

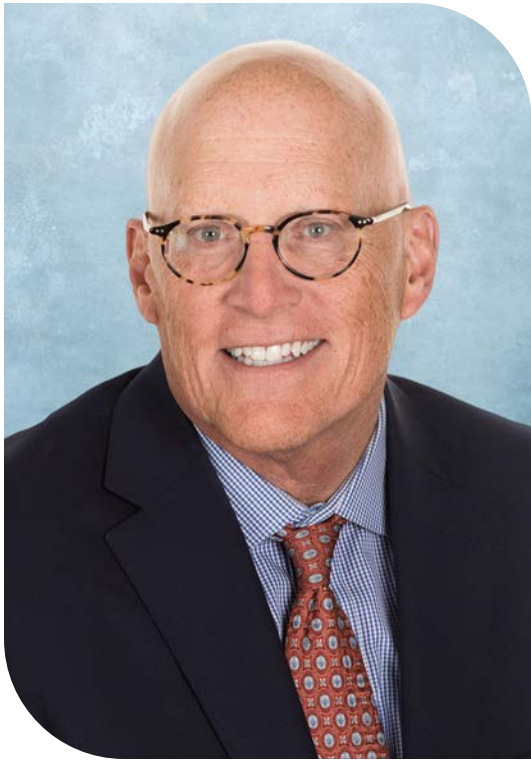


Caring for our communities in the place we call home

2023 HEALTH PLAN OVERVIEW



Right here.
For you.



Our health plan is honored to be the health insurer for more than 1.5 million upstate New Yorkers, including more than 75,000 members here in Western New York. Providing them with high-quality, affordable health insurance coverage is a responsibility we don't take lightly, or for granted.

Univera Healthcare is based here in Western New York. Our leadership team and more than 565 employees live here. Because we're local, we not only know our members, but also, we are accountable to them because they are our family, neighbors, and friends.

I encourage you to take a few moments to review the enclosed report, our 2023 Health Plan Overview. It contains highlights of our work last year, right here, for you, to improve the health of the people and communities in the place we call home.

Thank you!

A handwritten signature in black ink that reads "Art Wingerter". The signature is fluid and cursive, with a long horizontal stroke at the end.

Art Wingerter
President

Right here. **For you.**

Our Health Plan

Our Company

Univera Healthcare, established in 1976, is a nonprofit health plan that serves members across the eight counties of Western New York. It is part of a Rochester-based health insurer that serves more than 1.5 million members across 39 counties of upstate New York.



OUR MISSION

To help people in our communities live healthier and more secure lives through access to high-quality, affordable health care.



