

# Attachment A

## Financial

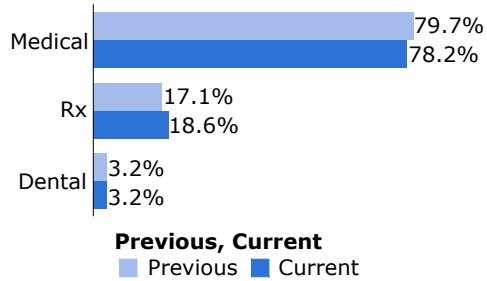
Previous Period: Jan 2021 - Dec 2021 (Incurred)

Current Period: Jan 2022 - Dec 2022 (Incurred)

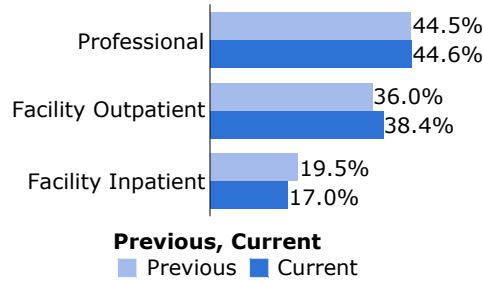


	Previous	Current		Previous	Current	% Change
Total Net Payment	\$1.78 B	\$1.84 B	Net Payment PMPM	\$622	\$646	3.9% ▲

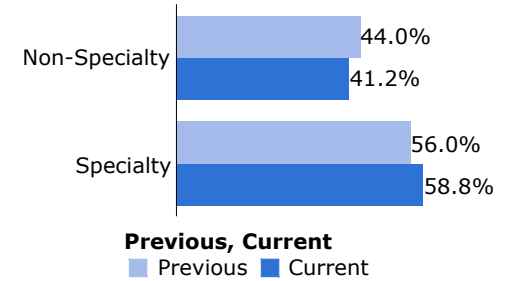
### Net Payment by Summary Categories



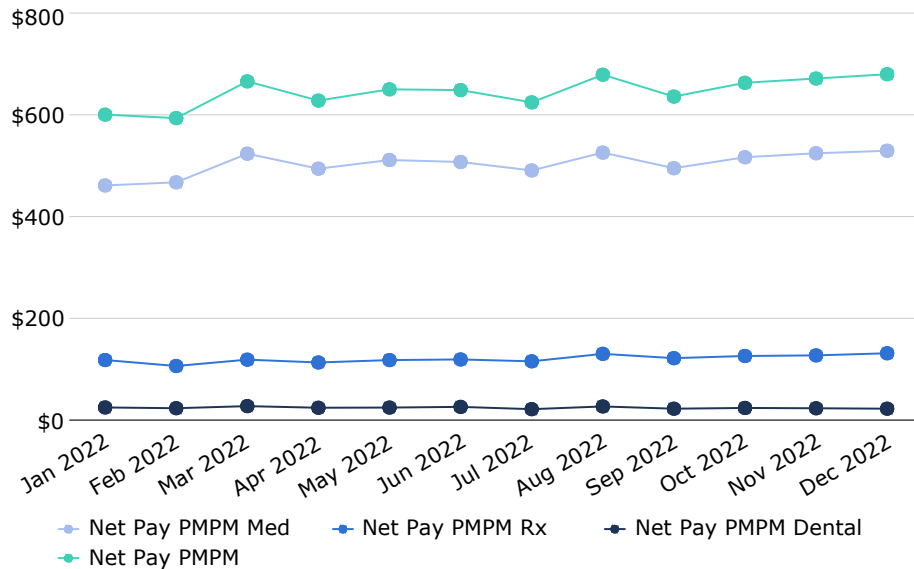
### Net Payment by Medical Service Categories



