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AGENDA ITEM

Action Item

Information Only

Date: September 29, 2022

Item Number: IV.II.II

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

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

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

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

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

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

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

LOW DEDUCTIBLE PPO PLAN (LDPPO)

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

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

PEBP PREMIER PLAN (EPO)

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

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

DENTAL PLAN

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

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

HEALTH REIMBURSEMENT ARRANGEMENT

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

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

CONCLUSION

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

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