



LAURA RICH
Executive Officer

JOE LOMBARDO
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

JACK ROBB
Board Chair

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program Board
Date and Time of Meeting: January 26, 2023 9:00 a.m.
Place of Meeting: This meeting will be conducted by means of a remote technology system pursuant to NRS 241.023 using video- and tele-conference. Instructions for both options are below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at <https://youtu.be/gFvuCcPj3T0>

To submit written public comment, please upload your document to the *Public Comment Upload Form* located under *Contact Us* on the PEBP website, pebp.state.nv.us, no later than two business days prior to the meeting.

To listen to and view the PEBP Board Meeting please click on the YouTube Link located in "Place of Meeting" field above.

There are two agenda items designated for public comment. If you wish to provide verbal public comment during those agenda items, please follow the instructions below:

Option #1 Join the webinar as an attendee <https://us06web.zoom.us/j/81420199710>

This link is only for those who want to make public comment. If you are just listening to the webinar, please use the YouTube Link located in the "Place of Meeting" field above.

Option #2 Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 814 2019 9710 then press #. When prompted for a Participant ID, please enter #.

Participants that call in will be muted until it is time for public comment. A moderator will then unmute callers one at a time for public comment.

To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-7016 or email wlunz@peb.nv.gov

Meeting materials can be accessed here: <https://pebp.state.nv.us/meetings-events/board-meetings/>

AGENDA

1. Open Meeting; Roll Call

2. Public Comment

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

3. PEBP Board disclosures for applicable Board meeting agenda items. (Mike Detmer, Chief Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

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

4.1 Approval of Action Minutes from the December 5, 2022 PEBP Board Meeting

4.2 Receipt of quarterly staff reports for the period ending September 30, 2022:

4.2.1 Budget Report

4.2.2 Utilization Report

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

4.3.1 UMR – Obesity Care Management

4.3.2 UMR – Diabetes Care Management

4.3.3 UnitedHealthcare – Utilization and Large Case Management paid through October 31, 2022

4.3.4 UnitedHealthcare – Basic Life Insurance

4.3.5 Willis Towers Watson's Individual Marketplace Enrollment and Performance Report

4.3.6 Sierra Healthcare Options – PPO Network

4.3.7 HealthPlan of Nevada, Inc. – Southern Nevada HMO

4.3.8 Doctor on Demand Engagement Report through September 2022

- 4.4 Acceptance of the annual PEBP Appeals and Complaints Summary for submission to the Nevada Division of Insurance and Department of Health and Human Services.
5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)
6. Presentation on PEBP portion of the Governor's Recommended Budget (Laura Rich, Executive Officer) (Information/Discussion)
7. Discussion and possible action on recommended changes to Master Plan Documents for Plan Year 24 (July 1, 2023 – June 30, 2024) (Laura Rich, Executive Officer) (**For Possible Action**)
 - 7.1 Consumer Driven Health Plan (CDHP)
 - 7.2 Low Deductible (LD) Plan
 - 7.3 Exclusive Provider Organization (EPO) Plan
 - 7.4 Enrollment & Eligibility
 - 7.5 Flexible Spending Account
 - 7.6 Medicare Health Reimbursement Arrangement
 - 7.7 Section 125
 - 7.8 Dental and Life Insurance
 - 7.9 Active Health Welfare Wrap
 - 7.10 Retiree Health Welfare Wrap
8. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) (**For Possible Action**)
 - 8.1. Contract Overview
 - 8.2. New Contracts
 - 8.2.1. Capitol Reporters
 - 8.3. Contract Amendments
 - 8.4. Contract Solicitations
 - 8.5. Status of Current Solicitations
9. Public Comment

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

<p>The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at pebp.state.nv.us/meetings-events/board-/meetings (under the</p>

Board Meeting date referenced above). Contact Wendi Lunz at PEBP, 901 S Stewart Street, Suite 1001, Carson City NV 89701 (775) 684-7020 or (800) 326-5496.

An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.

All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 901 South Stewart Street, Suite 1001, Carson City, NV 89701, or call Wendi Lunz at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.

Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 901 South Stewart Street, Suite 1001, Carson City, Nevada, 89701 or on the PEBP website at pebp.state.nv.us. For additional information, contact Wendi Lunz at (775) 684-7020 or (800) 326-5496.

Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at pebp.state.nv.us, and also posted to the public notice website for meetings at <https://notice.nv.gov>. In addition, the agenda was mailed to groups and individuals as requested.

1.

1. Open Meeting; Roll Call

2.

2. Public Comment

3.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Mike Detmer, Chief Deputy Attorney General)
(Information/Discussion)

4.

4. Consent Agenda (Jack Robb, Board Chair) **(All Items for Possible Action)**

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

- 4.1 Approval of Action Minutes from the December 5, 2022 PEBP Board Meeting
- 4.2 Receipt of quarterly staff reports for the period ending September 30, 2022:
 - 4.2.1 Budget Report
 - 4.2.2 Utilization Report
- 4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:
 - 4.3.1 UMR – Obesity Care Management
 - 4.3.2 UMR – Diabetes Care Management
 - 4.3.3 UnitedHealthcare – Utilization and Large Case Management paid through October 31, 2022
 - 4.3.4 UnitedHealthcare – Basic Life Insurance
 - 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment and Performance Report
 - 4.3.6 Sierra Healthcare Options – PPO Network
 - 4.3.7 Health Plan of Nevada, Inc. – Southern Nevada HMO
 - 4.3.8 Doctor on Demand Engagement Report through September 2022
- 4.4 Acceptance of the annual PEBP Appeals and Complaints Summary for submission to the Nevada Division of Insurance and Department of Health and Human Services.

4.1

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.1 Approval of Action Minutes from the December 5, 2022 PEBP Board Meeting.

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

4150 Technology Way
Carson City
Video/Telephonic Open Meeting

ACTION MINUTES (Subject to Board Approval)

December 5, 2022

MEMBERS PRESENT

VIA TELECONFERENCE:

Ms. Laura Freed, Board Chair
Mr. Jim Barnes, Vice Chair
Ms. Linda Fox, Member
Mr. Tom Verducci, Member
Ms. Betsy Aiello, Member
Ms. April Caughron, Member
Ms. Michelle Kelley, Member
Ms. Leslie Bittleston, Member
Ms. Janell Woodward, Member
Dr. Jennifer McClendon, Member

FOR THE BOARD:

Ms. Radhika Kunnel, Deputy Attorney General

FOR STAFF:

Ms. Laura Rich, Executive Officer
Mr. Nik Proper, Operations Officer
Ms. Cari Eaton, Chief Financial Officer
Ms. Wendi Lunz, Executive Assistant

OTHER PRESENTERS:

Joni Amato – CTI
Rhonda Huckaby – UMR
Amy Dunn – Segal
Richard Ward – Segal
Dr. Sadhna Paralkar – Segal
Joanna Balogh-Reynolds - Segal
Jesse Stockwell – UMR
Luis Doffo – HSA Bank

1. Open Meeting; Roll Call

- Board Chair Freed opened the meeting at 9:01 a.m.

2. Public Comment

- Brooke Maylath
- Kent Ervin – Nevada Faculty Alliance

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

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

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

- 4.1 Approval of Action Minutes from the September 29, 2022 PEBP Board Meeting
- 4.2 Acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Health Reimbursement Arrangement Plan administered by Via Benefits from Willis Towers Watson for the period of July 1, 2021 through June 30, 2022.

BOARD ACTION ON ITEM 4

MOTION: Motion to approve the consent agenda items.

BY: Member Leslie Bittleston

SECOND: Member Michelle Kelley

VOTE: Unanimous; the motion carried

5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)

6. Acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Third-Party Administrator, HealthSCOPE Benefits for the period of April 1, 2022 – June 30, 2022. (Claim Technologies Incorporated) (**For Possible Action**)

BOARD ACTION ON ITEM 6

MOTION: Motion to accept the findings of the audit and HealthSCOPE's response and penalties assessed.

BY: Member Michelle Kelley

SECOND: Member April Caughron

VOTE: Unanimous; the motion carried

7. Acceptance of Biennial Compliance Report including possible action on, but not limited to, the following items:

- 7.1 Mental Health Parity

- 7.2 Excepted Benefits

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

BOARD ACTION ON ITEM 7.1

MOTION: Motion to direct direct staff to move forward with the opt out process, but also directing that we would like to have both the qualitative and quantitative testing done on the self-insured plans with results brought back to the Board within nine months.

BY: Member Michelle Kelley

SECOND: Member Leslie Bittleston

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 7.2

MOTION: Motion to eliminate the annual maximum for pediatric dental for children under 19.

BY: Member Betsy Aiello

SECOND: Member Leslie Bittleston

VOTE: Unanimous; the motion carried

8. Presentation of proposed changes to Dental Master Plan Document for Plan Year 2023 (Laura Rich, Executive Officer) **(For Possible Action)**

BOARD ACTION ON ITEM 8

MOTION: Motion to approve the proposed changes as presented and recommended by PEBP staff.

BY: Member Betsy Aiello

SECOND: Member Michelle Kelley

VOTE: Unanimous; the motion carried

9. Presentation of wage and benefit survey results (Laura Rich, Executive Officer)(Information/Discussion)

10. Discussion and possible action on potential program design changes for Plan Year 2024 (July 1, 2023 to June 30, 2024) including, but not limited to the following:

- 10.1 Real Appeal

- 10.2 Hinge Health

- 10.3 Doctor on Demand
- 10.4 Expanded Travel Benefit
- 10.5 Medical Travel Program
- 10.6 Cancer Concierge
- 10.7 Dental Plan Annual Maximum Limits
- 10.8 Premium Credits
- 10.9 HRA Credits
- 10.10 Lifestyle Spending Account

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

BOARD ACTION ON ITEM 10.1 – 10.7

MOTION: Motion to accept staff's recommendation and adopt Real Appeal, Hinge Health, Abortion Travel, Medical Travel and the oncology Concierge program and for PEBP staff to conduct RFP's on any or all of those as needed.

BY: Member Leslie Bittleston

SECOND: Member Michelle Kelley

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 10.8 – 10.10

MOTION: Motion to select the HSA/HRA option for active employees. It is currently at \$300 at the maximum, but I allow staff to look at that as well, up to 325 or 350, somewhere between 350 and 300 for active employees effective July 1, 2023.

BY: Member Leslie Bittleston

SECOND: Member April Caughron

VOTE: Unanimous; the motion carried

11. Presentation and possible action on the status and approval of PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) **(For Possible Action)**

- 11.1 Contract Overview
- 11.2 New Contracts
 - 11.2.1 Contract with Former State Employee
- 11.3 Contract Amendments
- 11.4. Contract Solicitations
- 11.5 Status of Current Solicitations

BOARD ACTION ON ITEM 11.2.1

MOTION: Motion to approve the contract as submitted by PEBP staff and then we can go back to Item Number 10.

BY: Member Leslie Bittleston

SECOND: Member Tom Verducci

VOTE: Unanimous; the motion carried

***ITEM 10 REOPENED PER MOTION FROM MEMBER LESLIE BITTLESTON**

BOARD ACTION ON ITEM 10

MOTION: Motion to increase dental maximum from 1,500 to 2,000.

BY: Member Janelle Woodward

SECOND: Member Leslie Bittleston

VOTE: Unanimous; the motion carried

12. Public Comment

13. Adjournment

- Board Chair Freed adjourned the meeting at 2:22 p.m.

4.2

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.1 Approval of Action Minutes from the December 5, 2022 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the period ending September 30, 2022

4.2.1

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.2 Receipt of quarterly staff reports for the period ending September 30, 2022:

4.2.1 Budget Report



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Board Chair

AGENDA ITEM

Action Item

Information Only

Date: January 26, 2023

Item Number: IV.II.I

Title: Chief Financial Officer Budget Report

Summary

This report addresses the Operational Budget as of September 30, 2022 to include:

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

Budget Account 1338 – Operational Budget – Shown below is a summary of the operational budget account status as of September 30, 2022, with comparisons to the same period in Fiscal Year 2022. The budget status is reported on a cash basis and does not include incurred expenses and income owed to the fund.

The budget status report reflects actual income of \$77.7 million as of September 30, 2022, compared to \$88.2 million as of September 30, 2021, or a decrease of 11.9%. Total expenses for the period have decreased by \$6.7 million or 6.5% for the same period.

The budget status report shows Realized Funding Available (cash) at \$131.3 million. This compares to \$145.2 million for last year. The table below reflects the actual revenue and expenditures for the period.

Operational Budget 1338

	FISCAL YEAR 2023			FISCAL YEAR 2022		
	Actual as of 9/30/2022	Work Program	Percent	Actual as of 9/30/2021	Fiscal Year 2022 Close	Percent
Beginning Cash	148,854,786	148,854,786	100%	159,011,280	159,011,280	100%
Premium Income	69,333,934	390,499,657	18%	84,457,475	348,069,497	24%
All Other Income	8,396,850	22,371,771	38%	3,744,797	32,877,594	11%
Total Income	77,730,784	412,871,428	19%	88,202,272	380,947,091	23%
Personnel Services	471,421	2,935,386	16%	446,825	2,382,790	19%
Operating - Other than Personnel	743,043	3,084,395	24%	465,100	2,919,211	16%
Insurance Program Expenses	93,981,030	410,458,880	23%	100,977,789	384,632,203	26%
All Other Expenses	102,414	424,234	24%	85,350	1,169,380	7%
Total Expenses	95,297,908	416,902,895	23%	101,975,063	391,103,584	26%
Change in Cash	(17,567,124)	(4,031,467)		(13,772,791)	(10,156,494)	
REALIZED FUNDING AVAILABLE	131,287,662	144,823,319	91%	145,238,489	148,854,786	98%
Incurring But Not Reported Liability	(51,030,000)	(51,030,000)		(52,286,000)	(52,286,000)	
Catastrophic Reserve	(38,426,000)	(38,426,000)		(34,875,000)	(34,875,000)	
HRA Reserve	(22,800,889)	(22,800,889)		(25,056,050)	(25,056,050)	
NET REALIZED FUNDING AVAILABLE	19,030,773	32,566,430		33,021,439	36,637,736	

Current Budget Projections

The following table represents projections for FY 2023. The projection reflects total income to be less than budgeted by 3.2% (\$543.8 million vs \$561.7 million), total expenditures are projected to be less than budgeted by 2.0% (\$408.0 million vs \$416.3 million); total reserves are projected to be less than budgeted by 6.6% (\$135.8 million vs \$145.4 million).

State Subsidies are projected to be less than the budgeted amount by \$21.6 million (7.3%), Non-State Subsidies are projected to be more than budgeted by \$1.0 million (5.0%), and Premium Income is projected to be less than budgeted by \$11.1 million (15.0%). This overall decrease in budgeted revenue is due in part to a planned 1-month employee premium holiday in October 2022 and due in large part to a reduction in State Subsidies and participant premiums as a result of average enrollment as compared to budgeted enrollment and a change in the mix of plan tiers. The mix of participants is as follows:

- 1.99% fewer state actives,
- 1.87% more state non-Medicare retirees,
- 14.3% fewer non-state actives,
- 21.2% fewer non-state, non-Medicare retirees
- 4.62% more state Medicare retirees, and
- 1.94% fewer non-state Medicare retirees

Budgeted and Projected Income (Budget Account 1338)					
Description	Budget	Actual 9/30/22	Projected	Difference	
Carryforward	148,854,786	148,854,786	148,854,786	0	0.0%
State Subsidies	295,515,312	46,656,265	273,909,727	(21,605,585)	-7.3%
Non-State Subsidies	20,784,265	5,414,488	21,817,867	1,033,602	5.0%
Premium	74,200,080	17,263,181	63,078,677	(11,121,403)	-15.0%
COVID Funds	0	0	0	0	84.6%
Appropriations	6,009,449	0	6,009,449	0	-3.2%
All Other	16,329,797	8,396,850	30,140,998	13,811,201	84.6%
Total	561,693,689	226,585,570	543,811,505	(17,882,184)	-3.2%
Budgeted and Projected Expenses (Budget Account 1338)					
Description	Budget	Actual 9/30/22	Projected	Difference	
Operating	5,870,073	1,316,878	5,368,324	501,749	8.5%
State Insurance Costs	361,575,444	83,285,107	354,082,036	7,493,408	2.1%
Non-State Insurance Costs	11,952,082	1,868,831	9,184,248	2,767,834	23.2%
Medicare Retiree Insurance Costs	36,931,354	8,827,092	39,365,073	(2,433,719)	-6.6%
Total Insurance Costs	410,458,880	93,981,031	402,631,357	7,827,523	1.9%
Total Expenses	416,328,953	95,297,909	407,999,681	8,329,272	2.0%
Restricted Reserves	112,256,889	112,256,889	112,599,364	(342,475)	-0.3%
Differential Cash Available	33,107,847	19,030,772	23,212,460	9,895,387	29.9%
Total Reserves	145,364,736	131,287,661	135,811,824	9,552,912	6.6%
Total of Expenses and Reserves	561,693,689	226,585,570	543,811,505	17,882,184	3.2%

Expenses for Fiscal Year 2023 are projected to be \$8.3 million (2.0%) less than budgeted when changes to reserves are excluded. Operating expenses are projected to be less than budgeted by \$0.5 million (8.5%). Employee and Retiree insurances costs are projected to be less than budgeted by \$7.8 million (1.9%) when taken in total (see table above for specific information).

Recommendations

None.

4.2.2

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.2 Receipt of quarterly staff reports for the period ending September 30, 2022:

4.2.1 Budget Report

4.2.2 Utilization Report



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Board Chair

AGENDA ITEM

Action Item

Information Only

Date: January 26, 2023

Item Number: IV.II.II

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

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2023 period ending September 30, 2022. Included are:

- Executive Summary – provides a utilization overview.
- UMR Inc. CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. LDPPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. 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 Q1 Plan Year 2023 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q1 of Plan Year 2023 compared to Q1 of Plan Year 2022 is summarized below.

- Population:
 - 13.6% decrease for primary participants
 - 17.0% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 2.9% increase for primary participants
 - 3.2% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 18 High-Cost Claimants accounting for 22.5% of the total plan paid for Q1 of Plan Year 2023
 - 19.0% decrease in High-Cost Claimants per 1,000 members
 - 17.9% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$1.1 million) – 32.9% of paid claims
 - Infections (\$0.5 million) – 15.1% of paid claims
 - Pregnancy-related Disorders (\$0.5 million) – 13.2% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased 4.2%
 - Average paid per ER visit remained the same 0.0%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 14.0%
 - Average paid per Urgent Care visit decreased 40.4% (decrease from \$52 to \$31)
- Network Utilization:
 - 98.8% of claims are from In-Network providers
 - Q1 of Plan Year 2023 In-Network utilization increased 0.4% over PY 2022
 - Q1 of Plan Year 2023 In-Network discounts increased 2.2% over PY 2022
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 14.5%
 - Total Gross Claims Costs decreased 2.4% (\$0.3 million)
 - Average Total Cost per Claim increased 14.1%
 - From \$99.83 to \$113.95
 - Member:
 - Total Member Cost decreased 9.3%
 - Average Participant Share per Claim increased 6.0%
 - Net Member PMPM increased 9.3%
 - From \$31.14 to \$34.03

- Plan
 - Total Plan Cost increased 0.5%
 - Average Plan Share per Claim increased 17.5%
 - Net Plan PMPM increased 21.1%
 - From \$75.41 to \$91.33
 - Net Plan PMPM factoring rebates decreased 1.5%
 - From \$57.50 to \$56.65

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q1 of Plan Year 2023 is summarized below.

- Population:
 - 85.8% increase for primary participants
 - 75.5% increase for primary participants plus dependents (members)
- Medical Cost:
 - 1.6% decrease for primary participants
 - 1.9% decrease for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 8 High-Cost Claimants accounting for 11.7% of the total plan paid for Q1 of Plan Year 2023
 - 42.7% decrease in High-Cost Claimants per 1,000 members
 - 8.6% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cancer (\$0.5 million) – 41.2% of paid claims
 - Endocrine/Metabolic Disorders (\$0.3 million) – 26.2% of paid claims
 - Gastrointestinal Disorders (\$0.2 million) – 14.4% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 0.7%
 - Average paid per ER visit increased 10.8%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 0.7%
 - Average paid per Urgent Care visit decreased 11.9% (decrease from \$118 to \$104)
- Network Utilization:
 - 99.7% of claims are from In-Network providers
 - Q1 of Plan Year 2023 In-Network utilization increased 1.1% over PY 2022
 - Q1 of Plan Year 2023 In-Network discounts increased 2.9% over PY 2022
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 79.8%
 - Total Gross Claims Costs increased 123.9% (\$3.2 million)
 - Average Total Cost per Claim increased 24.5%
 - From \$99.14 to \$123.46

- Member:
 - Total Member Cost increased 78.8%
 - Average Participant Share per Claim decreased 0.5%
 - Net Member PMPM decreased 0.6%
 - From \$23.25 to \$23.12
- Plan
 - Total Plan Cost increased 135.6%
 - Average Plan Share per Claim increased 31.0%
 - Net Plan PMPM increased 31.0%
 - From \$89.47 to \$117.24
 - Net Plan PMPM factoring rebates increased 11.9%
 - From \$67.71 to \$75.73

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q1 of Plan Year 2023 compared to Q1 of Plan Year 2022 is summarized below.

- Population:
 - 14.2% decrease for primary participants
 - 13.9% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 5.9% decrease for primary participants
 - 5.8% decrease for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 6 High-Cost Claimants accounting for 12.1% of the total plan paid for Plan Year 2023
 - 22.2% decrease in High-Cost Claimants per 1,000 members
 - 48.7% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Cardiac Disorders (\$0.4 million) – 44.6% of paid claims
 - Cancer (\$0.2 million) – 27.5% of paid claims
 - Spine-related Disorders (\$0.1 million) – 14.1% of paid claims
- Emergency Room:
 - ER visits per 1,000 members decreased by 7.2%
 - Average paid per ER visit increased by 49.4%
- Urgent Care:
 - Urgent Care visits per 1,000 members decreased by 16.2%
 - Average paid per Urgent Care visit decreased 18.8%
- Network Utilization:
 - 95.7% of claims are from In-Network providers
 - In-Network utilization decreased 4.3%
 - In-Network discounts decreased 0.5%

- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 8.0%
 - Total Gross Claims Costs increased 0.2% (\$1.0 million)
 - Average Total Cost per Claim increased 9.0%
 - From \$132.99 to \$144.92
 - Member:
 - Total Member Cost decreased 2.5%
 - Average Participant Share per Claim increased 6.0%
 - Net Member PMPM increased 13.1%
 - From \$35.58 to \$40.24
 - Plan
 - Total Plan Cost increased 0.7%
 - Average Plan Share per Claim increased 9.6%
 - Net Plan PMPM increased 16.9%
 - From \$180.39 to \$210.84
 - Net Plan PMPM factoring rebates decreased 0.5%
 - From \$139.84 to \$139.16

DENTAL PLAN

The Dental Plan experience for Q1 of Plan Year 2023 is summarized below.

- **Dental Cost:**
 - Total of \$6,875,834 paid for Dental claims
 - Preventative claims account for 42.5% (\$3.0 million)
 - Basic claims account for 28.5% (\$2.0 million)
 - Major claims account for 23.2% (\$1.6 million)
 - Periodontal claims account for 5.9% (\$0.4 million)

HEALTH REIMBURSEMENT ARRANGEMENT

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

HRA Account Balances as of September 30, 2022			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	257	0	0
\$.01 - \$500.00	1,502	438,322	292
\$500.01 - \$1,000	2,796	1,849,252	661
\$1,000.01 - \$1,500	837	1,015,327	1,213
\$1,500.01 - \$2,000	463	809,454	1,748
\$2,000.01 - \$2,500	343	766,830	2,236
\$2,500.01 - \$3,000	240	666,808	2,778
\$3,000.01 - \$3,500	215	698,734	3,250
\$3,500.01 - \$4,000	211	787,629	3,733
\$4,000.01 - \$4,500	147	623,127	4,239
\$4,500.01 - \$5,000	104	495,491	4,764
\$5,000.01 +	680	5,713,369	224,037
Total	7,795	\$ 13,864,343	\$ 1,779

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPO) and the PEBP Premier Plan (EPO) through the first quarter of Plan Year 2023. The CDHP total plan paid costs decreased 19.4% over the same time for Plan Year 2022. The LDPPO total plan paid costs increased 72.6% over Q1 of Plan Year 2022. The EPO total plan paid costs increased 21.4% over Q1 of Plan Year 2022. For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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UMR Inc. – CDHP Utilization Review for PEBP July 1, 2022 – September 30, 2022

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DATASCOPE™

Nevada Public Employees' Benefits Program

HDHP Plan

July 2022 – September 2022 Incurred,

Paid through November 30, 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q23 was \$15,474,372 of which 77.8% was spent in the State Active population. When compared to 1Q22, this reflected a decrease of 19.4% in plan spend, with State Actives having a decrease of 20.7%.
 - When compared to 1Q21, 1Q23 decreased 34.9%, with State Actives having a decrease of 30.8%.
- On a PEPY basis (annualized), 1Q23 reflected a decrease of 6.1% when compared to 1Q22. The largest group, State Actives, decreased 7.1%.
 - When compared to 1Q21, 1Q23 decreased 8.9%, with State Actives remaining flat.
- 97.1% of the Average Membership had paid Medical claims less than \$2,500, with 49.3% of those having no claims paid at all during the reporting period.
- There were 18 high-cost Claimants (HCC's) over \$100K, that accounted for 22.5% of the total spend. HCCs accounted for 23.0% of total spend during 1Q22, with 27 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 32.9% of high-cost claimant dollars.
- IP Paid per Admit was \$18,851 which is a decrease of 42.4% compared to 1Q22.
- ER Paid per Visit is \$1,717, which is equal to 1Q22.
- 98.8% of all Medical spend dollars were to In Network providers. The average In Network discount was 67.3%, which is an increase of 3.4% compared to the PY22 average discount of 65.1%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	1Q22						1Q23						% 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	\$ 585,989	\$ 715	\$ 542	\$ 1	\$ 586,531	\$ 716	\$ 908,346	\$ 1,655	\$ 300	\$ 1	\$ 908,646	\$ 1,655	54.9%	131.1%
1	\$ 98,538	\$ 122	\$ 178	\$ 0	\$ 98,716	\$ 122	\$ 71,998	\$ 109	\$ 557	\$ 1	\$ 72,555	\$ 110	-26.5%	-9.8%
2 - 4	\$ 297,798	\$ 103	\$ 66,168	\$ 23	\$ 363,966	\$ 126	\$ 173,075	\$ 88	\$ 42,433	\$ 21	\$ 215,508	\$ 109	-40.8%	-13.7%
5 - 9	\$ 218,965	\$ 39	\$ 115,019	\$ 20	\$ 333,984	\$ 59	\$ 426,199	\$ 99	\$ 42,654	\$ 10	\$ 468,853	\$ 109	40.4%	84.2%
10 - 14	\$ 635,713	\$ 99	\$ 102,977	\$ 16	\$ 738,690	\$ 115	\$ 380,727	\$ 75	\$ 73,377	\$ 15	\$ 454,104	\$ 90	-38.5%	-21.7%
15 - 19	\$ 774,017	\$ 112	\$ 142,729	\$ 21	\$ 916,746	\$ 133	\$ 985,395	\$ 176	\$ 187,388	\$ 33	\$ 1,172,783	\$ 209	27.9%	57.7%
20 - 24	\$ 504,165	\$ 64	\$ 249,497	\$ 31	\$ 753,662	\$ 95	\$ 644,210	\$ 95	\$ 246,498	\$ 36	\$ 890,708	\$ 131	18.2%	37.7%
25 - 29	\$ 1,334,918	\$ 212	\$ 202,998	\$ 32	\$ 1,537,916	\$ 244	\$ 785,930	\$ 165	\$ 227,385	\$ 48	\$ 1,013,315	\$ 212	-34.1%	-12.9%
30 - 34	\$ 1,029,947	\$ 139	\$ 358,382	\$ 48	\$ 1,388,329	\$ 188	\$ 1,121,299	\$ 192	\$ 277,940	\$ 48	\$ 1,399,239	\$ 239	0.8%	27.4%
35 - 39	\$ 1,395,876	\$ 178	\$ 289,065	\$ 37	\$ 1,684,941	\$ 215	\$ 633,006	\$ 102	\$ 347,087	\$ 56	\$ 980,093	\$ 157	-41.8%	-27.0%
40 - 44	\$ 1,217,887	\$ 160	\$ 442,504	\$ 58	\$ 1,660,391	\$ 219	\$ 807,807	\$ 123	\$ 464,125	\$ 71	\$ 1,271,932	\$ 194	-23.4%	-11.4%
45 - 49	\$ 1,395,266	\$ 190	\$ 619,899	\$ 84	\$ 2,015,165	\$ 274	\$ 800,634	\$ 130	\$ 520,322	\$ 84	\$ 1,320,956	\$ 214	-34.4%	-21.8%
50 - 54	\$ 2,254,929	\$ 270	\$ 882,178	\$ 106	\$ 3,137,107	\$ 376	\$ 2,070,352	\$ 292	\$ 928,294	\$ 131	\$ 2,998,646	\$ 422	-4.4%	12.3%
55 - 59	\$ 2,604,156	\$ 289	\$ 1,399,532	\$ 155	\$ 4,003,688	\$ 444	\$ 1,961,822	\$ 250	\$ 1,233,676	\$ 157	\$ 3,195,498	\$ 407	-20.2%	-8.2%
60 - 64	\$ 3,255,124	\$ 307	\$ 1,728,598	\$ 163	\$ 4,983,722	\$ 471	\$ 2,504,622	\$ 270	\$ 1,781,601	\$ 192	\$ 4,286,223	\$ 461	-14.0%	-2.0%
65+	\$ 1,606,350	\$ 250	\$ 1,092,783	\$ 170	\$ 2,699,133	\$ 419	\$ 1,198,951	\$ 197	\$ 1,398,679	\$ 230	\$ 2,597,630	\$ 427	-3.8%	1.8%
Total	\$ 19,209,638	\$ 188	\$ 7,693,048	\$ 75	\$ 26,902,686	\$ 263	\$ 15,474,372	\$ 182	\$ 7,772,316	\$ 92	\$ 23,246,688	\$ 274	-13.6%	4.2%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year
Enrollment												
Avg # Employees	23,443	19,387	16,758	-13.6%	19,615	15,913	13,583	-14.6%	3	3	3	0.0%
Avg # Members	42,568	34,084	28,288	-17.0%	36,994	29,005	23,675	-18.4%	7	8	8	0.0%
Ratio	1.8	1.8	1.7	-4.0%	1.9	1.8	1.7	-4.4%	2.1	2.7	2.7	0.0%
Financial Summary												
Gross Cost	\$36,350,184	\$30,138,301	\$24,743,098	-17.9%	\$27,371,273	\$23,550,658	\$18,886,283	-19.8%	\$1,525	\$5,957	\$7,455	25.1%
Client Paid	\$23,770,137	\$19,209,638	\$15,474,372	-19.4%	\$17,418,800	\$15,196,144	\$12,046,374	-20.7%	\$465	\$857	\$2,557	198.4%
Employee Paid	\$12,580,047	\$10,928,663	\$9,268,726	-15.2%	\$9,952,474	\$8,354,514	\$6,839,909	-18.1%	\$1,060	\$5,099	\$4,898	-3.9%
Client Paid-PEPY	\$4,056	\$3,936	\$3,694	-6.1%	\$3,552	\$3,820	\$3,547	-7.1%	\$558	\$1,143	\$3,409	198.3%
Client Paid-PMPY	\$2,234	\$2,254	\$2,188	-2.9%	\$1,883	\$2,096	\$2,035	-2.9%	\$266	\$429	\$1,278	197.9%
Client Paid-PEPM	\$338	\$330	\$308	-6.7%	\$296	\$318	\$296	-6.9%	\$47	\$95	\$284	198.9%
Client Paid-PMPM	\$186	\$188	\$182	-3.2%	\$157	\$175	\$170	-2.9%	\$22	\$36	\$107	197.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	20	27	18	-33.3%	13	20	13	-35.0%	0	0	0	0.0%
HCC's / 1,000	0.5	0.8	0.6	-19.0%	0.4	0.7	0.6	-20.3%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$231,208	\$163,951	\$193,351	17.9%	\$161,334	\$174,359	\$197,111	13.0%	\$0	\$0		0.0%
HCC's % of Plan Paid	19.5%	23.0%	22.5%	-2.2%	12.0%	22.9%	21.3%	-7.0%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$706	\$798	\$647	-18.9%	\$546	\$742	\$589	-20.6%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$720	\$660	\$744	12.7%	\$583	\$573	\$675	17.8%	\$0	\$40	\$1,278	3095.0%
Physician	\$765	\$748	\$797	6.6%	\$722	\$736	\$771	4.8%	\$266	\$389	\$0	-100.0%
Other	\$43	\$48	\$0	-100.0%	\$32	\$45	\$0	-100.0%	\$0	\$0	\$0	0.0%
Total	\$2,234	\$2,254	\$2,188	-2.9%	\$1,883	\$2,096	\$2,035	-2.9%	\$266	\$429	\$1,278	197.9%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	3,271	3,018	2,785	-7.7%	554	453	387	-14.5%	
Avg # Members	4,916	4,532	4,147	-8.5%	651	538	458	-14.9%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	-0.8%	1.6
Financial Summary									
Gross Cost	\$7,260,805	\$5,840,912	\$4,829,975	-17.3%	\$1,716,581	\$740,774	\$1,019,385	37.6%	
Client Paid	\$5,042,926	\$3,643,511	\$2,793,575	-23.3%	\$1,307,946	\$369,125	\$631,866	71.2%	
Employee Paid	\$2,217,879	\$2,197,401	\$2,036,400	-7.3%	\$408,635	\$371,649	\$387,519	4.3%	
Client Paid-PEPY	\$6,167	\$4,829	\$4,013	-16.9%	\$9,449	\$3,259	\$6,525	100.2%	\$6,297
Client Paid-PMPY	\$4,104	\$3,216	\$2,695	-16.2%	\$8,037	\$2,743	\$5,514	101.0%	\$3,879
Client Paid-PEPM	\$514	\$402	\$334	-16.9%	\$787	\$272	\$544	100.0%	\$525
Client Paid-PMPM	\$342	\$268	\$225	-16.0%	\$670	\$229	\$460	100.9%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	6	6	3	-50.0%	1	1	2	100.0%	
HCC's / 1,000	1.2	1.3	0.7	-45.5%	1.5	1.9	4.4	134.4%	
Avg HCC Paid	\$299,736	\$138,675	\$167,466	20.8%	\$728,408	\$107,427	\$207,741	93.4%	
HCC's % of Plan Paid	35.7%	22.8%	18.0%	-21.1%	55.7%	29.1%	65.8%	126.1%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,385	\$1,151	\$738	-35.9%	\$4,690	\$913	\$2,825	209.4%	\$1,149
Facility Outpatient	\$1,654	\$1,197	\$1,062	-11.3%	\$1,459	\$840	\$1,436	71.0%	\$1,333
Physician	\$964	\$805	\$895	11.2%	\$1,686	\$912	\$1,253	37.4%	\$1,301
Other	\$100	\$63	\$0	-100.0%	\$202	\$78	\$0	-100.0%	\$96
Total	\$4,104	\$3,216	\$2,695	-16.2%	\$8,037	\$2,743	\$5,514	101.0%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Financial Summary – Prior Year Comparison (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY21	PY22	1Q23	Variance to Prior Year	PY21	PY22	1Q23	Variance to Prior Year	PY21	PY22	1Q23	Variance to Prior Year
Enrollment												
Avg # Employees	23,242	18,943	16,758	-11.5%	19,450	15,526	13,583	-12.5%	4	3	3	0.0%
Avg # Members	42,168	33,089	28,288	-14.5%	36,612	28,082	23,675	-15.7%	9	8	8	0.0%
Ratio	1.8	1.8	1.7	-3.4%	1.9	1.8	1.7	-3.9%	2.3	2.7	2.7	0.0%
Financial Summary												
Gross Cost	\$167,612,161	\$138,077,453	\$24,743,098	-82.1%	\$131,056,101	\$106,593,460	\$18,886,283	-82.3%	\$45,142	\$55,484	\$7,455	-86.6%
Client Paid	\$129,698,896	\$104,706,277	\$15,474,372	-85.2%	\$100,360,791	\$80,561,976	\$12,046,374	-85.0%	\$31,594	\$38,304	\$2,557	-93.3%
Employee Paid	\$37,913,265	\$33,371,175	\$9,268,726	-72.2%	\$30,695,310	\$26,031,484	\$6,839,909	-73.7%	\$13,548	\$17,181	\$4,898	-71.5%
Client Paid-PEPY	\$5,580	\$5,527	\$3,694	-33.2%	\$5,160	\$5,189	\$3,547	-31.6%	\$7,898	\$12,768	\$3,409	-73.3%
Client Paid-PMPY	\$3,076	\$3,164	\$2,188	-30.8%	\$2,741	\$2,869	\$2,035	-29.1%	\$3,510	\$4,788	\$1,278	-73.3%
Client Paid-PEPM	\$465	\$461	\$308	-33.2%	\$430	\$432	\$296	-31.5%	\$658	\$1,064	\$284	-73.3%
Client Paid-PMPM	\$256	\$264	\$182	-31.1%	\$228	\$239	\$170	-28.9%	\$293	\$399	\$107	-73.2%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	173	160	18		124	115	13		0	0	0	
HCC's / 1,000	4.1	4.8	0.6		3.4	4.1	0.6		0.0	0.0	0.0	
Avg HCC Paid	\$253,370	\$251,190	\$193,351	-23.0%	\$251,442	\$262,921	\$197,111	-25.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.8%	38.4%	22.5%	-41.4%	31.1%	37.5%	21.3%	-43.2%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$893	\$1,153	\$647	-43.9%	\$778	\$1,028	\$589	-42.7%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$942	\$939	\$744	-20.8%	\$794	\$821	\$675	-17.8%	\$2,124	\$3,554	\$1,278	-64.0%
Physician	\$1,176	\$1,011	\$797	-21.2%	\$1,112	\$964	\$771	-20.0%	\$1,339	\$1,200	\$0	-100.0%
Other	\$65	\$62	\$0	-100.0%	\$56	\$56	\$0	-100.0%	\$48	\$34	\$0	0.0%
Total	\$3,076	\$3,164	\$2,188	-30.8%	\$2,741	\$2,869	\$2,035	-29.1%	\$3,510	\$4,788	\$1,278	-73.3%

Annualized

Annualized

Annualized

Financial Summary – Prior Year Comparison (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	1Q23	Variance to Prior Year	PY21	PY22	1Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	3,269	2,981	2,785	-6.6%	519	433	387	-10.6%	
Avg # Members	4,936	4,486	4,147	-7.5%	611	514	458	-10.8%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	0.0%	1.6
Financial Summary									
Gross Cost	\$31,611,056	\$27,879,066	\$4,829,975	-82.7%	\$4,899,862	\$3,549,442	\$1,019,385	-71.3%	
Client Paid	\$25,416,793	\$21,491,378	\$2,793,575	-87.0%	\$3,889,718	\$2,614,619	\$631,866	-75.8%	
Employee Paid	\$6,194,263	\$6,387,688	\$2,036,400	-68.1%	\$1,010,144	\$934,823	\$387,519	-58.5%	
Client Paid-PEPY	\$7,774	\$7,210	\$4,013	-44.3%	\$7,501	\$6,033	\$6,525	8.2%	\$6,642
Client Paid-PMPY	\$5,149	\$4,791	\$2,695	-43.7%	\$6,362	\$5,091	\$5,514	8.3%	\$4,116
Client Paid-PEPM	\$648	\$601	\$334	-44.4%	\$625	\$503	\$544	8.2%	\$553
Client Paid-PMPM	\$429	\$399	\$225	-43.6%	\$530	\$424	\$460	8.5%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	48	44	3		5	5	2		
HCC's / 1,000	9.7	9.8	0.7		8.2	9.7	4.4		
Avg HCC Paid	\$234,370	\$199,873	\$167,466	-16.2%	\$280,896	\$231,987	\$207,741	-10.5%	
HCC's % of Plan Paid	44.3%	40.9%	18.0%	-56.0%	36.1%	44.4%	65.8%	48.2%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,515	\$1,808	\$738	-59.2%	\$2,727	\$2,262	\$2,825	24.9%	\$1,190
Facility Outpatient	\$1,954	\$1,612	\$1,062	-34.1%	\$1,599	\$1,488	\$1,436	-3.5%	\$1,376
Physician	\$1,555	\$1,280	\$895	-30.1%	\$1,925	\$1,227	\$1,253	2.1%	\$1,466
Other	\$125	\$91	\$0	-100.0%	\$110	\$115	\$0	-100.0%	\$84
Total	\$5,149	\$4,791	\$2,695	-43.7%	\$6,362	\$5,091	\$5,514	8.3%	\$4,116

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q22				1Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 6,131,706	\$ 1,211,582	\$ 238,076	\$ 7,581,364	\$ 4,247,464	\$ 849,667	\$ 34,622	\$ 5,131,753		-32.3%
Outpatient	\$ 9,064,438	\$ 1,976,635	\$ 217,219	\$ 11,258,291	\$ 7,798,910	\$ 1,646,356	\$ 262,930	\$ 9,708,196		-13.8%
Total - Medical	\$ 15,196,144	\$ 3,188,217	\$ 455,295	\$ 18,839,655	\$ 12,046,374	\$ 2,496,023	\$ 297,552	\$ 14,839,949		-21.2%

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 318	\$ 448	\$ 235	\$ 332	\$ 296	\$ 375	\$ 174	\$ 302		-8.8%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 135,986	\$ 3,265	\$ 139,251	\$ -	\$ 113,698	\$ 260,769	\$ 374,467	168.9%	
Outpatient	\$ 857	\$ 144,513	\$ 85,361	\$ 230,732	\$ 2,557	\$ 116,539	\$ 140,860	\$ 259,955	12.7%	
Total - Medical	\$ 857	\$ 280,499	\$ 88,626	\$ 369,982	\$ 2,557	\$ 230,237	\$ 401,629	\$ 634,422	71.5%	

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 95	\$ 531	\$ 107	\$ 270	\$ 284	\$ 606	\$ 514	\$ 542	100.3%	

Paid Claims by Claim Type – Total Participants

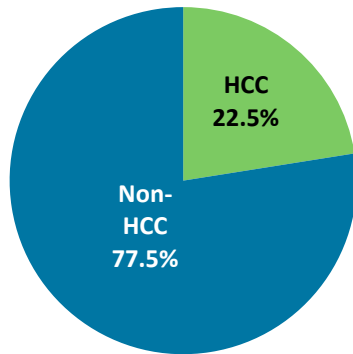
Net Paid Claims - Total										
Total Participants										
	1Q22				1Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 6,131,706	\$ 1,347,568	\$ 241,341	\$ 7,720,615	\$ 4,247,464	\$ 963,365	\$ 295,391	\$ 5,506,220	-28.7%	
Outpatient	\$ 9,065,295	\$ 2,121,148	\$ 302,580	\$ 11,489,023	\$ 7,801,466	\$ 1,762,895	\$ 403,790	\$ 9,968,152	-13.2%	
Total - Medical	\$ 15,197,001	\$ 3,468,716	\$ 543,921	\$ 19,209,638	\$ 12,048,930	\$ 2,726,260	\$ 699,181	\$ 15,474,372	-19.4%	

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Medical	\$ 318	\$ 454	\$ 197	\$ 330	\$ 296	\$ 388	\$ 281	\$ 308	-6.7%	

Cost Distribution – Medical Claims

1Q22						1Q23						
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
26	0.1%	\$4,426,667	23.0%	\$156,807	1.4%	\$100,000.01 Plus	17	0.1%	\$3,480,327	22.5%	\$106,738	1.2%
37	0.1%	\$2,630,253	13.7%	\$227,040	2.1%	\$50,000.01-\$100,000.00	28	0.1%	\$1,861,863	12.0%	\$168,221	1.8%
70	0.2%	\$2,573,310	13.4%	\$408,365	3.7%	\$25,000.01-\$50,000.00	61	0.2%	\$2,118,895	13.7%	\$380,394	4.1%
181	0.5%	\$2,836,468	14.8%	\$956,961	8.8%	\$10,000.01-\$25,000.00	159	0.6%	\$2,580,710	16.7%	\$798,374	8.6%
236	0.7%	\$1,699,168	8.8%	\$857,732	7.8%	\$5,000.01-\$10,000.00	227	0.8%	\$1,600,463	10.3%	\$881,354	9.5%
411	1.2%	\$1,498,417	7.8%	\$1,072,734	9.8%	\$2,500.01-\$5,000.00	318	1.1%	\$1,147,137	7.4%	\$864,049	9.3%
9,662	28.3%	\$3,495,008	18.2%	\$4,311,793	39.5%	\$0.01-\$2,500.00	7,163	25.3%	\$2,684,976	17.4%	\$3,807,661	41.1%
7,294	21.4%	\$0	0.0%	\$2,920,452	26.7%	\$0.00	6,373	22.5%	\$0	0.0%	\$2,261,935	24.4%
16,168	47.4%	\$50,345	0.3%	\$16,779	0.2%	No Claims	13,942	49.3%	\$0	0.0%	\$0	0.0%
34,084	100.0%	\$19,209,638	100.0%	\$10,928,663	100.0%		28,288	100.0%	\$15,474,372	100.0%	\$9,268,726	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	8	\$1,144,101	32.9%
Infections	11	\$523,829	15.1%
Pregnancy-related Disorders	2	\$459,685	13.2%
Neurological Disorders	8	\$321,938	9.3%
Gastrointestinal Disorders	9	\$260,371	7.5%
Cardiac Disorders	9	\$183,527	5.3%
Endocrine/Metabolic Disorders	5	\$146,425	4.2%
Vascular Disorders	4	\$107,416	3.1%
Trauma/Accidents	5	\$83,527	2.4%
Health Status/Encounters	17	\$72,110	2.1%
All Other		\$177,399	5.1%
Overall	----	\$3,480,326	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			
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year
Inpatient Summary												
# of Admits	406	357	260		329	270	190		0	0	0	
# of Bed Days	3,319	2,408	1,486		2,807	1,857	1,102		0	0	0	
Paid Per Admit	\$31,779	\$32,712	\$18,851	-42.4%	\$26,243	\$33,162	\$19,243	-42.0%	\$0	\$0	\$0	0.0%
Paid Per Day	\$3,887	\$4,850	\$3,298	-32.0%	\$3,076	\$4,822	\$3,318	-31.2%	\$0	\$0	\$0	0.0%
Admits Per 1,000	38	42	37	-11.9%	36	37	32	-13.5%	0	0	0	0.0%
Days Per 1,000	312	283	210	-25.8%	304	256	186	-27.3%	0	0	0	0.0%
Avg LOS	8.2	6.7	5.7	-14.9%	8.5	6.9	5.8	-15.9%	0	0	0	0.0%
# Admits From ER	195	217	167		143	149	112		0	0	0	
Physician Office												
OV Utilization per Member	3.8	3.7	3.4	-8.1%	3.6	3.5	3.1	-11.4%	3.4	2.5	1.5	-40.0%
Avg Paid per OV	\$55	\$64	\$61	-4.7%	\$57	\$67	\$63	-6.0%	\$55	\$45	\$0	-100.0%
Avg OV Paid per Member	\$207	\$236	\$210	-11.0%	\$204	\$234	\$198	-15.4%	\$189	\$114	\$0	-100.0%
DX&L Utilization per Member	7.2	6.9	9.3	34.8%	6.8	6.5	8.3	27.7%	1.1	24	4	0.0%
Avg Paid per DX&L	\$43	\$40	\$33	-17.5%	\$40	\$36	\$33	-8.3%	\$67	\$6	\$0	0.0%
Avg DX&L Paid per Member	\$309	\$277	\$308	11.2%	\$274	\$236	\$274	16.1%	\$77	\$154	\$0	0.0%
Emergency Room												
# of Visits	1,252	1,229	978		1,077	1,007	746		0	1	1	
Visits Per Member	0.12	0.14	0.14	0.0%	0.12	0.14	0.13	-7.1%	0	0.50	0.50	0.0%
Visits Per 1,000	118	144	138	-4.2%	116	139	126	-9.4%	0	500	500	0.0%
Avg Paid per Visit	\$1,876	\$1,717	\$1,717	0.0%	\$1,862	\$1,776	\$1,737	-2.2%	\$0	\$209	\$2,476	0.0%
Urgent Care												
# of Visits	2,061	2,320	1,652		1,870	2,048	1,435		0	1	2	
Visits Per Member	0.19	0.27	0.23	-14.8%	0.20	0.28	0.24	-14.3%	0.00	0.50	1.00	0.0%
Visits Per 1,000	194	272	234	-14.0%	202	282	242	-14.2%	0	500	1,000	0.0%
Avg Paid per Visit	\$47	\$52	\$31	-40.4%	\$46	\$53	\$32	-39.6%	\$0	\$113	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

