

UFCW Unions and Participating Employers Health and Welfare Fund

Board of Trustees Meeting

2013 Annual Report

Presentation Overview

- Overview of Services
- Operational and Financial Management
- Population Management
- Medical Management Outcomes
- Success Stories
- Satisfaction Surveys
- Summary

Overview of Services

InforMed has been providing the following services for the Fund since August 2008:

- **Data Warehouse** – Import of Medical and Rx data on a monthly basis to produce financial reporting.
- **Utilization Review – Certification Review** – Medical necessity review based upon established Clinical Guidelines or clinical review criteria conducted prior to, concurrent of, or after receiving any of the health care services that required Pre-certification listed in the Summary Plan Description.
- **Case Management** – The InforMed Case Management program is a collaborative process that assesses plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs.
- **Disease Management** – The InforMed Disease Management program utilizes a comprehensive approach to manage individuals that 1) have one or more chronic disease or conditions that are known to have potential debilitating impact (or have just been newly diagnosed with one or more disease or conditions that will likely have a debilitating impact); and 2) demonstrate a capacity to self-manage their condition with the identified co-morbidities.

Operational and Financial Management

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Plan Performance

Medical Plan	2012	2013	Variance
Total Claims Paid	\$24,400,208.25	\$24,455,650.00	0%
Participant Lives (avg)	5,103	4,902	-4%
Member Lives (avg)	8,681	8,557	-1%
Per Participant Per Month (avg)	\$398	\$415	4%
Per Member Per Month (avg)	\$234	\$238	2%

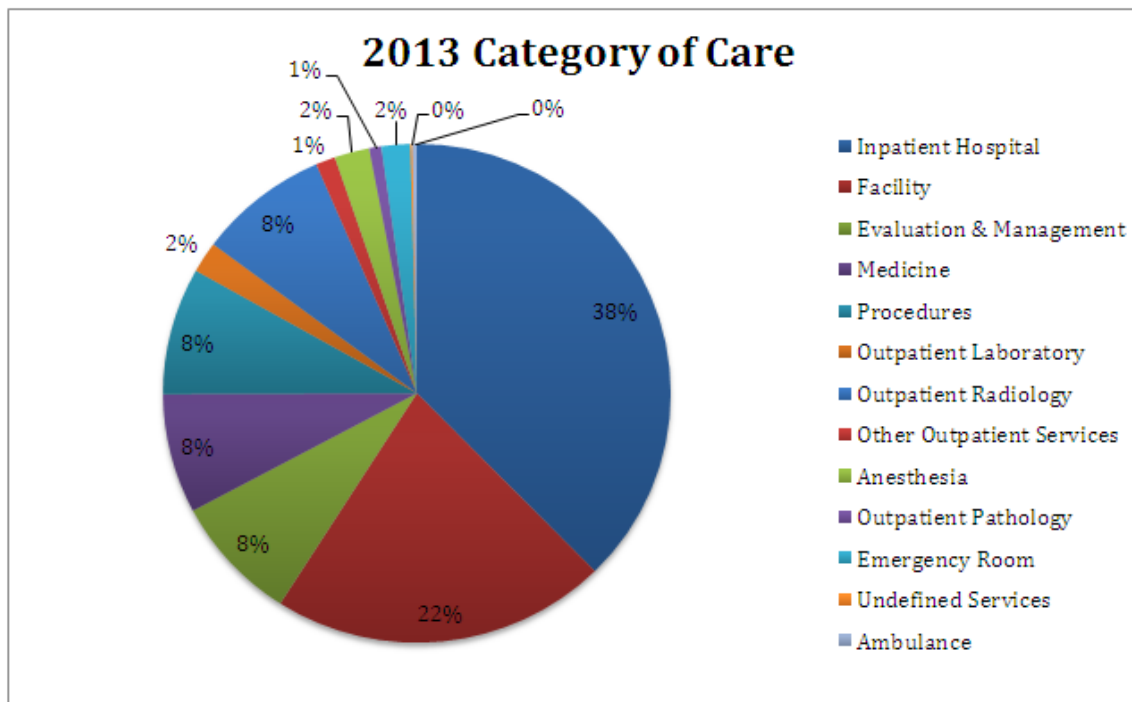
*Participant = Employee

Member = Covered Life

Notes:

Overall spend is flat year over year while PEPM is slightly up which is consistent with a smaller population.

