



LAURA RICH
Executive Officer

STEVE SISOLAK
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
www.pebp.state.nv.us

LAURA FREED
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: September 29, 2022

Item Number: IV.II.II

Title: Self-Funded CDHP, LDPPO, and EPO Plan Utilization Report for the period ending June 30, 2022

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2022 period ending June 30, 2022. Included are:

- Executive Summary – provides a utilization overview.
- HealthSCOPE CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE LDPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix D for Q4 Plan Year 2022 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q4 of Plan Year 2022 compared to Q4 of Plan Year 2021 is summarized below.

- Population:
 - 18.3% decrease for primary participants
 - 21.3% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 12.3% increase for primary participants
 - 16.5% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 198 High-Cost Claimants accounting for 39.5% of the total plan paid for Q4 of Plan Year 2022
 - 42.9% increase in High-Cost Claimants per 1,000 members
 - 2.2% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$8.7 million) – 18.2% of paid claims
 - Pregnancy-related Disorders (\$7.5 million) – 15.7% of paid claims
 - Infections (\$6.2 million) – 13.0% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 27.0%
 - Average paid per ER visit decreased 6.2%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 29.7%
 - Average paid per Urgent Care visit decreased 9.1% (decrease from \$77 to \$70)
- Network Utilization:
 - 98.4% of claims are from In-Network providers
 - Q4 of Plan Year 2022 In-Network utilization increased 1.6% over PY 2021
 - Q4 of Plan Year 2022 In-Network discounts decreased 1.1% over PY 2021
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 17.1%
 - Total Gross Claims Costs decreased 12.5% (\$6.7 million)
 - Average Total Cost per Claim increased 5.6%
 - From \$102.38 to \$108.12
 - Member:
 - Total Member Cost decreased 11.5%
 - Average Participant Share per Claim increased 6.8%
 - Net Member PMPM increased 12.6%
 - From \$25.76 to \$29.00
 - Plan
 - Total Plan Cost decreased 12.8%

- Average Plan Share per Claim increased 5.2%
- Net Plan PMPM increased 11.0%
 - From \$80.67 to \$89.53
- Net Plan PMPM factoring rebates increased 4.9%
 - From \$62.05 to \$65.09

LOW DEDUCTIBLE PPO PLAN (LDPPO)

The Low Deductible PPO Plan (LDPPO) experience for Q4 of Plan Year 2022 is summarized below.

- Population:
 - 4,243 primary participants
 - 8,598 primary participants plus dependents (members)
- Medical Cost:
 - \$585 PEPM for primary participants
 - \$289 PMPM for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 44 High-Cost Claimants accounting for 34.2% of the total plan paid for Q4 of Plan Year 2022
 - High-Cost Claimants per 1,000 members was 5.1
 - Average cost of High-Cost Claimant paid was \$231,814
- Top three highest cost clinical classifications include:
 - Cancer (\$2.4 million) – 23.5% of paid claims
 - Congenital / Chromosomal Anomalies (\$1.1 million) – 10.9% of paid claims
 - Pregnancy-related Disorders (\$0.8 million) – 8.3% of paid claims
- Emergency Room:
 - 122 ER visits per 1,000 members
 - Average paid per ER visit was \$2,378
- Urgent Care:
 - 289 Urgent Care visits per 1,000 members
 - Average paid per Urgent Care visit was \$120
- Network Utilization:
 - 98.7% of claims are from In-Network providers
 - Q4 of Plan Year 2022 In-Network discounts was 62.8%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims through Q4 was 117,576
 - Total Gross Claims Costs was \$12.7 million
 - Average Total Cost per Claim was \$108.33
 - Member:
 - Total Member Cost through Q4 was \$2.3 million
 - Average Participant Share per Claim was \$19.94
 - Net Member PMPM was \$22.90
 - Plan
 - Total Plan Cost through Q4 was \$10.4 million
 - Average Plan Share per Claim was \$88.38
 - Net Plan PMPM was \$101.49
 - Net Plan PMPM factoring rebates was \$91.16

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q4 of Plan Year 2022 compared to Q4 of Plan Year 2021 is summarized below.

- Population:
 - 13.2% decrease for primary participants
 - 12.1% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 0.1% decrease for primary participants
 - 1.4% decrease for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 59 High-Cost Claimants accounting for 31.5% of the total plan paid for Plan Year 2022
 - 10.0% increase in High-Cost Claimants per 1,000 members
 - 4.7% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Infections (\$2.3 million) – 15.9% of paid claims
 - Pulmonary Disorders (\$1.9 million) – 12.8% of paid claims
 - Cancer (\$1.7 million) – 11.4% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 16.9%
 - Average paid per ER visit decreased by 19.8%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 40.1%
 - Average paid per Urgent Care visit increased 1.3%
- Network Utilization:
 - 100% of claims are from In-Network providers
 - In-Network utilization increased 0.1%
 - In-Network discounts increased 6.3%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 10.8%
 - Total Gross Claims Costs decreased 10.1% (\$2.2 million)
 - Average Total Cost per Claim increased 0.8%
 - From \$127.41 to \$128.48
 - Member:
 - Total Member Cost decreased 8.3%
 - Average Participant Share per Claim increased 2.8%
 - Net Member PMPM increased 4.4%
 - From \$35.96 to \$37.53
 - Plan:
 - Total Plan Cost decreased 10.4%
 - Average Plan Share per Claim increased 0.4%
 - Net Plan PMPM increased 2.0%
 - From \$177.11 to \$180.65
 - Net Plan PMPM factoring rebates increased 0.5%
 - From \$136.47 to \$137.14

DENTAL PLAN

The Dental Plan experience for Q4 of Plan Year 2022 is summarized below.

- Dental Cost:
 - Total Dental claims paid increased 0.82% (from \$24.9 million for Q4 of PY21 to \$25.1 million for Q4 of PY22)
 - Preventative claims account for 44.5% (\$11.2 million)
 - Basic claims account for 28.7% (\$7.2 million)
 - Major claims account for 19.5% (\$4.9 million)
 - Periodontal claims account for 7.4% (\$1.9 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of June 30, 2022.

HRA Account Balances as of June 30, 2022			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	1,820	0	0
\$0.01 - \$500.00	3,218	619,799	193
\$500.01 - \$1,000	1,383	943,284	682
\$1,000.01 - \$1,500	679	843,325	1,242
\$1,500.01 - \$2,000	436	758,767	1,740
\$2,000.01 - \$2,500	295	671,183	2,275
\$2,500.01 - \$3,000	279	760,319	2,725
\$3,000.01 - \$3,500	253	818,308	3,234
\$3,500.01 - \$4,000	165	613,126	3,716
\$4,000.01 - \$4,500	143	608,060	4,252
\$4,500.01 - \$5,000	91	436,996	4,802
\$5,000.01 +	679	5,679,805	224,103
Total	9,441	\$ 12,752,972	\$ 1,351

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPPO) and the PEBP Premier Plan (EPO) through the fourth quarter of Plan Year 2022. The CDHP total plan paid costs decreased 8.4% over the same time for Plan Year 2021. The EPO total plan paid costs decreased 13.2% over Q4 of Plan Year 2021. For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2021 – June 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY22 was \$121,061,784 of which 78.1% was spent in the State Active population. When compared to PY21, this reflected a decrease of 8.4% in plan spend, with State Actives having a decrease of 5.9%.
 - When compared to PY20, PY22 decreased 15.7%, with State Actives having a decrease of 10.9%.
- On a PEPY basis, PY22 reflected an increase of 12.2% when compared to PY21. The largest group, State Actives, increased 17.6%.
 - When compared to PY20, PY22 increased 4.7%, with State Actives increasing by 12.9%.
- 85.8% of the Average Membership had paid Medical claims less than \$2,500, with 18.0% of those having no claims paid at all during the reporting period.
- There were 198 high-cost Claimants (HCC's) over \$100K, that accounted for 39.5% of the total spend. HCCs accounted for 33.3% of total spend during PY21, with 178 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 18.2% of high-cost claimant dollars.
- IP Paid per Admit was \$29,540 which is an increase of 19.8% compared to PY21.
- ER Paid per Visit is \$1,958, which is a decrease of 6.2% compared to PY21.
- 98.4% of all Medical spend dollars were to In Network providers. The average In Network discount was 64.8%, which is a decrease of 1.7% compared to the PY21 average discount of 65.9%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY21					PY20					% 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	\$ 5,415,443	\$ 1,347	\$ 44,350	\$ 11	\$ 5,459,793	\$ 1,358	\$ 10,042,272	\$ 3,472	\$ 20,414	\$ 7	\$ 10,062,686	\$ 3,479	84.3%	156.2%
1	\$ 770,967	\$ 167	\$ 177,140	\$ 38	\$ 948,107	\$ 206	\$ 541,836	\$ 174	\$ 21,696	\$ 7	\$ 563,532	\$ 181	-40.6%	-12.2%
2 - 4	\$ 1,387,222	\$ 88	\$ 267,896	\$ 17	\$ 1,655,118	\$ 106	\$ 1,285,406	\$ 120	\$ 176,565	\$ 16	\$ 1,461,971	\$ 136	-11.7%	28.8%
5 - 9	\$ 1,823,563	\$ 62	\$ 458,414	\$ 16	\$ 2,281,977	\$ 78	\$ 1,249,888	\$ 57	\$ 508,750	\$ 23	\$ 1,758,638	\$ 80	-22.9%	3.3%
10 - 14	\$ 3,212,849	\$ 95	\$ 536,193	\$ 16	\$ 3,749,042	\$ 110	\$ 3,226,426	\$ 129	\$ 319,748	\$ 13	\$ 3,546,174	\$ 142	-5.4%	28.3%
15 - 19	\$ 3,321,789	\$ 93	\$ 786,785	\$ 22	\$ 4,108,574	\$ 116	\$ 4,138,279	\$ 152	\$ 536,105	\$ 20	\$ 4,674,384	\$ 171	13.8%	48.2%
20 - 24	\$ 4,525,090	\$ 114	\$ 1,209,865	\$ 30	\$ 5,734,955	\$ 144	\$ 3,905,935	\$ 126	\$ 678,949	\$ 22	\$ 4,584,884	\$ 148	-20.1%	2.9%
25 - 29	\$ 7,942,807	\$ 254	\$ 1,608,988	\$ 51	\$ 9,551,795	\$ 305	\$ 5,082,897	\$ 211	\$ 610,269	\$ 25	\$ 5,693,166	\$ 236	-40.4%	-22.6%
30 - 34	\$ 6,156,246	\$ 167	\$ 2,161,190	\$ 59	\$ 8,317,436	\$ 225	\$ 5,800,968	\$ 204	\$ 1,146,266	\$ 40	\$ 6,947,234	\$ 245	-16.5%	8.7%
35 - 39	\$ 6,948,179	\$ 175	\$ 3,053,399	\$ 77	\$ 10,001,578	\$ 253	\$ 6,505,080	\$ 214	\$ 1,015,029	\$ 33	\$ 7,520,109	\$ 247	-24.8%	-2.2%
40 - 44	\$ 6,891,321	\$ 183	\$ 2,597,142	\$ 69	\$ 9,488,463	\$ 252	\$ 7,569,551	\$ 250	\$ 1,427,267	\$ 47	\$ 8,996,818	\$ 297	-5.2%	17.7%
45 - 49	\$ 10,290,128	\$ 273	\$ 3,422,156	\$ 91	\$ 13,712,284	\$ 364	\$ 8,371,377	\$ 289	\$ 1,885,162	\$ 65	\$ 10,256,539	\$ 354	-25.2%	-2.8%
50 - 54	\$ 15,741,635	\$ 390	\$ 5,028,555	\$ 125	\$ 20,770,190	\$ 515	\$ 12,453,680	\$ 379	\$ 2,800,408	\$ 85	\$ 15,254,088	\$ 464	-26.6%	-9.7%
55 - 59	\$ 17,606,504	\$ 401	\$ 6,560,096	\$ 149	\$ 24,166,600	\$ 550	\$ 17,218,432	\$ 487	\$ 3,998,063	\$ 113	\$ 21,216,495	\$ 600	-12.2%	9.0%
60 - 64	\$ 24,591,770	\$ 506	\$ 8,019,921	\$ 165	\$ 32,611,691	\$ 670	\$ 20,994,317	\$ 509	\$ 5,565,183	\$ 135	\$ 26,559,500	\$ 643	-18.6%	-4.0%
65+	\$ 15,467,844	\$ 541	\$ 5,366,786	\$ 188	\$ 20,834,630	\$ 728	\$ 12,675,441	\$ 490	\$ 3,580,556	\$ 138	\$ 16,255,997	\$ 629	-22.0%	-13.7%
Total	\$ 132,093,355	\$ 260	\$ 41,298,876	\$ 81	\$ 173,392,231	\$ 342	\$ 121,061,784	\$ 303	\$ 24,290,431	\$ 61	\$ 145,352,216	\$ 364	-16.2%	6.5%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year
Enrollment												
Avg # Employees	23,673	23,322	19,051	-18.3%	19,809	19,529	15,628	-20.0%	4	4	3	-25.0%
Avg # Members	42,865	42,317	33,287	-21.3%	37,291	36,761	28,274	-23.1%	7	9	8	-11.1%
Ratio	1.8	1.8	1.8	-3.3%	1.9	1.9	1.8	-3.7%	1.8	2.3	2.7	18.7%
Financial Summary												
Gross Cost	\$185,251,114	\$169,798,016	\$155,377,306	-8.5%	\$139,774,757	\$131,033,700	\$121,460,006	-7.3%	\$46,064	\$40,353	\$62,384	54.6%
Client Paid	\$143,667,208	\$132,093,355	\$121,061,784	-8.4%	\$106,095,205	\$100,467,765	\$94,525,005	-5.9%	\$35,053	\$26,699	\$44,950	68.4%
Employee Paid	\$41,583,906	\$37,704,661	\$34,315,522	-9.0%	\$33,679,553	\$30,565,935	\$26,935,002	-11.9%	\$11,011	\$13,654	\$17,434	27.7%
Client Paid-PEPY	\$6,069	\$5,664	\$6,355	12.2%	\$5,356	\$5,144	\$6,049	17.6%	\$9,144	\$6,675	\$14,983	124.5%
Client Paid-PMPY	\$3,352	\$3,122	\$3,637	16.5%	\$2,845	\$2,733	\$3,343	22.3%	\$5,130	\$2,967	\$5,619	89.4%
Client Paid-PEPM	\$506	\$472	\$530	12.3%	\$446	\$429	\$504	17.5%	\$762	\$556	\$1,249	124.6%
Client Paid-PMPM	\$279	\$260	\$303	16.5%	\$237	\$228	\$279	22.4%	\$427	\$247	\$468	89.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	206	178	198		151	128	152		0	0	0	
HCC's / 1,000	4.8	4.2	6.0		4.1	3.5	5.4		0.0	0.0	0.0	
Avg HCC Paid	\$236,642	\$246,763	\$241,256	-2.2%	\$206,591	\$237,270	\$246,809	4.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.9%	33.3%	39.5%	18.6%	29.4%	30.2%	39.7%	31.5%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,139	\$893	\$1,417	58.7%	\$883	\$750	\$1,310	74.7%	\$0	\$14	\$0	0.0%
Facility Outpatient	\$1,040	\$991	\$1,059	6.9%	\$880	\$822	\$928	12.9%	\$2,087	\$2,152	\$3,664	70.3%
Physician	\$1,093	\$1,174	\$1,084	-7.7%	\$1,014	\$1,105	\$1,033	-6.5%	\$2,777	\$770	\$1,902	147.0%
Other	\$80	\$64	\$78	21.9%	\$68	\$56	\$72	28.6%	\$266	\$30	\$53	0.0%
Total	\$3,352	\$3,122	\$3,637	16.5%	\$2,845	\$2,733	\$3,343	22.3%	\$5,130	\$2,967	\$5,619	89.4%

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	
Enrollment									
Avg # Employees	3,246	3,268	2,985	-8.7%	615	521	436	-16.3%	
Avg # Members	4,858	4,933	4,488	-9.0%	710	614	517	-15.9%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	0.8%	1.6
Financial Summary									
Gross Cost	\$39,350,569	\$33,024,994	\$30,559,993	-7.5%	\$6,079,723	\$5,698,970	\$3,294,923	-42.2%	
Client Paid	\$32,691,908	\$26,900,984	\$24,143,064	-10.3%	\$4,845,042	\$4,697,908	\$2,348,765	-50.0%	
Employee Paid	\$6,658,661	\$6,124,010	\$6,416,929	4.8%	\$1,234,681	\$1,001,063	\$946,157	-5.5%	
Client Paid-PEPY	\$10,070	\$8,231	\$8,089	-1.7%	\$7,882	\$9,024	\$5,392	-40.2%	\$6,642
Client Paid-PMPY	\$6,730	\$5,454	\$5,379	-1.4%	\$6,821	\$7,646	\$4,545	-40.6%	\$4,116
Client Paid-PEPM	\$839	\$686	\$674	-1.7%	\$657	\$752	\$449	-40.3%	\$553
Client Paid-PMPM	\$561	\$454	\$448	-1.3%	\$568	\$637	\$379	-40.5%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	60	44	51		8	9	4		
HCC's / 1,000	12.4	8.9	11.4		11.3	14.7	7.7		
Avg HCC Paid	\$271,721	\$261,318	\$191,097	-26.9%	\$156,233	\$228,360	\$126,929	-44.4%	
HCC's % of Plan Paid	49.9%	42.7%	40.4%	-5.4%	25.8%	43.7%	21.6%	-50.6%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,853	\$1,597	\$2,075	29.9%	\$2,835	\$3,771	\$1,567	-58.4%	\$1,190
Facility Outpatient	\$2,107	\$2,154	\$1,818	-15.6%	\$2,143	\$1,733	\$1,569	-9.5%	\$1,376
Physician	\$1,600	\$1,586	\$1,374	-13.4%	\$1,745	\$2,022	\$1,294	-36.0%	\$1,466
Other	\$170	\$116	\$112	-3.4%	\$98	\$120	\$116	-3.3%	\$84
Total	\$6,730	\$5,454	\$5,379	-1.4%	\$6,821	\$7,646	\$4,545	-40.6%	\$4,116

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total

State Participants

	PY21				PY22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 34,186,446	\$ 5,917,760	\$ 2,940,974	\$ 43,045,180	\$ 41,278,841	\$ 8,426,715	\$ 1,685,947	\$ 51,391,504	19.4%
Outpatient	\$ 66,281,319	\$ 15,258,658	\$ 2,783,591	\$ 84,323,569	\$ 53,246,164	\$ 12,370,539	\$ 1,659,862	\$ 67,276,566	-20.2%
Total - Medical	\$ 100,467,765	\$ 21,176,419	\$ 5,724,565	\$ 127,368,749	\$ 94,525,005	\$ 20,797,254	\$ 3,345,810	\$ 118,668,069	-6.8%

Net Paid Claims - Per Participant per Month

	PY21				PY22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 437	\$ 823	\$ 887	\$ 486	\$ 504	\$ 731	\$ 455	\$ 531	9.2%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY21				PY22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 126	\$ 1,556,727	\$ 987,069	\$ 2,543,922	\$ 435	\$ 601,615	\$ 308,864	\$ 910,915	-64.2%	
Outpatient	\$ 26,572	\$ 1,476,264	\$ 677,848	\$ 2,180,684	\$ 44,514	\$ 910,426	\$ 527,860	\$ 1,482,800	-32.0%	
Total - Medical					\$ 44,950	\$ 1,512,042	\$ 836,724	\$ 2,393,715	#DIV/0!	

