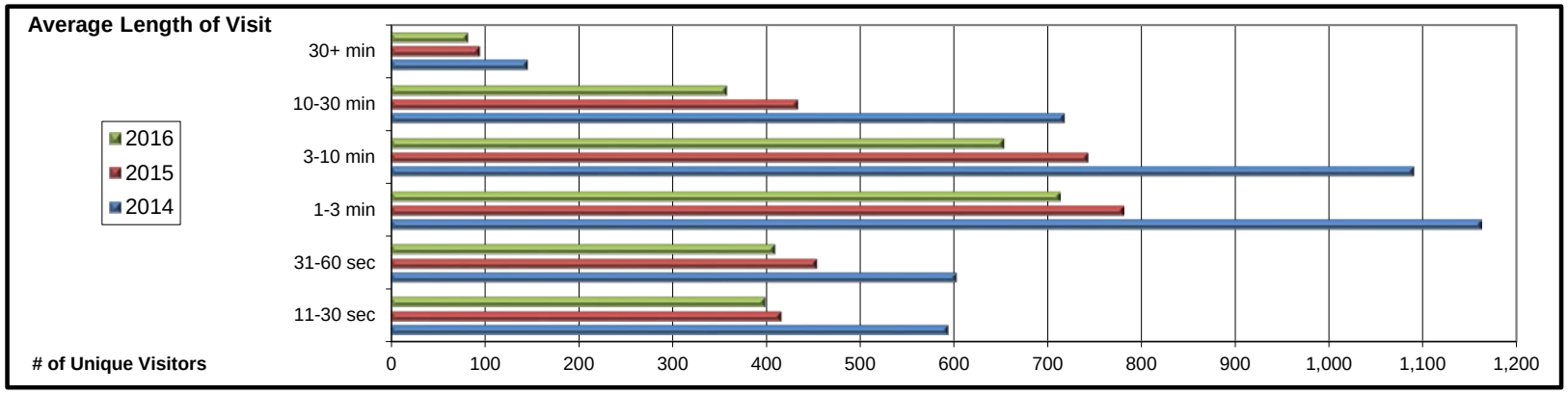
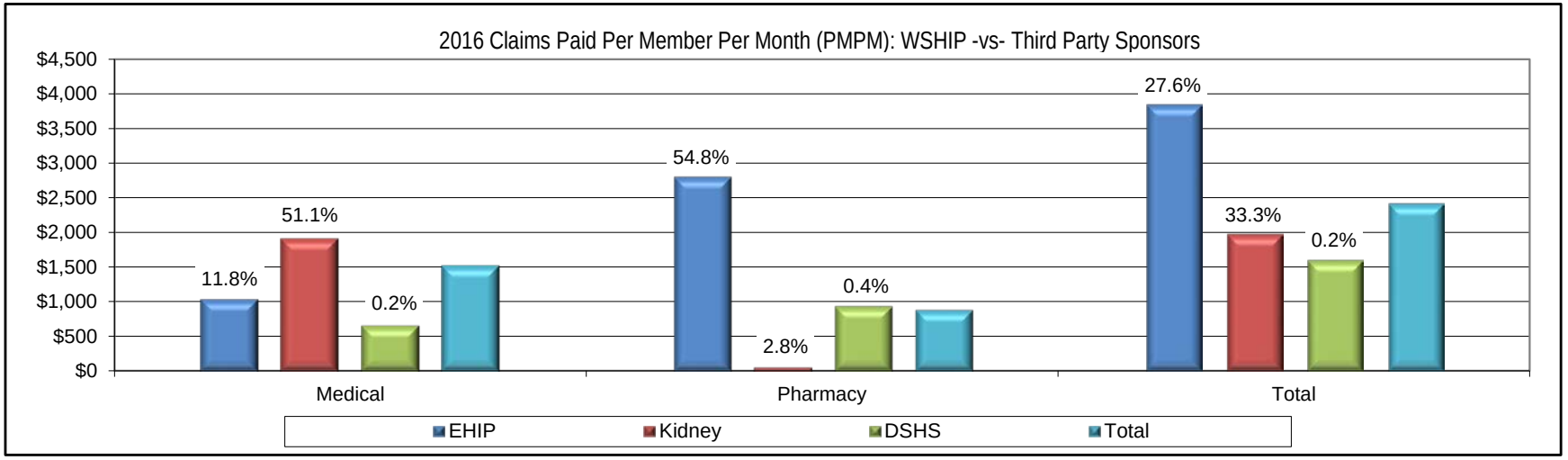
WSHIP Web Site Statistics
www.wship.org
2013 through 2016 Comparison

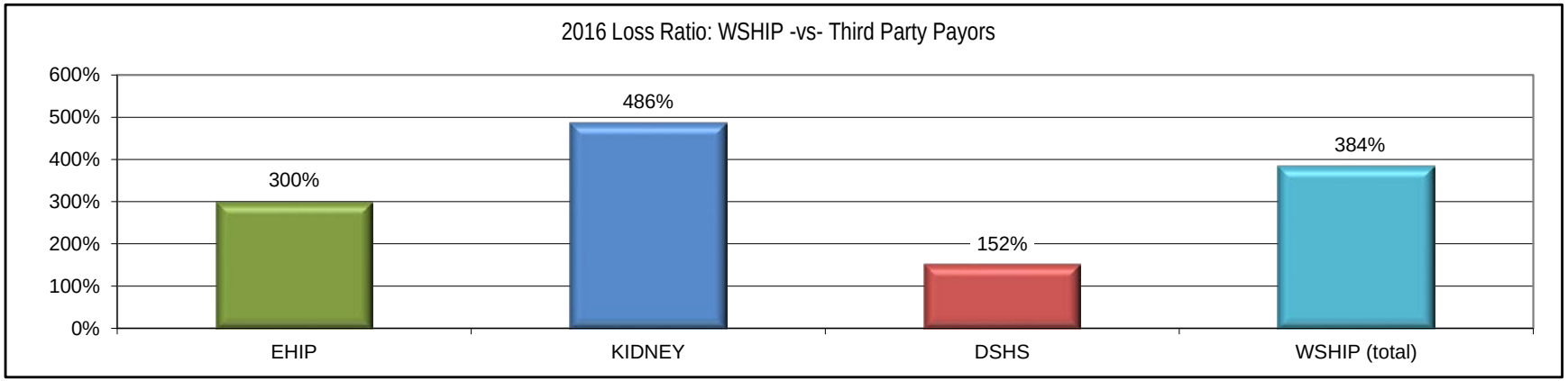
Interesting Facts			
2014	2015	2016	
9,560	5,952	5,278	Total number of unique visitors
26	16	14	Average daily number of unique visitors

Top 10 Pages Most Frequently Accessed	
Number of Sessions	Page Name
2,918	Medicare Eligibility
1,694	Monthly Premiums
1,508	Contact Us
1,003	Medicare Benefits
821	Provider Network
652	For Board of Directors
575	About WSHIP
330	Yearly Reports
326	Health Reform
324	Assessment Form



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 sponsors 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 sponsor as a percentage of the total WSHIP medical and pharmacy costs. In 2016, third party sponsor claims represent 61% of the total annual claim costs for WSHIP.





Third Party Sponsors Members Plan & Age Distribution Summary as of December 31, 2016

NOTE: Third party sponsors accounted for 61.2% of the total WSHIP population. At the end of 2016, EHIP had 253 enrollees, DSHS had 5, and Kidney Organization Sponsors had 607.

	Standard Plan		
Age	$500	$1,000	$1,500
0-18	1	0	0
19-29	3	0	1
30-34	1	0	0
35-39	3	0	0
40-44	2	0	0
45-49	1	0	0
50-54	4	0	0
55-59	0	0	0
60-64	1	1	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	18	1	1
Total Standard Plan = 20			

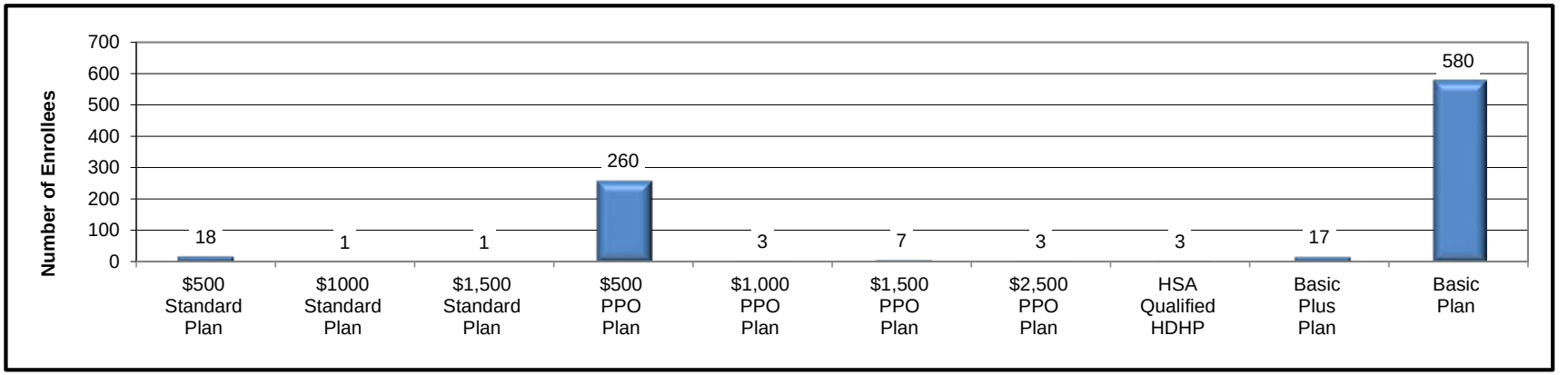
	PPO Plan			
Age	$500	$1,000	$2,500	$5,000
0-18	0	1	0	1
19-29	7	0	2	0
30-34	31	1	0	0
35-39	48	0	0	0
40-44	57	1	0	1
45-49	53	0	2	0
50-54	33	0	0	0
55-59	19	0	3	0
60-64	9	0	0	1
65-69	2	0	0	0
70-74	1	0	0	0
75-79	0	0	0	0
80-84	0	0	0	0
85+	0	0	0	0
Total	260	3	7	3
Total PPO Plan = 276				

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

	Basic Plus Plan	Basic Plan
Age		
0-18	0	0
19-29	0	7
30-34	0	11
35-39	0	21
40-44	0	39
45-49	0	58
50-54	4	84
55-59	2	104
60-64	4	116
65-69	6	70
70-74	0	42
75-79	0	17
80-84	1	9
85+	0	2
Total	17	580
Total Medicare = 597		

