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AGENDA ITEM

Action Item

Information Only

Date: January 23, 2019

Item Number: IV.II.II

Title: Self-Funded CDHP and EPO Plan Utilization Report for the period ending September 30, 2019

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the Plan Year ending September 30, 2019. 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 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 C for Plan Year 2020 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q1 of Plan Year 2020 compared to Q1 of Plan Year 2019 is summarized below.

- Population:
 - 1.0% increase for primary participants
 - 0.5% increase for primary participants plus dependents (members)
- Medical Cost:
 - 12.3% increase for primary participants
 - 12.9% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 29 High Cost Claimants accounting for 22.6% of the total plan paid for Q1 in Plan Year 2020
 - 12.8% decrease in High Cost Claimants per 1,000 members
 - 51.5% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Injury and Poisoning (\$3.6 million) – 47% of paid claims
 - Diseases of the Circulatory System (\$0.9 million) – 12% of paid claims
 - Neoplasms (\$0.8 million) – 10.9% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 11.9%
 - Average paid per ER visit increased 15.1%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 28.6%
 - Average paid per Urgent Care visit increased 40.7%
- Network Utilization:
 - 96.1% of claims are from In-Network providers
 - In-Network utilization increased 0.5%
 - In-Network discounts decreased 1.2%
- Preventive Services:
 - Overall Preventive Services Compliance Rates increased or remained within 2% from Plan Year 2019 in all categories
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 11.4%
 - Total Gross Claims Costs increased 5.2% (\$0.6 million)
 - Average Total Cost per Claim decreased 5.6%
 - From \$92.36 to \$87.20
 - Member:
 - Total Member Cost increased 18.9%
 - Average Participant Share per Claim increased 6.7%
 - Net Member PMPM increased 18.3%
 - From \$28.08 to \$33.22

- Plan
 - Total Plan Cost decreased 1.7%
 - Average Plan Share per Claim decreased 11.8%
 - Net Plan PMPM decreased 2.2%
 - From \$55.33 to \$54.13
 - Net Plan PMPM factoring rebates decreased 9.6%
 - From \$41.32 to \$37.37

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q1 of Plan Year 2020 compared to Plan Year 2019 is summarized below.

- Population:
 - 4.0% increase for primary participants
 - 4.1% increase for primary participants plus dependents (members)
- Medical Cost:
 - 7.1% increase for primary participants
 - 6.8% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 4 High Cost Claimants accounting for 5.4% of the total plan paid for Q1 in Plan Year 2020
 - 90.2% decrease in High Cost Claimants per 1,000 members
 - 44.5% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Diseases of the Musculoskeletal System and Connective Tissue (\$0.15 million) – 24.3% of paid claims
 - Mental Illness (\$0.14 million) – 23.1% of paid claims
 - Endocrine; Nutritional; and Metabolic Diseases and Immunity Disorders (\$0.13 million) – 21.9% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 27.9%
 - Average paid per ER visit decreased by 2%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 9%
 - Average paid per Urgent Care visit increased 10%
- Network Utilization:
 - 97% of claims are from In-Network providers
 - In-Network utilization decreased 0.7%
 - In-Network discounts decreased 1%
- Preventive Services:
 - Overall Preventive Services Compliance Rates increased from Plan Year 2019 in all categories

- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 8.5%
 - Total Gross Claims Costs increased 37.8% (\$1.3 million)
 - Average Total Cost per Claim increased 27%
 - From \$89.51 to \$113.71
 - Member:
 - Total Member Cost increased 14.2%
 - Average Participant Share per Claim increased 5.3%
 - Net Member PMPM increased 9.7%
 - From \$28.39 to \$31.13
 - Plan
 - Total Plan Cost increased 43.9%
 - Average Plan Share per Claim increased 32.6%
 - Net Plan PMPM increased 38.2%
 - From \$110.37 to \$152.49
 - Net Plan PMPM factoring rebates increased 42.8%
 - From \$82.56 to \$117.92

DENTAL PLAN

The Dental Plan experience for Q1 of Plan Year 2020 is summarized below.

- Dental Cost:
 - Total of \$7,131,456 paid for Dental claims
 - Preventative claims account for 40.1% (\$2.9 million)
 - Basic claims account for 29.8% (\$2.1 million)
 - Major claims account for 23.7% (\$1.7 million)
 - Periodontal claims account for 6.4% (\$0.5 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of September 30, 2019.

HRA Account Balances as of September 30, 2019			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	294	0	0
\$.01 - \$500.00	799	185,547	232
\$500.01 - \$1,000	1,595	1,239,162	777
\$1,000.01 - \$1,500	2,785	3,367,062	1,209
\$1,500.01 - \$2,000	1,172	2,025,584	1,728
\$2,000.01 - \$2,500	626	1,412,985	2,257
\$2,500.01 - \$3,000	353	965,517	2,735
\$3,000.01 - \$3,500	232	748,404	3,226
\$3,500.01 - \$4,000	243	905,572	3,727
\$4,000.01 - \$4,500	191	806,979	4,225
\$4,500.01 - \$5,000	123	584,146	4,749
\$5,000.01 +	956	7,417,930	7,759
Total	9,369	\$ 19,658,887.91	\$ 2,098.29

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for the first quarter of Plan Year 2020. The CDHP total plan paid costs increased 17.2% over Plan Year 2019. The EPO total plan paid costs increased 7.1% over Plan Year 2019. For HMO utilization and cost data please see the report provided in Appendix C.

PEBP staff and its partners continue to monitor data, research options and implement measures to provide cost savings to the plan while also providing the care our participants require.

Appendix A

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July 2019 – September 2019

Reimagine | Rediscover **Benefits**



Overview

***Please note the majority of this report compares 1Q20 to the 1st quarter of PY19; it will be full plan year, where noted.**

- Total Medical Spend for 1Q20 was \$33,692,440 of which 69.1% was spent in the State Active population. When compared to 1Q19, 1Q20 reflected an increase of 13.4% in plan spend, with State Actives having an increase of 4.0%.
 - When compared to 1Q19, 1Q20 reflected an increase of 17.2% in plan spend, with State Actives having an increase of 13.6%.
- On a PEPY basis, 1Q20 reflected an increase of 12.3% when compared to 1Q19. The largest group, State Actives, increased 2.3%.
 - When compared to 1Q18, 1Q20 reflected a increase in PEPY of 14.2%, with State Actives increasing by 9.0%.
- 95.9% of the Average Membership had paid Medical claims less than \$2,500, with 43.4% of those having no claims paid at all during the reporting period.
- There were 29 High Cost Claimants (HCC's) over \$100K, that account for 22.6% of the total spend. HCC's accounted for 19.3% of total spend during 1Q19, with 33 members hitting the \$100K threshold. The largest claimant had a primary diagnosis in the Injury and Poisoning Grouper, with plan spend of \$1,052,117.
- IP Paid per Admit was \$20,816 which is an increase of 10.3% over 1Q19 Paid per Admit of \$18,870.
- ER Paid per Visit is \$1,976, which is an increase of 15.1% from 1Q19 ER Paid per Visit of \$1,717.
- 96.1% of all Medical spend dollars were to In Network providers. The average In Network discount was 64.2%, which is slightly lower than PY19 discount of 65.4%.

Paid Claims by Age Group (p. 1 of 2)

Paid Claims by Age Group									
	1Q19								
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	
<1	\$ 1,300,708	\$1,294	\$ 1,739	\$2	\$ 1,305	\$1	\$ 1,303,752	\$1,297	
1	\$ 129,892	\$111	\$ 2,415	\$2	\$ 10,372	\$7	\$ 142,679	\$120	
2 - 4	\$ 261,498	\$65	\$ 5,225	\$1	\$ 94,048	\$17	\$ 360,771	\$83	
5 - 9	\$ 317,272	\$41	\$ 75,984	\$10	\$ 310,785	\$30	\$ 704,041	\$81	
10 - 14	\$ 503,189	\$60	\$ 71,422	\$8	\$ 312,599	\$27	\$ 887,210	\$95	
15 - 19	\$ 730,490	\$80	\$ 189,326	\$21	\$ 436,648	\$35	\$ 1,356,464	\$136	
20 - 24	\$ 2,062,720	\$202	\$ 173,496	\$17	\$ 273,453	\$21	\$ 2,509,669	\$240	
25 - 29	\$ 959,141	\$116	\$ 211,774	\$26	\$ 248,699	\$24	\$ 1,419,614	\$166	
30 - 34	\$ 1,256,792	\$146	\$ 236,417	\$27	\$ 308,774	\$28	\$ 1,801,983	\$201	
35 - 39	\$ 1,447,486	\$148	\$ 342,633	\$35	\$ 356,939	\$28	\$ 2,147,058	\$211	
40 - 44	\$ 1,329,836	\$151	\$ 487,714	\$56	\$ 360,161	\$31	\$ 2,177,711	\$238	
45 - 49	\$ 1,939,369	\$199	\$ 664,921	\$68	\$ 424,579	\$31	\$ 3,028,869	\$299	
50 - 54	\$ 3,599,344	\$354	\$ 835,926	\$82	\$ 496,470	\$35	\$ 4,931,740	\$471	
55 - 59	\$ 3,991,619	\$355	\$ 1,554,747	\$138	\$ 600,381	\$38	\$ 6,146,747	\$531	
60 - 64	\$ 6,937,830	\$541	\$ 1,923,420	\$150	\$ 740,523	\$40	\$ 9,601,649	\$732	
65+	\$ 2,940,573	\$448	\$ 1,665,190	\$254	\$ 1,550,909	\$41	\$ 6,156,672	\$742	
Total	\$ 29,707,759	\$ 233	\$ 8,442,349	\$ 66	\$ 6,526,645	\$ 32	\$ 44,676,629	\$ 331	

Paid Claims by Age Group (p. 2 of 2)

Paid Claims by Age Group										
Age Range	1Q20								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,360,538	\$ 1,292	\$ 622	\$ 1	\$ 5,877	\$ 4	\$ 1,367,037	\$ 1,297	4.9%	0.0%
1	\$ 189,340	\$ 160	\$ 3,961	\$ 3	\$ 14,375	\$ 8	\$ 207,676	\$ 172	45.6%	43.3%
2 - 4	\$ 297,539	\$ 75	\$ 22,370	\$ 6	\$ 103,144	\$ 19	\$ 423,053	\$ 99	17.3%	19.2%
5 - 9	\$ 328,967	\$ 43	\$ 33,912	\$ 4	\$ 345,805	\$ 33	\$ 708,683	\$ 81	0.7%	0.0%
10 - 14	\$ 771,802	\$ 90	\$ 92,458	\$ 11	\$ 360,310	\$ 30	\$ 1,224,571	\$ 131	38.0%	38.0%
15 - 19	\$ 894,484	\$ 99	\$ 182,942	\$ 20	\$ 478,787	\$ 38	\$ 1,556,214	\$ 157	14.7%	15.6%
20 - 24	\$ 1,477,619	\$ 144	\$ 182,174	\$ 18	\$ 281,628	\$ 21	\$ 1,941,422	\$ 183	-22.6%	-23.7%
25 - 29	\$ 1,349,018	\$ 162	\$ 194,852	\$ 23	\$ 279,863	\$ 27	\$ 1,823,733	\$ 212	28.5%	27.8%
30 - 34	\$ 1,699,398	\$ 191	\$ 411,265	\$ 46	\$ 317,653	\$ 27	\$ 2,428,316	\$ 265	34.8%	31.6%
35 - 39	\$ 1,559,929	\$ 158	\$ 300,269	\$ 30	\$ 384,477	\$ 30	\$ 2,244,675	\$ 218	4.5%	3.3%
40 - 44	\$ 1,612,602	\$ 181	\$ 405,682	\$ 46	\$ 391,759	\$ 33	\$ 2,410,043	\$ 259	10.7%	9.2%
45 - 49	\$ 2,215,635	\$ 228	\$ 827,423	\$ 85	\$ 467,221	\$ 34	\$ 3,510,280	\$ 347	15.9%	16.1%
50 - 54	\$ 3,289,986	\$ 325	\$ 779,967	\$ 77	\$ 515,468	\$ 36	\$ 4,585,421	\$ 438	-7.0%	-7.1%
55 - 59	\$ 3,774,612	\$ 337	\$ 1,385,110	\$ 124	\$ 624,390	\$ 39	\$ 5,784,112	\$ 500	-5.9%	-5.8%
60 - 64	\$ 9,183,185	\$ 721	\$ 1,648,179	\$ 129	\$ 776,883	\$ 43	\$ 11,608,246	\$ 894	20.9%	22.2%
65+	\$ 3,687,785	\$ 543	\$ 975,677	\$ 144	\$ 1,783,816	\$ 45	\$ 6,447,278	\$ 732	4.7%	-1.3%
Total	\$ 33,692,440	\$ 263	\$ 7,446,866	\$ 58	\$ 7,131,456	\$ 35	\$ 48,270,762	\$ 355	8.0%	7.3%

Financial Summary - Quarter comparison (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q18	1Q19	1Q20	Variance to Prior Year	1Q18	1Q19	1Q20	Variance to Prior Year	1Q18	1Q19	1Q20	Variance to Prior Year
Enrollment												
Avg # Employees	22,982	23,341	23,581	1.0%	18,872	19,337	19,669	1.7%	4	4	4	0.0%
Avg # Members	41,736	42,546	42,753	0.5%	36,038	36,862	37,138	0.7%	7	7	7	0.0%
Ratio	1.8	1.8	1.8	-0.5%	1.9	1.9	1.9	-1.0%	1.7	1.8	1.8	0.0%
Financial Summary												
Gross Cost	\$40,380,583	\$40,882,487	\$46,374,477	13.4%	\$29,616,595	\$31,274,328	\$33,530,604	7.2%	\$21,504	\$3,642	\$14,108	287.4%
Client Paid	\$28,758,765	\$29,707,759	\$33,692,440	13.4%	\$20,512,945	\$22,392,073	\$23,296,415	4.0%	\$15,936	\$2,404	\$9,764	306.2%
Employee Paid	\$11,621,818	\$11,174,745	\$12,682,036	13.5%	\$9,103,650	\$8,882,260	\$10,234,189	15.2%	\$5,568	\$1,238	\$4,344	250.9%
Client Paid-PEPY	\$5,005	\$5,091	\$5,715	12.3%	\$4,348	\$4,632	\$4,738	2.3%	\$14,710	\$2,404	\$9,764	306.2%
Client Paid-PMPY	\$2,756	\$2,793	\$3,152	12.9%	\$2,277	\$2,430	\$2,509	3.3%	\$8,692	\$1,374	\$5,579	306.0%
Client Paid-PEPM	\$417	\$424	\$476	12.3%	\$362	\$386	\$395	2.3%	\$1,226	\$200	\$814	307.0%
Client Paid-PMPM	\$230	\$233	\$263	12.9%	\$190	\$202	\$209	3.5%	\$724	\$114	\$465	307.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	21	33	29	-12.1%	14	22	19	-13.6%	0	0	0	0.0%
HCC's / 1,000	0.5	0.8	0.7	-12.8%	0.4	0.6	0.5	-14.5%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$234,667	\$173,519	\$262,888	51.5%	\$237,082	\$194,896	\$177,846	-8.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	17.1%	19.3%	22.6%	17.1%	16.2%	19.1%	14.5%	-24.3%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$843	\$972	\$1,123	15.5%	\$645	\$836	\$745	-10.9%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$875	\$851	\$968	13.7%	\$715	\$718	\$802	11.7%	\$2,717	\$108	\$1,746	1516.7%
Physician	\$950	\$905	\$985	8.8%	\$853	\$825	\$898	8.8%	\$5,672	\$1,162	\$3,490	200.3%
Other	\$89	\$65	\$77	18.5%	\$64	\$50	\$65	30.0%	\$303	\$104	\$343	0.0%
Total	\$2,756	\$2,793	\$3,152	12.9%	\$2,277	\$2,430	\$2,509	3.3%	\$8,692	\$1,374	\$5,579	306.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary - Quarter comparison (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q18	1Q19	1Q20	Variance to Prior Year	1Q18	1Q19	1Q20	Variance to Prior Year	
Enrollment									
Avg # Employees	3,183	3,218	3,250	1.0%	923	783	658	-16.0%	
Avg # Members	4,378	4,791	4,852	1.3%	1,013	885	757	-14.5%	
Ratio	1.5	1.5	1.5	0.0%	1.1	1.1	1.2	1.8%	1.8
Financial Summary									
Gross Cost	\$8,248,577	\$7,284,198	\$11,245,697	54.4%	\$2,493,908	\$2,320,318	\$1,584,068	-31.7%	
Client Paid	\$6,263,361	\$5,400,934	\$9,169,894	69.8%	\$1,966,524	\$1,912,348	\$1,216,367	-36.4%	
Employee Paid	\$1,985,215	\$1,883,282	\$2,075,803	10.2%	\$527,384	\$407,970	\$367,701	-9.9%	
Client Paid-PEPY	\$7,871	\$6,714	\$11,287	68.1%	\$8,519	\$9,769	\$7,394	-24.3%	\$6,209
Client Paid-PMPY	\$5,355	\$4,509	\$7,560	67.7%	\$7,768	\$8,640	\$6,430	-25.6%	\$3,437
Client Paid-PEPM	\$656	\$560	\$941	68.0%	\$710	\$814	\$616	-24.3%	\$517
Client Paid-PMPM	\$446	\$376	\$630	67.6%	\$647	\$720	\$536	-25.6%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	7	5	9	80.0%	1	6	2	-66.7%	
HCC's / 1,000	1.5	1.0	1.9	78.8%	1.0	6.8	2.6	-61.1%	
Avg HCC Paid	\$205,191	\$133,600	\$446,461	234.2%	\$172,511	\$125,530	\$113,262	-9.8%	
HCC's % of Plan Paid	22.9%	12.4%	43.8%	253.2%	8.8%	39.4%	18.6%	-52.8%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,866	\$1,429	\$3,722	160.5%	\$3,184	\$4,151	\$3,007	-27.6%	\$1,057
Facility Outpatient	\$1,784	\$1,560	\$2,065	32.4%	\$2,340	\$2,573	\$2,063	-19.8%	\$1,145
Physician	\$1,433	\$1,385	\$1,609	16.2%	\$2,127	\$1,637	\$1,265	-22.7%	\$1,122
Other	\$272	\$135	\$164	21.5%	\$116	\$279	\$95	-65.9%	\$113
Total	\$5,355	\$4,509	\$7,560	67.7%	\$7,768	\$8,640	\$6,430	-25.6%	\$3,437
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Financial Summary - Prior Year comparison (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY18	PY19	1Q20	Variance to Prior Year	PY18	PY19	1Q20	Variance to Prior Year	PY18	PY19	1Q20	Variance to Prior Year
Enrollment												
Avg # Employees	23,155	23,569	23,581	0.1%	19,100	19,612	19,669	0.3%	4	4	4	0.0%
Avg # Members	42,071	42,776	42,753	-0.1%	36,389	37,138	37,138	0.0%	7	7	7	0.0%
Ratio	1.8	1.8	1.8	0.0%	1.9	1.9	1.9	0.0%	1.7	1.8	1.8	0.0%
Financial Summary												
Gross Cost	\$164,211,622	\$172,993,213	\$46,374,477		\$123,145,285	\$129,947,874	\$33,530,604		\$42,221	\$105,325	\$14,108	
Client Paid	\$125,066,281	\$133,179,670	\$33,692,440		\$91,783,613	\$97,851,639	\$23,296,415		\$32,607	\$96,469	\$9,764	
Employee Paid	\$39,145,341	\$39,813,543	\$12,682,036		\$31,361,671	\$32,096,235	\$10,234,189		\$9,615	\$8,857	\$4,344	
Client Paid-PEPY	\$5,401	\$5,651	\$5,715	1.1%	\$4,805	\$4,989	\$4,738	-5.0%	\$7,985	\$24,117	\$9,764	-59.5%
Client Paid-PMPY	\$2,973	\$3,113	\$3,152	1.3%	\$2,522	\$2,635	\$2,509	-4.8%	\$4,603	\$13,781	\$5,579	-59.5%
Client Paid-PEPM	\$450	\$471	\$476	1.1%	\$400	\$416	\$395	-5.0%	\$665	\$2,010	\$814	-59.5%
Client Paid-PMPM	\$248	\$259	\$263	1.5%	\$210	\$220	\$209	-5.0%	\$384	\$1,148	\$465	-59.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	164	198	29		108	124	19		0	0	0	
HCC's / 1,000	3.9	4.6	0.7		3.0	3.3	0.5		0.0	0.0	0.0	
Avg HCC Paid	\$211,524	\$219,374	\$262,888	19.8%	\$212,840	\$218,720	\$177,846	-18.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.7%	32.6%	22.6%	-30.7%	25.0%	27.7%	14.5%	-47.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$900	\$1,071	\$1,123	4.9%	\$719	\$847	\$745	-12.0%	\$0	\$3,087	\$0	0.0%
Facility Outpatient	\$974	\$925	\$968	4.6%	\$814	\$782	\$802	2.6%	\$1,064	\$6,561	\$1,746	-73.4%
Physician	\$1,016	\$1,045	\$985	-5.7%	\$924	\$948	\$898	-5.3%	\$3,394	\$4,006	\$3,490	-12.9%
Other	\$82	\$72	\$77	6.9%	\$64	\$58	\$65	12.1%	\$146	\$129	\$343	0.0%
Total	\$2,973	\$3,113	\$3,152	1.3%	\$2,522	\$2,635	\$2,509	-4.8%	\$4,603	\$13,781	\$5,579	-59.5%

