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AGENDA ITEM

Action Item

Information Only

Date: March 31, 2020

Item Number: IV.IV.II

Title: Self-Funded CDHP and EPO Plan Utilization Report for the period ending December 31, 2019

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the Plan Year ending December 31, 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 Q2 of Plan Year 2020 compared to Q2 of Plan Year 2019 is summarized below.

- Population:
 - 0.7% increase for primary participants
 - 0.3% increase for primary participants plus dependents (members)
- Medical Cost:
 - 18.6% increase for primary participants
 - 19.1% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 86 High Cost Claimants accounting for 27.1% of the total plan paid for Q2 in Plan Year 2020
 - 14.2% increase in High Cost Claimants per 1,000 members
 - 18.8% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Neoplasms (\$4.7 million) – 25.2% of paid claims
 - Injury and Poisoning (\$4.4 million) – 23.8% of paid claims
 - Diseases of the Circulatory System (\$2.8 million) – 15.3% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 12.6%
 - Average paid per ER visit increased 12.2%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 26.8%
 - Average paid per Urgent Care visit increased 24.1%
- Network Utilization:
 - 95.9% of claims are from In-Network providers
 - Q2 of Plan Year 2020 In-Network utilization increased 0.3% over PY 2019
 - Q2 of Plan Year 2020 In-Network discounts decreased 0.4% over PY 2019
- Preventive Services:
 - Overall Preventive Services Compliance Rates increased from Plan Year 2019 in all categories.
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims increased 7.3%
 - Total Gross Claims Costs increased 5.7% (\$1.3 million)
 - Average Total Cost per Claim decreased 1.6%
 - From \$91.54 to \$90.12
 - *Member:
 - Total Member Cost increased 28.2%
 - Average Participant Share per Claim increased 19.4%
 - Net Member PMPM increased 27.7%
 - From \$23.12 to \$29.52

- Plan
 - Total Plan Cost decreased 2.4%
 - Average Plan Share per Claim decreased 9.1%
 - Net Plan PMPM decreased 2.8%
 - From \$64.25 to \$62.44
 - Net Plan PMPM factoring rebates decreased 9.5%
 - From \$49.44 to \$44.75

*The primary reason for the increase in cost share has to do with the increase in Out-of-Pocket Protection dollars.

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q2 of Plan Year 2020 compared to the complete Plan Year 2019 is summarized below.

- Population:
 - 3.7% increase for primary participants
 - 4.1% increase for primary participants plus dependents (members)
- Medical Cost:
 - 15.0% increase for primary participants
 - 14.5% increase for primary participants plus dependents (members)
- High Cost Claims:
 - There were 15 High Cost Claimants accounting for 11.3% of the total plan paid for Q2 in Plan Year 2020
 - 63.0% decrease in High Cost Claimants per 1,000 members (compared to PY19)
 - 33.3% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Certain Conditions Originating in The Perinatal Period (\$0.44 million) – 16% of paid claims
 - Diseases of the Musculoskeletal System and Connective Tissue (\$0.43 million) – 15.7% of paid claims
 - Endocrine; Nutritional; and Metabolic Diseases and Immunity Disorders (\$0.35 million) – 12.6% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 31.6%
 - Average paid per ER visit increased by 0.5%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 23.3%
 - Average paid per Urgent Care visit increased 14.3%
- Network Utilization:
 - 97.4% of claims are from In-Network providers
 - In-Network utilization decreased 0.9%
 - 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 7.3%
 - Total Gross Claims Costs increased 26.9% (\$2.1 million)
 - Average Total Cost per Claim increased 18.3%
 - From \$94.19 to \$111.41
 - Member:
 - Total Member Cost increased 9.2%
 - Average Participant Share per Claim increased 1.8%
 - Net Member PMPM increased 4.9%
 - From \$27.30 to \$28.64
 - Plan
 - Total Plan Cost increased 30.8%
 - Average Plan Share per Claim increased 22.0%
 - Net Plan PMPM increased 25.7%
 - From \$122.90 to \$154.46
 - Net Plan PMPM factoring rebates increased 25.5%
 - From \$93.15 to \$116.94

DENTAL PLAN

The Dental Plan experience for Q2 of Plan Year 2020 is summarized below.

- Dental Cost:
 - Total of \$13,349,718 paid for Dental claims
 - Preventative claims account for 41.1% (\$5.5 million)
 - Basic claims account for 29.5% (\$3.9 million)
 - Major claims account for 22.5% (\$3.0 million)
 - Periodontal claims account for 6.9% (\$0.9 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of December 31, 2019.

HRA Account Balances as of December 31, 2019			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	805	0	0
\$.01 - \$500.00	1,733	390,342	225
\$500.01 - \$1,000	1,915	1,390,638	726
\$1,000.01 - \$1,500	2,011	2,423,568	1,205
\$1,500.01 - \$2,000	932	1,613,395	1,731
\$2,000.01 - \$2,500	572	1,287,549	2,251
\$2,500.01 - \$3,000	327	896,707	2,742
\$3,000.01 - \$3,500	202	654,929	3,242
\$3,500.01 - \$4,000	226	841,503	3,723
\$4,000.01 - \$4,500	175	737,476	4,214
\$4,500.01 - \$5,000	114	539,761	4,735
\$5,000.01 +	919	7,144,332	223,089
Total	9,931	\$ 17,920,199.80	\$ 1,804.47

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for the second quarter of Plan Year 2020. The CDHP total plan paid costs increased 19.6% over the second quarter of Plan Year 2019. The EPO total plan paid costs through the second quarter of Plan Year 2020 are 56% of the total plan paid costs for 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 – December 2019

Reimagine | Rediscover **Benefits**



Overview

***Please note the majority of this report compares 2Q20 to the 2nd quarter of PY19; it will be full plan year, where noted.**

- Total Medical Spend for 2Q20 was \$68,852,282 of which 72.1% was spent in the State Active population. When compared to 2Q19, 2Q20 reflected an increase of 19.6% in plan spend, with State Actives having an increase of 16.3%.
 - When compared to 2Q18, 2Q20 reflected an increase of 18.8% in plan spend, with State Actives having an increase of 18.8%.
- On a PEPY basis, 2Q20 reflected an increase of 18.7% when compared to 2Q19. The largest group, State Actives, increased 14.7%.
 - When compared to 2Q18, 2Q20 reflected a increase in PEPY of 15.9%, with State Actives increasing by 14.3%.
- 92.3% of the Average Membership had paid Medical claims less than \$2,500, with 27.8% of those having no claims paid at all during the reporting period.
- There were 86 High Cost Claimants (HCC's) over \$100K, that account for 27.1% of the total spend. HCC's accounted for 23.8% of total spend during 2Q19, with 75 members hitting the \$100K threshold. The largest claimant had a primary diagnosis in the Injury and Poisoning Grouper, with plan spend of \$2,927,022.
- IP Paid per Admit was \$19,991 which is an increase of 8.9% over 2Q19 Paid per Admit of \$18,364.
- ER Paid per Visit is \$2,047, which is an increase of 12.2% from 2Q19 ER Paid per Visit of \$1,825.
- 95.9% of all Medical spend dollars were to In Network providers. The average In Network discount was 65.0%, which is slightly lower than PY19 discount of 65.4%.

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

Paid Claims by Age Group									
2Q19									
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	
<1	\$ 2,759,369	\$1,381	\$ 7,179	\$4	\$ 2,495	\$1	\$ 2,769,043	\$1,386	
1	\$ 320,198	\$137	\$ 15,180	\$7	\$ 21,565	\$7	\$ 356,943	\$151	
2 - 4	\$ 567,224	\$71	\$ 30,551	\$4	\$ 195,738	\$18	\$ 793,513	\$93	
5 - 9	\$ 670,517	\$43	\$ 155,395	\$10	\$ 598,655	\$29	\$ 1,424,567	\$82	
10 - 14	\$ 1,457,624	\$87	\$ 147,715	\$9	\$ 601,347	\$26	\$ 2,206,685	\$121	
15 - 19	\$ 1,555,779	\$86	\$ 369,756	\$20	\$ 739,514	\$30	\$ 2,665,048	\$136	
20 - 24	\$ 3,477,681	\$170	\$ 369,754	\$18	\$ 492,227	\$18	\$ 4,339,662	\$206	
25 - 29	\$ 2,143,593	\$129	\$ 422,863	\$25	\$ 490,068	\$24	\$ 3,056,523	\$178	
30 - 34	\$ 2,817,629	\$161	\$ 546,553	\$31	\$ 591,013	\$26	\$ 3,955,195	\$219	
35 - 39	\$ 2,782,539	\$141	\$ 738,196	\$37	\$ 691,540	\$27	\$ 4,212,276	\$206	
40 - 44	\$ 2,625,352	\$148	\$ 1,089,738	\$62	\$ 708,162	\$30	\$ 4,423,252	\$240	
45 - 49	\$ 3,898,525	\$199	\$ 1,533,761	\$78	\$ 807,758	\$30	\$ 6,240,044	\$306	
50 - 54	\$ 6,653,340	\$327	\$ 1,845,329	\$91	\$ 937,333	\$33	\$ 9,436,002	\$451	
55 - 59	\$ 7,290,939	\$324	\$ 3,153,162	\$140	\$ 1,143,936	\$36	\$ 11,588,036	\$500	
60 - 64	\$ 12,306,369	\$479	\$ 4,311,394	\$168	\$ 1,426,908	\$39	\$ 18,044,671	\$685	
65+	\$ 6,250,280	\$471	\$ 2,902,235	\$218	\$ 3,106,803	\$40	\$ 12,259,318	\$729	
Total	\$ 57,576,958	\$ 225	\$ 17,638,758	\$ 69	\$ 12,555,063	\$ 31	\$ 87,770,779	\$ 325	

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

Paid Claims by Age Group										
Age Range	2Q20								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 3,125,930	\$ 1,476	\$ 4,958	\$ 2	\$ 9,126	\$ 3	\$ 3,140,014	\$ 1,481	13.4%	6.9%
1	\$ 405,172	\$ 171	\$ 8,214	\$ 3	\$ 25,737	\$ 8	\$ 439,123	\$ 183	23.0%	20.9%
2 - 4	\$ 627,536	\$ 78	\$ 138,668	\$ 17	\$ 205,909	\$ 19	\$ 972,113	\$ 115	22.5%	23.2%
5 - 9	\$ 854,517	\$ 56	\$ 71,289	\$ 5	\$ 661,689	\$ 31	\$ 1,587,495	\$ 92	11.4%	12.4%
10 - 14	\$ 1,812,800	\$ 106	\$ 223,825	\$ 13	\$ 641,514	\$ 27	\$ 2,678,139	\$ 146	21.4%	20.4%
15 - 19	\$ 1,834,410	\$ 101	\$ 391,533	\$ 22	\$ 776,827	\$ 31	\$ 3,002,771	\$ 154	12.7%	13.1%
20 - 24	\$ 2,927,770	\$ 143	\$ 423,423	\$ 21	\$ 524,971	\$ 19	\$ 3,876,164	\$ 183	-10.7%	-11.1%
25 - 29	\$ 2,583,979	\$ 154	\$ 462,009	\$ 28	\$ 528,795	\$ 25	\$ 3,574,783	\$ 207	17.0%	16.4%
30 - 34	\$ 3,924,676	\$ 220	\$ 827,755	\$ 46	\$ 612,847	\$ 26	\$ 5,365,279	\$ 292	35.7%	33.5%
35 - 39	\$ 3,370,512	\$ 170	\$ 1,301,560	\$ 66	\$ 742,642	\$ 29	\$ 5,414,714	\$ 264	28.5%	28.1%
40 - 44	\$ 3,236,736	\$ 180	\$ 875,944	\$ 49	\$ 725,414	\$ 30	\$ 4,838,095	\$ 258	9.4%	7.5%
45 - 49	\$ 5,042,049	\$ 259	\$ 1,605,357	\$ 82	\$ 886,480	\$ 32	\$ 7,533,887	\$ 373	20.7%	22.0%
50 - 54	\$ 6,211,742	\$ 306	\$ 1,934,321	\$ 95	\$ 972,069	\$ 34	\$ 9,118,132	\$ 435	-3.4%	-3.6%
55 - 59	\$ 8,096,492	\$ 361	\$ 2,821,175	\$ 126	\$ 1,178,205	\$ 37	\$ 12,095,872	\$ 524	4.4%	4.9%
60 - 64	\$ 16,905,310	\$ 669	\$ 3,469,129	\$ 137	\$ 1,435,524	\$ 40	\$ 21,809,963	\$ 847	20.9%	23.6%
65+	\$ 7,892,651	\$ 575	\$ 2,050,922	\$ 149	\$ 3,421,967	\$ 43	\$ 13,365,540	\$ 768	9.0%	5.3%
Total	\$ 68,852,282	\$ 268	\$ 16,610,084	\$ 65	\$ 13,349,718	\$ 32	\$ 98,812,083	\$ 365	12.6%	12.2%

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

Summary	Total				State Active				Non-State Active			
	2Q18	2Q19	2Q20	Variance to Prior Year	2Q18	2Q19	2Q20	Variance to Prior Year	2Q18	2Q19	2Q20	Variance to Prior Year
Enrollment												
Avg # Employees	23,087	23,482	23,652	0.7%	19,009	19,494	19,761	1.4%	4	4	4	0.0%
Avg # Members	41,936	42,703	42,850	0.3%	36,259	37,031	37,257	0.6%	7	7	7	0.0%
Ratio	1.8	1.8	1.8	-0.5%	1.9	1.9	1.9	-0.5%	1.7	1.8	1.8	0.0%
Financial Summary												
Gross Cost	\$79,977,800	\$79,638,308	\$94,029,865	18.1%	\$59,194,922	\$60,229,544	\$69,915,428	16.1%	\$26,159	\$10,236	\$32,755	220.0%
Client Paid	\$57,966,202	\$57,576,958	\$68,852,282	19.6%	\$41,800,895	\$42,715,160	\$49,660,887	16.3%	\$19,382	\$7,062	\$23,556	233.6%
Employee Paid	\$22,011,598	\$22,061,195	\$25,177,583	14.1%	\$17,394,027	\$17,514,229	\$20,254,541	15.6%	\$6,778	\$3,174	\$9,198	189.8%
Client Paid-PEPY	\$5,022	\$4,904	\$5,822	18.7%	\$4,398	\$4,382	\$5,026	14.7%	\$9,303	\$3,531	\$11,778	233.6%
Client Paid-PMPY	\$2,765	\$2,697	\$3,214	19.2%	\$2,306	\$2,307	\$2,666	15.6%	\$5,409	\$2,018	\$6,730	233.5%
Client Paid-PEPM	\$418	\$409	\$485	18.6%	\$367	\$365	\$419	14.8%	\$775	\$294	\$982	234.0%
Client Paid-PMPM	\$230	\$225	\$268	19.1%	\$192	\$192	\$222	15.6%	\$451	\$168	\$561	233.9%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	62	75	86	14.7%	39	52	59	13.5%	0	0	0	0.0%
HCC's / 1,000	1.5	1.8	2.0	14.2%	1.1	1.4	1.6	12.9%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$214,667	\$182,390	\$216,669	18.8%	\$231,450	\$183,935	\$175,311	-4.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	23.0%	23.8%	27.1%	13.9%	21.6%	22.4%	20.8%	-7.1%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$867	\$878	\$1,133	29.0%	\$678	\$740	\$846	14.3%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$899	\$827	\$981	18.6%	\$743	\$683	\$819	19.9%	\$1,908	\$333	\$2,975	793.4%
Physician	\$909	\$928	\$1,023	10.2%	\$817	\$836	\$938	12.2%	\$3,346	\$1,563	\$3,470	122.0%
Other	\$89	\$64	\$76	18.8%	\$68	\$48	\$63	31.3%	\$155	\$121	\$285	0.0%
Total	\$2,765	\$2,697	\$3,214	19.2%	\$2,306	\$2,307	\$2,666	15.6%	\$5,409	\$2,018	\$6,730	233.5%
	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
	2Q18	2Q19	2Q20	Variance to Prior Year	2Q18	2Q19	2Q20	Variance to Prior Year	
Enrollment									
Avg # Employees	3,169	3,222	3,245	0.7%	904	762	642	-15.8%	
Avg # Members	4,676	4,800	4,848	1.0%	994	865	739	-14.6%	
Ratio	1.5	1.5	1.5	0.0%	1.1	1.1	1.2	1.8%	1.8
Financial Summary									
Gross Cost	\$15,688,206	\$14,750,103	\$20,854,519	41.4%	\$5,068,513	\$4,648,425	\$3,227,164	-30.6%	
Client Paid	\$12,002,656	\$10,981,049	\$16,734,691	52.4%	\$4,143,270	\$3,873,687	\$2,433,148	-37.2%	
Employee Paid	\$3,685,551	\$3,769,054	\$4,119,828	9.3%	\$925,243	\$774,738	\$794,016	2.5%	
Client Paid-PEPY	\$7,574	\$6,816	\$10,313	51.3%	\$9,165	\$10,167	\$7,582	-25.4%	\$6,209
Client Paid-PMPY	\$5,134	\$4,575	\$6,904	50.9%	\$8,338	\$8,960	\$6,588	-26.5%	\$3,437
Client Paid-PEPM	\$631	\$568	\$859	51.2%	\$764	\$847	\$632	-25.4%	\$517
Client Paid-PMPM	\$428	\$381	\$575	50.9%	\$695	\$747	\$549	-26.5%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	16	18	27	50.0%	8	8	4	-50.0%	
HCC's / 1,000	3.4	3.8	5.6	48.5%	8.1	9.3	5.4	-41.4%	
Avg HCC Paid	\$199,999	\$129,001	\$287,451	122.8%	\$135,355	\$224,076	\$132,243	-41.0%	
HCC's % of Plan Paid	26.7%	21.1%	46.4%	119.9%	26.1%	46.3%	21.7%	-53.1%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,723	\$1,262	\$3,063	142.7%	\$3,724	\$4,647	\$2,962	-36.3%	\$1,057
Facility Outpatient	\$1,770	\$1,641	\$2,062	25.7%	\$2,480	\$2,467	\$2,058	-16.6%	\$1,145
Physician	\$1,389	\$1,514	\$1,597	5.5%	\$2,011	\$1,621	\$1,480	-8.7%	\$1,122
Other	\$252	\$159	\$182	14.5%	\$123	\$225	\$88	-60.9%	\$113
Total	\$5,134	\$4,575	\$6,904	50.9%	\$8,338	\$8,960	\$6,588	-26.5%	\$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	2Q20	Variance to Prior Year	PY18	PY19	2Q20	Variance to Prior Year	PY18	PY19	2Q20	Variance to Prior Year
Enrollment												
Avg # Employees	23,155	23,569	23,652	0.4%	19,100	19,612	19,761	0.8%	4	4	4	0.0%
Avg # Members	42,071	42,776	42,850	0.2%	36,389	37,138	37,257	0.3%	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	\$94,029,865		\$123,145,285	\$129,947,874	\$69,915,428		\$42,221	\$105,325	\$32,755	
Client Paid	\$125,066,281	\$133,179,670	\$68,852,282		\$91,783,613	\$97,851,639	\$49,660,887		\$32,607	\$96,469	\$23,556	
Employee Paid	\$39,145,341	\$39,813,543	\$25,177,583		\$31,361,671	\$32,096,235	\$20,254,541		\$9,615	\$8,857	\$9,198	
Client Paid-PEPY	\$5,401	\$5,651	\$5,822	3.0%	\$4,805	\$4,989	\$5,026	0.7%	\$7,985	\$24,117	\$11,778	-51.2%
Client Paid-PMPY	\$2,973	\$3,113	\$3,214	3.2%	\$2,522	\$2,635	\$2,666	1.2%	\$4,603	\$13,781	\$6,730	-51.2%
Client Paid-PEPM	\$450	\$471	\$485	3.0%	\$400	\$416	\$419	0.7%	\$665	\$2,010	\$982	-51.1%
Client Paid-PMPM	\$248	\$259	\$268	3.5%	\$210	\$220	\$222	0.9%	\$384	\$1,148	\$561	-51.1%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	164	198	86		108	124	59		0	0	0	
HCC's / 1,000	3.9	4.6	2.0		3.0	3.3	1.6		0.0	0.0	0.0	
Avg HCC Paid	\$211,524	\$219,374	\$216,669	-1.2%	\$212,840	\$218,720	\$175,311	-19.8%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	27.7%	32.6%	27.1%	-16.9%	25.0%	27.7%	20.8%	-24.9%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$900	\$1,071	\$1,133	5.8%	\$719	\$847	\$846	-0.1%	\$0	\$3,087	\$0	0.0%
Facility Outpatient	\$974	\$925	\$981	6.1%	\$814	\$782	\$819	4.7%	\$1,064	\$6,561	\$2,975	-54.7%
Physician	\$1,016	\$1,045	\$1,023	-2.1%	\$924	\$948	\$938	-1.1%	\$3,394	\$4,006	\$3,470	-13.4%
Other	\$82	\$72	\$76	5.6%	\$64	\$58	\$63	8.6%	\$146	\$129	\$285	0.0%
Total	\$2,973	\$3,113	\$3,214	3.2%	\$2,522	\$2,635	\$2,666	1.2%	\$4,603	\$13,781	\$6,730	-51.2%

