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JACK ROBB  
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**AGENDA ITEM**

Action Item

Information Only

**Date:** January 26, 2023

**Item Number:** IV.II.II

**Title:** Self-Funded CDHP, LDPPO, 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. LDPPO 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.

<b>HRA Account Balances as of September 30, 2022</b>			
<b>\$Range</b>	<b># Accounts</b>	<b>Total Account Balance</b>	<b>Average Per Account Balance</b>
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
<b>\$5,000.01 +</b>	<b>680</b>	<b>5,713,369</b>	<b>224,037</b>
<b>Total</b>	<b>7,795</b>	<b>\$ 13,864,343</b>	<b>\$ 1,779</b>

## **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

## Index of Tables

### 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%
<b>Total</b>	<b>\$ 19,209,638</b>	<b>\$ 188</b>	<b>\$ 7,693,048</b>	<b>\$ 75</b>	<b>\$ 26,902,686</b>	<b>\$ 263</b>	<b>\$ 15,474,372</b>	<b>\$ 182</b>	<b>\$ 7,772,316</b>	<b>\$ 92</b>	<b>\$ 23,246,688</b>	<b>\$ 274</b>	<b>-13.6%</b>	<b>4.2%</b>

# 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
<b>Enrollment</b>												
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%
<b>Financial Summary</b>												
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%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# 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%
<b>Cost Distribution by Claim Type (PMPY)</b>												
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	
<b>Enrollment</b>									
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
<b>Financial Summary</b>									
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
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# 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%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
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
<b>Enrollment</b>												
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%
<b>Financial Summary</b>												
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%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# 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%
<b>Cost Distribution by Claim Type (PMPY)</b>												
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	
<b>Enrollment</b>									
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
<b>Financial Summary</b>									
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
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# 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%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
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%	
<b>Total - Medical</b>	<b>\$ 15,196,144</b>	<b>\$ 3,188,217</b>	<b>\$ 455,295</b>	<b>\$ 18,839,655</b>	<b>\$ 12,046,374</b>	<b>\$ 2,496,023</b>	<b>\$ 297,552</b>	<b>\$ 14,839,949</b>	<b>-21.2%</b>	

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				%	
	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%	
<b>Total - Medical</b>	<b>\$ 857</b>	<b>\$ 280,499</b>	<b>\$ 88,626</b>	<b>\$ 369,982</b>	<b>\$ 2,557</b>	<b>\$ 230,237</b>	<b>\$ 401,629</b>	<b>\$ 634,422</b>	<b>71.5%</b>	

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	\$ 95	\$ 531	\$ 107	\$ 270	\$ 284	\$ 606	\$ 514	\$ 542	100.3%	



# Paid Claims by Claim Type – Total Participants

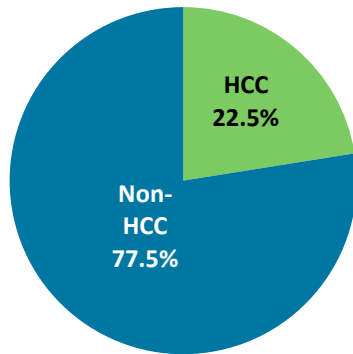
Net Paid Claims - Total										
Total Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 6,131,706	\$ 1,347,568	\$ 241,341	\$ 7,720,615	\$ 4,247,464	\$ 963,365	\$ 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%	
<b>Total - Medical</b>	<b>\$ 15,197,001</b>	<b>\$ 3,468,716</b>	<b>\$ 543,921</b>	<b>\$ 19,209,638</b>	<b>\$ 12,048,930</b>	<b>\$ 2,726,260</b>	<b>\$ 699,181</b>	<b>\$ 15,474,372</b>	<b>-19.4%</b>	

Net Paid Claims - Per Participant per Month										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
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%
<b>34,084</b>	<b>100.0%</b>	<b>\$19,209,638</b>	<b>100.0%</b>	<b>\$10,928,663</b>	<b>100.0%</b>		<b>28,288</b>	<b>100.0%</b>	<b>\$15,474,372</b>	<b>100.0%</b>	<b>\$9,268,726</b>	<b>100.0%</b>

**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%
<b>Overall</b>	<b>----</b>	<b>\$3,480,326</b>	<b>100.0%</b>

# 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
<b>Inpatient Summary</b>												
# 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	
<b>Physician Office</b>												
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%
<b>Emergency Room</b>												
# 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%
<b>Urgent Care</b>												
# 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	

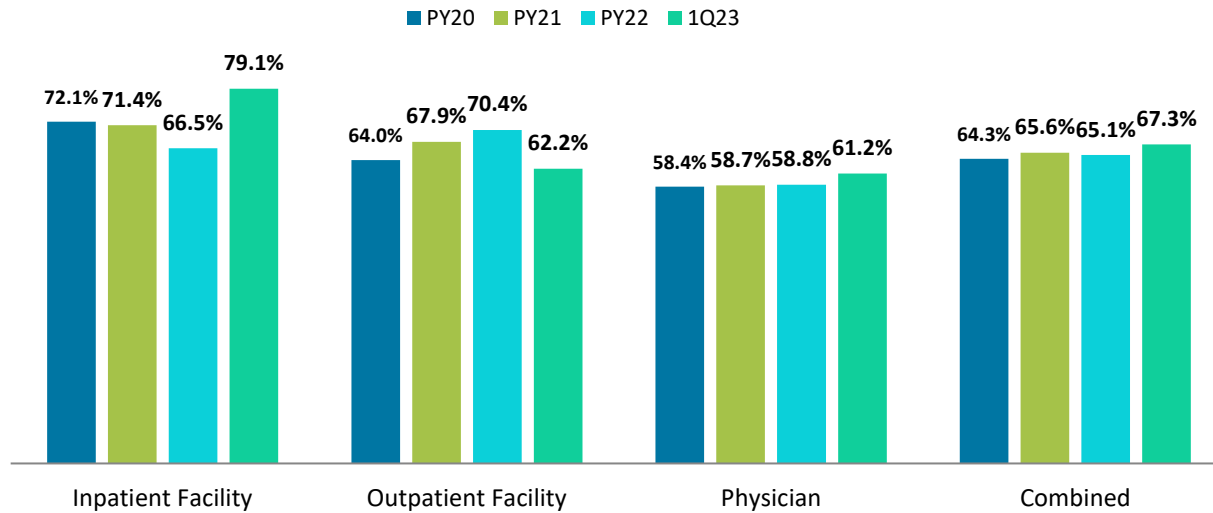
# Utilization Summary (p. 2 of 2)

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

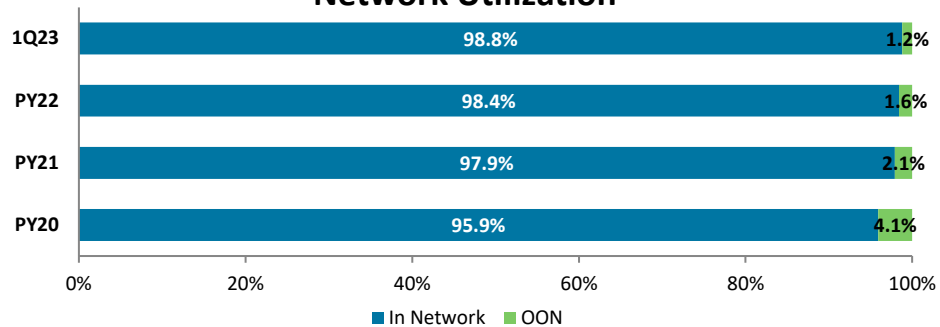
Summary	State Retirees				Non-State Retirees				Peer Index
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	
<b>Inpatient Summary</b>									
# of Admits	57	79	53		20	8	17		
# of Bed Days	395	467	261		117	84	123		
Paid Per Admit	\$55,616	\$31,731	\$16,415	-48.3%	\$54,918	\$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		
<b>Physician Office</b>									
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
<b>Emergency Room</b>									
# 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
<b>Urgent Care</b>									
# 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
<b>Total</b>	<b>\$15,474,372</b>	<b>100.0%</b>	<b>\$9,245,271</b>	<b>\$2,269,170</b>	<b>\$3,959,931</b>	<b>\$7,440,204</b>	<b>\$8,034,168</b>

# Mental Health Drilldown

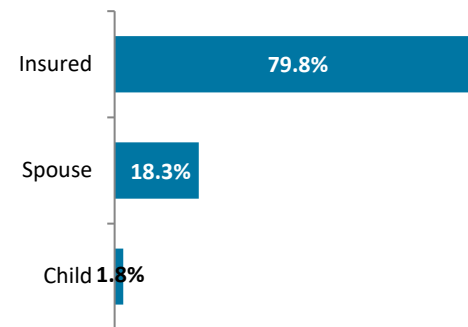
Group	PY20		PY21		PY22		1Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,485	\$1,137,444	1,597	\$1,103,414	1,156	\$1,279,244	404	\$204,784
Developmental Disorders	144	\$790,389	179	\$1,179,402	113	\$719,871	54	\$107,220
Complications of Substance Abuse	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
<b>Total</b>		<b>\$5,931,821</b>		<b>\$7,000,007</b>		<b>\$5,449,334</b>		<b>\$563,443</b>

