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AGENDA ITEM

- Action Item
- Information Only

Date: March 24, 2022

Item Number: VI

Title: COVID-19 Update

SUMMARY

This report provides the PEBP Board and members of the public an update on COVID related topics.

REPORT

BACKGROUND

Effective February 21, 2022, the Governor reinstated the weekly testing requirements for unvaccinated employees, and the administration and costs were transitioned from the Division of Public and Behavioral Health to PEBP. Through a partnership with HealthSCOPE Benefits and Quest Labs, as of 03/14/2022, PEBP has since purchased and distributed approximately 40,300 tests to state agencies at a cost of roughly \$1.3M to cover the higher costs associated with testing and treatment of unvaccinated members, the PEBP Board approved the implementation of COVID surcharges for unvaccinated members and their dependents starting July 1, 2022.

UPDATE ON WORKFORCE TESTING AND SURCHARGES

PEBP has continued to work closely with the Governor's Office and DPBH to track and monitor the impact of COVID on the employee workforce and on health plan costs. Recent data shows a steady downward trend in cases and positive results among the state workforce have dropped to less than 1% of the workforce. The employee vaccination and testing program was designed as a public safety measure to ensure the health of the state workforce, and data shows the state is achieving its goals. In response, the Governor's Office has provided department directors with

guidance and has provided each agency head discretionary authority to administer testing in a way that best manages their workforce; however, the State will be formally dropping its weekly testing requirements for unvaccinated employees moving forward.

Along with the sharp increase in vaccinations, the state has seen a decline in both the number of employees with COVID and the severity of those requiring hospitalization. This, coupled with the end of a formalized testing program lessens the fiscal impact on PEBP and thus, the need for a future surcharge. Instead, the Governor's Office and Governor's Finance Office will be supporting PEBP with other funds to cover the cost of employee mandated testing incurred up to this point and prepare for any potential spikes moving forward.

Recommendation:

The commitment from the Governor's Office to provide fiscal support for COVID costs eliminates the need for PEBP to impose the policy to add COVID surcharges effective July 1, 2022, approved by the Board on December 2, 2021. Staff recommends the removal of COVID surcharges.

COVID RELATED UTILIZATION ON SELF-INSURED PLANS

See attachment A

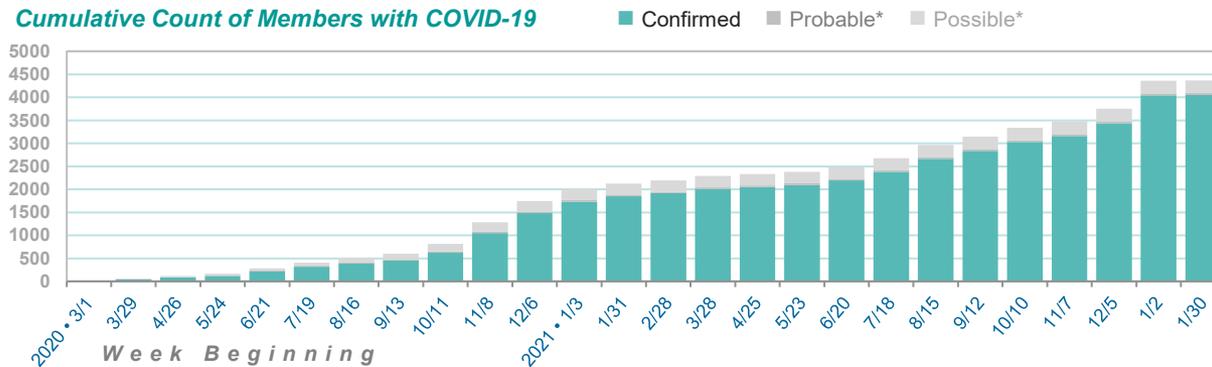
COVID-19 Summary through 2/10/2022

Nevada Public Employees' Benefit Program

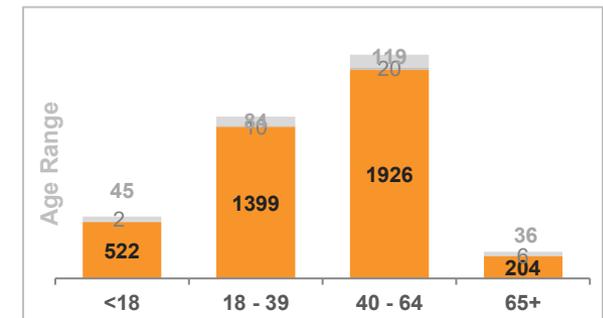
Members Diagnosed with COVID-19 (see Appendix for detailed criteria)

