



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701

Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028

www.pebp.state.nv.us



ACCREDITED

CORE
Expires 04/01/2021

DAMON HAYCOCK
Executive Officer

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program Board

Date and Time of Meeting: January 24, 2019 9:00 a.m.

Place of Meeting: The Richard H. Bryan Building
901 South Stewart Street, Suite 1002
Carson City, Nevada 89701

Video Conferencing: Nevada State Business Center
3300 West Sahara Avenue, Tahoe Room, Suite 430
Las Vegas, Nevada 89102

Streaming Website: www.pebp.state.nv.us

AGENDA

1. Open Meeting: Roll Call
2. Public Comment

Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Persons making public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. Persons unable to attend the meeting and persons whose comments may extend past the three minute time limit may submit their public comment in writing to PEBP Attn: Laura Landry 901 S. Stewart St, Suite 1001 Carson City NV 89701, Fax: (775) 684-7028 or lrandry@peb.state.nv.us at least two business days prior to the meeting. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Brandee Mooneyhan, Deputy Attorney General) (Information/Discussion)
4. Presentation on Ethics in Government. (Judy Prutzman, Associate Counsel, Nevada Commission on Ethics) (Information/Discussion)
5. Presentation on the Open Meeting Law. (Brandee Mooneyhan, Deputy Attorney General, Nevada Attorney General's Office) (Information/Discussion)
6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

- 6.1 Approval of Action Minutes from the November 29, 2018 PEBP Board Meeting.
 - 6.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2018 – September 30, 2018:
 - 6.2.1. HealthSCOPE Benefits – Obesity Care Management Program
 - 6.2.2. Hometown Health Providers – Utilization and Large Case Management
 - 6.2.3. The Standard Insurance – Basic Life and Long Term Disability Insurance
 - 6.2.4. Willis Towers Watson's Individual Marketplace Enrollment & Performance Report
 - 6.2.5. Hometown Health Providers and Sierra Healthcare Options – PPO Network
 - 6.3 Acceptance of the PEBP Chief Financial Officer quarterly reports for the period ending September 30, 2018.
 - 6.3.1 Budget Report
 - 6.3.2 Utilization Report
 - 6.4 Acceptance of the annual PEBP Appeals and Complaints Summary for submission to the Nevada Division of Insurance.
7. Presentation on self-funded claims trend experience and projections of the composite rate trend for Plan Year 2019 (July 1, 2018 – June 30, 2019). (Stephanie Messier, Aon Hewitt) (Information/Discussion)
 8. Presentation on PEBP's Fiscal Year 2020/2021 Governor Recommends Budget. (Celestena Glover, Chief Financial Officer) (Information/Discussion)
 9. Presentation on PEBP's 2018 Member Satisfaction Survey. (Damon Haycock, Executive Officer) (Information/Discussion)
 10. Executive Officer Report. (Damon Haycock, Executive Officer) (Information/Discussion)
 11. Discussion and possible action regarding additional proposed plan design changes for Plan Year 2020 / 2021 (July 1, 2019 – June 30, 2021), including but not limited to the following:

- Possible increases and requirements to CDHP HSA/HRA enhanced employer contributions;
- Funding Medicare exchange participant HRA administration fees and life insurance premiums;
- Additional benefit design inclusions/exclusions/alterations to meet projected budget needs.

(Damon Haycock, Executive Officer) (**All Items for Possible Action**)

12. Discussion and possible action to approve a 4-year contract (through 2023) with American Health Holdings for Utilization Management / Large Case Management services for PEBP members on the CDHP and EPO plans. Pursuant to NRS 287.04345(4), the PEBP Board may close a portion of this item to review the results of the evaluation of proposals for the contract; no action will be taken during any closed portion of the session. (Damon Haycock, Executive Officer) (**For Possible Action**)

13. Discussion and possible action to evaluate the performance of Damon Haycock, PEBP’s Executive Officer. (Patrick Cates, Board Chair) (**For Possible Action**)

14. Public Comment

Public comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

15. Adjournment

The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at www.pebp.state.nv.us/board.htm (under the Board Meeting date referenced above).
An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.
All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The Board reserves the right to limit Internet broadcasting during portions of the meeting that need to be confidential or closed.
We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 901 South Stewart Street, Suite 1001, Carson City, NV 89701, or call Laura Landry at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.
Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts are available for inspection, at no charge, at the PEBP Office, 901 South Stewart Street, Suite 1001, Carson City, Nevada, 89701 or on the PEBP website at www.pebp.state.nv.us . For additional information, contact Laura Landry at (775) 684-7020 or (800) 326-5496.

Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting at the following locations: NEVADA STATE LIBRARY & ARCHIVE, 100 N. Stewart St, Carson City; BLASDEL BUILDING, 209 East Musser Street, Carson City; PUBLIC EMPLOYEES' BENEFITS PROGRAM, 901 South Stewart Street, Suite 1001, Carson City; THE GRANT SAWYER STATE OFFICE BUILDING, 555 East Washington Avenue, Las Vegas; THE LEGISLATIVE BUILDING, 401 South Carson Street, Carson City, and on the PEBP website at www.pebp.state.nv.us, also posted to the public notice website for meetings at www.leg.state.nv.us/App/Notice and <https://notice.nv.gov>. In addition, the agenda was mailed to groups and individuals as requested.

1.

1. Open Meeting; Roll Call

2.

2. Public Comment

3.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Brandee Mooneyhan, Deputy Attorney General)
(Information/Discussion)

4.

4. Presentation on Ethics in Government. (Judy Prutzman, Associate Counsel, Nevada Commission on Ethics) (Information/Discussion)

Nevada Ethics in Government Law

Presented by:

Judy Prutzman, Esq.

Associate Counsel



Nevada Commission on Ethics

What is the Nevada Commission on Ethics?

■ The Commission

- The Ethics Commission consists of 8 members appointed to serve 4-year terms
 - 4 members appointed by the Governor
 - 4 members appointed by the Legislative Commission.

■ Staff

- The state-wide staff to the Commission consists of an Executive Director, Commission Counsel, Associate Counsel, Investigator, Paralegal and an Executive Assistant.



Nevada Commission on Ethics

OUR MISSION

To enhance the public's faith and confidence in government and uphold the public trust by **ensuring that public officers and public employees commit themselves to avoiding conflicts** between their private interests and their public duties.

Commission Jurisdiction (2 years)

- ✓ Public Officers
- ✓ Public Employees
- ✓ State Legislators
 - ✓ Exceptions
- ✓ Former Public Officers and Employees

- ✓ Exceptions:
 - ✓ Judicial Officers
 - ✓ Advisory Board Members



Nevada Commission on Ethics

- Interprets and provides guidance on the statutory provisions of NRS 281A - the Ethics in Government Law (**First-Party Requests for Opinion**)
- Investigates and adjudicates complaints from public officers, public employees and the public (**Third-Party Requests for Opinion**)
- Accepts certain written disclosures

Personal Interests:

- “Pecuniary” (NRS 281A.139)
- “Commitments in a Private Capacity” (NRS 281A.065)
 - Family/Relatives
 - Employers
 - Business Interests
 - Household Members
 - Substantially Similar Relationships
 - Fiduciary Positions – Nonprofit Boards of Directors

PROHIBITED CONDUCT

- Gifts
- Improper Use of Public Position:
 - Unwarranted Benefits
 - Improper Contracts/Employment
 - Additional Compensation From Private Source
 - Using/Suppressing Nonpublic Government Info
 - Use of Governmental Property/Resources
 - Influencing Subordinate – Personal Benefit
 - Honoraria
 - Government Resources – Ballot Question/Candidate

PROHIBITED CONDUCT

GIFTS...



(Improper Influence)

NRS 281A.400(1)

PROHIBITED CONDUCT

- IMPROPER USE OF POSITION
 - Unwarranted Benefits



NRS 281A.400(2)

PROHIBITED CONDUCT

- IMPROPER USE OF POSITION

Improper Contracts/Employment
(Negotiating/Entering)



NRS 281A.400(3,10); 281A.430

PROHIBITED CONDUCT

- IMPROPER USE OF POSITION

Additional Compensation – Private Source



NRS 281A.400(4)

PROHIBITED CONDUCT

■ IMPROPER USE OF POSITION

Using/Suppressing Non-public Government Information



NRS 281A.400(5,6)

PROHIBITED CONDUCT

■ IMPROPER USE OF POSITION

Using Government Resources



NRS 281A.400(7)

PROHIBITED CONDUCT

Honoraria for performing your public duty.



Causing a governmental entity to make an expenditure to support or oppose a ballot question or candidate (during period between candidate filing and election).



“Cooling-Off” Prohibitions

- One-year cooling off period to seek or accept employment or certain private representations after leaving public service (certain exceptions) (NRS 281A.550(3) and (5) and 281A.410)
- Relief **may** be granted from the strict application of certain prohibitions. (NRS 281A.550(6))

Disclosure and Abstention for Public Officers and Employees

Walking the Disclosure & Abstention tightrope



Disclosures

- **Disclosure** is mandatory for any interest created by:
 - ✓ A gift or loan
 - ✓ A **substantial*** pecuniary interest
 - ✓ A “commitment in a private capacity”
- **Disclosure** must be made at the time the matter is considered.
- **Sufficient** to Inform Public – Nature and Scope

Disclosure – Public Employees

- **To supervisory head of organization**
- **Sufficient to inform public**



Voting & Abstention

Abstention is ***required only*** in clear cases where the independence of judgment of a reasonable person in the public officer's situation would be materially affected.

This determination should be made by the public officer and explained **on the record**.

Voting & Abstention

- Voting is presumed permissible **if the** resulting benefit/detriment to the public officer (or committed person) is no greater than the benefit/detriment to anyone else affected by the matter.

Penalties

- The Commission is authorized to impose civil penalties for **willful** violations of the Ethics in Government Law.
- Mitigating factors

Penalties:

Monetary sanctions & referral for removal from office

- Not to exceed **\$5,000** for a first willful violation;
- Not to exceed **\$10,000** for a separate act or event that constitutes a second willful violation; and
- Not to exceed **\$25,000** for a separate act or event that constitutes a third willful violation.
- **Referral for removal** from position of trust.

The Commission must consider comparable situations in a comparable manner and ensure the disposition of a matter bears a reasonable relationship to the severity of the violation.

SAFE HARBOR PROVISIONS

No willful violation **IF:**

(a) The public officer or employee relied in **good faith** upon the **advice of the legal counsel** retained by his or her the public body, agency or employer:

and

(b) The legal advice was:

- Provided before conduct; and
- Not contrary to prior published opinion on Commission website.



Recent Legislation

- 79th (2017) Legislative Session
 - SB 84 (NCOE, Sponsored by Governor)
 - Other Penalties
 - Deferral Agreements

Commission Opinions & Other Resources

- Resources and Opinions of the Nevada Commission on Ethics are indexed on the NCOE website:

www.ethics.nv.gov

(New website!)

Nevada Commission on Ethics

Nevada Commission on Ethics
704 W. Nye Lane, Suite 204
Carson City, NV 89703
775- 687-5469 (Office)
775-687-1279 (Fax)



Yvonne M. Nevarez-Goodson
Executive Director
Direct Line: 775-687-4312

Website: www.ethics.nv.gov
ynevarez@ethics.nv.gov

5.

5. Presentation on the Open Meeting Law. (Brandee Mooneyhan, Deputy Attorney General, Nevada Attorney General's Office)
(Information/Discussion)



OPEN MEETING LAW

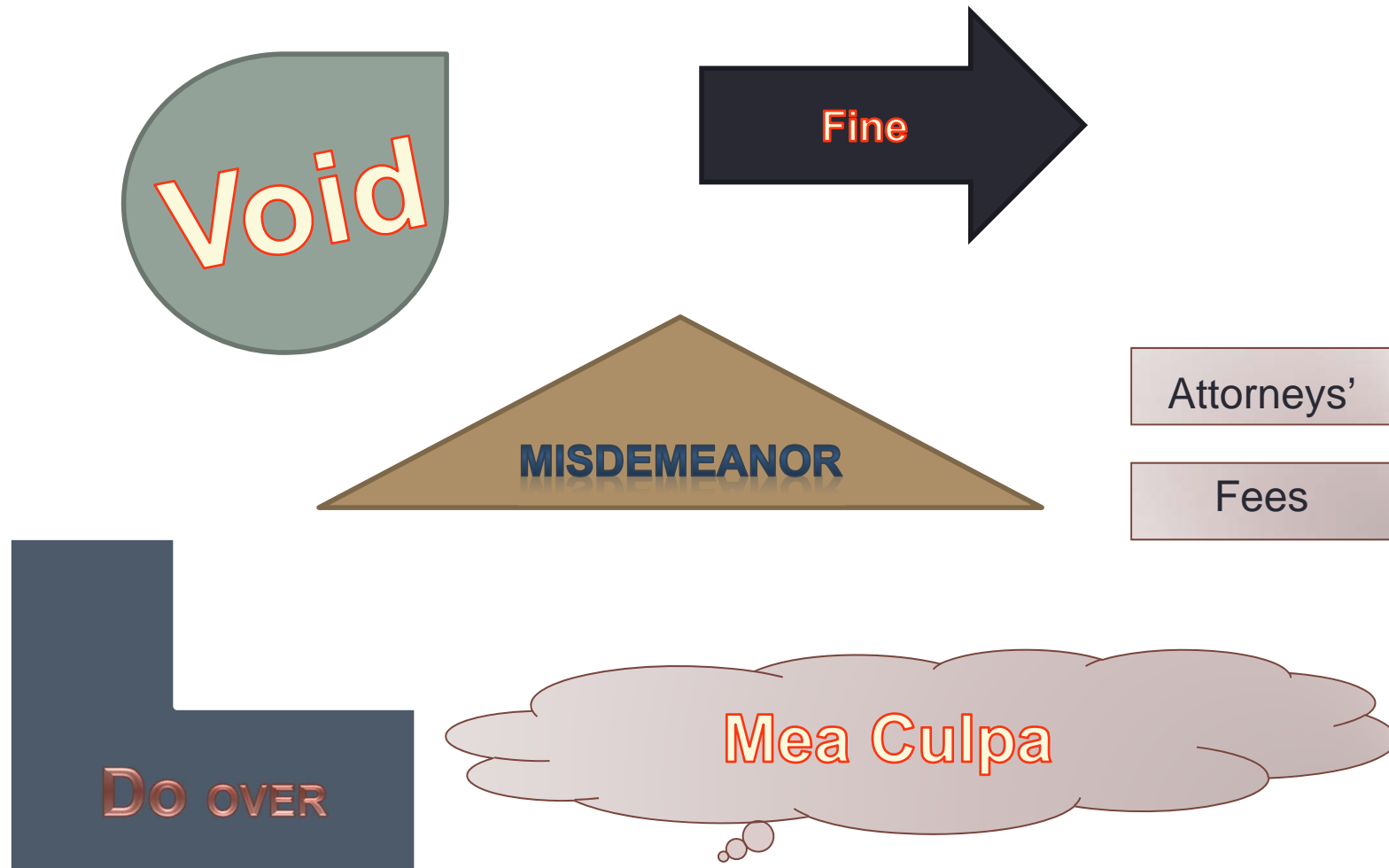
Presentation to the PEBP Board

January 24, 2019

By Deputy Attorney General Brandee

Mooneyhan

Penalties and Remedies



Penalties and Remedies

Actions taken in violation of law are void. NRS 241.036.

The OAG has statutory enforcement powers under the OML and the authority to investigate and prosecute violations of the OML. NRS 241.037; NRS 241.039; NRS 2141.040.

When a violation of the OML occurs or is alleged, the OAG recommends that the public body make every effort to promptly correct the apparent violation. NRS 241.0365.

Although it may not completely eliminate a violation, corrective action can mitigate the severity of the violation and further ensure that the business of government is accomplished in the open.

Corrective action is prospective only. NRS 241.0365(4).

Background

- Nevada's Open Meeting Law is statutory, found in Nevada Revised Statutes chapter 241
- Open Meeting Law interpretation
 - Judicial (Written Opinions)
 - Office of Attorney General Guidance
 - Open Meeting Law Manual and Open Meeting Law Opinions (http://ag.nv.gov/About/Governmental_Affairs/OML/)
 - DAG advice

Legislative Declaration of Intent

- NRS 241.010.

In enacting this chapter, the Legislature finds and declares that all public bodies exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly.

Applicability of Open Meeting Law to the PEBP Board

Meeting Gathering or Series Of Gatherings

Quorum a majority of the total membership

Deliberate toward a decision

Take Action DECIDE, COMMIT

Public Body **PUBLICLY FUNDED,
GOVERNOR APPOINTED,
CREATED BY LAW**

Subcommittees and Advisory Committees

- A Board Creates a subcommittee when the board votes to assign a matter within its jurisdictions to two or more individuals
 - Subcommittee meetings governed by the open meeting law
 - Board assignment of a matter to an individual is not creating a subcommittee
 - Individual given assignment may not engage a quorum of the Board.

Key Definitions

- “ ***‘Deliberate’ means to examine, weigh and reflect upon the reasons for or against the action. The term includes, without limitation, collective discussion and the collective acquisition or exchange of facts preliminary to the ultimate decision.***”
- ***NRS 241.015(2) (2013) See Dewey v. Redevelopment Agency of City of Reno, 119 Nev. 87 (2003)***



Key Definitions

- “Meeting”:
- (a) Except as otherwise provided in paragraph (b), means:
- (1) The gathering of members of a public body at which a quorum is present, whether in person or by means of electronic communication, to deliberate toward a decision or to take action on any matter over which the public body has supervision, control, jurisdiction or advisory power.
- (2) Any series of gatherings of members of a public body at which:
 - (I) Less than a quorum is present, whether in person or by means of electronic communication, at any individual gathering;
 - (II) The members of the public body attending one or more of the gatherings collectively constitute a quorum; and
 - (III) The series of gatherings was held with the specific intent to avoid the provisions of this chapter.

Serial Meetings/Walking Quorums

- Any series of gatherings the totality of attendance at which constitutes more than a quorum should be avoided unless for purposes other than to avoid the provisions of the open meeting law (which requires deliberation or action in a noticed meeting) or if the gathering is excepted from the definition of “meeting” (see below).



Can Texting Violate OML?

- Scenario: During Public Meeting, a number that is less than a quorum of board members text each other and board staff on subjects under discussion
- “. . . **electronic communication**. . . must not be used to circumvent the spirit or letter of this chapter to deliberate or act, outside of an open and public meeting, upon a matter over which the public body has supervision, control, jurisdiction or advisory powers.” NRS 241.016(4).

Possibly

- Recommendation: Board Members should refrain from texting each other about Board business
 - Open Meeting Law
 - Public Records Act

The PEBP Board Must Conduct Meetings in Public

- Exceptions
 - “Non-meetings”
 - “at a social function if the members do not deliberate toward a decision or take action on any matter over which the public body has supervision, control, jurisdiction or advisory power”

The PEBP Board Must Conduct Meetings in Public

- Exceptions, cont'd
 - Nonmeetings, cont'd
 - Attorney nonmeeting: A gathering . . . To receive information from the attorney employed or retained by the public body regarding potential or existing litigation involving a matter over which the public body has supervision, control, jurisdiction or advisory power and to deliberate toward a decision on the matter, or both.
 - May deliberate (NRS 241.015(2): “to examine, weigh and reflect upon the reasons for or against a choice [before the public body] i.e. ‘collective discussion, acquisition and exchange of facts preliminary to decision.’”)
Must not take action (“decision, commitment, promise, or affirmative vote”) in nonmeeting with attorney.



The PEBP Board Must Conduct Meetings in Public

- Exceptions, cont'd
 - Nonmeetings, cont'd
 - Nonmeetings, in their limited scope, need not comply with NRS chapter 241 at all.



Open Meeting Exceptions

NRS 241.016(4) The exceptions provided to this chapter, and electronic communication, must not be used to circumvent the spirit or letter of this chapter to deliberate or act, outside of an open and public meeting, upon a matter over which the public body has supervision, control, jurisdiction or advisory powers.



Closed Meetings, Cont'd

- ▣ Closure pursuant to NRS 241.030
 - Except as otherwise provided in this section and [NRS 241.031](#) and [241.033](#), a public body may hold a closed meeting to . . . Consider the character, alleged misconduct, professional competence, or physical or mental health of a person.

MUST PUBLISH AND FOLLOW CLEAR AND COMPLETE AGENDAS . . .

NRS 241.020(2) Except in an emergency, written notice of all meetings must be given at least 3 working days before the meeting. The notice must include:

(a) The time, place and location of the meeting.

(b) A list of the locations where the notice has been posted.

(c) The name and contact information for the person designated by the public body from whom a member of the public may request the supporting material for the meeting described in subsection 5 and a list of the locations where the supporting material is available to the public. (2013)

(d) An agenda consisting of

(1) A clear and complete statement of the topics scheduled to be considered during the meeting.

(2) A list describing the items on which action may be taken and clearly denoting that action may be taken on those items by placing the term “for possible action” next to the appropriate item, , if the item is placed on the agenda pursuant to NRS 241.0365, by placing the term “for possible corrective action” next to the appropriate item.

(3) Periods devoted to comments by the general public, if any, and discussion of those comments. Comments by the general public must be taken:

(I) At the beginning of the meeting before any items on which action may be taken are heard by the public body and again before the adjournment of the meeting; or

(II) After each item on the agenda on which action may be taken is discussed by the public body, but before the public body takes action on the item.

MUST PUBLISH AND FOLLOW CLEAR AND COMPLETE AGENDAS . . .



MUST PUBLISH AND FOLLOW CLEAR AND COMPLETE AGENDAS . . .

- What is clear and complete?
 - “Nevada's Open Meeting Law seeks to give the public clear notice of the topics to be discussed at public meetings so that the public can attend a meeting when an issue of interest will be discussed.”

Sandoval v. Board of Regents of University, 119 Nev. 148, 155 (2003)

MUST PUBLISH AND FOLLOW CLEAR AND COMPLETE AGENDAS . . .

Further from *Sandoval*: do not “exceed the scope of a clearly and completely stated agenda topic.”

- *Sandoval* involved an information item
 - Review UCCSN, state and federal statutes, regulations, case law, and policies that govern the release of materials, documents, and reports to the public.
- After presentation of the information item, the Board of Regents went beyond the foregoing information item:
 - Regent Douglas Hill proceeded to discuss a controversial report, prepared by the Nevada Division of Investigation (NDI), regarding a dormitory raid that occurred on the University of Nevada, Las Vegas (UNLV) campus. Regent Hill discussed details of the dormitory raid, criticized the UNLV police department's actions, and recommended that the UNLV police department be disarmed. Regent David Phillips then commented on the danger of drugs on the UNLV campus.

Is Action Item Correctly Disclosed?

The agenda should have a higher degree of specificity when addressing a subject of special or significant interest to the public. Sandoval at pp. 154-5

- Reno City Counsel Agenda, November 14, 2012:
- “Discussion, direction to staff and possible approval of Limited Guaranty pertaining to Settlement and Restructuring Agreement.”



“Clear and Complete” when agency wants to discuss bill drafts

- The Nevada Supreme Court has held that when a public body was reviewing legislation during session for possible recommendations, it did not violate the clear and complete requirement although the specific legislation was not listed on the noticing agenda, as the agenda referred to a website where list of legislation could be found prior to the hearing date, which the Court found to be “reasonable notice.”

Schmidt v. Washoe County, 123 Nev. 128, 138 (2007)

Clear and Complete Agenda: Administrative Action Regarding a Person

- Agenda must include name of person **regarding** whom action may be taken. NRS 241.020(5). For example: appointees, contract awards.
- If a person is to be named in a motion, that person's name should be on the agenda

“For Possible Action”

- Agenda must contain: A list describing the items on which action may be taken and clearly denoting what action may be taken on those items by placing the term “for possible action” next to the appropriate item.
- The Board cannot take action on item not designated as an action item.

Boards MAY BE REQUIRED TO GIVE INDIVIDUAL NOTICE IN CERTAIN CIRCUMSTANCES

- NRS 241.033: Except for employment applicants, “a public body shall not hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person or to consider an appeal by a person of the results of an examination conducted by or on behalf of the public body unless it has (a) Given written notice to that person of the time and place of the meeting; and (b) Received proof of service of the notice”

BOARDS MAY BE REQUIRED TO GIVE INDIVIDUAL NOTICE IN CERTAIN CIRCUMSTANCES

- In other words, public bodies should avoid discussions of character, alleged misconduct, professional competence, or physical or mental health of specifically identifiable persons unless (1) that subject is within the scope of the clear and complete agenda item and (2) the person has been given individual notice.
- Notice required: 5 working days personal delivery or 21 working days by certified mail

Other Individual Notice Requirement

- Same notice required before holding meeting to consider administrative action against a person
- “Administrative action against a person”
 - “Person” includes corporate entities
- Per Open Meeting Law Manual: Administrative Action against a person “does not occur unless the matter being acted on is uniquely personal to the individual or entity. ‘Administrative action against a person’ does not occur when the legal basis of the action is consideration of the inanimate characteristics of a facility or property and no consideration of the characteristics or qualifications of the individual or entity (the person) that has sought the governmental approval.”

Make Meeting Materials Available

NRS 241.020

5. Upon any request, a public body shall provide, at no charge, at least one copy of:

(a) An agenda for a public meeting;

(b) A proposed ordinance or regulation which will be discussed at the public meeting; and

(c) Subject to the provisions of subsection 6, any other supporting material provided to the members of the public body for an item on the agenda, except materials:

(1) Submitted to the public body pursuant to a nondisclosure or confidentiality agreement which relates to proprietary information;

(2) Pertaining to the closed portion of such a meeting of the public body; or

(3) Declared confidential by law, unless otherwise agreed to by each person whose interest is being protected under the order of confidentiality.

↪ The public body shall make at least one copy of the documents described in paragraphs (a), (b) and (c) available to the public at the meeting to which the documents pertain. As used in this subsection, “proprietary information” has the meaning ascribed to it in [NRS 332.025](#).

Make Meeting Materials Available to Those who Request them

From the news (*Reno Gazette Journal*, 12/10/12):

Decision on banning dogs in Nevada bear hunts delayed

- The Nevada Wildlife Commission has postponed any decision on a proposal to ban the use of dogs during black bear hunts after it was made aware of a potential problem with Nevada's open meeting law.
- After several hours of discussion Saturday, commissioners learned that the entirety of a petition proposing the ban had not been posted on the Nevada Department of Wildlife's website in advance of the meeting.
- Commissioners were then advised by the Nevada Attorney General's Office not to make any decision on the petition because it could be vulnerable to a challenge under the open meeting law, Department of Wildlife spokesman Chris Healy said.
- The matter could be taken up again by the commission in February or March. The petition is supported by opponents of Nevada's bear hunt, now in its second season.

Make Meeting Materials Available

- NRS 241.020 (cont'd)

7. ...a copy of supporting material required to be provided upon request pursuant to paragraph (c) of subsection 6 must be:

(a) If the supporting material is provided to the members of the public body before the meeting, made available to the requester at the time the material is provided to the members of the public body; or

(b) If the supporting material is provided to the members of the public body at the meeting, made available at the meeting to the requester at the same time the material is provided to the members of the public body.

↳ If the requester has agreed to receive the information and material set forth in subsection 5 by electronic mail, the public body shall, if feasible, provide the information and material by electronic mail.

- OMLO 98-01 “Made available” not equal “mailed.” In other words, a requester who wants a paper copy of supporting materials before the meeting may be required to come to the agency to get it.

Recording Meeting--Minutes

- NRS 241.035 requires that written minutes be kept of:
 - (a) The date, time and place of the meeting.
 - (b) Those members of the public body who were present and those who were absent.
 - (c) The substance of all matters proposed, discussed or decided and, at the request of any member, a record of each member's vote on any matter decided by vote.
 - (d) The substance of remarks made by any member of the general public who addresses the public body if the member of the general public requests that the minutes reflect those remarks or, if the member of the general public has prepared written remarks, a copy of the prepared remarks if the member of the general public submits a copy for inclusion.
 - (e) Any other information which any member of the public body requests to be included or reflected in the minutes.

Recording Meeting, cont'd

- An audio recording or transcription by court reporter of meeting must be made as well. NRS 241.035

Public Comment

- Must be on agenda at least (1) once before first action item and again before end of meeting OR (2) on all action items (before action taken) if additional opportunity is given to provide comment on other items, as well
- The Board may not take action based on public comment except as it relates to an action agenda item
- Court may discuss public comment it receives
- The Board may not discriminate based on viewpoint
- Comment may be limited to areas relevant to Board jurisdiction
- Repetition and caustic personal attacks may be limited
- Any time limit or other permissible restriction on public comment should be spelled out on agenda

Questions?



6.

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6.3.1 Budget Report

6.3.2 Utilization Report

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**STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING**

The Richard H. Bryan Building
901 South Stewart Street, Suite 1002
Carson City, Nevada 89701

Video conferenced to:

Nevada State Business Center 3300 West Sahara Avenue,
Tahoe Room, Suite 430
Las Vegas, Nevada 89102

ACTION MINUTES (Subject to Board Approval)

November 29, 2018

MEMBERS PRESENT

IN CARSON CITY:

Mr. Patrick Cates, Board Chair
Ms. Linda Fox, Member
Ms. Leah Lamborn, Member
Mr. John Packham, Member
Mr. Glenn Shippey, Member
Mr. Tom Verducci, Member
Ms. Christine Zack, Member

FOR THE BOARD:

Ms. Brandee Mooneyhan, Deputy Attorney General

FOR STAFF:

Mr. Damon Haycock, Executive Officer
Ms. Celestena Glover, Chief Financial Officer
Ms. Laura Rich, Operations Officer
Ms. Nancy Spinelli, Quality Control Officer
Ms. Laura Landry, Executive Assistant

MEMBERS EXCUSED:

Mr. Don Bailey, Vice Chair
Ms. Jennifer Bonilla, Member

1. Open Meeting: Roll Call
Chair Patrick Cates opened the meeting at 8:34 a.m.
2. Public Comment
Public Comment in Carson City:
 - Jeremy Gladstone – PEBP Member
 - Jack Childress – Active State of Nevada EmployeePublic Comment in Las Vegas:
 - There was no public comment in Las Vegas.
3. PEBP Board disclosures for applicable Board meeting agenda items. (Brandee Mooneyhan, Deputy Attorney General) (Information/Discussion)
4. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)
Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.
 - 4.1. Approval of the Action Minutes from the September 27, 2018 PEBP Board Meeting.
 - 4.2. Receipt of the Casey, Neilon & Associates Audited Financial Statements of PEBP for Fiscal Year 2018.

BOARD ACTION ON ITEM 4 -

MOTION: Motion to approve agenda Item number four.

BY: Member Linda Fox

SECOND: Member Christine Zack

VOTE: Unanimous; the motion carried.

5. Health Claim Auditors, Inc. quarterly audit of HealthSCOPE Benefits for the timeframe July 1, 2018 – September 30, 2018: (1) Report from Health Claim Auditors; (2) HealthSCOPE Benefits response to audit report; and (3) for possible action to accept audit report findings and assess penalties, if applicable, in accordance with the performance guarantees included in the contract pursuant to the recommendation of Health Claim Auditors. (**For Possible Action**)

BOARD ACTION ON ITEM 5 -

MOTION: Assess penalties at the \$5,335 figure rather than the recommended amount.

BY: Member Christine Zack

SECOND: No Second

MOTION: Motion to accept audit report and assess the penalty in the amount of \$34,164.

BY: Member Tom Verducci

SECOND: Member Leah Lamborn

IN FAVOR: Chair Patrick Cates, Member Linda Fox, Member Leah Lamborn, Member John Packham, Member Glenn Shippey, Member Tom Verducci

OPPOSED: Member Christine Zack

VOTE: Six in favor, one opposed; the motion carried.

6. Health Claim Auditors, Inc. annual audit of Willis Towers Watson's OneExchange for the timeframe July 1, 2017 – June 30, 2018: (1) Report from Health Claim Auditors; (2) Willis Towers Watson's response to audit report; and (3) for possible action to accept audit report findings and assess penalties, if applicable, in accordance with the performance guarantees included in the contract pursuant to the recommendation of Health Claim Auditors. (**For Possible Action**)

BOARD ACTION ON ITEM 6 -

MOTION: Motion to accept the audit report and assess the penalty in the amount of \$15,282.

BY: Member Leah Lamborn

SECOND: Member Linda Fox

VOTE: Unanimous; the motion carried.

7. Presentation on PEBP's Fiscal Year 2020/2021 Agency Request Budget. (Information/Discussion) (Celestena Glover, Chief Financial Officer)
8. Executive Officer Report. (Damon Haycock, Executive Officer) (Information/Discussion)
9. Discussion and possible action regarding Plan Year 2020 through 2021 Preferred Provider Organization (PPO) network options and the potential to (1) continue the current contract with Hometown Health Providers through 2021 or (2) issue a no-fault contract termination and join the State on a solicitation for PPO networks. (Damon Haycock, Executive Officer) (**For Possible Action**)

PUBLIC COMMENT ON 9 -

Public Comment in Carson City:

- Nick Stosic - Active State of Nevada Employee
- Jeremy Gladstone – PEBP Member
- Chris King – Vice President Saint Mary's Medical Group

- Kent Ervin - Nevada Faculty Alliance
- Keven Ranft – Representative of AFSCME Local 4041
- Priscilla Maloney - Representative of AFSCME retirees
- Marlene Lockard - Retired Public Employees of Nevada (RPEN)
- Peggy Lear Bowen - Retiree Participant (See Exhibit A for comments)
- Alen Smith – Chief Financial Officer Saint Mary's Network

Public Comment in Las Vegas:

- There was no public comment in Las Vegas.

BOARD ACTION ON ITEM 9 –

MOTION: Motion to accept option 1

BY: Member Linda Fox

SECOND: Member Glenn Shippey

IN FAVOR: Member Linda Fox, Member Leah Lamborn, Member John Packham, Member Glenn Shippey, Member Tom Verducci

OPPOSED: Chair Patrick Cates, Member Christine Zack

VOTE: Five in favor, two opposed; the motion carried.

10. Discussion and possible action regarding the Morneau Shepell Voluntary Benefits Platform and benefit selection for Plan Year 2020 offerings to members on the Consumer Driven Health Plan (CDHP), PEBP Premier Plan (EPO), southern Nevada Health Maintenance Organization plan (HPN), and Via Benefits (Medicare Exchange). Proposed benefits and providers include, but not limited to:

- Accident, Critical Illness, and Hospital Indemnity (Aflac, Allstate, MetLife, Reliance, The Standard);
- Identification (ID) Theft Protection (ID Watchdog, InfoArmor);
- Legal Plan Provisions (Nationwide LegalEASE, Hyatt Legal);
- Automobile, Home, and Renters Insurance (MetLife, Liberty Mutual, Travelers);
- Pet Insurance (ASPCA, Nationwide);
- Vision Plan Services (VSP)

(Laura Rich, Operations Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 10 –

MOTION: Motion to accept staff's recommendation to approve all five items as outlined in the summary plus the auto, home and renters insurance.

BY: Member Tom Verducci

SECOND: Member Leah Lamborn

VOTE: Unanimous; the motion carried.

11. Discussion and possible action regarding proposed plan design changes for Plan Year 2020 (July 1, 2019 – June 30, 2020), including but not limited to the following:

- Possible disallowing pharmacy patient assistance programs (manufacturers' coupons, etc.) from applying to the CDHP individual/family deductibles and out-of-pocket maximums;
- Possible implementation of mandatory narrow pharmacy network for 90-day prescriptions;
- Possible implementation of a patient safety program managed by PEBP's pharmacy benefits manager;
- Possible additional cost containment activities;
- Possible increases and requirements to CDHP HSA/HRA enhanced employer contributions;
- Possible requirement for Medicare exchange participants to pay for their HRA administration fees and life insurance premiums;
- Possible elimination of the \$25 copay for annual vision exams.
- Possible increases to the dental benefit maximums of the CDHP, EPO, HMO, and Medicare Exchange participants.
- Possible implementation of a pilot nutrition program in southern Nevada.
- Possible increase to Medicare Part B credits to retirees on the CDHP, EPO, and HMO plans;
- Possible plan design changes to the HMO/EPO copays for primary care, specialist visits, emergency room visits, generic drugs, and specialty drug coinsurance;
- Additional benefit design inclusions/exclusions/alterations to meet projected budget needs.

(Damon Haycock, Executive Officer) (All Items for Possible Action)

PUBLIC COMMENT ON ITEM 11 -

Public Comment in Carson City:

- Peggy Lear Bowen - Retiree Participant (See Exhibit A for comments)
- Marlene Lockard - Retired Public Employees of Nevada (RPEN)
- Priscilla Maloney - Representative of AFSCME retirees
- Kent Ervin - Nevada Faculty Alliance

Public Comment in Las Vegas:

- There was no public comment in Las Vegas.

BOARD ACTION ON ITEM 11 –

MOTION: Motion to approve PEBP's recommendations on items 1, 2, 3, 5, 6, 7, 8, 9 and table item 4.

BY: Member Leah Lamborn

SECOND: Member Linda Fox

IN FAVOR: Chair Patrick Cates, Member Linda Fox, Member Leah Lamborn, Member John Packham, Member Tom Verducci, Member Christine Zack

OPPOSED: Member Glenn Shippey

VOTE: Six in favor, one opposed; the motion carried.

12. Public Comment

Public Comment in Carson City:

- Peggy Lear Bowen - Retiree Participant (See Exhibit A for comments)

Public Comment in Las Vegas:

- There was no public comment in Las Vegas.

13. Adjournment

Chair Cates adjourned the meeting at 3:12 p.m.

Exhibit A

These remarks are presented as transcribed by Capitol Reporters.

AGENDA ITEM 9 - PUBLIC COMMENT FROM MS. BOWEN:

MS. BOWEN: MS. BOWEN: My name and words for the record -- My name and words for the record, P-e-g-g-y, Peggy, space, Lear, L-e-a-r, space, Bowen, B-o-w-e-n. To say that I feel like déjà vu has occurred once again is absolutely the -- what's going on as far as the RFP going out and exactly what occurred and occurred and occurred and occurred. What we have found is in the past workshops have been held, which is the hole in the open meeting law that has occurred. And when it's called a workshop, it doesn't have to be open to the public. And therefore lots of decisions are made and not necessarily all insurance companies are invited to participate in talking about this process. The public is not invited to at least witness it. It's not open to public scrutiny. It's not transparent. And we end up with the same routine of extending the contract an extending it and extending it. And the cost increase that you had indicated today would have been what they would have gotten in rate increases otherwise. So that cost savings did not exist. What did exist though during this whole process is the absolute shutdown of access to doctors now. And the doctors who Hometown Health -- Renown. I'm sorry. Renown has gone out and bought practices in northern Nevada, literally bought practices. And when you only have, like, one pulmonary group as such available to go to for -- that I've been going to for years and many others, if they aren't part of during this process of wait and see, I would just thank God that Renown bought my pulmonary practice so that I could still see my doctors at that time. What was happening is my appointment was on a particular day and Renown purchased them three days earlier so that I could go to see my same doctors that I've been seeing to keep me alive. And if they hadn't purchased it, I would have been up the wall, up the creek, for having m pulmonary doctor who's followed me since , when I experienced an accident, up the creek. Because the process is in hold. And I don't know if you knew that, that people who are waiting for this to be done and continuing on with the idea if they aren't with Renown you can't go see them. I don't know if you know Northern Nevada Hospital, which hasn't been mentioned today, has become a sole hospital now and so they need to be included in your

AGENDA ITEM 11 - PUBLIC COMMENT FROM MS. BOWEN:

MS. BOWEN: I'll do my best. Peggy Lear Bowen, P-e-g-g-y, space, L-e-a-r, space, B-o-w-e-n. My name and my words for the record. We're now getting to a new era of insurance by the State of Nevada and it's called virtual insurance. Virtual insurance means go see your eye doctor and they tell you what you need, but you don't cover the things that you need to have covered like contacts or whatever work done. If you were told by the nurse that you're required to call or the on line doctor and follow all the procedures you have set up and the nurse tells you to go urgent care, urgent care -- where there's a charge -- Every one of these things there are charges. Nurse tells you to go to urgent care. Urgent care tells you to got to the hospital and to the ER and you pray to God that when you get to the hospital at the ER that they will determine that what you have was an emergency. Then when you get there and you have your emergency and you need something because of that emergency, then let's get to the RX's and this pre-approval routine and things being denied because they weren't pre-authorized, like an EpiPen. And you've heard the EpiPen story before. And what happens is CVS pharmacy is owned by Renown or vice versa. I

don't care who owns them. They're all one basket there. And they tell you that you get there too late. You aren't eight to five on the weekday in the emergency when you have your incident when you need an EpiPen. And, therefore, their hospital pharmacy, CVS pharmacy, is closed there. The only pharmacy that's open at : o'clock at night happens to be Walgreen's, but you can't go there, because if you go to Walgreen's you need pre-authorization from the emergency room for your drugs. And they give you pre-authorization as long as they've checked what kind of insurance you have and you have to wait until CVS pharmacy opens at : o'clock the next morning. And so here you are, you've been stung by a wasp years ago, allergic reaction, they rip my blouse open and put adrenaline directly in to my heart. And now they tell me I cannot get an EpiPen because the hospital pharmacy is closed because I don't have pre-authorization to use the pharmacy other than the hospital pharmacy and sit there and wait literally until : o'clock in the morning for a pre-authorization to get an EpiPen at a pharmacy where they tell me to go that didn't have the EpiPen, the only one that might have been open. Walgreen's is open hours. I used to respect and think highly of the insurance program that you all -- that was provided to us as serving the State of Nevada. That was one of the reasons for in lieu of salary. That needs to be taken care of. This virtual care. What do you really provide me at the dentist? You say you need to go and have your annual check-up. I could meet requirements and not have to do computer virtual anything. You get a doctor's charge when I go to the dentist. You get a doctor's charge when I go for my annual check-up. Have on your form for the annual check-up a check-off that, yes, this came for an annual check-up and, by the way, she swallowed a cap and we need to take care of that too. But at least have on your form report. And, finally -- And I'm doing this as quick as I can -- with the vision of your -- provide more than just going to the doctor and tell them what you need. Have some products or some results to meet the needs of what is discovered when you're there. And quit playing -- Don't call it insurance. Call it paying for doctors to do their annual visits and telling people that will they have to charge -- (Meeting was interrupted by a recording) MS. BOWEN: Have you pressed pound or star? MR. HAYCOCK: Sorry, Peggy. MS. BOWEN: So the important thing for me to talk to you is get back to real insurance. And, finally, your workshops that you're holding, because you call them a workshop, it's a loophole in the attorney general's open meeting law where you don't have to have the insurance companies all present. CHAIRMAN CATES: Can we stick to the topic? MS. BOWEN: Yeah. Sticking to topic. CHAIRMAN CATES: We'll have public comment at the end. MS. BOWEN: Thank you very much. Please make our insurance the good insurance it was because it was in lieu of salary. Please get us back where we can -- We don't go to the emergency room because we can't afford the percent or the whatever and raising the amounts. You're making it don't go. And they hang in until they finally have to go to the emergency room. Please get it back so we can see doctors and dentists and all the rest. Thank you very much. And thank you for that extra time.

AGENDA ITEM 12 - PUBLIC COMMENT FROM MS. BOWEN:

MS. BOWEN: My name and words for the record, Peggy, P-e-g-g-y, Lear, L-e-a-r, space, Bowen, B-o-w-e-n. Space between Peggy and Lear. My public comments just changed dramatically. There are bills being drafted or have been drafted and have been submitted for the upcoming legislative session to literally undo what was done in . There are bills that have been -- (A recording interrupts the meeting) MR. HAYCOCK: Keep going. UNIDENTIFIED SPEAKER: I don't know why it's doing that. MS. BOWEN: It likes the sound of my voice stopping. This is not part of my time? CHAIRMAN CATES: No, no. MS. BOWEN: Thank you.

I just wanted to double-check. As far as what you've been doing with the cost of the retirees, you're not granting them anything. Marlene was quite correct in doing catch up and getting back benefits. When forced out and sold because the State of Nevada -- And it's not been part of today's record how much they made by selling the retirees that they forced out who were on Medicare to be bought up by a Utah company across state lines which was quite substantial where those funds went. The taking of people's monies in their programs and making it so difficult that they couldn't get their monies back out. The process was to the point and they said if you didn't do it within a certain amount of time you were messed up. You couldn't get your monies back. And very few people applied because they just don't even realize that they left a package of money behind. They just felt abandoned by this state. And this state is better than that. This state needs to take back its program, its insurance program, and they need to get on board with that and they need to be the state they used to. They didn't pay as well but they at least gave us good benefits for insurance. Your pharmaceutical program, you have this caveat of pre-approved in order to get a drug that is necessary such as an EpiPen. You've heard that story. And people dying because it hasn't been approved. It's not just the EpiPen. It's any one of those types of drugs in your pre-approval process or denial later for pre-approval, denial for paying doctor benefits if it's an ongoing process and it takes more than a year to resolve what's going on and denial because of lack of timeliness. This insurance program has made itself so it's self sufficient and bagging a lot of money for the state and that's just the way it's been set up since it was designed in to make it so that's it not an insurance company for the people anymore. It's an insurance company for the state. And benefits have been drastically reduced and you've heard that. And what they did in the dental program was unconscionable. When I had a benefit to go to the dentist and I had a thousand dollar benefit that I didn't have a dollar that had to be paid and I had to meet all my deductibles, which is almost \$, worth of deductibles, before I could get things in place because they were co-dependent on each other. And, Damon, I want to thank you for taking care of them not being co-dependent as much anymore. But you shouldn't have to pay \$, of total deductibles in premiums and whatever else is required before you can utilize what's supposedly available to you as a benefit. The people are using emergency rooms because they can't afford to go to their doctors anymore. They can't afford the specialist fees. They can't afford having a \$, deductible. Not the ones that we hear about here. But add them all together and you have to meet all of them before you get to the one that you need to deal with in your medical or your dental or your vision or whatever. And maybe I threw in one I shouldn't have. But it's the time and it's a concussion and post-traumatic stress and heat stroke that have occurred since the last time since I've seen you. And so if I feel -- if I come across as a little convoluted, I apologize. But I don't apologize for what on the surface looks like a good deal. And that Doctor on Demand thing, having to utilize a computer, you promised, promised to try and get the computer out of it so that people can at least get their benefits. Well, my last sentence, and I promise to make it a last sentence and I apologize again. No, I don't. My last sentence is you know if we're getting our physical. That's one criteria. You know if we're getting our visual exam. That's the second criteria. You know if we've had our blood work. That's the third criteria. And what was the fourth one? Dental, vision, and physical and blood work. That was the four. And I think I heard you throw in a fifth one at the end, but I'm not sure what exactly that was. But my point is you are billed by our doctors and our dentists and all of these people. You know we're getting those exams. We shouldn't have to do a Doctor on Demand full with computer and lose our benefits. And I'll tell you what the unforeseen result is. If you seem to think we're not doing our job and that maybe we don't exist, then PERS has already made it a point that if you

don't think we exist and we haven't proven to you exists by all of this other -- by being the Doctor on Demand using the computer that they will stop sending our PERS check if we can't prove they exist by what's going on. They're taking it from you in a report that was submitted by Mr. Haycock that included the Doctor on Demand requirement. And Ms. Leah Lamborn said to accept Damon's report as presented and it was, which automatically kicked in the computer requirement for the little old lady in Pahrump or out in Timbuktu who doesn't get in her car, who doesn't drive to all of these, and the expenses that people are having to pay. The nurse --

CHAIRMAN CATES: I've got to really ask you to finish up. I gave you double time. MS.

BOWEN: Thank you very much. Ask us how much we pay to use your insurance plan and just driving and just getting to the doctors that are recognized by Renown? And that CVS pharmacy, that's incestuous. Renown owns it all or CVS owns it all. Whatever. And they're making it so it's unusable. That's why you're not having use. Thank you.

6.2.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2018 – September 30, 2018:

- 6.2.1. HealthSCOPE Benefits – Obesity Care Management Program
- 6.2.2. Hometown Health Providers – Utilization and Large Case Management
- 6.2.3. The Standard Insurance – Basic Life and Long Term Disability Insurance
- 6.2.4. Willis Towers Watson's Individual Marketplace Enrollment & Performance Report
- 6.2.5. Hometown Health Providers and Sierra Healthcare Options – PPO Network

6.2.1.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2018 – September 30, 2018:

6.2.1. HealthSCOPE Benefits – Obesity Care Management Program

HSB DATASCOPE™

Obesity Care Management Report

Nevada Public Employees' Benefits Program

July 2018 – September 2018

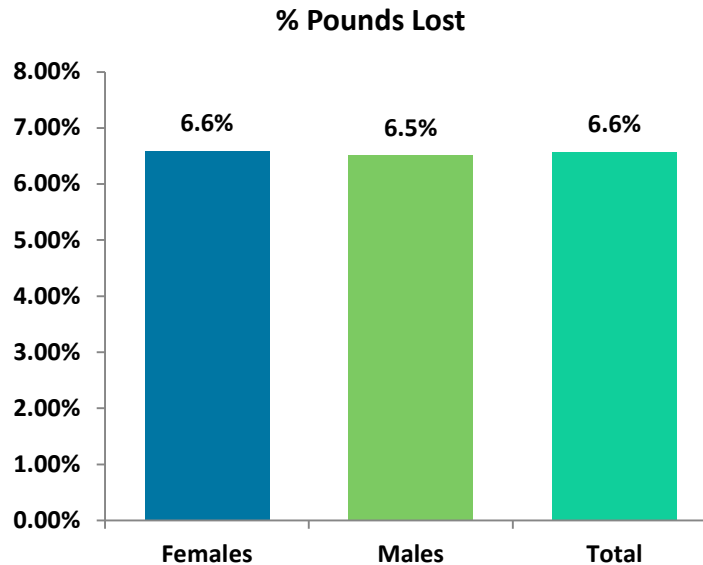
Reimagine | Rediscover **Benefits**



Obesity Care Management Overview

*Non-Participant is defined as a member who has been diagnosed with obesity in the past 12 months, but is not enrolled in the program

PEBP 1Q19			
Weight Management Summary	Females	Males	Total
# Mbrs Enrolled in Program	811	201	1,012
Average # Lbs. Lost	13.8	16.0	14.2
Total # Lbs. Lost	11,199.2	3,217.8	14,417.0
% Lbs. Lost	6.6%	6.5%	6.6%
Average Cost/ Member	\$4,227	\$5,005	\$4,382



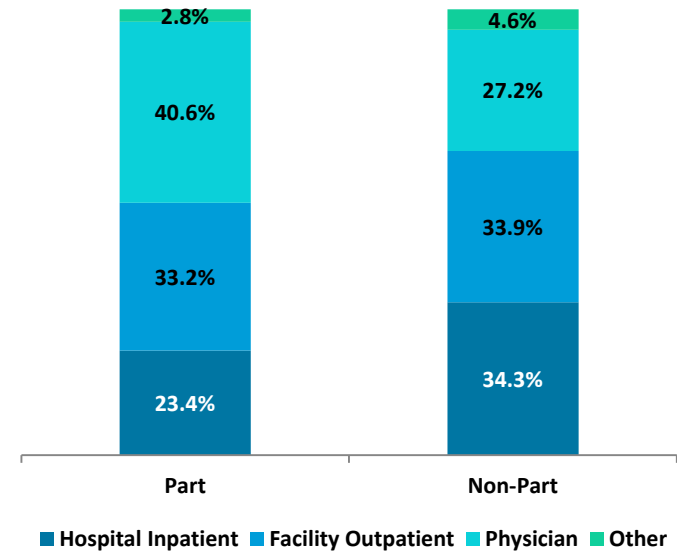
Obesity Care Management – Financial Summary

*Non-Participant is defined as a member who has been diagnosed with obesity in the past 12 months, but is not enrolled in the program

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	897	425	111.3%
Avg # Members	983	589	66.8%
Member/Employee Ratio	1.1	1.4	-21.6%
Financial Summary			
Gross Cost	\$1,700,602	\$1,148,486	
Client Paid	\$1,304,237	\$874,202	
Employee Paid	\$396,365	\$274,284	
Client Paid-PEPY	\$5,814	\$8,234	-29.4%
Client Paid-PMPY	\$5,309	\$5,937	-10.6%
Client Paid-PEPM	\$484	\$686	-29.4%
Client Paid-PMPM	\$442	\$495	-10.7%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	1	0	
HCC's / 1,000	1.0	0.0	0.0%
Avg HCC Paid	\$112,497	\$0	0.0%
HCC's % of Plan Paid	8.6%	0.0%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$1,243	\$2,035	-38.9%
Facility Outpatient	\$1,761	\$2,015	-12.6%
Physician	\$2,156	\$1,612	33.7%
Other	\$149	\$274	-45.6%
Total	\$5,309	\$5,937	-10.6%

Annualized Annualized

Cost Distribution by Claim Type



Obesity Care Management – Utilization Summary

*Non-Participant is defined as a member who has been diagnosed with obesity in the past 12 months, but is not enrolled in the program

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	23	17	
# of Bed Days	78	71	
Paid Per Admit	\$12,048	\$17,616	-31.6%
Paid Per Day	\$3,553	\$4,218	-15.8%
Admits Per 1,000	94	115	-18.3%
Days Per 1,000	318	482	-34.0%
Avg LOS	3.4	4.2	-19.0%
Physician Office			
OV Utilization per Member	10.5	7.2	45.8%
Avg Paid per OV	\$82	\$41	100.0%
Avg OV Paid per Member	\$856	\$294	191.2%
DX&L Utilization per Member	14.7	15.9	-7.5%
Avg Paid per DX&L	\$68	\$53	28.3%
Avg DX&L Paid per Member	\$995	\$836	19.0%
Emergency Room			
# of Visits	68	48	
# of Admits	11	11	
Visits Per Member	0.28	0.33	-15.2%
Visits Per 1,000	277	326	-15.0%
Avg Paid per Visit	\$2,168	\$1,877	15.5%
Admits Per Visit	0.16	0.23	-30.4%
Urgent Care			
# of Visits	100	52	
Visits Per Member	0.41	0.35	17.1%
Visits Per 1,000	407	353	15.3%
Avg Paid per Visit	\$26	\$71	-63.4%

Annualized Annualized

6.2.2.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2018 – September 30, 2018:

6.2.2. Hometown Health Providers – Utilization and Large Case Management



Quarterly
Update for
CDHP PPO PLAN
1Q FY 2019
(07/01/2018 - 09/30/2018)



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Case Management – Executive Summary

Case management (CM) is a voluntary process where the clinical professionals at the utilization management company work with patients and their family members, caregivers and other health care providers to assist with coordination of various medical treatment needs of patients. Case management services are particularly helpful when a plan participant (patient) needs complex, costly and/or high-technology services such as those related to organ and tissue transplants, certain cancer treatments, serious head injuries, hospice care or certain behavioral health issues.

Active Cases: For Q1 2019, 696 clients were identified through prior authorization and referral processes for screening by staff. Of those, 91 members met preliminary criteria for enrollment into the Case Management (CM) program and 64 accepted, representing 70.3% of eligible cases screened. Cases are identified from pre-certifications as well as potential high cost and trigger diagnosis reports.

	Screened	Eligible	Enrolled	%
Current Quarter 07/01/2018 to 09/30/2018	696	91	64	70.3%
Previous Quarters	N/A	N/A	N/A	N/A
Screened Plan Year 2019 07/01/2018 to 09/30/2018	696	91	64	70.3%

For the current quarter, of the 696 clients screened:

- 514 discharged patients were managed and transitioned through case management to alternate levels of care or discharged home on an independent basis. 64 cases were actually managed in the post-discharge setting.
- 91 members met preliminary criteria for enrollment into CM. 64 members elected to participate in the CM program. 27 members were not enrolled due to various factors related to lack of MD referrals, end of life issues, declined consents, and other social behavior influences.
- In addition to 64 new cases, 150 extended cases were carried over from previous monitoring periods, bringing total enrollment for the quarter to 214 with typical case duration of 9 months to 2 years as members regain function and stabilize or their condition deteriorates.