Annualized

Annualized

Annualized

Financial Summary - Prior Year comparison (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	PY18	PY19	1Q20	Variance to Prior Year	PY18	PY19	1Q20	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	3,165	3,224	3,250	0.8%	868	729	658	-9.7%	
Avg # Members	4,681	4,799	4,852	1.1%	958	832	757	-9.0%	
Ratio	1.5	1.5	1.5	0.0%	1.1	1.1	1.2	0.9%	1.8
Financial Summary									
Gross Cost	\$31,539,962	\$34,175,219	\$11,245,697		\$9,484,154	\$8,764,794	\$1,584,068		
Client Paid	\$25,259,022	\$27,761,940	\$9,169,894		\$7,991,039	\$7,469,622	\$1,216,367		
Employee Paid	\$6,280,940	\$6,413,280	\$2,075,803		\$1,493,115	\$1,295,172	\$367,701		
Client Paid-PEPY	\$7,981	\$8,612	\$11,287	31.1%	\$9,204	\$10,246	\$7,394	-27.8%	\$6,209
Client Paid-PMPY	\$5,397	\$5,785	\$7,560	30.7%	\$8,338	\$8,983	\$6,430	-28.4%	\$3,437
Client Paid-PEPM	\$665	\$718	\$941	31.1%	\$767	\$854	\$616	-27.9%	\$517
Client Paid-PMPM	\$450	\$482	\$630	30.7%	\$695	\$749	\$536	-28.4%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	50	58	9		18	16	2		
HCC's / 1,000	10.7	12.1	1.9		18.8	19.2	2.6		
Avg HCC Paid	\$169,470	\$220,380	\$446,461	102.6%	\$179,428	\$220,793	\$113,262	-48.7%	
HCC's % of Plan Paid	33.5%	46.0%	43.8%	-4.8%	40.4%	47.3%	18.6%	-60.7%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,822	\$2,155	\$3,722	72.7%	\$3,299	\$4,794	\$3,007	-37.3%	\$1,057
Facility Outpatient	\$1,842	\$1,787	\$2,065	15.6%	\$2,839	\$2,295	\$2,063	-10.1%	\$1,145
Physician	\$1,521	\$1,677	\$1,609	-4.1%	\$2,073	\$1,732	\$1,265	-27.0%	\$1,122
Other	\$212	\$166	\$164	-1.2%	\$127	\$163	\$95	-41.7%	\$113
Total	\$5,397	\$5,785	\$7,560	30.7%	\$8,338	\$8,983	\$6,430	-28.4%	\$3,437

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total									
State Participants									
	1Q19				1Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 8,942,886	\$ 1,732,369	\$ 245,876	\$ 10,921,131	\$ 8,170,264	\$ 4,244,364	\$ 738,230	\$ 13,152,858	20.4%
Outpatient	\$ 13,449,186	\$ 2,908,284	\$ 514,405	\$ 16,871,876	\$ 15,126,151	\$ 3,709,427	\$ 477,873	\$ 19,313,451	14.5%
Total - Medical	\$ 22,392,073	\$ 4,640,653	\$ 760,281	\$ 27,793,007	\$ 23,296,415	\$ 7,953,790	\$ 1,216,103	\$ 32,466,309	16.8%
Dental	\$ 4,496,430	\$ 521,369	\$ 128,341	\$ 5,146,140	\$ 4,899,016	\$ 574,934	\$ 159,560	\$ 5,633,510	9.5%
Dental Exchange	\$ -	\$ -	\$ 764,413	\$ 764,413	\$ -	\$ -	\$ 840,879	\$ 840,879	10.0%
Total	\$ 26,888,503	\$ 5,162,023	\$ 1,653,034	\$ 33,703,560	\$ 28,195,431	\$ 8,528,725	\$ 2,216,543	\$ 38,940,698	15.5%

Net Paid Claims - Per Participant per Month									
	1Q19				1Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 386	\$ 593	\$ 435	\$ 411	\$ 395	\$ 1,006	\$ 660	\$ 472	14.8%
Dental	\$ 57	\$ 52	\$ 60	\$ 56	\$ 60	\$ 57	\$ 73	\$ 60	7.0%
Dental Exchange	\$ -	\$ -	\$ 52	\$ 52	\$ -	\$ -	\$ 53	\$ 53	2.8%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total									
Non-State Participants									
	1Q19				1Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient		\$ 729,235	\$ 252,025	\$ 981,260	\$ 204	\$ 238,377	\$ 364,193	\$ 602,775	-38.6%
Outpatient	\$ 2,404	\$ 826,283	\$ 104,806	\$ 933,492	\$ 9,560	\$ 477,458	\$ 136,338	\$ 623,356	-33.2%
Total - Medical	\$ 2,404	\$ 1,555,518	\$ 356,830	\$ 1,914,752	\$ 9,764	\$ 715,836	\$ 500,532	\$ 1,226,131	-36.0%
Dental	\$ 1,292	\$ 116,689	\$ 51,235	\$ 169,215	\$ 878	\$ 85,303	\$ 60,299	\$ 146,479	-13.4%
Dental Exchange	\$ -	\$ -	\$ 446,879	\$ 446,879	\$ -	\$ -	\$ 510,588	\$ 510,588	14.3%
Total	\$ 3,696	\$ 1,672,206	\$ 854,945	\$ 2,530,847	\$ 10,642	\$ 801,138	\$ 1,071,419	\$ 1,883,199	-25.6%

Net Paid Claims - Per Participant per Month									
	1Q19				1Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 200	\$ 982	\$ 482	\$ 819	\$ 814	\$ 602	\$ 638	\$ 617	-24.6%
Dental	\$ 54	\$ 44	\$ 42	\$ 43	\$ 37	\$ 43	\$ 49	\$ 45	4.3%
Dental Exchange	\$ -	\$ -	\$ 42	\$ 42	\$ -	\$ -	\$ 47	\$ 47	13.5%

Paid Claims by Claim Type – Total

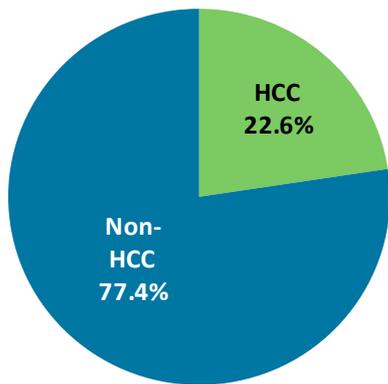
Net Paid Claims - Total										
Total Participants										
	1Q19				1Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,942,886	\$ 2,461,605	\$ 497,900	\$ 11,902,391	\$ 8,170,468	\$ 4,482,741	\$ 1,102,423	\$ 13,755,633	15.6%	
Outpatient	\$ 13,451,590	\$ 3,734,567	\$ 619,211	\$ 17,805,368	\$ 15,135,711	\$ 4,186,885	\$ 614,212	\$ 19,936,808	12.0%	
Total - Medical	\$ 22,394,477	\$ 6,196,171	\$ 1,117,111	\$ 29,707,759	\$ 23,306,179	\$ 8,669,626	\$ 1,716,635	\$ 33,692,440	13.4%	
Dental	\$ 4,497,722	\$ 638,058	\$ 179,576	\$ 5,315,356	\$ 4,899,893	\$ 660,237	\$ 219,859	\$ 5,779,989	8.7%	
Dental Exchange	\$ -	\$ -	\$ 1,211,292	\$ 1,211,292	\$ -	\$ -	\$ 1,351,467	\$ 1,351,467	11.6%	
Total	\$ 26,892,199	\$ 6,834,229	\$ 2,507,979	\$ 36,234,407	\$ 28,206,073	\$ 9,329,863	\$ 3,287,961	\$ 40,823,897	12.7%	

Net Paid Claims - Per Participant per Month										
	1Q19				1Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 386	\$ 659	\$ 449	\$ 424	\$ 395	\$ 953	\$ 654	\$ 476	12.3%	
Dental	\$ 57	\$ 50	\$ 53	\$ 56	\$ 60	\$ 54	\$ 64	\$ 60	7.1%	
Dental Exchange	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ -	\$ 51	\$ 51	7.0%	

Cost Distribution – Medical Claims

1Q19						1Q20						
Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid	Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
26	0.1%	\$5,726,118	19.3%	\$103,891	0.9%	\$100,000.01 Plus	26	0.1%	\$7,623,742	22.6%	\$100,984	0.8%
44	0.1%	\$3,581,524	12.1%	\$235,100	2.1%	\$50,000.01-\$100,000.00	44	0.1%	\$3,430,142	10.2%	\$209,515	1.7%
107	0.3%	\$4,228,173	14.2%	\$461,088	4.1%	\$25,000.01-\$50,000.00	119	0.3%	\$4,447,896	13.2%	\$414,109	3.3%
328	0.8%	\$5,549,764	18.7%	\$1,224,288	11.0%	\$10,000.01-\$25,000.00	342	0.8%	\$5,717,455	17.0%	\$1,143,449	9.0%
428	1.0%	\$3,179,263	10.7%	\$1,130,781	10.1%	\$5,000.01-\$10,000.00	506	1.2%	\$3,804,626	11.3%	\$1,378,035	10.9%
560	1.3%	\$2,162,653	7.3%	\$1,083,102	9.7%	\$2,500.01-\$5,000.00	693	1.6%	\$2,608,986	7.7%	\$1,309,951	10.3%
13,999	32.9%	\$5,280,264	17.8%	\$4,868,528	43.6%	\$0.01-\$2,500.00	15,154	35.4%	\$6,059,593	18.0%	\$5,809,430	45.8%
7,158	16.8%	\$0	0.0%	\$2,067,968	18.6%	\$0.00	7,327	17.1%	\$0	0.0%	\$2,316,563	18.3%
19,895	46.8%	\$0	0.0%	\$0	0.0%	No Claims	18,543	43.4%	\$0	0.0%	\$0	0.0%
42,546	100.0%	\$29,707,759	100.0%	\$11,174,745	100.0%		42,753	100.0%	\$33,692,440	100.0%	\$12,682,036	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 16) Injury And Poisoning	13	\$3,582,800	47.0%
(CCS 7) Diseases Of The Circulatory System	21	\$913,084	12.0%
(CCS 2) Neoplasms	10	\$829,830	10.9%
(CCS 15) Certain Conditions Originating In The Perinatal Period	1	\$596,295	7.8%
(CCS 9) Diseases Of The Digestive System	18	\$313,692	4.1%
(CCS 8) Diseases Of The Respiratory System	16	\$305,156	4.0%
(CCS 5) Mental Illness	5	\$222,069	2.9%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	18	\$197,733	2.6%
(CCS 6) Diseases Of The Nervous System And Sense Organs	16	\$179,118	2.3%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	22	\$148,590	1.9%
(CCS 1) Infectious And Parasitic Diseases	9	\$143,696	1.9%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	13	\$129,321	1.7%
(CCS 10) Diseases Of The Genitourinary System	13	\$22,731	0.3%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	19	\$21,904	0.3%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	10	\$15,978	0.2%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	3	\$1,112	0.0%
(CCS 14) Congenital Anomalies	1	\$636	0.0%
Overall	----	\$7,623,742	100.0%

Utilization Summary (p. 1 of 2)

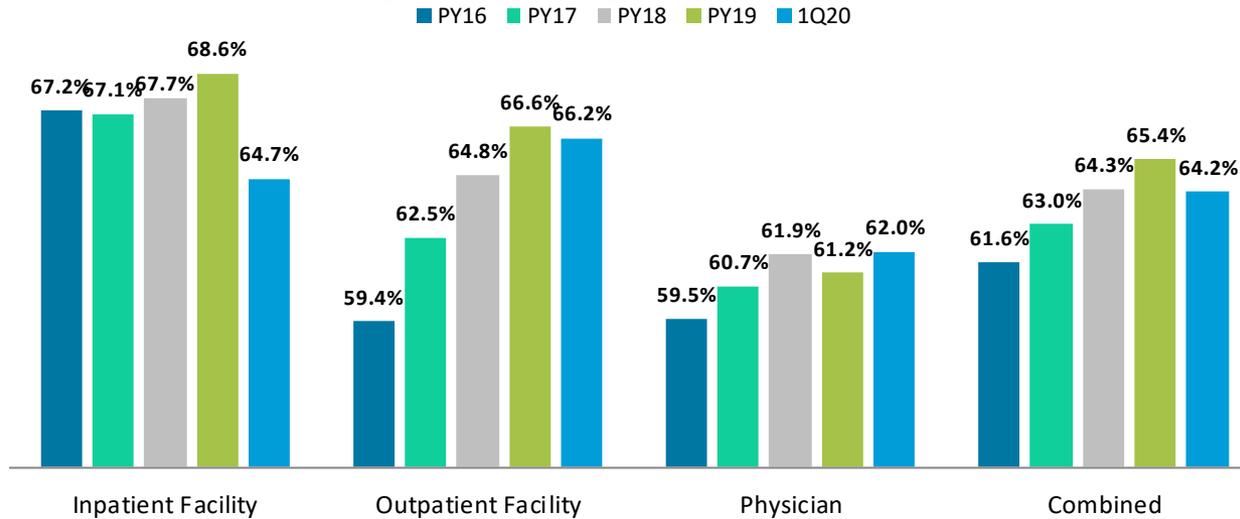
Summary	Total				State Active				Non-State Active			
	1Q18	1Q19	1Q20	Variance to Prior Year	1Q18	1Q19	1Q20	Variance to Prior Year	1Q18	1Q19	1Q20	Variance to Prior Year
Inpatient Facility												
# of Admits	522	622	581		387	429	461		0	0	0	
# of Bed Days	2,472	2,834	2,858		1,776	1,907	2,082		0	0	0	
Paid Per Admit	\$19,529	\$18,870	\$20,816	10.3%	\$18,072	\$19,227	\$15,237	-20.8%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,124	\$4,141	\$4,232	2.2%	\$3,938	\$4,325	\$3,374	-22.0%	\$0	\$0	\$0	0.0%
Admits Per 1,000	50	49	54	10.2%	43	47	50	6.4%	0	0	0	0.0%
Days Per 1,000	237	222	267	20.3%	197	207	224	8.2%	0	0	0	0.0%
Avg LOS	4.7	4.6	4.9	6.5%	4.6	4.4	4.5	2.3%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	3.5	3.2	3.9	21.9%	3.2	3.2	3.7	15.6%	12.5	4.0	9.7	142.5%
Avg Paid per OV	\$40	\$46	\$40	-13.0%	\$40	\$40	\$40	0.0%	\$73	\$58	\$70	20.7%
Avg OV Paid per Member	\$138	\$147	\$156	6.1%	\$129	\$126	\$146	15.9%	\$920	\$231	\$675	192.2%
DX&L Utilization per Member	7.6	6.6	8.5	28.8%	6.9	6.5	7.9	21.5%	13.6	0	0	0.0%
Avg Paid per DX&L	\$54	\$65	\$54	-16.9%	\$50	\$57	\$53	-7.0%	\$76	\$0	\$0	0.0%
Avg DX&L Paid per Member	\$410	\$426	\$454	6.6%	\$350	\$369	\$414	12.2%	\$1,033	\$0	\$0	0.0%
Emergency Room												
# of Visits	1,852	1,587	1,785		1,492	1,262	1,448		2	0	1	
# of Admits	232	262	233		150	193	176		0	0	0	
Visits Per Member	0.18	0.15	0.17	11.9%	0.17	0.14	0.16	13.9%	1.09	0	0.57	0.0%
Visits Per 1,000	177	149	167	11.9%	166	137	156	13.9%	1091	0	571	0.0%
Avg Paid per Visit	\$1,683	\$1,717	\$1,976	15.1%	\$1,618	\$1,672	\$1,994	19.3%	\$1,342	\$0	\$365	0.0%
Admits Per Visit	0.13	0.17	0.13	-20.9%	0.10	0.15	0.12	-20.5%	0.00	0.00	0.00	0.0%
Urgent Care												
# of Visits	2,021	2,125	2,745		1,820	1,912	2,483		2	0	1	
Visits Per Member	0.19	0.20	0.26	30.1%	0.20	0.21	0.27	30.1%	1.09	0.00	0.57	0.0%
Visits Per 1,000	194	200	257	28.6%	202	207	267	28.7%	1,091	0	571	0.0%
Avg Paid per Visit	\$28	\$27	\$38	40.7%	\$26	\$27	\$35	29.6%	\$72	\$0	\$170	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

