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AGENDA ITEM

Action Item

Information Only

Date: January 27, 2022

Item Number: IV.II.II

Title: Self-Funded CDHP, LDPPO, and EPO Plan Utilization Report for the period ending September 30, 2021

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2022 period ending September 30, 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 LDPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- HealthSCOPE EPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- Express Scripts Utilization Report – provides details supporting the prescription drug information included in the Executive Summary.
- Health Plan of Nevada Utilization – see Appendix D for Q1 Plan Year 2022 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q1 of Plan Year 2022 compared to Q1 of Plan Year 2021 is summarized below.

- Population:
 - 16.9% decrease for primary participants
 - 19.6% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 61.9% increase for primary participants
 - 67.0% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 45 High-Cost Claimants accounting for 29.8% of the total plan paid for Q1 of Plan Year 2022
 - 114.8% increase in High-Cost Claimants per 1,000 members
 - 32.2% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Pregnancy-related Disorders (\$3.6 million) – 31.9% of paid claims
 - Cancer (\$1.7 million) – 15.0% of paid claims
 - Cardiac Disorders (\$1.3 million) – 12.0% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased 42.0%
 - Average paid per ER visit decreased 10.7%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 53.2%
 - Average paid per Urgent Care visit decreased 15.5% (decrease from \$58 to \$49)
- Network Utilization:
 - 99.1% of claims are from In-Network providers
 - Q1 of Plan Year 2022 In-Network utilization increased 1.2% over PY 2021
 - Q1 of Plan Year 2022 In-Network discounts decreased 1.2% over PY 2021
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 15.6%
 - Total Gross Claims Costs decreased 20.4% (\$2.8 million)
 - Average Total Cost per Claim decreased 5.7%
 - From \$105.55 to \$99.54
 - Member:
 - Total Member Cost decreased 18.4%
 - Average Participant Share per Claim decreased 3.3%
 - Net Member PMPM increased 1.8%
 - From \$30.47 to \$31.03

- Plan
 - Total Plan Cost decreased 21.2%
 - Average Plan Share per Claim decreased 6.6%
 - Net Plan PMPM decreased 1.7%
 - From \$76.18 to \$74.90
 - Net Plan PMPM factoring rebates decreased 9.4%
 - From \$56.97 to \$51.63

LOW DEDUCTIBLE PPO PLAN (LDPPPO)

The Low Deductible PPO Plan (LDPPPO) experience for Q1 of Plan Year 2022 is summarized below.

- Population:
 - 3,638 primary participants
 - 7,618 primary participants plus dependents (members)
- Medical Cost:
 - \$390 PEPM for primary participants
 - \$186 PMPM for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 11 High-Cost Claimants accounting for 20.7% of the total plan paid for Q1 of Plan Year 2022
 - High-Cost Claimants per 1,000 members was 1.4
 - Average cost of High-Cost Claimant paid was \$80,052
- Top three highest cost clinical classifications include:
 - Cancer (\$0.3 million) – 7.9% of paid claims
 - Pulmonary Disorders (\$0.1 million) – 3.1% of paid claims
 - Cardiac Disorders (\$0.1 million) – 3.0% of paid claims
- Emergency Room:
 - 109 ER visits per 1,000 members
 - Average paid per ER visit was \$2,261
- Urgent Care:
 - 222 Urgent Care visits per 1,000 members
 - Average paid per Urgent Care visit was \$116
- Network Utilization:
 - 99.2% of claims are from In-Network providers
 - Q1 of Plan Year 2022 In-Network discounts was 62.5%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims for Q1 was 25,731
 - Total Gross Claims Costs was \$2.6 million
 - Average Total Cost per Claim was \$100.75
 - Member:
 - Total Member Cost for Q1 was \$0.5 million
 - Average Participant Share per Claim was \$20.43
 - Net Member PMPM was \$23.13

- Plan
 - Total Plan Cost for Q1 was \$2.1 million
 - Average Plan Share per Claim was \$80.33
 - Net Plan PMPM was \$90.97

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q1 of Plan Year 2022 compared to Q1 of Plan Year 2021 is summarized below.

- Population:
 - 12.1% decrease for primary participants
 - 11.1% decrease for primary participants plus dependents (members)
- Medical Cost:
 - 42.1% increase for primary participants
 - 40.5% increase for primary participants plus dependents (members)
- High-Cost Claims:
 - There were 14 High-Cost Claimants accounting for 28.1% of the total plan paid for Plan Year 2022
 - 74.0% increase in High-Cost Claimants per 1,000 members
 - 124.8% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
 - Pulmonary Disorders (\$1.6 million) – 38.1% of paid claims
 - Cancer (\$0.6 million) – 14.7% of paid claims
 - Congenital / Chromosomal Anomalies (\$0.4 million) – 10.4% of paid claims
- Emergency Room:
 - ER visits per 1,000 members increased by 33.1%
 - Average paid per ER visit decreased by 23.9%
- Urgent Care:
 - Urgent Care visits per 1,000 members increased by 61.8%
 - Average paid per Urgent Care visit increased 11.6%
- Network Utilization:
 - 100% of claims are from In-Network providers
 - In-Network utilization increased 0.1%
 - In-Network discounts decreased 1.9%
- Prescription Drug Utilization:
 - Overall:
 - Total Net Claims decreased 12.0%
 - Total Gross Claims Costs decreased 5.5% (\$0.3 million)
 - Average Total Cost per Claim increased 7.4%
 - From \$123.29 to \$132.41
 - Member:
 - Total Member Cost decreased 9.0%
 - Average Participant Share per Claim increased 3.5%
 - Net Member PMPM increased 2.5%
 - From \$34.57 to \$35.45

- Plan
 - Total Plan Cost decreased 4.8%
 - Average Plan Share per Claim increased 8.2%
 - Net Plan PMPM increased 7.2%
 - From \$167.54 to \$179.56
 - Net Plan PMPM factoring rebates increased 2.8%
 - From \$128.81 to \$132.47

DENTAL PLAN

The Dental Plan experience for Q1 of Plan Year 2022 is summarized below.

- Dental Cost:
 - Total of \$6,875,834 paid for Dental claims
 - Preventative claims account for 42.5% (\$3.0 million)
 - Basic claims account for 28.5% (\$2.0 million)
 - Major claims account for 23.2% (\$1.6 million)
 - Periodontal claims account for 5.9% (\$0.4 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of September 30, 2021.

HRA Account Balances as of September 30, 2021			
\$Range	# Accounts	Total Account Balance	Average Per Account Balance
0	452	0	0
\$.01 - \$500.00	1,589	399,259	251
\$500.01 - \$1,000	2,248	1,508,114	671
\$1,000.01 - \$1,500	937	1,159,584	1,238
\$1,500.01 - \$2,000	616	1,066,687	1,732
\$2,000.01 - \$2,500	418	946,059	2,263
\$2,500.01 - \$3,000	338	924,588	2,735
\$3,000.01 - \$3,500	296	956,399	3,231
\$3,500.01 - \$4,000	195	728,814	3,738
\$4,000.01 - \$4,500	151	639,546	4,235
\$4,500.01 - \$5,000	118	561,485	4,758
\$5,000.01 +	776	6,361,871	223,822
Total	8,134	\$ 15,252,407	\$ 1,875

CONCLUSION

The information in this report provides plan experience for the Consumer Driven Health Plan (CDHP), Low Deductible PPO Plan (LDPPO) and the PEBP Premier Plan (EPO) through the first quarter of Plan Year 2022. The CDHP total plan paid costs increased 34.5% over the same time for Plan Year 2021. The EPO total plan paid costs increased 24.8% over Q1 of Plan Year 2021. For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program HDHP Plan

July – September 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q22 was \$37,411,602 of which 79.7% was spent in the State Active population. When compared to 1Q21, this reflected an increase of 34.5% in plan spend, with State Actives having a increase of 43.6%.
 - When compared to 1Q20, 1Q22 increased 11.04%, with State Actives having an increase of 28.0%.
- On a PEPY basis (annualized), 1Q22 reflected an increase of 62.0% when compared to 1Q21. The largest group, State Actives, increased 75.9%.
 - When compared to 1Q20, 1Q22 increased 34.6%, with State Actives increasing by 57.6%.
- 95.8% of the Average Membership had paid Medical claims less than \$2,500, with 43.5% of those having no claims paid at all during the reporting period.
- There were 45 high-cost Claimants (HCC's) over \$100K, that accounted for 29.8% of the total spend. HCCs accounted for 17.5% of total spend during 1Q21, with 26 members hitting the \$100K threshold. The largest diagnosis grouper was Pregnancy-related Disorders accounting for 13.7% of high-cost claimant dollars.
- IP Paid per Admit was \$19,894 which is a decrease of 31.2% compared to 1Q21.
- ER Paid per Visit is \$1,700, which is a decrease of 9.7% compared to 1Q21.
- 99.1% of all Medical spend dollars were to In Network providers. The average In Network discount was 64.7%, which is a slight decrease of 1.8% compared to the PY21 average discount of 65.9%.

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

Paid Claims by Age Group								
1Q21								
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM
<1	\$ 1,080,593	\$ 1,003	\$ 793	\$ 1	\$ 4,323	\$ 3	\$ 1,085,709	\$ 1,007
1	\$ 197,607	\$ 164	\$ 35,200	\$ 29	\$ 14,982	\$ 9	\$ 247,789	\$ 202
2 - 4	\$ 327,957	\$ 81	\$ 111,736	\$ 28	\$ 102,409	\$ 19	\$ 542,102	\$ 128
5 - 9	\$ 420,452	\$ 56	\$ 67,769	\$ 9	\$ 331,101	\$ 32	\$ 819,322	\$ 97
10 - 14	\$ 543,849	\$ 64	\$ 101,849	\$ 12	\$ 359,102	\$ 31	\$ 1,004,800	\$ 106
15 - 19	\$ 699,507	\$ 78	\$ 157,419	\$ 18	\$ 450,025	\$ 36	\$ 1,306,952	\$ 131
20 - 24	\$ 1,215,352	\$ 121	\$ 294,446	\$ 29	\$ 281,160	\$ 21	\$ 1,790,958	\$ 171
25 - 29	\$ 1,611,528	\$ 201	\$ 345,132	\$ 43	\$ 257,375	\$ 25	\$ 2,214,035	\$ 269
30 - 34	\$ 1,317,372	\$ 144	\$ 525,273	\$ 58	\$ 328,874	\$ 28	\$ 2,171,520	\$ 230
35 - 39	\$ 1,527,645	\$ 153	\$ 987,609	\$ 99	\$ 373,973	\$ 28	\$ 2,889,227	\$ 280
40 - 44	\$ 1,418,558	\$ 153	\$ 522,574	\$ 56	\$ 343,866	\$ 28	\$ 2,284,998	\$ 236
45 - 49	\$ 1,782,677	\$ 186	\$ 816,086	\$ 85	\$ 397,638	\$ 30	\$ 2,996,401	\$ 302
50 - 54	\$ 3,555,545	\$ 353	\$ 1,093,621	\$ 109	\$ 428,987	\$ 30	\$ 5,078,153	\$ 492
55 - 59	\$ 3,253,538	\$ 297	\$ 1,411,874	\$ 129	\$ 520,748	\$ 34	\$ 5,186,160	\$ 460
60 - 64	\$ 5,890,686	\$ 480	\$ 1,760,456	\$ 143	\$ 680,896	\$ 40	\$ 8,332,038	\$ 663
65+	\$ 2,963,338	\$ 420	\$ 1,222,954	\$ 173	\$ 1,700,965	\$ 42	\$ 5,887,257	\$ 635
Total	\$ 27,806,203	\$ 218	\$ 9,454,791	\$ 74	\$ 6,576,425	\$ 32	\$ 43,837,420	\$ 324

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

Paid Claims by Age Group										
Age Range	1Q22								% Change	
	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Dental Net Pay	Dental PMPM	Net Pay	PMPM	Net Pay	PMPM
<1	\$ 4,747,703	\$ 5,734	\$ 644	\$ 1	\$ 1,765	\$ 1	\$ 4,750,112	\$ 5,736	337.5%	469.7%
1	\$ 136,086	\$ 167	\$ 1,140	\$ 1	\$ 13,151	\$ 8	\$ 150,377	\$ 176	-39.3%	-12.5%
2 - 4	\$ 372,076	\$ 128	\$ 61,993	\$ 21	\$ 107,399	\$ 21	\$ 541,468	\$ 170	-0.1%	33.3%
5 - 9	\$ 338,030	\$ 59	\$ 156,013	\$ 27	\$ 340,333	\$ 35	\$ 834,376	\$ 122	1.8%	25.0%
10 - 14	\$ 1,078,022	\$ 167	\$ 119,626	\$ 18	\$ 351,851	\$ 30	\$ 1,549,499	\$ 215	54.2%	103.2%
15 - 19	\$ 1,130,397	\$ 163	\$ 151,863	\$ 22	\$ 427,142	\$ 35	\$ 1,709,402	\$ 219	30.8%	67.2%
20 - 24	\$ 1,229,824	\$ 154	\$ 267,397	\$ 34	\$ 255,617	\$ 19	\$ 1,752,838	\$ 207	-2.1%	21.3%
25 - 29	\$ 1,736,988	\$ 272	\$ 228,459	\$ 36	\$ 225,845	\$ 24	\$ 2,191,292	\$ 332	-1.0%	23.4%
30 - 34	\$ 1,289,355	\$ 173	\$ 341,247	\$ 46	\$ 303,359	\$ 26	\$ 1,933,961	\$ 246	-10.9%	7.0%
35 - 39	\$ 2,142,090	\$ 273	\$ 295,062	\$ 38	\$ 387,478	\$ 30	\$ 2,824,630	\$ 341	-2.2%	21.6%
40 - 44	\$ 2,420,389	\$ 318	\$ 464,554	\$ 61	\$ 373,237	\$ 30	\$ 3,258,180	\$ 409	42.6%	72.8%
45 - 49	\$ 2,162,980	\$ 293	\$ 654,760	\$ 89	\$ 394,622	\$ 31	\$ 3,212,362	\$ 413	7.2%	37.0%
50 - 54	\$ 3,508,050	\$ 420	\$ 935,191	\$ 112	\$ 513,809	\$ 36	\$ 4,957,050	\$ 568	-2.4%	15.5%
55 - 59	\$ 5,400,643	\$ 598	\$ 1,373,510	\$ 152	\$ 591,278	\$ 39	\$ 7,365,431	\$ 789	42.0%	71.6%
60 - 64	\$ 6,028,093	\$ 570	\$ 1,824,785	\$ 173	\$ 726,052	\$ 44	\$ 8,578,930	\$ 786	3.0%	18.6%
65+	\$ 3,690,876	\$ 574	\$ 1,158,447	\$ 180	\$ 1,862,895	\$ 46	\$ 6,712,218	\$ 800	14.0%	25.9%
Total	\$ 37,411,602	\$ 364	\$ 8,034,690	\$ 78	\$ 6,875,835	\$ 34	\$ 52,322,125	\$ 477	19.4%	47.3%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year
Enrollment												
Avg # Employees	23,581	23,419	19,451	-16.9%	19,669	19,563	15,968	-18.4%	4	3	3	-9.9%
Avg # Members	42,753	42,580	34,222	-19.6%	37,138	36,973	29,132	-21.2%	7	7	8	14.3%
Ratio	1.8	1.8	1.8	-3.3%	1.9	1.9	1.8	-3.7%	1.8	2.1	2.7	27.1%
Financial Summary												
Gross Cost	\$46,374,477	\$38,766,628	\$48,739,183	25.7%	\$33,530,604	\$29,572,105	\$38,704,536	30.9%	\$14,108	\$2,580	\$7,696	198.3%
Client Paid	\$33,692,440	\$27,806,203	\$37,411,602	34.5%	\$23,296,415	\$20,763,800	\$29,814,000	43.6%	\$9,764	\$1,404	\$6,415	356.9%
Employee Paid	\$12,682,036	\$10,960,425	\$11,327,580	3.3%	\$10,234,189	\$8,808,304	\$8,890,537	0.9%	\$4,344	\$1,176	\$1,281	8.9%
Client Paid-PEPY	\$5,715	\$4,749	\$7,693	62.0%	\$4,738	\$4,246	\$7,468	75.9%	\$9,764	\$1,684	\$8,553	407.9%
Client Paid-PMPY	\$3,152	\$2,612	\$4,373	67.4%	\$2,509	\$2,246	\$4,094	82.3%	\$5,579	\$802	\$3,208	300.0%
Client Paid-PEPM	\$476	\$396	\$641	61.9%	\$395	\$354	\$622	75.7%	\$814	\$140	\$713	409.3%
Client Paid-PMPM	\$263	\$218	\$364	67.0%	\$209	\$187	\$341	82.4%	\$465	\$67	\$267	298.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	29	26	45	73.1%	19	16	36	125.0%	0	0	0	0.0%
HCC's / 1,000	0.7	0.6	1.3	114.8%	0.5	0.4	1.2	188.4%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$262,888	\$187,205	\$247,401	32.2%	\$177,846	\$146,448	\$251,889	72.0%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	22.6%	17.5%	29.8%	70.3%	14.5%	11.3%	30.4%	169.0%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,123	\$820	\$1,750	113.4%	\$745	\$615	\$1,693	175.3%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$968	\$855	\$1,317	54.0%	\$802	\$768	\$1,143	48.8%	\$1,746	\$146	\$0	-100.0%
Physician	\$985	\$884	\$1,217	37.7%	\$898	\$821	\$1,177	43.4%	\$3,490	\$656	\$3,129	377.0%
Other	\$77	\$53	\$89	67.9%	\$65	\$42	\$81	92.9%	\$343	\$0	\$78	0.0%
Total	\$3,152	\$2,612	\$4,373	67.4%	\$2,509	\$2,246	\$4,094	82.3%	\$5,579	\$802	\$3,208	300.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	3,250	3,295	3,024	-8.2%	658	558	456	-18.2%	
Avg # Members	4,852	4,944	4,540	-8.2%	757	656	542	-17.3%	
Ratio	1.5	1.5	1.5	0.0%	1.2	1.2	1.2	0.8%	1.6
Financial Summary									
Gross Cost	\$11,245,697	\$7,154,081	\$9,096,199	27.1%	\$1,584,068	\$2,037,862	\$930,751	-54.3%	
Client Paid	\$9,169,894	\$5,339,239	\$6,997,820	31.1%	\$1,216,367	\$1,701,760	\$593,368	-65.1%	
Employee Paid	\$2,075,803	\$1,814,842	\$2,098,379	15.6%	\$367,701	\$336,102	\$337,383	0.4%	
Client Paid-PEPY	\$11,287	\$6,482	\$9,256	42.8%	\$7,394	\$12,206	\$5,205	-57.4%	\$6,297
Client Paid-PMPY	\$7,560	\$4,320	\$6,166	42.7%	\$6,430	\$10,377	\$4,376	-57.8%	\$3,879
Client Paid-PEPM	\$941	\$540	\$771	42.8%	\$616	\$1,017	\$434	-57.3%	\$525
Client Paid-PMPM	\$630	\$360	\$514	42.8%	\$536	\$865	\$365	-57.8%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	9	8	12	50.0%	2	2	0	-100.0%	
HCC's / 1,000	1.9	1.6	2.7	63.6%	2.6	3.1	0.0	-100.0%	
Avg HCC Paid	\$446,461	\$217,549	\$172,085	-20.9%	\$113,262	\$391,889	\$0	-100.0%	
HCC's % of Plan Paid	43.8%	32.6%	31.5%	-3.4%	18.6%	46.1%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$3,722	\$1,506	\$2,164	43.7%	\$3,007	\$7,215	\$1,398	-80.6%	\$1,149
Facility Outpatient	\$2,065	\$1,442	\$2,413	67.3%	\$2,063	\$1,365	\$1,462	7.1%	\$1,333
Physician	\$1,609	\$1,255	\$1,437	14.5%	\$1,265	\$1,604	\$1,470	-8.4%	\$1,301
Other	\$164	\$117	\$151	29.1%	\$95	\$192	\$47	-75.5%	\$96
Total	\$7,560	\$4,320	\$6,166	42.7%	\$6,430	\$10,377	\$4,376	-57.8%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY20	PY21	1Q22	Variance to Prior Year	PY20	PY21	1Q22	Variance to Prior Year	PY20	PY21	1Q22	Variance to Prior Year
Enrollment												
Avg # Employees	23,673	23,322	19,451	-16.6%	19,809	19,529	15,968	-18.2%	4	4	3	-25.0%
Avg # Members	42,865	42,317	34,222	-19.1%	37,291	36,761	29,132	-20.8%	7	9	8	-11.1%
Ratio	1.8	1.8	1.8	-2.8%	1.9	1.9	1.8	-3.2%	1.8	2.3	2.7	18.7%
Financial Summary												
Gross Cost	\$185,251,114	\$169,798,016	\$48,739,183	-71.3%	\$139,774,757	\$131,033,700	\$38,704,536	-70.5%	\$46,064	\$40,353	\$7,696	-80.9%
Client Paid	\$143,667,208	\$132,093,355	\$37,411,602	-71.7%	\$106,095,205	\$100,467,765	\$29,814,000	-70.3%	\$35,053	\$26,699	\$6,415	-76.0%
Employee Paid	\$41,583,906	\$37,704,661	\$11,327,580	-70.0%	\$33,679,553	\$30,565,935	\$8,890,537	-70.9%	\$11,011	\$13,654	\$1,281	-90.6%
Client Paid-PEPY	\$6,069	\$5,664	\$7,693	35.8%	\$5,356	\$5,144	\$7,468	45.2%	\$9,144	\$6,675	\$8,553	28.1%
Client Paid-PMPY	\$3,352	\$3,122	\$4,373	40.1%	\$2,845	\$2,733	\$4,094	49.8%	\$5,130	\$2,967	\$3,208	8.1%
Client Paid-PEPM	\$506	\$472	\$641	35.8%	\$446	\$429	\$622	45.0%	\$762	\$556	\$713	28.2%
Client Paid-PMPM	\$279	\$260	\$364	40.0%	\$237	\$228	\$341	49.6%	\$427	\$247	\$267	8.1%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	206	178	45		151	128	36		0	0	0	
HCC's / 1,000	4.8	4.2	1.3		4.1	3.5	1.2		0.0	0.0	0.0	
Avg HCC Paid	\$236,642	\$246,763	\$247,401	0.3%	\$206,591	\$237,270	\$251,889	6.2%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	33.9%	33.3%	29.8%	-10.5%	29.4%	30.2%	30.4%	0.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,139	\$893	\$1,750	96.0%	\$883	\$750	\$1,693	125.7%	\$0	\$14	\$0	0.0%
Facility Outpatient	\$1,040	\$991	\$1,317	32.9%	\$880	\$822	\$1,143	39.1%	\$2,087	\$2,152	\$0	-100.0%
Physician	\$1,093	\$1,174	\$1,217	3.7%	\$1,014	\$1,105	\$1,177	6.5%	\$2,777	\$770	\$3,129	306.4%
Other	\$80	\$64	\$89	39.1%	\$68	\$56	\$81	44.6%	\$266	\$30	\$78	0.0%
Total	\$3,352	\$3,122	\$4,373	40.1%	\$2,845	\$2,733	\$4,094	49.8%	\$5,130	\$2,967	\$3,208	8.1%
			Annualized				Annualized				Annualized	