Total Non-Medicare = 296

TOTAL ENROLLMENT: 893



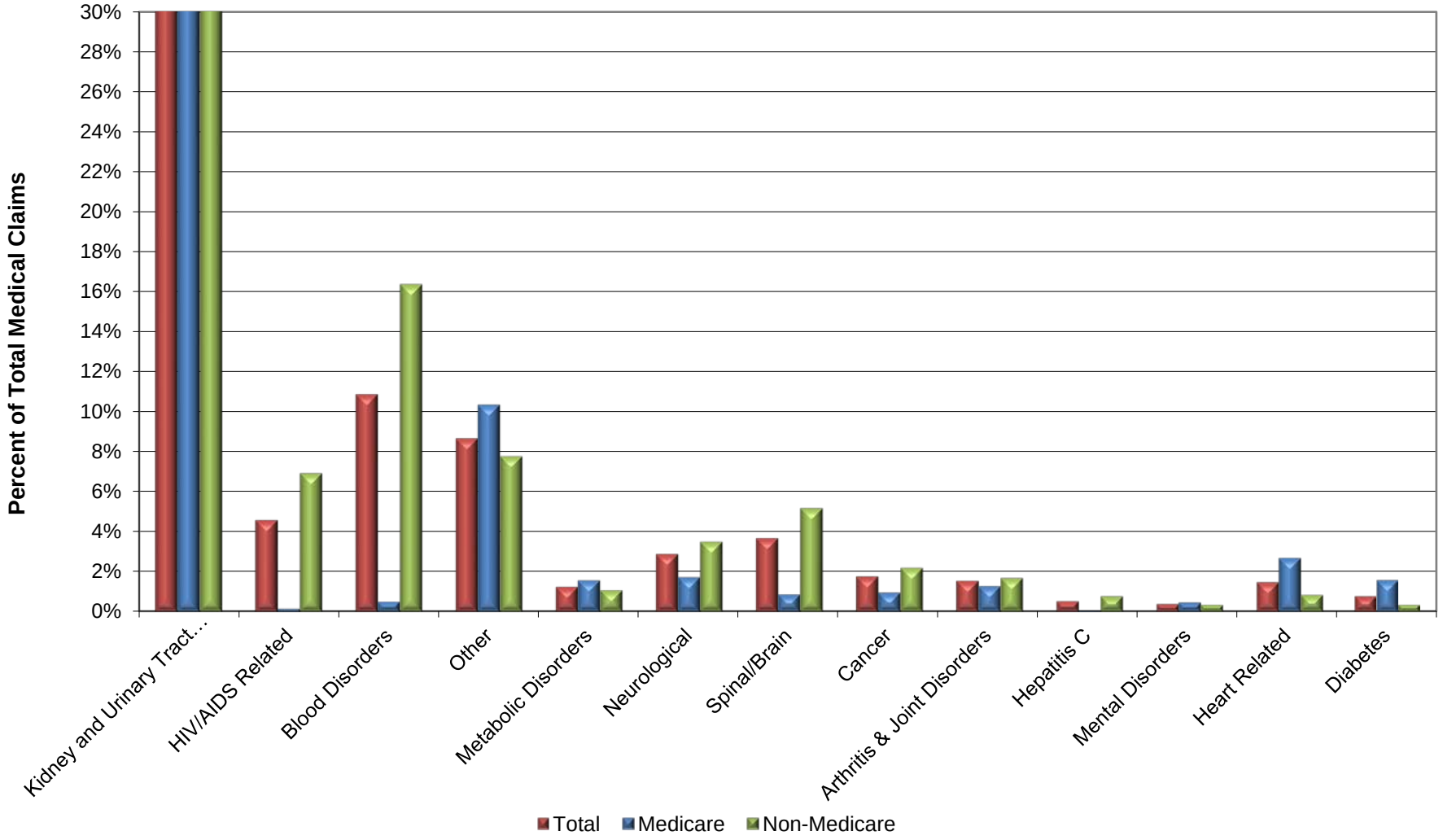
Top 25 Providers by 2016 Medical Claims Paid

NOTE: This chart depicts the top 25 providers in 2016 by medical claims paid. The top 25 providers account for approximately 74% of claim dollars paid in 2016.

Provider Name	Paid Amount	Percent of Total Medical Claims Paid	FCHN Provider?
Total Renal Care	3,913,147.50	15.1%	Yes
Northwest Bethany	2,943,250.57	11.4%	Yes
Northwest Kidney Centers	1,246,398.29	4.8%	Yes
Puget Sound Blood Center	1,201,729.68	4.6%	Yes
Providence Health & Services	1,027,136.09	4.0%	Yes
Harborview Medical Center	903,460.53	3.5%	Yes
Virginia Mason Center	640,875.37	2.5%	Yes
The Regional Hospital for Respiratory & Complex Care	632,850.19	2.4%	Yes
VGM Group Inc	614,267.59	2.4%	Yes
Puget Sound Kidney Centers	574,759.94	2.2%	Yes
Kadlec Regional Medical Center	538,437.82	2.1%	Yes
Seattle Childrens Hospital	528,243.31	2.0%	Yes
St Joseph Medical Center	477,969.18	1.8%	Yes
Central Washington Hospital	398,633.42	1.5%	Yes
Birth and Family Clinic	395,863.92	1.5%	Yes
University of Washington	390,516.44	1.5%	Yes
Providence Everett Medical Labs	378,328.88	1.5%	Yes
Inland Northwest Renal Care Group	318,363.32	1.2%	Yes
Kennewick Public Hospital District	292,647.80	1.1%	Yes
Option Care Enterprises Inc	287,388.47	1.1%	Yes
North Spokane Renal Services	279,351.18	1.1%	Yes
Providence Health & Services	274,480.33	1.1%	Yes
Multicare Health Systems	269,365.32	1.0%	Yes
Swedish Health Services	261,539.35	1.0%	Yes
Association of University Physicians	255,971.69	1.0%	Yes
Total of all other providers	$ 6,843,805	73.6%	

Major Diagnostic Categories by % of Total Medical Claims Paid in 2016

NOTE: This chart depicts the paid medical claims based upon Major Diagnosis Categories for all plans. The % of WSHIP claims billed under the Kidney and Urinary Tract Disease Diagnosis Cateory in 2016 was: non-Medicare - 52.95%, Medicare - 77.80% and Total - 61.56%.



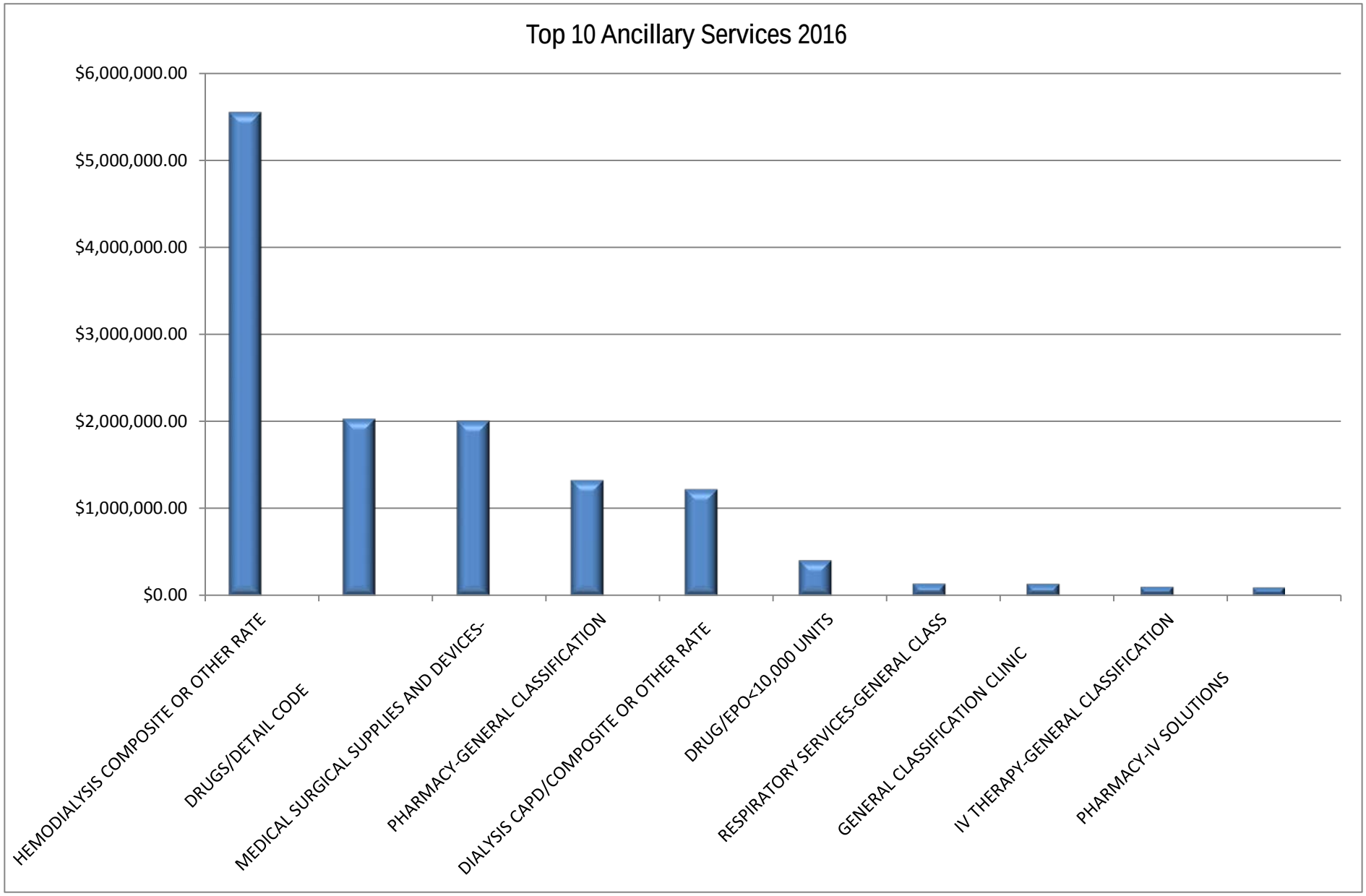
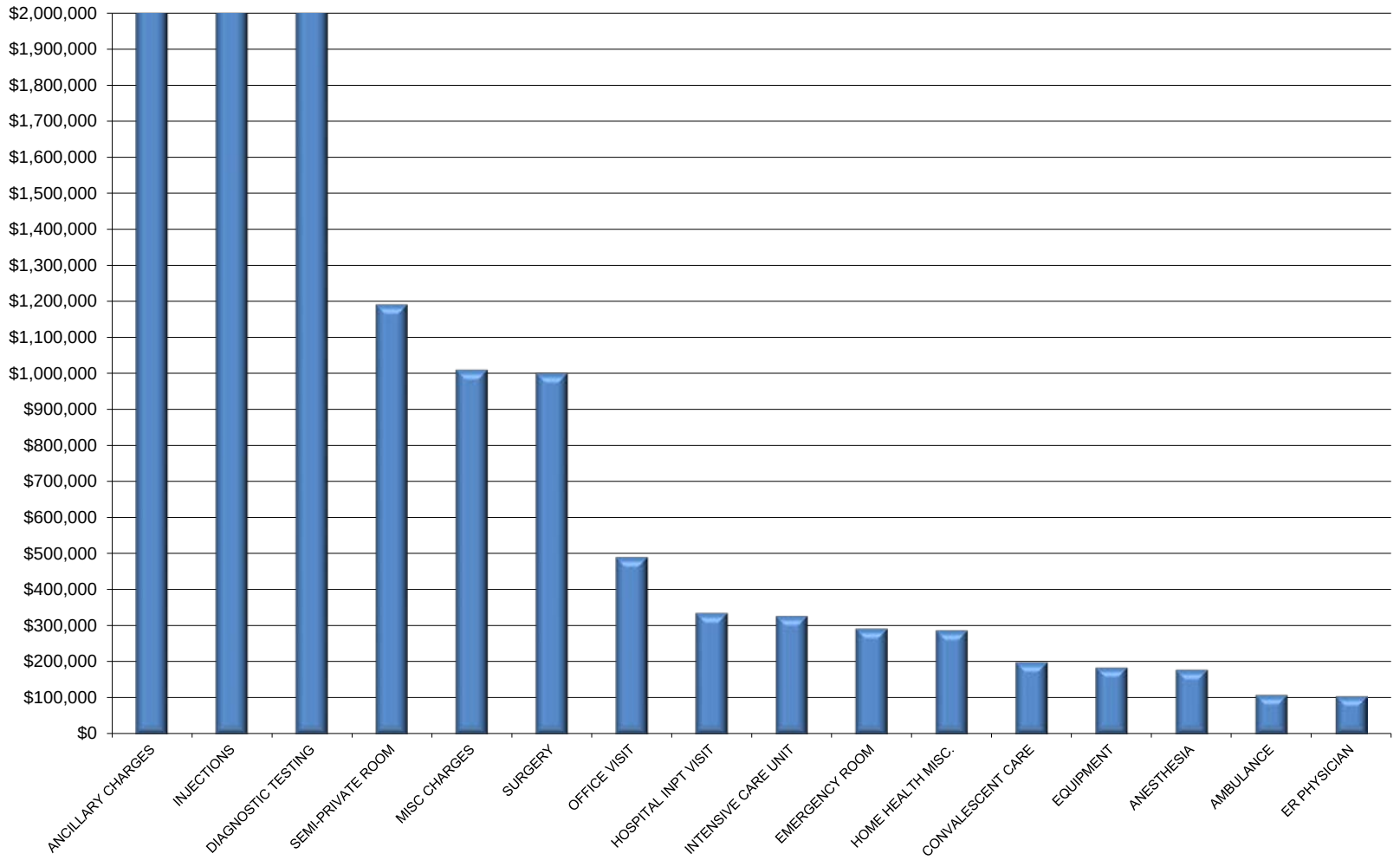