# Diagnosis Grouper – Cancer

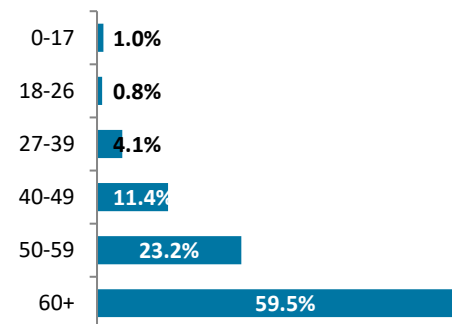
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	35	154	\$788,072	35.6%
Cancers, Other	54	283	\$248,193	11.2%
Breast Cancer	86	424	\$214,331	9.7%
Lymphomas	27	192	\$212,172	9.6%
Secondary Cancers	32	164	\$192,326	8.7%
Leukemias	23	182	\$142,898	6.5%
Colon Cancer	21	127	\$81,802	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%
<b>Overall</b>	----	----	<b>\$2,212,434</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

## Relationship



## Age Range



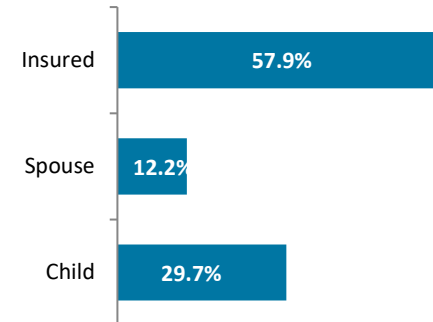


# Diagnosis Grouper – Health Status/Encounters

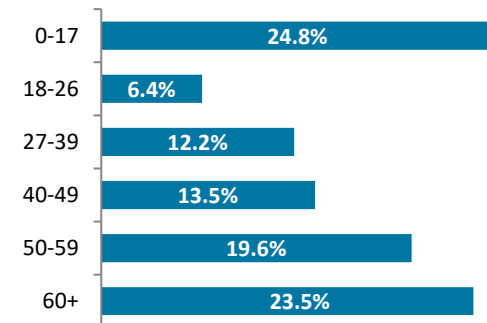
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	2,088	3,492	\$594,611	35.2%
Exams	2,767	4,472	\$404,702	24.0%
Prophylactic Measures	1,304	1,520	\$304,837	18.1%
Encounters - Infants/Children	1,172	1,304	\$198,670	11.8%
Prosthetics/Devices/Implants	179	512	\$121,841	7.2%
Aftercare	131	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%
<b>Overall</b>	----	----	<b>\$1,687,762</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

## Relationship



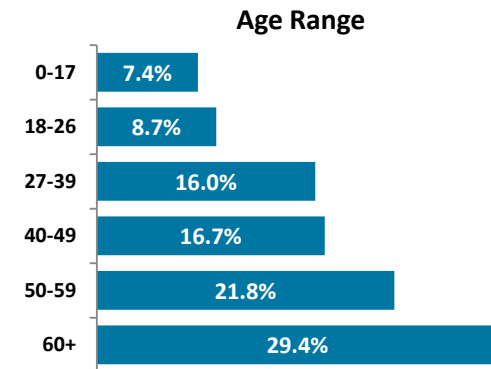
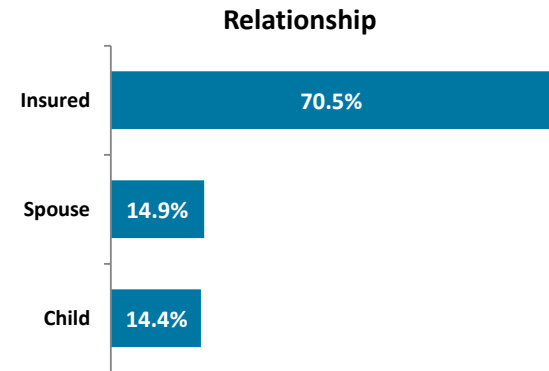
## Age Range



# 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%
	----	----	<b>\$1,324,148</b>	<b>100.0%</b>

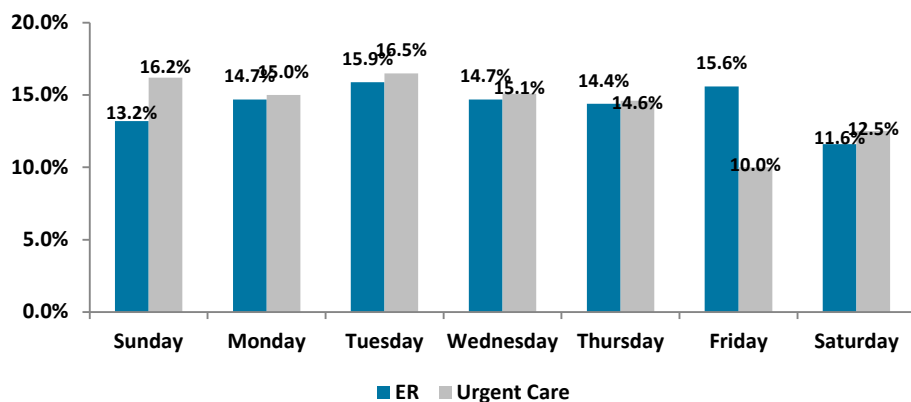
\*Patient and claim counts are unique only within the category



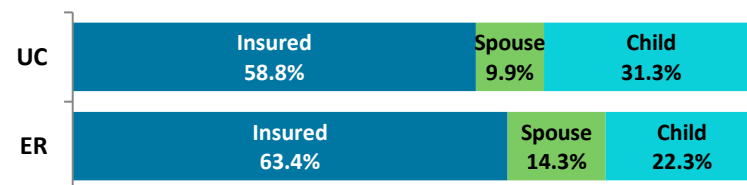
# Emergency Room / Urgent Care Summary

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%		
<b>Total Member Paid</b>	<b>\$1,474,402</b>	<b>\$269,164</b>	<b>\$1,507,498</b>	<b>\$236,520</b>		
<b>Total Plan Paid</b>	<b>\$2,110,726</b>	<b>\$119,701</b>	<b>\$1,679,653</b>	<b>\$51,999</b>		
*looks back 12 months	Annualized	Annualized	Annualized	Annualized		

Visits by Day of Week



% of Paid



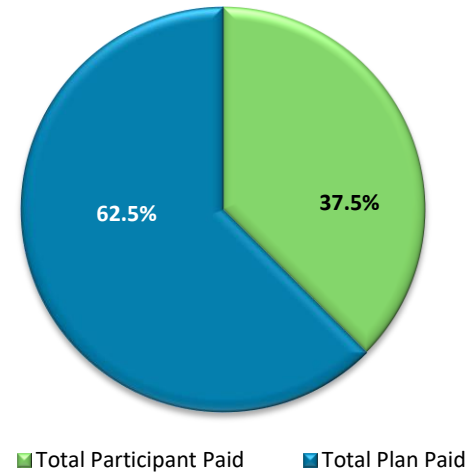
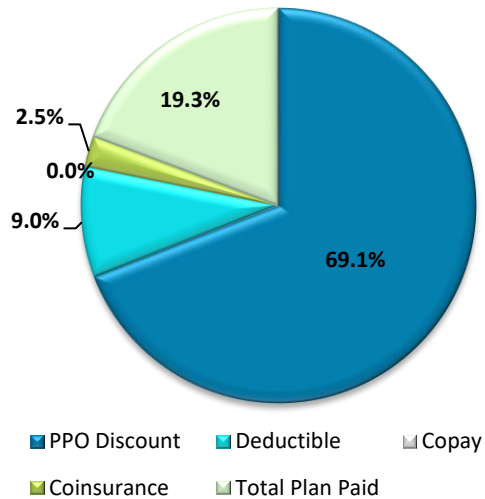
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	605	36	1,009	4,380	1,614	96
Spouse	120	37	173	863	293	89
Child	253	31	470	1,655	723	88
<b>Total</b>	<b>978</b>	<b>35</b>	<b>1,652</b>	<b>58</b>	<b>2,630</b>	<b>93</b>

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%
<b>Total Participant Paid</b>	<b>\$9,268,727</b>	<b>\$184</b>	<b>10.9%</b>
<b>Total Plan Paid</b>	<b>\$15,474,372</b>	<b>\$308</b>	<b>18.1%</b>

<b>Total Participant Paid - PY22</b>	<b>\$147</b>
<b>Total Plan Paid - PY22</b>	<b>\$461</b>



# 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%
<b>Total</b>	<b>\$ 23,061,804</b>	<b>\$33</b>	<b>\$ 6,542,153</b>	<b>\$ 33</b>	<b>\$ 5,586,524</b>	<b>\$ 28</b>	<b>-14.6%</b>	<b>-13.8%</b>

# 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%
<b>Total</b>	<b>\$ 4,310,651</b>	<b>\$ 565,447</b>	<b>\$ 1,070,702</b>	<b>\$ 5,946,801</b>	<b>\$ 3,659,859</b>	<b>\$ 514,900</b>	<b>\$ 935,104</b>	<b>\$ 5,109,864</b>	<b>-25.9%</b>

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%
<b>Total</b>	<b>\$ 2,579</b>	<b>\$ 43,751</b>	<b>\$ 549,023</b>	<b>\$ 595,352</b>	<b>\$ 542</b>	<b>\$ 20,570</b>	<b>\$ 455,548</b>	<b>\$ 476,660</b>	<b>-19.9%</b>