Net Paid Claims - Per Participant per Month										
	PY21				PY22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 742	\$ 1,478	\$ 614	\$ 984	\$ 1,249	\$ 766	\$ 257	\$ 455	-53.8%	

Paid Claims by Claim Type – Total Participants

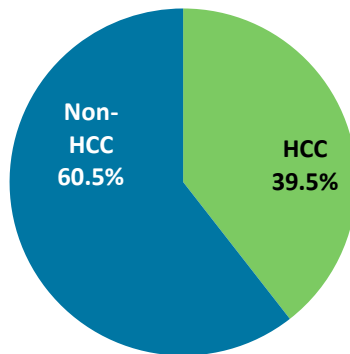
Net Paid Claims - Total										
Total Participants										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 34,186,572	\$ 7,474,487	\$ 3,928,043	\$ 45,589,102	\$ 41,279,276	\$ 9,028,330	\$ 1,994,811	\$ 52,302,418	14.7%	
Outpatient	\$ 66,307,891	\$ 16,734,922	\$ 3,461,439	\$ 86,504,253	\$ 53,290,678	\$ 13,280,966	\$ 2,187,722	\$ 68,759,366	-20.5%	
Total - Medical	\$ 100,494,463	\$ 24,209,409	\$ 7,389,483	\$ 132,093,355	\$ 94,569,955	\$ 22,309,296	\$ 4,182,533	\$ 121,061,784	-8.4%	

Net Paid Claims - Per Participant per Month										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Medical	\$ 437	\$ 872	\$ 806	\$ 495	\$ 504	\$ 733	\$ 395	\$ 530	6.9%	

Cost Distribution – Medical Claims

PY21						PY22						
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
152	0.4%	\$43,883,781	33.2%	\$1,073,302	2.8%	\$100,000.01 Plus	152	0.5%	\$47,171,219	39.0%	\$1,228,731	3.6%
213	0.5%	\$16,264,896	12.3%	\$1,244,260	3.3%	\$50,000.01-\$100,000.00	189	0.6%	\$15,301,169	12.6%	\$1,294,994	3.8%
461	1.1%	\$17,136,650	13.0%	\$2,295,167	6.1%	\$25,000.01-\$50,000.00	317	1.0%	\$12,646,070	10.4%	\$1,880,808	5.5%
1,222	2.9%	\$19,974,070	15.1%	\$5,585,381	14.8%	\$10,000.01-\$25,000.00	917	2.8%	\$16,218,322	13.4%	\$4,768,289	13.9%
1,598	3.8%	\$11,905,474	9.0%	\$5,232,865	13.9%	\$5,000.01-\$10,000.00	1,365	4.1%	\$10,747,869	8.9%	\$4,703,618	13.7%
2,237	5.3%	\$8,471,324	6.4%	\$4,901,617	13.0%	\$2,500.01-\$5,000.00	1,857	5.6%	\$7,190,135	5.9%	\$4,432,106	12.9%
25,771	60.9%	\$14,457,162	10.9%	\$15,633,034	41.5%	\$0.01-\$2,500.00	18,708	56.2%	\$11,786,999	9.7%	\$13,928,915	40.6%
3,561	8.4%	\$0	0.0%	\$1,739,036	4.6%	\$0.00	3,782	11.4%	\$0	0.0%	\$2,078,060	6.1%
7,102	16.8%	\$0	0.0%	\$0	0.0%	No Claims	6,001	18.0%	\$0	0.0%	\$0	0.0%
42,317	100.0%	\$132,093,355	100.0%	\$37,704,661	100.0%		33,287	100.0%	\$121,061,784	100.0%	\$34,315,522	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	65	\$8,679,983	18.2%
Pregnancy-related Disorders	12	\$7,501,107	15.7%
Infections	100	\$6,229,319	13.0%
Cardiac Disorders	131	\$3,765,214	7.9%
Neurological Disorders	101	\$2,450,401	5.1%
Gastrointestinal Disorders	105	\$2,356,001	4.9%
Renal/Urologic Disorders	76	\$2,354,425	4.9%
Trauma/Accidents	60	\$1,838,343	3.8%
Mental Health	57	\$1,830,423	3.8%
Endocrine/Metabolic Disorders	76	\$1,544,981	3.2%
All Other		\$9,218,424	19.3%
Overall	----	\$47,768,622	100.0%

Utilization Summary (p. 1 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

Summary	Total				State Active				Non-State Active			
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year
Inpatient Summary												
# of Admits	1,794	1,624	1,383		1,368	1,291	1,026		0	0	0	
# of Bed Days	10,484	9,984	8,716		7,803	7,887	6,405		0	0	0	
Paid Per Admit	\$25,871	\$24,652	\$29,540	19.8%	\$25,932	\$23,488	\$30,577	30.2%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,427	\$4,010	\$4,687	16.9%	\$4,546	\$3,845	\$4,898	27.4%	\$0	\$0	\$0	0.0%
Admits Per 1,000	42	38	42	10.5%	36	35	36	2.9%	0	0	0	0.0%
Days Per 1,000	243	236	262	11.0%	208	215	227	5.6%	0	0	0	0.0%
Avg LOS	5.8	6.1	6.3	3.3%	5.7	6.1	6.2	1.6%	0	0	0	0.0%
# of Admits From ER	913	861	781		639	643	521		0	0	0	
Physician Office												
OV Utilization per Member	3.9	3.9	3.9	0.0%	3.7	3.7	3.7	0.0%	10.7	3.7	3.9	5.4%
Avg Paid per OV	\$78	\$81	\$83	2.5%	\$77	\$82	\$84	2.4%	\$117	\$102	\$95	-6.9%
Avg OV Paid per Member	\$305	\$316	\$322	1.9%	\$284	\$302	\$309	2.3%	\$1,253	\$374	\$369	-1.3%
DX&L Utilization per Member	7.7	7.8	7.7	-1.3%	7.2	7.3	7.2	-1.4%	0	0	15.1	0.0%
Avg Paid per DX&L	\$58	\$56	\$57	1.8%	\$55	\$53	\$54	1.9%	\$0	\$0	\$220	0.0%
Avg DX&L Paid per Member	\$448	\$438	\$440	0.5%	\$395	\$387	\$388	0.3%	\$0	\$0	\$3,328	0.0%
Emergency Room												
# of Visits	6,106	4,867	4,872		5,099	4,146	4,054		2	2	6	
Visits Per Member	0.14	0.12	0.15	25.0%	0.14	0.11	0.14	27.3%	0.29	0.22	0.75	0.0%
Visits Per 1,000	142	115	146	27.0%	136	113	143	26.5%	293	222	750	0.0%
Avg Paid per Visit	\$2,152	\$2,088	\$1,958	-6.2%	\$2,152	\$2,119	\$1,996	-5.8%	\$1,803	\$8,337	\$1,349	0.0%
Urgent Care												
# of Visits	12,124	8,962	9,145		10,976	8,007	8,103		2	4	5	
Visits Per Member	0.28	0.21	0.27	28.6%	0.29	0.22	0.29	31.8%	0.29	0.44	0.63	0.0%
Visits Per 1,000	281	212	275	29.7%	292	218	287	31.7%	286	444	625	0.0%
Avg Paid per Visit	\$41	\$77	\$70	-9.1%	\$40	\$77	\$70	-9.1%	\$183	\$99	\$106	0.0%

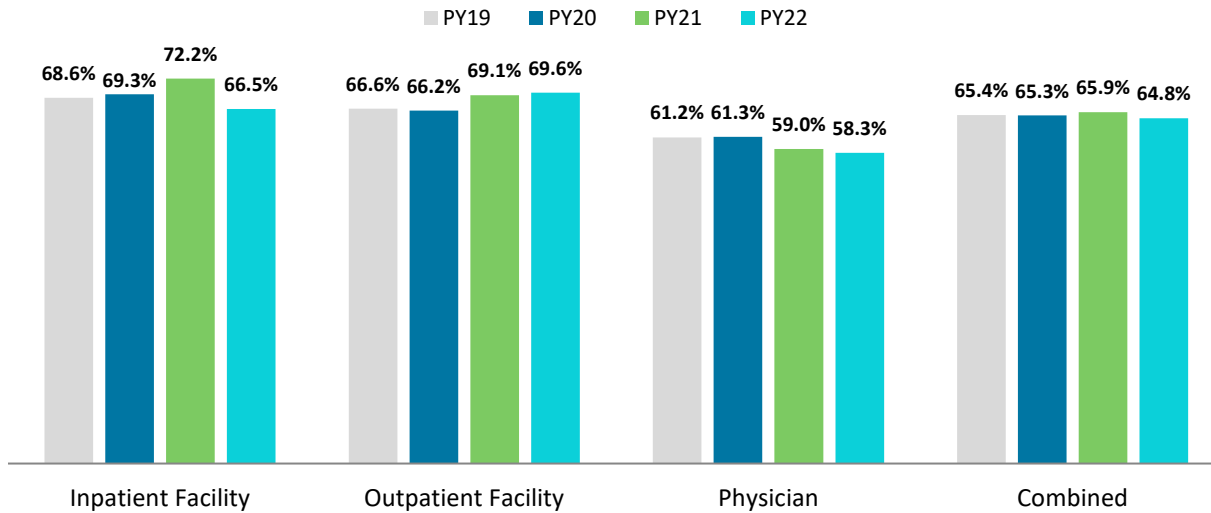
Utilization Summary (p. 2 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

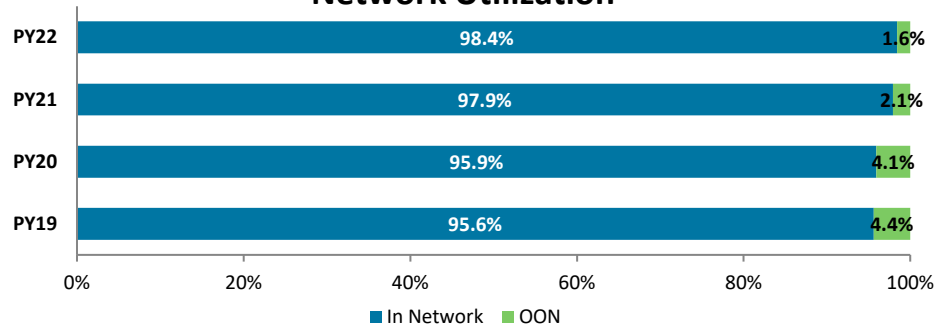
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	
Inpatient Summary									
# of Admits	320	274	306		106	59	51		
# of Bed Days	2,123	1,779	1,980		558	318	331		
Paid Per Admit	\$28,174	\$28,774	\$26,671	-7.3%	\$18,129	\$30,974	\$25,883	-16.4%	\$18,822
Paid Per Day	\$4,247	\$4,432	\$4,122	-7.0%	\$3,444	\$5,747	\$3,988	-30.6%	\$3,265
Admits Per 1,000	66	56	68	21.4%	150	96	99	3.1%	70
Days Per 1,000	438	361	441	22.2%	789	518	641	23.7%	402
Avg LOS	6.6	6.5	6.5	0.0%	5.3	5.4	6.5	20.4%	5.8
# of Admits From ER	199	178	224		75	40	36		
Physician Office									
OV Utilization per Member	5.3	5.0	5.1	2.0%	7.2	6.8	6.8	0.0%	5.4
Avg Paid per OV	\$80	\$82	\$82	0.0%	\$83	\$59	\$40	-32.2%	\$96
Avg OV Paid per Member	\$426	\$411	\$414	0.7%	\$597	\$403	\$268	-33.5%	\$515
DX&L Utilization per Member	10.9	10.6	10.3	-2.8%	13.2	12.5	10.3	-17.6%	11.0
Avg Paid per DX&L	\$76	\$73	\$72	-1.4%	\$53	\$64	\$60	-6.3%	\$50
Avg DX&L Paid per Member	\$824	\$768	\$742	-3.4%	\$694	\$803	\$620	-22.8%	\$543
Emergency Room									
# of Visits	817	627	713		188	92	99		
Visits Per Member	0.17	0.13	0.16	23.1%	0.27	0.15	0.19	26.7%	0.22
Visits Per 1,000	169	127	159	25.2%	266	150	192	28.0%	221
Avg Paid per Visit	\$2,257	\$1,874	\$1,795	-4.2%	\$1,713	\$2,001	\$1,630	-18.5%	\$968
Urgent Care									
# of Visits	990	850	955		156	101	82		
Visits Per Member	0.20	0.17	0.21	23.5%	0.22	0.16	0.16	0.0%	0.35
Visits Per 1,000	204	172	213	23.8%	221	164	159	-3.0%	352
Avg Paid per Visit	\$55	\$79	\$71	-10.1%	\$37	\$79	\$39	-50.6%	\$135

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female	Unassigned
Pregnancy-related Disorders	\$12,733,015	10.5%	\$3,176,471	\$937,097	\$8,619,446	\$7,289,635	\$4,942,732	\$500,648
Infections	\$12,553,242	10.4%	\$7,908,080	\$3,645,083	\$1,000,080	\$6,764,332	\$5,788,615	\$295
COVID-19, Confirmed	\$4,389,687	3.6%	\$3,100,005	\$1,071,094	\$218,589	\$2,243,349	\$2,146,339	\$0
Cancer	\$12,513,757	10.3%	\$10,463,881	\$1,508,166	\$541,710	\$6,218,288	\$6,295,469	\$0
Health Status/Encounters	\$9,129,347	7.5%	\$5,428,246	\$1,330,761	\$2,370,340	\$3,390,409	\$5,727,243	\$11,695
Gastrointestinal Disorders	\$8,611,694	7.1%	\$6,186,594	\$1,525,378	\$899,722	\$4,196,566	\$4,415,100	\$28
Cardiac Disorders	\$8,459,967	7.0%	\$6,792,158	\$1,571,293	\$96,516	\$5,369,998	\$3,086,499	\$3,469
Musculoskeletal Disorders	\$7,759,598	6.4%	\$5,731,890	\$1,174,322	\$853,386	\$3,194,107	\$4,541,646	\$23,844
Neurological Disorders	\$5,985,358	4.9%	\$4,157,811	\$1,092,644	\$734,904	\$1,817,770	\$4,167,038	\$550
Mental Health	\$5,937,517	4.9%	\$1,986,623	\$462,774	\$3,488,121	\$2,214,856	\$3,722,662	\$0
Trauma/Accidents	\$5,462,480	4.5%	\$3,507,261	\$585,396	\$1,369,823	\$2,762,792	\$2,699,688	\$0
Spine-related Disorders	\$4,931,109	4.1%	\$3,364,100	\$1,110,891	\$456,117	\$1,674,825	\$3,256,248	\$36
Renal/Urologic Disorders	\$4,543,708	3.8%	\$2,927,229	\$1,320,836	\$295,643	\$2,449,238	\$2,094,219	\$251
Eye/ENT Disorders	\$3,361,824	2.8%	\$2,351,156	\$398,199	\$612,468	\$1,360,703	\$2,000,600	\$521
Endocrine/Metabolic Disorders	\$2,958,614	2.4%	\$2,389,031	\$389,525	\$180,057	\$1,109,522	\$1,848,662	\$429
Pulmonary Disorders	\$2,799,025	2.3%	\$1,730,443	\$434,090	\$634,492	\$1,299,871	\$1,472,691	\$26,462
Gynecological/Breast Disorders	\$2,184,179	1.8%	\$1,520,790	\$422,851	\$240,539	\$58,508	\$2,123,430	\$2,241
Medical/Surgical Complications	\$1,479,137	1.2%	\$1,194,037	\$220,181	\$64,919	\$777,986	\$701,151	\$0
Non-malignant Neoplasm	\$1,456,490	1.2%	\$974,461	\$448,923	\$33,106	\$375,525	\$1,080,965	\$0
Dermatological Disorders	\$1,392,014	1.1%	\$875,626	\$205,317	\$311,071	\$783,610	\$608,405	\$0
Congenital/Chromosomal Anomalies	\$1,335,145	1.1%	\$149,971	\$5,046	\$1,180,128	\$849,697	\$484,911	\$537
Vascular Disorders	\$1,188,147	1.0%	\$995,372	\$182,940	\$9,835	\$648,109	\$540,038	\$0
Miscellaneous	\$1,118,927	0.9%	\$611,141	\$307,935	\$199,852	\$535,696	\$563,949	\$19,282
Diabetes	\$1,084,360	0.9%	\$693,065	\$229,329	\$161,966	\$641,335	\$443,025	\$0
Hematological Disorders	\$1,030,194	0.9%	\$917,498	\$58,806	\$53,890	\$340,303	\$689,891	\$0
Abnormal Lab/Radiology	\$601,145	0.5%	\$467,288	\$120,076	\$13,781	\$234,303	\$366,484	\$357
Medication Related Conditions	\$183,220	0.2%	\$97,612	\$41,283	\$44,325	\$77,903	\$105,317	\$0
Cholesterol Disorders	\$116,441	0.1%	\$92,749	\$21,572	\$2,120	\$55,923	\$60,519	\$0
Allergic Reaction	\$76,708	0.1%	\$54,605	\$6,142	\$15,962	\$30,128	\$46,580	\$0
Dental Conditions	\$42,916	0.0%	\$27,158	\$1,578	\$14,180	\$16,762	\$26,154	\$0
External Hazard Exposure	\$32,503	0.0%	\$10,521	\$13,836	\$8,146	\$18,950	\$13,553	\$0
Total	\$121,061,784	100.0%	\$76,782,867	\$19,772,270	\$24,506,647	\$56,557,652	\$63,913,485	\$590,647

Mental Health Drilldown

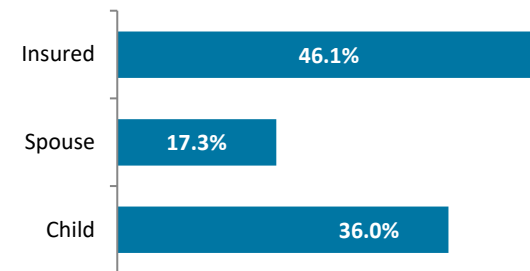
Grouper	PY19		PY20		PY21		PY22	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,438	\$960,442	1,578	\$1,202,510	1,622	\$1,042,887	1,283	\$1,216,572
Developmental Disorders	132	\$376,873	155	\$796,920	190	\$1,169,559	152	\$869,967
Alcohol Abuse/Dependence	127	\$888,930	134	\$689,963	129	\$999,750	105	\$844,866
Eating Disorders	46	\$77,221	49	\$159,855	50	\$598,404	55	\$624,485
Mental Health Conditions, Other	1,243	\$504,177	1,341	\$786,711	1,278	\$792,762	1,079	\$496,561
Substance Abuse/Dependence	115	\$1,226,970	131	\$1,029,390	138	\$370,274	92	\$482,356
Mood and Anxiety Disorders	1,646	\$366,935	1,860	\$484,244	1,957	\$609,469	1,619	\$480,089
Bipolar Disorder	343	\$314,670	349	\$379,745	319	\$507,979	248	\$297,995
Complications of Substance Abuse	85	\$578,454	94	\$713,276	74	\$456,459	59	\$288,895
Schizophrenia	26	\$49,918	30	\$46,596	26	\$136,199	29	\$103,628
Psychoses	47	\$102,096	59	\$71,859	52	\$115,493	41	\$85,700
Attention Deficit Disorder	428	\$49,357	460	\$60,539	493	\$68,592	409	\$60,653
Sleep Disorders	529	\$48,331	568	\$45,329	549	\$70,710	410	\$51,845
Personality Disorders	18	\$13,066	24	\$18,327	26	\$17,095	24	\$14,470
Sexually Related Disorders	53	\$27,530	60	\$20,133	67	\$164,428	51	\$13,115
Tobacco Use Disorder	172	\$13,424	161	\$6,997	124	\$8,023	120	\$6,321
Total		\$5,598,394		\$6,512,394		\$7,128,082		\$5,937,517

Diagnosis Grouper – Pregnancy-related Disorders

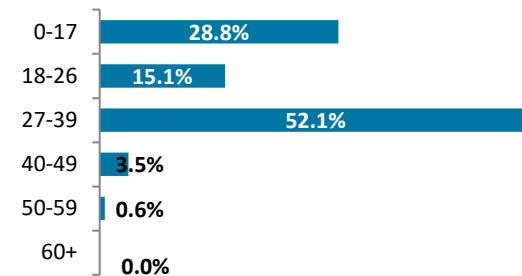
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	147	593	\$2,944,874	23.1%
Liveborn Infants	239	423	\$2,856,755	22.4%
Prematurity and Low Birth Weight	12	36	\$2,569,424	20.2%
Labor and Delivery Related	321	833	\$1,995,915	15.7%
Pregnancy Complications	438	1,760	\$1,732,496	13.6%
Supervision of Pregnancy	524	2,343	\$329,074	2.6%
Fetal Distress	13	53	\$142,811	1.1%
Multiple Gestation Related	10	99	\$87,041	0.7%
Abortion Related	49	126	\$40,000	0.3%
Cesarean Delivery	23	24	\$20,109	0.2%
Ectopic Pregnancy	6	19	\$14,194	0.1%
Birth Injury	2	6	\$323	0.0%
Overall	----	----	\$12,733,015	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

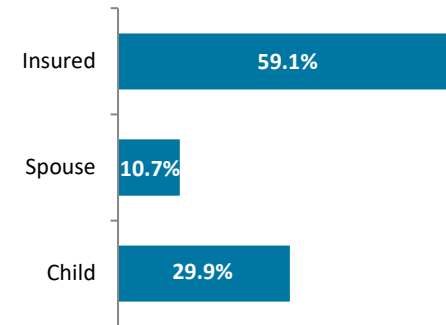


Diagnosis Grouper – Infections

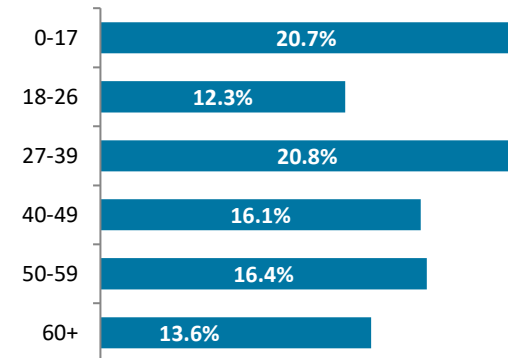
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Infectious Diseases	9,092	20,407	\$6,070,093	48.4%
Septicemia	156	449	\$5,912,718	47.1%
Osteomyelitis	27	453	\$384,671	3.1%
Central Nervous System Infection	3	70	\$93,774	0.7%
Influenza	149	166	\$39,140	0.3%
Clostridium Difficile	6	8	\$27,015	0.2%
HIV	41	183	\$18,425	0.1%
Hepatitis B	21	71	\$6,511	0.1%
Hepatitis C	9	18	\$574	0.0%
Tuberculosis	5	8	\$320	0.0%
Overall	----	----	\$12,553,242	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

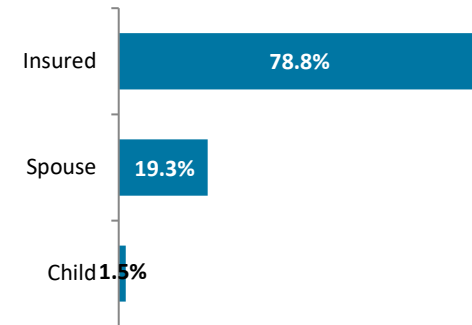


Diagnosis Grouper – Cancer

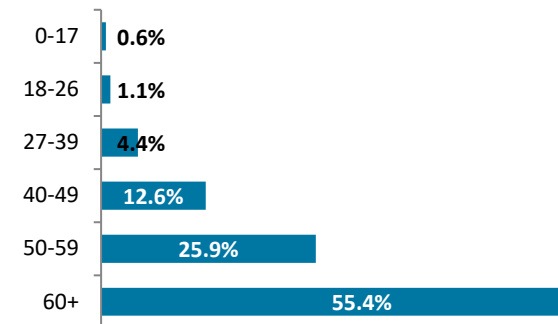
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	124	809	\$4,297,039	34.3%
Cancers, Other	466	2,132	\$2,250,991	18.0%
Breast Cancer	233	2,007	\$1,289,625	10.3%
Leukemias	35	724	\$657,675	5.3%
Secondary Cancers	86	438	\$645,985	5.2%
Prostate Cancer	125	736	\$453,716	3.6%
Cervical/Uterine Cancer	59	389	\$441,741	3.5%
Brain Cancer	15	214	\$436,643	3.5%
Lung Cancer	28	258	\$343,558	2.7%
Lymphomas	47	415	\$325,135	2.6%
Colon Cancer	50	432	\$313,345	2.5%
Melanoma	66	254	\$279,950	2.2%
Thyroid Cancer	79	400	\$222,662	1.8%
Ovarian Cancer	27	206	\$186,267	1.5%
Pancreatic Cancer	10	90	\$124,432	1.0%
Myeloma	9	170	\$86,403	0.7%
Carcinoma in Situ	116	228	\$77,396	0.6%
Kidney Cancer	21	84	\$43,046	0.3%
Bladder Cancer	24	193	\$38,147	0.3%
Overall	---	---	\$12,513,757	100.0%

