# **Attachment A**

### **Financial**

Previous Period: Apr 2020 - Mar 2021 (Incurred) Current Period: Apr 2021 - Mar 2022 (Incurred)





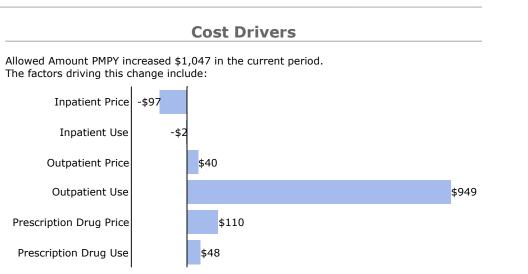
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### **Financial**

Previous Period: Apr 2020 - Mar 2021 (Incurred) Current Period: Apr 2021 - Mar 2022 (Incurred)



	Previous	Current	% Char	ige	Norm	% Differe from No	
Allow Amt PMPY Med and Rx	\$8,224	\$9,271	12.7%		\$7,009	32.3%	
Allow Amt Per Visit Office Med	\$219	\$223	1.4%				
Allow Amt Per Adm Acute	\$25,848	\$25,199	-2.5%	▼	\$33,152	-24.0%	▼
Allow Amt Per Visit ER	\$2,058	\$2,163	5.1%		\$2,395	-9.7%	▼
Allow Amt Per Script Rx	\$158	\$166	5.1%		\$167	-0.4%	▼
Visits Per 1000 Office Med	6,684	7,612	13.9%		5,692	33.7%	
Admits Per 1000 Acute	64	65	2.2%		48	35.9%	
Visits Per 1000 ER	211	254	20.5%		179	41.5%	
Scripts Per 1000 Rx	11,144	11,554	3.7%				

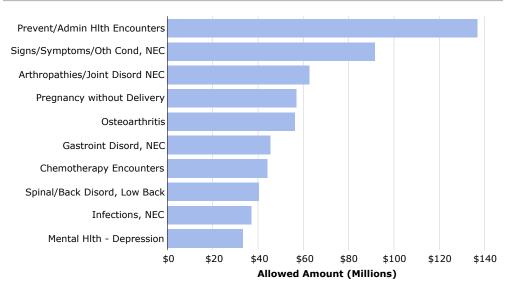




### Clinical

Previous Period: Apr 2020 - Mar 2021 (Incurred) Current Period: Apr 2021 - Mar 2022 (Incurred)





Allow Amt Med % of Total

\$136,654,898

\$91,454,505

\$62,570,477

\$56,935,076

\$56,143,200

\$45,477,434

\$44,058,536

\$40,281,013

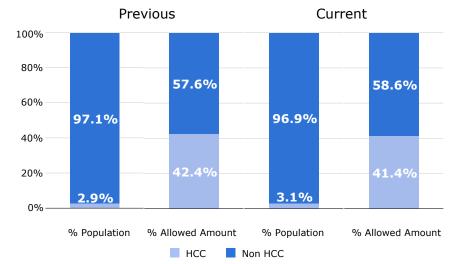
\$36,964,602

\$33,241,022

\$603,780,763

\$1,727,930,450

#### **10 Most Expensive Clinical Conditions**



### **Top 10 Conditions for \*Consistent HCC**

**High Cost Claimants (HCC) Trends** 

		Datianta	**Allow Amt Per
	Allow Amt Med	Patients	Patient Med
Chemotherapy Encounters	\$24,996,739	353	\$70,812
Renal Function Failure	\$17,261,083	380	\$45,424
Signs/Symptoms/Oth Cond, NEC	\$11,542,050	2,437	\$4,736
Multiple Sclerosis	\$8,972,681	208	\$43,138
Condition Rel to Tx - Med/Surg	\$8,689,034	504	\$17,240
Crohns Disease	\$6,777,906	288	\$23,534
Infections, NEC	\$6,118,973	1,148	\$5,330
Cancer - Leukemia	\$5,551,869	168	\$33,047
Respiratory Disord, NEC	\$5,451,004	1,103	\$4,942
Gastroint Disord, NEC	\$5,293,736	956	\$5,537

HCC: defined as member with allowed amount >= \$50K.

 $^{*}$  Consistent HCC: in addition, member must meet the HCC requirement for each of the last 2 Incurred Rolling years.

+Patient counts may not be unique since some patients have multiple conditions.