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

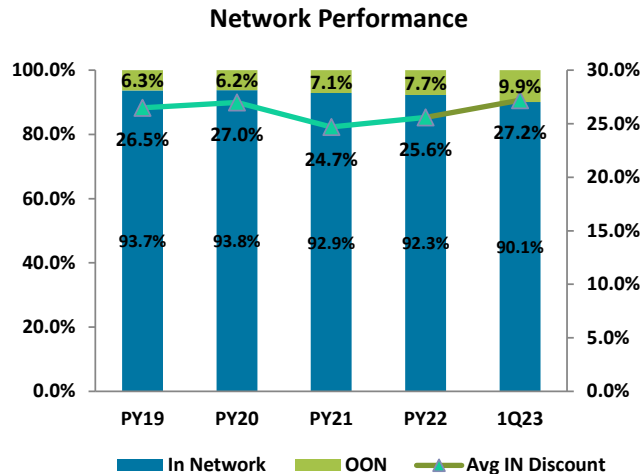
Dental Paid Claims - Total									
Total Participants									
	1Q22				1Q23				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Dental	\$ 4,313,230	\$ 609,197	\$ 201,117	\$ 5,123,545	\$ 3,660,402	\$ 535,471	\$ 158,470	\$ 4,354,342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

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%
<b>Total</b>	<b>65,450</b>	<b>100.0%</b>	<b>28,975</b>	<b>100.0%</b>	<b>\$5,586,524</b>	<b>100.0%</b>	<b>\$2,790,530</b>	<b>100.0%</b>

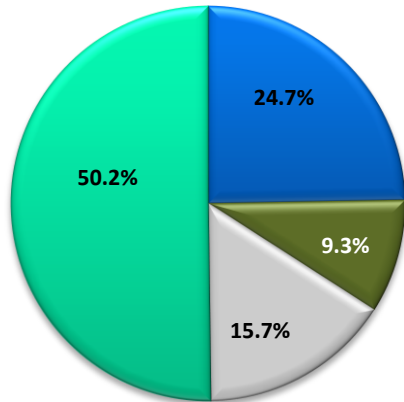


Dental Category	1Q22	1Q23	% of Paid	Variance to PY
RESTORATIVE PROCEDURES	\$1,619,472	\$1,262,015	22.6%	-22.1%
PREVENTIVE SERVICES	\$1,673,523	\$1,471,070	26.3%	-12.1%
DIAGNOSTIC PROCEDURES	\$1,306,311	\$1,310,320	23.5%	0.3%
PERIODONTICS	\$365,815	\$295,807	5.3%	-19.1%
ORAL AND MAXILLOFACIAL SURGERY	\$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%
<b>Total</b>	<b>\$6,542,153</b>	<b>\$5,586,524</b>	<b>100.0%</b>	<b>-14.6%</b>

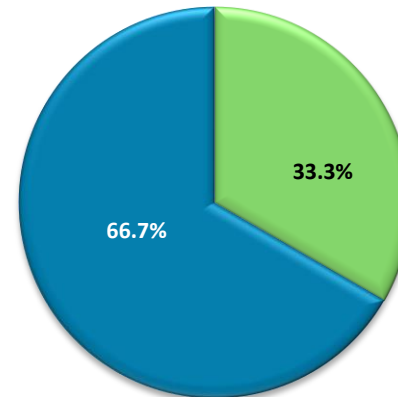
# Savings Summary – Dental Claims

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%
<b>Total Participant Paid</b>	<b>\$2,790,530</b>	<b>\$23</b>	<b>25.2%</b>
<b>Total Plan Paid</b>	<b>\$5,586,524</b>	<b>\$46</b>	<b>50.5%</b>

<b>Total Participant Paid - PY22</b>	<b>\$23</b>
<b>Total Plan Paid - PY22</b>	<b>\$51</b>



■ 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
<b>Asthma</b>	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%
<b>Chronic Obstructive Pulmonary Disease</b>	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%
<b>Congestive Heart Failure</b>	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%
<b>Diabetes</b>	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%
<b>Hyperlipidemia</b>	Hyperlipidemia Annual lipid profile	3,840	3,002	838	78.2%
<b>Hypertension</b>	Annual lipid profile	4,087	2,703	1,384	66.1%
	Annual serum creatinine test	3,978	3,121	857	78.5%
<b>Wellness</b>	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
<b>Membership Summary</b>				
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%
<b>Claim Summary</b>				
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%
<b>Generic % of Total Claims (GFR)</b>	<b>86.3%</b>	<b>85.8%</b>	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%
<b>Claims Cost Summary</b>				
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%
<b>Avg Total Cost per Claim (Gross Cost/Rx)</b>	<b>\$113.95</b>	<b>\$99.83</b>	\$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%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$2,891,673</b>	<b>\$3,189,050</b>	(\$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%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$30.93</b>	<b>\$29.17</b>	<b>\$1.76</b>	<b>6.0%</b>
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%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$34.03</b>	<b>\$31.14</b>	\$2.89	9.3%
Copay % of Total Prescription Cost (Member Cost Share %)	27.1%	29.2%	-2.1%	-7.1%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$7,760,701</b>	<b>\$7,723,334</b>	<b>\$37,367.00</b>	<b>0.5%</b>
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%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$83.02</b>	<b>\$70.65</b>	\$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%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$91.33</b>	<b>\$75.41</b>	<b>\$15.92</b>	<b>21.1%</b>
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%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$56.65</b>	<b>\$57.50</b>	<b>(\$0.85)</b>	<b>-1.5%</b>
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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### UMR Inc. – LDPPPO Utilization Review for PEBP July 1, 2022 – September 30, 2022

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# DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July 2022 – September 2022 Incurred,

Paid through November 30, 2022



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# 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%
<b>Total</b>	<b>\$ 6,255,288</b>	<b>\$ 268</b>	<b>\$ 2,070,935</b>	<b>\$ 89</b>	<b>\$8,326,223</b>	<b>\$ 357</b>	<b>\$ 10,799,288</b>	<b>\$ 263</b>	<b>\$ 4,793,655</b>	<b>\$ 117</b>	<b>\$ 15,592,943</b>	<b>\$ 380</b>	<b>87.3%</b>	<b>6.7%</b>

# 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
<b>Enrollment</b>									
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%
<b>Financial Summary</b>									
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%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# 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%
<b>Cost Distribution by Claim Type (PMPY)</b>									
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	
<b>Enrollment</b>							
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
<b>Financial Summary</b>							
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
<b>High Cost Claimants (HCC's) &gt; \$100k</b>							
# 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%	
<b>Cost Distribution by Claim Type (PMPY)</b>							
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
<b>Enrollment</b>									
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%
<b>Financial Summary</b>									
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%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# 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%
<b>Cost Distribution by Claim Type (PMPY)</b>									
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)

	State Retirees			Non-State Retirees			
Summary	PY22	1Q23	Variance to Prior Year	PY22	1Q23	Variance to Prior Year	Peer Index
<b>Enrollment</b>							
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
<b>Financial Summary</b>							
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
<b>High Cost Claimants (HCC's) &gt; \$100k</b>							
# 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%	
<b>Cost Distribution by Claim Type (PMPY)</b>							
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%	
<b>Total - Medical</b>	<b>\$ 5,354,786</b>	<b>\$ 865,222</b>	<b>\$ 12,062</b>	<b>\$ 6,232,071</b>	<b>\$ 9,454,832</b>	<b>\$ 1,296,189</b>	<b>\$ 22,440</b>	<b>\$ 10,773,461</b>	<b>72.9%</b>	

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%	
<b>Total - Medical</b>	<b>\$ 1,769</b>	<b>\$ 4,966</b>	<b>\$ 16,481</b>	<b>\$ 23,217</b>	<b>\$ 3,623</b>	<b>\$ 12,497</b>	<b>\$ 9,707</b>	<b>\$ 25,826</b>	<b>11.2%</b>	

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

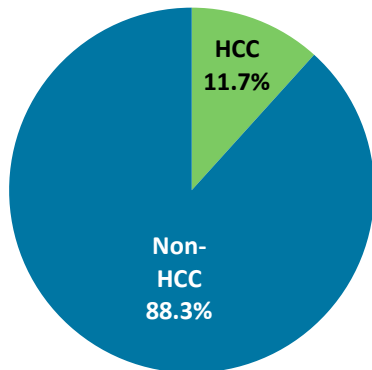
Net Paid Claims - Total										
Total Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,726,719	\$ 261,460	\$ 4,012	\$ 1,992,192	\$ 2,224,765	\$ 303,966	\$ 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%	
<b>Total - Medical</b>	<b>\$ 5,356,556</b>	<b>\$ 870,188</b>	<b>\$ 28,544</b>	<b>\$ 6,255,288</b>	<b>\$ 9,458,455</b>	<b>\$ 1,308,686</b>	<b>\$ 32,147</b>	<b>\$ 10,799,288</b>	<b>72.6%</b>	

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%
<b>7,786</b>	<b>100.0%</b>	<b>\$6,255,288</b>	<b>100.0%</b>	<b>\$1,581,996</b>	<b>100.0%</b>		<b>13,667</b>	<b>100.0%</b>	<b>\$10,799,288</b>	<b>100.0%</b>	<b>\$2,090,886</b>	<b>100.0%</b>

**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%
<b>Overall</b>	<b>----</b>	<b>\$1,262,986</b>	<b>100.0%</b>

# 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
<b>Inpatient Facility</b>									
# 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	
<b>Physician Office</b>									
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%
<b>Emergency Room</b>									
# 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%
<b>Urgent Care</b>									
# 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

