



# The State of Delaware

## FY20 Opportunities – Site-of-Care Steerage

December 4, 2018

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## Goals of today's discussion

- Review impact of recent plan design changes that promote site-of-care steerage
- Discuss other site-of-care steerage opportunities for FY20
  - Subcommittee to provide feedback on design options
  - Identify any other scenarios to model for 12/18 subcommittee meeting
- Begin to formulate recommendations for site-of-care design changes that will be presented to the SEBC in January 2019
  - Necessary timing to meet February 11, 2019 deadline for FY20 Open Enrollment

# Recent plan design changes to promote site-of-care steerage

## Urgent care and high tech imaging – for FY17 plan year

- The below exhibit outlines the assumptions and savings estimates that were considered in the decision to implement site-of-care steerage design changes for urgent care centers and high tech imaging services

		Plan Design (in-network only)		Original Assumptions <sup>1</sup>	
		FY2016 (through 6/30/16)	FY2017 (effective 7/1/16)	Change in utilization required to “break even”	Estimated annual savings <sup>2</sup>
Urgent Care	Urgent care	\$25/\$30 copay (HMO/PPO)	\$15/\$20 copay (HMO/PPO) <i>(aligned with PCP office visit copay)</i>	200 visits redirected from ER to urgent care	Savings of \$1,434 per visit if > 200 visits are redirected
	Emergency room	\$150 copay	\$150 copay	Offsets \$300k cost increase from copay reduction with no behavior change	
High Tech Imaging	Freestanding facility	\$15/20 copay (HMO/PPO)	\$0 copay (HMO/PPO)	300 visits for these services redirected from hospital-based to freestanding facilities	Savings of \$800 per visit if > 300 visits are redirected
	Hospital-based facility	\$15 copay	\$35 copay	Offsets \$233k cost increase from copay reduction with no behavior change	

Highlights FY17 design change.

<sup>1</sup> From “FY17 Group Health Program Planning” document, reviewed at the March 18, 2016 SEBC meeting. <http://ben.omb.delaware.gov/sebc/documents/2016/0318-planning.pdf>

<sup>2</sup> Savings estimates reflect the difference in gross cost (i.e., before member cost-sharing).

# Recent plan design changes to promote site-of-care steerage

## Urgent care – utilization for FY16 through FY18

### ***For non-emergent<sup>1</sup> and primary care treatable conditions only***

- From FY16 to FY18, overall utilization for active employees and early retirees declined (see next page)
  - Goal for number of redirected ER visits was met in both years (FY17 and FY18)
  - PCP visits during this time declined as well, but visits/1,000 remained relatively stable over the same time period
    - Data suggest that some members may utilize urgent care centers for acute conditions that could be treated in a primary care setting
    - However, overall PCP visit rates did not experience a similar decrease during the same time period<sup>2</sup>, suggesting that member utilization for non-acute conditions (e.g., maintenance care for chronic conditions) remained stable or increased

<sup>1</sup> Classification of visits provided by IBM Watson Health and based on a New York University study. Non-Emergent = no immediate care required within 12 hours. Primary Care Treatable = treatment required within 12 hours, but could be provided in a primary care setting.

