

Attachment A

Financial

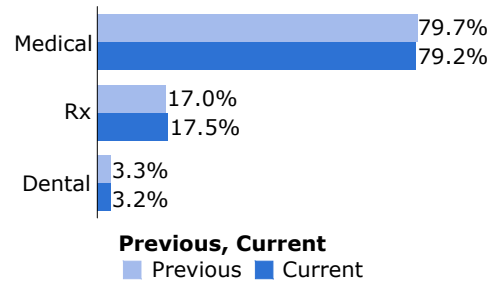
Previous Period: Jun 2020 - May 2021 (Incurred)

Current Period: Jun 2021 - May 2022 (Incurred)

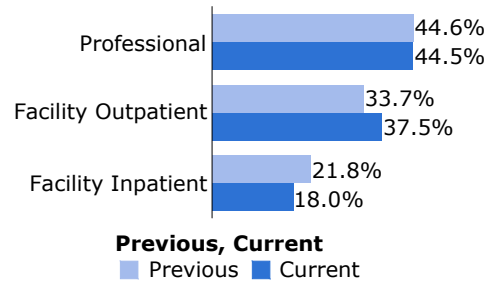


	Previous	Current		Previous	Current	% Change
Total Net Payment	\$1.70 B	\$1.81 B	Net Payment PMPM	\$591	\$633	7.0% ▲

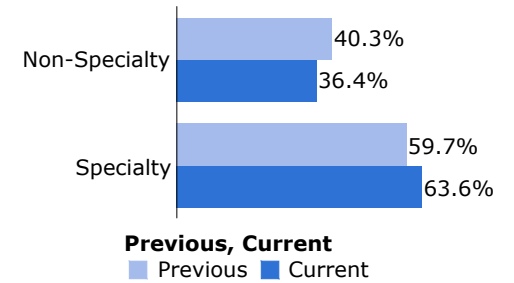
Net Payment by Summary Categories



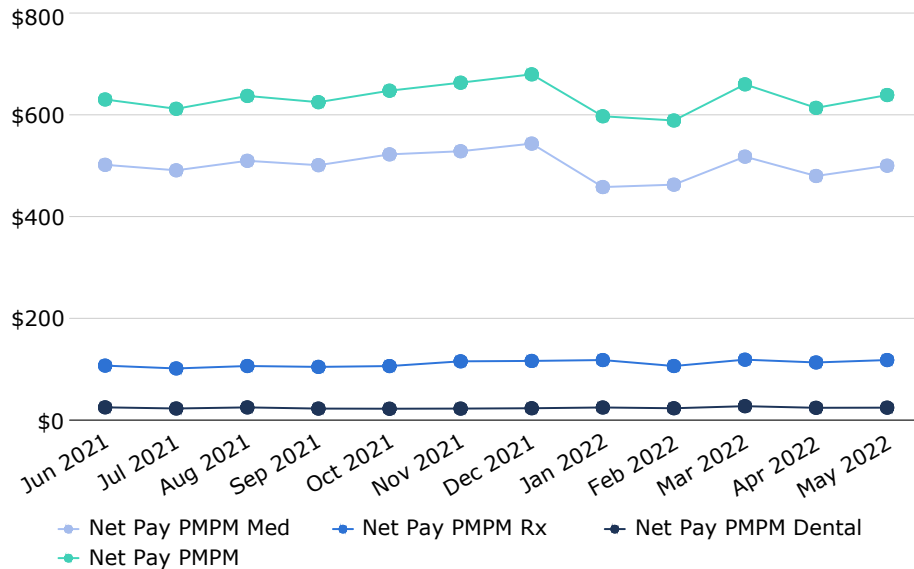
Net Payment by Medical Service Categories



