

SFHSS 2018 Risk Scores

SAN FRANCISCO HEALTH SERVICE SYSTEM

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Introduction

This is the third year that SFHSS is utilizing the all payer claims database (APCD) to generate risk scores for the San Francisco Health Service system (SFHSS) population. These are provided specifically during the rates & benefits cycle to provide an additional assessment tool to the rating assumptions provided by the plans.

This report raises more questions than provides answers. The risk scores and the APCD are a tool to help support data driven decision making by the Health Service Board (HSB). Feedback from the Commissioners regarding what questions this report raises for them will be continually addressed.

SFHSS staff utilize the risk score information to help inform strategies around earlier intervention and prevention. Throughout the course of the year, ongoing drill-down analysis will be performed to identify the drivers to increased risk scores and opportunities for improving or maintaining the health of our population.

The 2017 risk scores report introduces additional insights over previous reports. For the first time, splices by union and by employer are provided. More dynamic adjusted measures have also been included to evaluate plan performance

Medicare Retiree scores have been included with this report with caveats. The DCG model for calculating risk scores is a commercial model not Medicare. As such caution is advised when applying this model to commercial populations. SFHSS believes this information is still meaningful in understanding risk variances amongst the plans, by various demographics, and year over year trending of the overall risk of the population.

Notes

- Current period is rolling year Oct, 2016 to Sep, 2017 and Previous period is rolling year Oct, 2015 to Oct, 2016.
- Concurrent relative risk scores are a measure of the expected total cost for a member. It predicts cost for the same 12 month period as the data. It measures the current illness burden of the population and includes chronic and acute conditions for individuals. Age/Gender carry less weight since all conditions are known.
- Prospective models predict cost for the future 12 month period. The prospective risk scores measure the chronic condition illness burden since that affects future costs but pays less attention to current acute conditions since those won't affect future costs. The model includes risk for potential acute or new conditions based on age/gender distribution which carry more weight, since future conditions are unknown.
- Rescaled is calibrated to 1.00 for our database. The average will change year over year. Non-Rescaled are original scores that allow comparison over time. Hence we are using non-rescaled.
- Person-level risk score-based adjustment is applied to PMPM or PMPY Med and Rx.
- The Diagnostic Cost Group and DxCG risk adjustment models are licensed through Verscend (formerly Verisk) and is used to adjust eligibility-denominated utilization measures like Admits Per 1000 Acute and Allow Amt PMPM Admits.
- Trio risk scores were developed by creating subsets of 2018 Trio enrollees and applying their 2017 risk score. Not all 2018 Trio enrollees may have been enrolled in 2017 in which case not all lives are accounted for in this splice
- Lives are based on an average which weights the risk score based upon how long the person was enrolled during the period

Summary

- The prospective and concurrent risk scores for the total commercial population for San Francisco HSS decreased over previous period which continues a downward trend reported in the 2016 Risk Score Report
- Blue Shield was the only plan that experienced an increase in risk scores (both concurrent and prospective) and this was primarily driven by the active population and not the early retirees
- Within the Blue Shield 2018 HMO offerings, Trio members have a lower concurrent risk score but a higher prospective risk score compared with those enrolled in Access+
- With regards to comparison of plan performance utilizing risk adjusted measures, overall all plans performed well

All Plans Active & Early Retiree Population Risk Analysis Overview

	ACTIVES											
	Lives	Lives Risk Score Concurrent Risk Score Prospective										
		Current	Previous	Current	Previous							
Blue Shield	31,232	1.133 🛈	1.098	1.150 🕜	1.125							
Access+	18,468	1.126		1.137								
Trio	10,763	1.094		1.157								
City Plan	1,474	1.765 🕓	1.811	1.675 🔱	1.716							
Kaiser	46,647	0.896 🕓	0.926	0.975 🕔	0.987							
All Plans	79,353	1.006 🕔	1.008	1.057 🕜	1.053							