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

	State Retirees				Non-State Retirees				
Summary	PY20	PY21	1Q22	Variance to Prior Year	PY20	PY21	1Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	3,246	3,268	3,024	-7.5%	615	521	456	-12.4%	
Avg # Members	4,858	4,933	4,540	-8.0%	710	614	542	-11.7%	
Ratio	1.5	1.5	1.5	-0.7%	1.2	1.2	1.2	0.8%	1.6
Financial Summary									
Gross Cost	\$39,350,569	\$33,024,994	\$9,096,199	-72.5%	\$6,079,723	\$5,698,970	\$930,751	-83.7%	
Client Paid	\$32,691,908	\$26,900,984	\$6,997,820	-74.0%	\$4,845,042	\$4,697,908	\$593,368	-87.4%	
Employee Paid	\$6,658,661	\$6,124,010	\$2,098,379	-65.7%	\$1,234,681	\$1,001,063	\$337,383	-66.3%	
Client Paid-PEPY	\$10,070	\$8,231	\$9,256	12.5%	\$7,882	\$9,024	\$5,205	-42.3%	\$6,297
Client Paid-PMPY	\$6,730	\$5,454	\$6,166	13.1%	\$6,821	\$7,646	\$4,376	-42.8%	\$3,879
Client Paid-PEPM	\$839	\$686	\$771	12.4%	\$657	\$752	\$434	-42.3%	\$525
Client Paid-PMPM	\$561	\$454	\$514	13.2%	\$568	\$637	\$365	-42.7%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	60	44	12		8	9	0		
HCC's / 1,000	12.4	8.9	2.7		11.3	14.7	0.0		
Avg HCC Paid	\$271,721	\$261,318	\$172,085	-34.1%	\$156,233	\$228,360	\$0	-100.0%	
HCC's % of Plan Paid	49.9%	42.7%	31.5%	-26.2%	25.8%	43.7%	0.0%	-100.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,853	\$1,597	\$2,164	35.5%	\$2,835	\$3,771	\$1,398	-62.9%	\$1,149
Facility Outpatient	\$2,107	\$2,154	\$2,413	12.0%	\$2,143	\$1,733	\$1,462	-15.6%	\$1,333
Physician	\$1,600	\$1,586	\$1,437	-9.4%	\$1,745	\$2,022	\$1,470	-27.3%	\$1,301
Other	\$170	\$116	\$151	30.2%	\$98	\$120	\$47	-60.8%	\$96
Total	\$6,730	\$5,454	\$6,166	13.1%	\$6,821	\$7,646	\$4,376	-42.8%	\$3,879

Annualized

Annualized

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total										
State Participants										
	1Q21				1Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical										
Inpatient	\$ 6,693,576	\$ 1,239,353	\$ 897,650	\$ 8,830,580	\$ 13,642,911	\$ 2,165,278	\$ 568,071	\$ 16,376,260	85.4%	
Outpatient	\$ 14,070,224	\$ 2,789,777	\$ 412,459	\$ 17,272,460	\$ 16,171,088	\$ 3,859,328	\$ 405,143	\$ 20,435,559	18.3%	
Total - Medical	\$ 20,763,800	\$ 4,029,130	\$ 1,310,109	\$ 26,103,040	\$ 29,814,000	\$ 6,024,606	\$ 973,214	\$ 36,811,819	41.0%	
Dental	\$ 4,478,336	\$ 517,283	\$ 151,183	\$ 5,146,801	\$ 4,585,280	\$ 580,702	\$ 146,788	\$ 5,312,770	3.2%	
Dental Exchange	\$ -	\$ -	\$ 825,777	\$ 825,777	\$ -	\$ -	\$ 944,022	\$ 944,022	14.3%	
Total	\$ 25,242,136	\$ 4,546,413	\$ 2,287,069	\$ 32,075,619	\$ 34,399,280	\$ 6,605,308	\$ 2,064,024	\$ 43,068,612	34.3%	

Net Paid Claims - Per Participant per Month										
	1Q21				1Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		Total
Medical	\$ 354	\$ 506	\$ 681	\$ 381	\$ 622	\$ 833	\$ 531	\$ 646	69.7%	
Dental	\$ 55	\$ 51	\$ 66	\$ 55	\$ 59	\$ 56	\$ 65	\$ 58	6.1%	
Dental Exchange	\$ -	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ 56	\$ 56	11.3%	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q21				1Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 360,962	\$ 851,112	\$ 1,212,075	\$ -	\$ 36,786	\$ 173,483	\$ 210,269		-82.7%
Outpatient	\$ 1,404	\$ 129,208	\$ 360,477	\$ 491,089	\$ 6,415	\$ 226,661	\$ 156,437	\$ 389,514		-20.7%
Total - Medical	\$ 1,404	\$ 490,171	\$ 1,211,589	\$ 1,703,164	\$ 6,415	\$ 263,448	\$ 329,920	\$ 599,783		-64.8%
Dental	\$ 1,327	\$ 64,084	\$ 57,257	\$ 122,667	\$ 2,675	\$ 47,615	\$ 70,135	\$ 120,425		-1.8%
Dental Exchange	\$ -	\$ -	\$ 481,180	\$ 481,180	\$ -	\$ -	\$ 498,616	\$ 498,616		3.6%
Total	\$ 2,730	\$ 554,254	\$ 1,750,026	\$ 2,307,010	\$ 9,090	\$ 311,063	\$ 898,671	\$ 1,218,824		-47.2%

Net Paid Claims - Per Participant per Month										
	1Q21				1Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 140	\$ 558	\$ 1,526	\$ 1,012	\$ 713	\$ 462	\$ 413	\$ 436		-57.0%
Dental	\$ 60	\$ 44	\$ 46	\$ 45	\$ 134	\$ 49	\$ 54	\$ 53		16.9%
Dental Exchange	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 48	\$ 48		5.8%

Paid Claims by Claim Type – Total

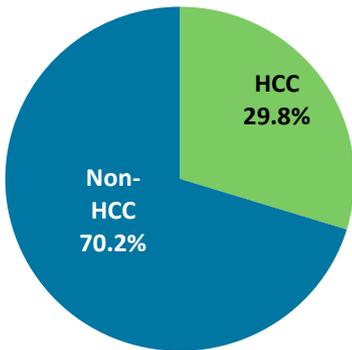
Net Paid Claims - Total									
Total Participants									
	1Q21				1Q22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 6,693,576	\$ 1,600,316	\$ 1,748,762	\$ 10,042,654	\$ 13,642,911	\$ 2,202,064	\$ 741,554	\$ 16,586,530	65.2%
Outpatient	\$ 14,071,628	\$ 2,918,985	\$ 772,936	\$ 17,763,549	\$ 16,177,503	\$ 4,085,989	\$ 561,581	\$ 20,825,073	17.2%
Total - Medical	\$ 20,765,204	\$ 4,519,301	\$ 2,521,698	\$ 27,806,203	\$ 29,820,415	\$ 6,288,053	\$ 1,303,134	\$ 37,411,602	34.5%
Dental	\$ 4,479,663	\$ 581,367	\$ 208,439	\$ 5,269,468	\$ 4,587,955	\$ 628,317	\$ 216,922	\$ 5,433,195	3.1%
Dental Exchange	\$ -	\$ -	\$ 1,306,957	\$ 1,306,957	\$ -	\$ -	\$ 1,442,638	\$ 1,442,638	10.4%
Total	\$ 25,244,866	\$ 5,100,667	\$ 4,037,095	\$ 34,382,629	\$ 34,408,370	\$ 6,916,371	\$ 2,962,695	\$ 44,287,436	28.8%

Net Paid Claims - Per Participant per Month									
	1Q21				1Q22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 354	\$ 511	\$ 928	\$ 396	\$ 622	\$ 806	\$ 495	\$ 641	61.9%
Dental	\$ 55	\$ 50	\$ 59	\$ 55	\$ 59	\$ 55	\$ 61	\$ 58	6.4%
Dental Exchange	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ 53	\$ 53	9.5%

Cost Distribution – Medical Claims

1Q21						1Q22						
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
21	0.0%	\$4,842,321	17.4%	\$99,429	0.9%	\$100,000.01 Plus	31	0.1%	\$10,882,754	29.1%	\$147,569	1.3%
49	0.1%	\$3,692,075	13.3%	\$245,563	2.2%	\$50,000.01-\$100,000.00	57	0.2%	\$5,195,553	13.9%	\$298,041	2.6%
112	0.3%	\$4,087,731	14.7%	\$487,419	4.4%	\$25,000.01-\$50,000.00	98	0.3%	\$4,512,780	12.1%	\$483,165	4.3%
312	0.7%	\$5,177,782	18.6%	\$1,179,525	10.8%	\$10,000.01-\$25,000.00	296	0.9%	\$5,605,906	15.0%	\$1,156,990	10.2%
379	0.9%	\$2,733,428	9.8%	\$1,040,624	9.5%	\$5,000.01-\$10,000.00	369	1.1%	\$3,132,843	8.4%	\$1,072,900	9.5%
512	1.2%	\$1,925,948	6.9%	\$962,815	8.8%	\$2,500.01-\$5,000.00	581	1.7%	\$2,396,085	6.4%	\$1,219,917	10.8%
14,301	33.6%	\$5,346,918	19.2%	\$4,990,138	45.5%	\$0.01-\$2,500.00	12,424	36.3%	\$5,685,681	15.2%	\$5,053,637	44.6%
6,586	15.5%	\$0	0.0%	\$1,954,911	17.8%	\$0.00	5,488	16.0%	\$0	0.0%	\$1,895,362	16.7%
20,309	47.7%	\$0	0.0%	\$0	0.0%	No Claims	14,877	43.5%	\$0	0.0%	\$0	0.0%
42,580	100.0%	\$27,806,203	100.0%	\$10,960,425	100.0%		34,222	100.0%	\$37,411,602	100.0%	\$11,327,580	100.0%

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
Pregnancy-related Disorders	3	\$3,555,145	31.9%
Cancer	18	\$1,673,318	15.0%
Cardiac Disorders	20	\$1,330,440	12.0%
Spine-related Disorders	6	\$929,326	8.3%
Gastrointestinal Disorders	19	\$602,971	5.4%
Infections	15	\$565,254	5.1%
Hematological Disorders	10	\$447,342	4.0%
Renal/Urologic Disorders	13	\$336,864	3.0%
Trauma/Accidents	13	\$255,256	2.3%
Congenital/Chromosomal Anomalies	3	\$251,105	2.3%
All Other		\$1,186,023	10.7%
Overall	----	\$11,133,044	100.0%

Utilization Summary (p. 1 of 2)

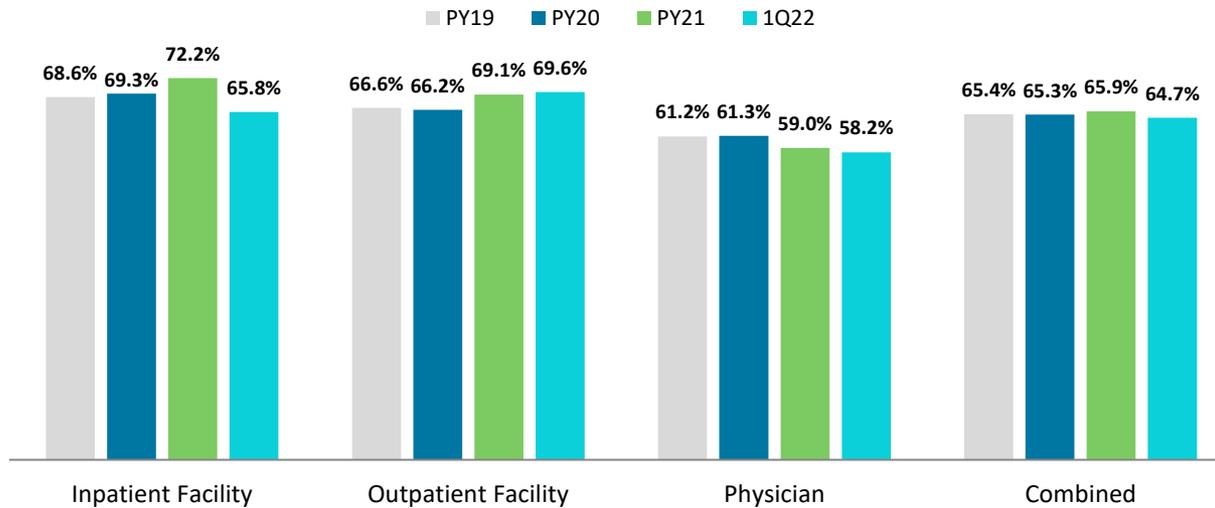
Summary	Total				State Active				Non-State Active			
	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year
Inpatient Summary												
# of Admits	497	384	368		387	314	277		0	0	0	
# of Bed Days	2,884	2,543	1,886		2,262	2,105	1,412		0	0	0	
Paid Per Admit	\$25,415	\$28,921	\$19,894	-31.2%	\$25,094	\$24,849	\$20,450	-17.7%	\$0	\$0	\$0	0.0%
Paid Per Day	\$4,380	\$4,367	\$3,882	-11.1%	\$4,293	\$3,707	\$4,012	8.2%	\$0	\$0	\$0	0.0%
Admits Per 1,000	46	36	43	19.4%	41	34	38	11.8%	0	0	0	0.0%
Days Per 1,000	267	238	220	-7.6%	241	227	194	-14.5%	0	0	0	0.0%
Avg LOS	5.8	6.6	5.1	-22.7%	5.8	6.7	5.1	-23.9%	0	0	0	0.0%
# Admits From ER	242	183	212		178	136	141		0	0	0	
Physician Office												
OV Utilization per Member	4.3	3.6	4.4	22.2%	4	3.4	4.1	20.6%	19.4	5.1	3.5	-31.4%
Avg Paid per OV	\$65	\$64	\$79	23.4%	\$65	\$66	\$81	22.7%	\$95	\$113	\$55	-51.3%
Avg OV Paid per Member	\$278	\$231	\$345	49.4%	\$261	\$226	\$336	48.7%	\$1,846	\$579	\$194	-66.5%
DX&L Utilization per Member	8.2	7.2	8.8	22.2%	7.7	6.8	8.3	22.1%	0	0	19	0.0%
Avg Paid per DX&L	\$49	\$53	\$60	13.2%	\$47	\$47	\$57	21.3%	\$0	\$0	\$155	0.0%
Avg DX&L Paid per Member	\$400	\$381	\$528	38.6%	\$363	\$318	\$471	48.1%	\$0	\$0	\$2,937	0.0%
Emergency Room												
# of Visits	1,634	1,216	1,296		1,343	1,049	1,076		1	0	0	
Visits Per Member	0.15	0.11	0.15	36.4%	0.14	0.11	0.15	36.4%	0.57	0.00	0.00	0.0%
Visits Per 1,000	151	114	151	32.5%	143	113	148	31.0%	571	0	0	0.0%
Avg Paid per Visit	\$1,981	\$1,882	\$1,700	-9.7%	\$1,961	\$1,857	\$1,743	-6.1%	\$1,239	\$0	\$0	0.0%
Urgent Care												
# of Visits	3,029	2,082	2,535		2,752	1,887	2,267		1	0	0	
Visits Per Member	0.28	0.20	0.30	50.0%	0.29	0.20	0.31	55.0%	0.57	0.00	0.00	0.0%
Visits Per 1,000	281	195	296	51.8%	293	203	311	53.2%	571	0	0	0.0%
Avg Paid per Visit	\$29	\$54	\$59	9.3%	\$28	\$54	\$60	11.1%	\$170	\$0	\$0	0.0%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Utilization Summary (p. 2 of 2)

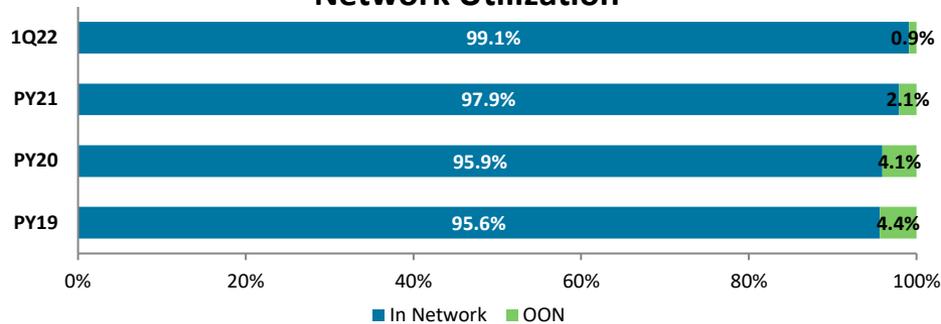
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	86	55	84		24	15	7		
# of Bed Days	506	361	428		116	77	46		
Paid Per Admit	\$28,696	\$44,268	\$18,312	-58.6%	\$18,836	\$57,886	\$16,866	-70.9%	\$16,632
Paid Per Day	\$4,877	\$6,744	\$3,594	-46.7%	\$3,897	\$11,277	\$2,566	-77.2%	\$3,217
Admits Per 1,000	71	45	74	64.4%	127	92	52	-43.5%	76
Days Per 1,000	418	294	377	28.2%	616	471	339	-28.0%	391
Avg LOS	5.9	6.6	5.1	-22.7%	4.8	5.1	6.6	29.4%	5.2
# Admits From ER	44	36	66		20	11	5		
Physician Office									
OV Utilization per Member	5.8	4.7	5.4	14.9%	7.5	6.3	7.5	19.0%	5.0
Avg Paid per OV	\$67	\$53	\$76	43.4%	\$51	\$66	\$30	-54.5%	\$57
Avg OV Paid per Member	\$388	\$250	\$415	66.0%	\$384	\$415	\$226	-45.5%	\$286
DX&L Utilization per Member	11.7	9.6	11.1	15.6%	13.8	10.2	11.7	14.7%	10.5
Avg Paid per DX&L	\$56	\$88	\$78	-11.4%	\$46	\$45	\$61	35.6%	\$50
Avg DX&L Paid per Member	\$655	\$846	\$868	2.6%	\$639	\$457	\$712	55.8%	\$522
Emergency Room									
# of Visits	237	146	192		53	21	28		
Visits Per Member	0.20	0.12	0.17	41.7%	0.28	0.13	0.21	61.5%	0.24
Visits Per 1,000	196	119	169	42.0%	281	128	207	61.7%	235
Avg Paid per Visit	\$2,312	\$1,749	\$1,561	-10.7%	\$1,015	\$4,063	\$1,015	-75.0%	\$943
Urgent Care									
# of Visits	245	173	245		31	22	23		
Visits Per Member	0.20	0.14	0.22	57.1%	0.16	0.13	0.17	30.8%	0.3
Visits Per 1,000	202	141	216	53.2%	165	135	170	25.9%	300
Avg Paid per Visit	\$36	\$58	\$49	-15.5%	\$46	\$29	\$34	17.2%	\$84
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

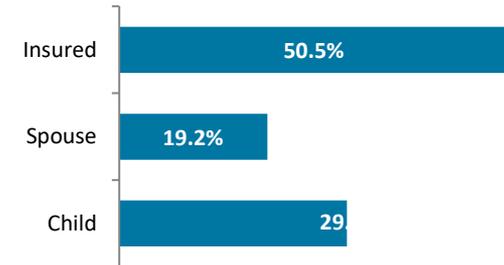
Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Pregnancy-related Disorders	\$5,106,981	13.7%	\$755,602	\$281,028	\$4,070,350	\$3,790,671	\$1,246,084
Cancer	\$3,902,809	10.4%	\$3,258,467	\$417,459	\$226,883	\$1,793,291	\$2,109,519
Cardiac Disorders	\$3,072,159	8.2%	\$2,304,697	\$746,138	\$21,324	\$2,224,282	\$845,018
Gastrointestinal Disorders	\$2,905,640	7.8%	\$2,119,857	\$544,615	\$241,168	\$1,499,026	\$1,406,614
Infections	\$2,834,380	7.6%	\$1,810,537	\$723,690	\$300,152	\$1,311,580	\$1,522,730
Health Status/Encounters	\$2,776,068	7.4%	\$1,576,176	\$396,039	\$803,853	\$1,073,446	\$1,701,191
Musculoskeletal Disorders	\$2,211,157	5.9%	\$1,591,713	\$332,118	\$287,325	\$820,724	\$1,388,822
Spine-related Disorders	\$2,177,602	5.8%	\$1,616,773	\$376,342	\$184,487	\$494,182	\$1,683,420
Mental Health	\$1,604,144	4.3%	\$617,811	\$99,639	\$886,694	\$769,681	\$834,463
Trauma/Accidents	\$1,551,112	4.1%	\$869,924	\$259,228	\$421,961	\$690,535	\$860,577
Neurological Disorders	\$1,533,538	4.1%	\$980,326	\$255,409	\$297,804	\$593,200	\$939,788
Renal/Urologic Disorders	\$1,156,802	3.1%	\$686,428	\$367,440	\$102,934	\$749,465	\$407,337
Eye/ENT Disorders	\$882,513	2.4%	\$647,641	\$93,787	\$141,085	\$389,260	\$493,254
Pulmonary Disorders	\$722,875	1.9%	\$440,683	\$106,167	\$176,025	\$371,807	\$351,068
Endocrine/Metabolic Disorders	\$682,204	1.8%	\$548,086	\$105,459	\$28,659	\$227,773	\$454,431
Gynecological/Breast Disorders	\$677,434	1.8%	\$430,777	\$146,102	\$100,555	\$32,736	\$644,619
Hematological Disorders	\$643,054	1.7%	\$605,865	\$14,016	\$23,172	\$161,381	\$481,672
Congenital/Chromosomal Anomalies	\$512,363	1.4%	\$51,691	\$1,057	\$459,615	\$315,930	\$196,433
Dermatological Disorders	\$422,195	1.1%	\$302,361	\$31,674	\$88,160	\$291,879	\$130,316
Non-malignant Neoplasm	\$416,865	1.1%	\$348,151	\$55,804	\$12,910	\$131,451	\$285,414
Medical/Surgical Complications	\$408,383	1.1%	\$321,604	\$86,168	\$611	\$285,240	\$123,142
Diabetes	\$310,543	0.8%	\$235,699	\$46,211	\$28,633	\$171,027	\$139,516
Vascular Disorders	\$303,437	0.8%	\$256,812	\$45,892	\$734	\$57,809	\$245,628
Miscellaneous	\$295,103	0.8%	\$179,122	\$70,838	\$45,143	\$137,783	\$157,320
Abnormal Lab/Radiology	\$170,865	0.5%	\$135,712	\$27,471	\$7,682	\$77,993	\$92,872
Medication Related Conditions	\$54,753	0.1%	\$31,856	\$2,797	\$20,099	\$30,837	\$23,916
Cholesterol Disorders	\$26,753	0.1%	\$21,218	\$4,938	\$597	\$13,804	\$12,949
External Hazard Exposure	\$18,742	0.1%	\$5,996	\$7,314	\$5,432	\$11,101	\$7,641
Dental Conditions	\$18,437	0.0%	\$15,857	\$401	\$2,179	\$2,266	\$16,171
Allergic Reaction	\$12,693	0.0%	\$5,734	\$3,487	\$3,472	\$5,569	\$7,124
Total	\$37,411,602	100.0%	\$22,773,174	\$5,648,729	\$8,989,699	\$18,525,727	\$18,809,050