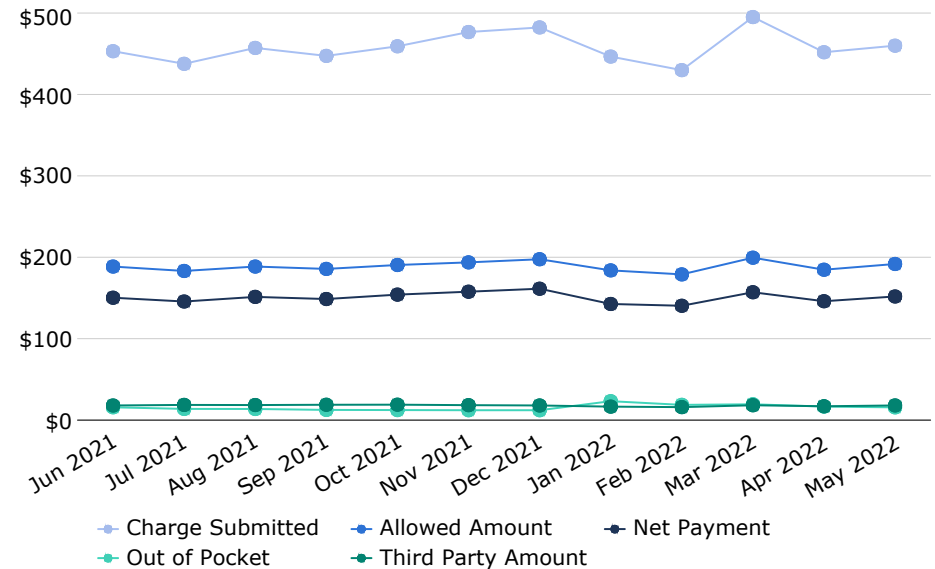
Net Payment by Non-Specialty vs Specialty Drugs



Monthly Cost Per Member



Total Monthly Costs (in Millions)



Financial

Previous Period: Jun 2020 - May 2021 (Incurred)

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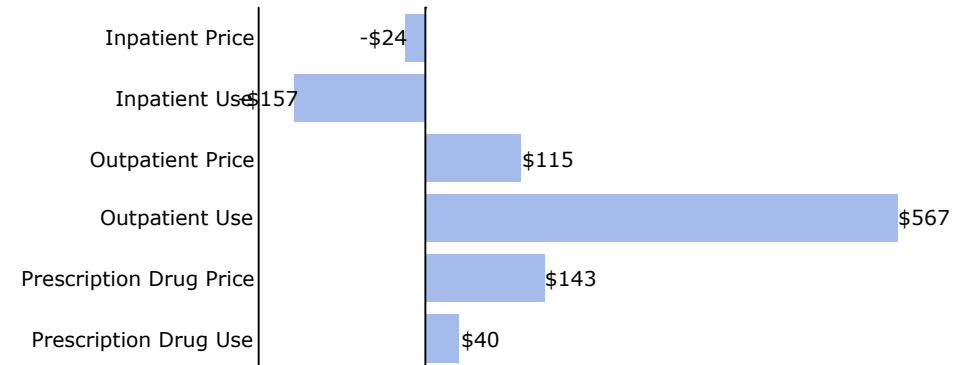


Cost Per Member

	Previous	Current	% Change		Norm	% Difference from Norm	
Allow Amt PMPY Med and Rx	\$8,662	\$9,346	7.9%	▲	\$7,009	33.3%	▲
Allow Amt Per Visit Office Med	\$219	\$225	3.0%	▲			
Allow Amt Per Adm Acute	\$25,600	\$25,510	-0.4%	▼	\$33,421	-23.7%	▼
Allow Amt Per Visit ER	\$2,064	\$2,159	4.6%	▲	\$2,395	-9.9%	▼
Allow Amt Per Script Rx	\$158	\$169	6.8%	▲	\$167	1.2%	▲
Visits Per 1000 Office Med	7,247	7,557	4.3%		5,692	32.8%	
Admits Per 1000 Acute	66	64	-2.3%		48	33.7%	
Visits Per 1000 ER	224	257	14.8%		179	43.3%	
Scripts Per 1000 Rx	11,284	11,648	3.2%				

Cost Drivers

Allowed Amount PMPY increased \$684 in the current period.
The factors driving this change include:



