



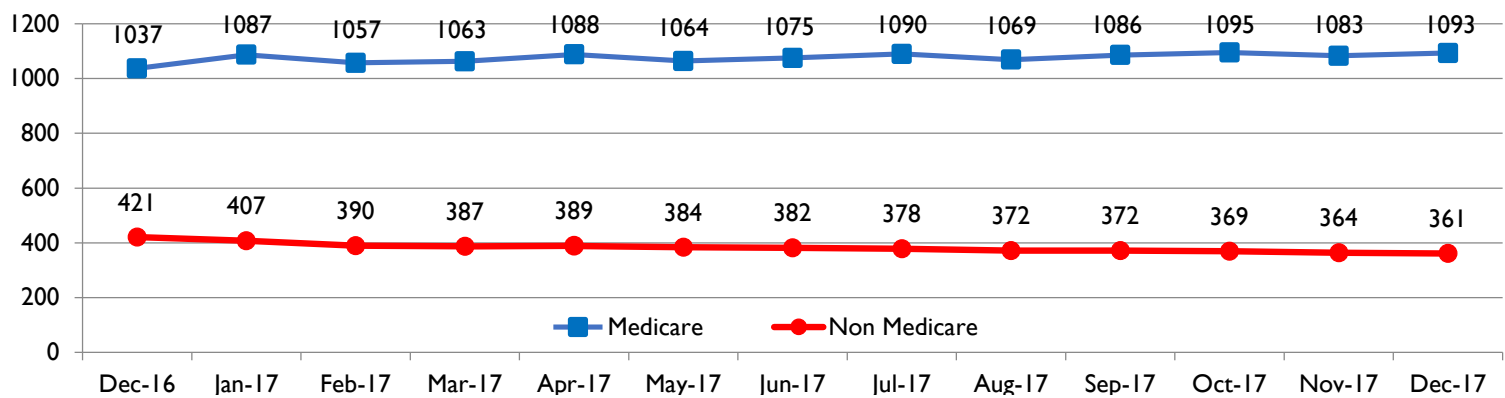
WSHIP Yearly Operating Report 2017

An Annual Overview Summary of the Administrator's Operations and Pool Activities





Enrollment Summary

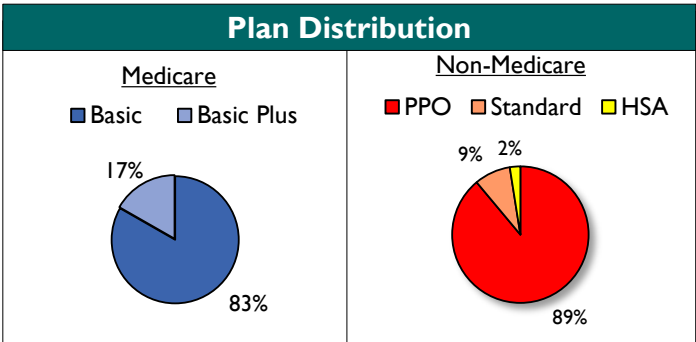


Applications Received

Medicare: 382

Non-Medicare: 0 (Closed)

Individuals	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Total Enrollment	1458	1494	1447	1450	1477	1448	1457	1468	1441	1458	1464	1447	1454
3rd Party Sponsorship	893 (61%)	893 (60%)	861 (60%)	868 (60%)	891 (60%)	866 (60%)	873 (60%)	888 (60%)	865 (60%)	875 (60%)	880 (60%)	864 (60%)	873 (60%)
Non-Medicare	296 (70%)	292 (72%)	282 (72%)	283 (73%)	285 (74%)	282 (73%)	281 (74%)	278 (74%)	274 (74%)	274 (74%)	272 (74%)	268 (74%)	268 (74%)
EHIP	253	252	247	247	247	245	243	240	236	237	236	236	236
Other (Mostly AKF)	43	40	35	36	38	37	37	38	38	37	36	32	32
Medicare (Mostly AKF)	597 (58%)	601 (55%)	579 (55%)	585 (55%)	606 (56%)	584 (55%)	592 (55%)	610 (56%)	591 (55%)	601 (55%)	608 (56%)	596 (55%)	605 (55%)



Medicare Enrollee Profile

Average Age: 60
 Gender: Female 42% Male 58%
 Top Diagnosis: Kidney & Urinary Disease

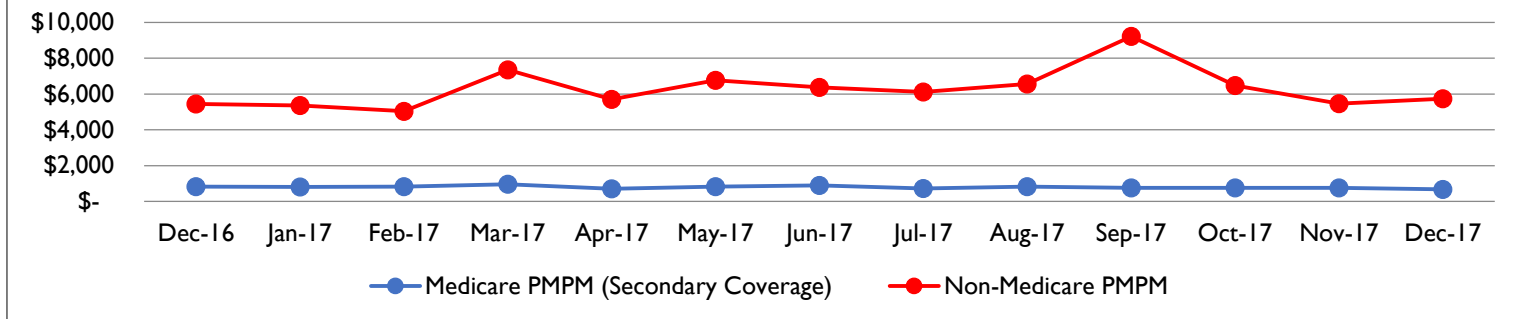
Non-Medicare Enrollee Profile

Average Age: 44
 Gender: Female 32% Male 68%
 Top Diagnosis: HIV / AIDS (54.6%)



Claims Paid Summary

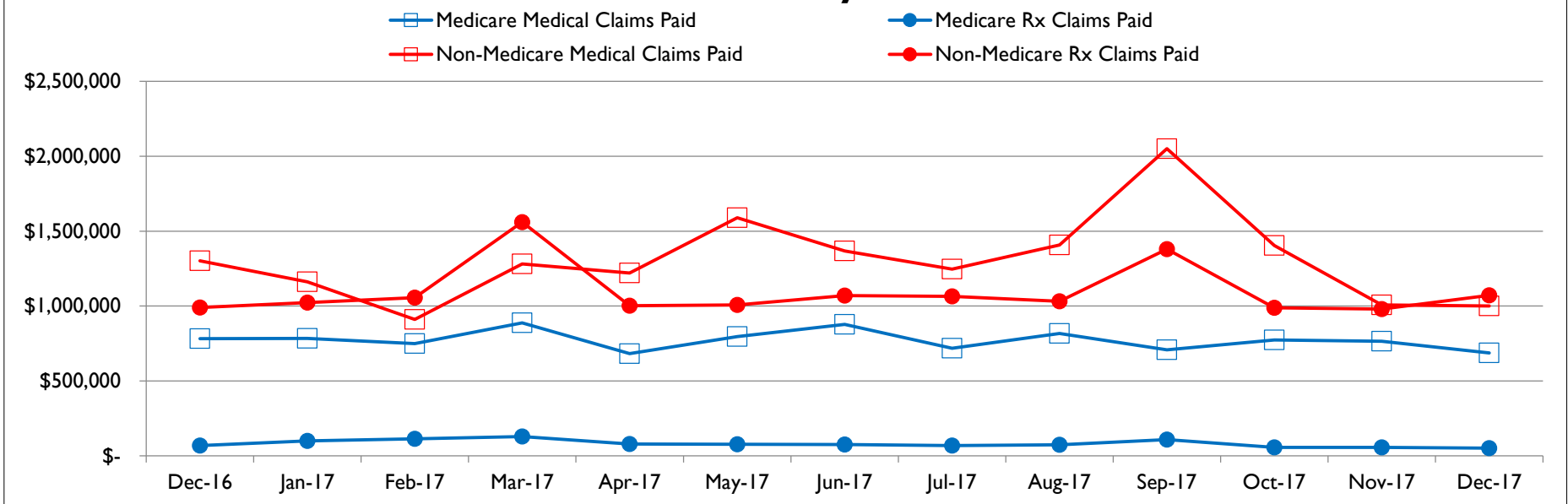
Claims Paid Per Member Per Month



High Dollar Claims (over \$100,000)

