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**AGENDA ITEM**

Action Item

Information Only

**Date:** July 29, 2021

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

**Title:** Self-Funded CDHP and EPO Plan Utilization Report for the period ending March 31, 2021

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2021 period ending March 31, 2021. 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 Q3 Plan Year 2021 utilization data.

# Executive Summary

## *CONSUMER DRIVEN HEALTH PLAN (CDHP)*

The Consumer Driven Health Plan (CDHP) experience for Q3 of Plan Year 2021 compared to Q3 of Plan Year 2020 is summarized below.

- Population:
  - 1.2% decrease for primary participants
  - 1.0% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 9.8% decrease for primary participants
  - 9.9% decrease for primary participants plus dependents (members)
- High Cost Claims:
  - There were 32 High Cost Claimants accounting for 43.6% of the total plan paid for Q3 in Plan Year 2021
  - 24.9% decrease in High Cost Claimants per 1,000 members
  - 13.4% decrease in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Cancer (\$5.7 million) – 19.0% of paid claims
  - Neurological Disorders (\$2.9 million) – 9.6% of paid claims
  - Renal/Urologic Disorders (\$2.6 million) – 8.6% of paid claims
- Emergency Room:
  - ER visits per 1,000 members decreased 25.4%
  - Average paid per ER visit decreased 2.5%
- Urgent Care:
  - Urgent Care visits per 1,000 members decreased by 31.8%
  - Average paid per Urgent Care visit increased 97.3% (increase from \$37 to \$73)
- Network Utilization:
  - 97.5% of claims are from In-Network providers
  - Q3 of Plan Year 2021 In-Network utilization increased 1.6% over PY 2020
  - Q3 of Plan Year 2021 In-Network discounts increased 2.2% over PY 2020
- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims decreased 3.2%
    - Total Gross Claims Costs increased 7.6% (\$2.8 million)
    - Average Total Cost per Claim increased 11.2%
      - From \$92.86 to \$103.22
  - Member:
    - Total Member Cost decreased 3.3%
    - Average Participant Share per Claim decreased 0.1%
    - Net Member PMPM decreased 2.3%
      - From \$27.13 to \$26.52

- Plan
  - Total Plan Cost increased 11.9%
  - Average Plan Share per Claim increased 15.6%
  - Net Plan PMPM increased 13.1%
    - From \$69.44 to \$78.56
  - Net Plan PMPM factoring rebates increase 20.5%
    - From \$49.72 to \$59.92

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

The PEBP Premier Plan (EPO) experience for Q3 of Plan Year 2021 compared to the Q3 of Plan Year 2020 is summarized below.

- Population:
  - 2.8% decrease for primary participants
  - 2.3% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 5.0% increase for primary participants
  - 4.3% increase for primary participants plus dependents (members)
- High Cost Claims:
  - There were 44 High Cost Claimants accounting for 26.3% of the total plan paid for Q3 in Plan Year 2021
  - 28.6% increase in High Cost Claimants per 1,000 members
  - 29.0% increase in average cost of High Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Cancer (\$2.3 million) – 22.6% of paid claims
  - Renal/Urologic Disorders (\$1.2 million) – 11.3% of paid claims
  - Hematological Disorders (\$1.1 million) – 11.1% of paid claims
- Emergency Room:
  - ER visits per 1,000 members decreased by 29.2%
  - Average paid per ER visit decreased by 4.4%
- Urgent Care:
  - Urgent Care visits per 1,000 members decreased by 35.1%
  - Average paid per Urgent Care visit increased 8.6%
- Network Utilization:
  - 99.9% of claims are from In-Network providers
  - In-Network utilization increased 2.5%
  - In-Network discounts decreased 2.9%
- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims decreased 3.4%
    - Total Gross Claims Costs increased 7.9% (\$1.2 million)
    - Average Total Cost per Claim increased 11.7%
      - From \$112.59 to \$125.74

- Member:
  - Total Member Cost increased 27%
  - Average Participant Share per Claim increased 31.5%
  - Net Member PMPM increased 30.0%
    - From \$27.05 to \$35.15
- Plan
  - Total Plan Cost increased 4.7%
  - Average Plan Share per Claim increased 8.3%
  - Net Plan PMPM increased 7.1%
    - From \$160.84 to \$172.25
  - Net Plan PMPM factoring rebates increased 5.9%
    - From \$125.10 to \$132.50

### ***DENTAL PLAN***

The Dental Plan experience for Q3 of Plan Year 2021 is summarized below.

- Dental Cost:
  - Total of \$18,570,157 paid for Dental claims
    - Preventative claims account for 43.7% (\$8.1 million)
    - Basic claims account for 29.4% (\$5.5 million)
    - Major claims account for 20.2% (\$3.7 million)
    - Periodontal claims account for 6.7% (\$1.2 million)

## ***HEALTH REIMBURSEMENT ARRANGEMENT***

The table below provides a list of CDHP HRA account balances as of March 31, 2021.

<b>HRA Account Balances as of March 31, 2021</b>			
<b>\$Range</b>	<b># Accounts</b>	<b>Total Account Balance</b>	<b>Average Per Account Balance</b>
0	1,471	0	0
\$.01 - \$500.00	2,687	521,845	194
\$500.01 - \$1,000	1,932	1,397,494	723
\$1,000.01 - \$1,500	917	1,122,855	1,224
\$1,500.01 - \$2,000	658	1,157,764	1,760
\$2,000.01 - \$2,500	518	1,173,667	2,266
\$2,500.01 - \$3,000	350	957,845	2,737
\$3,000.01 - \$3,500	268	861,339	3,214
\$3,500.01 - \$4,000	176	659,075	3,745
\$4,000.01 - \$4,500	156	662,314	4,246
\$4,500.01 - \$5,000	119	564,156	4,741
<b>\$5,000.01 +</b>	<b>807</b>	<b>6,480,757</b>	<b>223,988</b>
<b>Total</b>	<b>10,059</b>	<b>\$ 15,559,110</b>	<b>\$ 1,547</b>

### ***CONCLUSION***

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP) and the PEBP Premier Plan (EPO) for the third quarter of Plan Year 2021. The CDHP total plan paid costs decreased 10.7% over the same time for Plan Year 2020. The EPO total plan paid costs increased 5.0% over the third quarter of Plan Year 2020. 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

## Index of Tables HealthSCOPE – CDHP Utilization Review for PEBP July 1, 2020 – March 31, 2021

<b>HEALTHSCOPE BENEFITS OVERVIEW</b> .....	<b>2</b>
<b>MEDICAL</b>	
<i>Paid Claims by Age Group</i> .....	<b>3</b>
Financial Summary .....	<b>5</b>
Paid Claims by Claim Type .....	<b>9</b>
Cost Distribution – Medical Claims .....	<b>12</b>
Utilization Summary .....	<b>13</b>
Provider Network Summary .....	<b>15</b>
<b>DENTAL</b>	
Claims Analysis .....	<b>22</b>
Savings Summary .....	<b>23</b>
<b>PREVENTIVE SERVICES</b>	
Quality Metrics .....	<b>24</b>
<b>PRESCRIPTION DRUG COSTS</b>	
Prescription Drug Cost Comparison .....	<b>27</b>

# HSB DATASCOPE™

## Nevada Public Employees' Benefits Program HDHP Plan

July 2020 – March 2021

Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for 3Q21 was \$97,083,780 of which 75.2% was spent in the State Active population. When compared to 3Q20, this quarter reflected a decrease of 10.7% in plan spend, with State Actives having a decrease of 7.1%.
  - When compared to 3Q19, 3Q21 reflected an increase of 2.4% in plan spend, with State Actives having an increase of 4.8%.
- On a PEPY basis, 3Q21 reflected a decrease of 9.6% when compared to 3Q20. The largest group, State Actives, decreased 15.5%.
  - When compared to 3Q19, 3Q21 reflected an increase in PEPY of 3.0%, with State Actives decreasing by 5.8%.
- 89.8% of the Average Membership had paid Medical claims less than \$2,500, with 21.7% of those having no claims paid at all during the reporting period.
- There were 129 high-cost Claimants (HCC's) over \$100K, that accounted for 30.9% of the total spend. HCC's accounted for 31.2% of total spend during 3Q20, with 142 members hitting the \$100K threshold. The largest diagnosis grouper was Cancer accounting for 19.0% of high-cost claimant dollars.
- IP Paid per Admit was \$24,648 which is a decrease of 1.6% compared to 3Q20.
- ER Paid per Visit is \$2,012, which is a decrease of 2.5% compared to 3Q20.
- 97.5% of all Medical spend dollars were to In Network providers. The average In Network discount was 67.5%, which is 3.4% higher than the PY20 average discount of 65.3%.

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

Paid Claims by Age Group								
3Q20								
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM
<1	\$ 4,656,377	\$ 1,478	\$ 60,016	\$ 19	\$ 11,447	\$ 2	\$ 4,727,839	\$ 1,500
1	\$ 638,379	\$ 181	\$ 14,515	\$ 4	\$ 37,735	\$ 8	\$ 690,629	\$ 193
2 - 4	\$ 983,913	\$ 82	\$ 409,088	\$ 34	\$ 313,076	\$ 19	\$ 1,706,077	\$ 135
5 - 9	\$ 1,244,088	\$ 54	\$ 121,675	\$ 5	\$ 989,682	\$ 31	\$ 2,355,444	\$ 91
10 - 14	\$ 2,625,760	\$ 102	\$ 398,223	\$ 16	\$ 962,569	\$ 27	\$ 3,986,552	\$ 145
15 - 19	\$ 3,856,680	\$ 142	\$ 703,428	\$ 26	\$ 1,157,646	\$ 31	\$ 5,717,754	\$ 199
20 - 24	\$ 4,585,968	\$ 149	\$ 701,924	\$ 23	\$ 770,925	\$ 19	\$ 6,058,818	\$ 191
25 - 29	\$ 4,510,221	\$ 180	\$ 811,926	\$ 32	\$ 767,118	\$ 24	\$ 6,089,265	\$ 237
30 - 34	\$ 5,615,717	\$ 208	\$ 1,315,927	\$ 49	\$ 899,017	\$ 26	\$ 7,830,661	\$ 283
35 - 39	\$ 5,147,255	\$ 172	\$ 2,439,602	\$ 82	\$ 1,061,225	\$ 27	\$ 8,648,082	\$ 281
40 - 44	\$ 5,918,972	\$ 218	\$ 1,618,685	\$ 60	\$ 1,078,206	\$ 29	\$ 8,615,863	\$ 307
45 - 49	\$ 8,116,195	\$ 278	\$ 2,568,411	\$ 88	\$ 1,262,488	\$ 31	\$ 11,947,094	\$ 397
50 - 54	\$ 9,140,377	\$ 300	\$ 3,456,281	\$ 113	\$ 1,395,373	\$ 32	\$ 13,992,031	\$ 446
55 - 59	\$ 12,989,223	\$ 388	\$ 4,757,409	\$ 142	\$ 1,682,153	\$ 36	\$ 19,428,785	\$ 566
60 - 64	\$ 26,932,000	\$ 715	\$ 5,931,841	\$ 157	\$ 2,066,968	\$ 39	\$ 34,930,810	\$ 911
65+	\$ 11,732,779	\$ 566	\$ 3,641,965	\$ 176	\$ 4,980,290	\$ 42	\$ 20,355,034	\$ 783
<b>Total</b>	<b>\$ 108,693,905</b>	<b>\$ 282</b>	<b>\$ 28,950,916</b>	<b>\$ 75</b>	<b>\$ 19,435,917</b>	<b>\$ 31</b>	<b>\$ 157,080,737</b>	<b>\$ 388</b>

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

Paid Claims by Age Group										
	3Q21								% Change	
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 3,957,626	\$ 1,305	\$ 40,006	\$ 13	\$ 8,321	\$ 2	\$ 4,005,953	\$ 1,320	-15.3%	-12.0%
1	\$ 621,579	\$ 179	\$ 161,939	\$ 47	\$ 39,895	\$ 8	\$ 823,413	\$ 234	19.2%	21.3%
2 - 4	\$ 960,591	\$ 81	\$ 197,839	\$ 17	\$ 292,939	\$ 18	\$ 1,451,369	\$ 115	-14.9%	-14.6%
5 - 9	\$ 1,431,121	\$ 65	\$ 323,073	\$ 15	\$ 934,629	\$ 31	\$ 2,688,823	\$ 110	14.2%	20.9%
10 - 14	\$ 2,002,208	\$ 78	\$ 382,937	\$ 15	\$ 997,101	\$ 28	\$ 3,382,246	\$ 122	-15.2%	-15.9%
15 - 19	\$ 2,358,293	\$ 88	\$ 537,487	\$ 20	\$ 1,202,197	\$ 32	\$ 4,097,977	\$ 140	-28.3%	-29.3%
20 - 24	\$ 3,474,771	\$ 116	\$ 873,794	\$ 29	\$ 736,119	\$ 18	\$ 5,084,684	\$ 163	-16.1%	-14.5%
25 - 29	\$ 6,494,608	\$ 274	\$ 1,150,540	\$ 49	\$ 734,063	\$ 24	\$ 8,379,211	\$ 347	37.6%	46.4%
30 - 34	\$ 4,610,879	\$ 166	\$ 1,730,329	\$ 62	\$ 909,526	\$ 25	\$ 7,250,734	\$ 254	-7.4%	-10.2%
35 - 39	\$ 4,988,946	\$ 167	\$ 2,570,795	\$ 86	\$ 1,055,789	\$ 27	\$ 8,615,530	\$ 280	-0.4%	-0.3%
40 - 44	\$ 5,117,863	\$ 182	\$ 1,820,758	\$ 65	\$ 1,023,789	\$ 27	\$ 7,962,410	\$ 273	-7.6%	-10.8%
45 - 49	\$ 6,929,621	\$ 244	\$ 2,541,988	\$ 89	\$ 1,128,435	\$ 29	\$ 10,600,044	\$ 361	-11.3%	-8.9%
50 - 54	\$ 11,764,960	\$ 388	\$ 3,712,844	\$ 122	\$ 1,292,287	\$ 30	\$ 16,770,091	\$ 540	19.9%	21.2%
55 - 59	\$ 13,103,612	\$ 398	\$ 4,781,416	\$ 145	\$ 1,518,974	\$ 33	\$ 19,404,002	\$ 576	-0.1%	1.8%
60 - 64	\$ 18,661,979	\$ 510	\$ 5,915,516	\$ 162	\$ 1,895,692	\$ 37	\$ 26,473,187	\$ 709	-24.2%	-22.2%
65+	\$ 10,605,123	\$ 496	\$ 3,984,437	\$ 186	\$ 4,800,400	\$ 39	\$ 19,389,960	\$ 721	-4.7%	-8.0%
<b>Total</b>	<b>\$ 97,083,780</b>	<b>\$ 254</b>	<b>\$ 30,725,699</b>	<b>\$ 80</b>	<b>\$ 18,570,157</b>	<b>\$ 30</b>	<b>\$ 146,379,635</b>	<b>\$ 365</b>	<b>-6.8%</b>	<b>-6.0%</b>

# Financial Summary - (p. 1 of 2)

	Total				State Active				Non-State Active			
Summary	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	23,523	23,655	23,383	-1.2%	19,549	19,776	19,580	-1.0%	4	4	4	-5.5%
Avg # Members	42,747	42,850	42,429	-1.0%	37,090	37,262	36,871	-1.1%	7	7	8	19.0%
Ratio	1.8	1.8	1.8	-0.6%	1.9	1.9	1.9	0.0%	1.8	1.8	2.2	26.3%
<b>Financial Summary</b>												
Gross Cost	\$126,187,313	\$143,839,796	\$127,271,396	-11.5%	\$94,673,980	\$106,842,232	\$97,371,699	-8.9%	\$28,186	\$40,378	\$32,915	-18.5%
Client Paid	\$94,830,736	\$108,693,905	\$97,083,780	-10.7%	\$69,590,772	\$78,511,281	\$72,963,088	-7.1%	\$21,172	\$30,241	\$20,807	-31.2%
Employee Paid	\$31,356,576	\$35,145,891	\$30,187,616	-14.1%	\$25,083,207	\$28,330,951	\$24,408,611	-13.8%	\$7,014	\$10,137	\$12,109	19.5%
Client Paid-PEPY	\$5,375	\$6,127	\$5,536	-9.6%	\$4,746	\$5,293	\$4,472	-15.5%	\$7,057	\$10,080	\$6,609	-34.4%
Client Paid-PMPY	\$2,958	\$3,382	\$3,051	-9.8%	\$2,502	\$2,809	\$2,375	-15.5%	\$4,033	\$5,760	\$2,996	-48.0%
Client Paid-PEPM	\$448	\$511	\$461	-9.8%	\$396	\$441	\$373	-15.4%	\$588	\$840	\$551	-34.4%
Client Paid-PMPM	\$246	\$282	\$254	-9.9%	\$208	\$234	\$198	-15.4%	\$336	\$480	\$250	-47.9%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	141	142	129	-9.2%	88	101	92	-8.9%	0	0	0	0.0%
HCC's / 1,000	3.3	3.3	3.0	-8.2%	2.4	2.7	2.5	-7.7%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$211,913	\$239,171	\$232,888	-2.6%	\$216,402	\$196,453	\$212,165	8.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	31.5%	31.2%	30.9%	-1.0%	27.4%	25.3%	26.8%	5.9%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,048	\$1,179	\$915	-22.4%	\$844	\$866	\$675	-22.1%	\$937	\$0	\$18	0.0%
Facility Outpatient	\$858	\$1,040	\$970	-6.7%	\$717	\$871	\$716	-17.8%	\$378	\$2,423	\$2,553	5.4%
Physician	\$987	\$1,082	\$1,106	2.2%	\$891	\$1,004	\$936	-6.8%	\$2,596	\$3,045	\$424	-86.1%
Other	\$65	\$81	\$61	-24.7%	\$50	\$68	\$47	-30.9%	\$121	\$292	\$1	0.0%
Total	\$2,958	\$3,382	\$3,051	-9.8%	\$2,502	\$2,809	\$2,375	-15.5%	\$4,033	\$5,760	\$2,996	-48.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