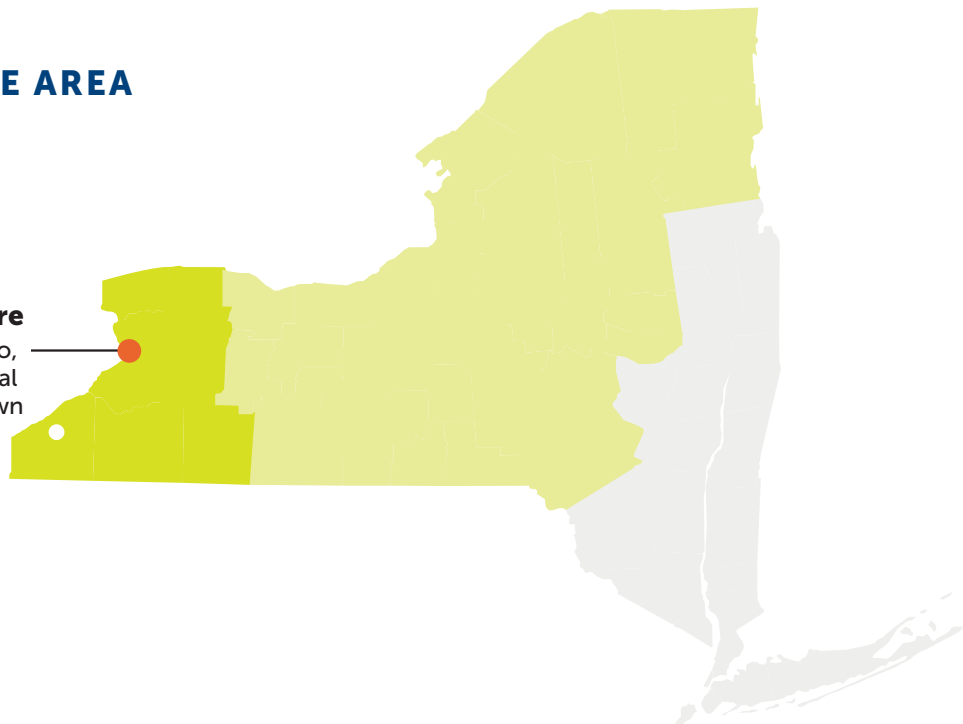
OUR VISION

To be recognized and valued as THE community and business resource for health care security through financial strength, effective cost control, ease of use, and commitment to health improvement.

OUR SERVICE AREA

Univera Healthcare

Based in Buffalo, with an additional office in Jamestown



Our Finances

Health plan revenue in 2023: **\$6.6 billion**

Medical benefits paid in 2023: **\$6.2 billion**



Federal and state taxes and assessments paid in 2023: **\$441.4 million**

Net margin in 2023: **-0.4%**

Average net margin over 20 years: **1.7%**

Assets: **\$3.8 billion**

Reserves: **\$1.68 billion**



Equal to **91** days of claims & operating expenses in reserve

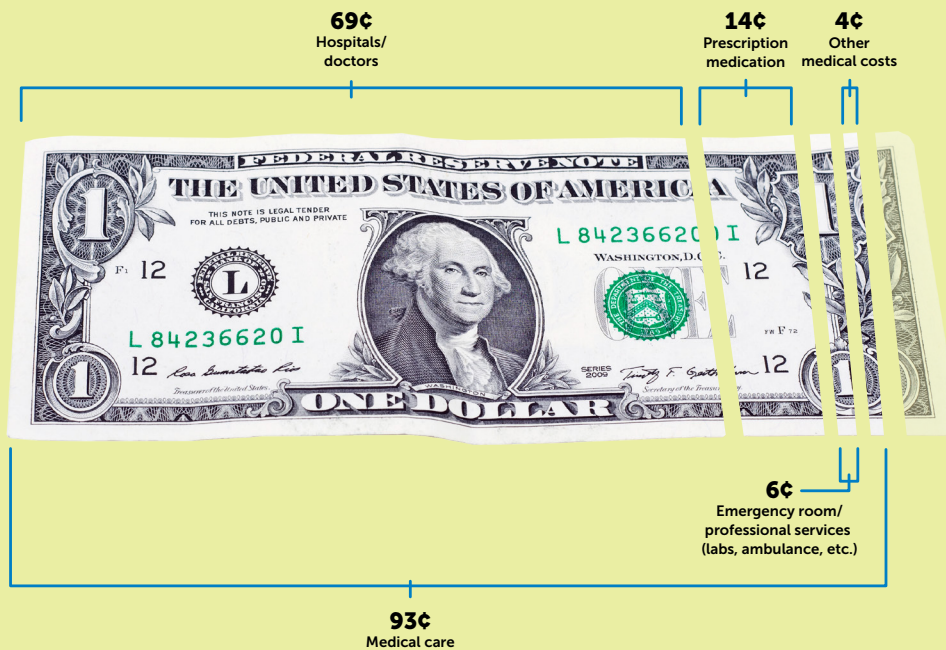
Equal to **\$1,122** per member in reserve





Claims

Overall, the health plan in 2023 spent **93 cents out of every premium dollar** on direct patient care including medical and pharmacy claims, and activities that improve the quality of care.



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Our Employees

Our Workforce

4,519 health plan employees
across upstate New York,

including **565** based in Western New York.



