



Regence

CITY OF VANCOUVER

Utilization and Cost Review
Incurred January 2023 - December 2023
Paid January 2023 - February 2024

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Date of presentation: June 14, 2024

This report was prepared for CITY OF VANCOUVER and is based on medical and pharmacy claims. Dental and vision claims are excluded. This data is intended only for the use of the individual or entity to which the report has been provided and may contain information that is privileged and confidential. The data contained within the report is for information purposes only and should not be used for medical treatment or diagnosis purposes.

Data presented in this report is based on the following date ranges:

Current Period: Incurred from January 2023 - December 2023, Paid January 2023 - February 2024

Prior Period: Incurred from January 2022 to December 2022, Paid January 2022 - February 2023

Benchmark data presented in this report is based on the Regional Comparison - Oregon cohort.

High Cost Claimants (HCC) are defined as members with paid expenses greater than \$100,000 within the reporting period.

Groups: All

Subgroups: All

City of Vancouver- Group Utilization Summary

Incurred January – December 2023, Paid January 2023 – February 2024

Key take aways for this review period

- Combined Medical and Pharmacy trend increased 2% and is 18% above benchmark; trend driven by impact of pharmacy costs for high cost claimant outlier
- Group has high professional visit rate, helping to keep ER utilization low
- Favorably, population has higher prevalence of chronic stable members than chronic “at risk” members
- Behavioral health condition prevalence and service utilization increased, with strong utilization of professional services

Opportunities

- Continue to encourage primary care and preventive care
- Encourage utilization of ER alternatives including Doctor on Demand and urgent care clinics
- Continue to educate and promote easier access to behavioral health virtual providers including Doctor on Demand and Regence in-network providers (i.e. Talkspace, Charlie Health, NOCD, etc.)
- Consider cardiometabolic program to provide members support with hypertension and diabetes
- Consider adding a specialty tier to the PPO plan and applying 50% cost-share on compounds

Health Plan Summary

How has your plan performed during this review period?

DEMOGRAPHICS

1,511 Average Members 5.4% YOY Variance	33.1 Average Age -1.1% YOY Variance 33.0 Benchmark	49.3% % Female 1.7% YOY Variance 49.3% Benchmark	2.7 Contract Size -2.7% YOY Variance
564 Subscribers 8.3% YOY Variance	45.2 Sub Average Age -2.0% YOY Variance 45.1 Benchmark		

FINANCIALS

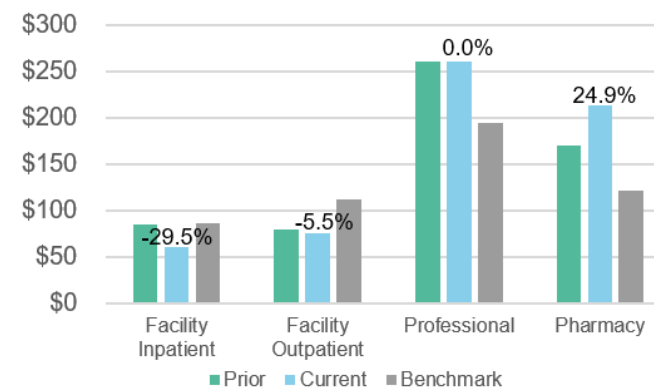
Total Paid	Prior	Current	Trend
Total Medical and Pharmacy Paid	\$10,220,179	\$11,013,384	7.8%
Total Medical Paid	\$7,292,034	\$7,156,244	-1.9%
Total Pharmacy Paid	\$2,928,145	\$3,857,140	31.7%

Paid per Employee/Member	Current	Trend	Benchmark	Variance
Medical + Pharmacy Paid PEPM	\$1,627.99	-0.5%	\$886.07	83.7%
Medical + Pharmacy Paid PMPM	\$607.57	2.2%	\$513.13	18.4%
Medical Paid PMPM	\$394.78	-6.9%	\$391.73	0.8%
Pharmacy Paid PMPM	\$212.78	24.9%	\$121.41	75.3%
Excluding HCC Outlier Medical + Pharmacy Paid PMPM	\$517.12	-13.0%	\$513.13	0.8%

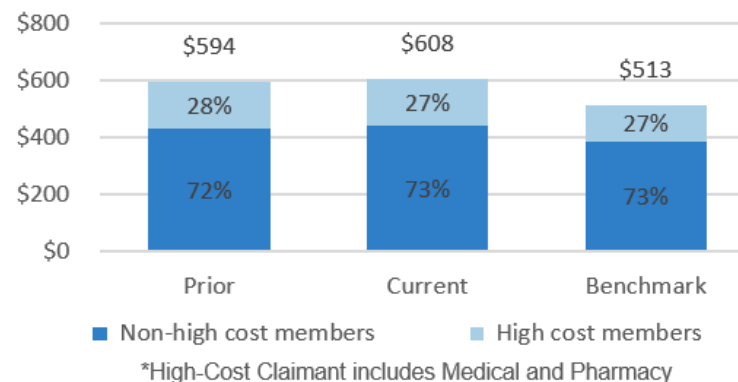
NETWORK UTILIZATION

- ✓ 98.4% In-Network Utilization
- ✓ 81.1% of members had an office/OP visit
- ✓ 87.3% of members are utilizing services

PAID PMPM BY CATEGORY

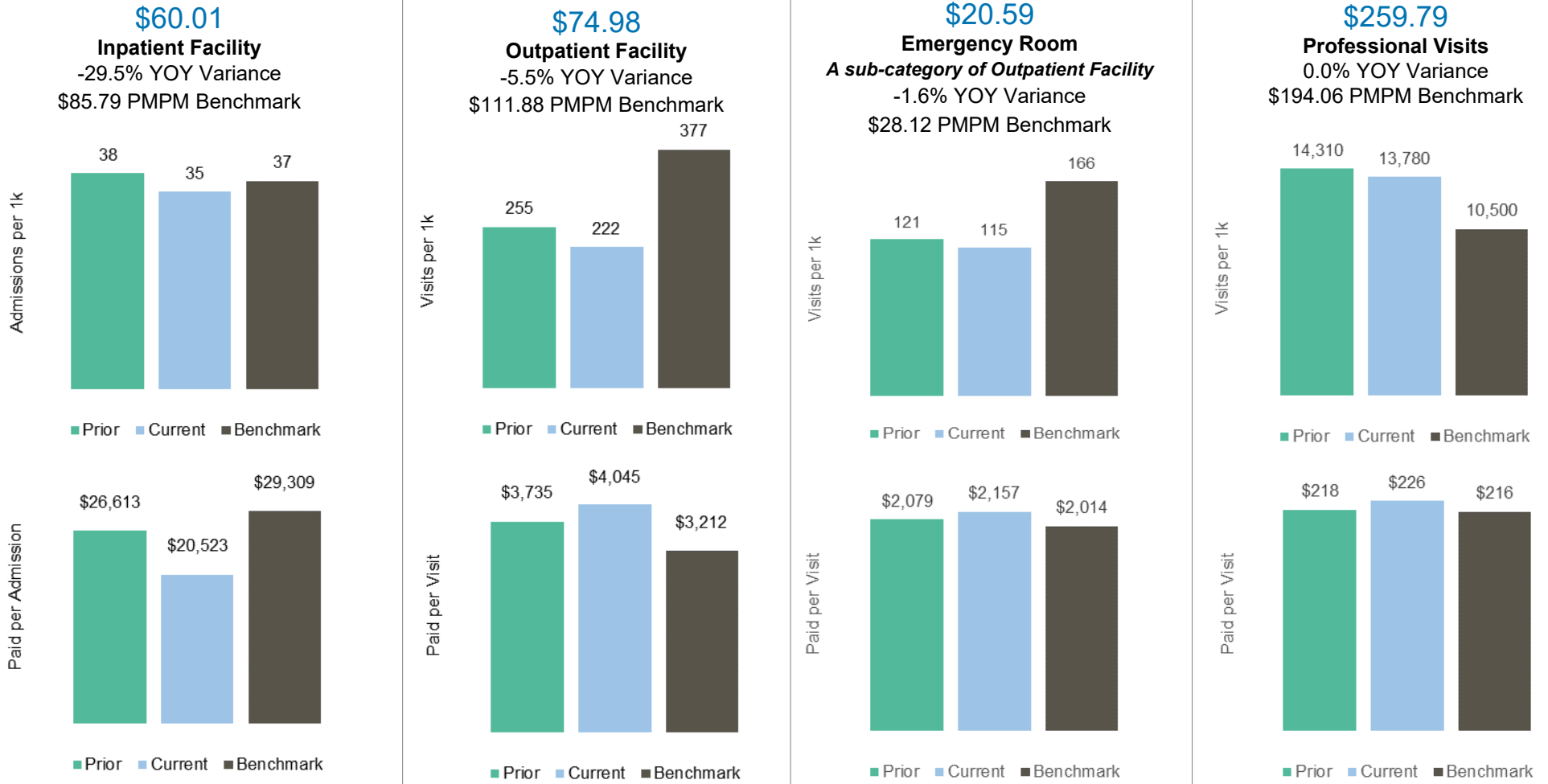


HIGH COST CLAIMANT PMPM*



Medical Utilization and Cost by Service Type

What influenced the cost trend?



Trend Drivers

Inpatient Facility	Outpatient Facility	Emergency Room <i>Sub-category of Outpatient Facility</i>	Professional Visits
<ul style="list-style-type: none"> -9% decrease in admits per 1k -23% decrease in paid per admit Decrease in Surgical admits per 1k and cost/admit 	<ul style="list-style-type: none"> -13% decrease in visits per 1k 8% increase in paid per visit Decrease in Surgical visits per 1k 	<ul style="list-style-type: none"> -5% decrease in visits per 1k 115 ER visits/1k vs. 166 Benchmark 4% increase in paid per visit Avoidable ER rate of 46% is above the benchmark rate of 42% 	<ul style="list-style-type: none"> -4% decrease in visits per 1k 13.8 professional visits/member vs. 10.5 benchmark 4% increase in paid per visit

An action plan for ER avoidance

	Prior	Current	% Change	Benchmark
ER Paid PMPM	\$20.92	\$20.59	-1.6%	\$28.12
ER Visits/1k	120	115	-5.2%	166
Potentially Avoidable Rate	44.5%	46.4%	4.3%	41.7%

Top 10 Diagnosis	Total ER Visits	ER Paid PMPM	Potentially Avoidable %
R10 - Abdominal and pelvic pain	24	\$2.09	67.0%
R07 - Pain in throat and chest	15	\$0.83	43.8%
R11 – Nausea and vomiting	14	\$3.07	82.2%
M54 - Dorsalgia (back pain)	6	\$0.39	45.0%

Prioritization of care options

- 1. Primary care** visits are the foundation. Start with annual wellness visits and get established.
- 2. Doctor on Demand** telehealth
- 3. Urgent care** where available
- 4. Emergency Room**

Communication campaigns

- Promote Doctor on Demand Urgent Care (UC) option with engagement campaign
- Target specific regions where ER use is higher (Vancouver, WA and Portland)
- Educational fliers, message based on highest utilization reasons:
 - Flu or cold
 - Abdominal pain
 - Back pain

Virtual Care with Doctor on Demand Urgent Care and Mental Health Services (24/7/365 access)



Connect to urgent and mental health care from anywhere.

You've got anytime access to doctors and therapists with Doctor On Demand®.



Get treatment for 90% of all common ER complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable.

We make it easy to find the right care, right away.



Connect face-to-face with your provider from your phone, tablet, or computer.



Find the right therapist or psychiatrist for you from a diverse network of providers and specialists.



Get urgent care in as little as five minutes with 24/7/365 access to experienced providers.

How do I get started?

- 1 Download the Doctor On Demand app.**
Activate your account or login.
- 2 Pick your provider.**
Select the next available appointment or find the time best for your schedule .
- 3 Get care at home or on the go.**
Get help with all your healthcare needs from experienced doctors, therapists, and psychiatrists.

High cost claimant summary

What is the impact of high cost claimants on plan spend?

0.5% of the population accounts for 27% of plan paid

8 # of High Cost Claimants -38.5% YOY Change	5.4 HCC/1k Members -40.0% YOY Change	\$375,917 Average paid/HCC 72.4% YOY Change	27% % of Total Paid 28% Prior	\$165.90 HCC Paid PMPM 0.6% YOY Change
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Excluding high cost members, paid PMPM increased 3% year over year

	Member count		Average paid per member		Paid PMPM				
	Prior	Current	Prior	Current	Prior	Current	% Change	Benchmark	% Variance
Non-high cost members	1,425	1,480	\$5,183	\$5,409	\$429.57	\$441.66	2.8%	\$386.93	14.1%
High cost members	13	8	\$218,084	\$375,917	\$164.91	\$165.90	0.6%	\$126.20	31.5%
All Members	1,438	1,488	\$7,107	\$7,401	\$594.47	\$607.57	2.2%	\$513.13	18.4%
High Cost Members: Removing HCC outlier	13	7	\$218,084	\$195,804					

*HCC Threshold \$100,000
Benchmark - Oregon

High cost claimant details

Which members were cost drivers in the current period?

Member	Top Medical Driver	Medical Paid	Pharmacy Paid	Total Paid	Programs	Risk of Ongoing Claims	Relationship	Age Group
<h1>Information Redacted</h1>								

DEFINITIONS

Programs	
CM	Care Management
UM	Utilization Management
DM	Disease Management

Risk of Ongoing Claims	
High	Per AI, member is likely to have high-cost claims going forward.
Medium	Per AI, member is likely to continue to have claims but claims likely will not meet high-cost claimant threshold.
Low	Per AI, member is stable and claims are likely to decrease and not meet high-cost claimant threshold.

Case management dates include: July 2022 – December 2023

Top Members with Future High Risk Claimant Details

Which members have conditions expected to drive high costs in your future year?

Member	Diagnosis	Prospective Risk Score (12 month)	Average Estimated Future Cost (12 months)	Claims spend YTD	Targeted	Relationship	Age Group	On prior slide
<h1>Information Redacted</h1>								

Notes:

- All members above are evaluated for clinical referral
- Top members with Future Risk over 9 are reviewed
- The claimants identified in this report were those likely to incur costs in the next 12 months based on our predictive modeling algorithm. The financial prediction is an estimate only, where the costs may be higher or lower. It is probable other members will incur higher costs as the year progresses that cannot be predicted due to acute conditions, trauma, maternity care and new diagnoses.

DEFINITIONS

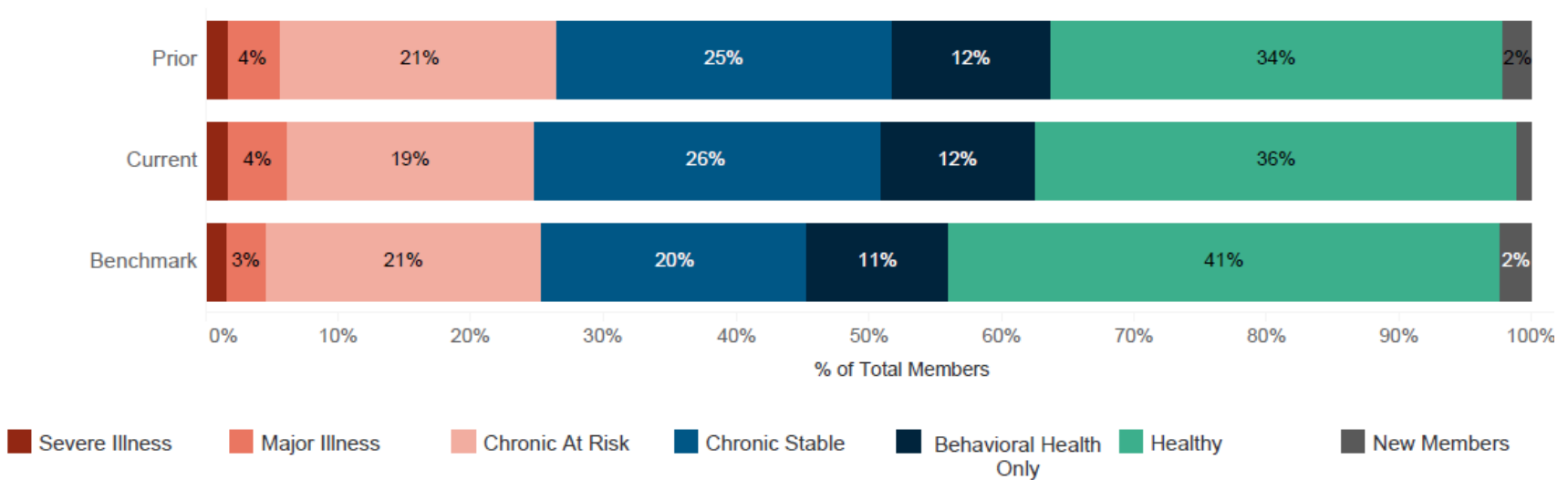
Programs	
CM	Care Management
UM	Utilization Management
DM	Disease Management

Risk Scores	
Prospective Risk Score (12 month)	The relative risk of the member for the most recent 12 months compared to other plan members with respect to total costs
Average Estimated Future Cost (12 months)	This risk is calculated based on the members paid claims with Regence. The algorithm predicts cost based on the Impact Pro national average for the member's condition
Future Inpatient Stay Probability	The probability of a non-obstetrics inpatient stay in the next 12 months.

Population risk stratification

How do costs vary based on population health risk category?

Population Health Categories - Members



	Severe Illness	Major Illness	Chronic At Risk	Chronic Stable	Behavioral Health Only	Healthy	New Members	Grand Total
Members	26	68	281	394	177	548	18	1,512
% of Members with \$100k+	7.7%	8.8%	0.4%	0.0%	0.0%	0.0%	0.0%	0.6%
% Provider Visit	100.0%	97.1%	95.4%	89.6%	93.8%	63.0%	11.1%	81.1%
Avg. Annualized Medical	\$15,817	\$16,316	\$9,615	\$3,724	\$3,607	\$1,514	\$558	\$4,741
Avg. Annualized Pharmacy	\$14,860	\$41,935	\$2,358	\$451	\$513	\$109	\$0	\$2,797
% of Total Annualized Cost	7.0%	34.8%	29.5%	14.4%	6.4%	7.8%	0.1%	100.0%

Data incurred 12/30/2022 - 12/29/2023, processed through 12/29/2023
 Prior Period: Data incurred 12/31/2021 - 12/30/2022, processed through 12/30/2022

Limited to members with active membership as of 12/29/2023

% Provider Visit: Percent of members who had one or more office or outpatient provider visit in the last 12 months. Excludes: psychiatric services, outpatient procedures, E&M confirmatory consult, after hours, pregnancy and newborn follow-up.

Average Medical Cost per Member and Average Rx Cost per Member are annualized.

Current "Behavioral Health Only" includes any BH or SUD conditions. Prior was limited to Anxiety, Depression, and Severe & Persistent Mental Illness.

Prevention and Early Detection

Care Gap	Patient Count	Current Score	Performance	Year Over Year Change
Breast Cancer Screening	116	81.0%	●	↑
Cervical Cancer Screening	274	74.1%	●	↑
Chlamydia Screening in Women	60	30.0%	●	↓
Colorectal Cancer Screening	280	71.1%	●	↓

Children's Health Prevention

Care Gap	Patient Count	Current Score	Performance	Year Over Year Change
Child and Adolescent Well-Care Visits	384	55.7%	●	↓

Chronic Disease Care

Care Gap	Patient Count	Current Score	Performance	Year Over Year Change
Kidney Evaluation - Diabetes	45	42.2%	●	↑
Statin Adherence - Diabetes	35	68.6%	●	↓
Eye Exam - Diabetes	46	54.3%	●	↑

Resources available to address care gaps include:

- * Flyers
- * Videos
- * Access resources here: [ShowPad](#)

Notes:

Performance Indicators:

- Below HEDIS 50th percentile: ●
- Between HEDIS 50th and 75th percentile: ●
- Greater than HEDIS 75th percentile: ●
- New measure, HEDIS percentiles not yet available: ●
- Decreased from prior year: ↓
- Increased from prior year: ↑
- No change from prior year: ←

Measure Notes:

- Breast Cancer Screening requires two years of continuous enrollment
- Cervical Cancer Screening requires three years of continuous enrollment
- Colorectal Cancer Screening is under-reported using claims data due to the 10 year look back period

Regence annual SMS text campaigns to promote prevention and address care gaps

Sample text-messaging notification: Breast cancer screening

Here's an example of the messaging we'll send eligible employees and covered dependents who have opted in to receive them:

Hi [First Name]. This is Regence. Our records show you may be due for an important health check. Getting this check could help you stay on track with your health. *To protect your privacy, no additional information will be shared unless you reply YES.*

Please review the *Text Messaging Terms and Conditions*. (This links to a campaign-specific bit.ly URL.)

Reply **Yes** if you're ready to learn more and get started. >>> Recipient receives a reply: Thank you for confirming! We will send you text messages we hope you find helpful.

Reply **Help** for help. >>> Recipient receives a reply: "Care advocates will call you regarding your questions and about getting you the help you need."

Recipients can also Reply **Stop** to stop receiving text messages, or **Wrong** if not the individual named in the text.

If a recipient requests help, our care advocates can answer questions, offer support in scheduling a screening, and offer them the option to inform Regence about any barriers they may face in seeking care and keeping current with their screenings.

