



NY44 Health Benefits Plan Trust

2nd Annual Dinner & Meeting

May 24, 2023

***SPECIAL THANKS TO INDEPENDENT
HEALTH FOR SPONSORING OUR MEETING***



Agenda

- **Welcome and Introductions**
Jim Fregelette, Trust Chair and John Rodgers, Independent Health
- **First Year Review of At Large Trustees**
Jim Fregelette, Trust Chair, Donna Walters, Trust Vice Chair and Barb Smith, Gowanda At Large Trustee
- **Email Communication Update**
Stacey Porter, Trust Benefits Specialist
- **Overview of Healthcare Bluebook**
Janet Lukacs, Oswald
- **Overview of Independent Health Available Programs**
Rich Argentieri, Independent Health
- **Overview of Engagement Strategy**
Molly Mausar, Oswald
- **NY44 Trust STAR Report**
Medhat Kaldas, Oswald
- **Closing Remarks**
Donna Walters, Trust Vice Chair

Welcome & Introductions

Jim Fregelette, Trust Chair

John Rodgers, Independent Health



Board of Trustees

MANAGEMENT TRUSTEES

Jim Fregelette, Chair

Candace Reimer

Elizabeth Freas

Michelle Okal-Frink

Christa McHale

LABOR TRUSTEES

Donna Walters, Vice Chair

John Pope

Deborah Piatek

Robert Giannicchi

David Scalzo

First Year Review of At Large Trustees

Overview of Requirements - Jim Fregelette, Trust Chair

Thoughts from Outgoing District - Barb Smith,
Gowanda At Large Trustee

Introduction of Next At Large Trustees - Donna
Walters, Trust Vice Chair



Overview of Requirements

- At Large Trustees - Began July 1, 2022
- First At Large Trustees:
 - Barb Smith (Management) and Dan Ratel (Labor), Gowanda Central School District
 - Kleo Girandola (Management) and Deb Brennan (Labor), North Rockland Central School District
- The District and applicable Unions must sign a Participation Agreement agreeing to:
 - The District designating a Managerial At Large Trustee and the Unions collectively designating a Labor At Large Trustee who will attend all scheduled Board of Trustee Meetings and the Trust's Annual Meeting, and participate in applicable Trust subcommittees;
 - The District, Unions and individuals serving as At Large Trustees must sign a HIPAA Confidentiality Agreement;
 - The District, Unions and At Large Trustees understand and acknowledge that At Large Trustees must make decisions based on what is in the best interest of the Trust as a whole and not themselves and/or their own district or bargaining unit.

First Year Review

Thoughts from Outgoing District...

Introductions of Next At Large Trustees

Niagara Falls Central School District

- Maria Massaro, Administrator for Human Resources (Management)
- Alicia Savino, Human Resources Manager (Labor)

Cheektowaga-Sloan Union Free School District

- Wayne Drescher, Cheektowaga-Sloan UFSD Business Manager (Management)
- Michelle Struzik, Vice President of the Teacher' Association of Cheektowaga-Sloan Union Free School District (Labor)

Email Communication Update

Stacey Porter, Trust Benefits Specialist



Email Communication Update

District	Emails Sent	Undeliverable	Emails Received
Akron	121	9	24
Alden	231	18	53
Cheektowaga Central	307	62	26
Cheektowaga Sloan	257	32	30
E1B	1,214	151	185
Gowanda	194	20	27
Lackawanna	292	8	35
Maryvale	67	0	6
Niagara Wheatfield	12	1	3
North Rockland	1,732	221	158
South Buffalo	94	4	4
St. Mary's	93	30	5
West Seneca	26	1	Pending
556 Personal Emails Received			

Overview of Healthcare Bluebook

Janet Lukacs, Oswald



Overview of Healthcare Bluebook

Healthcare Bluebook – Launched April 1, 2023

What is it?

A voluntary program that helps members compare healthcare costs and earn financial rewards for selecting a lower cost/high quality provider.

Why?

Healthcare costs vary widely between providers even when they are all in network. Some are just more efficient than others and have better outcomes. Selecting lower cost/high quality providers:

- Lowers costs for the NY44 Health Benefits Trust Healthplan
- Lowers costs for participating schools
- Allows schools to keep member contributions lower
- Can help reduce member out of pocket expenses

Overview of Healthcare Bluebook

How Does It Work?

- Healthcare Bluebook has a website and also a mobile application that makes it easy for members
- There are hundreds of common medical services and procedures listed
- Each shows the cost ranges in the member's area and provides a selection of **Fair Price™** (green) facilities.
- Healthcare Bluebook also provides detailed information on the *quality* of common inpatient procedures (those that require a hospital stay).
- Members can easily identify and select a facility that has a high-quality rating.

What is the “FAIR PRICE?”

The Fair Price™ is the amount you should reasonably expect to pay for a service or procedure and is based on the actual amount paid on the claim, not the billed amount, reflecting the discounts that the health plan has negotiated with the facility.

Overview of Healthcare Bluebook: *Rewards*

How do Members Earn Rewards?

- Members use the mobile app or go to the website to compare healthcare costs
- Once logged in, search for the procedure, review the price range shown on the color bar, then scroll down the page and review the list of facility options by quality and cost
- The color codes make it easy to identify those providers by cost **and quality**
- There are over 400 procedures that can earn rewards
- Rewards are based on the procedure and range from \$100 up to \$1,500

COST RATINGS	 At or Below Fair Price	 Slightly Above Fair Price	 Highest Price
QUALITY RATINGS	 Highest Quality	 Average Quality	 Lowest Quality

Overview of Healthcare Bluebook: *FAQs*

Are members required to use the Healthcare Bluebook program?

- No. It is ***voluntary***.

How do members qualify for a reward?

- The member must search for the rewardable procedure and view the **Green Provider** or the **Green/Green** or **Green/Yellow** Facility. Next the member has rewardable procedure completed at the Green Provider or the **Green/Green** or **Green/Yellow** Facility within 12 months.

Do members have to submit any special forms to get a reward?

- No. Rewards are earned by visiting “green” providers for rewards-eligible procedures. Healthcare Bluebook does all of the processing; there are no additional forms to submit.

How do members receive a reward? How long does it take?

- Rewards are processed monthly but may be delayed due to the time it takes for claims to be billed and processed. The reward and a letter of explanation is mailed directly to the member.

Do covered family members of the member receive rewards?

- Family members covered by the health plan can earn rewards. However, rewards are always paid to the employee/member.

Is member health information kept private?

- Yes. Healthcare Bluebook does not share information about individual employees, or the services received with your employer. All healthcare information is kept confidential.

Overview of Healthcare Bluebook: *Registration*

Healthcare Bluebook registration is simple

GETTING STARTED IS EASY AS 1-2-3!!

1

Scan the QR code with your phone or use the link below for direct access.

No sign up or registration required!

[healthcarebluebook.com/cc/NY44](https://www.healthcarebluebook.com/cc/NY44)



2

Download the app on your mobile device and login.

Mobile Code:
NY44



3

Call Member Support at **800-341-0504**.

NY44 enrollees can register by scanning the QR Code in the Welcome packet or using the link on the NY44 website:

<https://www.ny44.e1b.org/>.

If an enrollee is not ready to do a full registration (which requires entering your Social Security Number) they click ***Access as Guest*** and you can get access by entering only the last name and date of birth (mobile phone is requested but optional).

