WSHIP
ADMINISTRATOR'S REPORT
January – December 2015

An Executive Summary of Administrator's Yearly Operating Report and Pool Activities

YEARLY ENROLLMENT SUMMARY

Total Enrollment as of 12/31/15: 1,556 Non-Medicare: 32% Medicare: 68%

Number/percentage sponsored by Third Party: 874 (56%)
Percentage of sponsored enrollees from EHIP: 30%
Percentage of sponsored enrollees from other: 70%

Enrollment YTD: 246 **Terminations YTD: 458**

Plan Selection:
Non-Medicare: PPO – 29%, Standard – 3%, HSA – 1%, Limited A – 0%,
Medicare: Basic – 52%, Basic Plus – 15%

Pre-ex Enrollment Information: *(Medicare policies are subject to a pre-existing condition limitation although a waiver may be credited dependent on previous coverage)*
Number/percentage of enrollees subject to pre-ex waiting period: 10 (5%)

Age & Gender: Average age: 54 Gender: Female– 42%, Male– 58%

Annual Enrollment Activity *(Non-Medicare enrollment is closed)*:
Number of applications received: 264
Number of applications approved: 222
Number of applications pended: 197
Number of applications denied: 49
Primary denial reason: *Lack of response to request for missing information*

Percent of applications submitted by agents: 3%
Percent of applications submitted by Third Party: 73% *(Kidney Centers only)*

Terminations in the reporting year: *(34% of terminations were due to obtaining other coverage)*
Medicare Terminations: 273
Non-Medicare Terminations: 185

YEARLY CLAIMS EXPENSE

Medical Claims Paid: $30,841,935.00
Pharmacy Claims Paid: $15,570,333.00
Total Claims Paid: $46,412,269.00

OTHER YEARLY ACTIVITY

Claims Activity:

Number of claims received: 86,733

Customer Service Telephone Calls and Website Visitors:

Average calls per day: 50

Average website visitors per day: 22

Appeals:

Number of appeals received related to eligibility: 65

First Level (Administrator) 64; Second Level (Grievance Committee) 1

Number of appeals received related to other: 36

First Level (Administrator) 32; Second Level (Grievance Committee) 4

Number of appeals adjudicated in favor of applicant/enrollee: 48

Number of appeals adjudicated and denied: 53

OIC Complaints:

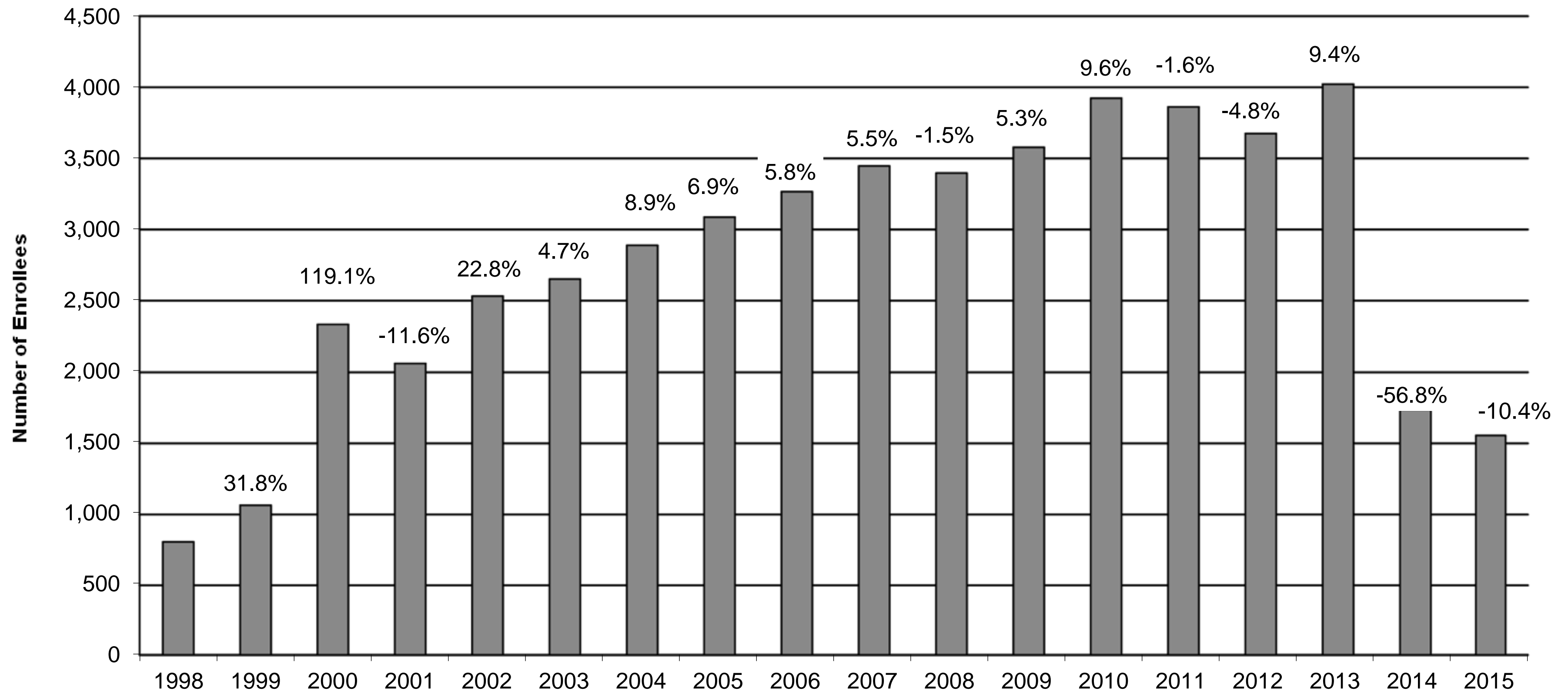
Number of complaints received: 1

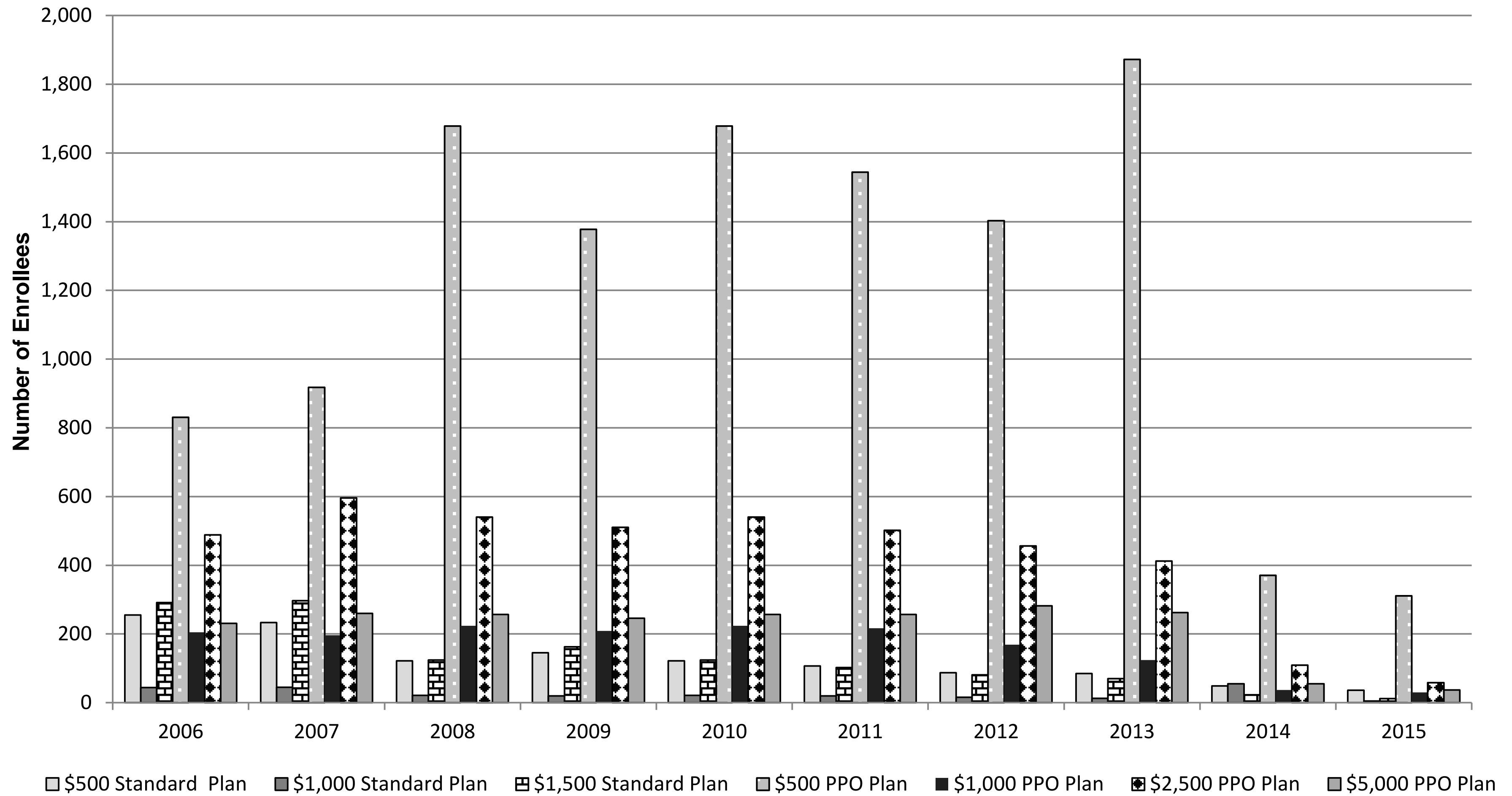
2015 Yearly Operating Report

Enrollment Data

Total Enrollment by Calendar Year
1998 - 2015

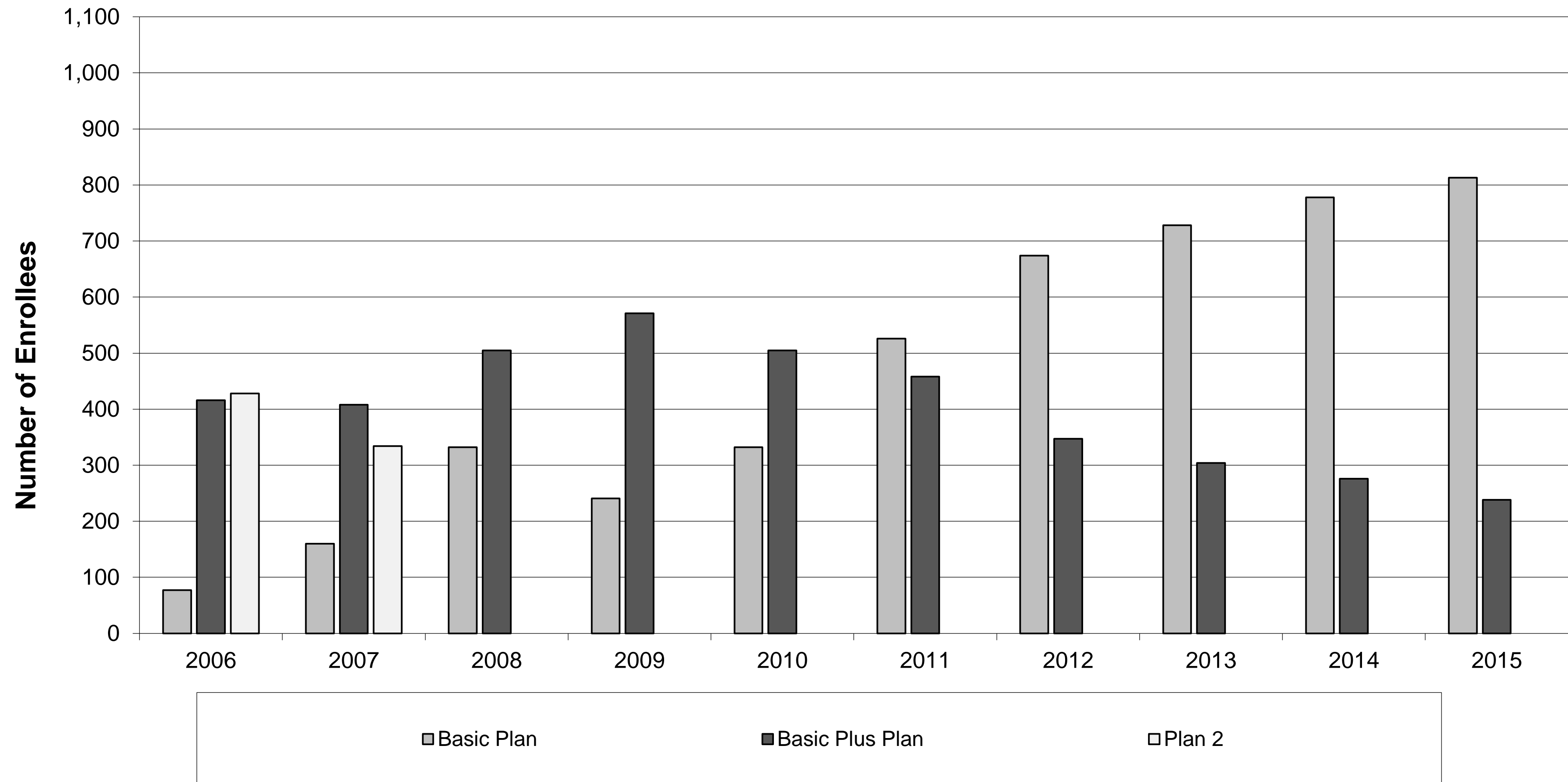
NOTE: This chart depicts total enrollment within WSHIP at year end. The percent of growth over the previous calendar year is represented here as well. In 2015 enrollment decreased 10.4% from 2014. Enrollment increased in 1999 when individual insurance products were no longer available in most Washington counties, and legislation allowed access to the Pool. The Standard Health Questionnaire was utilized from 2000-2013 to determine a threshold for coverage by carriers. The substantial decrease in WSHIP enrollment is due to increased access made available by the Affordable Care Act and the Washington Health Benefit Exchange.




Non-Medicare Policies in Force
2006- 2015
NOTE: This chart depicts the change in enrollment by plans. The HSA Qualified PPO Plan and Limited PPO Plans A and B were added in January of 2008 and are not included in this chart. Beginning in 2014, Non-Medicare plans are no longer open to new enrollment.
Number of Enrollees
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
$500 Standard Plan
$1,000 Standard Plan
$1,500 Standard Plan
$500 PPO Plan
$1,000 PPO Plan
$2,500 PPO Plan
$5,000 PPO Plan

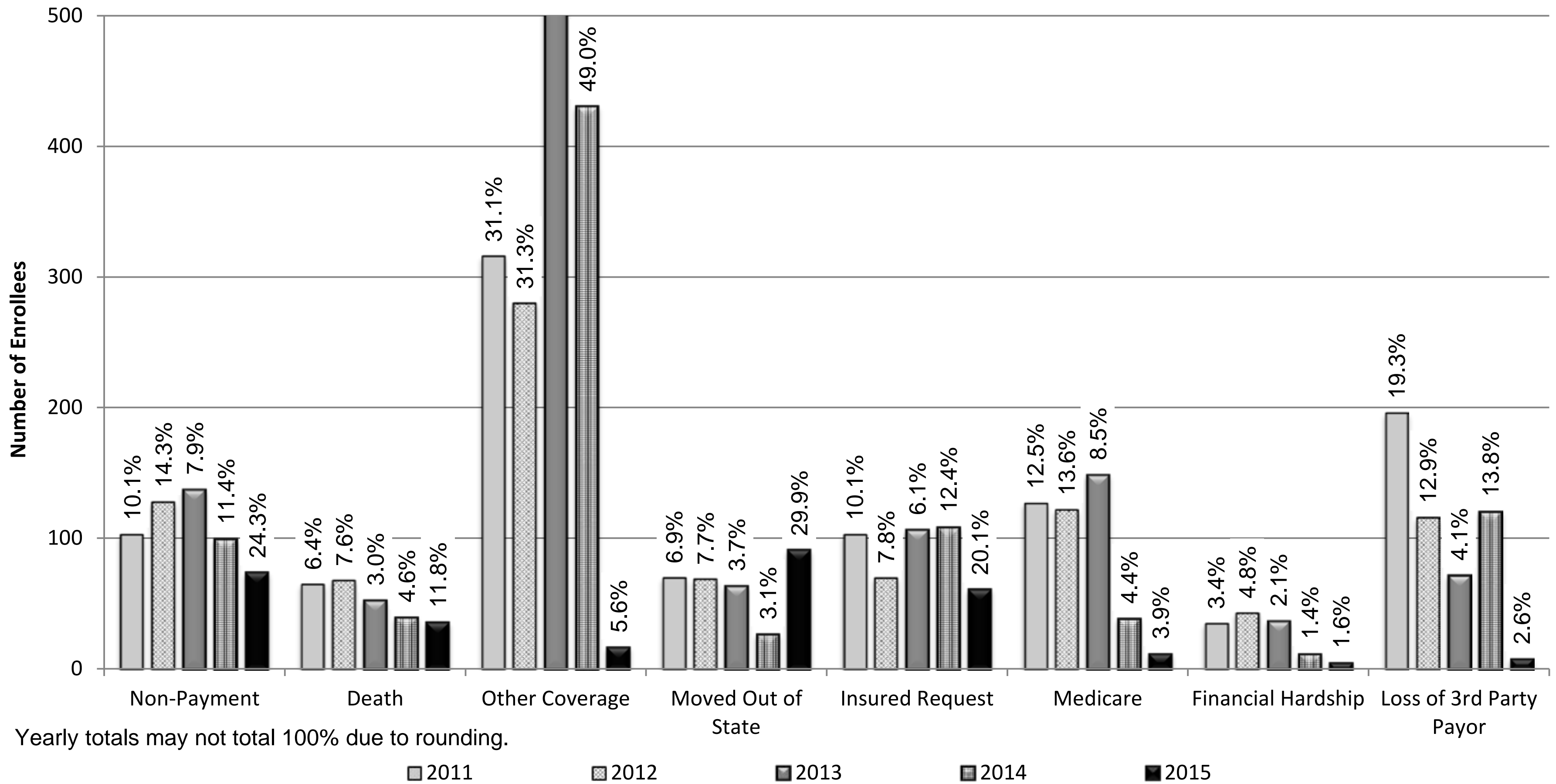
Medicare Policies in Force
2006 - 2015

NOTE: This chart depicts the change in enrollment by Medicare plans. Medicare Part D was introduced in 2006 causing a sharp decrease in WSHIP enrollment in Plan 2 as enrollees switched to either the Basic or Basic Plus plan options which were added in January of 2006. Effective January 2008, Plan 2 enrollees were required to switch to either Basic or Basic Plus plan options. Basic Plus was closed to new enrollment Dec. 31, 2008



Terminations by Reason (for all 2011 - 2015 terminations)

NOTE: This chart depicts the reasons coverage was terminated for enrollees. "Insured Request" indicates those who did not state a reason for terminating. "Non-Payment" reflects enrollees who did not respond to queries regarding reasons for non-pay.



Plan & Age Distribution Summary as of December 31, 2015

NOTE: This chart depicts the enrollment of WSHIP by plan within each of the illustrated age bands. The Limited PPO Plan B was closed in May 2014.

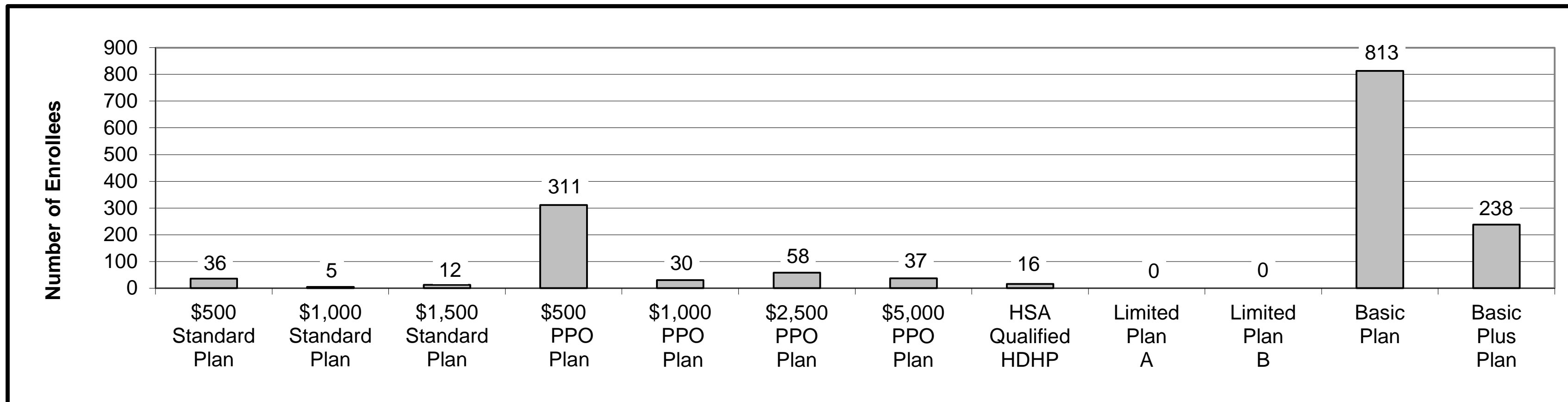
	Standard Plan		
Age	$500	$1,000	$1,500
0-18	4	0	0
19-29	7	0	2
30-34	3	0	0
35-39	4	1	0
40-44	4	0	0
45-49	4	3	2
50-54	7	0	3
55-59	0	0	1
60-64	1	1	3
65-69	0	0	1
70-74	2	0	0
75-79	0	0	0
80-84	0	0	0
85+	0	0	0
Total	36	5	12
Total STD Plan Enrollment= 53			

