



WSHIP Yearly Operating Report 2018

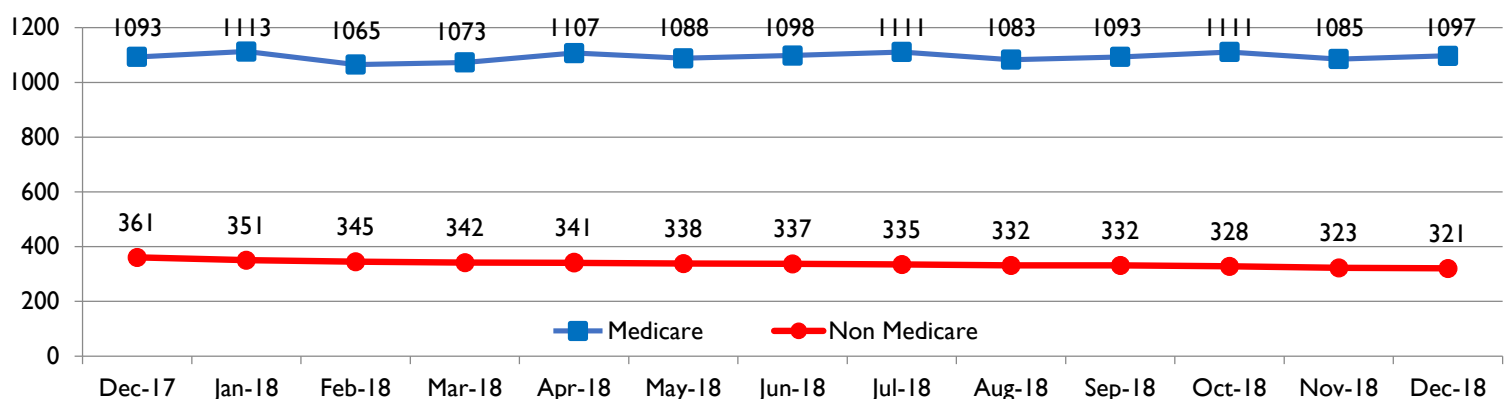
An Overview of the Administrator's Monthly Operations Report and Pool Activities

Administered by Benefit Management, LLC





Enrollment Summary

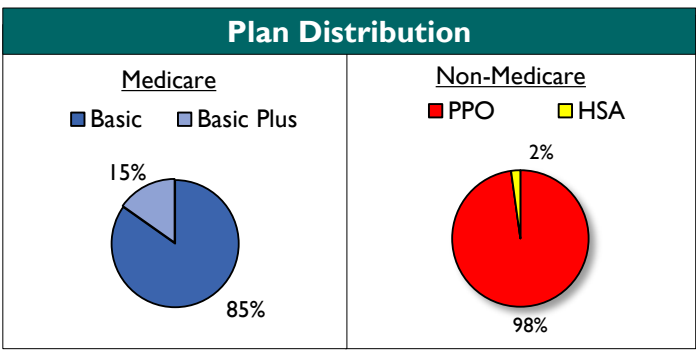


Applications Received

Medicare: 319

Non-Medicare: 0 (Closed)

Individuals	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Enrollment	1454	1464	1410	1415	1448	1426	1435	1446	1415	1425	1439	1408	1418
3rd Party Sponsorship	873 (60%)	882 (60%)	833 (59%)	845 (60%)	875 (60%)	853 (60%)	859 (60%)	869 (60%)	852 (60%)	866 (61%)	878 (61%)	852 (61%)	864 (61%)
Non-Medicare	268 (74%)	266 (76%)	263 (76%)	261 (76%)	261 (77%)	260 (77%)	260 (77%)	259 (77%)	259 (78%)	258 (78%)	255 (78%)	251 (78%)	249 (78%)
EHIP	236	235	235	232	231	231	231	230	229	229	227	224	222
Other (Mostly AKF)	32	31	28	29	30	29	29	29	30	29	28	27	27
Medicare (Mostly AKF)	605 (55%)	616 (55%)	570 (54%)	584 (54%)	614 (55%)	593 (55%)	599 (55%)	610 (55%)	594 (55%)	608 (56%)	623 (56%)	601 (55%)	615 (56%)



Medicare Enrollee Profile

Average Age: 60
 Gender: Female 42% Male 58%
 Top Diagnosis: Kidney & Urinary Disease