Overview of Healthcare Bluebook: *Statistics*

Healthcare Bluebook Stats as of May 16, 2023

For the month of April 2023

- 168 new NY44 users accessing the site
- Of which 33 were mobile users
- Monthly utilization rate of 25%

For May 1 thru May 16, 2023

- 62 new users
- 42 were mobile users
- Monthly utilization rate of 9%
- Expect increase in users as stats only ½ of month

Overall, from 4/1/23 to 5/16/23, NY44 has a utilization rate of 16% which is higher than Healthcare Bluebook's standard target of 7-10% for Shared Savings Clients



Scan with your smartphone
to view the video



Overview of Independent Health Available Programs

Rich Argentieri, Independent Health



Brook+ Diabetes Prevention Program

Opportunity

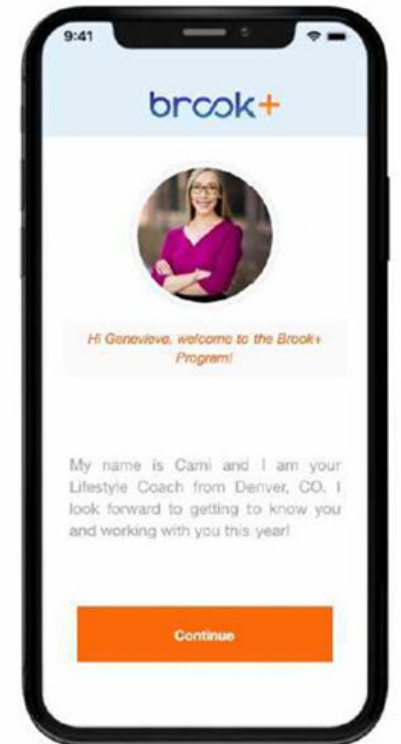
- High prevalence of members with pre-diabetes in WNY
- 11.7% of members are likely to progress from pre-diabetes to diabetes each year
- A member with diabetes costs approximately **\$10,100 more annually** than a member with pre-diabetes
- Per the ADA, DPP support prevents or delay the onset of diabetes for approximately 3 years

Program

- The Brook DPP is a virtual program delivered via an app downloaded to the participant's phone, or via a browser-based alternative on their computer
- CDC-based curriculum throughout the program is delivered via weekly short video sessions
- Brook DPP is structured as a four (4) milestone program
- Brook Companion included Free for one year
- Each milestone is paid as a claim – total of **\$540** per engaged participant

Results

- 25% reduction in the number of members going from prediabetes to diabetes



Innovative Care Model

Better Care by Bringing It Home



Problem

Patients with multiple chronic conditions require specific and numerous resources, presenting a significant time and resource challenge to primary care physicians (PCPs).

Members with multiple chronic conditions struggle getting proactive, comprehensive care in a fragmented system. They end up lost in the system, needing more care, more often which is less efficient and more costly.

One segment of these members cost more than \$200 million in claims with an estimated opportunity of \$35-\$40 million in avoidable readmission costs.

Solution

Care for You is designed to improve quality of care delivery through a **personalized, technologically advanced, multi-disciplinary approach** that engages our Medicare Advantage members and caregivers while supporting primary care providers and decreasing overall costs.

Care for You involves a dedicated care team of physicians, physician assistants, nurse practitioners, registered nurses, social workers, dietitians, pharmacists, physical therapists and community health workers who work with patients to develop individualized, proactive care plans in concert with their primary care physician. When patients receive care in one of four settings – in the home, hospital, nursing home, or clinic – Care for You staff support accessibility and efficiency and **manage preventable admissions and readmissions.**

Impact

Members get the care they need more easily, in a setting that is more effective, by creating greater efficiencies and a better overall experience. The savings earned allow us to offer **lower costs and better trends.**

Why it Matters

Grounded in a firm alignment between the health plan and physicians and their patients, **Care for You provides a tailored, integrated care model** to support Medicare Advantage members beset by multiple chronic conditions.

Care for You was a pilot program first offered to our Medicare Advantage members. Due to the demonstrated success, we are now offering this program to our commercial members.

	Care for You Enrolled Population	Targeted Population
READMISSIONS	↓ 45%	↑ 0.9%
PREVENTABLE ADMISSIONS	↓ 54%	↓ 10%
ER VISITS	↓ 23%	↑ 12%
ACUTE INPATIENT STAYS	↓ 42%	↓ 14%
ALL INPATIENT STAYS	↓ 33%	↓ 8%

Across all aspects of care, our Care for You members are showing savings between **\$350 to \$450** per month when compared to their expected expense.

The measurement periods for our savings analysis in January 2021-June 2021 and January 2022-June 2022 with run out through September 2022.

Overview of Engagement Strategy

Molly Mausar, Oswald



Population Health Subcommittee Update



Population Health Subcommittee Mission Statement:

To help our members thrive by providing the proper tools and resources to better understand and navigate their health insurance, manage conditions, and improve overall well being.

- Population Health Wellness Articles (April - May) on NY44 website
- Engagement Strategy Updates
- On-demand wellness content

brook+

- Program to start July 1, 2023
 - Description: 12 month program that helps build lasting healthy habits
- Goal of the program:
 - Reduce the risk of diabetes
 - Increase weight loss
- Survey for eligibility
- Personalized per person in the program

Population Health Subcommittee Update

Engagement Strategy

Meeting/Activity	Points
Population Health Dashboard Reports (2/year)	40 each
Board Meetings (7/year)	50 Each
Open Enrollment (1/year)	40 each
Annual Meeting	50 each
Open Forum Subcommittee Meetings (10/year)	20 each
Communications	
Finance	
Population Health	
Benefits	
Innovation	
TOTAL POINTS AVAILABLE	720

Participate and engage in order to earn **easy, free** money for your district! Utilize funds for wellness-related activities.

Potential Incentive Dollar Amount

- 25% attendance = earn 50% incentive
- 50% attendance = earn 75% incentive
- 75% attendance = earn 100% incentive

**4 districts earned incentives in 2022.
Congratulations and thank you for your participation!**

School District Population Health Dashboard Reports - 3 Requests so far in 2023

There is still time to request these. Email NY44@oswaldcompanies.com.

NY44 Trust STAR Report

Medhat Kaldas, Oswald

NY44 HEALTH BENEFITS PLAN TRUST ANNUAL MEETING



STAR REPORT

Executive Summary

Financial



Medical Claims PEPY Net of Stop Loss Reimbursements	\$12,818 -1.6% from last year
Rx Claims PEPY Net of Rebates	\$3,294 -15.2% from last year
Total Gross Cost PEPY Claims + Fixed Fees	\$17,915 -2.3% from last year

Demographics



Enrollment Subscribers	5,790 +1.6% from last year
Dependent Ratio	2.46 -1.6% from last year
Members Over 65 PMPY	\$9,703 +39.2% vs. total group

High Cost Claims



Claimants Over Stop Loss Specific Stop Loss: \$1,125,000	0 -1 from last year
Claims Over Stop Loss	\$0 -\$266,139 from last year
Loss Ratio - Stop Loss Prior Year	0% 41%

Pharmacy



Specialty Rx Spend	\$7,570,064 -38.7% from last year
Medical Specialty Spend	\$1,779,683 -18.6% from last year
Generic Utilization	82.3% +6.1% from last year

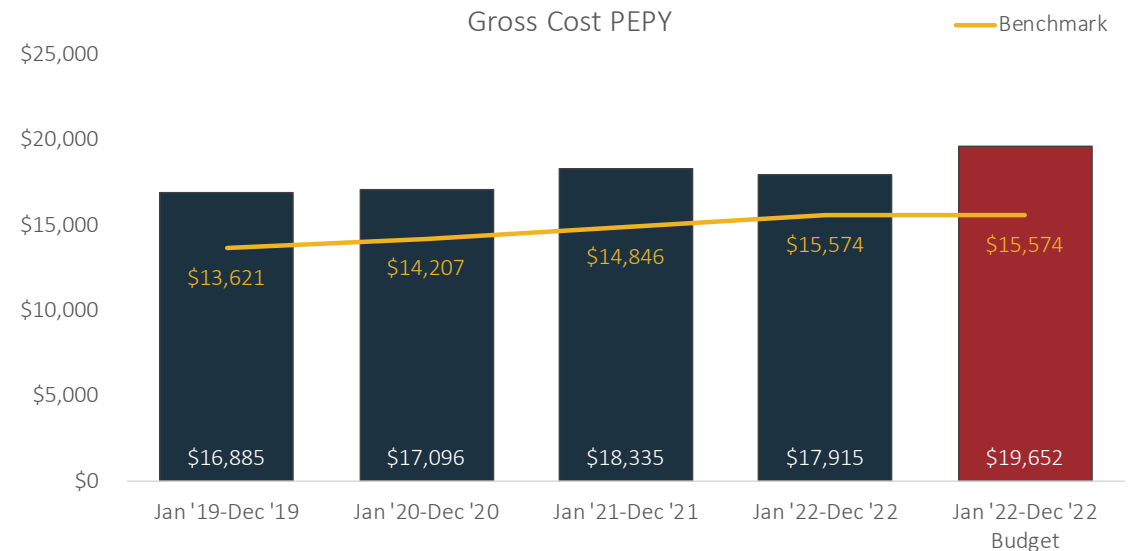
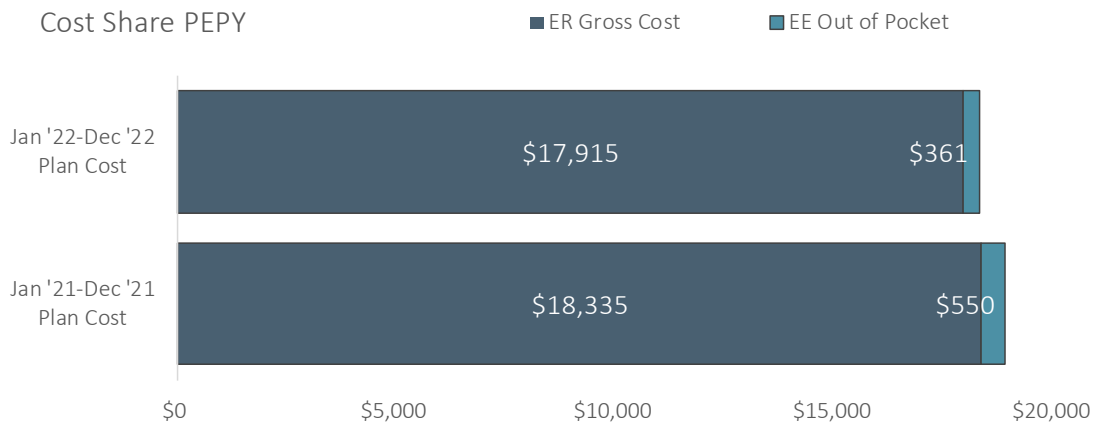
Financial Summary