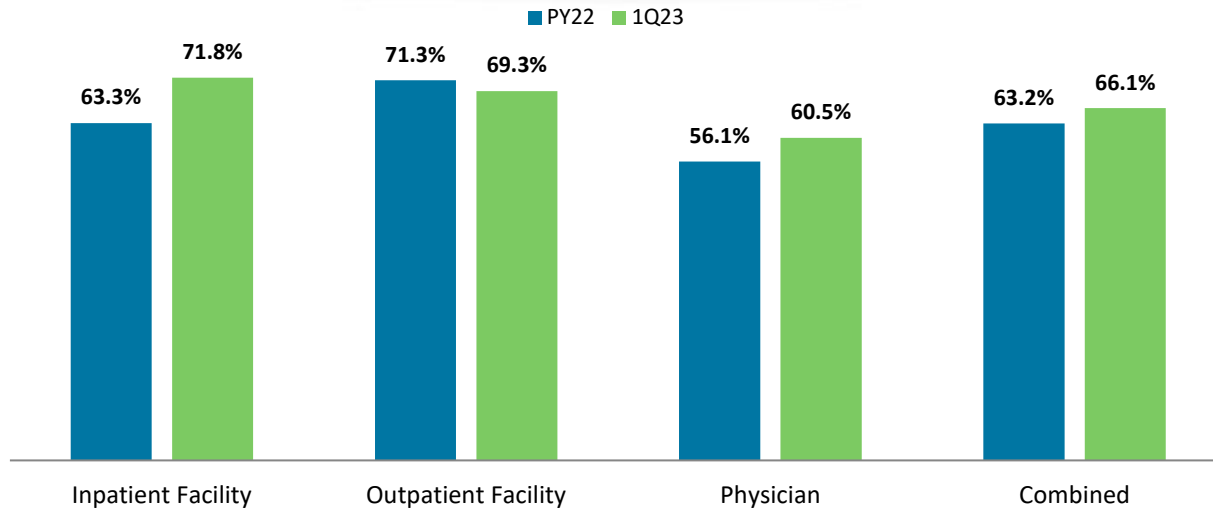
# Utilization Summary (p. 2 of 2)

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

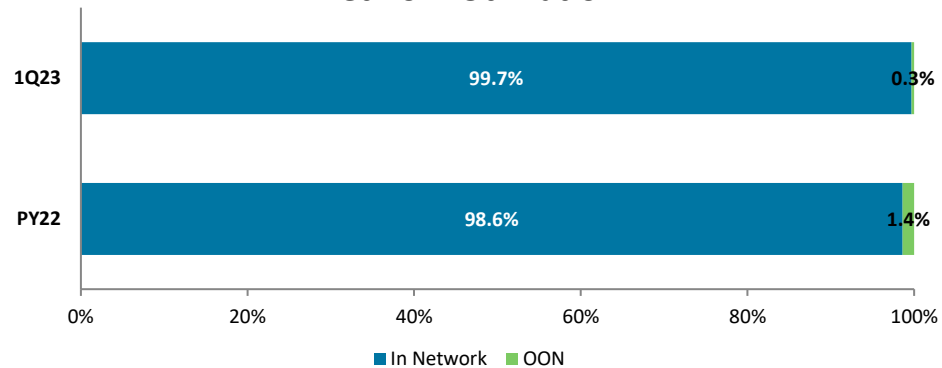
Summary	State Retirees			Non-State Retirees			Peer Index
	1Q22	1Q23	Variance to Prior Year	1Q22	1Q23	Variance to Prior Year	
<b>Inpatient Facility</b>							
# of Admits	10	11		3	0		
# of Bed Days	40	53		7	0		
Paid Per Admit	\$35,139	\$23,855	-32.1%	\$7,768	\$0	-100.0%	\$18,822
Paid Per Day	\$8,785	\$4,951	-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		
<b>Physician Office</b>							
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
<b>Emergency Room</b>							
# 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
<b>Urgent Care</b>							
# 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
<b>Total</b>	<b>\$10,799,288</b>	<b>100.0%</b>	<b>\$6,441,534</b>	<b>\$2,217,451</b>	<b>\$2,140,303</b>	<b>\$3,862,449</b>	<b>\$6,936,838</b>

# Mental Health Drilldown

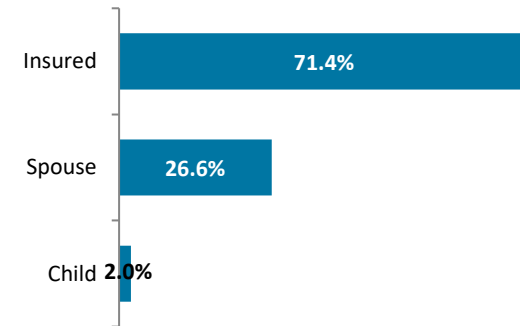
Group	PY22		1Q23	
	Patients	Total Paid	Patients	Total Paid
Depression	453	\$568,975	348	\$139,327
Mood and Anxiety Disorders	613	\$271,735	417	\$110,164
Mental Health Conditions, Other	431	\$351,519	309	\$103,712
Alcohol Abuse/Dependence	20	\$75,926	19	\$53,446
Developmental Disorders	59	\$215,640	47	\$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
<b>Total</b>		<b>\$2,123,665</b>		<b>\$555,385</b>

# Diagnosis Grouper – Cancer

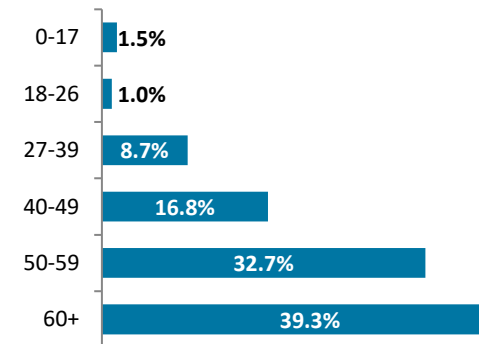
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	17	46	\$679,510	64.6%
Breast Cancer	45	316	\$239,750	22.8%
Cancers, Other	31	127	\$81,276	7.7%
Brain Cancer	3	71	\$75,378	7.2%
Non-Melanoma Skin Cancers	33	90	\$41,367	3.9%
Lymphomas	11	58	\$37,928	3.6%
Secondary Cancers	13	57	\$37,303	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%
<b>Overall</b>	----	----	<b>\$1,269,153</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

## Relationship



## Age Range

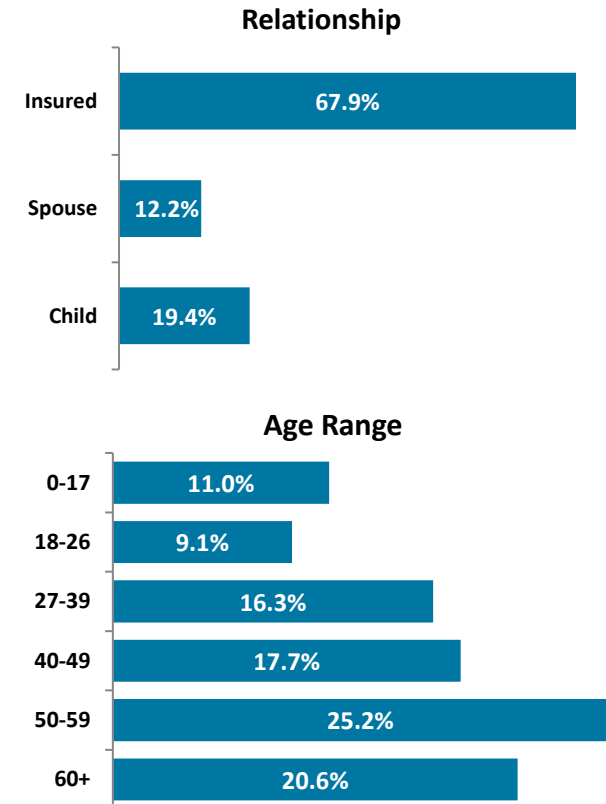




# Diagnosis Grouper – Gastrointestinal Orders

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%
	----	----	<b>\$1,119,450</b>	<b>179.4%</b>

\*Patient and claim counts are unique only within the category

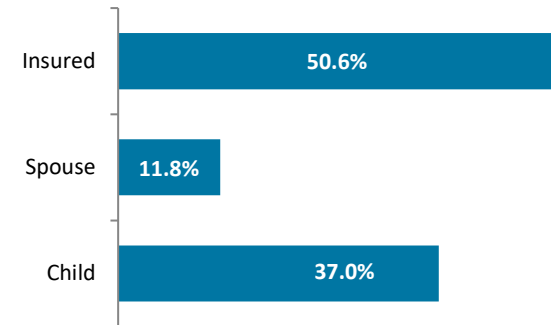


# Diagnosis Groupers – Health Status/Encounters

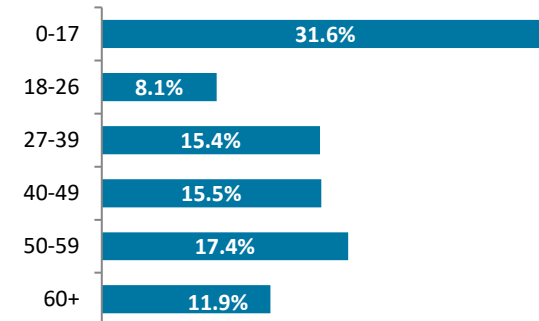
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	1,088	1,837	\$299,148	30.1%
Exams	1,508	2,373	\$246,919	24.8%
Prophylactic Measures	803	933	\$215,546	21.7%
Encounters - Infants/Children	845	975	\$146,449	14.7%
Personal History of Condition	136	200	\$35,216	3.5%
Aftercare	50	86	\$14,112	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%
<b>Overall</b>	----	----	<b>\$993,723</b>	<b>150.6%</b>