COVID-19 Diagnosis	# of Members	Dollars Paid by Year			Total Dollars		Average Cost per Member	
		2020	2021	2022	Allowed	Paid	Allowed	Paid
Confirmed	4,051	\$2,264,036	\$11,491,952	\$1,938,244	\$16,291,144	\$15,694,233	\$4,021.51	\$3,874.16
Probable*	38	\$4,996	\$2,168	\$200	\$7,650	\$7,364	\$201.31	\$193.79
Possible*	284	\$1,708,957	\$1,296,522	\$2,090	\$3,525,460	\$3,007,569	\$12,413.59	\$10,590.03
Total	4,373	\$3,977,989	\$12,790,643	\$1,940,534	\$19,824,254	\$18,709,166	\$4,533.33	\$4,278.34

Cumulative Count of Members with COVID-19

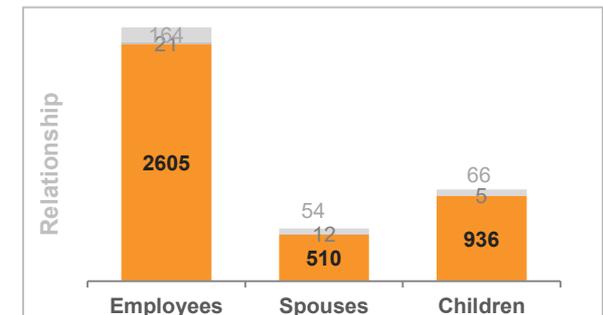


Members with COVID-19 Demographic Breakout



ER & Inpatient Services within 14 days of a COVID-19 Diagnosis (see Appendix for detailed criteria)

COVID-19 Diagnosis	# of Members	# with ER	% with ER	# with Inpatient	% with Inpatient	# with ICU	# with Ventilator
Confirmed	4,051	671	16.6%	378	9.3%	66	25
Probable*	38	2	5.3%	2	5.3%	1	0
Possible*	284	37	13.0%	196	69.0%	31	6



* Probable and Possible cases are based on diagnosis codes that were used before structured ICD10 codes for COVID-19 were adopted. Some—but not all—of these codes truly represented COVID-19, but they are now grayed out since providers are now consistently coding COVID-19, and newer Probable and Possible cases are unlikely to be COVID-19.

COVID-19 Summary through 2/10/2022

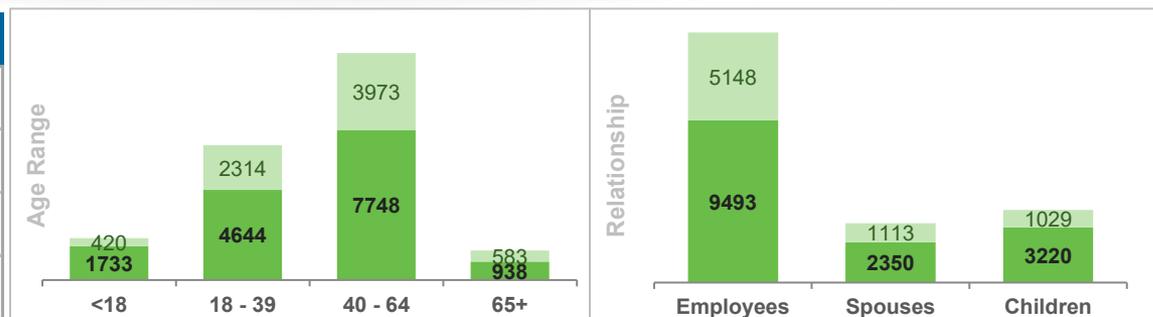
Nevada Public Employees' Benefit Program

COVID-19 Testing Summary

Test	Measure	#
Viral	Unique Members Tested:	20,434
Antibody	Unique Members Tested:	2,142
All Tests Combined	Allowed per Member:	\$177.48
	Paid per Member	\$175.37

COVID-19 Vaccinations Demographic Breakout

Partially Vaccinated Fully Vaccinated



COVID-19 Vaccination Summary (Med data through 2/10/2022; Rx data through 1/31/2022. See Appendix for detailed criteria)