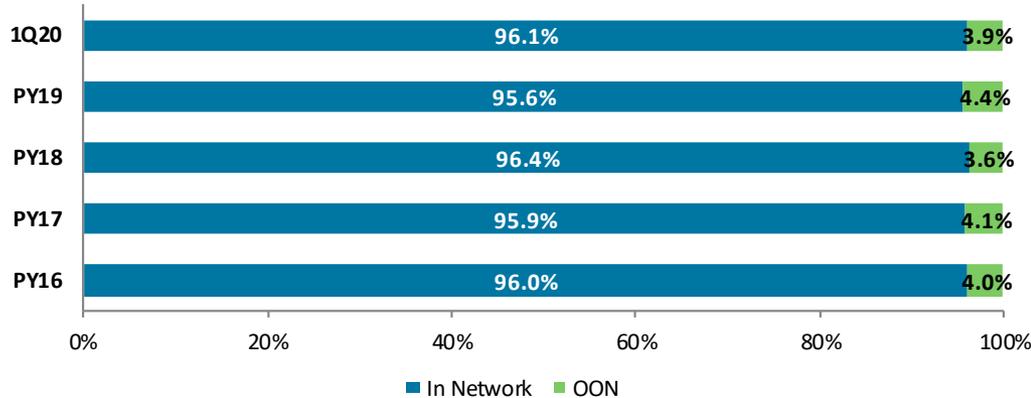
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q18	1Q19	1Q20	Variance to Prior Year	1Q18	1Q19	1Q20	Variance to Prior Year	
Inpatient Facility									
# of Admits	98	94	96		37	30	24		
# of Bed Days	520	498	629		176	208	147		
Paid Per Admit	\$23,519	\$18,797	\$45,601	142.6%	\$24,200	\$32,051	\$28,829	-10.1%	\$16,173
Paid Per Day	\$4,432	\$3,548	\$6,960	96.2%	\$5,088	\$4,623	\$4,707	1.8%	\$3,708
Admits Per 1,000	84	78	79	1.3%	146	136	127	-6.6%	61
Days Per 1,000	445	416	519	24.8%	695	940	777	-17.3%	264
Avg LOS	5.3	5.3	6.6	24.5%	4.8	6.9	6.1	-11.6%	4.3
Physician Office									
OV Utilization per Member	5.0	4.5	5.4	20.0%	6.3	6	7.2	20.0%	3.3
Avg Paid per OV	\$40	\$39	\$40	2.6%	\$32	\$33	\$32	-3.0%	\$50
Avg OV Paid per Member	\$200	\$173	\$216	24.9%	\$201	\$200	\$228	14.0%	\$167
DX&L Utilization per Member	11.3	10.1	12	18.8%	14.9	12.7	14.1	11.0%	8.3
Avg Paid per DX&L	\$67	\$78	\$59	-24.4%	\$60	\$75	\$54	-28.0%	\$67
Avg DX&L Paid per Member	\$760	\$792	\$707	-10.7%	\$901	\$950	\$763	-19.7%	\$554
Emergency Room									
# of Visits	268	249	264		90	76	72		
# of Admits	62	53	49		20	16	8		
Visits Per Member	0.23	0.21	0.22	4.7%	0.36	0.34	0.38	10.8%	0.17
Visits Per 1,000	229	208	218	4.7%	355	343	381	10.8%	174
Avg Paid per Visit	\$1,988	\$1,814	\$2,090	15.2%	\$1,861	\$2,144	\$1,217	-43.2%	\$1,684
Admits Per Visit	0.23	0.21	0.19	-10.7%	0.22	0.21	0.11	-47.8%	0.14
Urgent Care									
# of Visits	156	177	228		43	36	33		
Visits Per Member	0.13	0.15	0.19	28.6%	0.17	0.16	0.17	4.5%	0.24
Visits Per 1,000	133	148	188	27.2%	170	163	174	7.0%	242
Avg Paid per Visit	\$44	\$29	\$62	113.8%	\$34	\$32	\$44	37.5%	\$74
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



PEBP PY20 Additional Savings Total		
Savings Description	1Q	Total
Non-Network Negotiations	\$2,129,931	\$2,129,931
Subrogation	\$143,254	\$143,254
Transplant Savings	\$131,255	\$131,255
Total Savings	\$2,404,440	\$2,404,440

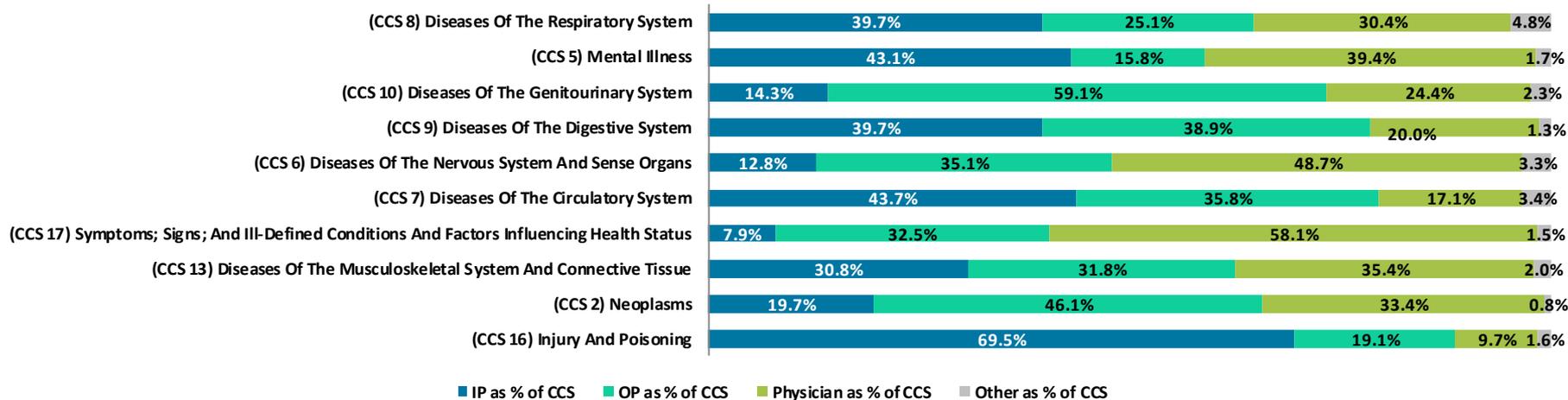
AHRQ* Clinical Classifications Summary



*Developed at the Agency for Healthcare Research and Quality (AHRQ), the Clinical Classifications Software (CCS) is a tool for clustering patient diagnoses and procedures into a manageable number of clinically meaningful categories.

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS 16) Injury And Poisoning	\$5,790,269	17.2%	\$4,622,137	\$702,369	\$465,763	\$1,597,266	\$4,193,003
(CCS 2) Neoplasms	\$4,318,681	12.8%	\$3,201,452	\$904,955	\$212,274	\$1,893,168	\$2,425,513
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$3,430,250	10.2%	\$2,473,641	\$743,692	\$212,916	\$1,535,062	\$1,895,188
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health	\$3,192,461	9.5%	\$2,046,166	\$514,725	\$631,569	\$1,188,282	\$2,004,178
(CCS 7) Diseases Of The Circulatory System	\$3,146,240	9.3%	\$2,379,577	\$616,551	\$150,112	\$1,192,488	\$1,953,752
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$2,252,528	6.7%	\$1,441,528	\$502,032	\$308,967	\$912,139	\$1,340,389
(CCS 9) Diseases Of The Digestive System	\$1,978,207	5.9%	\$1,511,489	\$296,932	\$169,786	\$594,420	\$1,383,787
(CCS 10) Diseases Of The Genitourinary System	\$1,434,544	4.3%	\$1,046,980	\$246,736	\$140,828	\$546,066	\$888,478
(CCS 5) Mental Illness	\$1,296,106	3.8%	\$748,328	\$107,943	\$439,835	\$686,481	\$609,625
(CCS 8) Diseases Of The Respiratory System	\$1,221,496	3.6%	\$641,956	\$221,869	\$357,671	\$513,956	\$707,540
(CCS 1) Infectious And Parasitic Diseases	\$1,180,010	3.5%	\$566,063	\$130,796	\$483,152	\$701,827	\$478,183
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$1,174,594	3.5%	\$825,179	\$170,736	\$178,679	\$481,187	\$693,407
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$1,150,417	3.4%	\$825,200	\$252,739	\$72,478	\$7,885	\$1,142,532
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$1,014,227	3.0%	\$533	\$578	\$1,013,116	\$776,439	\$237,788
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$423,235	1.3%	\$328,878	\$59,179	\$35,178	\$158,306	\$264,929
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$278,559	0.8%	\$211,650	\$37,241	\$29,667	\$158,734	\$119,825
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$213,471	0.6%	\$113,272	\$63,709	\$36,490	\$54,450	\$159,021
(CCS 14) Congenital Anomalies	\$197,145	0.6%	\$38,810	\$2,338	\$155,997	\$116,171	\$80,974
Total	\$33,692,440	100.0%	\$23,022,841	\$5,575,121	\$5,094,478	\$13,114,328	\$20,578,113

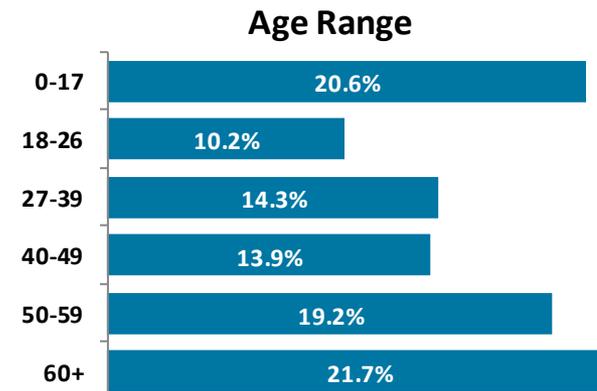
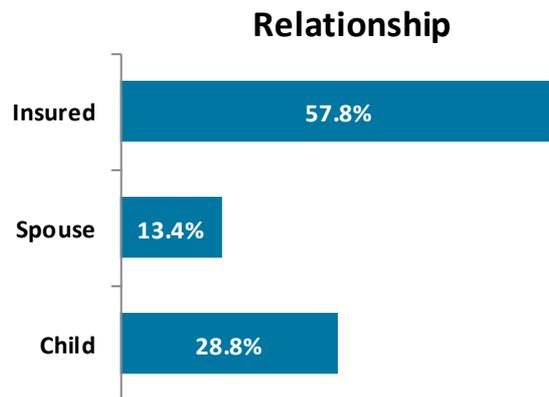
Top 10 Categories by Claim Type



AHRQ Category – Injury & Poisoning

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Burns [240.]	27	65	\$2,821,532	48.7%
Complications	284	822	\$944,992	16.3%
Fractures	423	1,860	\$690,082	11.9%
Crushing Injury Or Internal Injury [234.]	33	76	\$429,494	7.4%
Joint Disorders And Dislocations; Trauma-Related [225.]	305	1,052	\$254,724	4.4%
Sprains And Strains [232.]	612	1,596	\$195,865	3.4%
Other Injuries And Conditions Due To External Causes [244.]	533	865	\$179,147	3.1%
Open Wounds	316	730	\$111,680	1.9%
Superficial Injury; Contusion [239.]	322	545	\$99,951	1.7%
Intracranial Injury [233.]	45	109	\$48,408	0.8%
Poisoning	35	62	\$14,013	0.2%
Spinal Cord Injury [227.]	2	5	\$382	0.0%
	----	----	\$5,790,269	100.0%

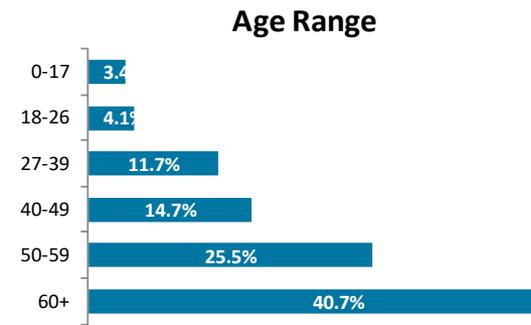
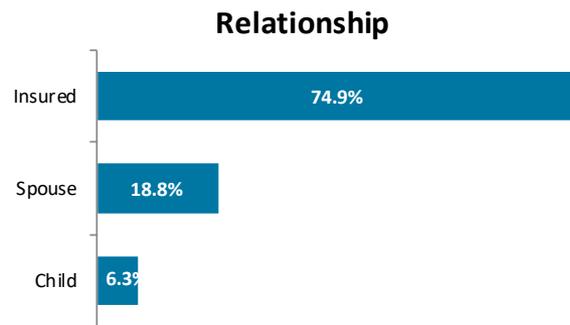
*Patient and claim counts are unique only within the category



AHRQ Category – Neoplasms

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Maintenance Chemotherapy; Radiotherapy [45.]	56	327	\$709,534	16.4%
Cancer Of Breast [24.]	204	1,077	\$664,349	15.4%
Benign Neoplasms	1,057	1,669	\$539,485	12.5%
Cancer; Other Primary	124	485	\$484,375	11.2%
Cancer Of Lymphatic And Hematopoietic Tissue	79	444	\$414,337	9.6%
Cancer Of Skin	239	519	\$341,032	7.9%
Secondary Malignancies [42.]	51	163	\$235,983	5.5%
Other Gastrointestinal Cancer	27	252	\$230,797	5.3%
Colorectal Cancer	44	302	\$156,109	3.6%
Cancer Of Male Genital Organs	94	285	\$129,987	3.0%
Cancer Of Uterus And Cervix	91	239	\$119,608	2.8%
Neoplasms Of Unspecified Nature Or Uncertain Behavior [44.]	803	1214	\$100,345	2.3%
Cancer Of Bronchus; Lung [19.]	20	207	\$92,759	2.1%
Cancer Of Ovary And Other Female Genital Organs	29	153	\$40,823	0.9%
Cancer Of Urinary Organs	36	142	\$39,943	0.9%
Malignant Neoplasm Without Specification Of Site [43.]	14	31	\$19,217	0.4%
Overall	----	----	\$4,318,681	100.0%

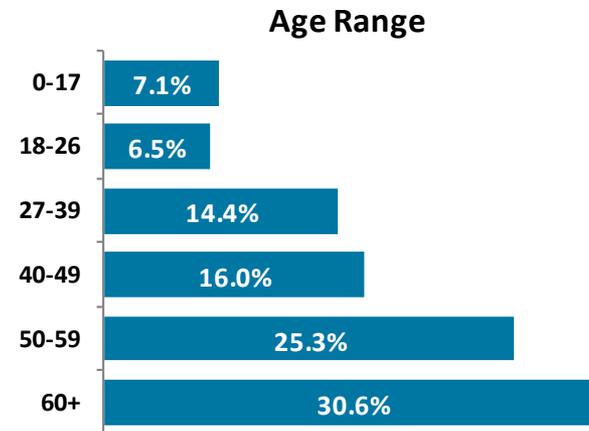
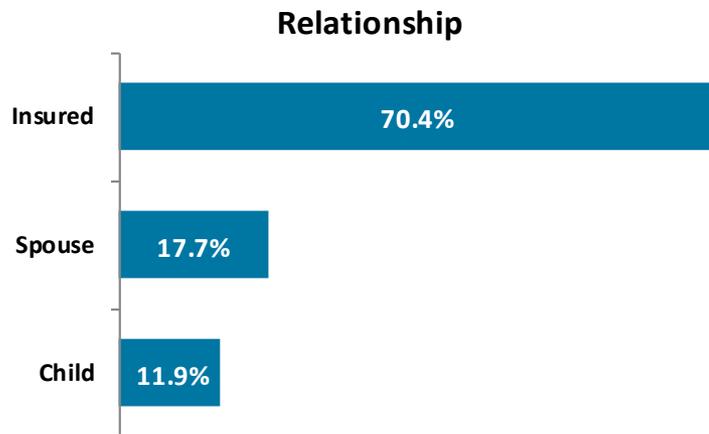
*Patient and claim counts are unique only within the category



AHRQ Category – Diseases of the Musculoskeletal System and Connective Tissue

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	2,100	7,976	\$1,419,985	41.4%
Non-Traumatic Joint Disorders	2,145	7,774	\$1,166,048	34.0%
Other Connective Tissue Disease [211.]	1,821	4,619	\$475,350	13.9%
Acquired Deformities	249	564	\$179,475	5.2%
Other Bone Disease And Musculoskeletal Deformities [212.]	942	2,548	\$135,541	4.0%
Infective Arthritis And Osteomyelitis (Except That Caused By Tb Or Std) [201.]	32	177	\$31,075	0.9%
Osteoporosis [206.]	89	126	\$10,505	0.3%
Pathological Fracture [207.]	8	13	\$7,518	0.2%
Systemic Lupus Erythematosus And Connective Tissue Disorders [210.]	64	128	\$4,751	0.1%
	----	----	\$3,430,250	100.0%

*Patient and claim counts are unique only within the category

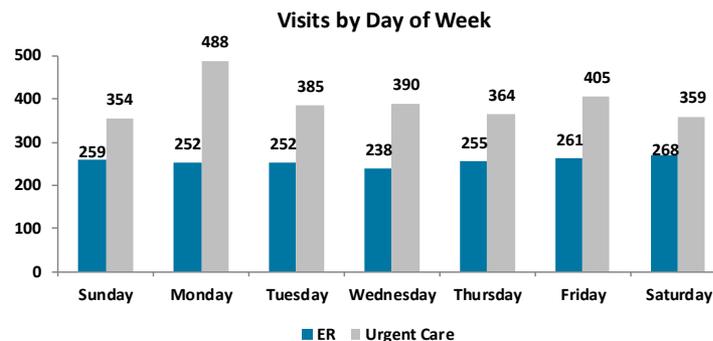
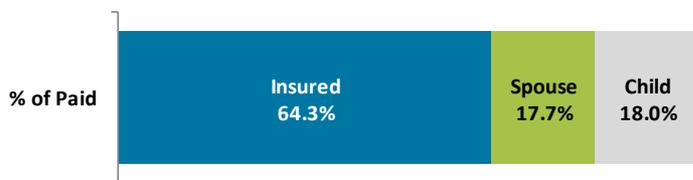