Annualized

Annualized

Annualized

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

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY18	PY19	2Q20	Variance to Prior Year	PY18	PY19	2Q20	Variance to Prior Year	
Enrollment									
Avg # Employees	3,165	3,224	3,245	0.7%	868	729	642	-12.0%	
Avg # Members	4,681	4,799	4,848	1.0%	958	832	739	-11.2%	
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	\$20,854,519		\$9,484,154	\$8,764,794	\$3,227,164		
Client Paid	\$25,259,022	\$27,761,940	\$16,734,691		\$7,991,039	\$7,469,622	\$2,433,148		
Employee Paid	\$6,280,940	\$6,413,280	\$4,119,828		\$1,493,115	\$1,295,172	\$794,016		
Client Paid-PEPY	\$7,981	\$8,612	\$10,313	19.8%	\$9,204	\$10,246	\$7,582	-26.0%	\$6,209
Client Paid-PMPY	\$5,397	\$5,785	\$6,904	19.3%	\$8,338	\$8,983	\$6,588	-26.7%	\$3,437
Client Paid-PEPM	\$665	\$718	\$859	19.6%	\$767	\$854	\$632	-26.0%	\$517
Client Paid-PMPM	\$450	\$482	\$575	19.3%	\$695	\$749	\$549	-26.7%	\$286
High Cost Claimants (HCC's) > \$100k									
# of HCC's	50	58	27		18	16	4		
HCC's / 1,000	10.7	12.1	5.6		18.8	19.2	5.4		
Avg HCC Paid	\$169,470	\$220,380	\$287,451	30.4%	\$179,428	\$220,793	\$132,243	-40.1%	
HCC's % of Plan Paid	33.5%	46.0%	46.4%	0.9%	40.4%	47.3%	21.7%	-54.1%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,822	\$2,155	\$3,063	42.1%	\$3,299	\$4,794	\$2,962	-38.2%	\$1,057
Facility Outpatient	\$1,842	\$1,787	\$2,062	15.4%	\$2,839	\$2,295	\$2,058	-10.3%	\$1,145
Physician	\$1,521	\$1,677	\$1,597	-4.8%	\$2,073	\$1,732	\$1,480	-14.5%	\$1,122
Other	\$212	\$166	\$182	9.6%	\$127	\$163	\$88	-46.0%	\$113
Total	\$5,397	\$5,785	\$6,904	19.3%	\$8,338	\$8,983	\$6,588	-26.7%	\$3,437

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	2Q19				2Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 16,049,697	\$ 2,630,700	\$ 930,676	\$ 19,611,073	\$ 18,568,451	\$ 6,456,930	\$ 1,752,662	\$ 26,778,043	36.5%	
Outpatient	\$ 26,665,587	\$ 6,342,593	\$ 1,077,079	\$ 34,085,260	\$ 31,092,436	\$ 7,623,448	\$ 901,651	\$ 39,617,535	16.2%	
Total - Medical	\$ 42,715,285	\$ 8,973,293	\$ 2,007,755	\$ 53,696,333	\$ 49,660,887	\$ 14,080,379	\$ 2,654,313	\$ 66,395,578	23.7%	
Dental	\$ 8,514,222	\$ 1,029,708	\$ 252,743	\$ 9,796,674	\$ 9,090,617	\$ 1,071,864	\$ 298,172	\$ 10,460,654	6.8%	
Dental Exchange	\$ -	\$ -	\$ 1,488,119	\$ 1,488,119	\$ -	\$ -	\$ 1,616,736	\$ 1,616,736	8.6%	
Total	\$ 51,229,507	\$ 10,003,002	\$ 3,748,617	\$ 64,981,126	\$ 58,751,504	\$ 15,152,243	\$ 4,569,221	\$ 78,472,968	20.8%	

Net Paid Claims - Per Participant per Month										
	2Q19				2Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 365	\$ 573	\$ 547	\$ 394	\$ 419	\$ 891	\$ 724	\$ 481	22.1%	
Dental	\$ 53	\$ 51	\$ 57	\$ 53	\$ 56	\$ 53	\$ 67	\$ 56	4.6%	
Dental Exchange	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ 51	\$ 51	1.5%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	2Q19				2Q20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 1,577,363	\$ 558,675	\$ 2,136,038	\$ 204	\$ 568,876	\$ 591,343	\$ 1,160,423		-45.7%
Outpatient	\$ 7,062	\$ 1,520,537	\$ 216,987	\$ 1,744,586	\$ 23,352	\$ 972,837	\$ 300,091	\$ 1,296,281		-25.7%
Total - Medical	\$ 7,062	\$ 3,097,900	\$ 775,662	\$ 3,880,624	\$ 23,556	\$ 1,541,713	\$ 891,435	\$ 2,456,704		-36.7%
Dental	\$ 2,485	\$ 223,893	\$ 104,908	\$ 331,285	\$ 1,300	\$ 162,757	\$ 123,500	\$ 287,557		-13.2%
Dental Exchange	\$ -	\$ -	\$ 938,985	\$ 938,985	\$ -	\$ -	\$ 984,771	\$ 984,771		4.9%
Total	\$ 9,547	\$ 3,321,792	\$ 1,819,555	\$ 5,150,894	\$ 24,856	\$ 1,704,470	\$ 1,999,706	\$ 3,729,032		-27.6%

Net Paid Claims - Per Participant per Month										
	2Q19				2Q20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 294	\$ 1,020	\$ 505	\$ 844	\$ 982	\$ 673	\$ 571	\$ 634		-24.9%
Dental	\$ 52	\$ 44	\$ 42	\$ 44	\$ 27	\$ 43	\$ 49	\$ 45		3.8%
Dental Exchange	\$ -	\$ -	\$ 44	\$ 44	\$ -	\$ -	\$ 45	\$ 45		4.3%

Paid Claims by Claim Type – Total

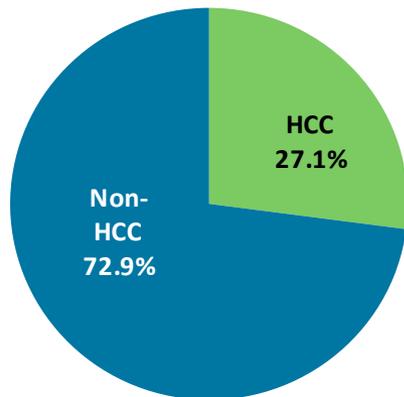
Net Paid Claims - Total									
Total Participants									
	2Q19				2Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 16,049,697	\$ 4,208,063	\$ 1,489,351	\$ 21,747,112	\$ 18,568,655	\$ 7,025,807	\$ 2,344,005	\$ 27,938,466	28.5%
Outpatient	\$ 26,672,649	\$ 7,863,130	\$ 1,294,066	\$ 35,829,846	\$ 31,115,789	\$ 8,596,285	\$ 1,201,742	\$ 40,913,816	14.2%
Total - Medical	\$ 42,722,347	\$ 12,071,193	\$ 2,783,417	\$ 57,576,958	\$ 49,684,443	\$ 15,622,092	\$ 3,545,747	\$ 68,852,282	19.6%
Dental	\$ 8,516,707	\$ 1,253,601	\$ 357,651	\$ 10,127,959	\$ 9,091,917	\$ 1,234,621	\$ 421,673	\$ 10,748,210	6.1%
Dental Exchange	\$ -	\$ -	\$ 2,427,104	\$ 2,427,104	\$ -	\$ -	\$ 2,601,507	\$ 2,601,507	7.2%
Total	\$ 51,239,054	\$ 13,324,794	\$ 5,568,172	\$ 70,132,020	\$ 58,776,360	\$ 16,856,713	\$ 6,568,926	\$ 82,201,999	17.2%

Net Paid Claims - Per Participant per Month									
	2Q19				2Q20				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 365	\$ 646	\$ 535	\$ 409	\$ 419	\$ 863	\$ 678	\$ 485	18.7%
Dental	\$ 53	\$ 50	\$ 52	\$ 53	\$ 56	\$ 51	\$ 61	\$ 55	4.7%
Dental Exchange	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ -	\$ 49	\$ 49	2.8%

Cost Distribution – Medical Claims

2Q19						2Q20						
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
63	0.1%	\$13,630,985	23.7%	\$496,662	2.3%	\$100,000.01 Plus	74	0.2%	\$18,633,518	27.1%	\$506,733	2.0%
103	0.2%	\$8,162,390	14.2%	\$671,311	3.0%	\$50,000.01-\$100,000.00	109	0.3%	\$8,454,203	12.3%	\$613,144	2.4%
196	0.5%	\$7,539,865	13.1%	\$968,449	4.4%	\$25,000.01-\$50,000.00	256	0.6%	\$9,512,393	13.8%	\$1,245,066	4.9%
584	1.4%	\$9,457,137	16.4%	\$2,587,894	11.7%	\$10,000.01-\$25,000.00	665	1.6%	\$11,037,796	16.0%	\$2,936,073	11.7%
810	1.9%	\$6,027,661	10.5%	\$2,559,029	11.6%	\$5,000.01-\$10,000.00	946	2.2%	\$7,060,747	10.3%	\$3,009,034	12.0%
1,059	2.5%	\$4,047,813	7.0%	\$2,372,941	10.8%	\$2,500.01-\$5,000.00	1,257	2.9%	\$4,721,615	6.9%	\$2,851,639	11.3%
19,580	45.9%	\$8,711,106	15.1%	\$9,882,996	44.8%	\$0.01-\$2,500.00	20,477	47.8%	\$9,432,010	13.7%	\$11,212,169	44.6%
7,173	16.8%	\$0	0.0%	\$2,521,913	11.6%	\$0.00	7,152	16.7%	\$0	0.0%	\$2,803,725	11.1%
13,136	30.8%	\$0	0.0%	\$0	-0.2%	No Claims	11,914	27.8%	\$0	0.0%	\$0	0.0%
42,703	100.0%	\$57,576,958	100.0%	\$22,061,195	100.0%		42,850	100.0%	\$68,852,282	100.0%	\$25,177,583	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 2) Neoplasms	37	\$4,702,037	25.2%
(CCS 16) Injury And Poisoning	45	\$4,425,540	23.8%
(CCS 7) Diseases Of The Circulatory System	58	\$2,846,074	15.3%
(CCS 15) Certain Conditions Originating In The Perinatal Period	8	\$1,540,204	8.3%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	45	\$821,634	4.4%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	79	\$710,214	3.8%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	46	\$633,584	3.4%
(CCS 6) Diseases Of The Nervous System And Sense Organs	58	\$617,291	3.3%
(CCS 5) Mental Illness	23	\$553,390	3.0%
(CCS 8) Diseases Of The Respiratory System	49	\$490,199	2.6%
(CCS 9) Diseases Of The Digestive System	42	\$468,035	2.5%
(CCS 1) Infectious And Parasitic Diseases	35	\$362,664	1.9%
(CCS 10) Diseases Of The Genitourinary System	37	\$293,124	1.6%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	48	\$62,660	0.3%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	28	\$54,676	0.3%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	30	\$39,010	0.2%
(CCS 14) Congenital Anomalies	5	\$11,615	0.1%
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	2	\$1,567	0.0%
Overall	---	\$18,633,518	100.0%

Utilization Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	2Q18	2Q19	2Q20	Variance to Prior Year	2Q18	2Q19	2Q20	Variance to Prior Year	2Q18	2Q19	2Q20	Variance to Prior Year
Inpatient Facility												
# of Admits	1,074	1,078	1,239		804	841	970		0	0	0	
# of Bed Days	4,793	7,353	6,314		3,380	4,000	4,723		0	0	0	
Paid Per Admit	\$18,626	\$18,364	\$19,991	8.9%	\$17,295	\$17,473	\$16,727	-4.3%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,174	\$2,702	\$3,923	45.2%	\$4,114	\$3,674	\$3,435	-6.5%	\$0	\$0	\$0	0.0%
Admits Per 1,000	51	51	58	13.7%	44	45	52	15.6%	0	0	0	0.0%
Days Per 1,000	229	344	295	-14.2%	186	216	254	17.6%	0	0	0	0.0%
Avg LOS	4.5	6.8	5.1	-25.0%	4.2	4.8	4.9	2.1%	0	0	0	0.0%
Physician Office												
OV Utilization per Member	3.5	3.4	3.8	11.8%	3.2	3.2	3.6	12.5%	10	3.7	8.3	124.3%
Avg Paid per OV	\$41	\$40	\$41	2.5%	\$41	\$40	\$41	2.5%	\$74	\$73	\$66	-9.6%
Avg OV Paid per Member	\$142	\$136	\$156	14.7%	\$131	\$127	\$146	15.0%	\$748	\$271	\$548	102.2%
DX&L Utilization per Member	7.4	7.3	8.4	15.1%	6.7	6.8	7.8	14.7%	9.8	0	0	0.0%
Avg Paid per DX&L	\$56	\$59	\$55	-6.8%	\$53	\$54	\$52	-3.7%	\$55	\$0	\$0	0.0%
Avg DX&L Paid per Member	\$413	\$432	\$461	6.7%	\$356	\$363	\$410	12.9%	\$541	\$0	\$0	0.0%
Emergency Room												
# of Visits	3,470	3,232	3,635		2,833	2,610	2,972		2	0	2	
# of Admits	498	499	517		349	369	384		0	0	0	
Visits Per Member	0.17	0.15	0.17	13.3%	0.16	0.14	0.16	14.3%	0.56	0	0.57	0.0%
Visits Per 1,000	165	151	170	12.6%	156	141	160	13.5%	558	0	571	0.0%
Avg Paid per Visit	\$1,762	\$1,825	\$2,047	12.2%	\$1,707	\$1,755	\$2,055	17.1%	\$1,342	\$0	\$1,803	0.0%
Admits Per Visit	0.14	0.15	0.14	-6.7%	0.12	0.14	0.13	-7.1%	0.00	0.00	0.00	0.0%
Urgent Care												
# of Visits	4,169	4,466	5,683		3,706	4,001	5,123		2	0	1	
Visits Per Member	0.20	0.21	0.27	28.6%	0.20	0.22	0.28	27.3%	0.56	0.00	0.29	0.0%
Visits Per 1,000	199	209	265	26.8%	204	216	275	27.3%	558	0	286	0.0%
Avg Paid per Visit	\$32	\$29	\$36	24.1%	\$28	\$28	\$34	21.4%	\$140	\$0	\$170	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