9 Claims / Total Paid:
\$1,434,269

Medical & Pharmacy Claims Paid



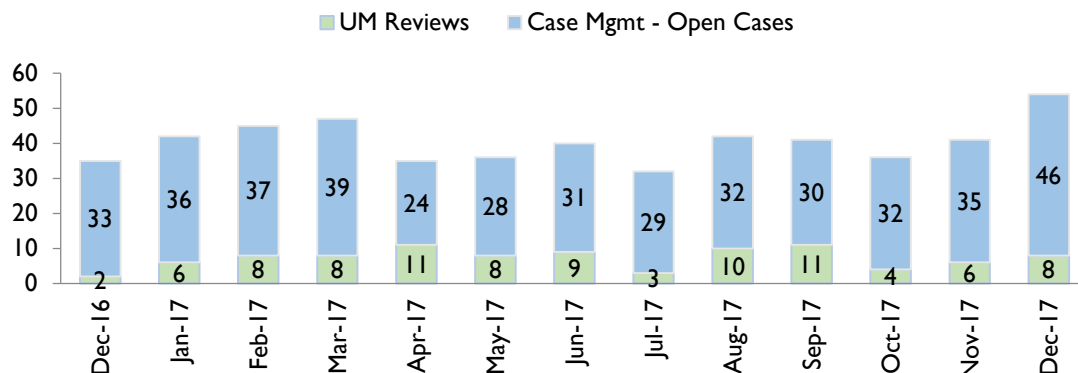


Other Activity

Service Levels

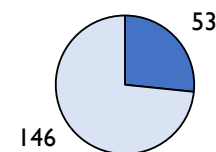
Metric	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Customer Service:													
Average Calls per Day	37	36	34	33	31	29	28	27	25	25	26	26	27
Speed of Answer (Standard 60 Sec)	41	84	30	36	41	46	44	44	56	29	49	48	38
Top Call Reason	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status	Status
Claims:													
Claims Processing Accuracy (Standard 97%)	99.5%	99.5%	99.5%	99.3%	98.9%	99.0%	100%	99.8%	99.8%	99.1%	100%	99.7%	99.7%
30-Day Clean Claims Processing (Standard 100%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Care Management (Non-Medicare only)