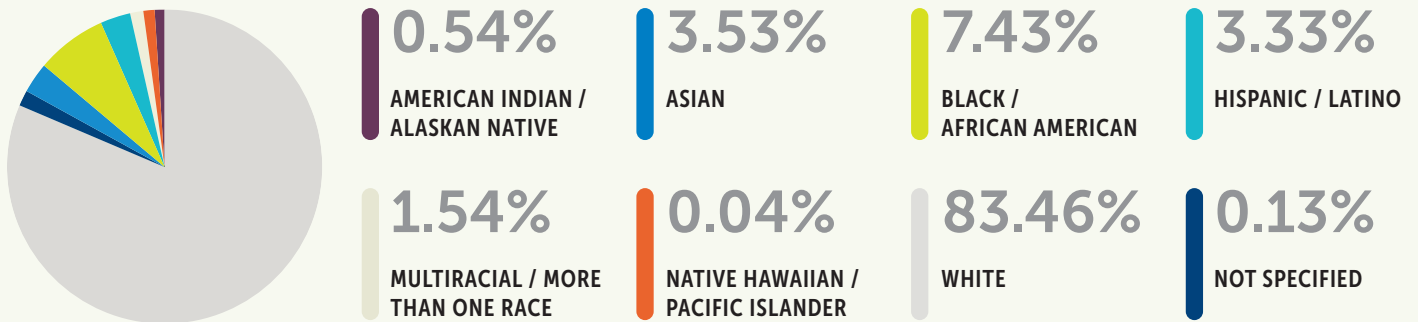
Percentage of
female employees

73.15%

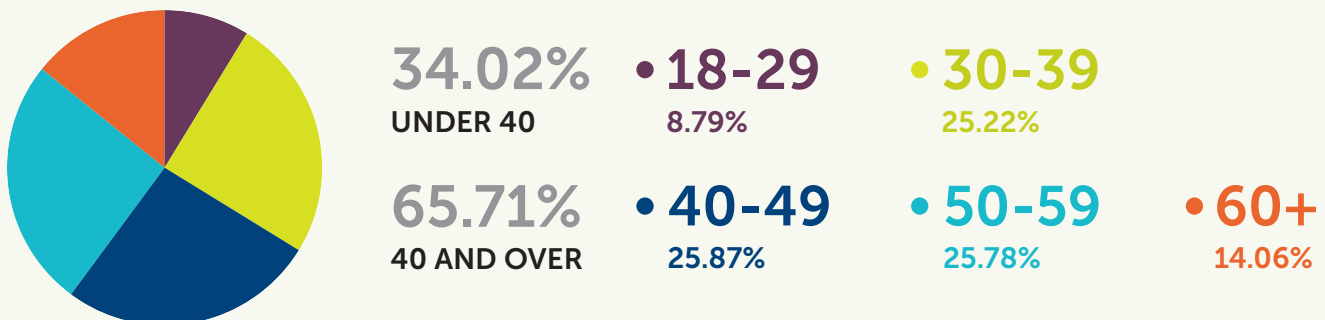
Our Commitment to Diversity

As part of our commitment to **inclusion, diversity, equity, and access**, we work to ensure our workforce reflects the members and communities we serve. We continue to make progress and recognize opportunities for growth in the areas of recruitment, development, and internal mobility. There is always more to be done.

EMPLOYEE RACIAL / ETHNIC BREAKDOWN



EMPLOYEE AGE BREAKDOWN





Our Culture: A Best Place to Work

For the third time in the past four years, **Univera Healthcare earned top honors in the Business First Best Places to Work competition**, winning First Place among employers in our business size category (250-799 employees). The annual competition is based on employees sharing their thoughts and views on the company and its culture in a confidential survey conducted by Business First.



LGBTQ+ Workplace Equity Recognition

Univera Healthcare received a score of 85% out of 100 on the **Human Rights Campaign Foundation's 2023-2024 Corporate Equality Index (CEI)**, the nation's foremost benchmarking survey and report measuring corporate policies and practices related to LGBTQ+ workplace equality. Univera Healthcare joins the ranks of 1384 major U.S. businesses that were also ranked in the 2023-2024 CEI.

The CEI rates companies on detailed criteria falling under four central pillars:

- Non-discrimination policies across business entities,
- Equitable benefits for LGBTQ+ workers and their families,
- Supporting an inclusive culture, and,
- Corporate social responsibility.