Diagnosis Grouper – Pregnancy-related Disorders

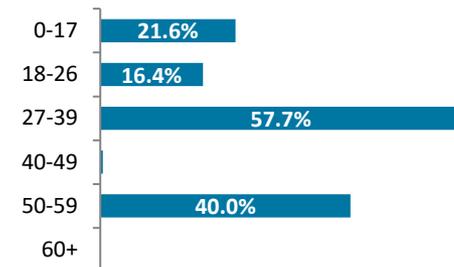
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Perinatal Disorders	58	172	\$2,466,498	48.3%
Prematurity and Low Birth Weight	4	10	\$1,052,593	20.6%
Pregnancy Complications	199	522	\$494,795	9.7%
Labor and Delivery Related	95	197	\$451,228	8.8%
Liveborn Infants	75	113	\$434,545	8.5%
Fetal Distress	6	34	\$95,988	1.9%
Supervision of Pregnancy	288	723	\$90,550	1.8%
Abortion Related	13	32	\$7,815	0.2%
Multiple Gestation Related	8	21	\$6,763	0.1%
Ectopic Pregnancy	3	6	\$4,235	0.1%
Cesarean Delivery	4	4	\$1,970	0.0%
Birth Injury	0	0	\$0	0.0%
Overall	----	----	\$5,106,981	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

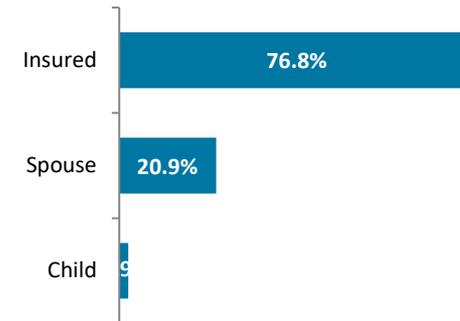


Diagnosis Grouper – Cancer

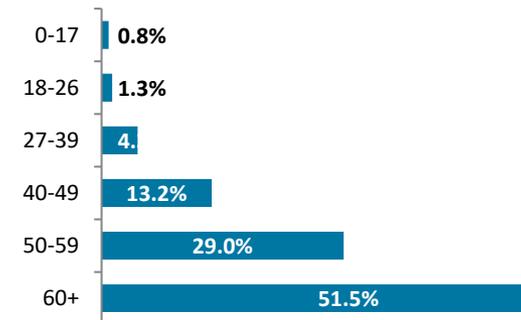
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	79	372	\$1,501,249	38.5%
Cancers, Other	190	524	\$469,230	12.0%
Breast Cancer	153	690	\$461,331	11.8%
Leukemias	24	205	\$250,994	6.4%
Cervical/Uterine Cancer	37	124	\$200,548	5.1%
Secondary Cancers	47	153	\$175,878	4.5%
Colon Cancer	37	144	\$133,573	3.4%
Brain Cancer	10	71	\$122,616	3.1%
Lung Cancer	22	104	\$112,252	2.9%
Ovarian Cancer	19	54	\$89,173	2.3%
Prostate Cancer	71	205	\$88,813	2.3%
Pancreatic Cancer	8	53	\$82,868	2.1%
Lymphomas	32	162	\$53,373	1.4%
Thyroid Cancer	46	124	\$48,478	1.2%
Melanoma	33	88	\$33,549	0.9%
Carcinoma in Situ	43	65	\$23,408	0.6%
Kidney Cancer	10	30	\$23,072	0.6%
Myeloma	8	49	\$22,537	0.6%
Bladder Cancer	14	41	\$9,867	0.3%
Overall	---	---	\$3,902,809	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

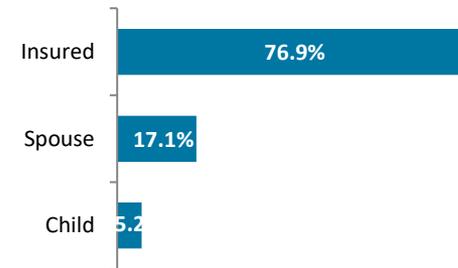


Diagnosis Grouper – Cardiac Disorders

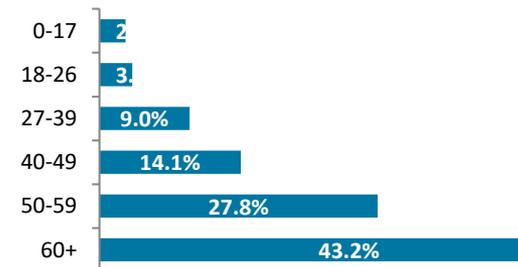
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Cardiac Conditions, Other	354	500	\$729,468	23.7%
Atrial Fibrillation	120	340	\$419,858	13.7%
Cardiac Arrhythmias	181	287	\$389,989	12.7%
Chest Pain	514	995	\$360,395	11.7%
Heart Valve Disorders	105	157	\$354,778	11.5%
Myocardial Infarction	25	103	\$237,411	7.7%
Coronary Artery Disease	201	334	\$221,217	7.2%
Congestive Heart Failure	59	174	\$178,753	5.8%
Hypertension	1,254	1,754	\$95,571	3.1%
Cardiomyopathy	28	50	\$30,118	1.0%
Pulmonary Embolism	25	66	\$24,887	0.8%
Shock	7	22	\$20,747	0.7%
Cardio-Respiratory Arrest	39	79	\$7,083	0.2%
Ventricular Fibrillation	6	11	\$1,884	0.1%
Overall	----	----	\$3,072,159	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range



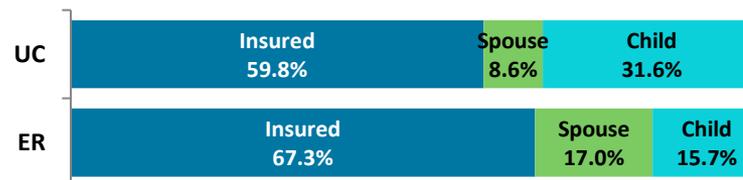
Emergency Room / Urgent Care Summary

ER/Urgent Care	1Q21		1Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	1,216	2,082	1,296	2,535		
Visits Per Member	0.11	0.20	0.15	0.30	0.17	0.24
Visits/1000 Members	114	195	151	296	174	242
Avg Paid Per Visit	\$1,882	\$54	\$1,700	\$59	\$1,684	\$74
% with OV*	82.3%	79.0%	85.4%	82.5%		
% Avoidable	11.3%	24.9%	10.9%	27.6%		
Total Member Paid	\$1,492,021	\$249,911	\$1,386,977	\$285,561		
Total Plan Paid	\$2,288,406	\$113,168	\$2,203,298	\$148,449		

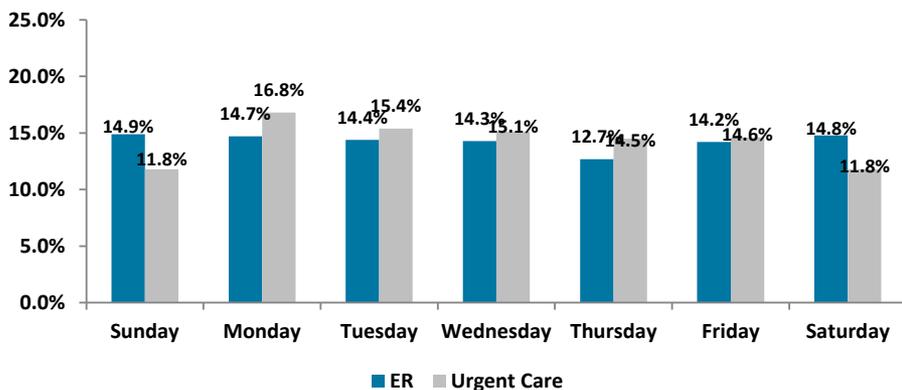
*looks back 12 months

Annualized Annualized Annualized Annualized

% of Paid



Visits by Day of Week

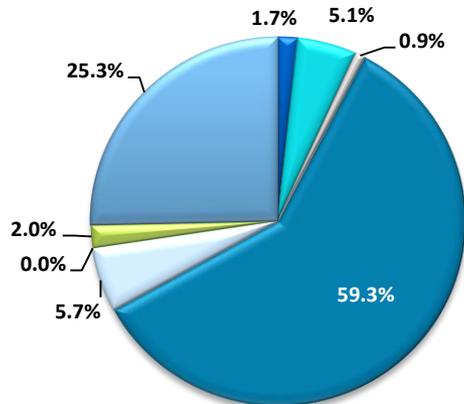


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	797	41	1,551	4,380	2,348	121
Spouse	189	44	746	863	935	218
Child	310	30	238	1,655	548	52
Total	1,296	38	2,535	74	3,831	112

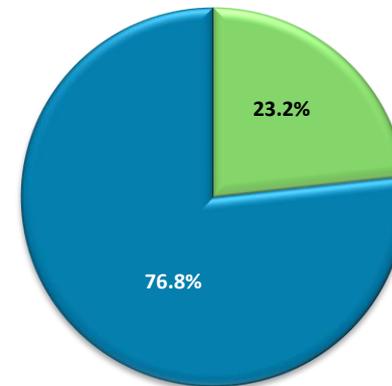
Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$147,208,917	\$2,523	100.0%
COB	\$2,493,607	\$43	1.7%
Medicare	\$7,523,928	\$129	5.1%
Excess/Maximums	\$1,301,421	\$22	0.9%
PPO Discount	\$87,592,587	\$1,501	59.5%
Deductible	\$8,389,725	\$144	5.7%
Copay	\$46,323	\$1	0.0%
Coinsurance	\$2,891,532	\$50	2.0%
Total Participant Paid	\$11,327,580	\$194	7.7%
Total Plan Paid	\$37,411,602	\$641	25.4%

Total Participant Paid - PY21	\$135
Total Plan Paid - PY21	\$472



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

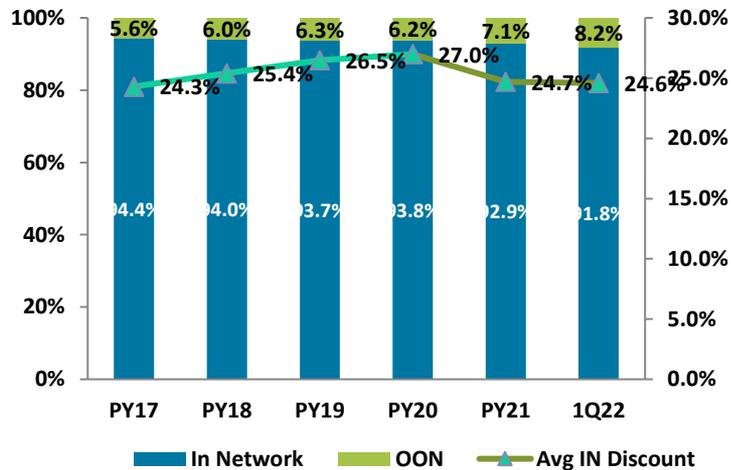


■ Total Participant Paid
■ Total Plan Paid

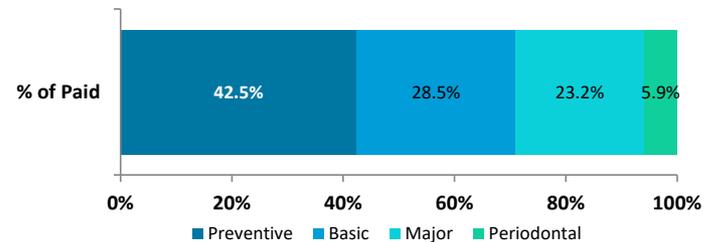
Dental Claims Analysis

Cost Distribution								
Paid Claims Category	Avg # of Members	% of Members	# Claims	# of Claims	Total Paid	% of Paid	Total EE Paid	% of EE Paid
\$1,000.01 Plus	1,485	2.0%	14,288	15.0%	\$2,111,898	31.0%	\$1,575,231	43.0%
\$750.01-\$1,000.00	725	1.0%	5,091	5.0%	\$639,960	9.0%	\$422,534	11.0%
\$500.01-\$750.00	1,275	2.0%	7,790	8.0%	\$793,684	12.0%	\$533,988	14.0%
\$250.01-\$500.00	2,233	3.0%	12,150	13.0%	\$814,291	12.0%	\$427,905	12.0%
\$0.01-\$250.00	18,952	28.0%	54,188	57.0%	\$2,515,999	37.0%	\$674,339	18.0%
\$0.00	857	1.0%	1,291	1.0%	\$0	0.0%	\$68,008	2.0%
No Claims	41,280	62.0%	0	0.0%	\$0	0.0%	\$0	0.0%
Total	66,807	100.0%	94,798	100.0%	\$6,875,834	100.0%	\$3,702,004	100.0%

Network Performance



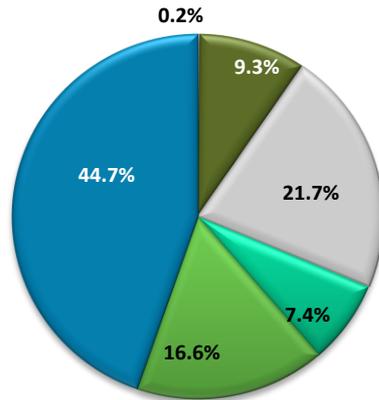
Claim Category	Total Paid	% of Paid
Preventive	\$2,919,850	42.5%
Basic	\$1,956,998	28.5%
Major	\$1,592,245	23.2%
Periodontal	\$406,741	5.9%
Total	\$6,875,834	100.0%



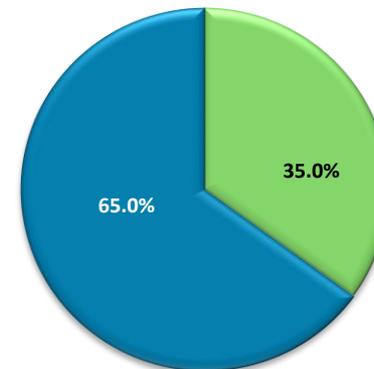
Savings Summary – Dental Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$15,346,351	\$127	100.0%
COB	\$32,772	\$0	0.2%
Excess/Maximums	\$1,437,553	\$12	9.4%
PPO Discount	\$3,338,902	\$28	21.8%
Deductible	\$1,140,127	\$9	7.4%
Coinsurance	\$2,561,877	\$21	16.7%
Total Participant Paid	\$3,702,004	\$31	24.1%
Total Plan Paid	\$6,875,834	\$57	44.8%

Total Participant Paid - PY21	\$23
Total Plan Paid - PY21	\$51



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



■ Total Participant Paid
■ Total Plan Paid

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	1,140	1,097	43	94.5%
	<2 asthma related ER Visits in the last 6 months	1,140	1,139	1	99.9%
	No asthma related admit in last 12 months	1,140	1,139	1	99.9%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	239	233	6	97.5%
	Members with COPD who had an annual spirometry test	239	31	208	13.0%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	14	14	0	100.0%
	No ER Visit for Heart Failure in last 90 days	200	195	5	97.5%
	Follow-up OV within 4 weeks of discharge from HF admission	14	12	2	85.7%
Diabetes	Annual office visit	1,648	1,564	84	94.9%
	Annual dilated eye exam	1,648	709	939	43.0%
	Annual foot exam	1,648	671	977	40.7%
	Annual HbA1c test done	1,648	1,342	306	81.4%
	Diabetes Annual lipid profile	1,648	1,265	383	76.8%
	Annual microalbumin urine screen	1,648	1,133	515	68.8%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	4,202	3,334	868	79.3%
Hypertension	Annual lipid profile	4,700	3,117	1,583	66.3%
	Annual serum creatinine test	4,616	3,634	982	78.7%
Wellness	Well Child Visit - 15 months	262	247	15	94.3%
	Routine office visit in last 6 months	33,965	20,078	13,887	59.1%
	Age 45 to 75 years with colorectal cancer screening	13,312	2,919	10,393	21.9%
	Women age 25-65 with recommended cervical cancer screening	10,686	7,423	3,263	69.5%
	Males age greater than 49 with PSA test in last 24 months	5,172	2,372	2,800	45.9%
	Routine exam in last 24 months	33,965	28,247	5,718	83.2%
	Women age 40 to 75 with a screening mammogram last 24 months	8,564	4,797	3,767	56.0%

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	193	0.57%	5.64	\$15,318
Asthma	1,291	3.80%	37.72	\$13,506
Atrial Fibrillation	316	0.93%	9.23	\$39,654
Blood Disorders	1,705	5.02%	49.81	\$26,701
CAD	665	1.96%	19.43	\$23,195
COPD	237	0.70%	6.92	\$24,004
Cancer	1,219	3.59%	35.61	\$22,308
Chronic Pain	623	1.83%	18.20	\$25,919
Congestive Heart Failure	199	0.59%	5.81	\$53,486
Demyelinating Diseases	74	0.22%	2.16	\$41,841
Depression	1,909	5.62%	55.77	\$12,664
Diabetes	1,797	5.29%	52.50	\$16,982
ESRD	46	0.14%	1.34	\$103,861
Eating Disorders	105	0.31%	3.07	\$24,846
HIV/AIDS	40	0.12%	1.17	\$34,491
Hyperlipidemia	4,411	12.98%	128.86	\$9,582
Hypertension	4,713	13.87%	137.69	\$12,574
Immune Disorders	91	0.27%	2.66	\$90,452
Inflammatory Bowel Disease	108	0.32%	3.16	\$34,432
Liver Diseases	585	1.72%	17.09	\$21,246
Morbid Obesity	793	2.33%	23.17	\$16,556
Osteoarthritis	1,160	3.41%	33.89	\$14,432
Peripheral Vascular Disease	170	0.50%	4.97	\$20,453
Rheumatoid Arthritis	150	0.44%	4.38	\$27,333

*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 2022 - Quarter Ending September 30, 2021

Express Scripts

1Q FY2022 CDHP		1Q FY2021 CDHP	Difference	% Change
Membership Summary				
Member Count (Membership)	34,140	42,603	(8,463)	-19.9%
Utilizing Member Count (Patients)	17,136	19,835	(2,699)	-13.6%
Percent Utilizing (Utilization)	50.2%	46.6%	0.04	7.8%
Claim Summary				
Net Claims (Total Rx's)	108,998	129,143	(20,145)	-15.6%
Claims per Elig Member per Month (Claims PMPM)	1.06	1.01	0.05	5.0%
Total Claims for Generic (Generic Rx)	93,554	111,213	(17,659.00)	-15.9%
Total Claims for Brand (Brand Rx)	15,444	17,930	(2,486.00)	-13.9%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	845	2,033	(1,188.00)	-58.4%
Total Non-Specialty Claims	107,692	127,547	(19,855.00)	-15.6%
Total Specialty Claims	1,306	1,596	(290.00)	-18.2%
Generic % of Total Claims (GFR)	85.8%	86.1%	(0.00)	-0.3%
Generic Effective Rate (GCR)	99.1%	98.2%	0.01	0.9%
Mail Order Claims	26,331	27,558	(1,227.00)	-4.5%
Mail Penetration Rate*	27.9%	24.1%	0.04	3.8%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$10,849,379.00	\$13,630,935.00	(\$2,781,556.00)	-20.4%
Total Generic Gross Cost	\$1,592,374.00	\$2,102,496.00	(\$510,122.00)	-24.3%
Total Brand Gross Cost	\$9,257,005.00	\$11,528,439.00	(\$2,271,434.00)	-19.7%
Total MSB Gross Cost	\$296,105.00	\$444,299.00	(\$148,194.00)	-33.4%
Total Ingredient Cost	\$10,637,380.00	\$13,521,315.00	(\$2,883,935.00)	-21.3%
Total Dispensing Fee	\$207,843.00	\$104,044.00	\$103,799.00	99.8%
Total Other (e.g. tax)	\$4,155.00	\$5,576.00	(\$1,421.00)	-25.5%
Avg Total Cost per Claim (Gross Cost/Rx)	\$99.54	\$105.55	(\$6.01)	-5.7%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$17.02	\$18.91	(\$1.89)	-10.0%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$599.39	\$642.97	(\$43.58)	-6.8%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$350.42	\$218.54	\$131.88	60.3%
Member Cost Summary				
Total Member Cost	\$3,177,822.00	\$3,894,908.00	(\$717,086.00)	-18.4%
Total Copay	\$2,012,504.00	\$2,386,987.00	(\$374,483.00)	-15.7%
Total Deductible	\$1,165,317.00	\$1,507,921.00	(\$342,604.00)	-22.7%
Avg Copay per Claim (Copay/Rx)	\$18.46	\$18.48	(\$0.02)	-0.1%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$29.15	\$30.16	(\$1.00)	-3.3%
Avg Copay for Generic (Copay/Generic Rx)	\$10.37	\$10.74	(\$0.37)	-3.4%
Avg Copay for Brand (Copay/Brand Rx)	\$142.98	\$150.61	(\$7.63)	-5.1%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$98.49	\$80.93	\$17.56	21.7%
Net PMPM (Participant Cost PMPM)	\$31.03	\$30.47	\$0.55	1.8%
Copay % of Total Prescription Cost (Member Cost Share %)	29.3%	28.6%	0.7%	2.5%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$7,671,557.00	\$9,736,027.00	(\$2,064,470.00)	-21.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,691,174.00	\$3,136,301.00	(\$445,127.00)	-14.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,980,383.00	\$6,599,727.00	(\$1,619,344.00)	-24.5%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$70.38	\$75.39	(\$5.01)	-6.6%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$6.66	\$8.16	(\$1.50)	-18.4%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$456.42	\$492.36	(\$35.94)	-7.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$251.93	\$137.61	\$114.32	83.1%
Net PMPM (Plan Cost PMPM)	\$74.90	\$76.18	(\$1.27)	-1.7%
PMPM for Specialty Only (Specialty PMPM)	\$48.63	\$51.64	(\$3.01)	-5.8%
PMPM without Specialty (Non-Specialty PMPM)	\$26.28	\$24.54	\$4.02	17.3%
Specialty % of Plan Cost	64.9%	67.79%	(\$0.03)	-4.3%
Rebates Received (Q1 FY2022 actual)	\$2,383,601.42	\$2,454,526.22	(\$70,924.80)	-2.9%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$51.63	\$56.97	(\$5.34)	-9.4%
PMPM for Specialty Only (Specialty PMPM)	\$40.05	\$44.22	(\$4.17)	-9.4%
PMPM without Specialty (Non-Specialty PMPM)	\$14.78	\$11.21	\$3.57	31.8%

Appendix B

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program

Low Deductible Plan

July – September 2021



Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q22 was \$4,252,059 with an annualized plan cost per employee per year (PEPY) of \$4,675.
 - IP Cost per Admit is \$20,778.
 - ER Cost per Visit is \$2,261.
- Employees shared in 21.8% of the medical cost.
- Inpatient facility costs were 21.9% of the plan spend.
- 97.0% of the Average Membership had paid Medical claims less than \$2,500, with 47.4% of those having no claims paid at all during the reporting period.
- 11 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 20.7% of the plan spend. The highest diagnosis category was Cancer, accounting for 12.6% of the high-cost claimant dollars.
- Total spending with in-network providers was 99.2%. The average In Network discount was 62.5%.