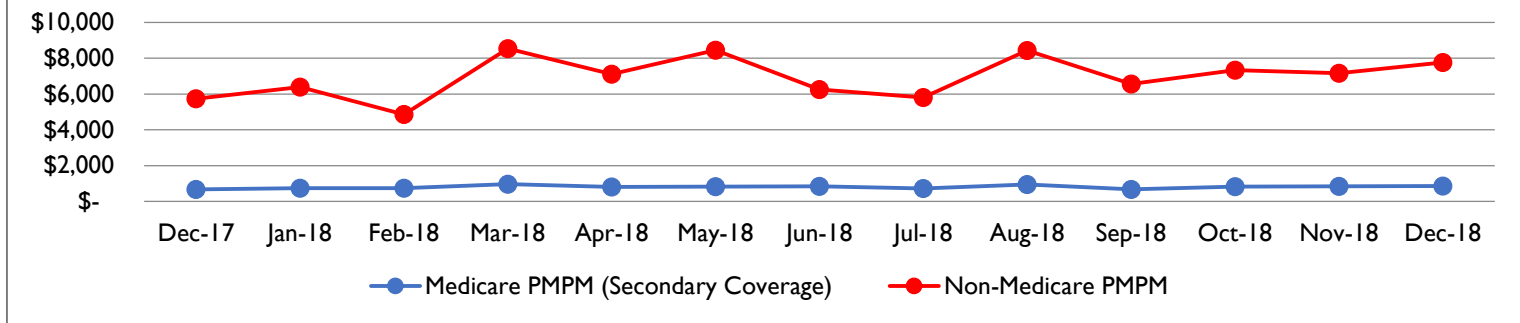
Non-Medicare Enrollee Profile

Average Age: 44
 Gender: Female 32% Male 68%
 Top Diagnosis: HIV / AIDS



Claims Paid Summary

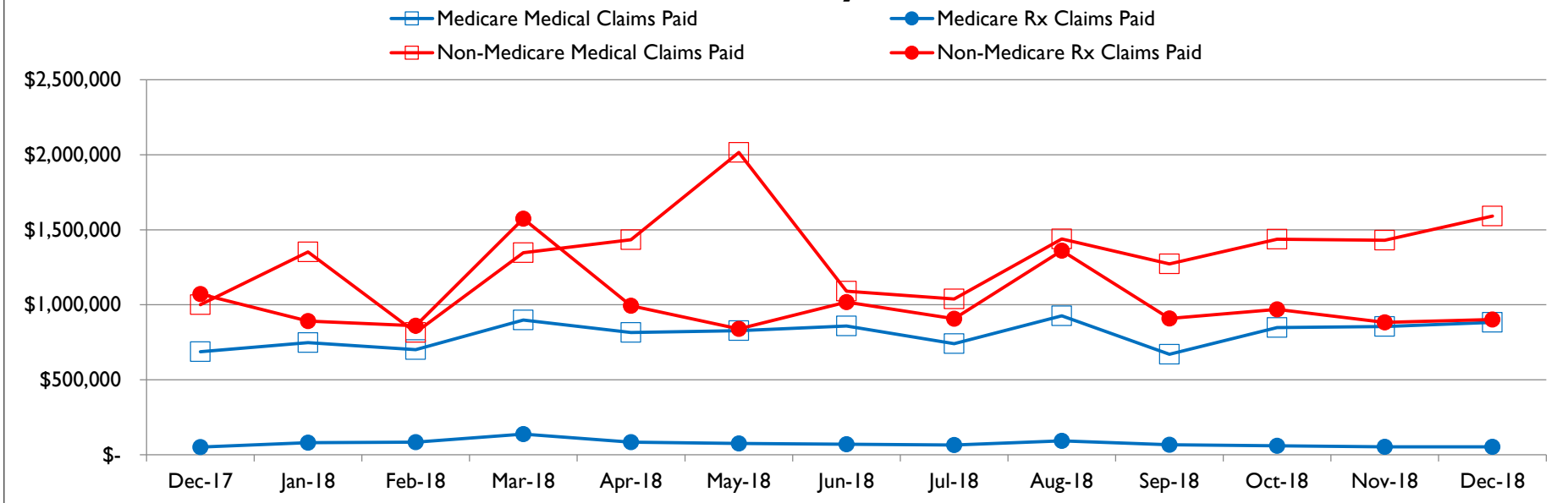
Claims Paid Per Member Per Month



High Dollar Claims (over \$100,000)

20 High Dollar Claims/Total Paid: \$3,014,792

Medical & Pharmacy Claims Paid

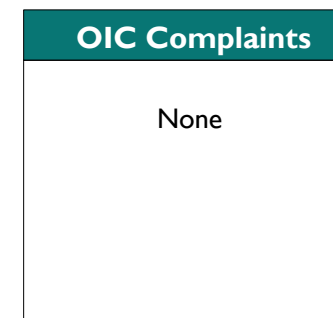
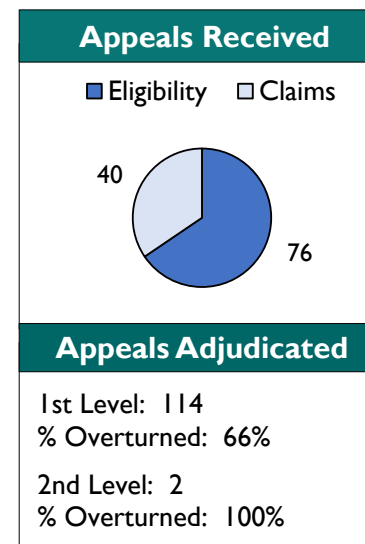
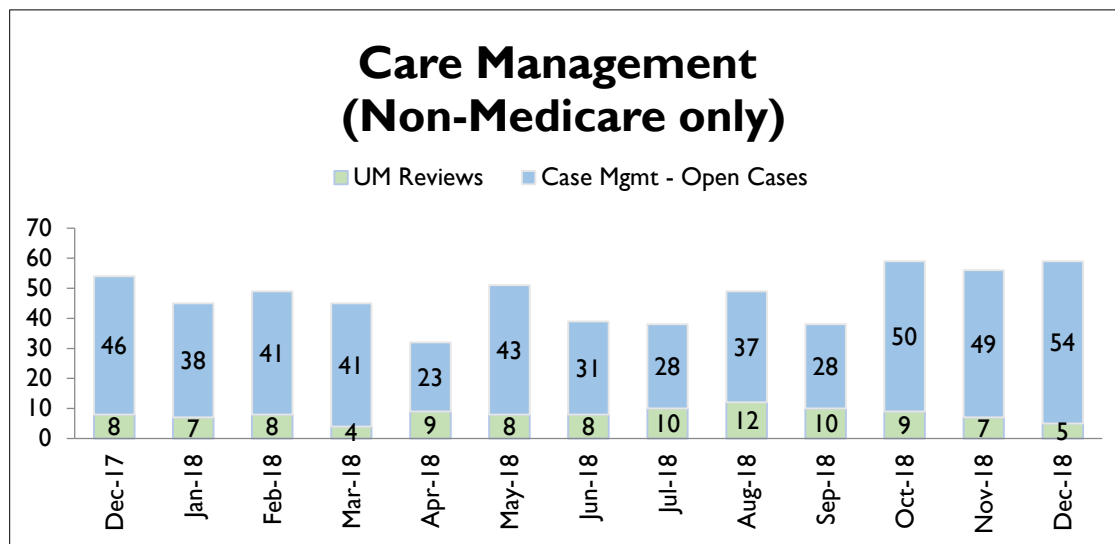




