DURHAM
1869
CITY OF MEDICINE

City of Durham
Utilization and Expense Review
February 10, 2010

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BlueCross BlueShield of North Carolina

BCBSNC Attendees

- Danny McKinney- Client Manager
- Angela Lipke - Healthcare Consultant
- Emmanuel Bass- Group Representative

Agenda

- Health Plan Performance & Program Participation
- New Innovations at BCBSNC

Health Plan Performance & Program Participation

Utilization & Expense Review - Background

- Enrollment & Claims:
  - Incurred: Oct '08 – Sep '10
  - Paid through Nov '10
- Benchmark:
  - BCBSNC Municipalities
  - Age/Sex adjusted to reflect the group's demographics

Network Utilization & Discounts

City of Durham
Claims Paid from 09/01/2009 through 08/31/2010

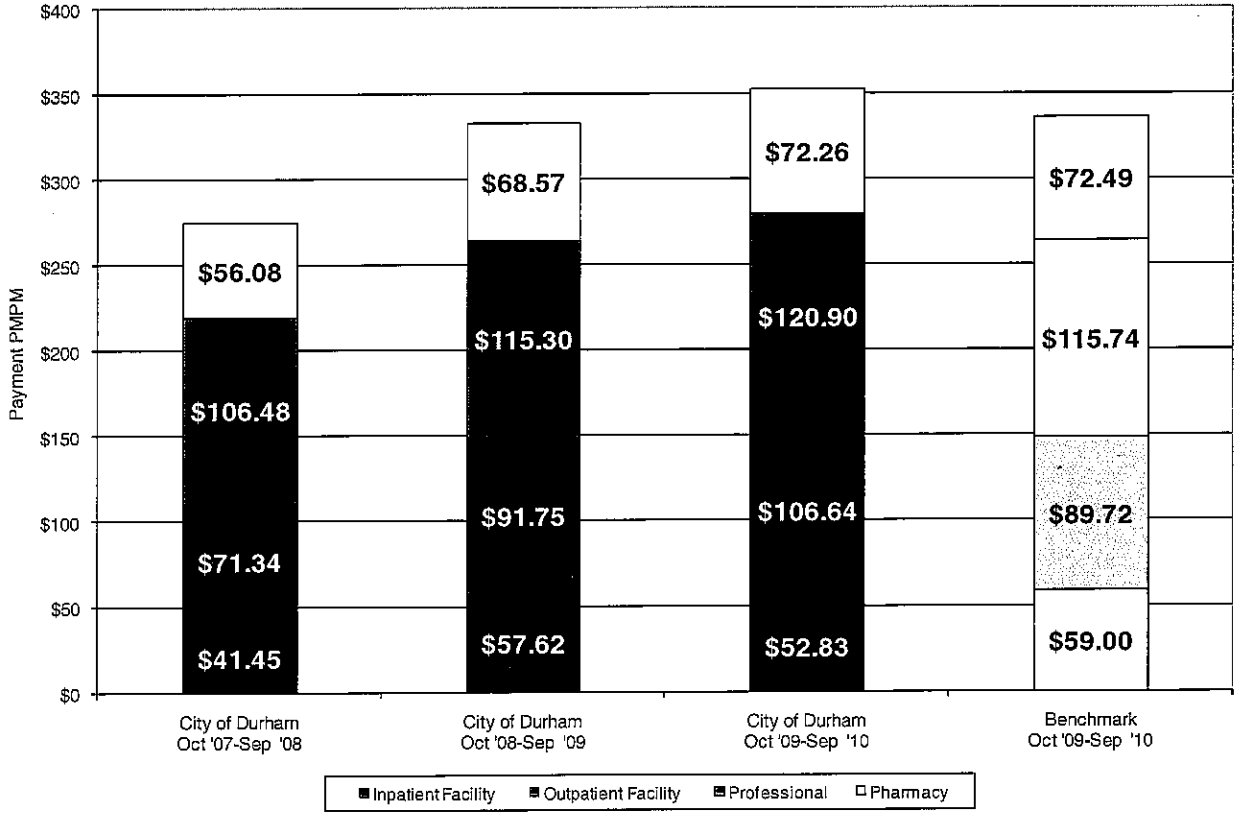
		[redacted]	
		Contracted	**Non-Contracted**
[redacted]	**In-network**	Payments - 95.2% Claims - 98.6% Discount - 51.4%	Payments - 3.1% Claims - 0.5%
	Out-of-network	Payments - 0% Claims - 0%	Payments - 1.7% Claims - 0.9%

Enrollment and Demographics

	Oct '09-Sep '10	Benchmark	% Variance
Average Membership	4,985	NA	NA
Average Contract Size	1.93	1.68	14.9%
Average Age (all members)	35.0	35.8	-2.2%
Average Age (subscribers only)	45.6	44.7	1.9%
Proportion of Females	43.7%	48.3%	-9.5%
Proportion of Childbearing Females (20-44yrs)	16.3%	18.1%	-9.9%
Age/Gender Index	1.03	1.05	-2.2%
Retrospective Risk Score	1.42	1.53	-7.3%

- Overall membership **remained fairly stable**
- **Lower** proportion of females and child-bearing female members as compared to benchmark
- **Similar** average age and age/gender index compared to benchmark, but **lowe**r risk score

