

Initial Data Questions for 1332 Task Force

Data period requested: By year 1/1/13 – 8/31/16

Health Plans

- 1) How many FFM enrollees were enrolled and paid a premium (effectuated) at some point during the year? **Approximately 2,800 enrollees in calendar year 2014 and approximately 1,300 in calendar year 2015.**
 - a. By metal plan
Approximately 60% of enrollees were enrolled in Silver, 20% enrolled in Platinum, and the remainder enrolled in either Gold or Bronze.
 - b. By county
Approximately 45% of enrollees resided in Tulsa or Oklahoma counties. The remaining 55% of enrollees resided in 25 counties including Garfield, Pottawatomie, Muskogee, Wagoner, Canadian, Seminole, Cleveland, Creek, Carter, Rogers, Ottawa, Delaware, Adair and Mayes.
 - c. By FPL
Over 50% of enrollees qualified for both premium tax credits and cost sharing
 - d. By age
Average age of enrollee was 42
- 2) Of those enrolled, how many received a service? **Over 80% of FFM enrollees utilized services during their coverage period.**
- 3) How many FFM and off exchange plan services are rendered each year, to how many individuals, and at what cost? **Several thousand services were rendered to enrollees per year including hospital based, physician, diagnostic, lab, DME, behavioral health and retail pharmacy. In 2014 enrollment adjusted utilization of services by FFM enrollees was 2-4 times our State and Federal populations. This utilization was highest in 1-2Q 14. By 2015 utilization dropped by 40-50% as these members were engaged in various medical management and care coordination programs.**
- 4) On average, how long do FFM plan enrollees consistently make monthly premium payments? (i.e. premium payment persistency). **Our delinquency rate was approximately 20%.**
- 5) What are the pmpm service expenditure costs for those FFM and off exchange enrollees: **When compared to our State and Federal populations, total pmpm costs were approximately 40% higher in 2014 and 20% higher in 2015. Our total medical loss ratio for FFM enrollees exceeded 150% in 2014 and exceeded 100% in 2015. The majority of service costs in 2014 were concentrated in hospitalizations, outpatient surgeries, high cost therapies and retail pharmacy. In 2015 on and membership adjusted basis, we saw a 15% decrease in hospitalizations, a 20% increase in physician and low cost setting services, and a 20% increase in preventative services which resulted in an overall service cost decrease of approximately 10%.**

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- 6) Have utilization trends been different among those enrolled on the FFM for brief periods versus those on the FFM for an entire year? If so, to what extent, and why? **In general yes. When this occurred there was a significant difference when compared to overall average pmpm cost.**
- 7) How many people are requesting FFM enrollment mid-year due to special enrollment periods? **There were enrollment extensions and enrollments for SEP. The later was approximately 10% of our total enrollments.**
- 8) What conditions/diagnoses have been most prevalent among FFM enrollees and off exchange enrollees? **General diagnosis and condition categories included cancer, CAD, CHF, Type II Diabetes, Hypertension, COPD, Depression, Anxiety and Obesity. The composite risk score of FFM enrollees was approximately 40% higher than our State and Federal populations. Other underpinning medical and social determinants included access to care, housing and food, education level, income level, disability, etc.**
 - a. What are the pmpm costs of enrollees with these conditions/diagnoses as compared to the whole? **Our chronic, critical and high risk FFM enrollees ranged from 4-8 times service pmpm costs compared to other relatively lower risk FFM enrollees.**
- 9) What plan management features do you offer to monitor prevalent conditions and to better manage conditions among the FFM enrollee population? **We offer significant medical management and population health programming that is coupled with predictive modeling and provider quality shared savings payment mechanisms. Over 50% of FFM enrollees were engaged in intensive proactive care management programs.**
 - a. What is the administrative cost rate for these features? **Administrative costs directly associated with these features are approximately 40% of our total G&A costs.**
- 10) At what rate have FFM enrollees utilized preventive care services?
 - a. What services specifically? **In Q1-2 14 preventative services were underutilized due to significant pent up demand for critical therapeutic and emergent health care services. By 2015 physician based, pharmacy adherence, and diagnostic preventative services had increased by 30%, which decreased overall costs by approximately 10%.**
 - b. What information/educational campaigns have you undertaken with FFM enrollees? **Our medical management and population health programming included direct member education with licensed physicians, pharmacists, nursing staff and behavioral health professionals. Our FFM plans were NCQA accredited and underwent significant quality review of various disease specific education and care coordination programs.**
- 11) At what rate do FFM enrollees receive CSR? **Over 50% of enrollees qualified for cost share reduction.**

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- 12) Who receives the CSR and where is it distributed to? Providers? Consumers? **It is distributed in the form of reduced cost share at point of service.**

- 13) How does the acuity and utilization trends of those receiving APTC and CSR compare to those: **In general utilization trends were higher for those who did receive CSR.**

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