Vaccine Manufacturer	# Partially Vaccinated	# Fully Vaccinated	# Received Booster*	Total Members Any Vax Status	Total # of Doses	Total Paid	Paid per Dose
Pfizer	4,250	8,928	177	13,178	24,438	\$880,140	\$36.02
Moderna	3,040	5,316	339	8,356	14,946	\$552,472	\$36.96
Janssen (J&J)	0	819	2	819	860	\$28,887	\$33.59
All Vaccines	7,290	15,063	518	22,353	40,244	\$1,461,499	\$36.32

Telemedicine & Telehealth – All Claims (see Appendix for additional criteria)

Claim Type	Definition	# of Patients	# of Claims	Total Paid
Telemedicine	Dedicated, national telemedicine providers (e.g. Teladoc®)	2,842	5,931	\$148,390
Telehealth	Standard providers seen via remote electronic means (e.g. Skype)	14,604	62,319	\$5,205,431

COVID-19 Summary

Appendix: Report Data & Coding Criteria

There are 7 known coronaviruses (including COVID-19) that infect humans, including some that cause mild upper-respiratory tract illnesses like the common cold. COVID-19 is a novel corona virus, meaning it is a new strain. Because it is new, there was no COVID-19 specific diagnosis code available for providers to use. **New codes were approved for diagnosing confirmed COVID-19 cases beginning April 1, 2020.**

In the interim, the Centers for Disease Control (CDC) directed providers to use the non-specific coronavirus code B97.29 that was historically used to report on non-COVID-19 coronaviruses. The interim B97.29 code is not conclusive for a COVID-19 diagnosis. COVID-related codes have been grouped together based upon the likelihood of a positive diagnosis and are presented within this report. Reporting of COVID-19 cases may be understated for several reasons:

- Testing and diagnosis may be understated due to provider coding and billing processes.
- Claims may be submitted with a presenting diagnosis (e.g., 'respiratory illness') and may not include any diagnosis directly related to COVID.
- Reporting is based on claim experience and does not account for members who do not seek medical care.
- Claims with newer coding may be pended while reimbursement logic is updated and will not appear in this report until holds are released.
- Reporting may be understated as claims for most recent services may not have yet processed.

Date Range. Most measures derive from medical claims data.

- ▶ **COVID-19 Claims, Telemedicine & Telehealth:** Medical claims both serviced and paid from 1/1/2020 through the report date indicated in the report header.
- ▶ **Vaccinations:** Med claims serviced and paid from 12/1/2020 through the report date and Rx claims serviced and paid from 12/1/2020 through the prior month end (usually available within the first five days of the subsequent month).

Members Diagnosed with COVID-19. Members are stratified in the highest category to date in which they are identified based on ICD-10 Diagnosis Code, and all diagnosis positions are considered (through position 25). Dollars are from all claims with any COVID-19 diagnosis.

- ▶ **Confirmed Case**
 - ICD10 Dx Code In (U07.1, J12.82, M35.81, M35.89)
- ▶ **Probable Case**
 - Presumptive Diagnosis - ICD10 Dx Code = U07.2
 - Likely Diagnosis - ICD10 Dx Code = B97.29
- ▶ **Possible Case**
 - Tier1: ICD10 Dx In (B34.2, B97.21, J12.81, J12.89, J12.9)
 - Tier2: ICD10 Dx In (B34.9, J22, Z20.828) for Inpatient Only

Vaccinations. Members are counted as partially or fully vaccinated based on the CPT Procedure Codes for vaccination administration, which indicate the specific dose number. This is supplemented by Rx data if your PBM sends UMR a detailed monthly file: vaccines not submitted to the medical plan may be identified by their 11-digit National Drug Code (NDC), and member status is determined by count of services. Boosters and additional doses are counted separate from member status.

Vaccination Date Range. Med claims serviced and paid from 12/1/2020 through the report date and Rx claims from 12/1/2020 through the prior month end (usually available within the first five days of the subsequent month).

ER & Inpatient Services. Services are counted if they occurred within 14 days of any claim with a with a COVID-19 diagnosis regardless of the Dx attached to the specific service.