Appeals Received

■ Eligibility □ Claims



OIC Complaints

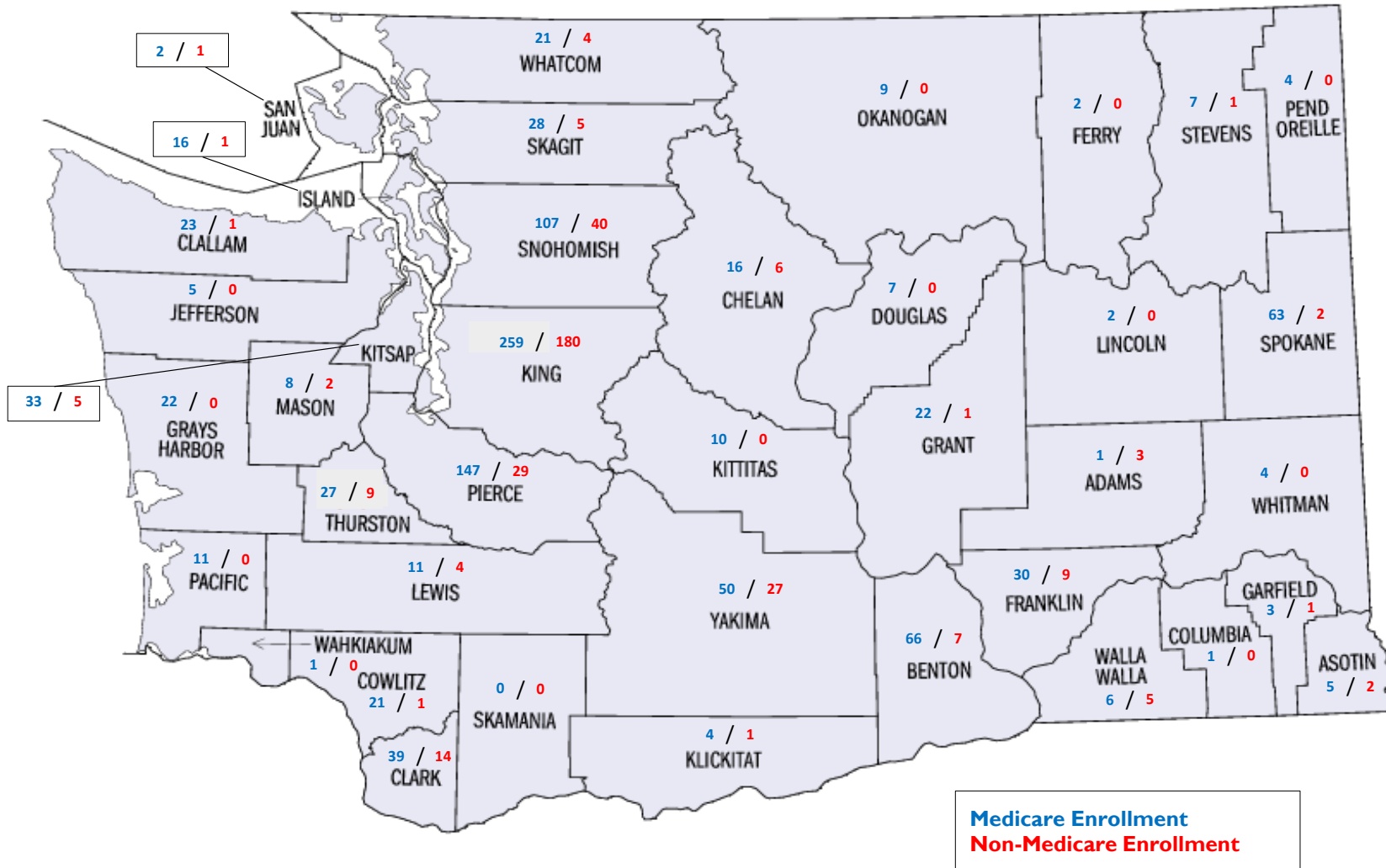
One filed / upheld

Appeals Adjudicated

1st Level: 196
% Overturned: 31%

2nd Level: 3
% Overturned: 100%

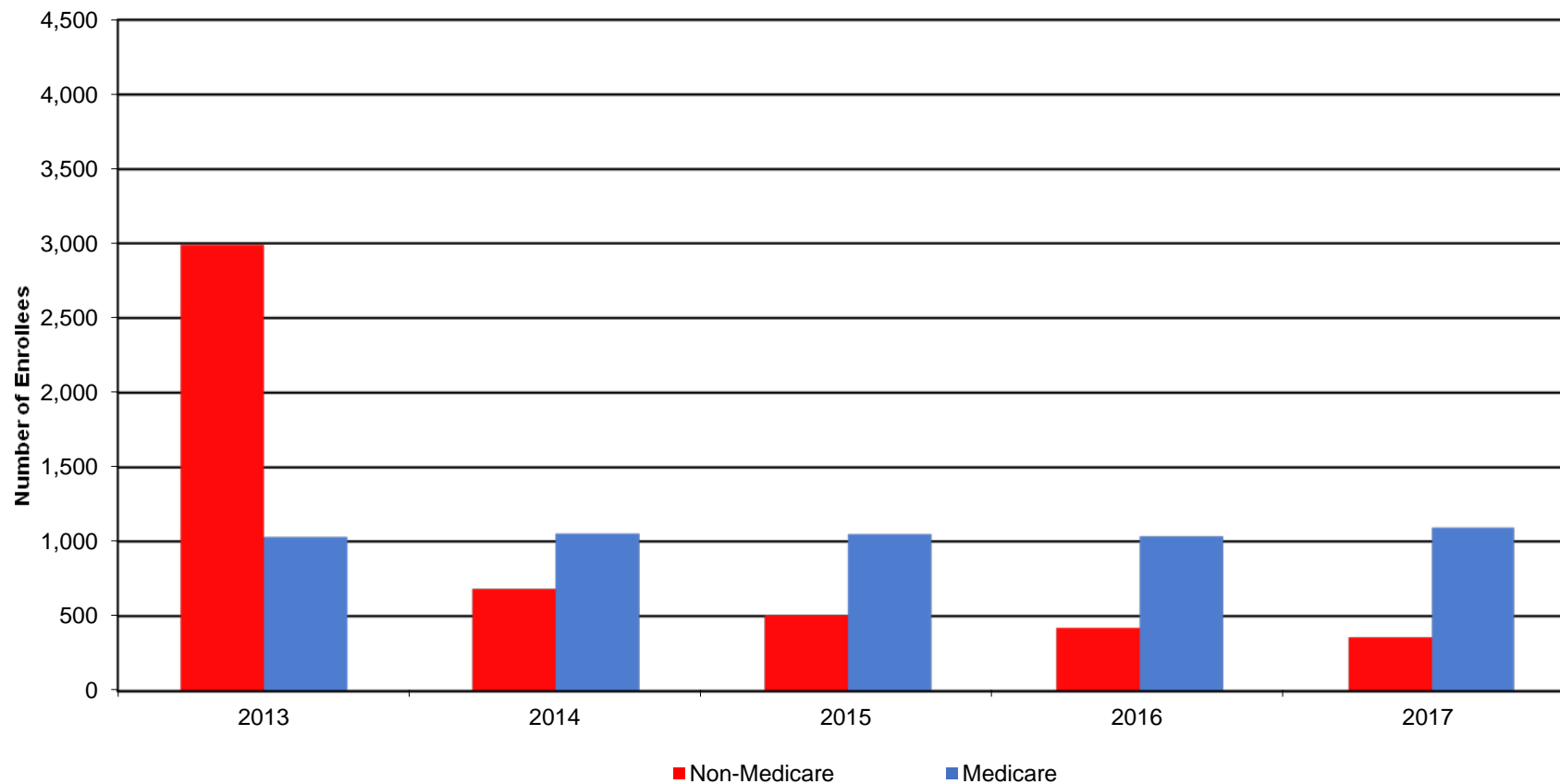
Enrollment by County



Combined Total Enrollment



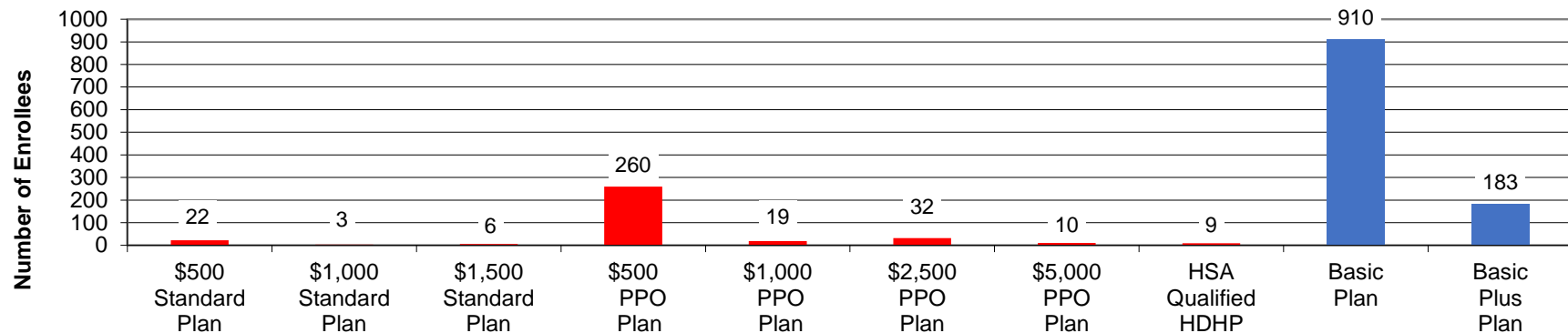
This chart has been modified to reflect a rolling 5 year trend of total enrollment within WSHIP at year end. Medicare enrollment has remained static. In 2017, Non-Medicare enrollment decreased 14.3% from 2016. The substantial decrease in WSHIP Non-Medicare enrollment from 2013 to 2014 is a result of access to the Washington Health Benefit Exchange which was made available under provisions of the Affordable Care Act.





