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**JACK ROBB**  
*Board Chair*

**AGENDA ITEM**

Action Item

Information Only

**Date:** December 7, 2023

**Item Number:** 4.2.1

**Title:** Self-Funded CDHP, LDPPPO, and EPO Plan Utilization Report for the period ending June 30, 2023

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

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

# Executive Summary

## *CONSUMER DRIVEN HEALTH PLAN (CDHP)*

The Consumer Driven Health Plan (CDHP) experience for Q4 of Plan Year 2023 compared to Q4 of Plan Year 2022 is summarized below.

- Population:
  - 13.4% decrease for primary participants
  - 16.8% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 2.6% decrease for primary participants
  - 1.5% increase for primary participants plus dependents (members)
- High-Cost Claims:
  - There were 126 High-Cost Claimants accounting for 34.0% of the total plan paid for Q4 of Plan Year 2023
  - 4.17% decrease in High-Cost Claimants per 1,000 members
  - 5.0% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Cancer (\$6.6 million) – 22.1% of paid claims
  - Cardiac Disorders (\$2.9 million) – 9.7% of paid claims
  - Infections (\$2.0 million) – 6.8% of paid claims
- Emergency Room:
  - ER visits per 1,000 members increased 4.1%
  - Average paid per ER visit increased 19.1%
- Urgent Care:
  - Urgent Care visits per 1,000 members decreased by 2.2%
  - Average paid per Urgent Care visit decreased 28.6% (decrease from \$70 to \$50)
- Network Utilization:
  - 97.2% of claims are from In-Network providers
  - Q4 of Plan Year 2023 In-Network utilization decreased 0.8% over PY 2022
  - Q4 of Plan Year 2023 In-Network discounts increased 3.3% over PY 2022
- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims decreased 14.1%
    - Total Gross Claims Costs decreased 8.1% (\$3.8 million)
    - Average Total Cost per Claim increased 7.0%
      - From \$108.02 to \$115.56
  - Member:
    - Total Member Cost decreased 14.9%
    - Average Participant Share per Claim decreased 1.0%
    - Avg. Copay per Claim decreased 1.0%
      - From \$26.49 to \$26.23

- Plan
  - Total Plan Cost decreased 5.8%
  - Average Plan Share per Claim increased 9.6%
  - Net Plan PMPM increased 13.5%
    - From \$89.52 to \$101.62
  - Net Plan PMPM factoring rebates increased 8.5%
    - From \$65.08 to \$70.60

### ***LOW DEDUCTIBLE PPO PLAN (LDPPO)***

The Low Deductible PPO Plan (LDPPO) experience for Q4 of Plan Year 2023 compared to Q4 of Plan Year 2022 is summarized below.

- Population:
  - 69.8% increase for primary participants
  - 64.0% increase for primary participants plus dependents (members)
- Medical Cost:
  - 4.2% decrease for primary participants
  - 0.9% decrease for primary participants plus dependents (members)
- High-Cost Claims:
  - There were 54 High-Cost Claimants accounting for 23.0% of the total plan paid for Q4 of Plan Year 2023
  - 19.7% decrease in High-Cost Claimants per 1,000 members
  - 16.6% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Cancer (\$4.5 million) – 34.7% of paid claims
  - Endocrine/Metabolic Disorders (\$1.3 million) – 10.3% of paid claims
  - Trauma/Accidents (\$1.2 million) – 9.3% of paid claims
- Emergency Room:
  - ER visits per 1,000 members increased 10.4%
  - Average paid per ER visit increased 28.1%
- Urgent Care:
  - Urgent Care visits per 1,000 members increased by 14.1%
  - Average paid per Urgent Care visit decreased 18.3% (decrease from \$120 to \$98)
- Network Utilization:
  - 97.1% of claims are from In-Network providers.
  - As Q4 of Plan Year 2023 In-Network utilization decreased 1.5% over PY 2022
  - As Q4 of Plan Year 2023 In-Network discounts increased 1.1% over PY 2022
- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims increased 73.5%
    - Total Gross Claims Costs increased 97.2% (\$12.4 million)
    - Average Total Cost per Claim increased 13.7%
      - From \$108.33 to \$123.14
  - Member:

- Total Member Cost increased 75.8% (this can be attributed to the increase in the number of participants from 8,533 to 14,339)
- Average Participant Share per Claim increased 1.3%
- Average Copay per Claim (Member Cost Share) increased 1.3%
  - From \$19.94 to \$20.21
- Plan
  - Total Plan Cost increased 102.0% (this can be attributed to the increase in the number of participants from 8,533 to 14,339)
  - Average Plan Share per Claim increased 16.5%
  - Net Plan PMPM increased 20.2%
    - From \$101.49 to \$122.00
  - Net Plan PMPM factoring rebates decreased%
    - From \$91.16 to \$88.39

### ***PEBP PREMIER PLAN (EPO)***

The PEBP Premier Plan (EPO) experience for Q4 of Plan Year 2023 compared to Q4 of Plan Year 2022 is summarized below.

- Population:
  - 14.3% decrease for primary participants
  - 14.3% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 25.4% increase for primary participants
  - 25.4% increase for primary participants plus dependents (members)
- High-Cost Claims:
  - There were 54 High-Cost Claimants accounting for 32.9% of the total plan paid for Plan Year 2023
  - 37.0% increase 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 (\$4.2 million) – 30.6% of paid claims
  - Cardiac Disorders (\$1.9 million) – 13.7% of paid claims
  - Pregnancy-related Disorders (\$1.4 million) – 10.4% of paid claims
- Emergency Room:
  - ER visits per 1,000 members increased by 5.1%
  - Average paid per ER visit increased by 54.2%
- Urgent Care:
  - Urgent Care visits per 1,000 members increased by 2.2%
  - Average paid per Urgent Care visit decreased 15.7%
- Network Utilization:
  - 100% of claims are from In-Network providers
  - In-Network discounts decreased 5.0%
- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims decreased 12.0%

- Total Gross Claims Costs increased 2.1% (\$0.4 million)
  - Average Total Cost per Claim increased 16.0%
    - From \$128.48 to \$149.01
- Member:
  - Total Member Cost decreased 3.4%
  - Average Participant Share per Claim increased 9.7%
  - Avg Copay per Claim (Member Cost Share) increased 9.9%
    - From \$22.03 to \$24.22
- Plan
  - Total Plan Cost increased 3.3%
  - Average Plan Share per Claim increased 17.3%
  - Net Plan PMPM increased 20.5%
    - From \$180.65 to \$217.75
  - Net Plan PMPM factoring rebates increased 5.5%
    - From \$137.14 to \$144.64

### ***DENTAL PLAN***

The Dental Plan experience for Q4 of Plan Year 2023 is summarized below.

- Dental Cost:
  - Total Dental claims paid decreased 4.0% (from \$24.6 million for Q4 of PY22 to \$23.6 million for Q4 of PY23)
    - Preventative claims account for 27.3% (\$6.4 million)
    - Basic claims account for 33.0% (\$7.8 million)
    - Major claims account for 15.6% (\$3.7 million)
    - Diagnostic claims account for 24.1% (\$5.7 million)

## **HEALTH REIMBURSEMENT ARRANGEMENT**

The table below provides a list of CDHP HRA account balances as of June 30, 2023.

<b>HRA Account Balances as of June 30, 2023</b>			
<b>\$Range</b>	<b># Accounts</b>	<b>Total Account Balance</b>	<b>Average Per Account Balance</b>
0	1,428	0	0
\$.01 - \$500.00	3,185	633,332	199
\$500.01 - \$1,000	1,796	1,201,159	669
\$1,000.01 - \$1,500	591	717,221	1,214
\$1,500.01 - \$2,000	367	641,623	1,748
\$2,000.01 - \$2,500	288	643,170	2,233
\$2,500.01 - \$3,000	184	511,930	2,782
\$3,000.01 - \$3,500	185	604,544	3,268
\$3,500.01 - \$4,000	156	581,286	3,726
\$4,000.01 - \$4,500	121	513,968	4,248
\$4,500.01 - \$5,000	88	419,145	4,763
<b>\$5,000.01 +</b>	<b>619</b>	<b>5,220,783</b>	<b>224,086</b>
<b>Total</b>	<b>9,008</b>	<b>\$ 11,688,160</b>	<b>\$ 1,298</b>

## **CONCLUSION**

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPPO) and the PEBP Premier Plan (EPO) through the fourth quarter of Plan Year 2023. The CDHP total plan paid costs decreased 13.1% over the same time for Plan Year 2022. The LDPPPO total plan paid costs increased 71.7% over the same time for Plan Year 2023. The EPO total plan paid costs increased 6.2% over Q4 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 – June 30, 2023

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# DATASCOPE™

Nevada Public Employees' Benefits Program

HDHP Plan

July 2022 – June 2023 Incurred,

Paid through August 31, 2023

Reimagine | Rediscover **Benefits**





# Overview

- Total Medical Spend for PY23 was \$88,479,381 of which 74.7% was spent in the State Active population. When compared to PY22, this reflected a decrease of 15.5% in plan spend, with State Actives having a decrease of 17.9%.
  - When compared to PY21, PY23 decreased 31.8%, with State Actives having a decrease of 34.1%.
- On a PEPY basis, PY23 reflected an decrease of 2.5% when compared to PY22. The largest group, State Actives, had an decrease of 4.4%.
  - When compared to PY21, PY23 decreased 3.4%, with State Actives decreasing 3.9%.
- 85.6% of the Average Membership had paid Medical claims less than \$2,500, with 20.3% having no claims paid at all during the reporting period.
- There were 126 high-cost Claimants (HCC's) over \$100K, that accounted for 34.0% of the total spend. HCCs accounted for 38.4% of total spend during PY22, with 160 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 22.1% of high-cost claimant dollars.
- IP Paid per Admit was \$26,453 which is a decrease of 22.1% compared to PY22.
- ER Paid per Visit is \$2,396, which is an increase of 19.1% compared to PY22.
- 97.2% of all Medical spend dollars were to In Network providers. The average In Network discount was 68.4%, which is an increase of 5.1% compared to the PY22 average discount of 65.1%.

# Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY22						PY23						% 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	\$ 4,550,238	\$ 1,580	\$ 21,972	\$ 8	\$ 4,572,210	\$ 1,588	\$ 5,181,350	\$ 2,699	\$ 34,144	\$ 18	\$ 5,215,494	\$ 2,716	14.1%	71.1%
1	\$ 520,539	\$ 169	\$ 24,554	\$ 8	\$ 545,093	\$ 177	\$ 486,016	\$ 205	\$ 36,705	\$ 15	\$ 522,721	\$ 220	-4.1%	24.5%
2 - 4	\$ 1,274,029	\$ 120	\$ 232,008	\$ 22	\$ 1,506,037	\$ 141	\$ 891,648	\$ 119	\$ 170,272	\$ 23	\$ 1,061,920	\$ 141	-29.5%	-0.1%
5 - 9	\$ 1,172,486	\$ 54	\$ 712,767	\$ 33	\$ 1,885,253	\$ 87	\$ 1,356,073	\$ 82	\$ 299,717	\$ 18	\$ 1,655,790	\$ 101	-12.2%	16.2%
10 - 14	\$ 2,707,686	\$ 109	\$ 430,033	\$ 17	\$ 3,137,719	\$ 126	\$ 1,731,650	\$ 88	\$ 340,380	\$ 17	\$ 2,072,030	\$ 106	-34.0%	-16.5%
15 - 19	\$ 4,673,018	\$ 172	\$ 918,293	\$ 34	\$ 5,591,311	\$ 206	\$ 4,387,437	\$ 202	\$ 690,093	\$ 32	\$ 5,077,530	\$ 233	-9.2%	13.2%
20 - 24	\$ 3,496,847	\$ 114	\$ 923,173	\$ 30	\$ 4,420,020	\$ 144	\$ 3,477,004	\$ 130	\$ 1,251,232	\$ 47	\$ 4,728,236	\$ 176	7.0%	22.7%
25 - 29	\$ 3,987,343	\$ 168	\$ 925,947	\$ 39	\$ 4,913,290	\$ 207	\$ 3,595,795	\$ 197	\$ 896,458	\$ 49	\$ 4,492,253	\$ 247	-8.6%	19.0%
30 - 34	\$ 5,182,871	\$ 185	\$ 1,671,194	\$ 60	\$ 6,854,065	\$ 244	\$ 5,254,060	\$ 235	\$ 961,196	\$ 43	\$ 6,215,256	\$ 278	-9.3%	14.0%
35 - 39	\$ 5,634,432	\$ 186	\$ 1,496,568	\$ 49	\$ 7,131,000	\$ 236	\$ 4,105,925	\$ 168	\$ 1,669,207	\$ 68	\$ 5,775,132	\$ 237	-19.0%	0.5%
40 - 44	\$ 6,307,115	\$ 209	\$ 2,141,997	\$ 71	\$ 8,449,112	\$ 281	\$ 4,561,901	\$ 177	\$ 2,219,537	\$ 86	\$ 6,781,438	\$ 263	-19.7%	-6.2%
45 - 49	\$ 7,912,859	\$ 275	\$ 2,671,471	\$ 93	\$ 10,584,330	\$ 368	\$ 5,337,965	\$ 219	\$ 2,254,193	\$ 92	\$ 7,592,158	\$ 311	-28.3%	-15.5%
50 - 54	\$ 11,038,518	\$ 338	\$ 4,241,055	\$ 130	\$ 15,279,573	\$ 468	\$ 9,184,369	\$ 330	\$ 4,070,171	\$ 146	\$ 13,254,540	\$ 476	-13.3%	1.8%
55 - 59	\$ 15,433,101	\$ 438	\$ 5,723,456	\$ 162	\$ 21,156,557	\$ 600	\$ 11,486,435	\$ 373	\$ 5,271,340	\$ 171	\$ 16,757,775	\$ 544	-20.8%	-9.3%
60 - 64	\$ 19,685,957	\$ 479	\$ 8,109,277	\$ 197	\$ 27,795,234	\$ 676	\$ 17,740,796	\$ 490	\$ 7,298,136	\$ 202	\$ 25,038,932	\$ 692	-9.9%	2.4%
65+	\$ 11,129,241	\$ 432	\$ 5,417,354	\$ 210	\$ 16,546,595	\$ 642	\$ 9,700,956	\$ 402	\$ 6,103,938	\$ 253	\$ 15,804,894	\$ 655	-4.5%	2.0%
<b>Total</b>	<b>\$ 104,706,277</b>	<b>\$ 264</b>	<b>\$ 35,661,119</b>	<b>\$ 90</b>	<b>\$ 140,367,399</b>	<b>\$ 354</b>	<b>\$ 88,479,381</b>	<b>\$ 268</b>	<b>\$ 33,566,719</b>	<b>\$ 102</b>	<b>\$ 122,046,100</b>	<b>\$ 369</b>	<b>-13.1%</b>	<b>4.4%</b>

# Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	23,242	18,943	16,411	-13.4%	19,450	15,526	13,332	-14.1%	4	3	3	0.0%
Avg # Members	42,168	33,089	27,544	-16.8%	36,612	28,082	23,059	-17.9%	9	8	8	0.0%
Ratio	1.8	1.8	1.7	-4.0%	1.9	1.8	1.7	-4.4%	2.3	2.7	2.7	0.0%
<b>Financial Summary</b>												
Gross Cost	\$167,612,161	\$138,077,453	\$116,590,277	-15.6%	\$131,056,101	\$106,593,460	\$87,356,314	-18.0%	\$45,142	\$55,484	\$42,591	-23.2%
Client Paid	\$129,698,896	\$104,706,277	\$88,479,381	-15.5%	\$100,360,791	\$80,561,976	\$66,125,338	-17.9%	\$31,594	\$38,304	\$30,890	-19.4%
Employee Paid	\$37,913,265	\$33,371,175	\$28,110,896	-15.8%	\$30,695,310	\$26,031,484	\$21,230,976	-18.4%	\$13,548	\$17,181	\$11,702	-31.9%
Client Paid-PEPY	\$5,580	\$5,527	\$5,391	-2.5%	\$5,160	\$5,189	\$4,960	-4.4%	\$7,898	\$12,768	\$10,297	-19.4%
Client Paid-PMPY	\$3,076	\$3,164	\$3,212	1.5%	\$2,741	\$2,869	\$2,868	0.0%	\$3,510	\$4,788	\$3,861	-19.4%
Client Paid-PEPM	\$465	\$461	\$449	-2.6%	\$430	\$432	\$413	-4.4%	\$658	\$1,064	\$858	-19.4%
Client Paid-PMPM	\$256	\$264	\$268	1.5%	\$228	\$239	\$239	0.0%	\$293	\$399	\$322	-19.3%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	173	160	126		124	115	94		0	0	0	
HCC's / 1,000	4.1	4.8	4.6		3.4	4.1	4.1		0.0	0.0	0.0	
Avg HCC Paid	\$253,370	\$251,190	\$238,643	-5.0%	\$251,442	\$262,921	\$233,021	-11.4%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.8%	38.4%	34.0%	-11.5%	31.1%	37.5%	33.1%	-11.7%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$893	\$1,153	\$995	-13.7%	\$778	\$1,028	\$895	-12.9%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$942	\$939	\$1,074	14.4%	\$794	\$821	\$930	13.3%	\$2,124	\$3,554	\$2,208	-37.9%
Physician	\$1,176	\$1,011	\$1,143	13.1%	\$1,112	\$964	\$1,043	8.2%	\$1,339	\$1,200	\$1,653	37.8%
Other	\$65	\$62	\$0	-100.0%	\$56	\$56	\$0	-100.0%	\$48	\$34	\$0	0.0%
Total	\$3,076	\$3,164	\$3,212	1.5%	\$2,741	\$2,869	\$2,868	0.0%	\$3,510	\$4,788	\$3,861	-19.4%

# Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	3,269	2,981	2,711	-9.1%	519	433	366	-15.7%	
Avg # Members	4,936	4,486	4,049	-9.7%	611	514	427	-16.8%	
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	\$31,611,056	\$27,879,066	\$25,102,026	-10.0%	\$4,899,862	\$3,549,442	\$4,089,345	15.2%	
Client Paid	\$25,416,793	\$21,491,378	\$19,194,786	-10.7%	\$3,889,718	\$2,614,619	\$3,128,367	19.6%	
Employee Paid	\$6,194,263	\$6,387,688	\$5,907,239	-7.5%	\$1,010,144	\$934,823	\$960,978	2.8%	
Client Paid-PEPY	\$7,774	\$7,210	\$7,082	-1.8%	\$7,501	\$6,033	\$8,557	41.8%	\$6,642
Client Paid-PMPY	\$5,149	\$4,791	\$4,740	-1.1%	\$6,362	\$5,091	\$7,321	43.8%	\$4,116
Client Paid-PEPM	\$648	\$601	\$590	-1.8%	\$625	\$503	\$713	41.7%	\$553
Client Paid-PMPM	\$429	\$399	\$395	-1.0%	\$530	\$424	\$610	43.9%	\$343
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	48	44	31		5	5	5		
HCC's / 1,000	9.7	9.8	7.7		8.2	9.7	11.7		
Avg HCC Paid	\$234,370	\$199,873	\$213,853	7.0%	\$280,896	\$231,987	\$307,109	32.4%	
HCC's % of Plan Paid	44.3%	40.9%	34.5%	-15.6%	36.1%	44.4%	49.1%	10.6%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$1,515	\$1,808	\$1,250	-30.9%	\$2,727	\$2,262	\$4,005	77.1%	\$1,190
Facility Outpatient	\$1,954	\$1,612	\$1,838	14.0%	\$1,599	\$1,488	\$1,591	6.9%	\$1,376
Physician	\$1,555	\$1,280	\$1,652	29.1%	\$1,925	\$1,227	\$1,724	40.5%	\$1,466
Other	\$125	\$91	\$0	-100.0%	\$110	\$115	\$0	-100.0%	\$84
Total	\$5,149	\$4,791	\$4,740	-1.1%	\$6,362	\$5,091	\$7,321	43.8%	\$4,116

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 32,773,018	\$ 7,740,399	\$ 1,067,575	\$ 41,580,992	\$ 23,807,910	\$ 4,876,554	\$ 672,073	\$ 29,356,537	-29.4%	
Outpatient	\$ 47,788,958	\$ 11,178,033	\$ 1,505,371	\$ 60,472,362	\$ 42,317,427	\$ 11,764,006	\$ 1,882,153	\$ 55,963,587	-7.5%	
<b>Total - Medical</b>	<b>\$ 80,561,976</b>	<b>\$ 18,918,432</b>	<b>\$ 2,572,947</b>	<b>\$ 102,053,354</b>	<b>\$ 66,125,338</b>	<b>\$ 16,640,560</b>	<b>\$ 2,554,226</b>	<b>\$ 85,320,124</b>	<b>-16.4%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 433	\$ 666	\$ 350	\$ 460	\$ 413	\$ 643	\$ 384	\$ 443	-3.7%	

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 435	\$ 1,103,919	\$ 162,350	\$ 1,266,704	\$ -	\$ 398,052	\$ 1,415,160	\$ 1,813,211	43.1%	
Outpatient	\$ 37,868	\$ 870,249	\$ 478,101	\$ 1,386,219	\$ 30,890	\$ 664,301	\$ 650,855	\$ 1,346,046	-2.9%	
<b>Total - Medical</b>	<b>\$ 38,304</b>	<b>\$ 1,974,168</b>	<b>\$ 640,451</b>	<b>\$ 2,652,923</b>	<b>\$ 30,890</b>	<b>\$ 1,062,353</b>	<b>\$ 2,066,014</b>	<b>\$ 3,159,257</b>	<b>19.1%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 1,064	\$ 1,006	\$ 197	\$ 505	\$ 858	\$ 790	\$ 679	\$ 714	41.3%	

# Paid Claims by Claim Type – Total Participants

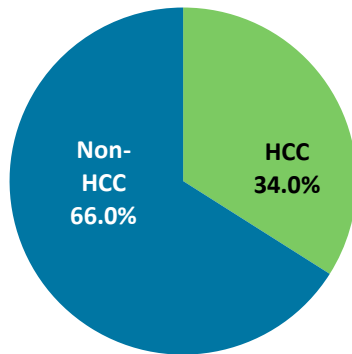
Net Paid Claims - Total										
Total Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 32,773,454	\$ 8,844,318	\$ 1,229,925	\$ 42,847,697	\$ 23,807,910	\$ 5,274,606	\$ 2,087,232	\$ 31,169,749	-27.3%	
Outpatient	\$ 47,826,826	\$ 12,048,282	\$ 1,983,473	\$ 61,858,580	\$ 42,348,317	\$ 12,428,307	\$ 2,533,008	\$ 57,309,632	-7.4%	
<b>Total - Medical</b>	<b>\$ 80,600,280</b>	<b>\$ 20,892,599</b>	<b>\$ 3,213,398</b>	<b>\$ 104,706,277</b>	<b>\$ 66,156,227</b>	<b>\$ 17,702,913</b>	<b>\$ 4,620,240</b>	<b>\$ 88,479,381</b>	<b>-15.5%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Medical	\$ 433	\$ 688	\$ 303	\$ 461	\$ 413	\$ 650	\$ 477	\$ 449	-2.6%	