EARLY RETIREES												
	Lives	Risk Score	e Concurrent	Risk Score	Prospective							
		Current	Previous	Current	Previous							
Blue Shield	3,568	2.190 🔮	2.194	2.151 🔱	2.180							
Access+	1,573	2.204		2.159								
Trio	1,338	1.838		1.979								
City Plan	802	3.154 🕜	3.133	2.876 🛛 🕓	3.009							
Kaiser	4,016	1.869 😍	1.900	2.034 🔮	2.043							
All Plans	8,385	2.128 🕓	2.133	2.164 🖖	2.182							

• Blue Shield Active employee risk scores have trended upwards. City Plan and Kaiser risk scores are marginally lower

- The overall prospective scores are higher being an indication of higher costs risk in the coming year
- Concurrent and Prospective scores are lower than previous year for Early Retirees

All Plans Commercial Population Risk Analysis Overview

	ACTIVES & EARLY RETIREES COMBINED											
	Lives	Lives Risk Score Concurrent Risk Score Prospective										
	Current Previous Current Previous											
Blue Shield	34,798	1.241 🕜	1.219	1.252 🕜	1.241							
Access+	20,040	1.211		1.217								
Trio	12,101	1.176		1.247								
City Plan	2,273	2.254 🖖	2.341	2.097 🔱	2.235							
Kaiser 50,656		0.973 🖖	1.004	1.059 🖖	1.072							
All Plans	87,726	1.113 🖖	1.119	1.162 🖖	1.165							

- Despite the upward trend of the Actives overall prospective risk score, when blending the population, the overall prospective risk score has decreased over the previous period
- The Access+ and Trio break out is based on 2018 enrollment and is intended to provide an early indicator of costs by each of these plans
- Trio has a higher prospective risk score relative to Access+ but a lower concurrent risk score

All Plans Medicare Population Risk Analysis Overview

	MÉDICARE RETIREES												
	Lives Risk Score Concurrent Risk Score Prospective												
Current Previous Current Previo													
Blue Shield	2,446	4.765 🕓	4.861	3.595 🕓	3.670								
UHC MA PPO	10,213	5.510 🕓	7.386	4.121 🖖	4.991								
Kaiser	10,003	5.989 🔶	5.691	4.605 🕦	4.464								
All Plans	21,846	5.673 🖖	5.933	4.303 🖖	4.394								

- The 2017 Risk Scores have been based on a rolling year period of October 2016-September 2017 to be available for the Rates & Benefits Process. Prior to Jan 1, 2017, SFHSS offered a Blue Shield Medicare plan.
- The count of lives is based upon how long the person was enrolled during the period and then the risk score is weighted accordingly. The Blue Shield value is a weighted value based on the plan existing for 3 months for the DCG period being utilized for generating the risk scores

Risk Analysis Overview - by Employers

ACTIVES												
	Lives Risk Score Concurrent Risk Score Prospecti											
		Current		Previous	Current	Previous	S					
City & County of SF	65,997	0.987 🔇	J	0.991	1.033	1.029						
City College of SF	2,307	1.203	D	1.260	1.324	1.324						
SF Superior Court	945	1.107	$\mathbf{\hat{n}}$	1.023	1.169	1.093						
SF Unified School District	10,104	1.076	N	1.058	1.142	1.140						
Total	79,353	1.006		1.008	1.057	1.053						

EARLY RETIREES												
Lives Risk Score Concurrent Risk Score Prospective												
Current Previous Current Previous												
City & County of SF	7,477	2.120 🕜	2.095	2.145 🔳	2.151							
City College of SF	202	1.742 🕔	2.064	1.939 🕔	2.081							
SF Superior Court	112	1.953 🕔	2.645	2.316 🕔	2.382							
SF Unified School District 594 2.395 🕠 2.520 2.443 🕔 2.562												
Total	8,385	2.128 🚺	2.133	2.164 🕔	2.182							

- City College active employees and their dependents have the highest risk scores amongst the employers. During the time period, 52 patients had claims in excess of \$50,000, 34 of whom were employees
- Prospective risk scores for the active population are trending upwards.
- For early retirees, prospective and concurrent risk scores are trending downward with the exception of the City & County of San Francisco concurrent score