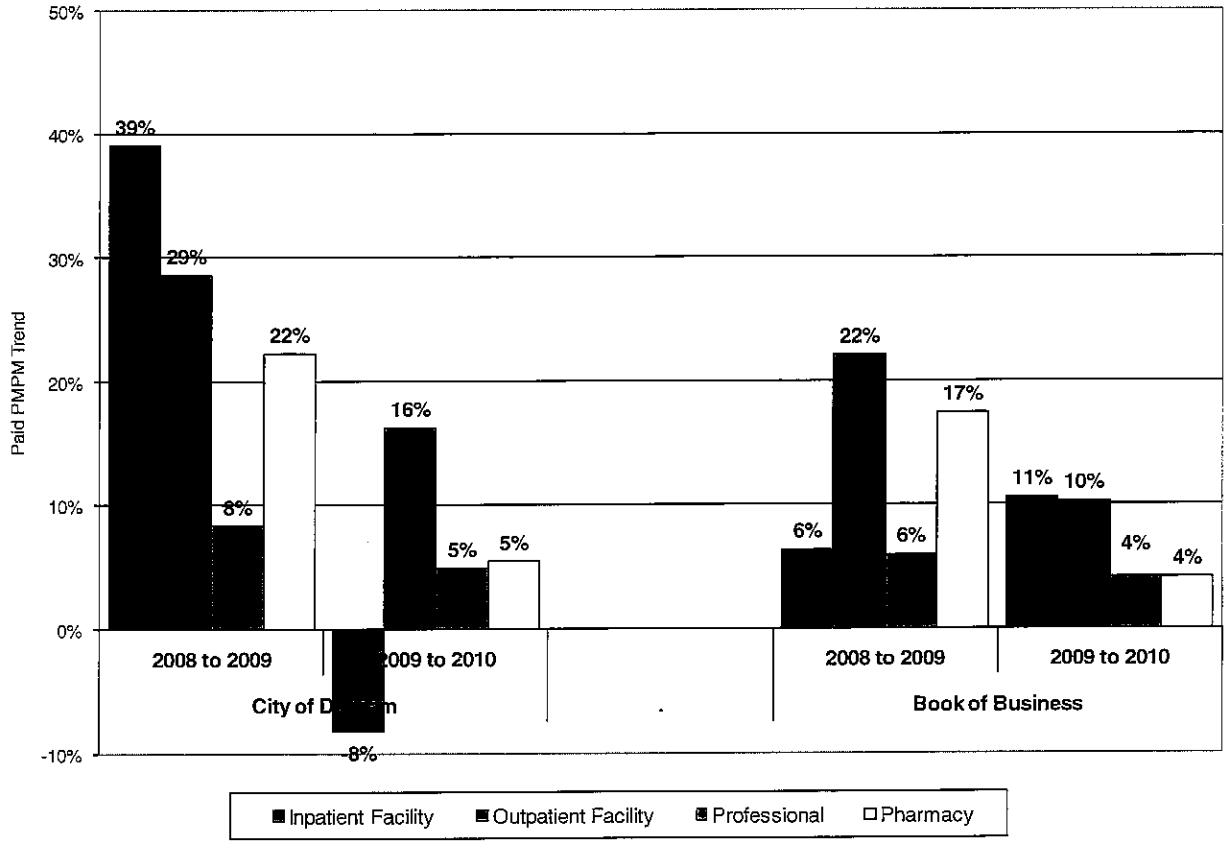
Payments PMPM



- Payments **rose 6%** (vs.21% rise in prior year)
- Payments PMPM **5% higher** than benchmark

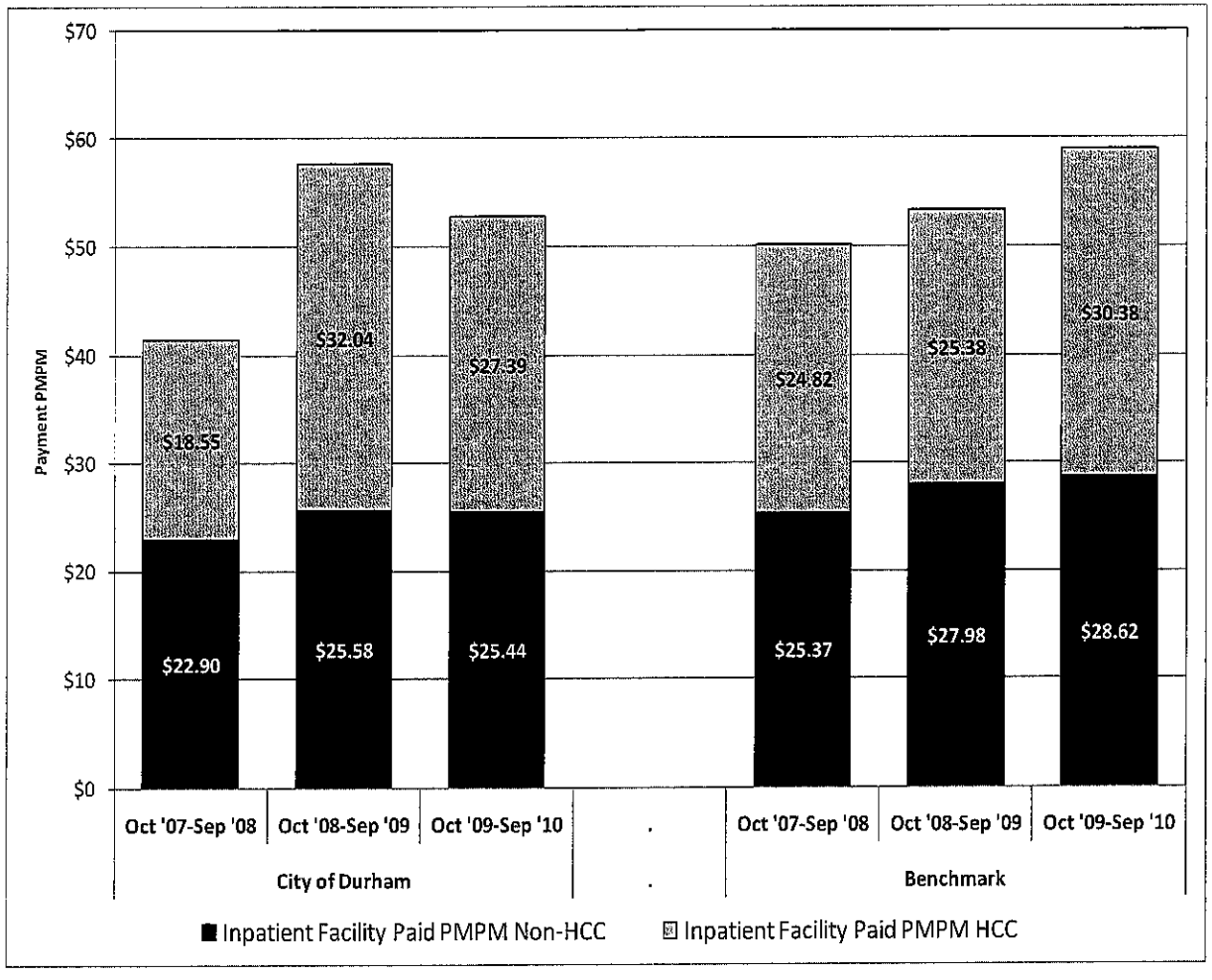
- **Increase** across all service types except inpatient.
- Outpatient and Professional payments **above benchmark**.

Payment PMPM Trends



- Outpatient payments have increased dramatically in both of the last two time periods.
- Inpatient payment dropped after a 39% increase in the prior period.
- Professional and Pharmacy trends are consistent with the benchmark.
- Only 1% of members are high cost claimants, yet they accounted for about 80% of the increase in payments from the prior period

Inpatient Paid PMPM



- Inpatient payments PMPM **decreased 8%** due to a decrease in costs for high cost claimants.
  - Average allowed per admission = $14,926 down from $16,293 in prior year.
  - Average allowed per admission is comparable to the benchmark

- High Cost Claimants accounted for **52% of inpatient payments** in the most recent year. Significant decrease from prior year, but similar to benchmark.

- Payments PMPM were **10% below** benchmark, solely due to lower utilization (admissions).
  - Admissions/1000 = 50.4 compared to benchmark 57.9

Leading Inpatient Cost Drivers

- Circulatory
  - accounted for the highest proportion of payments
  - little change in paid PMPM.
  - This ICD-9 category was driven by high cost claimants (71% of circulatory payments were for HCC).
  - Conditions were:
    - heart attacks, heart disease, brain hemorrhage
- Heart Attack cases go directly to Case Management
- Obesity is a key risk factor for heart conditions
- BCBSNC Health Assessment/Screenings and annual physicals can identify members with risk factors earlier