Case Management – Executive Summary (continued)

The majority of clients referred to CM continues to be from the Utilization Review nurses at time of referral, time of hospital admission, or time of transition to an alternate level of care. These referrals make up 75% of the referrals to Case Management. 25% of the cases screened came from physicians, plan referrals, specialty clinics and other health care facilities.

Case management estimated cost savings is \$1,067,800 for the First quarter of Plan Year 2019. Additional savings will be realized under Healthscope for the early intervention and referrals/resources channeled to in-network provider services.

Conclusion

During the first quarter of Plan Year 2019, 696 unique members were screened for possible case management intervention. Of the 696, 91 members met preliminary criteria for enrollment into CM and 64 members (70.3%) elected to enroll in the program.

Case Management – Referral Reason Report

	Quarterly 07/01/2018 to 09/30/2018	Year to Date 7/1/2018 to 09/30/2018
CM Trigger List	696	696
High Dollar	Included in Trigger List	Included in Trigger List
High Risk	Included in Trigger List	Included in Trigger List
Other		
Totals	696	696

Case Type – Summary Report

	Quarterly 07/01/2018 to 09/30/2018					Year to Date 07/01/2018 to 09/30/2018				
	New Cases Opened	Full Cases Opened	Benefit Mgmt	LOAs	Totals	New Cases Opened	Full Cases Opened	Benefit Mgmt	LOAs	Totals
Bariatric	8	28	36		72	8	28	36		72
LCM	50	91	71		212	50	91	71		212
BH/CHEM	4	13	28		45	4	13	28		45
Transplant	2	18	73		93	2	18	73		93
Other										
Totals	64	150	208	0	422	64	150	208		422
Total Open Cases	214									

Case Management – Summary Report

Report Glossary:

New Cases Opened:

Number of cases opened to full (traditional) case management within the period.

Full Cases Opened

Number of existing cases carried over from previous reporting periods remaining active during current reporting period.
(Excludes new cases opened within period).

Benefit Management Cases:

Referrals for simple discharge planning, resources, brief education, CM consults, etc. within the period.

LOAs

Extra-contractual agreements executed within the period.

Case Management – Saving Detail for Open & Closed Cases

07/01/2018 to 09/30/2018						
Case Type	Care Level Status	Vendor Negotiations	Averted Adm Savings	Change in Level of Care	Proposed Alternative Plan	Total Savings
LCM	Active			\$ 202,400		\$ 202,400
LCM	Active		\$ 173,328			\$ 173,328
LCM	Active			\$ 101,856		\$ 101,856
LCM	Active			\$ 53,200		\$ 53,200
LCM	Active			\$ 44,800		\$ 44,800
LCM	Closed			\$ 44,000		\$ 44,000
LCM	Active			\$ 41,800		\$ 41,800
LCM	Active			\$ 36,400		\$ 36,400
LCM	Active			\$ 36,400		\$ 36,400
LCM	Active			\$ 33,400		\$ 33,400
LCM	Active			\$ 29,600		\$ 29,600
LCM	Active			\$ 29,400		\$ 29,400
LCM	Active			\$ 23,200		\$ 23,200
BH/CHEM	Active			\$ 23,100		\$ 23,100
LCM	Active			\$ 20,800		\$ 20,800

Case Management – Saving Detail for Open & Closed Cases (Continued)

07/01/2018 to 09/30/2018						
Case Type	Care Level Status	Vendor Negotiations	Averted Adm Savings	Change in Level of Care	Proposed Alternative Plan	Total Savings
BH/CHEM	Active			\$ 20,400		\$ 20,400
LCM	Closed		\$ 18,150			\$ 18,150
LCM	Closed			\$ 17,600		\$ 17,600
BH/CHEM	Active			\$ 17,160		\$ 17,160
LCM	Active			\$ 16,800		\$ 16,800
LCM	Closed			\$ 12,600		\$ 12,600
LCM	Active			\$ 8,800		\$ 8,800
LCM	Active			\$ 8,800		\$ 8,800
BH/CHEM	Active			\$ 7,260		\$ 7,260
BH/CHEM	Active			\$ 7,260		\$ 7,260
LCM	Active		\$ 7,228			\$ 7,228
LCM	Active		\$ 6,568			\$ 6,568
LCM	Active			\$ 5,600		\$ 5,600
LCM	Active			\$ 4,800		\$ 4,800

Case Management – Saving Detail for Open & Closed Cases (Continued)

Contract: PEBP/State of Nevada			07/01/2018 to 09/30/2018				
	Case Type	Care Level Status	Vendor Negotiations	Averted Adm Savings	Change in Level of Care	Proposed Alternative Plan	Total Savings
	BH/CHEM	Closed			\$ 4,000		\$ 4,000
	LCM	Active		\$ 3,750			\$ 3,750
	LCM	Active			\$ 3,200		\$ 3,200
	LCM	Active		\$ 2,922			\$ 2,922
	LCM	Active		\$ 1,850			\$ 1,850
	LCM	Active		\$ 1,850			\$ 1,850
	LCM	Active			\$ 396		\$ 396
Quarterly Savings by Type				\$ 215,646	\$ 855,032		
Total Quarterly Savings Q1 2019							\$ 1,070,678
Q1 + Q2 + Q3 2018 Savings							
Year To Date ROI							\$ 1,070,678

Utilization Management – Executive Summary

The PEBP Consumer Driven Health Plan (CDHP) requires participants to obtain a pre-certification for certain medical services such as inpatient hospital admissions, skilled nursing facility admissions and bariatric weight loss surgeries. This requirement is also referred to as utilization management, utilization review, concurrent and retrospective review. The purpose of utilization management is to evaluate the appropriateness, the medical need and efficiency of certain healthcare services and procedures.

Inpatient Utilization Overview:

Based on the first quarter, the PEBP population was 42,755 (average monthly lives for the quarter). First quarter data shows 541 member admissions and 514 member discharges. Discharges for the first quarter were 11.91 members per thousand lives managed. Discharges annualized were 47.62 members per thousand lives managed. Bed days for the first quarter were 82.00 members per thousand lives managed. Bed days annualized were 327.79 members per thousand lives managed. The average length of stay was 6.88 days.

Inpatient Authorization and Denials:

The data show 514 authorized admissions were discharged in the quarter. General Med/Surg discharges composed the majority of all discharges with 380 (74%), Mother and Newborn 63 (12%), Mental Health 39 (8%), Rehab 16 (3%), Skilled Nursing 12 (2%), NICU 3 (1%), and Transplants 1 (0%) total discharges.

Quarter/Year	General Med/Surg	Mother & Newborn	Mental Health	Rehab	Skilled Nursing	NICU	Transplants
1Q 2019	380 74%	63 12%	39 8%	16 3%	12 2%	3 1%	1 0%

First quarter data shows 5 admission denials for a total of 8 denial days. All 5 admit(s) with 8 day(s) were “*DENIED NOT COVERED BY PLAN*”.

Utilization Management – Executive Summary (Continued)

Reviewing Discharges by Specialty for the this Quarter:

- **General Med/Surg** discharges were 380, with a total of 1,994 authorized days and an average LOS of 5.25 days. Bed days of 46.18 per thousand lives managed for the quarter (*annualized 184.60 per thousand*), and 8.81 members discharged per thousand of lives managed for the quarter (*annualized 35.22 per thousand*).
- **Mother & Newborn** discharges were 63, with a total of 167 authorized days and an average LOS of 2.65 days. Bed days of 3.87 per thousand lives managed for the quarter (*annualized 15.45 per thousand*) and 1.46 members were discharged per thousand lives managed for the quarter (*annualized 5.84 per thousand*).
- **Mental Health** discharges were 39, with a total of 267 authorized days and an average LOS of 6.85 days. Bed days of 6.17 per thousand lives managed for the quarter (*annualized 24.66 per thousand*) and 0.90 members were discharged per thousand lives managed for the quarter (*annualized 3.61 per thousand*).
- **Skilled Nursing** discharges were 12, with a total of 303 authorized days and an average LOS of 25.25 days. Bed days of 7.03 per thousand lives managed for the quarter (*annualized 28.10 per thousand*) and 0.28 members were discharged per thousand lives managed for the quarter (*annualized 1.11 per thousand*).
- **Rehab** discharges were 16, with a total of 316 authorized days and an average LOS of 19.75 days. Bed days of 7.34 per thousand lives managed for the quarter (*annualized 29.34 per thousand*) and 0.37 members were discharged per thousand lives managed for the quarter (*annualized 1.49 per thousand*).
- **NICU** discharges were 3, with a total of 61 authorized days and an average LOS of 20.33 days. Bed days of 2.10 per thousand lives managed for the quarter (*annualized 8.41 per thousand*) and 0.10 members were discharged per thousand lives managed for the quarter (*annualized 0.41 per thousand*).
- **Transplants** discharges were 1, with a total of 1 authorized days and an average LOS of 1.00 days. Bed days of 0.07 per thousand lives managed for the quarter (*annualized 0.29 per thousand*) and 0.07 members were discharged per thousand lives managed for the quarter (*annualized 0.29 per thousand*).

Utilization Management – Executive Summary (Continued)

Age and Gender Distribution:

First quarter discharges show 28.4% of the members discharged fall in the age bracket of 50-64. Overall women make-up 55.64% of all discharges in this quarter.

Out-Patient Utilization and Denials (*Services Include: Outpatient Surgical Services, Durable Medical Equipment, Medical Office Visits, Infusion Services (equipment and supplies), Ambulatory Services, Mental health and Substance Abuse (Partial Hospital), Outpatient Mental Health Services, Medical Transportation, Dialysis Services, Wound Care Services, Outpatient Transplant Services, Prenatal Care, Home Health*):

First quarter outpatient utilization consisted of 1,443 requests for services authorized. Authorizations for services are as follows: Outpatient Surgical Services composed 66.46% of total requests. Durable Medical Equipment composed 12.27% of total requests. Medical Office Services requests composed 11.43% of total requests. Infusion Services composed 4.09 % and Ambulatory Services composed 3.05% of total request. The remaining requests composed 2.70% of total requests and include: Mental health and Substance Abuse (Partial Hospital), Outpatient Mental Health Services, Medical Transportation, Dialysis Services, Wound Care Services, Outpatient Transplant Services, Prenatal Care, Home Health (0.76%, 0.55%, 0.55%, 0.49%, 0.14%, 0.07%, 0.07%, and 0.07% respectively).

There were 23 outpatient requests for services denied during this quarter of FY 2019. The requests included 4 for ***Durable Medical Equipment (DME)***, 2 for ***Medical Office Services***, 3 for ***Outpatient Surgical Services***, 1 for ***Infusion Services, Equipment & Supplies***, and 1 for ***Prenatal Care Services*** were denied as “Not Covered by Plan”. 2 for ***Durable Medical Equipment (DME)***, 1 for ***Medical Office Services***, 1 for ***Infusion Services, Equipment & Supplies***, 1 for ***Outpatient Surgical Services***, and 1 for ***Outpatient Mental Health Services*** were “Denied Not Medically Necessary”. 1 for ***Ambulatory Services*** and 1 for ***Medical Office Services*** were denied as “Experimental Services EXC”. 1 for ***Ambulatory Services*** and 1 for ***Durable Medical Equipment (DME)*** were denied as “Authorization Insufficient Medical Information”. Lastly 2 requests for ***Durable Medical Equipment (DME)*** were denied due to unknown reasons.

Estimated savings provided do not include denials of coverage for services designated as non covered in the PEBP Master Plan document or potential savings from Letters of Agreement negotiated by Hometown health, but administered by PEBP and Healthscope.

Inpatient Utilization

1st Quarter Plan Year 2019			
07/01/2018 - 09/30/2018			
Average Population	42,755	Quarterly Discharges Per Thousand	11.91
Total Discharges	514	Quarterly Bed Days Per Thousand	72.73
Days Approved	3,109		
Total Reviews Performed			
Admissions	541		
Concurrent	366		
Retrospective	175		

*The above table provides an overview of inpatient pre-certification/authorizations.

Inpatient Authorizations & Denials

1st Quarter Plan Year 2019

07/01/2018 - 09/30/2018

Admissions	Total	General Med/Surg	Mother & Newborn	Mental Health	Rehab	Skilled Nursing	NICU	Trasnplants
# of Discharges	514	380	63	39	16	12	3	1
Quarterly Discharges per 1000	12.00	8.81	1.46	0.90	0.37	0.28	0.10	0.07

Total Denied

Denials	Surgical	Medical	Detox	Obstetrical	Rehab	Skilled Nursing		Total
						Facility	Observation	
Total Number of Denied Requests	0	1	0	3	0	0	1	5
Denied, Not Medically Necessary	0	0	0	0	0	0	0	0
Denied, Not Covered by Plan	0	1	0	3	0	0	1	5
Denied, Member Exceeds Max Limits	0	0	0	0	0	0	0	0

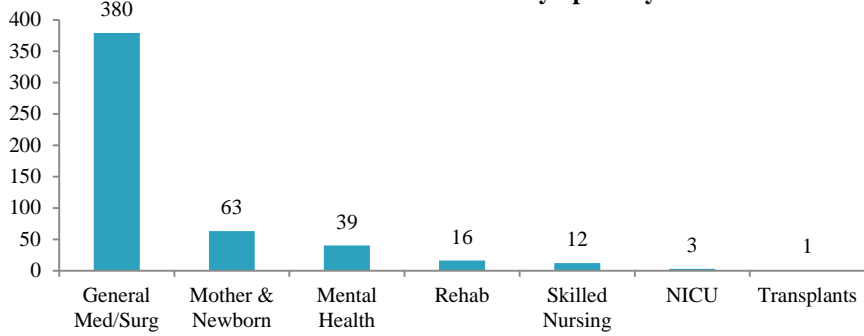
*The above tables provide an overview of inpatient authorization by utilization data. Total denied days are derived from prospective and concurrent reviews.

Inpatient Discharge Information

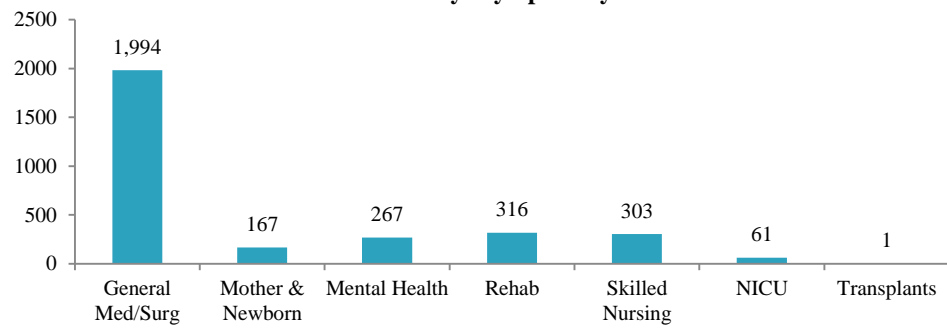
1st Quarter Plan Year 2019 07/01/2018 - 09/30/2018					
Discharges by Specialty	Total Auths	Total Days	Average LOS	Quarterly Beddays/1,000	Quarterly Discharges/1,000
General Med/Surg	380	1,994	5.25	46.18	8.81
Mother & Newborn	63	167	2.65	3.87	1.46
Mental Health	39	267	6.85	6.17	0.90
Rehab	16	316	19.75	7.34	0.37
Skilled Nursing	12	303	25.25	7.03	0.28
NICU	3	61	20.33	2.10	0.10
Transplants	1	1	1.00	0.07	0.07

*The above tables provide an overview of discharges by category and as a whole, in addition the table provides a further breakout of the medical category. Graphic representation of Discharges by specialty is located on pages 17 through 18 of this report.

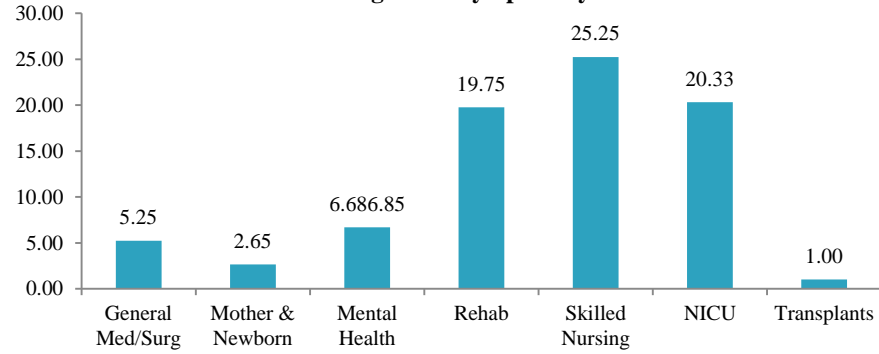
Total Authorizations by Specialty



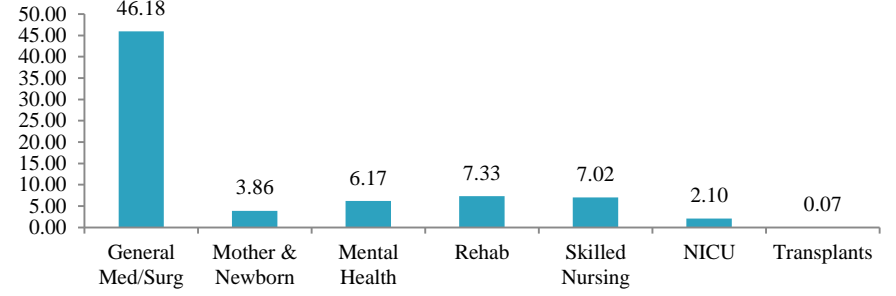
Total Days by Specialty



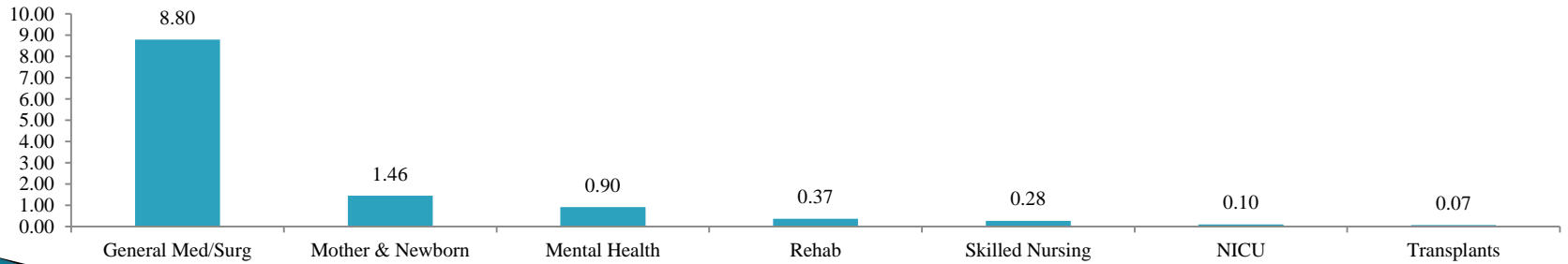
Average LOS by Specialty



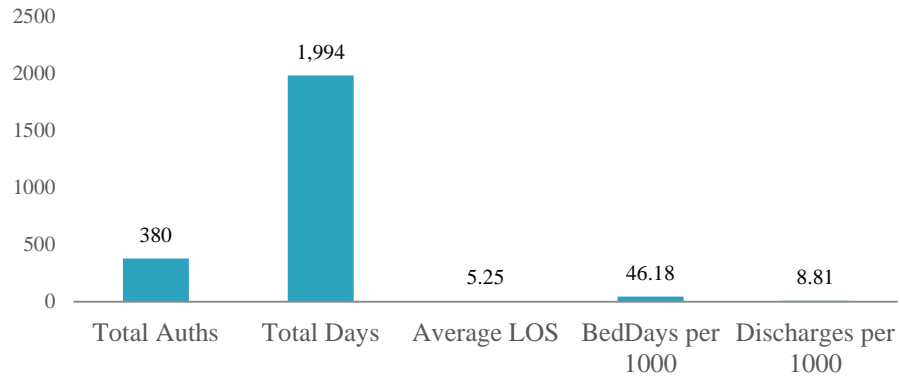
Average Bed Days per Thousand



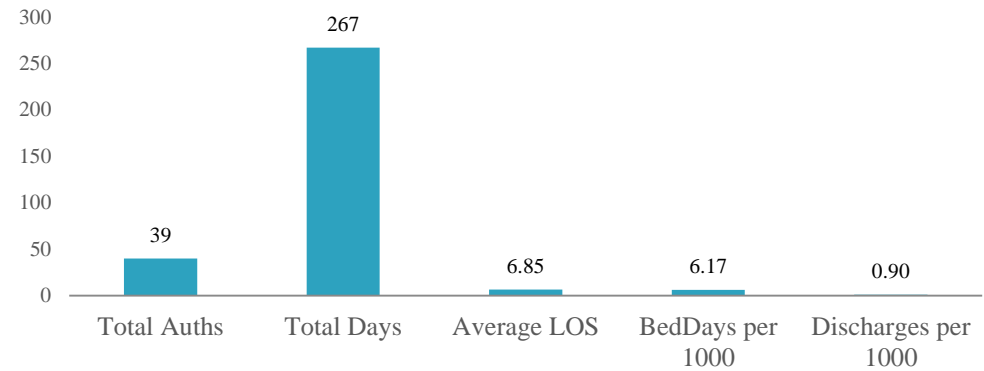
Discharges per Thousand



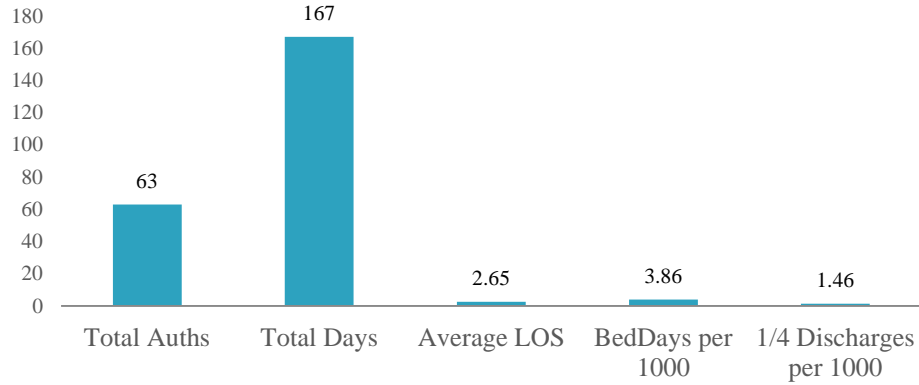
General Med/Surg



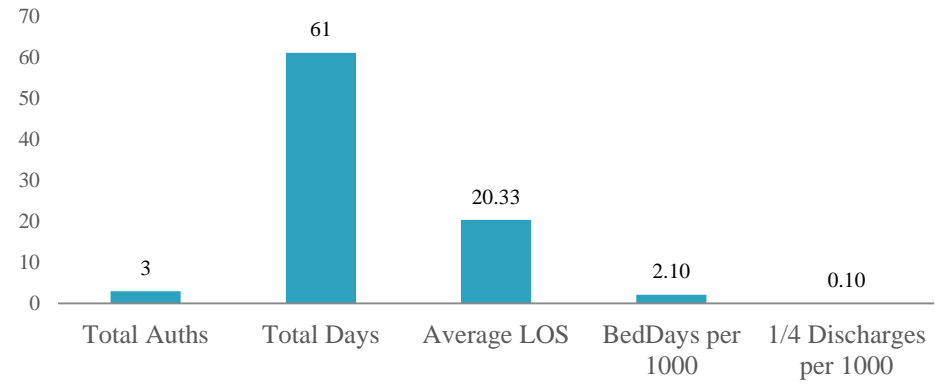
Mental Health



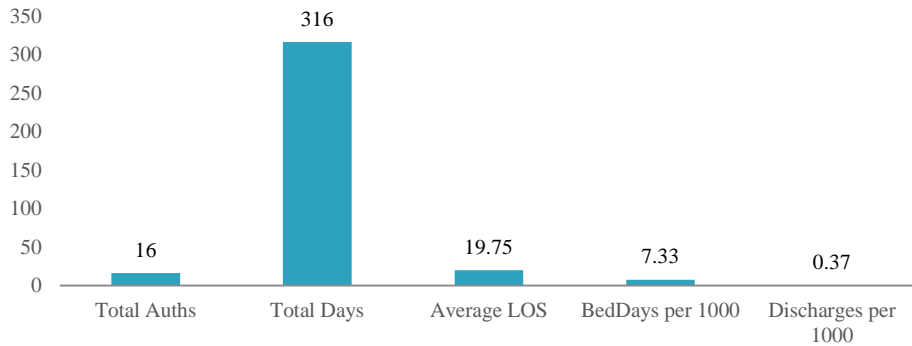
Mother & New Born



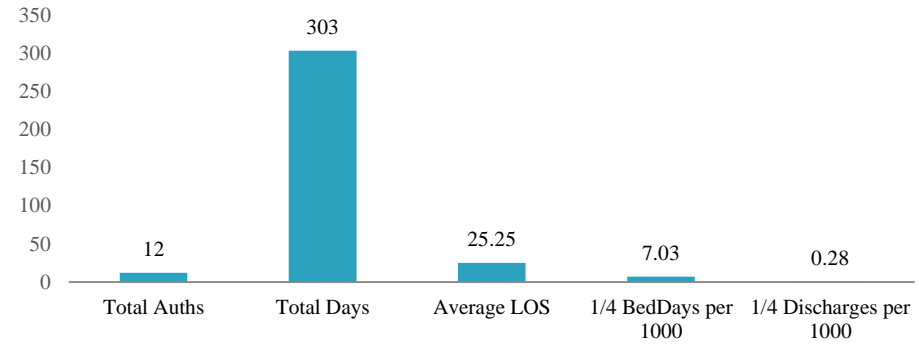
NICU



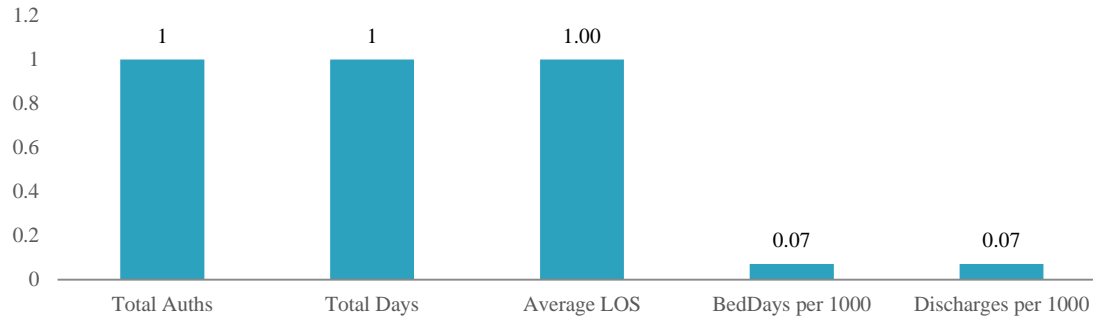
Rehab



Skilled Nursing



Transplants



Age & Gender Distribution

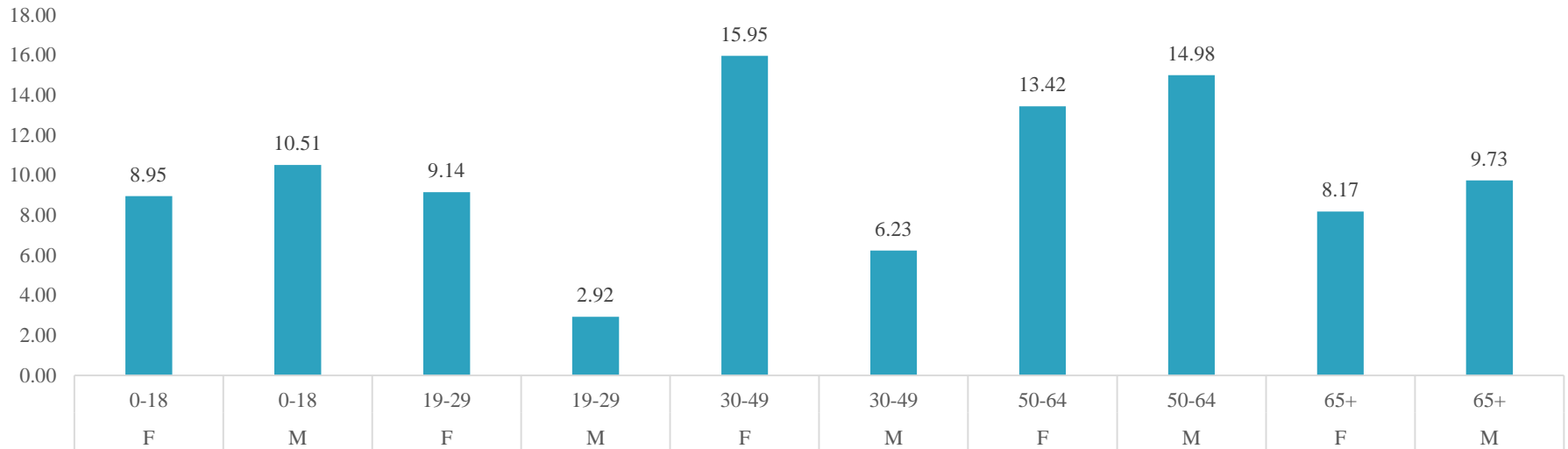
1st Quarter Plan Year 2019

07/01/2018 - 09/30/2018

Age Categories

	0 - 18	19 - 29	30 - 49	50 - 64	65+	Total
Female	46	47	82	69	42	286
Male	54	15	32	77	50	228
Total	100	62	114	146	92	514
Total (%)	20	12	22	28	18	100

% Discharges Comparison by Gender and Age



*The above table provides a breakout of discharged members by age categories, the above graph provides a comparison of male to female discharges in the same age categories.

Outpatient Authorizations & Denials

1st Quarter Plan Year 2019 07/01/2018 - 09/30/2018 Authorizations

OUTPATIENT SURGICAL SERVICES	959
DURABLE MEDICAL EQUIPMENT	177
MEDICAL OFFICE SERVICES	165
INFUSION SERVICES, EQUIPMENT AND SUPPLIES	59
AMBULATORY SERVICES	44
MENTAL HEALTH & SUBSTANCE ABUSE PARTIAL	11
OUTPATIENT MENTAL HEALTH SERVICES	8
MEDICAL TRANSPORTATION SERVICES	8
DIALYSIS SERVICES	7
WOUND CARE SERVICES	2
OUTPATIENT TRANSPLANT SERVICES	1
PRENATAL CARE SERVICES	1
HOME HEALTH SERVICES	1
Totals	1443

Denials	Ambulatory Services	Outpatient	Medical Office Services	Infusion Services, Equipment & Supplies	DME	Prenatal Care	Mental Health & Substance Abuse	Total
Denied, Not Medically Necessary	0	1	0	1	2	0	2	6
Denied, Not Covered by Plan	0	3	2	1	4	1	0	11
Denied Authorization Insufficient Medical Information	1	0	0	0	1	0	0	2
NULL	0	0	0	0	2	0	0	2
Denied Experimental SVCS EXC	1	0	1	0	0	0	0	2
Total Number of Denied Requests	1	4	2	2	7	1	2	23

Appendix A

Medical Discharges by Facility and Level of Care

Facility	Total Admits	Total Days	Level Of Care	ALOS by Level of Care
BANNER CHURCHILL COMMUNITY HOSPITAL	1	1	Acute	1.00
BELLA TERRA CEDAR CITY	1	21	SNF	21.00
CARSON TAHOE BEHAVIORAL HLTH SVCS	1	6	Mental Health	6.00
CARSON TAHOE REGIONAL MEDICAL CTR	52	133	Acute	2.56
CARSON TAHOE SIERRASURGERY	1	9	Acute	9.00
CARSON VALLEY MEDICAL CENTER	1	3	Acute	3.00
CENTENNIAL HILLS HOSPITAL MED CTR	26	72	Acute	2.77
COMPLEX CARE HOSPITAL AT TENAYA	2	40	Acute	20.00
CONTINUECARE HOSP OFCARSON TAHOE	1	16	Acute	16.00
DESERT PARKWAY BEHAVIORAL HEALTH	4	39	Mental Health	9.75
DESERT SPRINGS HOSPITAL	4	13	Acute	3.25
DIXIE REGIONAL MED CENTER	3	6	Acute	2.00
DIXIE REGIONAL MED CENTER	1	6	Rehab	6.00
EISENHOWER MEDICAL CENTER	1	4	Acute	4.00
ENCINO HOSPITAL MEDICAL CTR	1	7	Mental Health	7.00
FREMONT HEALTHCARE CENTER	1	35	SNF	35.00
GARFIELD MEMORIAL HOSPITAL	1	4	Acute	4.00
GROVER C DILS MEDICAL CENTER	3	13	Acute	4.33
GROVER C DILS MEDICAL CENTER	1	9	SNF	9.00
HEALTHSOUTH HOSPITAL	1	28	Rehab	28.00
HEALTHSOUTH REHAB HOSP OFHENDERSON	2	22	Rehab	11.00
HEALTHSOUTH TREASURECOAST REHAB	1	10	Rehab	10.00
HEARTHSTONE OF N NV	2	60	SNF	30.00
HENDERSON HOSPITAL	16	64	Acute	4.00
INTO ACTION RECOVERYCENTER	1	5	Mental Health	5.00
KALISPELL REGIONAL HOSP	2	5	Acute	2.50
KINDRED HOSPITAL LASVEGAS FLAMINGO	1	12	Acute	12.00
KINDRED HOSPITAL LASVEGAS FLAMINGO	1	32	SNF	32.00
KINDRED TRANS CARE AND REHAB	1	38	SNF	38.00
LAKESIDE HEALTH & WELLNESS	1	15	SNF	15.00
MAYNORDS RECOVERY CENTER	1	6	Mental Health	6.00
MESA VIEW REGIONAL HOSPITAL	2	6	Acute	3.00
MIDLAND MEMORIAL HOS	1	2	Acute	2.00
MIKE O'CALLAGHAN FEDHOSPITAL	1	1	Acute	1.00

Facility	Total Admits	Total Days	Level Of Care	ALOS by Level of Care
MISCELLANEOUS VENDOR	1	4	Acute	4.00
MONTEVISTA HOSPITAL	2	11	Mental Health	5.50
MOUNTAIN VIEW HOSPITAL	20	83	Acute	4.15
MOUNTAIN VIEW HOSPITAL	2	27	Rehab	13.50
MT GRANT GENERAL HOSPITAL	1	3	Acute	3.00
NORTH VISTA HOSPITAL	1	6	Acute	6.00
NORTHEASTERN NEV R/H	13	29	Acute	2.23
NORTHERN NV MEDICAL	1	2	Acute	2.00
OREGON HEALTH SCIENCES UNIV	2	95	Acute	47.50
PACKARD CHILDRENS HOSP	1	5	Acute	5.00
PHELPS COUNTY REGIONAL MEDICAL CTR	1	2	Acute	2.00
PHOENIX CHILDRENS HOSPITAL	1	8	Acute	8.00
PLUMAS DISTRICT HOSPITAL	2	6	Acute	3.00
PRIMARY CHILDRENS MEDICAL CENTER	2	27	Acute	13.50
PROVO CANYON BEHAVIORAL HOSPITAL	1	4	Mental Health	4.00
RADY CHILDRENS HOSP	1	5	Acute	5.00
REMEDY DETOX CENTERS	1	7	Mental Health	7.00
RENO BEHAVIORAL HEALTHCARE HOSP	4	28	Mental Health	7.00
RENOWN REGIONAL MEDICAL CENTER	99	382	Acute	3.86
RENOWN REHAB HOSPITAL	1	5	Rehab	5.00
RENOWN SOUTH MEADOWS	15	28	Acute	1.87
RONALD REAGAN UCLA MEDICAL CENTER	2	10	Acute	5.00
ROSEWOOD REHABILITATION CENTER	2	42	SNF	21.00
SAINT LUKES EAST HOSPITAL	1	3	Acute	3.00
SAINT LUKES SOUTH HOSPITAL	1	7	Rehab	7.00
SANTA BARBARA COTTAGE HOSPITAL	1	2	Acute	2.00
SANTA BARBARA COTTAGE HOSPITAL	1	8	Mental Health	8.00
SEA CHANGE SANTA MONICA	1	3	Mental Health	3.00
SEA CHANGE SANTA MONICA	1	3	Rehab	3.00
SEBASTIAN RIVER MEDICAL CENTER	2	13	Acute	6.50
SEBASTIAN RIVER MEDICAL CENTER	1	8	SNF	8.00
SEVEN HILLS BEHAVIORAL INSTITUTE	7	36	Mental Health	5.14
SILVER RIDGE HEALTHCARE CENTER	1	13	SNF	13.00

Facility	Total Admits	Total Days	Level Of Care	ALOS by Level of Care
SOUTHERN HILLS HOSPITAL	10	45	Acute	4.50
SPRING MOUNTAIN TREATMENT CENTER	3	17	Mental Health	5.67
SPRING VALLEY HOSPITAL MEDICAL CTR	10	32	Acute	3.20
ST ALPHONSUS REGIONAL MED CTR	1	6	Acute	6.00
ST HELENA HOSPITAL	1	1	Acute	1.00
ST JOSEPH HOSPITAL	1	4	Acute	4.00
ST LUKES HOSPITAL	1	1	Acute	1.00
ST LUKES NAMPA MEDICAL CENTER	1	1	Acute	1.00
ST MARYS REGIONAL MED CTR	4	11	Acute	2.75
ST ROSE DOMINICAN HOSPITAL - DELIMA	1	3	Acute	3.00
ST ROSE DOMINICAN HOSPITAL - DELIMA	1	20	Rehab	20.00
ST ROSE DOMINICAN SAN MARTIN CAMPUS	13	26	Acute	2.00
ST ROSE DOMINICAN SIENA	27	87	Acute	3.22
STANFORD MEDICAL CENTER	1	2	Acute	2.00
SUMMERLIN HOSPITAL MEDICAL CENTER	36	192	Acute	5.33
SUMMERLIN HOSPITAL MEDICAL CENTER	1	22	Rehab	22.00
SUNRISE HOSPITAL & MEDICAL CTR	16	88	Acute	5.50
SUNRISE HOSPITAL & MEDICAL CTR	2	30	Rehab	15.00
SWEDISH MEDICAL CENTER-FIRST HILL	1	3	Acute	3.00

Facility	Total Admits	Total Days	Level Of Care	ALOS by Level of Care
TEXAS CYPRESS CREEKHOSPITAL	1	7	Mental Health	7.00
THE DESERT HOPE TREATMENT CENTER	2	16	Mental Health	8.00
U OF U HOSPITAL CLINICS	7	48	Acute	6.86
U OF U HOSPITAL CLINICS	2	55	Rehab	27.50
U OF U HUNTSMAN CANCER INSTITUTE	2	17	Acute	8.50
UC DA VIS MEDICAL CENTER	1	3	Acute	3.00
UC IRVINE MEDICAL CENTER	1	2	Acute	2.00
UCSD MEDICAL CENTER	1	5	Acute	5.00
UCSF MEDICAL CENTER	3	10	Acute	3.33
UNIV OF WISCONSIN HOSPITAL	1	2	Acute	2.00
UNIVERSITY MEDICAL CENTER-LV	10	28	Acute	2.80
USA HEALTH UNIVERSITY HOSPITAL	1	1	Acute	1.00
VA SIERRA NV HEALTH	1	8	Acute	8.00
VA SIERRA NV HEALTH	1	5	Mental Health	5.00
VALLEY HOSPITAL MEDICAL CENTER	6	17	Acute	2.83
WASHINGTON REGIONALMEDICAL CENTER	1	3	Acute	3.00
WEST HILLS HOSPITAL-NV	6	27	Mental Health	4.50
WEST PINE BEHA VIORALHEALTH	1	6	Mental Health	6.00
WILLAMETTE VALLEY MEDICAL CENTER	1	2	Acute	2.00
WILLIAM BEE RIRIE HOSPITAL	1	2	Acute	2.00

Performance Standards & Guarantees – Self Reported

1st Quarter Plan Year 2019 07/01/2018 – 09/30/2018		
Service Performance Standard (Metric)	Guarantee Measurement	Pass/Fail
I. Quarterly and annual management reports	100% - Delivery of Quarterly reports within 45 days of end of reporting period as established by PEBP.	Pass
II. Notification of potential high expense cases*	95.0% - Designated PEBP staff will be notified within 5 business days of the UM vendors initial notification of requested service.	Pass
III. Pre-certification information shall be provided to PEBP's Fourth party administrator	98% - Pre-certification requests from healthcare providers shall be communicated to PEBP's First party administrator using an approved method e.g. electronically, within 5 business days of UM completing pre-certification determination.	Pass
IV. Concurrent hospital review	98% - Concurrent hospital reviews shall be completed and communicated using an approved method e.g. electronically within 5 business days of determination decision.	Pass

*High expense case is defined as a single-claim or treatment plan expected to exceed \$1,000,000.



Quarterly
Update for
PREMIER EPO PLAN
1Q FY 2019
(07/01/2018 - 09/30/2018)



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Case Management – Executive Summary

Case management (CM) is a voluntary process where the clinical professionals at the utilization management company work with patients and their family members, caregivers and other health care providers to assist with coordination of various medical treatment needs of patients. Case management services are particularly helpful when a plan participant (patient) needs complex, costly and/or high-technology services such as those related to organ and tissue transplants, certain cancer treatments, serious head injuries, hospice care or certain behavioral health issues.

Active Cases: For Q1 2019, 222 clients were identified through prior authorization and referral processes for screening by staff. Of those, 54 members met preliminary criteria for enrollment into the Case Management (CM) program and 39 accepted, representing 72.2% of eligible cases screened. This is the baseline reporting period for Hometown Health. Cases are identified from pre-certifications as well as potential high cost and trigger diagnosis reports.

	Screened	Eligible	Enrolled	%
Current Quarter 07/01/2018 to 09/30/2018	222	54	39	72.2%
Previous Quarters	N/A	N/A	N/A	N/A
Screened Plan Year 2019 07/01/2018 to 09/30/2019	222	54	39	72.2%

For the current quarter, of the 222 clients screened:

- 156 discharged patients were managed and transitioned through case management to alternate levels of care or discharged home on an independent basis. 39 cases were actually managed in the post-discharge setting.
- 54 members met preliminary criteria for enrollment into CM. 39 members elected to participate in the CM program. 15 members were not enrolled due to various factors related to lack of MD referrals, end of life issues, declined consents, and other social behavior influences.
- This is the baseline reporting period for the Premiere Plan with total enrollment of 39 for the quarter. Typical case duration expands 9 months to 2 years as members regain function and stabilize or their condition deteriorates.

Case Management – Executive Summary (continued)

The majority of clients referred to CM continues to be from the Utilization Review nurses at time of referral, time of hospital admission, or time of transition to an alternate level of care. These referrals make up 75% of the referrals to Case Management. 25% of the cases screened came from physicians, plan referrals, specialty clinics and other health care facilities.

Case management estimated cost savings is \$78,000 for the First quarter of Plan Year 2019. Additional savings will be realized under Healthscope for the early intervention and referrals/resources channeled to in-network provider services.

Conclusion

During the first quarter of Plan Year 2019, 222 unique members were screened for possible case management intervention. Of the 222, 54 members met preliminary criteria for enrollment into CM and 39 members (72.2%) elected to enroll in the program.

Case Management – Referral Reason Report

	Quarterly 07/01/2018 to 09/30/2018	Year to Date 7/1/2018 to 09/30/2018
CM Trigger List	222	222
High Dollar	Included in Trigger List	Included in Trigger List
High Risk	Included in Trigger List	Included in Trigger List
Other		
Totals	222	222

Case Type – Summary Report

	Quarterly 07/01/2018 to 09/30/2018					Year to Date 07/01/2018 to 09/30/2018				
	New Cases Opened	Full Cases Opened	Benefit Mgmt	LOAs	Totals	New Cases Opened	Full Cases Opened	Benefit Mgmt	LOAs	Totals
Bariatric	8	0			8	8	0			8
LCM	26	0			26	26	0			26
BH/CHEM	2	0			2	2	0			2
Transplant	3	0			3	3	0			3
Other										
Totals	39	0	0	0	39	39	0	0	17	39
Total Open Cases	39									

Case Management – Summary Report

Report Glossary:

New Cases Opened:

Number of cases opened to full (traditional) case management within the period.

Full Cases Opened

Number of existing cases carried over from previous reporting periods remaining active during current reporting period.
(Excludes new cases opened within period).

Benefit Management Cases:

Referrals for simple discharge planning, resources, brief education, CM consults, etc. within the period.

LOAs

Extra-contractual agreements executed within the period.

Utilization Management – Executive Summary

The PEBP Consumer Driven Health Plan (CDHP) requires participants to obtain a pre-certification for certain medical services such as inpatient hospital admissions, skilled nursing facility admissions and bariatric weight loss surgeries. This requirement is also referred to as utilization management, utilization review, concurrent and retrospective review. The purpose of utilization management is to evaluate the appropriateness, the medical need and efficiency of certain healthcare services and procedures.

Inpatient Utilization Overview:

Based on the first quarter, the PEBP population was 8,523 (average monthly lives for the quarter). First quarter data shows 163 member admissions and 156 member discharges. Discharges for the first quarter were 18.15 members per thousand lives managed. Discharges annualized were 72.57 members per thousand lives managed. Bed days for the first quarter were 73.76 members per thousand lives managed. Bed days annualized were 294.84 members per thousand lives managed. The average length of stay was 4.16 days.

Inpatient Authorization and Denials:

The data show 156 authorized admissions were discharged in the quarter. General Med/Surg discharges composed the majority of all discharges with 119 (76.28%), Mother and Newborn 23 (14.74%), Mental Health 11 (7.05%), NICU 2 (1.28%), and Rehab 1 (0.64%) of total discharges.

Quarter/Year	General Med/Surg	Mother & Newborn	Mental Health	NICU	Rehab
1Q 2019	119 76.28%	23 14.74%	11 7.05%	2 1.28%	1 0.64%

First quarter data shows 4 admission denials for a total of 49 denial days. 2 admit(s) with 18 day(s) were “DENIED SERVICE OUT OF PLAN”, 1 admit with 30 days was “DENIED NOT MEDICALLY NECESSARY”, 1 admit with 1 day was “DENIED NOT COVERED BY PLAN”.

Utilization Management – Executive Summary (Continued)

Reviewing Discharges by Specialty for the this Quarter:

- **General Med/Surg** discharges were 119, with a total of 396 authorized days and an average LOS of 3.33 days. Bed days of 46.16 per thousand lives managed for the quarter (*annualized 184.53 per thousand*), and 13.85 members discharged per thousand of lives managed for the quarter (*annualized 55.35 per thousand*).
- **Mother & Newborn** discharges were 23, with a total of 56 authorized days and an average LOS of 2.43 days. Bed days of 6.55 per thousand lives managed for the quarter (*annualized 26.19 per thousand*) and 2.68 members were discharged per thousand lives managed for the quarter (*annualized 10.73 per thousand*).
- **Mental Health** discharges were 11, with a total of 88 authorized days and an average LOS of 8 days. Bed days of 10.20 per thousand lives managed for the quarter (*annualized 40.76 per thousand*) and 1.27 members were discharged per thousand lives managed for the quarter (*annualized 5.10 per thousand*).
- **NICU** discharges were 2, with a total of 19 authorized days and an average LOS of 9.50 days. Bed days of 6.56 per thousand lives managed for the quarter (*annualized 26.24 per thousand*) and 0.69 members were discharged per thousand lives managed for the quarter (*annualized 2.76 per thousand*).
- **Rehab** discharges were 1, with a total of 12 authorized days and an average LOS of 12 days. Bed days of 4.28 per thousand lives managed for the quarter (*annualized 17.11 per thousand*) and 0.36 members were discharged per thousand lives managed for the quarter (*annualized 1.43 per thousand*).

Utilization Management – Executive Summary (Continued)

Age and Gender Distribution:

First quarter discharges show 36.3% of the members discharged fall in the age bracket of 50-64. Overall women make-up 63.69% of all discharges in this quarter.

Out-Patient Utilization and Denials (*Services Include: Medical Office Visits, Outpatient Surgery, Durable Medical Equipment, Ambulatory Services, Infusion, Rehabilitation, Home Health, Medical Transportation, Outpatient Mental Health, Prenatal Care, Wound Care Services, Transplant, Hospice*):

First quarter outpatient utilization consisted of 1,119 requests for services authorized. Authorizations for services are as follows: Medical Office Services composed 33.96% of total requests. Outpatient Surgical Services composed 33.87% of total requests. Durable Medical Equipment requests composed 19.57% of total requests. Ambulatory Services composed 3.93 % of total requests. Infusion Services composed 3.75%. Outpatient Rehabilitative Therapy Services composed 1.80% of total requests. Home Health Services 1.43%. The remaining requests composed 1.70% of total requests and include: Medical Transportation Services, Outpatient Mental Health Services, Prenatal Care Services, Wound Care Services, Outpatient Transplant Services, and Hospice Services (0.63%, 0.36%, 0.27%, 0.18%, 0.18%, and 0.09% respectively).

There were 30 outpatient requests for services denied during this quarter of FY 2019. The requests included 2 for ***Durable Medical Equipment (DME)***, 5 for ***Medical Office Services***, and 2 for ***Outpatient Surgical Services*** were denied as “Not Covered by Plan”. 2 for ***Durable Medical Equipment (DME)***, 1 for ***Ambulatory Services*** were “Denied Not Medically Necessary”. 3 for ***Ambulatory Services***, 10 for ***Medical Office Services***, and 1 for ***Infusion Services, Equipment & Supplies*** were “Denied Service out of Plan”. 1 for ***Home Health Services*** was “Auth Member Exceeds Max Limits”. 1 for ***Durable Medical Equipment (DME)***, and 1 for ***Medical Office Services*** were denied as “Experimental Services EXC”. Lastly 1 request for ***Ambulatory Services*** was denied without a given reason.

Estimated savings provided do not include denials of coverage for services designated as non covered in the PEBP Master Plan document or potential savings from Letters of Agreement negotiated by Hometown health, but administered by PEBP and Healthscope.

Inpatient Utilization

1st Quarter Plan Year 2019			
07/01/2018 - 09/30/2018			
Average Population	8,523	Quarterly Discharges Per Thousand	18.85
Total Discharges	156	Quarterly Bed Days Per Thousand	73.76
Days Approved	571		
Total Reviews Performed			
Admissions	163		
Concurrent	116		
Retrospective	47		

*The above table provides an overview of inpatient pre-certification/authorizations.

Inpatient Authorizations & Denials

1st Quarter Plan Year 2019 07/01/2018 - 09/30/2018						
Admissions	Total	General Med/Surg	Mother & Newborn	Mental Health	NICU	Rehab
# of Discharges	156	119	23	11	2	1
Quarterly Discharges per 1000	18.85	13.85	2.68	1.27	0.69	0.36

Total Denied								
Denials	Surgical	Medical	Detox	Obstetrical	Rehab	Skilled Nursing Facility	Observation	Total
Total Number of Denied Requests	1	0	0	1	2	0	0	4
Denied, Not Medically Necessary	0	0	0	0	1	0	0	1
Denied, Not Covered by Plan	0	1	0	1	0	0	1	1
Denied, Service Out Of Plan	1	0	0	0	1	0	0	2

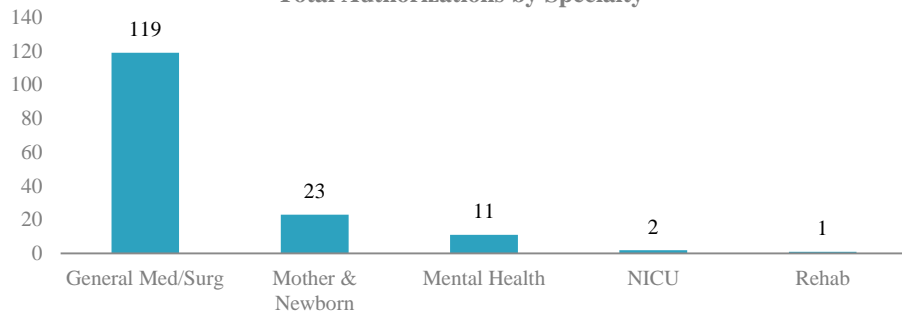
*The above tables provide an overview of inpatient authorization by utilization data. Total denied days are derived from prospective and concurrent reviews.

Inpatient Discharge Information

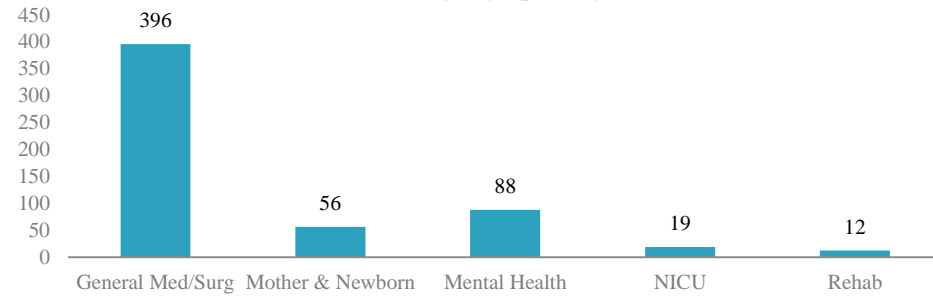
1st Quarter Plan Year 2019 07/01/2018 - 09/30/2018						
Discharges by Specialty	Total Auths	Total Days	Average LOS	Quarterly Beddays/1,000	Quarterly Discharges/1,000	
General Med/Surg	119	396	3.33	46.16	13.85	
Mother & Newborn	23	56	2.43	6.55	2.68	
Mental Health	11	88	8.00	10.20	1.27	
NICU	2	19	9.50	6.56	0.69	
Rehab	1	12	12.00	4.28	0.36	

*The above tables provide an overview of discharges by category and as a whole, in addition the table provides a further breakout of the medical category. Graphic representation of Discharges by specialty is located on pages 17 through 18 of this report.

