Wisconsin Dept. of Employee Trust Funds

DW/VBI Project Update February 21, 2018





### WIETF DW/VBI Project - Releases Timing

Name	Scope Summary	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18 Jul-1
Phase 1	Initial database available; includes data from all medical data suppliers except last 3, plus Delta, StayWell and Navitus																
Phase 2	Updated database available; includes data from last 3 medical data suppliers, plus provider enrollment data from all 2018 plans, plus dashboards																
Phase 3	Additional analytics (will continue ongoing through contract period)																

## Analytic Planning Guide

Under	rstand	Measure &	Manage	Refine			
Context	Understand Population	Design Programs	Optimize Vendors	Evaluate Impact	Success Measures		
Organization Mission, Vision & Values	Health	Plan Design	Network Analysis	Wellness	Demographic		
Total Rewards Philosophy / Benefit Program Design	Productivity	Modeling	Risk Sharing	Health Management	Cost & Quality		
Planning Cycle / Operating Rhythm	Consumer Engagement	Cost Sharing	Pay for Value	Quality of Care	Efficiency		
Benchmark & Success Indicators	Focused Outreach	Benchmarks	Payment Integrity	ROI / VOI	Effectiveness		

## Using Benchmarks for Benefit Evaluation

## MarketScan<sup>®</sup> Benchmarks

OverviewIndustryGeographyWorkforceBest PracticeHPM *• Built from MarketScan data representing 40M lives and 10% of annual U.S. healthcare expense• Aerospace and Defense Auto Supplier• Aerospace and Defense Auto Supplier• U.S. Total • Region (4)• Active • Early Retiree • Hourly Active • Hourly Active • Hourly Active • Hourly Active • Hourly Active • Hourly Active • State• Active • Early Retiree • Hourly Active • Medicare • Salaried Active • Salaried Early Retiree• Morms covering Workers' Compensation, STD, and LTD • Optional add-on, not included in current scope• Use (e.g., Allow Amount Per Admission Acute)• Price (e.g., Allow Amount Pharmaceutical • State Goods • Oil and Gas and Extraction and Mining • Pharmaceutical • Retail • Services and Local Government • Transportation, Communication, and Utilities • Universities • Universities • Universities • Universities • Universities • Universities • Utilities • Vehicle Manufacturer• MarketScan Benefits: • The highest-quality source available for benchmarks are automatically adjusted to the demographics, case-mix, severity of illness of your		MarketSc	an <sup>®</sup> Norm E	Breadth						
<ul> <li>representing 40M lives and 10% of annual U.S. healthcare expense</li> <li>Auto Supplier</li> <li>Auto Supplier</li> <li>Chemicals and Refining</li> <li>Chemicals and Refining</li> <li>Communications</li> <li>State</li> <li>Benchmark Categories:</li> <li>Food and Beverage</li> <li>Healthcare</li> <li>Food and Beverage</li> <li>Healthcare</li> <li>Information Technology</li> <li>Manufacturing, Durable Goods</li> <li>Oil and Gas and Extraction and Mining</li> <li>Quality (e.g., Strep Screens Per Episode – Pharyngitis)</li> <li>Quality (e.g., Strep Screening (e.g., Days LOS Bipolar Disorder)</li> <li>Screening (e.g., Mammogram Screening Rate)</li> <li>Auto Supplier</li> <li>Auto Supplier</li> <li>Auto Supplier</li> <li>Retail</li> <li>Services and Local Government</li> <li>State Screening (e.g., Mammogram Screening Rate)</li> <li>Auto Supplier</li> <li>Auto Supplier</li> <li>Auto Supplier</li> <li>Retail</li> <li>Services</li> <li>Universities</li> <li>Universities</li> <li>Universities</li> <li>Vehicle Manufacturer</li> <li>Vehicle Manufacturer</li> </ul>	Overview	Industry	Geography	Workforce	Best Practice	HPM *				
<ul> <li><u>Quality</u> (e.g., Strep Screens Per Episode – Pharyngitis)</li> <li><u>Condition-specific</u> (e.g., Days LOS Bipolar Disorder)</li> <li><u>State Government</u></li> <li>State Government</li> <li>Transportation, Communication, and Utilities</li> <li>Universities</li> <li>Utilities</li> <li>Utilities</li> <li>Vehicle Manufacturer</li> <li>MarketScan Benefits:</li> <li>The highest-quality source available for benchmarking the commercially insured population.</li> <li>Source data has been de-identified, standardized and clinically enhanced.</li> <li>Benchmarks are automatically adjusted to the demographics, case-mix, severity of illness of your</li> </ul>	representing 40M lives and 10% of annual U.S. healthcare expense 275 unique measures 9,500 benchmarks Benchmark Categories: - <u>Cost</u> (e.g. Allow Amount PMPM Medical) - <u>Use</u> (e.g., Admits Per 1000 Acute) - <u>Price</u> (e.g., Allow Amount	<ul> <li>Auto Supplier</li> <li>Chemicals and Refining</li> <li>Communications</li> <li>Finance, Insurance, and Real Estate</li> <li>Food and Beverage</li> <li>Healthcare</li> <li>Information Technology</li> <li>Manufacturing, Durable Goods</li> <li>Manufacturing, Non- durable Goods</li> <li>Oil and Gas and Extraction</li> </ul>	<ul><li>Region (4)</li><li>Division (9)</li></ul>	<ul> <li>Early Retiree</li> <li>Hourly Active</li> <li>Hourly Early Retiree</li> <li>Medicare Eligible Retiree</li> <li>Salaried Active</li> <li>Salaried Early</li> </ul>	measures based on top performing customers (either 25th or 75th percentile as	Workers' Compensation, STD, and LTD * Optional add-on, not included in current				
population.	<ul> <li><u>Quality</u> (e.g., Strep Screens Per Episode – Pharyngitis)</li> <li><u>Condition-specific</u> (e.g., Days LOS Bipolar Disorder)</li> <li><u>Screening</u> (e.g., Mammogram Screening</li> </ul>	<ul> <li>Pharmaceutical</li> <li>Retail</li> <li>Services <ul> <li>and Local Government</li> </ul> </li> <li>State Government</li> <li>Transportation, <ul> <li>Communication, and</li> <li>Utilities</li> <li>Universities</li> <li>Utilities</li> </ul> </li> </ul>	• T ti • S c • E	<ul> <li>The highest-quality source available for benchmarking the commercially insured population.</li> <li>Source data has been de-identified, standardized and clinically enhanced.</li> <li>Benchmarks are automatically adjusted to the demographics, case-mix, severity of illness of your</li> </ul>						

