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SJVIA Board Meeting: Consultant's Report—Cost Savings Initiatives

Effective March 1, 2017, Keenan & Associates was engaged as the SJVIA's consultant. Keenan met with the SJVIA's staff and vendors to gain greater familiarity with the SJVIA's benefit plans, vendors, and plan performance. Given the SJVIA's deficit position, Keenan was tasked with seeking out opportunities for the SJVIA to reduce costs and recover the deficit position.

In Keenan's stewardship meetings with the SJVIA's vendor to review plan performance, service level and contracts, Keenan identified three projects that would produce savings to the SJVIA. In addition, Keenan looked to ensure that the SJVIA was aligned with the correct vendors/carriers, products, and contractual terms.

The three projects are:

- Anthem HMO evaluation to determine whether an EPO model may be more cost effective
- Pharmacy Benefit Manager analysis and marketing to determine whether US Scripts (now Envolve Prescription Solutions) is the appropriate PBM
- Review reinsurance/pooling level and costs to determine adequacy and cost effectiveness

We've completed our initial assessment of these projects and have the following to report:

SJVIA Annual Savings Projections								
Low Estimate High Estimate								
HMO versus EPO	\$ 1.67m	\$ 3.33m						
Prescription Drug PBM	\$ 2.77m	\$ 4.02m						
Pooling Level / Reinsurance	\$ 0.35m	\$ 0.60m						
Total Savings	\$ 4.79m	\$ 7.95m						

## **HMO** vs. **EPO** Analysis

Inherent within the Anthem HMO rate is a capitation fee of \$301.01 per employee per month. The capitation fee is paid to providers in lieu of fee for service claims to primary care provider, specialist providers, and lab work. Keenan wanted to test to see if the capitation fee produced a saving to whether these services were paid on a fee for service basis. In order to do this analysis we compared the SJVIA HMO data to the PPO data.

While Keenan looked at claims utilization data from 2011 through 2016 for the SJVIA, Keenan utilized 2016 data for this analysis. 2016 produced the most conservative results.

Keenan compared the capitated service in the HMO to the PPO (excluding PPO HDHP claim data) on a per member per month (pmpm) basis. The following chart shows the comparison.

PMPM	2016						
Professional/Other		НМО		PPO	PPO \$ Difference		
Other Professional	\$	0.90	\$	7.62	\$	6.72	
Visits							
All Other	\$	6.80	\$	29.35	\$	22.55	
Physician Visits	\$	19.55	\$	43.90	\$	24.35	
X-ray/Lab	\$	1.56	\$	25.84	\$	24.28	
Capitation Sub-total	\$	28.80	\$	106.70	\$	77.90	

The HMO values represent services not covered under capitation, while the PPO values covers all fee for service claims. The difference between the two is \$77.90 pmpm. Keenan recognizes that there are demographic differences between the HMO and PPO population. Keenan adjusted the difference based on these differences.

PMPM	2016						
Professional/Other	НМО	PPO	\$ Difference				
Demographic and							
Experience							
Adjustment							
Dependent Load	2.22	1.75	1.27				
Age Adjustment							
Subscriber	44.0	46.0					
Spouse	47.0	49.0					
Other	13.0	13.0					
Gender Adj. (% Male)	54.4%	55.7%	0.97				
Gatekeeper Adj.			1.03				
Network Discount Adj.			1.00				
Total Adjustment			1.26				
Factor							
Adj. Capitation Total	\$ 28.80	134.93	\$ 106.13				

In addition to demographic adjustments, Keenan also adjusted for the loss of the Gatekeeper under the HMO model network differences. Adjusting for these factors increased the PPO value from \$106.70 to \$134.93 for a total difference of \$106.13 pmpm (from \$77.90 pmpm).

Given 3,333 subscribers and 7,386 members, Keenan calculated the annual cost of Capitation on the HMO as \$12.0m, and the cost of covered services under capitation, converted to a fee for service EPO model, at \$9.4m for a difference of \$2.6m. In addition to the claim cost savings, converting to an EPO from an HMO would realize administrative savings and pool charge savings as it is anticipated that the EPO would adopt the PPO administrative fees and reinsurance costs. For a total savings of \$3.33m.