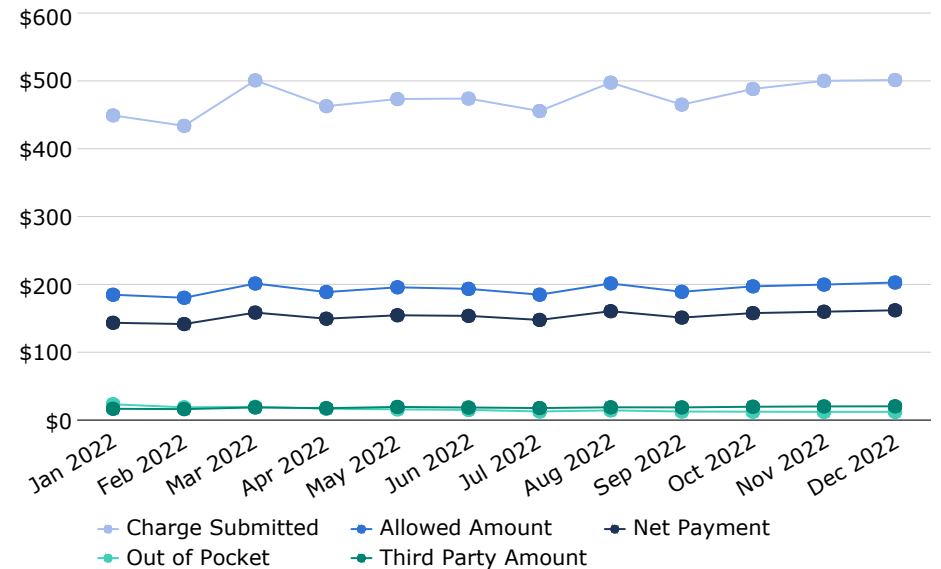
### Net Payment by Non-Specialty vs Specialty Drugs



### Monthly Cost Per Member



### Total Monthly Costs (in Millions)



# Financial

Previous Period: Jan 2021 - Dec 2021 (Incurred)

Current Period: Jan 2022 - Dec 2022 (Incurred)

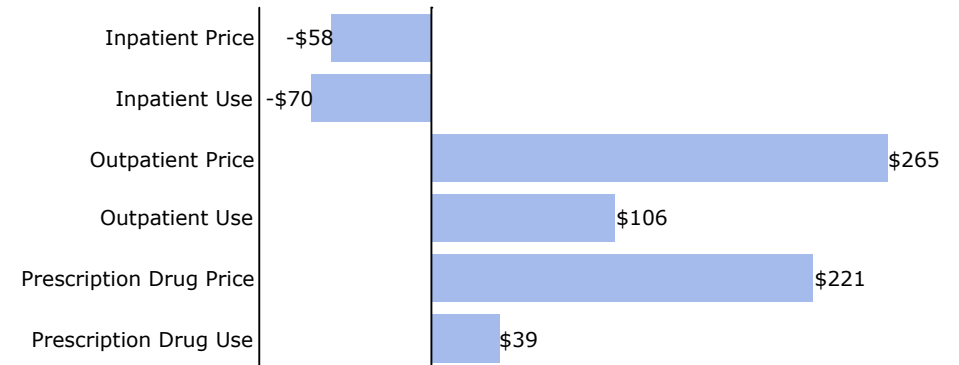


## Cost Per Member

	Previous	Current	% Change		Norm	% Difference from Norm	
Allow Amt PMPY Med and Rx	\$9,078	\$9,583	5.6%	▲	\$8,070	18.7%	▲
Allow Amt Per Visit Office Med	\$219	\$231	5.8%	▲			
Allow Amt Per Adm Acute	\$25,560	\$24,683	-3.4%	▼	\$34,731	-28.9%	▼
Allow Amt Per Visit ER	\$2,127	\$2,140	0.6%	▲	\$2,430	-11.9%	▼
Allow Amt Per Script Rx	\$163	\$180	10.2%	▲	\$173	3.9%	▲
Visits Per 1000 Office Med	7,663	7,412	-3.3%		6,679	11.0%	
Admits Per 1000 Acute	66	63	-4.1%		49	28.2%	
Visits Per 1000 ER	249	265	6.4%		202	31.1%	
Scripts Per 1000 Rx	11,449	11,837	3.4%				

## Cost Drivers

Allowed Amount PMPY increased \$504 in the current period.  
The factors driving this change include:



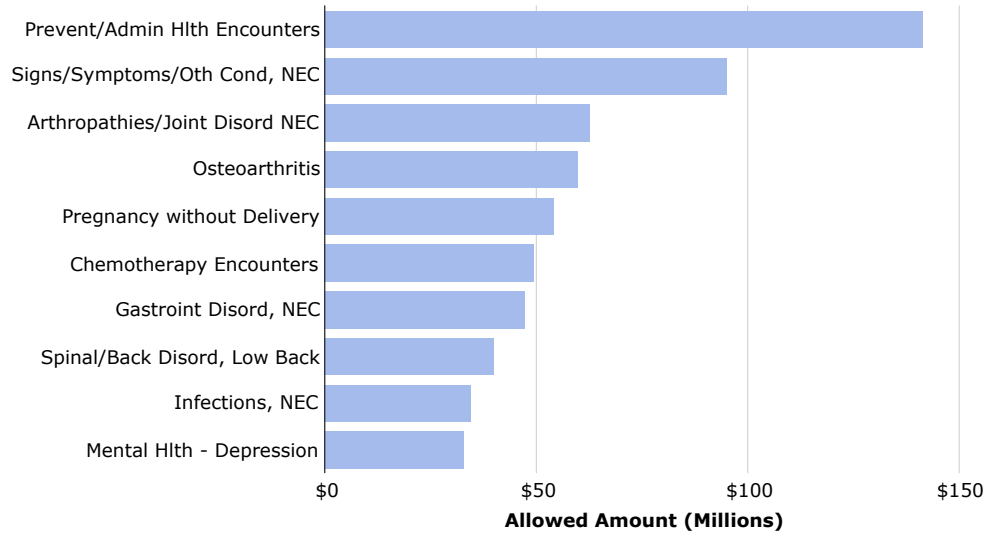
# Clinical

Previous Period: Jan 2021 - Dec 2021 (Incurred)

Current Period: Jan 2022 - Dec 2022 (Incurred)