# Clinical Condition Reporting and Program Evaluation

## Plan Cost Comparison

	2016 Plan Costs Compared to Adjusted Benchmark												
Plan Group	Allowed Amount PMPM Med and Rx	Adjusted Benchmark	Allowed Amount PMPM Med	Adjusted Benchmark	Inpatient Allowed Amount PMPM	Adjusted Benchmark	Outpatient Allowed Amount PMPM	Adjusted Benchmark	Drug Allowed Amount PMPM	Adjusted Benchmark			
Plan A	\$697	\$534	\$549	\$382	\$134	\$83	\$405	\$279	\$148	\$160			
Plan B	\$608	\$608	\$451	\$435	\$129	\$107	\$297	\$309	\$157	\$173			
Plan C	\$835	\$512	\$696	\$366	\$167	\$80	\$468	\$266	\$139	\$159			
Plan D	\$489	\$415	\$382	\$297	\$87	\$63	\$292	\$218	\$107	\$127			
Plan E	\$648	\$507	\$514	\$363	\$121	\$79	\$375	\$262	\$134	\$155			
Plan F	\$637	\$430	\$534	\$307	\$149	\$64	\$345	\$230	\$102	\$135			
Plan G	\$391	\$405	\$312	\$290	\$62	\$51	\$224	\$221	\$79	\$133			
Plan H	\$637	\$445	\$536	\$318	\$120	\$75	\$396	\$228	\$100	\$133			
Plan I	\$677	\$484	\$543	\$346	\$115	\$75	\$397	\$254	\$134	\$149			
Plan J	\$798	\$734	\$606	\$525	\$148	\$139	\$404	\$372	\$192	\$202			
Plan K	\$664	\$540	\$525	\$386	\$106	\$90	\$395	\$276	\$139	\$162			
Plan L	\$553	\$526	\$420	\$376	\$103	\$86	\$313	\$270	\$133	\$158			
Plam M	\$640	\$392	\$527	\$281	\$131	\$60	\$376	\$204	\$113	\$122			

- Plan G has lower than expected total per-member-per-month costs. Plan B total PMPM costs are equal to the adjusted benchmark.
- Plan C has the highest per-member-per-month costs. Plan J has the second highest PMPM costs, however costs are only 8.7% higher than the age / gender / severity adjusted benchmark.
- Additional detailed analysis of top chronic conditions can lead to possible gaps in care.