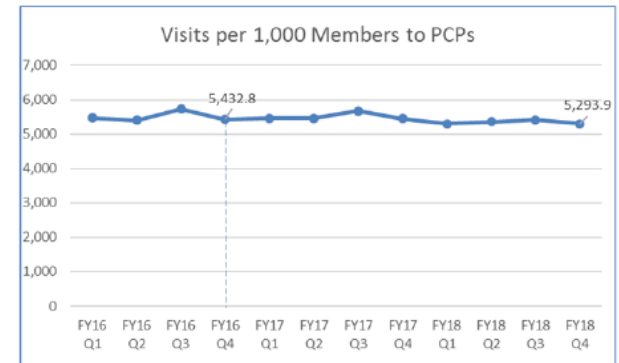
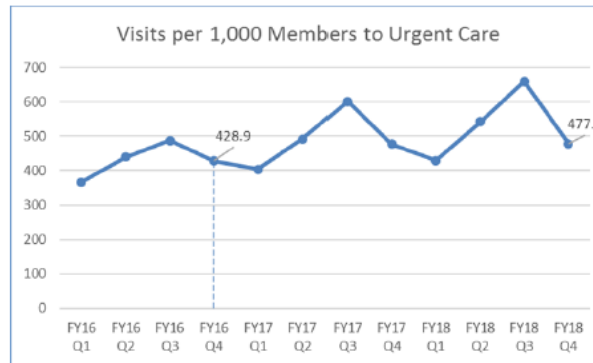
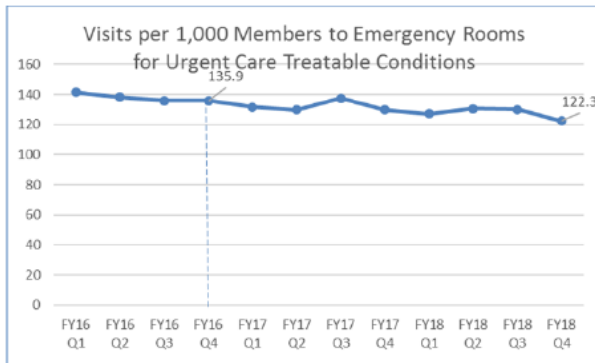
<sup>2</sup> Source: Aetna and Highmark Q4 reporting for FY18.

# Recent plan design changes to promote site-of-care steerage

## Urgent care – utilization for FY16 through FY18 (continued)

Visits <sup>1</sup> (non-emergent & primary care treatable only)	FY16	FY17	FY18	Change from FY16	Change from FY17	Change from FY16 to FY18
Emergency Room	13,438	12,953	12,454	(485)	(499)	(984)
Urgent Care	41,989	48,386	51,488	6,397	3,102	9,499
Primary Care	161,480	156,585	149,035	(4,895)	(7,550)	(12,445)
<b>Total</b>	<b>216,907</b>	<b>217,924</b>	<b>212,977</b>	<b>1,017</b>	<b>(4,947)</b>	<b>(3,930)</b>

1 Represents a subset of the total number of visits to emergency rooms, urgent care centers and primary care physicians during each fiscal year. Classification of these types of visits provided by IBM Watson Health and based on a New York University study. Non-Emergent = no immediate care required within 12 hours. Primary Care Treatable = treatment required within 12 hours, but could be provided in a primary care setting.



Source: IBM Watson Health.

## Recent plan design changes to promote site-of-care steerage

### High tech imaging – utilization for FY16 through FY18

- From FY16 to FY18, overall utilization of outpatient hospital site of service for high tech imaging services declined slightly, while use of freestanding imaging centers remained relatively unchanged
  - Results suggest that these design changes were only effective in changing behavior in the first year following implementation (FY17); FY18 results largely resemble FY16 utilization before the design changes were put in place
  - Additional communications and further design changes may be necessary to sustain improved utilization over time

High tech imaging services	FY16	FY17	FY18	Change from FY16	Change from FY17	Change from FY16 to FY18
Hospital-based Facility	13,185	11,322	12,280	(1,863)	958	(905)
Freestanding Facility	7,510	7,714	7,521	204	(193)	11
<b>Total</b>	<b>20,695</b>	<b>19,036</b>	<b>19,801</b>	<b>(1,659)</b>	<b>765</b>	<b>(894)</b>

Source: IBM Watson Health.

# Recent plan design changes to promote site-of-care steerage

## Additional changes implemented for FY19

- Additional design changes to basic imaging, high tech imaging and outpatient lab services were made for FY19
  - Utilization will continue to be monitored as data becomes available through FY19

Service	Plan Design (in-network only)		Utilization Assumptions	Estimated Savings <sup>1</sup>
	FY2018 (through 6/30/18)	FY2019 (effective 7/1/18)		
<b>Basic Imaging</b> <ul style="list-style-type: none"> <li>Freestanding Facility (preferred)</li> <li>Hospital-based Facility</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay</li> <li>\$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$35 copay</li> </ul>	25% of all members redirected to preferred site	\$1.3m annual claim savings (\$0.8m to General Fund)
<b>High Tech Imaging</b> <ul style="list-style-type: none"> <li>Freestanding Facility (preferred)</li> <li>Hospital-based Facility</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$35 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$50 copay</li> </ul>	33% of all members redirected to preferred site	
<b>Outpatient Lab</b> <ul style="list-style-type: none"> <li>Preferred Lab</li> <li>Other Lab</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay</li> <li>\$10 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay</li> <li>\$20 copay</li> </ul>	25% of all members redirected to preferred site	

Highlights FY19 design change.