Paid Claims by Age Group

Paid Claims by Age Group						
1Q22						
Age Range	Med Net Pay	Med PMPM	Rx Net Pay	Rx PMPM	Net Pay	PMPM
<1	\$ 380,192	\$ 1,837	\$ 397	\$ 2	\$ 380,589	\$ 1,839
1	\$ 39,012	\$ 130	\$ 1,741	\$ 6	\$ 40,753	\$ 136
2 - 4	\$ 64,989	\$ 71	\$ 14,183	\$ 16	\$ 79,172	\$ 87
5 - 9	\$ 55,500	\$ 35	\$ 6,756	\$ 4	\$ 62,256	\$ 39
10 - 14	\$ 159,874	\$ 83	\$ 54,646	\$ 28	\$ 214,520	\$ 111
15 - 19	\$ 177,343	\$ 96	\$ 51,493	\$ 28	\$ 228,836	\$ 123
20 - 24	\$ 294,288	\$ 159	\$ 57,292	\$ 31	\$ 351,580	\$ 190
25 - 29	\$ 141,984	\$ 118	\$ 71,234	\$ 59	\$ 213,218	\$ 177
30 - 34	\$ 362,395	\$ 222	\$ 101,693	\$ 62	\$ 464,088	\$ 284
35 - 39	\$ 337,260	\$ 171	\$ 117,814	\$ 60	\$ 455,074	\$ 231
40 - 44	\$ 323,714	\$ 167	\$ 166,963	\$ 86	\$ 490,677	\$ 253
45 - 49	\$ 413,951	\$ 238	\$ 159,391	\$ 92	\$ 573,342	\$ 330
50 - 54	\$ 399,816	\$ 215	\$ 251,833	\$ 135	\$ 651,649	\$ 350
55 - 59	\$ 475,276	\$ 263	\$ 207,337	\$ 115	\$ 682,613	\$ 377
60 - 64	\$ 434,648	\$ 292	\$ 344,210	\$ 231	\$ 778,858	\$ 523
65+	\$ 191,818	\$ 326	\$ 111,870	\$ 190	\$ 303,688	\$ 516
Total	\$ 4,252,059	\$ 186	\$ 1,718,853	\$ 75	\$ 5,970,913	\$ 261

Financial Summary

	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	1Q22	1Q22	1Q22	1Q22	1Q22	HSB Peer Index
Enrollment						
Avg # Employees	3,638	3,288	1	330	20	
Avg # Members	7,618	7,039	2	548	30	
Ratio	2.1	2.1	2.0	1.7	1.5	1.8
Financial Summary						
Gross Cost	\$5,440,340	\$4,899,002	\$867	\$528,554	\$11,917	
Client Paid	\$4,252,059	\$3,842,723	\$514	\$402,691	\$6,131	
Employee Paid	\$1,188,280	\$1,056,279	\$353	\$125,862	\$5,786	
Client Paid-PEPY	\$4,675	\$4,675	\$2,056	\$4,886	\$1,226	\$6,209
Client Paid-PMPY	\$2,233	\$2,184	\$1,028	\$2,938	\$817	\$3,437
Client Paid-PEPM	\$390	\$390	\$171	\$407	\$102	\$517
Client Paid-PMPM	\$186	\$182	\$86	\$245	\$68	\$286
High Cost Claimants (HCC's) > \$100k						
# of HCC's	11	10	0	1	0	
HCC's / 1,000	1.4	1.4	0.0	1.8	0.0	
Avg HCC Paid	\$80,052	\$84,525		\$35,326		
HCC's % of Plan Paid	20.7%	22.0%	0.0%	8.8%	0.0%	
Cost Distribution by Claim Type (PMPY)						
Facility Inpatient	\$488	\$516	\$0	\$153	\$0	\$1,057
Facility Outpatient	\$610	\$567	\$0	\$1,188	\$108	\$1,145
Physician	\$1,099	\$1,068	\$1,028	\$1,513	\$710	\$1,122
Other	\$36	\$33	\$0	\$84	\$0	\$113
Total	\$2,233	\$2,184	\$1,028	\$2,938	\$817	\$3,437
	Annualized	Annualized	Annualized	Annualized	Annualized	

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total					
State Participants					
	1Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 1,270,916	\$ 37,833	\$ 1,622	\$ 1,310,371	
Outpatient	\$ 2,571,807	\$ 359,471	\$ 3,765	\$ 2,935,043	
Total - Medical	\$ 3,842,723	\$ 397,304	\$ 5,387	\$ 4,245,414	

Net Paid Claims - Per Participant per Month					
	1Q22				
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 389	\$ 431	\$ 79	\$ 391	

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total						
Non-State Participants						
1Q22						
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Medical						
Inpatient	\$ -	\$ -	\$ 39	\$		\$ 39
Outpatient	\$ 514	\$ 3,602	\$ 2,491	\$		\$ 6,607
Total - Medical	\$ 514	\$ 3,602	\$ 2,529	\$		\$ 6,645

Net Paid Claims - Per Participant per Month						
1Q22						
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total		
Medical	\$ 514	\$ 124	\$ 2,530	\$		\$ 214

Paid Claims by Claim Type – Total

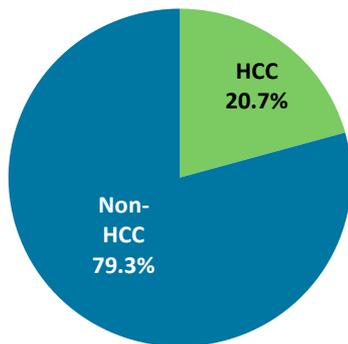
Net Paid Claims - Total					
Total Participants					
1Q22					
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical					
Inpatient	\$ 1,270,916	\$ 37,833	\$ 1,661	\$	1,310,410
Outpatient	\$ 2,572,321	\$ 363,072	\$ 6,256	\$	2,941,650
Total - Medical	\$ 3,843,237	\$ 400,906	\$ 7,917	\$	4,252,059

Net Paid Claims - Per Participant per Month					
1Q22					
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	
Medical	\$ 390	\$ 422	\$ 115	\$	390

Cost Distribution – Medical Claims

1Q22						
Paid Claims Category	Avg # of Members	% of Members	Total Paid	% of Paid	EE Paid	% EE Paid
\$100,000.01 Plus	4	0.1%	\$562,057	13.2%	\$19,902	1.7%
\$50,000.01-\$100,000.00	6	0.1%	\$522,199	12.3%	\$33,557	2.8%
\$25,000.01-\$50,000.00	16	0.2%	\$543,156	12.8%	\$53,003	4.5%
\$10,000.01-\$25,000.00	40	0.5%	\$595,200	14.0%	\$107,859	9.1%
\$5,000.01-\$10,000.00	62	0.8%	\$410,010	9.6%	\$104,682	8.8%
\$2,500.01-\$5,000.00	100	1.3%	\$356,197	8.4%	\$112,404	9.5%
\$0.01-\$2,500.00	3,568	46.8%	\$1,263,239	29.7%	\$729,146	61.3%
\$0.00	213	2.8%	\$0	0.0%	\$27,727	2.3%
No Claims	3,611	47.4%	\$0	0.0%	\$0	0.0%
	7,618	100.0%	\$4,252,059	100.0%	\$1,188,280	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

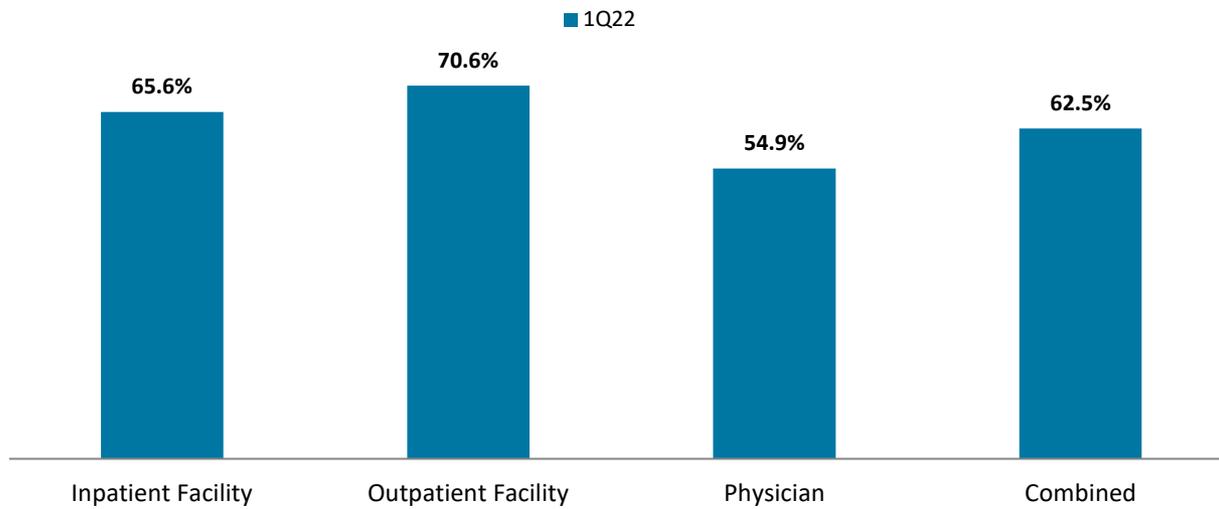
HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Cancer	5	\$320,439	7.9%
Pulmonary Disorders	3	\$125,942	3.1%
Cardiac Disorders	3	\$123,154	3.0%
Mental Health	2	\$77,892	1.9%
Trauma/Accidents	1	\$76,720	1.9%
Congenital/Chromosomal Anomalies	2	\$61,231	1.5%
Miscellaneous	3	\$41,214	1.0%
Medical/Surgical Complications	1	\$34,842	0.9%
Renal/Urologic Disorders	3	\$3,212	0.1%
Pregnancy-related Disorders	2	\$3,160	0.1%
All Other		\$12,770	0.3%
Overall	---	\$880,576	21.6%

Utilization Summary

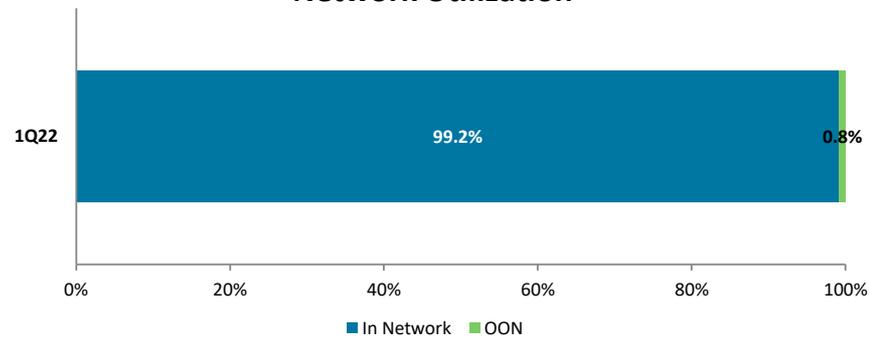
	Total	State Active	Non-State Active	State Retirees	Non-State Retirees	
Summary	1Q22	1Q22	1Q22	1Q22	1Q22	HSB Peer Index
Inpatient Facility						
# of Admits	67	59	0	8	0	
# of Bed Days	375	346	0	29	0	
Paid Per Admit	\$20,778	\$20,506	\$0	\$22,780	\$0	\$16,173
Paid Per Day	\$3,712	\$3,497	\$0	\$6,284	\$0	\$3,708
Admits Per 1,000	35	34	0	58	0	61
Days Per 1,000	197	197	0	212	0	264
Avg LOS	5.6	5.9	0	3.6	0.0	4.3
# Admits From ER	36	30	0	6	0.0	
Physician Office						
OV Utilization per Member	3.5	3.4	2.0	4.7	4.9	3.3
Avg Paid per OV	\$126	\$125	\$108	\$134	\$104	\$50
Avg OV Paid per Member	\$438	\$423	\$216	\$632	\$511	\$167
DX&L Utilization per Member	6	5.8	0	9.4	0	8.3
Avg Paid per DX&L	\$48	\$47	\$0	\$59	\$0	\$67
Avg DX&L Paid per Member	\$292	\$273	\$0	\$558	\$0	\$554
Emergency Room						
# of Visits	207	194	0	13	0	
Visits Per Member	0.11	0.11	0	0.09	0	0.17
Visits Per 1,000	109	110	0	95	0	174
Avg Paid per Visit	\$2,261	\$2,223	\$0	\$2,825	\$0	\$1,684
Urgent Care						
# of Visits	423	396	0	27	0	
Visits Per Member	0.22	0.22	0.00	0.20	0.00	0.24
Visits Per 1,000	222	225	0	197	0	242
Avg Paid per Visit	\$116	\$114	\$0	\$139	\$0	\$74
	Annualized	Annualized	Annualized	Annualized	Annualized	

Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

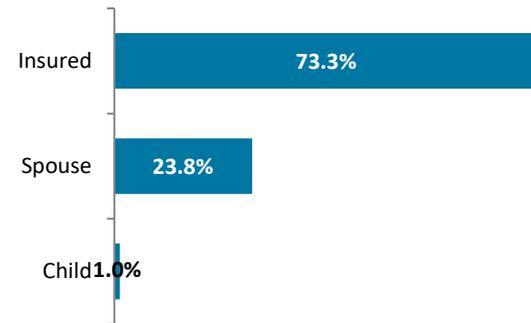
Diagnosis Grouper	Total Paid	% Paid	Insured	Spouse	Child	Male	Female
Cancer	\$534,721	12.6%	\$259,342	\$274,500	\$879	\$195,675	\$339,046
Health Status/Encounters	\$406,471	9.6%	\$198,297	\$45,283	\$162,890	\$126,218	\$280,253
Pregnancy-related Disorders	\$384,409	9.0%	\$215,449	\$56,902	\$112,058	\$90,743	\$293,666
Cardiac Disorders	\$358,965	8.4%	\$320,158	\$32,996	\$5,811	\$286,405	\$72,560
Gastrointestinal Disorders	\$358,858	8.4%	\$261,590	\$74,424	\$22,845	\$94,506	\$264,352
Mental Health	\$259,103	6.1%	\$63,831	\$13,930	\$181,342	\$86,056	\$173,047
Musculoskeletal Disorders	\$228,030	5.4%	\$141,023	\$57,304	\$29,703	\$86,354	\$141,676
Infections	\$226,991	5.3%	\$161,715	\$19,034	\$46,241	\$62,531	\$164,460
Pulmonary Disorders	\$224,428	5.3%	\$52,791	\$16,969	\$154,668	\$154,238	\$70,190
Eye/ENT Disorders	\$216,647	5.1%	\$101,609	\$18,298	\$96,741	\$119,472	\$97,175
Trauma/Accidents	\$171,028	4.0%	\$44,338	\$6,250	\$120,440	\$50,890	\$120,139
Gynecological/Breast Disorders	\$136,812	3.2%	\$96,274	\$18,190	\$22,349	\$4,552	\$132,260
Renal/Urologic Disorders	\$118,085	2.8%	\$85,869	\$13,076	\$19,140	\$95,834	\$22,251
Spine-related Disorders	\$108,401	2.5%	\$60,185	\$20,099	\$28,117	\$17,606	\$90,795
Neurological Disorders	\$99,594	2.3%	\$66,574	\$18,842	\$14,178	\$25,953	\$73,641
Miscellaneous	\$81,731	1.9%	\$25,491	\$4,821	\$51,420	\$49,719	\$32,013
Congenital/Chromosomal Anomalies	\$71,972	1.7%	\$759	\$3,623	\$67,590	\$69,836	\$2,136
Non-malignant Neoplasm	\$52,095	1.2%	\$43,287	\$4,369	\$4,438	\$29,689	\$22,405
Endocrine/Metabolic Disorders	\$44,365	1.0%	\$33,182	\$9,786	\$1,397	\$11,083	\$33,282
Medical/Surgical Complications	\$39,560	0.9%	\$2,129	\$2,048	\$35,383	\$2,094	\$37,465
Dermatological Disorders	\$32,119	0.8%	\$16,761	\$7,130	\$8,227	\$9,775	\$22,344
Diabetes	\$23,459	0.6%	\$12,519	\$5,954	\$4,985	\$9,715	\$13,743
Abnormal Lab/Radiology	\$22,943	0.5%	\$16,336	\$5,377	\$1,229	\$7,847	\$15,096
Hematological Disorders	\$14,954	0.4%	\$10,400	\$2,336	\$2,218	\$2,451	\$12,504
Vascular Disorders	\$13,758	0.3%	\$4,303	\$5,155	\$4,300	\$5,589	\$8,170
Cholesterol Disorders	\$8,795	0.2%	\$6,700	\$1,792	\$304	\$4,087	\$4,708
Dental Conditions	\$4,565	0.1%	\$129	\$0	\$4,436	\$1,923	\$2,642
External Hazard Exposure	\$4,293	0.1%	\$184	\$0	\$4,109	\$3,928	\$365
Medication Related Conditions	\$4,128	0.1%	\$874	\$165	\$3,089	\$510	\$3,619
Allergic Reaction	\$779	0.0%	\$517	\$0	\$261	\$72	\$707
Total	\$4,252,059	100.0%	\$2,302,618	\$738,655	\$1,210,787	\$1,705,350	\$2,546,709

Diagnosis Grouper – Cancer

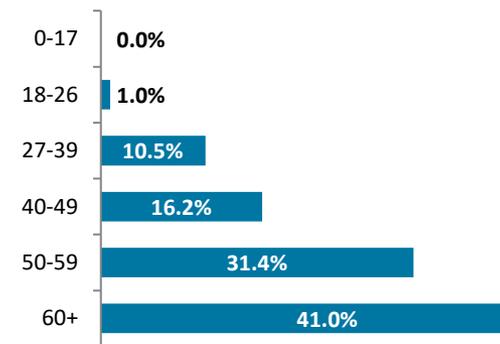
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Melanoma	7	30	\$153,599	14.6%
Cancer Therapies	11	35	\$147,237	14.0%
Brain Cancer	1	22	\$78,919	7.5%
Cancers, Other	29	73	\$54,228	5.2%
Thyroid Cancer	9	17	\$29,403	2.8%
Breast Cancer	23	111	\$18,147	1.7%
Secondary Cancers	8	31	\$16,820	1.6%
Kidney Cancer	1	3	\$12,085	1.1%
Carcinoma in Situ	10	36	\$11,872	1.1%
Colon Cancer	4	22	\$3,453	0.3%
Bladder Cancer	2	13	\$2,625	0.2%
Lung Cancer	3	18	\$2,570	0.2%
Prostate Cancer	8	22	\$2,249	0.2%
Lymphomas	7	20	\$870	0.1%
Leukemias	6	8	\$561	0.1%
Cervical/Uterine Cancer	1	1	\$83	0.0%
Overall	----	----	\$534,721	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

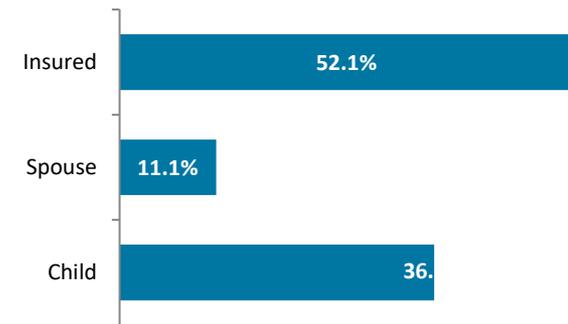


Diagnosis Grouper – Health Status/Encounters

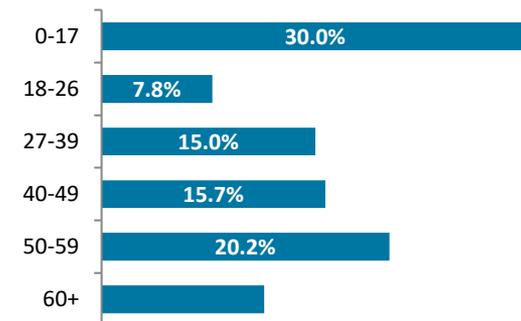
Diagnosis Category	Patients	Claims	Total Paid	% Paid
Screenings	425	689	\$112,174	27.0%
Exams	665	984	\$100,011	24.7%
Prophylactic Measures	302	324	\$99,233	16.0%
Encounters - Infants/Children	365	407	\$67,975	7.3%
Aftercare	18	25	\$8,413	5.6%
Prosthetics/Devices/Implants	24	54	\$5,954	4.8%
Personal History of Condition	40	46	\$5,170	4.6%
Counseling	25	32	\$2,394	3.0%
Donors	1	2	\$1,503	2.2%
History of Condition	16	18	\$1,464	2.0%
Family History of Condition	11	11	\$912	1.0%
Lifestyle/Situational Issues	15	15	\$510	0.8%
Health Status, Other	7	7	\$332	0.4%
Replacements	7	9	\$254	0.2%
Encounter - Procedure	2	2	\$173	0.1%
Miscellaneous Examinations	3	3	\$0	0.1%
Follow-Up Encounters	0	0	\$0	0.1%
Encounter - Transplant Related	0	0	\$0	0.0%
Overall	----	----	\$406,471	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

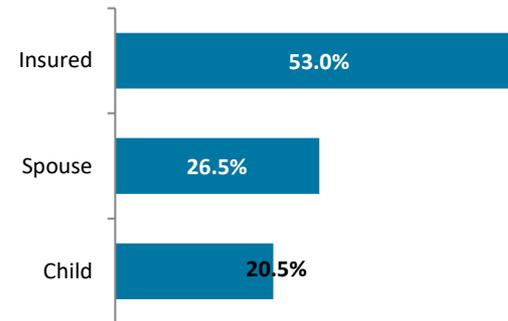


Diagnosis Grouper – Pregnancy-related Disorders

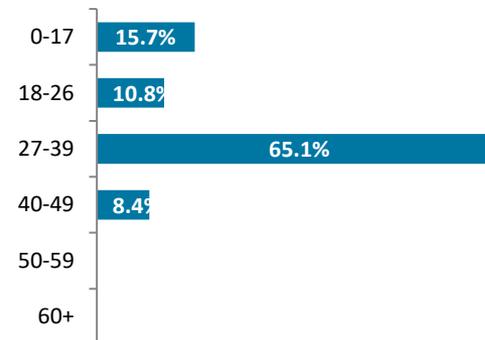
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Pregnancy Complications	36	116	\$174,719	45.5%
Labor and Delivery Related	13	44	\$92,410	24.0%
Liveborn Infants	11	17	\$92,093	24.0%
Supervision of Pregnancy	55	155	\$11,495	3.0%
Abortion Related	5	10	\$7,864	2.0%
Perinatal Disorders	7	12	\$3,252	0.8%
Multiple Gestation Related	2	6	\$2,563	0.7%
Cesarean Delivery	1	1	\$12	0.0%
Overall	----	----	\$384,409	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range