# Cost Distribution – Medical Claims

PY22						PY23						
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
145	0.4%	\$40,205,527	38.4%	\$1,161,661	3.5%	\$100,000.01 Plus	113	0.4%	\$29,935,819	33.8%	\$832,847	3.0%
174	0.5%	\$12,795,665	12.2%	\$1,244,768	3.7%	\$50,000.01-\$100,000.00	156	0.6%	\$11,675,364	13.2%	\$965,047	3.4%
319	1.0%	\$11,603,448	11.1%	\$1,855,020	5.6%	\$25,000.01-\$50,000.00	316	1.1%	\$11,600,473	13.1%	\$1,730,194	6.2%
826	2.5%	\$13,400,718	12.8%	\$4,416,797	13.2%	\$10,000.01-\$25,000.00	792	2.9%	\$13,059,289	14.8%	\$3,895,107	13.9%
1,285	3.9%	\$9,513,163	9.1%	\$4,498,339	13.5%	\$5,000.01-\$10,000.00	1,101	4.0%	\$8,145,730	9.2%	\$3,683,619	13.1%
1,831	5.5%	\$6,764,746	6.5%	\$4,405,068	13.2%	\$2,500.01-\$5,000.00	1,510	5.5%	\$5,660,247	6.4%	\$3,680,595	13.1%
18,030	54.5%	\$10,367,660	9.9%	\$13,422,212	40.2%	\$0.01-\$2,500.00	13,927	50.6%	\$8,402,458	9.5%	\$11,274,699	40.1%
4,231	12.8%	\$0	0.0%	\$2,363,074	7.1%	\$0.00	4,043	14.7%	\$0	0.0%	\$2,048,788	7.3%
6,248	18.9%	\$55,351	0.1%	\$4,236	0.0%	No Claims	5,586	20.3%	\$0	0.0%	\$0	0.0%
<b>33,089</b>	<b>100.0%</b>	<b>\$104,706,277</b>	<b>100.0%</b>	<b>\$33,371,175</b>	<b>100.0%</b>		<b>27,544</b>	<b>100.0%</b>	<b>\$88,479,381</b>	<b>100.0%</b>	<b>\$28,110,896</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	46	\$6,641,725	22.1%
Cardiac Disorders	90	\$2,919,037	9.7%
Infections	67	\$2,039,665	6.8%
Pregnancy-related Disorders	10	\$2,016,445	6.7%
Gastrointestinal Disorders	78	\$1,922,782	6.4%
Spine-related Disorders	27	\$1,732,903	5.8%
Mental Health	47	\$1,677,590	5.6%
Neurological Disorders	74	\$1,517,060	5.0%
Congenital/Chromosomal Anomalies	7	\$1,503,866	5.0%
Endocrine/Metabolic Disorders	55	\$1,123,797	3.7%
All Other		\$6,974,124	23.2%
<b>Overall</b>	<b>----</b>	<b>\$30,068,994</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			
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year
<b>Inpatient Summary</b>												
# of Admits	1,696	1,357	1,072		1,340	997	797		0	0	0	
# of Bed Days	11,106	8,861	6,155		8,828	6,471	4,533		0	0	0	
Paid Per Admit	\$31,697	\$33,963	\$26,453	-22.1%	\$31,250	\$35,180	\$26,882	-23.6%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,840	\$5,201	\$4,607	-11.4%	\$4,743	\$5,420	\$4,726	-12.8%	\$0	\$0	\$0	0.0%
Admits Per 1,000	40	41	39	-4.9%	37	36	35	-2.8%	0	0	0	0.0%
Days Per 1,000	263	268	223	-16.8%	241	230	197	-14.3%	0	0	0	0.0%
Avg LOS	6.5	6.5	5.7	-12.3%	6.6	6.5	5.7	-12.3%	0	0	0	0.0%
# of Admits From ER	912	780	613	-21.4%	674	516	419	-18.8%	0	0	0	0.0%
<b>Physician Office</b>												
OV Utilization per Member	4	3.8	3.8	0.0%	3.8	3.5	3.5	0.0%	3.6	3.6	3.6	0.0%
Avg Paid per OV	\$81	\$82	\$86	4.9%	\$81	\$84	\$82	-2.4%	\$89	\$93	\$108	16.1%
Avg OV Paid per Member	\$322	\$312	\$324	3.8%	\$305	\$297	\$284	-4.4%	\$316	\$339	\$392	15.6%
DX&L Utilization per Member	7.7	7.4	9.4	27.0%	7.3	6.9	8.6	24.6%	7	15.9	11.4	0.0%
Avg Paid per DX&L	\$55	\$54	\$48	-11.1%	\$52	\$50	\$46	-8.0%	\$362	\$176	\$78	0.0%
Avg DX&L Paid per Member	\$428	\$402	\$457	13.7%	\$381	\$348	\$398	14.4%	\$2,537	\$2,794	\$884	0.0%
<b>Emergency Room</b>												
# of Visits	5,050	4,877	4,216		4,286	4,039	3,339		3	5	4	
Visits Per Member	0.12	0.15	0.15	0.0%	0.12	0.14	0.14	0.0%	0.33	0.63	0.50	0.0%
Visits Per 1,000	120	147	153	4.1%	117	144	145	0.7%	333	625	500	0.0%
Avg Paid per Visit	\$2,209	\$2,011	\$2,396	19.1%	\$2,234	\$2,053	\$2,508	22.2%	\$6,703	\$932	\$3,452	0.0%
<b>Urgent Care</b>												
# of Visits	9,251	8,823	7,180		8,291	7,756	6,318		4	5	7	
Visits Per Member	0.22	0.27	0.26	-3.7%	0.23	0.28	0.27	-3.6%	0.44	0.63	0.88	0.0%
Visits Per 1,000	219	267	261	-2.2%	226	276	274	-0.7%	444	625	875	0.0%
Avg Paid per Visit	\$78	\$70	\$50	-28.6%	\$77	\$70	\$50	-28.6%	\$99	\$106	\$83	0.0%

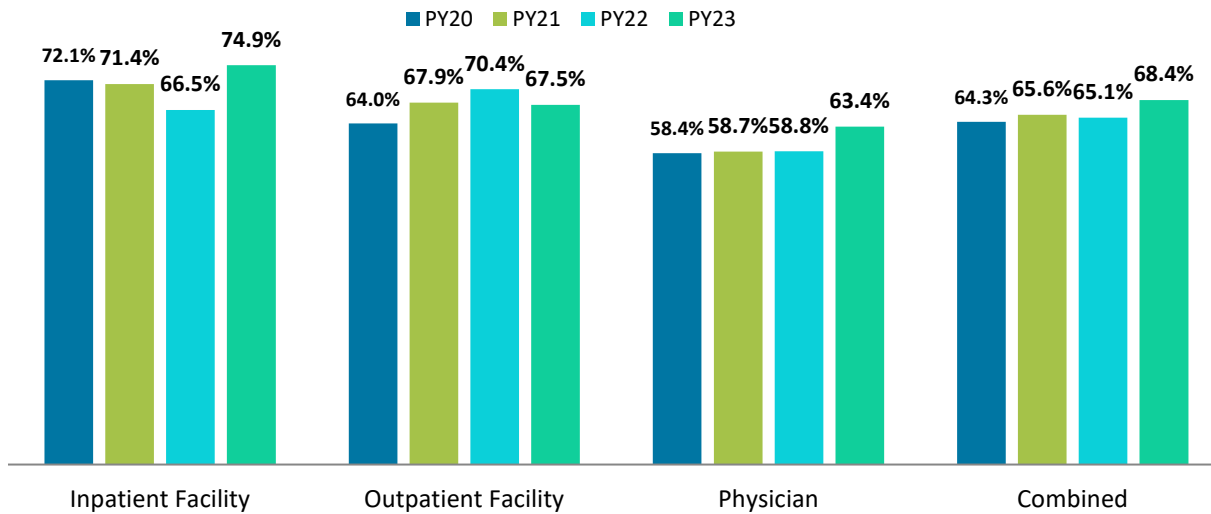
# Utilization Summary (p. 2 of 2)

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

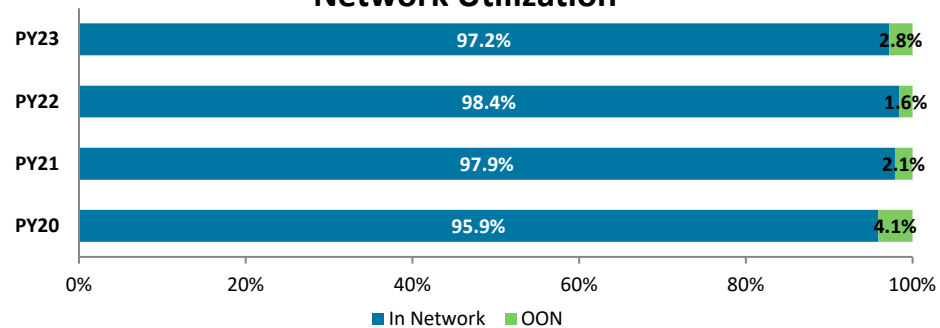
Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	
<b>Inpatient Summary</b>									
# of Admits	297	302	222		59	58	53		
# of Bed Days	1,961	2,000	1,253		317	390	369		
Paid Per Admit	\$33,206	\$30,487	\$25,483	-16.4%	\$34,255	\$31,145	\$24,071	-22.7%	\$18,822
Paid Per Day	\$5,029	\$4,603	\$4,515	-1.9%	\$6,376	\$4,632	\$3,457	-25.4%	\$3,265
Admits Per 1,000	60	67	55	-17.9%	96	113	124	9.7%	70
Days Per 1,000	397	446	309	-30.7%	518	759	863	13.7%	402
Avg LOS	6.6	6.6	5.6	-15.2%	5.4	6.7	7.0	4.5%	5.8
# of Admits From ER	198	222	156	-29.7%	40	42	38	-9.5%	
<b>Physician Office</b>									
OV Utilization per Member	5.1	5.0	5.1	2.0%	6.9	6.8	7.7	13.2%	5.4
Avg Paid per OV	\$85	\$82	\$109	32.9%	\$56	\$39	\$41	5.1%	\$96
Avg OV Paid per Member	\$434	\$410	\$557	35.9%	\$386	\$268	\$313	16.8%	\$515
DX&L Utilization per Member	10.5	9.9	13	31.3%	12	9.6	19.4	102.1%	11.0
Avg Paid per DX&L	\$69	\$72	\$58	-19.4%	\$67	\$58	\$39	-32.8%	\$50
Avg DX&L Paid per Member	\$728	\$717	\$762	6.3%	\$803	\$557	\$754	35.4%	\$543
<b>Emergency Room</b>									
# of Visits	666	725	725		95	108	148		
Visits Per Member	0.13	0.16	0.18	12.5%	0.16	0.21	0.35	66.7%	0.22
Visits Per 1,000	135	162	179	10.5%	155	210	346	64.8%	221
Avg Paid per Visit	\$1,995	\$1,856	\$2,125	14.5%	\$2,412	\$1,520	\$1,165	-23.4%	\$968
<b>Urgent Care</b>									
# of Visits	853	980	770		103	82	85		
Visits Per Member	0.17	0.22	0.19	-13.6%	0.17	0.16	0.20	25.0%	0.35
Visits Per 1,000	173	218	190	-12.8%	168	160	199	24.4%	352
Avg Paid per Visit	\$80	\$71	\$53	-25.4%	\$79	\$39	\$47	20.5%	\$135

# Provider Network Summary

## In Network Discounts



## Network Utilization



# Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$10,237,425	11.6%	\$7,074,343	\$2,467,404	\$695,678	\$4,784,458	\$5,452,967
Gastrointestinal Disorders	\$7,817,952	8.8%	\$5,283,851	\$1,245,231	\$1,288,869	\$3,491,628	\$4,326,324
Health Status/Encounters	\$7,030,536	7.9%	\$4,398,502	\$994,733	\$1,637,301	\$2,590,985	\$4,439,551
Cardiac Disorders	\$6,998,184	7.9%	\$4,984,525	\$1,877,898	\$135,761	\$3,596,554	\$3,401,630
Pregnancy-related Disorders	\$5,299,977	6.0%	\$1,911,527	\$621,964	\$2,766,486	\$1,119,276	\$4,180,702
Musculoskeletal Disorders	\$5,039,005	5.7%	\$3,746,388	\$816,584	\$476,033	\$1,995,695	\$3,043,310
Trauma/Accidents	\$4,681,114	5.3%	\$3,242,810	\$539,172	\$899,133	\$2,597,095	\$2,084,020
Spine-related Disorders	\$4,630,934	5.2%	\$2,690,781	\$535,440	\$1,404,712	\$1,311,518	\$3,319,416
Infections	\$4,250,628	4.8%	\$3,049,990	\$594,865	\$605,774	\$2,542,763	\$1,707,866
Neurological Disorders	\$4,249,889	4.8%	\$2,601,532	\$954,455	\$693,903	\$1,487,461	\$2,762,428
Mental Health	\$4,231,141	4.8%	\$1,294,803	\$401,351	\$2,534,987	\$1,251,155	\$2,979,985
Renal/Urologic Disorders	\$3,057,791	3.5%	\$1,914,008	\$731,798	\$411,985	\$1,807,286	\$1,250,505
Eye/ENT Disorders	\$2,900,381	3.3%	\$1,865,965	\$399,935	\$634,482	\$1,298,285	\$1,602,096
Pulmonary Disorders	\$2,843,126	3.2%	\$1,881,898	\$249,596	\$711,633	\$1,433,884	\$1,409,243
Endocrine/Metabolic Disorders	\$2,596,608	2.9%	\$1,886,530	\$581,963	\$128,116	\$1,387,873	\$1,208,735
Gynecological/Breast Disorders	\$2,037,378	2.3%	\$1,518,597	\$368,022	\$150,758	\$30,045	\$2,007,332
Congenital/Chromosomal Anomalies	\$1,923,696	2.2%	\$74,351	\$59,664	\$1,789,681	\$1,756,611	\$167,085
Medical/Surgical Complications	\$1,468,630	1.7%	\$1,115,537	\$193,559	\$159,534	\$902,353	\$566,277
Hematological Disorders	\$1,375,492	1.6%	\$342,111	\$899,701	\$133,679	\$1,018,440	\$357,052
Diabetes	\$1,176,532	1.3%	\$962,293	\$84,500	\$129,739	\$698,952	\$477,580
Dermatological Disorders	\$1,123,163	1.3%	\$813,463	\$171,224	\$138,476	\$611,054	\$512,108
Non-malignant Neoplasm	\$967,254	1.1%	\$794,438	\$128,662	\$44,154	\$272,024	\$695,230
Vascular Disorders	\$820,092	0.9%	\$500,509	\$301,729	\$17,854	\$403,614	\$416,479
Miscellaneous	\$733,366	0.8%	\$456,215	\$132,894	\$144,257	\$265,162	\$468,204
Abnormal Lab/Radiology	\$556,163	0.6%	\$449,541	\$84,285	\$22,337	\$241,401	\$314,762
Medication Related Conditions	\$161,882	0.2%	\$71,960	\$26,667	\$63,255	\$89,281	\$72,601
Cholesterol Disorders	\$150,207	0.2%	\$125,184	\$21,994	\$3,028	\$80,227	\$69,980
Allergic Reaction	\$53,080	0.1%	\$15,108	\$16,456	\$21,516	\$21,646	\$31,434
Dental Conditions	\$51,055	0.1%	\$19,123	\$164	\$31,768	\$35,457	\$15,598
External Hazard Exposure	\$16,398	0.0%	\$13,953	\$1,572	\$873	\$8,521	\$7,877
Cause of Morbidity	\$272	0.0%	\$122	\$26	\$125	\$148	\$125
Social Determinants of Health	\$29	0.0%	\$29	\$0	\$0	\$29	\$0
<b>Total</b>	<b>\$88,479,381</b>	<b>100.0%</b>	<b>\$55,099,987</b>	<b>\$15,503,509</b>	<b>\$17,875,885</b>	<b>\$39,130,881</b>	<b>\$49,348,500</b>

# Mental Health Drilldown

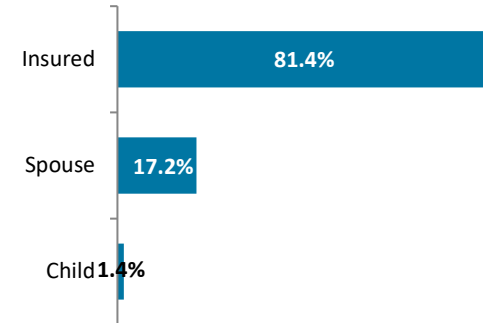
Group	PY20		PY21		PY22		PY23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	1,485	\$1,137,444	1,597	\$1,103,414	1,156	\$1,279,244	974	\$1,005,022
Developmental Disorders	144	\$790,389	179	\$1,179,402	113	\$719,871	106	\$1,143,180
Alcohol Abuse/Dependence	125	\$868,472	136	\$1,288,204	101	\$873,612	129	\$434,007
Mental Health Conditions, Other	1,222	\$686,307	1,220	\$771,034	911	\$431,490	774	\$383,973
Mood and Anxiety Disorders	1,791	\$437,001	1,920	\$638,818	1,486	\$406,189	1,263	\$370,422
Bipolar Disorder	327	\$340,422	315	\$464,418	225	\$197,224	193	\$202,937
Psychoses	55	\$78,740	54	\$86,357	32	\$70,201	35	\$108,586
Eating Disorders	47	\$74,872	55	\$647,596	44	\$596,928	34	\$112,463
Complications of Substance Abuse	47	\$257,582	42	\$202,208	22	\$89,081	26	\$88,753
Substance Abuse/Dependence	121	\$1,068,150	140	\$213,345	86	\$540,594	81	\$99,940
Schizophrenia	31	\$43,420	26	\$141,033	25	\$110,357	21	\$81,413
Sexually Related Disorders	51	\$24,993	68	\$90,021	42	\$11,305	56	\$109,156
Attention Deficit Disorder	433	\$58,455	482	\$72,965	374	\$57,319	369	\$42,820
Sleep Disorders	526	\$40,584	564	\$76,491	371	\$46,254	347	\$39,783
Tobacco Use Disorder	149	\$6,011	126	\$8,010	106	\$6,184	103	\$7,184
Personality Disorders	19	\$18,981	25	\$16,690	19	\$13,480	8	\$1,502
<b>Total</b>		<b>\$5,931,821</b>		<b>\$7,000,007</b>		<b>\$5,449,334</b>		<b>\$4,231,141</b>

# Diagnosis Grouper – Cancer

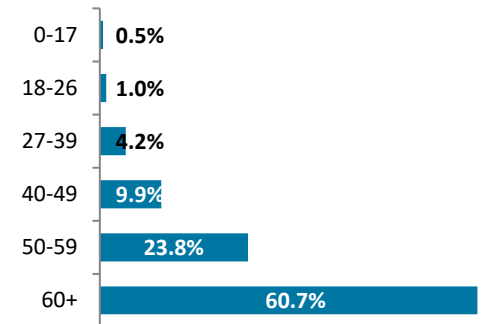
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	81	632	\$3,541,962	34.6%
Breast Cancer	182	2,230	\$1,420,244	13.9%
Cancers, Other	112	1,254	\$1,199,129	11.7%
Secondary Cancers	67	490	\$794,841	7.8%
Prostate Cancer	106	940	\$476,580	4.7%
Lymphomas	39	520	\$363,474	3.6%
Brain Cancer	12	230	\$351,296	3.4%
Colon Cancer	43	496	\$261,937	2.6%
Carcinoma in Situ	104	424	\$238,194	2.3%
Bladder Cancer	18	212	\$230,654	2.3%
Thyroid Cancer	59	296	\$229,651	2.2%
Leukemias	32	594	\$224,047	2.2%
Cervical/Uterine Cancer	45	391	\$199,596	1.9%
Lung Cancer	23	244	\$167,530	1.6%
Ovarian Cancer	25	293	\$163,796	1.6%
Non-Melanoma Skin Cancers	293	681	\$128,339	1.3%
Kidney Cancer	20	120	\$101,657	1.0%
Myeloma	11	161	\$63,638	0.6%
Melanoma	52	198	\$51,851	0.5%
Pancreatic Cancer	4	56	\$29,008	0.3%
<b>Overall</b>	----	----	<b>\$10,237,425</b>	<b>100.0%</b>

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

## Relationship



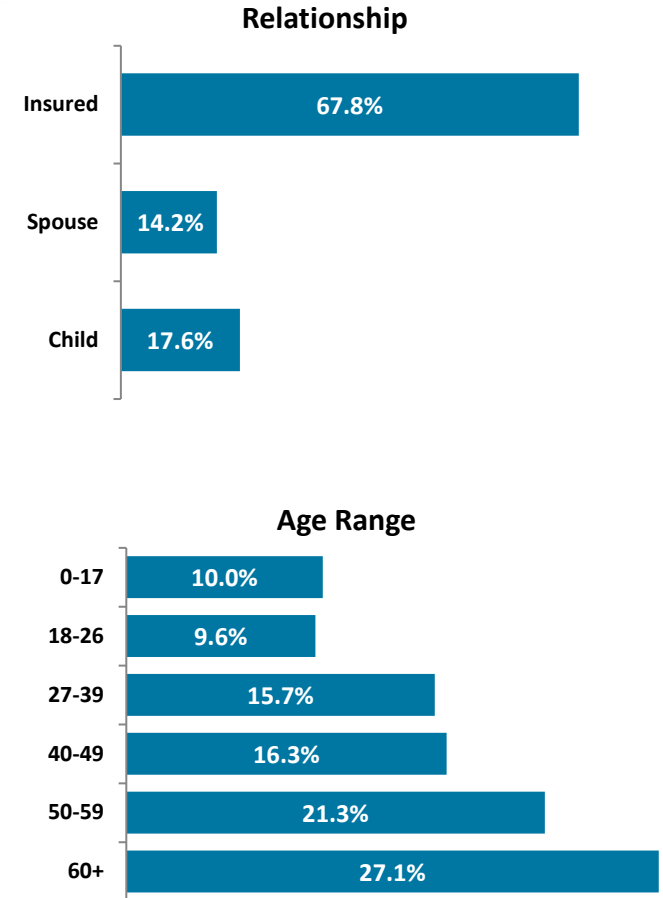
## Age Range



# Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
GI Disorders, Other	912	2,175	\$1,195,030	15.3%
Abdominal Disorders	1,715	4,269	\$1,120,809	14.3%
Hernias	222	775	\$959,928	12.3%
Upper GI Disorders	843	2,075	\$742,699	9.5%
GI Symptoms	1,096	2,447	\$636,747	8.1%
Inflammatory Bowel Disease	88	495	\$583,152	7.5%
Gallbladder and Biliary Disease	198	759	\$552,065	7.1%
Appendicitis	44	298	\$496,119	6.3%
Liver Diseases	321	651	\$470,629	6.0%
Hepatic Cirrhosis	29	175	\$301,826	3.9%
Diverticulitis	186	419	\$253,318	3.2%
Pancreatic Disorders	38	151	\$164,103	2.1%
Constipation	259	458	\$109,288	1.4%
Ostomies	40	371	\$108,867	1.4%
Hemorrhoids	193	330	\$90,488	1.2%
Peptic Ulcer/Related Disorders	39	62	\$19,143	0.2%
Esophageal Varices	8	24	\$13,739	0.2%
	----	----	<b>\$7,817,952</b>	<b>100.0%</b>

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

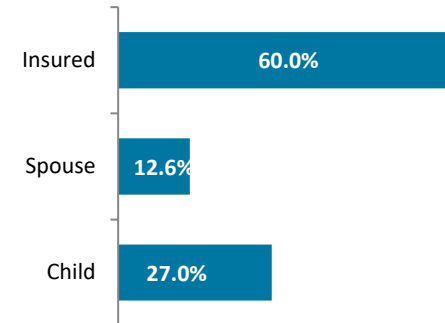


# Diagnosis Grouper – Health Status/Encounters

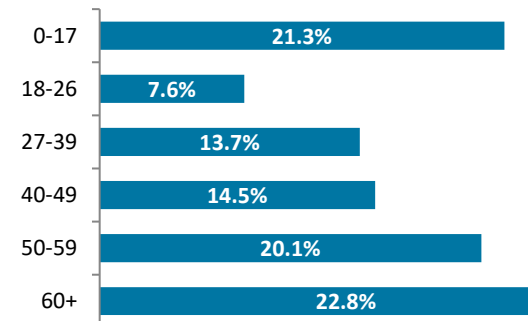
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	6,989	14,570	\$2,588,154	36.8%
Exams	9,165	18,330	\$1,812,326	25.8%
Prophylactic Measures	4,221	5,874	\$1,021,355	14.5%
Encounters - Infants/Children	2,816	4,304	\$633,018	9.0%
Prosthetics/Devices/Implants	464	1,831	\$286,942	4.1%
Personal History of Condition	848	1,518	\$236,262	3.4%
Aftercare	486	1,061	\$235,092	3.3%
Family History of Condition	184	273	\$110,557	1.6%
Encounter - Transplant Related	40	300	\$35,560	0.5%
Health Status, Other	149	206	\$22,856	0.3%
Encounter - Procedure	53	67	\$18,559	0.3%
Lifestyle/Situational Issues	112	258	\$11,525	0.2%
Counseling	228	355	\$7,966	0.1%
Acquired Absence	58	84	\$6,717	0.1%
Miscellaneous Examinations	22	34	\$1,927	0.0%
Follow-Up Encounters	14	31	\$1,669	0.0%
Blood Type	2	2	\$53	0.0%
Patient Non-compliance	1	2	\$0	0.0%
Donors	1	1	\$0	0.0%
<b>Overall</b>	<b>----</b>	<b>----</b>	<b>\$7,030,536</b>	<b>100.0%</b>