*Patient and claim counts are unique only within the category

Relationship



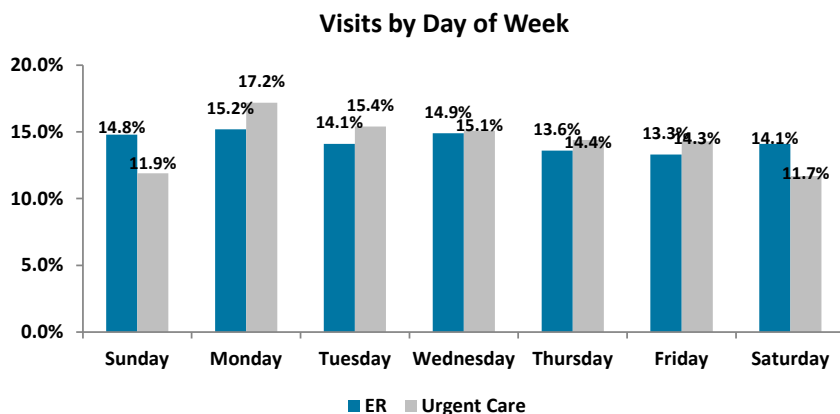
Age Range



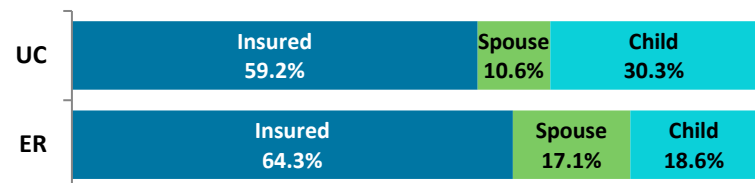
Emergency Room / Urgent Care Summary

ER/Urgent Care	PY21		PY22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	4,867	8,962	4,872	9,145		
Visits Per Member	0.12	0.21	0.15	0.27	0.22	0.35
Visits/1000 Members	115	212	146	275	221	352
Avg Paid Per Visit	\$2,088	\$77	\$1,958	\$70	\$968	\$135
% with OV*	83.4%	79.9%	85.0%	80.7%		
% Avoidable	10.3%	24.7%	11.4%	31.9%		
Total Member Paid	\$4,910,210	\$924,735	\$4,782,423	\$1,002,292		
Total Plan Paid	\$10,161,696	\$687,836	\$9,539,584	\$638,814		

*looks back 12 months



% of Paid



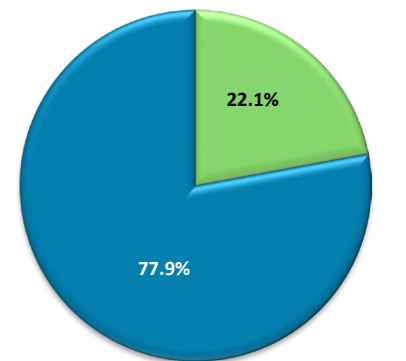
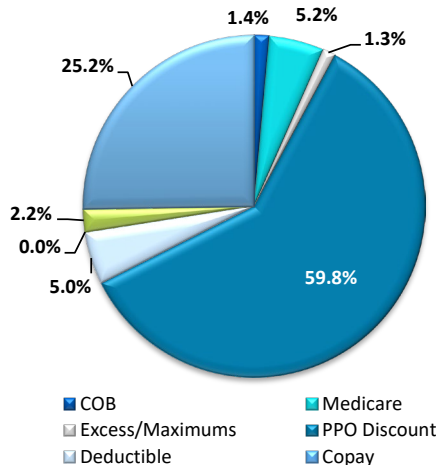
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,882	151	5,465	4,380	8,347	438
Spouse	688	167	926	863	1,614	392
Child	1,302	129	2,754	1,655	4,056	401
Total	4,872	146	9,145	275	14,017	421

Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$478,518,195	\$2,093	100.0%
COB	\$6,728,087	\$29	1.4%
Medicare	\$24,736,286	\$108	5.2%
Excess/Maximums	\$6,012,028	\$26	1.3%
PPO Discount	\$286,718,248	\$1,254	59.9%
Deductible	\$23,815,517	\$104	5.0%
Copay	\$131,134	\$1	0.0%
Coinsurance	\$10,368,871	\$45	2.2%
Total Participant Paid	\$34,315,522	\$150	7.2%
Total Plan Paid	\$121,061,784	\$530	25.3%

Total Participant Paid - PY21	\$135
Total Plan Paid - PY21	\$472



Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
Age Range	PY20		PY21		PY22		% Change	
	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 12,587	\$ 2	\$ 10,773	\$ 2	\$ 10,558	\$ 2	-2.0%	7.8%
1	\$ 43,114	\$ 6	\$ 51,343	\$ 8	\$ 52,807	\$ 9	2.9%	13.8%
2 - 4	\$ 368,411	\$ 17	\$ 392,172	\$ 18	\$ 419,042	\$ 21	6.9%	14.4%
5 - 9	\$ 1,172,971	\$ 28	\$ 1,266,649	\$ 32	\$ 1,270,301	\$ 33	0.3%	4.5%
10 - 14	\$ 1,150,189	\$ 24	\$ 1,303,875	\$ 28	\$ 1,315,958	\$ 29	0.9%	4.0%
15 - 19	\$ 1,396,753	\$ 28	\$ 1,558,916	\$ 31	\$ 1,469,828	\$ 29	-5.7%	-5.7%
20 - 24	\$ 945,369	\$ 17	\$ 994,512	\$ 18	\$ 946,297	\$ 18	-4.8%	-2.2%
25 - 29	\$ 921,117	\$ 22	\$ 943,068	\$ 23	\$ 880,412	\$ 23	-6.6%	-1.1%
30 - 34	\$ 1,072,181	\$ 23	\$ 1,240,433	\$ 26	\$ 1,157,490	\$ 26	-6.7%	-1.2%
35 - 39	\$ 1,243,787	\$ 24	\$ 1,411,095	\$ 27	\$ 1,406,025	\$ 28	-0.4%	2.6%
40 - 44	\$ 1,292,574	\$ 26	\$ 1,413,716	\$ 28	\$ 1,428,908	\$ 28	1.1%	0.5%
45 - 49	\$ 1,478,697	\$ 27	\$ 1,513,069	\$ 29	\$ 1,476,709	\$ 29	-2.4%	1.8%
50 - 54	\$ 1,652,154	\$ 29	\$ 1,762,122	\$ 31	\$ 1,789,800	\$ 31	1.6%	1.8%
55 - 59	\$ 1,991,457	\$ 32	\$ 2,050,892	\$ 34	\$ 2,064,661	\$ 35	0.7%	3.1%
60 - 64	\$ 2,450,819	\$ 35	\$ 2,536,102	\$ 37	\$ 2,604,193	\$ 40	2.7%	6.1%
65+	\$ 5,869,624	\$ 37	\$ 6,422,543	\$ 39	\$ 6,781,407	\$ 42	5.6%	5.2%
Total	\$ 23,061,804	\$ 28	\$ 24,871,282	\$ 30	\$ 25,074,396	\$ 31	0.8%	3.2%

Dental Paid Claims – State Participants

Dental Paid Claims - Total										
State Participants										
	PY21				PY22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 17,004,298	\$ 1,977,025	\$ 520,098	\$ 19,501,421	\$ 16,670,025	\$ 2,198,589	\$ 518,166	\$ 19,386,781	-0.6%	
Dental Exchange	\$ -	\$ -	\$ 3,131,443	\$ 3,131,443	\$ -	\$ -	\$ 3,432,124	\$ 3,432,124	9.6%	
Total	\$ 17,004,298	\$ 1,977,025	\$ 3,651,542	\$ 22,632,865	\$ 16,670,025	\$ 2,198,589	\$ 3,950,290	\$ 22,818,904	9.0%	

Dental Paid Claims - Per Participant per Month										
	PY21				PY22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 53	\$ 49	\$ 55	\$ 52	\$ 53	\$ 53	\$ 57	\$ 53	1.6%	
Dental Exchange	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ -	\$ 50	\$ 50	6.3%	

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total

Non-State Participants

	PY21				PY22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 5,294	\$ 205,023	\$ 223,935	\$ 434,252	\$ 7,960	\$ 150,663	\$ 229,869	\$ 388,493	-10.5%
Dental Exchange	\$ -	\$ -	\$ 1,804,165	\$ 1,804,165	\$ -	\$ -	\$ 1,866,999	\$ 1,866,999	3.5%
Total	\$ 5,294	\$ 205,023	\$ 2,028,100	\$ 2,238,417	\$ 7,960	\$ 150,663	\$ 2,096,869	\$ 2,255,492	0.8%

Dental Paid Claims - Per Participant per Month

	PY21				PY22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 55	\$ 42	\$ 43	\$ 42	\$ 100	\$ 45	\$ 44	\$ 45	6.2%
Dental Exchange	\$ -	\$ -	\$ 43	\$ 43	\$ -	\$ -	\$ 45	\$ 45	5.2%

Dental Paid Claims – Total Participants

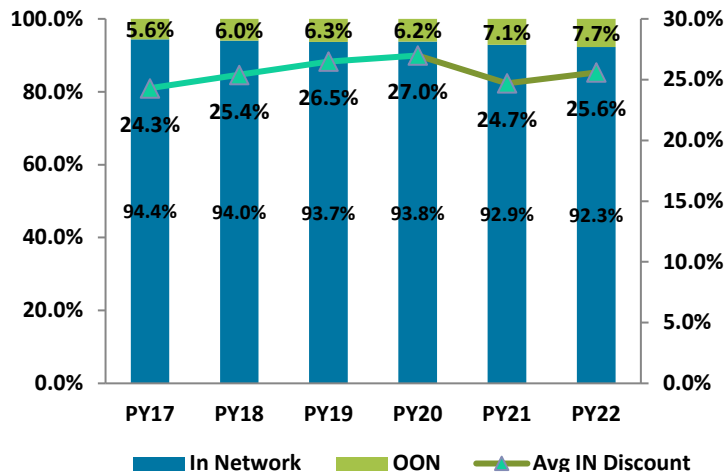
Dental Paid Claims - Total										
Total Participants										
	PY21				PY22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 17,009,592	\$ 2,182,048	\$ 744,033	\$ 19,935,673	\$ 16,677,986	\$ 2,349,252	\$ 748,036	\$ 19,775,274	-0.8%	
Dental Exchange	\$ -	\$ -	\$ 4,935,609	\$ 4,935,609	\$ -	\$ -	\$ 5,299,123	\$ 5,299,123	7.4%	
Total	\$ 17,009,592	\$ 2,182,048	\$ 5,679,642	\$ 24,871,281	\$ 16,677,986	\$ 2,349,252	\$ 6,047,159	\$ 25,074,397	0.8%	

Dental Paid Claims - Per Participant per Month										
	PY21				PY22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Dental	\$ 53	\$ 49	\$ 51	\$ 52	\$ 53	\$ 52	\$ 52	\$ 53	1.7%	
Dental Exchange	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 48	\$ 48	6.0%	

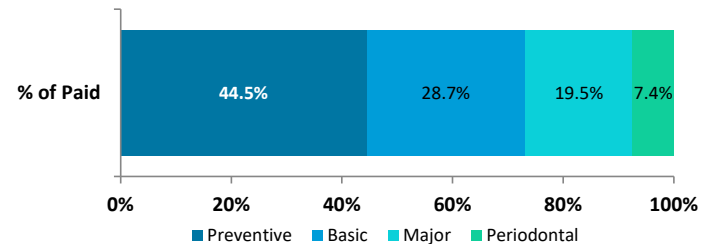
Dental Claims Analysis

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	7,245	10.9%	36,394	27.7%	\$11,200,015	44.7%	\$6,948,863	61.0%
\$750.01-\$1,000.00	2,880	4.3%	11,468	8.7%	\$2,580,022	10.3%	\$1,258,509	11.0%
\$500.01-\$750.00	5,414	8.1%	19,675	15.0%	\$3,388,304	13.5%	\$1,214,818	10.7%
\$250.01-\$500.00	15,855	23.8%	43,676	33.3%	\$5,800,551	23.1%	\$1,248,173	11.0%
\$0.01-\$250.00	11,833	17.8%	19,554	14.9%	\$105,505	8.4%	\$698,170	6.1%
\$0.00	391	0.6%	478	0.4%	\$0	0.0%	\$29,336	0.3%
No Claims	22,937	34.5%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	66,555	100.0%	131,245	100.0%	\$25,074,397	100.0%	\$11,397,870	100.0%

Network Performance



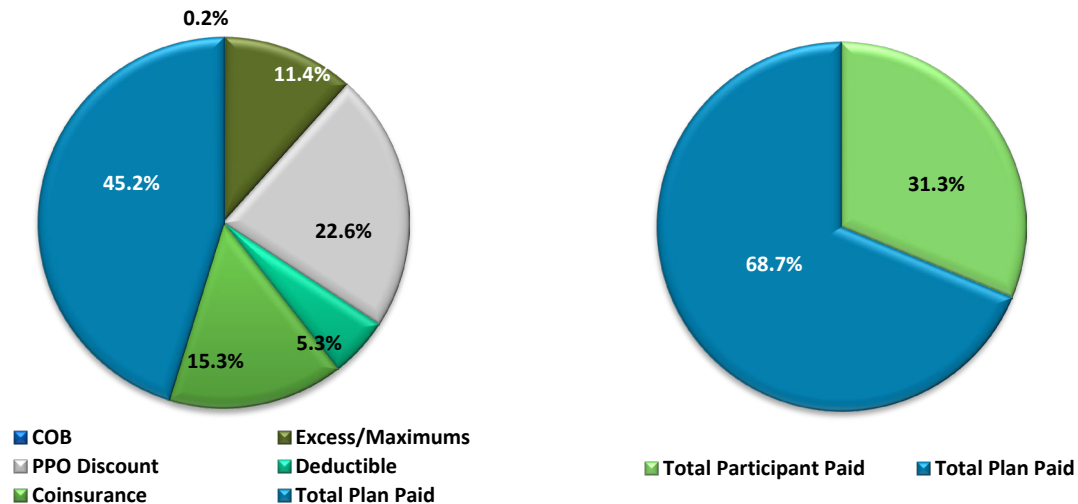
Claim Category	Total Paid	% of Paid
Preventive	\$11,150,075	44.5%
Basic	\$7,192,074	28.7%
Major	\$4,877,601	19.5%
Periodontal	\$1,854,646	7.4%
Total	\$25,074,397	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$55,263,175	\$114	100.0%
COB	\$95,780	\$0	0.2%
Excess/Maximums	\$6,344,579	\$13	11.5%
PPO Discount	\$12,501,966	\$26	22.6%
Deductible	\$2,916,147	\$6	5.3%
Coinsurance	\$8,481,723	\$18	15.3%
Total Participant Paid	\$11,397,870	\$24	20.6%
Total Plan Paid	\$25,074,397	\$52	45.4%

Total Participant Paid - PY21	\$23
Total Plan Paid - PY21	\$51



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	1,104	1,071	33	96.2%
	<2 asthma related ER Visits in the last 6 months	1,104	1,102	2	99.8%
	No asthma related admit in last 12 months	1,104	1,104	0	100.0%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	222	214	8	96.4%
	Members with COPD who had an annual spirometry test	222	34	188	15.3%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	9	9	0	100.0%
	No ER Visit for Heart Failure in last 90 days	223	218	5	97.8%
	Follow-up OV within 4 weeks of discharge from HF admission	9	8	1	88.9%
Diabetes	Annual office visit	1,697	1,608	89	94.8%
	Annual dilated eye exam	1,697	684	1,013	40.3%
	Annual foot exam	1,697	689	1,008	40.6%
	Annual HbA1c test done	1,697	1,353	344	79.7%
	Diabetes Annual lipid profile	1,697	1,257	440	74.1%
	Annual microalbumin urine screen	1,697	1,128	569	66.5%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	4,264	3,316	948	77.8%
Hypertension	Annual lipid profile	4,559	3,013	1,546	66.1%
	Annual serum creatinine test	4,503	3,500	1,003	77.7%
Wellness	Well Child Visit - 15 months	237	227	10	95.8%
	Routine office visit in last 6 months	32,156	18,267	13,889	56.8%
	Age 45 to 75 years with colorectal cancer screening	12,787	3,141	9,646	24.6%
	Women age 25-65 with recommended cervical cancer screening	10,145	7,001	3,144	69.0%
	Males age greater than 49 with PSA test in last 24 months	4,971	2,358	2,613	47.4%
	Routine exam in last 24 months	32,155	26,632	5,523	82.8%
	Women age 40 to 75 with a screening mammogram last 24 months	8,292	4,731	3,561	57.1%

All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

Chronic Conditions Prevalence

A member is identified as having a chronic condition if any one of the following three conditions is met within a 24-month service date period:

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	208	0.65%	6.25	\$31,064
Asthma	1,242	3.86%	37.31	\$21,094
Atrial Fibrillation	339	1.05%	10.18	\$32,518
Blood Disorders	1,764	5.48%	52.99	\$37,035
CAD	642	2.00%	19.29	\$28,120
COPD	220	0.68%	6.61	\$32,010
Cancer	1,193	3.71%	35.84	\$28,071
Chronic Pain	655	2.04%	19.68	\$31,165
Congestive Heart Failure	222	0.69%	6.67	\$64,442
Demyelinating Diseases	75	0.23%	2.25	\$73,118
Depression	1,889	5.87%	56.75	\$22,676
Diabetes	1,870	5.81%	56.18	\$22,590
ESRD	51	0.16%	1.53	\$150,384
Eating Disorders	99	0.31%	2.97	\$74,852
HIV/AIDS	41	0.13%	1.23	\$54,919
Hyperlipidemia	4,520	14.05%	135.79	\$13,018
Hypertension	4,594	14.28%	138.01	\$16,024
Immune Disorders	87	0.27%	2.61	\$88,490
Inflammatory Bowel Disease	104	0.32%	3.12	\$62,155
Liver Diseases	579	1.80%	17.39	\$28,892
Morbid Obesity	779	2.42%	23.40	\$25,446
Osteoarthritis	1,106	3.44%	33.23	\$20,497
Peripheral Vascular Disease	153	0.48%	4.60	\$26,722
Rheumatoid Arthritis	148	0.46%	4.45	\$36,625

*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

Public Employees' Benefits Program - RX Costs
PY 2022 - Quarter Ending June 30, 2022

Express Scripts

4Q FY2022 CDHP		4Q FY2021 CDHP	Difference	% Change
Membership Summary				
Member Count (Membership)	33,195	42,243	(9,048)	-21.4%
Utilizing Member Count (Patients)	26,324	30,203	(3,879)	-12.8%
Percent Utilizing (Utilization)	79.3%	71.5%	0.08	10.9%
Claim Summary				
Net Claims (Total Rx's)	436,677	526,908	(90,231)	-17.1%
Claims per Elig Member per Month (Claims PMPM)	1.10	1.04	0.06	5.8%
Total Claims for Generic (Generic Rx)	373,579	452,874	(79,295.00)	-17.5%
Total Claims for Brand (Brand Rx)	63,098	74,034	(10,936.00)	-14.8%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	2,508	7,704	(5,196.00)	-67.4%
Total Non-Specialty Claims	430,924	520,293	(89,369.00)	-17.2%
Total Specialty Claims	5,753	6,615	(862.00)	-13.0%
Generic % of Total Claims (GFR)	85.6%	85.9%	(0.00)	-0.5%
Generic Effective Rate (GCR)	99.3%	98.3%	0.01	1.0%
Mail Order Claims	107,822	118,635	(10,813.00)	-9.1%
Mail Penetration Rate*	28.6%	25.5%	0.03	3.1%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$47,215,556	\$53,947,238	(\$6,731,682.00)	-12.5%
Total Generic Gross Cost	\$6,238,057	\$8,717,855	(\$2,479,798.00)	-28.4%
Total Brand Gross Cost	\$40,977,499	\$45,229,382	(\$4,251,883.00)	-9.4%
Total MSB Gross Cost	\$1,091,780	\$2,112,300	(\$1,020,520.00)	-48.3%
Total Ingredient Cost	\$46,358,198	\$53,305,122	(\$6,946,924.00)	-13.0%
Total Dispensing Fee	\$832,495	\$616,835	\$215,660.00	35.0%
Total Other (e.g. tax)	\$24,864	\$25,280	(\$416.00)	-1.6%
Avg Total Cost per Claim (Gross Cost/Rx)	\$108.12	\$102.38	\$5.74	5.6%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$16.70	\$19.26	(\$2.56)	-13.3%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$649.43	\$610.93	\$38.50	6.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$435.32	\$274.18	\$161.14	58.8%
Member Cost Summary				
Total Member Cost	\$11,553,038	\$13,056,418	(\$1,503,380.00)	-11.5%
Total Copay	\$9,106,595	\$9,723,070	(\$616,475.00)	-6.3%
Total Deductible	\$2,446,444	\$3,333,348	(\$886,904.00)	-26.6%
Avg Copay per Claim (Copay/Rx)	\$20.85	\$18.45	\$2.40	13.0%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$26.46	\$24.78	\$1.68	6.8%
Avg Copay for Generic (Copay/Generic Rx)	\$7.98	\$8.47	(\$0.49)	-5.8%
Avg Copay for Brand (Copay/Brand Rx)	\$135.83	\$124.54	\$11.29	9.1%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$105.36	\$70.91	\$34.45	48.6%
Net PMPM (Participant Cost PMPM)	\$29.00	\$25.76	\$3.25	12.6%
Copay % of Total Prescription Cost (Member Cost Share %)	24.5%	24.2%	0.3%	1.1%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$35,662,517	\$40,890,820	(\$5,228,303.00)	-12.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$13,120,805	\$15,910,692	(\$2,789,887.00)	-17.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$22,541,712	\$24,980,127	(\$2,438,415.00)	-9.8%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$81.67	\$77.61	\$4.06	5.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$8.72	\$10.78	(\$2.06)	-19.1%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$513.59	\$486.39	\$27.20	5.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$329.97	\$203.27	\$126.70	62.3%
Net PMPM (Plan Cost PMPM)	\$89.53	\$80.67	\$8.86	11.0%
PMPM for Specialty Only (Specialty PMPM)	\$56.59	\$49.28	\$7.31	14.8%
PMPM without Specialty (Non-Specialty PMPM)	\$32.94	\$31.39	\$4.02	17.3%
Specialty % of Plan Cost	63.2%	61.10%	\$0.02	3.4%
Rebates Received (Q1-Q4 FY2022 actual)	\$9,735,995	\$9,438,730	\$297,264.96	3.1%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$65.09	\$62.05	\$3.04	4.9%
PMPM for Specialty Only (Specialty PMPM)	\$48.61	\$41.83	\$6.78	16.2%
PMPM without Specialty (Non-Specialty PMPM)	\$19.20	\$18.28	\$0.92	5.0%

Appendix B

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July 2021 – June 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY22 was \$29,786,564 with a plan cost per employee per year (PEPY) of \$7,020.
 - IP Cost per Admit is \$34,334.
 - ER Cost per Visit is \$2,378.
- Employees shared in 15.7% of the medical cost.
- Inpatient facility costs were 30.3% of the plan spend.
- 82.7% of the Average Membership had paid Medical claims less than \$2,500, with 18.4% of those having no claims paid at all during the reporting period.
- 44 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 34.2% of the plan spend. The highest diagnosis category was Cancer, accounting for 23.5% of the high-cost claimant dollars.
- Total spending with in-network providers was 98.7%. The average In Network discount was 62.8%.