	PPO Plan				HSA Qual PPO Plan	Limited PPO A
Age	$500	$1,000	$2,500	$5,000	$3,000*	$1,500*
0-18	17	2	0	1	0	0
19-29	14	5	2	0	0	0
30-34	39	7	2	0	0	0
35-39	56	2	3	1	1	0
40-44	62	3	5	5	2	0
45-49	56	3	9	2	2	0
50-54	32	3	5	6	0	0
55-59	20	1	15	9	7	0
60-64	12	4	16	13	4	0
65-69	3	0	0	0	0	0
70-74	0	0	0	0	0	0
75-79	0	0	1	0	0	0
80-84	0	0	0	0	0	0
85+	0	0	0	0	0	0
Total	311	30	58	37	16	0
Total PPO Plan Enrollment = 452						

Total Non-Medicare Enrollment = 505

Age	Basic Plan	Basic Plus Plan
0-18	0	0
19-29	8	0
30-34	18	1
35-39	29	0
40-44	53	3
45-49	68	10
50-54	101	18
55-59	148	37
60-64	161	56
65-69	115	36
70-74	56	37
75-79	29	23
80-84	19	14
85+	8	3
Total	813	238
Total Medicare Enrollment = 1,051		

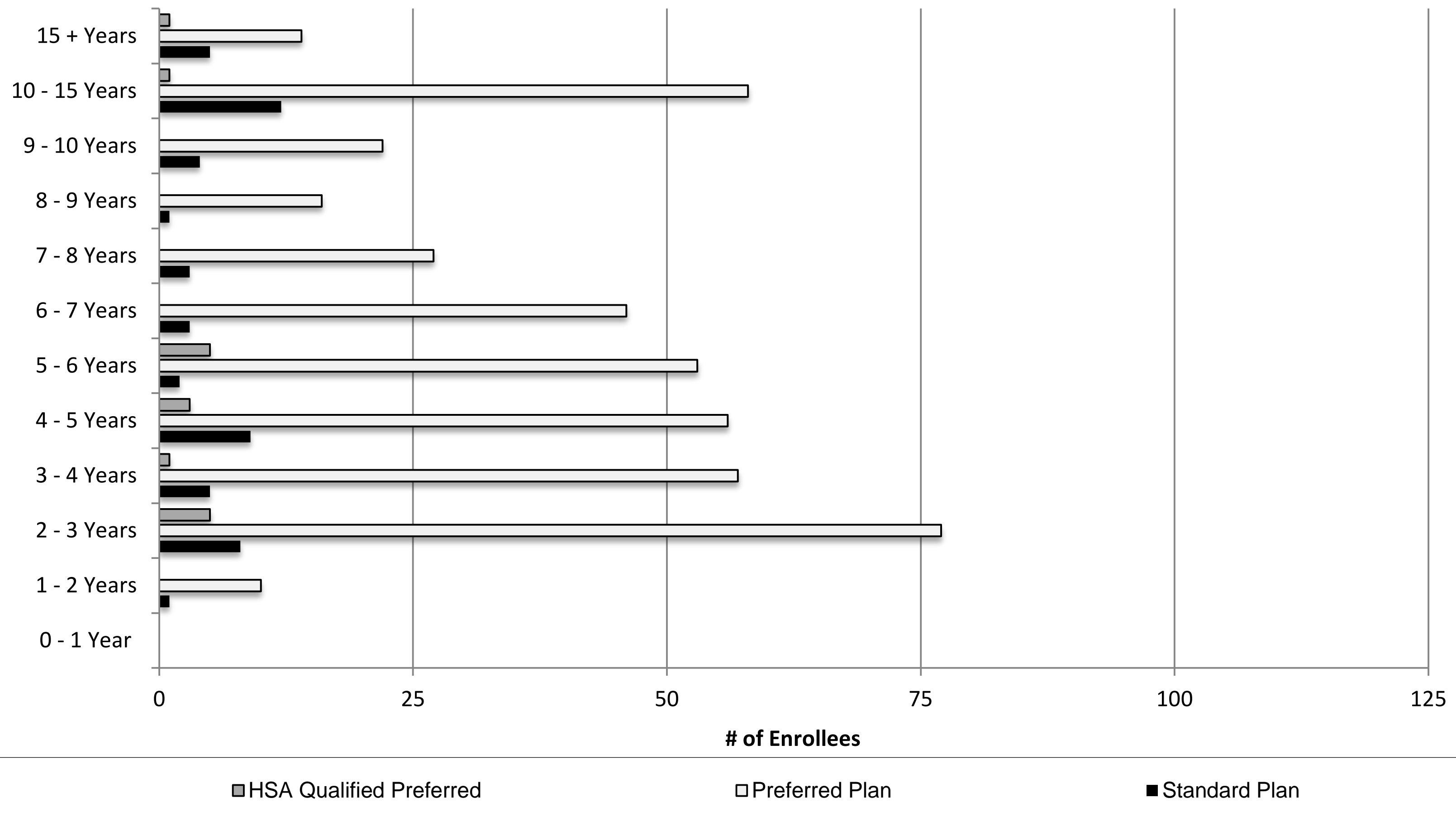
TOTAL ENROLLMENT: 1,556



* Began enrolling on January 1, 2008.

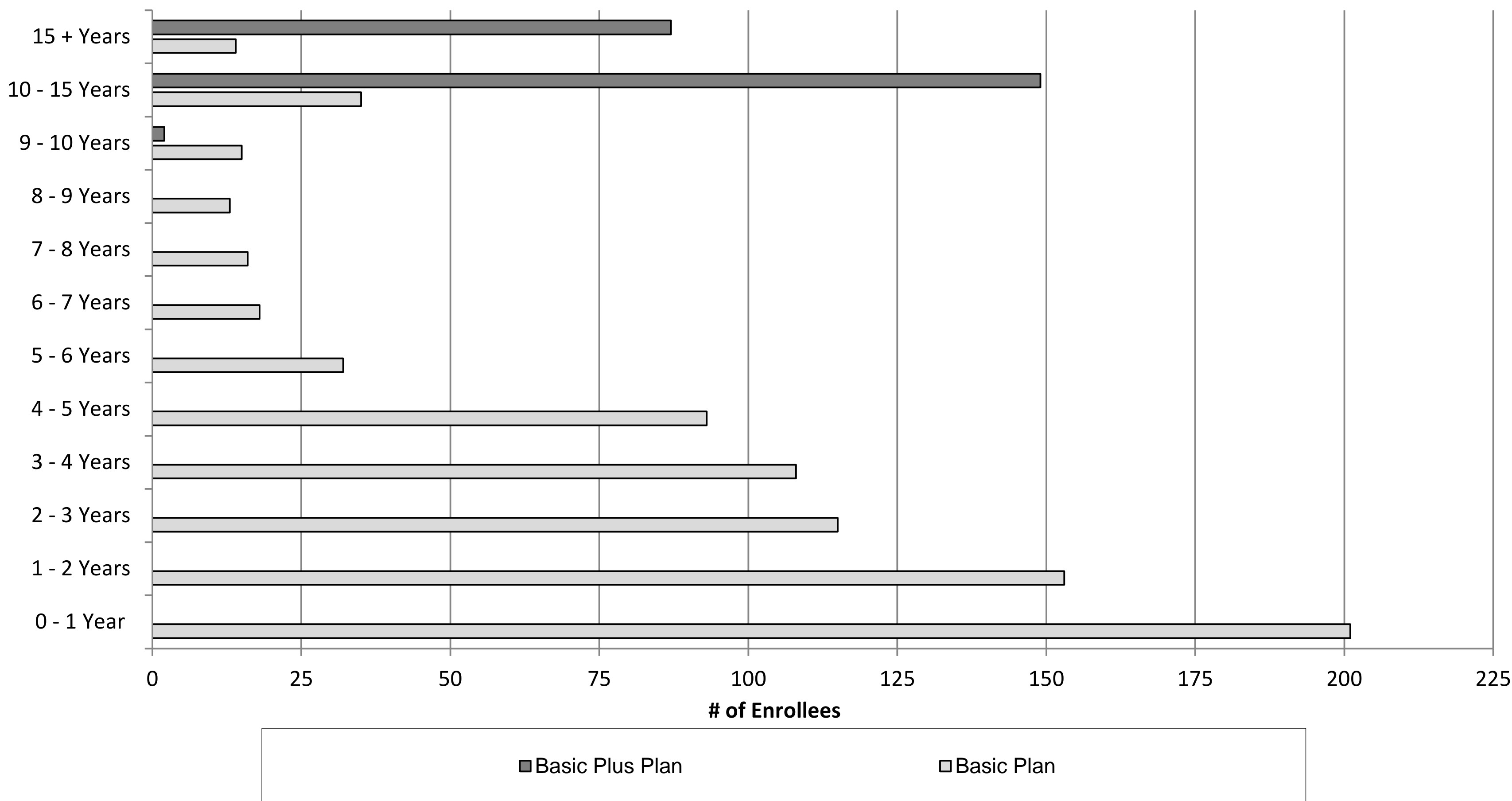
Time Enrolled in WSHIP
Non-Medicare Policies

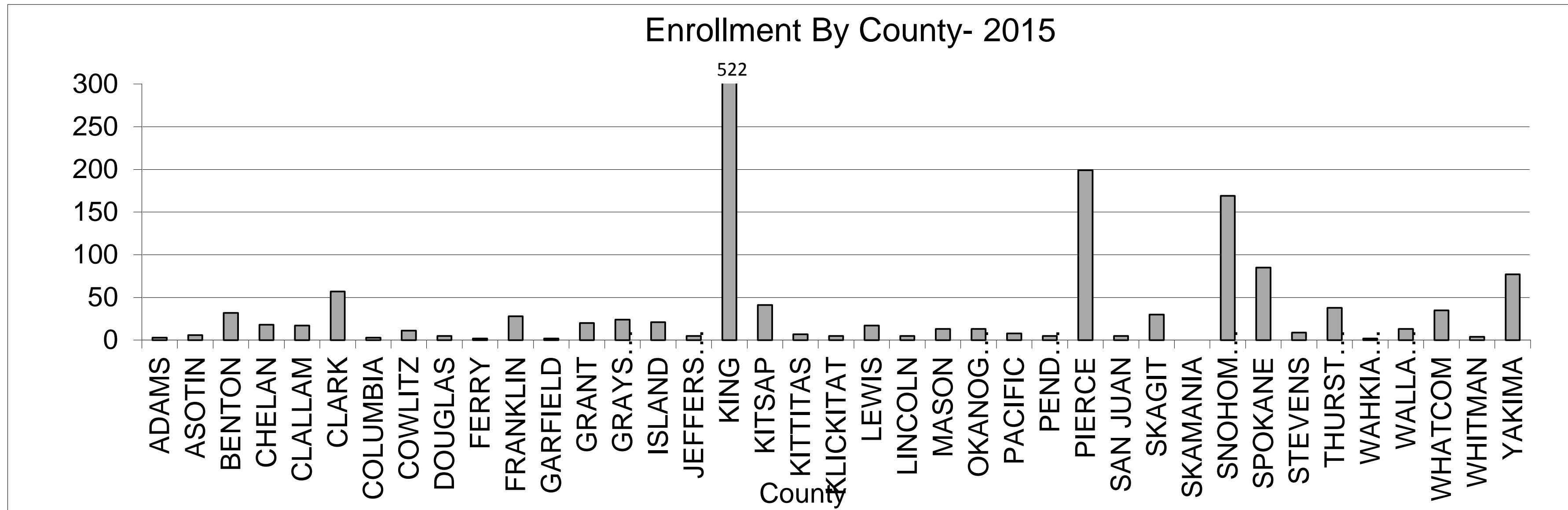
NOTE: This chart depicts the duration of time enrollees with non-Medicare polices are enrolled with WSHIP as of December 31, 2015. The HSA Qualified Plan and the Limited Preferred Plans have been available since January 2008. Any activity in the newer plans before those dates reflects enrollees who at one point had Standard Plan coverage and then changed to the newer plans.