Top 10 Ancillary Services 2016
$6,000,000.00
$5,000,000.00
$4,000,000.00
$3,000,000.00
$2,000,000.00
$1,000,000.00
$0.00
HEMODIALYSIS COMPOSITE OR OTHER RATE
DRUGS/DETAIL CODE
MEDICAL SURGICAL SUPPLIES AND DEVICES-
PHARMACY-GENERAL CLASSIFICATION
DIALYSIS CAPD/COMPOSITE OR OTHER RATE
DRUG/EPO<10,000 UNITS
RESPIRATORY SERVICES-GENERAL CLASS
GENERAL CLASSIFICATION CLINIC
IV THERAPY-GENERAL CLASSIFICATION
PHARMACY-IV SOLUTIONS

Chart 18

Service Code Analysis 2016 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. As a percentage of total claims paid, ancillary charges accounted for 53.6% , injections represented 10.2% and diagnostic testing equaled 10%. The top three ancillary charges billed were Ancillary Charges ($13.6 million) Injections ($2.6 million) and Diagnostic Testing ($2.5 million).



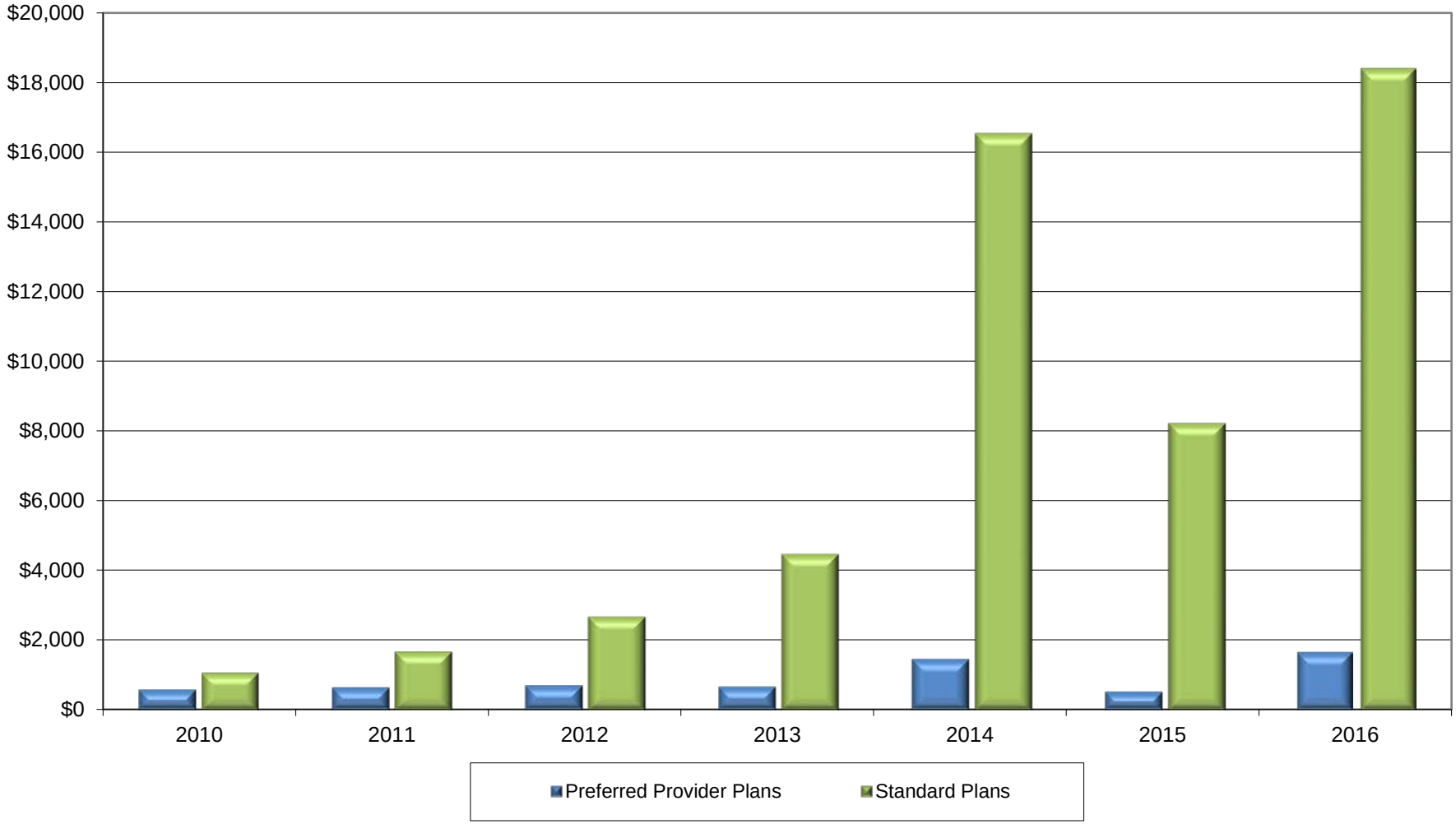
In-Network versus Out-of-Network Utilization 2016

NOTE: This chart illustrates the utilization of in-network providers versus out-of-network providers. For enrollees within the Preferred Provider Plans, 89% of the time they were utilizing an in-network provider which resulted in 91% of the total dollars paid. For enrollees within the Standard plans, 94% 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	89%	11%	$ 9,398,459	$ 945,628	91%	9%
STD Plans	94%	6%	$ 6,692,995	$ 61,727	99%	1%

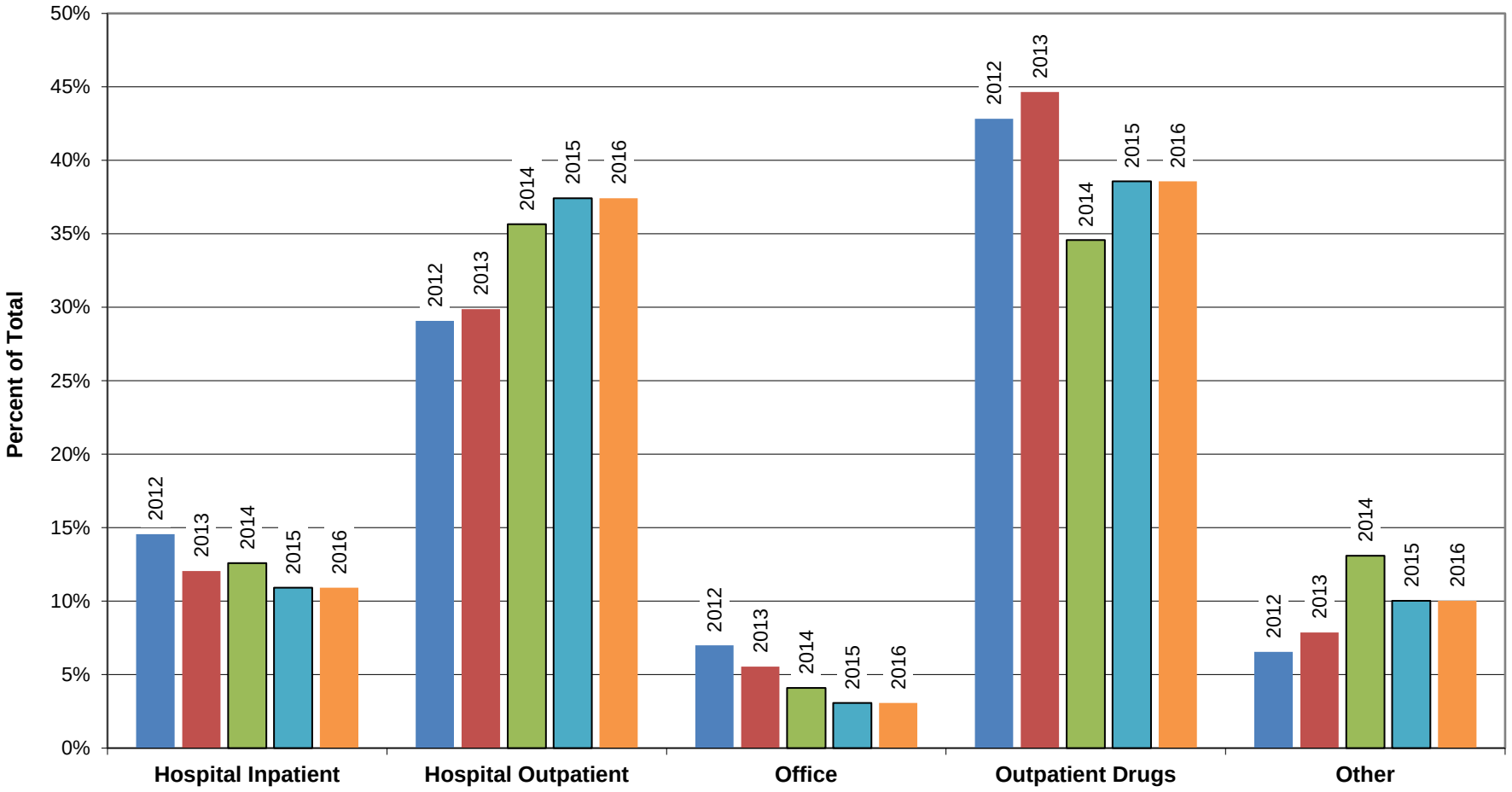
Network Savings on a Per Member Per Month (PMPM) Paid Basis for 2010 - 2016

NOTE: This chart depicts network discounts for both the Standard and Preferred Provider Plans on a PMPM basis for 2010 through 2016. In 2016, the network savings as a percent of total in-network charges for Standard Plans was 62% and for Preferred Provider Plans was 38.3%. The total combined network savings was 49.7%.