# Financial Summary - (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	3,225	3,247	3,268	0.6%	745	629	532	-15.4%	
Avg # Members	4,803	4,856	4,923	1.4%	847	725	627	-13.5%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.2	1.2	2.6%	1.6
<b>Financial Summary</b>									
Gross Cost	\$24,697,760	\$32,275,680	\$25,322,036	-21.5%	\$6,787,387	\$4,681,506	\$4,544,745	-2.9%	
Client Paid	\$19,493,426	\$26,541,571	\$20,386,030	-23.2%	\$5,725,366	\$3,610,812	\$3,713,855	2.9%	
Employee Paid	\$5,204,334	\$5,734,109	\$4,936,006	-13.9%	\$1,062,021	\$1,070,694	\$830,891	-22.4%	
Client Paid-PEPY	\$8,060	\$10,900	\$7,486	-31.3%	\$10,253	\$7,658	\$8,375	9.4%	\$6,297
Client Paid-PMPY	\$5,412	\$7,287	\$4,969	-31.8%	\$9,008	\$6,641	\$7,107	7.0%	\$3,879
Client Paid-PEPM	\$672	\$908	\$624	-31.3%	\$854	\$638	\$698	9.4%	\$525
Client Paid-PMPM	\$451	\$607	\$414	-31.8%	\$751	\$553	\$592	7.1%	\$323
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	40	42	32	-23.8%	13	4	7	75.0%	
HCC's / 1,000	8.3	8.7	6.5	-24.9%	15.3	5.5	11.2	102.2%	
Avg HCC Paid	\$203,103	\$320,627	\$277,594	-13.4%	\$208,635	\$163,538	\$234,345	43.3%	
HCC's % of Plan Paid	41.7%	50.7%	43.6%	-14.0%	47.4%	18.1%	44.2%	144.2%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$1,963	\$3,344	\$1,571	-53.0%	\$4,793	\$2,789	\$3,674	31.7%	\$1,149
Facility Outpatient	\$1,685	\$2,170	\$1,961	-9.6%	\$2,336	\$2,162	\$1,508	-30.2%	\$1,333
Physician	\$1,605	\$1,596	\$1,334	-16.4%	\$1,701	\$1,601	\$1,810	13.1%	\$1,301
Other	\$159	\$177	\$103	-41.8%	\$178	\$89	\$115	29.2%	\$96
Total	\$5,412	\$7,287	\$4,969	-31.8%	\$9,008	\$6,641	\$7,107	7.0%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	23,569	23,673	23,383	-1.2%	19,612	19,809	19,580	-1.2%	4	4	4	-1.3%
Avg # Members	42,776	42,865	42,429	-1.0%	37,138	37,291	36,871	-1.1%	7	7	8	22.0%
Ratio	1.8	1.8	1.8	-0.6%	1.9	1.9	1.9	0.0%	1.8	1.8	2.2	24.2%
<b>Financial Summary</b>												
Gross Cost	\$172,993,213	\$185,251,114	\$127,271,396	-31.3%	\$129,947,874	\$139,774,757	\$97,371,699	-30.3%	\$105,325	\$46,064	\$32,915	-28.5%
Client Paid	\$133,179,670	\$143,667,208	\$97,083,780	-32.4%	\$97,851,639	\$106,095,205	\$72,963,088	-31.2%	\$96,469	\$35,053	\$20,807	-40.6%
Employee Paid	\$39,813,543	\$41,583,906	\$30,187,616	-27.4%	\$32,096,235	\$33,679,553	\$24,408,611	-27.5%	\$8,857	\$11,011	\$12,109	10.0%
Client Paid-PEPY	\$5,651	\$6,069	\$5,536	-8.8%	\$4,989	\$5,356	\$4,472	-16.5%	\$24,117	\$9,144	\$6,609	-27.7%
Client Paid-PMPY	\$3,113	\$3,352	\$3,051	-9.0%	\$2,635	\$2,845	\$2,375	-16.5%	\$13,781	\$5,130	\$2,996	-41.6%
Client Paid-PEPM	\$471	\$506	\$461	-8.9%	\$416	\$446	\$373	-16.4%	\$2,010	\$762	\$551	-27.7%
Client Paid-PMPM	\$259	\$279	\$254	-9.0%	\$220	\$237	\$198	-16.5%	\$1,148	\$427	\$250	-41.5%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	198	206	129		124	151	92		0	0	0	
HCC's / 1,000	4.6	4.8	3.0		3.3	4.1	2.5		0.0	0.0	0.0	
Avg HCC Paid	\$219,374	\$236,642	\$232,888	-1.6%	\$218,720	\$206,591	\$212,165	2.7%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	32.6%	33.9%	30.9%	-8.8%	27.7%	29.4%	26.8%	-8.8%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,071	\$1,139	\$915	-19.7%	\$847	\$883	\$675	-23.6%	\$3,087	\$0	\$18	0.0%
Facility Outpatient	\$925	\$1,040	\$970	-6.7%	\$782	\$880	\$716	-18.6%	\$6,561	\$2,087	\$2,553	22.3%
Physician	\$1,045	\$1,093	\$1,106	1.2%	\$948	\$1,014	\$936	-7.7%	\$4,006	\$2,777	\$424	-84.7%
Other	\$72	\$80	\$61	-23.8%	\$58	\$68	\$47	-30.9%	\$129	\$266	\$1	0.0%
Total	\$3,113	\$3,352	\$3,051	-9.0%	\$2,635	\$2,845	\$2,375	-16.5%	\$13,781	\$5,130	\$2,996	-41.6%
			Annualized				Annualized				Annualized	

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

	State Retirees				Non-State Retirees				
Summary	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	HSB Peer Index
<b>Enrollment</b>									
Avg # Employees	3,224	3,246	3,268	0.7%	729	615	532	-13.4%	
Avg # Members	4,799	4,858	4,923	1.3%	832	710	627	-11.7%	
Ratio	1.5	1.5	1.5	0.7%	1.1	1.2	1.2	1.7%	1.6
<b>Financial Summary</b>									
Gross Cost	\$34,175,219	\$39,350,569	\$25,322,036	-35.7%	\$8,764,794	\$6,079,723	\$4,544,745	-25.2%	
Client Paid	\$27,761,940	\$32,691,908	\$20,386,030	-37.6%	\$7,469,622	\$4,845,042	\$3,713,855	-23.3%	
Employee Paid	\$6,413,280	\$6,658,661	\$4,936,006	-25.9%	\$1,295,172	\$1,234,681	\$830,891	-32.7%	
Client Paid-PEPY	\$8,612	\$10,070	\$7,486	-25.7%	\$10,246	\$7,882	\$8,375	6.3%	\$6,297
Client Paid-PMPY	\$5,785	\$6,730	\$4,969	-26.2%	\$8,983	\$6,821	\$7,107	4.2%	\$3,879
Client Paid-PEPM	\$718	\$839	\$624	-25.6%	\$854	\$657	\$698	6.2%	\$525
Client Paid-PMPM	\$482	\$561	\$414	-26.2%	\$749	\$568	\$592	4.2%	\$323
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	58	60	32		16	8	7		
HCC's / 1,000	12.1	12.4	6.5		19.2	11.3	11.2		
Avg HCC Paid	\$220,380	\$271,721	\$277,594	2.2%	\$220,793	\$156,233	\$234,345	50.0%	
HCC's % of Plan Paid	46.0%	49.9%	43.6%	-12.6%	47.3%	25.8%	44.2%	71.3%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$2,155	\$2,853	\$1,571	-44.9%	\$4,794	\$2,835	\$3,674	29.6%	\$1,149
Facility Outpatient	\$1,787	\$2,107	\$1,961	-6.9%	\$2,295	\$2,143	\$1,508	-29.6%	\$1,333
Physician	\$1,677	\$1,600	\$1,334	-16.6%	\$1,732	\$1,745	\$1,810	3.7%	\$1,301
Other	\$166	\$170	\$103	-39.4%	\$163	\$98	\$115	17.3%	\$96
Total	\$5,785	\$6,730	\$4,969	-26.2%	\$8,983	\$6,821	\$7,107	4.2%	\$3,879

Annualized

Annualized

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 28,646,209	\$ 10,922,760	\$ 2,226,347	\$ 41,795,316	\$ 25,668,741	\$ 4,607,956	\$ 2,592,414	\$ 32,869,111		-21.4%
Outpatient	\$ 49,865,072	\$ 11,970,906	\$ 1,421,558	\$ 63,257,536	\$ 47,294,347	\$ 10,989,555	\$ 2,196,105	\$ 60,480,007		-4.4%
Total - Medical	\$ 78,511,281	\$ 22,893,665	\$ 3,647,906	\$ 105,052,852	\$ 72,963,089	\$ 15,597,511	\$ 4,788,519	\$ 93,349,119		-11.1%
Dental	\$ 13,248,160	\$ 1,534,360	\$ 424,290	\$ 15,206,811	\$ 12,679,126	\$ 1,482,073	\$ 402,257	\$ 14,563,456		-4.2%
Dental Exchange	\$ -	\$ -	\$ 2,368,216	\$ 2,368,216	\$ -	\$ -	\$ 2,328,614	\$ 2,328,614		-1.7%
<b>Total</b>	<b>\$ 91,759,441</b>	<b>\$ 24,428,026</b>	<b>\$ 6,440,412</b>	<b>\$ 122,627,878</b>	<b>\$ 85,642,214</b>	<b>\$ 17,079,584</b>	<b>\$ 7,519,390</b>	<b>\$ 110,241,189</b>		<b>-10.1%</b>

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 441	\$ 964	\$ 665	\$ 507	\$ 414	\$ 662	\$ 817	\$ 454		-10.5%
Dental	\$ 54	\$ 50	\$ 48	\$ 53	\$ 52	\$ 49	\$ 57	\$ 52		-2.6%
Dental Exchange	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ 47	\$ 47		-5.9%

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 204	\$ 645,476	\$ 962,537	\$ 1,608,217	\$ 126	\$ 1,343,704	\$ 752,137	\$ 2,095,967	30.3%	
Outpatient	\$ 30,037	\$ 1,518,942	\$ 483,857	\$ 2,032,836	\$ 20,680	\$ 1,191,545	\$ 426,470	\$ 1,638,695	-19.4%	
Total - Medical	\$ 30,241	\$ 2,164,418	\$ 1,446,394	\$ 3,641,053	\$ 20,807	\$ 2,535,249	\$ 1,178,606	\$ 3,734,662	2.6%	
Dental	\$ 2,149	\$ 234,681	\$ 177,568	\$ 414,399	\$ 3,341	\$ 159,556	\$ 159,148	\$ 322,045	-22.3%	
Dental Exchange	\$ -	\$ -	\$ 1,446,492	\$ 1,446,492	\$ -	\$ -	\$ 1,356,042	\$ 1,356,042	-6.3%	
<b>Total</b>	<b>\$ 32,391</b>	<b>\$ 2,399,099</b>	<b>\$ 3,070,454</b>	<b>\$ 5,501,944</b>	<b>\$ 24,147</b>	<b>\$ 2,694,805</b>	<b>\$ 2,693,797</b>	<b>\$ 5,412,749</b>	<b>-1.6%</b>	

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 840	\$ 654	\$ 617	\$ 639	\$ 612	\$ 1,068	\$ 488	\$ 774	21.1%	
Dental	\$ 30	\$ 43	\$ 47	\$ 44	\$ 48	\$ 40	\$ 41	\$ 41	-7.7%	
Dental Exchange	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 43	\$ 43	-3.8%	

# Paid Claims by Claim Type – Total

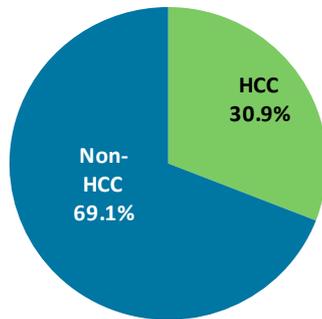
Net Paid Claims - Total										
Total Participants										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 28,646,412	\$ 11,568,236	\$ 3,188,885	\$ 43,403,533	\$ 25,668,868	\$ 5,951,660	\$ 3,344,550	\$ 34,965,078		-19.4%
Outpatient	\$ 49,895,110	\$ 13,489,847	\$ 1,905,415	\$ 65,290,372	\$ 47,315,028	\$ 12,181,100	\$ 2,622,575	\$ 62,118,702		-4.9%
Total - Medical	\$ 78,541,522	\$ 25,058,083	\$ 5,094,300	\$ 108,693,905	\$ 72,983,895	\$ 18,132,760	\$ 5,967,126	\$ 97,083,780		-10.7%
Dental	\$ 13,250,310	\$ 1,769,042	\$ 601,858	\$ 15,621,209	\$ 12,682,466	\$ 1,641,629	\$ 561,405	\$ 14,885,501		-4.7%
Dental Exchange	\$ -	\$ -	\$ 3,814,708	\$ 3,814,708	\$ -	\$ -	\$ 3,684,657	\$ 3,684,657		-3.4%
<b>Total</b>	<b>\$ 91,791,832</b>	<b>\$ 26,827,125</b>	<b>\$ 9,510,866</b>	<b>\$ 128,129,821</b>	<b>\$ 85,666,362</b>	<b>\$ 19,774,389</b>	<b>\$ 10,213,187</b>	<b>\$ 115,653,937</b>		<b>-9.7%</b>

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Medical	\$ 441	\$ 926	\$ 651	\$ 511	\$ 414	\$ 700	\$ 721	\$ 461		-9.6%
Dental	\$ 54	\$ 49	\$ 48	\$ 53	\$ 52	\$ 48	\$ 52	\$ 52		-2.6%
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 45	\$ 45		-5.0%

# Cost Distribution – Medical Claims

3Q20						3Q21						
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
121	0.3%	\$33,962,230	31.2%	\$790,791	2.3%	\$100,000.01 Plus	110	0.3%	\$30,016,412	30.9%	\$762,651	2.5%
179	0.4%	\$13,580,650	12.5%	\$1,088,988	3.1%	\$50,000.01-\$100,000.00	157	0.4%	\$12,111,596	12.5%	\$942,075	3.1%
386	0.9%	\$14,437,844	13.3%	\$2,049,744	5.8%	\$25,000.01-\$50,000.00	356	0.8%	\$13,080,289	13.5%	\$1,685,139	5.6%
1,037	2.4%	\$17,232,031	15.9%	\$4,688,759	13.3%	\$10,000.01-\$25,000.00	894	2.1%	\$14,716,004	15.2%	\$4,042,839	13.4%
1,371	3.2%	\$10,279,425	9.5%	\$4,485,520	12.8%	\$5,000.01-\$10,000.00	1,150	2.7%	\$8,594,907	8.9%	\$3,759,794	12.5%
1,856	4.3%	\$7,019,835	6.5%	\$4,320,982	12.3%	\$2,500.01-\$5,000.00	1,685	4.0%	\$6,320,992	6.5%	\$3,744,758	12.4%
22,760	53.1%	\$12,181,891	11.2%	\$14,870,180	42.3%	\$0.01-\$2,500.00	24,441	57.6%	\$12,243,580	12.6%	\$13,284,450	44.0%
6,416	15.0%	\$0	0.0%	\$2,850,927	8.1%	\$0.00	4,444	10.5%	\$0	0.0%	\$1,965,911	6.5%
8,723	20.4%	\$0	0.0%	\$0	0.0%	No Claims	9,192	21.7%	\$0	0.0%	\$0	0.0%
<b>42,850</b>	<b>100.0%</b>	<b>\$108,693,905</b>	<b>100.0%</b>	<b>\$35,145,891</b>	<b>100.0%</b>		<b>42,429</b>	<b>100.0%</b>	<b>\$97,083,780</b>	<b>100.0%</b>	<b>\$30,187,616</b>	<b>100.0%</b>

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	50	\$5,714,540	19.0%
Neurological Disorders	79	\$2,882,966	9.6%
Renal/Urologic Disorders	65	\$2,569,471	8.6%
Gastrointestinal Disorders	72	\$2,523,312	8.4%
Infections	75	\$2,082,919	6.9%
Pregnancy-related Disorders	12	\$1,983,045	6.6%
Spine-related Disorders	38	\$1,868,614	6.2%
Medical/Surgical Complications	38	\$1,790,031	6.0%
Mental Health	33	\$1,662,232	5.5%
Cardiac Disorders	77	\$1,557,774	5.2%
All Other		\$5,407,699	18.0%
<b>Overall</b>	<b>----</b>	<b>\$30,042,604</b>	<b>100.0%</b>

# Utilization Summary (p. 1 of 2)

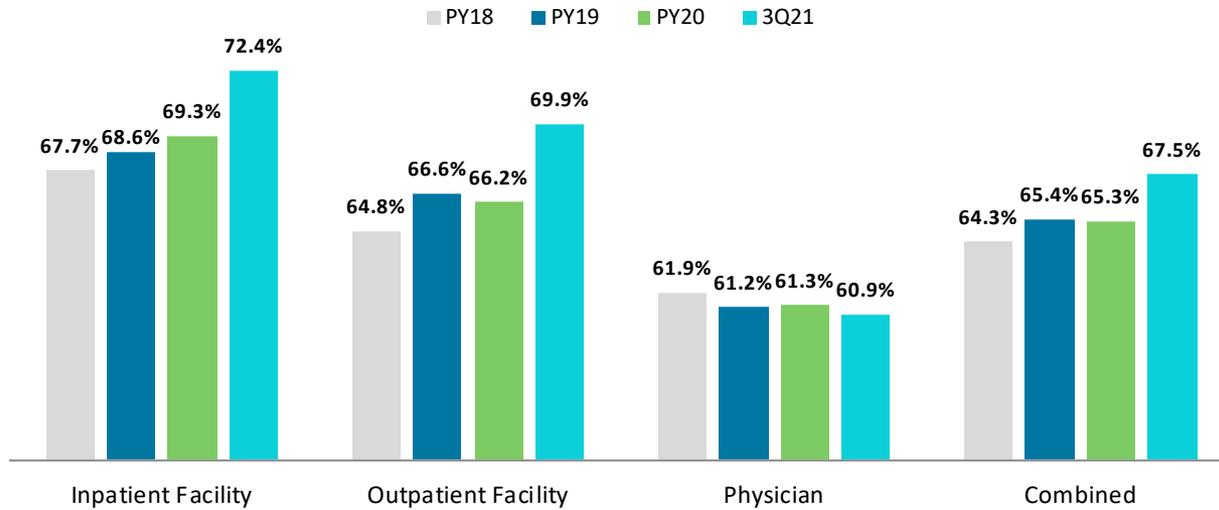
Summary	Total				State Active				Non-State Active			
	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year
<b>Inpatient Summary</b>												
# of Admits	1,411	1,404	1,218		1,066	1,070	981		1	0	0	
# of Bed Days	8,830	8,031	7,707		6,516	6,031	6,216		7	0	0	
Paid Per Admit	\$26,791	\$25,040	\$24,648	-1.6%	\$24,776	\$24,802	\$23,196	-6.5%	\$24,018	\$0	\$0	0.0%
Paid Per Day	\$4,281	\$4,377	\$3,895	-11.0%	\$4,053	\$4,400	\$3,661	-16.8%	\$3,431	\$0	\$0	0.0%
Admits Per 1,000	44	43	38	-11.6%	38	38	35	-7.9%	190	0	0	0.0%
Days Per 1,000	273	248	242	-2.4%	232	214	225	5.1%	1333	0	0	0.0%
Avg LOS	6.3	5.7	6.3	10.5%	6.1	5.6	6.3	12.5%	7	0	0	0.0%
# Admits From ER	755	714	649		539	503	497		1	0	0	
<b>Physician Office</b>												
OV Utilization per Member	3.8	4.2	3.8	-9.5%	3.6	3.9	3.6	-7.7%	6.5	10.9	3.7	-66.1%
Avg Paid per OV	\$70	\$74	\$75	1.4%	\$70	\$73	\$76	4.1%	\$93	\$103	\$87	-15.5%
Avg OV Paid per Member	\$268	\$307	\$287	-6.5%	\$249	\$284	\$277	-2.5%	\$601	\$1,122	\$321	-71.4%
DX&L Utilization per Member	7.3	8.3	7.7	-7.2%	6.7	7.7	7.3	-5.2%	7.6	0	0	0.0%
Avg Paid per DX&L	\$57	\$54	\$55	1.9%	\$52	\$51	\$51	0.0%	\$61	\$0	\$0	0.0%
Avg DX&L Paid per Member	\$415	\$445	\$422	-5.2%	\$347	\$392	\$372	-5.1%	\$463	\$0	\$0	0.0%
<b>Emergency Room</b>												
# of Visits	4,533	4,872	3,573		3,768	4,076	3,071		1	2	1	
Visits Per Member	0.14	0.15	0.11	-26.7%	0.13	0.14	0.11	-21.4%	0.19	0.38	0.16	0.0%
Visits Per 1,000	140	151	112	-25.4%	134	145	111	-23.4%	190	381	160	0.0%
Avg Paid per Visit	\$1,856	\$2,063	\$2,012	-2.5%	\$1,840	\$2,079	\$2,028	-2.5%	\$500	\$1,803	\$15,692	0.0%
<b>Urgent Care</b>												
# of Visits	8,509	10,295	6,898		7,675	9,335	6,015		4	1	1	
Visits Per Member	0.26	0.32	0.22	-31.3%	0.28	0.33	0.22	-34.1%	0.76	0.19	0.16	0.0%
Visits Per 1,000	263	318	217	-31.8%	276	334	218	-34.7%	762	190	160	0.0%
Avg Paid per Visit	\$30	\$37	\$73	97.3%	\$29	\$36	\$74	106.4%	\$102	\$170	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