## 10 Most Expensive Clinical Conditions

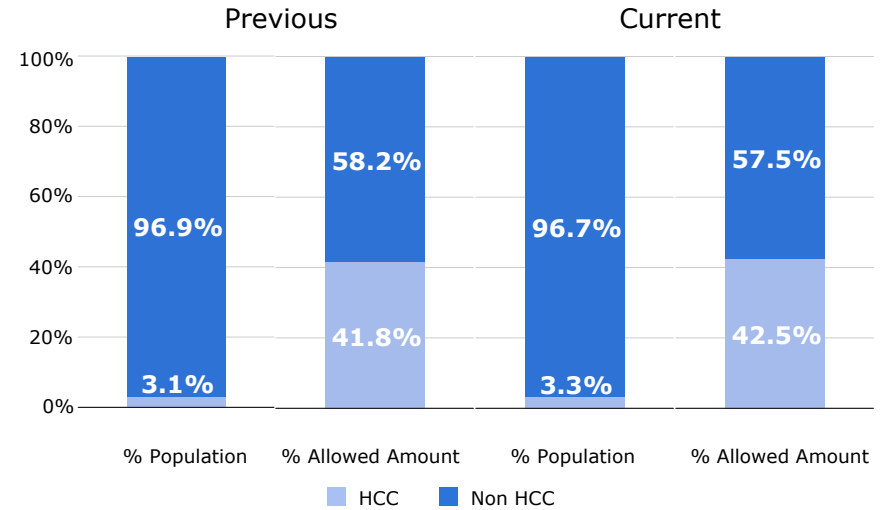


	Allow Amt Med	% of Total	+Patients	**Allow Amt Per Patient Med
Prevent/Admin Hlth Encounters	\$141,310,595	8.1%	171,517	\$824
Signs/Symptoms/Oth Cond, NEC	\$94,946,873	5.4%	75,762	\$1,253
Arthropathies/Joint Disord NEC	\$62,642,562	3.6%	47,866	\$1,309
Osteoarthritis	\$59,683,810	3.4%	16,407	\$3,638
Pregnancy without Delivery	\$54,167,609	3.1%	4,621	\$11,722
Chemotherapy Encounters	\$49,412,412	2.8%	1,067	\$46,310
Gastroint Disord, NEC	\$47,217,213	2.7%	24,318	\$1,942
Spinal/Back Disord, Low Back	\$39,857,597	2.3%	25,371	\$1,571
Infections, NEC	\$34,404,093	2.0%	47,727	\$721
Mental Hlth - Depression	\$32,821,010	1.9%	21,330	\$1,539
<b>Top 10 Subtotal</b>	<b>\$616,463,775</b>	<b>35.3%</b>	<b>203,751</b>	<b>\$3,026</b>
<b>All Clinical Conditions</b>	<b>\$1,746,618,420</b>	<b>100.0%</b>	<b>243,766</b>	<b>\$7,734</b>

+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.

## High Cost Claimants (HCC) Trends



## Top 10 Conditions for \*Consistent HCC

	Allow Amt Med	Patients	**Allow Amt Per Patient Med
Chemotherapy Encounters	\$24,758,193	359	\$68,964
Renal Function Failure	\$17,056,070	398	\$42,854
Signs/Symptoms/Oth Cond, NEC	\$12,411,406	2,641	\$4,700
Condition Rel to Tx - Med/Surg	\$9,917,797	519	\$19,109
Multiple Sclerosis	\$8,775,143	208	\$42,188
Infections, NEC	\$6,963,344	1,153	\$6,039
Crohns Disease	\$6,430,864	318	\$20,223
Gastroint Disord, NEC	\$5,652,610	1,040	\$5,435
Neurological Disorders, NEC	\$5,490,774	738	\$7,440
Diabetes	\$5,449,923	905	\$6,022

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.

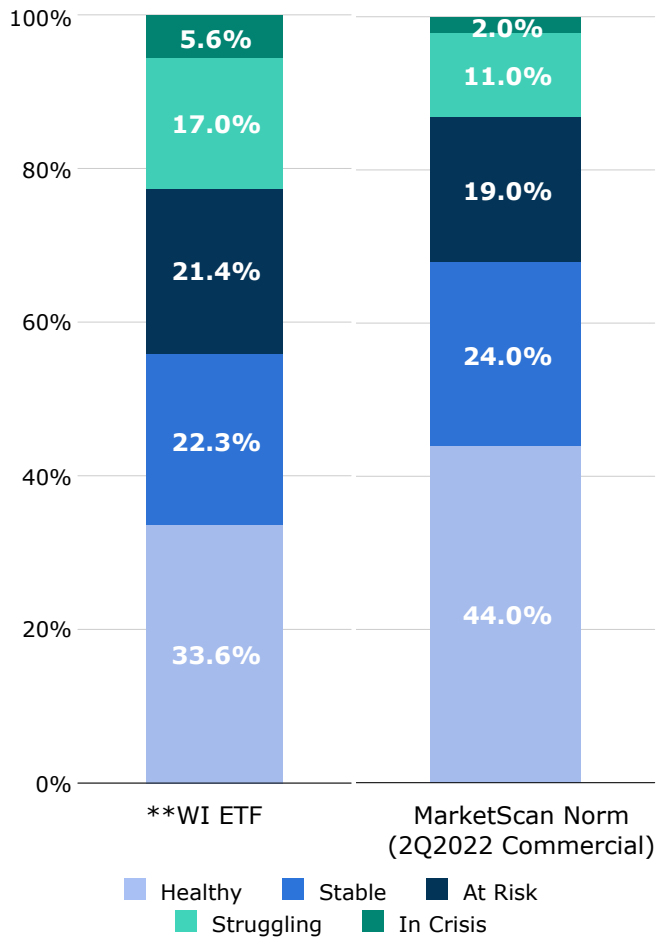
# Clinical

\*Current Period: Jan 2022 - Dec 2022 (Incurred)