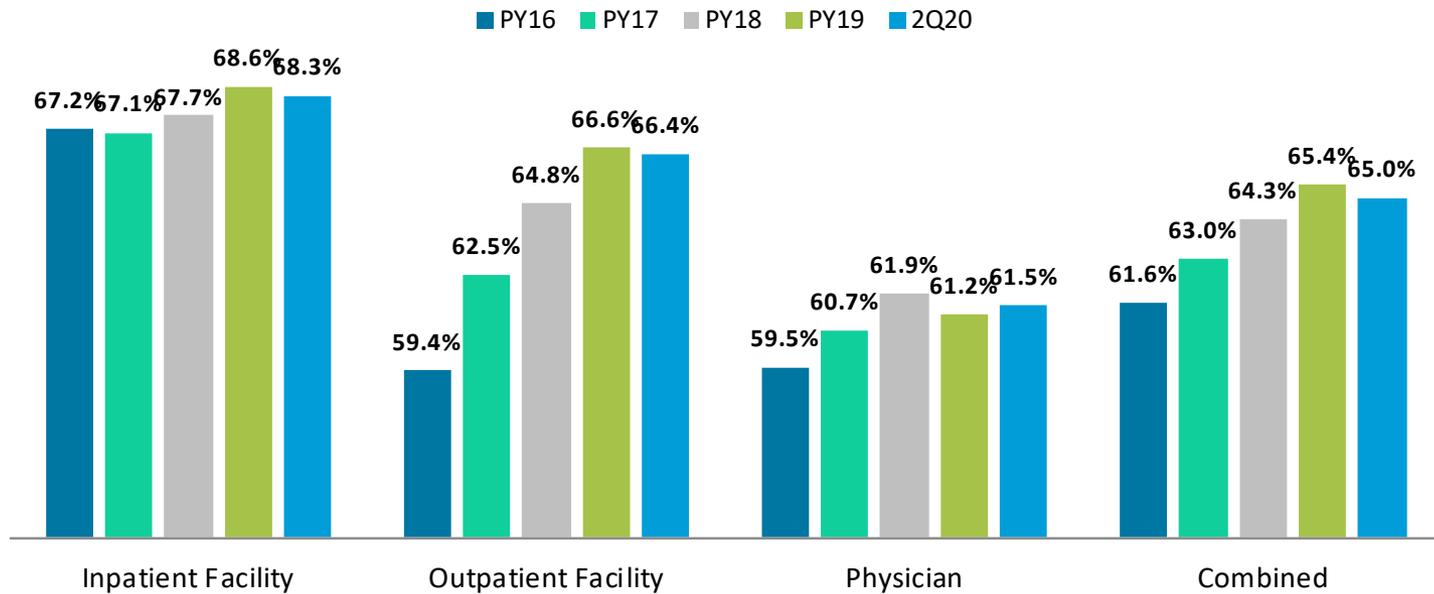
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	2Q18	2Q19	2Q20	Variance to Prior Year	2Q18	2Q19	2Q20	Variance to Prior Year	
Inpatient Facility									
# of Admits	186	179	212		84	58	57		
# of Bed Days	1,018	914	1,302		395	2,439	289		
Paid Per Admit	\$22,084	\$17,608	\$34,625	96.6%	\$23,712	\$34,692	\$21,100	-39.2%	\$16,173
Paid Per Day	\$4,035	\$3,448	\$5,638	63.5%	\$5,043	\$825	\$4,162	404.5%	\$3,708
Admits Per 1,000	80	75	87	16.0%	169	134	154	14.9%	61
Days Per 1,000	435	381	537	40.9%	795	5,641	782	-86.1%	264
Avg LOS	5.5	5.1	6.1	19.6%	4.7	42.1	5.1	-87.9%	4.3
Physician Office									
OV Utilization per Member	4.9	4.7	5.3	12.8%	6.2	6.3	7.3	15.9%	3.3
Avg Paid per OV	\$43	\$42	\$41	-2.4%	\$35	\$34	\$30	-11.8%	\$50
Avg OV Paid per Member	\$210	\$198	\$221	11.6%	\$214	\$216	\$221	2.3%	\$167
DX&L Utilization per Member	10.7	10.6	12.1	14.2%	14.1	13.4	14.4	7.5%	8.3
Avg Paid per DX&L	\$72	\$79	\$66	-16.5%	\$59	\$85	\$58	-31.8%	\$67
Avg DX&L Paid per Member	\$766	\$836	\$799	-4.4%	\$835	\$1,133	\$835	-26.3%	\$554
Emergency Room									
# of Visits	484	476	513		151	146	148		
# of Admits	108	98	103		41	32	30		
Visits Per Member	0.21	0.20	0.21	5.0%	0.3	0.34	0.40	17.6%	0.17
Visits Per 1,000	207	198	212	7.1%	304	338	401	18.6%	174
Avg Paid per Visit	\$2,025	\$2,136	\$2,159	1.1%	\$1,961	\$2,052	\$1,489	-27.4%	\$1,684
Admits Per Visit	0.22	0.21	0.20	-4.8%	0.27	0.22	0.20	-9.1%	0.14
Urgent Care									
# of Visits	372	373	467		89	92	92		
Visits Per Member	0.16	0.16	0.19	18.8%	0.18	0.21	0.25	19.0%	0.24
Visits Per 1,000	159	155	193	24.5%	179	213	249	16.9%	242
Avg Paid per Visit	\$69	\$35	\$53	51.4%	\$46	\$33	\$36	9.1%	\$74

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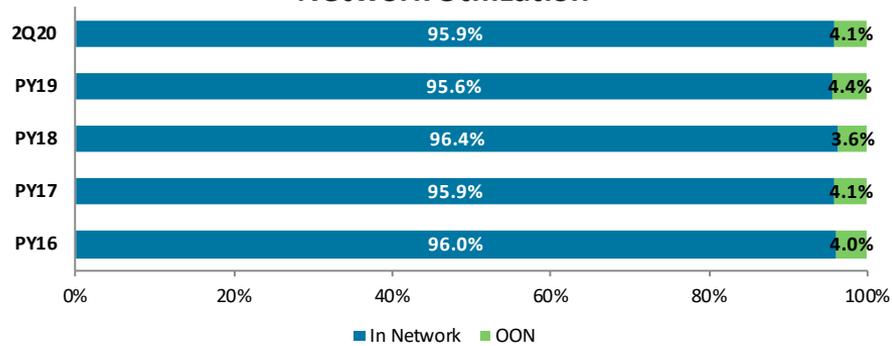
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Provider Network Summary

In Network Discounts



Network Utilization



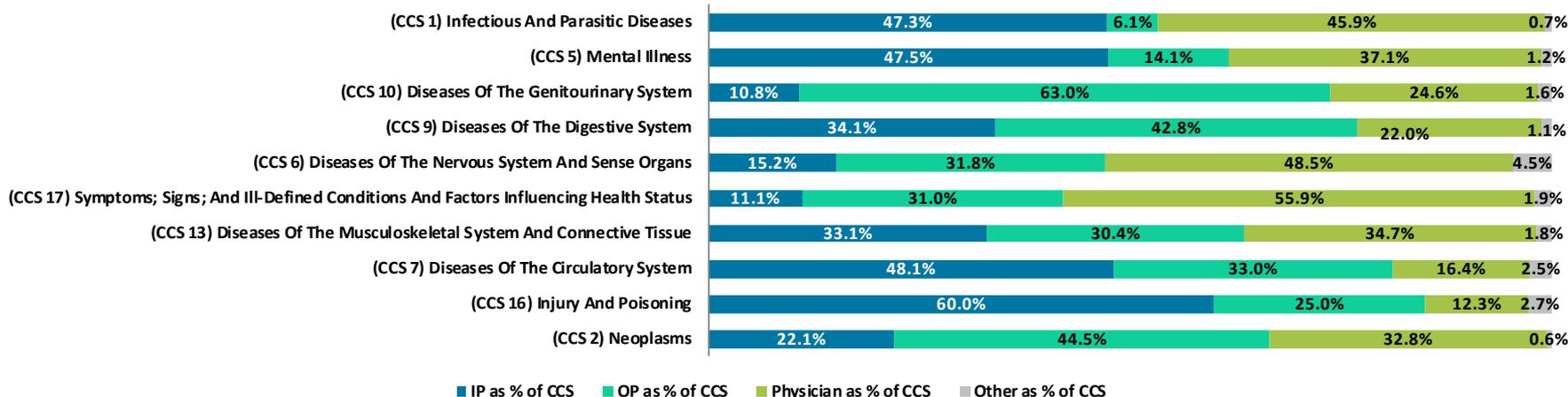
AHRQ* Clinical Classifications Summary



*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 2) Neoplasms	\$10,016,345	14.5%	\$7,800,788	\$1,805,589	\$409,969	\$4,330,547	\$5,685,798
(CCS 16) Injury And Poisoning	\$8,674,257	12.6%	\$6,303,671	\$1,167,915	\$1,202,671	\$2,836,658	\$5,837,599
(CCS 7) Diseases Of The Circulatory System	\$7,393,116	10.7%	\$5,928,006	\$1,262,282	\$202,829	\$3,259,920	\$4,133,196
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$6,822,590	9.9%	\$4,596,915	\$1,858,207	\$367,467	\$3,075,613	\$3,746,977
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	\$6,511,851	9.5%	\$4,115,988	\$1,184,524	\$1,211,339	\$2,422,952	\$4,088,899
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$4,483,512	6.5%	\$2,736,233	\$967,203	\$780,075	\$1,780,962	\$2,702,549
(CCS 9) Diseases Of The Digestive System	\$4,013,920	5.8%	\$2,934,808	\$650,157	\$428,955	\$1,660,902	\$2,353,018
(CCS 10) Diseases Of The Genitourinary System	\$3,077,042	4.5%	\$2,268,808	\$521,837	\$286,397	\$1,255,921	\$1,821,121
(CCS 5) Mental Illness	\$3,064,326	4.5%	\$1,644,983	\$231,662	\$1,187,681	\$1,512,213	\$1,552,114
(CCS 1) Infectious And Parasitic Diseases	\$2,677,305	3.9%	\$1,334,482	\$421,181	\$921,642	\$1,441,682	\$1,235,623
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$2,480,487	3.6%	\$1,706,961	\$619,094	\$154,432	\$1,214,414	\$2,468,074
(CCS 8) Diseases Of The Respiratory System	\$2,470,188	3.6%	\$1,289,024	\$507,095	\$674,068	\$1,205,111	\$1,265,077
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$2,406,531	3.5%	\$1,459	\$670	\$2,404,402	\$1,454,095	\$952,436
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$2,404,608	3.5%	\$1,459,993	\$599,599	\$345,016	\$1,001,795	\$1,402,812
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$809,649	1.2%	\$577,916	\$156,486	\$75,247	\$345,126	\$464,523
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$597,437	0.9%	\$446,684	\$86,603	\$64,149	\$352,480	\$244,957
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$487,064	0.7%	\$301,588	\$118,322	\$67,153	\$187,823	\$299,241
(CCS 14) Congenital Anomalies	\$462,055	0.7%	\$92,897	\$5,743	\$363,414	\$174,071	\$287,984
Total	\$68,852,282	100.0%	\$45,541,204	\$12,164,170	\$11,146,907	\$28,310,286	\$40,541,997

Top 10 Categories by Claim Type

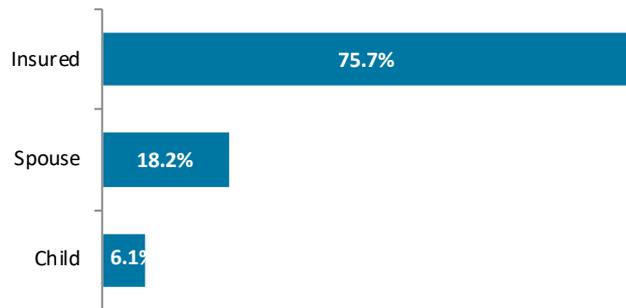


AHRQ Category – Neoplasms

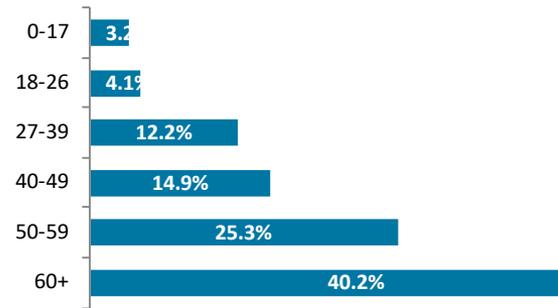
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Maintenance Chemotherapy; Radiotherapy [45.]	85	652	\$2,050,596	20.5%
Cancer Of Breast [24.]	288	2201	\$1,425,556	14.2%
Cancer; Other Primary	166	918	\$1,164,582	11.6%
Cancer Of Lymphatic And Hematopoietic Tissue	95	991	\$1,115,060	11.1%
Benign Neoplasms	1,818	3,231	\$924,288	9.2%
Secondary Malignancies [42.]	74	325	\$685,798	6.8%
Cancer Of Skin	396	1,028	\$602,513	6.0%
Other Gastrointestinal Cancer	34	486	\$521,503	5.2%
Colorectal Cancer	63	644	\$405,845	4.1%
Cancer Of Male Genital Organs	140	718	\$350,892	3.5%
Cancer Of Bronchus; Lung [19.]	25	357	\$212,116	2.1%
Cancer Of Uterus And Cervix	154	449	\$206,908	2.1%
Neoplasms Of Unspecified Nature Or Uncertain Behavior [44.]	1,349	2,197	\$157,395	1.6%
Cancer Of Ovary And Other Female Genital Organs	36	258	\$79,791	0.8%
Cancer Of Urinary Organs	53	282	\$63,392	0.6%
Malignant Neoplasm Without Specification Of Site [43.]	22	72	\$50,110	0.5%
Overall	----	----	\$10,016,345	100.0%

*Patient and claim counts are unique only within the category

Relationship



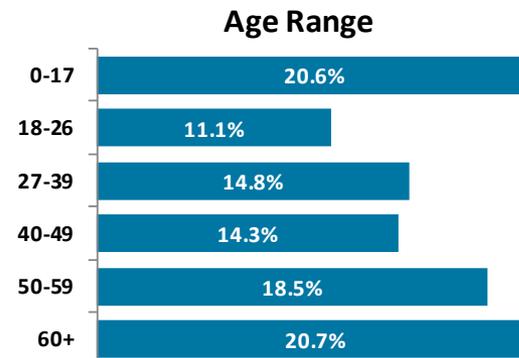
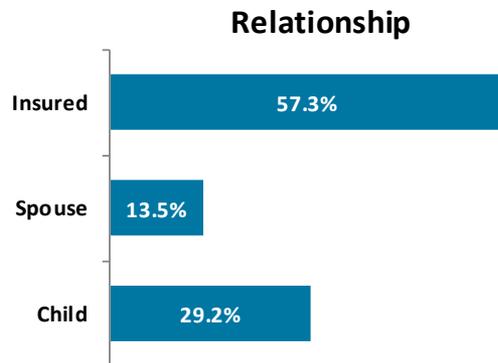
Age Range



AHRQ Category – Injury & Poisoning

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Burns [240.]	42	118	\$2,849,355	32.8%
Complications	430	1,583	\$1,841,675	21.2%
Fractures	627	3,714	\$1,488,618	17.2%
Crushing Injury Or Internal Injury [234.]	49	132	\$486,477	5.6%
Joint Disorders And Dislocations; Trauma-Related [225.]	492	2,140	\$485,997	5.6%
Sprains And Strains [232.]	1,018	3,204	\$474,625	5.5%
Open Wounds	536	1,389	\$283,491	3.3%
Other Injuries And Conditions Due To External Causes [244.]	931	1,749	\$282,263	3.3%
Superficial Injury; Contusion [239.]	562	1,055	\$236,176	2.7%
Intracranial Injury [233.]	78	257	\$214,248	2.5%
Poisoning	67	138	\$30,862	0.4%
Spinal Cord Injury [227.]	6	11	\$470	0.0%
	----	----	\$8,674,257	100.0%

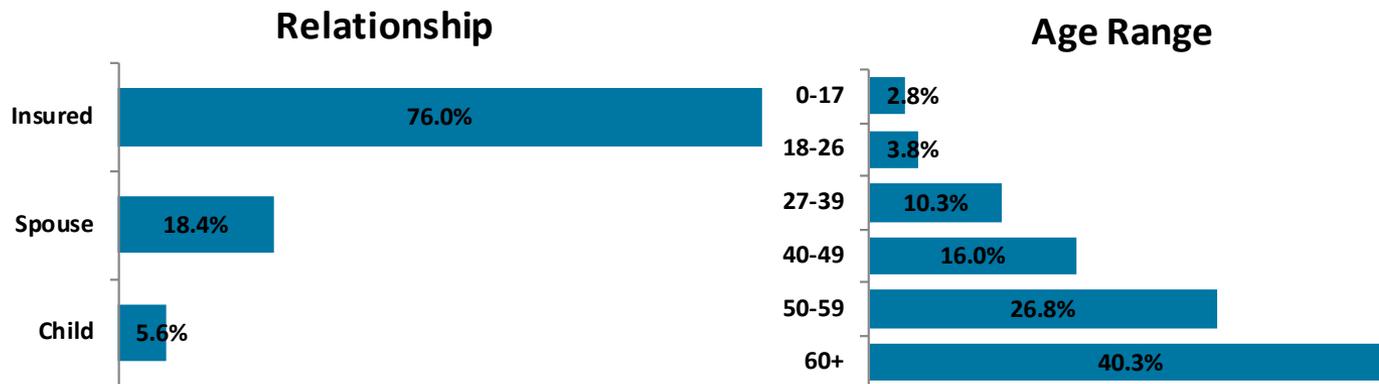
*Patient and claim counts are unique only within the category