Paid Claims by Age Group

Paid Claims by Age Group						
PY22						
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM
<1	\$ 2,626,168	\$ 2,605	\$ 2,239	\$ 2	\$ 2,628,407	\$ 2,608
1	\$ 182,708	\$ 155	\$ 4,588	\$ 4	\$ 187,296	\$ 159
2 - 4	\$ 376,272	\$ 94	\$ 35,053	\$ 9	\$ 411,325	\$ 102
5 - 9	\$ 466,822	\$ 66	\$ 91,184	\$ 13	\$ 558,006	\$ 79
10 - 14	\$ 821,187	\$ 101	\$ 130,109	\$ 16	\$ 951,296	\$ 117
15 - 19	\$ 1,161,721	\$ 138	\$ 238,552	\$ 28	\$ 1,400,273	\$ 167
20 - 24	\$ 1,134,163	\$ 135	\$ 179,677	\$ 21	\$ 1,313,840	\$ 156
25 - 29	\$ 1,212,154	\$ 190	\$ 268,118	\$ 42	\$ 1,480,272	\$ 232
30 - 34	\$ 1,692,680	\$ 223	\$ 462,622	\$ 61	\$ 2,155,302	\$ 284
35 - 39	\$ 2,896,229	\$ 326	\$ 454,526	\$ 51	\$ 3,350,755	\$ 377
40 - 44	\$ 2,933,647	\$ 336	\$ 647,615	\$ 74	\$ 3,581,262	\$ 411
45 - 49	\$ 2,409,689	\$ 312	\$ 498,904	\$ 65	\$ 2,908,593	\$ 376
50 - 54	\$ 2,274,847	\$ 269	\$ 815,851	\$ 96	\$ 3,090,698	\$ 365
55 - 59	\$ 3,757,782	\$ 474	\$ 747,975	\$ 94	\$ 4,505,757	\$ 568
60 - 64	\$ 3,743,991	\$ 562	\$ 1,323,895	\$ 199	\$ 5,067,886	\$ 761
65+	\$ 2,096,504	\$ 828	\$ 377,031	\$ 149	\$ 2,473,535	\$ 977
Total	\$ 29,786,564	\$ 289	\$ 6,277,939	\$ 61	\$ 36,064,503	\$ 350

Financial Summary

	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	PY22	PY22	PY22	PY22	PY22	HSB Peer Index
Enrollment						
Avg # Employees	4,243	3,840	1	382	20	
Avg # Members	8,598	7,916	2	650	30	
Ratio	2.0	2.1	2.0	1.7	1.5	1.6
Financial Summary						
Gross Cost	\$35,351,116	\$30,739,217	\$36,934	\$4,307,527	\$267,437	
Client Paid	\$29,786,564	\$25,809,414	\$31,996	\$3,726,092	\$219,062	
Employee Paid	\$5,564,551	\$4,929,803	\$4,938	\$581,435	\$48,375	
Client Paid-PEPY	\$7,020	\$6,722	\$31,996	\$9,750	\$10,818	\$6,642
Client Paid-PMPY	\$3,464	\$3,260	\$15,998	\$5,730	\$7,242	\$4,116
Client Paid-PEPM	\$585	\$560	\$2,666	\$812	\$901	\$553
Client Paid-PMPM	\$289	\$272	\$1,333	\$477	\$603	\$343
High Cost Claimants (HCC's) > \$100k						
# of HCC's	44	36	0	8	1	
HCC's / 1,000	5.1	4.6	0.0	12.3	33.1	
Avg HCC Paid	\$231,814	\$238,573	\$0	\$187,543	\$110,866	
HCC's % of Plan Paid	34.2%	33.3%	0.0%	40.3%	50.6%	
Cost Distribution by Claim Type (PMPY)						
Facility Inpatient	\$1,051	\$1,032	\$424	\$1,303	\$717	\$1,190
Facility Outpatient	\$931	\$835	\$5,152	\$1,961	\$3,547	\$1,376
Physician	\$1,436	\$1,350	\$9,103	\$2,388	\$2,934	\$1,466
Other	\$46	\$43	\$1,319	\$77	\$43	\$84
Total	\$3,464	\$3,260	\$15,998	\$5,730	\$7,242	\$4,116

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total				
State Participants				
	PY22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$ 9,392,633	\$ 939,368	\$ 2,950	\$ 10,334,950
Outpatient	\$ 16,416,782	\$ 2,734,116	\$ 49,658	\$ 19,200,557
Total - Medical	\$ 25,809,414	\$ 3,673,484	\$ 52,608	\$ 29,535,507

Net Paid Claims - Per Participant per Month				
	PY22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 560	\$ 858	\$ 171	\$ 583

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total				
Non-State Participants				
	PY22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$ 1,051	\$ 19,252	\$ 5,276	\$ 25,579
Outpatient	\$ 30,944	\$ 150,716	\$ 43,819	\$ 225,479
Total - Medical	\$ 31,996	\$ 169,967	\$ 49,095	\$ 251,058

Net Paid Claims - Per Participant per Month				
	PY22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 3,200	\$ 1,307	\$ 434	\$ 992

Paid Claims by Claim Type – Total Participants

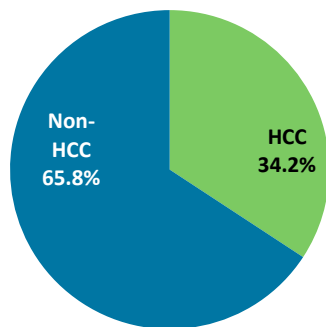
Net Paid Claims - Total				
Total Participants				
	PY22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical				
Inpatient	\$ 9,393,684	\$ 958,619	\$ 8,225	\$ 10,360,529
Outpatient	\$ 16,447,726	\$ 2,884,832	\$ 93,477	\$ 19,426,036
Total - Medical	\$ 25,841,410	\$ 3,843,452	\$ 101,703	\$ 29,786,564

Net Paid Claims - Per Participant per Month				
	PY22			
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total
Medical	\$ 561	\$ 872	\$ 242	\$ 585

Cost Distribution – Medical Claims

PY22						
Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
\$100,000.01 Plus	35	0.4%	\$9,900,922	33.2%	\$191,030	3.4%
\$50,000.01-\$100,000.00	40	0.5%	\$2,906,551	9.8%	\$215,648	3.9%
\$25,000.01-\$50,000.00	89	1.0%	\$3,231,345	10.8%	\$370,877	6.7%
\$10,000.01-\$25,000.00	264	3.1%	\$4,203,521	14.1%	\$888,235	16.0%
\$5,000.01-\$10,000.00	403	4.7%	\$3,041,278	10.2%	\$846,744	15.2%
\$2,500.01-\$5,000.00	657	7.6%	\$2,468,014	8.3%	\$946,264	17.0%
\$0.01-\$2,500.00	5,441	63.3%	\$4,034,934	13.5%	\$2,087,660	37.5%
\$0.00	84	1.0%	\$0	0.0%	\$18,092	0.3%
No Claims	1,586	18.4%	\$0	0.0%	\$0	0.0%
	8,598	100.0%	\$29,786,564	100.0%	\$5,564,551	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	17	\$2,393,710	23.5%
Congenital/Chromosomal Anomalies	4	\$1,115,421	10.9%
Pregnancy-related Disorders	2	\$849,936	8.3%
Neurological Disorders	23	\$835,350	8.2%
Vascular Disorders	10	\$708,174	6.9%
Cardiac Disorders	27	\$574,977	5.6%
Non-malignant Neoplasm	8	\$482,380	4.7%
Endocrine/Metabolic Disorders	13	\$448,167	4.4%
Mental Health	12	\$409,622	4.0%
Pulmonary Disorders	23	\$386,664	3.8%
All Other		\$1,995,430	19.6%
Overall	----	\$10,199,832	100.0%

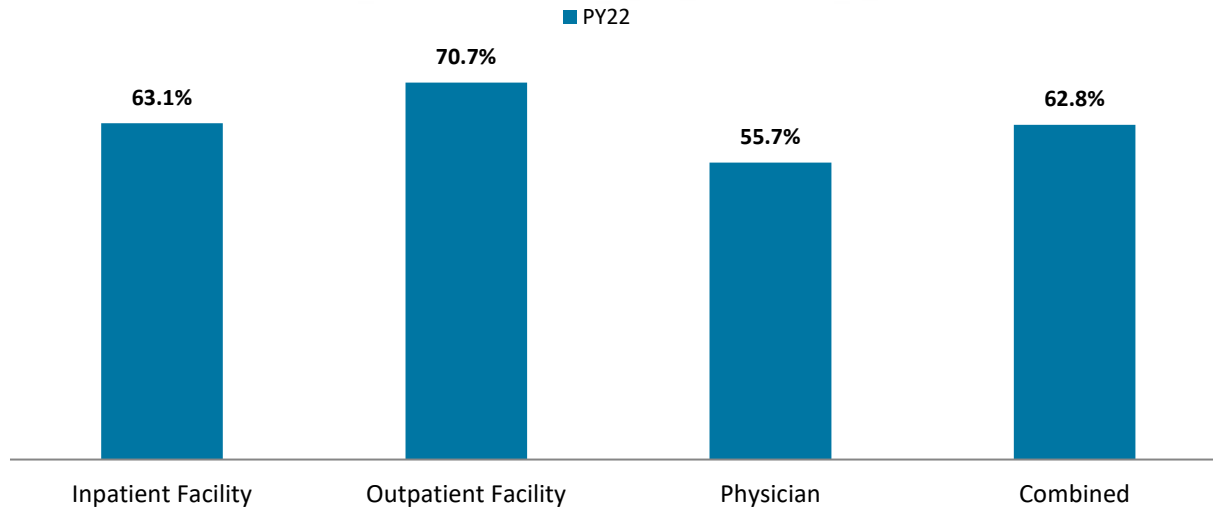
Utilization Summary

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

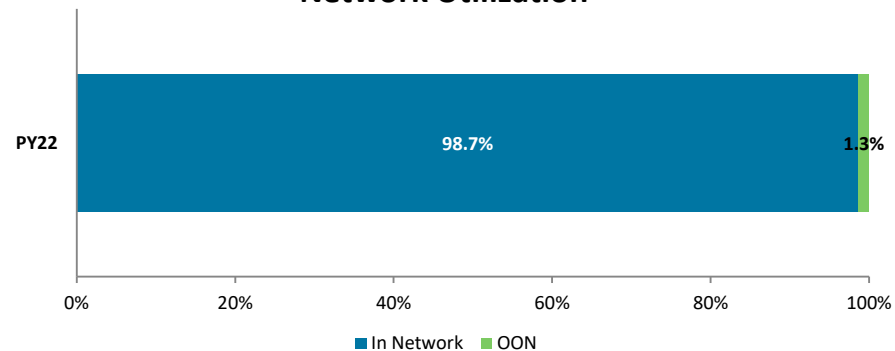
	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	PY22	PY22	PY22	PY22	PY22	HSB Peer Index
Inpatient Facility						
# of Admits	295	254	1	33	7	
# of Bed Days	1,540	1,404	1	114	21	
Paid Per Admit	\$34,334	\$35,490	\$2,303	\$32,885	\$3,777	\$18,822
Paid Per Day	\$6,577	\$6,421	\$2,303	\$9,519	\$1,259	\$3,265
Admits Per 1,000	34	32	500	51	231	70
Days Per 1,000	179	177	500	175	694	402
Avg LOS	5.2	5.5	1	3.5	3.0	5.8
# Admits From ER	152	126	0	22	4	
Physician Office						
OV Utilization per Member	4.4	4.3	12.0	5.8	7.1	5.4
Avg Paid per OV	\$125	\$120	\$315	\$171	\$100	\$96
Avg OV Paid per Member	\$547	\$509	\$3,777	\$991	\$708	\$515
DX&L Utilization per Member	7.5	7.2	25.5	11.3	12.1	11.0
Avg Paid per DX&L	\$51	\$48	\$99	\$66	\$80	\$50
Avg DX&L Paid per Member	\$379	\$346	\$2,513	\$746	\$968	\$543
Emergency Room						
# of Visits	1,045	974	1	69	1	
Visits Per Member	0.12	0.12	0.5	0.11	0.03	0.22
Visits Per 1,000	122	123	500	106	33	221
Avg Paid per Visit	\$2,378	\$2,357	\$5,209	\$2,640	\$1,827	\$968
Urgent Care						
# of Visits	2,487	2,343	0	142	2	
Visits Per Member	0.29	0.30	0.00	0.22	0.07	0.35
Visits Per 1,000	289	296	0	218	66	352
Avg Paid per Visit	\$120	\$119	\$0	\$141	\$70	\$135

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female	Unassigned
Cancer	\$3,145,160	10.6%	\$1,550,609	\$1,504,806	\$89,745	\$1,214,034	\$1,931,126	\$0
Pregnancy-related Disorders	\$2,546,310	8.5%	\$873,419	\$329,399	\$1,343,492	\$1,177,197	\$1,364,018	\$5,094
Health Status/Encounters	\$2,454,035	8.2%	\$1,308,240	\$368,573	\$777,223	\$846,749	\$1,598,376	\$8,910
Gastrointestinal Disorders	\$1,995,116	6.7%	\$1,207,486	\$497,753	\$289,877	\$672,555	\$1,313,356	\$9,205
Mental Health	\$1,841,522	6.2%	\$555,989	\$163,289	\$1,122,245	\$623,131	\$1,214,742	\$3,649
Cardiac Disorders	\$1,794,749	6.0%	\$1,299,089	\$441,024	\$54,636	\$1,121,478	\$660,319	\$12,952
Infections	\$1,769,713	5.9%	\$1,107,691	\$454,002	\$208,019	\$605,225	\$1,160,250	\$4,237
COVID-19, Confirmed	\$1,092,925	3.7%	\$746,542	\$300,752	\$45,631	\$375,909	\$716,796	\$221
Musculoskeletal Disorders	\$1,702,909	5.7%	\$1,051,359	\$457,448	\$194,103	\$668,296	\$1,027,358	\$7,255
Neurological Disorders	\$1,570,018	5.3%	\$1,192,825	\$205,413	\$171,779	\$300,128	\$1,268,730	\$1,160
Congenital/Chromosomal Anomalies	\$1,196,473	4.0%	\$322,986	\$10,241	\$863,246	\$864,038	\$331,552	\$883
Eye/ENT Disorders	\$1,162,056	3.9%	\$594,797	\$172,887	\$394,373	\$540,311	\$618,150	\$3,596
Trauma/Accidents	\$1,143,827	3.8%	\$674,542	\$104,443	\$364,842	\$317,949	\$817,298	\$8,580
Pulmonary Disorders	\$955,079	3.2%	\$497,376	\$143,023	\$314,680	\$522,670	\$431,463	\$946
Spine-related Disorders	\$898,328	3.0%	\$555,773	\$162,938	\$179,618	\$273,496	\$622,945	\$1,888
Endocrine/Metabolic Disorders	\$894,502	3.0%	\$764,817	\$113,345	\$16,341	\$119,193	\$771,734	\$3,575
Non-malignant Neoplasm	\$844,965	2.8%	\$380,321	\$432,294	\$32,351	\$216,485	\$623,961	\$4,519
Renal/Urologic Disorders	\$793,693	2.7%	\$459,609	\$253,528	\$80,555	\$496,048	\$297,405	\$239
Vascular Disorders	\$778,122	2.6%	\$238,673	\$426,067	\$113,382	\$715,640	\$62,406	\$75
Gynecological/Breast Disorders	\$746,029	2.5%	\$512,926	\$136,610	\$96,492	\$13,568	\$730,373	\$2,088
Miscellaneous	\$289,867	1.0%	\$137,260	\$44,099	\$108,508	\$135,448	\$154,419	\$0
Medication Related Conditions	\$287,080	1.0%	\$253,619	\$2,230	\$31,232	\$271,615	\$15,465	\$0
Dermatological Disorders	\$250,475	0.8%	\$151,161	\$36,521	\$62,793	\$95,850	\$153,573	\$1,052
Diabetes	\$183,733	0.6%	\$103,158	\$47,775	\$32,800	\$81,369	\$102,037	\$327
Medical/Surgical Complications	\$174,317	0.6%	\$79,035	\$18,160	\$77,122	\$13,128	\$161,152	\$38
Abnormal Lab/Radiology	\$150,009	0.5%	\$106,481	\$36,427	\$7,102	\$57,209	\$92,500	\$300
Hematological Disorders	\$116,708	0.4%	\$92,433	\$16,325	\$7,951	\$19,822	\$96,666	\$220
Cholesterol Disorders	\$64,686	0.2%	\$50,636	\$12,082	\$1,968	\$29,576	\$34,881	\$229
Allergic Reaction	\$17,173	0.1%	\$10,945	\$911	\$5,318	\$3,012	\$14,161	\$0
Dental Conditions	\$13,800	0.0%	\$5,208	\$1,586	\$7,006	\$4,657	\$9,143	\$0
External Hazard Exposure	\$6,110	0.0%	\$670	\$0	\$5,440	\$4,578	\$1,532	\$0
Total	\$29,786,564	100.0%	\$16,139,131	\$6,593,196	\$7,054,238	\$12,024,456	\$17,681,091	\$81,018

Mental Health Drilldown

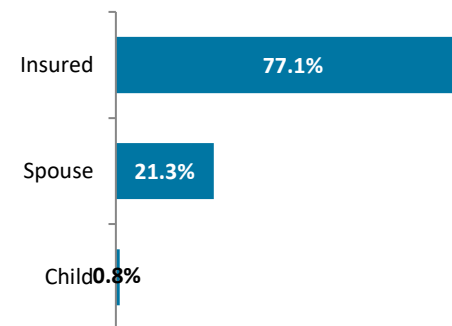
Groupier	PY22	
	Patients	Total Paid
Depression	418	\$479,963
Mental Health Conditions, Other	404	\$324,862
Mood and Anxiety Disorders	571	\$242,783
Developmental Disorders	54	\$206,766
Bipolar Disorder	102	\$201,868
Eating Disorders	21	\$144,909
Attention Deficit Disorder	187	\$73,187
Substance Abuse/Dependence	27	\$60,269
Alcohol Abuse/Dependence	16	\$37,724
Sleep Disorders	114	\$22,656
Personality Disorders	14	\$13,415
Psychoses	5	\$10,635
Complications of Substance Abuse	7	\$8,837
Sexually Related Disorders	24	\$7,141
Tobacco Use Disorder	16	\$4,469
Schizophrenia	2	\$2,038
Total		\$1,841,522

Diagnosis Grouper – Cancer

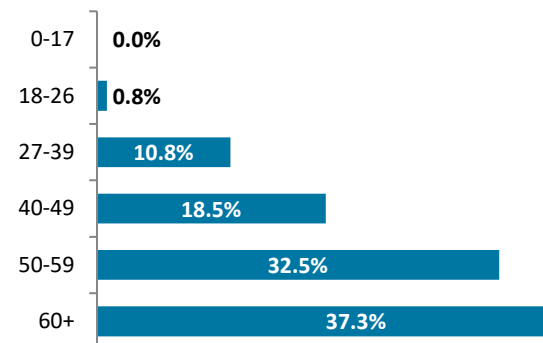
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	27	228	\$1,089,277	103.5%
Melanoma	17	112	\$630,575	59.9%
Brain Cancer	2	61	\$317,812	30.2%
Cancers, Other	80	376	\$290,604	27.6%
Breast Cancer	53	496	\$268,006	25.5%
Secondary Cancers	20	98	\$178,494	17.0%
Prostate Cancer	19	123	\$67,928	6.5%
Lung Cancer	7	119	\$59,426	5.6%
Carcinoma in Situ	29	125	\$51,860	4.9%
Thyroid Cancer	18	80	\$41,799	4.0%
Bladder Cancer	3	92	\$36,511	3.5%
Colon Cancer	5	118	\$35,340	3.4%
Myeloma	2	51	\$30,822	2.9%
Kidney Cancer	6	22	\$14,042	1.3%
Cervical/Uterine Cancer	8	43	\$13,889	1.3%
Leukemias	13	46	\$6,685	0.6%
Lymphomas	15	57	\$6,470	0.6%
Pancreatic Cancer	1	4	\$3,839	0.4%
Ovarian Cancer	2	3	\$1,779	0.2%
Overall	---	---	\$3,145,160	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

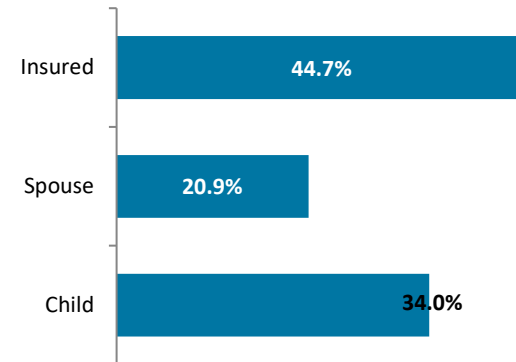


Diagnosis Grouper – Pregnancy-related Disorders

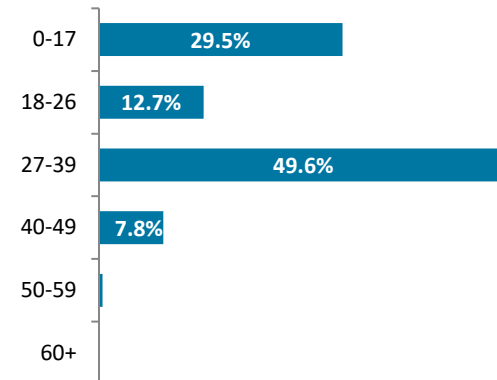
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	44	126	\$931,057	36.6%
Labor and Delivery Related	76	292	\$642,990	25.3%
Pregnancy Complications	116	510	\$507,681	19.9%
Liveborn Infants	68	120	\$314,288	12.3%
Supervision of Pregnancy	142	785	\$109,029	4.3%
Multiple Gestation Related	2	23	\$21,470	0.8%
Abortion Related	15	33	\$13,608	0.5%
Ectopic Pregnancy	2	11	\$5,383	0.2%
Fetal Distress	2	2	\$595	0.0%
Prematurity and Low Birth Weight	3	4	\$196	0.0%
Cesarean Delivery	1	1	\$12	0.0%
Overall	----	----	\$2,546,310	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