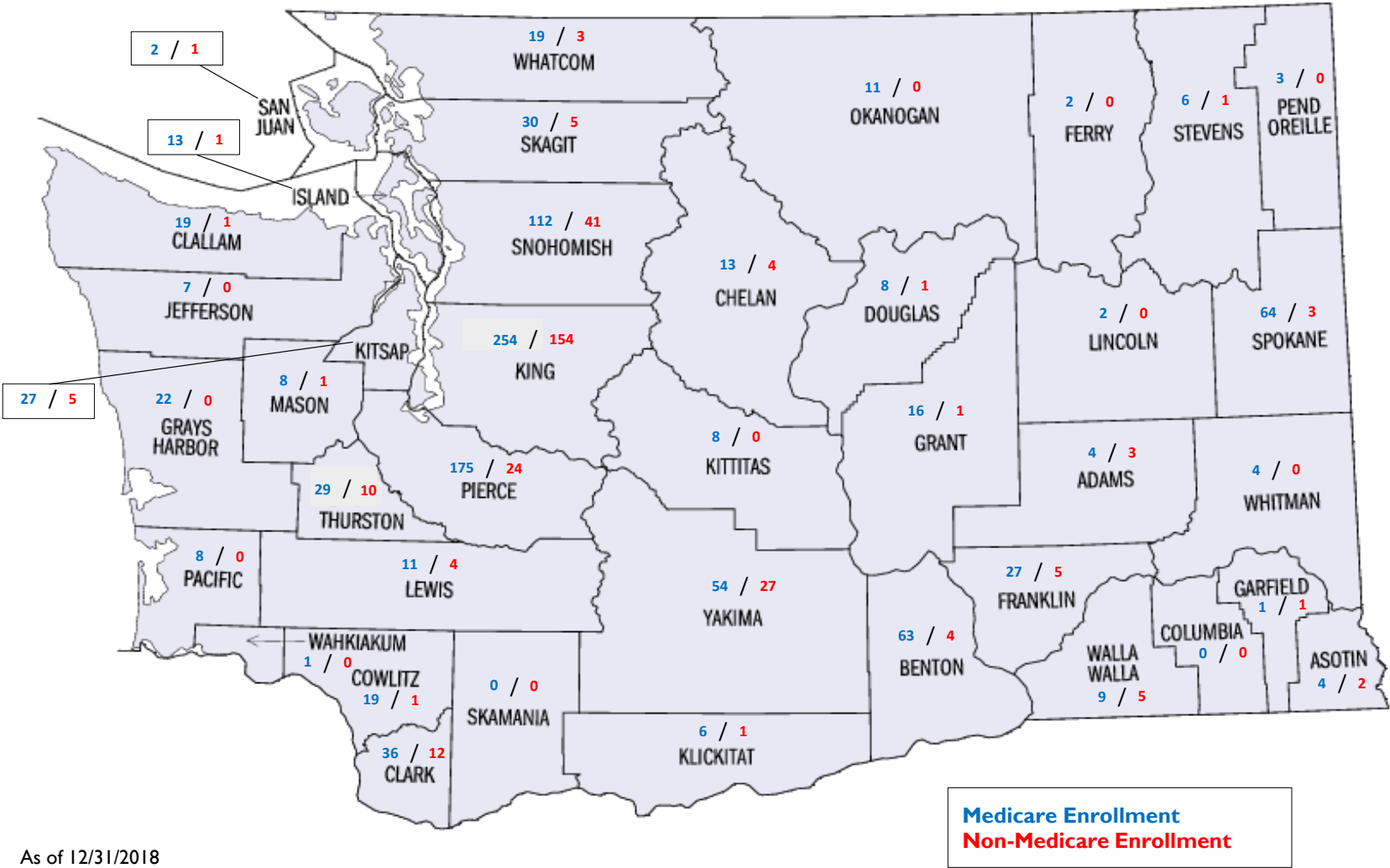
Other Activity

Service Levels

Metric	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Customer Service:													
Average Calls per Day	27	27	28	29	30	31	32	33	33	33	34	34	33
Speed of Answer (Standard 60 Sec)	38	69	65	49	44	51	61	87	47	35	49	40	34
Top Call Reason	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status
Claims:													
Claims Processing Accuracy (Standard 97%)	99.7%	99.8%	99.4%	99.5%	99.7%	99.7%	99.5%	99.2%	99.5%	98.8%	99.7%	99.7%	99.2%
30-Day Clean Claims Processing (Standard 100%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