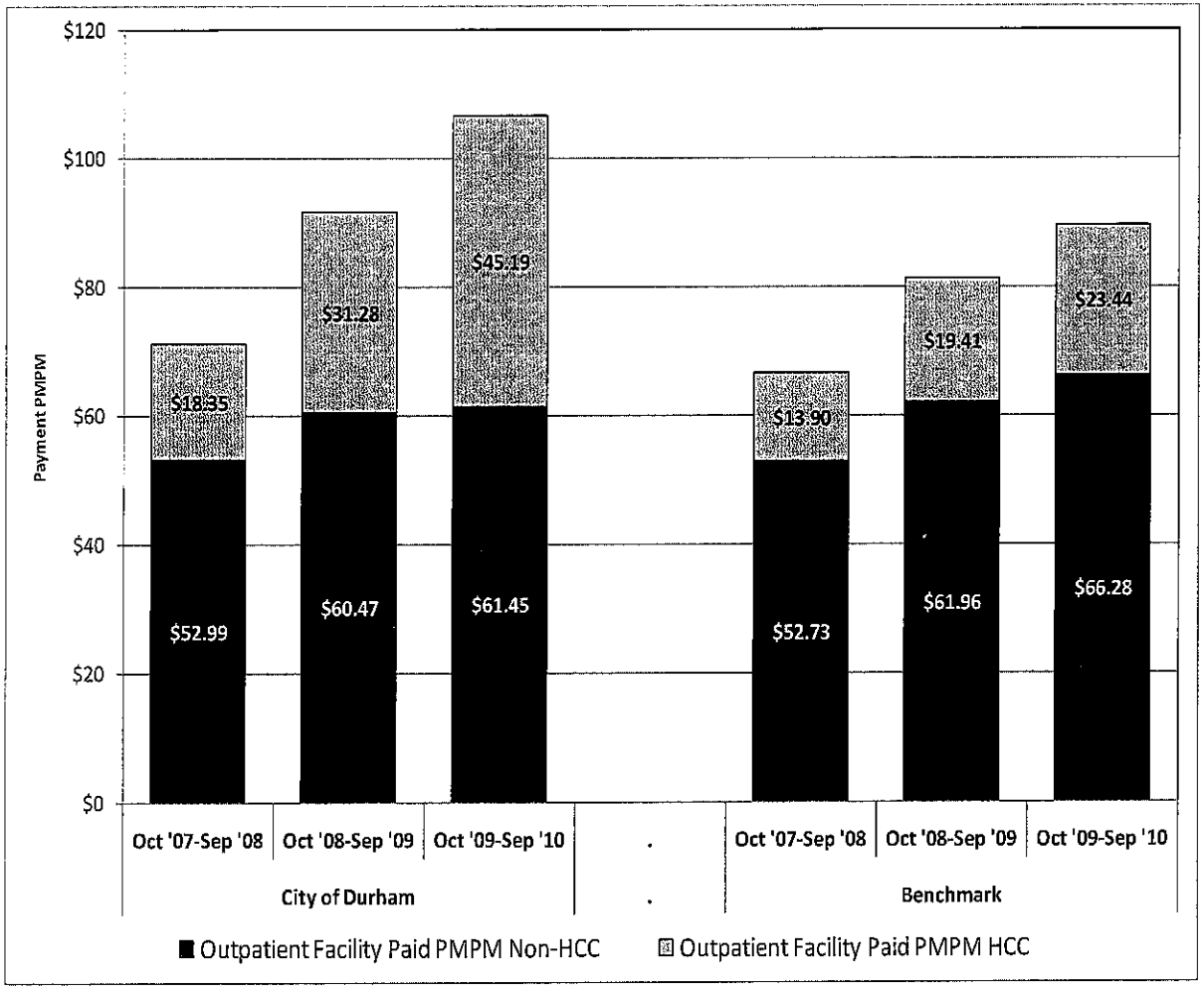
Leading Inpatient Cost Drivers

- Musculoskeletal
  - accounted for the second highest proportion of payments
  - increase in paid PMPM (due to both utilization & price)
  - 57% of payments in this category were for HCC.
  - Conditions were:
    - (1) disc disorders -> spinal fusion surgery. Group has a high incidence of spinal surgery (5.5 / 1,000 vs.. 4.0), but low usage of BDCs (25% vs.. 33%)
    - (2) osteoarthrosis (joint degeneration) - knee replacement surgery. Knee/hip incidence lower than benchmark, but again, low usage of BDCs (only 8% of knee/hip surgeries done at BDC).
- Effective 1/1/11 Lumbar Spinal Fusions now require prior plan approval

Leading Inpatient Cost Drivers

- Neoplasm
  - 3rd leading category
  - increase in paid PMPM (due to price only)
  - 63% payments for HCC. Driven by 1 member w/leukemia who had $160k admission
- Case Management addresses unique needs of cancer patients
- Oncology quality and cost management program in 2011

Outpatient Paid PMPM



- Outpatient payments PMPM **rose 16 percent**, primarily due to high cost claimants.
- Payments were **19% higher** than the benchmark, again, due to high cost claimants.
- High Cost Claimants accounted for 42% of all Outpatient payments compared to the benchmark of 26%.
- Over $7 PMPM in the OP setting are for the spinal injury patient from the prior period. Care has been shifted to the outpatient setting.

