

# Blue Cross Blue Shield of Michigan Healthcare Management Board Report

## 2023 Annual Report for the Michigan Public School Employees' Retirement System

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Director II  
Key State Accounts and Public Sector  
Blue Cross Blue Shield of Michigan



**READY  
TO HELP**



## Today's agenda

- 1 Membership
- 2 Cost and Utilization
- 3 Blue Cross Coordinated Care<sup>SM</sup>



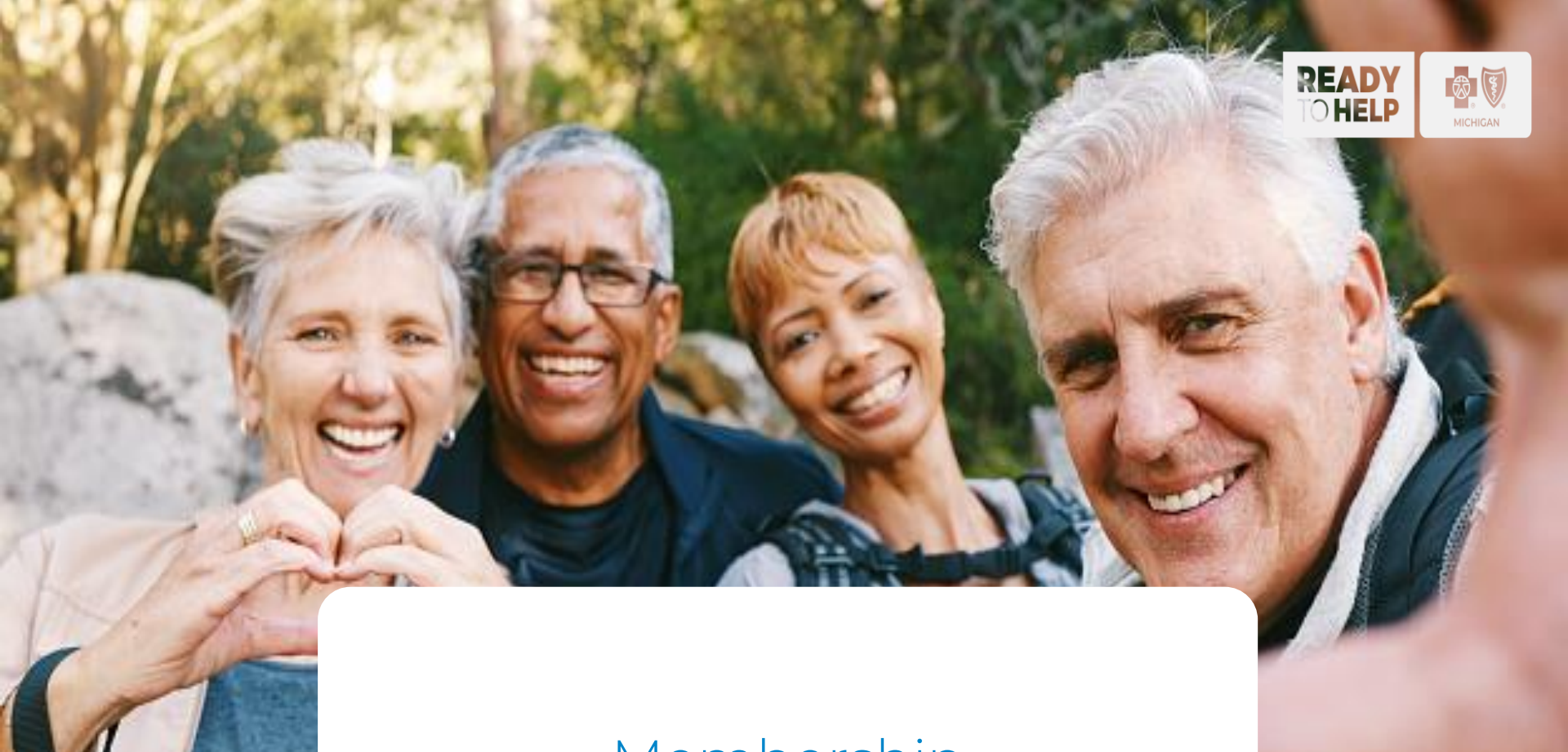


## Executive Summary

In 2023, the retirement system's total plan membership saw a very small decrease, which continues the trend we have seen over the previous five years. After a modest increase in 2022, we saw a jump of \$117M for overall spend in 2023.

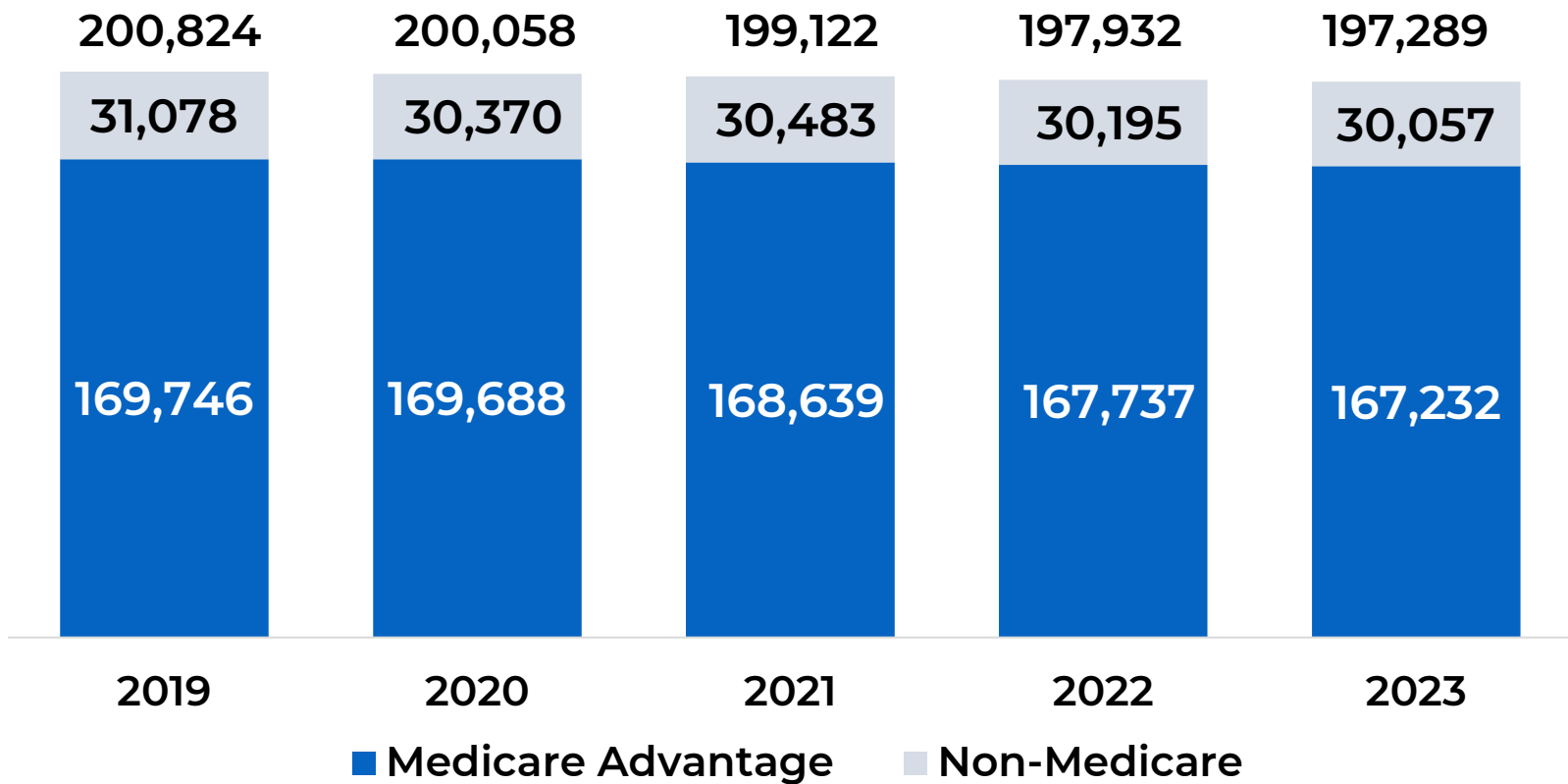
- Both **Medicare Advantage** and **Non-Medicare** membership levels continue to slowly decline.
- Spend for **Medicare Advantage** increased approximately \$106M from 2022 to 2023 to approximately \$1.7B. The largest episode of care was Degenerative Joint Disease in 2023. Non-Medicare spend increased \$11M to approximately \$211M from 2022 to 2023. The largest episode of care was Degenerative Joint Disease for Non-Medicare as well.
- **Preventive Screening Rates** increased for both Medicare Advantage members and Non-Medicare members. **Cancer Screening Rates** decreased for Medicare Advantage and increased for Non-Medicare members.
- **Blue Cross Coordinated Care<sup>SM</sup>** helps members close gaps in care and supports whole person health. Non-Medicare members have the Coordinated Care Advocate program. Medicare Advantage members have the Coordinated Care Core program and access to targeted campaigns to improve health and member engagement.