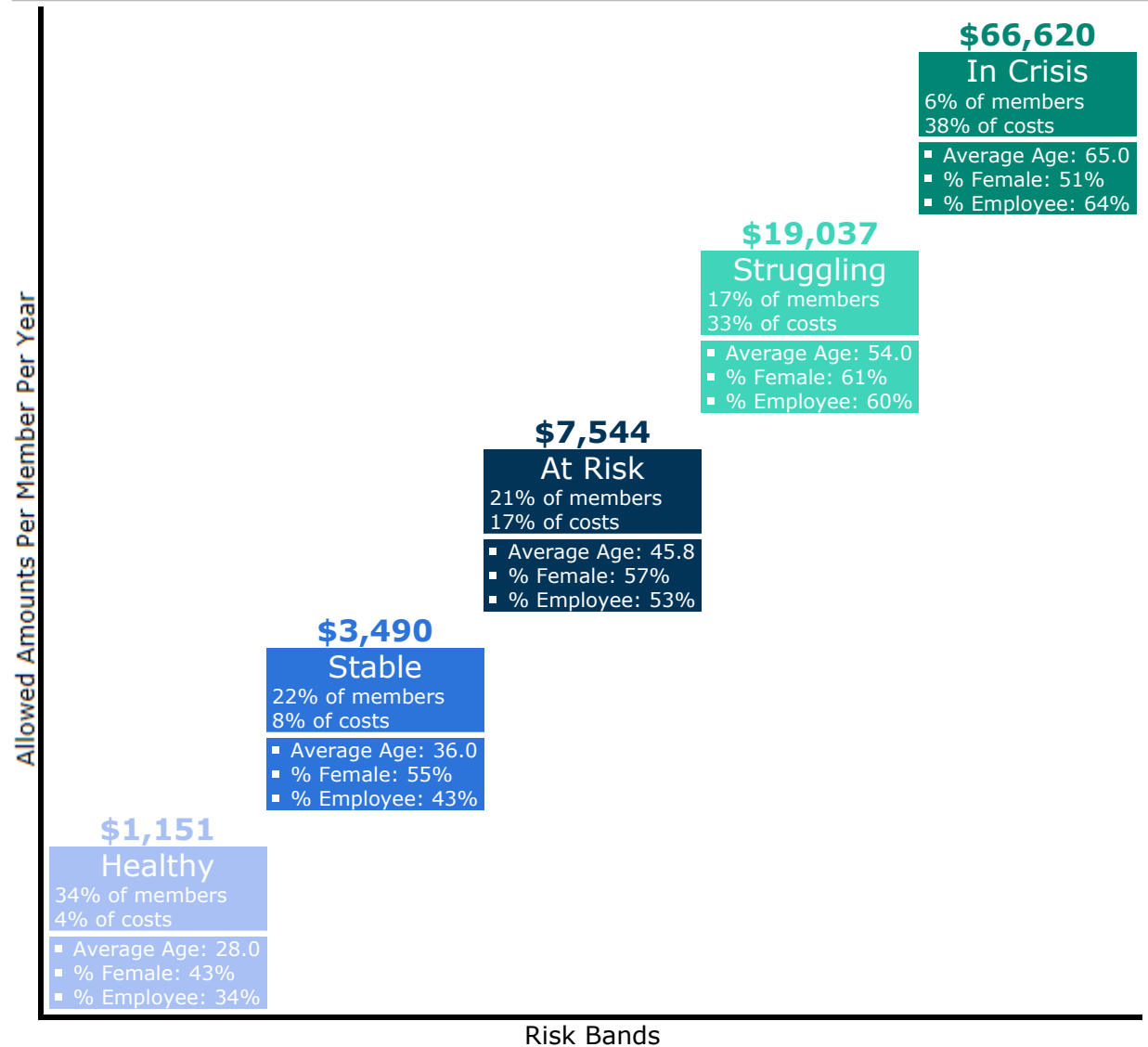
\*\*DCG Period: Jan 2022 - Dec 2022



## % of Members by Risk Band



## Risk Band Profiles



\*Demographic and financial metrics are for the current period

\*\*See glossary for details on DCG Methodology