Enrollment by County

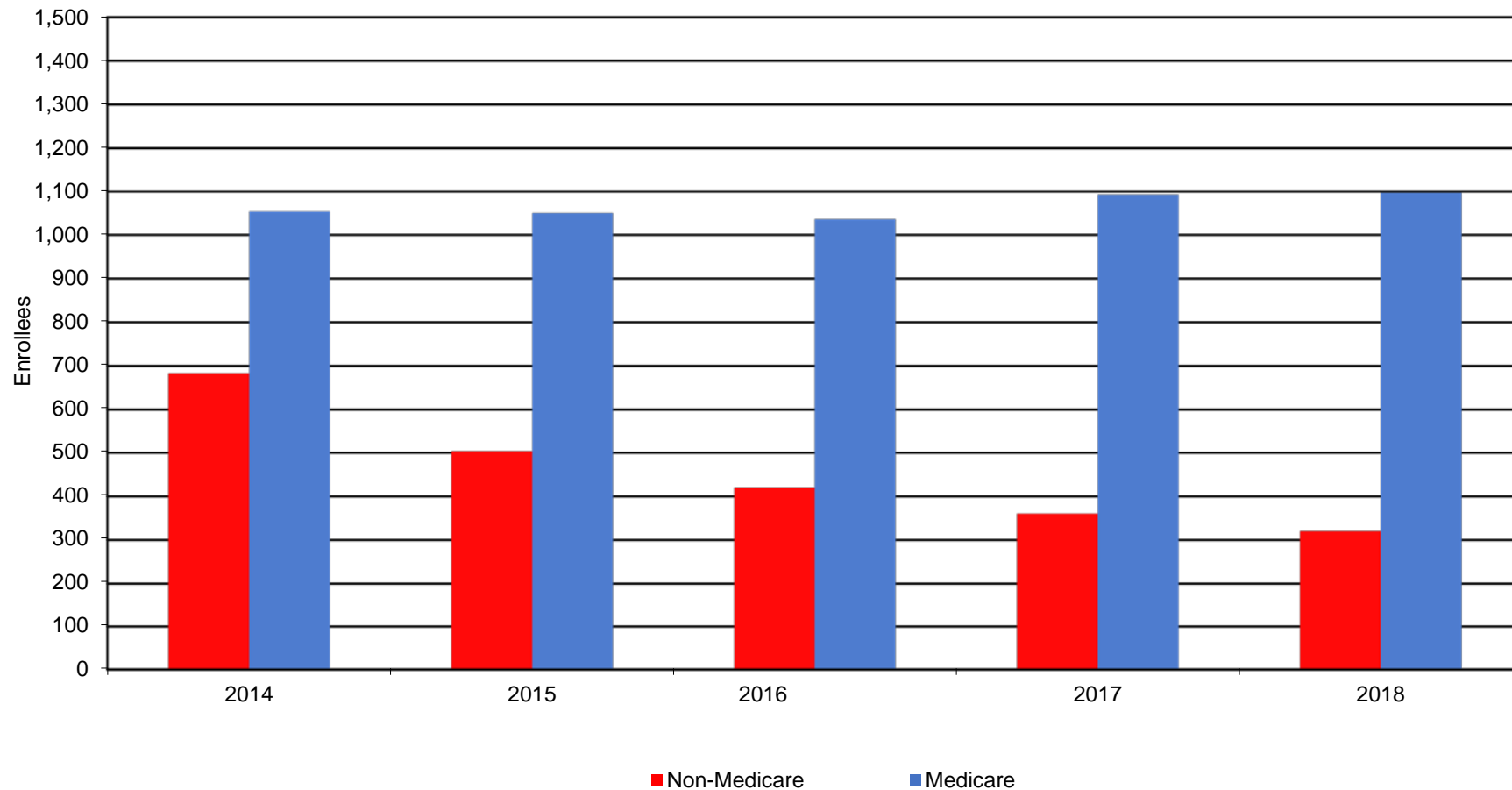


As of 12/31/2018

Combined Total Enrollment



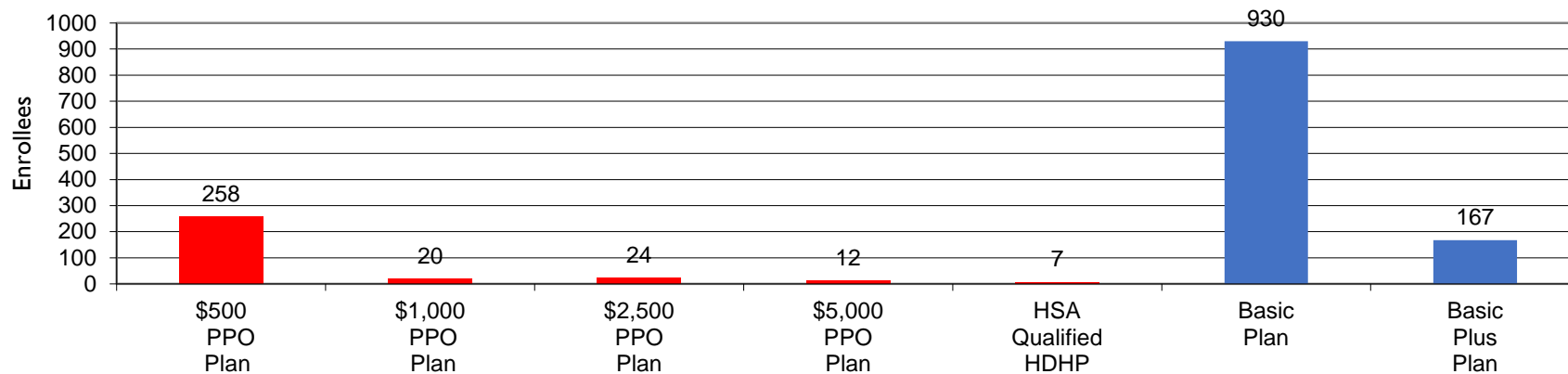
This chart has been modified to reflect a rolling 5-year trend of total enrollment within WSHIP at year end. Medicare enrollment has remained fairly static. In 2018, Non-Medicare enrollment decreased 11% from 2017.