Risk Analysis Overview by Unions

CCSF ACTIVES											
Risk Score Prospective Risk Score Concurrent											
	Current	Previous	Current	Previous							
TRADES	1.116 🕜	1.086	1.111 🕜	1.068							
MUNICIPAL EXECUTIVES ASSOCIATION											
(MEA)	1.116 😍	1.145	1.046 🔮	1.101							
SERVICE EMPLOYEES INTERNATIONAL											
UNION (SEIU), LOCAL 1021	1.105 🔮	1.119	1.029 🔮	1.058							
TRANSIT WORKERS	1.103 🛈	1.080	1.065 🕜	1.053							
HEALTH	1.091 🛈	1.059	1.057 🕜	1.045							
MISC. SAFETY	1.019 🛈	0.970	0.969 🕓	0.978							
PROFESSIONAL AND TECHNICAL											
ENGINEERS, LOCAL 21	1.008 🕜	0.999	0.950 🕜	0.946							
MUNICIPAL ATTORNEYS ASSOCIATION											
(MAA)	0.965 😃	0.973	0.935 🕓	1.026							
SHF	0.912 🛈	0.896	0.894 🕜	0.847							
FIREFIGHTERS ASSOCIATION, LOCAL 798	0.783 🔮	0.803	0.741 🕔	0.761							
Total	1.059 0	1.055	1.009 🕔	1.013							

• Top 10 Unions with the highest prospective risk scores have been represented here. 8 of 10 of these are trending upwards in risk

- Unions included are only those applicable to City & County of San Francisco employees
- Unlike other splices in this report, these scores do not include dependents, only active employees
- Active employees could also include those on leave

All Plans by Gender & Average Age

	Risk	Scores-	by Gende	r and Plan	for Activ	ves, Early I	Retirees, Co	mbine	d	
Plan Group	Gender		ACTIVES	5		EARLY RETI	REES		COMBIN	ED
		Age Avg	Risk Score Concurrent	Risk Score Prospective	Age Avg	Risk Score Concurrent	Risk Score Prospective	Age Avg	Risk Score Concurrent	Risk Score Prospective
Kaiser	Female	34.2	0.983 🖖	1.062 🖖	54.5	1.755 🕜	1.934 🕜	36	1.048 😍	1.136 🔮
	Male	34	0.806 🖖	0.884 🖖	53.9	2.008 🕔	2.155 🕔	35.5	0.894 🕔	0.977 🕜
City Plan	Female	38.8	2.037 🖖	1.85 😍	56.6	3.07 🕔	2.719 🕔	45.6	2.431 😍	2.181 🔮
	Male	39.5	1.528 🖖	1.522 🕓	56.5	3.248 🕔	3.053 🕕	45	2.084 😍	2.016 🔳
Blue Shield	Female	36.2	1.194 🕜	1.205	53	2.129 🕜	2.069 🕔	38	1.295 🛈	1.298 🕜
	Male	35.5	1.068 🕧	1.09 🕦	52.7	2.264 🕔	2.249 🕔	37.1	1.184 🕜	1.202 🕜
Access+	Female	35.5	1.199	1.199	51.9	2.082	2.071	36.8	1.271	1.27
	Male	34.8	1.047	1.069	50.8	2.352	2.265	36	1.145	1.159
Trio	Female	37.7	1.154	1.209	53.4	1.845	1.916	39.6	1.238	1.294
	Male	37.1	1.032	1.103	53.8	1.828	2.06	38.7	1.111	1.198

• Kaiser has the lowest risk scores by gender and average age for Actives and Early Retirees

• City Plan active female population have the highest risk scores of the three plans.