Emergency Room / Urgent Care Summary

ER/Urgent Care	1Q19		1Q20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,587	2,125	1,785	2,745		
Number of Admits	262	----	233	----		
Visits Per Member	0.15	0.20	0.17	0.26	0.17	0.24
Visits/1000 Members	149	200	167	257	174	242
Avg Paid Per Visit	\$1,717	\$27	\$1,976	\$38	\$1,684	\$74
Admits per Visit	0.17	----	0.13	----	0.14	
% of Visits with HSB ER Dx	76.7%	----	74.8%	----		
% of Visits with a Physician OV*	77.8%	72.0%	78.2%	74.1%		
Total Plan Paid	\$2,725,119	\$57,524	\$3,526,669	\$103,706		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized

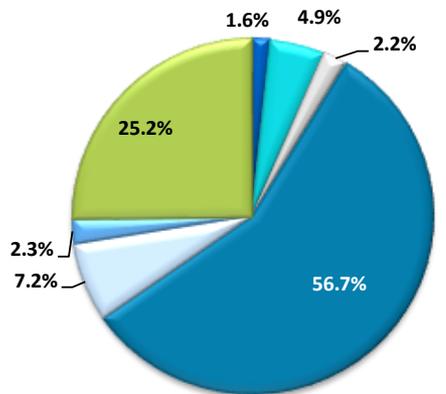


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	1,039	44	1,666	71	2,705	115
Spouse	285	51	314	57	599	108
Child	461	34	765	56	1,226	90
Total	1,785	42	2,745	64	4,530	106

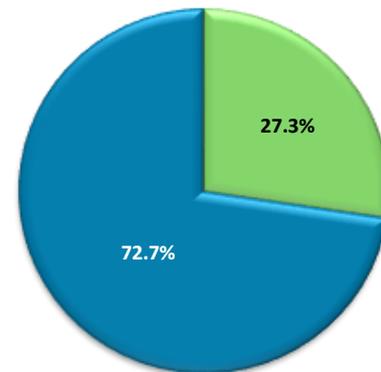
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$133,851,561	\$1,892	100.0%
COB	\$2,099,746	\$30	1.6%
Medicare	\$6,612,145	\$93	4.9%
Excess/Maximums	\$2,882,210	\$41	2.2%
PPO Discount	\$75,882,983	\$1,073	56.7%
Deductible	\$9,624,695	\$136	7.2%
Coinsurance	\$3,057,342	\$43	2.3%
Total Participant Paid	\$12,682,037	\$179	9.5%
Total Plan Paid	\$33,692,440	\$476	25.2%

Total Participant Paid - PY19	\$141
Total Plan Paid - PY19	\$471



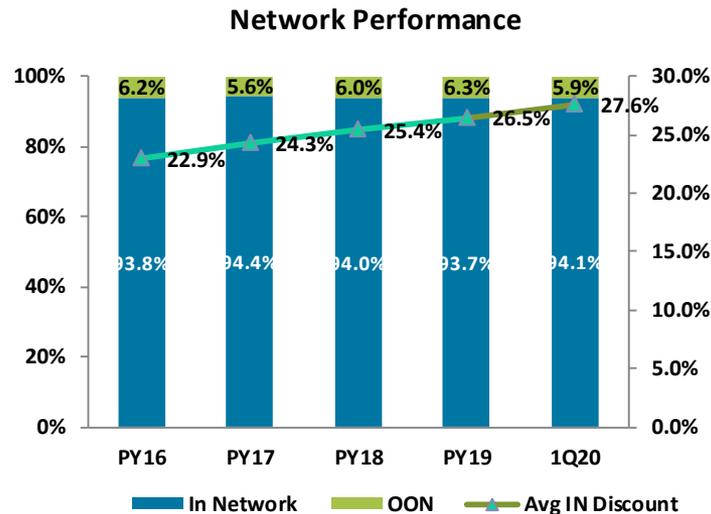
■ COB
■ Medicare
■ Excess/Maximums
■ PPO Discount
■ Deductible
■ Coinsurance



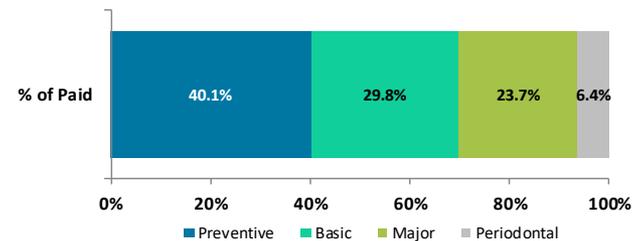
■ Total Participant Paid
■ Total Plan Paid

Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	1,523	2.2%	4,285	11.0%	\$2,156,413	30.2%	\$1,500,231	39.3%
\$750.01-\$1,000.00	765	1.1%	1,767	4.5%	\$672,795	9.4%	\$446,997	11.7%
\$500.01-\$750.00	1,440	2.1%	3,147	8.1%	\$896,687	12.6%	\$592,601	15.5%
\$250.01-\$500.00	2,502	3.7%	4,735	12.1%	\$909,961	12.8%	\$525,964	13.8%
\$0.01-\$250.00	20,787	30.3%	23,874	61.1%	\$2,495,601	35.1%	\$666,076	17.5%
\$0.00	1,208	1.8%	1,236	3.2%	\$0	0.0%	\$83,470	2.2%
No Claims	40,281	58.8%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	68,506	100.0%	39,044	100.0%	\$7,131,456	100.0%	\$3,815,339	100.0%



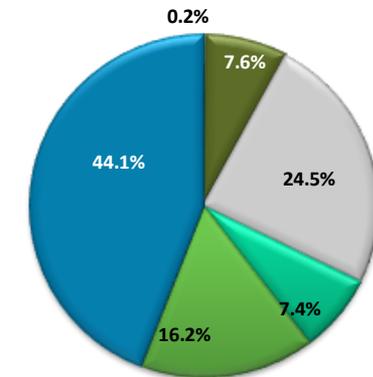
Claim Category	Total Paid	% of Paid
Preventive	\$2,859,388	40.1%
Basic	\$2,124,211	29.8%
Major	\$1,693,154	23.7%
Periodontal	\$454,703	6.4%
Total	\$7,131,456	100.0%



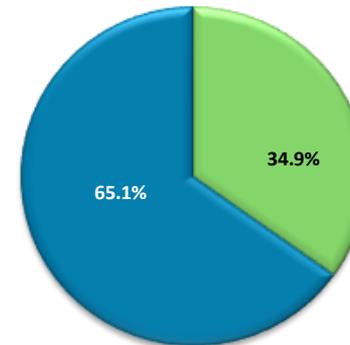
Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$16,161,902	\$79	100.0%
COB	\$37,510	\$0	0.2%
Excess/Maximums	\$1,221,561	\$6	7.6%
PPO Discount	\$3,956,036	\$19	24.5%
Deductible	\$1,193,198	\$6	7.4%
Coinsurance	\$2,622,141	\$13	16.2%
Total Participant Paid	\$3,815,339	\$19	23.6%
Total Plan Paid	\$7,131,456	\$35	44.1%

Total Participant Paid - PY19	\$14
Total Plan Paid - PY19	\$30



■ COB
■ PPO Discount
■ Coinsurance
■ Excess/Maximums
■ Deductible
■ Total Plan Paid



■ Total Participant Paid
■ Total Plan Paid

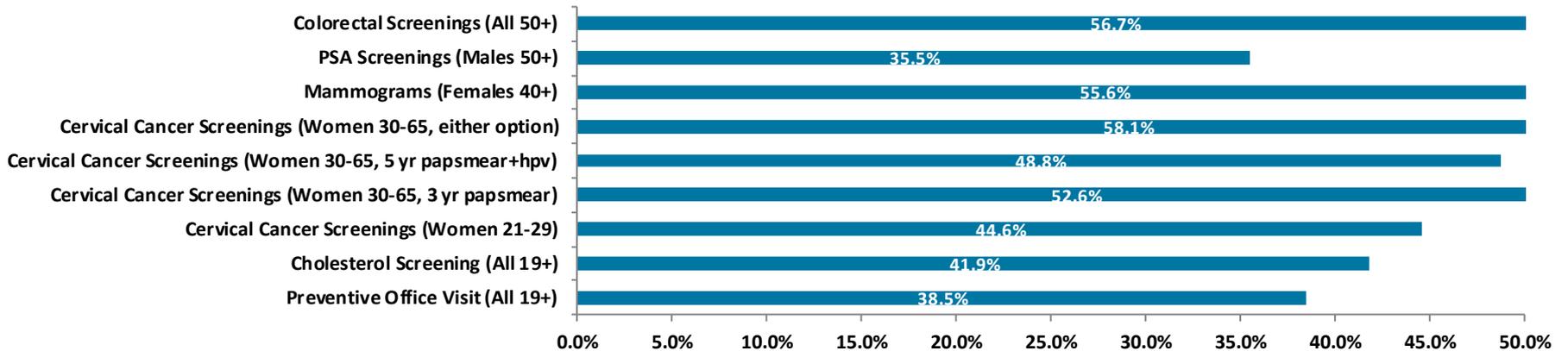
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	17,169	8,636	50.3%	15,090	3,773	25.0%	32,259	12,409	38.5%
Cholesterol Screening (All 19+)	17,169	7,846	45.7%	15,090	5,659	37.5%	32,259	13,505	41.9%
Cervical Cancer Screenings (Women 21-29)	2,739	1,222	44.6%	----	----	----	2,739	1,222	44.6%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	12,942	6,807	52.6%	----	----	----	12,942	6,807	52.6%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	12,942	6,316	48.8%	----	----	----	12,942	6,316	48.8%
Cervical Cancer Screenings (Women 30-65, either option)	12,942	7,519	58.1%	----	----	----	12,942	7,519	58.1%
Mammograms (Females 40+)	10,651	5,922	55.6%	----	----	----	10,651	5,922	55.6%
PSA Screenings (Males 50+)	----	----	----	6,375	2,263	35.5%	6,375	2,263	35.5%
Colorectal Screenings (All 50+)	7,392	4,354	58.9%	6,375	3,455	54.2%	13,767	7,809	56.7%

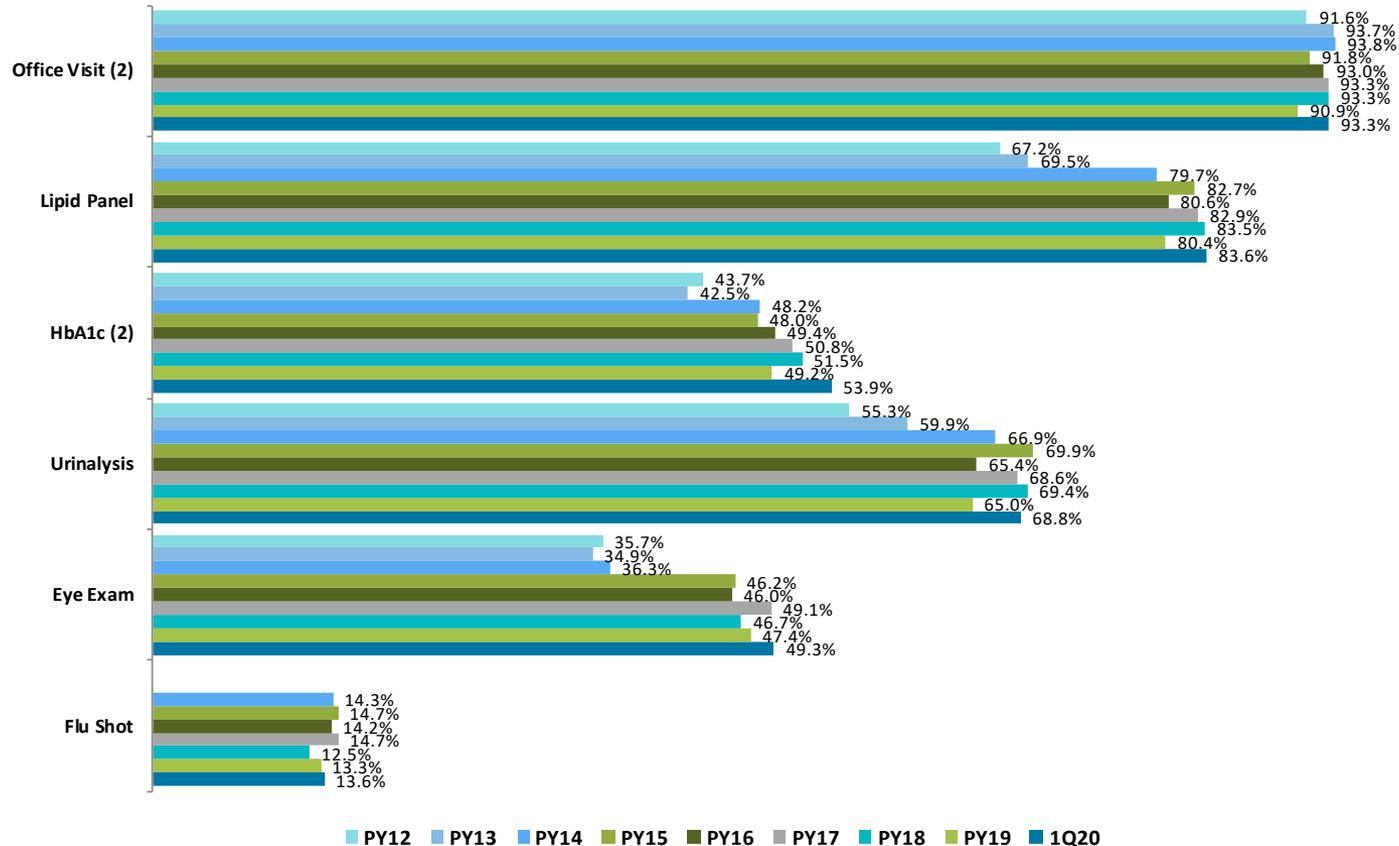
Overall Preventive Services Compliance Rates



Diabetic Disease Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Diabetic Population									
Year	PY12	PY13	PY14	PY15	PY16	PY17	PY18	PY19	1Q20
Members	1,651	1,643	1,555	1,676	1,693	1,704	1,747	1,838	1,762



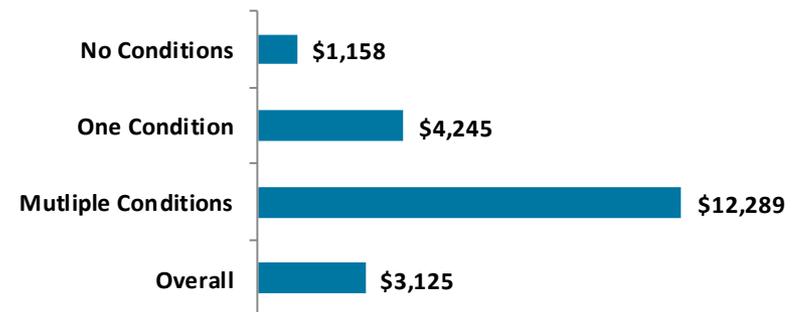
Chronic Conditions Summary

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Condition	Total Members	Avg Members	Per 1,000	Avg Age	Total Cost	Average Cost	Compliance Rate	Compliance Measure
Asthma	1,101	1,074	27	37	\$5,996,075	\$5,446	99.5%	1 Office Visit
Cancer	1,276	1,254	32	58	\$26,770,445	\$20,980	----	----
Chronic Kidney Disease	317	311	8	61	\$7,470,342	\$23,566	----	----
Chronic Obstructive Pulmonary Disease (COPD)	249	244	6	60	\$4,948,491	\$19,873	98.0%	1 Office Visit
Congestive Heart Failure (CHF)	137	133	3	62	\$7,544,322	\$55,068	19.0%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	641	629	16	62	\$14,462,413	\$22,562	25.7%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	1,358	1,320	34	40	\$14,519,555	\$10,692	95.9%	1 Office Visit
Diabetes	1,762	1,730	44	56	\$16,429,647	\$9,324	23.7%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	3,207	3,149	80	54	\$14,969,268	\$4,668	44.6%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	3,486	3,420	87	57	\$30,299,936	\$8,692	29.4%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	764	747	19	44	\$4,415,774	\$5,780	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	26,882	31	46.1%	11.0%	42.9%
One Condition	8,530	46	70.7%	16.0%	13.4%
Multiple Conditions	4,728	55	79.0%	17.9%	3.0%
Overall	40,140	37	55.1%	12.8%	32.1%