1 Savings for active and pre-65 retiree populations only, for the Comprehensive PPO and HMO plans only; based on number of visits calculated using 7/1/2017 membership count. X-rays, ultrasounds and mammography are grouped under basic imaging, all other radiology services are grouped under high tech. Savings based on the number of unique members that had claims in these categories in the previous year. Reflects the following steerage assumptions: approximately 33% of all members with high-tech imaging claims and 25% of basic imaging claims will be incurred at a freestanding facility; 25% of members with outpatient lab visits will be redirected to a preferred lab.

General Fund split based on GHIP enrollment distribution by agency/department as of February 2017 as reported by Truven and FY17 premium levels.

**Note:** Related to the Lab steerage for the Aetna population, Labcorp pricing is 2% higher in aggregate than Quest. Savings may change slightly (overstated) to the extent members utilize Labcorp over Quest facilities.

# Site-of-care steerage opportunities for FY20

- Aetna and Highmark were asked to assist with estimating the cost impact of the following plan design options for FY20
  - Impact of each type of service was modeled separately on the following pages
- Both vendors were also asked to provide their recommendations for these plan design changes
  - **Aetna recommendations:** For imaging and lab services, would not recommend any copays greater than option 3; for emergency / urgent care, would not recommend any copays greater than option 2
  - **Highmark recommendations:** Recommendations for designs are mostly covered in scenarios below. Regarding imaging, would not recommend \$0 for any non-routine service, so consider a nominal copay (especially high tech imaging). For lab services, Options 2-3 seem high for non-preferred labs, in light of average total allowed cost for those. Minimum ER copays for fully-insured customers is \$150/visit (consistent with FY19 current design).

Service <i>For PPO and HMO plans only</i>	FY19 Current	FY20 Design Options			Range of Cost Avoidance Opportunity
		Option 1	Option 2	Option 3	
<b>Basic Imaging</b> <ul style="list-style-type: none"> <li>▪ Freestanding Facility (preferred)</li> <li>▪ Hospital-based Facility</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$35 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$50 copay</li> </ul>	\$0.8m – \$1.7m annual claim savings (\$0.5m – \$1.1m to General Fund)
<b>High Tech Imaging</b> <ul style="list-style-type: none"> <li>▪ Freestanding Facility (preferred)</li> <li>▪ Hospital-based Facility</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$60 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$65 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 copay</li> <li>▪ \$75 copay</li> </ul>	
<b>Outpatient Lab</b> <ul style="list-style-type: none"> <li>▪ Preferred Lab</li> <li>▪ Other Lab</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$30 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$50 copay</li> </ul>	\$1.6m – \$2.6m annual claim savings (\$1.1m – \$1.7m to General Fund)
<b>Emergency / Urgent Care</b> <ul style="list-style-type: none"> <li>▪ Urgent Care (HMO/PPO copay)</li> <li>▪ Emergency Room</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$15/\$20 copay</li> <li>▪ \$150 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$15/\$20 copay</li> <li>▪ \$175 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$15/\$20 copay</li> <li>▪ \$200 copay</li> </ul>		\$1.4m – \$2.6m annual claim savings (\$0.9m – \$1.7m to General Fund)

*Highlights potential FY20 design change.*



# Site-of-care steerage opportunities for FY20

Estimated savings potential – basic and high tech imaging services

Carrier	Modeled Designs	Annual Claim Savings (%)	Annual Claim Savings (\$)	Annual Claim Savings General Fund (\$)
Aetna	Option 1	0.23%	\$0.4m	\$0.3m
Highmark		0.10%	\$0.4m	\$0.3m
<b>Total Cost Avoidance Opportunity – Option 1:</b>			<b>\$0.8m</b>	<b>\$0.5m</b>
Aetna	Option 2	0.43%	\$0.7m	\$0.5m
Highmark		0.20%	\$0.9m	\$0.6m
<b>Total Cost Avoidance Opportunity – Option 2:</b>			<b>\$1.6m</b>	<b>\$1.1m</b>
Aetna	Option 3	0.49%	\$0.8m	\$0.5m
Highmark		0.20%	\$0.9m	\$0.6m
<b>Total Cost Avoidance Opportunity – Option 3:</b>			<b>\$1.7m</b>	<b>\$1.1m</b>
Aetna	<i>Illustrative: Max opportunity</i>	1.27%	\$2.1m	\$1.4m
Highmark		1.40%	\$6.1m	\$4m
<b>Maximum Cost Avoidance Opportunity (illustrative only):</b>			<b>\$8.3m</b>	<b>\$5.5m</b>