	Annual Totals		
	Jan '22-Dec '22	Jan '21-Dec '21	(%)
Average Enrolled	5,790	5,698	1.6%
Paid Medical Claims	\$74,216,247	\$74,477,655	-0.4%
Paid Pharmacy Claims	\$25,203,764	\$28,821,173	-12.6%
Stop Loss Reimbursements	\$0	(\$266,139)	-100.0%
Pharmacy Rebates	(\$6,129,127)	(\$6,689,800)	-8.4%
Net Paid Claims	\$93,290,884	\$96,342,889	-3.2%
Administration Fees	\$9,761,612	\$7,481,965	30.5%
Stop Loss Premium	\$676,037	\$646,751	4.5%
Total Fixed Fees	\$10,437,649	\$8,128,715	28.4%
Total Gross Cost	\$103,728,534	\$104,471,605	-0.7%

	Per Employee Per Year (PEPY)		
	Jan '22-Dec '22	Jan '21-Dec '21	(%)
Average Enrolled	5,790	5,698	1.6%
Paid Medical Claims	\$12,818	\$13,071	-1.9%
Paid Pharmacy Claims	\$4,353	\$5,058	-13.9%
Stop Loss Reimbursements	\$0	(\$47)	-100.0%
Pharmacy Rebates	(\$1,059)	(\$1,174)	-9.8%
Net Paid Claims	\$16,112	\$16,908	-4.7%
Administration Fees	\$1,686	\$1,313	28.4%
Stop Loss Premium	\$117	\$114	2.9%
Total Fixed Fees	\$1,803	\$1,427	26.4%
Total Gross Cost	\$17,915	\$18,335	-2.3%

Admin fees include: Rx Cost Avoidance Fee and HCRA Fees

On a PEPY basis, employer gross cost decreased 2.3% year over year to \$17,915. This is 15.0% greater than the benchmark of \$15,574.

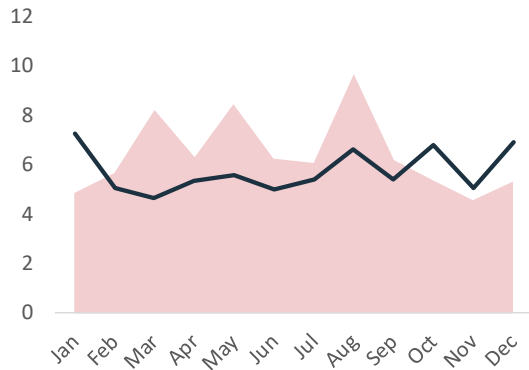


Cost and Utilization by Service Category

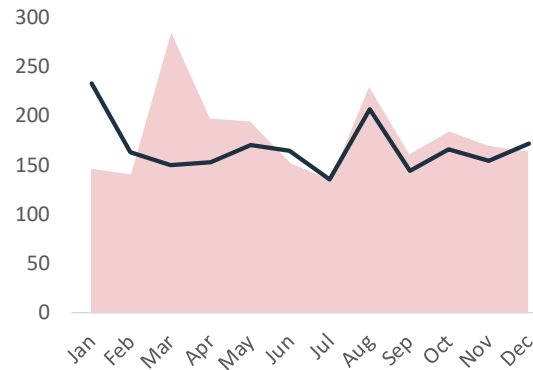
Monthly Services/1,000 by Service Category

Jan '22-Dec '22 vs. Jan '21-Dec '21

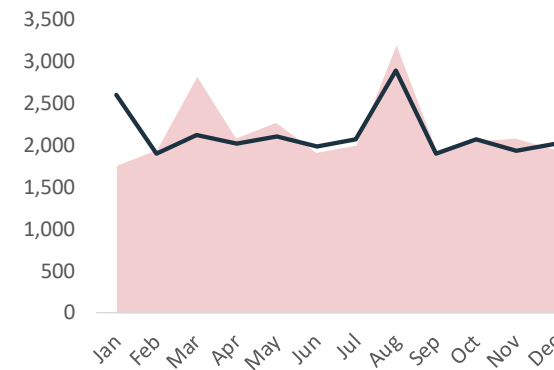
Inpatient



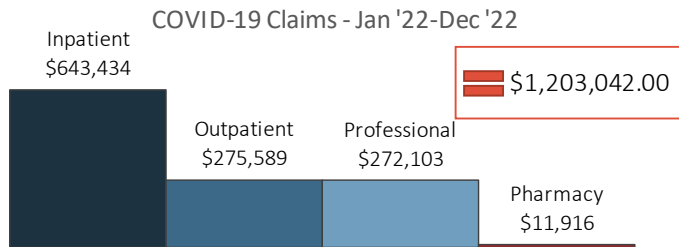
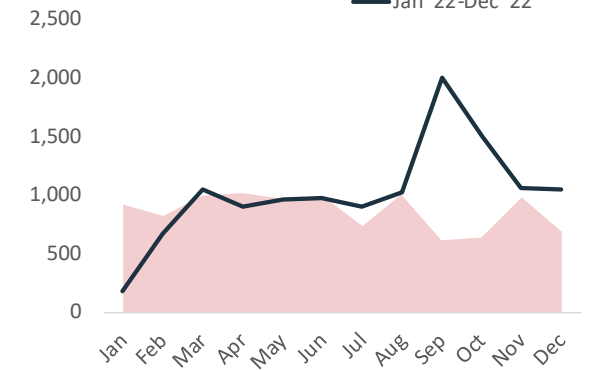
Outpatient



Professional



Pharmacy



	Jan '22-Dec '22			Jan '21-Dec '21		Benchmark	
	Total Paid PEPY	Services/1,000	Paid/Service	Paid/Service	Δ	Paid/Service	Δ
Inpatient	\$2,902	69	\$17,019	\$14,941	13.9%	\$27,518	-38.2%
Outpatient	\$3,772	2,020	\$758	\$682	11.2%	\$1,083	-30.0%
Emergency Room	\$601	1,367	\$439	\$364	20.6%	\$2,018	-78.2%
Professional	\$6,145	25,670	\$97	\$100	-2.8%	\$91	6.8%
Office - Preventive	\$341	898	\$154	\$150	2.6%		
Urgent Care	\$8,032	47,716	\$168	\$179	-6.0%		
In-Person Office Visit	\$1,099	4,164	\$107	\$104	3.0%		
Telehealth Visit	\$198	713	\$113	\$110	2.6%		
Prescriptions	\$4,353	12,244	\$144	\$196	-26.2%	\$162	-10.9%

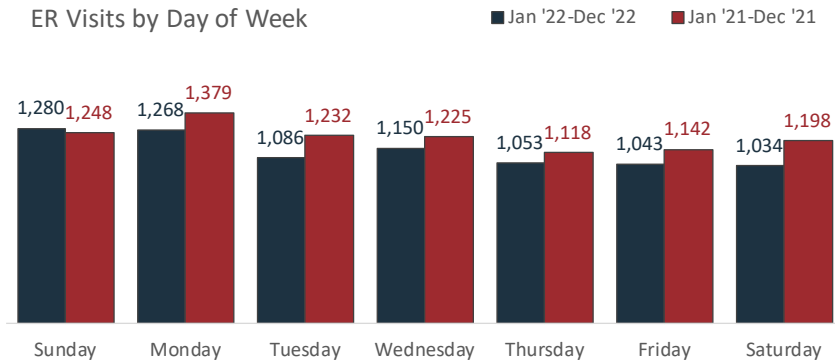
In the Oswald Book of Business, outpatient services per 1,000 members decreased by 6.1%, and professional services per 1,000 members increased by 1.4% year over year. For NY44 Health Benefits Plan Trust, these metrics decreased 6.5% and decreased 1.3%, respectively.