AHRQ Category – Diseases of the Circulatory System

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Diseases Of The Heart	2,464	8,426	\$4,864,847	65.8%
Cerebrovascular Disease	273	1,060	\$891,877	12.1%
Hypertension	2,596	4,856	\$772,295	10.4%
Diseases Of Veins And Lymphatics	500	1,365	\$585,588	7.9%
Diseases Of Arteries; Arterioles; And Capillaries	730	1,237	\$278,510	3.8%
Overall	----	----	\$7,393,116	100.0%

*Patient and claim counts are unique only within the category

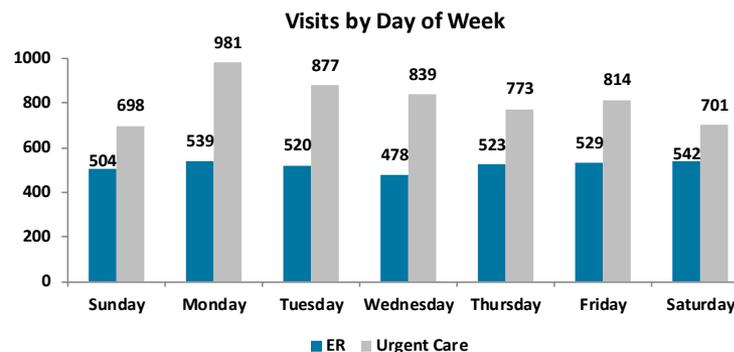
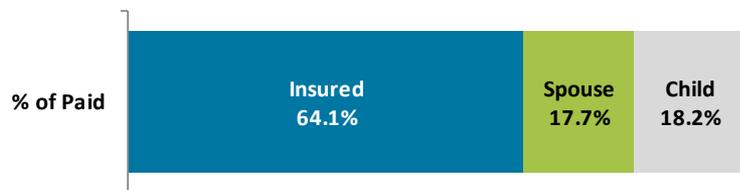


Emergency Room / Urgent Care Summary

ER/Urgent Care	2Q19		2Q20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	3,232	4,466	3,635	5,683		
Number of Admits	499	---	517	---		
Visits Per Member	0.15	0.21	0.17	0.27	0.17	0.24
Visits/1000 Members	151	209	170	265	174	242
Avg Paid Per Visit	\$1,825	\$29	\$2,047	\$36	\$1,684	\$74
Admits per Visit	0.15	---	0.14	---	0.14	
% of Visits with HSB ER Dx	77.6%	---	76.2%	---		
% of Visits with a Physician OV*	77.8%	72.9%	76.9%	73.2%		
Total Plan Paid	\$5,893,731	\$128,707	\$7,436,737	\$203,082		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized

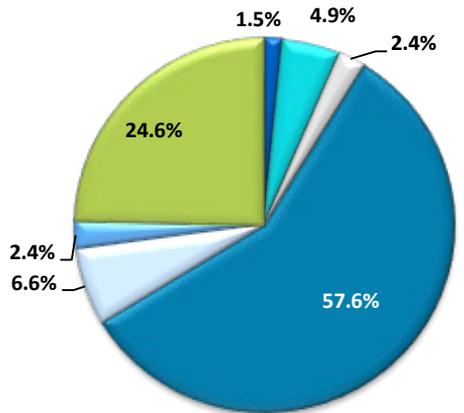


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,119	90	3,364	142	5,483	232
Spouse	567	102	623	112	1,190	214
Child	949	70	1,696	124	2,645	194
Total	3,635	85	5,683	133	9,318	217

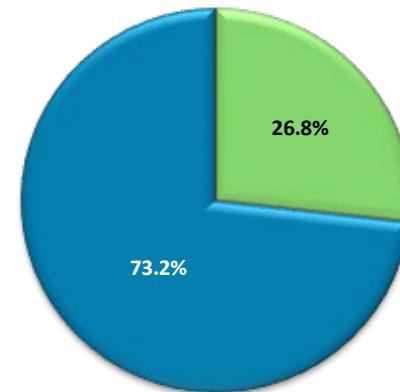
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$279,546,528	\$1,970	100.0%
COB	\$4,175,963	\$29	1.5%
Medicare	\$13,663,557	\$96	4.9%
Excess/Maximums	\$6,671,426	\$47	2.4%
PPO Discount	\$161,005,717	\$1,135	57.6%
Deductible	\$18,454,488	\$130	6.6%
Coinsurance	\$6,723,095	\$47	2.4%
Total Participant Paid	\$25,177,583	\$177	9.0%
Total Plan Paid	\$68,852,282	\$485	24.6%

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



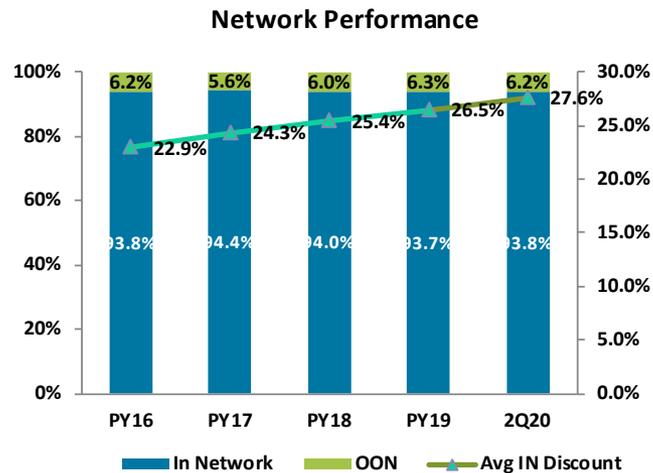
- COB
- Medicare
- Excess/Maximums
- PPO Discount
- Deductible
- Coinsurance



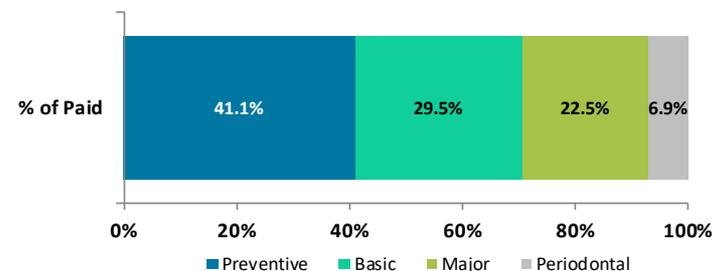
- Total Participant Paid
- Total Plan Paid

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	3,241	4.7%	12,004	16.2%	\$4,759,512	35.7%	\$3,203,580	47.4%
\$750.01-\$1,000.00	1,407	2.0%	4,259	5.7%	\$1,243,642	9.3%	\$766,627	11.4%
\$500.01-\$750.00	2,614	3.8%	7,085	9.6%	\$1,640,353	12.3%	\$994,011	14.7%
\$250.01-\$500.00	5,656	8.2%	13,048	17.6%	\$1,968,917	14.7%	\$781,417	11.6%
\$0.01-\$250.00	26,738	38.9%	36,868	49.7%	\$3,737,294	28.1%	\$954,351	14.1%
\$0.00	843	1.2%	911	1.2%	\$0	-0.1%	\$53,639	0.8%
No Claims	28,175	41.0%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	68,674	100.0%	74,175	100.0%	\$13,349,718	100.0%	\$6,753,624	100.0%



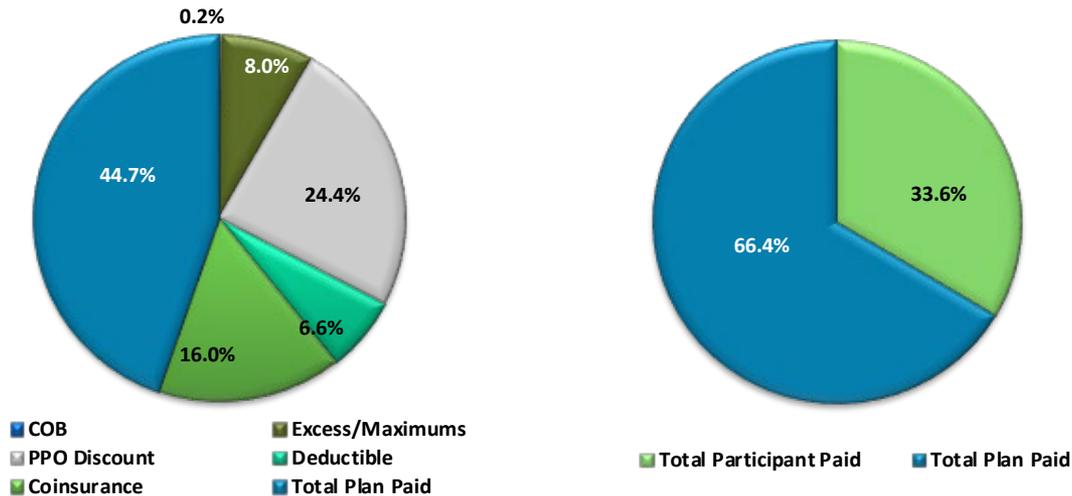
Claim Category	Total Paid	% of Paid
Preventive	\$5,485,470	41.1%
Basic	\$3,937,096	29.5%
Major	\$3,009,522	22.5%
Periodontal	\$917,630	6.9%
Total	\$13,349,718	100.0%



Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$29,864,301	\$72	100.0%
COB	\$68,928	\$0	0.2%
Excess/Maximums	\$2,395,068	\$6	8.0%
PPO Discount	\$7,296,963	\$18	24.4%
Deductible	\$1,970,831	\$5	6.6%
Coinsurance	\$4,782,793	\$12	16.0%
Total Participant Paid	\$6,753,624	\$16	22.6%
Total Plan Paid	\$13,349,718	\$32	44.7%

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



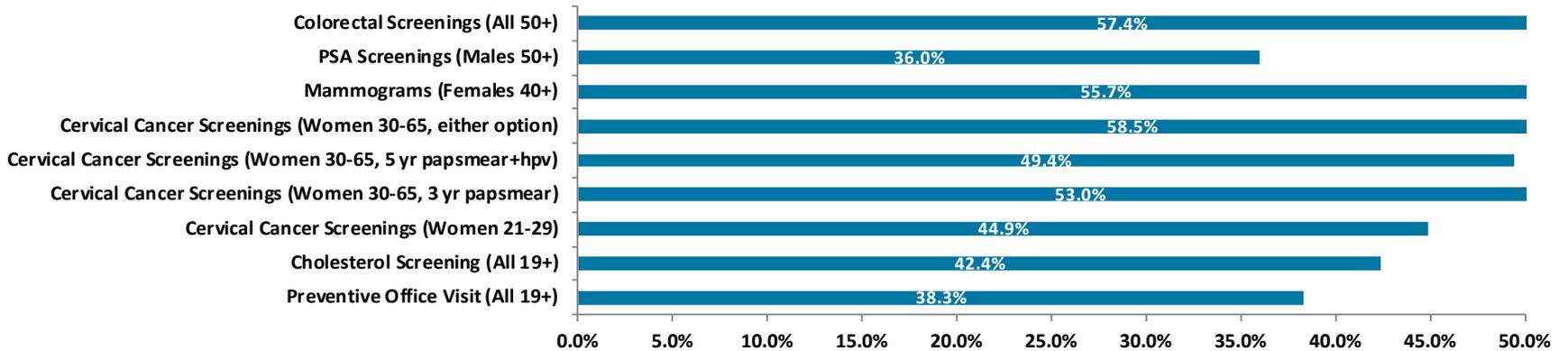
Preventive Services Compliance

*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+)	17,232	8,633	50.1%	15,110	3,762	24.9%	32,342	12,396	38.3%
Cholesterol Screening (All 19+)	17,232	7,961	46.2%	15,110	5,757	38.1%	32,342	13,718	42.4%
Cervical Cancer Screenings (Women 21-29)	2,762	1,240	44.9%	----	----	----	2,762	1,240	44.9%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	12,982	6,880	53.0%	----	----	----	12,982	6,880	53.0%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	12,982	6,413	49.4%	----	----	----	12,982	6,413	49.4%
Cervical Cancer Screenings (Women 30-65, either option)	12,982	7,594	58.5%	----	----	----	12,982	7,594	58.5%
Mammograms (Females 40+)	10,680	5,949	55.7%	----	----	----	10,680	5,949	55.7%
PSA Screenings (Males 50+)	----	----	----	6,394	2,302	36.0%	6,394	2,302	36.0%
Colorectal Screenings (All 50+)	7,425	4,425	59.6%	6,394	3,510	54.9%	13,819	7,936	57.4%

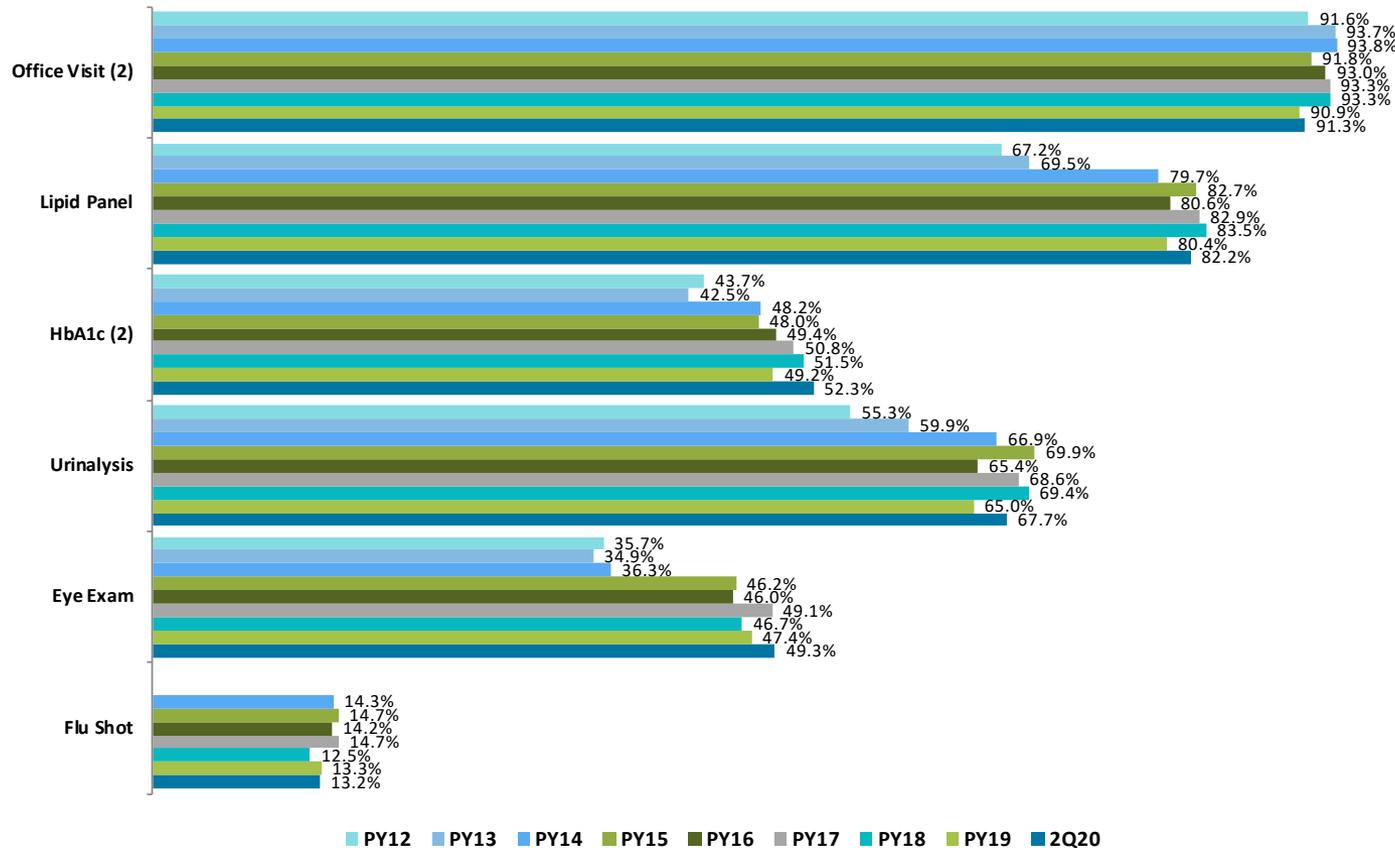
Overall Preventive Services Compliance Rates



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	2Q20
Members	1,651	1,643	1,555	1,676	1,693	1,704	1,747	1,838	1,890



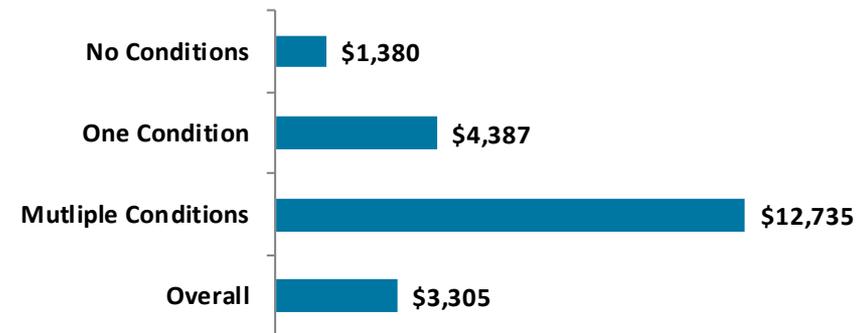
Chronic Conditions Summary

*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	1,200	1,125	28	37	\$7,346,636	\$6,122	99.3%	1 Office Visit
Cancer	1,384	1,306	32	59	\$30,516,109	\$22,049	----	----
Chronic Kidney Disease	333	315	8	60	\$7,948,673	\$23,870	----	----
Chronic Obstructive Pulmonary Disease (COPD)	260	245	6	60	\$5,633,788	\$21,668	96.9%	1 Office Visit
Congestive Heart Failure (CHF)	149	135	3	62	\$10,804,550	\$72,514	18.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	668	635	16	62	\$16,076,709	\$24,067	27.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	1,512	1,400	35	40	\$15,559,571	\$10,291	95.8%	1 Office Visit
Diabetes	1,890	1,772	44	56	\$16,993,384	\$8,991	22.1%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	3,393	3,249	79	54	\$16,584,778	\$4,888	43.5%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	3,767	3,565	88	57	\$31,181,204	\$8,277	28.1%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	849	804	20	44	\$5,253,989	\$6,188	----	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	28,987	31	47.1%	11.8%	41.1%
One Condition	8,838	46	69.7%	16.8%	13.5%
Multiple Conditions	4,899	55	79.1%	18.1%	2.8%
Overall	42,724	36	54.6%	13.4%	32.0%