Right here. **For you.**

Our Providers

PPO Network

Includes coverage in



39 Upstate New York counties

Provides access to:



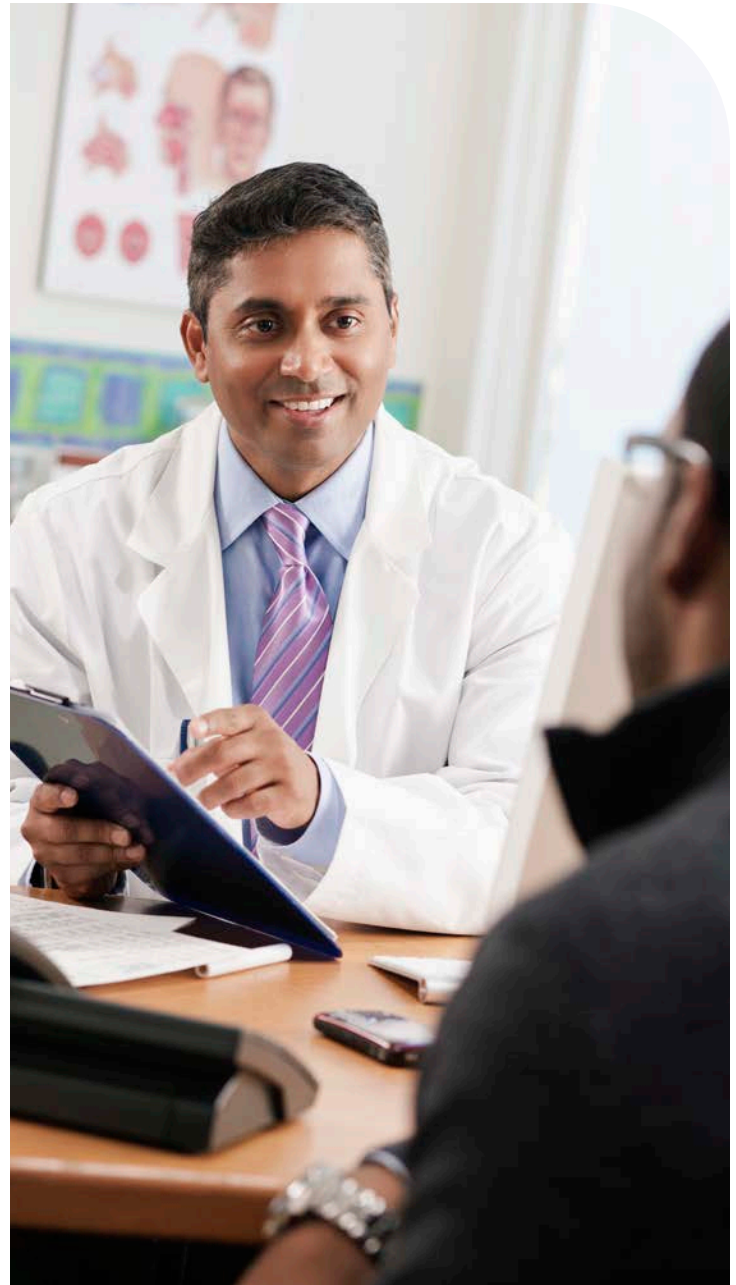
98%
of area doctors



100%
of local hospitals



66,000
pharmacies nationwide
including most major retail chains



Plus

- Relationships with providers in select neighboring Pennsylvania counties*
- Nationwide coverage through Multiplan/Private Healthcare Systems (PHCS) includes more than 1.2 million practitioners and 5,600 hospitals

* The PHCS and/or MultiPlan network may also provide additional in-network coverage in Pennsylvania and throughout the U.S. Please visit the Univera Healthcare website for the most up-to-date network information.

Our Commitment to Quality



Univera Healthcare's Medicare plans are rated by The Centers for Medicare & Medicaid Services (CMS). Our Commercial, Medicare, and Medicaid plans are accredited by the National Committee for Quality Assurance (NCQA).

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Recognition from CMS comes in the form of Medicare Stars using a 5 Star scale.