• The Access+ and Trio break out is based on 2018 enrollment and is intended to provide an early indicator of costs by each of these plans

Risk Scores by Age & Gender for Kaiser

			AC	TIVES			EARLY	RETIREE	S
Current	Age	Lives	Average	Risk Score	Risk Score	Lives	Average	Risk Score	Risk Score
			Age	Concurrent	Prospective	_	Age	Concurrent	Prospective
Female	<18	5,155	9.1	0.395	0.357	67	12.9	0.465	0.481
	18-24	2,357	21.2	0.582	0.649	140	21.2	0.644	0.711
	25-34	3,794	29.9	0.979	1.041	34	25.7	0.505	0.893
	35-44	4,438	39.5	1.085	1.115	34	41.0	2.264	2.386
	45-54	4,717	49.4	1.256	1.399	298	51.4	1.874	1.865
	55-59	2,003	56.9	1.570	1.839	538	57.2	1.773	2.052
	60-64	1,260	61.7	1.776	2.040	1,099	62.1	1.957	2.158
	65+	76	65.0	2.131	2.110	1	65.0	1.590	1.620
	All Females	23,794	34.2	0.983 🕓	1.062 🕓	2,211	54.5	1.755 🕜	1.934 🕜
Male	<18	5,331	8.9	0.400	0.358	84	12.6	0.510	0.418
	18-24	2,498	21.0	0.390	0.337	143	21.2	0.467	0.391
	25-34	3,147	29.8	0.475	0.480	31	26.1	0.769	0.694
	35-44	3,770	39.6	0.733	0.758	11	42.3	1.629	1.227
	45-54	4,527	49.5	1.044	1.211	158	51.3	1.841	1.887
	55-59	2,117	56.9	1.613	1.922	434	57.4	1.734	1.945
	60-64	1,375	61.7	1.977	2.420	943	62.3	2.573	2.778
	65+	88	65.0	2.365	2.535	1	65.0	1.350	2.360
	All Males	22,845	34.0	0.806 🖖	0.884 🖖	1,804	53.9	2.008 🖖	2.155 🖖
	All Lives	46,639	34.1	0.896 🕓	0.975 🖖	4,015	54.2	1.869 🕔	2.034 👃

• The female early retiree population is trending higher in both concurrent and prospective risk scores. However the male early retiree population has the higher concurrent and prospective risk scores

• All active Kaiser populations (male and female) are trending down in concurrent and prospective risk scores

• Risk scores increasing by age is expected

Risk Scores by Age & Gender for Blue Shield

			AC	TIVES			EARLY	RETIREE	S
Current	Age	Lives	Average	Risk Score	Risk Score	Lives	Average	Risk Score	Risk Score
			Age	Concurrent	Prospective		Age	Concurrent	Prospective
Female	<18	3,502	9.3	0.461	0.413	100	13.1	0.797	0.641
	18-24	1,581	21.0	0.693	0.701	150	21.4	1.141	0.975
	25-34	1,602	30.1	1.058	1.061	40	25.9	1.946	1.363
	35-44	2,786	39.7	1.272	1.225	25	40.4	0.870	1.057
	45-54	3,711	49.5	1.471	1.523	240	51.5	1.898	1.804
	55-59	1,789	57.0	1.881	1.959	476	57.3	2.107	2.052
	60-64	1,175	61.7	2.080	2.203	924	62.2	2.546	2.537
	65+	64	65.0	2.254	2.045	0			
	All Females	16,205	36.2	1.194 🕜	1.205 🕜	1,954	53.0	2.129 🕜	2.069 🕔
Male	<18	3,692	9.1	0.600	0.476	88	12.8	0.625	0.495
	18-24	1,513	21.1	0.538	0.446	165	21.6	0.547	0.477
	25-34	1,316	30.0	0.662	0.606	35	25.4	0.632	0.631
	35-44	2,180	39.8	0.805	0.827	7	39.2	1.669	1.763
	45-54	3,440	49.7	1.296	1.405	109	51.4	2.563	2.369
	55-59	1,659	57.0	1.920	2.094	364	57.4	2.689	2.629
	60-64	1,170	61.7	2.236	2.476	846	62.3	2.622	2.669
	65+	63	65.0	2.248	2.481	0			
	All Males	15,027	35.5	1.068 🕜	1.090 🕜	1,614	52.7	2.264 🖖	2.249 🖖
	All Lives	31,232	35.8	1.133 🕜	1.150 🕜	3,568	52.9	2.190 🕜	2.151 🔥

• The early retiree male population is trending downward in concurrent and prospective risk score however this population's score is higher than those for the female early retirees

• The active population enrolled in Blue Shield is trending upward in concurrent and prospective risk scores for both males and females.