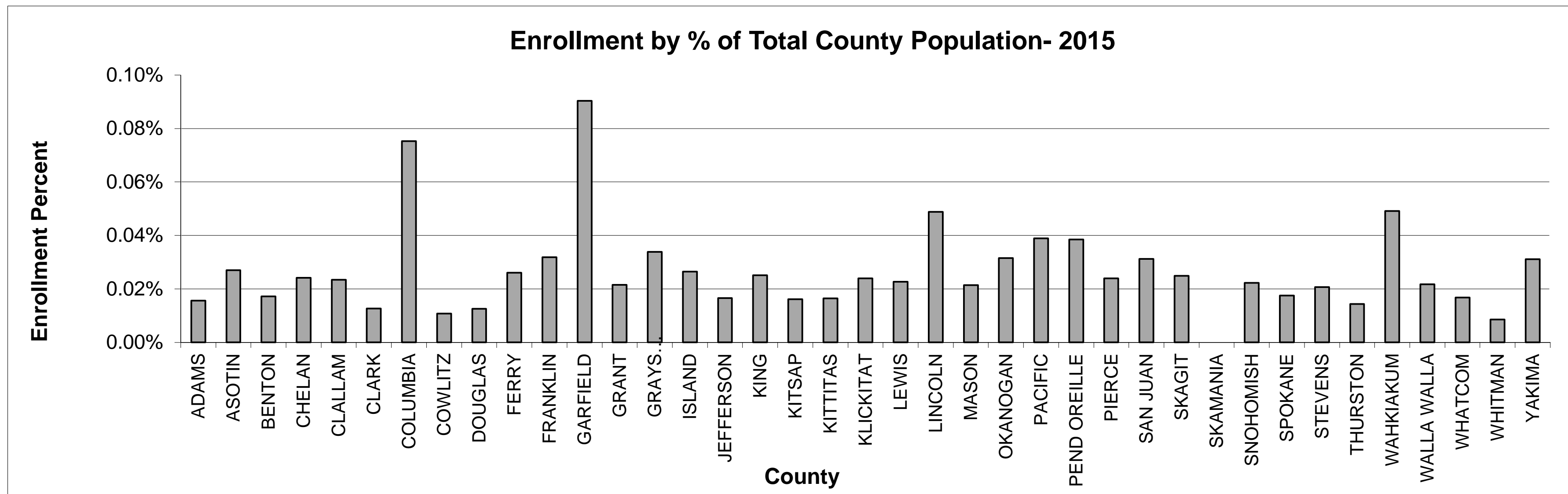


Time Enrolled in WSHIP Medicare Policies

NOTE: This chart depicts the duration of time enrollees with Medicare policies were enrolled with WSHIP as of December 31, 2015. Basic and Basic Plus plans have been available for eight years. However, the activity beyond eight years illustrates enrollees who at one point had Plan 2 coverage and then changed to either the Basic or the Basic Plus plans. As of January 2008, all Plan 2 enrollees were required to either terminate coverage or move to the Basic or the Basic Plus plans.



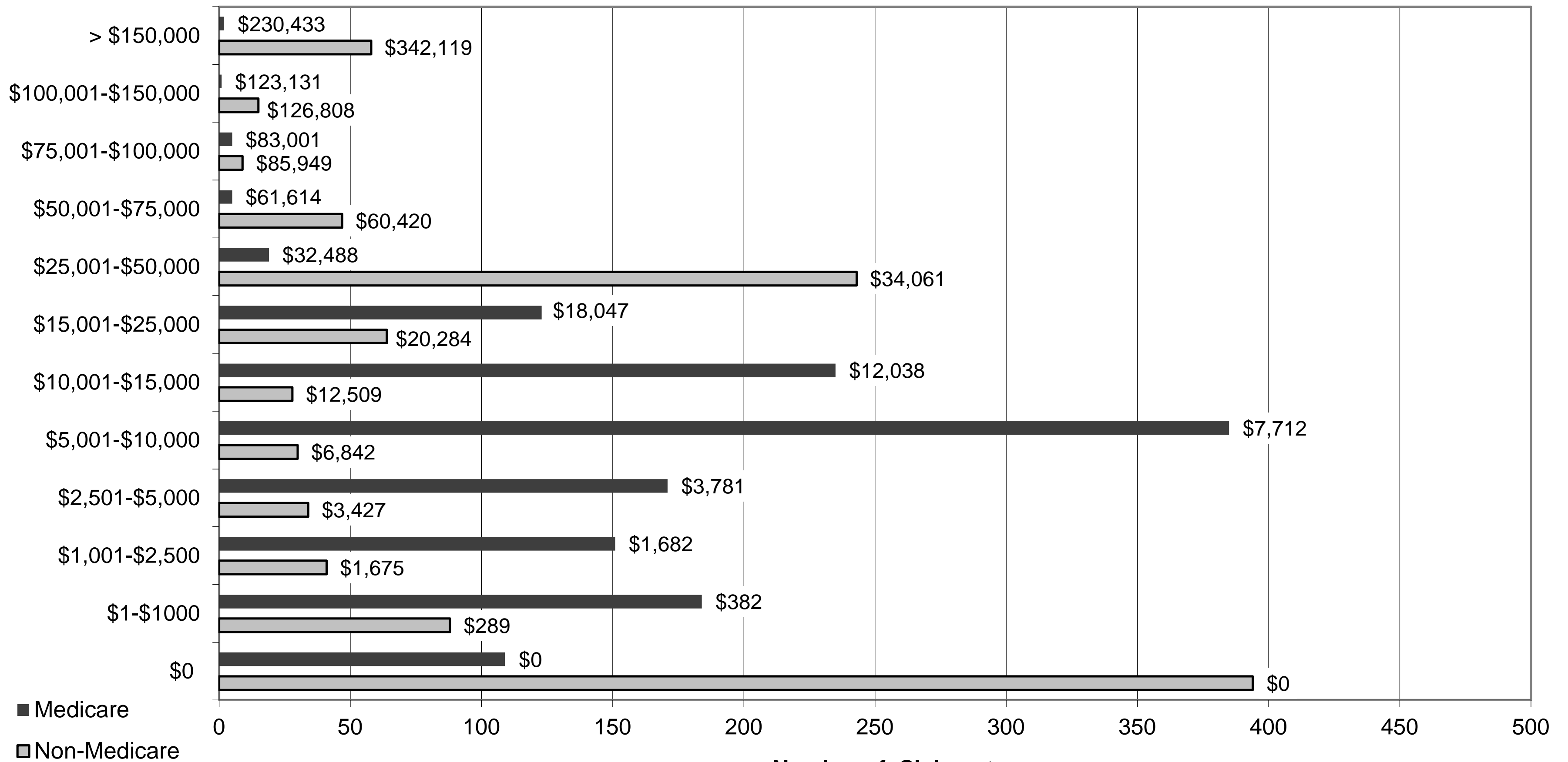

Enrollment By County- 2015
522
300
250
200
150
100
50
0
ADAMS
ASOTIN
BENTON
CHELAN
CLALLAM
CLARK
COLUMBIA
COWLITZ
DOUGLAS
FERRY
FRANKLIN
GARFIELD
GRANT
GRAYS…
ISLAND
JEFFERS…
KING
KITSAP
KITTITAS
KLICKITAT
LEWIS
LINCOLN
MASON
OKANOG…
PACIFIC
PEND…
PIERCE
SAN JUAN
SKAGIT
SKAMANIA
SNOHOM…
SPOKANE
STEVENS
THURST…
WAHKIA…
WALLA…
WHATCOM
WHITMAN
YAKIMA
County


Enrollment by % of Total County Population- 2015
Enrollment Percent
0.10%
0.08%
0.06%
0.04%
0.02%
0.00%
ADAMS
ASOTIN
BENTON
CHELAN
CLALLAM
CLARK
COLUMBIA
COWLITZ
DOUGLAS
FERRY
FRANKLIN
GARFIELD
GRANT
GRAYS…
ISLAND
JEFFERSON
KING
KITSAP
KITTITAS
KLICKITAT
LEWIS
LINCOLN
MASON
OKANOGAN
PACIFIC
PEND OREILLE
PIERCE
SAN JUAN
SKAGIT
SKAMANIA
SNOHOMISH
SPOKANE
STEVENS
THURSTON
WAHKIAKUM
WALLA WALLA
WHATCOM
WHITMAN
YAKIMA
County