# Utilization Summary (p. 2 of 2)

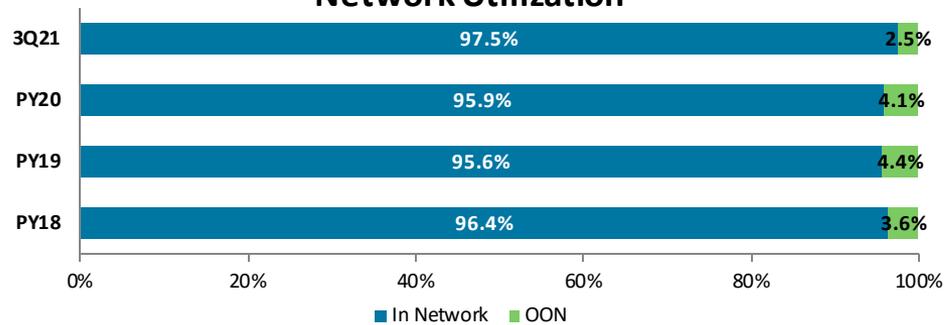
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	3Q19	3Q20	3Q21	Variance to Prior Year	3Q19	3Q20	3Q21	Variance to Prior Year	
<b>Inpatient Summary</b>									
# of Admits	267	252	195		77	82	42		
# of Bed Days	1,752	1,590	1,250		555	410	241		
Paid Per Admit	\$34,118	\$28,523	\$29,537	3.6%	\$29,318	\$17,428	\$35,848	105.7%	\$16,632
Paid Per Day	\$5,200	\$4,521	\$4,608	1.9%	\$4,068	\$3,486	\$6,247	79.2%	\$3,217
Admits Per 1,000	74	69	53	-23.2%	121	152	89	-41.4%	76
Days Per 1,000	488	437	339	-22.4%	874	759	512	-32.5%	391
Avg LOS	6.6	6.3	6.4	1.6%	7.2	5.0	5.7	14.0%	5.2
# Admits From ER	161	151	127		54	60	25		
<b>Physician Office</b>									
OV Utilization per Member	5.2	5.7	5.0	-12.3%	6.4	7.5	6.6	-12.0%	5.0
Avg Paid per OV	\$78	\$77	\$71	-7.8%	\$49	\$76	\$60	-21.1%	\$57
Avg OV Paid per Member	\$409	\$439	\$351	-20.0%	\$313	\$572	\$399	-30.2%	\$286
DX&L Utilization per Member	10.6	11.7	10.4	-11.1%	13.5	13.6	12.5	-8.1%	10.5
Avg Paid per DX&L	\$80	\$69	\$72	4.3%	\$72	\$54	\$68	25.9%	\$50
Avg DX&L Paid per Member	\$849	\$815	\$744	-8.7%	\$966	\$726	\$842	16.0%	\$522
<b>Emergency Room</b>									
# of Visits	614	648	439		150	146	62		
Visits Per Member	0.17	0.18	0.12	-33.3%	0.24	0.27	0.13	-51.9%	0.24
Visits Per 1,000	171	178	119	-33.1%	236	270	132	-51.1%	235
Avg Paid per Visit	\$2,033	\$2,120	\$1,820	-14.2%	\$1,531	\$1,362	\$2,350	72.5%	\$943
<b>Urgent Care</b>									
# of Visits	685	822	633		145	137	83		
Visits Per Member	0.19	0.23	0.17	-24.7%	0.23	0.25	0.18	-28.6%	0.3
Visits Per 1,000	190	226	171	-24.2%	228	252	176	-30.1%	300
Avg Paid per Visit	\$35	\$48	\$79	63.4%	\$44	\$36	\$81	125.8%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

# Provider Network Summary

## In Network Discounts



## Network Utilization



# Diagnosis Grouper Summary

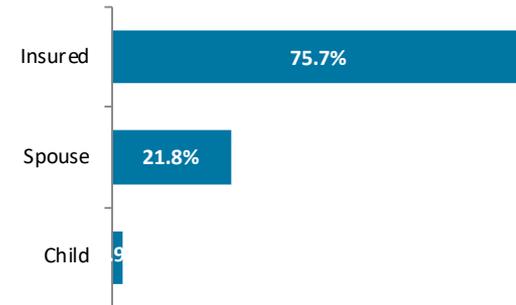
Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$11,122,680	11.5%	\$8,979,946	\$1,966,051	\$176,684	\$4,199,245	\$6,923,435
Health Status/Encounters	\$8,246,976	8.5%	\$4,725,480	\$1,244,481	\$2,277,015	\$2,889,102	\$5,353,189
Gastrointestinal Disorders	\$7,957,694	8.2%	\$5,156,525	\$1,988,900	\$812,269	\$3,504,871	\$4,452,519
Infections	\$6,888,270	7.1%	\$4,765,860	\$1,426,328	\$696,083	\$3,501,931	\$3,386,238
Musculoskeletal Disorders	\$6,660,381	6.9%	\$4,601,098	\$1,484,070	\$575,213	\$2,366,264	\$4,294,117
Neurological Disorders	\$6,418,721	6.6%	\$4,594,898	\$1,194,761	\$629,062	\$2,089,404	\$4,327,774
Cardiac Disorders	\$6,246,810	6.4%	\$4,540,243	\$1,508,856	\$197,711	\$3,797,123	\$2,446,139
Pregnancy-related Disorders	\$5,868,743	6.0%	\$2,091,866	\$917,971	\$2,858,906	\$2,039,837	\$3,677,575
Mental Health	\$5,334,229	5.5%	\$2,459,119	\$531,563	\$2,343,547	\$2,503,356	\$2,823,764
Spine-related Disorders	\$5,036,408	5.2%	\$3,775,520	\$989,976	\$270,912	\$1,488,289	\$3,548,118
Renal/Urologic Disorders	\$4,677,404	4.8%	\$3,806,137	\$672,181	\$199,085	\$3,200,457	\$1,476,504
Trauma/Accidents	\$3,775,206	3.9%	\$2,273,819	\$746,662	\$754,724	\$1,959,918	\$1,815,287
Eye/ENT Disorders	\$3,051,547	3.1%	\$1,954,399	\$508,164	\$588,984	\$1,330,666	\$1,720,881
Medical/Surgical Complications	\$2,502,491	2.6%	\$1,072,988	\$1,243,652	\$185,850	\$901,418	\$1,601,073
Pulmonary Disorders	\$2,188,171	2.3%	\$1,397,243	\$319,301	\$471,627	\$1,033,130	\$1,155,041
Gynecological/Breast Disorders	\$1,994,303	2.1%	\$1,374,724	\$334,040	\$285,539	\$22,840	\$1,971,463
Endocrine/Metabolic Disorders	\$1,721,673	1.8%	\$1,349,649	\$210,519	\$161,506	\$669,221	\$1,052,453
Non-malignant Neoplasm	\$1,244,247	1.3%	\$1,004,233	\$158,793	\$81,221	\$430,034	\$814,213
Diabetes	\$1,210,971	1.2%	\$733,630	\$319,878	\$157,464	\$646,348	\$564,624
Congenital/Chromosomal Anomalies	\$1,147,184	1.2%	\$112,777	\$45,899	\$988,508	\$224,471	\$751,628
Miscellaneous	\$938,988	1.0%	\$573,518	\$204,321	\$161,148	\$452,571	\$486,325
Vascular Disorders	\$816,475	0.8%	\$500,545	\$308,252	\$7,678	\$470,215	\$346,261
Dermatological Disorders	\$727,017	0.7%	\$447,901	\$129,740	\$149,376	\$427,309	\$299,708
Abnormal Lab/Radiology	\$482,746	0.5%	\$372,821	\$78,214	\$31,711	\$203,577	\$279,169
Hematological Disorders	\$412,075	0.4%	\$305,343	\$62,302	\$44,430	\$141,043	\$271,032
Medication Related Conditions	\$136,445	0.1%	\$70,605	\$11,397	\$54,443	\$57,145	\$79,300
Cholesterol Disorders	\$97,064	0.1%	\$73,289	\$21,350	\$2,424	\$41,397	\$55,667
Allergic Reaction	\$91,238	0.1%	\$70,620	\$8,019	\$12,599	\$69,322	\$21,917
Dental Conditions	\$77,067	0.1%	\$20,090	\$1,736	\$55,241	\$41,631	\$35,436
External Hazard Exposure	\$5,293	0.0%	\$1,022	\$2,197	\$2,074	\$2,303	\$2,990
Ungroupable	\$5,264	0.0%	\$4,905	\$219	\$140	\$3,144	\$2,120
<b>Total</b>	<b>\$97,083,780</b>	<b>100.0%</b>	<b>\$63,210,813</b>	<b>\$18,639,792</b>	<b>\$15,233,175</b>	<b>\$40,707,581</b>	<b>\$56,035,957</b>

# Diagnosis Grouper – Cancer

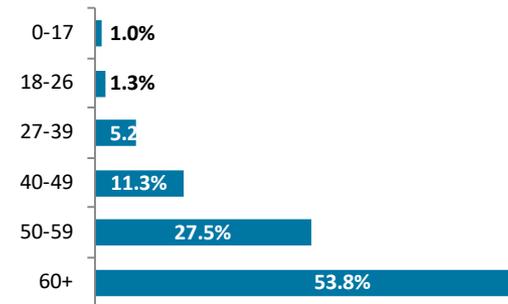
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cancer Therapies	102	622	\$2,743,732	2.8%
Breast Cancer	254	2,359	\$1,865,731	1.9%
Cancers, Other	413	1,700	\$1,461,594	1.5%
Secondary Cancers	73	362	\$910,362	0.9%
Prostate Cancer	122	969	\$763,803	0.8%
Brain Cancer	22	309	\$610,689	0.6%
Bladder Cancer	22	351	\$432,796	0.4%
Lung Cancer	27	289	\$430,340	0.4%
Colon Cancer	54	442	\$391,874	0.4%
Ovarian Cancer	27	262	\$363,001	0.4%
Cervical/Uterine Cancer	48	424	\$342,263	0.4%
Myeloma	17	218	\$243,542	0.3%
Melanoma	60	277	\$215,946	0.2%
Carcinoma in Situ	103	284	\$95,151	0.1%
Lymphomas	53	376	\$90,513	0.1%
Thyroid Cancer	83	296	\$58,632	0.1%
Leukemias	39	312	\$49,922	0.1%
Kidney Cancer	24	63	\$30,572	0.0%
Pancreatic Cancer	7	55	\$22,216	0.0%
<b>Overall</b>	----	----	<b>\$11,122,680</b>	<b>100.0%</b>

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

## Relationship



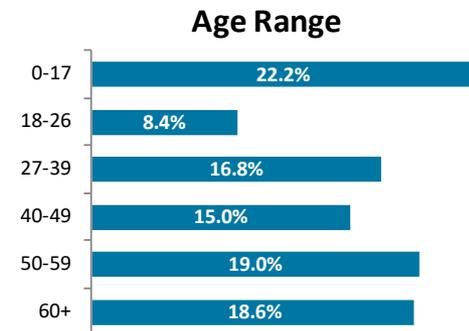
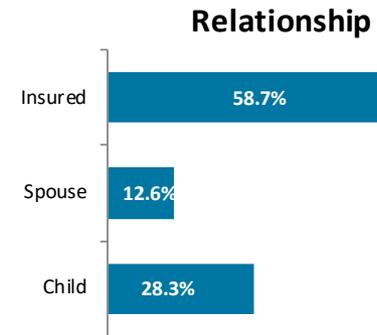
## Age Range



# Diagnosis Grouper – Health Status / Encounters

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Screenings	8,683	15,950	\$2,432,135	29.5%
Exams	11,327	20,944	\$2,071,252	25.1%
Prophylactic Measures	9,295	13,321	\$1,470,773	17.8%
Encounters - Infants/Children	3,974	5,809	\$836,793	10.1%
Prosthetics/Devices/Implants	450	1,074	\$376,342	4.6%
Aftercare	432	778	\$256,653	3.1%
Personal History of Condition	672	1,033	\$218,993	2.7%
Encounter - Procedure	105	117	\$147,636	1.8%
History of Condition	257	426	\$134,569	1.6%
Family History of Condition	180	249	\$91,481	1.1%
Follow-Up Encounters	32	135	\$72,567	0.9%
Encounter - Transplant Related	43	328	\$61,039	0.7%
Counseling	311	599	\$36,269	0.4%
Lifestyle/Situational Issues	239	344	\$17,307	0.2%
Replacements	72	225	\$14,906	0.2%
Health Status, Other	119	151	\$5,217	0.1%
Donors	9	10	\$1,698	0.0%
Miscellaneous Examinations	48	75	\$1,278	0.0%
Coronary Artery Disease	4	4	\$68	0.0%
<b>Overall</b>	<b>----</b>	<b>----</b>	<b>\$8,246,976</b>	<b>100.0%</b>

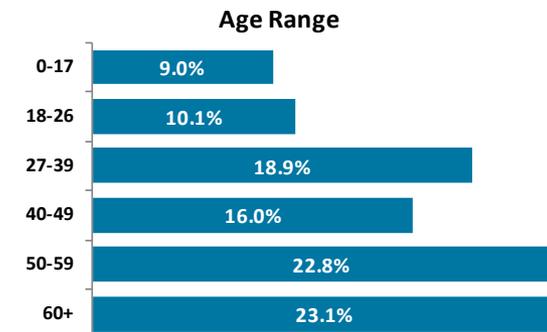
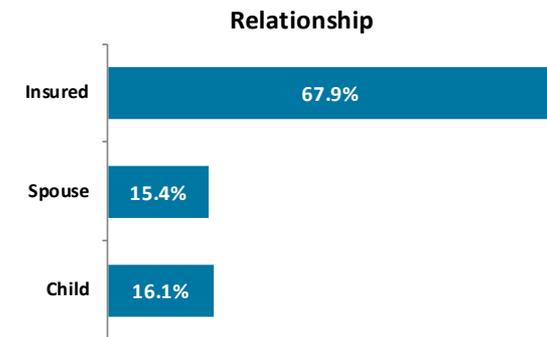
\*Patient and claim counts are unique only within the category



# Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Hepatic Cirrhosis	40	147	\$1,513,947	19.0%
Abdominal Disorders	2,054	4,622	\$986,508	12.4%
GI Disorders, Other	1,270	2,718	\$952,748	12.0%
Appendicitis	53	260	\$842,036	10.6%
Gallbladder and Biliary Disease	229	648	\$622,457	7.8%
Hernias	273	690	\$574,502	7.2%
Upper GI Disorders	1,032	2,228	\$559,552	7.0%
GI Symptoms	1,174	2,274	\$529,776	6.7%
Inflammatory Bowel Disease	111	488	\$450,919	5.7%
Pancreatic Disorders	47	236	\$216,006	2.7%
Ostomies	41	223	\$209,369	2.6%
Liver Diseases	311	571	\$180,243	2.3%
Diverticulitis	71	170	\$176,392	2.2%
Peptic Ulcer/Related Disorders	38	81	\$84,283	1.1%
Hemorrhoids	202	329	\$47,472	0.6%
Esophageal Varices	5	22	\$11,483	0.1%
	----	----	<b>\$7,957,694</b>	<b>100.0%</b>

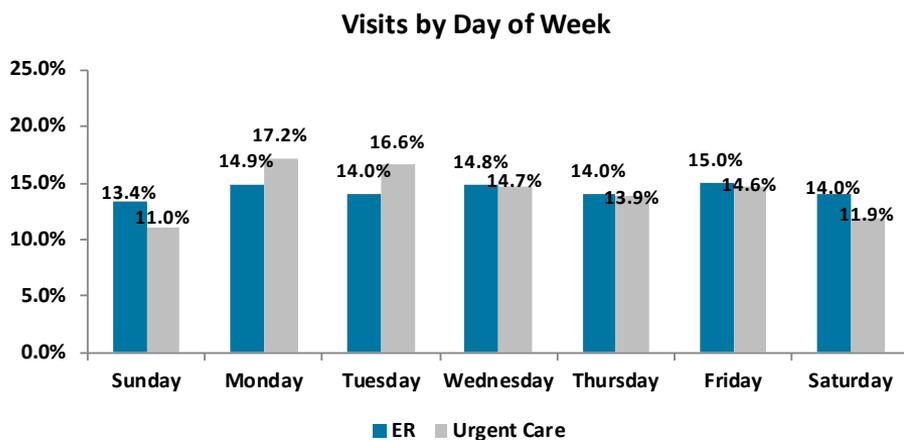
\*Patient and claim counts are unique only within the category



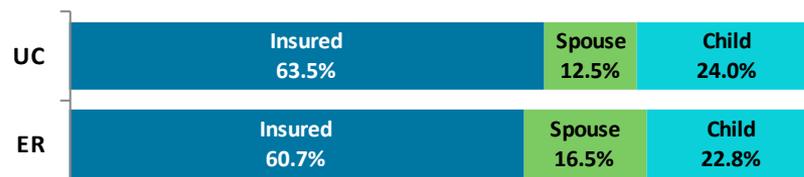
# Emergency Room / Urgent Care Summary

ER/Urgent Care	3Q20		3Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	4,872	10,295	3,573	6,898		
Visits Per Member	0.15	0.32	0.11	0.22	0.17	0.24
Visits/1000 Members	151	318	112	217	174	242
Avg Paid Per Visit	\$2,063	\$37	\$2,012	\$73	\$1,684	\$74
% with OV*	83.7%	80.0%	82.7%	79.3%		
% Avoidable	15.2%	40.0%	10.3%	23.9%		
<b>Total Member Paid</b>	<b>\$5,386,432</b>	<b>\$1,447,731</b>	<b>\$3,809,127</b>	<b>\$719,964</b>		
<b>Total Plan Paid</b>	<b>\$10,049,672</b>	<b>\$379,451</b>	<b>\$7,188,435</b>	<b>\$505,077</b>		
	Annualized	Annualized	Annualized	Annualized		

