Theon^{SM} Care Engager FAQs

GENERAL

Q: What is Theon Care Engager?
A: Theon℠ Care Engager is an advanced analytics platform imagined by Geneia® LLC to provide employers with greater vision into their health benefit program costs, utilization, and performance. With Theon, employers have self-service access to important health plan data to help them assess care quality, better manage health care costs, and identify opportunities to drive improved health outcomes for employees and their families by providing insight into the following:
- Enrollment, cost, quality, and utilization data and trends
- Health program trends and performance as compared to benchmarks
- Care and wellness opportunities
- Provider network performance analysis, and more

Q: Who is Geneia?
A: Geneia is a wholly owned subsidiary of Capital BlueCross that specializes in the development of advanced clinical, analytical, and technical solutions for health care.

Q: What is Theon replacing and why?
A: Theon replaces BlueInsights and traditional SARP reporting. Theon is designed to make the complex simple as it provides a better user interface than what currently exists with the static BlueInsights and SARP reports, as well as some additional information not currently available. The self-service and refinement features are significant improvements as well. BlueInsights functionality and SARP reports will remain available through the initial Theon training period, with access ending on September 30, 2015.

Q: What training and technical support will be provided?
A: Capital BlueCross will provide training upon rollout and ongoing technical support through a dedicated Theon Support Team. You can contact the Theon Support Team through email at **CareEngager.Support@capbluecross.com** or call the Theon Support Hotline at **800.793.4559** during normal business hours.

NAVIGATION AND FUNCTIONALITY

Q. Is there an online User Guide?
A. Yes. Access the User Guide by clicking on the Help link, which is located at the top right of the Care Engager screen. The User Guide includes navigation tips and descriptions of Dashboard components and elements, Dashlets, and Action Reports. Terminology is defined and "How Do I" questions about demographics, cost of care, and quality performance are answered with screenshots and details. Please note that, depending on your security role and level of access, some Action Reports described in the User Guide may be unavailable to you.

Q: How do you drill down to review additional detailed information?
A: You can click your mouse on any underlined field or click on a drillable graph segment (a segment where the cursor changes to a hand symbol) to drill down to a more granular level of information. Another option is to go to a specific Action Report to view additional detailed information.

Q: When you have activated an Action Report, do you have the capability to modify its layout?
A: Yes. When hovering on the column heading on most reports, you have the options of sorting or adjusting the width. You also can click and drag the column to reorder its position on the report.

Q: Is the formatting/sequencing of the Action Report maintained when you sign off?
A: Yes. Any sorting, column width adjustments, or column realignments are maintained when you sign on again.

Q: Can you change the order of the displayed listing of the Focus Dashboard Dashlet reports and the Action Reports on the Dashboard?
A: The selection lists for Dashlets and Action Reports are listed alphabetically and cannot be rearranged.

Q: How many Dashlet panels can be attached to the Dashboard?
A: The Payment Overview, Norm Comparison, and Population Measures dashlets are fixed on the Main Dashboard. You can choose two additional dashlets which are configurable on the bottom portion of the screen. You have the ability to choose up to six Dashlets on the Focus Dashboard.

Q: Can Theon be accessed on an iPhone or tablet?
A: iPads, Android, or other tablet devices are supported. iPhones and other smartphone devices are currently not supported.

Q: Is there a system time-out feature?
A: Yes. The system will time out after 20 minutes of inactivity.

Q: If the system times out, do I lose all the refinement work done on the Action Reports?
A: Yes, refinements will be reset after the application times out or a user logs off the system.

Q: Can Action Report data be exported?
A: The Dashboard and Focus Dashboard Dashlets can be exported to a PDF file. In addition, Action Reports can be exported to Microsoft Excel for additional analysis (filter, sort, sum, create pivot table, etc.). Please refer to the icon located in the top right corner of the screen for available export options. Theon also has the ability to perform advanced print functions. With this function, users can select any Dashlet and select Action Reports for export to a PDF document to create a reporting package.

Q: Can I access group information other than for my own employer group?
A: Users are limited to just the information specific to their employer group's usage of their Capital BlueCross plan. Data level security is applied to only allow for the required level of access based on your group's relationship with Capital BlueCross, group size, and HIPAA/PHI requirements.

Q: Can I view all claim activity for my employer group's membership?
A: Claim level activity is available, but you will only be able to see the claim activity that is permitted for your type of financial arrangement (ASO versus Insured) group size (Large versus Small), and HIPAA status. (BAA for ASO groups, HIPAA Privacy Group Certification form for Large Insured groups who want to view some member-identifiable claims payment information.) Insured contract groups are not permitted to view any member-identifiable diagnosis information. ASO contract groups are permitted to view member diagnosis information, but any PHI (Protected Health Information) that encompasses

substance abuse, mental health, and HIV will be masked in compliance with state and federal confidentiality guidelines.

KEY TERMS AND ASSUMPTIONS

Q: What is the paid claims run-out period?
A: The run-out period consists of claims that were paid during the most recent two months but were incurred in the last 12-month period immediately preceding the run-out period (for example, claims paid in April 2015 and May 2015 for services that were incurred from April 1, 2014 through March 31, 2015). Dashlet information includes claims paid through the close of the applicable run-out periods for the current and previous years as reflected in the "Message Center".

Q: Is a completion factor applied to the current year PMPM and group payments?
A: Yes.

Q: Is the "Members in Hospital" display a total of the past 30 days' activity?
A: The "Members in Hospital" measure is updated nightly and reflects members currently admitted as known on the previous day.

Q: Is the "average age" displayed on the Dashboard an average of the group's enrolled members?
A: Yes, the average age is calculated for all members with active enrollment as of the last day of the previous month.

