Attachment A

Financial

	Previous	Current
Total Net Payment	$1.73 B	$1.82 B

	Previous	Current	% Change
Net Payment PMPM	$602	$639	6.2% ▲

Net Payment by Summary Categories

	Previous	Current
Medical	79.7%	78.8%
Rx	17.0%	18.0%
Dental	3.3%	3.2%

Previous, Current
■ Previous ■ Current
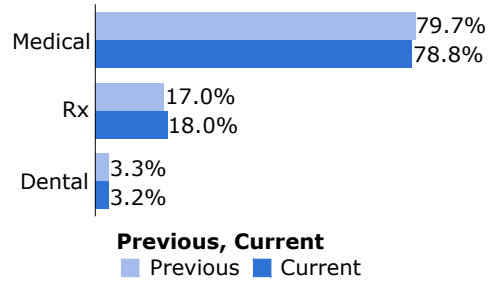
Net Payment by Medical Service Categories

	Previous	Current
Professional	44.6%	44.4%
Facility Outpatient	34.5%	37.8%
Facility Inpatient	20.9%	17.8%

Previous, Current
■ Previous ■ Current
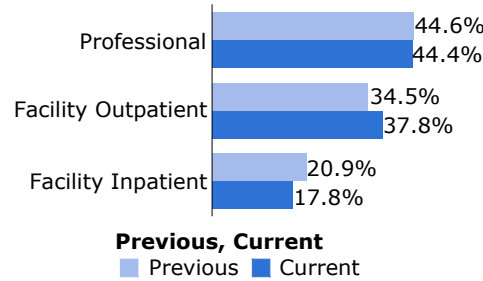
Net Payment by Non-Specialty vs Specialty Drugs

	Previous	Current
Non-Specialty	39.6%	35.2%
Specialty	60.4%	64.8%

Previous, Current
■ Previous ■ Current

Monthly Cost Per Member

● Net Pay PMPM Med ● Net Pay PMPM Rx ● Net Pay PMPM Dental
● Net Pay PMPM
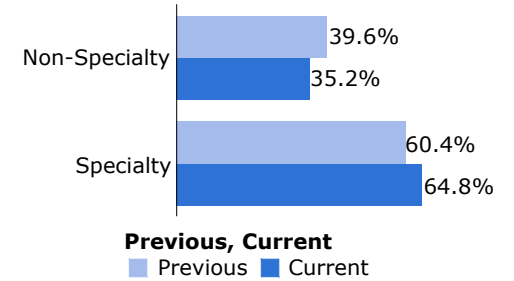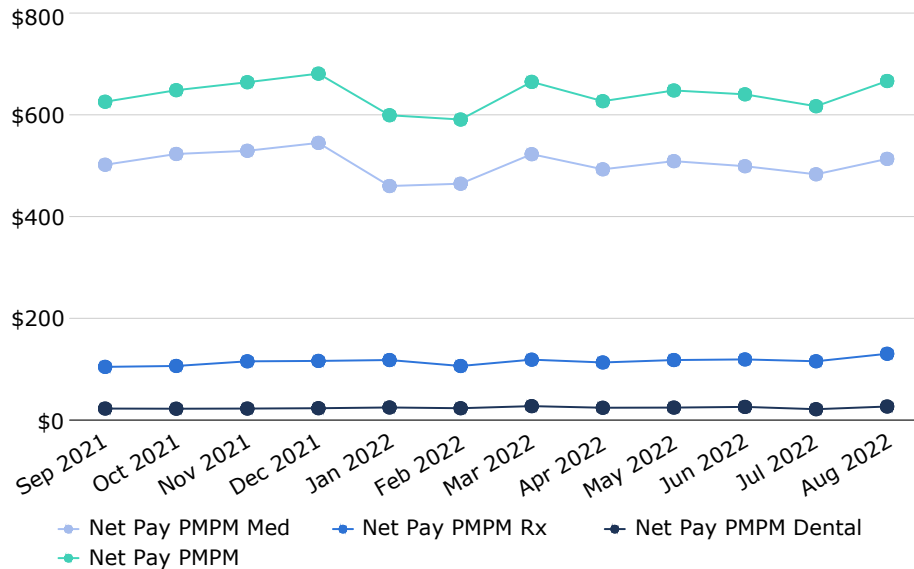
Total Monthly Costs (in Millions)
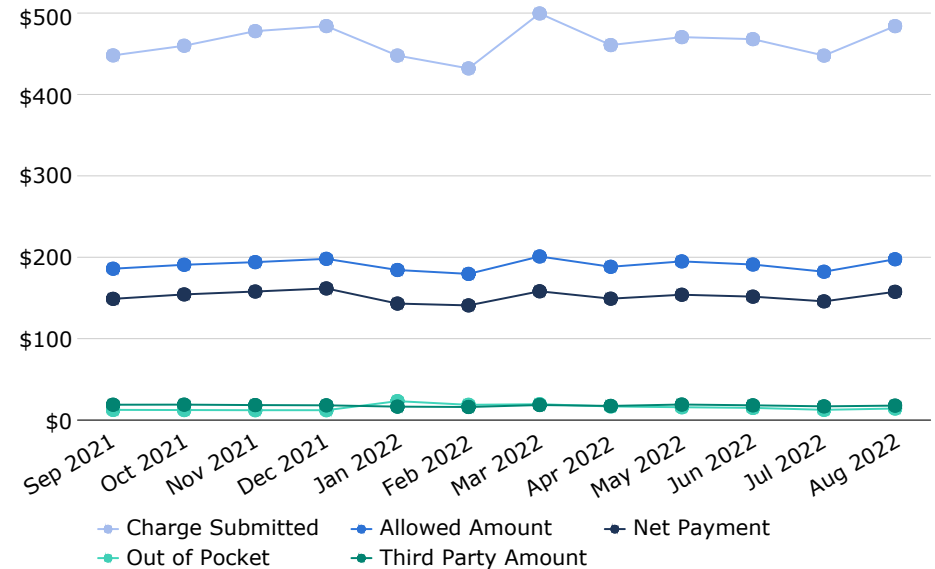
● Charge Submitted ● Allowed Amount ● Net Payment
● Out of Pocket ● Third Party Amount