Cost and Utilization – Emergency Room

Emergency Room	Jan '22-Dec '22	Jan '21-Dec '21	Benchmark
Claimants	4,688	4,979	
Visits	7,914	8,542	2,043
Plan Paid	\$3,478,097	\$3,112,671	\$4,122,265
Per Visit	\$439	\$364	\$2,018
Employee Paid	\$418,979	\$392,503	\$951,022
Per Visit	\$53	\$46	\$466

Frequent Users of Emergency Room		Jan '22-Dec '22	
Count of Visits	Claimants	Visits	Paid
1 Visit	2863	2863	\$1,423,034
2 - 3 Visits	1,513	3456	\$1,355,645
4 - 5 Visits	235	1026	\$428,187
6+ Visits	77	569	\$271,232

ER Visits by Day of Week



All ER Claims

Top 5 Diagnoses	Claimants	Visits	Plan Paid	Employee Paid
1 Emergency Use Of U07	722	752	\$270,882	\$15,667
2 Contact W And (Suspected) Exposure To Comr	900	1,206	\$218,247	\$2,700
3 Pain In Throat And Chest	136	149	\$178,326	\$28,303
4 Abdominal And Pelvic Pain	145	165	\$167,097	\$25,516
5 Viral Infection Of Unspecified Site	450	492	\$135,760	\$5,170
Subtotal		2,764	\$970,312	\$77,356
All Others		5,150	\$2,507,785	\$341,623
Grand Total	4,688	7,914	\$3,478,097	\$418,979

ER Visits for Chronic Conditions

Top 5 Diagnoses	Claimants	Visits	Plan Paid	Employee Paid
1 Asthma	33	34	\$23,229	\$2,100
2 Migraine	22	27	\$21,387	\$3,300
3 Essential (Primary) Hypertension	19	20	\$12,808	\$3,664
4 Type 2 Diabetes Mellitus	7	7	\$7,680	\$388
5 Heart Failure	2	2	\$1,938	\$300
Subtotal		90	\$67,042	\$9,752
All Others		3	\$1,671	\$56
Grand Total	85	93	\$68,713	\$9,808

ER Visits for Non-Emergencies

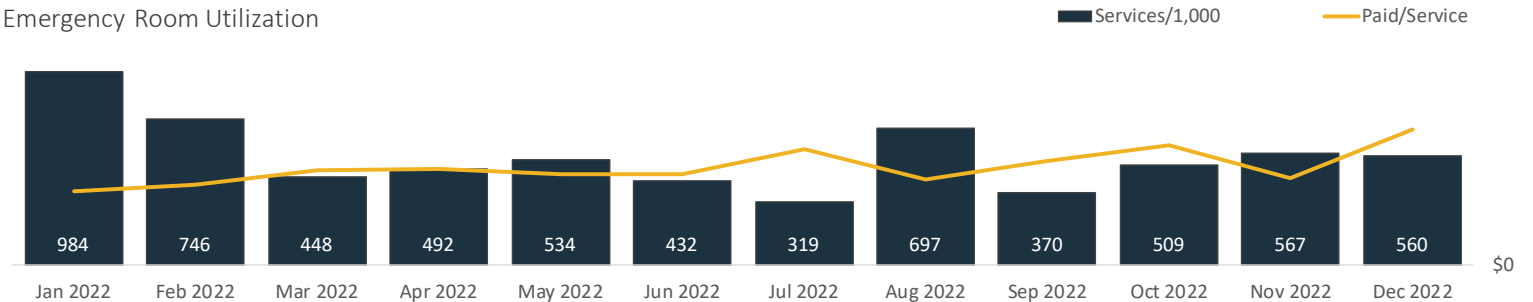
Top 5 Diagnoses	Claimants	Visits	Plan Paid	Employee Paid
1 Acute Pharyngitis	242	259	\$63,809	\$1,500
2 Acute Sinusitis	265	298	\$56,928	\$0
3 Dizziness And Giddiness	34	37	\$29,260	\$6,851
4 Dorsalgia	37	37	\$24,049	\$4,500
5 Oth And Unsp Soft Tissue Disorders, Not Elsew	48	51	\$21,109	\$5,873
Subtotal		682	\$195,155	\$18,724
All Others		715	\$245,395	\$25,368
Grand Total	1,163	1,397	\$440,550	\$44,092

Non-emergencies defined by NYU; definitions may not align with carrier definition of non-emergency.

In Jan '22-Dec '22, NY44 Health Benefits Plan Trust experienced 7,914 visits to the emergency room by 4,688 members. These visits resulted in \$3,478,097 paid claims and \$418,979 out of pocket costs. These figures may include visits to urgent care facilities that are housed with emergency rooms.

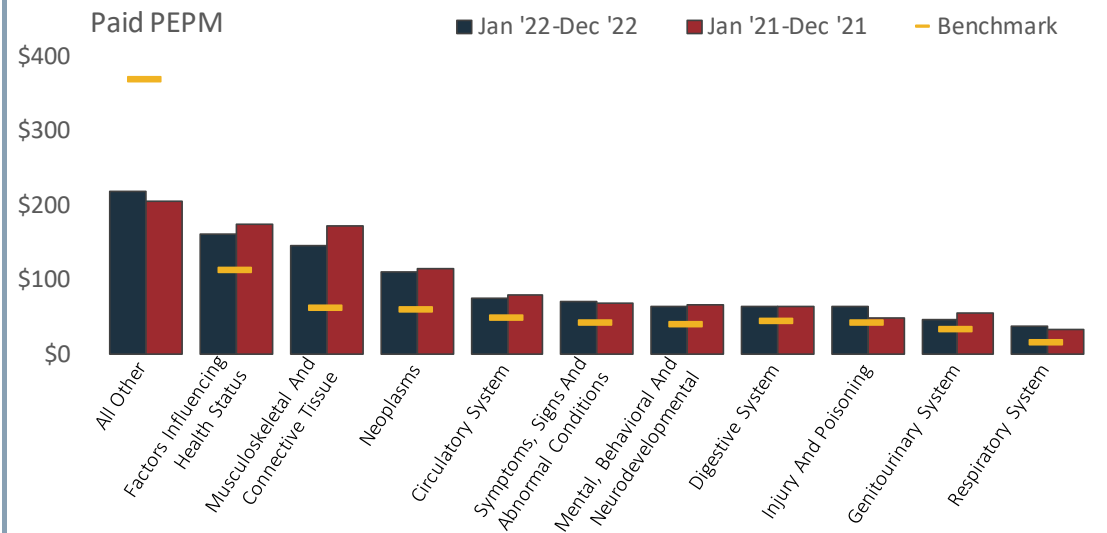
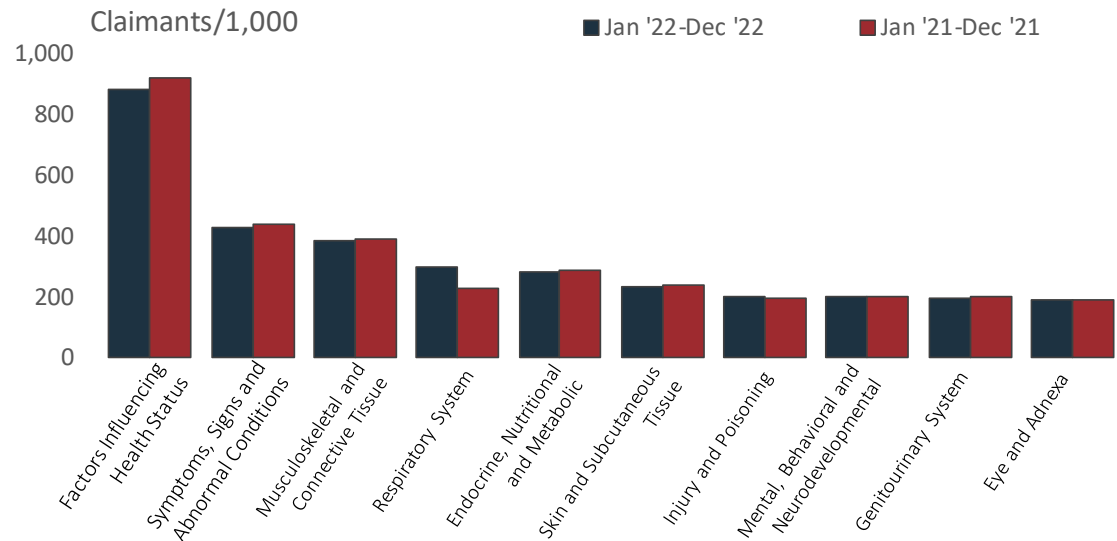
There were 312 members who visited the ER more than four times or more. Sunday was the most popular day of the week to visit the emergency room with 1,280 visits.