Plan and Age Distribution

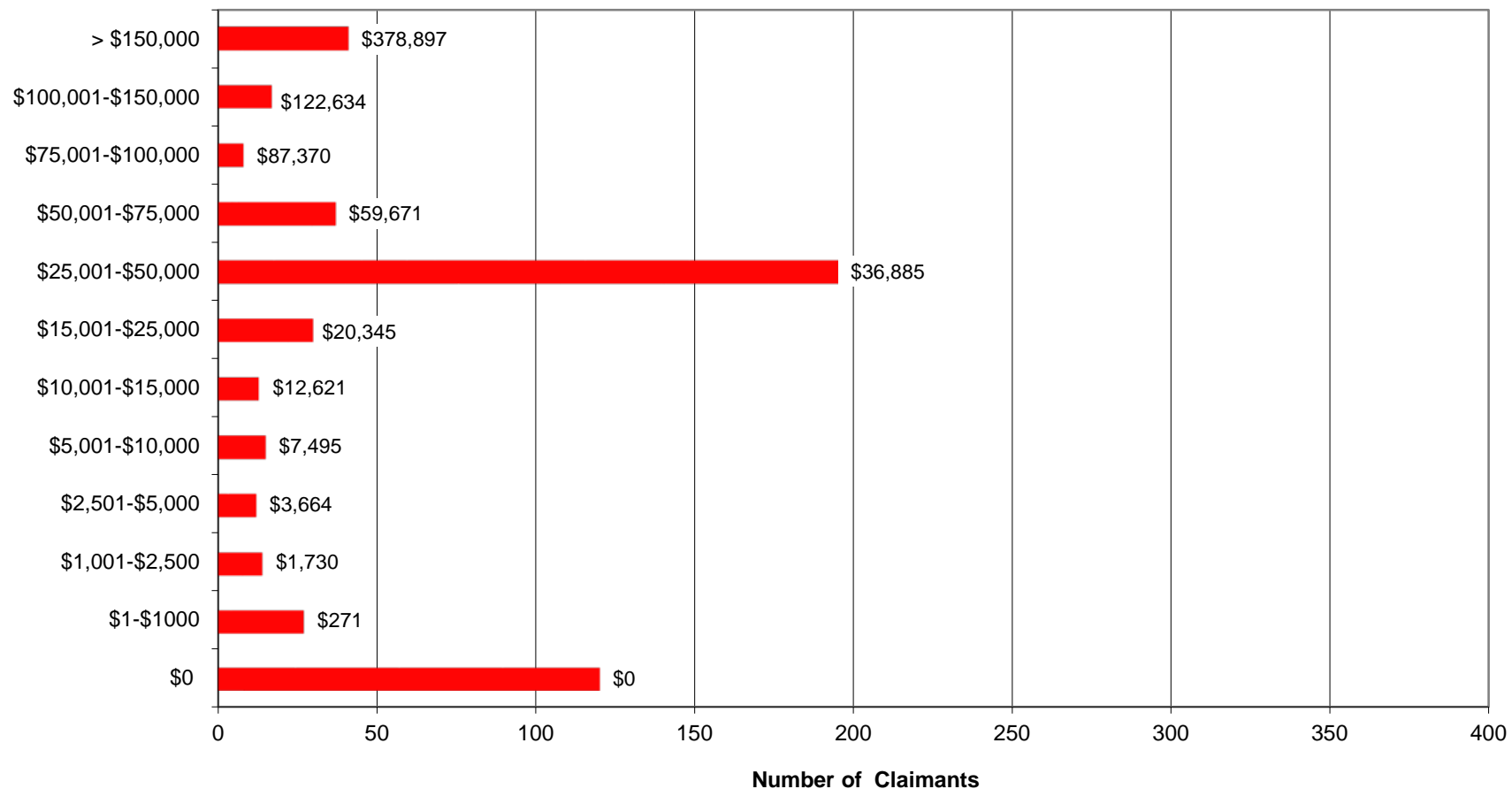
Standard Plan			PPO Plan				HSA PPO Plan	Basic Plan		Basic Plus			
Age	\$500	\$1,000	\$1,500	Age	\$500	\$1,000	\$2,500	\$5,000	Age	\$3,000*	Age		
0-18	2	0	0	0-18	8	2	0	1	0-18	0	0-18	0	0
19-29	2	0	2	19-29	9	3	2	0	19-29	0	19-29	6	0
30-34	3	0	0	30-34	22	1	1	0	30-34	0	30-34	14	0
35-39	2	0	0	35-39	41	5	2	1	35-39	0	35-39	32	0
40-44	3	0	0	40-44	53	2	1	0	40-44	1	40-44	43	3
45-49	2	1	1	45-49	53	0	8	3	45-49	1	45-49	59	3
50-54	6	2	1	50-54	40	1	6	0	50-54	0	50-54	109	13
55-59	0	0	1	55-59	19	0	4	2	55-59	3	55-59	171	23
60-64	0	0	1	60-64	10	5	7	3	60-64	4	60-64	238	38
65-69	0	0	0	65-69	3	0	0	0	65-69	0	65-69	104	33
70-74	1	0	0	70-74	2	0	0	0	70-74	0	70-74	71	32
75-79	1	0	0	75-79	0	0	0	0	75-79	0	75-79	38	20
80-84	0	0	0	80-84	0	0	1	0	80-84	0	80-84	16	14
85+	0	0	0	85+	0	0	0	0	85+	0	85+	9	4
	22	3	6		260	19	32	10		9		910	183
Standard Plan Enrollment = 31			PPO Plan Enrollment = 321				HSA Plan Enrollment = 9		Medicare Enrollment = 1,093				
Non-Medicare Enrollment = 361													





Non-Medicare Allowed Claims

This chart illustrates the total allowable charges for all medical and pharmacy claims processed in 2017 for Non-Medicare enrollees. The allowable claim costs have been banded as illustrated below. The average allowed medical and pharmacy cost per member per year (PMPY) for Non-Medicare plans was \$54,155. At the end of each bar is the total average PMPY cost for the corresponding dollar band. 6.4% of the Non-Medicare enrollees drove 50% of total Non-Medicare costs.

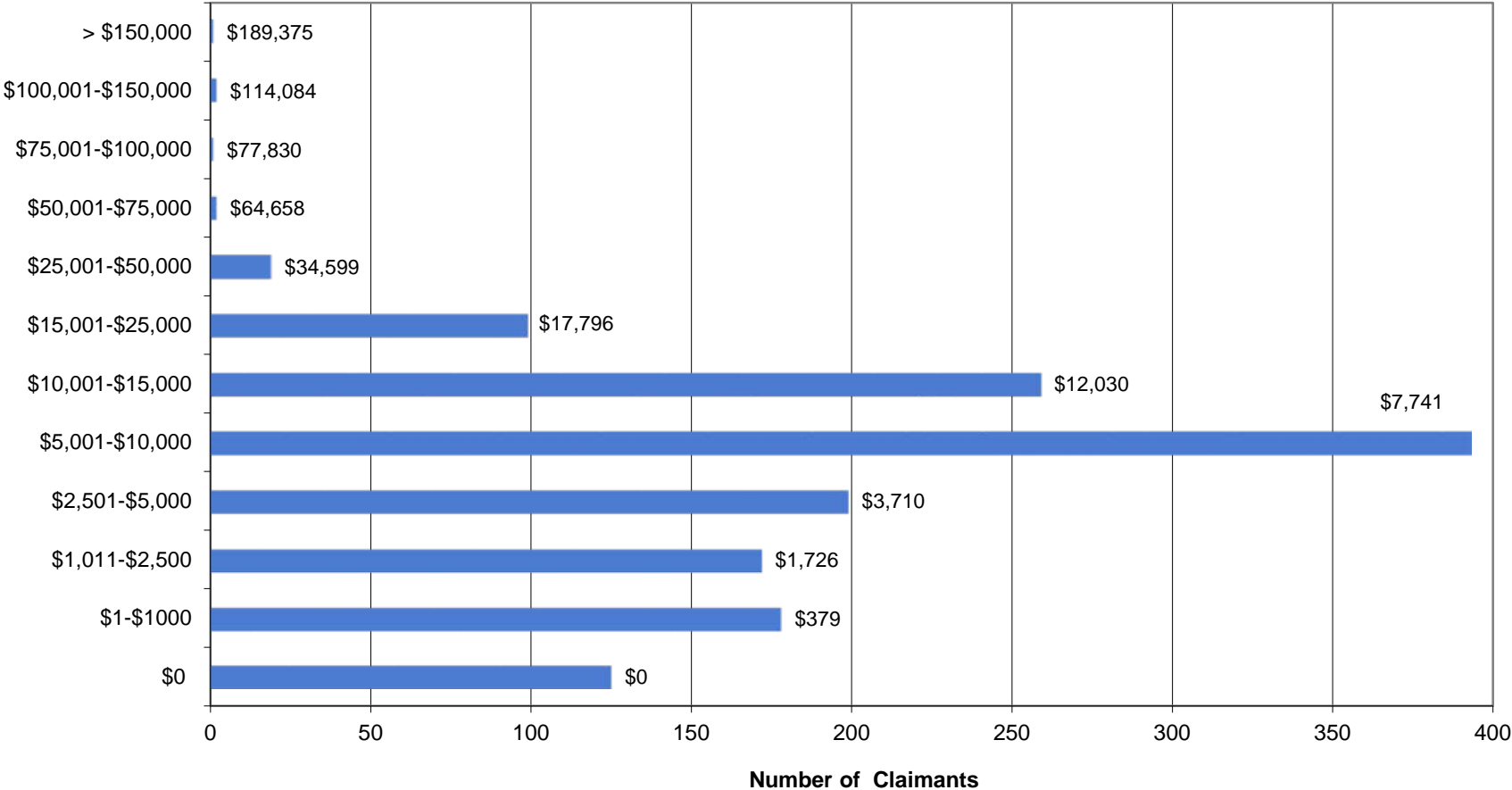


* Allowed: The dollar amount after deducting discounts and/or what other insurance has already paid.