Plan and Age Distribution



PPO Plan					HSA PPO Plan		Basic Plan		
Age	\$500	\$1,000	\$2,500	\$5,000	Age	\$3,000	Age	Basic Plan	Basic Plus
0-18	9	2	0	1	0-18	0	0-18	0	0
19-29	6	3	2	0	19-29	0	19-29	6	0
30-34	18	2	1	0	30-34	0	30-34	15	0
35-39	43	4	2	1	35-39	0	35-39	27	0
40-44	53	3	1	0	40-44	1	40-44	56	2
45-49	49	1	3	4	45-49	0	45-49	61	2
50-54	38	2	6	0	50-54	0	50-54	104	8
55-59	27	0	3	2	55-59	3	55-59	166	19
60-64	9	3	6	4	60-64	3	60-64	213	33
65-69	2	0	0	0	65-69	0	65-69	119	35
70-74	3	0	0	0	70-74	0	70-74	74	29
75-79	1	0	0	0	75-79	0	75-79	56	22
80-84	0	0	0	0	80-84	0	80-84	20	16
85+	0	0	0	0	85+	0	85+	13	1
	258	20	24	12		7		930	167
PPO Plan Enrollment = 314					HSA Plan Enrollment = 7		Medicare Enrollment = 1,097		
Non-Medicare Enrollment = 321									



Non-Medicare vs. Medicare Claims Costs

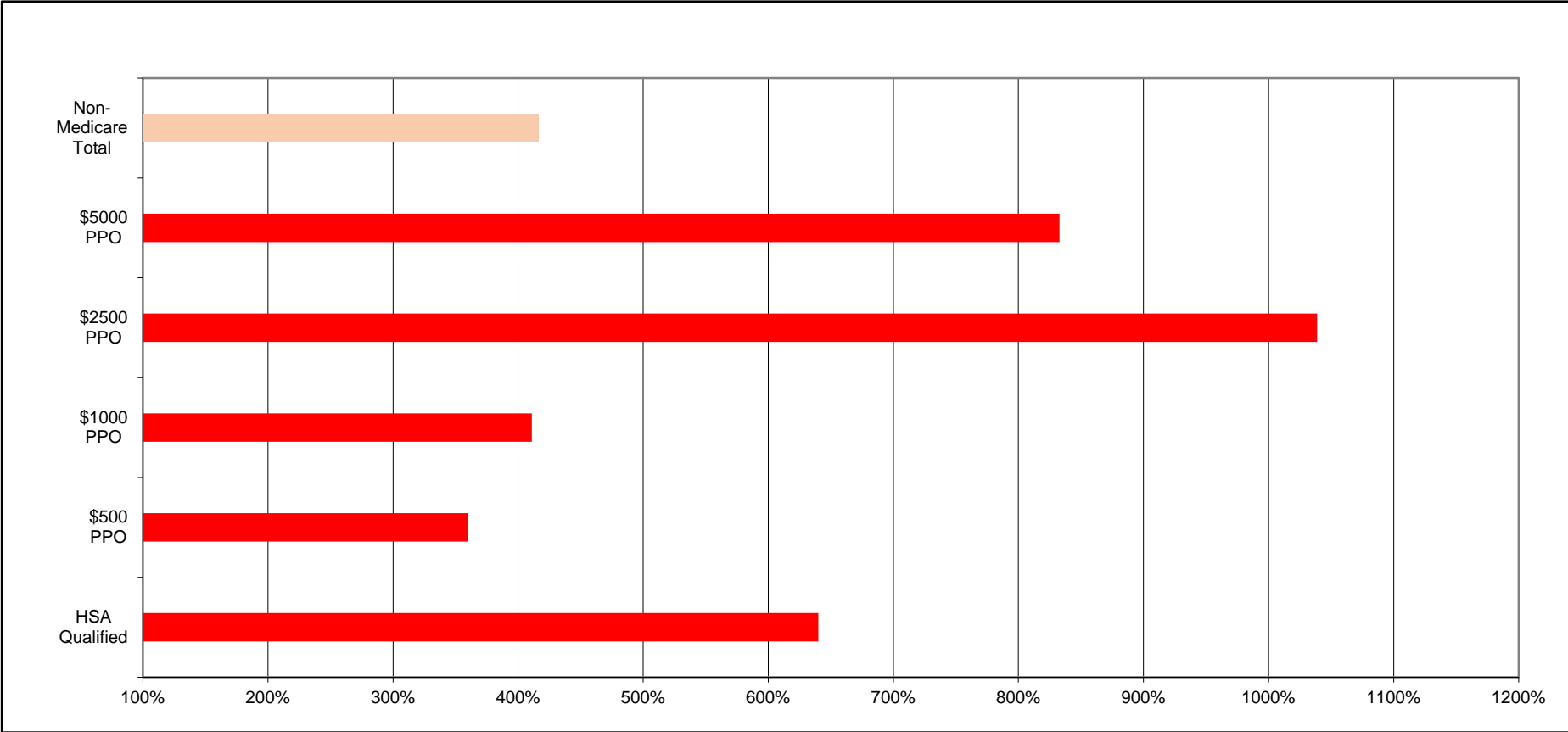


Non-Medicare vs. Medicare Claim Costs - 2018		
	Non-Medicare	Medicare
Enrollment Count	321	1,097
Medical Claims	\$16.2 million	\$9.8 million
Pharmacy Claims	\$11.8 million	\$ 0.9 million
Total Claims	\$28.0 Million	\$10.7 Million
Loss Ratio	350%	191%
Claims Costs Per Enrollee Per Month (PEPM)	\$7,047	\$815