Cost per Member Type



**Public Employees' Benefits Program - RX Costs
PY 2020 - Quarter Ending September 30, 2019**

Express Scripts

1Q FY2020		1Q FY2019	Difference	% Change
Membership Summary				
Member Count (Membership)	42,725	42,524	201	0.5%
Utilizing Member Count (Patients)	20,023	19,553	470	2.4%
Percent Utilizing (Utilization)	46.9%	46.0%	0.01	1.9%
Claim Summary				
Net Claims (Total Rx's)	128,394	115,207	13,187	11.4%
Claims per Elig Member per Month (Claims PMPM)	1.00	0.90	0.10	11.1%
Total Claims for Generic (Generic Rx)	111,803	99,748	12,055.00	12.1%
Total Claims for Brand (Brand Rx)	16,591	15,459	1,132.00	7.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	1,977	1,810	167.00	9.2%
Total Non-Specialty Claims	127,428	114,274	13,154.00	11.5%
Total Specialty Claims	966	933	33.00	3.5%
Generic % of Total Claims (GFR)	87.1%	86.6%	0.00	0.6%
Generic Effective Rate (GCR)	98.3%	98.2%	0.00	0.0%
Mail Order Claims	20,749	15,707	5,042.00	32.1%
Mail Penetration Rate*	18.3%	15.5%	0.03	2.8%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$11,196,018.00	\$10,640,494.00	\$555,524.00	5.2%
Total Generic Gross Cost	\$1,897,109.00	\$1,983,323.00	(\$86,214.00)	-4.3%
Total Brand Gross Cost	\$9,298,909.00	\$8,657,171.00	\$641,738.00	7.4%
Total MSB Gross Cost	\$430,144.00	\$250,996.00	\$179,148.00	71.4%
Total Ingredient Cost	\$11,103,621.00	\$10,554,410.00	\$549,211.00	5.2%
Total Dispensing Fee	\$87,789.00	\$82,067.00	\$5,722.00	7.0%
Total Other (e.g. tax)	\$4,608.00	\$4,017.00	\$591.00	14.7%
Avg Total Cost per Claim (Gross Cost/Rx)	\$87.20	\$92.36	(\$5.16)	-5.6%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$16.97	\$19.88	(\$2.91)	-14.6%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$560.48	\$560.01	\$0.47	0.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$217.57	\$138.67	\$78.90	56.9%
Member Cost Summary				
Total Member Cost	\$4,257,865.00	\$3,582,225.00	\$675,640.00	18.9%
Total Copay	\$1,508,520.00	\$1,226,363.00	\$282,157.00	23.0%
Total Deductible	\$2,749,345.00	\$2,355,863.00	\$393,482.00	16.7%
Avg Copay per Claim (Copay/Rx)	\$11.75	\$10.64	\$1.10	10.4%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$33.16	\$31.09	\$2.07	6.7%
Avg Copay for Generic (Copay/Generic Rx)	\$11.10	\$12.24	(\$1.14)	-9.3%
Avg Copay for Brand (Copay/Brand Rx)	\$181.84	\$152.72	\$29.12	19.1%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$91.99	\$78.13	\$13.86	17.7%
Net PMPM (Participant Cost PMPM)	\$33.22	\$28.08	\$5.14	18.3%
Copay % of Total Prescription Cost (Member Cost Share %)	38.0%	33.7%	4.4%	13.0%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$6,938,153.00	\$7,058,268.00	(\$120,115.00)	-1.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$3,064,429.00	\$2,917,321.00	\$147,108.00	5.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$3,873,724.00	\$4,140,947.00	(\$267,223.00)	-6.5%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$54.04	\$61.27	(\$7.23)	-11.8%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$5.87	\$7.64	(\$1.77)	-23.2%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$378.64	\$407.29	(\$28.65)	-7.0%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$125.58	\$60.54	\$65.04	107.4%
Net PMPM (Plan Cost PMPM)	\$54.13	\$55.33	(\$1.20)	-2.2%
PMPM for Specialty Only (Specialty PMPM)	\$30.22	\$32.46	(\$2.24)	-6.9%
PMPM without Specialty (Non-Specialty PMPM)	\$23.91	\$22.87	\$1.04	4.5%
Rebates (Q1 FY2020 estimated)	\$2,148,134.00	\$1,787,274.00	\$360,860.00	20.2%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$37.37	\$41.32	(\$3.95)	-9.6%
PMPM for Specialty Only (Specialty PMPM)	\$25.39	\$28.63	(\$3.24)	-11.3%
PMPM without Specialty (Non-Specialty PMPM)	\$11.98	\$12.68	(\$0.70)	-5.5%

Appendix B

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HealthSCOPE – EPO Utilization Review for PEBP

July 1, 2019 – September 30, 2019

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2019 – September 2019

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q20 was \$11,326,261 with an annualized plan cost per employee per year of \$9,366. This is an increase of 7.1% when compared to PY19.
 - IP Cost per Admit is \$10,789 which is 47.1% lower than PY19.
 - ER Cost per Visit is \$2,557 which is 2.0% lower than PY19.
- Employees shared in 15.8% of the medical cost.
- Inpatient facility costs were 16.6% of the plan spend.
- 91.5% of the Average Membership had paid Medical claims less than \$2,500, with 30.5% of those having no claims paid at all during the reporting period.
- 4 members exceeded the \$100k high cost threshold during the reporting period, which accounted for 5.4% of the plan spend. The highest diagnosis category was Musculoskeletal Disorders, accounting for 24.3% of the high cost claimant dollars.
- Total spending with in-network providers was 97.0%. The overall in-network discount was 57.0%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY19						1Q20						% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 1,874,215	\$ 1,698	\$ 9,149	\$ 8	\$ 1,883,364	\$ 1,706	\$ 334,085	\$ 986	\$ 771	\$ 2	\$ 334,856	\$ 988	-82.2%	-42.1%
1	\$ 264,791	\$ 245	\$ 14,535	\$ 13	\$ 279,326	\$ 259	\$ 111,058	\$ 416	\$ 2,876	\$ 11	\$ 113,934	\$ 427	-59.2%	65.0%
2 - 4	\$ 372,210	\$ 117	\$ 14,845	\$ 5	\$ 387,055	\$ 122	\$ 149,174	\$ 171	\$ 3,522	\$ 4	\$ 152,696	\$ 175	-60.5%	43.7%
5 - 9	\$ 502,906	\$ 81	\$ 95,811	\$ 16	\$ 598,717	\$ 97	\$ 185,832	\$ 116	\$ 28,802	\$ 18	\$ 214,634	\$ 134	-64.2%	38.0%
10 - 14	\$ 1,277,258	\$ 167	\$ 244,065	\$ 32	\$ 1,521,323	\$ 198	\$ 411,700	\$ 208	\$ 59,872	\$ 30	\$ 471,572	\$ 238	-69.0%	19.9%
15 - 19	\$ 1,537,283	\$ 186	\$ 292,943	\$ 35	\$ 1,830,226	\$ 222	\$ 653,403	\$ 303	\$ 114,109	\$ 53	\$ 767,512	\$ 355	-58.1%	60.3%
20 - 24	\$ 1,082,265	\$ 156	\$ 409,392	\$ 59	\$ 1,491,657	\$ 215	\$ 341,599	\$ 189	\$ 101,897	\$ 56	\$ 443,496	\$ 245	-70.3%	13.6%
25 - 29	\$ 1,215,987	\$ 295	\$ 301,168	\$ 73	\$ 1,517,155	\$ 369	\$ 319,942	\$ 284	\$ 105,617	\$ 94	\$ 425,559	\$ 378	-72.0%	2.6%
30 - 34	\$ 2,784,920	\$ 515	\$ 341,212	\$ 63	\$ 3,126,132	\$ 578	\$ 658,917	\$ 439	\$ 80,714	\$ 54	\$ 739,631	\$ 493	-76.3%	-14.6%
35 - 39	\$ 2,361,827	\$ 366	\$ 734,028	\$ 114	\$ 3,095,855	\$ 480	\$ 791,051	\$ 468	\$ 201,138	\$ 119	\$ 992,189	\$ 586	-68.0%	22.3%
40 - 44	\$ 2,437,647	\$ 381	\$ 784,468	\$ 123	\$ 3,222,115	\$ 504	\$ 726,250	\$ 429	\$ 293,424	\$ 173	\$ 1,019,674	\$ 603	-68.4%	19.6%
45 - 49	\$ 2,770,287	\$ 331	\$ 1,525,758	\$ 182	\$ 4,296,045	\$ 513	\$ 1,040,419	\$ 480	\$ 377,040	\$ 174	\$ 1,417,459	\$ 654	-67.0%	27.4%
50 - 54	\$ 5,152,391	\$ 559	\$ 2,107,261	\$ 229	\$ 7,259,652	\$ 788	\$ 1,214,518	\$ 516	\$ 540,982	\$ 230	\$ 1,755,500	\$ 745	-75.8%	-5.4%
55 - 59	\$ 5,436,354	\$ 503	\$ 2,751,284	\$ 254	\$ 8,187,638	\$ 757	\$ 1,785,524	\$ 660	\$ 830,357	\$ 307	\$ 2,615,881	\$ 967	-68.1%	27.7%
60 - 64	\$ 9,774,054	\$ 815	\$ 3,034,480	\$ 253	\$ 12,808,534	\$ 1,067	\$ 1,906,638	\$ 634	\$ 855,541	\$ 285	\$ 2,762,179	\$ 919	-78.4%	-13.9%
65+	\$ 1,920,336	\$ 395	\$ 1,343,189	\$ 276	\$ 3,263,525	\$ 672	\$ 696,152	\$ 574	\$ 372,134	\$ 307	\$ 1,068,286	\$ 881	-67.3%	31.3%
Total	\$ 40,764,731	\$ 400	\$ 14,003,588	\$ 137	\$54,768,319	\$ 537	\$ 11,326,261	\$ 427	\$ 3,968,796	\$ 150	\$ 15,295,058	\$ 577	-72.1%	7.5%

Financial Summary (p. 1 of 2)

	Total			State Active			Non-State Active		
Summary	PY19	1Q20	Variance to Prior Year	PY19	1Q20	Variance to Prior Year	PY19	1Q20	Variance to Prior Year
Enrollment									
Avg # Employees	4,653	4,837	4.0%	3,878	4,078	5.2%	4	4	0.0%
Avg # Members	8,488	8,832	4.1%	7,445	7,812	4.9%	5	5	0.0%
Ratio	1.8	1.8	0.5%	1.9	1.9	0.0%	1.3	1.3	0.0%
Financial Summary									
Gross Cost	\$45,094,672	\$12,759,081	-71.7%	\$35,711,039	\$10,932,583	-69.4%	\$45,961	\$5,288	-88.5%
Client Paid	\$40,764,731	\$11,326,261	-72.2%	\$32,097,283	\$9,689,772	-69.8%	\$40,931	\$4,713	-88.5%
Employee Paid	\$4,329,941	\$1,432,820	-66.9%	\$3,613,757	\$1,242,811	-65.6%	\$5,030	\$574	-88.6%
Client Paid-PEPY	\$8,745	\$9,366	7.1%	\$8,277	\$9,504	14.8%	\$10,233	\$4,713	-53.9%
Client Paid-PMPY	\$4,794	\$5,129	7.0%	\$4,311	\$4,961	15.1%	\$8,186	\$3,771	-53.9%
Client Paid-PEPM	\$729	\$781	7.1%	\$690	\$792	14.8%	\$853	\$393	-53.9%
Client Paid-PMPM	\$400	\$427	6.8%	\$359	\$413	15.0%	\$682	\$314	-54.0%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	39	4	-89.7%	27	4	-85.2%	0	0	0.0%
HCC's / 1,000	4.6	0.5	-90.2%	3.6	0.5	-85.9%	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$152,390	-44.5%	\$246,453	\$152,390	-38.2%	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	5.4%	-79.5%	20.7%	6.3%	-69.6%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,218	\$849	-30.3%	\$944	\$782	-17.2%	\$3,360	\$0	-100.0%
Facility Outpatient	\$1,506	\$1,660	10.2%	\$1,395	\$1,617	15.9%	\$1,369	\$1,374	0.4%
Physician	\$1,923	\$2,454	27.6%	\$1,844	\$2,412	30.8%	\$3,030	\$2,349	-22.5%
Other	\$148	\$167	12.8%	\$127	\$151	18.9%	\$427	\$48	-88.8%
Total	\$4,794	\$5,129	7.0%	\$4,311	\$4,961	15.1%	\$8,186	\$3,771	-53.9%

Annualized

Annualized

Annualized

Financial Summary (p. 2 of 2)

	State Retirees			Non-State Retirees			
Summary	PY19	1Q20	Variance to Prior Year	PY19	1Q20	Variance to Prior Year	HSB Peer Index
Enrollment							
Avg # Employees	599	596	-0.5%	181	159	-12.1%	
Avg # Members	826	815	-1.3%	227	201	-11.5%	
Ratio	1.4	1.4	-0.7%	1.3	1.3	0.0%	1.8
Financial Summary							
Gross Cost	\$7,418,807	\$1,599,330	-78.4%	\$1,918,864	\$221,881	-88.4%	
Client Paid	\$6,863,148	\$1,437,635	-79.1%	\$1,763,370	\$194,141	-89.0%	
Employee Paid	\$555,659	\$161,695	-70.9%	\$155,495	\$27,740	-82.2%	
Client Paid-PEPY	\$11,461	\$9,649	-15.8%	\$9,769	\$4,894	-49.9%	\$6,209
Client Paid-PMPY	\$8,313	\$7,059	-15.1%	\$7,777	\$3,870	-50.2%	\$3,437
Client Paid-PEPM	\$955	\$804	-15.8%	\$814	\$408	-49.9%	\$517
Client Paid-PMPM	\$693	\$588	-15.2%	\$648	\$322	-50.3%	\$286
High Cost Claimants (HCC's) > \$100k							
# of HCC's	9	0	-100.0%	3	0	0.0%	
HCC's / 1,000	10.9	0.0	-100.0%	13.2	0.0	0.0%	
Avg HCC Paid	\$339,256	\$0	-100.0%	\$334,114	\$0	0.0%	
HCC's % of Plan Paid	44.5%	0.0%	-100.0%	56.8%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$3,028	\$1,491	-50.8%	\$3,554	\$904	-74.6%	\$1,057
Facility Outpatient	\$2,243	\$2,232	-0.5%	\$2,477	\$1,024	-58.7%	\$1,145
Physician	\$2,713	\$3,007	10.8%	\$1,587	\$1,846	16.3%	\$1,122
Other	\$328	\$330	0.6%	\$158	\$97	-38.6%	\$113
Total	\$8,313	\$7,059	-15.1%	\$7,777	\$3,870	-50.2%	\$3,437

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total									
State Participants									
	PY19				1Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 8,762,274	\$ 2,599,386	\$ 160,727	\$ 11,522,387	\$ 2,165,416	\$ 286,395	\$ 89,421	\$ 2,541,233	-77.9%
Outpatient	\$ 23,335,008	\$ 3,620,613	\$ 482,422	\$ 27,438,043	\$ 7,524,356	\$ 837,775	\$ 224,044	\$ 8,586,174	-68.7%
Total - Medical	\$ 32,097,283	\$ 6,219,999	\$ 643,149	\$ 38,960,431	\$ 9,689,772	\$ 1,124,170	\$ 313,465	\$ 11,127,407	-71.4%

Net Paid Claims - Per Participant per Month									
	PY19				1Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 690	\$ 1,018	\$ 596	\$ 725	\$ 792	\$ 741	\$ 1,161	\$ 794	9.4%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY19				1Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 23,542	\$ 854,839	\$ 10,077	\$ 888,459	\$ 1,262	\$ 36,045	\$ 24,565	\$ 61,872	-93.0%	
Outpatient	\$ 17,389	\$ 754,444	\$ 144,009	\$ 915,842	\$ 3,452	\$ 112,177	\$ 21,354	\$ 136,982	-85.0%	
Total - Medical	\$ 40,931	\$ 1,609,283	\$ 154,087	\$ 1,804,301	\$ 4,713	\$ 148,222	\$ 45,919	\$ 198,854	-89.0%	

Net Paid Claims - Per Participant per Month									
	PY19				1Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 853	\$ 1,048	\$ 242	\$ 813	\$ 393	\$ 472	\$ 283	\$ 407	-49.9%

Paid Claims by Claim Type – Total

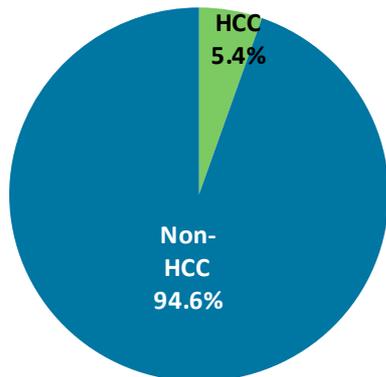
Net Paid Claims - Total										
Total Participants										
	PY19				1Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,785,816	\$ 3,454,225	\$ 170,805	\$ 12,410,846	\$ 2,166,678	\$ 322,440	\$ 113,987	\$ 2,603,105		-79.0%
Outpatient	\$ 23,352,397	\$ 4,375,057	\$ 626,431	\$ 28,353,885	\$ 7,527,807	\$ 949,951	\$ 245,397	\$ 8,723,156		-69.2%
Total - Medical	\$ 32,138,214	\$ 7,829,282	\$ 797,236	\$ 40,764,731	\$ 9,694,485	\$ 1,272,392	\$ 359,384	\$ 11,326,261		-72.2%

Net Paid Claims - Per Participant per Month										
	PY19				1Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 690	\$ 1,024	\$ 465	\$ 729	\$ 792	\$ 695	\$ 832	\$ 781		7.1%

Cost Distribution – Medical Claims

PY19						1Q20						
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
32	0.4%	\$10,660,448	26.2%	\$223,955	5.2%	\$100,000.01 Plus	4	0.0%	\$609,558	5.4%	\$3,746	0.3%
63	0.7%	\$4,489,989	11.0%	\$285,075	6.6%	\$50,000.01-\$100,000.00	15	0.2%	\$1,050,048	9.3%	\$23,167	1.6%
148	1.7%	\$5,378,700	13.2%	\$370,909	8.6%	\$25,000.01-\$50,000.00	35	0.4%	\$1,293,627	11.4%	\$9,228	0.6%
489	5.7%	\$7,901,863	19.4%	\$770,638	17.8%	\$10,000.01-\$25,000.00	168	1.9%	\$2,719,659	24.0%	\$196,014	13.7%
592	7.0%	\$4,367,753	10.7%	\$713,266	16.5%	\$5,000.01-\$10,000.00	196	2.2%	\$1,432,524	12.6%	\$191,401	13.4%
935	11.0%	\$3,470,368	8.5%	\$766,356	17.7%	\$2,500.01-\$5,000.00	339	3.8%	\$1,211,128	10.7%	\$242,132	16.9%
5,310	62.5%	\$4,495,610	11.0%	\$1,195,579	27.6%	\$0.01-\$2,500.00	5,336	60.4%	\$3,009,717	26.6%	\$758,630	53.3%
16	0.2%	\$0	0.0%	\$4,162	0.1%	\$0.00	49	0.6%	\$0	0.0%	\$8,503	0.6%
918	10.8%	\$0	0.0%	\$0	0.0%	No Claims	2,691	30.5%	\$0	0.0%	\$0	0.0%
8,503	100.0%	\$40,764,731	100.0%	\$4,329,941	100.0%		8,832	100.0%	\$11,326,261	100.0%	\$1,432,820	100.0%

Distribution of HCC Medical Claims Paid



HCC – High Cost Claimant over \$100K

HCC's by AHRQ Clinical Classifications Chapter			
AHRQ Chapter	Patients	Total Paid	% Paid
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	3	\$148,344	24.3%
(CCS 5) Mental Illness	1	\$141,024	23.1%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	2	\$133,306	21.9%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	1	\$121,031	19.9%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	4	\$64,153	10.5%
(CCS 10) Diseases Of The Genitourinary System	1	\$598	0.1%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	3	\$504	0.1%
(CCS 2) Neoplasms	2	\$186	0.0%
(CCS 8) Diseases Of The Respiratory System	2	\$169	0.0%
(CCS 6) Diseases Of The Nervous System And Sense Organs	2	\$146	0.0%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	1	\$91	0.0%
(CCS 16) Injury And Poisoning	1	\$7	0.0%
Overall	----	\$609,558	100.0%

Utilization Summary (p. 1 of 2)