\*looks back 12 months



## % of Paid

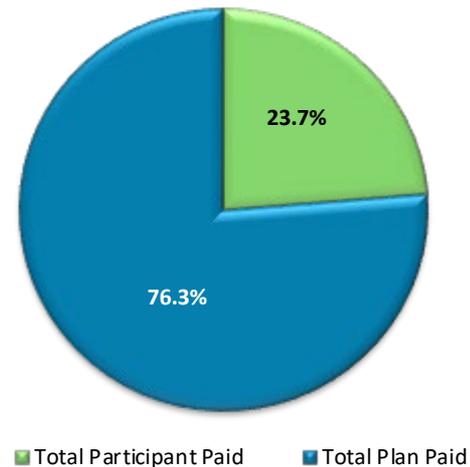
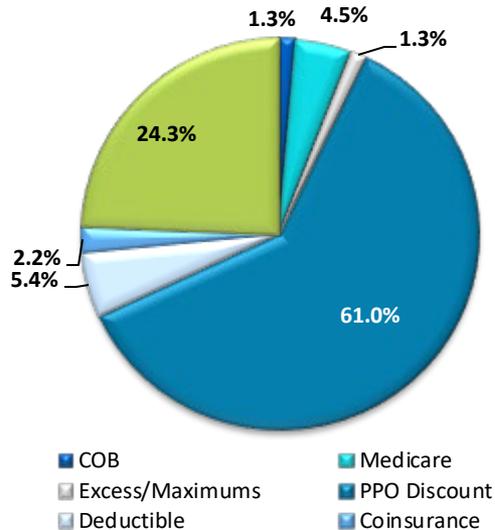


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	2,168	93	2,794	4,380	4,962	212
Spouse	589	107	558	863	1,147	208
Child	816	60	1,098	1,655	1,914	141
<b>Total</b>	<b>3,573</b>	<b>84</b>	<b>4,450</b>	<b>105</b>	<b>8,023</b>	<b>189</b>

# Savings Summary – Medical Claims

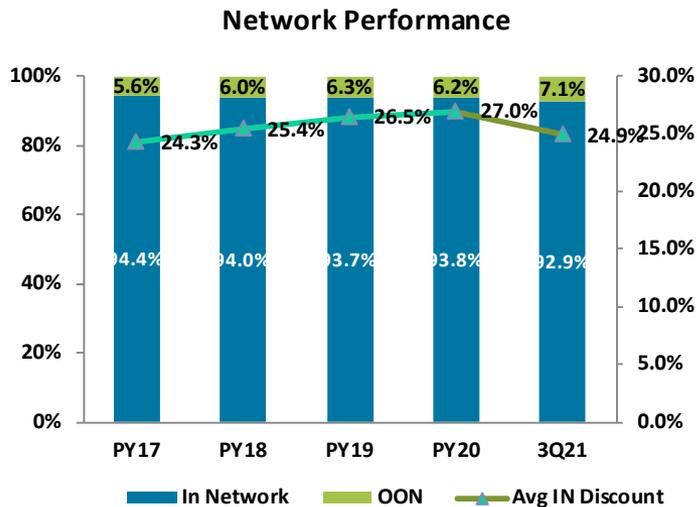
Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$398,947,497	\$1,896	100.0%
COB	\$5,172,121	\$25	1.3%
Medicare	\$17,990,728	\$85	4.5%
Excess/Maximums	\$5,232,679	\$25	1.3%
PPO Discount	\$243,285,071	\$1,156	61.0%
Deductible	\$21,605,848	\$103	5.4%
Coinsurance	\$8,581,768	\$41	2.2%
<b>Total Participant Paid</b>	<b>\$30,187,616</b>	<b>\$143</b>	<b>7.6%</b>
<b>Total Plan Paid</b>	<b>\$97,083,780</b>	<b>\$461</b>	<b>24.3%</b>

<b>Total Participant Paid - PY20</b>	<b>\$146</b>
<b>Total Plan Paid - PY20</b>	<b>\$506</b>

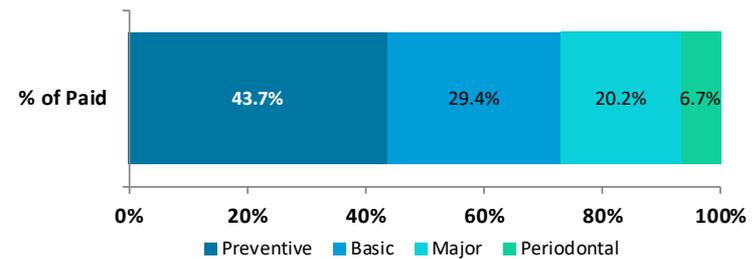


# Dental Claims Analysis

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	4,990	7.3%	66,565	25.0%	\$7,500,955	40.4%	\$4,826,982	55.0%
\$750.01-\$1,000.00	2,047	3.0%	20,077	7.5%	\$1,811,296	9.8%	\$984,916	11.2%
\$500.01-\$750.00	3,651	5.4%	31,891	12.0%	\$2,291,114	12.3%	\$1,109,378	12.6%
\$250.01-\$500.00	12,172	17.8%	82,885	31.1%	\$4,258,333	22.9%	\$1,029,135	11.7%
\$0.01-\$250.00	16,898	24.7%	64,386	24.1%	\$2,708,459	14.6%	\$802,873	9.2%
\$0.00	443	0.7%	933	0.4%	\$0	0.0%	\$22,322	0.3%
No Claims	28,081	41.1%	0	0.0%	\$0	0.0%	\$0	0.0%
<b>Total</b>	<b>68,283</b>	<b>100.0%</b>	<b>266,737</b>	<b>100.0%</b>	<b>\$18,570,157</b>	<b>100.0%</b>	<b>\$8,775,606</b>	<b>100.0%</b>



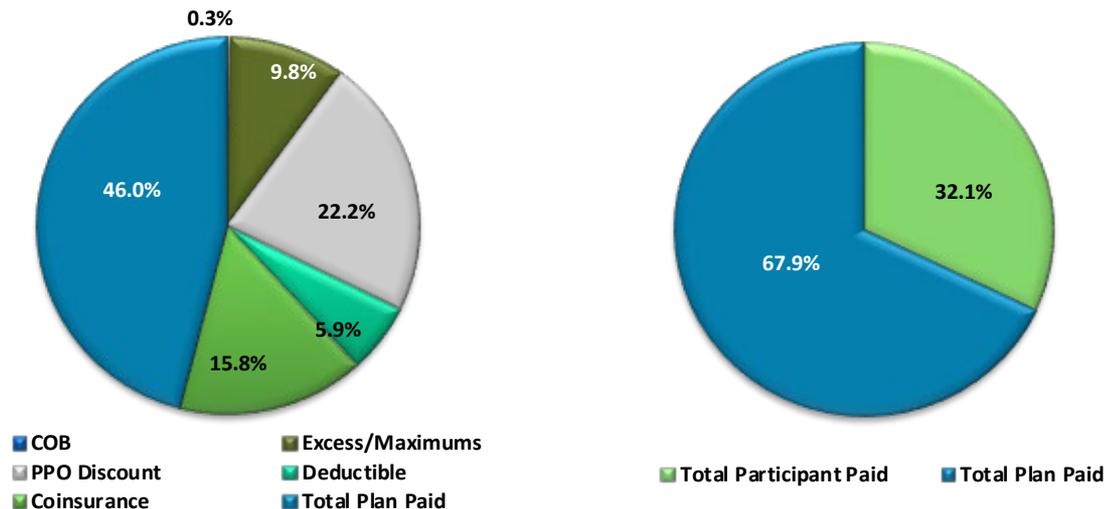
Claim Category	Total Paid	% of Paid
Preventive	\$8,113,164	43.7%
Basic	\$5,468,582	29.4%
Major	\$3,742,231	20.2%
Periodontal	\$1,246,180	6.7%
<b>Total</b>	<b>\$18,570,157</b>	<b>100.0%</b>



# Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$40,270,440	\$109	100.0%
COB	\$111,160	\$0	0.3%
Excess/Maximums	\$3,959,679	\$11	9.8%
PPO Discount	\$8,971,730	\$24	22.3%
Deductible	\$2,402,611	\$7	6.0%
Coinsurance	\$6,372,996	\$17	15.8%
<b>Total Participant Paid</b>	<b>\$8,775,606</b>	<b>\$24</b>	<b>21.8%</b>
<b>Total Plan Paid</b>	<b>\$18,570,157</b>	<b>\$50</b>	<b>46.1%</b>

<b>Total Participant Paid - PY20</b>	<b>\$22</b>
<b>Total Plan Paid - PY20</b>	<b>\$46</b>



# Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma	Asthma and a routine provider visit in the last 12 months	1,472	1,391	91	94.5%
	<2 asthma related ER Visits in the last 6 months	1,472	1,469	3	99.8%
	No asthma related admit in last 12 months	1,472	1,471	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	291	287	4	98.6%
	Members with COPD who had an annual spirometry test	291	40	251	13.7%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	9	8	1	88.9%
	No ER Visit for Heart Failure in last 90 days	238	227	11	95.4%
	Follow-up OV within 4 weeks of discharge from HF admission	9	6	3	66.7%
Diabetes	Annual office visit	1,977	1,886	91	95.4%
	Annual dilated eye exam	1,977	1,285	692	65.0%
	Annual foot exam	1,977	743	1,234	37.6%
	Annual HbA1c test done	1,977	1,571	406	79.5%
	Diabetes Annual lipid profile	1,977	1,487	490	75.2%
	Annual microalbumin urine screen	1,977	1,323	654	66.9%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	5,009	3,787	1,222	75.6%
Hypertension	Annual lipid profile	5,488	3,552	1,936	64.7%
	Annual serum creatinine test	5,370	4,185	1,185	77.9%
Wellness	Well Child Visit - 15 months	353	324	29	91.8%
	Routine office visit in last 6 months	42,166	24,069	18,097	57.1%
	Age 50 to 75 years with colorectal cancer screening	12,796	3,265	9,531	25.5%
	Women age 21-65 with recommended cervical cancer screening	14,727	10,065	4,662	68.3%
	Males age greater than 49 with PSA test in last 24 months	6,035	2,789	3,246	46.2%
	Routine exam in last 24 months	42,166	34,953	7,213	82.9%
	Women age 40 to 75 with a screening mammogram last 24 months	10,367	5,776	4,591	55.7%

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

# Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	248	0.59%	5.82	\$8,562
Asthma	1,651	3.91%	38.77	\$10,168
Atrial Fibrillation	375	0.89%	8.81	\$40,814
Blood Disorders	2,088	4.95%	49.03	\$24,902
CAD	791	1.87%	18.57	\$20,195
COPD	289	0.69%	6.79	\$31,014
Cancer	1,462	3.47%	34.33	\$20,640
Chronic Pain	720	1.71%	16.91	\$20,821
Congestive Heart Failure	237	0.56%	5.57	\$46,688
Demyelinating Diseases	103	0.24%	2.42	\$39,681
Depression	2,366	5.61%	55.56	\$12,905
Diabetes	2,153	5.10%	50.56	\$13,923
ESRD	50	0.12%	1.17	\$130,455
Eating Disorders	130	0.31%	3.05	\$20,711
HIV/AIDS	45	0.11%	1.06	\$34,321
Hyperlipidemia	5,215	12.36%	122.46	\$8,735
Hypertension	5,505	13.05%	129.27	\$11,880
Immune Disorders	116	0.27%	2.72	\$86,475
Inflammatory Bowel Disease	148	0.35%	3.48	\$24,093
Liver Diseases	658	1.56%	15.45	\$22,202
Morbid Obesity	972	2.30%	22.82	\$14,695
Osteoarthritis	1,374	3.26%	32.26	\$15,873
Peripheral Vascular Disease	209	0.50%	4.91	\$31,441
Rheumatoid Arthritis	176	0.42%	4.13	\$24,970

\*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Data Includes Medical and Pharmacy Based on 24 months incurred dates

# Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
  - Inpatient Facility
  - Outpatient Facility
  - Physician
  - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
  - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
  - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
  - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
  - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
  - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
  - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
  - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

**Public Employees' Benefits Program - RX Costs  
PY 2021 - Quarter Ending March 31, 2021**

**Express Scripts**

3Q FY2021		3Q FY2020	Difference	% Change
<b>Membership Summary</b>				
Member Count (Membership)	42,361	42,840	(479)	-1.1%
Utilizing Member Count (Patients)	27,263	29,405	(2,142)	-7.3%
Percent Utilizing (Utilization)	64.4%	68.6%	(0.04)	-6.2%
<b>Claim Summary</b>				
Net Claims (Total Rx's)	388,123	400,989	(12,866)	-3.2%
Claims per Elig Member per Month (Claims PMPM)	1.02	1.04	(0.02)	-1.9%
Total Claims for Generic (Generic Rx)	334,454	347,846	(13,392.00)	-3.8%
Total Claims for Brand (Brand Rx)	53,669	53,143	526.00	1.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	5,891	6,089	(198.00)	-3.3%
Total Non-Specialty Claims	383,407	396,330	(12,923.00)	-3.3%
Total Specialty Claims	4,716	4,659	57.00	1.2%
<b>Generic % of Total Claims (GFR)</b>	<b>86.2%</b>	<b>86.7%</b>	(0.01)	-0.7%
Generic Effective Rate (GCR)	98.3%	98.3%	(0.00)	0.0%
Mail Order Claims	85,872	70,681	15,191.00	21.5%
Mail Penetration Rate*	24.9%	20.2%	0.05	4.7%
<b>Claims Cost Summary</b>				
Total Prescription Cost (Total Gross Cost)	\$40,063,117.00	\$37,234,590.00	\$2,828,527.00	7.6%
Total Generic Gross Cost	\$6,440,855.00	\$6,145,263.00	\$295,592.00	4.8%
Total Brand Gross Cost	\$33,622,262.00	\$31,089,327.00	\$2,532,935.00	8.1%
Total MSB Gross Cost	\$1,577,824.00	\$1,251,036.00	\$326,788.00	26.1%
Total Ingredient Cost	\$39,712,347.00	\$36,944,051.00	\$2,768,296.00	7.5%
Total Dispensing Fee	\$332,903.00	\$275,989.00	\$56,914.00	20.6%
Total Other (e.g. tax)	\$17,866.00	\$14,550.00	\$3,316.00	22.8%
<b>Avg Total Cost per Claim (Gross Cost/Rx)</b>	<b>\$103.22</b>	<b>\$92.86</b>	\$10.37	11.2%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$19.26	\$17.67	\$1.59	9.0%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$626.47	\$585.01	\$41.46	7.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$267.84	\$205.46	\$62.38	30.4%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$10,111,520.00</b>	<b>\$10,461,400.00</b>	<b>(\$349,880.00)</b>	<b>-3.3%</b>
Total Copay	\$3,078,521.00	\$3,182,520.00	(\$103,999.00)	-3.3%
Total Deductible	\$7,032,999.00	\$7,278,880.00	(\$245,881.00)	-3.4%
Avg Copay per Claim (Copay/Rx)	\$7.93	\$7.94	(\$0.00)	-0.1%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$26.05</b>	<b>\$26.09</b>	<b>(\$0.04)</b>	<b>-0.1%</b>
Avg Copay for Generic (Copay/Generic Rx)	\$9.20	\$9.15	\$0.05	0.5%
Avg Copay for Brand (Copay/Brand Rx)	\$131.04	\$136.97	(\$5.93)	-4.3%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$72.85	\$74.24	(\$1.39)	-1.9%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$26.52</b>	<b>\$27.13</b>	<b>(\$0.61)</b>	<b>-2.3%</b>
Copay % of Total Prescription Cost (Member Cost Share %)	25.2%	28.1%	-2.9%	-10.2%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$29,951,597.00</b>	<b>\$26,773,190.00</b>	<b>\$3,178,407.00</b>	<b>11.9%</b>
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$11,004,501.00	\$2,962,744.00	\$8,041,757.00	271.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$18,947,095.00	\$23,810,447.00	(\$4,863,352.00)	-20.4%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$77.17</b>	<b>\$66.77</b>	\$10.40	15.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$10.05	\$8.52	\$1.53	18.0%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$495.43	\$448.04	\$47.39	10.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$194.98	\$131.21	\$63.77	48.6%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$78.56</b>	<b>\$69.44</b>	<b>\$9.12</b>	<b>13.1%</b>
PMPM for Specialty Only (Specialty PMPM)	\$49.70	\$43.67	\$6.03	13.8%
PMPM without Specialty (Non-Specialty PMPM)	\$28.86	\$25.77	\$4.02	17.3%
PMPM without Specialty (Non-Specialty PMPM)	63.3%	62.89%	\$0.00	0.7%
Rebates (Q1-Q3 FY2021 actual)	\$7,108,591.60	\$7,604,275.35	(\$495,683.75)	-6.5%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$59.92</b>	<b>\$49.72</b>	<b>\$10.20</b>	<b>20.5%</b>
PMPM for Specialty Only (Specialty PMPM)	\$42.38	\$37.63	\$4.75	12.6%
PMPM without Specialty (Non-Specialty PMPM)	\$15.73	\$13.47	\$2.26	16.8%

# Appendix B

## Index of Tables HealthSCOPE – EPO Utilization Review for PEBP July 1, 2020 – March 31, 2021

<b>HEALTHSCOPE BENEFITS OVERVIEW.....</b>	<b>2</b>
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### **MEDICAL**

<i>Paid Claims by Age Group .....</i>	<b>3</b>
Financial Summary .....	4
Paid Claims by Claim Type .....	8
Cost Distribution – Medical Claims .....	11
Utilization Summary .....	12
Provider Network Summary .....	14

### **PREVENTIVE SERVICES**

Quality Metrics .....	21
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### **PRESCRIPTION DRUG COSTS**

Prescription Drug Cost Comparison .....	24
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# HSB DATASCOPE™

## Nevada Public Employees' Benefits Program EPO Plan

July 2020 – March 2021

Reimagine | Rediscover **Benefits**



# Overview

- Total Medical Spend for 3Q21 was \$38,982,237 with an annualized plan cost per employee per year of \$11,128. This is an increase of 5.0% when compared to 3Q20.
  - IP Cost per Admit is \$31,506 which is 35.9% higher than 3Q20.
  - ER Cost per Visit is \$2,416 which is 4.4% lower than 3Q20.
- Employees shared in 6.6% of the medical cost.
- Inpatient facility costs were 21.8% of the plan spend.
- 75.6% of the Average Membership had paid Medical claims less than \$2,500, with 12.7% of those having no claims paid at all during the reporting period.
- 44 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 26.3% of the plan spend. The highest diagnosis category was Cancer, accounting for 22.6% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.9%. The average In Network discount was 56.0%, which is 2.3% lower than the PY20 average discount of 57.3%.

# Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	3Q20						3Q21						% 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	\$ 1,550,690	\$ 1,538	\$ 34,773	\$ 34	\$ 1,585,463	\$ 1,573	\$ 1,017,295	\$ 1,215	\$ 25,981	\$ 31	\$ 1,043,276	\$ 1,246	-34.2%	-20.8%
1	\$ 258,450	\$ 312	\$ 9,325	\$ 11	\$ 267,775	\$ 323	\$ 138,837	\$ 150	\$ 1,713	\$ 2	\$ 140,550	\$ 152	-47.5%	-53.1%
2 - 4	\$ 417,928	\$ 160	\$ 17,226	\$ 7	\$ 435,154	\$ 166	\$ 230,434	\$ 92	\$ 10,287	\$ 4	\$ 240,721	\$ 96	-44.7%	-42.3%
5 - 9	\$ 577,460	\$ 123	\$ 101,893	\$ 22	\$ 679,353	\$ 145	\$ 390,978	\$ 87	\$ 61,724	\$ 14	\$ 452,702	\$ 100	-33.4%	-31.0%
10 - 14	\$ 1,140,369	\$ 195	\$ 197,376	\$ 34	\$ 1,337,745	\$ 229	\$ 730,694	\$ 132	\$ 163,584	\$ 30	\$ 894,278	\$ 161	-33.2%	-29.6%
15 - 19	\$ 1,999,570	\$ 310	\$ 284,789	\$ 44	\$ 2,284,359	\$ 354	\$ 1,660,201	\$ 259	\$ 340,214	\$ 53	\$ 2,000,415	\$ 313	-12.4%	-11.8%
20 - 24	\$ 1,493,670	\$ 270	\$ 422,433	\$ 76	\$ 1,916,103	\$ 346	\$ 1,329,643	\$ 223	\$ 473,969	\$ 80	\$ 1,803,612	\$ 303	-5.9%	-12.6%
25 - 29	\$ 1,098,141	\$ 325	\$ 291,025	\$ 86	\$ 1,389,166	\$ 412	\$ 902,219	\$ 283	\$ 775,573	\$ 243	\$ 1,677,792	\$ 527	20.8%	27.9%
30 - 34	\$ 1,900,017	\$ 435	\$ 281,313	\$ 64	\$ 2,181,330	\$ 500	\$ 2,821,573	\$ 676	\$ 608,740	\$ 146	\$ 3,430,313	\$ 821	57.3%	64.4%
35 - 39	\$ 2,790,735	\$ 545	\$ 644,074	\$ 126	\$ 3,434,809	\$ 671	\$ 2,628,119	\$ 507	\$ 612,229	\$ 118	\$ 3,240,348	\$ 625	-5.7%	-6.8%
40 - 44	\$ 2,234,457	\$ 442	\$ 1,076,982	\$ 213	\$ 3,311,439	\$ 655	\$ 2,369,086	\$ 458	\$ 1,176,207	\$ 227	\$ 3,545,293	\$ 685	7.1%	4.6%
45 - 49	\$ 3,281,830	\$ 511	\$ 1,142,389	\$ 178	\$ 4,424,219	\$ 688	\$ 3,181,481	\$ 545	\$ 905,009	\$ 155	\$ 4,086,490	\$ 700	-7.6%	1.6%
50 - 54	\$ 4,114,440	\$ 575	\$ 1,809,508	\$ 253	\$ 5,923,948	\$ 828	\$ 3,918,655	\$ 531	\$ 1,900,831	\$ 258	\$ 5,819,486	\$ 789	-1.8%	-4.8%
55 - 59	\$ 5,698,392	\$ 708	\$ 2,603,855	\$ 324	\$ 8,302,247	\$ 1,032	\$ 6,688,472	\$ 891	\$ 1,954,291	\$ 260	\$ 8,642,763	\$ 1,151	4.1%	11.6%
60 - 64	\$ 7,171,198	\$ 803	\$ 3,239,439	\$ 363	\$ 10,410,637	\$ 1,166	\$ 8,097,754	\$ 955	\$ 3,042,015	\$ 359	\$ 11,139,769	\$ 1,314	7.0%	12.7%
65+	\$ 2,471,850	\$ 678	\$ 1,229,804	\$ 337	\$ 3,701,654	\$ 1,016	\$ 2,876,794	\$ 780	\$ 1,359,903	\$ 369	\$ 4,236,697	\$ 1,148	14.5%	13.1%
<b>Total</b>	<b>\$ 38,199,199</b>	<b>\$ 483</b>	<b>\$ 13,386,205</b>	<b>\$ 169</b>	<b>\$51,585,402</b>	<b>\$ 652</b>	<b>\$ 38,982,237</b>	<b>\$ 504</b>	<b>\$ 13,412,268</b>	<b>\$ 173</b>	<b>\$ 52,394,503</b>	<b>\$ 678</b>	<b>1.6%</b>	<b>3.9%</b>

# Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	4,653	4,806	4,671	-2.8%	3,878	4,060	3,969	-2.2%	4	4	4	0.0%
Avg # Members	8,488	8,787	8,589	-2.3%	7,445	7,777	7,637	-1.8%	5	5	4	-11.2%
Ratio	1.8	1.8	1.8	-1.6%	1.9	1.9	1.9	0.0%	1.3	1.3	1.1	-11.2%
<b>Financial Summary</b>												
Gross Cost	\$45,094,672	\$42,277,795	\$41,753,020	-1.2%	\$35,711,039	\$35,353,224	\$33,392,316	-5.5%	\$45,961	\$50,833	\$38,042	-25.2%
Client Paid	\$40,764,731	\$38,199,199	\$38,982,237	2.0%	\$32,097,283	\$31,941,420	\$31,092,301	-2.7%	\$40,931	\$46,051	\$35,333	-23.3%
Employee Paid	\$4,329,941	\$4,078,597	\$2,770,783	-32.1%	\$3,613,757	\$3,411,804	\$2,300,015	-32.6%	\$5,030	\$4,782	\$2,708	-43.4%
Client Paid-PEPY	\$8,745	\$10,599	\$11,128	5.0%	\$8,277	\$10,491	\$9,402	-10.4%	\$10,233	\$15,350	\$10,600	-30.9%
Client Paid-PMPY	\$4,794	\$5,796	\$6,051	4.4%	\$4,311	\$5,476	\$4,885	-10.8%	\$8,186	\$12,280	\$9,540	-22.3%
Client Paid-PEPM	\$729	\$883	\$927	5.0%	\$690	\$874	\$783	-10.4%	\$853	\$1,279	\$883	-31.0%
Client Paid-PMPM	\$400	\$483	\$504	4.3%	\$359	\$456	\$407	-10.7%	\$682	\$1,023	\$795	-22.3%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	39	35	44	25.7%	27	28	36	28.6%	0	0	0	0.0%
HCC's / 1,000	4.6	4.0	5.1	28.6%	3.6	3.6	4.7	30.8%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$180,354	\$232,686	29.0%	\$246,453	\$163,867	\$192,491	17.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	16.5%	26.3%	59.4%	20.7%	14.4%	22.3%	54.9%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,218	\$1,099	\$1,321	20.2%	\$944	\$1,001	\$922	-7.9%	\$3,360	\$3,904	\$0	0.0%
Facility Outpatient	\$1,506	\$1,869	\$1,955	4.6%	\$1,395	\$1,761	\$1,619	-8.1%	\$1,369	\$1,746	\$5,359	206.9%
Physician	\$1,923	\$2,630	\$2,579	-1.9%	\$1,844	\$2,548	\$2,202	-13.6%	\$3,030	\$6,426	\$3,578	-44.3%
Other	\$148	\$198	\$197	-0.5%	\$127	\$165	\$143	-13.3%	\$427	\$204	\$603	195.6%
Total	\$4,794	\$5,796	\$6,051	4.4%	\$4,311	\$5,476	\$4,885	-10.8%	\$8,186	\$12,280	\$9,540	-22.3%
		Annualized	Annualized			Annualized	Annualized			Annualized	Annualized	

# Financial Summary (p. 2 of 2)

Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	
<b>Enrollment</b>									
Avg # Employees	599	591	572	-3.2%	181	151	126	-16.6%	
Avg # Members	826	813	785	-3.4%	227	191	162	-15.4%	
Ratio	1.4	1.4	1.4	-0.7%	1.3	1.3	1.3	1.6%	1.6
<b>Financial Summary</b>									
Gross Cost	\$7,418,807	\$6,105,347	\$5,894,048	-3.5%	\$1,918,864	\$768,391	\$2,428,615	216.1%	
Client Paid	\$6,863,148	\$5,556,654	\$5,500,084	-1.0%	\$1,763,370	\$655,074	\$2,354,519	259.4%	
Employee Paid	\$555,659	\$548,693	\$393,964	-28.2%	\$155,495	\$113,318	\$74,096	-34.6%	
Client Paid-PEPY	\$11,461	\$12,534	\$11,534	-8.0%	\$9,769	\$5,789	\$22,444	287.7%	\$6,297
Client Paid-PMPY	\$8,313	\$9,109	\$8,403	-7.8%	\$7,777	\$4,562	\$17,453	282.6%	\$3,879
Client Paid-PEPM	\$955	\$1,044	\$961	-8.0%	\$814	\$482	\$1,870	288.0%	\$525
Client Paid-PMPM	\$693	\$759	\$700	-7.8%	\$648	\$380	\$1,454	282.6%	\$323
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	9	12	13	0.0%	3	0	1	0.0%	
HCC's / 1,000	10.9	14.8	16.6	0.0%	13.2	0.0	6.2	0.0%	
Avg HCC Paid	\$339,256	\$143,676	\$114,231	0.0%	\$334,114	\$0	\$1,823,526	0.0%	
HCC's % of Plan Paid	44.5%	31.0%	27.0%	0.0%	56.8%	0.0%	77.4%	0.0%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$3,028	\$2,120	\$1,337	-36.9%	\$3,554	\$647	\$13,098	1924.4%	\$1,149
Facility Outpatient	\$2,243	\$3,056	\$3,165	3.6%	\$2,477	\$1,221	\$1,483	21.5%	\$1,333
Physician	\$2,713	\$3,432	\$3,446	0.4%	\$1,587	\$2,438	\$2,476	1.6%	\$1,301
Other	\$328	\$502	\$455	-9.4%	\$158	\$256	\$395	54.3%	\$96
Total	\$8,313	\$9,109	\$8,403	-7.8%	\$7,777	\$4,562	\$17,453	282.6%	\$3,879
		Annualized	Annualized			Annualized	Annualized		

# Financial Summary – Prior Year Comparison (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year
<b>Enrollment</b>												
Avg # Employees	4,653	4,794	4,671	-2.6%	3,878	4,054	3,969	-2.1%	4	4	4	0.0%
Avg # Members	8,488	8,768	8,589	-2.0%	7,445	7,768	7,637	-1.7%	5	5	4	-11.2%
Ratio	1.8	1.8	1.8	-1.6%	1.9	1.9	1.9	0.0%	1.3	1.3	1.1	-11.2%
<b>Financial Summary</b>												
Gross Cost	\$45,094,672	\$55,523,229	\$41,753,020	-24.8%	\$35,711,039	\$45,961,999	\$33,392,316	-27.3%	\$45,961	\$70,916	\$38,042	-46.4%
Client Paid	\$40,764,731	\$50,293,887	\$38,982,237	-22.5%	\$32,097,283	\$41,579,805	\$31,092,301	-25.2%	\$40,931	\$65,329	\$35,333	-45.9%
Employee Paid	\$4,329,941	\$5,229,342	\$2,770,783	-47.0%	\$3,613,757	\$4,382,194	\$2,300,015	-47.5%	\$5,030	\$5,587	\$2,708	-51.5%
Client Paid-PEPY	\$8,745	\$10,492	\$11,128	6.1%	\$8,277	\$10,256	\$9,402	-8.3%	\$10,233	\$16,332	\$10,600	-35.1%
Client Paid-PMPY	\$4,794	\$5,736	\$6,051	5.5%	\$4,311	\$5,352	\$4,885	-8.7%	\$8,186	\$13,066	\$9,540	-27.0%
Client Paid-PEPM	\$729	\$874	\$927	6.1%	\$690	\$855	\$783	-8.4%	\$853	\$1,361	\$883	-35.1%
Client Paid-PMPM	\$400	\$478	\$504	5.4%	\$359	\$446	\$407	-8.7%	\$682	\$1,089	\$795	-27.0%
<b>High Cost Claimants (HCC's) &gt; \$100k</b>												
# of HCC's	39	51	44	-13.7%	27	40	36	-10.0%	0	0	0	0.0%
HCC's / 1,000	4.6	5.8	5.1	-12.0%	3.6	5.2	4.7	-8.5%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$274,612	\$202,775	\$232,686	14.8%	\$246,453	\$179,535	\$192,491	7.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	26.3%	20.6%	26.3%	27.7%	20.7%	17.3%	22.3%	28.9%	0.0%	0.0%	0.0%	0.0%
<b>Cost Distribution by Claim Type (PMPY)</b>												
Facility Inpatient	\$1,218	\$1,169	\$1,321	13.0%	\$944	\$1,036	\$922	-11.0%	\$3,360	\$2,928	\$0	-100.0%
Facility Outpatient	\$1,506	\$1,832	\$1,955	6.7%	\$1,395	\$1,693	\$1,619	-4.4%	\$1,369	\$4,817	\$5,359	11.3%
Physician	\$1,923	\$2,541	\$2,579	1.5%	\$1,844	\$2,461	\$2,202	-10.5%	\$3,030	\$5,153	\$3,578	-30.6%
Other	\$148	\$194	\$197	1.5%	\$127	\$163	\$143	-12.3%	\$427	\$168	\$603	258.9%
Total	\$4,794	\$5,736	\$6,051	5.5%	\$4,311	\$5,352	\$4,885	-8.7%	\$8,186	\$13,066	\$9,540	-27.0%
			Annualized				Annualized				Annualized	

# Financial Summary – Prior Year Comparison (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	PY19	PY20	3Q21	Variance to Prior Year	PY19	PY20	3Q21	Variance to Prior Year	HSB Peer Index
<b>Enrollment</b>									
Avg # Employees	599	588	572	-2.7%	181	148	126	-14.7%	
Avg # Members	826	807	785	-2.6%	227	188	162	-13.7%	
Ratio	1.4	1.4	1.4	0.0%	1.3	1.3	1.3	1.6%	1.6
<b>Financial Summary</b>									
Gross Cost	\$7,418,807	\$8,514,643	\$5,894,048	-30.8%	\$1,918,864	\$975,672	\$2,428,615	148.9%	
Client Paid	\$6,863,148	\$7,803,114	\$5,500,084	-29.5%	\$1,763,370	\$845,639	\$2,354,519	178.4%	
Employee Paid	\$555,659	\$711,529	\$393,964	-44.6%	\$155,495	\$130,033	\$74,096	-43.0%	
Client Paid-PEPY	\$11,461	\$13,272	\$11,534	-13.1%	\$9,769	\$5,730	\$22,444	291.7%	\$6,297
Client Paid-PMPY	\$8,313	\$9,674	\$8,403	-13.1%	\$7,777	\$4,508	\$17,453	287.2%	\$3,879
Client Paid-PEPM	\$955	\$1,106	\$961	-13.1%	\$814	\$477	\$1,870	292.0%	\$525
Client Paid-PMPM	\$693	\$806	\$700	-13.2%	\$648	\$376	\$1,454	286.7%	\$323
<b>High Cost Claimants (HCC's) &gt; \$100k</b>									
# of HCC's	9	18	13	-27.8%	3	0	1	0.0%	
HCC's / 1,000	10.9	22.3	16.6	-25.9%	13.2	0.0	6.2	0.0%	
Avg HCC Paid	\$339,256	\$175,561	\$114,231	-34.9%	\$334,114	\$0	\$1,823,526	0.0%	
HCC's % of Plan Paid	44.5%	40.5%	27.0%	-33.3%	56.8%	0.0%	77.4%	0.0%	
<b>Cost Distribution by Claim Type (PMPY)</b>									
Facility Inpatient	\$3,028	\$2,529	\$1,337	-47.1%	\$3,554	\$787	\$13,098	1564.3%	\$1,149
Facility Outpatient	\$2,243	\$3,276	\$3,165	-3.4%	\$2,477	\$1,314	\$1,483	12.9%	\$1,333
Physician	\$2,713	\$3,385	\$3,446	1.8%	\$1,587	\$2,165	\$2,476	14.4%	\$1,301
Other	\$328	\$484	\$455	-6.0%	\$158	\$242	\$395	63.2%	\$96
Total	\$8,313	\$9,674	\$8,403	-13.1%	\$7,777	\$4,508	\$17,453	287.2%	\$3,879
			Annualized				Annualized		

# Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,701,769	\$ 1,204,716	\$ 377,971	\$ 9,284,456	\$ 7,406,689	\$ 887,436	\$ 205,614	\$ 8,499,740		-8.5%
Outpatient	\$ 24,239,651	\$ 3,283,466	\$ 690,501	\$ 28,213,618	\$ 23,685,612	\$ 4,021,803	\$ 385,231	\$ 28,092,645		-0.4%
<b>Total - Medical</b>	<b>\$ 31,941,420</b>	<b>\$ 4,488,182</b>	<b>\$ 1,068,472</b>	<b>\$ 37,498,074</b>	<b>\$ 31,092,301</b>	<b>\$ 4,909,239</b>	<b>\$ 590,845</b>	<b>\$ 36,592,385</b>		<b>-2.4%</b>

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 874	\$ 987	\$ 1,382	\$ 896	\$ 871	\$ 1,113	\$ 797	\$ 895		-0.1%

# Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	3Q20				3Q21				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 22,498	\$ 42,373	\$ 74,741	\$ 139,612	\$ 1,391	\$ 1,764,719	\$ 78,911	\$ 1,845,020	1221.5%	
Outpatient	\$ 23,553	\$ 451,178	\$ 86,782	\$ 561,513	\$ 33,943	\$ 391,888	\$ 119,002	\$ 544,832	-3.0%	
<b>Total - Medical</b>	<b>\$ 46,051</b>	<b>\$ 493,551</b>	<b>\$ 161,523</b>	<b>\$ 701,124</b>	<b>\$ 35,333</b>	<b>\$ 2,156,606</b>	<b>\$ 197,913</b>	<b>\$ 2,389,852</b>	<b>240.9%</b>	

Net Paid Claims - Per Participant per Month									
	3Q20				3Q21				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 1,279	\$ 563	\$ 336	\$ 503	\$ 981	\$ 3,434	\$ 392	\$ 2,044	306.5%