Claims Data

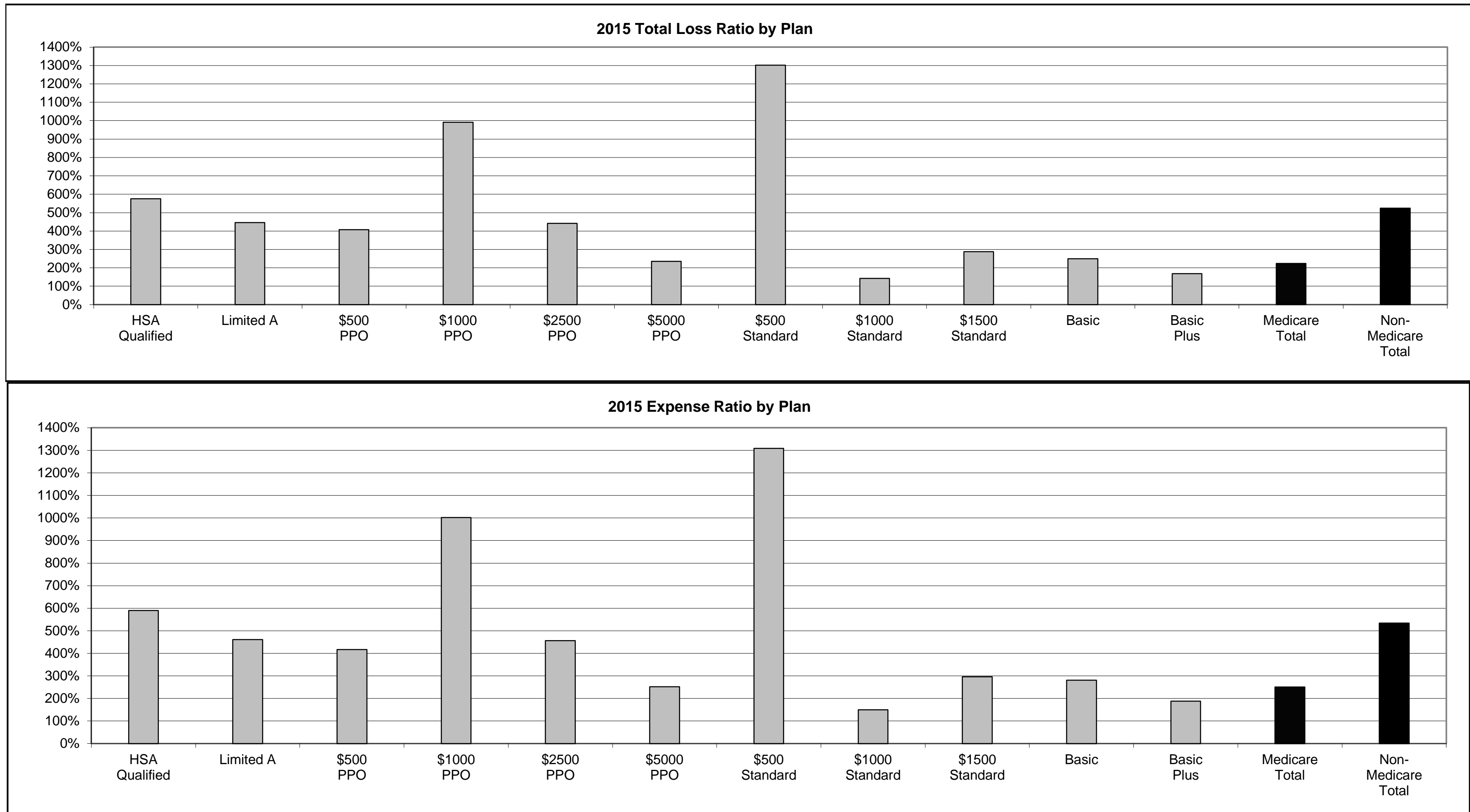
Distribution of Total Allowed* Medical and Pharmacy Claims

NOTE: This chart depicts the total allowable charges for all medical and pharmacy claims processed in 2015 for all enrollees. There were 2,442 claimants. The allowable claim costs have been banded as illustrated below. The average allowed medical and pharmacy cost per member per year (PMPY) is $19,014. At the end of each bar is the total average PMPY cost for the corresponding dollar band. 4.3% of the Non-Medicare claimants drove 50% of total Non-Medicare costs. 18.1% of the Medicare claimants drove 50% of total Medicare costs.

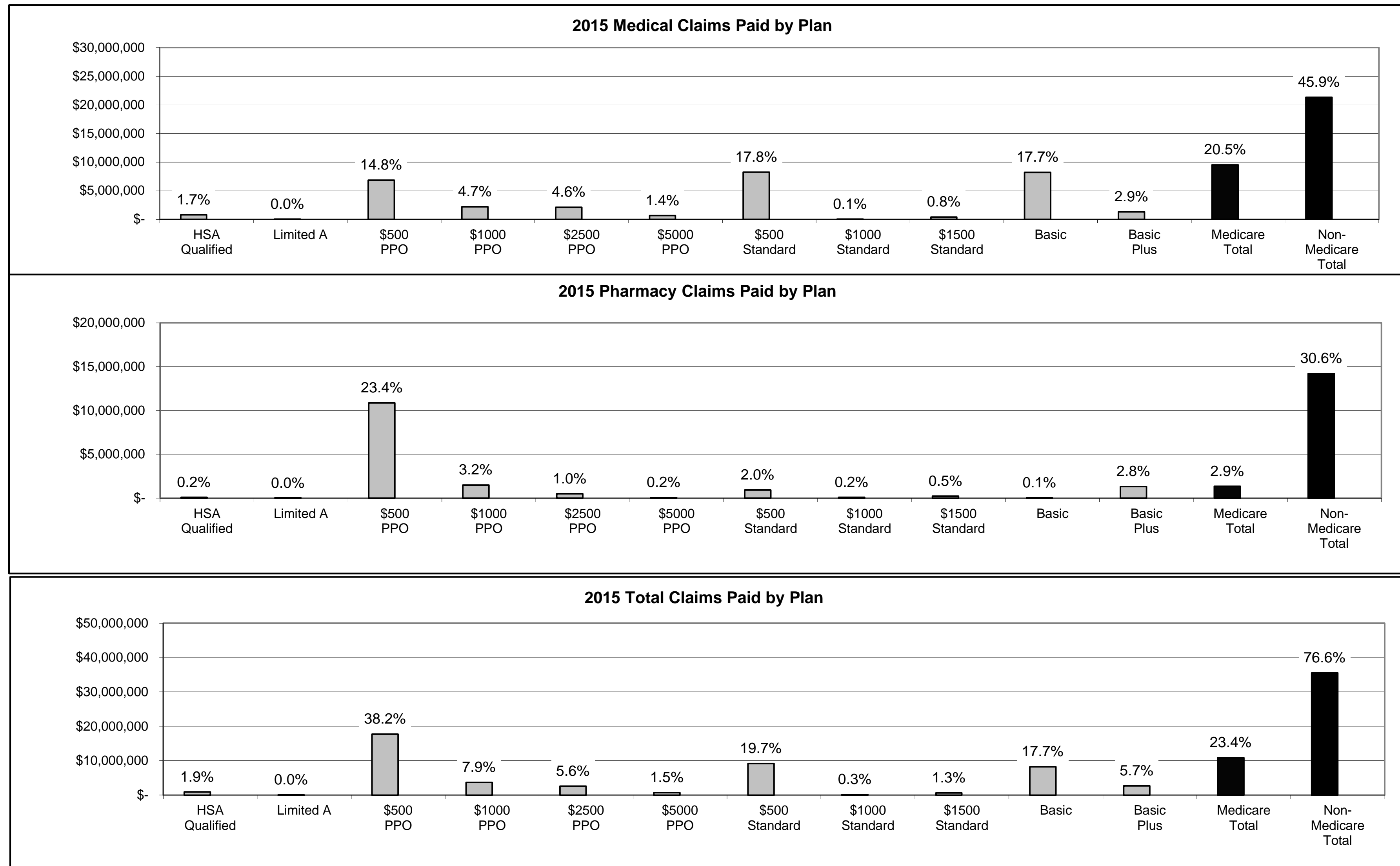


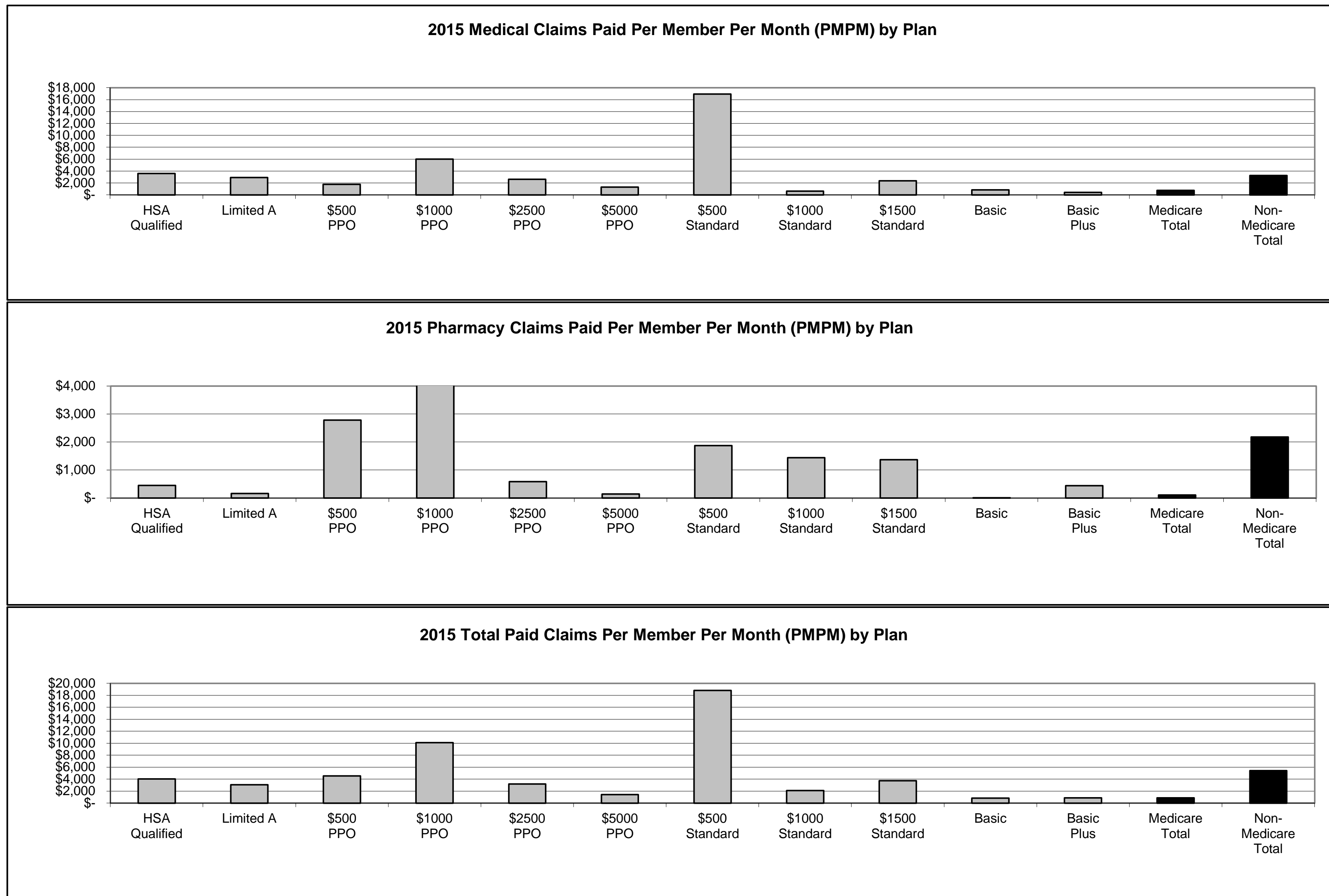
* Allowed: The total amount that the enrollee and WSHIP will pay for the covered service. Network providers have agreed to accept this amount as payment in full.

