

# Attachment A

## Financial

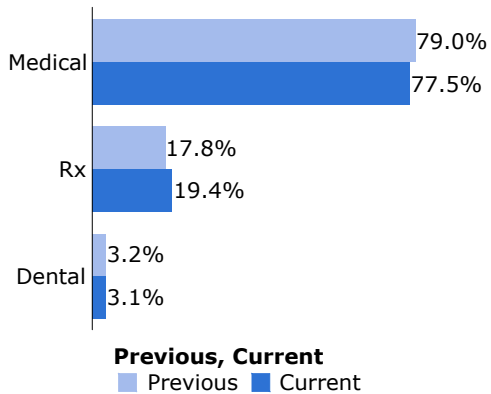
Previous Period: Sep 2021 - Aug 2022 (Incurred)

Current Period: Sep 2022 - Aug 2023 (Incurred)

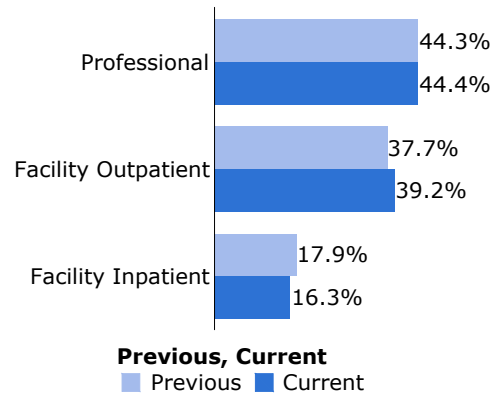


	Net Payment		Net Payment PMPM		
	Previous	Current	Previous	Current	% Change
Dental	\$58M	\$60M	\$20.7	\$21.3	2.9% ▲
Drug (RX)	\$323M	\$371M	\$116.5	\$131.6	13.0% ▲
Medical	\$1.43B	\$1.48B	\$516.2	\$525.4	1.8% ▲
<b>Total</b>	<b>\$1.81B</b>	<b>\$1.91B</b>	<b>\$653.4</b>	<b>\$678.3</b>	<b>3.8% ▲</b>

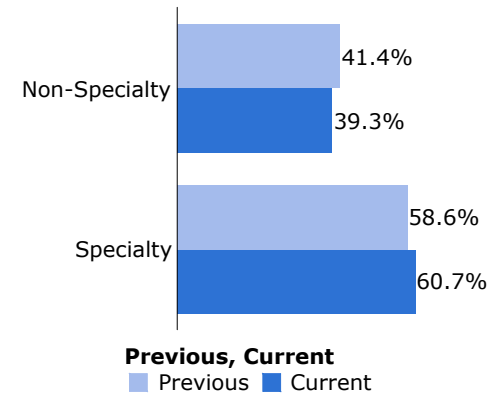
### Net Payment by Summary Categories



### Net Payment by Medical Service Categories



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



# Financial

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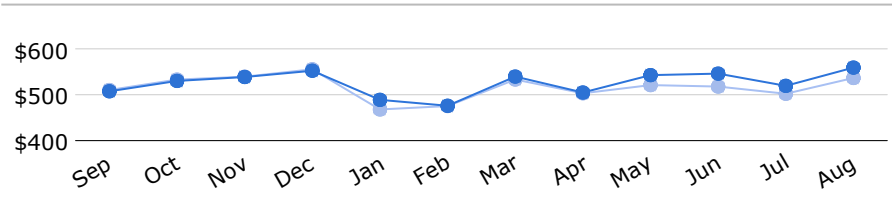