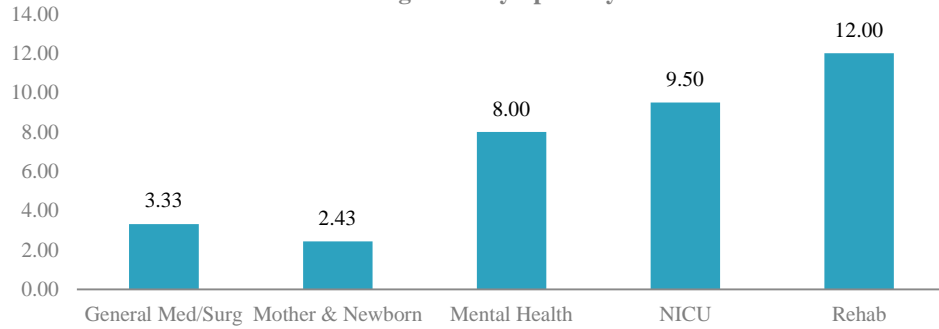
Total Authorizations by Specialty



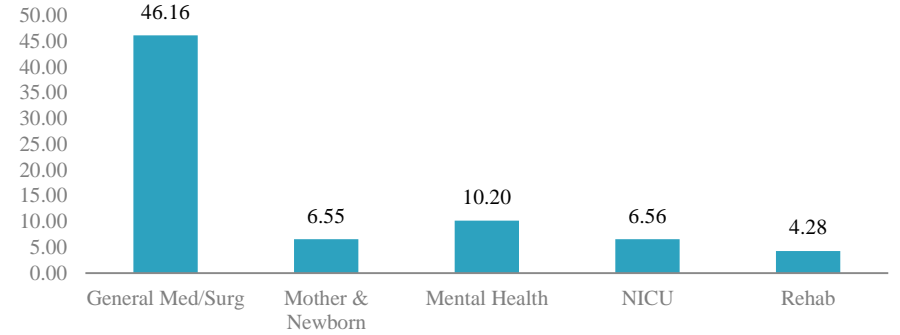
Total Days by Specialty



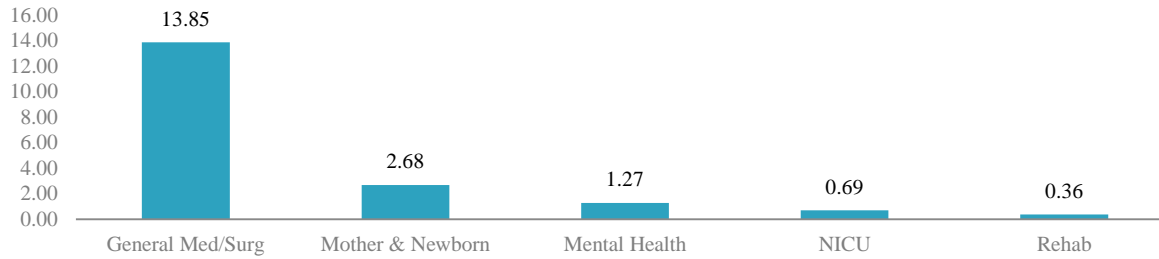
Average LOS by Specialty



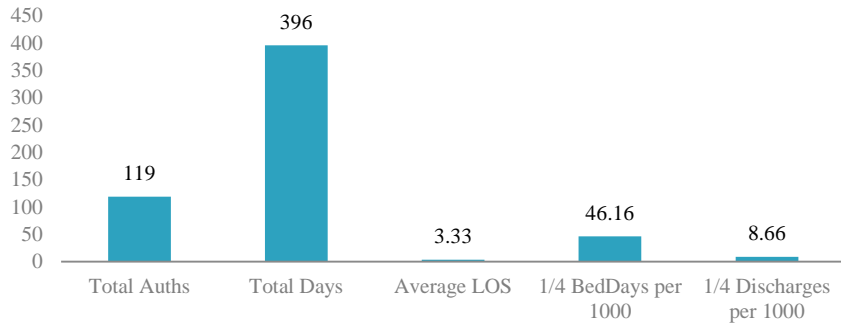
Average Bed Days per Thousand



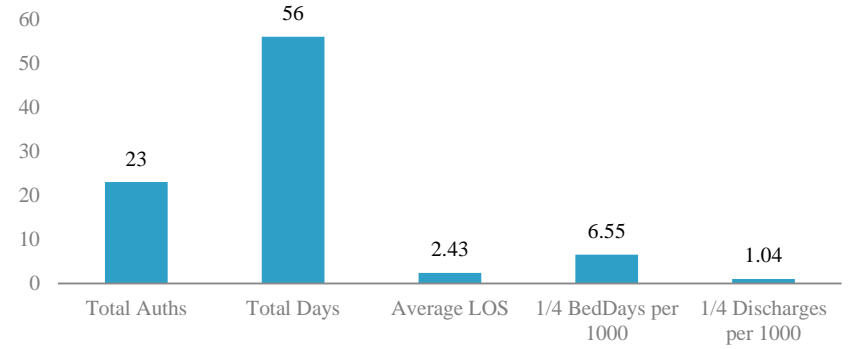
Discharges per Thousand



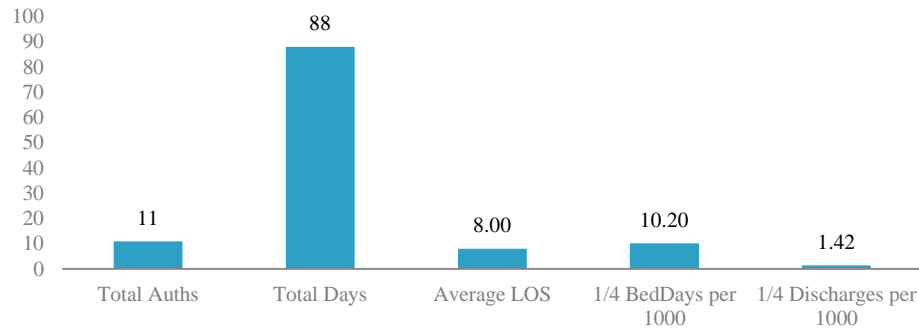
General Med/Surg



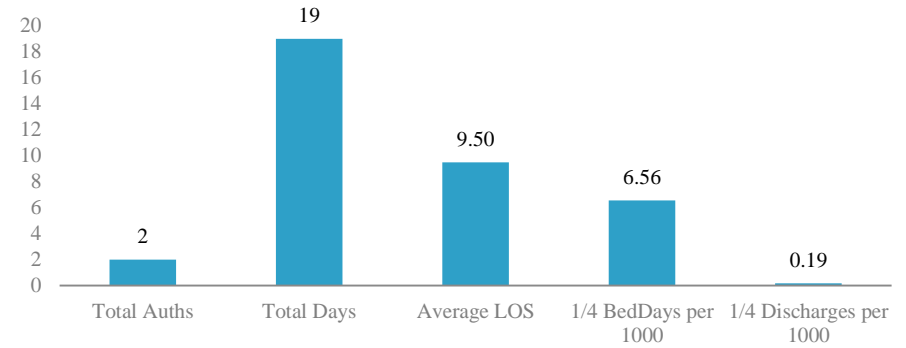
Mother & Newborn



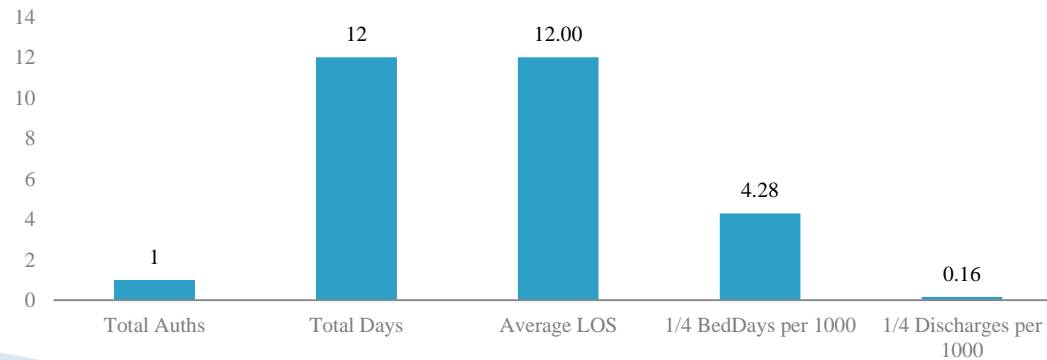
Mental Health



NICU



Rehab



Age & Gender Distribution

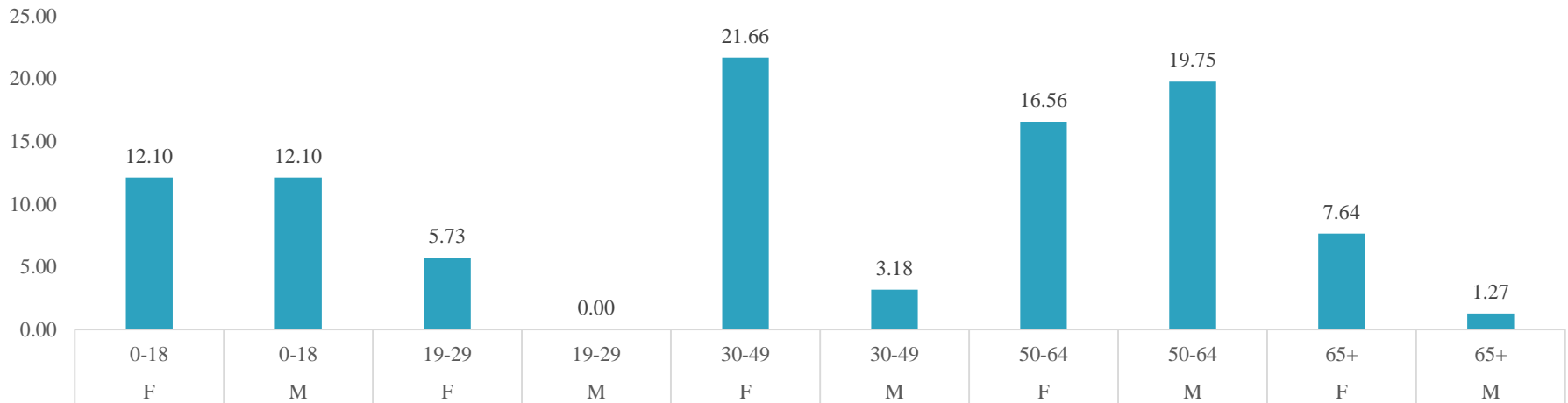
1st Quarter Plan Year 2019

07/01/2018 - 09/30/2018

Age Categories

	0 - 18	19 - 29	30 - 49	50 - 64	65+	Total
Female	19	9	34	26	12	100
Male	19	0	5	31	2	57
Total	38	9	39	57	14	157
Total (%)	24	6	25	36	9	100

% Discharges Comparison by Gender and Age



*The above table provides a breakout of discharged members by age categories, the above graph provides a comparison of male to female discharges in the same age categories.

Outpatient Authorizations & Denials

1st Quarter Plan Year 2019 07/01/2018 - 09/30/2018 Authorizations

MEDICAL OFFICE SERVICES	380
OUTPATIENT SURGICAL SERVICES	379
DURABLE MEDICAL EQUIPMENT	219
AMBULATORY SERVICES	44
INFUSION SERVICES, EQUIPMENT AND SUPPLIES	42
OUTPATIENT REHABILITATIVE THERAPY SERVICES	20
HOME HEALTH SERVICES	16
MEDICAL TRANSPORTATION SERVICES	7
OUTPATIENT MENTAL HEALTH SERVICES	4
PRENATAL CARE SERVICES	3
WOUND CARE SERVICES	2
OUTPATIENT TRANSPLANT SERVICES	2
HOSPICE SERVICES	1
Totals	1119

Denials	Ambulatory	Outpatient	Medical Office	Infusion	Home Health	DME	Total
Denied, Not Medically Necessary	1	0	0	0	0	2	3
Denied, Not Covered by Plan	0	2	5	0	0	2	9
Denied Service Out Of Plan	3	0	10	1	0	0	14
Auth Member Exceeds Max Limits	0	0	0	0	1	0	0
Denied Experimental SVCS EXC	0	0	1	0	0	1	3
NULL	1	0	0	0	0	0	1
Total Number of Denied Requests	5	2	16	1	1	5	30

Appendix A

Medical Discharges by Facility and Level of Care

Facility	Total Admits	Total Days	Level Of Care	ALOS by Level of Care
ALTA BATES SUMMIT MEDICAL CENTER	2	24	Mental Health	12.00
CARSON TAHOE BEHAVIORAL HLTH SVCS	2	9	Mental Health	4.50
CARSON TAHOE REGIONAL MEDICAL CTR	44	95	Acute	2.16
CARSON TAHOE REGIONAL MEDICAL CTR	1	22	Mental Health	22.00
CARSON VALLEY MEDICAL CENTER	1	8	Acute	8.00
CENTER FOR DISCOVERY	1	4	Mental Health	4.00
CHILDRENS HOSPITAL & RESEARCH CTR	1	1	Acute	1.00
EMORY UNIV HOSPITAL AT WESLEY WOODS	1	4	Mental Health	4.00
JOHN MUIR MEDICAL CENTER	1	3	Acute	3.00
NORTHEASTERN NEV R/H	4	12	Acute	3.00
NORTHERN NV MEDICAL	2	4	Acute	2.00
RENOWN REGIONAL MEDICAL CENTER	74	290	Acute	3.92
RENOWN REHAB HOSPITAL	1	12	Rehab	12.00
RENOWN SOUTH MEADOWS	11	21	Acute	1.91
ST JOSEPHS HOSPITAL-SYRACUSE, NY	1	7	Mental Health	7.00
STANFORD MEDICAL CENTER	1	3	Acute	3.00
TAHOE FOREST HOSPITAL	2	6	Acute	3.00
UC DAVIS MEDICAL CENTER	1	27	Acute	27.00
UCSF MEDICAL CENTER	1	3	Acute	3.00
WEST HILLS HOSPITAL-NV	1	4	Acute	4.00
WEST HILLS HOSPITAL-NV	3	18	Mental Health	6.00
WILLIAM BEE RIRIE HOSPITAL	1	1	Acute	1.00

Performance Standards & Guarantees – Self Reported

1st Quarter Plan Year 2019 07/01/2018 – 09/30/2018		
Service Performance Standard (Metric)	Guarantee Measurement	Pass/Fail
I. Quarterly and annual management reports	100% - Delivery of Quarterly reports within 45 days of end of reporting period as established by PEBP.	Pass
II. Notification of potential high expense cases*	95.0% - Designated PEBP staff will be notified within 5 business days of the UM vendors initial notification of requested service.	Pass
III. Pre-certification information shall be provided to PEBP's Fourth party administrator	98% - Pre-certification requests from healthcare providers shall be communicated to PEBP's First party administrator using an approved method e.g. electronically, within 5 business days of UM completing pre-certification determination.	Pass
IV. Concurrent hospital review	98% - Concurrent hospital reviews shall be completed and communicated using an approved method e.g. electronically within 5 business days of determination decision.	Pass

*High expense case is defined as a single-claim or treatment plan expected to exceed \$1,000,000.

6.2.3.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2018 – September 30, 2018:

6.2.3. The Standard Insurance – Basic Life and Long Term Disability Insurance

The Standard

Quarterly Report: Basic Life
Insurance and Long Term
Disability:
Quarter Ending
September 30, 2018



Board Meeting Date: November 29, 2018

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Board Meeting Date: November 29, 2018

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Basic Life Insurance & Long Term Disability Executive Summary

Most Recent Five Plan Years: July 01, 2014 to September 30, 2018

This is the initial report for the 2018-19 plan year, providing information for the five year period beginning July 1, 2014 and ending September 30, 2018.

Basic Life

Because this is the first report for the plan year, there's little to report on an incidence basis for Basic Life. Incidence (page 4) is reported on an incurred rather than paid basis. We only paid one employee claim incurred during the first quarter, along with 26 retiree claims. For the recently completed 2017-18 plan year overall Basic Life incidence was down, 7.6 claim per 1,000 insureds compared to a five year average of 8.0. Improved incidence for both employees and retirees contributed to those results with employees at 1.5 claims and retirees at 18.1 claims per 1,000 compared to five year averages of 1.7 and 18.8.

As with incidence, the Basic Life loss ratio (page 5) for the 2017-18 plan year was below the five year average. Overall the plan year loss ratio was 79% compared to an average of 83%. For employees it was 23% compared to an average of 27% and retirees it was 267% compared to an average of 275%.

Effective July 1, 2018, The Standard reduced Basic Life rates 4.8% and guaranteed them unconditionally through June 30, 2022 as part of the contract extension approved by the PEBP Board at the July 27, 2017 meeting.

Long Term Disability

With one quarter of information, there is little credibility to LTD claim experience for the current plan year. In fact, we approved only 1 claim incurred during the quarter. As we indicated previously, LTD claim incidence (page 7) for the 2017-18 plan year was exceptional with only 22 claims incurred, an incidence of 0.8 claims per 1,000, well below the five year average of 1.4. It's worth noting that PEBP's incidence levels are much better than our overall public sector LTD block for plans with a 180 day Waiting Period.

LTD loss ratios (page 8) are reported on a cash basis, without regard for incurred date. As you would expect given the exceptional incidence results, the loss ratio for the 2017-18 plan year was very good at 31%. While the first quarter loss ratio for the 2018-19 plan year is up compared to 2017-18 at 39%, it's still better than the five year average of 51%.

Effective July 1, 2018, The Standard reduced LTD rates 5.2% and guaranteed them unconditionally through June 30, 2022 as part of the contract extension approved by the PEBP Board at the July 27, 2017 meeting.

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Basic Life Insurance Claims by Plan Year and Participant Type

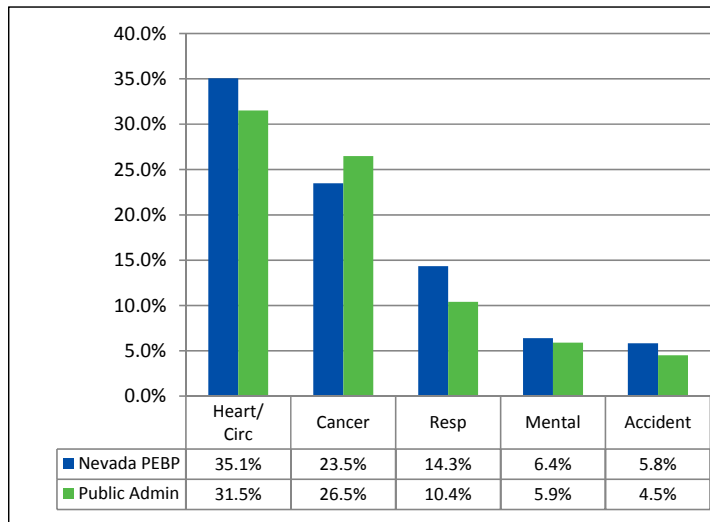
Most Recent Five Plan Years: July 01, 2014 to September 30, 2018

Participant Type	From Jul-14		From Jul-15		From Jul-16		From Jul-17		From Jul-18	
	Through Jun-15		Through Jun-16		Through Jun-17		Through Jun-18		Through Jun-19	
Participant Type	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000
Actives	38	1.6	41	1.7	51	2.0	40	1.5	1	0.0
Retirees	268	19.2	269	18.3	310	20.8	274	18.1	26	1.7
Totals	306	8.2	310	7.9	361	9.0	314	7.6	27	0.6

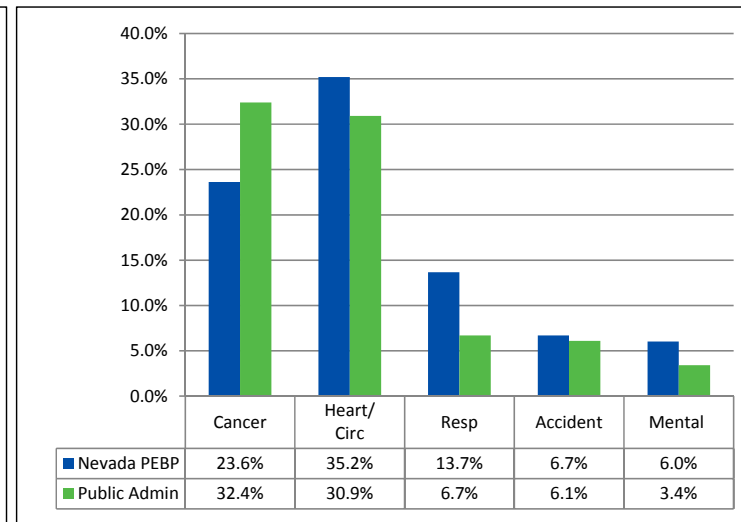
Basic Life Insurance Claims by Diagnostic Category

Public Admin benchmark is from SIC book of business for most recent 5 calendar years

Top Five Diagnostic Categories by Incidence



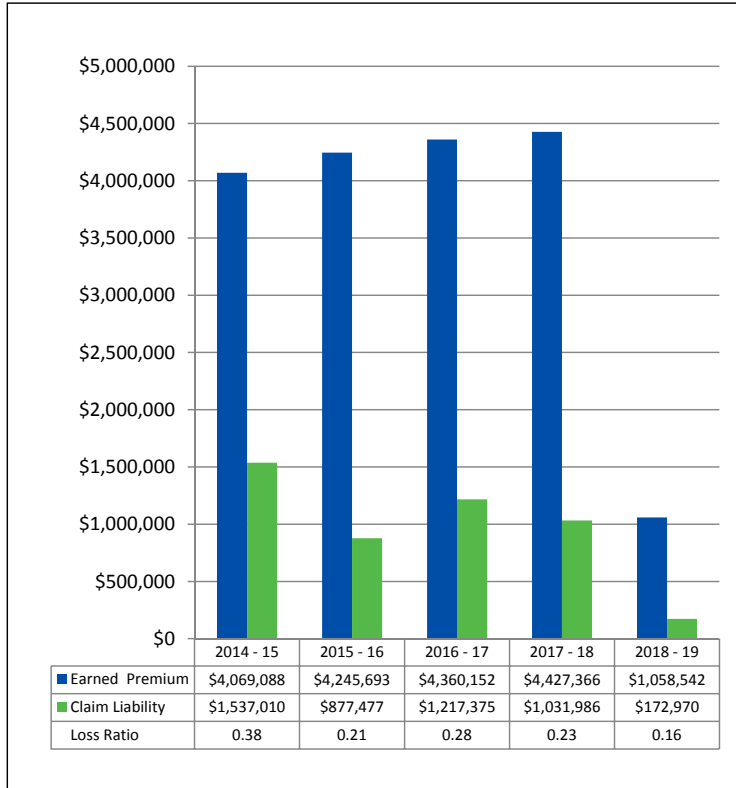
Top Five Diagnostic Categories by Liability



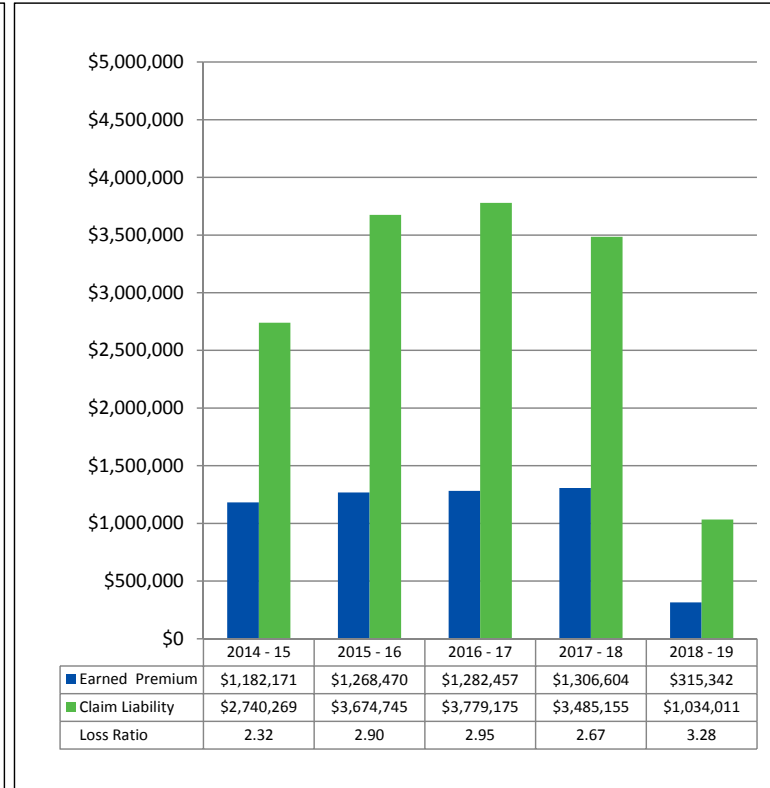
Basic Life Insurance Earned Premiums & Liability by Participant Type

Most Recent Five Plan Years: July 01, 2014 to September 30, 2018

Active Participants



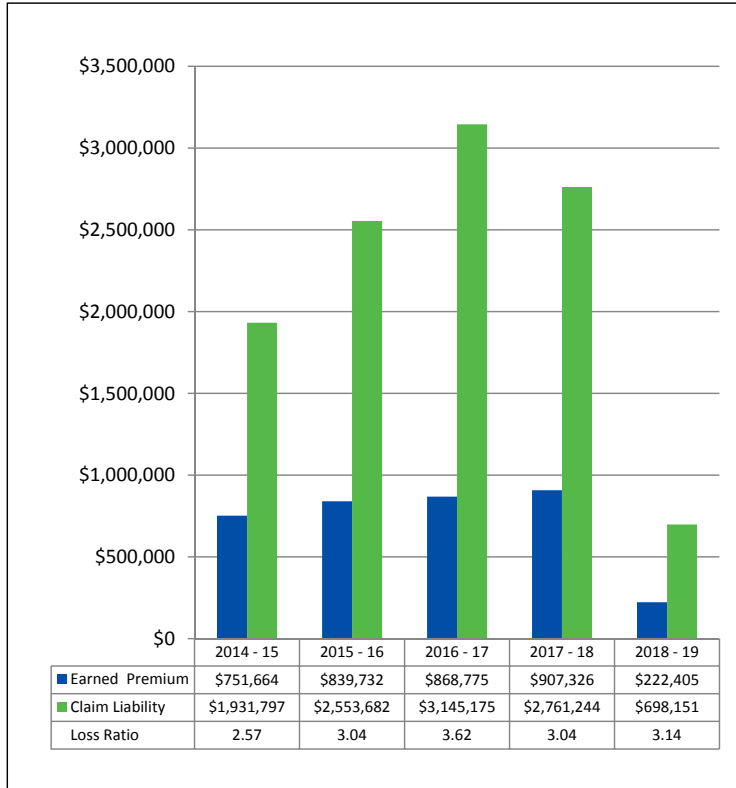
Retired Participants



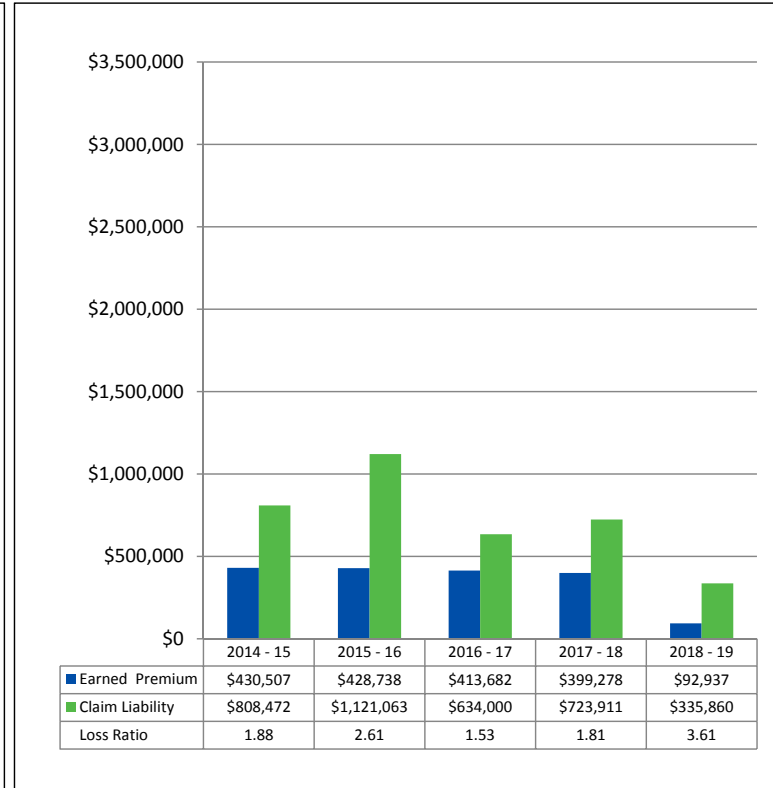
Basic Life Retiree Insurance Earned Premiums & Liability by Participant Type

Most Recent Five Plan Years: July 01, 2014 to September 30, 2018

State Retired Participants



Non-State Retired Participants



Long Term Disability Claims by Plan Year

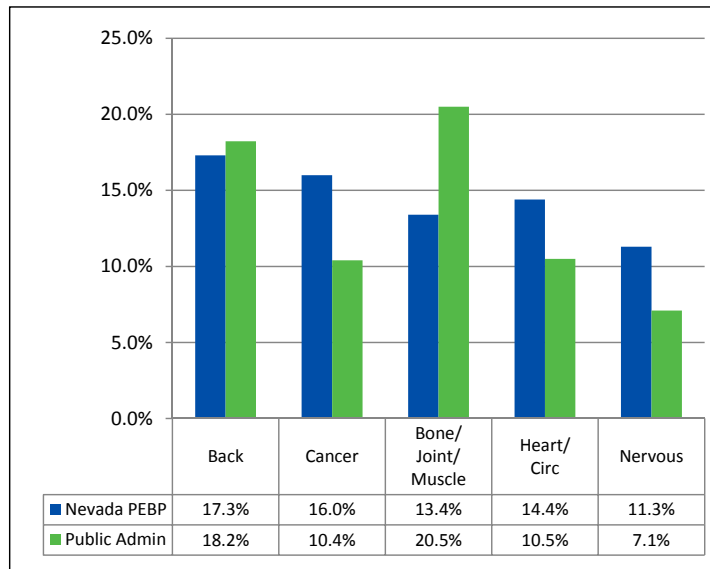
Most Recent Five Plan Years: July 01, 2014 to September 30, 2018

	From Jul-14		From Jul-15		From Jul-16		From Jul-17		From Jul-18	
	Through Jun-15		Through Jun-16		Through Jun-17		Through Jun-18		Through Jun-19	
	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000	Count	Inc./ 1000
LTD Claims	47	2.0	28	1.1	35	1.4	22	0.8	1	0.0

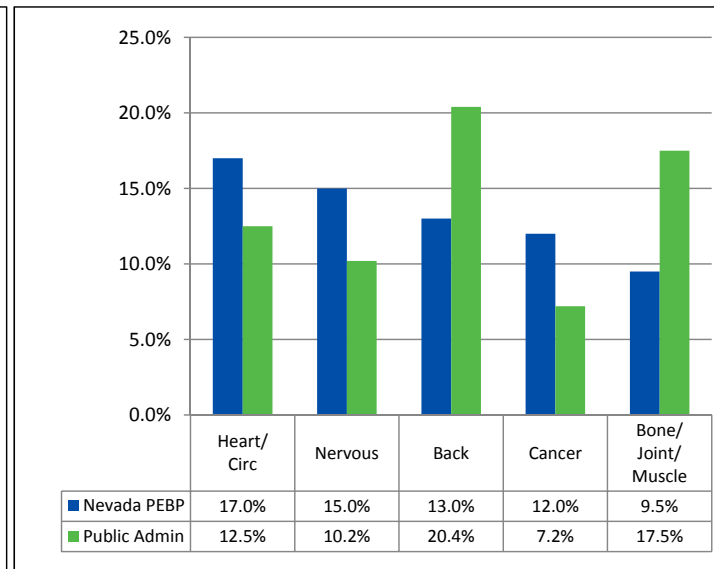
Long Term Disability Claims by Diagnostic Category

Public Admin benchmark is from SIC book of business for most recent 5 calendar years

Top Five Diagnostic Categories by Incidence

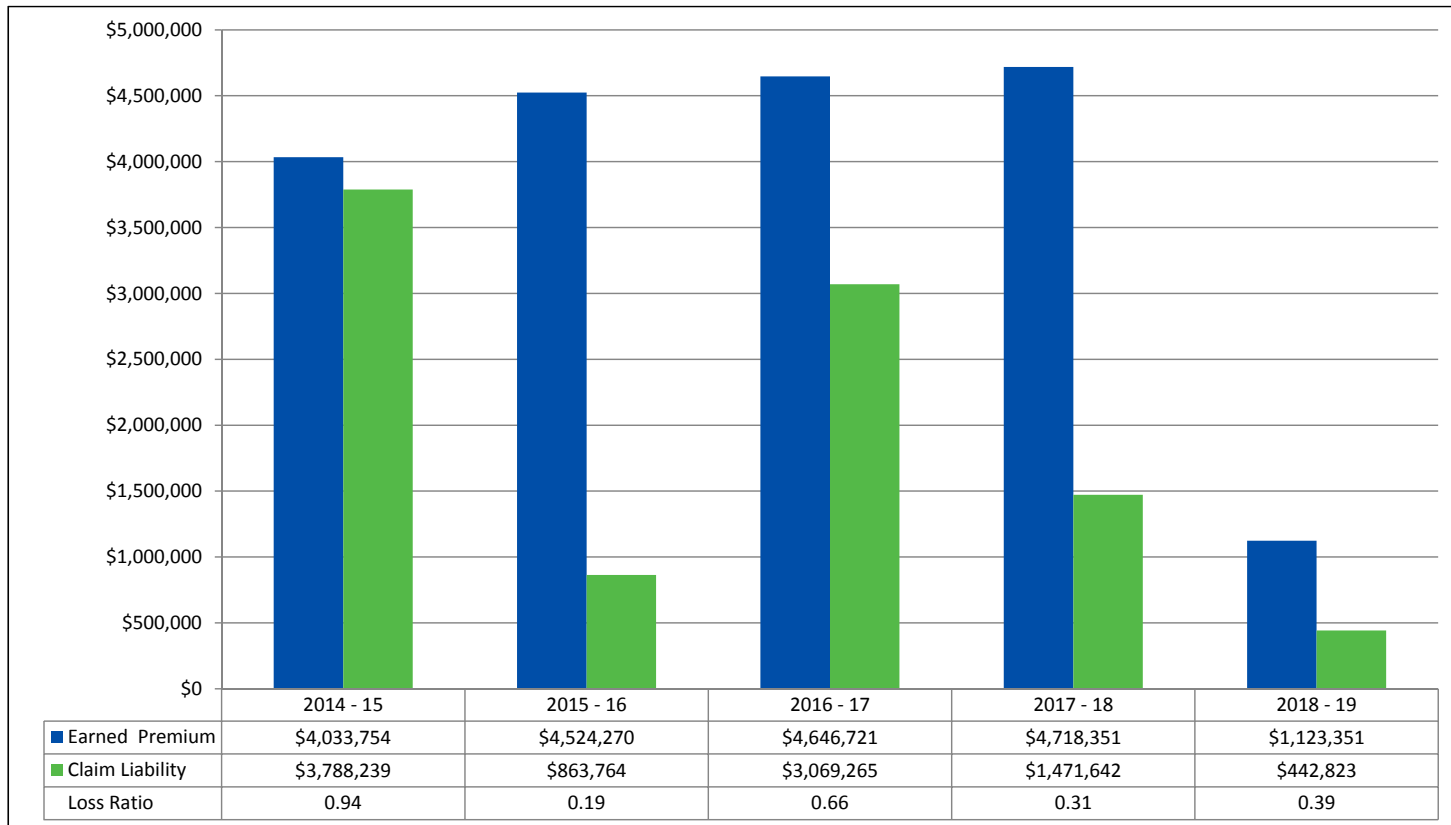


Top Five Diagnostic Categories by Liability



Long Term Disability Earned Premiums & Liability

Most Recent Five Plan Years: July 01, 2014 to September 30, 2018



Board Meeting Date: November 29, 2018

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Claim Appeals

Quarterly Update for Plan Year to Date July 01, 2018 to September 30, 2018

	In Process	Decision	Decision	Total
		Upheld	Overtured	
Claim Appeals				
Life Insurance Claims	0	0	0	0
Long-Term Disability Claims	0	0	0	0
Short-Term Disability Claims	0	0	0	0
Total Appeals	0	0	0	0

Board Meeting Date: November 29, 2018

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6.2.4.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2018 – September 30, 2018:

6.2.4. Willis Towers Watson's Individual Marketplace Enrollment & Performance Report

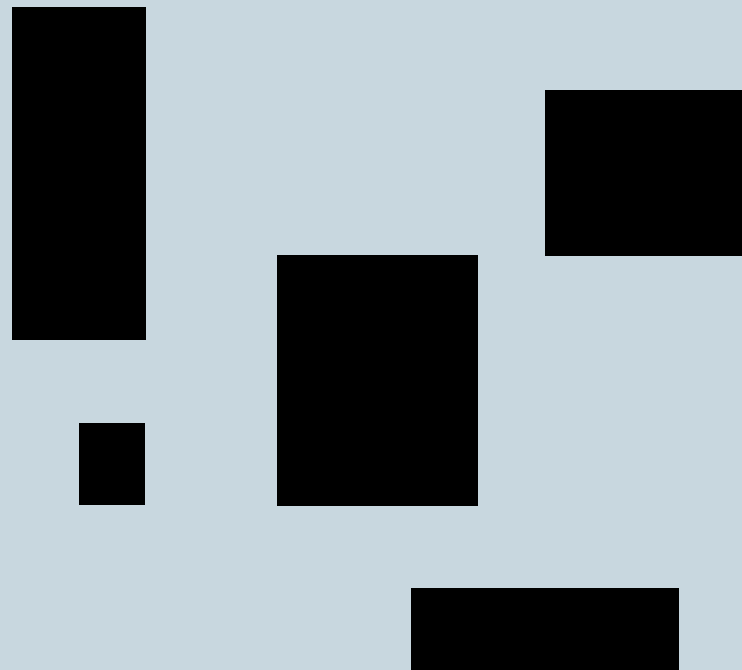
Nevada Public Employees Benefit Program

Quarterly Update - 1st Quarter Plan Year 2019

Willis Towers Watson's Individual Marketplace



January 7, 2019



The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2019

Executive Summary

Plan Enrollment:

- At the end of Q1 2019, PEBP's total enrollment into Medicare policies through Willis Towers Watson's Individual Marketplace increased to 13,796. Since inception, 98 carriers have been selected by PEBP's retirees with current enrollment in 1,115 different plans.
- Medicare Supplement (MS) plan selection is 73% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 6,357 and 1,985 enrollees respectively. The average monthly premium cost for MS plans remained consistent at \$147.
- The percentage of Medicare Advantage (MA or MAPD) plans selected remained 27%. Top MA carriers include Hometown Health Plan with 1,351 individual plan selection and Health Plan of Nevada with 1,077 individual plan selections. The average monthly premium cost to PEBP participants remained constant at \$22.

Customer Satisfaction:

- Q1 2019, PEBP participant satisfaction with Enrollment Calls remained consistent with an average satisfaction score result of 4.6 out of 5.0 based on 60 surveys returned.
- The customer satisfaction score results for Service Calls decreased slightly for Q1 when compared to the prior quarter. For Q4 2018, the average satisfaction score results were 4.4 out of 5.0. For Q1 2019, the score was 4.3 with 320 survey responses.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.4 out of 5.0 for Q4 2018.
- For Funding Calls, PEBP customer satisfaction was 3.9 out of 5.0. This was a slight decrease when compared to Q4 2018. There were 71 survey responses in Q1 compared to 180 survey responses for Q4.

Health Reimbursement Arrangement:

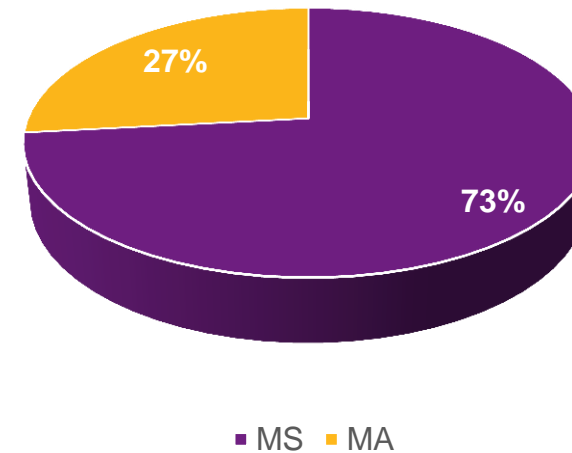
- 11,953 Health Reimbursement Arrangement (HRA) accounts
- There were 85,672 claims submitted against the HRA for reimbursement in Q1, with 79.5% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 68,077 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q1 was \$8,414,549.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 9/30/2018		Previous Qtr
Total enrolled through individual marketplace	13,796	13,545
Number of carriers**	98	95
Number of plans**	1,115	1,093

Plan Type Selection Through 9/30/2018		Previous Qtr
Medicare Advantage (MA, MAPD)	3,691 (23%)	3,602 (27%)
Medicare Supplement (MS)	10,134 (73%)	9,952 (73%)

Medical Enrollment



"The percentage of Medicare Advantage plans selected by PEBP's retiree population is slightly above the average for – Willis Towers Watson's BOB. Willis Towers Watson believes this is a result of the high-quality offering of Medicare Advantage plans to State of Nevada retirees through our Individual Marketplace."

Plan Type	Number Enrolled	Average Premium
Medicare Supplement	10,134	\$147
Medicare Advantage (MA, MAPD)	3,691	\$4 \$22
Part D drug coverage	8,634	\$27
Dental coverage	1,167	\$36
Vision coverage	1,796	\$14

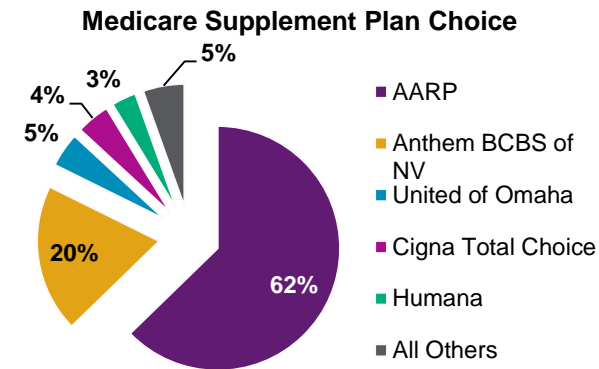
** Reflects total carriers and plans that PEBP participants have enrolled in nationwide, since inception.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2019

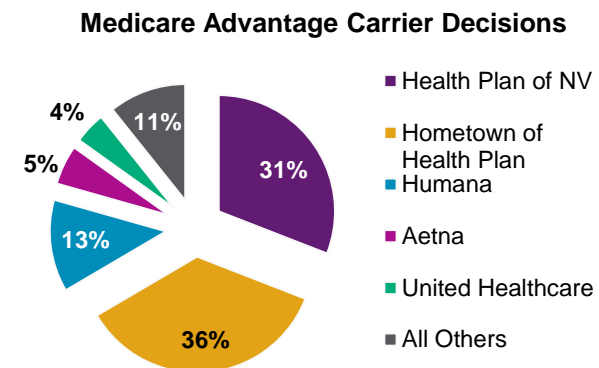
Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	6,357
Anthem BCBS of NV	1,985
United of Omaha	461
Cigna Total Choice	447
Humana	330



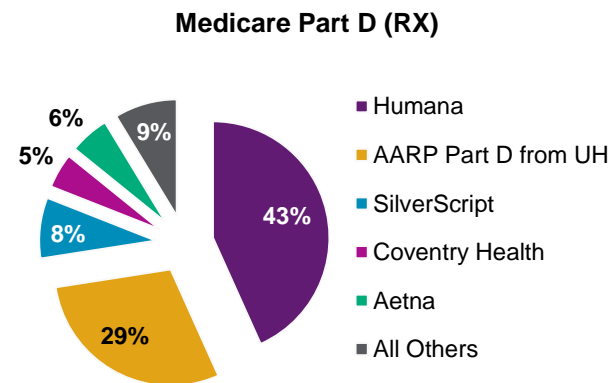
Cost Data For MS Plans	Cost
Minimum	\$22
Average	\$147
Median	\$143
Maximum	\$378

Top Medicare Advantage Plans	Total
Hometown Health Plan	1,351
Health Plan of NV	1,077
Humana	465
Aetna	204
United Healthcare	194



Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$22
Median	\$0
Maximum	\$245

Top Medicare Part D (RX)	Total
Humana	3,676
AARP Part D from United Healthcare	2,475
SilverScript	716
Aetna	532
Coventry Health	394



Cost Data For Part D (RX)	Cost
Minimum	\$13
Average	\$27
Median	\$23
Maximum	\$130

The Public Employees Benefit Program Executive Dashboard

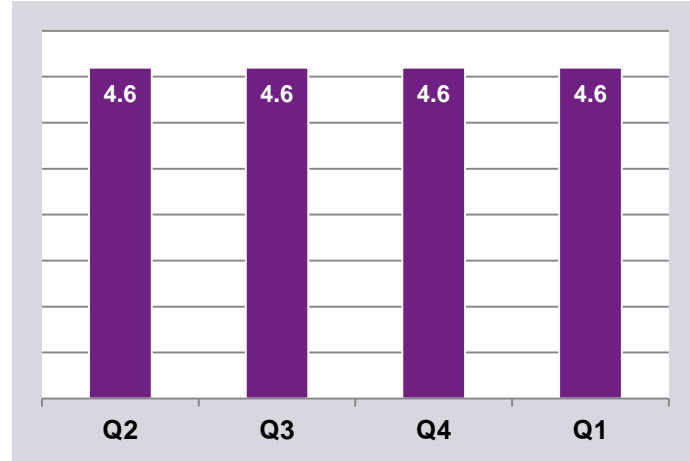
Quarterly Update – 1st Quarter Plan Year 2019

Customer Service – Voice of the Customer (VoC)

Individual Marketplace conducts phone and email surveys of all participant transactions. Each survey contains approximately 12-16 questions. Responses are scanned by IBM Mindshare Analytics which expose trends within an hour, alerting Individual Marketplace of issues and allowing for real-time feedback and adjustments

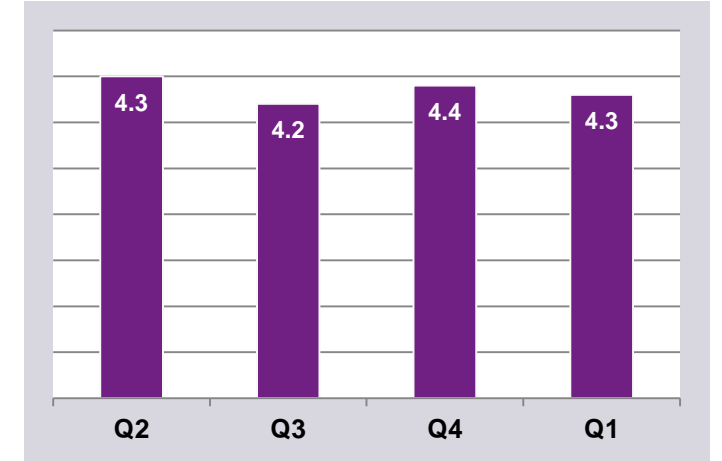
Q1 Enrollment Satisfaction

CSAT score	Count	%
5	44	73%
4	11	18%
3	4	7%
2	1	2%
1	0	0%
	60	100%



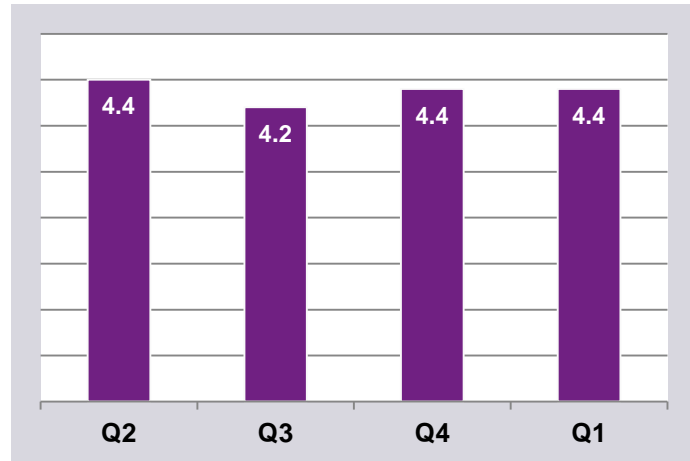
Q1 Service Satisfaction

CSAT score	Count	%
5	208	64%
4	58	18%
3	28	9%
2	16	5%
1	15	5%
	320	100%



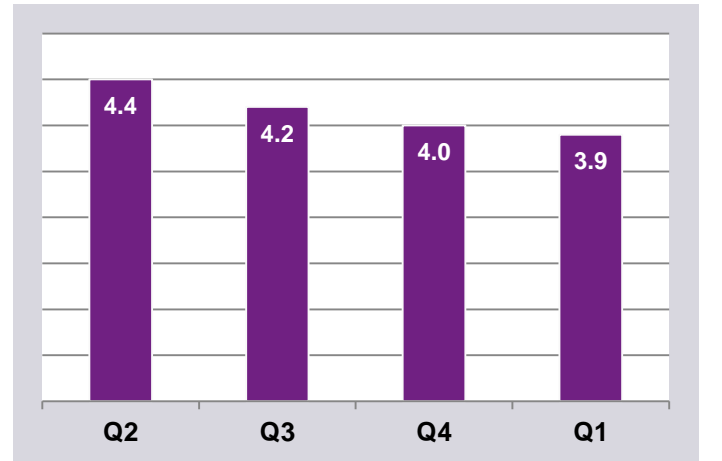
Q1 Enrollment & Service Combined

CSAT score	Count	%
5	252	65%
4	69	18%
3	32	8%
2	17	4%
1	15	4%
	385	100%



Q1 HRA Satisfaction

CSAT score	Count	%
5	35	49%
4	11	16%
3	15	21%
2	3	4%
1	7	10%
	71	100%

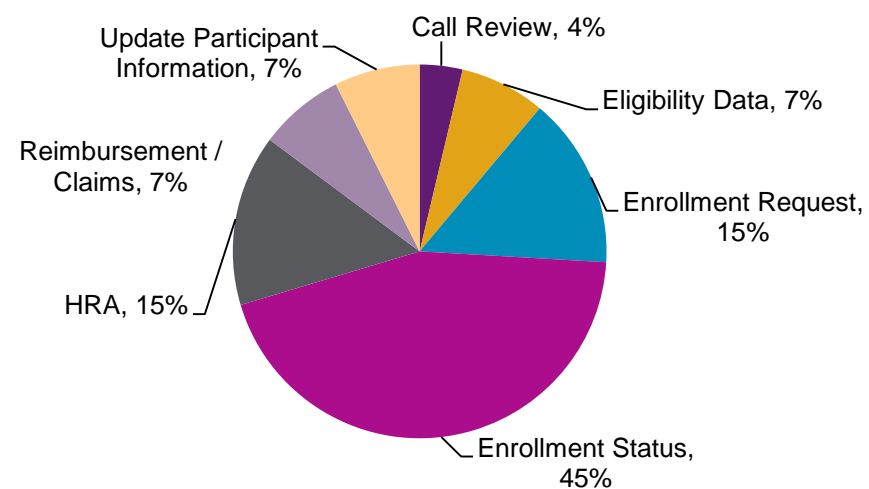
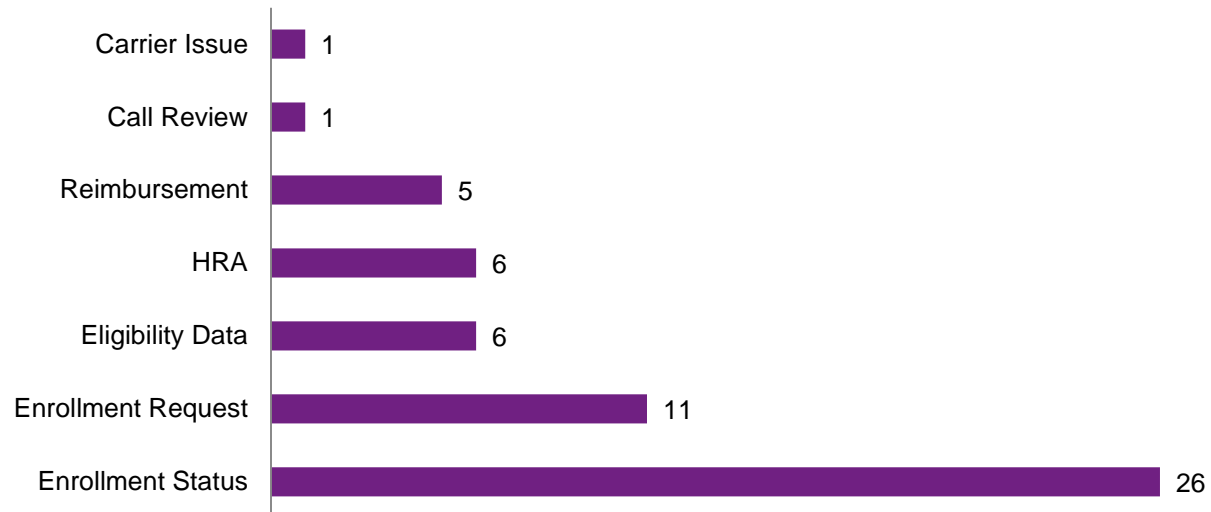


The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2019

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and Willis Towers Watson that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned Willis Towers Watson staff until resolution is reached. The total number of inquiries reviewed during Q1-PY19 is 56 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	11,953
Number of claims paid	81,277
Accounts with no balance	5,586
Claims paid amount	\$8,414,549.60

Claims By Source	Total
A/R file	68,077
Mail	14,078
Web	3,517

Call Category	Total
General / Instructional	693
Other	208
Denial Reason Explanation	161
Autopay / Auto Reimbursement	117
Date EFT / Mail Issued	105

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2019

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims turnaround time	≤ 2 days	0.24 Days	Yes
Claim financial accuracy	≥ 98%	98.52%	Yes
Claim processing financial accuracy	≥ 98%	98.43%	Yes
HRA call center abandon rate	≤ 5%	0.79%	Yes
HRA customer service - avg. speed to answer	≤ 30 seconds	6.4 Seconds	Yes
Reports	≤ 10 business days	As scheduled	Yes
HRA web services	≥ 99%	Uptime >99%	Yes
Benefits admin customer service avg. speed to answer Q1	≤ 5 minutes	15 Seconds	Yes

*Please note that the performance guarantees are ultimately measured based on the annual audit period.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2019

Operations Report

Medicare Open Enrollment Period:

The 2019 Medicare Open Enrollment Period started on Monday, 10/15/2018 and ended on Friday, 12/7/2018. Participants were able to review plans for 2019 on line at <https://my.viabenefits.com/PEBP> and make changes directly on the website for approximately 70% of the plans that we have available. Participants could also call 1-888-598-7575 to speak with a Benefits Advisor to go over new plan options and enroll for the new year.

From 10/15/2018 through 10/31/2018 we had 4,871 inbound calls that had an average wait time of 43 seconds. The average handle time for these calls is 32 minutes 53 seconds. Below are the “Switcher Stats” that shows how many participants actually changed plans for 2019 based on plan type. As expected, the most popular change that participants made was to a new Prescription Drug Plan.

Original Plan	New Plan	2019 Changes
Medicare Supplement	Medicare Supplement	65
Medicare Supplement	Medicare Advantage	30
Medicare Advantage	Medicare Advantage	223
Medicare Advantage	Medicare Supplement	26
Prescription Drug Plan	Prescription Drug Plan	634

Fall 2018 Retiree Meetings:

The Fall Retiree Meetings scheduled for have for October 17 – 19 were very successful. The retiree meetings were held in Las Vegas, Carson City, and Reno. At each location there were two meetings per day with the morning meeting focusing on participants aging-in to Medicare and the afternoon meeting focusing on the HRA for those that are already Medicare eligible. Below are the approximate counts of how many Nevada PEBP participants attended the meetings.

Date	Location	Attendees
October 17	Las Vegas	Age-in: 31 HRA: 21
October 18	Carson City	Age-in: 21 HRA: 26
October 19	Reno	Age-in: 28 HRA: 33

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2019

Operations Report

Spring 2019 Retiree Meetings:

The Spring Retiree Meetings have been scheduled for have for March 12, 14, and 15 in Las Vegas, Carson City, and Reno. At each location there will be two meetings per day with the morning meeting focusing on participants aging-in to Medicare and the afternoon meeting focusing on the HRA for those that are already Medicare eligible.

Communications:

Below is information on communications that are currently in process or will be coming up.

- Recurring Medicare Part B Reimbursement Request Letter and Form
 - This communication is sent to participants via mail and will be sent starting in October and through November. The intent of this communication is provide the Recurring Medicare Part B form for 2019 to all HRA qualified participants. The mailing includes a letter that explains why participants are receiving the form and how they can submit the form to receive reimbursement on a recurring monthly basis for their Medicare Part B premiums.
- Recurring Premium Reimbursement Request Letter and Form
 - This communication is sent to participants who enrolled in a plan through the Willis Towers Watson Individual Marketplace that does not have the Auto Reimbursement functionality in place. The communication is sent via mail at the end of December and into January. The mailing includes a letter that explains why participants are receiving the form and how they can submit the form to receive reimbursement on a recurring monthly basis for the premiums for the plan they enrolled in for 2019.
- Spring Balance Reminder
 - This communication is sent to participants via mail and will be sent starting typically in March/April. The intent of this communication is to reminder participants of the balance in their HRA. It is only sent to those participants who have not had a claim reimbursement in the prior 90 days.