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Cost Per Member

	Previous	Current	% Change		Norm	% Difference from Norm	
Allow Amt PMPY Med and Rx	$8,812	$9,451	7.3%	▲	$7,008	34.9%	▲
Allow Amt Per Visit Office Med	$219	$227	3.7%	▲			
Allow Amt Per Adm Acute	$25,471	$25,533	0.2%	▲	$33,978	-24.9%	▼
Allow Amt Per Visit ER	$2,095	$2,170	3.6%	▲	$2,395	-9.4%	▼
Allow Amt Per Script Rx	$160	$174	9.1%	▲	$167	4.5%	▲
Visits Per 1000 Office Med	7,434	7,516	1.1%		5,691	32.1%	
Admits Per 1000 Acute	66	63	-4.1%		48	31.7%	
Visits Per 1000 ER	234	257	9.6%		179	43.2%	
Scripts Per 1000 Rx	11,380	11,690	2.7%				

Cost Drivers

Allowed Amount PMPY increased $639 in the current period. The factors driving this change include:
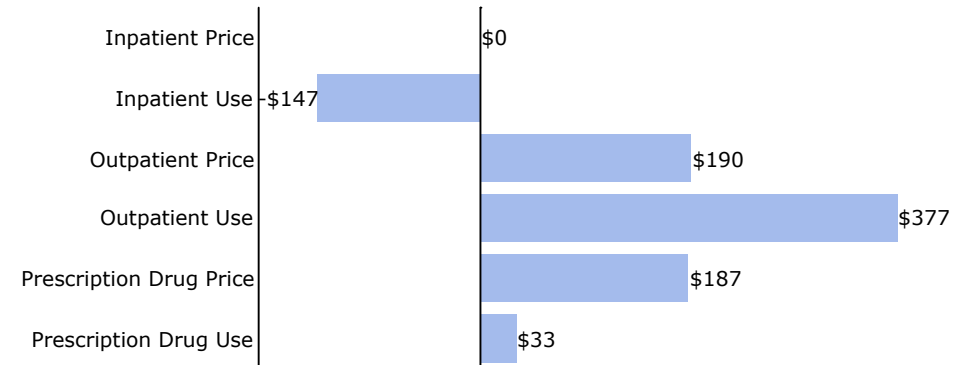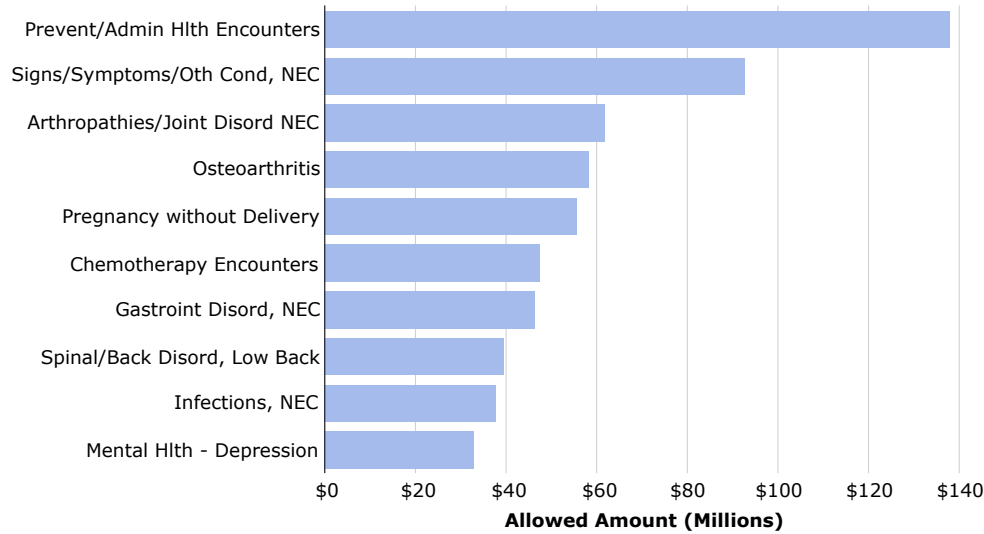