Medicare Stars reflect member satisfaction with a health plan and its providers. They also recognize a health plan's success in caring for its members by meeting specific health care benchmarks, including how a Medicare member's chronic conditions are being managed; if Medicare members are receiving their preventive screenings and vaccines; and how the health plan is helping members to take their medications as prescribed.

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

Each of our plans, including Commercial, Medicare, and Medicaid, are accredited by the National Committee for Quality Assurance (NCQA) using a 5 Star scale.



COMMERCIAL
HMO/POS/PPO



MEDICARE PPO



MEDICARE HMO



MEDICAID HMO



NCQA is a private, nonprofit organization dedicated to improving health care quality. Stars are based on a health plan's combined HEDIS® and CAHPS® scores and NCQA accreditation status.

Plans are also evaluated on quality of care, patient satisfaction, and the health plans' efforts toward continuous improvement.



Provider partnerships build value for our members

To help improve quality of care and control rising health care costs, we developed a value-based care model that reimburses providers based on the quality, not quantity, of care they provide. Value-based care agreements are a strategic arrangement with a network of doctors and hospitals agreeing to share the responsibility for providing coordinated care to patients. We work together to improve quality and slow rising health care costs by identifying opportunities for efficiency, closing gaps in care, and better controlling chronic conditions among members.

Our provider payment model focus on:

- Increased member engagement to prevent medical errors and to promote positive patient behavior, such as obtaining preventive care or exercising regularly
- Increased physician-patient engagement to coordinate care and improve the health care experience and outcomes, thereby improving the quality of care
- Aligning payment with quality, patient outcomes and value

In 2023, we collaborated on 19 value-based care agreements across our enterprise, which included almost 750,000 patients and 3,340 providers.

Each and every value-based care agreement has an assigned hub team, which includes an account manager, a clinical consultant, and a pharmacist, as well as care management resources. This team evaluates provider agreement performance, often having difficult conversations with provider partners, requiring a level of trust that has been developed over time.

The Results

Our value-based care providers consistently outperform other providers.

We've seen:

60% reduction in inpatient readmissions

9.3% fewer emergency department visits

Greater compliance with preventive screenings

Higher member satisfaction with the quality, timeliness of getting an appointment and wait times with their providers

20% increase in annual physician satisfaction since the beginning of our value-based care model program in 2016 (vs only 10% in the 6 years prior)

over \$116 million saved in clinical savings initiatives that were established with value-based care providers from 2019-2022

100% of value-based care providers outperformed other providers in every core clinical measure

Hospitals Rewarded for quality improvements



Thirty-one upstate New York hospitals and health centers earned a combined **\$28 million** in 2022 in quality improvement payments from our health plan. The funds are part of our Hospital Performance Incentive Program which, since 2005, has paid out more than \$400 million in quality improvement incentives.

Four hospitals and health systems in Western New York participated in this program in 2022, including Erie County Medical Center (ECMC), Kaleida Health, Roswell Park Comprehensive Cancer Center, and UPMC Chautauqua.

Participating hospitals and health centers met goals in the following areas:

- **Clinical Processes of Care**
Focused on improvements in follow up after hospitalization; quality measures related to diabetes, chronic obstructive pulmonary disease (COPD), and surgical care; and other quality improvement measures unique to each participating hospital.
- **Patient Safety**
Centered on reductions in hospital-acquired infections, readmissions, and other adverse events or errors that affect patient care.
- **Patient Satisfaction**
Used the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which is a national, standardized, publicly reported survey of patients' perspectives of hospital care.

In addition to meeting required clinical and patient safety measures, other nationally endorsed measures and target outcomes were jointly agreed upon by each hospital and Univera Healthcare using benchmarks established by the Centers for Medicare & Medicaid Services, the Institute for Healthcare Improvement, and others.