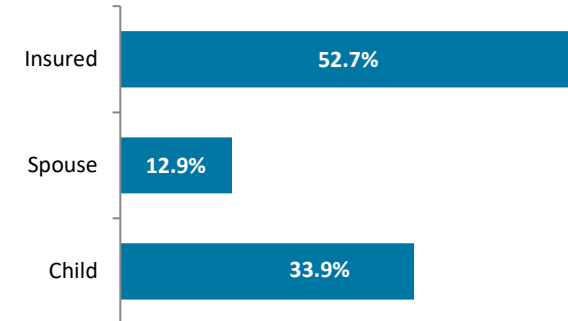


Diagnosis Group – Health Status/Encounters

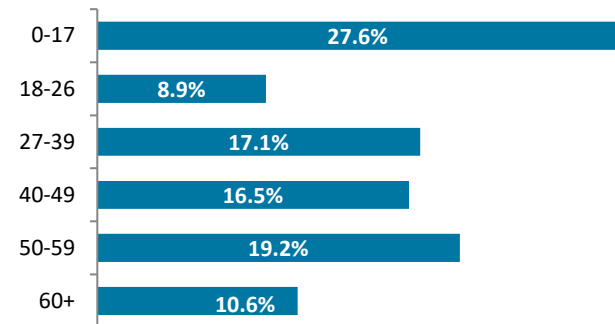
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	2,023	3,992	\$751,177	30.6%
Exams	2,846	5,428	\$570,330	23.2%
Prophylactic Measures	1,688	2,362	\$554,702	22.6%
Encounters - Infants/Children	1,176	1,768	\$273,793	11.2%
Prosthetics/Devices/Implants	97	267	\$79,092	3.2%
History of Condition	65	95	\$65,328	2.7%
Personal History of Condition	195	304	\$55,764	2.3%
Aftercare	94	159	\$46,806	1.9%
Family History of Condition	55	81	\$19,693	0.8%
Counseling	100	175	\$12,190	0.5%
Lifestyle/Situational Issues	102	123	\$7,898	0.3%
Follow-Up Encounters	7	17	\$5,755	0.2%
Replacements	16	45	\$3,734	0.2%
Donors	3	7	\$3,138	0.1%
Encounter - Procedure	23	24	\$2,529	0.1%
Health Status, Other	30	35	\$1,464	0.1%
Encounter - Transplant Related	8	17	\$462	0.0%
Miscellaneous Examinations	12	17	\$180	0.0%
Overall	----	----	\$2,454,035	100.0%

*Patient and claim counts are unique only within the category

Relationship



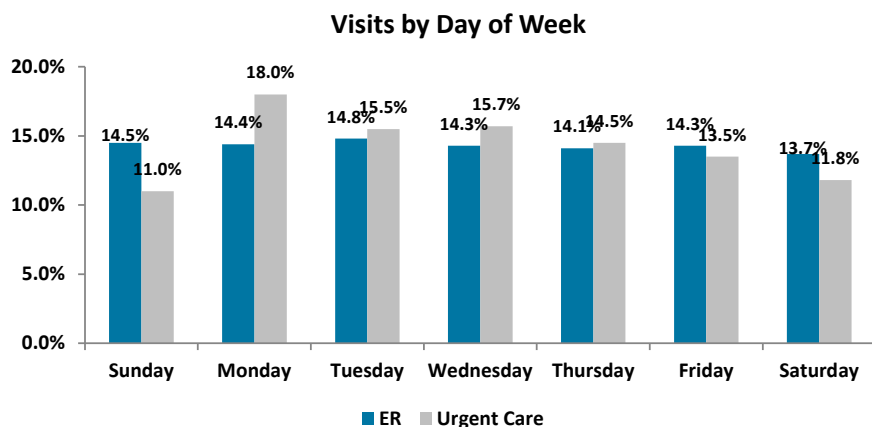
Age Range



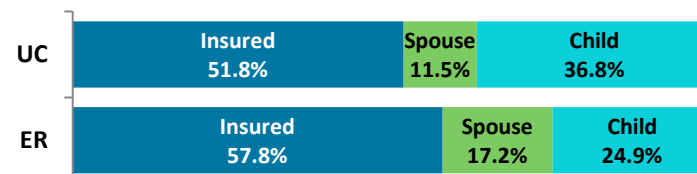
Emergency Room / Urgent Care Summary

ER/Urgent Care	PY22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,045	2,487		
Visits Per Member	0.12	0.29	0.22	0.35
Visits/1000 Members	122	289	221	352
Avg Paid Per Visit	\$2,378	\$120	\$968	\$135
% with OV*	79.9%	77.3%		
% Avoidable	11.3%	34.7%		
Total Member Paid	\$609,967	\$172,074		
Total Plan Paid	\$2,484,656	\$298,477		

*looks back 12 months from ER visit



% of Paid

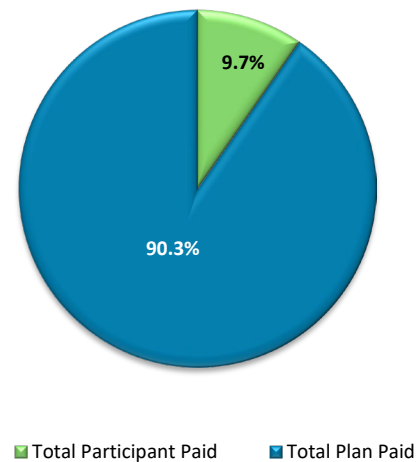
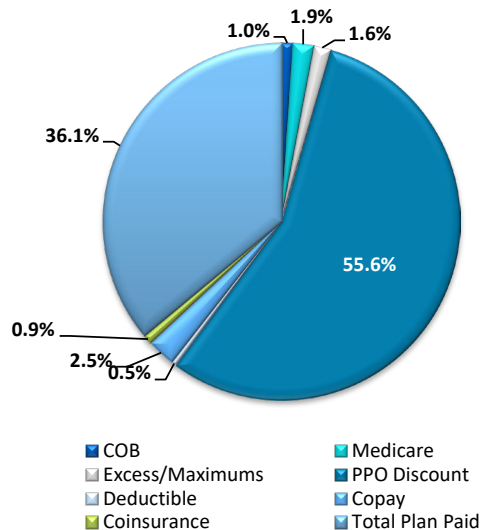


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	533	126	1,268	299	1,801	424
Spouse	150	126	293	246	443	371
Child	362	114	926	293	1,288	407
Total	1,045	122	2,487	289	3,532	411

Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$98,455,634	\$2,031	100.0%
COB	\$284,171	\$6	0.3%
Medicare	\$771,472	\$16	0.8%
Excess/Maximums	\$1,429,989	\$30	1.5%
PPO Discount	\$60,711,534	\$1,253	61.7%
Deductible	\$1,621,748	\$33	1.6%
Copay	\$2,513,797	\$52	2.6%
Coinsurance	\$1,429,006	\$29	1.5%
Total Participant Paid	\$5,564,551	\$115	5.7%
Total Plan Paid	\$29,786,564	\$585	30.3%



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	349	340	9	97.4%
	<2 asthma related ER Visits in the last 6 months	349	349	0	100.0%
	No asthma related admit in last 12 months	349	348	1	99.7%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	30	28	2	93.3%
	Members with COPD who had an annual spirometry test	30	4	26	13.3%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	1	1	0	100.0%
	No ER Visit for Heart Failure in last 90 days	45	45	0	100.0%
	Follow-up OV within 4 weeks of discharge from HF admission	1	1	0	100.0%
Diabetes	Annual office visit	406	386	20	95.1%
	Annual dilated eye exam	406	164	242	40.4%
	Annual foot exam	406	161	245	39.7%
	Annual HbA1c test done	406	330	76	81.3%
	Diabetes Annual lipid profile	406	304	102	74.9%
	Annual microalbumin urine screen	406	276	130	68.0%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,023	850	173	83.1%
Hypertension	Annual lipid profile	925	673	252	72.8%
	Annual serum creatinine test	779	665	114	85.4%
Wellness	Well Child Visit - 15 months	82	64	18	78.0%
	Routine office visit in last 6 months	9,566	5,717	3,849	59.8%
	Age 45 to 75 years with colorectal cancer screening	3,030	747	2,283	24.7%
	Women age 25-65 with recommended cervical cancer screening	3,270	1,909	1,361	58.4%
	Males age greater than 49 with PSA test in last 24 months	961	439	522	45.7%
	Routine exam in last 24 months	9,566	7,414	2,152	77.5%
	Women age 40 to 75 with a screening mammogram last 24 months	2,249	1,251	998	55.6%

All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

Chronic Conditions Prevalence

A member is identified as having a chronic condition if any one of the following three conditions is met within a 24-month service date period:

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	82	0.86%	9.54	\$30,741
Asthma	382	3.99%	44.43	\$19,267
Atrial Fibrillation	61	0.64%	7.09	\$48,756
Blood Disorders	450	4.70%	52.34	\$36,173
CAD	108	1.13%	12.56	\$52,788
COPD	29	0.30%	3.37	\$65,377
Cancer	274	2.86%	31.87	\$34,121
Chronic Pain	154	1.61%	17.91	\$27,154
Congestive Heart Failure	45	0.47%	5.23	\$86,247
Demyelinating Diseases	26	0.27%	3.02	\$56,857
Depression	663	6.93%	77.11	\$14,930
Diabetes	430	4.49%	50.01	\$23,158
ESRD	5	0.05%	0.58	\$786,381
Eating Disorders	43	0.45%	5.00	\$41,633
HIV/AIDS	6	0.06%	0.70	\$47,464
Hyperlipidemia	1,053	11.00%	122.47	\$15,168
Hypertension	940	9.82%	109.33	\$17,930
Immune Disorders	40	0.42%	4.65	\$85,162
Inflammatory Bowel Disease	45	0.47%	5.23	\$36,640
Liver Diseases	131	1.37%	15.24	\$32,629
Morbid Obesity	255	2.66%	29.66	\$13,458
Osteoarthritis	235	2.46%	27.33	\$29,828
Peripheral Vascular Disease	33	0.34%	3.84	\$15,066
Rheumatoid Arthritis	41	0.43%	4.77	\$35,354

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

**Public Employees' Benefits Program - RX Costs
PY 2022 - Quarter Ending June 30, 2022**

Express Scripts

4Q FY2022 LDPP0			Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	8,533		8,533	#DIV/0!
Utilizing Member Count (Patients)	7,350		7,350	#DIV/0!
Percent Utilizing (Utilization)	86.1%	#DIV/0!	#DIV/0!	#DIV/0!
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	117,576		117,576	#DIV/0!
Claims per Elig Member per Month (Claims PMPM)	1.15		1.15	#DIV/0!
Total Claims for Generic (Generic Rx)	99,041		99,041.00	#DIV/0!
Total Claims for Brand (Brand Rx)	18,535		18,535.00	#DIV/0!
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	784		784.00	#DIV/0!
Total Non-Specialty Claims	116,059		116,059.00	#DIV/0!
Total Specialty Claims	1,517		1,517.00	#DIV/0!
Generic % of Total Claims (GFR)	84.2%	#DIV/0!	#DIV/0!	#DIV/0!
Generic Effective Rate (GCR)	99.2%	#DIV/0!	#DIV/0!	#DIV/0!
Mail Order Claims	32,171		32,171.00	#DIV/0!
Mail Penetration Rate*	31.8%		0.32	31.8%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$12,736,832		\$12,736,832.00	#DIV/0!
Total Generic Gross Cost	\$2,354,762		\$2,354,762.00	#DIV/0!
Total Brand Gross Cost	\$10,382,069		\$10,382,069.00	#DIV/0!
Total MSB Gross Cost	\$286,304		\$286,304.00	#DIV/0!
Total Ingredient Cost	\$12,522,638		\$12,522,638.00	#DIV/0!
Total Dispensing Fee	\$204,413		\$204,413.00	#DIV/0!
Total Other (e.g. tax)	\$9,781		\$9,781.00	#DIV/0!
Avg Total Cost per Claim (Gross Cost/Rx)	\$108.33	#DIV/0!	#DIV/0!	#DIV/0!
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.78		\$23.78	#DIV/0!
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$560.13		\$560.13	#DIV/0!
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$365.18		\$365.18	#DIV/0!
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$2,344,912		\$2,344,912.00	#DIV/0!
Total Copay	\$2,320,006	\$0.00	\$2,320,006.00	#DIV/0!
Total Deductible	\$24,906	\$0.00	\$24,906.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$19.73	#DIV/0!	#DIV/0!	#DIV/0!
Avg Participant Share per Claim (Copay+Deductible/RX)	\$19.94	#DIV/0!	#DIV/0!	#DIV/0!
Avg Copay for Generic (Copay/Generic Rx)	\$7.23		\$7.23	#DIV/0!
Avg Copay for Brand (Copay/Brand Rx)	\$87.86		\$87.86	#DIV/0!
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$31.94		\$31.94	#DIV/0!
Net PMPM (Participant Cost PMPM)	\$22.90	#DIV/0!	#DIV/0!	#DIV/0!
Copay % of Total Prescription Cost (Member Cost Share %)	18.4%	#DIV/0!	#DIV/0!	#DIV/0!
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$10,391,920		\$10,391,920.00	#DIV/0!
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$5,739,932		\$5,739,932.00	#DIV/0!
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,651,987		\$4,651,987.00	#DIV/0!
Avg Plan Cost per Claim (Plan Cost/Rx)	\$88.38	#DIV/0!	#DIV/0!	#DIV/0!
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$16.54		\$16.54	#DIV/0!
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$472.27		\$472.27	#DIV/0!
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$333.25		\$333.25	#DIV/0!
Net PMPM (Plan Cost PMPM)	\$101.49	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)	\$45.43		\$45.43	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)	\$56.06		\$56.06	#DIV/0!
Rebates Received (Q1-Q4 FY2022 actual)	\$1,057,775.76		\$1,057,775.76	#DIV/0!
Net PMPM (Plan Cost PMPM factoring Rebates)	\$91.16	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)	\$38.91		\$38.91	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)	\$37.93		\$37.93	#DIV/0!

Appendix C

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2021 – June 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for PY22 was \$46,097,383 with a plan cost per employee per year (PEPY) of \$11,414. This is in line with PY21.
 - IP Cost per Admit is \$31,480 which is 7.6% lower than PY21.
 - ER Cost per Visit is \$1,966 which is 19.8% lower than PY21.
- Employees shared in 9.7% of the medical cost.
- Inpatient facility costs were 31.5% of the plan spend.
- 69.6% of the Average Membership had paid Medical claims less than \$2,500, with 9.4% of those having no claims paid at all during the reporting period.
- 59 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 31.5% of the plan spend. The highest diagnosis category was Infections, accounting for 15.9% of the high-cost claimant dollars.
- Total spending with in-network providers was 100.0%. The average In Network discount was 57.6%, which is 6.3% higher than the PY21 average discount of 54.2%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY21				PY22				% 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	\$ 1,233,882	\$1,168	\$ 26,292	\$25	\$ 1,260,174	\$1,193	\$ 2,184,713	\$ 2,494	\$ 2,362	\$ 3	\$ 2,187,075	\$ 2,497	73.6%	109.2%
1	\$ 191,627	\$158	\$ 2,156	\$2	\$ 193,783	\$160	\$ 261,519	\$ 307	\$ 2,464	\$ 3	\$ 263,983	\$ 310	36.2%	93.8%
2 - 4	\$ 324,202	\$96	\$ 13,696	\$4	\$ 337,898	\$100	\$ 542,438	\$ 179	\$ 12,333	\$ 4	\$ 554,771	\$ 183	64.2%	83.7%
5 - 9	\$ 628,220	\$105	\$ 79,791	\$13	\$ 708,011	\$118	\$ 459,133	\$ 93	\$ 37,817	\$ 8	\$ 496,950	\$ 101	-29.8%	-15.2%
10 - 14	\$ 1,016,206	\$138	\$ 225,605	\$31	\$ 1,241,811	\$169	\$ 1,401,067	\$ 213	\$ 143,380	\$ 22	\$ 1,544,447	\$ 235	24.4%	39.3%
15 - 19	\$ 2,474,968	\$293	\$ 462,365	\$55	\$ 2,937,333	\$347	\$ 1,839,285	\$ 231	\$ 260,407	\$ 33	\$ 2,099,692	\$ 264	-28.5%	-24.0%
20 - 24	\$ 1,757,900	\$221	\$ 600,531	\$75	\$ 2,358,431	\$296	\$ 1,423,772	\$ 199	\$ 251,626	\$ 35	\$ 1,675,398	\$ 234	-29.0%	-21.0%
25 - 29	\$ 1,263,529	\$300	\$ 1,075,802	\$255	\$ 2,339,331	\$555	\$ 1,192,719	\$ 372	\$ 625,184	\$ 195	\$ 1,817,903	\$ 567	-22.3%	2.2%
30 - 34	\$ 3,536,048	\$639	\$ 841,315	\$152	\$ 4,377,363	\$791	\$ 1,836,569	\$ 423	\$ 302,727	\$ 70	\$ 2,139,296	\$ 492	-51.1%	-37.8%
35 - 39	\$ 3,394,187	\$494	\$ 833,528	\$121	\$ 4,227,715	\$615	\$ 3,282,867	\$ 555	\$ 493,062	\$ 83	\$ 3,775,929	\$ 638	-10.7%	3.8%
40 - 44	\$ 3,114,848	\$450	\$ 1,634,738	\$236	\$ 4,749,586	\$686	\$ 2,489,778	\$ 408	\$ 1,295,086	\$ 212	\$ 3,784,864	\$ 620	-20.3%	-9.7%
45 - 49	\$ 4,216,481	\$546	\$ 1,241,221	\$161	\$ 5,457,702	\$707	\$ 3,671,050	\$ 535	\$ 791,155	\$ 115	\$ 4,462,205	\$ 650	-18.2%	-8.1%
50 - 54	\$ 5,958,498	\$609	\$ 2,657,366	\$271	\$ 8,615,864	\$880	\$ 6,167,652	\$ 721	\$ 1,622,467	\$ 190	\$ 7,790,119	\$ 910	-9.6%	3.5%
55 - 59	\$ 9,635,953	\$973	\$ 2,534,338	\$256	\$ 12,170,291	\$1,229	\$ 7,620,175	\$ 856	\$ 1,572,356	\$ 177	\$ 9,192,531	\$ 1,032	-24.5%	-16.0%
60 - 64	\$ 10,301,328	\$911	\$ 4,072,301	\$360	\$ 14,373,629	\$1,272	\$ 7,911,671	\$ 764	\$ 2,671,081	\$ 258	\$ 10,582,752	\$ 1,022	-26.4%	-19.6%
65+	\$ 4,066,068	\$826	\$ 1,840,142	\$374	\$ 5,906,210	\$1,200	\$ 3,812,975	\$ 827	\$ 1,323,297	\$ 287	\$ 5,136,272	\$ 1,115	-13.0%	-7.1%
Total	\$53,113,944	\$518	\$18,141,186	\$177	\$71,255,130	\$694	\$ 46,097,383	\$ 511	\$ 11,406,806	\$ 126	\$ 57,504,189	\$ 637	-19.3%	-8.3%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year
Enrollment												
Avg # Employees	4,794	4,650	4,039	-13.2%	4,054	3,949	3,384	-14.3%	4	4	3	-29.3%
Avg # Members	8,768	8,553	7,522	-12.1%	7,768	7,602	6,607	-13.1%	5	4	3	-34.6%
Ratio	1.8	1.8	1.9	1.1%	1.9	1.9	2.0	1.0%	1.3	1.1	1.0	-7.4%
Financial Summary												
Gross Cost	\$55,523,229	\$56,804,046	\$51,021,647	-10.2%	\$45,961,999	\$44,805,657	\$43,258,358	-3.5%	\$70,916	\$44,403	\$5,022	-88.7%
Client Paid	\$50,293,887	\$53,113,944	\$46,097,383	-13.2%	\$41,579,805	\$41,757,107	\$39,183,656	-6.2%	\$65,329	\$41,594	\$3,851	-90.7%
Employee Paid	\$5,229,342	\$3,690,102	\$4,924,264	33.4%	\$4,382,194	\$3,048,550	\$4,074,703	33.7%	\$5,587	\$2,808	\$1,172	-58.3%
Client Paid-PEPY	\$10,492	\$11,422	\$11,414	-0.1%	\$10,256	\$10,575	\$11,578	9.5%	\$16,332	\$10,399	\$1,359	-86.9%
Client Paid-PMPY	\$5,736	\$6,210	\$6,129	-1.3%	\$5,352	\$5,493	\$5,931	8.0%	\$13,066	\$9,599	\$1,359	-85.8%
Client Paid-PEPM	\$874	\$952	\$951	-0.1%	\$855	\$881	\$965	9.5%	\$1,361	\$867	\$113	-87.0%
Client Paid-PMPM	\$478	\$518	\$511	-1.4%	\$446	\$458	\$494	7.9%	\$1,089	\$800	\$113	-85.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	51	61	59	-3.3%	40	49	50	2.0%	0	0	0	0.0%
HCC's / 1,000	5.8	7.1	7.8	10.0%	5.2	6.5	7.6	17.4%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$202,775	\$257,989	\$245,910	-4.7%	\$179,535	\$212,968	\$258,338	21.3%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	20.6%	29.6%	31.5%	6.4%	17.3%	25.0%	33.0%	32.0%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,169	\$1,457	\$1,929	32.4%	\$1,036	\$1,091	\$1,882	72.5%	\$2,928	\$0	\$0	0.0%
Facility Outpatient	\$1,832	\$1,951	\$1,691	-13.3%	\$1,693	\$1,779	\$1,623	-8.8%	\$4,817	\$4,611	\$27	-99.4%
Physician	\$2,541	\$2,608	\$2,368	-9.2%	\$2,461	\$2,464	\$2,295	-6.9%	\$5,153	\$4,469	\$1,223	-72.6%
Other	\$194	\$194	\$141	-27.3%	\$163	\$159	\$131	-17.6%	\$168	\$518	\$109	-79.0%
Total	\$5,736	\$6,210	\$6,129	-1.3%	\$5,352	\$5,493	\$5,931	8.0%	\$13,066	\$9,599	\$1,359	-85.8%

