cross Blue Shield Association

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Confidential and Proprietary
Information

Member Support Resources

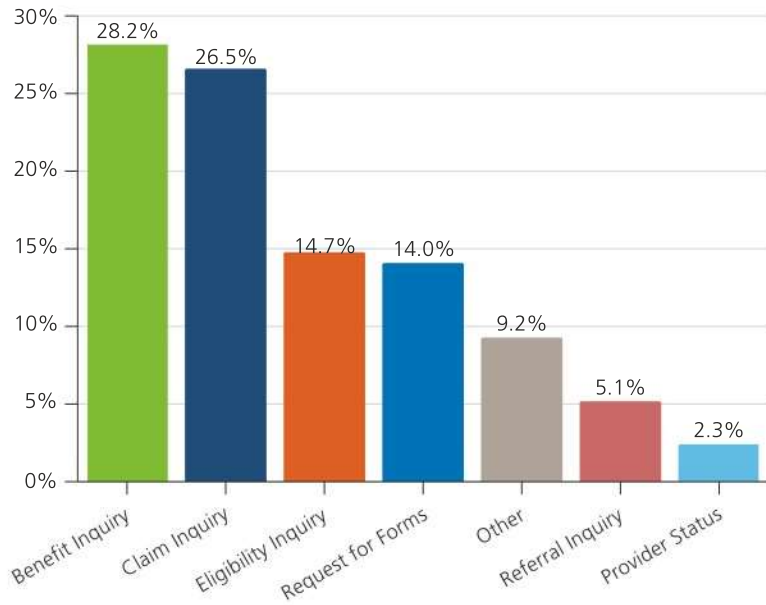
Customer Care Calls



Our Customer Care department is available Monday - Friday to assist members with questions or concerns.

Telephone Stats

985 members contacted Customer Care with 1,717 inquiries.

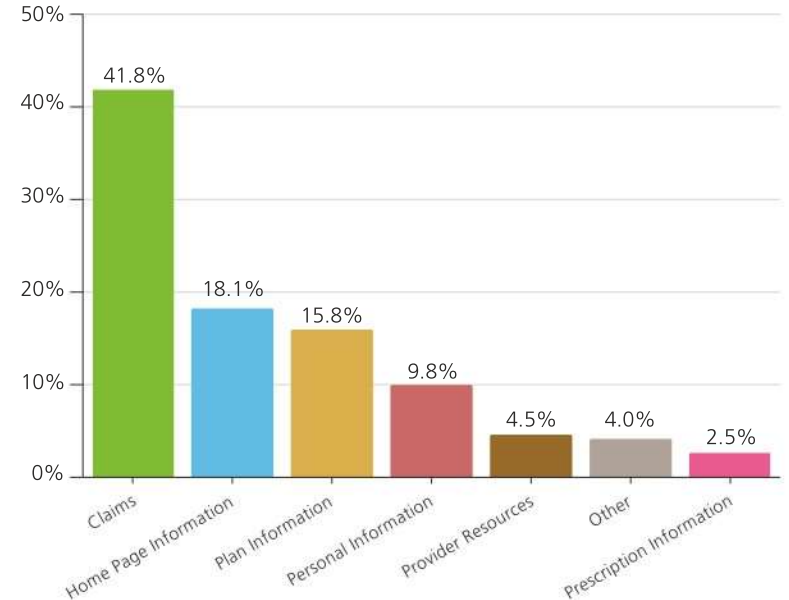


Self-Service Web Tools



Via online accounts, our site allows for self-service activities 24/7, providing members with information about their coverage and benefits.

Web/Mobile	Prior	Current	Comparison
Adult Members (18+) with website login	--	2,074 / 33%	32%
Adult Members (18+) using the mobile app	125 / 2%	165 / 3%	3%



All Others: Plan Resources, 1.0% Rewards & Incentives, 0.9% Transparency Tool, 0.8% Health & Wellness, 0.6% Educational Resources, 0.1%

At a Glance

Greater Tompkins Consortium

Industry Comparison

Claims Incurred Anytime, Paid Jan 2023- Dec 2023	Prior	Current	% Change	Comparison	Current vs Comparison
Enrollment and Demographics					
Average Contracts	3,115	3,404	9%	--	--
Average Members	6,382	6,986	9%	125,564	--
Members per Contract	2.0	2.1	5%	2.1	similar
Average Age: Subscribers	53.8	53.3	-1%	49.4	older
Percent Male: Subscribers	57%	58%	2%	63%	less
Average Age: All Members	41.4	40.9	-1%	38.0	older
Percent Male	49%	50%	2%	52%	less
Financial Measures					
Plan Cost	\$37,397,370	\$44,860,896	20%	--	--
Member Cost	\$2,130,234	\$2,568,143	21%	--	--
Total Cost	\$42,963,250	\$51,929,707	21%	--	--
Plan Cost per Contract per Year	\$12,006	\$13,179	10%	\$12,254	8%
Plan Cost per Member per Year	\$5,860	\$6,422	10%	\$5,726	12%
Plan Cost per Member per Month	\$488	\$535	10%	\$477	12%
Total Cost per Member per Year	\$6,732	\$7,433	10%	\$6,487	15%
Percent Member Cost Share	5%	5%	0%	6%	-17%
Member Cost per Contract per Year	\$684	\$754	10%	\$835	-10%
Plan Costs by Arena					
Inpatient Plan Cost per Member per Month	\$78.03	\$83.49	7%	\$107.13	-22%
Outpatient Plan Cost per Member per Month	\$231.01	\$273.66	18%	\$224.69	22%
Physician Plan Cost per Member per Month	\$158.83	\$162.36	2%	\$131.94	23%
Other Plan Cost per Member per Month	\$14.43	\$15.07	4%	\$13.12	15%
Pharmacy Plan Cost per Member per Month	\$6.02	\$0.54	-91%	\$0.29	86%
High Claimant Impact					
Number of Claimants with Plan Cost >= \$150,000	22	23	5%	--	--
Plan Cost for Claimants >= \$150,000	\$5,954,837	\$7,963,279	34%	--	--
Percent of Plan Cost for Claimants >= \$150,000	15.9%	17.8%	11%	--	--
Average Plan Cost per Claimant >= \$150,000	\$270,674	\$346,230	28%	--	--
Plan Cost PMPY Excluding Claimants >= \$150,000 Threshold	\$4,944	\$5,299	7%	\$4,335	22%
Provider Networks					
Percent Plan Cost to Participating Providers	97%	98%	1%	--	--
Estimated Provider Savings	\$52,967,204	\$67,179,988	27%	--	--
Estimated Savings as Percent of Billed Amount	55%	56%	2%	--	--
Utilization Measures					
Admissions per 1,000 per Year	64	69	8%	60	15%
Number of Admissions	408	483	18%	--	--
Physician Office Visits per 1,000 per Year	4,832	5,066	5%	4,288	18%
Emergency Room Visits per 1,000 per Year	210	212	1%	215	-1%
Number of Emergency Room Visits	1,343	1,480	10%	--	--
Emergency Room Visits per 1,000 per Year: Low Acuity	50	54	8%	61	-11%
Total Cost per Visit					
Physician Office	\$129	\$133	3%	\$119	11%
Emergency Room	\$1,802	\$1,999	11%	\$2,011	-1%

% 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



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 126,000 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)