Campaign topics include:

- Cancer screenings
 - Campaign launched April 8th
- Diabetes monitoring and care gap screenings
 - Campaign launched June 6th
- Fall risk prevention
- Flu/COVID
- Well-Child health/immunizations

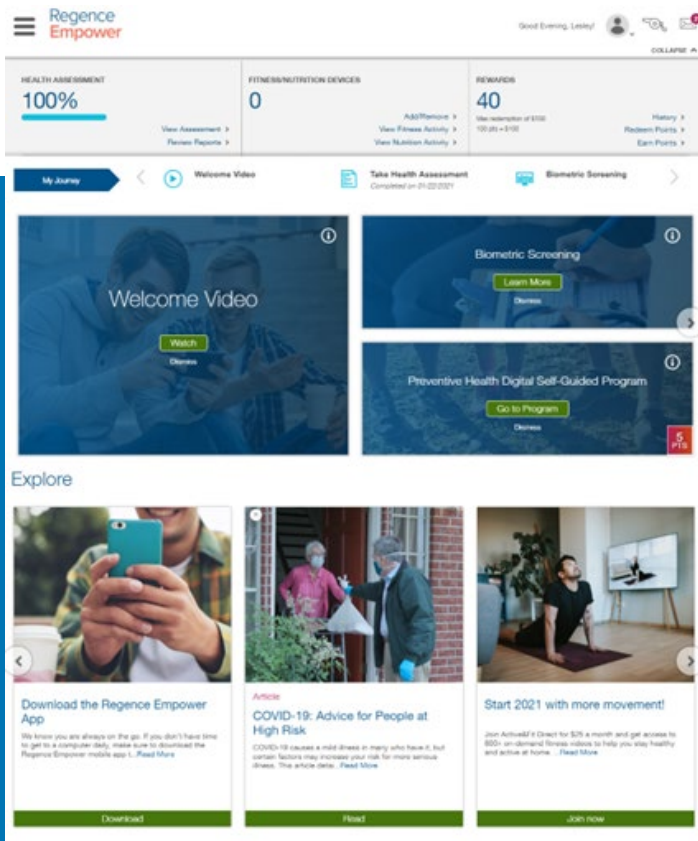
Regence Empower™ CORE

Engagement focused on preventive



2024 Rewards* | Redeem up to \$25 in gift cards

- \$15 Health Assessment
- \$5 Self-Guided Programs
- \$5 Connect a Device or App
- \$5 Personal Challenges



Key Features

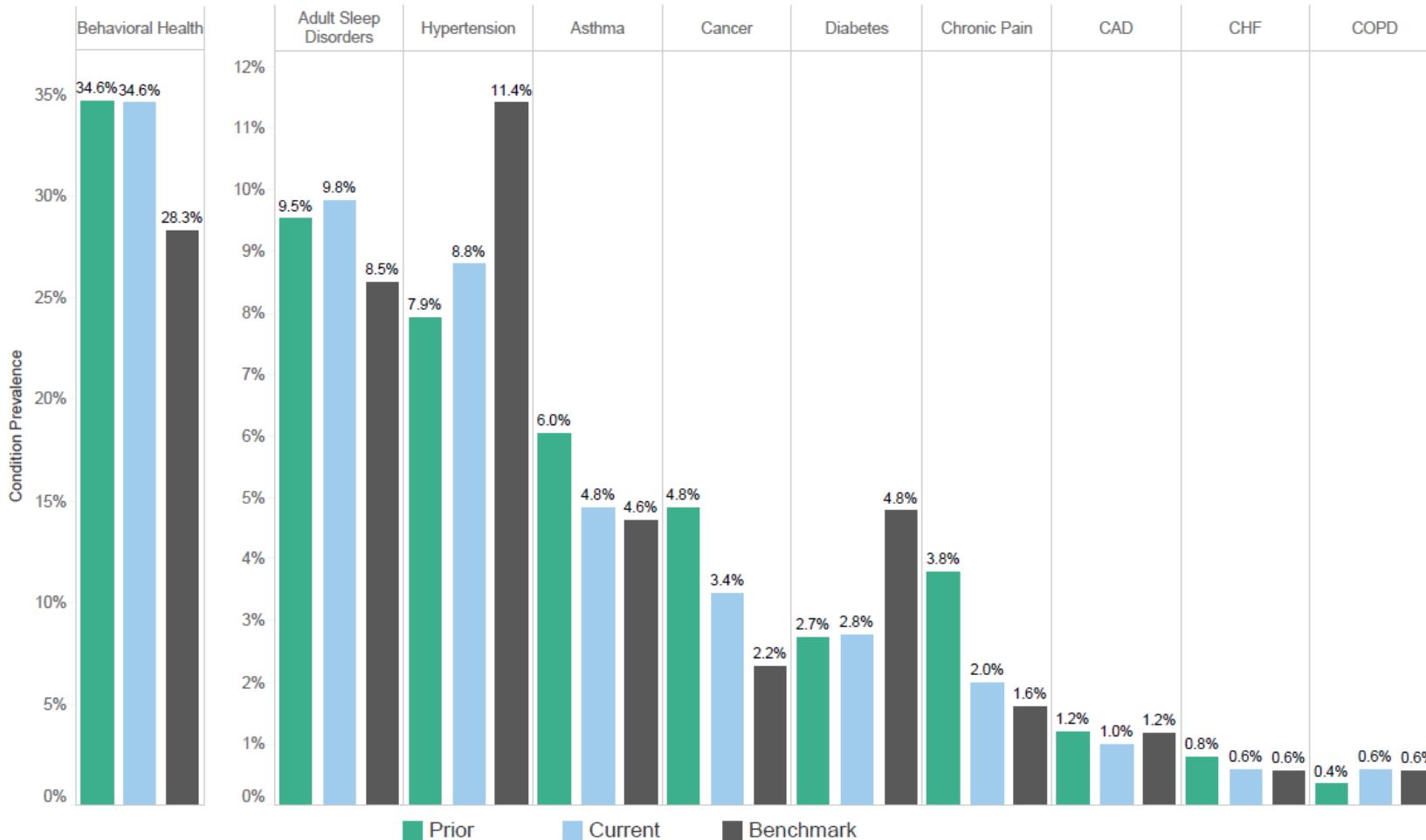
Up to \$25 in Regence-funded e-gift cards for completing online well-being activities

Empower Core includes a health assessment, personalized recommendations, 24 self-guided programs, 40+ personal challenges, trackers, device connectivity, health library/resources, and more.

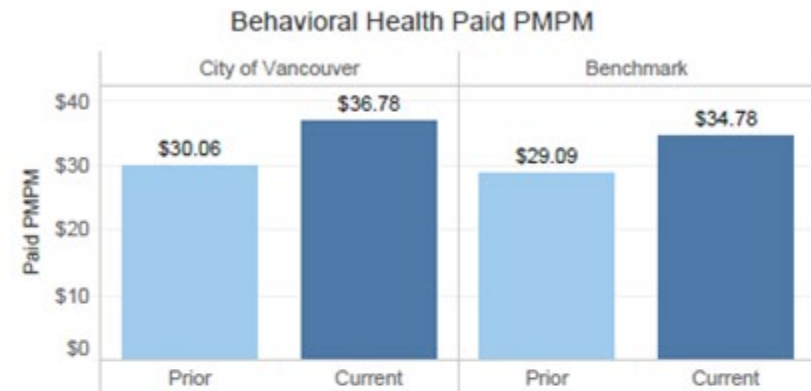
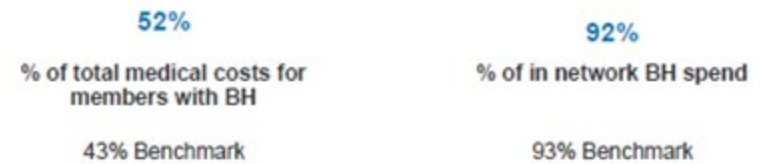
*Rewards are available to enrolled employees and spouses/partners



- Behavioral health definition has expanded and shows higher prevalence than prior year, now 6.6% above benchmark
- Adults sleep disorders, which goes hand in hand with behavioral health conditions, is also above benchmark
- Cardiometabolic conditions such as hypertension and diabetes are below benchmark



Data incurred 12/30/2022 - 12/29/2023, processed through 12/29/2023
 Prior Period: Data incurred 12/31/2021 - 12/30/2022, processed through 12/30/2022



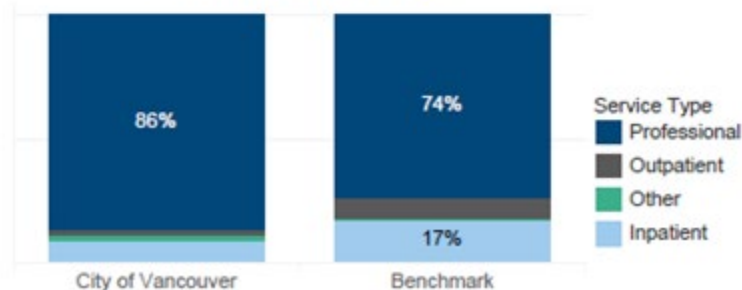
Services per 1k by Service Type

Service Type	City of Vancouver	Benchmark
Professional	2,437.6	2,233.1
Outpatient	34.4	90.3
Other	153.6	17.7
Inpatient	3.3	5.4

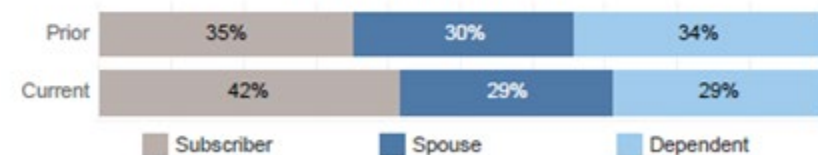
Top Diagnosis Categories by Paid Amount

Diagnosis Category	Member Count	Paid Amount
Anxiety and fear-related disorders	136	\$126,174
Depressive disorders	84	\$123,262
Trauma- and stressor-related disorde..	97	\$99,979
Neurodevelopmental disorders	93	\$85,907
Stimulant-related disorders	1	\$28,802

% Paid by Service Type




% Paid by Relationship



Claims Data:
 ▶ Limited to medical costs
 ▶ Current Period: Paid 01/2023-12/2023
 ▶ Prior Period: Paid 01/2022-12/2022

In-Network virtual providers and embedded behavioral health programs for Members

 <p>Emotional well-being</p>	 <p>Mental health support</p>	 <p>Mental health specialty</p>	 <p>Substance use support</p>
<ul style="list-style-type: none"> • Resilience-building • Stress • Anxiety • Sleep habits • Mindfulness 	<ul style="list-style-type: none"> • Virtual behavioral health therapy • Digital psychotherapy and medication management 	<ul style="list-style-type: none"> • Virtual specialty access • Intensive outpatient therapy for teens and young adults • Specialized virtual care for OCD using exposure responsive prevention treatment • Virtual intensive outpatient eating disorder treatment 	<ul style="list-style-type: none"> • Virtual and/or in person treatment for addiction and substance use disorder, including opioids • More support than once-per-week therapy
			

Member cost-share for virtual providers:

- PPO Plan: \$20 copay/visit
- HSA Plan: 20% after deductible/visit
- Doctor on Demand:
 - PPO Plan: \$20 copay/visit
 - HSA Plan: 20% after deductible/visit

NOTE: AbleTo, Doctor on Demand, eQUIP, nOCD, and Talkspace are available in all states

Empower Core program is available to all enrolled employees, spouses and dependent children age 13+

AbleTo, Array, Boulder Care, Charlie Health, Doctor on Demand, eQUIP, Hazelden Betty Ford, myStrength, nOCD, and Talkspace, are separate companies that provide behavioral health care services.

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Member Engagement

How are members connecting beyond claims?



regence.com

67% of subscribers are registered on regence.com

45% of members are registered on regence.com



Provider engagement

81% of members had an office or outpatient visit within the last 12 months



Condition Manager

131 identified members

123 enrolled members



Care Management Core

30 members were outreached for care management

20 members were engaged with a care manager

95% of members successfully contacted were engaged with a care manager



Utilization Management

158 procedures were reviewed through prior authorization

88% of UM reviews were approved

86 radiology procedures were reviewed



Regence Pregnancy Program

24 members participated in the Pregnancy program

100% of members who delivered a baby participated in the pregnancy program



Regence Advice24

36 calls were made to the NurseLine



Doctor on Demand™

69 members have activated Doctor on Demand since inception (2022)

14 medical visits

6 behavioral health visits

Pharmacy Summary

How has your Pharmacy plan performed this year?

KEY NUMBERS

Pharmacy Metrics	Current	Trend
Avg Pharmacy Members	1,511	5.4%
Claimants	1,143	1.6%
Prescriptions per member	7.7	-2.2%
Paid per Prescription	\$331	27.7%
Specialty Drug Claimants	46	-20.7%
Specialty Paid/Prescription	\$10,614	35.1%

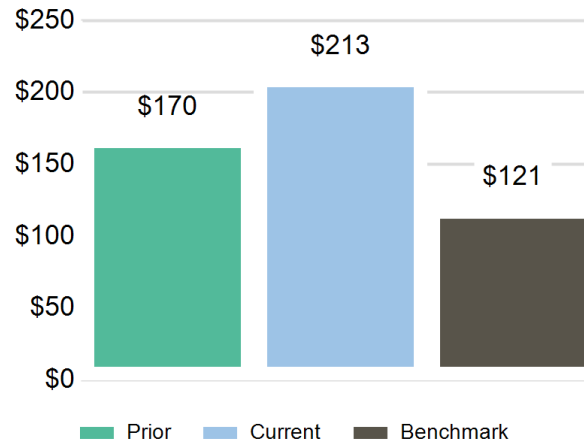
TREND DRIVERS

- ↑ 35.1% Increase in Specialty Paid/Prescriptions
- ↑ 27.7% Increase in Paid Per Prescriptions

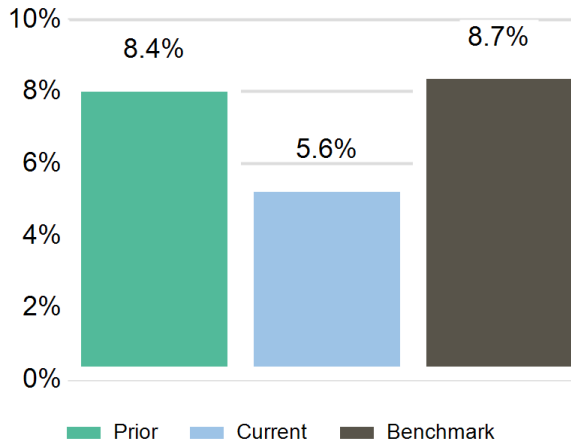
Top 5 Therapeutic Drug Class by Cost

Therapeutic Drug Class	Prescriptions	Claimants
Complement Inhibitors	25	1
Cystic Fibrosis Agents	15	1
Antineoplastic Enzyme Inhibitors	21	2
Antipsoriatics	29	4
Bradykinin B2 Receptor Antagonists	13	1

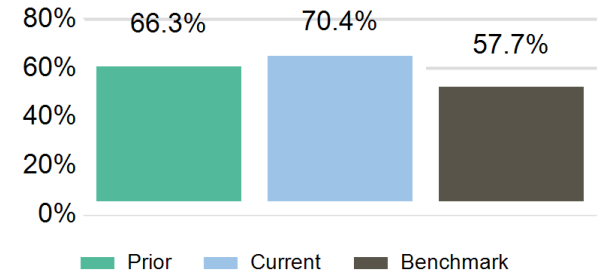
PAID PMPM



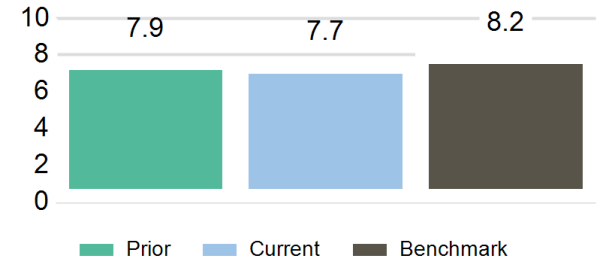
MEMBER COST-SHARE



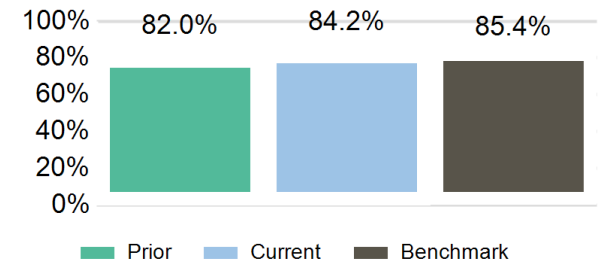
% SPECIALTY PAID



PRESCRIPTIONS PER MEMBER



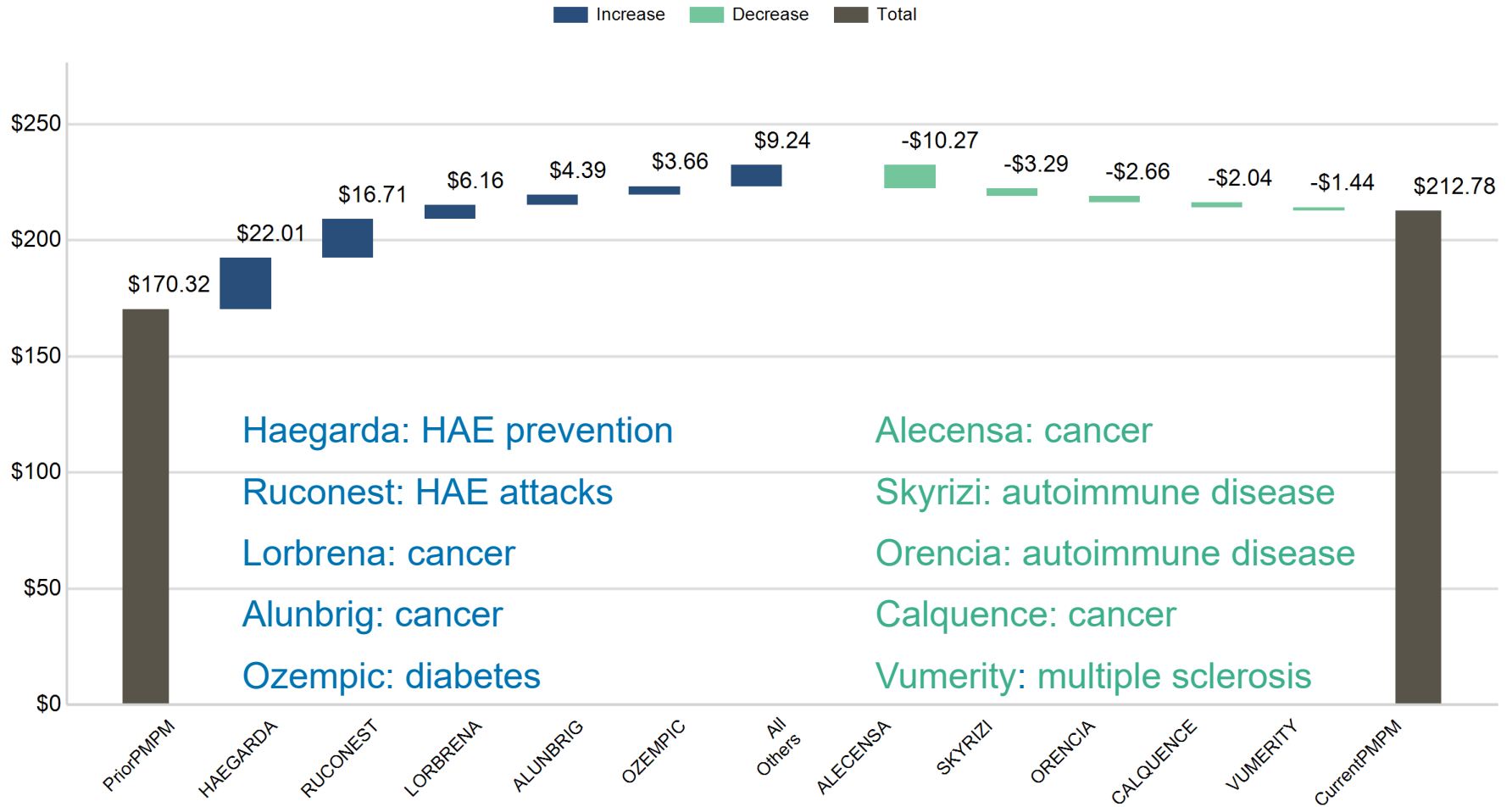
GENERIC DISPENSING RATE



Pharmacy Waterfall

- Pharmacy Paid PMPM increased 24.9% from prior period.
- The top 5 medications with PMPM increases and decreases from prior are shown in the table below.

Medications driving Pharmacy paid PMPM Trend



Pharmacy Trends Year over Year - Costs

- The top 20 Medications by cost in both time periods are shown in the table below.

Medication	Indication	Specialty Drug	Prior			Current		
			Claimants	Prescriptions	Paid PMPM	Claimants	Prescriptions	Paid PMPM
HAEGARDA	Hereditary Angioedema (HAE)	Y	1	4	\$11.52	1	13	\$33.53
RUCONEST	Hereditary Angioedema (HAE)	Y	1	5	\$12.01	1	12	\$28.72
TRIKAFTA	Cystic fibrosis	Y	1	15	\$20.01	1	15	\$20.38
ICATIBANT ACETATE	Hereditary Angioedema (HAE)	Y	1	17	\$12.30	1	13	\$14.79
STELARA	Autoimmune disease	Y	1	7	\$9.00	1	6	\$8.10
ALECENSA	Cancer	Y	1	13	\$11.13	1	1	\$0.85
HUMIRA PEN	Autoimmune disease	Y	1	13	\$4.71	2	16	\$5.49
VUMERITY	Multiple sclerosis	Y	1	12	\$5.51	1	9	\$4.07
OZEMPIC	Diabetes	N	7	47	\$2.89	20	95	\$6.55
DUPIXENT	Severe allergic diseases	Y	3	19	\$3.60	4	30	\$5.79
CRESEMBA	Fungal infection	N	1	5	\$4.15	1	5	\$3.91
COSENTYX SENSOREADY PEN	Autoimmune disease	Y	1	9	\$2.63	1	12	\$3.63
LORBRENA	Cancer	Y				1	11	\$6.16
IMBRUVICA	Cancer	Y	1	2	\$1.67	1	5	\$4.21
SKYRIZI PEN	Autoimmune disease	Y	1	2	\$2.19	1	3	\$3.30
ELIQUIS	Anticoagulant	N	13	52	\$2.12	14	71	\$2.85
BIKTARVY	HIV	Y	1	5	\$2.17	1	5	\$2.59
ALUNBRIG	Cancer	Y				1	4	\$4.39
CREON	Enzyme replacement	N	2	12	\$2.63	2	8	\$1.73
VYVANSE	Attention deficit disorder	N	21	117	\$2.16	22	94	\$1.70
ALL OTHER			1,124	10,933	\$57.93	1,142	11,215	\$50.06
TOTAL			1,125	11,289	\$170.32	1,143	11,643	\$212.78

Pharmacy Trends Year over Year - Utilization

- The top 20 Medications by utilization in both time periods are shown in the table below.