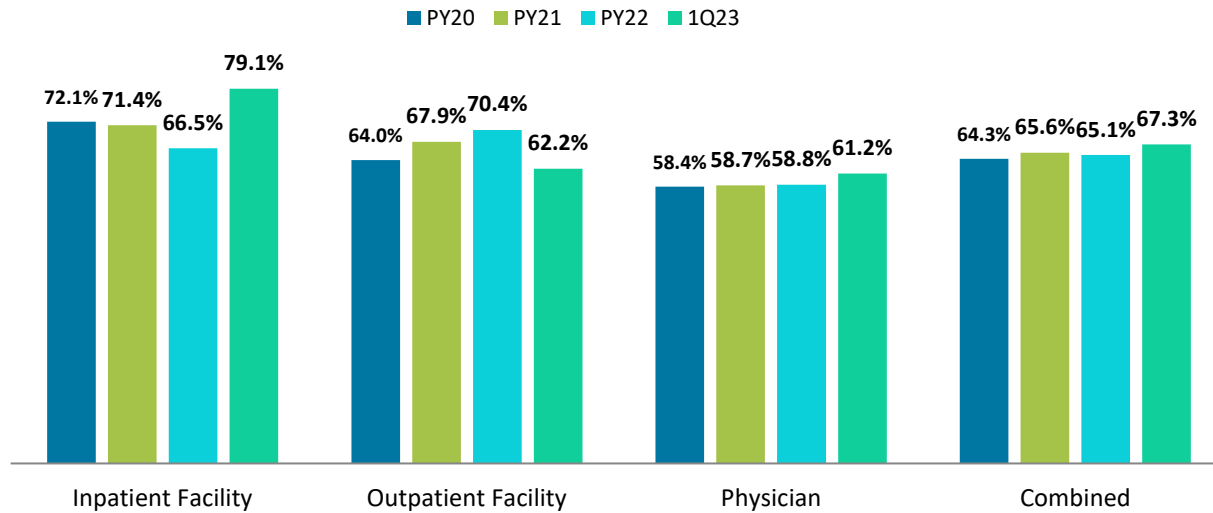
Utilization Summary (p. 2 of 2)

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

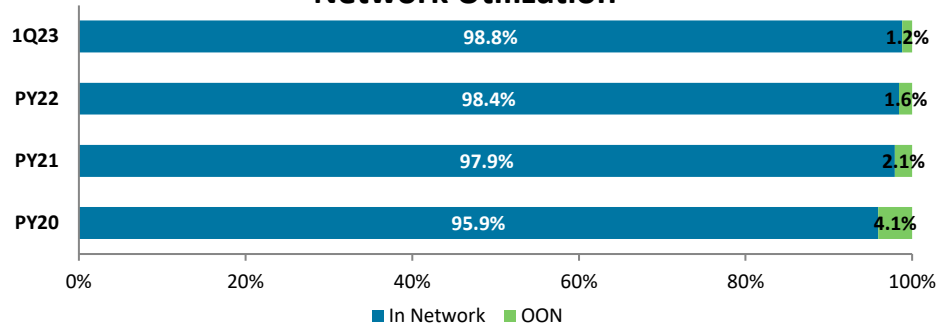
Summary	State Retirees				Non-State Retirees				Peer Index
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	
Inpatient Summary									
# of Admits	57	79	53		20	8	17		
# of Bed Days	395	467	261		117	84	123		
Paid Per Admit	\$55,616	\$31,731	\$16,415	-48.3%	\$54,918	\$27,205	\$22,054	-18.9%	\$16,632
Paid Per Day	\$8,026	\$5,368	\$3,333	-37.9%	\$9,388	\$2,591	\$3,048	17.6%	\$3,217
Admits Per 1,000	46	70	51	-27.1%	123	59	148	150.8%	76
Days Per 1,000	321	412	252	-38.8%	719	624	1,073	72.0%	391
Avg LOS	6.9	5.9	4.9	-16.9%	5.9	10.5	7.2	-31.4%	5.2
# Admits From ER	39	63	42		13	5	13		
Physician Office									
OV Utilization per Member	4.9	4.7	4.7	0.0%	6.4	6.7	7.8	16.4%	5.0
Avg Paid per OV	\$44	\$55	\$62	12.7%	\$47	\$17	\$18	5.9%	\$57
Avg OV Paid per Member	\$218	\$259	\$289	11.6%	\$299	\$117	\$139	18.8%	\$286
DX&L Utilization per Member	9.6	8.9	13	46.1%	10.2	9.1	23.3	156.0%	10.5
Avg Paid per DX&L	\$58	\$59	\$35	-40.7%	\$43	\$43	\$32	-25.6%	\$50
Avg DX&L Paid per Member	\$559	\$525	\$458	-12.8%	\$433	\$390	\$736	88.7%	\$522
Emergency Room									
# of Visits	153	184	191		22	37	40		
Visits Per Member	0.12	0.16	0.18	12.5%	0.14	0.27	0.35	29.6%	0.24
Visits Per 1,000	124	162	184	13.6%	135	275	349	26.9%	235
Avg Paid per Visit	\$1,694	\$1,484	\$1,616	8.9%	\$3,826	\$1,329	\$1,826	37.4%	\$943
Urgent Care									
# of Visits	166	245	195		25	26	20		
Visits Per Member	0.14	0.22	0.19	-13.6%	0.15	0.19	0.17	-10.5%	0.3
Visits Per 1,000	135	216	188	-13.0%	154	193	175	-9.3%	300
Avg Paid per Visit	\$54	\$42	\$30	-28.6%	\$35	\$29	\$37	27.6%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$2,212,434	14.3%	\$1,464,330	\$185,201	\$562,903	\$1,387,629	\$824,805
Health Status/Encounters	\$1,687,762	10.9%	\$916,170	\$192,588	\$579,005	\$675,544	\$1,012,218
Gastrointestinal Disorders	\$1,324,148	8.6%	\$747,543	\$205,366	\$371,240	\$679,224	\$644,924
Infections	\$1,174,658	7.6%	\$696,700	\$198,272	\$279,686	\$833,858	\$340,800
Pregnancy-related Disorders	\$1,078,689	7.0%	\$350,578	\$134,572	\$593,539	\$233,638	\$845,051
Neurological Disorders	\$1,016,348	6.6%	\$553,225	\$228,620	\$234,503	\$471,233	\$545,115
Cardiac Disorders	\$983,892	6.4%	\$826,456	\$129,553	\$27,882	\$469,016	\$514,875
Trauma/Accidents	\$952,203	6.2%	\$644,050	\$151,036	\$157,117	\$537,534	\$414,669
Musculoskeletal Disorders	\$570,352	3.7%	\$429,954	\$59,100	\$81,299	\$176,932	\$393,420
Mental Health	\$563,443	3.6%	\$126,490	\$126,237	\$310,717	\$264,163	\$299,280
Renal/Urologic Disorders	\$537,884	3.5%	\$270,042	\$112,929	\$154,913	\$337,114	\$200,771
Endocrine/Metabolic Disorders	\$522,824	3.4%	\$373,967	\$115,310	\$33,546	\$259,760	\$263,063
Spine-related Disorders	\$514,437	3.3%	\$374,422	\$82,946	\$57,069	\$176,302	\$338,135
Pulmonary Disorders	\$409,645	2.6%	\$268,375	\$18,126	\$123,143	\$189,121	\$220,524
Eye/ENT Disorders	\$394,572	2.5%	\$230,678	\$69,757	\$94,137	\$204,360	\$190,212
Non-malignant Neoplasm	\$239,935	1.6%	\$205,261	\$5,033	\$29,641	\$25,113	\$214,822
Gynecological/Breast Disorders	\$233,364	1.5%	\$161,381	\$42,830	\$29,153	\$1,720	\$231,644
Medical/Surgical Complications	\$188,595	1.2%	\$136,960	\$31,389	\$20,246	\$97,928	\$90,667
Vascular Disorders	\$167,896	1.1%	\$54,205	\$108,836	\$4,855	\$45,504	\$122,392
Diabetes	\$151,058	1.0%	\$119,879	\$18,186	\$12,994	\$99,391	\$51,667
Miscellaneous	\$138,780	0.9%	\$86,722	\$22,085	\$29,973	\$44,851	\$93,929
Dermatological Disorders	\$118,895	0.8%	\$86,065	\$7,204	\$25,626	\$92,155	\$26,740
Hematological Disorders	\$90,178	0.6%	\$36,585	\$2,317	\$51,276	\$27,760	\$62,418
Congenital/Chromosomal Anomalies	\$72,059	0.5%	\$9,345	\$4,998	\$57,715	\$38,829	\$33,229
Abnormal Lab/Radiology	\$60,774	0.4%	\$45,749	\$11,904	\$3,120	\$23,311	\$37,463
Dental Conditions	\$25,030	0.2%	\$675	\$0	\$24,355	\$23,838	\$1,192
Medication Related Conditions	\$20,686	0.1%	\$10,100	\$2,311	\$8,274	\$11,539	\$9,146
External Hazard Exposure	\$13,053	0.1%	\$12,493	\$484	\$75	\$8,272	\$4,781
Cholesterol Disorders	\$8,137	0.1%	\$6,007	\$1,839	\$291	\$3,664	\$4,473
Allergic Reaction	\$2,571	0.0%	\$795	\$140	\$1,636	\$830	\$1,740
Cause of Morbidity	\$70	0.0%	\$70	\$0	\$0	\$70	\$0
Social Determinants of Health	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$15,474,372	100.0%	\$9,245,271	\$2,269,170	\$3,959,931	\$7,440,204	\$8,034,168

Mental Health Drilldown

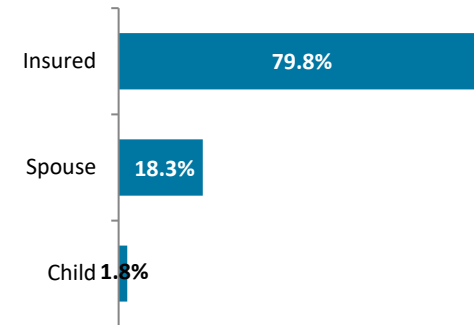
Group	PY20		PY21		PY22		1Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,485	\$1,137,444	1,597	\$1,103,414	1,156	\$1,279,244	404	\$204,784
Developmental Disorders	144	\$790,389	179	\$1,179,402	113	\$719,871	54	\$107,220
Complications of Substance Abuse	47	\$257,582	42	\$202,208	22	\$89,081	6	\$73,303
Mood and Anxiety Disorders	1,791	\$437,001	1,920	\$638,818	1,486	\$406,189	502	\$36,364
Mental Health Conditions, Other	1,222	\$686,307	1,220	\$771,034	911	\$431,490	318	\$30,630
Alcohol Abuse/Dependence	125	\$868,472	136	\$1,288,204	101	\$873,612	42	\$29,934
Schizophrenia	31	\$43,420	26	\$141,033	25	\$110,357	9	\$25,003
Bipolar Disorder	327	\$340,422	315	\$464,418	225	\$197,224	96	\$22,977
Substance Abuse/Dependence	121	\$1,068,150	140	\$213,345	86	\$540,594	33	\$15,320
Psychoses	55	\$78,740	54	\$86,357	32	\$70,201	7	\$4,976
Eating Disorders	47	\$74,872	55	\$647,596	44	\$596,928	13	\$4,594
Sleep Disorders	526	\$40,584	564	\$76,491	371	\$46,254	110	\$3,376
Tobacco Use Disorder	149	\$6,011	126	\$8,010	106	\$6,184	24	\$2,973
Attention Deficit Disorder	433	\$58,455	482	\$72,965	374	\$57,319	148	\$1,687
Sexually Related Disorders	51	\$24,993	68	\$90,021	42	\$11,305	26	\$301
Personality Disorders	19	\$18,981	25	\$16,690	19	\$13,480	3	\$0
Total		\$5,931,821		\$7,000,007		\$5,449,334		\$563,443

Diagnosis Grouper – Cancer

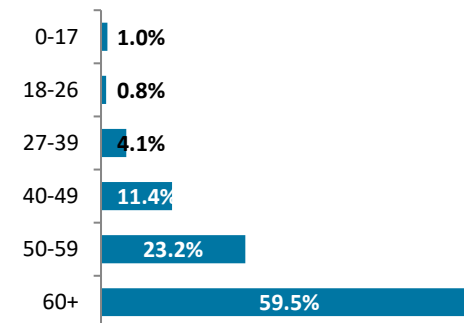
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	35	154	\$788,072	35.6%
Cancers, Other	54	283	\$248,193	11.2%
Breast Cancer	86	424	\$214,331	9.7%
Lymphomas	27	192	\$212,172	9.6%
Secondary Cancers	32	164	\$192,326	8.7%
Leukemias	23	182	\$142,898	6.5%
Colon Cancer	21	127	\$81,802	3.7%
Thyroid Cancer	31	105	\$80,011	3.6%
Brain Cancer	5	38	\$69,248	3.1%
Prostate Cancer	50	156	\$56,563	2.6%
Bladder Cancer	11	75	\$39,244	1.8%
Carcinoma in Situ	41	103	\$32,789	1.5%
Cervical/Uterine Cancer	27	85	\$18,704	0.8%
Non-Melanoma Skin Cancers	101	167	\$14,841	0.7%
Myeloma	6	40	\$9,903	0.4%
Ovarian Cancer	11	74	\$5,467	0.2%
Kidney Cancer	9	22	\$2,939	0.1%
Lung Cancer	14	51	\$1,545	0.1%
Melanoma	21	42	\$1,386	0.1%
Overall	----	----	\$2,212,434	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

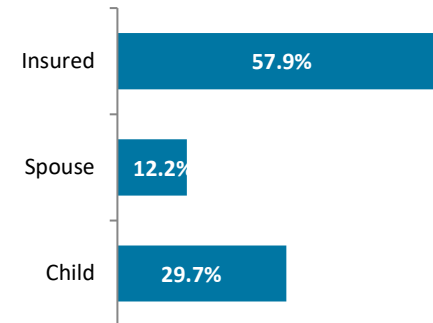


Diagnosis Grouper – Health Status/Encounters

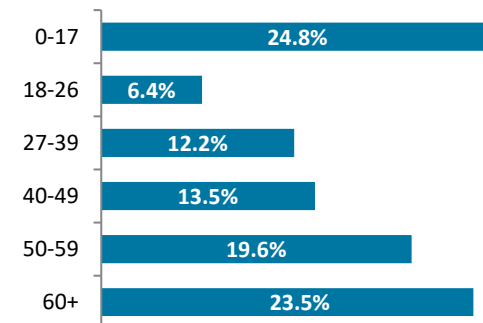
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Screenings	2,088	3,492	\$594,611	35.2%
Exams	2,767	4,472	\$404,702	24.0%
Prophylactic Measures	1,304	1,520	\$304,837	18.1%
Encounters - Infants/Children	1,172	1,304	\$198,670	11.8%
Prosthetics/Devices/Implants	179	512	\$121,841	7.2%
Aftercare	131	260	\$21,469	1.3%
Personal History of Condition	249	352	\$17,888	1.1%
Family History of Condition	44	60	\$12,073	0.7%
Encounter - Transplant Related	22	48	\$3,985	0.2%
Lifestyle/Situational Issues	37	51	\$2,701	0.2%
Counseling	73	97	\$2,425	0.1%
Acquired Absence	19	23	\$1,016	0.1%
Follow-Up Encounters	4	9	\$724	0.0%
Encounter - Procedure	13	14	\$700	0.0%
Health Status, Other	26	42	\$119	0.0%
Miscellaneous Examinations	6	10	\$0	0.0%
Donors	1	1	\$0	0.0%
Overall	----	----	\$1,687,762	100.0%

*Patient and claim counts are unique only within the category

Relationship



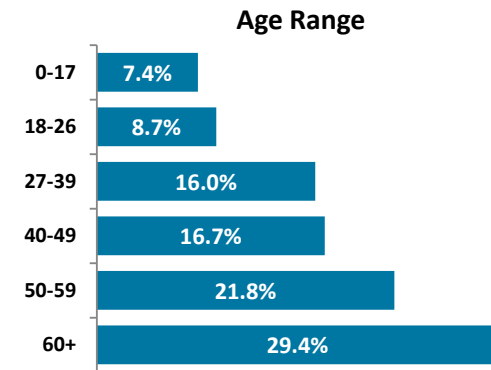
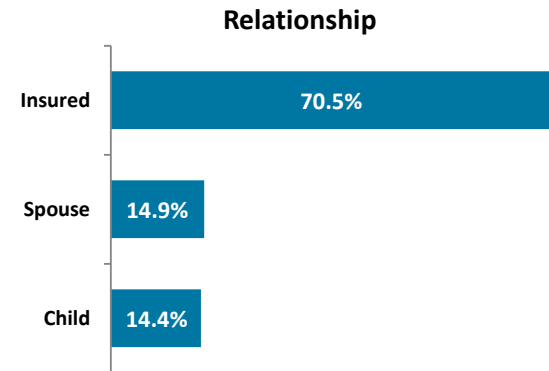
Age Range



Diagnosis Grouper – Gastrointestinal Disorders

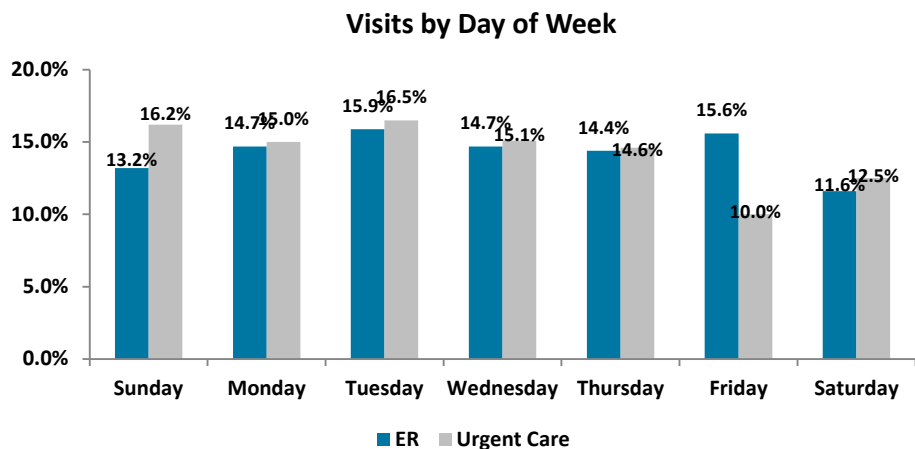
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Hernias	62	163	\$288,090	21.8%
Abdominal Disorders	501	987	\$171,660	13.0%
Upper GI Disorders	249	464	\$154,380	11.7%
GI Disorders, Other	224	476	\$147,363	11.1%
Appendicitis	12	71	\$122,081	9.2%
Gallbladder and Biliary Disease	51	172	\$107,720	8.1%
Inflammatory Bowel Disease	35	115	\$96,819	7.3%
GI Symptoms	289	531	\$84,701	6.4%
Liver Diseases	90	149	\$38,274	2.9%
Ostomies	20	77	\$34,966	2.6%
Diverticulitis	49	90	\$23,139	1.7%
Pancreatic Disorders	12	37	\$17,768	1.3%
Hepatic Cirrhosis	13	32	\$13,318	1.0%
Esophageal Varices	4	10	\$9,534	0.7%
Constipation	65	84	\$8,278	0.6%
Hemorrhoids	47	70	\$5,594	0.4%
Peptic Ulcer/Related Disorders	13	17	\$463	0.0%
	----	----	\$1,324,148	100.0%

*Patient and claim counts are unique only within the category

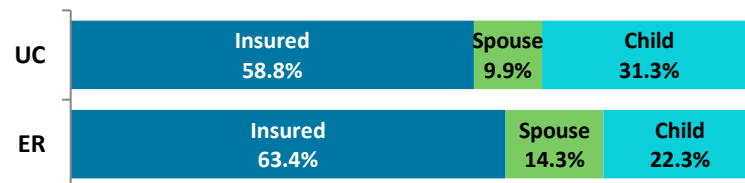


Emergency Room / Urgent Care Summary

ER/Urgent Care	1Q22		1Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,229	2,320	978	1,652		
Visits Per Member	0.14	0.27	0.14	0.23	0.22	0.35
Visits/1000 Members	144	272	138	234	221	352
Avg Paid Per Visit	\$1,717	\$52	\$1,717	\$31	\$968	\$135
% with OV*	84.3%	81.9%	81.7%	79.2%		
% Avoidable	11.2%	30.2%	11.7%	37.8%		
Total Member Paid	\$1,474,402	\$269,164	\$1,507,498	\$236,520		
Total Plan Paid	\$2,110,726	\$119,701	\$1,679,653	\$51,999		
*looks back 12 months	Annualized	Annualized	Annualized	Annualized		



% of Paid



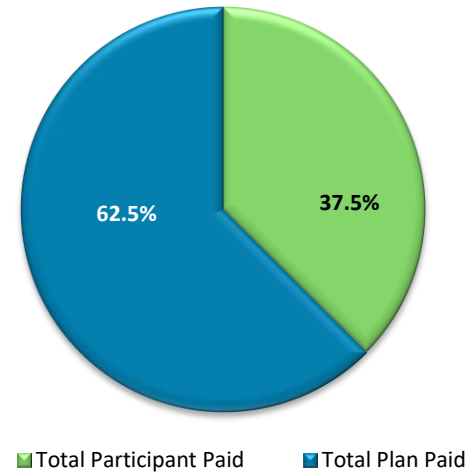
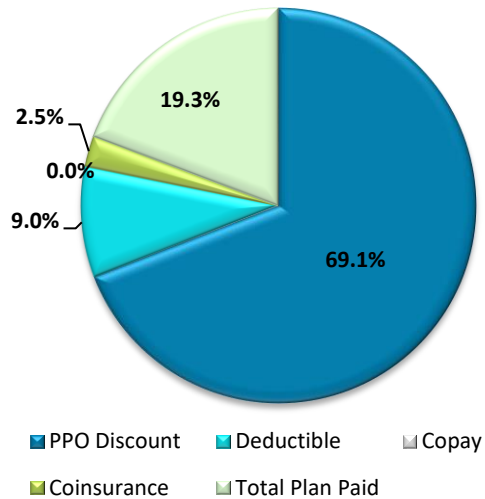
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	605	36	1,009	4,380	1,614	96
Spouse	120	37	173	863	293	89
Child	253	31	470	1,655	723	88
Total	978	35	1,652	58	2,630	93

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	\$85,328,950	\$1,697	100.0%
PPO Discount	\$55,442,404	\$1,103	65.0%
Deductible	\$7,209,770	\$143	8.4%
Copay	\$18,366	\$0	0.0%
Coinsurance	\$2,040,591	\$41	2.4%
Total Participant Paid	\$9,268,727	\$184	10.9%
Total Plan Paid	\$15,474,372	\$308	18.1%

Total Participant Paid - PY22	\$147
Total Plan Paid - PY22	\$461



Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
Age Range	1Q21		1Q22		1Q23		% Change	
	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 3,579	\$ 2	\$ 1,507	\$ 1	\$ 1,753	\$ 1	16.3%	32.2%
1	\$ 15,417	\$ 9	\$ 10,899	\$ 7	\$ 12,789	\$ 9	17.3%	29.3%
2 - 4	\$ 99,137	\$ 18	\$ 102,021	\$ 20	\$ 100,891	\$ 21	-1.1%	4.6%
5 - 9	\$ 334,045	\$ 33	\$ 319,163	\$ 33	\$ 271,893	\$ 29	-14.8%	-11.7%
10 - 14	\$ 367,526	\$ 31	\$ 324,158	\$ 28	\$ 296,169	\$ 27	-8.6%	-3.3%
15 - 19	\$ 455,660	\$ 36	\$ 394,924	\$ 32	\$ 370,678	\$ 30	-6.1%	-6.4%
20 - 24	\$ 269,373	\$ 20	\$ 234,582	\$ 18	\$ 206,524	\$ 16	-12.0%	-12.1%
25 - 29	\$ 261,186	\$ 25	\$ 215,302	\$ 23	\$ 186,386	\$ 21	-13.4%	-10.0%
30 - 34	\$ 333,908	\$ 28	\$ 287,473	\$ 25	\$ 229,556	\$ 21	-20.1%	-16.2%
35 - 39	\$ 382,539	\$ 29	\$ 367,720	\$ 29	\$ 287,537	\$ 23	-21.8%	-19.5%
40 - 44	\$ 361,766	\$ 29	\$ 355,358	\$ 28	\$ 322,871	\$ 25	-9.1%	-9.0%
45 - 49	\$ 415,150	\$ 31	\$ 386,977	\$ 31	\$ 306,176	\$ 25	-20.9%	-20.7%
50 - 54	\$ 434,709	\$ 30	\$ 482,828	\$ 34	\$ 403,009	\$ 28	-16.5%	-17.1%
55 - 59	\$ 527,497	\$ 34	\$ 562,394	\$ 38	\$ 465,071	\$ 32	-17.3%	-16.6%
60 - 64	\$ 688,161	\$ 40	\$ 691,492	\$ 42	\$ 565,836	\$ 35	-18.2%	-16.3%
65+	\$ 1,763,733	\$ 44	\$ 1,805,355	\$ 45	\$ 1,559,384	\$ 38	-13.6%	-14.6%
Total	\$ 23,061,804	\$33	\$ 6,542,153	\$ 33	\$ 5,586,524	\$ 28	-14.6%	-13.8%

Dental Paid Claims – State Participants

Dental Paid Claims - Total									
State Participants									
	1Q22				1Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 4,310,651	\$ 565,447	\$ 139,450	\$ 5,015,548	\$ 3,659,859	\$ 514,900	\$ 109,193	\$ 4,283,953	-14.6%
Dental Exchange	\$ -	\$ -	\$ 931,252	\$ 931,252	\$ -	\$ -	\$ 825,911	\$ 825,911	-11.3%
Total	\$ 4,310,651	\$ 565,447	\$ 1,070,702	\$ 5,946,801	\$ 3,659,859	\$ 514,900	\$ 935,104	\$ 5,109,864	-25.9%

Dental Paid Claims - Per Participant per Month									
	1Q22				1Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 55	\$ 55	\$ 61	\$ 55	\$ 47	\$ 49	\$ 50	\$ 47	-14.5%
Dental Exchange	\$ -	\$ -	\$ 55	\$ 55	\$ -	\$ -	\$ 48	\$ 48	-13.1%

Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total									
Non-State Participants									
	1Q22				1Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 2,579	\$ 43,751	\$ 61,668	\$ 107,997	\$ 542	\$ 20,570	\$ 49,276	\$ 70,389	-34.8%
Dental Exchange	\$ -	\$ -	\$ 487,355	\$ 487,355	\$ -	\$ -	\$ 406,272	\$ 406,272	-16.6%
Total	\$ 2,579	\$ 43,751	\$ 549,023	\$ 595,352	\$ 542	\$ 20,570	\$ 455,548	\$ 476,660	-19.9%

Dental Paid Claims - Per Participant per Month									
	1Q22				1Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 55	\$ 42	\$ 43	\$ 42	\$ 30	\$ 32	\$ 39	\$ 36	-14.1%
Dental Exchange	\$ -	\$ -	\$ 43	\$ 43	\$ -	\$ -	\$ 40	\$ 40	-6.8%

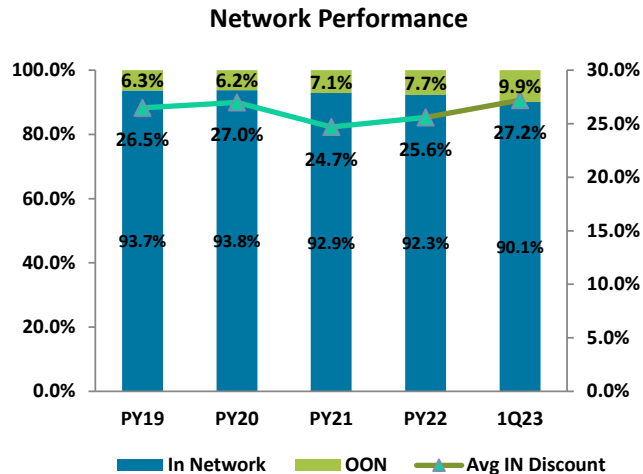
Dental Paid Claims – Total Participants

Dental Paid Claims - Total									
Total Participants									
	1Q22				1Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 4,313,230	\$ 609,197	\$ 201,117	\$ 5,123,545	\$ 3,660,402	\$ 535,471	\$ 158,470	\$ 4,354,342	-15.0%
Dental Exchange	\$ -	\$ -	\$ 1,418,607	\$ 1,418,607	\$ -	\$ -	\$ 1,232,183	\$ 1,232,183	-13.1%
Total	\$ 4,313,230	\$ 609,197	\$ 1,619,725	\$ 6,542,153	\$ 3,660,402	\$ 535,471	\$ 1,390,652	\$ 5,586,524	-14.6%

Dental Paid Claims - Per Participant per Month									
	1Q22				1Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Dental	\$ 55	\$ 54	\$ 56	\$ 55	\$ 47	\$ 48	\$ 46	\$ 47	-14.6%
Dental Exchange	\$ -	\$ -	\$ 52	\$ 52	\$ -	\$ -	\$ 45	\$ 45	-13.6%

Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	1,110	1.7%	2,856	9.9%	\$1,542,706	27.6%	\$962,474	34.5%
\$750.01-\$1,000.00	565	0.9%	1,248	4.3%	\$492,572	8.8%	\$323,432	11.6%
\$500.01-\$750.00	1,017	1.6%	2,125	7.3%	\$627,078	11.2%	\$413,876	14.8%
\$250.01-\$500.00	2,064	3.2%	3,611	12.5%	\$728,189	13.0%	\$396,872	14.2%
\$0.01-\$250.00	16,506	25.2%	18,450	63.7%	\$2,195,979	39.3%	\$619,886	22.2%
\$0.00	673	1.0%	685	2.4%	\$0	0.0%	\$73,991	2.7%
No Claims	43,516	66.5%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	65,450	100.0%	28,975	100.0%	\$5,586,524	100.0%	\$2,790,530	100.0%

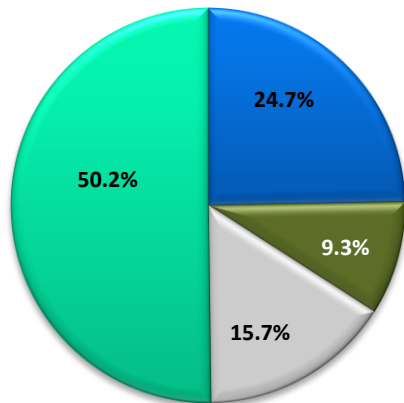


Dental Category	1Q22	1Q23	% of Paid	Variance to PY
RESTORATIVE PROCEDURES	\$1,619,472	\$1,262,015	22.6%	-22.1%
PREVENTIVE SERVICES	\$1,673,523	\$1,471,070	26.3%	-12.1%
DIAGNOSTIC PROCEDURES	\$1,306,311	\$1,310,320	23.5%	0.3%
PERIODONTICS	\$365,815	\$295,807	5.3%	-19.1%
ORAL AND MAXILLOFACIAL SURGERY	\$386,621	\$358,282	6.4%	-7.3%
ENDODONICS	\$337,221	\$301,912	5.4%	-10.5%
IMPLANT SERVICES	\$417,199	\$288,767	5.2%	-30.8%
ADJUNCTIVE GENERAL SERVICES	\$209,802	\$139,688	2.5%	-33.4%
PROSTHODONTICS	\$157,340	\$97,678	1.7%	-37.9%
PROSTHODONTICS - REMOVABLE	\$68,347	\$60,048	1.1%	-12.1%
MAXILLOFACIAL PROSTHETICS	\$324	\$0	0.0%	-100.0%
ORTHODONTICS	\$177	\$0	0.0%	-100.0%
OTHER	\$0	\$936	0.0%	0.0%
Total	\$6,542,153	\$5,586,524	100.0%	-14.6%

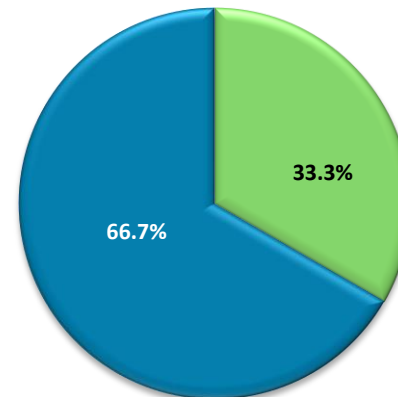
Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$11,055,332	\$92	100.0%
PPO Discount	\$2,750,678	\$23	24.9%
Deductible	\$1,038,829	\$9	9.4%
Coinsurance	\$1,751,701	\$15	15.8%
Total Participant Paid	\$2,790,530	\$23	25.2%
Total Plan Paid	\$5,586,524	\$46	50.5%

Total Participant Paid - PY22	\$23
Total Plan Paid - PY22	\$51



■ PPO Discount ■ Deductible
■ Coinsurance ■ Total Plan Paid



■ Total Participant Paid ■ Total Plan Paid

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	945	915	30	96.2%
	<2 asthma related ER Visits in the last 6 months	945	944	1	99.9%
	No asthma related admit in last 12 months	945	944	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	208	201	7	96.6%
	Members with COPD who had an annual spirometry test	208	35	173	16.8%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	7	6	1	85.7%
	No ER Visit for Heart Failure in last 90 days	193	187	6	96.9%
	Follow-up OV within 4 weeks of discharge from HF admission	7	6	1	85.7%
Diabetes	Annual office visit	921	874	47	94.9%
	Annual dilated eye exam	921	384	537	41.7%
	Annual foot exam	921	372	549	40.4%
	Annual HbA1c test done	921	762	159	82.7%
	Diabetes Annual lipid profile	921	687	234	74.6%
	Annual microalbumin urine screen	921	648	273	70.4%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	3,840	3,002	838	78.2%
Hypertension	Annual lipid profile	4,087	2,703	1,384	66.1%
	Annual serum creatinine test	3,978	3,121	857	78.5%
Wellness	Well Child Visit - 15 months	215	210	5	97.7%
	Routine office visit in last 6 months	28,092	16,301	11,791	58.0%
	Age 45 to 75 years with colorectal cancer screening	11,569	2,975	8,594	25.7%
	Women age 25-65 with recommended cervical cancer screening	8,781	5,945	2,836	67.7%
	Males age greater than 49 with PSA test in last 24 months	4,587	2,166	2,421	47.2%
	Routine exam in last 24 months	28,092	23,007	5,085	81.9%
	Women age 40 to 75 with a screening mammogram last 24 months	7,366	4,203	3,163	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	179	0.64%	6.33	\$10,614
Asthma	1,060	3.77%	37.47	\$9,026
Atrial Fibrillation	315	1.12%	11.14	\$21,303
Blood Disorders	1,582	5.62%	55.92	\$19,520
CAD	589	2.09%	20.82	\$13,034
COPD	205	0.73%	7.25	\$18,461
Cancer	1,076	3.83%	38.04	\$20,595
Chronic Pain	614	2.18%	21.71	\$18,685
Congestive Heart Failure	193	0.69%	6.82	\$28,177
Demyelinating Diseases	61	0.22%	2.16	\$40,189
Depression	1,622	5.77%	57.34	\$9,822
Diabetes	1,684	5.99%	59.53	\$12,700
ESRD	41	0.15%	1.45	\$55,656
Eating Disorders	87	0.31%	3.08	\$24,572
HIV/AIDS	37	0.13%	1.31	\$55,179
Hyperlipidemia	4,075	14.49%	144.05	\$6,561
Hypertension	4,109	14.61%	145.25	\$8,642
Immune Disorders	97	0.34%	3.43	\$37,423
Inflammatory Bowel Disease	90	0.32%	3.18	\$42,553
Liver Diseases	528	1.88%	18.66	\$18,850
Morbid Obesity	706	2.51%	24.96	\$13,071
Osteoarthritis	993	3.53%	35.10	\$12,387
Peripheral Vascular Disease	149	0.53%	5.27	\$10,660
Rheumatoid Arthritis	155	0.55%	5.48	\$21,310

*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 2023 - Quarter Ending September 30, 2022**

Express Scripts

1Q FY2023 CDHP		1Q FY2022 CDHP	Difference	% Change
Membership Summary				
Member Count (Membership)	28,326	34,140	(5,814)	-17.0%
Utilizing Member Count (Patients)	13,847	17,222	(3,375)	-19.6%
Percent Utilizing (Utilization)	48.9%	50.4%	(0.02)	-3.1%
Claim Summary				
Net Claims (Total Rx's)	93,485	109,314	(15,829)	-14.5%
Claims per Elig Member per Month (Claims PMPM)	1.10	1.07	0.03	2.8%
Total Claims for Generic (Generic Rx)	80,707	93,782	(13,075.00)	-13.9%
Total Claims for Brand (Brand Rx)	12,778	15,532	(2,754.00)	-17.7%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	382	845	(463.00)	-54.8%
Total Non-Specialty Claims	92,189	107,995	(15,806.00)	-14.6%
Total Specialty Claims	1,296	1,319	(23.00)	-1.7%
Generic % of Total Claims (GFR)	86.3%	85.8%	0.01	0.6%
Generic Effective Rate (GCR)	99.5%	99.1%	0.00	0.4%
Mail Order Claims	25,153	26,338	(1,185.00)	-4.5%
Mail Penetration Rate*	30.7%	27.8%	0.03	2.9%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$10,652,373	\$10,912,383	(\$260,010.00)	-2.4%
Total Generic Gross Cost	\$1,238,257	\$1,599,818	(\$361,561.00)	-22.6%
Total Brand Gross Cost	\$9,414,116	\$9,312,565	\$101,551.00	1.1%
Total MSB Gross Cost	\$194,122	\$296,105	(\$101,983.00)	-34.4%
Total Ingredient Cost	\$10,522,055	\$10,697,629	(\$175,574.00)	-1.6%
Total Dispensing Fee	\$121,570	\$210,599	(\$89,029.00)	-42.3%
Total Other (e.g. tax)	\$8,748	\$4,155	\$4,593.00	110.5%
Avg Total Cost per Claim (Gross Cost/Rx)	\$113.95	\$99.83	\$14.12	14.1%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$15.34	\$17.06	(\$1.72)	-10.1%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$736.74	\$599.57	\$137.17	22.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$508.17	\$350.42	\$157.75	45.0%
Member Cost Summary				
Total Member Cost	\$2,891,673	\$3,189,050	(\$297,377.00)	-9.3%
Total Copay	\$1,918,536	\$2,020,021	(\$101,485.00)	-5.0%
Total Deductible	\$973,136	\$1,169,029	(\$195,893.00)	-16.8%
Avg Copay per Claim (Copay/Rx)	\$20.52	\$18.48	\$2.04	11.1%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$30.93	\$29.17	\$1.76	6.0%
Avg Copay for Generic (Copay/Generic Rx)	\$8.95	\$10.39	(\$1.44)	-13.9%
Avg Copay for Brand (Copay/Brand Rx)	\$169.79	\$142.58	\$27.21	19.1%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$182.09	\$98.49	\$83.60	84.9%
Net PMPM (Participant Cost PMPM)	\$34.03	\$31.14	\$2.89	9.3%
Copay % of Total Prescription Cost (Member Cost Share %)	27.1%	29.2%	-2.1%	-7.1%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$7,760,701	\$7,723,334	\$37,367.00	0.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,609,897	\$2,693,107	(\$83,210.00)	-3.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,150,803	\$5,030,227	\$120,576.00	2.4%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$83.02	\$70.65	\$12.36	17.5%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$6.39	\$6.67	(\$0.28)	-4.2%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$566.96	\$456.99	\$109.97	24.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$326.08	\$251.93	\$74.15	29.4%
Net PMPM (Plan Cost PMPM)	\$91.33	\$75.41	\$15.92	21.1%
PMPM without Specialty (Non-Specialty PMPM)	\$30.71	\$26.29	\$4.02	17.3%
PMPM for Specialty Only (Specialty PMPM)	\$60.61	\$49.11	\$11.50	23.4%
Specialty % of Plan Cost	66.4%	65.10%	\$0.01	2.0%
Rebates Received (Q1 FY2023 actual)	\$2,946,821	\$1,833,979	\$1,112,842.33	60.7%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$56.65	\$57.50	(\$0.85)	-1.5%
PMPM without Specialty (Non-Specialty PMPM)	\$11.08	\$14.45	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$45.99	\$42.73	\$3.26	7.6%

Appendix B

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DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July 2022 – September 2022 Incurred,

Paid through November 30, 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q23 was \$10,799,288 with an annualized plan cost per employee per year (PEPY) of \$6,229. This is a decrease of 7.1% when compared to 1Q22.
 - IP Cost per Admit is \$21,438 which is 23.6% lower than 1Q22.
 - ER Cost per Visit is \$2,675 which is 10.8% higher than 1Q22.
- Employees shared in 16.2% of the medical cost.
- Inpatient facility costs were 19.4% of the plan spend.
- 95.5% of the Average Membership had paid Medical claims less than \$2,500, with 42% of those having no claims paid at all during the reporting period.
- 8 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 11.7% of the plan spend. The highest diagnosis category was Cancer, accounting for 41.2% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.7%. The average In Network discount was 66.1%, which is 4.6% higher than the PY22 average discount of 63.2%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	1Q22						1Q23						% 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	\$ 465,871	\$ 2,187	\$ 397	\$ 2	\$ 466,268	\$ 2,189	\$ 239,257	\$ 539	\$ 2,298	\$ 5	\$ 241,555	\$ 544	-48.2%	-75.1%
1	\$ 54,716	\$ 182	\$ 2,151	\$ 7	\$ 56,867	\$ 190	\$ 109,503	\$ 270	\$ 2,151	\$ 5	\$ 111,654	\$ 276	96.3%	45.4%
2 - 4	\$ 105,054	\$ 114	\$ 15,899	\$ 17	\$ 120,953	\$ 132	\$ 171,723	\$ 106	\$ 13,349	\$ 8	\$ 185,072	\$ 114	53.0%	-13.5%
5 - 9	\$ 70,550	\$ 44	\$ 8,063	\$ 5	\$ 78,613	\$ 49	\$ 212,419	\$ 75	\$ 149,243	\$ 52	\$ 361,662	\$ 127	360.1%	159.6%
10 - 14	\$ 232,123	\$ 118	\$ 63,497	\$ 32	\$ 295,620	\$ 150	\$ 417,906	\$ 136	\$ 71,396	\$ 23	\$ 489,302	\$ 159	65.5%	5.9%
15 - 19	\$ 359,245	\$ 188	\$ 63,908	\$ 33	\$ 423,153	\$ 222	\$ 420,422	\$ 121	\$ 116,420	\$ 34	\$ 536,842	\$ 155	26.9%	-30.1%
20 - 24	\$ 358,401	\$ 190	\$ 62,033	\$ 33	\$ 420,434	\$ 222	\$ 467,917	\$ 143	\$ 159,612	\$ 49	\$ 627,529	\$ 192	49.3%	-13.6%
25 - 29	\$ 205,788	\$ 163	\$ 91,523	\$ 72	\$ 297,311	\$ 235	\$ 449,494	\$ 171	\$ 213,475	\$ 81	\$ 662,969	\$ 253	123.0%	7.7%
30 - 34	\$ 447,610	\$ 265	\$ 124,274	\$ 74	\$ 571,884	\$ 339	\$ 757,588	\$ 243	\$ 222,849	\$ 71	\$ 980,437	\$ 315	71.4%	-7.3%
35 - 39	\$ 481,341	\$ 240	\$ 141,114	\$ 70	\$ 622,455	\$ 311	\$ 888,902	\$ 249	\$ 384,436	\$ 108	\$ 1,273,338	\$ 357	104.6%	14.8%
40 - 44	\$ 489,026	\$ 248	\$ 203,290	\$ 103	\$ 692,316	\$ 351	\$ 815,728	\$ 238	\$ 679,406	\$ 198	\$ 1,495,134	\$ 436	116.0%	24.2%
45 - 49	\$ 610,060	\$ 344	\$ 186,000	\$ 105	\$ 796,060	\$ 449	\$ 1,371,839	\$ 439	\$ 407,209	\$ 130	\$ 1,779,048	\$ 569	123.5%	26.8%
50 - 54	\$ 473,949	\$ 248	\$ 300,708	\$ 157	\$ 774,657	\$ 405	\$ 1,198,087	\$ 359	\$ 721,285	\$ 216	\$ 1,919,372	\$ 575	147.8%	41.9%
55 - 59	\$ 734,454	\$ 403	\$ 245,645	\$ 135	\$ 980,099	\$ 538	\$ 1,416,144	\$ 470	\$ 549,971	\$ 182	\$ 1,966,115	\$ 652	100.6%	21.2%
60 - 64	\$ 932,904	\$ 613	\$ 421,595	\$ 277	\$ 1,354,499	\$ 891	\$ 1,368,526	\$ 512	\$ 846,620	\$ 317	\$ 2,215,146	\$ 829	63.5%	-6.9%
65+	\$ 234,197	\$ 394	\$ 140,839	\$ 237	\$ 375,036	\$ 631	\$ 493,832	\$ 503	\$ 253,936	\$ 259	\$ 747,768	\$ 762	99.4%	20.7%
Total	\$ 6,255,288	\$ 268	\$ 2,070,935	\$ 89	\$8,326,223	\$ 357	\$ 10,799,288	\$ 263	\$ 4,793,655	\$ 117	\$ 15,592,943	\$ 380	87.3%	6.7%

Financial Summary (p. 1 of 2)

Summary	Total			State Active			Non-State Active		
	1Q22	1Q23	Variance to Prior Year	1Q22	1Q23	Variance to Prior Year	1Q22	1Q23	Variance to Prior Year
Enrollment									
Avg # Employees	3,733	6,935	85.8%	3,374	6,292	86.5%	1	1	0.0%
Avg # Members	7,786	13,667	75.5%	7,192	12,579	74.9%	2	2	0.0%
Ratio	2.1	2.0	-5.7%	2.1	2.0	-6.1%	2.0	2.0	0.0%
Financial Summary									
Gross Cost	\$7,837,284	\$12,890,174	64.5%	\$6,734,378	\$11,286,972	67.6%	\$2,970	\$4,583	54.3%
Client Paid	\$6,255,288	\$10,799,288	72.6%	\$5,354,786	\$9,454,832	76.6%	\$1,769	\$3,623	104.8%
Employee Paid	\$1,581,996	\$2,090,886	32.2%	\$1,379,592	\$1,832,140	32.8%	\$1,201	\$960	-20.1%
Client Paid-PEPY	\$6,702	\$6,229	-7.1%	\$6,348	\$6,010	-5.3%	\$7,078	\$14,492	104.7%
Client Paid-PMPY	\$3,214	\$3,161	-1.6%	\$2,978	\$3,007	1.0%	\$3,539	\$7,246	104.7%
Client Paid-PEPM	\$559	\$519	-7.2%	\$529	\$501	-5.3%	\$590	\$1,208	104.7%
Client Paid-PMPM	\$268	\$263	-1.9%	\$248	\$251	1.2%	\$295	\$604	104.7%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	8	8	0.0%	7	8	14.3%	0	0	0.0%
HCC's / 1,000	1.0	0.6	-42.7%	1.0	0.6	-34.0%	0.0	0.0	0.0%
Avg HCC Paid	\$145,362	\$157,873	8.6%	\$146,710	\$157,873	7.6%	\$0	\$0	0.0%
HCC's % of Plan Paid	18.6%	11.7%	-37.1%	19.2%	13.4%	-30.2%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$784	\$614	-21.7%	\$716	\$593	-17.2%	\$0	\$0	0.0%
Facility Outpatient	\$822	\$1,024	24.6%	\$750	\$955	27.3%	\$0	\$642	0.0%
Physician	\$1,556	\$1,523	-2.1%	\$1,462	\$1,459	-0.2%	\$3,539	\$6,604	86.6%
Other	\$53	\$0	-100.0%	\$49	\$0	-100.0%	\$0	\$0	0.0%
Total	\$3,214	\$3,161	-1.6%	\$2,978	\$3,007	1.0%	\$3,539	\$7,246	104.7%
	Annualized	Annualized		Annualized	Annualized		Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees			Non-State Retirees			Peer Index
	1Q22	1Q23	Variance to Prior Year	1Q22	1Q23	Variance to Prior Year	
Enrollment							
Avg # Employees	338	614	81.8%	21	27	28.6%	
Avg # Members	561	1,047	86.6%	32	39	21.9%	
Ratio	1.7	1.7	2.4%	1.5	1.4	-5.3%	1.6
Financial Summary							
Gross Cost	\$1,062,564	\$1,567,176	47.5%	\$37,373	\$31,442	-15.9%	
Client Paid	\$877,285	\$1,318,629	50.3%	\$21,448	\$22,203	3.5%	
Employee Paid	\$185,279	\$248,547	34.1%	\$15,925	\$9,239	-42.0%	
Client Paid-PEPY	\$10,382	\$8,586	-17.3%	\$4,085	\$3,289	-19.5%	\$6,642
Client Paid-PMPY	\$6,255	\$5,038	-19.5%	\$2,681	\$2,277	-15.1%	\$4,116
Client Paid-PEPM	\$865	\$715	-17.3%	\$340	\$274	-19.4%	\$553
Client Paid-PMPM	\$521	\$420	-19.4%	\$223	\$190	-14.8%	\$343
High Cost Claimants (HCC's) > \$100k							
# of HCC's	1	0	-100.0%	0	0	0.0%	
HCC's / 1,000	1.8	0.0	-100.0%	0.0	0.0	0.0%	
Avg HCC Paid	\$135,928	\$0	-100.0%	\$0	\$0	0.0%	
HCC's % of Plan Paid	15.5%	0.0%	-100.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$1,681	\$891	-47.0%	\$186	\$0	-100.0%	\$1,190
Facility Outpatient	\$1,709	\$1,862	9.0%	\$1,295	\$726	-43.9%	\$1,376
Physician	\$2,765	\$2,285	-17.4%	\$1,159	\$1,551	33.8%	\$1,466
Other	\$100	\$0	-100.0%	\$41	\$0	-100.0%	\$84
Total	\$6,255	\$5,038	-19.5%	\$2,681	\$2,277	-15.1%	\$4,116
	Annualized	Annualized		Annualized	Annualized		