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Our Members

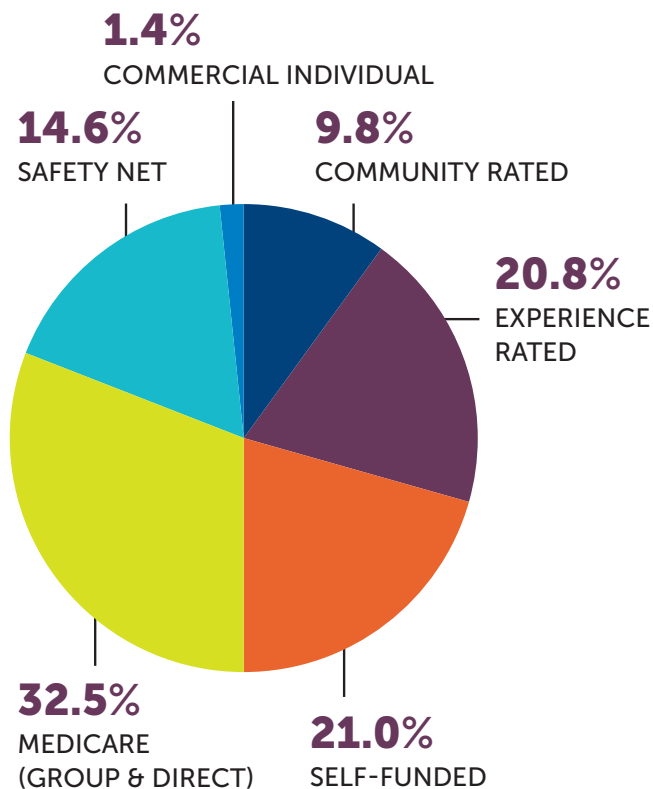
1.5 million

members across upstate New York

Including

75,000+

members in Western New York





Safety Net members supported through recertification

In June 2023, New York state began a process to ensure that residents enrolled in Safety Net health insurance plans (Medicaid Managed Care, Child Health Plus, and Essential Plan) remained eligible for coverage. The **Safety Net Recertification Process** was put in place in response to the end of the COVID-19 Public Health Emergency (PHE). During the PHE, Safety Net members were not required to confirm their enrollment eligibility and were automatically re-enrolled in coverage to ensure they would have continuous access to health care.

The end of the PHE meant a return to the annual renewal process for Safety Net enrollees. For our health plan, more than 329,000 Safety Net members needed to review their coverage to confirm eligibility or find alternative coverage options.

We developed a plan that could effectively support our entire Safety Net population through the 12-month recertification process. Over a dozen departments across the health plan were involved.

The plan included direct outbound calls to members, as well as direct mail, e-mail, and text messaging. As the recertification process heads toward completion, over 70% of our Safety Net members have either been able to re-enroll in their existing coverage, or transition to alternative coverage.



Mission Moment

Going the Extra Mile

After unsuccessfully trying to reach a 90-year-old Medicare member, **Brooke Venuti, RN, health plan case manager**, knew she needed to reach out for help.

The member was referred to Case Management after being discharged from the hospital for a heart issue.

“We call to check in and make sure the member has everything she needs. It’s hard when you can’t reach a member. I tried every avenue I could. I collaborated with our Community Connections team who successfully reached the member at her home,” says Brooke.

During the visit, the member said she was having trouble with her eyesight and difficulty managing her daily medications. She was excited to learn about Case Management and the team waited at the door until they got Brooke on the phone.

She assessed the woman’s situation and started a referral for Community Connections to drop off a pill organizer. She also referred the woman to the home meal delivery service Mom’s Meals, connected her with a behavioral health specialist, and assisted the member in locating a new primary care physician.

