

SFHSS Express Dashboard

August 10, 2017

Goals of the Express Dashboard:

- Ability to provide quarterly updates – traditionally this has been challenging due to the significant manual effort required
- Ability to consistently compare all health plans
- Ability to consistently provide information on Active/Early Retiree and Medicare populations
- In addition to demographics, cost and utilization, expand information presented in the dashboard to highlight focus areas
 - Quality metrics
 - Preventive Screenings
 - Risk Scores
 - Risk Band Profiles
 - Mental Health
 - Chronic Conditions
- Add benchmarks where possible

Express Dashboard Notes:

- Dashboard was developed by Truven Health and all data is sourced from the All Payer Claims Database (APCD)
- Current dashboard is for incurred dates Jan – Dec 2016 with Paid through May 2017. The timing of the dashboard ensures there is a three month run-out so that there is not a huge decrease in spend between current and prior periods
- The risk scores presented are rescaled to the total population between the plans for the purpose of comparison. The annual presentation of risk scores is non-rescaled
- Risk scores may not always add up to a 100% due to members who are non-Medicare but may move to Medicare during the period
- Financials are not included in the Medicare Dashboard
- Measures identified as acute are those that take place in an acute inpatient setting. These include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities.
- Current Diagnostic Cost Grouper (DCG) time period is Jan-Dec 2015

SFHSS Non Medicare Dashboard

July 20, 2017

Previous Period: Jan 2015 - Dec 2015 (Incurred)

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Financial

Previous Period: Jan 2015 - Dec 2015 (Incurred)

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Financial Summary

	Previous	Current	% Change
Allowed Amount Med and Rx	\$602,797,929	\$591,012,872	-2.0%
Third Party Amt Med and Rx	\$5,569,867	\$4,782,566	-14.1%
Out of Pocket Med and Rx	\$19,884,901	\$19,611,484	-1.4%
Allow Amt PMPY Med and Rx	\$6,838.15	\$6,543.90	-4.3%
Allow Amt PEPY Med and Rx	\$13,709.98	\$13,049.21	-4.8%
Allowed Amount IP Acute	\$180,247,333	\$180,060,102	-0.1%
Allowed Amount OP Med	\$268,154,534	\$288,372,183	7.5%
Allowed Amount Rx	\$102,046,538	\$105,673,841	3.6%

Demographics

	Blue Shield	City Plan	Kaiser	Total
Employees	18,191	1,435	25,665	45,291
Members	37,011	2,190	51,114	90,315
Family Size	2.0	1.5	2.0	2.0
Average Employee Age	49.8	54.5	46.8	48.3
Average Member Age	38.8	49.5	36.8	37.9
Employees % Male	51.5%	55.0%	51.9%	51.9%
Members % Male	47.6%	48.2%	48.5%	48.1%
Risk Score	106.6	217.3	87.0	97.4

Current Allowed Amount PMPM Med and Rx



High Cost Claimants Overview

	Blue Shield	City Plan	Kaiser	Total
High Cost Claimants	1,079	155	902	2,126
HCC Allow Amt Per Pat Med and Rx	\$127,376	\$135,020	\$126,909	\$128,334
HCC Allow Amt Pay Per Pat Med IP	\$108,132	\$103,485	\$118,343	\$112,710
HCC Allow Amt Per Pat Med OP	\$47,006	\$54,101	\$31,183	\$40,991
HCC Allow Amt Per Pat Rx	\$21,041	\$21,181	\$14,167	\$18,232
HCC Percent of Total Allowed Amount	47.3%	60.1%	46.1%	47.5%
HCC Allowed Amount	\$137,438,841	\$20,928,088	\$114,471,978	\$272,838,907
Total Allowed Amount	\$290,745,679	\$34,811,325	\$248,399,002	\$573,956,006
Allow Amt PMPY with HCC	\$7,855.66	\$15,891.95	\$4,859.75	\$6,355.04
Allowed Amount PMPY without HCC	\$4,142.20	\$6,337.93	\$2,620.18	\$3,334.07

A High Cost Claimant is defined as a member with greater than or equal to \$50,000 in spending for the time period.