\*Patient and claim counts are unique only within the category

## Relationship



## Age Range



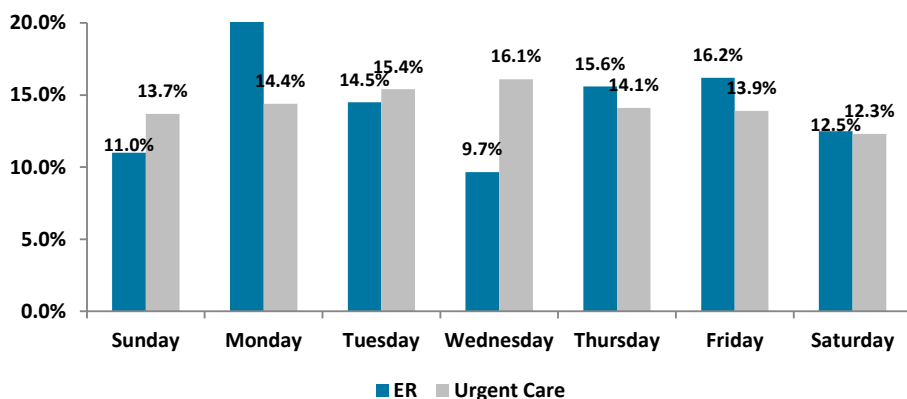
# Emergency Room / Urgent Care Summary

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%		
<b>Total Member Paid</b>	<b>\$150,602</b>	<b>\$38,696</b>	<b>\$304,662</b>	<b>\$76,024</b>		
<b>Total Plan Paid</b>	<b>\$630,048</b>	<b>\$70,583</b>	<b>\$1,233,372</b>	<b>\$110,092</b>		

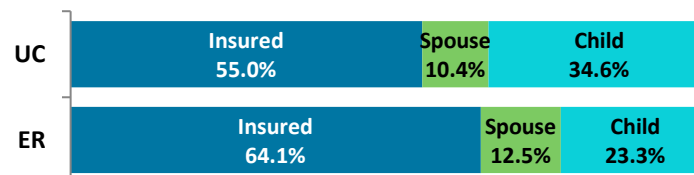
\*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized

Visits by Day of Week



% of Paid



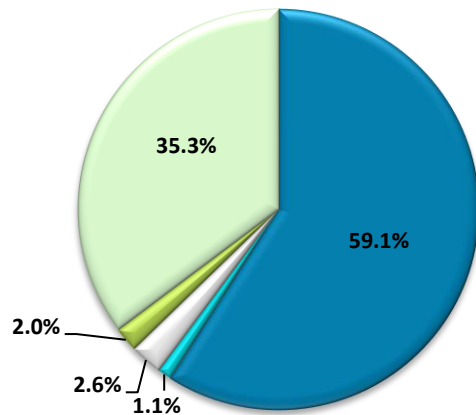
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	253	36	594	86	847	122
Spouse	58	33	115	66	173	99
Child	150	30	347	70	497	100
<b>Total</b>	<b>461</b>	<b>34</b>	<b>1,056</b>	<b>77</b>	<b>1,517</b>	<b>111</b>

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

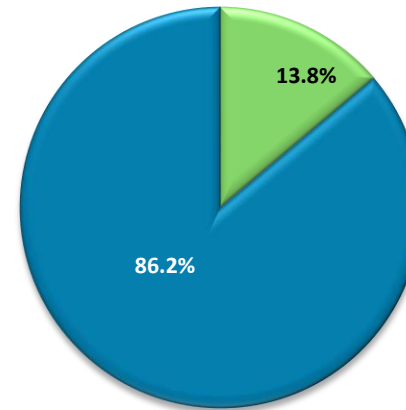
# Savings Summary – Medical Claims

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%
<b>Total Participant Paid</b>	<b>\$2,090,886</b>	<b>\$196</b>	<b>5.4%</b>
<b>Total Plan Paid</b>	<b>\$10,799,288</b>	<b>\$519</b>	<b>27.9%</b>

<b>Total Participant Paid - PY22</b>	<b>\$136</b>
<b>Total Plan Paid - PY22</b>	<b>\$539</b>



■ 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
<b>Membership Summary</b>				
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%
<b>Claim Summary</b>				
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%
<b>Generic % of Total Claims (GFR)</b>	<b>84.7%</b>	<b>83.6%</b>	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%
<b>Claims Cost Summary</b>				
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)	<b>\$123.46</b>	<b>\$99.14</b>	\$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%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$944,609</b>	<b>\$528,252.00</b>	\$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%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$20.34</b>	<b>\$20.45</b>	(\$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%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$23.12</b>	<b>\$23.25</b>	(\$0.13)	-0.6%
Copay % of Total Prescription Cost (Member Cost Share %)	16.5%	20.6%	-4.2%	-20.1%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$4,790,203</b>	<b>\$2,032,982.00</b>	<b>\$2,757,221.00</b>	<b>135.6%</b>
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%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$103.13</b>	<b>\$78.69</b>	\$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%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$117.24</b>	<b>\$89.47</b>	<b>\$27.77</b>	<b>31.0%</b>
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%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$75.73</b>	<b>\$67.71</b>	<b>\$8.03</b>	<b>11.9%</b>
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

## Index of Tables

### 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%
<b>Total</b>	<b>\$ 9,211,146</b>	<b>\$ 399</b>	<b>\$ 4,170,771</b>	<b>\$ 181</b>	<b>\$13,381,917</b>	<b>\$580</b>	<b>\$ 7,464,605</b>	<b>\$ 376</b>	<b>\$ 4,207,311</b>	<b>\$ 212</b>	<b>\$ 11,671,916</b>	<b>\$ 588</b>	<b>-12.8%</b>	<b>1.3%</b>

# 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
<b>Enrollment</b>												
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%
<b>Financial Summary</b>												
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%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# 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%
<b>Cost Distribution by Claim Type (PMPY)</b>												
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	
<b>Enrollment</b>									
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
<b>Financial Summary</b>									
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
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# 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%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
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)

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
<b>Enrollment</b>												
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%
<b>Financial Summary</b>												
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%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# 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%
<b>Cost Distribution by Claim Type (PMPY)</b>												
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	
<b>Enrollment</b>									
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
<b>Financial Summary</b>									
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
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# 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%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
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%	
<b>Total - Medical</b>	<b>\$ 8,064,127</b>	<b>\$ 934,841</b>	<b>\$ 55,259</b>	<b>\$ 9,054,228</b>	<b>\$ 6,165,627</b>	<b>\$ 917,551</b>	<b>\$ 284,028</b>	<b>\$ 7,367,206</b>	<b>-18.6%</b>	

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%
<b>Total - Medical</b>	<b>\$ 1,111</b>	<b>\$ 82,599</b>	<b>\$ 73,209</b>	<b>\$ 156,918</b>	<b>\$ 489</b>	<b>\$ 45,328</b>	<b>\$ 51,582</b>	<b>\$ 97,399</b>		<b>-37.9%</b>

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

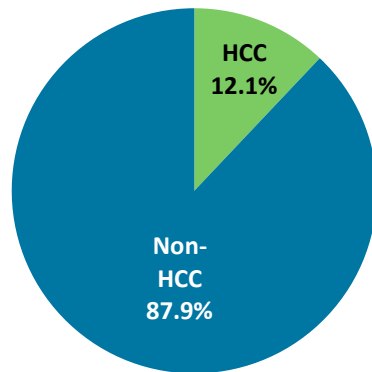
Net Paid Claims - Total										
Total Participants										
	1Q22				1Q23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,890,601	\$ 251,070	\$ 38,982	\$ 3,180,653	\$ 1,602,345	\$ 134,167	\$ 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%
<b>Total - Medical</b>	<b>\$ 8,065,238</b>	<b>\$ 1,017,440</b>	<b>\$ 128,468</b>	<b>\$ 9,211,146</b>	<b>\$ 6,166,116</b>	<b>\$ 962,879</b>	<b>\$ 335,610</b>	<b>\$ 7,464,605</b>		<b>-19.0%</b>

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%
<b>7,686</b>	<b>100.0%</b>	<b>\$9,211,146</b>	<b>100.0%</b>	<b>\$1,383,814</b>	<b>100.0%</b>		<b>6,616</b>	<b>100.0%</b>	<b>\$7,464,605</b>	<b>100.0%</b>	<b>\$1,197,325</b>	<b>100.0%</b>

**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%
<b>Overall</b>	<b>----</b>	<b>\$900,015</b>	<b>100.0%</b>

# 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
<b>Inpatient Summary</b>												
# 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	
<b>Physician Office</b>												
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%
<b>Emergency Room</b>												
# 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%
<b>Urgent Care</b>												
# 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	