Distribution of Claim Payments by Place of Service 2012 - 2016

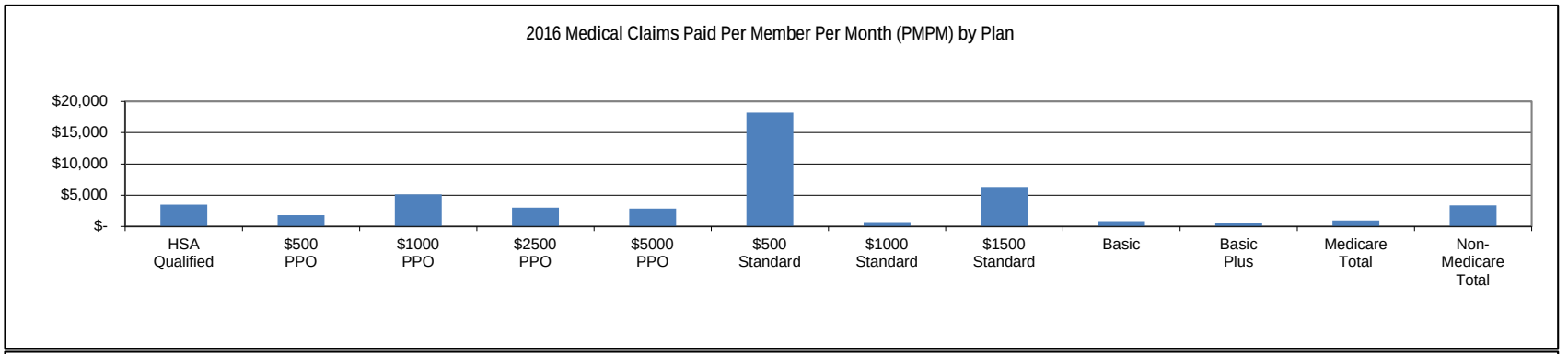
NOTE: This chart depicts the annual paid medical and pharmacy claims cost for each place of service as a percent of the total annual cost. "Other" is a total of services not within the defined labels below, such as Ambulance, Community Mental Health Center, Home Health / Hospice, and Substance Abuse Treatment Center.

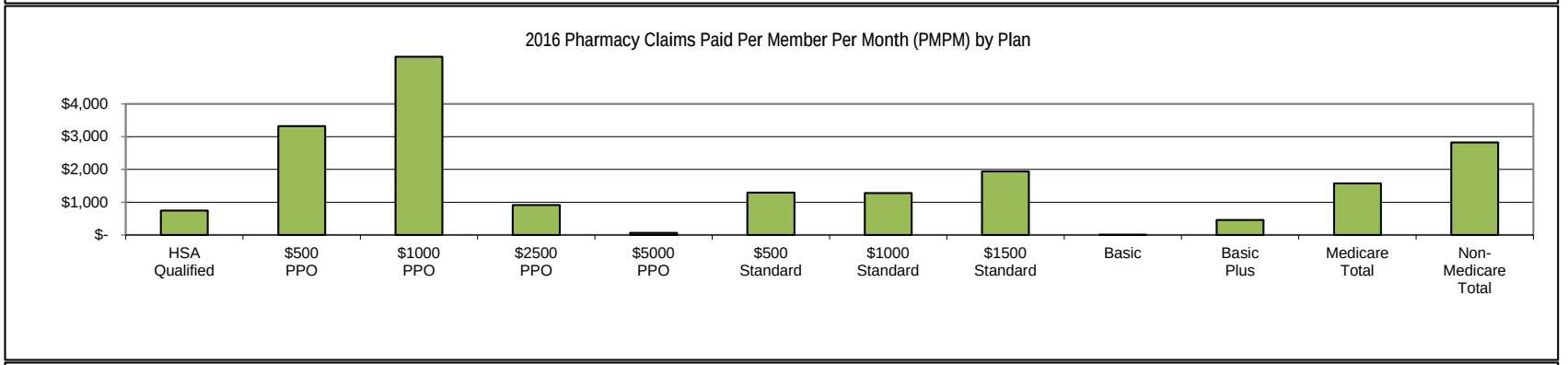


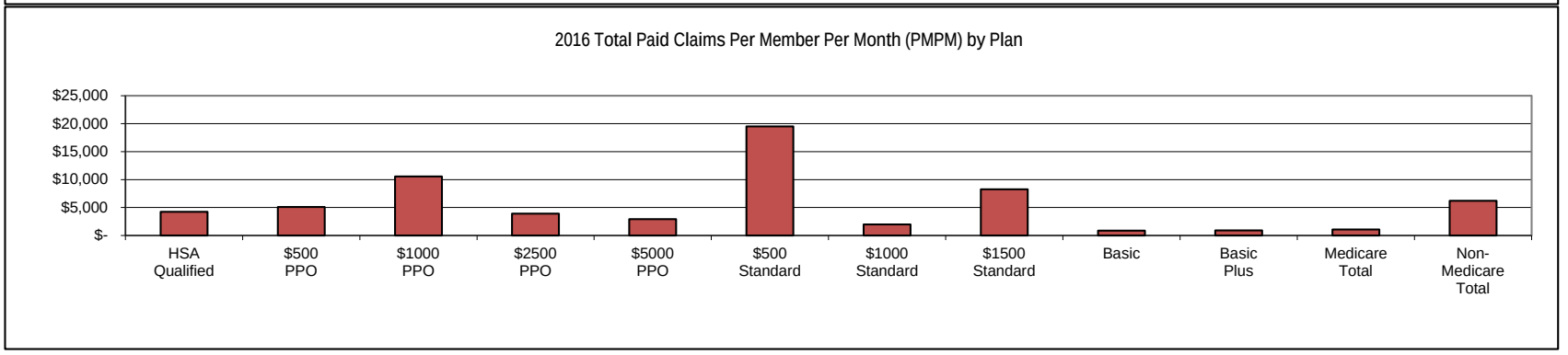
2016 Cost Sharing on a Per Member Per Month (PMPM) Basis

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.

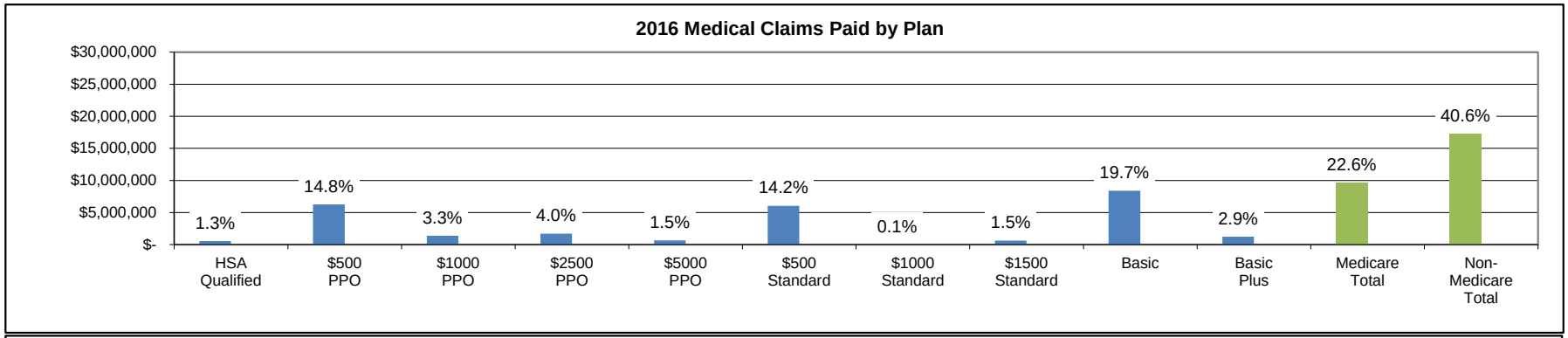
	Annual Totals				PMPM	
	Enrollment	Member Costs		Plan Costs		
	Members Months	Total Premiums	Total Out-of-Pocket	Total Plan Paid	Member Costs	Plan Costs
Standard Plans	480	$ 738,358	$ 45,199	$ 7,384,390	1,632	$ 15,384
Preferred Provider Plan	4,558	$ 5,359,417	$ 507,597	$ 23,614,937	$ 1,287	$ 5,181
HSA Qualified Plan	156	$ 130,392	$ 62,926	$ 660,621	$ 1,239	$ 4,235
Total Non-Medicare	5,194	6,228,167	615,721	31,659,948	$ 1,318	$ 6,095
Basic Plus	2,642	$ 1,409,519	$ 8,005	$ 2,439,169	$ 537	$ 923
Basic	9,824	$ 3,428,869	$ 15,308	$ 8,420,667	$ 351	$ 857
Total Medicare	12,466	4,838,388	23,314	10,859,835	$ 390	$ 871
Total All Plans	17,660	11,066,554	639,035	42,519,783	$ 663	$ 2,408

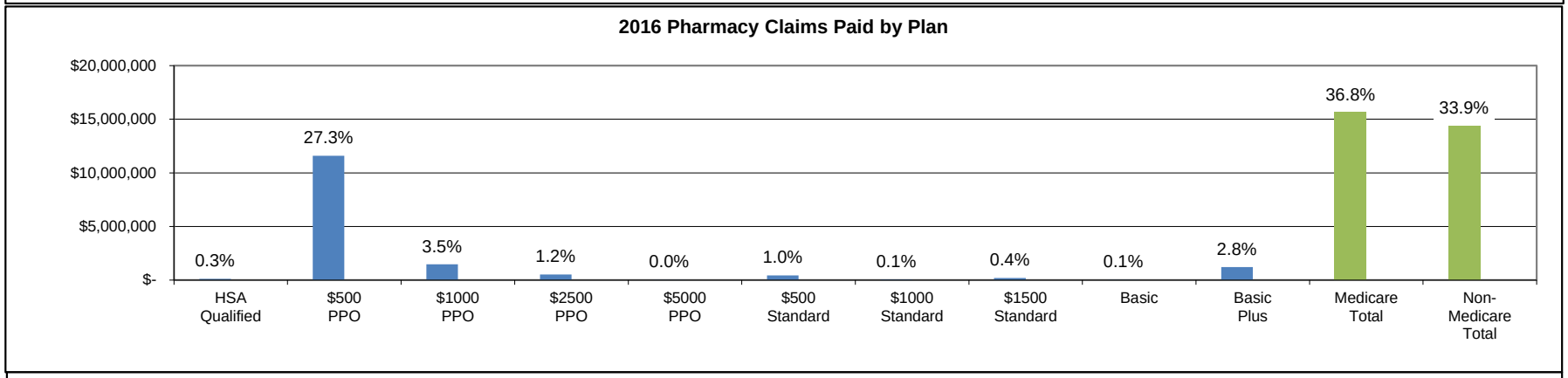

2016 Medical Claims Paid Per Member Per Month (PMPM) by Plan
$20,000
$15,000
$10,000
$5,000
$-
HSA Qualified
$500 PPO
$1000 PPO
$2500 PPO
$5000 PPO
$500 Standard
$1000 Standard
$1500 Standard
Basic
Basic Plus
Medicare Total
Non-Medicare Total