Medication	Indication	Prior			Current		
		Claimants	Prescriptions	Prescriptions per 1K	Claimants	Prescriptions	Prescriptions per 1K
LEVOTHYROXINE	Low thyroid	67	278	194.0	76	310	205.2
AMPHETAMINE/ DEXTROAMPHETAMINE	Attention deficit disorder	34	251	175.2	44	276	182.7
ATORVASTATIN	Cholesterol	71	218	152.2	64	203	134.4
ESCITALOPRAM	Behavioral health	52	194	135.4	51	187	123.8
OXYCODONE	Pain	66	153	106.8	74	194	128.4
BUPROPION ER (XL)	Behavioral health	44	154	107.5	47	192	127.1
LISINOPRIL	Heart/blood pressure	51	159	111.0	50	163	107.9
ALBUTEROL HFA	Asthma	97	145	101.2	96	148	98.0
TRAZODONE	Sleep	35	125	87.2	42	156	103.3
AMOXICILLIN	Infection	110	122	85.2	133	153	101.3
HYDROCODONE BITARTRATE/ACETAMINOPHEN	Pain	85	142	99.1	72	120	79.4
LOSARTAN	Heart/blood pressure	37	132	92.1	36	121	80.1
AMLODIPINE	Heart/blood pressure	35	129	90.0	37	121	80.1
SERTRALINE HCL	Behavioral health	35	128	89.3	38	116	76.8
ESTRADIOL	Hormone replacement	36	101	70.5	39	144	95.3
SERTRALINE	Behavioral health	32	134	93.5	28	93	61.6
TESTOSTERONE	Hormone replacement	27	108	75.4	26	110	72.8
ALPRAZOLAM	Behavioral health	30	104	72.6	31	112	74.1
VYVANSE	Behavioral health	21	117	81.7	22	94	62.2
CYCLOBENZAPRINE	Muscle spasm	49	92	64.2	67	120	79.4
ALL OTHER		1,067	8,304	5,796.2	1,071	8,512	5,634.9
TOTAL		1,125	11,289	7,879.7	1,143	11,643	7,707.6

Current Pharmacy Programs and Opportunities

	Program Implemented
	Opportunities exist
	Program not implemented

Programs	Description
Formulary	Standard Formulary with Drug Exclusions with Alternatives (RxEx) list; Optimum Value List (OVL) on the HSA plan
Benefit Design	3 tier: \$10 Tier 1, \$30 Tier 2, \$60 Tier 3 for PPO plan; 20% for HSA plan. Compounds Tier 3 - require prior authorization if over \$500; Consider adding a specialty tier to PPO plan & applying 50% coinsurance for compounds (standard).
Generics	Member pays the difference if fills a brand drug when a generic equivalent is available. MAC A applies to all plans
Specialty Select	Requires filling specialty drugs at a preferred specialty pharmacy to provide optimal drug cost and quality of service. Includes split fill program that reduces waste.
Coupon management	Coupon management programs that offer savings to members and clients for drugs that offer coupons. Coupon Accumulator (HSA plan). FlexAccess (PPO plan) effective 1/1/2024
Mail Order	Allows members to obtain greater than 30 days supply of long-term medications via mail. 1 copay for 90-day supply. Mail order provider: Express Scripts.
Medication Support	Embedded medication support in Regence.com. Consider Enhanced Medication Support (\$0.60 PEPM): addition of a medication effectiveness and cost transparency tool, additional campaigns, and 'ask-a-pharmacist'.
Site of Care program	Moving medical drug infusions to a lower cost infusion site when available (e.g., the home or an ambulatory site). Voluntary Infusion Drug Site of Care applies. Members are currently at all at preferred sites. Consider Mandatory program.
Utilization Management	Integrated prior authorization, step therapy and quantity limits for drugs on the pharmacy and medical benefit.
GuidedHealth®	Integrated medical and pharmacy program that identifies care gaps (poor drug adherence, safety issues); notifies provider/member through a phone calls and/or letter
Point-of-Sale Alerts	Identifies opportunities to improve safety and health outcomes for members (such as duplicate therapies or drug interactions) at point of sale in pharmacy
Controlled Substances	Evidence-based policies to ensure appropriate prescribing; suite of services to provide member support; point-of-sale alerts for pharmacists

Pharmacy Management Program Outcomes

\$39.61 PMPM value
(2023)



Formulary and Utilization Management

- Standard formulary with the Drug Exclusions with Alternatives (RxEx) list applied, prior authorizations, quantity limits

\$370,680 in estimated plan paid savings net of administrative fees (2023)



GuidedHealth®

- An integrated program utilizing pharmacy and medical data to identify and act on gaps in care

33 identified opportunities resolved
\$55,300 in estimated medical and pharmacy drug savings (2023)



IntegratedRx

- Provides savings and broader access to cancer and cystic fibrosis medications

\$26,947 in estimated plan savings for Lobrena, Alunbrig, and Imbruvica (2023)



Generic Savings Policy

- Member pays the difference for brands over generics (MAC A)

\$1,651 in plan paid savings from 3 utilizers, 3 claims (2023)



Rx Rebates

\$215,055 (2023)



Coupon Management

- Drug manufacturer coupon programs

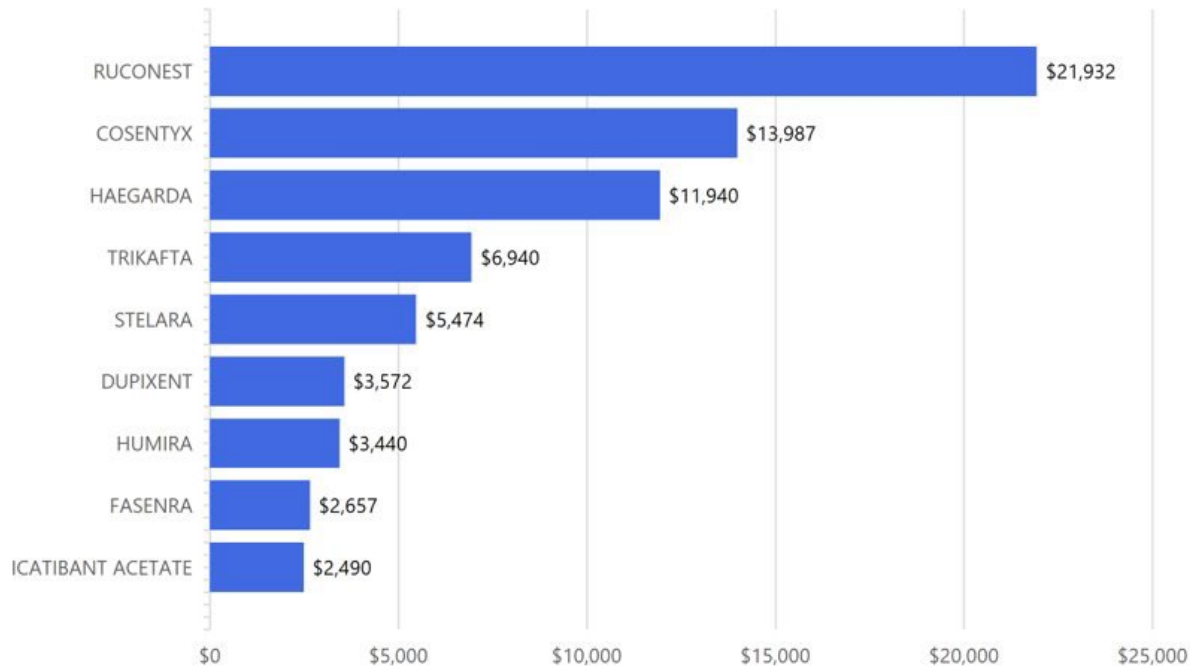
Coupon accumulator: \$3887 diverted from 1 utilizer (HSA)

Copay max: \$44,680 savings from 5 members, 31 claims (PPO) (2023)

FlexAccess Preliminary Savings (January 1 – March 31, 2024)

Claim Count	Member Count	Total Savings	Program Fee	Net Savings Per Claims
19	7	\$72,432.06	\$3,800.00	\$3,612.21

Therapeutic Category	Total Savings
HEMATOLOGICAL	\$36,362.00
AUTOIMMUNE	\$26,473.03
CYSTIC FIBROSIS	\$6,940.00
LUNG DISORDERS	\$2,657.03



Regence-Prime study demonstrates value of medical and pharmacy plan integration



12-17% lower total medical costs for common chronic conditions

\$1,363

lower for
diabetes

\$4,351

lower for
heart disease

\$1,708

lower for
depression



\$148

average PMPY medical
cost savings¹



15%

lower hospitalization rate



7%

fewer ER visits

¹Based on 2020 Pharmacy Benefit Integration Study performed by Regence and Prime Therapeutics using Regence medical and pharmacy claims data representing samples from Idaho, Oregon, Utah and Washington membership.

ONE BEST IN CLASS SOLUTION

Using actionable data insights, coordinated delivery, and a streamlined experience to give your members the integrated approach they expect and to give you the results you need

Improving Health and Productivity

- Identification of at-risk members for targeted outreach and timely intervention
- Effective care management engagement supported by access to holistic, integrated data
- Comprehensive member, provider, and pharmacy coordination to close gaps in care



Driving Greater Savings

- Cost avoidance from adherence improvement and closed gaps in care
- Specialty Rx management over medical and pharmacy benefits
- Lower medical Total Cost of Care coupled with industry-leading pharmacy initiatives

Generating Meaningful Customer Value

- One integrated plan: networks, policies, benefit design, and reporting system
- Simplified prior authorization process and communication
- One integrated team: account management & clinical
- One vendor contract and single point of contact
- Lower total admin fees

Improving Employee Experience

- One coordinated clinical experience
- Quicker, smoother access to prescriptions
- One ID card, customer care number, website/ mobile app
- Personalized navigation support and guidance to appropriate care/ therapies



	Finding	Considerations
Medical Spend	<p>Medical Paid PMPM decreased 7% from prior and is 1% above benchmark</p> <p>Decrease in paid PMPM driven by decrease in Inpatient Surgical admits per 1k</p>	<p>Continue to promote Primary Care to encourage early identification of health conditions and ongoing management of chronic health needs</p>
Pharmacy Spend	<p>Pharmacy paid PMPM increased 25% from prior and is 75% above benchmark</p> <p>Increase in paid PMPM driven by increase in Specialty drug paid per admit</p>	<p>Consider adding a specialty tier to the PPO plan and applying 50% cost-share on compounds</p>
Provider & ER Utilization	<p>81% of members had an office visit, 13.8 professional visits/member vs. 10.5 benchmark;</p> <p>115 ER visits/1k (-5% from prior) and is 31% below benchmark</p> <p>Potentially avoidable ER rate of 46% is above the benchmark rate of 42%</p>	<p>Promote Doctor on Demand and urgent care as an alternative to ER utilization</p> <p>Continue to promote primary care as a strategy to lower potentially avoidable ER visits</p>
Behavioral Health	<p>Behavioral health services per 1k increased 6% from prior and is 12% above benchmark</p>	<p>Promote Doctor on Demand - Behavioral Health (BH) and Regence’s virtual BH providers as telehealth options for behavioral health services</p>
Quality Measures	<p>Group is close to or above the 75th percentile for 5 out of 7 HEDIS measures.</p> <p>Opportunity to improve in women’s health/cancer screenings and well-child visits</p>	<p>Continue to encourage Primary care to promote care gap closures</p> <p>Encourage registration to Regence.com and response to care gaps text messaging</p> <p>Consider BeyondWell wellbeing program to encourage personal involvement with well-being and care</p>
Population Health	<p>Group has a higher prevalence of Chronic Pain and Back Pain compared to benchmark, and paid PMPM for Musculoskeletal diagnoses is above benchmark</p> <p>9% of members have hypertension and are responsible for 15% of the group's annualized costs</p>	<p>Consider Hinge Health program to provide members with access to tools to improve joint and muscle health</p> <p>Consider Omada or Livongo Program to support members with hypertension and diabetes</p>

Member facing engagement campaigns

Digital personalized engagement to create awareness and increase engagement

Regence.com and App Employer Engagement Toolkit

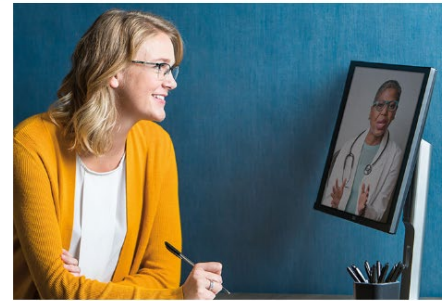


Empower employees to make the most of their health benefits

You're invested in the health of your employees and your business. To support you, we created this engagement toolkit you can use to encourage your employees to take full advantage of the benefits and cost-savings tools available to them on the Regence website and app—the best place for your employees to find care and personalized support.

In this toolkit, you'll find a collection of effective and easy-to-use engagement materials that drive adoption of the Regence website and app, including printable and digital materials. Use them all or share the items that work best for your organization and your employees.

DOCTOR ON DEMAND: Introduction and first-time setup



Welcome to telehealth benefits form Doctor on Demand

Your health care benefits include telehealth from Doctor on Demand. This means your employees can get reliable, 24/7 health care in minutes from the comfort of home or on-the-go, with personalized care and access to a national network of board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists.

This introductory toolkit will help you communicate Doctor on Demand benefits to your employees and help them get set for their first virtual appointment.

Download the engagement tools listed below and use them to communicate to your employees through your usual workplace channels. Each of the tools include easy links and phone numbers to get your employees started.

Behavioral Health Employer Engagement Toolkit



Empower employees to make the most of their health benefits

You're invested in the health of your employees and your business. To support you, we created this engagement toolkit you can use to encourage your employees to take full advantage of the benefits and cost-savings tools available to them on the Regence website and app—the best place for your employees to find care and personalized support.

In this toolkit, you'll find a collection of effective and easy-to-use engagement materials that increase awareness of behavioral health issues and the resources available to employees and their dependents through their health plan. Use them all or share the items that work best for your organization and your employees.

May is Mental Health Awareness Month!

This campaign can be deployed at any time of the year, but consider using it during the month of May to capitalize on other communications efforts.



Regence Empower Core Well-Being Engagement Toolkit Self- Insured (ASO)



Employer Engagement toolkit for all employees who reside in Clark County

Support the health and well-being of your employees and their family.

When your employees are feeling their best, your business reaps the rewards. With the Regence Empower core solution, we bring to you a turnkey program that supports employee health and encourages members on their journey with engaging content and up to \$25 in rewards available per member* per year.

This well-being solution is easily accessible to your members through regence.com or the Regence Empower app— and it's included in your Regence health plan.

*Eligible members include employees and covered spouses/partners on an ASO plan

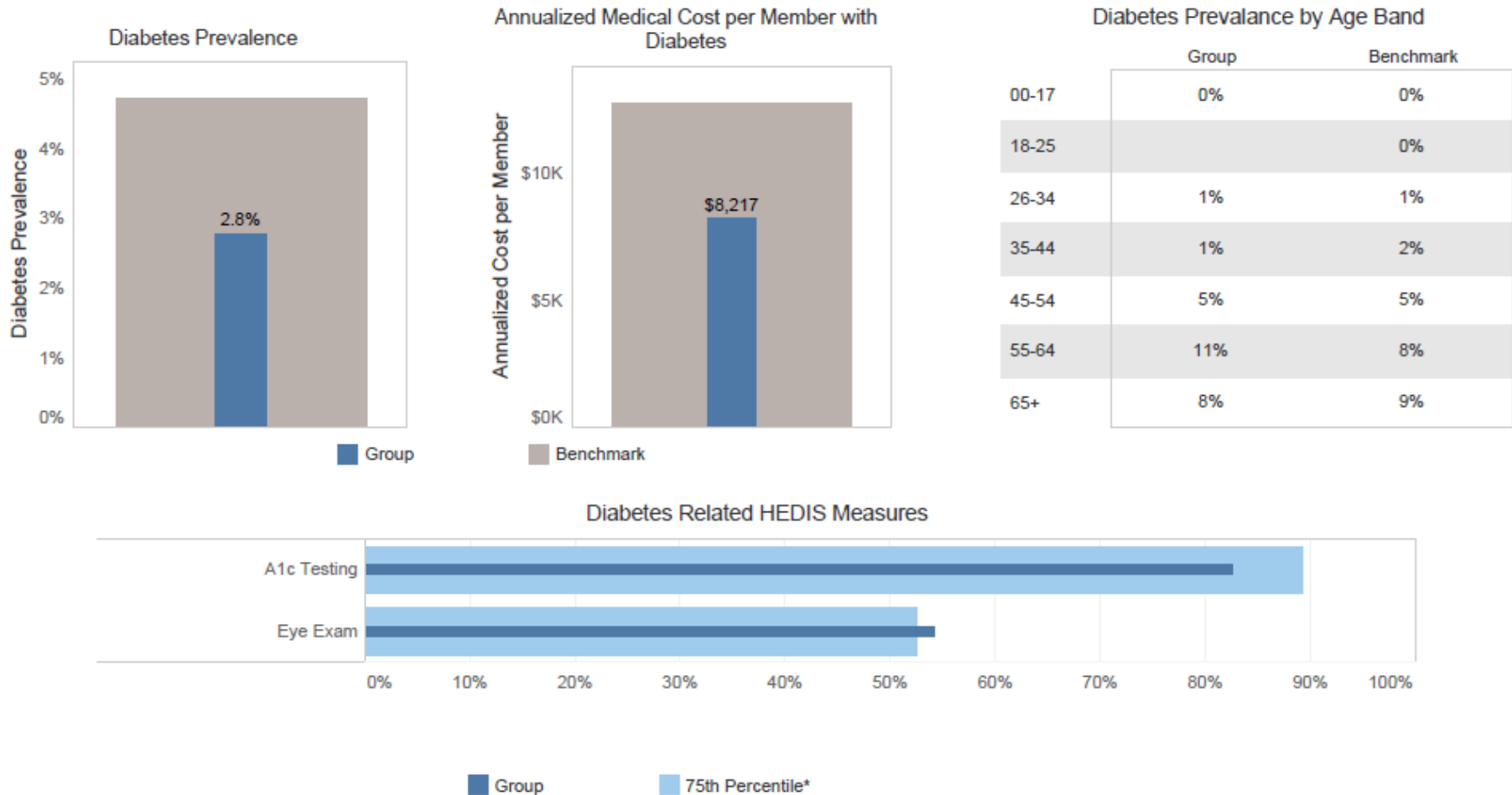


Opportunities

Option

- 42 diabetic members are responsible for 3.0% of the group's annualized costs (\$0.3M)
- The group's diabetes prevalence is 2.8% compared to the benchmark's rate of 4.8%

Option: Consider a **Diabetes Management Program** to support members with diabetes



o *HEDIS 75th Percentile: The 75th percentile indicates the compliance measure is higher than 75% of other health plans in a national dataset.
o Costs includes medical only, all pharmacy costs are excluded.

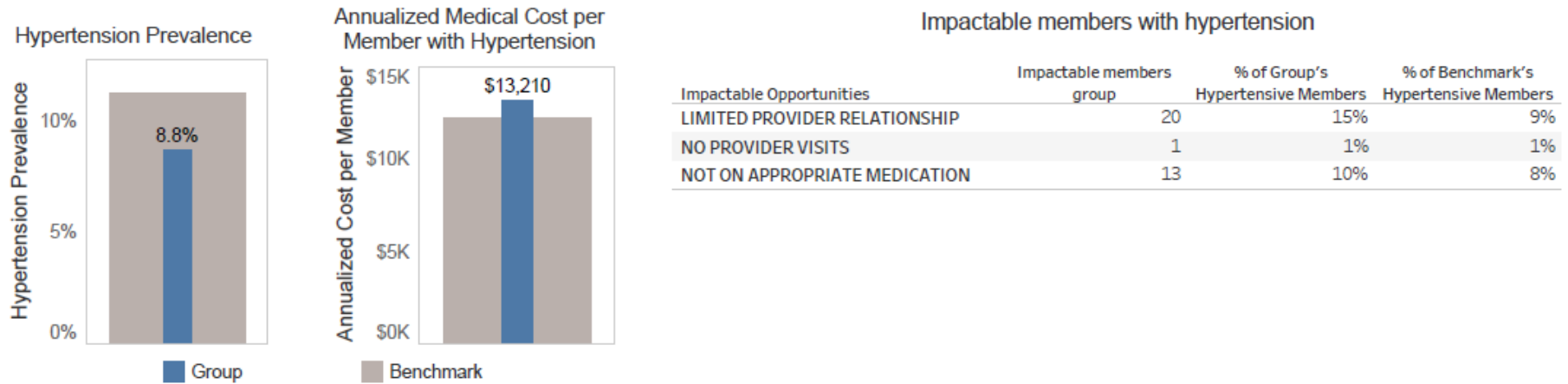
o Condition Prevalence Dates: Incurred 12/30/2022 - 12/29/2023, processed through 12/29/2023
o HEDIS Dates: Incurred 01/01/2022 - 12/31/2022, processed through 03/31/2023

Hypertension Opportunity

Option

- **8.8% (132)** of members have hypertension and are responsible for **15%** of the group's annualized costs (**\$2M**)
- **54.5% (72)** of the group's hypertensive members are Chronic At Risk compared to the benchmark's rate of **60.3%**

Option: Consider a **Hypertension Program** to support members with hypertension



Evidence Based Medicine - Medication Adherence Measures

Quality measure	Members with Gaps	Total Members	% Compliant Group	% Compliant Benchmark	Variance to Benchmark
Poor compliance filling ACE-inhibitor.	4	32	88%	91%	●
Poor compliance filling ARB.	1	41	98%	92%	●
Grand Total	5	73	93%	91%	●

Evidence-based medicine (EBM) combines the evidence from research with the clinical data derived from administrative records to identify areas of care in which you can intervene to improve member care and outcomes.