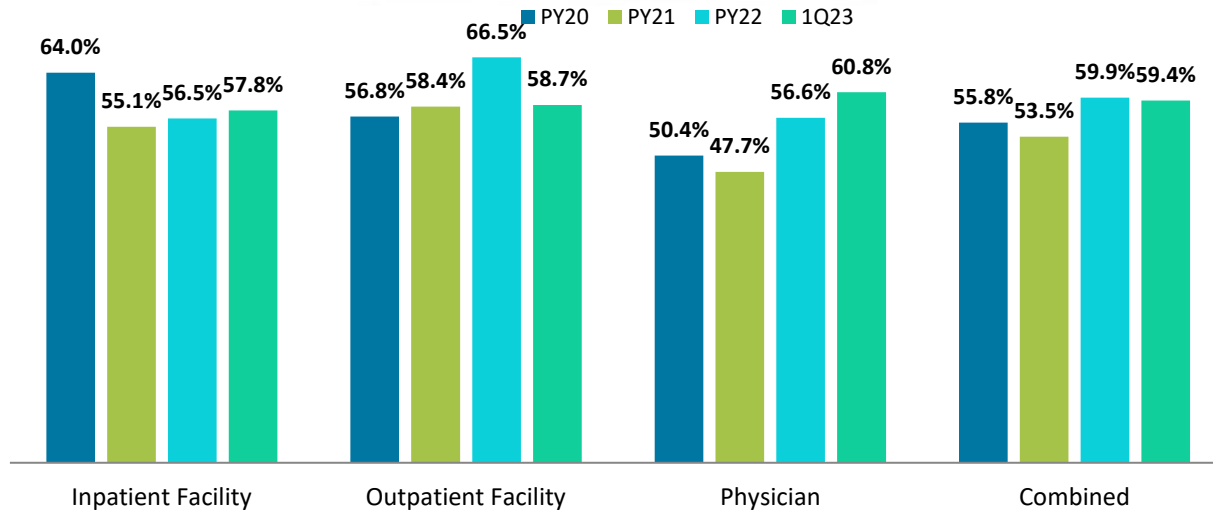
# Utilization Summary (p. 2 of 2)

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

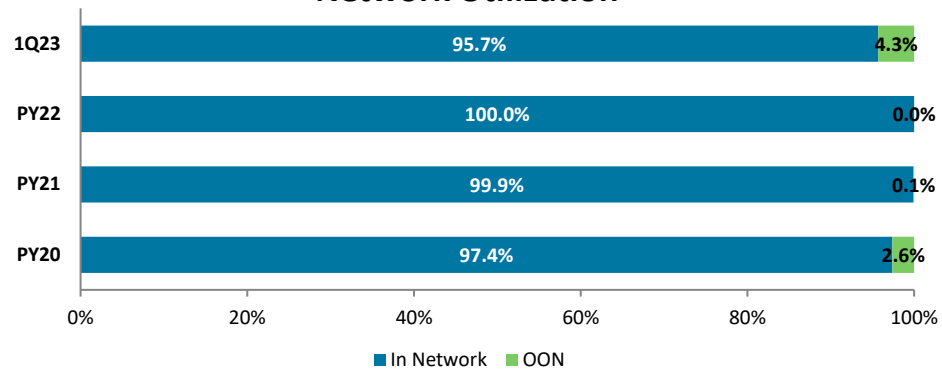
Summary	State Retirees				Non-State Retirees				Peer Index
	1Q21	1Q22	1Q23	Variance to Prior Year	1Q21	1Q22	1Q23	Variance to Prior Year	
<b>Inpatient Summary</b>									
# of Admits	16	15	12		1	5	1		
# of Bed Days	61	103	67		38	30	4		
Paid Per Admit	\$22,892	\$31,995	\$29,940	-6.4%	\$879,390	\$24,510	\$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		
<b>Physician Office</b>									
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
<b>Emergency Room</b>									
# 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
<b>Urgent Care</b>									
# 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
<b>Total</b>	<b>\$7,464,605</b>	<b>100.0%</b>	<b>\$4,941,219</b>	<b>\$1,053,815</b>	<b>\$1,469,571</b>	<b>\$2,724,905</b>	<b>\$4,739,701</b>



# Mental Health Drilldown

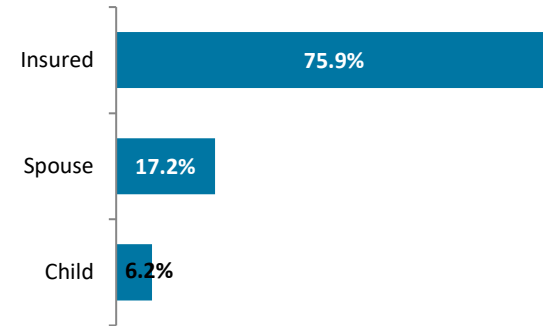
Group	PY20		PY21		PY22		1Q23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	598	\$910,160	625	\$833,183	505	\$720,907	227	\$101,451
Mental Health Conditions, Other	572	\$599,986	609	\$876,606	458	\$367,897	188	\$57,288
Mood and Anxiety Disorders	665	\$513,247	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
<b>Total</b>		<b>\$3,029,167</b>		<b>\$3,734,023</b>		<b>\$2,170,566</b>		<b>\$265,919</b>

# Diagnosis Grouper – Cardiac Disorders

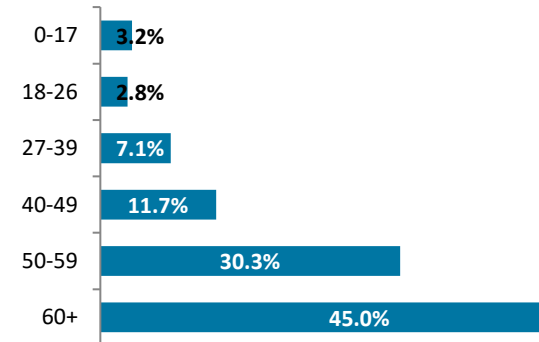
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Heart Valve Disorders	23	58	\$286,818	32.9%
Atrial Fibrillation	28	76	\$155,339	17.8%
Hypertension	234	359	\$83,744	9.6%
Pulmonary Embolism	8	34	\$68,400	7.9%
Chest Pain	61	138	\$58,628	6.7%
Cardio-Respiratory Arrest	5	20	\$54,433	6.2%
Coronary 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%
<b>Overall</b>	----	----	<b>\$871,221</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

## Relationship



## Age Range

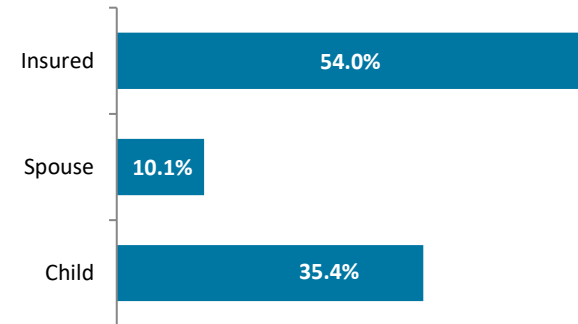


# Diagnosis Groupers – Health Status / Encounters

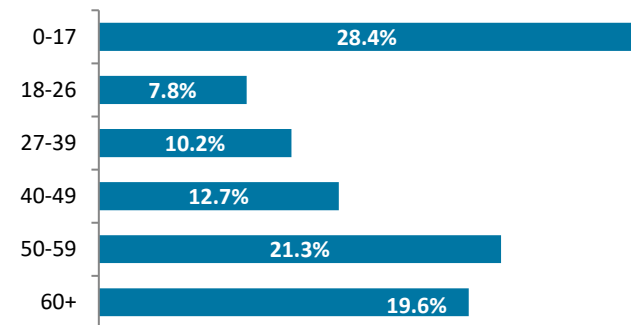
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	515	905	\$179,297	27.2%
Prophylactic Measures	563	691	\$143,158	21.7%
Exams	732	1,108	\$135,193	20.5%
Encounters - Infants/Children	385	450	\$87,996	13.3%
Prosthetics/Devices/Implants	53	166	\$47,177	7.1%
Aftercare	69	106	\$42,037	6.4%
Personal 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%
<b>Overall</b>	----	----	<b>\$659,897</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

## Relationship



## Age Range

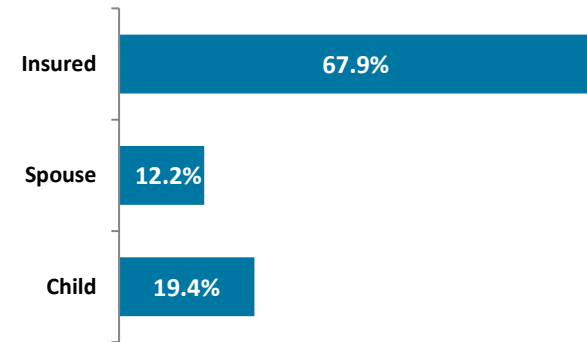


# Diagnosis Grouper – Gastrointestinal Disorders

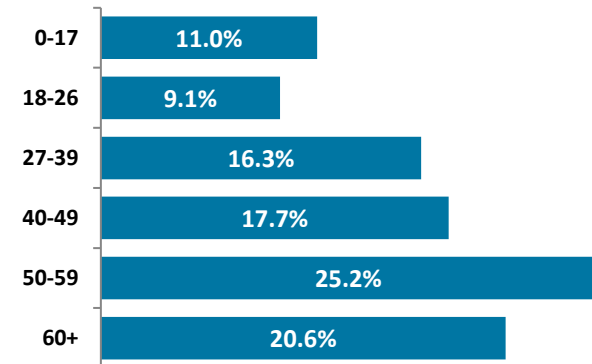
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
GI Disorders, Other	86	155	\$150,586	24.1%
Abdominal Disorders	147	313	\$112,035	18.0%
Upper GI Disorders	88	162	\$72,460	11.6%
Gallbladder and Biliary Disease	19	62	\$63,243	10.1%
GI Symptoms	98	173	\$53,102	8.5%
Appendicitis	4	29	\$51,030	8.2%
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%
	----	----	<b>\$624,121</b>	<b>100.0%</b>

