

SFHSS All Payer Claims Database Express Dashboard

August 9, 2018

Express Dashboard Notes:

- All data is sourced from the All Payer Claims Database (APCD)
- Current dashboard is for incurred dates Jan 2017 – Dec 2017 with Paid through Mar 2018. The Diagnostic Cost Grouper (DCG) for risk scoring is based on the recent completed year of Jan-Dec 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
- Total premium includes Best Doctors, Vision and the Healthcare Sustainability Fee

Key Observations:

- City Plan Non-Medicare population, despite an increase in subscribers which resulted in a lower risk score from the previous year, continues to be the sickest and costliest population as evidenced by various measures contained in the dashboard: High Cost Claimant Overview (p. 2), Cost and Utilization Trends (p. 4), Quality Markers (p. 5), Key Drug Metrics (p. 9)
- Specialty drugs comprise 14 of our 15 top drugs by cost
- 8 of the top 15 drugs are used for HIV infections and account for 18% of the total drug spend. SFHSS has 441 patients with an HIV diagnosis in the Non-Medicare population and 155 patients in the Medicare population
- Diabetes is our 3rd most prevalent chronic condition and the costliest. There are 3,827 patients in our Active/Early Retiree population and 4,001 patients in our Medicare Retiree population
- Autism is now our top mental health episode by cost with 214 patients ranging in age from 1 – 49. Autism advocates have tried to frame Autism as a developmental / neurological disorder however it is still considered a mental health disorder and the largest number of patient visits to a specialty physician are to psychiatrists

All Payer Claims Database Express Dashboard

CCSF Non Medicare

June 29, 2018

Previous Period: Jan 2016 - Dec 2016 (Incurred)

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Financial

Previous Period: Jan 2016 - Dec 2016 (Incurred)
 Current Period: Jan 2017 - Dec 2017 (Incurred)
 Paid Through: Mar 2018

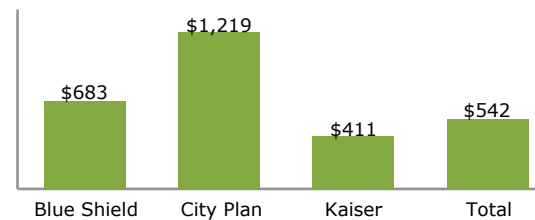
Financial Summary

	Previous	Current	% Change
Allowed Amount Med and Rx	\$605,961,329	\$607,401,047	0.2%
Third Party Amt Med and Rx	\$5,032,971	\$4,988,642	-0.9%
Out of Pocket Med and Rx	\$19,722,417	\$19,452,021	-1.4%
Allow Amt PMPY Med and Rx	\$6,709.41	\$6,620.08	-1.3%
Allow Amt PEPY Med and Rx	\$13,379.26	\$13,156.61	-1.7%
Allowed Amount IP Acute	\$188,459,343	\$185,386,979	-1.6%
Allowed Amount OP Med	\$294,946,438	\$312,898,215	6.1%
Allowed Amount Rx	\$105,689,361	\$103,008,471	-2.5%

Demographics

	Blue Shield	City Plan	Kaiser	Total
Employees	17,608	1,764	26,794	46,167
Members	35,916	2,800	53,035	91,751
Family Size	2.0	1.6	2.0	2.0
Average Employee Age	49.7	53.8	46.6	48.0
Average Member Age	38.5	47.7	36.7	37.7
Employees % Male	51.6%	54.7%	51.8%	51.8%
Members % Male	47.7%	48.7%	48.4%	48.2%
Risk Score	109.8	196.7	84.3	97.3

Current Allowed Amount PMPM Med and Rx



High Cost Claimants Overview

	Blue Shield	City Plan	Kaiser	Total
High Cost Claimants	1,070	184	932	2,173
HCC Allow Amt Per Pat Med and Rx	\$135,201	\$127,900	\$124,175	\$130,663
HCC Allow Amt Pay Per Pat Med IP	\$109,715	\$92,630	\$111,951	\$109,576
HCC Allow Amt Per Pat Med OP	\$48,823	\$59,259	\$36,210	\$44,493
HCC Allow Amt Per Pat Rx	\$21,352	\$21,225	\$12,973	\$17,862
HCC Percent of Total Allowed Amount	49.2%	57.5%	44.3%	47.6%
HCC Allowed Amount	\$144,665,467	\$23,533,589	\$115,731,279	\$283,930,335
Total Allowed Amount	\$294,244,584	\$40,951,200	\$261,422,135	\$596,617,919
Allow Amt PMPY with HCC	\$8,192.46	\$14,624.56	\$4,929.27	\$6,502.55
Allowed Amount PMPY without HCC	\$4,164.64	\$6,220.21	\$2,747.09	\$3,407.99