## Net Payment Per Member Trends by Benefit Categories

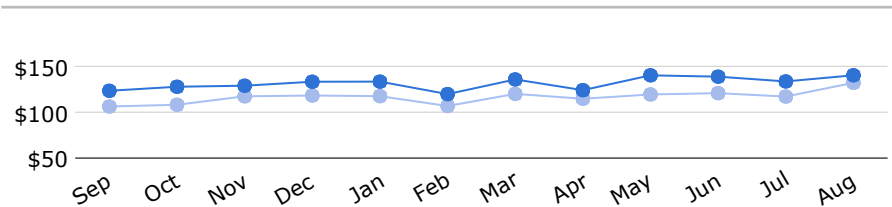
Previous

Current

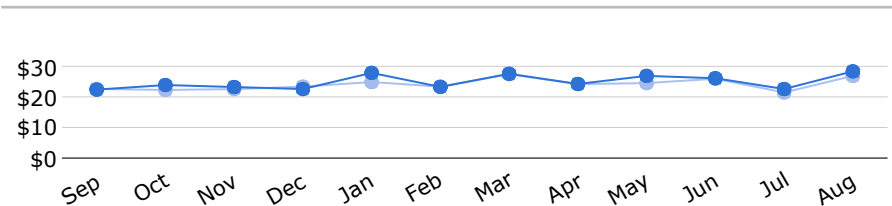
### Net Pay PMPM Med



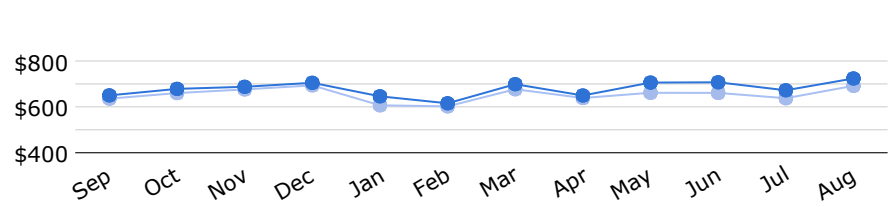
### Net Pay PMPM Rx



### Net Pay PMPM Dental



### Net Pay PMPM

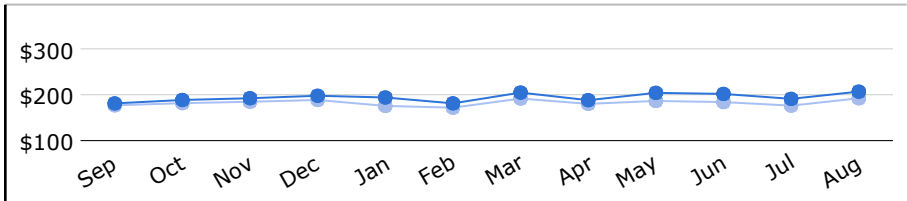


## Cost Share Monthly Trends

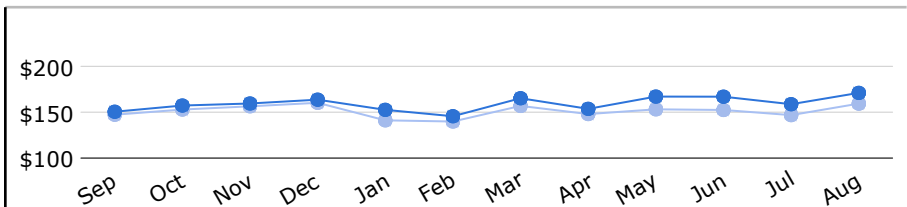
Previous

Current

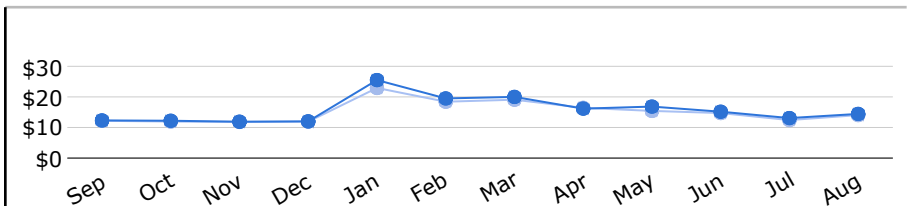
### Allowed Amount (in Millions)



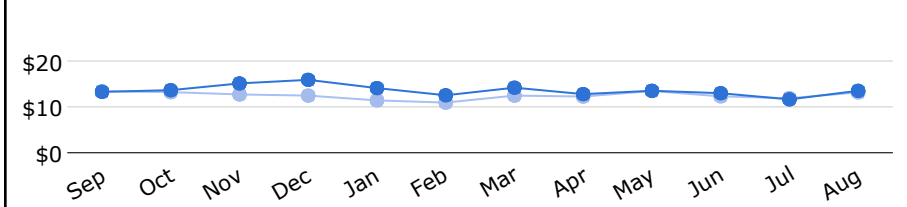
### Net Payment (in Millions)



