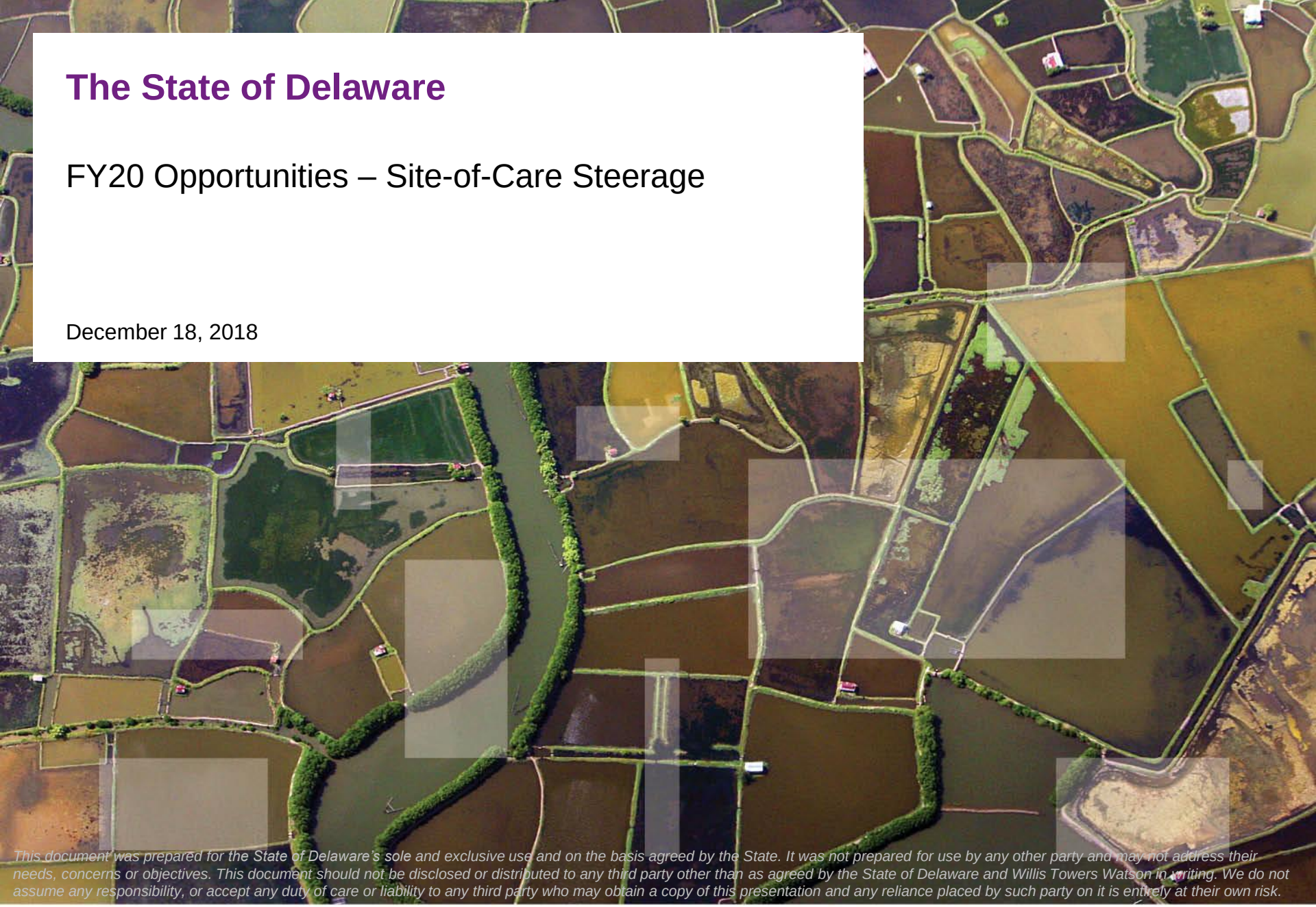
The State of Delaware

FY20 Opportunities – Site-of-Care Steerage

December 18, 2018



Willis Towers Watson

Goals of today's discussion

- Continue discussing site-of-care steerage opportunities for FY20, including recommended design changes
- Finalize 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

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 on the following pages
  - Each option was modeled as if it were a standalone change – e.g., modeling for "Option 1" changes to outpatient lab copay does not include cost avoidance for "Option 1" changes to emergency room copay
- Both vendors were also asked to provide their recommendations for these plan design changes (details in Appendix)