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

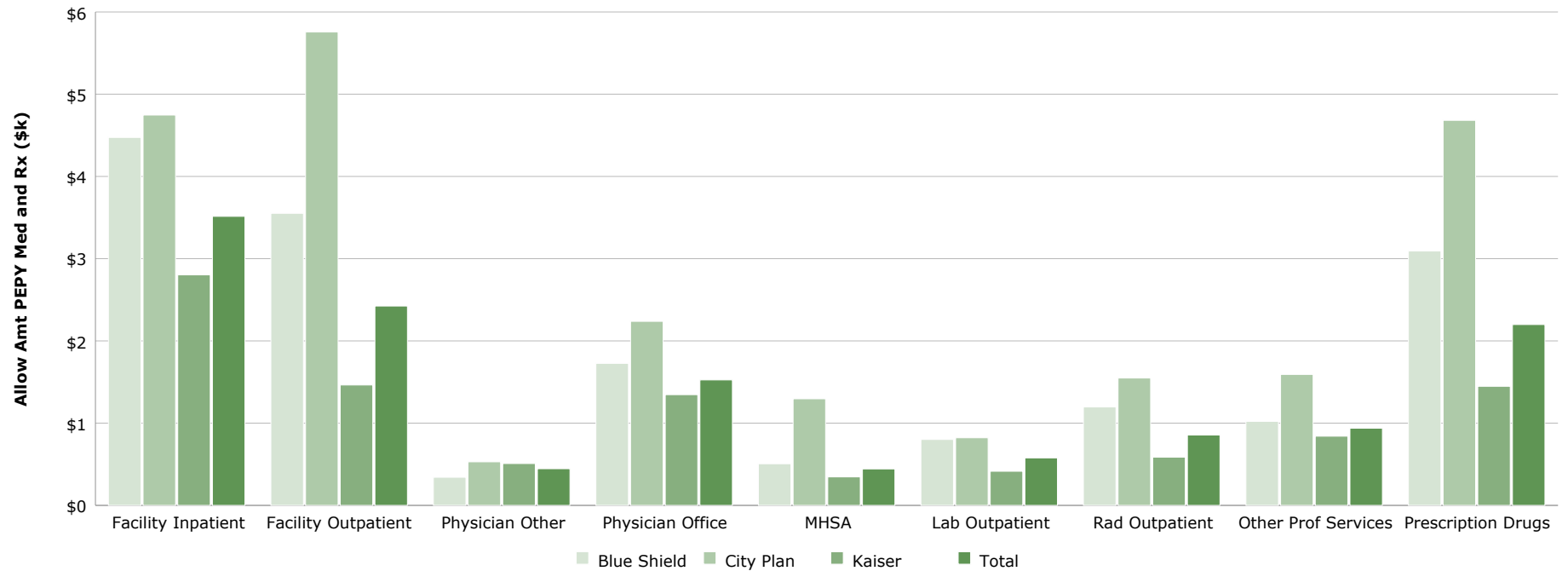
Financial

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Cost Per Employee Per Year (PEPY)

	Blue Shield	City Plan	Kaiser	Total
Facility Inpatient	\$4,473.99	\$4,746.58	\$2,802.70	\$3,514.43
Facility Outpatient	\$3,551.45	\$5,756.05	\$1,463.76	\$2,424.06
Physician Other	\$341.81	\$529.32	\$508.48	\$445.71
Physician Office	\$1,726.59	\$2,237.62	\$1,346.10	\$1,525.29
MHSA	\$505.90	\$1,295.80	\$346.23	\$443.42
Lab Outpatient	\$801.00	\$821.51	\$414.51	\$577.47
Rad Outpatient	\$1,196.35	\$1,548.31	\$586.25	\$855.71
Other Prof Services	\$1,020.88	\$1,592.24	\$840.86	\$938.24
Prescription Drugs	\$3,092.55	\$4,682.06	\$1,447.75	\$2,198.70
Total Allowed Amount	\$16,710.53	\$23,209.48	\$9,756.65	\$12,923.04



Financial

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Cost and Utilization Trends

	Blue Shield	City Plan	Kaiser	Total	West Norm
Allow Amt PEPY Med and Rx	\$16,710.53	\$23,209.48	\$9,756.65	\$12,923.04	\$12,093.50
Admits Per 1000 Acute	48.9	85.0	33.2	41.0	51.5
Days LOS Admit Acute	4.52	6.00	4.23	4.48	4.69
Days Per 1000 Adm Acute	221.1	510.3	140.6	183.4	211.3
Svcs Per 1000 OP Med	27,963.0	44,948.0	14,778.7	20,860.5	26,098.8
Visits Per 1000 ER	192.3	241.1	180.9	187.2	178.0
Scripts Per 1000 Rx	11,920.8	17,174.7	5,665.5	8,465.4	9,477.5
Days Supply PMPY Rx	341.00	527.40	303.88	325.23	345.31
Allow Amt Per Adm Acute	\$48,085	\$40,344	\$50,867	\$48,899	\$33,603
Allow Amt Per Svc OP Med	\$153	\$177	\$170	\$161	\$128
Allow Amt Per Script Rx	\$127	\$172	\$129	\$131	\$122

Plan Performance*

	Blue Shield	City Plan	Kaiser	Total
Relative Risk Score Concurrent	109.8	196.7	84.3	97.3
Members Avg Med	34,650	2,399	51,154	88,203
Allowed Amount PMPM Med and Rx	\$647.21	\$1,127.87	\$392.97	\$512.84
Health Service System Ratio to the Average	1.2	1.1	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	\$256,057,771	\$34,924,590	\$301,347,546	\$592,329,907
Employee Premium Contribution Med	\$42,978,875	\$1,891,946	\$40,542,348	\$85,413,169
Total Medical Premium Amount	\$299,036,646	\$36,816,537	\$341,889,894	\$677,743,077