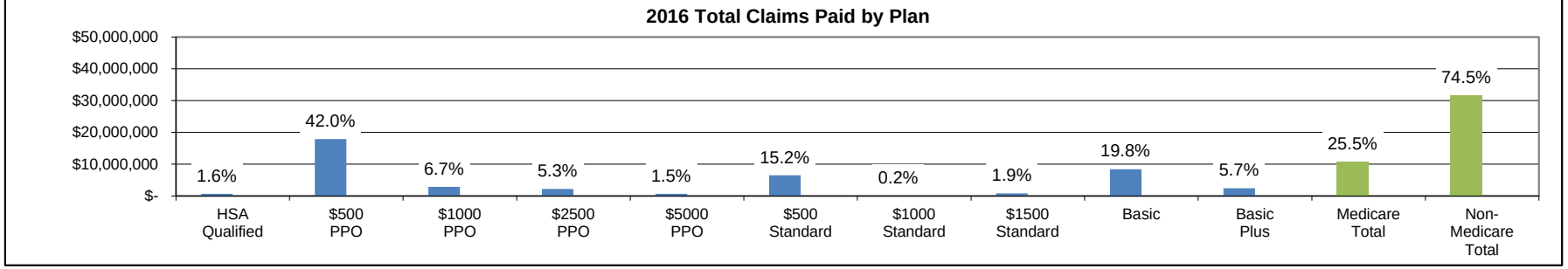

2016 Pharmacy Claims Paid Per Member Per Month (PMPM) by Plan
$4,000
$3,000
$2,000
$1,000
$-
HSA Qualified
$500 PPO
$1000 PPO
$2500 PPO
$5000 PPO
$500 Standard
$1000 Standard
$1500 Standard
Basic
Basic Plus
Medicare Total
Non-Medicare Total


2016 Total Paid Claims Per Member Per Month (PMPM) by Plan
$25,000
$20,000
$15,000
$10,000
$5,000
$-
HSA Qualified
$500 PPO
$1000 PPO
$2500 PPO
$5000 PPO
$500 Standard
$1000 Standard
$1500 Standard
Basic
Basic Plus
Medicare Total
Non-Medicare Total

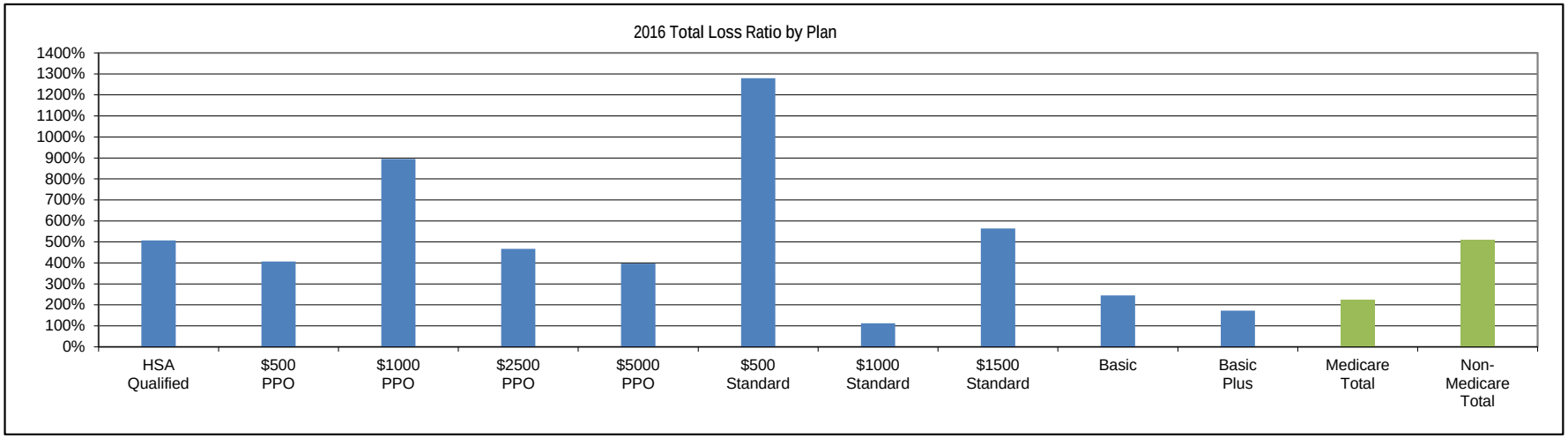
NOTE: This chart illustrates medical, pharmacy and total claims paid by plan. Medicare and Non-Medicare totals are reflected in the green bars at the right side of each chart. In 2016, WSHIP paid $26,883,191 in medical claims and $15,636,497 in pharmacy claims, for a total of $42,519,688.

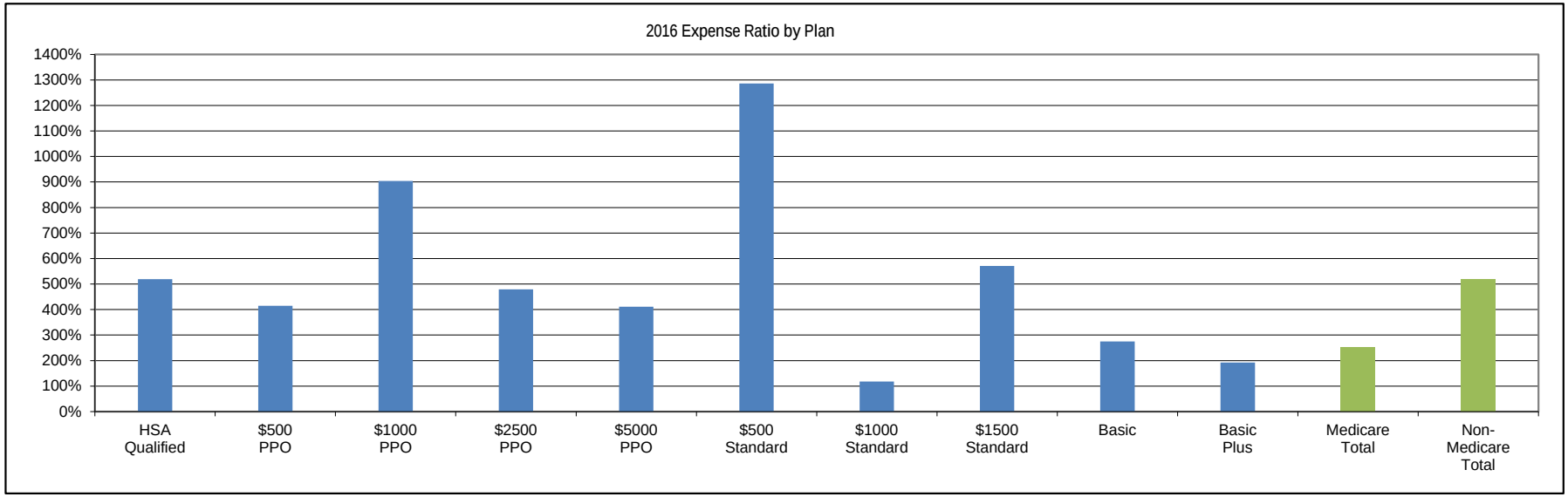






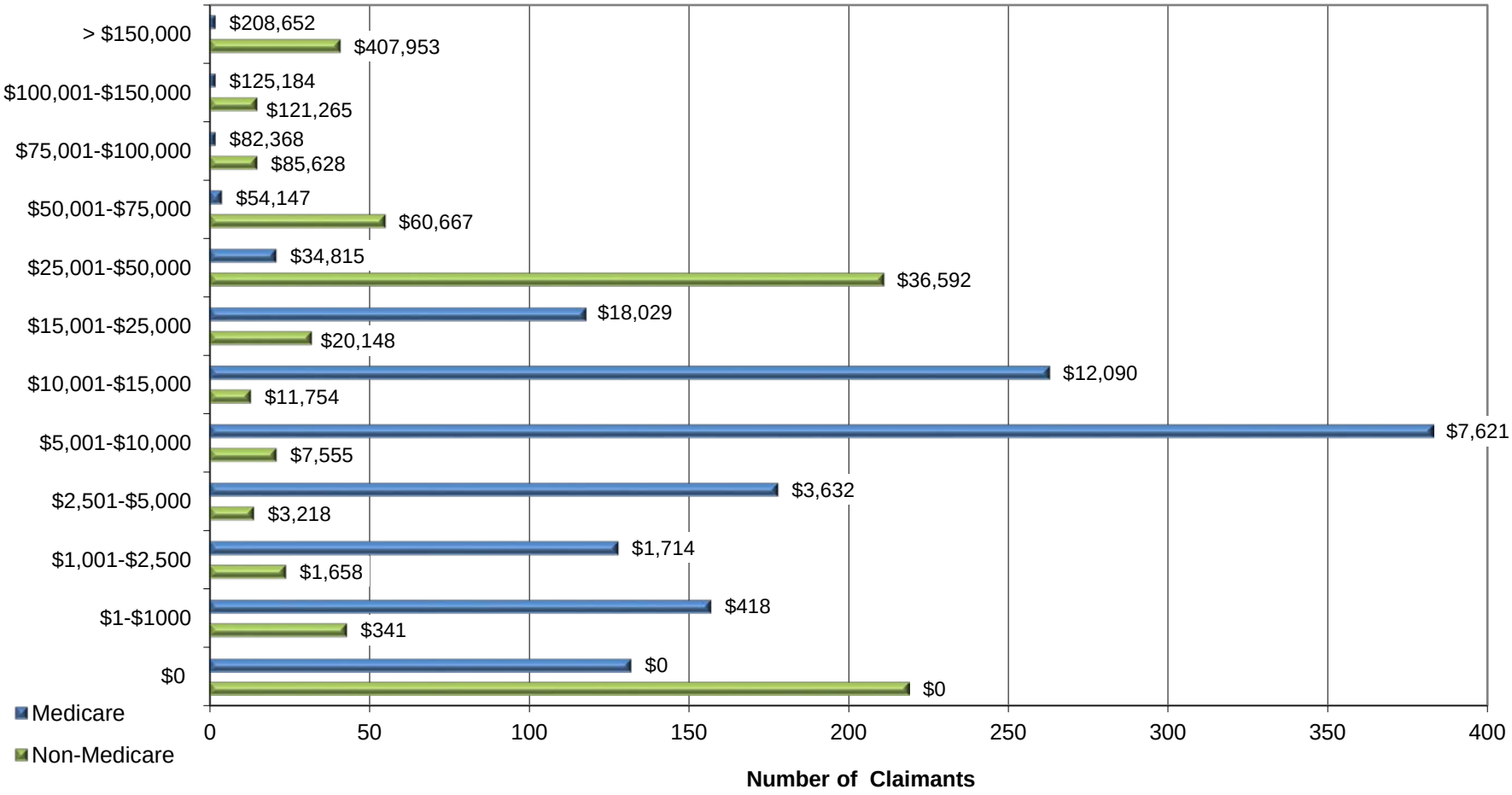
Note: This chart illustrates the loss ratio and expense ratio for the calendar year for all WSHIP plans. Medicare and Non-Medicare totals are reflected in the green bars at the right side of each chart.