# Paid Claims by Claim Type – Total

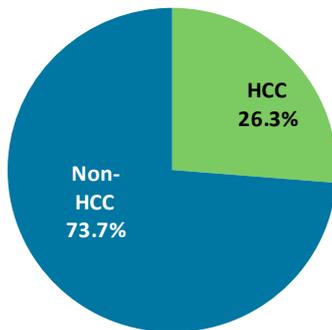
Net Paid Claims - Total										
Total Participants										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 7,724,267	\$ 1,247,089	\$ 452,712	\$ 9,424,068	\$ 7,408,080	\$ 2,652,155	\$ 284,525	\$ 10,344,760		9.8%
Outpatient	\$ 24,263,204	\$ 3,734,644	\$ 777,283	\$ 28,775,131	\$ 23,719,555	\$ 4,413,690	\$ 504,232	\$ 28,637,477		-0.5%
<b>Total - Medical</b>	<b>\$ 31,987,471</b>	<b>\$ 4,981,733</b>	<b>\$ 1,229,995</b>	<b>\$ 38,199,199</b>	<b>\$ 31,127,635</b>	<b>\$ 7,065,845</b>	<b>\$ 788,758</b>	<b>\$ 38,982,237</b>		<b>2.0%</b>

Net Paid Claims - Per Participant per Month										
	3Q20				3Q21				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 875	\$ 918	\$ 981	\$ 883	\$ 871	\$ 1,403	\$ 633	\$ 927		5.0%

# Cost Distribution – Medical Claims

3Q20						3Q21						
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
31	0.4%	\$6,311,716	16.5%	\$176,755	4.3%	\$100,000.01 Plus	36	0.4%	\$10,235,615	26.3%	\$119,031	4.3%
61	0.7%	\$4,231,671	11.1%	\$205,798	5.0%	\$50,000.01-\$100,000.00	61	0.7%	\$4,693,764	12.0%	\$142,691	5.1%
175	2.0%	\$6,324,765	16.6%	\$444,065	10.9%	\$25,000.01-\$50,000.00	150	1.7%	\$5,445,368	14.0%	\$269,264	9.7%
535	6.1%	\$8,454,387	22.1%	\$776,277	19.0%	\$10,000.01-\$25,000.00	426	5.0%	\$7,058,367	18.1%	\$505,459	18.2%
605	6.9%	\$4,510,798	11.8%	\$612,142	15.0%	\$5,000.01-\$10,000.00	544	6.3%	\$3,930,642	10.1%	\$468,528	16.9%
997	11.3%	\$3,679,697	9.6%	\$750,958	18.4%	\$2,500.01-\$5,000.00	868	10.1%	\$3,176,507	8.1%	\$502,395	18.1%
5,428	61.8%	\$4,686,166	12.3%	\$1,100,852	27.1%	\$0.01-\$2,500.00	5,388	62.7%	\$4,441,974	11.4%	\$762,966	27.6%
24	0.3%	\$0	0.0%	\$11,750	0.3%	\$0.00	20	0.2%	\$0	0.0%	\$449	0.0%
933	10.6%	\$0	0.0%	\$0	0.0%	No Claims	1,095	12.7%	\$0	0.0%	\$0	0.0%
<b>8,787</b>	<b>100.0%</b>	<b>\$38,199,199</b>	<b>100.0%</b>	<b>\$4,078,597</b>	<b>100.0%</b>		<b>8,589</b>	<b>100.0%</b>	<b>\$38,982,237</b>	<b>100.0%</b>	<b>\$2,770,783</b>	<b>100.0%</b>

**Distribution of HCC Medical Claims Paid**



**HCC – High-Cost Claimant over \$100K**

HCC's by Diagnosis Group			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	12	\$2,309,903	22.6%
Renal/Urologic Disorders	12	\$1,154,990	11.3%
Hematological Disorders	11	\$1,131,822	11.1%
Medical/Surgical Complications	11	\$861,359	8.4%
Endocrine/Metabolic Disorders	18	\$686,950	6.7%
Gastrointestinal Disorders	25	\$570,514	5.6%
Infections	22	\$551,017	5.4%
Trauma/Accidents	12	\$509,192	5.0%
Pregnancy-related Disorders	4	\$414,300	4.0%
Cardiac Disorders	24	\$328,235	3.2%
All Other		\$1,719,902	16.8%
<b>Overall</b>	<b>----</b>	<b>\$10,238,184</b>	<b>100.0%</b>

# Utilization Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year
<b>Inpatient Summary</b>												
# of Admits	491	432	337		405	360	286		1	1	0	
# of Bed Days	2,966	2,184	2,010		2,370	1,716	1,594		2	2	0	
Paid Per Admit	\$29,649	\$23,181	\$31,506	35.9%	\$25,254	\$21,880	\$22,834	4.4%	\$25,642	\$22,498	\$0	0.0%
Paid Per Day	\$4,908	\$4,585	\$5,282	15.2%	\$4,316	\$4,590	\$4,097	-10.7%	\$12,821	\$11,249	\$0	0.0%
Admits Per 1,000	58	65	52	-20.0%	54	62	50	-19.4%	200	267	0	0.0%
Days Per 1,000	348	331	312	-5.7%	317	293	278	-5.1%	400	533	0	0.0%
Avg LOS	6.0	5.1	6.0	17.6%	5.9	4.8	5.6	16.7%	2.0	2.0	0.0	0.0%
# Admits From ER	227	208	166		170	159	130		0	0	0	
<b>Physician Office</b>												
OV Utilization per Member	5.2	6.2	6.0	-3.2%	5.1	6.0	5.8	-3.3%	6.0	9.1	5.7	-37.4%
Avg Paid per OV	\$136	\$147	\$150	2.0%	\$136	\$151	\$152	0.7%	\$186	\$117	\$115	-1.7%
Avg OV Paid per Member	\$710	\$914	\$904	-1.1%	\$694	\$908	\$882	-2.9%	\$1,113	\$1,060	\$655	-38.2%
DX&L Utilization per Member	8.7	11.1	10.4	-6.3%	8.3	10.5	9.8	-6.7%	14	17.6	18	2.3%
Avg Paid per DX&L	\$73	\$69	\$69	0.0%	\$70	\$70	\$68	-2.9%	\$106	\$105	\$64	-39.0%
Avg DX&L Paid per Member	\$637	\$762	\$719	-5.6%	\$577	\$738	\$669	-9.3%	\$1,491	\$1,851	\$1,144	-38.2%
<b>Emergency Room</b>												
# of Visits	1,588	1,370	946		1,405	1,214	839		0	2	2	
Visits Per Member	0.19	0.21	0.15	-28.6%	0.19	0.21	0.15	-28.6%	0.00	0.53	0.60	0.0%
Visits Per 1,000	186	207	147	-29.2%	188	207	146	-29.5%	0	533	600	0.0%
Avg Paid per Visit	\$2,494	\$2,528	\$2,416	-4.4%	\$2,484	\$2,551	\$2,395	-6.1%	\$0	\$2,359	\$8,986	0.0%
<b>Urgent Care</b>												
# of Visits	2,763	2,797	1,771		2,516	2,566	1,610		0	0	0	
Visits Per Member	0.32	0.42	0.27	-35.7%	0.34	0.44	0.28	-36.4%	0.00	0.00	0.00	0.0%
Visits Per 1,000	324	424	275	-35.1%	337	438	281	-35.8%	0	0	0	0.0%
Avg Paid per Visit	\$114	\$139	\$151	8.6%	\$116	\$140	\$152	8.6%	\$0	\$0	\$0	0.0%
		Annualized	Annualized			Annualized	Annualized			Annualized	Annualized	

# Utilization Summary (p. 2 of 2)

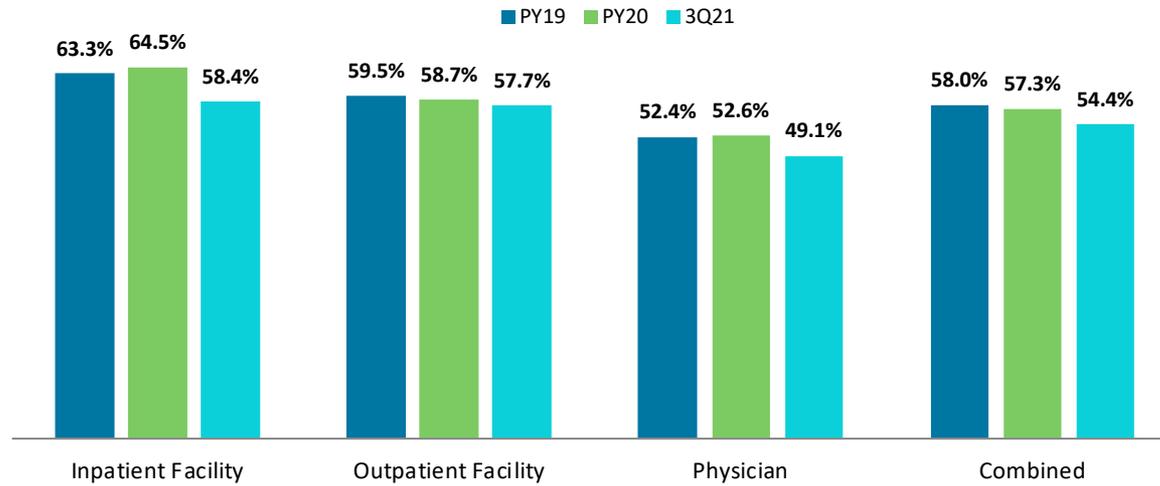
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	PY19	3Q20	3Q21	Variance to Prior Year	PY19	3Q20	3Q21	Variance to Prior Year	
<b>Inpatient Summary</b>									
# of Admits	69	63	45		16	8	6		
# of Bed Days	480	310	253		114	156	163		
Paid Per Admit	\$48,337	\$31,158	\$24,425	-21.6%	\$60,553	\$18,975	\$498,010	2524.6%	\$16,632
Paid Per Day	\$6,948	\$6,332	\$4,344	-31.4%	\$8,499	\$973	\$18,332	1784.1%	\$3,217
Admits Per 1,000	85	105	76	-27.6%	71	56	49	-12.5%	76
Days Per 1,000	591	514	429	-16.5%	503	1,088	1,342	23.3%	391
Avg LOS	7	4.9	5.6	14.3%	7.1	19.5	27.2	39.5%	5.2
# Admits From ER	46	45	32		11	4	4		
<b>Physician Office</b>									
OV Utilization per Member	6.3	8.1	8.0	-1.2%	5.3	7.0	7.0	0.0%	5.0
Avg Paid per OV	\$138	\$124	\$143	15.3%	\$124	\$110	\$119	8.2%	\$57
Avg OV Paid per Member	\$877	\$1,003	\$1,139	13.6%	\$655	\$773	\$831	7.5%	\$286
DX&L Utilization per Member	12.1	15.9	14.9	-6.3%	12	15.7	13.1	-16.6%	10.5
Avg Paid per DX&L	\$85	\$61	\$80	31.1%	\$102	\$55	\$59	7.3%	\$50
Avg DX&L Paid per Member	\$1,021	\$967	\$1,196	23.7%	\$1,222	\$869	\$771	-11.3%	\$522
<b>Emergency Room</b>									
# of Visits	150	134	89		33	20	16		
Visits Per Member	0.18	0.22	0.15	-31.8%	0.15	0.14	0.13	-7.1%	0.24
Visits Per 1,000	185	222	151	-32.0%	146	139	132	-5.0%	235
Avg Paid per Visit	\$2,536	\$2,393	\$2,599	8.6%	\$2,699	\$2,061	\$1,679	-18.5%	\$943
<b>Urgent Care</b>									
# of Visits	186	179	138		61	52	23		
Visits Per Member	0.23	0.30	0.23	-23.3%	0.27	0.36	0.19	-47.2%	0.3
Visits Per 1,000	229	297	234	-21.2%	269	363	189	-47.9%	300
Avg Paid per Visit	\$106	\$134	\$143	6.7%	\$79	\$88	\$121	37.5%	\$84

Annualized Annualized

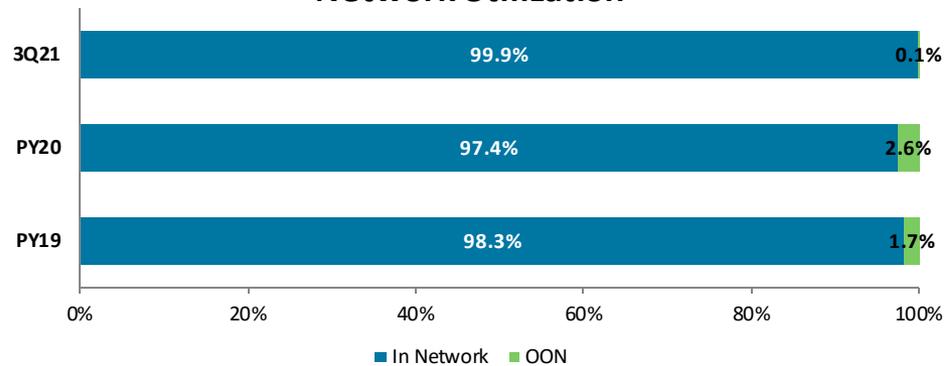
Annualized Annualized

# Provider Network Summary

## In Network Discounts



## Network Utilization



# Diagnosis Grouper Summary

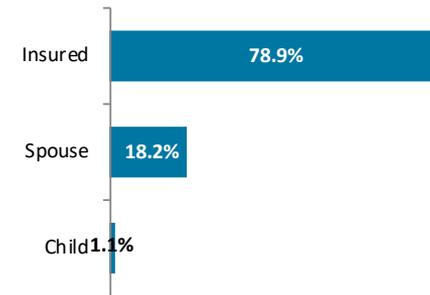
Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$3,380,071	8.7%	\$2,731,460	\$631,072	\$17,539	\$1,127,981	\$2,252,090
Musculoskeletal Disorders	\$3,019,578	7.7%	\$2,089,947	\$648,180	\$281,451	\$1,218,611	\$1,800,966
Gastrointestinal Disorders	\$2,782,562	7.1%	\$1,994,960	\$455,761	\$331,841	\$1,409,125	\$1,373,437
Mental Health	\$2,632,648	6.8%	\$1,322,539	\$281,058	\$1,029,050	\$861,095	\$1,771,553
Spine-related Disorders	\$2,427,409	6.2%	\$1,888,520	\$497,590	\$41,300	\$778,065	\$1,649,344
Health Status/Encounters	\$2,386,977	6.1%	\$1,367,477	\$254,084	\$765,416	\$811,090	\$1,574,049
Cardiac Disorders	\$2,109,435	5.4%	\$1,553,662	\$477,396	\$78,378	\$965,317	\$1,143,774
Renal/Urologic Disorders	\$1,968,515	5.0%	\$1,472,656	\$152,621	\$343,238	\$926,382	\$1,042,133
Pregnancy-related Disorders	\$1,868,412	4.8%	\$866,504	\$176,225	\$825,683	\$137,706	\$1,725,078
Infections	\$1,865,381	4.8%	\$1,361,097	\$338,137	\$166,147	\$822,921	\$1,042,460
Eye/ENT Disorders	\$1,816,313	4.7%	\$1,235,225	\$169,181	\$411,907	\$818,009	\$998,204
Neurological Disorders	\$1,595,921	4.1%	\$1,077,519	\$327,305	\$191,096	\$575,772	\$1,020,149
Trauma/Accidents	\$1,567,545	4.0%	\$961,977	\$313,581	\$291,988	\$595,488	\$972,057
Endocrine/Metabolic Disorders	\$1,479,048	3.8%	\$1,219,810	\$197,637	\$61,601	\$377,516	\$1,101,531
Hematological Disorders	\$1,268,344	3.3%	\$724,122	\$525,162	\$19,060	\$672,114	\$596,230
Pulmonary Disorders	\$1,234,810	3.2%	\$960,690	\$205,804	\$68,316	\$656,033	\$578,594
Medical/Surgical Complications	\$1,107,137	2.8%	\$968,528	\$105,535	\$33,075	\$245,379	\$861,758
Gynecological/Breast Disorders	\$908,927	2.3%	\$656,955	\$123,678	\$128,294	\$20,441	\$888,486
Non-malignant Neoplasm	\$783,861	2.0%	\$602,532	\$165,317	\$16,012	\$356,579	\$427,282
Vascular Disorders	\$587,712	1.5%	\$465,102	\$117,747	\$4,864	\$344,986	\$242,726
Diabetes	\$571,138	1.5%	\$368,669	\$147,692	\$54,777	\$283,323	\$287,815
Dermatological Disorders	\$528,593	1.4%	\$318,471	\$93,284	\$116,839	\$219,910	\$308,683
Miscellaneous	\$377,315	1.0%	\$215,910	\$90,258	\$71,147	\$202,333	\$174,981
Abnormal Lab/Radiology	\$232,458	0.6%	\$185,285	\$37,173	\$10,001	\$68,587	\$163,871
Congenital/Chromosomal Anomalies	\$165,799	0.4%	\$20,470	\$20,643	\$124,687	\$107,916	\$57,009
Cholesterol Disorders	\$131,534	0.3%	\$110,325	\$18,342	\$2,867	\$41,022	\$90,512
Dental Conditions	\$83,701	0.2%	\$56,723	\$6,119	\$20,859	\$64,607	\$19,094
Medication Related Conditions	\$71,236	0.2%	\$44,213	\$14,254	\$12,769	\$25,062	\$46,175
Allergic Reaction	\$21,291	0.1%	\$8,608	\$2,906	\$9,778	\$9,512	\$11,779
External Hazard Exposure	\$5,434	0.0%	\$3,174	\$31	\$2,228	\$1,750	\$3,684
Ungroupable	\$3,133	0.0%	\$2,352	\$381	\$400	\$678	\$2,454
<b>Total</b>	<b>\$38,982,237</b>	<b>100.0%</b>	<b>\$26,855,477</b>	<b>\$6,594,152</b>	<b>\$5,532,608</b>	<b>\$14,745,310</b>	<b>\$24,227,957</b>

# Diagnosis Grouper – Cancer

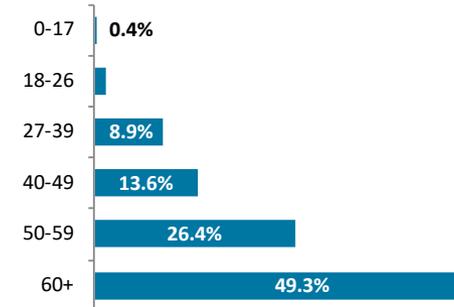
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Breast Cancer	42	417	\$1,052,043	31.1%
Cancers, Other	115	375	\$620,600	18.4%
Leukemias	12	182	\$513,959	15.2%
Cancer Therapies	14	66	\$266,033	7.9%
Lung Cancer	5	76	\$179,524	5.3%
Prostate Cancer	23	159	\$140,935	4.2%
Secondary Cancers	8	22	\$138,825	4.1%
Cervical/Uterine Cancer	4	37	\$129,962	3.8%
Brain Cancer	2	35	\$127,478	3.8%
Carcinoma in Situ	37	83	\$55,791	1.7%
Myeloma	4	31	\$49,485	1.5%
Colon Cancer	9	88	\$47,514	1.4%
Lymphomas	12	55	\$35,057	1.0%
Thyroid Cancer	16	53	\$12,380	0.4%
Melanoma	12	35	\$8,101	0.2%
Kidney Cancer	3	11	\$1,841	0.1%
Bladder Cancer	1	1	\$310	0.0%
Ovarian Cancer	2	2	\$155	0.0%
Pancreatic Cancer	1	2	\$80	0.0%
<b>Overall</b>	----	----	<b>\$3,380,071</b>	<b>100.0%</b>