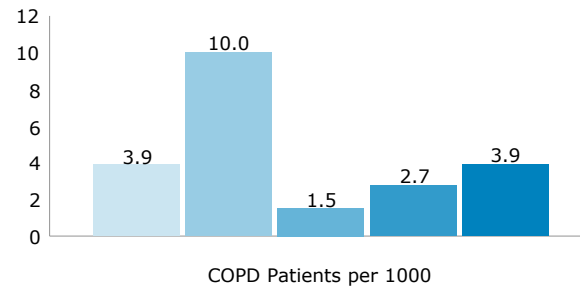
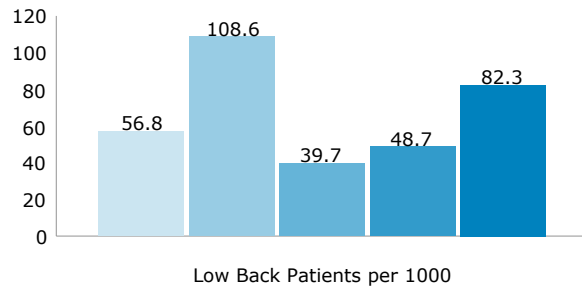
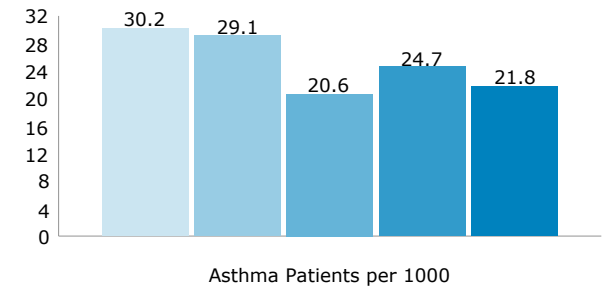
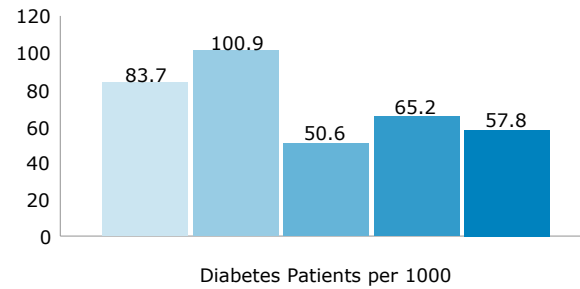
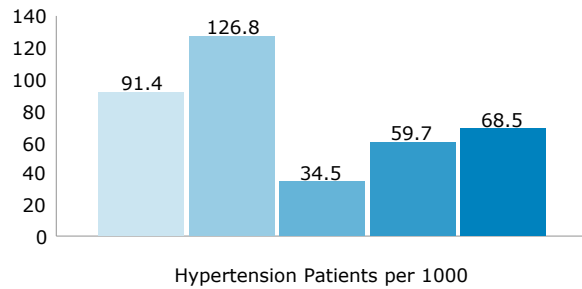
Clinical

Previous Period: Jan 2016 - Dec 2016 (Incurred)

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Chronic Condition Prevalence



Blue Shield
City Plan
Kaiser
Total
West Norm

Quality Markers

Utilization Metrics (per 1000 enrollees)

	Blue Shield	City Plan	Kaiser	Total
Emergency Room	192	241	181	187
% Admit	12.1%	18.1%	3.5%	7.5%
% Ambulatory	87.9%	81.9%	96.5%	92.5%
Readmissions	2.6	6.4	1.7	2.2
Avoidable Admissions	3.1	3.2	1.7	2.3
Complications	15.6	32.1	7.6	11.5