Emergency Room Utilization



Diagnostic Categories

Diagnostic Category		Jan '22-Dec '22		Principal Diagnosis	Jan '22-Dec '22		Jan '21-Dec '21	
		Paid	Claimants		Paid	Claimants		
Factors Influencing Health Status	Rank	1	1	Encntr For General Exam W/O Complaint, Susp Or Reprtd Dx	\$2,190,595	8,645	\$2,119,839	8,798
	Paid	\$11,263,917	\$11,973,104	Encounter For Screening For Malignant Neoplasms	\$1,701,881	3,258	\$1,483,659	3,268
	Claimants	12,641	13,141	Encounter For Other Aftercare And Medical Care	\$1,425,477	126	\$1,752,462	144
Musculoskeletal and Connective Tissue	Rank	2	2	Osteoarthritis Of Knee	\$1,699,801	445	\$1,108,919	427
	Paid	\$10,212,884	\$11,771,954	Other Joint Disorder, Not Elsewhere Classified	\$916,867	1,718	\$916,077	1,757
	Claimants	5,550	5,614	Scoliosis	\$884,573	83	\$494,725	86
Neoplasms	Rank	3	3	Malignant Neoplasm Of Breast	\$1,233,445	125	\$886,747	123
	Paid	\$7,690,340	\$7,857,233	Malignant Neoplasm Of Bronchus And Lung	\$624,434	20	\$512,451	21
	Claimants	2,484	2,480	Secondary Malignant Neoplasm Of Other And Unspecified Site	\$479,731	12	\$671,757	23
Circulatory System	Rank	4	4	Chronic Ischemic Heart Disease	\$633,095	365	\$805,279	329
	Paid	\$5,257,410	\$5,421,895	Acute Myocardial Infarction	\$596,567	27	\$250,814	25
	Claimants	2,607	2,667	Atrial Fibrillation And Flutter	\$581,693	212	\$512,071	203
Symptoms, Signs and Abnormal Conditions	Rank	5	5	Abdominal And Pelvic Pain	\$603,453	1,021	\$563,270	1,041
	Paid	\$4,901,589	\$4,806,729	Pain In Throat And Chest	\$503,293	700	\$468,632	673
	Claimants	6,127	6,289	Abnormal And Inconclusive Findings On Dx Imaging Of Breast	\$227,858	492	\$164,442	429



Cancer

Top Cancer Diagnoses

ETG Base	Claimants	Episodes	Paid	Paid/Episode	Benchmark Paid/Episode
Malignant Neoplasm Of Breast	204	204	\$2,200,043	\$10,785	\$16,517
Leukemia	21	21	\$876,091	\$41,719	\$39,803
Malignant Neoplasm Of Cns	17	17	\$850,362	\$50,021	\$47,811
Malignant Neoplasm Of Pulmonary	22	22	\$811,102	\$36,868	\$41,894
Malignant Neoplasm Of Large Intestine	33	33	\$659,922	\$19,998	\$19,697
Malignant Neoplasm Of Prostate	137	137	\$657,687	\$4,801	\$7,063
Malignant Neoplasm Of Skin, Major	99	100	\$531,935	\$5,319	\$3,342
Multiple Myeloma	9	9	\$481,083	\$53,454	\$59,844
Malignant Neoplasm Of Genitourinary Exc Prostate	59	59	\$466,272	\$7,903	\$10,053
Malignant Neoplasm Of Rectum Or Anus	20	20	\$445,176	\$22,259	\$29,000
Grand Total	804	914	\$10,173,538	\$11,131	\$13,412
Prior Period	854	974	\$10,772,728	\$11,060	

Includes diagnoses not in top ten

Claimants/1,000



Paid Claims



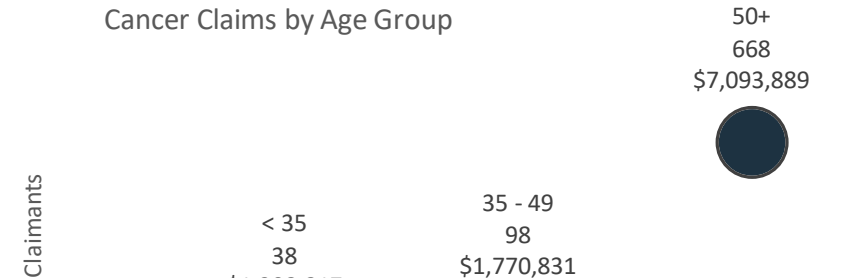
Paid Claims PEPY



Incurred data with two months of run-out

NY44 Health Benefits Plan Trust experienced 914 cancer-related episodes in Jan '22-Dec '22. These episodes cost the group \$10,173,538, for an average cost per episode of \$11,131 (17% less than benchmark). There were 4 cancer-related ETGs in the top ten that experienced a greater-than-benchmark cost per episode, highlighted in the table to the left. There were 804 members with cancer claims this year. 668 (83%) of those claimants were 50 years old or older.

Cancer Claims by Age Group



The table below shows cancer claims by severity level. Severity level is determined by factors related to the episode. Cancer has four severity levels which are correlated to, but **do not exactly match**, the stage of cancer.

Cancer Claims by Severity Level

Severity Level	Claimants	Episodes	Paid	Paid/Episode
1	568	624	\$3,329,454	\$5,336
2	223	228	\$3,138,728	\$13,766
3	46	48	\$2,697,676	\$56,202
4	13	14	\$1,007,679	\$71,977
Grand Total	804	914	\$10,173,538	\$11,131

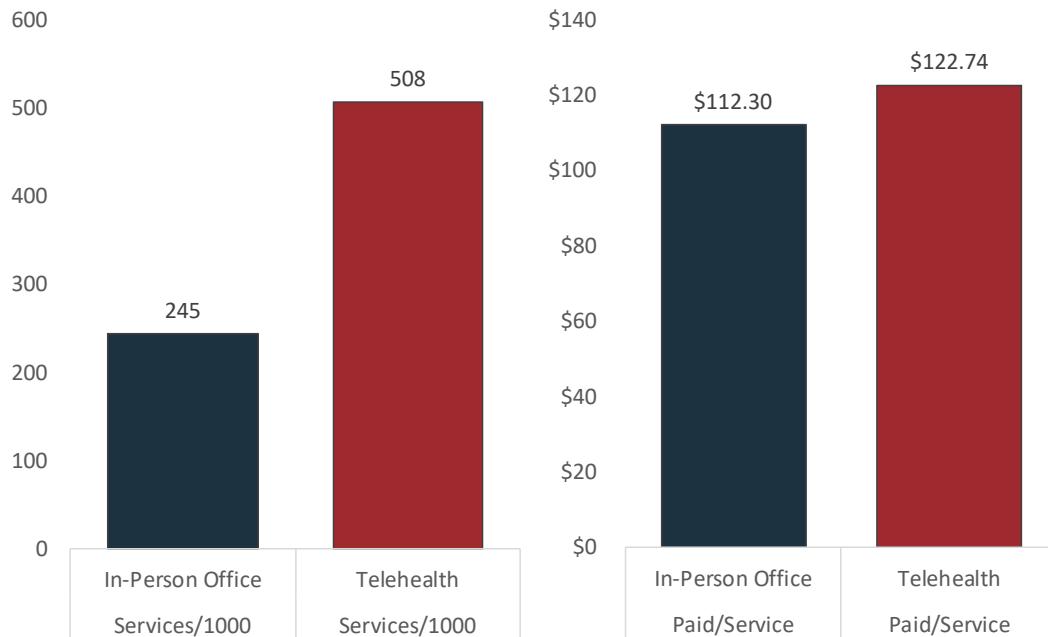
Mental and Behavioral Health

In Jan '22-Dec '22, mental health and substance abuse claims cost the plan \$4,578,353.

The EAP plan may offer employees mental health resources at a lower cost.