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	
Enrollment									
Avg # Employees	588	576	567	-1.5%	148	122	85	-30.5%	
Avg # Members	807	789	799	1.2%	188	158	114	-28.0%	
Ratio	1.4	1.4	1.4	2.9%	1.3	1.3	1.3	3.9%	1.6
Financial Summary									
Gross Cost	\$8,514,643	\$7,966,596	\$6,913,103	-13.2%	\$975,672	\$3,987,390	\$845,163	-78.8%	
Client Paid	\$7,803,114	\$7,426,217	\$6,189,006	-16.7%	\$845,639	\$3,889,026	\$720,870	-81.5%	
Employee Paid	\$711,529	\$540,380	\$724,097	34.0%	\$130,033	\$98,364	\$124,293	26.4%	
Client Paid-PEPY	\$13,272	\$12,904	\$10,923	-15.4%	\$5,730	\$31,812	\$8,489	-73.3%	\$6,642
Client Paid-PMPY	\$9,674	\$9,413	\$7,748	-17.7%	\$4,508	\$24,653	\$6,347	-74.3%	\$4,116
Client Paid-PEPM	\$1,106	\$1,075	\$910	-15.3%	\$477	\$2,651	\$707	-73.3%	\$553
Client Paid-PMPM	\$806	\$784	\$646	-17.6%	\$376	\$2,054	\$529	-74.2%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	18	18	11	-38.9%	0	2	1	0.0%	
HCC's / 1,000	22.3	22.8	13.8	-39.7%	0.0	12.7	8.8	0.0%	
Avg HCC Paid	\$175,561	\$113,454	\$125,820	10.9%	\$0	\$1,629,851	\$207,778	0.0%	
HCC's % of Plan Paid	40.5%	27.5%	22.4%	-18.5%	0.0%	83.8%	28.8%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,529	\$1,454	\$2,180	49.9%	\$787	\$19,176	\$2,921	-84.8%	\$1,190
Facility Outpatient	\$3,276	\$3,575	\$2,338	-34.6%	\$1,314	\$2,010	\$1,129	-43.8%	\$1,376
Physician	\$3,385	\$3,897	\$3,014	-22.7%	\$2,165	\$3,054	\$2,145	-29.8%	\$1,466
Other	\$484	\$487	\$217	-55.4%	\$242	\$413	\$152	-63.2%	\$84
Total	\$9,674	\$9,413	\$7,748	-17.7%	\$4,508	\$24,653	\$6,347	-74.3%	\$4,116

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 10,455,682	\$ 1,271,089	\$ 217,769	\$ 11,944,540	\$ 14,284,645	\$ 1,772,609	\$ 184,306	\$ 16,241,560	36.0%	
Outpatient	\$ 31,301,425	\$ 5,415,883	\$ 521,476	\$ 37,238,784	\$ 24,899,011	\$ 3,902,538	\$ 329,553	\$ 29,131,102	-21.8%	
Total - Medical	\$ 41,757,107	\$ 6,686,972	\$ 739,245	\$ 49,183,324	\$ 39,183,656	\$ 5,675,147	\$ 513,859	\$ 45,372,662	-7.7%	

Net Paid Claims - Per Participant per Month										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 881	\$ 1,140	\$ 716	\$ 906	\$ 965	\$ 958	\$ 589	\$ 957	5.6%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 3,491	\$ 3,089,255	\$ 93,227	\$ 3,185,973	\$ -	\$ 238,956	\$ 106,276	\$ 345,232	-89.2%	
Outpatient	\$ 38,104	\$ 517,963	\$ 188,580	\$ 744,647	\$ 3,851	\$ 194,130	\$ 181,509	\$ 379,489	-49.0%	
Total - Medical	\$ 41,594	\$ 3,607,219	\$ 281,807	\$ 3,930,620	\$ 3,851	\$ 433,086	\$ 287,785	\$ 724,721	-81.6%	

Net Paid Claims - Per Participant per Month										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 867	\$ 4,487	\$ 427	\$ 2,600	\$ 113	\$ 1,064	\$ 470	\$ 688	-73.5%	

Paid Claims by Claim Type – Total

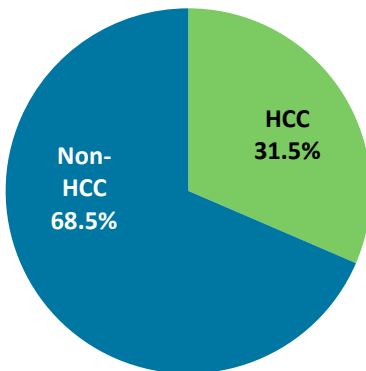
Net Paid Claims - Total										
Total Participants										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 10,459,172	\$ 4,360,344	\$ 310,996	\$ 15,130,513	\$ 14,284,645	\$ 2,011,565	\$ 290,582	\$ 16,586,792	9.6%	
Outpatient	\$ 31,339,529	\$ 5,933,846	\$ 710,056	\$ 37,983,431	\$ 24,902,862	\$ 4,096,667	\$ 511,062	\$ 29,510,591	-22.3%	
Total - Medical	\$ 41,798,702	\$ 10,294,190	\$ 1,021,052	\$ 53,113,944	\$ 39,187,506	\$ 6,108,232	\$ 801,644	\$ 46,097,383	-13.2%	

Net Paid Claims - Per Participant per Month										
	PY21				PY22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 881	\$ 1,543	\$ 603	\$ 952	\$ 964	\$ 964	\$ 540	\$ 951	-0.1%	

Cost Distribution – Medical Claims

PY21						PY22						
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
51	0.6%	\$15,734,764	29.6%	\$192,679	5.2%	\$100,000.01 Plus	43	0.6%	\$14,457,580	31.4%	\$187,141	3.8%
81	0.9%	\$6,153,855	11.6%	\$221,750	6.0%	\$50,000.01-\$100,000.00	66	0.9%	\$4,899,041	10.6%	\$261,207	5.3%
206	2.4%	\$7,631,477	14.4%	\$414,155	11.2%	\$25,000.01-\$50,000.00	169	2.2%	\$6,110,860	13.3%	\$468,603	9.5%
580	6.8%	\$9,746,549	18.4%	\$754,991	20.5%	\$10,000.01-\$25,000.00	473	6.3%	\$8,164,958	17.7%	\$966,566	19.6%
701	8.2%	\$5,228,065	9.8%	\$678,130	18.4%	\$5,000.01-\$10,000.00	586	7.8%	\$4,481,107	9.7%	\$886,958	18.0%
1,043	12.2%	\$3,911,413	7.4%	\$617,094	16.7%	\$2,500.01-\$5,000.00	950	12.6%	\$3,548,646	7.7%	\$855,413	17.4%
5,060	59.2%	\$4,707,244	8.9%	\$810,948	22.0%	\$0.01-\$2,500.00	4,509	59.9%	\$4,435,191	9.6%	\$1,294,868	26.3%
14	0.2%	\$0	0.0%	\$354	0.0%	\$0.00	23	0.3%	\$0	0.0%	\$3,508	0.1%
818	9.6%	\$578	0.0%	\$0	0.0%	No Claims	705	9.4%	\$0	0.0%	\$0	0.0%
8,553	100.0%	\$53,113,944	100.0%	\$3,690,102	100.0%		7,522	100.0%	\$46,097,383	100.0%	\$4,924,264	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group

Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Infections	32	\$2,309,621	15.9%
Pulmonary Disorders	40	\$1,862,009	12.8%
Cancer	15	\$1,660,370	11.4%
Endocrine/Metabolic Disorders	21	\$1,491,873	10.3%
Pregnancy-related Disorders	4	\$1,478,486	10.2%
Cardiac Disorders	35	\$1,167,614	8.0%
Congenital/Chromosomal Anomalies	7	\$811,685	5.6%
Hematological Disorders	14	\$733,378	5.1%
Mental Health	14	\$608,535	4.2%
Renal/Urologic Disorders	18	\$369,465	2.5%
All Other		\$2,015,643	13.9%
Overall	----	\$14,508,678	100.0%

Utilization Summary (p. 1 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

Summary	Total				State Active				Non-State Active			
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year
Inpatient Summary												
# of Admits	558	457	399		467	381	343		1	0	0	
# of Bed Days	2,969	2,940	2,208		2,379	2,188	1,889		2	0	0	
Paid Per Admit	\$23,592	\$34,055	\$31,480	-7.6%	\$22,998	\$28,387	\$32,508	14.5%	\$22,498	\$0	\$0	0.0%
Paid Per Day	\$4,434	\$5,294	\$5,689	7.5%	\$4,514	\$4,943	\$5,903	19.4%	\$11,249	\$0	\$0	0.0%
Admits Per 1,000	64	53	53	0.0%	60	50	52	4.0%	200	0	0	0.0%
Days Per 1,000	338	344	294	-14.5%	305	288	286	-0.7%	400	0	0	0.0%
Avg LOS	5.3	6.4	5.5	-14.1%	5.1	5.7	5.5	-3.5%	2.0	0.0	0.0	0.0%
# Admits From the ER	268	231	211		205	180	169	-6.1%	0	0	0	
Physician Office												
OV Utilization per Member	5.9	6.1	5.8	-4.9%	5.8	5.9	5.6	-5.1%	9.2	5.3	6.0	13.2%
Avg Paid per OV	\$147	\$151	\$151	0.0%	\$151	\$152	\$152	0.0%	\$110	\$136	\$159	16.9%
Avg OV Paid per Member	\$875	\$913	\$868	-4.9%	\$868	\$892	\$848	-4.9%	\$1,009	\$720	\$955	32.6%
DX&L Utilization per Member	10.2	10.3	10	-2.9%	9.6	9.7	9.5	-2.1%	17.6	16.8	0	-100.0%
Avg Paid per DX&L	\$71	\$70	\$64	-8.6%	\$72	\$68	\$65	-4.4%	\$90	\$58	\$0	-100.0%
Avg DX&L Paid per Member	\$723	\$717	\$642	-10.5%	\$689	\$665	\$618	-7.1%	\$1,582	\$984	\$0	-100.0%
Emergency Room												
# of Visits	1,706	1,319	1,354		1,501	1,156	1,163		2	2	0	
Visits Per Member	0.19	0.15	0.18	20.0%	0.19	0.15	0.18	20.0%	0.46	0.46	0.00	-100.0%
Visits Per 1,000	194	154	180	16.9%	193	152	176	15.8%	462	462	0	-100.0%
Avg Paid per Visit	\$2,523	\$2,452	\$1,966	-19.8%	\$2,557	\$2,463	\$1,939	-21.3%	\$2,359	\$10,325	\$0	-100.0%
Urgent Care												
# of Visits	3,196	2,455	3,021		2,930	2,237	2,735		0	1	0	
Visits Per Member	0.36	0.29	0.40	37.9%	0.38	0.29	0.41	41.4%	0.00	0.23	0.00	0.0%
Visits Per 1,000	364	287	402	40.1%	376	294	414	40.8%	0	231	0	0.0%
Avg Paid per Visit	\$139	\$152	\$154	1.3%	\$140	\$153	\$156	2.0%	\$0	\$250	\$0	0.0%

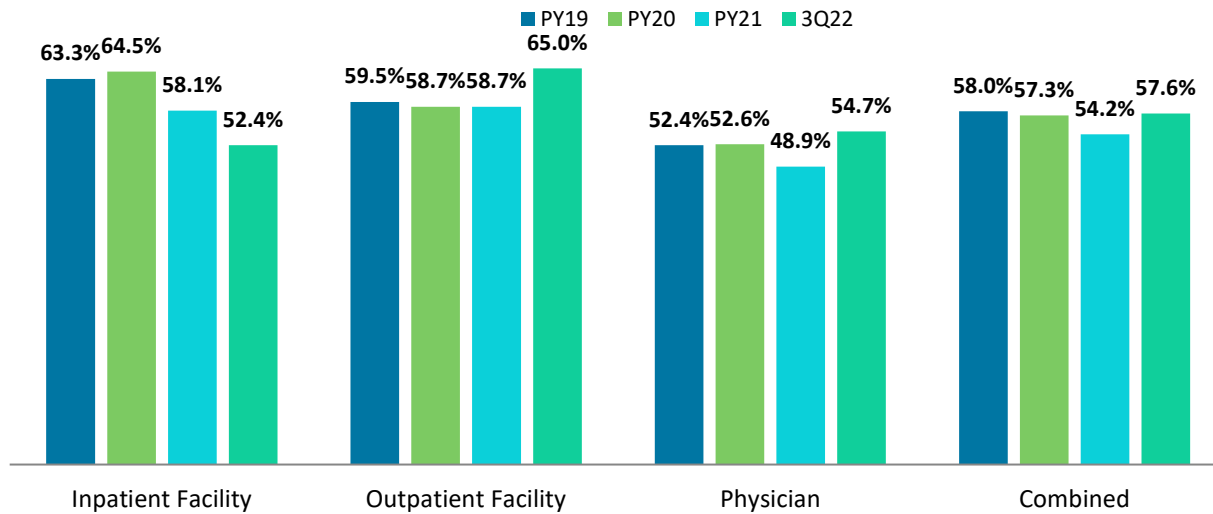
Utilization Summary (p. 2 of 2)

Inpatient data reflects facility charges and professional services.
DX&L = Diagnostics, X-Ray and Laboratory

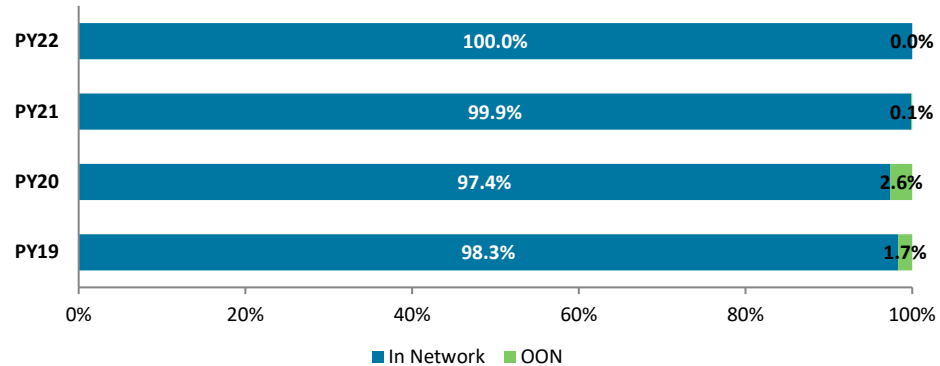
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY20	PY21	PY22	Variance to Prior Year	PY20	PY21	PY22	Variance to Prior Year	
Inpatient Summary									
# of Admits	78	68	46		12	8	10		
# of Bed Days	385	512	247		203	240	72		
Paid Per Admit	\$28,333	\$23,428	\$27,614	17.9%	\$15,995	\$394,319	\$13,993	-96.5%	\$18,822
Paid Per Day	\$5,740	\$3,112	\$5,143	65.3%	\$946	\$13,144	\$1,944	-85.2%	\$3,265
Admits Per 1,000	98	86	58	-32.6%	64	51	88	72.5%	70
Days Per 1,000	482	649	309	-52.4%	1,083	1,521	634	-58.3%	402
Avg LOS	4.9	7.5	5.4	-28.0%	16.9	30.0	7.2	-76.0%	5.8
# Admits From the ER	55	46	34	-26.1%	8	5	8		
Physician Office									
OV Utilization per Member	7.7	8.0	7.0	-12.5%	6.4	6.6	7.3	10.6%	5.4
Avg Paid per OV	\$128	\$140	\$149	6.4%	\$110	\$136	\$112	-17.6%	\$96
Avg OV Paid per Member	\$986	\$1,119	\$1,044	-6.7%	\$704	\$900	\$822	-8.7%	\$515
DX&L Utilization per Member	14.9	15	13.8	-8.0%	13.6	12.6	10.8	-14.3%	11.0
Avg Paid per DX&L	\$66	\$80	\$63	-21.3%	\$72	\$64	\$49	-23.4%	\$50
Avg DX&L Paid per Member	\$991	\$1,195	\$861	-27.9%	\$982	\$807	\$528	-34.6%	\$543
Emergency Room									
# of Visits	181	141	168		22	20	23		
Visits Per Member	0.23	0.18	0.21	16.7%	0.12	0.13	0.20	53.8%	0.22
Visits Per 1,000	227	179	210	17.3%	117	127	202	59.1%	221
Avg Paid per Visit	\$2,317	\$2,347	\$2,298	-2.1%	\$1,883	\$1,741	\$893	-48.7%	\$968
Urgent Care									
# of Visits	209	185	250		57	32	36		
Visits Per Member	0.26	0.23	0.31	34.8%	0.30	0.20	0.32	60.0%	0.35
Visits Per 1,000	262	234	313	33.8%	304	203	317	56.2%	352
Avg Paid per Visit	\$136	\$141	\$149	5.7%	\$91	\$115	\$68	-40.9%	\$135

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured			Male	Female	Unassigned
			Insured	Spouse	Child			
Infections	\$4,043,941	8.8%	\$3,165,394	\$520,629	\$357,919	\$1,728,054	\$2,315,880	\$8
COVID-19, Confirmed	\$2,134,030	4.6%	\$1,938,688	\$98,158	\$97,184	\$612,009	\$1,522,022	\$0
Pregnancy-related Disorders	\$3,310,765	7.2%	\$1,026,090	\$335,292	\$1,949,382	\$544,452	\$2,758,698	\$7,615
Musculoskeletal Disorders	\$3,161,060	6.9%	\$2,257,516	\$529,194	\$374,351	\$1,203,986	\$1,955,992	\$1,083
Cardiac Disorders	\$3,113,126	6.8%	\$2,643,209	\$424,197	\$45,721	\$1,804,785	\$1,307,391	\$951
Health Status/Encounters	\$3,079,760	6.7%	\$1,818,294	\$323,100	\$938,366	\$1,113,991	\$1,959,180	\$6,589
Cancer	\$2,942,510	6.4%	\$1,944,499	\$822,609	\$175,402	\$1,648,231	\$1,294,070	\$209
Pulmonary Disorders	\$2,883,155	6.3%	\$2,470,326	\$143,303	\$269,525	\$2,107,624	\$775,416	\$114
Gastrointestinal Disorders	\$2,821,459	6.1%	\$2,044,905	\$374,211	\$402,343	\$1,063,910	\$1,757,232	\$316
Mental Health	\$2,640,375	5.7%	\$1,503,480	\$174,217	\$962,677	\$1,016,648	\$1,623,115	\$611
Endocrine/Metabolic Disorders	\$2,535,481	5.5%	\$2,210,752	\$245,910	\$78,819	\$761,496	\$1,773,986	\$0
Neurological Disorders	\$1,970,159	4.3%	\$1,396,123	\$252,975	\$321,061	\$529,000	\$1,440,745	\$414
Eye/ENT Disorders	\$1,853,610	4.0%	\$1,059,262	\$194,134	\$600,214	\$764,462	\$1,087,261	\$1,888
Spine-related Disorders	\$1,795,078	3.9%	\$1,262,756	\$466,165	\$66,157	\$757,439	\$1,037,639	\$0
Renal/Urologic Disorders	\$1,695,314	3.7%	\$1,270,396	\$240,383	\$184,535	\$814,516	\$880,018	\$780
Trauma/Accidents	\$1,305,158	2.8%	\$752,491	\$233,543	\$319,124	\$667,154	\$637,539	\$466
Gynecological/Breast Disorders	\$1,168,626	2.5%	\$914,651	\$95,996	\$157,979	\$18,246	\$1,150,280	\$100
Congenital/Chromosomal Anomalies	\$1,028,027	2.2%	\$478,331	\$4,476	\$545,220	\$122,028	\$905,999	\$0
Hematological Disorders	\$901,873	2.0%	\$848,588	\$40,798	\$12,487	\$773,957	\$127,601	\$315
Medical/Surgical Complications	\$639,167	1.4%	\$475,450	\$60,684	\$103,033	\$268,815	\$370,352	\$0
Diabetes	\$586,672	1.3%	\$424,408	\$83,077	\$79,187	\$361,088	\$225,584	\$0
Non-malignant Neoplasm	\$549,740	1.2%	\$421,770	\$97,214	\$30,756	\$127,375	\$421,862	\$502
Dermatological Disorders	\$530,051	1.1%	\$322,263	\$121,822	\$85,966	\$248,579	\$281,168	\$304
Miscellaneous	\$497,074	1.1%	\$368,395	\$53,550	\$75,128	\$201,112	\$295,605	\$356
Vascular Disorders	\$323,705	0.7%	\$307,174	\$13,441	\$3,090	\$231,703	\$91,744	\$259
Abnormal Lab/Radiology	\$265,233	0.6%	\$216,889	\$36,610	\$11,734	\$88,219	\$176,797	\$216
Medication Related Conditions	\$166,008	0.4%	\$89,185	\$34,751	\$42,072	\$47,530	\$118,478	\$0
Cholesterol Disorders	\$150,045	0.3%	\$134,764	\$12,606	\$2,674	\$43,667	\$106,378	\$0
Dental Conditions	\$79,799	0.2%	\$49,694	\$7,179	\$22,927	\$6,033	\$73,766	\$0
External Hazard Exposure	\$38,727	0.1%	\$6,768	\$319	\$31,640	\$32,964	\$5,763	\$0
Allergic Reaction	\$21,685	0.0%	\$6,631	\$765	\$14,289	\$9,341	\$12,344	\$0
Total	\$46,097,383	100.0%	\$31,890,454	\$5,943,151	\$8,263,778	\$19,106,404	\$26,967,883	\$23,096