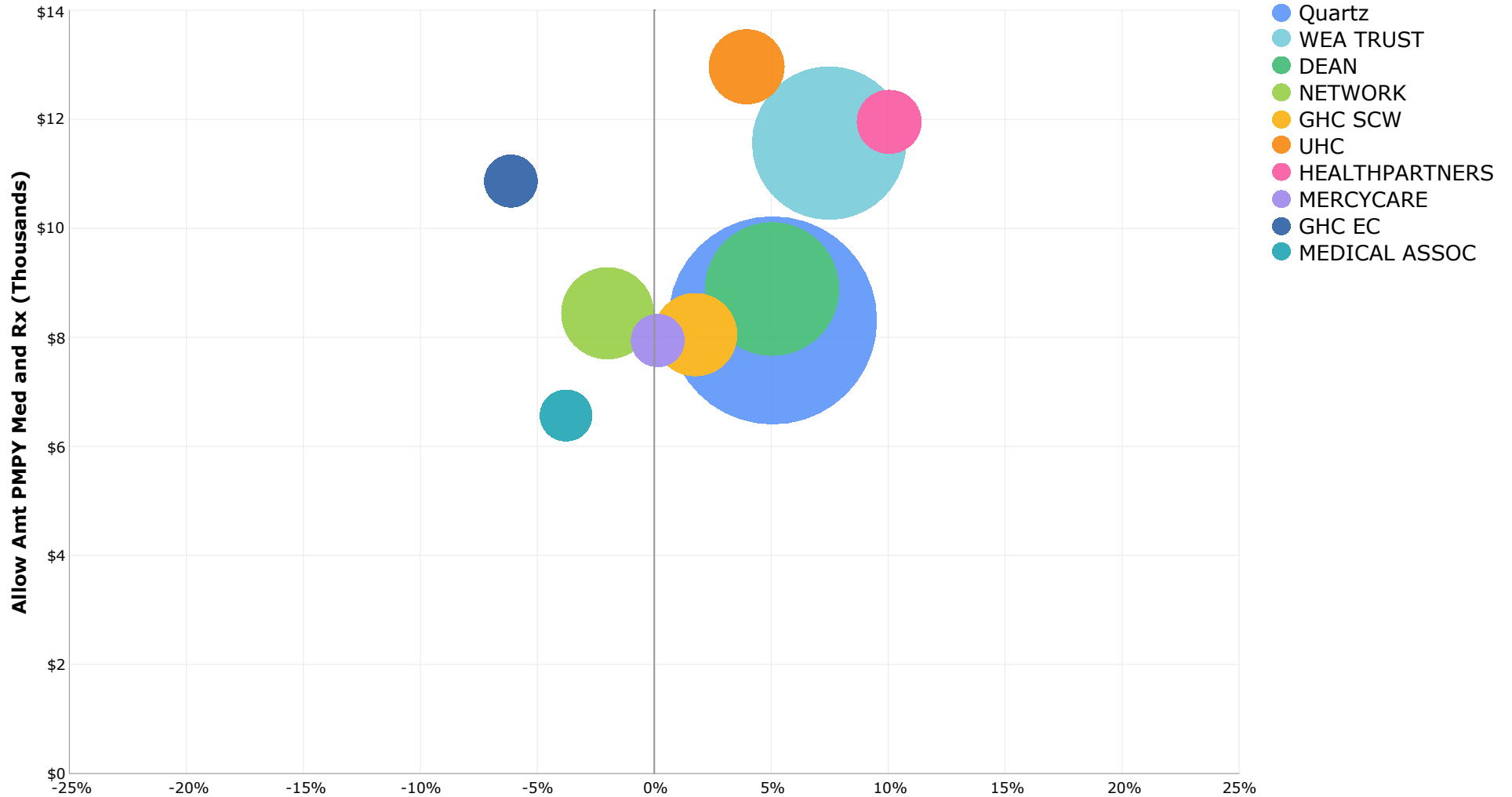
# Financial

Previous Period: Jan 2021 - Dec 2021 (Incurred)

Current Period: Jan 2022 - Dec 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: Jan 2021 - Dec 2021 (Incurred)