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

## Relationship



## Age Range

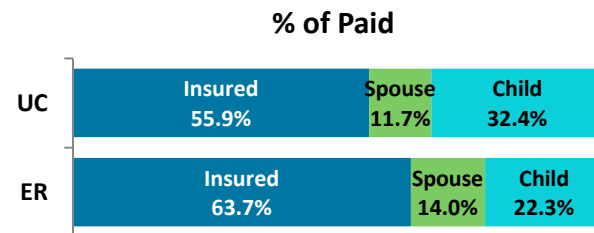




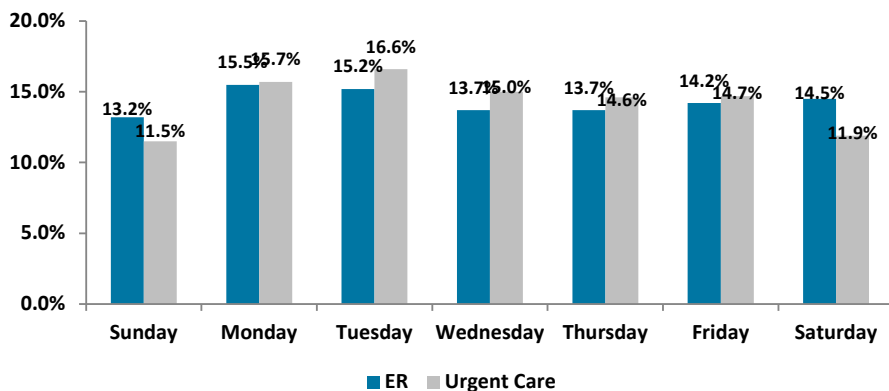
# Emergency Room / Urgent Care Summary

	PY22		PY23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	4,877	8,823	4,216	7,180		
Visits Per Member	0.15	0.27	0.15	0.26	0.22	0.35
Visits/1000 Members	147	267	153	261	221	352
Avg Paid Per Visit	\$2,011	\$70	\$2,409	\$50	\$968	\$135
% with OV*	84.4%	80.6%	81.0%	78.0%		
% Avoidable	14.2%	33.5%	15.7%	41.2%		
<b>Total Member Paid</b>	<b>\$4,931,872</b>	<b>\$977,662</b>	<b>\$4,955,181</b>	<b>\$863,690</b>		
<b>Total Plan Paid</b>	<b>\$9,807,647</b>	<b>\$617,610</b>	<b>\$10,157,383</b>	<b>\$360,133</b>		

\*looks back 12 months



**Visits by Day of Week**



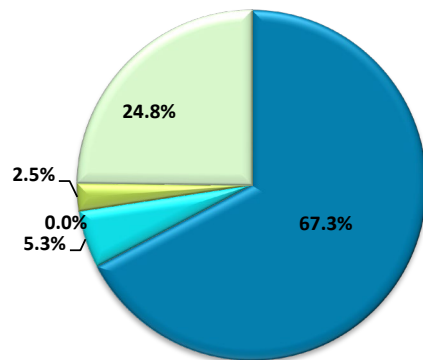
Relationship	ER / UC Visits by Relationship					
	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,533	154	4,214	4,380	6,747	411
Spouse	516	163	2,221	863	2,737	864
Child	1,167	146	745	1,655	1,912	240
<b>Total</b>	<b>4,216</b>	<b>153</b>	<b>7,180</b>	<b>261</b>	<b>11,396</b>	<b>414</b>

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

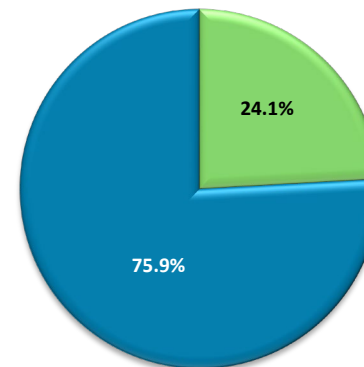
# Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$374,341,390	\$1,901	100.0%
PPO Discount	\$240,134,506	\$1,219	64.1%
Deductible	\$19,026,690	\$97	5.1%
Copay	\$81,610	\$0	0.0%
Coinsurance	\$9,002,596	\$46	2.4%
<b>Total Participant Paid</b>	<b>\$28,110,896</b>	<b>\$143</b>	<b>7.5%</b>
<b>Total Plan Paid</b>	<b>\$88,479,381</b>	<b>\$449</b>	<b>23.6%</b>

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



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



■ Total Participant Paid   
 ■ Total Plan Paid

# Paid Claims by Age Range – Dental

Dental Paid Claims by Age Group								
Age Range	PY21		PY22		PY23		% Change	
	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM	Dental Plan Paid	Dental PMPM
<1	\$ 9,549	\$ 2	\$ 10,139	\$ 2	\$ 8,515	\$ 2	-16.0%	3.1%
1	\$ 52,870	\$ 8	\$ 50,347	\$ 10	\$ 50,274	\$ 11	-0.1%	6.6%
2 - 4	\$ 393,519	\$ 18	\$ 411,560	\$ 24	\$ 404,140	\$ 25	-1.8%	5.4%
5 - 9	\$ 1,277,618	\$ 32	\$ 1,237,486	\$ 37	\$ 1,175,803	\$ 37	-5.0%	1.1%
10 - 14	\$ 1,310,428	\$ 28	\$ 1,279,857	\$ 33	\$ 1,295,455	\$ 35	1.2%	5.6%
15 - 19	\$ 1,569,052	\$ 32	\$ 1,442,554	\$ 34	\$ 1,493,927	\$ 35	3.6%	3.9%
20 - 24	\$ 998,778	\$ 19	\$ 919,674	\$ 20	\$ 879,120	\$ 20	-4.4%	-2.4%
25 - 29	\$ 945,482	\$ 23	\$ 868,582	\$ 27	\$ 753,936	\$ 25	-13.2%	-7.8%
30 - 34	\$ 1,232,155	\$ 26	\$ 1,140,186	\$ 30	\$ 996,206	\$ 27	-12.6%	-10.1%
35 - 39	\$ 1,426,515	\$ 27	\$ 1,360,917	\$ 31	\$ 1,229,651	\$ 29	-9.6%	-5.9%
40 - 44	\$ 1,421,590	\$ 28	\$ 1,405,195	\$ 32	\$ 1,382,499	\$ 32	-1.6%	-1.0%
45 - 49	\$ 1,508,670	\$ 29	\$ 1,465,920	\$ 34	\$ 1,368,193	\$ 32	-6.7%	-5.6%
50 - 54	\$ 1,770,185	\$ 31	\$ 1,750,235	\$ 36	\$ 1,731,395	\$ 35	-1.1%	-2.1%
55 - 59	\$ 2,066,423	\$ 34	\$ 2,018,842	\$ 39	\$ 1,922,113	\$ 38	-4.8%	-1.6%
60 - 64	\$ 2,548,711	\$ 38	\$ 2,535,229	\$ 45	\$ 2,332,023	\$ 43	-8.0%	-4.6%
65+	\$ 6,480,115	\$ 40	\$ 6,661,475	\$ 48	\$ 6,546,559	\$ 47	-1.7%	-1.9%
<b>Total</b>	<b>\$ 25,011,660</b>	<b>\$ 31</b>	<b>\$ 24,558,198</b>	<b>\$ 36</b>	<b>\$ 23,569,810</b>	<b>\$ 35</b>	<b>-4.0%</b>	<b>-2.1%</b>

# Dental Paid Claims – State Participants

Dental Paid Claims - Total										
State Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 16,314,521	\$ 2,156,411	\$ 504,521	\$ 18,975,453	\$ 15,543,626	\$ 2,149,425	\$ 476,404	\$ 18,169,456	-4.2%	
Dental Exchange			\$ 3,377,326	\$ 3,377,326			\$ 3,365,799	\$ 3,365,799	-0.3%	
<b>Total</b>	<b>\$ 16,314,521</b>	<b>\$ 2,156,411</b>	<b>\$ 3,881,847</b>	<b>\$ 22,352,779</b>	<b>\$ 15,543,626</b>	<b>\$ 2,149,425</b>	<b>\$ 3,842,204</b>	<b>\$ 21,535,255</b>	<b>-4.6%</b>	

Dental Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 52	\$ 52	\$ 56	\$ 52	\$ 50	\$ 52	\$ 56	\$ 50	-3.9%	
Dental Exchange	\$ -	\$ -	\$ 49	\$ 49	\$ -	\$ -	\$ 49	\$ 49	-1.4%	

# Dental Paid Claims – Non-State Participants

Dental Paid Claims - Total										
Non-State Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 8,026	\$ 145,233	\$ 220,432	\$ 373,691	\$ 3,733	\$ 97,091	\$ 207,244	\$ 308,068	-17.6%	
Dental Exchange			\$ 1,831,728	\$ 1,831,728			\$ 1,726,487	\$ 1,726,487	-5.7%	
<b>Total</b>	<b>\$ 8,026</b>	<b>\$ 145,233</b>	<b>\$ 2,052,160</b>	<b>\$ 2,205,419</b>	<b>\$ 3,733</b>	<b>\$ 97,091</b>	<b>\$ 1,933,731</b>	<b>\$ 2,034,555</b>	<b>-7.7%</b>	

Dental Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 100	\$ 43	\$ 42	\$ 43	\$ 52	\$ 43	\$ 42	\$ 42	-2.2%	
Dental Exchange	\$ -	\$ -	\$ 44	\$ 44	\$ -	\$ -	\$ 43	\$ 43	-2.9%	

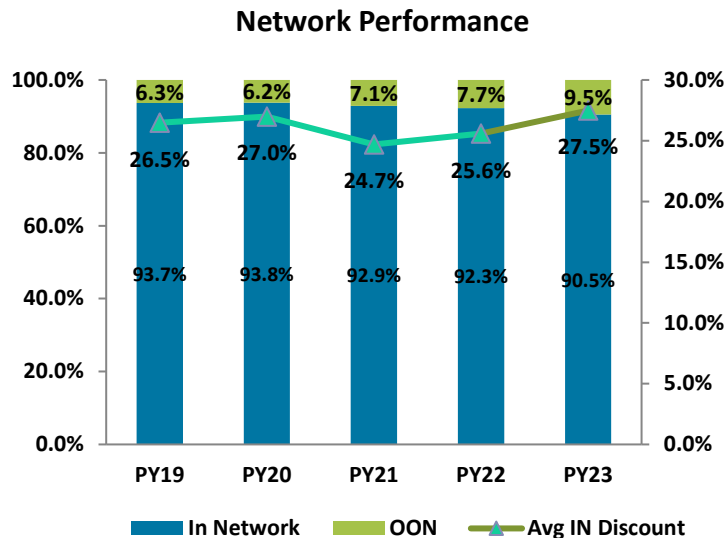
# Dental Paid Claims – Total Participants

Dental Paid Claims - Total										
Total Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Dental	\$ 16,322,547	\$ 2,301,644	\$ 724,953	\$ 19,349,144	\$ 15,547,359	\$ 2,246,517	\$ 683,648	\$ 18,477,524	-4.5%	
Dental Exchange	\$ -	\$ -	\$ 5,209,054	\$ 5,209,054	\$ -	\$ -	\$ 5,092,287	\$ 5,092,287	-2.2%	
<b>Total</b>	<b>\$ 16,322,547</b>	<b>\$ 2,301,644</b>	<b>\$ 5,934,007</b>	<b>\$ 24,558,198</b>	<b>\$ 15,547,359</b>	<b>\$ 2,246,517</b>	<b>\$ 5,775,935</b>	<b>\$ 23,569,810</b>	<b>-4.0%</b>	

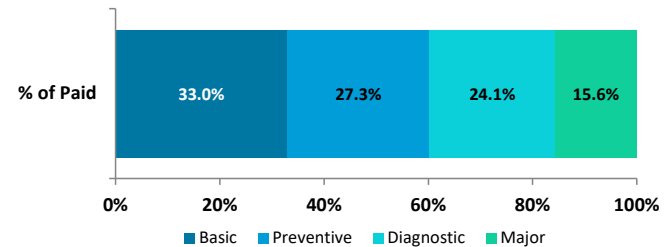
Dental Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Change	
Dental	\$ 52	\$ 51	\$ 51	\$ 52	\$ 50	\$ 51	\$ 51	\$ 50	-3.8%	
Dental Exchange	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ -	\$ 46	\$ 46	-1.8%	

# 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	5,642	10.1%	30,858	25.2%	\$10,120,842	42.9%	\$5,783,416	55.8%
\$750.01-\$1,000.00	2,383	4.3%	10,988	9.0%	\$2,471,792	10.5%	\$1,211,710	11.7%
\$500.01-\$750.00	4,482	8.0%	19,086	15.6%	\$3,245,709	13.8%	\$1,205,645	11.6%
\$250.01-\$500.00	13,146	23.6%	41,441	33.8%	\$5,621,177	23.8%	\$1,327,962	12.8%
\$0.01-\$250.00	10,456	18.8%	19,629	16.0%	\$2,110,290	9.0%	\$792,116	7.7%
\$0.00	298	0.5%	438	0.4%	\$0	0.0%	\$36,165	0.4%
No Claims	19,337	34.7%	0	0.0%	\$0	0.0%	\$0	0.0%
<b>Total</b>	<b>55,745</b>	<b>100.0%</b>	<b>122,440</b>	<b>100.0%</b>	<b>\$23,569,810</b>	<b>100.0%</b>	<b>\$10,357,015</b>	<b>100.0%</b>



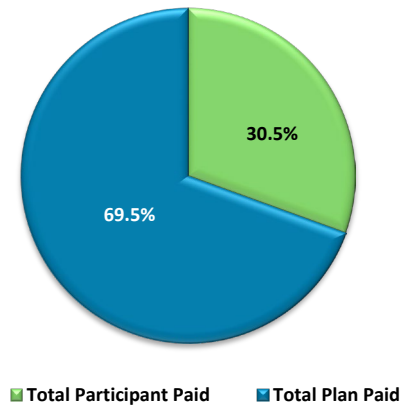
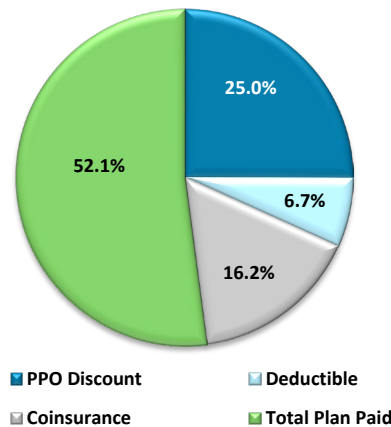
Claim Category	Total Paid	% of Paid
Basic	\$7,766,736	33.0%
Preventive	\$6,431,485	27.3%
Diagnostic	\$5,686,777	24.1%
Major	\$3,684,813	15.6%
<b>Total</b>	<b>\$23,569,810</b>	<b>100.0%</b>



# Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$44,984,457	\$109	100.0%
PPO Discount	\$11,337,378	\$28	25.2%
Deductible	\$3,011,489	\$7	6.7%
Coinsurance	\$7,345,526	\$18	16.3%
<b>Total Participant Paid</b>	<b>\$10,357,015</b>	<b>\$25</b>	<b>23.0%</b>
<b>Total Plan Paid</b>	<b>\$23,569,810</b>	<b>\$57</b>	<b>52.4%</b>

<b>Total Participant Paid - PY22</b>	<b>\$23</b>
<b>Total Plan Paid - PY22</b>	<b>\$51</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	1,018	985	33	96.2%
	<2 asthma related ER Visits in the last 6 months	1,018	1,017	1	99.9%
	No asthma related admit in last 12 months	1,018	1,016	2	99.8%
<b>Chronic Obstructive Pulmonary Disease</b>	No exacerbations in last 12 months	220	212	8	96.4%
	Members with COPD who had an annual spirometry test	220	39	181	17.7%
<b>Congestive Heart Failure</b>	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	7	7	0	100.0%
	No ER Visit for Heart Failure in last 90 days	199	194	5	97.5%
	Follow-up OV within 4 weeks of discharge from HF admission	7	6	1	85.7%
<b>Diabetes</b>	Annual office visit	1,490	1,385	105	93.0%
	Annual dilated eye exam	1,490	568	922	38.1%
	Annual foot exam	1,490	649	841	43.6%
	Annual HbA1c test done	1,490	1,236	254	83.0%
	Diabetes Annual lipid profile	1,490	1,123	367	75.4%
	Annual microalbumin urine screen	1,490	1,042	448	69.9%
<b>Hyperlipidemia</b>	Hyperlipidemia Annual lipid profile	4,078	3,292	786	80.7%
<b>Hypertension</b>	Annual lipid profile	4,144	2,858	1,286	69.0%
	Annual serum creatinine test	3,981	3,218	763	80.8%
<b>Wellness</b>	Well Child Visit - 15 months	167	162	5	97.0%
	Routine office visit in last 6 months (All Ages)	26,938	15,927	11,011	59.1%
	Colorectal cancer screening ages 45-75 within the appropriate time period	11,118	5,161	5,957	46.4%
	Women age 25-65 with recommended cervical cancer/HPV screening	8,343	5,685	2,658	68.1%
	Males age greater than 49 with PSA test in last 24 months	4,422	2,167	2,255	49.0%
	Routine exam in last 24 months (All Ages)	26,938	22,305	4,633	82.8%
	Women age 40 to 75 with a screening mammogram last 24 months	7,134	4,253	2,881	59.6%

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

# Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	183	0.68%	6.64	211.65	577.23	\$15,445
Asthma	1,144	4.24%	41.53	146.22	497.38	\$12,348
Atrial Fibrillation	302	1.12%	10.96	330.04	593.33	\$32,056
Blood Disorders	1,678	6.22%	60.92	307.01	474.54	\$26,297
CAD	615	2.28%	22.33	271.62	504.45	\$22,499
COPD	218	0.81%	7.91	301.23	832.50	\$25,302
Cancer	1,076	3.99%	39.06	184.36	285.92	\$25,589
Chronic Pain	685	2.54%	24.87	242.50	729.33	\$21,500
Congestive Heart Failure	201	0.75%	7.30	694.42	871.07	\$55,060
Demyelinating Diseases	71	0.26%	2.58	312.76	296.30	\$37,899
Depression	1,656	6.14%	60.12	170.67	478.60	\$12,870
Diabetes	1,654	6.13%	60.05	149.83	327.88	\$16,495
ESRD	39	0.14%	1.42	818.90	1,322.83	\$71,150
Eating Disorders	86	0.32%	3.12	417.77	1,109.24	\$28,306
HIV/AIDS	38	0.14%	1.38	266.01	413.79	\$68,396
Hyperlipidemia	5,072	18.80%	184.13	85.46	247.77	\$9,926
Hypertension	4,191	15.54%	152.15	125.34	335.14	\$12,471
Immune Disorders	109	0.40%	3.96	585.06	560.17	\$63,307
Inflammatory Bowel Disease	99	0.37%	3.59	131.87	287.71	\$38,130
Liver Diseases	539	2.00%	19.57	315.85	557.53	\$25,576
Morbid Obesity	777	2.88%	28.21	226.01	445.48	\$18,512
Osteoarthritis	1,078	4.00%	39.14	160.37	446.01	\$16,456
Peripheral Vascular Disease	163	0.60%	5.92	368.49	744.99	\$25,807
Rheumatoid Arthritis	162	0.60%	5.88	85.87	271.91	\$25,571

\*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.

# Appendix B

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### UMR Inc. – LDPPPO Utilization Review for PEBP

July 1, 2022 – June 30, 2023

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# DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July 2022 – June 2023 Incurred,

Paid through August 31, 2023



Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for PY23 was \$55,997,776 with a plan cost per employee per year (PEPY) of \$7,606. This is a decrease of 4.3% when compared to PY22.
  - IP Cost per Admit is \$24,480 which is 34.9% lower than PY22.
  - ER Cost per Visit is \$3,126 which is 28.1% higher than PY22.
- Employees shared in 13.6% of the medical cost.
- Inpatient facility costs were 20.1% of the plan spend.
- 77.4% of the Average Membership had paid Medical claims less than \$2,500, with 14.7% of those having no claims paid at all during the reporting period.
- 54 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 23.0% of the plan spend. The highest diagnosis category was Cancer, accounting for 34.7% of the high-cost claimant dollars.
- Total spending with in-network providers was 97.1%. The average In Network discount was 64.3%, which is 1.7% higher than the PY22 average discount of 63.2%.

# Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY22						PY23						% 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	\$ 2,670,491	\$ 2,618	\$ 3,440	\$ 3	\$ 2,673,931	\$ 2,622	\$ 2,501,778	\$ 1,345	\$ 32,538	\$ 17	\$ 2,534,316	\$ 1,363	-5.2%	-48.0%
1	\$ 200,316	\$ 167	\$ 6,910	\$ 6	\$ 207,226	\$ 173	\$ 504,661	\$ 279	\$ 9,018	\$ 5	\$ 513,679	\$ 283	147.9%	64.2%
2 - 4	\$ 441,262	\$ 108	\$ 46,229	\$ 11	\$ 487,491	\$ 120	\$ 1,075,154	\$ 167	\$ 44,756	\$ 7	\$ 1,119,910	\$ 174	129.7%	45.6%
5 - 9	\$ 511,361	\$ 71	\$ 183,676	\$ 26	\$ 695,037	\$ 97	\$ 1,037,022	\$ 88	\$ 510,021	\$ 43	\$ 1,547,043	\$ 131	122.6%	35.9%
10 - 14	\$ 937,132	\$ 113	\$ 182,260	\$ 22	\$ 1,119,392	\$ 135	\$ 1,613,381	\$ 127	\$ 339,379	\$ 27	\$ 1,952,760	\$ 154	74.4%	14.3%
15 - 19	\$ 1,308,004	\$ 152	\$ 367,689	\$ 43	\$ 1,675,693	\$ 195	\$ 2,490,501	\$ 170	\$ 529,723	\$ 36	\$ 3,020,224	\$ 207	80.2%	6.1%
20 - 24	\$ 1,208,774	\$ 140	\$ 306,432	\$ 36	\$ 1,515,206	\$ 176	\$ 2,780,617	\$ 200	\$ 738,589	\$ 53	\$ 3,519,206	\$ 253	132.3%	43.8%
25 - 29	\$ 1,342,793	\$ 203	\$ 471,967	\$ 72	\$ 1,814,760	\$ 275	\$ 2,528,215	\$ 226	\$ 1,176,813	\$ 105	\$ 3,705,028	\$ 331	104.2%	20.5%
30 - 34	\$ 2,048,623	\$ 262	\$ 771,434	\$ 99	\$ 2,820,057	\$ 360	\$ 3,957,289	\$ 299	\$ 1,404,659	\$ 106	\$ 5,361,948	\$ 405	90.1%	12.3%
35 - 39	\$ 3,336,241	\$ 370	\$ 821,892	\$ 91	\$ 4,158,133	\$ 461	\$ 4,229,494	\$ 282	\$ 1,497,515	\$ 100	\$ 5,727,009	\$ 381	37.7%	-17.3%
40 - 44	\$ 3,230,859	\$ 364	\$ 1,076,833	\$ 121	\$ 4,307,692	\$ 486	\$ 4,705,186	\$ 320	\$ 2,080,302	\$ 142	\$ 6,785,488	\$ 462	57.5%	-5.0%
45 - 49	\$ 3,933,374	\$ 498	\$ 845,962	\$ 107	\$ 4,779,336	\$ 605	\$ 4,940,717	\$ 383	\$ 2,240,868	\$ 174	\$ 7,181,585	\$ 556	50.3%	-8.1%
50 - 54	\$ 2,500,999	\$ 289	\$ 1,380,718	\$ 159	\$ 3,881,717	\$ 448	\$ 5,958,170	\$ 422	\$ 2,958,706	\$ 209	\$ 8,916,876	\$ 631	129.7%	40.9%
55 - 59	\$ 4,152,582	\$ 520	\$ 1,197,870	\$ 150	\$ 5,350,452	\$ 669	\$ 6,680,393	\$ 527	\$ 2,758,808	\$ 218	\$ 9,439,201	\$ 744	76.4%	11.2%
60 - 64	\$ 4,237,914	\$ 625	\$ 2,160,900	\$ 319	\$ 6,398,814	\$ 944	\$ 8,807,144	\$ 790	\$ 3,625,065	\$ 325	\$ 12,432,209	\$ 1,115	94.3%	18.2%
65+	\$ 2,385,966	\$ 938	\$ 570,276	\$ 224	\$ 2,956,242	\$ 1,162	\$ 2,188,054	\$ 511	\$ 1,051,053	\$ 245	\$ 3,239,107	\$ 756	9.6%	-34.9%
<b>Total</b>	<b>\$ 34,446,692</b>	<b>\$ 328</b>	<b>\$ 10,394,487</b>	<b>\$ 99</b>	<b>\$ 44,841,178</b>	<b>\$ 427</b>	<b>\$ 55,997,776</b>	<b>\$ 325</b>	<b>\$ 20,997,812</b>	<b>\$ 122</b>	<b>\$ 76,995,588</b>	<b>\$ 447</b>	<b>71.7%</b>	<b>4.5%</b>

