

HSB DATASCOPE™

Diabetes Care Management Report

Nevada Public Employees' Benefits Program

July – September 2021

Reimagine | Rediscover **Benefits**



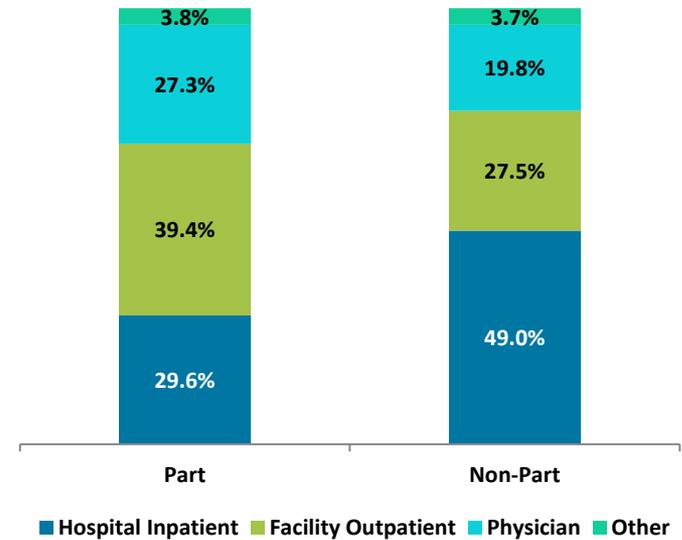
Diabetes Care Management – Financial Summary

*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

| Summary | Participants | Non-Participants | Variance |
|--|--------------|------------------|----------|
| Enrollment | | | |
| Avg # Employees | 323 | 1,882 | -82.8% |
| Avg # Members | 446 | 2,379 | -81.2% |
| Member/Employee Ratio | 1.4 | 1.3 | 9.5% |
| Financial Summary | | | |
| Gross Cost | \$1,285,451 | \$10,319,463 | |
| Client Paid | \$973,107 | \$8,852,368 | |
| Employee Paid | \$312,343 | \$1,467,095 | |
| Client Paid-PEPY | \$12,038 | \$18,815 | -36.0% |
| Client Paid-PMPY | \$8,721 | \$14,884 | -41.4% |
| Client Paid-PEPM | \$1,003 | \$1,568 | -36.0% |
| Client Paid-PMPM | \$727 | \$1,240 | -41.4% |
| High Cost Claimants (HCC's) > \$100k | | | |
| # of HCC's | 2 | 13 | |
| HCC's / 1,000 | 4.4 | 5.5 | 0.0% |
| Avg HCC Paid | \$119,402 | \$299,214 | 0.0% |
| HCC's % of Plan Paid | 24.5% | 43.9% | 0.0% |
| Cost Distribution - PMPY | | | |
| Hospital Inpatient | \$2,578 | \$7,292 | -64.6% |
| Facility Outpatient | \$3,432 | \$4,092 | -16.1% |
| Physician | \$2,382 | \$2,943 | -19.1% |
| Other | \$329 | \$558 | -41.0% |
| Total | \$8,721 | \$14,884 | -41.4% |