Cost per Member Type



Appendix B

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HealthSCOPE – EPO Utilization Review for PEBP July 1, 2019 – December 31, 2019

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July 2019 – December 2019

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 2Q20 was \$24,249,744 with an annualized plan cost per employee per year of \$10,055. This is an increase of 15.0% when compared to PY19.
 - IP Cost per Admit is \$12,601 which is 38.2% lower than PY19.
 - ER Cost per Visit is \$2,620 which is on track with PY19.
- Employees shared in 10.2% of the medical cost.
- Inpatient facility costs were 13.0% of the plan spend.
- 82.0% of the Average Membership had paid Medical claims less than \$2,500, with 15.9% of those having no claims paid at all during the reporting period.
- 15 members exceeded the \$100k high cost threshold during the reporting period, which accounted for 11.3% of the plan spend. The highest diagnosis category was Conditions Originating in the Perinatal Period, accounting for 16.0% of the high cost claimant dollars.
- Total spending with in-network providers was 97.4%. The overall in-network discount was 57.0%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	PY19				2Q20				% 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	\$ 1,046,671	\$ 1,544	\$ 9,366	\$ 14	\$ 1,056,037	\$ 1,558	-43.9%	-8.7%
1	\$ 264,791	\$ 245	\$ 14,535	\$ 13	\$ 279,326	\$ 259	\$ 181,130	\$ 332	\$ 5,393	\$ 10	\$ 186,523	\$ 342	-33.2%	32.1%
2 - 4	\$ 372,210	\$ 117	\$ 14,845	\$ 5	\$ 387,055	\$ 122	\$ 309,366	\$ 176	\$ 7,602	\$ 4	\$ 316,968	\$ 180	-18.1%	48.1%
5 - 9	\$ 502,906	\$ 81	\$ 95,811	\$ 16	\$ 598,717	\$ 97	\$ 398,927	\$ 127	\$ 55,969	\$ 18	\$ 454,896	\$ 144	-24.0%	49.1%
10 - 14	\$ 1,277,258	\$ 167	\$ 244,065	\$ 32	\$ 1,521,323	\$ 198	\$ 754,875	\$ 191	\$ 125,494	\$ 32	\$ 880,369	\$ 223	-42.1%	12.4%
15 - 19	\$ 1,537,283	\$ 186	\$ 292,943	\$ 35	\$ 1,830,226	\$ 222	\$ 1,388,355	\$ 321	\$ 189,229	\$ 44	\$ 1,577,584	\$ 365	-13.8%	64.7%
20 - 24	\$ 1,082,265	\$ 156	\$ 409,392	\$ 59	\$ 1,491,657	\$ 215	\$ 856,924	\$ 233	\$ 254,799	\$ 69	\$ 1,111,723	\$ 303	-25.5%	40.5%
25 - 29	\$ 1,215,987	\$ 295	\$ 301,168	\$ 73	\$ 1,517,155	\$ 369	\$ 662,698	\$ 295	\$ 196,674	\$ 88	\$ 859,372	\$ 383	-43.4%	3.9%
30 - 34	\$ 2,784,920	\$ 515	\$ 341,212	\$ 63	\$ 3,126,132	\$ 578	\$ 1,245,650	\$ 422	\$ 165,854	\$ 56	\$ 1,411,504	\$ 478	-54.8%	-17.2%
35 - 39	\$ 2,361,827	\$ 366	\$ 734,028	\$ 114	\$ 3,095,855	\$ 480	\$ 1,810,197	\$ 531	\$ 374,946	\$ 110	\$ 2,185,143	\$ 641	-29.4%	33.7%
40 - 44	\$ 2,437,647	\$ 381	\$ 784,468	\$ 123	\$ 3,222,115	\$ 504	\$ 1,521,462	\$ 449	\$ 626,476	\$ 185	\$ 2,147,938	\$ 634	-33.3%	25.8%
45 - 49	\$ 2,770,287	\$ 331	\$ 1,525,758	\$ 182	\$ 4,296,045	\$ 513	\$ 2,167,308	\$ 500	\$ 727,893	\$ 168	\$ 2,895,201	\$ 668	-32.6%	30.3%
50 - 54	\$ 5,152,391	\$ 559	\$ 2,107,261	\$ 229	\$ 7,259,652	\$ 788	\$ 2,468,319	\$ 520	\$ 1,127,782	\$ 238	\$ 3,596,101	\$ 758	-50.5%	-3.8%
55 - 59	\$ 5,436,354	\$ 503	\$ 2,751,284	\$ 254	\$ 8,187,638	\$ 757	\$ 3,707,542	\$ 688	\$ 1,626,073	\$ 302	\$ 5,333,615	\$ 990	-34.9%	30.7%
60 - 64	\$ 9,774,054	\$ 815	\$ 3,034,480	\$ 253	\$ 12,808,534	\$ 1,067	\$ 4,254,644	\$ 712	\$ 1,871,243	\$ 313	\$ 6,125,887	\$ 1,025	-52.2%	-4.0%
65+	\$ 1,920,336	\$ 395	\$ 1,343,189	\$ 276	\$ 3,263,525	\$ 672	\$ 1,475,677	\$ 610	\$ 731,274	\$ 302	\$ 2,206,951	\$ 913	-32.4%	35.9%
Total	\$ 40,764,731	\$ 400	\$ 14,003,588	\$ 137	\$54,768,319	\$ 537	\$ 24,249,744	\$ 458	\$ 8,096,067	\$ 153	\$ 32,345,812	\$ 611	-40.9%	13.9%

Financial Summary (p. 1 of 2)

	Total			State Active			Non-State Active		
Summary	PY19	2Q20	Variance to Prior Year	PY19	2Q20	Variance to Prior Year	PY19	2Q20	Variance to Prior Year
Enrollment									
Avg # Employees	4,653	4,823	3.7%	3,878	4,074	5.0%	4	4	0.0%
Avg # Members	8,488	8,819	3.9%	7,445	7,808	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	\$26,998,382	-40.1%	\$35,711,039	\$23,079,745	-35.4%	\$45,961	\$38,573	-16.1%
Client Paid	\$40,764,731	\$24,249,744	-40.5%	\$32,097,283	\$20,843,376	-35.1%	\$40,931	\$35,593	-13.0%
Employee Paid	\$4,329,941	\$2,748,639	-36.5%	\$3,613,757	\$2,236,369	-38.1%	\$5,030	\$2,979	-40.8%
Client Paid-PEPY	\$8,745	\$10,055	15.0%	\$8,277	\$10,233	23.6%	\$10,233	\$17,797	73.9%
Client Paid-PMPY	\$4,794	\$5,499	14.7%	\$4,311	\$5,339	23.8%	\$8,186	\$14,237	73.9%
Client Paid-PEPM	\$729	\$838	15.0%	\$690	\$853	23.6%	\$853	\$1,483	73.9%
Client Paid-PMPM	\$400	\$458	14.5%	\$359	\$445	24.0%	\$682	\$1,186	73.9%
High Cost Claimants (HCC's) > \$100k									
# of HCC's	39	15	-61.5%	27	14	-48.1%	0	0	0.0%
HCC's / 1,000	4.6	1.7	-63.0%	3.6	1.8	-50.6%	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$183,130	-33.3%	\$246,453	\$189,023	-23.3%	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	11.3%	-57.0%	20.7%	12.7%	-38.6%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,218	\$1,060	-13.0%	\$944	\$1,025	8.6%	\$3,360	\$5,856	74.3%
Facility Outpatient	\$1,506	\$1,727	14.7%	\$1,395	\$1,674	20.0%	\$1,369	\$1,978	44.5%
Physician	\$1,923	\$2,534	31.8%	\$1,844	\$2,480	34.5%	\$3,030	\$6,126	102.2%
Other	\$148	\$178	20.3%	\$127	\$161	26.8%	\$427	\$277	-35.1%
Total	\$4,794	\$5,499	14.7%	\$4,311	\$5,339	23.8%	\$8,186	\$14,237	73.9%
	Annualized			Annualized			Annualized		

Financial Summary (p. 2 of 2)

Summary	State Retirees			Non-State Retirees			HSB Peer Index
	PY19	2Q20	Variance to Prior Year	PY19	2Q20	Variance to Prior Year	
Enrollment							
Avg # Employees	599	592	-1.2%	181	154	-14.6%	
Avg # Members	826	811	-1.8%	227	195	-14.0%	
Ratio	1.4	1.4	-0.7%	1.3	1.3	0.0%	1.8
Financial Summary							
Gross Cost	\$7,418,807	\$3,433,058	-53.7%	\$1,918,864	\$447,006	-76.7%	
Client Paid	\$6,863,148	\$2,999,537	-56.3%	\$1,763,370	\$371,237	-78.9%	
Employee Paid	\$555,659	\$433,521	-22.0%	\$155,495	\$75,769	-51.3%	
Client Paid-PEPY	\$11,461	\$10,142	-11.5%	\$9,769	\$4,816	-50.7%	\$6,209
Client Paid-PMPY	\$8,313	\$7,397	-11.0%	\$7,777	\$3,808	-51.0%	\$3,437
Client Paid-PEPM	\$955	\$845	-11.5%	\$814	\$401	-50.7%	\$517
Client Paid-PMPM	\$693	\$616	-11.1%	\$648	\$317	-51.1%	\$286
High Cost Claimants (HCC's) > \$100k							
# of HCC's	9	1	-88.9%	3	0	0.0%	
HCC's / 1,000	10.9	1.2	-88.7%	13.2	0.0	0.0%	
Avg HCC Paid	\$339,256	\$100,633	-70.3%	\$334,114	\$0	0.0%	
HCC's % of Plan Paid	44.5%	3.4%	-92.5%	56.8%	0.0%	0.0%	
Cost Distribution by Claim Type (PMPY)							
Facility Inpatient	\$3,028	\$1,510	-50.1%	\$3,554	\$465	-86.9%	\$1,057
Facility Outpatient	\$2,243	\$2,401	7.0%	\$2,477	\$1,064	-57.0%	\$1,145
Physician	\$2,713	\$3,160	16.5%	\$1,587	\$2,028	27.8%	\$1,122
Other	\$328	\$326	-0.6%	\$158	\$250	58.2%	\$113
Total	\$8,313	\$7,397	-11.0%	\$7,777	\$3,808	-51.0%	\$3,437

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	PY19				2Q20				% 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	\$ 5,252,388	\$ 573,417	\$ 167,097	\$ 5,992,901		-48.0%
Outpatient	\$ 23,335,008	\$ 3,620,613	\$ 482,422	\$ 27,438,043	\$ 15,590,988	\$ 1,829,887	\$ 429,137	\$ 17,850,012		-34.9%
Total - Medical	\$ 32,097,283	\$ 6,219,999	\$ 643,149	\$ 38,960,431	\$ 20,843,376	\$ 2,403,304	\$ 596,234	\$ 23,842,913		-38.8%

Net Paid Claims - Per Participant per Month										
	PY19				2Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 690	\$ 1,018	\$ 596	\$ 725	\$ 853	\$ 794	\$ 1,144	\$ 852		17.5%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	PY19				2Q20				%	
	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	\$ 22,498	\$ 36,045	\$ 25,860	\$ 84,403		-90.5%
Outpatient	\$ 17,389	\$ 754,444	\$ 144,009	\$ 915,842	\$ 13,096	\$ 261,312	\$ 48,020	\$ 322,427		-64.8%
Total - Medical	\$ 40,931	\$ 1,609,283	\$ 154,087	\$ 1,804,301	\$ 35,593	\$ 297,357	\$ 73,880	\$ 406,830		-77.5%

Net Paid Claims - Per Participant per Month										
	PY19				2Q20				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 853	\$ 1,048	\$ 242	\$ 813	\$ 1,483	\$ 489	\$ 233	\$ 429		-47.3%

Paid Claims by Claim Type – Total

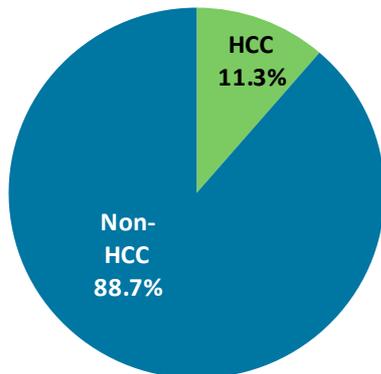
Net Paid Claims - Total										
Total Participants										
	PY19				2Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 8,785,816	\$ 3,454,225	\$ 170,805	\$ 12,410,846	\$ 5,274,885	\$ 609,462	\$ 192,957	\$ 6,077,305		-51.0%
Outpatient	\$ 23,352,397	\$ 4,375,057	\$ 626,431	\$ 28,353,885	\$ 15,604,084	\$ 2,091,199	\$ 477,156	\$ 18,172,439		-35.9%
Total - Medical	\$ 32,138,214	\$ 7,829,282	\$ 797,236	\$ 40,764,731	\$ 20,878,969	\$ 2,700,661	\$ 670,113	\$ 24,249,744		-40.5%

Net Paid Claims - Per Participant per Month										
	PY19				2Q20				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 690	\$ 1,024	\$ 465	\$ 729	\$ 853	\$ 743	\$ 800	\$ 838		15.0%

Cost Distribution – Medical Claims

PY19						2Q20						
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	13	0.2%	\$2,746,956	11.3%	\$45,675	1.7%
63	0.7%	\$4,489,989	11.0%	\$285,075	6.6%	\$50,000.01-\$100,000.00	36	0.4%	\$2,530,493	10.4%	\$151,023	5.5%
148	1.7%	\$5,378,700	13.2%	\$370,909	8.6%	\$25,000.01-\$50,000.00	105	1.2%	\$3,738,843	15.4%	\$228,042	8.3%
489	5.7%	\$7,901,863	19.4%	\$770,638	17.8%	\$10,000.01-\$25,000.00	344	3.9%	\$5,501,828	22.7%	\$441,304	16.1%
592	7.0%	\$4,367,753	10.7%	\$713,266	16.5%	\$5,000.01-\$10,000.00	402	4.6%	\$2,957,706	12.2%	\$411,946	15.0%
935	11.0%	\$3,470,368	8.5%	\$766,356	17.7%	\$2,500.01-\$5,000.00	690	7.8%	\$2,474,881	10.2%	\$481,384	17.5%
5,310	62.5%	\$4,495,610	11.0%	\$1,195,579	27.6%	\$0.01-\$2,500.00	5,801	65.8%	\$4,299,037	17.7%	\$981,193	35.8%
16	0.2%	\$0	0.0%	\$4,162	0.1%	\$0.00	25	0.3%	\$0	0.0%	\$8,071	0.3%
918	10.8%	\$0	0.0%	\$0	0.0%	No Claims	1,404	15.9%	\$0	0.0%	\$0	-0.1%
8,503	100.0%	\$40,764,731	100.0%	\$4,329,941	100.0%		8,819	100.0%	\$24,249,744	100.0%	\$2,748,639	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 15) Certain Conditions Originating In The Perinatal Period	2	\$440,439	16.0%
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	8	\$432,603	15.7%
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	9	\$347,111	12.6%
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	6	\$320,406	11.7%
(CCS 5) Mental Illness	6	\$269,886	9.8%
(CCS 2) Neoplasms	4	\$208,007	7.6%
(CCS 9) Diseases Of The Digestive System	9	\$202,037	7.4%
(CCS 6) Diseases Of The Nervous System And Sense Organs	10	\$184,881	6.7%
(CCS 16) Injury And Poisoning	9	\$113,033	4.1%
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	14	\$80,674	2.9%
(CCS 10) Diseases Of The Genitourinary System	7	\$71,551	2.6%
(CCS 8) Diseases Of The Respiratory System	12	\$32,882	1.2%
(CCS 7) Diseases Of The Circulatory System	7	\$15,238	0.6%
(CCS 14) Congenital Anomalies	2	\$12,069	0.4%
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	11	\$10,325	0.4%
(CCS 1) Infectious And Parasitic Diseases	7	\$5,165	0.2%
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	2	\$648	0.0%
Overall	----	\$2,746,956	100.0%

Utilization Summary (p. 1 of 2)