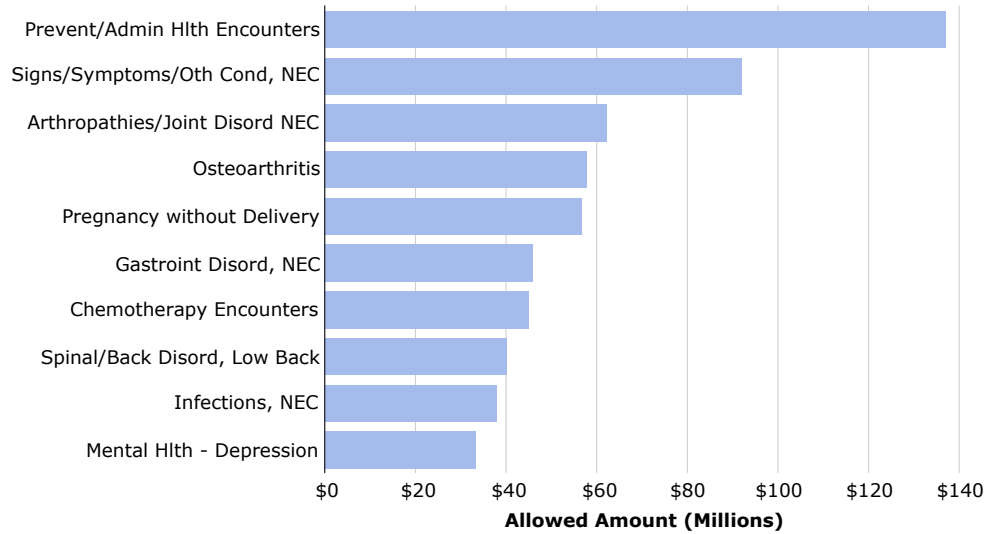
Clinical

Previous Period: Jun 2020 - May 2021 (Incurred)

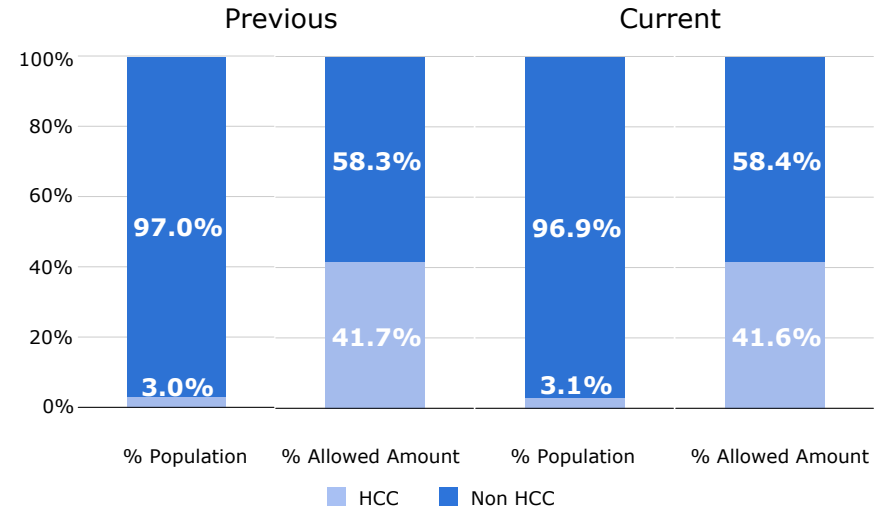
Current Period: Jun 2021 - May 2022 (Incurred)