Current Risk Scores by Age & Gender for City Plan

			AC	TIVES			EARLY	RETIREE	S
Current	Age	Lives	Average	Risk Score	Risk Score	Lives	Average	Risk Score	Risk Score
	-		Age	Concurrent	Prospective		Age	Concurrent	Prospective
Female	<18	102	8.5	0.720	0.609	10	11.5	0.429	0.518
	18-24	49	21.4	0.905	0.895	16	21.4	2.892	2.033
	25-34	100	30.1	1.393	1.535	2	25.4	2.120	2.224
	35-44	128	39.4	1.490	1.494	3	40.2	2.433	1.607
	45-54	155	49.7	2.002	2.033	61	51.5	2.379	2.060
	55-59	93	56.8	4.355	3.405	93	57.3	3.137	3.093
	60-64	55	61.5	3.807	3.094	236	62.2	3.281	2.871
	65+	6	65.0	5.011	3.428	3	65.0	8.962	4.641
	All Females	687	38.8	2.037 🔱	1.850 🕓	424	56.6	3.070 🕓	2.719 🕓
Male	<18	115	8.9	0.572	0.500	13	11.4	0.725	0.662
	18-24	55	21.6	0.630	0.510	15	21.2	0.893	0.579
	25-34	104	30.3	0.980	0.867	2	25.1	0.746	0.913
	35-44	140	39.4	1.257	1.188	3	42.8	0.275	0.481
	45-54	193	49.7	1.834	1.901	33	52.2	2.508	2.349
	55-59	113	57.0	2.425	2.600	91	57.1	3.258	3.282
	60-64	60	61.7	3.078	3.033	209	62.2	3.524	3.337
	65+	8	65.0	1.915	2.133	13	65.0	7.077	4.834
	All Males	787	39.5	1.528 🖖	1.522 🔱	377	56.5	3.248 🕜	3.053 🖖
	All Lives	1,474	39.2	1.765 🕔	1.675 👃	801	56.6	3.154 🕜	2.876 🖖

Prospective risk scores have decreased for both the male and female population over previous period

• City plan is experiencing extremely high concurrent risk scores in the 65+ population which are either Medicare ineligible or out of area individuals. These individuals also have very high prospective risk scores

All Plans combined by Relationship

			ļ	ACTIVES			EARL		ËS		MEDICA		EES
	Relationship	Lives	Average	Risk Score	Risk Score	Lives	Average	Risk Score	Risk Score	Lives	Average	Risk Score	Risk Score
			Age	Concurrent	Prospective		Age	Concurrent	Prospective		Age	Concurrent	Prospective
Current	Employees	38,632	45.5	1.239 🔱	1.343 🕜	5,571	59.78	2.437 🕕	2.498 🕔	16,481	75.2	6.064 🕔	4.555 🕓
	Spouses	14,329	46.7	1.329 👥	1.408 🕔	1,682	57.58	2.031 👔	2.064 🚺	5,070	71.3	4.659 🕜	3.679 🕓
	Children	26,391	13.1	0.488 🔱	0.446 🕜	1,131	19.17	0.754 🕔	0.664 🖖	296	22.1	1.277 🕓	1.003 🕔
TOTAL		79,353	34.9	1.006 🔱	1.057 🕕	8,385	53.86	2.128 🕔	2.164 🖖	21,846	73.6	5.673 🕔	4.303 🕓
Previous	Employees	37,673	45.7	1.245	1.339	5,674	59.76	2.445	2.520	16,736	74.8	6.407	4.692
	Spouses	13,965	46.9	1.322	1.409	1,694	57.56	1.974	2.065	5,267	70.6	4.774	3.689
	Children	25,909	13.1	0.494	0.445	1,157	19.38	0.834	0.700	381	21.9	1.108	1.028
TOTAL		77,547	35.0	1.008	1.053	8,525	53.84	2.133	2.182	22,384	72.9	5.933	4.394