Leading Outpatient Cost Drivers

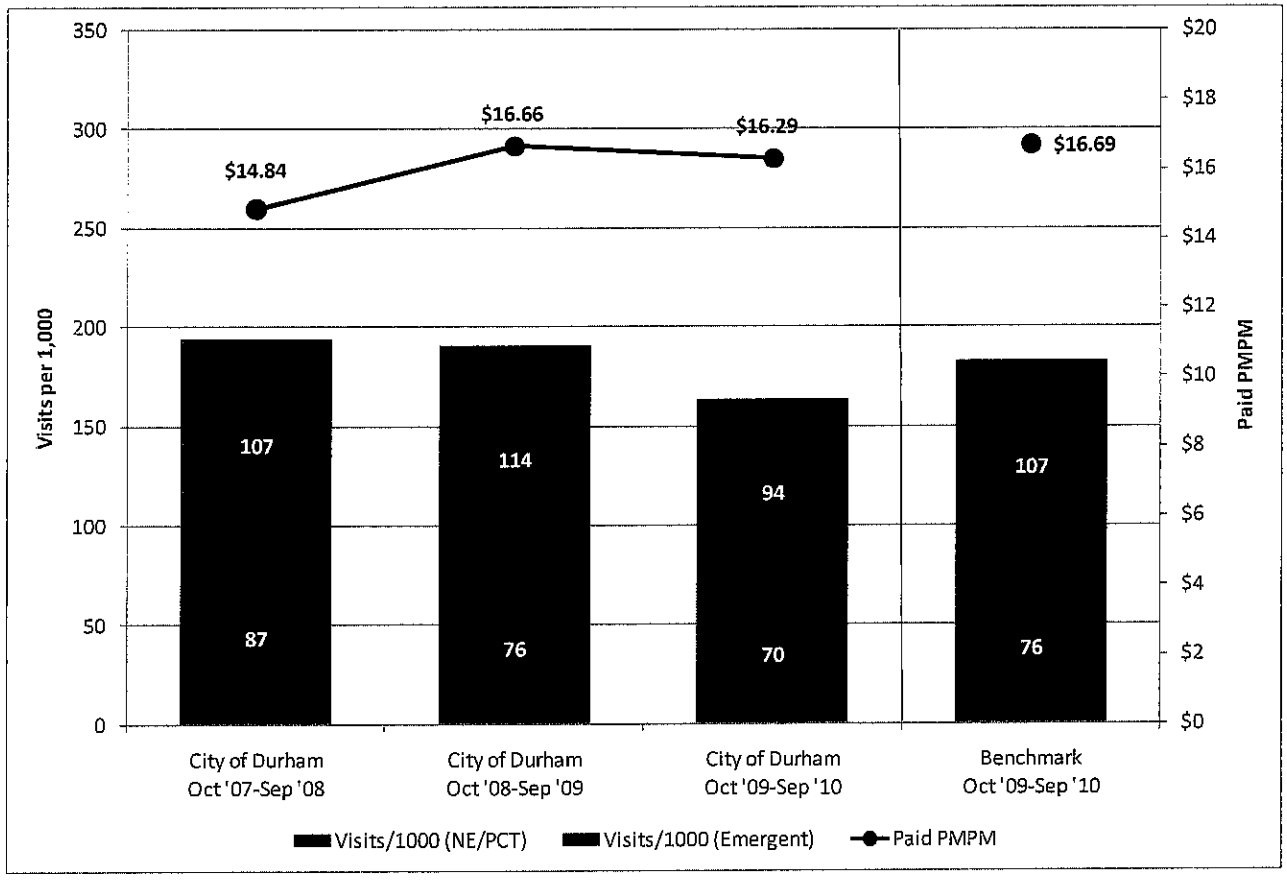
By Diagnosis

- Genitourinary
  - Two-thirds due to HCC (3 ESRD members receiving dialysis).
  - Payments in this category increased 20%
  - Poorly managed Diabetes and Hypertension are leading drivers of kidney failure; Obesity is a leading contributor to these drivers
- Cancer
  - Primarily for HCC (Radiation and chemotherapy treatment).
  - Breast and prostate cancers leading for number of members and costs.

By Service Type

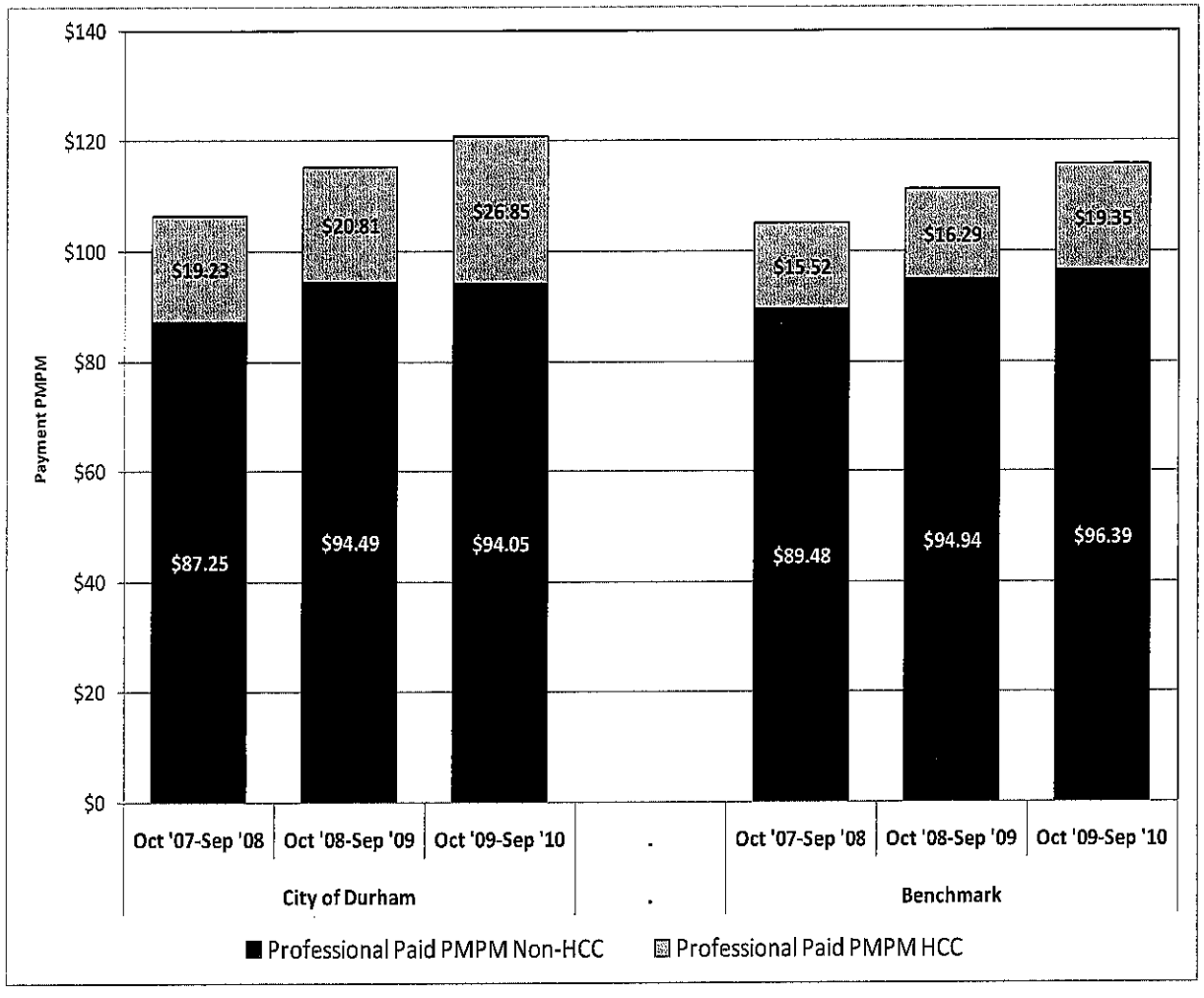
- Surgery was the leading type of service in OP, accounting for 30% of costs.
- It increased 10% in the most recent period.
- The most common surgeries were colon and cataract related. Both of these nearly doubled from the prior period.
- ER and Radiology, both of which changed little since the prior period.

Emergency Room Cost & Utilization



- Payments PMPM **remained stable** and were **similar to the benchmark**.
- Utilization **decreased** and was **lower** than the benchmark.
- Charge per visit **rose** and was **higher** than the norm.
- 43% of ER visits were NE / PCT (Non-emergent or Primary Care Treatable) in most recent year. Higher than benchmark (41%).

Professional Paid PMPM



- Payments PMPM **increased** and were **above the benchmark**.
- Utilization remained fairly stable and was consistent with the benchmark.
- Cost per office visit increased 4% ($2 per visit).
- 70% of services and 55% of payments for Professional were in the office setting.
- Non – HCC saw increases in Dermatology (visits/price), Specialty Pharmacy (visits/price), and PCP (price) were offset by decreases in Neurology, Chiro, Cardiology, and Rheumatology.

Preventive Screenings

Screening Rates

Screening	City of Durham - 2009	City of Durham - 2010	Industry - 2010
Colorectal Screen Rate	52.2%	58.3%	57.9%
Mammogram Rate	71.0%	69.0%	68.7%
PAP Test Rate	75.3%	76.1%	72.6%
Physical Exam Rate	56.9%	56.2%	45.5%
Flu Shot Rate	48.6%	36.3%	31.5%
Cholesterol Screening Rate	65.5%	70.7%	62.1%

- Colorectal, PAP testing, and Cholesterol screening rates **increased** from the prior period.
- All preventive screening rates were **above the industry benchmark**.