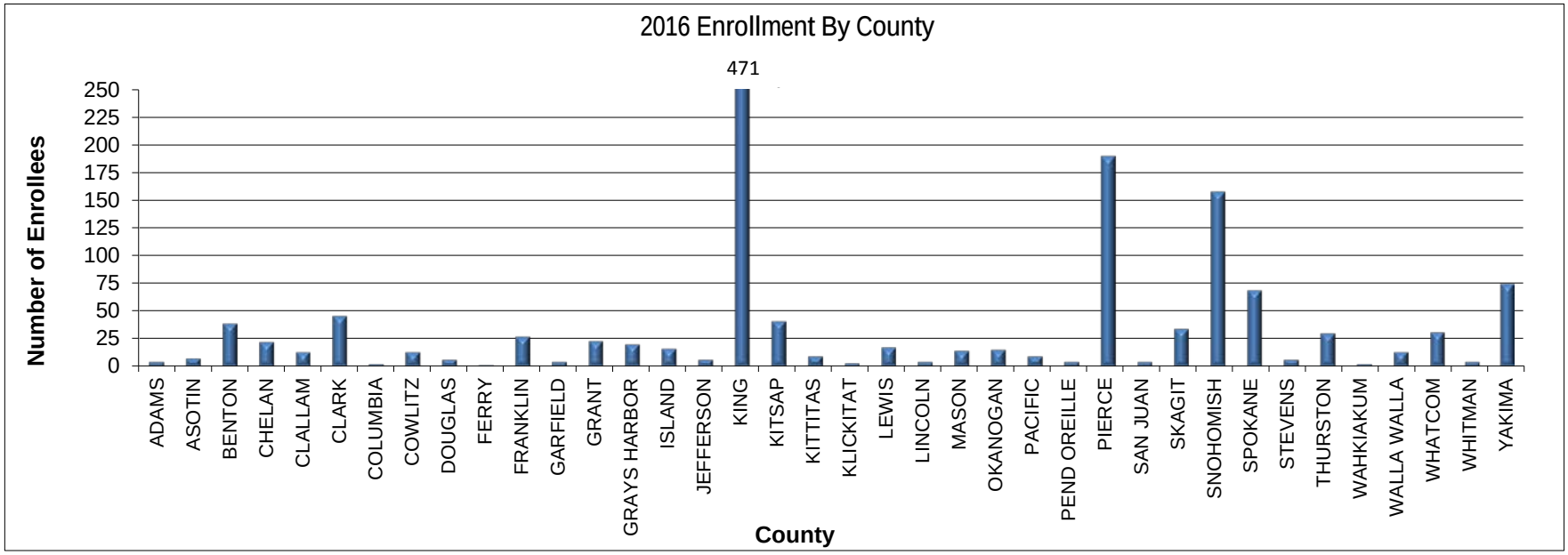


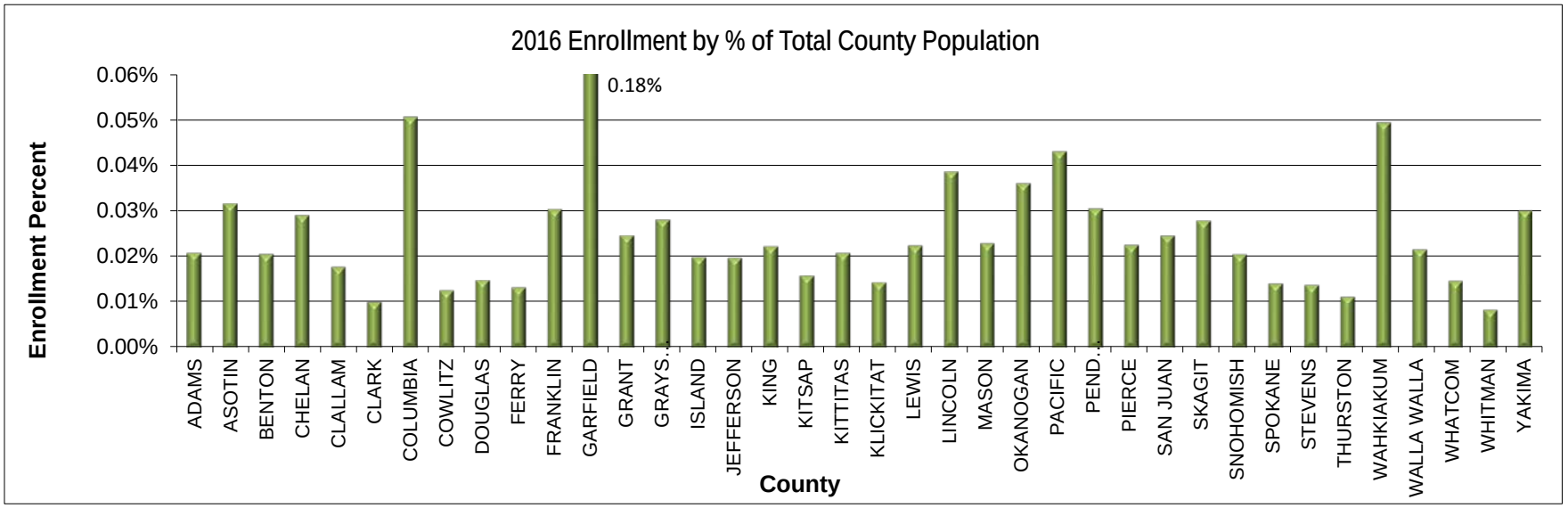
Distribution of Total Allowed* Medical and Pharmacy Claims 2016

NOTE: This chart depicts the total allowable charges for all medical and pharmacy claims processed in 2016 for all enrollees. The allowable claim costs have been banded as illustrated below. The average allowed medical and pharmacy cost per member per year (PMPY) is $20,180. At the end of each bar is the total average PMPY cost for the corresponding dollar band. 1.6% of the Non-Medicare enrollees drove 50% of total Non-Medicare costs. 12.5% of the Medicare enrollees drove 50% of total Medicare costs.



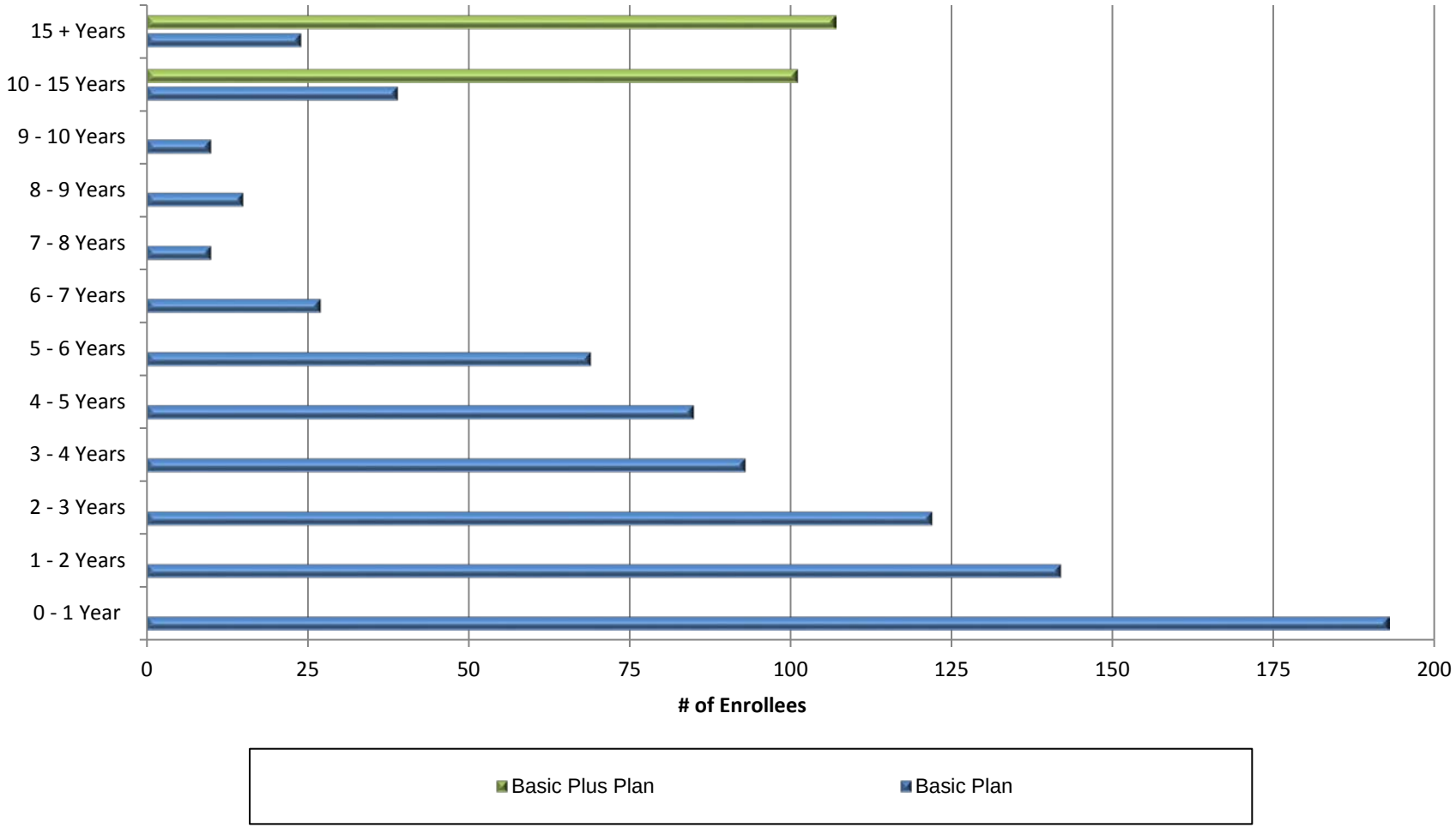
* Allowed: The dollar amount after deducting discounts and/or what other insurance has already paid.


