SJVIA 2011 - 2012 FISCAL BUDGET

	County of Fresho 2011-12 Budge		County of Tulare 2011-12 Budget		SJVIA 2011-12 Budget	
REVENUE						
County of Fresno & County of Tulare Health Plan Revenue CoT (Anthem Medical, Rx, Vendor Services) CoF (Anthem Medical, Vendor Services)	\$	42,133,008	\$	18,395,923		
TOTAL REVENUE					\$	60,528,931
EXPENSES: Fixed						
1 Specific & Aggregate Stop Loss Insurance (PPO)	\$	103,582	\$	321,949	\$	425,531
2 Anthem ASO Administration & Network Fees (PPO)	\$	262,580	\$	814,064	\$	1,076,644
3 Chimienti Associates/Hourglass Administration (PPO & Anthem HMO)	\$	429,312	\$	202,059	\$	631,371
4 GBS Consulting	\$	264,192	\$	124,344	\$	388,536
5 SJVIA Association Fee	\$	132,096	\$	62,172	\$	194,268
6 Claims Management/Communications	\$	198,144	\$	93,258	\$	291,402
7 Anthem HMO Pooling	\$	1,556,270	\$	-	\$	1,556,270
8 Anthem HMO Administration/Retention	\$	1,977,027	\$	-	\$	1,977,027
9 Blue View Vision (County of Tulare only, 6 Months of 2011 only)	\$	-	\$	72,082	\$	72,082
TOTAL FIXED EXPENSES	\$	4,923,203	\$	1,689,928	\$	6,613,131
EXPENSES: Claims						
10 Projected Paid Medical Claims PPO & Non-Cap HMO	\$	20,390,404	\$	11,684,495	\$	32,074,899
11 Projected Paid Rx Claims PPO (All CoT and Only CoF HDPPO)	\$	655,934	\$	4,701,178	\$	5,357,112
12 Anthem MPP HMO Capitation (Fixed Claims Cost)	<u>\$</u>	13,684,511	\$		\$	13,684,511
TOTAL CLAIMS EXPENSES	<u>\$</u>	34,730,848	<u>\$</u>	16,385,673	<u>\$</u>	51,116,521
TOTAL PROJECTED EXPENSES	\$	39,654,051	\$	18,075,601	\$	57,729,652
13 IBNR Revenue Less Expenses	\$	2,478,957	\$	320,321	\$	2,799,278
COMBINED EXPENSES & RESERVES	\$	42,133,008	\$	18,395,923	\$	60,528,931

Glossary of Terms:

1 Specific & Aggregate Stop Loss Insurance (PPO)

Specific: Insurance coverage for eligible individual specific claims in excess of the \$450,000 plan year deductible up to the lifetime maximum of \$6 million

Aggregate: Insurance coverage for eligible claims under the specific deductible on the aggregated amount for all member claims

2 Anthem ASO Administration & Network Fees (PPO):

ASO is "Administrative Services Only". This definition includes Anthem Blue Cross administration fees and includes access fees to use the Blue Cross network of providers. This is the administration fee for the PPO plan(s), not the HMO plan.

3 Chimienti Associates/Hourglass Administration (PPO & Anthem HMO)

Chimienti & Associates is an independent vendor providing consolidated billing, eligibility, automated enrollment and Section 125 administrative services. Hourglass and ASI are subcontractors to Chimienti Associates that assist in these administrative processes. This line is for non-Kaiser business.

4 GBS Consulting

Gallagher Benefit Services (GBS) is a national benefit consultant who provides professional guidance to SJVIA and respective members concerning health plan matters including but not limited to compliance, underwriting, renewal bidding, employee communication, cost analysis, actuarial, etc. GBS played a significant role in the formation and establishment of SJVIA.

5 SJVIA Association Fee

The association fee will be used by SJVIA for administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

6 Claims Mitigation

This rate category is earmarked for special claims management services and may include some wellness applications that are outside and additional to the claims management services provided by the insurance company.

6 Communications

This rate category is earmarked for special employee communication materials and prospective new City/County member promotional materials. It may include fees for maintaining a presence at such trade associations as CALPELRA, etc.

7 Anthem HMO Pooling

This is for the specific stop loss pooling insurance for claims in excess of \$250k within the HMO (not PPO).

8 Anthem HMO Administration/Retention

Anthem Blue Cross plan administration fee and network access fee for the HMO plan

9 Blue View Vision

Anthem Blue Cross Vision plan utilized by County of Tulare through 2011. There will be no participants in this plan as of January 1, 2012

10 Projected Paid Medical Claims PPO and Non-Cap HMO

Projected self-insured PPO claims for medical and Rx (Tulare Only) and non-capitated HMO claims (hospital)

11 Projected Paid Rx Claims PPO (All CoT and Only CoF HDPPO)

Projected self-insured Rx claims for all County of Tulare plans and only County of Fresno HDPPO Plan

12 Anthem MPP HMO Capitation

Amount paid in advance of services on a fixed per member per month basis for professional services (physician) as part of the HMO

13 IBNR Revenue Less Expenses

Projected excess revenue over projected claims and fixed costs