Recurring Medicare Part B Reimbursement Request Form

Exclusively for the account of: [Name], [Address Line 1], [Address Line 2], [City], [State], [ZIP Code]

Send This and More! Go Online to enroll annual contribution or call Via Benefits. www.MyViaBenefits.com/Funds

Mail to: [Address], [City], [State], [ZIP Code] Fax to: [Fax Number] Phone Number: [Phone Number]

What I Need To Do:

- Verify account holder information
- Complete reimbursement form
- Prepare supporting documentation
- Read Certification
- Sign and date form
- Mail or fax your completed form and supporting documentation

Your supporting documentation must contain:

- Issue Date
- Covered participant (e.g., John Doe)
- Premium type (Medicare Part B)
- Cap amount (e.g., \$15,000.00) through 12/31/2019
- Monthly amount (e.g., \$300.00)
- Proof of premium (e.g., copy of the Social Security Benefits Notice Letter)

Account	Contract	Reasonable	Premium Type	Start Date	End Date	Reimbursement
			Medicare Part B			
			Medicare Part B			

Certification: By signing below, I certify that the information provided on this reimbursement request form is correct and that the expenses for which I am requesting or for which I am providing justification were incurred for expenses for the covered participant while engaged in the job or on other official duties. I have not been reimbursed in any other way for any other source, and will not be submitted for future reimbursement. Upon receiving notice of a change in premium or a cancellation of coverage, I will notify Via Benefits within a suitable time period.

Account holder Signature: _____ Date: _____

Via Benefits Balance Reminder

Dear [Name],

Checkings from Via Benefits: This Balance Reminder communication is being provided as a courtesy to assist you in managing your reimbursement account.

As of [Date], the available balance in your reimbursement account was: [Amount].

Your balance is subject to change based on account activity. For up-to-date balance and account information, visit Via Benefits online anytime at the website listed at the top of this letter. Funds that exceed your employer's plan and your eligibility, you may be entitled to receive additional periodic contributions to your account. This, such contributions will be automatically applied to your account. Please see your plan documents for specific information about your account.

We're Here to Help: Via Benefits is available to answer any questions you may have regarding your account. To speak with a customer service representative by phone, call us toll free at the phone number listed at the top of this letter. We look forward to continuing to service your account.

Sincerely,
The Via Benefits Team

CONTACT US:
Phone: Via Benefits
Address: [Address]
Phone: [Phone Number]
Fax: [Fax Number]
Web: [Website]

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2019

Nevada PEBP Historical Call Statistics

The below charts reflect the historical call statistics for Nevada PEBP for 2018.

Month	Average Wait Time	Total Calls	Abandoned Calls	Average Handle Time	Outreach Attempts
January	03m 32s	2,671	223	21m 39s	266
February	25s	1,890	8	18m 01s	318
March	22s	2,001	13	19m 03s	354
April	13s	1,750	7	21m 01s	170
May	14s	1,653	3	22m 45s	192
June	13s	1,615	8	23m 47s	329
July	16s	1,589	2	25m 18s	282
August	15s	1,379	0	26m 19s	224
September	15s	1,686	1	22m 56s	336
October	37s	2,484	36	29m 16s	357
November	33s	2,439	22	32m 11s	267
December	34s	2,414	24	25m 23s	317

6.2.5.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2018 – September 30, 2018:

6.2.5. Hometown Health Providers and Sierra Healthcare Options – PPO Network

Hometown Health Providers & Sierra Healthcare Options

Q1 PY2019

July 1, 2018 – September 30, 2018

*Hometown
Health* 



SIERRA HEALTH-CARE OPTIONS, INC.SM

N e v a d a PUBLIC EMPLOYEES' BENEFITS PROGRAM



November 30, 2018

Service Performance Standard(Metric)	Guarantee Measurement	Actual	Pass/Fail
I. EDI claims repricing	95%- Turnaround time frame for repricing of medical claims within 3 business days of receipt from PEBP's TPA	98.9%	Pass
	97%- Accuracy of claims repriced by the PPONetwork must be accurate and must not cause a claim adjustment by PEBP's TPA	100%	Pass
II. A. Hometown Health Provider Data Changes*	100%- Data changes must be provided to PEBP's TPA within 30 calendar days following the effective date of the change	100%	Pass
	100%- Provider fee schedule revisions must be provided to PEBP's TPA within 30 calendar days following the effective date of the change	100%	Pass
II. B. Sierra Healthcare Options (SHO) Provider Data Changes*	100%- Data changes must be provided to PEBP's TPA within 30 calendar days following the effective date of the change	100%	Pass
	100%- Provider fee schedule revisions must be provided to PEBP's TPA within 30 calendar days following the effective date of the change	100%	Pass
	(100% of the ACT's are routed to the State of Nevada within 30 days of notification of the add, change or term. Please note: the effective date of add, change or term can be greater than 30 days based on the date SHO receives the notification or signed document from the provider)		
III. Data Reporting	A. Standard reports must be delivered within 10 days of end of reporting period or event as determined by PEBP.	0%	Fail
	B. Special reports requested by PEBP and/or PEBP's Consultant/Actuary must be delivered within 10 days of agreed response date.	100%	Pass
IV. Subcontractor disclosure	100%- of all subcontractors utilized by vendor are disclosed prior to any work being done on behalf of PEBP. Business Associate Agreements completed by all subcontractors.	100%	Pass
V. Website	100%- Network website must be updated within 30 calendar days as provider information changes take effect	100%	Pass

November 30, 2018

Hometown Health

SIERRA HEALTH-CARE OPTIONS, INC.

6.3.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.3 Acceptance of the PEBP Chief Financial Officer quarterly reports for the period ending September 30, 2018.

6.3.1 Budget Report

6.3.2 Utilization Report

6.3.1.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.3 Acceptance of the PEBP Chief Financial Officer quarterly reports for the period ending September 30, 2018.

6.3.1 Budget Report



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028
www.pebp.state.nv.us



DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019
Item Number: VI.III.I
Title: Chief Financial Officer Report

Summary

This report addresses the Operational Budget as of September 30, 2018 to include:

1. Budget Status
2. Budget Totals
3. Claims Summary

Budget Account 1338 – Operational Budget – Shown below is a summary of the operational budget account status as of September 30, 2018 with comparisons to the same period in Fiscal Year 2018. The budget status is reported on a cash basis and does not include incurred expenses and income owed to the fund.

The budget status report reflects actual income of \$66.4 million as of September 30, 2018 compared to \$32.5 million as of September 30, 2017 or an increase of 104.1%. Total expenses for the period have decreased by \$8.9 million or 9.2% for the same period.

The budget status report shows Realized Funding Available (cash) at \$121.7 million. This compares to \$69.8 million for last year. After subtracting \$51.8 million for reserves for Incurred but not Reported (IBNR) claims, \$39.9 million for the Catastrophic Reserve and \$31.7 million for the HRA Reserve, the remaining balance is a negative \$1.7 million in Excess reserves. (The negative amount reflects actual excess reserves as of September 30, 2018, and not the projected end of year balance. See below for projections.) The table below reflects the actual revenue and expenditures for the period.

Chief Financial Officer Report

January 24, 2019

Page 2

Operational Budget 1338						
	FISCAL YEAR 2019			FISCAL YEAR 2018		
	Actual as of 9/30/2018	Work Program	Percent	Actual as of 9/30/2017	Fiscal Year 2018 Close	Percent
Beginning Cash	143,129,728	143,129,728	100%	134,046,196	134,046,196	100%
Premium Income	66,397,649	384,570,407	17%	29,744,743	365,798,560	8%
All Other Income	1,689	1,884,806	0%	2,784,178	55,678,580	5%
Total Income	66,399,338	386,455,213	17%	32,528,921	421,477,139	8%
Personnel Services	536,762	2,695,176	20%	498,530	2,457,675	20%
Operating - Other than Personnel	494,617	2,392,466	21%	531,976	2,467,105	22%
Insurance Program Expenses	86,539,644	377,035,392	23%	95,470,182	360,212,838	27%
All Other Expenses	238,381	1,096,304	22%	233,642	1,007,397	23%
Total Expenses	87,809,404	383,219,338	23%	96,734,330	366,145,015	26%
Change in Cash	(21,410,066)	3,235,875		(64,205,409)	55,332,124	
REALIZED FUNDING AVAILABLE	121,719,662	146,365,603	83%	69,840,787	189,378,320	37%
Incurred But Not Reported Liability	(51,800,000)	(51,800,000)		(35,300,000)	(35,300,000)	
Catastrophic Reserve	(39,900,000)	(39,900,000)		(19,400,000)	(19,400,000)	
HRA Reserve	(31,676,056)	(31,676,056)		(30,167,672)	(30,167,672)	
NET REALIZED FUNDING AVAILABLE	(1,656,394)	22,989,547		(15,026,885)	104,510,648	

Current Budget Projections

The following table represents projections for FY 2019 based on data available as of September 30, 2018. The projection reflects total income to be less than budgeted by 4% (\$508.3 million vs \$529.6 million), total expenditures are projected to be more than budgeted by 0.2% (\$382.3 million vs \$383.2 million); total reserves are projected to be less than budgeted by 13.9% (\$126.0 million vs \$146.3 million).

Chief Financial Officer Report

January 24, 2019

Page 3

Budgeted and Projected Income (Budget Account 1338)					
Description	Budget	Actual 9/30/18	Projected	Difference	
Carryforward	143,129,728	143,129,728	143,129,728	0	0.0%
State Subsidies	278,587,976	45,257,850	276,417,860	(2,170,116)	-0.8%
Non-State Subsidies	26,970,841	6,822,161	22,138,955	(4,831,886)	-17.9%
Premium	79,011,590	14,317,638	58,574,197	(20,437,394)	-25.9%
All Other	1,884,806	1,689	8,005,571	6,120,765	324.7%
Total	529,584,941	209,529,066	508,266,310	(21,318,631)	-4.0%
Budgeted and Projected Expenses (Budget Account 1338)					
Description	Budget	Actual 9/30/18	Projected	Difference	
Operating	6,213,379	1,269,760	6,218,706	(5,327)	-0.1%
State Employee Ins Cost	267,524,373	64,051,149	260,116,891	7,407,482	2.8%
State Retirees Ins Cost	53,764,043	8,831,789	49,254,915	4,509,128	8.4%
Non-State Employees Ins Cost	192,165	14,289	224,485	(32,320)	-16.8%
Non-State Retirees Ins Cost	20,859,393	3,174,799	19,111,904	1,747,489	8.4%
State Medicare Ret Ins Cost	18,975,657	6,839,165	30,428,461	(11,452,804)	-60.4%
Non-State Medicare Ret Ins Cost	15,719,761	3,628,453	16,958,784	(1,239,023)	-7.9%
Total Insurance Costs	377,035,392	86,539,644	376,095,441	939,951	0.2%
Total Expenses	383,248,771	87,809,404	382,314,148	934,624	0.2%
Restricted Reserves	123,376,056	123,376,056	119,897,352	3,478,704	2.8%
Excess Reserves for Benefit Enhancements	22,960,114	(1,656,394)	6,054,811	16,905,303	73.6%
Total Reserves	146,336,170	121,719,662	125,952,163	20,384,007	13.9%
Total of Expenses and Reserves	529,584,941	209,529,066	508,266,310	21,318,631	4.0%

State Subsidies are projected to be less than the budgeted amount by \$2.2 million (0.8%), Non-State Subsidies are projected to be less than budgeted by \$4.8 million (17.9%), and Premium Income is projected to be less than budgeted by \$20.4 million (25.9%). This overall decrease in projected revenue is due in part to a decrease in actual rates as compared to the budgeted rates as well as a decrease in average enrollment as compared to budgeted enrollment and a change in the mix of plan tiers. The mix of participants is as follows:

- 2.5% fewer state actives,
- 9.6% fewer state non-Medicare retirees,
- 11.1% fewer non-state actives,
- 5.4% fewer non-state, non-Medicare retirees
- 0.8% fewer state Medicare retirees, and
- 6.3% fewer non-state Medicare retirees.

Expenses for Fiscal Year 2019 are projected to be \$0.9 million (0.2%) more than budgeted when changes to reserves are excluded. Operating expenses are projected to be less than budgeted by \$5,000 (0.1%). Employee and Retiree insurances costs were less than

budgeted by \$0.9 million (0.2%) when taken in total (see table above for specific information).

Total reserves for the year ending September 30, 2018 are projected to be \$126 million. Reserves include \$51.8 million for Incurred but not Reported (IBNR) claims, \$39.9 million for the Catastrophic Reserve to insure plan solvency, \$28.2 million in HRA reserves, and a balance in excess of the required reserves of \$6 million. At the November 2018 Board meeting, the PEBP Board allocated approximately \$2.1 million for plan design enhancements in Plan Year 2020. Reserve levels will continue to be monitored during Fiscal Year 2019.

Recommendations

None.

6.3.2.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

6.3 Acceptance of the PEBP Chief Financial Officer quarterly reports for the period ending September 30, 2018.

6.3.2 Utilization Report



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
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www.pebp.state.nv.us



DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019

Item Number: VI.III.II

Title: Utilization Report for the period ending
September 30, 2018

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the Plan Year ending September 30, 2018. Included are:

- Executive Summary – provides a utilization overview.
- HealthSCOPE CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary – See Appendix A.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary – See Appendix B.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix C for Plan Year 2019 utilization data.

Executive Summary

OVERALL CDHP

The Consumer Driven Health Plan (CDHP) experienced an overall increase of 3.3% for the period ending September 30, 2018 (\$29.7 million in PY19 and \$28.8 million in PY 18). On a per participant per month (PPPM) basis the plan increased slightly (1.7%) when compared to Plan Year 2018 (\$424 PPPM in 2019 and \$417 PPPM in 2018).

- Population increased:
 - 1.6% for primary participants
 - 1.9% for primary participants plus dependents (members)
- 95.2% of all medical spend dollars went to in-network providers with an average discount of 65.4%
- Inpatient paid per admission decreased 3.4% from Q1 in Plan Year 2018
- There were 33 High Cost Claimants accounting for 19.3% of the total plan paid for Q1 in Plan Year 2019
 - 56.0% increase in High Cost Claimants per 1,000 members
 - 26.1% decrease in average High Cost Claimant paid
- Emergency Room paid per visit increased 6.1% from Q1 in Plan Year 2018
- Emergency Room visits per 1,000 decreased by 22.6%
- Urgent Care visits per 1,000 decreased by 4.1%
- Top three highest cost clinical classifications include:
 - Neoplasms (\$1.4 million)
 - Injury and Poisoning (\$1.1 million)
 - Diseases of the Circulatory System (\$0.8 million)

OVERALL EPO

The PEBP Premier Plan (EPO) experience for Q1 of Plan Year 2019 is summarized below.

- Population:
 - 4,660 primary participants
 - 8,481 primary participants plus dependents (members)
- 97.7% of all medical spend dollars went to in-network providers with an average discount of 59.1%
- \$11,524 Inpatient paid per admission
- There were 4 High Cost Claimants accounting for 7.8% of the total plan paid for Q1 in Plan Year 2019
 - 0.5 High Cost Claimants per 1,000 members
 - \$139,469 average per High Cost Claimant paid
- \$2,369 Average Emergency Room paid per visit

- 103 Emergency Room visits per 1,000
- 176 Urgent Care visits per 1,000
- Top three highest cost clinical classifications include:
 - Diseases of the Circulatory System (\$0.1 million)
 - Endocrine; Nutritional; and Metabolic Diseases and Immunity Disorders (\$0.1 million)
 - Diseases of the Respiratory System (\$0.1 million)

OVERALL PAID CLAIMS

The tables below depicts total costs of medical, dental and prescription drugs for the CDHP, EPO and combined self-funded plans.

CDHP Net Paid Claims - Total			
	July 2017 - Sep 2017	July 2018 - Sep 2018	% Change
Medical			
Inpatient	\$10,529,116	\$11,902,391	13.0%
Outpatient	\$18,229,650	\$17,805,243	-2.3%
Total Medical	\$ 28,758,766	\$29,707,634	3.3%
Dental	\$6,733,567	\$5,910,553	-12.2%
Prescription	\$6,054,774	\$7,049,527	16.4%
Total	\$ 41,547,107	\$ 42,667,714	2.7%
Medical	\$417	\$424	1.7%
Dental	\$57	\$49	-13.7%
Prescription	\$48	\$55	14.7%
Total	\$ 522	\$528	1.2%

EPO Net Paid Claims - Total			
	July 2017 - Sep 2017	July 2018 - Sep 2018	% Change
Medical			
Inpatient	\$0.00	\$1,510,115.00	
Outpatient	\$0.00	\$5,647,972.00	
Total Medical	\$0.00	\$7,158,087.00	
Prescription	\$0.00	\$2,802,186.00	
Total	\$0.00	\$9,960,273.00	
Medical	\$0	\$512	
Prescription	\$0	\$110	
Total	\$ -	\$ 622	

Total Self-Funded Plan Net Paid Claims - Total			
	July 2017 - Sep 2017	July 2018 - Sep 2018	% Change
Medical			
Inpatient	\$10,529,116	\$13,412,506	27.4%
Outpatient	\$18,229,650	\$23,453,215	28.7%
Total Medical	\$28,758,766	\$36,865,721	28.2%
Dental	\$6,733,567	\$5,910,553	-12.2%
Prescription	\$6,054,774	\$9,851,713	62.7%
Total	\$41,547,107	\$52,627,987	26.7%
Medical	\$417	\$439	5.2%
Dental	\$57	\$49	-13.7%
Prescription	\$48	\$64	33.7%
Total	\$522	\$552	5.8%

DRUG UTILIZATION – OVERALL

Drug utilization (number of members utilizing the PEBP pharmacy benefit as a percentage of all CDHP self-funded members) is approximately 7.8% or 24,390 of 51,002. Total prescription drug costs for the first quarter of plan year 2019 was \$14.2 million. Members paid \$28 per RX claim while the plan paid \$64 per claim. On a per member per month basis the total paid was \$93 of which the members paid \$28 and the plan paid \$64 (difference due to rounding).

DRUG UTILIZATION - CDHP

Drug utilization (number of members utilizing the PEBP pharmacy benefit as a percentage of all CDHP self-funded members) is approximately 45.9% or 19,521 of 42,524. This is a slight increase for the period ending September 30, 2018 when compared to the period ending September 30, 2017 which reflected utilization of 45.5%.

Total prescription drug costs increased by \$0.7 million (7.5%) for the period ending September 30, 2018, when compared to the period ending September 30, 2017. This increase is reflected in a decrease in the participant paid (\$0.3 million) and an increase in the plan paid (\$1.0 million). On a per prescription basis participants experienced a decrease of 2.9% (\$31 in PY19 compared to \$32 in PY18) while plan costs reflected an increase of 21.0% (\$61 in PY19 compared to \$51 in PY18). On a PMPM basis participants experienced a decrease of 8.9% (\$28 in PY19 compared to \$31 in PY18) while plan costs reflect an increase of 14.7% (\$55 in PY19 compared to \$48 in PY18).

Generic drug utilization (generic scripts filled as a percent of all scripts) reflects a slight decrease at 86.6% for the period ending September 30, 2018, compared to 87.1% for the period ending September 30, 2017. The generic effective rate remained flat at 98.2%.

DRUG UTILIZATION - EPO

Drug utilization (number of members utilizing the PEBP pharmacy benefit as a percentage of all EPO members) is approximately 57.6% or 4,882 of 8,479.

Total prescription drug costs are \$3.5 million for the period ending September 30, 2018. Members paid \$19 per RX claim while the plan paid \$71 per claim. On a PMPM basis participants paid \$29 while the plan paid \$110.

Generic drug utilization (generic scripts filled as a percent of all scripts) is comparable to the CDHP population at 86.7% for the period ending September 30, 2018. The generic effective rate is the same as the CDHP population at 98.2%.

GROUP SPECIFIC UTILIZATION – CDHP

STATE EMPLOYEES

State Employees on the CDHP experienced an overall increase in experience for the period ending September 30, 2018 compared to the same period in Plan Year 2018.

- Participation increased by 2.5%
- Overall plan costs reflect an increase:
 - Primary participants experienced a 6.6% increase
 - Primary participants plus dependents experienced a 6.3% increase
- There were 22 High Cost Claimants – a increase of 57.1% compared to the same period in Plan Year 2018
 - 49.2% increase in High Cost Claimants per 1,000 members
 - 17.8% decrease in average High Cost Claim paid
- Facility Inpatient costs increased by 29.6%
- Facility Outpatient costs increased by 0.4%
- Emergency Room visits per 1,000 decreased by 18.1%
- Urgent Care visits per 1,000 increased by 2.5%

STATE RETIREES

State Retirees on the CDHP experienced an overall decrease for the period ending September 30, 2018 when compared to the same period in Plan Year 2018.

- Participation increased by 1.1%
- Overall plan costs reflect a decrease:
 - Primary participants experienced a 14.6% decrease over Plan Year 2018
 - Primary participants plus dependents experienced a 15.7% decrease over Plan Year 2018
- There were 5 High Cost Claimants – a decrease of 28.6% over Plan Year 2018

- 30.7% decrease in High Cost Claimants per 1,000 members
- 34.9% decrease in average High Cost Claimant paid
- Facility Inpatient costs decreased by 23.4%
- Facility Outpatient costs decreased by 12.6%
- Emergency Room visits per 1,000 decreased by 9.6%
- Urgent Care visits per 1,000 increased by 10.5%

NON-STATE RETIREES

The Non-State Retirees on the CDHP experienced an overall increase for the period ending September 30, 2018 when compared to the same period in Plan Year 2018

- Participation decreased by 15.2%
- Overall plan costs reflect a decrease:
 - Primary participants experienced a 14.6% increase over Plan Year 2018
 - Primary participants plus dependents experienced an increase of 11.3% over Plan Year 2018
- There were 6 High Cost Claimant – an increase of 500% over Plan Year 2018
 - 578% increase in High Cost Claimants per 1,000 members
 - 27.2% decrease in average High Cost Claimant paid
- Facility Inpatient costs increased by 30.4%
- Facility Outpatient costs increased by 10.0%
- Emergency Room visits per 1,000 decreased by 4.5%
- Urgent Care visits per 1,000 decreased by 4.1%

PREVENTIVE SERVICES - CDHP

PEBP participants received standard preventive services at the compliance rates for Plan Year 2019:

Preventive Activity	Compliance %
● Preventive Office Visit:	38.8%
● Cholesterol Screening:	40.8%
● Cervical Cancer Screening (Females 21-29)	46.5%
● Cervical Cancer Screening (Females 30-65)	52.8%
● Breast Cancer Screening (Females 40+)	56.2%
● PSA (Prostate-specific antigen) Screening (Males 50+)	33.6%
● Colorectal Screening (All 50+)	54.0%

GROUP SPECIFIC UTILIZATION – EPO

STATE EMPLOYEES

State Employees on the EPO utilized the plan as outlined below.

- Participation for the 1st quarter of PY19 was 3,869 State Employees
- Overall plan costs:
 - Primary participants - the plan paid \$378 PMPM
 - Primary participants plus dependents the plan paid \$197 PMPM
- There were 3 High Cost Claimants
 - 0.4 High Cost Claimants per 1,000 members
 - Total of \$135,294 average High Cost Claim paid
- Facility Inpatient costs an average of \$359
- Facility Outpatient costs an average of \$777
- 100 Emergency Room visits per 1,000
- 185 Urgent Care visits per 1,000

STATE RETIREES

State Retirees on the EPO utilized the plan as outlined below.

- Participation for the 1st quarter of PY19 was 591 State Retirees
- Overall plan costs:
 - Primary participants - the plan paid \$461 PMPM
 - Primary participants plus dependents - the plan paid \$333 PMPM
- There were 1 High Cost Claimants
 - 1.2 High Cost Claimants per 1,000 members
 - Total of \$151,994 average High Cost Claim paid
- Facility Inpatient costs an average of \$742
- Facility Outpatient costs an average of \$1,555
- 140 Emergency Room visits per 1,000
- 99 Urgent Care visits per 1,000

NON-STATE RETIREES

Non-State Retirees on the EPO utilized the plan as outlined below.

- Participation for the 1st quarter of PY19 was 196 Non-State Retirees
- Overall plan costs:
 - Primary participants - the plan paid \$287 PMPM
 - Primary participants plus dependents - the plan paid \$230 PMPM
- There were 0 High Cost Claimants

- 0.0 High Cost Claimants per 1,000 members
- Total of \$0 average High Cost Claim paid
- Facility Inpatient costs an average of \$102
- Facility Outpatient costs an average of \$1,509
- 49 Emergency Room visits per 1,000
- 159 Urgent Care visits per 1,000

PREVENTIVE SERVICES - EPO

PEBP participants received standard preventive services at the compliance rates for Plan Year 2019:

Preventive Activity	Compliance %
● Preventive Office Visit:	47.2%
● Cholesterol Screening:	43.8%
● Cervical Cancer Screening (Females 21-29)	67.7%
● Cervical Cancer Screening (Females 30-65)	62.0%
● Breast Cancer Screening (Females 40+)	48.5%
● PSA (Prostate-specific antigen) Screening (Males 50+)	41.9%
● Colorectal Screening (All 50+)	46.0%

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of September 30, 2018.

HRA Account Balances as of September 30, 2018			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	466	\$ -	\$ -
\$.01 - \$500.00	1,609	\$ 399,571.82	\$ 248.34
\$500.01 - \$1,000	3,007	\$ 2,218,615.76	\$ 737.82
\$1,000.01 - \$1,500	1,248	\$ 1,535,793.40	\$ 1,230.60
\$1,500.01 - \$2,000	593	\$ 1,027,329.86	\$ 1,732.43
\$2,000.01 - \$2,500	434	\$ 984,006.71	\$ 2,267.30
\$2,500.01 - \$3,000	352	\$ 963,588.97	\$ 2,737.47
\$3,000.01 - \$3,500	222	\$ 712,630.92	\$ 3,210.05
\$3,500.01 - \$4,000	215	\$ 802,320.60	\$ 3,731.72
\$4,000.01 - \$4,500	142	\$ 600,718.78	\$ 4,230.41
\$4,500.01 - \$5,000	175	\$ 831,433.30	\$ 4,751.05
\$5,000.01 +	933	\$ 6,803,313.11	\$ 7,291.87
Total	9,396	\$ 16,879,323.23	\$ 1,796.44

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan for the first quarter of Plan Year 2019, and the PEBP Premier Plan (EPO) for the first four months of Plan Year 2019. The Consumer Driven Health Plan is seeing an overall increase in total plan paid costs however, this is attributed primarily to an increase in plan enrollment (See appendix A and B for detail). For HMO utilization and cost data please see the reports provided in Appendix C.

PEBP staff and its partners continue to monitor data, research options and implement measures to provide cost savings to the plan while also providing the care our participants require.

Appendix A

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program - CDHP

July 2018 – September 2018

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q19 for the CDHP was \$29,707,634 of which 75.4% was spent in the State Active population. When compared to 1Q18, there was an increase of 3.3% in plan spending overall.
 - When compared to 1Q17, 1Q19 reflected an overall increase of 4.9% in plan spend, with State Actives having an increase of 18.1%.
- On a PEPY basis, the 1Q19 reflected a slight increase of 1.7% when compared to 1Q18. The largest group, State Actives increased 6.5%.
 - When compared to 1Q17, 1Q19 remained flat, with State Actives increasing 11.4%.
- 96.5% of the Average Membership had paid Medical claims less than \$2,500, with 46.8% of those having no claims paid at all during the reporting period.
- There were 33 High Cost Claimants (HCC's) over \$100K, that account for 19.3% of the total spend. HCC's accounted for 17.1% of total spend during 1Q18, with 21 members hitting the \$100K threshold. The largest claimant had a primary diagnosis in the Injury and Poisoning Diagnosis Grouper, with plan spend of \$1,052,117.

Monthly Cost Summary – Year over Year Comparison

PY19	Jul	Aug	Sep	Avg/Total
Employees - Medical	23,259	23,323	23,442	23,341
Members - Medical	42,412	42,560	42,665	42,546
Avg Member Age - Medical	36.5	36.5	36.5	36.5
Medical Claims Processed	35,851	31,277	32,480	99,608
Medical Claims Amount	\$13,141,766	\$7,850,744	\$8,715,125	\$29,707,635
PEPM - Medical	\$565	\$337	\$372	\$424

PY18	Jul	Aug	Sep	Avg/Total
Employees - Medical	22,886	22,977	23,084	22,982
Members - Medical	41,525	41,678	42,005	41,736
Avg Member Age - Medical	36.7	36.7	36.6	36.6
Medical Claims Processed	28,094	41,442	33,891	103,427
Medical Claims Amount	\$9,478,110	\$10,053,531	\$9,227,124	\$28,758,765
PEPM - Medical	\$414	\$438	\$400	\$417

PY17	Jul	Aug	Sep	Avg/Total
Employees - Medical	22,308	22,403	22,494	22,402
Members - Medical	40,264	40,444	40,547	40,418
Avg Member Age - Medical	37.2	37.1	37.0	37.1
Medical Claims Processed	27,982	36,880	31,584	96,446
Medical Claims Amount	\$8,830,718	\$10,402,799	\$9,074,576	\$28,308,093
PEPM - Medical	\$396	\$464	\$403	\$421

Variance to PY18	Jul	Aug	Sep	Avg/Total
Employees - Medical	1.6%	1.5%	1.6%	1.6%
Members - Medical	2.1%	2.1%	1.6%	1.9%
Avg Member Age - Medical	-0.5%	-0.4%	-0.1%	-0.3%
Medical Claims Processed	27.6%	-24.5%	-4.2%	-3.7%
Medical Claims Amount	38.7%	-21.9%	-5.5%	3.3%
PEPM - Medical	36.4%	-23.1%	-7.0%	1.7%

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	1Q18				1Q19				% Change					
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,240,668	\$ 1,383	\$ 1,656	\$ 2	\$ 1,243,575	\$ 1,386	\$ 1,300,708	\$ 1,294	\$ 1,739	\$ 2	\$ 1,302,447	\$ 1,296	-4.5%	6.9%
1	\$ 298,876	\$ 259	\$ 1,558	\$ 1	\$ 311,529	\$ 268	\$ 129,892	\$ 111	\$ 2,415	\$ 2	\$ 132,307	\$ 113	135.5%	137.0%
2 - 4	\$ 214,267	\$ 55	\$ 12,235	\$ 3	\$ 320,307	\$ 76	\$ 261,498	\$ 65	\$ 5,225	\$ 1	\$ 266,723	\$ 66	20.1%	15.5%
5 - 9	\$ 387,671	\$ 50	\$ 52,509	\$ 7	\$ 742,259	\$ 87	\$ 317,272	\$ 41	\$ 75,984	\$ 10	\$ 393,256	\$ 51	88.7%	70.6%
10 - 14	\$ 524,367	\$ 63	\$ 61,458	\$ 7	\$ 924,473	\$ 99	\$ 503,189	\$ 60	\$ 71,422	\$ 8	\$ 574,611	\$ 68	60.9%	45.2%
15 - 19	\$ 827,100	\$ 94	\$ 112,180	\$ 13	\$ 1,395,365	\$ 144	\$ 730,490	\$ 80	\$ 189,326	\$ 21	\$ 919,816	\$ 101	51.7%	42.3%
20 - 24	\$ 866,788	\$ 86	\$ 186,445	\$ 18	\$ 1,325,546	\$ 125	\$ 2,062,720	\$ 202	\$ 173,496	\$ 17	\$ 2,236,216	\$ 219	-40.7%	-43.1%
25 - 29	\$ 818,197	\$ 103	\$ 120,851	\$ 15	\$ 1,226,752	\$ 148	\$ 959,141	\$ 116	\$ 211,774	\$ 26	\$ 1,170,915	\$ 142	4.8%	4.6%
30 - 34	\$ 1,149,384	\$ 139	\$ 182,815	\$ 22	\$ 1,664,269	\$ 192	\$ 1,256,792	\$ 146	\$ 236,417	\$ 27	\$ 1,493,209	\$ 173	11.5%	10.7%
35 - 39	\$ 1,209,556	\$ 133	\$ 297,624	\$ 33	\$ 1,879,603	\$ 197	\$ 1,447,486	\$ 148	\$ 342,633	\$ 35	\$ 1,790,119	\$ 183	5.0%	7.7%
40 - 44	\$ 1,534,139	\$ 178	\$ 296,565	\$ 34	\$ 2,203,222	\$ 245	\$ 1,329,836	\$ 151	\$ 487,714	\$ 56	\$ 1,817,550	\$ 207	21.2%	18.4%
45 - 49	\$ 1,729,365	\$ 180	\$ 474,775	\$ 49	\$ 2,657,261	\$ 262	\$ 1,939,369	\$ 199	\$ 664,921	\$ 68	\$ 2,604,290	\$ 268	2.0%	-2.2%
50 - 54	\$ 2,824,912	\$ 283	\$ 910,863	\$ 91	\$ 4,246,063	\$ 410	\$ 3,599,344	\$ 354	\$ 835,926	\$ 82	\$ 4,435,270	\$ 436	-4.3%	-6.0%
55 - 59	\$ 4,113,715	\$ 363	\$ 974,367	\$ 86	\$ 5,724,893	\$ 489	\$ 3,991,619	\$ 355	\$ 1,554,747	\$ 138	\$ 5,546,366	\$ 493	3.2%	-0.8%
60 - 64	\$ 8,554,813	\$ 654	\$ 1,589,274	\$ 122	\$ 10,894,061	\$ 815	\$ 6,937,706	\$ 541	\$ 1,923,420	\$ 150	\$ 8,861,126	\$ 692	22.9%	17.8%
65+	\$ 2,464,948	\$ 394	\$ 1,367,215	\$ 218	\$ 5,375,546	\$ 655	\$ 2,940,573	\$ 448	\$ 1,665,190	\$ 254	\$ 4,605,763	\$ 701	16.7%	-6.6%
Total	\$ 28,758,766	\$ 230	\$ 6,642,390	\$ 53	\$42,134,723	\$ 317	\$ 29,707,635	\$ 233	\$ 8,442,349	\$ 66	\$ 38,149,984	\$ 299	10.4%	6.1%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q17	1Q18	1Q19	Variance to PY18	1Q17	1Q18	1Q19	Variance to PY18	1Q17	1Q18	1Q19	Variance to PY18
Enrollment												
Avg # Employees	22,402	22,982	23,341	1.6%	18,244	18,872	19,337	2.5%	4	4	4	0.0%
Avg # Members	40,419	41,736	42,546	1.9%	34,754	36,038	36,862	2.3%	4	7	7	0.0%
Ratio	1.8	1.8	1.8	1.1%	1.9	1.9	1.9	0.5%	1.1	1.7	1.8	2.9%
Financial Summary												
Gross Cost	\$39,155,546	\$40,380,583	\$40,882,487	1.2%	\$27,430,678	\$29,616,595	\$31,274,328	5.6%	\$3,797	\$21,504	\$3,642	-83.1%
Client Paid	\$28,308,093	\$28,758,765	\$29,707,634	3.3%	\$18,968,111	\$20,512,945	\$22,391,966	9.2%	\$1,772	\$15,936	\$2,404	-84.9%
Employee Paid	\$10,847,452	\$11,621,818	\$11,174,750	-3.8%	\$8,462,567	\$9,103,650	\$8,882,260	-2.4%	\$2,025	\$5,568	\$1,238	-77.8%
Client Paid-PEPY	\$5,055	\$5,005	\$5,091	1.7%	\$4,159	\$4,348	\$4,632	6.5%	\$1,772	\$14,710	\$2,404	-83.7%
Client Paid-PMPY	\$2,801	\$2,756	\$2,793	1.3%	\$2,183	\$2,277	\$2,430	6.7%	\$1,635	\$8,692	\$1,374	-84.2%
Client Paid-PEPM	\$421	\$417	\$424	1.7%	\$347	\$362	\$386	6.6%	\$148	\$1,226	\$200	-83.7%
Client Paid-PMPM	\$233	\$230	\$233	1.3%	\$182	\$190	\$202	6.3%	\$136	\$724	\$114	-84.3%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	30	21	33	57.1%	16	14	22	57.1%	0	0	0	0.0%
HCC's / 1,000	0.7	0.5	0.8	56.0%	0.5	0.4	0.6	49.2%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$179,560	\$234,667	\$173,519	-26.1%	\$162,988	\$237,082	\$194,896	-17.8%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	19.0%	17.1%	19.3%	12.9%	13.7%	16.2%	19.1%	18.2%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$969	\$843	\$972	15.3%	\$614	\$645	\$836	29.6%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$877	\$875	\$851	-2.7%	\$735	\$715	\$718	0.4%	\$623	\$2,717	\$108	-96.0%
Physician	\$866	\$950	\$905	-4.7%	\$766	\$853	\$825	-3.3%	\$1,012	\$5,672	\$1,162	-79.5%
Other	\$89	\$89	\$65	-27.0%	\$68	\$64	\$50	-21.9%	\$0	\$303	\$104	0.0%
Total	\$2,801	\$2,756	\$2,793	1.3%	\$2,183	\$2,277	\$2,430	6.7%	\$1,635	\$8,692	\$1,374	-84.2%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q17	1Q18	1Q19	Variance to PY18	1Q17	1Q18	1Q19	Variance to PY18	
Enrollment									
Avg # Employees	3,100	3,183	3,218	1.1%	1,054	923	783	-15.2%	
Avg # Members	4,503	4,378	4,791	9.4%	1,158	1,013	885	-12.6%	
Ratio	1.5	1.5	1.5	-0.7%	1.1	1.1	1.1	2.7%	1.8
Financial Summary									
Gross Cost	\$8,569,865	\$8,248,577	\$7,284,198	-11.7%	\$3,151,206	\$2,493,908	\$2,320,318	-7.0%	
Client Paid	\$6,792,279	\$6,263,361	\$5,400,916	-13.8%	\$2,545,931	\$1,966,524	\$1,912,348	-2.8%	
Employee Paid	\$1,777,586	\$1,985,215	\$1,883,282	-5.1%	\$605,275	\$527,384	\$407,970	-22.6%	
Client Paid-PEPY	\$8,765	\$7,871	\$6,714	-14.7%	\$9,659	\$8,519	\$9,769	14.7%	\$6,209
Client Paid-PMPY	\$6,034	\$5,355	\$4,509	-15.8%	\$8,797	\$7,768	\$8,640	11.2%	\$3,437
Client Paid-PEPM	\$730	\$656	\$560	-14.6%	\$805	\$710	\$814	14.6%	\$517
Client Paid-PMPM	\$503	\$446	\$376	-15.7%	\$733	\$647	\$720	11.3%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	9	7	5	-28.6%	6	1	6	500.0%	
HCC's / 1,000	2.0	1.5	1.0	-30.7%	5.2	1.0	6.8	578.0%	
Avg HCC Paid	\$219,949	\$205,191	\$133,600	-34.9%	\$133,244	\$172,511	\$125,530	-27.2%	
HCC's % of Plan Paid	29.1%	22.9%	12.4%	-45.9%	31.4%	8.8%	39.4%	347.7%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$3,012	\$1,866	\$1,429	-23.4%	\$3,688	\$3,184	\$4,151	30.4%	\$1,057
Facility Outpatient	\$1,490	\$1,784	\$1,560	-12.6%	\$2,772	\$2,340	\$2,573	10.0%	\$1,145
Physician	\$1,299	\$1,433	\$1,385	-3.3%	\$2,187	\$2,127	\$1,637	-23.0%	\$1,122
Other	\$233	\$272	\$135	-50.4%	\$149	\$116	\$279	140.5%	\$113
Total	\$6,034	\$5,355	\$4,509	-15.8%	\$8,797	\$7,768	\$8,640	11.2%	\$3,437
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q18				1Q19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,070,189	\$ 2,198,975	\$ 395,069	\$ 9,664,232	\$ 8,942,886	\$ 1,732,369	\$ 245,876	\$ 10,921,131	13.0%	
Outpatient	\$ 13,442,756	\$ 3,236,176	\$ 433,142	\$ 17,112,074	\$ 13,449,186	\$ 2,908,284	\$ 514,405	\$ 16,871,876	-1.4%	
Total - Medical	\$ 20,512,945	\$ 5,435,151	\$ 828,211	\$ 26,776,306	\$ 22,392,073	\$ 4,640,653	\$ 760,281	\$ 27,793,007	3.8%	
Total	\$ 20,512,945	\$ 5,435,151	\$ 828,211	\$ 26,776,306	\$ 22,392,073	\$ 4,640,653	\$ 760,281	\$ 27,793,007	3.8%	

Net Paid Claims - Per Participant per Month										
	1Q18				1Q19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 362	\$ 705	\$ 451	\$ 405	\$ 386	\$ 593	\$ 435	\$ 411	1.5%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q18				1Q19				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 754,071	\$ 110,812	\$ 864,883	\$ 729,235	\$ 252,025	\$ 981,260			13.5%
Outpatient	\$ 15,936	\$ 1,019,048	\$ 82,592	\$ 1,117,576	\$ 2,404	\$ 826,158	\$ 104,806	\$ 933,367		-16.5%
Total - Medical	\$ 15,936	\$ 1,773,119	\$ 193,405	\$ 1,982,459	\$ 2,404	\$ 1,555,393	\$ 356,830	\$ 1,914,627		-3.4%
Total	\$ 15,936	\$ 1,773,119	\$ 193,405	\$ 1,982,459	\$ 2,404	\$ 1,555,393	\$ 356,830	\$ 1,914,627		-3.4%

Net Paid Claims - Per Participant per Month										
	1Q18				1Q19				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,226	\$ 856	\$ 274	\$ 711	\$ 200	\$ 982	\$ 482	\$ 819		15.2%

Paid Claims by Claim Type – Total

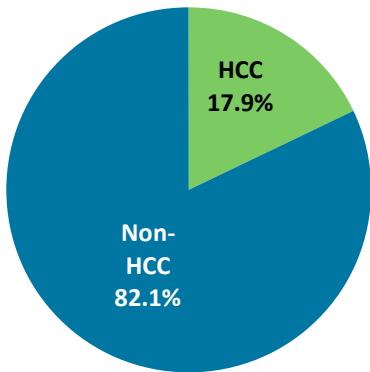
Net Paid Claims - Total										
Total Participants										
	1Q18				1Q19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,070,189	\$ 2,953,046	\$ 505,881	\$ 10,529,116	\$ 8,942,886	\$ 2,461,605	\$ 497,900	\$ 11,902,391		13.0%
Outpatient	\$ 13,458,692	\$ 4,255,224	\$ 515,734	\$ 18,229,650	\$ 13,451,590	\$ 3,734,442	\$ 619,211	\$ 17,805,243		-2.3%
Total - Medical	\$ 20,528,881	\$ 7,208,270	\$ 1,021,615	\$ 28,758,765	\$ 22,394,477	\$ 6,196,046	\$ 1,117,111	\$ 29,707,634		3.3%
Total	\$ 20,528,881	\$ 7,208,270	\$ 1,021,615	\$ 28,758,765	\$ 22,394,477	\$ 6,196,046	\$ 1,117,111	\$ 29,707,634		3.3%

Net Paid Claims - Per Participant per Month										
	1Q18				1Q19				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Medical	\$ 363	\$ 737	\$ 402	\$ 417	\$ 386	\$ 659	\$ 449	\$ 424		1.7%

Cost Distribution – Medical Claims

1Q18						1Q19						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
16	0.0%	\$4,928,006	17.1%	\$74,423	0.6%	\$100,000.01 Plus	26	0.1%	\$5,726,118	19.3%	\$103,891	0.9%
46	0.1%	\$3,649,972	12.7%	\$173,060	1.5%	\$50,000.01-\$100,000.00	44	0.1%	\$3,581,524	12.1%	\$235,100	2.1%
102	0.2%	\$3,890,752	13.5%	\$413,572	3.6%	\$25,000.01-\$50,000.00	107	0.3%	\$4,228,173	14.2%	\$461,088	4.1%
308	0.7%	\$4,960,013	17.2%	\$1,141,235	9.8%	\$10,000.01-\$25,000.00	328	0.8%	\$5,549,764	18.7%	\$1,224,288	11.0%
495	1.2%	\$3,678,942	12.8%	\$1,336,546	11.5%	\$5,000.01-\$10,000.00	428	1.0%	\$3,179,263	10.7%	\$1,130,781	10.1%
603	1.4%	\$2,199,528	7.6%	\$1,240,957	10.7%	\$2,500.01-\$5,000.00	560	1.3%	\$2,162,653	7.3%	\$1,083,102	9.7%
13,920	33.4%	\$5,451,552	19.0%	\$5,157,588	44.4%	\$0.01-\$2,500.00	13,999	32.9%	\$5,280,247	17.8%	\$4,868,528	43.6%
7,063	16.9%	\$0	0.0%	\$2,084,437	18.0%	\$0.00	7,158	16.8%	\$0	0.0%	\$2,067,968	18.6%
19,182	46.0%	\$0	0.0%	\$0	0.0%	No Claims	19,895	46.8%	\$0	0.0%	\$0	-0.1%
41,736	100.0%	\$28,758,765	100.0%	\$11,621,818	100.0%		42,546	100.0%	\$29,707,741	100.0%	\$11,174,745	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 2) Neoplasms	15	\$1,386,366	24.2%
(CCS 16) Injury And Poisoning	10	\$1,114,795	19.5%
(CCS 7) Diseases Of The Circulatory System	19	\$849,111	14.8%
(CCS 1) Infectious And Parasitic Diseases	12	\$628,323	11.0%
(CCS 15) Certain Conditions Originating In The Perinatal Period	4	\$436,882	7.6%
(CCS 9) Diseases Of The Digestive System	16	\$400,447	7.0%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	13	\$264,854	4.6%
(CCS 8) Diseases Of The Respiratory System	14	\$159,840	2.8%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	25	\$156,036	2.7%
(CCS 6) Diseases Of The Nervous System And Sense Organs	14	\$149,678	2.6%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	14	\$47,449	0.8%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	8	\$42,214	0.7%
(CCS 10) Diseases Of The Genitourinary System	8	\$39,161	0.7%
(CCS 14) Congenital Anomalies	3	\$38,140	0.7%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	11	\$10,009	0.2%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	3	\$1,872	0.0%
(CCS 5) Mental Illness	3	\$941	0.0%
Overall	----	\$5,726,118	100.0%

Utilization Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q17	1Q18	1Q19	Variance to PY18	1Q17	1Q18	1Q19	Variance to PY18	1Q17	1Q18	1Q19	Variance to PY18
Inpatient Facility												
# of Admits	547	522	622		382	387	429		0	0	0	
# of Bed Days	2,628	2,472	2,834		1,502	1,776	1,907		0	0	0	
Paid Per Admit	\$18,950	\$19,529	\$18,870	-3.4%	\$15,055	\$18,072	\$19,227	6.4%	\$0	\$0	\$0	0.0%
Paid Per Day	\$3,944	\$4,124	\$4,141	0.4%	\$3,829	\$3,938	\$4,325	9.8%	\$0	\$0	\$0	0.0%
Admits Per 1,000	54	50	49	-2.0%	44	43	47	9.3%	0	0	0	0.0%
Days Per 1,000	260	237	222	-6.3%	173	197	207	5.1%	0	0	0	0.0%
Avg LOS	4.8	4.7	4.6	-2.1%	3.9	4.6	4.4	-4.3%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	3.4	3.5	3.2	-8.6%	3.1	3.2	3.2	0.0%	8.3	12.5	4.0	-68.0%
Avg Paid per OV	\$40	\$40	\$46	15.0%	\$39	\$40	\$40	0.0%	\$0	\$73	\$58	0.0%
Avg OV Paid per Member	\$136	\$138	\$147	6.5%	\$123	\$129	\$126	-2.3%	\$0	\$920	\$231	0.0%
DX&L Utilization per Member	7.5	7.6	6.6	-13.2%	6.8	6.9	6.5	-5.8%	0	13.6	0	0.0%
Avg Paid per DX&L	\$58	\$54	\$65	20.4%	\$55	\$50	\$57	14.0%	\$0	\$76	\$0	0.0%
Avg DX&L Paid per Member	\$434	\$410	\$426	3.9%	\$378	\$350	\$369	5.4%	\$0	\$1,033	\$0	0.0%
Emergency Room												
# of Visits	1,583	1,852	1,748		1,278	1,492	1,252		0	2	0	
# of Admits	239	232	285		162	150	192		0	0	0	
Visits Per Member	0.16	0.18	0.14	-22.2%	0.15	0.17	0.14	-17.6%	0	1.09	0	0.0%
Visits Per 1,000	157	177	137	-22.6%	147	166	136	-18.1%	0	1,091	0	0.0%
Avg Paid per Visit	\$1,636	\$1,683	\$1,786	6.1%	\$1,640	\$1,618	\$1,656	2.3%	\$0	\$1,342	\$0	0.0%
Admits Per Visit	0.15	0.13	0.16	23.1%	0.13	0.10	0.15	50.0%	0.00	0.00	0.00	0.0%
Urgent Care												
# of Visits	2,130	2,021	2,370		1,889	1,820	1,908		2	2	0	
Visits Per Member	0.21	0.19	0.19	0.0%	0.22	0.20	0.21	5.0%	1.85	1.09	0.00	-100.0%
Visits Per 1,000	211	194	186	-4.1%	217	202	207	2.5%	1,846	1,091	0	-100.0%
Avg Paid per Visit	\$30	\$28	\$38	35.7%	\$27	\$26	\$27	3.8%	\$0	\$72	\$0	0.0%

Annualized Annualized Annualized

Annualized Annualized Annualized

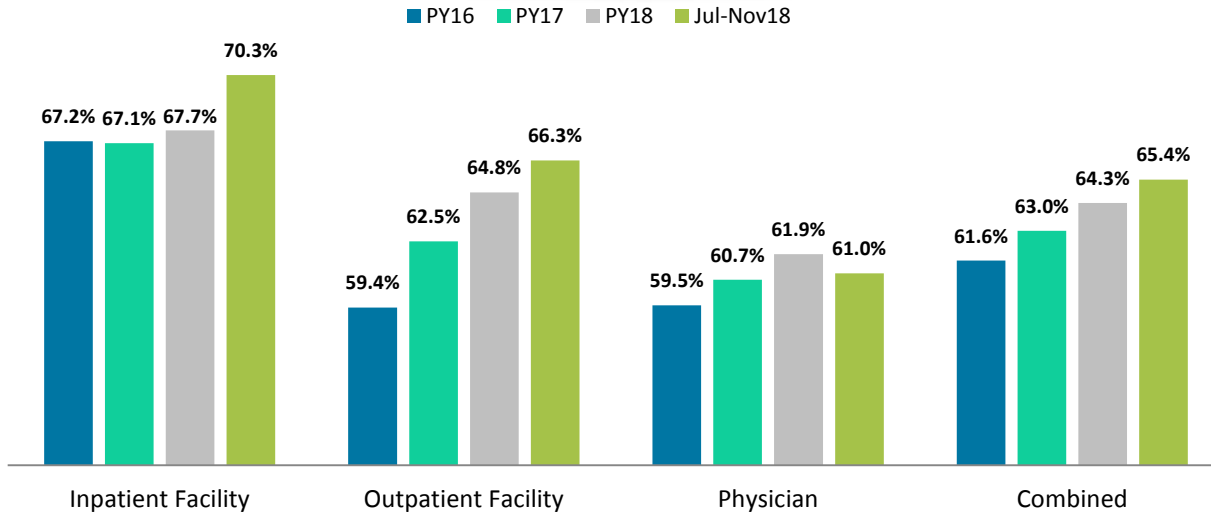
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Utilization Summary (p. 2 of 2)

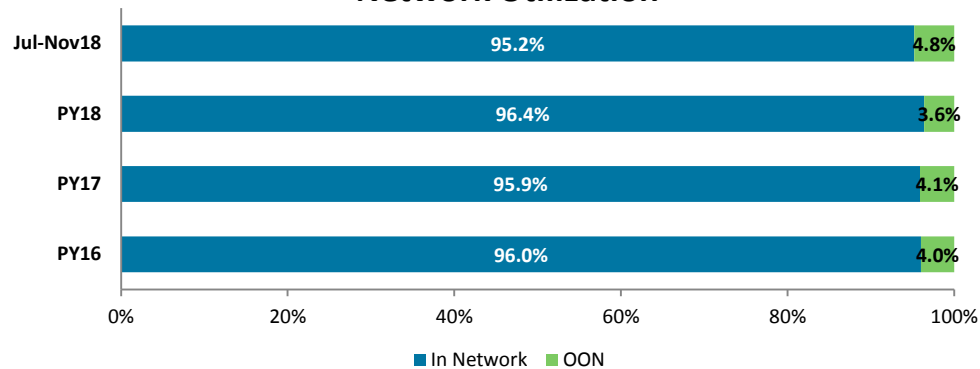
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q17	1Q18	1Q19	Variance to PY18	1Q17	1Q18	1Q19	Variance to PY18	
Inpatient Facility									
# of Admits	119	98	94		46	37	30		
# of Bed Days	759	520	498		367	176	208		
Paid Per Admit	\$29,534	\$23,519	\$18,797	-20.1%	\$23,918	\$24,200	\$32,051	32.4%	\$16,173
Paid Per Day	\$4,630	\$4,432	\$3,548	-19.9%	\$2,998	\$5,088	\$4,623	-9.1%	\$3,708
Admits Per 1,000	106	84	78	-7.1%	159	146	136	-6.8%	61
Days Per 1,000	674	445	416	-6.5%	1,268	695	940	35.3%	264
Avg LOS	6.4	5.3	5.3	0.0%	8	4.8	6.9	43.8%	4.3
Physician Office									
OV Utilization per Member	5.1	5.0	4.5	-10.0%	6.5	6.3	6	-4.8%	3.3
Avg Paid per OV	\$43	\$40	\$39	-2.5%	\$35	\$32	\$33	3.1%	\$50
Avg OV Paid per Member	\$215	\$200	\$173	-13.5%	\$225	\$201	\$200	-0.5%	\$167
DX&L Utilization per Member	10.8	11.3	10.1	-10.6%	14.7	14.9	12.7	-14.8%	8.3
Avg Paid per DX&L	\$65	\$67	\$78	16.4%	\$73	\$60	\$75	25.0%	\$67
Avg DX&L Paid per Member	\$701	\$760	\$792	4.2%	\$1,075	\$901	\$950	5.4%	\$554
Emergency Room									
# of Visits	224	268	248		81	90	75		
# of Admits	54	62	53		23	20	16		
Visits Per Member	0.2	0.23	0.21	-8.7%	0.28	0.36	0.34	-5.6%	0.17
Visits Per 1,000	199	229	207	-9.6%	280	355	339	-4.5%	174
Avg Paid per Visit	\$1,690	\$1,988	\$1,814	-8.8%	\$1,418	\$1,861	\$2,166	16.4%	\$1,684
Admits Per Visit	0.24	0.23	0.21	-8.7%	0.28	0.22	0.21	-4.5%	0.14
Urgent Care									
# of Visits	176	156	176		63	43	36		
Visits Per Member	0.16	0.13	0.15	15.4%	0.22	0.17	0.16	-5.9%	0.24
Visits Per 1,000	156	133	147	10.5%	218	170	163	-4.1%	242
Avg Paid per Visit	\$57	\$44	\$29	-34.1%	\$40	\$34	\$32	-5.9%	\$74
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization

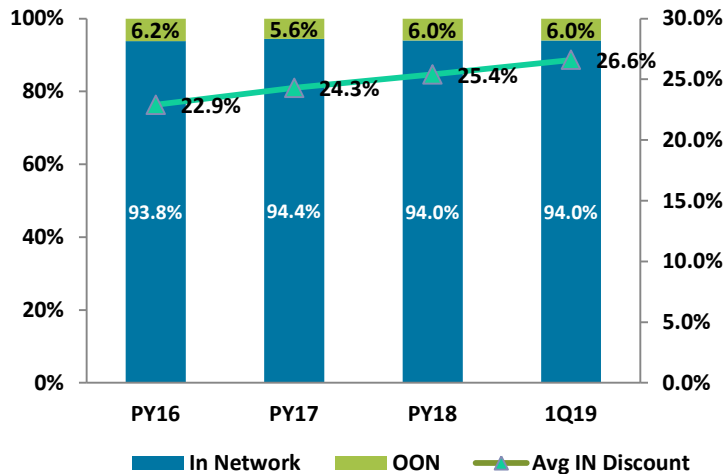


*Data is through Nov18

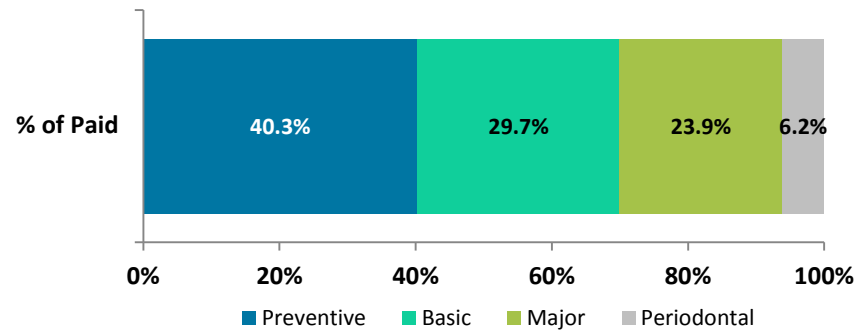
Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	1,375	2.0%	3,850	10.8%	\$1,923,567	29.5%	\$1,370,453	38.9%
\$750.01-\$1,000.00	724	1.1%	1,695	4.7%	\$644,553	9.9%	\$407,301	11.5%
\$500.01-\$750.00	1,280	1.9%	2,672	7.5%	\$791,268	12.1%	\$532,537	15.1%
\$250.01-\$500.00	2,245	3.3%	4,178	11.7%	\$828,290	12.7%	\$508,343	14.4%
\$0.01-\$250.00	19,550	29.0%	22,201	62.1%	\$2,338,969	35.9%	\$625,773	17.8%
\$0.00	1,141	1.7%	1,165	3.3%	\$0	0.0%	\$82,030	2.3%
No Claims	41,053	60.9%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	67,368	100.0%	35,761	100.0%	\$6,526,648	100.0%	\$3,526,437	100.0%

Network Performance



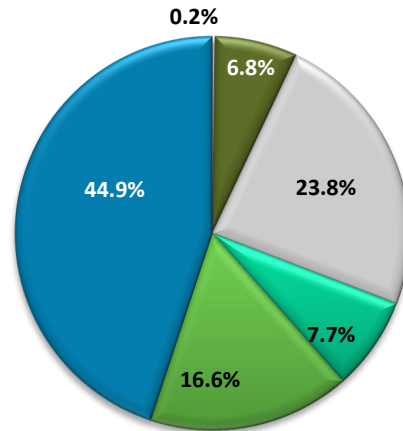
Claim Category	Total Paid	% of Paid
Preventive	\$2,629,377	40.3%
Basic	\$1,938,167	29.7%
Major	\$1,556,851	23.9%
Periodontal	\$402,253	6.2%
Total	\$6,526,648	100.0%



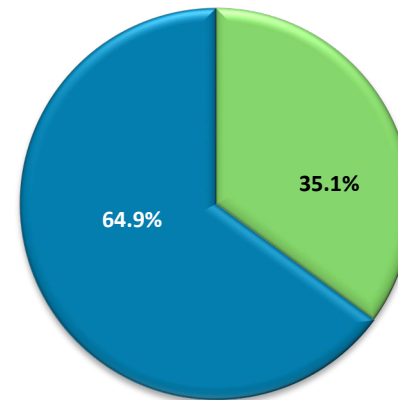
Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$14,527,676	\$72	100.0%
COB	\$34,058	\$0	0.2%
Excess/Maximums	\$983,139	\$5	6.8%
PPO Discount	\$3,457,394	\$17	23.8%
Deductible	\$1,114,512	\$6	7.7%
Coinsurance	\$2,411,925	\$12	16.6%
Total Participant Paid	\$3,526,437	\$17	24.3%
Total Plan Paid	\$6,526,648	\$32	44.9%

Total Participant Paid - PY18	\$14
Total Plan Paid - PY18	\$31



■ COB
■ PPO Discount
■ Coinsurance
■ Excess/Maximums
■ Deductible
■ Total Plan Paid



■ Total Participant Paid
■ Total Plan Paid

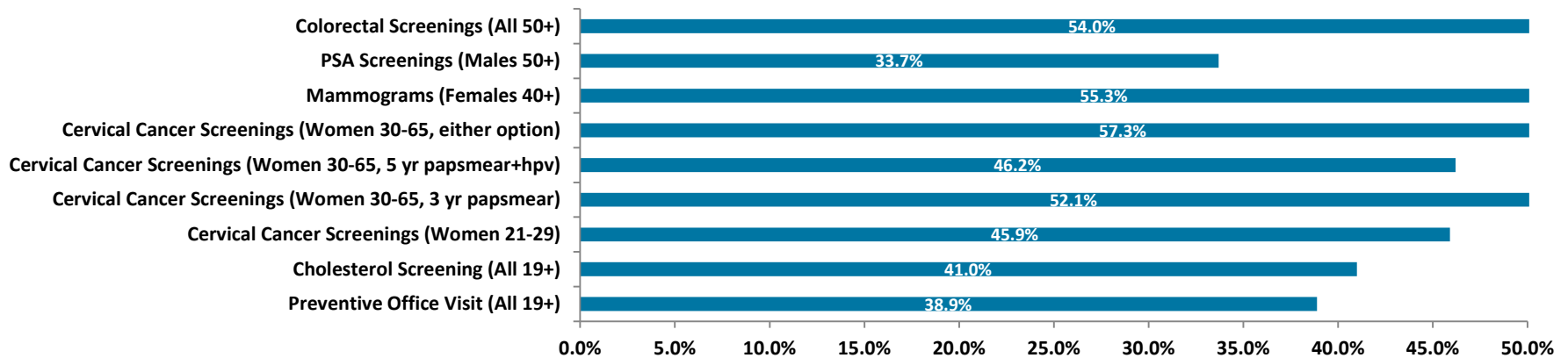
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	16,802	8,451	50.3%	14,836	3,813	25.7%	31,638	12,264	38.8%
Cholesterol Screening (All 19+)	16,802	7,443	44.3%	14,836	5,460	36.8%	31,638	12,903	40.8%
Cervical Cancer Screenings (Women 21-29)	2,643	1,229	46.5%	----	----	----	2,643	1,229	46.5%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	12,725	6,719	52.8%	----	----	----	12,725	6,719	52.8%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	12,725	5,943	46.7%	----	----	----	12,725	5,943	46.7%
Cervical Cancer Screenings (Women 30-65, either option)	12,725	7,368	57.9%	----	----	----	12,725	7,368	57.9%
Mammograms (Females 40+)	10,520	5,912	56.2%	----	----	----	10,520	5,912	56.2%
PSA Screenings (Males 50+)	----	----	----	6,308	2,119	33.6%	6,308	2,119	33.6%
Colorectal Screenings (All 50+)	7,364	4,153	56.4%	6,308	3,236	51.3%	13,672	7,389	54.0%

Overall Preventive Services Compliance Rates



Public Employees' Benefits Program – RX Costs

PY 2019 – Quarter Ending September 30, 2018

1Q FY2019		1 FY2018	Difference	% Change
Membership Summary				
Member Count (Membership)	42,524	41,895	629	1.5%
Utilizing Member Count (Patients)	19,521	19,049	472	2.5%
Percent Utilizing (Utilization)	45.9%	45.5%	0	1.0%
Claim Summary				
Net Claims (Total Rx's)	114,947	119,435	(4,488)	-3.8%
Claims per Elig Member per Month (Claims PMPM)	0.90	0.65	0.25	37.6%
Total Claims for Brand (Brand Rx)	15,438	15,463	(25.00)	-0.2%
Total Claims for Generic (Generic Rx)	99,509	103,972	(4,463.00)	-4.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	1,796	1,875	(79.00)	-4.2%
Total Non-Specialty Claims	113,957	118,579	(4,622.00)	-3.9%
Total Specialty Claims	990	856	134.00	15.7%
Generic % of Total Claims (GFR)	86.6%	87.1%	(0.00)	-0.6%
Generic Effective Rate (GCR)	98.2%	98.2%	(0.00)	0.0%
Mail Order Claims	15,707	15,055	652.00	4.3%
Mail Penetration Rate*	15.5%	14.3%	0.01	1.2%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$10,634,151.30	\$9,890,118.03	\$744,033.27	7.5%
Total Brand Gross Cost	\$8,651,979.40	\$7,570,509.75	\$1,081,469.65	14.3%
Total Generic Gross Cost	\$1,982,171.90	\$2,319,608.28	(\$337,436.38)	-14.5%
Total MSB Gross Cost	\$246,371.09	\$189,112.94	\$57,258.15	30.3%
Total Ingredient Cost	\$10,548,105.79	\$9,823,049.86	\$725,055.93	7.4%
Total Dispensing Fee	\$82,028.51	\$62,578.15	\$19,450.36	31.1%
Total Other (e.g. tax)	\$4,017.00	\$4,490.02	(\$473.02)	-10.5%
Avg Total Cost per Claim (Gross Cost/Rx)	\$92.51	\$82.81	\$9.71	11.7%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$560.43	\$489.59	\$70.85	14.5%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.92	\$22.31	(\$2.39)	-10.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$137.18	\$100.86	\$36.32	36.0%

Public Employees' Benefits Program – RX Costs PY 2019 – Quarter Ending September 30, 2018 (cont.)

1Q FY2019		1 FY2018	Difference	% Change
Membership Summary			Membership Summary	
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$3,584,624.23	\$3,835,344.52	(\$250,720.29)	-6.5%
Total Copay	\$1,228,274.69	\$1,179,271.25	\$49,003.44	4.2%
Total Deductible	\$2,356,349.54	\$2,656,073.27	(\$299,723.73)	-11.3%
Avg Copay per Claim (Copay/Rx)	\$10.69	\$9.87	\$0.81	8.2%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$31.19	\$32.11	(\$0.93)	-2.9%
Avg Copay for Brand (Copay/Brand Rx)	\$153.07	\$150.44	\$2.63	1.7%
Avg Copay for Generic (Copay/Generic Rx)	\$12.28	\$14.51	(\$2.24)	-15.4%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$80.49	\$88.95	(\$8.46)	-9.5%
Net PMPM (Participant Cost PMPM)	\$28.10	\$30.84	(\$2.74)	-8.9%
Copay % of Total Prescription Cost (Member Cost Share %)	33.7%	38.8%	-5.1%	-13.1%
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$7,049,527.07	\$6,054,773.51	\$994,753.56	16.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,151,609.53	\$3,296,249.14	\$855,360.39	25.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,897,917.54	\$2,758,524.37	\$139,393.17	5.1%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$61.33	\$50.70	\$10.63	21.0%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$407.36	\$339.15	\$68.22	20.1%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$7.64	\$7.80	(\$0.15)	-1.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$56.69	\$11.91	\$44.78	375.9%
Net PMPM (Plan Cost PMPM)	\$55.26	\$48.17	\$7.09	14.7%
PMPM for Specialty Only (Specialty PMPM)	\$32.54	\$26.23	\$6.32	24.1%
PMPM without Specialty (Non-Specialty PMPM)	\$22.72	\$21.95	\$0.77	3.5%

HSB DATASCOPE™

Nevada Public Employees' Benefits Program - EPO

July 2018 – October 2018

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for Jul-Oct18 for the EPO Plan was \$7,158,087 or \$4,608 on an annualized PEPY basis. 81.6% was spent in the State Active population with a PEPY of \$4,530.
- 94.8% of the Average Membership had paid Medical claims less than \$2,500, with 39.8% of those having no claims paid at all during the reporting period.
- There were 4 High Cost Claimants (HCC's) over \$100K, that account for 7.8% of the total spend. The largest claimant had a primary diagnosis in the Respiratory Disease Diagnosis Group, with plan spend of \$151,995.

Paid Claims by Age Group

Paid Claims by Age Group						
	Jul-Oct18					
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM
<1	\$ 115,147	\$ 347	\$ 922	\$ 4	\$ 116,069	\$ 351
1	\$ 41,291	\$ 113	\$ 1,332	\$ 5	\$ 42,623	\$ 118
2 - 4	\$ 70,996	\$ 69	\$ 2,889	\$ 4	\$ 73,885	\$ 72
5 - 9	\$ 77,947	\$ 37	\$ 22,965	\$ 15	\$ 100,912	\$ 52
10 - 14	\$ 286,416	\$ 112	\$ 53,585	\$ 28	\$ 340,001	\$ 139
15 - 19	\$ 365,560	\$ 136	\$ 56,825	\$ 28	\$ 422,385	\$ 164
20 - 24	\$ 169,609	\$ 74	\$ 80,528	\$ 47	\$ 250,137	\$ 121
25 - 29	\$ 236,083	\$ 168	\$ 50,797	\$ 48	\$ 286,880	\$ 216
30 - 34	\$ 533,083	\$ 293	\$ 65,295	\$ 48	\$ 598,378	\$ 341
35 - 39	\$ 485,524	\$ 230	\$ 133,579	\$ 84	\$ 619,103	\$ 315
40 - 44	\$ 355,408	\$ 169	\$ 133,393	\$ 84	\$ 488,801	\$ 253
45 - 49	\$ 568,918	\$ 203	\$ 277,306	\$ 132	\$ 846,224	\$ 334
50 - 54	\$ 968,935	\$ 315	\$ 366,426	\$ 159	\$ 1,335,361	\$ 474
55 - 59	\$ 927,763	\$ 257	\$ 467,875	\$ 173	\$ 1,395,638	\$ 430
60 - 64	\$ 1,562,569	\$ 386	\$ 469,806	\$ 155	\$ 2,032,375	\$ 541
65+	\$ 392,835	\$ 247	\$ 204,096	\$ 171	\$ 596,931	\$ 419
Total	\$ 7,158,087	\$ 211	\$ 2,387,618	\$ 94	\$ 9,545,702	\$ 305

*Rx is through Sep18

Financial Summary

	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	Jul-Oct18	Jul-Oct18	Jul-Oct18	Jul-Oct18	Jul-Oct18	HSB Peer Index
Enrollment						
Avg # Employees	4,660	3,869	4	591	196	
Avg # Members	8,481	7,414	5	817	246	
Ratio	1.8	1.9	1.3	1.4	1.3	1.8
Financial Summary						
Gross Cost	\$8,435,825	\$6,858,840	\$1,228	\$1,313,952	\$261,806	
Client Paid	\$7,158,087	\$5,843,160	\$1,058	\$1,088,312	\$225,557	
Employee Paid	\$1,277,739	\$1,015,680	\$170	\$225,640	\$36,248	
Client Paid-PEPY	\$4,608	\$4,530	\$793	\$5,529	\$3,448	\$6,209
Client Paid-PMPY	\$2,532	\$2,364	\$635	\$3,999	\$2,756	\$3,437
Client Paid-PEPM	\$384	\$378	\$66	\$461	\$287	\$517
Client Paid-PMPM	\$211	\$197	\$53	\$333	\$230	\$286
High Cost Claimants (HCC's) > \$100k						
# of HCC's	4	3	0	1	0	
HCC's / 1,000	0.5	0.4	0.0	1.2	0.0	
Avg HCC Paid	\$139,469	\$135,294	\$0	\$151,994	\$0	
HCC's % of Plan Paid	7.8%	7.0%	0.0%	14.0%	0.0%	
Cost Distribution by Claim Type (PMPY)						
Facility Inpatient	\$388	\$359	\$0	\$742	\$102	\$1,057
Facility Outpatient	\$873	\$777	\$0	\$1,555	\$1,509	\$1,145
Physician	\$1,194	\$1,167	\$635	\$1,461	\$1,114	\$1,122
Other	\$78	\$61	\$0	\$240	\$31	\$113
Total	\$2,532	\$2,364	\$635	\$3,999	\$2,756	\$3,437
	Annualized	Annualized	Annualized	Annualized	Annualized	

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total				
State Participants				
	Jul-Oct18			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$ 1,211,530	\$ 272,847	\$ 3,605	\$ 1,487,981
Outpatient	\$ 4,631,631	\$ 702,986	\$ 108,874	\$ 5,443,490
Total - Medical	\$ 5,843,160	\$ 975,834	\$ 112,478	\$ 6,931,472
Total	\$ 5,843,160	\$ 975,834	\$ 112,478	\$ 6,931,472

Net Paid Claims - Per Participant per Month				
	Jul-Oct18			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 378	\$ 485	\$ 320	\$ 389

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total					
Non-State Participants					
Jul-Oct18					
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ -	\$ 20,366	\$ 1,768	\$	22,133
Outpatient	\$ 1,058	\$ 157,962	\$ 45,462	\$	204,482
Total - Medical	\$ 1,058	\$ 178,327	\$ 47,230	\$	226,615
Total	\$ 1,058	\$ 178,327	\$ 47,230	\$	226,615

Net Paid Claims - Per Participant per Month					
Jul-Oct18					
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 66	\$ 313	\$ 219	\$	283

Paid Claims by Claim Type – Total

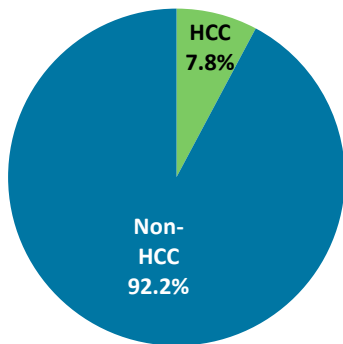
Net Paid Claims - Total				
Total Participants				
	Jul-Oct18			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$ 1,211,530	\$ 293,213	\$ 5,372	\$ 1,510,115
Outpatient	\$ 4,632,688	\$ 860,948	\$ 154,336	\$ 5,647,972
Total - Medical	\$ 5,844,218	\$ 1,154,161	\$ 159,708	\$ 7,158,087
Total	\$ 5,844,218	\$ 1,154,161	\$ 159,708	\$ 7,158,087

Net Paid Claims - Per Participant per Month				
	Jul-Oct18			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 377	\$ 448	\$ 281	\$ 384

Cost Distribution – Medical Claims

Jul-Oct18						
Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
\$100,000.01 Plus	4	0.0%	\$557,876	7.8%	\$56,967	4.5%
\$50,000.01-\$100,000.00	10	0.1%	\$602,594	8.4%	\$31,227	2.4%
\$25,000.01-\$50,000.00	22	0.3%	\$763,429	10.7%	\$54,368	4.3%
\$10,000.01-\$25,000.00	92	1.1%	\$1,420,327	19.8%	\$152,035	11.9%
\$5,000.01-\$10,000.00	141	1.7%	\$1,020,485	14.3%	\$142,004	11.1%
\$2,500.01-\$5,000.00	166	2.0%	\$604,392	8.4%	\$144,174	11.3%
\$0.01-\$2,500.00	4,614	54.4%	\$2,188,485	30.6%	\$672,022	52.6%
\$0.00	55	0.6%	\$0	0.0%	\$24,942	2.0%
No Claims	3,378	39.8%	\$499	0.0%	\$0	0.0%
	8,481	100.0%	\$7,158,087	100.0%	\$1,277,739	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

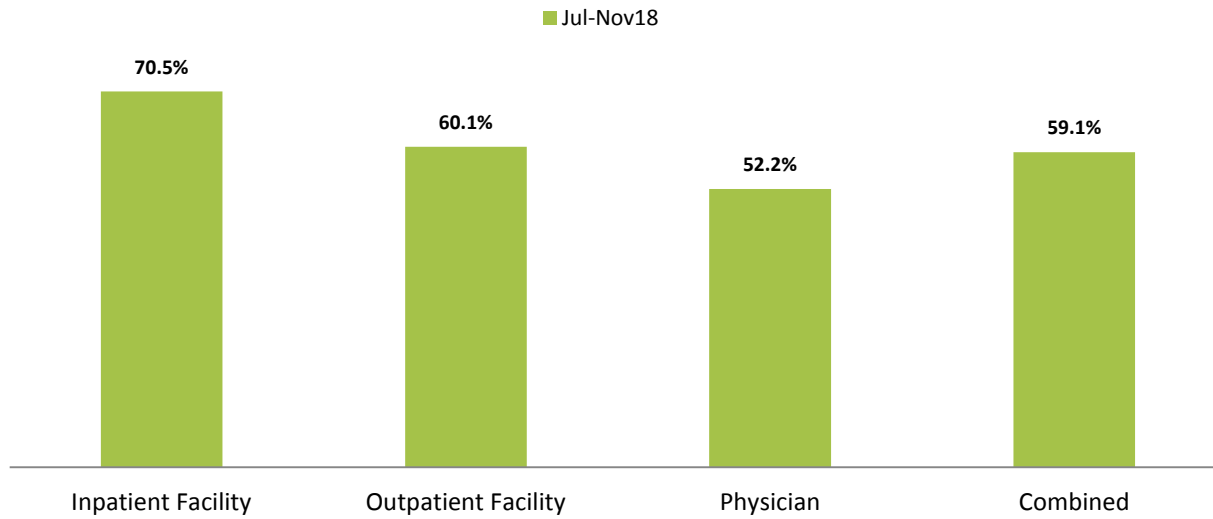
HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 7) Diseases Of The Circulatory System	2	\$149,460	26.8%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	4	\$139,479	25.0%
(CCS 8) Diseases Of The Respiratory System	3	\$135,657	24.3%
(CCS 2) Neoplasms	3	\$125,221	22.4%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	3	\$3,484	0.6%
(CCS 10) Diseases Of The Genitourinary System	2	\$1,979	0.4%
(CCS 9) Diseases Of The Digestive System	1	\$874	0.2%
(CCS 6) Diseases Of The Nervous System And Sense Organs	3	\$439	0.1%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	3	\$405	0.1%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	3	\$343	0.1%
(CCS 5) Mental Illness	1	\$323	0.1%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	2	\$160	0.0%
(CCS 16) Injury And Poisoning	1	\$52	0.0%
Overall	----	\$557,876	100.0%

Utilization Summary

	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	Jul-Oct18	Jul-Oct18	Jul-Oct18	Jul-Oct18	Jul-Oct18	HSB Peer Index
Inpatient Facility						
# of Admits	94	79	0	13	2	
# of Bed Days	364	301	0	58	5	
Paid Per Admit	\$11,524	\$11,050	\$0	\$15,541	\$4,164	\$16,173
Paid Per Day	\$2,976	\$2,900	\$0	\$3,483	\$1,666	\$3,708
Admits Per 1,000	33	32	0	48	24	61
Days Per 1,000	129	122	0	213	61	264
Avg LOS	3.9	3.8	0	4.5	2.5	4.3
Physician Office						
OV Utilization per Member	3.2	3.1	3.6	4.0	3.9	3.3
Avg Paid per OV	\$91	\$92	\$148	\$86	\$85	\$50
Avg OV Paid per Member	\$295	\$289	\$534	\$341	\$332	\$167
DX&L Utilization per Member	5.7	5.4	0	8.1	8.9	8.3
Avg Paid per DX&L	\$79	\$77	\$0	\$85	\$98	\$67
Avg DX&L Paid per Member	\$453	\$414	\$0	\$688	\$869	\$554
Emergency Room						
# of Visits	290	248	0	38	4	
# of Admits	37	26	0	9	2	
Visits Per Member	0.1	0.1	0	0.14	0.05	0.17
Visits Per 1,000	103	100	0	140	49	174
Avg Paid per Visit	\$2,369	\$2,128	\$0	\$4,052	\$1,379	\$1,684
Admits Per Visit	0.13	0.10	0.00	0.24	0.50	0.14
Urgent Care						
# of Visits	497	457	0	27	13	
Visits Per Member	0.18	0.18	0.00	0.10	0.16	0.24
Visits Per 1,000	176	185	0	99	159	242
Avg Paid per Visit	\$126	\$127	\$0	\$138	\$66	\$74
	Annualized	Annualized	Annualized	Annualized	Annualized	

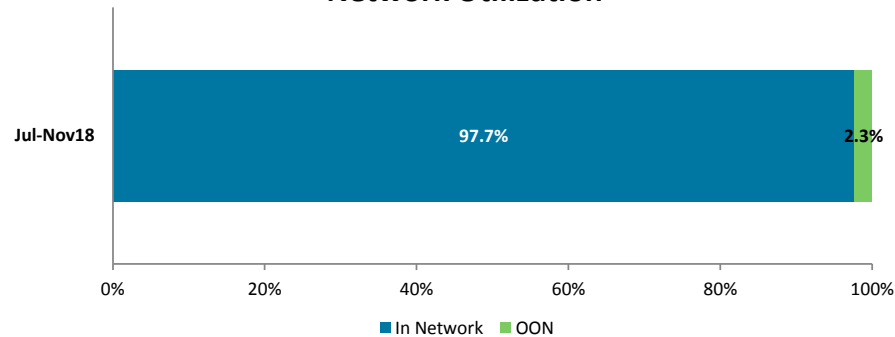
Provider Network Summary

In Network Discounts



*Data is through Nov18

Network Utilization



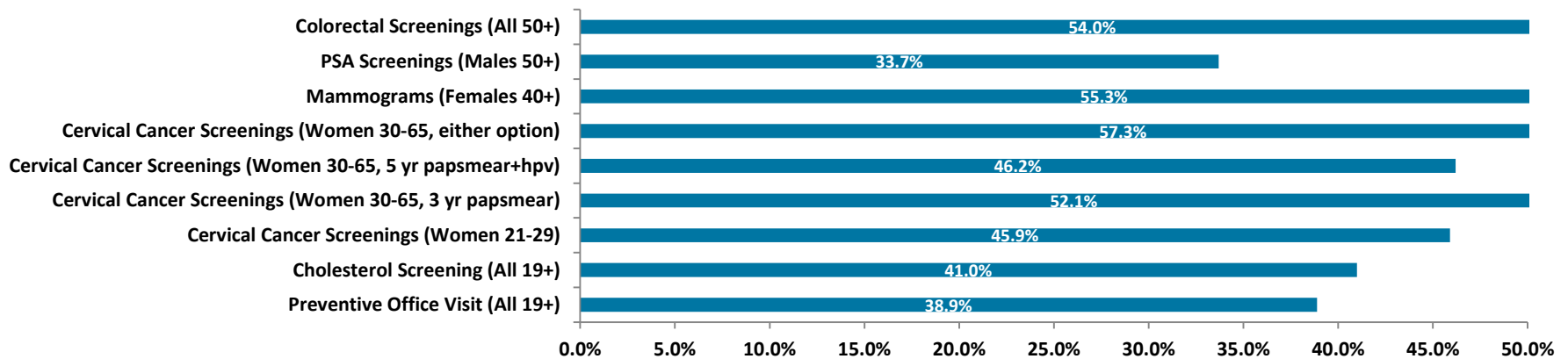
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	158	97	61.4%	107	28	26.2%	265	125	47.2%
Cholesterol Screening (All 19+)	158	73	46.2%	107	43	40.2%	265	116	43.8%
Cervical Cancer Screenings (Women 21-29)	31	21	67.7%	----	----	----	31	21	67.7%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	121	75	62.0%	----	----	----	121	75	62.0%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	121	71	58.7%	----	----	----	121	71	58.7%
Cervical Cancer Screenings (Women 30-65, either option)	121	81	66.9%	----	----	----	121	81	66.9%
Mammograms (Females 40+)	66	32	48.5%	----	----	----	66	32	48.5%
PSA Screenings (Males 50+)	----	----	----	31	13	41.9%	31	13	41.9%
Colorectal Screenings (All 50+)	32	17	53.1%	31	12	38.7%	63	29	46.0%

Overall Preventive Services Compliance Rates



Public Employees' Benefits Program – RX Costs

PY 2019 – Quarter Ending September 30, 2018

1Q FY2019 EPO	
Membership Summary	
Member Count (Membership)	8,479
Utilizing Member Count (Patients)	4,882
Percent Utilizing (Utilization)	57.6%

Claim Summary	
Net Claims (Total Rx's)	39,388
Claims per Elig Member per Month (Claims PMPM)	1.55
Total Claims for Brand (Brand Rx)	5,255
Total Claims for Generic (Generic Rx)	34,133
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	633
Total Non-Specialty Claims	39,121
Total Specialty Claims	267
Generic % of Total Claims (GFR)	86.7%
Generic Effective Rate (GCR)	98.2%
Mail Order Claims	3,382
Mail Penetration Rate*	9.4%

Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$3,532,211.92
Total Brand Gross Cost	\$2,708,169.17
Total Generic Gross Cost	\$824,042.75
Total MSB Gross Cost	\$81,434.37
Total Ingredient Cost	\$3,513,250.81
Total Dispensing Fee	\$18,531.56
Total Other (e.g. tax)	\$429.55
Avg Total Cost per Claim (Gross Cost/Rx)	\$89.68
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$515.35
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$24.14
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$128.65

The EPO Plan was effective in Plan Year 2019 as a replacement to the Northern Nevada HMO plan. No RX comparison data is available.

Public Employees' Benefits Program – RX Costs PY 2019 – Quarter Ending September 30, 2018 (cont.)

1Q FY2019 EPO

Membership Summary

Member Cost Summary

Total Member Cost	\$730,026.19
Total Copay	\$730,026.19
Total Deductible	\$0.00
Avg Copay per Claim (Copay/Rx)	\$18.53
Avg Participant Share per Claim (Copay+Deductible/RX)	\$18.53
Avg Copay for Brand (Copay/Brand Rx)	\$97.60
Avg Copay for Generic (Copay/Generic Rx)	\$6.36
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$27.65
Net PMPM (Participant Cost PMPM)	\$28.70
Copay % of Total Prescription Cost (Member Cost Share %)	20.7%

Plan Cost Summary

Total Plan Cost (Plan Cost)	\$2,802,185.73
Total Specialty Drug Cost (Specialty Plan Cost)	\$929,017.07
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$1,873,168.66
Avg Plan Cost per Claim (Plan Cost/Rx)	\$71.14
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$417.75
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$17.78
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$101.00
Net PMPM (Plan Cost PMPM)	\$110.16
PMPM for Specialty Only (Specialty PMPM)	\$36.52
PMPM without Specialty (Non-Specialty PMPM)	\$73.64

Prescription Drug Utilization (Q1 FY19 v Q1 FY18)

	Total		
Membership Summary	Q1 FY 2019	Q1 FY 2018	Change
Member Count (Membership)	51,002	41,895	21.7%
Utilizing Member Count (Patients)	24,390	19,049	28.0%
Percent Utilizing (Utilization)	47.8%	45.5%	2.4
Claim Summary			
Net Claims (Total Adjusted Rx's)	154,335	119,435	29.2%
Claims per Elig Member per Month (Claims PMPM)	1.01	0.65	54.1%
Total Claims for Brand (Brand ARx)	20,693	15,463	33.8%
Total Claims for Generic (Generic ARx)	133,642	103,972	28.5%
Total Claims for Multisource Brand Claims (MSB ARx)	2,429	1,875	29.5%
Total Non-Specialty Claims	153,078	118,579	29.1%
Total Specialty Claims	1,257	856	46.8%
Generic % of Total Claims (GFR)	86.6%	87.1%	(0.5)
Generic Effective Rate (GCR)	98.2%	98.2%	(0.0)
Mail Order Claims	19,089	15,055	26.8%
Mail Penetration Rate*	13.9%	14.3%	(0.3)
Claims Cost Summary			
Total Prescription Cost (Total Gross Cost)	\$14,166,363.22	\$9,890,118.03	43.2%
Total Brand Gross Cost	\$11,360,148.57	\$7,570,509.75	50.1%
Total Generic Gross Cost	\$2,806,214.65	\$2,319,608.28	21.0%
Total MSB Gross Cost	\$327,805.46	\$189,112.94	73.3%
Total Ingredient Cost	\$14,061,356.60	\$9,823,049.86	43.1%
Total Dispensing Fee	\$100,560.07	\$62,578.15	60.7%
Total Other (e.g. tax)	\$4,446.55	\$4,490.02	-1.0%
Avg Total Cost per Claim (Gross Cost/ARx)	\$91.79	\$82.81	10.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$548.99	\$489.59	12.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$21.00	\$22.31	-5.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$134.95	\$100.86	33.8%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels

Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

Prescription Drug Utilization (Q1 FY19 v Q1 FY18)

Member Cost Summary	Total		
	Q1 FY 2019	Q1 FY 2018	Change
Total Member Cost Share	\$4,314,650.42	\$3,835,344.52	12.5%
Brand Cost Share	\$2,875,967.50	\$2,326,257.72	23.6%
Generic Cost Share	\$1,438,682.92	\$1,509,086.80	-4.7%
MSB Cost Share	\$162,063.98	\$166,780.48	-2.8%
Total Copay	\$1,958,300.88	\$1,179,271.25	66.1%
Total Deductible	\$2,356,349.54	\$2,656,073.27	-11.3%
Avg Copay per Claim (Member Cost Share/ARx)	\$27.96	\$32.11	-12.9%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$138.98	\$150.44	-7.6%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$10.77	\$14.51	-25.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$66.72	\$88.95	-25.0%
Copay % of Total Prescription Cost (Member Cost Share %)	30.5%	38.8%	(8.3)
Plan Cost Summary			
Total Plan Cost (Plan Cost)	\$9,851,712.80	\$6,054,773.51	62.7%
Brand Plan Cost	\$8,484,181.07	\$5,244,252.03	61.8%
Generic Plan Cost	\$1,367,531.73	\$810,521.48	68.7%
MSB Plan Cost	\$165,741.48	\$22,332.46	642.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,771,086.20	\$2,758,524.37	73.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,080,626.60	\$3,296,249.14	54.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$63.83	\$50.70	25.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$410.00	\$339.15	20.9%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.23	\$7.80	31.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$68.23	\$11.91	472.9%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$31.17	\$23.26	34.0%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,041.87	\$3,850.76	5.0%
Net PMPM (Plan Cost PMPM)	\$64.39	\$48.17	33.7%
Non-Specialty Plan Cost PMPM	\$31.18	\$21.95	42.1%
Specialty Plan Cost PMPM	\$33.21	\$26.23	26.6%
Specialty % of Plan Cost	51.6%	54.4%	(2.9)

Prescription Drug Utilization (Q1 FY19 v Q1 FY18)

Membership Summary	CDHP		
	Q1 FY 2019	Q1 FY 2018	Change
Member Count (Membership)	42,524	41,895	1.5%
Utilizing Member Count (Patients)	19,521	19,049	2.5%
Percent Utilizing (Utilization)	45.9%	45.5%	0.4

Claim Summary	Q1 FY 2019	Q1 FY 2018	Change
Net Claims (Total Adjusted Rx's)	114,947	119,435	-3.8%
Claims per Elig Member per Month (Claims PMPM)	0.90	0.65	37.6%
Total Claims for Brand (Brand ARx)	15,438	15,463	-0.2%
Total Claims for Generic (Generic ARx)	99,509	103,972	-4.3%
Total Claims for Multisource Brand Claims (MSB ARx)	1,796	1,875	-4.2%
Total Non-Specialty Claims	113,957	118,579	-3.9%
Total Specialty Claims	990	856	15.7%
Generic % of Total Claims (GFR)	86.6%	87.1%	(0.5)
Generic Effective Rate (GCR)	98.2%	98.2%	(0.0)
Mail Order Claims	15,707	15,055	4.3%
Mail Penetration Rate*	15.5%	14.3%	1.2

Claims Cost Summary	Q1 FY 2019	Q1 FY 2018	Change
Total Prescription Cost (Total Gross Cost)	\$10,634,151.30	\$9,890,118.03	7.5%
Total Brand Gross Cost	\$8,651,979.40	\$7,570,509.75	14.3%
Total Generic Gross Cost	\$1,982,171.90	\$2,319,608.28	-14.5%
Total MSB Gross Cost	\$246,371.09	\$189,112.94	30.3%
Total Ingredient Cost	\$10,548,105.79	\$9,823,049.86	7.4%
Total Dispensing Fee	\$82,028.51	\$62,578.15	31.1%
Total Other (e.g. tax)	\$4,017.00	\$4,490.02	-10.5%
Avg Total Cost per Claim (Gross Cost/ARx)	\$92.51	\$82.81	11.7%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$560.43	\$489.59	14.5%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.92	\$22.31	-10.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$137.18	\$100.86	36.0%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels
Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.



Prescription Drug Utilization (Q1 FY19 v Q1 FY18)

Member Cost Summary	CDHP		
	Q1 FY 2019	Q1 FY 2018	Change
Total Member Cost Share	\$3,584,624.23	\$3,835,344.52	-6.5%
Brand Cost Share	\$2,363,088.21	\$2,326,257.72	1.6%
Generic Cost Share	\$1,221,536.02	\$1,509,086.80	-19.1%
MSB Cost Share	\$144,563.39	\$166,780.48	-13.3%
Total Copay	\$1,228,274.69	\$1,179,271.25	4.2%
Total Deductible	\$2,356,349.54	\$2,656,073.27	-11.3%
Avg Copay per Claim (Member Cost Share/ARx)	\$31.19	\$32.11	-2.9%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$153.07	\$150.44	1.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$12.28	\$14.51	-15.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$80.49	\$88.95	-9.5%
Copay % of Total Prescription Cost (Member Cost Share %)	33.7%	38.8%	(5.1)

Plan Cost Summary	CDHP		
	Q1 FY 2019	Q1 FY 2018	Change
Total Plan Cost (Plan Cost)	\$7,049,527.07	\$6,054,773.51	16.4%
Brand Plan Cost	\$6,288,891.19	\$5,244,252.03	19.9%
Generic Plan Cost	\$760,635.88	\$810,521.48	-6.2%
MSB Plan Cost	\$101,807.70	\$22,332.46	355.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,897,917.54	\$2,758,524.37	5.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,151,609.53	\$3,296,249.14	25.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$61.33	\$50.70	21.0%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$407.36	\$339.15	20.1%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$7.64	\$7.80	-1.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$56.69	\$11.91	375.9%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$25.43	\$23.26	9.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,193.54	\$3,850.76	8.9%
Net PMPM (Plan Cost PMPM)	\$55.26	\$48.17	14.7%
Non-Specialty Plan Cost PMPM	\$22.72	\$21.95	3.5%
Specialty Plan Cost PMPM	\$32.54	\$26.23	24.1%
Specialty % of Plan Cost	58.9%	54.4%	4.5

Prescription Drug Utilization (Q1 FY 2019)

Membership Summary	Q1 FY 2019		
	Total	EPO	CDHP
Member Count (Membership)	51,002	8,479	42,524
Utilizing Member Count (Patients)	24,390	4,882	19,521
Percent Utilizing (Utilization)	47.8%	57.6%	45.9%

Claim Summary	Total	EPO	CDHP
Net Claims (Total Adjusted Rx's)	154,335	39,388	114,947
Claims per Elig Member per Month (Claims PMPM)	1.01	1.55	0.90
Total Claims for Brand (Brand ARx)	20,693	5,255	15,438
Total Claims for Generic (Generic ARx)	133,642	34,133	99,509
Total Claims for Multisource Brand Claims (MSB ARx)	2,429	633	1,796
Total Non-Specialty Claims	153,078	39,121	113,957
Total Specialty Claims	1,257	267	990
Generic % of Total Claims (GFR)	86.6%	86.7%	86.6%
Generic Effective Rate (GCR)	98.2%	98.2%	98.2%
Mail Order Claims	19,089	3,382	15,707
Mail Penetration Rate*	13.9%	9.4%	15.5%

Claims Cost Summary	Total	EPO	CDHP
Total Prescription Cost (Total Gross Cost)	\$14,166,363.22	\$3,532,211.92	\$10,634,151.30
Total Brand Gross Cost	\$11,360,148.57	\$2,708,169.17	\$8,651,979.40
Total Generic Gross Cost	\$2,806,214.65	\$824,042.75	\$1,982,171.90
Total MSB Gross Cost	\$327,805.46	\$81,434.37	\$246,371.09
Total Ingredient Cost	\$14,061,356.60	\$3,513,250.81	\$10,548,105.79
Total Dispensing Fee	\$100,560.07	\$18,531.56	\$82,028.51
Total Other (e.g. tax)	\$4,446.55	\$429.55	\$4,017.00
Avg Total Cost per Claim (Gross Cost/ARx)	\$91.79	\$89.68	\$92.51
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$548.99	\$515.35	\$560.43
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$21.00	\$24.14	\$19.92
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$134.95	\$128.65	\$137.18

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels
Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.



Prescription Drug Utilization (Q1 FY 2019)

Member Cost Summary	Q1 FY 2019		
	Total	EPO	CDHP
Total Member Cost Share	\$4,314,650.42	\$730,026.19	\$3,584,624.23
Brand Cost Share	\$2,875,967.50	\$512,879.29	\$2,363,088.21
Generic Cost Share	\$1,438,682.92	\$217,146.90	\$1,221,536.02
MSB Cost Share	\$162,063.98	\$17,500.59	\$144,563.39
Total Copay	\$1,958,300.88	\$730,026.19	\$1,228,274.69
Total Deductible	\$2,356,349.54	\$0.00	\$2,356,349.54
Avg Copay per Claim (Member Cost Share/ARx)	\$27.96	\$18.53	\$31.19
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$138.98	\$97.60	\$153.07
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$10.77	\$6.36	\$12.28
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$66.72	\$27.65	\$80.49
Copay % of Total Prescription Cost (Member Cost Share %)	30.5%	20.7%	33.7%

Plan Cost Summary	Q1 FY 2019		
	Total	EPO	CDHP
Total Plan Cost (Plan Cost)	\$9,851,712.80	\$2,802,185.73	\$7,049,527.07
Brand Plan Cost	\$8,484,181.07	\$2,195,289.88	\$6,288,891.19
Generic Plan Cost	\$1,367,531.73	\$606,895.85	\$760,635.88
MSB Plan Cost	\$165,741.48	\$63,933.78	\$101,807.70
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,771,086.20	\$1,873,168.66	\$2,897,917.54
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,080,626.60	\$929,017.07	\$4,151,609.53
Avg Plan Cost per Claim (Plan Cost/ARx)	\$63.83	\$71.14	\$61.33
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$410.00	\$417.75	\$407.36
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.23	\$17.78	\$7.64
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$68.23	\$101.00	\$56.69
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$31.17	\$47.88	\$25.43
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,041.87	\$3,479.46	\$4,193.54
Net PMPM (Plan Cost PMPM)	\$64.39	\$110.16	\$55.26
Non-Specialty Plan Cost PMPM	\$31.18	\$73.64	\$22.72
Specialty Plan Cost PMPM	\$33.21	\$36.52	\$32.54
Specialty % of Plan Cost	51.6%	33.2%	58.9%

Executive Summary



STATE OF NEVADA

Incurred Date Range

Paid Through

Current August 1, 2017 through July 31, 2018

October 31, 2018

Prior August 1, 2016 through July 31, 2017

Financial Summary	All Products			
	Prior	Current	Change(%)	Change(\$)
Medical Net Paid PMPM	\$263.93	\$295.96	12.1%	\$32.03
RX Net Paid PMPM	\$114.40	\$100.15	-12.5%	-\$14.25
Total Paid PMPM	\$378.33	\$396.11	4.7%	\$17.78
Non-High Cost Lives	\$128.11	\$142.48	11.2%	\$14.37
High Cost Lives (>\$10,000)	\$135.82	\$153.48	13.0%	\$17.66
High Cost Content	51.5%	51.9%	0.8%	
Member Med Cost Share PMPM	\$16.87	\$21.05	34.5%	\$5.40
Member RX Cost Share PMPM	\$14.85	\$23.84	60.6%	\$8.99

Medical Plan Enrollment	Prior	Current	Change(%)
Enrolled Employees	4,240	3,963	-6.5%
Enrolled Members	7,325	6,795	-7.2%
Average Family Size	1.73	1.71	-0.8%
Average Member Age	38.17	38.23	0.2%
% Female Members	56.6%	57.2%	1.0%
Age/Gender Factor	1.20	1.21	0.6%

Inpatient Hospital Admissions	Prior	Current	Change(%)
Admissions per 1,000 per year	70.85	69.17	-2.4%
Days per 1,000 per year	380.06	357.03	-6.1%
Average Length of Stay	5.36	5.16	-3.8%

Par and Non Par Medical	Prior	Current	Change(%)	Change(\$)
Medical Par PMPM	\$236.50	\$278.32	17.7%	\$41.82
Medical Non-Par PMPM	\$27.43	\$17.64	-35.7%	-\$9.79

Medical Cost	Prior	Current	Change(%)	Change(\$)
Inpatient Admissions	\$80.01	\$88.01	10.0%	\$8.00
Outpatient Surgeries	\$16.63	\$17.02	2.3%	\$0.39
Outpatient Observation	\$4.10	\$3.52	-14.2%	-\$0.58
Emergency Room	\$25.06	\$26.28	4.9%	\$1.23
Other Outpatient Facility	\$3.19	\$3.07	-3.8%	-\$0.12
Facility FFS Total	\$128.99	\$137.90	6.9%	\$8.92

Medical Utilization	Prior	Current	Change(%)	Change(#)
Inpatient Admissions - Claim (U)	6.3	6.1	-2.7%	-0.2
Outpatient Surgeries (U)	6.5	7.6	18.4%	1.2
Outpatient Observation (U)	1.2	1.3	16.4%	0.2
Emergency Room (U)	9.5	10.3	8.6%	0.8
Other Outpatient Facility (U)	4.5	4.3	-5.3%	-0.2
PCP Office (U)	170.3	181.2	6.4%	10.9
PCP Inpatient (U)	11.0	9.7	-11.8%	-1.3
PCP Outpatient (U)	3.7	3.7	0.1%	0.0
Specialist Office(U)	413.2	482.5	16.8%	69.3
Specialist Inpatient (U)	48.0	50.7	5.6%	2.7
Specialist Outpatient (U)	60.3	71.8	19.0%	11.5
Ambulance (U)	4.6	4.0	-14.1%	-0.6
Home Health (U)	36.8	43.4	18.1%	6.6
Lab (U)	177.2	186.1	5.0%	8.8
Medical Total	\$263.93	\$295.96	12.1%	\$32.03

Cost and utilization figures are completion factor adjusted to account for normal claims lag.

Pharmacy Costs

STATE OF NEVADA



Incurred Date Range

Current August 1, 2017 through July 31, 2018
 Prior August 1, 2016 through July 31, 2017

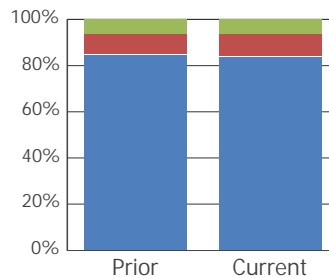
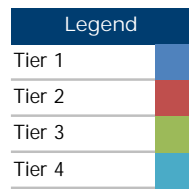
Paid Through

October 31, 2018

Measure	All Products			
	Prior	Current	Change(%)	Change(\$)
Enrolled Members	7,325	6,795	-7.2%	
Average Prescriptions PMPY	17.4	17.5	0.3%	
Formulary Rate	94.5%	94.3%	-0.2%	
Generic Use Rate	84.7%	84.1%	-0.8%	
Average Net Paid per RX	\$78.80	\$68.75	-12.8%	-\$10.05
Net Paid PMPM	\$114.40	\$100.15	-12.5%	-\$14.25
Member RX Cost Share PMPM	\$14.85	\$23.84	60.6%	\$8.99

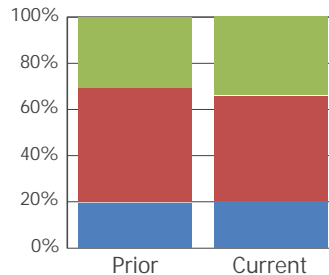
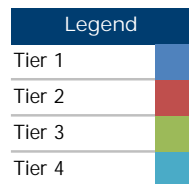
Prescription Tier (Count)	Prior	Current	Change(%)
Tier 1	84.7%	84.1%	-0.8%
Tier 2	8.8%	9.7%	9.2%
Tier 3	6.4%	6.2%	-2.6%
Tier 4			

Distribution by Tier (Count)



Prescription Tier (Net Paid)	Prior	Current	Change(%)
Tier 1	19.5%	20.1%	3.0%
Tier 2	49.6%	45.8%	-7.6%
Tier 3	30.9%	34.1%	10.3%
Tier 4			

Distribution by Tier (Paid)



Excludes pharmacy services provided in a physician office.

Provider Summaries



STATE OF NEVADA

Incurred Date Range

Paid Through

Current August 1, 2017 through July 31, 2018

October 31, 2018

Prior August 1, 2016 through July 31, 2017

All Products		Top 10 Fee For Service Providers	
Provider	Total Paid Amount	# of Total	
SUMMERLIN HOSPITAL MEDICAL CTR	\$2,637,341	16.0%	
ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	\$1,613,225	9.8%	
SPRING VALLEY HOSPITAL	\$1,118,153	6.8%	
CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	\$1,031,009	6.2%	
UNIVERSITY MEDICAL CENTER SO NV	\$900,298	5.4%	
DESERT SPRINGS HOSPITAL MEDICAL CENTER	\$789,228	4.8%	
VALLEY HOSPITAL MEDICAL CTR	\$397,816	2.4%	
ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	\$383,900	2.3%	
HENDERSON HOSPITAL	\$329,939	2.0%	
SUNRISE HOSPITAL	\$199,243	1.2%	

PCP Impanelment	
Provider Group	% of Members
SOUTHWEST MEDICAL ASSOCIATES	68.1%
HEALTHCARE PARTNERS MEDICAL GROUP COATS LTD	11.2%
MISCH HYUN HODAPP HEALTHCARE LLP	3.5%
DESERT VALLEY PEDIATRICS LLP	3.4%
DIGNITY HEALTH MEDICAL GROUP NEVADA LLC	2.7%
UNIVERSITY MEDICAL CENTER QUICK CARE	1.7%
UNLV MEDICINE	1.6%
DANA M FORTE DO LTD	1.1%
LAMOTTE PEDIATRICS LLP	1.1%
FERDOWSIAN GLOBAL SERVICES PLLC	0.6%

Cost and utilization figures are completion factor adjusted to account for normal claims lag.

Prescription Summaries



STATE OF NEVADA

Incurred Date Range

Paid Through

Current August 1, 2017 through July 31, 2018

October 31, 2018

Prior August 1, 2016 through July 31, 2017

All Products		Top 10 Drugs By Volume				
Medication		Script Count Current	% to Total	Scripts / K Prior	Scripts / K Current	Scripts / K Change %
OMEPRAZOLE	CAP 40MG	1,950	1.6%	299	287	-3.9%
FLUTICASONE	SPR 50MCG	1,748	1.5%	272	257	-5.3%
OMEPRAZOLE	CAP 20MG	1,691	1.4%	270	249	-7.7%
ATORVASTATIN	TAB 20MG	1,518	1.3%	164	223	36.6%
METFORMIN	TAB 500MG	1,494	1.3%	238	220	-7.5%
MONTELUKAST	TAB 10MG	1,399	1.2%	200	206	3.2%
ATORVASTATIN	TAB 40MG	1,358	1.1%	172	200	16.5%
METFORMIN	TAB 1000MG	1,341	1.1%	194	197	1.5%
AMLODIPINE	TAB 5MG	1,323	1.1%	172	195	13.4%
AMLODIPINE	TAB 10MG	1,256	1.1%	185	185	-0.2%

		Top 10 Drugs By Cost				
Medication		Net Paid Current	% to Total	Scripts / K Prior	Scripts / K Current	Scripts / K Change %
BASAGLAR	INJ 100UNIT	\$304,483	3.7%	27	86	219.0%
HUMALOG KWIK	INJ 100/ML	\$279,437	3.4%	43	48	9.8%
EPCLUSA	TAB 400-100	\$269,125	3.3%	1	2	43.7%
HUMALOG	INJ 100/ML	\$222,357	2.7%	38	39	2.7%
AUBAGIO	TAB 14MG	\$205,203	2.5%	3	6	70.7%
NUTROPIN AQ	INJ 20MG/2ML	\$190,696	2.3%	2	3	52.7%
KALYDECO	TAB 150MG	\$189,298	2.3%	0	1	
TASIGNA	CAP 150MG	\$184,452	2.3%	2	2	24.4%
TRIUMEQ	TAB	\$170,054	2.1%	10	14	42.7%
GILENYA	CAP 0.5MG	\$157,912	1.9%	2	3	77.1%

		Top 10 Therapeutic Classes		
RX Drug Group		Scripts / K Prior	Scripts / K Current	Scripts / K Change %
ANTIHYPERTENSIVES		1,598	1,624	1.6%
ANTIDEPRESSANTS		1,267	1,339	5.7%
ANTIHYPERLIPIDEMICS		1,271	1,311	3.1%
ANTIDIABETICS		1,239	1,249	0.8%
ULCER DRUGS		902	896	-0.7%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		718	730	1.6%
THYROID AGENTS		699	716	2.4%
BETA BLOCKERS		646	629	-2.7%
ANALGESICS - ANTI-INFLAMMATORY		596	603	1.2%
ANALGESICS - OPIOID		777	594	-23.5%

Monthly Summary



STATE OF NEVADA

Incurred Date Range

Paid Through

Current August 1, 2017 through July 31, 2018

October 31, 2018

Prior August 1, 2016 through July 31, 2017

Period	Subs	Mems	Med Paid	Med Premium	RX Paid	RX Premium	Total Paid	Total Premium	BCR
Current Period: Incurred August 1, 2017 through July 31, 2018, paid through October 31, 2018									
2017-08	3,983	6,812	\$1,946,790	\$2,752,692	\$612,404	\$526,368	\$2,559,195	\$3,279,059	78%
2017-09	3,992	6,831	\$2,132,059	\$2,758,392	\$631,829	\$527,426	\$2,763,888	\$3,285,818	84%
2017-10	3,987	6,833	\$1,957,552	\$2,757,902	\$675,568	\$527,316	\$2,633,120	\$3,285,218	80%
2017-11	3,990	6,842	\$2,327,882	\$2,759,082	\$594,154	\$527,542	\$2,922,036	\$3,286,624	89%
2017-12	3,992	6,833	\$1,847,959	\$2,759,422	\$649,904	\$527,598	\$2,497,864	\$3,287,021	76%
2018-01	3,975	6,805	\$2,240,351	\$2,749,213	\$640,714	\$525,652	\$2,881,065	\$3,274,866	88%
2018-02	3,978	6,810	\$1,697,253	\$2,749,477	\$627,040	\$525,677	\$2,324,292	\$3,275,154	71%
2018-03	3,964	6,793	\$2,223,800	\$2,740,183	\$712,836	\$523,883	\$2,936,637	\$3,264,065	90%
2018-04	3,959	6,793	\$2,007,598	\$2,736,273	\$708,905	\$523,118	\$2,716,503	\$3,259,391	83%
2018-05	3,958	6,784	\$2,346,263	\$2,734,547	\$826,247	\$522,779	\$3,172,510	\$3,257,326	97%
2018-06	3,916	6,725	\$1,920,157	\$2,711,601	\$787,143	\$518,391	\$2,707,300	\$3,229,992	84%
2018-07	3,866	6,679	\$1,484,640	\$2,465,352	\$699,425	\$471,646	\$2,184,066	\$2,936,998	74%
Total	47,560	81,539	\$24,132,305	\$32,674,136	\$8,166,170	\$6,247,395	\$32,298,475	\$38,921,531	83%

Total Experience by Period

	Subs	Mems	Med Paid	RX Paid	Total Paid	Total Premium	BCR
Prior	50,884	87,901	\$23,199,966	\$10,055,905	\$33,255,871	\$36,416,377	91%
Current	47,560	81,539	\$24,132,305	\$8,166,170	\$32,298,475	\$38,921,531	83%

Average Membership, PMPM Premium, and Payments by Experience Period

	Subs	Mems	Med Paid	RX Paid	Total Paid	Total Premium
Prior	4,240	7,325	\$263.93	\$114.40	\$378.33	\$414.29
Current	3,963	6,795	\$295.96	\$100.15	\$396.11	\$477.34
Chg %	-6.53%	-7.24%	12.14%	-12.46%	4.70%	15.22%

The premium amounts reflected in this report are total billed premium which include taxes and fees (state premium tax along with ACA taxes and fees). Therefore, the benefit cost ratio (BCR) noted above does not reflect your medical loss ratio. The premium would have to be adjusted to remove pass through dollars before dividing into total claims paid.