\*Patient and claim counts are unique only within the category

## Relationship



## Age Range

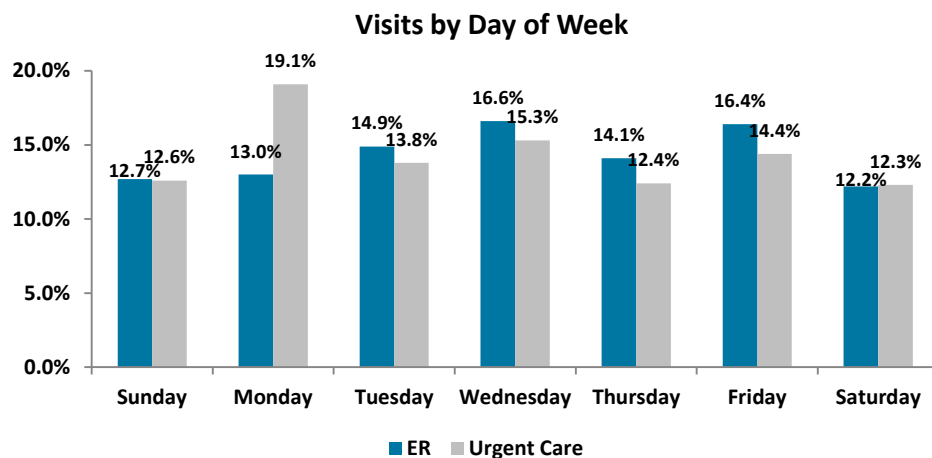


# Emergency Room / Urgent Care Summary

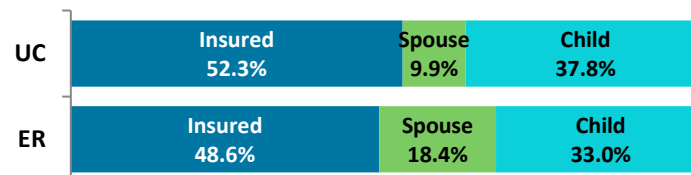
ER/Urgent Care	1Q22		1Q23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	345	758	276	547		
Visits Per Member	0.18	0.39	0.17	0.33	0.22	0.35
Visits/1000 Members	180	395	167	331	221	352
Avg Paid Per Visit	\$1,902	\$149	\$2,841	\$121	\$968	\$135
% with OV*	93.6%	87.1%	92.4%	86.5%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

\*looks back 12 months from ER visit

Annualized    Annualized    Annualized    Annualized



### % of Paid



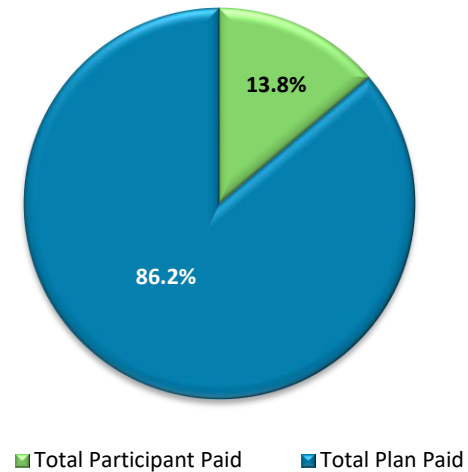
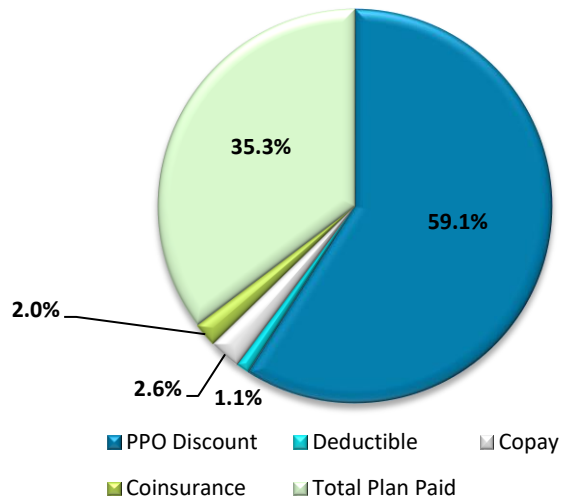
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	143	40	293	82	436	123
Spouse	39	58	58	86	97	145
Child	94	39	196	82	290	121
<b>Total</b>	<b>276</b>	<b>42</b>	<b>547</b>	<b>83</b>	<b>823</b>	<b>124</b>

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%
<b>Total Participant Paid</b>	<b>\$1,197,325</b>	<b>\$112</b>	<b>5.5%</b>
<b>Total Plan Paid</b>	<b>\$7,464,605</b>	<b>\$699</b>	<b>34.2%</b>

<b>Total Participant Paid - PY22</b>	<b>\$101</b>
<b>Total Plan Paid - PY22</b>	<b>\$815</b>



# Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
<b>Asthma</b>	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%
<b>Chronic Obstructive Pulmonary Disease</b>	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%
<b>Congestive Heart Failure</b>	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%
<b>Diabetes</b>	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%
<b>Hyperlipidemia</b>	Hyperlipidemia Annual lipid profile	1,085	838	247	77.2%
<b>Hypertension</b>	Annual lipid profile	1,165	789	376	67.7%
	Annual serum creatinine test	1,137	934	203	82.1%
<b>Wellness</b>	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
<b>Membership Summary</b>				
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%
<b>Claim Summary</b>				
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%
<b>Generic % of Total Claims (GFR)</b>	<b>85.5%</b>	<b>84.8%</b>	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%
<b>Claims Cost Summary</b>				
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)	<b>\$144.92</b>	<b>\$132.99</b>	\$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%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$802,085</b>	<b>\$822,871</b>	(\$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%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$23.23</b>	<b>\$21.91</b>	<b>\$1.32</b>	<b>6.0%</b>
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%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$40.24</b>	<b>\$35.58</b>	<b>\$4.66</b>	<b>13.1%</b>
Copay % of Total Prescription Cost (Member Cost Share %)	16.0%	16.5%	-0.4%	-2.7%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$4,202,380</b>	<b>\$4,171,785</b>	<b>\$30,595.00</b>	<b>0.7%</b>
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%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$121.69</b>	<b>\$111.08</b>	<b>\$10.61</b>	<b>9.6%</b>
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%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$210.84</b>	<b>\$180.39</b>	<b>\$30.45</b>	<b>16.9%</b>
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%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$139.16</b>	<b>\$139.84</b>	<b>(\$0.68)</b>	<b>-0.5%</b>
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%

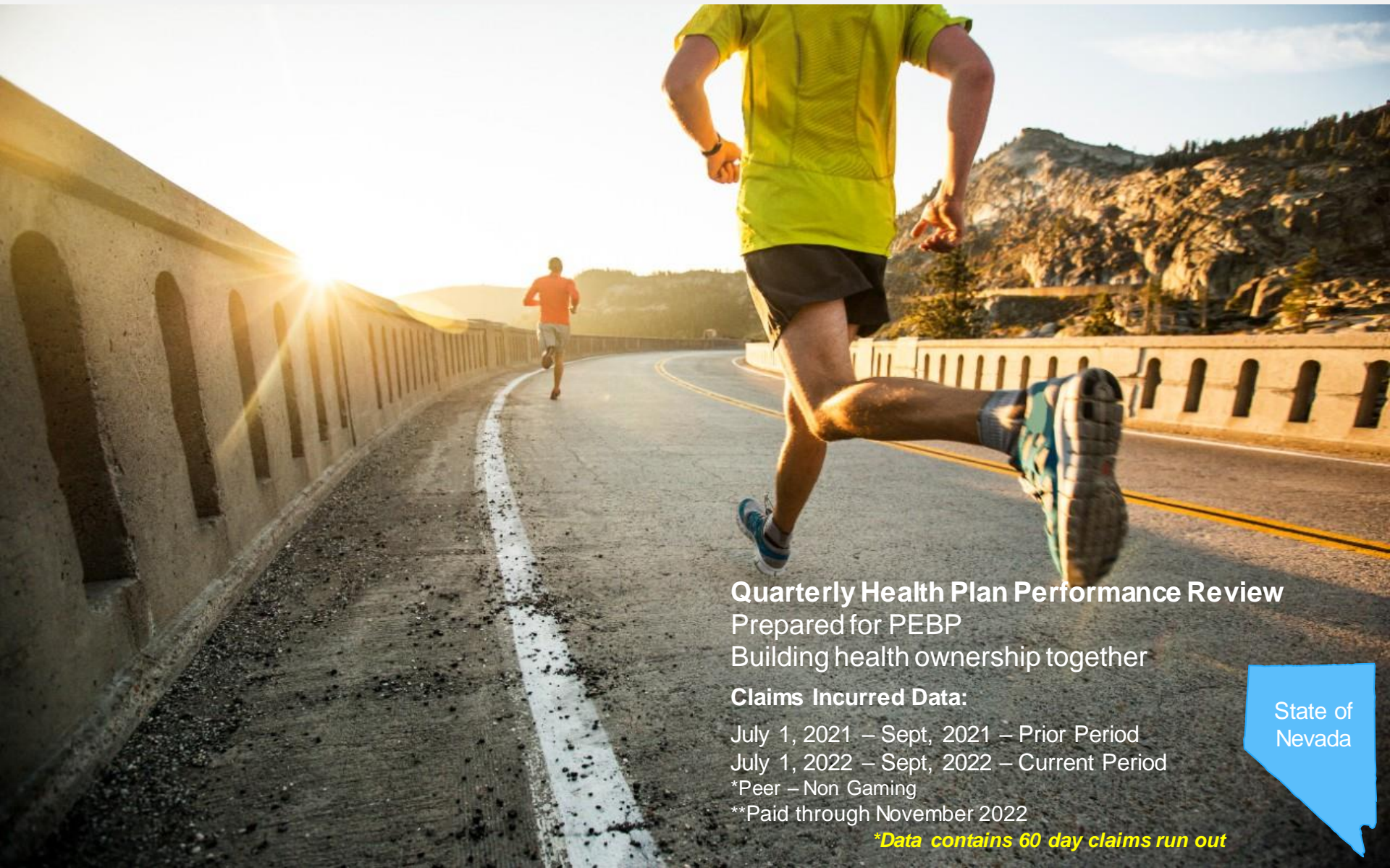
# Appendix D

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# 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%
<b>Total</b>	<b>\$8,623,226</b>	<b>\$426</b>	<b>\$2,944,852</b>	<b>\$145</b>	<b>\$11,568,078</b>	<b>\$571</b>	<b>\$7,148,416</b>	<b>\$357</b>	<b>\$3,305,377</b>	<b>\$165</b>	<b>\$10,453,793</b>	<b>\$522</b>	<b>-9.6%</b>	<b>-8.7%</b>