Well Care and Preventive Visits

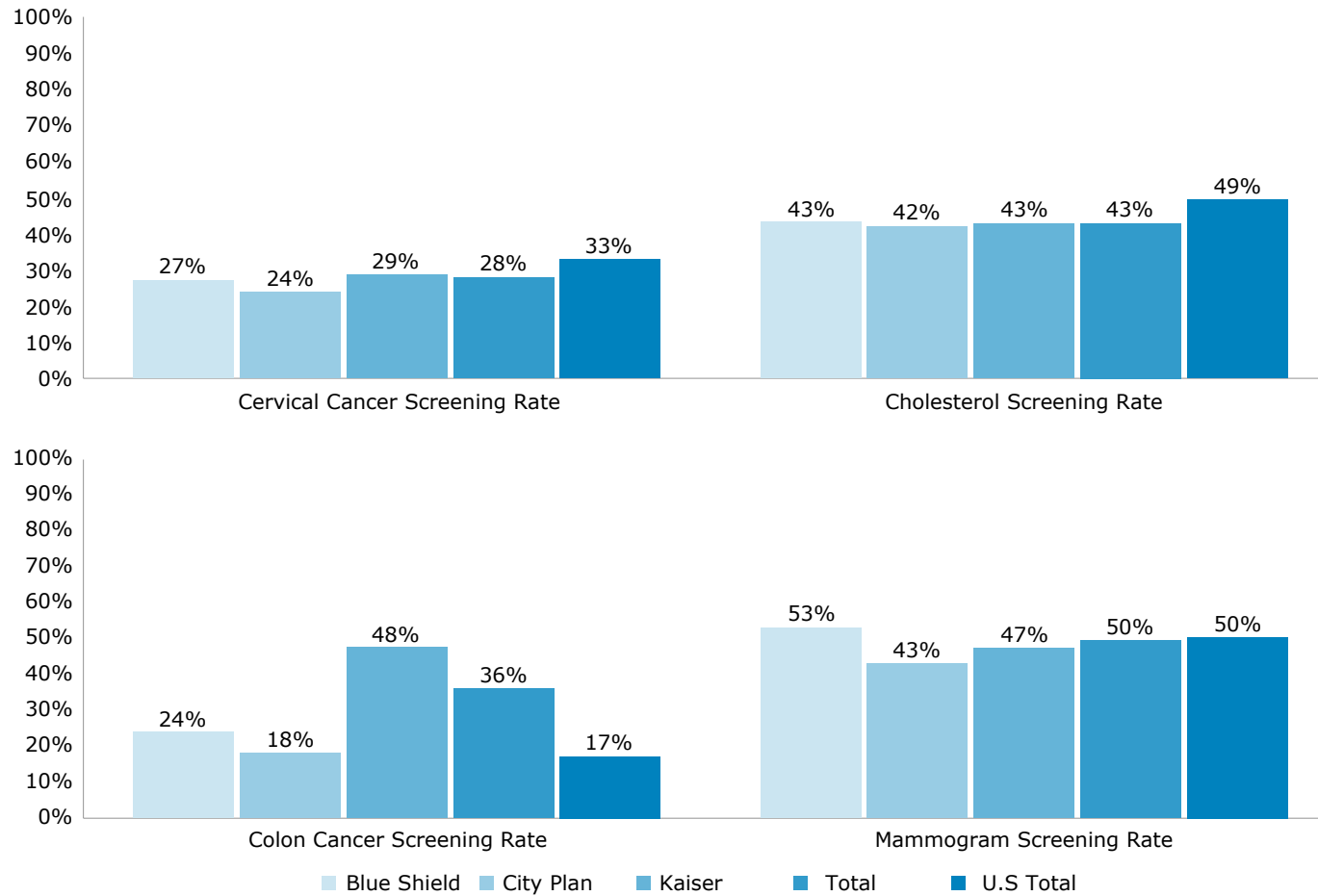
	Previous	Current	% Change
Visits Well Baby	4,517	4,989	10.4%
Visits Well Child	3,217	3,409	6.0%
Visits Preventive Adult	13,720	23,603	72.0%
Visits Per 1000 Well Baby	4,205.8	4,469.8	6.3%
Visits Per 1000 Well Child	919.8	938.9	2.1%
Visits Per 1000 Prevent Adult	189.7	322.2	69.9%

Clinical

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Preventive Screening Rates



Express Dashboard

Time Period: 2017 (Most Recent Complete Incurred Calendar Year)

Paid Through: Mar 2018

Top 10 Episode Summary Groups*

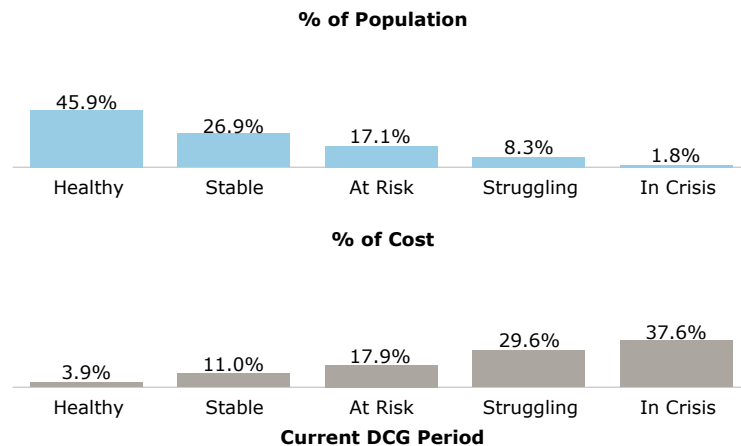
	Current Complete Year		
	Allowed Amount Per Epis West Region	Episodes	Patients
Prevent/Admin Hlth Encounters	\$632	53,121	49,371
Diabetes	\$4,715	3,923	3,827
Osteoarthritis	\$7,077	2,832	2,696
Pregnancy w Vaginal Delivery	\$14,386	474	474
HIV Infection	\$25,463	441	441
Cerebrovascular Disease	\$22,449	343	274
Cancer - Breast	\$21,270	589	589
Coronary Artery Disease	\$13,644	692	614
Arthropathies/Joint Disord NEC	\$835	10,593	9,158
Condition Rel to Tx - Med/Surg	\$11,044	542	472
Top 10 Subtotal	\$1,831	73,550	55,929
All Episode Summary Groups	\$1,864	239,223	77,588

Episode Type*

	Allowed Amount Epis Total	Episodes	Allowed Amount Per Epis Total	% of Total
Acute Conditions	\$266,183,849	160,710	\$1,656	50.3%
Chronic, Acute Flare-ups	\$23,036,143	592	\$38,912	4.3%
Chronic, Maintenance	\$33,219,303	11,141	\$2,982	6.3%
Chronic, Non-Stratified	\$172,800,812	19,424	\$8,896	32.6%
Well Care	\$34,447,181	47,356	\$727	6.5%
Total	\$529,687,287	239,223	\$2,214	100.0%

*Episodes are based on the most recent complete incurred calendar year 2017.

Risk Band Profiles



- 1) The healthiest 45.9% of the population accounts for 3.9% of the total cost.
- 2) The least healthy 1.8% of the population accounts for 37.6% of the total cost.