Driver	Value
Inpatient Price	$0
Inpatient Use	-$147
Outpatient Price	$190
Outpatient Use	$377
Prescription Drug Price	$187
Prescription Drug Use	$33

10 Most Expensive Clinical Conditions

High Cost Claimants (HCC) Trends

	Allow Amt Med	% of Total	+Patients	**Allow Amt Per Patient Med
Prevent/Admin Hlth Encounters	$137,820,000	7.9%	176,505	$781
Signs/Symptoms/Oth Cond, NEC	$92,706,744	5.3%	76,766	$1,208
Arthropathies/Joint Disord NEC	$61,733,442	3.6%	48,063	$1,284
Osteoarthritis	$58,205,842	3.4%	16,390	$3,551
Pregnancy without Delivery	$55,543,757	3.2%	4,665	$11,906
Chemotherapy Encounters	$47,370,168	2.7%	1,064	$44,521
Gastroint Disord, NEC	$46,175,340	2.7%	24,502	$1,885
Spinal/Back Disord, Low Back	$39,410,261	2.3%	25,879	$1,523
Infections, NEC	$37,597,096	2.2%	59,420	$633
Mental Hlth - Depression	$32,851,968	1.9%	21,357	$1,538
Top 10 Subtotal	**$609,414,616**	**35.1%**	**208,647**	**$2,921**
All Clinical Conditions	**$1,737,445,559**	**100.0%**	**245,275**	**$7,603**

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

Top 10 Conditions for *Consistent HCC

	Allow Amt Med	Patients	**Allow Amt Per Patient Med
Chemotherapy Encounters	$25,791,563	375	$68,778
Renal Function Failure	$17,726,050	391	$45,335
Signs/Symptoms/Oth Cond, NEC	$12,568,733	2,589	$4,855
Condition Rel to Tx - Med/Surg	$9,137,848	526	$17,372
Multiple Sclerosis	$8,998,403	204	$44,110
Crohns Disease	$6,444,016	307	$20,990
Infections, NEC	$5,920,082	1,279	$4,629
Osteoarthritis	$5,502,214	752	$7,317
Diabetes	$5,374,808	858	$6,264
Respiratory Disord, NEC	$5,330,589	1,152	$4,627

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.

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

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Clinical

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WISCONSIN DEPARTMENT
OF EMPLOYEE TRUST FUNDS

% of Members by Risk Band

	**WI ETF	MarketScan Norm (2Q2020 Commercial)
In Crisis	5.4%	2.0%
Struggling	16.7%	12.0%
At Risk	21.1%	19.0%
Stable	22.9%	25.0%
Healthy	33.9%	42.0%

Legend: Healthy, Stable, At Risk, Struggling, In Crisis

Risk Band Profiles

Allowed Amounts Per Member Per Year

$55,166
In Crisis
5% of members
31% of costs
- Average Age: 64.5
- % Female: 51%
- % Employee: 64%

$18,014
Struggling
17% of members
31% of costs
- Average Age: 54.5
- % Female: 60%
- % Employee: 60%

$8,695
At Risk
21% of members
19% of costs
- Average Age: 46.2
- % Female: 57%
- % Employee: 53%