Financial Summary – Prior Year Comparison (p. 1 of 2)

Summary	Total			State Active			Non-State Active		
	PY22	1Q23	Variance to Prior Year	PY22	1Q23	Variance to Prior Year	PY22	1Q23	Variance to Prior Year
Enrollment									
Avg # Employees	4,336	6,935	59.9%	3,926	6,292	60.3%	1	1	0.0%
Avg # Members	8,762	13,667	56.0%	8,071	12,579	55.8%	2	2	0.0%
Ratio	2.0	2.0	-2.5%	2.1	2.0	-2.9%	2.0	2.0	0.0%
Financial Summary									
Gross Cost	\$40,570,436	\$12,890,174	-68.2%	\$35,366,785	\$11,286,972	-68.1%	\$38,494	\$4,583	-88.1%
Client Paid	\$34,446,692	\$10,799,288	-68.6%	\$29,933,591	\$9,454,832	-68.4%	\$33,556	\$3,623	-89.2%
Employee Paid	\$6,123,744	\$2,090,886	-65.9%	\$5,433,194	\$1,832,140	-66.3%	\$4,938	\$960	-80.6%
Client Paid-PEPY	\$7,944	\$6,229	-21.6%	\$7,624	\$6,010	-21.2%	\$33,556	\$14,492	-56.8%
Client Paid-PMPY	\$3,931	\$3,161	-19.6%	\$3,709	\$3,007	-18.9%	\$16,778	\$7,246	-56.8%
Client Paid-PEPM	\$662	\$519	-21.6%	\$635	\$501	-21.1%	\$2,796	\$1,208	-56.8%
Client Paid-PMPPM	\$328	\$263	-19.8%	\$309	\$251	-18.8%	\$1,398	\$604	-56.8%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	41	8	-80.5%	33	8	-75.8%	0	0	0.0%
HCC's / 1,000	4.7	0.6	-87.4%	4.1	0.6	-84.4%	0.0	0.0	0.0%
Avg HCC Paid	\$286,071	\$157,873	-44.8%	\$305,172	\$157,873	-48.3%	\$0	\$0	0.0%
HCC's % of Plan Paid	34.0%	11.7%	-65.6%	33.6%	13.4%	-60.1%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,269	\$614	-51.6%	\$1,257	\$593	-52.8%	\$424	\$0	-100.0%
Facility Outpatient	\$1,043	\$1,024	-1.8%	\$933	\$955	2.4%	\$5,152	\$642	-87.5%
Physician	\$1,567	\$1,523	-2.8%	\$1,468	\$1,459	-0.6%	\$9,883	\$6,604	-33.2%
Other	\$53	\$0	-100.0%	\$50	\$0	-100.0%	\$1,319	\$0	-100.0%
Total	\$3,931	\$3,161	-19.6%	\$3,709	\$3,007	-18.9%	\$16,778	\$7,246	-56.8%

Annualized

Annualized

Annualized

Financial Summary – Prior Year Comparison (p. 1 of 2)

Summary	State Retirees			Non-State Retirees			Peer Index
	PY22	1Q23	Variance to Prior Year	PY22	1Q23	Variance to Prior Year	
Enrollment							
Avg # Employees	388	614	58.4%	21	27	27.1%	
Avg # Members	657	1,047	59.4%	32	39	20.9%	
Ratio	1.7	1.7	0.6%	1.5	1.4	-5.3%	1.6
Financial Summary							
Gross Cost	\$4,886,927	\$1,567,176	-67.9%	\$278,229	\$31,442	-88.7%	
Client Paid	\$4,252,910	\$1,318,629	-69.0%	\$226,635	\$22,203	-90.2%	
Employee Paid	\$634,017	\$248,547	-60.8%	\$51,594	\$9,239	-82.1%	
Client Paid-PEPY	\$10,968	\$8,586	-21.7%	\$10,665	\$3,289	-69.2%	\$6,642
Client Paid-PMPY	\$6,473	\$5,038	-22.2%	\$7,027	\$2,277	-67.6%	\$4,116
Client Paid-PEPM	\$914	\$715	-21.8%	\$889	\$274	-69.2%	\$553
Client Paid-PMPM	\$539	\$420	-22.1%	\$586	\$190	-67.6%	\$343
High Cost Claimants (HCC's) > \$100k							
# of HCC's	8	0	-100.0%	1	0	-100.0%	
HCC's / 1,000	12.2	0.0	-100.0%	31.0	0.0	-100.0%	
Avg HCC Paid	\$193,399	\$0	-100.0%	\$111,053	\$0	-100.0%	
HCC's % of Plan Paid	36.4%	0.0%	-100.0%	49.0%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$1,452	\$891	-38.6%	\$675	\$0	-100.0%	\$1,190
Facility Outpatient	\$2,262	\$1,862	-17.7%	\$3,333	\$726	-78.2%	\$1,376
Physician	\$2,676	\$2,285	-14.6%	\$2,969	\$1,551	-47.8%	\$1,466
Other	\$83	\$0	-100.0%	\$50	\$0	-100.0%	\$84
Total	\$6,473	\$5,038	-22.2%	\$7,027	\$2,277	-67.6%	\$4,116
	Annualized			Annualized			

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,726,719	\$ 261,460	\$ 1,622	\$ 1,989,802	\$ 2,224,765	\$ 303,966	\$ 155	\$ 2,528,886	27.1%	
Outpatient	\$ 3,628,067	\$ 603,762	\$ 10,440	\$ 4,242,269	\$ 7,230,067	\$ 992,223	\$ 22,286	\$ 8,244,576	94.3%	
Total - Medical	\$ 5,354,786	\$ 865,222	\$ 12,062	\$ 6,232,071	\$ 9,454,832	\$ 1,296,189	\$ 22,440	\$ 10,773,461	72.9%	

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 529	\$ 926	\$ 151	\$ 560	\$ 501	\$ 748	\$ 202	\$ 520	-7.1%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ -	\$ 2,390	\$ 2,390	\$ -	\$ -	\$ -	\$ -	-100.0%	
Outpatient	\$ 1,769	\$ 4,966	\$ 14,091	\$ 20,827	\$ 3,623	\$ 12,497	\$ 9,707	\$ 25,826	24.0%	
Total - Medical	\$ 1,769	\$ 4,966	\$ 16,481	\$ 23,217	\$ 3,623	\$ 12,497	\$ 9,707	\$ 25,826	11.2%	

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,770	\$ 146	\$ 568	\$ 363	\$ 1,208	\$ 278	\$ 270	\$ 307	-15.2%	

Paid Claims by Claim Type – Total Participants

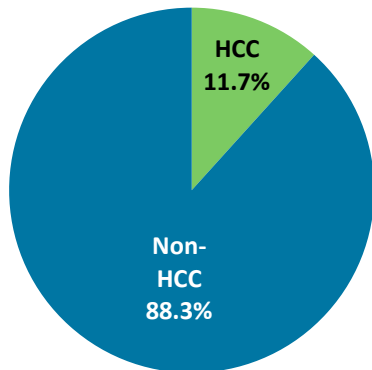
Net Paid Claims - Total										
Total Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,726,719	\$ 261,460	\$ 4,012	\$ 1,992,192	\$ 2,224,765	\$ 303,966	\$ 155	\$ 2,528,886	26.9%	
Outpatient	\$ 3,629,837	\$ 608,728	\$ 24,531	\$ 4,263,096	\$ 7,233,690	\$ 1,004,720	\$ 31,992	\$ 8,270,402	94.0%	
Total - Medical	\$ 5,356,556	\$ 870,188	\$ 28,544	\$ 6,255,288	\$ 9,458,455	\$ 1,308,686	\$ 32,147	\$ 10,799,288	72.6%	

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 529	\$ 899	\$ 262	\$ 559	\$ 501	\$ 736	\$ 219	\$ 519	-7.0%	

Cost Distribution – Medical Claims

1Q22						1Q23						
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
8	0.1%	\$1,162,900	18.6%	\$39,843	2.5%	\$100,000.01 Plus	8	0.1%	\$1,262,986	11.7%	\$32,057	1.5%
8	0.1%	\$676,110	10.8%	\$38,717	2.4%	\$50,000.01-\$100,000.00	22	0.2%	\$1,460,575	13.5%	\$96,213	4.6%
23	0.3%	\$818,099	13.1%	\$73,844	4.7%	\$25,000.01-\$50,000.00	29	0.2%	\$968,492	9.0%	\$106,726	5.1%
57	0.7%	\$874,750	14.0%	\$166,823	10.5%	\$10,000.01-\$25,000.00	120	0.9%	\$1,905,338	17.6%	\$320,762	15.3%
82	1.1%	\$566,415	9.1%	\$138,719	8.8%	\$5,000.01-\$10,000.00	152	1.1%	\$1,076,510	10.0%	\$225,763	10.8%
143	1.8%	\$524,640	8.4%	\$177,656	11.2%	\$2,500.01-\$5,000.00	293	2.1%	\$1,080,547	10.0%	\$302,698	14.5%
3,982	51.1%	\$1,631,797	26.1%	\$921,935	58.3%	\$0.01-\$2,500.00	7,047	51.6%	\$3,044,840	28.2%	\$998,658	47.8%
178	2.3%	\$0	0.0%	\$24,188	1.5%	\$0.00	175	1.3%	\$0	0.0%	\$8,009	0.4%
3,306	42.5%	\$576	0.0%	\$272	0.0%	No Claims	5,822	42.6%	\$0	0.0%	\$0	0.0%
7,786	100.0%	\$6,255,288	100.0%	\$1,581,996	100.0%		13,667	100.0%	\$10,799,288	100.0%	\$2,090,886	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	5	\$519,824	41.2%
Endocrine/Metabolic Disorders	3	\$331,314	26.2%
Gastrointestinal Disorders	4	\$181,750	14.4%
Infections	4	\$108,728	8.6%
Medical/Surgical Complications	4	\$83,668	6.6%
Hematological Disorders	2	\$18,736	1.5%
Diabetes	1	\$5,380	0.4%
Vascular Disorders	1	\$3,576	0.3%
Trauma/Accidents	1	\$3,431	0.3%
Miscellaneous	3	\$2,094	0.2%
All Other		\$4,485	0.4%
Overall	----	\$1,262,986	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		
	1Q22	1Q23	Variance to Prior Year	1Q22	1Q23	Variance to Prior Year	1Q22	1Q23	Variance to Prior Year
Inpatient Facility									
# of Admits	80	114		67	103		0	0	
# of Bed Days	340	529		293	476		0	0	
Paid Per Admit	\$28,055	\$21,438	-23.6%	\$27,907	\$21,180	-24.1%	\$0	\$0	0.0%
Paid Per Day	\$6,601	\$4,620	-30.0%	\$6,381	\$4,583	-28.2%	\$0	\$0	0.0%
Admits Per 1,000	41	33	-19.5%	37	33	-10.8%	0	0	0.0%
Days Per 1,000	175	155	-11.4%	163	151	-7.4%	0	0	0.0%
Avg LOS	4.3	4.6	7.0%	4.4	4.6	4.5%	0	0	0.0%
# Admits From ER	48	53		38	46		0	0	
Physician Office									
OV Utilization per Member	4.6	4.4	-4.3%	4.4	4.3	-2.3%	8.0	10.0	25.0%
Avg Paid per OV	\$134	\$117	-12.7%	\$129	\$117	-9.3%	\$118	\$296	150.8%
Avg OV Paid per Member	\$613	\$519	-15.3%	\$573	\$502	-12.4%	\$946	\$2,960	212.9%
DX&L Utilization per Member	8.2	10	22.0%	7.7	9.5	23.4%	26	12	-53.8%
Avg Paid per DX&L	\$51	\$52	2.0%	\$47	\$52	10.6%	\$68	\$169	148.5%
Avg DX&L Paid per Member	\$416	\$523	25.7%	\$362	\$492	35.9%	\$1,781	\$2,025	13.7%
Emergency Room									
# of Visits	261	461		242	422		0	0	
Visits Per Member	0.13	0.13	0.0%	0.13	0.13	0.0%	0	0	0.0%
Visits Per 1,000	134	135	0.7%	135	134	-0.7%	0	0	0.0%
Avg Paid per Visit	\$2,414	\$2,675	10.8%	\$2,367	\$2,732	15.4%	\$0	\$0	0.0%
Urgent Care									
# of Visits	597	1,056		553	988		0	0	
Visits Per Member	0.31	0.31	0.0%	0.31	0.31	0.0%	0.00	0.00	0.0%
Visits Per 1,000	307	309	0.7%	308	314	1.9%	0	0	0.0%
Avg Paid per Visit	\$118	\$104	-11.9%	\$116	\$105	-9.5%	\$0	\$0	0.0%

Annualized Annualized

Annualized Annualized

Annualized Annualized

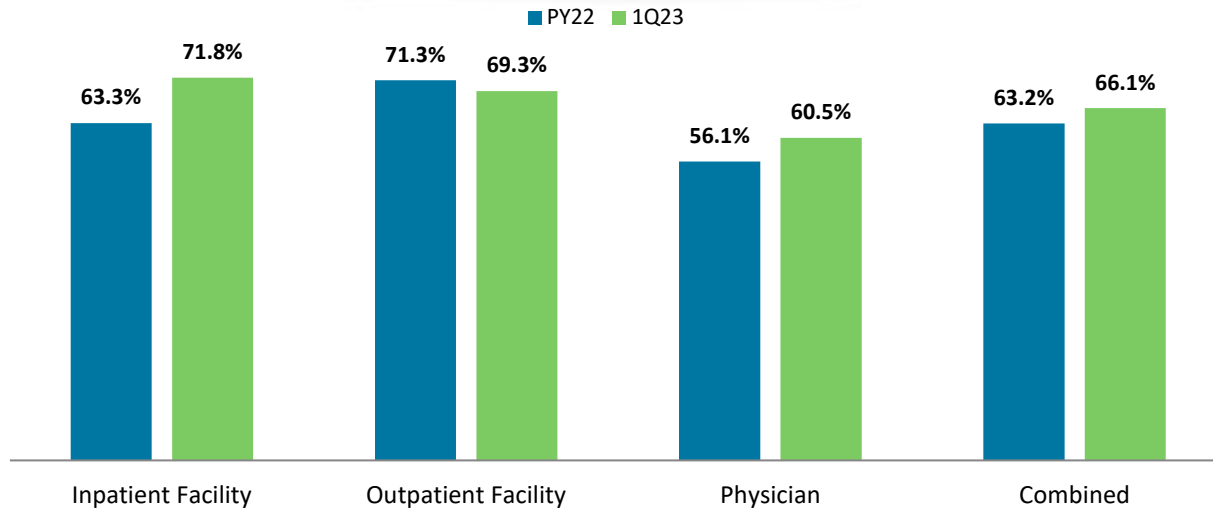
Utilization Summary (p. 2 of 2)

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

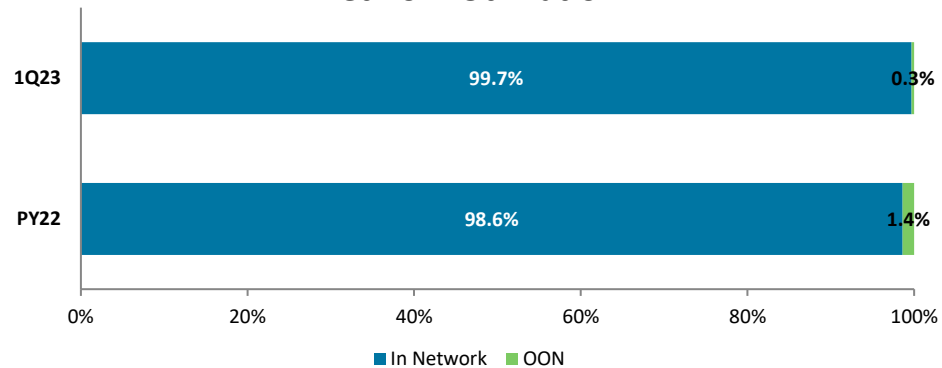
Summary	State Retirees			Non-State Retirees			Peer Index
	1Q22	1Q23	Variance to Prior Year	1Q22	1Q23	Variance to Prior Year	
Inpatient Facility							
# of Admits	10	11		3	0		
# of Bed Days	40	53		7	0		
Paid Per Admit	\$35,139	\$23,855	-32.1%	\$7,768	\$0	-100.0%	\$18,822
Paid Per Day	\$8,785	\$4,951	-43.6%	\$3,329	\$0	-100.0%	\$3,265
Admits Per 1,000	71	42	-40.8%	375	0	-100.0%	70
Days Per 1,000	285	202	-29.1%	875	0	-100.0%	402
Avg LOS	4	4.8	20.0%	2.3	0.0	-100.0%	5.8
# Admits From ER	8	7		2	0		
Physician Office							
OV Utilization per Member	6.2	6.0	-3.2%	6.1	7.5	23.0%	5.4
Avg Paid per OV	\$179	\$120	-33.0%	\$102	\$83	-18.6%	\$96
Avg OV Paid per Member	\$1,120	\$715	-36.2%	\$622	\$619	-0.5%	\$515
DX&L Utilization per Member	13.4	15.7	17.2%	9.9	15.9	60.6%	11.0
Avg Paid per DX&L	\$80	\$56	-30.0%	\$75	\$56	-25.3%	\$50
Avg DX&L Paid per Member	\$1,080	\$879	-18.6%	\$737	\$883	19.8%	\$543
Emergency Room							
# of Visits	19	38		0	1		
Visits Per Member	0.14	0.15	7.1%	0	0.1	0.0%	0.22
Visits Per 1,000	135	145	7.4%	0	103	0.0%	221
Avg Paid per Visit	\$3,017	\$2,073	-31.3%	\$0	\$1,726	0.0%	\$968
Urgent Care							
# of Visits	42	67		0	1		
Visits Per Member	0.30	0.26	-13.3%	0.00	0.10	0.0%	0.35
Visits Per 1,000	299	256	-14.4%	0	103	0.0%	352
Avg Paid per Visit	\$150	\$101	-32.7%	\$0	\$52	0.0%	\$135
	Annualized	Annualized		Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$1,269,153	11.8%	\$726,757	\$452,481	\$89,914	\$395,792	\$873,361
Gastrointestinal Disorders	\$1,119,450	10.4%	\$826,736	\$120,478	\$172,236	\$323,288	\$796,162
Health Status/Encounters	\$993,723	9.2%	\$493,058	\$119,641	\$381,024	\$360,385	\$633,338
Pregnancy-related Disorders	\$701,653	6.5%	\$449,541	\$87,264	\$164,847	\$105,132	\$596,521
Cardiac Disorders	\$666,667	6.2%	\$480,124	\$171,413	\$15,129	\$377,086	\$289,581
Neurological Disorders	\$577,504	5.3%	\$344,128	\$117,331	\$116,044	\$120,926	\$456,578
Mental Health	\$555,385	5.1%	\$247,267	\$69,137	\$238,981	\$185,809	\$369,577
Endocrine/Metabolic Disorders	\$541,313	5.0%	\$251,075	\$243,276	\$46,962	\$43,212	\$498,101
Musculoskeletal Disorders	\$538,449	5.0%	\$332,646	\$107,993	\$97,810	\$194,673	\$343,776
Eye/ENT Disorders	\$505,124	4.7%	\$277,951	\$96,471	\$130,702	\$187,519	\$317,605
Trauma/Accidents	\$501,519	4.6%	\$255,573	\$79,041	\$166,906	\$257,382	\$244,137
Infections	\$433,744	4.0%	\$222,710	\$90,487	\$120,546	\$271,858	\$161,885
Spine-related Disorders	\$340,343	3.2%	\$270,172	\$52,294	\$17,877	\$182,761	\$157,582
Gynecological/Breast Disorders	\$321,090	3.0%	\$242,347	\$39,310	\$39,433	\$11,143	\$309,947
Renal/Urologic Disorders	\$290,522	2.7%	\$200,796	\$62,271	\$27,454	\$112,258	\$178,264
Non-malignant Neoplasm	\$277,447	2.6%	\$177,066	\$95,490	\$4,891	\$101,021	\$176,425
Pulmonary Disorders	\$220,767	2.0%	\$149,065	\$30,773	\$40,929	\$98,748	\$122,018
Medical/Surgical Complications	\$183,597	1.7%	\$93,576	\$3,293	\$86,727	\$149,106	\$34,491
Dermatological Disorders	\$155,680	1.4%	\$82,289	\$21,642	\$51,749	\$63,679	\$92,001
Miscellaneous	\$123,189	1.1%	\$61,356	\$23,207	\$38,627	\$47,240	\$75,949
Diabetes	\$100,219	0.9%	\$55,244	\$35,571	\$9,404	\$59,016	\$41,204
Abnormal Lab/Radiology	\$94,749	0.9%	\$59,958	\$30,941	\$3,850	\$40,268	\$54,481
Hematological Disorders	\$82,458	0.8%	\$50,063	\$6,656	\$25,739	\$53,357	\$29,101
Congenital/Chromosomal Anomalies	\$67,517	0.6%	\$6,114	\$45,635	\$15,768	\$58,176	\$9,341
Vascular Disorders	\$47,656	0.4%	\$37,278	\$8,949	\$1,429	\$18,368	\$29,289
Medication Related Conditions	\$47,298	0.4%	\$16,789	\$1,584	\$28,925	\$21,958	\$25,340
Cholesterol Disorders	\$29,758	0.3%	\$24,450	\$4,387	\$921	\$15,117	\$14,641
Allergic Reaction	\$5,482	0.1%	\$4,112	\$128	\$1,242	\$2,117	\$3,365
Dental Conditions	\$4,139	0.0%	\$848	\$196	\$3,095	\$2,665	\$1,473
External Hazard Exposure	\$3,465	0.0%	\$2,326	\$0	\$1,139	\$2,270	\$1,196
Social Determinants of Health	\$228	0.0%	\$118	\$110	\$0	\$118	\$110
Cause of Morbidity	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$10,799,288	100.0%	\$6,441,534	\$2,217,451	\$2,140,303	\$3,862,449	\$6,936,838

Mental Health Drilldown

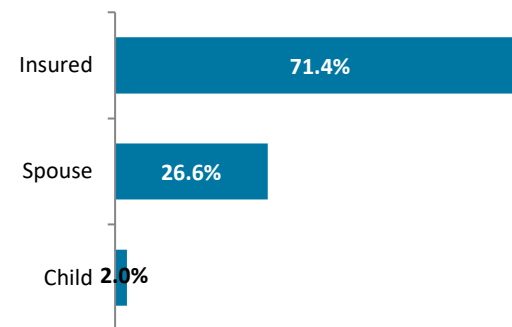
Group	PY22		1Q23	
	Patients	Total Paid	Patients	Total Paid
Depression	453	\$568,975	348	\$139,327
Mood and Anxiety Disorders	613	\$271,735	417	\$110,164
Mental Health Conditions, Other	431	\$351,519	309	\$103,712
Alcohol Abuse/Dependence	20	\$75,926	19	\$53,446
Developmental Disorders	59	\$215,640	47	\$43,144
Bipolar Disorder	107	\$247,201	98	\$33,325
Attention Deficit Disorder	199	\$80,894	179	\$25,347
Sleep Disorders	124	\$26,517	60	\$19,397
Eating Disorders	24	\$147,776	15	\$10,590
Substance Abuse/Dependence	29	\$68,285	20	\$4,983
Personality Disorders	14	\$15,495	9	\$4,097
Sexually Related Disorders	28	\$8,553	24	\$3,549
Psychoses	6	\$10,965	3	\$1,907
Schizophrenia	4	\$2,259	5	\$1,061
Tobacco Use Disorder	16	\$4,458	15	\$965
Complications of Substance Abuse	6	\$27,466	3	\$370
Total		\$2,123,665		\$555,385

Diagnosis Grouper – Cancer

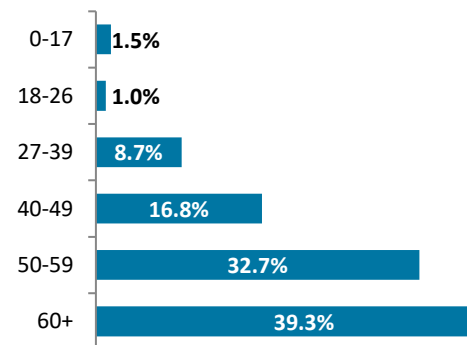
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	17	46	\$679,510	64.6%
Breast Cancer	45	316	\$239,750	22.8%
Cancers, Other	31	127	\$81,276	7.7%
Brain Cancer	3	71	\$75,378	7.2%
Non-Melanoma Skin Cancers	33	90	\$41,367	3.9%
Lymphomas	11	58	\$37,928	3.6%
Secondary Cancers	13	57	\$37,303	3.5%
Prostate Cancer	18	64	\$28,990	2.8%
Carcinoma in Situ	18	29	\$15,259	1.4%
Lung Cancer	8	47	\$8,355	0.8%
Leukemias	5	24	\$6,917	0.7%
Thyroid Cancer	16	39	\$3,629	0.3%
Myeloma	2	26	\$3,277	0.3%
Melanoma	10	15	\$2,988	0.3%
Colon Cancer	4	23	\$2,899	0.3%
Cervical/Uterine Cancer	6	12	\$2,883	0.3%
Kidney Cancer	4	10	\$1,171	0.1%
Ovarian Cancer	2	3	\$273	0.0%
Overall	----	----	\$1,269,153	100.0%

*Patient and claim counts are unique only within the category

Relationship



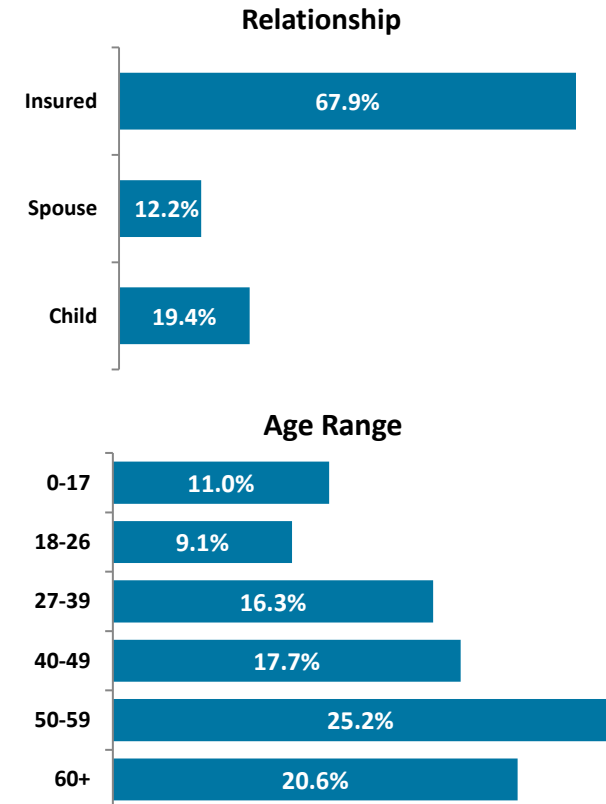
Age Range



Diagnosis Grouper – Gastrointestinal Orders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
GI Disorders, Other	146	327	\$372,231	59.6%
Abdominal Disorders	283	541	\$207,759	33.3%
Hernias	35	87	\$116,970	18.7%
Upper GI Disorders	156	281	\$74,579	11.9%
Appendicitis	3	14	\$62,867	10.1%
GI Symptoms	163	291	\$60,468	9.7%
Pancreatic Disorders	6	18	\$50,321	8.1%
Diverticulitis	23	37	\$41,924	6.7%
Inflammatory Bowel Disease	28	71	\$38,403	6.2%
Gallbladder and Biliary Disease	24	84	\$38,289	6.1%
Constipation	47	72	\$28,248	4.5%
Liver Diseases	53	84	\$13,535	2.2%
Hemorrhoids	31	61	\$7,488	1.2%
Peptic Ulcer/Related Disorders	6	8	\$2,066	0.3%
Esophageal Varices	2	3	\$1,935	0.3%
Ostomies	6	16	\$1,832	0.3%
Hepatic Cirrhosis	5	5	\$536	0.1%
	----	----	\$1,119,450	179.4%

*Patient and claim counts are unique only within the category

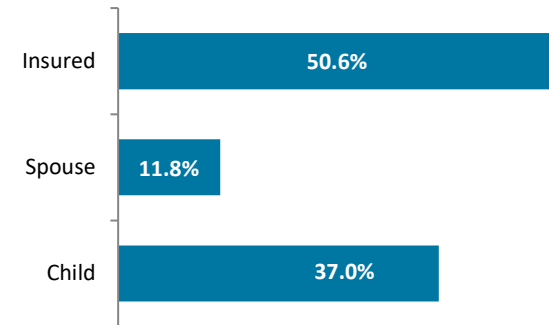


Diagnosis Grouper – Health Status/Encounters

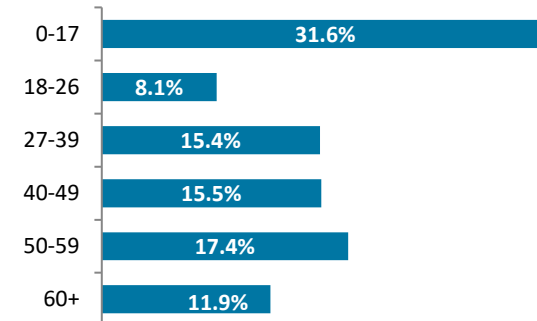
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	1,088	1,837	\$299,148	30.1%
Exams	1,508	2,373	\$246,919	24.8%
Prophylactic Measures	803	933	\$215,546	21.7%
Encounters - Infants/Children	845	975	\$146,449	14.7%
Personal History of Condition	136	200	\$35,216	3.5%
Aftercare	50	86	\$14,112	1.4%
Family History of Condition	27	33	\$10,479	1.1%
Prosthetics/Devices/Implants	52	128	\$9,671	1.0%
Encounter - Transplant Related	6	16	\$6,345	0.6%
Counseling	33	45	\$2,628	0.3%
Donors	1	1	\$2,589	0.3%
Encounter - Procedure	18	22	\$2,429	0.2%
Lifestyle/Situational Issues	15	27	\$1,087	0.1%
Miscellaneous Examinations	9	17	\$587	0.1%
Acquired Absence	4	5	\$290	0.0%
Health Status, Other	7	10	\$134	0.0%
Follow-Up Encounters	1	1	\$91	0.0%
Overall	----	----	\$993,723	150.6%

*Patient and claim counts are unique only within the category

Relationship

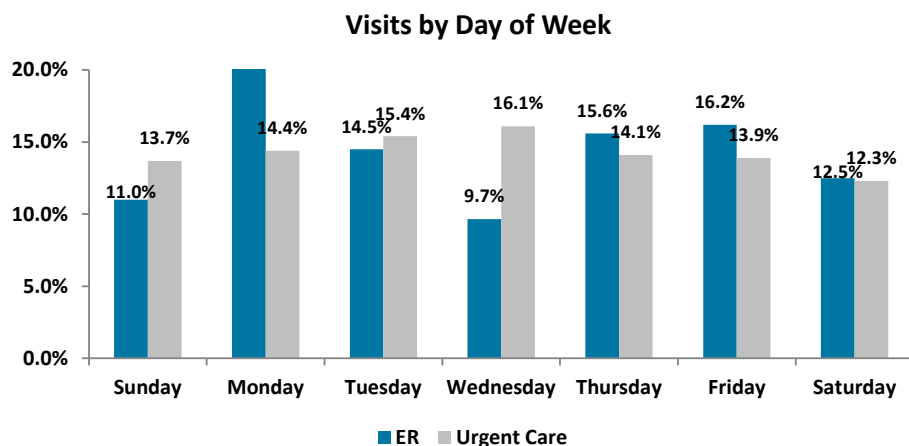


Age Range

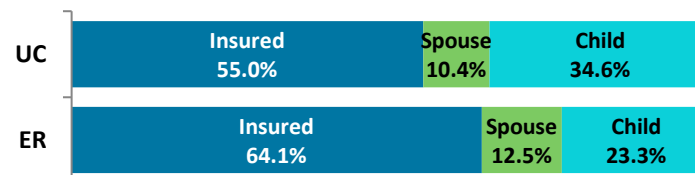


Emergency Room / Urgent Care Summary

ER/Urgent Care	1Q22		1Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	261	597	461	1,056		
Visits Per Member	0.13	0.31	0.13	0.31	0.22	0.35
Visits/1000 Members	134	307	135	309	221	352
Avg Paid Per Visit	\$2,414	\$118	\$2,675	\$104	\$968	\$135
% with OV*	79.3%	79.9%	75.5%	74.6%		
% Avoidable	9.2%	32.9%	12.6%	37.0%		
Total Member Paid	\$150,602	\$38,696	\$304,662	\$76,024		
Total Plan Paid	\$630,048	\$70,583	\$1,233,372	\$110,092		
*looks back 12 months from ER visit	Annualized	Annualized	Annualized	Annualized		



% of Paid



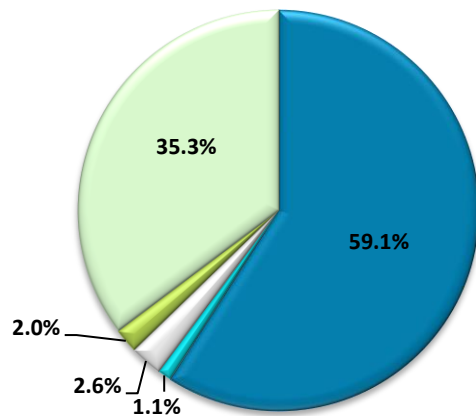
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	253	36	594	86	847	122
Spouse	58	33	115	66	173	99
Child	150	30	347	70	497	100
Total	461	34	1,056	77	1,517	111

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

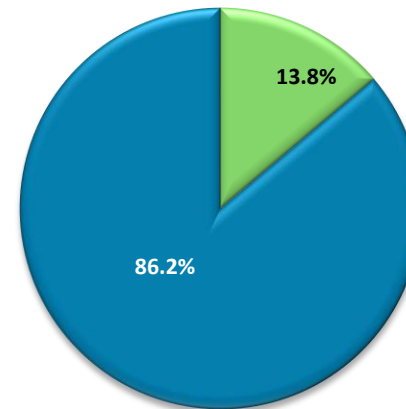
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$38,767,181	\$3,632	100.0%
PPO Discount	\$25,559,203	\$2,395	65.9%
Deductible	\$0	\$0	0.0%
Copay	\$1,056,517	\$99	2.7%
Coinsurance	\$1,034,369	\$97	2.7%
Total Participant Paid	\$2,090,886	\$196	5.4%
Total Plan Paid	\$10,799,288	\$519	27.9%

Total Participant Paid - PY22	\$136
Total Plan Paid - PY22	\$539



■ PPO Discount
 ■ Deductible
 ■ Copay
■ Coinsurance
 ■ Total Plan Paid



■ Total Participant Paid
 ■ Total Plan Paid

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	534	526	8	98.5%
	<2 asthma related ER Visits in the last 6 months	534	533	1	99.8%
	No asthma related admit in last 12 months	534	533	1	99.8%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	51	48	3	94.1%
	Members with COPD who had an annual spirometry test	51	10	41	19.6%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	3	3	0	100.0%
	No ER Visit for Heart Failure in last 90 days	59	57	2	96.6%
	Follow-up OV within 4 weeks of discharge from HF admission	3	2	1	66.7%
Diabetes	Annual office visit	419	406	13	96.9%
	Annual dilated eye exam	419	156	263	37.2%
	Annual foot exam	419	172	247	41.1%
	Annual HbA1c test done	419	347	72	82.8%
	Diabetes Annual lipid profile	419	321	98	76.6%
	Annual microalbumin urine screen	419	294	125	70.2%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,535	1,293	242	84.2%
Hypertension	Annual lipid profile	1,426	1,057	369	74.1%
	Annual serum creatinine test	1,262	1,077	185	85.3%
Wellness	Well Child Visit - 15 months	106	93	13	87.7%
	Routine office visit in last 6 months	13,914	8,747	5,167	62.9%
	Age 45 to 75 years with colorectal cancer screening	4,402	1,199	3,203	27.2%
	Women age 25-65 with recommended cervical cancer screening	4,640	2,796	1,844	60.3%
	Males age greater than 49 with PSA test in last 24 months	1,381	649	732	47.0%
	Routine exam in last 24 months	13,914	11,024	2,890	79.2%
	Women age 40 to 75 with a screening mammogram last 24 months	3,264	1,821	1,443	55.8%

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	126	0.91%	9.22	\$12,836
Asthma	577	4.15%	42.22	\$10,549
Atrial Fibrillation	78	0.56%	5.71	\$32,622
Blood Disorders	635	4.56%	46.46	\$20,763
CAD	177	1.27%	12.95	\$23,766
COPD	49	0.35%	3.59	\$42,642
Cancer	378	2.72%	27.66	\$25,300
Chronic Pain	242	1.74%	17.71	\$17,534
Congestive Heart Failure	59	0.42%	4.32	\$32,051
Demyelinating Diseases	42	0.30%	3.07	\$54,492
Depression	1,001	7.19%	73.24	\$9,095
Diabetes	661	4.75%	48.37	\$14,777
ESRD	8	0.06%	0.59	\$52,654
Eating Disorders	65	0.47%	4.76	\$10,711
HIV/AIDS	6	0.04%	0.44	\$27,153
Hyperlipidemia	1,570	11.28%	114.88	\$11,602
Hypertension	1,430	10.27%	104.63	\$13,336
Immune Disorders	55	0.40%	4.02	\$62,314
Inflammatory Bowel Disease	58	0.42%	4.24	\$19,610
Liver Diseases	218	1.57%	15.95	\$19,035
Morbid Obesity	361	2.59%	26.41	\$17,496
Osteoarthritis	368	2.64%	26.93	\$13,155
Peripheral Vascular Disease	40	0.29%	2.93	\$14,135
Rheumatoid Arthritis	74	0.53%	5.41	\$25,086

*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 2023 - Quarter Ending September 30, 2022

Express Scripts

1Q FY2023 LDPP0		1Q FY2022 LDPP0	Difference	% Change
Membership Summary				
Member Count (Membership)	13,619	7,574	6,045	79.8%
Utilizing Member Count (Patients)	7,124	4,064	3,060	75.3%
Percent Utilizing (Utilization)	52.3%	53.7%	(0)	-2.5%
Claim Summary				
Net Claims (Total Rx's)	46,449	25,834	20,615	79.8%
Claims per Elig Member per Month (Claims PMPM)	1.14	1.14	-	0.0%
Total Claims for Generic (Generic Rx)	39,337	21,590	17,747.00	82.2%
Total Claims for Brand (Brand Rx)	7,112	4,244	2,868.00	67.6%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	217	246	(29.00)	-11.8%
Total Non-Specialty Claims	45,810	25,519	20,291.00	79.5%
Total Specialty Claims	639	315	324.00	102.9%
Generic % of Total Claims (GFR)	84.7%	83.6%	0.01	1.3%
Generic Effective Rate (GCR)	99.5%	98.9%	0.01	0.6%
Mail Order Claims	14,036	6,666	7,370.00	110.6%
Mail Penetration Rate*	34.5%	29.9%	0.05	4.6%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$5,734,811	\$2,561,234.00	\$3,173,577.00	123.9%
Total Generic Gross Cost	\$815,407	\$510,822.00	\$304,585.00	59.6%
Total Brand Gross Cost	\$4,919,405	\$2,050,412.00	\$2,868,993.00	139.9%
Total MSB Gross Cost	\$91,083	\$90,636.00	\$447.00	0.5%
Total Ingredient Cost	\$5,673,243	\$2,512,949.00	\$3,160,294.00	125.8%
Total Dispensing Fee	\$54,773	\$46,236.00	\$8,537.00	18.5%
Total Other (e.g. tax)	\$6,796	\$2,049.00	\$4,747.00	231.7%
Avg Total Cost per Claim (Gross Cost/Rx)	\$123.46	\$99.14	\$24.32	24.5%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$20.73	\$23.66	(\$2.93)	-12.4%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$691.70	\$483.13	\$208.57	43.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$419.74	\$368.44	\$51.30	13.9%
Member Cost Summary				
Total Member Cost	\$944,609	\$528,252.00	\$416,357.00	78.8%
Total Copay	\$944,609	\$528,252.00	\$416,357.00	78.8%
Total Deductible	\$0	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$20.34	\$20.45	(\$0.11)	-0.5%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$20.34	\$20.45	(\$0.11)	-0.5%
Avg Copay for Generic (Copay/Generic Rx)	\$6.93	\$7.80	(\$0.87)	-11.2%
Avg Copay for Brand (Copay/Brand Rx)	\$94.48	\$84.81	\$9.67	11.4%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$15.36	\$51.83	(\$36.47)	-70.4%
Net PMPM (Participant Cost PMPM)	\$23.12	\$23.25	(\$0.13)	-0.6%
Copay % of Total Prescription Cost (Member Cost Share %)	16.5%	20.6%	-4.2%	-20.1%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$4,790,203	\$2,032,982.00	\$2,757,221.00	135.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,376,868	\$1,208,195.00	\$1,168,673.00	96.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,413,334	\$824,787.00	\$1,588,547.00	192.6%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$103.13	\$78.69	\$24.43	31.0%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$13.80	\$15.86	(\$2.06)	-13.0%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$597.23	\$398.32	\$198.91	49.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$404.38	\$316.60	\$87.78	27.7%
Net PMPM (Plan Cost PMPM)	\$117.24	\$89.47	\$27.77	31.0%
PMPM for Specialty Only (Specialty PMPM)	\$58.18	\$53.17	\$5.01	9.4%
PMPM without Specialty (Non-Specialty PMPM)	\$59.07	\$36.30	\$22.77	62.7%
Rebates Received (Q1 FY2023 actual)	\$1,696,020	\$494,577	\$1,201,443.82	242.9%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$75.73	\$67.71	\$8.03	11.9%
PMPM without Specialty (Non-Specialty PMPM)	\$33.16	\$35.91	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$42.84	\$31.78	\$11.06	34.8%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP

July 1, 2022 – September 30, 2022

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DATASCOPE™

Nevada Public Employees' Benefits Program

EPO Plan

July 2022 – September 2022 Incurred,

Paid through November 30, 2022

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q23 was \$7,464,605 with an annualized plan cost per employee per year (PEPY) of \$8,392. This is a decrease of 5.5% when compared to 1Q22.
 - IP Cost per Admit is \$20,840 which is 47.7% lower than 1Q22.
 - ER Cost per Visit is \$2,841 which is 49.4% higher than 1Q22.
- Employees shared in 13.8% of the medical cost.
- Inpatient facility costs were 20.7% of the plan spend.
- 93.4% of the Average Membership had paid Medical claims less than \$2,500, with 34.4% of those having no claims paid at all during the reporting period.
- 6 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 12.1% of the plan spend. The highest diagnosis category was Cardiac Disorders, accounting for 44.6% of the high-cost claimant dollars.
- Total spending with in-network providers was 95.7%. The average In Network discount was 59.4%, which is .8% lower than the PY22 average discount of 59.9%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	1Q22						1Q23						% 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	\$ 1,265,661	\$ 6,204	\$ 1,121	\$ 5	\$ 1,266,782	\$6,210	\$ 131,375	\$ 664	\$ 64	\$ 0	\$ 131,439	\$ 664	-89.6%	-89.3%
1	\$ 71,899	\$ 292	\$ 608	\$ 2	\$ 72,507	\$295	\$ 46,956	\$ 257	\$ 63	\$ 0	\$ 47,019	\$ 257	-35.2%	-12.8%
2 - 4	\$ 92,918	\$ 117	\$ 2,969	\$ 4	\$ 95,887	\$121	\$ 111,170	\$ 173	\$ 4,210	\$ 7	\$ 115,380	\$ 180	20.3%	48.4%
5 - 9	\$ 89,503	\$ 69	\$ 12,939	\$ 10	\$ 102,442	\$79	\$ 78,233	\$ 72	\$ 21,395	\$ 20	\$ 99,628	\$ 92	-2.7%	15.5%
10 - 14	\$ 165,980	\$ 99	\$ 59,505	\$ 35	\$ 225,485	\$134	\$ 168,716	\$ 119	\$ 42,112	\$ 30	\$ 210,828	\$ 149	-6.5%	10.7%
15 - 19	\$ 423,835	\$ 213	\$ 98,603	\$ 50	\$ 522,438	\$263	\$ 324,392	\$ 187	\$ 127,934	\$ 74	\$ 452,326	\$ 260	-13.4%	-0.9%
20 - 24	\$ 283,229	\$ 158	\$ 104,704	\$ 58	\$ 387,933	\$217	\$ 454,723	\$ 283	\$ 63,910	\$ 40	\$ 518,633	\$ 323	33.7%	48.9%
25 - 29	\$ 326,809	\$ 389	\$ 281,905	\$ 336	\$ 608,714	\$725	\$ 193,432	\$ 277	\$ 80,855	\$ 116	\$ 274,287	\$ 392	-54.9%	-45.9%
30 - 34	\$ 479,726	\$ 414	\$ 112,521	\$ 97	\$ 592,247	\$511	\$ 303,033	\$ 329	\$ 470,558	\$ 511	\$ 773,591	\$ 840	30.6%	64.2%
35 - 39	\$ 639,126	\$ 419	\$ 168,208	\$ 110	\$ 807,334	\$529	\$ 566,498	\$ 455	\$ 203,362	\$ 163	\$ 769,860	\$ 618	-4.6%	17.0%
40 - 44	\$ 416,434	\$ 264	\$ 457,069	\$ 290	\$ 873,503	\$555	\$ 417,321	\$ 316	\$ 356,071	\$ 270	\$ 773,392	\$ 586	-11.5%	5.6%
45 - 49	\$ 507,367	\$ 287	\$ 270,237	\$ 153	\$ 777,604	\$439	\$ 491,980	\$ 329	\$ 311,147	\$ 208	\$ 803,127	\$ 536	3.3%	22.1%
50 - 54	\$ 1,021,075	\$ 474	\$ 567,139	\$ 263	\$ 1,588,214	\$737	\$ 917,465	\$ 464	\$ 496,716	\$ 251	\$ 1,414,181	\$ 715	-11.0%	-3.0%
55 - 59	\$ 1,418,462	\$ 634	\$ 536,685	\$ 240	\$ 1,955,147	\$874	\$ 1,125,099	\$ 570	\$ 634,483	\$ 321	\$ 1,759,582	\$ 891	-10.0%	2.0%
60 - 64	\$ 1,294,330	\$ 487	\$ 976,746	\$ 367	\$ 2,271,076	\$854	\$ 1,651,177	\$ 723	\$ 980,613	\$ 430	\$ 2,631,790	\$ 1,153	15.9%	34.9%
65+	\$ 714,794	\$ 624	\$ 519,811	\$ 454	\$ 1,234,605	\$1,077	\$ 483,035	\$ 456	\$ 413,817	\$ 391	\$ 896,852	\$ 847	-27.4%	-21.4%
Total	\$ 9,211,146	\$ 399	\$ 4,170,771	\$ 181	\$13,381,917	\$580	\$ 7,464,605	\$ 376	\$ 4,207,311	\$ 212	\$ 11,671,916	\$ 588	-12.8%	1.3%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year
Enrollment												
Avg # Employees	4,716	4,148	3,558	-14.2%	4,008	3,486	2,964	-15.0%	4	3	2	-39.9%
Avg # Members	8,644	7,686	6,616	-13.9%	7,686	6,773	5,762	-14.9%	5	3	2	-39.9%
Ratio	1.8	1.9	1.9	0.5%	1.9	1.9	1.9	0.0%	1.3	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$12,679,037	\$10,594,960	\$8,661,931	-18.2%	\$10,647,572	\$9,200,160	\$7,137,269	-22.4%	\$4,686	\$1,597	\$707	-55.7%
Client Paid	\$11,763,546	\$9,211,146	\$7,464,605	-19.0%	\$9,882,675	\$8,064,127	\$6,165,627	-23.5%	\$4,206	\$1,111	\$489	-56.0%
Employee Paid	\$915,490	\$1,383,814	\$1,197,325	-13.5%	\$764,897	\$1,136,033	\$971,642	-14.5%	\$480	\$486	\$218	-55.1%
Client Paid-PEPY	\$9,977	\$8,882	\$8,392	-5.5%	\$9,864	\$9,253	\$8,322	-10.1%	\$4,206	\$1,333	\$978	-26.6%
Client Paid-PMPY	\$5,443	\$4,794	\$4,513	-5.9%	\$5,143	\$4,763	\$4,280	-10.1%	\$3,364	\$1,333	\$978	-26.6%
Client Paid-PEPM	\$831	\$740	\$699	-5.5%	\$822	\$771	\$693	-10.1%	\$350	\$111	\$82	-26.1%
Client Paid-PMPM	\$454	\$399	\$376	-5.8%	\$429	\$397	\$357	-10.1%	\$280	\$111	\$82	-26.1%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	12	9	6	-33.3%	10	9	5	-44.4%	0	0	0	0.0%
HCC's / 1,000	1.4	1.2	0.9	-22.2%	1.3	1.3	0.9	-34.6%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$184,440	\$241,208	\$150,003	-37.8%	\$196,931	\$241,208	\$131,136	-45.6%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	18.8%	23.6%	12.1%	-48.7%	19.9%	26.9%	10.6%	-60.6%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$961	\$1,310	\$934	-28.7%	\$1,000	\$1,342	\$855	-36.3%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,831	\$1,133	\$1,671	47.5%	\$1,646	\$1,115	\$1,601	43.6%	\$507	\$0	\$0	0.0%
Physician	\$2,476	\$2,246	\$1,907	-15.1%	\$2,362	\$2,213	\$1,823	-17.6%	\$2,604	\$1,274	\$978	-23.2%
Other	\$175	\$105	\$0	-100.0%	\$135	\$92	\$0	-100.0%	\$254	\$59	\$0	-100.0%
Total	\$5,443	\$4,794	\$4,513	-5.9%	\$5,143	\$4,763	\$4,280	-10.1%	\$3,364	\$1,333	\$978	-26.6%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	575	564	523	-7.2%	130	95	69	-27.4%	
Avg # Members	788	784	756	-3.6%	166	125	95	-24.0%	
Ratio	1.4	1.4	1.5	4.3%	1.3	1.3	1.4	4.5%	1.6
Financial Summary									
Gross Cost	\$1,867,009	\$1,192,691	\$1,390,803	16.6%	\$159,770	\$200,512	\$133,151	-33.6%	
Client Paid	\$1,735,042	\$990,101	\$1,201,580	21.4%	\$141,623	\$155,808	\$96,910	-37.8%	
Employee Paid	\$131,966	\$202,590	\$189,224	-6.6%	\$18,147	\$44,705	\$36,241	-18.9%	
Client Paid-PEPY	\$12,070	\$7,026	\$9,184	30.7%	\$4,369	\$6,560	\$5,618	-14.4%	\$6,297
Client Paid-PMPY	\$8,807	\$5,049	\$6,355	25.9%	\$3,419	\$4,986	\$4,080	-18.2%	\$3,879
Client Paid-PEPM	\$1,006	\$586	\$765	30.5%	\$364	\$547	\$468	-14.4%	\$525
Client Paid-PMPM	\$734	\$421	\$530	25.9%	\$285	\$415	\$340	-18.1%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	2	0	1	0.0%	0	0	0	0.0%	
HCC's / 1,000	2.5	0.0	1.3	0.0%	0.0	0.0	0.0	0.0%	
Avg HCC Paid	\$121,984	\$0	\$244,334	0.0%	\$0	\$0	\$0	0.0%	
HCC's % of Plan Paid	14.1%	0.0%	20.3%	0.0%	0.0%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$778	\$906	\$1,649	82.0%	\$55	\$2,136	\$66	-96.9%	\$1,149
Facility Outpatient	\$3,838	\$1,317	\$2,215	68.2%	\$921	\$950	\$1,644	73.1%	\$1,333
Physician	\$3,719	\$2,636	\$2,490	-5.5%	\$1,817	\$1,649	\$2,371	43.8%	\$1,301
Other	\$473	\$190	\$0	-100.0%	\$627	\$251	\$0	-100.0%	\$96
Total	\$8,807	\$5,049	\$6,355	25.9%	\$3,419	\$4,986	\$4,080	-18.2%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Financial Summary – Prior Year Comparison (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	PY21	PY22	1Q23	Variance to Prior Year	PY21	PY22	1Q23	Variance to Prior Year	PY21	PY22	1Q23	Variance to Prior Year
Enrollment												
Avg # Employees	4,635	4,021	3,558	-11.5%	3,934	3,370	2,964	-12.0%	4	3	2	-29.3%
Avg # Members	8,519	7,491	6,616	-11.7%	7,566	6,579	5,762	-12.4%	4	3	2	-29.3%
Ratio	1.8	1.9	1.9	0.0%	1.9	2.0	1.9	-0.5%	1.1	1.0	1.0	0.0%
Financial Summary												
Gross Cost	\$57,531,667	\$44,187,042	\$8,661,931	-80.4%	\$45,628,807	\$37,820,607	\$7,137,269	-81.1%	\$41,511	\$4,744	\$707	-85.1%
Client Paid	\$53,783,772	\$39,320,787	\$7,464,605	-81.0%	\$42,531,149	\$33,797,612	\$6,165,627	-81.8%	\$39,013	\$3,622	\$489	-86.5%
Employee Paid	\$3,747,895	\$4,866,255	\$1,197,325	-75.4%	\$3,097,659	\$4,022,996	\$971,642	-75.8%	\$2,498	\$1,122	\$218	-80.6%
Client Paid-PEPY	\$11,605	\$9,779	\$8,392	-14.2%	\$10,811	\$10,030	\$8,322	-17.0%	\$9,753	\$1,278	\$978	-23.5%
Client Paid-PMPY	\$6,314	\$5,249	\$4,513	-14.0%	\$5,621	\$5,137	\$4,280	-16.7%	\$9,003	\$1,278	\$978	-23.5%
Client Paid-PEPM	\$967	\$815	\$699	-14.2%	\$901	\$836	\$693	-17.1%	\$813	\$107	\$82	-23.4%
Client Paid-PMPM	\$526	\$437	\$376	-14.0%	\$468	\$428	\$357	-16.6%	\$750	\$107	\$82	-23.4%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	58	46	6	-87.0%	43	40	5	-87.5%	0	0	0	0.0%
HCC's / 1,000	6.8	6.1	0.9	-85.2%	5.7	6.1	0.9	-85.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$290,301	\$237,083	\$150,003	-36.7%	\$270,803	\$246,357	\$131,136	-46.8%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.3%	27.7%	12.1%	-56.3%	27.4%	29.2%	10.6%	-63.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,531	\$1,432	\$934	-34.8%	\$1,194	\$1,437	\$855	-40.5%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,988	\$1,442	\$1,671	15.9%	\$1,813	\$1,382	\$1,601	15.8%	\$4,568	\$27	\$0	-100.0%
Physician	\$2,609	\$2,259	\$1,907	-15.6%	\$2,458	\$2,209	\$1,823	-17.5%	\$3,917	\$1,142	\$978	-14.4%
Other	\$185	\$116	\$0	-100.0%	\$156	\$109	\$0	-100.0%	\$518	\$109	\$0	-100.0%
Total	\$6,314	\$5,249	\$4,513	-14.0%	\$5,621	\$5,137	\$4,280	-16.7%	\$9,003	\$1,278	\$978	-23.5%
			Annualized				Annualized				Annualized	

Financial Summary – Prior Year Comparison (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	1Q23	Variance to Prior Year	PY21	PY22	1Q23	Variance to Prior Year	
Enrollment									
Avg # Employees	574	564	523	-7.1%	122	85	69	-18.7%	
Avg # Members	791	796	756	-5.0%	158	114	95	-16.4%	
Ratio	1.4	1.4	1.5	2.8%	1.3	1.3	1.4	3.0%	1.6
Financial Summary									
Gross Cost	\$8,174,556	\$5,794,991	\$1,390,803	-76.0%	\$3,686,792	\$566,699	\$133,151	-76.5%	
Client Paid	\$7,625,090	\$5,071,309	\$1,201,580	-76.3%	\$3,588,520	\$448,244	\$96,910	-78.4%	
Employee Paid	\$549,466	\$723,682	\$189,224	-73.9%	\$98,272	\$118,455	\$36,241	-69.4%	
Client Paid-PEPY	\$13,276	\$8,998	\$9,184	2.1%	\$29,354	\$5,279	\$5,618	6.4%	\$6,642
Client Paid-PMPY	\$9,643	\$6,373	\$6,355	-0.3%	\$22,748	\$3,946	\$4,080	3.4%	\$4,116
Client Paid-PEPM	\$1,106	\$750	\$765	2.0%	\$2,446	\$440	\$468	6.4%	\$553
Client Paid-PMPM	\$804	\$531	\$530	-0.2%	\$1,896	\$329	\$340	3.3%	\$343
High Cost Claimants (HCC's) > \$100k									
# of HCC's	15	8	1	-87.5%	2	0	0	0.0%	
HCC's / 1,000	19.0	10.1	1.3	-86.9%	12.7	0.0	0.0	0.0%	
Avg HCC Paid	\$144,889	\$131,446	\$244,334	85.9%	\$1,509,798	\$0	\$0	0.0%	
HCC's % of Plan Paid	28.5%	20.7%	20.3%	-1.9%	84.1%	0.0%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,565	\$1,443	\$1,649	14.3%	\$17,532	\$1,101	\$66	-94.0%	\$1,190
Facility Outpatient	\$3,680	\$2,015	\$2,215	9.9%	\$1,836	\$940	\$1,644	74.9%	\$1,376
Physician	\$3,977	\$2,742	\$2,490	-9.2%	\$2,993	\$1,800	\$2,371	31.7%	\$1,466
Other	\$420	\$174	\$0	-100.0%	\$388	\$106	\$0	-100.0%	\$84
Total	\$9,643	\$6,373	\$6,355	-0.3%	\$22,748	\$3,946	\$4,080	3.4%	\$4,116
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,890,601	\$ 216,006	\$ 3,475	\$ 3,110,082	\$ 1,602,345	\$ 134,167	\$ 233,896	\$ 1,970,408	-36.6%	
Outpatient	\$ 5,173,526	\$ 718,835	\$ 51,785	\$ 5,944,146	\$ 4,563,282	\$ 783,384	\$ 50,132	\$ 5,396,798	-9.2%	
Total - Medical	\$ 8,064,127	\$ 934,841	\$ 55,259	\$ 9,054,228	\$ 6,165,627	\$ 917,551	\$ 284,028	\$ 7,367,206	-18.6%	

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 771	\$ 646	\$ 227	\$ 745	\$ 693	\$ 676	\$ 1,340	\$ 704	-5.5%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q22				1Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical										
Inpatient	\$ -	\$ 35,064	\$ 35,507	\$ 70,571	\$ -	\$ -	\$ 2,274	\$ 2,274		-96.8%
Outpatient	\$ 1,111	\$ 47,535	\$ 37,702	\$ 86,348	\$ 489	\$ 45,328	\$ 49,309	\$ 95,126		10.2%
Total - Medical	\$ 1,111	\$ 82,599	\$ 73,209	\$ 156,918	\$ 489	\$ 45,328	\$ 51,582	\$ 97,399		-37.9%

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	Change
Medical	\$ 111	\$ 656	\$ 460	\$ 532	\$ 82	\$ 743	\$ 353	\$ 457		-14.0%

Paid Claims by Claim Type – Total

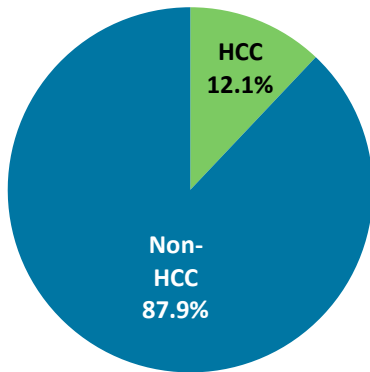
Net Paid Claims - Total										
Total Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,890,601	\$ 251,070	\$ 38,982	\$ 3,180,653	\$ 1,602,345	\$ 134,167	\$ 236,170	\$ 1,972,682		-38.0%
Outpatient	\$ 5,174,637	\$ 766,370	\$ 89,487	\$ 6,030,493	\$ 4,563,771	\$ 828,712	\$ 99,441	\$ 5,491,923		-8.9%
Total - Medical	\$ 8,065,238	\$ 1,017,440	\$ 128,468	\$ 9,211,146	\$ 6,166,116	\$ 962,879	\$ 335,610	\$ 7,464,605		-19.0%

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 770	\$ 646	\$ 320	\$ 740	\$ 693	\$ 679	\$ 937	\$ 699		-5.5%

Cost Distribution – Medical Claims

1Q22						1Q23						
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
8	0.1%	\$2,170,876	23.6%	\$21,020	1.5%	\$100,000.01 Plus	6	0.1%	\$900,015	12.1%	\$20,169	1.7%
10	0.1%	\$719,757	7.8%	\$38,369	2.8%	\$50,000.01-\$100,000.00	7	0.1%	\$448,663	6.0%	\$19,423	1.6%
32	0.4%	\$1,182,592	12.8%	\$60,423	4.4%	\$25,000.01-\$50,000.00	35	0.5%	\$1,173,213	15.7%	\$78,197	6.5%
82	1.1%	\$1,257,054	13.6%	\$129,711	9.4%	\$10,000.01-\$25,000.00	107	1.6%	\$1,690,361	22.6%	\$190,536	15.9%
113	1.5%	\$808,745	8.8%	\$143,322	10.4%	\$5,000.01-\$10,000.00	108	1.6%	\$771,027	10.3%	\$131,894	11.0%
193	2.5%	\$673,208	7.3%	\$164,158	11.9%	\$2,500.01-\$5,000.00	179	2.7%	\$650,865	8.7%	\$153,858	12.9%
4,555	59.3%	\$2,395,342	26.0%	\$815,570	58.9%	\$0.01-\$2,500.00	3,716	56.2%	\$1,830,462	24.5%	\$599,025	50.0%
122	1.6%	\$0	0.0%	\$9,682	0.7%	\$0.00	183	2.8%	\$0	0.0%	\$4,224	0.4%
2,572	33.5%	\$3,572	0.0%	\$1,558	0.1%	No Claims	2,276	34.4%	\$0	0.0%	\$0	0.0%
7,686	100.0%	\$9,211,146	100.0%	\$1,383,814	100.0%		6,616	100.0%	\$7,464,605	100.0%	\$1,197,325	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cardiac Disorders	4	\$401,186	44.6%
Cancer	2	\$247,364	27.5%
Spine-related Disorders	1	\$126,676	14.1%
Medical/Surgical Complications	1	\$47,965	5.3%
Infections	1	\$42,295	4.7%
Endocrine/Metabolic Disorders	4	\$17,869	2.0%
Musculoskeletal Disorders	2	\$4,718	0.5%
Abnormal Lab/Radiology	3	\$3,622	0.4%
Health Status/Encounters	5	\$2,752	0.3%
Gastrointestinal Disorders	3	\$2,703	0.3%
All Other		\$2,865	0.3%
Overall	----	\$900,015	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			
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year
Inpatient Summary												
# of Admits	114	130	88		97	110	75		0	0	0	
# of Bed Days	582	785	373		483	652	302		0	0	0	
Paid Per Admit	\$32,045	\$39,810	\$20,840	-47.7%	\$24,819	\$41,571	\$19,639	-52.8%	\$0	\$0	\$0	0.0%
Paid Per Day	\$6,277	\$6,593	\$4,917	-25.4%	\$4,984	\$7,014	\$4,877	-30.5%	\$0	\$0	\$0	0.0%
Admits Per 1,000	53	68	53	-22.1%	50	65	52	-20.0%	0	0	0	0.0%
Days Per 1,000	269	409	226	-44.7%	251	385	210	-45.5%	0	0	0	0.0%
Avg LOS	5.1	6.0	4.2	-30.0%	5	5.9	4	-32.2%	0.0	0.0	0.0	0.0%
# Admits From ER	52	68	38		40	55	32		0	0	0	
Physician Office												
OV Utilization per Member	6.0	5.5	5.0	-9.1%	5.8	5.3	4.8	-9.4%	5.6	6.0	6.0	0.0%
Avg Paid per OV	\$147	\$153	\$149	-2.6%	\$148	\$153	\$156	2.0%	\$105	\$172	\$139	-19.2%
Avg OV Paid per Member	\$885	\$840	\$744	-11.4%	\$861	\$813	\$750	-7.7%	\$589	\$1,033	\$835	-19.2%
DX&L Utilization per Member	9.7	8.8	13	47.7%	9.3	8.5	12.2	43.5%	5.6	1.2	26	2066.7%
Avg Paid per DX&L	\$63	\$48	\$53	10.4%	\$63	\$50	\$55	10.0%	\$90	\$41	\$2	-95.1%
Avg DX&L Paid per Member	\$615	\$424	\$686	61.8%	\$579	\$425	\$675	58.8%	\$507	\$50	\$49	-2.0%
Emergency Room												
# of Visits	340	345	276		307	297	234		0	0	0	
Visits Per Member	0.16	0.18	0.17	-5.6%	0.16	0.18	0.16	-11.1%	0.00	0.00	0.00	0.0%
Visits Per 1,000	157	180	167	-7.2%	160	175	162	-7.4%	0	0	0	0.0%
Avg Paid per Visit	\$2,426	\$1,902	\$2,841	49.4%	\$2,407	\$1,880	\$2,903	54.4%	\$0	\$0	\$0	0.0%
Urgent Care												
# of Visits	569	758	547		502	697	481		0	0	0	
Visits Per Member	0.26	0.39	0.33	-15.4%	0.26	0.41	0.33	-19.5%	0.00	0.00	0.00	0.0%
Visits Per 1,000	263	395	331	-16.2%	261	412	334	-18.9%	0	0	0	0.0%
Avg Paid per Visit	\$139	\$149	\$121	-18.8%	\$140	\$151	\$121	-19.9%	\$0	\$0	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

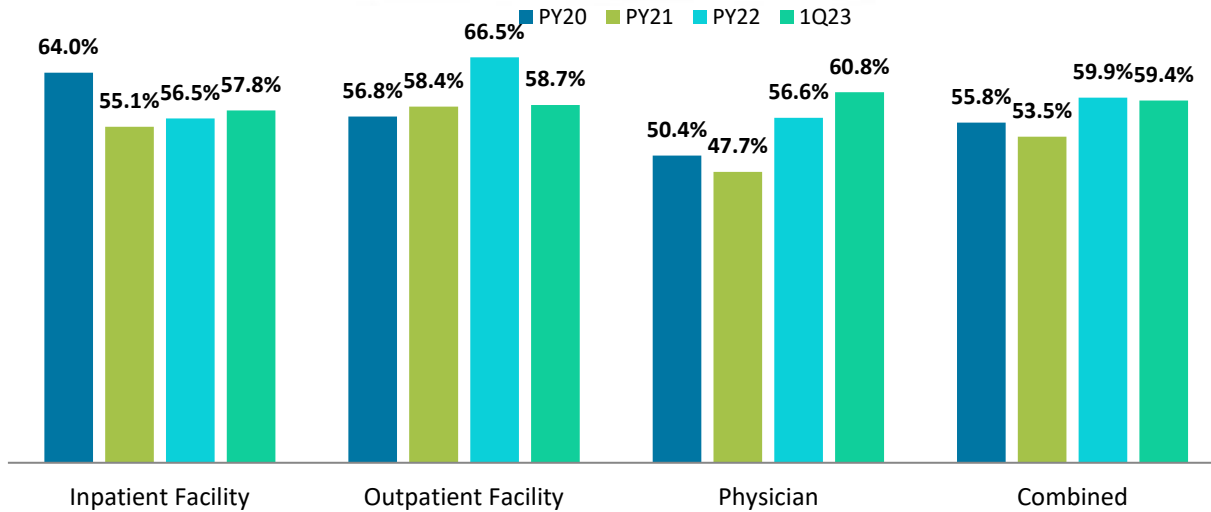
Utilization Summary (p. 2 of 2)

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

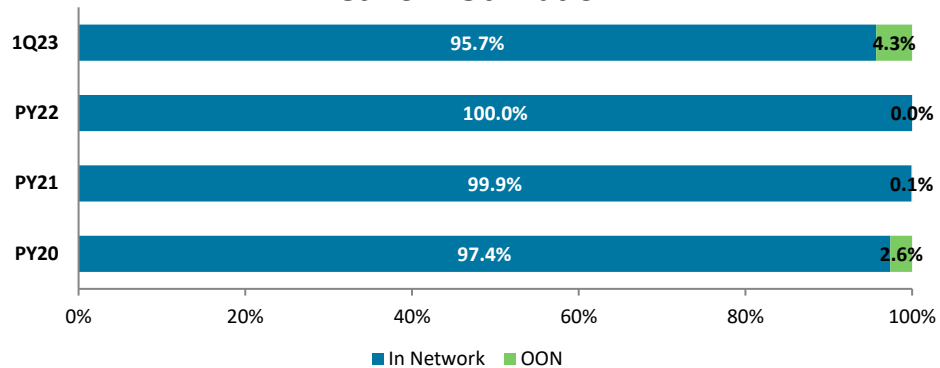
Summary	State Retirees				Non-State Retirees				Peer Index
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	
Inpatient Summary									
# of Admits	16	15	12		1	5	1		
# of Bed Days	61	103	67		38	30	4		
Paid Per Admit	\$22,892	\$31,995	\$29,940	-6.4%	\$879,390	\$24,510	\$1,725	-93.0%	\$16,632
Paid Per Day	\$6,004	\$4,660	\$5,362	15.1%	\$23,142	\$4,085	\$431	-89.4%	\$3,217
Admits Per 1,000	81	76	63	-17.1%	24	160	42	-73.8%	76
Days Per 1,000	310	525	354	-32.6%	918	960	168	-82.5%	391
Avg LOS	3.8	6.9	5.6	-18.8%	38.0	6.0	4.0	-33.3%	5.2
# Admits From ER	11	10	6		1	3	0		
Physician Office									
OV Utilization per Member	7.9	6.9	6.1	-11.6%	6.3	6.4	6.5	1.6%	5.0
Avg Paid per OV	\$144	\$159	\$121	-23.9%	\$122	\$114	\$60	-47.4%	\$57
Avg OV Paid per Member	\$1,144	\$1,090	\$742	-31.9%	\$766	\$723	\$387	-46.5%	\$286
DX&L Utilization per Member	13.8	11.6	18.2	56.9%	11.2	11.2	18.7	67.0%	10.5
Avg Paid per DX&L	\$69	\$37	\$43	16.2%	\$58	\$32	\$32	0.0%	\$50
Avg DX&L Paid per Member	\$958	\$424	\$786	85.4%	\$652	\$358	\$597	66.8%	\$522
Emergency Room									
# of Visits	28	41	38		5	7	4		
Visits Per Member	0.14	0.21	0.20	-4.8%	0.12	0.22	0.17	-22.7%	0.24
Visits Per 1,000	142	209	201	-3.8%	121	224	168	-25.0%	235
Avg Paid per Visit	\$2,880	\$2,338	\$2,600	11.2%	\$990	\$294	\$1,484	404.8%	\$943
Urgent Care									
# of Visits	57	52	59		10	9	7		
Visits Per Member	0.29	0.27	0.31	14.8%	0.24	0.29	0.29	0.0%	0.3
Visits Per 1,000	289	265	312	17.7%	241	288	295	2.4%	300
Avg Paid per Visit	\$128	\$140	\$125	-10.7%	\$129	\$40	\$73	82.5%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cardiac Disorders	\$871,221	11.7%	\$752,898	\$65,905	\$52,418	\$356,524	\$514,697
Health Status/Encounters	\$659,897	8.8%	\$384,364	\$52,195	\$223,338	\$295,994	\$363,903
Gastrointestinal Disorders	\$624,121	8.4%	\$462,447	\$54,620	\$107,054	\$263,348	\$360,773
Cancer	\$617,447	8.3%	\$307,881	\$131,041	\$178,525	\$221,632	\$395,815
Musculoskeletal Disorders	\$483,373	6.5%	\$354,831	\$103,882	\$24,659	\$173,787	\$309,585
Pregnancy-related Disorders	\$460,889	6.2%	\$280,766	\$71,631	\$108,492	\$6,533	\$454,356
Spine-related Disorders	\$459,122	6.2%	\$351,763	\$87,207	\$20,152	\$125,713	\$333,408
Eye/ENT Disorders	\$402,924	5.4%	\$248,993	\$47,124	\$106,808	\$171,961	\$230,963
Neurological Disorders	\$346,764	4.6%	\$214,157	\$55,599	\$77,008	\$148,611	\$198,152
Infections	\$303,978	4.1%	\$175,693	\$48,208	\$80,077	\$100,350	\$203,628
Trauma/Accidents	\$292,678	3.9%	\$167,887	\$47,802	\$76,989	\$116,413	\$176,265
Mental Health	\$265,919	3.6%	\$107,038	\$18,656	\$140,225	\$75,961	\$189,957
Pulmonary Disorders	\$253,087	3.4%	\$150,639	\$38,182	\$64,266	\$70,787	\$182,300
Endocrine/Metabolic Disorders	\$191,946	2.6%	\$150,199	\$13,219	\$28,528	\$88,390	\$103,557
Diabetes	\$188,682	2.5%	\$164,734	\$14,056	\$9,891	\$147,933	\$40,749
Gynecological/Breast Disorders	\$148,887	2.0%	\$112,071	\$8,912	\$27,903	\$1,218	\$147,668
Non-malignant Neoplasm	\$141,027	1.9%	\$77,689	\$56,306	\$7,031	\$58,829	\$82,198
Renal/Urologic Disorders	\$132,841	1.8%	\$103,606	\$14,872	\$14,363	\$63,822	\$69,019
Dermatological Disorders	\$131,879	1.8%	\$87,441	\$24,944	\$19,493	\$64,385	\$67,494
Medical/Surgical Complications	\$131,099	1.8%	\$75,130	\$54,209	\$1,760	\$4,269	\$126,830
Miscellaneous	\$90,628	1.2%	\$44,186	\$18,669	\$27,773	\$42,110	\$48,518
Abnormal Lab/Radiology	\$79,219	1.1%	\$60,542	\$14,476	\$4,201	\$38,028	\$41,191
Congenital/Chromosomal Anomalies	\$44,574	0.6%	\$7,550	\$0	\$37,024	\$16,553	\$28,020
Hematological Disorders	\$33,280	0.4%	\$29,033	\$1,852	\$2,395	\$12,603	\$20,676
Vascular Disorders	\$28,953	0.4%	\$22,926	\$6,027	\$0	\$20,593	\$8,361
Cholesterol Disorders	\$24,496	0.3%	\$21,208	\$2,054	\$1,234	\$6,504	\$17,991
Allergic Reaction	\$23,749	0.3%	\$3,355	\$90	\$20,305	\$16,437	\$7,312
Medication Related Conditions	\$22,689	0.3%	\$16,669	\$1,997	\$4,024	\$11,437	\$11,252
Dental Conditions	\$7,236	0.1%	\$3,978	\$80	\$3,178	\$3,996	\$3,240
External Hazard Exposure	\$2,005	0.0%	\$1,547	\$0	\$458	\$183	\$1,822
Social Determinants of Health	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
Total	\$7,464,605	100.0%	\$4,941,219	\$1,053,815	\$1,469,571	\$2,724,905	\$4,739,701

Mental Health Drilldown

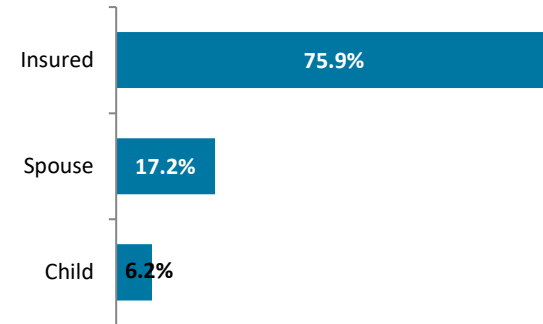
Group	PY20		PY21		PY22		1Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	598	\$910,160	625	\$833,183	505	\$720,907	227	\$101,451
Mental Health Conditions, Other	572	\$599,986	609	\$876,606	458	\$367,897	188	\$57,288
Mood and Anxiety Disorders	665	\$513,247	711	\$655,375	636	\$361,898	243	\$46,640
Eating Disorders	16	\$86,923	24	\$370,761	23	\$51,995	7	\$18,636
Attention Deficit Disorder	178	\$84,996	180	\$98,736	179	\$76,754	93	\$9,660
Alcohol Abuse/Dependence	47	\$243,386	43	\$163,692	37	\$110,736	12	\$8,463
Bipolar Disorder	149	\$206,258	127	\$261,349	107	\$171,696	56	\$6,912
Sleep Disorders	180	\$35,203	187	\$38,478	148	\$43,716	39	\$5,998
Developmental Disorders	50	\$123,894	65	\$155,300	58	\$89,043	29	\$3,654
Substance Abuse/Dependence	45	\$74,263	57	\$45,039	39	\$14,853	14	\$2,788
Personality Disorders	10	\$10,154	14	\$20,064	17	\$47,043	7	\$1,865
Sexually Related Disorders	16	\$5,705	27	\$81,154	27	\$85,457	8	\$1,322
Tobacco Use Disorder	45	\$3,028	38	\$4,775	36	\$4,114	10	\$656
Psychoses	10	\$6,353	7	\$55,219	6	\$9,762	3	\$340
Schizophrenia	10	\$9,300	9	\$10,631	6	\$2,286	3	\$245
Complications of Substance Abuse	21	\$116,313	14	\$63,661	8	\$12,407	0	\$0
Total		\$3,029,167		\$3,734,023		\$2,170,566		\$265,919

Diagnosis Grouper – Cardiac Disorders

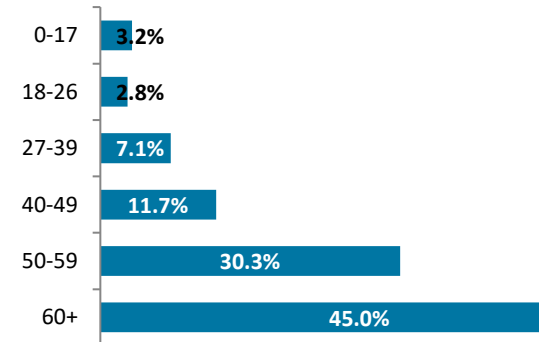
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Heart Valve Disorders	23	58	\$286,818	32.9%
Atrial Fibrillation	28	76	\$155,339	17.8%
Hypertension	234	359	\$83,744	9.6%
Pulmonary Embolism	8	34	\$68,400	7.9%
Chest Pain	61	138	\$58,628	6.7%
Cardio-Respiratory Arrest	5	20	\$54,433	6.2%
Coronary Artery Disease	41	80	\$50,960	5.8%
Myocardial Infarction	3	13	\$39,303	4.5%
Cardiac Arrhythmias	68	125	\$38,634	4.4%
Cardiac Conditions, Other	44	90	\$22,518	2.6%
Congestive Heart Failure	12	28	\$5,985	0.7%
Shock	4	4	\$3,833	0.4%
Cardiomyopathy	6	15	\$2,460	0.3%
Ventricular Fibrillation	1	2	\$166	0.0%
Overall	----	----	\$871,221	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

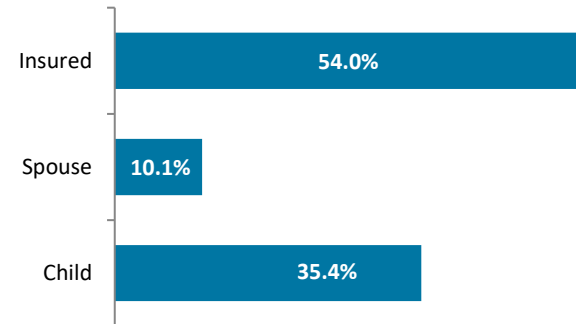


Diagnosis Grouper – Health Status / Encounters

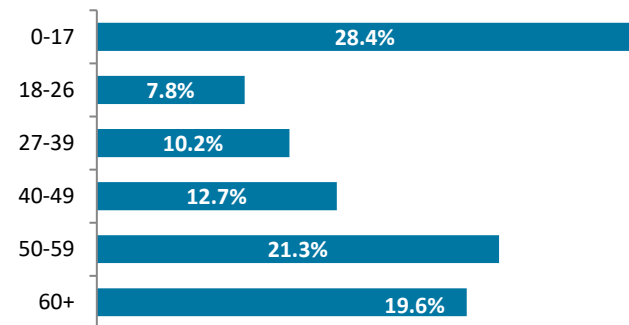
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	515	905	\$179,297	27.2%
Prophylactic Measures	563	691	\$143,158	21.7%
Exams	732	1,108	\$135,193	20.5%
Encounters - Infants/Children	385	450	\$87,996	13.3%
Prosthetics/Devices/Implants	53	166	\$47,177	7.1%
Aftercare	69	106	\$42,037	6.4%
Personal History of Condition	56	85	\$12,099	1.8%
Family History of Condition	12	16	\$6,025	0.9%
Encounter - Transplant Related	8	24	\$4,740	0.7%
Health Status, Other	9	9	\$573	0.1%
Encounter - Procedure	4	5	\$546	0.1%
Acquired Absence	3	3	\$546	0.1%
Lifestyle/Situational Issues	11	13	\$310	0.0%
Counseling	13	19	\$105	0.0%
Follow-Up Encounters	1	1	\$91	0.0%
Miscellaneous Examinations	2	2	\$5	0.0%
Overall	----	----	\$659,897	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

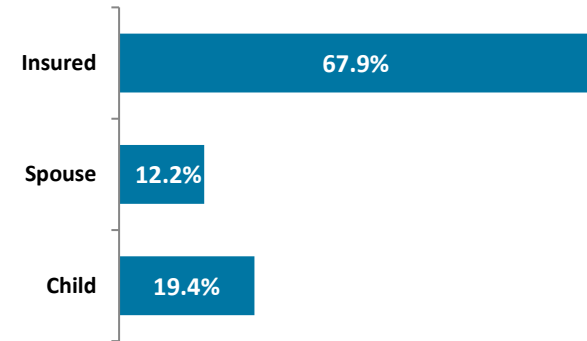


Diagnosis Grouper – Gastrointestinal Disorders

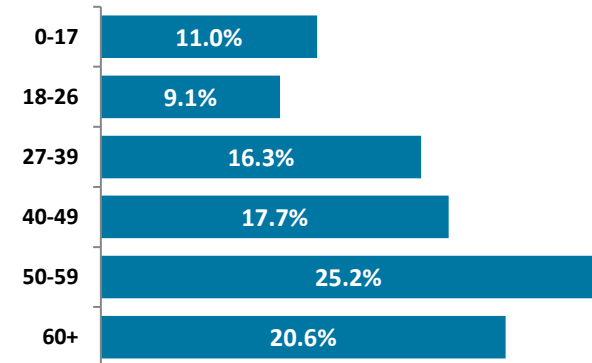
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
GI Disorders, Other	86	155	\$150,586	24.1%
Abdominal Disorders	147	313	\$112,035	18.0%
Upper GI Disorders	88	162	\$72,460	11.6%
Gallbladder and Biliary Disease	19	62	\$63,243	10.1%
GI Symptoms	98	173	\$53,102	8.5%
Appendicitis	4	29	\$51,030	8.2%
Inflammatory Bowel Disease	13	38	\$26,205	4.2%
Hernias	13	26	\$25,557	4.1%
Liver Diseases	31	59	\$16,411	2.6%
Pancreatic Disorders	3	5	\$12,590	2.0%
Constipation	21	31	\$11,039	1.8%
Peptic Ulcer/Related Disorders	5	12	\$10,876	1.7%
Diverticulitis	13	19	\$9,106	1.5%
Hemorrhoids	18	24	\$4,755	0.8%
Hepatic Cirrhosis	7	23	\$3,860	0.6%
Esophageal Varices	2	3	\$912	0.1%
Ostomies	2	3	\$354	0.1%
	----	----	\$624,121	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

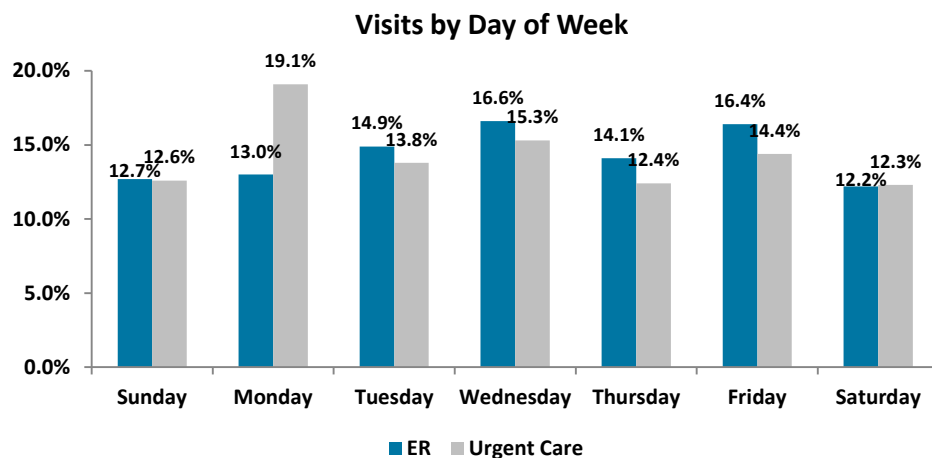


Emergency Room / Urgent Care Summary

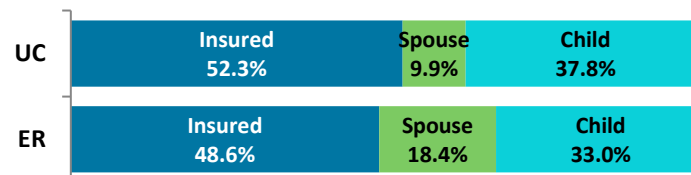
ER/Urgent Care	1Q22		1Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	345	758	276	547		
Visits Per Member	0.18	0.39	0.17	0.33	0.22	0.35
Visits/1000 Members	180	395	167	331	221	352
Avg Paid Per Visit	\$1,902	\$149	\$2,841	\$121	\$968	\$135
% with OV*	93.6%	87.1%	92.4%	86.5%		
% Avoidable	13.3%	34.2%	10.1%	34.7%		
Total Member Paid	\$191,504	\$31,510	\$157,582	\$25,627		
Total Plan Paid	\$656,261	\$113,056	\$784,080	\$66,048		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid



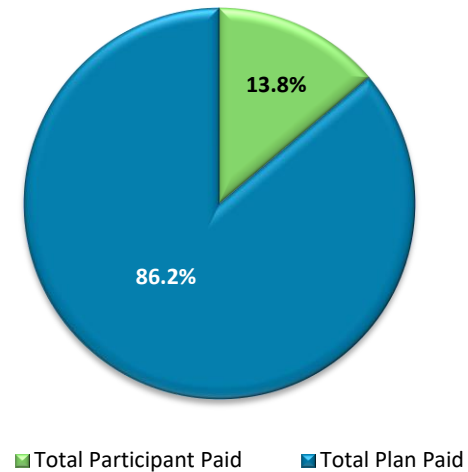
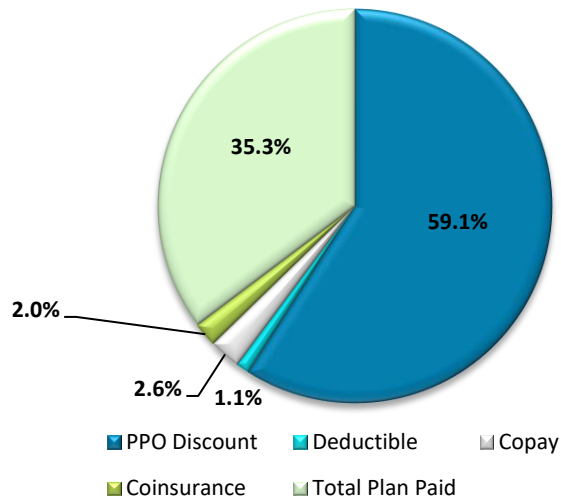
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	143	40	293	82	436	123
Spouse	39	58	58	86	97	145
Child	94	39	196	82	290	121
Total	276	42	547	83	823	124

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	\$21,813,866	\$2,044	100.0%
PPO Discount	\$12,501,996	\$1,171	57.3%
Deductible	\$230,962	\$22	1.1%
Copay	\$548,188	\$51	2.5%
Coinsurance	\$418,175	\$39	1.9%
Total Participant Paid	\$1,197,325	\$112	5.5%
Total Plan Paid	\$7,464,605	\$699	34.2%

Total Participant Paid - PY22	\$101
Total Plan Paid - PY22	\$815



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	404	402	2	99.5%
	<2 asthma related ER Visits in the last 6 months	404	404	0	100.0%
	No asthma related admit in last 12 months	404	403	1	99.8%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	69	68	1	98.6%
	Members with COPD who had an annual spirometry test	69	10	59	14.5%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	3	3	0	100.0%
	No ER Visit for Heart Failure in last 90 days	50	50	0	100.0%
	Follow-up OV within 4 weeks of discharge from HF admission	3	3	0	100.0%
Diabetes	Annual office visit	346	343	3	99.1%
	Annual dilated eye exam	346	165	181	47.7%
	Annual foot exam	346	133	213	38.4%
	Annual HbA1c test done	346	309	37	89.3%
	Diabetes Annual lipid profile	346	269	77	77.7%
	Annual microalbumin urine screen	346	260	86	75.1%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,085	838	247	77.2%
Hypertension	Annual lipid profile	1,165	789	376	67.7%
	Annual serum creatinine test	1,137	934	203	82.1%
Wellness	Well Child Visit - 15 months	51	48	3	94.1%
	Routine office visit in last 6 months	6,541	4,771	1,770	72.9%
	Age 45 to 75 years with colorectal cancer screening	2,823	766	2,057	27.1%
	Women age 25-65 with recommended cervical cancer screening	2,065	1,541	524	74.6%
	Males age greater than 49 with PSA test in last 24 months	1,034	554	480	53.6%
	Routine exam in last 24 months	6,541	5,996	545	91.7%
	Women age 40 to 75 with a screening mammogram last 24 months	1,849	1,190	659	64.4%

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	103	1.57%	15.57	\$12,840
Asthma	445	6.80%	67.26	\$12,935
Atrial Fibrillation	75	1.15%	11.34	\$43,821
Blood Disorders	427	6.53%	64.54	\$28,215
CAD	146	2.23%	22.07	\$29,990
COPD	69	1.05%	10.43	\$18,724
Cancer	280	4.28%	42.32	\$26,159
Chronic Pain	355	5.43%	53.66	\$18,588
Congestive Heart Failure	49	0.75%	7.41	\$36,715
Demyelinating Diseases	24	0.37%	3.63	\$32,765
Depression	737	11.26%	111.40	\$13,052
Diabetes	556	8.50%	84.04	\$18,076
ESRD	12	0.18%	1.81	\$37,556
Eating Disorders	27	0.41%	4.08	\$10,941
HIV/AIDS	12	0.18%	1.81	\$36,039
Hyperlipidemia	1,120	17.12%	169.30	\$15,200
Hypertension	1,169	17.87%	176.70	\$14,447
Immune Disorders	41	0.63%	6.20	\$57,592
Inflammatory Bowel Disease	41	0.63%	6.20	\$31,672
Liver Diseases	149	2.28%	22.52	\$23,458
Morbid Obesity	301	4.60%	45.50	\$16,488
Osteoarthritis	348	5.32%	52.60	\$22,727
Peripheral Vascular Disease	40	0.61%	6.05	\$12,197
Rheumatoid Arthritis	75	1.15%	11.34	\$47,001

*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 2023 - Quarter Ending September 30, 2022

Express Scripts

1Q FY2023 EPO		1Q FY2022 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	6,644	7,709	(1,065)	-13.8%
Utilizing Member Count (Patients)	4,121	4,887	(766)	-15.7%
Percent Utilizing (Utilization)	62.0%	63.4%	(0)	-2.2%
Claim Summary				
Net Claims (Total Rx's)	34,533	37,556	(3,023)	-8.0%
Claims per Elig Member per Month (Claims PMPM)	1.73	1.62	0.11	6.8%
Total Claims for Generic (Generic Rx)	29,539	31,839	(2,300.00)	-7.2%
Total Claims for Brand (Brand Rx)	4,994	5,717	(723.00)	-12.6%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	165	322	(157.00)	-48.8%
Total Non-Specialty Claims	33,993	37,000	(3,007.00)	-8.1%
Total Specialty Claims	540	556	(16.00)	-2.9%
Generic % of Total Claims (GFR)	85.5%	84.8%	0.01	0.9%
Generic Effective Rate (GCR)	99.4%	99.0%	0.00	0.5%
Mail Order Claims	9,019	7,166	1,853.00	25.9%
Mail Penetration Rate*	28.8%	21.4%	0.07	7.4%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$5,004,464	\$4,994,656	\$9,808.00	0.2%
Total Generic Gross Cost	\$564,761	\$735,322	(\$170,561.00)	-23.2%
Total Brand Gross Cost	\$4,439,703	\$4,259,334	\$180,369.00	4.2%
Total MSB Gross Cost	\$103,025	\$69,608	\$33,417.00	48.0%
Total Ingredient Cost	\$4,971,495	\$4,944,839	\$26,656.00	0.5%
Total Dispensing Fee	\$28,963	\$48,225	(\$19,262.00)	-39.9%
Total Other (e.g. tax)	\$4,006	\$1,592	\$2,414.00	151.6%
Avg Total Cost per Claim (Gross Cost/Rx)	\$144.92	\$132.99	\$11.93	9.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.12	\$23.10	(\$3.98)	-17.2%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$889.01	\$745.03	\$143.98	19.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$624.40	\$216.18	\$408.22	188.8%
Member Cost Summary				
Total Member Cost	\$802,085	\$822,871	(\$20,786.00)	-2.5%
Total Copay	\$800,007	\$813,921	(\$13,914.00)	-1.7%
Total Deductible	\$2,078	\$8,950	(\$6,872.00)	0.0%
Avg Copay per Claim (Copay/Rx)	\$23.17	\$21.67	\$1.49	6.9%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$23.23	\$21.91	\$1.32	6.0%
Avg Copay for Generic (Copay/Generic Rx)	\$6.99	\$7.68	(\$0.69)	-9.0%
Avg Copay for Brand (Copay/Brand Rx)	\$119.24	\$101.16	\$18.08	17.9%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$69.35	\$33.13	\$36.22	109.3%
Net PMPM (Participant Cost PMPM)	\$40.24	\$35.58	\$4.66	13.1%
Copay % of Total Prescription Cost (Member Cost Share %)	16.0%	16.5%	-0.4%	-2.7%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$4,202,380	\$4,171,785	\$30,595.00	0.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$1,903,717	\$2,068,501	(\$164,784.00)	-8.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,298,663	\$2,103,283	\$195,380.00	9.3%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$121.69	\$111.08	\$10.61	9.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$12.12	\$15.41	(\$3.29)	-21.3%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$769.77	\$643.87	\$125.90	19.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$555.05	\$183.05	\$372.00	203.2%
Net PMPM (Plan Cost PMPM)	\$210.84	\$180.39	\$30.45	16.9%
PMPM for Specialty Only (Specialty PMPM)	\$95.51	\$89.44	\$6.07	6.8%
PMPM without Specialty (Non-Specialty PMPM)	\$115.33	\$90.94	\$24.39	26.8%
Rebates Received (Q1 FY2023 actual)	\$1,428,608	\$937,700	\$490,907.82	52.4%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$139.16	\$139.84	(\$0.68)	-0.5%
PMPM without Specialty (Non-Specialty PMPM)	\$53.03	\$60.06	\$0.92	5.0%
PMPM for Specialty Only (Specialty PMPM)	\$86.63	\$78.82	\$7.81	9.9%

Appendix D

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Health Plan of Nevada –Utilization Review for PEBP July 1, 2022 – September 30, 2022

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Power Of Partnership.



Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2021 – Sept, 2021 – Prior Period

July 1, 2022 – Sept, 2022 – Current Period

*Peer – Non Gaming

**Paid through November 2022

****Data contains 60 day claims run out***

State of
Nevada



Executive Summary
Spend and Utilization

Population

- -5.3% decrease for employees
- -1.1% decrease for members

Medical Rx Paid PMPM

- -16.2% decrease in overall medical paid
- 0.1% increase in non Catastrophic spend
- -47.8% decrease in Catastrophic spend

High Cost Claimants

- 15 High Cost Claimants accounted for 21.3% of medical spend
- 21.1% decrease in HCC from prior period
- Avg. Paid per claimant decreased -34.6%

Emergency Room

- ER Visits Per 1,000 members increased 12.0%
- Avg. paid per ER Visit increased 14.6%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -28.9%
- Avg. paid per Urgent care visit increased 8.0%

Rx Drivers

- Rx Net Paid PMPM increased 13.4%
- Specialty Spend increased 0.5%
- Specialty Rx driving 52.9% of total Rx Spend

Overall Medical/Rx

- Total Medical/Rx decreased -8.7% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
Age Band	1Q21						1Q22						Change	
	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Med/Rx Net Paid	Med/Rx Net PMPM
<1	\$1,279,442	\$7,268	\$628	\$4	\$1,280,070	\$7,272	\$50,232	\$278	\$342	\$2	\$50,574	\$280	-96.0%	-47.0%
01	\$36,627	\$163	\$1,879	\$8	\$38,506	\$172	\$50,792	\$299	\$937	\$6	\$51,729	\$304	83.1%	-34.1%
02-04	\$155,409	\$258	\$3,748	\$6	\$159,157	\$265	\$171,746	\$283	\$2,151	\$4	\$173,897	\$286	9.4%	-43.2%
05-09	\$152,387	\$125	\$13,879	\$11	\$166,266	\$137	\$177,827	\$157	\$15,112	\$13	\$192,939	\$171	25.4%	17.0%
10-14	\$355,198	\$243	\$71,335	\$49	\$426,533	\$291	\$279,060	\$196	\$89,107	\$63	\$368,166	\$258	-19.2%	28.4%
15-19	\$348,192	\$228	\$97,134	\$63	\$445,327	\$291	\$389,334	\$242	\$60,543	\$38	\$449,877	\$280	6.4%	-40.7%
20-24	\$287,503	\$188	\$119,410	\$78	\$406,912	\$266	\$221,980	\$155	\$53,381	\$37	\$275,361	\$192	-17.9%	-52.5%
25-29	\$277,590	\$300	\$84,343	\$91	\$361,933	\$391	\$322,181	\$331	\$85,362	\$88	\$407,544	\$418	10.3%	-3.9%
30-34	\$274,745	\$243	\$226,664	\$201	\$501,409	\$444	\$313,939	\$277	\$136,730	\$121	\$450,668	\$397	13.8%	-39.9%
35-39	\$695,225	\$505	\$127,237	\$92	\$822,461	\$598	\$519,966	\$394	\$266,835	\$202	\$786,801	\$596	-22.0%	118.8%
40-44	\$661,003	\$452	\$161,840	\$111	\$822,843	\$562	\$624,926	\$438	\$193,001	\$135	\$817,927	\$573	-3.1%	22.3%
45-49	\$325,297	\$197	\$199,402	\$121	\$524,700	\$318	\$569,182	\$332	\$269,505	\$157	\$838,687	\$490	68.6%	30.3%
50-54	\$1,072,182	\$563	\$583,920	\$307	\$1,656,101	\$869	\$887,647	\$463	\$620,660	\$324	\$1,508,308	\$787	-17.7%	5.7%
55-59	\$1,032,862	\$541	\$498,055	\$261	\$1,530,916	\$802	\$956,290	\$509	\$572,499	\$305	\$1,528,789	\$813	-6.0%	16.7%
60-64	\$1,124,426	\$599	\$418,966	\$223	\$1,543,392	\$822	\$943,575	\$520	\$538,668	\$297	\$1,482,243	\$816	-13.2%	33.0%
65+	\$545,137	\$430	\$336,414	\$266	\$881,551	\$696	\$669,739	\$519	\$400,543	\$310	\$1,070,282	\$830	20.7%	16.9%
Total	\$8,623,226	\$426	\$2,944,852	\$145	\$11,568,078	\$571	\$7,148,416	\$357	\$3,305,377	\$165	\$10,453,793	\$522	-9.6%	-8.7%

Financial Summary



Financial and Demographic												
	Total				State Active				Retiree (State/Non-State)			
Summary	1Q20	1Q21	1Q22	▲	1Q20	1Q21	1Q22	▲	1Q20	1Q21	1Q22	▲
Avg. # Employees	3,935	3,832	3,788	-1.2%	3,435	3,357	3,334	-0.7%	500	475	454	-4.6%
Avg. # Members	6,832	6,747	6,676	-1.1%	6,191	6,126	6,065	-1.0%	641	622	611	-1.7%
Ratio	1.7	1.8	1.8	0.1%	1.8	1.8	1.8	-0.3%	1.3	1.3	1.3	3.0%
Financial												
Medical Paid	\$6,619,832	\$8,623,226	\$7,148,416	-17.1%	\$5,844,766	\$7,227,431	\$6,386,894	-11.6%	\$775,066	\$1,395,795	\$761,522	-45.4%
Member Paid	\$460,174	\$549,215	\$514,247	-6.4%	\$265,181	\$409,482	\$413,901	1.1%	\$268,591	\$224,349	\$167,963	-25.1%
Net Paid PEPY	\$6,729	\$9,000	\$7,548	-16.1%	\$6,806	\$8,612	\$7,662	-11.0%	\$6,196	\$11,746	\$6,714	-42.8%
Net Paid PMPY	\$3,876	\$5,112	\$4,283	-16.2%	\$3,776	\$4,719	\$4,212	-10.7%	\$4,839	\$8,981	\$4,985	-44.5%
Net Paid PEPM	\$561	\$750	\$629	-16.1%	\$567	\$718	\$638	-11.0%	\$516	\$979	\$560	-42.8%
Net Paid PMPM	\$323	\$426	\$357	-16.2%	\$315	\$393	\$351	-10.7%	\$403	\$748	\$415	-44.5%
High Cost Claimants												
# of HCC's > \$50k	14	19	15	-21.1%	12	13	12	-7.7%	2	6	3	-50.0%
Avg. paid per claimant	\$86,667	\$155,285	\$101,520	-34.6%	\$88,373	\$172,604	\$103,697	-39.9%	\$76,435	\$117,762	\$92,810	-21.2%
HCC % of Spend	18.3%	34.2%	21.3%	-37.7%	18.1%	31.0%	19.5%	-37.2%	19.5%	50.5%	36.6%	-27.6%
Spend by Location (PMPY)												
Inpatient	\$1,158	\$1,920	\$1,122	-41.6%	\$1,109	\$1,863.22	\$1,147.73	-38.4%	\$1,632	\$3,873	\$1,711	-55.8%
Outpatient	\$986	\$1,214	\$1,165	-4.1%	\$776	\$1,039.58	\$1,096.03	5.4%	\$1,014	\$1,569	\$895	-43.0%
Professional	\$1,732	\$1,977	\$1,995	0.9%	\$1,892	\$1,151.13	\$1,365.15	18.6%	\$2,194	\$3,539	\$2,380	-32.7%
Total	\$3,876	\$5,112	\$4,283	-16.2%	\$3,776	\$4,719	\$4,212	-10.7%	\$4,839	\$8,981	\$4,985	-44.5%

Paid Claims by Claim Type



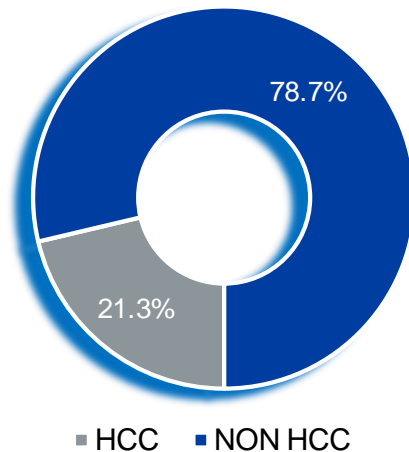
Net Paid Claims - Total									
Total Participants									
	1Q21				1Q22				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$2,818,084	\$227,785	\$193,818	\$3,239,687	\$1,481,759	\$31,068	\$310,517	\$1,823,344	-43.7%
OutPatient	\$4,910,251	\$121,746	\$351,542	\$5,383,539	\$4,753,322	\$207,857	\$363,894	\$5,325,073	-1.1%
Total -Medical	\$7,728,335	\$349,531	\$545,360	\$8,623,226	\$6,235,081	\$238,925	\$674,411	\$7,148,416	-17.1%
Net Paid Claims - Total									
Total Participants									
	3Q21				3Q22				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$416	\$865	\$1,349	\$426	\$340	\$632	\$523	\$357	-16.2%

Cost Distribution – Medical Claims > \$5K



1Q21						1Q22						
# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid	Paid Claims	# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid
7	0.1%	\$1,864,388	21.6%	\$670,171	35.9%	> \$100k	4	0.1%	\$567,232	7.9%	\$420,891	74.2%
6	0.1%	\$487,891	5.7%	\$487,891	100.0%	\$50k- \$100k	4	0.1%	\$464,033	6.5%	\$394,985	85.1%
25	0.4%	\$1,024,869	11.9%	\$839,636	81.9%	\$25k - \$50k	28	0.4%	\$946,185	13.2%	\$700,117	74.0%
74	1.1%	\$1,335,733	15.5%	\$966,563	72.4%	\$10k - \$25k	67	1.0%	\$1,195,043	16.7%	\$791,781	66.3%
113	1.7%	\$877,773	10.2%	\$561,351	64.0%	\$5k - \$10k	125	1.9%	\$994,205	13.9%	\$660,869	66.5%

% Paid Attributed to Catastrophic Cases



HCC > \$50k - AHRQ Chapter Conditions - 1Q22

Top 10 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Endocrine; nutritional; and metabolic diseases	2	\$117,882	1.6%
Complications of pregnancy; childbirth	1	\$108,780	1.5%
Diseases of the nervous system and sense organs	1	\$73,942	1.0%
Diseases of the blood and blood-forming organs	1	\$62,650	0.9%
Mental Illness	1	\$58,257	0.8%
Diseases of the circulatory system	1	\$51,862	0.7%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	1Q21	1Q22	▲	1Q21	1Q22	▲	1Q21	1Q22	▲
Inpatient									
# of Admits	109	77	-29.4%	83	70	-16.2%	25	7	-73.3%
# of Bedays	889	398	-55.3%	624	378	-39.4%	265	20	-92.6%
Avg. Paid per Admit	\$29,841	\$22,594	-24.3%	\$31,485	\$21,224	-32.6%	\$24,378	\$36,863	51.2%
Avg. Paid per Day	\$3,645	\$4,357	19.5%	\$4,211	\$3,927	-6.7%	\$2,313	\$12,682	448.4%
Admits Per K	64.4	46.0	-28.6%	54.5	46.2	-15.3%	161.7	44.0	-72.8%
Days Per K	527.0	238.4	-54.8%	407.5	249.5	-38.8%	1,704.3	127.9	-92.5%
ALOS	8.2	5.2	-36.7%	7.5	5.4	-27.7%	5.5	5.9	7.3%
Admits from ER	65	31	-52.3%	47	29	-38.3%	365	336	-7.9%
Physician Office Visits									
Per Member Per Year	2.7	2.2	-17.2%	2.7	2.2	-17.0%	3.1	2.5	-19.1%
Paid Per Visit	\$139	\$160	15.0%	\$144	\$164	13.8%	\$97	\$124	28.3%
Net Paid PMPM	\$32	\$30	-4.8%	\$32	\$30	-5.5%	\$25	\$26	3.8%
Emergency Room									
# of Visits	184	166	-9.8%	170	155	-8.8%	14	11	-21.4%
Visits Per K	109.1	99.5	-8.8%	111.0	102.2	-7.9%	90.1	72.0	-20.1%
Avg Paid Per Visit	\$2,974	\$2,596	-12.7%	\$3,040	\$2,621	-13.8%	\$2,165	\$2,247	3.8%
Urgent Care									
# of Visits	1,291	907	-29.7%	1,162	825	-29.0%	129	82	-36.4%
Visits Per K	765.3	543.5	-29.0%	758.8	544.1	-28.3%	830.0	536.8	-35.3%
Avg Paid Per Visit	\$115	\$122	6.0%	\$117	\$125	7.4%	\$103	\$91	-11.7%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Complications of surgical procedures or medical care	\$273,518	5.0%	\$272,099	\$1,419		\$236,361	\$37,157	\$0
Thyroid disorders	\$258,315	4.7%	\$251,855	\$144	\$6,316	\$261	\$258,054	\$0
Other nutritional; endocrine; and metabolic disorders	\$221,436	4.0%	\$179,672	\$40,591	\$1,173	\$30,597	\$190,839	\$0
Aortic; peripheral; and visceral artery aneurysms	\$173,456	3.1%	\$10,577	\$162,879		\$14,194	\$159,262	\$0
Disorders usually diagnosed in infancy childhood	\$142,969	2.6%			\$142,969	\$113,695	\$29,273	\$0
Diverticulosis and diverticulitis	\$133,403	2.4%	\$133,403	\$0		\$132,666	\$736	\$0
Complication of device; implant or graft	\$131,949	2.4%	\$1,978	\$95,733	\$34,238	\$45,495	\$86,454	\$0
Maintenance chemotherapy; radiotherapy	\$131,353	2.4%	\$115,858	\$15,495		\$48,196	\$83,157	\$0
Polyhydramnios and other problems of amniotic cavity	\$108,249	2.0%	\$108,249		\$0		\$108,249	\$0
Mood disorders	\$107,176	1.9%	\$29,428	\$4,195	\$73,552	\$66,086	\$41,090	\$0
Spondylosis; intervertebral disc disorders	\$105,370	1.9%	\$75,587	\$21,980	\$7,803	\$48,172	\$57,198	\$0
Diabetes mellitus with complications	\$100,101	1.8%	\$63,685	\$27,183	\$9,234	\$72,488	\$27,613	\$0
Other nervous system disorders	\$95,861	1.7%	\$15,512	\$79,098	\$1,251	\$7,443	\$88,418	\$0
Regional enteritis and ulcerative colitis	\$92,330	1.7%	\$14,124		\$78,206	\$78,215	\$14,115	\$0
Septicemia (except in labor)	\$92,222	1.7%	\$91,965	\$257		\$251	\$91,971	\$0
Osteoarthritis	\$87,468	1.6%	\$75,584	\$11,884		\$11,129	\$76,339	\$0
Cancer of prostate	\$85,273	1.5%	\$31,544	\$53,730		\$85,273		\$0
Abdominal pain	\$83,041	1.5%	\$64,270	\$7,721	\$11,050	\$27,227	\$55,815	\$0
Cardiac dysrhythmias	\$80,029	1.4%	\$61,531	\$18,182	\$315	\$44,551	\$35,478	\$0
Cancer of breast	\$78,771	1.4%	\$78,150	\$621			\$78,771	\$0
Other screening for suspected conditions	\$78,449	1.4%	\$69,342	\$7,404	\$1,703	\$17,218	\$61,231	\$0
Intestinal obstruction without hernia	\$77,302	1.4%	\$77,268	\$34		\$29,348	\$47,954	\$0
Medical examination/evaluation	\$74,715	1.4%	\$14,604	\$6,476	\$53,635	\$31,578	\$43,137	\$0
Coagulation and hemorrhagic disorders	\$69,388	1.3%	\$69,383	\$0	\$5	\$58	\$69,330	\$0
Nonspecific chest pain	\$68,113	1.2%	\$27,862	\$31,995	\$8,256	\$28,686	\$39,427	\$0

*Not Representative of all utilization

*Data based on medical spend only

Mental Health Drilldown



Mental Health				
AHRQ Category Description	1Q2021		1Q2022	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood or adolescence	32	\$149,777	22	\$142,969
Mood disorders	298	\$138,501	278	\$107,176
Anxiety disorders	249	\$35,599	237	\$44,006
Schizophrenia and other psychotic disorders	10	\$4,429	4	\$17,180
Adjustment disorders	87	\$12,692	68	\$13,035
Miscellaneous mental health disorders	20	\$2,322	19	\$8,269
Attention-deficit conduct and disruptive behavior disorders	65	\$6,788	78	\$7,470
Suicide and intentional self-inflicted injury	8	\$14,171	4	\$5,974
Alcohol-related disorders	14	\$21,404	6	\$5,169
Developmental disorders	8	\$1,861	9	\$1,848
Substance-related disorders	13	\$984	13	\$1,254
Screening and history of mental health and substance abuse codes	5	\$0	10	\$836
Delirium dementia and amnestic and other cognitive disorders	6	\$254	2	\$251

**Not Representative of all utilization*

**Data based on medical spend only*

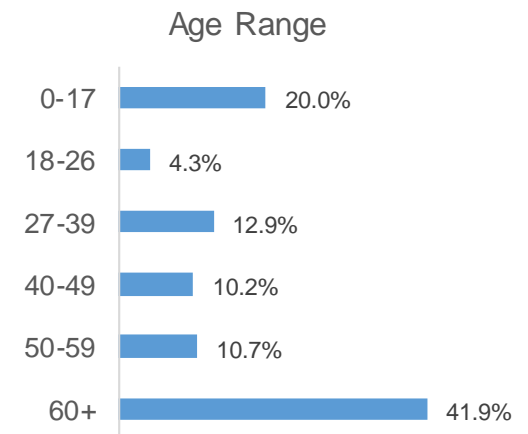
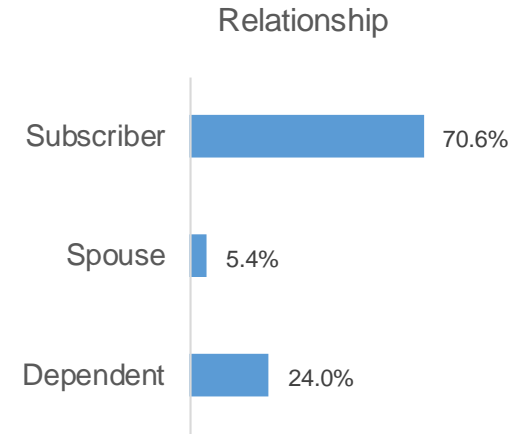
Respiratory Disorders



Respiratory Disorders				
AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Asthma	92	152	\$38,218	16.9%
Other upper respiratory infections	271	340	\$37,208	16.4%
Chronic obstructive pulmonary disease / bronchiectasis	29	65	\$36,885	16.3%
Pneumonia (except that caused by tuberculosis or STD)	13	33	\$34,879	15.4%
Other lower respiratory disease	160	256	\$31,355	13.8%
Other upper respiratory disease	170	383	\$23,776	10.5%
Respiratory failure; insufficiency; arrest (adult)	8	23	\$10,245	4.5%
Acute and chronic tonsillitis	20	32	\$6,578	2.9%
Acute bronchitis	31	42	\$6,564	2.9%
Pleurisy; pneumothorax; pulmonary collapse	11	17	\$634	0.3%

**Not Representative of all utilization*

**Data based on medical spend only*

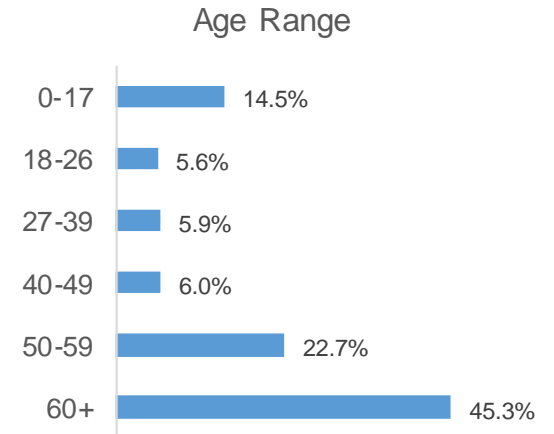
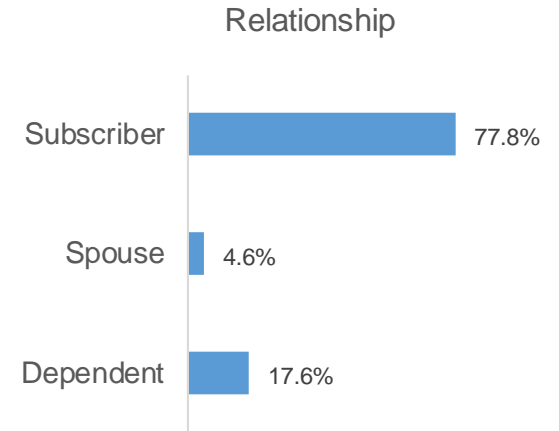


Infections

Infectious and Parasitic Diseases				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Septicemia (except in labor)	6	16	\$92,222	52.7%
Immunizations/screening for infectious disease	425	593	\$49,207	28.1%
Viral infection	164	224	\$28,593	16.3%
HIV infection	12	18	\$2,714	1.6%
Hepatitis	9	22	\$1,486	0.8%
Mycoses	40	52	\$587	0.3%
Other infections; including parasitic	4	7	\$128	0.1%
Tuberculosis	3	5	\$0	0.0%
Bacterial infection; unspecified site	1	1	\$0	0.0%
Sexually transmitted infections	4	4	\$0	0.0%

**Not Representative of all utilization*

**Data based on medical spend only*



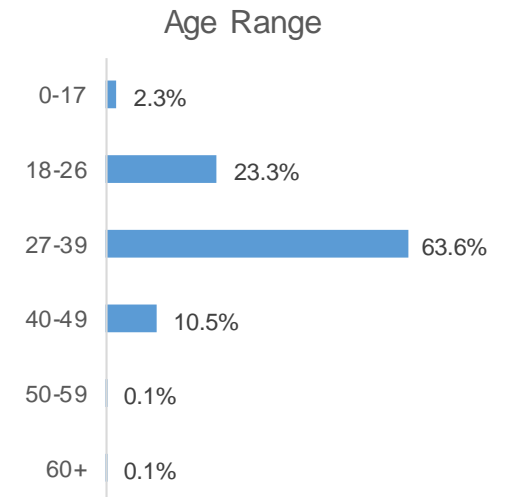
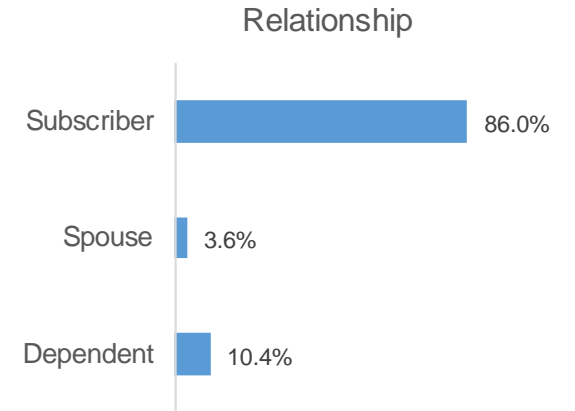
Pregnancy Related Disorders



Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Polyhydramnios and other problems of amniotic cavity	3	9	\$108,249	28.7%
Complications of birth; puerperium affecting management	10	18	\$51,719	13.7%
Other complications of pregnancy	35	115	\$51,204	13.6%
Other pregnancy and delivery including normal	45	114	\$32,176	8.5%
Umbilical cord complication	3	3	\$30,964	8.2%
Malposition; malpresentation	4	5	\$26,918	7.1%
Contraceptive and procreative management	82	141	\$22,251	5.9%
Diabetes/Abnormal glucose tolerance complicating pregnancy	7	16	\$15,205	4.0%
Previous C-section	2	6	\$14,169	3.8%
Hemorrhage during pregnancy; abruptio placenta	8	25	\$7,082	1.9%

**Not Representative of all utilization*

**Data based on medical spend only*



Emergency Room and Urgent Care



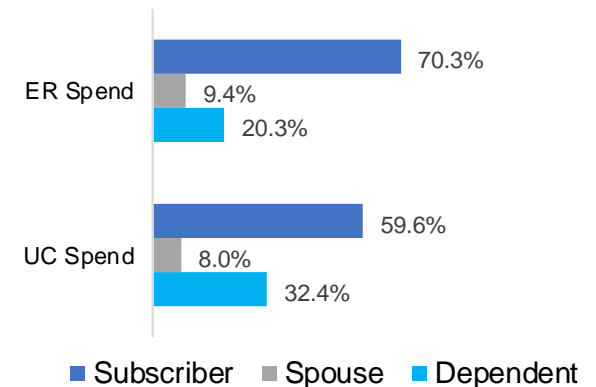
Metric	1Q21		1Q22		Peer	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	166	1,291	184	907		
Visits Per Member	0.02	0.48	0.03	0.54	0.08	0.14
Visits Per K	98.4	765.3	110.2	543.5	89.6	385.3
Avg. Paid Per Visit	\$2,596	\$112	\$2,973.58	\$121	\$2,607	\$118

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 1Q22				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	108	64.7	591	354.1
Spouse	18	10.8	66	39.5
Dependent	58	34.8	250	149.8
Total	184	110.2	907	543.5

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	417	6.2%	62.5	\$11.98
Intervertebral Disc Disorders	314	4.7%	47.0	\$5.26
Diabetes with complications	214	3.2%	32.1	\$5.00
Prostate Cancer	281	4.2%	42.1	\$4.26
Breast Cancer	41	0.6%	6.1	\$3.93
Acute Myocardial Infarction	50	0.7%	7.5	\$3.18
Asthma	41	0.6%	6.1	\$1.91
COPD	4	0.1%	0.6	\$1.84
Diabetes without complications	14	0.2%	2.1	\$1.30
Coronary Atherosclerosis	92	1.4%	13.8	\$1.22
Chronic Renal Failure	4	0.1%	0.6	\$0.95
Hypertension	189	2.8%	28.3	\$0.84
Congestive Heart Failure (CHF)	18	0.3%	2.7	\$0.11
Colon Cancer	29	0.4%	4.3	\$0.07
Cervical Cancer	7	0.1%	1.0	\$0.00

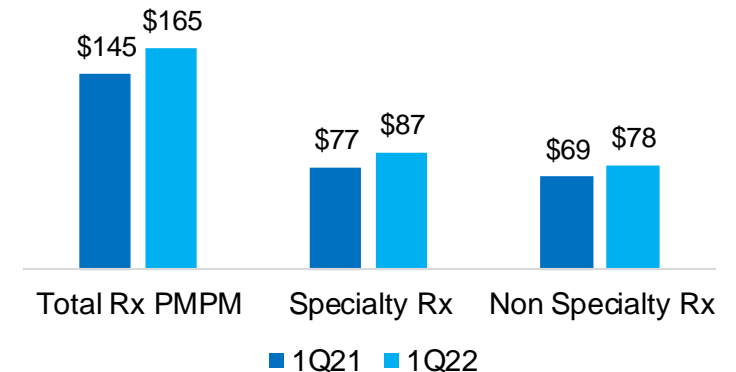
**Not Representative of all utilization*

**Data based on medical spend only*

Pharmacy Drivers

	1Q21	1Q22	Δ
Enrolled Members	6,747	6,676	-1.1%
Average Prescriptions PMPY	17.1	16.2	-5.3%
Formulary Rate	89.6%	90.5%	1.0%
Generic Use Rate	83.9%	84.4%	0.6%
Generic Substitution Rate	98.2%	98.2%	0.0%
Avg Net Paid per Prescription	\$102	\$122	19.8%
Net Paid PMPM	\$145	\$165	13.4%

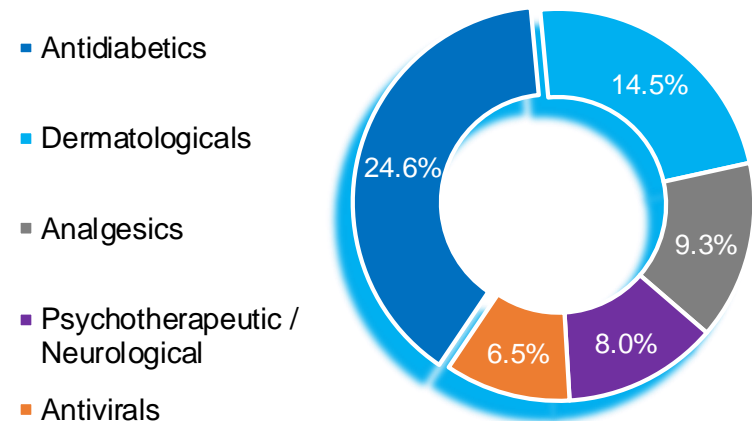
Total Rx Spend by Benefit and Type



Pharmacy Performance

- Rx spend increased of **13.4%** (\$19.56 pmpm) from prior period
- Avg. paid per Script increased **19.8%** (\$20.27 pmpm) year over year
- Specialty Rx Spend driving **52.9%** of Rx Spend
- Specialty Rx spend increased **14.0%** from prior period
Specialty Rx Drivers:
 - Jardiance** (Antidiabetic) Spend up **9.3%**
 - Ozempic** (Antidiabetic) Spend up **4.1%**
- Tier 1 Rx drove **77.2%** of total claim volume, but only accounts for **2.2%** of overall Rx Spend

Top 5 Therapeutic Classes by Spend



4.3

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

- 4.3.1 UMR – Obesity Care Management
- 4.3.2 UMR – Diabetes Care Management
- 4.3.3 UnitedHealthcare – Utilization and Large Case Management
- 4.3.4 UnitedHealthcare – Basic Life Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report
- 4.3.6 Sierra Healthcare Options– PPO Network
- 4.3.7 HealthPlan of Nevada, Inc. – Southern HMO
- 4.3.8 Doctor on Demand Engagement Report through September 2022

4.3.1

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

4.3.1 UMR – Obesity Care Management

DATASCOPE™

Obesity Care Management Report

Nevada Public Employees' Benefits Program

July 2022 – September 2022 Incurred,

Paid through November 30, 2022



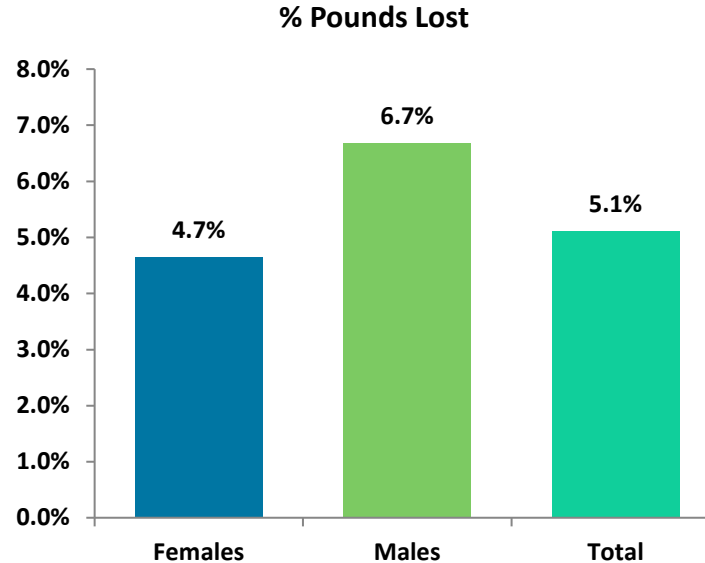
Reimagine | Rediscover **Benefits**



Obesity Care Management Overview

*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

PEBP 1Q23			
Weight Management Summary	Females	Males	Total
# Mbrs Enrolled in Program	803	200	1,003
Average # Lbs. Lost	9.9	16.2	11.1
Total # Lbs. Lost	7,948.9	3,241.6	11,190.5
% Lbs. Lost	4.7%	6.7%	5.1%
Average Cost/ Member	\$5,206	\$5,032	\$5,171

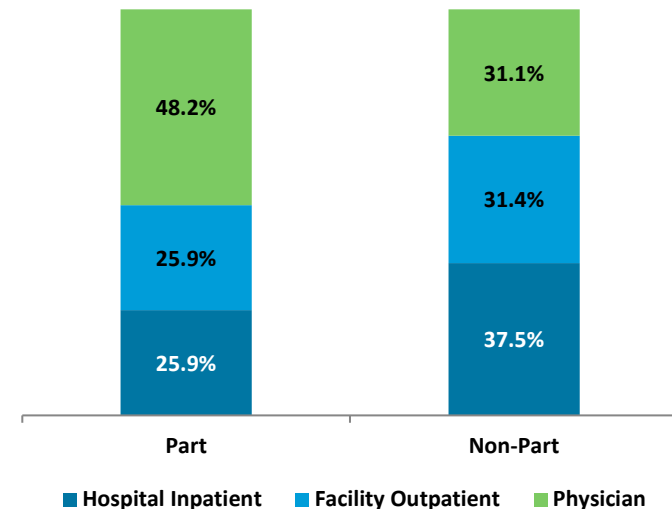


Obesity Care Management – Financial Summary

*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	912	860	6.0%
Avg # Members	1,003	1,090	-8.0%
Member/Employee Ratio	1.1	1.3	-13.4%
Financial Summary			
Gross Cost	\$1,573,680	\$3,980,442	
Client Paid	\$1,157,833	\$3,196,602	
Employee Paid	\$415,847	\$783,840	
Client Paid-PEPY	\$5,080	\$14,874	-65.8%
Client Paid-PMPY	\$4,619	\$11,727	-60.6%
Client Paid-PEPM	\$423	\$1,239	-65.9%
Client Paid-PMPM	\$385	\$977	-60.6%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	2	5	
HCC's / 1,000	2.0	4.6	0.0%
Avg HCC Paid	\$153,197	\$169,524	0.0%
HCC's % of Plan Paid	26.5%	26.5%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$1,196	\$4,399	-72.8%
Facility Outpatient	\$1,195	\$3,677	-67.5%
Physician	\$2,228	\$3,651	-39.0%
Total	\$4,619	\$11,727	-60.6%
	Annualized	Annualized	

Cost Distribution by Claim Type



Obesity Care Management – Utilization Summary

*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	15	50	
# of Bed Days	53	258	
Paid Per Admit	\$23,266	\$27,375	-15.0%
Paid Per Day	\$6,585	\$5,305	24.1%
Admits Per 1,000	60	183	-67.2%
Days Per 1,000	211	946	-77.7%
Avg LOS	3.5	5.2	-32.7%
# of Admits From ER	9	27	-66.7%
Physician Office			
OV Utilization per Member	8.6	9.2	-6.5%
Avg Paid per OV	\$137	\$82	67.1%
Avg OV Paid per Member	\$1,184	\$751	57.7%
DX&L Utilization per Member	18.9	25.3	-25.3%
Avg Paid per DX&L	\$30	\$56	-46.4%
Avg DX&L Paid per Member	\$575	\$1,408	-59.2%
Emergency Room			
# of Visits	50	104	
Visits Per Member	0.2	0.38	-47.4%
Visits Per 1,000	199	382	-47.9%
Avg Paid per Visit	\$2,110	\$3,069	-31.2%
Urgent Care			
# of Visits	96	136	
Visits Per Member	0.38	0.50	-24.0%
Visits Per 1,000	383	499	-23.2%
Avg Paid per Visit	\$67	\$95	-29.5%
	Annualized	Annualized	

4.3.2

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

4.3.1 UMR – Obesity Care Management

4.3.2 UMR– Diabetes Care Management

DATASCOPE™

Diabetes Care Management Report

Nevada Public Employees' Benefits Program

July 2022 – September 2022 Incurred,
Paid through November 30, 2022

Reimagine | Rediscover **Benefits**

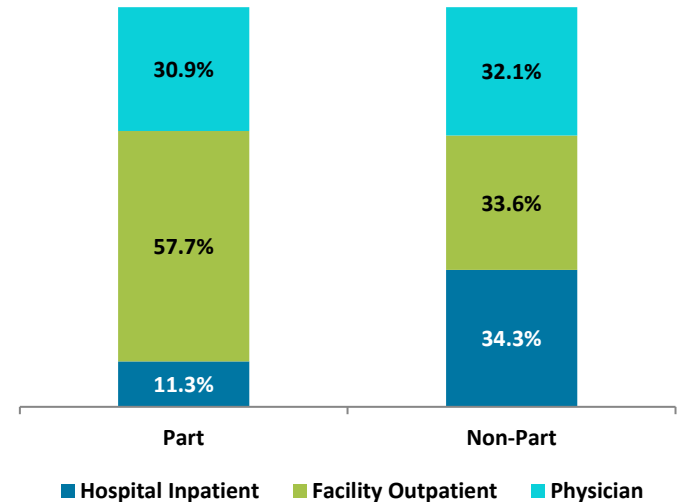


Diabetes Care Management – Financial Summary

*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	264	2,046	-87.1%
Avg # Members	364	2,586	-85.9%
Member/Employee Ratio	1.4	1.3	9.5%
Financial Summary			
Gross Cost	\$549,203	\$6,316,276	
Client Paid	\$266,676	\$4,835,853	
Employee Paid	\$282,527	\$1,480,424	
Client Paid-PEPY	\$4,041	\$9,453	-57.3%
Client Paid-PMPY	\$2,931	\$7,480	-60.8%
Client Paid-PEPM	\$337	\$788	-57.2%
Client Paid-PMPPM	\$244	\$623	-60.8%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	0	7	
HCC's / 1,000	0.0	2.7	0.0%
Avg HCC Paid	\$0	\$201,823	-100.0%
HCC's % of Plan Paid	0.0%	29.2%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$332	\$2,562	-87.0%
Facility Outpatient	\$1,691	\$2,517	-32.8%
Physician	\$907	\$2,402	-62.2%
Total	\$2,931	\$7,480	-60.8%
	Annualized	Annualized	

Cost Distribution by Claim Type



Diabetes Care Management – Utilization Summary

*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

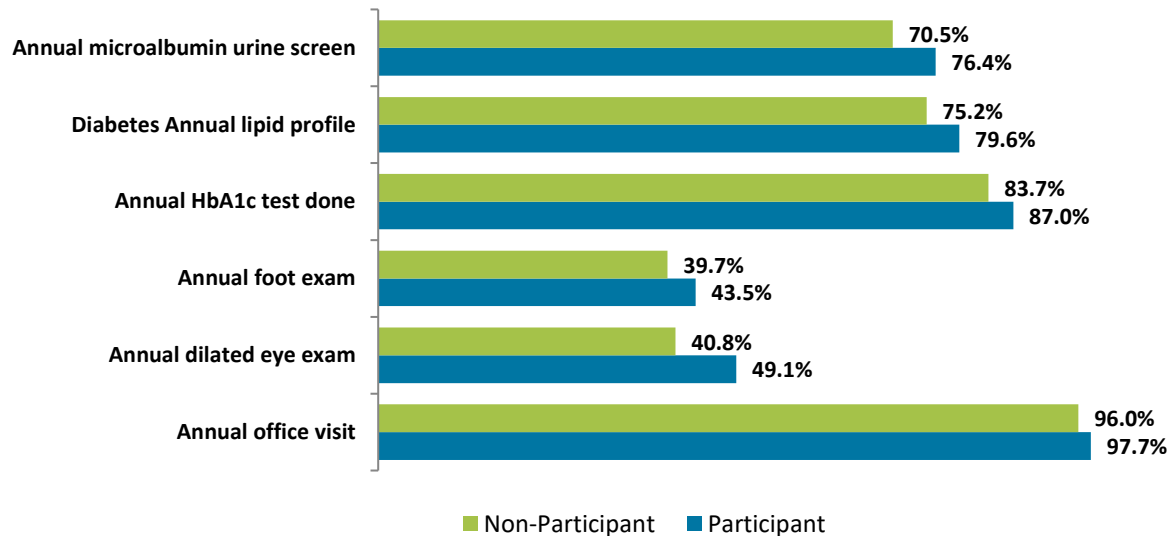
Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	8	81	
# of Bed Days	30	484	
Paid Per Admit	\$4,231	\$25,674	-83.5%
Paid Per Day	\$1,128	\$4,297	-73.7%
Admits Per 1,000	88	125	-29.6%
Days Per 1,000	330	749	-55.9%
Avg LOS	3.8	6	-36.7%
# of Admits From ER	6	52	-88.5%
Physician Office			
OV Utilization per Member	7.5	7.7	-2.6%
Avg Paid per OV	\$32	\$79	-59.5%
Avg OV Paid per Member	\$244	\$608	-59.9%
DX&L Utilization per Member	23.2	27.0	-14.1%
Avg Paid per DX&L	\$25	\$45	-44.4%
Avg DX&L Paid per Member	\$585	\$1,205	-51.5%
Emergency Room			
# of Visits	21	182	
Visits Per Member	0.23	0.28	-17.9%
Visits Per 1,000	231	282	-18.1%
Avg Paid per Visit	\$1,350	\$2,330	-42.1%
Urgent Care			
# of Visits	28	244	
Visits Per Member	0.31	0.38	-18.4%
Visits Per 1,000	308	377	-18.3%
Avg Paid per Visit	\$47	\$75	-37.3%

Annualized

Annualized

Quality Metrics

Condition	Metric	Participant				Non-Participant			
		#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Diabetes	Annual office visit	216	211	5	97.7%	1,462	1,403	59	96.0%
	Annual dilated eye exam	216	106	110	49.1%	1,462	596	866	40.8%
	Annual foot exam	216	94	122	43.5%	1,462	580	882	39.7%
	Annual HbA1c test done	216	188	28	87.0%	1,462	1,223	239	83.7%
	Diabetes Annual lipid profile	216	172	44	79.6%	1,462	1,099	363	75.2%
	Annual microalbumin urine screen	216	165	51	76.4%	1,462	1,031	431	70.5%



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

4.3.3

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

4.3.1 UMR – Obesity Care Management

4.3.2 UMR – Diabetes Care Management

4.3.3 UnitedHealthcare – Utilization and Large Case Management paid through October 31, 2022

Executive Summary



STATE OF NEVADA

Incurred Date Range

Current August 1, 2021 through July 31, 2022

Prior August 1, 2020 through July 31, 2021

Paid Through

October 31, 2022

Financial Summary	All Products			
	Prior	Current	Change(%)	Change(\$)
Medical Net Paid PMPM	\$366.99	\$473.32	29.0%	\$106.34
RX Net Paid PMPM	\$139.26	\$151.73	9.0%	\$12.47
Total Paid PMPM	\$506.25	\$625.06	23.5%	\$118.81
Non-High Cost Lives	\$236.47	\$234.66	-0.8%	-\$1.81
High Cost Lives (>\$50,000)	\$130.52	\$238.67	82.9%	\$108.15
High Cost Content	35.6%	50.4%	41.8%	
Member Med Cost Share PMPM	\$23.89	\$32.22	34.9%	\$8.33
Member RX Cost Share PMPM	\$23.26	\$27.40	17.8%	\$4.13

Medical Plan Enrollment	Prior	Current	Change(%)
Enrolled Employees	3,882	3,776	-2.7%
Enrolled Members	6,774	6,663	-1.6%
Average Family Size	1.74	1.76	1.1%
Average Member Age	37.17	37.16	-0.0%
% Female Members	56.7%	56.9%	0.2%
Age/Gender Factor	1.18	1.18	-0.1%

Inpatient Hospital Admissions	Prior	Current	Change(%)
Admissions per 1,000 per year	66.13	63.64	-3.8%
Days per 1,000 per year	392.67	411.08	4.7%
Average Length of Stay	5.94	6.46	8.8%

Par and Non Par Medical	Prior	Current	Change(%)	Change(\$)
Medical Par PMPM	\$331.36	\$432.30	30.5%	\$100.94
Medical Non-Par PMPM	\$35.63	\$41.02	15.2%	\$5.40

Medical Utilization Per K	Prior	Current	Change(%)	Change(#)
Inpatient Admissions - Claim	5.8	5.7	-1.7%	-0.1
Outpatient Surgeries	12.2	14.3	17.4%	2.1
Outpatient Observation	0.8	0.8	-5.6%	-0.0
Emergency Room	8.7	9.3	7.3%	0.6
Other Outpatient Facility	20.3	7.4	-63.4%	-12.9
PCP Office	180.0	186.8	3.8%	6.8
PCP Inpatient	9.7	10.2	4.7%	0.5
PCP Outpatient	11.9	12.0	1.0%	0.1
Specialist Office	493.6	507.2	2.8%	13.6
Specialist Inpatient	51.5	57.6	11.8%	6.1
Specialist Outpatient	111.4	99.8	-10.4%	-11.6
Ambulance	3.5	2.7	-22.6%	-0.8
Home Health	38.3	38.8	1.2%	0.5
Lab	219.6	243.2	10.7%	23.6

Medical Total PMPM	\$366.99	\$473.32	29.0%	\$106.34
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High Cost defined as members with average medical cost equivalent to \$50,000 over a 12-month period.
 Cost and utilization figures are completion factor adjusted to account for normal claims lag.
 Medical Utilization is per 1,000 member months to yield non-decimal figures.

Pharmacy Costs



STATE OF NEVADA

Incurred Date Range

Paid Through

Current August 1, 2021 through July 31, 2022

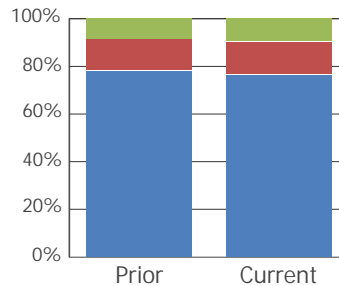
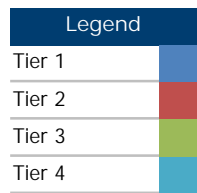
October 31, 2022

Prior August 1, 2020 through July 31, 2021

Measure	All Products			
	Prior	Current	Change(%)	Change(\$)
Enrolled Members	6,774	6,663	-1.6%	
Average Prescriptions PMPY	17.2	16.7	-2.6%	
Formulary Rate	91.3%	89.8%	-1.6%	
Generic Use Rate	78.1%	76.8%	-1.6%	
Average Net Paid per RX	\$97.22	\$108.79	11.9%	\$11.56
Net Paid PMPM	\$139.26	\$151.73	9.0%	\$12.47
Member RX Cost Share PMPM	\$23.26	\$27.40	17.8%	\$4.13

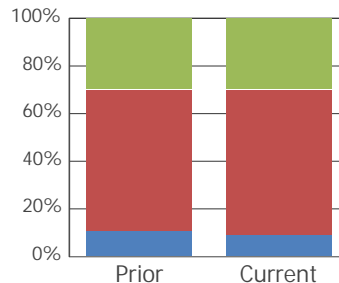
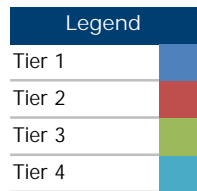
Prescription Tier (Count)	Prior	Current	Change(%)
Tier 1	78.1%	76.8%	-1.6%
Tier 2	12.7%	13.8%	8.7%
Tier 3	9.2%	9.4%	1.7%
Tier 4			

Distribution by Tier (Count)



Prescription Tier (Net Paid)	Prior	Current	Change(%)
Tier 1	10.7%	8.6%	-19.4%
Tier 2	59.2%	61.0%	3.0%
Tier 3	30.1%	30.4%	1.0%
Tier 4			

Distribution by Tier (Paid)



Excludes pharmacy services provided in a physician office.

Provider Summaries



STATE OF NEVADA

Incurred Date Range

Paid Through

Current August 1, 2021 through July 31, 2022

October 31, 2022

Prior August 1, 2020 through July 31, 2021

All Products	Top 10 Fee For Service Providers	
Provider	Paid	%
SUNRISE HOSPITAL	\$6,097,076	19.4%
SUMMERLIN HOSPITAL MEDICAL CTR	\$3,103,684	9.9%
CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	\$1,806,163	5.7%
HENDERSON HOSPITAL	\$990,865	3.2%
ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	\$879,195	2.8%
DESERT SPRINGS HOSPITAL MEDICAL CENTER	\$769,355	2.4%
SPRING VALLEY HOSPITAL	\$767,509	2.4%
ACCREDO HEALTH GROUP	\$755,281	2.4%
RADY CHILDRENS HOSPITAL	\$694,888	2.2%
MOUNTAIN VIEW HOSPITAL	\$602,964	1.9%

	PCP Impanelment
Tax ID	%
SOUTHWEST MEDICAL ASSOCIATES	64.7%
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA INC	6.2%
MISCH HYUN HODAPP HEALTHCARE LLP	3.5%
DESERT VALLEY PEDIATRICS LLP	3.4%
PENDING PCP SELECTION	3.4%
DIGNITY HEALTH MEDICAL GROUP NEVADA LLC	2.2%
BACCHUS WAKEFIELD KAHAN PC	2.2%
UNLV MEDICINE	1.4%
UNIVERSITY MEDICAL CENTER QUICK CARE	1.4%
LAMOTTE PEDIATRICS LLP	1.0%

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

Prescription Summaries



STATE OF NEVADA

Incurred Date Range

Paid Through

Current August 1, 2021 through July 31, 2022

October 31, 2022

Prior August 1, 2020 through July 31, 2021

All Products	Top 10 Drugs By Volume				
Medication	Script Count Current	% of Total Scripts	Scripts / K Prior	Scripts / K Current	Scripts / K Change %
ATORVASTATIN TAB 20MG	2,029	1.8%	27.0	25.4	-6.0%
PFIZER VACC INJ COVID-19	1,844	1.7%	18.2	23.1	26.8%
ATORVASTATIN TAB 40MG	1,645	1.5%	22.4	20.6	-8.2%
OMEPRAZOLE CAP 40MG	1,516	1.4%	21.7	19.0	-12.8%
IBUPROFEN TAB 800MG	1,408	1.3%	17.2	17.6	2.6%
AMLODIPINE TAB 10MG	1,339	1.2%	17.9	16.7	-6.6%
METFORMIN TAB 1000MG	1,326	1.2%	19.8	16.6	-16.3%
MONTELUKAST TAB 10MG	1,317	1.2%	19.5	16.5	-15.6%
FLUTICASONE SPR 50MCG	1,309	1.2%	15.8	16.4	3.8%
ATORVASTATIN TAB 10MG	1,238	1.1%	16.4	15.5	-5.6%

Top 10 Drugs By Net Paid					
Medication	Net Paid Current	% of Total Paid	Scripts / K Prior	Scripts / K Current	Scripts / K Change %
HUMIRA PEN INJ 40/0.4ML	\$553,045	4.6%	1.24	1.29	3.7%
JARDIANCE TAB 25MG	\$551,183	4.5%	10.35	11.57	11.8%
STELARA INJ 90MG/ML	\$516,105	4.3%	0.16	0.30	87.7%
OZEMPIC INJ 4MG/3ML	\$421,624	3.5%	0.80	5.89	636.7%
LANTUS SOLOS INJ 100/ML	\$299,591	2.5%	8.27	7.38	-10.7%
AUBAGIO TAB 14MG	\$289,186	2.4%	0.46	0.53	15.4%
KALYDECO TAB 150MG	\$273,805	2.3%	0.16	0.16	1.7%
DUPIXENT INJ 300/2ML	\$244,154	2.0%	1.02	1.25	22.5%
ELIQUIS TAB 5MG	\$229,728	1.9%	4.03	5.50	36.4%
CIMZIA PREFL KIT 200MG/ML	\$219,278	1.8%	0.33	0.63	88.3%

Top 10 Therapeutic Classes				
RX Drug Group	Scripts / K Prior	Scripts / K Current	Scripts / K Change %	
Antidiabetics	122.0	114.8	-5.9%	
Antidepressants	118.9	111.8	-5.9%	
Antihypertensives	122.1	108.5	-11.1%	
Antihyperlipidemics	118.2	106.5	-9.9%	
Vaccines	46.9	65.2	39.1%	
Ulcer drugs/antispasmodics/anticholinergics	66.4	60.2	-9.4%	
Antiasthmatic and bronchodilator agents	56.3	56.1	-0.4%	
Anticonvulsants	49.4	48.7	-1.3%	
Analgesics - anti-inflammatory	46.4	46.8	0.9%	
Beta blockers	48.3	43.2	-10.6%	

Excludes pharmacy services provided in a physician office.