Annual Cost Comparison	HMO	PPO	\$ Difference
Enrollment Subscribers	3,333		
Capitation Cost (PEPM)	\$ 301.01	-	\$ 12,039,196
FFS Claim Increase (PMPM)	\$ 106.13	-	\$ 9,406,514
Capitation Savings			\$ 2,632,682
Reinsurance Cost			
Specific Stop Loss (PEPM)	\$ 27.69	\$ 18.30	\$ 375,562
Aggregate Stop Loss (PEPM)	\$ -	\$ 1.03	\$ (41,196)
Large Claim Exposure	\$ -	\$ (3.75)	\$ (150,000)
Reinsurance Savings			\$ 184,367
Administration Cost (PEPM)	\$ 45.34	\$ 32.53	\$ 512,349
Total EPO Savings			\$ 3,329,397

The following chart illustrates the total savings associated with this strategy.

SJVIA HMO Versus EPO Analysis							
		Low Estimate High Estimate					
Capitation Savings	\$	1,316,341	\$	2,632,682			
Reinsurance Savings	\$	92,183	\$	184,367			
Administration Cost	\$	256,174	\$	512,349			
Total EPO Savings	\$	1,664,699	\$	3,329,397			
% Savings		7.4%		14.9%			
HMO Annual Cost			\$	22,390,630			
HMO Enrollment				3,333			

Keenan requests the Board instruct Keenan to return at the May 19 Board meeting with a formal proposal from Anthem for the EPO to replace the HMO effective July 1, 2017.

## Prescription Drug Repricing Analysis

The PBM repricing exercise was done based on the PBM vendors repricing 2016 prescription drug claims for the five continuing entities in the SJVIA. This included repricing over 136,000 claims. EmpiRX And OptumRX showed the greatest face value savings at \$4.02m and 2.7m respectively. Savings are produced by a combination of prescription drug pricing strategies and prescription drug program management to encourage appropriate drug utilization,

greater drug efficacy usage and specialty drug control. Oversight of the Prescription drug program would be by Keenan's prescription drug unit.

SJVIA - RFP Face Value Pricing Comparison	Envolve Pharmacy Solutions (Proposed New	EmpiRx (Open Formulary w/out Drug	OptumRx (Rebates with Drug Exclusions)	EnvisionRx	WelldyneRx	Anthem	CitizensRx
Rx Count	(110posed 14ew	Wy Out Diag	Diag Englasions				
Rx Count	136,523	136,523	136,522	135,910	131,838	136,013	136,502
Excluded Rx Count	0	0	1	613	4,685	510	21
Rx Count (w/out Exclusions)	136,523	136,523	136,523	136,523	136,523	136,523	136,523
Cost (Claims Re-price Face	Value Amount)						
AWP	\$34,273,983	\$33,203,525	\$34,337,886	Not Provided	\$35,661,013	\$33,497,475	Not Provided
Ingredient Cost	\$17,771,189	\$17,230,673	\$17,862,892	\$17,928,282	\$18,460,407	\$16,463,772	\$17,685,751
Dispensing Fee	\$95,910	\$390,211	\$109,872	\$104,893	\$134,362	\$78,811	\$116,967
Admin Fee	Pending Contract Review	Pending Contract Review	Pending Contract Review	Pending Contract Review	Pending Contract Review	Pending Contract Review	Pending Contract Review
Keenan Pharmacy Management Fee (\$1.50	\$201,006	\$201,006	\$201,006	\$201,006	\$201,006	\$201,006	\$201,006
Gross Cost before Rebates	\$18,068,106	\$17,821,890	\$18,173,770	\$18,234,181	\$18,795,775	\$16,743,589	\$18,003,724
Rebates	(\$1,589,093)	(\$3,116,908)	(\$4,481,090)	(\$3,039,475)	(\$2,400,420)	Not Provided	Not Provided
Clinical Care Management Program Savings	\$0	(\$2,250,000)	\$0	\$0	\$0	\$0	\$0
Final Cost	\$16,479,013	\$12,454,982	\$13,692,680	\$15,194,706	\$16,395,355	\$16,743,589	\$18,003,724
Savings from Incumbent	•		\$2,786,333	\$1,284,306	\$83,658	-\$264,577	-\$1,524,711
% Savings from Incumbent	New Offer	24.42%	16.91%	7.79%	0.51%	-1.61%	-9.25%

Keenan has received the binding contracts from each PBM and will review to ensure face value savings are representative of the contract language with the SJVIA. A full marketing proposal has been requested from each PBM. Keenan requests the Board instruct Keenan to return at the May 19 Board meeting with a recommendation for PBM effective September 1, 2017 or later.