# 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%
<b>Financial</b>												
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%
<b>High Cost Claimants</b>												
# 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%
<b>Spend by Location (PMPY)</b>												
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%
<b>Total</b>	<b>\$3,876</b>	<b>\$5,112</b>	<b>\$4,283</b>	<b>-16.2%</b>	<b>\$3,776</b>	<b>\$4,719</b>	<b>\$4,212</b>	<b>-10.7%</b>	<b>\$4,839</b>	<b>\$8,981</b>	<b>\$4,985</b>	<b>-44.5%</b>



# Paid Claims by Claim Type



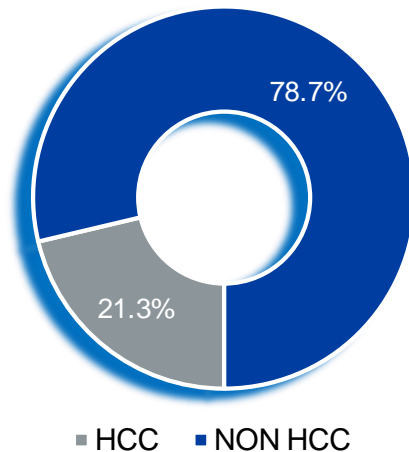
Net Paid Claims - Total									
Total Participants									
	1Q21				1Q22				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$2,818,084	\$227,785	\$193,818	\$3,239,687	\$1,481,759	\$31,068	\$310,517	\$1,823,344	-43.7%
OutPatient	\$4,910,251	\$121,746	\$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	▲
<b>Inpatient</b>									
# 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%
<b>Physician Office Visits</b>									
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%
<b>Emergency Room</b>									
# 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%
<b>Urgent Care</b>									
# 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*

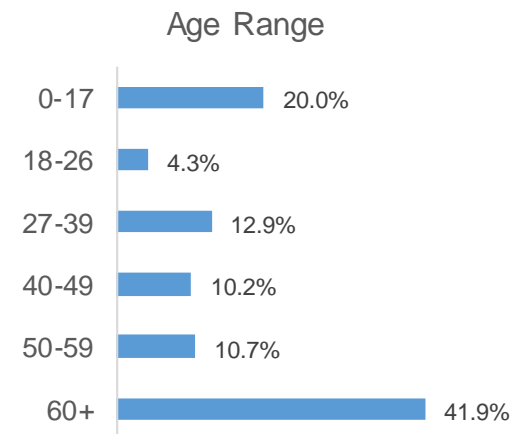
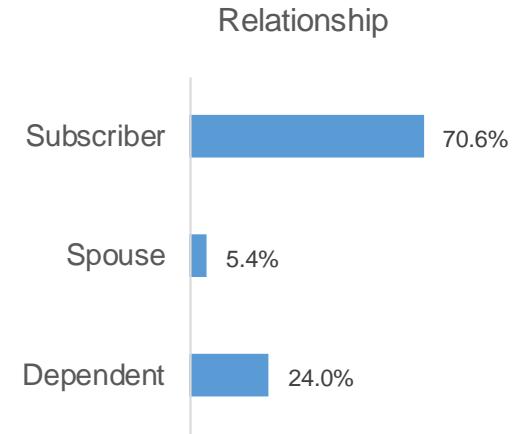
# Respiratory Disorders



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%

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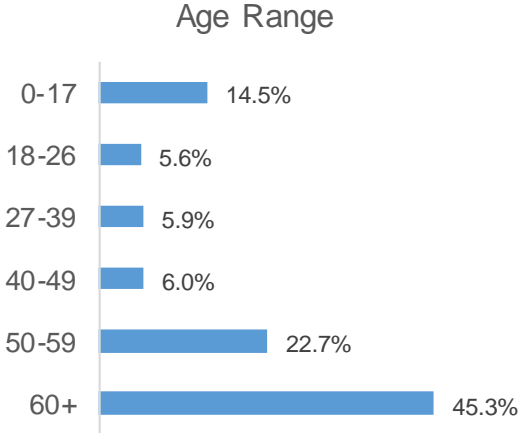
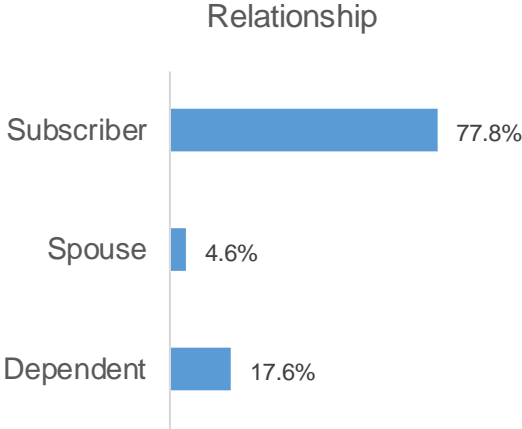
# Infections



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*

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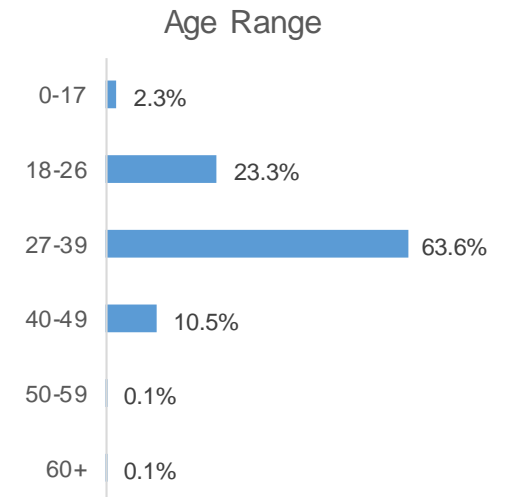
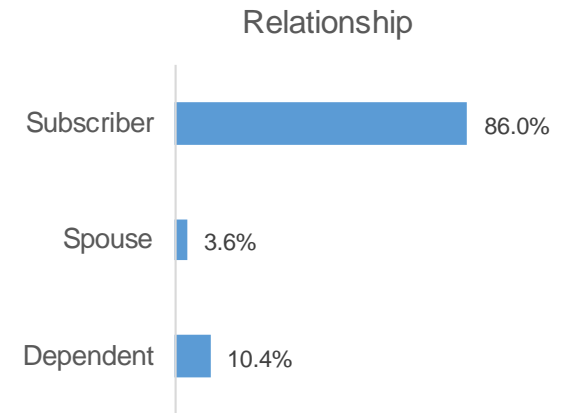
# Pregnancy Related Disorders



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



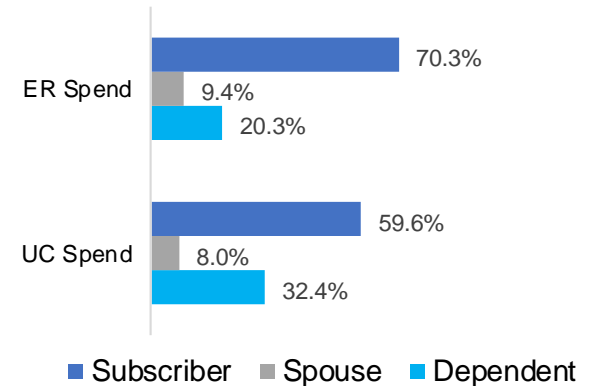
Metric	1Q21		1Q22		Peer	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	166	1,291	184	907		
Visits Per Member	0.02	0.48	0.03	0.54	0.08	0.14
Visits Per K	98.4	765.3	110.2	543.5	89.6	385.3
Avg. Paid Per Visit	\$2,596	\$112	\$2,973.58	\$121	\$2,607	\$118

\*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
<b>Total</b>	<b>184</b>	<b>110.2</b>	<b>907</b>	<b>543.5</b>

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

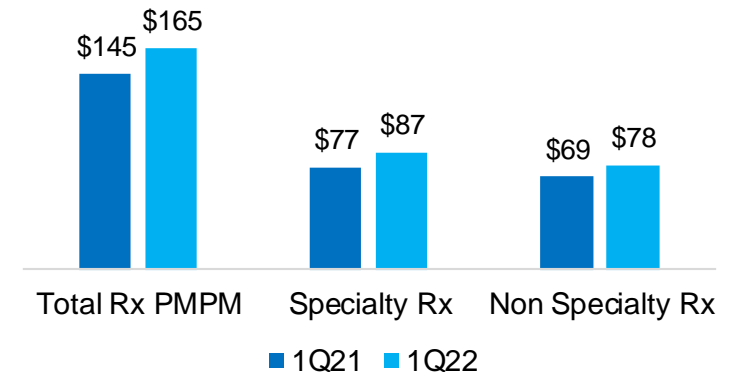
*\*Not Representative of all utilization*

*\*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