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

## Relationship



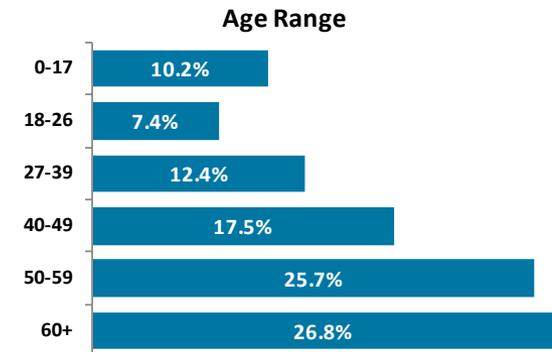
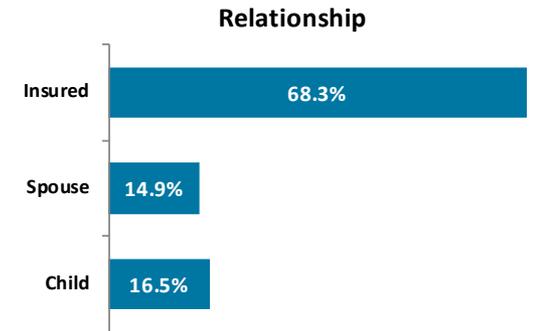
## Age Range



# Diagnosis Grouper – Musculoskeletal Disorders

Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Musculoskeletal Disorders, Other	1,125	3,584	\$907,609	30.1%
Osteoarthritis	339	911	\$834,817	27.6%
Arthropathies, Other	950	3,210	\$569,153	18.8%
Foot Problems	66	139	\$120,674	4.0%
Infectious Arthropathies	3	34	\$115,234	3.8%
Joint Disorders, Other	172	772	\$104,793	3.5%
Musculoskeletal, Aftercare	205	586	\$102,855	3.4%
Limb Pain	422	903	\$91,446	3.0%
Rheumatoid Arthritis	73	230	\$76,183	2.5%
Joint Derangement	55	115	\$66,513	2.2%
Connective Tissue Disorders	40	131	\$22,659	0.8%
Musculoskeletal Deformities, Other	10	16	\$6,150	0.2%
Muscle Disorders	3	5	\$771	0.0%
Aseptic Necrosis	1	1	\$719	0.0%
	----	----	<b>\$3,019,578</b>	<b>100.0%</b>

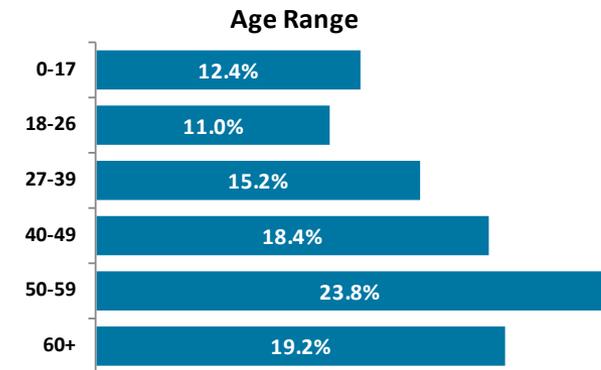
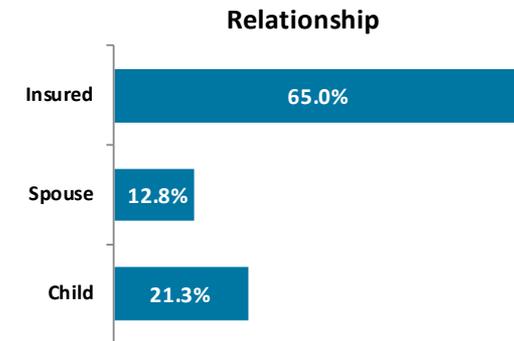
\*Patient and claim counts are unique only within the category



# Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	596	1,410	\$449,413	16.2%
Hernias	72	223	\$360,844	13.0%
Gallbladder and Biliary Disease	57	256	\$298,285	10.7%
Hepatic Cirrhosis	19	62	\$283,517	10.2%
GI Disorders, Other	295	642	\$245,002	8.8%
Upper GI Disorders	312	638	\$185,267	6.7%
Appendicitis	20	89	\$168,324	6.0%
Inflammatory Bowel Disease	42	153	\$163,102	5.9%
Pancreatic Disorders	14	78	\$150,679	5.4%
Diverticulitis	25	75	\$144,267	5.2%
GI Symptoms	319	611	\$143,177	5.1%
Liver Diseases	122	260	\$76,713	2.8%
Ostomies	11	69	\$37,952	1.4%
Peptic Ulcer/Related Disorders	13	36	\$30,436	1.1%
Hemorrhoids	46	74	\$26,716	1.0%
Esophageal Varices	1	2	\$18,866	0.7%
	----	----	<b>\$2,782,562</b>	<b>100.0%</b>

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

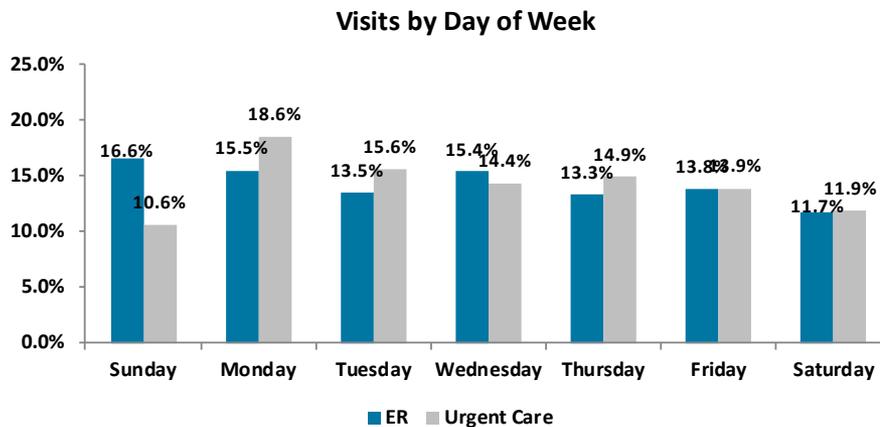


# Emergency Room / Urgent Care Summary

ER/Urgent Care	3Q20		3Q21		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,370	2,797	946	1,771		
Visits Per Member	0.21	0.42	0.15	0.27	0.17	0.24
Visits/1000 Members	207	424	147	275	174	242
Avg Paid Per Visit	\$2,528	\$139	\$2,416	\$151	\$1,684	\$74
% with OV*	89.4%	87.2%	91.5%	87.1%		
% Avoidable	12.8%	42.5%	8.5%	29.0%		
<b>Total Member Paid</b>	<b>\$551,724</b>	<b>\$134,810</b>	<b>\$367,360</b>	<b>\$70,998</b>		
<b>Total Plan Paid</b>	<b>\$3,463,473</b>	<b>\$388,721</b>	<b>\$2,285,654</b>	<b>\$267,775</b>		

\*looks back 12 months from ER visit

Annualized    Annualized    Annualized    Annualized



## % of Paid

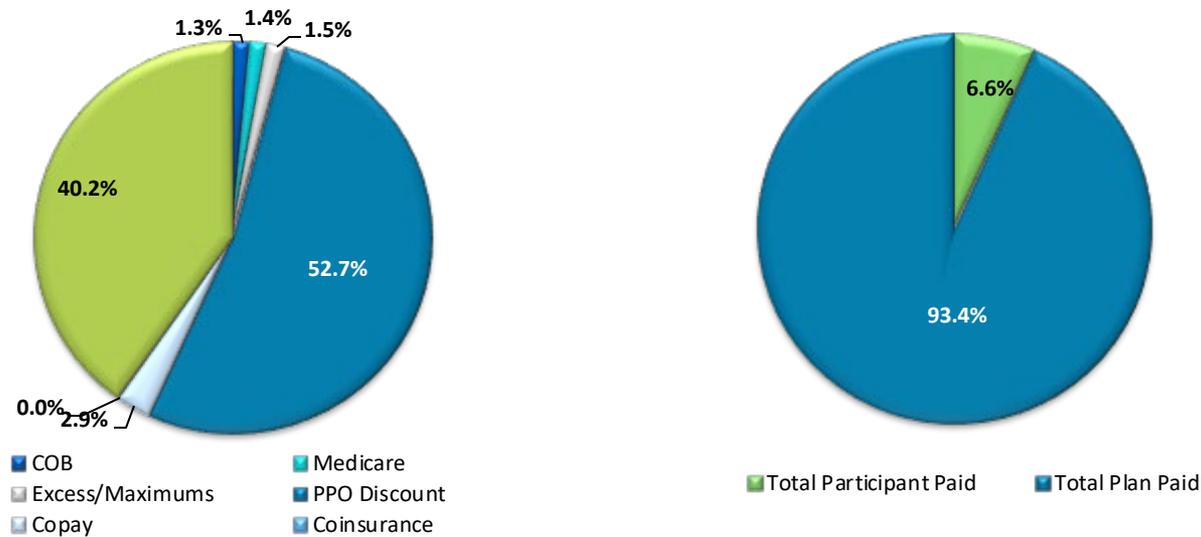


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	541	116	639	137	1,056	226
Spouse	123	133	132	142	202	218
Child	282	94	320	107	513	172
<b>Total</b>	<b>946</b>	<b>110</b>	<b>1,091</b>	<b>127</b>	<b>1,771</b>	<b>206</b>

# Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$96,032,852	\$2,285	100.0%
COB	\$1,288,119	\$31	1.3%
Medicare	\$1,332,183	\$32	1.4%
Excess/Maximums	\$1,481,041	\$35	1.5%
PPO Discount	\$51,134,317	\$1,216	53.2%
Copay	\$2,770,783	\$66	2.9%
Coinsurance	\$0	\$0	0.0%
<b>Total Participant Paid</b>	<b>\$2,770,783</b>	<b>\$66</b>	<b>2.9%</b>
<b>Total Plan Paid</b>	<b>\$38,982,237</b>	<b>\$927</b>	<b>40.6%</b>

<b>Total Participant Paid - PY20</b>	<b>\$91</b>
<b>Total Plan Paid - PY20</b>	<b>\$874</b>



# Quality Metrics

Condition	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
<b>Asthma</b>	Asthma and a routine provider visit in the last 12 months	572	550	22	96.2%
	<2 asthma related ER Visits in the last 6 months	572	572	0	100.0%
	No asthma related admit in last 12 months	572	572	0	100.0%
<b>Chronic Obstructive Pulmonary Disease</b>	No exacerbations in last 12 months	95	91	4	95.8%
	Members with COPD who had an annual spirometry test	95	21	74	22.1%
<b>Congestive Heart Failure</b>	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	3	3	0	100.0%
	No ER Visit for Heart Failure in last 90 days	58	56	2	96.6%
	Follow-up OV within 4 weeks of discharge from HF admission	3	2	1	66.7%
<b>Diabetes</b>	Annual office visit	595	584	11	98.2%
	Annual dilated eye exam	595	414	181	69.6%
	Annual foot exam	595	207	388	34.8%
	Annual HbA1c test done	595	488	107	82.0%
	Diabetes Annual lipid profile	595	462	133	77.6%
	Annual microalbumin urine screen	595	409	186	68.7%
<b>Hyperlipidemia</b>	Hyperlipidemia Annual lipid profile	1,315	1,026	289	78.0%
<b>Hypertension</b>	Annual lipid profile	1,410	948	462	67.2%
	Annual serum creatinine test	1,379	1,109	270	80.4%
<b>Wellness</b>	Well Child Visit - 15 months	95	92	3	96.8%
	Routine office visit in last 6 months	8,501	5,980	2,521	70.3%
	Age 50 to 75 years with colorectal cancer screening	2,900	774	2,126	26.7%
	Women age 21-65 with recommended cervical cancer screening	3,085	2,197	888	71.2%
	Males age greater than 49 with PSA test in last 24 months	1,266	636	630	50.2%
	Routine exam in last 24 months	8,501	7,770	731	91.4%
	Women age 40 to 75 with a screening mammogram last 24 months	2,360	1,442	918	61.1%

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

# Chronic Conditions Prevalence

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

Two outpatient claims for the Dx on separate days of service

One ER Visit with the Dx as primary

One IP admission with the Dx as the admitting

Chronic Condition	# With Condition	% of Members	Members per 1000	PMPY
Affective Psychosis	126	1.48%	14.62	\$11,549
Asthma	619	7.28%	71.80	\$14,382
Atrial Fibrillation	90	1.06%	10.44	\$41,047
Blood Disorders	548	6.45%	63.56	\$25,073
CAD	174	2.05%	20.18	\$29,069
COPD	94	1.11%	10.90	\$36,709
Cancer	345	4.06%	40.02	\$25,083
Chronic Pain	409	4.81%	47.44	\$23,382
Congestive Heart Failure	58	0.68%	6.73	\$41,445
Demyelinating Diseases	28	0.33%	3.25	\$43,817
Depression	905	10.64%	104.97	\$12,124
Diabetes	626	7.36%	72.61	\$19,140
ESRD	10	0.12%	1.16	\$127,197
Eating Disorders	36	0.42%	4.18	\$19,713
HIV/AIDS	11	0.13%	1.28	\$30,290
Hyperlipidemia	1,339	15.75%	155.32	\$13,926
Hypertension	1,410	16.58%	163.55	\$15,126
Immune Disorders	40	0.47%	4.64	\$42,032
Inflammatory Bowel Disease	61	0.72%	7.08	\$32,460
Liver Diseases	213	2.51%	24.71	\$29,118
Morbid Obesity	352	4.14%	40.83	\$20,552
Osteoarthritis	471	5.54%	54.63	\$20,257
Peripheral Vascular Disease	49	0.58%	5.68	\$21,029
Rheumatoid Arthritis	77	0.91%	8.93	\$29,660

\*For Diabetes only, one or more Rx claims can also be used to identify the condition.

Data Includes Medical and Pharmacy Based on 24 months incurred dates

# Methodology

- Average member counts were weighted by the number of months each member had on the plan.
- Claims were pulled based upon the date paid.
- Claims were categorized based upon four groups:
  - Inpatient Facility
  - Outpatient Facility
  - Physician
  - Other (Other includes any medical reimbursements or durable medical equipment.)
- Inpatient analysis was done by identifying facility claims where a room and board charge was submitted and paid. Claims were then rolled up for the entire admission and categorized by the diagnosis code that held the highest paid amount. (Hospice and skilled nursing facility claims were excluded)
- Outpatient claims were flagged by an in-or-outpatient indicator being present on the claim that identified it as taking place at an outpatient facility.
- Physician claims were identified when the vendor type indicator was flagged as a professional charge.
  - These claims were in some cases segregated further to differentiate primary care physicians and specialists.
  - Office visits were identified by the presence of evaluation and management or consultation codes.
- Emergency room and urgent care episodes should be considered subcategories of physician and outpatient facility.
  - Emergency Room visits are identified by facility claims with a revenue code of 450-455, 457-459.
  - Urgent Care visits are identified by facility claims with a revenue code of 456 or physician claims with a place of service of “Urgent Care”.
  - Outpatient claims (including facility and physician) are then rolled up for the day of service and summarized as an ER/UC visit.
  - If a member has an emergency room visit on the same day as an urgent care visit, all claims are grouped into one episode and counted as an emergency room visit.
  - If a member was admitted into the hospital through the ER, the member will not show an ER visit. ER claims are bundled with the inpatient stay.

**Public Employees' Benefits Program - RX Costs  
PY 2021 - Quarter Ending March 31, 2021**

**Express Scripts**

<b>3Q FY2021 EPO</b>		<b>3Q FY2020 EPO</b>	<b>Difference</b>	<b>% Change</b>
<b>Membership Summary</b>				
Member Count (Membership)	8,590	8,790	(200)	-2.3%
Utilizing Member Count (Patients)	6,578	7,101	(\$523)	-7.4%
Percent Utilizing (Utilization)	76.6%	80.8%	(0)	-5.2%
<b>Claim Summary</b>				
Net Claims (Total Rx's)	127,521	132,013	(4,492)	-3.4%
Claims per Elig Member per Month (Claims PMPM)	1.65	1.67	(0.02)	-1.2%
Total Claims for Generic (Generic Rx)	109,207	113,798	(4,591.00)	-4.0%
Total Claims for Brand (Brand Rx)	18,314	18,215	99.00	0.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	2,032	2,186	(154.00)	-7.0%
Total Non-Specialty Claims	125,827	130,306	(4,479.00)	-3.4%
Total Specialty Claims	1,694	1,707	(13.00)	-0.8%
<b>Generic % of Total Claims (GFR)</b>	<b>85.6%</b>	<b>86.2%</b>	(0.01)	-0.7%
Generic Effective Rate (GCR)	98.2%	98.1%	0.00	0.1%
Mail Order Claims	14,593	13,062	1,531.00	11.7%
Mail Penetration Rate*	12.5%	11.0%	0.02	1.5%
<b>Claims Cost Summary</b>				
Total Prescription Cost (Total Gross Cost)	\$16,034,211.00	\$14,863,970.00	\$1,170,241.00	7.9%
Total Generic Gross Cost	\$2,521,187.00	\$2,577,642.00	(\$56,455.00)	-2.2%
Total Brand Gross Cost	\$13,513,023.00	\$12,286,328.00	\$1,226,695.00	10.0%
Total MSB Gross Cost	\$459,589.00	\$491,898.00	(\$32,309.00)	-6.6%
Total Ingredient Cost	\$15,957,651.00	\$14,796,914.00	\$1,160,737.00	7.8%
Total Dispensing Fee	\$72,532.00	\$63,838.00	\$8,694.00	13.6%
Total Other (e.g. tax)	\$4,028.00	\$3,217.00	\$811.00	25.2%
Avg Total Cost per Claim (Gross Cost/Rx)	<b>\$125.74</b>	<b>\$112.59</b>	\$13.14	11.7%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.09	\$22.65	\$0.44	1.9%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$737.85	\$674.52	\$63.33	9.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$226.18	\$225.02	\$1.16	0.5%
<b>Member Cost Summary</b>				
<b>Total Member Cost</b>	<b>\$2,717,300.00</b>	<b>\$2,139,670.00</b>	\$577,630.00	27.0%
Total Copay	\$2,717,300.00	\$2,139,670.00	\$577,630.00	27.0%
Total Deductible	\$0.00	\$0.00	\$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.31	\$16.21	\$5.10	31.5%
<b>Avg Participant Share per Claim (Copay+Deductible/RX)</b>	<b>\$21.31</b>	<b>\$16.21</b>	<b>\$5.10</b>	<b>31.5%</b>
Avg Copay for Generic (Copay/Generic Rx)	\$7.34	\$7.19	\$0.15	2.1%
Avg Copay for Brand (Copay/Brand Rx)	\$104.60	\$72.53	\$32.07	44.2%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$29.55	\$28.78	\$0.77	2.7%
<b>Net PMPM (Participant Cost PMPM)</b>	<b>\$35.15</b>	<b>\$27.05</b>	\$8.10	30.0%
Copay % of Total Prescription Cost (Member Cost Share %)	16.9%	14.4%	2.6%	17.7%
<b>Plan Cost Summary</b>				
<b>Total Plan Cost (Plan Cost)</b>	<b>\$13,316,911.00</b>	<b>\$12,724,299.00</b>	<b>\$592,612.00</b>	<b>4.7%</b>
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,647,433.00	\$5,982,169.00	\$665,264.00	11.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,669,478.00	\$6,742,130.00	(\$72,652.00)	-1.1%
<b>Avg Plan Cost per Claim (Plan Cost/Rx)</b>	<b>\$104.43</b>	<b>\$96.39</b>	\$8.04	8.3%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.74	\$15.46	\$0.28	1.8%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$633.26	\$601.99	\$31.27	5.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$196.62	\$196.24	\$0.38	0.2%
<b>Net PMPM (Plan Cost PMPM)</b>	<b>\$172.25</b>	<b>\$160.84</b>	\$11.41	7.1%
PMPM for Specialty Only (Specialty PMPM)	\$86.27	\$85.22	\$1.05	1.2%
PMPM without Specialty (Non-Specialty PMPM)	\$85.98	\$75.62	\$10.36	13.7%
Rebates (Q1-Q3 FY2021 actual)	\$3,073,495.44	\$2,827,614.74	\$245,880.70	8.7%
<b>Net PMPM (Plan Cost PMPM factoring Rebates)</b>	<b>\$132.50</b>	<b>\$125.10</b>	\$7.40	5.9%
PMPM for Specialty Only (Specialty PMPM)	\$72.95	\$74.10	(\$1.15)	-1.6%
PMPM without Specialty (Non-Specialty PMPM)	\$60.03	\$50.45	\$9.58	19.0%

# Appendix C

## Index of Tables Health Plan of Nevada –Utilization Review for PEBP July 1, 2020 – March 31, 2021

### KEY PERFORMANCE INDICATORS

Demographic Overview .....	2
Utilization Highlights.....	5
Clinical Drivers.....	8
High Cost Claimants.....	11

### PRESCRIPTION DRUG COSTS

Prescription Drug Cost .....	7
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# Power Of Partnership.