- ▶ **Emergency Room:** Service Category is [ER Facility](#)
- ▶ **Inpatient Claim:** Claim Category is [Inpatient](#)
- ▶ **ICU (Intensive Care Unit):** Revenue Code Category is [ICU](#) (Hospital Revenue Codes between [0200](#) – [0209](#))
- ▶ **Ventilator:** CPT In ([94002](#), [94003](#)) or between [33946](#) - [33989](#)

COVID-19 Testing. Test counts are based on the following:

- ▶ **Viral Testing**
 - HCPCS Procedure Code In ([U0001](#), [U0002](#), [U0003](#), [U0004](#), [U0005](#))
 - CPT Code In ([87426](#), [87635](#), [87636](#), [87637](#), [0202U](#), [0223U](#), [0225U](#), [0240U](#), [0241U](#))
- ▶ **Antibody Testing:** CPT In ([86328](#), [86408](#), [86409](#), [86413](#), [86769](#), [0224U](#), [0226U](#))
- ▶ **Specimen Collection:** Applies to cost only, not counts.
 - HCPCS Procedure Code In ([C9803](#), [G2023](#), [G2024](#))

Vaccine Manufacturer	Vax CPT	Administration CPTs				NDC (National Drug Code)
		Dose 1	Dose 2	Dose 3	Booster	
Pfizer	91300	0001A	0002A	0003A	0004A	59267-1000-##
	91305	0051A	0052A	0053A	0054A	59267-1000-##
~ Pediatric	91307	0071A	0072A	n/a	n/a	59267-1055-##
Moderna	91301	0011A	0012A	0013A	n/a	80777-0273-##
~ Booster	91306	n/a	n/a	n/a	0064A	80777-0273-##
AstraZeneca	91302	0021A	0022A	n/a	n/a	00310-1222-##
Janssen (J&J)	91303	0031A	n/a	n/a	0034A	59676-0580-##
Novavax	91304	0041A	0042A	n/a	n/a	80631-1000-##

We are constantly reviewing new coding and coding practices and analyzing our data to determine the best way to define report logic and present the COVID-19 activity. We attempt to keep the code set as stable as possible; however, this analysis will sometimes result in enhancements to our logic which will impact results.

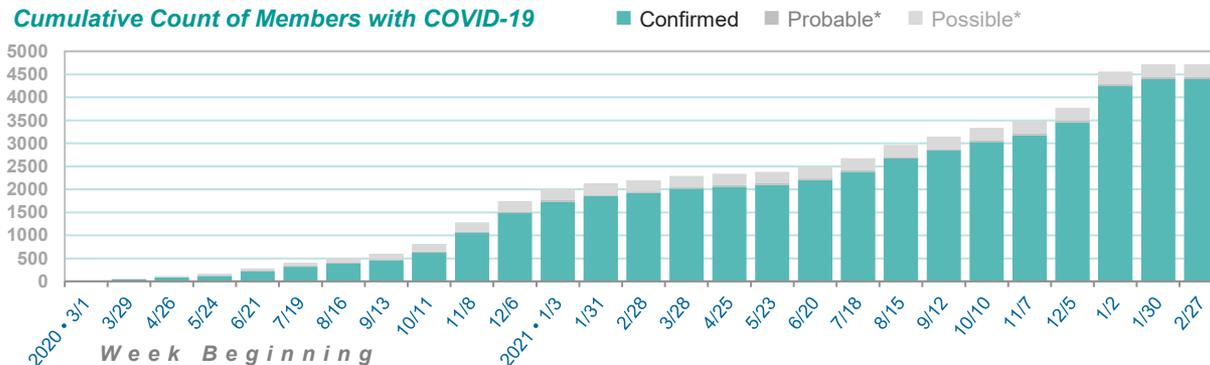
COVID-19 Summary through 3/10/2022

Nevada Public Employees' Benefit Program

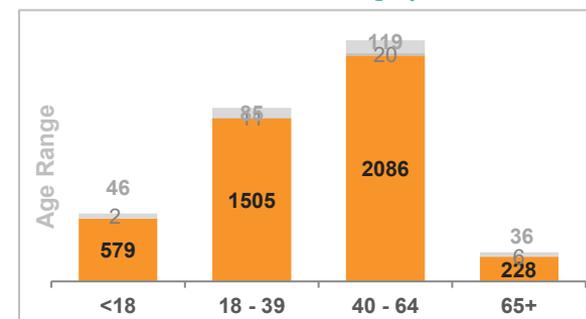
Members Diagnosed with COVID-19 (see Appendix for detailed criteria)