Q: What is "ED?"
A: Emergency Department.

Q: Does the ED (Emergency Department) service category include Urgent Care utilization?
A: Urgent Care utilization is not included in the ED service category. However, your Account Executive or producer can obtain the information through the Theon Support Team.

Q: What is a "Specialty" drug?
A: Specialty drugs are high cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Most specialty drugs are used to treat chronic diseases. Capital BlueCross uses Accredo Health Group, Inc.[1] as the dispensing pharmacy for specialty drugs.

Q: What is a formulary?
A: A formulary is a listing of prescription medications which are approved for use and/or coverage by the plan and which are dispensed through participating pharmacies to a member.

Q: What is the measurement period for the "Preventive Services" displayed on the "Open Opportunity Summary" report?
A: The measurement period follows appropriate HEDIS guidelines established for each service.

Q: What does the "Other" field reflect on the "Top 10 Performing Providers by Cost Bucket" report?
A: The "Other" field captures the summary total of all the providers not listed in the top 10 ranking.

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[1] On behalf of Capital BlueCross, Accredo Health Group, Inc. assists in the delivery of specialty medications directly to our members. Accredo Health Group, Inc. is an independent company.

Q: What is reflected in the "Not Seen in 12 Months" field?
A: The field displays the number of members who have not seen their attributed primary care provider group, inclusive of wellness, acute, or follow-up visits, within the last 12 months.

Q: What are the medical and pharmacy dollar thresholds used to determine outliers?
A: An outlier is a member whose claim totals exceed a specified high dollar threshold. The default outlier thresholds are $50,000 for medical and $15,000 for Pharmacy. Employer-specific thresholds can be changed (upon request to the Theon Support Team) to apply for the next monthly data cycle.

REPORTS AND ANALYSIS

Q: Can I access "norm" information in summary or detail level?
A: Summary information is displayed throughout the tool. However, detailed normative information is not available.

Q: Is the comparative "norm" specific to the group?
A: Yes. The norm is based on your group's market segment (ASO Large Group, Large Group Insured, etc.). The norm will exclude your group's own experience for large group market segments only.

Q: Are normative statistical comparisons available by industry, age adjustment, and by regional locations?
A: These currently are not available, but there are plans to add additional comparisons in the future.

Q: Is detailed information about member payment responsibility available?
A: Because providing this information could disclose proprietary payment information, you will not have access to members' payment responsibility detail.

Q: Which report offers a general overview?
A: The Executive Summary Action Report provides a concise overview of your medical and pharmacy (if applicable) data for the current and previous year, and it shows your performance relative to the norm.

Q: Is a "High Dollar Report" available?
A: The Population Measures included in your Dashboard provides a link to information regarding your High Cost Members. ASO and Large Insured groups with a HIPAA Privacy Group Certification in place also can use the "Member Summary" Action Report to access this information by launching the report and selecting the "Total High Cost Member" checkbox in the refine parameter menu. Information is de-identified. Insured groups without a HIPAA Privacy Group Certification in place will not have access to high cost member information.

Q: Is a "Savings Report" provided in Theon?
A: A "Savings Report" is expected to be available in the near future. A savings percentage currently is displayed on the Executive Summary Action Report.

Q: Is group information available by different market segments?
A: Yes. If you have additional products that fall under a different market segment (for example, Large Group Insured and Medicare Supplemental), the refine population prompts will enable you to see each market segment separately.

Q: Where do I find the medical group PMPM and pharmacy PMPM?
A: These are on the Dashboard landing page.

Q: Where do I find "Preventive Services?"
A: A select number of Preventive Services are displayed on the "Quality Opportunity Summary" Action Report.

Q: Do Focus Dashboard Dashlets provide two years of data?
A: For member months, claim dollar summaries, and PMPM's, the Dashlets contain current and previous years' measures in some cases (i.e., Payment Summary, Member Enrollment by Contract Type, and Subscriber Enrollment by Contract Type). The current amounts are based on the most recent rolling 12-month period including two months run out. One exception to this is the member and contract count measures. These measures are based on active enrollment based on the last day of the previous month.

Q: Do Action Reports contain two years of data?
A: It depends on the Action Report. Most of the Action Reports that contain rolled up information (Top 10 reports, Prescribing Pattern, Cost and Utilization by Cost Bucket, etc.) contain data for the most recent rolling 12 months plus the two-month run out period. The detail reports (Claim Summary, Claim Detail, Pharmacy Detail, etc.) contain 26 months of data.

Q: Is a "generic fill rate" posted for Pharmacy?
A: Yes. The generic fill rate is displayed on the Executive Summary Action Report.

Q: Where do I find the service count total of utilization by service category?
A: The total service counts by category are displayed on the "Top 10 Performing Providers by Cost Bucket" report.

Q: Where do I find the In-/Out-of-Network payment percentages?
A: The In-Network percentage is displayed on the Executive Summary Action Report. The Out-of-Network percentage is not displayed.

Q: Can I access employer group premium in Theon?
A: Premium currently is not displayed in Theon, but there are plans to add it in the future. For now, you can reference your invoice.

Q: Is the Weighted Risk Score a good reflection of a group's overall health?
A: Yes. The Weighted Risk Score primarily couples claim activity and age factors to show the health impact of the group.

Q: Plan ID is not an option when refining the population. How do I compare enrollment or utilization by Plan ID?
A: Plan ID information is contained in the following Action Reports: Enrollment Detail, Enrollment Summary, and Inpatient Admission. This information can be viewed from the tool itself or exported to Excel for further analysis.