**READY  
TO HELP**



# Membership

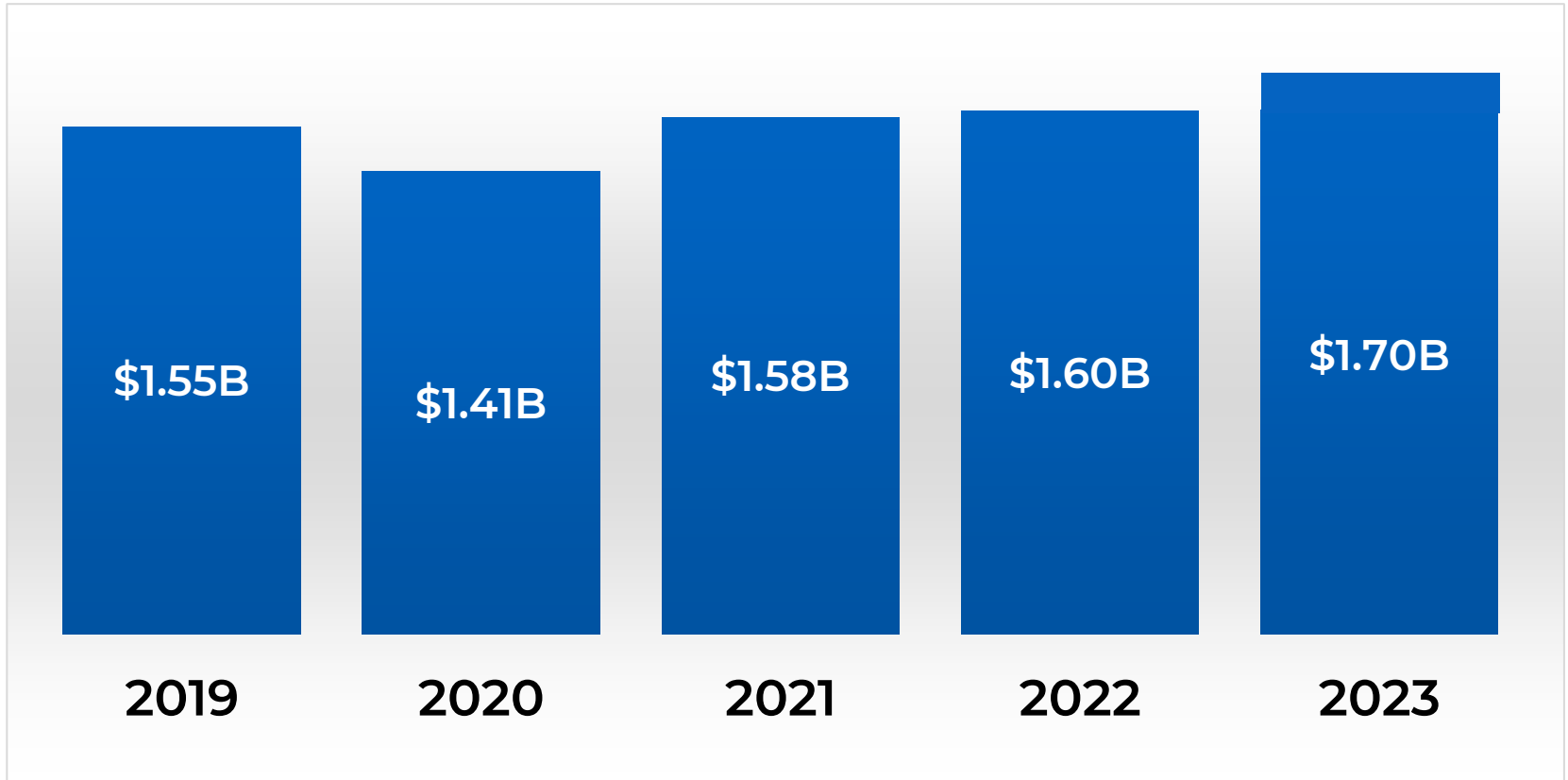
# MEMBERSHIP 2019 - 2023





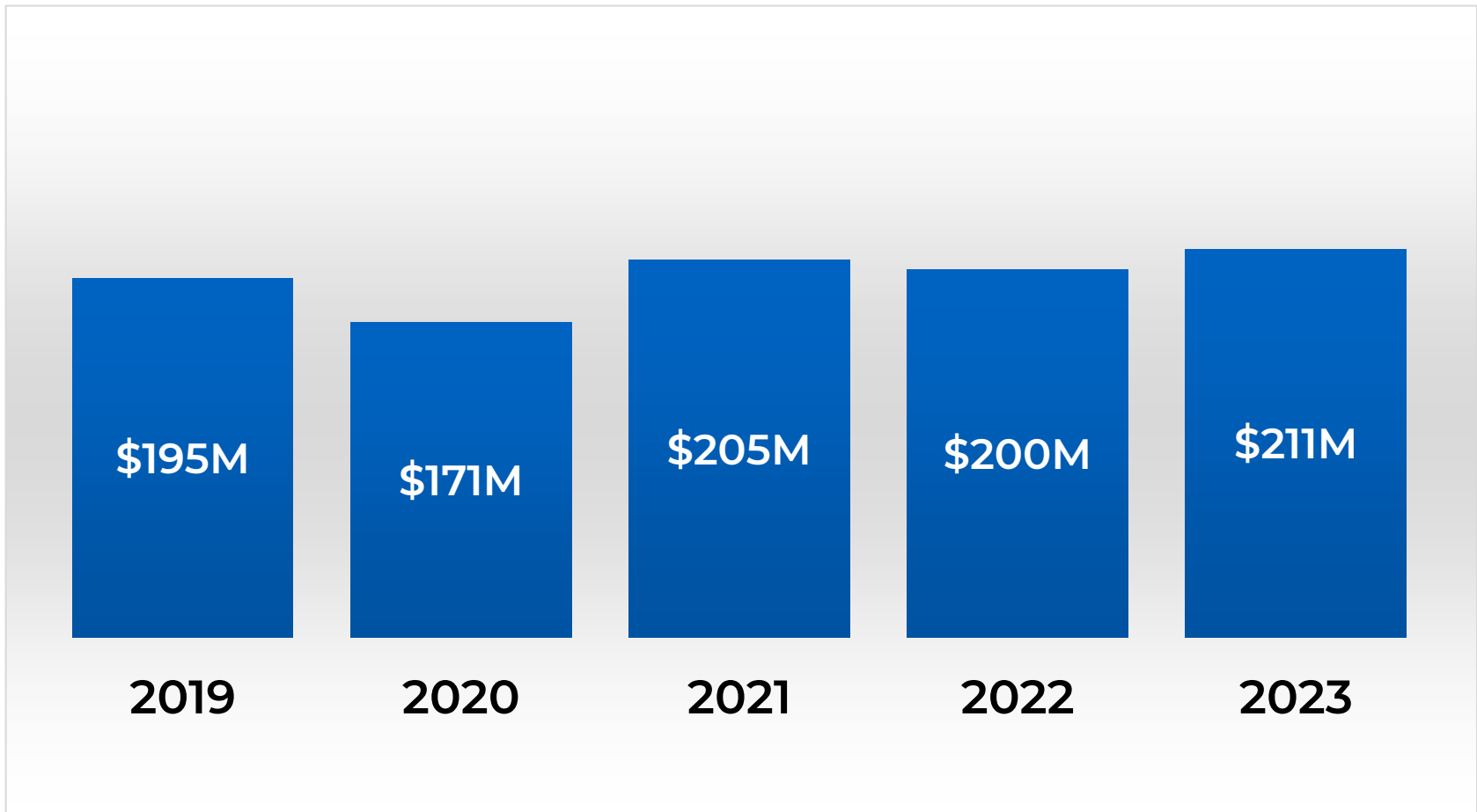
## Cost & Utilization

# MEDICARE ADVANTAGE CLAIMS COST



Note: Claims have a paid through date of Mar. 31 of the following year. Non-claim benefit expense costs and CMS revenue offset is not included.