ICD-10 Principal Diagnosis	Jan '22-Dec '22			Jan '21-Dec '21			
	Claimants	Claims	Paid	Claimants	Claims	Paid	Paid Rank
1 Other Anxiety Disorders	1,293	7,457	\$1,049,019	1,229	6,646	\$939,715	1
2 Reaction To Severe Stress, And Adjustment Disorders	735	5,828	\$830,490	722	5,632	\$813,429	2
3 Major Depressive Disorder, Recurrent	447	3,006	\$533,706	431	2,868	\$569,474	4
4 Alcohol Related Disorders	68	640	\$456,844	89	758	\$573,842	3
5 Depressive Episode	275	1,435	\$305,948	289	1,530	\$416,584	5
6 Bipolar Disorder	106	806	\$180,721	107	914	\$341,488	6
7 Obsessive-Compulsive Disorder	71	547	\$175,146	72	491	\$72,524	12
8 Attention-Deficit Hyperactivity Disorders	293	1,235	\$174,602	277	965	\$128,533	7
9 Eating Disorders	29	464	\$167,844	38	429	\$97,053	10
10 Opioid Related Disorders	35	404	\$105,042	27	326	\$98,591	9
Top Ten Total			\$3,979,362			\$4,051,233	
Grand Total	2,870	24,761	\$4,578,353	2,882	23,702	\$4,559,184	

In-Person Office vs. Telehealth Visits for Mental Health Treatment - Jan '22-Dec '22



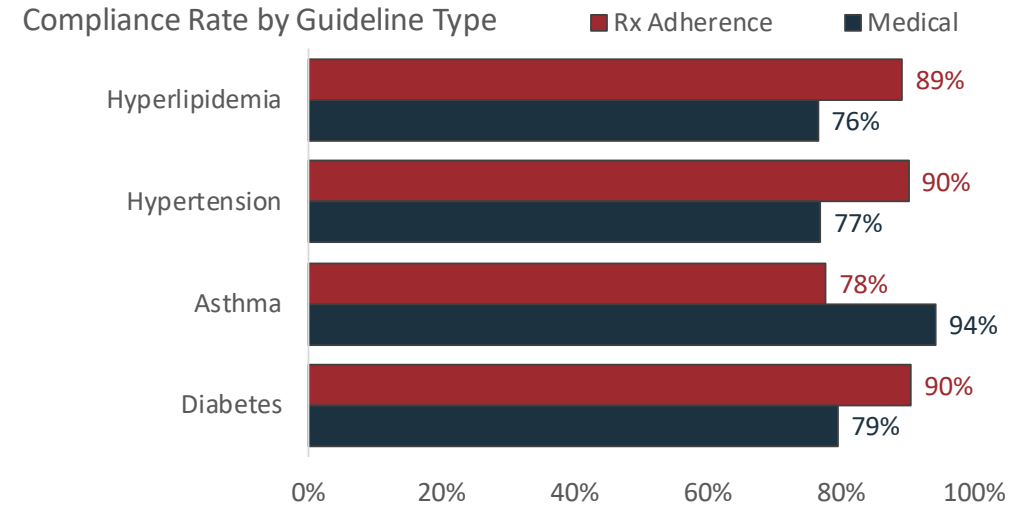
		Jan '22-Dec '22			Jan '21-Dec '21		
		Paid	Claimants	Services/1,000	Paid	Claimants	Services/1,000
In-Network	Inpatient	\$428,491	40	23	\$74		
	Outpatient	\$300,380	207	163	\$52		
	Professional	\$2,870,024	2,635	1,996	\$496		
	Subtotal	\$3,598,895	2,697	2,183	\$622		
Out-Of-Network	Inpatient	\$198,837	9	9	\$34		
	Outpatient	\$365,660	24	43	\$63		
	Professional	\$414,960	302	307	\$72		
Subtotal	\$979,458	315	359	\$169			
Grand Total	\$4,578,353	2,870	2,541	\$791			
Δ	0.4%	-0.4%	2.6%	-1.2%			
In-Network	Inpatient	\$418,552	39	40	\$73		
	Outpatient	\$437,919	235	208	\$77		
	Professional	\$2,701,103	2,666	1,923	\$474		
	Subtotal	\$3,557,575	2,725	2,171	\$624		
Out-Of-Network	Inpatient	\$230,168	8	4	\$40		
	Outpatient	\$383,830	16	26	\$67		
	Professional	\$387,612	278	275	\$68		
Subtotal	\$1,001,610	284	305	\$176			
Grand Total	\$4,559,184	2,882	2,476	\$800			

Chronic Condition Management

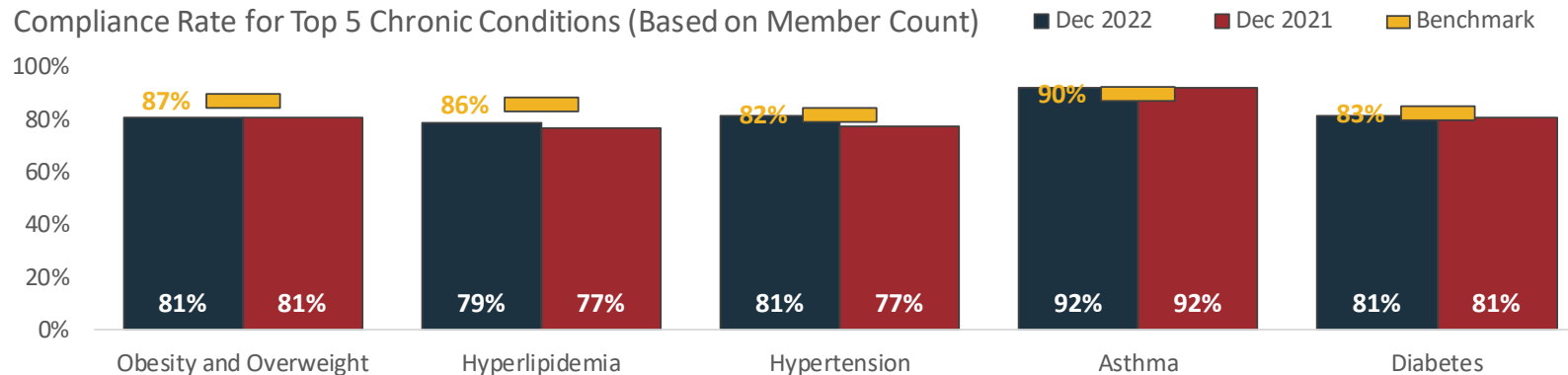
Condition	0 Gap	1-2 Gaps	3-5 Gaps	>5 Gaps	Total
Asthma	698	203	3	0	904
Atrial Fib	134	55	6	0	195
Coronary Artery Disease	88	201	91	0	380
CHF - Part 1	43	34	11	0	88
COPD - Part 1	123	33	0	0	156
CVA/TIA - Part 1	26	37	0	0	63
Chronic Kidney Disease	66	101	33	10	210
Depression	488	154	6	0	648
Diabetes	252	304	160	183	899
Hypertension	1,605	1,152	145	1	2,903
Hyperlipidemia	2,138	142	701	0	2,981
Inflammatory Bowel Disease	58	35	4	0	97
Multiple Sclerosis	9	26	0	0	35
Obesity and Overweight	3,419	254	832	0	4,505
Rheumatoid Arthritis	76	26	5	2	109
Grand Total	5,486	2,328	1,508	192	7,135

Members in the table above may be listed under more than one condition.

9% of non-compliant cases for the top conditions below are related to medication adherence.



Compliance Rate for Top 5 Chronic Conditions (Based on Member Count)



A gap in care is a missed, expected maintenance appointment or treatment for a diagnostic category for which a member has been treated in the past. Gaps in care are based on nationally established guidelines for each specific condition.

The graph to the left is measured based on report end date. The data is incurred with two months of run-out ending in December 2022 and 2021.

Preventive Screening

Adult Compliance Rates

Condition	Cases	Compliant	Non-Compliant	Compliance Rate	Benchmark Rate
Preventive Care Visit	37,168	35,347	1,821	95.1%	81.4%
Breast Cancer Screening	2,124	1,604	520	75.5%	67.5%
Cervical Cancer Screening	7,607	5,987	1,620	78.7%	55.8%
Colorectal Cancer Screening	4,233	1,841	2,392	43.5%	32.7%
Grand Total	51,132	44,792	6,353	87.6%	

Incurred data with two months of run-out.