High Cost Claimant Summary



STATE OF NEVADA

Incurred Date Range

Paid Through

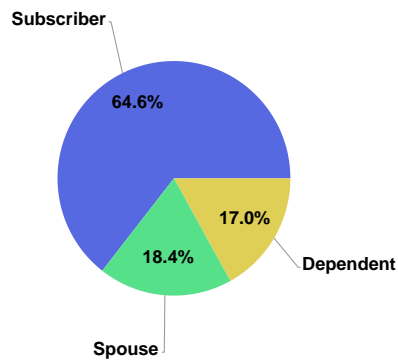
Current August 1, 2017 through July 31, 2018

October 31, 2018

Prior August 1, 2016 through July 31, 2017

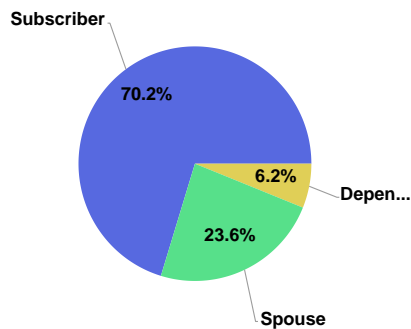
Medical HCC Summary	All Products		
	Prior	Current	Change(%)
High Cost Members	372	399	9.6%
High Cost Member Percent	4.6%	5.4%	18.1%
High Cost Dollars Percent	51.5%	51.9%	0.8%
HCC Average Medical Paid	\$35,793	\$34,238	-4.3%

Medical HCC Spend by Relationship	Current
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Prescription HCC Summary	All Products		
	Prior	Current	Change(%)
High Cost Members	189	160	-15.3%
High Cost Member Percent	3.0%	2.8%	-8.9%
High Cost Paid Percent	62.7%	59.3%	-5.4%
Average paid per HCC Member	\$33,369	\$30,279	-9.3%

Prescription HCC Spend by Relationship	Current
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Medical High Cost Claimants



STATE OF NEVADA

Incurred Date Range

Paid Through
October 31, 2018

Prior August 1, 2016 through July 31, 2017

Age Band	Relationship	AHRQ Condition	Prior PAID
0-18	Dependent	Other congenital anomalies	\$384,095
40-64	Spouse	Other nutritional; endocrine; and metabolic disorders	\$331,896
0-18	Dependent	Liveborn	\$326,802
19-39	Spouse	Other nervous system disorders	\$283,110
65+	Subscriber	Septicemia (except in labor)	\$279,585
40-64	Spouse	Chronic kidney disease	\$259,334
40-64	Subscriber	Maintenance chemotherapy; radiotherapy	\$223,702
40-64	Subscriber	Chronic ulcer of skin	\$223,110
40-64	Spouse	Other nervous system disorders	\$220,718
0-18	Dependent	Crushing injury or internal injury	\$157,385
65+	Spouse	Respiratory failure; insufficiency; arrest (adult)	\$141,103
19-39	Dependent	Other fractures	\$138,219
65+	Subscriber	Other fractures	\$132,747
40-64	Subscriber	Acute myocardial infarction	\$116,244
40-64	Spouse	Other nervous system disorders	\$115,762
0-18	Dependent	Digestive congenital anomalies	\$108,001
40-64	Spouse	Substance-related disorders	\$103,421
40-64	Spouse	Chronic obstructive pulmonary disease and bronchiectasis	\$100,450
40-64	Subscriber	Diabetes mellitus with complications	\$100,361
19-39	Dependent	Acute and unspecified renal failure	\$98,263
40-64	Subscriber	Respiratory failure; insufficiency; arrest (adult)	\$93,710
0-18	Dependent	Liveborn	\$86,623
40-64	Subscriber	Diabetes mellitus with complications	\$85,540
40-64	Subscriber	Neoplasms of unspecified nature or uncertain behavior	\$84,874
65+	Spouse	Respiratory failure; insufficiency; arrest (adult)	\$79,223
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$78,983
40-64	Spouse	Septicemia (except in labor)	\$75,898
19-39	Dependent	Leukemias	\$75,788
65+	Subscriber	Delirium dementia and amnesic and other cognitive disorders	\$74,001
65+	Subscriber	Chronic kidney disease	\$69,595
40-64	Spouse	Septicemia (except in labor)	\$68,433
40-64	Spouse	Septicemia (except in labor)	\$67,249
65+	Subscriber	Skull and face fractures	\$66,315
65+	Subscriber	Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	\$66,290
40-64	Subscriber	Complication of device; implant or graft	\$66,183
65+	Subscriber	Skin and subcutaneous tissue infections	\$65,690
40-64	Subscriber	Phlebitis; thrombophlebitis and thromboembolism	\$65,649
40-64	Spouse	Chronic kidney disease	\$64,883
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$63,781
40-64	Subscriber	Other liver diseases	\$63,287
65+	Subscriber	Leukemias	\$62,808
40-64	Subscriber	Regional enteritis and ulcerative colitis	\$60,551
65+	Subscriber	Chronic obstructive pulmonary disease and bronchiectasis	\$60,171
40-64	Subscriber	Nonspecific chest pain	\$59,316
65+	Subscriber	Acute cerebrovascular disease	\$58,318
40-64	Spouse	Chronic obstructive pulmonary disease and bronchiectasis	\$58,102
40-64	Subscriber	Other non-traumatic joint disorders	\$57,753
40-64	Subscriber	Other circulatory disease	\$57,411
19-39	Dependent	Cardiac and circulatory congenital anomalies	\$55,054
19-39	Subscriber	Chronic ulcer of skin	\$53,650
40-64	Subscriber	Pleurisy; pneumothorax; pulmonary collapse	\$49,634
40-64	Subscriber	Cancer of breast	\$49,435
40-64	Spouse	Suicide and intentional self-inflicted injury	\$48,612
40-64	Subscriber	Other nervous system disorders	\$48,377
40-64	Subscriber	Acute myocardial infarction	\$47,522
65+	Subscriber	Transient cerebral ischemia	\$47,306
19-39	Dependent	Other injuries and conditions due to external causes	\$46,986
65+	Subscriber	Other injuries and conditions due to external causes	\$46,359
65+	Subscriber	Other nervous system disorders	\$44,602

Medical High Cost Claimants



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Paid Through
October 31, 2018

Prior August 1, 2016 through July 31, 2017

Age Band	Relationship	AHRQ Condition	Prior PAID
0-18	Dependent	Urinary tract infections	\$44,562
65+	Subscriber	Nutritional deficiencies	\$43,350
40-64	Subscriber	Abdominal hernia	\$42,465
65+	Spouse	Non-Hodgkin's lymphoma	\$42,358
40-64	Subscriber	Septicemia (except in labor)	\$39,786
40-64	Subscriber	Nonspecific chest pain	\$38,128
40-64	Spouse	Acute cerebrovascular disease	\$37,973
40-64	Spouse	Asthma	\$37,179
65+	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$36,799
65+	Spouse	Paralysis	\$36,645
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$36,463
65+	Subscriber	Aortic; peripheral; and visceral artery aneurysms	\$36,442
40-64	Spouse	Cardiac dysrhythmias	\$36,349
40-64	Spouse	Peripheral and visceral atherosclerosis	\$36,300
40-64	Subscriber	Conduction disorders	\$35,656
65+	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$34,983
19-39	Spouse	Leukemias	\$34,078
40-64	Subscriber	Melanomas of skin	\$33,990
40-64	Subscriber	Gangrene	\$33,369
40-64	Spouse	Cancer of breast	\$33,351
40-64	Spouse	Acute and unspecified renal failure	\$32,035
65+	Subscriber	Coronary atherosclerosis and other heart disease	\$31,655
40-64	Subscriber	Fracture of lower limb	\$31,553
40-64	Subscriber	Cancer of breast	\$31,458
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$31,369
40-64	Subscriber	Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	\$31,283
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$31,207
19-39	Spouse	Urinary tract infections	\$30,959
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$30,797
40-64	Subscriber	Other connective tissue disease	\$30,759
40-64	Spouse	Diabetes mellitus with complications	\$30,542
0-18	Dependent	Liveborn	\$30,203
40-64	Subscriber	Osteoarthritis	\$29,759
65+	Subscriber	Septicemia (except in labor)	\$29,642
0-18	Dependent	Liveborn	\$29,190
40-64	Subscriber	Pancreatic disorders (not diabetes)	\$28,515
40-64	Spouse	Nonspecific chest pain	\$28,134
0-18	Dependent	Fracture of upper limb	\$28,054
65+	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$27,639
65+	Subscriber	Cancer of bronchus; lung	\$27,454
40-64	Subscriber	Cancer of colon	\$27,067
0-18	Dependent	Skin and subcutaneous tissue infections	\$26,802
19-39	Dependent	Schizophrenia and other psychotic disorders	\$26,673
40-64	Subscriber	Skin and subcutaneous tissue infections	\$26,220
40-64	Spouse	Spondylosis; intervertebral disc disorders; other back problems	\$26,018
40-64	Subscriber	Aspiration pneumonitis; food/vomitus	\$25,908
40-64	Subscriber	Complications of surgical procedures or medical care	\$25,777
0-18	Dependent	Liveborn	\$25,743
65+	Subscriber	Residual codes; unclassified	\$25,263
40-64	Subscriber	Asthma	\$25,142
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$25,116
65+	Subscriber	Osteoarthritis	\$24,500
65+	Subscriber	Complication of device; implant or graft	\$24,496
0-18	Dependent	Urinary tract infections	\$24,302

Medical High Cost Claimants



STATE OF NEVADA

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Paid Through
October 31, 2018

Prior August 1, 2016 through July 31, 2017

Age Band	Relationship	AHRQ Condition	Prior PAID
19-39	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$24,218
65+	Subscriber	Aortic and peripheral arterial embolism or thrombosis	\$24,071
65+	Subscriber	Noninfectious gastroenteritis	\$23,732
40-64	Spouse	Spondylosis; intervertebral disc disorders; other back problems	\$23,689
19-39	Dependent	Epilepsy; convulsions	\$23,597
19-39	Subscriber	Malposition; malpresentation	\$23,566
65+	Spouse	Pulmonary heart disease	\$23,351
40-64	Subscriber	Secondary malignancies	\$23,308
65+	Subscriber	Osteoarthritis	\$23,207
19-39	Subscriber	Asthma	\$23,079
40-64	Subscriber	Skin and subcutaneous tissue infections	\$23,012
40-64	Spouse	Other diseases of kidney and ureters	\$22,980
40-64	Subscriber	Benign neoplasm of uterus	\$22,780
65+	Subscriber	Calculus of urinary tract	\$22,714
40-64	Subscriber	Other nervous system disorders	\$22,332
40-64	Subscriber	Other nervous system disorders	\$22,290
40-64	Subscriber	Peri-, endo-, and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	\$22,012
0-18	Dependent	Appendicitis and other appendiceal conditions	\$21,952
40-64	Subscriber	Other complications of pregnancy	\$21,928
19-39	Subscriber	Benign neoplasm of uterus	\$21,565
0-18	Dependent	Short gestation; low birth weight; and fetal growth retardation	\$21,556
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$21,531
19-39	Subscriber	Syncope	\$21,429
40-64	Subscriber	Urinary tract infections	\$21,184
40-64	Subscriber	Pulmonary heart disease	\$21,047
0-18	Dependent	Cardiac and circulatory congenital anomalies	\$21,043
40-64	Spouse	Fracture of lower limb	\$20,930
40-64	Subscriber	Abdominal hernia	\$20,912
65+	Subscriber	Cancer of head and neck	\$20,797
40-64	Subscriber	Nonspecific chest pain	\$20,579
40-64	Subscriber	Other nervous system disorders	\$20,456
40-64	Subscriber	Cardiac dysrhythmias	\$20,333
65+	Subscriber	Diverticulosis and diverticulitis	\$20,158
65+	Subscriber	Septicemia (except in labor)	\$20,080
40-64	Spouse	Acute myocardial infarction	\$20,068
40-64	Subscriber	Other and unspecified benign neoplasm	\$20,036
40-64	Subscriber	Crushing injury or internal injury	\$19,839
19-39	Subscriber	Previous C-section	\$19,774
19-39	Subscriber	Malposition; malpresentation	\$19,401
40-64	Subscriber	Other nervous system disorders	\$19,374
40-64	Subscriber	Nonspecific chest pain	\$19,309
40-64	Spouse	Abdominal hernia	\$19,301
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$19,277
19-39	Spouse	Suicide and intentional self-inflicted injury	\$19,216
19-39	Subscriber	Allergic reactions	\$19,127
40-64	Subscriber	Other bone disease and musculoskeletal deformities	\$19,056
40-64	Subscriber	Calculus of urinary tract	\$19,039
19-39	Dependent	Sickle cell anemia	\$18,924
40-64	Subscriber	Schizophrenia and other psychotic disorders	\$18,786
40-64	Spouse	Abdominal pain	\$18,675
40-64	Subscriber	Acute cerebrovascular disease	\$18,470
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$18,447
40-64	Subscriber	Acute myocardial infarction	\$18,266
40-64	Subscriber	Cancer of uterus	\$18,262
65+	Subscriber	Skin and subcutaneous tissue infections	\$18,149
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$18,104
40-64	Subscriber	Urinary tract infections	\$18,060

Medical High Cost Claimants



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October 31, 2018

Prior August 1, 2016 through July 31, 2017

Age Band	Relationship	AHRQ Condition	Prior PAID
40-64	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$18,048
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$18,047
40-64	Subscriber	Suicide and intentional self-inflicted injury	\$18,036
40-64	Subscriber	Hepatitis	\$17,995
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,940
19-39	Dependent	Substance-related disorders	\$17,908
19-39	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$17,819
65+	Subscriber	Open wounds of head; neck; and trunk	\$17,798
40-64	Subscriber	Headache; including migraine	\$17,794
0-18	Dependent	Genitourinary congenital anomalies	\$17,771
19-39	Subscriber	Other complications of pregnancy	\$17,758
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,741
40-64	Spouse	Respiratory failure; insufficiency; arrest (adult)	\$17,737
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,642
19-39	Dependent	Other complications of birth; puerperium affecting management of mother	\$17,517
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,490
19-39	Dependent	Malposition; malpresentation	\$17,469
19-39	Dependent	Aspiration pneumonitis; food/vomitus	\$17,344
19-39	Subscriber	OB-related trauma to perineum and vulva	\$17,325
65+	Spouse	Conditions associated with dizziness or vertigo	\$17,310
40-64	Spouse	Pancreatic disorders (not diabetes)	\$17,267
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,228
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,191
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,063
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,050
40-64	Subscriber	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	\$17,029
19-39	Subscriber	OB-related trauma to perineum and vulva	\$16,970
40-64	Spouse	Other nutritional; endocrine; and metabolic disorders	\$16,924
65+	Subscriber	Osteoarthritis	\$16,921
40-64	Spouse	Other liver diseases	\$16,918
19-39	Dependent	Other complications of birth; puerperium affecting management of mother	\$16,853
0-18	Dependent	Other gastrointestinal disorders	\$16,827
0-18	Dependent	Acute bronchitis	\$16,795
65+	Subscriber	Coronary atherosclerosis and other heart disease	\$16,788
19-39	Subscriber	Previous C-section	\$16,750
40-64	Subscriber	Respiratory failure; insufficiency; arrest (adult)	\$16,585
40-64	Subscriber	Septicemia (except in labor)	\$16,497
40-64	Subscriber	Other diseases of kidney and ureters	\$16,486
19-39	Subscriber	Malposition; malpresentation	\$16,436
19-39	Subscriber	Endometriosis	\$16,395
40-64	Subscriber	Osteoarthritis	\$16,363
40-64	Subscriber	Osteoarthritis	\$16,356
40-64	Subscriber	Nonmalignant breast conditions	\$16,307
40-64	Spouse	Chronic obstructive pulmonary disease and bronchiectasis	\$16,274
19-39	Dependent	Skin and subcutaneous tissue infections	\$16,115
65+	Subscriber	Other hereditary and degenerative nervous system conditions	\$15,912
40-64	Spouse	Nonspecific chest pain	\$15,669
19-39	Spouse	Prolonged pregnancy	\$15,584
65+	Spouse	Esophageal disorders	\$15,503
19-39	Subscriber	Systemic lupus erythematosus and connective tissue disorders	\$15,339
19-39	Subscriber	Fetal distress and abnormal forces of labor	\$15,298
40-64	Subscriber	Biliary tract disease	\$15,245
0-18	Dependent	Suicide and intentional self-inflicted injury	\$15,225
40-64	Subscriber	Septicemia (except in labor)	\$15,175
19-39	Subscriber	Systemic lupus erythematosus and connective tissue disorders	\$15,125

Medical High Cost Claimants



STATE OF NEVADA

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Prior August 1, 2016 through July 31, 2017

Age Band	Relationship	AHRQ Condition	Prior PAID
0-18	Dependent	Short gestation; low birth weight; and fetal growth retardation	\$15,062
19-39	Spouse	Malposition; malpresentation	\$15,058
40-64	Subscriber	Noninfectious gastroenteritis	\$15,005
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$14,833
0-18	Dependent	Esophageal disorders	\$14,793
40-64	Subscriber	Abdominal pain	\$14,786
65+	Subscriber	Diabetes mellitus with complications	\$14,693
19-39	Subscriber	Benign neoplasm of uterus	\$14,669
65+	Subscriber	Acute myocardial infarction	\$14,620
40-64	Spouse	Acute myocardial infarction	\$14,553
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$14,539
40-64	Subscriber	Cancer of breast	\$14,466
40-64	Subscriber	Biliary tract disease	\$14,393
19-39	Subscriber	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	\$14,336
65+	Subscriber	Acute and unspecified renal failure	\$14,320
40-64	Subscriber	Septicemia (except in labor)	\$14,312
40-64	Subscriber	Other upper respiratory infections	\$14,279
19-39	Subscriber	Cardiac dysrhythmias	\$14,266
40-64	Subscriber	Nonspecific chest pain	\$14,247
40-64	Spouse	Other gastrointestinal disorders	\$14,209
40-64	Subscriber	Osteoarthritis	\$14,178
40-64	Subscriber	Peri-, endo-, and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	\$14,148
19-39	Dependent	Appendicitis and other appendiceal conditions	\$14,135
40-64	Spouse	Hypertension with complications and secondary hypertension	\$14,124
40-64	Subscriber	Cardiac dysrhythmias	\$14,110
19-39	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$14,063
65+	Subscriber	Osteoarthritis	\$13,843
19-39	Subscriber	Previous C-section	\$13,818
40-64	Spouse	Pancreatic disorders (not diabetes)	\$13,794
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$13,742
40-64	Subscriber	Cardiac dysrhythmias	\$13,738
40-64	Spouse	Spondylosis; intervertebral disc disorders; other back problems	\$13,546
65+	Subscriber	Other connective tissue disease	\$13,528
40-64	Subscriber	Other nervous system disorders	\$13,468
40-64	Subscriber	Epilepsy; convulsions	\$13,452
19-39	Subscriber	Otitis media and related conditions	\$13,371
40-64	Subscriber	Osteoarthritis	\$13,330
40-64	Subscriber	Other complications of birth; puerperium affecting management of mother	\$13,293
40-64	Spouse	Other nervous system disorders	\$13,288
19-39	Subscriber	Normal pregnancy and/or delivery	\$13,278
40-64	Subscriber	Acute myocardial infarction	\$13,262
19-39	Dependent	Other complications of birth; puerperium affecting management of mother	\$13,235
40-64	Subscriber	Headache; including migraine	\$13,235
19-39	Subscriber	Fetopelvic disproportion; obstruction	\$13,194
40-64	Subscriber	Other female genital disorders	\$13,141
40-64	Subscriber	Other gastrointestinal disorders	\$13,127
65+	Subscriber	Other nervous system disorders	\$13,093
40-64	Subscriber	Osteoarthritis	\$13,093
40-64	Subscriber	Other and unspecified benign neoplasm	\$13,074
19-39	Spouse	Fetal distress and abnormal forces of labor	\$13,014
40-64	Subscriber	Respiratory failure; insufficiency; arrest (adult)	\$12,917
65+	Subscriber	Congestive heart failure; nonhypertensive	\$12,883

Medical High Cost Claimants



STATE OF NEVADA

Incurred Date Range

Paid Through
October 31, 2018

Prior August 1, 2016 through July 31, 2017

Age Band	Relationship	AHRQ Condition	Prior PAID
40-64	Subscriber	Other liver diseases	\$12,747
19-39	Subscriber	Superficial injury; contusion	\$12,688
40-64	Subscriber	Benign neoplasm of uterus	\$12,658
40-64	Subscriber	Asthma	\$12,655
40-64	Subscriber	Calculus of urinary tract	\$12,602
0-18	Dependent	Diabetes mellitus with complications	\$12,601
19-39	Dependent	Other complications of pregnancy	\$12,601
19-39	Subscriber	Abdominal pain	\$12,600
19-39	Subscriber	Endometriosis	\$12,598
65+	Subscriber	Diabetes mellitus with complications	\$12,530
19-39	Subscriber	Benign neoplasm of uterus	\$12,521
0-18	Dependent	Suicide and intentional self-inflicted injury	\$12,502
19-39	Dependent	Suicide and intentional self-inflicted injury	\$12,491
19-39	Subscriber	Hemorrhage during pregnancy; abruptio placenta; placenta previa	\$12,485
0-18	Dependent	Paralysis	\$12,446
40-64	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$12,349
19-39	Dependent	Suicide and intentional self-inflicted injury	\$12,315
19-39	Subscriber	Intracranial injury	\$12,204
40-64	Subscriber	Urinary tract infections	\$12,175
40-64	Spouse	Rehabilitation care; fitting of prostheses; and adjustment of devices	\$12,131
19-39	Subscriber	Prolonged pregnancy	\$12,126
19-39	Spouse	Endometriosis	\$12,002
40-64	Subscriber	Nonspecific chest pain	\$11,998
65+	Subscriber	Osteoarthritis	\$11,981
40-64	Subscriber	Benign neoplasm of uterus	\$11,962
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$11,915
40-64	Subscriber	Acute myocardial infarction	\$11,887
65+	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$11,828
40-64	Subscriber	Fracture of upper limb	\$11,809
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$11,775
65+	Subscriber	Osteoarthritis	\$11,719
19-39	Subscriber	Conditions associated with dizziness or vertigo	\$11,718
19-39	Dependent	Other complications of birth; puerperium affecting management of mother	\$11,717
40-64	Subscriber	Nonspecific chest pain	\$11,715
40-64	Subscriber	Nonspecific chest pain	\$11,680
40-64	Subscriber	Acute bronchitis	\$11,628
40-64	Subscriber	Calculus of urinary tract	\$11,628
40-64	Subscriber	Cancer of head and neck	\$11,627
19-39	Spouse	Normal pregnancy and/or delivery	\$11,619
19-39	Subscriber	OB-related trauma to perineum and vulva	\$11,593
40-64	Subscriber	Pancreatic disorders (not diabetes)	\$11,498
19-39	Spouse	OB-related trauma to perineum and vulva	\$11,494
40-64	Subscriber	Urinary tract infections	\$11,441
40-64	Subscriber	Asthma	\$11,384
0-18	Dependent	Headache; including migraine	\$11,364
40-64	Subscriber	Nonspecific chest pain	\$11,342
40-64	Spouse	Septicemia (except in labor)	\$11,334
65+	Subscriber	Abdominal pain	\$11,319
19-39	Dependent	Normal pregnancy and/or delivery	\$11,152
40-64	Subscriber	Genitourinary symptoms and ill-defined conditions	\$11,042
19-39	Subscriber	OB-related trauma to perineum and vulva	\$11,015
19-39	Dependent	Superficial injury; contusion	\$11,012
40-64	Subscriber	Previous C-section	\$10,992
40-64	Subscriber	Nonspecific chest pain	\$10,990
0-18	Dependent	Cataract	\$10,875

Medical High Cost Claimants

STATE OF NEVADA



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Prior August 1, 2016 through July 31, 2017

Age Band	Relationship	AHRQ Condition	Prior PAID
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$10,848
19-39	Subscriber	Fetal distress and abnormal forces of labor	\$10,812
19-39	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$10,811
19-39	Subscriber	Fetopelvic disproportion; obstruction	\$10,806
0-18	Dependent	Cancer of bone and connective tissue	\$10,744
19-39	Subscriber	Other complications of pregnancy	\$10,682
0-18	Dependent	Suicide and intentional self-inflicted injury	\$10,658
40-64	Subscriber	Chronic obstructive pulmonary disease and bronchiectasis	\$10,656
19-39	Subscriber	Genitourinary symptoms and ill-defined conditions	\$10,627
19-39	Dependent	Other fractures	\$10,608
19-39	Subscriber	Early or threatened labor	\$10,595
19-39	Subscriber	Gastrointestinal hemorrhage	\$10,564
40-64	Subscriber	Previous C-section	\$10,551
19-39	Subscriber	Normal pregnancy and/or delivery	\$10,538
40-64	Subscriber	Intracranial injury	\$10,519
40-64	Spouse	Nephritis; nephrosis; renal sclerosis	\$10,481
40-64	Subscriber	Nonspecific chest pain	\$10,453
40-64	Spouse	Genitourinary symptoms and ill-defined conditions	\$10,441
19-39	Dependent	Normal pregnancy and/or delivery	\$10,435
19-39	Subscriber	OB-related trauma to perineum and vulva	\$10,403
40-64	Subscriber	Cancer of kidney and renal pelvis	\$10,381
19-39	Subscriber	Early or threatened labor	\$10,376
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$10,371
19-39	Subscriber	Fracture of lower limb	\$10,334
19-39	Spouse	Prolonged pregnancy	\$10,329
19-39	Spouse	Fracture of lower limb	\$10,294
19-39	Spouse	Umbilical cord complication	\$10,258
40-64	Spouse	Alcohol-related disorders	\$10,258
40-64	Spouse	Sprains and strains	\$10,256
40-64	Spouse	Phlebitis; thrombophlebitis and thromboembolism	\$10,255
40-64	Spouse	Peritonitis and intestinal abscess	\$10,249
40-64	Subscriber	Nonspecific chest pain	\$10,221
19-39	Subscriber	Normal pregnancy and/or delivery	\$10,189
40-64	Subscriber	Other diseases of kidney and ureters	\$10,170
40-64	Subscriber	Thyroid disorders	\$10,103
19-39	Subscriber	Previous C-section	\$10,077
19-39	Subscriber	Endometriosis	\$10,066
0-18	Dependent	Other male genital disorders	\$10,048
40-64	Subscriber	Fracture of lower limb	\$10,046
0-18	Dependent	Asthma	\$10,033

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40-64	Spouse	Leukemias	\$378,023
40-64	Subscriber	Septicemia (except in labor)	\$356,240
40-64	Subscriber	Maintenance chemotherapy; radiotherapy	\$228,544
40-64	Spouse	Coronary atherosclerosis and other heart disease	\$202,565
65+	Subscriber	Cancer of bronchus; lung	\$197,788
0-18	Dependent	Liveborn	\$194,472
0-18	Dependent	Liveborn	\$194,436
40-64	Spouse	Other nutritional; endocrine; and metabolic disorders	\$192,309
40-64	Subscriber	Coagulation and hemorrhagic disorders	\$150,457
19-39	Spouse	Septicemia (except in labor)	\$150,003
19-39	Spouse	Leukemias	\$139,851
40-64	Subscriber	Administrative/social admission	\$138,978
65+	Subscriber	Cancer of colon	\$131,993
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$124,147
0-18	Dependent	Liveborn	\$117,510
40-64	Spouse	Complication of device; implant or graft	\$113,403
40-64	Subscriber	Open wounds of extremities	\$107,697
0-18	Dependent	Liveborn	\$106,506
0-18	Dependent	Liveborn	\$105,597
0-18	Dependent	Other congenital anomalies	\$103,049
19-39	Dependent	Leukemias	\$99,049
40-64	Spouse	Other nervous system disorders	\$98,898
40-64	Subscriber	Other fractures	\$94,814
40-64	Subscriber	Maintenance chemotherapy; radiotherapy	\$85,525
0-18	Dependent	Liveborn	\$85,283
40-64	Subscriber	Cardiac and circulatory congenital anomalies	\$82,649
40-64	Subscriber	Hypertension with complications and secondary hypertension	\$80,465
40-64	Subscriber	Coagulation and hemorrhagic disorders	\$74,818
40-64	Subscriber	Cancer of pancreas	\$73,684
40-64	Subscriber	Neoplasms of unspecified nature or uncertain behavior	\$73,563
0-18	Dependent	Suicide and intentional self-inflicted injury	\$72,602
40-64	Subscriber	Cancer of breast	\$67,694
40-64	Spouse	Cancer of breast	\$67,034
65+	Subscriber	Osteoarthritis	\$64,740
19-39	Subscriber	Cancer of breast	\$64,193
40-64	Subscriber	Nonspecific chest pain	\$63,674
40-64	Subscriber	Cancer of liver and intrahepatic bile duct	\$63,499
40-64	Subscriber	Regional enteritis and ulcerative colitis	\$63,008
40-64	Subscriber	Other non-traumatic joint disorders	\$62,524
40-64	Subscriber	Acute myocardial infarction	\$61,142
0-18	Dependent	Liveborn	\$60,818
19-39	Dependent	Fracture of lower limb	\$57,047
40-64	Subscriber	Osteoarthritis	\$56,141
40-64	Spouse	Non-Hodgkin's lymphoma	\$55,006
40-64	Spouse	Acute myocardial infarction	\$54,889
40-64	Subscriber	Alcohol-related disorders	\$52,533
0-18	Dependent	Liveborn	\$51,149
65+	Subscriber	Epilepsy; convulsions	\$51,121
40-64	Spouse	Chronic kidney disease	\$50,991
40-64	Subscriber	Cancer of prostate	\$48,589
40-64	Subscriber	Chronic ulcer of skin	\$45,536
65+	Spouse	Acute and unspecified renal failure	\$45,479
40-64	Subscriber	Other upper respiratory disease	\$44,596
40-64	Subscriber	Cancer of breast	\$44,146
65+	Subscriber	Acute myocardial infarction	\$43,832
0-18	Dependent	Acute bronchitis	\$43,659
40-64	Subscriber	Cancer of stomach	\$42,367
40-64	Subscriber	Skin and subcutaneous tissue infections	\$41,720
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$40,563

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19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$40,522
40-64	Subscriber	Genitourinary symptoms and ill-defined conditions	\$39,967
19-39	Dependent	Septicemia (except in labor)	\$39,783
65+	Subscriber	Other nervous system disorders	\$39,737
0-18	Dependent	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$39,473
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$39,436
40-64	Subscriber	Administrative/social admission	\$39,417
40-64	Subscriber	Hypertension with complications and secondary hypertension	\$39,346
40-64	Subscriber	Septicemia (except in labor)	\$39,042
65+	Subscriber	Late effects of cerebrovascular disease	\$38,749
40-64	Subscriber	Cancer of uterus	\$38,139
40-64	Subscriber	Cancer of head and neck	\$38,138
40-64	Subscriber	Intracranial injury	\$38,013
19-39	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$38,009
40-64	Subscriber	Cancer of colon	\$37,871
19-39	Subscriber	Biliary tract disease	\$37,508
65+	Subscriber	Alcohol-related disorders	\$37,498
40-64	Subscriber	Cancer of liver and intrahepatic bile duct	\$37,258
65+	Spouse	Pulmonary heart disease	\$37,206
40-64	Subscriber	Superficial injury; contusion	\$37,115
19-39	Subscriber	Complication of device; implant or graft	\$36,963
40-64	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$36,308
40-64	Subscriber	Complication of device; implant or graft	\$36,231
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$36,072
65+	Subscriber	Septicemia (except in labor)	\$35,726
19-39	Subscriber	Maintenance chemotherapy; radiotherapy	\$35,625
40-64	Subscriber	Intestinal obstruction without hernia	\$35,387
40-64	Subscriber	Complication of device; implant or graft	\$34,961
40-64	Spouse	Spondylosis; intervertebral disc disorders; other back problems	\$34,793
19-39	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$34,662
40-64	Subscriber	Acute myocardial infarction	\$34,370
40-64	Spouse	Epilepsy; convulsions	\$33,605
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$33,601
40-64	Subscriber	Diabetes mellitus with complications	\$32,756
40-64	Subscriber	Osteoarthritis	\$32,476
19-39	Subscriber	Epilepsy; convulsions	\$32,257
40-64	Subscriber	Fracture of upper limb	\$32,186
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$31,829
0-18	Dependent	Mood disorders	\$31,770
19-39	Subscriber	Prolonged pregnancy	\$31,546
65+	Subscriber	Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	\$31,436
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$31,244
40-64	Spouse	Spondylosis; intervertebral disc disorders; other back problems	\$30,545
19-39	Subscriber	Acute cerebrovascular disease	\$30,363
40-64	Subscriber	Cancer of breast	\$30,314
65+	Subscriber	Other nervous system disorders	\$29,997
40-64	Subscriber	Biliary tract disease	\$29,856
40-64	Spouse	Respiratory failure; insufficiency; arrest (adult)	\$29,792
40-64	Subscriber	Suicide and intentional self-inflicted injury	\$29,722
40-64	Subscriber	Osteoarthritis	\$29,676
40-64	Subscriber	Osteoarthritis	\$29,578
40-64	Subscriber	Osteoarthritis	\$29,508

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40-64	Subscriber	Complications of surgical procedures or medical care	\$29,203
65+	Subscriber	Intestinal obstruction without hernia	\$28,647
19-39	Dependent	Schizophrenia and other psychotic disorders	\$28,615
19-39	Subscriber	Other nervous system disorders	\$28,562
19-39	Dependent	Sickle cell anemia	\$28,333
40-64	Subscriber	Administrative/social admission	\$28,324
19-39	Subscriber	Abdominal pain	\$28,014
19-39	Subscriber	Epilepsy; convulsions	\$28,010
19-39	Subscriber	Disorders of teeth and jaw	\$27,993
0-18	Dependent	Anal and rectal conditions	\$27,719
40-64	Subscriber	Other nervous system disorders	\$27,231
40-64	Subscriber	Respiratory failure; insufficiency; arrest (adult)	\$27,185
40-64	Subscriber	Osteoarthritis	\$27,168
40-64	Subscriber	Other complications of birth; puerperium affecting management of mother	\$27,132
19-39	Subscriber	Other and ill-defined cerebrovascular disease	\$27,034
40-64	Subscriber	Acute myocardial infarction	\$26,866
19-39	Spouse	Biliary tract disease	\$26,797
40-64	Subscriber	Cardiac dysrhythmias	\$26,601
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$26,599
19-39	Subscriber	Syncope	\$26,470
40-64	Subscriber	Asthma	\$25,792
40-64	Subscriber	Aortic; peripheral; and visceral artery aneurysms	\$25,715
65+	Subscriber	Intestinal obstruction without hernia	\$25,628
40-64	Subscriber	Pancreatic disorders (not diabetes)	\$25,549
65+	Subscriber	Acute myocardial infarction	\$25,481
40-64	Subscriber	Cancer of breast	\$25,319
40-64	Spouse	Other and unspecified benign neoplasm	\$25,262
40-64	Subscriber	Regional enteritis and ulcerative colitis	\$25,252
65+	Subscriber	Secondary malignancies	\$25,186
0-18	Dependent	Liveborn	\$25,097
40-64	Subscriber	Conduction disorders	\$24,999
40-64	Spouse	Polyhydramnios and other problems of amniotic cavity	\$24,847
40-64	Subscriber	Cardiac dysrhythmias	\$24,777
19-39	Subscriber	Allergic reactions	\$24,528
40-64	Subscriber	Other and ill-defined cerebrovascular disease	\$24,399
40-64	Subscriber	Septicemia (except in labor)	\$24,299
40-64	Subscriber	Cancer of ovary	\$24,229
19-39	Subscriber	Early or threatened labor	\$23,732
19-39	Subscriber	Biliary tract disease	\$23,508
19-39	Subscriber	Nonspecific chest pain	\$23,465
40-64	Subscriber	Other female genital disorders	\$23,249
40-64	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$22,996
65+	Subscriber	Acute cerebrovascular disease	\$22,947
65+	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$22,772
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$22,650
19-39	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$22,553
40-64	Subscriber	Diverticulosis and diverticulitis	\$22,422
65+	Subscriber	Cancer of prostate	\$22,281
19-39	Dependent	Biliary tract disease	\$22,249
19-39	Dependent	Mood disorders	\$22,185
40-64	Subscriber	Alcohol-related disorders	\$22,178
0-18	Dependent	Acute bronchitis	\$22,140
40-64	Subscriber	Diverticulosis and diverticulitis	\$21,917
0-18	Dependent	Acute bronchitis	\$21,754
40-64	Subscriber	Epilepsy; convulsions	\$21,736
40-64	Subscriber	Acute cerebrovascular disease	\$21,652
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$21,531
40-64	Subscriber	Diabetes mellitus with complications	\$21,434

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40-64	Spouse	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$21,433
40-64	Subscriber	Other and unspecified benign neoplasm	\$21,329
19-39	Subscriber	Previous C-section	\$21,275
40-64	Subscriber	Essential hypertension	\$21,235
65+	Spouse	Osteoarthritis	\$21,198
40-64	Spouse	Other nutritional; endocrine; and metabolic disorders	\$21,090
19-39	Subscriber	Asthma	\$21,050
40-64	Spouse	Previous C-section	\$20,822
40-64	Subscriber	Other complications of pregnancy	\$20,786
40-64	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$20,755
40-64	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$20,614
40-64	Subscriber	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	\$20,424
40-64	Subscriber	Prolonged pregnancy	\$20,290
40-64	Subscriber	Pancreatic disorders (not diabetes)	\$20,290
0-18	Dependent	Appendicitis and other appendiceal conditions	\$20,278
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$20,273
40-64	Subscriber	Nonspecific chest pain	\$20,240
19-39	Subscriber	Benign neoplasm of uterus	\$20,212
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$20,139
19-39	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$20,136
65+	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$20,055
40-64	Subscriber	Septicemia (except in labor)	\$19,938
65+	Subscriber	Osteoarthritis	\$19,739
40-64	Subscriber	Septicemia (except in labor)	\$19,678
40-64	Subscriber	Abdominal pain	\$19,666
40-64	Subscriber	Asthma	\$19,659
19-39	Subscriber	Prolonged pregnancy	\$19,575
40-64	Subscriber	Fracture of neck of femur (hip)	\$19,535
19-39	Dependent	Diabetes mellitus with complications	\$19,489
65+	Subscriber	Calculus of urinary tract	\$19,389
40-64	Subscriber	Osteoarthritis	\$19,188
40-64	Subscriber	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	\$19,141
19-39	Subscriber	Prolonged pregnancy	\$18,823
19-39	Subscriber	Malposition; malpresentation	\$18,775
40-64	Subscriber	Superficial injury; contusion	\$18,740
40-64	Subscriber	Open wounds of extremities	\$18,668
40-64	Subscriber	Nonspecific chest pain	\$18,606
19-39	Subscriber	Nonspecific chest pain	\$18,332
40-64	Subscriber	Acute and unspecified renal failure	\$18,299
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$18,289
65+	Subscriber	Osteoarthritis	\$18,252
19-39	Subscriber	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	\$18,226
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$18,150
40-64	Spouse	Spondylosis; intervertebral disc disorders; other back problems	\$18,115
65+	Subscriber	Administrative/social admission	\$18,088
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$18,053
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$17,911
19-39	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,839
65+	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,827
0-18	Dependent	Liveborn	\$17,814
40-64	Subscriber	Cardiac dysrhythmias	\$17,800

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40-64	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$17,671
19-39	Subscriber	Noninfectious gastroenteritis	\$17,645
40-64	Subscriber	Osteoarthritis	\$17,596
65+	Subscriber	Osteoarthritis	\$17,595
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,541
40-64	Spouse	Other and unspecified benign neoplasm	\$17,528
40-64	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$17,462
40-64	Subscriber	Osteoarthritis	\$17,358
40-64	Subscriber	Fracture of upper limb	\$17,328
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$17,294
65+	Subscriber	Complications of surgical procedures or medical care	\$17,227
40-64	Subscriber	Multiple sclerosis	\$17,168
19-39	Dependent	Previous C-section	\$17,120
19-39	Subscriber	Other nervous system disorders	\$17,091
19-39	Spouse	Previous C-section	\$17,067
65+	Subscriber	Osteoarthritis	\$16,894
40-64	Subscriber	Genitourinary symptoms and ill-defined conditions	\$16,832
65+	Subscriber	Osteoarthritis	\$16,820
0-18	Dependent	Intracranial injury	\$16,811
40-64	Spouse	Other nutritional; endocrine; and metabolic disorders	\$16,801
65+	Spouse	Septicemia (except in labor)	\$16,638
19-39	Spouse	Other complications of birth; puerperium affecting management of mother	\$16,476
40-64	Subscriber	Other injuries and conditions due to external causes	\$16,390
40-64	Spouse	Calculus of urinary tract	\$16,309
19-39	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$16,272
40-64	Subscriber	Abdominal hernia	\$16,265
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$16,258
40-64	Subscriber	Pulmonary heart disease	\$16,189
40-64	Subscriber	Acute bronchitis	\$16,153
65+	Subscriber	Nonspecific chest pain	\$16,149
40-64	Subscriber	Schizophrenia and other psychotic disorders	\$16,098
65+	Spouse	Diabetes mellitus with complications	\$16,049
0-18	Dependent	Acute bronchitis	\$16,033
0-18	Dependent	Other gastrointestinal disorders	\$16,020
19-39	Subscriber	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	\$15,935
40-64	Subscriber	Other upper respiratory infections	\$15,920
40-64	Subscriber	Acute cerebrovascular disease	\$15,854
65+	Subscriber	Prolapse of female genital organs	\$15,829
65+	Spouse	Osteoarthritis	\$15,820
19-39	Subscriber	Previous C-section	\$15,529
19-39	Subscriber	Spontaneous abortion	\$15,493
40-64	Subscriber	Cardiac dysrhythmias	\$15,472
19-39	Dependent	Residual codes; unclassified	\$15,432
19-39	Dependent	Previous C-section	\$15,427
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$15,412
19-39	Subscriber	Other complications of pregnancy	\$15,178
40-64	Spouse	Spondylosis; intervertebral disc disorders; other back problems	\$15,165
19-39	Spouse	Prolonged pregnancy	\$15,140
65+	Subscriber	Osteoarthritis	\$15,073
19-39	Spouse	Prolonged pregnancy	\$14,943
40-64	Spouse	Biliary tract disease	\$14,912
40-64	Subscriber	Syncope	\$14,861
40-64	Subscriber	Substance-related disorders	\$14,858
0-18	Dependent	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$14,783

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40-64	Subscriber	Asthma	\$14,635
40-64	Spouse	Diabetes mellitus with complications	\$14,519
19-39	Subscriber	Umbilical cord complication	\$14,434
40-64	Subscriber	Other nervous system disorders	\$14,408
19-39	Dependent	Prolonged pregnancy	\$14,358
19-39	Dependent	Epilepsy; convulsions	\$14,260
19-39	Subscriber	Gastritis and duodenitis	\$14,230
65+	Subscriber	Cancer of uterus	\$14,222
0-18	Dependent	Appendicitis and other appendiceal conditions	\$14,026
40-64	Subscriber	Acute and unspecified renal failure	\$13,993
40-64	Subscriber	Menstrual disorders	\$13,924
19-39	Subscriber	Fetopelvic disproportion; obstruction	\$13,895
19-39	Dependent	Mood disorders	\$13,858
65+	Subscriber	Syncope	\$13,794
40-64	Subscriber	Viral infection	\$13,776
19-39	Subscriber	Neoplasms of unspecified nature or uncertain behavior	\$13,763
40-64	Subscriber	Genitourinary symptoms and ill-defined conditions	\$13,691
19-39	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$13,677
40-64	Subscriber	Acute myocardial infarction	\$13,667
40-64	Subscriber	Bacterial infection; unspecified site	\$13,590
40-64	Subscriber	Septicemia (except in labor)	\$13,575
40-64	Subscriber	Cardiac dysrhythmias	\$13,508
19-39	Subscriber	Umbilical cord complication	\$13,442
65+	Subscriber	Other nervous system disorders	\$13,407
19-39	Subscriber	Nonspecific chest pain	\$13,324
19-39	Spouse	Other complications of birth; puerperium affecting management of mother	\$13,273
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$13,255
0-18	Dependent	Abdominal pain	\$13,194
40-64	Spouse	Delirium dementia and amnesic and other cognitive disorders	\$13,172
19-39	Subscriber	Benign neoplasm of uterus	\$13,149
0-18	Dependent	Fracture of upper limb	\$13,127
40-64	Subscriber	Neoplasms of unspecified nature or uncertain behavior	\$13,104
19-39	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$13,103
19-39	Subscriber	Previous C-section	\$13,080
40-64	Subscriber	Nonspecific chest pain	\$13,044
19-39	Subscriber	Polyhydramnios and other problems of amniotic cavity	\$13,031
0-18	Dependent	Mood disorders	\$12,988
40-64	Spouse	Poisoning by other medications and drugs	\$12,969
40-64	Subscriber	Septicemia (except in labor)	\$12,953
40-64	Subscriber	Nonspecific chest pain	\$12,858
40-64	Spouse	Acute myocardial infarction	\$12,847
19-39	Dependent	Polyhydramnios and other problems of amniotic cavity	\$12,826
40-64	Spouse	Other hereditary and degenerative nervous system conditions	\$12,594
40-64	Spouse	Osteoarthritis	\$12,586
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$12,565
65+	Subscriber	Abdominal hernia	\$12,553
40-64	Subscriber	Noninfectious gastroenteritis	\$12,377
40-64	Subscriber	Other screening for suspected conditions (not mental disorders or infectious disease)	\$12,377
40-64	Subscriber	Other diseases of veins and lymphatics	\$12,369
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$12,365
40-64	Subscriber	Occlusion or stenosis of precerebral arteries	\$12,361
0-18	Dependent	Administrative/social admission	\$12,291
40-64	Spouse	Chronic kidney disease	\$12,261
0-18	Dependent	Other upper respiratory infections	\$12,238

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19-39	Subscriber	Prolonged pregnancy	\$12,189
40-64	Subscriber	Other complications of birth; puerperium affecting management of mother	\$12,161
40-64	Subscriber	Cancer of breast	\$12,158
40-64	Subscriber	Other screening for suspected conditions (not mental disorders or infectious disease)	\$12,104
40-64	Spouse	Bacterial infection; unspecified site	\$12,072
40-64	Subscriber	Syncope	\$12,032
0-18	Dependent	Suicide and intentional self-inflicted injury	\$11,994
19-39	Subscriber	Prolonged pregnancy	\$11,986
19-39	Subscriber	Skull and face fractures	\$11,944
0-18	Dependent	Asthma	\$11,925
40-64	Subscriber	Osteoarthritis	\$11,923
40-64	Subscriber	Syncope	\$11,843
40-64	Spouse	Rheumatoid arthritis and related disease	\$11,801
19-39	Spouse	Suicide and intentional self-inflicted injury	\$11,763
19-39	Subscriber	Prolonged pregnancy	\$11,747
19-39	Dependent	Alcohol-related disorders	\$11,623
19-39	Dependent	Other complications of pregnancy	\$11,622
40-64	Subscriber	Calculus of urinary tract	\$11,612
19-39	Dependent	Ovarian cyst	\$11,611
40-64	Subscriber	Headache; including migraine	\$11,578
19-39	Subscriber	Spontaneous abortion	\$11,573
19-39	Subscriber	Previous C-section	\$11,556
65+	Subscriber	Cancer of breast	\$11,546
19-39	Spouse	Other complications of birth; puerperium affecting management of mother	\$11,540
40-64	Subscriber	Complications of surgical procedures or medical care	\$11,519
40-64	Subscriber	Acute myocardial infarction	\$11,430
40-64	Subscriber	Biliary tract disease	\$11,374
19-39	Subscriber	Prolonged pregnancy	\$11,369
19-39	Subscriber	OB-related trauma to perineum and vulva	\$11,333
40-64	Subscriber	Other diseases of kidney and ureters	\$11,328
19-39	Spouse	Polyhydramnios and other problems of amniotic cavity	\$11,279
40-64	Subscriber	Benign neoplasm of uterus	\$11,205
40-64	Subscriber	Skin and subcutaneous tissue infections	\$11,204
19-39	Subscriber	Previous C-section	\$11,160
19-39	Subscriber	Schizophrenia and other psychotic disorders	\$11,143
19-39	Dependent	Substance-related disorders	\$11,133
40-64	Subscriber	Asthma	\$11,121
19-39	Dependent	Superficial injury; contusion	\$11,112
0-18	Dependent	Nausea and vomiting	\$11,072
40-64	Subscriber	Other complications of pregnancy	\$11,054
65+	Subscriber	Asthma	\$11,016
65+	Subscriber	Abdominal pain	\$11,014
19-39	Subscriber	OB-related trauma to perineum and vulva	\$11,012
65+	Subscriber	Headache; including migraine	\$10,985
19-39	Spouse	Other complications of birth; puerperium affecting management of mother	\$10,947
65+	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$10,799
19-39	Spouse	Normal pregnancy and/or delivery	\$10,784
0-18	Dependent	Epilepsy; convulsions	\$10,756
19-39	Subscriber	Other complications of pregnancy	\$10,741
40-64	Subscriber	Acute posthemorrhagic anemia	\$10,713
40-64	Spouse	Biliary tract disease	\$10,671
40-64	Subscriber	Essential hypertension	\$10,652
40-64	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$10,643
40-64	Subscriber	Abdominal hernia	\$10,623
40-64	Subscriber	Other upper respiratory infections	\$10,616
40-64	Spouse	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	\$10,528

Medical High Cost Claimants

STATE OF NEVADA



Incurred Date Range

Current August 1, 2017 through July 31, 2018

Paid Through

October 31, 2018

Age Band	Relationship	AHRQ Condition	Current PAID
19-39	Subscriber	Hemorrhage during pregnancy; abruptio placenta; placenta previa	\$10,444
40-64	Subscriber	Complication of device; implant or graft	\$10,386
19-39	Dependent	Intracranial injury	\$10,367
19-39	Subscriber	Malposition; malpresentation	\$10,363
40-64	Subscriber	Other ear and sense organ disorders	\$10,358
19-39	Subscriber	OB-related trauma to perineum and vulva	\$10,349
40-64	Subscriber	Other eye disorders	\$10,349
19-39	Spouse	OB-related trauma to perineum and vulva	\$10,298
19-39	Subscriber	Umbilical cord complication	\$10,298
65+	Subscriber	Other gastrointestinal disorders	\$10,266
40-64	Subscriber	Complications of surgical procedures or medical care	\$10,263
40-64	Subscriber	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$10,217
19-39	Subscriber	Malposition; malpresentation	\$10,190
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$10,063
0-18	Dependent	Acute and chronic tonsillitis	\$10,034

6.4.

6. Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

- 6.4 Acceptance of the annual PEBP Appeals and Complaints
Summary for submission to the Nevada Division of Insurance.



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701

Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028

www.pebp.state.nv.us



ACCREDITED

CORE
Expires 04/01/2021

DAMON HAYCOCK
Executive Officer

January 24, 2019

Barbara Richardson, Insurance Commissioner
Nevada Division of Insurance
1818 E. College Parkway, Suite 103
Carson City, NV 89706

Re: Public Employees' Benefits Program (PEBP) Appeals and Complaints Summary Report
calendar year 2018

Dear Commissioner Richardson:

In accordance with NAC 287.750, PEBP presents to the Nevada Division of Insurance its annual Appeals and Complaints Summary Report for calendar year 2018. As required by code, the name of the employee(s) responsible for appeals and descriptions of notification procedures and explanation of rights are listed below, followed by a narrative summary of the attached appeals and complaints log. A graph showing the number of appeals and complaints received in calendar years 2013 through 2018 has been included for historical comparison.

NAC 287.750(1)(a), name and title of the employee responsible for the system for resolving complaints:

Nancy Spinelli, Quality Control Officer, PEBP
Kathleen McDonald, Management Analyst, PEBP

NAC 287.750(1)(b), NRS 695G.200, a description of the procedure used to notify an insured of the decision regarding his complaint:

PEBP is contracted with HealthSCOPE Benefits (HSB) located in Little Rock, Arkansas, to provide third-party administration services for the Consumer Driven Health Plan (CDHP) and the Exclusive Provider Organization (EPO). As PEBP's claims administrator, HSB receives claims from physicians, dentists, laboratories, and other providers. HSB reviews the claims, and processes them in accordance with provisions located in the applicable plan year PEBP Master Plan Document. Included at the bottom of every explanation of benefits (EOB) notice sent by HSB to participants is a statement that reads:

“If you have any questions about this explanation of benefits, please call Customer Service at the toll free number on your ID card or send a written request to Attn: Claim Inquiry, PO Box 2860, Little Rock, AR 72203. If you are not satisfied with this decision, either you or your authorized representative can start the appeal process by sending a written request to Attn: Claim Appeals, PO Box 2860, Little Rock, AR 77203 within 180 days of receipt of this explanation of benefits (unless a longer term is permitted by your plan). Please note that if you choose to designate an authorized representative, you must make this designation to us in writing.

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- Send a copy of this explanation of benefits along with any relevant additional information (e.g., benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Include: 1) Your name, 2) Account number from the front of this form, 3) ID number from the front of this form, 4) Name of the patient and relationship, and 5) “Attention: Claim Appeals Unit” on all supporting documents.
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge. You have the right to billing and diagnosis codes as well.
- If your situation is urgent, you may request an expedited appeal which will generally be conducted within 72 hours. If you believe that your situation is urgent, follow the instructions above for filing an internal appeal and also call 1-888-763-8232 to request a simultaneous external review if permitted by your plan.

This is the first step available to every participant in the three-level claims appeal process afforded by the PEBP CDHP or EPO plan. All participants have the right to file a Level 1 appeal when they feel a claim, in whole or in part, has been paid or denied in a manner contrary to CDHP/EPO provisions. The written request for appeal is to be mailed to the HealthSCOPE Benefits address listed on the EOB. HealthSCOPE’s decision on the Level 1 appeal is mailed to the PEBP participant in writing. If HealthSCOPE approves the appeal, they reprocess the related claim(s). If HealthSCOPE Benefits denies the Level 1 appeal, the denial letter to the participant includes instructions on how to proceed to a Level 2 appeal, if the participant deems necessary. Level 2 appeals are adjudicated by PEBP, and decisions on approval or denial are sent to participants in writing. If the Level 2 appeal is denied, the denial letter to the participant will include instructions on how to proceed to an External Review. External Reviews are managed by the Nevada Office of Consumer Health Assistance (OCHA).

The claim appeal process that PEBP describes in its Master Plan Document is in compliance with the requirements established by the Patient Protection and Affordable Care Act of 2010 (PPACA) and the Nevada Insurance Statutes in NRS 695G. Forms for completing the various levels of review are posted on the PEBP website at www.pebp.state.nv.us.

Barbara Richardson, Insurance Commissioner
Nevada Division of Insurance
January 24, 2019
Page 3

Summary Narrative

The PEBP Quality Control Appeals and Complaints Summary Report lists 13 appeals and 123 complaints received in calendar year 2018, categorized by vendor or program, then by type. This compares to 79 complaints and 25 appeals received the prior calendar year.