Summary	Total			State Active			Non-State Active		
	PY19	1Q20	Variance to Prior Year	PY19	1Q20	Variance to Prior Year	PY19	1Q20	Variance to Prior Year
Inpatient Facility									
# of Admits	507	179	-64.7%	441	150	-66.0%	1	0	0.0%
# of Bed Days	2,491	896	-64.0%	2,026	760	-62.5%	2	0	0.0%
Paid Per Admit	\$20,394	\$10,789	-47.1%	\$15,930	\$10,583	-33.6%	\$16,801	\$0	0.0%
Paid Per Day	\$4,151	\$2,155	-48.1%	\$3,468	\$2,089	-39.8%	\$8,401	\$0	0.0%
Admits Per 1,000	60	81	35.0%	59	77	30.5%	200	0	0.0%
Days Per 1,000	293	406	38.6%	272	389	43.0%	400	0	0.0%
Avg LOS	4.9	5	2.0%	4.6	5.1	10.9%	2	0	0.0%
Physician Office									
OV Utilization per Member	4.4	5.3	20.5%	4.2	5.1	21.4%	5.6	5.6	0.0%
Avg Paid per OV	\$94	\$100	6.4%	\$95	\$102	7.4%	\$105	\$84	0.0%
Avg OV Paid per Member	\$410	\$532	29.8%	\$402	\$521	29.6%	\$587	\$470	0.0%
DX&L Utilization per Member	8.9	11.2	25.8%	8.4	10.5	25.0%	14	18.4	0.0%
Avg Paid per DX&L	\$78	\$71	-9.0%	\$75	\$73	-2.7%	\$106	\$101	0.0%
Avg DX&L Paid per Member	\$690	\$791	14.6%	\$629	\$764	21.5%	\$1,491	\$1,865	0.0%
Emergency Room									
# of Visits	1,453	483	-66.8%	1,261	405	-67.9%	0	0	0.0%
# of Admits	192	68	-64.6%	154	48	-68.8%	0	0	0.0%
Visits Per Member	0.17	0.22	28.7%	0.17	0.21	22.0%	0	0	0.0%
Visits Per 1,000	171	219	27.9%	169	207	22.7%	0	0	0.0%
Avg Paid per Visit	\$2,608	\$2,557	-2.0%	\$2,546	\$2,609	2.5%	\$0	\$0	0.0%
Admits Per Visit	0.13	0.14	8.3%	0.12	0.12	-1.2%	0.00	0.00	0.0%
Urgent Care									
# of Visits	2,450	693	-71.7%	2,232	632	-71.7%	0	0	0.0%
Visits Per Member	0.29	0.31	8.2%	0.30	0.32	7.9%	0.00	0.00	0.0%
Visits Per 1,000	288	314	9.0%	300	324	7.9%	0	0	0.0%
Avg Paid per Visit	\$140	\$154	10.0%	\$140	\$154	10.0%	\$0	\$0	0.0%

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Utilization Summary (p. 2 of 2)

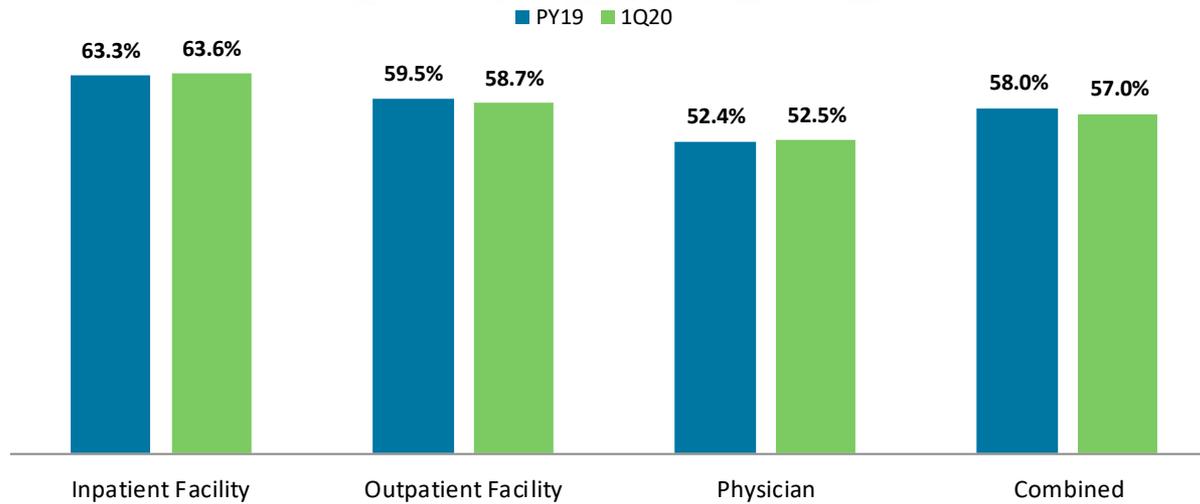
Summary	State Retirees			Non-State Retirees			HSB Peer Index
	PY19	1Q20	Variance to Prior Year	PY19	1Q20	Variance to Prior Year	
Inpatient Facility							
# of Admits	52	25	-51.9%	13	4	-69.2%	
# of Bed Days	361	127	-64.8%	102	9	-91.2%	
Paid Per Admit	\$47,923	\$11,966	-75.0%	\$61,977	\$11,129	-82.0%	\$16,173
Paid Per Day	\$6,903	\$2,355	-65.9%	\$7,899	\$4,946	-37.4%	\$3,708
Admits Per 1,000	63	123	95.2%	57	80	40.4%	61
Days Per 1,000	437	624	42.8%	450	179	-60.2%	264
Avg LOS	6.9	5.1	-26.1%	7.8	2.3	-70.5%	4.3
Physician Office							
OV Utilization per Member	5.6	7.2	28.6%	5.0	6.7	34.0%	3.3
Avg Paid per OV	\$85	\$88	3.5%	\$86	\$78	-9.3%	\$50
Avg OV Paid per Member	\$473	\$636	34.5%	\$431	\$520	20.6%	\$167
DX&L Utilization per Member	12.1	15.8	30.6%	12.2	16.2	32.8%	8.3
Avg Paid per DX&L	\$88	\$64	-27.3%	\$104	\$56	-46.2%	\$67
Avg DX&L Paid per Member	\$1,069	\$1,016	-5.0%	\$1,274	\$905	-29.0%	\$554
Emergency Room							
# of Visits	158	68	-57.0%	94	10	-89.4%	
# of Admits	30	18	-40.0%	8	2	-75.0%	
Visits Per Member	0.19	0.33	75.7%	0.41	0.20	-51.4%	0.17
Visits Per 1,000	191	334	74.8%	415	199	-52.0%	174
Avg Paid per Visit	\$2,991	\$2,381	-20.4%	\$1,195	\$1,627	36.2%	\$1,684
Admits Per Visit	0.19	0.26	36.8%	0.09	0.20	122.2%	0.14
Urgent Care							
# of Visits	158	46	-70.9%	60	15	-75.0%	
Visits Per Member	0.19	0.23	18.9%	0.26	0.30	15.0%	0.24
Visits Per 1,000	191	226	18.3%	265	299	12.8%	242
Avg Paid per Visit	\$154	\$180	16.9%	\$96	\$76	-20.8%	\$74

Annualized

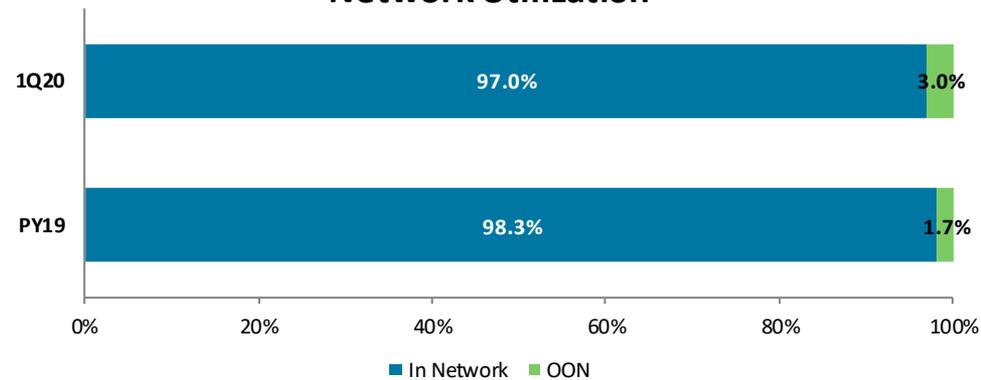
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Provider Network Summary

In Network Discounts



Network Utilization



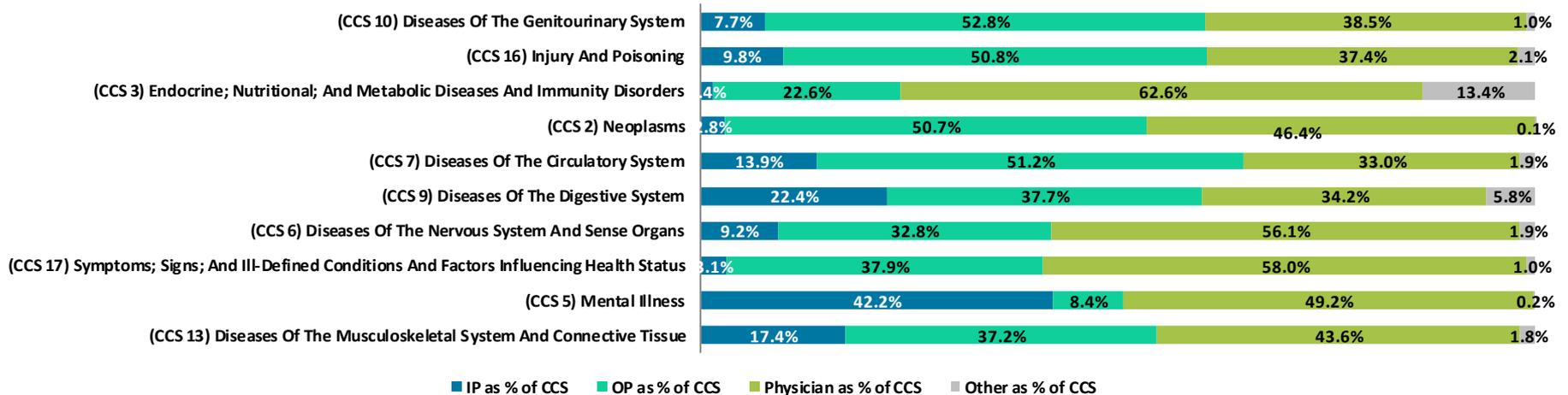
AHRQ* Clinical Classifications Summary



*Developed at the Agency for Healthcare Research and Quality (AHRQ), the Clinical Classifications Software (CCS) is a tool for clustering patient diagnoses and procedures into a manageable number of clinically meaningful categories.

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$1,638,743	14.5%	\$994,795	\$396,016	\$247,932	\$603,285	\$1,035,458
(CCS 5) Mental Illness	\$1,182,364	10.4%	\$686,208	\$139,604	\$356,552	\$350,802	\$831,563
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health	\$1,074,390	9.5%	\$632,124	\$198,584	\$243,682	\$354,135	\$720,255
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$923,138	8.2%	\$551,034	\$153,450	\$218,654	\$310,665	\$612,473
(CCS 9) Diseases Of The Digestive System	\$826,489	7.3%	\$565,528	\$186,353	\$74,608	\$301,595	\$524,895
(CCS 7) Diseases Of The Circulatory System	\$785,580	6.9%	\$619,327	\$124,878	\$41,376	\$336,230	\$449,350
(CCS 2) Neoplasms	\$700,394	6.2%	\$549,315	\$139,584	\$11,496	\$189,745	\$510,650
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$685,261	6.1%	\$569,584	\$76,134	\$39,542	\$197,227	\$488,033
(CCS 16) Injury And Poisoning	\$645,026	5.7%	\$394,789	\$103,138	\$147,099	\$281,458	\$363,568
(CCS 10) Diseases Of The Genitourinary System	\$565,429	5.0%	\$382,049	\$123,473	\$59,907	\$167,788	\$397,641
(CCS 8) Diseases Of The Respiratory System	\$488,663	4.3%	\$297,872	\$51,160	\$139,630	\$223,900	\$264,763
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$439,619	3.9%	\$331,376	\$85,151	\$23,092	\$12,133	\$427,486
(CCS 1) Infectious And Parasitic Diseases	\$369,126	3.3%	\$214,413	\$14,646	\$140,067	\$181,028	\$188,099
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$268,737	2.4%	\$202,291	\$47,439	\$19,007	\$116,507	\$152,230
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$197,578	1.7%	\$1,610	\$225	\$195,743	\$61,242	\$136,336
(CCS 14) Congenital Anomalies	\$182,361	1.6%	\$5,821	\$2,647	\$173,893	\$129,580	\$52,781
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$181,355	1.6%	\$46,070	\$133,526	\$1,759	\$8,781	\$172,574
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$172,008	1.5%	\$106,655	\$30,081	\$35,271	\$66,544	\$105,464
Total	\$11,326,261	100.0%	\$7,150,860	\$2,006,091	\$2,169,311	\$3,892,644	\$7,433,617

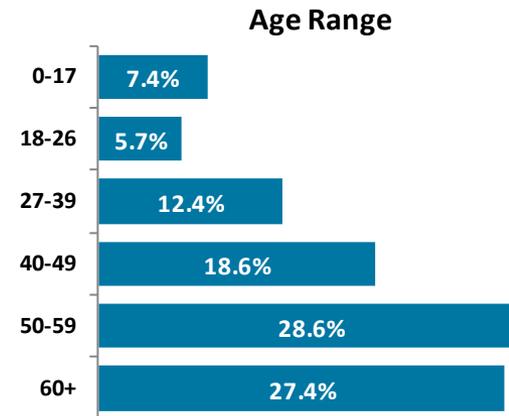
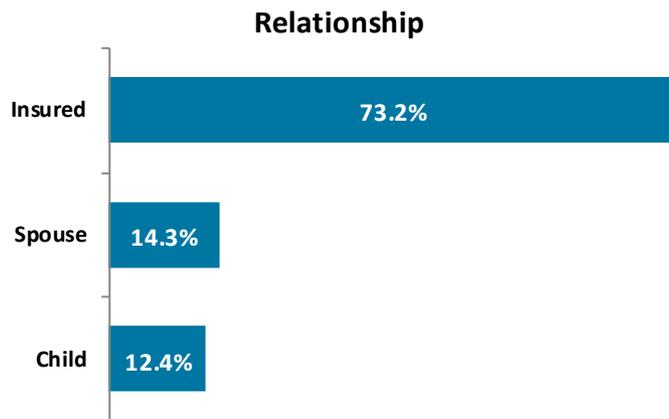
Top 10 Categories by Claim Type



AHRQ Category – Diseases of the Musculoskeletal System & Connective Tissue

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	727	2,843	\$580,724	35.4%
Non-Traumatic Joint Disorders	704	2,272	\$516,635	31.5%
Other Connective Tissue Disease [211.]	615	1,350	\$239,496	14.6%
Other Bone Disease And Musculoskeletal Deformities [212.]	234	662	\$183,174	11.2%
Acquired Deformities	93	184	\$97,713	6.0%
Osteoporosis [206.]	30	43	\$9,868	0.6%
Systemic Lupus Erythematosus And Connective Tissue Disorders [210.]	21	43	\$5,552	0.3%
Infective Arthritis And Osteomyelitis (Except That Caused By Tb Or Std) [201.]	4	31	\$3,240	0.2%
Pathological Fracture [207.]	4	5	\$2,340	0.1%
	----	----	\$1,638,743	100.0%

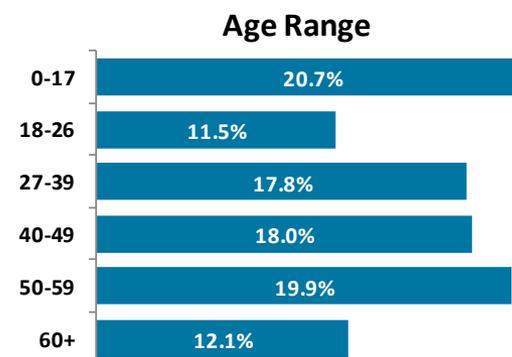
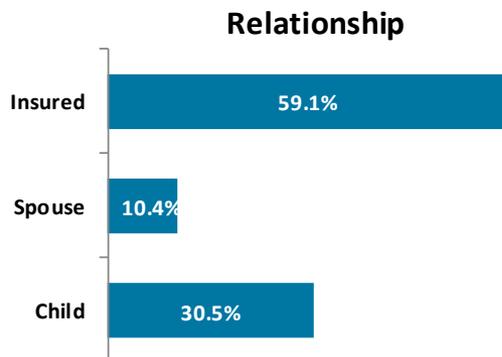
*Patient and claim counts are unique only within the category



AHRQ Category – Mental Illness

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Mood Disorders [657]	429	1,528	\$402,685	34.1%
Miscellaneous Mental Disorders [670]	60	136	\$194,004	16.4%
Alcohol-Related Disorders [660]	30	101	\$181,668	15.4%
Anxiety Disorders [651]	320	936	\$129,853	11.0%
Adjustment Disorders [650]	212	791	\$109,104	9.2%
Substance-Related Disorders [661]	50	101	\$47,057	4.0%
Disorders Usually Diagnosed In Infancy Childhood Or Adolescence [655]	28	233	\$34,537	2.9%
Attention Deficit Conduct And Disruptive Behavior Disorders [652]	115	228	\$30,803	2.6%
Schizophrenia And Other Psychotic Disorders [659]	14	71	\$22,171	1.9%
Suicide And Intentional Self-Inflicted Injury [662]	10	21	\$18,912	1.6%
Developmental Disorders [654]	27	151	\$9,653	0.8%
Impulse Control Disorders Not Elsewhere Classified [656]	1	6	\$1,018	0.1%
Screening And History Of Mental Health And Substance Abuse Codes [663]	8	10	\$589	0.0%
Delirium Dementia And Amnestic And Other Cognitive Disorders [653]	6	9	\$309	0.0%
	----	----	\$1,182,364	100.0%