### Out of Pocket (in Millions)



### Third Party Amount (in Millions)



# Financial

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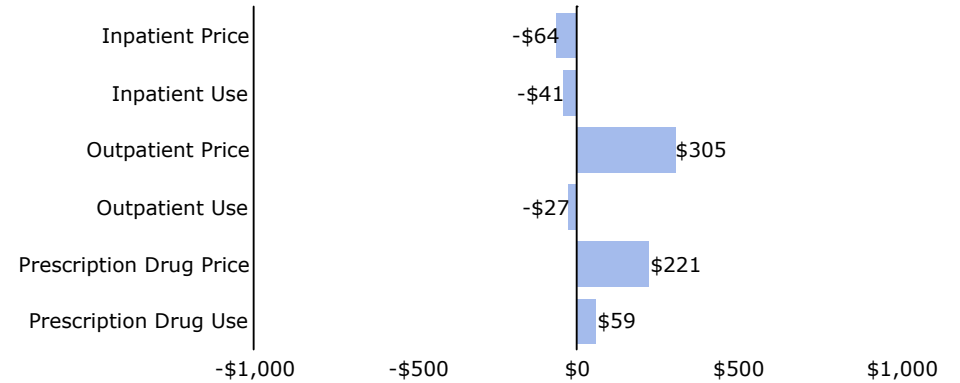


## Cost Per Member

	Previous	Current	% Change		Norm	% Difference from Norm
Allow Amt PMPY Med and Rx	\$9,185	\$9,640	5.0%	▲	\$8,042	19.9% ▲
Allow Amt Per Visit Office Med	\$230	\$243	5.9%	▲		
Allow Amt Per Adm Acute	\$26,661	\$25,437	-4.6%	▼	\$34,146	-25.5% ▼
Allow Amt Per Visit ER	\$2,240	\$2,171	-3.1%	▼	\$2,430	-11.4% ▼
Allow Amt Per Script Rx	\$176	\$193	9.8%	▲	\$173	11.6% ▲
Visits Per 1000 Office Med	7,415	7,227	-2.5%		6,671	8.3%
Admits Per 1000 Acute	60	58	-3.0%		49	17.6%
Visits Per 1000 ER	249	269	8.0%		202	33.0%
Scripts Per 1000 Rx	11,189	11,646	4.1%			

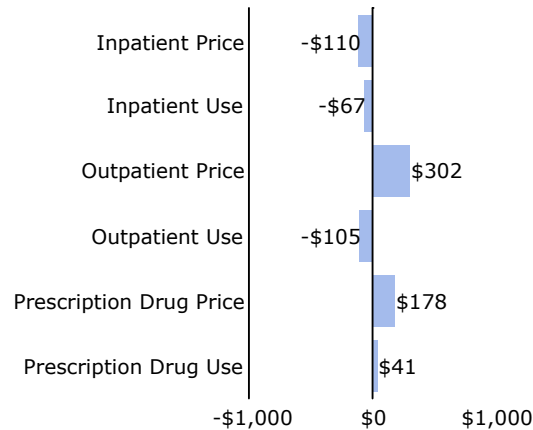
## Cost Drivers

Allowed Amount PMPY increased \$455 in the current period.  
The factors driving this change include:



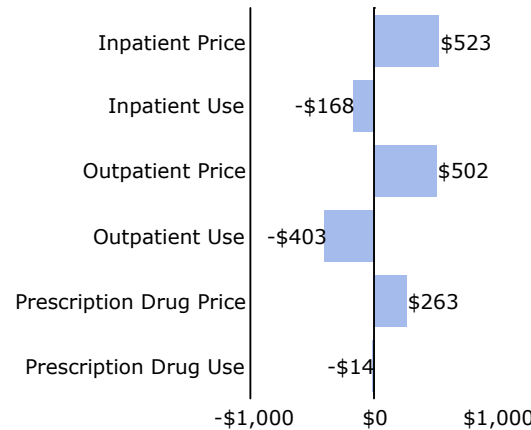
## Actives (82% of GHIP)

Allowed Amount PMPY increased \$239 in the current period.  
The factors driving this change include:



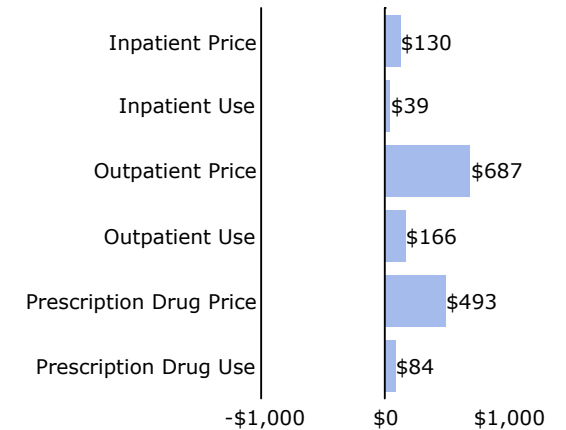
## Early Retirees (4% of GHIP)

Allowed Amount PMPY increased \$703 in the current period.  
The factors driving this change include:



## Medicare Retirees (13% of GHIP)

Allowed Amount PMPY increased \$1,599 in the current period.  
The factors driving this change include:



Note: Employee Status of 'Other' is excluded.

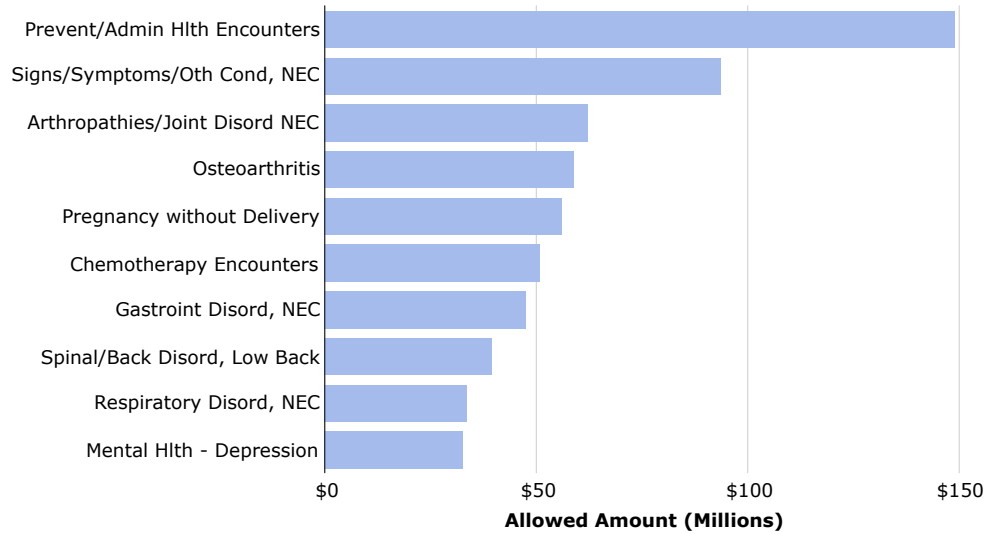
# Clinical

Previous Period: Sep 2021 - Aug 2022 (Incurred)

Current Period: Sep 2022 - Aug 2023 (Incurred)