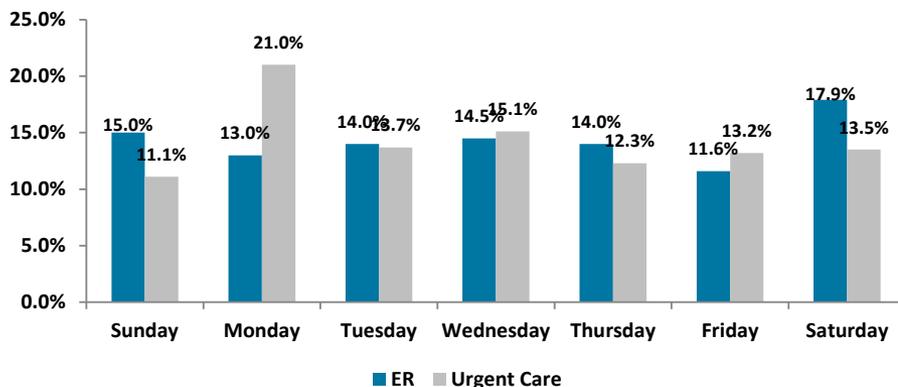
Emergency Room / Urgent Care Summary

ER/Urgent Care	1Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care
Number of Visits	207	423		
Visits Per Member	0.11	0.22	0.17	0.24
Visits/1000 Members	109	222	174	242
Avg Paid Per Visit	\$2,261	\$116	\$1,684	\$74
% with OV*	79.7%	80.9%		
% Avoidable	9.2%	31.9%		
Total Member Paid	\$114,306	\$27,988		
Total Plan Paid	\$468,076	\$49,083		

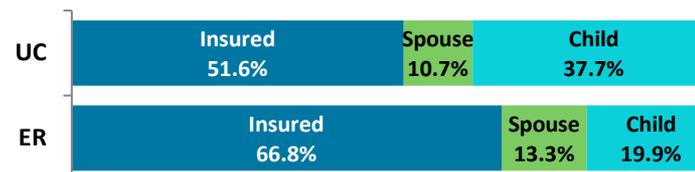
*looks back 12 months from ER visit

Annualized Annualized

Visits by Day of Week



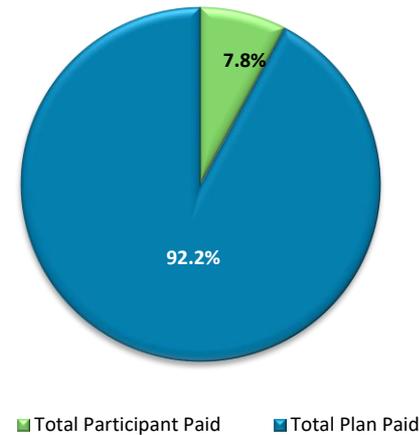
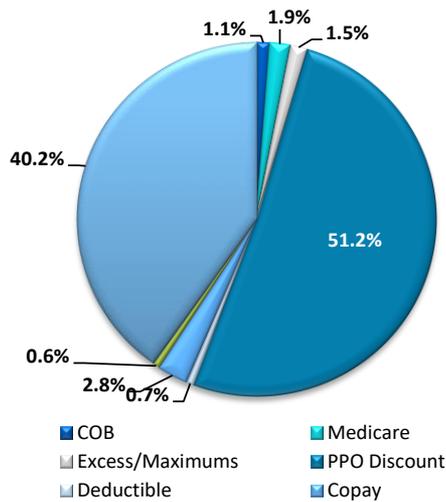
% of Paid



ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	119	33	211	58	1,056	290
Spouse	26	24	51	47	202	185
Child	62	21	161	56	513	178
Total	207	27	423	56	1,771	232

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$14,682,741	\$1,177	100.0%
COB	\$30,617	\$2	0.2%
Medicare	\$50,118	\$4	0.3%
Excess/Maximums	\$210,226	\$17	1.4%
PPO Discount	\$8,967,671	\$719	61.1%
Deductible	\$462,236	\$37	3.1%
Copay	\$474,742	\$38	3.2%
Coinsurance	\$251,302	\$20	1.7%
Total Participant Paid	\$1,188,280	\$95	8.1%
Total Plan Paid	\$4,252,059	\$390	29.0%



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	291	288	3	99.0%
	<2 asthma related ER Visits in the last 6 months	291	291	0	100.0%
	No asthma related admit in last 12 months	291	290	1	99.7%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	28	27	1	96.4%
	Members with COPD who had an annual spirometry test	28	0	28	0.0%
Congestive Heart Failure	No re-admit to hosp with Heart Failure diag w/in 30 days of HF inpatient stay discharge	1	1	0	100.0%
	No ER Visit for Heart Failure in last 90 days	30	29	1	96.7%
	Follow-up OV within 4 weeks of discharge from HF admission	1	1	0	100.0%
Diabetes	Annual office visit	351	343	8	97.7%
	Annual dilated eye exam	351	152	199	43.3%
	Annual foot exam	351	161	190	45.9%
	Annual HbA1c test done	351	299	52	85.2%
	Diabetes Annual lipid profile	351	269	82	76.6%
	Annual microalbumin urine screen	351	251	100	71.5%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	861	725	136	84.2%
Hypertension	Annual lipid profile	792	585	207	73.9%
	Annual serum creatinine test	752	648	104	86.2%
Wellness	Well Child Visit - 15 months	83	72	11	86.7%
	Routine office visit in last 6 months	7,923	4,943	2,980	62.4%
	Age 45 to 75 years with colorectal cancer screening	2,546	659	1,887	25.9%
	Women age 25-65 with recommended cervical cancer screening	2,643	1,724	919	65.2%
	Males age greater than 49 with PSA test in last 24 months	822	367	455	44.6%
	Routine exam in last 24 months	7,923	6,286	1,637	79.3%
	Women age 40 to 75 with a screening mammogram last 24 months	1,870	1,086	784	58.1%

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	65	0.82%	8.53	\$11,951
Asthma	319	4.03%	41.86	\$8,325
Atrial Fibrillation	44	0.56%	5.77	\$15,871
Blood Disorders	378	4.77%	49.60	\$13,178
CAD	89	1.12%	11.68	\$24,897
COPD	27	0.34%	3.54	\$10,265
Cancer	238	3.00%	31.23	\$15,658
Chronic Pain	125	1.58%	16.40	\$11,957
Congestive Heart Failure	30	0.38%	3.94	\$40,580
Demyelinating Diseases	19	0.24%	2.49	\$28,986
Depression	541	6.83%	70.99	\$5,715
Diabetes	371	4.68%	48.68	\$12,078
ESRD	2	0.03%	0.26	\$73,326
Eating Disorders	32	0.40%	4.20	\$5,628
HIV/AIDS	4	0.05%	0.52	\$23,463
Hyperlipidemia	878	11.08%	115.21	\$7,487
Hypertension	796	10.04%	104.45	\$9,275
Immune Disorders	32	0.40%	4.20	\$12,518
Inflammatory Bowel Disease	38	0.48%	4.99	\$16,134
Liver Diseases	114	1.44%	14.96	\$8,878
Morbid Obesity	209	2.64%	27.42	\$7,886
Osteoarthritis	185	2.33%	24.28	\$12,299
Peripheral Vascular Disease	24	0.30%	3.15	\$3,236
Rheumatoid Arthritis	36	0.45%	4.72	\$20,140

*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 2022 - Quarter Ending September 30, 2021

Express Scripts

1Q FY2022 LDPP0			Difference	% Change
Membership Summary			Membership Summary	
Member Count (Membership)	7,574		7,574	#DIV/0!
Utilizing Member Count (Patients)	4,032		4,032	#DIV/0!
Percent Utilizing (Utilization)	53.2%	#DIV/0!	#DIV/0!	#DIV/0!
Claim Summary			Claims Summary	
Net Claims (Total Rx's)	25,731		25,731	#DIV/0!
Claims per Elig Member per Month (Claims PMPM)	1.13		1.13	#DIV/0!
Total Claims for Generic (Generic Rx)	21,517		21,517.00	#DIV/0!
Total Claims for Brand (Brand Rx)	4,214		4,214.00	#DIV/0!
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	246		246.00	#DIV/0!
Total Non-Specialty Claims	25,416		25,416.00	#DIV/0!
Total Specialty Claims	315		315.00	#DIV/0!
Generic % of Total Claims (GFR)	83.6%	#DIV/0!	#DIV/0!	#DIV/0!
Generic Effective Rate (GCR)	98.9%	#DIV/0!	#DIV/0!	#DIV/0!
Mail Order Claims	6,665		6,665.00	#DIV/0!
Mail Penetration Rate*	30.0%		0.30	30.0%
Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	\$2,592,508.00		\$2,592,508.00	#DIV/0!
Total Generic Gross Cost	\$509,338.00		\$509,338.00	#DIV/0!
Total Brand Gross Cost	\$2,083,170.00		\$2,083,170.00	#DIV/0!
Total MSB Gross Cost	\$90,744.00		\$90,744.00	#DIV/0!
Total Ingredient Cost	\$2,545,103.00		\$2,545,103.00	#DIV/0!
Total Dispensing Fee	\$45,356.00		\$45,356.00	#DIV/0!
Total Other (e.g. tax)	\$2,049.00		\$2,049.00	#DIV/0!
Avg Total Cost per Claim (Gross Cost/Rx)	\$100.75	#DIV/0!	#DIV/0!	#DIV/0!
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.67		\$23.67	#DIV/0!
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$494.35		\$494.35	#DIV/0!
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$368.88		\$368.88	#DIV/0!
Member Cost Summary			Member Cost Summary	
Total Member Cost	\$525,588.00		\$525,588.00	#DIV/0!
Total Copay	\$509,835.00	\$0.00	\$509,835.00	#DIV/0!
Total Deductible	\$15,752.00	\$0.00	\$15,752.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$19.81	#DIV/0!	#DIV/0!	#DIV/0!
Avg Participant Share per Claim (Copay+Deductible/RX)	\$20.43	#DIV/0!	#DIV/0!	#DIV/0!
Avg Copay for Generic (Copay/Generic Rx)	\$7.79		\$7.79	#DIV/0!
Avg Copay for Brand (Copay/Brand Rx)	\$84.96		\$84.96	#DIV/0!
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$51.83		\$51.83	#DIV/0!
Net PMPM (Participant Cost PMPM)	\$23.13	#DIV/0!	#DIV/0!	#DIV/0!
Copay % of Total Prescription Cost (Member Cost Share %)	20.3%	#DIV/0!	#DIV/0!	#DIV/0!
Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	\$2,066,920.00		\$2,066,920.00	#DIV/0!
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$1,245,083.00		\$1,245,083.00	#DIV/0!
Total Specialty Drug Cost (Specialty Plan Cost)	\$821,837.00		\$821,837.00	#DIV/0!
Avg Plan Cost per Claim (Plan Cost/Rx)	\$80.33	#DIV/0!	#DIV/0!	#DIV/0!
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.88		\$15.88	#DIV/0!
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$409.41		\$409.41	#DIV/0!
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$317.04		\$317.04	#DIV/0!
Net PMPM (Plan Cost PMPM)	\$90.97	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)	\$36.17		\$36.17	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)	\$54.80		\$54.80	#DIV/0!
Rebates Received (Q1 FY2022 actual)			\$0.00	#DIV/0!
Net PMPM (Plan Cost PMPM factoring Rebates)	\$90.97	#DIV/0!	#DIV/0!	#DIV/0!
PMPM for Specialty Only (Specialty PMPM)			\$0.00	#DIV/0!
PMPM without Specialty (Non-Specialty PMPM)			\$0.00	#DIV/0!

Appendix C

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HealthSCOPE – EPO Utilization Review for PEBP July 1, 2021 – September 30, 2021

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HSB DATASCOPE™

Nevada Public Employees' Benefits Program EPO Plan

July – September 2021

Reimagine | Rediscover **Benefits**



Overview

- Total Medical Spend for 1Q22 was \$14,534,272 with an annualized plan cost per employee per year (PEPY) of \$13,979. This is an increase of 42.0% when compared to 1Q21.
 - IP Cost per Admit is \$20,863 which is 34.5% lower than 1Q21.
 - ER Cost per Visit is \$1,828 which is 23.9% lower than 1Q21.
- Employees shared in 9.2% of the medical cost.
- Inpatient facility costs were 31.8% of the plan spend.
- 91.7% of the Average Membership had paid Medical claims less than \$2,500, with 29.9% of those having no claims paid at all during the reporting period.
- 14 members exceeded the \$100k high-cost threshold during the reporting period, which accounted for 28.1% of the plan spend. The highest diagnosis category was Pulmonary Disorders, accounting for 13.1% of the high-cost claimant dollars.
- Total spending with in-network providers was 100.0%. The average In Network discount was 52.3%, which is 3.5% lower than the PY21 average discount of 54.2%.

Paid Claims by Age Group

Paid Claims by Age Group														
Age Range	1Q21						1Q22						% 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	\$ 380,703	\$1,295	\$ 1,866	\$6	\$ 382,569	\$1,301	\$ 538,081	\$ 2,638	\$ 756	\$ 4	\$ 538,837	\$ 2,641	40.8%	103.0%
1	\$ 48,674	\$156	\$ 520	\$2	\$ 49,194	\$158	\$ 63,770	\$ 262	\$ 730	\$ 3	\$ 64,500	\$ 265	31.1%	68.3%
2 - 4	\$ 99,228	\$119	\$ 3,385	\$4	\$ 102,613	\$123	\$ 109,836	\$ 138	\$ 3,388	\$ 4	\$ 113,224	\$ 142	10.3%	15.8%
5 - 9	\$ 116,007	\$76	\$ 15,746	\$10	\$ 131,753	\$86	\$ 103,924	\$ 80	\$ 11,889	\$ 9	\$ 115,813	\$ 90	-12.1%	4.0%
10 - 14	\$ 234,320	\$126	\$ 50,397	\$27	\$ 284,717	\$154	\$ 680,492	\$ 403	\$ 55,438	\$ 33	\$ 735,930	\$ 436	158.5%	183.7%
15 - 19	\$ 467,329	\$216	\$ 92,183	\$43	\$ 559,512	\$259	\$ 498,845	\$ 248	\$ 107,312	\$ 53	\$ 606,157	\$ 302	8.3%	16.6%
20 - 24	\$ 453,790	\$228	\$ 220,279	\$111	\$ 674,069	\$339	\$ 386,484	\$ 213	\$ 115,000	\$ 63	\$ 501,484	\$ 277	-25.6%	-18.5%
25 - 29	\$ 313,772	\$289	\$ 213,693	\$197	\$ 527,465	\$486	\$ 393,921	\$ 476	\$ 323,994	\$ 391	\$ 717,915	\$ 867	36.1%	78.5%
30 - 34	\$ 869,527	\$610	\$ 172,291	\$121	\$ 1,041,818	\$731	\$ 727,925	\$ 627	\$ 111,355	\$ 96	\$ 839,280	\$ 723	-19.4%	-1.1%
35 - 39	\$ 907,005	\$518	\$ 208,290	\$119	\$ 1,115,295	\$637	\$ 815,349	\$ 534	\$ 172,241	\$ 113	\$ 987,590	\$ 647	-11.5%	1.6%
40 - 44	\$ 620,333	\$364	\$ 355,370	\$209	\$ 975,703	\$573	\$ 728,220	\$ 460	\$ 501,997	\$ 317	\$ 1,230,217	\$ 777	26.1%	35.6%
45 - 49	\$ 1,068,035	\$531	\$ 299,271	\$149	\$ 1,367,306	\$679	\$ 949,561	\$ 536	\$ 273,887	\$ 154	\$ 1,223,448	\$ 690	-10.5%	1.6%
50 - 54	\$ 1,254,437	\$509	\$ 634,820	\$257	\$ 1,889,257	\$766	\$ 2,909,164	\$ 1,341	\$ 568,823	\$ 262	\$ 3,477,987	\$ 1,603	84.1%	109.3%
55 - 59	\$ 1,434,014	\$559	\$ 704,947	\$275	\$ 2,138,961	\$834	\$ 1,862,695	\$ 832	\$ 518,200	\$ 232	\$ 2,380,895	\$ 1,064	11.3%	27.6%
60 - 64	\$ 2,519,978	\$888	\$ 1,009,228	\$356	\$ 3,529,206	\$1,244	\$ 2,228,511	\$ 836	\$ 935,248	\$ 351	\$ 3,163,759	\$ 1,186	-10.4%	-4.6%
65+	\$ 861,625	\$711	\$ 459,937	\$379	\$ 1,321,562	\$1,090	\$ 1,537,493	\$ 1,338	\$ 485,347	\$ 422	\$ 2,022,840	\$ 1,761	53.1%	61.5%
Total	\$11,648,774	\$447	\$4,442,222	\$171	\$16,090,999	\$618	\$ 14,534,272	\$ 628	\$ 4,185,607	\$ 181	\$ 18,719,878	\$ 809	16.3%	30.9%

Financial Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year
Enrollment												
Avg # Employees	4,837	4,733	4,159	-12.1%	4,078	4,016	3,495	-13.0%	4	4	3	-16.8%
Avg # Members	8,832	8,678	7,714	-11.1%	7,812	7,712	6,801	-11.8%	5	5	3	-33.4%
Ratio	1.8	1.8	1.9	1.1%	1.9	1.9	2.0	1.6%	1.3	1.3	1.0	-20.0%
Financial Summary												
Gross Cost	\$12,759,081	\$12,336,809	\$16,002,424	29.7%	\$10,932,583	\$10,508,606	\$13,495,816	28.4%	\$5,288	\$3,952	\$1,581	-60.0%
Client Paid	\$11,326,261	\$11,648,774	\$14,534,272	24.8%	\$9,689,772	\$9,926,728	\$12,285,220	23.8%	\$4,713	\$3,222	\$1,164	-63.9%
Employee Paid	\$1,432,820	\$688,035	\$1,468,152	113.4%	\$1,242,811	\$581,878	\$1,210,596	108.0%	\$574	\$730	\$416	-43.0%
Client Paid-PEPY	\$9,366	\$9,845	\$13,979	42.0%	\$9,504	\$9,886	\$14,060	42.2%	\$4,713	\$3,222	\$1,397	-56.6%
Client Paid-PMPY	\$5,129	\$5,370	\$7,537	40.4%	\$4,961	\$5,149	\$7,225	40.3%	\$3,771	\$2,578	\$1,397	-45.8%
Client Paid-PEPM	\$781	\$820	\$1,165	42.1%	\$792	\$824	\$1,172	42.2%	\$393	\$269	\$116	-56.9%
Client Paid-PMPM	\$427	\$447	\$628	40.5%	\$413	\$429	\$602	40.3%	\$314	\$215	\$116	-46.0%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	4	9	14	55.6%	4	9	13	44.4%	0	0	0	0.0%
HCC's / 1,000	0.5	1.0	1.8	74.0%	0.5	1.2	1.9	63.2%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$152,390	\$161,344	\$291,365	80.6%	\$152,390	\$154,128	\$298,278	93.5%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	5.4%	12.5%	28.1%	124.8%	6.3%	14.0%	31.6%	125.7%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$849	\$964	\$2,396	148.5%	\$782	\$964	\$2,313	139.9%	\$0	\$0	\$0	0.0%
Facility Outpatient	\$1,660	\$1,755	\$2,256	28.5%	\$1,617	\$1,662	\$2,165	30.3%	\$1,374	\$223	\$0	-100.0%
Physician	\$2,454	\$2,445	\$2,700	10.4%	\$2,412	\$2,374	\$2,577	8.6%	\$2,349	\$2,152	\$1,338	-37.8%
Other	\$167	\$205	\$185	-9.8%	\$151	\$149	\$170	14.1%	\$48	\$203	\$59	-70.9%
Total	\$5,129	\$5,370	\$7,537	40.4%	\$4,961	\$5,149	\$7,225	40.3%	\$3,771	\$2,578	\$1,397	-45.8%
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		Annualized	Annualized	Annualized	

Financial Summary (p. 2 of 2)

	State Retirees				Non-State Retirees				
Summary	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	596	582	566	-2.8%	159	131	95	-27.3%	
Avg # Members	815	793	784	-1.1%	201	168	125	-25.4%	
Ratio	1.4	1.4	1.4	2.2%	1.3	1.3	1.3	3.1%	1.6
Financial Summary									
Gross Cost	\$1,599,330	\$1,645,732	\$2,084,416	26.7%	\$221,881	\$178,519	\$420,611	135.6%	
Client Paid	\$1,437,635	\$1,559,274	\$1,872,395	20.1%	\$194,141	\$159,551	\$375,493	135.3%	
Employee Paid	\$161,695	\$86,459	\$212,021	145.2%	\$27,740	\$18,968	\$45,118	137.9%	
Client Paid-PEPY	\$9,649	\$10,717	\$13,240	23.5%	\$4,894	\$4,884	\$15,810	223.7%	\$6,297
Client Paid-PMPY	\$7,059	\$7,865	\$9,553	21.5%	\$3,870	\$3,806	\$12,016	215.7%	\$3,879
Client Paid-PEPM	\$804	\$893	\$1,103	23.5%	\$408	\$407	\$1,318	223.8%	\$525
Client Paid-PMPM	\$588	\$655	\$796	21.5%	\$322	\$317	\$1,001	215.8%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	0	1	0	0.0%	0	0	1	0.0%	
HCC's / 1,000	0.0	1.3	0.0	0.0%	0.0	0.0	8.0	0.0%	
Avg HCC Paid	\$0	\$64,942	\$0	0.0%	\$0	\$0	\$201,495	0.0%	
HCC's % of Plan Paid	0.0%	4.2%	0.0%	0.0%	0.0%	0.0%	53.7%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$1,491	\$1,023	\$2,295	124.3%	\$904	\$755	\$7,615	908.6%	\$1,149
Facility Outpatient	\$2,232	\$2,850	\$3,175	11.4%	\$1,024	\$888	\$1,515	70.6%	\$1,333
Physician	\$3,007	\$3,328	\$3,782	13.6%	\$1,846	\$1,559	\$2,636	69.1%	\$1,301
Other	\$330	\$665	\$302	-54.6%	\$97	\$605	\$249	-58.8%	\$96
Total	\$7,059	\$7,865	\$9,553	21.5%	\$3,870	\$3,806	\$12,016	215.7%	\$3,879
	Annualized	Annualized	Annualized		Annualized	Annualized	Annualized		