Green = Group Compliance difference from Benchmark Compliance is greater than 5%

Yellow = Group Compliance difference from Benchmark Compliance is less than 5% but greater than 0%

Red = Group Compliance difference from Benchmark Compliance less than or equal to 0%

*Compliant percentages require at least 30 total members in the quality measure

*Compliance is calculated as number of members without a gap divided by the total members within that quality measure

- Condition Prevalence Dates: Incurred 12/30/2022 - 12/29/2023, processed through 12/29/2023
- Evidence Based Medicine Data is derived from up to 36 months of the most recent claims data
- Costs includes medical only, all pharmacy costs are excluded.

Omada (comprehensive cardiometabolic program)

Changing mindsets to change health

Diabetes Prevention

- Connected scale to help track progress and feedback
- Reduction in cardiometabolic risk
- Peer group and community support
- Diabetes Prevention Program certified coach for one-on-one care planning

Diabetes Management

- Help with Type 1 & 2 diabetes
- Connected glucose monitor and scale
- Matched with a diabetes specialist
- Weekly coaching and diabetes support





Hypertension Management

- Connected blood pressure monitor for members with elevated BMI
- Peer group and community support
- Help for hypertension
- Hypertension specialist in addition to coach



Livongo by Teladoc Health

Four offerings to meet your needs

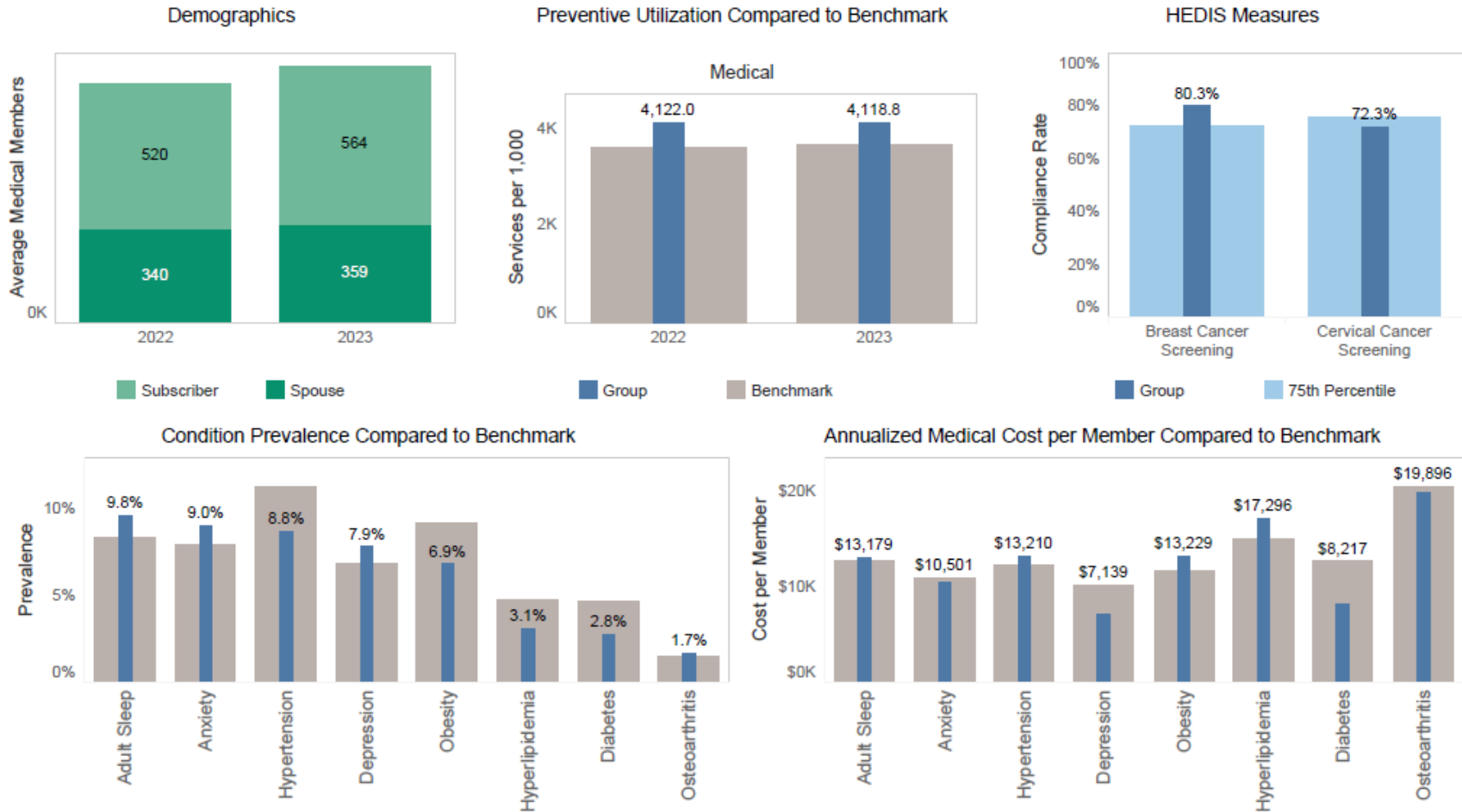
 Diabetes management	 Diabetes prevention	 Hypertension management	 Weight management
<ul style="list-style-type: none">• Connected glucometer and real-time insights• Unlimited test strips and lancets shipped to employee• 24/7 support from expert coaches	<ul style="list-style-type: none">• Connected smart scale• Unlimited one-on-one coaching• Community support and more	<ul style="list-style-type: none">• Connected blood pressure monitor• Personalized insights after each check• One-on-one support from expert coaches	<ul style="list-style-type: none">• Connected smart scale• Unlimited one-on-one coaching• Guided mini challenges and more



Option

- Group has a higher prevalence of Adults Sleep, Anxiety, and Depression conditions compared to benchmark. Adult Sleep, Hypertension, Obesity, and Hyperlipidemia have higher annualized cost per member compared to the benchmark.

Option: Consider **BeyondWell** to increase wellness engagement



o HEDIS 75th Percentile*: The 75th percentile indicates the compliance measure is higher than 75% of other health plans in a national dataset.
o Costs includes medical cost, pharmacy costs are excluded.

o Condition Prevalence Dates: Incurred 12/30/2022 - 12/29/2023, processed through 12/29/2023
o HEDIS Dates: 1/1/2022 - 12/31/2022, processed through 3/31/2023
o Preventive Dates: Incurred dates 1/1/2022 - 12/31/2023

BeyondWell PARTNER SOLUTION

Snapshot

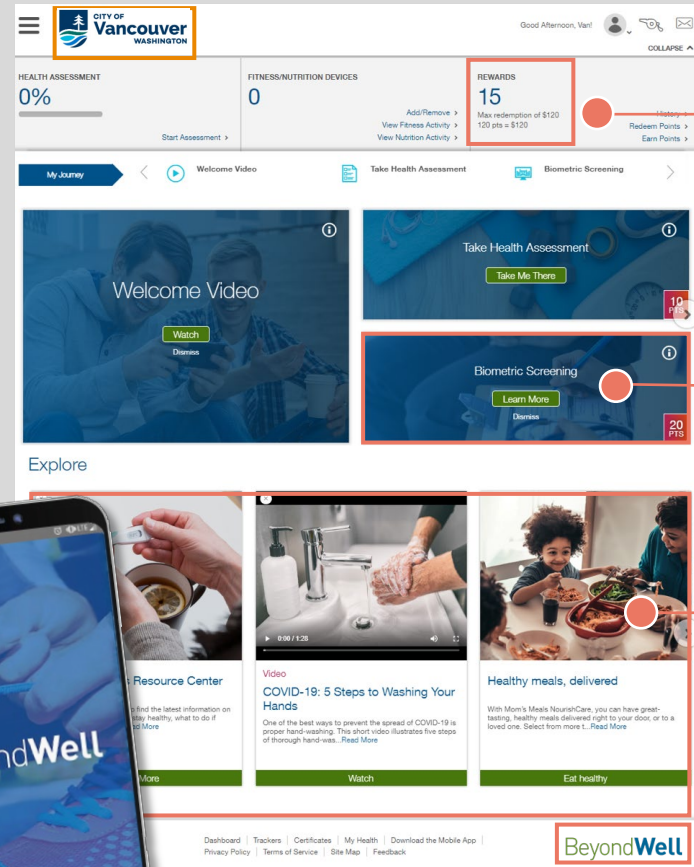
- Your personalized and custom well-being program

We'll collaborate together to:

Define engagement metrics and goals that matter most to the City and design a well-being program to meet those needs

Launch a custom well-being program that ALL employees will enjoy and engage in

Support your program's incentive campaigns with custom reporting and promotional materials



Convenient Utility bar

Personalized Well-being journey

Meaningfully Explore

Program & Services include:

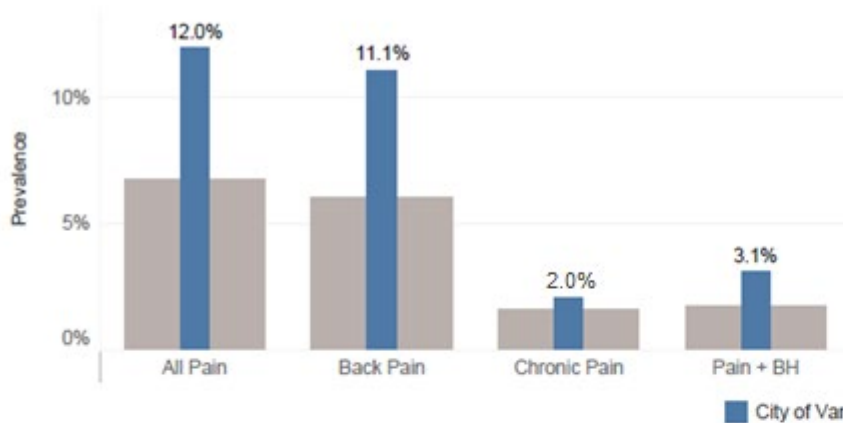
- Dedicated Client Success Manager
- Health Assessment
- Personal Challenges
- Biometric Screening Coordination
- Device Integration
- Health Library
- Mobile app
- Lifestyle Health Coaching and more!

BeyondWell is a separate and independent company that does not provide Blue Cross and Blue Shield products or services and are solely responsible for their products or services.

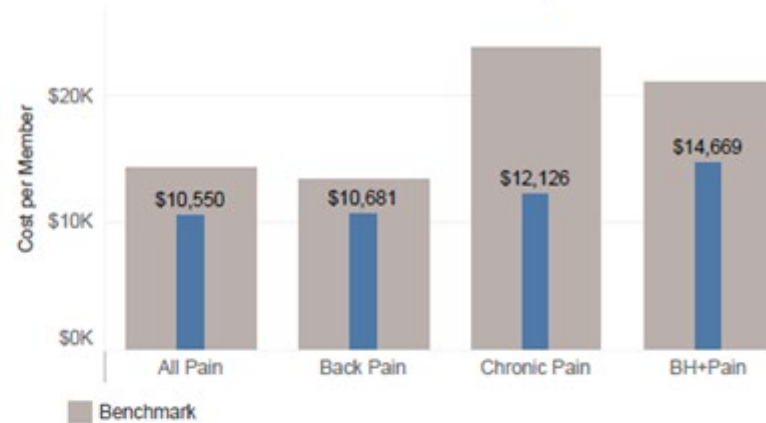
Option

- City of Vancouver's medical paid PMPM for musculoskeletal diagnoses is **greater than** the benchmark
 - **12.0% (178)** of members have pain and are responsible for **25.6%** of the group's annualized medical costs (**\$1.9M**)
- Option:** Consider **Hinge Health** to provide members with access to tools to improve joint and muscle health.

Chronic Condition Prevalence



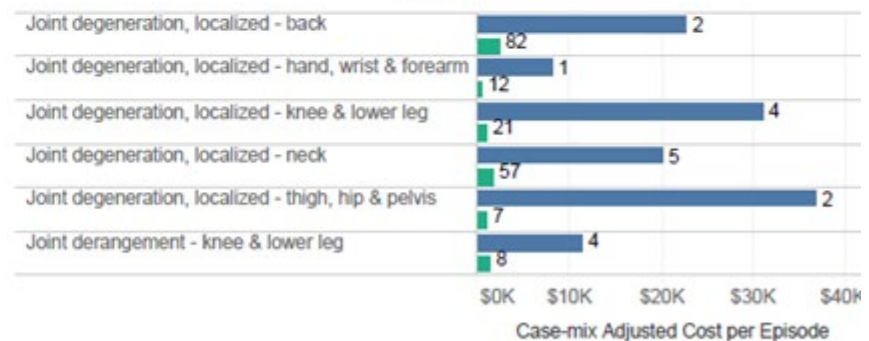
Chronic Condition Medical Cost per Member



Musculoskeletal Paid PMPM



Group Specific Utilization and Benchmark Cost of Joint ETGs



ETG = Episode Treatment Group
 Cost of Episodes is based on the benchmark's allowed costs for complete episodes, with outliers excluded.
 Episodes without surgery are case-mix adjusted to align with episodes with surgery to account for differences in portion of ETGs with comorbidity and complications.
 Cost per Member is based on the annualized allowed cost for members with a condition.
 Musculoskeletal Paid PMPM Benchmark is Regence 4-state Benchmark.

Chronic condition data incurred 1/27/2023 - 1/26/2024, processed through 1/26/2024
 ETG data incurred 10/01/2022 - 09/30/2023, processed through 10/2023
 Musculoskeletal Paid PMPM Current: processed 01/2023 - 12/2023



Hinge Health offers virtual exercise therapy

Musculoskeletal (MSK) in-home digital care

- Prevention, acute, chronic and surgery
- Complete clinical team, including health coaches
- Wearable sensors and easy-to-use app
- Live video conferencing
- Increased adherence to treatment

Results include:

- **55%** reduction in pain
- **72%** reduction in anxiety
- **8.8 out of 10** satisfaction
- **74%** reduction in depression
- **2 of 3** surgeries avoided
- **2 - 3.5x** return on investment

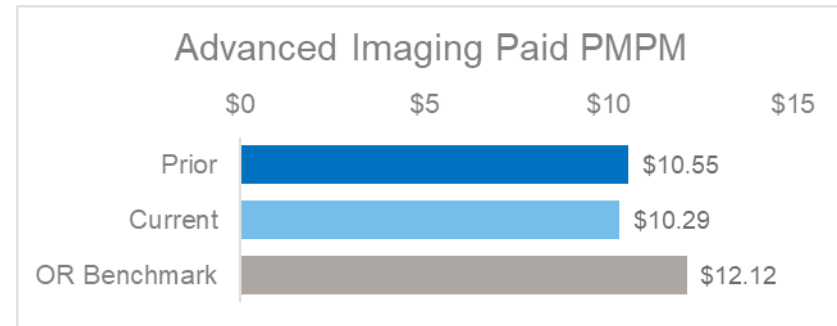
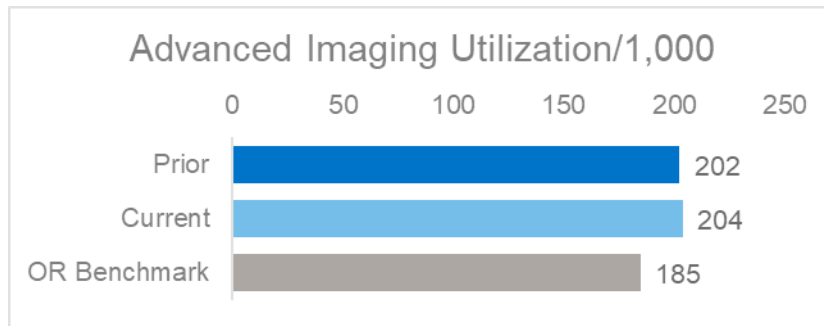


Radiology Full Utilization Management (UM) Program

Option

If you implement the Radiology Full UM Program you could save up to **\$24K - \$30K** (\$3.80 - \$4.70 PEPM)

Provides review of high-cost imaging services to ensure safety, quality and avoid unnecessary use of expensive and potentially dangerous imaging services.



Data based on claims incurred 10/2022 – 09/2023, paid through 12/2023

Utilization Management (UM)

Data-driven cost control focused on better health outcomes

Advanced Imaging Authorization

- Utilization Management for:
 - CT, CTA, nuclear cardiology, MRI, MRA, PET, SE/Resting transthoracic, TTE)/TEE
- Enhances quality of health care for diagnostic imaging studies using evidence-based medicine and outcomes research from numerous resources
- Promotes the use of advanced diagnostic imaging services based on widely accepted clinical judgment
- Encourages standardization of medical practice patterns
- Reduces variation in clinical evaluation through provider education and collaboration

Partner solution: Carelon

Total Membership for SOC eligible Infusion Drugs	6
Members in Approved Alternative Care Facilities	6
Total Paid SOC Infusion Dollars	\$173,415

Infusion Claim Summary by Infusion

	Members in Approved Alternative Care Facilities			
	Distinct Member Count	Distinct Event Count	Percent of Events	Total Paid SOC Infusion Dollars
ENTYVIO	2	14	100%	\$86K
INFLECTRA	3	18	100%	\$16K
OCREVUS	1	3	100%	\$71K
Grand Total	6	35	100%	\$173K

Dates of Service: incurred January 2023-December 2023



Infusion site of care

Infused drugs billed as a part of the medical plan rather than pharmacy plan can vary in cost depending on the treatment location

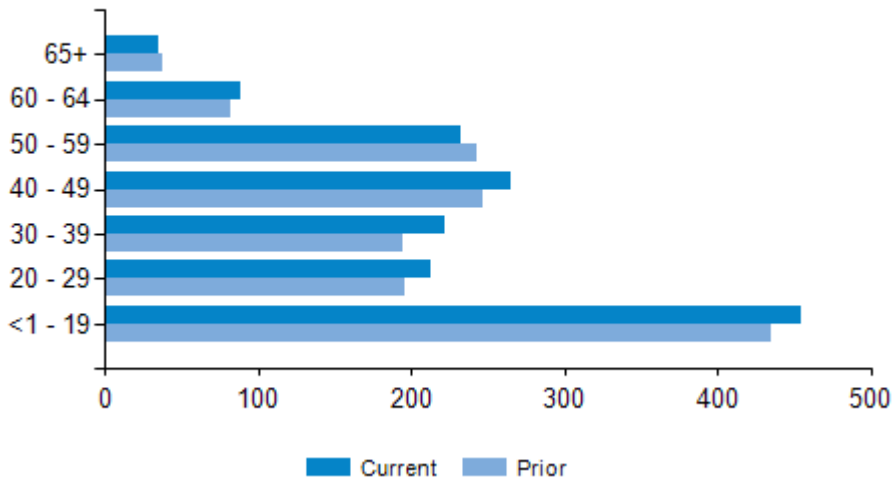
Employer Advantages	Member Advantages
<ul style="list-style-type: none">• Lowers plan and employee costs• May improve compliance with treatment regimens	<ul style="list-style-type: none">• Lowers member costs• Reduces unnecessary exposure in higher-acuity settings• Helps members navigate their options



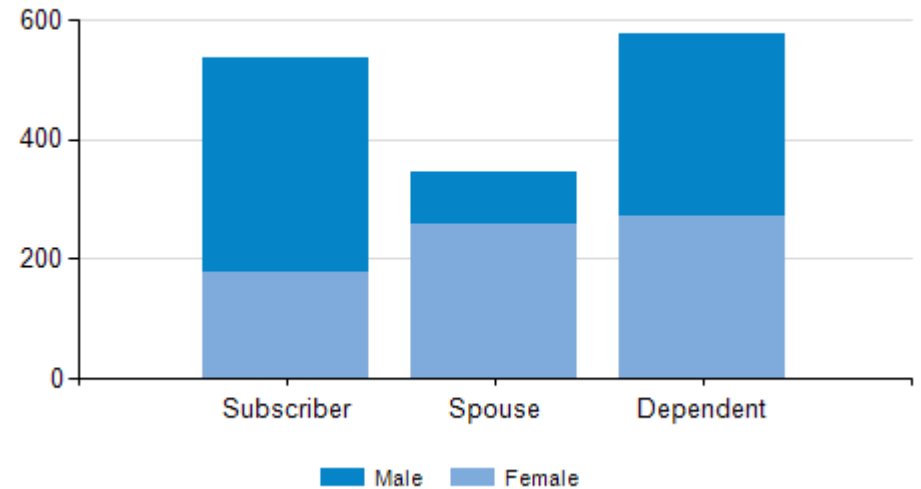
Appendix

Demographics	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
Average Membership	1,433	1,511	5.4%		
Subscribers	520	564	8.3%		
Spouses	340	359	5.7%		
Dependents	573	588	2.6%		
Average Contract Size	2.8	2.7	-2.7%		
% Female	48.5%	49.3%	1.7%	49.3%	
Average Age	33.4	33.1	-1.1%	33.0	0.2%
Subscribers	46.1	45.2	-2.0%	45.1	0.2%
Spouses	47.1	46.3	-1.8%	46.2	0.1%
Dependents	13.8	13.4	-3.2%	13.0	2.6%

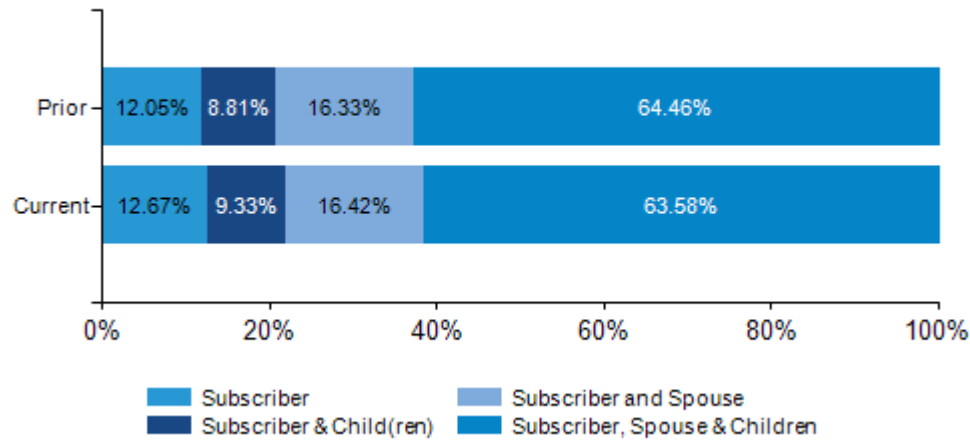
Average Members by Age Band



Gender Ratio by Relationship



% of Total Members of Enrollment Tier



Members by Class Plan

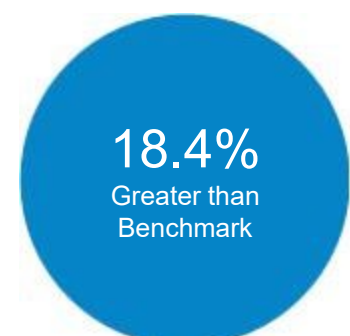
Top 3 Class Plans	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change
MESA1001 - ASC Custom Product 1	1,010.2	1,056.9	4.6%
MHSA1001 - HSA Medical Plan 1	300.4	337.6	12.4%
MESA2001 - ASC Custom Product 2	122.1	116.1	-4.9%
All Other			
Summary	1,432.7	1,510.6	5.4%