Condition Prevalence

STATE OF NEVADA



Incurred Date Range

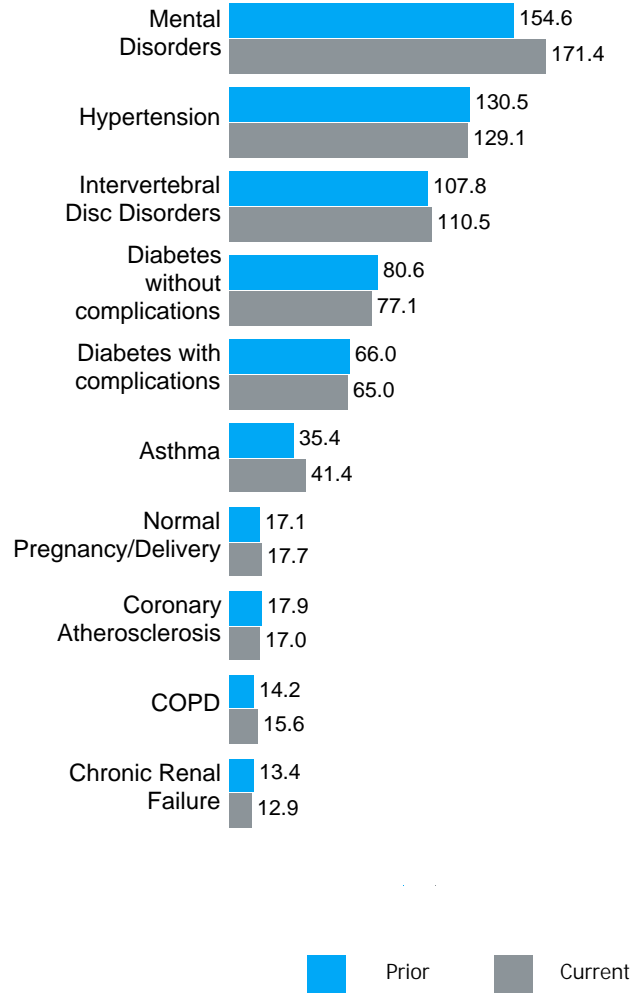
Paid Through

Current August 1, 2021 through July 31, 2022

October 31, 2022

Prior August 1, 2020 through July 31, 2021

Top 10 Condition Categories by Prevalence



Condition Prevalence is per 1,000 members (period average) to yield non-decimal figures.

Monthly Summary

STATE OF NEVADA

Incurred Date Range

Current August 1, 2021 through July 31, 2022

Prior August 1, 2020 through July 31, 2021

Paid Through

October 31, 2022

Period	Subs	Mems	Med Paid	Med Premium	RX Paid	RX Premium	Total Paid	Total Premium	BCR
Current Period: Incurred August 1, 2021 through July 31, 2022, paid through October 31, 2022									
2021-08	3,818	6,718	\$2,172,069	\$2,869,373	\$924,083	\$459,640	\$3,096,153	\$3,329,013	93%
2021-09	3,833	6,746	\$3,667,507	\$2,878,514	\$1,046,887	\$461,104	\$4,714,395	\$3,339,618	141%
2021-10	3,801	6,708	\$3,116,557	\$2,857,560	\$1,009,993	\$457,748	\$4,126,550	\$3,315,308	124%
2021-11	3,802	6,723	\$2,520,878	\$2,863,350	\$904,042	\$458,675	\$3,424,920	\$3,322,026	103%
2021-12	3,787	6,705	\$8,196,877	\$2,852,621	\$1,039,437	\$456,957	\$9,236,313	\$3,309,578	279%
2022-01	3,751	6,619	\$3,445,497	\$2,819,480	\$988,535	\$451,648	\$4,434,032	\$3,271,128	136%
2022-02	3,754	6,636	\$2,574,958	\$2,824,462	\$904,881	\$452,446	\$3,479,839	\$3,276,907	106%
2022-03	3,741	6,611	\$2,807,812	\$2,814,308	\$1,037,609	\$450,819	\$3,845,421	\$3,265,128	118%
2022-04	3,732	6,592	\$2,588,952	\$2,808,885	\$1,029,611	\$449,951	\$3,618,563	\$3,258,836	111%
2022-05	3,746	6,610	\$2,482,855	\$2,818,508	\$1,112,439	\$451,492	\$3,595,293	\$3,270,000	110%
2022-06	3,757	6,616	\$2,241,028	\$2,824,526	\$996,308	\$452,456	\$3,237,336	\$3,276,982	99%
2022-07	3,790	6,671	\$2,029,995	\$3,075,677	\$1,138,098	\$571,373	\$3,168,093	\$3,647,050	87%
Total	45,312	79,956	\$37,844,986	\$34,307,265	\$12,131,923	\$5,574,309	\$49,976,909	\$39,881,573	125%

Total Experience by Period									
	Subs	Mems	Med Paid		RX Paid		Total Paid	Total Premium	BCR
Prior	46,588	81,289	\$29,831,836		\$11,320,456		\$41,152,293	\$38,033,128	108%
Current	45,312	79,956	\$37,844,986		\$12,131,923		\$49,976,909	\$39,881,573	125%

Average Membership PMPM Premium and Payments by Experience Period									
	Subs	Mems	Med Paid		RX Paid		Total Paid	Total Premium	BCR
Prior	3,882	6,774	\$366.99		\$139.26		\$506.25	\$467.88	
Current	3,776	6,663	\$473.32		\$151.73		\$625.06	\$498.79	
Change %	-2.74%	-1.64%	28.98%		8.95%		23.47%	6.61%	

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

High Cost Claimant Summary

STATE OF NEVADA

Incurred Date Range

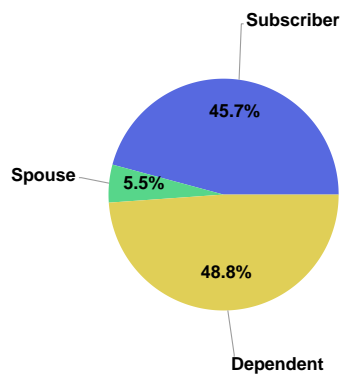
Current August 1, 2021 through July 31, 2022
 Prior August 1, 2020 through July 31, 2021

Paid Through

October 31, 2022

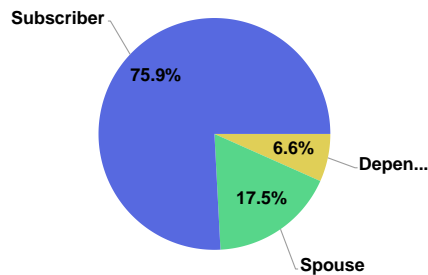
Medical HCC Summary	Prior	Current	Change(%)
High Cost Members	80	92	15.0%
High Cost Member Percent	1.2%	1.4%	16.9%
High Cost Paid Percent	35.6%	50.4%	41.8%
Average Paid per HCC Member	\$132,622	\$207,423	56.4%

Medical HCC Spend by Relationship	Current
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Prescription HCC Summary	Prior	Current	Change(%)
High Cost Members	35	46	31.4%
High Cost Member Percent	0.5%	0.7%	33.6%
High Cost Paid Percent	32.4%	34.5%	6.6%
Average paid per HCC Member	\$104,734	\$91,013	-13.1%

Prescription HCC Spend by Relationship	Current
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High Cost defined as members with average medical cost equivalent to \$50,000 over a 12-month period.

Medical High Cost Claimants



STATE OF NEVADA

Incurred Date Range

Paid Through
October 31, 2022

Prior August 1, 2020 through July 31, 2021

Age Band	Relationship	AHRQ Condition	Prior PAID
40-64	Subscriber	Leukemias	\$1,311,409
40-64	Subscriber	Viral infection	\$591,526
40-64	Subscriber	Coagulation and hemorrhagic disorders	\$353,156
19-39	Subscriber	Thyroid disorders	\$325,737
65+	Subscriber	Respiratory failure; insufficiency; arrest (adult)	\$307,386
40-64	Spouse	Esophageal disorders	\$278,131
65+	Subscriber	Viral infection	\$264,500
40-64	Subscriber	Septicemia (except in labor)	\$243,223
40-64	Subscriber	Cancer of stomach	\$224,901
0-18	Dependent	Liveborn	\$220,949
40-64	Subscriber	Maintenance chemotherapy; radiotherapy	\$216,971
40-64	Subscriber	Maintenance chemotherapy; radiotherapy	\$215,848
40-64	Subscriber	Acute and unspecified renal failure	\$214,448
40-64	Spouse	Other nutritional; endocrine; and metabolic disorders	\$169,442
40-64	Subscriber	Septicemia (except in labor)	\$160,430
65+	Subscriber	Heart valve disorders	\$159,799
40-64	Subscriber	Septicemia (except in labor)	\$148,424
40-64	Subscriber	Diverticulosis and diverticulitis	\$146,809
40-64	Subscriber	Viral infection	\$134,659
40-64	Spouse	Chronic obstructive pulmonary disease and bronchiectasis	\$130,896
40-64	Spouse	Chronic kidney disease	\$129,417
65+	Subscriber	Cancer of bronchus; lung	\$124,931
40-64	Subscriber	Alcohol-related disorders	\$122,374
40-64	Subscriber	Cancer of brain and nervous system	\$118,747
65+	Subscriber	Spondylosis; intervertebral disc disorders; other back problems	\$118,350
40-64	Subscriber	Pancreatic disorders (not diabetes)	\$118,324
0-18	Dependent	Liveborn	\$114,832
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$108,346
0-18	Dependent	Liveborn	\$108,210
0-18	Dependent	Liveborn	\$106,940
65+	Subscriber	Cancer of rectum and anus	\$106,291
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$103,375
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$101,641
40-64	Subscriber	Cancer of pancreas	\$100,992
40-64	Spouse	Fracture of lower limb	\$100,140
65+	Subscriber	Abdominal hernia	\$97,234
40-64	Subscriber	Hypertension complicating pregnancy; childbirth and the puerperium	\$96,777
40-64	Subscriber	Nonspecific chest pain	\$92,818
65+	Subscriber	Other nervous system disorders	\$88,943
40-64	Subscriber	Cancer of breast	\$86,493
0-18	Dependent	Other aftercare	\$86,353
65+	Subscriber	Chronic ulcer of skin	\$85,204
65+	Subscriber	Esophageal disorders	\$82,502
40-64	Subscriber	Septicemia (except in labor)	\$79,151
0-18	Dependent	Immunity disorders	\$77,912
40-64	Subscriber	Lymphadenitis	\$76,638
65+	Spouse	Cancer of breast	\$76,474
40-64	Subscriber	Aortic; peripheral; and visceral artery aneurysms	\$76,070
40-64	Subscriber	Viral infection	\$75,395
40-64	Subscriber	Skin and subcutaneous tissue infections	\$74,346
0-18	Dependent	Mood disorders	\$73,839
19-39	Dependent	Pancreatic disorders (not diabetes)	\$73,235
40-64	Spouse	Other nervous system disorders	\$72,483
19-39	Subscriber	Multiple sclerosis	\$70,538
19-39	Subscriber	Multiple sclerosis	\$70,426
40-64	Subscriber	Viral infection	\$69,877
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$69,217

High Cost defined as members with average medical cost equivalent to \$50,000 over a 12-month period.

Medical High Cost Claimants

STATE OF NEVADA



Incurred Date Range

Paid Through
October 31, 2022

Prior August 1, 2020 through July 31, 2021

Age Band	Relationship	AHRQ Condition	Prior PAID
0-18	Dependent	Cardiac and circulatory congenital anomalies	\$68,218
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$66,784
40-64	Subscriber	Cardiac dysrhythmias	\$63,181
65+	Subscriber	Fracture of neck of femur (hip)	\$62,511
40-64	Spouse	Complications of surgical procedures or medical care	\$61,639
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$61,450
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$61,297
40-64	Subscriber	Secondary malignancies	\$61,287
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$61,181
40-64	Subscriber	Nonspecific chest pain	\$60,219
40-64	Subscriber	Viral infection	\$59,864
19-39	Subscriber	Septicemia (except in labor)	\$59,127
19-39	Subscriber	Allergic reactions	\$57,523
40-64	Subscriber	Cancer of bone and connective tissue	\$57,486
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$56,960
65+	Subscriber	Viral infection	\$56,792
40-64	Subscriber	Appendicitis and other appendiceal conditions	\$56,670
40-64	Subscriber	Septicemia (except in labor)	\$55,942
40-64	Subscriber	Septicemia (except in labor)	\$55,046
0-18	Dependent	Encephalitis (except that caused by tuberculosis or sexually transmitted disease)	\$54,064
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$53,460
40-64	Subscriber	Osteoarthritis	\$52,957
40-64	Subscriber	Septicemia (except in labor)	\$52,589

High Cost defined as members with average medical cost equivalent to \$50,000 over a 12-month period.

Medical High Cost Claimants



STATE OF NEVADA

Incurred Date Range

Current August 1, 2021 through July 31, 2022

Paid Through

October 31, 2022

Age Band	Relationship	AHRQ Condition	Current PAID
0-18	Dependent	Cardiac and circulatory congenital anomalies	\$5,773,819
0-18	Dependent	Nutritional deficiencies	\$866,272
0-18	Dependent	Regional enteritis and ulcerative colitis	\$569,797
0-18	Dependent	Liveborn	\$551,011
0-18	Dependent	Liveborn	\$508,934
40-64	Subscriber	Coagulation and hemorrhagic disorders	\$465,180
40-64	Subscriber	Thyroid disorders	\$428,171
65+	Subscriber	Viral infection	\$388,980
40-64	Subscriber	Other nervous system disorders	\$343,462
40-64	Subscriber	Thyroid disorders	\$343,141
40-64	Subscriber	Alcohol-related disorders	\$274,508
40-64	Subscriber	Cancer of stomach	\$263,141
40-64	Subscriber	Viral infection	\$258,483
40-64	Subscriber	Cancer of rectum and anus	\$241,565
40-64	Subscriber	Septicemia (except in labor)	\$230,152
65+	Spouse	Complications of surgical procedures or medical care	\$221,608
19-39	Subscriber	Thyroid disorders	\$218,126
40-64	Subscriber	Maintenance chemotherapy; radiotherapy	\$199,600
40-64	Spouse	Other nutritional; endocrine; and metabolic disorders	\$193,775
40-64	Spouse	Chronic kidney disease	\$191,629
40-64	Subscriber	Cancer of prostate	\$188,721
65+	Subscriber	Pleurisy; pneumothorax; pulmonary collapse	\$183,851
40-64	Subscriber	Melanomas of skin	\$179,624
0-18	Dependent	Liveborn	\$178,564
40-64	Subscriber	Septicemia (except in labor)	\$167,532
40-64	Subscriber	Complication of device; implant or graft	\$165,072
40-64	Subscriber	Acute cerebrovascular disease	\$164,961
65+	Subscriber	Diverticulosis and diverticulitis	\$156,794
40-64	Subscriber	Polyhydramnios and other problems of amniotic cavity	\$147,434
40-64	Subscriber	Cancer of breast	\$135,038
40-64	Subscriber	Intestinal infection	\$133,417
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$131,022
65+	Subscriber	Other nutritional; endocrine; and metabolic disorders	\$130,520
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$123,774
40-64	Subscriber	Cancer of breast	\$123,551
65+	Subscriber	Septicemia (except in labor)	\$116,264
40-64	Subscriber	Regional enteritis and ulcerative colitis	\$115,948
40-64	Subscriber	Abdominal hernia	\$114,894
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$114,718
40-64	Subscriber	Hypertension with complications and secondary hypertension	\$104,087
40-64	Subscriber	Thyroid disorders	\$102,659
65+	Subscriber	Septicemia (except in labor)	\$102,382
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$98,487
40-64	Subscriber	Maintenance chemotherapy; radiotherapy	\$98,089
0-18	Dependent	Immunity disorders	\$97,235
40-64	Subscriber	Coronary atherosclerosis and other heart disease	\$96,559
40-64	Subscriber	Acute and unspecified renal failure	\$93,224
40-64	Subscriber	Leukemias	\$93,155
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$93,139
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$89,730
40-64	Subscriber	Intestinal obstruction without hernia	\$89,397
0-18	Dependent	Liveborn	\$89,222
19-39	Spouse	Septicemia (except in labor)	\$84,868
40-64	Subscriber	Viral infection	\$79,514
19-39	Subscriber	Multiple sclerosis	\$79,022
65+	Subscriber	Osteoarthritis	\$78,522
40-64	Subscriber	Viral infection	\$76,848
40-64	Subscriber	Alcohol-related disorders	\$76,537

High Cost defined as members with average medical cost equivalent to \$50,000 over a 12-month period.

Medical High Cost Claimants



STATE OF NEVADA

Incurred Date Range

Current August 1, 2021 through July 31, 2022

Paid Through

October 31, 2022

Age Band	Relationship	AHRQ Condition	Current PAID
40-64	Subscriber	Systemic lupus erythematosus and connective tissue disorders	\$76,366
19-39	Subscriber	Multiple sclerosis	\$75,378
0-18	Dependent	Other aftercare	\$75,063
19-39	Subscriber	Other complications of pregnancy	\$73,615
40-64	Subscriber	Septicemia (except in labor)	\$72,465
40-64	Subscriber	Acute cerebrovascular disease	\$70,685
40-64	Subscriber	Septicemia (except in labor)	\$68,624
65+	Spouse	Cancer of prostate	\$67,881
40-64	Subscriber	Cancer of kidney and renal pelvis	\$67,292
40-64	Subscriber	Cancer of pancreas	\$66,132
65+	Spouse	Other nervous system disorders	\$65,463
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$63,673
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$61,814
19-39	Subscriber	Other complications of birth; puerperium affecting management of mother	\$59,117
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$58,752
40-64	Subscriber	Aortic; peripheral; and visceral artery aneurysms	\$57,553
40-64	Spouse	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	\$57,517
19-39	Spouse	Other nervous system disorders	\$57,282
40-64	Subscriber	Conduction disorders	\$56,922
65+	Subscriber	Chronic obstructive pulmonary disease and bronchiectasis	\$56,730
65+	Subscriber	Nutritional deficiencies	\$55,794
40-64	Subscriber	Osteoarthritis	\$55,731
0-18	Dependent	Appendicitis and other appendiceal conditions	\$55,639
40-64	Subscriber	Osteoarthritis	\$55,415
40-64	Subscriber	Fracture of lower limb	\$55,085
65+	Subscriber	Osteoarthritis	\$54,823
0-18	Dependent	Disorders usually diagnosed in infancy childhood or adolescence	\$54,689
19-39	Subscriber	Genitourinary symptoms and ill-defined conditions	\$54,007
40-64	Spouse	Gastroduodenal ulcer (except hemorrhage)	\$52,662
40-64	Spouse	Non-Hodgkin's lymphoma	\$51,423
65+	Subscriber	Osteoarthritis	\$51,166
65+	Subscriber	Acute myocardial infarction	\$50,991
65+	Subscriber	Respiratory failure; insufficiency; arrest (adult)	\$50,760
40-64	Subscriber	Pancreatic disorders (not diabetes)	\$50,681

High Cost defined as members with average medical cost equivalent to \$50,000 over a 12-month period.

4.3.4

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

4.3.1 UMR – Obesity Care Management

4.3.2 UMR – Diabetes Care Management

4.3.3 UnitedHealthcare – Utilization and Large Case Management paid through October 31, 2022

4.3.4 UnitedHealthcare – Basic Life Insurance

Experience Summary by Incurred Month

	<i>Selection Parameters</i>	<i>Values on Report</i>
Group/Customer:	00370074	00370074 - STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM
Subgroup/Policy:	* - All values	
Incurred Date Range:	07/01/2022 to 09/30/2022	07/01/2022 to 09/01/2022
Business Segment:	Life	
Source System:	FACETS	

STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Group Effective Date: 07/01/2022

Subgroup/Policy: 00001002 - STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Life - Basic

Incurred Month/Year	Premium/Fees	Paid Claims (1)	Loss Ratio	Covered Lives	Volume of Coverage
07/2022	\$260,421.12	\$61,951.84	23.79%	42,110	\$508,635,000
08/2022	\$211,607.68	\$88,193.42	41.68%	42,283	\$510,952,500
09/2022	\$261,941.76	\$6,003.45	2.29%	42,340	\$511,605,000
Benefit Type Total	\$733,970.56	\$156,148.71	21.27%		

(1) Total claim dollars paid according to the month and year in which the claim was originally incurred. Excludes Reserves and IBNR (Incurred But Not Reported).

Experience Summary by Incurred Month

	<i>Selection Parameters</i>	<i>Values on Report</i>
Group/Customer:	00370074	00370074 - STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM
Subgroup/Policy:	* - All values	
Incurred Date Range:	07/01/2022 to 09/30/2022	07/01/2022 to 09/01/2022
Business Segment:	Life	
Source System:	FACETS	

STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Group Effective Date: 07/01/2022

Subgroup/Policy: 00001002 - STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Year and Product Summary

Subgroup ID: 00001002

Year 2022

Products	Premium/Fees	Paid Claims (1)	Loss Ratio
Life - Basic	\$733,970.56	\$156,148.71	21.27%
Year 2022 Total	\$733,970.56	\$156,148.71	21.27%

Year and Product Summary Total

\$733,970.56 \$156,148.71 21.27%

Product Summary

Subgroup ID: 00001002

Products	Premium/Fees	Paid Claims (1)	Loss Ratio
Life - Basic	\$733,970.56	\$156,148.71	21.27%
Product Summary Total	\$733,970.56	\$156,148.71	21.27%

(1) Total claim dollars paid according to the month and year in which the claim was originally incurred. Excludes Reserves and IBNR (Incurred But Not Reported).

Experience Summary by Incurred Month

	<i>Selection Parameters</i>	<i>Values on Report</i>
Group/Customer:	00370074	00370074 - STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM
Subgroup/Policy:	* - All values	
Incurred Date Range:	07/01/2022 to 09/30/2022	07/01/2022 to 09/01/2022
Business Segment:	Life	
Source System:	FACETS	

STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Group Effective Date: 07/01/2022

All Subgroups by Year and Product

Year 2022			
Products	Premium/Fees	Paid Claims (1)	Loss Ratio
Life - Basic	\$733,970.56	\$156,148.71	21.27%
Year 2022 Total	\$733,970.56	\$156,148.71	21.27%

All Subgroups by Year and Product Total	\$733,970.56	\$156,148.71	21.27%
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All Subgroups by Product

Products	Premium/Fees	Paid Claims (1)	Loss Ratio
Life - Basic	\$733,970.56	\$156,148.71	21.27%
All Subgroups by Product Total	\$733,970.56	\$156,148.71	21.27%

(1) Total claim dollars paid according to the month and year in which the claim was originally incurred. Excludes Reserves and IBNR (Incurred But Not Reported).

4.3.5

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

4.3.1 UMR – Obesity Care Management

4.3.2 UMR – Diabetes Care Management

4.3.3 UnitedHealthcare – Utilization and Large Case Management paid through October 31, 2022

4.3.4 UnitedHealthcare – Basic Life Insurance

4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report



Public Employees Benefit Program

Quarterly Update –1st Quarter Plan Year 2023

WTW's Individual Marketplace

November 8, 2022

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2023

Executive Summary

Plan Enrollment:

- At the end of FY Q1 2023, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace increased to 11,523. Since inception, 115 carriers have been selected by PEBP's retirees with current enrollment in 1,767 different plans.
- Medicare Supplement (MS) plan selection decreased to 87% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 6,323 and 2,193 enrollees respectively. The average monthly premium cost for MS plans remained consistent at \$146.
- The percentage of Medicare Advantage (MA or MAPD) plans selected increased to 13%. Top MA carriers include Aetna with 445 individual plan selections and AARP with 208 individual plan selections. The average monthly premium cost to PEBP participants remained consistent at \$11.

Customer Satisfaction:

- In Q1 2023, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.9 out of 5.0 based on 8 surveys returned.
- For Q1 2023, the average satisfaction score for Service Calls was 4.3 out of 5.0 based on 190 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.3 out of 5.0 for Q4 2022.

Health Reimbursement Arrangement:

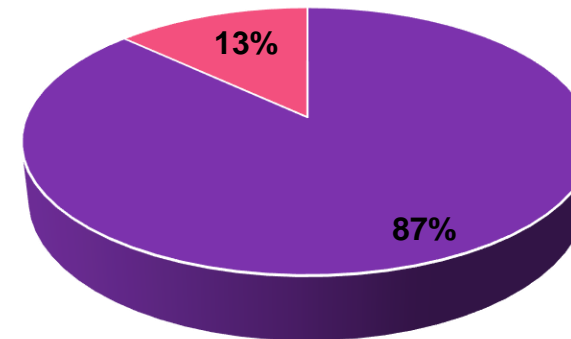
- At the end of Q1 2023 there were 13,679 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 93,339 claims processed in Q1, with 96% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 90,004 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q1 was \$\$8,378,912

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 09/30/2022		Previous Qtr.
Total enrolled through individual marketplace	11,523	11,421
Number of carriers**	115	114
Number of plans**	1,767	1,749

Plan Type Selection Through 09/30/2022		Previous Qtr.
Medicare Advantage (MA, MAPD)	1,506	1,419
Medicare Supplement (MS)	10,023	10,007

Medical Enrollment



"The percentage of Medicare Advantage plans selected by PEBP's retiree population is now slightly below the average for WTW's Book of Business."

■ MS ■ MA

Plan Type	Number Enrolled	Average Premium
Medicare Supplement	10,023	\$146
Medicare Advantage (MA,MAPD)	1,506	\$0 / \$11
Part D drug coverage	6,695	\$23
Dental coverage	1,075	\$38
Vision coverage	2,037	\$11

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

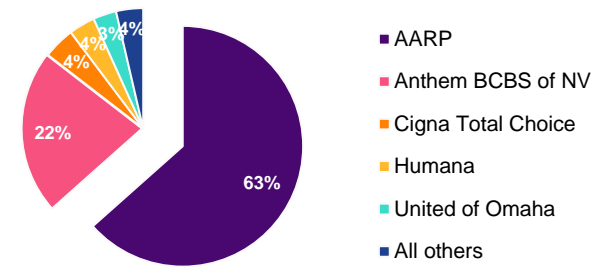
The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2023

Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	6,323
Anthem BCBS of NV	2,196
Cigna Total Choice	425
Humana	351
United of Omaha	311

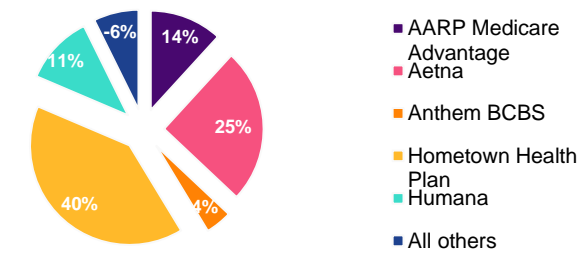
Medicare Supplement Carrier Choice



Cost Data For MS Plans	Cost
Minimum	\$22
Average	\$146
Median	\$140
Maximum	\$481

Top Medicare Advantage Plans	Total
AARP Medicare Advantage	208
Aetna	445
Anthem BCBS	76
Hometown Health Plan	707
Humana	199

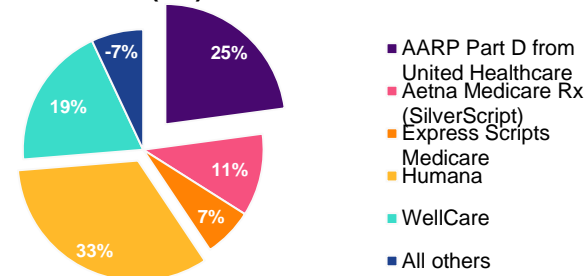
Medicare Advantage Carrier Choice



Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$14
Median	\$0
Maximum	\$194

Top Medicare Part D (RX)	Total
AARP Part D from United Healthcare	1,753
Aetna Medicare Rx (SilverScript)	851
Express Scripts Medicare	510
Humana	2,535
WellCare	1,479

Part D (RX) Carrier Choice



Cost Data For Part D (RX)	Cost
Minimum	\$6
Average	\$24
Median	\$18
Maximum	\$130

The Public Employees Benefit Program Executive Dashboard

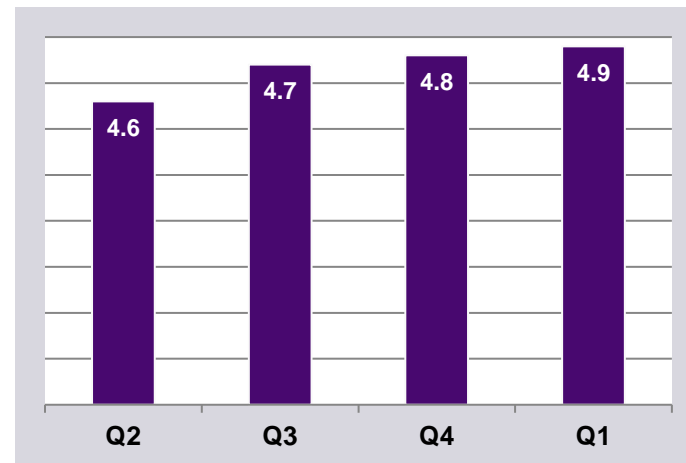
Quarterly Update – 1st Quarter Plan Year 2023

Customer Service – Voice of the Customer (VoC)

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

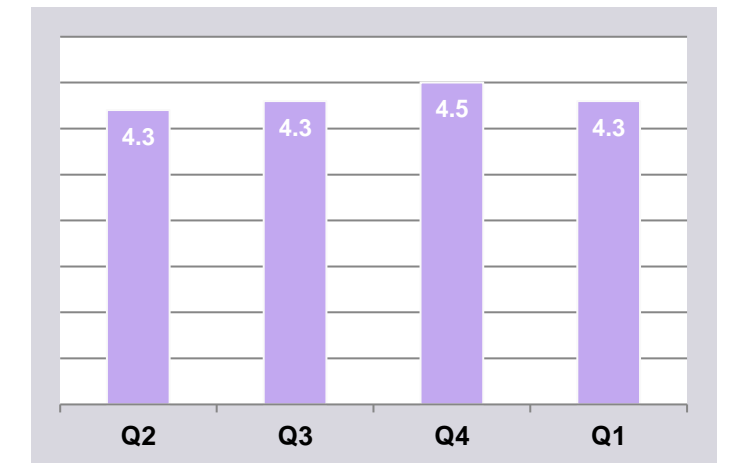
Q1 Enrollment Satisfaction

CSAT score	Count	%
5	7	88%
4	1	13%
3	0	-
2	0	-
1	0	-
	8	100%



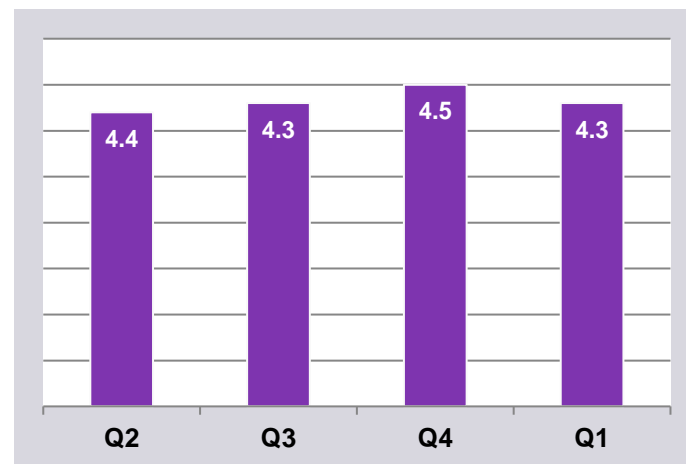
Q1 Service Satisfaction

CSAT score	Count	%
5	125	66%
4	32	17%
3	11	6%
2	7	4%
1	15	8%
	190	100%



Q1 Enrollment & Service Combined

CSAT score	Count	%
5	132	67%
4	33	17%
3	11	6%
2	7	4%
1	15	8%
	198	100%

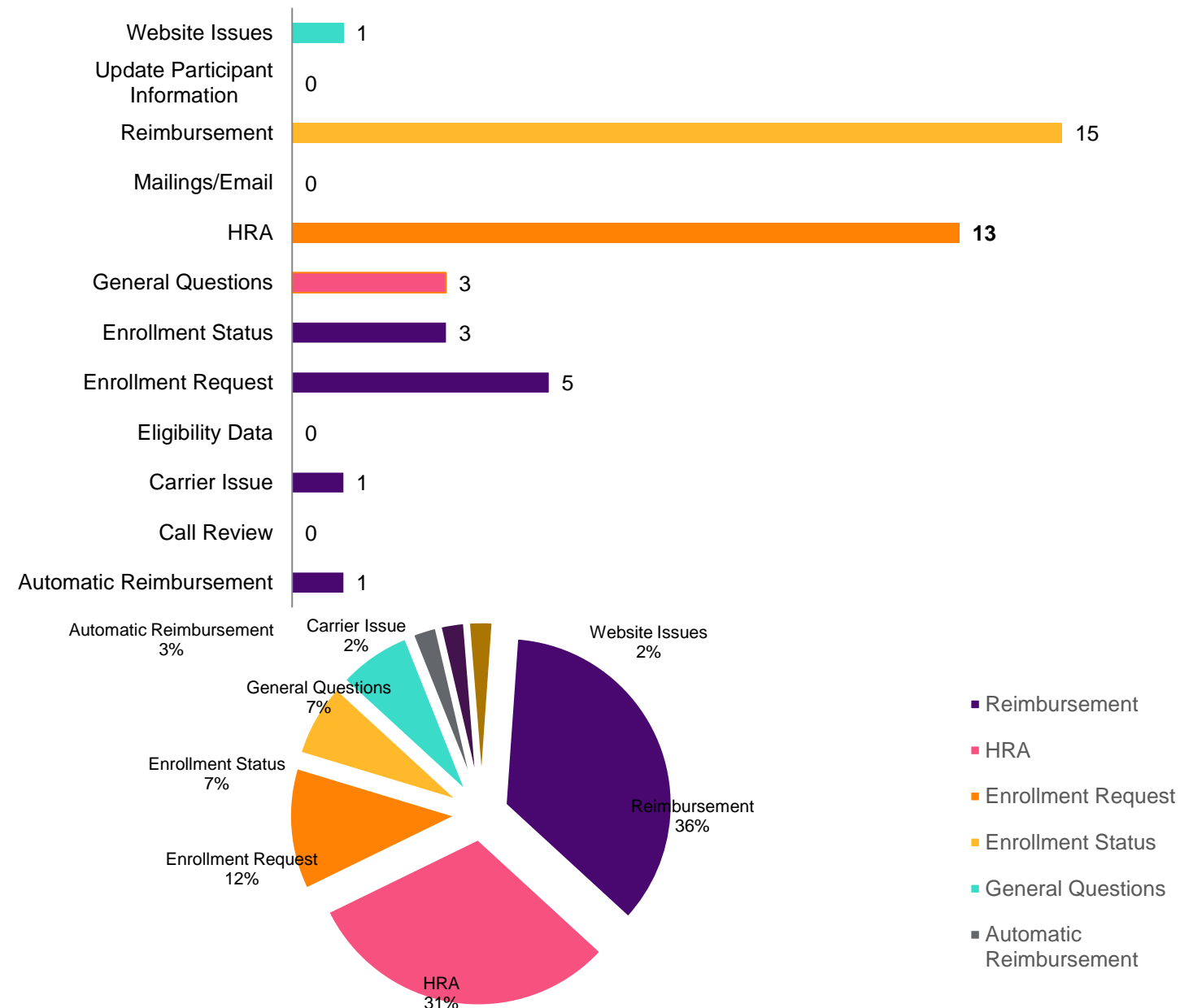


The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2023

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and WTW that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned WTW staff until resolution is reached. The total number of inquiries reviewed during Q1-PY23 is 42 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	13,679
Number of payments	53,271
Accounts with no balance	7,785
Claims paid amount	\$8,378,912

Claims By Source	Total
A/R file	90,004
Mail	1,150
Web	1,470
Mobile App	715

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2023

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.11 Days	Yes
Claim Financial Accuracy	≥ 98%	99.50%	Yes
Claim Processing Payment Precision	≥ 98%	Results not Reported on Benefits Accounts	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	99.59%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q4 and Q4 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	24 Seconds	Yes
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	Annual	N/A
Customer Satisfaction	≥ 80%	88.89%	Yes
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

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

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2023

Operations Report

Fall Retiree Meetings:

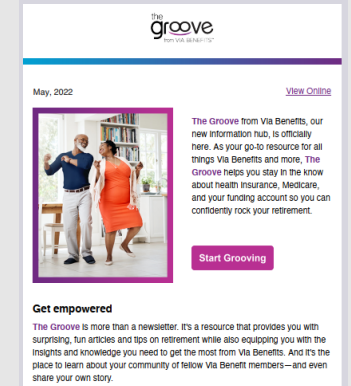
WTW and Nevada PEBP held two days of virtual meetings with two meetings per day. The virtual meetings were held on October 19 and 20. Recordings of one of each type of meeting have been posted to our Nevada PEBP specific Website at <https://my.viabenefits.com/PEBP>

Meeting Date/Time	Meeting Type	Registered	Attended
October 19 - 9:30 am PT	Pre-Medicare/Ageing into Medicare	171	138
October 19 – 12:00 pm PT	HRA/Medicare Open Enrollment	95	68
October 20 – 11:30 am PT	Pre-Medicare/Ageing into Medicare	117	92
October 20 - 2:00 pm PT	HRA/Medicare Open Enrollment	92	66

Communications:

Below is information on communications that were mailed or will be coming up.

- Fall “The Groove” Newsletter
 - Our newsletter, which has been re-branded as “The Groove”, is a communication that was sent via mail and email in mid/late September. The intent of this communication was to educate participants on Medicare and the upcoming Medicare Open Enrollment Period that is from October 15 – December 7.
- HRA Qualification Reminder Notification
 - This is a new communication for the fall designed to remind retirees that have a funding qualification requirement to contact Via Benefits during OEP if they want to change plans, so they do not negatively impact their HRA qualification. This communication was mailed in mid/late September.
- Fall Balance Reminder
 - This communication is mailed to participants who have not had any payment activity in their HRA in the prior 90 days. It is designed to remind them of their HRA balance so they can take action and submit new claims for reimbursement from their account. The Balance Reminder was mailed in mid/late September.



The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2023

Operations Report

2023 Medicare Open Enrollment:

Medicare Open Enrollment for 2023 is from October 15 to December 7, 2022. Participants looking to change their Medicare Advantage plans or Rx plans for 2023 must make their change during this period of time. It's important to note that participant that are looking to change from a Medicare Supplement plan to another Medicare Supplement plan (or from a Medicare Advantage to a Medicare Supplement plan), can make the change outside of the Medicare Open Enrollment period but they may be subject to underwriting.

Participants are encouraged to utilize our online tools such as our Coverage Check-up tool to see if there are any new plans that might better fit their medical needs if they are looking to make a change for the new year. to shop and compare plans. For those participants who are looking to speak with a Benefit Advisor they are encouraged to call our service center during the later days of the week and in the afternoon to avoid peak call volumes periods and longer than normal wait times.

Below are some call statistics specific to Nevada PEBP for the period of October 15 to November 3. Full statistics will be provided in a later quarterly report once the season is completed.

Statistic	Results
# of Inbound Calls	1,686
# of Outbound Calls	177
Abandoned Calls	68
Average Speed to Answer	1m 17second

4.3.6

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

4.3.1 UMR – Obesity Care Management

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4.3.3 UnitedHealthcare – Utilization and Large Case Management paid through October 31, 2022

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4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report

4.3.6 Sierra Healthcare Options – PPO Network

State of Nevada - PY2023 Quarterly Audit

Network Repricing Quality - UMR		
Network Repricing Quality	Repricing Accuracy	
PEBP PG Target	97%	
Q1 Results	99.9%	
Q2 Results		
Q3 Results		
Q4 Results		
Year To Date	99.9%	

Network Repricing Turnaround Time - UMR		
Network Repricing TAT	Returned in 3 Days	Returned in 5 days
PEBP PG Target	97%	99%
Q1 Results	96%	99%
Q2 Results		
Q3 Results		
Q4 Results		
Year To Date	96%	99%

Network Provider Directory Disputes - UMR		
Network Disputes	Total Directory Disputes	TAT
PEBP PG Target		Within 10 Business Days
Q1 Results	0	N/A
Q2 Results		
Q3 Results		
Q4 Results		
Year To Date	0	N/A

4.3.7

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

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- 4.3.4 UnitedHealthcare – Basic Life Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report
- 4.3.6 Sierra Healthcare Options – PPO Network
- 4.3.7 **HealthPlan of Nevada, Inc. – Southern Nevada HMO**

Power Of Partnership.