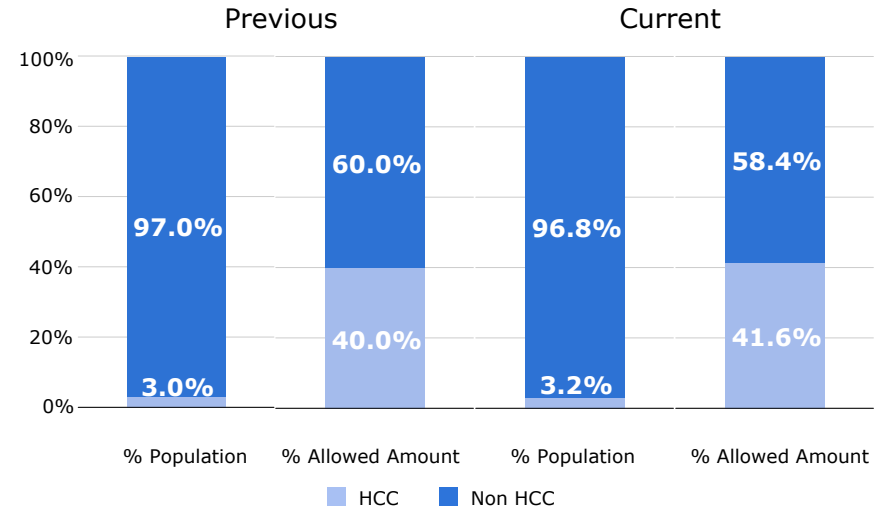


## 10 Most Expensive Clinical Conditions



	Allow Amt Med	% of Total	+Patients	**Allow Amt Per Patient Med
Prevent/Admin Hlth Encounters	\$148,805,757	8.6%	167,397	\$889
Signs/Symptoms/Oth Cond, NEC	\$93,591,460	5.4%	71,110	\$1,316
Arthropathies/Joint Disord NEC	\$62,045,082	3.6%	46,903	\$1,323
Osteoarthritis	\$58,723,319	3.4%	15,382	\$3,818
Pregnancy without Delivery	\$55,989,839	3.2%	4,566	\$12,262
Chemotherapy Encounters	\$50,858,263	2.9%	1,012	\$50,255
Gastroint Disord, NEC	\$47,376,363	2.7%	23,913	\$1,981
Spinal/Back Disord, Low Back	\$39,512,808	2.3%	24,518	\$1,612
Respiratory Disord, NEC	\$33,604,397	1.9%	19,519	\$1,722
Mental Hlth - Depression	\$32,508,604	1.9%	21,030	\$1,546
<b>Top 10 Subtotal</b>	<b>\$623,015,894</b>	<b>35.9%</b>	<b>196,402</b>	<b>\$3,172</b>
<b>All Clinical Conditions</b>	<b>\$1,735,317,181</b>	<b>100.0%</b>	<b>240,074</b>	<b>\$7,228</b>

## High Cost Claimants (HCC) Trends



## Top 10 Conditions for \*Consistent HCC

	Allow Amt Med	Patients	**Allow Amt Per Patient Med
Chemotherapy Encounters	\$27,381,709	365	\$75,018
Renal Function Failure	\$22,541,691	364	\$61,928
Signs/Symptoms/Oth Cond, NEC	\$10,750,794	2,473	\$4,347
Condition Rel to Tx - Med/Surg	\$9,054,918	469	\$19,307
Multiple Sclerosis	\$8,518,182	189	\$45,070
Crohns Disease	\$6,325,790	324	\$19,524
Infections, NEC	\$6,017,843	782	\$7,695
Hematologic Disord, Congenital	\$5,462,629	15	\$364,175
Gastroint Disord, NEC	\$5,287,043	991	\$5,335
Radiation Therapy Encounters	\$5,238,598	152	\$34,464

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.

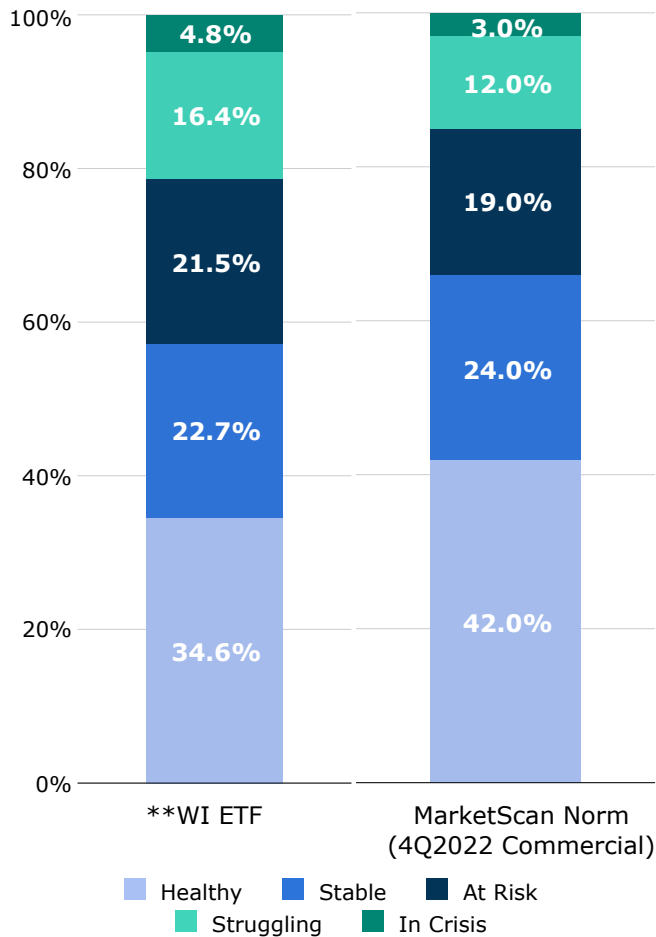
# Clinical

\*Current Period: Sep 2022 - Aug 2023 (Incurred)