$4,629
Stable
23% of members
11% of costs
- Average Age: 37.3
- % Female: 55%
- % Employee: 44%

$2,200
Healthy
34% of members
8% of costs
- Average Age: 28.1
- % Female: 43%
- % Employee: 34%

Risk Bands

*Demographic and financial metrics are for the current period
**See glossary for details on DCG Methodology

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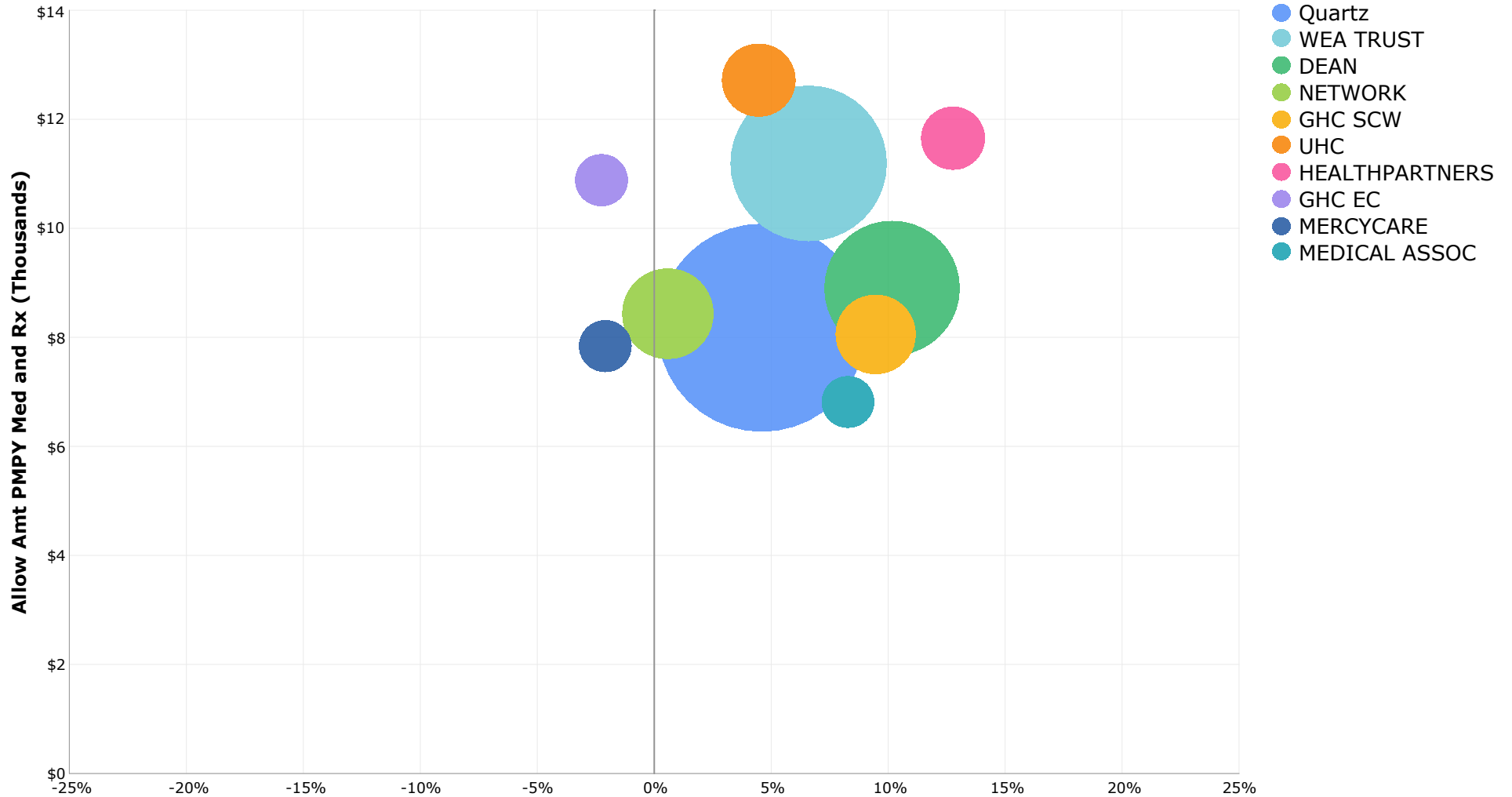merative