Service *For PPO and HMO plans only*	FY19 Current	FY20 Design Options			Range of Cost Avoidance Opportunity
		Option 1	Option 2	Option 3	
Basic Imaging ▪ Freestanding Facility (preferred) ▪ Hospital-based Facility	▪ $0 copay ▪ $35 copay	▪ $0 copay ▪ $40 copay	▪ $0 copay ▪ $50 copay	▪ $0 copay ▪ $50 copay	$0.8m – $1.7m annual claim savings ($0.5m – $1.1m to General Fund)
High Tech Imaging ▪ Freestanding Facility (preferred) ▪ Hospital-based Facility	▪ $0 copay ▪ $50 copay	▪ $0 copay ▪ $60 copay	▪ $0 copay ▪ $65 copay	▪ $0 copay ▪ $75 copay	
Outpatient Lab ▪ Preferred Lab ▪ Other Lab	▪ $10 copay ▪ $20 copay	▪ $10 copay ▪ $30 copay	▪ $10 copay ▪ $40 copay	▪ $10 copay ▪ $50 copay	$1.6m – $2.6m annual claim savings ($1.1m – $1.7m to General Fund)
Emergency / Urgent Care ▪ Urgent Care (HMO/PPO copay) ▪ Emergency Room	▪ $15/$20 copay ▪ $150 copay	▪ $15/$20 copay ▪ $175 copay	▪ $15/$20 copay ▪ $200 copay		$1.4m – $2.6m annual claim savings ($0.9m – $1.7m to General Fund)
Telemedicine	▪ $15/$20 copay (HMO/PPO)	▪ $0 copay (HMO/PPO)			De minimus cost impact to the State

Highlights potential FY20 design change.

= WTW recommended change

= *WTW recommended change*

Site-of-care steerage opportunities for FY20

Estimated savings potential – basic and high tech imaging services

Carrier	Modeled Designs	Annual Claim Cost Avoided (%)	Annual Claim Cost Avoided ($)	Annual Claim Cost Avoided, General Fund ($)
Aetna	**Option 1:** Non-preferred basic imaging increases +$5/visit, high tech increases +$10/visit	0.23%	$0.4m	$0.3m
Highmark		0.10%	$0.4m	$0.3m
	Total Cost Avoidance Opportunity – Option 1:		**$0.8m**	**$0.5m**
Aetna	**Option 2:** Non-preferred basic imaging increases +$15/visit, high tech increases +$15/visit	0.43%	$0.7m	$0.5m
Highmark		0.20%	$0.9m	$0.6m
	Total Cost Avoidance Opportunity – Option 2:		**$1.6m**	**$1.1m**
Aetna	**Option 3:** Non-preferred basic imaging increases +$15/visit, high tech increases +$25/visit	0.49%	$0.8m	$0.5m
Highmark		0.20%	$0.9m	$0.6m
	Total Cost Avoidance Opportunity – Option 3:		**$1.7m**	**$1.1m**
Aetna	*Illustrative: Max opportunity (100% of services steered to preferred site)*	*1.27%*	$2.1m	$1.4m
Highmark		*1.40%*	$6.1m	$4.0m
	Maximum Cost Avoidance Opportunity (illustrative only):		**$8.3m**	**$5.5m**

- 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.

= *WTW recommended change*

Site-of-care steerage opportunities for FY20

Estimated savings potential – outpatient lab services

Carrier	Modeled Designs	Annual Claim Cost Avoided (%)	Annual Claim Cost Avoided ($)	Annual Claim Cost Avoided, General Fund ($)
Aetna	**Option 1:** Non-preferred lab copay increases +$10/visit	0.19%	$0.3m	$0.2m
Highmark		0.30%	$1.3m	$0.9m
	Total Cost Avoidance Opportunity – Option 1:		**$1.6m**	**$1.1m**
Aetna	**Option 2:** Non-preferred lab copay increases +$20/visit	0.36%	$0.6m	$0.4m
Highmark		0.40%	$1.8m	$1.2m
	Total Cost Avoidance Opportunity – Option 2:		**$2.4m**	**$1.6m**
Aetna	**Option 3:** Non-preferred lab copay increases +$30/visit	0.51%	$0.9m	$0.6m
Highmark		0.40%	$1.8m	$1.2m
	Total Cost Avoidance Opportunity – Option 3:		**$2.6m**	**$1.7m**
Aetna	*Illustrative: Max opportunity (100% of services steered to preferred site)*	*0.62%*	$1.0m	$0.7m
Highmark		*1.10%*	$4.8m	$3.2m
	Maximum Cost Avoidance Opportunity (illustrative only):		**$5.9m**	**$3.9m**

- 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
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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.