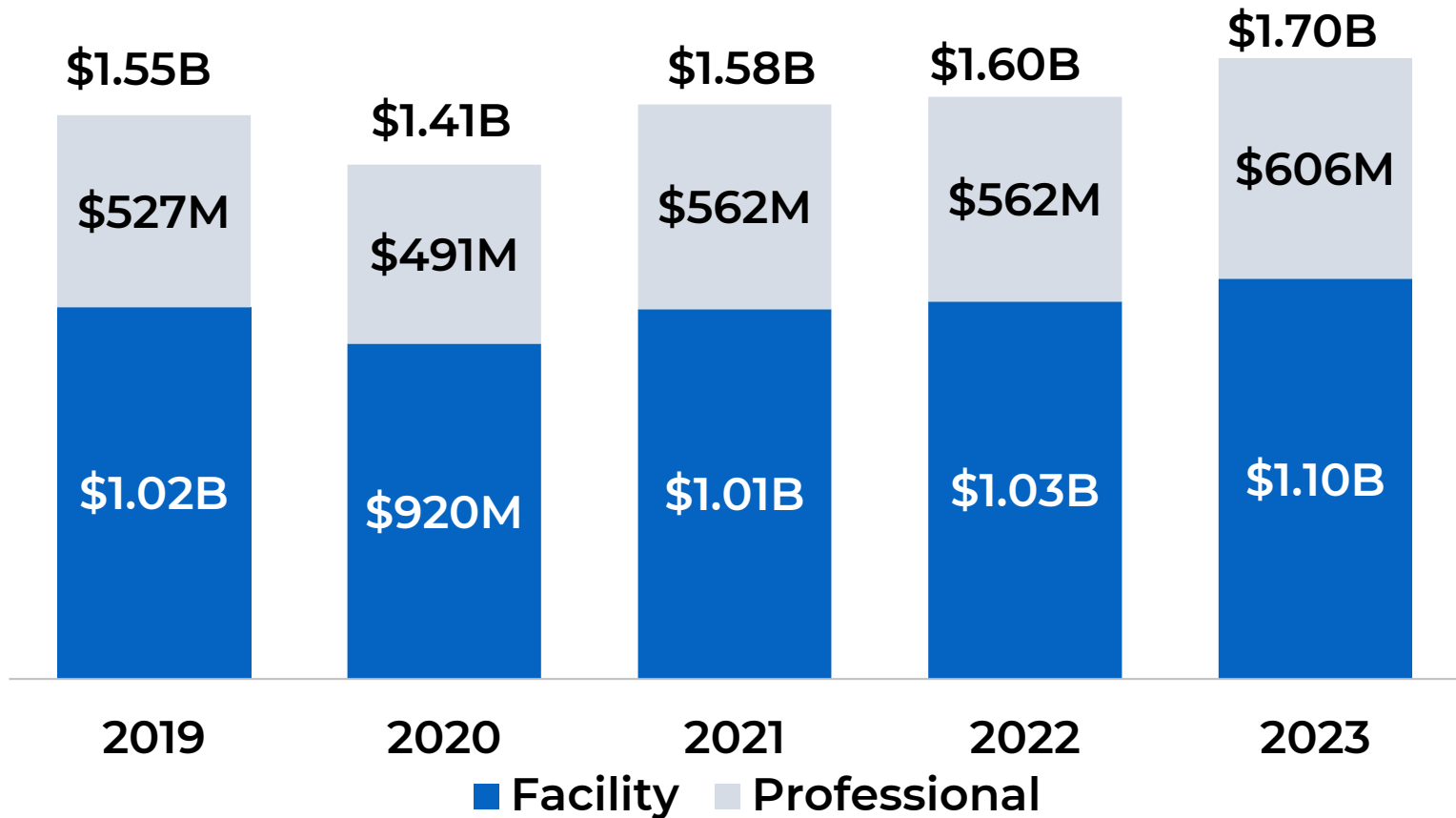
# NON-MEDICARE CLAIMS COST



Note: Claims have a paid through date of Mar. 31 of the following year. Non-claim benefit expense costs and CMS revenue offset is not included.