# Financial Summary (p. 1 of 2)

Summary	Total			State Active			Non-State Active		
	PY22	PY23	Variance to Prior Year	PY22	PY23	Variance to Prior Year	PY22	PY23	Variance to Prior Year
<b>Enrollment</b>									
Avg # Employees	4,336	7,362	69.8%	3,926	6,690	70.4%	1	1	0.0%
Avg # Members	8,762	14,368	64.0%	8,071	13,235	64.0%	2	2	0.0%
Ratio	2.0	2.0	-3.5%	2.1	2.0	-3.9%	2.0	2.0	0.0%
<b>Financial Summary</b>									
Gross Cost	\$40,570,436	\$64,817,531	59.8%	\$35,366,785	\$56,350,280	59.3%	\$38,494	\$17,911	-53.5%
Client Paid	\$34,446,692	\$55,997,776	62.6%	\$29,933,591	\$48,495,839	62.0%	\$33,556	\$13,953	-58.4%
Employee Paid	\$6,123,744	\$8,819,755	44.0%	\$5,433,194	\$7,854,441	44.6%	\$4,938	\$3,958	-19.8%
Client Paid-PEPY	\$7,944	\$7,606	-4.3%	\$7,624	\$7,249	-4.9%	\$33,556	\$13,953	-58.4%
Client Paid-PMPY	\$3,931	\$3,897	-0.9%	\$3,709	\$3,664	-1.2%	\$16,778	\$6,976	-58.4%
Client Paid-PEPM	\$662	\$634	-4.2%	\$635	\$604	-4.9%	\$2,796	\$1,163	-58.4%
Client Paid-PMPM	\$328	\$325	-0.9%	\$309	\$305	-1.3%	\$1,398	\$581	-58.4%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	41	54	31.7%	33	43	30.3%	0	0	0.0%
HCC's / 1,000	4.7	3.8	-19.7%	4.1	3.3	-20.5%	0.0	0.0	0.0%
Avg HCC Paid	\$286,071	\$238,672	-16.6%	\$305,172	\$238,047	-22.0%	\$0	\$0	0.0%
HCC's % of Plan Paid	34.0%	23.0%	-32.4%	33.6%	21.1%	-37.2%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$1,269	\$783	-38.3%	\$1,257	\$725	-42.3%	\$424	\$0	-100.0%
Facility Outpatient	\$1,043	\$1,412	35.4%	\$933	\$1,292	38.5%	\$5,152	\$1,007	-80.5%
Physician	\$1,567	\$1,702	8.6%	\$1,468	\$1,647	12.2%	\$9,883	\$5,969	-39.6%
Other	\$53	\$0	-100.0%	\$50	\$0	-100.0%	\$1,319	\$0	-100.0%
Total	\$3,931	\$3,897	-0.9%	\$3,709	\$3,664	-1.2%	\$16,778	\$6,976	-58.4%



# Financial Summary (p. 2 of 2)

Summary	State Retirees			Non-State Retirees			Peer Index
	PY22	PY23	Variance to Prior Year	PY22	PY23	Variance to Prior Year	
<b>Enrollment</b>							
Avg # Employees	388	644	66.2%	21	27	25.5%	
Avg # Members	657	1,091	66.1%	32	39	22.0%	
Ratio	1.7	1.7	0.0%	1.5	1.5	-2.6%	1.6
<b>Financial Summary</b>							
Gross Cost	\$4,886,927	\$8,012,597	64.0%	\$278,229	\$436,743	57.0%	
Client Paid	\$4,252,910	\$7,107,682	67.1%	\$226,635	\$380,303	67.8%	
Employee Paid	\$634,017	\$904,915	42.7%	\$51,594	\$56,440	9.4%	
Client Paid-PEPY	\$10,968	\$11,032	0.6%	\$10,665	\$14,261	33.7%	\$6,642
Client Paid-PMPY	\$6,473	\$6,514	0.6%	\$7,027	\$9,669	37.6%	\$4,116
Client Paid-PEPM	\$914	\$919	0.5%	\$889	\$1,188	33.6%	\$553
Client Paid-PMPM	\$539	\$543	0.7%	\$586	\$806	37.5%	\$343
<b>High Cost Claimants (HCC's) &gt; \$100k</b>							
# of HCC's	8	11	37.5%	1	1	0.0%	
HCC's / 1,000	12.2	10.1	-17.2%	31.0	25.4	-18.0%	
Avg HCC Paid	\$193,399	\$224,298	16.0%	\$111,053	\$185,019	66.6%	
HCC's % of Plan Paid	36.4%	34.7%	-4.7%	49.0%	48.7%	-0.6%	
<b>Cost Distribution by Claim Type (PMPY)</b>							
Facility Inpatient	\$1,452	\$1,476	1.7%	\$675	\$1,128	67.1%	\$1,190
Facility Outpatient	\$2,262	\$2,697	19.2%	\$3,333	\$6,277	88.3%	\$1,376
Physician	\$2,676	\$2,342	-12.5%	\$2,969	\$2,264	-23.7%	\$1,466
Other	\$83	\$0	-100.0%	\$50	\$0	-100.0%	\$84
Total	\$6,473	\$6,514	0.6%	\$7,027	\$9,669	37.6%	\$4,116

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY22				PY23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 11,497,713	\$ 1,051,317	\$ 3,435	\$ 12,552,466	\$ 11,601,072	\$ 1,731,651	\$ 34,322	\$ 13,367,044	6.5%	
Outpatient	\$ 18,435,878	\$ 3,111,169	\$ 86,989	\$ 21,634,036	\$ 36,894,767	\$ 5,134,903	\$ 206,807	\$ 42,236,477	95.2%	
<b>Total - Medical</b>	<b>\$ 29,933,591</b>	<b>\$ 4,162,486</b>	<b>\$ 90,424</b>	<b>\$ 34,186,502</b>	<b>\$ 48,495,839</b>	<b>\$ 6,866,553</b>	<b>\$ 241,129</b>	<b>\$ 55,603,521</b>	<b>62.6%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 635	\$ 960	\$ 283	\$ 660	\$ 604	\$ 952	\$ 467	\$ 632	-4.3%	

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 1,368	\$ 19,252	\$ 5,363	\$ 25,983	\$ -	\$ 48,492	\$ 564	\$ 49,056	88.8%	
Outpatient	\$ 32,187	\$ 156,385	\$ 45,635	\$ 234,207	\$ 13,953	\$ 114,559	\$ 216,688	\$ 345,200	47.4%	
<b>Total - Medical</b>	<b>\$ 33,556</b>	<b>\$ 175,637</b>	<b>\$ 50,998</b>	<b>\$ 260,190</b>	<b>\$ 13,953</b>	<b>\$ 163,051</b>	<b>\$ 217,252</b>	<b>\$ 394,256</b>	<b>51.5%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 3,356	\$ 1,237	\$ 451	\$ 982	\$ 1,163	\$ 1,052	\$ 1,317	\$ 1,188	20.9%	

# Paid Claims by Claim Type – Total Participants

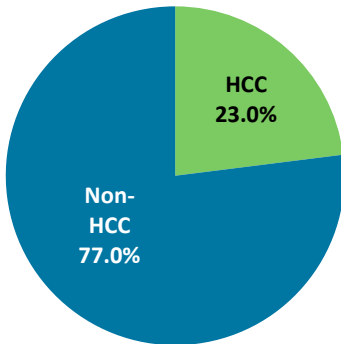
Net Paid Claims - Total										
Total Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 11,499,081	\$ 1,070,569	\$ 8,799	\$ 12,578,449	\$ 11,601,072	\$ 1,780,142	\$ 34,886	\$ 13,416,100	6.7%	
Outpatient	\$ 18,468,066	\$ 3,267,554	\$ 132,623	\$ 21,868,243	\$ 36,908,720	\$ 5,249,462	\$ 423,495	\$ 42,581,676	94.7%	
<b>Total - Medical</b>	<b>\$ 29,967,147</b>	<b>\$ 4,338,123</b>	<b>\$ 141,422</b>	<b>\$ 34,446,692</b>	<b>\$ 48,509,792</b>	<b>\$ 7,029,604</b>	<b>\$ 458,381</b>	<b>\$ 55,997,776</b>	<b>62.6%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 635	\$ 969	\$ 327	\$ 661	\$ 604	\$ 954	\$ 673	\$ 634	-4.2%	

# Cost Distribution – Medical Claims

PY22						PY23						
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
37	0.4%	\$11,728,917	34.0%	\$214,673	3.5%	\$100,000.01 Plus	47	0.3%	\$12,789,533	22.8%	\$211,287	2.4%
51	0.6%	\$3,729,595	10.8%	\$268,231	4.4%	\$50,000.01-\$100,000.00	81	0.6%	\$6,325,231	11.3%	\$361,408	4.1%
102	1.2%	\$3,684,259	10.7%	\$404,835	6.6%	\$25,000.01-\$50,000.00	198	1.4%	\$7,156,895	12.8%	\$756,235	8.6%
300	3.4%	\$4,906,264	14.2%	\$1,029,422	16.8%	\$10,000.01-\$25,000.00	638	4.4%	\$10,590,927	18.9%	\$1,838,747	20.8%
455	5.2%	\$3,460,625	10.0%	\$964,875	15.8%	\$5,000.01-\$10,000.00	830	5.8%	\$6,225,819	11.1%	\$1,559,993	17.7%
705	8.0%	\$2,719,836	7.9%	\$1,034,904	16.9%	\$2,500.01-\$5,000.00	1,454	10.1%	\$5,554,427	9.9%	\$1,625,903	18.4%
5,403	61.7%	\$4,216,835	12.2%	\$2,191,090	35.8%	\$0.01-\$2,500.00	8,922	62.1%	\$7,354,945	13.1%	\$2,460,696	27.9%
69	0.8%	\$0	0.0%	\$15,706	0.3%	\$0.00	90	0.6%	\$0	0.0%	\$5,487	0.1%
1,641	18.7%	\$362	0.0%	\$10	0.0%	No Claims	2,108	14.7%	\$0	0.0%	\$0	0.0%
<b>8,762</b>	<b>100.0%</b>	<b>\$34,446,692</b>	<b>100.0%</b>	<b>\$6,123,744</b>	<b>100.0%</b>		<b>14,368</b>	<b>100.0%</b>	<b>\$55,997,776</b>	<b>100.0%</b>	<b>\$8,819,755</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	22	\$4,467,968	34.7%
Endocrine/Metabolic Disorders	23	\$1,321,655	10.3%
Trauma/Accidents	21	\$1,204,705	9.3%
Cardiac Disorders	34	\$1,114,439	8.6%
Pregnancy-related Disorders	6	\$822,443	6.4%
Neurological Disorders	31	\$789,059	6.1%
Medical/Surgical Complications	17	\$670,852	5.2%
Renal/Urologic Disorders	23	\$385,800	3.0%
Gastrointestinal Disorders	30	\$371,828	2.9%
Pulmonary Disorders	30	\$317,209	2.5%
All Other		\$1,422,348	11.0%
<b>Overall</b>	<b>----</b>	<b>\$12,888,306</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		
	PY22	PY23	Variance to Prior Year	PY22	PY23	Variance to Prior Year	PY22	PY23	Variance to Prior Year
<b>Inpatient Facility</b>									
# of Admits	318	551		275	498		1	0	
# of Bed Days	1,769	2,359		1,628	2,125		1	0	
Paid Per Admit	\$37,589	\$24,480	-34.9%	\$38,947	\$23,382	-40.0%	\$2,303	\$0	-100.0%
Paid Per Day	\$6,757	\$5,718	-15.4%	\$6,579	\$5,480	-16.7%	\$2,303	\$0	-100.0%
Admits Per 1,000	36	38	5.6%	34	38	11.8%	500	0	-100.0%
Days Per 1,000	202	164	-18.8%	202	161	-20.3%	500	0	-100.0%
Avg LOS	5.6	4.3	-23.2%	5.9	4.3	-27.1%	1	0	-100.0%
# Admits From ER	164	266	62.2%	136	231	69.9%	0	0	0.0%
<b>Physician Office</b>									
OV Utilization per Member	4.7	5.1	8.5%	4.6	5	8.7%	13.0	13.5	3.8%
Avg Paid per OV	\$124	\$118	-4.8%	\$120	\$118	-1.7%	\$335	\$320	-4.5%
Avg OV Paid per Member	\$589	\$601	2.0%	\$549	\$583	6.2%	\$4,351	\$4,315	-0.8%
DX&L Utilization per Member	8.1	10.3	27.2%	7.8	9.9	26.9%	27.5	30	9.1%
Avg Paid per DX&L	\$51	\$60	17.6%	\$49	\$59	20.4%	\$94	\$54	-42.6%
Avg DX&L Paid per Member	\$419	\$618	47.5%	\$382	\$583	52.6%	\$2,574	\$1,628	-36.8%
<b>Emergency Room</b>									
# of Visits	1,170	2,129		1,090	1,957		1	0	
Visits Per Member	0.13	0.15	15.4%	0.14	0.15	7.1%	0.5	0	-100.0%
Visits Per 1,000	134	148	10.4%	135	148	9.6%	500	0	-100.0%
Avg Paid per Visit	\$2,440	\$3,126	28.1%	\$2,425	\$3,152	30.0%	\$5,209	\$0	-100.0%
<b>Urgent Care</b>									
# of Visits	2,734	5,111		2,578	4,843		0	3	
Visits Per Member	0.31	0.36	16.1%	0.32	0.37	15.6%	0.00	1.50	0.0%
Visits Per 1,000	312	356	14.1%	319	366	14.7%	0	1,500	0.0%
Avg Paid per Visit	\$120	\$98	-18.3%	\$119	\$98	-17.6%	\$0	\$159	0.0%

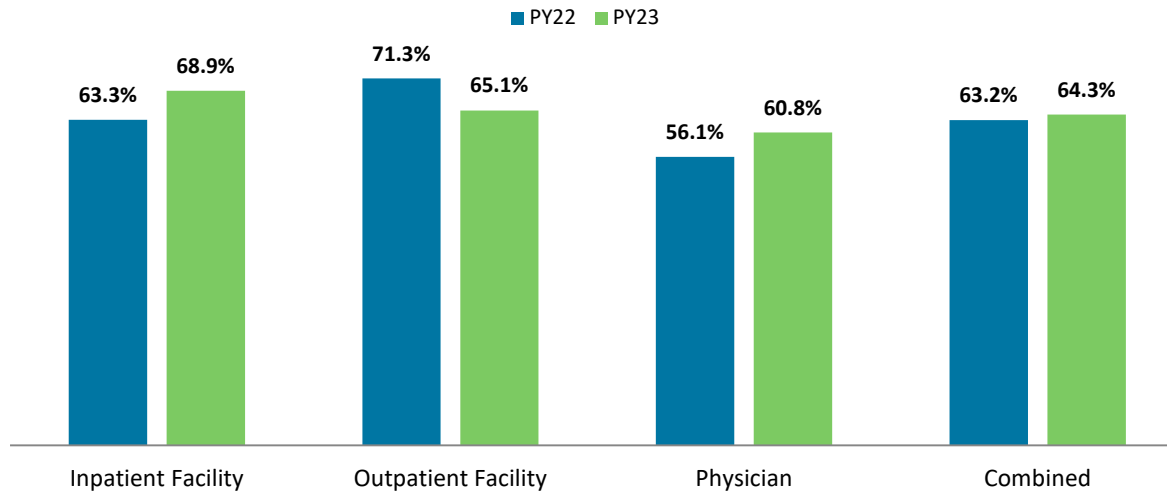
# Utilization Summary (p. 2 of 2)

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

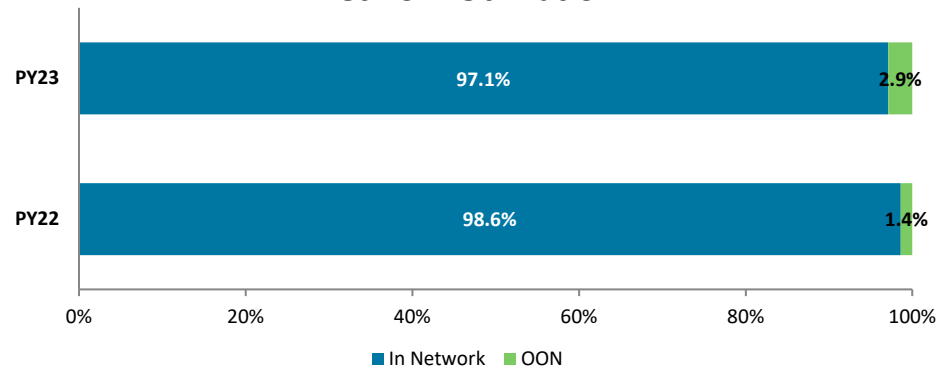
Summary	State Retirees			Non-State Retirees			Peer Index
	PY22	PY23	Variance to Prior Year	PY22	PY23	Variance to Prior Year	
<b>Inpatient Facility</b>							
# of Admits	35	52		7	1		
# of Bed Days	119	231		21	3		
Paid Per Admit	\$33,826	\$34,536	2.1%	\$8,120	\$48,492	497.2%	\$18,822
Paid Per Day	\$9,949	\$7,774	-21.9%	\$2,707	\$16,164	497.1%	\$3,265
Admits Per 1,000	53	48	-9.4%	217	25	-88.5%	70
Days Per 1,000	181	212	17.1%	651	76	-88.3%	402
Avg LOS	3.4	4.4	29.4%	3.0	3.0	0.0%	5.8
# Admits From ER	24	35	45.8%	4	0	-100.0%	
<b>Physician Office</b>							
OV Utilization per Member	6.4	6.7	4.7%	7.5	8.1	8.0%	5.4
Avg Paid per OV	\$166	\$120	-27.7%	\$96	\$89	-7.3%	\$96
Avg OV Paid per Member	\$1,059	\$802	-24.3%	\$721	\$719	-0.3%	\$515
DX&L Utilization per Member	12.5	14.9	19.2%	12.3	19.9	61.8%	11.0
Avg Paid per DX&L	\$67	\$69	3.0%	\$78	\$68	-12.8%	\$50
Avg DX&L Paid per Member	\$835	\$1,020	22.2%	\$954	\$1,361	42.7%	\$543
<b>Emergency Room</b>							
# of Visits	78	166		1	6		
Visits Per Member	0.12	0.15	25.0%	0.03	0.15	400.0%	0.22
Visits Per 1,000	119	152	27.7%	31	153	393.5%	221
Avg Paid per Visit	\$2,622	\$2,895	10.4%	\$1,827	\$961	-47.4%	\$968
<b>Urgent Care</b>							
# of Visits	154	254		2	11		
Visits Per Member	0.23	0.23	0.0%	0.06	0.28	366.7%	0.35
Visits Per 1,000	234	233	-0.4%	62	280	351.6%	352
Avg Paid per Visit	\$143	\$100	-30.1%	\$70	\$64	-8.6%	\$135

# Provider Network Summary

## In Network Discounts



## Network Utilization





# Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$5,919,589	10.6%	\$3,350,477	\$2,415,613	\$153,499	\$1,916,120	\$4,003,470
Gastrointestinal Disorders	\$4,753,062	8.5%	\$3,151,637	\$949,916	\$651,509	\$1,613,939	\$3,139,123
Health Status/Encounters	\$4,549,871	8.1%	\$2,500,667	\$617,721	\$1,431,483	\$1,579,499	\$2,970,372
Pregnancy-related Disorders	\$4,042,412	7.2%	\$1,696,556	\$594,125	\$1,751,731	\$988,376	\$3,054,036
Trauma/Accidents	\$3,843,913	6.9%	\$1,552,587	\$1,377,613	\$913,713	\$1,499,211	\$2,344,702
Cardiac Disorders	\$3,603,221	6.4%	\$2,323,177	\$952,293	\$327,751	\$2,001,970	\$1,601,251
Mental Health	\$3,473,262	6.2%	\$1,514,931	\$528,695	\$1,429,636	\$1,289,047	\$2,184,215
Neurological Disorders	\$3,274,500	5.8%	\$1,893,044	\$568,634	\$812,822	\$1,069,799	\$2,204,701
Musculoskeletal Disorders	\$3,192,512	5.7%	\$2,096,122	\$682,211	\$414,180	\$1,211,907	\$1,980,605
Eye/ENT Disorders	\$2,583,932	4.6%	\$1,333,977	\$315,348	\$934,607	\$1,027,083	\$1,556,849
Endocrine/Metabolic Disorders	\$2,581,365	4.6%	\$1,761,756	\$628,727	\$190,882	\$492,209	\$2,089,156
Spine-related Disorders	\$1,977,875	3.5%	\$1,441,889	\$409,377	\$126,610	\$1,018,652	\$959,223
Gynecological/Breast Disorders	\$1,902,158	3.4%	\$1,306,150	\$372,183	\$223,826	\$45,261	\$1,856,898
Pulmonary Disorders	\$1,839,762	3.3%	\$840,801	\$349,474	\$649,487	\$984,348	\$855,414
Renal/Urologic Disorders	\$1,543,984	2.8%	\$896,116	\$308,528	\$339,340	\$578,812	\$965,172
Infections	\$1,438,677	2.6%	\$774,575	\$198,225	\$465,877	\$694,881	\$743,796
Non-malignant Neoplasm	\$968,082	1.7%	\$710,505	\$218,782	\$38,796	\$216,102	\$751,980
Medical/Surgical Complications	\$926,217	1.7%	\$736,763	\$83,269	\$106,184	\$491,841	\$434,376
Dermatological Disorders	\$604,659	1.1%	\$358,310	\$99,700	\$146,648	\$247,315	\$357,343
Miscellaneous	\$541,940	1.0%	\$321,790	\$92,029	\$128,122	\$200,966	\$340,975
Diabetes	\$521,960	0.9%	\$320,288	\$149,581	\$52,091	\$283,828	\$238,132
Abnormal Lab/Radiology	\$415,946	0.7%	\$306,412	\$84,543	\$24,992	\$127,549	\$288,397
Congenital/Chromosomal Anomalies	\$400,970	0.7%	\$37,655	\$147,778	\$215,537	\$314,709	\$86,261
Hematological Disorders	\$368,505	0.7%	\$260,556	\$51,876	\$56,073	\$171,205	\$197,300
Vascular Disorders	\$286,710	0.5%	\$140,465	\$131,365	\$14,881	\$155,000	\$131,710
Medication Related Conditions	\$168,078	0.3%	\$85,781	\$9,196	\$73,102	\$70,918	\$97,160
Cholesterol Disorders	\$161,613	0.3%	\$128,403	\$28,114	\$5,096	\$82,510	\$79,102
Allergic Reaction	\$59,120	0.1%	\$16,964	\$7,973	\$34,183	\$15,061	\$44,059
External Hazard Exposure	\$27,854	0.0%	\$11,597	\$374	\$15,882	\$5,920	\$21,934
Dental Conditions	\$23,970	0.0%	\$6,522	\$2,200	\$15,249	\$11,678	\$12,292
Social Determinants of Health	\$1,690	0.0%	\$1,580	\$110	\$0	\$435	\$1,255
Cause of Morbidity	\$367	0.0%	\$26	\$61	\$280	\$280	\$87
<b>Total</b>	<b>\$55,997,776</b>	<b>100.0%</b>	<b>\$31,878,076</b>	<b>\$12,375,632</b>	<b>\$11,744,069</b>	<b>\$20,406,433</b>	<b>\$35,591,344</b>