Medicare Allowed Claims



This chart illustrates the total allowable charges for medical and pharmacy claims processed in 2017 for Medicare enrollees. The allowable claim costs have been banded as illustrated below. The average allowed medical and pharmacy cost per member per year (PMPY) for Medicare plans was \$6,988. At the end of each bar is the total average PMPY cost for the corresponding dollar band. 19% of the Medicare enrollees drove 50% of total Medicare costs.

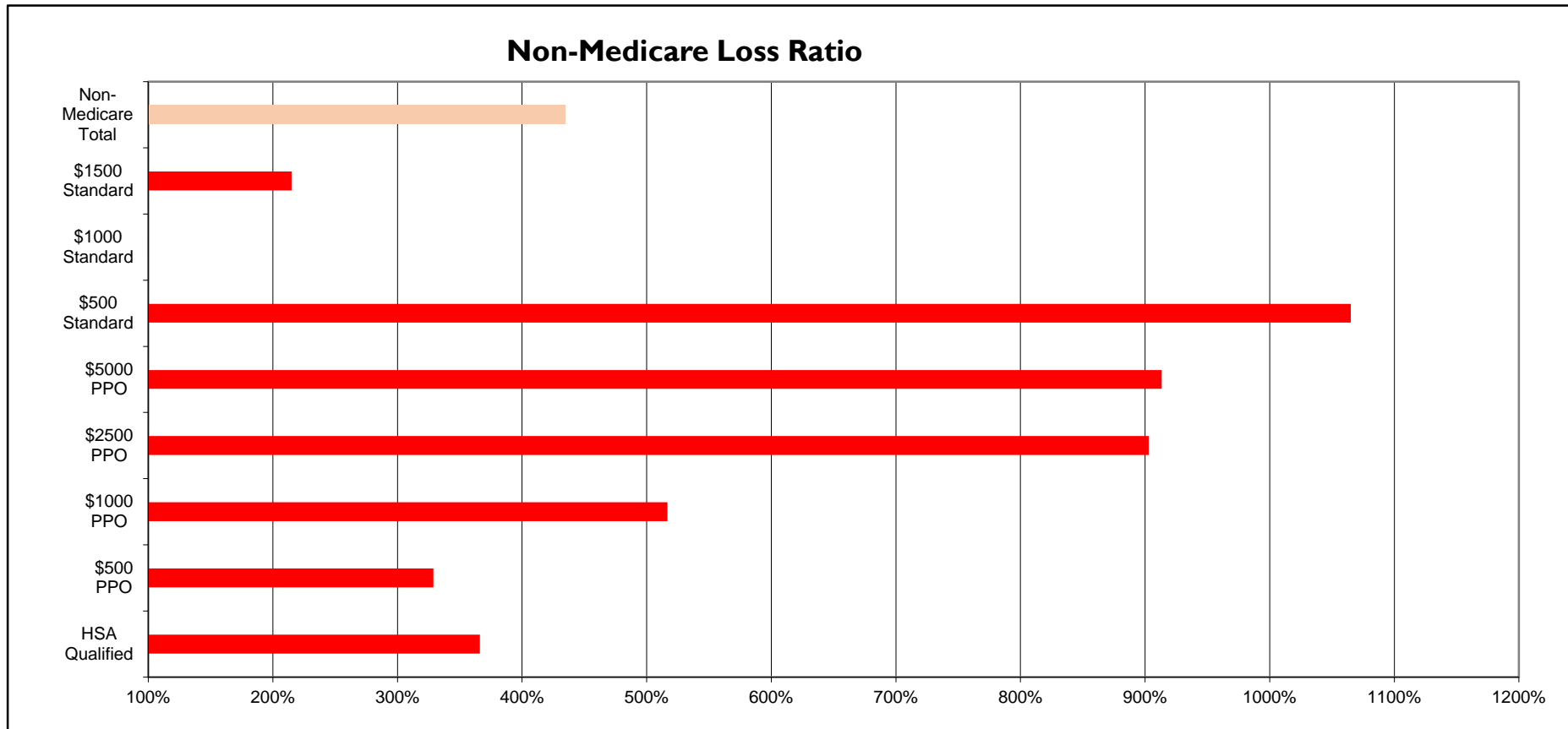


* Allowed: The dollar amount after deducting discounts and/or what other insurance has already paid.

Non-Medicare Loss Ratio



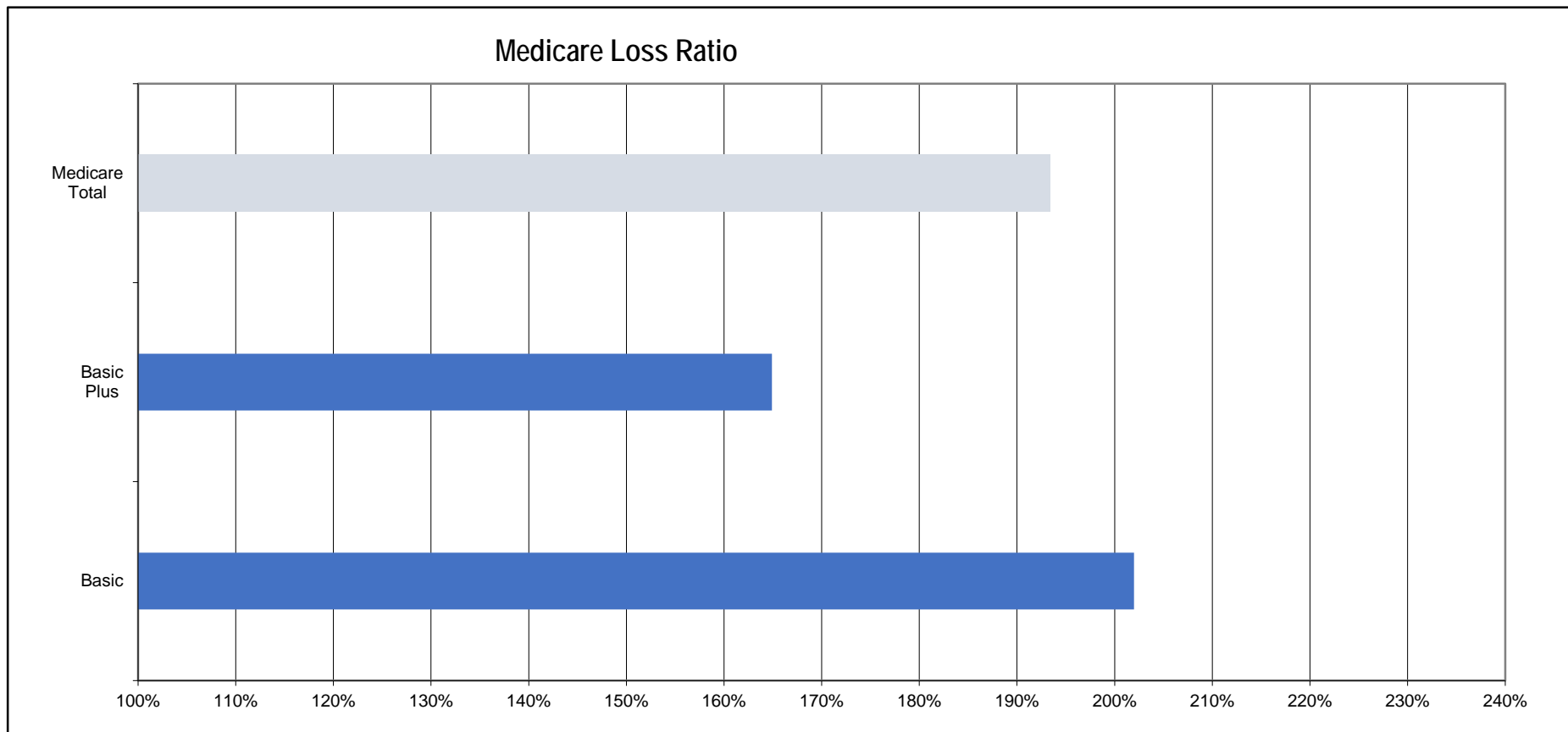
This chart illustrates the loss ratio for the calendar year for WSHIP Non-Medicare plans. Loss ratio is the proportionate relationship of total paid claims divided by total premiums.