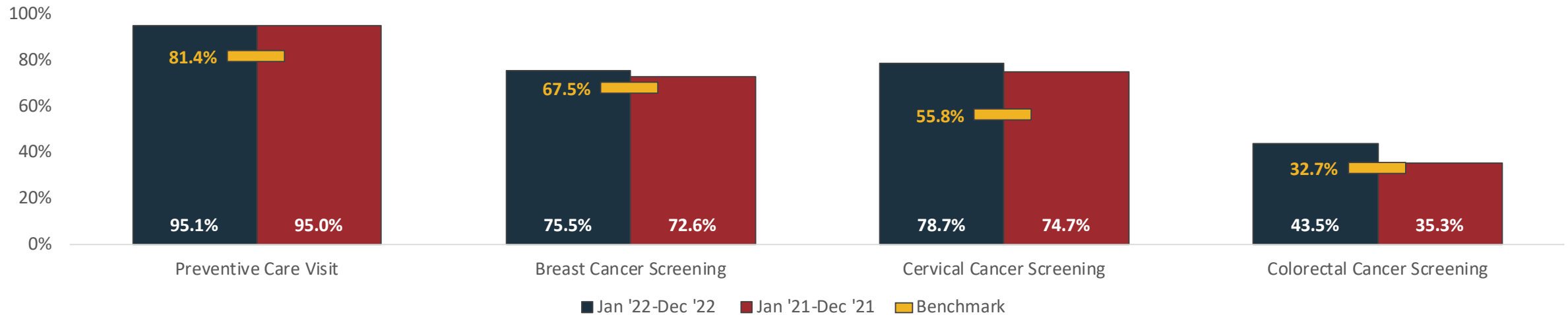
Compliance rates lower than benchmark are highlighted in red.

Compliance rate may be incomplete to the extent the data warehouse does not have enough claims history for a given member.

Oswald's data warehouse reviews medical claims for preventive care compliance. The system identifies members by age and gender and searches claims for appropriate screenings. Displayed here are adult screenings based on HEDIS (Health Effectiveness Data and Information Set) guidelines, which were developed by NCQA to measure quality of health plans.

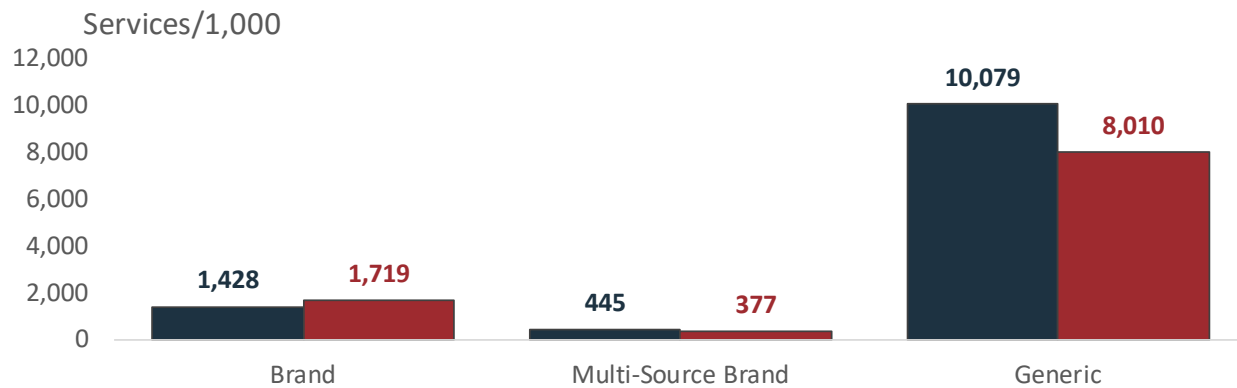
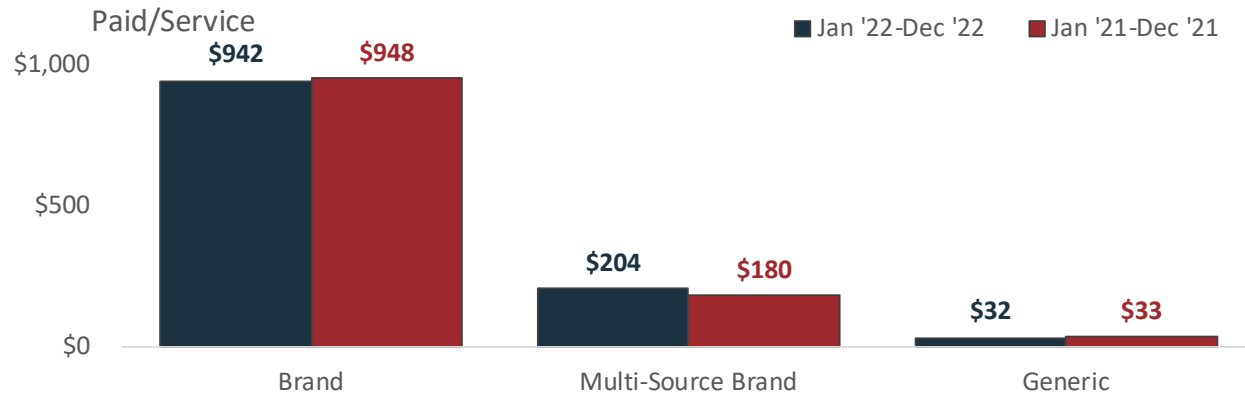
Not all screenings are recommended annually, however it is important to monitor population patterns over time as shown in the graph below.

Adult Compliance Rate by Condition by Year



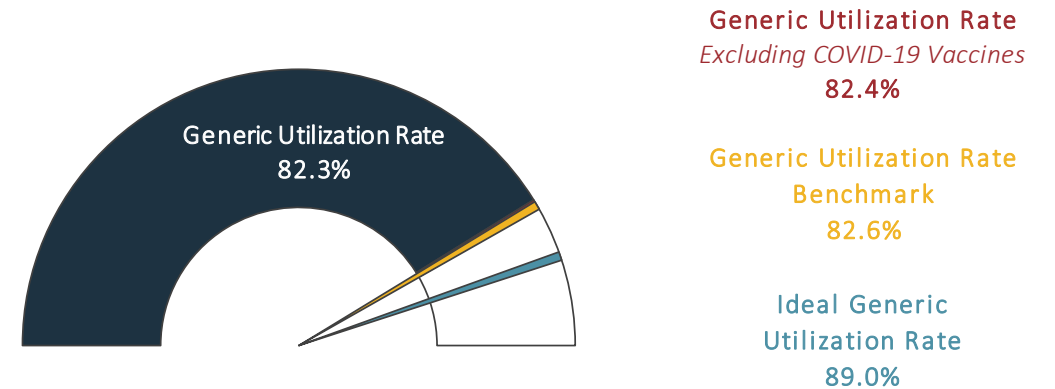
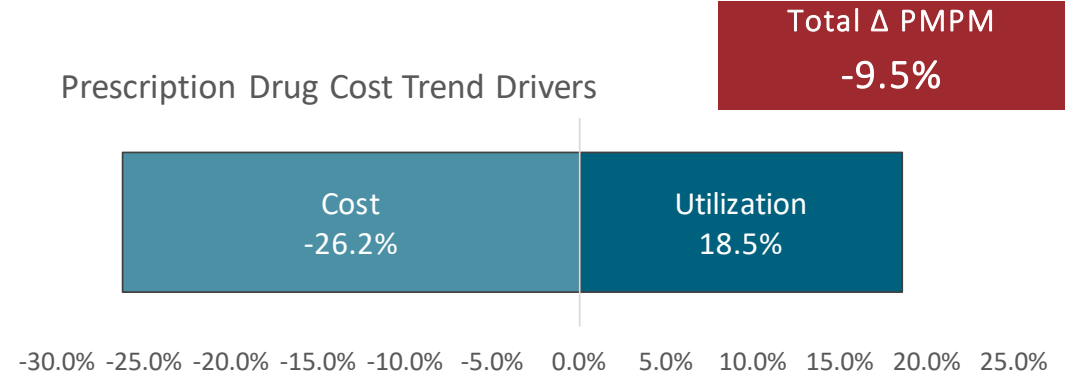
Pharmacy Summary

	Jan '22-Dec '22	Jan '21-Dec '21	Benchmark
Paid PMPM	\$150	\$166	\$144
Scripts/1,000	12,244	10,328	10,593
Paid/Script	\$144	\$196	\$163
Total Paid	\$25,203,764	\$28,821,173	
Employee Cost Share	\$362,091 (1%)	\$1,241,585 (4%)	



Illustrations above do not include non-drug items or unclassified pharmacy claims.