= *WTW recommended change*

Site-of-care steerage opportunities for FY20

Estimated savings potential – emergency / urgent care

Carrier	Modeled Designs	Annual Claim Cost Avoided (%)	Annual Claim Cost Avoided ($)	Annual Claim Cost Avoided, General Fund ($)
Aetna	**Option 1:** ER copay increases +$25/visit	0.30%	$0.5m	$0.3m
Highmark		0.20%	$0.9m	$0.6m
	Total Cost Avoidance Opportunity – Option 1:		**$1.4m**	**$0.9m**
Aetna	**Option 2:** ER copay increases +$50/visit	0.51%	$0.9m	$0.6m
Highmark		0.40%	$1.8m	$1.2m
	Total Cost Avoidance Opportunity – Option 2:		**$2.6m**	**$1.7m**
Aetna	*Illustrative: Max opportunity (100% of services steered to preferred site)*	*1.61%*	$2.7m	$1.8m
Highmark		*0.60%*	$2.6m	$1.7m
	Maximum Cost Avoidance Opportunity (illustrative only):		**$5.3m**	**$3.5m**

- 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

- At the December 4 meeting, an overview of the infusion therapy site-of-care steerage programs services and the advantages of administering them outside of a hospital was provided
- Aetna currently administers an infusion therapy site-of-care steerage program for the State; Highmark offers a similar program that is not in place today
- Several questions were raised at the December 4 meeting regarding:
  - **Access to "preferred" sites of care** for infusion therapy – preferred sites include a doctor's office, an infusion center or the member's home
    - There are not many infusion sites in Delaware or in any other state, as they generally are not heavily utilized and therefore often unprofitable; patients typically chose to have infusion therapy at home or at a hospital
    - Highmark does not require members to have only 1 authorized site of care for infusion therapy – a given member could receive therapy at their doctor's office for one session and then at their home for the next session
  - **Member cost sharing** today and under this program – varies by plan:
    - PPO – infusion therapy covered at 100%. Would continue under this program. If therapy combined with doctor's office visit, then office visit copay applies
    - First State Basic – infusion therapy subject to deductible and coinsurance, both today and under this program
  - **Appeal process** – if the provider's request for prior authorization is denied (even after resubmitting with additional documentation of medical necessity), either the provider or the member can initiate an appeal

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 Medicfill 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.

Recommendations for FY20 changes

- Implement the following changes for FY20:

Service *For PPO and HMO plans only*	FY19 Current	FY20 Proposed Change
Basic Imaging ▪ Freestanding Facility (preferred) ▪ Hospital-based Facility	 ▪ $0 copay ▪ $35 copay	 ▪ $0 copay ▪ $40 copay
High Tech Imaging ▪ Freestanding Facility (preferred) ▪ Hospital-based Facility	 ▪ $0 copay ▪ $50 copay	 ▪ $0 copay ▪ $60 copay
Outpatient Lab ▪ Preferred Lab ▪ Other Lab	 ▪ $10 copay ▪ $20 copay	 ▪ $10 copay ▪ $30 copay
Emergency / Urgent Care ▪ Urgent Care (HMO/PPO copay) ▪ Emergency Room	 ▪ $15/$20 copay ▪ $150 copay	 ▪ $15/$20 copay ▪ $175 copay
Telemedicine	▪ $15/$20 copay (HMO/PPO)	▪ $0 copay (HMO/PPO)

Combined annual claim cost avoidance opportunity: $3.8m ($2.5m to General Fund)

- Implement Highmark's infusion therapy site-of-care steerage program (additional $2.0m claim savings potential ($1.3m to General Fund))
- ***Total annual claim cost avoidance opportunity: $5.8m ($3.8m to General Fund)***

Next steps

Health Planning & Policy Subcommittee topics through January 2019

October 25th

Discussion Topics:

1. Committee business rules
2. Overview of GHIP planning discussions with the SEBC
3. FY20 Planning – Short term opportunities

November 7th

Discussion Topics:

1. Centers of Excellence plan design

November 13th SEBC Meeting

1. Clinical management programs – FY18 results
2. Health Policy & Planning Subcommittee update

December 4th

Discussion Topics:

1. FY20 Planning – Open Enrollment Employee Engagement
2. FY20 Planning – Site-of-Care Steerage

December 18th

Discussion Topics:

1. FY20 Planning – Site-of-Care Steerage*

Deadline for Subcommittee vote on recommendations in order to meet FY20 Open Enrollment timeline

December 10th SEBC Meeting

1. Healthcare Spending & Quality Benchmarks Overview
2. Healthcare Cost Landscape Analysis & Discussion
3. Health Policy & Planning Subcommittee update

January 24th

Discussion Topics:

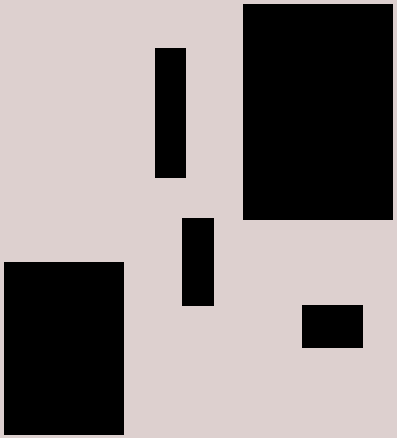
1. Update on COE plan design, incentives and engagement strategy
2. Update on direct primary care conversations
3. Update on SB 139

January 14th SEBC Meeting

1. Review subcommittee recommendations for FY20 design changes

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

Appendix



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[1]	
		FY2016 (through 6/30/16)	**FY2017 (effective 7/1/16)**	**Change in utilization required to "break even"**	**Estimated annual savings[2]**
Urgent Care	**Urgent care**	$25/$30 copay (HMO/PPO)	$15/$20 copay (HMO/PPO) *(aligned with PCP office visit copay)*	200 visits redirected from ER to urgent care Offsets $300k cost increase from copay reduction with no behavior change	Savings of $1,434 per visit if > 200 visits are redirected
	Emergency room	$150 copay	$150 copay		
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 Offsets $233k cost increase from copay reduction with no behavior change	Savings of $800 per visit if > 300 visits are redirected
	Hospital-based facility	$15 copay	$35 copay		

Highlights FY17 design change.

[1] 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
[2] 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[1] 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[2], suggesting that member utilization for non-acute conditions (e.g., maintenance care for chronic conditions) remained stable or increased

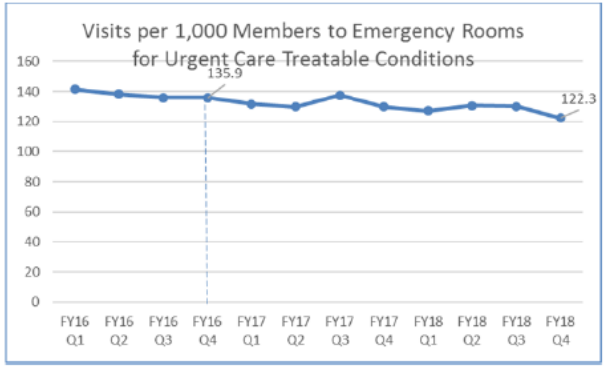
1 Classification of visits provided by IBM Watson Health and based on a New York University study. Non-Emergent = no immediate care required within 12 hours. Primary Care Treatable = treatment required within 12 hours, but could be provided in a primary care setting.
2 Source: Aetna and Highmark Q4 reporting for FY18.

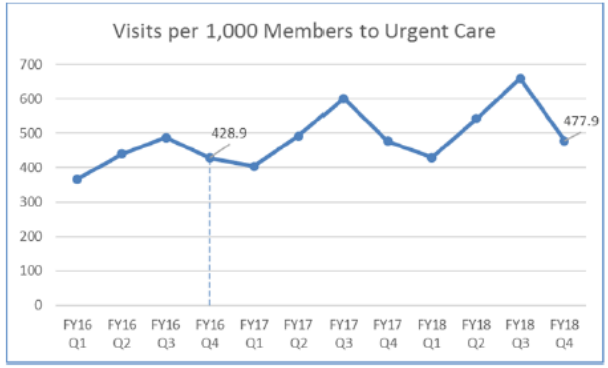
Recent plan design changes to promote site-of-care steerage