Non-Medicare Loss Ratio



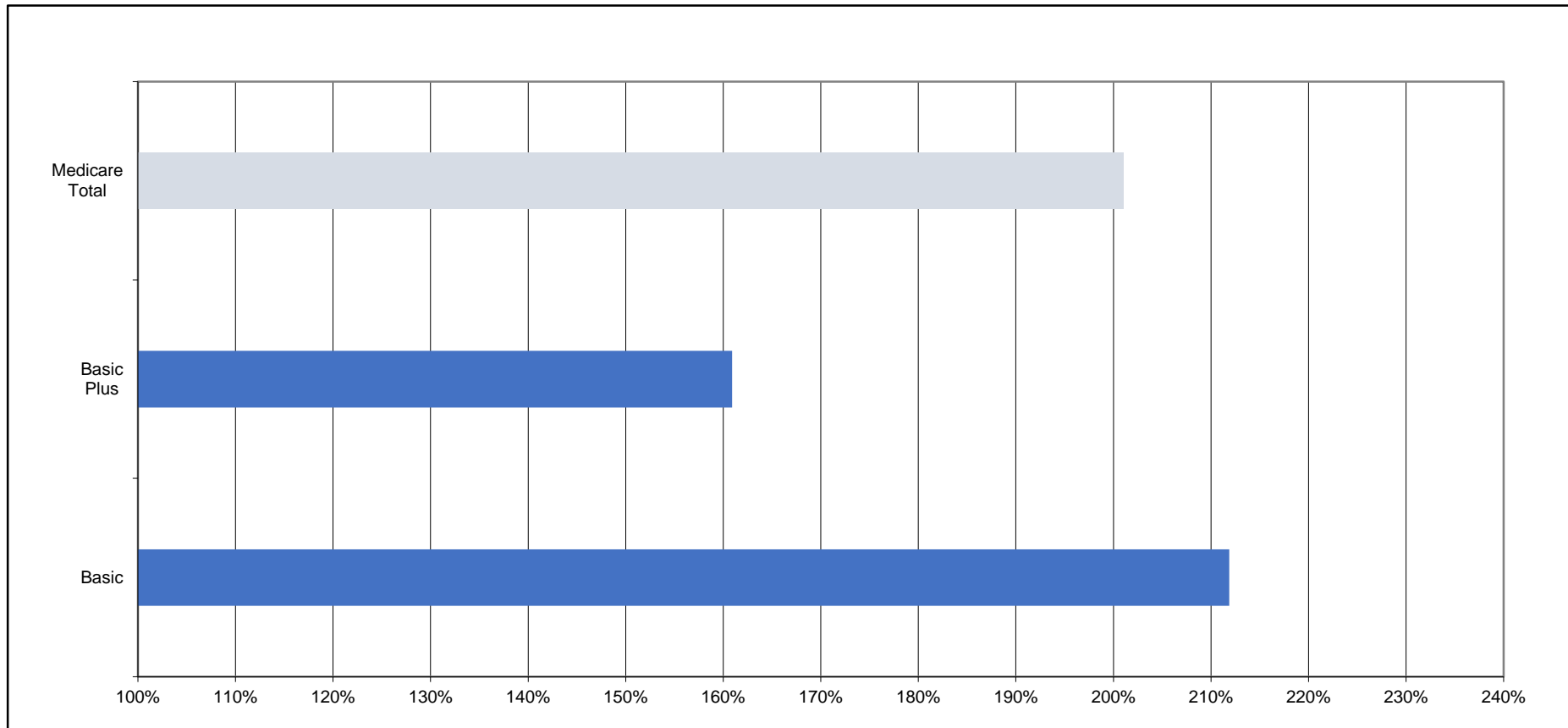
This chart illustrates the loss ratio for the calendar year for WSHIP Non-Medicare plans. Loss ratio is the proportionate relationship of total paid claims divided by total premiums.



Medicare Loss Ratio



This chart illustrates the loss ratio for the calendar year for WSHIP Medicare plans. Loss ratio is the proportionate relationship of total paid claims divided by total premiums.



Cost Sharing



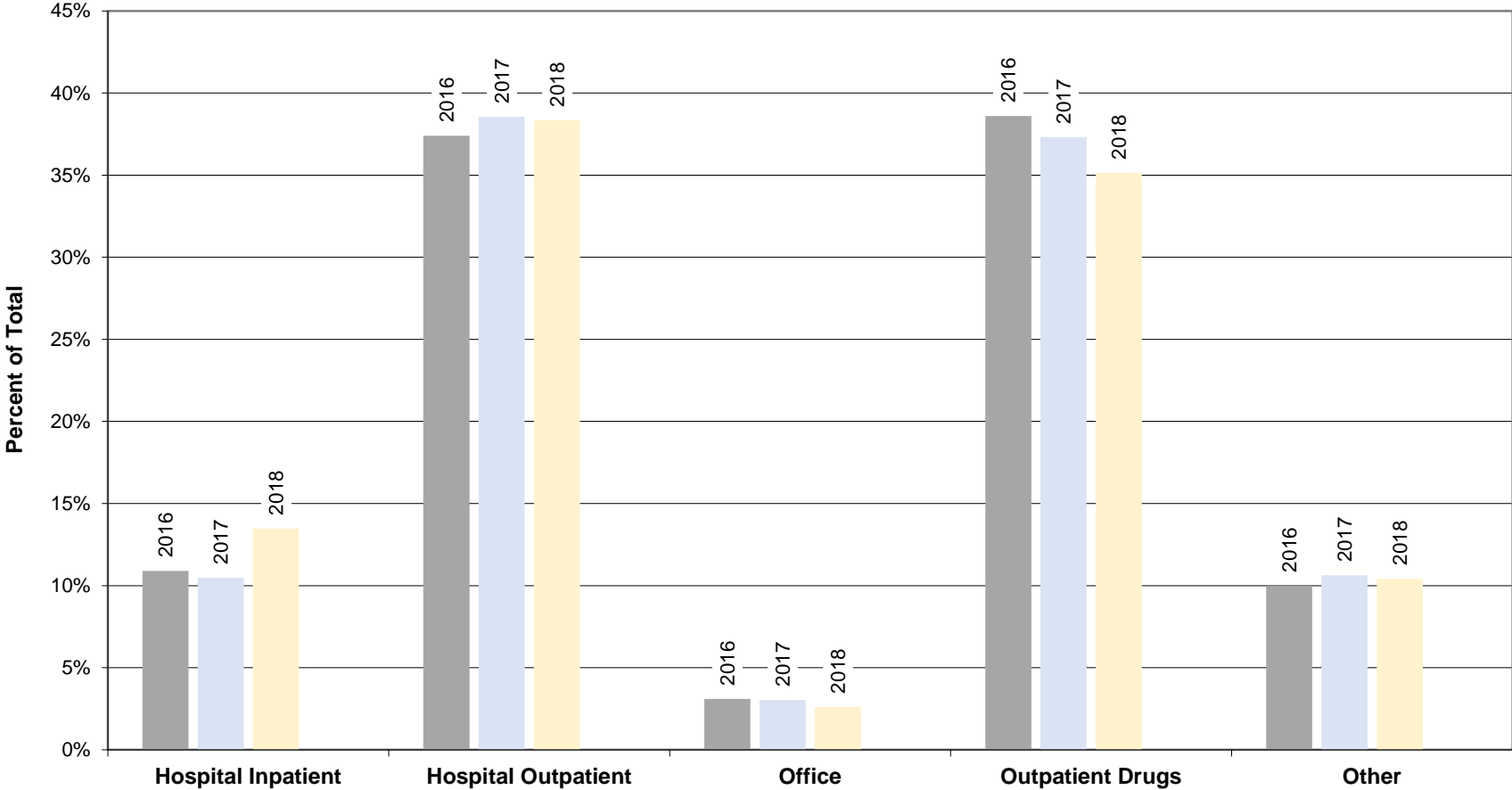
This chart illustrates the cost sharing on a per enrollee per month (PEPM) basis. Enrollees' totals include all out-of-pocket related health plan costs (co-pays, deductibles, coinsurance) in addition to the annual premium.