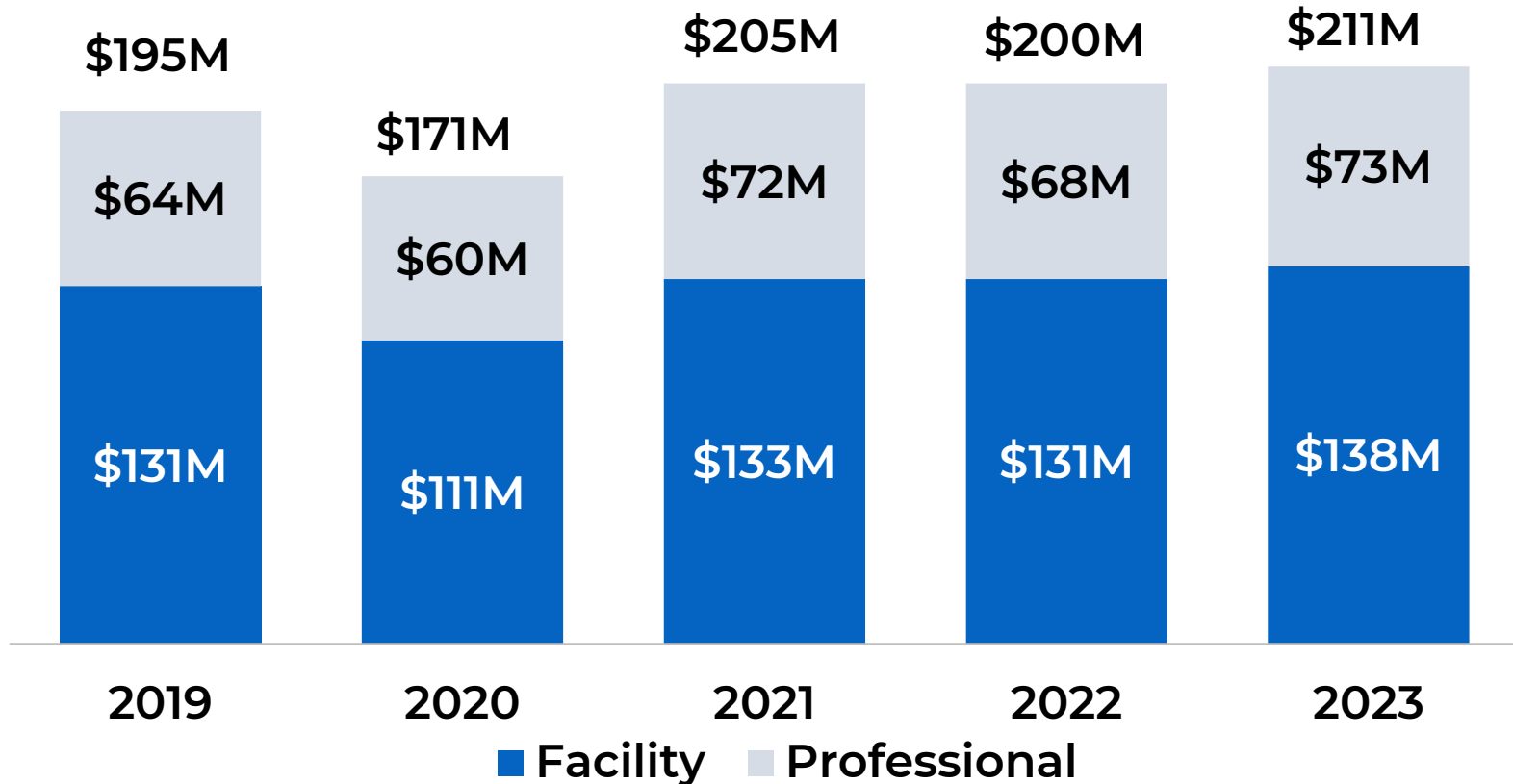


# MEDICARE ADVANTAGE FACILITY AND PROFESSIONAL CLAIMS COST



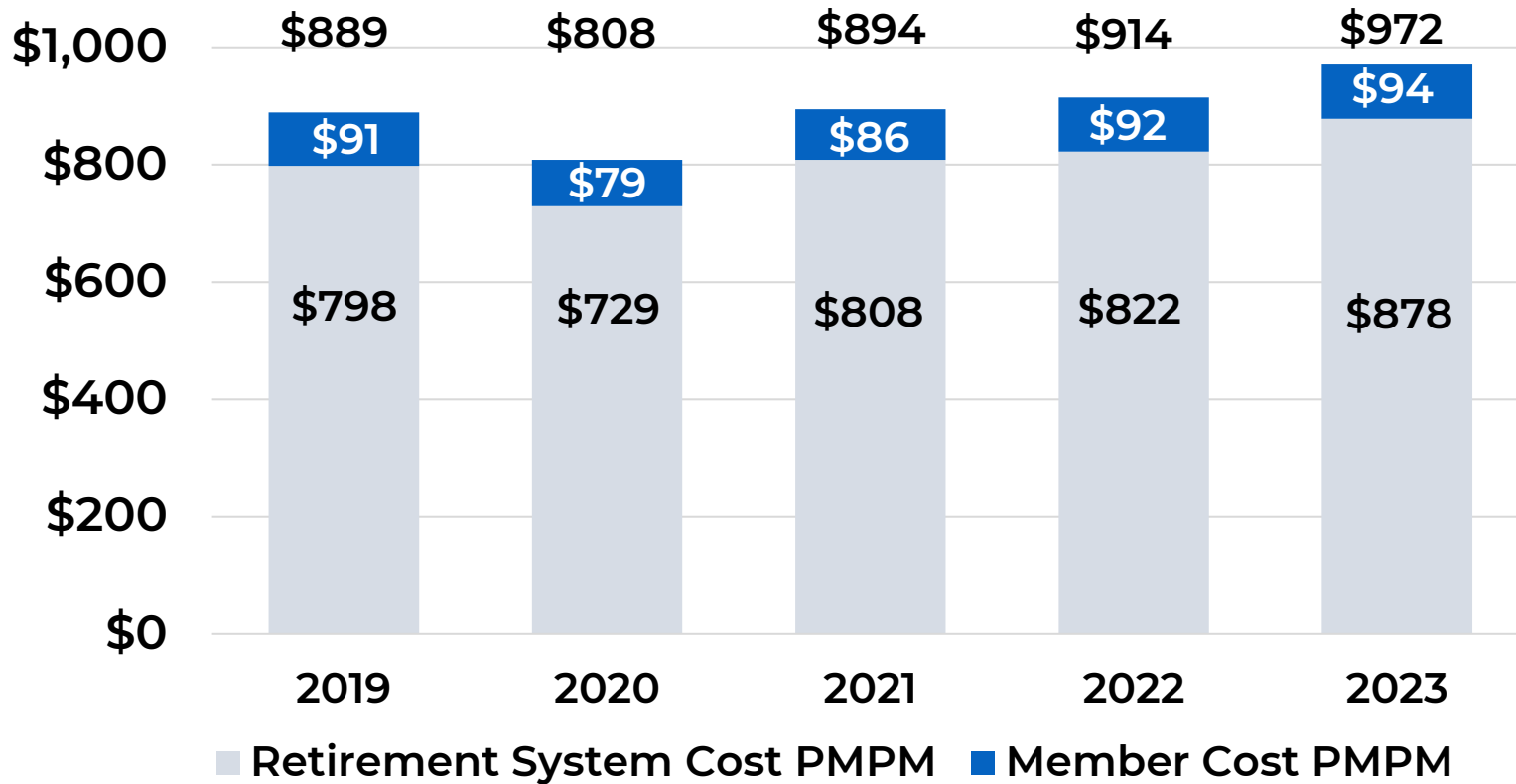
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# NON-MEDICARE FACILITY AND PROFESSIONAL CLAIMS COST



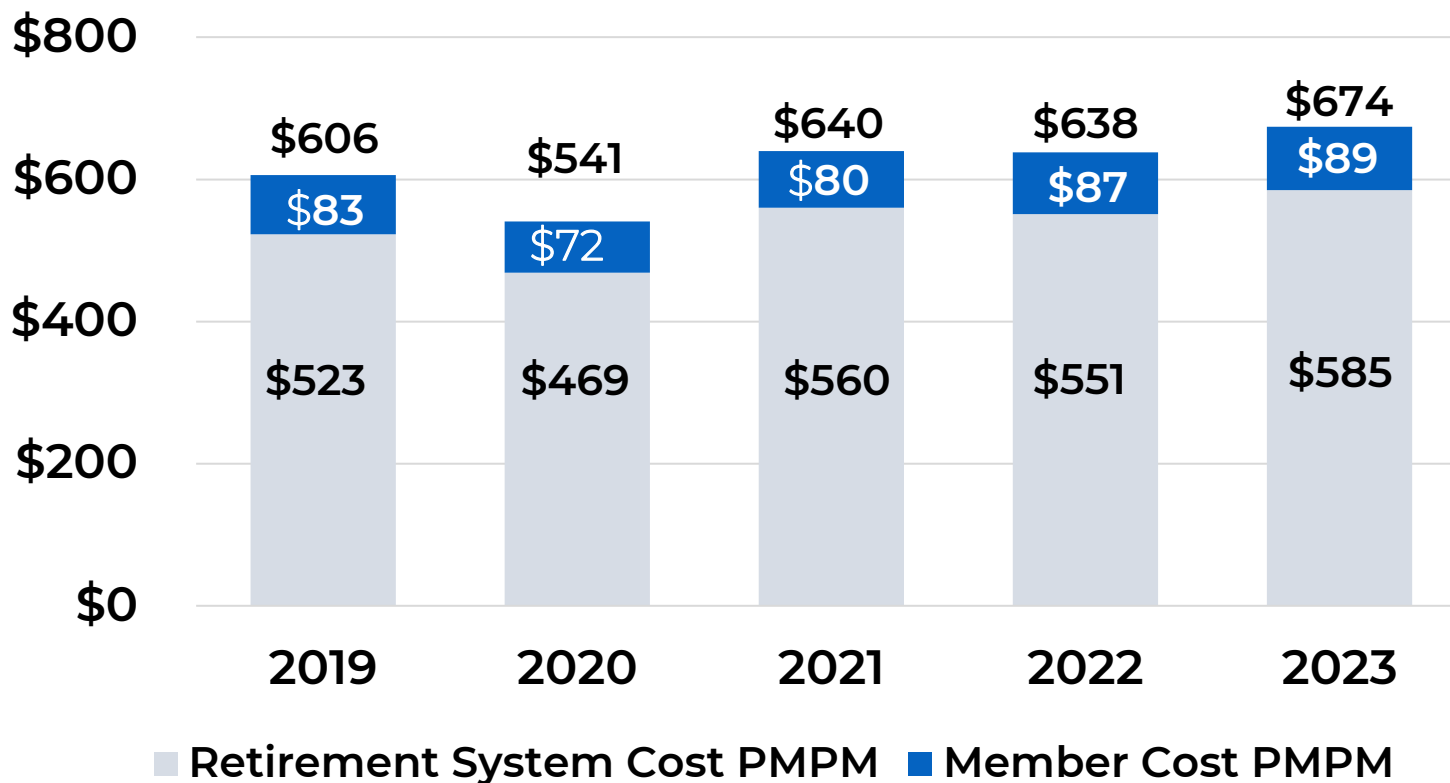
Note: Claims have a paid through date of Mar. 31 of the following year. Non-claim benefit expense costs and CMS revenue offset is not included.

# MEDICARE ADVANTAGE RETIREMENT SYSTEM VS. MEMBER CLAIMS COST (PER MEMBER PER MONTH)



Note: Claims have a paid through date of Mar. 31 of the following year. Non-claim benefit expense costs are included. CMS revenue offset is not included.