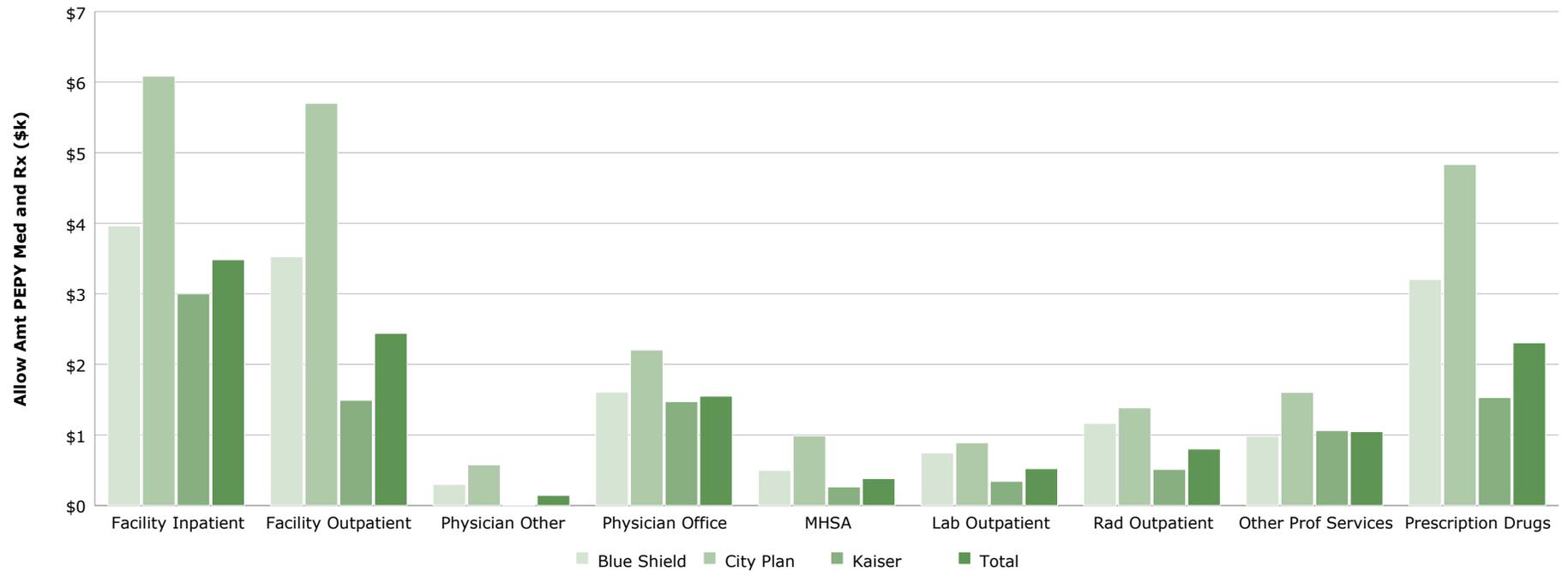
Financial

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Cost Per Employee Per Year (PEPY)

	Blue Shield	City Plan	Kaiser	Total
Facility Inpatient	\$3,958.91	\$6,083.57	\$3,000.28	\$3,483.02
Facility Outpatient	\$3,525.31	\$5,698.87	\$1,489.86	\$2,440.77
Physician Other	\$299.95	\$576.83	\$9.02	\$143.86
Physician Office	\$1,607.07	\$2,202.32	\$1,472.23	\$1,549.53
MHSA	\$497.53	\$987.25	\$263.85	\$380.63
Lab Outpatient	\$746.21	\$887.32	\$341.90	\$521.57
Rad Outpatient	\$1,163.08	\$1,382.15	\$510.43	\$800.19
Other Prof Services	\$981.88	\$1,602.23	\$1,061.97	\$1,046.92
Prescription Drugs	\$3,203.15	\$4,832.57	\$1,529.00	\$2,306.11
Total Allowed Amount	\$15,983.09	\$24,253.13	\$9,678.54	\$12,672.60



Financial

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Cost and Utilization Trends

	Blue Shield	City Plan	Kaiser	Total	West Norm
Allow Amt PEPY Med and Rx	\$15,983.09	\$24,253.13	\$9,678.54	\$12,672.60	\$11,619.07
Admits Per 1000 Acute	45.1	95.9	34.7	40.4	51.5
Days LOS Admit Acute	4.94	5.68	4.16	4.60	4.20
Days Per 1000 Adm Acute	222.5	544.6	144.2	186.0	206.7
Svcs Per 1000 OP Med	26,982.7	47,115.3	14,631.1	20,480.6	25,908.0
Visits Per 1000 ER	189.0	247.0	175.6	182.9	174.8
Scripts Per 1000 Rx	11,958.0	19,147.2	5,680.6	8,579.7	9,644.5
Days Supply PMPY Rx	341.50	595.80	306.55	327.89	342.12
Allow Amt Per Adm Acute	\$46,966	\$46,200	\$52,049	\$49,390	\$31,129
Allow Amt Per Svc OP Med	\$153	\$169	\$156	\$155	\$124
Allow Amt Per Script Rx	\$132	\$165	\$135	\$135	\$117

Plan Performance*

	Blue Shield	City Plan	Kaiser	Total
Relative Risk Score Concurrent	106.6	217.3	87.0	97.4
Members Avg Med	35,965	1,345	47,118	84,429
Allowed Amount PMPM Med and Rx	\$614.48	\$1,335.50	\$374.24	\$491.90
Health Service System Ratio to the Average	1.2	1.2	0.9	1.0

*Plan Performance is based on the current DCG time period.

Premium Contributions

	Blue Shield	City Plan	Kaiser	Total
Employer Premium Contribution Med	\$257,886,546	\$28,887,481	\$272,570,369	\$559,344,396
Employee Premium Contribution Med	\$43,909,041	\$2,967,128	\$36,144,123	\$83,020,292
Total Medical Premium Amount	\$301,795,587	\$31,854,609	\$308,714,492	\$642,364,688

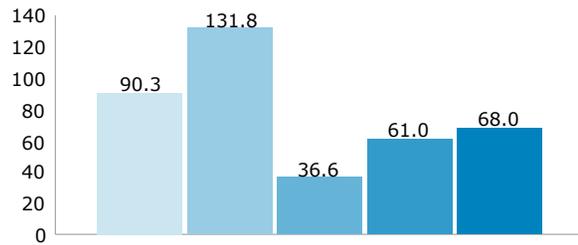
Clinical

Previous Period: Jan 2015 - Dec 2015 (Incurred)