Top 11 Mental Health Episodes

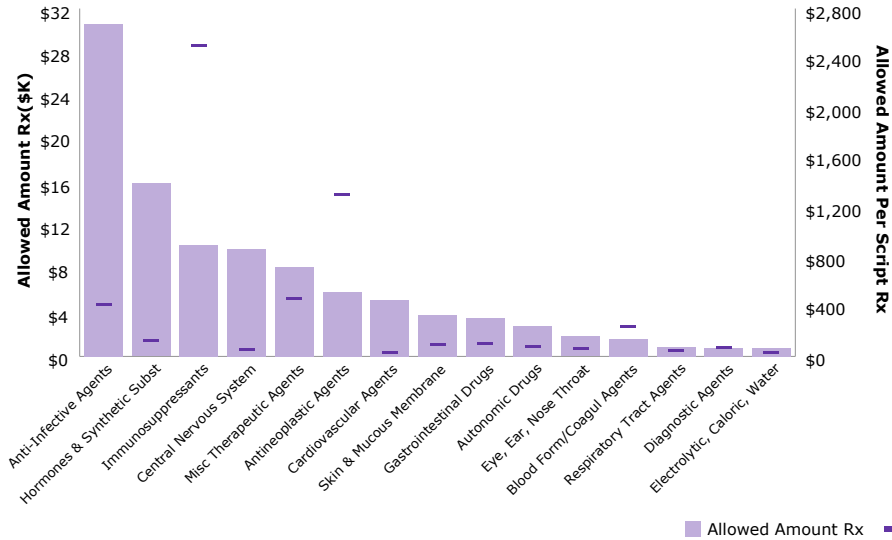
	Current Complete Year				
	Allowed Amount Per Epis Total	Allowed Amount Per Epis West Region	Episodes	Patients	Visits
Autism	\$15,560	\$7,499	214	214	13,101
Eating Disorders	\$13,058	\$10,504	40	37	482
Schizophrenia	\$9,151	\$9,740	93	93	1,673
Substance Abuse	\$5,041	\$7,688	1,045	841	7,148
Bipolar Disorder	\$4,691	\$3,838	395	361	6,359
Antisocial Behav	\$3,778	\$1,888	50	50	363
Psychoses, NEC	\$2,696	\$1,008	119	103	645
Obsess-Compulsiv	\$1,870	\$1,160	61	57	552
Depression	\$1,751	\$1,520	3,732	3,510	33,165
Neuroses, NEC	\$1,272	\$977	1,780	1,670	9,499
Anxiety Disorder	\$848	\$695	2,502	2,357	14,364

Drug

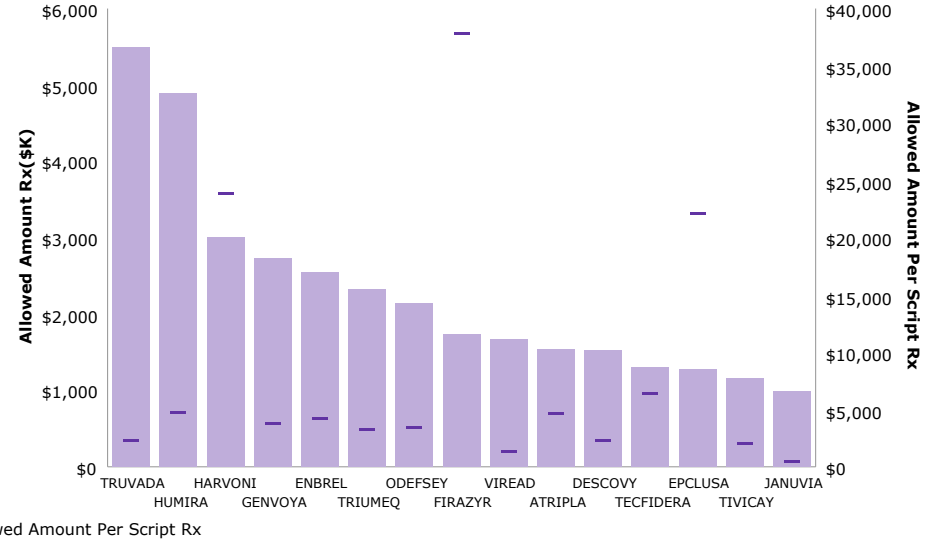
Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Top 15 Therapeutic Classes



Top 15 Drugs



	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
Anti-Infective Agents	\$30,608,542	29.7%	72,580	\$421.72
Hormones & Synthetic Subst	\$15,898,641	15.4%	126,121	\$126.06
Immunosuppressants	\$10,212,529	9.9%	4,086	\$2,499.40
Central Nervous System	\$9,872,925	9.6%	165,310	\$59.72
Misc Therapeutic Agents	\$8,205,424	8.0%	17,737	\$462.62
Antineoplastic Agents	\$5,904,237	5.7%	4,516	\$1,307.40
Cardiovascular Agents	\$5,184,567	5.0%	179,286	\$28.92
Skin & Mucous Membrane	\$3,840,159	3.7%	40,525	\$94.76
Gastrointestinal Drugs	\$3,525,539	3.4%	32,900	\$107.16
Autonomic Drugs	\$2,818,091	2.7%	34,961	\$80.61
Eye, Ear, Nose Throat	\$1,827,574	1.8%	29,732	\$61.47
Blood Form/Coagul Agents	\$1,633,985	1.6%	6,680	\$244.61
Respiratory Tract Agents	\$840,828	0.8%	16,373	\$51.35
Diagnostic Agents	\$799,458	0.8%	11,286	\$70.84
Electrolytic, Caloric, Water	\$763,784	0.7%	24,563	\$31.09
Top 15 Subtotal	\$101,936,283	99.0%	766,656	\$132.96
All Therapeutic Classes	\$103,008,471	100.0%	788,210	\$130.69