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

Claims Incurred Data:

July 1, 2021 – Sept, 2021 – Prior Period
July 1, 2022 – Sept, 2022 – Current Period
*Peer – Non Gaming
**Paid through November 2022

****Data contains 60 day claims run out***

State of
Nevada



Executive Summary
Spend and Utilization

Population

- -5.3% decrease for employees
- -1.1% decrease for members

Medical Rx Paid PMPM

- -16.2% decrease in overall medical paid
- 0.1% increase in non Catastrophic spend
- -47.8% decrease in Catastrophic spend

High Cost Claimants

- 15 High Cost Claimants accounted for 21.3% of medical spend
- 21.1% decrease in HCC from prior period
- Avg. Paid per claimant decreased -34.6%

Emergency Room

- ER Visits Per 1,000 members increased 12.0%
- Avg. paid per ER Visit increased 14.6%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -28.9%
- Avg. paid per Urgent care visit increased 8.0%

Rx Drivers

- Rx Net Paid PMPM increased 13.4%
- Specialty Spend increased 0.5%
- Specialty Rx driving 52.9% of total Rx Spend

Overall Medical/Rx

- Total Medical/Rx decreased -8.7% on PMPM basis

Executive Summary Utilization & Spend



Claims Paid by Age Group														
Age Band	1Q21						1Q22						Change	
	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Med/Rx Net Paid	Med/Rx Net PMPM
<1	\$1,279,442	\$7,268	\$628	\$4	\$1,280,070	\$7,272	\$50,232	\$278	\$342	\$2	\$50,574	\$280	-96.0%	-47.0%
01	\$36,627	\$163	\$1,879	\$8	\$38,506	\$172	\$50,792	\$299	\$937	\$6	\$51,729	\$304	83.1%	-34.1%
02-04	\$155,409	\$258	\$3,748	\$6	\$159,157	\$265	\$171,746	\$283	\$2,151	\$4	\$173,897	\$286	9.4%	-43.2%
05-09	\$152,387	\$125	\$13,879	\$11	\$166,266	\$137	\$177,827	\$157	\$15,112	\$13	\$192,939	\$171	25.4%	17.0%
10-14	\$355,198	\$243	\$71,335	\$49	\$426,533	\$291	\$279,060	\$196	\$89,107	\$63	\$368,166	\$258	-19.2%	28.4%
15-19	\$348,192	\$228	\$97,134	\$63	\$445,327	\$291	\$389,334	\$242	\$60,543	\$38	\$449,877	\$280	6.4%	-40.7%
20-24	\$287,503	\$188	\$119,410	\$78	\$406,912	\$266	\$221,980	\$155	\$53,381	\$37	\$275,361	\$192	-17.9%	-52.5%
25-29	\$277,590	\$300	\$84,343	\$91	\$361,933	\$391	\$322,181	\$331	\$85,362	\$88	\$407,544	\$418	10.3%	-3.9%
30-34	\$274,745	\$243	\$226,664	\$201	\$501,409	\$444	\$313,939	\$277	\$136,730	\$121	\$450,668	\$397	13.8%	-39.9%
35-39	\$695,225	\$505	\$127,237	\$92	\$822,461	\$598	\$519,966	\$394	\$266,835	\$202	\$786,801	\$596	-22.0%	118.8%
40-44	\$661,003	\$452	\$161,840	\$111	\$822,843	\$562	\$624,926	\$438	\$193,001	\$135	\$817,927	\$573	-3.1%	22.3%
45-49	\$325,297	\$197	\$199,402	\$121	\$524,700	\$318	\$569,182	\$332	\$269,505	\$157	\$838,687	\$490	68.6%	30.3%
50-54	\$1,072,182	\$563	\$583,920	\$307	\$1,656,101	\$869	\$887,647	\$463	\$620,660	\$324	\$1,508,308	\$787	-17.7%	5.7%
55-59	\$1,032,862	\$541	\$498,055	\$261	\$1,530,916	\$802	\$956,290	\$509	\$572,499	\$305	\$1,528,789	\$813	-6.0%	16.7%
60-64	\$1,124,426	\$599	\$418,966	\$223	\$1,543,392	\$822	\$943,575	\$520	\$538,668	\$297	\$1,482,243	\$816	-13.2%	33.0%
65+	\$545,137	\$430	\$336,414	\$266	\$881,551	\$696	\$669,739	\$519	\$400,543	\$310	\$1,070,282	\$830	20.7%	16.9%
Total	\$8,623,226	\$426	\$2,944,852	\$145	\$11,568,078	\$571	\$7,148,416	\$357	\$3,305,377	\$165	\$10,453,793	\$522	-9.6%	-8.7%

Financial Summary



Financial and Demographic												
	Total				State Active				Retiree (State/Non-State)			
Summary	1Q20	1Q21	1Q22	▲	1Q20	1Q21	1Q22	▲	1Q20	1Q21	1Q22	▲
Avg. # Employees	3,935	3,832	3,788	-1.2%	3,435	3,357	3,334	-0.7%	500	475	454	-4.6%
Avg. # Members	6,832	6,747	6,676	-1.1%	6,191	6,126	6,065	-1.0%	641	622	611	-1.7%
Ratio	1.7	1.8	1.8	0.1%	1.8	1.8	1.8	-0.3%	1.3	1.3	1.3	3.0%
Financial												
Medical Paid	\$6,619,832	\$8,623,226	\$7,148,416	-17.1%	\$5,844,766	\$7,227,431	\$6,386,894	-11.6%	\$775,066	\$1,395,795	\$761,522	-45.4%
Member Paid	\$460,174	\$549,215	\$514,247	-6.4%	\$265,181	\$409,482	\$413,901	1.1%	\$268,591	\$224,349	\$167,963	-25.1%
Net Paid PEPY	\$6,729	\$9,000	\$7,548	-16.1%	\$6,806	\$8,612	\$7,662	-11.0%	\$6,196	\$11,746	\$6,714	-42.8%
Net Paid PMPY	\$3,876	\$5,112	\$4,283	-16.2%	\$3,776	\$4,719	\$4,212	-10.7%	\$4,839	\$8,981	\$4,985	-44.5%
Net Paid PEPM	\$561	\$750	\$629	-16.1%	\$567	\$718	\$638	-11.0%	\$516	\$979	\$560	-42.8%
Net Paid PMPM	\$323	\$426	\$357	-16.2%	\$315	\$393	\$351	-10.7%	\$403	\$748	\$415	-44.5%
High Cost Claimants												
# of HCC's > \$50k	14	19	15	-21.1%	12	13	12	-7.7%	2	6	3	-50.0%
Avg. paid per claimant	\$86,667	\$155,285	\$101,520	-34.6%	\$88,373	\$172,604	\$103,697	-39.9%	\$76,435	\$117,762	\$92,810	-21.2%
HCC % of Spend	18.3%	34.2%	21.3%	-37.7%	18.1%	31.0%	19.5%	-37.2%	19.5%	50.5%	36.6%	-27.6%
Spend by Location (PMPY)												
Inpatient	\$1,158	\$1,920	\$1,122	-41.6%	\$1,109	\$1,863.22	\$1,147.73	-38.4%	\$1,632	\$3,873	\$1,711	-55.8%
Outpatient	\$986	\$1,214	\$1,165	-4.1%	\$776	\$1,039.58	\$1,096.03	5.4%	\$1,014	\$1,569	\$895	-43.0%
Professional	\$1,732	\$1,977	\$1,995	0.9%	\$1,892	\$1,151.13	\$1,365.15	18.6%	\$2,194	\$3,539	\$2,380	-32.7%
Total	\$3,876	\$5,112	\$4,283	-16.2%	\$3,776	\$4,719	\$4,212	-10.7%	\$4,839	\$8,981	\$4,985	-44.5%

Paid Claims by Claim Type



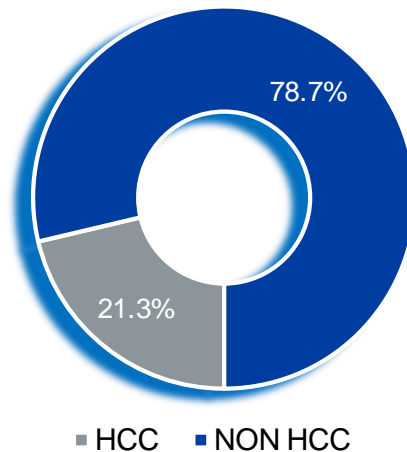
Net Paid Claims - Total									
Total Participants									
	1Q21				1Q22				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$2,818,084	\$227,785	\$193,818	\$3,239,687	\$1,481,759	\$31,068	\$310,517	\$1,823,344	-43.7%
OutPatient	\$4,910,251	\$121,746	\$351,542	\$5,383,539	\$4,753,322	\$207,857	\$363,894	\$5,325,073	-1.1%
Total -Medical	\$7,728,335	\$349,531	\$545,360	\$8,623,226	\$6,235,081	\$238,925	\$674,411	\$7,148,416	-17.1%
Net Paid Claims - Total									
Total Participants									
	3Q21				3Q22				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$416	\$865	\$1,349	\$426	\$340	\$632	\$523	\$357	-16.2%

Cost Distribution – Medical Claims > \$5K



1Q21						1Q22						
# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid	Paid Claims	# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid
7	0.1%	\$1,864,388	21.6%	\$670,171	35.9%	> \$100k	4	0.1%	\$567,232	7.9%	\$420,891	74.2%
6	0.1%	\$487,891	5.7%	\$487,891	100.0%	\$50k- \$100k	4	0.1%	\$464,033	6.5%	\$394,985	85.1%
25	0.4%	\$1,024,869	11.9%	\$839,636	81.9%	\$25k - \$50k	28	0.4%	\$946,185	13.2%	\$700,117	74.0%
74	1.1%	\$1,335,733	15.5%	\$966,563	72.4%	\$10k - \$25k	67	1.0%	\$1,195,043	16.7%	\$791,781	66.3%
113	1.7%	\$877,773	10.2%	\$561,351	64.0%	\$5k - \$10k	125	1.9%	\$994,205	13.9%	\$660,869	66.5%

% Paid Attributed to Catastrophic Cases



HCC > \$50k - AHRQ Chapter Conditions - 1Q22

Top 10 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Endocrine; nutritional; and metabolic diseases	2	\$117,882	1.6%
Complications of pregnancy; childbirth	1	\$108,780	1.5%
Diseases of the nervous system and sense organs	1	\$73,942	1.0%
Diseases of the blood and blood-forming organs	1	\$62,650	0.9%
Mental Illness	1	\$58,257	0.8%
Diseases of the circulatory system	1	\$51,862	0.7%

Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	1Q21	1Q22	▲	1Q21	1Q22	▲	1Q21	1Q22	▲
Inpatient									
# of Admits	109	77	-29.4%	83	70	-16.2%	25	7	-73.3%
# of Bedays	889	398	-55.3%	624	378	-39.4%	265	20	-92.6%
Avg. Paid per Admit	\$29,841	\$22,594	-24.3%	\$31,485	\$21,224	-32.6%	\$24,378	\$36,863	51.2%
Avg. Paid per Day	\$3,645	\$4,357	19.5%	\$4,211	\$3,927	-6.7%	\$2,313	\$12,682	448.4%
Admits Per K	64.4	46.0	-28.6%	54.5	46.2	-15.3%	161.7	44.0	-72.8%
Days Per K	527.0	238.4	-54.8%	407.5	249.5	-38.8%	1,704.3	127.9	-92.5%
ALOS	8.2	5.2	-36.7%	7.5	5.4	-27.7%	5.5	5.9	7.3%
Admits from ER	65	31	-52.3%	47	29	-38.3%	365	336	-7.9%
Physician Office Visits									
Per Member Per Year	2.7	2.2	-17.2%	2.7	2.2	-17.0%	3.1	2.5	-19.1%
Paid Per Visit	\$139	\$160	15.0%	\$144	\$164	13.8%	\$97	\$124	28.3%
Net Paid PMPM	\$32	\$30	-4.8%	\$32	\$30	-5.5%	\$25	\$26	3.8%
Emergency Room									
# of Visits	184	166	-9.8%	170	155	-8.8%	14	11	-21.4%
Visits Per K	109.1	99.5	-8.8%	111.0	102.2	-7.9%	90.1	72.0	-20.1%
Avg Paid Per Visit	\$2,974	\$2,596	-12.7%	\$3,040	\$2,621	-13.8%	\$2,165	\$2,247	3.8%
Urgent Care									
# of Visits	1,291	907	-29.7%	1,162	825	-29.0%	129	82	-36.4%
Visits Per K	765.3	543.5	-29.0%	758.8	544.1	-28.3%	830.0	536.8	-35.3%
Avg Paid Per Visit	\$115	\$122	6.0%	\$117	\$125	7.4%	\$103	\$91	-11.7%

*Not Representative of all utilization

*Data based on medical spend only

Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Complications of surgical procedures or medical care	\$273,518	5.0%	\$272,099	\$1,419		\$236,361	\$37,157	\$0
Thyroid disorders	\$258,315	4.7%	\$251,855	\$144	\$6,316	\$261	\$258,054	\$0
Other nutritional; endocrine; and metabolic disorders	\$221,436	4.0%	\$179,672	\$40,591	\$1,173	\$30,597	\$190,839	\$0
Aortic; peripheral; and visceral artery aneurysms	\$173,456	3.1%	\$10,577	\$162,879		\$14,194	\$159,262	\$0
Disorders usually diagnosed in infancy childhood	\$142,969	2.6%			\$142,969	\$113,695	\$29,273	\$0
Diverticulosis and diverticulitis	\$133,403	2.4%	\$133,403	\$0		\$132,666	\$736	\$0
Complication of device; implant or graft	\$131,949	2.4%	\$1,978	\$95,733	\$34,238	\$45,495	\$86,454	\$0
Maintenance chemotherapy; radiotherapy	\$131,353	2.4%	\$115,858	\$15,495		\$48,196	\$83,157	\$0
Polyhydramnios and other problems of amniotic cavity	\$108,249	2.0%	\$108,249		\$0		\$108,249	\$0
Mood disorders	\$107,176	1.9%	\$29,428	\$4,195	\$73,552	\$66,086	\$41,090	\$0
Spondylosis; intervertebral disc disorders	\$105,370	1.9%	\$75,587	\$21,980	\$7,803	\$48,172	\$57,198	\$0
Diabetes mellitus with complications	\$100,101	1.8%	\$63,685	\$27,183	\$9,234	\$72,488	\$27,613	\$0
Other nervous system disorders	\$95,861	1.7%	\$15,512	\$79,098	\$1,251	\$7,443	\$88,418	\$0
Regional enteritis and ulcerative colitis	\$92,330	1.7%	\$14,124		\$78,206	\$78,215	\$14,115	\$0
Septicemia (except in labor)	\$92,222	1.7%	\$91,965	\$257		\$251	\$91,971	\$0
Osteoarthritis	\$87,468	1.6%	\$75,584	\$11,884		\$11,129	\$76,339	\$0
Cancer of prostate	\$85,273	1.5%	\$31,544	\$53,730		\$85,273		\$0
Abdominal pain	\$83,041	1.5%	\$64,270	\$7,721	\$11,050	\$27,227	\$55,815	\$0
Cardiac dysrhythmias	\$80,029	1.4%	\$61,531	\$18,182	\$315	\$44,551	\$35,478	\$0
Cancer of breast	\$78,771	1.4%	\$78,150	\$621			\$78,771	\$0
Other screening for suspected conditions	\$78,449	1.4%	\$69,342	\$7,404	\$1,703	\$17,218	\$61,231	\$0
Intestinal obstruction without hernia	\$77,302	1.4%	\$77,268	\$34		\$29,348	\$47,954	\$0
Medical examination/evaluation	\$74,715	1.4%	\$14,604	\$6,476	\$53,635	\$31,578	\$43,137	\$0
Coagulation and hemorrhagic disorders	\$69,388	1.3%	\$69,383	\$0	\$5	\$58	\$69,330	\$0
Nonspecific chest pain	\$68,113	1.2%	\$27,862	\$31,995	\$8,256	\$28,686	\$39,427	\$0

*Not Representative of all utilization

*Data based on medical spend only

Mental Health Drilldown



Mental Health				
AHRQ Category Description	1Q2021		1Q2022	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood or adolescence	32	\$149,777	22	\$142,969
Mood disorders	298	\$138,501	278	\$107,176
Anxiety disorders	249	\$35,599	237	\$44,006
Schizophrenia and other psychotic disorders	10	\$4,429	4	\$17,180
Adjustment disorders	87	\$12,692	68	\$13,035
Miscellaneous mental health disorders	20	\$2,322	19	\$8,269
Attention-deficit conduct and disruptive behavior disorders	65	\$6,788	78	\$7,470
Suicide and intentional self-inflicted injury	8	\$14,171	4	\$5,974
Alcohol-related disorders	14	\$21,404	6	\$5,169
Developmental disorders	8	\$1,861	9	\$1,848
Substance-related disorders	13	\$984	13	\$1,254
Screening and history of mental health and substance abuse codes	5	\$0	10	\$836
Delirium dementia and amnestic and other cognitive disorders	6	\$254	2	\$251

**Not Representative of all utilization*

**Data based on medical spend only*

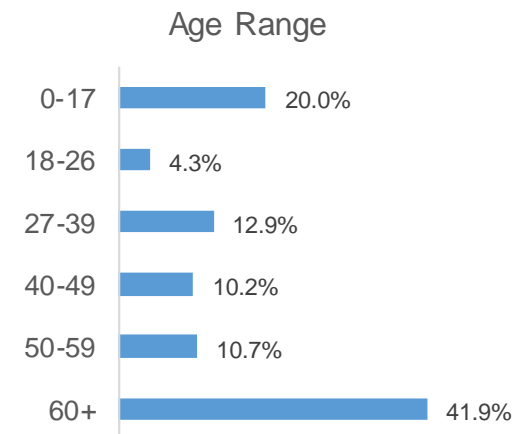
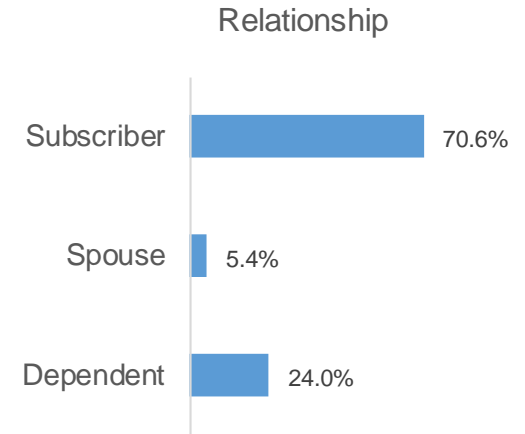
Respiratory Disorders



Respiratory Disorders				
AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Asthma	92	152	\$38,218	16.9%
Other upper respiratory infections	271	340	\$37,208	16.4%
Chronic obstructive pulmonary disease / bronchiectasis	29	65	\$36,885	16.3%
Pneumonia (except that caused by tuberculosis or STD)	13	33	\$34,879	15.4%
Other lower respiratory disease	160	256	\$31,355	13.8%
Other upper respiratory disease	170	383	\$23,776	10.5%
Respiratory failure; insufficiency; arrest (adult)	8	23	\$10,245	4.5%
Acute and chronic tonsillitis	20	32	\$6,578	2.9%
Acute bronchitis	31	42	\$6,564	2.9%
Pleurisy; pneumothorax; pulmonary collapse	11	17	\$634	0.3%

**Not Representative of all utilization*

**Data based on medical spend only*

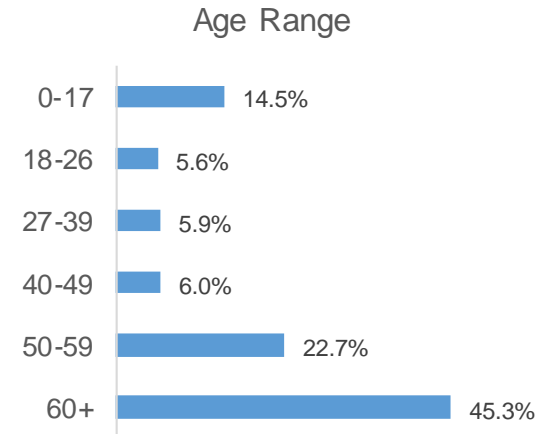
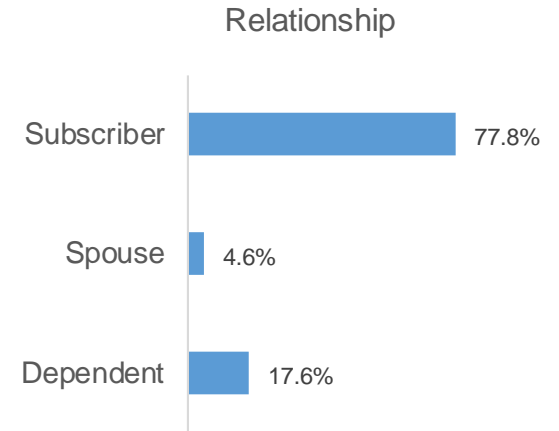


Infections

Infectious and Parasitic Diseases				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Septicemia (except in labor)	6	16	\$92,222	52.7%
Immunizations/screening for infectious disease	425	593	\$49,207	28.1%
Viral infection	164	224	\$28,593	16.3%
HIV infection	12	18	\$2,714	1.6%
Hepatitis	9	22	\$1,486	0.8%
Mycoses	40	52	\$587	0.3%
Other infections; including parasitic	4	7	\$128	0.1%
Tuberculosis	3	5	\$0	0.0%
Bacterial infection; unspecified site	1	1	\$0	0.0%
Sexually transmitted infections	4	4	\$0	0.0%

**Not Representative of all utilization*

**Data based on medical spend only*



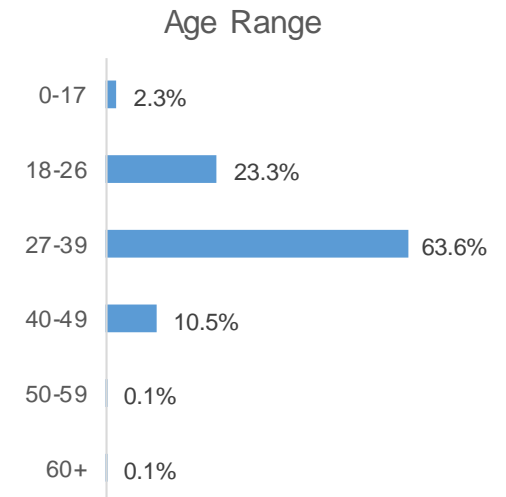
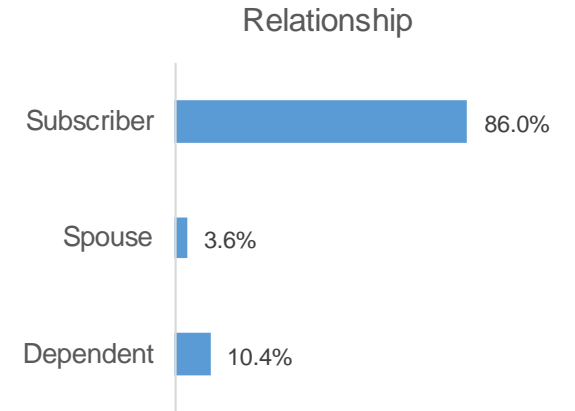
Pregnancy Related Disorders



Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Polyhydramnios and other problems of amniotic cavity	3	9	\$108,249	28.7%
Complications of birth; puerperium affecting management	10	18	\$51,719	13.7%
Other complications of pregnancy	35	115	\$51,204	13.6%
Other pregnancy and delivery including normal	45	114	\$32,176	8.5%
Umbilical cord complication	3	3	\$30,964	8.2%
Malposition; malpresentation	4	5	\$26,918	7.1%
Contraceptive and procreative management	82	141	\$22,251	5.9%
Diabetes/Abnormal glucose tolerance complicating pregnancy	7	16	\$15,205	4.0%
Previous C-section	2	6	\$14,169	3.8%
Hemorrhage during pregnancy; abruptio placenta	8	25	\$7,082	1.9%

**Not Representative of all utilization*

**Data based on medical spend only*



Emergency Room and Urgent Care



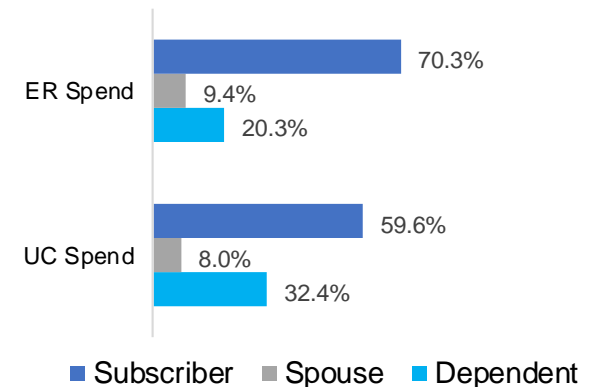
Metric	1Q21		1Q22		Peer	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	166	1,291	184	907		
Visits Per Member	0.02	0.48	0.03	0.54	0.08	0.14
Visits Per K	98.4	765.3	110.2	543.5	89.6	385.3
Avg. Paid Per Visit	\$2,596	\$112	\$2,973.58	\$121	\$2,607	\$118

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 1Q22				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	108	64.7	591	354.1
Spouse	18	10.8	66	39.5
Dependent	58	34.8	250	149.8
Total	184	110.2	907	543.5

ER / UC Spend by Relationship



Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	417	6.2%	62.5	\$11.98
Intervertebral Disc Disorders	314	4.7%	47.0	\$5.26
Diabetes with complications	214	3.2%	32.1	\$5.00
Prostate Cancer	281	4.2%	42.1	\$4.26
Breast Cancer	41	0.6%	6.1	\$3.93
Acute Myocardial Infarction	50	0.7%	7.5	\$3.18
Asthma	41	0.6%	6.1	\$1.91
COPD	4	0.1%	0.6	\$1.84
Diabetes without complications	14	0.2%	2.1	\$1.30
Coronary Atherosclerosis	92	1.4%	13.8	\$1.22
Chronic Renal Failure	4	0.1%	0.6	\$0.95
Hypertension	189	2.8%	28.3	\$0.84
Congestive Heart Failure (CHF)	18	0.3%	2.7	\$0.11
Colon Cancer	29	0.4%	4.3	\$0.07
Cervical Cancer	7	0.1%	1.0	\$0.00

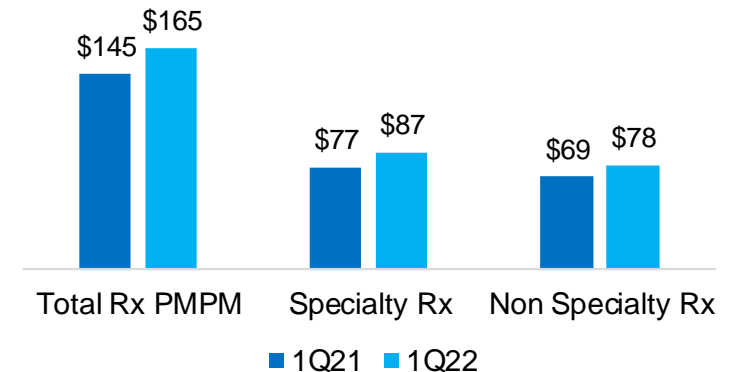
**Not Representative of all utilization*

**Data based on medical spend only*

Pharmacy Drivers

	1Q21	1Q22	Δ
Enrolled Members	6,747	6,676	-1.1%
Average Prescriptions PMPY	17.1	16.2	-5.3%
Formulary Rate	89.6%	90.5%	1.0%
Generic Use Rate	83.9%	84.4%	0.6%
Generic Substitution Rate	98.2%	98.2%	0.0%
Avg Net Paid per Prescription	\$102	\$122	19.8%
Net Paid PMPM	\$145	\$165	13.4%

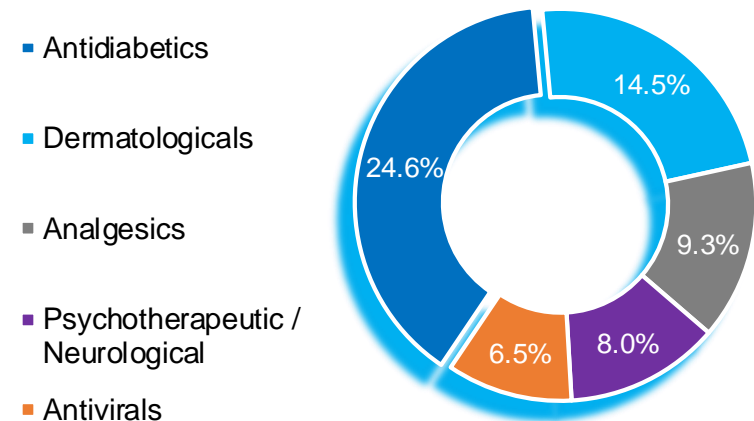
Total Rx Spend by Benefit and Type



Pharmacy Performance

- Rx spend increased of **13.4%** (\$19.56 pmpm) from prior period
- Avg. paid per Script increased **19.8%** (\$20.27 pmpm) year over year
- Specialty Rx Spend driving **52.9%** of Rx Spend
- Specialty Rx spend increased **14.0%** from prior period
Specialty Rx Drivers:
 - Jardiance** (Antidiabetic) Spend up **9.3%**
 - Ozempic** (Antidiabetic) Spend up **4.1%**
- Tier 1 Rx drove **77.2%** of total claim volume, but only accounts for **2.2%** of overall Rx Spend

Top 5 Therapeutic Classes by Spend



4.3.8

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2022:

- 4.3.1 UMR – Obesity Care Management
- 4.3.2 UMR – Diabetes Care Management
- 4.3.3 UnitedHealthcare – Utilization and Large Case Management paid through October 31, 2022
- 4.3.4 UnitedHealthcare – Basic Life Insurance
- 4.3.5 Willis Towers Watson’s Individual Marketplace Enrollment & Performance Report
- 4.3.6 Sierra Healthcare Options – PPO Network
- 4.3.7 HealthPlan of Nevada, Inc. – Southern Nevada HMO
- 4.3.8 Doctor on Demand Engagement Report through September 2022**

UMR

2022-09 Engagement Report

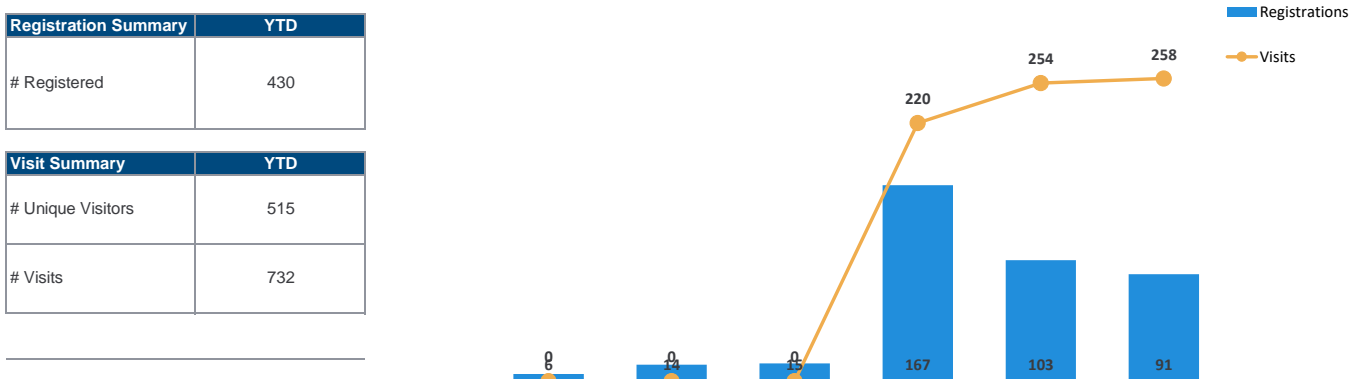
Note: Only Doctor On Demand visits with an associated claim submission to the Payer are included in the Engagement Report -- any free, discounted, uncovered, or other non-claim visits are not included. This is true of all metrics, trends, and aggregations.

Year To Date Activity

Registration Summary	YTD
# Registered	430

Visit Summary	YTD
# Unique Visitors	515
# Visits	732

Monthly Activity



Registration Summary	Prior	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	LTD
# Registered	495	6	14	15	167	103	91	891

Note: Registration month is captured per the date of Doctor On Demand registration, not the date when the member entered health insurance to his/her profile.

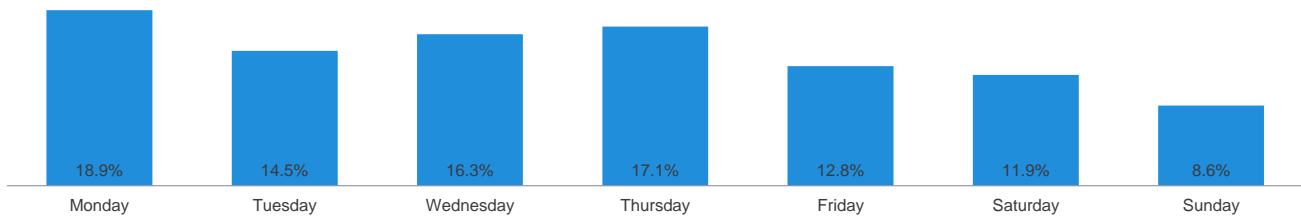
Visit Summary	Prior	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	LTD
# Unique Visitors	0	0	0	0	178	216	206	515
# Visits	0	0	0	0	220	254	258	732
Visit Frequency	% 1 Visit	-	-	-	82.0%	85.6%	81.6%	73.8%
	% 2 Visits	-	-	-	14.0%	12.0%	13.1%	17.5%
	% 3 Visits Or More	-	-	-	3.9%	2.3%	5.3%	8.7%

Note: Because a visitor can be unique in multiple months, but only once over history, Prior + Monthly "# Unique Visitors" will not sum to the Total.

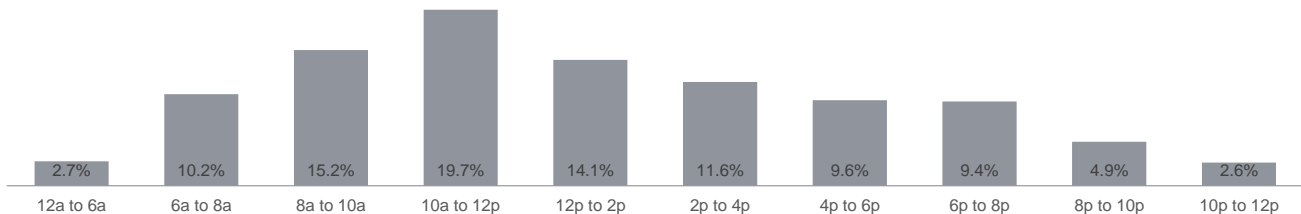
Visit Type Summary	Prior	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	LTD
Medical	0	0	0	0	205	209	201	615
Mental Health	Therapy	0	0	0	8	32	45	85
	Psychiatry	0	0	0	7	13	12	32

Six Month Trends: Visit Time And Demographics

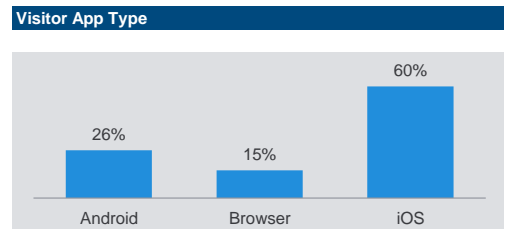
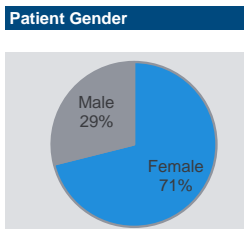
Day Of Week



Hour Of Day



Patient Age	Percentage
0 to 17 (Custodial)	7%
18 to 29	16%
30 to 49	55%
50 and over	23%



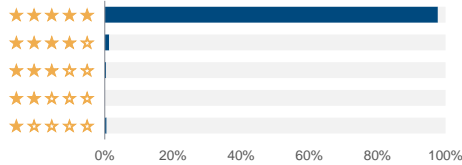
UMR

2022-09 Engagement Report

Historical Visit Experience

531 Visit Ratings (1-5 Stars):

Average: **5.0**
Stars:



Avg Connection Time (On Demand Visits Only): **21.1 Minutes**

Historical Post Visit Survey Results

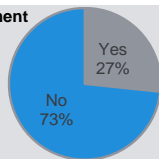
Without Doctor On Demand, where would you have gone to get this issue treated?

Note: Survey presented only when no other post visit action was required

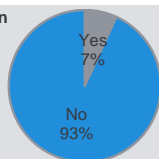
Response	# Responses	% Responses
Emergency Room	10	4%
Urgent Care	95	42%
Doctor's Office	52	23%
Stayed Home	38	17%
Other	30	13%

Six Month Trends: Visit Initiation

Initiated By Appointment (Medical Visits Only)

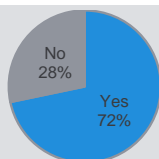


Initiated By Custodian

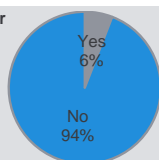


Six Month Trends: Visit Result

Resulted In Rx



Resulted In Lab Order



Historical Top 15 Symptoms

Symptom	# Symptoms	% of All Sym
Head / Neck: Congestion / sinus problem	208	7.4%
Chest: Cough	176	6.3%
General Symptoms: Fatigue / weakness	164	5.8%
Head / Neck: Headache	158	5.6%
Head / Neck: Sore throat	140	5.0%
General Symptoms: Difficulty sleeping	137	4.9%
Head / Neck: Nasal discharge	99	3.5%
General Symptoms: Fever	75	2.7%
Genitourinary: Frequent urination	75	2.7%
Head / Neck: Difficulty / pain swallowing	75	2.7%
Head / Neck: Ear pain	74	2.6%
General Symptoms: Loss of appetite	72	2.6%
Chest: Sputum / productive cough / phlegm	71	2.5%
Genitourinary: Discomfort / burning with urination	71	2.5%
Skin: Skin rashes / bumps	63	2.2%

Historical Top 15 ICD10 Codes

ICD10 Code And Description	# ICD10s	% of All ICD10
N39.0 - Urinary tract infection, site not specified	74	7.2%
U07.1 - COVID-19	72	7.1%
F41.1 - Generalized anxiety disorder	43	4.2%
R05.9 - Cough, unspecified	38	3.7%
F41.9 - Anxiety disorder, unspecified	31	3.0%
J06.9 - Acute upper respiratory infection, unspecified	31	3.0%
J02.9 - Acute pharyngitis, unspecified	28	2.7%
Z76.0 - Encounter for issue of repeat prescription	25	2.4%
J01.90 - Acute sinusitis, unspecified	22	2.2%
R21 - Rash and other nonspecific skin eruption	17	1.7%
J20.9 - Acute bronchitis, unspecified	15	1.5%
F43.20 - Adjustment disorder, unspecified	14	1.4%
I10 - Essential (primary) hypertension	13	1.3%
J01.00 - Acute maxillary sinusitis, unspecified	12	1.2%
E03.9 - Hypothyroidism, unspecified	11	1.1%

Historical Top 15 Rx

Rx	# Visits	% of All Rx
benzonate	62	7.2%
nitrofurantoin monohydrate/macrocystals	47	5.5%
predniSONE	34	3.9%
nirmatrelvir/ritonavir	33	3.8%
amoxicillin/potassium clavulanate	30	3.5%
albuterol	28	3.3%
ipratropium nasal	22	2.6%
albuterol sulfate	21	2.4%
prednisone	19	2.2%
sulfamethoxazole-trimethoprim	19	2.2%
ipratropium bromide	18	2.1%
amoxicillin	17	2.0%
azithromycin	15	1.7%
methylPREDNISolone	15	1.7%
cephalexin	14	1.6%

Historical Top 15 Lab Orders

Lab Name	# Lab Orders	% of All Orders
Comprehensive Metabolic Panel	15	8.5%
CBC+diff	13	7.4%
Urinalysis, Complete with Reflex	13	7.4%
TSH with Reflex to Free T4	10	5.7%
Lipid Panel	8	4.5%
Chlamydia/GC, Urine	7	4.0%
Hemoglobin A1c	7	4.0%
Thyroid Stimulating Hormone (TSH)	7	4.0%
Urine Culture, Routine	7	4.0%
Vitamin D	7	4.0%
T4, Free (Thyroxine)	6	3.4%
B12/Folate	4	2.3%
HIV-1/2 Ag/Ab, 4th Generation	4	2.3%
T. Vaginalis, Urine FEMALE	4	2.3%
Urinalysis, Complete	4	2.3%

4.4

4. Consent Agenda (Jack Robb, Board Chair) (**All Items for Possible Action**)

4.4 Acceptance of the annual PEBP Appeals and Complaints Summary for submission to the Nevada Division of Insurance and Department of Health and Human Services.



LAURA RICH
Executive Officer

JOE LOMBARDO
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

JACK ROBB
Board Chair

January 26, 2023

NICK STOSIC
INTERIM INSURANCE COMMISSIONER
NEVADA DIVISION OF INSURANCE
1818 E. COLLEGE PARKWAY, SUITE 103
CARSON CITY, NV 89706

Re: Public Employees' Benefits Program (PEBP) Appeals and Complaints Summary Report for Calendar Year 2022.

Dear Interim Commissioner Stosic:

In accordance with NAC 287.750, PEBP presents to the Nevada Division of Insurance, under the Department of Business and Industry, its annual Appeals and Complaints Summary Report for Calendar Year 2022. As required by code, the name of the employee(s) responsible for appeals and descriptions of notification procedures and explanation of rights are listed below, followed by a narrative summary of the attached appeals and complaints log. A graph showing the number of appeals and complaints resolved in Calendar Years 2017 through 2022 has been included for historical comparison.

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

Tim Lindley, Quality Control Officer, PEBP
Gina Reynolds, Quality Control Analyst, PEBP
Allison Walker, Quality Control Analyst, PEBP

NAC 287.750(1)(b), a "description of the procedure used to notify an insured of the decision regarding his or her complaint":

For the first half of the calendar year through 06/30/2022, PEBP was contracted with HealthSCOPE Benefits (HSB) located in Little Rock, Arkansas. For the 07/01/2022 going forward, PEBP is contracted with UMR located in Salt Lake City, Utah. These contracted vendors provide third-party administration services for PEBP's self-funded plans: the Consumer Driven Health Plan (CDHP), Low Deductible PPO (LD), and the Exclusive Provider Organization (EPO). As PEBP's claims administrator, HSB and UMR receive claims from physicians, dentists, psychiatrists, laboratories, and other providers. HSB and UMR review the claims and processes them in accordance with provisions located in the applicable plan year

PEBP Master Plan Document. Included at the bottom of every explanation of benefits (EOB) notice sent by HSB and UMR to participants is a statement that reads:

HealthSCOPE Benefits

“If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on your ID card or send a written request to the following address:

HealthSCOPE Benefits
Attn: Claim Inquiry,
PO Box 2860
Little Rock, AR 72203.

You may also contact us to request free of charge a copy of any rules, guidelines, protocols, or the scientific or clinical basis used in making the decision on the processing of your claim.

If you are not satisfied with this decision, either you or your authorized representative can start the appeal process by sending a written request to:

My Health Plan
c/o HealthSCOPE Benefits, Inc.,
PO Box 2860
Little Rock, AR 72203

Or as otherwise set out in your benefit plan book within 180 days of receipt of this explanation of benefits (unless a longer term is permitted by your plan). Please note that if you choose to designate an authorized representative, you must make this designation to us in writing.

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

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

urgent, follow the instructions above for filing an internal appeal and call Customer Service to request a simultaneous external review if permitted by your plan.

- You will be notified of the decision in a timely manner, as described in your plan materials.

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party after exhausting the internal appeal process.

You may have a separate time limitation for legal action regarding the recovery of benefits under the plan . Refer to your plan documents for the time limitation.

UMR

“What if I have questions about this claims decision?”

If you have any questions about this explanation of benefits, please call the toll-free number on your ID Card.

What if I don’t agree with this claim decision?

If your claims has been denied in whole or in part, you may file an appeal by sending a written request and pertinent information (eg: office notes, lab results, operative notes/reports, and medical history) within 180 days from the date of this notice, or the period otherwise established by your plan. Be sure to also check your benefits booklet for information about claim determination and your plan’s specific appeal process.

How do I file an appeal?

If you are not satisfied with this decision, either you or your authorized representative can start the appeal process by sending a written request to:

Claims Appeal Unit
P.O. Box 30546
Salt Lake City, UT 84130-0546

or as otherwise set out in your benefit plan book within 180 days of receipt of this explanation of benefits (unless a longer term is permitted by your plan). The request for the appeal should clearly indicate that the participant is appealing an adverse benefit determination.

Your rights and other resources

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party after exhausting the internal appeal process. Contact us at the phone number on your ID card to find out how to start an

external review.

This is the first step available to every participant in the three-level claims appeal process afforded by the PEBP CDHP, LD, or EPO plan. Participants have the right to file a Level 1 Claim Appeal for adverse benefit determinations. The written request for appeal is mailed to the address listed on the EOB. The Third-Party Administrator's (HSB or UMR) decision on the Level 1 Claim Appeal is mailed to the PEBP participant in writing. If the TPA approves the appeal, they reprocess the related claim(s). If the TPA denies the Level 1 Claim Appeal, the denial letter to the participant includes instructions on how to proceed to a Level 2 Claim Appeal, if the participant deems necessary. Level 2 Claim Appeals are adjudicated by PEBP, and decisions on approval or denial are sent to participants in writing. If the Level 2 Claim Appeal is denied, the denial letter to the participant may include instructions on how to proceed to an External Review. External Reviews are managed by the Nevada Office of Consumer Health Assistance (OCHA).

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

Summary Narrative

The PEBP Quality Control Appeals and Complaints Summary Report for calendar year 2022 lists 22 Level 2 Claim Appeals, 5 External Reviews, and 79 Complaints totaling 106 resolved. Complaints are categorized by vendor, plan type, and complaint type. This compares to 10 external reviews, 36 appeals and 63 complaints totaling 109 resolved in 2021.

When compared to 2021, the 2022 Appeals and Complaints have decreased overall. The number of external reviews and appeals decreased; however, there was an increase in complaints. The increase in complaints can be attributed to a series of vendor changes that occurred in 2022. Name, there was a Benefit Management System change to a new vendor in January 2022 which reverted to the historical vendor in April 2022. Additionally, starting in July 2022, there were new vendors implemented for our Third-Party Administrator, Medical/Behavioral Network, Case Management, Health Reimbursement Arrangement and Health Savings Account administrator, that resulted in a disruption due to new vendor processes.

Willis Towers Watson's VIA Benefits experienced a maintained 11 complaints from 2021 to 2022, with most complaints relating to customer service. Express Scripts (ESI) experienced a decreased in complaints with 11 in 2022 compared to 18 in 2021. The majority of ESI complaints centered on price of prescriptions. With a new network and Third-Party Administrator starting mid-year, UMR experienced 11 complaints with most centered to claims processing and network access to In-Network Providers.

The number of complaints for PEBP, Diversified Dental, Health Plan of Nevada, HSA Bank, and Standard Insurance experienced a significant drop in 2022, from 21 overall complaints in 2020

Nick Stosic, Interim Insurance Commissioner
Nevada Division of Insurance
January 26, 2023
Page 5

down to 18 for 2021. Most of these complaints (16) are to PEBP and tied to transitions between management systems and new vendors.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Lindley', with a long horizontal flourish extending to the right.

Tim Lindley
Quality Control Officer
Public Employees' Benefits Program
775-684-7000
tlindley@peb.nv.gov



JOE LOMBARDO
Governor



LAURA RICH
Executive Officer

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

JACK ROBB
Board Chair

January 26, 2023

RICHARD WHITLEY, MS
DIRECTOR OF DHHS
OFFICE OF CONSUMER HEALTH ASSISTANCE
400 W KING ST STE 300
CARSON CITY NV 89703

Re: Public Employees' Benefits Program (PEBP) Appeals and Complaints Summary Report
Calendar Year 2022

Dear Mr. Whitley:

In accordance with NRS 695G.310, PEBP presents to the Office of Consumer Health Assistance, under the Aging and Disability Services Division of the Department of Health & Human Services, its annual Appeals and Complaints Summary Report for Calendar Year 2022. As required by NRS, the name of the employee(s) responsible for appeals and descriptions of notification procedures and explanation of rights are listed below, followed by a narrative summary of the attached appeals and complaints log. A graph showing the number of appeals and complaints received in Calendar Years 2013 through 2022 has been included for historical comparison.

Per NRS 695G.200, the name and title of the employee authorized for resolving complaints:

Tim Lindley, Quality Control Officer, PEBP
Gina Reynolds, Quality Control Analyst, PEBP
Allison Walker, Quality Control Analyst, PEBP

NRS 695G.200, a description of the system for resolving appeals and to notify an insured of the decision regarding their appeal:

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You may also contact us to request free of charge a copy of any rules, guidelines, protocols, or the scientific or clinical basis used in making the decision on the processing of your claim.

If you are not satisfied with this decision, either you or your authorized representative can start the appeal process by sending a written request to:

My Health Plan
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Little Rock, AR 72203

Or as otherwise set out in your benefit plan book within 180 days of receipt of this explanation of benefits (unless a longer term is permitted by your plan). Please note that if you choose to designate an authorized representative, you must make this designation to us in writing.

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

- Send a copy of this explanation of benefits along with any relevant additional information (e.g., benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
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- You will be notified of the decision in a timely manner, as described in your plan materials.

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party after exhausting the internal appeal process.

You may have a separate time limitation for legal action regarding the recovery of benefits under the plan . Refer to your plan documents for the time limitation.

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Richard Whitley
Office of Consumer Health Assistance
January 27, 2023
Page 5

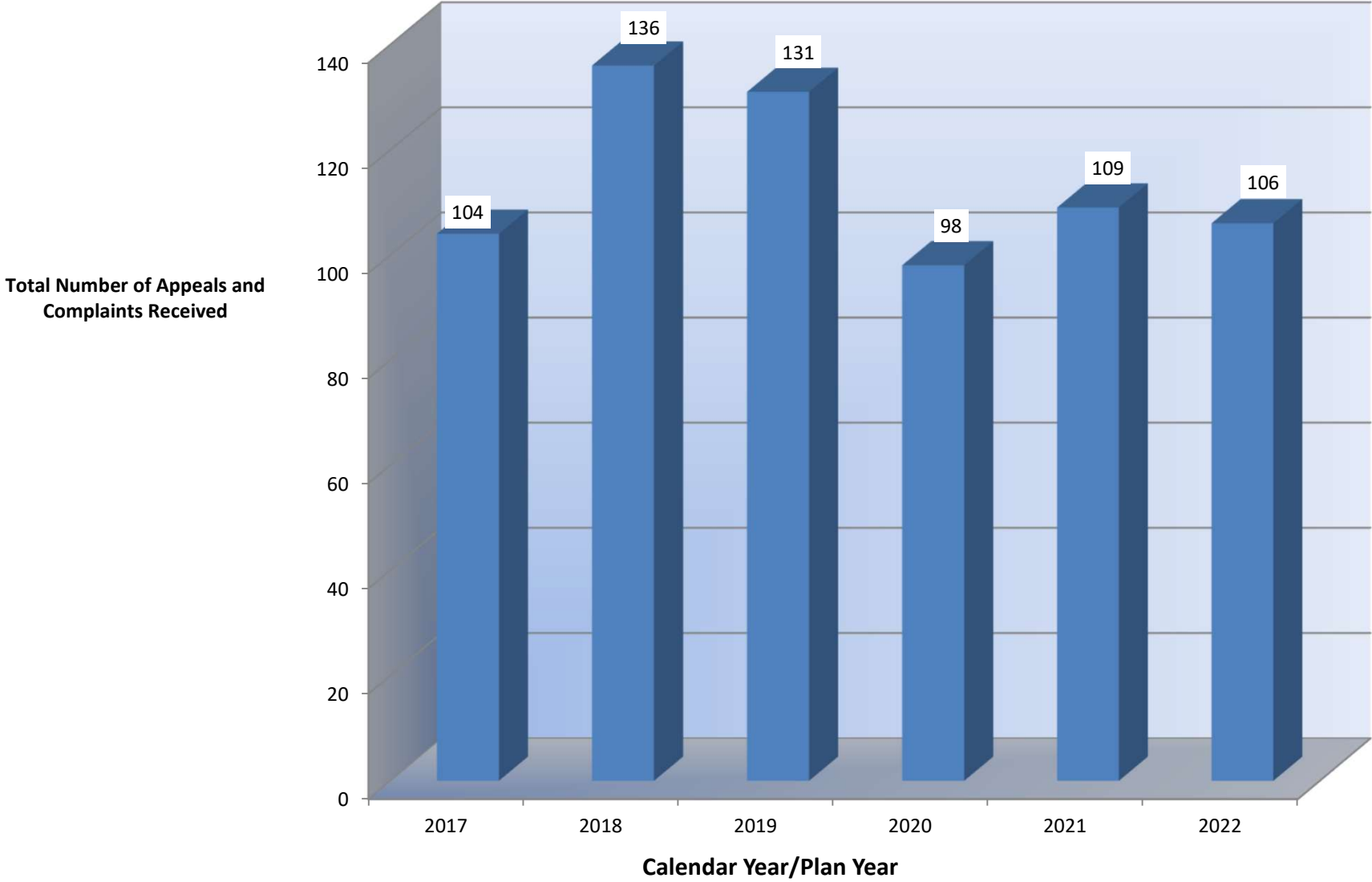
Sincerely,

A handwritten signature in black ink, appearing to read 'T. Lindley', with a long horizontal flourish extending to the right.

Tim Lindley
Quality Control Officer
Public Employees' Benefits Program
775-684-7000
tlindley@peb.nv.gov

Enrollment & Eligibility										1				1	1%
Other					1									1	1%
Low Deductible-PPO															
Enrollment & Eligibility										1				1	1%
VIA Benefits															
Customer Service					1									1	1%
Other													1	1	1%
The Standard															
Retired															
Customer Service										1				1	1%
UMCM-SHO															
Low Deductible-PPO															
Prior Authorization										1				1	1%
UMR															
CDHP-PPO															
Administration													1	1	1%
Carrier Issues										2	1			3	4%
Claim Price Payment Dispute										1				1	1%
Customer Service									1		1			2	3%
Prior Authorization									1					1	1%
Provider															
Carrier Issues														1	1%
Claim Denial														1	1%
Network Provider Access														1	1%
Other										1				1	1%
Low Deductible-PPO															
Claim Denial										1		1		2	3%
UnitedHealthcare/SierraHealth Options															
Exclusive Provider (EPO)															
Network Provider Access														1	1%
VIA Benefits (Willis Towers Watson, One Exchange, Extend Health)															
Retired															
Administration														1	1%
VIA Benefits															
Carrier Issues														1	1%
Customer Service														3	4%
Enrollment & Eligibility				2	2									3	4%
Other														2	3%
Portal Administration				1										1	1%
TOTAL	5	2	8	5	8	7	1	13	10	12	3	5	79		

PEBP Complaints and Appeals History Comparison 2017 - 2021



5.

5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)



LAURA RICH
Executive Officer

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
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www.pebp.state.nv.us

JACK ROBB
Board Chair

AGENDA ITEM

- Action Item
- Information Only

Date: January 26, 2023
Item Number: V
Title: Executive Officer Report

Office Move

PEBP's lease for 3427 Goni Rd. Suite 108/109, Carson City was approved by the Board of Examiners in January; though, many activities must take place before staff can make the official move. Several necessary building improvements (such as the addition/moving of walls and doorways) are underway. Additionally, cubicle installation and IT infrastructure connections/set up are in progress. PEBP's goal is to complete the move by mid-March, however this date is entirely dependent on all other scheduled items being completed on time, so we remain cautiously optimistic.