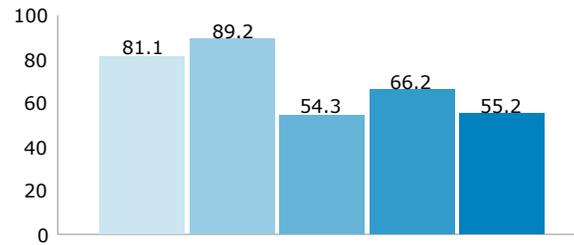
Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

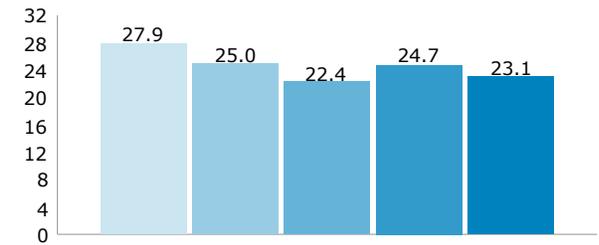
Chronic Condition Prevalence



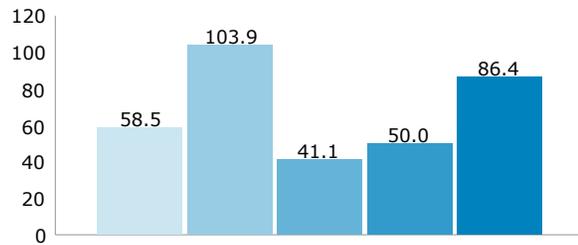
Hypertension Patients per 1000



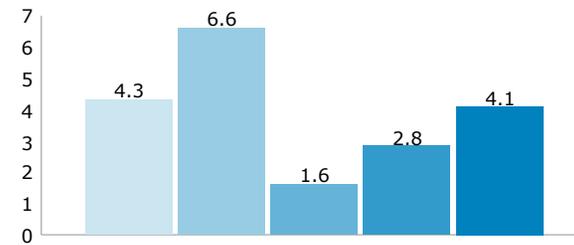
Diabetes Patients per 1000



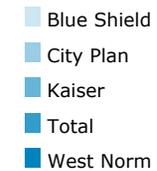
Asthma Patients per 1000



Low Back Patients per 1000



COPD Patients per 1000



Quality Markers

Utilization Metrics (per 1000 enrollees)

	Blue Shield	City Plan	Kaiser	Total
Emergency Room	189	247	176	183
% Admit	12.2%	19.0%	2.3%	7.1%
% Ambulatory	87.8%	81.0%	97.7%	92.9%
Readmissions	3.2	8.2	1.7	2.4
Avoidable Admissions	3.4	10.5	3.0	3.3
Complications	15.3	26.8	9.3	12.2

Well Care and Preventive Visits

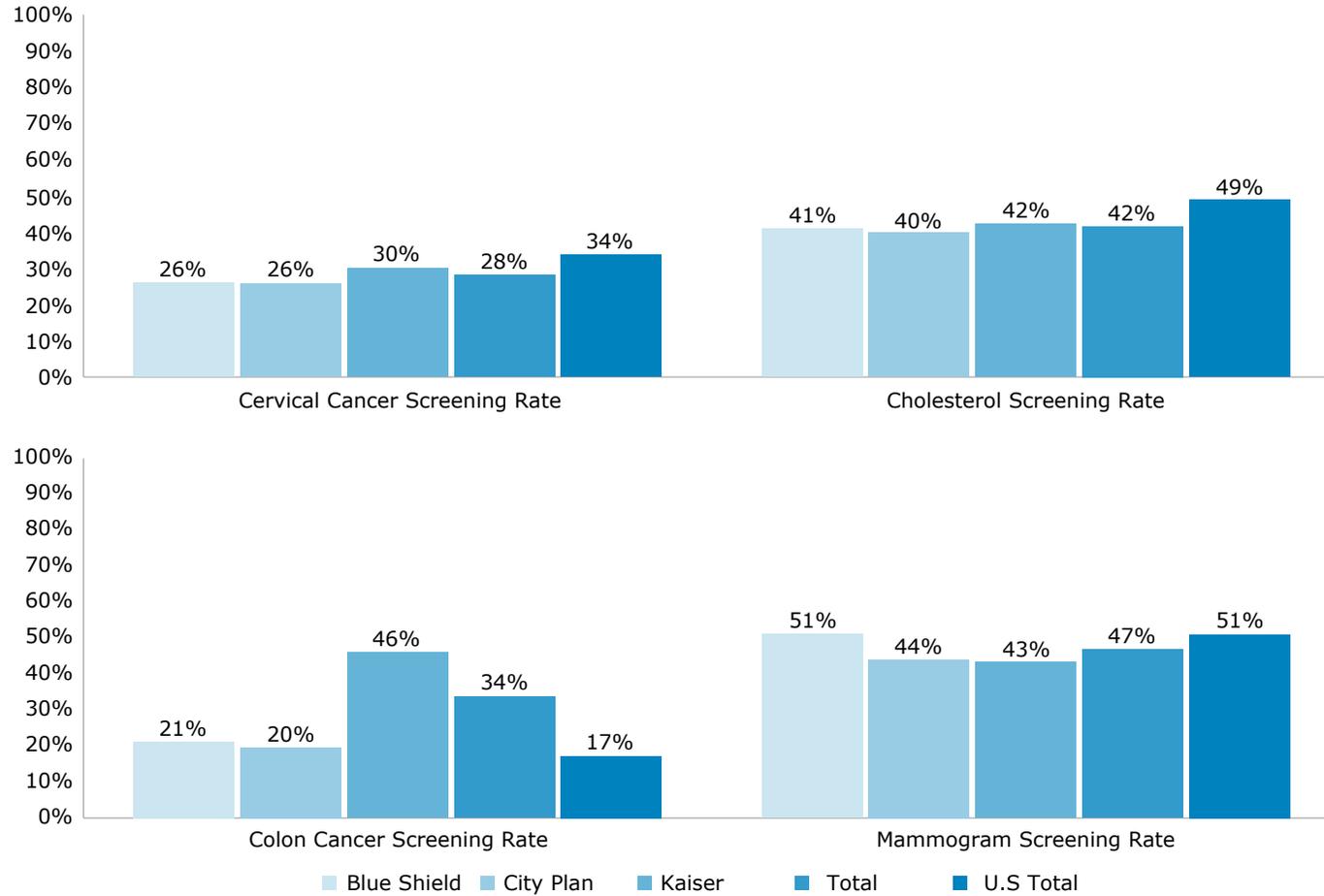
	Previous	Current	% Change
Visits Well Baby	4,735	4,473	-5.5%
Visits Well Child	3,733	3,186	-14.7%
Visits Preventive Adult	13,971	13,586	-2.8%
Visits Per 1000 Well Baby	4,258.1	4,164.8	-2.2%
Visits Per 1000 Well Child	1,120.4	910.9	-18.7%
Visits Per 1000 Prevent Adult	197.8	187.8	-5.0%