10 Most Expensive Clinical Conditions



High Cost Claimants (HCC) Trends



Top 10 Conditions for *Consistent HCC

	Allow Amt Med	% of Total	+Patients	**Allow Amt Per Patient Med
Prevent/Admin Hlth Encounters	\$136,952,437	7.9%	177,496	\$772
Signs/Symptoms/Oth Cond, NEC	\$91,934,679	5.3%	76,807	\$1,197
Arthropathies/Joint Disord NEC	\$62,261,929	3.6%	48,158	\$1,293
Osteoarthritis	\$57,841,846	3.3%	16,227	\$3,565
Pregnancy without Delivery	\$56,628,149	3.3%	4,824	\$11,739
Gastroint Disord, NEC	\$45,931,541	2.7%	24,750	\$1,856
Chemotherapy Encounters	\$45,053,967	2.6%	1,070	\$42,107
Spinal/Back Disord, Low Back	\$40,172,132	2.3%	26,035	\$1,543
Infections, NEC	\$37,969,992	2.2%	57,642	\$659
Mental Hlth - Depression	\$33,194,632	1.9%	21,555	\$1,540
Top 10 Subtotal	\$607,941,304	35.1%	209,875	\$2,897
All Clinical Conditions	\$1,732,893,097	100.0%	247,058	\$7,532

	Allow Amt Med	Patients	**Allow Amt Per Patient Med
Chemotherapy Encounters	\$24,663,968	351	\$70,268
Renal Function Failure	\$17,351,756	376	\$46,148
Signs/Symptoms/Oth Cond, NEC	\$11,976,046	2,517	\$4,758
Multiple Sclerosis	\$8,946,731	208	\$43,013
Condition Rel to Tx - Med/Surg	\$8,851,040	518	\$17,087
Crohns Disease	\$6,639,375	298	\$22,280
Cancer - Leukemia	\$5,732,156	177	\$32,385
Infections, NEC	\$5,596,287	1,229	\$4,554
Gastroint Disord, NEC	\$5,488,194	997	\$5,505
Respiratory Disord, NEC	\$5,216,555	1,152	\$4,528

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.

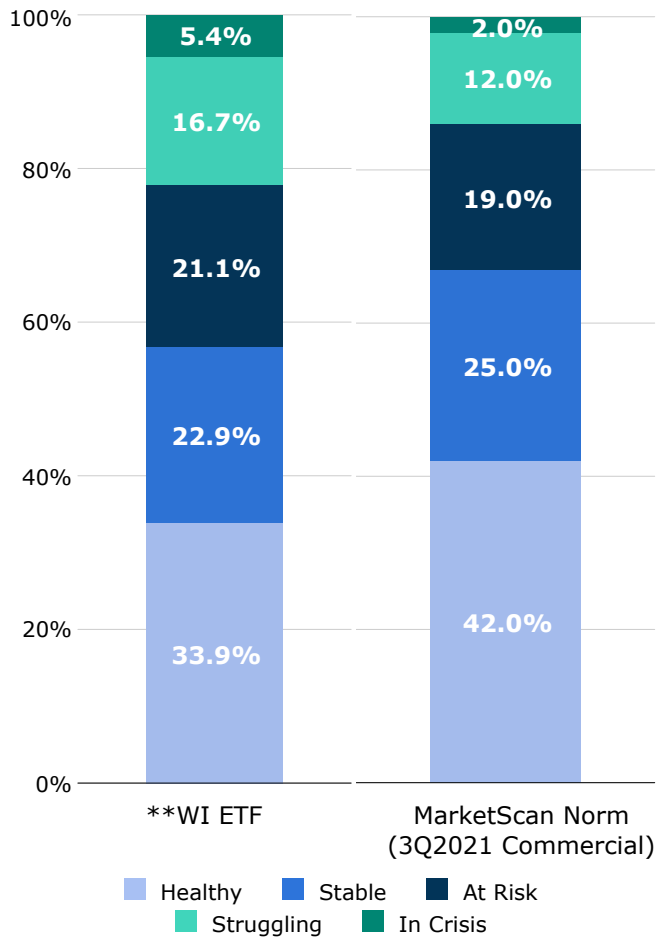
Clinical

*Current Period: Jun 2021 - May 2022 (Incurred)