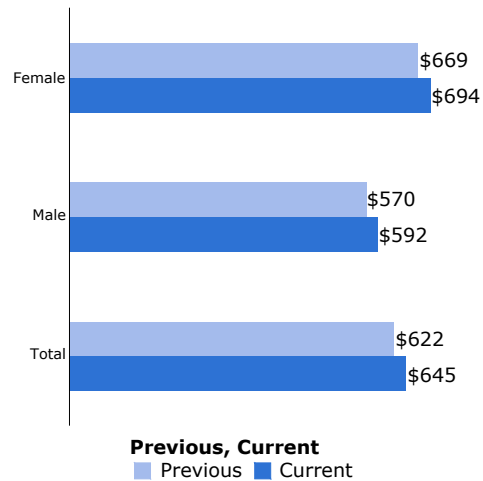
Current Period: Jan 2022 - Dec 2022 (Incurred)



	Enrollment			Average Age		
	Previous	Current	% Change	Previous	Current	% Change
Employees	119,852	120,952	0.9%	51.4	51.6	0.3%
Members	258,538	259,831	0.5%	39.9	40.1	0.5%
Family Size Avg	2.2	2.2	-0.3%			

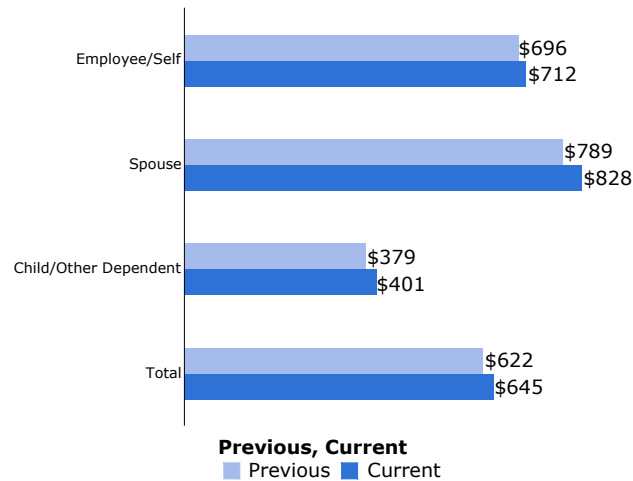
## Membership and Net Pay PMPM by Gender

	Previous	Current	% Change
Female	134,624	135,334	0.5%
Male	123,961	124,560	0.5%



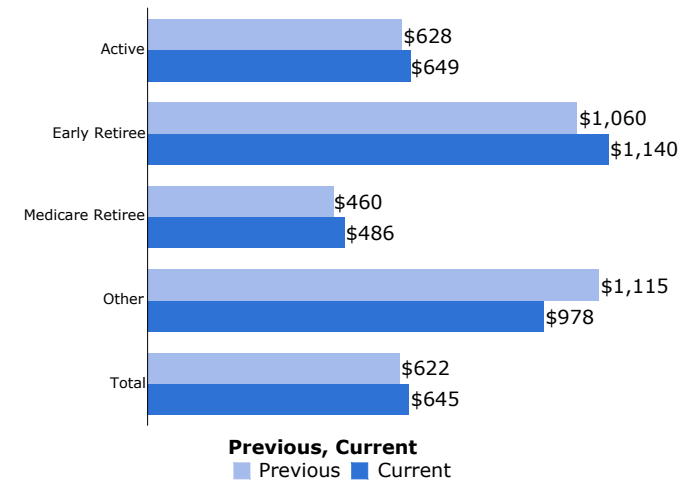
## \*Membership and Net Pay PMPM by Employee Relationship

	Previous	Current	% Change
Employee/Self	119,913	120,623	0.6%
Spouse	59,434	59,773	0.6%
Child/Other Dependent	79,191	79,435	0.3%



## \* Membership and Net Pay PMPM by Employee Status

	Previous	Current	% Change
Active	213,475	213,862	0.2%
Early Retiree	12,522	12,473	-0.4%
Medicare Retiree	37,759	38,821	2.8%
Other	1,397	1,205	-13.7%



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

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## 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

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## 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

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## 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

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## 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

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## 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