\*\*Only costs associated with this condition in the current period, patients may have multiple conditions.

\*\*Allow Amt Per

Patient Med

\$755

\$1,190

\$1,299

\$11,655

\$3,478

\$1,839

\$41,408

\$1,542

\$1,545

\$2,846

\$7,465

\$647

Prevent/Admin Hlth Encounters

Signs/Symptoms/Oth Cond, NEC

Arthropathies/Joint Disord NEC

Pregnancy without Delivery

Osteoarthritis

Gastroint Disord, NEC

**Chemotherapy Encounters** 

Spinal/Back Disord, Low Back

Infections, NEC

Mental Hlth - Depression

**Top 10 Subtotal** 

**All Clinical Conditions** 

+Patients

181,116

76,825

48,154

4,885

16,142

24,729

1,064

26,116

57,163

21,521

212,123

248,657

7.9%

5.3%

3.6%

3.3%

3.2%

2.6%

2.5%

2.3%

2.1%

1.9%

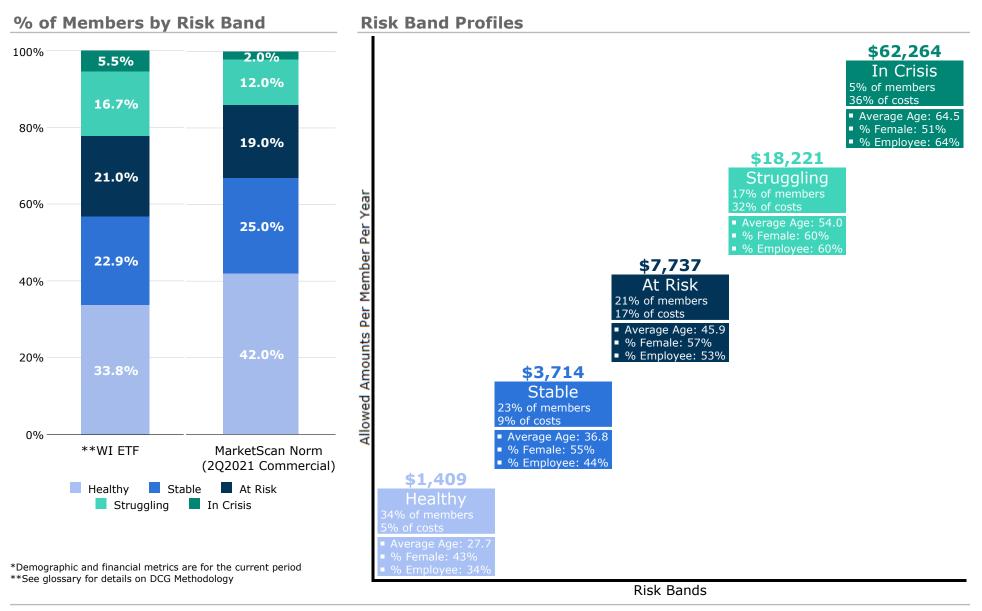
34.9%

100.0%

## Clinical

\*Current Period: Apr 2021 - Mar 2022 (Incurred) \*\*DCG Period: Jan 2021 - Dec 2021