COVID-19 Diagnosis	# of Members	Dollars Paid by Year			Total Dollars		Average Cost per Member	
		2020	2021	2022	Allowed	Paid	Allowed	Paid
Confirmed	4,398	\$2,298,995	\$11,514,751	\$3,281,305	\$17,733,922	\$17,095,052	\$4,032.27	\$3,887.01
Probable*	39	\$5,066	\$2,168	\$400	\$7,920	\$7,634	\$203.07	\$195.74
Possible*	286	\$1,686,429	\$1,296,733	\$26,087	\$3,529,428	\$3,009,250	\$12,340.66	\$10,521.85
Total	4,723	\$3,990,490	\$12,813,652	\$3,307,793	\$21,271,270	\$20,111,935	\$4,503.76	\$4,258.30

Cumulative Count of Members with COVID-19

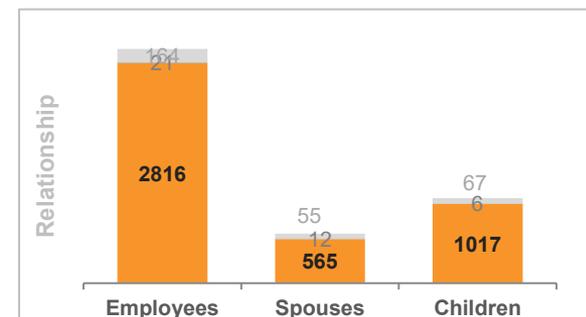


Members with COVID-19 Demographic Breakout



ER & Inpatient Services within 14 days of a COVID-19 Diagnosis (see Appendix for detailed criteria)

COVID-19 Diagnosis	# of Members	# with ER	% with ER	# with Inpatient	% with Inpatient	# with ICU	# with Ventilator
Confirmed	4,398	713	16.2%	397	9.0%	70	26
Probable*	39	2	5.1%	2	5.1%	1	0
Possible*	286	37	12.9%	196	68.5%	31	6



* Probable and Possible cases are based on diagnosis codes that were used before structured ICD10 codes for COVID-19 were adopted. Some—but not all—of these codes truly represented COVID-19, but they are now grayed out since providers are now consistently coding COVID-19, and newer Probable and Possible cases are unlikely to be COVID-19.

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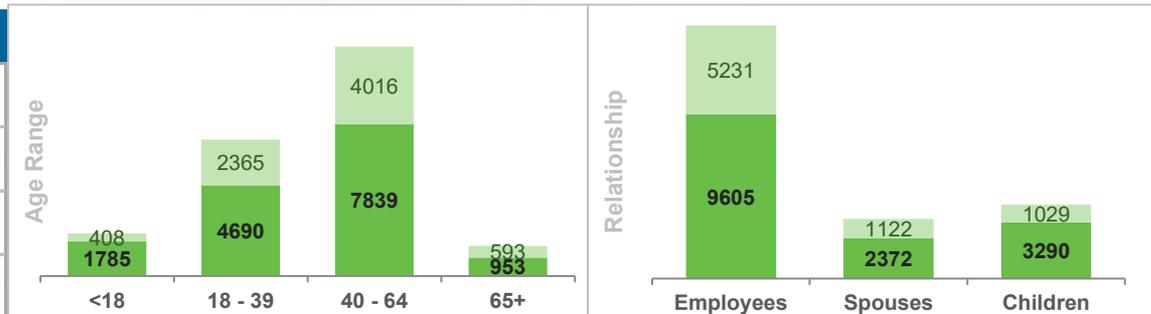
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COVID-19 Testing Summary

Test	Measure	#
Viral	Unique Members Tested:	21,085
Antibody	Unique Members Tested:	2,169
All Tests Combined	Allowed per Member:	\$181.77
	Paid per Member	\$179.89

COVID-19 Vaccinations Demographic Breakout

Partially Vaccinated Fully Vaccinated



COVID-19 Vaccination Summary (Med data through 3/10/2022; Rx data through 2/28/2022. See Appendix for detailed criteria)

Vaccine Manufacturer	# Partially Vaccinated	# Fully Vaccinated	# Received Booster*	Total Members Any Vax Status	Total # of Doses	Total Paid	Paid per Dose
Pfizer	4,256	9,021	183	13,277	24,667	\$889,874	\$36.08
Moderna	3,126	5,428	378	8,554	15,340	\$566,725	\$36.94
Janssen (J&J)	0	818	4	818	865	\$29,201	\$33.76
All Vaccines	7,382	15,267	565	22,649	40,872	\$1,485,800	\$36.35

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Claim Type	Definition	# of Patients	# of Claims	Total Paid
Telemedicine	Dedicated, national telemedicine providers (e.g. Teladoc®)	2,918	6,122	\$154,509
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