## **Chronic Condition Trends**

	Episodes				Allowed r Episo		ost Inpatient Allowed Cost Per Episode			Oupatient Allowed Cost Per Episode			Drug Allowed Cost Per Episode		
Episode	2015	2016	% Change	2015	2016	% Change	2015	2016	% Change	2015	2016	% Change	2015	2016	% Change
Asthma	5,751	5,173	-10%	\$3,094	\$3,163	2%	\$143	\$153	7%	\$1,089	\$1,106	2%	\$1,861	\$1,903	2%
COPD	1,619	1,615	0%	\$4,857	\$5,145	6%	\$686	\$714	4%	\$1,616	\$1,719	6%	\$2,556	\$2,712	6%
Coronary Artery Disease	4,686	4,644	-1%	\$7,454	\$8,358	12%	\$3,430	\$4,307	26%	\$2,505	\$2,834	13%	\$1,520	\$1,217	-20%
Depression	16,094	15,416	-4%	\$1,735	\$1,543	-11%	\$268	\$295	10%	\$947	\$878	-7%	\$520	\$371	-29%
Diabetes	12,511	12,040	-4%	\$5,941	\$6,322	6%	\$484	\$456	-6%	\$1,154	\$1,134	-2%	\$4,303	\$4,732	10%
Low Back Disorder	31,527	27,189	-14%	\$1,087	\$1,147	6%	\$232	\$267	15%	\$764	\$803	5%	\$91	\$77	-15%
Osteoarthritis	11,368	10,555	-7%	\$6,147	\$5,886	-4%	\$3,355	\$3,124	-7%	\$2,331	\$2,299	-1%	\$461	\$463	0%

- Coronary Artery disease costs-per-episode have increased by 12% due to increasing inpatient and outpatient costs.
- Diabetes treatment costs increased 6% due to increasing drug costs per episode.
- Preventive visits with a physician are an important step in diagnosing and treating any health condition.
- Gaps in care for chronic conditions such as coronary artery disease can provide insight into condition management opportunities.

## **Preventive Care Utilization**



- Overall, 62% of members did not have a preventive care service in 2016.
- Males age 18-34 had the lowest use of preventive care with 84% of members not incurring a service; 75% of males age 35-44 did not incur a preventive service.

**Dependents** with a Preventive Care Service

46%

## Adherence to Cardiovascular Clinical Guidelines

**18** out of 1,000 members have coronary artery disease



This result is **higher** than the MarketScan benchmark prevalence of 15

- CAD is the 3<sup>rd</sup> most costly chronic condition in the WI ETF population with \$27.1 million in medical and prescription drug net payments.<sup>1</sup>
- Approximately 4,600 patients have CAD with an average treatment net cost per patient of \$5,833.<sup>1</sup>



1Cost and rank data based on 2016 episodes

## Adherence to Diabetes Clinical Guidelines





This result is **lower** than the MarketScan benchmark prevalence of 78

- Diabetes is the most costly chronic condition in the WI ETF population with \$52.7 million in medical and prescription drug net payments.<sup>1</sup>
- Approximately 12,000 patients have diabetes with an average treatment cost per patient of \$4,376.<sup>1</sup>



1Cost and rank data based on 2016 episodes

# Modeling the Impact of Benefit Changes

### **Benefit Modeler**

Benefit	Mod	eler	Essenti	als						
Scenarios	Plan	Selec	ct Customer							
Scenario Info										
Scenario Information for Plan										
Descrip	tion									
▶ Plan	Model Sce	enario								
► Enrol	Iment Set	tings								
Medical & Phamacy Cost Trends										
P mount	ar or r nur	nucy cos	it from a s							
	1									
ave Confidence that the Benefit Plan										
You L	Jesi	gn t	or You	ur Pop	ulation					
Align										