	Annual Totals		PEPM	
	Enrollee Paid	Total Plan Paid	Enrollee Costs	Plan Costs
Preferred Provider Plan	\$ 6,785,542	\$ 27,997,469	\$ 1,830	\$ 7,095
HSA Qualified Plan	\$ 111,940	\$ 716,478	\$ 1,889	\$ 8,530
Standard Plans (runout)	\$ -	\$ 21,622	\$ 924	\$ 10,811
Total Non-Medicare	\$ 6,897,482	\$ 28,713,947	\$ 1,831	\$ 7,125
Basic Plus	\$ 1,131,858	\$ 1,821,161	\$ 542	\$ 868
Basic	\$ 4,204,419	\$ 8,907,601	\$ 380	\$ 800
Total Medicare	\$ 5,336,278	\$ 10,728,761	\$ 405	\$ 811
Total All Plans	\$ 12,233,759	\$ 39,442,708	\$ 738	\$ 2,286

Distribution of Claim Payments



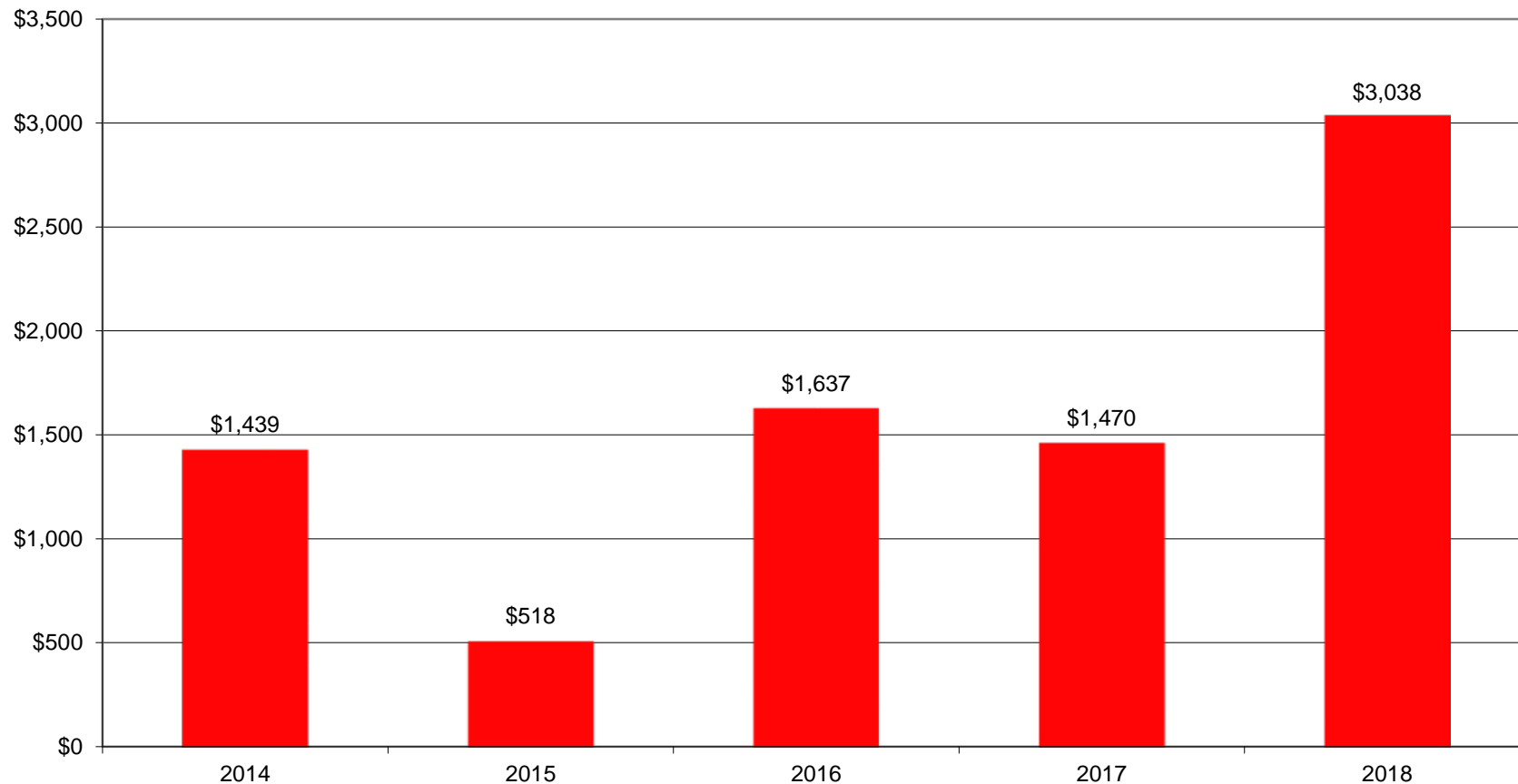
This chart illustrates the total annual combined Medicare and Non-Medicare medical and pharmacy claims paid for each place of service as a percent of the total annual cost. "Other" is a total of services not within the defined labels below, such as Ambulance, Community Mental Health Center, Home Health / Hospice, and Substance Abuse Treatment Center.