Top 5 Member States	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change
WA	1,262.7	1,357.0	7.5%
OR	130.6	132.3	1.3%
AZ	12.3	7.7	-37.5%
CA	4.1	4.8	18.4%
NM	4.0	4.3	8.3%
Top 5 States Summary	1,413.7	1,502.9	6.3%
All Other States	19.0	7.7	-59.6%
Overall Summary	1,432.7	1,510.6	5.4%

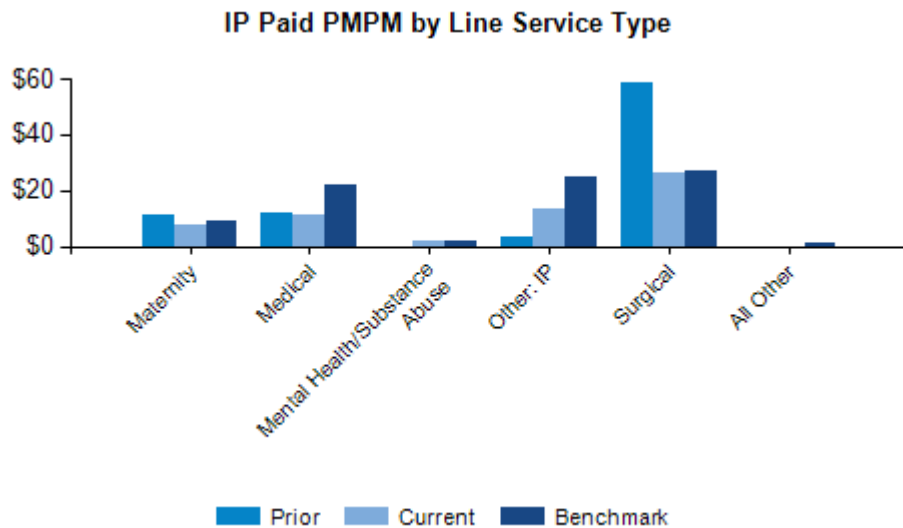
- Average Members increased 5.4% compared to the prior reporting period and Average Subscribers increased 8.3%.
- The population is 49.3% female with an overall average age of 33.1 years (see Enrollment Overview page).
- 63.6% of members are enrolled in the Subscriber, Spouse & Children enrollment tier.
- Enrollment in the MESA1001 - ASC Custom Product 1 class plan increased 4.6% compared to the prior reporting period.
- There are 35 members in the group that are over the age of 65 as of the current reporting period (see Enrollment Overview page).

Cost & Utilization Key Indicators

Service Category	Metric	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
Facility Inpatient	Allowed PMPM	\$92.71	\$62.97	-32.1%	\$91.91	-31.5%
	Paid	\$1,463,717.35	\$1,087,727.83	-25.7%		
	Paid PMPM	\$85.14	\$60.01	-29.5%	\$85.79	-30.1%
	Admissions	55	53	-3.6%		
	Admissions Per 1,000	38.4	35.1	-8.6%	37.0	-5.2%
	Days Per 1,000	121.5	173.4	42.8%	192.0	-9.7%
	Average Length of Stay	3.2	4.9	56.3%	5.9	-15.5%
	Paid Per Admission	\$26,613.04	\$20,523.17	-22.9%	\$29,309.25	-30.0%
	Paid Per Day	\$8,412.17	\$4,151.63	-50.6%	\$5,159.75	-19.5%
Facility Outpatient	Allowed PMPM	\$92.01	\$86.19	-6.3%	\$130.46	-33.9%
	Paid	\$1,363,453.93	\$1,359,246.98	-0.3%		
	Paid PMPM	\$79.31	\$74.98	-5.5%	\$111.88	-33.0%
	Visits	365	336	-7.9%		
	Visits Per 1,000	254.8	222.4	-12.7%	376.7	-41.0%
	Paid Per Visit	\$3,735.49	\$4,045.38	8.3%	\$3,211.56	26.0%
Professional	Allowed PMPM	\$313.81	\$321.50	2.5%	\$245.49	31.0%
	Paid	\$4,464,862.30	\$4,709,269.11	5.5%		
	Paid PMPM	\$259.71	\$259.79	0.0%	\$194.06	33.9%
	Services	38,821	39,916	2.8%		
	Services Per Member	27,097.0	26,424.2	-2.5%	21,467.8	23.1%
	Paid Per Service	\$115.01	\$117.98	2.6%	\$106.63	10.6%
Medical Summary	Allowed PMPM	\$498.53	\$470.67	-5.6%	\$467.86	0.6%
	Paid	\$7,292,033.58	\$7,156,243.92	-1.9%		
	Paid PMPM	\$424.15	\$394.78	-6.9%	\$391.73	0.8%
	In-Network Paid %	99.1%	98.4%		98.5%	
	In-Network Services %	97.7%	97.8%		97.4%	
	Plan Share %	87.4%	86.6%		84.4%	
Pharmacy	Allowed PMPM	\$186.99	\$227.24	21.5%	\$135.57	67.6%
	Paid	\$2,928,145.33	\$3,857,140.45	31.7%		
	Paid PMPM	\$170.32	\$212.78	24.9%	\$121.41	75.3%
	Prescriptions	11,289	11,643	3.1%		
	Prescriptions Per Member	7.9	7.7	-2.2%	8.2	-6.1%
	Prescriptions Per 1,000	7,879.7	7,707.6	-2.2%	8,211.2	-6.1%
	Paid Per Prescription	\$259.38	\$331.28	27.7%	\$175.83	88.4%
Overall Summary	Allowed PMPM	\$685.52	\$697.90	1.8%	\$603.43	15.7%
	Paid	\$10,220,178.91	\$11,013,384.37	7.8%		
	Paid PMPM	\$594.47	\$607.57	2.2%	\$513.13	18.4%

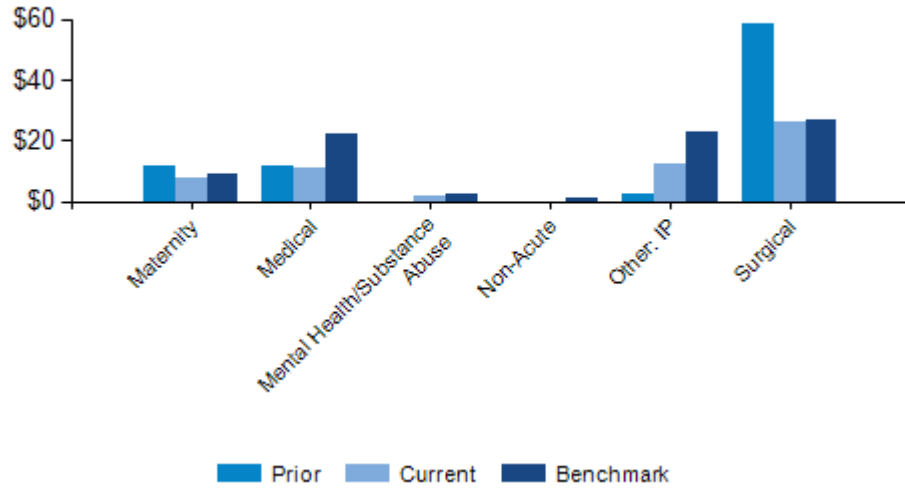


Metrics	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
IP Allowed	\$1,593,818.86	\$1,141,529.32	-28.4%		
IP Allowed PMPM	\$92.71	\$62.97	-32.1%	\$91.91	-31.5%
IP Paid	\$1,463,717.35	\$1,087,727.83	-25.7%		
IP Paid PMPM	\$85.14	\$60.01	-29.5%	\$85.79	-30.1%
Admissions	55	53	-3.6%		
Admissions per 1,000	38.4	35.1	-8.6%	37.0	-5.2%
Paid per Admission	\$26,613.04	\$20,523.17	-22.9%	\$29,309.25	-30.0%
Days	174	262	50.6%		
Days per 1,000	121.5	173.4	42.8%	192.0	-9.7%
Paid per Day	\$8,412.17	\$4,151.63	-50.6%	\$5,159.75	-19.5%
Average Length of Stay	3.2	4.9	56.3%	5.9	-15.5%

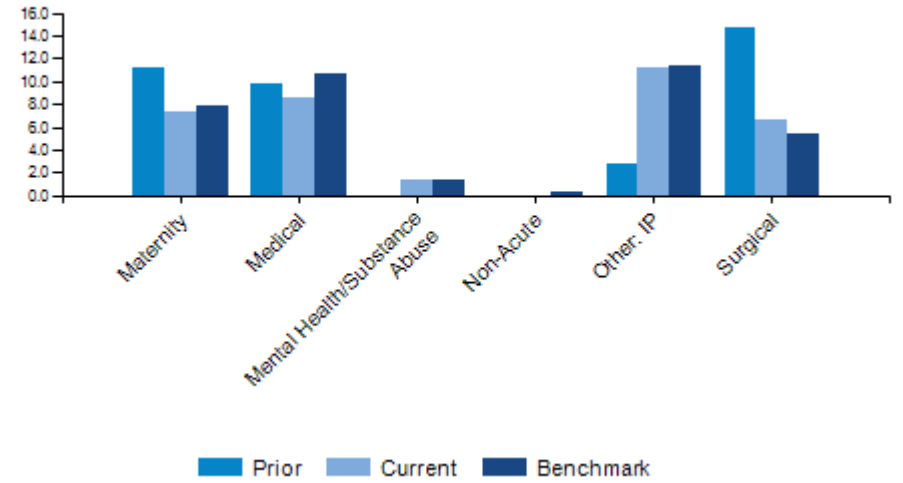


- IP Paid PMPM decreased 29.5% compared to the prior reporting period and was 30.1% less than the benchmark.
- The Line Service Type with the highest IP Paid PMPM in the current period was Surgical at \$26.09.
- Admissions per 1,000 at 35.1 in the current period, is trending down compared to the prior period and is less than the benchmark value of 37.0.

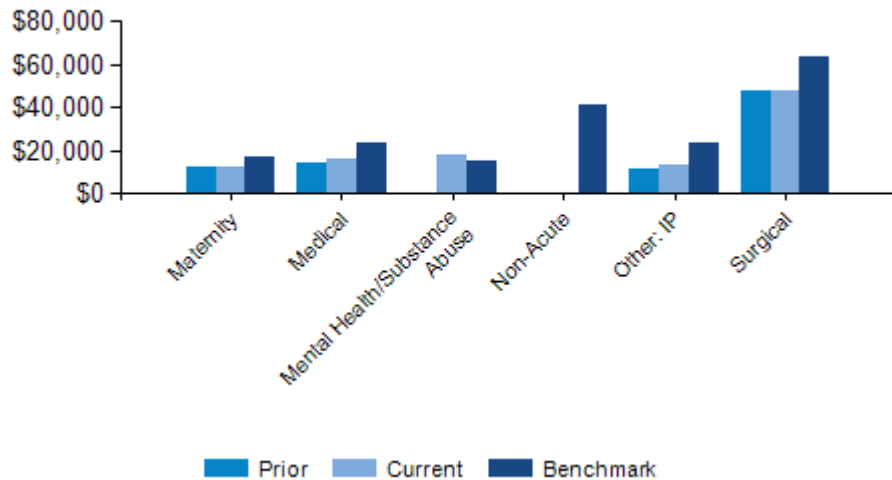
IP Paid PMPM by Event Service Type



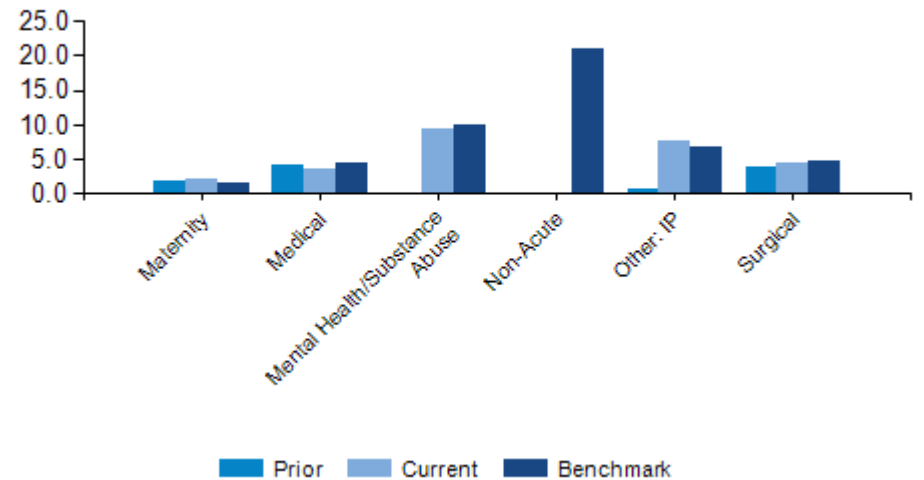
Admissions per 1,000 by Event Service Type



Paid per Admission by Event Service Type

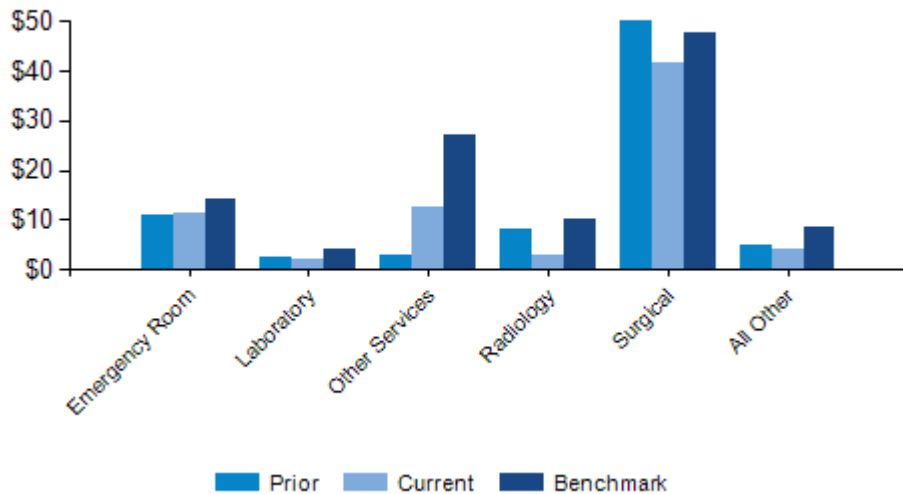


Average Length of Stay by Event Service Type



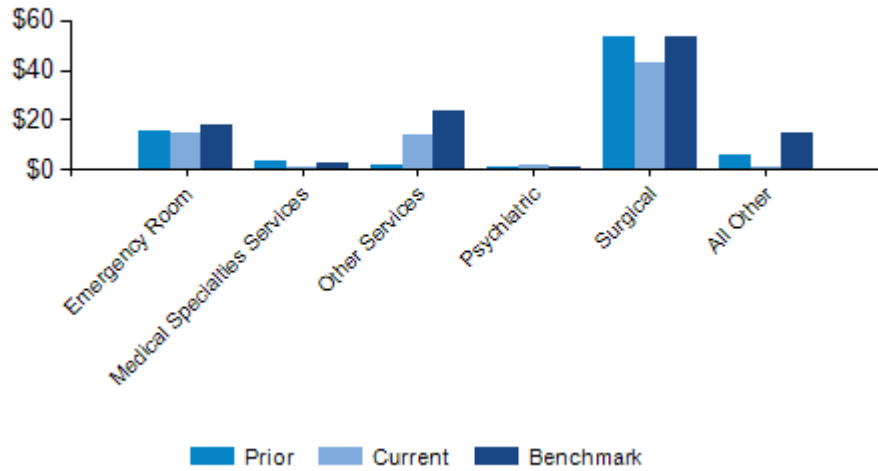
Metrics	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
OP Allowed	\$1,581,852.84	\$1,562,356.60	-1.2%		
OP Allowed PMPM	\$92.01	\$86.19	-6.3%	\$130.46	-33.9%
OP Paid	\$1,363,453.93	\$1,359,246.98	-0.3%		
OP Paid PMPM	\$79.31	\$74.98	-5.5%	\$111.88	-33.0%
Visits	365	336	-7.9%		
Visits per 1,000	254.8	222.4	-12.7%	376.7	-41.0%
Paid per Visit	\$3,735.49	\$4,045.38	8.3%	\$3,211.56	26.0%

OP Paid PMPM by Line Service Type

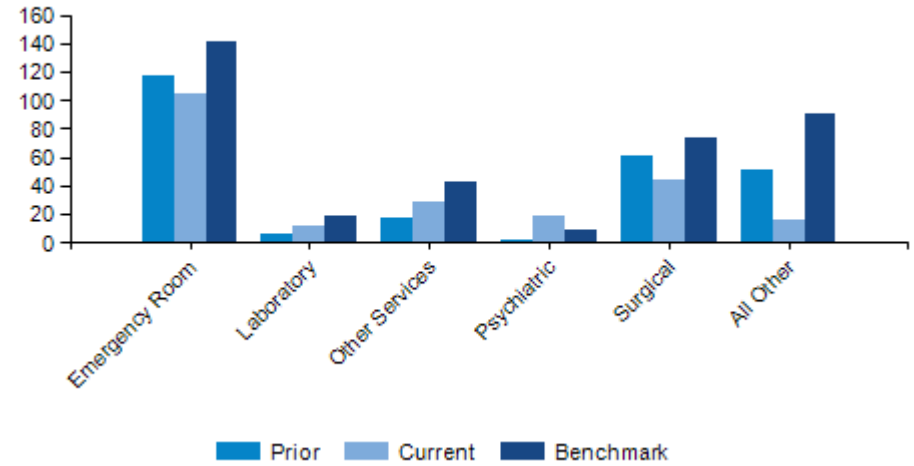


- OP Paid PMPM decreased 5.5% compared to the prior reporting period and was 33.0% less than the benchmark.
- The Line Service Type with the highest OP Paid PMPM in the current period was Surgical at \$41.50.
- Visits per 1,000 at 222.4 in the current period is trending down compared to the prior period and is less than the benchmark value of 376.7.

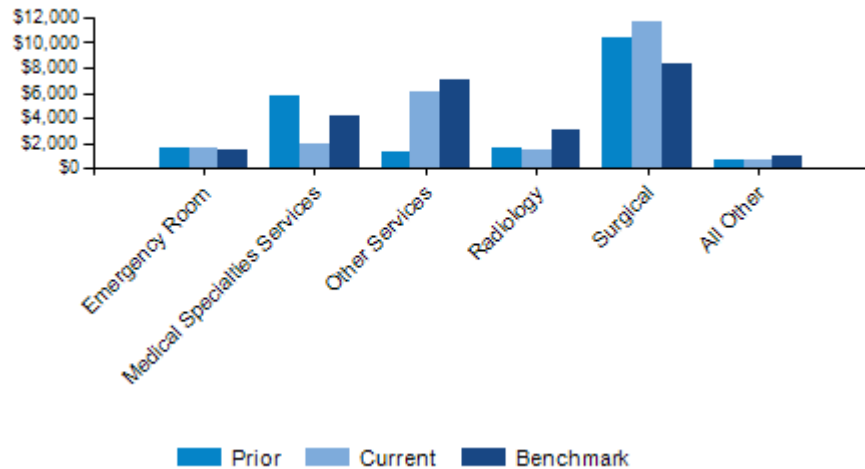
OP Paid PMPM by Event Service Type



OP Visits per 1,000 by Event Service Type



Paid per Visit by Event Service Type



- Surgical was the event service type with the highest paid PMPM for outpatient services in the current reporting period. Paid PMPM decreased 19.7% compared to the prior reporting period and was 19.4% less than the benchmark.
- Emergency Room had the highest rate of visits per 1,000 in the current reporting period.
- Surgical had the highest amount paid per visit in the current reporting period.

Metrics	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
ER Allowed	\$467,736.62	\$504,223.92	7.8%		
ER Allowed PMPM	\$27.21	\$27.82	2.2%	\$37.77	-26.4%
ER Paid	\$359,657.80	\$373,211.08	3.8%		
ER Paid PMPM	\$20.92	\$20.59	-1.6%	\$28.12	-26.8%
ER Visits	173	173	0.0%		
ER Visits per 1,000	120.8	114.5	-5.2%	165.6	-30.8%
Allowed per ER Visit	\$2,703.68	\$2,914.59	7.8%	\$2,715.70	7.3%
Paid per ER Visit	\$2,078.95	\$2,157.29	3.8%	\$2,013.62	7.1%
% of Claimants w/ 3+ ER Visits	4.9%	5.0%	2.1%	7.1%	-29.4%

ER Utilization by Top 5 Diagnosis Group

Diagnosis Group	ER Paid	ER Visits	Paid per ER Visit	ER Visits per 1,000
Symptoms/Ill-Defined	\$134,979.68	48	\$2,812.08	32
Digestive	\$54,755.94	11	\$4,977.81	7
Circulatory	\$47,495.71	20	\$2,374.79	13
Injury/Poisoning	\$38,383.76	25	\$1,535.35	17
Genitourinary	\$17,594.56	11	\$1,599.51	7
All Other	\$80,001.43	58	\$1,379.34	38
Total	\$373,211.08	173	\$2,157.29	115

ER Utilization by Visit Count

ER Visits	% of ER Utilizers	ER Visits	ER Paid
1	7.2%	122	\$231,911.01
2	1.3%	22	\$30,174.91
3	0.5%	9	\$14,543.02
4	0.2%	4	\$2,841.78
5+	0.9%	16	\$93,740.36
Total	10.1%	173	\$373,211.08

- ER Paid PMPM decreased 1.6% between the two reporting periods and was 26.8% less than the benchmark.
- ER visits per 1,000 decreased 5.2% between the two reporting periods and was 30.8% less than the benchmark.