# NON-MEDICARE RETIREMENT SYSTEM VS. MEMBER CLAIMS COST (PER MEMBER PER MONTH)



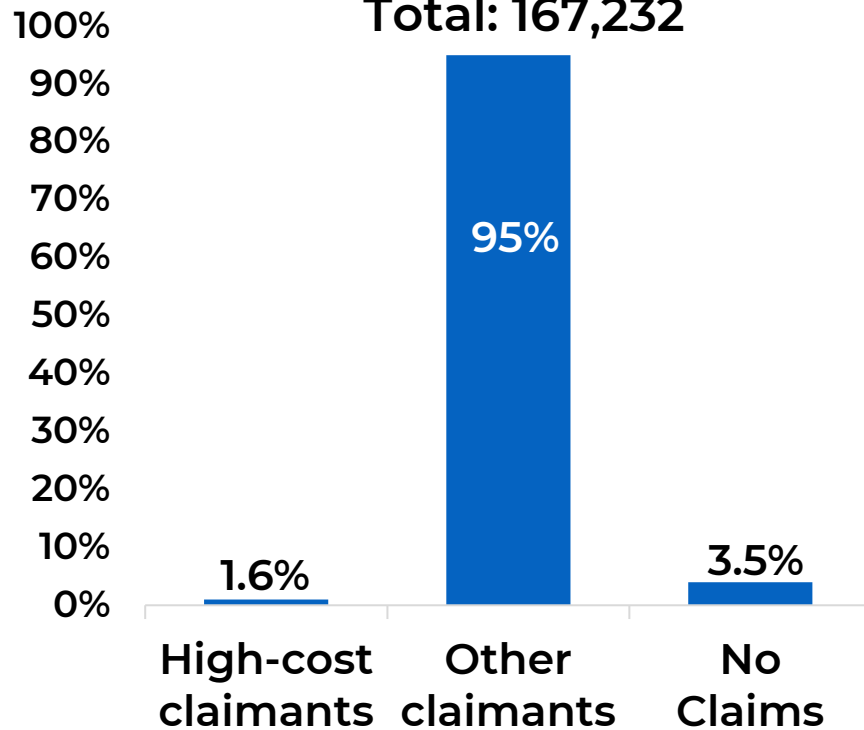
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# MEDICARE ADVANTAGE CLAIMANTS

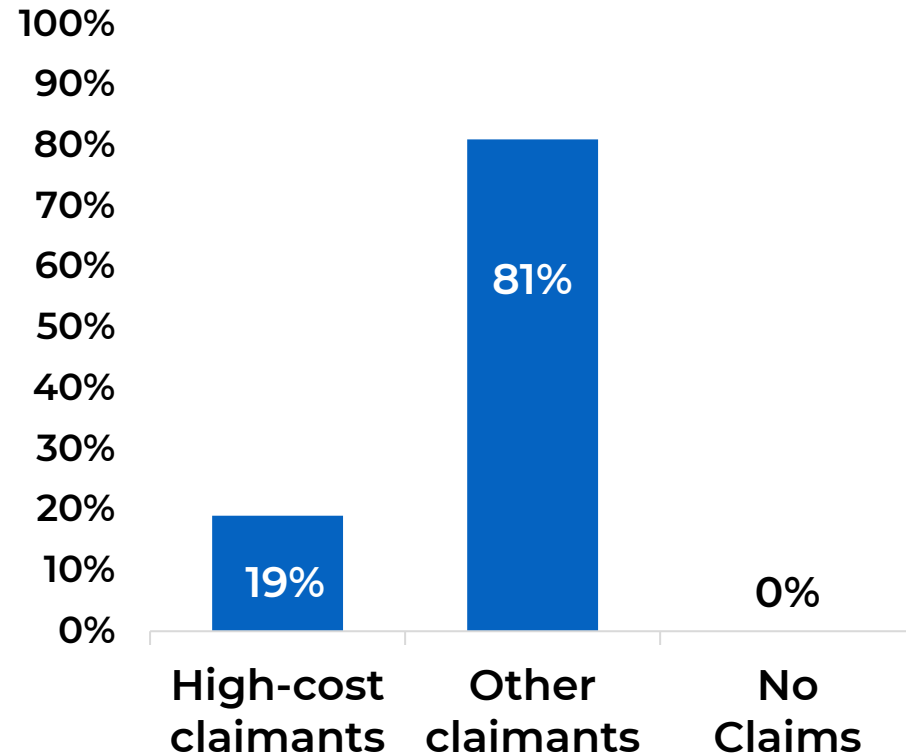
High-cost claimant threshold is \$100,000. High-cost claimants account for 1.6 percent of total membership, but 19 percent of total spend in 2023.

## Percentage of Total Membership

Total: 167,232

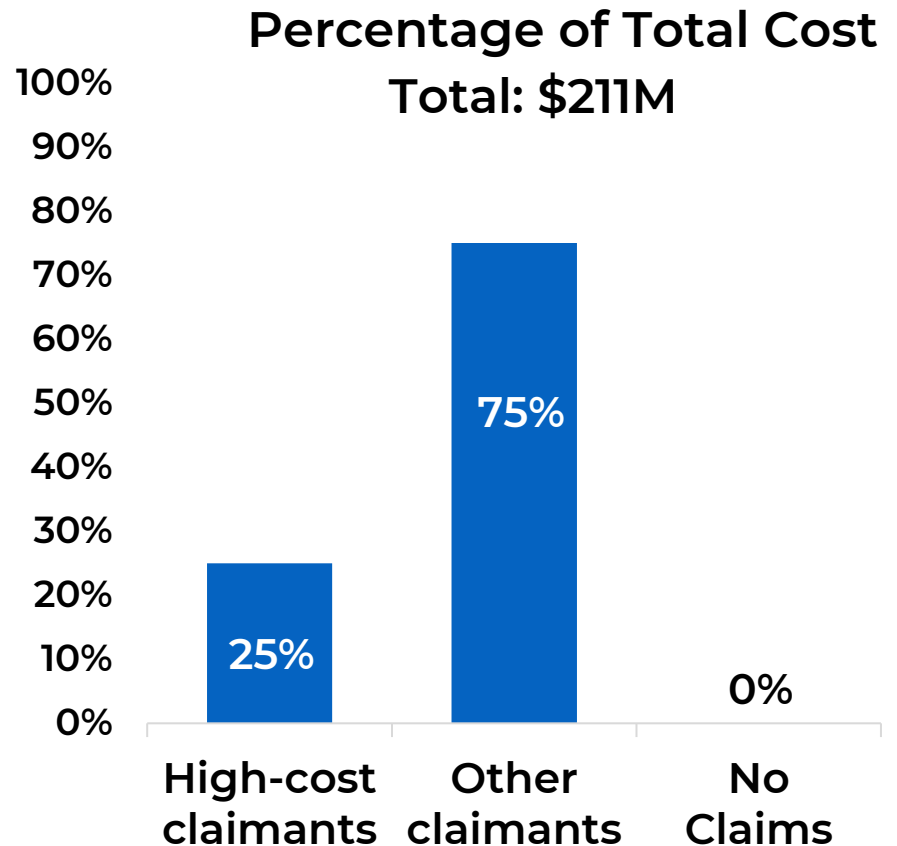
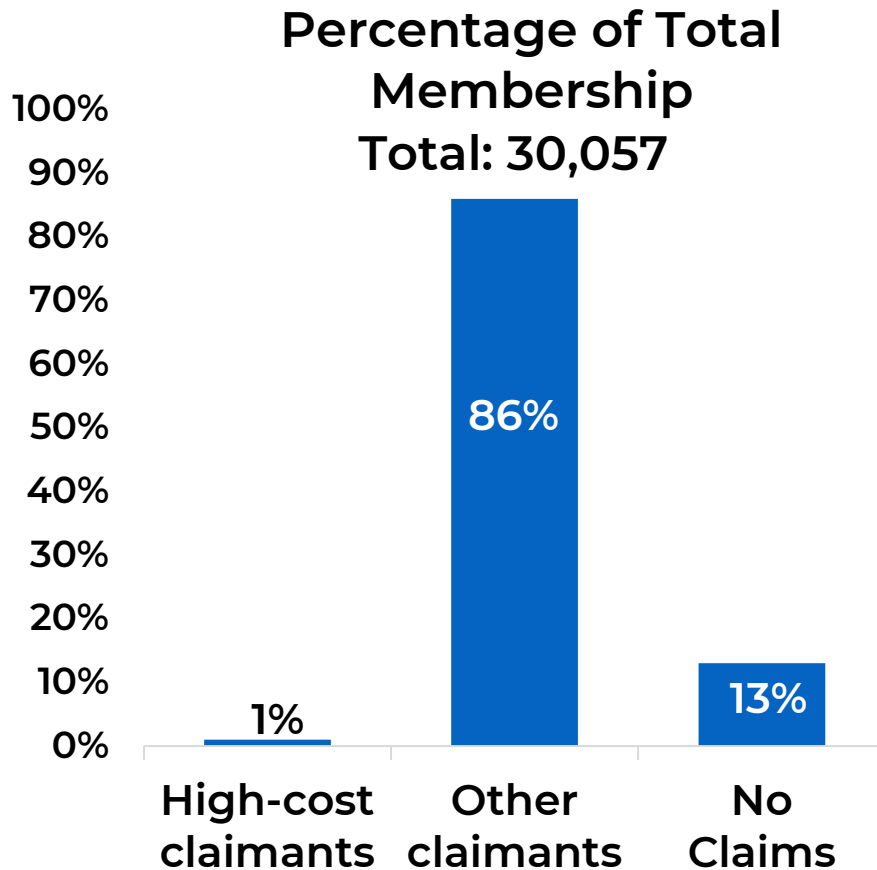