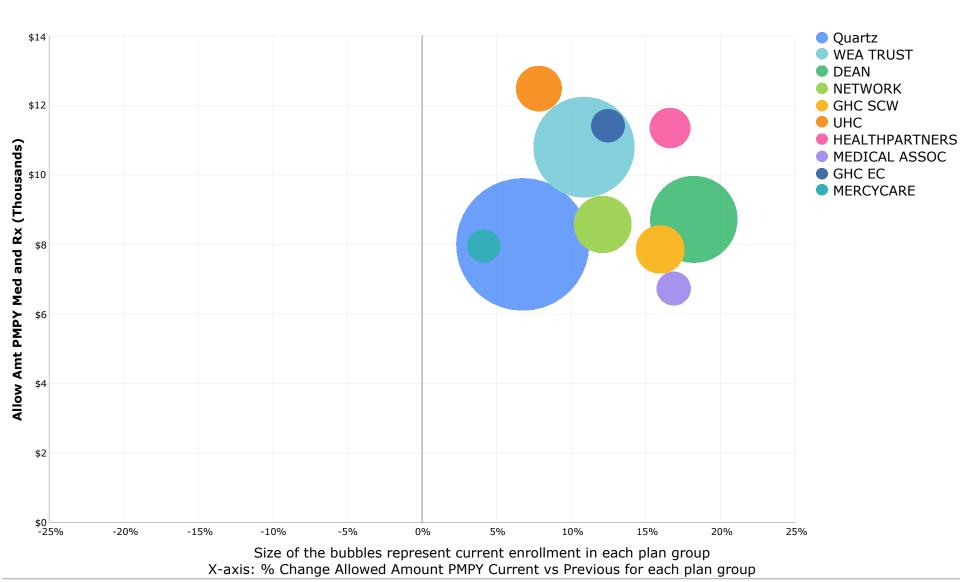




# **Financial**

Previous Period: Apr 2020 - Mar 2021 (Incurred) Current Period: Apr 2021 - Mar 2022 (Incurred)





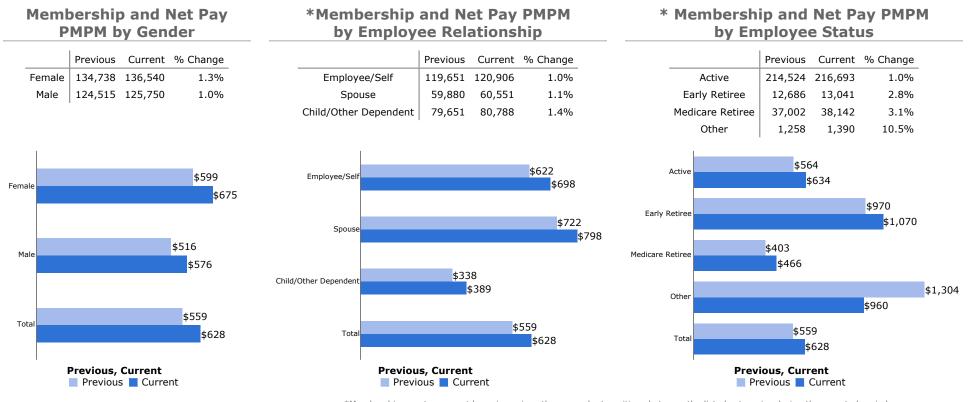
**Enrollment and Allowed Amount PMPY by Plan Group** 

### **Eligibility**

Previous Period: Apr 2020 - Mar 2021 (Incurred) Current Period: Apr 2021 - Mar 2022 (Incurred)



	Enrollment			Average Age			
	Previous	Current	% Change	Previous	Current	% Change	
Employees	119,844	121,521	1.4%	51.2	51.5	0.5%	
Members	259,182	262,245	1.2%	39.7	39.9	0.7%	
Family Size Avg	2.2	2.2	-0.2%				



\*Membership counts may not be unique since there may be transitions between the listed categories during the reported period



#### **Time Periods**

- CRY: Current Rolling Year
- DCG Periods
  - Related to Diagnostic Cost Group methodology and risk adjustment
  - Typically aligned with Jan Dec plan year
- Incurred: the date a service was rendered
- Paid: the date that the claim for a service was paid
- PRY: Previous Rolling Year

#### Clinical

Clinical Conditions: IBM description for a clinical condition based on valid ICD principal diagnosis

- IP: inpatient service, related to an admission
- OP: outpatient services
- Rx: prescription drugs

### **Eligibility**

- Employees: subscriber/self
- Family Size: average number of covered members per family
- Member Age: average age of covered employees/members
- Members: subscribers and dependents

#### **Financial**

- Allowed Amount: the total amount paid to the provider by all parties the underlying medical cost that drives spending
- Net Payment: the amount paid by the plan sponsor (WI ETF)
  - Net Payment = Allowed Amount (OOP + Third Party Payment)
- OOP: Out Of Pocket, cost to member
- Rates:
  - PMPM: Per Member Per Month
  - PMPY: Per Member Per Year
- Third Party Payment: e.g. Medicare, Medicaid, and other insurance

#### Other

- DCG: Diagnostic Cost Group (DCG) classifications are the foundation of a family of risk-adjusted payment and analysis methodologies
- Risk Scores and Categories
  - Are the predicted patient risk based on (i) Diagnosis codes (ICD 9/10) and (ii) Demographics
  - Concurrent / prospective: current and predicted risk scores
  - NonRescaled: DCG model population reference / average = 100
  - Rescaled: WI ETF population reference / average = 100
  - Risk Bands: groupings of risk scores based on IBM MarketScan