Medicare Loss Ratio



This chart illustrates the loss ratio for the calendar year for WSHIP Non-Medicare plans. Loss ratio is the proportionate relationship of total paid claims divided by total premiums.



Cost Sharing



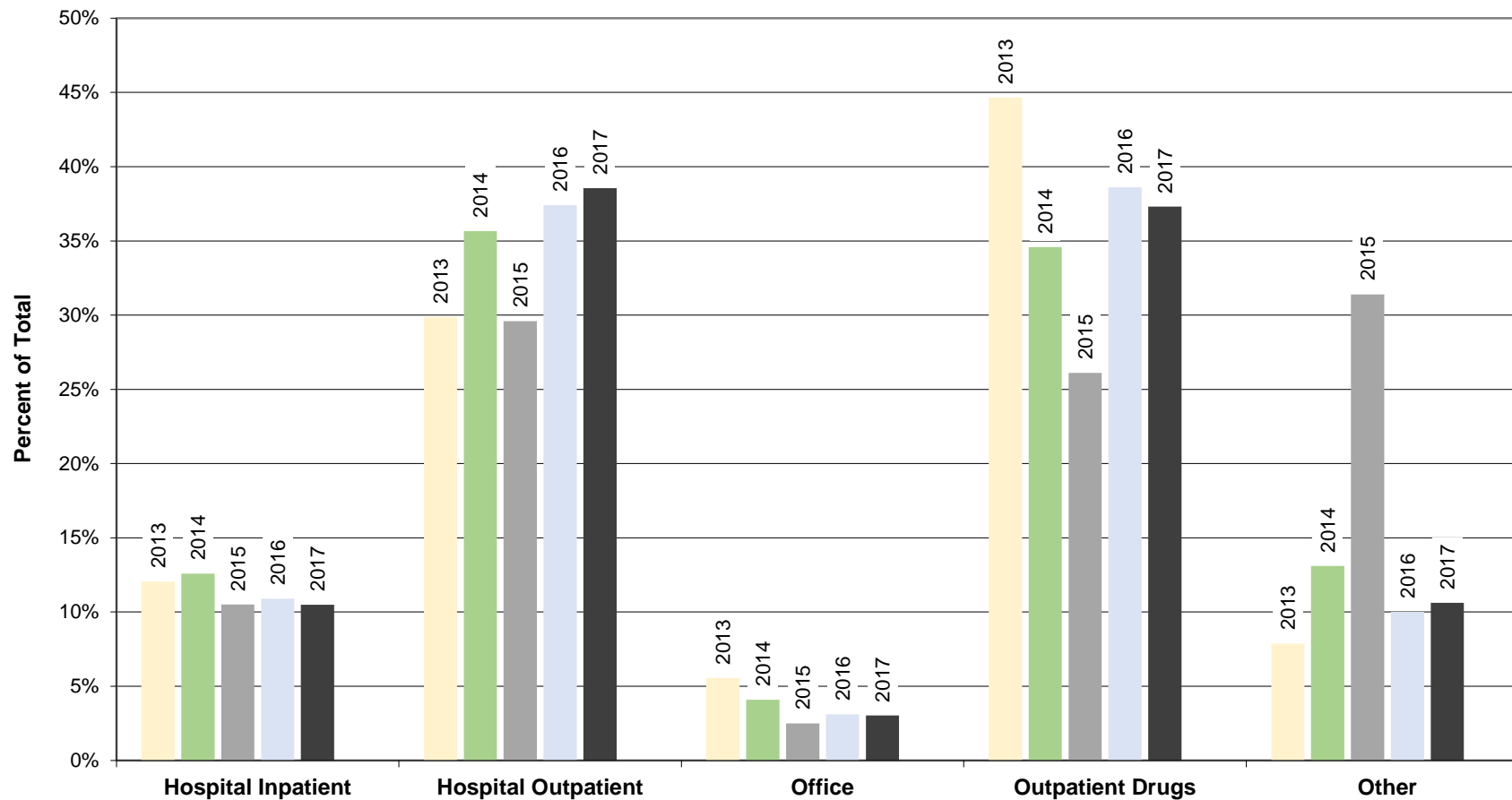
This chart illustrates the cost sharing on a per member per month (PMPM) basis. Enrollees' totals include all out-of-pocket related health plan costs (co-pays, deductibles, coinsurance) in addition to the annual premium.

	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	392	\$ 722,072	\$ 36,897	\$ 5,664,123	\$ 1,936	\$ 14,449
Preferred Provider Plan	4,037	\$ 5,743,536	\$ 438,061	\$ 22,534,555	\$ 1,531	\$ 5,582
HSA Qualified Plan	115	\$ 122,745	\$ 43,686	\$ 449,322	\$ 1,447	\$ 3,907
Total Non-Medicare	4,544	6,588,353	518,644	28,647,999	\$ 1,564	\$ 6,305
Basic Plus	2,283	\$ 1,213,128	\$ 6,196	\$ 2,000,488	\$ 534	\$ 876
Basic	10,648	\$ 4,026,326	\$ 16,493	\$ 8,132,014	\$ 380	\$ 764
Total Medicare	12,931	\$ 5,239,454	\$ 22,689	\$ 10,132,502	\$ 407	\$ 784
Total All Plans	17,475	\$ 11,827,807	\$ 541,333	\$ 38,780,501	\$ 708	\$ 2,219