Note: This chart illustrates the loss ratio and expense ratio for the calendar year for all WSHIP plans. Medicare and Non-Medicare totals are reflected in the black bars at the right side of each chart.



NOTE: This chart illustrates medical, pharmacy and total claims paid by plan. Medicare and Non-Medicare totals are reflected in the black bars at the right side of each chart. In 2015, WSHIP paid $30,841,935 in medical claims and $15,570,333 in pharmacy claims, for a total of $46,412,269.




2015 Medical Claims Paid Per Member Per Month (PMPM) by Plan
$18,000
$16,000
$14,000
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
HSA Qualified
Limited A
$500 PPO
$1000 PPO
$2500 PPO
$5000 PPO
$500 Standard
$1000 Standard
$1500 Standard
Basic
Basic Plus
Medicare Total
Non-Medicare Total
2015 Pharmacy Claims Paid Per Member Per Month (PMPM) by Plan
$4,000
$3,000
$2,000
$1,000
$-
HSA Qualified
Limited A
$500 PPO
$1000 PPO
$2500 PPO
$5000 PPO
$500 Standard
$1000 Standard
$1500 Standard
Basic
Basic Plus
Medicare Total
Non-Medicare Total
2015 Total Paid Claims Per Member Per Month (PMPM) by Plan
$20,000
$18,000
$16,000
$14,000
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
HSA Qualified
Limited A
$500 PPO
$1000 PPO
$2500 PPO
$5000 PPO
$500 Standard
$1000 Standard
$1500 Standard
Basic
Basic Plus
Medicare Total
Non-Medicare Total

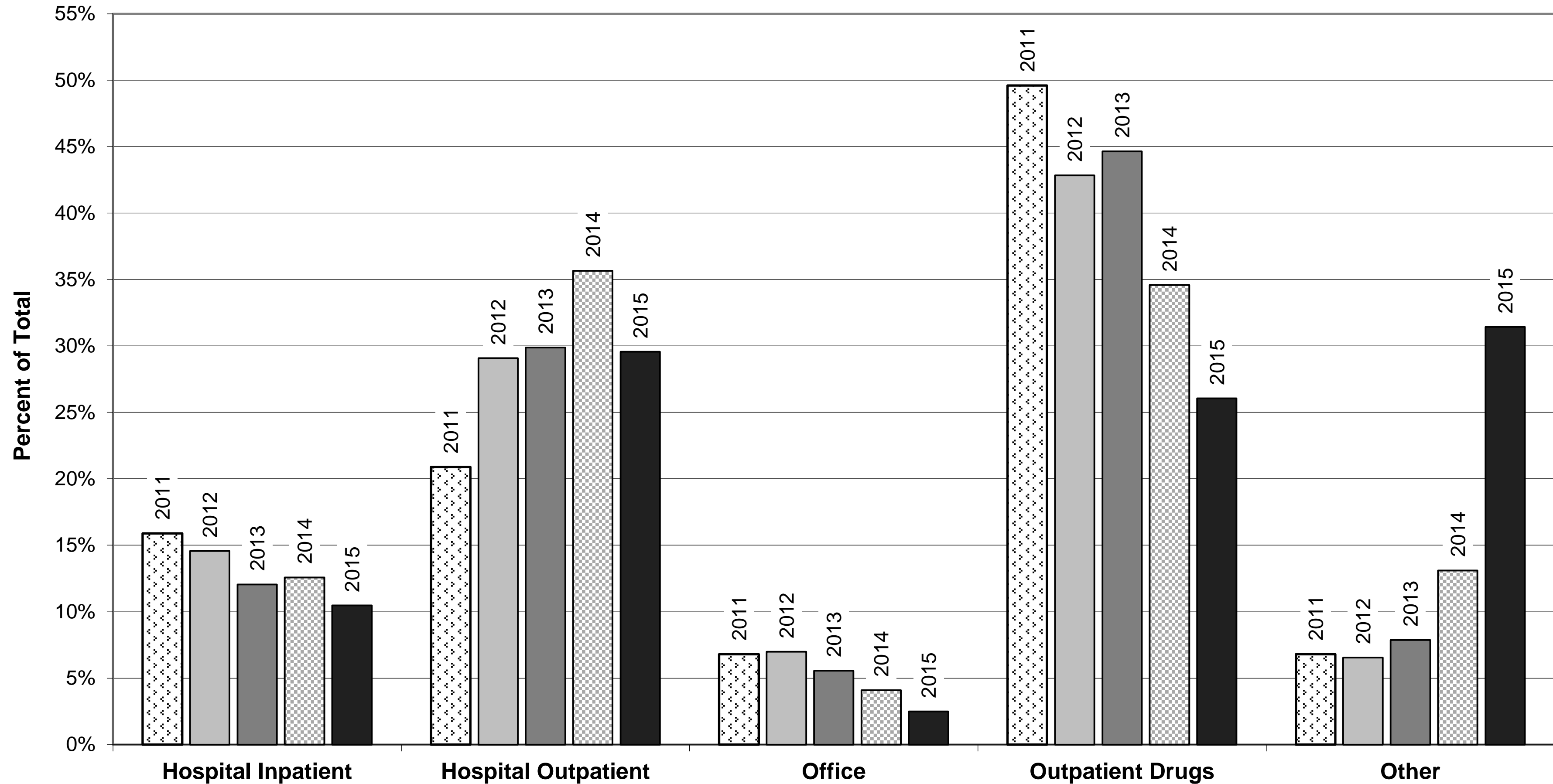
2015 Cost Sharing on a Per Member Per Month (PMPM) Basis

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

	Annual Totals				PMPM	
	Enrollment	Member Costs		Plan Costs		
	Members Months	Total Premiums	Total Out-of-Pocket	Total Plan Paid	Member Costs	Plan Costs
Standard Plans	713	$ 1,007,032	$ 68,274	$ 9,911,836	1,508	$ 13,902
Preferred Provider Plan	5,588	$ 5,612,405	$ 736,299	$ 24,711,700	$ 1,136	$ 4,422
HSA Qualified Plan	222	$ 155,735	$ 77,347	$ 895,851	$ 1,050	$ 4,035
Limited Plans	4	$ 2,748	$ 1,681	$ 12,269	$ 1,107	$ 3,067
Total Non-Medicare	**6,527**	**6,777,920**	**883,601**	**35,531,656**	**$ 1,174**	**$ 5,444**
Basic Plus	3,012	$ 1,576,544	$ 9,752	$ 2,644,418	$ 527	$ 878
Basic	9,645	$ 3,293,257	$ 19,412	$ 8,236,195	$ 343	$ 854
Total Medicare	**12,657**	**4,869,800**	**29,163**	**10,880,612**	**$ 387**	**$ 860**
Total All Plans	**19,184**	**11,647,720**	**912,765**	**46,412,269**	**$ 655**	**$ 2,419**

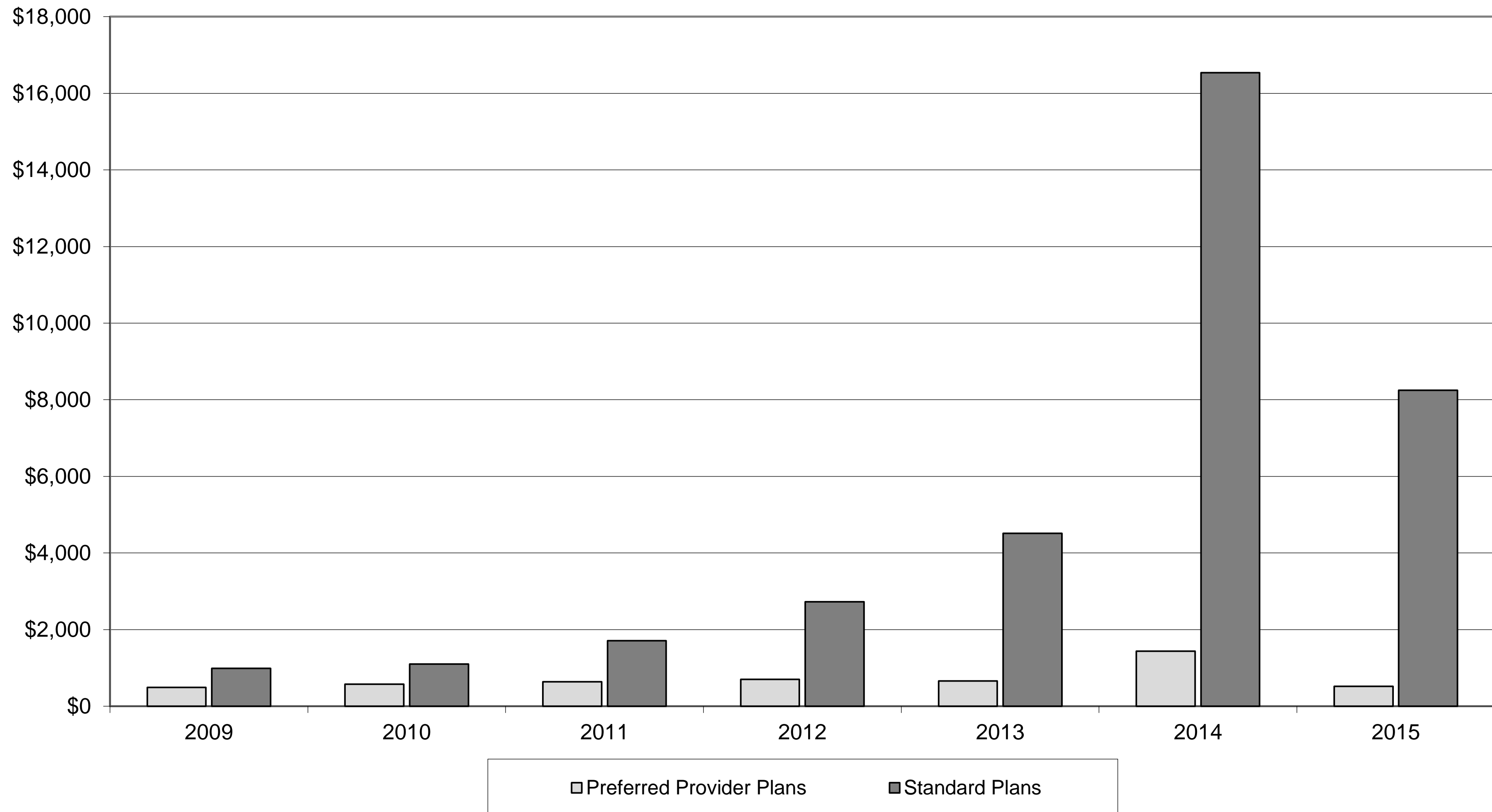
Distribution of Claim Payments by Place of Service 2011 - 2015

NOTE: This chart depicts the annual paid medical and pharmacy claims cost 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.