Overall, PEBP has experienced an increase in complaints over the previous year as illustrated in the summary report bar graph. Towers Watson's OneExchange, now known as VIA Benefits, experienced the greatest decrease in complaints with 17 in 2018 compared to 43 in 2017. The decrease can be attributed to VIA Benefits' service improvement plan which focuses on customer service, communications, and offering monthly onsite appointments with an HRA analyst. Additionally, PEBP continues to dedicate staff resources to provide weekly pre-Medicare retiree educational sessions to assist retirees transitioning to VIA Benefits. Express Script's (ESI) experienced an increase in complaints from 14 in 2017 to 44 in 2018 due to the implementation of the Premier EPO Plan and formulary changes to both the Consumer Driven Health Plan (CDHP) and the Premier EPO Plan. The percentage of complaints for Healthscope Benefits increased due to the incorporation of the new EPO plan. PEBP, Hometown Health Utilization Management, PPO network, HMO vendors, and Standard Insurance experienced slight to no changes in 2018.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Nancy Spinelli
Quality Control Officer
Public Employees' Benefits Program
775-684-7000
nspinelli@peb.state.nv.us



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

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www.pebp.state.nv.us



ACCREDITED

CORE
Expires 04/01/2021

DAMON HAYCOCK
Executive Officer

January 24, 2019

Charles Quintana, Interim Director
Office of Consumer Health Assistance
555 E. Washington Avenue, Suite 4800
Las Vegas, NV 89101

Re: Public Employees' Benefits Program (PEBP) Appeals and Complaints Summary Report
calendar year 2018

Dear Mr. Quintana:

In accordance with NRS 695G.310, PEBP presents to the Office of Consumer Health Assistance its annual Appeals and Complaints Summary Report for calendar year 2018. As required by code, the name of the employee(s) responsible for appeals and descriptions of notification procedures and explanation of rights are listed below, followed by a narrative summary of the attached appeals and complaints log. A graph showing the number of appeals and complaints received in calendar years 2013 through 2018 has been included for historical comparison.

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If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Nancy Spinelli
Quality Control Officer
Public Employees' Benefits Program
775-684-7000
nspinelli@peb.state.nv.us

2nd Level Appeals - Medical/Dental															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
EPO-Medical Claim Denial												1	1	9.1%	
HSB-Medical Claim Denial	2	1	3	1				1	1		1		10	90.9%	
PEBP - Plan Design													0	0.0%	
HSB - Plan Design													0	0.0%	
Total	2	1	3	1	0	0	0	1	1	0	1	1	11	8.1%	23

External Review Appeals															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
HSB - Plan Design													0	0.0%	
HSB - Medical Claim Denial	1		1										0	0.0%	
Total	1	0	1	0	0	0	0	0	0	0	0	0	2	1.5%	2

Complaints- CDHP															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
CDHP-Customer Service					1	1	1		2	1	1		7	53.8%	
CDHP-Dental Claim Denial											1		1	7.7%	
CDHP-Medical Claim Denial								1	1		1		3	23.1%	
CDHP-HSA/HRA/FSA									1				1	7.7%	
CDHP-Network											1		1	7.7%	
CDHP-Plan Design													0	0.0%	
Total	0	0	0	0	1	1	1	1	4	1	4	0	13	9.6%	7

Complaints- EPO															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
EPO-Customer Service									1	1			2	33.3%	
EPO-Dental Denial													0	0.0%	
EPO-Dental Customer Service													0	0.0%	
EPO-Medical Claim Denial													0	0.0%	
EPO-Network													0	0.0%	
EPO-Plan Design								1	1		1	1	4	66.7%	
Total	0	0	0	0	0	0	0	1	2	1	1	1	6	4.4%	0

Complaints - Healthcare Bluebook															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
HCBB												1	1	100.0%	
Total	0	0	0	0	0	0	0	0	0	0	0	1	1	0.7%	0

Complaints - Hometown Health HMO															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
Customer Service			1		1								2	33.3%	
Plan Design					1						1		2	33.3%	
Prescriptions						1							1	16.7%	
Network Providers							1						1	16.7%	
Total	0	0	1	0	2	1	1	0	0	0	1	0	6	4.4%	4

Complaints - Hometown Health UM/CM															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
Customer Service													0	0.0%	
UM/Pre-Cert								1	1				2	100.0%	
Total	0	0	0	0	0	0	0	1	1	0	0	0	2	1.5%	0

Complaints - Health Plan of Nevada HMO															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
Customer Service				1							1		2	33.3%	
Plan Design													0	0.0%	
Prescriptions							1			1			2	33.3%	
Network Providers					1							1	2	33.3%	
Total	0	0	0	1	1	0	1	0	0	1	1	1	6	4.4%	4

Complaints - Diversified Dental															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
Customer Service													0	0.0%	
Network Providers		1											1	0.0%	
Plan Design													0	0.0%	
Total	0	1	0	0	0	0	0	0	0	0	0	0	1	0.7%	0

Complaints - ExpressScripts															
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017
CDHP-Customer Service						1	2		1	2		1	7	15.9%	
CDHP-Plan Design										1	2		3	6.8%	
CDHP-RX Prior Auth			2				2	2	1		1		8	18.2%	
CDHP-RX Price		2	1		3		2	2		1			11	25.0%	
EPO-Customer Service											1		1	2.3%	
EPO-RX Prior Auth							4	2	1		1		8	18.2%	
EPO-RX Price							2	3		1			6	13.6%	
Total	0	2	3	0	3	1	12	9	3	5	5	1	44	32.4%	14

Complaints - Aetna Network														YTD Total	% of Total	2017
Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017		
Customer Service												0	0.0%			
Total												0	0.0%	0		

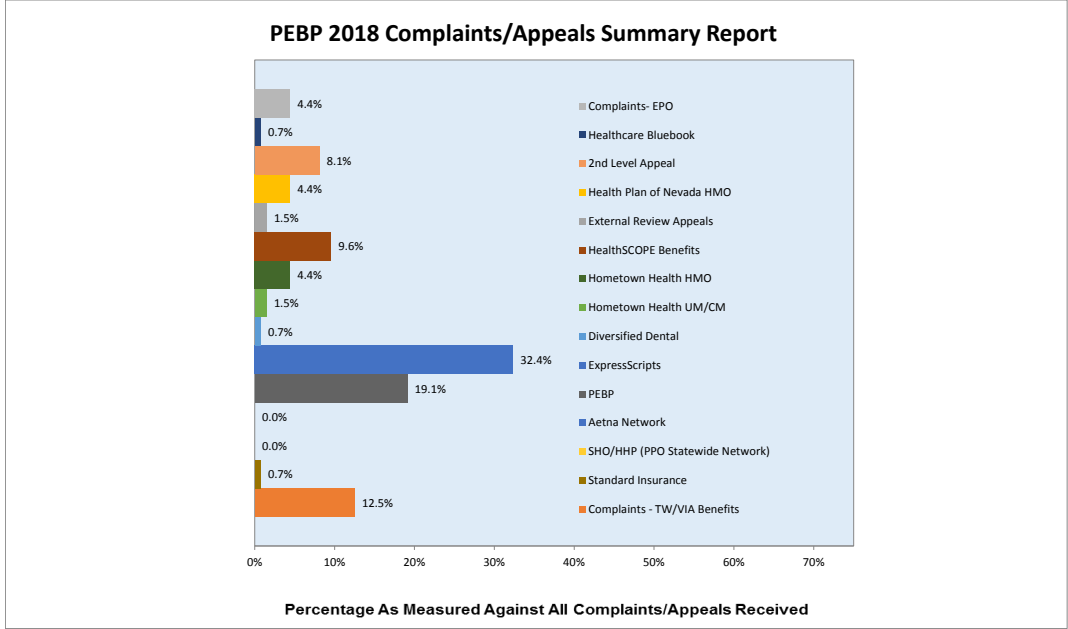
Complaints - PEBP														YTD Total	% of Total	2017
Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017		
Customer Service						2		1				3	11.5%			
Plan Design		3	1	1		2	7	4	3		2	23	88.5%			
Eligibility												0	0.0%			
Total	0	3	1	1	0	2	9	4	4	0	2	26	19.1%	7		

Complaints - SHO/HHP (PPO Statewide Network)														YTD Total	% of Total	2017
Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017		
Customer Service												0	0.0%			
Plan Design												0	0.0%			
Network Providers												0	0.0%			
Prescriptions												0	0.0%			
Total	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0		

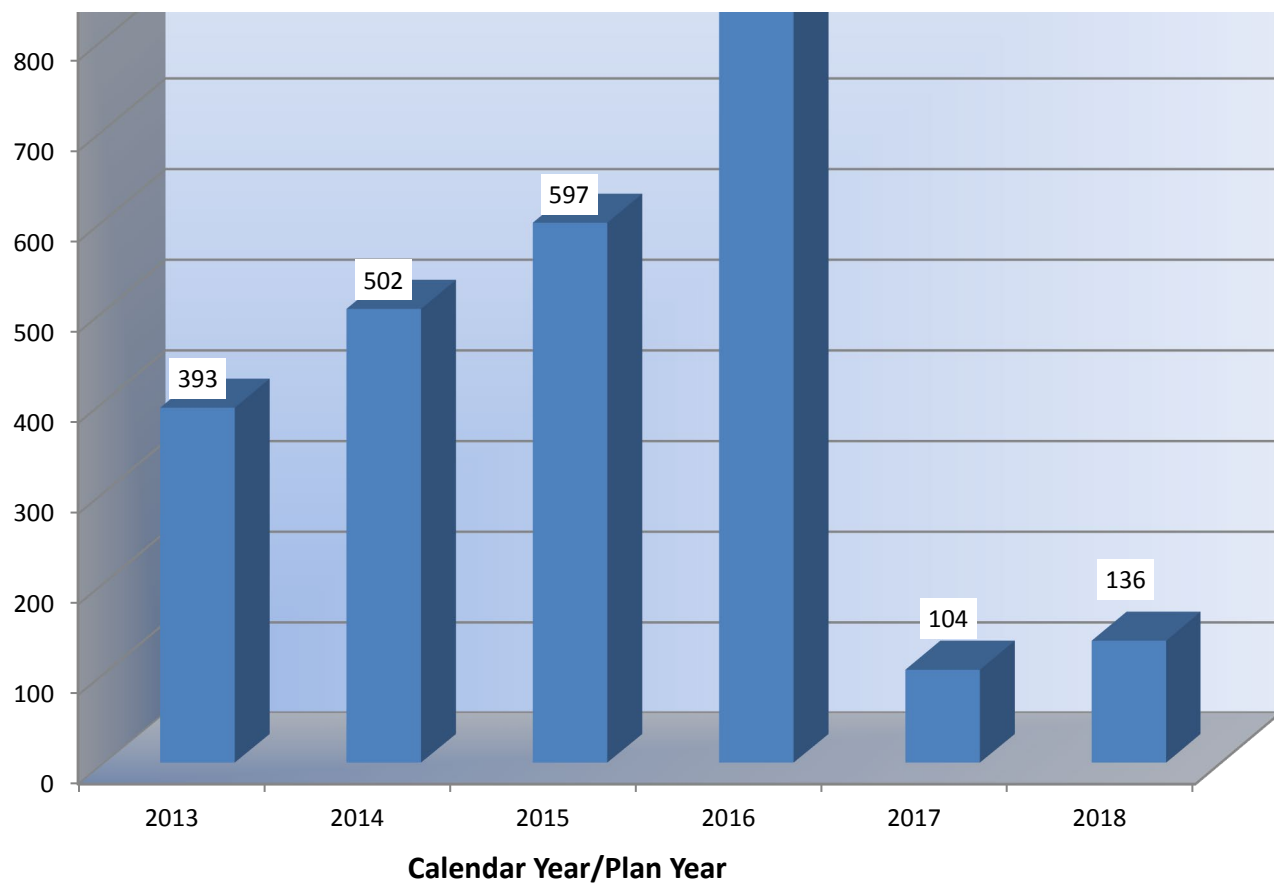
Complaints - Standard Insurance														YTD Total	% of Total	2017
Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017		
Customer Service												0	0.0%			
Plan Design						1						1	100.0%			
Total	0	0	0	0	0	1	0	0	0	0	0	1	0.7%	0		

Complaints - TW/VIA Benefits														YTD Total	% of Total	2017
Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	% of Total	2017		
TW-Carrier Issues			1									1	5.9%			
TW-Customer Service	1			1	1					2		5	29.4%			
TW-Enrollment/Disenrollment							1			1		2	11.8%			
TW-HRA Funding/Reimbursement	3	1	2		1			1		1		9	52.9%			
TW-Plan Design												0	0.0%			
Total	4	1	3	1	2	0	1	1	0	4	0	17	12.5%	43		

Summary Report Totals														YTD Total	2017
Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	2017		
Appeals & Complaints Totals	7	8	12	4	9	5	25	18	16	8	19	5	136	104	



Total Number of Appeals and Complaints Received



7.

7. Presentation on self-funded claims trend experience and projections of the composite rate trend for Plan Year 2019 (July 1, 2018 – June 30, 2019). (Stephanie Messier, Aon Hewitt) (Information/Discussion)



State of Nevada Public Employees' Benefits Program

CDHP and Dental Trend Review

January 24th, 2019

Stephanie Messier, ASA, MAAA
Assistant Vice President

Stephen Caulk, FSA, MAAA
Senior Vice President

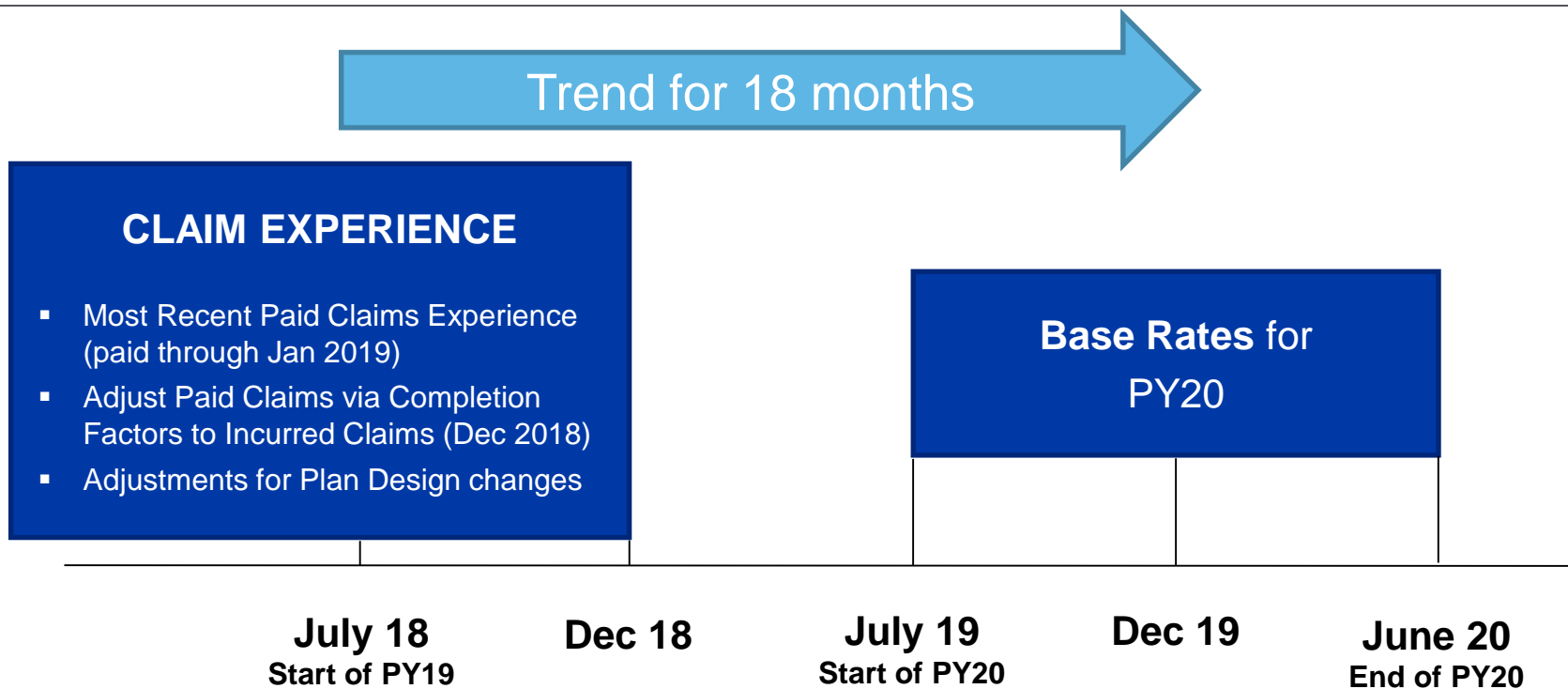


Agenda

- PEBP's Historical Trend
- National Comparator Trends
- PY20 Trend Projections

Experience Trend + Pricing Trend = Rate Action

Experience Trend + Pricing Trend = Rate Action



- Pricing Trend is the per capita increase applied to experience period
- Base Rates for PY20 will change as a result of:
 - Claim Experience compared to Base Rates for PY18/PY19
 - Any Plan Design Changes
 - Pricing Trend

Historical Plan Design Changes

Plan Benefit	PY15-PY17 Enhancement	PY18-PY19 Enhancement	
HSA/HRA Funding	+\$400 Primary +\$100 Dependent (Max 3)	+\$200 Preventive Program Contribution Primary Only	Budget Projection
CDHP Deductible	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	
CDHP Coinsurance	20%	20%	Actuarial Claim Projection
Annual Vision Exam	100% Plan Paid	\$25 Copay	
Dental Annual Maximum	\$1,500	\$1,500	

Note: Actual trend reflects claims costs paid by PEBP excluding HSA/HRA funding and Rx rebates

Base Rates Compared to Claims Experience

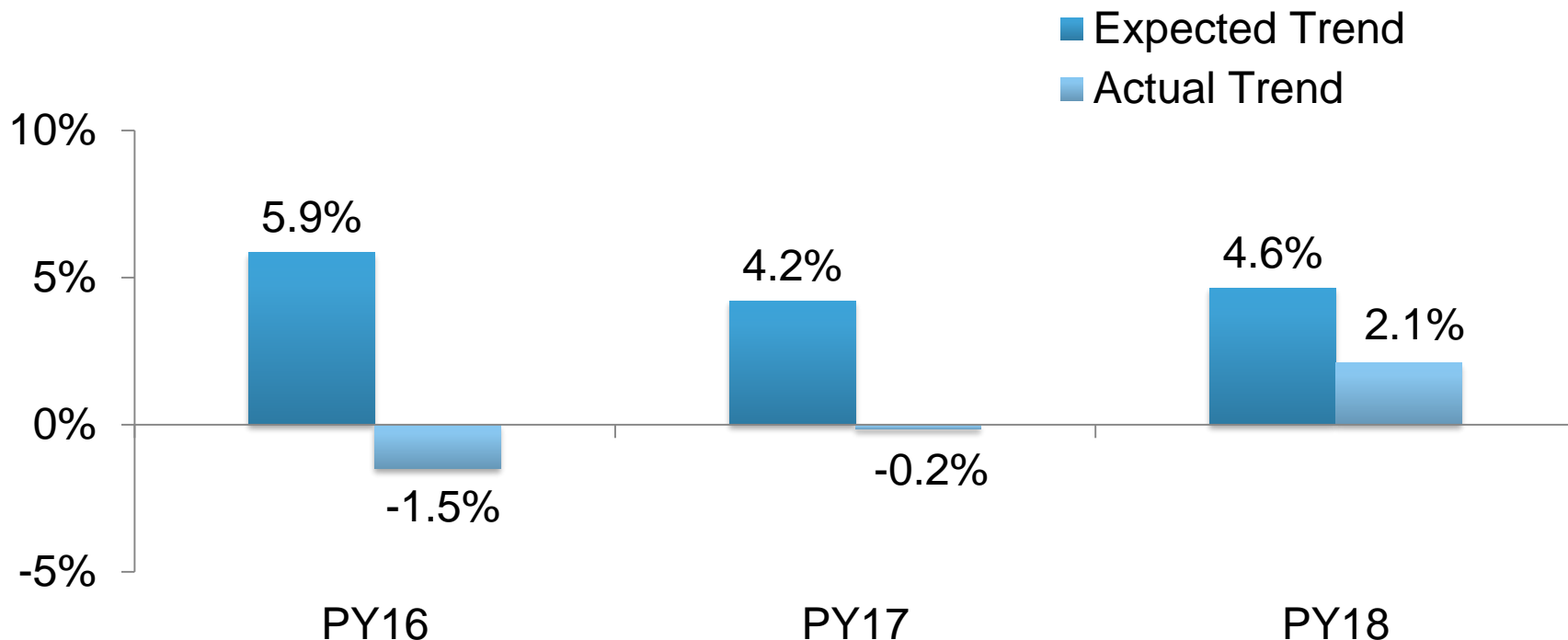
Actual Claims	PY2015	PY2016	PY2017	PY2018
Medical/Rx/Dental Claims Annual	\$164,995,653	\$171,739,492	\$178,354,947	\$186,201,672
Medical/Rx/Dental Claims PEPM	\$636	\$626	\$625	\$638
Experience Trend		-1%	0%	2%
Base Rate Budget				
Medical/Rx/Dental Base Rate Annual	\$148,936,372	\$173,593,957	\$181,484,766	\$189,661,830
Medical/Rx/Dental Base Rate PEPM	\$575	\$637	\$639	\$652
Pricing Trend		6%	4%	5%
Experience Trend True Up		5%	-4%	-3%
Plan Design and Other Changes		0%	0%	0%
Rate Action		11%	0%	2%
Net Total (Base Rate Budget - Actual Claims)				
Medical/Rx/Dental Gain/(Loss) Annual	(\$16,059,281)	\$1,854,465	\$3,129,819	\$3,460,158
Medical/Rx/Dental Gain/(Loss) PEPM	(\$61)	\$11	\$14	\$13
Medical/Rx/Dental Loss Ratio	111%	98%	98%	98%
Actual Difference from Budget	11%	-2%	-2%	-2%

- Compare Projected Base Rates to Actual Claims Experience for State and Non-State
- Expected claims trend is applied to the 18-month projection period; actual claims trend is year/year

Experience Trend + Pricing Trend = Rate Action

Historical Pricing Trends vs. Actual Experience – Medical/Rx/Dental

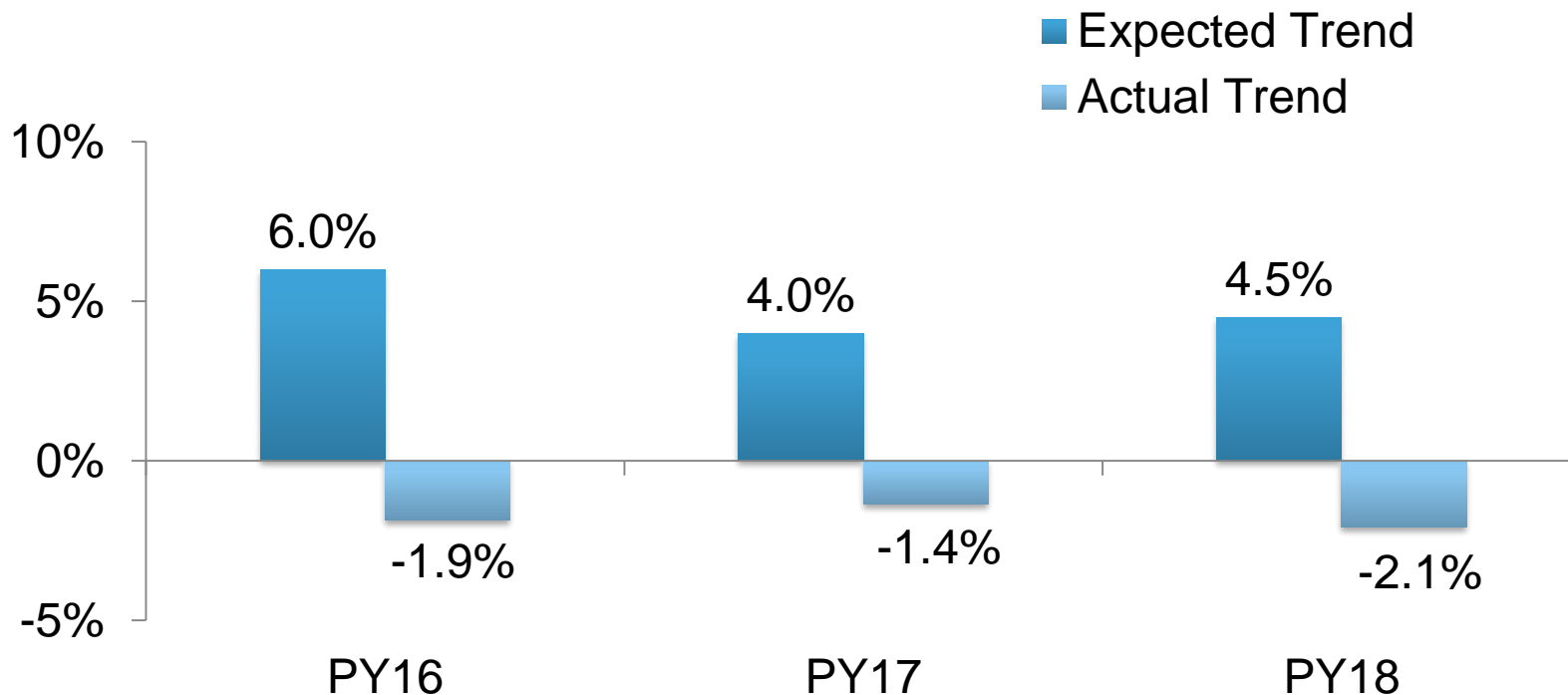
Medical, Pharmacy and Dental Combined



- Actual trend is calculated from HealthScope provided CDHP incurred claims with runout through November 2018
- PY18 incurred claims are still immature. Aon actuaries have completed PY18 incurred claims through best estimates. PY18 estimated incurred claims may change with future data

Historical Pricing Trends vs. Actual Experience – Medical

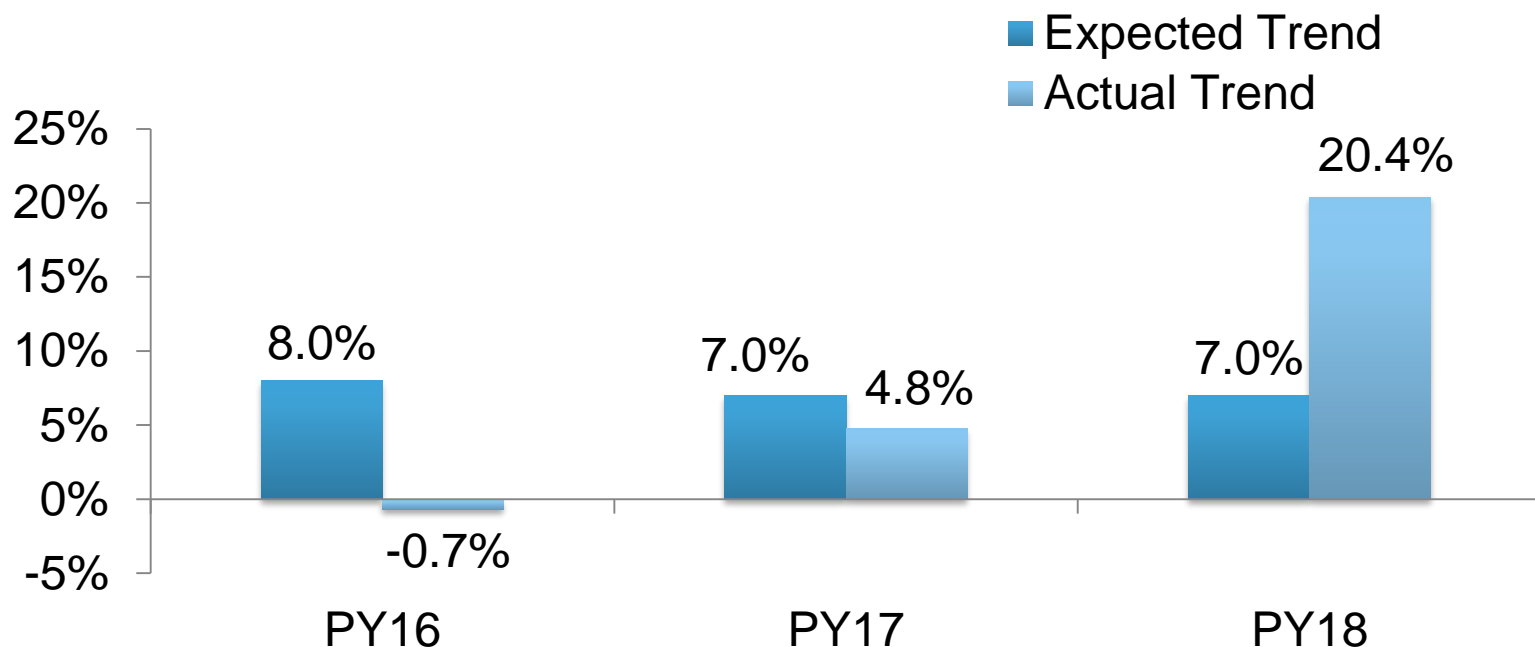
Medical



- Actual trend is calculated from HealthScope provided CDHP incurred claims with runout through November 2018
- PY18 incurred claims are still immature. Aon actuaries have completed PY18 incurred claims through best estimates. PY18 estimated incurred claims may change with future data

Historical Pricing Trends vs. Actual Experience – Pharmacy

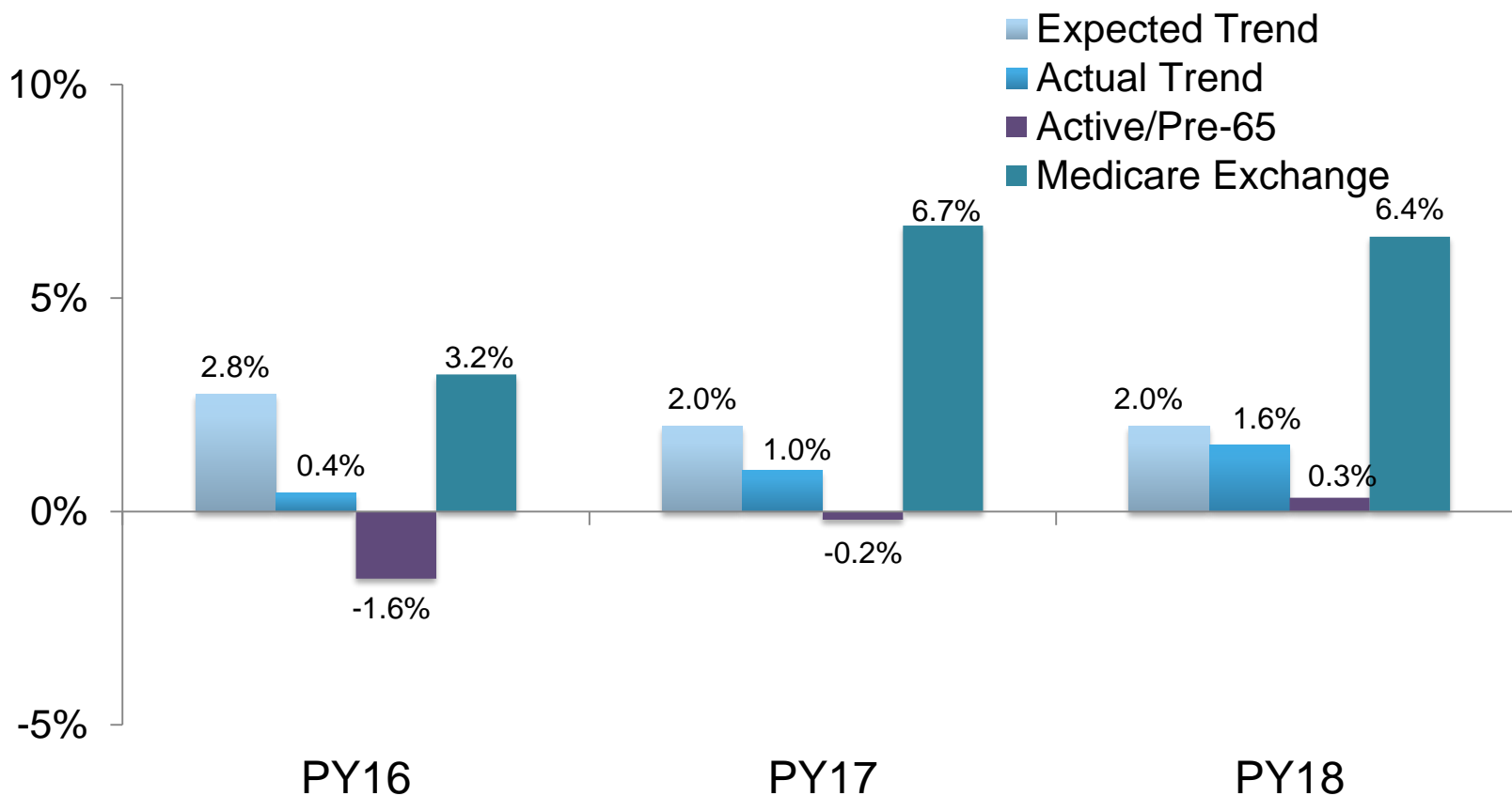
Pharmacy



- Actual trend is calculated from HealthScope provided CDHP gross incurred claims with runout through November 2018 – therefore these do NOT include any rebates that PEBP receives
- PY18 incurred claims are still immature. Aon actuaries have completed PY18 incurred claims through best estimates. PY18 estimated incurred claims may change with future data

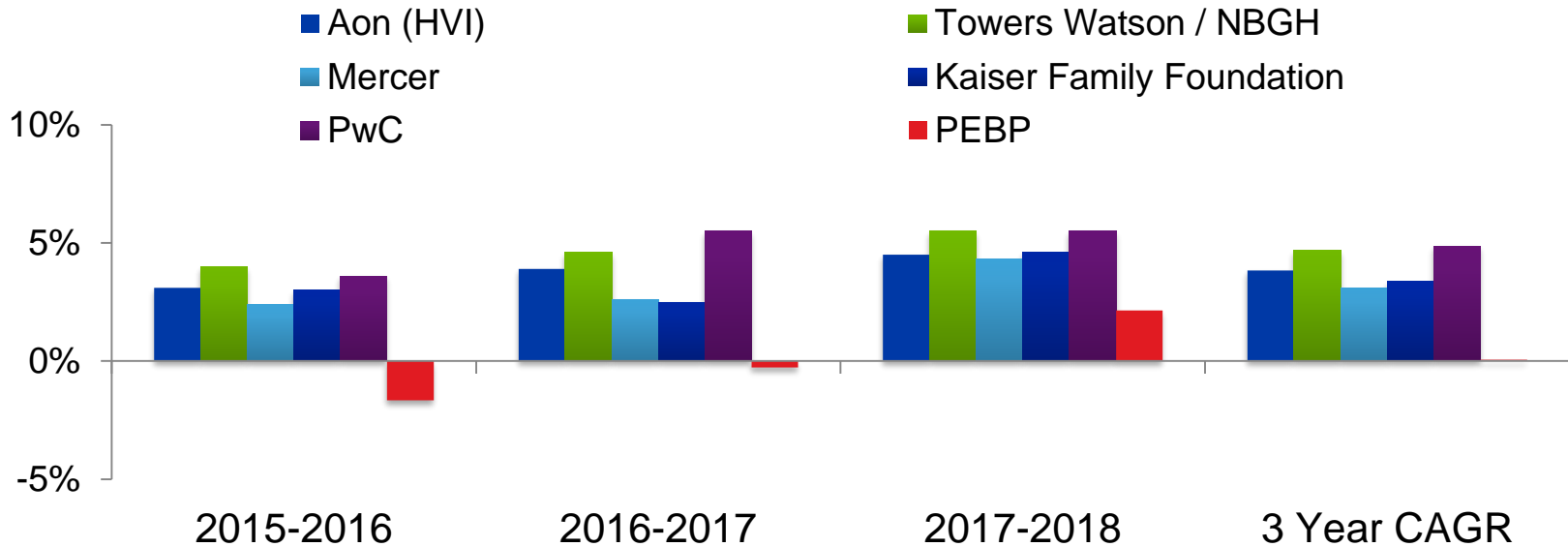
Historical Pricing Trends vs. Actual Experience – Dental

Dental



- Actual trend is calculated from HealthScope provided CDHP incurred claims with runout through November 2018
- PY18 incurred claims are still immature. Aon actuaries have completed PY18 incurred claims through best estimates. PY18 estimated incurred claims may change with future data.

PEBP Actual Results vs. Published Net Medical/Rx Trends



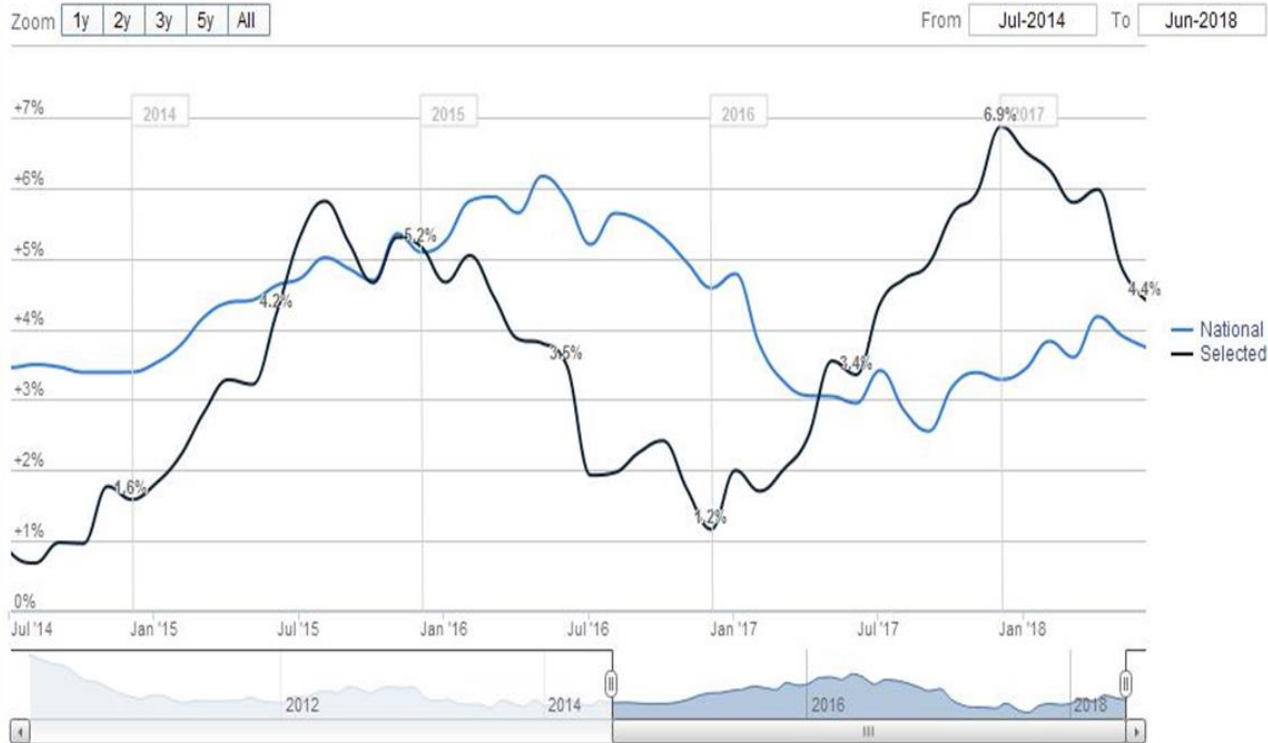
	2015-2016	2016-2017	2017-2018	3 Year CAGR
Aon (HVI)	3.1%	3.9%	4.5%	3.8%
Towers Watson/NBGH	4.0%	4.6%	5.5%	4.7%
Mercer	2.4%	2.6%	4.3%	3.1%
Kaiser Family Foundation	3.0%	2.5%	4.6%	3.4%
PwC	3.6%	5.5%	5.5%	4.9%
PEBP	-1.7%	-0.3%	2.1%	0.1%

- Trend surveys reflect actual data from 2015 – 2017 and estimated costs for 2018
- PEBP reflects data through PY18, paid through November
- PEBP trend is based on CDHP plan Medical/Rx per capita **incurred** claims cost year over year change
- Trends over 2015-2018 period range from 3.1%-4.9%, with PEBP at 0.1%, a 2.4% decrease from last year due to dropping high trend year 2014-2015 from the average

S&P Medical and Rx Index Trend – National and Nevada Specific

S&P Healthcare Claims Indices based 60M lives
 Nevada Indices based on 300k lives

Nevada State ASO FFS Total Cost Index
 12 Month Simple Moving Average Trends



PY18 Trends

S&P National	3.7%
S&P Nevada	4.4%
PEBP	2.1%

PY17 Trends

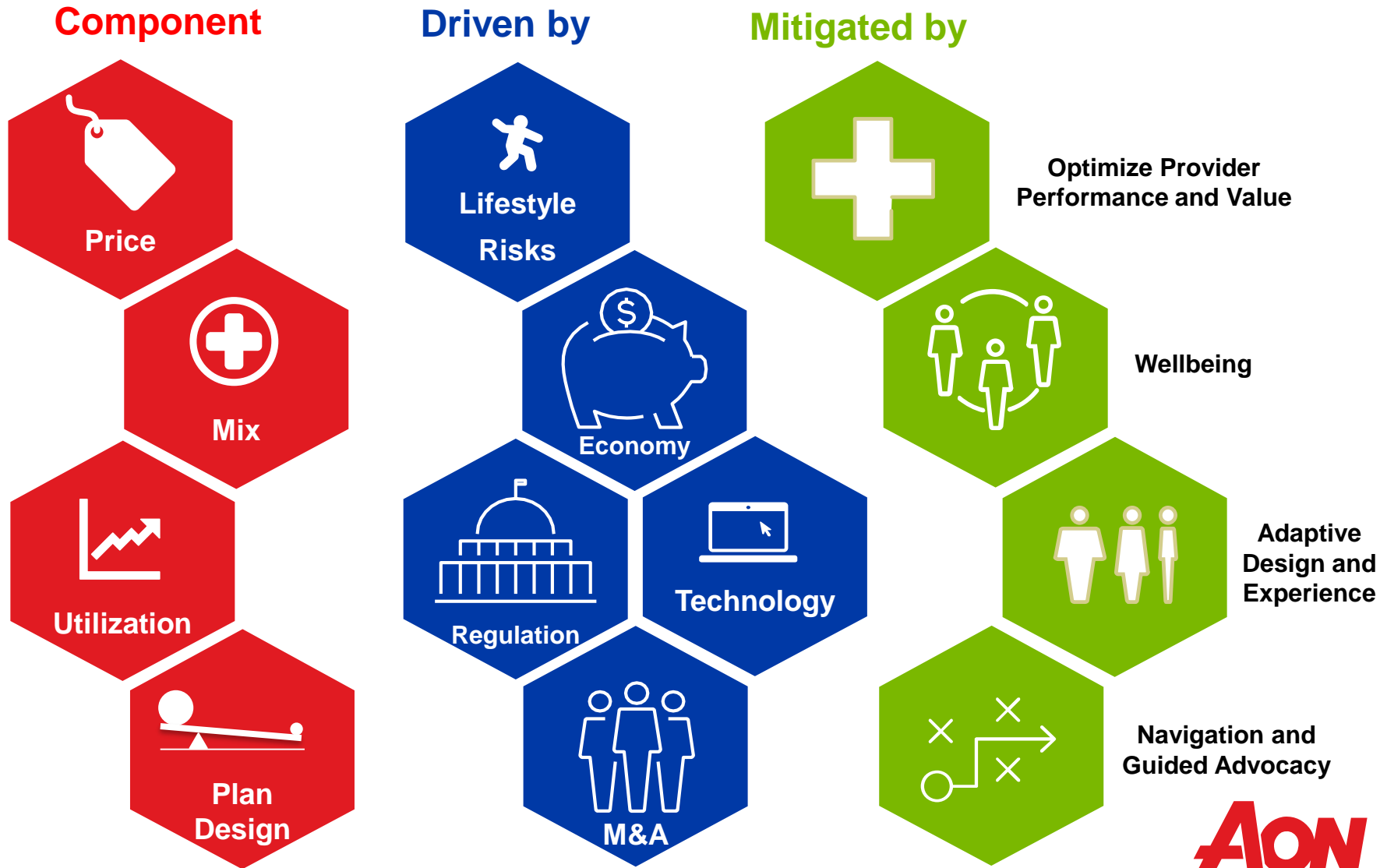
S&P National	3.4%
S&P Nevada	3.0%
PEBP	-0.3%

PY16 Trends

S&P National	5.8%
S&P Nevada	3.5%
PEBP	-1.7%

PEBP trend is based on CDHP plan Medical/Rx per capita **incurred** claims cost year over year change

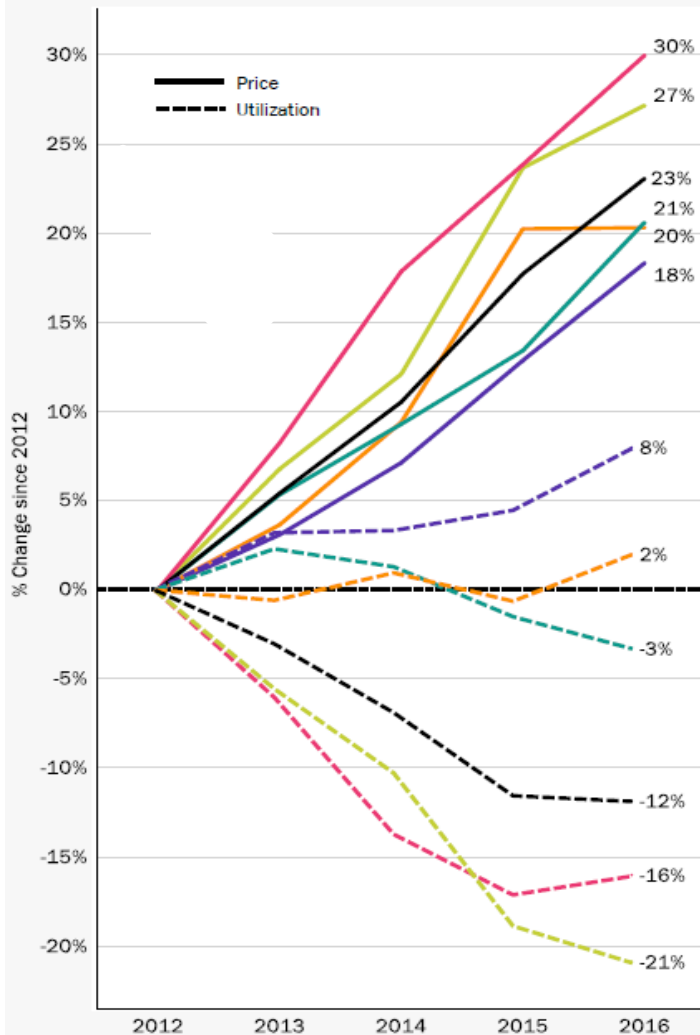
Healthcare Cost Drivers





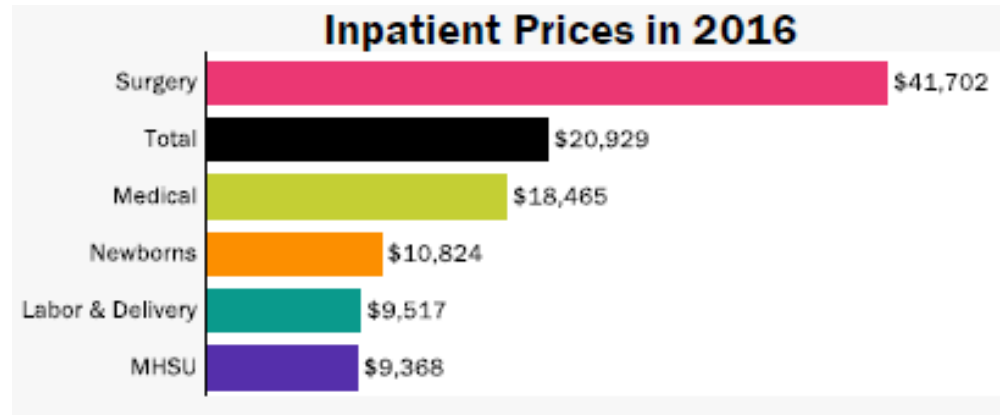
Healthcare Trends are Driven by Price

Figure 8: Cumulative Change in Inpatient Price and Utilization



**“It’s The Prices, Stupid”,
Uwe Reinhardt**

Health Care Cost Institute, Jan 2018



Price Growth – Reno, NV

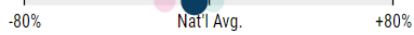
Compare Health Care Price Levels and Growth in Select U.S. Metros



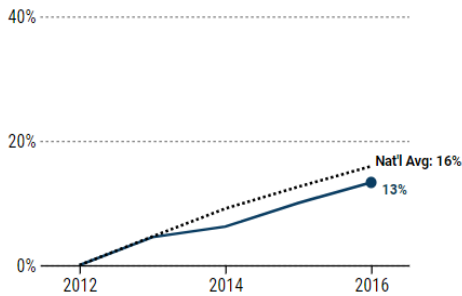
Overall

Reno, NV

2016 Price level: **6%**
below national average



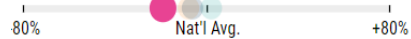
Price growth since 2012: **13%**



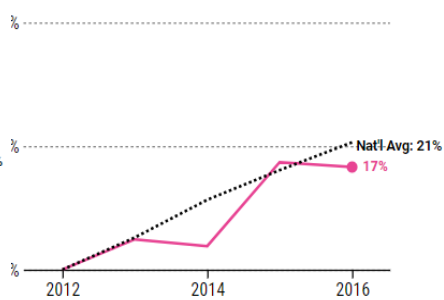
Inpatient

Reno, NV

2016 Price level: **19%**
below national average



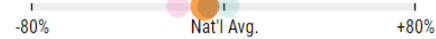
Price growth since 2012: **17%**



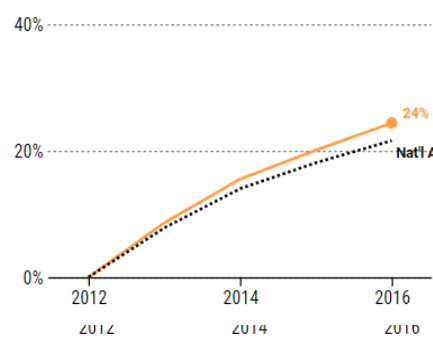
Outpatient

Reno, NV

2016 Price level: **8%**
below national average



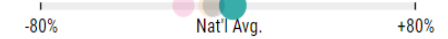
Price growth since 2012: **24%**



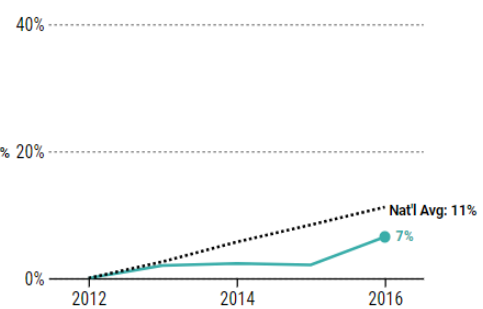
Professional

Reno, NV

2016 Price level: **2%**
above national average



Price growth since 2012: **7%**



Price Growth – Las Vegas, NV

Compare Health Care Price Levels and Growth in Select U.S. Metros



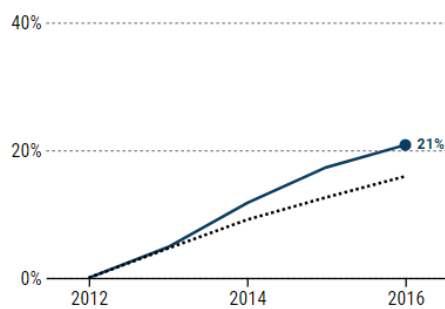
Overall

Las Vegas-Henderson-Paradise, NV Las Vegas-Henderson-Paradise, NV Las Vegas-Henderson-Paradise, NV Las Vegas-Henderson-Paradise, NV

2016 Price level: **3%**
below national average



Price growth since 2012: **21%**

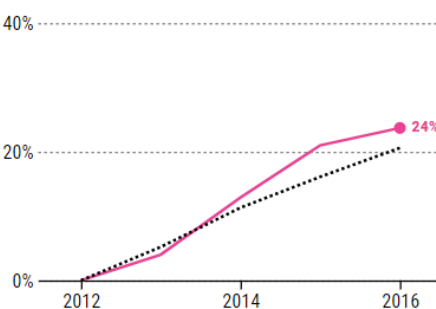


Inpatient

2016 Price level: **6%**
above national average



Price growth since 2012: **24%**

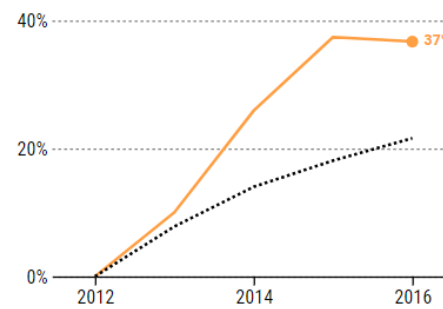


Outpatient

2016 Price level: **22%**
above national average



Price growth since 2012: **37%**

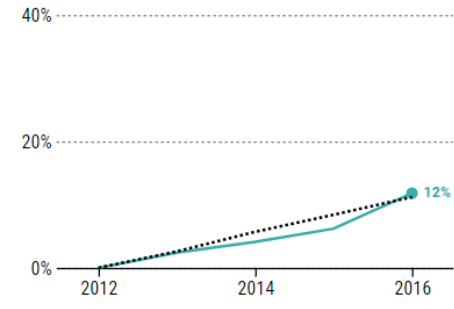


Professional

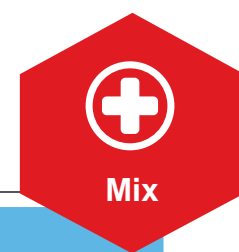
2016 Price level: **17%**
below national average



Price growth since 2012: **12%**



Technology / Mix: Gene Therapy

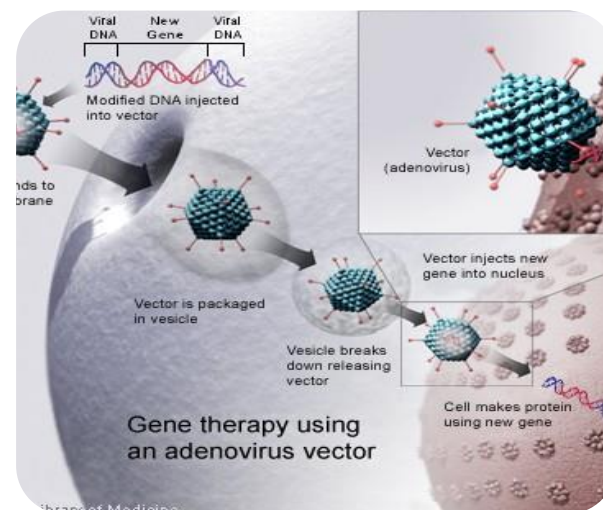
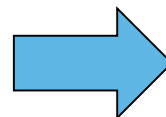


Traditional

Biologics

Gene Therapy

- **Bone Marrow Transplant**
 - **Allogenic - ~\$925k**
 - **Autologous - ~\$375k**
- **Liver transplant - \$735k**
- **Kidney transplant - \$330k**
- **Hemophiliacs - \$100k+**
- **Elelyso - \$150k/year**
 - **Specialty medicine for Gaucher's disease**



- **Strimvelis (2016) - ~\$700K**
- **Kymriah CAR-T (2017) - \$475K**
- **Luxturna (2018) - \$850K**

Mandal MDDA. What is Gene Therapy? News-Medical.net. <https://www.news-medical.net/health/What-is-Gen-Therapy.aspx>. Published January 14, 2014 Accessed August 15, 2017

Cellular & Gene Therapy Products. U S Food and Drug Administration Home Page. <https://www.fda.gov/BiologicsBloodVaccines/CellularGeneTherapyProducts/default.htm> Accessed August 15, 2017

PY20 Pricing Trend Projections

- Aon's client base indicates trend of 4% - 6%
- Insurance carrier surveys indicate trend of 6% - 9%
- Additional market surveys project trend of 4.5% - 7%

PY20 Pricing Trend Projection*

Med/Rx = 4 - 7%

Dental = 1 - 3%

- This is not indicative of PY20 Rate Action, remember:

Experience Trend + Pricing Trend = Rate Action

*Any further plan design changes for PY20, may provide additional downward pressure on trend rates, Cost Saving measures created for PY19 (after rates were set for that plan year) may also provide some pricing relief for PY20 when experience is updated during the rate setting process this March

8.