Closure Rates

Screening	City Of Durham 90-day	City Of Durham 180-day
Colorectal Screen Closure Rate	4.6%	7.3%
Mammogram Closure Rate	10.5%	10.5%
Pap Test Closure Rate	2.8%	5.6%
Cholesterol Screen Closure Rate	4.0%	4.0%

Prescription Drug Cost & Utilization

Reporting Period	Sep '08-Aug '09	Sep '09-Aug '10	% Change	Benchmark	% Variance
Payments PMPM	$64	$69	9.2%	$48	45.9%
Drugs per Member	12.6	12.7	0.4%	9.9	28.3%
Average Allowed / Drug	$76	$81	6.6%	$76	6.6%

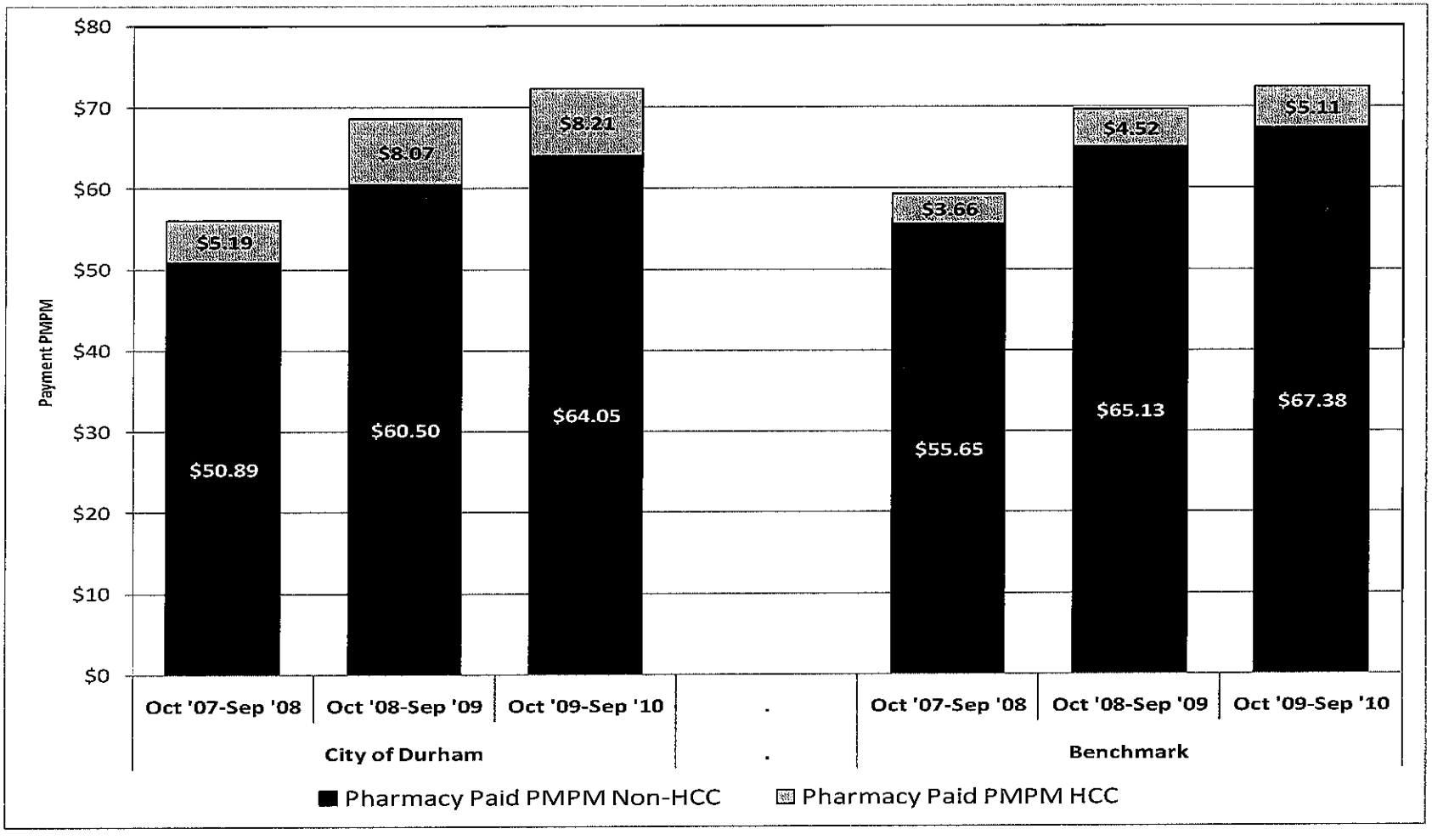
- Prescription Drug payments PMPM **rose 9%** and were **46% above** benchmark.

- Increase primarily due to cost, however above-average payments were primarily due to higher utilization as compared to benchmark.

- Utilization: Increased for Generic drugs; Declined for Brand drugs
- Price: Rose for both Generics & Brands, most significantly for Brand drugs

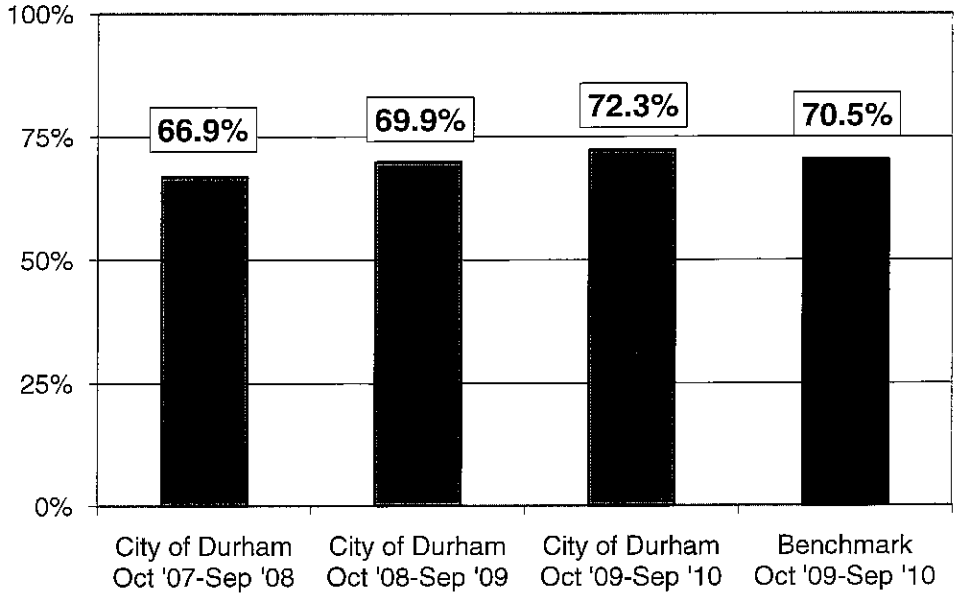
- Top Drugs (Cost): Nexium (treats GERD), Orfadin (treats tyrosinemia), Enbrel (treats Rheumatoid arthritis)
- Top Therapeutic Classes (Cost): Central Nervous System Agents

Pharmacy Paid PMPM



Prescription Drug Cost & Utilization

Generic Dispensing Rate



- Generic Dispensing Rate is **still increasing** and is **above** the benchmark

Medication Possession Ratio (MPR) For Select Chronic Conditions

	City of Durham - 2010	Industry - 2010
Congestive Heart Failure	71.0%	70.6%
Diabetes	71.0%	71.2%
Hyperlipedemia	68.0%	67.8%
Hypertension	73.0%	73.2%

- MPR measures how frequently members fill their prescribed maintenance medications.