Mental Health Drilldown

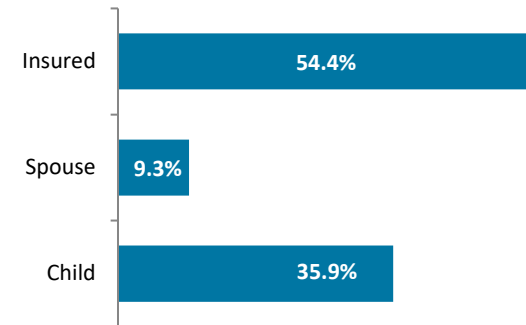
Grouper	PY19		PY20		PY21		PY22	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	532	\$751,739	632	\$1,048,452	655	\$861,117	538	\$690,232
Complications of Substance Abuse	26	\$319,764	34	\$325,820	30	\$138,433	22	\$421,274
Mental Health Conditions, Other	464	\$493,299	595	\$616,280	662	\$938,742	386	\$415,272
Mood and Anxiety Disorders	551	\$333,099	694	\$531,718	716	\$636,220	461	\$390,874
Bipolar Disorder	121	\$202,469	151	\$279,948	135	\$252,449	80	\$189,584
Eating Disorders	14	\$268,532	17	\$111,963	25	\$376,295	20	\$104,376
Developmental Disorders	53	\$61,872	64	\$149,263	64	\$155,167	47	\$92,072
Sexually Related Disorders	11	\$3,408	20	\$167,866	26	\$81,490	16	\$86,059
Attention Deficit Disorder	153	\$58,480	187	\$95,843	190	\$94,546	133	\$80,062
Alcohol Abuse/Dependence	33	\$24,550	43	\$162,989	39	\$168,417	27	\$75,291
Sleep Disorders	165	\$29,028	186	\$36,835	187	\$38,393	90	\$44,570
Personality Disorders	9	\$10,876	10	\$10,468	15	\$18,725	15	\$19,766
Substance Abuse/Dependence	40	\$20,086	48	\$107,498	54	\$44,537	26	\$14,330
Psychoses	7	\$3,308	14	\$18,805	8	\$54,549	3	\$10,457
Tobacco Use Disorder	49	\$5,087	54	\$5,349	42	\$4,779	20	\$4,216
Schizophrenia	9	\$10,155	11	\$16,662	10	\$10,630	6	\$1,940
Total		\$2,595,750		\$3,685,761		\$3,874,490		\$2,640,375

Diagnosis Grouper – Infections

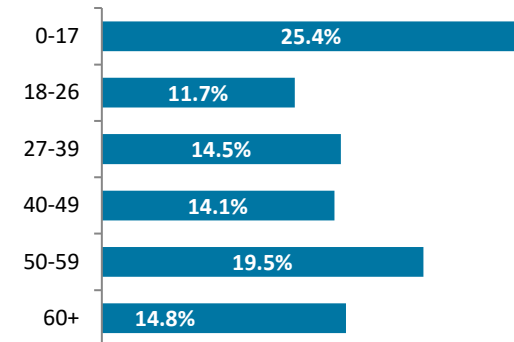
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Infectious Diseases	2,286	5,037	\$2,674,333	66.1%
Septicemia	50	112	\$1,324,220	32.7%
Influenza	62	68	\$26,812	0.7%
Osteomyelitis	7	20	\$8,084	0.2%
HIV	9	35	\$5,394	0.1%
Central Nervous System Infection	1	4	\$3,907	0.1%
Hepatitis B	4	10	\$950	0.0%
Clostridium Difficile	2	2	\$125	0.0%
Hepatitis C	2	2	\$104	0.0%
Tuberculosis	2	2	\$11	0.0%
Overall	----	----	\$4,043,941	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

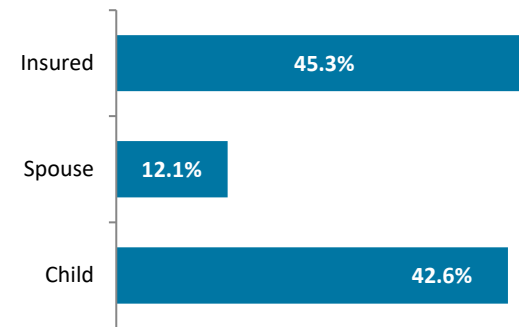


Diagnosis Grouper – Pregnancy-related Disorders

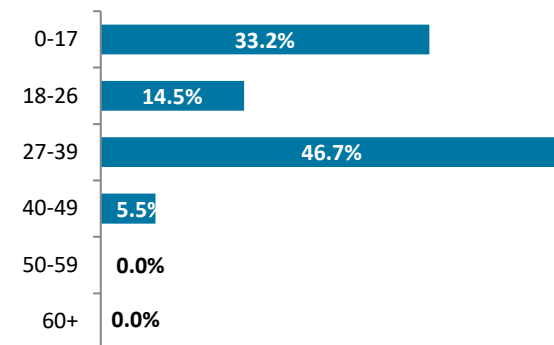
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Liveborn Infants	91	179	\$1,449,200	43.8%
Labor and Delivery Related	102	293	\$849,790	25.7%
Pregnancy Complications	128	614	\$497,005	15.0%
Fetal Distress	5	94	\$243,298	7.3%
Supervision of Pregnancy	142	628	\$135,321	4.1%
Perinatal Disorders	47	112	\$68,214	2.1%
Abortion Related	11	29	\$25,471	0.8%
Multiple Gestation Related	3	26	\$17,202	0.5%
Ectopic Pregnancy	3	9	\$12,732	0.4%
Cesarean Delivery	12	14	\$8,443	0.3%
Prematurity and Low Birth Weight	7	12	\$4,088	0.1%
Overall	----	----	\$3,310,765	100.0%

*Patient and claim counts are unique only within the category

Relationship



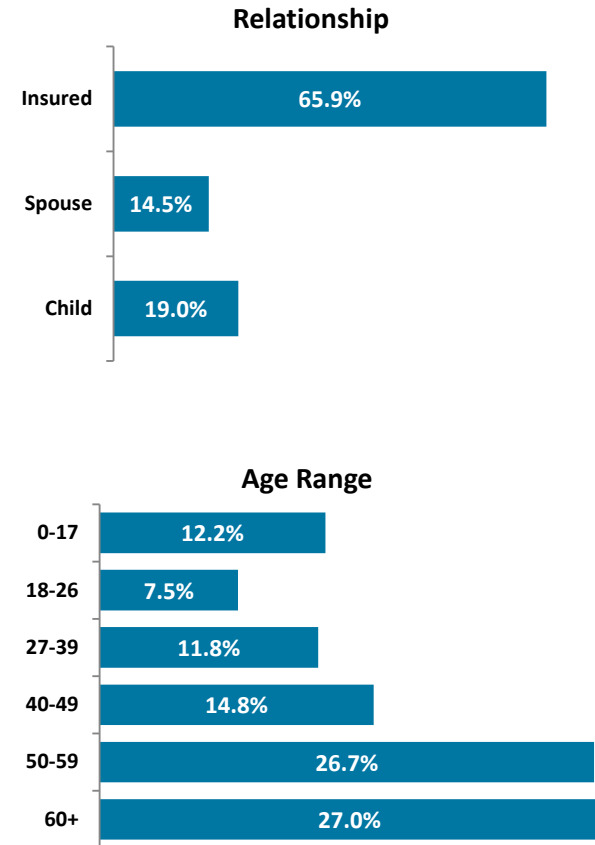
Age Range



Diagnosis Grouper – Musculoskeletal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Musculoskeletal Disorders, Other	1,235	4,267	\$946,223	29.9%
Osteoarthritis	388	1,084	\$785,390	24.8%
Arthropathies, Other	1,097	4,162	\$692,177	21.9%
Musculoskeletal, Aftercare	228	713	\$183,826	5.8%
Foot Problems	77	168	\$116,600	3.7%
Joint Disorders, Other	174	400	\$115,941	3.7%
Limb Pain	504	1,080	\$115,883	3.7%
Rheumatoid Arthritis	70	313	\$112,056	3.5%
Joint Derangement	67	222	\$67,204	2.1%
Connective Tissue Disorders	40	125	\$11,955	0.4%
Musculoskeletal Deformities, Other	8	31	\$5,649	0.2%
Infectious Arthropathies	2	2	\$5,434	0.2%
Muscle Disorders	3	4	\$1,953	0.1%
Aseptic Necrosis	1	2	\$772	0.0%
	----	----	\$3,161,060	100.0%

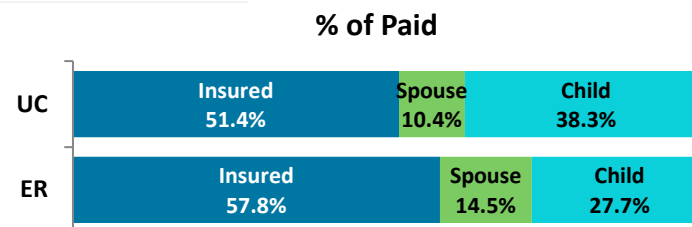
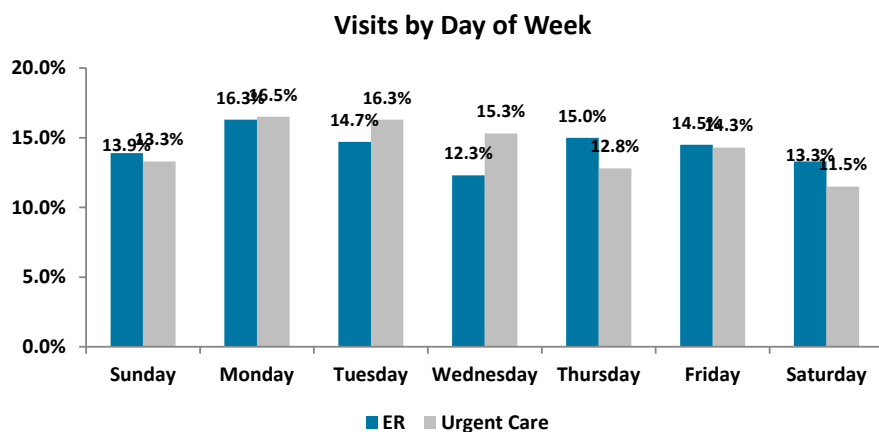
*Patient and claim counts are unique only within the category



Emergency Room / Urgent Care Summary

ER/Urgent Care	PY21		PY22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,319	2,455	1,354	3,021		
Visits Per Member	0.15	0.29	0.18	0.40	0.22	0.35
Visits/1000 Members	154	287	180	402	221	352
Avg Paid Per Visit	\$2,452	\$152	\$1,966	\$154	\$968	\$135
% with OV*	91.1%	87.1%	91.2%	89.3%		
% Avoidable	8.4%	30.6%	10.0%	34.5%		
Total Member Paid	\$517,708	\$101,146	\$717,538	\$133,598		
Total Plan Paid	\$3,234,079	\$371,942	\$2,662,184	\$464,959		

*looks back 12 months from ER visit



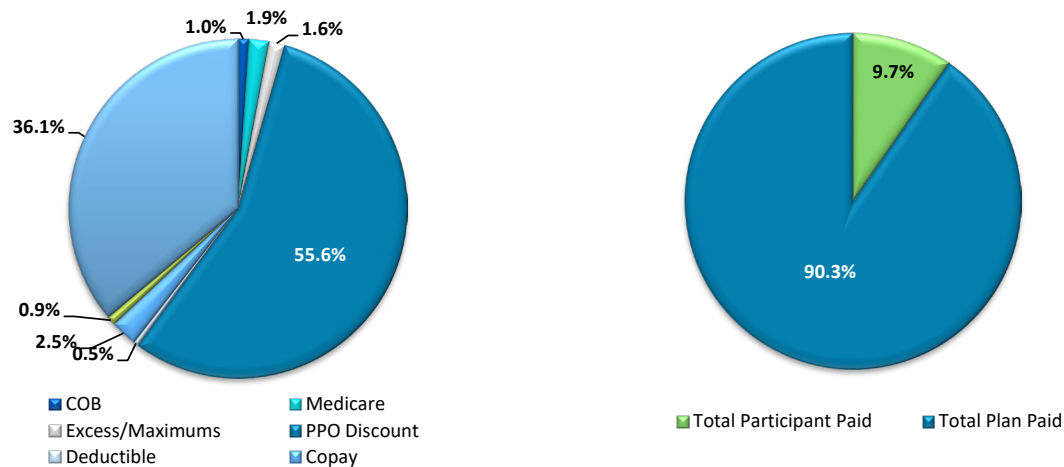
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	721	179	1,568	388	2,289	567
Spouse	170	208	314	384	484	592
Child	463	174	1,139	427	1,602	601
Total	1,354	180	3,021	402	4,375	582

Hospital and physician urgent care centers are included in the data.
Paid amount includes facility and professional fees.

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$127,585,718	\$2,632	100.0%
COB	\$1,263,657	\$26	1.0%
Medicare	\$2,422,313	\$50	1.9%
Excess/Maximums	\$1,989,046	\$41	1.6%
PPO Discount	\$71,098,124	\$1,467	55.7%
Deductible	\$590,603	\$12	0.5%
Copay	\$3,239,475	\$67	2.5%
Coinsurance	\$1,094,186	\$23	0.9%
Total Participant Paid	\$4,924,264	\$102	3.9%
Total Plan Paid	\$46,097,383	\$951	36.1%

Total Participant Paid - PY21	\$66
Total Plan Paid - PY21	\$952



Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	455	451	4	99.1%
	<2 asthma related ER Visits in the last 6 months	455	455	0	100.0%
	No asthma related admit in last 12 months	455	454	1	99.8%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	84	82	2	97.6%
	Members with COPD who had an annual spirometry test	84	16	68	19.0%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	5	5	0	100.0%
	No ER Visit for Heart Failure in last 90 days	58	56	2	96.6%
	Follow-up OV within 4 weeks of discharge from HF admission	5	5	0	100.0%
Diabetes	Annual office visit	573	563	10	98.3%
	Annual dilated eye exam	573	259	314	45.2%
	Annual foot exam	573	240	333	41.9%
	Annual HbA1c test done	573	495	78	86.4%
	Diabetes Annual lipid profile	573	442	131	77.1%
	Annual microalbumin urine screen	573	403	170	70.3%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,209	931	278	77.0%
Hypertension	Annual lipid profile	1,277	861	416	67.4%
	Annual serum creatinine test	1,244	1,012	232	81.4%
Wellness	Well Child Visit - 15 months	59	53	6	89.8%
	Routine office visit in last 6 months	7,309	5,215	2,094	71.4%
	Age 45 to 75 years with colorectal cancer screening	3,133	823	2,310	26.3%
	Women age 25-65 with recommended cervical cancer screening	2,364	1,774	590	75.0%
	Males age greater than 49 with PSA test in last 24 months	1,114	590	524	53.0%
	Routine exam in last 24 months	7,399	6,690	709	90.4%
	Women age 40 to 75 with a screening mammogram last 24 months	2,098	1,359	739	64.8%

All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

Chronic Conditions Prevalence

A member is identified as having a chronic condition if any one of the following three conditions is met within a 24-month service date period:

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	115	1.57%	15.29	\$23,966
Asthma	504	6.89%	67.01	\$22,642
Atrial Fibrillation	83	1.14%	11.03	\$43,258
Blood Disorders	472	6.46%	62.75	\$45,739
CAD	160	2.19%	21.27	\$29,726
COPD	83	1.14%	11.03	\$47,534
Cancer	325	4.44%	43.21	\$27,999
Chronic Pain	385	5.27%	51.19	\$29,102
Congestive Heart Failure	58	0.79%	7.71	\$68,198
Demyelinating Diseases	29	0.40%	3.86	\$62,421
Depression	823	11.26%	109.42	\$20,394
Diabetes	606	8.29%	80.57	\$25,368
ESRD	11	0.15%	1.46	\$86,268
Eating Disorders	32	0.44%	4.25	\$34,434
HIV/AIDS	10	0.14%	1.33	\$39,815
Hyperlipidemia	1,249	17.08%	166.05	\$19,377
Hypertension	1,285	17.57%	170.84	\$17,449
Immune Disorders	30	0.41%	3.99	\$70,569
Inflammatory Bowel Disease	46	0.63%	6.12	\$46,967
Liver Diseases	175	2.39%	23.27	\$34,174
Morbid Obesity	322	4.40%	42.81	\$24,557
Osteoarthritis	422	5.77%	56.10	\$25,253
Peripheral Vascular Disease	42	0.57%	5.58	\$25,194
Rheumatoid Arthritis	78	1.07%	10.37	\$45,251

*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Data Includes Medical and Pharmacy Based on 24 months incurred dates

Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
 - Inpatient Facility
 - Outpatient Facility
 - Physician
 - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
 - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
 - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
 - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
 - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of "Urgent Care".
 - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
 - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
 - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

Public Employees' Benefits Program - RX Costs
PY 2022 - Quarter Ending June 30, 2022

Express Scripts

4Q FY2022 EPO		4Q FY2021 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	7,514	8,556	(1,042)	-12.2%
Utilizing Member Count (Patients)	6,597	7,060	(463)	-6.6%
Percent Utilizing (Utilization)	87.8%	82.5%	0	6.4%
Claim Summary				
Net Claims (Total Rx's)	153,114	171,692	(18,578)	-10.8%
Claims per Elig Member per Month (Claims PMPM)	1.70	1.67	0.03	1.8%
Total Claims for Generic (Generic Rx)	130,851	146,721	(15,870.00)	-10.8%
Total Claims for Brand (Brand Rx)	22,263	24,971	(2,708.00)	-10.8%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	972	2,685	(1,713.00)	-63.8%
Total Non-Specialty Claims	150,927	169,365	(18,438.00)	-10.9%
Total Specialty Claims	2,187	2,327	(140.00)	-6.0%
Generic % of Total Claims (GFR)	85.5%	85.5%	0.00	0.0%
Generic Effective Rate (GCR)	99.3%	98.2%	0.01	1.1%
Mail Order Claims	33,978	20,510	13,468.00	65.7%
Mail Penetration Rate*	24.7%	13.1%	0.12	11.6%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$19,672,169	\$21,875,973	(\$2,203,804.00)	-10.1%
Total Generic Gross Cost	\$2,767,149	\$3,402,603	(\$635,454.00)	-18.7%
Total Brand Gross Cost	\$16,905,019	\$18,473,370	(\$1,568,351.00)	-8.5%
Total MSB Gross Cost	\$317,462	\$586,844	(\$269,382.00)	-45.9%
Total Ingredient Cost	\$19,485,625	\$21,735,741	(\$2,250,116.00)	-10.4%
Total Dispensing Fee	\$177,638	\$134,123	\$43,515.00	32.4%
Total Other (e.g. tax)	\$8,905	\$6,109	\$2,796.00	45.8%
Avg Total Cost per Claim (Gross Cost/Rx)	\$128.48	\$127.41	\$1.07	0.8%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$21.15	\$23.19	(\$2.04)	-8.8%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$759.33	\$739.79	\$19.54	2.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$326.61	\$218.56	\$108.05	49.4%
Member Cost Summary				
Total Member Cost	\$3,383,761	\$3,691,834	(\$308,073.00)	-8.3%
Total Copay	\$3,373,592	\$3,691,834	(\$318,242.00)	-8.6%
Total Deductible	\$10,169	\$0	\$10,169.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$22.03	\$21.50	\$0.53	2.5%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$22.10	\$21.50	\$0.60	2.8%
Avg Copay for Generic (Copay/Generic Rx)	\$7.40	\$7.33	\$0.07	1.0%
Avg Copay for Brand (Copay/Brand Rx)	\$108.48	\$104.75	\$3.73	3.6%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$38.29	\$28.69	\$9.60	33.5%
Net PMPM (Participant Cost PMPM)	\$37.53	\$35.96	\$1.57	4.4%
Copay % of Total Prescription Cost (Member Cost Share %)	17.2%	16.9%	0.3%	1.9%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$16,288,407	\$18,184,139	(\$1,895,732.00)	-10.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,237,063	\$8,997,383	(\$760,320.00)	-8.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$8,051,344	\$9,186,756	(\$1,135,412.00)	-12.4%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$106.38	\$105.91	\$0.47	0.4%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$13.74	\$15.86	(\$2.12)	-13.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$650.86	\$635.04	\$15.82	2.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$288.31	\$189.88	\$98.43	51.8%
Net PMPM (Plan Cost PMPM)	\$180.65	\$177.11	\$3.54	2.0%
PMPM for Specialty Only (Specialty PMPM)	\$89.29	\$89.48	(\$0.19)	-0.2%
PMPM without Specialty (Non-Specialty PMPM)	\$91.35	\$87.63	\$3.72	4.2%
Rebates Received (Q1-Q4 FY2022 actual)	\$3,922,334.97	\$4,172,313.36	(\$249,978.39)	-6.0%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$137.14	\$136.47	\$0.67	0.5%
PMPM for Specialty Only (Specialty PMPM)	\$74.77	\$75.78	(\$1.01)	-1.3%
PMPM without Specialty (Non-Specialty PMPM)	\$59.59	\$61.42	(\$1.83)	-3.0%

Appendix D

Index of Tables Health Plan of Nevada –Utilization Review for PEBP July 1, 2021 – June 30, 2022

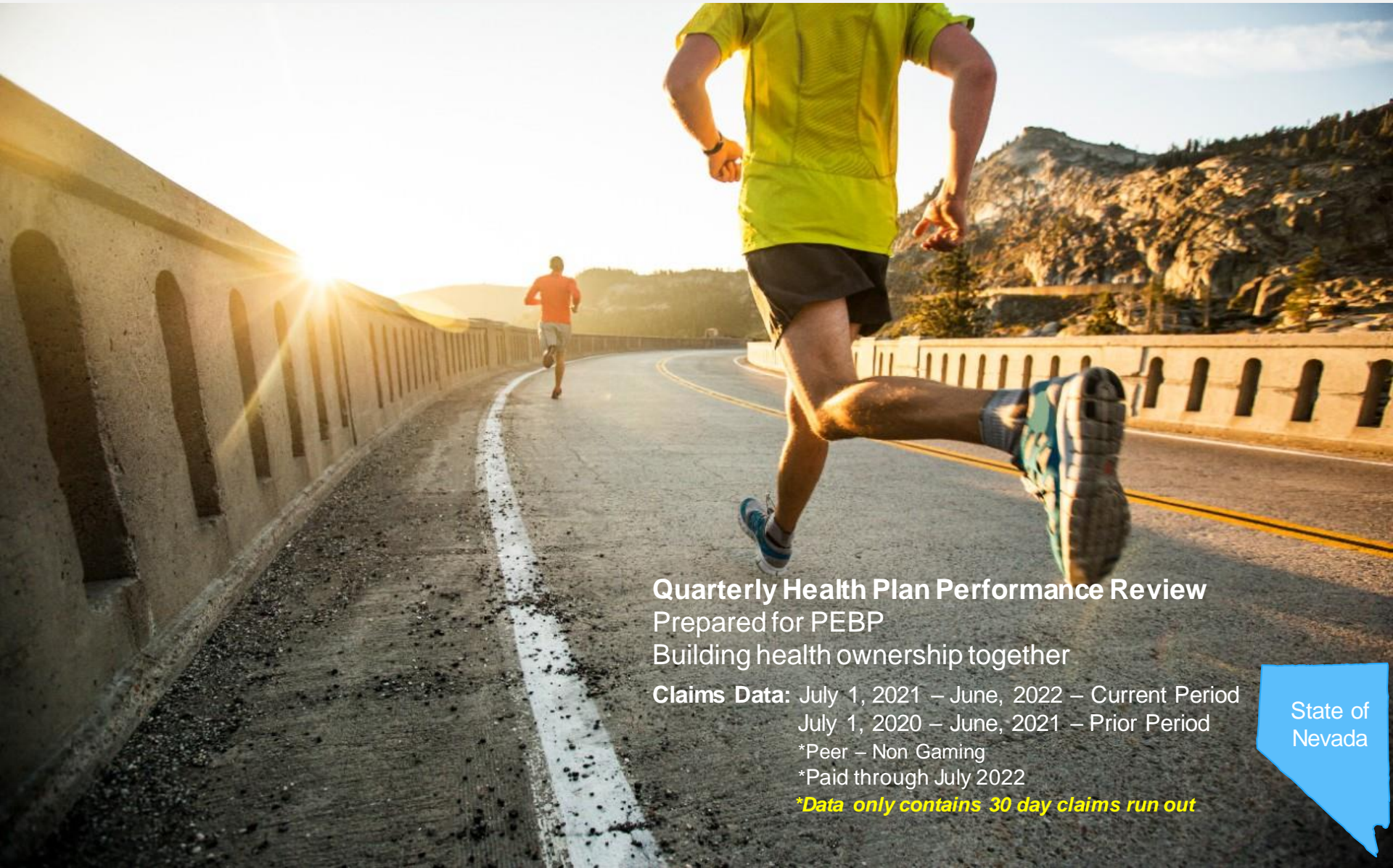
KEY PERFORMANCE INDICATORS

Demographic Overview	3
Utilization Highlights.....	6
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High Cost Claimants.....	11

PRESCRIPTION DRUG COSTS

Prescription Drug Cost	7
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Power Of Partnership.