Mental Health Parity and Addiction Equity Act

At the December 2022 PEBP Board meeting, the Board voted to opt-out of the MHPAEA, however the federal omnibus bill signed by President Biden in December unexpectedly removed the opt-out provision previously offered to self-funded government plans. Although PEBP planned to perform the required testing and adhere to the MHPAEA requirements regardless of the opt-out provisions, this will now be a formal requirement of the program. PEBP and its partners will coordinate efforts to ensure the necessary activities begin as early as possible, likely mid-to-late summer 2023.

Executive Orders

Several Executive Orders issued by Governor Lombardo will have an effect on PEBP and will require action by the Board.

The first Executive Order signed on January 6, rescinds all COVID mandates and requires state leadership to address workforce issues. Additionally, the order requires state agencies to return to normal in-office operations. Although no specific guidance has been issued, the expectation

is that telework will be eliminated or significantly restricted. Since the pandemic, telework flexibility has been offered to the majority of PEBP staff (with the exception of call center staff) and has been relatively successful. Staff has perceived the ability to work from home as a benefit since it saves on transportation costs and improves work/life balance. Several staff have already voiced concerns over the elimination of this benefit so it is yet to be determined what kind of effect this will have on vacancies within the agency. PEBP plans to transition back to full in-person operations once the office relocation is complete.

On January 12th, the Governor signed a second Executive Order freezing any new state regulations and directs all state agencies, boards and commissions to recommend at least ten regulations for removal, due by May 1. PEBP will be developing and presenting a staff recommended list though the public will have a chance to weigh in when it is presented for discussion and approval at the March Board meeting.

Staffing

PEBP continues to hover between a 25-30% vacancy rate. The lack of a fully staffed (and trained) member services unit will be problematic as open enrollment looms. Similar to last open enrollment, it is very likely call volume will increase significantly in the coming months and members attempting to call PEBP will be faced with long wait times. Responding to member emails in a timely manner may also be challenging during open enrollment and contribute to member enrollment issues into July. Staff vacancies will undoubtedly affect PEBP's ability to provide adequate customer service to its members but PEBP is doing everything it can to prepare for and mitigate the impact.

In addition, legislative session, the development of several RFP's and new projects stemming from the compliance audit will likely require the time and attention of most Executive staff and many other PEBP staff. Continued vacancies will impact the agency's ability to accomplish these projects effectively and efficiently.

Future Board Meetings

The Chair has expressed a desire to return to in-person meetings, so moving forward the Board will strive to meet in-person with a hybrid option to allow for easier participation from the public. Legislative session meetings will continue to be held virtually.

6.

6. Presentation on PEBP portion of the Governor's Recommended Budget (Laura Rich, Executive Officer) (Information/Discussion)



LAURA RICH
Executive Officer

JOE LOMBARDO
Governor

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JACK ROBB
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: January 26, 2023
Item Number: VI
Title: Governor's Recommended Budget for the 2024-2025 Biennium

SUMMARY

This report provides updates on the Governor's Recommended Budget for the 2024-2025 biennium.

REPORT

AGENCY REQUEST BUDGETS

At the May 26, 2022 board meeting, the board directed staff to submit two versions of an agency request budget for the 2024-2025 biennium. The first budget follows the guidance received from the Governor's Office and budgets to maintain FY22 benefit design. Additionally, it includes enhancement requests for in-house counsel and upgrading two existing IT positions. The second budget is based on then slightly richer FY20 plan design, which includes the restoration of LTD and Life Insurance. This budget request also includes a request for an in-house counsel and IT position upgrades. PEBP worked closely with our actuary Segal and submitted the budgets on September 1, 2022.

The Governor's Recommended Budget remains confidential until released by the Governor, so PEBP is unable to share any changes or decisions until such time that the budget is made publicly available.

GOVERNOR'S RECOMMENDED BUDGET

The Governor's Recommended Budget was released during the Governor's State of the State address on January 23, 2023.

PEBP's total biennial budget request has increased from FY22/23 by \$100M to \$1.1 billion. In this budget, the benefit levels from FY22 are continued and the "restored benefits" are now incorporated into the base benefit design.

An overview of the funding and expenditures are outlined below:

Funding	Agency Request		Governor's Recommended	
	FY 2024	FY 2025	FY 2024	FY 2025
Carryforward	\$145.4 M	\$148.0 M	\$145.0 M	\$138.0 M
State Subsidy	\$310.2 M	\$333.0 M	\$296.0 M	\$313.0 M
Non-State Subsidy	\$21.0 M	\$21.4 M	\$20.2 M	\$20.5 M
Contributions	\$81.0 M	\$95.0 M	\$79.0 M	\$83.0 M
All Other	\$26.2 M	\$29.2 M	\$24.0 M	\$25.0 M
Total Funding	\$583.5 M	\$626.1 M	\$563.5 M	\$579.0 M

Expenditures	Agency Request		Governor's Recommended	
	FY 2024	FY 2025	FY 2024	FY 2025
Operating	\$8.3 M	\$8.6 M	\$6.2 M	\$6.5 M
Self-Funded Admin	\$18.0 M	\$18.3 M	\$13.0 M	\$13.0 M
HSA/HRA Funding	\$53.0 M	\$54.0 M	\$53.0 M	\$54.0 M
Self-Funded Claims	\$306.1 M	\$328.0 M	\$304.0 M	\$318.0 M
Fully Insured	\$50.4 M	\$56.0 M	\$50.4 M	\$56.0 M
Reserves	\$148.0 M	\$162.0 M	\$138.0 M	\$132.0 M
Total Expenditures	\$583.5 M	\$626.1 M	\$563.5 M	\$579.0 M

VARIANCE

The main variance between the Agency Request budget versus the Governor's Recommended budget stems from the difference in trend percentage. Although the benefit plan design remains consistent, the lower trend assumes lesser inflation amounts to the future costs of healthcare, and thus decreases the overall budget amount. Historically, GFO has not used the actuarial assumptions provided by PEBP's consultants and has instead applied the same inflationary trend (derived from Moody's Economy) to PEBP, Corrections, and Medicaid. Because this method has been utilized since 2012, the change in trend amount was not unexpected, however it always imposes an inherent risk in year two should the actual trend surpass the budgeted trend.

Self-funded claim trend and fully insured product inflation is shown in the table below:

PY 2024/2025 Utilization Inflation			Utilization Inflation	
	Agency Request	Gov Rec		Approx Variance
Medical	5.00%	3.91%	FY 2024	\$ 12,638,213
RX	8.00%	3.67%	FY 2025	\$ 18,846,127
Dental	2.00%	2.00%		

In the past, PEBP has made up for the lowered budgeted trend through cost saving measures such as contract renewals and program implementations aimed at reducing medical costs. Although there are not as many contracting opportunities in the upcoming biennium, the program will be implementing several benefits that are projected to save the plan considerably.

ENROLLMENT PROJECTIONS

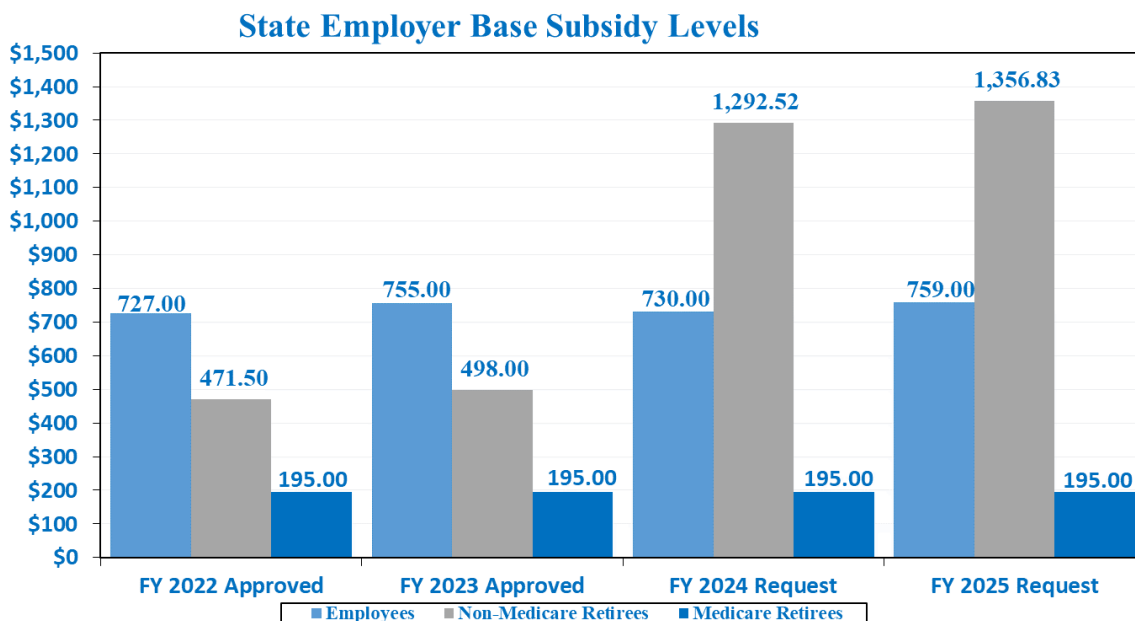
The table below depicts the enrollment projections used to develop the projected costs. Enrollment projections that are included in the Governor’s Recommended Budget are based upon Fiscal Year 2022 actuals and are actuarially reviewed.

State	Average	Budgeted		
	FY22	FY23	FY24	FY25
Employees	25,684	25,838	26,354	26,880
Non-Medicare Retirees	4,214	4,237	4,244	4,251
Medicare Retirees	8,086	8,321	8,655	9,000
Total State	37,984	38,396	39,253	40,131
% Change		1.08%	2.23%	2.24%
Non-State				
Employees	7	6	6	6
Non-Medicare Retirees	724	643	578	578
Medicare Retirees	5,011	5,014	5,014	5,014
Total Non-State	5,742	5,663	5,598	5,598
% Change		-1.38%	-1.15%	0.00%
Total	43,726	44,059	44,851	45,729
Total Enrollment Growth		0.76%	1.80%	1.96%

EMPLOYER SUBSIDY

The subsidy is made up of the Active Employee Group Insurance (AEGIS) and the Retired Employee Group Insurance (REGI). AEGIS and REGI make up the contributions paid by employers on behalf of employees and retirees. The contributions are allocated across all plans and tiers and make up the employer’s portion of the total plan rates. The amounts reflected for retirees is based on a retiree with 15 years of service and is adjusted up or down based on the total years of service.

The table below provides the employer contributions approved in the Governor’s Recommended Budget:



The REGI Problem:

The REGI subsidies are assessed through a percentage of payroll paid by agencies monthly. Over the past several years, PEBP has had an increasing shortfall of the REGI budget, some of which may be due to vacancies across the state that has reduced payroll expenses. Another reason is due to a statute that requires active and retiree costs to be pooled together when determining future rates. Rating actives and retirees together unintentionally underfunds the REGI budget and creates an overage in AEGIS.

After many discussions with PEBP actuaries and GFO, a solution was developed that adjusts AEGIS and REGI rates to reflect the actual costs of each group more accurately; AEGIS decreases while REGI increases. Additionally, the AEGIS subsidy amount, while actuarially

determined, is intended to avoid any significant premium increases for employees throughout the biennium.

BUDGET ENHANCEMENTS

Below is an overview of the enhancement decision units that were included in the Governor’s Recommended Budget.

E225 Board Member Travel – This enhancement adds authority to allow two board members to attend the annual State and Local Government Benefits Association (SALGBA) conference.

Utilization Trend		
	Agency Request	Gov Rec
Medical	5.00%	3.91%
RX	8.00%	3.67%
Dental	2.00%	2.00%

E226 Office Relocation – This enhancement adds authority to pay for a non-state-owned office lease throughout the biennium.

E710 Equipment Replacement – This enhancement adds authority to replace equipment according to the state’s equipment replacement schedule.

E815 In-House Counsel – This enhancement adds authority to reclassify the existing Chief Information Officer position to an In-House Legal Counsel to allow PEBP with access to the health plan specific counsel that would be highly beneficial for providing legal expertise in specific health care related issues, benefit compliance reviews, and contracting matters.

Enhancement Decision Units	FY 2024	FY 2025
E225 - Board Member Travel	\$ 1,186	\$ 1,185
E226 - Office Relocation	\$ 232,410	\$ 236,968
E710 - Equipment Replacement	\$ 13,398	\$ 22,825
E815 - In-House Counsel	\$ 9,307	\$ 9,307
Total Enhancement Decision Units	\$ 256,301	\$ 270,285

PEBP also requested an enhancement to upgrade our current IT Professional 3 and IT Professional 2 positions due to the loss of the CIO position, however, the enhancement for both position upgrades were not included in the Governor’s Recommended Budget.

CONCLUSION

PEBP appreciates the assistance of the GFO and Governor's Office working with PEBP to keep plan design consistent while also mitigating rate increases to employees in the Governor's Recommended Budget.

7.

7. Discussion and possible action on recommended changes to Master Plan Documents for Plan Year 24 (July 1, 2023 – June 30, 2024) (Laura Rich, Executive Officer) **(For Possible Action)**

- 7.1 Consumer Driven Health Plan (CDHP)
- 7.2 Low Deductible (LD) Plan
- 7.3 Exclusive Provider Organization (EPO) Plan
- 7.4 Enrollment & Eligibility
- 7.5 Flexible Spending Account
- 7.6 Medicare Health Reimbursement Arrangement
- 7.7 Section 125
- 7.8 Dental and Life Insurance
- 7.9 Active Health Welfare Wrap
- 7.10 Retiree Health Welfare Wrap



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JACK ROBB
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: January 26, 2023
Item Number: VII
Title: Proposed Changes to the Master Plan Documents (MPDs)

SUMMARY

This report will go over the benefit changes to the Master Plan Documents (MPD) for plan year 2024 for the following MPDs:

- Enrollment & Eligibility Master Plan Document
- Flexible Spending Account Master Plan Document
- Medicare Health Reimbursement Arrangement Master Plan Document
- Section 125 Master Plan Document
- Consumer Driven Health Plan Master Plan Document
- Low Deductible Master Plan Document
- Exclusive Provider Organization Master Plan Document
- Dental and Life
- Active Health and Welfare Wrap
- Retiree Health and Welfare Wrap

To see every change please visit <https://pebp.state.nv.us/meetings-events/board-meetings/> for digital, PDF copies of plan documents. This is due to file size.

BACKGROUND

NRS 287.0425(2)(b) requires PEBP to undergo a compliance review once every two years. Historically, the compliance reviews have focused broadly on the plan's legal compliance to federal and state statutes, but, to date, PEBP has never performed an in-depth clinical level review to ensure the program is not only in legal compliance but that the plan aligns with industry standards and antiquated policies are updated.

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PEBP staff and its vendor partners, including clinicians and legal experts, spent several months combing through each Master Plan Document. The proposed changes stem from input received from the subject matter experts – some changes being simply housekeeping efforts, while others are regulatory and compliance matters. Additional edits will likely be necessary once testing relating to the Mental Health Parity and Addiction Equity Act is conducted later this year.

REPORT

“HOUSEKEEPING” CHANGES

There were several updates and changes implemented across all plan documents. These include the following list of changes:

- Formatting
- Plan year timeframe updated to 07/01/2023 through 06/30/2024,
- Participant Responsibilities and Plan commitments were removed due to concerns under HIPAA, MHPAEA, nondiscrimination, medical advice, etc.
- Removed references or directions to prior vendors such as The Standard for Basic Life Insurance.
- Participant Contact Guide updated for vendor information.
- Removing “Premier” from the Premier Exclusive Provider Organization Plan to keep in line with the Affordable Care Act glossary of terms.
- Updated references to Nevada Revised Statute or Nevada Administrative Code throughout documents:
 - Health benefits covered under NRS were cited in the MPD next to appropriate benefit language and hyperlinked to the legislative website.

PLAN CHANGES FOR THE CDHP, LD, AND EPO

Utilization Management

#	Change Type	Proposed Change	Justification
1	Added	Intraoperative neuromonitoring devices, Prophylactic surgery, Applied Behavioral Analysis, PET, SPECT, MRI, Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), Sickle Cell Disease	Added per UM request. This allows UM to evaluate whether the requested services are medically necessary and will reduce denied claims for items if they are not precertified. Sickle Cell added per NRS
2	Clarification	For prior authorizations, clarified that bariatric surgery should be performed at a Centers of Excellence	To comply with plan documents and steerage
3	Clarification	Orally administered chemotherapy is provided by Pharmacy Benefit Manager	Informative information for members. This is not managed or administered by the UM or Third-Party Administrator.
4	Removed	Vascular access devices for chemotherapy, Creation and revision for arteriovenous fistula, Sleep study, Monetary Threshold for injectables	UM recommendation because this is not commonly reviewed by UM
5	Clarification	Updated “Gender Related Services” to “Gender Dysphoria Related Services” Removed documentation requirements and reference to specific surgery types	Removed plan language that may present barriers to services or unintentional limitation to services.
6	Replacement	Changed “Mental health and substance abuse” to “Behavioral Health.”	To keep in line with the MHPAEA

Medical Benefits

	Change Type	Proposed Change	Justification
7	Enhancement	Real Appeal	Board approved

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8	Enhancement	HSA/HRA Contribution	Board approved
9	Enhancement	Out-of-Network air ambulance explanation and limitations to remove Maximum Allowable Charge	Required per No Surprises Act
10	Clarification	Deductible and/or Copays and Coinsurance	Information regarding member financial responsibility, such as, amounts exceeding the Plan's referenced-based pricing, and preauthorization penalties.
11	Clarification	In-Network and Out-of-Network	Expanded language to include in-network and out-of-network descriptions, and how to access and utilize provider network directories.
12	Clarification	Language to include references to Behavioral Health.	Changed the term "Mental Health and Substance Use" to the all-inclusive term "Behavioral Health"
13	Clarification	Bariatric/Weight Loss Surgeries clarified the clinical criteria for weight loss surgery is managed by UM.	Removed the clinical criteria to allow for future changes to the clinical requirements as administered by UM.
14	Clarification	Chemotherapy referring to prescription benefits for orally administered chemotherapy drugs	Added "oral chemotherapy" under Chemotherapy in the Prior Authorization requirements to advise members that oral chemotherapy is reviewed by the Pharmacy Benefit Manager.

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15	Clarification	Autism Spectrum Disorders updated to cite/refer to NRS.	Removed Autism Spectrum Disorders language applicable to NRS 695G.1645 and replaced with reference to the NRS to allow and comply with future changes to the NRS.
16	Clarification	Clinical Trials updated to cite/refer to NRS.	Removed Clinical Trials language and replaced with NRS 695G.173 to allow and comply with future legislative changes.
17	Clarification	Updated provider information to include licensed providers acting within the scope of their license throughout the Plan Documents	Removes potential Provider discrimination under the Affordable Care Act.
18	Exclusion	Over-the-counter hearing aids	OTC hearing aids approved by the FDA October 17, 2022. OTC hearing aids are only approved for use in adults with mild to moderate hearing loss and are not appropriate for all levels of hearing loss. They do not include advanced hearing technology or in-person care by a hearing specialist and may be purchased without a prescription and an audiologist visit. In addition, the current Plans offer a hearing aid discount program through Amplifon. Staff recommends excluding OTC hearing aids.

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19	Clarification	Enteral Formulas and Special Food Products updated to cite/refer to NRS.	Inserted NRS 689B.0353 and removed the existing language comply with future legislative changes.
20	Clarification	Bariatric/Weight Loss surgery benefits may be reduced if not preauthorized	Amended language related to bariatric surgery to clarify services may be reduced in lieu of denied without precertification.
21	Change	Added “Infertility” section to the “Family Planning, Fertility, Sexual Dysfunction, and Male Contraception” section	Combined the Infertility section with Family Planning, Fertility, Sexual Dysfunction and Male Contraception for relevancy.
22	Reduction	Removed Intrauterine Insemination (IUI) also known as artificial insemination.	IUI clinically leads to multiple births and many local OBGYN’s perform IUI without having a member evaluated by a reproductive endocrinologist. There could be other underlying medical conditions that go unaddressed with this pathway. This is not typically covered by health plans due to its high risk and low success rate.
23	Reduction	Travel expenses reduced to exclude meals with cited references to IRS Regulation and Publications added.	Per IRS Publication 502 and IRS Section 213(d), meals are not a tax-exempt benefit.
24	Clarification	Inserted NAC 287.610 In the “How to file a Medical Claim” section which states all claims must be submitted within 12-months of date of service.	Citation of NAC 287.610 inserted as a reference to the claim filing provision.

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25	Enhancement	Gender Dysphoria Related Services: All procedures, services, and supplies related to surgery and sex hormones associated with gender affirmation/confirmation should be reviewed by UM for medical necessity.	Removing the plan language and instead, allowing UM to apply industry standard requirements/guidelines allows for more flexibility.
26	Enhancement	Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions: Benefit enhanced from a limitation of 3 sessions per plan year to 12 sessions.	Per recommendation from USPSTF
27	Enhancement	Hospice Services: Additional time after six (6) months will require preauthorization	Opened hospice care to potentially exceed six (6) months, as this time frame is arbitrary and can become problematic.
28	Enhancement	Hospice Services: social worker updated to “Masters level clinician”	A masters level clinician encompasses social workers and allows for other health care provider services.
29	Enhancement	Abortion travel: Travel for a participant located in a State with restricted access to abortion to the nearest care center for abortion services covered under this Plan.	Board approved
30	Change	Changed “Emergency Services” to “No Surprises Act” including a description of emergency, post stabilization, non-emergency items or services from a non-PPO provider at a PPO facility, air ambulance services, the payment process for non-PPO providers and facilities,	Required per the No Surprises Act

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		and the external review process for adverse benefit determinations.	
31	Clarification	For inpatient hospitalization: removed 24-hour requirement if the member is incapacitated	Restrictive language if the member is incapacitated to notify the UM company.
32	Clarification	Moved compliance with Women’s Health and Cancer Rights Act of 1998 (WHCRA) from definitions to section for “Mastectomy and Reconstructive Surgery”	Moved for relevancy in applying benefits.
33	Reduction	Meal replacement therapy removed from the Obesity Care Management Program.	To comply with IRS Regulation 213(d) Qualified Medical Expenses and IRS Publication 502 Medical and Dental Expenses.
34	Clarification	Obesity Care Management is managed by the Third-Party Administrator and removed plan clinical criteria	The plan does not administer this program. Also removes plan-imposed barriers to care to follow TPA clinical criteria.
35	Clarification	Removed “overweight” from obesity care management program	Overweight is not applicable as the program references “obese or greater.”
36	Clarification	Removed “sound and natural” related to “teeth”	Removed preexisting condition exclusion per ACA.
37	Clarification	Added verbiage for HPV testing and vaccination	Per NRS 695G.171
38	Clarification	Mammograms clarified the first mammogram of the Plan year are covered if preventative.	Follows USPSTF guidelines

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39	Enhancement	Continued Coverage for pregnancy updated from 45 days to 90 days	Required per No Surprises Act
40	Clarification	Removed the FDA approved listing for female contraceptives and cited adherence to NRS 695G.1715	Cited NRS 695G.1715 to comply with future legislative changes for approved female contraceptives.
41	Clarification	Inserted language: Routine lab services from independent labs may not be paid as wellness unless the TPA system finds a corresponding wellness office visit within a reasonable number of days prior or after the date lab services obtained to validate wellness diagnosis.	Clarification language that routine/preventive lab services must be accompanied by a wellness office visit to be paid as preventive.

Prescription Drug Benefits

	Change Type	Proposed Change	Justification
42	Enhancement	Hinge Health	Board approved
43	Clarification	Changes “Express Advantage Network” (EAN) to “Preferred Retail Network”	Aligns with Pharmacy Benefit Manager
44	Clarification	<p><u>For the Obesity Care Management Program</u></p> <p><u>LD and EPO:</u> Eliminated the copay for Preferred/Formulary Generic prescriptions. Added Coverage for Preferred/Formulary Brand and Non-Preferred/Non-Formulary Brand prescriptions subject to copay.</p> <p><u>CDHP:</u> Added coverage for preferred brand drugs. Coverage includes copays for the preferred brand.</p>	Although this has been offered in practice for many years, this was never captured in Master Plan Documents when initially implemented.

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		Non-Preferred Brand change from Not Covered to 100% Copay	Non preferred brands will still be filled at a pharmacy; however, there is no reduced cost for non-preferred brand drugs under the OCM.
45	Enhancement	Added “and insulin pump supplies.”	Per Pharmacy Benefit Manager, increases access to care for insulin supplies and aligns with industry standard coverage.
46	Clarification	Consolidated the “Specialty Drug Program” with the “Prescription Retail Drugs” section	Duplicate wording between both subjects, so consolidated for clarity.
47	Clarification	Removed in-depth explanation on How to Price a Medication and replaced links to the PEBP website and Participant Contact Guide.	Unnecessary lengthy explanation of the Price a Medication tool.

Benefit Limitations and Exclusions

	Change Type	Proposed Change	Justification
48	Clarification	Removed phrasing under “Expenses That Do Not Accumulate Toward Your Out-of-Pocket Maximum”	Unnecessary wording
49	Clarification	Removed various NRS’s cited in exclusions and added citations throughout the plan documents.	Exclusions is not a place for NRS citations.
50	Clarification	Items listed are definitions and moved to “Key Terms and Definitions	Exclusions is not a place for definitions.
51	Clarification	Cosmetic Surgery is covered if already noted as covered	Clarify that not all surgeries that may be viewed as “cosmetic” are excluded.
52	Clarification	Removed “Sound and Natural” as it related to Teeth exclusions.	ACA preexisting condition restrictions.
53	Clarification	Added ACA caveat to “Drugs, Medicines, Nutrition, or Devices”	To comply with the ACA.

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54	Clarification	Directed “Expenses for Which a Third-Party Is Responsible” to Health and Welfare Wrap and cited NRS	Exclusions is not a place for definitions, and this is covered in depth in the Wrap documents.
55	Clarification	Definition for “Experimental and/or Investigational” is determined by plan administrator, UM company, or designee	This exclusion had unnecessary wording. UM clinical policy may have great update cadence than updating the MPD.
56	Reduction	For Fertility and Infertility Treatment: removed exception for IUI	To keep in line with the initial benefit reduction.
57	Removed	Government Provided Services is a definition	Moved to Key Terms and Definitions
58	Clarification	Over the Counter hearing aids are excluded from the Plan.	Consistency with plan benefits.
59	Clarification	Home Health Care exclusions update to remove provider restrictions	ACA provider non-discrimination
60	Removed	Intensive Outpatient Program is defined	Moved to Key Terms and Definitions
61	Removed	Medically Necessary Emergency Services	Not a definition. This is in the plan documents per NSA
62	Clarification	No Provider Recommendation or Order	ACA provider non-discrimination
63	Removed	Partial Hospitalization Service is defined	Moved to Key Terms and Definitions
64	Removed	Prospective Payment Systems is defined	Moved to Key Terms and Definitions
65	Clarification	Rehabilitation Therapy updated by removing reference to intellectual disability.	Per the MHPAEA
66	Removed	Under Other Benefit Exclusions references to eating disorder is removed	Per the MHPAEA

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67	Removed	Expenses for which a third party is responsible: Removed language and replaced with references to the Health and Welfare Wrap Document and NAC 287.755.	Added language to view the Health and Welfare Wrap document.
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Medical Claims Administration

	Change Type	Proposed Change	Justification
68	Removed	Reference to Held or Soft Denied claims	The ACA requires claims determinations within 30-days

Appeals

	Change Type	Proposed Change	Justification
69	Clarified	Added verbiage for notices of adverse benefit determinations and level 1 claim appeal adverse benefit determinations	Required per No Surprises Act

Coordination of Benefits

	Change Type	Proposed Change	Justification
70	Clarified	Updated Coordination of Benefits section in the plan documents to direct members to Health and Welfare Wrap Plan document.	This direction will allow for consistency between plans and will avoid any erroneous errors when updating plan documents.

Key Terms and Definitions

	Change Type	Proposed Change	Justification
71	Added	Definition for Air Ambulance	Per No Surprises Act

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72	Updated	Definition for Ambulance	Per No Surprises Act, defined in Air Ambulance
73	Added	Definition for Ancillary Services	Per No Surprises Act
74	Updated	Definition for Autism Spectrum Disorders and Related terms	Cited NRS 695G.1645 and NRS 427A.875
75	Updated	Definition for Base Plan	Cited NRS 287.045
76	Updated	Definition for Business Day	Reference Nevada Holiday
77	Updated	Definition for Certified Surgical Assistant	Per ACA provider non-discrimination
78	Added	Definition for Clinical Trials	For consistency throughout the plan document and NRS. This directs people to the definition for Experimental and Investigational
79	Added	Definition for Continuing Care Patient	Per No Surprises Act
80	Removed	Definition for Coronavirus Aid, Relief, and Economic Security Act and Families First Coronavirus Response Act	This is already separately listed in plan benefits.
81	Added	Definition for Cost Sharing	Per No Surprises Act
82	Added	Definition for Cost Sharing Amount	Per No Surprises Act
83	Clarification	Definition for Dependent Children	Citation to NAC 287.312
84	Added	Definition for Emergency Medical Condition	Per No Surprises Act

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85	Added	Definition for Emergency Services	Per No Surprises Act
86	Updated	Definition for Gender Dysphoria. Removed reference to Gender Identity Disorder, Transsexualism, Transgender, and Gender nonconforming	The definition provided is only for gender dysphoria as defined by the American Psychiatric Association.
87	Added	Definition for Government-Provided Services	From exclusions, above.
88	Added	Definition for Health Care Facility	Per No Surprises Act
89	Added	Definition for Independent Freestanding Emergency Department	Per No Surprises Act
90	Removed	Removed “Sound and Natural” as it related to Teeth exclusions.	ACA preexisting condition restrictions.
91	Clarification	Updated Maximum Amount; Maximum Allowable Charge to include consideration for Medical Allowable	Expands the administrator review to factor Medicare allowable per Board Approval in November 23, 2020 board meeting.
92	Removed	Definition for Medical Emergency	Updated to other definitions per No Surprises Act
93	Added	Definition for Morbid Obesity	Mentioned throughout the document; however, not previously defined
94	Added	Definition for No Surprises Act	Per No Surprises Act
95	Added	Definition for Non-PPO emergency facility	Per No Surprises Act
96	Added	Definition for Non-PPO Provider or Non-Participating Provider	Per No Surprises Act
97	Added	Definition for Obesity	Mentioned throughout the document; however, not previously defined

Summary Revisions to Plan Year 2024 Master Plan Documents

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98	Added	Definition for Out-of-Network Rate	Per the No Surprises Act
99	Clarification	Definition for Qualified Medical Child Support Orders (QMCSO)	Allows for National Medical Support notices
100	Added	Definition for Qualifying Payment Amount	Per 29 CFR 716-6(c)
101	Clarification	Definition for Recission removed Fraud	Per Affordable Care Act, Recission due to Fraud is a retroactive cancellation
102	Added	Definition for Recognized Amount	Per the No Surprises Act
103	Clarification	Definition for Reference Based Pricing/Reference Price	Updated definition defines this is a methodology
104	Added	Definition for Serious and Complex Condition	Per the No Surprises Act
105	Clarification	Definition for Sickle Cell Disease	Cited NRS 439.4927
106	Removed	Definition for Sound and Natural Teeth	Per Affordable Care Act preexisting conditions limitation
107	Clarification	Definition for Speech Therapy	Updated due to plan documents citing applied behavioral analysis in Utilization Management
108	Clarification	Definition for Step Therapy	Citation to NRS 689B.0305 and NRS 695C.17333
109	Clarification	Definition for Telehealth	Citation to NRS 629.515
110	Clarification	Definition for Telemedicine	Removed examples to prevent interpretation conflicts
111	Added	Definition for Termination	Per the No Surprises Act

BENEFIT CHANGES SPECIFIC TO PLAN DOCUMENT

The following changes were made specific to the listed plans and are noted on the respective Master Plan Document, respectively.

Enrollment & Eligibility Master Plan Document

	Change Type	Proposed Change	Justification
112	Clarification and Updated	<p><u>Recission of Coverage:</u></p> <p>Included verbiage for 30-day advanced notice.</p> <p>Removed prohibition to retroactive termination points ii and iii</p>	<p>To comply with PHSA</p> <p>Removed these points as they fall under misrepresentation that is already addressed</p>
113	Clarification	<p>For Initial Enrollment: Benefit eligibility is reported to PEBP by the employer.</p> <p>Initial enrollment is also called a “New Hire” event.</p> <p>If a member’s initial enrollment occurs during Open Enrollment, the initial enrollment must be completed before Open Enrollment elections.</p>	<p>PEBP does not determine individual members benefit eligibility and cannot track hours necessary for eligibility. This is clarified for members.</p> <p>PEBP uses “initial enrollment” and “new hire” interchangeably.</p> <p>This is to make members, who are benefits eligible during Open Enrollment, aware they must complete their new hire event and the Open Enrollment event separately.</p>
114	Clarification	<p>Retiree Late Enrollment: included citation to NRS and rearranged how to reenroll as a late enrollee.</p>	<p>Cited NRS and separately out a paragraph regarding how to reenroll as a late enrollee to be easier to read.</p>

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115	Clarification	<u>HIPAA Special Enrollment notice:</u> Interpreted a completed request for enrollment.	To make members aware what is a complete enrollment which must be done before requested benefit changes can take effect.
116	Addition	Added Retroactive Premiums for catch-up of premiums	Educate members that benefit changes may take more than one pay cycle to process resulting in retroactive premiums.
117	Clarification	Eligibility for Dependent-Spouses updated to “lawful spouse.”	This is to address other states who may have a definition of lawful spouse contrary to Nevada state law.
118	Clarification	Added information for termination of stepchildren	To inform members when stepchildren benefits end
119	Added	Dental Eligibility for when retirees can change their dental plan.	This adds clarifying language for Medicare retirees on PEBP dental that they can change elections during Open Enrollment.
120	Clarification	Consolidated paragraphs for “New Hire,” “Reinstated,” and “Rehired” Employees.	Information was redundant and consolidated to make easier to read.
121	Clarification	Throughout the Master Plan Document, listed dependent examples of Dependent Spouse, Dependent Domestic Partner, Dependent Child is consolidated to Dependent.	The definition for Dependent encapsulates the various types of dependents. Consolidating this verbiage avoids erroneously omitting a dependent.
122	Removal	When Coverage Ends: Removed “the last day of the month that precedes the effective date of the other employer's coverage...”	Removed because this is an IRS permitted mid-year change.
123	Clarification	Retiree coverage ends on the last day of the month preceding coverage through the Medicare Exchange	Addresses confusion for when members coverage ends. This is

Summary Revisions to Plan Year 2024 Master Plan Documents

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			concurrent with Enrollment & Eligibility practices.
124	Clarification	PEBP will estimate a retiree or spouses Medicare Part B benefit.	This is to add additional clarity to members who qualify for Medicare B but do not enroll. This is current plan practice.
125	Clarification	Restated 60-day timeframe for requirement to provide Medicare Part B card.	To bring verbiage in compliance with preceding plan language.
126	Clarification	Failure to pay PEBP Dental premiums will result in termination of PEBP Dental coverage	Coincides with rescission of coverage and ACA
127	Clarification	Medicare coverage must be maintained for Part B premium subsidies.	Members are notified Medicare Part B is required for subsidies.
128	Clarification	Medicare coverage must be maintained for Part B premium HRA contribution.	Members are notified that once Medicare eligible, that maintaining coverage is required for HRA contribution.
129	Updated	Enrollment and Eligibility Quick Reference Table for children updated to include children of a domestic partnership.	Spells out clarification per ACA.
130	Updated	Qualifying Life Events are based on receipt of notice and not date of the event.	Prospective changes are required under IRS Section 125 for pre-tax deductions.
131	Clarification	When primary Participant Moves Outside of EPO or HMO coverage area: requesting proof of address change.	To substantiate mid-year Plan changes.
132	Clarification	Gain of other employe group coverage to allow plan changes based on spouse's initial enrollment with supporting documentation.	This is to clarify preceding plan language.

Summary Revisions to Plan Year 2024 Master Plan Documents

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133	Clarification	For Leave Without Pay inserted exception for FMLA	Per FMLA, members on FMLA are subject to employee portion of premiums
134	Removal	Nonpayment of dental will not result in forfeit benefits.	Under the ACA, nonpayment of premiums will rescind benefits to last paid-through date.
135	Clarification	COBRA updated to “beneficiary”	Initial plan language only specified employee. COBRA may include dependents.
136	Addition	Full-Time employment means an employee who averages at least 130 hours per month over a 12-month period.	Align with IRS definition of “Identifying Full-Time Employees.”
137	Key Terms and Definitions	Added definition for Mini-med or other limited benefit plan	This is part of the definition for significantly inferior coverage, however “mini-med or other limited benefit plan” was not previously defined.

Flexible Spending Account Master Plan Document

	Change Type	Proposed Change	Justification
138	Added	Added what program pays first for claims when members have 1) a Health FSA and HRA or 2) Limited-Purpose FSA and HSA	Recommendation from compliance review.
139	Added	Minimum plan election for FSAs of \$100	Per IRS annual election requirements

Medicare Health Reimbursement Arrangement Master Plan Document

	Change Type	Proposed Change	Justification
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140	Clarification	For retirees residing outside of the US.	Making the language easier to understand.
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Section 125 Master Plan Document

	Change Type	Proposed Change	Justification
141	Addition	Additional Permitted Election Changes for Health Coverage under Section 125 Cafeteria Plans	Per IRS Notice 2022-41 an employee may change their tier from “family” or “employee + child” to “employee only” when a dependent enrolls in a Qualified Health Plan through the Health Insurance Exchange.

Consumer Driven Health Plan

	Change Type	Proposed Change	Justification
142	Clarification	Preventative drugs under the ACA are covered 100% and other preventative drugs are subject to coinsurance	Per ACA and IRS rules for high-deductible health plan with and Health Savings Account
143	Reduction	Updated Vision Screening Exam from \$25 Copay; \$95 maximum benefit to 80% after deductible.	Required change to comply with IRS rules for high-deductible health plans.
144	Changes	“Blood Transfusions” changed to “Blood Services for Surgery”	To align with the EPO and LD plan
145	Enhancements	Increased Acupuncture and Acupressure to 20 visits in a plan year	To align with the EPO
146	Clarification	For Transplant services: removed reference to benefit maximum	There is no benefit maximum when performed In-Network.

Summary Revisions to Plan Year 2024 Master Plan Documents

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147	Reductions	Vision Screening Exam: removal of copays. This is subject to deductible and coinsurance	As determined through the compliance review, the vision benefit is not an excepted benefit, so this is subject to deductibles per IRS regulations for high-deductible health plans.
148	Clarification	Obesity Care Disease Management Program: Inserted “Benefits provided under the Obesity Care Disease Management Program are not subject to deductible if determined to be preventive under the ACA and IRS guidelines.	To comply with the ACA and IRS guidelines for HSA qualifying high deductible health plans.
149	Clarification	Diabetes Care Management Program: Inserted “Benefits provided under the Diabetes Care Management Program are not subject to deductible if determined to be preventive under the ACA and IRS guidelines.	To comply with the ACA and IRS guidelines for HSA qualifying high deductible health plans.
149	Clarification	Telemedicine may be available from in-network providers and is covered on the same basis as in-person services. It is your responsibility to ensure the providers you use are in-network providers. Failure to use in-network providers will result in a denial of benefits and higher cost to you	Per MHPAEA and to match wording in the LD and EPO plans.

Low Deductible Plan

	Change Type	Proposed Change	Justification
150	Consolidation	Combined table for Alcohol and Substance Abuse Treatment with Mental Health and renamed to “Mental/Behavioral Treatment.”	To keep in line with the MHPAEA
151	Enhancement	Increased Acupuncture and Acupressure to 20 visits in a plan year	To align with EPO
152	Reduction	Out-of-Network Deductible \$500 individual \$1,000 Family	It is not industry standard to have \$0 Out-of-Network deductibles and

Summary Revisions to Plan Year 2024 Master Plan Documents

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			contradicts steerage to In-Network providers. This was not PEBP's intention and was likely an oversight when the LD plan was developed.
153	Clarification	Prior authorization for outpatient rehabilitative and habilitative therapy (occupational, physical, or speech) exceeding 90 combined visits per Plan Year (limit not applied to therapy treating a behavioral health condition). There is no limit for Cardiac Rehabilitation services.	This is to keep on congruence with the CDHP and Utilization Management requirements.
154	Clarification	Moved definition of Chiropractic Services and Spinal manipulation to Key Terms and Definitions	Moved for consistency and clarity
155	Clarification	Chiropractic Care and Spinal Manipulation maintenance services are not a covered benefit	Parity with the CDHP
156	Clarification	Prescription Benefits: Removed example table for Generics preferred program	Clarity and to not misconstrue benefits.
157	Clarification	Removed pre-existing condition exclusion form orthopedic devices and prosthetic devices and prosthetic devices: Devices provided in connection to an illness or injury that occurred after your effective date of coverage.	Pre-existing condition exclusions do not apply.
158	Clarification	Expanded language for Radiation Therapy to include MRI, MRA, MRS, MRT, PET, SPEC, and CT scan.	To clarify benefits covered under Radiation Therapy and for consistency with CDHP.
159	Clarification	Removed language describing spinal manipulation and adjustment	Language is non-essential to the document.
160	Clarification	In-network telemedicine is covered and paid on the same basis as in-person visits.	Clarification of telemedicine benefit.

Exclusive Provider Organization Plan

	Change Type	Proposed Change	Justification
161	Clarification	Prior authorization for outpatient rehabilitative and habilitative therapy (occupational, physical, or speech) exceeding 90 combined visits per Plan Year (limit not applied to therapy treating a behavioral health condition). There is no limit for Cardiac Rehabilitation services.	This is to keep on congruence with the CDHP and Utilization Management requirements.
162	Clarification	Moved definition of Chiropractic Services and Spinal manipulation to Key Terms and Definitions	Moved for consistency and clarity
163	Clarification	Chiropractic Care and Spinal Manipulation maintenance services are not a covered benefit	Parity with the CDHP
164	Clarification	Doctor on Demand is PEBPs contracted telehealth provider and is considered In-Network	Contracted provider.
165	Clarification	Prescription Benefits: Removed example table for Generics preferred program	Clarity and to not misconstrue benefits.
166	Clarification	Removed pre-existing condition exclusion from orthopedic devices and prosthetic devices: Devices provided in connection with an illness or injury that occurred before the effective date of coverage.	Removed pre-existing language as it does not apply.

Dental and Life Plan

	Change Type	Proposed Change	Justification
167	Clarification	Removal of wording indicating PEBP or its designee determines that the services are the most cost-effective ones that meet the acceptable stands of dental practice and would produce satisfactory results.	Changed to prevent benefits from being misconstrued.
168	Enhancement	Maximum Dental Benefits increased to \$2,000	Board approved.

Summary Revisions to Plan Year 2024 Master Plan Documents

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169	Enhancement	The plan does not include a plan year maximum for dependent children under age 19.	Board approved.
170	Clarification	Deleted repeated sentence from the previous paragraph.	Clarity.
171	Clarification	Repair or re-cementing of inlays, crowns, bridges, and dentures which are 5 years old or more and cannot be repaired.	Amended the year frequency to match dentures.
172	Clarification	Moved Government-Provided Services (Tricare/Champus, VA, etc. to the definitions section.	Moved from Benefit Limitations and Exclusions to Definitions.
173	Added	Exclusion of Treatment of Disturbances of the joint linking the jaw to the skull and the associated muscles	Exclusion added to coincide with TMJ exclusion and expanding the definition.
174	Clarification	Removed reference to Held or Soft Denied claims	Per the ACA.
175	Clarification	Added verbiage for notices of adverse benefit determinations and level 1 claim appeal adverse benefit determinations	Per the NSA.
176	Clarification	Coordination of Benefits updated to direct members to Health and Welfare Wrap document that addresses Coordination of Benefits.	For consistency between plan documents.
177	Clarification	Added “and Subrogation” to Third-Party Liability	For consistency between plan documents.
178	Clarification	Members must be enrolled under a PEBP plan.	Language updated from covered to enrolled for nuance clarity.
179	Updated	Definition for Base Plan	Cited NRS 287.045
180	Updated	Definition for Business Day	Reference Nevada Holiday
181	Added	Definition for Dependent Child(ren)	For consistency between plan documents and NAC 287.312.

Summary Revisions to Plan Year 2024 Master Plan Documents

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182	Added	Definition for FAIR Health	This is mentioned in the plan document, but not defined.
183	Clarification	Expanded language for Radiation Therapy to include MRI, MRA, MRS, MRT, PET, SPEC, and CT scan.	To clarify benefits covered under Radiation Therapy and for consistency with CDHP.

RECOMMENDATION

Approve the proposed changes for the Master Plan Documents for Plan Year 2024:

- Enrollment & Eligibility Master Plan Document
- Flexible Spending Account Master Plan Document
- Medicare Health Reimbursement Arrangement Master Plan Document
- Section 125 Master Plan Document
- Consumer Driven Health Plan Master Plan Document
- Low Deductible Master Plan Document
- Exclusive Provider Organization Master Plan Document
- Dental and Life Master Plan Document
- Active Health and Welfare Wrap Document
- Retiree Health and Welfare Wrap Document

8.

8. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer)
(For Possible Action)

8.1 Contract Overview

8.2 New Contracts

8.2.1 Capitol Reporters

8.3 Contract Amendments

8.4 Contract Solicitations

8.5 Status of Current Solicitations



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JOE LOMBARDO
Governor

JACK ROBB
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: January 26, 2023
Item Number: VIII
Title: Contract Status Report

Summary

This report addresses the status of PEBP contracts to include:

1. Contract Overview
2. New Contracts for approval
3. Contract Amendments for approval
4. Contract Solicitations for approval
5. Status of Current Solicitations

8.1 Contracts Overview

Below is a listing of the active PEBP contracts as of December 31, 2022.

PEBP Active Contracts Summary							
Vendor	Service	Contract #	Effective Date	Termination Date	Contract Max	Current Expenditures	Amount Remaining
CliftonLarsonAllen	Financial Auditor	24088	5/1/2021	12/31/2024	\$ 212,485.00	\$ 50,710.00	\$ 161,775.00
Health Plan of Nevada Inc	Southern Nevada HMO	23802	7/1/2021	6/30/2025	\$ 192,093,848.00	\$ 54,253,120.73	\$ 137,840,727.27
Diversified Dental Services Inc.	Dental PPO	23810	7/1/2021	6/30/2026	\$ 1,601,613.00	\$ 433,972.48	\$ 1,167,640.52
Lifeworks	Benefits Management System	25935	5/10/2022	12/31/2026	\$ 6,145,600.00	\$ 1,401,408.60	\$ 4,744,191.40
Express Scripts, Inc.	Pharmacy Benefit Manager	25582	5/10/2022	6/30/2026	\$ 332,109,496.00	\$ 27,357,754.11	\$ 304,751,741.89
United Healthcare Insurance	Group Basic Life Insurance	25607	7/1/2022	6/30/2026	\$ 12,824,248.00	\$ -	\$ 12,824,248.00
Brown & Brown of Massachusetts	Health Plan Auditor	24030	4/13/2021	6/30/2027	\$ 1,581,662.00	\$ 217,794.00	\$ 1,363,868.00
Segal Company, Inc.	Consulting Services	25557	7/1/2022	6/30/2027	\$ 3,990,000.00	\$ 204,040.00	\$ 3,785,960.00
UMR, Inc.	TPA and Other Services	25155	7/1/2022	6/30/2028	\$ 65,413,106.00	\$ -	\$ 65,413,106.00

Recommendation

No action necessary

8.2 New Contracts

8.2.1 CAPITOL REPORTERS

The Public Employees' Benefits Program has utilized Capitol Reporters for court reporting services for many years. Capitol Reporters is one of four vendors that had statewide contracts in place through the State Purchasing Division. Unfortunately, these contracts ended effective January 7, 2023, and State Purchasing will not be procuring for a new statewide contract for court reporting services.

The Public Employees' Benefits Program issued an informal solicitation for quotes. Capitol Reporters was the only vendor that was interested in contracting for these services. This contract will be effective from February 1, 2023 through June 30, 2025 with a total maximum contract amount of \$31,932.

Recommendation

PEBP recommends the Board authorize staff to contract with Capitol Reporters for court reporting services.

8.3 Contract Amendment Ratifications

PEBP does not currently have any contract amendments for ratification.

8.4 Contract Solicitation Ratifications

PEBP does not currently have any contract solicitations for ratification.

8.5 Status of Current Solicitations

The chart below provides information on the status of PEBP's in-progress solicitations:

Service	Anticipated/ Actual RFP release date	Anticipated/ Actual NOI	Winning Vendor	Anticipated Board Approval
Eligibility and Enrollment System	TBD			
Cancer Concierge	TBD			
Medical Management	TBD			

9.

9. Public Comment

10.

10. Adjournment