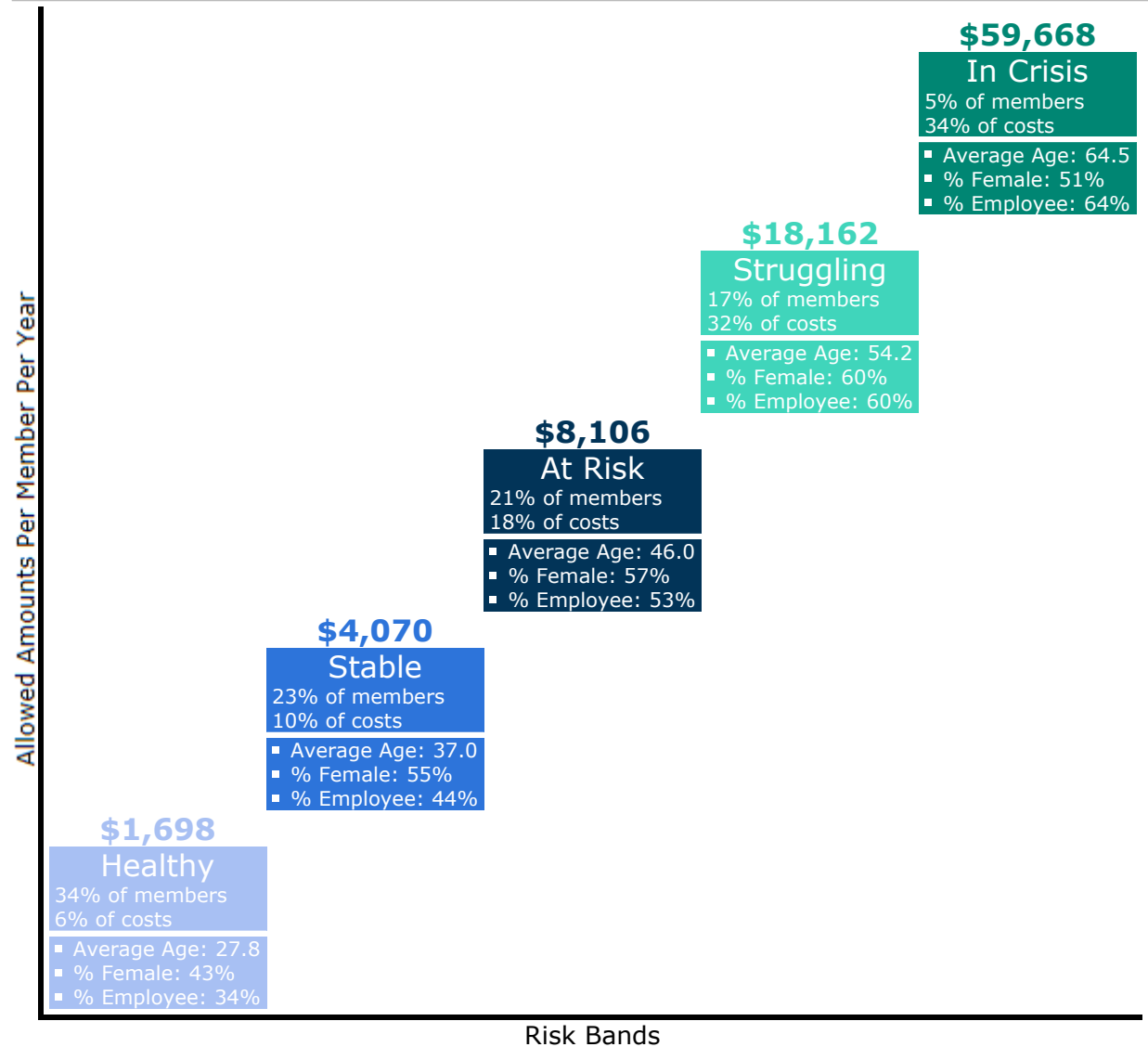
**DCG Period: Jan 2021 - Dec 2021



% of Members by Risk Band



Risk Band Profiles



*Demographic and financial metrics are for the current period

**See glossary for details on DCG Methodology

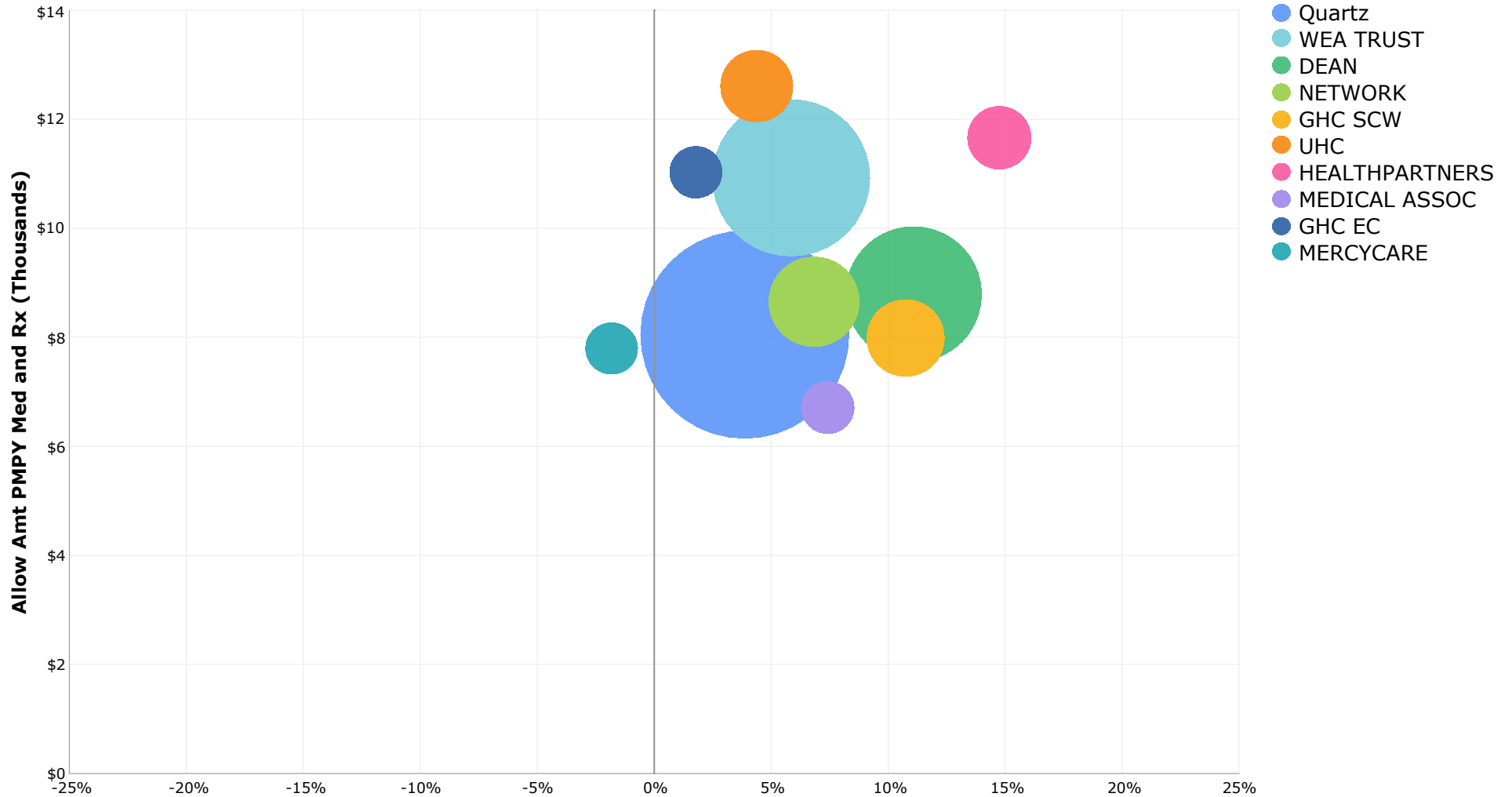
Financial

Previous Period: Jun 2020 - May 2021 (Incurred)

Current Period: Jun 2021 - May 2022 (Incurred)



Enrollment and Allowed Amount PMPY by Plan Group



Size of the bubbles represent current enrollment in each plan group
X-axis: % Change Allowed Amount PMPY Current vs Previous for each plan group

Eligibility

Previous Period: Jun 2020 - May 2021 (Incurred)