# Mental Health Drilldown

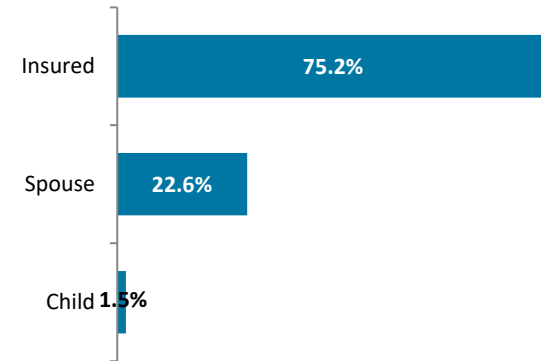
Group	PY22		PY23	
	Patients	Total Paid	Patients	Total Paid
Depression	453	\$568,975	883	\$898,381
Mood and Anxiety Disorders	613	\$271,735	1,144	\$681,784
Mental Health Conditions, Other	431	\$351,519	805	\$558,645
Alcohol Abuse/Dependence	20	\$75,926	77	\$344,280
Developmental Disorders	59	\$215,640	108	\$250,524
Bipolar Disorder	107	\$247,201	189	\$253,234
Attention Deficit Disorder	199	\$80,894	414	\$132,119
Eating Disorders	24	\$147,776	44	\$141,298
Schizophrenia	4	\$2,259	12	\$47,488
Sleep Disorders	124	\$26,517	242	\$63,421
Substance Abuse/Dependence	29	\$68,285	51	\$34,292
Sexually Related Disorders	28	\$8,553	55	\$30,340
Psychoses	6	\$10,965	17	\$18,602
Personality Disorders	14	\$15,495	17	\$12,003
Tobacco Use Disorder	16	\$4,458	54	\$3,385
Complications of Substance Abuse	6	\$27,466	13	\$3,466
<b>Total</b>		<b>\$2,123,665</b>		<b>\$3,473,262</b>

# Diagnosis Grouper – Cancer

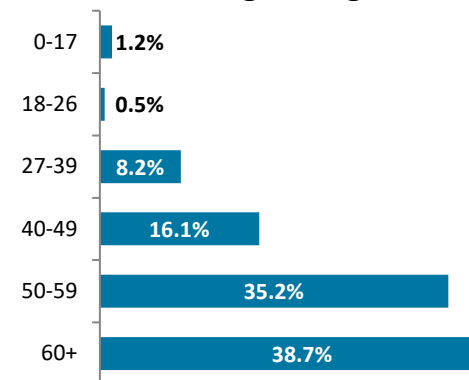
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	33	211	\$3,138,596	53.0%
Breast Cancer	85	993	\$943,790	15.9%
Secondary Cancers	25	207	\$281,607	4.8%
Cancers, Other	59	426	\$270,505	4.6%
Brain Cancer	5	173	\$255,238	4.3%
Non-Melanoma Skin Cancers	89	292	\$254,136	4.3%
Prostate Cancer	31	288	\$158,701	2.7%
Thyroid Cancer	32	165	\$140,242	2.4%
Colon Cancer	10	163	\$135,003	2.3%
Lymphomas	20	306	\$110,111	1.9%
Leukemias	7	116	\$43,513	0.7%
Carcinoma in Situ	42	113	\$43,085	0.7%
Cervical/Uterine Cancer	14	53	\$38,645	0.7%
Lung Cancer	10	137	\$35,053	0.6%
Kidney Cancer	12	44	\$26,424	0.4%
Melanoma	24	59	\$21,052	0.4%
Myeloma	2	60	\$18,680	0.3%
Pancreatic Cancer	2	41	\$4,437	0.1%
Ovarian Cancer	4	9	\$743	0.0%
Bladder Cancer	1	1	\$29	0.0%
<b>Overall</b>	----	----	<b>\$5,919,589</b>	<b>100.0%</b>

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

## Relationship



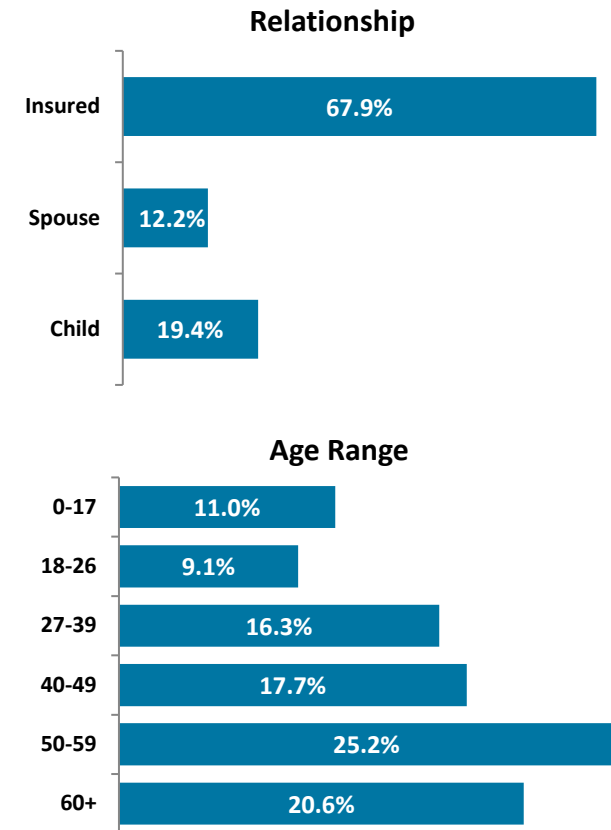
## Age Range



# Diagnosis Grouper – Gastrointestinal Orders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	1,108	2,833	\$891,093	18.7%
GI Disorders, Other	577	1,438	\$853,206	18.0%
Gallbladder and Biliary Disease	114	515	\$637,565	13.4%
Upper GI Disorders	560	1,349	\$524,004	11.0%
Hernias	111	348	\$440,211	9.3%
GI Symptoms	692	1,448	\$363,739	7.7%
Inflammatory Bowel Disease	65	349	\$210,919	4.4%
Diverticulitis	93	211	\$201,205	4.2%
Appendicitis	15	79	\$196,221	4.1%
Pancreatic Disorders	24	111	\$116,594	2.5%
Constipation	199	376	\$92,615	1.9%
Liver Diseases	221	448	\$81,796	1.7%
Ostomies	12	104	\$63,330	1.3%
Hemorrhoids	134	252	\$47,481	1.0%
Peptic Ulcer/Related Disorders	28	51	\$23,563	0.5%
Hepatic Cirrhosis	15	35	\$7,562	0.2%
Esophageal Varices	3	4	\$1,959	0.0%
	----	----	<b>\$4,753,062</b>	<b>100.0%</b>

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

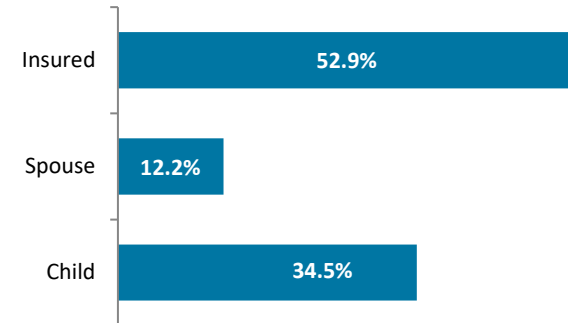


# Diagnosis Group – Health Status/Encounters

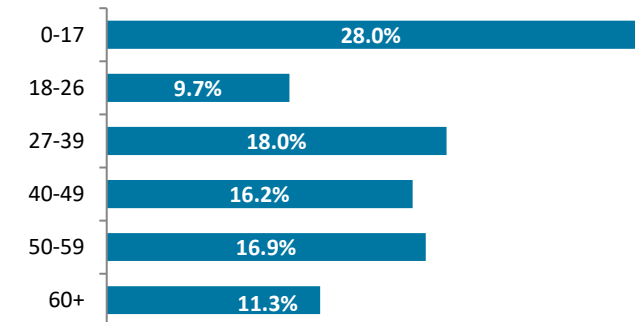
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	4,006	8,501	\$1,368,317	30.1%
Exams	5,340	10,541	\$1,146,117	25.2%
Prophylactic Measures	2,866	4,178	\$827,522	18.2%
Encounters - Infants/Children	2,273	3,685	\$541,828	11.9%
Personal History of Condition	503	1,009	\$206,397	4.5%
Prosthetics/Devices/Implants	217	745	\$156,337	3.4%
Family History of Condition	146	217	\$88,998	2.0%
Aftercare	229	491	\$81,552	1.8%
Follow-Up Encounters	5	17	\$48,804	1.1%
Encounter - Procedure	67	85	\$39,050	0.9%
Encounter - Transplant Related	14	93	\$18,456	0.4%
Lifestyle/Situational Issues	58	126	\$8,453	0.2%
Counseling	118	200	\$7,638	0.2%
Acquired Absence	17	25	\$4,634	0.1%
Donors	3	3	\$2,625	0.1%
Miscellaneous Examinations	26	53	\$1,755	0.0%
Health Status, Other	63	76	\$1,389	0.0%
<b>Overall</b>	----	----	<b>\$4,549,871</b>	<b>689.5%</b>

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

## Relationship



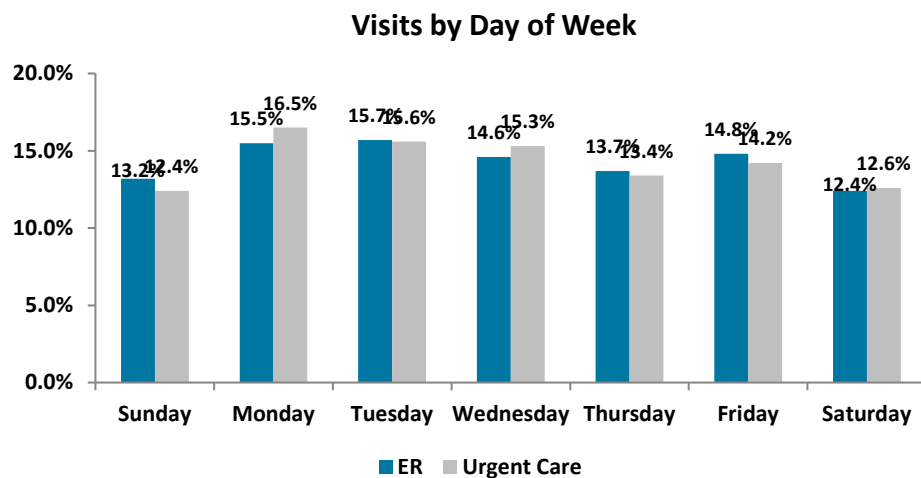
## Age Range



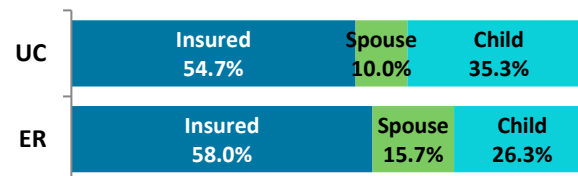
# Emergency Room / Urgent Care Summary

ER/Urgent Care	PY22		PY23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,170	2,734	2,129	5,111		
Visits Per Member	0.13	0.31	0.15	0.36	0.22	0.35
Visits/1000 Members	134	312	148	356	221	352
Avg Paid Per Visit	\$2,440	\$120	\$3,126	\$98	\$968	\$135
% with OV*	79.7%	77.0%	82.2%	76.7%		
% Avoidable	12.4%	36.0%	15.4%	43.2%		
<b>Total Member Paid</b>	<b>\$699,986</b>	<b>\$190,525</b>	<b>\$1,416,716</b>	<b>\$374,175</b>		
<b>Total Plan Paid</b>	<b>\$2,854,800</b>	<b>\$328,080</b>	<b>\$6,655,359</b>	<b>\$501,260</b>		

\*looks back 12 months from ER visit



### % of Paid



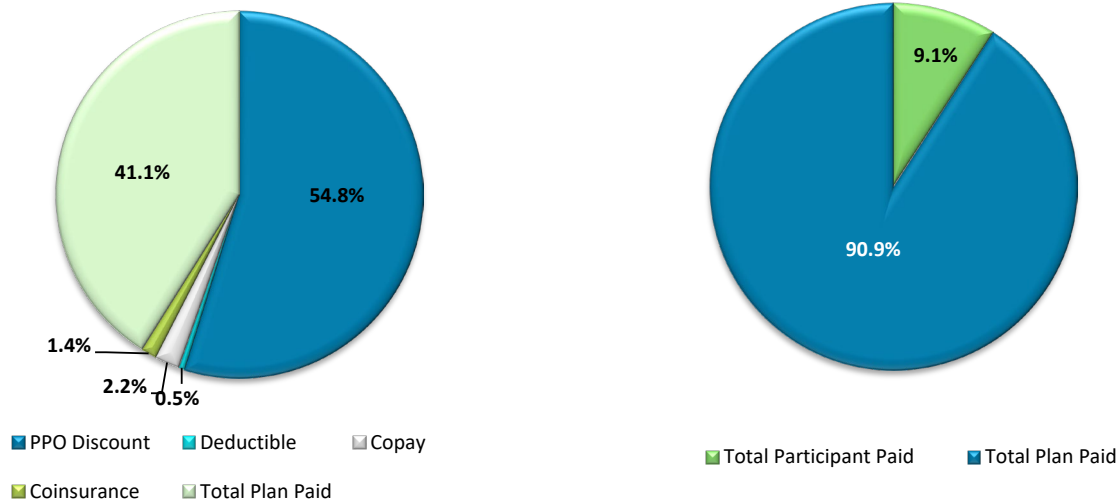
ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,107	150	2,768	376	3,875	526
Spouse	288	160	525	292	813	452
Child	734	141	1,818	349	2,552	490
<b>Total</b>	<b>2,129</b>	<b>148</b>	<b>5,111</b>	<b>356</b>	<b>7,240</b>	<b>504</b>

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	\$182,693,585	\$4,417	100.0%
PPO Discount	\$115,042,749	\$2,781	63.0%
Deductible	\$0	\$0	0.0%
Copay	\$4,911,538	\$119	2.7%
Coinsurance	\$3,908,216	\$94	2.1%
<b>Total Participant Paid</b>	<b>\$8,819,754</b>	<b>\$213</b>	<b>4.8%</b>
<b>Total Plan Paid</b>	<b>\$55,997,776</b>	<b>\$634</b>	<b>30.7%</b>

<b>Total Participant Paid - PY22</b>	<b>\$136</b>
<b>Total Plan Paid - PY22</b>	<b>\$539</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	714	692	22	96.9%
	<2 asthma related ER Visits in the last 6 months	714	713	1	99.9%
	No asthma related admit in last 12 months	714	707	7	99.0%
<b>Chronic Obstructive Pulmonary Disease</b>	No exacerbations in last 12 months	65	61	4	93.8%
	Members with COPD who had an annual spirometry test	65	12	53	18.5%
<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	66	64	2	97.0%
	Follow-up OV within 4 weeks of discharge from HF admission	3	3	0	100.0%
<b>Diabetes</b>	Annual office visit	753	739	14	98.1%
	Annual dilated eye exam	753	272	481	36.1%
	Annual foot exam	753	336	417	44.6%
	Annual HbA1c test done	753	636	117	84.5%
	Diabetes Annual lipid profile	753	580	173	77.0%
	Annual microalbumin urine screen	753	525	228	69.7%
<b>Hyperlipidemia</b>	Hyperlipidemia Annual lipid profile	1,961	1,650	311	84.1%
<b>Hypertension</b>	Annual lipid profile	1,754	1,346	408	76.7%
	Annual serum creatinine test	1,501	1,291	210	86.0%
<b>Wellness</b>	Well Child Visit - 15 months	144	130	14	90.3%
	Routine office visit in last 6 months (All Ages)	15,231	9,989	5,242	65.6%
	Colorectal cancer screening ages 45-75 within the appropriate time period	4,791	2,099	2,692	43.8%
	Women age 25-65 with recommended cervical cancer/HPV screening	5,049	3,179	1,870	63.0%
	Males age greater than 49 with PSA test in last 24 months	1,529	759	770	49.6%
	Routine exam in last 24 months (All Ages)	15,231	12,604	2,627	82.8%
	Women age 40 to 75 with a screening mammogram last 24 months	3,582	2,101	1,481	58.7%

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 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	152	1.00%	10.58	238.64	502.84	\$12,655
Asthma	767	5.03%	53.39	102.23	435.37	\$13,848
Atrial Fibrillation	103	0.68%	7.17	283.08	516.92	\$22,943
Blood Disorders	783	5.14%	54.50	234.52	424.54	\$22,314
CAD	198	1.30%	13.78	231.97	451.41	\$24,897
COPD	62	0.41%	4.32	418.85	691.10	\$33,881
Cancer	419	2.75%	29.17	142.79	282.66	\$29,104
Chronic Pain	365	2.40%	25.41	137.12	489.72	\$22,098
Congestive Heart Failure	65	0.43%	4.52	594.25	747.60	\$52,829
Demyelinating Diseases	40	0.26%	2.78	144.93	231.88	\$49,480
Depression	1,288	8.45%	89.65	136.48	332.35	\$11,015
Diabetes	785	5.15%	54.64	111.35	283.03	\$17,223
ESRD	7	0.05%	0.49	947.37	947.37	\$72,230
Eating Disorders	81	0.53%	5.64	212.53	523.16	\$14,119
HIV/AIDS	18	0.12%	1.25	86.96	260.87	\$40,338
Hyperlipidemia	2,353	15.44%	163.79	69.69	206.37	\$12,170
Hypertension	1,767	11.60%	123.00	98.84	318.94	\$13,573
Immune Disorders	83	0.54%	5.78	271.57	390.38	\$50,583
Inflammatory Bowel Disease	71	0.47%	4.94	163.71	278.31	\$25,546
Liver Diseases	303	1.99%	21.09	198.58	567.38	\$21,070
Morbid Obesity	483	3.17%	33.62	200.67	401.34	\$16,994
Osteoarthritis	441	2.89%	30.70	112.06	387.68	\$16,388
Peripheral Vascular Disease	42	0.28%	2.92	249.35	374.03	\$15,160
Rheumatoid Arthritis	101	0.66%	7.03	117.01	468.04	\$33,186

\*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.

# Appendix C

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### UMR Inc. – EPO Utilization Review for PEBP

July 1, 2022 – June 30, 2023

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# DATASCOPE™

## Nevada Public Employees' Benefits Program

### EPO Plan

July 2022 – June 2023 Incurred,

Paid through August 31, 2023

Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for PY23 was \$42,257,152 with a plan cost per employee per year (PEPY) of \$12,259. This is an increase of 25.4% when compared to PY22.
  - IP Cost per Admit is \$35,238 which is 1.6% higher than PY22.
  - ER Cost per Visit is \$3,089 which is 54.2% higher than PY22.
- Employees shared in 9.1% of the medical cost.
- Inpatient facility costs were 27.4% of the plan spend.
- 68.6% of the Average Membership had paid Medical claims less than \$2,500, with 9.9% having no claims paid at all during the reporting period.
- 54 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 32.9% of the plan spend. The highest diagnosis category was Cancer, accounting for 30.6% of the high-cost claimant dollars.
- Total spending with in-network providers was 100.0%. The average In Network discount was 54.9%, which is 8.3% lower than the PY22 average discount of 59.9%.

# Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY22						PY23						% 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	\$ 2,127,155	\$ 2,497	\$ 4,190	\$ 5	\$ 2,131,345	\$ 2,502	\$ 2,371,577	\$ 2,823	\$ 16,074	\$ 19	\$ 2,387,651	\$ 2,842	12.0%	13.6%
1	\$ 252,827	\$ 293	\$ 2,975	\$ 3	\$ 255,802	\$ 296	\$ 276,620	\$ 397	\$ 1,567	\$ 2	\$ 278,187	\$ 400	8.8%	35.0%
2 - 4	\$ 501,660	\$ 167	\$ 14,723	\$ 5	\$ 516,383	\$ 172	\$ 709,797	\$ 291	\$ 15,497	\$ 6	\$ 725,294	\$ 298	40.5%	73.0%
5 - 9	\$ 441,983	\$ 90	\$ 58,755	\$ 12	\$ 500,738	\$ 102	\$ 372,847	\$ 89	\$ 68,943	\$ 16	\$ 441,790	\$ 105	-11.8%	3.9%
10 - 14	\$ 889,379	\$ 135	\$ 207,855	\$ 32	\$ 1,097,234	\$ 167	\$ 1,002,695	\$ 178	\$ 154,711	\$ 27	\$ 1,157,406	\$ 206	5.5%	23.0%
15 - 19	\$ 1,813,654	\$ 230	\$ 391,570	\$ 50	\$ 2,205,224	\$ 279	\$ 1,773,288	\$ 264	\$ 646,020	\$ 96	\$ 2,419,308	\$ 361	9.7%	29.1%
20 - 24	\$ 1,285,167	\$ 181	\$ 338,365	\$ 48	\$ 1,623,532	\$ 229	\$ 1,394,464	\$ 222	\$ 228,294	\$ 36	\$ 1,622,758	\$ 258	0.0%	12.7%
25 - 29	\$ 1,077,001	\$ 331	\$ 832,648	\$ 256	\$ 1,909,649	\$ 587	\$ 1,192,563	\$ 460	\$ 282,774	\$ 109	\$ 1,475,337	\$ 569	-22.7%	-3.1%
30 - 34	\$ 1,584,536	\$ 369	\$ 522,926	\$ 122	\$ 2,107,462	\$ 491	\$ 1,499,139	\$ 432	\$ 1,514,655	\$ 437	\$ 3,013,794	\$ 869	43.0%	77.1%
35 - 39	\$ 2,965,628	\$ 502	\$ 732,210	\$ 124	\$ 3,697,838	\$ 626	\$ 3,337,786	\$ 692	\$ 841,512	\$ 174	\$ 4,179,298	\$ 866	13.0%	38.3%
40 - 44	\$ 2,044,597	\$ 338	\$ 1,732,096	\$ 286	\$ 3,776,693	\$ 624	\$ 2,992,652	\$ 580	\$ 1,539,679	\$ 298	\$ 4,532,331	\$ 878	20.0%	40.7%
45 - 49	\$ 3,389,003	\$ 495	\$ 1,176,602	\$ 172	\$ 4,565,605	\$ 666	\$ 2,464,377	\$ 431	\$ 1,465,368	\$ 256	\$ 3,929,745	\$ 687	-13.9%	3.0%
50 - 54	\$ 3,795,666	\$ 447	\$ 2,177,505	\$ 256	\$ 5,973,171	\$ 703	\$ 5,159,525	\$ 662	\$ 2,069,596	\$ 266	\$ 7,229,121	\$ 928	21.0%	32.0%
55 - 59	\$ 7,416,060	\$ 835	\$ 2,374,310	\$ 267	\$ 9,790,370	\$ 1,103	\$ 5,756,991	\$ 751	\$ 2,528,164	\$ 330	\$ 8,285,155	\$ 1,080	-15.4%	-2.0%
60 - 64	\$ 6,933,282	\$ 672	\$ 3,862,693	\$ 374	\$ 10,795,975	\$ 1,046	\$ 8,456,113	\$ 961	\$ 3,714,588	\$ 422	\$ 12,170,701	\$ 1,384	12.7%	32.3%
65+	\$ 2,803,190	\$ 613	\$ 1,859,828	\$ 407	\$ 4,663,018	\$ 1,020	\$ 3,496,720	\$ 825	\$ 1,732,013	\$ 409	\$ 5,228,733	\$ 1,234	12.1%	21.0%
<b>Total</b>	<b>\$ 39,320,787</b>	<b>\$ 437</b>	<b>\$ 16,289,250</b>	<b>\$ 181</b>	<b>\$ 55,610,038</b>	<b>\$ 618</b>	<b>\$ 42,257,152</b>	<b>\$ 548</b>	<b>\$ 16,819,453</b>	<b>\$ 218</b>	<b>\$ 59,076,605</b>	<b>\$ 766</b>	<b>6.2%</b>	<b>23.9%</b>

# Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	4,635	4,021	3,447	-14.3%	3,934	3,370	2,876	-14.7%	4	3	2	-29.3%
Avg # Members	8,519	7,491	6,421	-14.3%	7,566	6,579	5,601	-14.9%	4	3	2	-29.3%
Ratio	1.8	1.9	1.9	0.0%	1.9	2.0	2.0	0.0%	1.1	1.0	1.0	0.0%
<b>Financial Summary</b>												
Gross Cost	\$57,531,667	\$44,187,042	\$46,490,212	5.2%	\$45,628,807	\$37,820,607	\$38,595,575	2.0%	\$41,511	\$4,744	\$4,201	-11.4%
Client Paid	\$53,783,772	\$39,320,787	\$42,257,152	7.5%	\$42,531,149	\$33,797,612	\$35,128,252	3.9%	\$39,013	\$3,622	\$3,335	-7.9%
Employee Paid	\$3,747,895	\$4,866,255	\$4,233,060	-13.0%	\$3,097,659	\$4,022,996	\$3,467,323	-13.8%	\$2,498	\$1,122	\$866	-22.8%
Client Paid-PEPY	\$11,605	\$9,779	\$12,259	25.4%	\$10,811	\$10,030	\$12,216	21.8%	\$9,753	\$1,278	\$1,667	30.4%
Client Paid-PMPY	\$6,314	\$5,249	\$6,581	25.4%	\$5,621	\$5,137	\$6,272	22.1%	\$9,003	\$1,278	\$1,667	30.4%
Client Paid-PEPM	\$967	\$815	\$1,022	25.4%	\$901	\$836	\$1,018	21.8%	\$813	\$107	\$139	29.9%
Client Paid-PMPM	\$526	\$437	\$548	25.4%	\$468	\$428	\$523	22.2%	\$750	\$107	\$139	29.9%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	58	46	54	17.4%	43	40	43	7.5%	0	0	0	0.0%
HCC's / 1,000	6.8	6.1	8.4	37.0%	5.7	6.1	7.7	26.3%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$290,301	\$237,083	\$257,429	8.6%	\$270,803	\$246,357	\$257,598	4.6%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.3%	27.7%	32.9%	18.8%	27.4%	29.2%	31.5%	7.9%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,531	\$1,432	\$1,804	26.0%	\$1,194	\$1,437	\$1,735	20.7%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,988	\$1,442	\$2,319	60.8%	\$1,813	\$1,382	\$2,176	57.5%	\$4,568	\$27	\$158	485.2%
Physician	\$2,609	\$2,259	\$2,458	8.8%	\$2,458	\$2,209	\$2,361	6.9%	\$3,917	\$1,142	\$1,510	32.2%
Other	\$185	\$116	\$0	-100.0%	\$156	\$109	\$0	-100.0%	\$518	\$109	\$0	-100.0%
Total	\$6,314	\$5,249	\$6,581	25.4%	\$5,621	\$5,137	\$6,272	22.1%	\$9,003	\$1,278	\$1,667	30.4%

# Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	574	564	509	-9.8%	122	85	61	-28.1%	
Avg # Members	791	796	731	-8.2%	158	114	87	-23.0%	
Ratio	1.4	1.4	1.4	2.1%	1.3	1.3	1.4	6.7%	1.6
<b>Financial Summary</b>									
Gross Cost	\$8,174,556	\$5,794,991	\$7,535,647	30.0%	\$3,686,792	\$566,699	\$354,790	-37.4%	
Client Paid	\$7,625,090	\$5,071,309	\$6,861,336	35.3%	\$3,588,520	\$448,244	\$264,230	-41.1%	
Employee Paid	\$549,466	\$723,682	\$674,311	-6.8%	\$98,272	\$118,455	\$90,560	-23.5%	
Client Paid-PEPY	\$13,276	\$8,998	\$13,493	50.0%	\$29,354	\$5,279	\$4,326	-18.1%	\$6,642
Client Paid-PMPY	\$9,643	\$6,373	\$9,392	47.4%	\$22,748	\$3,946	\$3,023	-23.4%	\$4,116
Client Paid-PEPM	\$1,106	\$750	\$1,124	49.9%	\$2,446	\$440	\$360	-18.2%	\$553
Client Paid-PMPM	\$804	\$531	\$783	47.5%	\$1,896	\$329	\$252	-23.4%	\$343
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	15	8	12	50.0%	2	0	0	0.0%	
HCC's / 1,000	19.0	10.1	16.4	63.5%	12.7	0.0	0.0	0.0%	
Avg HCC Paid	\$144,889	\$131,446	\$235,373	79.1%	\$1,509,798	\$0	\$0	0.0%	
HCC's % of Plan Paid	28.5%	20.7%	41.2%	99.0%	84.1%	0.0%	0.0%	0.0%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$1,565	\$1,443	\$2,534	75.6%	\$17,532	\$1,101	\$183	-83.4%	\$1,190
Facility Outpatient	\$3,680	\$2,015	\$3,585	77.9%	\$1,836	\$940	\$1,007	7.1%	\$1,376
Physician	\$3,977	\$2,742	\$3,273	19.4%	\$2,993	\$1,800	\$1,832	1.8%	\$1,466
Other	\$420	\$174	\$0	-100.0%	\$388	\$106	\$0	-100.0%	\$84
Total	\$9,643	\$6,373	\$9,392	47.4%	\$22,748	\$3,946	\$3,023	-23.4%	\$4,116



# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 11,194,084	\$ 1,290,181	\$ 11,395	\$ 12,495,660	\$ 11,494,351	\$ 1,267,256	\$ 801,113	\$ 13,562,720	8.5%	
Outpatient	\$ 22,603,528	\$ 3,481,267	\$ 288,466	\$ 26,373,261	\$ 23,633,901	\$ 4,467,417	\$ 325,550	\$ 28,426,868	7.8%	
<b>Total - Medical</b>	<b>\$ 33,797,612</b>	<b>\$ 4,771,448</b>	<b>\$ 299,861</b>	<b>\$ 38,868,921</b>	<b>\$ 35,128,252</b>	<b>\$ 5,734,673</b>	<b>\$ 1,126,663</b>	<b>\$ 41,989,588</b>	<b>8.0%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 837	\$ 810	\$ 344	\$ 824	\$ 1,018	\$ 1,085	\$ 1,382	\$ 1,034	25.4%	

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 36,771	\$ 95,905	\$ 132,676	\$ -	\$ 14,081	\$ 4,746	\$ 18,827		-85.8%
Outpatient	\$ 3,622	\$ 159,667	\$ 155,900	\$ 319,190	\$ 3,335	\$ 78,421	\$ 166,982	\$ 248,738		-22.1%
<b>Total - Medical</b>	<b>\$ 3,622</b>	<b>\$ 196,439</b>	<b>\$ 251,805</b>	<b>\$ 451,866</b>	<b>\$ 3,335</b>	<b>\$ 92,502</b>	<b>\$ 171,728</b>	<b>\$ 267,565</b>		<b>-40.8%</b>

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 107	\$ 483	\$ 411	\$ 429	\$ 139	\$ 554	\$ 303	\$ 353		-17.6%

# Paid Claims by Claim Type – Total

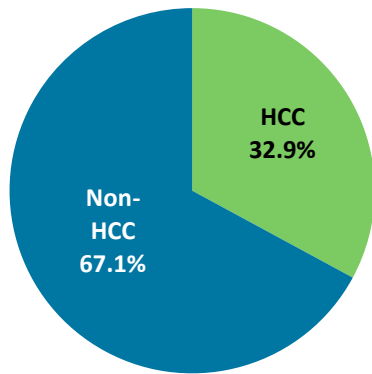
Net Paid Claims - Total										
Total Participants										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 11,194,084	\$ 1,326,952	\$ 107,300	\$ 12,628,336	\$ 11,494,351	\$ 1,281,337	\$ 805,859	\$ 13,581,547	7.5%	
Outpatient	\$ 22,607,150	\$ 3,640,934	\$ 444,366	\$ 26,692,451	\$ 23,637,236	\$ 4,545,838	\$ 492,532	\$ 28,675,605	7.4%	
<b>Total - Medical</b>	<b>\$ 33,801,234</b>	<b>\$ 4,967,887</b>	<b>\$ 551,666</b>	<b>\$ 39,320,787</b>	<b>\$ 35,131,586</b>	<b>\$ 5,827,175</b>	<b>\$ 1,298,391</b>	<b>\$ 42,257,152</b>	<b>7.5%</b>	

Net Paid Claims - Per Participant per Month										
	PY22				PY23				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 836	\$ 789	\$ 372	\$ 816	\$ 1,017	\$ 1,068	\$ 940	\$ 1,022	25.2%	

# Cost Distribution – Medical Claims

PY22						PY23						
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
40	0.5%	\$10,905,829	27.7%	\$151,891	3.1%	\$100,000.01 Plus	50	0.8%	\$13,901,178	32.9%	\$215,964	5.1%
63	0.8%	\$4,436,365	11.3%	\$236,743	4.9%	\$50,000.01-\$100,000.00	67	1.0%	\$4,962,218	11.7%	\$231,401	5.5%
151	2.0%	\$5,346,850	13.6%	\$466,736	9.6%	\$25,000.01-\$50,000.00	199	3.1%	\$6,991,359	16.5%	\$548,257	13.0%
407	5.4%	\$6,595,427	16.8%	\$872,594	17.9%	\$10,000.01-\$25,000.00	386	6.0%	\$6,197,687	14.7%	\$770,272	18.2%
577	7.7%	\$4,319,187	11.0%	\$915,043	18.8%	\$5,000.01-\$10,000.00	536	8.4%	\$3,908,538	9.2%	\$774,562	18.3%
947	12.6%	\$3,477,204	8.8%	\$884,834	18.2%	\$2,500.01-\$5,000.00	774	12.0%	\$2,905,516	6.9%	\$707,442	16.7%
4,511	60.2%	\$4,238,401	10.8%	\$1,334,890	27.4%	\$0.01-\$2,500.00	3,713	57.8%	\$3,390,658	8.0%	\$984,390	23.3%
24	0.3%	\$0	0.0%	\$3,484	0.1%	\$0.00	60	0.9%	\$0	0.0%	\$772	0.0%
770	10.3%	\$1,525	0.0%	\$40	0.0%	No Claims	636	9.9%	\$0	0.0%	\$0	0.0%
<b>7,491</b>	<b>100.0%</b>	<b>\$39,320,787</b>	<b>100.0%</b>	<b>\$4,866,255</b>	<b>100.0%</b>		<b>6,421</b>	<b>100.0%</b>	<b>\$42,257,152</b>	<b>100.0%</b>	<b>\$4,233,060</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	25	\$4,247,764	30.6%
Cardiac Disorders	39	\$1,899,781	13.7%
Pregnancy-related Disorders	3	\$1,446,337	10.4%
Infections	22	\$862,853	6.2%
Trauma/Accidents	20	\$850,107	6.1%
Medical/Surgical Complications	16	\$766,010	5.5%
Hematological Disorders	21	\$723,350	5.2%
Gastrointestinal Disorders	32	\$637,150	4.6%
Endocrine/Metabolic Disorders	32	\$462,533	3.3%
Neurological Disorders	31	\$368,957	2.7%
All Other		\$1,636,336	11.8%
<b>Overall</b>	<b>----</b>	<b>\$13,901,178</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			
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year
<b>Inpatient Summary</b>												
# of Admits	469	397	381		389	344	318		0	0	0	
# of Bed Days	3,065	2,419	1,912		2,295	2,081	1,540		0	0	0	
Paid Per Admit	\$37,611	\$34,699	\$35,238	1.6%	\$31,958	\$35,114	\$35,521	1.2%	\$0	\$0	\$0	0.0%
Paid Per Day	\$5,755	\$5,695	\$7,022	23.3%	\$5,417	\$5,805	\$7,335	26.4%	\$0	\$0	\$0	0.0%
Admits Per 1,000	55	53	59	11.3%	51	52	57	9.6%	0	0	0	0.0%
Days Per 1,000	360	323	298	-7.7%	303	316	275	-13.0%	0	0	0	0.0%
Avg LOS	6.5	6.1	5.0	-18.0%	5.9	6.0	4.8	-20.0%	0.0	0.0	0.0	0.0%
# Admits From the ER	244	205	176	-14.1%	187	167	141	-15.6%	0	0	0	0.0%
<b>Physician Office</b>												
OV Utilization per Member	6.2	5.7	5.6	-1.8%	6.0	5.5	5.5	0.0%	4.8	5.3	5.0	-5.7%
Avg Paid per OV	\$148	\$151	\$162	7.3%	\$150	\$152	\$165	8.6%	\$146	\$169	\$129	-23.7%
Avg OV Paid per Member	\$910	\$860	\$915	6.4%	\$892	\$840	\$902	7.4%	\$706	\$894	\$645	-27.9%
DX&L Utilization per Member	10.4	9.6	11.7	21.9%	9.9	9.2	11.1	20.7%	16.4	5.6	22	292.9%
Avg Paid per DX&L	\$69	\$59	\$70	18.6%	\$68	\$60	\$71	18.3%	\$56	\$29	\$17	-41.4%
Avg DX&L Paid per Member	\$718	\$569	\$819	43.9%	\$671	\$551	\$787	42.8%	\$918	\$165	\$385	133.3%
<b>Emergency Room</b>												
# of Visits	1,383	1,327	1,196		1,209	1,139	1,009		2	0	0	
Visits Per Member	0.16	0.18	0.19	5.6%	0.16	0.17	0.18	5.9%	0.46	0.00	0.00	0.0%
Visits Per 1,000	162	177	186	5.1%	160	173	180	4.0%	462	0	0	0.0%
Avg Paid per Visit	\$2,521	\$2,003	\$3,089	54.2%	\$2,499	\$1,972	\$3,169	60.7%	\$10,325	\$0	\$0	0.0%
<b>Urgent Care</b>												
# of Visits	2,546	3,025	2,649		2,318	2,733	2,395		1	0	0	
Visits Per Member	0.30	0.40	0.41	2.5%	0.31	0.42	0.43	2.4%	0.23	0.00	0.00	0.0%
Visits Per 1,000	299	404	413	2.2%	306	415	428	3.1%	231	0	0	0.0%
Avg Paid per Visit	\$153	\$153	\$129	-15.7%	\$154	\$155	\$130	-16.1%	\$250	\$0	\$0	0.0%

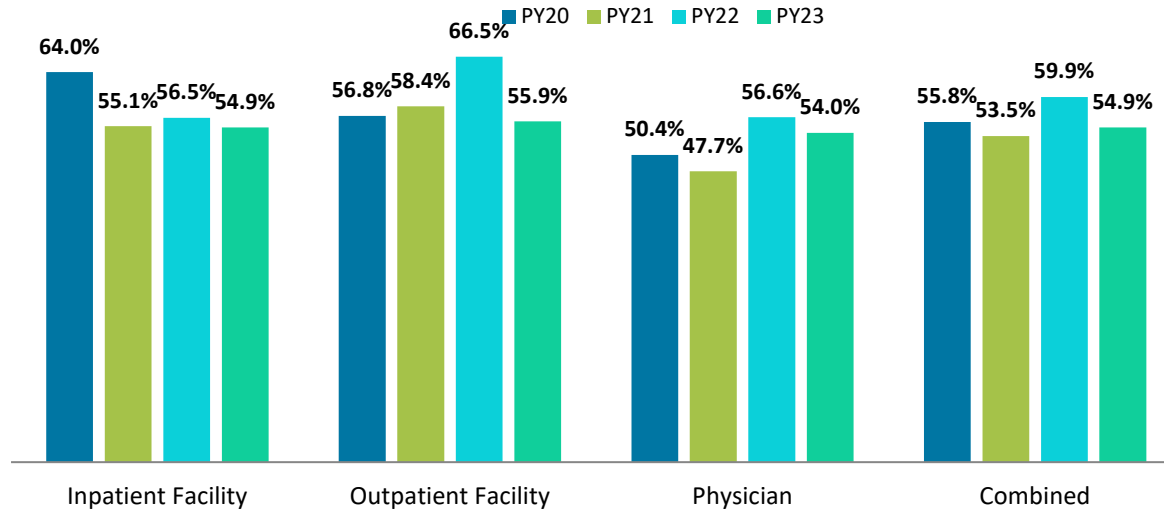
# Utilization Summary (p. 2 of 2)

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

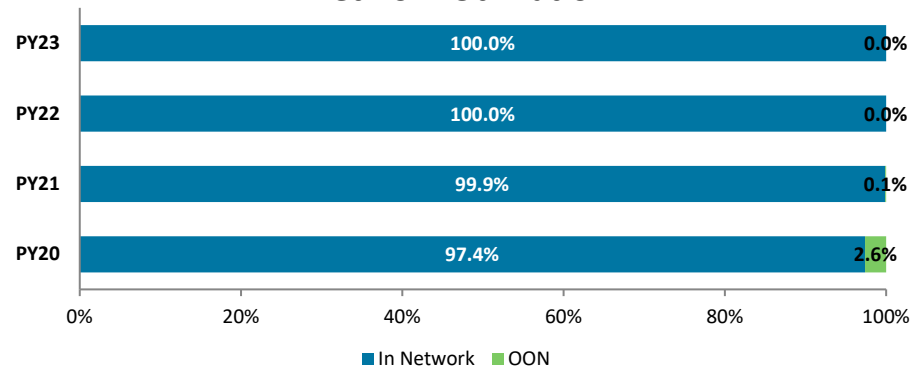
Summary	State Retirees				Non-State Retirees				Peer Index
	PY21	PY22	PY23	Variance to Prior Year	PY21	PY22	PY23	Variance to Prior Year	
<b>Inpatient Summary</b>									
# of Admits	71	45	60		9	8	3		
# of Bed Days	550	273	364		220	65	8		
Paid Per Admit	\$31,982	\$34,743	\$35,179	1.3%	\$326,375	\$16,574	\$6,422	-61.3%	\$18,822
Paid Per Day	\$4,129	\$5,727	\$5,799	1.3%	\$13,352	\$2,040	\$2,408	18.0%	\$3,265
Admits Per 1,000	90	57	82	43.9%	57	70	34	-51.4%	70
Days Per 1,000	696	343	498	45.2%	1,395	572	92	-83.9%	402
Avg LOS	7.7	6.1	6.1	0.0%	24.4	8.1	2.7	-66.7%	5.8
# Admits From the ER	50	32	33	3.1%	7	6	2		
<b>Physician Office</b>									
OV Utilization per Member	8.1	7.1	6.8	-4.2%	6.7	6.8	6.5	-4.4%	5.4
Avg Paid per OV	\$135	\$147	\$157	6.8%	\$138	\$112	\$77	-31.3%	\$96
Avg OV Paid per Member	\$1,088	\$1,036	\$1,069	3.2%	\$920	\$763	\$502	-34.2%	\$515
DX&L Utilization per Member	15	13.4	16.2	20.9%	12	9.2	12.8	39.1%	11.0
Avg Paid per DX&L	\$78	\$55	\$69	25.5%	\$61	\$48	\$35	-27.1%	\$50
Avg DX&L Paid per Member	\$1,165	\$738	\$1,114	50.9%	\$729	\$441	\$449	1.8%	\$543
<b>Emergency Room</b>									
# of Visits	149	168	162		23	20	25		
Visits Per Member	0.19	0.21	0.22	4.8%	0.15	0.18	0.29	61.1%	0.22
Visits Per 1,000	188	211	222	5.2%	146	176	286	62.5%	221
Avg Paid per Visit	\$2,750	\$2,357	\$2,890	22.6%	\$1,545	\$775	\$1,155	49.0%	\$968
<b>Urgent Care</b>									
# of Visits	195	258	227		32	34	27		
Visits Per Member	0.25	0.32	0.31	-3.1%	0.20	0.30	0.31	3.3%	0.35
Visits Per 1,000	247	324	311	-4.0%	203	299	309	3.3%	352
Avg Paid per Visit	\$142	\$147	\$124	-15.6%	\$120	\$64	\$59	-7.8%	\$135

# Provider Network Summary

## In Network Discounts



## Network Utilization



# Diagnosis Grouper Summary

Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$5,040,636	11.9%	\$2,893,427	\$1,029,352	\$1,117,857	\$1,709,799	\$3,330,837
Cardiac Disorders	\$4,034,620	9.5%	\$3,327,782	\$576,163	\$130,676	\$2,510,520	\$1,524,100
Pregnancy-related Disorders	\$3,262,991	7.7%	\$1,111,143	\$304,737	\$1,847,111	\$586,272	\$2,676,719
Gastrointestinal Disorders	\$2,872,389	6.8%	\$2,166,771	\$387,330	\$318,288	\$1,214,529	\$1,657,860
Health Status/Encounters	\$2,703,711	6.4%	\$1,648,655	\$298,918	\$756,139	\$1,105,558	\$1,598,153
Musculoskeletal Disorders	\$2,571,831	6.1%	\$1,842,694	\$546,689	\$182,448	\$1,029,690	\$1,542,141
Trauma/Accidents	\$2,382,206	5.6%	\$1,166,879	\$672,422	\$542,905	\$1,340,569	\$1,041,637
Spine-related Disorders	\$2,173,522	5.1%	\$1,692,829	\$387,612	\$93,081	\$809,264	\$1,364,258
Eye/ENT Disorders	\$1,946,790	4.6%	\$1,069,981	\$192,793	\$684,017	\$835,772	\$1,111,019
Neurological Disorders	\$1,904,051	4.5%	\$1,200,805	\$531,669	\$171,578	\$700,975	\$1,203,076
Infections	\$1,823,447	4.3%	\$1,273,747	\$364,018	\$185,682	\$909,548	\$913,899
Mental Health	\$1,741,788	4.1%	\$700,296	\$209,289	\$832,203	\$546,943	\$1,194,845
Endocrine/Metabolic Disorders	\$1,492,010	3.5%	\$1,248,640	\$143,992	\$99,378	\$613,870	\$878,140
Pulmonary Disorders	\$1,397,100	3.3%	\$718,251	\$133,691	\$545,158	\$411,174	\$985,927
Gynecological/Breast Disorders	\$1,079,951	2.6%	\$848,707	\$151,564	\$79,681	\$8,854	\$1,071,097
Medical/Surgical Complications	\$942,262	2.2%	\$629,572	\$308,042	\$4,648	\$51,973	\$890,289
Hematological Disorders	\$869,037	2.1%	\$773,727	\$10,622	\$84,688	\$644,821	\$224,216
Renal/Urologic Disorders	\$774,300	1.8%	\$587,431	\$85,796	\$101,073	\$435,427	\$338,873
Diabetes	\$684,707	1.6%	\$509,980	\$140,094	\$34,633	\$514,585	\$170,121
Non-malignant Neoplasm	\$470,507	1.1%	\$307,174	\$151,450	\$11,883	\$165,523	\$304,985
Dermatological Disorders	\$423,079	1.0%	\$273,573	\$77,513	\$71,993	\$187,961	\$235,118
Miscellaneous	\$380,253	0.9%	\$204,978	\$67,609	\$107,666	\$158,721	\$221,533
Congenital/Chromosomal Anomalies	\$344,504	0.8%	\$28,902	\$23,414	\$292,188	\$138,106	\$206,399
Vascular Disorders	\$332,352	0.8%	\$217,330	\$110,678	\$4,344	\$213,767	\$118,585
Abnormal Lab/Radiology	\$297,987	0.7%	\$237,607	\$39,792	\$20,589	\$101,316	\$196,671
Cholesterol Disorders	\$122,278	0.3%	\$108,635	\$11,827	\$1,816	\$44,670	\$77,608
Medication Related Conditions	\$80,465	0.2%	\$32,657	\$28,205	\$19,603	\$20,293	\$60,172
Allergic Reaction	\$49,649	0.1%	\$11,557	\$1,134	\$36,957	\$32,195	\$17,454
Dental Conditions	\$35,328	0.1%	\$11,466	\$1,073	\$22,790	\$12,975	\$22,353
External Hazard Exposure	\$23,340	0.1%	\$3,924	\$326	\$19,091	\$1,194	\$22,146
Social Determinants of Health	\$58	0.0%	\$58	\$0	\$0	\$40	\$18
Cause of Morbidity	\$0	0.0%	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$42,257,152</b>	<b>100.0%</b>	<b>\$26,849,176</b>	<b>\$6,987,814</b>	<b>\$8,420,162</b>	<b>\$17,056,903</b>	<b>\$25,200,249</b>



# Mental Health Drilldown

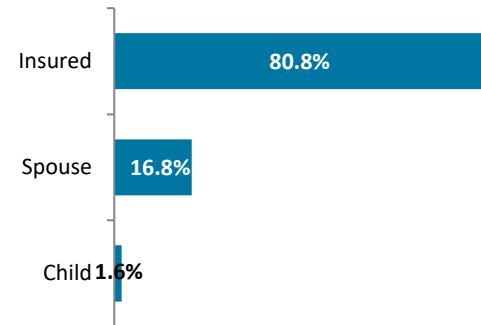
Group	PY20		PY21		PY22		PY23	
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid
Depression	598	\$910,160	625	\$833,183	505	\$720,907	454	\$529,695
Mood and Anxiety Disorders	665	\$513,247	711	\$655,375	636	\$361,898	591	\$339,214
Mental Health Conditions, Other	572	\$599,986	609	\$876,606	458	\$367,897	394	\$287,517
Alcohol Abuse/Dependence	47	\$243,386	43	\$163,692	37	\$110,736	30	\$167,010
Bipolar Disorder	149	\$206,258	127	\$261,349	107	\$171,696	109	\$84,620
Developmental Disorders	50	\$123,894	65	\$155,300	58	\$89,043	47	\$93,123
Attention Deficit Disorder	178	\$84,996	180	\$98,736	179	\$76,754	202	\$61,595
Eating Disorders	16	\$86,923	24	\$370,761	23	\$51,995	19	\$32,076
Sleep Disorders	180	\$35,203	187	\$38,478	148	\$43,716	141	\$25,583
Substance Abuse/Dependence	45	\$74,263	57	\$45,039	39	\$14,853	35	\$72,695
Schizophrenia	10	\$9,300	9	\$10,631	6	\$2,286	9	\$13,689
Complications of Substance Abuse	21	\$116,313	14	\$63,661	8	\$12,407	7	\$9,434
Personality Disorders	10	\$10,154	14	\$20,064	17	\$47,043	15	\$7,832
Psychoses	10	\$6,353	7	\$55,219	6	\$9,762	9	\$6,025
Sexually Related Disorders	16	\$5,705	27	\$81,154	27	\$85,457	26	\$8,339
Tobacco Use Disorder	45	\$3,028	38	\$4,775	36	\$4,114	42	\$3,344
<b>Total</b>		<b>\$3,029,167</b>		<b>\$3,734,023</b>		<b>\$2,170,566</b>		<b>\$1,741,788</b>