Clinical

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Preventive Screening Rates



Express Dashboard

Time Period: 2016 (Most Recent Complete Incurred Calendar Year)

Paid Through: Mar 2017

Top 10 Episode Summary Groups*

Episode Type*

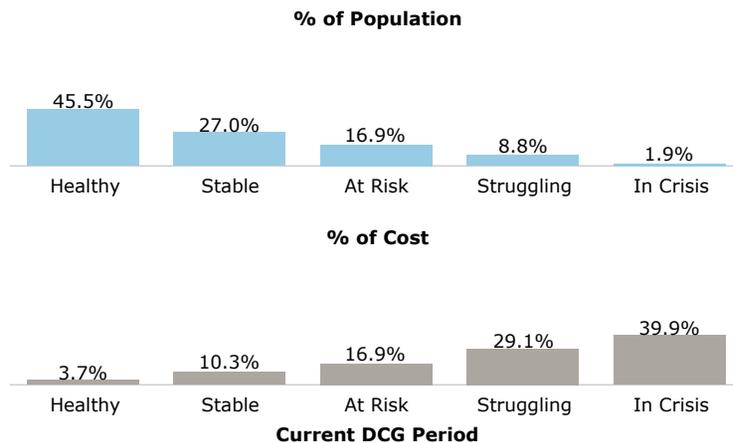
	Current Complete Year		
	Allowed Amount Per Epis West Region	Episodes	Patients
Prevent/Admin Hlth Encounters	\$585	51,481	47,664
Osteoarthritis	\$7,098	2,805	2,686
Diabetes	\$4,459	4,086	3,991
HIV Infection	\$24,660	445	445
Pregnancy w Vaginal Delivery	\$12,612	424	424
Coronary Artery Disease	\$14,321	714	637
Hepatitis, Viral	\$25,477	575	571
Cancer - Breast	\$20,250	609	609
Arthropathies/Joint Disord NEC	\$751	10,340	9,004
Cancer - Leukemia	\$58,526	99	94
Top 10 Subtotal	\$1,891	71,578	54,344
All Episode Summary Groups	\$1,838	236,225	75,681

	Allowed Amount Epis Total	Episodes	Allowed Amount Per Epis Total	% of Total
Acute Conditions	\$253,975,299	159,222	\$1,595	50.3%
Chronic, Acute Flare-ups	\$17,270,388	564	\$30,621	3.4%
Chronic, Maintenance	\$33,702,656	11,351	\$2,969	6.7%
Chronic, Non-Stratified	\$171,756,021	19,674	\$8,730	34.0%
Well Care	\$28,388,835	45,414	\$625	5.6%
Total	\$505,093,200	236,225	\$2,138	100.0%

*Episodes are based on the most recent complete incurred calendar year 2016.

Risk Band Profiles

Top 11 Mental Health Episodes



- 1) The healthiest 45.5% of the population accounts for 3.7% of the total cost.
- 2) The least healthy 1.9% of the population accounts for 39.9% of the total cost.