- For all coverage groups, the spouses are at a higher risk than the employee/retiree subscriber
- When evaluating risk scores by relationship type versus by gender or plan, prospective risk scores are trending downward for early retirees and Medicare retirees
- Risk scores are based on a commercial model which we are applying to a Medicare population so as to gain some insight of the risks by relationship, gender, age, between plans and longitudinally. The scores for this population should not be considered precise
- · Active employees are trending upwards in prospective risk scores

All Plans comparison Allowed Amount PMPM for Med and Rx

			ACTIVE	S		EARLY RETIREES				
	Lives	Risk Score	Allow Amt	Dynamic	Ratio	Lives	Risk Score	Allow Amt	Dynamic	Ratio
Current		Concurrent	PMPM	Adjustment			Concurrent	PMPM	Adjustment	
Blue Shield	31,232	1.133	\$598.52	\$521.82	1.15 🕓	3,568	2.190	\$1,200.93	\$1,013.04	1.19 🛈
City Plan	1,474	1.765	\$854.50	\$812.96	1.05 🕓	802	3.154	\$1,474.95	\$1,457.87	1.01 🕓
Kaiser	46,647	0.896	\$359.26	\$412.58	0.87 🕜	4,016	1.869	\$673.72	\$864.35	0.78 🔮
TOTAL	79,353	1.006	\$462.63	\$463.01	1.00 ᅌ	8,385	2.128	\$974.64	\$984.35	0.99 😍
Previous										
Blue Shield	31,697	1.098	\$574.50	\$496.60	1.16	3,930	2.194	\$1,166.70	\$1,038.85	1.12
City Plan	1,007	1.811	\$950.81	\$818.90	1.16	674	3.133	\$1,593.88	\$1,483.14	1.07
Kaiser	44,842	0.926	\$360.18	\$418.49	0.86	3,921	1.900	\$751.87	\$899.72	0.84
TOTAL	77,547	1.008	\$455.46	\$455.62	1.00	8,525	2.133	\$1,009.66	\$1,009.97	1.00

• The dynamic adjustment based on risk score allows for comparison of performance between the plans

• After adjustments for differences in the underlying demographics and health risks across plans, allowed amount PMPM costs at Kaiser were lower than expected at \$359.26 and higher than expected at Blue Shield and City Plan

• For Early Retirees, Kaiser was much lower at \$673.72, City Plan marginally higher and Blue Shield higher than expected

• The comparison of allowed amount PMPM for Med and RX uses the average number of members per month with medical enrollment

All Plans comparison Allowed Amount PMPM for Med and Rx

ACTIVE & EARLY RETIREES COMBINED										
	Lives	Risk	Allow Amt	Dynamic	Ratio					
		Score	PMPM	Adjustment						
Blue Shield	34,798	124.15	\$660.00	\$572.10	1.15 😔					
City Plan	2,273	225.35	\$1,074.04	\$1,038.38	1.03 🔮					
Kaiser	50,656	97.33	\$384.21	\$448.37	0.86 😜					
TOTAL	87,726	111.29	\$511.48	\$512.73	1.00 ᅌ					
Previous			•	•						
Blue Shield	35,621	1.219	\$639.57	\$556.08	1.15					
City Plan	1,681	2.341	\$1,208.74	\$1,068.01	1.13					
Kaiser	48,759	1.004	\$391.69	\$457.85	0.86					
TOTAL	86,060	1.119	\$510.25	\$510.42	1.00					

• Comparing the performance over previous period for the combined population, all plans performed better or at the same efficiency as previous year

• The comparison of allowed amount PMPM for Med and RX uses the average number of members per month with medical enrollment