ER Details

- CITY OF VANCOUVER's avoidable ER rate of 46.4% is above the Regional Comparison - Oregon book of business benchmark of 41.7%.
 - The top avoidable ER Diagnosis was Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified.

Top 10 CCSR Diagnosis - All ER

CCS ICD Diagnosis Group	Total ER Visits
Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	48
Injury, Poisoning and Certain Other Consequences of External Causes	25
Diseases of the Circulatory System	20
Diseases of the Digestive System	11
Diseases of the Genitourinary System	11
Diseases of the Musculoskeletal System and Connective Tissue	11
Diseases of the Respiratory System	11
External Causes of Morbidity	7
Diseases of the Nervous System	6
Certain Infectious and Parasitic Diseases	4
All Others	18
Total	172

Top 10 ER Providers

Provider Name	Total ER Visits
LEGACY SALMON CREEK HOSPITAL [P:198339]	79
PEACEHEALTH SOUTHWEST MEDICAL CENTER [P:75698]	35
LEGACY EMANUEL HOSP & HLTH CTR [P:67106]	15
OHSU HOSPITAL AND CLINICS [P:67082]	7
TUALITY COMMUNITY HOSPITAL [P:67092]	3
ST JOHN MEDICAL CENTER [P:900009451]	3
SAMARITAN LEBANON COMMUNITY HOSPITAL [P:67116]	2
PROVIDENCE PORTLAND MEDICAL [P:68028]	2
MID-COLUMBIA MEDICAL CENTER [P:67081]	1
All Others	12
Total	172

Top 10 Member Locations

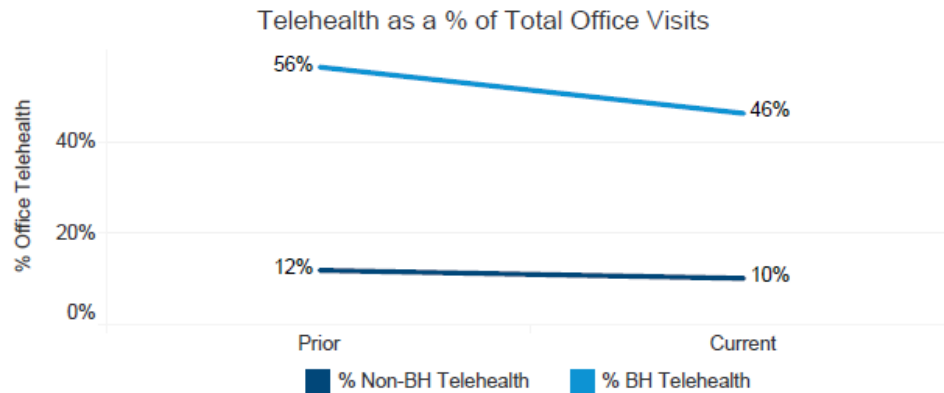
Member Core Based Statistical Area	Potentially Avoidable %	Total ER Visits
38900 - Portland-Vancouver-Hillsboro, OR-WA	48.3%	161
31020 - Longview, WA	52.1%	9
25840 - Hermiston-Pendleton, OR	0.0%	2
All Others		0
Total	46.4%	172

Top 10 CCSR Diagnosis - Avoidable ER

CCS ICD Diagnosis Group	Total ER Visits
Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	33
Diseases of the Circulatory System	8
Diseases of the Genitourinary System	7
Diseases of the Respiratory System	5
Diseases of the Digestive System	4
Diseases of the Musculoskeletal System and Connective Tissue	4
Diseases of the Ear and Mastoid Process	1
All Others	
Total	62

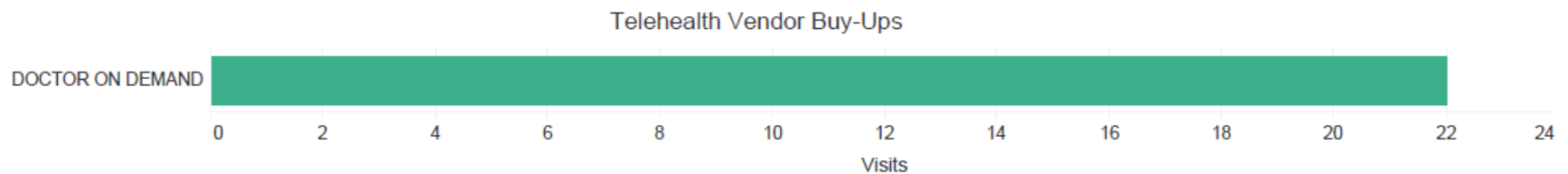
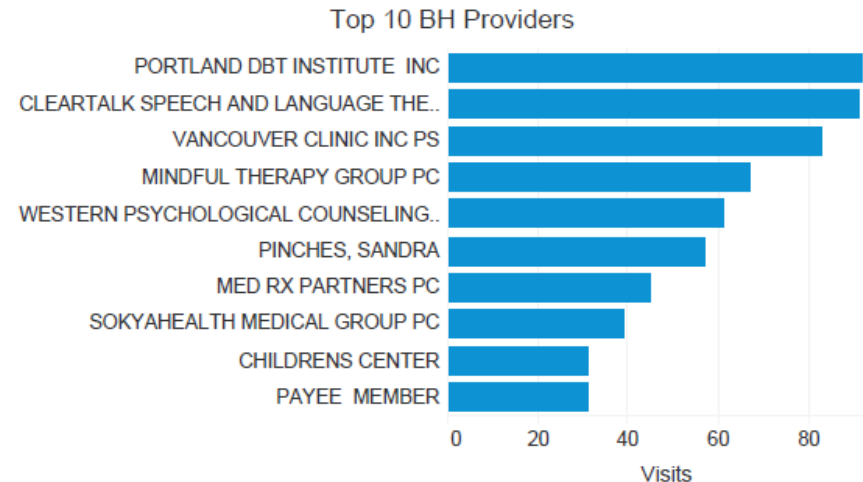
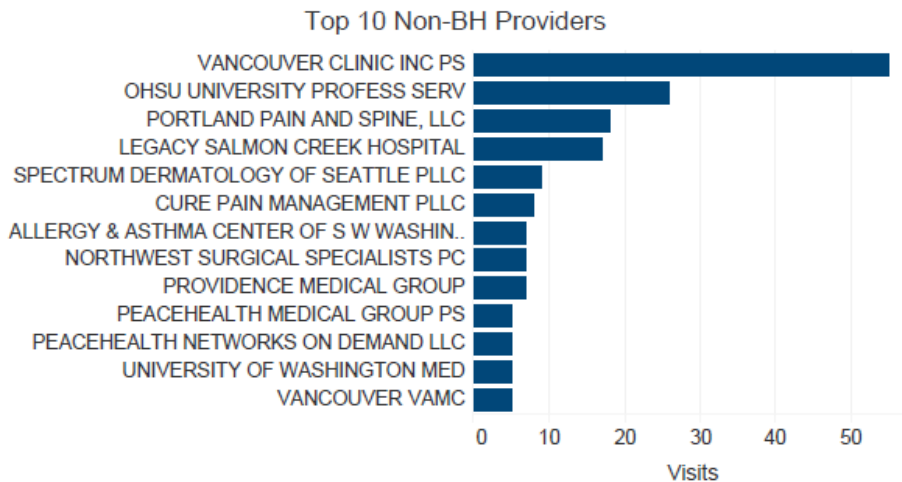
Telehealth

How often do your members utilize Telehealth providers?



Top 10 Diagnoses

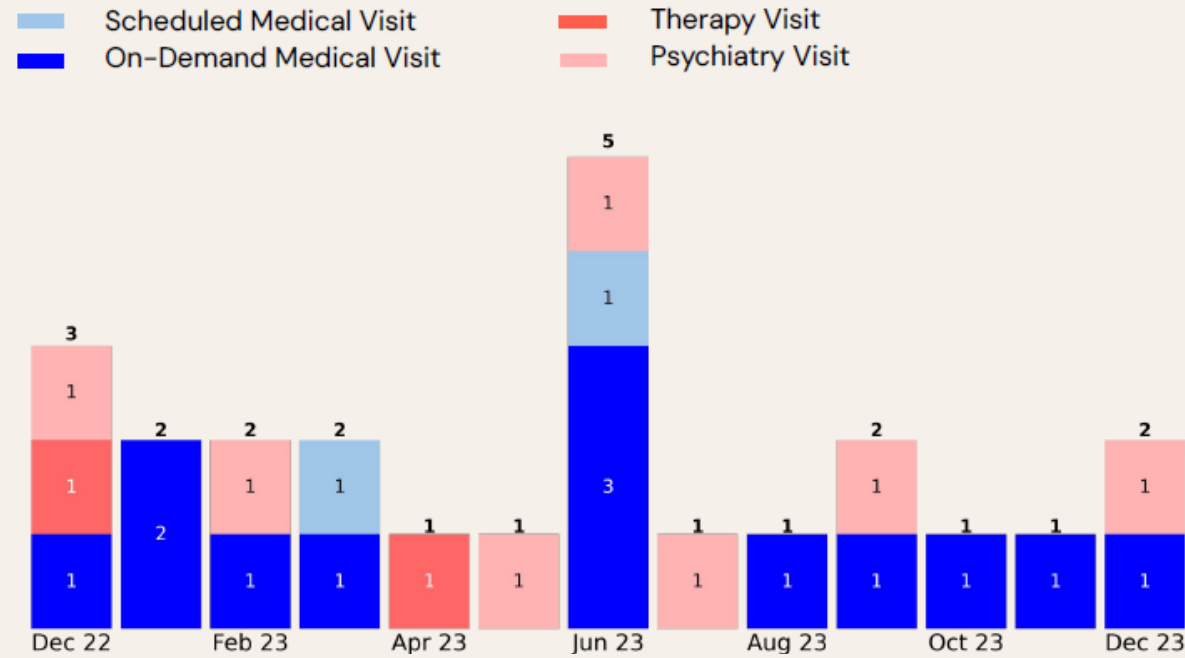
Diagnosis	Visits
Other anxiety disorders	472
Reaction to severe stress, and adjustment disorders	411
Major depressive disorder, recurrent	201
Attention-deficit hyperactivity disorders	159
Specific developmental disorders of speech and language	72
Depressive episode	52
Eating disorders	41
Sleep disorders	34
Persons encountering health services for other counseling and ..	33
Irritable bowel syndrome	25



Current Period: Paid 01/2023 - 12/2023
 Prior Period: Paid 01/2022 - 12/2022
 Providers listed as PAYEE MEMBER represents claims submitted by members for reimbursement.

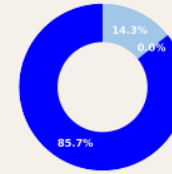
Doctor on Demand Utilization (December 2022 – December 2023)

Medical & Behavioral Health Visits (Rolling 12 Months)



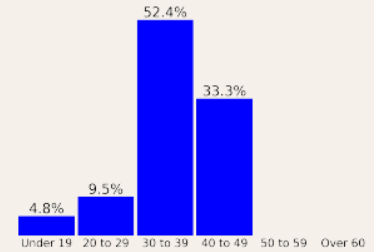
Visits by Reported Gender Year to Date

Female Male Other

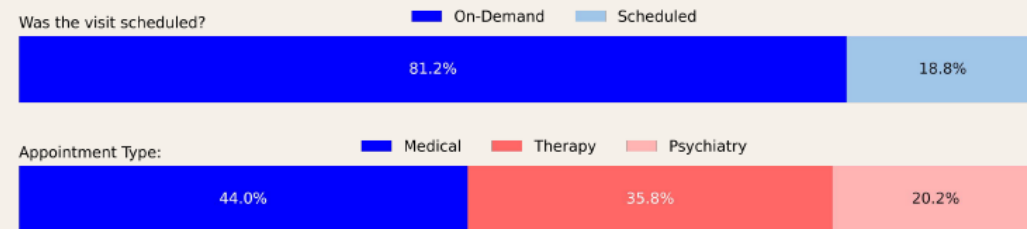


Visits by Age Year to Date

Percent Distribution

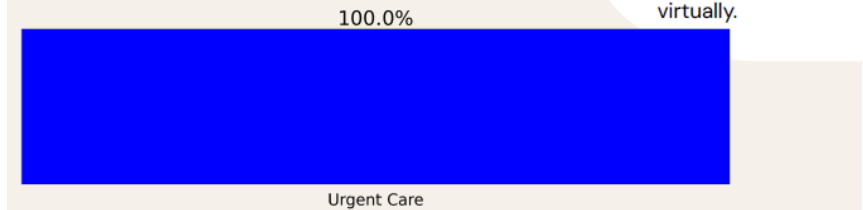


Member Demand by Visit Type Life to Date



Without Included Health, where would you have gone?

Percent Response Life to Date



We help members avoid unnecessary in-person visits by treating their needs virtually.

Member Experience Metrics	This Month	Life to Date
Average Member Rating	5.0 / 5 (N = 1)	4.95 / 5 (N = 73)
Average Wait Time for On-Demand Medical Appointments	0.7 min	12.95 min

In-Network Virtual Behavioral Health Providers & Tools

AbleTo Therapy+

Eight-week series of one-on-one therapy sessions with a licensed therapist by phone or video, with digital tools for support between sessions

Ages 18+

Boulder

Virtual care and medication assisted treatment for substance use disorders. Boulder Care's unique model includes peer and social services support

Ages 18+

charlie health

Virtual group, family, and individual therapy, specialized tracks in DBT, LGBTQ+ and trauma. Trauma informed, masters level clinicians use evidence-based therapy techniques including CBT, DBT skills and EMDR

Ages 12-30 (in certain circumstances ages 11-33)



Treats patients with eating disorders including anorexia, bulimia, binge eating disorder, ARFID, and OSFED

Ages 6+



Prevention, early identification, and treatment of mental health and substance use disorders, including medication assisted therapy, for opioid use disorder

Ages 18+



Provides coaching, psychotherapy and medication management

Therapy Ages 13+

Medication Manage Ages 18+



Specialized virtual care for OCD using exposure and response prevention treatment (ERP)

Ages 6+



Virtual therapy provider that allows the provision of behavioral and mental care directly to consumers at their preferred location and time. For individuals in psychiatric crisis with mild to severe, and chronic conditions

Ages 5+



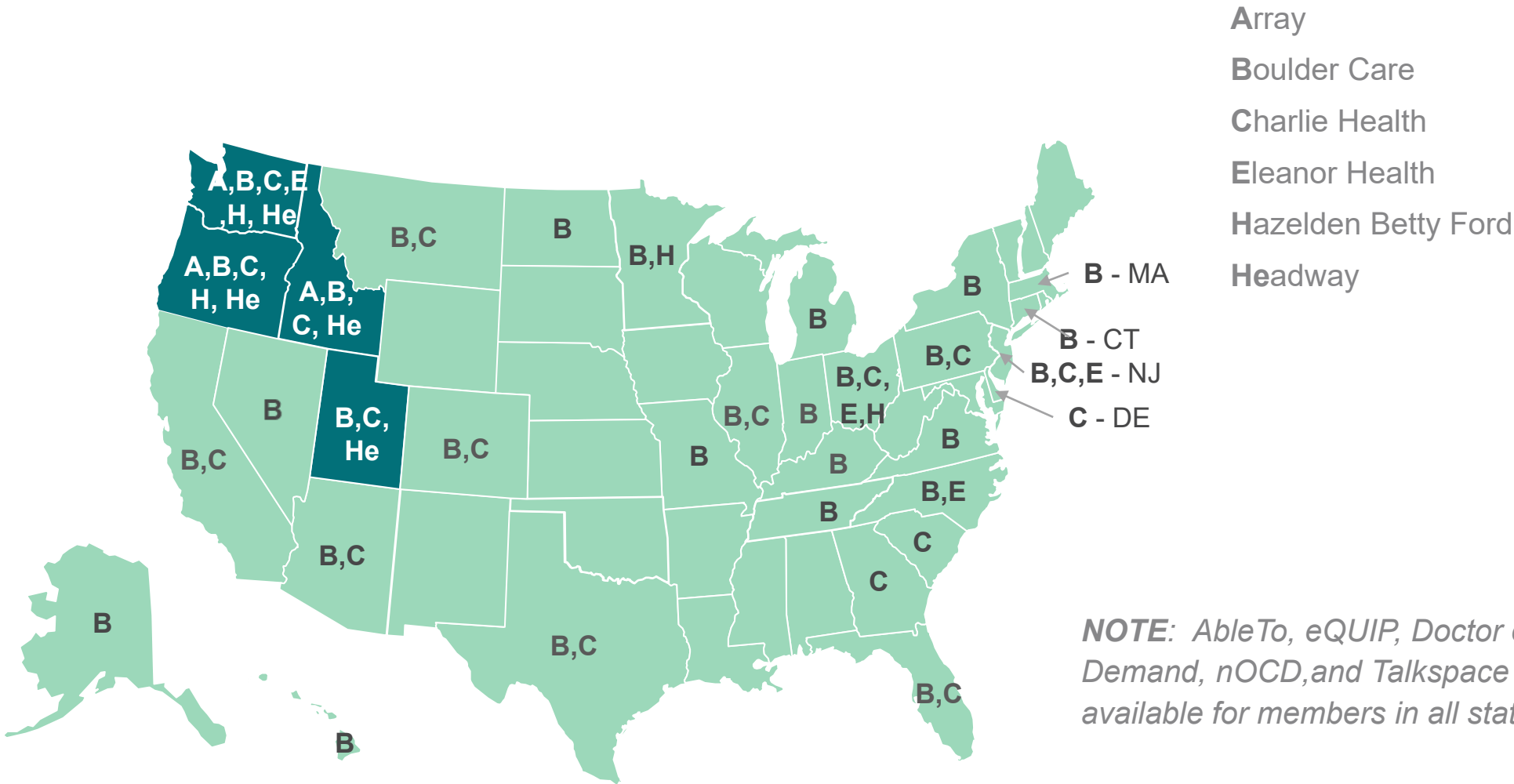
Headway is a self-service solution.

Members don't call but instead schedule appointments directly

Virtual and in person

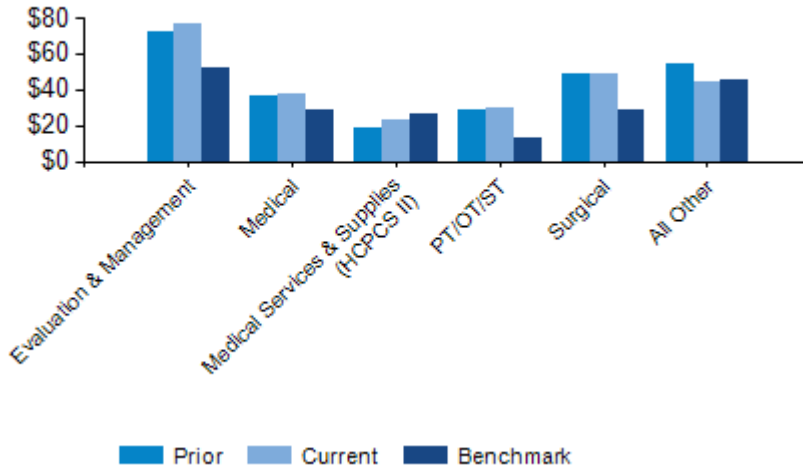
AbleTo, Array, Boulder Care, Charlie Health, Eleanor Health, eQUIP, Hazelden Betty Ford, nOCD, and Talkspace, are separate companies that provide behavioral health care services.

Virtual behavioral health providers in-network locations



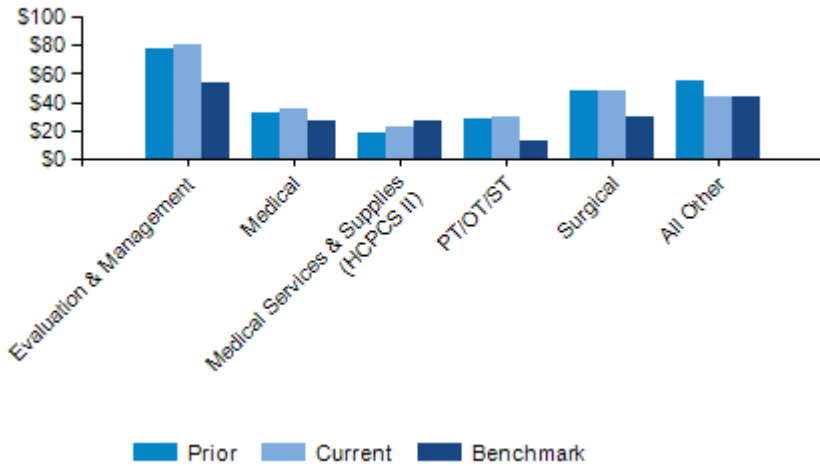
Metrics	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
Professional Allowed	\$5,394,972.27	\$5,827,888.83	8.0%		
Professional Allowed PMPM	\$313.81	\$321.50	2.5%	\$245.49	31.0%
Professional Paid	\$4,464,862.30	\$4,709,269.11	5.5%		
Professional Paid PMPM	\$259.71	\$259.79	0.0%	\$194.06	33.9%
Visits	20,507	20,819	1.5%		
Visits per Member	14.31	13.78	-3.7%	10.50	31.3%
Paid per Visit	\$217.72	\$226.20	3.9%	\$215.60	4.9%
Procedures	38,821	39,916	2.8%		
Procedures per 1,000	27,097.0	26,424.2	-2.5%	21,467.8	23.1%
Paid per Procedure	\$115.01	\$117.98	2.6%	\$106.63	10.6%

Professional Paid PMPM by Line Service Type

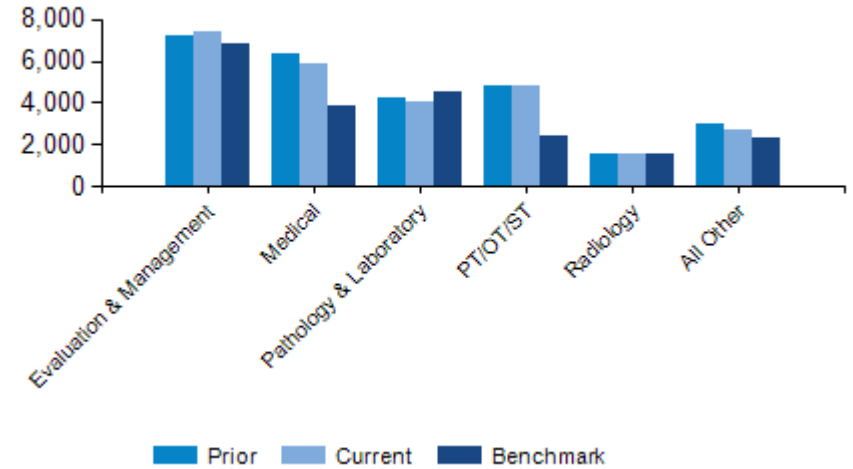


- Professional Paid PMPM increased 0.0% compared to the prior reporting period and was 33.9% greater than the benchmark.
- The Line Service Type with the highest Professional Paid PMPM in the current period was Evaluation & Management at \$77.01
- Visits per Member at 13.8 in the current period is trending down compared to the prior period and is greater than the benchmark value of 10.5.