# Diagnosis Grouper – Cancer

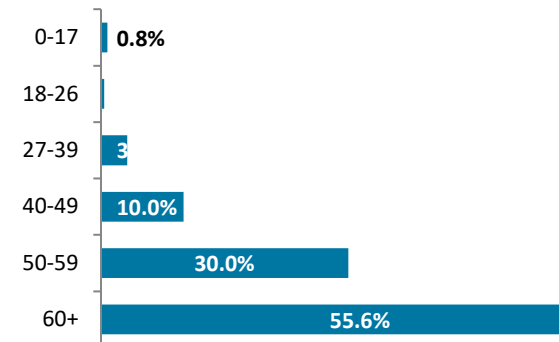
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	20	141	\$1,899,204	37.7%
Melanoma	13	105	\$634,584	12.6%
Breast Cancer	40	450	\$455,658	9.0%
Kidney Cancer	8	45	\$390,956	7.8%
Cancers, Other	28	262	\$350,991	7.0%
Brain Cancer	2	96	\$241,916	4.8%
Secondary Cancers	10	98	\$238,363	4.7%
Prostate Cancer	20	243	\$157,422	3.1%
Carcinoma in Situ	31	95	\$135,480	2.7%
Leukemias	7	114	\$123,034	2.4%
Colon Cancer	7	147	\$92,827	1.8%
Non-Melanoma Skin Cancers	90	217	\$68,828	1.4%
Cervical/Uterine Cancer	8	43	\$60,805	1.2%
Lung Cancer	3	53	\$59,461	1.2%
Pancreatic Cancer	3	102	\$54,665	1.1%
Lymphomas	9	88	\$31,869	0.6%
Ovarian Cancer	4	39	\$20,787	0.4%
Thyroid Cancer	12	43	\$14,717	0.3%
Myeloma	1	7	\$8,134	0.2%
Bladder Cancer	1	2	\$936	0.0%
<b>Overall</b>	----	----	<b>\$5,040,636</b>	<b>100.0%</b>

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

## Relationship



## Age Range

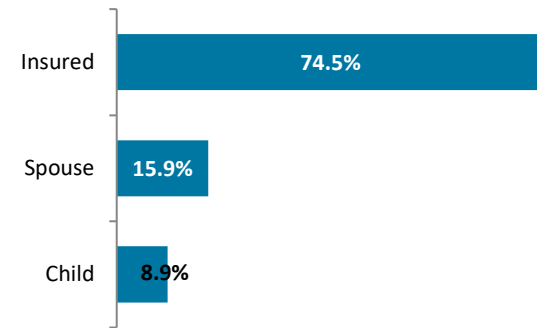


# Diagnosis Grouper – Cardiac Disorders

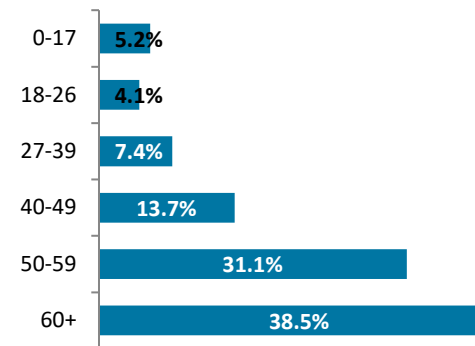
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Atrial Fibrillation	63	323	\$919,996	22.8%
Heart Valve Disorders	74	198	\$606,958	15.0%
Chest Pain	287	766	\$498,982	12.4%
Congestive Heart Failure	47	197	\$335,981	8.3%
Coronary Artery Disease	104	304	\$319,905	7.9%
Myocardial Infarction	16	95	\$314,980	7.8%
Cardiac Arrhythmias	197	397	\$292,714	7.3%
Hypertension	670	1,473	\$234,662	5.8%
Pulmonary Embolism	18	88	\$131,852	3.3%
Cardiac Conditions, Other	159	392	\$126,331	3.1%
Cardio-Respiratory Arrest	31	83	\$115,803	2.9%
Cardiomyopathy	22	54	\$96,413	2.4%
Ventricular Fibrillation	2	4	\$20,665	0.5%
Shock	5	60	\$19,379	0.5%
<b>Overall</b>	----	----	<b>\$4,034,620</b>	<b>100.0%</b>

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

## Relationship



## Age Range

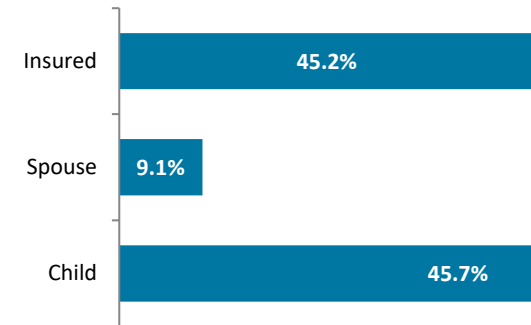


# Diagnosis Grouper – Pregnancy-related Disorders

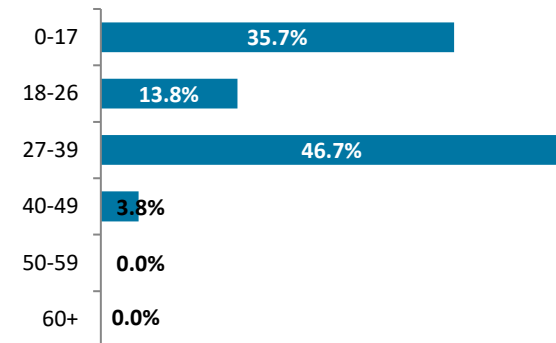
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	36	212	\$1,120,526	34.3%
Pregnancy Complications	111	668	\$731,817	22.4%
Labor and Delivery Related	71	222	\$659,570	20.2%
Liveborn Infants	75	221	\$386,386	11.8%
Fetal Distress	3	193	\$225,174	6.9%
Supervision of Pregnancy	117	693	\$114,800	3.5%
Abortion Related	12	26	\$14,103	0.4%
Cesarean Delivery	8	11	\$6,511	0.2%
Prematurity and Low Birth Weight	2	4	\$2,037	0.1%
Birth Injury	1	1	\$1,973	0.1%
Ectopic Pregnancy	1	1	\$93	0.0%
<b>Overall</b>	<b>----</b>	<b>----</b>	<b>\$3,262,991</b>	<b>100.0%</b>

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

## Relationship



## Age Range

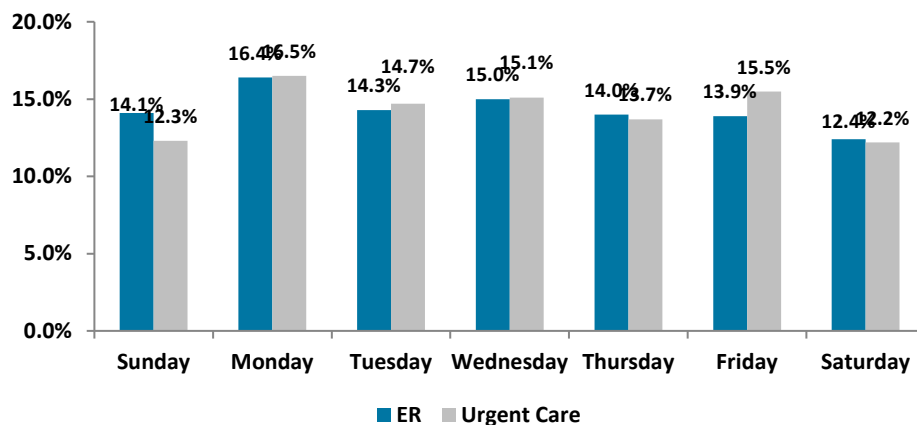


# Emergency Room / Urgent Care Summary

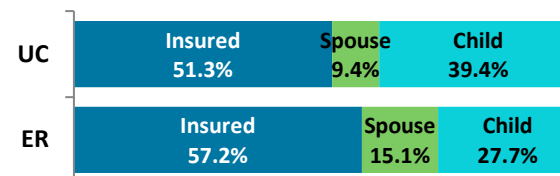
ER/Urgent Care	PY22		PY23		Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,327	3,025	1,196	2,649		
Visits Per Member	0.18	0.40	0.19	0.41	0.22	0.35
Visits/1000 Members	177	404	186	413	221	352
Avg Paid Per Visit	\$2,003	\$153	\$3,089	\$129	\$968	\$135
% with OV*	91.5%	89.9%	90.1%	88.4%		
% Avoidable	11.7%	35.5%	14.4%	42.2%		
<b>Total Member Paid</b>	<b>\$751,552</b>	<b>\$134,926</b>	<b>\$666,263</b>	<b>\$125,900</b>		
<b>Total Plan Paid</b>	<b>\$2,657,981</b>	<b>\$462,825</b>	<b>\$3,694,614</b>	<b>\$4,036,107</b>		

\*looks back 12 months from ER visit

### Visits by Day of Week



### % of Paid



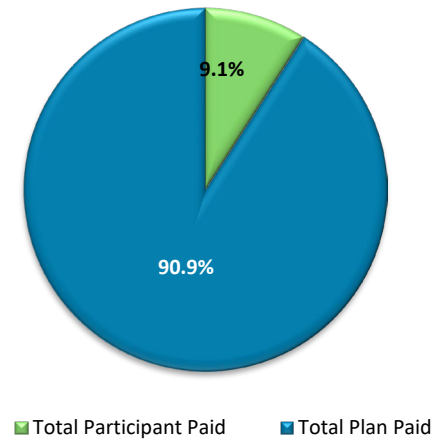
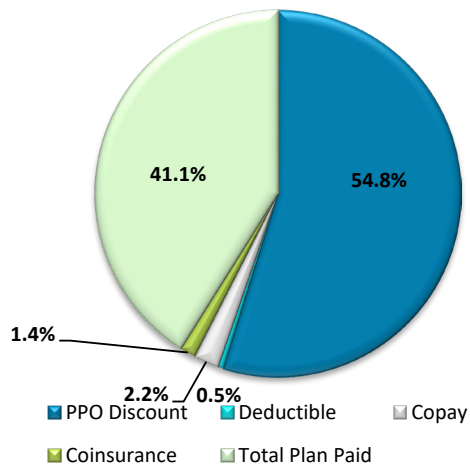
Relationship	ER / UC Visits by Relationship					
	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	647	188	1,371	398	2,018	585
Spouse	394	608	260	401	654	1,009
Child	155	67	1,018	438	1,173	504
<b>Total</b>	<b>1,196</b>	<b>186</b>	<b>2,649</b>	<b>413</b>	<b>3,845</b>	<b>599</b>

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	\$104,817,609	\$2,534	100.0%
PPO Discount	\$56,395,588	\$1,363	53.8%
Deductible	\$541,523	\$13	0.5%
Copay	\$2,268,567	\$55	2.2%
Coinsurance	\$1,422,970	\$34	1.4%
<b>Total Participant Paid</b>	<b>\$4,233,060</b>	<b>\$102</b>	<b>4.0%</b>
<b>Total Plan Paid</b>	<b>\$42,257,152</b>	<b>\$1,022</b>	<b>40.3%</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	411	404	7	98.3%
	<2 asthma related ER Visits in the last 6 months	411	411	0	100.0%
	No asthma related admit in last 12 months	411	407	4	99.0%
<b>Chronic Obstructive Pulmonary Disease</b>	No exacerbations in last 12 months	75	72	3	96.0%
	Members with COPD who had an annual spirometry test	75	9	66	12.0%
<b>Congestive Heart Failure</b>	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	4	3	1	75.0%
	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	4	4	0	100.0%
<b>Diabetes</b>	Annual office visit	515	510	5	99.0%
	Annual dilated eye exam	515	261	254	50.7%
	Annual foot exam	515	234	281	45.4%
	Annual HbA1c test done	515	464	51	90.1%
	Diabetes Annual lipid profile	515	401	114	77.9%
	Annual microalbumin urine screen	515	382	133	74.2%
<b>Hyperlipidemia</b>	Hyperlipidemia Annual lipid profile	1,130	911	219	80.6%
<b>Hypertension</b>	Annual lipid profile	1,148	815	333	71.0%
	Annual serum creatinine test	1,101	923	178	83.8%
<b>Wellness</b>	Well Child Visit - 15 months	55	55	0	100.0%
	Routine office visit in last 6 months (All Ages)	6,207	4,580	1,627	73.8%
	Colorectal cancer screening ages 45-75 within the appropriate time period	2,676	1,420	1,256	53.1%
	Women age 25-65 with recommended cervical cancer/HPV screening	1,886	1,464	422	77.6%
	Males age greater than 49 with PSA test in last 24 months	987	553	434	56.0%
	Routine exam in last 24 months (All Ages)	6,207	5,759	448	92.8%
	Women age 40 to 75 with a screening mammogram last 24 months	1,751	1,199	552	68.5%

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 1,000	Admits per 1,000	ER Visits per 1,000	PMPY
Affective Psychosis	112	1.80%	17.44	148.67	467.26	\$28,809
Asthma	465	7.49%	72.42	140.80	414.43	\$19,230
Atrial Fibrillation	72	1.16%	11.21	363.64	484.85	\$36,448
Blood Disorders	476	7.67%	74.13	319.15	407.96	\$45,938
CAD	164	2.64%	25.54	381.55	403.99	\$38,605
COPD	74	1.19%	11.53	291.11	533.69	\$36,725
Cancer	296	4.77%	46.10	254.90	262.86	\$42,930
Chronic Pain	385	6.20%	59.96	152.72	500.41	\$25,052
Congestive Heart Failure	59	0.95%	9.19	544.46	544.46	\$65,066
Demyelinating Diseases	22	0.35%	3.43	347.11	495.87	\$49,915
Depression	766	12.34%	119.30	127.27	427.95	\$15,961
Diabetes	553	8.91%	86.13	153.17	276.12	\$25,519
ESRD	10	0.16%	1.56	367.35	122.45	\$39,134
Eating Disorders	37	0.60%	5.76	185.19	481.48	\$18,086
HIV/AIDS	11	0.18%	1.71	0.00	208.70	\$38,293
Hyperlipidemia	1,423	22.92%	221.63	113.74	253.02	\$18,606
Hypertension	1,164	18.75%	181.29	136.24	293.60	\$20,888
Immune Disorders	47	0.76%	7.32	724.64	550.72	\$71,150
Inflammatory Bowel Disease	35	0.56%	5.45	94.24	282.72	\$35,918
Liver Diseases	158	2.55%	24.61	338.38	569.46	\$29,819
Morbid Obesity	332	5.35%	51.71	215.81	327.44	\$22,757
Osteoarthritis	356	5.73%	55.45	197.01	426.27	\$24,219
Peripheral Vascular Disease	39	0.63%	6.07	189.47	410.53	\$24,729
Rheumatoid Arthritis	75	1.21%	11.68	116.50	276.70	\$39,868

\*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.

# Appendix D

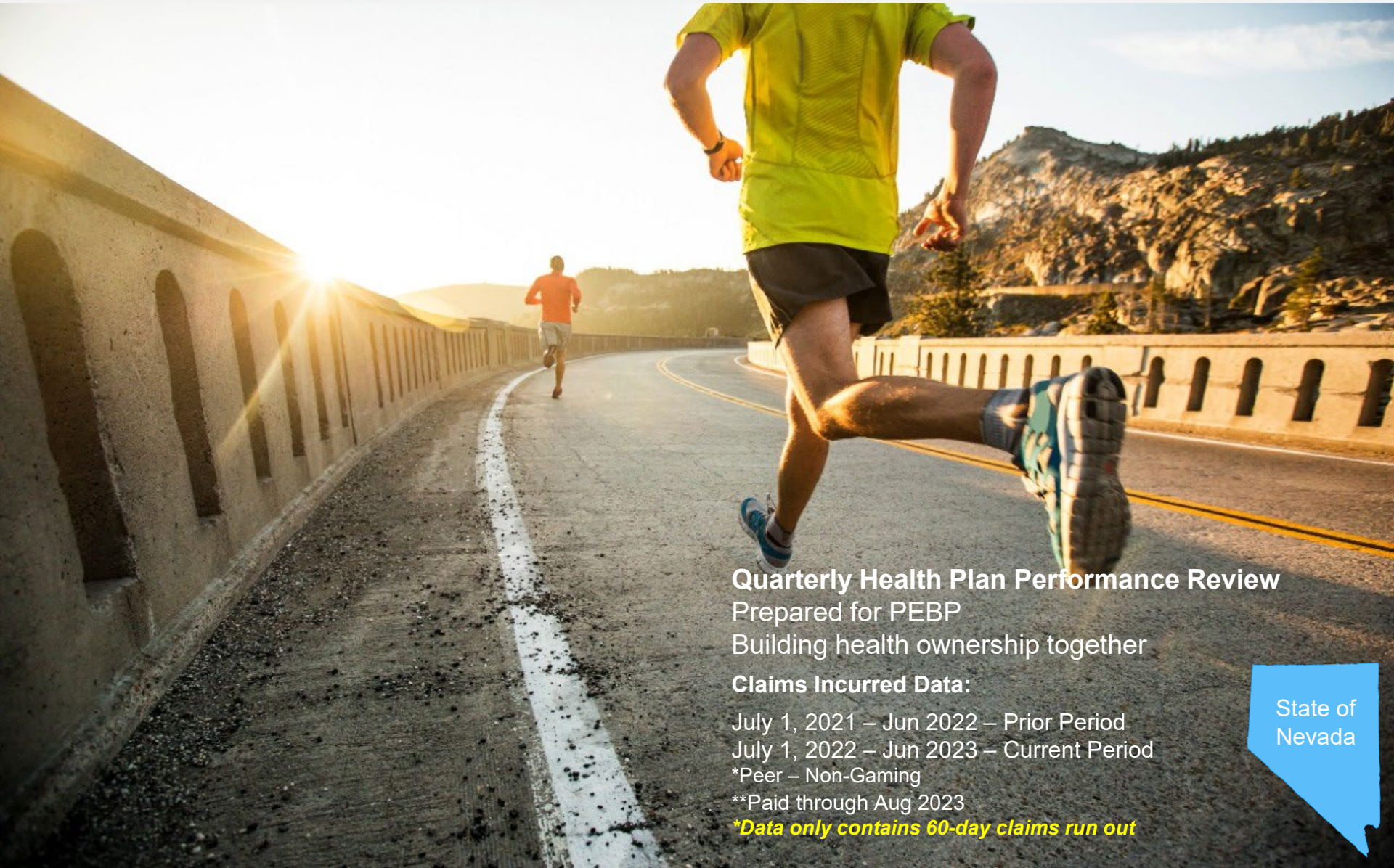
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# Power Of Partnership.



## Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

### Claims Incurred Data:

July 1, 2021 – Jun 2022 – Prior Period

July 1, 2022 – Jun 2023 – Current Period

\*Peer – Non-Gaming

\*\*Paid through Aug 2023

***\*Data only contains 60-day claims run out***

State of  
Nevada



**Executive Summary**  
Spend and Utilization

## Population

- -4.3% decrease for employees
- -4.5% decrease for members

## Medical Paid PMPM

- -25.7% decrease in overall medical paid
- -6.4% decrease in non-Catastrophic spend
- -52.4% decrease in Catastrophic spend

## High-Cost Claimants

- 79 High-Cost Claimants accounted for 34.2% of medical spend
- -16.8% decrease in HCC from prior period
- Avg. Paid per case decreased -42.8%

## Emergency Room

- ER Visits Per 1,000 members decreased -1.9%
- Avg. paid per ER Visit increased 9.8%

## Urgent Care

- Urgent Care visits per 1,000 members decreased by -16.6%
- Avg. paid per Urgent care visit increased 9.8%

## Rx Drivers

- Rx Net Paid PMPM increased 18.8%
- Specialty Spend increased 34.9%
- Specialty Rx driving 49.1% of total Rx Spend

## Overall Medical / Rx

- Total Medical/Rx decreased -15.1% on PMPM basis

# Executive Summary Utilization & Spend



Claims Paid by Age Group														
Age Band	Claims data through 4Q2022						Claims data through 4Q2023						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	\$7,334,937	\$10,627	\$3,041	\$4	\$7,337,978	\$10,631	\$382,739	\$602	\$1,522	\$2	\$384,261	\$604	-94.8%	-45.7%
01	\$166,779	\$201	\$5,513	\$7	\$172,293	\$208	\$291,737	\$471	\$4,649	\$8	\$296,385	\$479	134.1%	12.8%
02-04	\$645,522	\$266	\$15,028	\$6	\$660,550	\$272	\$685,951	\$303	\$23,087	\$10	\$709,038	\$313	14.1%	64.9%
05-09	\$780,247	\$165	\$58,571	\$12	\$838,818	\$177	\$842,385	\$197	\$70,303	\$16	\$912,688	\$214	19.5%	32.9%
10-14	\$2,159,299	\$371	\$347,348	\$60	\$2,506,646	\$430	\$952,068	\$174	\$333,824	\$61	\$1,285,891	\$235	-52.9%	2.6%
15-19	\$1,690,050	\$271	\$222,695	\$36	\$1,912,745	\$306	\$1,092,744	\$174	\$237,325	\$38	\$1,330,069	\$212	-35.8%	5.9%
20-24	\$1,102,386	\$188	\$342,573	\$58	\$1,444,959	\$246	\$802,551	\$144	\$197,568	\$36	\$1,000,119	\$180	-23.1%	-39.1%
25-29	\$968,401	\$260	\$398,410	\$107	\$1,366,811	\$367	\$1,340,142	\$395	\$359,457	\$106	\$1,699,599	\$500	51.8%	-1.0%
30-34	\$1,284,747	\$298	\$774,606	\$180	\$2,059,354	\$477	\$1,292,983	\$316	\$555,496	\$136	\$1,848,479	\$452	6.1%	-24.4%
35-39	\$2,084,416	\$380	\$664,877	\$121	\$2,749,292	\$501	\$1,534,676	\$309	\$987,452	\$199	\$2,522,128	\$508	-18.6%	64.2%
40-44	\$1,951,982	\$339	\$714,160	\$124	\$2,666,142	\$463	\$1,781,744	\$338	\$738,447	\$140	\$2,520,191	\$477	-0.4%	12.8%
45-49	\$2,098,410	\$320	\$891,894	\$136	\$2,990,304	\$456	\$2,517,939	\$376	\$1,135,535	\$170	\$3,653,474	\$546	17.6%	24.8%
50-54	\$4,719,978	\$615	\$2,150,101	\$280	\$6,870,079	\$895	\$3,605,754	\$480	\$2,381,916	\$317	\$5,987,670	\$796	-22.1%	13.0%
55-59	\$4,121,386	\$542	\$2,106,541	\$277	\$6,227,927	\$819	\$2,984,569	\$408	\$2,448,146	\$335	\$5,432,716	\$743	-24.6%	20.9%
60-64	\$3,872,707	\$528	\$1,810,139	\$247	\$5,682,847	\$774	\$4,527,392	\$639	\$2,397,168	\$338	\$6,924,560	\$977	21.1%	37.2%
65+	\$3,454,353	\$695	\$1,478,919	\$298	\$4,933,272	\$993	\$2,638,241	\$527	\$1,719,553	\$343	\$4,357,794	\$870	-24.2%	15.4%
<b>Total</b>	<b>\$38,435,601</b>	<b>\$480</b>	<b>\$11,984,416</b>	<b>\$150</b>	<b>\$50,420,017</b>	<b>\$630</b>	<b>\$27,273,616</b>	<b>\$357</b>	<b>\$13,591,446</b>	<b>\$178</b>	<b>\$40,865,062</b>	<b>\$535</b>	<b>-19.0%</b>	<b>-15.1%</b>