## Percentage of Total Cost Total: \$1.7B

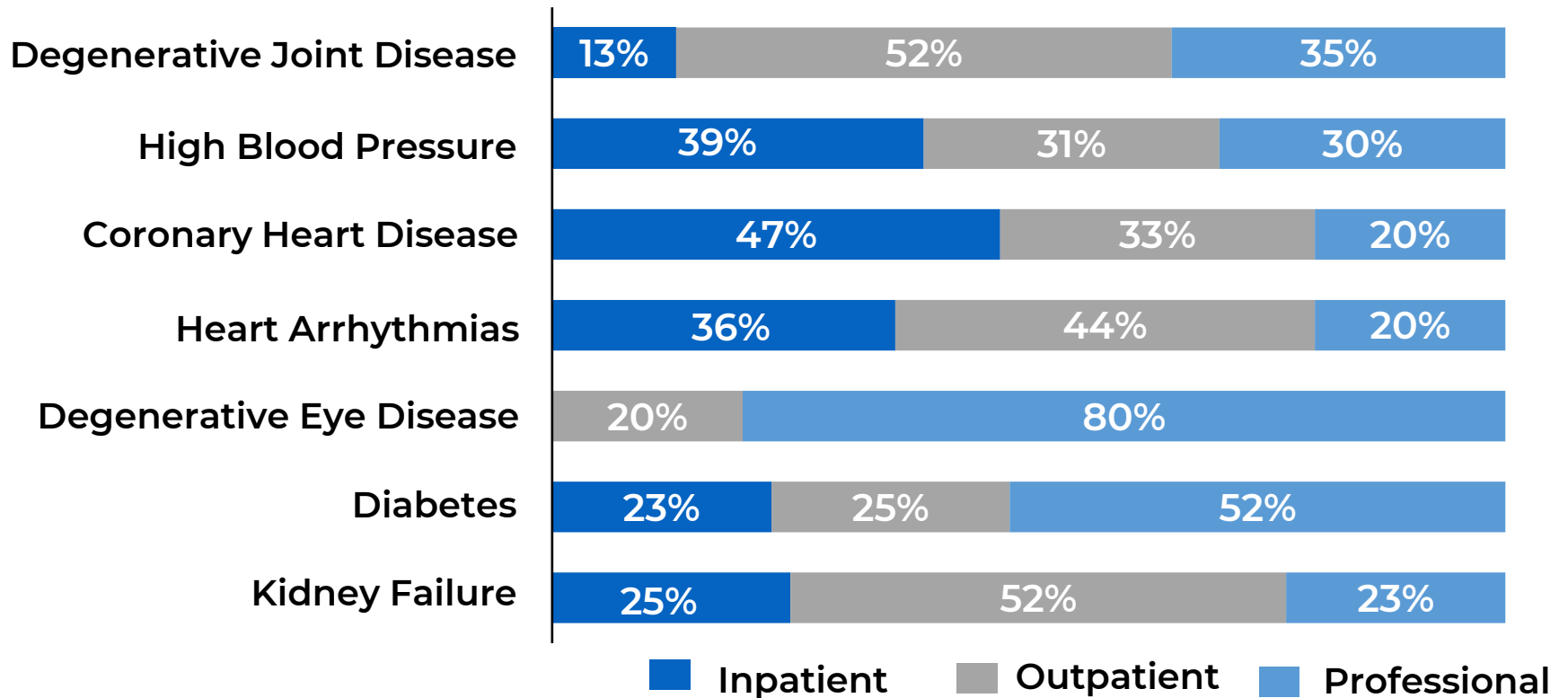


# NON-MEDICARE CLAIMANTS

High-cost claimant threshold is \$100,000. High-cost claimants account for one percent of total membership, but 25 percent of spend in 2023.



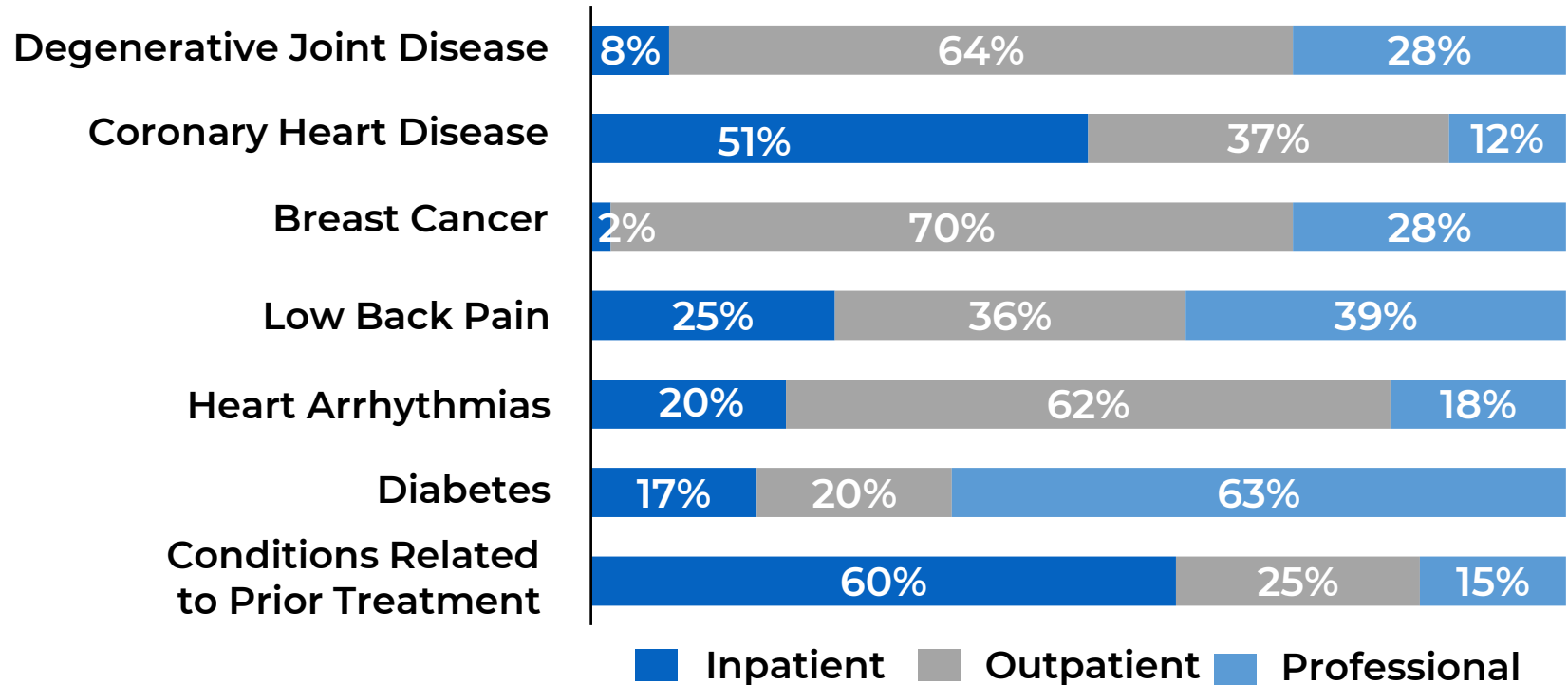
# 2023 TOP MEDICARE ADVANTAGE CLAIMS COST BY DISEASE CATEGORY



Note: Due to rounding, totals may not equal 100%.