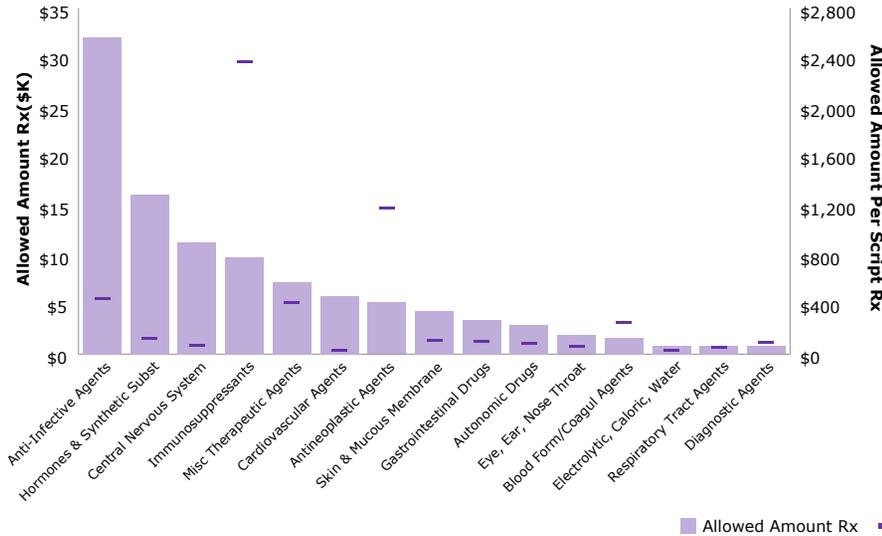
	Current Complete Year				
	Allowed Amount Per Epis Total	Allowed Amount Per Epis West Region	Episodes	Patients	Visits
Eating Disorders	\$11,429	\$6,330	58	53	594
Autism	\$9,327	\$6,414	197	197	7,368
Schizophrenia	\$9,299	\$8,954	99	99	1,822
Substance Abuse	\$4,923	\$8,578	987	803	5,440
Bipolar Disorder	\$4,396	\$3,594	395	361	6,741
Antisocial Behav	\$3,238	\$1,634	50	50	510
Psychoses, NEC	\$1,807	\$1,283	144	116	708
Depression	\$1,703	\$1,899	3,822	3,612	36,955
Neuroses, NEC	\$1,297	\$960	1,805	1,699	10,007
Obsess-Compulsiv	\$1,193	\$1,267	99	97	746
Anxiety Disorder	\$929	\$739	2,379	2,268	14,692

Drug

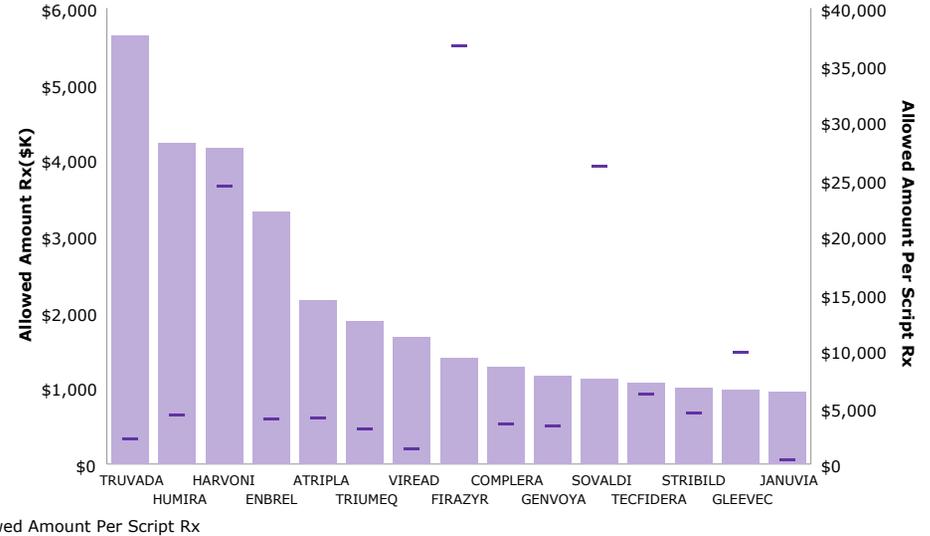
Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Top 15 Therapeutic Classes



Top 15 Drugs



	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
Anti-Infective Agents	\$32,041,525	30.3%	70,814	\$452.47
Hormones & Synthetic Subst	\$16,127,597	15.3%	126,596	\$127.39
Central Nervous System	\$11,306,042	10.7%	163,711	\$69.06
Immunosuppressants	\$9,797,776	9.3%	4,144	\$2,364.33
Misc Therapeutic Agents	\$7,283,180	6.9%	17,584	\$414.19
Cardiovascular Agents	\$5,910,340	5.6%	180,957	\$32.66
Antineoplastic Agents	\$5,225,009	4.9%	4,414	\$1,183.74
Skin & Mucous Membrane	\$4,369,956	4.1%	39,352	\$111.05
Gastrointestinal Drugs	\$3,451,343	3.3%	32,713	\$105.50
Autonomic Drugs	\$2,919,238	2.8%	32,650	\$89.41
Eye, Ear, Nose Throat	\$1,910,155	1.8%	28,881	\$66.14
Blood Form/Coagul Agents	\$1,690,690	1.6%	6,633	\$254.89
Electrolytic, Caloric, Water	\$818,502	0.8%	24,735	\$33.09
Respiratory Tract Agents	\$814,677	0.8%	14,153	\$57.56
Diagnostic Agents	\$804,574	0.8%	8,437	\$95.36
Top 15 Subtotal	\$104,470,602	98.9%	755,774	\$138.23
All Therapeutic Classes	\$105,673,841	100.0%	781,327	\$135.25