- The design options modeled above assume design changes are adopted to promote site-of-care steerage for basic and high-tech imaging services only
  - Consistent with existing site-of-care steerage design, modeling assumes that these changes would only apply to the Comprehensive PPO and the HMO plans
  - CDH Gold and First State Basic plans already have member cost differential built into design (via coinsurance for most plan provisions) to incentivize utilization of lower cost providers
  - Additional utilization assumptions have been provided in the Appendix
- Member disruption will vary based on procedure, education and specific provider

The percentage of cost paid by the State subsidy from the general fund and non-general fund based on FY 2018 premium contributions and revenue as reported by DHR Financial Services/OMB PHRST. Savings for active and pre-65 retiree populations only; based on each vendor's best estimate of the expected utilization at the desired site of care. Savings largely attributable to copay differential rather than changes in member behavior.

# Site-of-care steerage opportunities for FY20

## Estimated savings potential – outpatient lab services

Carrier	Modeled Designs	Annual Claim Savings (%)	Annual Claim Savings (\$)	Annual Claim Savings General Fund (\$)
Aetna	Option 1	0.19%	\$0.3m	\$0.2m
Highmark		0.30%	\$1.3m	\$0.9m
<b>Total Cost Avoidance Opportunity – Option 1:</b>			<b>\$1.6m</b>	<b>\$1.1m</b>
Aetna	Option 2	0.36%	\$0.6m	\$0.4m
Highmark		0.40%	\$1.8m	\$1.2m
<b>Total Cost Avoidance Opportunity – Option 2:</b>			<b>\$2.4m</b>	<b>\$1.6m</b>
Aetna	Option 3	0.51%	\$0.9m	\$0.6m
Highmark		0.40%	\$1.8m	\$1.2m
<b>Total Cost Avoidance Opportunity – Option 3:</b>			<b>\$2.6m</b>	<b>\$1.7m</b>
Aetna	<i>Illustrative: Max opportunity</i>	0.62%	\$1m	\$0.7m
Highmark		1.10%	\$4.8m	\$3.2m
<b>Maximum Cost Avoidance Opportunity (illustrative only):</b>			<b>\$5.9m</b>	<b>\$3.9m</b>

- The design options modeled above assume design changes are adopted to promote site-of-care steerage for outpatient lab services only
  - Consistent with existing site-of-care steerage design, modeling assumes that these changes would only apply to the Comprehensive PPO and the HMO plans
  - CDH Gold and First State Basic plans already have member cost differential built into design (via coinsurance for most plan provisions) to incentivize utilization of lower cost providers
  - Additional utilization assumptions have been provided in the Appendix
- Member disruption will vary based on procedure, education and specific provider

The percentage of cost paid by the State subsidy from the general fund and non-general fund based on FY 2018 premium contributions and revenue as reported by DHR Financial Services/OMB PHRST. Savings for active and pre-65 retiree populations only; based on each vendor's best estimate of the expected utilization at the desired site of care. Savings largely attributable to copay differential rather than changes in member behavior. Preferred labs for both Aetna and Highmark: Quest and Labcorp.