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

	Total				State Active				Non-State Active			
Summary	PY20	PY21	1Q22	Variance to Prior Year	PY20	PY21	1Q22	Variance to Prior Year	PY20	PY21	1Q22	Variance to Prior Year
Enrollment												
Avg # Employees	4,794	4,650	4,159	-10.6%	4,054	3,949	3,495	-11.5%	4	4	3	-16.8%
Avg # Members	8,768	8,553	7,714	-9.8%	7,768	7,602	6,801	-10.5%	5	4	3	-23.1%
Ratio	1.8	1.8	1.9	0.5%	1.9	1.9	2.0	1.0%	1.3	1.1	1.0	-7.4%
Financial Summary												
Gross Cost	\$55,523,229	\$56,804,046	\$16,002,424	-71.8%	\$45,961,999	\$44,805,657	\$13,495,816	-69.9%	\$70,916	\$44,403	\$1,581	-96.4%
Client Paid	\$50,293,887	\$53,113,944	\$14,534,272	-72.6%	\$41,579,805	\$41,757,107	\$12,285,220	-70.6%	\$65,329	\$41,594	\$1,164	-97.2%
Employee Paid	\$5,229,342	\$3,690,102	\$1,468,152	-60.2%	\$4,382,194	\$3,048,550	\$1,210,596	-60.3%	\$5,587	\$2,808	\$416	-85.2%
Client Paid-PEPY	\$10,492	\$11,422	\$13,979	22.4%	\$10,256	\$10,575	\$14,060	33.0%	\$16,332	\$10,399	\$1,397	-86.6%
Client Paid-PMPY	\$5,736	\$6,210	\$7,537	21.4%	\$5,352	\$5,493	\$7,225	31.5%	\$13,066	\$9,599	\$1,397	-85.4%
Client Paid-PEPM	\$874	\$952	\$1,165	22.4%	\$855	\$881	\$1,172	33.0%	\$1,361	\$867	\$116	-86.6%
Client Paid-PMPM	\$478	\$518	\$628	21.2%	\$446	\$458	\$602	31.4%	\$1,089	\$800	\$116	-85.5%
High Cost Claimants (HCC's) > \$100k												
# of HCC's	51	61	14	-77.0%	40	49	13	-73.5%	0	0	0	0.0%
HCC's / 1,000	5.8	7.1	1.8	-74.6%	5.2	6.5	1.9	-70.4%	0.0	0.0	0.0	0.0%
Avg HCC Paid	\$202,775	\$257,989	\$291,365	12.9%	\$179,535	\$212,968	\$298,278	40.1%	\$0	\$0	\$0	0.0%
HCC's % of Plan Paid	20.6%	29.6%	28.1%	-5.1%	17.3%	25.0%	31.6%	26.4%	0.0%	0.0%	0.0%	0.0%
Cost Distribution by Claim Type (PMPY)												
Facility Inpatient	\$1,169	\$1,457	\$2,396	64.4%	\$1,036	\$1,091	\$2,313	112.0%	\$2,928	\$0	\$0	0.0%
Facility Outpatient	\$1,832	\$1,951	\$2,256	15.6%	\$1,693	\$1,779	\$2,165	21.7%	\$4,817	\$4,611	\$0	-100.0%
Physician	\$2,541	\$2,608	\$2,700	3.5%	\$2,461	\$2,464	\$2,577	4.6%	\$5,153	\$4,469	\$1,338	-70.1%
Other	\$194	\$194	\$185	-4.6%	\$163	\$159	\$170	6.9%	\$168	\$518	\$59	-88.6%
Total	\$5,736	\$6,210	\$7,537	21.4%	\$5,352	\$5,493	\$7,225	31.5%	\$13,066	\$9,599	\$1,397	-85.4%
			Annualized				Annualized				Annualized	

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

	State Retirees				Non-State Retirees				
Summary	PY20	PY21	1Q22	Variance to Prior Year	PY20	PY21	1Q22	Variance to Prior Year	HSB Peer Index
Enrollment									
Avg # Employees	588	576	566	-1.7%	148	122	95	-22.3%	
Avg # Members	807	789	784	-0.6%	188	158	125	-20.8%	
Ratio	1.4	1.4	1.4	1.5%	1.3	1.3	1.3	2.3%	1.6
Financial Summary									
Gross Cost	\$8,514,643	\$7,966,596	\$2,084,416	-73.8%	\$975,672	\$3,987,390	\$420,611	-89.5%	
Client Paid	\$7,803,114	\$7,426,217	\$1,872,395	-74.8%	\$845,639	\$3,889,026	\$375,493	-90.3%	
Employee Paid	\$711,529	\$540,380	\$212,021	-60.8%	\$130,033	\$98,364	\$45,118	-54.1%	
Client Paid-PEPY	\$13,272	\$12,904	\$13,240	2.6%	\$5,730	\$31,812	\$15,810	-50.3%	\$6,297
Client Paid-PMPY	\$9,674	\$9,413	\$9,553	1.5%	\$4,508	\$24,653	\$12,016	-51.3%	\$3,879
Client Paid-PEPM	\$1,106	\$1,075	\$1,103	2.6%	\$477	\$2,651	\$1,318	-50.3%	\$525
Client Paid-PMPM	\$806	\$784	\$796	1.5%	\$376	\$2,054	\$1,001	-51.3%	\$323
High Cost Claimants (HCC's) > \$100k									
# of HCC's	18	18	0	-100.0%	0	2	1	0.0%	
HCC's / 1,000	22.3	22.8	0.0	-100.0%	0.0	12.7	8.0	0.0%	
Avg HCC Paid	\$175,561	\$113,454	\$0	-100.0%	\$0	\$1,629,851	\$201,495	0.0%	
HCC's % of Plan Paid	40.5%	27.5%	0.0%	-100.0%	0.0%	83.8%	53.7%	0.0%	
Cost Distribution by Claim Type (PMPY)									
Facility Inpatient	\$2,529	\$1,454	\$2,295	57.8%	\$787	\$19,176	\$7,615	-60.3%	\$1,149
Facility Outpatient	\$3,276	\$3,575	\$3,175	-11.2%	\$1,314	\$2,010	\$1,515	-24.6%	\$1,333
Physician	\$3,385	\$3,897	\$3,782	-3.0%	\$2,165	\$3,054	\$2,636	-13.7%	\$1,301
Other	\$484	\$487	\$302	-38.0%	\$242	\$413	\$249	-39.7%	\$96
Total	\$9,674	\$9,413	\$9,553	1.5%	\$4,508	\$24,653	\$12,016	-51.3%	\$3,879
			Annualized				Annualized		

Paid Claims by Claim Type – State Participants

Net Paid Claims - Total									
State Participants									
	1Q21				1Q22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical									
Inpatient	\$ 2,386,759	\$ 235,184	\$ 17,071	\$ 2,639,014	\$ 4,616,002	\$ 433,340	\$ 121,686	\$ 5,171,028	95.9%
Outpatient	\$ 7,539,969	\$ 1,182,817	\$ 124,201	\$ 8,846,987	\$ 7,669,218	\$ 1,209,185	\$ 108,184	\$ 8,986,587	1.6%
Total - Medical	\$ 9,926,728	\$ 1,418,001	\$ 141,272	\$ 11,486,001	\$ 12,285,220	\$ 1,642,525	\$ 229,870	\$ 14,157,615	23.3%

Net Paid Claims - Per Participant per Month									
	1Q21				1Q22				% Change
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total
Medical	\$ 824	\$ 946	\$ 572	\$ 833	\$ 1,170	\$ 1,118	\$ 1,008	\$ 1,161	39.4%

Paid Claims by Claim Type – Non-State Participants

Net Paid Claims - Total										
Non-State Participants										
	1Q21				1Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ -	\$ 34,043	\$ 360	\$ 34,403	\$ -	\$ 236,598	\$ 9,829	\$ 246,428	616.3%	
Outpatient	\$ 3,222	\$ 19,348	\$ 105,799	\$ 128,370	\$ 1,164	\$ 69,389	\$ 59,676	\$ 130,230	1.4%	
Total - Medical	\$ 3,222	\$ 53,392	\$ 106,159	\$ 162,773	\$ 1,164	\$ 305,988	\$ 69,505	\$ 376,657	131.4%	

Net Paid Claims - Per Participant per Month										
	1Q21				1Q22				%	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 269	\$ 235	\$ 643	\$ 403	\$ 116	\$ 2,318	\$ 454	\$ 1,277	216.9%	

Paid Claims by Claim Type – Total

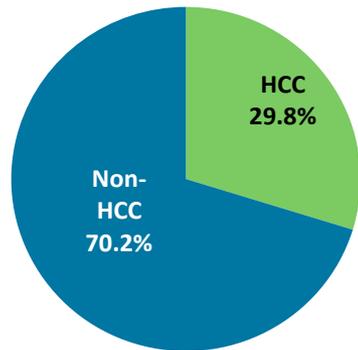
Net Paid Claims - Total										
Total Participants										
	1Q21				1Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical										
Inpatient	\$ 2,386,759	\$ 269,227	\$ 17,431	\$ 2,673,418	\$ 4,616,002	\$ 669,939	\$ 131,515	\$ 5,417,456	102.6%	
Outpatient	\$ 7,543,191	\$ 1,202,166	\$ 230,000	\$ 8,975,357	\$ 7,670,382	\$ 1,278,575	\$ 167,859	\$ 9,116,816	1.6%	
Total - Medical	\$ 9,929,950	\$ 1,471,393	\$ 247,431	\$ 11,648,774	\$ 12,286,384	\$ 1,948,513	\$ 299,375	\$ 14,534,272	24.8%	

Net Paid Claims - Per Participant per Month										
	1Q21				1Q22				% Change	
	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Actives	Pre-Medicare Retirees	Medicare Retirees	Total	Total	
Medical	\$ 823	\$ 852	\$ 601	\$ 820	\$ 1,169	\$ 1,217	\$ 786	\$ 1,163	41.7%	

Cost Distribution – Medical Claims

1Q21						1Q22						
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
7	0.1%	\$1,452,092	12.5%	(\$58,624)	-8.5%	\$100,000.01 Plus	9	0.1%	\$4,007,516	27.6%	\$23,365	1.6%
20	0.2%	\$1,445,687	12.4%	\$33,320	4.8%	\$50,000.01-\$100,000.00	18	0.2%	\$1,389,429	9.6%	\$53,387	3.6%
48	0.5%	\$1,816,271	15.6%	\$12,678	1.8%	\$25,000.01-\$50,000.00	46	0.6%	\$1,786,692	12.3%	\$78,886	5.4%
129	1.5%	\$2,114,530	18.2%	\$53,096	7.7%	\$10,000.01-\$25,000.00	138	1.8%	\$2,404,546	16.5%	\$186,109	12.7%
151	1.7%	\$1,101,531	9.5%	\$62,774	9.1%	\$5,000.01-\$10,000.00	151	2.0%	\$1,213,812	8.4%	\$165,369	11.3%
288	3.3%	\$1,014,139	8.7%	\$102,800	14.9%	\$2,500.01-\$5,000.00	280	3.6%	\$1,038,193	7.1%	\$201,207	13.7%
4,935	56.9%	\$2,704,524	23.2%	\$477,766	69.4%	\$0.01-\$2,500.00	4,657	60.4%	\$2,694,085	18.5%	\$750,762	51.2%
62	0.7%	\$0	0.0%	\$4,226	0.6%	\$0.00	106	1.4%	\$0	0.0%	\$9,067	0.6%
3,039	35.0%	\$0	0.0%	\$0	0.0%	No Claims	2,308	29.9%	\$0	0.0%	\$0	0.0%
8,678	100.0%	\$11,648,774	100.0%	\$688,035	100.0%		7,714	100.0%	\$14,534,272	100.0%	\$1,468,152	100.0%

Distribution of HCC Medical Claims Paid



HCC – High-Cost Claimant over \$100K

HCC's by Diagnosis Grouper			
Top 10 Diagnosis Groupers	Patients	Total Paid	% Paid
Pulmonary Disorders	8	\$1,556,111	38.1%
Cancer	6	\$601,477	14.7%
Congenital/Chromosomal Anomalies	1	\$422,617	10.4%
Endocrine/Metabolic Disorders	4	\$380,695	9.3%
Medical/Surgical Complications	2	\$300,206	7.4%
Pregnancy-related Disorders	1	\$257,042	6.3%
Infections	5	\$253,345	6.2%
Hematological Disorders	2	\$166,709	4.1%
Miscellaneous	3	\$68,934	1.7%
Health Status/Encounters	8	\$45,353	1.1%
All Other		\$26,619	0.7%
Overall	----	\$4,079,110	100.0%

Utilization Summary (p. 1 of 2)

Summary	Total				State Active				Non-State Active			
	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year
Inpatient Summary												
# of Admits	142	111	113		117	96	98		1	0	0	
# of Bed Days	803	562	459		668	468	411		2	0	0	
Paid Per Admit	\$27,194	\$31,858	\$20,863	-34.5%	\$28,712	\$24,356	\$21,729	-10.8%	\$22,498	\$0	\$0	0.0%
Paid Per Day	\$4,809	\$6,292	\$5,136	-18.4%	\$5,029	\$4,996	\$5,181	3.7%	\$11,249	\$0	\$0	0.0%
Admits Per 1,000	64	51	59	15.7%	60	50	58	16.0%	800	0	0	0.0%
Days Per 1,000	363	259	238	-8.1%	341	242	242	0.0%	1,600	0	0	0.0%
Avg LOS	5.7	5.1	4.1	-19.6%	5.7	4.9	4.2	-14.3%	2.0	0.0	0.0	0.0%
# Admits From ER	67	48	54		52	38	45		0	0	0	
Physician Office												
OV Utilization per Member	6.1	5.6	6.1	8.9%	5.9	5.4	5.9	9.3%	6.4	8.8	8.4	-4.5%
Avg Paid per OV	\$147	\$152	\$149	-2.0%	\$152	\$153	\$150	-2.0%	\$163	\$91	\$146	60.4%
Avg OV Paid per Member	\$895	\$857	\$905	5.6%	\$897	\$827	\$884	6.9%	\$1,043	\$797	\$1,230	54.3%
DX&L Utilization per Member	10.9	9.7	11.2	15.5%	10.3	9.2	10.7	16.3%	18.4	3.2	0	-100.0%
Avg Paid per DX&L	\$66	\$69	\$67	-2.9%	\$68	\$69	\$68	-1.4%	\$101	\$94	\$0	-100.0%
Avg DX&L Paid per Member	\$728	\$668	\$748	12.0%	\$704	\$633	\$728	15.0%	\$1,865	\$301	\$0	-100.0%
Emergency Room												
# of Visits	462	334	395		410	299	343		0	0	0	
Visits Per Member	0.21	0.15	0.20	33.3%	0.21	0.15	0.20	33.3%	0.00	0.00	0.00	0.0%
Visits Per 1,000	209	154	205	33.1%	209	155	202	30.3%	0	0	0	0.0%
Avg Paid per Visit	\$2,648	\$2,401	\$1,828	-23.9%	\$2,690	\$2,378	\$1,806	-24.1%	\$0	\$0	\$0	0.0%
Urgent Care												
# of Visits	744	523	753		673	459	688		0	0	0	
Visits Per Member	0.34	0.24	0.39	62.5%	0.34	0.24	0.40	66.7%	0.00	0.00	0.00	0.0%
Visits Per 1,000	336	241	390	61.8%	343	238	404	69.7%	0	0	0	0.0%
Avg Paid per Visit	\$138	\$138	\$154	11.6%	\$138	\$140	\$155	10.7%	\$0	\$0	\$0	0.0%

Annualized Annualized Annualized

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Utilization Summary (p. 2 of 2)

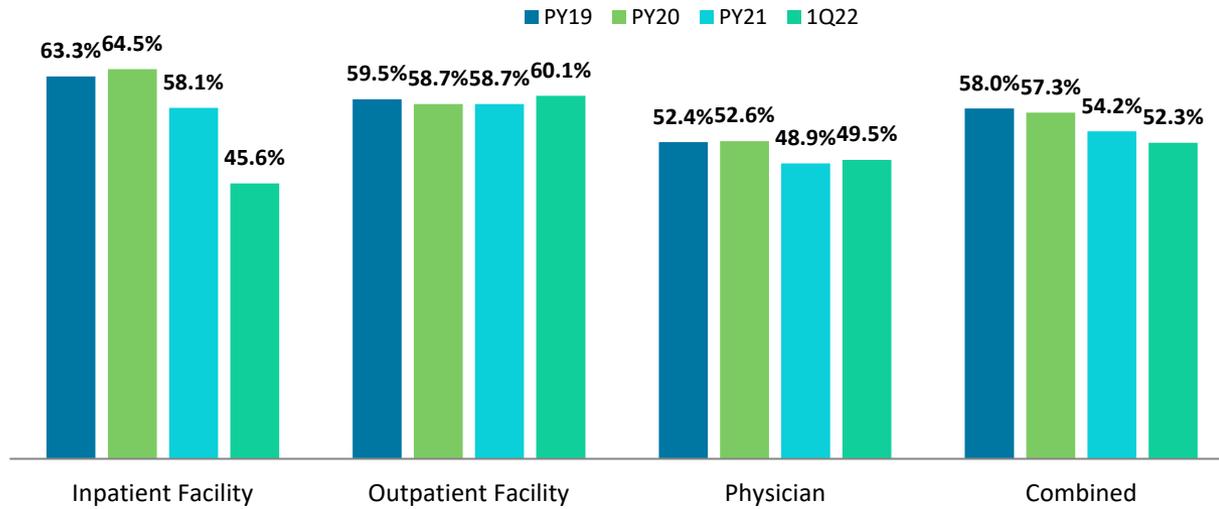
Summary	State Retirees				Non-State Retirees				HSB Peer Index
	1Q20	1Q21	1Q22	Variance to Prior Year	1Q20	1Q21	1Q22	Variance to Prior Year	
Inpatient Summary									
# of Admits	22	14	11		2	1	4		
# of Bed Days	128	56	39		5	38	9		
Paid Per Admit	\$20,327	\$22,967	\$16,888	-26.5%	\$16,275	\$876,573	\$10,583	-98.8%	\$16,632
Paid Per Day	\$3,494	\$5,742	\$4,763	-17.0%	\$6,510	\$23,068	\$4,703	-79.6%	\$3,217
Admits Per 1,000	109	71	56	-21.1%	40	24	128	433.3%	76
Days Per 1,000	635	285	199	-30.2%	100	918	288	-68.6%	391
Avg LOS	5.8	4	3.5	-12.5%	2.5	38.0	2.3	-93.9%	5.2
# Admits From ER	14	9	6		1	1	3		
Physician Office									
OV Utilization per Member	7.8	7.5	7.3	-2.7%	6.9	6.2	7.7	24.2%	5.0
Avg Paid per OV	\$116	\$159	\$150	-5.7%	\$107	\$107	\$109	1.9%	\$57
Avg OV Paid per Member	\$908	\$1,192	\$1,098	-7.9%	\$744	\$662	\$844	27.5%	\$286
DX&L Utilization per Member	15.6	13.7	14.7	7.3%	16	11.6	15.3	31.9%	10.5
Avg Paid per DX&L	\$61	\$75	\$64	-14.7%	\$48	\$53	\$41	-22.6%	\$50
Avg DX&L Paid per Member	\$946	\$1,026	\$937	-8.7%	\$765	\$620	\$635	2.4%	\$522
Emergency Room									
# of Visits	47	31	45		5	4	7		
Visits Per Member	0.23	0.16	0.23	43.8%	0.10	0.10	0.22	120.0%	0.24
Visits Per 1,000	233	158	230	45.6%	100	97	224	130.9%	235
Avg Paid per Visit	\$2,422	\$2,524	\$2,129	-15.6%	\$1,299	\$3,172	\$998	-68.5%	\$943
Urgent Care									
# of Visits	56	52	55		15	12	10		
Visits Per Member	0.28	0.26	0.28	7.7%	0.30	0.29	0.32	10.3%	0.3
Visits Per 1,000	278	265	281	6.0%	300	290	320	10.3%	300
Avg Paid per Visit	\$147	\$131	\$152	16.0%	\$71	\$115	\$56	-51.3%	\$84

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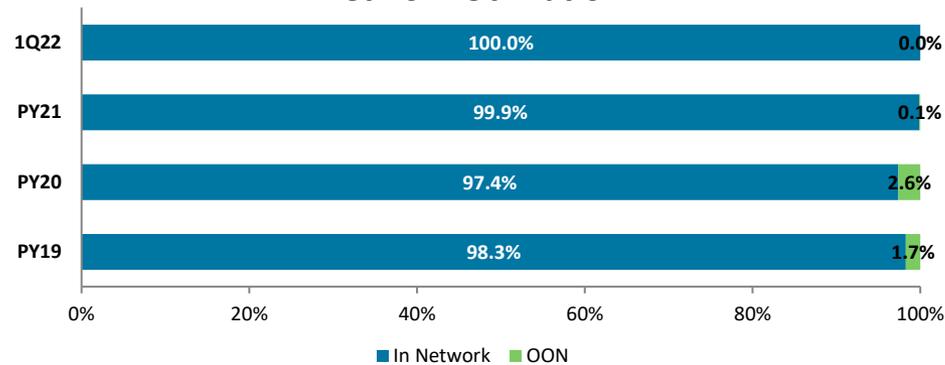
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Provider Network Summary