	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
TRUVADA	\$5,634,228	5.3%	2,501	\$2,252.79
HUMIRA	\$4,221,330	4.0%	986	\$4,281.27
HARVONI	\$4,161,951	3.9%	171	\$24,338.89
ENBREL	\$3,324,333	3.1%	834	\$3,986.01
ATRIPLA	\$2,152,702	2.0%	530	\$4,061.70
TRIUMEQ	\$1,875,743	1.8%	605	\$3,100.40
VIREAD	\$1,670,628	1.6%	1,276	\$1,309.27
FIRAZYR	\$1,395,536	1.3%	38	\$36,724.63
COMPLERA	\$1,277,779	1.2%	360	\$3,549.39
GENVOYA	\$1,164,989	1.1%	348	\$3,347.67
SOVALDI	\$1,121,813	1.1%	43	\$26,088.67
TECFIDERA	\$1,070,506	1.0%	174	\$6,152.34
STRIBILD	\$1,003,715	0.9%	222	\$4,521.24
GLEEVEC	\$973,170	0.9%	99	\$9,830.00
JANUVIA	\$954,928	0.9%	2,305	\$414.29
Top 15 Subtotal	\$32,003,350	30.3%	10,492	\$3,050.26
All Drugs	\$105,673,841	100.0%	781,327	\$135.25

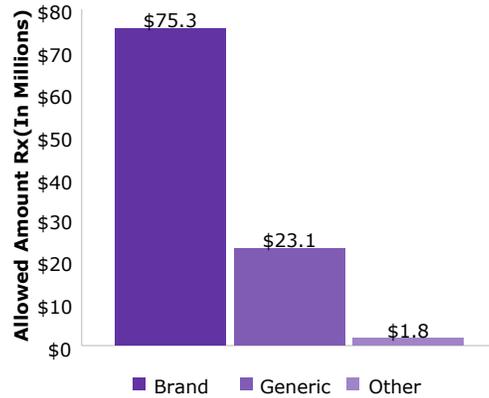
Drug

Previous Period: Jan 2015 - Dec 2015 (Incurred)

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Brand & Generic Cost



Specialty Drug Metrics

	Allowed Amount Med and Rx			Allow Amt PMPY Med and Rx		
	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	\$52,306,315	\$51,733,842	-1.1%	\$593.36	\$572.82	-3.5%
Specialty Drugs						
Prescription Specialty Drugs	\$49,740,223	\$53,939,998	8.4%	\$564.25	\$597.24	5.8%
Professional Specialty Drugs	\$8,604,263	\$10,137,868	17.8%	\$97.61	\$112.25	15.0%
Facility Outpatient Specialty Drugs	\$465,809	\$1,474,611	216.6%	\$5.28	\$16.33	209.0%
Specialty Total	\$58,810,295	\$65,552,477	11.5%	\$667.14	\$725.82	8.8%
Total	\$111,116,610	\$117,286,319	5.6%	\$1,260.51	\$1,298.63	3.0%

Key Drug Metrics

	Blue Shield	City Plan	Kaiser	Total
Allow Amt PMPY Rx	\$1,574.34	\$3,166.56	\$767.74	\$1,156.46
Scripts Per 1000 Rx	11,958.01	19,147.23	5,680.62	8,579.71
Allow Amt Per Script Rx	\$131.66	\$165.38	\$135.15	\$134.79
Days Supply PMPY Rx	341.50	595.80	306.55	327.89
Scripts Generic Efficiency Rx	96.8%	95.9%	97.0%	96.8%
% Scripts Dispensed as Generic	82.9%	79.8%	81.5%	82.2%

SFHSS Medicare Dashboard

July 20, 2017

Previous Period: Jan 2015 - Dec 2015 (Incurred)

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Financial

Previous Period: Jan 2015 - Dec 2015 (Incurred)

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Demographics

	Blue Shield	City Plan	Kaiser	Total
Employees	5,591	6,100	9,746	21,437
Members	7,021	7,498	12,095	26,613
Family Size	1.3	1.2	1.2	1.2
Average Employee Age	72.4	76.7	74.9	74.8
Average Member Age	72.1	76.1	74.5	74.3
Employees % Male	48.9%	46.7%	49.5%	48.6%
Members % Male	46.6%	42.5%	45.4%	44.9%
Risk Score	232.0	315.2	220.8	248.9

Cost and Utilization Trends

	Blue Shield	City Plan	Kaiser	Total
Admits Per 1000 Acute	144.1	201.8	165.0	169.9
Days LOS Admit Acute	6.48	5.39	4.81	5.38
Days Per 1000 Adm Acute	933.4	1,088.0	794.2	913.7
Svcs Per 1000 OP Med	55,043.8	67,791.4	38,636.5	51,178.4
Visits Per 1000 ER	332.0	572.9	430.2	444.5
Scripts Per 1000 Rx	25,836.6	25,403.4	26.1	13,984.3
Days Supply PMPY Rx	1,275.30	1,158.35	1,317.54	1,261.55

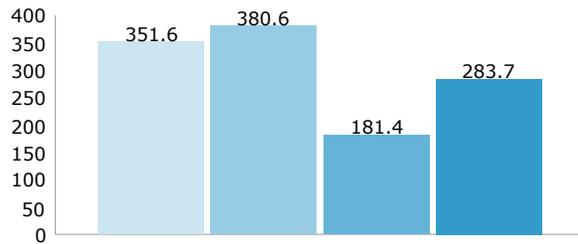
Clinical

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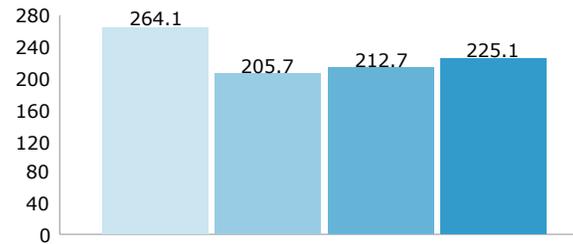
Current Period: Jan 2016 - Dec 2016 (Incurred)