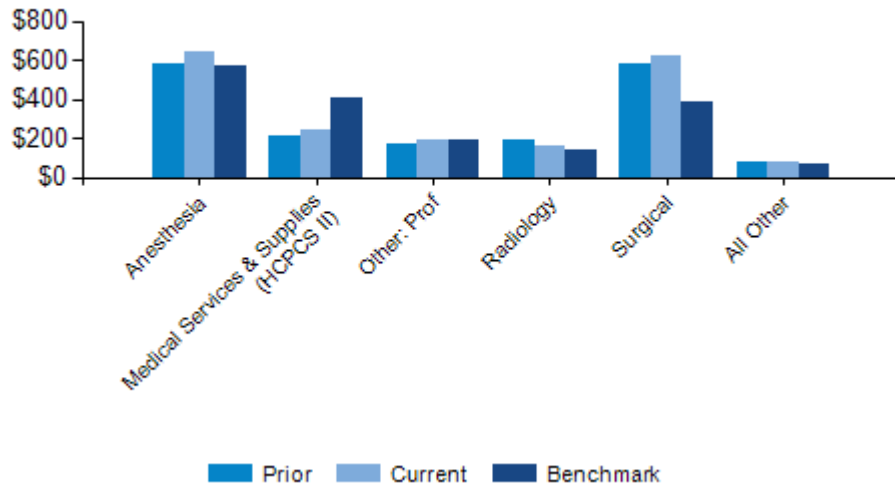
Professional Paid PMPM by Event Service Type



Professional Services per 1,000 by Event Service Type



Paid per Service by Event Service Type



- Evaluation & Management was the event service type with the highest paid PMPM for professional services in the current reporting period. Paid PMPM increased 4.7% compared to the prior reporting period and was 49.7% greater than the benchmark.
- Evaluation & Management had the highest rate of services per 1,000 in the current reporting period.
- Anesthesia had the highest amount paid per service in the current reporting period.

Demographics	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
Claimants	1,125	1,143	1.6%		
Prescriptions	11,289	11,643	3.1%		
Prescriptions per Member	7.9	7.7	-2.2%	8.2	-6.1%
Generic Dispensing Rate	82.0%	84.2%		85.4%	
Paid	\$2,928,145.33	\$3,857,140.45	31.7%		
Paid PMPM	\$170.32	\$212.78	24.9%	\$121.41	75.3%
Paid per Prescription	\$259.38	\$331.28	27.7%	\$175.83	88.4%
Paid per Claimant	\$2,602.80	\$3,374.58	29.7%	\$1,642.20	105.5%
Out of Pocket % Cost Share	8.4%	5.6%		8.7%	
Specialty Drug Claimants	58	46	-20.7%		
Specialty % of Prescriptions	2.2%	2.2%		1.9%	
Specialty % of Paid	66.3%	70.4%		57.7%	
Specialty Paid per Prescription	\$7,859.33	\$10,614.31	35.1%		

- Pharmacy Paid PMPM increased 24.9% between the two reporting periods and it was 75.3% greater than the benchmark.
- Prescriptions per Member decreased 2.2% between the two reporting periods and it was 6.1% less than the benchmark, while Paid per Prescription increased 27.7% between the two reporting periods and it was 88.4% greater than the benchmark.
- Specialty Drugs accounted for 70.4% of the pharmacy spend in the current period, represented by 2.2% of your total prescriptions, compared to 66.3% of the pharmacy spend in the prior period, represented by 2.2% of your total prescriptions, and 57.7% for the benchmark.

Specialty Drug Indicator	Paid PMPM	Prescriptions	Paid per Prescription	Prescriptions per Member
Yes	\$149.90	256	\$10,614.31	0.2
No	\$62.88	11,387	\$100.10	7.5
Summary: All	\$212.78	11,643	\$331.28	7.7

Top Non-Specialty Prescription Drugs

Prior Rank	Current Rank	Drug Name	Therapeutic Class	Prescriptions	Paid	Paid per Prescription	Generic Indicator	Rank by Volume	Paid (Prior Period)
2	1	OZEMPIC	2717 - Incretin Mimetic Agents	95	\$118,766.05	\$1,250.17	Brand	1	\$49,644.19
1	2	CRESEMBA	1140 - Imidazole-Related Antifungals	5	\$70,876.24	\$14,175.25	Brand	15	\$71,303.22
5	3	ELIQUIS	8337 - Direct Factor Xa Inhibitors	71	\$51,736.10	\$728.68	Brand	4	\$36,505.55
7	4	JARDIANCE	2770 - Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	30	\$41,874.34	\$1,395.81	Brand	6	\$23,844.58
3	5	CREON	5120 - Digestive Enzymes	8	\$31,419.44	\$3,927.43	Brand	14	\$45,202.14
4	6	VYVANSE	6110 - Amphetamines	94	\$30,884.70	\$328.56	Brand	2	\$37,149.76
	7	MOUNJARO	2717 - Incretin Mimetic Agents	25	\$25,751.71	\$1,030.07	Brand	7	
11	8	TRULICITY	2717 - Incretin Mimetic Agents	14	\$25,610.56	\$1,829.33	Brand	10	\$12,683.04
6	9	XYOSTED	2310 - Androgens	53	\$24,194.54	\$456.50	Brand	5	\$27,329.59
9	10	NURTEC	6770 - Calcitonin Gene-Related Peptide (CGRP) Receptor Antag	12	\$19,715.10	\$1,642.93	Brand	11	\$14,074.93
8	11	VICTOZA	2717 - Incretin Mimetic Agents	12	\$18,387.33	\$1,532.28	Brand	12	\$19,202.18
13	12	REXULTI	5925 - Quinolinone Derivatives	9	\$15,199.12	\$1,688.79	Brand	13	\$5,411.65
10	13	METHYLPHENIDATE HYDROCHLORIDE ER	6140 - Stimulants - Misc.	76	\$13,624.39	\$179.27	Generic	3	\$13,703.23
12	14	REPATHA SURECLICK	3935 - Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	20	\$13,317.00	\$665.85	Brand	8	\$8,971.94
14	15	DEXCOM G6 SENSOR	9720 - Diabetic Supplies	17	\$12,754.76	\$750.28	Unknown	9	\$285.53
		All Other		10,846	\$625,765.95	\$57.70			\$621,578.21
		Total		11,387	\$1,139,877.33	\$100.10			\$986,889.74

Metrics	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
Allowed	\$2,063,919.66	\$2,797,041.40	35.5%		
Allowed PMPM	\$120.05	\$154.30	28.5%	\$69.58	121.8%
Paid	\$1,941,255.59	\$2,717,263.12	40.0%		
Paid PMPM	\$112.92	\$149.90	32.8%	\$65.87	127.6%
Prescriptions per Member	0.2	0.2	-1.7%	0.2	9.5%
Specialty Drug Claimants	58	46	-20.7%		
Specialty Drug Prescriptions	247	256	3.6%		
Specialty Paid per Prescription	\$7,859.33	\$10,614.31	35.1%	\$5,475.79	93.8%
Total Out of Pocket	\$118,432.30	\$59,460.15	-49.8%		
Out of Pocket PMPM	\$3.44	\$1.64	-52.4%		
Specialty % of Prescriptions	2.2%	2.2%	0.5%	1.9%	14.1%
Specialty % of Paid	66.3%	70.4%	6.3%	57.7%	22.1%

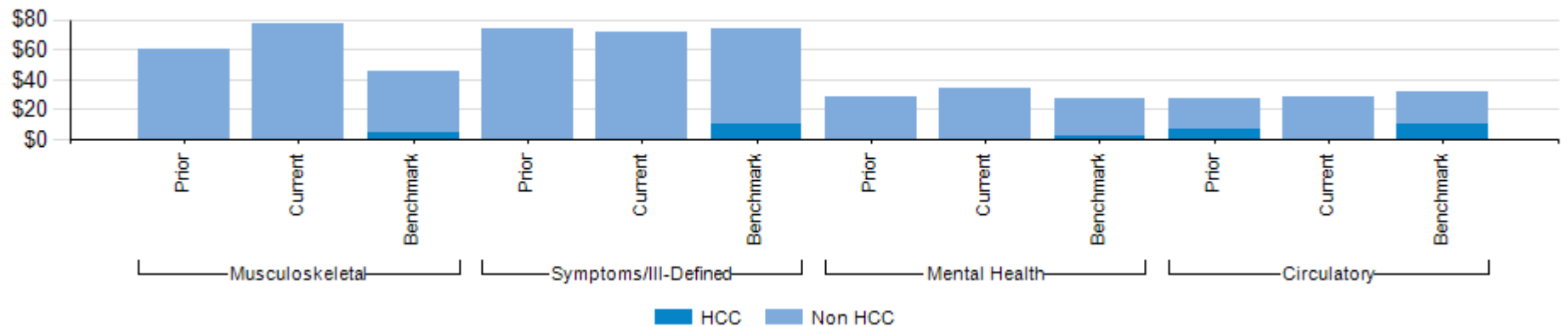
Top 5 Specialty Drugs	Prescriptions	Paid	Paid per Prescription
HAEGARDA	13	\$607,781.89	\$46,752.45
RUCONEST	12	\$520,626.24	\$43,385.52
TRIKAFTA	15	\$369,343.45	\$24,622.90
ICATIBANT ACETATE	13	\$268,075.24	\$20,621.17
STELARA	6	\$146,765.67	\$24,460.95
All Other	197	\$804,670.63	\$4,084.62
Total	256	\$2,717,263.12	\$10,614.31

- Pharmacy Paid PMPM for specialty drugs increased 32.8% compared to the prior reporting period and was 127.6% greater than the benchmark.
- 2.2% of prescriptions were for specialty drugs, accounting for 70.4% of the total paid amount for all pharmacy claims.
- The top specialty drug was HAEGARDA for a cost of \$607,781.89.

Diagnostic Category	Jan 2022 - Dec 2022		Jan 2023 - Dec 2023		Benchmark	Benchmark Variance
	Paid PMPM		Paid PMPM	PMPM % Change		
Musculoskeletal	\$60.51		\$77.59	28.2%	\$44.78	73.3%
Symptoms/III-Defined	\$74.08		\$72.88	-1.6%	\$75.92	-4.0%
Mental Health	\$28.69		\$34.20	19.2%	\$26.89	27.2%
Circulatory	\$27.05		\$28.21	4.3%	\$30.90	-8.7%
Digestive	\$20.39		\$27.04	32.7%	\$26.72	1.2%
Nervous System	\$14.70		\$24.32	65.5%	\$17.58	38.3%
Injury/Poisoning	\$21.93		\$23.69	8.0%	\$24.79	-4.4%
Neoplasms	\$59.96		\$22.62	-62.3%	\$32.91	-31.3%
Respiratory	\$12.72		\$17.83	40.2%	\$13.00	37.2%
Pregnancy	\$15.49		\$15.61	0.8%	\$15.89	-1.8%
All Other	\$88.63		\$50.79	-42.7%	\$82.33	-38.3%
Total	\$424.15		\$394.78	-6.9%	\$391.73	0.8%

- Musculoskeletal was the most costly diagnostic category and paid PMPM increased 28.2% between reporting periods.
- The top 4 diagnostic categories account for 53.9% of total medical costs in the current period.

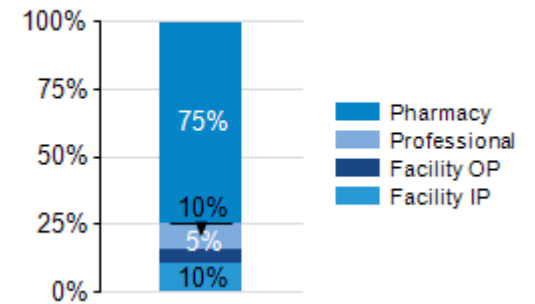
Top Five Diagnostic Categories with HCC Impact and Benchmark Comparison



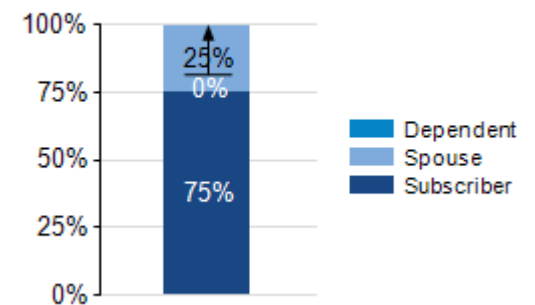
Claimant Paid Band	Claimants	Claimants %	Paid	Paid %	Paid per Claimant
\$10,000 - \$50,000	149	81.4%	\$3,276,922.31	40.5%	\$21,992.77
\$50,001 - \$100,000	26	14.2%	\$1,798,043.06	22.2%	\$69,155.50
\$100,001 - \$250,000	6	3.3%	\$910,686.10	11.3%	\$151,781.02
\$250,001 - \$500,000	1	0.5%	\$459,941.47	5.7%	\$459,941.47
Greater than \$500,000	1	0.5%	\$1,636,707.00	20.3%	\$1,636,707.00
Summary > \$50,000	34	18.6%	\$4,805,377.63	59.5%	\$141,334.64
Overall Summary	183	100.0%	\$8,082,299.94	100.0%	\$44,165.57

Top HCC Leading Diagnostic Categories	Claimants	Paid	Paid per Claimant
Neoplasms	5	\$159,907.37	\$31,981.47
Hodgkin lymphoma	1	\$80,688.60	\$80,688.60
Benign neoplasms	3	\$51,308.87	\$17,102.96
Secondary malignancies	2	\$18,867.40	\$9,433.70
All Other	3	\$9,042.50	\$3,014.17
Digestive	2	\$131,689.62	\$65,844.81
Abdominal hernia	1	\$116,293.42	\$116,293.42
Postprocedural or postoperative digestive system complication	1	\$13,523.25	\$13,523.25
Esophageal disorders	1	\$1,660.07	\$1,660.07
All Other	1	\$212.88	\$212.88
Circulatory	4	\$124,658.00	\$31,164.50
Acute hemorrhagic cerebrovascular disease	1	\$74,699.41	\$74,699.41
Acute phlebitis; thrombophlebitis and thromboembolism	1	\$40,296.88	\$40,296.88
Myocarditis and cardiomyopathy	1	\$9,028.44	\$9,028.44
All Other	4	\$633.27	\$158.32
All Other	8	\$2,591,079.58	\$323,884.95
Total	8	\$3,007,334.57	\$375,916.82

HCC Paid by Service Category

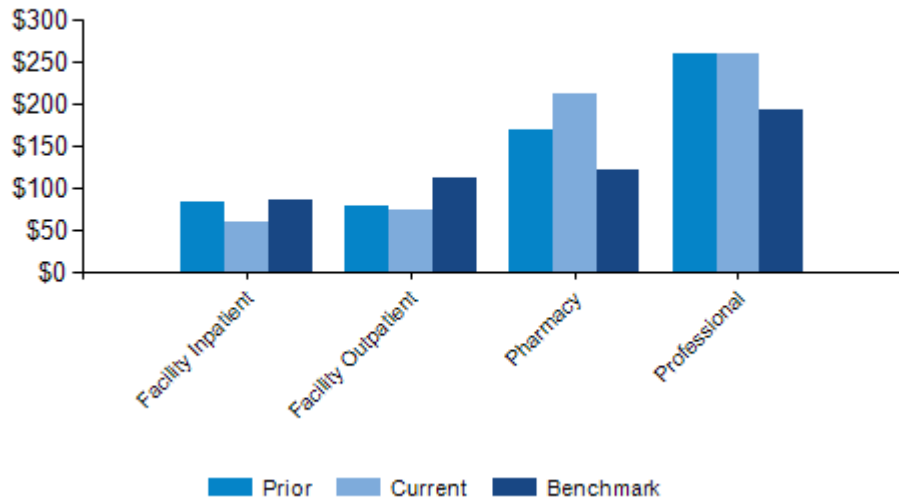


HCC Paid by Member Relationship

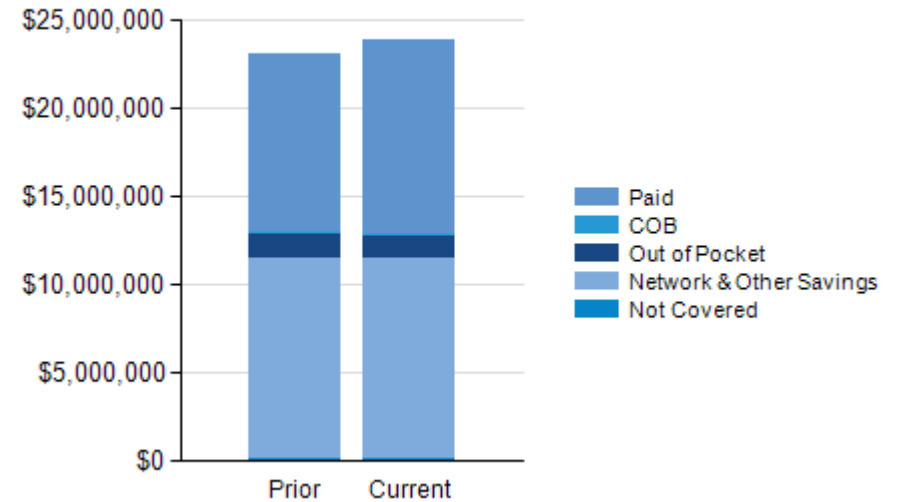


Financial Key Indicators	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023	% Change	Benchmark	Benchmark Variance
Billed	\$22,941,563.67	\$23,768,695.73	3.6%		
Contract Exclusion Amount	\$112,094.28	\$129,201.04	15.3%		
Allowed	\$11,785,376.89	\$12,650,867.81	7.3%		
Total Out of Pocket	\$1,316,044.96	\$1,337,393.10	1.6%		
COB	\$97,212.70	\$63,438.95	-34.7%		
Paid	\$10,220,178.91	\$11,013,384.37	7.8%		
Paid PEPM	\$1,636.80	\$1,627.99	-0.5%	\$886.07	83.7%
Paid PMPM	\$594.47	\$607.57	2.2%	\$513.13	18.4%
HCC Paid PMPM	\$164.91	\$165.90	0.6%	\$126.20	31.5%
Excluding HCC Paid PMPM	\$429.57	\$441.66	2.8%	\$386.93	14.1%

Paid PMPM by Service Category



Breakdown of Billed Amount



Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
\$0	27	1.8%	\$0.00	0.0%	\$0.00
\$1 - \$4,999	1,091	73.3%	\$1,607,657.54	14.6%	\$1,473.56
\$5,000 - \$9,999	187	12.6%	\$1,323,426.89	12.0%	\$7,077.15
\$10,000 - \$19,999	80	5.4%	\$1,122,397.63	10.2%	\$14,029.97
\$20,000 - \$49,999	69	4.6%	\$2,154,524.68	19.6%	\$31,225.00
Summary < \$50,000	1,454	97.7%	\$6,208,006.74	56.4%	\$4,269.61
\$50,000 - \$99,999	26	1.7%	\$1,798,043.06	16.3%	\$69,155.50
Summary < \$100,000	1,480	99.5%	\$8,006,049.80	72.7%	\$5,409.49
\$100,000 - \$249,999	6	0.4%	\$910,686.10	8.3%	\$151,781.02
\$250,000 - \$499,999	1	0.1%	\$459,941.47	4.2%	\$459,941.47
Summary < \$500,000	1,487	99.9%	\$9,376,677.37	85.1%	\$6,305.77
Greater Than \$500,000	1	0.1%	\$1,636,707.00	14.9%	\$1,636,707.00
Overall Summary	1,488	100.0%	\$11,013,384.37	100.0%	\$7,401.47

Paid Band	Claimants %		Paid %		Paid/Claimant	
	Jan 2023 - Dec 2023	Benchmark	Jan 2023 - Dec 2023	Benchmark	Jan 2023 - Dec 2023	Benchmark
Summary < \$50,000	97.72%	97.88%	56.37%	57.40%	\$4,269.61	\$3,476.48
Summary < \$100,000	99.46%	99.24%	72.69%	73.30%	\$5,409.49	\$4,379.00
Summary < \$500,000	99.93%	99.97%	85.14%	95.37%	\$6,305.77	\$5,656.19

- 217 members, representing 12.7% of the population, did not utilize any services in the current period.