Note: Medicare Advantage costs have a paid through date of Mar. 31 of the following year. Non-claim benefit costs and CMS revenue offset is not included.

# 2023 TOP NON-MEDICARE CLAIMS COST BY DISEASE CATEGORY



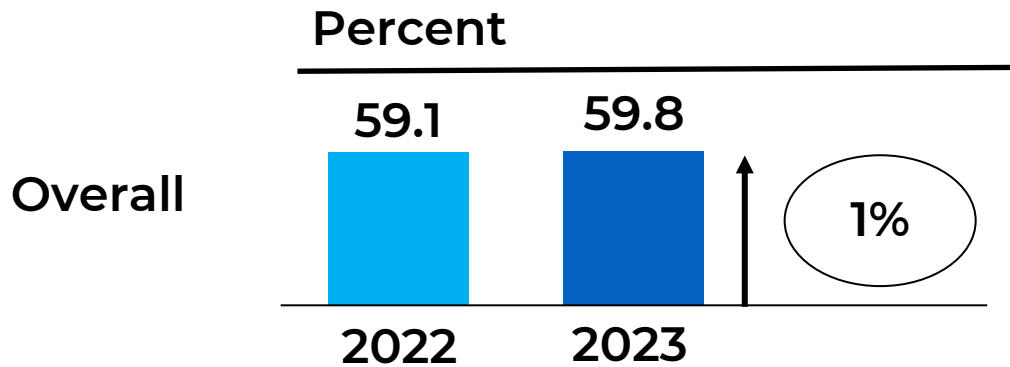
Note: Due to rounding, totals may not equal 100%.

Note: Non-Medicare costs have a paid through date of Mar. 31 of the following year. Non-claim benefit costs are not included.

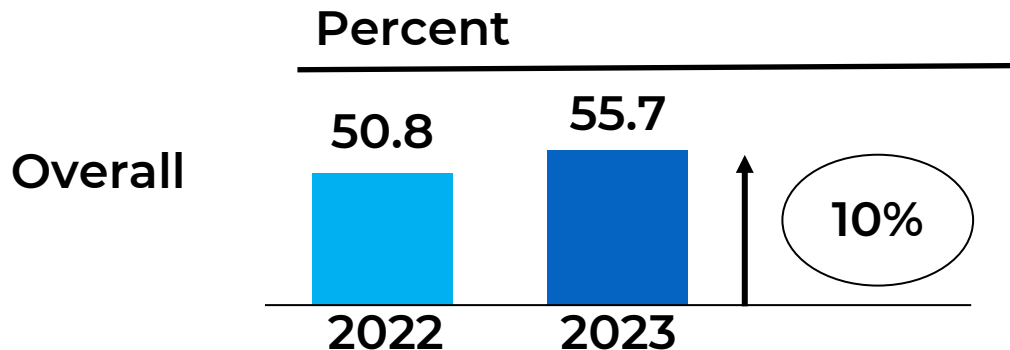


# PREVENTIVE SERVICES: MEDICARE ADVANTAGE

## Routine Physical Exam Rate<sup>1</sup> Trend



## Annual Wellness Visit Rate<sup>1</sup> Trend



Note: Annual routine physicals continue to return to rates seen prior to 2020.

<sup>1</sup>These rates are based solely on the number of members in the population that received these services in the period. They are not HEDIS metrics, nor do they take into account whether or not the test is expected or appropriate for the member, other than by age and gender.

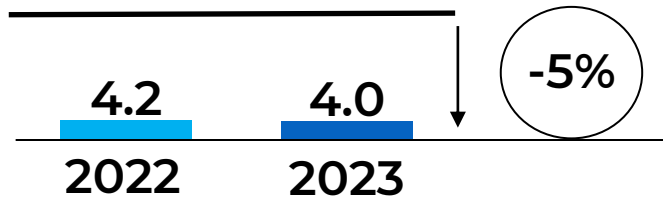
Blue Cross Blue Shield of Michigan and Blue Care Network are a nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

# PREVENTIVE SERVICES: MEDICARE ADVANTAGE CANCER SCREENINGS

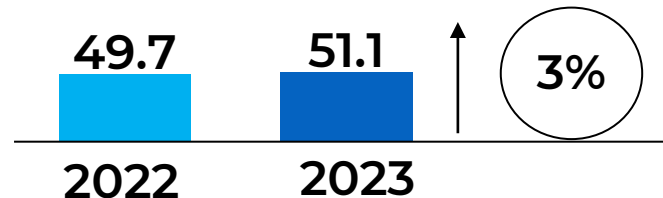
## Cancer Screening Rate<sup>1</sup> Trend

### Preventive Screenings Percent

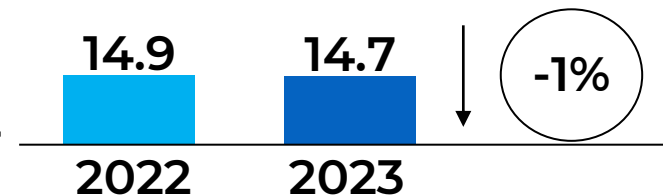
Cervical Cancer  
Females 20+



Breast Cancer  
Females 50+



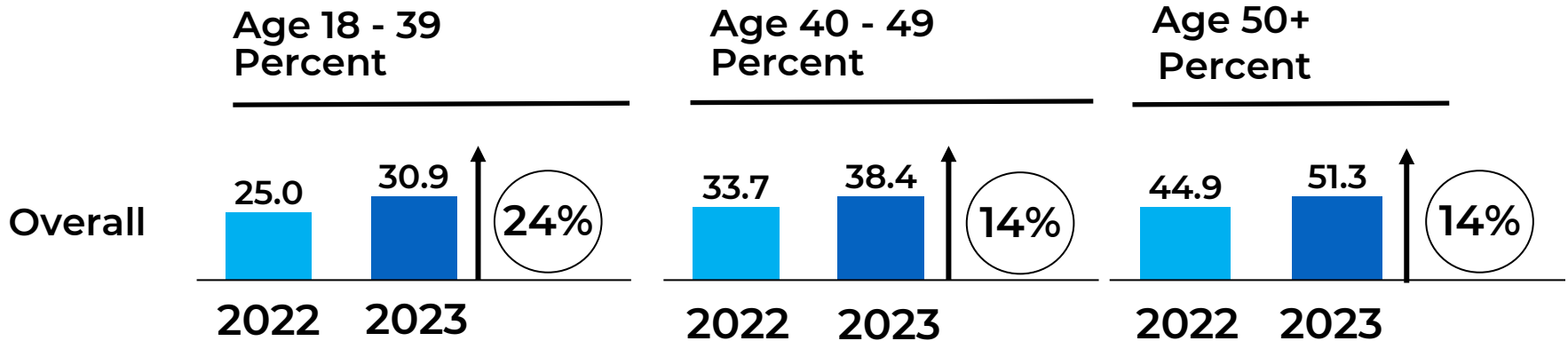
Colon Cancer  
Females and Males 50+



<sup>1</sup>These rates are based solely on the number of members in the population that received these services in the period. They are not HEDIS metrics, nor do they take into account whether or not the test is expected or appropriate for the member, other than by age and gender.

# PREVENTIVE SERVICES: NON-MEDICARE ROUTINE PHYSICAL EXAMS

## Routine Physical Exam Rate Trend



Note: Annual routine physicals continue to return to rates seen prior to 2020.

# PREVENTIVE SERVICES: NON-MEDICARE CANCER SCREENINGS

## Cancer Screening Rate<sup>1</sup> Trend

### Preventive Screenings Percent

Cervical Cancer  
Females 20+

14.7

15.9

8%

2022

2023

Breast Cancer  
Females 50+

43.5

50.2

15%

2022

2023

Colon Cancer  
Females and Males 50+

13.0

14.4

11%

2022

2023

These rates are based solely on the number of members in the population that received these services in the period. They are not HEDIS metrics, nor do they take into account whether or not the test is expected or appropriate for the member, other than by age and gender.