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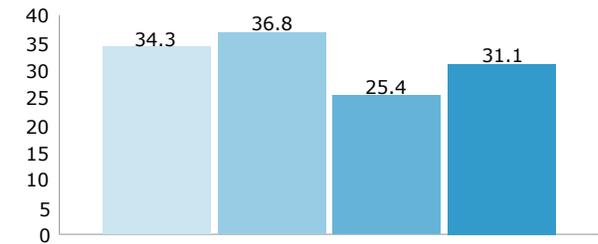
Chronic Condition Prevalence



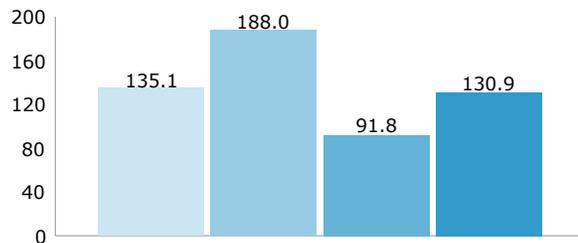
Hypertension Patients per 1000



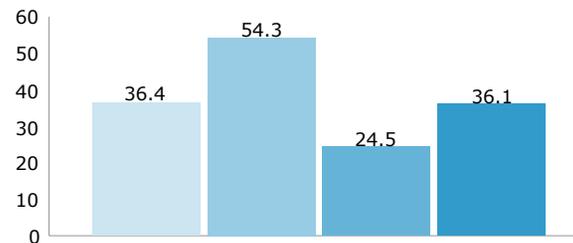
Diabetes Patients per 1000



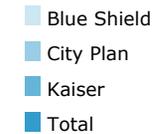
Asthma Patients per 1000



Low Back Patients per 1000



COPD Patients per 1000



Quality Markers

Utilization Metrics (per 1000 enrollees)

	Blue Shield	City Plan	Kaiser	Total
Emergency Room	332	573	430	444
% Admit	29.6%	25.8%	2.9%	16.5%
% Ambulatory	70.4%	74.2%	97.1%	83.5%
Readmissions	11.5	4.8	13.9	10.7
Avoidable Admissions	29.3	50.7	34.1	37.5
Complications	50.6	79.2	44.0	55.9

Well Care and Preventive Visits

	Previous	Current	% Change
Visits Preventive Adult	5,308	5,497	3.6%
Visits Per 1000 Prevent Adult	206.5	206.6	0.0%