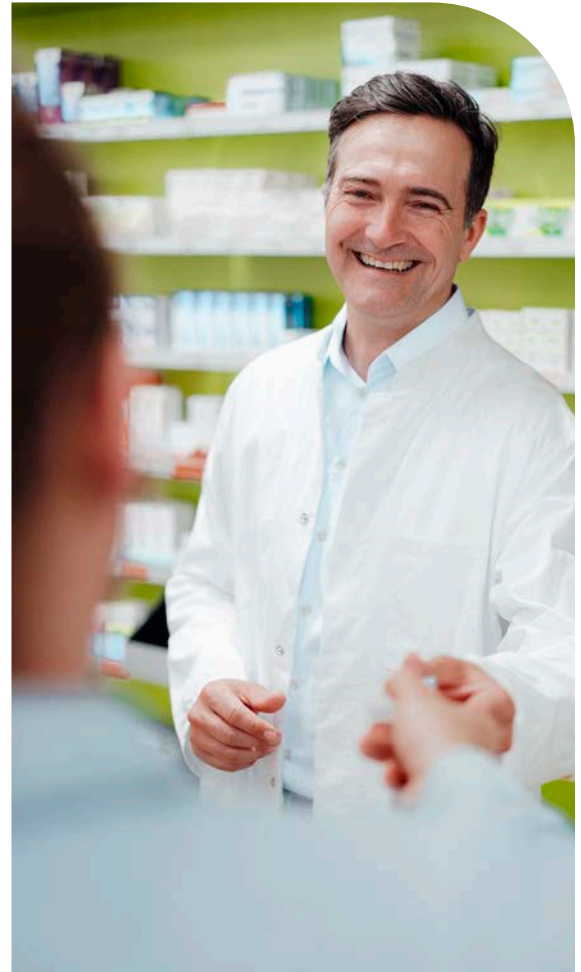
“If it wasn’t for Community Connections going to her house and making contact with her, none of this would have happened,” says Brooke. “It’s about going the extra mile and letting our members know we care about them. It’s rewarding to know how well we all worked together to help this member get the care and help she needed.”

Pharmacy Concierge: focusing on safety and value

This Univera Healthcare program is focusing on medication safety while saving millions of dollars in prescription drug costs. Pharmacy Concierge is available to most midsize and large employers through the health plan. In 2023, it identified and eliminated \$19 million in unnecessary or inappropriate pharmacy spending.

With Pharmacy Concierge, a team of clinical pharmacists from Univera Healthcare reviews an employer group's pharmacy claims for opportunities to improve patient care and/or reduce pharmacy spending. This includes finding unnecessary or inappropriate medications, incorrect dosing, safety concerns, and savings opportunities with approved generics or biosimilars. Generics and biosimilars are as safe and effective as their brand name counterparts but can cost less.

In 2023, more than 13 million claims were reviewed for potential clinical safety and/or savings opportunities. Of those that were flagged for possible savings or clinical issues, about 7,300 were ultimately changed (converted) by the prescribing physician because of the health plan's inquiry. The average cost savings for each converted prescription was nearly \$3,000.



Here are some examples:

- **Pharmacy Concierge identified a member who had been prescribed two different medications to treat their diabetes.** When used at the same time, the medications have no added benefit according to American Diabetes Association guidelines. In addition, one of the medications is associated with potential safety concerns. Outreach was made to the prescribing physician, who worked with the member to adjust the prescription therapy.
- **The program identified a member prescribed the incorrect dosage of an anti-depressant.** The physician was notified of the dosing issue. A lower cost generic alternative was also suggested. The member is now taking the correct and safer dosage, with an annual out-of-pocket savings of \$3,500.
- **A consortium of upstate New York school districts reduced pharmacy spending by more than \$1 million after participating in the program.**

All medication decisions are made by the member's provider in consultation with their patient.



Rewarding Health Equity Innovation: Making Connections – Making a Difference

A Health Equity Innovation Award from Univera Healthcare is supporting **Community Connections at Findley Lake**, a private not-for-profit organization founded in 2013 to give residents of Findley Lake, NY and the surrounding communities in southwest Chautauqua County both the practical means and confidence to live their lives to the fullest in their own homes as they grow older.

The funding from Univera Healthcare will address health disparities in rural Chautauqua County through community health advocate and home companion programs, and support nurses and aids working with residents in their homes.

“According to the American Community Survey 2020 census, 6,896 people reside in the communities served by Community Connections,

and 3,837 of them ages 62 years and older,” says Community Connections at Findley Lake Executive Director L.J. Baylis. “In 2023, our nurses, aids, educational staff, and volunteers provided 8,000 services to our most vulnerable aging residents. Over 2,000 of those services were directly accessing and coordinating needed health care services.”

Community Connections provides services to residents as they age, including in-home support services, along with opportunities and activities for socialization and education. It also provides information and assistance, health care coordination and access, transportation, food access and meal delivery, technology support and education, and wellness activities.



Right here.
For you.