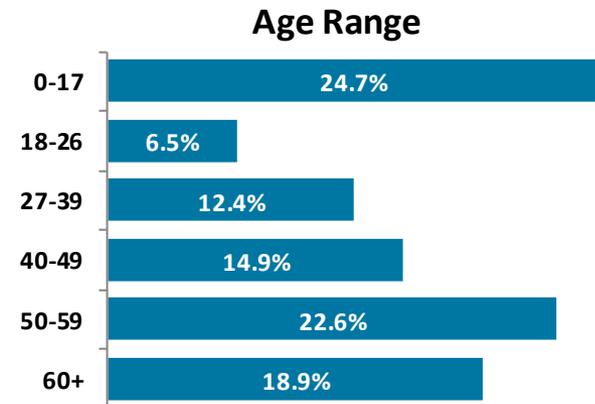
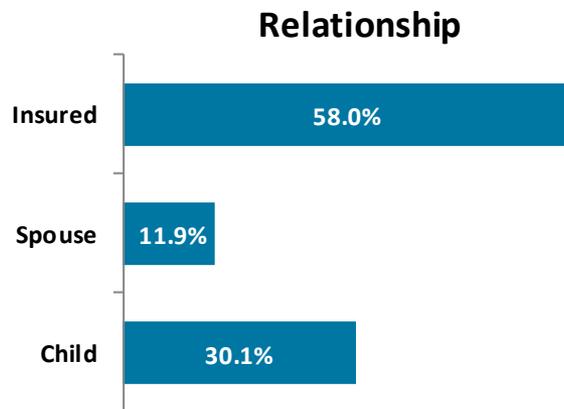
*Patient and claim counts are unique only within the category



AHRQ Category – Symptoms, Signs; and Ill-defined Conditions & Factors Inf Health

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Factors Influencing Health Care	2,632	4,628	\$748,530	69.7%
Symptoms; Signs; And Ill-Defined Conditions	704	1,250	\$325,860	30.3%
	---	---	\$1,074,390	100.0%

*Patient and claim counts are unique only within the category

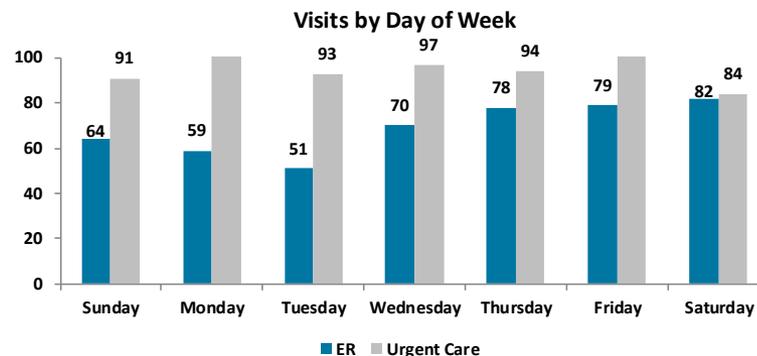
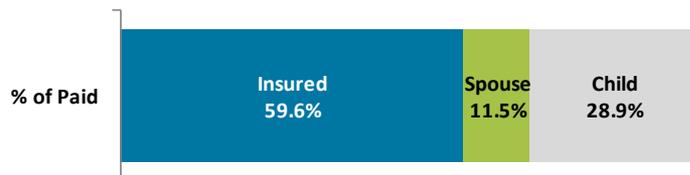


Emergency Room / Urgent Care Summary

ER/Urgent Care	PY19		1Q20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,454	2,449	483	693		
Number of Admits	192	----	68	----		
Visits Per Member	0.17	0.29	0.22	0.31	0.17	0.24
Visits/1000 Members	171	288	219	314	174	242
Avg Paid Per Visit	\$2,606	\$139	\$2,557	\$154	\$1,684	\$74
Admits per Visit	0.13	----	0.14	----	0.14	
% of Visits with HSB ER Dx	79.4%	----	78.9%	----		
% of Visits with a Physician OV*	67.9%	67.3%	81.7%	81.3%		
Total Plan Paid	\$3,788,451	\$341,606	\$1,234,911	\$106,952		

*looks back 12 months from ER visit

Annualized Annualized

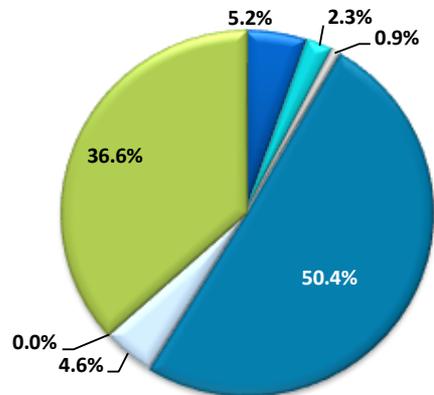


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	305	63	396	82	701	145
Spouse	69	72	66	69	135	141
Child	109	36	231	76	340	112
Total	483	55	693	78	1,176	133

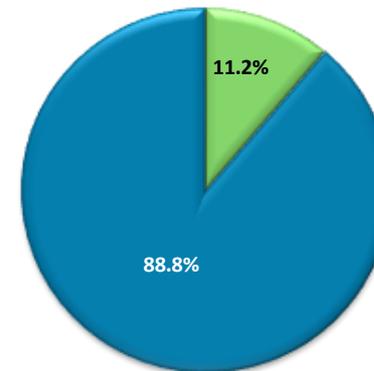
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$30,929,994	\$2,131	100.0%
COB	\$1,616,287	\$111	5.2%
Medicare	\$696,249	\$48	2.3%
Excess/Maximums	\$263,004	\$18	0.9%
PPO Discount	\$15,595,373	\$1,075	50.4%
Deductible	\$1,432,820	\$99	4.6%
Coinsurance	\$0	\$0	0.0%
Total Participant Paid	\$1,432,820	\$99	4.6%
Total Plan Paid	\$11,326,261	\$781	36.6%

Total Participant Paid - PY18	\$77
Total Plan Paid - PY18	\$729



■ COB
■ Excess/Maximums
■ Deductible
■ Medicare
■ PPO Discount
■ Coinsurance



■ Total Participant Paid
■ Total Plan Paid

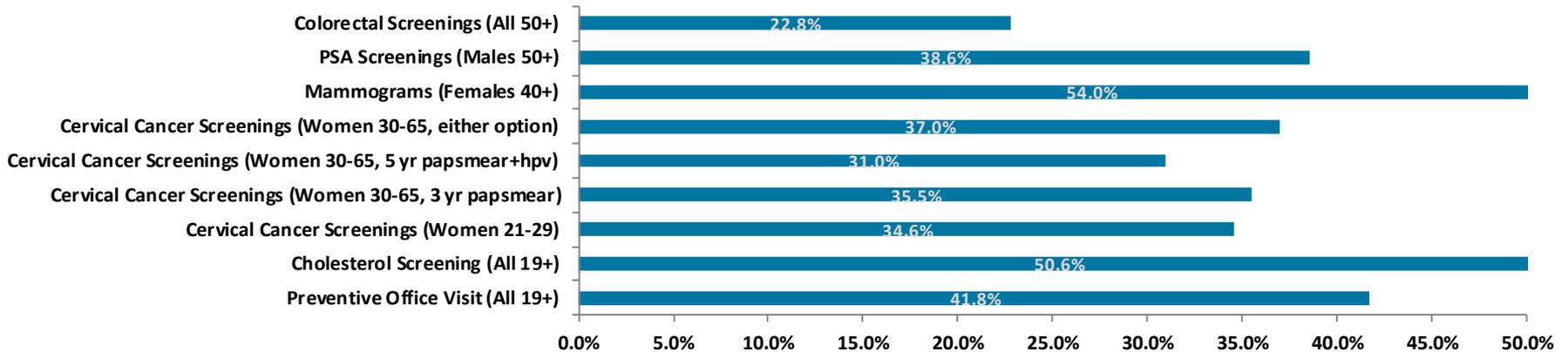
Preventive Services Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Colorectal screenings look back to July 2011.

Service	Female			Male			Total		
	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant	Eligible	Compliant	% Compliant
Preventive Office Visit (All 19+)	3,713	1,949	52.5%	2,742	746	27.2%	6,455	2,695	41.8%
Cholesterol Screening (All 19+)	3,713	1,946	52.4%	2,742	1,322	48.2%	6,455	3,267	50.6%
Cervical Cancer Screenings (Women 21-29)	457	158	34.6%	----	----	----	457	158	34.6%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	2,939	1,043	35.5%	----	----	----	2,939	1,043	35.5%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	2,939	911	31.0%	----	----	----	2,939	911	31.0%
Cervical Cancer Screenings (Women 30-65, either option)	2,939	1,087	37.0%	----	----	----	2,939	1,087	37.0%
Mammograms (Females 40+)	2,478	1,338	54.0%	----	----	----	2,478	1,338	54.0%
PSA Screenings (Males 50+)	----	----	----	1,353	522	38.6%	1,353	522	38.6%
Colorectal Screenings (All 50+)	1,773	434	24.5%	1,353	277	20.5%	3,126	712	22.8%

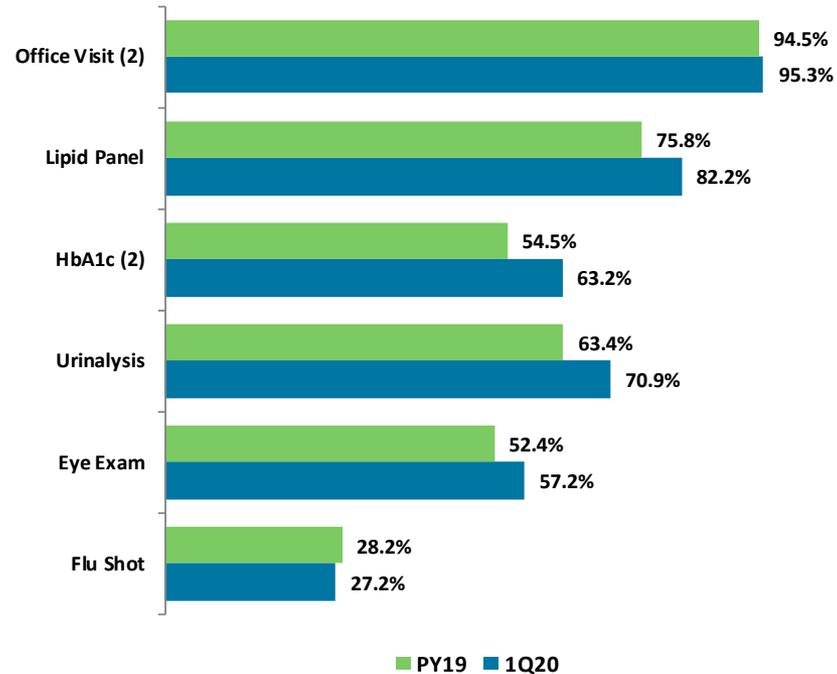
Overall Preventive Services Compliance Rates



Diabetic Disease Compliance

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Diabetic Population		
Year	PY19	1Q20
Members	525	533



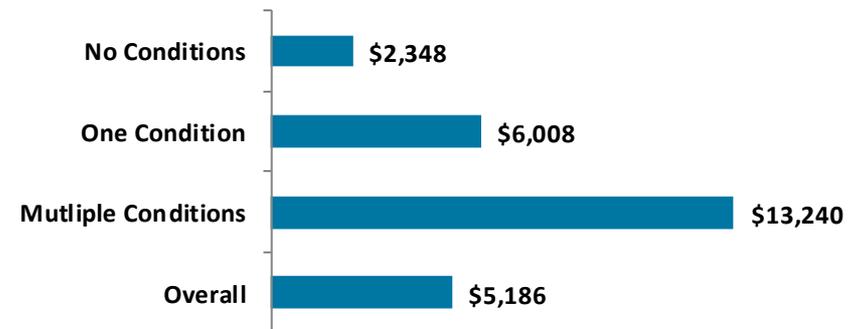
Chronic Conditions Summary

*Based on 15 mo. of utilization/12 mo. paid data on members with 9 mo. of service or greater;

Condition	Total Members	Avg Members	Per 1,000	Avg Age	Total Cost	Average Cost	Compliance Rate	Compliance Measure
Asthma	394	386	48	38	\$3,772,867	\$9,576	100.0%	1 Office Visit
Cancer	279	275	34	58	\$5,512,773	\$19,759	----	----
Chronic Kidney Disease	66	65	8	56	\$1,431,270	\$21,686	----	----
Chronic Obstructive Pulmonary Disease (COPD)	92	91	11	61	\$1,685,864	\$18,325	98.9%	1 Office Visit
Congestive Heart Failure (CHF)	29	29	4	54	\$2,265,444	\$78,119	13.8%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	133	129	16	61	\$2,308,983	\$17,361	21.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	563	549	68	41	\$6,030,790	\$10,712	97.9%	1 Office Visit
Diabetes	533	522	64	55	\$4,979,586	\$9,343	31.7%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	740	728	89	54	\$5,944,285	\$8,033	38.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	810	789	98	56	\$8,118,246	\$10,023	29.0%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	273	266	33	46	\$2,597,528	\$9,515	0.0%	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	4,706	30	41.1%	8.0%	50.9%
One Condition	2,139	45	68.8%	13.1%	18.2%
Multiple Conditions	1,441	54	80.7%	16.0%	3.3%
Overall	8,286	38	55.0%	10.7%	34.3%

Cost per Member Type



**Public Employees' Benefits Program - RX Costs
PY 2020 - Quarter Ending September 30, 2019**

Express Scripts

1Q FY2020 EPO		1Q FY2019 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	8,832	8,479	353	4.2%
Utilizing Member Count (Patients)	5,297	4,886	411	8.4%
Percent Utilizing (Utilization)	60.0%	57.6%	0	4.1%
Claim Summary				
Net Claims (Total Rx's)	42,787	39,431	3,356	8.5%
Claims per Elig Member per Month (Claims PMPM)	1.61	1.55	0.06	3.9%
Total Claims for Generic (Generic Rx)	37,154	34,180	2,974.00	8.7%
Total Claims for Brand (Brand Rx)	5,633	5,251	382.00	7.3%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	702	633	69.00	10.9%
Total Non-Specialty Claims	42,409	39,178	3,231.00	8.2%
Total Specialty Claims	378	253	125.00	49.4%
Generic % of Total Claims (GFR)	86.8%	86.7%	0.00	0.2%
Generic Effective Rate (GCR)	98.1%	98.2%	(0.00)	0.0%
Mail Order Claims	4,185	3,382	803.00	23.7%
Mail Penetration Rate*	10.8%	9.4%	0.01	1.4%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$4,865,324.00	\$3,529,594.00	\$1,335,730.00	37.8%
Total Generic Gross Cost	\$939,969.00	\$824,022.00	\$115,947.00	14.1%
Total Brand Gross Cost	\$3,925,355.00	\$2,705,573.00	\$1,219,782.00	45.1%
Total MSB Gross Cost	\$135,251.00	\$81,434.00	\$53,817.00	66.1%
Total Ingredient Cost	\$4,845,268.00	\$3,510,633.00	\$1,334,635.00	38.0%
Total Dispensing Fee	\$19,432.00	\$18,532.00	\$900.00	4.9%
Total Other (e.g. tax)	\$624.00	\$430.00	\$194.00	45.1%
Avg Total Cost per Claim (Gross Cost/Rx)	\$113.71	\$89.51	\$24.20	27.0%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$25.30	\$24.11	\$1.19	4.9%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$696.85	\$515.25	\$181.60	35.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$192.67	\$128.65	\$64.02	49.8%
Member Cost Summary				
Total Member Cost	\$824,831.00	\$722,055.00	\$102,776.00	14.2%
Total Copay	\$824,831.00	\$722,055.00	\$102,776.00	14.2%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$19.28	\$18.31	\$0.97	5.3%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$19.28	\$18.31	\$0.97	5.3%
Avg Copay for Generic (Copay/Generic Rx)	\$7.57	\$6.36	\$1.21	19.0%
Avg Copay for Brand (Copay/Brand Rx)	\$96.50	\$96.13	\$0.37	0.4%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$27.64	\$27.42	\$0.22	0.8%
Net PMPM (Participant Cost PMPM)	\$31.13	\$28.39	\$2.74	9.7%
Copay % of Total Prescription Cost (Member Cost Share %)	17.0%	20.5%	-3.5%	-17.1%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$4,040,493.00	\$2,807,539.00	\$1,232,954.00	43.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,144,606.00	\$1,879,864.00	\$264,742.00	14.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$1,895,887.00	\$928,675.00	\$967,212.00	104.1%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$94.43	\$71.20	\$23.23	32.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$17.73	\$17.75	(\$0.02)	-0.1%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$600.35	\$419.12	\$181.23	43.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$165.02	\$101.23	\$63.79	63.0%
Net PMPM (Plan Cost PMPM)	\$152.49	\$110.37	\$42.12	38.2%
PMPM for Specialty Only (Specialty PMPM)	\$80.94	\$73.90	\$7.04	9.5%
PMPM without Specialty (Non-Specialty PMPM)	\$71.55	\$36.47	\$35.08	96.2%
Rebates (Q1 FY2020 estimated)	\$916,199.00	\$707,497.00	\$208,702.00	29.5%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$117.92	\$82.56	\$35.36	42.8%
PMPM for Specialty Only (Specialty PMPM)	\$56.81	\$52.74	\$4.07	7.7%
PMPM without Specialty (Non-Specialty PMPM)	\$61.10	\$29.82	\$31.28	104.9%

Appendix C

Power Of Partnership.