Category of Care Breakdown



- Inpatient claims account for 38% of your total spend in 2013, and is up 15% year over year
- Facility accounts for 22% of your claims in 2013 however is flat year over year
- Negative trends in Medicine, Procedure, and Outpatient Services contribute to the single PEPM and PMPM trend year over year.

Pre-Authorization UM Activities

	1 st Qtr 2013	2nd Qtr 2013	3rd Qtr 2013	4th Qtr 2013
Total New Referrals	477	425	445	422
Closed for lack of information	1	0	2	2
Required review by External Medical Director	13	20	22	17
*Not Medically Necessary	4	10	7	9

*Notes:

Procedures Involved	# of Members	Reason
Inpatient Stay	1	Not Medically Necessary
Durable Medical Equipment	3	Not Medically Necessary
Laparoscopic Surgery	1	Not Medically Necessary
Eye surgery	2	Not Medically Necessary
Graduated Compression Stockings	1	Not Medically Necessary
CT Scan	1	Not Medically Necessary

Population Management

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Large Cases (\$10,000 and over)

	2008	2009	2010	2011	2012	2013
# of Large Claimants	550	652	566	563	534	474
Total Cost	\$17,396,164	\$21,911,546	\$19,244,423	\$20,550,967	\$17,255,592	\$17,975,993
Cost Per Claimant	\$31,629	\$33,607	\$34,001	\$36,503	\$32,314	\$37,924

Notes:

- Total Claimants and Cost are significantly down in this area and should be considered trend drivers
- InforMed will continue to aggressively manage the over \$10,000 cases through our Risk Stratification Tool.

Risk Stratification

4th Qtr 2013

Stratification Level	Avg Risk Score	Part.	% of Tot Part.	Prev. Scrnd Part.	% of Tot Part.	Elig. to be Scrnd Part.	% of Tot Part.	Select (All)
Priority	46.07	7	0%	1	0%	6	0%	☐
High	42.67	516	6%	450	5%	66	1%	☐
Moderate	11.22	913	11%	496	6%	417	5%	☐
Low	1.27	2,150	26%	235	3%	1,915	23%	☐
No known risk	0.00	4,802	57%	98	1%	4,704	56%	☐
Total Unique Participants	4.21	8,388	100%	1,280	15%	7,108	85%	☐

Notes:

- We typically see the percentage of total participants to be 4% to 8% for high risk