Network Savings on a Per Member Per Month (PMPM) Paid Basis for 2009 - 2015

NOTE: This chart depicts network discounts for both the Standard and Preferred Provider Plans on a PMPM basis for 2009 through 2015. In 2015, the network savings as a percent of total in-network charges for Standard Plans was 59% and for Preferred Provider Plans was 38%. The total combined network savings was 49%.



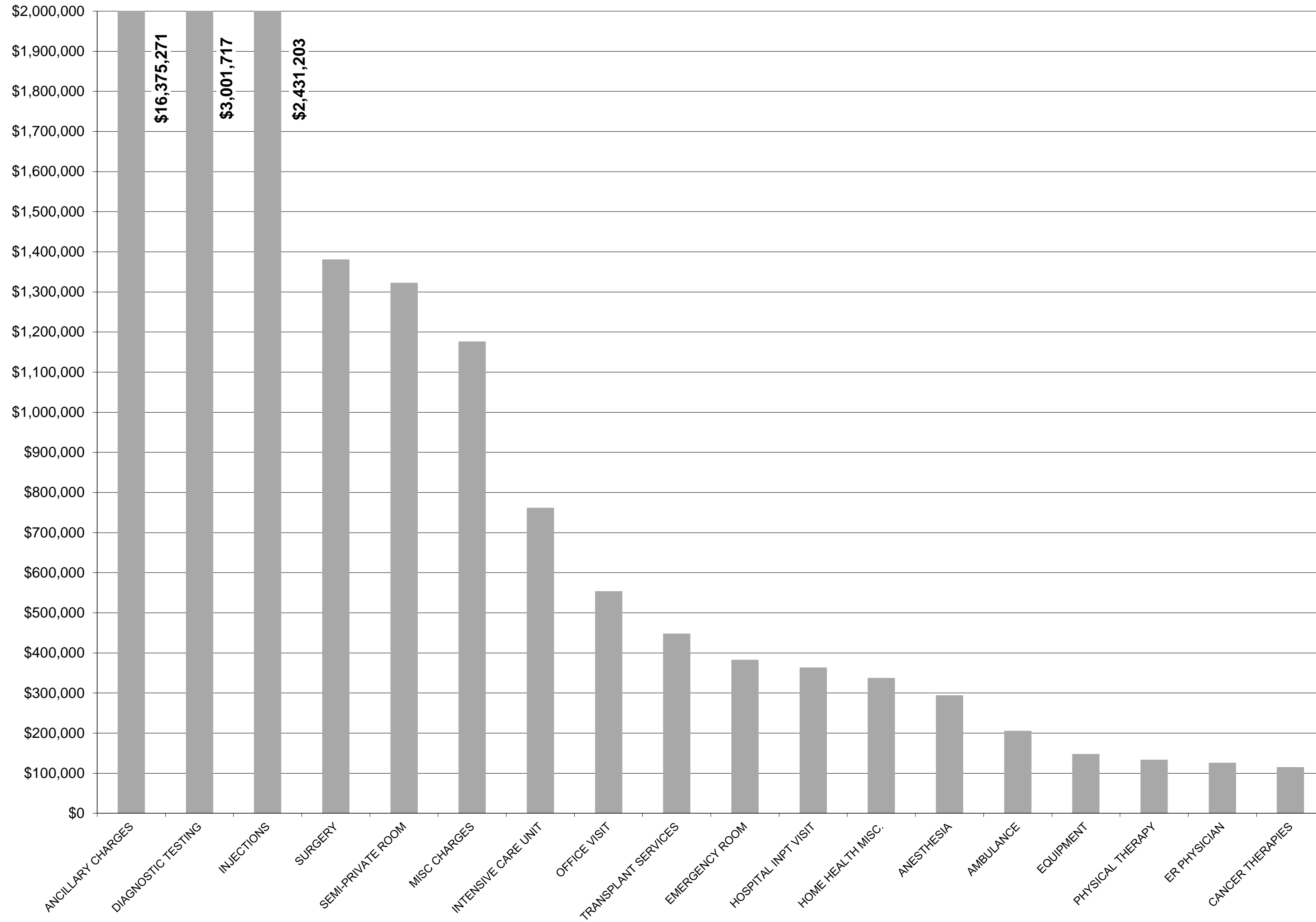
In-Network versus Out-of-Network Utilization - 2015

NOTE: This chart illustrates the utilization of in-network providers versus out-of-network providers. For enrollees within the Preferred Provider Plans, 94% of the time they were utilizing an in-network provider which resulted in 99% of the total dollars paid. For enrollees within the Standard plans, 83% of the time they were utlizing an in-network provider which resulted in 99% of the total dollars paid.

	Percent of Claims		Dollars Paid		Percent of Dollars Paid	
	In-Net	**Out-of-Net**	**In-Net**	**Out-of-Net**	**In-Net**	**Out-of-Net**
PPO Plans	94%	6%	$ 12,363,028	$ 173,294	99%	1%
STD Plans	93%	7%	$ 8,620,067	$ 65,785	99%	1%

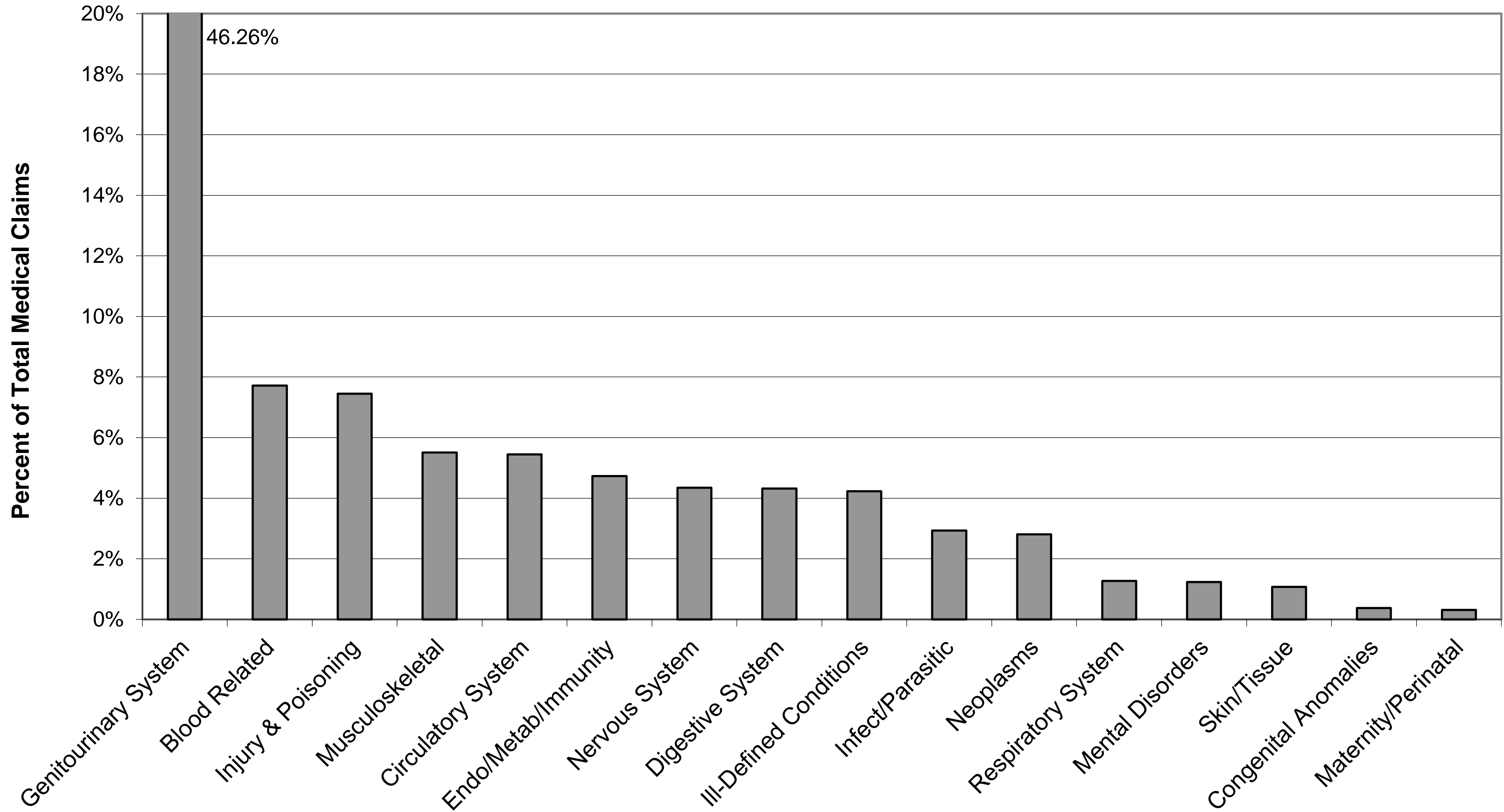
Service Code Analysis 2015 Paid Medical Claims

NOTE: This chart depicts the total paid medical claims per each service code or benefit category with total charges $100,000 and up.



Major Diagnostic Categories by % of Total Medical Claims Paid in 2015

NOTE: This chart depicts the paid medical claims based upon Major Diagnosis Categories for all plans. The Major Diagnosis Categories are developed from ranges of diagnoses.



Top 25 Providers by 2015 Medical Claims Paid

NOTE: This chart depicts the top 25 providers in 2015 by medical claims paid. The top 25 providers account for approximately 73% of claim dollars paid in 2015.

Provider Name	Paid Amount	Percent of Total Medical Claims Paid	FCHN Provider?
TOTAL RENAL CARE INC	4,371,510.99	14.6%	Yes
RENAL TREATMENT CENTER WEST	3,415,778.56	11.4%	Yes
UNIVERSITY OF WASHINGTON	1,485,276.77	4.9%	Yes
NORTHWEST KIDNEY CENTERS	1,349,534.65	4.5%	Yes
HARBORVIEW MEDICAL CENTER PHYSICIANS	1,324,127.50	4.4%	Yes
PROVIDENCE HEALTH & SERVICES WASHINGTON	1,260,054.57	4.2%	Yes
PUGET SOUND BLOOD CENTER	1,148,771.36	3.8%	No
SEATTLE CHILDRENS HOSPITAL	1,006,966.13	3.4%	Yes
VIRGINIA MASON CLINIC	620,825.40	2.1%	Yes
SWEDISH HEALTH SERVICES	612,755.55	2.0%	Yes
PUGET SOUND KIDNEY CENTERS	561,095.84	1.9%	No
SWEDISH HEALTH SERVICES	519,370.43	1.7%	Yes
FRANCISCAN HEALTH SYSTEM	460,183.96	1.5%	Yes
VGM GROUP INC	427,583.36	1.4%	Yes
PROVIDENCE HEALTH & SERVICES WASHINGTON	399,930.99	1.3%	Yes
KADLEC REGIONAL MEDICAL CENTER	368,211.39	1.2%	Yes
KENNEWICK PUBLIC HOSP DISTRICT	364,252.72	1.2%	Yes
RENAL LIFE LINK INC	362,319.50	1.2%	Yes
ASSOCIATION OF UNIVERSITY PHYSICIANS	346,149.10	1.2%	Yes
SEATTLE CANCER CARE ALLIANCE	319,390.51	1.1%	Yes
INLAND NORTHWEST RENAL CARE GROUP	300,952.64	1.0%	Yes
OPTION CARE ENTERPRISES INC	289,810.51	1.0%	Yes
PACIFIC NORTHWEST RENAL SERVICES	266,090.73	0.9%	Yes
YAKIMA HMA INC	243,175.03	0.8%	Yes
YAKIMA VALLEY MEMORIAL HOSPITAL	218,397.01	0.7%	Yes
Total of all other providers	**$ 8,202,196**	**27.3%**	

* Puget Sound Centers do not contract with any private payors.