# Site-of-care steerage opportunities for FY20

Estimated savings potential – emergency / urgent care

Carrier	Modeled Designs	Annual Claim Savings (%)	Annual Claim Savings (\$)	Annual Claim Savings General Fund (\$)
Aetna	Option 1	0.30%	\$0.5m	\$0.3m
Highmark		0.20%	\$0.9m	\$0.6m
<b>Total Cost Avoidance Opportunity – Option 1:</b>			<b>\$1.4m</b>	<b>\$0.9m</b>
Aetna	Option 2	0.51%	\$0.9m	\$0.6m
Highmark		0.40%	\$1.8m	\$1.2m
<b>Total Cost Avoidance Opportunity – Option 2:</b>			<b>\$2.6m</b>	<b>\$1.7m</b>
Aetna	<i>Illustrative: Max opportunity</i>	1.61%	\$2.7m	\$1.8m
Highmark		0.60%	\$2.6m	\$1.7m
<b>Maximum Cost Avoidance Opportunity (illustrative only):</b>			<b>\$5.3m</b>	<b>\$3.5m</b>

- The design options modeled above assume design changes are adopted to promote site-of-care steerage for emergency / urgent care only
  - Consistent with existing site-of-care steerage design, modeling assumes that these changes would only apply to the Comprehensive PPO and the HMO plans
  - CDH Gold and First State Basic plans already have member cost differential built into design (via coinsurance for most plan provisions) to incentivize utilization of lower cost providers
  - Additional utilization assumptions have been provided in the Appendix
- Member disruption will vary based on procedure, education and specific provider

The percentage of cost paid by the State subsidy from the general fund and non-general fund based on FY 2018 premium contributions and revenue as reported by DHR Financial Services/OMB PHRST. Savings for active and pre-65 retiree populations only; based on each vendor's best estimate of the expected utilization at the desired site of care. Savings largely attributable to copay differential rather than changes in member behavior.

# Site-of-care steerage opportunities for FY20

## Infusion therapy steerage

### Infusion therapy defined:

- Intravenous administration of certain medications that treat conditions such as autoimmune disorders, enzyme replacement and rare/esoteric diseases
- Administered under the supervision of a medical professional
- Several possible sites of care: outpatient hospital facility, infusion center, doctor's office, or patient's home

**Advantages to administering outside of a hospital:** significantly reduced cost of drug administration, reduced risk of patient exposure to hospital-acquired illnesses, enhanced privacy and comfort, potentially reduced travel time and associated expenses

### Aetna capabilities – In place today

- Site-of-care steerage program is currently in place for the State
- Drugs are segmented into two categories: Mandatory and Voluntary (based on clinical rule)
- Requires member's doctor to request prior authorization for infusion therapy from Aetna
- Aetna reviews request for medical necessity and clinical appropriateness
- Aetna will reach out to doctor to suggest alternative site of care if appropriate