- City of Durham members had a **comparable MPR's** to the benchmark

Leading Conditions – Top 10

	Payments PMPM			
Major Practice Classification	City of Durham Oct '08-Sep '09	City of Durham Oct '09-Sep '10	Change from Prior Period	Difference from Industry
Orthopedics	$46.15	$48.32	($2.17)	$0.16
Cardiology	$35.63	$44.59	($8.97)	$0.16
Oncology	$35.15	$28.68	$6.46	$6.97
Endocrinology	$27.02	$26.92	$0.10	$0.43
Neurology	$20.66	$35.19	($14.53)	$5.51
Gastroenterology	$19.21	$20.86	($1.65)	($2.07)
Nephrology	$14.17	$11.69	$2.48	$6.61
Preventive	$12.57	$11.42	$1.15	$2.07
Psychiatry	$11.43	$12.09	($0.66)	$0.38
Pulmonology	$10.07	$10.89	($0.83)	$0.00

- Top 3 leading conditions: **Orthopedics, Cardiology and Oncology.**

- Oncology increased significantly and was above benchmark.

- Genitourinary, prostate, and breast cancers were the leading cost drivers in Oncology.

- Degenerative joint disease of the back led costs in Orthopedics, followed by knee disorders.

Blue Distinction Centers

BCBS website

	City of Durham - 2009	City of Durham - 2010	Industry - 2010
Bariatric Surgeries per 1,000 Adults	4.2	4.7	3.6
Bariatric BDC Ratio	94%	100%	84%
Rare/Complex Cancer Cases per 1,000	2.6	2.4	4.1
Cancer BDC Ratio	92%	92%	54%
Cardiac Cases per 1,000 Adults	3.6	1.8	4.5
Cardiac BDC Ratio	43%	43%	63%
Knee/Hip Surgeries per 1,000 Adults	4.4	3.7	3.0
Knee/Hip BDC Ratio	18%	0%	39%
Spine Surgeries per 1,000 Adults	4.7	4.7	5.0
Spine BDC Ratio	39%	22%	34%

Duke, UNC, Wake Med.

- City of Durham had a higher incidence of Bariatric Surgery and Knee/Hip Surgeries than other municipality groups.
- Out of 18 bariatric surgeries 5 were high cost claimants with costs between $30,000 and $41,000
- No Knee/Hip surgeries were performed at a Blue Distinction center in 2010.

Program Participation – Member Health Partnerships

Chronic Conditions	Status	City of Durham - 2009	City of Durham - 2010	Industry - 2010
Asthma	Invited	5.3%	6.0%	6.3%
	Enrolled	27.8%	26.5%	34.6%
Diabetes	Invited	6.8%	7.5%	8.5%
	Enrolled	44.7%	42.9%	47.2%
Heart Disease	Invited	2.1%	2.3%	2.5%
	Enrolled	37.7%	37.2%	33.2%
Congestive Heart Failure	Invited	0.6%	0.7%	0.8%
	Enrolled	37.7%	37.2%	33.2%
High Blood Pressure / High Cholesterol	Invited	13.5%	15.2%	18.1%
	Enrolled	73.0%	70.2%	60.6%
Migraine	Invited	3.8%	4.1%	4.2%
	Enrolled	49.2%	47.3%	50.9%
Fibromyalgia	Invited	0.5%	0.5%	0.9%
	Enrolled	73.1%	74.1%	67.4%
Stress	Invited	5.6%	6.0%	7.5%
Tobacco	Invited	2.9%	3.1%	3.1%
Weight	Invited	15.9%	17.1%	15.9%

- *Enrollment in MHP has declined slightly year over year*
- *Enrollment for BP and high cholesterol is significantly higher than the benchmark*

Program Participation - Case Management

	City of Durham - 2009	City of Durham - 2010	Industry - 2010
Case Management Attempted Members	260	280	
CM Engagement Rate	15.0%	15.7%	13.7%
Case Management Engaged Members	39	44	
CM No Response Rate	21.9%	26.8%	29.4%
CM Decline Rate	13.5%	21.1%	20.2%
CM No Contact Info. Rate	40.8%	28.6%	29.5%
CM Refer to Vendor Rate	3.5%	3.6%	2.2%
CM In Progress Rate	0.0%	2.1%	3.1%
CM Other Rate	5.0%	0.7%	1.4%

- Of the 280 members identified for case management, **16% engaged**.
- **58% declined** to participate or did not respond to outreach.
- Case Management **Savings = $3.43 PMPM**.

Case Management Savings

- BCBSNC recently developed a Case Management Savings model
- Using an assortment of similar clients:
  - Current Case Management engagement rates range from 9% to 13%
  - Current Case Management savings range from $1.62 PMPM to $4.39 PMPM
  - Potential Savings increase with 10 percentage point increase in Case Management engagement range from $1.99 to $2.93
  - Potential Savings increase with 20 percentage point increase in Case Management engagement range from $3.97 to $5.87

Summary of Health Assessment Results

- Data reflects Health Assessments taken by employees between January 1, 2009 and December 31, 2010.
- Comparisons are made between 2009 & 2010 results
- Participation decreased 30% from 2009 to 2010 (down 264 participants)
- 443 members participated both years
- Overall Risk Score:
  - 63.5 (norm = 57.7)
- Summary of Members by Risk Category:

Count of Risks	2009	2010	Norm
Low (0-2)	75.6%	75.6%	75.5%
Medium (3-4)	20.1%	19.9%	19.5%
High (5+)	4.3%	4.5%	5.0%

Weight, Nutrition and Exercise

Overweight	43.6%	39.5%
Obese	35.7%	39.5%
Total	79.3%	79.0%
< 5 fruits/vegetables per day	79.7%	76.3%
< 4 servings whole grain per day	83.3%	81.0%
>1 serving high fat food per day	40.4%	40.2%
Cardio < 3 times/week	38.1%	29.3%
Strength training < 2 times/week	59.6%	53.5%
No exercise	8.1%	6.5%

- *The % of City of Durham employees who are obese is increasing.*
- *The % of employees who are overweight/obese is significantly higher than the norm (63.9%).*
- *Their nutritional and exercise habits were generally better than last year*

Blood Pressure, Cholesterol and Diabetes – Current vs.. Prior

Hypertensive (>140/80)	8.6%	5.9%
Pre-hypertensive (120/80-139/89)	43.8%	45.4%
Unknown	1.6%	1.4%
High cholesterol (>=240)	5.4%	4.5%
Borderline (200-239)	16.0%	17.2%
Unknown	8.6%	4.3%
Type 1	1.6%	1.4%
Type 2	7.2%	8.6%
Unknown	77.7%	67.3%

- *There was a decline in the percent of employees with high blood pressure in the current year which correlates with the increase in pre hypertensive employees.*
- *Borderline high cholesterol increased slightly while rates of high cholesterol decreased slightly which may be due to a decrease in the % unknown*
- *Employees with Type 2 diabetes increased which correlates to a decrease in the % unknown*

Substance Use and Mental Health – Current vs.. Prior

Use Cigarettes	6.3%	6.8%
Use Smokeless Tobacco, Cigars or Pipes	1.6%	1.4%
Exposed to Secondhand Smoke	8.1%	8.6%
Men > 2 drinks per day	3.7%	4.9%
Women > 1 drink per day	3.0%	3.0%
Binge Drinking	10.8%	10.4%
At Risk*	12.2%	12.4%
At Risk**	42.9%	43.6%