Priority Risk Triggers

	Strat Level	Trigger Description	Modifiable Trigger	Part.	% of Tot Part.	Prev. Scrnd Part.	% of Tot Part.	Elig. to be Scrnd Part.	% of Tot Part.	Select (All)
1	Priority	Claims Utilization - Gastrointestinal Identified ICD9 Codes first occurrence in prior month	N	2	29%	0	0%	2	29%	☐
2	Priority	Claims Utilization - Colon Cancer Identified ICD9 Codes first occurrence in prior month	N	1	14%	1	14%	0	0%	☐
3	Priority	Claims Utilization - Breast Cancer Identified ICD9 Codes first occurrence in prior month	N	1	14%	0	0%	1	14%	☐
4	Priority	Claims Utilization - Lung Cancer Identified ICD9 Codes first occurrence in prior month	N	1	14%	0	0%	1	14%	☐
5	Priority	Claims Utilization - Single Dose GT \$5,000 first occurrence for NDC/HCP/CS in prior month	Y	1	14%	0	0%	1	14%	☐
6	Priority	Claims Utilization - Soft Tissue Cancer Identified ICD9 Codes first occurrence in prior month	Y	1	14%	0	0%	1	14%	☐
7	High	Claims Utilization - Gastrointestinal Identified ICD9 Codes in prior 6 months	N	2	29%	0	0%	2	29%	☐
8	High	Claims Utilization - Colon Cancer Identified ICD9 Codes in prior 6 months	N	1	14%	1	14%	0	0%	☐
9	High	Claims Utilization - GT \$25,000 in medical in prior 6 months	Y	1	14%	1	14%	0	0%	☐
10	High	Claims Utilization - Breast Cancer Identified ICD9 Codes in prior 6 months	N	1	14%	0	0%	1	14%	☐
11	High	Claims Utilization - Consumed GT \$5,000 in RX in prior 6 months	Y	1	14%	0	0%	1	14%	☐
12	High	Claims Utilization - Lung Cancer Identified ICD9 Codes in prior 6 months	N	1	14%	0	0%	1	14%	☐
13	High	Claims Utilization - Single Dose GT \$5,000 in RX in prior 2 months	N	1	14%	0	0%	1	14%	☐
14	High	Claims Utilization - Soft Tissue Cancer Identified ICD9 Codes in prior 6 months	Y	1	14%	0	0%	1	14%	☐
15	High	Predicted between \$25,000 and above	Y	1	14%	0	0%	1	14%	☐
16	High	Unique Prescribing Physician Interactions - 9 + in prior 12 months	Y	1	14%	0	0%	1	14%	☐

Notes:

- Members can be in multiple triggers.

High Risk Triggers

				Elig. to be Scrnd Part.						
Strat Level	Trigger Description	Modifiable Trigger		Part.	% of Tot Part.	Prev. Scrnd Part.	% of Tot Part.	Elig. to be Scrnd Part.	% of Tot Part.	Select (All)
1	High	Unique Prescribing Physician Interactions - 9 + in prior 12 months	Y	184	36%	166	32%	18	3%	☐
2	High	Unique Medical Provider Interactions - 15 + in prior 12 months	Y	120	23%	107	21%	13	3%	☐
3	High	Claims Utilization - GT \$25,000 in medical in prior 6 months	Y	88	17%	79	15%	9	2%	☐
4	High	Claims Utilization - Consumed GT \$5,000 in RX in prior 6 months	Y	80	16%	72	14%	8	2%	☐
5	High	Predicted between \$25,000 and above	Y	68	13%	67	13%	1	0%	☐
6	High	Chronic Renal Failure	N	43	8%	38	7%	5	1%	☐
7	High	Patients 65 years of age and older that received one or more high-risk medications in the elderly I the last 12 reported months.	Y	29	6%	24	5%	5	1%	☐
8	High	Asthma - Adult(s) with presumed persistent asthma using an inhaled corticosteroid.	Y	29	6%	23	4%	6	1%	☐
9	High	Claims Utilization - Breast Cancer Identified ICD9 Codes in prior 6 months	N	21	4%	21	4%	0	0%	☐
10	High	Congestive Heart Failure, Hypertension, & Hyperlipidemia	N	19	4%	19	4%	0	0%	☐

Notes:

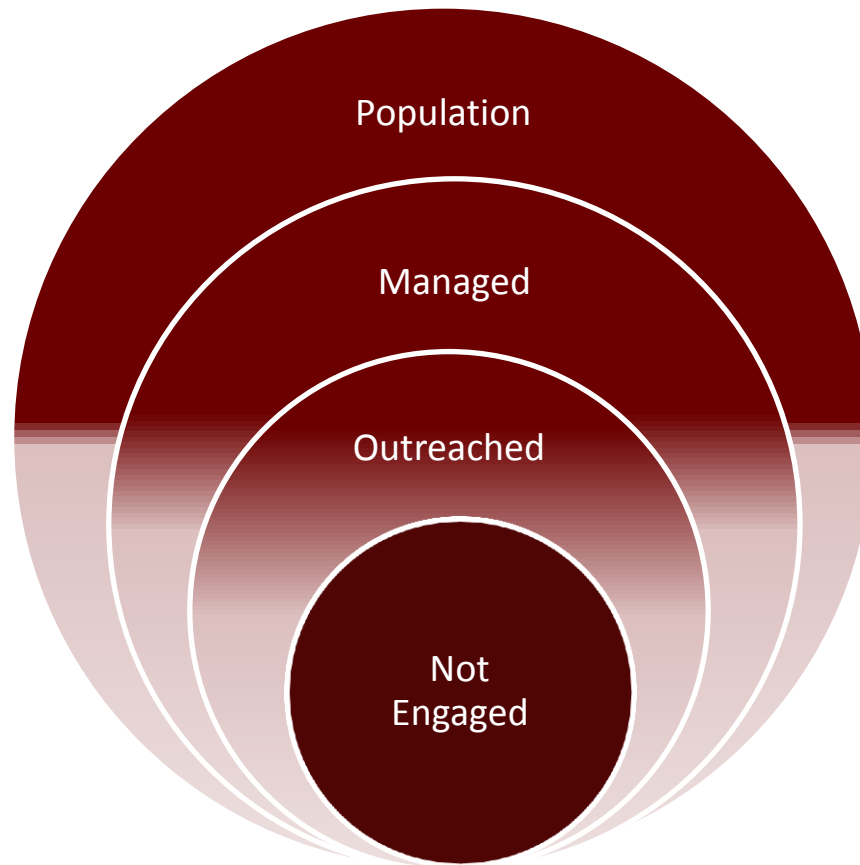
- Members can be in multiple triggers.

Risk Categories

Risk Category	% of Population	% of Managed
High Predicted Cost	16%	65%
Poor or Ineffective Utilization Patterns	24%	69%
Conditions Contributing to Instability	34%	85%
High Retrospective Cost	4%	23%
Non-Compliance with EBM Guidelines	1%	5%
Lab Results Out of Range	1%	7%

Multiple factors contribute to the risk of an individual and a population. Because of these multiple factors the Personal Health Nurses work to address those factors as they are working with the participants. This table provides information on the type of factors impacting the high risk participants during this time period.

InforMed Population Management Model



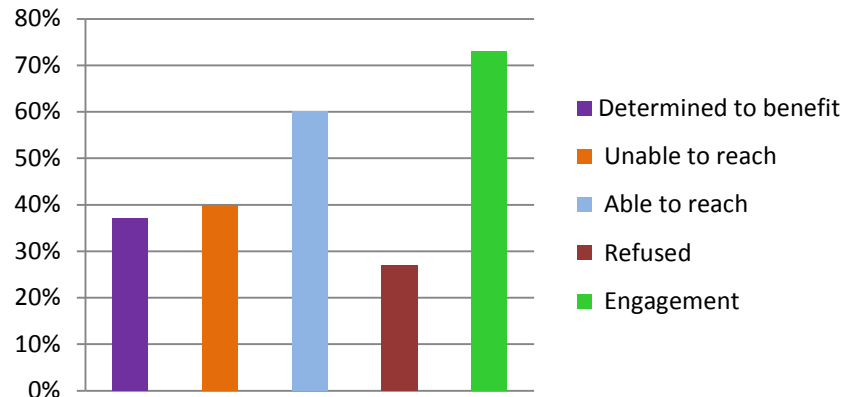
InforMed assesses the population risk and prioritizes those participants, selecting those at highest risk for outreach.

Components of the model

- Population – all participants with active enrollment during the reporting period
- Managed – participants who were identified for management and assessed by the Personal Health Nurse for risk identification and outreach planning if appropriate
- Outreached – participants identified at highest risk and outreached to for enrollment in Personal Health Management
- Engaged – participants identified at highest risk for management and outreach by the Personal Health Nurse that have been successfully contacted and consented to Personal Health Management