### Highmark capabilities – Not in place today

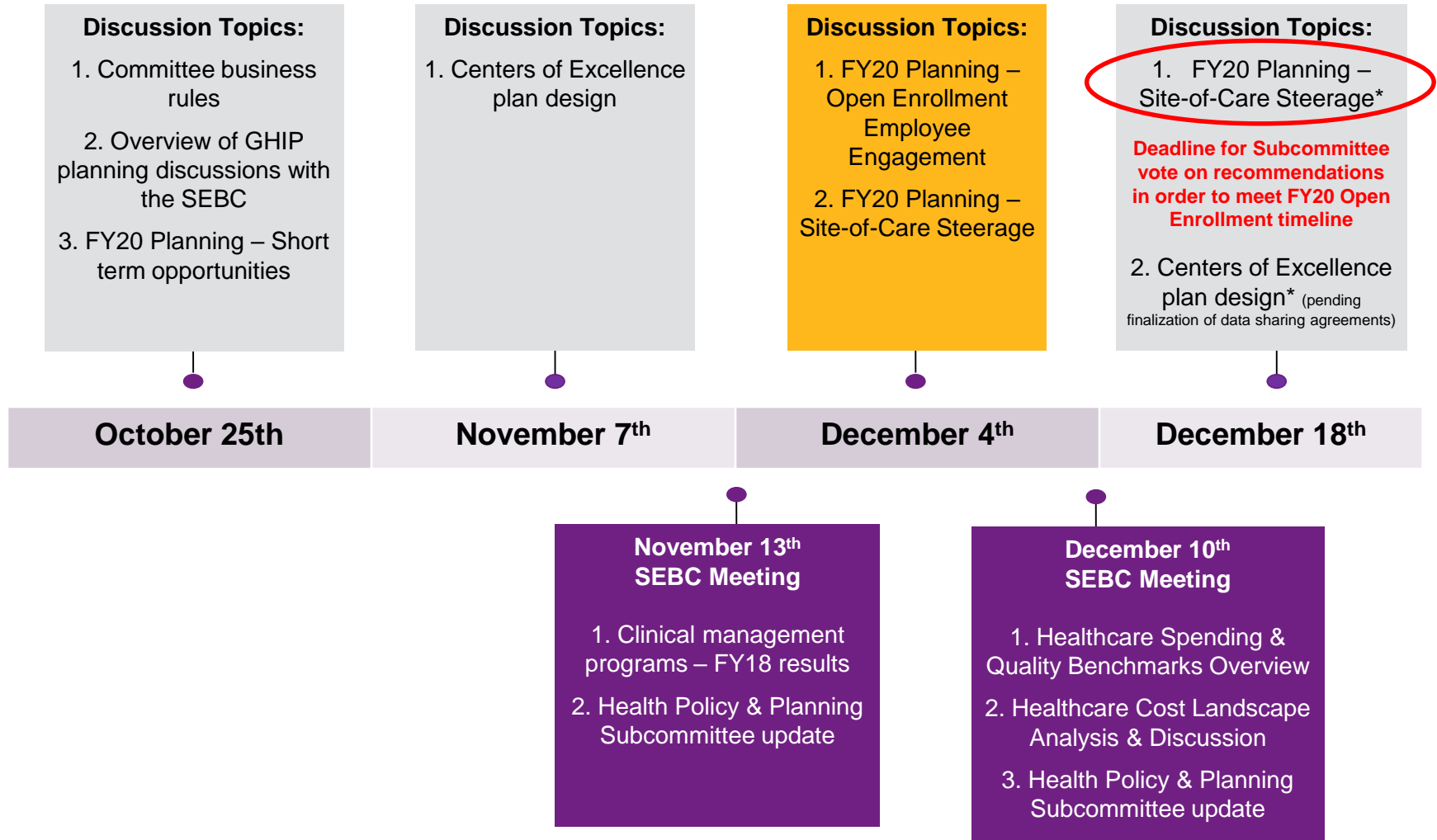
- Site-of-care steerage program is available for self-funded plan sponsors
- Also managed by a prior authorization initiated by the member's doctor, and includes review for medical necessity and clinical appropriateness
- Authorization will be denied if medical documentation submitted by doctor is insufficient to justify requested site-of-care or use of infusion
- Includes resubmission and appeal processes to address denied requests for prior authorization
- Includes assistance for members currently in treatment with a targeted drug; Customer Care Advocate will help member find alternative sites of care if member wishes to do so
- Does not apply to Medicaid plan

**Estimated annual claim savings potential\* for adding Highmark program: \$2.0m in FY20**

\*Note: Reflects savings potential; actual savings are not guaranteed and should not be relied upon for budgeting purposes. Based on most recent incurred data (August 2017 – July 2018) for targeted drugs delivered in a hospital setting; reflects 67 members with 388 claims for 10 targeted drugs.

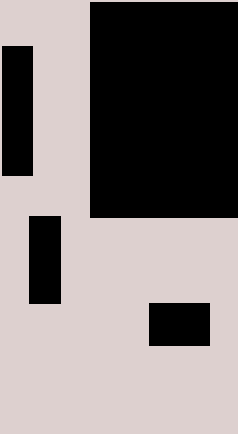
# Next steps

## Health Planning & Policy Subcommittee topics through December 2018



\* Denotes subcommittee vote on recommendations for further consideration by the SEBC