	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
TRUVADA	\$5,497,626	5.3%	2,411	\$2,280.23
HUMIRA	\$4,893,841	4.8%	1,032	\$4,742.09
HARVONI	\$3,002,054	2.9%	126	\$23,825.82
GENVOYA	\$2,735,274	2.7%	716	\$3,820.22
ENBREL	\$2,545,283	2.5%	609	\$4,179.45
TRIUMEQ	\$2,322,591	2.3%	710	\$3,271.26
ODEFSEY	\$2,135,957	2.1%	615	\$3,473.10
FIRAZYR	\$1,740,619	1.7%	46	\$37,839.53
VIREAD	\$1,668,466	1.6%	1,223	\$1,364.24
ATRIPLA	\$1,536,278	1.5%	329	\$4,669.54
DESCOVY	\$1,528,567	1.5%	670	\$2,281.44
TECFIDERA	\$1,301,882	1.3%	203	\$6,413.21
EPCLUSA	\$1,281,693	1.2%	58	\$22,098.16
TIVICAY	\$1,155,556	1.1%	560	\$2,063.49
JANUVIA	\$991,256	1.0%	2,339	\$423.79
Top 15 Subtotal	\$34,336,942	33.3%	11,647	\$2,948.14
All Drugs	\$103,008,471	100.0%	788,210	\$130.69

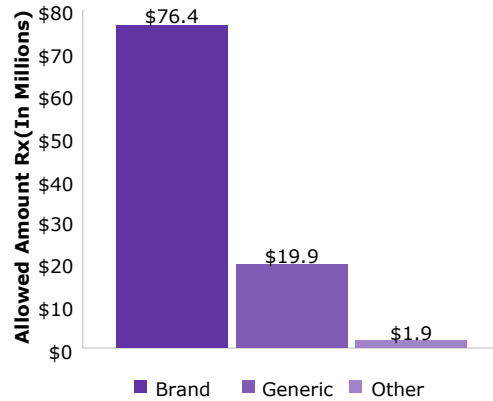
Drug

Previous Period: Jan 2016 - Dec 2016 (Incurred)

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

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	\$48,855,640	\$45,067,660	-7.8%	\$540.95	\$491.19	-9.2%
Specialty Drugs						
Prescription Specialty Drugs	\$56,833,721	\$57,940,811	1.9%	\$629.28	\$631.50	0.4%
Professional Specialty Drugs	\$10,749,122	\$13,363,391	24.3%	\$119.02	\$145.65	22.4%
Facility Outpatient Specialty Drugs	\$1,495,045	\$1,674,425	12.0%	\$16.55	\$18.25	10.2%
Specialty Total	\$69,077,889	\$72,978,626	5.6%	\$764.85	\$795.40	4.0%
Total	\$117,933,529	\$118,046,286	0.1%	\$1,305.80	\$1,286.59	-1.5%

Key Drug Metrics

	Blue Shield	City Plan	Kaiser	Total
Allow Amt PMPY Rx	\$1,516.15	\$2,950.22	\$731.44	\$1,106.33
Scripts Per 1000 Rx	11,920.76	17,174.69	5,665.46	8,465.38
Allow Amt Per Script Rx	\$127.19	\$171.78	\$129.10	\$130.69
Days Supply PMPY Rx	341.00	527.40	303.88	325.23
Scripts Generic Efficiency Rx	97.3%	96.0%	97.8%	97.4%
% Scripts Dispensed as Generic	83.8%	80.8%	81.5%	82.7%

All Payer Claim Database Express Dashboard

CCSF Medicare

June 29, 2018

Previous Period: Jan 2016 - Dec 2016 (Incurred)

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Financial

Previous Period: Jan 2016 - Dec 2016 (Incurred)

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Demographics

	UHC MAPD	Kaiser	Total
Employees	11,916	10,159	22,075
Members	14,826	12,615	27,441
Family Size	1.2	1.2	1.2
Average Employee Age	74.6	75.0	74.8
Average Member Age	74.1	74.5	74.3
Employees % Male	47.4%	49.4%	48.3%
Members % Male	44.3%	45.5%	44.8%
Risk Score	203.0	288.5	242.3