Population Identification 2013

POPULATION IDENTIFICATION 2013							
		Population	Managed (Screened)	Determined to benefit from PHM	Unable to reach	Able to reach	Refused
1	N (total number)	9,091	1,122	414	166	248	66
2	Total Healthcare costs over last 12 months.	\$30,951,658	\$19,635,772	\$14,500,741	\$5,421,402	\$9,079,339	\$2,739,215
3	Per participant Healthcare costs over last 12 months	\$3,405	\$17,501	\$35,026	\$32,659	\$36,610	\$41,503
4	Average Risk Score - High Risk	39.52	40.19	56.98	52.45	59.93	55.92



This slide presents the characteristics of the participants in each of the categories reviewed by the Personal Health Nurse

Medical Management Outcomes

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Financial Performance

FINANCIAL PERFORMANCE PHM		2013
1	N (all managed during this period)	2194
2	Total Cost for Personal Nurse Involvement (across all PHM type EOS cost)	\$ 346,285
3	Total Cost for Medical Director Involvement	\$ 250
4	Total Cost for External Educational Resources (care guide kits, etc.)	\$ 2,515
5	Total Client Cost for all managed EOS	\$ 349,050
6	Average Managed Cost Per Participant Episode	\$ 159
7	Average Time Per Participant Episode for quarter in hours:minutes)	2:23
8	Average savings per EOS	\$ 652
9	Total savings	\$ 1,430,665
10	Total ROI for managed episodes open during	4.1
FINANCIAL PERFORMANCE UM		
1	Total Cost for UM	\$ 186,257
2	Total Savings	\$ 738,237
3	ROI	3.96
FINANCIAL PERFORMANCE ALL		
1	Total Cost for ALL Medical Management Services*	\$ 535,848
2	Total Savings	\$ 2,168,902
3	ROI	4.05

This presents information on the costs of Personal Health Nursing and the associated Return on Investment.

*Includes medical records and analytics fees

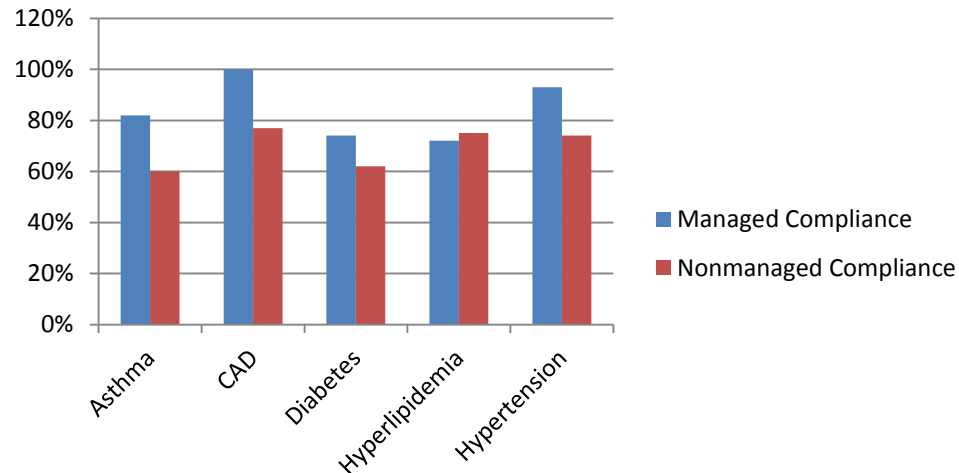
Savings Detail

Savings Description 2013	Savings	% of Savings
Savings based on improved health related behaviors	\$1,376,147	63%
Reduced Length of Stay	\$544,492	25%
Medical Director review - Medical necessity criteria not met	\$140,986	7%
Self-care in lieu of previous utilization pattern	\$52,516	2%
Medical Director pharmacy review - medical necessity criteria not met	\$36,620	2%
Reduced Level of Service	\$4,577	<1%
Outpatient Care in lieu of Inpatient Care	\$4,000	<1%
Pre-emptive Admission	\$4,000	<1%
Nurse Level review - Coverage criteria not met based on clinical review	\$3,084	<1%
Reduced/Eliminated DME Cost	\$2,477	<1%
Totals (*Unique)	\$2,168,899	100%