- Provides a flexible, intuitive web-based application
- Includes alerts for ACA compliance
- Compares up to five plan design changes at once
- Enables evaluation of HDHPs
- Leverages MarketScan<sup>®</sup> data
- Incorporates organization-specific demographic and geographic data

### **Benefit Modeler**



### **Benefit Modeler**

### Benefit Plan Reports

#### Five-Year Cost Projection

2017:	Traditional	HDHP I with HSA	HDHP II with HSA	H SA III
Medical Plan				
Claims	\$434,105,932	\$479,791,141	\$444,871,306	\$448,071,727
Fees	\$0	\$0	\$0	\$0
Total	\$434,105,932	\$479,791,141	\$444,871,306	\$448,071,727
Prescription Drug Plan				
Claims	\$124,085,320	\$108,311,264	\$101,078,252	\$101,863,785
Fees	\$0	\$0	\$0	\$0
Total	\$124,085,320	\$108,311,264	\$101,078,252	\$101,863,785
Total Claims and Fees	\$558,191,252	\$588,102,405	\$545,949,558	\$549,935,513
2018:	Traditional	HDHP I with HSA	HDHP II with HSA	H SA III
Medical Plan				
Claims	\$475,850,575	\$525,928,980	\$487,651,172	\$491,159,354
Fees	\$0	\$0	\$0	\$0
Total	\$475,850,575	\$525,928,980	\$487,651,172	\$491,159,354
Prescription Drug Plan				
Claims	\$132,771,292	\$115,893,053	\$108,153,730	\$108,994,250
Fees	\$0	\$0	\$0	\$0
Total	\$132,771,292	\$115,893,053	\$108,153,730	\$108,994,250

### **Benefit Modeler**

_								Outpatient Physician	80%	\$20	
100	leler							Physician Office Visits	80%	\$20	Yes 🔽
								Specialist Office Visits	80%	\$20	Yes 🔽
					Plan		Мах	Mental Health	80%	\$20	Yes 🔽
					Benefit	Сорау	Applies	Chemical Dependency	80%	\$20	Yes 🔽
	General Information			Inpatient Hospital	80%	\$0		Other	80%	\$20	Yes 🔽
	Out-of-Area Plan Enrollment			Medical	80%	\$0	Yes 🔽	Preventive Care	100%	S0	
	Percentage of Employees	11.7%	0	Surgical	80%	\$0	Yes 🔽				
	Network Penetration		_					Physical Exams	100%	\$0	Yes 🔽
	(Based on Ees with Access)	In Network	Ø	Maternity	80%	\$0	Yes 🔽	Immunizations	100%	\$0	Yes 🔽
	Physician	93.26%		Mental Health	80%	\$0	No 💌	Screenings	100%	\$0	Yes 🔽
	Hospital	93.24%		Chemical Dependency	80%	\$0	No 💌	Well Childcare	100%	\$0	Yes 🔽
	Other	89.84%		Skilled Nursing Facility	80%	\$0	Yes 🔽	Outpatient Miscellaneous	80%	\$0	
	Deductible/OOP Max Calculation	By Individual		Outpatient Hospital	80%	\$0		Allergy	80%	\$0	Yes 🔽
				Emergency Room	80%	\$50	Yes 🔽	Ambulance	80%	\$0	Yes 🔽
	In- and out-of-network combined?	Deductible	OOP Max*	Ambulatory Surgery	80%	\$0	Yes 🔽	Chemotherapy	80%	\$0	Yes 🔽
	*(Out of Pocket Maximum)			Radiology	80%	\$0	Yes 🔽	Chiropractor	80%	\$0	Yes 🔽
	In Network		Сору 🖡	Laboratory	80%	\$0	Yes 🔽	Dialysis	80%	\$0	Yes 🔽
	Deductible & Maximums	1		Maternity	80%	\$0	Yes 🔽	DME	80%	\$0	Yes 🔽
		Individual	Family	Mental Health	80%	\$0	Yes 🔽	Hearing	80%	\$0	Yes 🔽
	Deductible	\$500	\$1,000	Chemical Dependency	80%	\$0	Yes 💟	Hearing Aids	0%	\$0	Yes 🔽
	Out-of-Pocket Maximum*	\$3,000	\$6,000	Other	80%	\$0	Yes 🔽	Home Health Care	80%	\$0	Yes 🔽
	*(Includes the Deductible)			Inpatient Physician	80%	\$0		Laboratory	80%	\$0	Yes 🔽
	Lifetime Maximum	\$0		Medica/Surgical	80%	\$0	Yes 🔽	Physical Therapy	80%	\$0	Yes 🔽
				Mental Health	80%	\$0	Yes 🔽	Podiatry Services	80%	\$0	Yes 🔽
				Chemical Dependency	80%	\$0	Yes 🔽	Prescr Major Med.	0%	\$0	Yes 🔽
				Maternity	80%	\$0	Yes 🔽	Radiology/X-Ray	80%	\$0	Yes 🔽