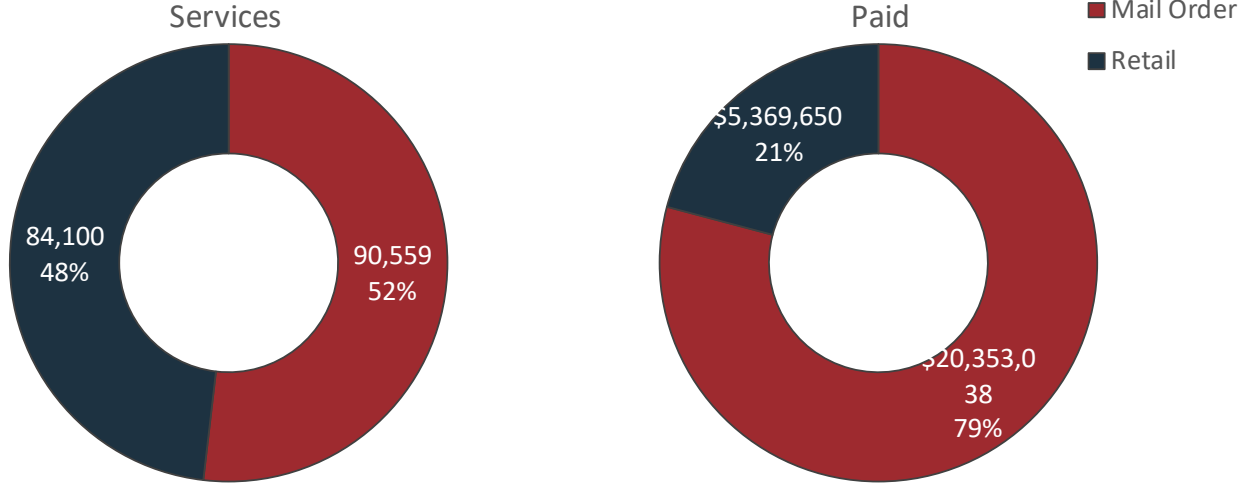
Prescription Drug Cost Trend Drivers



82.3% of prescriptions filled in Jan '22-Dec '22 were generic. Generic utilization in Jan '21-Dec '21 was 77.6%. Benchmark is 82.6%.

If COVID-19 vaccines are excluded from this calculation, the generic utilization rate was 82.4% in Jan '22-Dec '22. The ideal generic utilization rate is 89.0%.

Pharmacy Detail



Biologicals and Biosimilars - Jan '22-Dec '22

Brand Name	Drug Group	Biosimilar Launch Date	Scripts	Paid
Lantus	Biological	Available	141	\$170,859
Enbrel	Biological	Exp. 2028/2029	80	\$457,690
Humira	Biological	Exp. 2023	10	\$60,960
Neulasta	Biological	Available	4	\$24,585
Semglee	Biosimilar	Nov 2021	1	\$38
Grand Total			236	\$714,133

In Jan '22-Dec '22, there were 235 scripts for biologicals with biosimilars either available or expected soon, with total paid claims of \$714,094. There was 1 script for biosimilars, with total paid claims of \$38.

Generic Substitution Opportunities

Drug Name	Therapeutic Class	Claimants	Plan Paid
Revlimid	Antineoplastics	1	\$191,540
Restasis	Ophthalmic Agents	36	\$95,723
Vascepa	Cardiovascular Therapy Agents	41	\$92,279
Tecfidera	Multiple Sclerosis Agents	1	\$88,255
Symbicort	Respiratory Therapy Agents	51	\$74,568
Synthroid	Endocrine	258	\$68,552
Cystadane	Metabolic Modifiers	1	\$45,613
Lamictal	Central Nervous System Agents	5	\$45,583
Lialda	Gastrointestinal Therapy Agents	5	\$38,230
Eluryng	Contraceptives	51	\$37,385
All Other			\$519,056
Grand Total		1,781	\$1,296,784

Opioid Drug-Group	Claimants	Scripts	Days Supply/Claimant	Allowed/Service
Buprenorphine	495	1,940	254.9	\$71.42
Hydrocodone	675	1,426	32.5	\$25.50
Oxycodone	549	1,276	58.8	\$51.88
Methylphenidate	150	933	196.4	\$62.06
Tramadol	286	749	44.1	\$10.64
Grand Total	1,996	6,881	117.4	\$52.52

Grand Total includes opioid drug-groups not included in top 5.

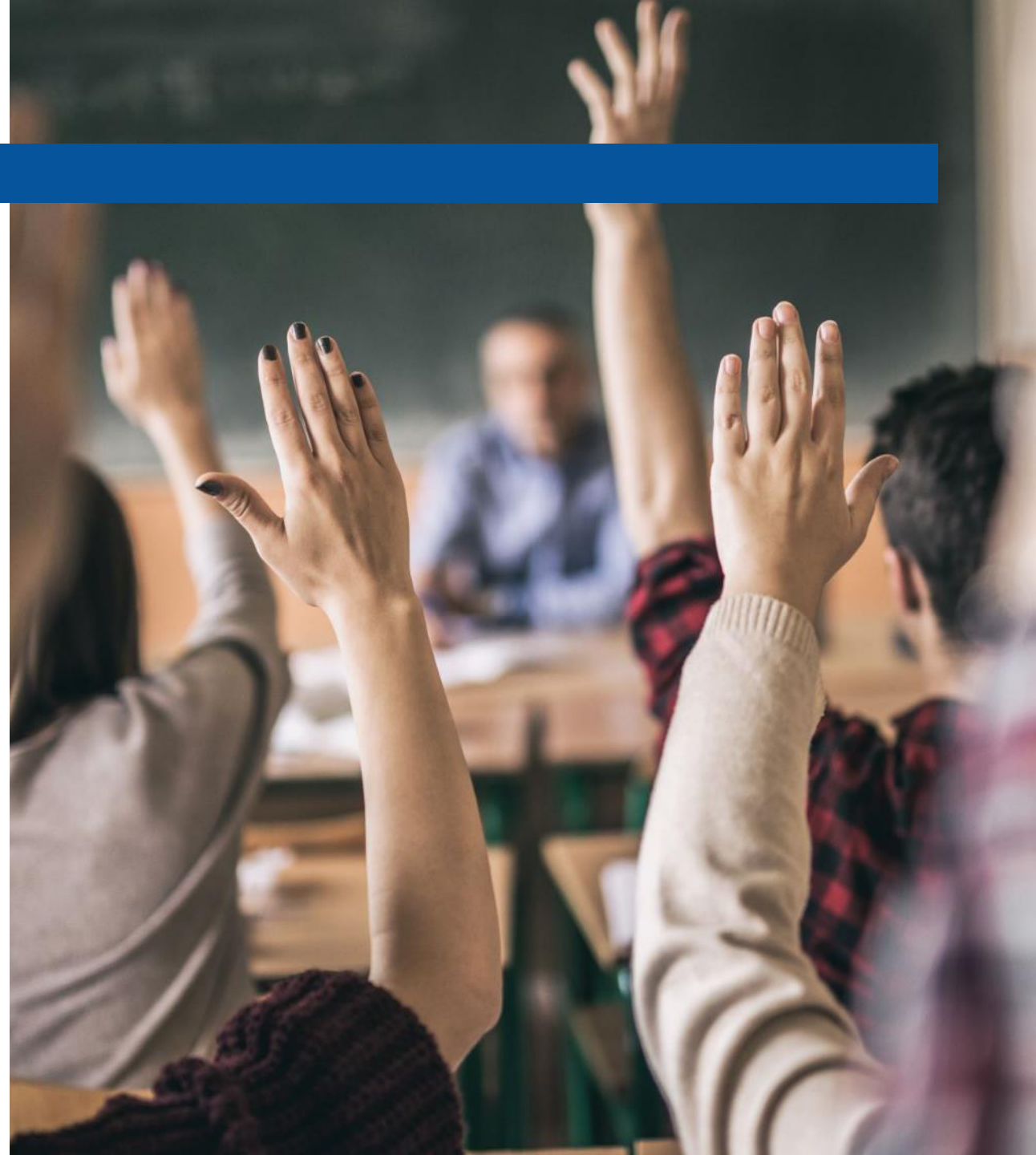


Closing Remarks

Donna Walters, Trust Vice Chair



Questions & Comments



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2nd Annual
Dinner & Meeting

May 24, 2023

Thank you for your attendance.