Network Indicator	Service Category	Covered	Provider Discount	Provider Discount %	Paid	% of total Paid
In Network	Facility Inpatient	\$1,931,112.13	\$741,344.64	38.39%	\$1,056,825.24	14.77%
	Facility Outpatient	\$3,140,408.40	\$1,424,059.30	45.35%	\$1,353,163.98	18.91%
	Professional	\$9,454,399.02	\$3,753,727.34	39.70%	\$4,630,951.41	64.71%
	Summary	\$14,525,919.55	\$5,919,131.28	40.75%	\$7,040,940.63	98.39%
Out of Network	Facility Inpatient	\$208,140.00		0.00%	\$30,902.59	0.43%
	Facility Outpatient	\$43,945.00		0.00%	\$6,083.00	0.09%
	Professional	\$171,948.26		0.00%	\$78,317.70	1.09%
	Summary	\$424,033.26		0.00%	\$115,303.29	1.61%
Overall Summary		\$14,949,952.81	\$5,919,131.28	39.59%	\$7,156,243.92	100.00%

- 95.2% of successfully contacted members engaged with a care manager

	Prior	Current	Benchmark
Members Outreached	1.7%	2.0%	2.8%
Members Contacted	1.3%	1.4%	1.8%
Members Not Engaged	0.0%	0.1%	0.1%
Members Engaged	1.3%	1.3%	1.7%

* An additional 0 cases are currently open and engagement status is pending

	Prior	Current	Benchmark
% Engagement Rate	100.0%	95.2%	97.2%
% Contact Rate	72.0%	70.0%	65.1%

Members can have multiple cases. Member Engagement status based on highest level of contact on any case.

Members Outreached = Member attempted to be reached by a care manager

Members Contacted = Member successfully reached by a care manager

Engagement Rate = Members Engaged / Members Contacted

Contact Rate = Members Contacted / Members Outreached

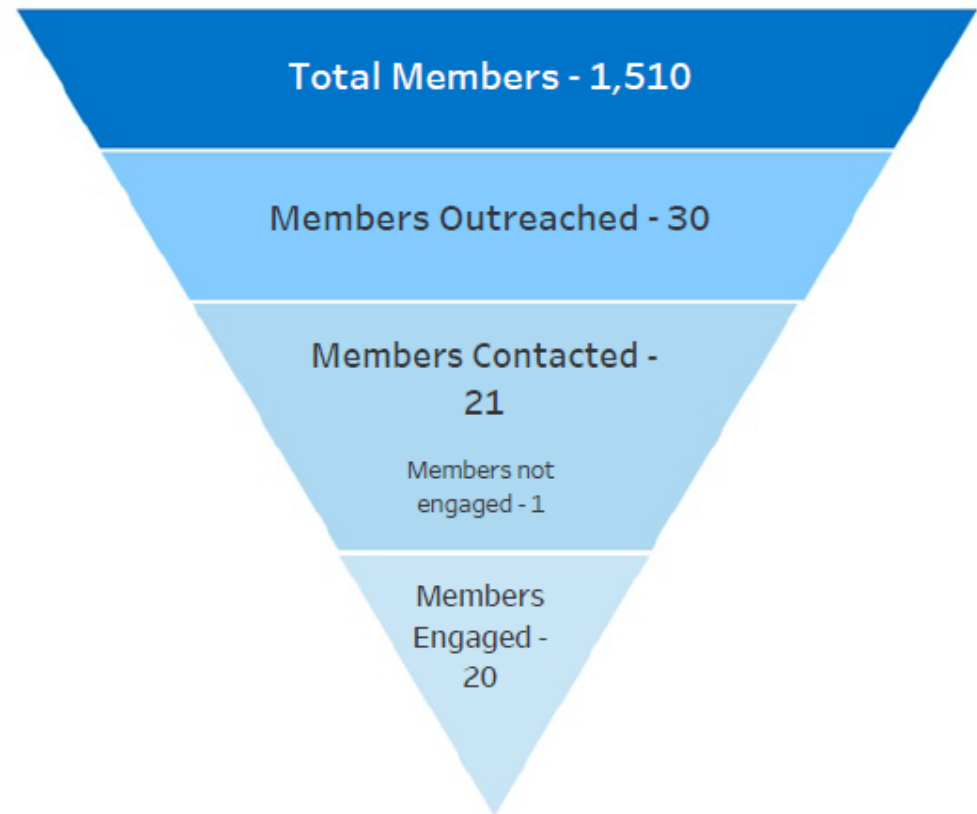
Exclusions from this dashboard:

Cases for care gap closure

Maternity care advocate cases

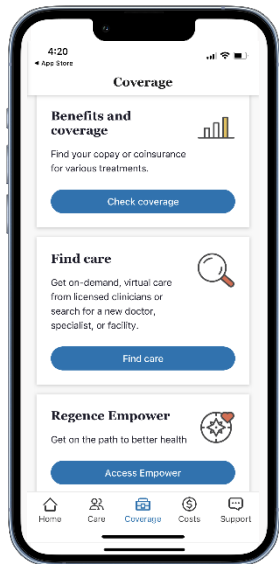
Current reporting period: 202301 - 202312

Prior reporting period: 202201 - 202212

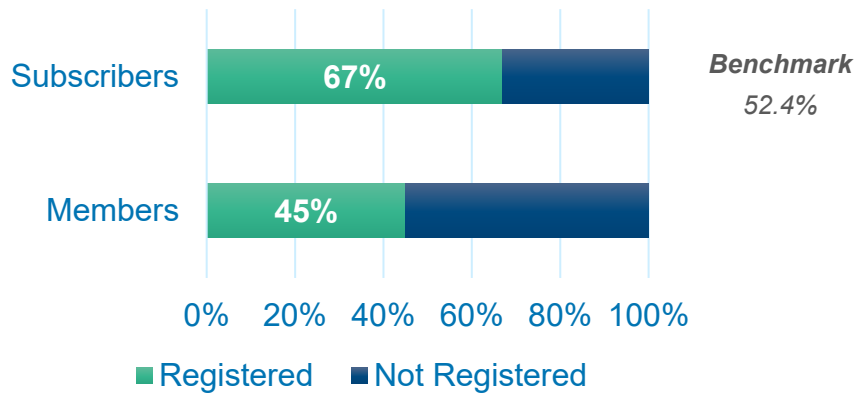


Regence.com Utilization

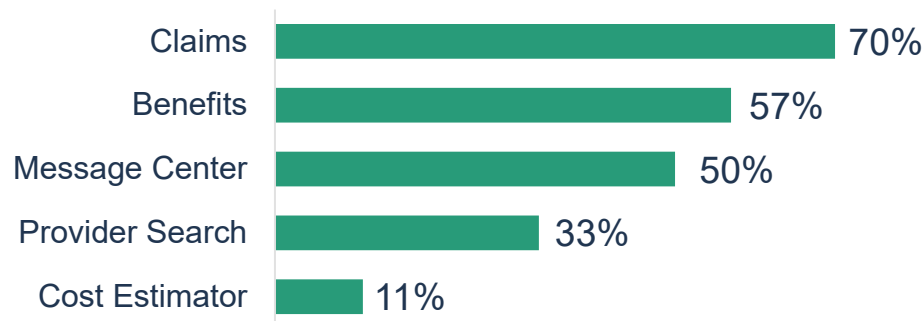
City of Vancouver



Digital Adoption



Most Utilized Features



Readiness insights



Of your registered population this plan year:



Health Assessments
REWARDS | \$60

4



Marketing Opt-in
for all Subscribers
BENCHMARK | 36%

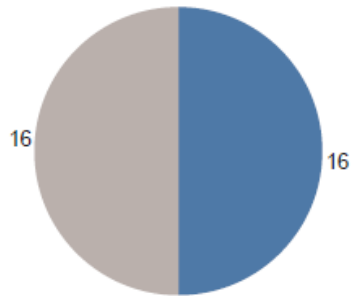
49.5%

Resources to drive digital engagement

Our Digital Engagement Toolkit has email templates, flyers and posters, postcards and more.

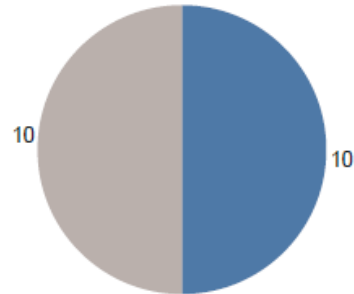
Digital Engagement Toolkit

Outreached Cases



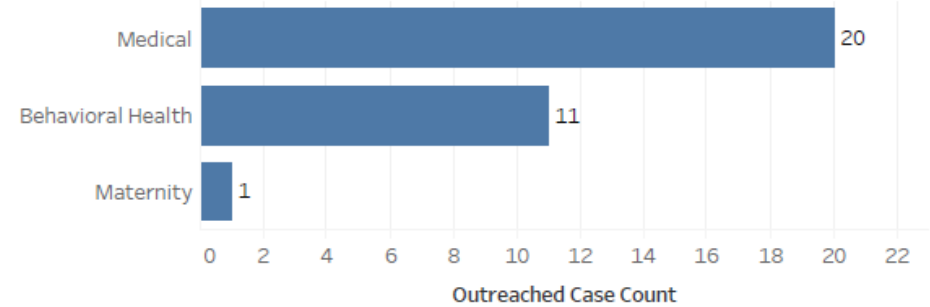
■ Case Manager ■ Care Advocate

Engaged Cases



■ Case Manager ■ Care Advocate

Cases by Open Reason



Top Conditions	Prior	Current
Acute Health Condition	4	7
Other	5	4
Cancer	4	2
Chronic Condition (Non-BH)	3	3
Gastrointestinal	3	3
Depression		5
Substance Use Disorder	2	2
Anxiety		3
High Risk Pregnancy	2	1
Pain	3	
All Other	3	

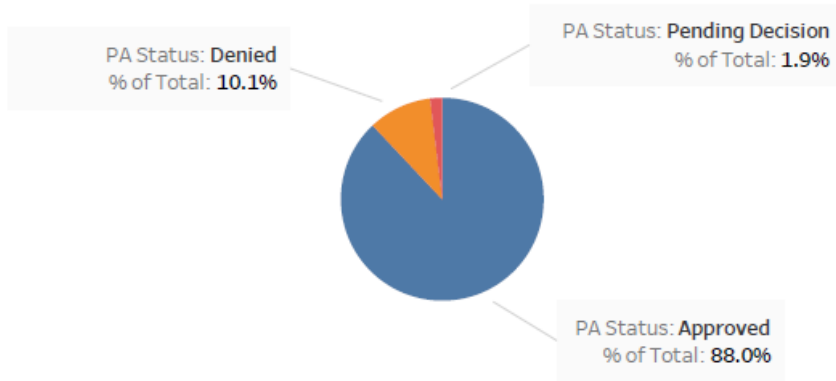
Top Identification Reasons	Prior	Current
ER Utilization	10	10
Hospital Discharge	5	7
High Cost Claimant	2	5
Member/Caregiver	3	2
Network Related Case Management	1	2
Pregnancy	2	1
Customer Service/Group Esc	1	1
Inpatient Hospital Concurrent Review	2	
All Other	2	
UM		2
AI Predictive Model		2

Top Conditions and Top Identification tables use outreached case counts. Members can have multiple cases.

Exclusions from this dashboard:
 Cases for care gap closure
 Maternity care advocate cases

Current reporting period: 202301 - 202312
 Prior reporting period: 202201 - 202212

% Prior Authorizations Approved/Denied



Prior Authorization Source

Source	Service Count	% Approved
REGENE INTERNAL PAs	158	88.0%
Grand Total	158	88.0%

Source	Service Count	% Approved
CARELON RADIOLOGY	86	100.0%

Prior Authorizations by Service Group

	Approved	Denied	Pending	Grand Total	% Approved
Additional PAs	54	3	3	60	90.0%
Utilization Management	49	0	0	49	100.0%
Medicine	12	4	0	16	75.0%
Pharmacy	7	3	0	10	70.0%
Surgery	5	5	0	10	50.0%
Genetic Testing	4	1	0	5	80.0%
Physical Medicine	2	0	0	2	100.0%
Radiology	2	0	0	2	100.0%
Allied Health	1	0	0	1	100.0%
Durable Medical Equipment	1	0	0	1	100.0%
Sleep Medicine	1	0	0	1	100.0%
Transplants and ventricular ..	1	0	0	1	100.0%
Grand Total	139	16	3	158	88.0%

Additional PAs include vendor and internal PAs for which there is not enough data to classify into another category. Additional PAs are not included in savings calculations.

Data represents a count of unique services.

Medical and surgery table shows top 10, if available.

CARELON radiology is excluded from pie chart and Prior Authorizations by Service Group.

Service Details for Medical/Surgery

	Service Description	Approved	Denied	Pending	Grand Total	% Approved
Medical	Gender Affirming	3	4	0	7	42.9%
	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Di...	6	0	0	6	100.0%
	Gender Affirming Interventions for Gender Dysphoria	3	0	0	3	100.0%
	Gastroesophageal Reflux Surgery	3	0	0	3	100.0%
Surgery	Varicose Vein Treatment	0	3	0	3	0.0%
	Cosmetic and Reconstructive Procedures	1	1	0	2	50.0%
	Intracardiac Ischemia Monitoring	1	0	0	1	100.0%
	Pectus Excavatum and Carinatum Treatment	0	1	0	1	0.0%

Number of Members Participating (Open by Month)

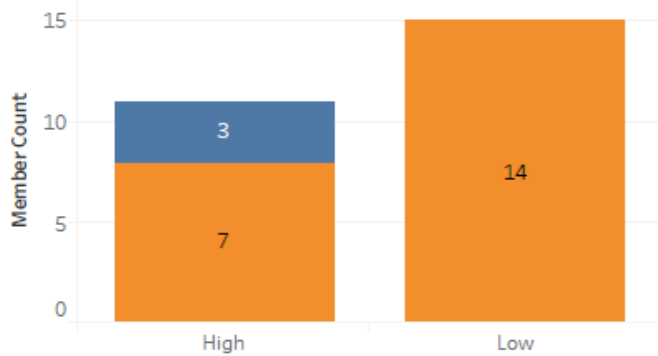
	1:1 Nurse Support	Education	Grand Total
Prior Period	3	7	10
202301		2	2
202302		1	1
202304		3	3
202305		2	2
202306		4	4
202308		1	1
202309		2	2
202310		1	1
Grand Total	3	21	24

Prior period includes cases that opened between 202201 and 202212 and remained open on or after 202301

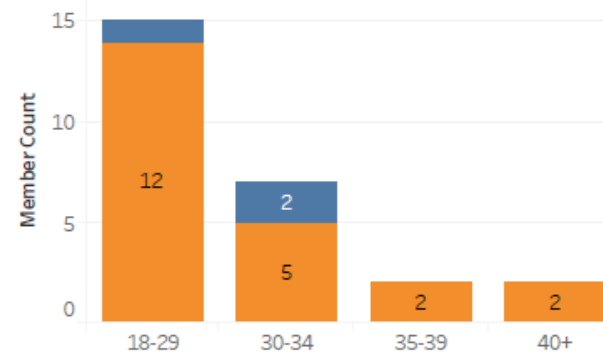
Pregnancy Program Participation by Delivery

Delivery Type	# of Deliveries	% of Deliveries Participating
Cesarean	2	100.0%
Vaginal	14	100.0%
Grand Total	16	100.0%

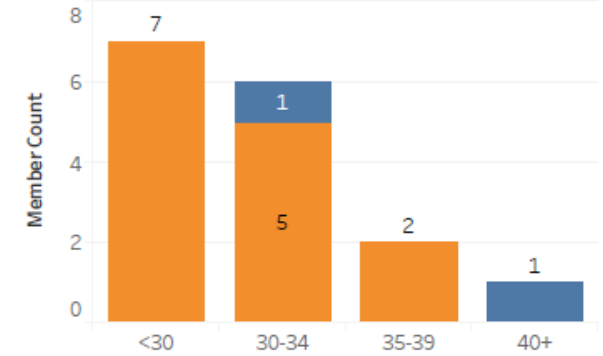
Participation by Risk of Pregnancy



Pregnancy Program Participants by Age and Risk



Deliveries by Age and Type

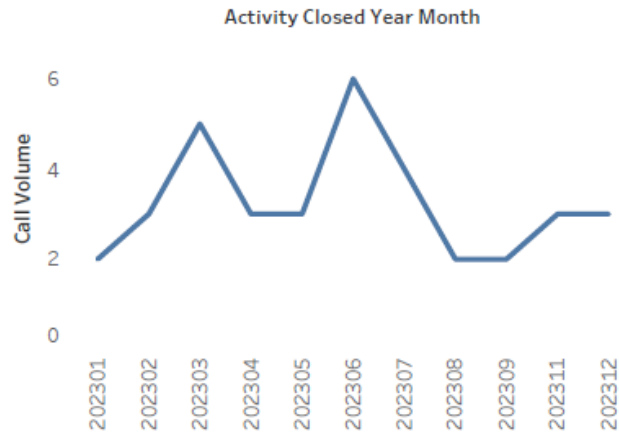


Participation
■ 1:1 Nurse Support ■ Education

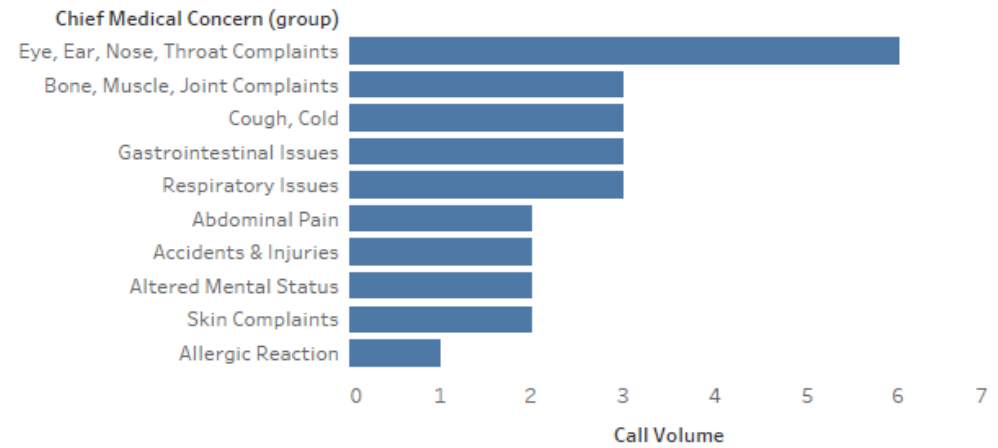
Delivery Type
■ Cesarean ■ Vaginal

- ▶ 1:1 Nurse Support: Member engaged with a nurse case manager and receives education
- ▶ Education- Member receives education through seasonal newsletters
- ▶ Participant- Participating members receive outreach via phone, welcome letters and/or seasonal newsletters

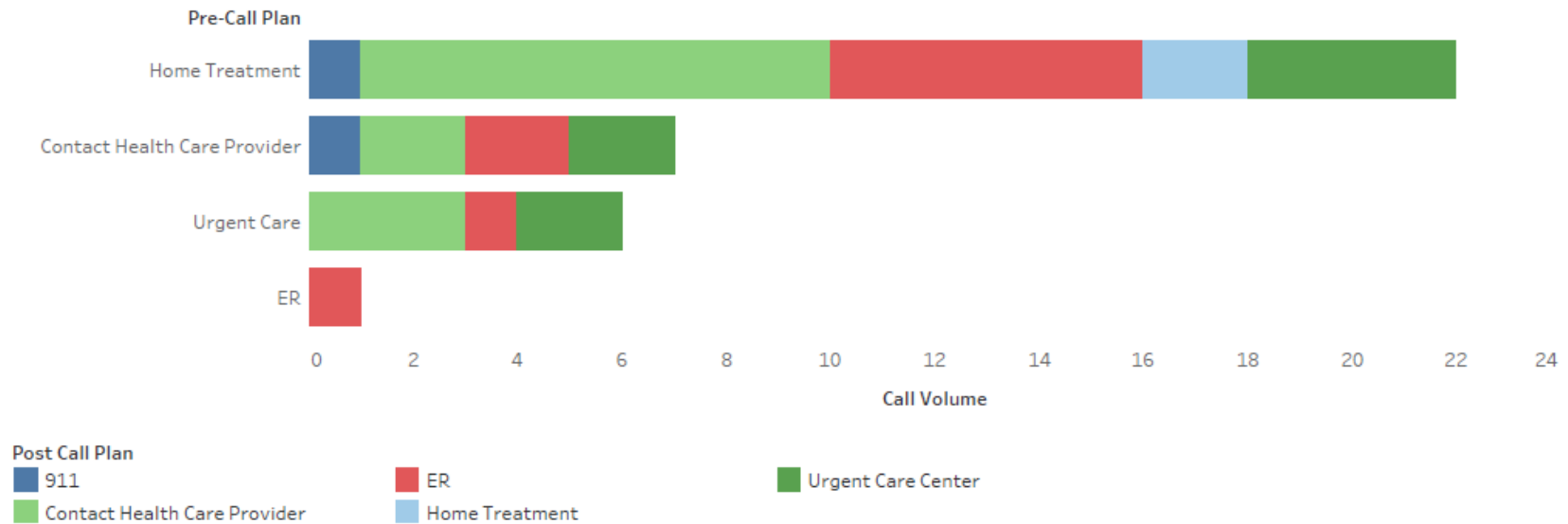
Call Volume by Month



Top 10 Call Volume by Chief Complaint



Call Redirection: Post-Call vs Pre-Call Intent



Severe Illness	Major Illness	Chronic At Risk	Chronic Stable	Behavioral Health Only	Healthy	New Members
<ul style="list-style-type: none"> Members in this category have a complex or catastrophic medical condition like transplants, active cancer, dialysis, dementia, etc., or are receiving end of life care. 	<ul style="list-style-type: none"> Members in this category have a chronic condition and are at high risk of ER visits, inpatient stays, and/or high future costs, or have a rare high-cost condition. 	<ul style="list-style-type: none"> Members in this category have a chronic condition and are at risk of an ER visit, inpatient admission, have open care gaps, and/or are high risk for future costs. 	<ul style="list-style-type: none"> Members in this category have a stable chronic condition, no open care gaps, and are low risk for future inpatient stays or ER visits. 	<ul style="list-style-type: none"> Members in this category have a behavioral health condition, but no other chronic conditions. 	<ul style="list-style-type: none"> Members in this category do not have any behavioral health or chronic conditions and are low risk for future costs and future acute episodes. 	<ul style="list-style-type: none"> Members in this category do not have enough claims activity to bucket them in one of the other categories.

Note: Members fall into the highest level health risk group for which they qualify.