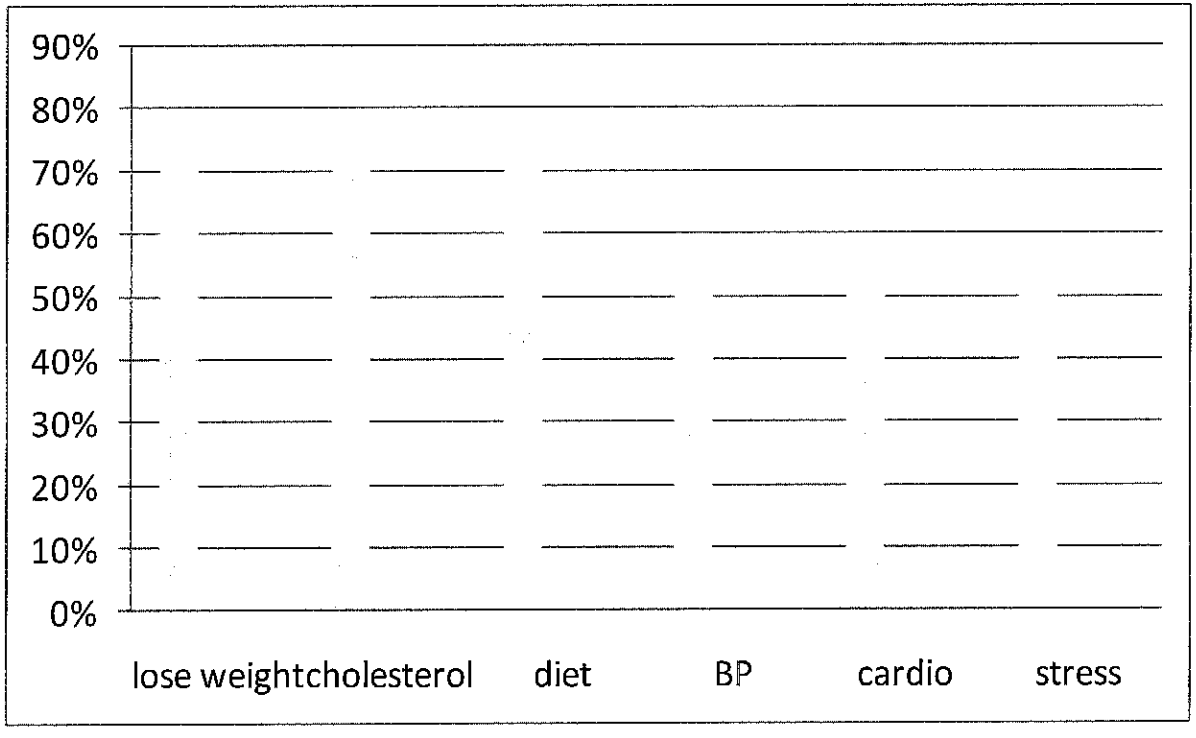
- *Rates for tobacco use slightly increased year over year.*
- *Depression risk remained constant*
- *Stress at risk increased slightly year over year*

* Member reports one leading indicator of depression or 2+ lesser symptoms.

** Based on number and severity of stress events and availability of support system reported.

Summary of Health Assessment Results

Readiness to change:



- *Weight management and nutrition are the areas of greatest readiness to change, followed by improve cholesterol .*

Innovation at BCBSNC

Orthopedics

- Hip and knee replacements
- Spine/back surgeries
- Rheumatoid arthritis and treatment

Why?
Demographics, lifestyle and activities, technological advances, including pharmacy

Average knee replacements $6,722 less at Blue Distinction Centers

- Blue Points (physical activity)
- Member Health Partnerships, focused on weight management
- Health Line Blue videos for treatment options for knee and back surgeries

- *Prior authorization for spine surgery
- Medical policy limitations on radio frequency ablation
- Pharmacy management for biologic drugs
- Pharmacy rebate strategy for highest cost drugs

- Blue Distinction Centers for Hip and Knee replacements
- Blue Distinction Centers for Spine surgery
- Pre- and Post-op calls for knee and hip surgery
- Clinical outreach
- Case management, when needed

*Denotes resource coming in 2011-2012
**BCBSNC internal data, Promethius BDC Comparison, July 2010

Cardiology

- Coronary artery disease
- Treatment of hypertension

Why?
Demographics; lifestyle issues such as obesity and smoking; associated diseases; technological advances, including pharmacy and high-cost procedures

Bypass surgeries cost $2,200 less at Blue Distinction Centers**

- Preventive reminders
- Early attention through Health Screening and Health Assessment
- Blue Points (nutrition and physical activity)
- Online Healthy Living programs
- Member Health Partnerships, focused on lifestyle issues
- Nutritional counseling

- Member Health Partnerships for High BP and High Cholesterol
- Care Touchpoints: physician outreach for gaps in care
- *DIM for cardiac imaging

- Blue Distinction Centers for Cardiac
- Physician quality program focus area (BQPP)
- Post-op calls from case manager
- Discharge planning
- Clinical outreach
- Intensive case management, when needed
- Therapeutic Resource Center

*Denotes resource coming in 2011-2012
** Based on BCBSA analysis of 2005-06 Hospital RFI Data.

Cancer/oncology

- Leukemia
- Breast cancer

In 2010, breast cancer and leukemia led increase in outpatient costs

Why?
Treatment of leukemia is expensive and seeing an increase in breast cancer diagnoses and occurrences. Factors include demographics, lifestyle issues, environmental factors and technological advances in treatment

- Preventive reminders to members
- Blue Points (nutrition, physical activity, preventive screenings)
- Member Health Partnerships, focused on lifestyle issues

- Care Touch points physician outreach for gaps in care
- Prior authorization based on onco-type
- *Specialty pharmacy oncology initiative focused on treatment place of service
- Diagnostic Imaging Management

- Personalized Medicine concept
- Provider collaboration initiatives
- *Blue Distinction Centers for Common Cancers
- *Physician quality program focus area (BQPP)
- Intensive clinical outreach for case management
- Therapeutic Resource Center

*Denotes resource coming in 2011-2012

Patient-Centered Medical Home

Patient-centered medical homes (PCMH) support quality improvement and cost management by focusing on coordinated primary care.

Bridge To Excellence

- Proven results
  - BTE showed $9 pmpm savings vs.. those not seeing BTE provider
- BCBSNC is a leader
  - PPC/PCMH recognitions increased by 400 in 2010, to 824 providers (18%)
  - BCBSNC ranked 1st nationally in PPC practices and 3rd for all NCQA recognitions
- Foundation of provider recognition program
  - In 2012, >30% of primary care providers PCMH recognized
  - In 2014, >= 50% of PCPs PCMH recognized and seeing 50% of members

PCMH proven results validated

- National PCMH Results
  - Better managed patient
  - 30% savings in inpatient and physician payment
  - 10% fewer hospital admissions
  - 20% fewer ER visits
  - 10% less absenteeism
  - Savings of $170 per patient per month when enrolled in a disease management program with Medical Home provider support
- BCBSNC BTE Results
  - 52% fewer visits to specialists and
  - 70% fewer visits to the Emergency Room
  - 36% lower high cost radiology costs
  - 56% lower inpatient utilization
  - 78% lower average lengths of stay
  - $9 pmpm savings

- BCBSNC Medical Home Collaboration Pilot takes PCMH one step further by adding a CM component

"How Patient-Centered Medical Homes May Change U.S. Medicine." Managed Care. November 2009

BCBSNC Internal Data. Medical Cost Reduction Consolidated Points. January 2011.