In Network Discounts



Network Utilization



Diagnosis Grouper Summary

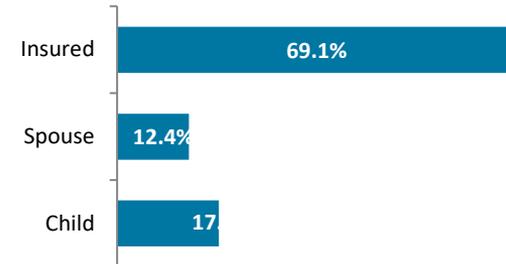
Diagnosis Grouper	Total Paid	% Paid				Male	Female
			Insured	Spouse	Child		
Pulmonary Disorders	\$1,900,577	13.1%	\$1,823,648	\$36,948	\$39,982	\$1,719,681	\$180,897
Cancer	\$1,052,405	7.2%	\$542,585	\$509,078	\$743	\$658,440	\$393,965
Gastrointestinal Disorders	\$996,029	6.9%	\$749,992	\$168,176	\$77,861	\$333,370	\$662,658
Musculoskeletal Disorders	\$953,637	6.6%	\$695,047	\$134,749	\$123,841	\$415,279	\$538,358
Pregnancy-related Disorders	\$931,384	6.4%	\$383,056	\$74,007	\$474,322	\$136,266	\$792,041
Health Status/Encounters	\$864,969	6.0%	\$522,717	\$78,801	\$263,452	\$276,657	\$588,046
Endocrine/Metabolic Disorders	\$801,346	5.5%	\$700,693	\$83,424	\$17,229	\$206,705	\$594,640
Cardiac Disorders	\$768,203	5.3%	\$627,995	\$119,945	\$20,263	\$336,576	\$431,627
Infections	\$674,370	4.6%	\$525,006	\$19,442	\$129,922	\$359,722	\$314,648
Neurological Disorders	\$648,556	4.5%	\$450,046	\$50,863	\$147,646	\$145,379	\$503,104
Spine-related Disorders	\$582,271	4.0%	\$427,641	\$141,727	\$12,904	\$260,519	\$321,752
Mental Health	\$561,791	3.9%	\$327,848	\$48,202	\$185,741	\$168,727	\$393,063
Eye/ENT Disorders	\$531,391	3.7%	\$299,705	\$57,339	\$174,347	\$247,600	\$283,791
Renal/Urologic Disorders	\$519,366	3.6%	\$384,578	\$83,941	\$50,847	\$288,740	\$230,565
Congenital/Chromosomal Anomalies	\$467,556	3.2%	\$21,764	\$1,206	\$444,585	\$11,692	\$455,864
Gynecological/Breast Disorders	\$389,596	2.7%	\$320,363	\$20,843	\$48,390	\$7,342	\$382,254
Medical/Surgical Complications	\$369,447	2.5%	\$344,805	\$7,946	\$16,695	\$134,571	\$234,876
Trauma/Accidents	\$344,504	2.4%	\$209,562	\$28,315	\$106,627	\$197,414	\$147,090
Hematological Disorders	\$206,592	1.4%	\$190,800	\$14,851	\$941	\$178,814	\$27,778
Miscellaneous	\$179,099	1.2%	\$139,966	\$15,306	\$23,827	\$95,205	\$83,894
Non-malignant Neoplasm	\$149,057	1.0%	\$125,793	\$12,722	\$10,542	\$30,387	\$118,670
Dermatological Disorders	\$145,176	1.0%	\$104,836	\$14,712	\$25,629	\$45,948	\$99,228
Diabetes	\$144,497	1.0%	\$120,136	\$14,958	\$9,402	\$75,264	\$69,233
Vascular Disorders	\$121,445	0.8%	\$120,302	\$1,052	\$91	\$79,704	\$41,741
Abnormal Lab/Radiology	\$70,524	0.5%	\$58,518	\$6,545	\$5,460	\$19,900	\$50,624
Medication Related Conditions	\$54,498	0.4%	\$21,815	\$28,536	\$4,148	\$10,348	\$44,150
Dental Conditions	\$46,266	0.3%	\$35,898	\$1,691	\$8,677	\$5,361	\$40,905
Cholesterol Disorders	\$42,888	0.3%	\$39,128	\$3,302	\$458	\$9,445	\$33,443
External Hazard Exposure	\$11,641	0.1%	\$3,636	\$253	\$7,751	\$8,946	\$2,695
Allergic Reaction	\$5,192	0.0%	\$2,147	\$391	\$2,654	\$4,359	\$833
Total	\$14,534,272	100.0%	\$10,320,027	\$1,779,273	\$2,434,972	\$6,468,359	\$8,062,435

Diagnosis Grouper – Pulmonary Disorders

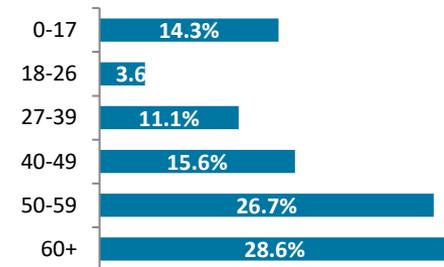
Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Respiratory Failure	17	45	\$1,594,808	83.9%
Lung Conditions, Other	48	80	\$82,029	4.3%
Sleep Apnea	321	838	\$74,916	3.9%
Respiratory Symptoms	267	396	\$56,256	3.0%
Asthma	134	174	\$32,713	1.7%
Pneumonia	22	37	\$32,709	1.7%
COPD	35	94	\$18,508	1.0%
Bronchitis	26	30	\$7,749	0.4%
Aspiration Related	3	6	\$890	0.0%
Cystic Fibrosis	0	0	\$0	0.0%
Overall	----	----	\$1,900,577	100.0%

*Patient and claim counts are unique only within the category

Relationship



Age Range

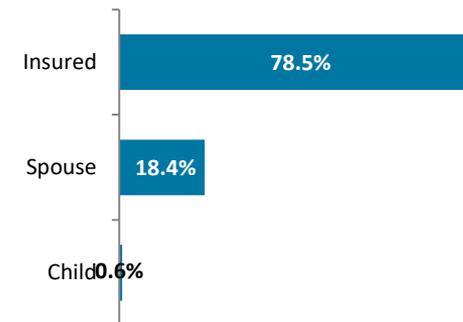


Diagnosis Grouper – Cancer

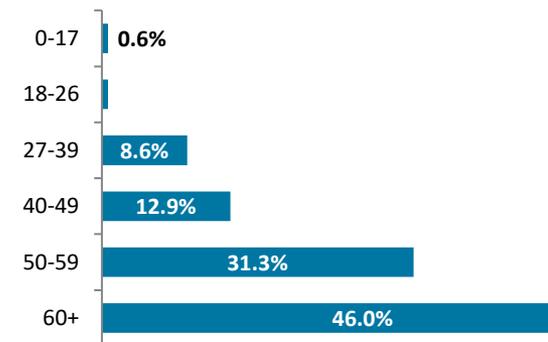
Diagnosis Sub-Group	Patients	Claims	Total Paid	% Paid
Cancer Therapies	11	57	\$543,759	51.7%
Breast Cancer	26	109	\$179,744	17.1%
Cancers, Other	55	136	\$87,154	8.3%
Lung Cancer	5	71	\$87,052	8.3%
Myeloma	3	15	\$59,813	5.7%
Carcinoma in Situ	16	26	\$26,733	2.5%
Bladder Cancer	2	4	\$16,577	1.6%
Leukemias	11	30	\$11,782	1.1%
Lymphomas	9	53	\$11,171	1.1%
Secondary Cancers	5	18	\$6,411	0.6%
Pancreatic Cancer	2	11	\$5,531	0.5%
Melanoma	7	13	\$5,302	0.5%
Colon Cancer	7	22	\$5,151	0.5%
Prostate Cancer	11	18	\$2,719	0.3%
Thyroid Cancer	10	20	\$1,352	0.1%
Cervical/Uterine Cancer	2	2	\$1,218	0.1%
Brain Cancer	2	3	\$808	0.1%
Kidney Cancer	1	2	\$127	0.0%
Ovarian Cancer	1	1	\$0	0.0%
Overall	----	----	\$1,052,405	100.0%

*Patient and claim counts are unique only within the category

Relationship



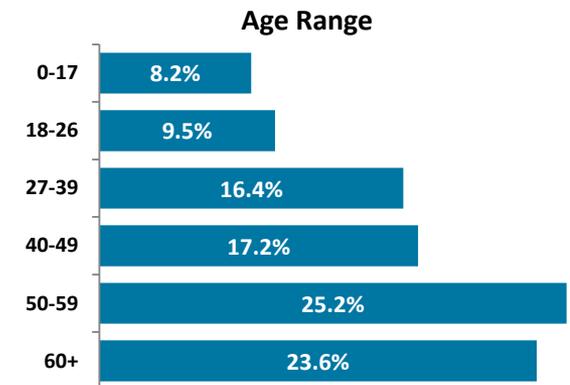
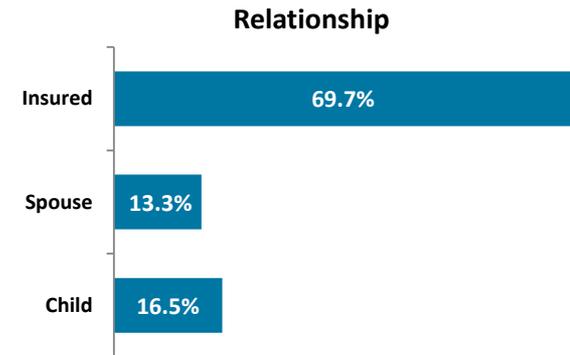
Age Range



Diagnosis Grouper – Gastrointestinal Disorders

Diagnosis Sub-Grouper	Patients	Claims	Total Paid	% Paid
Abdominal Disorders	231	452	\$180,632	18.1%
GI Symptoms	147	238	\$142,047	14.3%
GI Disorders, Other	148	242	\$129,930	13.0%
Upper GI Disorders	142	222	\$120,170	12.1%
Diverticulitis	12	18	\$90,702	9.1%
Gallbladder and Biliary Disease	24	77	\$75,262	7.6%
Hernias	22	48	\$63,232	6.3%
Pancreatic Disorders	13	32	\$54,029	5.4%
Liver Diseases	46	74	\$40,571	4.1%
Inflammatory Bowel Disease	20	36	\$34,977	3.5%
Appendicitis	5	18	\$34,765	3.5%
Peptic Ulcer/Related Disorders	4	5	\$19,990	2.0%
Hemorrhoids	16	27	\$6,986	0.7%
Hepatic Cirrhosis	4	21	\$1,866	0.2%
Ostomies	5	5	\$869	0.1%
	----	----	\$996,029	100.0%

*Patient and claim counts are unique only within the category

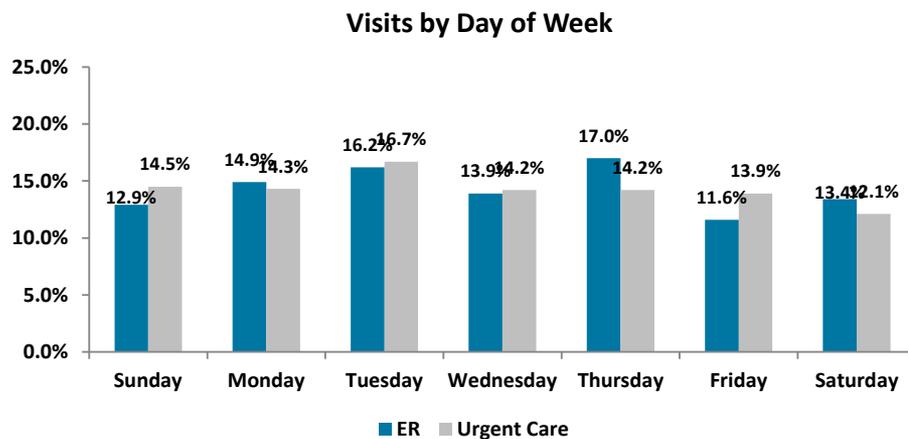


Emergency Room / Urgent Care Summary

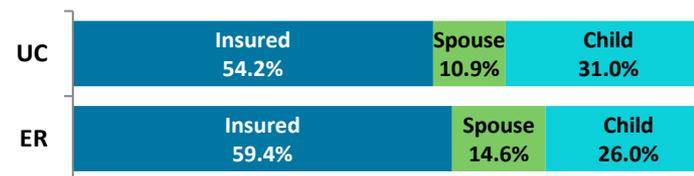
ER/Urgent Care	1Q21		1Q22		HSB Peer Index	
	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
Number of Visits	334	523	395	753		
Visits Per Member	0.15	0.24	0.20	0.39	0.17	0.24
Visits/1000 Members	154	241	205	390	174	242
Avg Paid Per Visit	\$2,401	\$138	\$1,828	\$154	\$1,684	\$74
% with OV*	91.6%	89.5%	92.7%	88.2%		
% Avoidable	9.6%	30.2%	10.9%	33.7%		
Total Member Paid	\$134,185	\$22,380	\$192,377	\$31,471		
Total Plan Paid	\$801,876	\$72,332	\$722,171	\$115,874		

*looks back 12 months from ER visit

Annualized Annualized Annualized Annualized



% of Paid

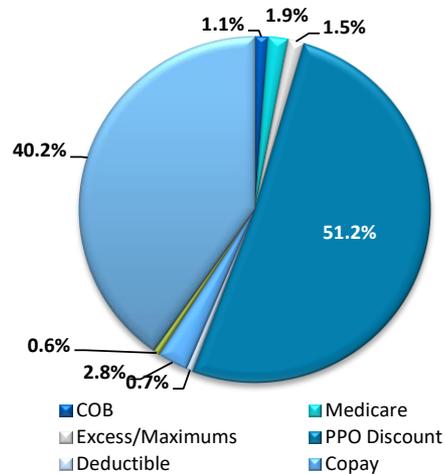


ER / UC Visits by Relationship						
Relationship	ER	Per 1,000	Urgent Care	Per 1,000	Total	Per 1,000
Insured	217	52	409	98	1,056	254
Spouse	49	58	76	91	202	241
Child	129	47	268	99	513	189
Total	395	51	753	98	1,771	229

Savings Summary – Medical Claims

Description	Dollars	PPPM	% of Eligible
Eligible Charges	\$36,152,242	\$2,898	100.0%
COB	\$411,174	\$33	1.1%
Medicare	\$671,497	\$54	1.9%
Excess/Maximums	\$555,136	\$44	1.5%
PPO Discount	\$18,490,905	\$1,482	51.1%
Deductible	\$246,402	\$20	0.7%
Copay	\$999,064	\$80	2.8%
Coinsurance	\$222,686	\$18	0.6%
Total Participant Paid	\$1,468,152	\$118	4.1%
Total Plan Paid	\$14,534,272	\$1,165	40.2%

Total Participant Paid - PY21	\$66
Total Plan Paid - PY21	\$952



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	511	501	10	98.0%
	<2 asthma related ER Visits in the last 6 months	511	510	1	99.8%
	No asthma related admit in last 12 months	511	510	1	99.8%
Chronic Obstructive Pulmonary Disease	No exacerbations in last 12 months	96	91	5	94.8%
	Members with COPD who had an annual spirometry test	96	14	82	14.6%
Congestive Heart Failure	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	61	60	1	98.4%
	Follow-up OV within 4 weeks of discharge from HF admission	4	4	0	100.0%
Diabetes	Annual office visit	557	545	12	97.8%
	Annual dilated eye exam	557	288	269	51.7%
	Annual foot exam	557	231	326	41.5%
	Annual HbA1c test done	557	473	84	84.9%
	Diabetes Annual lipid profile	557	431	126	77.4%
	Annual microalbumin urine screen	557	395	162	70.9%
Hyperlipidemia	Hyperlipidemia Annual lipid profile	1,243	975	268	78.4%
Hypertension	Annual lipid profile	1,337	909	428	68.0%
	Annual serum creatinine test	1,309	1,065	244	81.4%
Wellness	Well Child Visit - 15 months	79	76	3	96.2%
	Routine office visit in last 6 months	7,667	5,684	1,983	74.1%
	Age 45 to 75 years with colorectal cancer screening	3,235	767	2,468	23.7%
	Women age 25-65 with recommended cervical cancer screening	2,468	1,853	615	75.1%
	Males age greater than 49 with PSA test in last 24 months	1,152	589	563	51.1%
	Routine exam in last 24 months	7,667	7,063	604	92.1%
	Women age 40 to 75 with a screening mammogram last 24 months	2,172	1,356	816	62.4%

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	114	1.49%	14.77	\$18,235
Asthma	557	7.26%	72.17	\$13,891
Atrial Fibrillation	87	1.13%	11.27	\$33,439
Blood Disorders	472	6.16%	61.16	\$40,956
CAD	168	2.19%	21.77	\$22,650
COPD	95	1.24%	12.31	\$54,505
Cancer	322	4.20%	41.72	\$23,567
Chronic Pain	378	4.93%	48.98	\$23,692
Congestive Heart Failure	61	0.80%	7.90	\$144,774
Demyelinating Diseases	26	0.34%	3.37	\$30,348
Depression	843	10.99%	109.23	\$11,748
Diabetes	591	7.71%	76.57	\$30,443
ESRD	9	0.12%	1.17	\$79,686
Eating Disorders	35	0.46%	4.53	\$69,409
HIV/AIDS	11	0.14%	1.43	\$27,248
Hyperlipidemia	1,274	16.61%	165.07	\$20,422
Hypertension	1,338	17.45%	173.36	\$18,549
Immune Disorders	33	0.43%	4.28	\$31,498
Inflammatory Bowel Disease	51	0.67%	6.61	\$37,005
Liver Diseases	190	2.48%	24.62	\$41,236
Morbid Obesity	340	4.43%	44.05	\$21,532
Osteoarthritis	443	5.78%	57.40	\$18,961
Peripheral Vascular Disease	44	0.57%	5.70	\$27,850
Rheumatoid Arthritis	74	0.97%	9.59	\$38,747

*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 2022 - Quarter Ending September 30, 2021

Express Scripts

1Q FY2022 EPO		1Q FY2021 EPO	Difference	% Change
Membership Summary				
Member Count (Membership)	7,709	8,681	(972)	-11.2%
Utilizing Member Count (Patients)	4,878	5,102	(224)	-4.4%
Percent Utilizing (Utilization)	63.3%	58.8%	0	7.7%
Claim Summary				
Net Claims (Total Rx's)	37,554	42,693	(5,139)	-12.0%
Claims per Elig Member per Month (Claims PMPM)	1.62	1.64	(0.02)	-1.2%
Total Claims for Generic (Generic Rx)	31,847	36,527	(4,680.00)	-12.8%
Total Claims for Brand (Brand Rx)	5,707	6,166	(459.00)	-7.4%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	322	670	(348.00)	-51.9%
Total Non-Specialty Claims	37,008	42,139	(5,131.00)	-12.2%
Total Specialty Claims	546	554	(8.00)	-1.4%
Generic % of Total Claims (GFR)	84.8%	85.6%	(0.01)	-0.9%
Generic Effective Rate (GCR)	99.0%	98.2%	0.01	0.8%
Mail Order Claims	7,156	4,806	2,350.00	48.9%
Mail Penetration Rate*	21.4%	12.3%	0.09	9.1%
Claims Cost Summary				
Total Prescription Cost (Total Gross Cost)	\$4,972,394.00	\$5,263,489.00	(\$291,095.00)	-5.5%
Total Generic Gross Cost	\$735,056.00	\$855,885.00	(\$120,829.00)	-14.1%
Total Brand Gross Cost	\$4,237,339.00	\$4,407,604.00	(\$170,265.00)	-3.9%
Total MSB Gross Cost	\$69,608.00	\$165,737.00	(\$96,129.00)	-58.0%
Total Ingredient Cost	\$4,923,001.00	\$5,239,679.00	(\$316,678.00)	-6.0%
Total Dispensing Fee	\$47,801.00	\$22,547.00	\$25,254.00	112.0%
Total Other (e.g. tax)	\$1,592.00	\$1,263.00	\$329.00	26.0%
Avg Total Cost per Claim (Gross Cost/Rx)	\$132.41	\$123.29	\$9.12	7.4%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	\$23.08	\$23.43	(\$0.35)	-1.5%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	\$742.48	\$714.82	\$27.66	3.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$216.18	\$247.37	(\$31.19)	-12.6%
Member Cost Summary				
Total Member Cost	\$819,750.00	\$900,349.00	(\$80,599.00)	-9.0%
Total Copay	\$810,949.00	\$900,349.00	(\$89,400.00)	-9.9%
Total Deductible	\$8,800.00	\$0.00	\$8,800.00	0.0%
Avg Copay per Claim (Copay/Rx)	\$21.59	\$21.09	\$0.51	2.4%
Avg Participant Share per Claim (Copay+Deductible/RX)	\$21.83	\$21.09	\$0.74	3.5%
Avg Copay for Generic (Copay/Generic Rx)	\$7.68	\$7.51	\$0.17	2.3%
Avg Copay for Brand (Copay/Brand Rx)	\$100.76	\$101.55	(\$0.79)	-0.8%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	\$33.13	\$32.96	\$0.17	0.5%
Net PMPM (Participant Cost PMPM)	\$35.45	\$34.57	\$0.87	2.5%
Copay % of Total Prescription Cost (Member Cost Share %)	16.5%	17.1%	-0.6%	-3.6%
Plan Cost Summary				
Total Plan Cost (Plan Cost)	\$4,152,645.00	\$4,363,140.00	(\$210,495.00)	-4.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,069,983.00	\$2,199,457.00	(\$129,474.00)	-5.9%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,082,661.00	\$2,163,683.00	(\$81,022.00)	-3.7%
Avg Plan Cost per Claim (Plan Cost/Rx)	\$110.58	\$102.20	\$8.38	8.2%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	\$15.40	\$15.93	(\$0.53)	-3.3%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	\$641.72	\$613.27	\$28.45	4.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$183.05	\$214.41	(\$31.36)	-14.6%
Net PMPM (Plan Cost PMPM)	\$179.56	\$167.54	\$12.02	7.2%
PMPM for Specialty Only (Specialty PMPM)	\$90.05	\$83.08	\$6.97	8.4%
PMPM without Specialty (Non-Specialty PMPM)	\$89.51	\$84.45	\$5.06	6.0%
Rebates Received (Q1 FY2022 actual)	\$1,088,920.45	\$1,008,649.28	\$80,271.17	8.0%
Net PMPM (Plan Cost PMPM factoring Rebates)	\$132.47	\$128.81	\$3.67	2.8%
PMPM for Specialty Only (Specialty PMPM)	\$75.38	\$69.93	\$5.45	7.8%
PMPM without Specialty (Non-Specialty PMPM)	\$63.22	\$57.91	\$5.31	9.2%

Appendix D

Index of Tables

Health Plan of Nevada –Utilization Review for PEBP July 1, 2021 – September 30, 2021

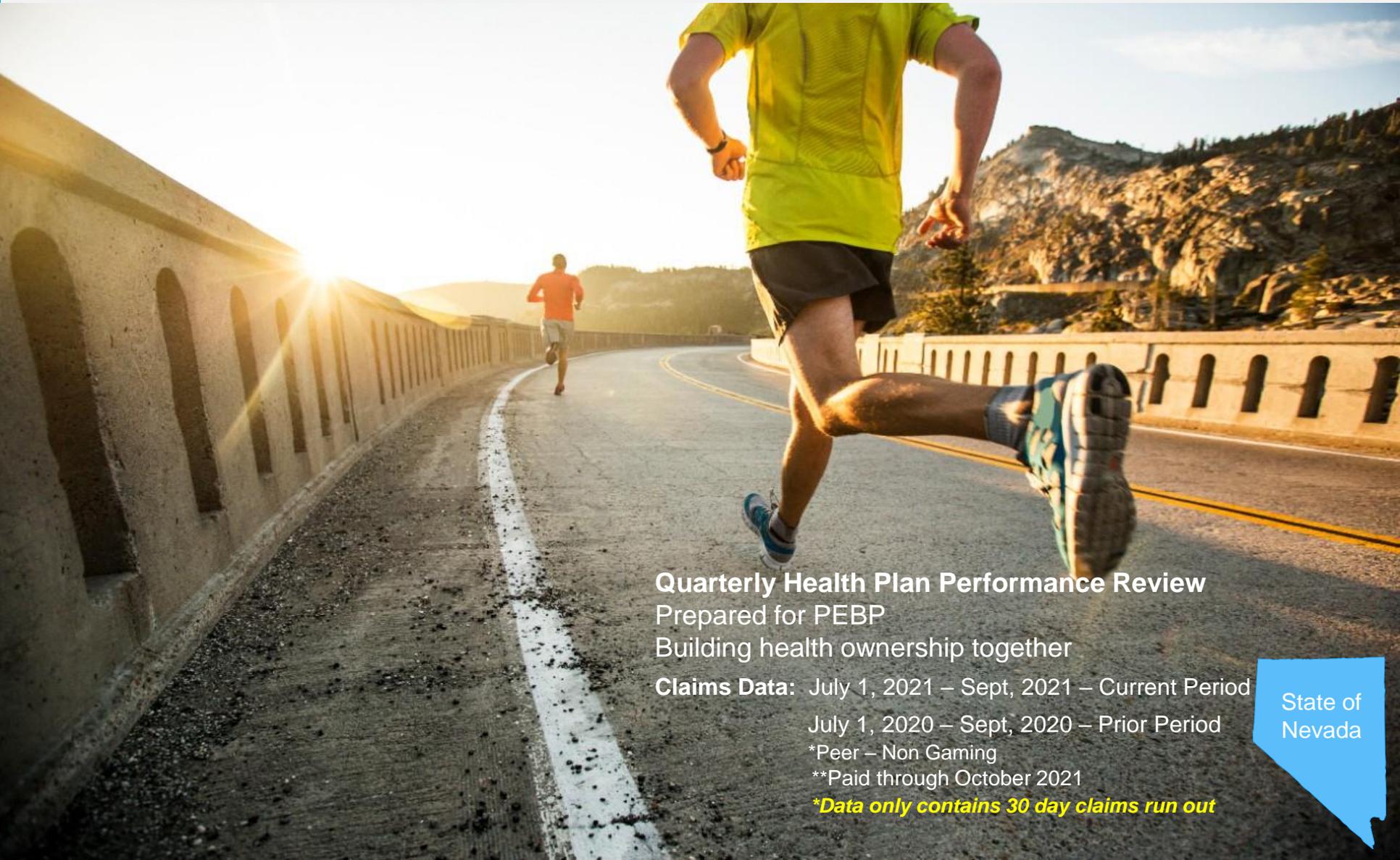
KEY PERFORMANCE INDICATORS

Demographic Overview	3
Utilization Highlights.....	6
Clinical Drivers.....	8
High Cost Claimants.....	11

PRESCRIPTION DRUG COSTS

Prescription Drug Cost	7
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Power Of Partnership.