# Financial Summary



Financial and Demographic												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 4Q20	Thru 4Q21	Thru 4Q22	▲	Thru 4Q20	Thru 4Q21	Thru 4Q22	▲	Thru 4Q20	Thru 4Q21	Thru 4Q22	▲
Avg. # Employees	3,890	3,779	3,617	-4.3%	3,401	3,311	3,198	-3.4%	490	468	419	-10.4%
Avg. # Members	6,779	6,671	6,370	-4.5%	6,149	6,052	5,802	-4.1%	630	619	568	-8.2%
Ratio	1.7	1.8	1.8	-0.2%	1.8	1.8	1.8	-0.7%	1.3	1.3	1.4	2.4%
<b>Financial</b>												
Medical Paid	\$29,136,579	\$38,435,601	\$27,273,616	-29.0%	\$25,965,299	\$33,712,146	\$24,396,723	-27.6%	\$3,171,280	\$4,723,455	\$2,876,892	-39.1%
Member Paid	\$1,881,382	\$2,653,685	\$1,934,922	-27.1%	\$1,162,414	\$1,912,772	\$1,386,248	-27.5%	\$718,969	\$740,913	\$548,674	-25.9%
Net Paid PEPY	\$7,487	\$10,171	\$7,540	-25.9%	\$7,541	\$10,110	\$7,544	-25.4%	\$7,112	\$10,596	\$7,512	-29.1%
Net Paid PMPY	\$4,297	\$5,762	\$4,282	-25.7%	\$4,171	\$5,531	\$4,157	-24.8%	\$5,523	\$8,018	\$5,552	-30.8%
Net Paid PEPM	\$624	\$848	\$628	-25.9%	\$628	\$843	\$629	-25.4%	\$593	\$883	\$626	-29.1%
Net Paid PMPM	\$358	\$480	\$357	-25.7%	\$348	\$461	\$346	-24.8%	\$460	\$668	\$463	-30.8%
<b>High Cost Claimants</b>												
# of HCC's > \$50k	76	95	79	-16.8%	62	78	69	-11.5%	14	17	10	-41.2%
Avg. paid per claimant	\$129,088	\$206,531	\$118,100	-42.8%	\$136,422	\$217,060	\$115,687	-46.7%	\$96,605	\$158,224	\$134,751	-14.8%
HCC % of Spend	33.4%	50.6%	34.2%	-32.4%	32.8%	50.2%	33.1%	-34.1%	37.5%	52.9%	42.7%	-19.2%
<b>Spend by Location (PMPY)</b>												
Inpatient	\$1,387	\$2,479	\$1,123	-54.7%	\$1,337	\$2,520	\$1,296	-48.6%	\$1,876	\$3,852	\$1,108	-71.2%
Outpatient	\$1,061	\$1,165	\$1,245	6.9%	\$1,049	\$1,031	\$1,116	8.2%	\$1,219	\$1,255	\$2,114	68.4%
Professional	\$1,850	\$2,127	\$1,908	-10.3%	\$1,847	\$1,383	\$1,311	-5.2%	\$2,030	\$2,594	\$1,906	-26.5%
<b>Total</b>	<b>\$4,298</b>	<b>\$5,771</b>	<b>\$4,276</b>	<b>-25.9%</b>	<b>\$4,223</b>	<b>\$5,570</b>	<b>\$4,205</b>	<b>-24.5%</b>	<b>\$5,125</b>	<b>\$7,702</b>	<b>\$5,128</b>	<b>-33.4%</b>

# Paid Claims by Claim Type



Net Paid Claims - Total									
Total Participants									
	Thru 4Q22				Thru 4Q23				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	\$14,386,668	\$320,993	\$1,826,396	\$16,534,057	\$5,778,111	\$192,061	\$1,181,587	\$7,151,759	-56.7%
OutPatient	\$19,822,838	\$456,535	\$1,622,171	\$21,901,544	\$17,803,611	\$858,367	\$1,459,879	\$20,121,857	-8.1%
Total - Medical	\$34,209,506	\$777,528	\$3,448,567	\$38,435,601	\$23,581,722	\$1,050,428	\$2,641,466	\$27,273,616	-29.0%
Net Paid Claims - Total									
Total Participants									
	Thru 4Q22				Thru 4Q23				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	\$466	\$465	\$2,063	\$480	\$337	\$699	\$528	\$357	-25.7%

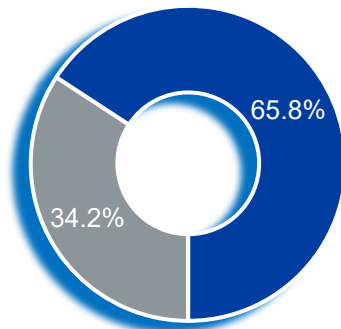


# Cost Distribution – Medical Claims > \$50K



Thru 4Q22						Thru 4Q23						
# 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
20	0.3%	\$10,433,285	27.1%	\$2,411,266	23.1%	> \$100k	10	0.2%	\$1,717,288	6.3%	\$941,415	54.8%
34	0.5%	\$3,279,635	8.5%	\$2,504,825	76.4%	\$50k- \$100k	27	0.4%	\$2,952,445	10.8%	\$2,022,279	68.5%
70	1.0%	\$3,355,184	8.7%	\$2,702,355	80.5%	\$25k - \$50k	78	1.2%	\$3,015,748	11.1%	\$2,140,545	71.0%
253	3.8%	\$5,435,294	14.1%	\$3,920,303	72.1%	\$10k - \$25k	217	3.4%	\$4,617,647	16.9%	\$3,289,261	71.2%
385	5.8%	\$3,558,331	9.3%	\$2,248,119	63.2%	\$5k - \$10k	379	5.9%	\$3,294,037	12.1%	\$2,201,237	66.8%

% Paid Attributed to Catastrophic Cases



■ HCC ■ NON HCC

HCC > \$50k - AHRQ Chapter Conditions - Thru 4Q23

Top 5 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Endocrine; nutritional and metabolic diseases	8	\$1,890,211	20.4%
Injury and poisoning	11	\$1,408,853	15.2%
Neoplasms	12	\$1,383,633	14.9%
Diseases of the circulatory system	13	\$1,138,289	12.3%
Infectious and parasitic diseases	7	\$774,005	8.4%

# Utilization Summary



Utilization Summary									
	Total			State Active			Retiree State/Non-State		
	Thru 4Q22	Thru 4Q23	▲	Thru 4Q22	Thru 4Q23	▲	Thru 4Q22	Thru 4Q23	▲
<b><u>Inpatient</u></b>									
# of Admits	439	356	-18.9%	350	321	-8.3%	89	36	-60.1%
# of Bedays	2,977	1,899	-36.2%	2,299	1,670	-27.4%	678	229	-66.3%
Avg. Paid per Admit	\$37,603	\$19,632	-47.8%	\$40,395	\$19,773	-51.0%	\$26,649	\$18,358	-31.1%
Avg. Paid per Day	\$5,546	\$3,683	-33.6%	\$6,147	\$3,797	-38.2%	\$3,507	\$2,853	-18.6%
Admits Per K	65.8	55.9	-15.0%	57.8	55.3	-4.4%	144.2	62.6	-56.6%
Days Per K	446.2	298.1	-33.2%	379.9	287.8	-24.2%	1,095.7	402.9	-63.2%
ALOS	6.8	5.3	-21.4%	6.6	5.2	-20.8%	5.5	5.9	7.3%
Admits from ER	216	170	-21.3%	167	149	-10.8%	49	21	-57.1%
<b><u>Physician Office Visits</u></b>									
Per Member Per Year	1.4	1.2	-14.8%	1.3	1.1	-14.7%	1.6	1.4	-15.1%
Paid Per Visit	\$136	\$153	13.1%	\$141	\$159	13.0%	\$95	\$107	12.7%
Net Paid PMPM	\$15	\$15	-3.6%	\$16	\$15	-3.6%	\$13	\$12	-4.3%
<b><u>Emergency Room</u></b>									
# of Visits	728	714	-1.9%	667	648	-2.8%	61	66	8.2%
Visits Per K	109.1	112.1	2.7%	110.2	111.7	1.3%	98.6	116.3	17.9%
Avg Paid Per Visit	\$2,499	\$2,744	9.8%	\$2,537	\$2,794	10.1%	\$2,088	\$2,248	7.7%
<b><u>Urgent Care</u></b>									
# of Visits	4,598	3,836	-16.6%	4,114	3,462	-15.8%	484	374	-22.7%
Visits Per K	689.3	602.2	-12.6%	679.7	596.7	-12.2%	782.5	659.0	-15.8%
Avg Paid Per Visit	\$117	\$115	-1.4%	\$88	\$90	1.5%	\$85	\$79	-8.1%

\*Not Representative of all utilization

\*Data based on medical spend only

# Diagnosis Grouper Summary – Top 25



Top 25 AHRQ Category	Total Paid	% Paid
Thyroid disorders	\$1,498,626	7.0%
Septicemia (except in labor)	\$883,012	4.2%
Complication of device; implant or graft	\$573,762	2.7%
Disorders usually diagnosed in infancy childhood or adolescence	\$512,259	2.4%
Spondylosis; intervertebral disc disorders; other back problems	\$488,683	2.3%
Other nervous system disorders	\$460,912	2.2%
Diabetes mellitus with complications	\$456,882	2.1%
Mood disorders	\$378,453	1.8%
Cardiac dysrhythmias	\$371,344	1.7%
Other screening for suspected conditions	\$356,523	1.7%
Other nutritional; endocrine; and metabolic disorders	\$337,540	1.6%
Osteoarthritis	\$324,705	1.5%
Viral infection	\$321,977	1.5%
Non-Hodgkin`s lymphoma	\$321,863	1.5%
Acute myocardial infarction	\$302,295	1.4%
Cancer of breast	\$293,158	1.4%
Complications of surgical procedures or medical care	\$275,134	1.3%
Nonspecific chest pain	\$265,389	1.2%
Abdominal pain	\$259,888	1.2%
Maintenance chemotherapy; radiotherapy	\$259,176	1.2%
Hypertension with complications and secondary hypertension	\$257,865	1.2%
Medical examination/evaluation	\$256,582	1.2%
Other gastrointestinal disorders	\$254,187	1.2%
Cancer of prostate	\$251,933	1.2%
Other complications of birth;	\$230,641	1.1%

\*Not Representative of all utilization

Insured	Spouse	Dependent
\$1,038,929	\$452,980	\$6,718
\$665,067	\$94,064	\$123,880
\$244,829	\$87,802	\$241,132
\$0	\$0	\$512,259
\$376,891	\$102,419	\$9,373
\$278,626	\$171,550	\$10,736
\$276,082	\$47,866	\$132,934
\$140,976	\$23,215	\$214,261
\$276,870	\$93,908	\$566
\$300,595	\$50,662	\$5,266
\$187,369	\$146,537	\$3,633
\$288,312	\$36,393	
\$125,025	\$143,657	\$53,295
\$300,686	\$21,176	
\$114,028	\$188,268	
\$216,831	\$76,327	
\$262,581	\$12,444	\$108
\$175,551	\$70,635	\$19,203
\$206,029	\$16,677	\$37,182
\$244,150	\$15,027	
\$181,069	\$76,797	
\$73,335	\$12,981	\$170,266
\$164,709	\$55,961	\$33,516
\$172,971	\$78,962	
\$166,962	\$61,566	\$2,114

Male	Female	Unassigned
\$1,539	\$1,497,087	\$0
\$246,331	\$636,681	\$0
\$219,738	\$354,025	\$0
\$430,316	\$81,943	\$0
\$212,417	\$276,266	\$0
\$39,004	\$421,908	\$0
\$302,844	\$154,038	\$0
\$141,423	\$237,030	\$0
\$139,644	\$231,700	\$0
\$119,293	\$237,230	\$0
\$35,143	\$302,397	\$0
\$49,176	\$275,529	\$0
\$42,902	\$279,075	\$0
\$31,218	\$290,645	\$0
\$243,874	\$58,421	\$0
	\$293,158	\$0
\$201,106	\$74,028	\$0
\$105,410	\$159,978	\$0
\$78,651	\$181,237	\$0
\$72,214	\$186,962	\$0
\$173,972	\$83,893	\$0
\$108,903	\$147,679	\$0
\$70,453	\$183,734	\$0
\$251,933		\$0
	\$230,641	\$0

\*Data based on medical spend only

# Mental Health Drilldown



Top 10 Mental Health				
AHRQ Category Description	Thru 4Q22		Thru 4Q23	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood or adolescence	51	\$676,285	46	\$512,259
Mood disorders	528	\$350,521	481	\$378,453
Anxiety disorders	527	\$147,859	466	\$211,723
Adjustment disorders	200	\$68,423	147	\$74,885
Substance-related disorders	45	\$24,907	37	\$51,618
Suicide and intentional self-inflicted injury	19	\$44,027	19	\$38,764
Attention-deficit conduct and disruptive behavior disorders	137	\$25,955	156	\$38,302
Schizophrenia and other psychotic disorders	25	\$241,871	15	\$28,714
Alcohol-related disorders	33	\$305,525	18	\$22,728
Miscellaneous mental health disorders	71	\$84,995	62	\$21,917

*\*Not Representative of all utilization*

*\*Data based on medical spend only*

# Respiratory Disorders

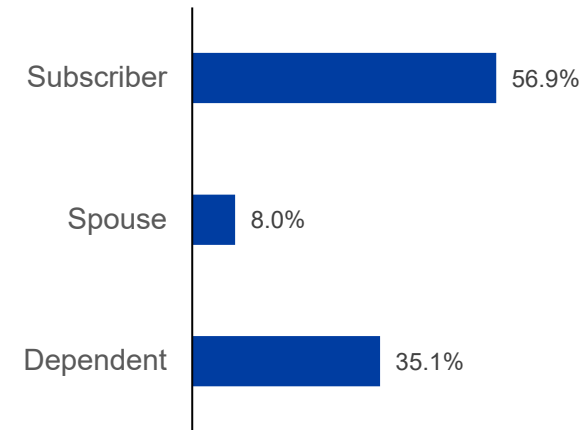


Top 10 Respiratory Disorders				
AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Other upper respiratory infections	1,091	1,626	\$180,634	16.5%
Other upper respiratory disease	512	1,615	\$139,377	12.7%
Other lower respiratory disease	576	1,119	\$138,694	12.6%
Asthma	278	579	\$135,760	12.4%
Acute bronchitis	143	202	\$131,762	12.0%
Pneumonia (except that caused by tuberculosis or std)	45	147	\$118,454	10.8%
Respiratory failure; insufficiency; arrest (adult)	25	138	\$101,158	9.2%
Chronic obstructive pulmonary disease	118	285	\$55,732	5.1%
Pleurisy; pneumothorax; pulmonary collapse	41	97	\$40,171	3.7%
Acute and chronic tonsillitis	78	135	\$32,475	3.0%

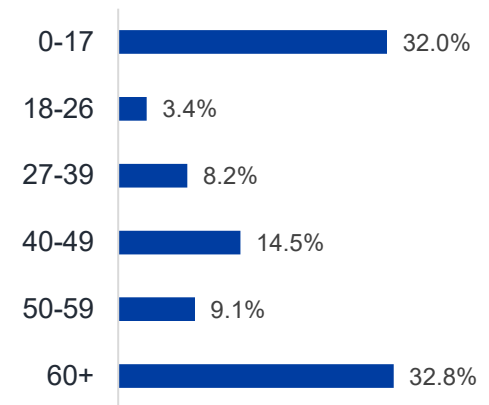
*\*Not Representative of all utilization*

*\*Data based on medical spend only*

## Spend by Relationship



## Spend by Age

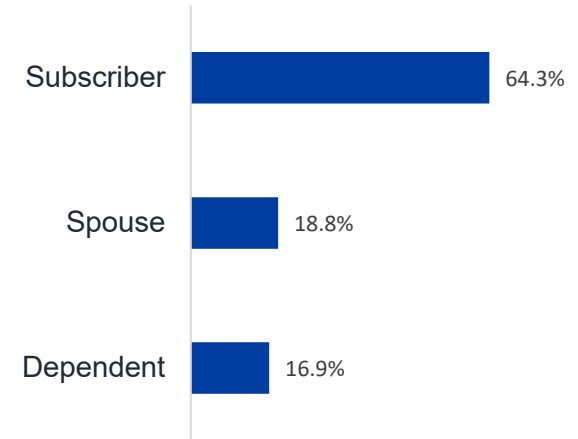


Top 10 Infectious and Parasitic Diseases				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Septicemia (except in labor)	25	99	\$883,012	63.6%
Viral infection	521	875	\$321,977	23.2%
Immunizations and screening	1,223	2,071	\$159,419	11.5%
HIV infection	24	111	\$10,052	0.7%
Bacterial infection; unspecified site	17	31	\$4,279	0.3%
Hepatitis	19	84	\$3,959	0.3%
Mycoses	134	194	\$3,348	0.2%
Other infections; including parasitic	13	20	\$772	0.1%
STD's (not HIV or hepatitis)	13	22	\$662	0.0%
Tuberculosis	5	18	\$0	0.0%

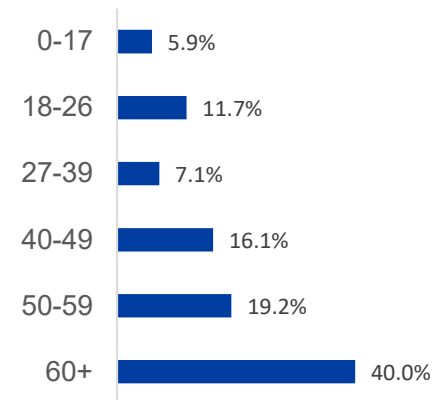
*\*Not Representative of all utilization*

*\*Data based on medical spend only*

## Spend by Relationship



## Spend by Age



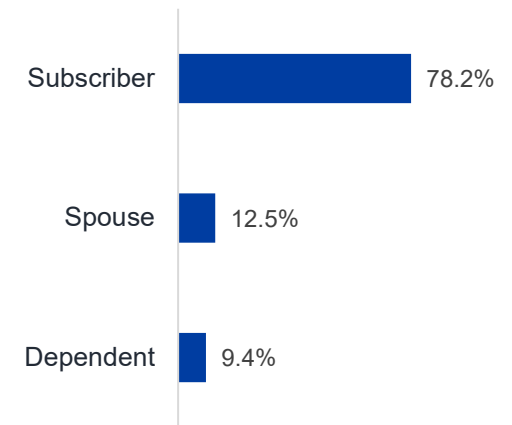
# Pregnancy Related Disorders



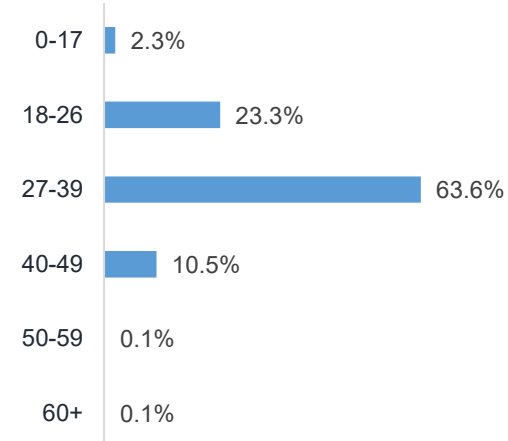
Top 10 Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Other complications of birth	40	72	\$230,641	21.1%
Polyhydramnios and other problems of amniotic cavity	16	40	\$200,104	18%
Other complications of pregnancy	79	404	\$123,941	11.4%
Other pregnancy and delivery including normal	93	457	\$112,194	10%
Contraceptive and procreative management	212	458	\$69,882	6.4%
OB-related trauma to perineum and vulva	7	8	\$49,297	5%
Previous C-section	7	20	\$48,030	4.4%
Umbilical cord complication	7	12	\$47,195	4%
Prolonged pregnancy	6	8	\$46,750	4.3%
Malposition; malpresentation	6	9	\$39,349	4%

*\*Not Representative of all utilization*

## Spend by Relationship



## Spend by Age



# Emergency Room and Urgent Care



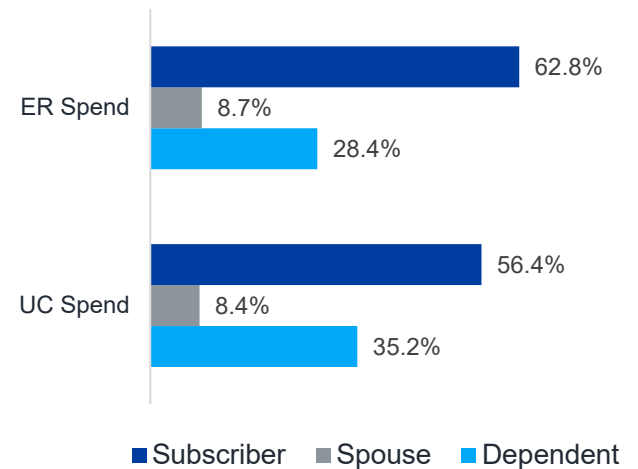
Metric	Thru 4Q22		Thru 4Q23		Peer	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	728	4,598	714	3,836		
Visits Per Member	0.11	0.48	0.11	0.54	0.07	0.17
Visits Per K	109.1	689.3	112.1	602.2	89.3	512.2
Avg. Paid Per Visit	\$2,499	\$114	\$2,744	\$128	\$2,607	\$126

*\*Not Representative of all utilization*

*\*Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships Thru 4Q2023				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	393	61.7	2,367	371.6
Spouse	65	10.2	336	52.7
Dependent	256	40.2	1,133	177.9
Total	714	112.1	3,836	602.2

ER / UC Spend by Relationship





# Clinical Conditions by Medical Spend



Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	798	12.5%	125.3	\$12.94
Intervertebral Disc Disorders	715	11.2%	112.2	\$6.39
Diabetes with complications	434	6.8%	68.1	\$5.98
Hypertension	714	11.2%	112.1	\$3.93
Breast Cancer	64	1.0%	10.0	\$3.84
Acute Myocardial Infarction	11	0.2%	1.7	\$3.95
Coronary Atherosclerosis	127	2.0%	19.9	\$1.41
Chronic Renal Failure	79	1.2%	12.4	\$1.77
Asthma	273	4.3%	42.9	\$1.78
Congestive Heart Failure (CHF)	51	0.8%	8.0	\$0.32
Colon Cancer	7	0.1%	1.1	\$0.04
Diabetes without complications	519	8.1%	81.5	\$1.36
COPD	118	1.9%	18.5	\$0.73
Prostate Cancer	28	0.4%	4.4	\$3.30
Cervical Cancer	37	0.6%	5.8	\$0.04

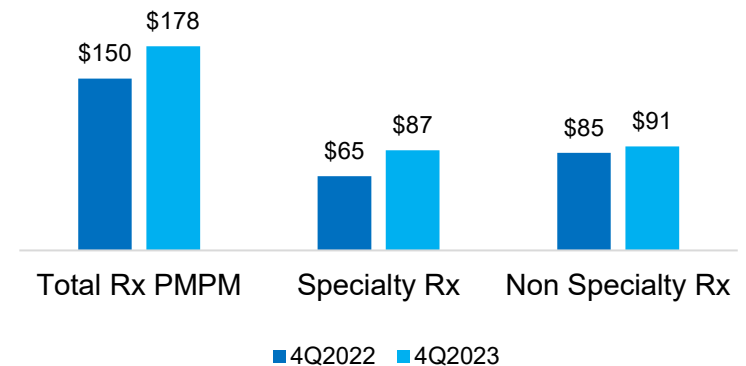
*\*Not Representative of all utilization*

*\*Data based on medical spend only*

# Pharmacy Drivers

	Thru 4Q2022	Thru 4Q2023	Δ
Enrolled Members	6,671	6,370	-4.5%
Average Prescriptions PMPY	16.9	16.8	-0.4%
Formulary Rate	89.7%	89.8%	0.1%
Generic Use Rate	83.7%	85.0%	1.7%
Generic Substitution Rate	98.2%	98.3%	0.1%
Avg Net Paid per Prescription	\$106	\$127	19.3%
Net Paid PMPM	\$150	\$178	18.8%

## Total Rx Spend by Benefit and Type



## Pharmacy Performance

- Rx spend increased of **18.8%**, (**\$28 PMPM**) from prior period
- Avg. paid per Script increased **19.3%** (**\$21 PMPM**) year over year
- Specialty Rx spend driving **43.9%** of Rx Spend
- Specialty Rx spend increased **34.9%** from prior period
  - Specialty Rx Drivers:
    - Ozempic** (Antidiabetic) Spend up **5.2%**
    - Jardiance** (Antidiabetic) Spend up **2.2%**
- Tier 1 Rx drove **76.5%** of total claim volume, but only accounts for **8.4%** of overall Rx Spend

## Top 5 Therapeutic Classes by Spend