Enrollment and Claims Summary Detail for 3rd Party Payors (EHIP, Kidney, DSHS)

Third Party Payors Members Plan & Age Distribution Summary as of December 31, 2015

NOTE: Third party payors accounted for 56.2% of the total WSHIP population. At the end of 2015, EHIP had 264 enrollees, DSHS had 6, and Kidney Centers had 604.

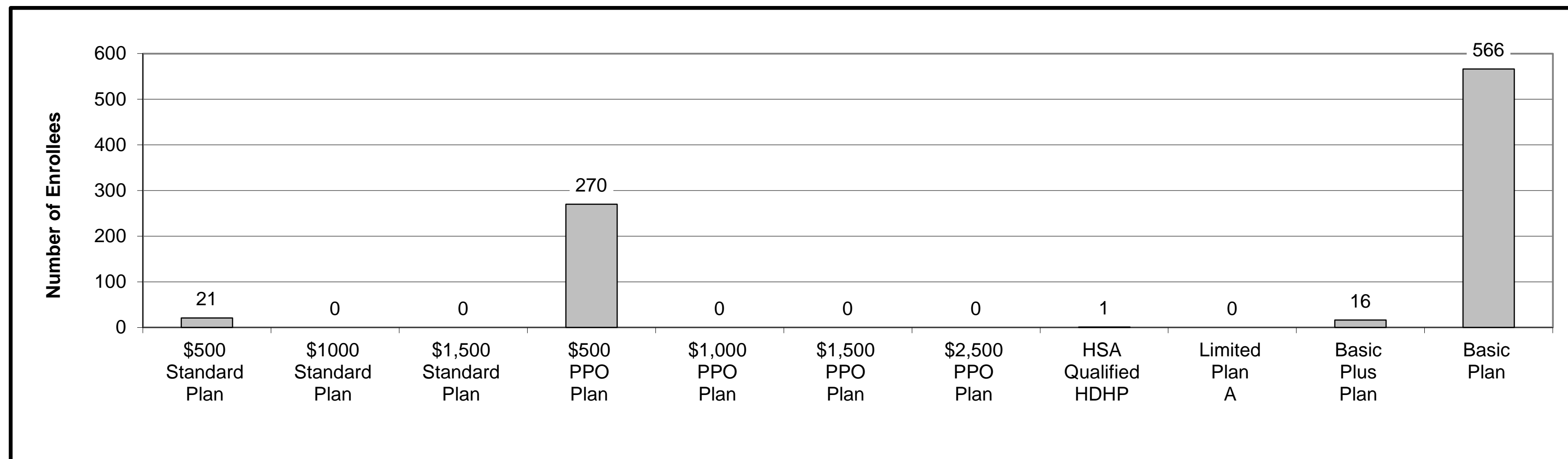
	Standard Plan		
Age	$500	$1,000	$1,500
0-18	1	0	0
19-29	5	0	0
30-34	2	0	0
35-39	3	0	0
40-44	3	0	0
45-49	1	0	0
50-54	4	0	0
55-59	0	0	0
60-64	0	0	0
65-69	0	0	0
70-74	2	0	0
75-79	0	0	0
80-84	0	0	0
85+	0	0	0
Total	21	0	0
Total Standard Plan = 21			

	PPO Plan					HSA Qual	Limited PPO A
Age	$500	$1,000	$2,500	$5,000	Age	$3,000	$1,500
0-18	0	0	0	0	0-18	0	0
19-29	9	0	0	0	19-29	0	0
30-34	35	0	0	0	30-34	0	0
35-39	55	0	0	0	35-39	0	0
40-44	58	0	0	0	40-44	0	0
45-49	54	0	0	0	45-49	0	0
50-54	29	0	0	0	50-54	0	0
55-59	19	0	0	0	55-59	1	0
60-64	8	0	0	0	60-64	0	0
65-69	3	0	0	0	65-69	0	0
70-74	0	0	0	0	70-74	0	0
75-79	0	0	0	0	75-79	0	0
80-84	0	0	0	0	80-84	0	0
85+	0	0	0	0	85+	0	0
Total	270	0	0	0	Total	1	0
Total PPO Plan = 271							

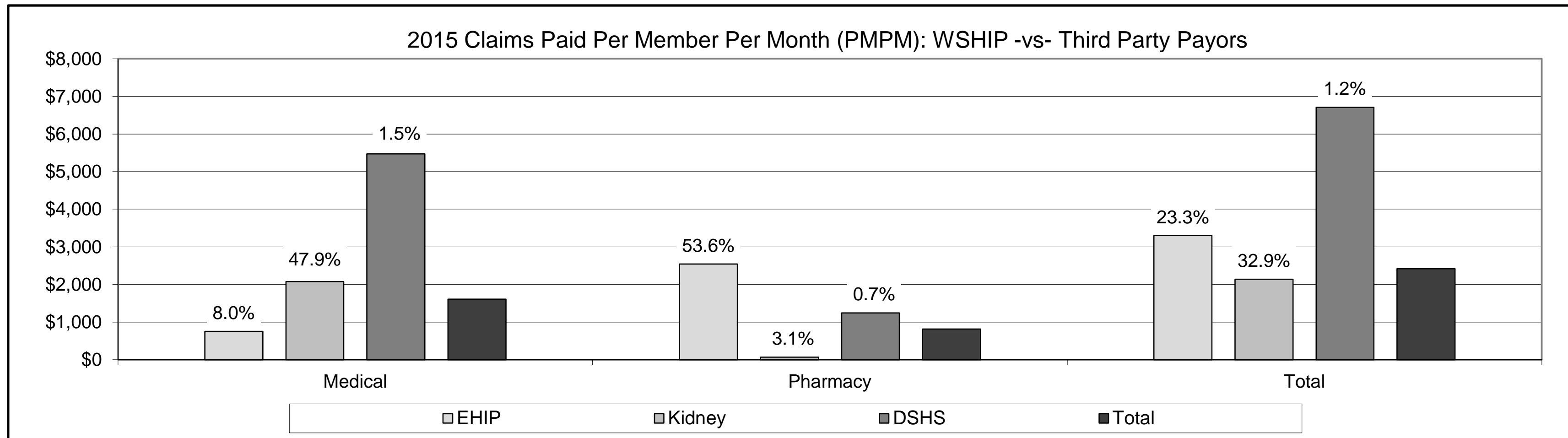
Age	Basic Plus Plan	Basic Plan
0-18	0	0
19-29	0	7
30-34	0	15
35-39	0	25
40-44	0	43
45-49	1	58
50-54	5	77
55-59	2	112
60-64	4	108
65-69	2	66
70-74	2	27
75-79	0	13
80-84	0	10
85+	0	5
Total	16	566
Total Medicare = 582		

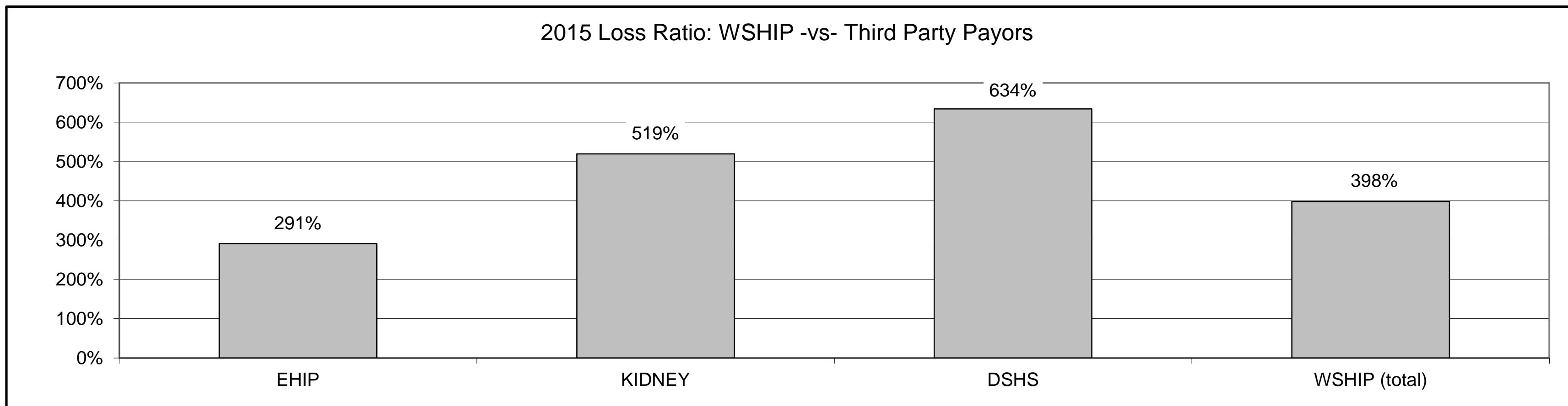
Total Non-Medicare = 292

TOTAL ENROLLMENT: 874



NOTE: This chart depicts the paid medical and pharmacy claims on a per member per month (PMPM) basis for each of the three primary third party payors and how each compares to WSHIP in total. The percentages on each bar graph represent the medical and pharmacy costs of each primary third party payor as a percentage of the total WSHIP medical and pharmacy costs. In 2015, third party payor claims represent 57% of the total annual claim costs for WSHIP.





Web Site Activity

WSHIP Web Site Statistics
www.wship.org
2013 through 2015 Comparison

Interesting Facts			
2013	2014	2015	
37,734	9,560	5,952	Total number of unique visitors
103	26	16	Average daily number of unique visitors

Top 10 Pages Most Frequently Accessed	
Number of Sessions	Page Name
2,374	Medicare Eligibility
1,823	Contact Us
1,639	Monthly Premiums
1,044	Provider Network
803	Medicare Benefits
771	For Board of Directors
573	Benefit Plans
545	Health Reform
438	About WSHIP