Primary Behavioral Outcomes Major Chronic Conditions Managed vs. Non-managed

		Managed		Not Managed	
		Number	Compliance	Number	Compliance
1	Asthma	11	82%	167	60%
2	CAD	16	100%	83	77%
3	Diabetes	47	74%	697	62%
4	Hyperlipidemia	56	72%	828	75%
5	Hypertension	83	93%	1530	74%
6	Total Unique	213	84%	3305	70%

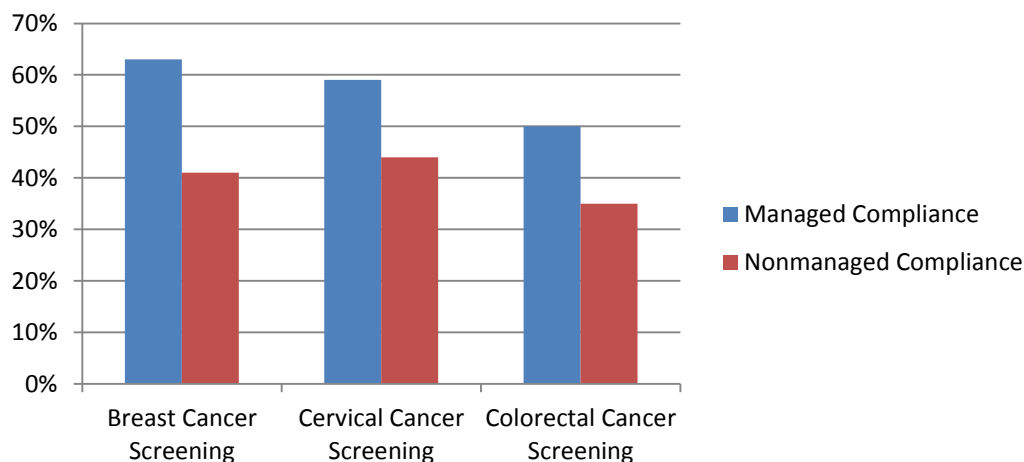
2013 Q4 Compliance with Major Chronic Conditions
Managed compared to Non- managed population



Primary Behavioral Outcomes Preventive Screenings Managed vs. Non-Managed

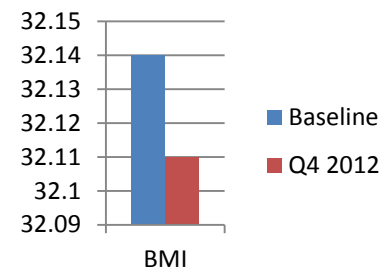
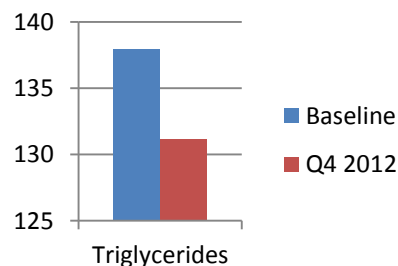
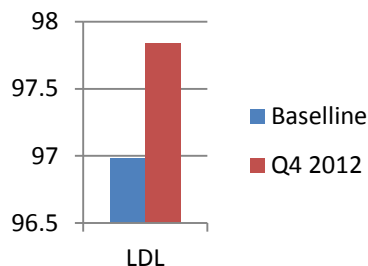
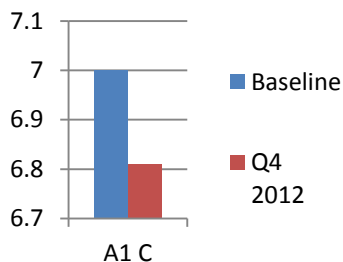
		Managed		Not Managed	
		Number	Compliance	Number	Compliance
1	Breast Cancer Screening	52	63%	2197	41%
2	Cervical Cancer Screening	47	59%	2774	44%
3	Colorectal Cancer Screening	84	50%	2635	35%