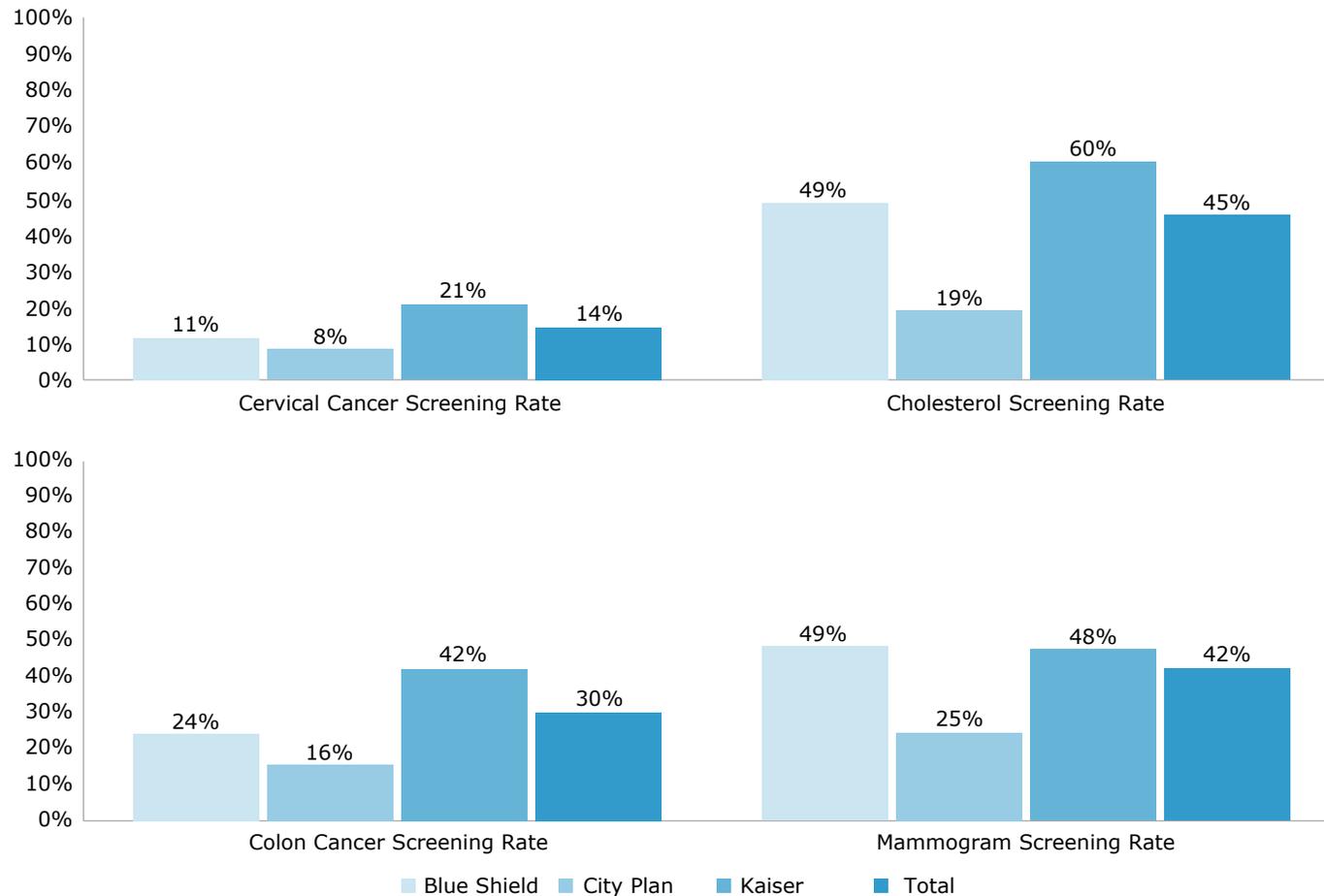
Clinical

Previous Period: Jan 2015 - Dec 2015 (Incurred)

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Preventive Screening Rates



Clinical

Time Period: 2016 (Most Recent Complete Incurred Calendar Year)
 Paid Through: Mar 2017

Top 10 Episode Summary Groups*

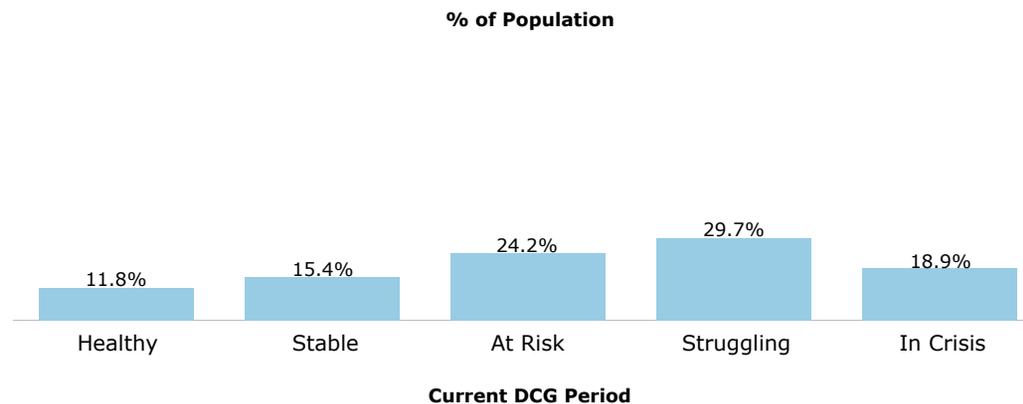
	Current Complete Year	
	Episodes	Patients
Diabetes	4,450	4,305
Osteoarthritis	3,807	3,599
Renal Function Failure	1,063	1,056
Hypertension, Essential	6,612	6,561
Coronary Artery Disease	1,946	1,791
Cancer - Prostate	650	650
HIV Infection	171	171
Cancer - Lung	236	236
Prevent/Admin Hlth Encounters	17,071	15,478
Cerebrovascular Disease	1,124	872
Top 10 Subtotal	37,130	21,169
All Episode Summary Groups	136,720	26,189

Episode Type*

	Episodes
Acute Conditions	81,796
Chronic, Acute Flare-ups	1,577
Chronic, Maintenance	13,354
Chronic, Non-Stratified	25,348
Well Care	14,645
Total	136,720

*Episodes are based on the most recent complete incurred calendar year 2016.

Risk Band Profiles



Drug

Previous Period: Jan 2015 - Dec 2015 (Incurred)

Current Period: Jan 2016 - Dec 2016 (Incurred)

Paid Through: Mar 2017

Specialty Drug Metrics

	Scripts Rx			Days Supply PMPY Rx			Claims Paid		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	386,643	366,179	-5.3%	1,275.06	1,246.04	-2.3%	686,259	655,847	-4.4%
Specialty Drugs									
Prescription Specialty Drugs	5,839	6,469	10.8%	13.28	16.29	22.7%	9,795	10,796	10.2%
Professional Specialty Drugs							6,528	8,016	22.8%
Facility Outpatient Specialty Drugs							520	687	32.1%
Specialty Total	5,839	6,469	10.8%	13.28	16.29	22.7%	16,843	19,499	65.1%
Total	392,482	372,648	-5.1%	1,288.34	1,262.33	-2.0%	702,925	675,211	-3.9%

Key Drug Metrics

	Blue Shield	City Plan	Kaiser	Total
Scripts Per 1000 Rx	25,836.58	25,403.39	26.13	13,984.34
Days Supply PMPY Rx	1,275.30	1,158.35	1,317.54	1,261.55
Scripts Generic Efficiency Rx	97.5%	97.0%	94.4%	97.3%
% Scripts Dispensed as Generic	81.4%	82.7%	80.4%	82.1%