## Reinsurance and Pooling Level Analysis

Keenan conducted an analysis to determine whether the SJVIA has set its pooling level appropriately. To do this analysis, we reviewed large claim activity from 2011 through 2016 and using current stop loss pricing asked the question, what would be the loss ratio if past history were to reoccur. The result yielded a 50% loss ratio. 65% to 85% should be the targeted loss ratio. Based on this analysis, one of two things should occur. The SJVIA should seek 1) a lower costing reinsurance program or 2) reduce its pooling level (\$350k or \$400k) to accommodate the targeted loss ratio and a dividend eligibility clause. A full marketing proposal has been requested from the reinsurance market for a July 1, 2017 effective date. Keenan requests the Board instruct Keenan to return at the May 19 Board meeting with a reinsurance recommendation.

TOTAL ESTIMATED AMOUNT REIMBURSED BASED ON SPECIFIC STOP LOSS DEDUCTIBLE									
2011 Contract Total Reimbursement	2012 Contract Total Reimbursement	2013 Contract Total Reimbursement	2014 Contract Total Reimbursement	2015 Contract Total Reimbursement	2016 Contract Total Reimbursement	Total Reimbursement			
\$ 414,157	\$ 1,901,693	\$ 65,669	\$ 1,906,976	\$ 463,607	\$ 932,522	\$ 5,684,624			
\$ 596,842	\$ 2,177,165	\$ 115,669	\$ 2,364,577	\$ 716,336	\$ 1,220,298	\$ 7,190,887			
\$ 829,253	\$ 2,477,165	\$ 216,560	\$ 2,864,577	\$ 1,045,315	\$ 1,567,131	\$ 9,000,001			
\$ 1,174,371	\$ 2,797,491	\$ 407,216	\$ 3,401,022	\$ 1,641,000	\$ 2,095,616	\$ 11,516,716			
\$ 1,626,526	\$ 3,210,289	\$ 671,015	\$ 4,115,013	\$ 2,391,000	\$ 2,793,374	\$ 14,807,217			
\$ 2,195,459	\$ 3,767,650	\$ 1,092,225	\$ 5,070,326	\$ 3,304,994	\$ 3,725,441	\$ 19,156,095			
SK DUE TO DE	DUCTIBLE CH	ANGE							
Counts									
8,427	8,005	8,332	8,782	9,541	9,971	53,058			
mium									
\$ 1,850,569	\$ 1,757,898	\$ 1,829,707	\$ 1,928,527	\$ 2,095,204	\$ 2,189,632	\$ 11,651,537			
2011	2012	2013	2014	2015	2016				
	Retrospective	Retrospective	Retrospective	Retrospective	Retrospective	Total			
	102.00/.	2.50/.	102 00/	25 10/.	50.49/	49.99/			
						48.8% 61.7%			
						77.2%			
						98.8%			
						127.1%			
118.6%									
	2011 Contract Total Reimbursement \$ 414,157 \$ 596,842 \$ 829,253 \$ 1,174,371 \$ 1,626,526 \$ 2,195,459  SK DUE TO DE Counts  8,427  nium \$ 1,850,569 2011 Retrospective tory 22.4% 44.8% 63.5% 87.9%	2011 Contract Total Reimbursement Reimbursement \$ 414,157 \$ 1,901,693 \$ 596,842 \$ 2,177,165 \$ 829,253 \$ 2,477,165 \$ 1,174,371 \$ 2,797,491 \$ 1,626,526 \$ 3,210,289 \$ 2,195,459 \$ 3,767,650  SK DUE TO DEDUCTIBLE CH. Counts  8,427 8,005  nium \$ 1,850,569 \$ 1,757,898  2011 2012 Retrospective Retrospective tory  22.4% 102.8% 32.3% 117.6% 44.8% 133.9% 63.5% 151.2% 87.9% 173.5%	2011 Contract Total         2012 Contract Total         2013 Contract Total           Reimbursement         Reimbursement         Reimbursement           \$ 414,157         \$ 1,901,693         \$ 65,669           \$ 596,842         \$ 2,177,165         \$ 115,669           \$ 829,253         \$ 2,477,165         \$ 216,560           \$ 1,174,371         \$ 2,797,491         \$ 407,216           \$ 1,626,526         \$ 3,210,289         \$ 671,015           \$ 2,195,459         \$ 3,767,650         \$ 1,092,225           SK DUE TO DEDUCTIBLE CHANGE           Counts           8,427         8,005         8,332           nium           \$ 1,850,569         \$ 1,757,898         \$ 1,829,707           2011         2012         2013           Retrospective         Retrospective         Retrospective           tory         22.4%         102.8%         3.5%           32.3%         117.6%         6.3%           44.8%         133.9%         11.7%           63.5%         151.2%         22.0%           87.9%         173.5%         36.3%	2011 Contract Total   Total   Reimbursement   Reimbursement	2011 Contract Total	2011 Contract Total			