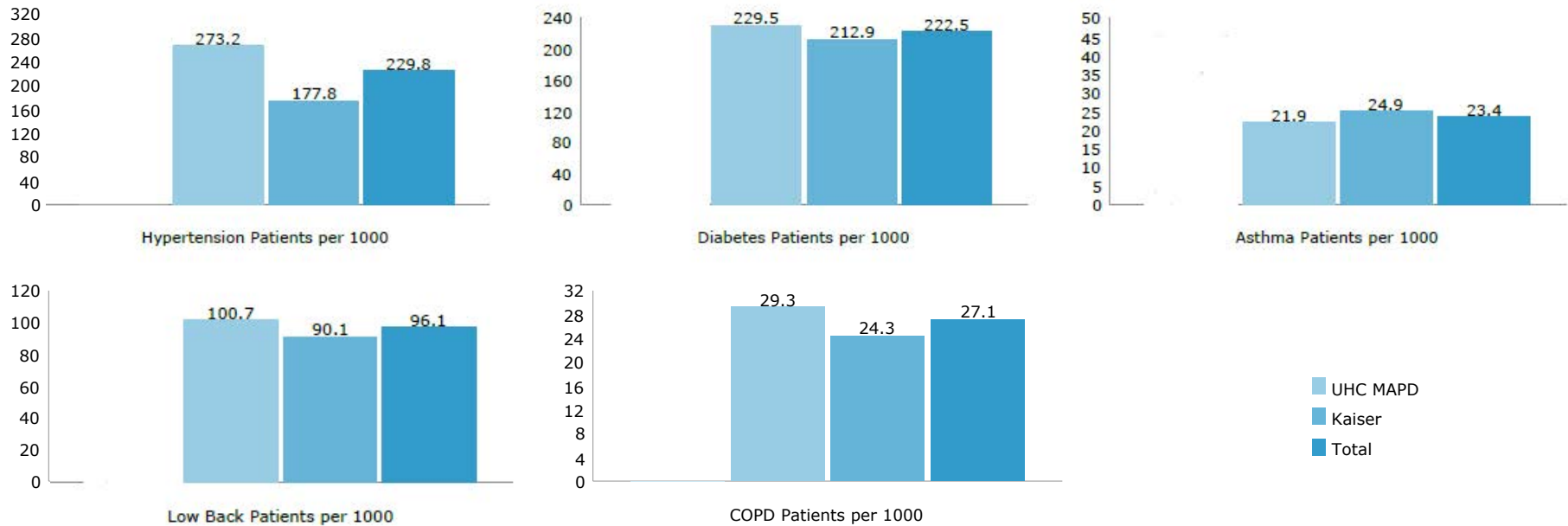
Cost and Utilization Trends

	UHC MAPD	Kaiser	Total
Admits Per 1000 Acute	92.9	170.2	128.5
Days LOS Admit Acute	5.05	4.77	4.88
Days Per 1000 Adm Acute	469.3	812.6	627.4
Svcs Per 1000 OP Med	32,317.5	39,351.2	35,556.6
Visits Per 1000 ER	223.5	454.9	330.0
Scripts Per 1000 Rx	12,405.8	31.3	6,720.7
Days Supply PMPY Rx	603.59	1,320.18	933.08

Clinical

Previous Period: Jan 2016 - Dec 2016 (Incurred)
 Current Period: Jan 2017 - Dec 2017 (Incurred)
 Paid Through: Mar 2018

Chronic Condition Prevalence



Quality Markers

Utilization Metrics (per 1000 enrollees)

	UHC MAPD	Kaiser	Total
Emergency Room	223	455	330
% Admit	32.7%	4.7%	14.9%
% Ambulatory	67.3%	95.3%	85.1%
Readmissions	7.6	14.0	10.5
Avoidable Admissions	13.6	22.1	17.5
Complications	38.0	36.0	37.2

Well Care and Preventive Visits

	Previous	Current	% Change
Visits Preventive Adult	5,608	6,175	10.1%
Visits Per 1000 Prevent Adult	210.7	225.0	6.8%

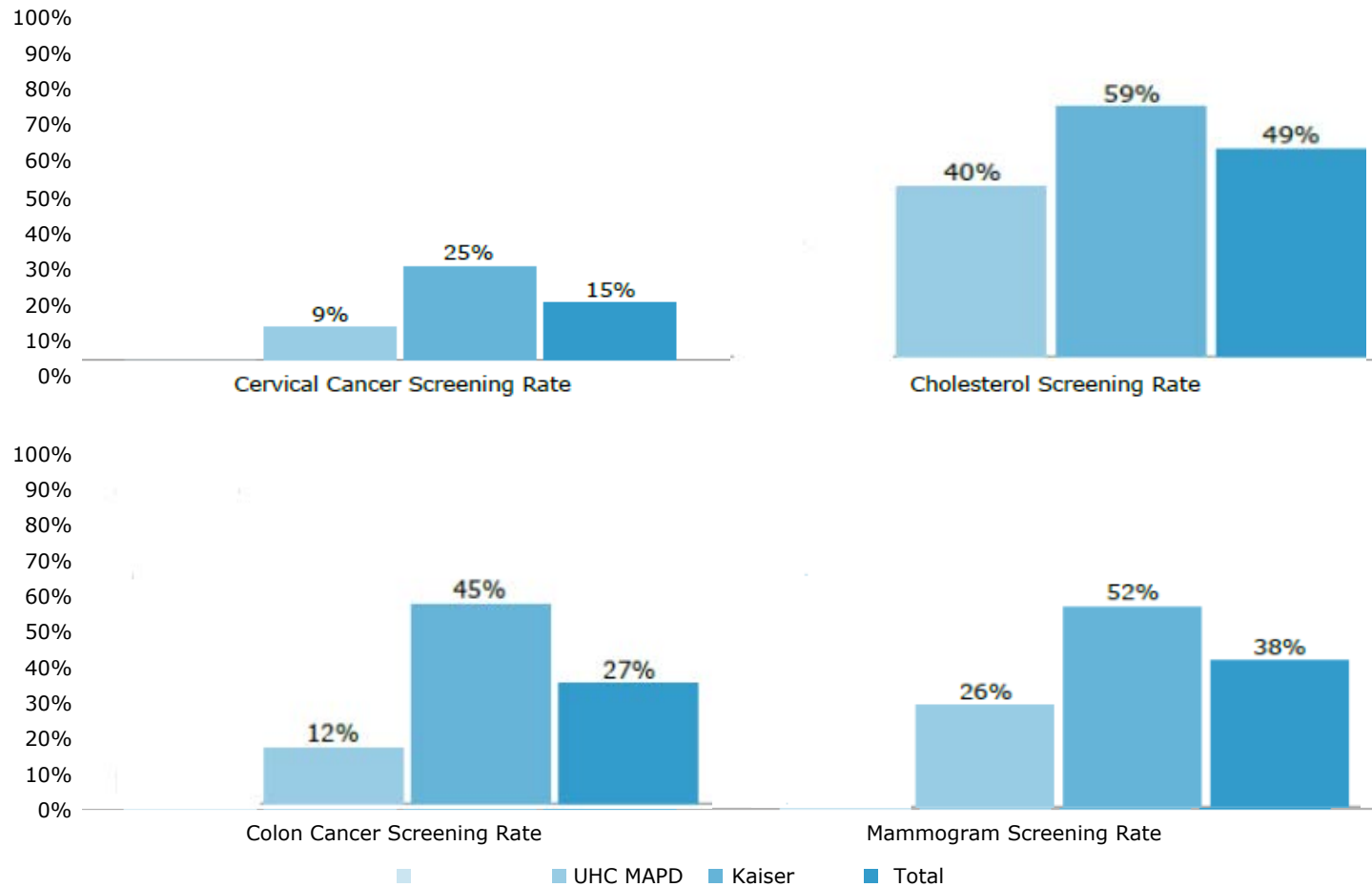
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Preventive Screening Rates