8. Presentation on PEBP's Fiscal Year 2020/2021
Governor Recommends Budget. (Celestena
Glover, Chief Financial Officer)
(Information/Discussion)



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

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www.pebp.state.nv.us



ACCREDITED
CORE
Expires 04/01/2021

DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019

Item Number: VIII

Title: Governor's Recommended Budget – Fiscal Year 2020-2021

Summary

This report addresses the Governor's Recommended Budget for the 2019-2021 Biennium (Fiscal Years 2020 and 2021) to include:

1. Inflation Assumptions
2. State Subsidies
3. Enhancement Decision Units

The Governor's Recommended Budget for Fiscal Years 2020 and 2021 was released during the Governor's State of the State address on Wednesday, January 16, 2019 and totaled \$1.08 billion compared to \$1.12 billion requested in PEBP's budget submission of August 31, 2018. This represents a 14% increase from the Fiscal Years 2018 and 2019 legislatively approved budget of \$953 million. The tables below provides the comparison of PEBP's Agency Request Budget to the Governor's Recommended Budget for the 2019-2021 biennium.

Medical Inflation

Medical inflation assumptions are based on actuarial analysis and includes expected cost per service and utilization of plan benefits for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Exclusive Provider Organization (EPO), both of which are self-funded plans. Inflation assumptions for the Health Maintenance Organization (HMO) plan was held at the same rate as provided for the self-funded plans. The table below provides detail for the changes to the medical, prescription drug, dental inflation assumptions.

CDHP/EPO/HMO Inflation Assumptions	Agency Requested Budget		Governor's Recommended Budget	
	FY 2020	FY 2021	FY 2020	FY 2021
Medical	6%	6%	3.7%	3.8%
RX	8%	8%	3.7%	3.8%
Dental	3%	3%	3%	3%
HPN	6%	6%	3.7%	3.8%

Subsidy

The State subsidy is the employer contributions paid toward the overall plan rates on behalf of the employees and retirees and include the assessments deposited into Active Employee Group Insurance (AEGIS) and the Retired Employee Group Insurance (REGI) budget accounts. The tables below reflect the per employee/retiree request as well as the State subsidy total cost.

State Subsidy Per Employee/Retiree Per Month	Agency Requested Budget		Governor's Recommended Budget	
	FY 2020	FY 2021	FY 2020	FY 2021
Employee	\$772.00	\$814.00	\$757.83	\$785.63
Pre-Medicare Retiree	\$472.00	\$492.00	\$522.68*	\$470.20
Medicare HRA	\$195.00	\$210.00	\$195.00	\$195.00**

**The increased funding for Pre-Medicare subsidy includes the shortfall in Retired Group Insurance in Fiscal Year 2018.*

***The Medicare HRA requested by PEBP was \$13 in the first year and \$14 in the second per month per year of service. The Governor's Recommended Budget provides \$13 in each year. Retiree subsidies provided in the table are for a 15 year retiree.*

Enhancement Decision Units

The Agency Request Budget as submitted by PEBP included 4 enhancements, however, the Governor's Recommended Budget eliminated 2 requests, reduced 2 requests, and provided for the addition of one additional enhancement. The table below provides detail for the changes to the enhancements requested by PEBP.

Budget Enhancements	Agency Requested Budget		Governor's Recommended Budget	
	FY 2020	FY 2021	FY 2020	FY 2021
Addition of PEBP full time General Counsel	Inc	Inc	N/A	N/A
Unclassified Staff Pay Increases	Inc	Inc	N/A	N/A
Reclassify Financial Analyst to an Administrative Services Officer 2	Inc	Inc	Inc	Inc
Equipment Replacement	Inc	Inc	Inc but Reduced	Inc but Reduced
Additional HSA/HRA funding of \$400 per primary in FY 2020 and \$100 per primary in FY 2021	N/A	N/A	Inc	Inc

Recommendations

None.

9.

9. Presentation on PEBP's 2018 Member Satisfaction Survey. (Damon Haycock, Executive Officer)
(Information/Discussion)



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



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Expires 04/01/2021

DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019
Item Number: IX
Title: 2018 PEBP Member Satisfaction Survey

SUMMARY

This report will provide the Board, participants, public, and other stakeholders information on the recently completed 2018 PEBP Member Satisfaction Survey.

REPORT

Similar to last year, PEBP repeated our annual Member Satisfaction Survey to gain firsthand knowledge of our membership and meet URAC accreditation standards.

PEBP developed a simple seven (7) question survey with four (4) multiple choice style questions, one (1) transition question (leading to comments) one (1) free form question where members could type anything they felt necessary to provide feedback to PEBP, and one (1) question asking the responders to categorize their comments. The survey was sent to all primary participants in the program utilizing multiple channels:

1. PEBP pulled a list of all participant emails and sent them an email with a link to the survey;
2. PEBP provided all system administrators at all agencies a similar email to send to their agency's employees with a link to the survey;
3. PEBP provided all account representatives assigned to all PEBP pay centers the same email as above; and
4. PEBP provided a link to the survey to the Retired Public Employees of Nevada (RPEN) and the American Federation of State, County, and Municipal Employees (AFSCME) for distribution to their membership.

The member satisfaction survey was available for response October 29, 2018 through December 7, 2018. In addition, PEBP sent out multiple reminders through email during the response period to take the survey and provide us with critical feedback. A summary of the responses is attached. This summary does not include the free form response (Questions 6) as sharing each person's

individual response would make the report significantly larger and reporting only good or bad responses would be misleading, however, we report the categories of comments (Question 7).

A brief synopsis of the survey results is provided below:

Data Element	Amount
Number of Survey Responses	5,674
November 2018 Primary Participants	44,292
Response Rate (%)	7.8%

This year, PEBP received a higher response rate of retirees versus employees. The survey responses were 44% employees / 56% retirees respectively.

Of all responses, 55% (3,116) reported not interacting with PEBP over the three months prior to the survey and only 37% (2,095) responded with 1-3 interactions. The percentage of interaction is similar to last year's survey.

PEBP asked a series of customer satisfaction questions (Question #3 of the survey), and of the responses, participants rated PEBP between 7.34 and 8.28 on a scale of 1 (not satisfied) to 10 (extremely satisfied). In comparison to last year the ratings were between 6.88 and 8.01. Some members selected "not applicable," and those responses were removed to only show positive/negative results. The highest rating (10 – extremely satisfied) had the most responses, and some positive results can be seen below:

- Question 3, Sub-question 1: 70% of responses scored between 8-10
- Question 3, Sub-question 2: 66% of responses scored between 8-10
- Question 3, Sub-question 3: 71% of responses scored between 8-10
- Question 3, Sub-question 4: 75% of responses scored between 8-10
- Question 3, Sub-question 5: 58% of responses scored between 8-10
- Question 3, Sub-question 6: 63% of responses scored between 8-10

All responses to these sub-questions above were increases to the previous year showcasing PEBP's customer service levels are improving.

PEBP added a new communication medium (Question 4) this year for analysis (text messaging) to gauge the membership's interest in this moving forward. 880 participants (15.5% of responders) would like to receive communications this way so PEBP will be researching solutions to meet this need.

Similar to last year, PEBP's lowest scores were attributed to a need to increase training and education. Although still a relatively high satisfaction score (7.34/10 – an increase over last year of 6.88/10), PEBP wants to improve these processes and we are taking active steps to improve access to and quality of the training and education of all of our programs and services. PEBP's member portal overhaul scheduled for release on May 1, 2019 should improve this level of communication moving forward.

CONCLUSION

Any satisfaction score below a 10 on a scale of 1-10 illustrates a need for improvement. PEBP is up to the task, looking for innovative ways to continue to provide high quality benefits at affordable prices to employees, retirees, and their families enrolled in our program. We are dedicated to improving these scores and look forward to repeating this survey again near the end of calendar year 2019.



2018 PEBP Member Satisfaction Survey

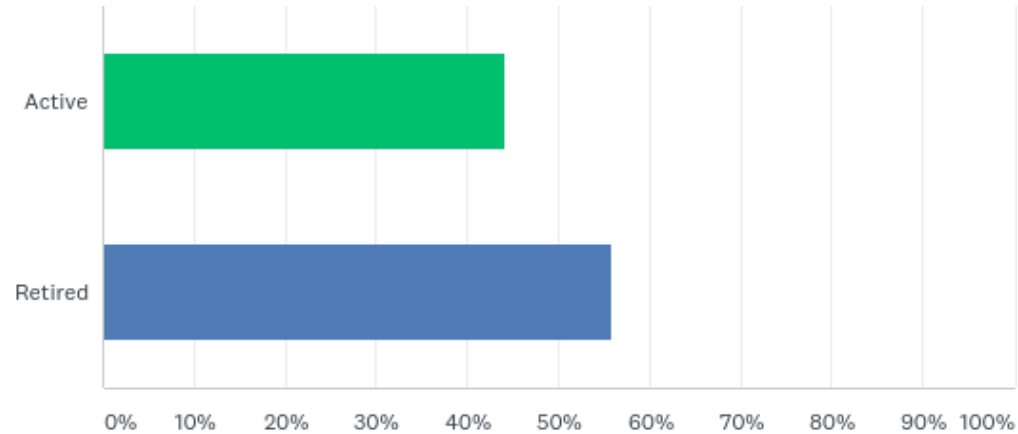
January 24, 2019

5674

Total Responses

Q1: Are you an active or retired employee?

Answered: 5,674 Skipped: 0



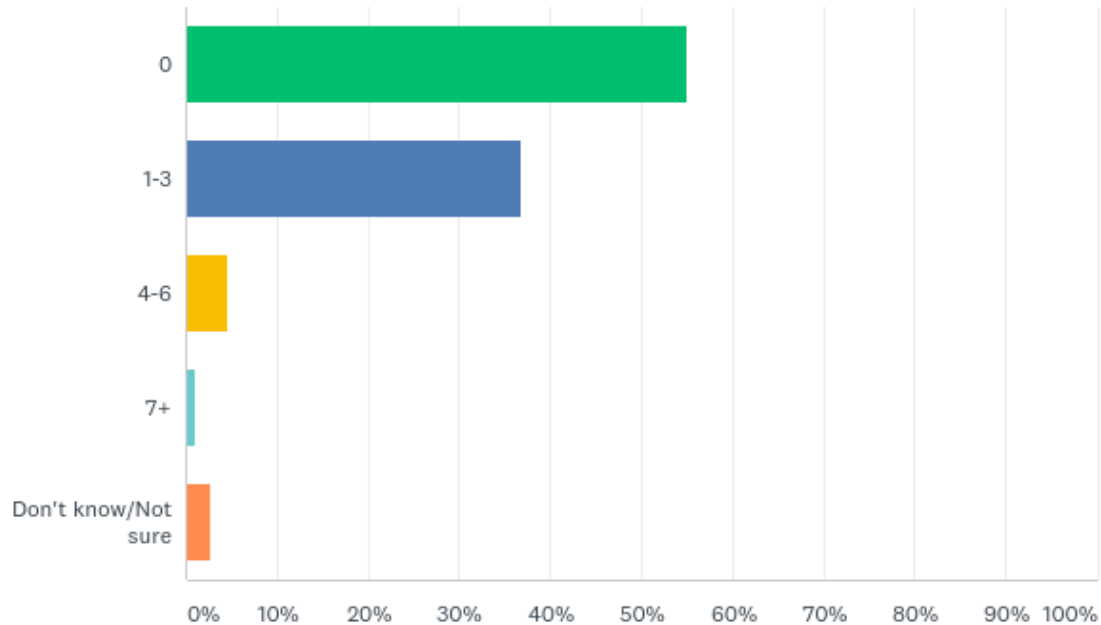
Q1: Are you an active or retired employee?

Answered: 5,674 Skipped: 0

ANSWER CHOICES	RESPONSES	
Active	44.13%	2,504
Retired	55.87%	3,170
TOTAL		5,674

Q2: In the past three months, how many times have you interacted with PEBP (any type of interaction including sending forms, phone calls, emails, walk-ins, in person trainings or meetings)?

Answered: 5,674 Skipped: 0



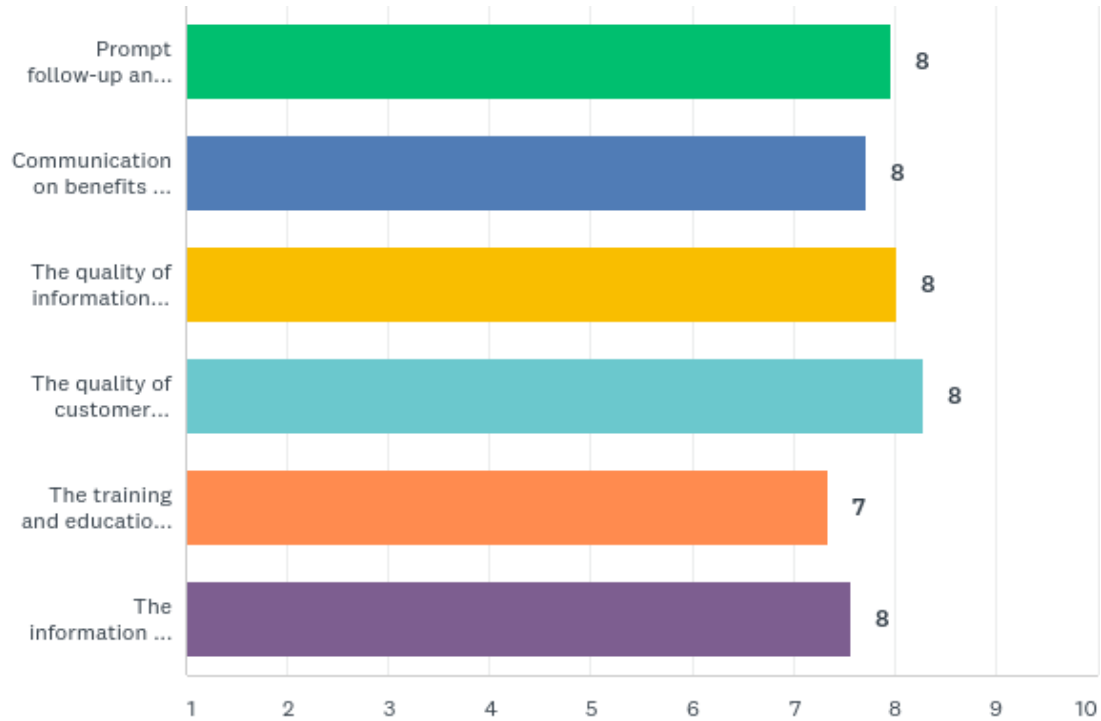
Q2: In the past three months, how many times have you interacted with PEBP (any type of interaction including sending forms, phone calls, emails, walk-ins, in person trainings or meetings)?

Answered: 5,674 Skipped: 0

ANSWER CHOICES	RESPONSES	
0	54.92%	3,116
1-3	36.92%	2,095
4-6	4.51%	256
7+	0.99%	56
Don't know/Not sure	2.66%	151
TOTAL		5,674

Q3: On a scale from 1-10 please rate your overall satisfaction with:

Answered: 5,674 Skipped: 0



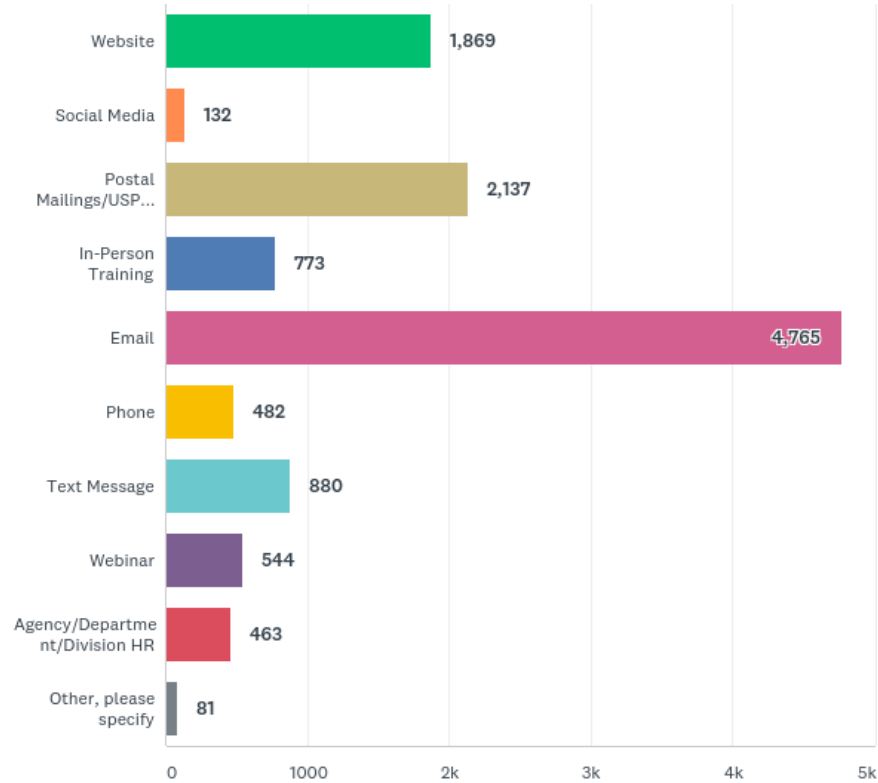
Q3: On a scale from 1-10 please rate your overall satisfaction with:

Answered: 5,674 Skipped: 0

	1NOT SATISFIED	2	3	4	5	6	7	8	9	10EXTREMELY SATISFIED	TOTAL	WEIGHTED AVERAGE
Prompt follow-up and closure of your requests	3.73% 124	1.89% 63	2.35% 78	2.07% 69	7.19% 239	4.54% 151	7.97% 265	15.39% 512	18.07% 601	36.80% 1,224	3,326	7.96
Communication on benefits and eligibility	4.16% 161	2.02% 78	2.87% 111	2.90% 112	8.23% 318	5.23% 202	8.98% 347	14.85% 574	16.92% 654	33.86% 1,309	3,866	7.73
The quality of information provided when you contact PEBP	3.54% 132	1.93% 72	2.25% 84	2.20% 82	6.95% 259	4.16% 155	7.70% 287	14.03% 523	19.26% 718	37.97% 1,415	3,727	8.02
The quality of customer service provided when you contact PEBP	2.75% 103	1.39% 52	1.63% 61	1.84% 69	6.59% 247	3.39% 127	7.39% 277	12.75% 478	19.37% 726	42.92% 1,609	3,749	8.28
The training and education PEBP provides	4.95% 152	2.90% 89	3.42% 105	3.62% 111	11.51% 353	6.45% 198	8.64% 265	13.69% 420	15.87% 487	28.94% 888	3,068	7.34
The information and resources made available regarding your health benefits	4.52% 199	2.71% 119	2.96% 130	3.21% 141	8.96% 394	6.03% 265	8.39% 369	14.37% 632	17.42% 766	31.45% 1,383	4,398	7.57

Q4: How would you like to receive future communications from PEBP? Select all that apply.

Answered: 5,674 Skipped: 0



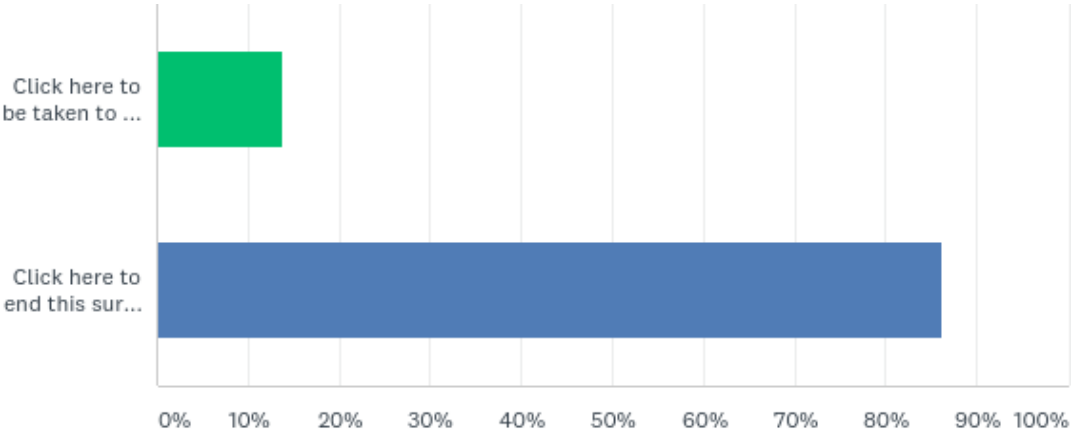
Q4: How would you like to receive future communications from PEBP? Select all that apply.

Answered: 5,674 Skipped: 0

ANSWER CHOICES	RESPONSES	
Website	32.94%	1,869
Social Media	2.33%	132
Postal Mailings/USPS - Printed materials	37.66%	2,137
In-Person Training	13.62%	773
Email	83.98%	4,765
Phone	8.49%	482
Text Message	15.51%	880
Webinar	9.59%	544
Agency/Department/Division HR	8.16%	463
Other, please specify	1.43%	81
Total Respondents: 5,674		

Q5: This survey was designed to ensure PEBP is satisfying your needs and expectations. Your feedback and suggestions are very valuable in assisting our efforts to continually provide the best service possible. We appreciate your time!

Answered: 5,588 Skipped: 86



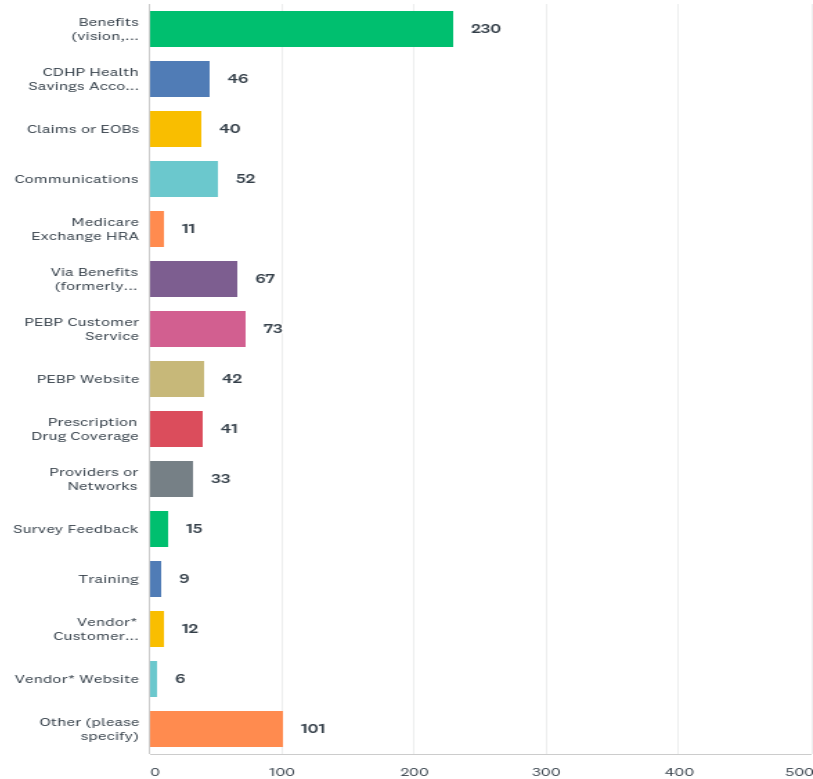
Q5: This survey was designed to ensure PEBP is satisfying your needs and expectations. Your feedback and suggestions are very valuable in assisting our efforts to continually provide the best service possible. We appreciate your time!

Answered: 5,588 Skipped: 86

ANSWER CHOICES	RESPONSES
Click here to be taken to a comment section where you can leave any additional comments.	13.80% 771
Click here to end this survey without leaving a comment.	86.20% 4,817
TOTAL	5,588

Q7: Please select one of the following categories that best describes your comment or concern.

Answered: 778 Skipped: 4,896



Q7: Please select one of the following categories that best describes your comment or concern.

Answered: 778 Skipped: 4,896

ANSWER CHOICES	RESPONSES
Benefits (vision, dental, medical and/or voluntary)	29.56% 230
CDHP Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)	5.91% 46
Claims or EOBs	5.14% 40
Communications	6.68% 52
Medicare Exchange HRA	1.41% 11
Via Benefits (formerly Towers Watson's OneExchange)	8.61% 67
PEBP Customer Service	9.38% 73
PEBP Website	5.40% 42
Prescription Drug Coverage	5.27% 41
Providers or Networks	4.24% 33
Survey Feedback	1.93% 15
Training	1.16% 9
Vendor* Customer Service	1.54% 12
Vendor* Website	0.77% 6
Other (please specify)	12.98% 101
TOTAL	778

10.

10. Executive Officer Report. (Damon Haycock, Executive Officer) (Information/Discussion)



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



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DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019

Item Number: X

Title: Executive Officer Report

SUMMARY

This report will provide the Board, participants, public, and other stakeholders information on the overall activities of PEBP.

REPORT

PLAN YEAR 2019 2ND QUARTER CUSTOMER SERVICE STATISTICS

PEBP continued to provide high level of customer service during the second quarter of Plan Year 2019. As seen below, call volume decreased, walk-ins decreased and emails significantly increased over the same period the previous year.

1 st Quarter (July-Sept)		
	PY19	PY18
Total Calls	8,286	8,643
Abandonment rate	1.3%	1.23%
Average calls per day	134	139
Average Call Duration	5:16	4:14
Average Speed to Ans.	:22	:18
Total Walk-ins	378	388
Total Emails	4,526	4,072

PEBP's customer service statistics remain at or below industry standards.

HEALTHCARE BLUEBOOK UPDATE

PEBP implemented Healthcare Bluebook, an online transparency vendor beginning July 1, 2018. As of December 31, 2018:

- Just over 49,000 online searches have occurred
- 167 members have received rewards checks ranging from \$25 to \$125 (totaling \$8,250) in areas across the state (both rural and urban), as well as areas outside of the state of Nevada.

SALGBA REGIONAL CONFERENCE

On January 14-16, 2019, PEBP and SALGBA partnered to provide a regional conference to state and local entities located in Henderson, NV. There were approximately 90 attendees including public sector representatives from Oklahoma, Texas, Wisconsin, California, North Carolina, Arizona, Indiana, Montana, Alabama, and Utah. The conference theme was “Bold Initiatives,” and sessions included Montana’s 2014-2018 overhaul of their state health plan, North Carolina’s planned overhaul next year, and PEBP’s presentation on the Medicare Exchange. We received consistent supportive appreciation for our efforts and we created networking opportunities for multiple attendees to share best practices and bring back information to their jurisdictions. We were honored to be selected to sponsor this conference and look forward to continued partnership with SALGBA in the future.

RETIREMENT AND NEW APPOINTMENT OF PEBP’S CFO

PEBP’s CFO, Celestena (Tena) Glover is retiring from the State effective February 8, 2019. She has worked for PEBP since 2012 and has worked for the State since 1995. She has held positions in 7 different state agencies and has promoted up the chain culminating in PEBP’s CFO position.

We have all relied heavily on Tena’s financial statements and reporting, trusting in her methodologies and strategically planning the financial solvency of our program year after year. I have personally relied heavily on Tena’s leadership and institutional knowledge during my tenure at PEBP. During last session, I couldn’t be in conflicting legislative committee meetings simultaneously and Tena rose up to meet the challenge and represent PEBP flawlessly. She has been by my side at the Legislature, IFC, IRBC, and BOE every year, and it will be awkward not having her there next to me this session as we navigate the various committees and bills.

PEBP is promoting Cari Eaton, Financial Analyst and long-term backup to Tena as our next CFO. Cari came to PEBP in 2015 and has held the CFO position at the Silver State Health Insurance Exchange, as well as other financial positions in agencies like the Public Utilities Commission. Cari has 15 years of State experience and has been mentored by Tena to step in seamlessly into PEBP’s CFO position.

Tena will be missed greatly. Please join in with me and congratulate her in her retirement and wish her well in her next chapter of her life. And please join in with me and congratulate Cari Eaton as PEBP’s new CFO starting February 11, 2019.

Executive Officer Report

July 26, 2018

Page 3

CONCLUSION

PEBP continues to provide high quality and timely customer service to our members, prioritizing transparency and providing tools that make members better consumers. PEBP will miss our outgoing CFO, but welcome a trained and experienced new CFO next month. We remain dedicated to providing high quality benefits at affordable prices.

11.

11. Discussion and possible action regarding additional proposed plan design changes for Plan Year 2020 / 2021 (July 1, 2019 – June 30, 2021), including but not limited to the following:

- Possible increases and requirements to CDHP HSA/HRA enhanced employer contributions;
- Funding Medicare exchange participant HRA administration fees and life insurance premiums;
- Additional benefit design inclusions/exclusions/alterations to meet projected budget needs.

(Damon Haycock, Executive Officer) (**All Items for Possible Action**)



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



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DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019

Item Number: XI

Title: Plan Year 2020/2021 Plan Benefit Design Opportunities

SUMMARY

This report will provide the Board, participants, public, and other stakeholders information and recommendations for Plan Year 2020 Plan Benefit Design.

REPORT

At the November 29, 2018 Board meeting, PEBP provided the Board with opportunities for potential Plan Year 2020 (PY20) Benefit Design changes. At that time, PEBP utilized Fiscal Year 2018 closing cash-on-hand to develop a starting amount of available funding. The Board reviewed recommendations and decided to approve many of them while tabling one for a future date:

APPROVED 11/29/2018

1. Copay Accumulator Program (CDHP)
2. Mandatory Smart90 Network (CDHP)
3. Additional HSA/HRA Funding (CDHP)
4. Increase to Medicare Part B Premium Credits (CDHP, HMO, and EPO Retirees)
5. Enhanced Nutrition Services Pilot at UNLV (CDHP)
6. New Voluntary Benefits (Everyone)

DEFERRED

1. Shifting the Costs of Medicare Eligible Retiree HRA Administrative Fees and Life Insurance Premiums from the Plan to the Medicare Eligible Retiree (Exchange)

Now that PEBP has received a copy of the Governor's Recommended Budget for FY2020/2021 as well as updated utilization on both the CDHP and EPO plans, PEBP is prepared to revise our Excess Reserve projections and make recommendations for additional reserve spend in PY2020 and PY2021.

EXCESS RESERVES

Excess reserves are a constant moving target as projected experience and costs throughout the plan year often differ from actual results. PEBP reviews and revises excess reserve projections monthly and will continue to provide updates to the Board and public as new information becomes available. The reserve reconciliation provided at the November 29, 2018 Board meeting is reprinted and revised below:

Excess Reserve Reconciliation		
Type	Amount	Comments
PY19 Starting Cash on Hand	\$143,129,727	PY18 Ending Amount
PY19 HRA Reserve Budget	-\$31,676,056	Legislatively Approved
PY19 IBNR Reserve Budget	-\$37,200,000	Legislatively Approved
PY19 Cat Reserve Budget	-\$20,600,000	Legislatively Approved
Increased IBNR Reserve*	-\$14,600,000 Revised to \$0 See below	Aon projected increased IBNR for the CDHP plus projected amount for new EPO plan totaling \$51,800,000.
Increased Cat Reserve	-\$19,300,000	Aon projected increased Catastrophic for CDHP plus projected amount for new EPO plan totaling \$39,900,000.
Remaining Available	\$19,753,671	
PY 19 Approved Excess Reserve Spend	-\$14,231,925	Approved by the Board in March 2018 (includes enhanced life insurance, enhanced CDHP HSA/HRA funding, Medicare Exchange life insurance premiums and HRA fees, supplemental HRA funding to Medicare retirees, and 3D mammograms)
PY 20 and PY 21 Budget Enhancements	-\$376,864	Budget submission in August 2018
Remaining Balance	\$5,144,882	Amount available for PY20+
Returning EPO IBNR	+\$14,600,000	See justification below
Final Remaining Balance	\$19,744,882	

When PEBP developed the EPO plan, many assumptions were made based on national standards, PEBP's current CDHP and testimony leveraged by the outgoing HMO plan. All parties were conservative in projecting costs to ensure PEBP did not set itself for failure. Part of the "conservative" approach was to earmark current excess reserves to "pre-fund" the EPO IBNR reserve moving forward. IBNR reserves are generated as part of the overall rate setting the first year a plan is introduced (to pay claims incurred the first year into the second year).

With the current EPO experience, and the current EPO rates collecting enough to cover the IBNR, PEBP is releasing this funding back into Excess Reserves to be made available for benefit design decisions by the Board.

Continuing Current / Implementing New Programs and Services Requiring Excess Reserves

CDHP HSA / HRA Funding

PEBP has provided a level of enhanced HSA/HRA funds to CDHP participants since the program incurred excess reserves. The following table shows current and proposed enhanced contributions to the HSA/HRA:

Plan Year	Individual Amount (Enhanced)	Dependent Amount (Enhanced)
2019 (Current)	\$200: <ul style="list-style-type: none"> • \$100 tied to preventive program • \$100 tied to Dr. on Demand and Healthcare Bluebook enrollment 	\$0
2020 (Approved November 29, 2018)	\$100: <ul style="list-style-type: none"> • \$100 tied to enrolling in Dr. on Demand and Healthcare Bluebook 	\$0
2020 (Proposed Today)	\$400 <ul style="list-style-type: none"> • \$200 with no additional requirements • \$100 tied to preventive program • \$100 tied to enrolling in Dr. on Demand and Healthcare Bluebook 	\$0

The PEBP Board has already approved \$100 of enhanced HSA/HRA funding for CDHP primary participants (employees and pre-Medicare retirees) at the November 29, 2018 Board meeting. PEBP has received the Governor’s Recommended Budget that includes a PY2020 \$400 HSA/HRA excess reserve enhanced funding item. PEBP supports the Governor’s Recommended Budget and is recommending the Board approve the recommendations in the table above. Since PEBP has been successful driving engagement in preventive activities and consumer tool utilization, we recommend continuing this process at current PY 2019 levels and applying the extra \$200 funding with no additional requirements.

The table below reflects the estimated costs:

Participant Count	Enhanced Benefit	Plan Cost
23,636	\$ 400	\$ 9,454,400
23,636	\$ 100	\$ 2,363,600
Difference	\$ 300	\$ 7,090,800

Medicare Exchange HRA Fees and Life Insurance Premiums

At the November 29, 2018 Board meeting, the Board approved to defer the decision to shift costs associated with the Medicare Exchange to the participating retirees. PEBP believes at this time

there is enough funding to pay for these services for Medicare retirees in both PY 2020 and PY 2021. The costs per year are summarized below:

Benefit Design	Benefit Level	Projected Population	Projected PY19 Cost
Medicare Exchange HRA Admin Fees*	\$1.50 per Retiree per Month	12,523	\$225,414
Life Insurance	\$12,500 / Retiree (\$0.539/\$1,000x12.5 = \$6.74 per month)	12,523	\$1,012,485
Total Amount			\$1,127,899

RECOMMENDATION

PEBP recommends the Board utilize available excess reserves and approve additional HSA/HRA funding in line with the Governor’s Recommended Budget and continue paying for Medicare eligible retiree HRA administrative costs and life insurance premiums as detailed above.

The funding result from the above recommendations are as follows:

Activity	Amount
Revised Starting Excess Reserves	\$19,744,882
Previously Approved Enhancements (November 2018)	-\$2,109,634
Additional CDHP HSA/HRA Funding (\$300 more per primary to meet Gov Rec Budget of \$400)	-\$7,090,800
Medicare Retiree Admin Fees & Life Insurance Premiums (PY 2020)	-\$1,238,274
Total Remaining for PY2021+	\$9,306,174
Additional CDHP HSA/HRA Funding PY 2021 (\$100 per Gov Rec Budget)*	-\$2,363,600
Medicare Retiree Admin Fees & Life Insurance Premiums (PY 2021)	-\$1,237,899
Final Remaining for PY2021+	\$5,704,675

**PEBP’s Governor Recommends Budget includes \$100 of enhanced HSA/HRA funding in PY 2021 to be paid for from available excess reserves.*

12.

12. Discussion and possible action to approve a 4-year contract (through 2023) with American Health Holdings for Utilization Management / Large Case Management services for PEBP members on the CDHP and EPO plans. The PEBP Board may close a portion of this item to review negotiated terms of the contract and selection criteria. (Damon Haycock, Executive Officer) (**For Possible Action**)



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



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DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019

Item Number: XII

Title: Ratification of Contract for Utilization Management and Large Case Management - RFP 95PEBP-S314

Report

On August 27, 2018, the Public Employees' Benefits Program released Request for Proposal (RFP) 95PEBP-S314 for Utilization Management and Large Case Management services. The following were some items important to PEBP in the consideration of the award of this contract:

Utilization Management:

- Medical necessity, length of stay, level of care
- Precertification, concurrent and retrospective review
- Communication of decisions
- Utilization of centers of excellence
- Discharge planning
- Denials and appeals
- Redirection to high quality lower cost locations

Case Management:

- Voluntary versus mandatory participation
- Onsite assistance
- Coordinating home health care needs
- Hospice care
- Community based services
- Handling large dollar claims
- Non-compliance with medical treatment plans
- Collaborating with TPA
- Coordinating transplants
- Reducing readmissions to the hospital

Enhanced / Optional:

- Healthcare navigation support
- Integration of existing member resources and seamless member transition
- Engagement with medical providers
- New innovative options

Vendor responses were scored based on the following criteria.

- Experience in Performance of Comparable Engagements
- Demonstrated Competence
- Expertise and availability of key personnel
- Conformance with the Terms of the RFP
- Cost

On October 4, 2018, PEBP received two (2) proposals in response to RFP 95PEBP-S314. The evaluation period began on October 5, 2018 and ended on November 1, 2018. The five member evaluation committee included one PEBP Board member. American Health Holding, Inc. received the highest score by the evaluation committee and PEBP has successfully negotiated a contract. Some of the reasons given by the individual evaluators for their scores were:

- Aggressive pricing
- Licensed RN's in all 50 states
- Expertise of staff
- Case load sizes
- Quick turnaround time
- Great vendor references
- Online case management system
- Recommended several additional UM/CM services to improve PEBP performance
- Minimal Exceptions to the RFP

The effective date of the contract is anticipated to be February 12, 2019 (upon BOE approval) through June 30, 2023. The services are expected to begin on July 1, 2019 pending implementation. The contract maximum is \$8,000,000.

Recommendation

Ratify the evaluation committee's recommendation that a contract be approved with American Health Holding, Inc. to provide Utilization Management and Large Case Management services beginning July 1, 2019.

13.

13. Discussion and possible action to evaluate the performance of Damon Haycock, PEBP's Executive Officer. (Patrick Cates, Board Chair)
(For Possible Action)



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



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DAMON HAYCOCK
Executive Officer

AGENDA ITEM

Action Item

Information Only

Date: January 24, 2019
Item Number: XIII
Title: Executive Officer Performance Evaluation

SUMMARY

This report will provide the Board potential supporting information to evaluate PEBP's Executive Officer.

AUTHORITY

The Board's Duties, Policies, and Procedures outline the process to evaluate the Executive Officer of the Public Employees' Benefits Program. Under Section II, Governance, subsection A. Board Responsibilities, number 9: Board members shall "Evaluate the Executive Officer as needed in a public forum adhering to all applicable open meeting law requirements."

Furthermore, all of the Executive Officer's duties and responsibilities are described in the same document under Section II, subsection D, Executive Officer and Agency Administration. A brief summary is shown below:

1. The Executive Officer executes the authority of Plan Administrator as described in plan documents;
2. Board authorizes the Executive Officer to provide official press releases and answer media questions;
3. Board authorizes the Executive Officer to carry out administrative functions of the agency (financial management, personnel, interpreting laws, approving subrogation settlements, and representing the agency to other governmental bodies).
4. Agency shall work with the Governor's Finance Office and Legislature to fund the program on an actuarially sound basis;
5. The Executive Officer will ensure the agency notifies participants of health care benefit changes;
6. The Executive Officer will provide all new Board members with a comprehensive orientation;

7. The Executive Officer will provide all new employees with the Board's Duties, Policies, and Procedures;
8. The Executive Officer may obtain continuing education credits with available funding;
9. The Executive Officer will work with Executive and Legislative branches in providing any information requested; and
10. Executive staff may prepare responses to correspondence addressed to the Chair on behalf of the Board.

BACKGROUND

The last Executive Officer review occurred at a Board meeting on March 11, 2016 for the period August 24, 2015 through the date of the meeting (approximately 6.5 months after initial hire date). During the evaluation, a 360-degree methodology was proposed to the Board and information was requested by state agencies PEBP supports, the Legislature, current vendors, and advocacy groups. Additionally, PEBP staff members were anonymously surveyed and asked to rate the Executive Officer on communication, transparency, and leadership. Lastly, the Executive Officer provided a self-evaluation to assist the Board's discussion.

Since the last evaluation, PEBP has revised the Board's Duties, Policies and Procedures, developed and revised a comprehensive Strategic Plan, and experienced an almost complete turnover of Board members (only one Board member from March 2016 is still with the Board today). PEBP is not the same agency with the same Board we had in 2016.

PEBP TODAY

INTERNALLY

PEBP is comprised of 34 staff members. PEBP was able to add two staff a few months after the close of the 2017 Legislative Session in response to additional workload requirements resulting from a bill that solved the Non-State retiree unaffordable premium issue. PEBP is fortunate to have an excellent team, from the managers and supervisors to the line staff who interact with our members every day. Some staff accomplishments include:

1. PEBP recently received approval from DHRM and GFO to increase salaries for all customer service staff in our Member Services Unit. The increases were 10% for 10 employees. This was accomplished outside of the legislative budget building process.
2. PEBP has experienced low turnover in recent months losing employees primarily to retirement and promotion outside of the agency. The culture at PEBP is positive with hardworking teams supporting our members. See attached recent culture survey (Attachment A – PEBP Culture Survey)
3. PEBP employees capitalize on opportunities allowable at the state to include variable work days (4-10hr shifts, starting before/after 8 am and leaving before/after 5 pm, etc.) to allow them to balance work and home life obligations, relaxed dress code, secondary employment to supplement their income, training opportunities for staff in and out of state, office gatherings (like holiday parties, open enrollment parties, etc.) and soon we will pilot work-from-home opportunities where appropriate/applicable.

PEBP now has two diverse and comprehensive self-insured health plans. We implemented upon the Board's direction an Exclusive Provider Organization (EPO) plan July 1, 2018 and the experience to date is dramatically better than the former alternative. Implementing this plan allowed PEBP to avoid a 13% increase to HMO rates statewide and implement an 8% decrease (resulting in a **21%** rate savings) for our members and the state.

PEBP has renegotiated existing and negotiated new contracts that financially position the program to succeed for many years. PEBP has saved millions of dollars in this process:

Year	Vendor	Savings	Comments
Negotiations Implemented to Date			
2016	Aetna	\$2,000,000/yr	Replaced Out-of-State Network
2016	Express Scripts	\$4,500,000/yr	Replaced PBM - Greater Rebates
2017	HealthSCOPE	\$990,000/yr	Replaced DCM Program
2017	HealthSCOPE	\$225,000/yr	Removed Annual Performance Bonuses
2017	HTH/SHO	\$37,500/yr	Renegotiated Network Admin Fees
2017	Express Scripts	\$1,800,000/yr	Increased Specialty Drug Rebates
2017	Standard	\$500,000/yr	Renegotiated Life Insurance Rates
2018	Express Scripts	\$4,600,000/yr	Increased RX Discounts and Rebates
2018	Towers Watson	\$180,000/yr	Renegotiated Reduced HRA Fees
2018	Morneau	\$312,500/yr	New Portal at No Cost to PEBP (\$1.25 million / 4 yrs)
2019	AON	\$41,138/yr	Renegotiated Reduced Pricing
Total		15,186,138/yr	
Upcoming Contracts/Amendments for July 1, 2019			
2019	<i>Towers Watson</i>	<i>\$224,000/yr</i>	<i>Eliminated HRA Fees</i>
2019	<i>Healthscope TPA</i>	<i>\$185,000/yr</i>	<i>Renegotiated Reduced PPPM</i>
2019	<i>Healthscope Subro</i>	<i>\$81,000/yr</i>	<i>Renegotiated Reduced Subro Fees</i>
2019	<i>American Health Holdings</i>	<i>\$466,690/yr</i>	<i>Difference in Proposed Rates vs Negotiated Contract Rates</i>
Total		\$956,690/yr	

Additionally, PEBP negotiated annual cost controls on Renown for the first time ever:

Plan Year	Amount Paid	Projected Paid (Assume 4.7%* Annual Increase)	Projected Paid (Utilizing negotiated 0%/2%/2%)	Projected Savings
2018	\$7,033,863	-	-	-
2019 (0%)	-	\$7,364,455	\$7,033,863	\$330,592
2020 (+2%)	-	\$7,710,584	\$7,174,540	\$546,044

Plan Year	Amount Paid	Projected Paid (Assume 4.7%* Annual Increase)	Projected Paid (Utilizing negotiated 0%/2%/2%)	Projected Savings
2021 (+2% = 4% from 2019)	-	\$8,072,981	\$7,318,031	\$754,950
Total Projected Savings				\$1,631,586

**Renown testified to the Board they have never raised rates higher than 5%. PEBP's auditor reviewed the latest rate increases on May 1, 2018 and reported an overall 4.7% for 2019.*

PEBP has restored benefits and ensured enhanced benefits were not eliminated by design. In 2017, PEBP shifted lower deductibles, higher coinsurance, and higher dental benefit maximums scheduled to end at the end of the year to the base CDHP, and then in 2018 shifted enhanced life insurance levels in the biennial budget development for 2020/2021.

PEBP has managed the program excellently resulting in positive experience and lowered rates. At a time when double digit increases are experienced by members across the nation, PEBP was able to flatten rates in 2016 and 2017, and lower rates to members on all plans across the program in 2018 (first time ever) ***without reducing/eliminating any base benefits.***

PEBP has developed new tools and benefits to help members access high quality services at affordable prices. Specifically, PEBP implemented Dr. on Demand in 2017 to provide a virtual visit platform for acute health issues 24/7/365 days a year. In 2018, we implemented Healthcare Bluebook, an online transparency platform which showcases high quality options and incentivizes behavior by paying members to choose lower cost providers.

And last but not least, PEBP has reinvigorated member communications, to include an overhauled website (2016), added staff to our call center (2018), redeveloped a quarterly newsletter (2017), issued press releases on significant accomplishments (2018), and collaborated with local and national media (ongoing). PEBP also refocused efforts on in-person assistance by returning to statewide workshops, implementing lunch-and-learns at various agencies, and mandating a full-time liaison in place at PEBP's office to address Medicare Exchange retiree issues (at no cost to PEBP).

EXTERNALLY

PEBP works transparently and diligently with other stakeholders. Our relationships with RPEN, AFSCME, and the Nevada Faculty Alliance are strong. PEBP regularly testifies to the Legislature and the Nevada Board of Examiners with positive and successful results.

PEBP is a one of three public sector entities across the nation on the steering committee for the Express Scripts Government Advisory Panel. PEBP is an active member with SALGBA, the Public Sector Healthcare Roundtable, and the International Foundation for Employee Benefit Plans (IFEBP). We regularly send staff and Board members for continuing education, training and certification to their events.

PEBP collaborates with higher education entities like the Duke Margolis Center for Health Policy at Duke University (Co-authored Op-Ed in 2018). PEBP is asked by other state and local entities to provide information on successful programs and services like the Medicare Exchange, reference based pricing initiatives, contract negotiations and specialty drug management.

PEBP has received external recognition for our efforts:

1. PEBP is the first and only nationally accredited health program in the public sector for quality (through URAC).
2. PEBP has received 3 national awards (1 from SALGBA and 2 from the American Business Awards 2017-2018) for innovation and organization of the year.
3. PEBP was asked to speak at multiple conferences with SALGBA (2017-2018) and the Public Sector Healthcare Roundtable (2018). We were asked to host a regional SALGBA conference in January 2019.

COMPENSATION

NRS 287.0424(4) specifically describes the Executive Officer's salary:

"The Executive Officer is entitled to an annual salary fixed by the Board. The salary of the Executive Officer is exempt from the limitations set forth in NRS 281.123."

NRS 281.123 requires:

"...the salary of a person employed by the State or any agency of the State must not exceed 95 percent of the salary for the office of Governor during the same period."

Since the Board has the statutory authority to set the Executive Officer's salary, and that salary is not required to be capped by NRS 281.123, the Board could theoretically approve any salary it sees fit. In May 2018, The Board approved 5% salary increases for PEBP's Executive Team to be built into the biennial budget for 2020/2021. However, the Governor's Office and Legislature are the ultimate authority for staff salaries. The Governor's Recommended Budget released January 16, 2018 does not include these salary increases.

CONCLUSION

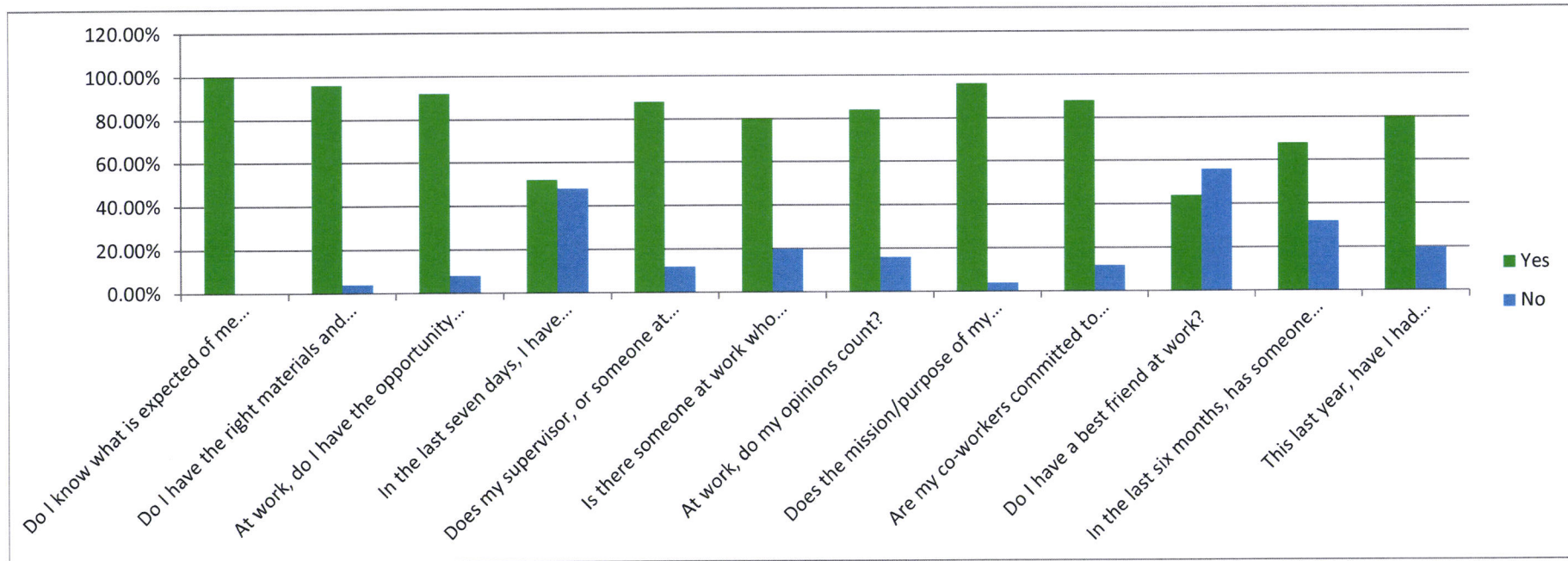
Overall, PEBP is succeeding. We develop plan benefits, we assign appropriate premium rates, we collect those rates and either send them on to a fully-insured plan who supports us, or we pay claims and operational costs. We balance our budgets. We appropriately present ourselves to stakeholders, and we communicate timely and effectively. PEBP does a good job. And as the one you selected to be responsible for the agency, I believe the results show I do a good job too.

PEBP Culture Survey

Please select yes or no for each question.

- Do I know what is expected of me at work?
- Do I have the right materials and equipment I need to do my work right?
- At work, do I have the opportunity to do what I do best every day?
- In the last seven days, I have received recognition or praise for doing good work?
- Does my supervisor, or someone at work seem to care about me as a person?
- Is there someone at work who encourages my development?
- At work, do my opinions count?
- Does the mission/purpose of my company make me feel my job is important?
- Are my co-workers committed to doing quality work?
- Do I have a best friend at work?
- In the last six months, has someone at work talked to me about my progress?
- This last year, have I had opportunities at work to learn and grow?

	Yes		No		Total
Do I know what is expected of me at work?	100.00%	25	0.00%	0	25
Do I have the right materials and equipment I need to do my work right?	96.00%	24	4.00%	1	25
At work, do I have the opportunity to do what I do best every day?	92.00%	23	8.00%	2	25
In the last seven days, I have received recognition or praise for doing good work?	52.00%	13	48.00%	12	25
Does my supervisor, or someone at work seem to care about me as a person?	88.00%	22	12.00%	3	25
Is there someone at work who encourages my development?	80.00%	20	20.00%	5	25
At work, do my opinions count?	84.00%	21	16.00%	4	25
Does the mission/purpose of my company make me feel my job is important?	96.00%	24	4.00%	1	25
Are my co-workers committed to doing quality work?	88.00%	22	12.00%	3	25
Do I have a best friend at work?	44.00%	11	56.00%	14	25
In the last six months, has someone at work talked to me about my progress?	68.00%	17	32.00%	8	25
This last year, have I had opportunities at work to learn and grow?	80.00%	20	20.00%	5	25
			Answered		25
			Skipped		0





COUNCIL OF FACULTY SENATE CHAIRS

TO: Patrick Cates, Board Chair
& Public Employee Benefits Program Board

January 19, 2019

FROM: Prof. Douglas Unger, Chair
Council of Faculty Senate Chairs
Nevada System of Higher Education

RE: Letter of appreciation for Damon Haycock, Executive Officer, PEBP

Dear Chair Cates and PEBP Board:

It has come to our attention that the PEBP Board will be evaluating Executive Officer Damon Haycock at the January 24, 2019 meeting of the board. On behalf of the NSHE Senate Chairs, representing the approximately 7,000 faculty in our higher education system, we would like to express our deep appreciation for Damon Haycock and his performance since he was appointed Executive Officer in July, 2015. Mr. Haycock has, in nearly four years, changed the culture of PEBP in its relationship to NSHE faculty to encourage cooperation and collaboration. His frank, informative communications to us have helped our faculty better to understand what the PEBP does, and to appreciate that the board, staff, and faculty are allied in our common goals to secure and maintain the best possible health plans for Nevada state employees within very complex budgetary constraints. He has proven to be an effective, solid negotiator with health insurance companies, and has been innovative, too, in his piloting of the first ever EPO plan for northern Nevada. His style of communication, combined with Mr. Haycock's obviously broad, deep knowledge of the health benefits field, and his care and concern for state employees, is making a very positive difference in the ways our faculty views the challenges and opportunities PEBP faces, and that our state and nation are facing, in our currently very volatile health care economy. Please also know that I am personally grateful to Mr. Haycock for his efficiency and professionalism, and for a great deal that I learn from him that is helping me to be a better elected representative and advocate for NSHE faculty. On January 18, 2019, I expressed thanks Mr. Haycock and the PEBP board at a public meeting of the Nevada Board of Regents for their service to our faculty and to our state, and for the increasing cooperative relationship we are all building between PEBP and the Nevada System of Higher Education. Mr. Haycock has been essential to that relationship, and our faculty representatives very much look forward to working with him in the future to achieve our common goals.

Thank you, and the PEBP board, for the time and care you put into the vital decisions you are making. And thank you for taking this letter into consideration in your evaluation.

Douglas Unger
E-mail: douglas.unger@unlv.edu
Ph: 702-895-3689



14.

14. Public Comment

15.

15. Adjournment