2016 Enrollment By County
471
Number of Enrollees
250
225
200
175
150
125
100
75
50
25
0
ADAMS
ASOTIN
BENTON
CHELAN
CLALLAM
CLARK
COLUMBIA
COWLITZ
DOUGLAS
FERRY
FRANKLIN
GARFIELD
GRANT
GRAYS HARBOR
ISLAND
JEFFERSON
KING
KITSAP
KITTITAS
KLICKITAT
LEWIS
LINCOLN
MASON
OKANOGAN
PACIFIC
PEND OREILLE
PIERCE
SAN JUAN
SKAGIT
SNOHOMISH
SPOKANE
STEVENS
THURSTON
WAHKIAKUM
WALLA WALLA
WHATCOM
WHITMAN
YAKIMA
County


2016 Enrollment by % of Total County Population
0.18%
Enrollment Percent
0.06%
0.05%
0.04%
0.03%
0.02%
0.01%
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...
PIERCE
SAN JUAN
SKAGIT
SNOHOMISH
SPOKANE
STEVENS
THURSTON
WAHKIAKUM
WALLA WALLA
WHATCOM
WHITMAN
YAKIMA
County

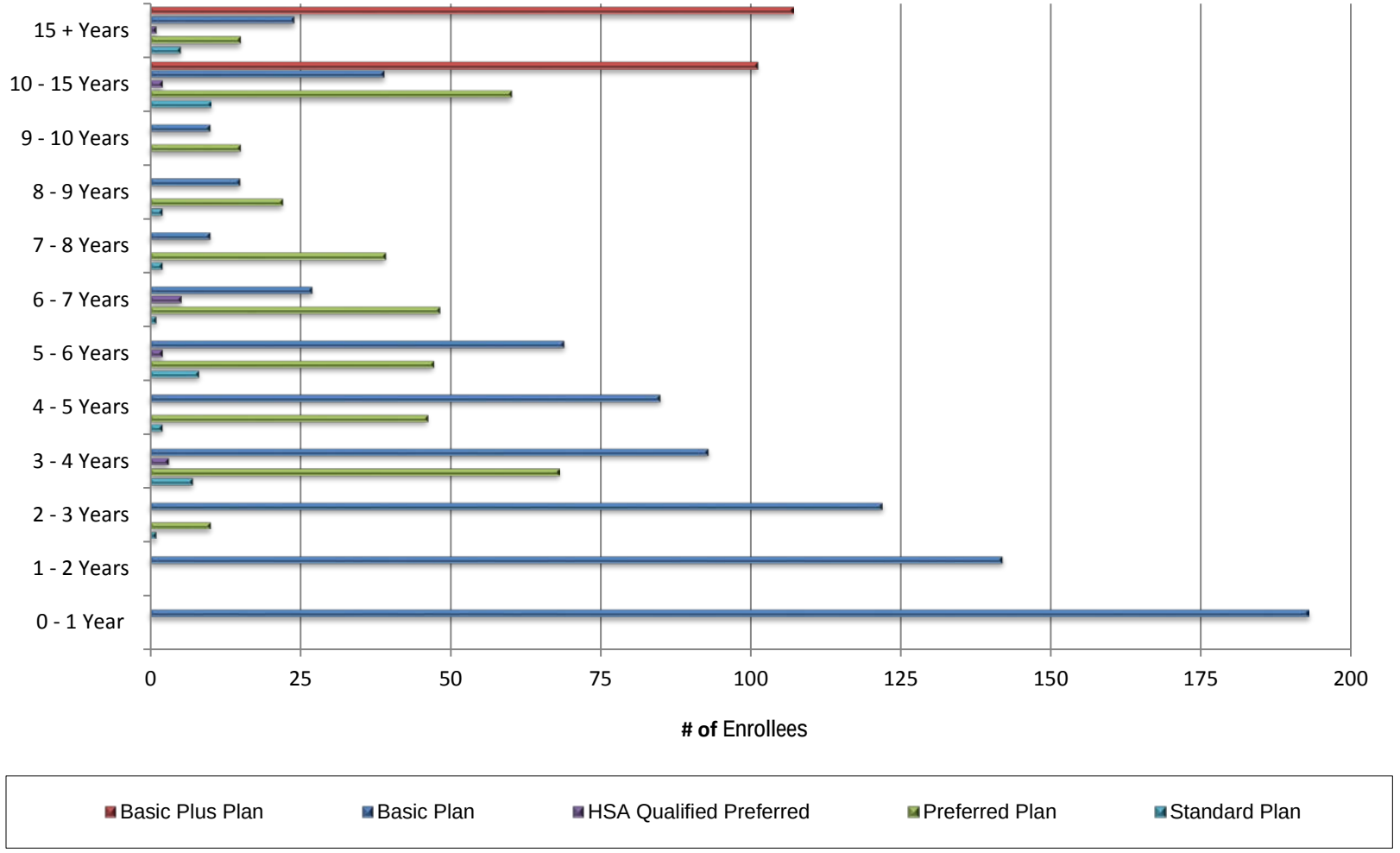
Time Enrolled in WSHIP
Medicare Policies

NOTE: This chart depicts the duration of time enrollees with Medicare policies were enrolled with WSHIP as of December 31, 2016. 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.



Time Policyholders Enrolled in WSHIP

NOTE: This chart depicts the duration of time enrollees with non-Medicare and Medicare polices are enrolled with WSHIP as of December 31, 2016.



Plan & Age Distribution Summary as of December 31, 2016

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.

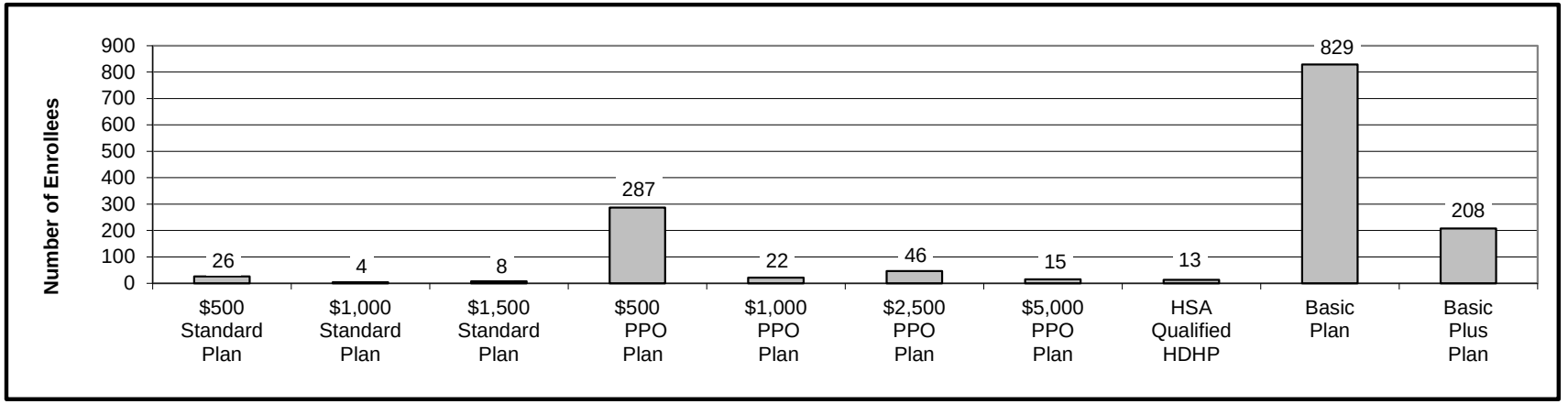
	Standard Plan		
Age	$500	$1,000	$1,500
0-18	4	0	0
19-29	4	0	2
30-34	1	0	1
35-39	3	0	0
40-44	4	0	0
45-49	1	1	1
50-54	6	2	2
55-59	0	0	0
60-64	1	1	1
65-69	0	0	1
70-74	2	0	0
75-79	0	0	0
80-84	0	0	0
85+	0	0	0
Total	26	4	8
Total STD Plan Enrollment= 38			

	PPO Plan			
Age	$500	$1,000	$2,500	$5,000
0-18	11	2	0	1
19-29	9	4	5	0
30-34	32	5	1	0
35-39	51	1	2	1
40-44	59	2	4	2
45-49	55	0	9	2
50-54	35	3	5	1
55-59	20	1	8	3
60-64	12	4	11	5
65-69	2	0	0	0
70-74	1	0	0	0
75-79	0	0	1	0
80-84	0	0	0	0
85+	0	0	0	0
Total	287	22	46	15
Total PPO Plan Enrollment = 383				

	HSA Qual PPO Plan	Limited PPO A
Age	$3,000*	$1,500*
0-18	0	0
19-29	0	0
30-34	0	0
35-39	0	0
40-44	2	0
45-49	2	0
50-54	0	0
55-59	4	0
60-64	5	0
65-69	0	0
70-74	0	0
75-79	0	0
80-84	0	0
85+	0	0
Total	13	0

	Basic Plan	Basic Plus Plan
Age		
0-18	0	0
19-29	8	0
30-34	15	1
35-39	25	0
40-44	49	3
45-49	71	4
50-54	105	17
55-59	147	29
60-64	180	42
65-69	105	36
70-74	70	36
75-79	29	22
80-84	19	15
85+	6	3
Total	829	208
Total Medicare Enrollment = 1,037		

TOTAL ENROLLMENT: 1,458



* Began enrolling on January 1, 2008.