	Total			State Active			Non-State Active		
Summary	PY19	2Q20	Variance to Prior Year	PY19	2Q20	Variance to Prior Year	PY19	2Q20	Variance to Prior Year
Inpatient Facility									
# of Admits	507	372	-26.6%	441	319	-27.7%	1	1	0.0%
# of Bed Days	2,491	1,722	-30.9%	2,026	1,492	-26.4%	2	2	0.0%
Paid Per Admit	\$20,394	\$12,601	-38.2%	\$15,930	\$12,608	-20.9%	\$16,801	\$14,640	0.0%
Paid Per Day	\$4,151	\$2,722	-34.4%	\$3,468	\$2,696	-22.3%	\$8,401	\$7,320	0.0%
Admits Per 1,000	60	84	40.0%	59	82	39.0%	200	400	0.0%
Days Per 1,000	293	391	33.4%	272	382	40.4%	400	800	0.0%
Avg LOS	4.9	4.6	-6.1%	4.6	4.7	2.2%	2	2	0.0%
Physician Office									
OV Utilization per Member	4.4	5.4	22.7%	4.2	5.2	23.8%	5.6	8.0	0.0%
Avg Paid per OV	\$94	\$101	7.4%	\$95	\$103	8.4%	\$105	\$97	0.0%
Avg OV Paid per Member	\$410	\$546	33.2%	\$402	\$535	33.1%	\$587	\$775	0.0%
DX&L Utilization per Member	8.9	11.1	24.7%	8.4	10.5	25.0%	14	20	0.0%
Avg Paid per DX&L	\$78	\$71	-9.0%	\$75	\$72	-4.0%	\$106	\$107	0.0%
Avg DX&L Paid per Member	\$690	\$784	13.6%	\$629	\$755	20.0%	\$1,491	\$2,141	0.0%
Emergency Room									
# of Visits	1,453	993	-31.7%	1,261	849	-32.7%	0	1	0.0%
# of Admits	192	150	-21.9%	154	115	-25.3%	0	0	0.0%
Visits Per Member	0.17	0.23	35.3%	0.17	0.22	29.4%	0	0.4	0.0%
Visits Per 1,000	171	225	31.6%	169	217	28.4%	0	400	0.0%
Avg Paid per Visit	\$2,608	\$2,620	0.5%	\$2,546	\$2,715	6.6%	\$0	\$3,495	0.0%
Admits Per Visit	0.13	0.15	15.4%	0.12	0.14	16.7%	0.00	0.00	0.0%
Urgent Care									
# of Visits	2,450	1,565	-36.1%	2,232	1,437	-35.6%	0	0	0.0%
Visits Per Member	0.29	0.35	20.7%	0.30	0.37	23.3%	0.00	0.00	0.0%
Visits Per 1,000	288	355	23.3%	300	368	22.7%	0	0	0.0%
Avg Paid per Visit	\$140	\$160	14.3%	\$140	\$162	15.7%	\$0	\$0	0.0%

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Utilization Summary (p. 2 of 2)

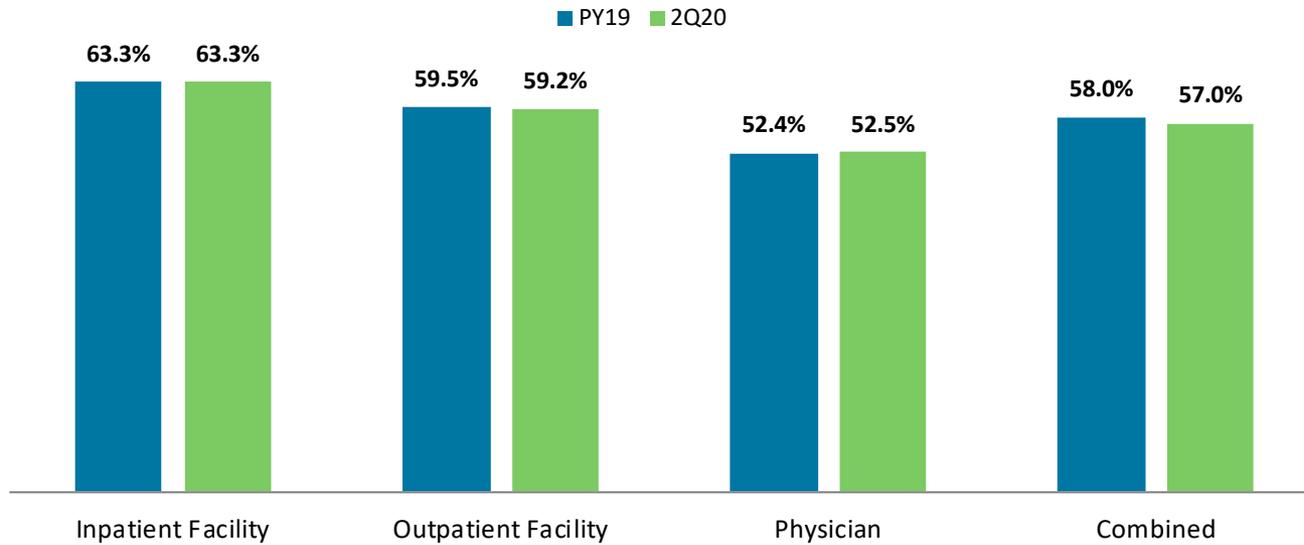
Summary	State Retirees			Non-State Retirees			HSB Peer Index
	PY19	2Q20	Variance to Prior Year	PY19	2Q20	Variance to Prior Year	
Inpatient Facility							
# of Admits	52	47	-9.6%	13	5	-61.5%	
# of Bed Days	361	215	-40.4%	102	13	-87.3%	
Paid Per Admit	\$47,923	\$12,883	-73.1%	\$61,977	\$9,066	-85.4%	\$16,173
Paid Per Day	\$6,903	\$2,816	-59.2%	\$7,899	\$3,487	-55.9%	\$3,708
Admits Per 1,000	63	116	84.1%	57	51	-10.5%	61
Days Per 1,000	437	530	21.3%	450	133	-70.4%	264
Avg LOS	6.9	4.6	-33.3%	7.8	2.6	-66.7%	4.3
Physician Office							
OV Utilization per Member	5.6	7.3	30.4%	5.0	6.8	36.0%	3.3
Avg Paid per OV	\$85	\$89	4.7%	\$86	\$78	-9.3%	\$50
Avg OV Paid per Member	\$473	\$650	37.4%	\$431	\$533	23.7%	\$167
DX&L Utilization per Member	12.1	15.9	31.4%	12.2	14.7	20.5%	8.3
Avg Paid per DX&L	\$88	\$64	-27.3%	\$104	\$64	-38.5%	\$67
Avg DX&L Paid per Member	\$1,069	\$1,017	-4.9%	\$1,274	\$938	-26.4%	\$554
Emergency Room							
# of Visits	158	128	-19.0%	94	15	-84.0%	
# of Admits	30	32	6.7%	8	3	-62.5%	
Visits Per Member	0.19	0.32	68.4%	0.41	0.15	-63.4%	0.17
Visits Per 1,000	191	316	65.4%	415	154	-62.9%	174
Avg Paid per Visit	\$2,991	\$2,119	-29.2%	\$1,195	\$1,415	18.4%	\$1,684
Admits Per Visit	0.19	0.25	31.6%	0.09	0.20	122.2%	0.14
Urgent Care							
# of Visits	158	88	-44.3%	60	40	-33.3%	
Visits Per Member	0.19	0.22	15.8%	0.26	0.41	57.7%	0.24
Visits Per 1,000	191	217	13.6%	265	410	54.7%	242
Avg Paid per Visit	\$154	\$169	9.7%	\$96	\$103	7.3%	\$74

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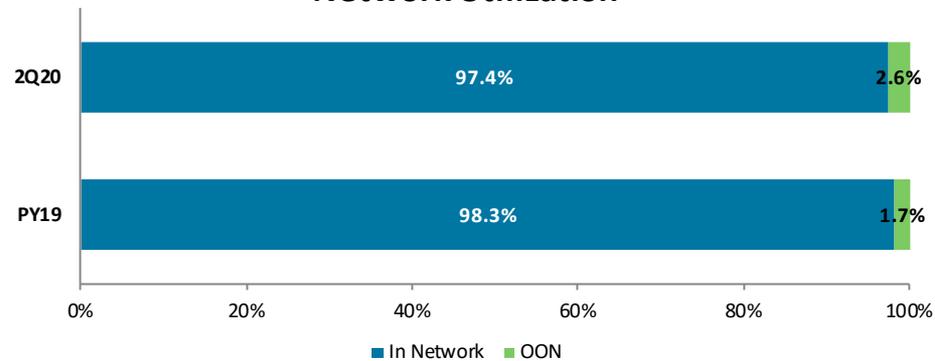
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Provider Network Summary

In Network Discounts



Network Utilization



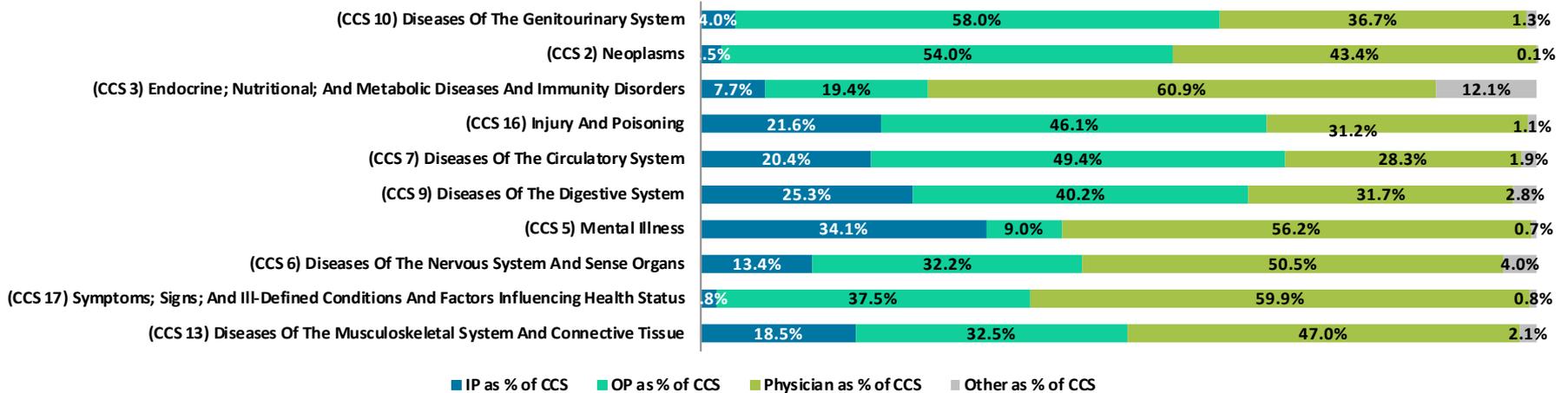
AHRQ* Clinical Classifications Summary

AHRQ Clinical Classifications Chapter	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
(CCS 13) Diseases Of The Musculoskeletal System And Connective Tissue	\$3,390,607	14.0%	\$2,278,850	\$766,957	\$344,800	\$1,478,179	\$1,912,428
(CCS 17) Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status	\$2,093,002	8.6%	\$1,280,745	\$311,065	\$501,192	\$672,676	\$1,420,326
(CCS 6) Diseases Of The Nervous System And Sense Organs	\$2,067,767	8.5%	\$1,281,333	\$363,701	\$422,733	\$838,329	\$1,229,437
(CCS 5) Mental Illness	\$1,975,977	8.1%	\$1,068,281	\$219,691	\$688,005	\$646,432	\$1,329,545
(CCS 9) Diseases Of The Digestive System	\$1,886,258	7.8%	\$1,225,257	\$317,500	\$343,501	\$820,881	\$1,065,376
(CCS 7) Diseases Of The Circulatory System	\$1,782,299	7.3%	\$1,356,929	\$343,845	\$81,526	\$919,489	\$862,810
(CCS 16) Injury And Poisoning	\$1,605,127	6.6%	\$986,568	\$220,557	\$398,002	\$810,197	\$794,929
(CCS 3) Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders	\$1,499,454	6.2%	\$1,169,463	\$203,590	\$126,401	\$497,210	\$1,002,244
(CCS 2) Neoplasms	\$1,395,760	5.8%	\$1,088,496	\$269,193	\$38,071	\$323,711	\$1,072,049
(CCS 10) Diseases Of The Genitourinary System	\$1,213,084	5.0%	\$936,380	\$162,568	\$114,136	\$397,751	\$815,334
(CCS 8) Diseases Of The Respiratory System	\$1,202,976	5.0%	\$742,427	\$112,038	\$348,511	\$541,566	\$661,410
(CCS 11) Complications Of Pregnancy; Childbirth; And The Puerperium	\$944,793	3.9%	\$709,418	\$157,205	\$78,170	\$20,628	\$924,166
(CCS 1) Infectious And Parasitic Diseases	\$789,880	3.3%	\$370,317	\$93,912	\$325,651	\$325,757	\$464,124
(CCS 15) Certain Conditions Originating In The Perinatal Period	\$760,791	3.1%	\$8,820	\$225	\$751,746	\$196,592	\$564,199
(CCS 18) Residual Codes; Unclassified; All E Codes [259. And 260.]	\$550,583	2.3%	\$424,277	\$83,211	\$43,096	\$241,608	\$308,976
(CCS 12) Diseases Of The Skin And Subcutaneous Tissue	\$430,499	1.8%	\$273,997	\$94,908	\$61,593	\$180,682	\$249,817
(CCS 4) Diseases Of The Blood And Blood-Forming Organs	\$406,611	1.7%	\$75,475	\$326,327	\$4,809	\$18,011	\$388,600
(CCS 14) Congenital Anomalies	\$254,274	1.0%	\$8,508	\$5,421	\$240,345	\$177,717	\$76,558
Total	\$24,249,744	100.0%	\$15,285,540	\$4,051,916	\$4,912,288	\$9,107,416	\$15,142,328



*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.

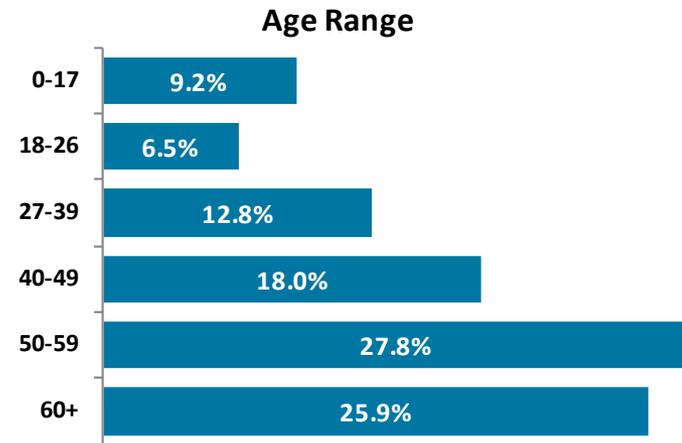
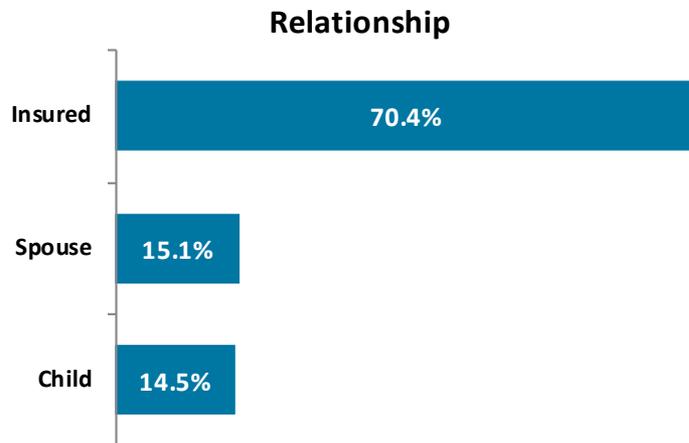
Top 10 Categories by Claim Type



AHRQ Category – Diseases of the Musculoskeletal System & Connective Tissue

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	998	5,836	\$1,491,823	44.0%
Non-Traumatic Joint Disorders	1,079	4,732	\$1,010,986	29.8%
Other Connective Tissue Disease [211.]	976	2,846	\$482,004	14.2%
Other Bone Disease And Musculoskeletal Deformities [212.]	359	1,348	\$208,244	6.1%
Acquired Deformities	155	380	\$162,084	4.8%
Osteoporosis [206.]	43	79	\$15,937	0.5%
Systemic Lupus Erythematosus And Connective Tissue Disorders [210.]	32	112	\$12,777	0.4%
Infective Arthritis And Osteomyelitis (Except That Caused By Tb Or Std) [201.]	5	41	\$4,246	0.1%
Pathological Fracture [207.]	5	6	\$2,506	0.1%
	----	----	\$3,390,607	100.0%

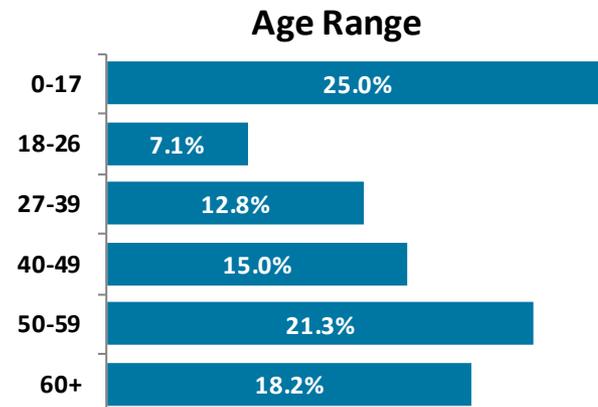
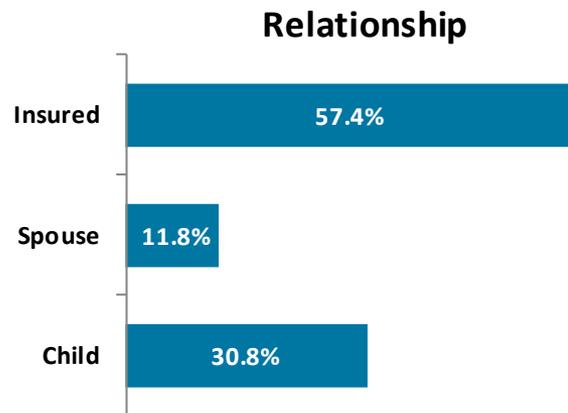
*Patient and claim counts are unique only within the category



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

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Factors Influencing Health Care	4,071	8,883	\$1,391,202	66.5%
Symptoms; Signs; And Ill-Defined Conditions	1,236	2,619	\$701,801	33.5%
	----	----	\$2,093,002	100.0%