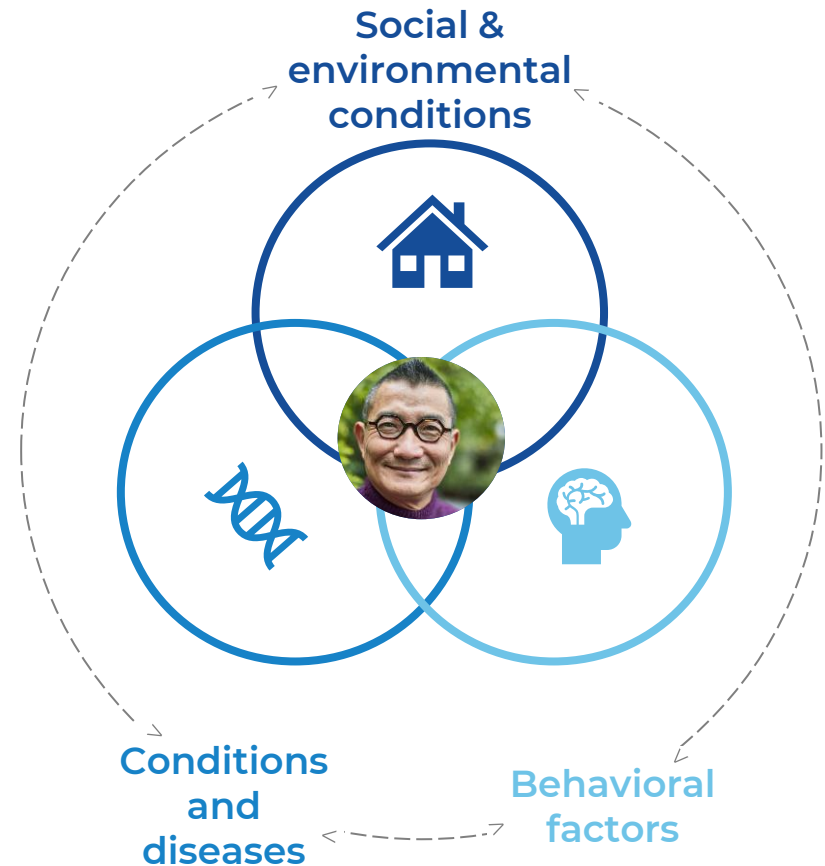


## Blue Cross Coordinated Care<sup>SM</sup>

# Blue Cross Coordinated Care is a whole-person health program that works beyond medical needs

**Blue Cross integrates benefits and uses data to understand each member's needs** – doing this helps address the unique factors that impact a person's health, including:

- **Social and environmental conditions**, which include where, when and how people are born, grow, live and work.
- **Conditions and chronic diseases**, which predisposes people to higher risks.
- **Behavioral factors**, such as diet, lifestyle and stress levels.





# Our geographically aligned care teams service members where they live – locally or nationally

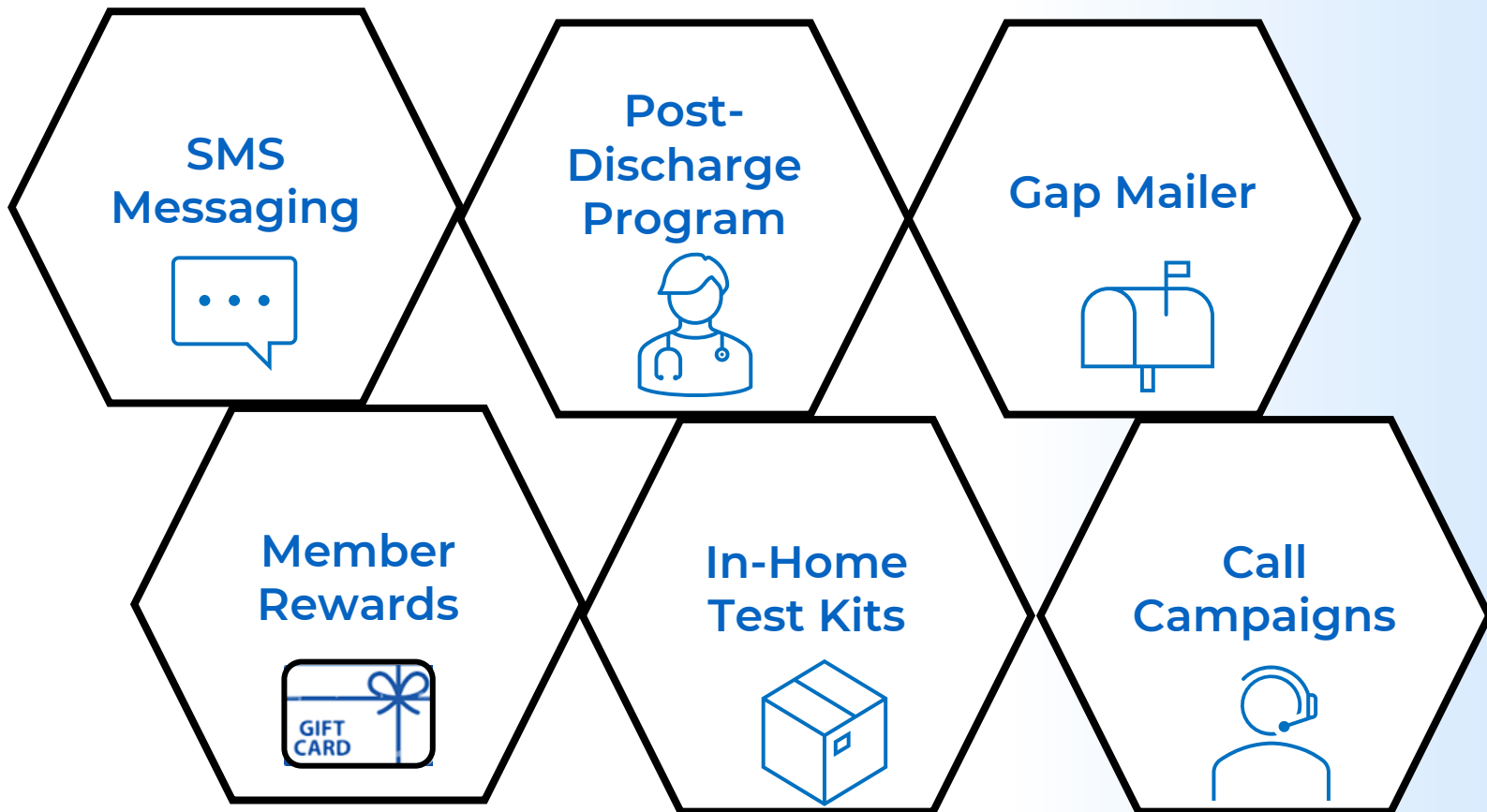
**This local and national alignment allows Blue Cross to:**

- Better coordinate with community resources to address social determinants of health by region.
- Collaborate with local providers more closely and develop strong relationships with office staff.
- Optimize care across provider systems and time zones, using demographics and member acuity.
- Enhance coordination with other Blue Cross plans.

Local Michigan regions		National regions
Upper	Lower East	West
Midwest Coast	Thumb	Heartland
Upper West	Southwest Oakland	Southern
Southwest	Macomb	Midwest
Downstate Central	Lower Thumb	Ohio Northeast
Southeast	Southeast Oakland	Atlantic
Mid Michigan	Upper Wayne	
Central Wayne	Downriver	

# Medicare Advantage: Closing Gaps in Care

Innovative approaches to achieving quality goals through member engagement.





# Gaps in care provide triggers for proactive, multichannel outbound member engagement from our care team



App

## Comprehensive health engagement

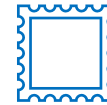
- Cancer screenings.
- Behavioral health.
- Women's health.
- Flu shot.



Email

## Long-term complex care management for high risk

- High-risk admission.
- Recent high-risk discharge.
- Multiple complex conditions.



Kit



Phone

## Episodic phone navigation and support

- New diagnosis.
- Emergency department follow-up.
- Primary care provider attribution.
- Condition management.



Thank you