Quarterly Health Plan Performance Review
Prepared for PEBP
Building health ownership together

Claims Data: July 1, 2021 – June, 2022 – Current Period
July 1, 2020 – June, 2021 – Prior Period

*Peer – Non Gaming

*Paid through July 2022

****Data only contains 30 day claims run out***

State of
Nevada



Key Performance Indicators
Includes Demographics And
Financials

39 years experience caring for Nevadans and their families



Member Centered
Solutions



Access to
Southwest
Medical/OptumCare



Cost Structure
& Network
Strength



Local Service
& Wellness
Resources



On-Site Hospital
Case Managers

Our Care Delivery Assets in Nevada

- ✓ 45 OptumCare locations and expanding
- ✓ Over 450 providers practicing evidence-based medicine
- ✓ 6 high acuity urgent cares with home waiting room option
- ✓ Patient portal with e-visit capabilities
- ✓ Robust integrated EMR
- ✓ Access to schedule, renew script and view test results
- ✓ 2 ambulatory surgery centers
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

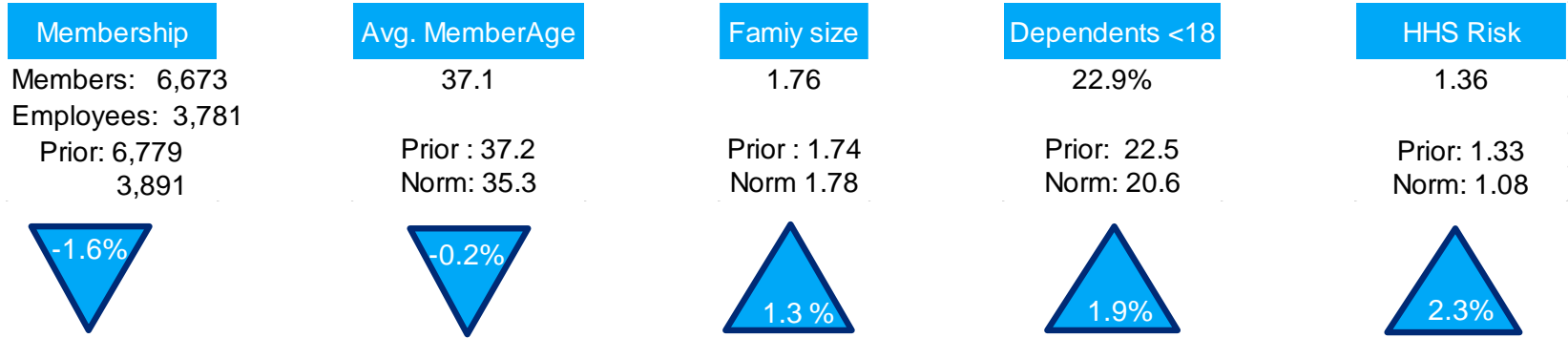
Enhancements Made for Your Members

- ✓ Provided COVID-19 testing and vaccinations at multiple locations throughout the Las Vegas area, including drive through locations.
- ✓ Introduced the **Tummy2Toddler pregnancy support app** helping mothers stay healthy during every step of pregnancy and early childhood.
- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits

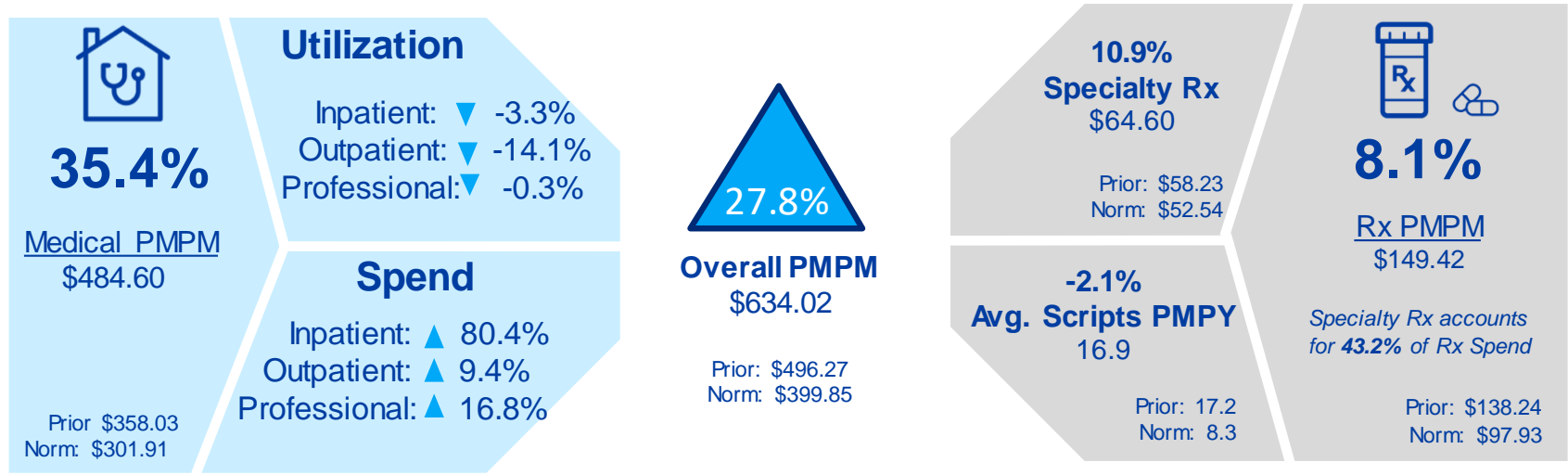
Demographic and Financial Overview



Demographics



Medical and Rx Spend





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Key Metrics			
Utilization Metric	Prior	Current	Δ
Physician Office Vists PMPY	2.4	2.3	-4.2%
Specialist Office Vists PMPY	4.7	4.9	4.3%
ER Visits per K	77.0	80.5	4.5%
UC Visits per K	148.1	160.3	8.2%
On Demand	515.6	395.2	-23.3%
OutPatient Surgery			
ASC	126.6	125.3	-1.0%
Facility	41.6	37.0	-11.0%
Inpatient Utilization			
Admissions Per K	48.2	50.0	3.7%
Bed Days Per K	285.9	338.4	18.4%
Average Length of Stay	5.9	6.8	14.1%

**Not representative of all Utilization*

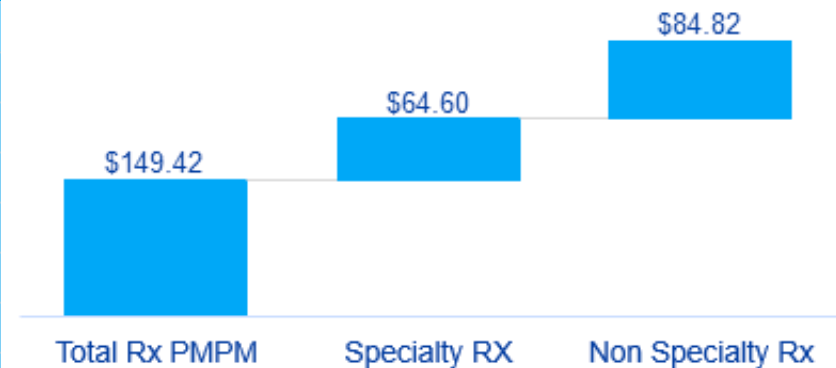
Highlights

- PCP Visits decreased in the current period, down -4.2%
- Specialist Office visits increased 4.3%
- ER utilization increased 4.5% on a Per K basis
 - Average paid per visit decreased -15.5%, due to less emergent cases
- Urgent Care Utilization increased 8.2%
- Outpatient surgeries had decreases at both ASC and OP Facility settings
 - Procedures in ASC settings are more than double than those at OP setting
- On Demand utilization dropped -23.3%. Consistent with our book of business. More people heading to physician offices post pandemic.
- IP Admits increased 3.7% from the prior period
- Overall IP spend jumped 81.6%
 - Average length of stay increased 14.1%
 - 8 Admits greater than 40 days
 - 17 Admits with spend greater than \$100k

Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,779	6,673	-1.6%		
Average Prescriptions PMPY	17.2	16.9	-2.1%	8.3	102.6%
Formulary Rate	91.6%	89.8%	-2.0%	86.9%	3.3%
Generic Use Rate	85.3%	83.7%	-1.9%	82.3%	1.7%
Generic Substitution Rate	97.4%	98.2%	0.8%	98.0%	0.2%
Employee Cost Share PMPM	\$22.83	\$27.91	22.2%	\$10.74	159.7%
Avg Net Paid per Prescription	\$96.36	\$106.39	10.4%	\$106.19	0.2%
Net Paid PMPM	\$138.24	\$149.42	8.1%	\$73.62	103.0%

Paid Benefit by Type

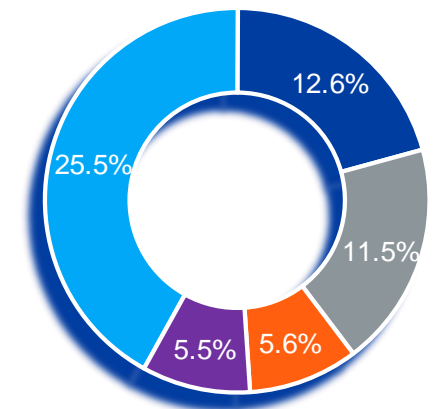


Pharmacy Spend is up 8.1% (\$11.18 PMPM)

- Average net paid per script increased 10.4% (up \$10.03 PMPM from prior period)
- Consistent with market trends; diabetic compliance is on the rise Antidiabetic Rx Spend increased 5.1% year over year
- Specialty Rx Spend increased 10.9% on a PMPM basis
Specialty Rx Drivers:
 - *Humira Pen (Analgesics, spend up 6.6%)
 - *Jardiance (Antidiabetics, spend up 24.6%)
 - *Ozempic (Antidiabetics, spend up 43.5%)
- Avg. Prescriptions PMPY decreased -2.1%

Top 5 Therapeutic Classes by Spend

- ANTIDIABETICS
- ANALGESICS
- DERMATOLOGICALS
- ANTIVIRALS
- ANTINEOPLASTICS



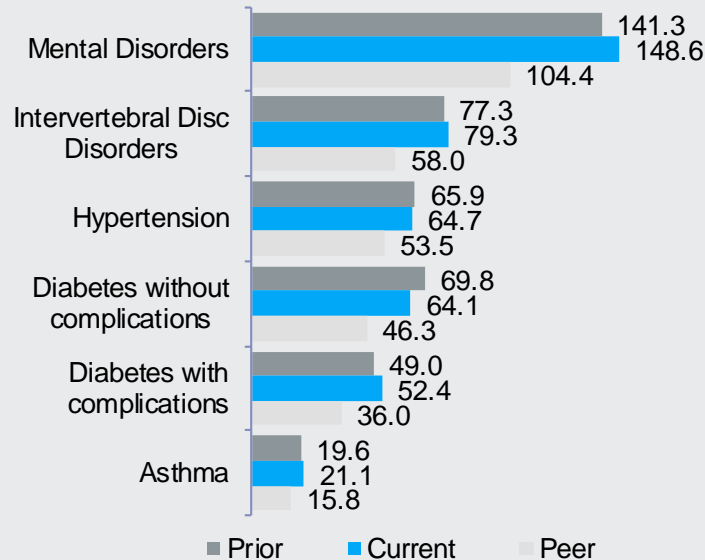


Condition Prevalence
Clinical Drivers

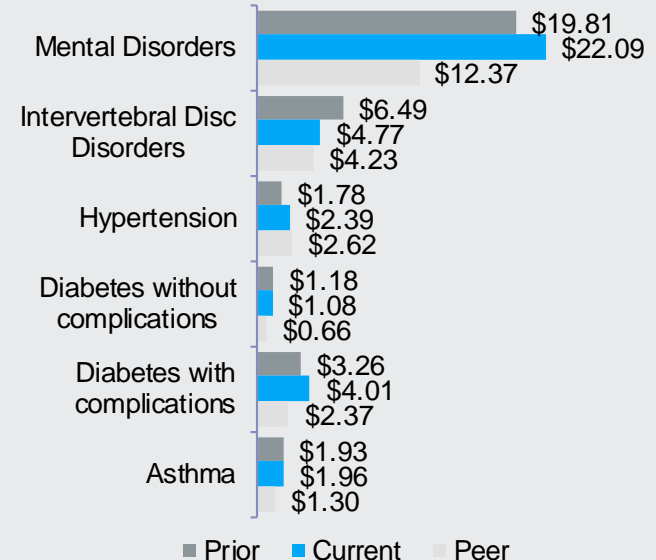
Clinical Conditions and Diagnosis



Top Common Conditions by Prevalence



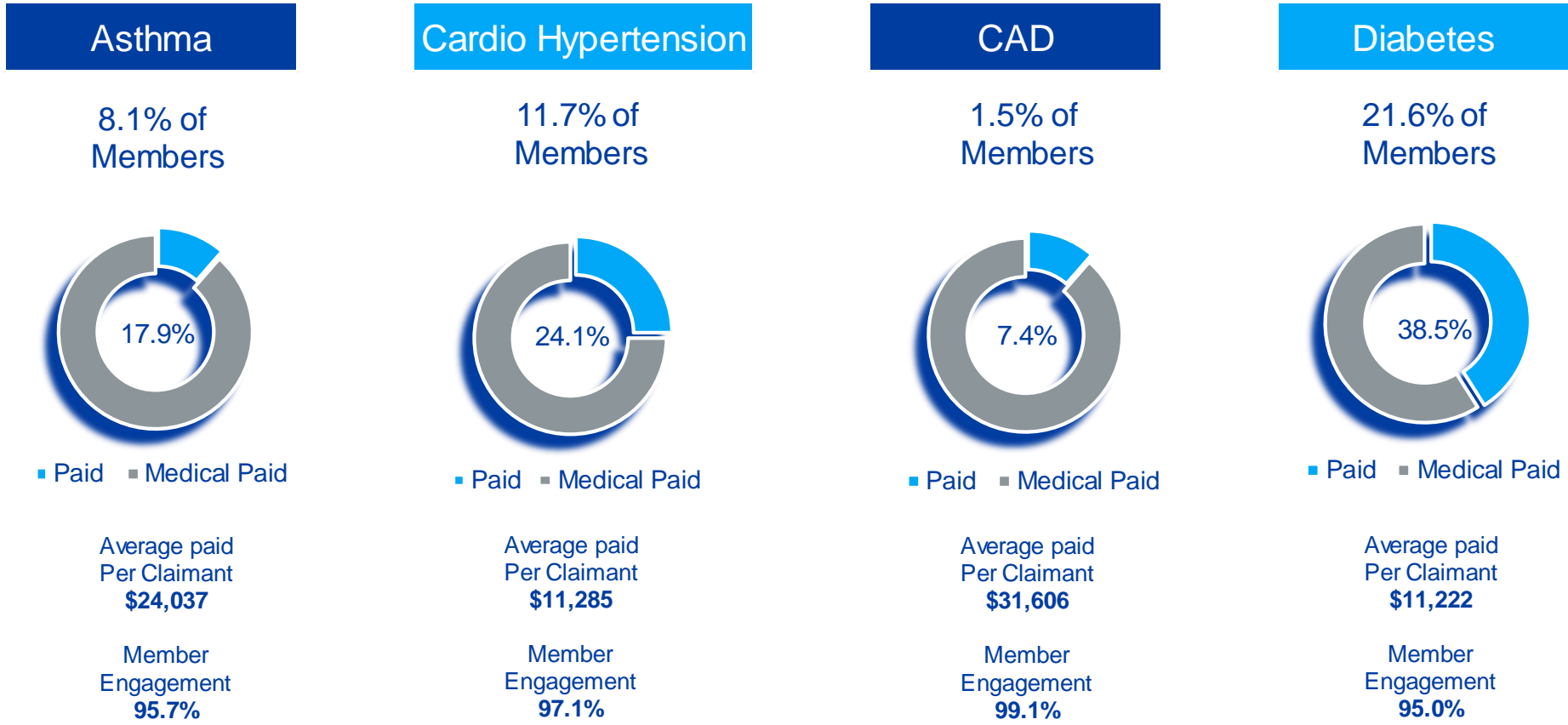
Common Conditions by PMPM



- Chronic illnesses continue to drive the top common conditions
- Mental Disorders, Intervertebral Disc Disorders and Hypertension are the most prevalent clinical conditions within this population for this period
- Mental Disorder prevalence increased 5.2% and had an increased in overall spend increased 11.6% (up, \$2.29PMPM) year over year
 - Spend on Mood disorders increased 64.2%, up \$1.85 PMPM from prior period
 - Autism spend accounts for 37.7% of Mental Disorder spend. Autism/ABA Therapy spend down -12.1% in the current period

Chronic Condition Cost Drivers

87.9% Of Medical spend driven by members with these 4 Chronic Conditions. Average Engagement 96.7%

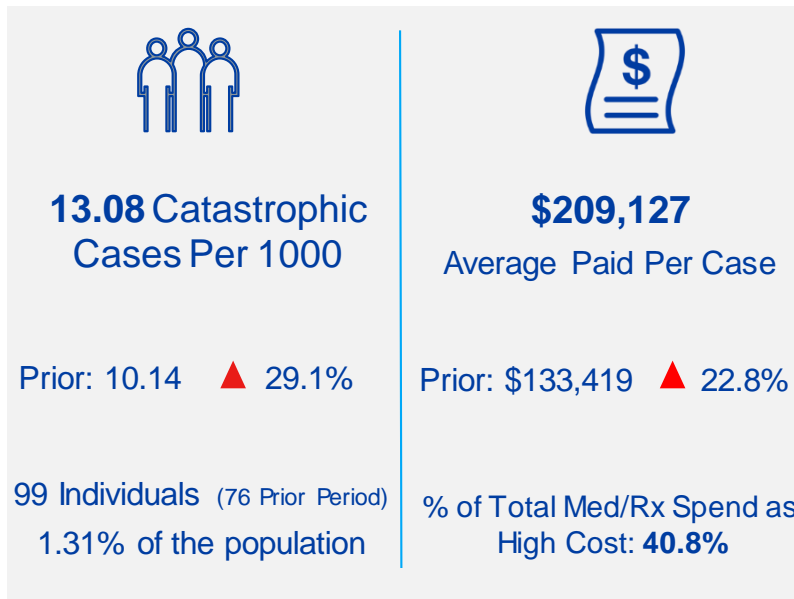


*Data obtained for this slide is for Eval period Aug-2021 thru July-2022

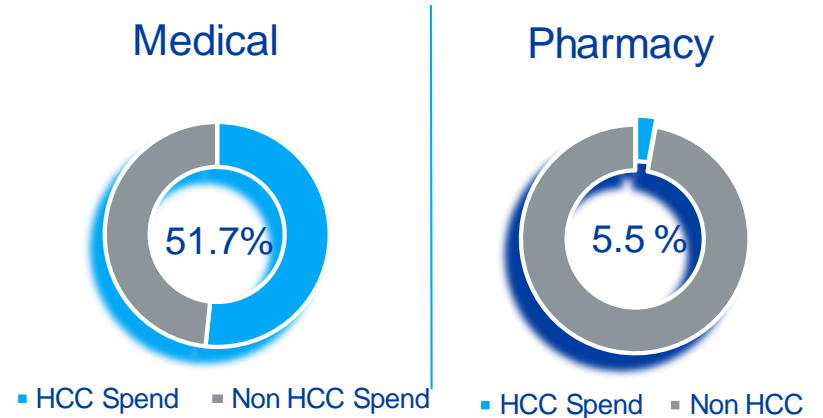


Catastrophic Cases
High Cost Claimants

Catastrophic Cases Summary (>\$50k)

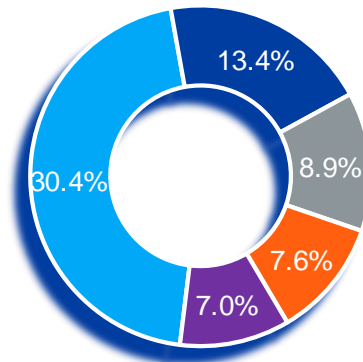


% Paid Attributed to Catastrophic Cases



Top 5 AHRQ Chapter Description by Paid

- Congenital anomalies
- Endocrine
- Neoplasms
- Complications of pregnancy
- Infectious and parasitic diseases



Claims and Spend by Relationship