State of  
Nevada



Quarterly Health Plan Performance Review  
Prepared for: PEBP

Claims Data:

Jul. 1, 2020 – Mar. 31, 2021 – Current

Jul. 1, 2019 – Mar. 31, 2020 – Prior

*\*Paid through April 2021 – \*30 Day run out*



**Key Performance Indicators**  
Includes Demographics And  
Financials

# 39 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
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

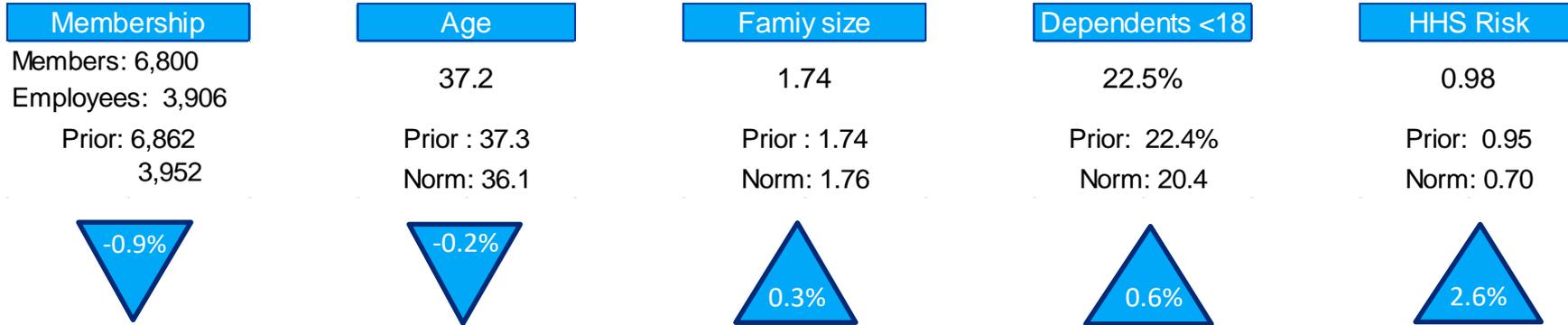
## Enhancements Made for Your Members

- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Launched new HPN App
- ✓ 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
- ✓ NV Orthopedic and Spine Center's Fast Track Clinic for patients with acute injuries

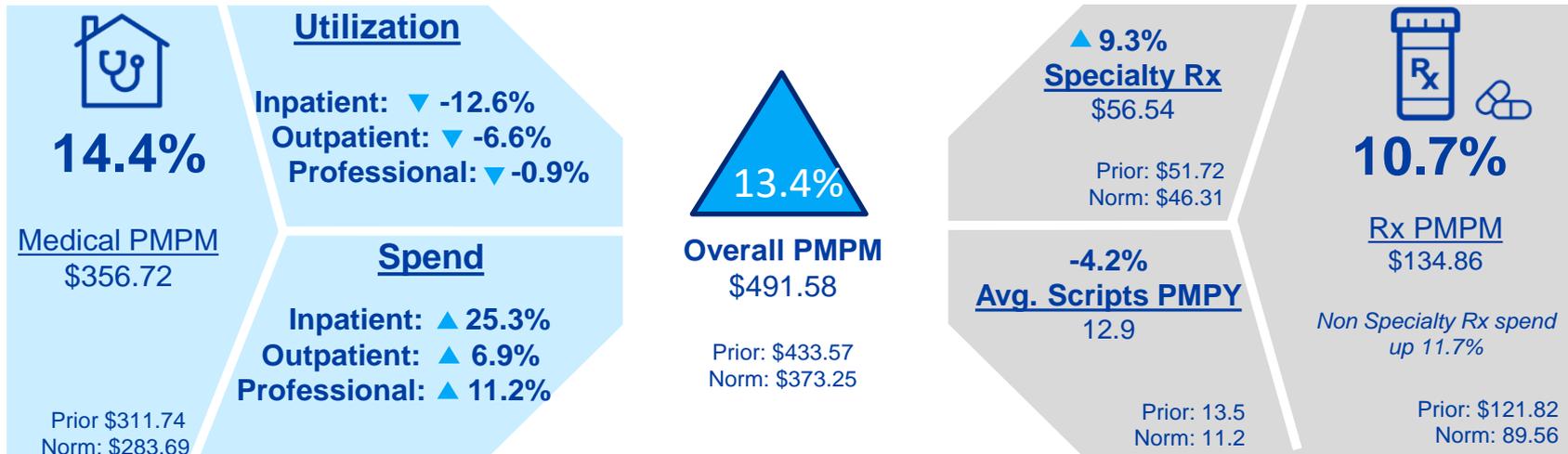
# Demographic and Financial Overview



Demographics



Medical and Rx Spend





**Medical and Rx Plan Experience**  
What Happened

# Highlights of Utilization



Utilization Metric	Prior	Current	Δ
Physician Office Visits PMPY	1.8	1.7	-5.6%
Specialist Office Visits PMPY	3.5	3.0	-14.3%
ER Visits per K	88.9	70.9	-20.2%
Urgent Care Visits per K	474.8	365.1	-23.1%
<b>OutPatient Surgery</b>			
ASC	98.2	70.7	-28.0%
Facility	29.9	27.9	-6.5%
<b>Inpatient Utilization</b>			
Admissions Per K	48.0	47.7	-0.6%
Bed Days Per K	229.6	280.0	22.0%
Average Length of Stay	4.8	5.9	22.7%
<b>On Demand</b>			
Now Clinic Visits	544	737	35.5%
TAN Calls	459	676	47.3%

\*Not representative of all Utilization

## Utilization Highlights

- PCP & Specialist Utilization decreased YOY
  - Decreased utilization across book of business during pandemic
- **76.8%** of the population engaged with their PCP
- ER Dropped **-20.2%**
- Urgent Care utilization also decreased **-23.1%**.
- Know Where to Go... Good appropriation of use with conditions being treated in Urgent Care as an alternate to ER.
- High Utilization at ASC but down - **28.0%** in current period, but well above OP surgeries at facility settings.
- IP Utilization stayed flat from prior period, but more complex cases and longer lengths of stay increased spend

# Pharmacy Spend and Utilization



	Prior	Current	Δ	Peer
Enrolled Members	6,862	6,800	-0.9%	
Average Prescriptions PMPY	13.5	12.9	-4.2%	11.2
Generic Use Rate	87.1%	85.6%	-1.7%	85.6%
Generic Substitution Rate	97.1%	97.2%	0.1%	96.9%
Employee Cost Share PMPM	\$19.38	\$22.47	15.9%	\$13.51
Avg Net Paid per Prescription	\$81.31	\$93.94	15.5%	\$95.93
Net Paid PMPM	\$121.82	\$134.86	10.7%	\$89.56

Rx Spend by Benefits and Specialty Type

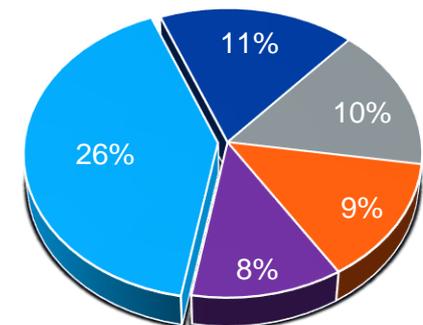


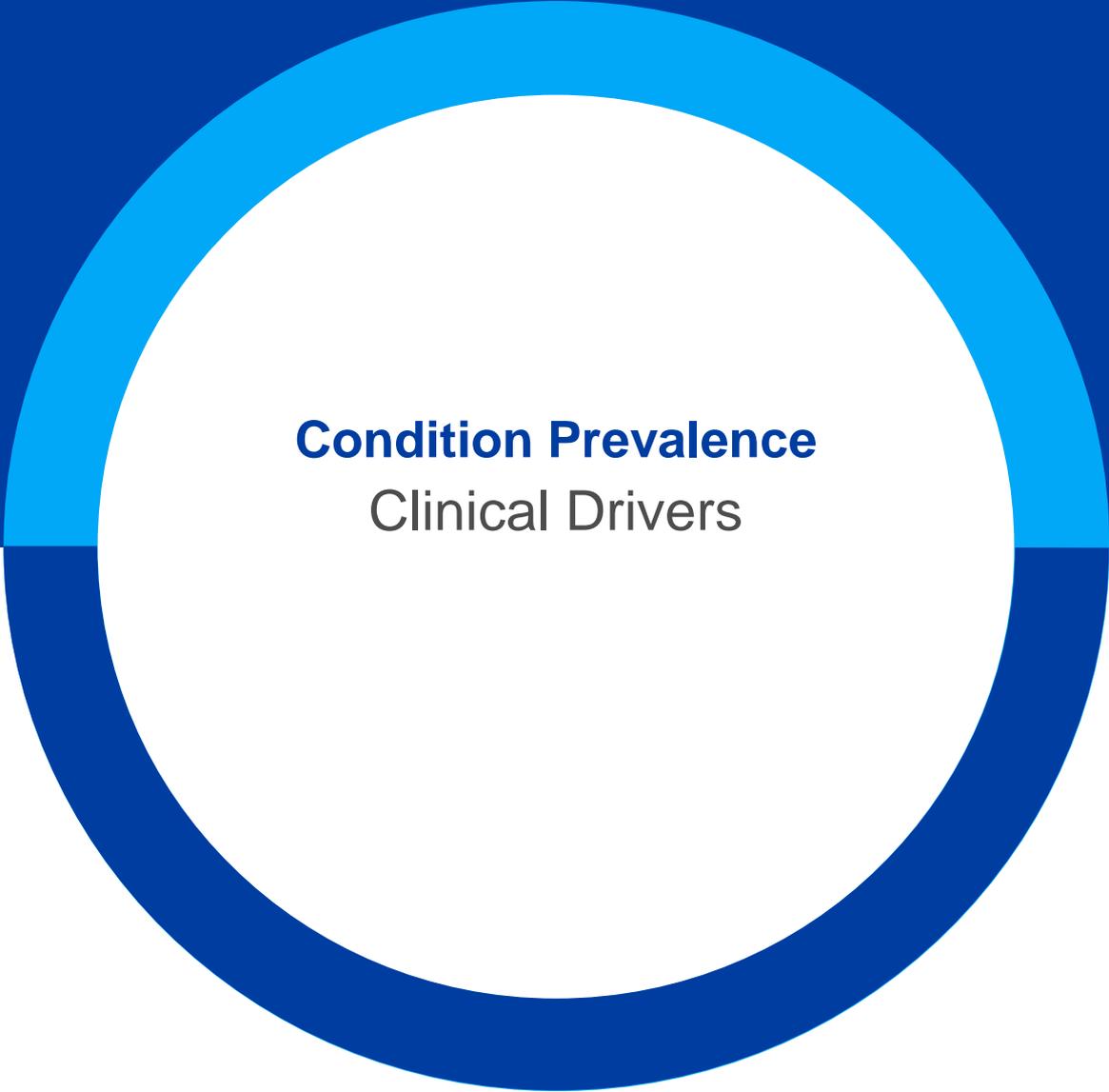
## Pharmacy PMPM trend is 10.7%

- Rx spend is up **10.7%** (**\$13.03**) from prior period, below peer
- Avg. paid per Script increased **15.5%** year over year
- Specialty Rx spend increased **9.3%** from prior period
  - Specialty Rx Drivers:
    - Humira Pen (Analgesics, Arthritis), Stelara (Dermatological, Arthritis), Aubagio (Psychotherapeutic, MS)
- Consistent with market trends; diabetic compliance on the rise  
Antidiabetic Rx Spend increased **12.4%**, utilization remained relatively flat YOY
- Tier 1 Rx Utilization accounts for **80.3%** of total Rx, but only accounts for **10.8%** of Total Rx Spend
- Tier 2 Rx Utilization increased **15.0%** YOY
  - Spend increased **14.3%**

Top 5 Therapeutic Classes by Spend

- Antidiabetics
- Analgesics
- Antineoplastics
- Antivirals
- Dermatologicals



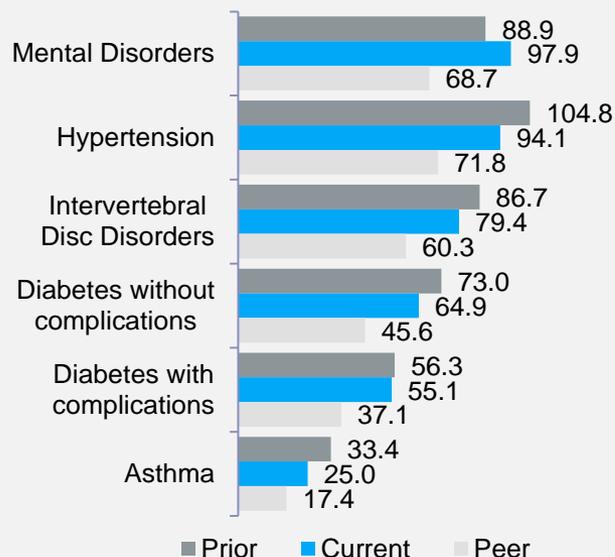


**Condition Prevalence**  
Clinical Drivers

# Clinical Conditions and Diagnosis



### Top Common Conditions by Prevalence



### Common Conditions by PMPM



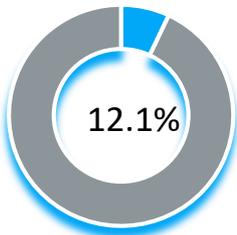
- Mental Disorders, Hypertension and Intervertebral Disc Disorder are the most prevalent clinical conditions within this population
- Mental Disorder Spend increased 76.0% from prior period. Prevalence also increased 0.2%
- Mental Disorder Spend driven by Autism (60% of Spend) and Anxiety Disorders
- Diabetes with and without complications had a slight drop in prevalence and spend from the prior period

# Chronic Condition Cost Drivers

**87%** Of medical spend driven by members with these 4 Chronic Conditions and overall 97%+ engaged with PCP

## Asthma

6.1% of Members



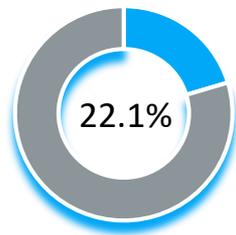
- Condition Paid
- Total Medical Paid

*Average paid Per Claimant*  
**\$9,128**

*Member Engagement*  
**96.3%**

## Cancer

13.1% of Members



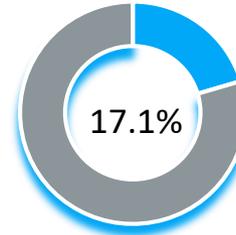
- Condition Paid
- Total Medical Paid

*Average paid Per Claimant*  
**\$10,364**

*Member Engagement*  
**99.1%**

## Cardio Hypertension

11.6% of Members



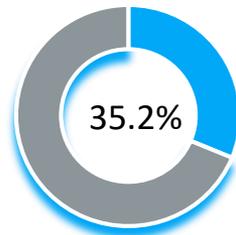
- Condition Paid
- Total Medical Paid

*Average paid Per Claimant*  
**\$9,090**

*Member Engagement*  
**97.2%**

## Diabetes

20.7% of Members



- Condition Paid
- Total Medical Paid

*Average paid Per Claimant*  
**\$8,601**

*Member Engagement*  
**94.6%**

\*Chronic Condition Data as of 2021-04



**Catastrophic Cases**  
High Cost Claimants

# Catastrophic Cases Summary (>\$50k)



**9.0** Catastrophic Cases Per 1000

Prior: **7.2** ▲ 24.9%

**66** Individuals (55 Prior)  
.90% of the population



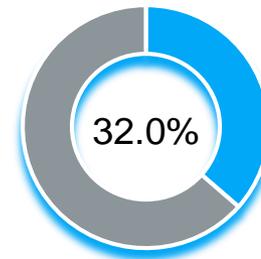
**\$109,164**  
Average Paid Per Case

Prior: \$98,168 ▲ 11.2%

Avg. Med Cost \$105,991  
Avg. Rx Cost: \$3,173

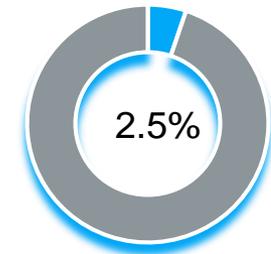
## % Paid Attributed to Catastrophic Cases

Medical



■ HCC ■ Non HCC

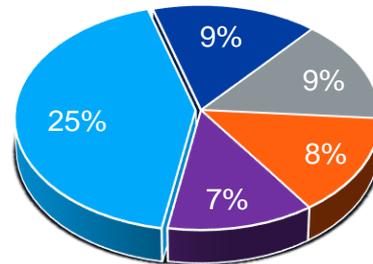
Pharmacy



■ HCC Rx ■ Non HCC Rx

## Top 5 AHRQ Chapter Conditions by Spend

- Neoplasms
- Diseases of the circulatory system
- ill-defined conditions influencing health status
- Infectious and parasitic diseases
- Injury and poisoning



## High Cost Utilization and Spend by Relationship