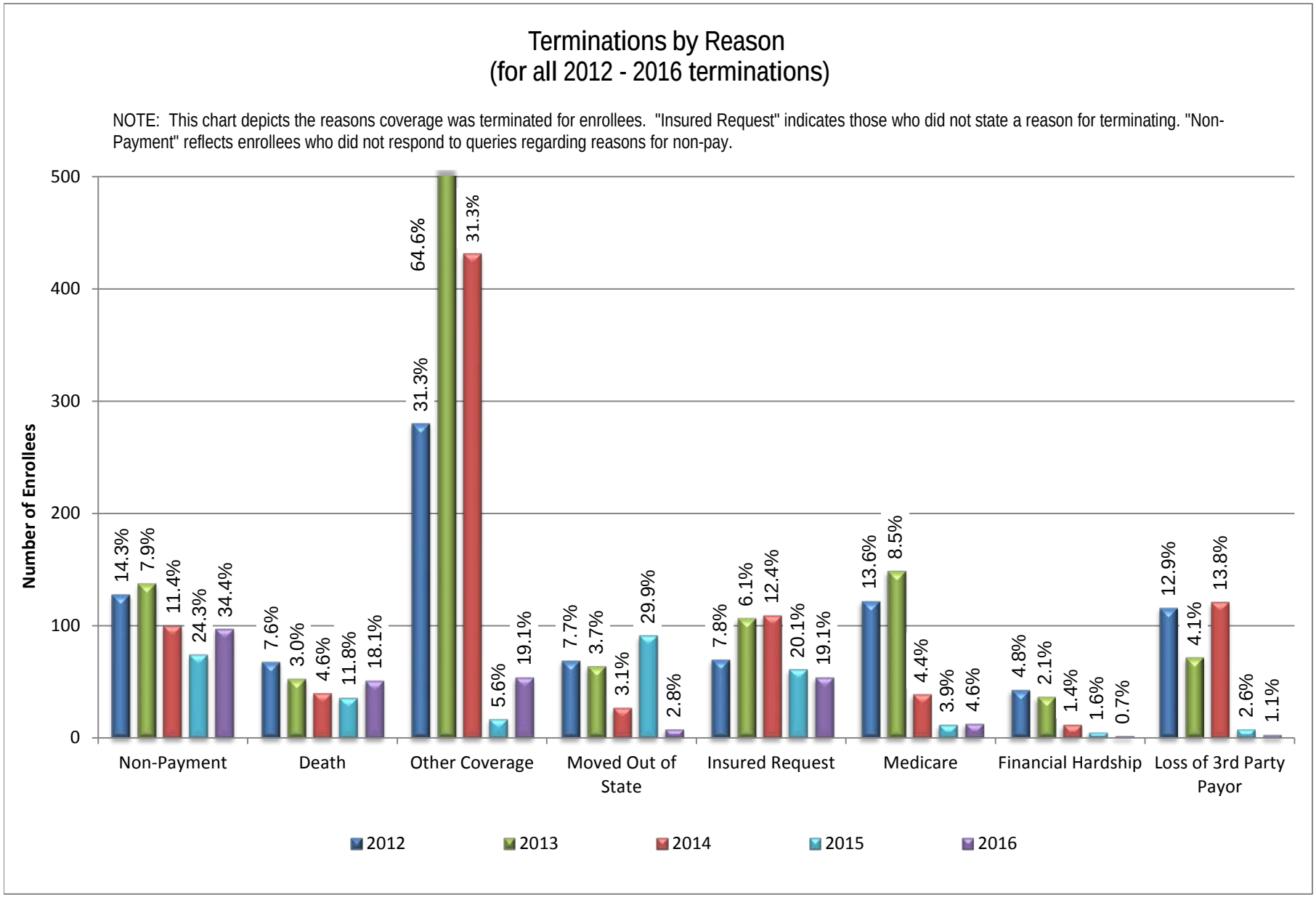
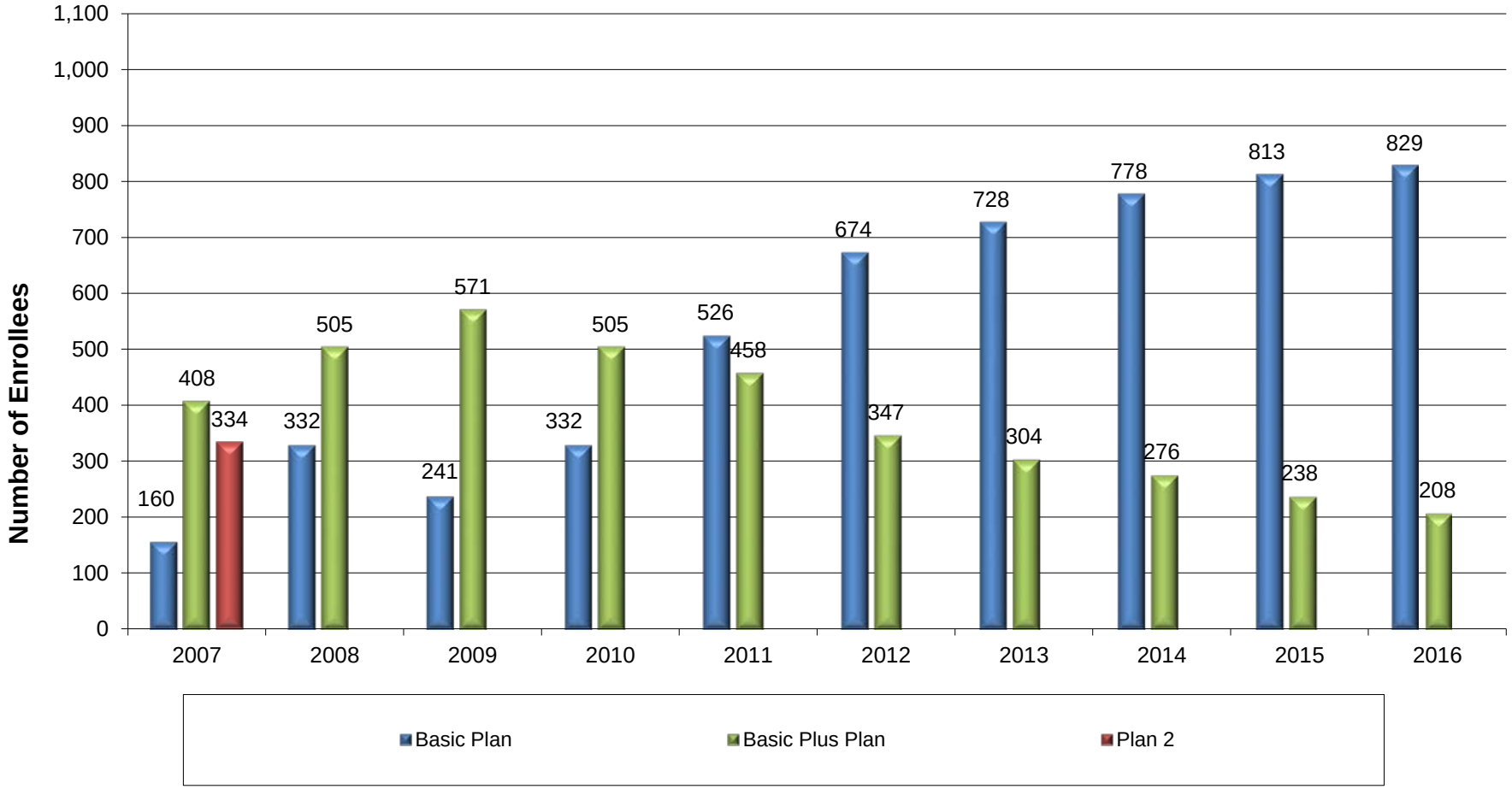

Terminations by Reason
(for all 2012 - 2016 terminations)
NOTE: This chart depicts the reasons coverage was terminated for enrollees. "Insured Request" indicates those who did not state a reason for terminating. "Non-Payment" reflects enrollees who did not respond to queries regarding reasons for non-pay.
Number of Enrollees
500
400
300
200
100
0
14.3%
7.9%
11.4%
24.3%
34.4%
7.6%
3.0%
4.6%
11.8%
18.1%
31.3%
64.6%
31.3%
5.6%
19.1%
7.7%
3.7%
3.1%
29.9%
2.8%
7.8%
6.1%
12.4%
20.1%
19.1%
13.6%
8.5%
4.4%
3.9%
4.6%
4.8%
2.1%
1.4%
1.6%
0.7%
12.9%
4.1%
13.8%
2.6%
1.1%
Non-Payment
Death
Other Coverage
Moved Out of State
Insured Request
Medicare
Financial Hardship
Loss of 3rd Party Payor
2012
2013
2014
2015
2016

Chart 4

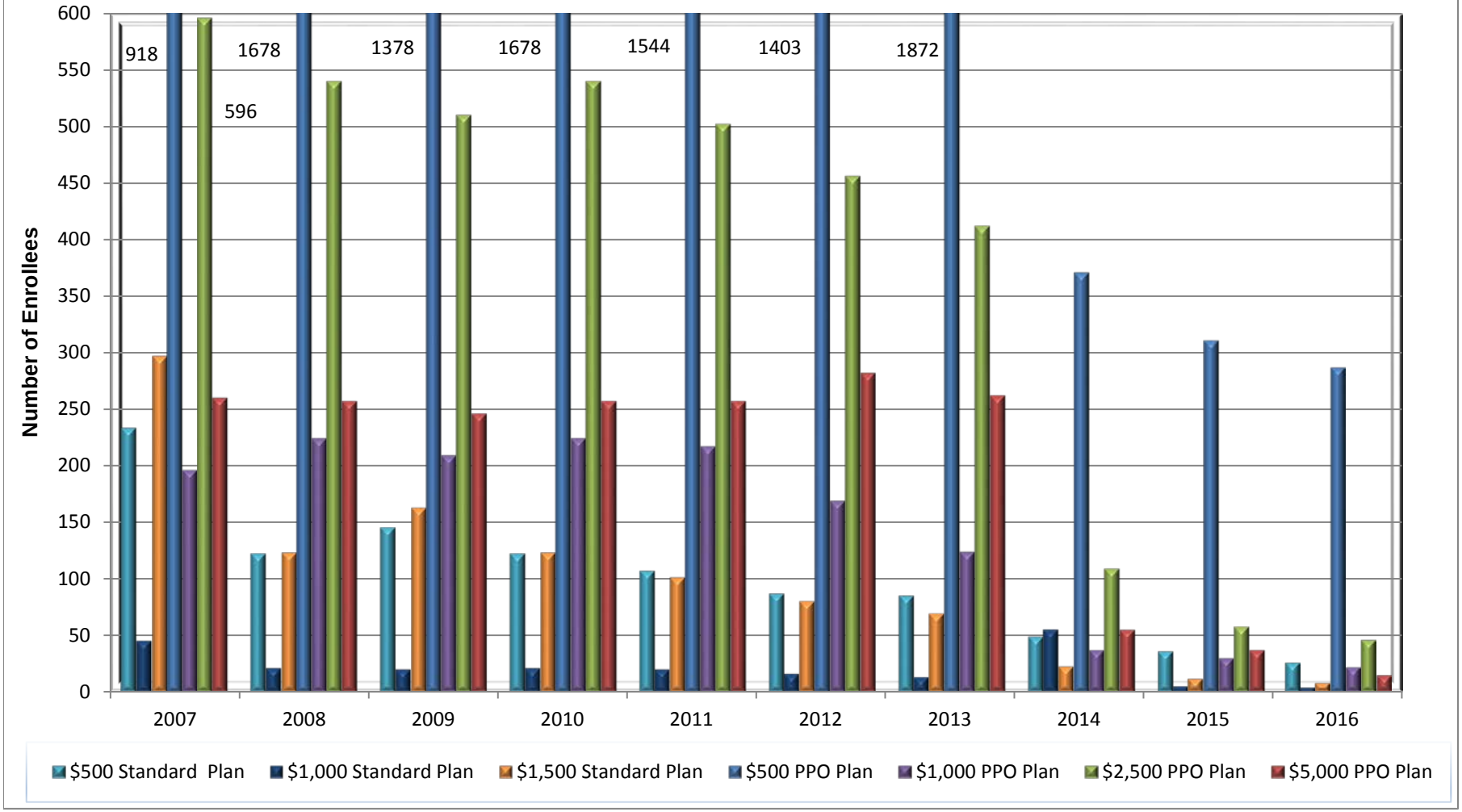
Medicare Policies in Force
2007 - 2016

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



Non-Medicare Policies in Force
2007- 2016

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 if individual plans are offered in all counties.



Total Enrollment by Calendar Year
1999 - 2016

NOTE: This chart depicts total enrollment within WSHIP at year end. In 2016 enrollment decreased 6.3% from 2015. 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.