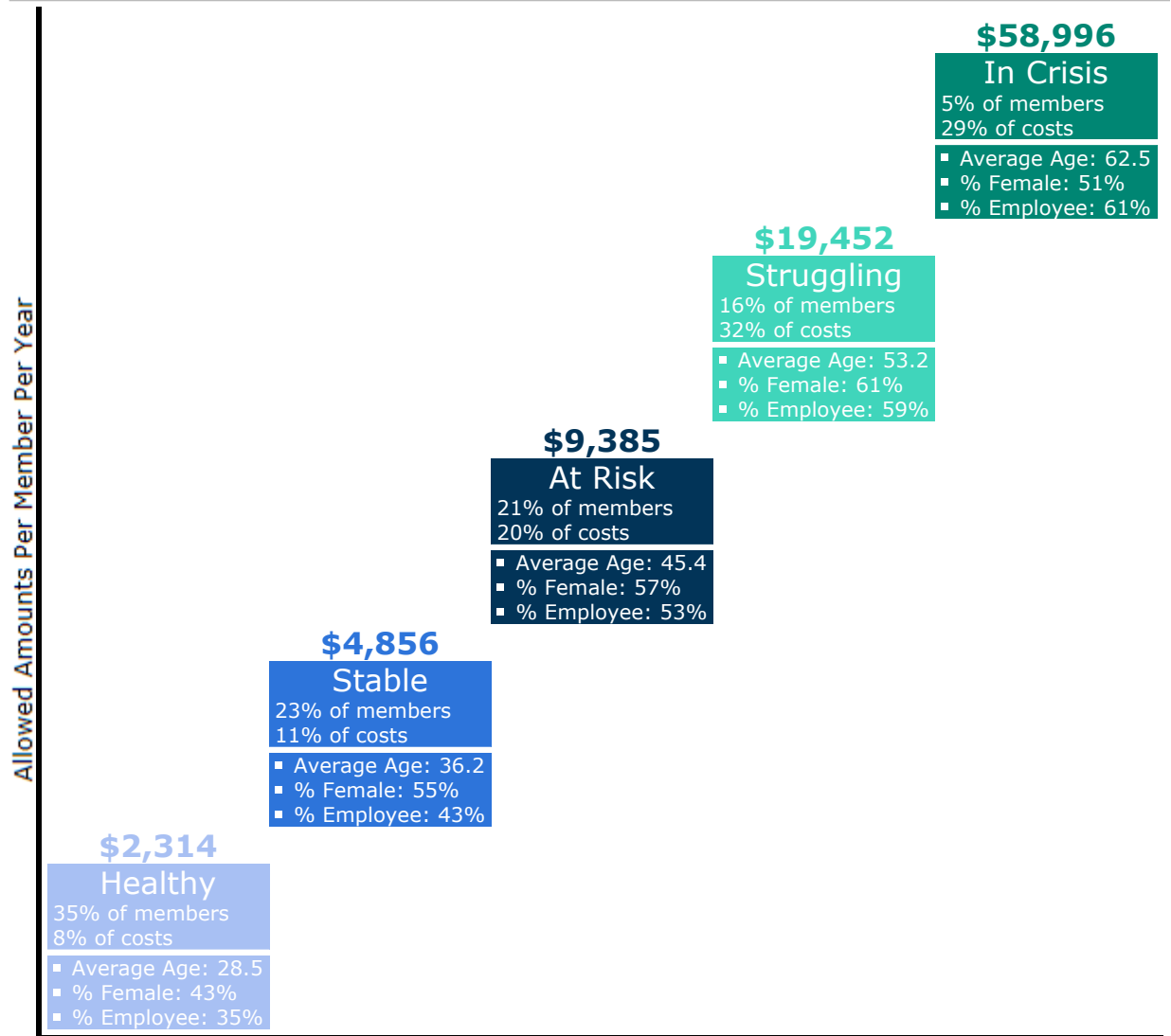
\*\*DCG Period: Jan 2022 - Dec 2022



## % of Members by Risk Band



## Risk Band Profiles



\*Demographic and financial metrics are for the current period