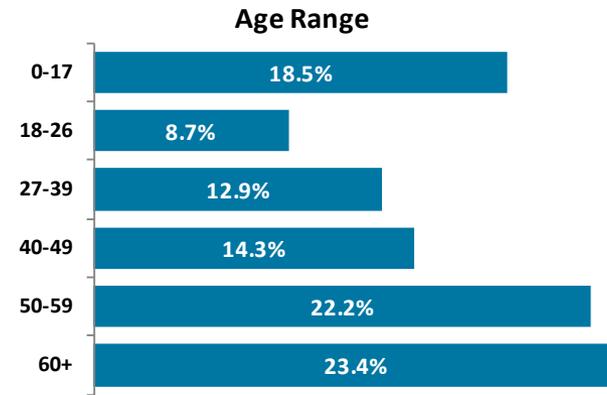
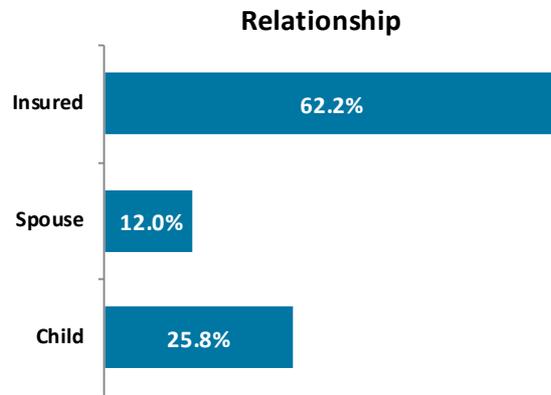
*Patient and claim counts are unique only within the category



AHRQ Category – Diseases of the Nervous System & Sense Organs

Diagnosis Category	Patients	Claims	Total Paid	% Paid
Eye Disorders	2,019	3,538	\$611,096	29.6%
Other Nervous System Disorders [95.]	428	1,350	\$536,930	26.0%
Headache; Including Migraine [84.]	282	635	\$207,576	10.0%
Ear Conditions	506	887	\$195,077	9.4%
Epilepsy; Convulsions [83.]	70	271	\$189,554	9.2%
Hereditary And Degenerative Nervous System Conditions	68	205	\$120,052	5.8%
Paralysis [82.]	12	55	\$104,341	5.0%
Central Nervous System Infection	3	12	\$85,791	4.1%
Coma; Stupor; And Brain Damage [85.]	18	27	\$17,351	0.8%
	----	----	\$2,067,767	100.0%

*Patient and claim counts are unique only within the category

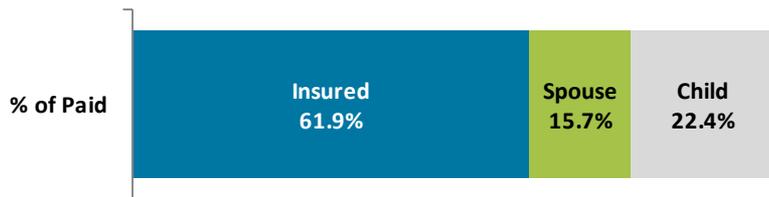


Emergency Room / Urgent Care Summary

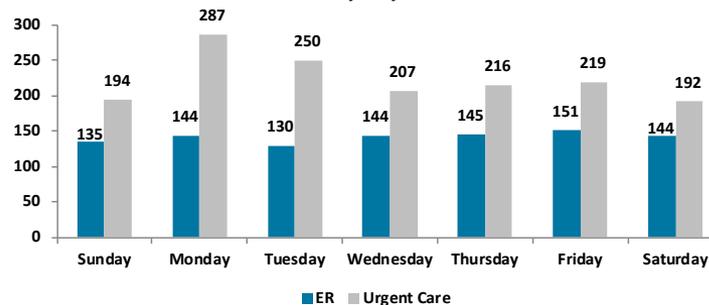
ER/Urgent Care	PY19		2Q20		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,454	2,449	993	1,565		
Number of Admits	192	----	150	----		
Visits Per Member	0.17	0.29	0.23	0.35	0.17	0.24
Visits/1000 Members	171	288	225	355	174	242
Avg Paid Per Visit	\$2,606	\$139	\$2,620	\$160	\$1,684	\$74
Admits per Visit	0.13	----	0.15	----	0.14	
% of Visits with HSB ER Dx	79.4%	----	79.2%	----		
% of Visits with a Physician OV*	67.9%	67.3%	83.6%	81.7%		
Total Plan Paid	\$3,788,451	\$341,606	\$2,568,193	\$251,114		

*looks back 12 months from ER visit

Annualized Annualized



Visits by Day of Week

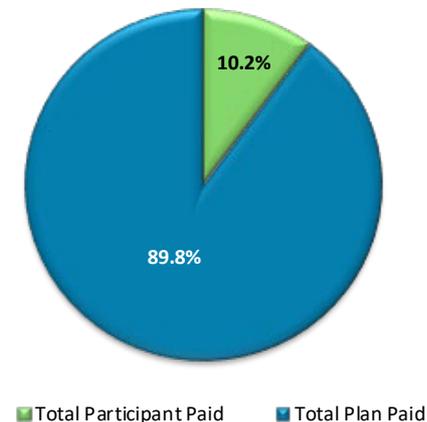
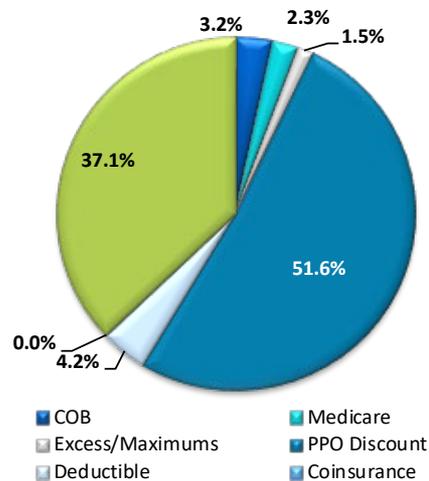


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	585	121	880	182	1,465	304
Spouse	131	136	140	146	271	282
Child	277	91	545	180	822	271
Total	993	113	1,565	177	2,558	290

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$65,353,299	\$2,258	100.0%
COB	\$2,121,727	\$73	3.2%
Medicare	\$1,495,243	\$52	2.3%
Excess/Maximums	\$983,558	\$34	1.5%
PPO Discount	\$33,754,389	\$1,166	51.6%
Deductible	\$2,748,639	\$95	4.2%
Coinsurance	\$0	\$0	0.0%
Total Participant Paid	\$2,748,639	\$95	4.2%
Total Plan Paid	\$24,249,744	\$838	37.1%

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



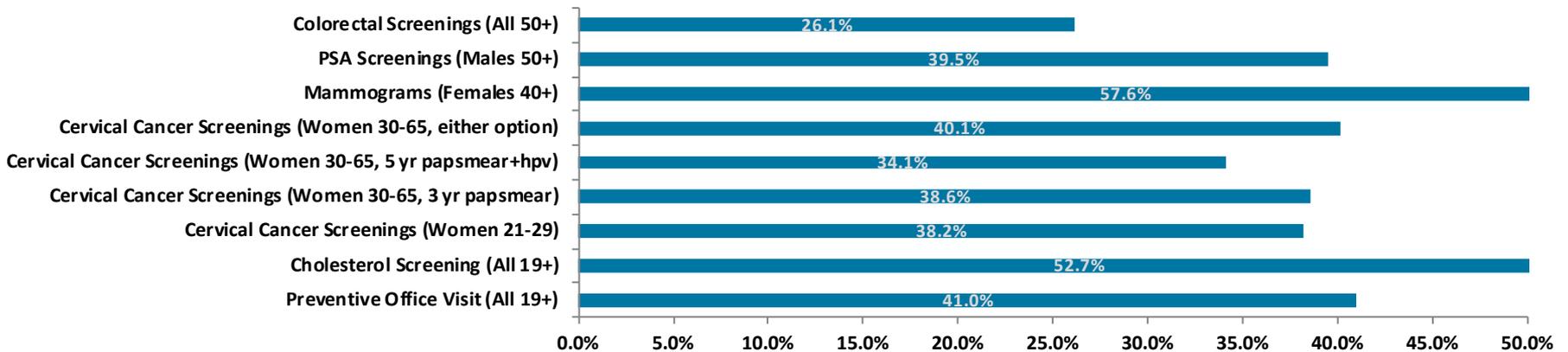
Preventive Services Compliance

*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+)	3,717	1,903	51.2%	2,744	746	27.2%	6,461	2,649	41.0%
Cholesterol Screening (All 19+)	3,717	2,026	54.5%	2,744	1,380	50.3%	6,461	3,406	52.7%
Cervical Cancer Screenings (Women 21-29)	453	173	38.2%	----	----	----	453	173	38.2%
Cervical Cancer Screenings (Women 30-65, 3 yr papsmear)	2,938	1,134	38.6%	----	----	----	2,938	1,134	38.6%
Cervical Cancer Screenings (Women 30-65, 5 yr papsmear+hpv)	2,938	1,002	34.1%	----	----	----	2,938	1,002	34.1%
Cervical Cancer Screenings (Women 30-65, either option)	2,938	1,178	40.1%	----	----	----	2,938	1,178	40.1%
Mammograms (Females 40+)	2,479	1,428	57.6%	----	----	----	2,479	1,428	57.6%
PSA Screenings (Males 50+)	----	----	----	1,358	536	39.5%	1,358	536	39.5%
Colorectal Screenings (All 50+)	1,773	498	28.1%	1,358	320	23.6%	3,131	819	26.1%

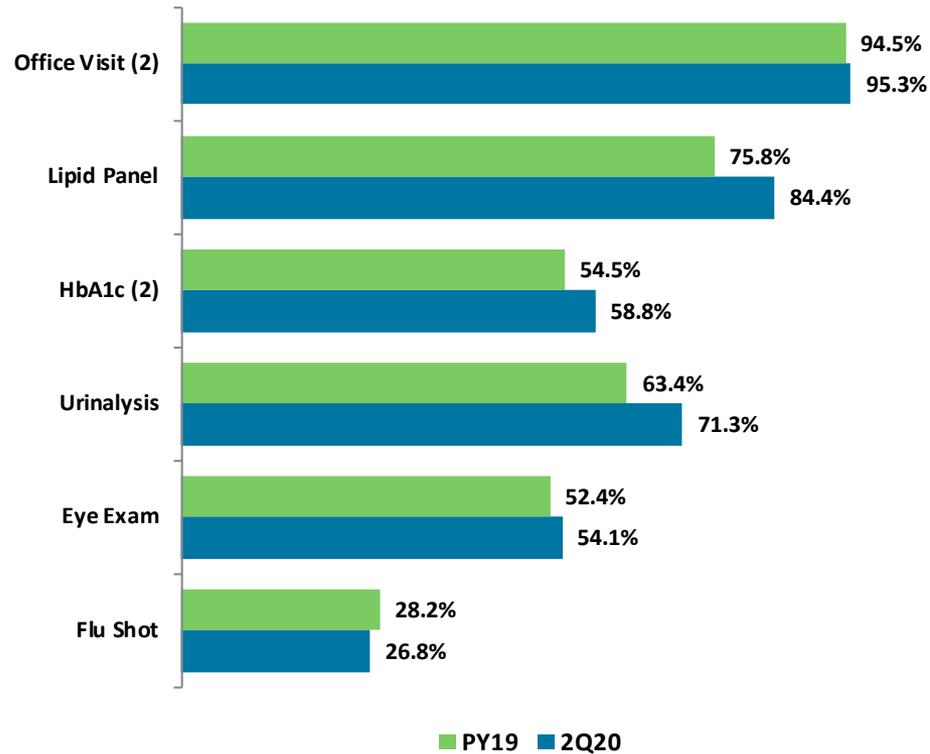
Overall Preventive Services Compliance Rates



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	2Q20
Members	525	571



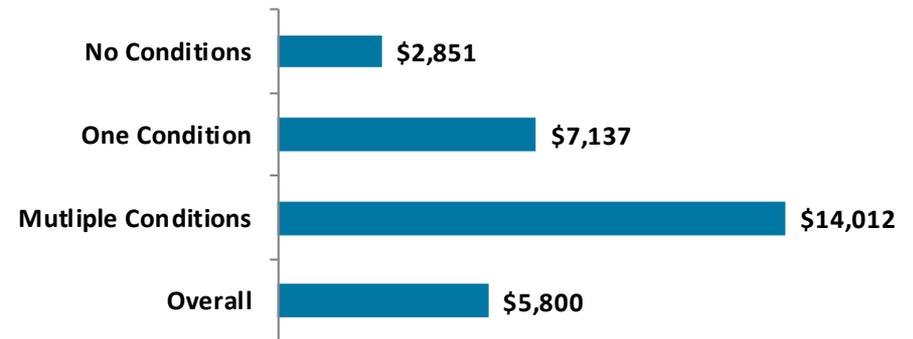
Chronic Conditions Summary

*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	411	391	47	39	\$4,157,022	\$10,114	99.5%	1 Office Visit
Cancer	312	293	36	58	\$6,225,383	\$19,953	----	----
Chronic Kidney Disease	72	66	8	56	\$1,655,084	\$22,987	----	----
Chronic Obstructive Pulmonary Disease (COPD)	96	93	11	61	\$1,864,461	\$19,421	97.9%	1 Office Visit
Congestive Heart Failure (CHF)	30	29	3	58	\$2,760,153	\$92,005	13.3%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Coronary Artery Disease (CAD)	143	134	16	60	\$2,421,461	\$16,933	26.6%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Depression	608	567	69	40	\$6,245,396	\$10,272	98.4%	1 Office Visit
Diabetes	571	539	65	55	\$5,945,017	\$10,412	27.8%	2 Office Visits, 1 Lipid Profile, 2 HbA1c's, 1 Urinalysis, 1 Eye Exam, 1 Flu Shot
Hyperlipidemia	788	756	90	55	\$6,660,797	\$8,453	35.9%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Hypertension	869	824	99	57	\$8,912,548	\$10,256	29.0%	1 Office Visit, 1 Lipid Profile, 1 Wellness Visit
Obesity	271	255	31	46	\$2,738,659	\$10,106	0.0%	----

# of Conditions	Avg Members	Average Age	Relationship		
			Insured	Spouse	Child
No Conditions	5,083	29	41.3%	9.4%	49.3%
One Condition	2,212	45	69.2%	13.5%	17.3%
Multiple Conditions	1,465	54	79.4%	17.1%	3.5%
Overall	8,760	37	53.7%	11.5%	34.8%

Cost per Member Type



Appendix C

Index of Tables

Health Plan of Nevada –Utilization Review for PEBP July 1, 2019 – December 31, 2019

KEY PERFORMANCE INDICATORS

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Financial Highlights.....	5
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PRESCRIPTION DRUG COSTS

Prescription Drug Cost	10
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Power Of Partnership.

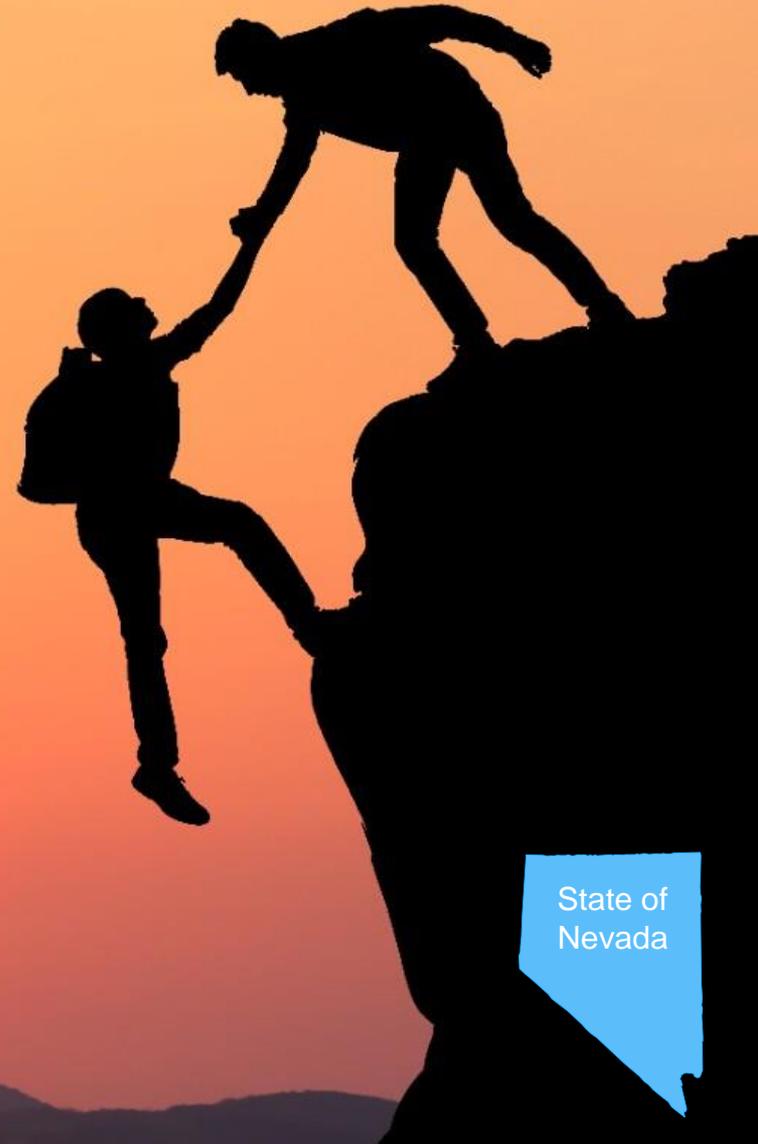
Quarterly Performance Review

Health Plan of Nevada, Inc. – Southern NV HMO

Reporting Period:

Current Period: July 1, 2019 – December 31, 2019, paid through January 31, 2020

Prior Period: July 1, 2018 – December 31, 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

- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Launched new HPN App
- ✓ 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
- ✓ 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 December 31, 2018
- **Current Period** - July 1, 2019 through December 31, 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	3,886	3,950	1.7%		
Average Age	49.4	48.9	-1.0%	44.6	9.8%
% Female	61.6%	61.8%	0.4%	51.3%	20.5%
Membership	6,706	6,859	2.3%		
Average Age	37.9	37.3	-1.6%	35.9	4.1%
% Female	56.9%	56.9%	-0.1%	51.9%	9.5%
% Female (20 -44)	18.3%	19.2%	4.7%	21.0%	-8.6%
% Children (<18)	21.7%	22.2%	2.6%	20.6%	7.8%
% Dependents (18-25)	11.3%	11.5%	1.7%	11.4%	0.2%
Average Family Size	1.73	1.74	0.6%	1.74	-0.2%
Age Gender Factor	1.20	1.18	-1.6%	1.08	9.8%
HHS Population Risk Factor	1.72	1.71	-0.5%	1.39	22.9%



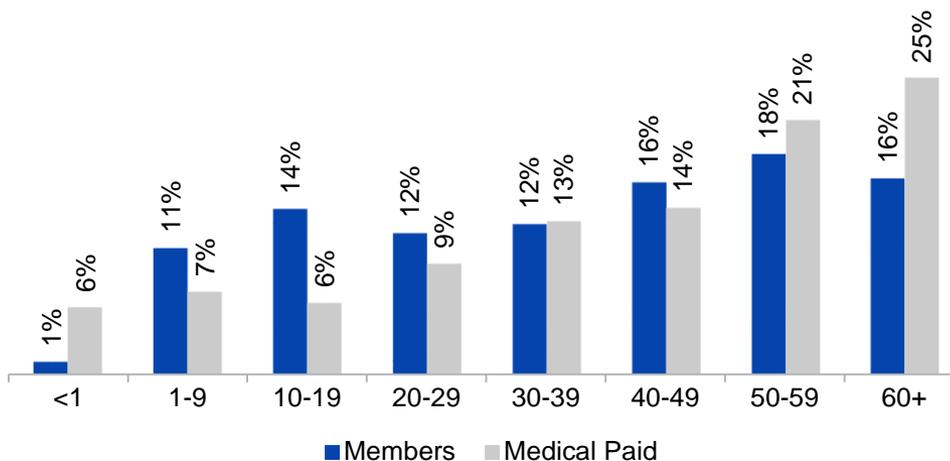
Population Insights

Membership increased **2.3%** to **6,859** covered under the medical plan

Females make up **56.9%** of the membership and drive **63.3%** of medical spend

Members over the age of **60** account for **16.3%** of the membership and drive **24.6%** of medical spend

HHS Risk Factor decreased **-0.5%** and is well below peer



Financial Highlights



Financial

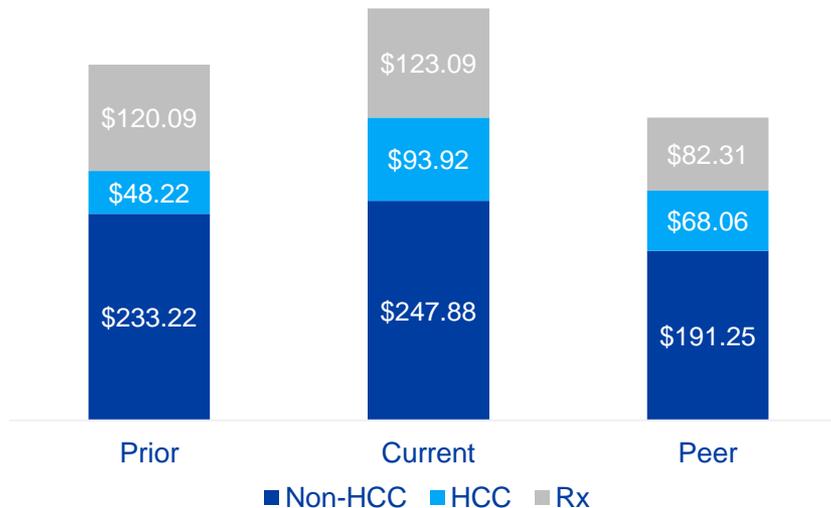
	Prior	Current	Δ		Peer	Δ
Medical Paid PMPM	\$281.44	\$341.81	21.4%	▲	\$259.31	31.8%
Non-Catastrophic	\$233.22	\$247.88	6.3%		\$191.25	29.6%
Catastrophic	\$48.22	\$93.92	94.8%	▲	\$68.06	38.0%
Plan Cost Share	70.1%	73.5%	4.9%		75.9%	-3.1%
Pharmacy PMPM	\$120.09	\$123.09	2.5%		\$82.31	49.5%

Catastrophic

Catastrophic Cases	19	42	121.1%	▲		
% of Members	0.26%	0.57%	115%		0.34%	68.9%
Average Net Paid	\$103,245	\$93,306	-9.6%		\$111,284	-16.2%
% of Dollars as High Cost	12.1%	20.5%	68.7%		20.8%	-1.7%

Changes Period over Period

- Medical PMPM Trend: **21.4%**
- Rx PMPM Trend: **2.5%**
- Combined PMPM Change: **15.8%**

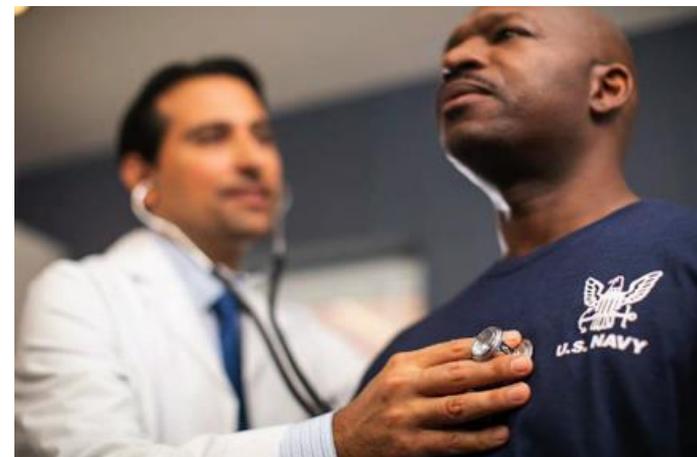


WORKING TO MAKE HEALTHCARE
EASIER FOR EVERYONE



Emergency Room/Urgent Services

	Prior	Current	Δ	Peer	Δ
ER Visits	365	456	25.0%		
ER Paid	\$975,130	\$1,226,183	25.7%		
ER Net Paid / Visit	\$2,675	\$2,691	0.6%	\$2,393	12.5%
ER Visits per K	54	66	22.2%	42	57.1%
UC Visits	1,860	1,908	2.6%		
UC Paid	\$37,591	\$37,262	-0.9%		
UC Net Paid / Visit	\$94	\$84	-11.0%	\$84	-0.7%
UC Visits per K	277	278	0.3%	259	7.4%



- ER Utilization increased **22.2%** on a Per K basis
- Average Net paid per Visit for ER stayed flat compare to prior period
- Urgent Care utilization remained relatively flat from prior period.

Opportunities

- On Demand Care Services
 - Now Clinic
 - Telephone Advise Nurse
- Increase Member Decision Making
 - Site of Care

Top ER Diagnosis By Spend	ER Visits
Abdominal Pain	24
Urinary Tract Infections	19
Headache; Including Migraine	11

TAN Outcomes			
Reason for Call	Calls	ER Outcomes	% to ER
Abdominal Pain	17	4	24%
Headache	5	0	0%
Urinary	5	1	20%
Total	27	5	18.5%



On-Demand Care Services



ADVICE NURSE for care guidance, treatment alternatives and options



VIRTUAL VISITS through NowClinic to see a provider from any location

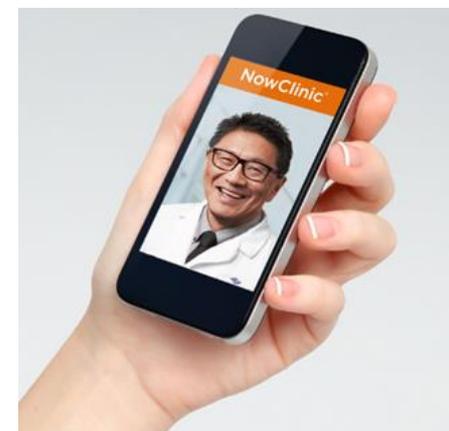
Advice Nurse Utilization

Prior	Current
298	299

NowClinic Visits

Prior	Current
148	175

Top Outcomes of Advice Nurse Call	Prior	Current
Sent to Urgent Care	101	91
Scheduled Appointment with Provider	58	57
Provided Self-Care Options	28	43
Sent to Emergency Room	39	32
Information or Advice Only	18	27
Call 911	6	10





High Cost Claimant (HCC) Data

Overview of High Cost Claimants

HCC Summary	Prior	Current	Δ	Peer	Δ
High Cost Members (>= \$50,000)	19	42	121.1%		
HCC's per 1,000	2.65	5.69	115.2%	3.37	68.9%
% of Members as High Cost	0.26%	0.57%	115.2%	0.34%	68.9%
% of Dollars as High Cost	12.1%	20.5%	68.7%	20.8%	-1.7%
HHS Risk Score	33.74	29.67	-12.1%	35.62	-16.7%
High Cost Claimant Average Cost	\$103,245	\$93,306	-9.6%	\$111,284	-16.2%
High Cost Claimant Average Med Cost	\$102,128	\$92,032	-9.9%	\$106,392	-13.5%
High Cost Claimant Average Rx Cost	\$1,117	\$1,274	14.1%	\$4,892	-74.0%

- HCC Defined as **\$50,000+** in spend during measurement period
- High cost claimant paid dollars increased **5.5%** from prior period
- Less complex cases caused a decrease in the average medical cost per claim by **-9.9%**
- Complications of Child Birth accounted for **20.4%** of Total High Cost Spend

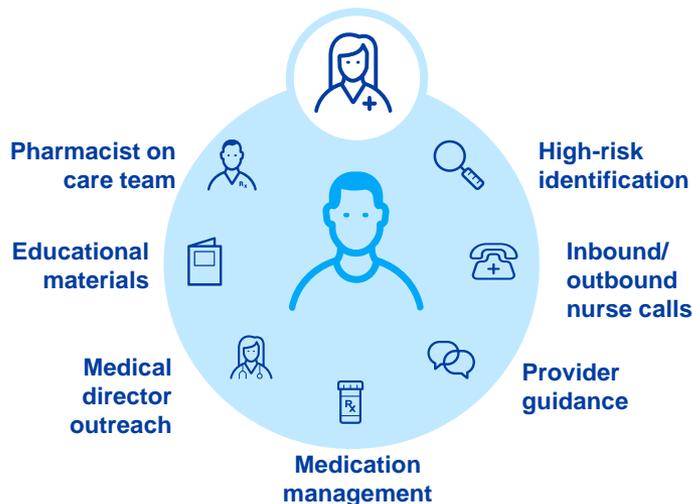




High Cost Claimant (HCC) Details

Largest 10 Cases by Paid in Current Period

Case	AHRQ_Category Description	Relationship	Paid	Eligible
1	Aortic; peripheral; and visceral artery aneurysms	Spouse	\$262,638	YES
2	Secondary malignancies	Subscriber	\$223,353	NO
3	Coagulation and hemorrhagic disorders	Subscriber	\$180,903	YES
4	Normal pregnancy and/or delivery	Dependent	\$156,183	YES
5	Normal pregnancy and/or delivery	Dependent	\$153,880	NO
6	Hypertension with complications and secondary hypertension	Spouse	\$151,243	YES
7	Diabetes mellitus without complication	Subscriber	\$141,070	YES
8	Acute myocardial infarction	Subscriber	\$132,697	YES
9	Normal pregnancy and/or delivery	Dependent	\$116,902	NO
10	Diverticulosis and diverticulitis	Subscriber	\$111,969	YES



- Care management team engagement
- 7 of the 10 high cost claimants are currently eligible
- Largest claimant is under \$300,000
- Medical management works to ensure services are medically necessary and received at the appropriate level



Pharmacy Data

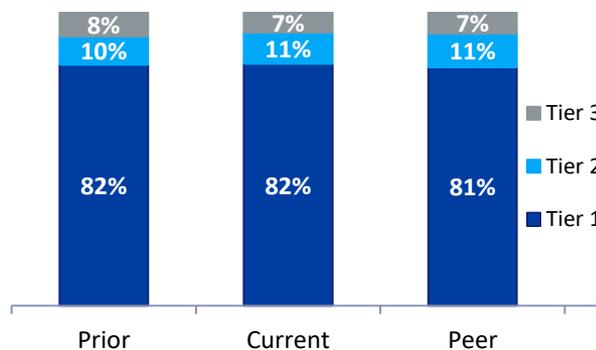
	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,706	6,859	2.3%		
Average Prescriptions PMPY	17.5	17.6	0.7%	11.3	55.8%
Formulary Rate	92.7%	92.5%	-0.2%	91.0%	1.6%
Generic Use Rate	86.9%	86.6%	-0.3%	86.3%	0.4%
Generic Substitution Rate	97.6%	97.3%	-0.3%	96.6%	0.7%
Employee Cost Share PMPM	\$16.77	\$18.14	8.2%	\$11.79	53.9%
Avg Net Paid per Prescription	\$82.40	\$83.85	1.8%	\$87.36	-4.0%
Net Paid PMPM	\$120.09	\$123.09	2.5%	\$82.31	49.5%



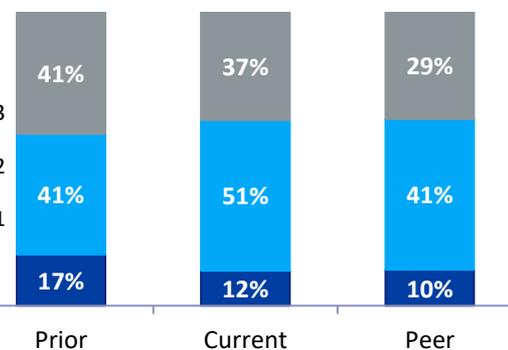
Pharmacy PMPM Change is 2.5%

- Average net paid per script increased **1.8%** from prior period
- **82.0%** of prescriptions were in Tier 1 and drove only **12.0%** of spend
- **Tier 3** utilization decreased **-14.7%** and spend decreased **-11.1%** from prior period
- Top 10 Theraclass spend remained flat year over year

Prescriptions by Tier



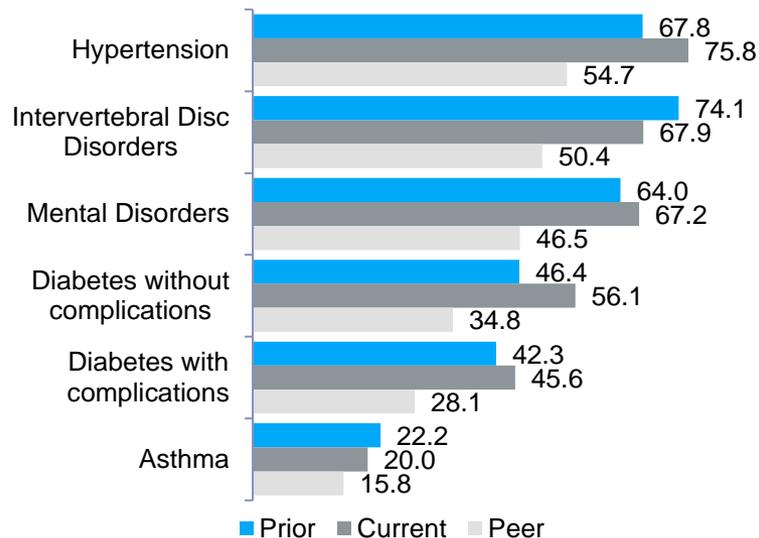
Net Paid by Tier



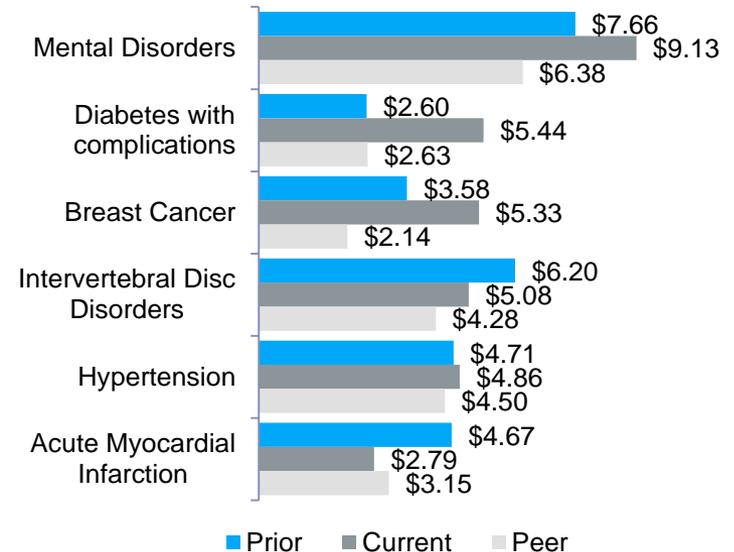


Common Diagnosis Categories

Top Common Conditions by Prevalence



Top Conditions by PMPM



- Hypertension, Intervertebral Disc Disorders, and Mental Disorders are the most prevalent clinical conditions within the population.
- Approximately 10% of the population has a diabetes diagnosis
- Prevalence of Diabetes with and without complications increased from prior period
- Spend in both Diabetes with and without Complications increased year over year
- Mental Disorders top condition driving spend at \$9.13 PMPM
- Chronic illnesses are driving the top common conditions