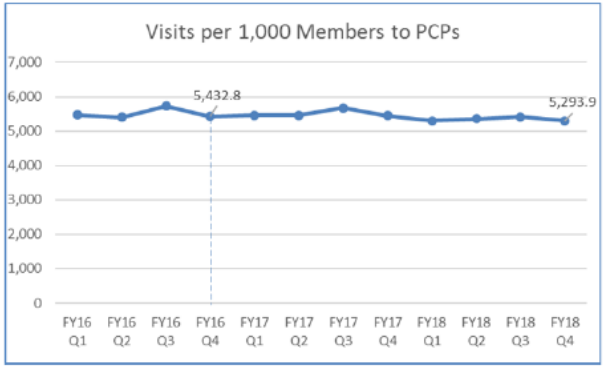
Urgent care – utilization for FY16 through FY18 (continued)

Visits[1] *(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)
Total	216,907	217,924	212,977	1,017	(4,947)	(3,930)

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
Total	20,695	19,036	19,801	(1,659)	765	(894)

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[1]
	FY2018 (through 6/30/18)	FY2019 (effective 7/1/18)		
Basic Imaging				
▪ Freestanding Facility (preferred)	▪ $20 copay	▪ $0 copay	25% of all members redirected to preferred site	
▪ Hospital-based Facility	▪ $20 copay	▪ $35 copay		
High Tech Imaging				$1.3m annual claim savings ($0.8m to General Fund)
▪ Freestanding Facility (preferred)	▪ $0 copay	▪ $0 copay	33% of all members redirected to preferred site	
▪ Hospital-based Facility	▪ $35 copay	▪ $50 copay		
Outpatient Lab				
▪ Preferred Lab	▪ $10 copay	▪ $10 copay	25% of all members redirected to preferred site	
▪ Other Lab	▪ $10 copay	▪ $20 copay		

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 recommendations for potential plan design changes

Aetna

- 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 for designs are mostly covered in the scenarios outlined by WTW
- 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)

Site-of-care steerage opportunities for FY20

Additional assumptions for estimated cost avoidance – imaging services

Service ***For PPO and HMO plans only***	**FY19 Current**	**FY20 Design Options**			
		Option 1	**Option 2**	**Option 3**	**Max Opportunity *(illustrative)***
Basic Imaging ▪ Freestanding Facility (preferred) ▪ Hospital-based Facility	▪ $0 copay ▪ $35 copay	▪ $0 copay ▪ $40 copay	▪ $0 copay ▪ $50 copay	▪ $0 copay ▪ $50 copay	n/a
High Tech Imaging ▪ Freestanding Facility (preferred) ▪ Hospital-based Facility	▪ $0 copay ▪ $50 copay	▪ $0 copay ▪ $60 copay	▪ $0 copay ▪ $65 copay	▪ $0 copay ▪ $75 copay	
Estimated number and percent of services steered toward preferred site of care		▪ Basic: 1,515 (3%) ▪ High Tech: 515 (3%)	▪ Basic: 2,781 (5%) ▪ High Tech: 707 (4%)	▪ Basic: 2,781 (5%) ▪ High Tech: 1,052 (6%)	▪ Basic: 56,130 (100%) ▪ High Tech: 18,407 (100%)
Estimated cost avoidance opportunity		$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 ***For PPO and HMO plans only***	**FY19 Current**	**FY20 Design Options**			
		Option 1	**Option 2**	**Option 3**	**Max Opportunity *(illustrative)***
Outpatient Lab ▪ Preferred Lab ▪ Other Lab	▪ $10 copay ▪ $20 copay	▪ $10 copay ▪ $30 copay	▪ $10 copay ▪ $40 copay	▪ $10 copay ▪ $50 copay	n/a
Estimated number and percent of services steered toward preferred site of care		2,642 (1%)	5,212 (2%)	7,715 (4%)	216,206 (100%)
Estimated cost avoidance opportunity		$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 ***For PPO and HMO plans only***	**FY19 Current**	**FY20 Design Options**		
		Option 1	**Option 2**	**Max Opportunity *(illustrative)***
Emergency / Urgent Care ▪ Urgent Care (HMO/PPO copay) ▪ Emergency Room	▪ $15/$20 copay ▪ $150 copay	▪ $15/$20 copay ▪ $175 copay	▪ $15/$20 copay ▪ $200 copay	n/a
Estimated number and percent of services steered toward preferred site of care		288 (2%)	454 (2%)	18,976 (100%)
Estimated cost avoidance opportunity		$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.
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