Non-Medicare Network Savings



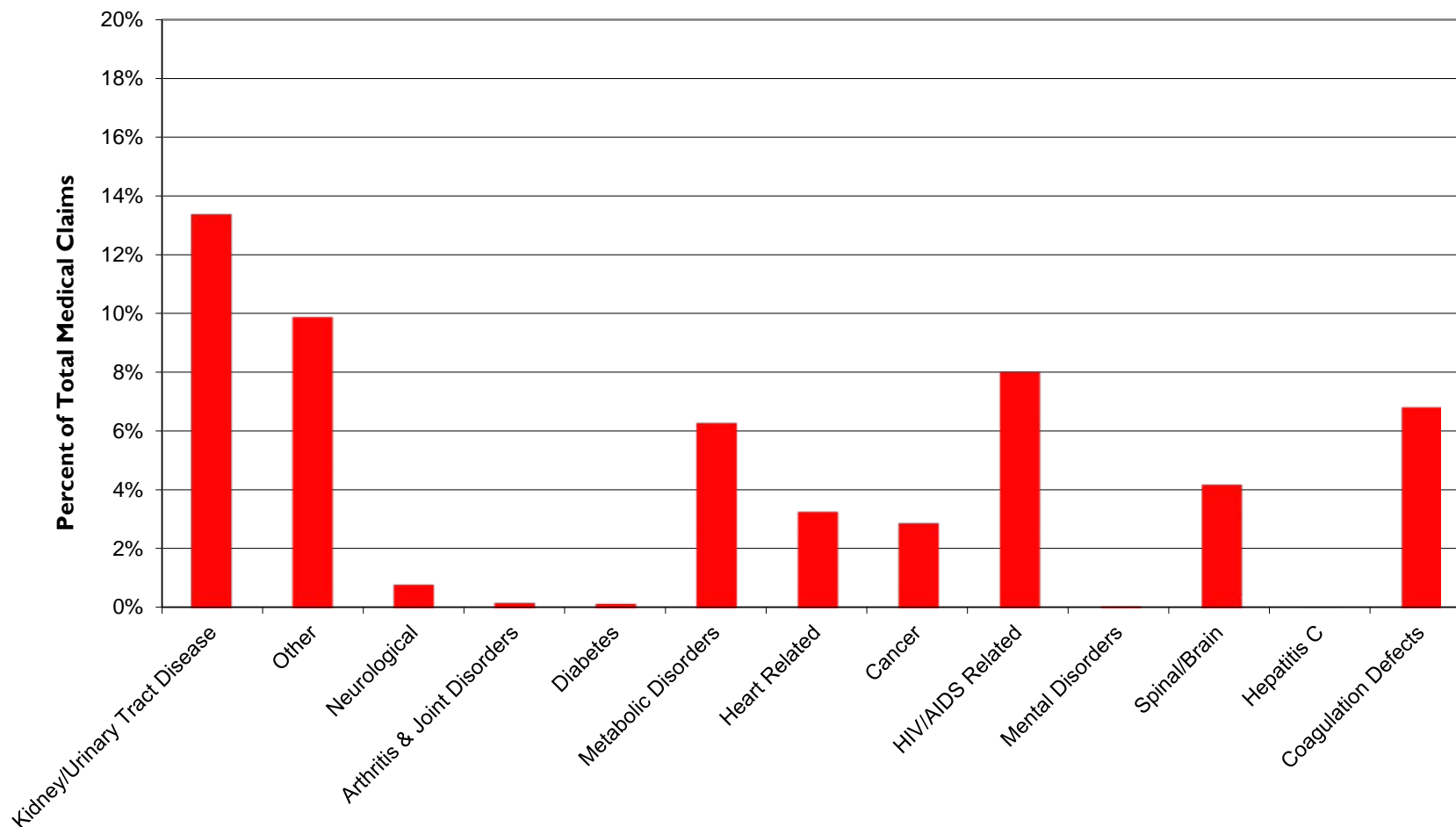
This chart depicts network discounts for the Preferred Provider Plans for paid claims on a Per Enrollee Per Month (PEPM) basis for Non-Medicare plans. The total combined network savings was 43.1%. These Plans utilized networks 98% of the time.





Non-Medicare Diagnosis Categories

This chart depicts the paid medical claims based upon Major Diagnosis Categories for all Non-Medicare plans. The percent of WSHIP claims billed under the Kidney and Urinary Tract Disease Diagnosis Category in 2018 for Non-Medicare was 43%.



Medicare Diagnosis Categories



This chart depicts the paid medical claims based upon Major Diagnosis Categories for all Medicare plans. The percent of WSHIP claims billed under the Kidney and Urinary Tract Disease Diagnosis Category in 2018 for Medicare was 32%.