Distribution of Claim Payments



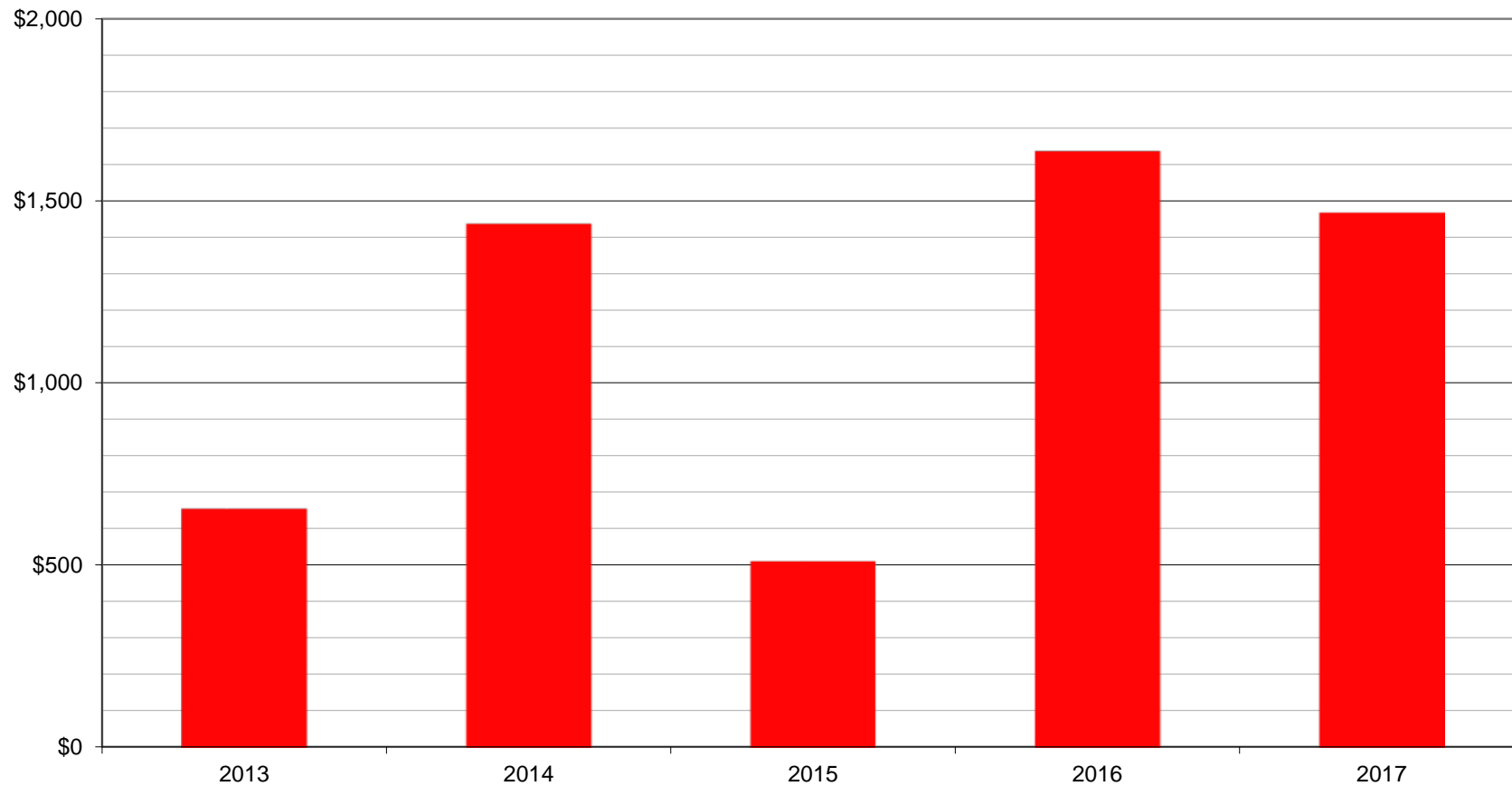
This chart illustrates the total annual combined Medicare and Non-Medicare medical and pharmacy claims paid for each place of service as a percent of the total annual cost. "Other" is a total of services not within the defined labels below, such as Ambulance, Community Mental Health Center, Home Health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



Non-Medicare Network Savings



This chart depicts network discounts for the Preferred Provider Plans for paid claims on a Per Member Per Month (PMPM) basis for Non-Medicare plans. The total combined network savings was 43.1%.



In Network vs. Out of Network



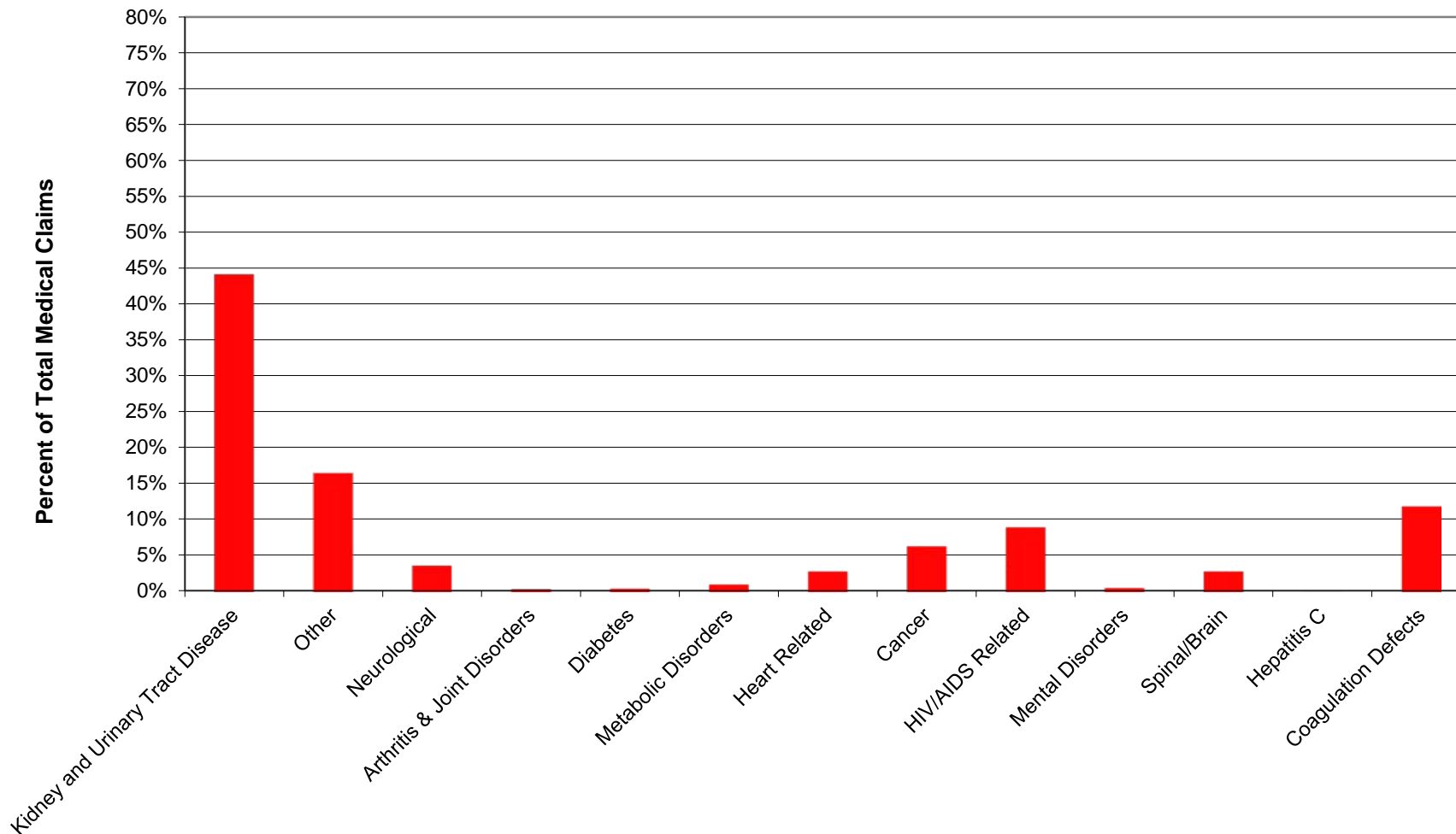
This chart illustrates the utilization of in-network providers versus out-of-network providers for Non-Medicare plans.