80%

Speech

\$0

Yes 🔽

### Benefit Modeler Report Results

### Total Annual Medical and Rx Costs

		RFD Scenario 1 Baseline	RFD Alternate PPO	RFD Alternate PPO w HSA			
	Medical Plan						
	Annual Claims	\$820,276,537	\$812,171,150	\$668,116,466			
	Annual Administrative Fees	\$38,632,874	\$36,632,874	\$38,632,874			
	Total Annual Claims and Fees	\$858,909,411	\$848,804,024	\$704,749,340			
	Prescription Drug Plan						
	Annual Claims						
	(After Copays and Rebates)						
	Mail Order	\$141,078,633	\$138,128,084	\$127,432,300			
What are the projected	Retail	\$92,338,675	\$89,666,879	\$83,406,265			
aggregate cost savings for the	Total	\$233,413,308	\$227,794,963	\$210,838,565			
	Annual Administrative Fees	\$3,856,092	\$3,858,092	\$3,856,092			
new plan design?	Total Annual Claims and Fees	\$237,289,400	\$231,651,055	\$214,694,657			
	Totals						
	Annual Claims and Fees	\$1,094,178,811	\$1,080,455,079	\$919,443,997			
	HRA Account Payout*	\$0	\$0	\$59,077,801			
	or HSA Er Contribution						
	Total Annual Costs	\$1,094,178,811	\$1,080,455,079	\$978,521,798			
	Compared to Base Plan						
	Percentage Change		-1.3%	-10.6%			
	Dollar Change		(\$13,723,738)	(\$115,657,013)			
	Total Annual HSA	\$0	\$0	\$88,301,550			
	Account Contribution						

### Legal Disclaimer

© Copyright 2018 Truven Health Analytics, part of the IBM Watson Health business

IBM, the IBM logo and ibm.com are trademarks of IBM Corporation in the United States, other countries or both. Truven Health Analytics and its respective logo are trademarks of Truven Health Analytics in the United States, other countries or both. All other company or product names are registered trademarks of their respective companies. A current list of IBM trademarks is available on the Web at "Copyright and trademark information" at www.ibm.com/legal/copytrade.shtml.

This document is current as of the initial date of publication and may be changed by IBM at any time. Not all offerings are available in every country in which IBM operates.

The information in this document is provided "as is" without any warranty, express or implied, including without any warranties of merchantability, fitness for a particular purpose and any warranty or condition of noninfringement. IBM products are warranted according to the terms and conditions of the agreements under which they are provided.

The client is responsible for ensuring compliance with all applicable laws and regulations applicable to it. IBM does not provide legal advice or represent or warrant that its services or products will ensure that the client is in compliance with any law or regulation.

The performance data and client examples cited are presented for illustrative purposes only. Actual performance results may vary depending on the specific configurations and operating conditions. It is the user's responsibility to evaluate and verify the operation of any other products or programs with IBM product and programs

Statement of Good Security Practices: IT system security involves protecting systems and information through prevention, detection and response to improper access from within and outside your enterprise. Improper access can result in information being altered, destroyed, misappropriated or misused or can result in damage to or misuse of your systems, including for use in attacks on others. No IT system or product should be considered completely secure and no single product, service or security measure can be completely effective in preventing improper use or access. IBM systems, products and services are designed to be part of a lawful, comprehensive security approach, which will necessarily involve additional operational procedures, and may require other systems, products or services to be most effective. IBM does not warrant that any systems, product or services are immune from, or will make your enterprise immune from, the malicious or illegal conduct of any party.