\*\*See glossary for details on DCG Methodology

Risk Bands

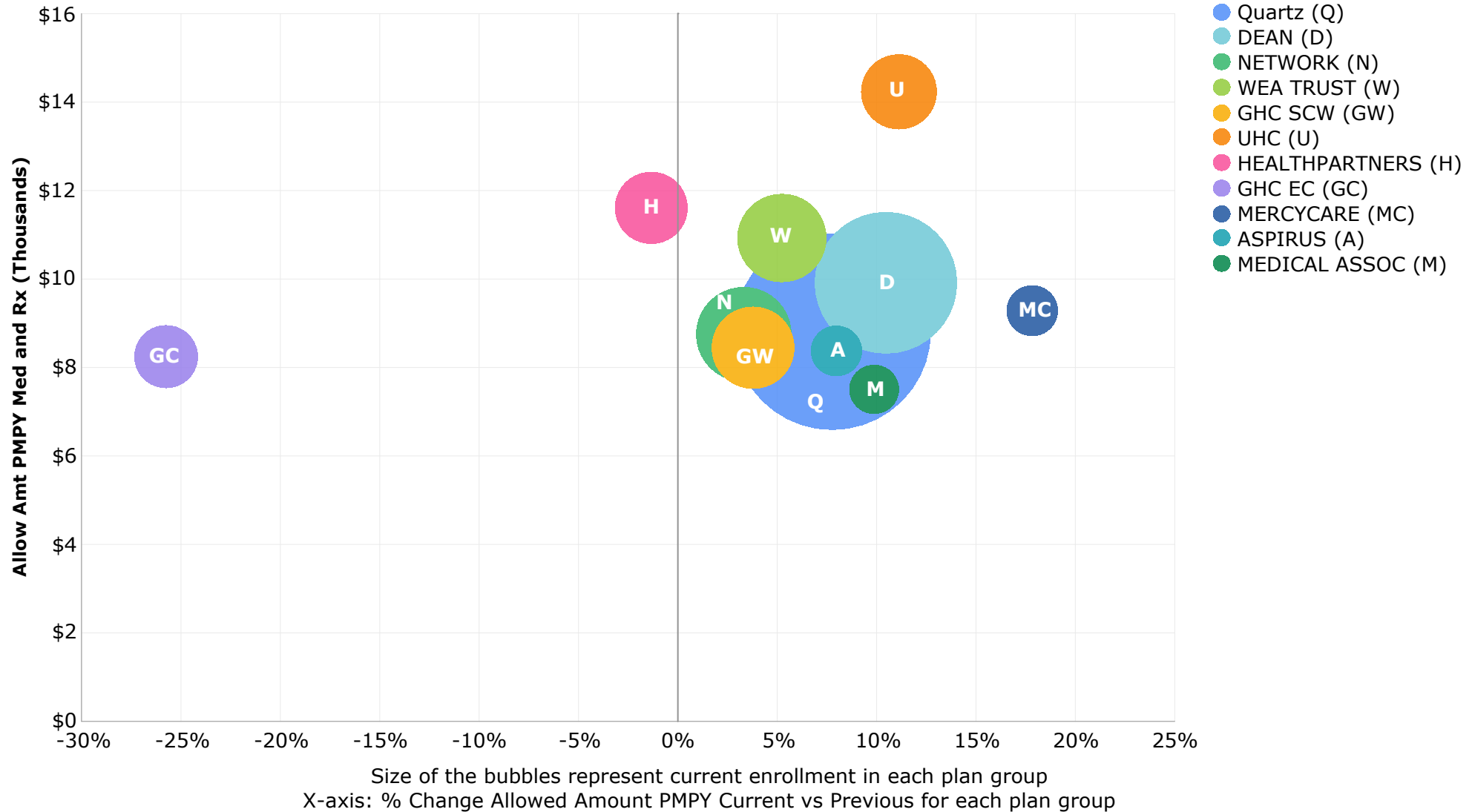
# Financial

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Current Period: Sep 2022 - Aug 2023 (Incurred)