	Percent of Claims	
	In-Net	Out-of-Net
PPO Plans	95.12%	4.88%
Standard Plans	94.78%	5.22%

Non-Medicare Diagnosis Categories



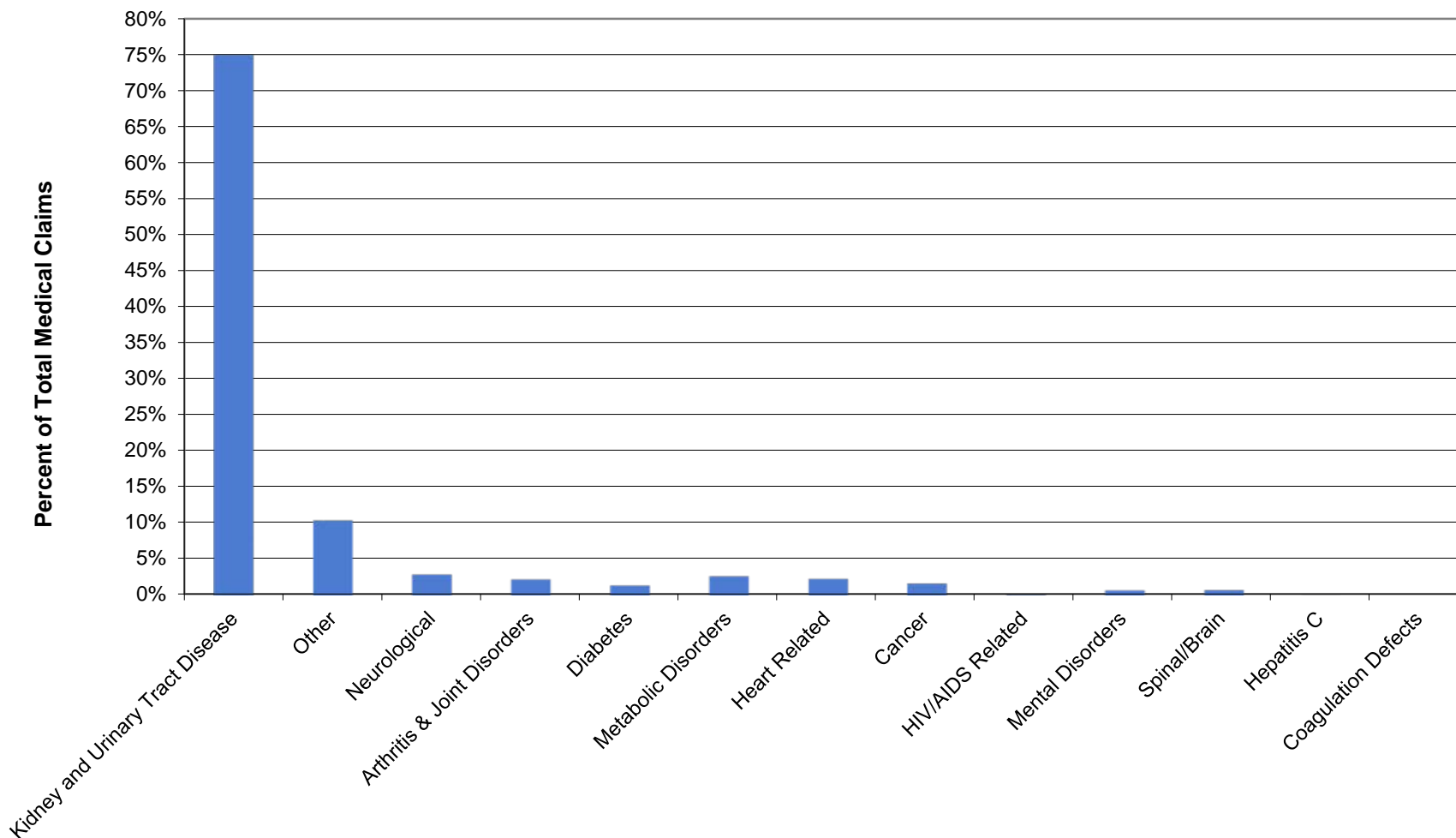
This chart depicts the paid medical claims based upon Major Diagnosis Categories for all Non-Medicare plans. The percent of WSHIP claims billed under the Kidney and Urinary Tract Disease Diagnosis Category in 2017 for Non-Medicare was 44.04%.



Medicare Diagnosis Categories



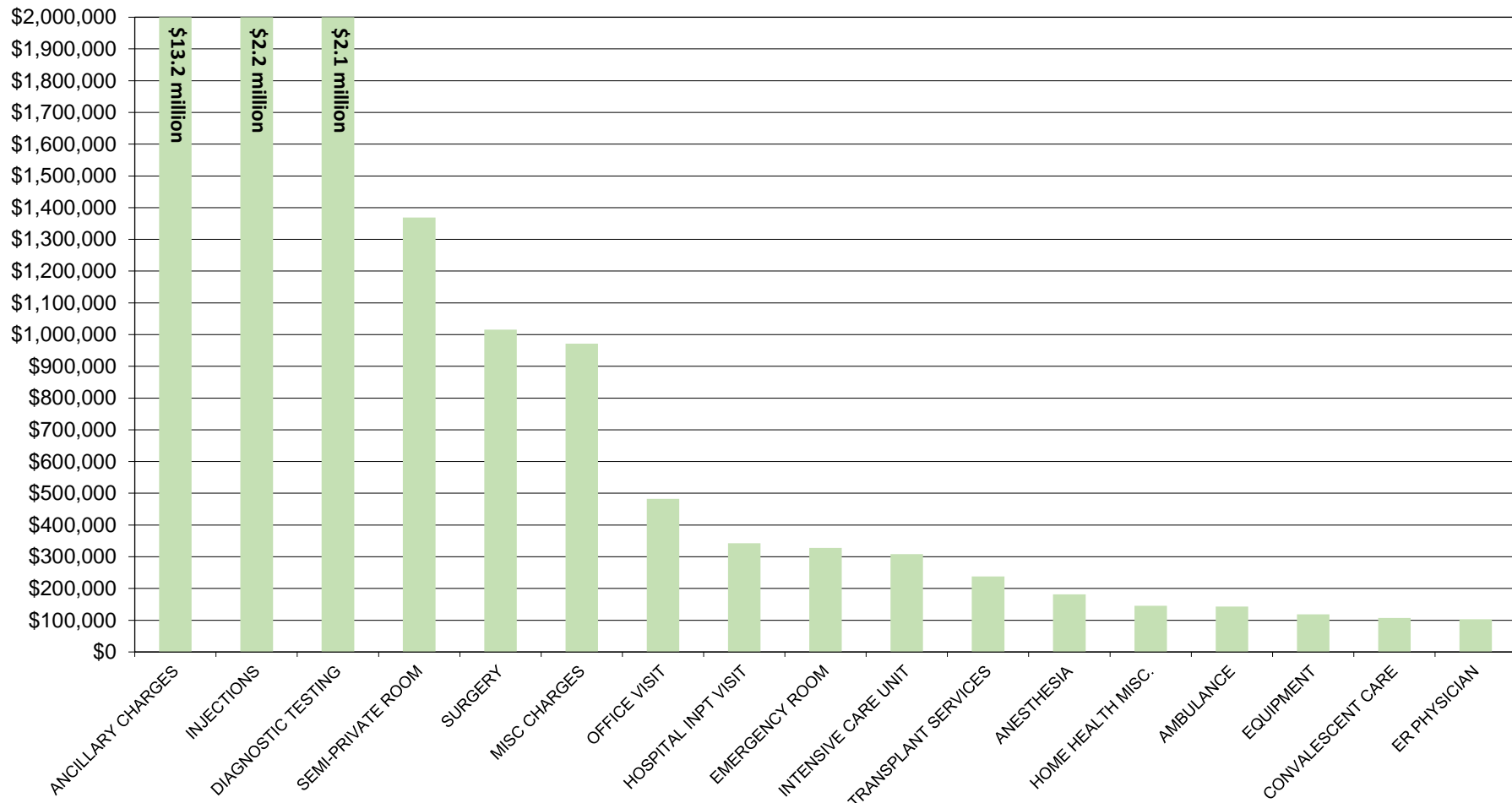
This chart depicts the paid medical claims based upon Major Diagnosis Categories for all Medicare plans. The percent of WSHIP claims billed under the Kidney and Urinary Tract Disease Diagnosis Category in 2017 for Medicare was 74.93%.





Service Code Analysis

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 56.6%, injections represented 9.5% and diagnostic testing equaled 8.9%.



*Some examples of ancillary charges are medical and surgical supplies and devices, drugs and dialysis.