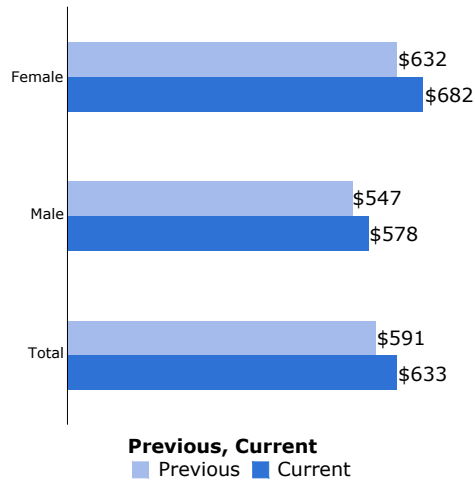
Current Period: Jun 2021 - May 2022 (Incurred)



	Enrollment			Average Age		
	Previous	Current	% Change	Previous	Current	% Change
Employees	119,480	121,053	1.3%	51.3	51.5	0.5%
Members	258,843	261,462	1.0%	39.7	40.0	0.7%
Family Size Avg	2.2	2.2	-0.2%			

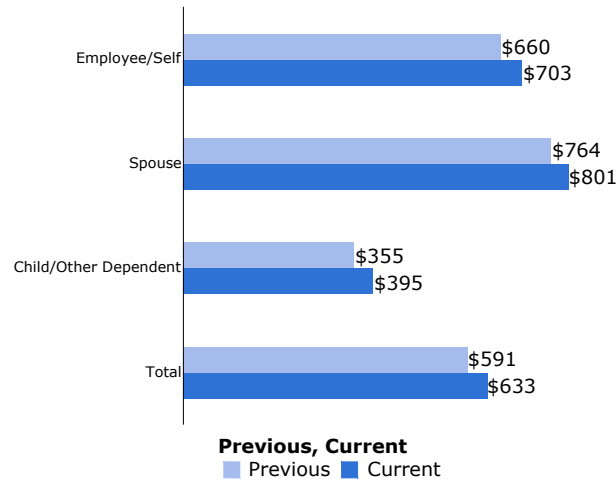
Membership and Net Pay PMPM by Gender

	Previous	Current	% Change
Female	134,634	136,081	1.1%
Male	124,275	125,432	0.9%



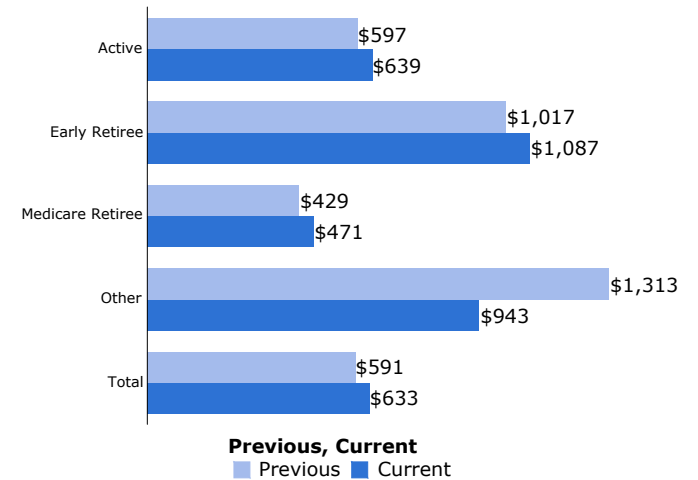
*Membership and Net Pay PMPM by Employee Relationship

	Previous	Current	% Change
Employee/Self	119,316	120,471	1.0%
Spouse	59,802	60,371	1.0%
Child/Other Dependent	79,725	80,620	1.1%



* Membership and Net Pay PMPM by Employee Status

	Previous	Current	% Change
Active	213,851	215,506	0.8%
Early Retiree	12,693	13,085	3.1%
Medicare Retiree	37,127	38,278	3.1%
Other	1,229	1,404	14.2%



*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)
 - $\text{Net Payment} = \text{Allowed Amount} - (\text{OOP} + \text{Third Party Payment})$
- 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