All Plans comparison of Allowed Amount PMPM for Admits

	ACTIVES					EARLY RETIREES				
Plan Group	Population	Risk Score	Allow Amt	Dyn Adj	Ratio Dyn	Population	Risk Score	Allow Amt	Dyn Adj Allow	Ratio Dyn Adj
		Concurrent	PMPM	Allow Amt	Adj Allow		Concurrent	PMPM Adm	Amt PMPM	Allow Amt
		Non-	Adm Acute	PMPM Adm	Amt PMPM		Non-	Acute	Adm Acute	PMPM Adm
		Rescaled		Acute	Adm Acute		Rescaled			Acute
Current										
Blue Shield	31,232	113.33	\$170.22	\$176.70	1.0 🕦	3,568	219.03	\$353.68	\$315.99	1.1 🕜
City Plan	1,474	176.53	\$144.22	\$349.49	0.4 🕔	802	315.42	\$391.47	\$516.79	0.8 🔿
Kaiser	46,647	89.64	\$123.12	\$112.36	1.1 🕤	4,016	186.88	\$226.81	\$241.18	0.9 🕔
TOTAL	79,353	100.58	\$142.05	\$142.09	1.0	8,385	212.84	\$296.53	\$299.35	1.0
Previous										
Blue Shield	31,697	109.83	\$153.95	\$165.49	0.9	3,930	219.42	\$333.95	\$360.28	0.9
City Plan	1,007	181.09	\$198.00	\$405.16	0.5	674	313.26	\$463.97	\$591.30	0.8
Kaiser	44,842	92.58	\$132.72	\$119.91	1.1	3,921	189.99	\$327.11	\$278.84	1.2
TOTAL	77,547	100.78	\$142.25	\$142.25	1.0	8,524.5	213.30	\$341.08	\$341.08	1.0

• Adjusting allowed amounts per member per month for admits is calculated at the Diagnostic Cost Group (DCG) level. Only the diagnoses that categorize into a cost group are included in this type of analysis

• In comparison to previous year and adjusting for risk, Blue Shield's efficiency has decreased from previous year for both the active and early retiree population. Kaiser's performance remains unchanged and City plan has improved.

All Plans comparison – Admits per 1000 Actives & Early Retirees

	ACTIVES					EARLY RETIREES				
Plan Group	Population	Risk Score	Admits Per	Dyn Adj	Ratio Dyn	Population	Risk Score	Admits Per	Dyn Adj	Ratio Dyn Adj
		Concurrent	1000 Acute	Admits Per	Adj Admits		Concurrent	1000 Acute	Admits Per	Admits Per
		Non-		1000 Acute	Per 1000		Non-		1000 Acute	1000 Acute
		Rescaled	(/		Acute		Rescaled			
Current										
Blue Shield	31,232	113.33	42.94	41.12	1.0 🔿	3,568	219.03	70.64	65.34	1.1 🕜
City Plan	1,474	176.53	59.72	70.86	0.8 🔿	802	315.42	111.04	100.51	1.1 🕓
Kaiser	46,647	89.64	29.52	30.40	1.0 😜	4,016	186.88	45.57	54.13	0.8 🕓
TOTAL	79,353	100.58	35.36	35.37	1.0	8,385	212.84	62.50	63.33	1.0
Previous										
Blue Shield	31,697	109.83	41.01	39.52	1.0	3,930	219.42	70.48	69.20	1.0
City Plan	1,007	181.09	62.54	75.05	0.8	674	313.26	124.71	105.49	1.2
Kaiser	44,842	92.58	31.33	32.10	1.0	3,921	189.99	54.58	59.16	0.9
TOTAL	77,547	100.78	35.69	35.69	1.0	8,524.5	213.30	67.45	67.45	1.0

• For the Active population, adjusting for risk factors, City Plan is performing better than expected with 59.72 admits per 1000

· All three plans are operating at the same efficiency level as previous year for Actives

• For the Early Retiree population Blue Shield and City Plan have higher admissions per 1000 than expected and Blue Shield is trending higher than the previous period

• This measure uses the DCG level adjustment method. Only the diagnosis that categorize into a cost group are included in this type of analysis