Quarterly Health Plan Performance Review
Prepared for PEBP
Building health ownership together

Claims Data: July 1, 2021 – Sept, 2021 – Current Period

July 1, 2020 – Sept, 2020 – Prior Period

*Peer – Non Gaming

**Paid through October 2021

****Data only contains 30 day claims run out***

State of
Nevada



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
- ✓ 2 ambulatory surgery centers
- ✓ 55,000 sq ft state-of-the-art cancer center
- ✓ Saturday appointments with primary care

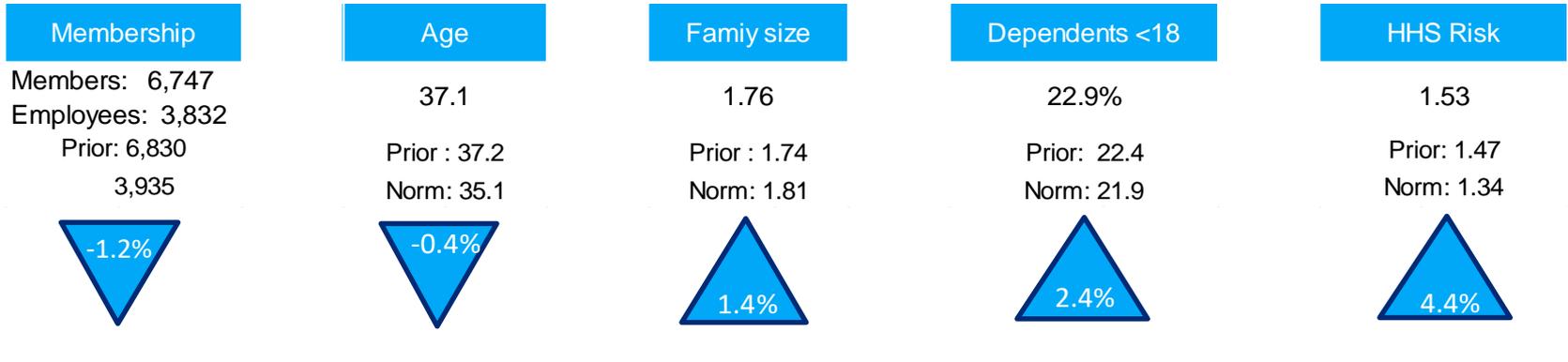
Enhancements Made for Your Members

- ✓ Provided COVID-19 testing and vaccinations at multiple locations throughout the Las Vegas area, including drive through locations.
- ✓ Introduced the **Tummy2Toddler pregnancy support app** helping mothers stay healthy during every step of pregnancy and early childhood.
- ✓ NowClinic and Walgreens now offering same-day medication delivery
- ✓ Added HCA hospitals and 17 Care Now Urgent Cares to the network
- ✓ Real Appeal weight loss program
- ✓ Dispatch Health to provide at home urgent visits

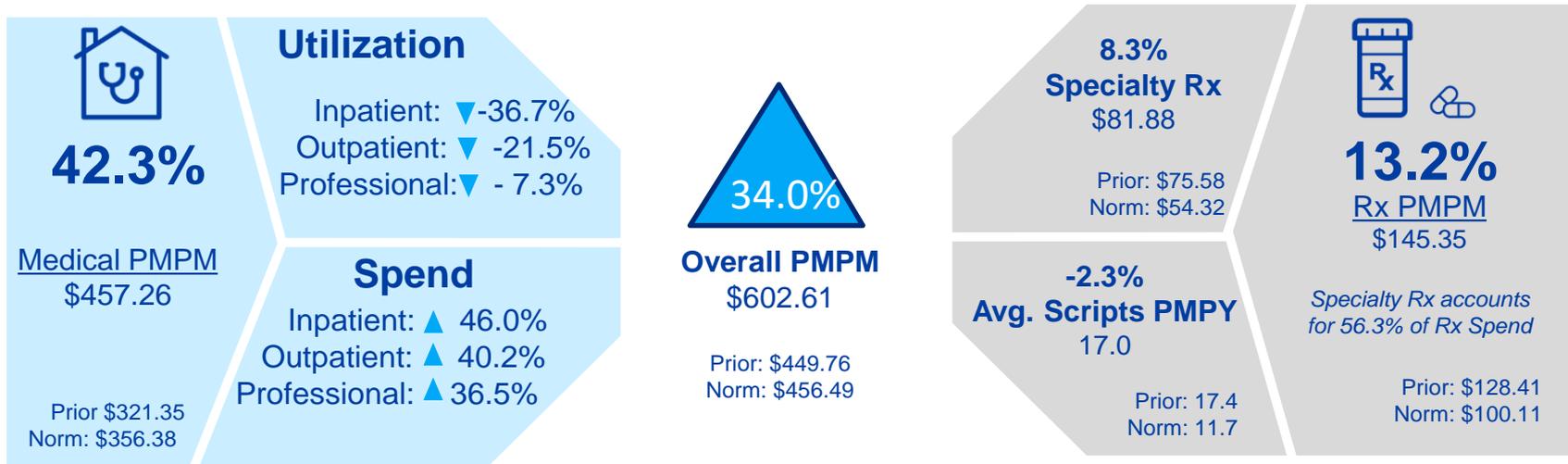
Demographic and Financial Overview



Demographics



Medical and Rx Spend





Medical and Rx Plan Experience
What Happened

Highlights of Utilization



Utilization Metric	Prior	Current	Δ
Physician Office Visits			
Per Member Per Year	1.9	1.6	-12.9%
Specialist Office Vists			
Per Member Per Year	10.7	9.2	-14.1%
Emergency Room			
ER Visits	205	136	-33.6%
ER Visits Per K	120.1	80.8	-32.7%
Urgent Care			
UC Visits	987.0	824.5	-16.5%
UC Visits Per K	578.1	488.9	-15.4%
OutPatient Surgery			
ASC	113.0	109.7	-3.0%
Facility	42.8	23.1	-45.9%
Inpatient Utilization			
Admissions Per K	62.5	47.9	-23.4%
Bed Days Per K	317.5	391.6	23.3%
Average Length of Stay	5.1	8.2	60.9%

Highlights

- PCP Visits decreased in the current period, down -12.9%
- Specialist Office visits dropped -14.1%
- ER utilization dropped **-32.7%**,
 - We saw a decrease in ER utilization throughout our book of business due to Covid
 - Average paid per visit increased 27.0%, due to more emergent cases
- Urgent Care Utilization decreased **-15.4%**
- Outpatient surgeries decreased at both ASC and OP Facility settings
- IP Admits decreased **-23.4%** from prior period
- Overall IP spend is up **46.0%**
 - Average length of stay went from an average of 5.1 to 8.2 days per stay
 - Average length of stay increased > 60%
 - 6 Admits have greater than 20 day stays
 - More complex admits (Cancer, Covid and respiratory diseases)

Pharmacy Data

	Prior	Current	Δ	Peer	Δ
Enrolled Members	6,830	6,747	-1.2%		
Average Prescriptions PMPY	17.4	17.0	-2.3%	11.7	45.8%
Formulary Rate	91.9%	89.6%	-2.6%	91.3%	-1.9%
Generic Use Rate	85.6%	83.9%	-1.9%	85.6%	-2.0%
Generic Substitution Rate	97.2%	98.3%	1.1%	96.6%	1.7%
Employee Cost Share PMPM	\$22.40	\$26.38	17.8%	\$12.05	119.0%
Avg Net Paid per Prescription	\$88.34	\$102.36	15.9%	\$94.75	8.0%
Net Paid PMPM	\$128.41	\$145.35	13.2%	\$92.30	57.5%

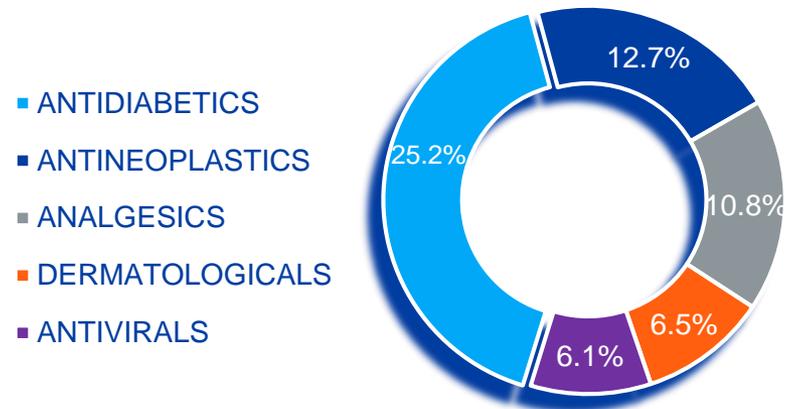
Paid By Benefit and Type

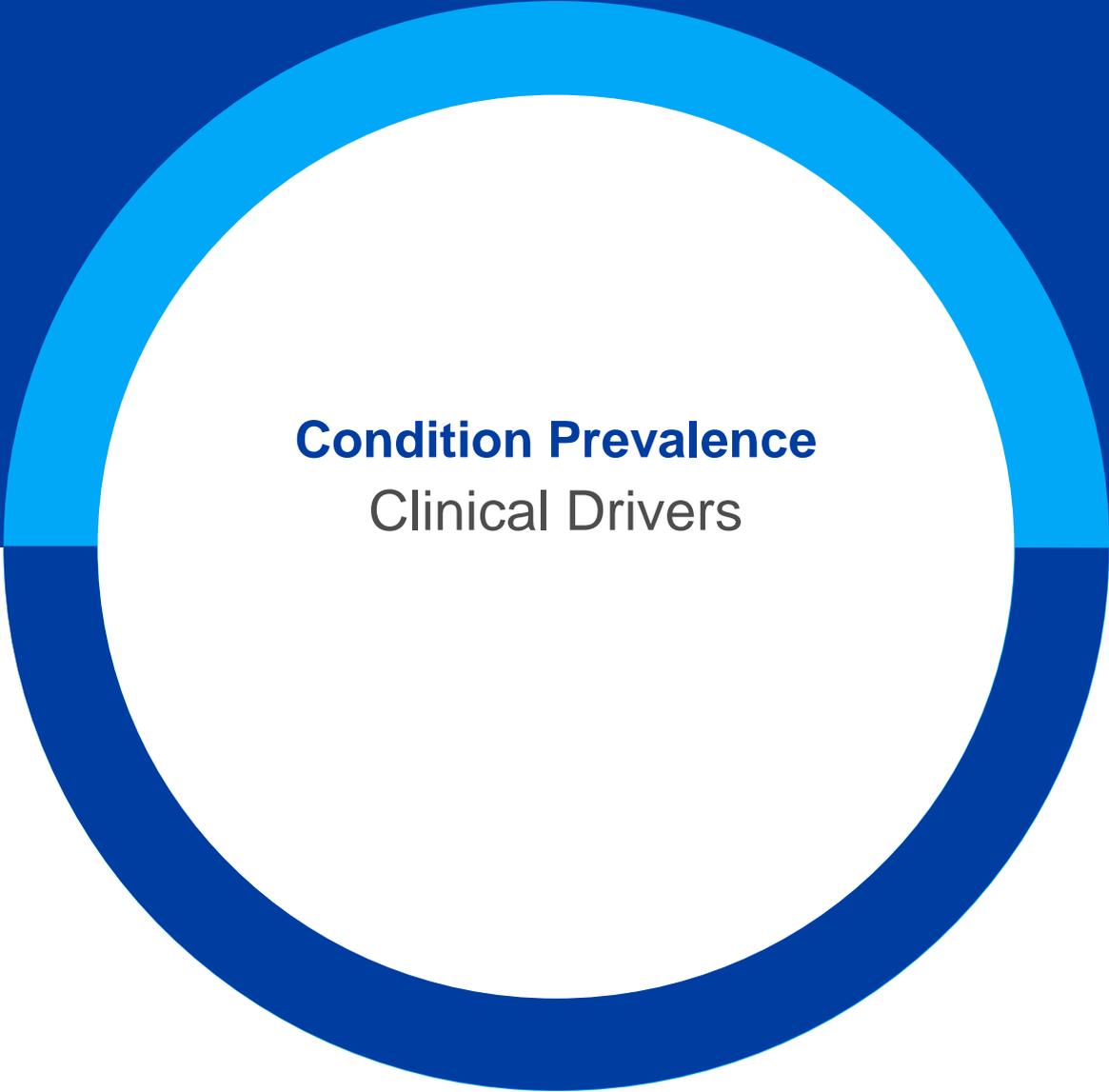


Pharmacy PMPM trend is up 13.2% (\$16.94 PMPM)

- Average net paid per script increased **15.9%** (up \$14.01 PMPM from prior period)
- Consistent with market trends; diabetic compliance is on the rise Antidiabetic Rx Spend increased **4.0%**
- Specialty Rx Spend increased **8.3%**
Specialty Rx Drivers:
*Humira (Analgesics, spend up **3.4%**)
*Stelara (Dermatologic, spend up **196.1%**)
*Aubagio(Psychotherapeutic, spend up **10.6%**)
- Avg. Prescriptions PMPY decreased -2.3%

Top 5 Therapeutic Classes by Spend



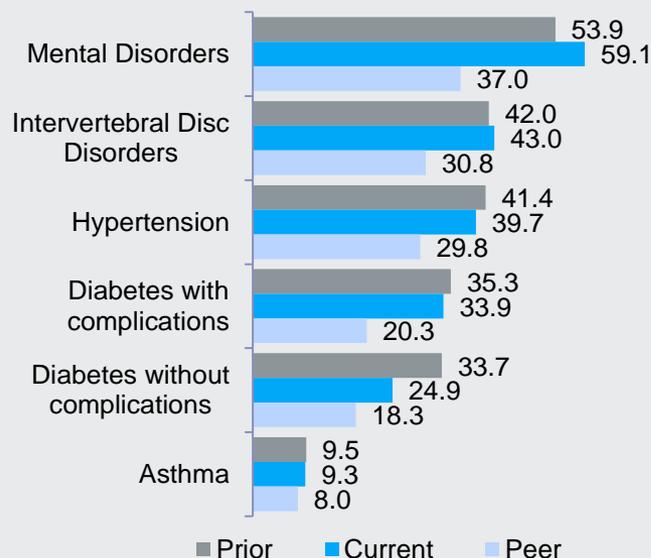


Condition Prevalence
Clinical Drivers

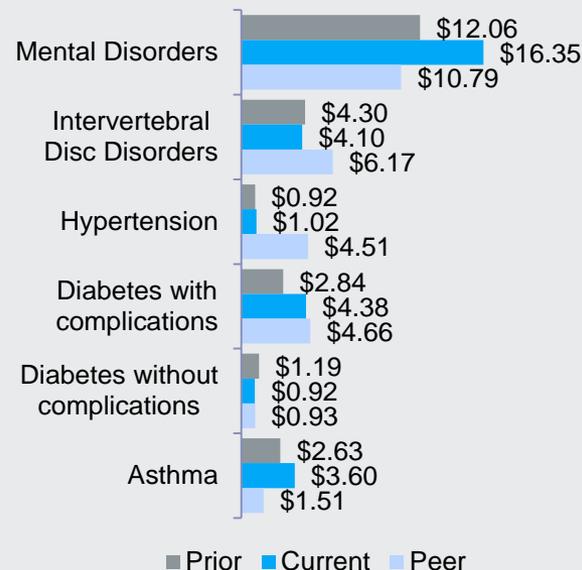
Clinical Conditions and Diagnosis



Top Common Conditions by Prevalence



Top Conditions by PMPM



- Chronic illnesses continue to drive the top common conditions
- Mental Disorders, Intervertebral Disc Disorders and Hypertension are the most prevalent clinical conditions within this population for this period
- Mental Disorder prevalence increased 9.8% and had an increased in overall spend increased 35.5% (up,\$4.28PMPM) from prior period
 - Alcohol related disorders increased 157.1%, up \$1.38 PMPM YOY
 - Autism spend increased 109.4% (ABA therapy) up \$5.45 PMPM from prior period

Chronic Condition Cost Drivers

89% Of Medical spend driven by members with these 4 Chronic Conditions. Average Engagement 97%

Asthma

6.7% of Members



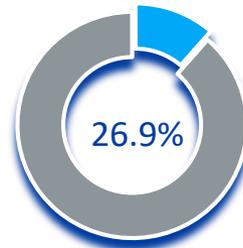
■ Paid ■ Medical Paid

Average paid Per Claimant
\$8,385

Member Engagement
97.8%

Cardio Hypertension

13.2% of Members



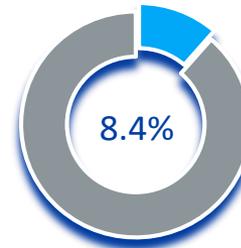
■ Paid ■ Medical Paid

Average paid Per Claimant
\$9,460

Member Engagement
96.4%

CAD

1.9% of Members



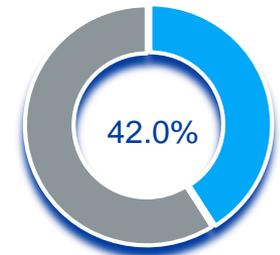
■ Paid ■ Medical Paid

Average paid Per Claimant
\$20,475

Member Engagement
100.0%

Diabetes

21.7% of Members



■ Paid ■ Medical Paid

Average paid Per Claimant
\$8,953

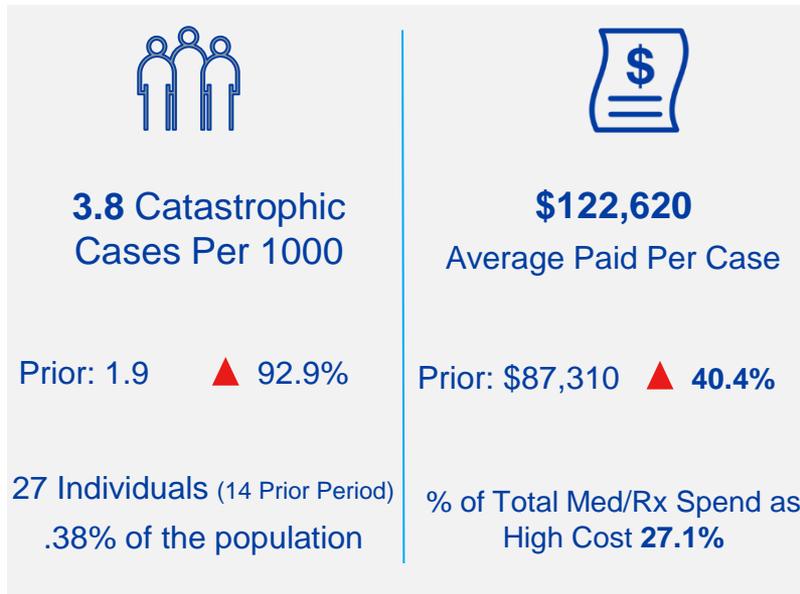
Member Engagement
95.0%

**Data obtained for this slide is for Eval period Oct-2020 thru Sep-2021*

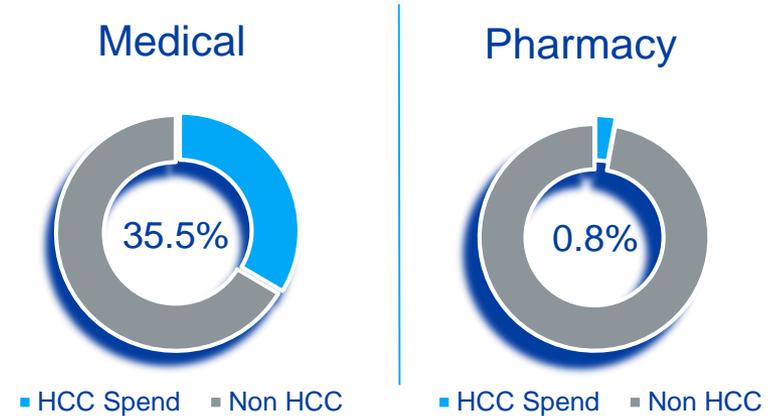


Catastrophic Cases
High Cost Claimants

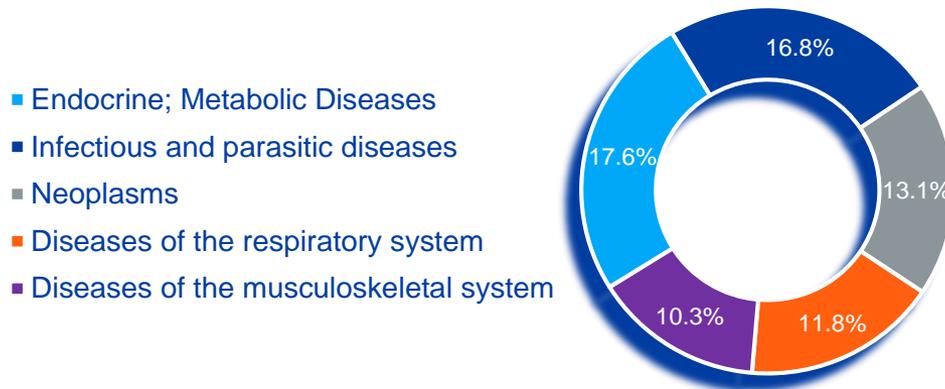
Catastrophic Cases Summary (>\$50k)



% Paid Attributed to Catastrophic Cases



Top 5 AHRQ Chapter Description by Paid



Claims and Spend by Relationship