## Enrollment and Allowed Amount PMPY by Plan Group



# Eligibility

Previous Period: Sep 2021 - Aug 2022 (Incurred)

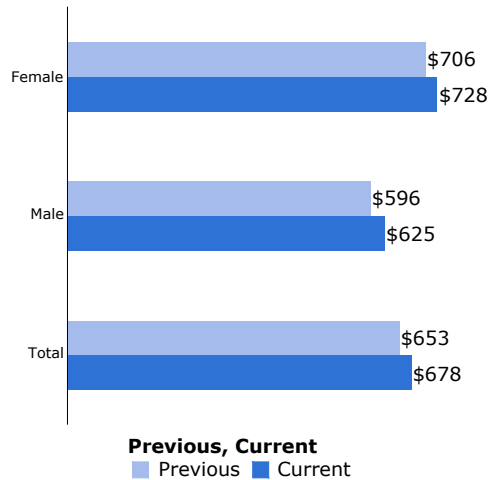
Current Period: Sep 2022 - Aug 2023 (Incurred)



	Enrollment			Average Age		
	Previous	Current	% Change	Previous	Current	% Change
Employees	115,530	118,400	2.5%	50.3	50.4	0.3%
Members	253,770	258,107	1.7%	39.0	39.2	0.6%
Family Size Avg	2.2	2.2	-0.7%			

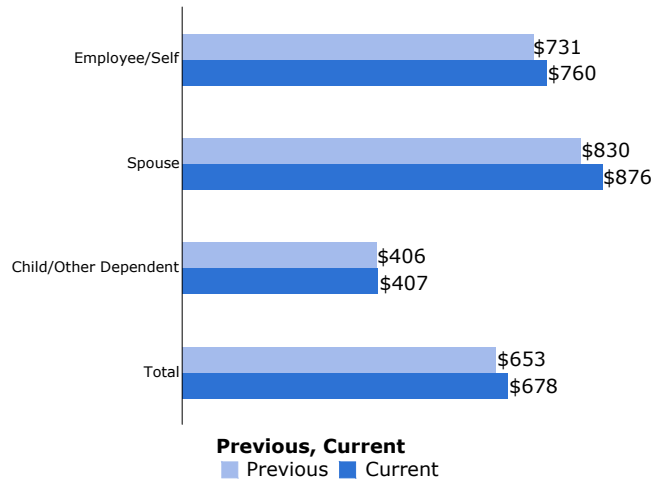
## Membership and Net Pay PMPM by Gender

	Previous	Current	% Change
Female	131,696	134,076	1.8%
Male	122,130	124,110	1.6%



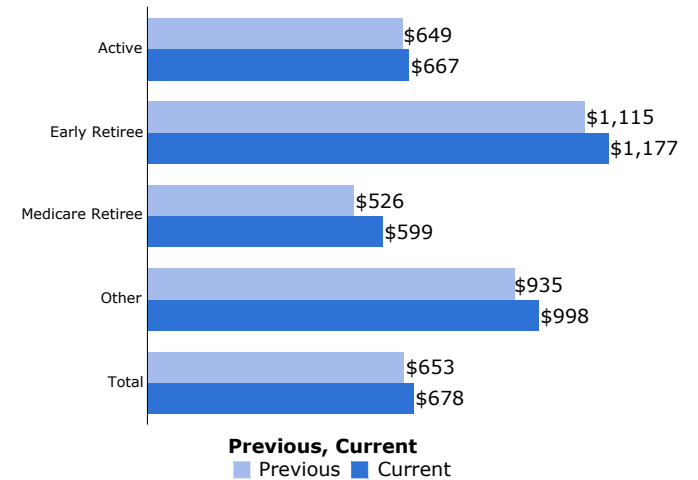
## \*Membership and Net Pay PMPM by Employee Relationship

	Previous	Current	% Change
Employee/Self	115,310	117,869	2.2%
Spouse	58,610	59,582	1.7%
Child/Other Dependent	79,850	80,656	1.0%



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

	Previous	Current	% Change
Active	213,457	215,631	1.0%
Early Retiree	13,145	12,337	-6.1%
Medicare Retiree	32,407	34,826	7.5%
Other	1,392	1,127	-19.0%



\*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: Merative 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

- Where applicable, all financial and utilization measures have completion factors applied.
- 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

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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 Merative MarketScan