Annualized Annualized

Cost Distribution by Claim Type



Diabetes Care Management – Utilization Summary

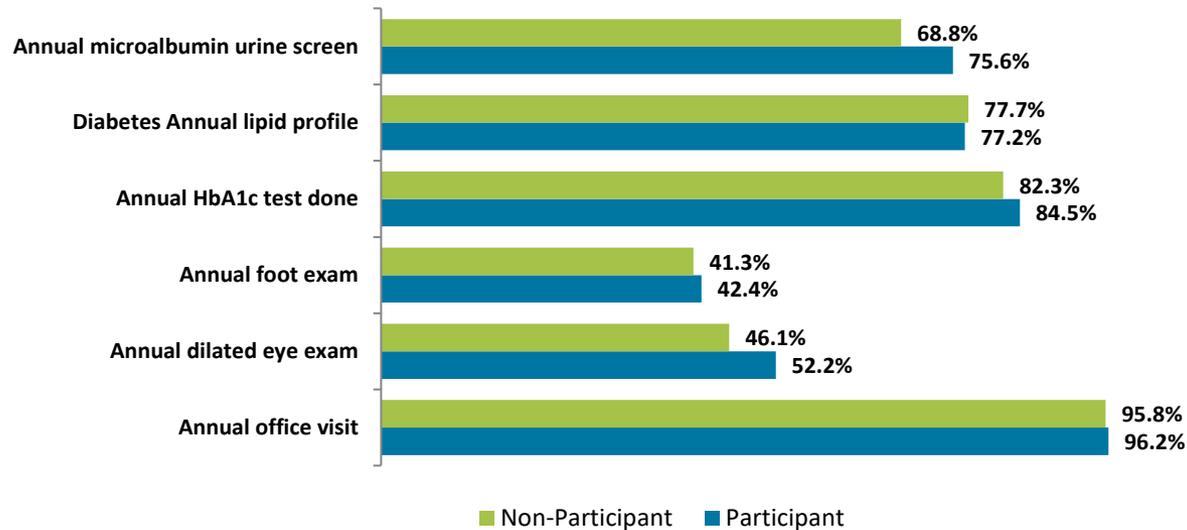
*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

| Summary | Participants | Non-Participants | Variance |
|-----------------------------|--------------|------------------|----------|
| Inpatient Facility | | | |
| # of Admits | 12 | 95 | |
| # of Bed Days | 51 | 560 | |
| Paid Per Admit | \$17,897 | \$22,490 | -20.4% |
| Paid Per Day | \$4,211 | \$3,815 | 10.4% |
| Admits Per 1,000 | 108 | 160 | -32.5% |
| Days Per 1,000 | 457 | 942 | -51.5% |
| Avg LOS | 4.3 | 5.9 | -27.1% |
| # of Admits From ER | 9 | 75 | -88.0% |
| Physician Office | | | |
| OV Utilization per Member | 7.9 | 8.6 | -8.1% |
| Avg Paid per OV | \$69 | \$87 | -20.7% |
| Avg OV Paid per Member | \$545 | \$750 | -27.3% |
| DX&L Utilization per Member | 16.3 | 22.2 | -26.6% |
| Avg Paid per DX&L | \$54 | \$79 | -31.6% |
| Avg DX&L Paid per Member | \$885 | \$1,753 | -49.5% |
| Emergency Room | | | |
| # of Visits | 15 | 183 | |
| Visits Per Member | 0.13 | 0.31 | -58.1% |
| Visits Per 1,000 | 134 | 308 | -56.5% |
| Avg Paid per Visit | \$1,209 | \$2,472 | -51.1% |
| Urgent Care | | | |
| # of Visits | 36 | 238 | |
| Visits Per Member | 0.32 | 0.4 | -20.0% |
| Visits Per 1,000 | 323 | 400 | -19.3% |
| Avg Paid per Visit | \$33 | \$95 | -65.3% |

Annualized Annualized

Quality Metrics

| Condition | Metric | Participant | | | | Non-Participant | | | |
|-----------|----------------------------------|-------------------|-----------------|---------------------|------------------|-------------------|-----------------|---------------------|------------------|
| | | #Members in Group | #Meeting Metric | #Not Meeting Metric | % Meeting Metric | #Members in Group | #Meeting Metric | #Not Meeting Metric | % Meeting Metric |
| Diabetes | Annual office visit | 316 | 304 | 12 | 96.2% | 2,238 | 2,146 | 92 | 95.9% |
| | Annual dilated eye exam | 316 | 165 | 151 | 52.2% | 2,238 | 984 | 1,254 | 44.0% |
| | Annual foot exam | 316 | 134 | 182 | 42.4% | 2,238 | 929 | 1,309 | 41.5% |
| | Annual HbA1c test done | 316 | 267 | 49 | 84.5% | 2,238 | 1,845 | 393 | 82.4% |
| | Diabetes Annual lipid profile | 316 | 244 | 72 | 77.2% | 2,238 | 1,720 | 518 | 76.9% |
| | Annual microalbumin urine screen | 316 | 239 | 77 | 75.6% | 2,238 | 1,540 | 698 | 68.8% |



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