Clinical

Time Period: 2017 (Most Recent Complete Incurred Calendar Year)

Paid Through: Mar 2018

Top 10 Episode Summary Groups*

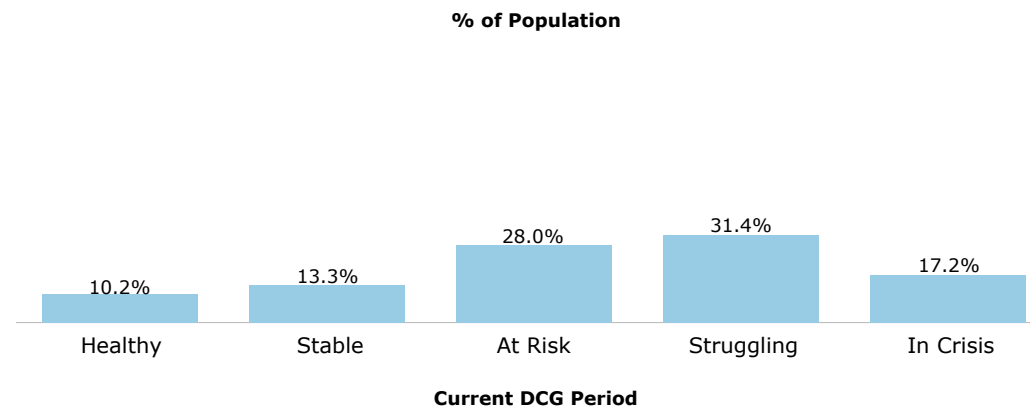
	Current Complete Year	
	Episodes	Patients
Diabetes	3,643	3,518
Cancer - Lung	191	191
Gastroint Disord, NEC	1,390	1,305
Cancer - Leukemia	170	168
HIV Infection	155	155
Hypertension, Essential	4,758	4,735
Cancer - Prostate	491	491
Hepatitis, Viral	169	168
Prevent/Admin Hlth Encounters	12,880	11,938
Renal Function Failure	785	783
Top 10 Subtotal	24,632	17,662
All Episode Summary Groups	96,523	25,694

Episode Type*

	Episodes
Acute Conditions	55,579
Chronic, Acute Flare-ups	1,063
Chronic, Maintenance	9,984
Chronic, Non-Stratified	18,733
Well Care	11,164
Total	96,523

*Episodes are based on the most recent complete incurred calendar year 2017.

Risk Band Profiles



Drug

Previous Period: Jan 2016 - Dec 2016 (Incurred)

Current Period: Jan 2017 - Dec 2017 (Incurred)

Paid Through: Mar 2018

Specialty Drug Metrics

	Scripts Rx			Days Supply PMPY Rx			Claims Paid		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	364,020	181,459	-50.2%	1,241.81	920.82	-25.8%	653,024	431,770	-33.9%
Specialty Drugs									
Prescription Specialty Drugs	8,631	4,582	-46.9%	20.58	14.95	-27.4%	13,622	9,094	-33.2%
Professional Specialty Drugs							8,403	5,626	-33.0%
Facility Outpatient Specialty Drugs							766	516	-32.6%
Specialty Total	8,631	4,582	-46.9%	20.58	14.95	-27.4%	22,791	15,236	-98.9%
Total	372,651	186,041	-50.1%	1,262.38	935.77	-25.9%	675,717	447,006	-33.8%

Key Drug Metrics

	City Plan	Kaiser	Total
Scripts Per 1000 Rx	12,405.84	31.31	6,720.70
Days Supply PMPY Rx	603.59	1,320.18	933.08
Scripts Generic Efficiency Rx	98.1%	97.8%	98.1%
% Scripts Dispensed as Generic	82.5%	78.2%	82.5%