Reporting enhancements enable better patient management

Patient Care Summary

- A 360° view of the member
  - Pharmacy
  - Care alerts
  - Diagnosis
  - BCBSNC outreach
- Accessible via provider portal
- Accessible any time for POS discussions with patient
- Same information available to BCBSNC health management team and member

Provider is able to see complete patient information as well as BCBSNC resources and outreach efforts

BlueCross BlueShield of North Carolina

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NOTICE: The following includes confidential personal health information that is subject to the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act, the North Carolina Consumer and Customer Information Privacy Act and all other applicable laws.

Patient Care Summary

Last Name	First Name	DOB	Age	Gender	Subscriber ID	Dep. Code
DOE	JANE	2/11/1958	52	F	W98765432	01

Summary Refresh Date: 01/01/11 - *Information herein is based on BCBSNC Claims Data only and is refreshed monthly.*

Potential Gaps in Evidence Based Care: *Identified as past due.*

Condition	Potential Gap	Months Overdue
Diabetes	Diab:Medical Attention for nephropathy	24
Diabetes	Diab: Retinal Eye Exam	12
Diabetes	Diab: LDL Screening	9
Diabetes	Diab: A1C testing	3

Prescriptions: Rx claims identified for the 10 most recent unique medications filled in the last 12 months. Refills for the same medication and dosage are excluded here. Rx to treat substance abuse are omitted due to privacy regulations. (more)

Latest Fill	Prescriber	Medication	Dose	Days Supply (#)
12/17/10	N/A	SYNTHROID [illegible]	50 MCG	30 (30)
12/17/10	VAN CLEEFF	RAMIPRIL	2.5 MG	30 (30)
12/17/10	N/A	LIPITOR	20 MG	30 (30)
12/09/10	N/A	FREESTYLE TEST STRIPS		28 (200)
12/09/10	VAN CLEEFF	FLUOXETINE HCL	40 MG	30 (30)
12/03/10	VAN CLEEFF	VALACYCLOVIR	1000 MG	5 (12)
11/29/10	N/A	NOVOLOG	100/ML	30 (20)
08/11/10	VAN CLEEFF	LANTUS	100/ML	30 (10)
07/03/10	N/A	ONE TOUCH ULTRA TEST STRIPS		25 (150)
02/19/10	N/A	CIPROFLOXACIN HCL	500 MG	5 (5)

Most recent medical care: Claims identified up to a maximum of 10 over the past 36 months - labs, substance abuse, abortion, DME, radiology, anesthesiology, and pathology claims omitted. (more)

Date of Visit	Provider	Specialty	Place of Service	Diagnosis Codes
11/29/10	HOLT	ENDOCRINOLOGY	OFFICE	250.03
10/27/10	HOLT	ENDOCRINOLOGY	OFFICE	250.02
10/26/10	Practice	PREV MED	MASS IMMUN CENTER	V04.81
10/20/10	HOLT	ENDOCRINOLOGY	OFFICE	250.03
10/05/10	HOLT	ENDOCRINOLOGY	OFFICE	250.03
09/15/10	HOLT	ENDOCRINOLOGY	OFFICE	250.03
09/08/10	HOLT	ENDOCRINOLOGY	OFFICE	250.03
07/27/10	HOLT	ENDOCRINOLOGY	OFFICE	250.03
07/20/10	HOLT	ENDOCRINOLOGY	OFFICE	250.02
05/26/10	GODWIN	OPTOMETRY	OFFICE	250.00

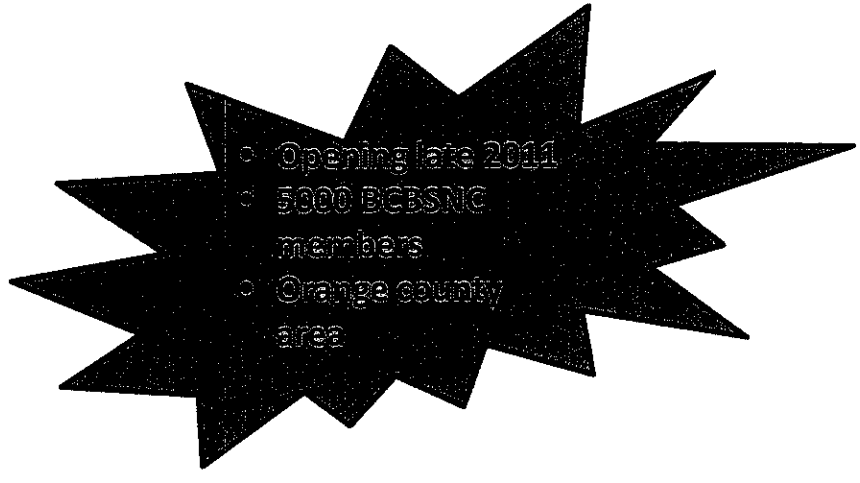
Provider Alerts

- ~~BCBSNC is actively trying to reach this patient for Case Management assistance. Please encourage this patient to contact us~~ at 1-800-218-5295, option 3.
- This patient may have the opportunity to save out-of-pocket costs by switching to a generic medication.

This informational report is only based on available BCBSNC claims data. It is not a professional medical consultation. It has no bearing on the patient's eligibility or benefits. For inquiries regarding the report please contact BCBSNC Provider Blue Line at 1-800-214-4844.

"Next generation" model medical practice

- Unique BCBSNC, UNC Health Care partnership extends beyond PCMH to:
  - Enhance health care quality
  - Improve efficiency and effectiveness
  - Reduce healthcare costs



Key Findings

- Payments PMPM rose and were slightly above the industry benchmark
  - Outpatient facility and Professional payments were above the benchmark
  - Payments in all areas of service with the exception of Inpatient increased
- Trend was driven almost entirely by High Cost Claimants
  - With the exception of Pharmacy, non-HCC trend was virtually unchanged.
  - Non-HCC payments PMPM were at or below benchmark levels for all areas of service

Opportunities & Recommendations

Address root causes of claims costs through wellness program

- "Require" (through significant incentive) health risk assessment and biometric screening for employees
  - Consider spouses as well
  - Aggressive groups are incenting *improvement* year over year (e.g., BMI)
- Use HA and/or screening data to identify quarterly focus for wellness initiatives.
  - BCBSNC Group Representative can assist you in implementing additional wellness initiatives

Opportunities & Recommendations

Drive early intervention for key conditions

- "Require" CM engagement with pre/post-op calls (knee/hip and CABG)
- Newsletter articles and educational campaigns about resources available and importance of managing one's health
  - Lunch and lean presentations written and recorded by BCBSNC Medical Director on prevention and the importance of having a PCP
  - Health Line Blue videos for knee and back conditions
  - Disease Management
  - Case Management
  - Blue Points
  - On Line Healthy Living

Opportunities & Recommendations

Continue or improve engagement in Case Management for the most complex, costly cases

- Obtain missing phone numbers for members identified for Case Management through BCBSNC "bad phone number report"
- Educational Campaign on the value of resources available through Case Management
- Incent/"Require" Case Management engagement for those identified