2013 Q4 Adherence to Preventative Screenings



Primary Clinical Outcomes

Clinical Outcomes for Managed Population			
		Baseline	Q4 2013
1	A1 C	7	6.81
2	LDL	96.98	97.84
3	Triglycerides	137.95	131.14
4	BMI	32.14	32.11



These are clinical indicators measured in the two selected time periods for those participants who engaged in medical management and for whom we have at least two responses

Success Story

49 y.o. Participant with asthma/COPD, sleep apnea, hypertension with two hospital admissions in January and February 2013 for COPD exacerbations for a total length of stay of 12 days. Participant was diagnosed with sleep apnea 5 years prior, but did not want a CPAP machine. She was not aware of asthma/COPD triggers that caused her hospitalizations. PHN provided education regarding disease management, self-care management including triggers, infection control, and importance of CPAP for sleep apnea. PHN collaborated and coordinated with healthcare providers to provide CPAP machine. With PHN education and guidance, Participant began to utilize CPAP. Participant improved her adherence to treatment plan, blood pressure improved, and she did not experience any readmissions during the remainder of 2013.

Satisfaction Survey Results 2013

UFCW and Participating H&W Satisfaction Surveys				
2013				
	Sent	Returned	Response Rate	
	137	41	30%	
A. How well did the services provided by your nurse meet your needs?	Very well	Well	Somewhat Well	Not Helpful
	31	9	1	
	84%	14%	2%	
B. The ease with which I could talk to my nurse was?	Very Easy	Easy	Somewhat Easy	Not Easy
	36	5		
	88%	12%		
C. Was the information provided by your personal nurse concerning your health helpful?	Very helpful	Helpful	Somewhat Helpful	NA
	31	8	2	
	86%	12%	2%	
D. What is your overall satisfaction with the quality of the services provided by your nurse?	Very Satisfied	Satisfied	Somewhat Satisfied	NA
	34	7		
	91%	9%		

Note: Surveys are only sent to those whom have been managed and closed or whom have been managed for greater than 12 months.

Satisfaction Survey Comments 2013

Satisfaction Survey Comments
I feel she goes above and beyond her call. I really like her.
My nurse Tammy was very helpful with the information she provided me. It was very satisfying to have someone to talk to who understood what I was going through.
Tammy was both pleasant and professional. Very easy communication.
There can't be enough said about Tammy. She was always very helpful on any of my questions and just a professional person. You people are very lucky to have her.
Katie was great working with me. She had me back on my feet in no time.
I'm not really in need of a nurse at this time so could discontinue. Thank You!
Katie was very nice.
The materials that Cathy sent me were very eye opening and useful.
Tammy is very qualified for her job. She has an understanding that her patients are very important to her and the Company that I am employed by also.
I have enjoyed talking w/Tammy. She is a very caring, knowledgeable person. I do believe the info she gives me--she also uses for her life and family.
These responses are directed to Mrs. Ansara and Mrs. Jones. I did not talk to Katie but once, but the other two nurses I had were great. Mrs. Ansara and Mrs. Virginia Jones.

Additional Satisfaction Survey Comments 2013

She is very helpful and very knowledgeable.

I do appreciate the extra steps my one Nurse Ms.Petit sent me Nutritional Information and a blood pressure kit. Thank you so much for my nurses.

Very easy to talk too. She has a very caring attitude. Always positive when I might be down. She almost feels like Family.

I am well satisfied with my nurse, Tammy Leydig. She understands my health situation and gives me information and hints on how to maintain and improve my health. Thanks for providing her.

Tammy is great. I enjoyed speaking with her but I did not feel a great need of her services. I feel pretty capable of keeping track of medical appointments. myself. I do appreciate the attention and I am sure that for those who need the services more than I did , Tammy is an excellent asset to anyone's Team. Thank you.

Summary

- **Plan continues to trend favorably**
- **Return on Investment is within the expected range of 4 to 1**
- **Engagement is consistent with our book of business**
- **Outcomes are positive for your population**
- **10% reduction in Participants that were unable to locate compared to 2012**
- **Questions?**