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

Legend:
- Quartz
- WEA TRUST
- DEAN
- NETWORK
- GHC SCW
- UHC
- HEALTHPARTNERS
- GHC EC
- MERCYCARE
- MEDICAL ASSOC

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Eligibility

	Enrollment			Average Age		
	Previous	Current	% Change	Previous	Current	% Change
Employees	118,926	120,349	1.2%	51.4	51.6	0.4%
Members	257,986	260,050	0.8%	39.8	40.0	0.7%
Family Size Avg	2.2	2.2	-0.3%			

Membership and Net Pay PMPM by Gender

	Previous	Current	% Change
Female	134,235	135,386	0.9%
Male	123,808	124,720	0.7%

Female — $642 / $689
Male — $558 / $586
Total — $602 / $639

Previous, Current
Previous | Current
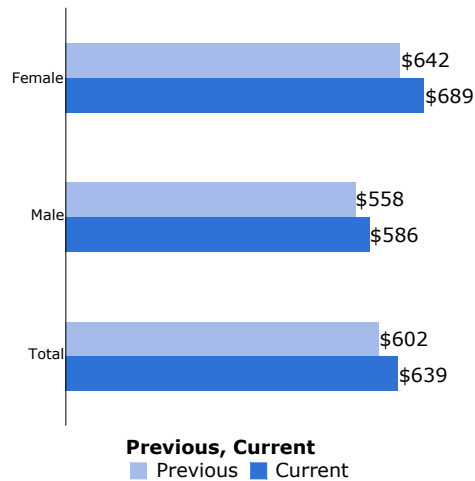
*Membership and Net Pay PMPM by Employee Relationship

	Previous	Current	% Change
Employee/Self	118,785	119,745	0.8%
Spouse	59,688	60,118	0.7%
Child/Other Dependent	79,513	80,187	0.8%

Employee/Self — $675 / $708
Spouse — $773 / $811
Child/Other Dependent — $357 / $402
Total — $602 / $639

Previous, Current
Previous | Current
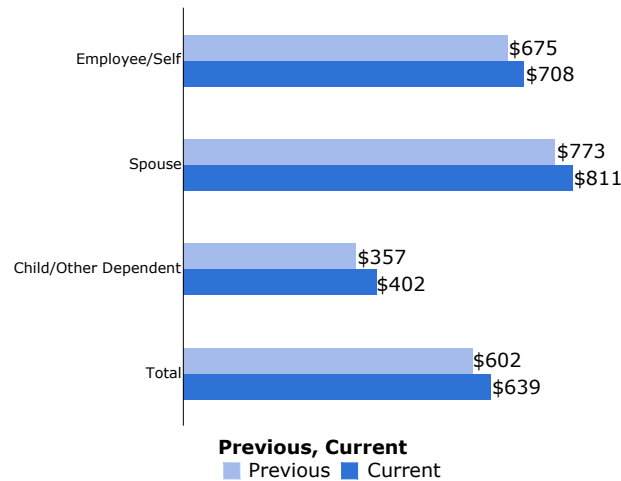
* Membership and Net Pay PMPM by Employee Status

	Previous	Current	% Change
Active	212,432	213,540	0.5%
Early Retiree	12,893	13,179	2.2%
Medicare Retiree	37,560	38,713	3.1%
Other	1,376	1,393	1.2%

Active — $608 / $646
Early Retiree — $1,026 / $1,101
Medicare Retiree — $439 / $476
Other — $1,260 / $943
Total — $602 / $639

Previous, Current
Previous | Current
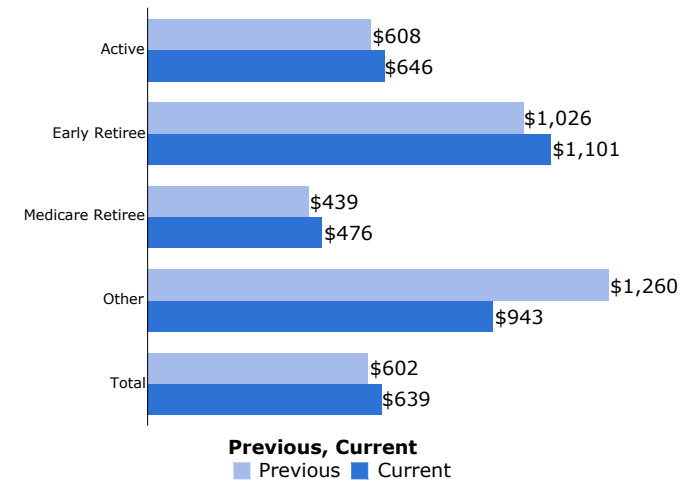
*Membership counts may not be unique since there may be transitions between the listed categories during the reported period

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Glossary of Terms

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