# Appendix



# Site-of-care steerage opportunities for FY20

## Additional assumptions for estimated cost avoidance – imaging services

Service <i>For PPO and HMO plans only</i>	FY19 Current	FY20 Design Options				Max Opportunity <i>(illustrative)</i>
		Option 1	Option 2	Option 3		
<b>Basic Imaging</b> <ul style="list-style-type: none"> <li>Freestanding Facility (preferred)</li> <li>Hospital-based Facility</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$35 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$50 copay</li> </ul>	n/a	
<b>High Tech Imaging</b> <ul style="list-style-type: none"> <li>Freestanding Facility (preferred)</li> <li>Hospital-based Facility</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$60 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$65 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$75 copay</li> </ul>		
<b>Estimated number and percent of services steered toward preferred site of care</b>		<ul style="list-style-type: none"> <li>Basic: 1,515 (3%)</li> <li>High Tech: 515 (3%)</li> </ul>	<ul style="list-style-type: none"> <li>Basic: 2,781 (5%)</li> <li>High Tech: 707 (4%)</li> </ul>	<ul style="list-style-type: none"> <li>Basic: 2,781 (5%)</li> <li>High Tech: 1,052 (6%)</li> </ul>	<ul style="list-style-type: none"> <li>Basic: 56,130 (100%)</li> <li>High Tech: 18,407 (100%)</li> </ul>	
<b>Estimated cost avoidance opportunity</b>		\$0.8m annual claim savings (\$0.5m to General Fund)	\$1.6m annual claim savings (\$1.1m to General Fund)	\$1.7m annual claim savings (\$1.1m to General Fund)	\$8.3m annual claim savings (\$5.5m to General Fund)	

The percentage of cost paid by the State subsidy from the general fund and non-general fund based on FY 2018 premium contributions and revenue as reported by DHR Financial Services/OMB PHRST. Savings for active and pre-65 retiree populations only; based on each vendor's best estimate of the expected utilization at the desired site of care. Savings largely attributable to copay differential rather than changes in member behavior.

*Highlights potential FY20 design change.*

# Site-of-care steerage opportunities for FY20

## Additional assumptions for estimated cost avoidance – outpatient lab services

Service <i>For PPO and HMO plans only</i>	FY19 Current	FY20 Design Options			
		Option 1	Option 2	Option 3	Max Opportunity <i>(illustrative)</i>
<b>Outpatient Lab</b> <ul style="list-style-type: none"> <li>▪ Preferred Lab</li> <li>▪ Other Lab</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$30 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ \$50 copay</li> </ul>	n/a
<b>Estimated number and percent of services steered toward preferred site of care</b>		2,642 (1%)	5,212 (2%)	7,715 (4%)	216,206 (100%)
<b>Estimated cost avoidance opportunity</b>		\$1.6m annual claim savings (\$1.1m to General Fund)	\$2.4m annual claim savings (\$1.6m to General Fund)	\$2.6m annual claim savings (\$1.7m to General Fund)	\$5.9m annual claim savings (\$3.9m to General Fund)

The percentage of cost paid by the State subsidy from the general fund and non-general fund based on FY 2018 premium contributions and revenue as reported by DHR Financial Services/OMB PHRST. Savings for active and pre-65 retiree populations only; based on each vendor's best estimate of the expected utilization at the desired site of care. Savings largely attributable to copay differential rather than changes in member behavior. Preferred labs for both Aetna and Highmark: Quest and Labcorp.

*Highlights potential FY20 design change.*



# Site-of-care steerage opportunities for FY20

Additional assumptions for estimated cost avoidance – emergency / urgent care

Service <i>For PPO and HMO plans only</i>	FY19 Current	FY20 Design Options		
		Option 1	Option 2	Max Opportunity <i>(illustrative)</i>
<b>Emergency / Urgent Care</b> <ul style="list-style-type: none"> <li>Urgent Care (HMO/PPO copay)</li> <li>Emergency Room</li> </ul>	<ul style="list-style-type: none"> <li>\$15/\$20 copay</li> <li>\$150 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$15/\$20 copay</li> <li><b>\$175</b> copay</li> </ul>	<ul style="list-style-type: none"> <li>\$15/\$20 copay</li> <li><b>\$200</b> copay</li> </ul>	n/a
<b>Estimated number and percent of services steered toward preferred site of care</b>		288 (2%)	454 (2%)	18,976 (100%)
<b>Estimated cost avoidance opportunity</b>		\$1.4m annual claim savings (\$0.9m to General Fund)	\$2.6m annual claim savings (\$1.7m to General Fund)	\$5.3m annual claim savings (\$3.5m to General Fund)

The percentage of cost paid by the State subsidy from the general fund and non-general fund based on FY 2018 premium contributions and revenue as reported by DHR Financial Services/OMB PHRST. Savings for active and pre-65 retiree populations only; based on each vendor's best estimate of the expected utilization at the desired site of care. Savings largely attributable to copay differential rather than changes in member behavior.

*Highlights potential FY20 design change.*