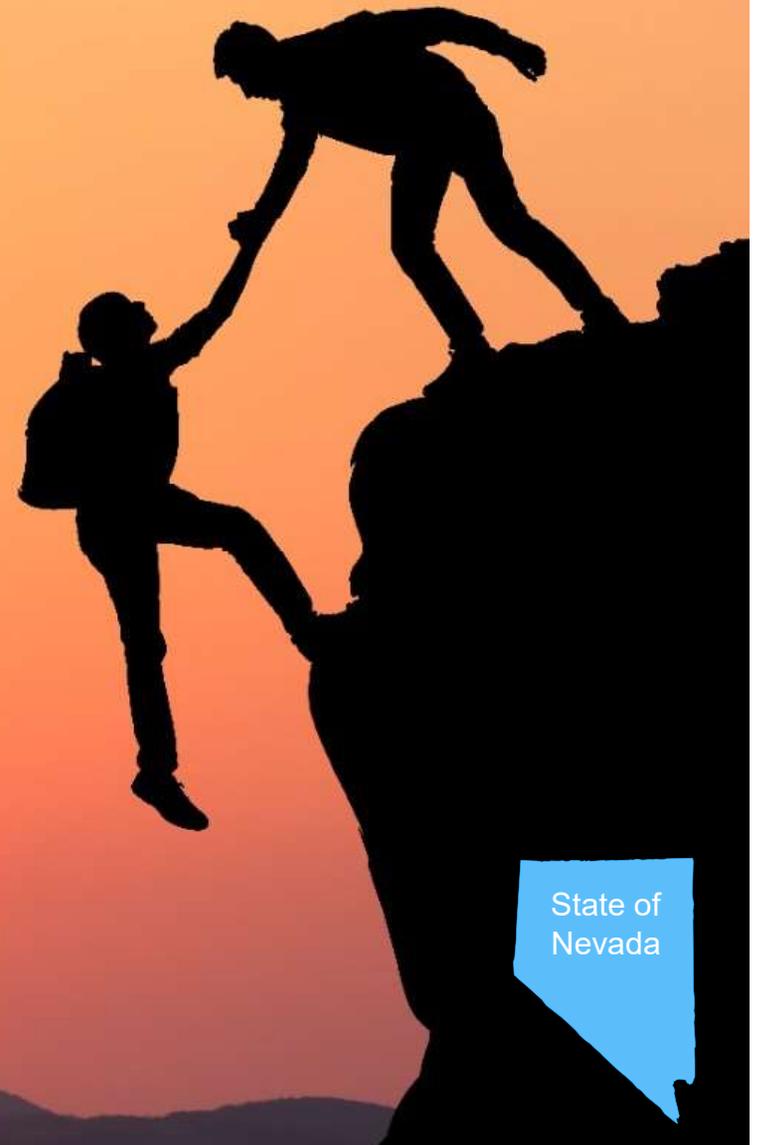
Quarterly Performance Review

Health Plan of Nevada, Inc. – Southern NV HMO

Reporting Period:

Current Period: July 1, 2019 – September 30, 2019, paid through October 31, 2019

Prior Period: July 1, 2018 – September 30, 2018



State of
Nevada

37 years experience caring for Nevadans and their families



**Member Centered
Solutions**



**Access to
Southwest
Medical/OptumCare**



**Cost Structure
& Network
Strength**



**Local Service
& Wellness
Resources**



**On-Site Hospital
Case Managers**

Our Care Delivery Assets in Nevada

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

Enhancements Made for Your Members

- ✓ Adding new and more ways for your members to receive the care they need when they need it
- ✓ Continued expansion of specialty network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits
- ✓ \$0 telemedicine visits for your members
- ✓ Pilot on continuous glucose monitoring for diabetics to improve outcomes and management of medication



Key Performance Indicators

Demographics & Cost Data

Data Definitions:

- **Prior Period** - July 1, 2018 through September 30, 2018
- **Current Period** - July 1, 2019 through September 30, 2019
 - Note: Claims may be understated for current period due to timing of report generation



Demographic Overview

Population Measure	Prior	Current	Δ	Peer	Δ
Employees	3,878	3,947	1.8%		
Average Age	49.5	49.0	-1.1%	44.3	10.5%
% Female	61.6%	61.9%	0.4%	51.8%	19.5%
Membership	6,697	6,842	2.2%		
Average Age	38.0	37.4	-1.6%	35.2	6.1%
% Female	57.0%	56.8%	-0.3%	51.9%	9.5%
% Female (20 -44)	18.2%	19.1%	4.8%	21.5%	-11.2%
% Children (<18)	21.6%	22.1%	2.3%	21.3%	3.9%
% Dependents (18-25)	11.3%	11.6%	2.8%	12.3%	-5.9%
Average Family Size	1.73	1.73	0.4%	1.79	-3.2%
Age Gender Factor	1.20	1.19	-1.5%	1.06	11.8%
HHS Population Risk Factor	1.64	1.66	1.6%	1.37	21.4%



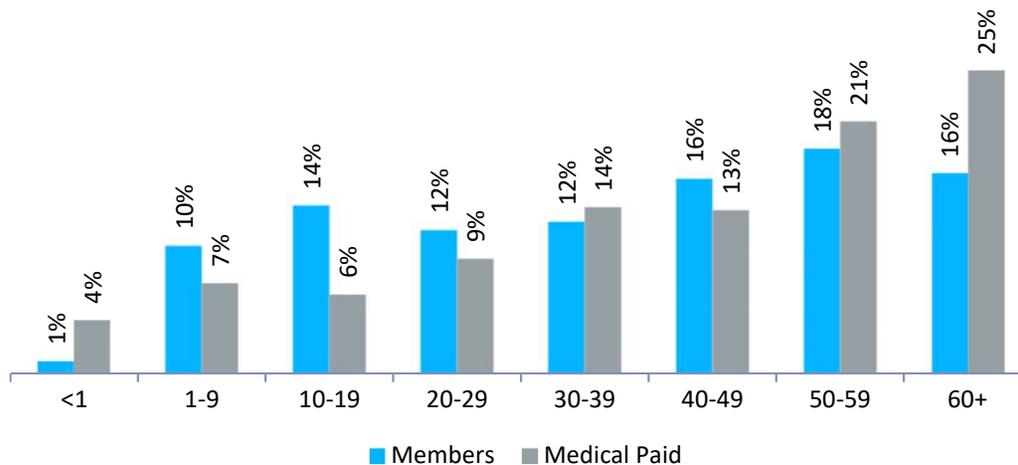
Population Insights

Membership increased **1.8%** to **6,842** covered under the medical plan for this period

Females are **56.8%** of membership driving **61.0%** of spend

Age 40+ are **50.6%** of members and drive **58.7%** of spend

HHS Risk Factor increased **1.6%** from prior period, but is still **21.4%** higher than Peer





Financial Highlights

	Prior	Current	Δ	Peer	Δ	
Financial	Net Paid PMPM	\$272.05	\$321.81	18.3%	▲ \$256.32	25.5%
	Non-Catastrophic	\$230.80	\$260.74	13.0%	\$205.06	27.2%
	Catastrophic	\$41.26	\$61.07	48.0%	▲ \$51.27	19.1%
	Plan Cost Share	70.5%	71.6%	1.5%	76.3%	-6.1%
	Pharmacy PMPM	\$113.61	\$127.59	12.3%	\$79.72	60.0%
Catastrophic	Catastrophic Cases	9	17	88.9%	▲	
	% of Members	0.13%	0.24%	85%	0.15%	60.8%
	Average Net Paid	\$92,847	\$74,657	-19.6%	\$99,469	-24.9%
	% of Dollars as High Cost	10.8%	13.8%	27.6%	15.6%	-11.6%

Changes Period over Period

- Medical PMPM Trend: **18.3%**
- Rx PMPM Trend: **12.3%**
- Combined PMPM Change: **16.5%**

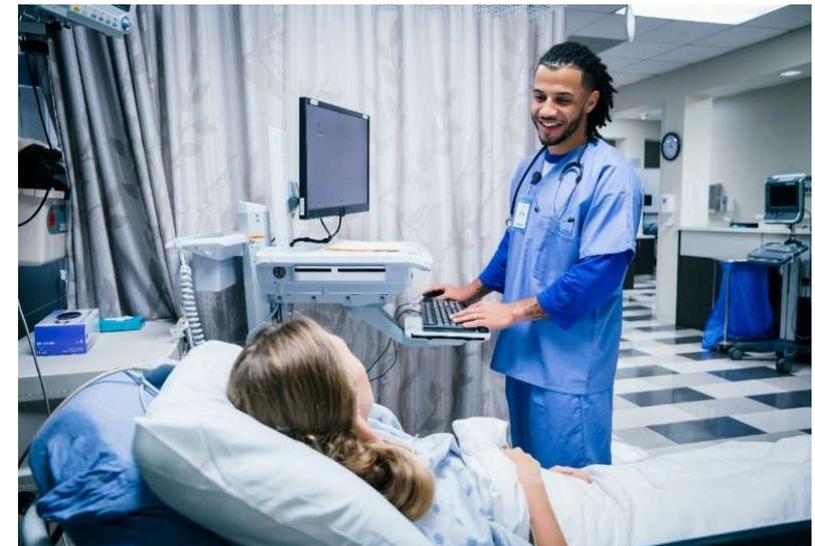


WORKING TO MAKE HEALTH CARE EASIER FOR EVERYONE



Emergency Room/Urgent Services

	Prior	Current	Δ	Peer	Δ
ER Visits	164	209	27.7%		
ER Net Paid / Visit	\$2,510	\$2,654	5.7%	\$2,460	7.9%
ER Visits per K	98	122	25.0%	69	78.1%
UC Visits	982	1,025	4.4%		
UC Net Paid / Visit	\$90	\$88	-2.6%	\$86	2.9%
UC Visits per K	587	599	2.2%	300	99.9%

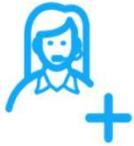


- ER Visits per 1000 utilization has increased in current period by **25.0%**
- Average Net paid per Visit for ER increased **5.7%**
 - More emergent cases
- Urgent Care utilization increased **2.2%** from prior period.

Top 10 ER Diagnosis by Spend	ER Visits
Abdominal Pain	13
Urinary Tract Infections	11
Headache; Including Migraine	8
Injuries And Conditions Due To External Causes	12
Cardiac Dysrhythmias	5
Superficial Injury; Contusion	7
Malaise And Fatigue	3
Sprains And Strains	9
Diverticulosis And Diverticulitis	4
Nonspecific Chest Pain	9



On-Demand Care Services



ADVICE NURSE for care guidance, treatment alternatives and options



VIRTUAL VISITS through NowClinic to see a provider from any location

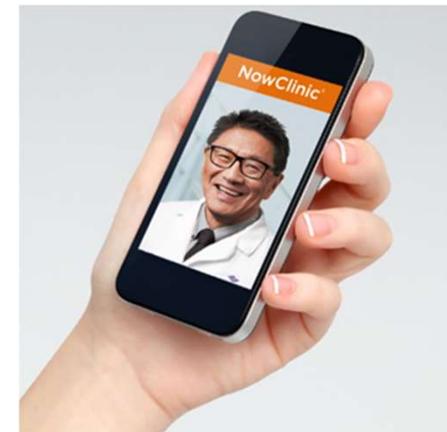
Advice Nurse Utilization

Prior	Current
150	137

NowClinic Visits

Prior	Current
58	83

Top Outcomes of Advice Nurse Call	Prior	Current
Sent to Urgent Care	52	42
Scheduled Appointment with Provider	29	30
Provided Self-Care Options	14	21
Sent to Emergency Room	16	12
Information or Advice Only	11	14
Other	26	11





High Cost Claimant (HCC) Data

Overview of High Cost Claimants

HCC Summary	Prior	Current	Δ	Peer	Δ
High Cost Members (>= \$50,000)	9	17	88.9%		
HCC's per 1,000	1.29	2.39	84.7%	1.48	60.8%
% of Members as High Cost	0.13%	0.24%	84.7%	0.15%	60.8%
% of Dollars as High Cost	10.8%	13.8%	27.6%	15.6%	-11.6%
HHS Risk Score	18.64	30.10	61.4%	38.15	-21.1%
High Cost Claimant Average Cost	\$92,847	\$74,657	-19.6%	\$99,469	-24.9%
High Cost Claimant Average Med Cost	\$92,103	\$73,742	-19.9%	\$97,467	-24.3%
High Cost Claimant Average Rx Cost	\$744	\$915	23.1%	\$2,002	-54.3%

- HCC Defined as **\$50,000+** in spend during measurement period
- High cost claimant paid dollars increased **27.6%** from prior period
- Less complex cases caused a decrease in the average cost per claim by **19.6%**
- Complications pregnancy accounted for **21.0% of Total High Cost Medical Spend**

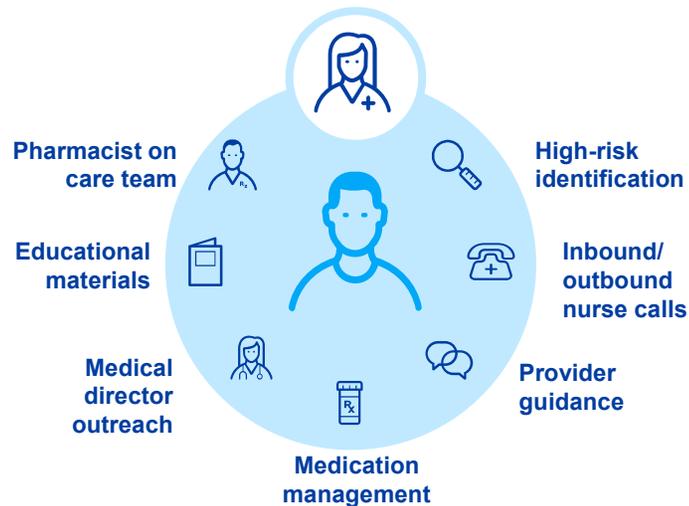




High Cost Claimant (HCC) Details

Largest 10 Cases by Paid in Current Period

Case	AHRQ Category Description	Relationship	Paid	Eligible
1	Hypertension with complications and secondary hypertension	Spouse	\$139,822	No
2	Coagulation and hemorrhagic disorders	Subscriber	\$109,629	Yes
3	Normal pregnancy and/or delivery	Dependent	\$103,727	Yes
4	Normal pregnancy and/or delivery	Dependent	\$96,796	Yes
5	Malposition; malpresentation	Subscriber	\$87,921	No
6	Cardiac and circulatory congenital anomalies	Dependent	\$87,757	Yes
7	Sickle cell anemia	Spouse	\$83,031	Yes
8	Complication of device; implant or graft	Subscriber	\$72,550	Yes
9	Diabetes mellitus without complication	Subscriber	\$69,037	Yes
10	Osteoarthritis	Subscriber	\$68,942	Yes



- Care management team engagement
- 8 of the 10 high cost claimants are currently eligible
- Medical management works to ensure services are medically necessary and received at the appropriate level



Pharmacy Data

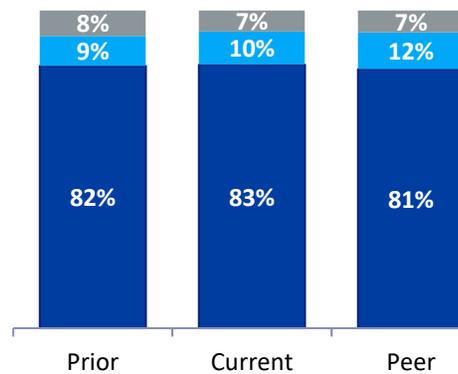
Measures	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,697	6,842	2.2%		
Average Prescriptions PMPQ	17.1	17.4	1.4%	10.9	58.8%
Formulary Rate	92.9%	92.8%	-0.2%	91.5%	1.4%
Generic Use Rate	87.2%	87.0%	-0.3%	86.5%	0.5%
Generic Substitution Rate	97.6%	97.3%	-0.3%	96.5%	0.8%
Employee Cost Share PMPM	\$16.42	\$19.20	16.9%	\$12.14	58.1%
Avg Net Paid per Prescription	\$79.50	\$88.07	10.8%	\$87.38	0.8%
Net Paid PMPM	\$113.61	\$127.59	12.3%	\$79.72	60.0%



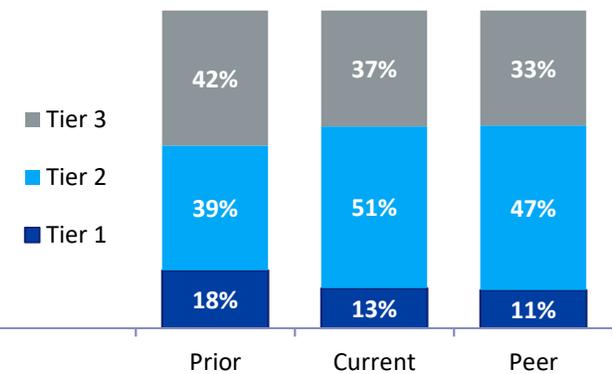
Pharmacy PMPM Change is 12.3%

- Average net paid per script increased **10.8%**
- **82.0%** of prescriptions were in Tier 1 and drove only **18.0%** of spend
- Tier 3 spend decreased **14.0%** from prior period
- Targretin (Chemo Rx) spend increased >100% on a PMPM, no prior spend.

Prescriptions by Tier



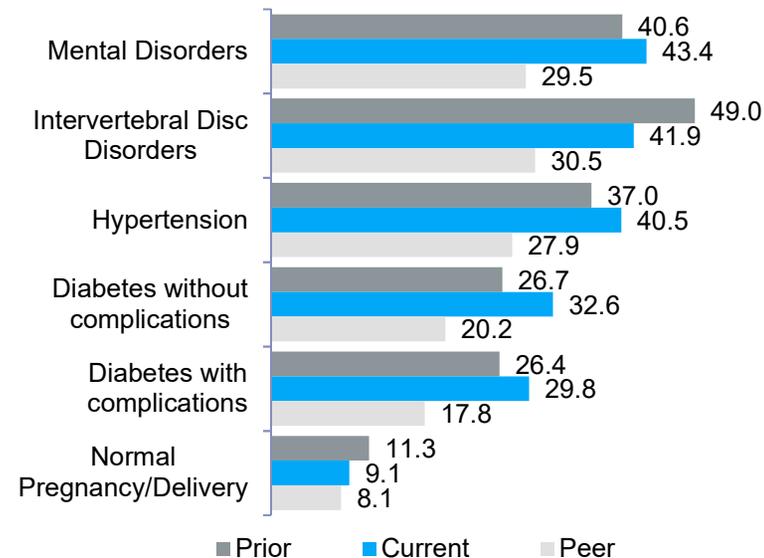
Net Paid by Tier



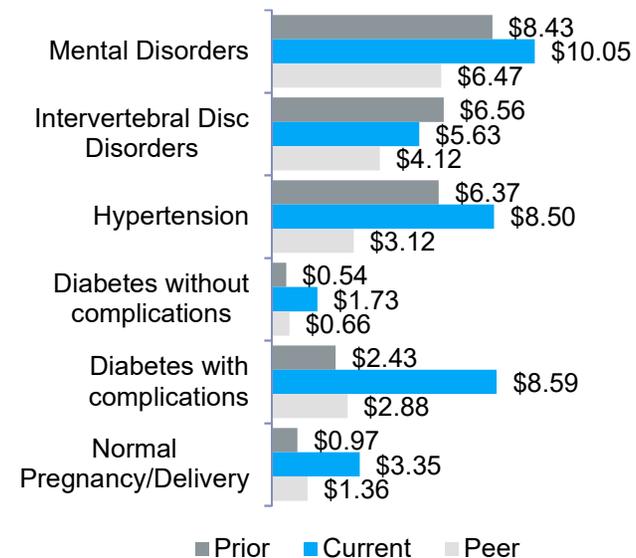


Common Diagnosis Categories

Top Common Conditions by Prevalence



Top Conditions by PMPM



- Mental Disorders, Intervertebral Disc Disorders, and Hypertension are the most prevalent clinical conditions within the population.
- Prevalence of Mental Disorders and Hypertension have both increased from prior period
- Net paid for Mental Disorders increased 19.3% from prior period
 - Top HCC for Mental Disorders \$386k
- Spend in both Diabetes with and without Complications increased year over year
- Chronic illnesses are driving the top common conditions